Does the use of ICF relates to the use of a biopsychosocial rehabilitation model in the Belgian Multidisciplinary centers for the treatment of chronic pain?

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INTRODUCTION

Since 2013, 35 multidisciplinary centers for the treatment of patients with chronic pain (MPS), are financed by the Belgian government. To provide pain management based on a biopsychosocial (BPS) model, the team composition was strictly prescribed. However, the elaboration of guidelines for the BPS model nor its implementation has been evaluated since. This observational survey tries to investigate the level of BPS approach and whether the use of the International Classification of Functioning, Disability and Health (ICF) as proposed by the WHO (1), has an influence on it.

METHODS

- **Survey**: BPS questionnaire (1) and ICF questionnaire (2) integrated in an on-line survey.
- **Period**: May 15th – July 15th 2019.
- **Respondents**: Medical coordinators of the 35 MPC, responding from their teams' point of view.
- **Disclaimer**: Respondents were guaranteed by a trusted third party that only anonymous results would be available to the steering committee of the government to avoid biased answering.

RESULTS

At closure date 32/35 centers completed the full survey, in which all coordinators report to work on a BPS based model. This statement is confirmed by the scores on each domain of the BPS scale which are summarized in Table 1. In all domains the MPS score higher than the heterogeneous group of health care professionals in the validation study of this instrument. The scores were also higher than in 2 non-published recent studies in respectively Flemish rehabilitation clinics and Flemish community health care centers. Even though higher, the results follow the same trend in the subdomain scores.

Except for one MPC, team members are recognized by their coordinator to have knowledge of the ICF. This knowledge remains in 25/31 teams "theoretical but well detailed" and in 6/31 teams "with practical application". Exactly 50% (16/32) report to use the ICF in daily practice. As presented in table 2, there was no significant difference in the mean overall BPS score between the group using ICF or not (3.89 versus 3.84; p=0.797). If used, the ICF is limited in 6/16 teams to the patients' assessment; 7/16 teams use it as a guidance in the multidisciplinary case discussion and 3/16 finds the classification useful in the evaluation of rehabilitation progress. None of the teams uses ICF in their reporting.

Otherwise, 7/16 (44%) teams report only the ICF scheme as the maximum of usefulness, 3/16 (19%) are using the categories, 2/16 (12%) report to use a corset, and 4/16 (25%) teams report to use the qualifiers.

Of the 16 teams which do not use ICF at the moment, 13 coordinators indicate their intention of its use in the future but expect support through specific formation (10/13) and integration in the electronic patient record (12/13).

TABLES AND FIGURES

Figure 1: Pie chart of mean values in the 5 sub-domains of BPS activity

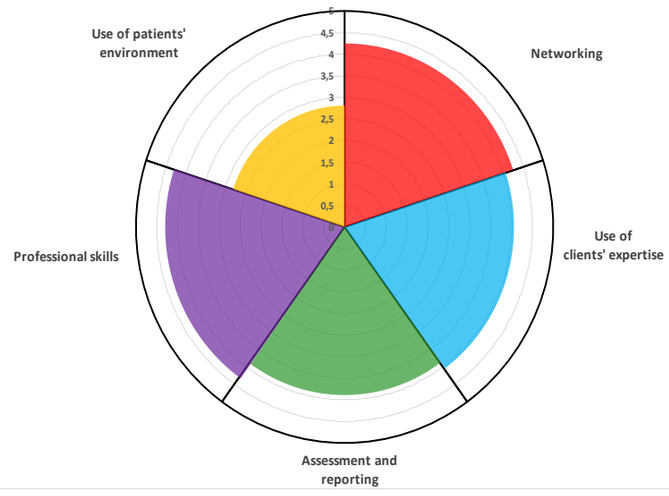

Table 1: BPS scores (overall and 5 subdomains) in Belgian MPS and reference surveys.

	Overall score	Networking	Client Expertise	Assessment & Reporting	Professional skills	Use of environment
MPC	3.86	4.25	4.06	3.89	4.30	2.81
Refer.values (*)	3.11	3.75	3.25	2.19	3.46	2.89
Rehab centers (**)	3.50	3.61	3.69	3.34	4.19	2.66
Comm centers (***)	3.27	3.63	3.63	2.43	3.99	2.83

Table 2:

ICF use?	Overall score	Networking	Client Expertise	Assessment & Reporting	Professional skills	Use of environment
Yes	3.89	4.20	4.06	3.87	4.38	2.92
No	3.84	4.29	4.06	3.91	4.21	2.71

DISCUSSION

In this observational survey, Belgian MPC report a rehabilitation activity which scores high on the BPS scale. The use of environmental elements stays behind in this model, as it is observed in other professional settings. But given the substantial impact on the immediate social environment of the patient, this is a point of special attention for this target group.

The high scores on the BPS scale are not influenced whether ICF is part of the care model, or not. On the other hand, when used, ICF remains mainly limited by the application in the patients' assessment and its team discussion, and stays limited to the use of its scheme and its categories. Structuralized use by core sets and qualifiers, and in the use of follow-up of the rehabilitation progress and external reporting stays behind. As the ICF is meant to be a categorizing system for individual as well as larger population reporting, support in digitalized registration systems, preferably integrated with other reporting systems as ICD and electronic patient records will be needed.

Although apparently not mandatory for BPS care, much interest exists in the Belgian MPC actually not using ICF for its implementation. Here lies a challenge for policy makers and supporting organizations to facilitate in an implementation strategy and supporting activities as formation and expertise sharing.

CONCLUSION