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ICF in Primary care
What and how to implement?

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Abstract The implementation of ICF in Primary Care practice is not obvious. Many different aspects has to be considered: validation of the use of ICF by GP's in describing patient's functional status, the implementation in EPR systems and communication aspects in electronic health care. The implementation must be sustained by appropriate terminology systems to improve the quality of the data. The development of specific subsets must be considered.

Introduction

Semantic Interoperability in eHealth requires a coordination on the use of classifications. GP's in Belgium are increasingly using ICPC-2 along with it's extension to ICD-10. A Belgian Multilingual Thesaurus including 48.000 preferred terms makes the implementation of both classifications in the EPR very easy and obvious
The Belgian government is organizing a general 'Terminology server' to support the use of agreed terminologies and classifications by all healthcare providers in the EPR.
To add ICF as reference classification in this system, the use and usefulness must be clearly defined for GP's and other healthcare professionals.
A general WHO-FIC road map for using different classifications in eHealth-care in accordance with 'record structure' and the objective of the use of ICF in EPR, may improve communication between all the stakeholders.

In GP's EPR different parts of ICF could be used on different levels in SOAP reporting structure:

-S: description of functional status in the RFE (Reason for Encounter)

-O: description of clinical findings as a result of clinical examination

-P: description of the basics of the approach, including contextual information

-P: description of the results of the approach

- description of patients target and preferences

- description of patient's contextual information, this means information not linked to the 'episode of care', but important in assessing the approach. This contextual information includes also the risk factors and patients preferences.

The implementation and introduction of ICF in the GP's EPR has to take into account the strangeness of GP's in using non-diagnostic classifications and the measurement of function.

Methods & Materials

1. A consultative body has been established in Belgium with different Health-Care stakeholders to discuss the use and implementation of ICF in eHealth and communication.

1. In France a research program is being conducted with a PhD student on the use of a checklist derived from the ICF to describe the functional limitations and the contextual factors of patients prescribed a sick leave. The first part has been a cross-sectional study ("ATCIF study").(France and Belgian collaboration)

1. As part of a PhD study about COPD and comorbidity ICF will be tested as a tool for the GP to describe the functional status of 150 COPD patients. One of the goals is to determine which ICF variables are of prognostic value to predict growing morbidity, loss of independence and mortality.

The way of combining codes?

"This place is for women under the age of 30 and taking the pil"

Preliminary Results

1. A conceptual model of implementation has been developed and discussed and is ready for trial implementation in the EPR. This model includes a checklist with contextual patient information, and a broader integrated tool for risk factors and patient preferences in the EMR.
2. The French ATCIF study showed that an ICF adapted checklist was considered quick and easy to use by the investigators (median time of 3 minutes per patient), and suited to the description of functional limitations. However, the acceptability of this approach in routine general practice remains to be explored further.
3. This study will be able to define the usability of ICF for GP's in describing the functional status of the patient. A specific subset could be an added result.

Conclusions

1. ICF can be used in describing the contextual information supporting the communication between health care providers and in documenting the outcome of care, and even as a possible prognosis indicator.
2. ICF can be used to document the basics of sick leave certificates
3. Extremely important in the implementation of ICF in the GP's EMR is the development of a search tool or specific thesaurus developed in use of encoding data with ICF. This thesaurus has to be linked with general Terminology systems.
4. International and interdisciplinary collaboration is indispensable for implementing ICF as a tool in eHealth in primary care
5. Focus on research to determine how to implement ICF data in the EMR in the most efficient way.
6. Training will improve the 'Functional and Target' approach as a new paradigm in healthcare .