

# National Allied Health Classification Committee

Indicators for Intervention (IFI) Project

## Overview of Workshop

- Part 1: Introduction to IFI
  - Background and rationale
- Part 2: How to identify and code an IFI
  - IFI Coding Manual
  - Case examples
  - Collection methods
    - Electronic
    - Hard copy
- Part 3: Group activities
  - Coding IFI
  - Group feedback

## Background and Rationale

## What is an IFI?

- Indicator for Intervention (IFI)  
“...is a service provider description of the characteristics of the individual or population which indicate need for intervention (p. 13).”

[Report on the Development of Allied Health Indicators for Intervention (IFI) and Performance Indicators (NAHCC, 2000)].

## Origins of IFI

- Casemix funding revolutionised acute care funding and precipitated the ACCC (now called the CCCA) which managed DRG revisions.
- In the 1990s the National Allied Health Casemix Committee (NAHCC) was formed.
- NAHCC comprised of a range of Allied Health Professionals, as well as State and Territory representatives from casemix committees.

## Origins of IFI

### Development of a Minimum Data Set

A set of standard intervention categories for each AH profession.

- Allied Health Intervention Codes: NAHCC Report into ICD-10-AM
- Performance Indicators Model
  - A way of identifying the various AHP contributions to healthcare outcomes within the bigger picture.
- Allied Health Service Weight
  - An Allied Health Service weight is a statistical device which quantifies the proportion of total DRG resources (mainly time) that Allied Health contribute.

## Minimum Data Set

Data Element	Source
Date of admission (for hospital admitted patients only)	National Health Data Dictionary (NHDD)
Client type	
Service Provider	
Party Relationship	
Referral source	NHDD
Treatment settings	
Provider Intervention	NAHCC/ICD-10 AM
Indicator for Intervention	NAHCC – Part 1
Diagnosis	

## Origins of IFI

- Missing from the Allied Health Minimum Data Set was an “Indicator for Intervention.”
- Minimum data set provided limited information about *why* the AHP was intervening.
- Diagnostic Related Groups (DRGs) are regularly used in the healthcare sector
  - Not a sensitive or accurate basis for predicting allied health costs.

## Rationale for IFI

- In the context of funding (e.g., Casemix), accurate costing and prediction were vital.
- AH wanted a patient descriptor that better predicted involvement.
- Second driver for IFI was the developing passion for outcome measures.
  - Diagnosis did not set a basis for outcomes.
  - A behavioural descriptor that better explained reason for AH intervening also set a basis for measuring change.

## Purposes of IFI

1. Describes why an allied health practitioner intervened, better predicting clinicians involvement and cost.
2. Permits the measurement of change.
3. Forms part of a method for defining the value and input of allied health into the health system and community benefit.
4. Aids in the use of consistent codes and definitions across service sectors.

## IFI – Allied Health Professions

- Eleven Allied Health Professions were involved in the development of IFI:
  - Audiology
  - Dietetics
  - Exercise Physiology
  - Occupational Therapy
  - Orthoptics
  - Orthotics & Prosthetics
  - Physiotherapy
  - Podiatry
  - Psychology
  - Social Work
  - Speech Pathology

## ICF

- The ICF is an internationally recognised and validated classification system for coding functioning rather than diagnosis (sibling of ICD)
- It uses a bio-psycho-social model to help conceptualise and measure health and health related issues.
- This system ascribes a code for each client/patient dependent on their problems using a hierarchical approach.
- It is focused on patient characteristics of real or potential disability and the interplay of person factors and environment issues.

## ICF

- The ICF has four components which indicate the area of the problem.
  1. Body Functions (b)
  2. Body Structures (s)
  3. Activities and Participation (d)
  4. Environment (e)
- Within each of these components are sets of domains (chapters).
- There are also qualifiers to help indicated the extent of severity of the problem.

## ICF

The screenshot shows a hierarchical view of the ICF coding manual. On the left, a tree structure lists various categories: ICF, BODY FUNCTIONS, CHAPTER 1 MENTAL FUNCTIONS, CHAPTER 2 SENSORY FUNCTIONS AND PAIN, Seeing and related functions (B210-B229), Vision, Vision acuity functions, b2100 Brocade acuity of distant vision, b2101 Monocular acuity of distant vision, b2102 Binocular acuity of distant vision, b2103 Monocular acuity of near vision, b2104 Binocular acuity of near vision, b2105 Visual acuity functions, other specified, b2106 Visual acuity functions, unspecified, b2107 Visual field functions, b2108 Quality of vision, b2109 Seeing functions, other specified, b2110 Seeing functions, unspecified, b2111 Factors of function affecting the eye, b220 Sensations associated with the eye and eye, b221 Seeing and related functions, other specified, Hearing and related functions (B230-B239), Additional sensory functions (B250-B279), Pain (B08-B09), b280 Sensory functions and pain, other specified, b281 Sensory functions and pain, unspecified, CHAPTER 3 VOICE AND SPEECH FUNCTIONS, CHAPTER 4 FUNCTIONS OF THE CARDIOVASCULAR, CHAPTER 5 FUNCTIONS OF THE DIGESTIVE, MET, CHAPTER 6 GENITOURINARY AND REPRODUCT, CHAPTER 7 THE IMMUNOLOGICAL AND HC, CHAPTER 8 FUNCTIONS OF THE SKIN AND RELA, BODY STRUCTURES, ACTIVITIES AND PARTICIPATION, ENVIRONMENTAL FACTORS. On the right, the 'b210 Seeing functions' section is highlighted, showing its definition: 'Sensory functions relating to sensing the presence of light and sensing the form, size, shape and colour of the visual stimuli.' It includes inclusions for visual acuity, visual field, quality of vision, and various types of vision impairments, and exclusions for perceptual functions (B150).

## Identifying and Coding IFI

### Step 1 – Identify IFI

- Identify *why* the patient/client is seeking or being referred for allied health intervention.
  - NOT about diagnosis or causation
  - What characteristics has the client/patient presented with which is resulting in the allied health intervention?
- Ask, why are you being asked to intervene with this client?

### Step 2 – Access the IFI Codes

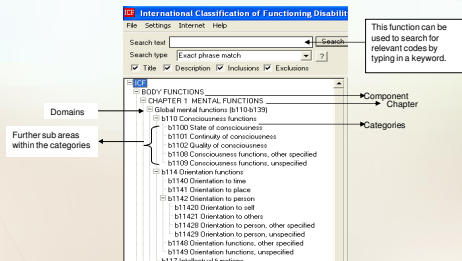
- The ICF Codes can be accessed via the:
  - NAHCC online data collection system
  - IFI Coding Manual
  - ICF Internet Browser - <http://www3.who.int/icf/onlinebrowser/icf.cf>
- To aid in coding, Discipline specific code sets have been developed.

### Step 3 – Identify the relevant IFI Component

- Identifying the relevant component that best accounts for the reason intervention is being sought can assist in identifying the relevant code by narrowing down the number of possible codes.
- There are four components:
  - b – Body functions
  - s – Body Structures
  - d – Activities and Participation
  - e – Environmental factors

## Step 4 – Identify a sub-area

- Each component has a sub-area called chapters, which are further divided into domains and categories.
- The search option available on the CD and on-line browser is a useful tool to identify an appropriate code.



## Step 5 – Assign the IFI

- Only 3 digit codes will be used.
- Assign the most appropriate code.
- Up to 2 codes can be allocated for complex cases.

## IFI Coding Manual

IFI Coding Manual has been developed.

- How to code IFI
- Discipline Specific Code Sets
- Worked through Discipline Specific case examples
- Worked through Multidisciplinary case examples
- Quick Reference Guide

## How will data be collected

- Via Internet
- Hardcopy

## Coding

- **Step 1** – Identify IFI
  - Why are you being asked to intervene?
- **Step 2** – Go into the NAHCC online data collection system – this program will guide you through the steps,

**OR** use one of the following options

1. Refer to the IFI Coding Manual
2. Access the ICF Codes via the internet browser
  - Identify the relevant component
  - Identify a sub-area
  - Assign the IFI up to a 3 digit code

## Case Example 1

Debbie is a 33-year-old woman with cerebral palsy and intellectual disability. She is nonverbal and uses a wheelchair. Debbie lives in a residential care facility but is unhappy with this arrangement. The RCF finds communication difficult and would like some strategies for improving her skills in that area. Her weight is in the obese range. She has a poor diet with difficulty swallowing some foods, and participates in little to no exercise. Debbie also has epilepsy and experiences depressive episodes. She was most recently admitted following an incident, in which she had a seizure, fell out of her chair and fractured her wrist. She complains of cold extremities. She needs help with resuming or improving daily functioning.

### **Case Example 2**

- Mr P is a 47-year-old male who has been admitted for investigations to isolate the reason for ongoing neurological problems. He is experiencing neurological deficits including difficulties with speech, swallowing, sight and hearing, as well as problems with coordination and muscle weakness. His wife is concerned that he has lost a significant amount of weight. He is highly anxious, which is in contrast to his pre-morbid personality, and is experiencing some other personality changes as identified by his wife. He is particularly concerned about ongoing work absences and is anxious to return to work as soon as possible. He also has two young children.

### **Small Group Practice**

### **Case Example 1**

- Miss T. is a 50-year old woman who has recently had an aneurysm removed. She is now experiencing speech and swallowing difficulties, poor coordination, frequently losing objects in the house, experiencing safety issues at home (e.g. tripping hazards, leaving appliances switched on), and experiencing memory loss. She is extremely angry as she claims that she was not warned by medical staff about the possible side-effects of the surgery, and feels she may have decided against the surgery had she known the risks.

### **Case Example 2**

- Mr. S is 63 years old and arrived in emergency with presumed myocarditis complicated by cardiogenic shock, pancreatitis, hepatic and renal failure requiring dialysis, anaemia and thrombocytopenia. Stabilised and progressed to rehabilitation. Following a motor-vehicle-accident 15 years ago, he lost a lower limb and has a partial prosthesis. He has been previously normally fit and active, working full time and lives with his wife and two small children. His family is distressed at his deterioration. He is currently malnourished with a weight loss of 4 kg in one week – some of which was fluid. He is not sleeping and is very fatigued, NYHA IV, peripheral oedema has resolved. He has poor appetite and showing signs of depression. He was very motivated post his stay at HRC for rehabilitation but has since deteriorated. He is also bored by being unable to concentrate for any sustained period of time and unable to cope with long outings due to his fatigue levels. His goal is to return to his previous lifestyle and resume work. He may need a heart-lung transplant.

### **Case Example 3**

- Jay is a six-year-old boy. Jay's mother is concerned about Jay's speech and language development and his poor responses when she calls him. She is also concerned that Jay appeared to be a lot slower in his development of motor skills than his sister and displays a turned in foot at the ankle when walking. He is otherwise in good health. Jay's mother is a sole parent and is having some difficulty coping with his lack of responsiveness and sometimes destructive behaviour.

### **Case Example 4**

- Mrs A. is a 65-year old woman with Type II Diabetes, and has recently experienced a failed kidney transplant. She has a number of severe side-effects of her Diabetes and renal failure. She has vasculitis and requires dialysis three times each week. She has ulcerated feet that are extremely swollen and she has stopped walking as a result. She is largely immobile. She is unable to grip objects due to necrosis of her hands. She is experiencing financial difficulties, and is coping very poorly. Her husband is experiencing a great deal of anger about his wife's condition. She spends approximately half of her time as an inpatient and half of her time at home, but requires medical support and support for her ADL's when at home.

### **Case Example 5**

- Jake is a 15-year-old from a regional town. Jake was brought to outpatients for assessment after being found wandering the streets distressed. It appeared that he had been attacked by a group of youths. He had also not eaten in a couple of days and seemed generally malnourished. He was identified and his parents were contacted. Jake's parents informed the hospital that Jake has a diagnosis of autism. He has difficulty communicating, has poor motor coordination and presents with behavioural problems. He was admitted for a multidisciplinary assessment and management plan.

### **Case Example 6**

- Peter is a 45-year-old male public service officer who experienced a left-hemisphere stroke. The stroke has left him with significant speech difficulty, swallowing difficulty, and right-sided weakness. Since the accident he has not returned to work and seems mildly depressed. He is experiencing financial difficulties, and he is struggling with acceptance of the disabilities. Peter is currently attending rehabilitation and needs assistance in a number of areas.

### **Discussion of Cases**

### **Data Entry on Laptops**

### **NAHCC**

- More information about the NAHCC and IFI Project can be found at: [www.nahcc.org.au](http://www.nahcc.org.au)
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**Thank you for coming!**