

# IMPLEMENTATION OF ICF SOCIAL SECURITY

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# ICF 2001



- Large interest in insurance medicine
- Experience from
  - ▣ Clinical practice
  - ▣ Research
  - ▣ Policy making

# High disability rates in Europe

- A balance between:
  - Adequate income
  - Incentives for integration
- Higher work inclusion
- Re-integration
- “try to maintain the claimant in contact with the labour market. The assessment and corresponding support should be done quickly so as to avoid claimants being inactive for too long and losing contact with the labour market” OECD. *Sickness, Disability and Work: Breaking the Barriers*, 2010
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# Work disability



- Evaluation of work disability
  - ▣ The whole process: many steps, many actors
- Assessment of work disability
  - ▣ A part of the evaluation process
  - ▣ One assessor gives advice
- Short term sickness absence
- Long term disability benefits
- Intermediate rehabilitation

# Sickness absence



- Certified absence by physician
- Restore health/return to work support
- Assessed vs usual work tasks
- ICF framework: relationship between ability and demands
- ICF taxonomy: guidelines and tools

# Rehabilitation



- Assessed by rehabilitation specialists
- Information to social security
- Comprehensive assessment
- ICF framework: generally accepted
- ICF taxonomy: common language
- ICF classification: ICF core set vocat rehab, clinical core sets, tools, scales, linking rules. Widely used

# Disability benefits



- Assessors in social security
- Advice on rights to benefit
- Assess against labour market – legal demands
- ICF framework: improve quality, modernize
- ICF taxonomy: a dictionary
- ICF classification: EUMASS core set

# Vocational rehabilitation vs disability evaluation

Assessment	Vocational rehabilitation	Disability evaluation
Actors	A multidisciplinary and multi-stakeholder process.	A few professions: medical, psychological, social worker, administrative
Placement	Health sector and social insurance institution	Social insurance institution
Purpose	Assess effects of clinical interventions and reintegration potential.	Decisions on rights for benefits.
Legal bindings	Few	Strong
Scope	Comprehensive	Limited
Dimension	Focus on ability	Focus on disability



# EUMASS core set

Code	Title
b164	Higher-level cognitive functions
b280	Sensation of pain
b455	Exercise tolerance functions
b710	Mobility of joint functions
b730	Muscle power functions
d110	Watching
d115	Listening
d155	Acquiring skills
d177	Making decisions
d220	Undertaking multiple tasks
d240	Handling stress and other psychological demands
d399	Communication, unspecified
d410	Changing basic body position
d415	Maintaining a body position
d430	Lifting and carrying objects
d440	Fine hand use
d445	Hand and arm use
d450	Walking
d470	Using transportation
d700	Complex interpersonal interactions

# The way forward



- ICF provides a comprehensive framework, a consistent taxonomy, and relevant core sets for disability evaluation
- ICF provides an understanding of positive and negative aspects of functioning, and positive and negative influence of personal and environmental factors
- The full classification of the ICF is too large for social security. Core sets are needed

# The way forward



- Crucial aspects of the disability evaluation process, such as health condition, development, prognosis, and causality cannot be described within the ICF
- The unique experience of the individual
- Strong need to expand the ICF taxonomy in environmental factors

# The way forward



- Lack of classification for personal factors is a limit for the use of the ICF
- The ICF needs operationalization
- In social security, the ICF can support the efforts to reach greater transparency and fairness of decisions