

REGIONE AUTONOMA



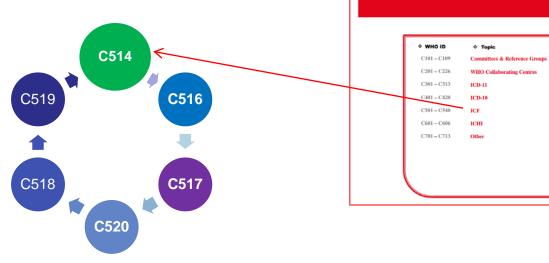


Poster Booklet

# C514 ICF implementation in Italy: regional policies and national needs.

Lucilla Frattura (1), Pietro Malara (2)

 Central Health Directorate / Classifications Area Friuli Venezia Giulia Region, ITWHO-FIC CC
 Ministry of Health, Rome, Italy







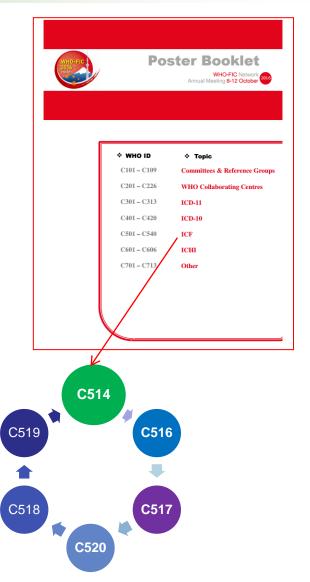
REGIONE AUTONOMA





# Introduction

- ICF has been used in Italy for more than a decade, without any specific case use.
- The few national regulations state that **Regions are** responsible for ICF implementation, but they do not provide implementation guidelines.
- The current Italian Action Plan in favour of persons with disabilities asks to reform the disability assessement criteria. ICF is considered a standard, but few data are available to reach a consensus on how to proceed.
- The WHO FIC implementation database poses some problems taking into account the multifaceted Italian situation.
- 6 posters present this year data on ICF implementation in Italy collected in a specific national project.







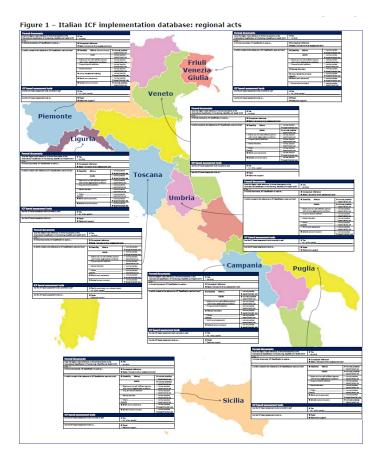




## **Methods and Materials**

# In March 2015, a one year national project funded by the Italian Ministry of Health was launched in order to:

- collect data on how the Italian regions are using ICF in health, social, education and labour policies;
- review the way to collect ICF-based data and report on them;
- study the advantages of introducing a common data set to standardize data collection for national purposes;
- study if and how an ICF data collection and analysis might be at the basis of new ways to determine disability in Italy.
   The Italian WHO-FIC CC was the project coordinator (1).



Source: Frattura L., Bassi G., Roppa L. in: WHOFIC meeting poster booklet 2015









# **Italy in the WHOFIC Implementation Database**

- Data were collected on laws, regulations, assessment tools and programs in which ICF was the conceptual framework and the basis for the collection of coded information at individual level.
- An Italian WHOFIC implementation internet archive was setup by the Italian WHO-FIC CC
- Only two regions collect data through information systems and are able to analyse them in order to publish reports.
- Some of the regions use ICF to individuate target populations for different purposes: to distribute social services or social benefits (using different eligibility criteria); to assess the functioning status for school inclusion; to support work inclusion.
- Only one region (Friuli Venezia Giulia) has developed a method to use ICF at the basis of a new information system.

WHO FIC Implementation Database

World Health Organization

# **Electronic Tools**

Different electronic tools have been developed for the recording, collection, processing, or storing of functioning or disability data. Some of them are for sale. For example:

- the Local Health Authorities in the Friuli Venezia Giulia Region use the VilmaFABER system – a public system not for sale. This tool collects, codes in ICF and processes data on functioning and disability of patients of any age (http://www.vilmafaber.eu)
- the Local Health Authorities in the Veneto Region use a section on the Atl@nte web system – a private system for sale. This tool processes the ICF data collected by the «SVAMDi tool» in adults with disabilities (http://www.sistematlante.it/ICF.aspx?id=58)
- Some schools use the SOFIA tool developed by Centro Studi Erikson – a tool for sale – for planning individual educational plans for pupils with special educational needs. It integrates an ICF-CY browser, but it does not collect ICF data for statistics (<u>http://digital.erickson.it/per-lescuole/sofia-pei-online-pdp-icf-compilazione-guidata</u>
- Some schools use OpenICF (<u>http://www.openicf.it/openicf/Index?me=standard</u>)
- Some schools use tools developed in specific projects funded by the Ministry of Education or developed by schools themselves.









# **Italy in the WHOFIC Implementation Database**

### **Translation**

•ICF is used in Italian.

### Maintenance

•Since 2010, the Italian WHO-FIC CC is responsible for maintaining the translation in Italian, without any specific agreement with WHO and no new published version.

•The Italian WHO-FIC CC is also responsible for ICF maintenance. It is aware of ICF updates done by WHO, it participates in WHO update process, and since 2010 has served as the URC ICF Secretariat.

•The available printed Italian translations (2001 for ICF and 2007 for ICF-CY) were done by a group of experts and published by a publisher, before the existence of the Italian WHO-FIC CC.

•ICF has not been adopted by the Italian Ministry of Health. The Italian Ministry of Health has not defined rules, mandatory requirements or a data flow in national health information system regarding ICF.

•An institution's cycle for incorporating the updates is not defined. Italian WHO-FIC CC translates the WHO updates on an annual basis and publishes them on the Italian Portal of Health Classifications

(<u>www.reteclassification.it</u>). The last update was done and published on the Portal in 2015, but it was not adopted on a national basis or incorporated in the version printed by Erikson edizioni.

•The Italian WHO-FIC CC is currently and de facto responsible for disseminating ICF updates in Italy.

•The current update process meets the needs of the Italian WHO-FIC CC, but the users are not fully aware about the process.



Scarica gli aggiornamenti ICF Scarica gli aggiornamenti ICF 2011 tradotti in italiano Scarica gli aggiornamenti ICF 2012 tradotti in italiano Scarica gli aggiornamenti ICF 2013 tradotti in italiano Scarica gli aggiornamenti ICF 2014 tradotti in italiano Scarica gli aggiornamenti ICF 2015 tradotti in italiano (per scaricare gli aggiornamenti in formato PDF è necessario eseguire il login)



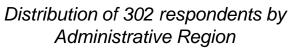




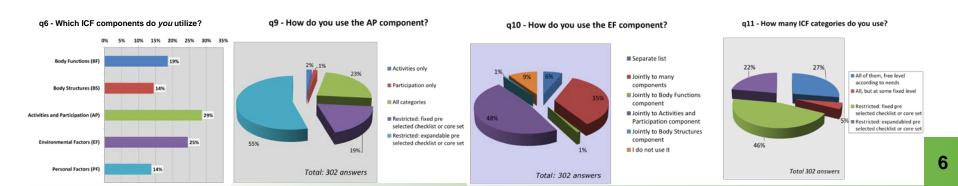


### Use case for ICF: three Italian online surveys (see poster 2016\_C520)

- Three online surveys on current ICF use cases were realized in 2016 and the answers of 302 respondents were analysed
- We used the first FDRG grid to design an online survey aimed to detail the use cases in Italy.
- The original questions were slightly modified and overall 30 questions were defined.
- Three surveys were launched in February 2016 and closed by the end of the same month.
- One survey was launched in the Piedmont region, one in the Veneto region and the third through the Italian Portal of Health Classifications.
- Some general information was also collected to describe the respondents.









Home





WHO FIC Implementation Database

Login

World Health Organization

### **Education**

Educational materials and activities are available in Italy, **but** it is impossible to provide specification and full references because an «educational headquarter» does not exist. This represents one of the great ICF open issues in Italy. The WHO-FIC CC provides training on the basis of specific agreements. In general it provides training for public bodies in health, social, labour and education sectors. Educational materials and activities of WHO-FIC CC are tailored on specific implementation needs and mainly focus on how to collect data to be coded using ICF. At the same time, subjects unknown to the WHO-FIC CC train professionals in different sectors without any possibility of supervision or monitoring by WHO-FIC CC. There is a training business lacking quality control. This happens because of the lack of a national implementation strategy.

### **Certification requirements**

Certification or training requirements for users of ICF are currently absent in Italy.

#### C516: Conclusions on ICF teaching and learning at school

#### Conclusions

ICF is a training challenge. The shift from the theory of the red book to the practice in children assessment required a great effort for defining how to collect information to code using ICF. The need to expand the EFs referred to school shows the descriptive limits of the ICF.

#### C517: Conclusions on ICF implemtation in Piedmont

#### Conclusions

In the past eight years, Piedmont Region has organized a massive ICF training programme, introduced new forms to assess children using ICF, but has not monitored their implementation. The lack of a database with ICF data was considered a weakness of these policies. This first attempt to monitor how the professionals use the new tools provided a lot of suggestions for better using ICF in practice. A new awareness has emerged about the need to better understand the difference between using ICF and Frattura L, Malara P. ICF implementation in Italy; regional policies and national needs. WHO-FIC Network Annual Meeting 2016

collecting information for ICF coding. The regional forms, similarly to many other available in Italy, are about ICF and do not guide the collection of information in "natural language". The variety of Environmental factors and their roles have to became more central in the assessment. A possibility exists to use the assessment system developed by the WHO team directed by LF. This system automatizes the coding, and guides the evaluators to explore the relationships among a lot of environmental factors and individuals with a health condition. It also creates a database, which allows to compare functioning profiles at individual and cohort levels.









# **Conclusions**

### ICF use in Italy is widely heterogeneous.

- 1. A formal implementation act is urgent
- 2. A national educational programme leaded by the WHOFIC CC is a prority
- 3. A national monitoring plan should be defined
- A minimum dataset should be set up to 4. minimize the interregional differences, based on how the WHOFIC CC collects data

Lesson learned: The difference between ICF coding and collecting information to code using ICF needs to be clarified in the WHO ICF revision process to avoid opacity in data collection and analysis.

WHO FIC Implementation Database

World Health Organization

### **ICF** Implementation

ICF is partially and fully implemented. It is used heterogeneously at Regional and local level on the basis of different regulations, laws, and tools.

The WHO-FIC Implementation database seems to consider implementation as a linear process. The Italian multifaceted reality is difficult to represent in the proposed grid.





Direzione centrale salute, integrazione socio sanitaria, politiche sociali e famiglia





# Thank you for your attention!

### lucilla.frattura@regione.fvg.it

### Akwnoledgements:

- Italian WHOFIC CC: Giovanni Bassi,
  Andrea Simoncello, Giulio Castelpietra,
  Liliana Roppa
- Piedmont region: Maria Maspoli, Francesca Ragazzo, Stefania Cogno
- Umbria Region, Terni ICF school network: Maria Elisabetta Mascio, Stefania Cornacchia acting as coordinators
- The 302 Italian participants to the online ICF surveys
- Officers in particular from the Veneto and Liguria Region for active cooperation in collecting own regional materials on ICF implementation

