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The quality of expert advice in relation to the act on facilities for the handicapped

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Document Version
Publisher's PDF, also known as Version of record

Publication date:
2004

Link to publication in University of Groningen/UMCG research database

Citation for published version (APA):
Schegget-Slaterus, M. J. T. (2004). *The quality of expert advice in relation to the act on facilities for the handicapped*. s.n.

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Download date: 06-06-2022

Each year almost half a million facilities are requested under the Act on Facilities for the Handicapped (Wet voorzieningen gehandicapten). They are requested by around 275 000 people. Under the Act on Facilities for the Handicapped municipalities are obliged to provide facilities for housing, for transportation, and wheelchairs. The provision of such facilities is aimed at minimising the negative consequences of a disease with regard to a person's functioning in his private, work and social environment. In both the judgement of the request and the decision whether or not to grant the requested facility, expert advice plays an important role. Municipalities are obliged to use expert advisers with regard to the process of the indication for a facility when the costs for a facility exceed the amount of 1500 Euro. Various professionals, like medical docters, occupational therapists and physiotherapists, operate as expert adviser. The municipal decision with regard to the provision of facilities is based on their expert reports. In order to carry the municipal decision, expert reports need to meet certain standards of quality. In this thesis the quality of expert reports is described.

In *Chapter 1* the indication procedure is explained and the importance of facilities for clients to maintain or regain a certain level of independent functioning and autonomy is described. The role of expert advice and the position of the expert adviser is analysed and the role of the International Classification of Impairments, Disabilities and Handicaps, the ICIDH, is discussed. The ICIDH is aimed at the consequences of a disease with regard to activities of daily life and to social participation. Since the Act on Facilities for the Handicapped is aimed at minimising some of these consequences, the ICIDH offers a structure for expert advice with regard to that Act. Therefore it was therefore chosen by the Society of Dutch Municipalities (Vereniging Nederlandse Gemeenten) as the frame of reference for expert reports. During the studies in this thesis the ICIDH was revised and finally replaced by the International Classification of Functioning, Disability and Health, the ICF in 2001. Although the ICF is more extensive than the ICIDH and although it shows more understanding of the complex collection of conditions that can limit a person's normal life style, it basically uses the same structure as its predecessors. The municipal decision whether or not to grant a facility under the Act on Facilities for the Handicapped is based on expert advice. Little is known about the quality of that advice. Expert advice is laid down in expert reports to the municipality. The studies in this thesis explore the quality of expert reports and the role of the ICIDH in expert reports. Prior to this exploration a pilot study was performed in order to investigate whether the use of the ICIDH in expert reports could be analysed in a reliable, that is reproducible, way. Occupational therapists, as members of one of the professions that act as adviser, were used for that analysis.

The central research questions are formulated as follows:

- what is the extent of interrater agreement between occupational therapists concerning the analysis of the use of the ICIDH, version 1980 in expert reports?
- what is the quality of expert reports?
- to what extent is the ICIDH used in expert reports?
- what is the relation between the use of the ICIDH and the quality of expert reports?
- what are the relations between the quality of expert reports and the municipal decision?
- what are the relations between characteristics of advisers and the quality of expert reports?

To answer these questions 53 expert report obtained from 27 advisers are analysed. Advisers were medical doctors, occupational therapists and physiotherapists from various advising institutions. The expert reports are analysed by two groups of nine raters each. One group consists of occupational

therapists; the other group consists of municipal deciders. Municipal deciders are the municipal officers who are concerned with the daily practice of preparing the municipal decision to grant a facility. Both groups rated the general quality of the expert reports using a checklist. The municipal deciders also rated the accuracy and the motivation of the reports and the use of the Law and Regulations. Furthermore they indicated whether they would follow the reports in their daily practice or not. If not, they indicated the reason for not following the advice. With this procedure the relation between the quality of expert reports and the municipal decision is explored. Apart from the general quality, the occupational therapists also rated the use of the ICIDH in the reports. For that, they used a special matrix.

In *Chapter 2* an overview of technical facilities for living, housing and working that are provided under the Dutch social security system is presented. Technical facilities entered the social security system relatively late. Most facilities were and still are of financial nature. They substitute a part of the forgo of wages or costs that are made in connection to illness, treatment and care. In 1967 employees gained the possibility to receive technical facilities aimed at the restoration, preservation and promotion of the fitness for work as well as technical facilities aimed at the amelioration of daily life circumstances. From 1976 onwards non-employees could also lay claim to these facilities. Persons above the age of 65, by definition a group in which the need for facilities increases, could lay claim to only a limited number of technical facilities. With the Act on Facilities for the Handicapped this disparity has disappeared. Under the Act on Facilities for the Handicapped there are no age boundaries. In previous Acts and Regulations the executive body had power to supply a facility. With the Act on Facilities for the Handicapped this power is transformed into an obligation to supply a facility. At first sight an obligation to supply seems to offer an applicant a more secure base for receiving a requested facility. Due to the freedom in policy to execute the Act on Facilities for the Handicapped there is little difference between power and obligation in the daily practice because the criterion for eligibility has not changed; a demonstrable disability caused by a demonstrable disease.

In *Chapter 3* the development of an instrument to analyse the use of the ICIDH in expert reports is described. This instrument is a form with three columns, each column representing one of the three levels of the ICIDH, impairments, disabilities and handicap. The three columns are linked creating a matrix structure. With this instrument the interrater agreement with regard to the use of the ICIDH in expert reports between members of a profession that act as expert advisers was established.

The research question in this study is:

- What is the extent of interrater agreement between occupational therapists concerning the analysis of the use of the ICIDH, version 1980 in expert reports?

Nine occupational therapists were asked to analyse twelve expert reports using the matrix. They rated the use of the ICIDH's terminology as well as the use of the ICIDH's causal pathways. This causal pathway describes the relations between impairments and disabilities and between disabilities and handicaps. To analyse interrater agreement on the use of the ICIDH's terminology the kappa value as introduced by Cohen was used. For the use of the notions of the ICIDH an interrater agreement with a kappa of 0.72 (minimum 0.68-maximum 0.75) was found. This kappa value represents a good to almost excellent agreement. No significant agreement was found with regard to the use of the pathways of the ICIDH. It is not plausible to ascribe this insufficient agreement to a

structural conceptual problem of the raters or the instrument or both, since agreement on the nomenclature was good. A better explanation is found in the fact that the raters described having difficulties detecting clearly stated relations in the reports. They mostly found implicit relations. This may indicate that the advisers, the ones who create the expert reports, have insufficient knowledge of the structure of the ICIDH. The results of the study show that occupational therapists using the developed instrument are an appropriate choice for further analysis of the use of the ICIDH in expert reports.

In *Chapter 4* the general quality of expert reports and the role of the ICIDH is explored. The research questions in this study are:

- what is the quality of expert reports?
- to what extent is the ICIDH used in expert reports?
- what is the relation between the use of the ICIDH and the quality of expert reports?

Based on the quality guidelines of the Society of Dutch Municipalities (Vereniging Nederlandse Gemeenten) the notion of quality was operationalised and nine general quality variables were developed. The variables were elaborated into a structured checklist for the analysis of expert reports. A total of 53 expert reports were analysed by two groups of raters, occupational therapists and municipal deciders.

With regard to the quality of the expert reports the results show a mean quality of 5.5 on a scale form 1 to 10 (negative-positive). The use of the ICIDH in the expert reports was found sufficient in only 28% of all ratings (N=795). Significant relations between the use of the ICIDH in motivating an advice and the sufficient rating for all nine quality variables were found. The most explicit relation was found between the use of the ICIDH and the variable *systematic demonstration of disabilities*. This finding indicates the adequacy of the ICIDH for describing disabilities as resulting from impairments and medical problems. The variable *motivation of the advice* was found to have the lowest percentage of sufficient ratings. This variable concerns the adviser's synthesis of all information, which means that he has to use his own words and ideas to formulate the criteria of the final advice. This clearly seems to be the most difficult part for most of the advisers.

The results of the study indicate that the ICIDH is a suitable frame of reference for expert reports. The use of the ICIDH enhances the quality of expert reports.

In *Chapter 5* the relations between quality of expert reports and the municipal decision is explored, as is the role of the ICIDH. In this study the central research question is:

- what are the relations between the quality of expert reports and the municipal decision?

To explore this question the checklist with the nine general quality variables was extended with three juridical quality variables. These juridical quality variables are concerned with the motivation of an advice, the accuracy of the assessment procedure and with the correct use of law and regulations. Nine municipal deciders analysed the 53 expert reports. After their rating of an advice the municipal deciders indicated if they would follow the advice in their daily practice or not. If not, reasons for not following were noted. The results show a mean total quality of 6 on a scale from 1 to 10 (negative-positive). For municipal deciders a strong relation was found between the total quality of an advice and the sufficient ratings of the juridical variables. The use of the ICIDH was rated sufficient in a little

less then half of all ratings. (49%, N=371). The use of the ICIDH showed significant relations with all quality variables. The most explicit relations are found for the variables *systematic demonstration of disabilities, motivation* and *accuracy*. A significant relation was also found between the use of the ICIDH and the decisions conform the advice. In more then a third of all ratings (36 %, N=371) the raters indicated not to follow the advice because the advice is not clear (20 %), insufficiently motivated (8%) or not in accordance with the law and regulations (8%).

The results of the study indicate that proper use of the ICIDH may enhance the number of decisions conform a given advice and may improve the quality of expert reports.

In *Chapter 6* the relations between the characteristics of advisers and the quality of expert reports are explored. This study focuses on the level of the ones who create expert advice, the advisers. Characteristics of advisers are amongst others, age, sex, education, work experience. Opinions with regard to the advisory process were also marked as characteristics. These opinions were measures with seven multiple-choice questions which were developed and elaborated into a questionnaire by the researcher bases on the experiences of advisers of a municipal advisory department. A total of 27 advisers participated in this study, medical doctors (9), occupational therapists (9) and physiotherapists (9). They each completed the questionnaire and a list with characteristics and they provided the 53 expert reports.

The central research question of this study is:

- what are the relations between characteristics of advisers and the quality of expert reports?

A quality variable is marked sufficient when 80% or more of the total ratings are sufficient. The results show that none of the three professions has sufficient ratings of 80% or more. The differences in sufficient ratings between the three groups were not significant for the majority of quality variables. Significant differences were found for the variables *description of solution* and *description of requirements*. For these variables the allied health advisers were judged better than the medical advisers.

On the level of the advisers several variables show a significant relation to both the rating of the overall quality and the use of the ICIDH. One is the way advisers think disabilities should be described in an expert advice. Advisers who think that it is sufficient to mention that a disability is the result of a disease or disorder receive higher sufficient ratings of these variables than advisers who think that disabilities can be described without further explanation or than advisers who think that the whole pathway should be described. There is also a significant relation between the use of a standard advice format and both the overall quality of expert reports and the use of the ICIDH. Furthermore advisers in the employ of the municipality receive higher ratings of both the overall quality and the use of the ICIDH then external advisers. Surprisingly male advisers receive significant lesser ratings on both the overall quality and the use of the ICIDH. A significant negative relation between the number of years of work experience and the ratings of both the *use of the ICIDH nomenclature* and the *use of the ICIDH pathway* was found. The more the years of work experience the lesser the ratings. More years of advisory experience, however lead to significant lesser ratings of the *use of the ICIDH pathway*. A significant positive relation between the opinion that diagnosing disabilities can be done by medical doctors and allied health professionals and the ratings of the *use*

of the ICIDH pathway was also found. A significant positive relation between advisers who are of opinion that the diagnosis should always be mentioned in an expert report and the ratings of the *use of the ICIDH nomenclature* was found. And a significant positive relation exists between advisers who are of opinion that the necessity of a medical examination in case of court appeal depends on the situation and the ratings of both the *overall quality* and *the use of the ICIDH nomenclature*.

The conclusion of the study is that all three professions produce expert advice of moderate quality. Both allied health professions in the studies are judged significantly better for the description of the requirements of the solution for an applicant's problem then the medical advisers are. Since medical doctors as adviser will cost more then allied health advisers due to the differences in wages, it is concluded that allied health advisers are the adequate choice for the daily practice of expert advice with regard to the Act on Facilities for the Handicapped. The outcome of the study also indicates that the use of a standard advice format improves the quality of advice.

In the general discussion in *Chapter 7* the results of the conducted studies are described and the factors that influence the studies are discussed. Based on the conclusions recommendations with regard to expert advice are given. The first factor that influences the studies concerns methodological limitations. The first limitation concerns the interrater agreement study presented in chapter 3. Before starting that study no standard measurement procedure or instrument that could be used as an external or golden standard for validation was found. This is not uncommon in explorative research. To compensate for this problem careful attention was given to the aspects of content validation and in the final study nine raters were used to calculate interrater reliability. The other limitation concerns the bias of the therapist group's rating of the quality variable *use of the ICIDH in motivation*, because they also rated the use of the ICIDH's nomenclature and pathway. In an ideal situation a different group of therapists should have rated those two items. However, due to the enormous workload involved, it proved impossible to find enough therapists to create two groups for participation in the study. Therefore only one group was used and interpretation of the variable *use of the ICIDH in motivation* was done with reserve.

The second factor that influences the studies is the revision procedure of the ICIDH. Through the ICIDH-2 it changed to the International Classification of Functioning, Disability and Health, the ICF. Analyses of these changes show that the basis of the ICF is very much the same as that of the ICIDH. The use of contextual factors that can facilitate or obstruct personal and social activities may add to the process of motivating expert advice especially when concerned with housing adaptations. The third factor that influences the studies is related to the changing process of indication. This assessment procedure is called claim judgement when it is concerned with social security and it is called indication when concerned with care. Both assessments are often performed with the same clients and cover the same disabilities but their different administrative bodies separate them. The various procedures within each assessment each have their own rules and mostly use their own specific advisers. In future the partitions between these various procedures will disappear more and more. These changes create the need for advisers who can cross the boundaries of their own compartment and who can use various assessment procedures to perform integral, client-oriented assessments. This kind of request-orientated assessment creates the need for advisers who can analyse a request from the angle of perception of the applicant. Although by its nature the Act on

Facilities for the Handicapped belongs to the category of claim judgement assessment, its intention however was to establish an integration between and within the different assessment area's as well as a broad and integral approach of the requests for facilities for living, housing and care. This intention was one of the first concrete results towards the integration of both existing assessment procedures. As such the Act on Facilities for the Handicapped foits in the transition process from an offer-rientated care system into a request-orientated care system. It is advocated that the Regional Indication Organs (Regionale Indicatie Organen) perform the necessary integral indication procedure. The results of the studies show that expert reports with regard to the Act on Facilities for the Handicapped are of moderate quality. The reports used in this study are not produced by the Regional Indication Organs. The transfer of expert advice to the Regional Indication Organs mostly did not lead to a structural change in assessement procedure.Therefore there is no reason to expect that the quality of their expert reports will be better.

The conclusion is that there the all three professions produce expert reports of moderate quality. With regard to the description of the requirements of the solution for an applicant's problem both allied health professions in the studies, physiotherapy and occupational therapy, are judged significantly better then the medical advisers are. Therefore might be good practice to reduce the role of the medical experts to cases in which there is a difference of opinion concerning medical problems like the amount and seriousness of impairments or in case allied health expertise is not sufficient. In the judicial practice, especially in case of court appeal, an expert advice is considered not to be accurate in case no medical doctor has been involved. Whether this opinion will prevail in the future depends on the development in juridical practice.

The importance of a post-professional education with regard to the advisory process with accent on skills for writing expert reports and on broad, integral client-orientated problem analysis is stressed. In such a training the use of the ICF must be incorporated.

The initial professional education of occupational therapists is aimed at analysing problems in daily activities from the client's perspective and reducing them with the help of technical facilities. Combined with a specific post-professional education with regard to the advisory process occupational therapists might be able to extend their advice to other assessment areas, like for example the Handicapped Persons Reintegration Act (Wet Rea). It is this kind of extended expertise that will be needed in future developments towards more integral indication procedures.