MEETING OF THE WHO COLLABORATING CENTRES FOR THE FAMILY OF INTERNATIONAL CLASSIFICATIONS

Using ICF and ICPC in primary health care provision and evaluation

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Abstract Primary health care, being broad in nature and scope, relates to several of the WHO-FIC classifications. A key challenge is to incorporate use of these classifications into the flow of a multifaceted and busy process. This poster discusses this challenge with particular reference to ICF and ICPC, with an illustration in the care of chronic conditions.

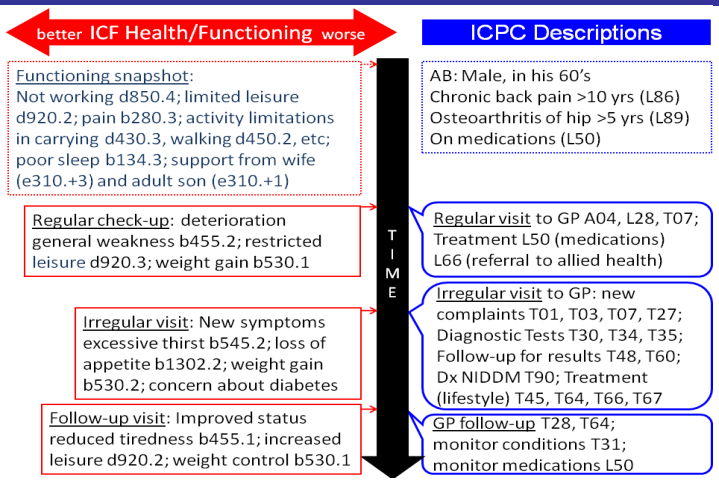
Introduction: Scope of Primary Health Care

Primary health care (PHC) is:
'essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost the community and country can afford.' [1]

PHC includes health promotion, prevention, treatment and maintenance. It may be provided by PHC nurses, physicians and health professionals with medical training (e.g., 'barefoot doctors', physician assistants), and allied health professionals (e.g., physiotherapists, occupational therapists, psychologists).[2]

We illustrate how the International Classification of Functioning, Disability and Health (ICF)[3] can complement the International Classification of Primary Care (ICPC)[4]. The two classifications can be used in an integrated way to facilitate improved communication among health professionals involved in primary health care. We focus on complementarity and use of the ICF and the ICPC rather than on technical relationships between concepts, terms or rubrics[5].

Case Illustration: ICF and ICPC Together



The multi-morbidity illustrated is common, increases with age, and complicates the management of conditions[6]. The ICF and ICPC structure complementary information on functional and medical aspects of health conditions and care. Used with the ICPC, the ICF highlights functional status associated with health conditions or 'problems' at any stage during PHC (e.g. progress or outcome). This enhanced picture, framed in the common language of the international classifications, can facilitate communication among health professions.

Relevance of ICPC and ICF to the purpose of primary health care

ICPC provides definitions and an information structure for 'episodes' of primary care, each episode being related to a 'discrete health problem or disease' and possibly covering more than one 'encounter' with the primary care provider[4]. This enables the systematic recording of information about: why the person came to the practitioner, what diagnoses/problems the practitioner identified, and the interventions applied to each.

In the ICF, functioning and disability are multi-dimensional concepts, relating to:
- **body functions and structures** (and impairments),
- **activities** and **participation** in life areas (and activity limitations and participation restrictions), and
- **environmental factors** that affect people's experiences (facilitators or barriers).

Directions in primary health care include that it must become:
1. more **long-term focused**, ensuring continuity of care across the lifespan[7];
2. as **comprehensive** as possible[7];
3. more **person-focused**, developing **communication** and **partnerships** with people with chronic conditions[8]; and
4. increasingly **team-oriented**, with **inter-professional communication** across health 'silos' (medicine, nursing, therapies, etc) [9].

To support the directions of PHC, the ICF is:
1. able to classify the functioning of any person at any time, and to build a picture of progress or evaluate outcomes over time;
2. broad in scope, including patients' perspectives and environments;
3. capable of recording the aspects of functioning of concern to the person at the outset and over the course of long term treatment;
4. explicitly intended to create a common language about function, able to be used by people affected and in inter-professional communication (e.g. in referrals and clinical records).

The ICF thus can supplement the ICPC for use in long-term primary health care. It offers unique opportunities to capture a systematic view of activities and participation in life areas that are of concern to the person, and aspects of the person's environment that are either supporting successful functioning or creating barriers.

Conclusions

PHC embraces health and functioning across the lifespan. The complexities associated with chronic conditions and multi-morbidity require a long-term, comprehensive, person-focused, and team-oriented approach. Together, the ICF and ICPC can facilitate a more person-centred approach and a related record that: connect a person's multiple episodes of care; allow for periodic measurement of functioning; and enable analysis of relationships among the various dimensions of health and PHC. To use these complementary international classifications in a diverse and busy process, PHC records should use common language across settings and times. The terminology underpinning the record should include sufficient functioning terms to enable meaningful summary information to be extracted. Electronic data capture modules[10] could facilitate inclusion of standard classification concepts and data items in health records, and the extraction of aggregated data from them.

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