Oral Communication

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Development of the ClinFIT Community Questionnaire for Assessing Functioning Levels in Primary Care Settings

Topic: ICF

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BACKGROUND

There are lack of research regarding the use of ICF qualifiers to aid in rehabilitation-related conditions and managements in the setting of primary care. The primary aim of this paper is to propose a development protocol and feasibility study of setting up ICF categories based on ClinFIT (Clinical Functioning Information Tool) tailored for primary care settings that would to aid in the diagnosis and management of patients requiring rehabilitation services. By enabling healthcare workers to effectively triage patients at a population level, proposed questionnaire, termed as 'ClinFIT Community' holds the potential to significantly enhance the efficiency and efficacy of the healthcare system in meeting the rehabilitation needs of its population.

METHODS

The ClinFIT Community Questionnaire was developed using the ICF Generic-7 Set, ensuring a comprehensive, lifelong care approach. The seven categories include mental, emotional, pain, daily activity, mobility, and employment functions. A 5-point ordinal scale was chosen for rating, aligning with established rehabilitation practices for consistency. Language-specific descriptions will be translated into native language for accessibility in communities. Additionally, WHODAS 2.0 items were mapped to ICF categories for structured assessment. A referral guide with sub-scales categorized patients based on functional impairment levels, guiding rehabilitation referrals. A cross-sectional multi-centred study across urban and rural health clinics would evaluate feasibility, using purposive sampling and structured feasibility assessments. Effect size and reliability testing will ensure validity by employing Cronbach's alpha for internal consistency and Kappa statistics for inter-rater reliability.

RESULTS

The structured application of ClinFIT Community Questionnaire combined with items from the WHODAS 2.0 questionnaire, should enable consistent tracking of functioning levels across various health conditions. Three sub-scales developed for guiding referral decisions—direct referral, interval monitoring, and no immediate referral—shall be used by rehabilitation physicians as the 'gold standard' for evaluating the distinct threshold scores based on the respondents of ClinFIT Community Questionnaire as evaluated by primary care practitioners and patients. Statistical validation of the questionnaire constructs will be conducted through the application of confirmatory factor analysis for assessing reliability and validity of the ClinFIT scores across different assessor groups and time points.

CONCLUSION

The ClinFIT Community Questionnaire is designed to enhance patient functioning assessment in primary care. Its seamless integration with healthcare systems and provision of actionable data strengthen its clinical utility. Expected findings will validate its effectiveness in rehabilitation triage, supporting global health objectives for improved accessibility and patient-centred care.

Statement of Disclosures

None

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