ICF or ICPC: what is missing for primary care?

CIF ou CIAP: o que falta classificar na atenção básica?

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ABSTRACT

The International Classification of Primary Care (ICPC) has often been confused with the International Classification of Functioning, Disability and Health (ICF) because it is a tool that indicates problems related to health, but which are not diseases. Although its importance be recognized in primary care, the ICPC points, for example, the reasons for contact with health services, clinical information and some interventions. In none of these respects, the ICPC addresses the issue of functioning and disability, either, the relationship of environmental factors on human performance. ICPC is a mere intermediary for the International Statistical Classification of Diseases and Related Health Problems (ICD), it does not include all information necessary for a diagnosis of health status or the health determinants. Thus, managers need to thoroughly know the ICF, since it is a reference classification of the World Health Organization and the real complement for the ICD to population data. The ICF contains the necessary tolls to stimulate a cross-sectoral work, but it has been done only for specialized care, what leave aside all the potential of its application in primary care.

Keywords: International Classification of Functioning, Disability and Health, Primary Health Care, International Classification of Primary Care

RESUMO

A Classificação Internacional de Atenção Primária (CIAP) tem sido, frequentemente, confundida com a Classificação Internacional de Funcionalidade, Incapacidade e Saúde (CIF) por se tratar de uma ferramenta que indica problemas relacionados à saúde, mas que não são doenças. Embora tenha sua importância reconhecida na atenção básica, a CIAP aponta, por exemplo, as razões para contato com serviços de saúde, informações clínicas por consulta e algumas intervenções. Em nenhum desses aspectos, a CIAP aborda a questão da funcionalidade e da incapacidade, tampouco, as relações dos fatores ambientais no desempenho humano. Sendo uma mera intermediária para a Classificação Estatística Internacional de Doenças e Problemas Relacionados à Saúde (CID), a CIAP não contempla todas as informações necessárias para um diagnóstico da situação de saúde e seus determinantes nas populações. Dessa forma, os gestores precisam conhecer a CIF de maneira mais aprofundada, já que trata-se de uma classificação referência da Organização Mundial da Saúde, sendo a verdadeira complementar da CID para informações populacionais. A CIF contém as características necessárias para estimular o trabalho trans-setorial, mas tem sido levada apenas para a atenção especializada, deixando-se de lado todo o potencial de sua aplicação na atenção primária.

Palavras-chave: Classificação Internacional de Funcionalidade, Incapacidade e Saúde, Atenção Primária à Saúde, Classificação Internacional de Atenção Primária

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INTRODUCTION

The publication in 2001 of the International Classification of Functionality, Disability, and Health (ICF) by the World Health Organization (WHO) opened new horizons for the health community.[1] Although it was a tool for application in diverse areas such as Education, Architecture, Pedagogy, and others, the Health area has benefitted thanks to the broad vision that this classification provides.

In the Public Health area it serves as an instrument to define a conceptual base and to discover the functionality and disability of certain populations, favoring the formulation of specific public policies.[2]

The fact that it allows the measurement of various aspects of functionality including the environmental influence on the performance of human activities and social participation has made its use complex. It continues to develop ways that can facilitate its use[3] and allow the collection and organization of data. The ICF seeks to describe all aspects of human life, including the people's environment. Assessing the situation of an entire population so as to discover the percentage of people with disabilities, from the simplest to the most complex, is a very interesting way to design more effective public policies.[4]

Primary attention includes the promotion, prevention, treatment, recovery, and maintenance of health. This can be promoted by professionals from various areas such as health care workers, nurses, physiotherapists, physicians, psychologists, and occupational therapists.[5] In order to deepen the information necessary for basic care, the International Classification of Primary Care (ICPC) was created and already has a second version.[6] It is part of the International Family of Classifications by the WHO. However it is not a reference classification such as the ICF, the International Statistical Classification of Diseases and Related Health Problems (ICD), or the International Classification of Health Interventions (ICHI). In Brazil, the use of the ICPC has frequently been confused with the ICF; this is because the ICPC is presented as a classification to face most complex aspects of infirmities, such as habitation and social conditions. However, it is important to note that, in truth, the ICPC connects all this data with the codes given in the ICD without getting involved in dimensions of functionality, which is notoriously important in dealing with primary symptoms.

The CIF *versus* the ICPC

In reality, the ICD and the ICF are complementary reference classifications,[7] while the ICPC is a classification included in the International Family of Classifications from the WHO as "related"; in other words, it deals with important aspects of health that are not covered in the reference classifications. In this case, the ICD is related.

Skimming over it, we see that the ICPC provides definitions and a code structure to identify episodes in basic care concerning small health complaints that can be expressed by an ICD code. It also gives information on the reasons why the patient needs assistance, what diagnosis the first contact evaluator gave and the type of interventions that are being done in the case. The ICPC appears to be the most suitable tool to classify the reason for a primary health care visit (a visit to the doctor), since it was developed for this context and allows the reason for the visit to be evaluated according to the patient's needs, being intimately related to the person-centered clinical method.[8]

On the other hand, the ICF can classify the state of functionality of any person at any time and in any health condition. It can build a monitoring panel over time on an individual's state of functionality or disability related to environmental factors. It encompasses aspects related to health and aspects that influence health, usable by professionals in Social work as well as in Education, Architecture, and others.

Chart 1 presents how the ICF and ICPC can make complementary data available.[9]

DISCUSSION

The ICPC is merely a classification directly linked with the ICD codes, with the advantage of giving importance to the codes from its section "Z". In this way social aspects and those of actual assistance may also be evidenced.

In addition to being a reference classification within the International Family of Classifications from the WHO, the ICF includes an integrating model, which includes the ICD.[10] In principle, the complementary classifications are the ICD and the ICF-the ICPC is merely the mediator for arriving at the corresponding ICD codes.

Table 1 clearly shows the difference between the classification approaches, even considering that there were few ICF codes used in the example given. The tool would allow more information to be collected from the case, showing the influences of the environment on human performance, as well as that generated by the patient's functional and structural state.

While the ICPC identifies some reasons for seeking health services and the main clinical problems such as fevers, coughs, or throat symptoms, the ICF globally identifies the environmental factors that influence people's performance in their activities and social participation in relation with their abilities, functionality, and body structures. From an epidemiological point of view, and considering the formulation of public policies, the ICF appears to be much more important than the ICPC.

However, the use of all the classifications can improve the integration between health professionals by standardizing their language in addition to serving as a tool for collecting and organizing data.[11] Being different, the ICF and the ICPC cannot replace one another, but they can complement one another.

The ICF is still scarcely known by managers and primary care technicians in Brazil and by the professional community as a whole,[12] which can cause confusion between the ICF and the ICPC to the extent that the latter is presented as a classification that brings information complementary to what already exists on morbidity and mortality.

In primary care, the ICF has characteristics that are necessary for the stimulation of holistic policies that encompass other spheres such as Transportation, Habitation, Education, Architectures, and Urbanism, etc. Knowledge of the environment and the influence of all its aspects, from technology to the legal norms, and even including the social and attitudinal environment can favor the development of policies, systems, services, programs, and networks with a greater chance of success in promoting functionality and the prevention of disability.

Chart 1. The joint application of the ICF and the ICPC in describing a case in Primary Care

ICF	ICPC (link to ICD-10)
First contact/visit	First contact/visit
d850.4 - unemployed patient d920.2 - moderate difficulty in community life b280.3 - severe pain d430.3 - serious difficulty getting up d450.2 - moderate difficulty walking b134.3 - serious sleep disturbance e310 + 3 - family as facilitator	L86 - lumbar disc injury L89 - hip osteoarthritis L50 - urticaria
Regular visit	Regular visit
b455.2 - moderate alterations in tolerance to exercises d920.3 - worsening in community life b530.1 - slight alteration in maintaining weight	A04 - debility L28 - functional limitation T07 - weight gain L50 - urticaria L66 - hair loss
Visit due to intercurrence	Visit due to intercurrence
b545.2 - moderate alteration in hydric, mineral, or electrolyte balance b1302.2 - moderate loss of appetite b530.2 - moderate alterations in maintaining weight	T01, T03, T07, T27, T30, T34, T35, T48, T60, T90, T45, T64, T66, T67 - various burns, including poisoning, and respiratory system is affected
Follow-up visit	Follow-up visit
b455.1 - slight alterations in tolerance to exercises d920.1 - slight difficulty in community life b530.1 - slight alterations in maintaining weight e1 + 8 - support technologies available e2 + 8 - facilitators available in physical environment e5 + 8 - services, systems, and policies available in different areas	T28 - burns and corrosion of internal organs T64 - toxic effect of aflatoxin T31 - skin burns L50 - urticaria

CONCLUSION

The managers of primary care in Brazil need to know the ICF in a deeper way in order for it not to be confused with other classifications, especially the ICPC. Although the ICF is a reference classification system from the WHO and has the characteristics necessary to stimulate trans-sectorial work, which is so important for improving and streamlining health systems, it has still been seen very poorly in Brazil, since managers and technicians have seen it as only for specialized care, ignoring all its potential for application in primary care.

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