Developing an allied health code set: the Indicator for Intervention

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Background to the NAHCC and the IFI Project

The National Allied Health Classification Committee (NAHCC; previously the National Allied Health Casemix Committee) was formed in the 1990s and has representation from all major allied health professions, the eight State and Territory Allied Health Committees, the Australian Health Professions Australia and the Australian Government Department of Health and Ageing. Since its conception, NAHCC has accomplished a number of important achievements, including the development of a commonly agreed framework of a minimum data set (a set of standard intervention categories for each profession involved) and most importantly the development of an allied health service weight (Woodruff, Fitzgerald & Itsiopoulos 2000).

One important item missing from the minimum data set developed for allied health was an 'Indicator for Intervention' (IFI). The clinician believes an IFI is the factor most relevant to the client when seeking consultation with or referral to an allied health professional for service (Woodruff, Fitzgerald & Itsiopoulos 2000). Unlike the diagnosis itself, an IFI is not one of the medical disorders or complex illnesses that are described by the ‘diagnosis’ (e.g. ICD-10, DSM-IV), but is more likely to be one of the symptoms, behavioural characteristics or circumstances associated with a person for which allied health services are being sought. For example, a stroke patient may have an IFI of mobility problems, swallowing difficulties or mood problems, or possibly all three. IFIs focus on a client's needs and difficulties, rather than an esoteric disease process.

Although the Allied Health Minimum data set adequately describes the characteristics of the client and of the care provider, it does not provide information on why the allied health professional is intervening. Collecting this data will help in understanding the demand for the service and what needs to be put into place in order to help meet demand. Within the healthcare sector, and particularly in the acute hospital setting, Diagnosis Related Groups (DRGs) are widely used as a way of classifying inpatient admissions. They do so by grouping together inpatient stays of similar levels of complexity which utilise similar amounts of resources. However, DRGs and diagnoses are not a sensitive or accurate basis for predicting allied health costs. For example, the diagnostic group of dementia does not actually predict how much allied health intervention may be needed. It is more likely to be the current living circumstances of the patient or particular patient characteristics, rather than the specific type of dementia or even its severity, that predict the type of allied health intervention needed. In contrast, the IFI focuses on the characteristics of patient behaviour, not the disease process, and are behavioural rather than biological in nature.

Within the acute care setting in hospitals there are three main areas: emergency care, inpatient care and outpatient care. Within the emergency care setting, information is collected about why people are presenting and their current diagnosis. A patient who presents within this setting may also be referred to outpatient services. Within the outpatient setting, however, it is still unclear what services are provided and who is receiving these services. In this area the IFI therefore becomes a valuable and crucial measure.
In 1998, the Commonwealth Department of Health and Ageing (Casemix Branch) agreed to fund a project to develop a classification of clients of service providers on the basis of their reason for seeking intervention. The department agreed to fund this project in three stages, with initial funding for the first stage only. In 2000 a report was published on Stage One (Woodruff, Fitzgerald & Itsiopoulos 2000) which identified a set of IFIs at the highest and broadest level. A hierarchical approach was used to develop the IFI set, with a 'top level' set of IFIs which then drilled down to more specific sub IFIs. All allied health professions involved in the project approved this set of IFIs along with a model of performance indicators. Funding for the next phase of this project was not received at this time and therefore an incomplete set of IFIs existed.

Interest in the IFI project was reignited within the Department of Health and Ageing in 2005 when it was considered that a clear allied health item in the data classification structure was needed to effectively predict costs in the outpatient setting. This was seen to be a critical component within a larger data set being developed for outpatient departments across Australian health centres. As part of this, the NAHCC received funding to further develop and refine the IFI data set, as well as to develop a strategy for testing and validating the IFI.

Eleven allied health groups have been involved in this second stage of the IFI. They are: Audiology Australia, Australian Association of Social Workers, Australian Association for Exercise and Sports Science, Australian Psychological Society, Dieticians Association of Australia, Australian Physiotherapy Association, Orthoptic Association of Australia, Australian Orthotics and Prosthetics Association, OT Australia, Speech Pathology Australia and Australian Podiatry Council. These professional groups have contributed to the ongoing development of the IFI by way of consultation and profession specific contributions.

**IFI and ICF**

A review of the IFI data set as specified in the Woodruff, Fitzgerald and Itsiopoulos (2000) report was undertaken and a number of problems were found with the existing data set. Included in the identified problems was the fact that higher level codes had been developed for some of the IFIs, but lower level categories necessary for providing more specific descriptors were missing. In addition, for some disciplines only limited IFIs had been developed. In seeking to find a comprehensive set of codes for the IFI data set, the review led to consideration of the International Classification of Functioning, Disability and Health (ICF) classification system (WHO 2001) as a possible alternative to the original IFI set.

Developed by the World Health Organization (WHO), the ICF is an internationally recognised and validated classification system for coding functioning rather than diagnosis. It uses a biopsychosocial model to help conceptualise and measure health and health related issues. This system ascribes a code for each client dependent on their problems. It is focused on patient characteristics of real or potential disability and the interplay of person factors and environment issues (WHO 2001). As such, it provides a useful code set for the IFI. It is important to note that, while ICF has been developed as a way of measuring an individual's degree of functioning and/or disability, this is not how it is being used in the IFI project. Rather, the ICF code set is being used to classify the reason an individual is seeking allied health intervention.

The ICF has four components which indicate the area of the problem:

- **Body Functions** (the physiological functions of body systems, including psychological functions)
- **Body Structures** (anatomical parts of the body, such as organs, limbs and their components)
- **Activity and Participation** (Activity is the execution of a task or action by an individual; Participation is involvement in a life situation)
- **Environment** (the physical, social and attitudinal environment in which people live and conduct their lives).

Within each of these components are sets of domains (called 'chapters') which relate to physiological functions, anatomical structures, individual tasks and actions as well as participation in different life situations. Qualifiers help to indicate the extent or severity of the problem (World Health Organization 2001). It is important...
to keep in mind that the ICF is not strictly an assessment tool and should not replace routine clinical assessment. The ICF is a classification system which provides a method of capturing data in a consistent form.

In investigating the ICF it was clear that it was a superior classification tool when compared with the current IFI data set. It was recognised that its inherent purpose transcended that of the IFI, but its capacity and suitability to meet the needs of the IFI and the extensive and ongoing validation of this tool make it the preferred classification system. Therefore, all allied health professions involved in the IFI project agreed to adopt the ICF and to continue to work with this classification system in order to tailor it to the requirements of the allied health IFI set. One problem identified in adopting the ICF as an IFI data collection system was the level of complexity involved in using this more detailed and multifaceted classification system. In order to simplify the process of code selection, profession specific code sets have been developed for each of the allied health professions involved. These code sets may also be modified and tailored to meet the needs of specific hospital service settings.

The overall aim of the next stage of this project is to develop educational material about the IFI for health professionals and to validate the ICF data code set and the operating system to be adopted as reliable data collection processes for collecting information on the IFI. This component of the project has the following objectives:

- to evaluate current health data collection systems to identify a software system that meets the requirements for collecting the IFI with a low demand level for users
- to develop promotional material to be distributed to hospital services and relevant allied health professions
- to develop educational material including workshops to train allied health professionals to collect IFI in a reliable manner; this material will be at both the general level, that is, information about the IFI and the ICF, and at the profession specific level where case studies and profession specific questions about coding can be addressed
- to evaluate the effectiveness of the training materials
- to evaluate the data collection system through a six month pilot study.

More information about the IFI Project can be found at the NAHCC website, <www.nahcc.org.au>.

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References


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1 This report is also available for download from the NAHCC website <http://www.nahcc.org.au/pdfs/NAHCC%20IFI%20report_%20es,1,2,3.doc>