

Framework for Human Functioning: The ICF in Australia

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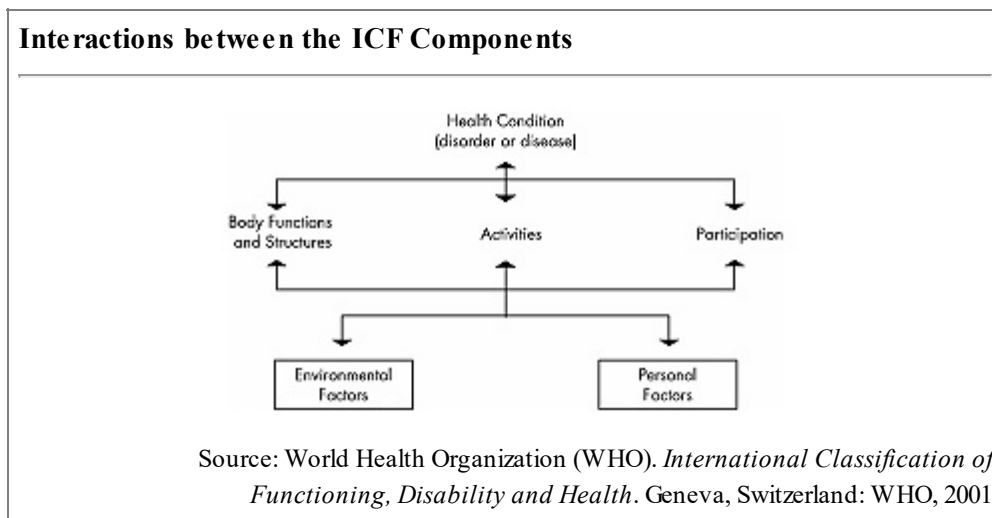
by Nicola Fortune

The International Classification of Functioning, Disability, and Health (ICF) provides a framework for the conceptualization, classification, and measurement of human functioning and disability. The World Health Assembly endorsed the ICF in May 2001.¹ It is now recognized as a reference member of the World Health Organization family of international classifications and complementary to the International Classification of Diseases and Related Health Problems.²

The ICF recognizes disability as a universal experience and thus enables the description of human functioning on a continuum, not just at the extremes. In the ICF, functioning and disability are defined as multidimensional concepts, relating to:

- Body functions and structures
- Activities people do and the life areas in which they participate
- Factors in their environment that affect these experiences

Each of these components is defined in the context of a health condition. Thus, a person's functioning or disability is conceived as a dynamic interaction between health conditions and environmental and personal factors (see "Interactions between the ICF Components" below). Disability is the umbrella term for impairments of body structure or function, limitations in activities, and restrictions in participation.



The ICF provides a hierarchical coding classification for each of the components (body functions, body structures, activities and participation, and environmental factors). A qualifier is used to indicate the extent of a problem with any of these aspects of functioning using a five-point scale: no problem, mild, moderate, severe, or complete problem. Using the qualifier, environmental factors can be recorded as being either barriers to, or facilitators of, a person's functioning. More information on the classification may be found in the *ICF Australian User Guide*.³

The ICF promotes the establishment of a broadly shared understanding of disability at various life stages, in various settings, and among people with varying experience and training. It provides a framework within which relevant information can be developed, assembled, and related. The growing use of the ICF, within individual countries and internationally, will lead to more integrated approaches to gathering and sharing information and policy making.

Applying the ICF

Potential information management applications of the ICF include:

- Use of the classification at various levels in information systems (e.g., national data on rehabilitation services)
- Reference to the classification in designing new measurement instruments or relating various instruments to each other within a common framework
- Use of the detailed codes for recording information in specific service, clinical, or therapeutic settings

The ICF is still a relatively new classification system. Its relevance is undeniable at a time when there is a growing recognition of the importance of reliable and comparable information on functioning to inform clinical decision making, service planning, funding allocation, and general health and welfare policy. The advent of an internationally endorsed classification system relevant to functioning is particularly timely in view of the push to develop new electronic means of sharing health-related information, such as electronic health records.

The ICF and Information Standards

Australia has developed national data dictionaries to operationalize national and international population health and welfare concepts and classifications. They are designed to improve comparability of data and make data collection activities more efficient and effective by reducing duplication in data development and ensuring that information is appropriate to its purpose.

Two major national data dictionaries are the *National Community Services Data Dictionary* and the *National Health Data Dictionary*. Anyone developing data collections in the health or community service fields in Australia is encouraged to use the data items in these dictionaries as a basis for developing items. Both dictionaries are available electronically on Australia's electronic health, community services, and housing metadata registry, the Knowledgebase.⁴

A set of disability data items, based on the ICF, is included in the *National Community Services Data Dictionary*.⁵ These data items employ ICF concepts and classifications. They are designed for use in a wide range of data collection applications. The following is an outline of the early application of these data items in a national data collection.

Data Collection on Support Needs

Australia's national disability services data collection has recently undergone redevelopment, including the addition of a new data item on client support needs. In developing this item, the ICF was used as a common framework to relate information collected using support needs measures currently in use and as a smorgasbord for selecting domains for the new support needs data item.

The inclusion of this key information in the national disability services data collection will, for the first time, provide a profile of client support needs for different service types and allow an assessment of trends over time to inform policy on service planning, provisions, and funding.

Measuring Allied Health Outcomes

The Australian Therapy Outcomes Measures (AusTOMs) tool is designed for use by clinicians to assess client outcomes in four domains: impairments, activity limitations, participation restrictions, and well being and distress.⁶ The first three of these are aligned with components of the ICF. The tool was developed from the Therapy Outcomes Measures, based on the International Classification of Impairments, Disabilities and Handicaps, the predecessor to the ICF.^{7,8}

The AusTOMs framework offers a way of describing health that is relevant to the allied health disciplines of speech pathology, occupational therapy, and physiotherapy and is consistent with the ICF framework. Thus it provides clinicians with a common language that may be used to share information about client progress and compare outcomes across disciplines. This is important in rehabilitation services, which often involve many professions working with the same client.

Functional Outcome Modules

The Australian Institute of Health and Welfare is undertaking preliminary investigations to establish the need for and possible content of a module that would provide a summary profile of an individual's level of functioning to be used at key points of care in the health system (e.g., at the point of transfer from one setting to another).

A common functional outcome module—essentially a minimum data set on functioning—could be used to relate information gathered by different health professionals in the course of providing services, to facilitate communication between those professionals, and to inform health system programs and research in a range of areas.

Summary information provided by a functional outcome module could be of use in:

- Informing healthcare funding policies and processes (level of functioning is an indicator of resource need)
- Monitoring the quality of healthcare
- Improving the continuity of care
- Assessing the efficacy of preventive measures
- Developing consistent national information across different sectors of the health system
- Developing indicators for Australia's national health priorities

Currently work is moving ahead in Australia on the development of electronic health records. Functional outcome modules, either generic or disease-specific, may provide a vehicle for the inclusion of a standard set of key information on functioning in electronic health records.

Future Directions

The ICF is an important tool for promoting a common understanding of functioning and disability, a common language with which to communicate key concepts, and a framework to support the development of consistent and reliable data on functioning and disability to meet a broad range of information requirements.

This column reviews just some of a growing number of applications of the ICF in Australia. Other applications are outlined in the *ICF Australian User Guide*.⁹ The Australian Institute of Health and Welfare continues to raise awareness of the ICF in Australia and educate potential users of its many possible applications. Ongoing work on measurement using the ICF and calibration to existing measurement tools is needed, and sharing information and experience in this area will be key to fulfilling the potential of the ICF in the field of health and welfare information management.

Notes

1. World Health Organization (WHO). *International Classification of Functioning, Disability, and Health*. Geneva, Switzerland: WHO, 2001.
2. WHO. *International Classification of Diseases and Related Health Problems*, 10th ed. Geneva, Switzerland: WHO, 1992.
3. Australian Institute of Health and Welfare (AIHW). *ICF Australian User Guide*. Version 1.0. AIHW Cat. No. DIS 33. Canberra, Australia: AIHW, 2003.
4. AIHW. Knowledgebase. Available online at www.aihw.gov.au/knowledgebase.
5. AIHW National Community Services Data Committee. *National Community Services Data Dictionary*. Version 3. Canberra, Australia: AIHW, 2004.
6. Skeat, J. et al. "The Use of the ICF Framework in an Allied Health Outcome Measure: Australian Therapy Outcome Measures (AusTOMs)." In AIHW. *ICF Australian User Guide*, p. 77–81.
7. Enderby, P. *Therapy Outcome Measures: Speech-Language Pathology Technical Manual*. London: Singular, 1997.
8. Enderby, P. et al. *Therapy Outcome Measures Manual: Physiotherapy, Occupational Therapy, Rehabilitation Nursing*. San Diego: Singular, 1998.
9. AIHW. *ICF Australian User Guide*.

Nicola Fortune (nicola.fortune@aihw.gov.au) is project leader and senior analyst in the Functioning and Disability Unit of the Australian Institute of Health and Welfare.

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