Author's response to reviews

Title: Implementing Disability Evaluation and Welfare Services Based on the Framework of the International Classification of Functioning, Disability and Health: Experiences in Taiwan

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Author's response to reviews: see over
Dear Editor in Chief,

Thank you for your consideration. We are submitting a revised manuscript to your Journal based on reviewers’ constructive comments and criticisms. All the questions are answered point by point. Changes in the revised manuscript are highlighted in yellow.

Yours sincerely,

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1. Please state that need for consent was waived by IRB

Response: In this study, we did not collect data by ourselves. The staff of the authorized hospitals evaluated the subjects and reported to the national registration system. We applied to the Minister of Interior, Taiwan and got this anonymized data. It is impossible for us to get their informed consent, that’s why consent was waived by the IRB.

Reviewer's report:
Overall:
The stated objective of the paper is primarily descriptive (documenting the process of introducing reforms and the experienced gained), but at the end of the paper the
objective appears to have change to “This study demonstrates a practical model for integrating the medical model with a social model based on the ICF.” The concern is where the ‘demonstration’ appears. All we have on Pp 15-16 is a ‘before and after’ indicating that more people were identified as disabled under the new system. Some argument needs to be provided that that is an improvement. Or, if the claim is only that the new approach is ‘practical’ (and not better), then some argument needs to be provided why this system is more practical than the previous one. What is the value added of the new ICF approach?

Response:

Thank you for your constructive comments. This study was actually a combination of three studies (field trial, nationwide study and implementation study). To avoid just only descriptive, we make a major revision and add study results on it. Please the responses below.

The problem, therefore, is that it is not clear what the paper is trying to do, other than describe the process the Taiwanese government engaged in to create a ICF-related disability evaluation approach. What is missing is any sense of assessment of that effort: has it made a difference to the lives of people with disabilities? How would we know whether it has or not? Why is introducing ICF important, what is its actual or expected effects? Or, again, more generally, why use the ICF? On pp 17-18, there is a hint of an argument that might be developed: because of limited resources, welfare services are being cut back, but since the ICF approach turns our attention to the environment, where changes can be made to accommodate disability, then... but here is my problem. Then what? What if the cost of environmental accommodation was vastly higher than the cost of welfare? Then the ICF approach would not be something governments would be interested in. The authors actually admit this on P 19 where they say that the ICF approach would have costly consequences. So what is value added of the ICF.

Response:

Thank you for your comments. There 3 reasons why Taiwan government decided to use the ICF, First, The ICF classifications are based on the understanding that for any person, various factors interact, and all these factors must be considered to perform a proper assessment; hence, several components are included, such as body function and structure, activities and participation, and environmental and personal factors. The ICF system provides an excellent scientific approach to collecting reliable statistics on disabled populations. Second, Taiwan is inspired by the UN CRPD which was adopted by the United Nations in December 2006, people with disabilities often require special support
in various areas such as education, housing, work, and social benefits to assist them to live and participate in their community. The CRPD states that all mainstream health services are inclusive of people with disabilities, especially for older adults, women, and people with a low economic status. Third, Taiwan legislated a constitutional amendment known as the People with Disabilities Rights Protection Act in 2007. The act has mandated that the assessment of individual eligibility for disability benefits should be based on the ICF framework since July 2012. (page 8 line 5 to 10, page 8 line 18 to page 9 line 4 , page 9 line 12-15)

Taiwan government considered the ICF as an ideal model to reform our old disability system which was mainly based on the medical model and has been criticized by many groups of disabilities. I admitted that we didn’t think much about the resource limitation and cost increase in the beginning. That’s why we have five years of preparation before it truly implements (2007-2012).

The authors hint vaguely about this, but they must be very clear what the added value is, or the paper lack a meaningful or interesting objective. Overall, but secondarily, the structure of the paper is somewhat confusing. The methods section is not about the methods of this paper, but merely a historical description of what happened, and the results section is also a historical description of a process and its consequences, not the report of study results as such. This is tied into the problem of the objective of the paper, since methods and results and discussion depend on what the point of the paper is.

Response:

Thank you for your comments. I totally agree with your comments. Based on your suggestion, we did a major revision to the text. After your suggestion, we have a much clear view on how to present this paper. We re-organized our paper and stated clear about three objectives of this study. Methods and results were revised accordingly to follow the objectives. (page 10 line 4 to 8)

Major compulsory revisions:
1) Clarify the objective of the paper and align the methods, results and discussion with this objective in mind, so that the paper actually responds to the objective as stated.
(I do not believe a paper that has as its objective the historical description of a process is publishable, without also presenting evidence and argument that shows, or at least suggests, that (in this case) the ICF approach made a positive difference, or that there is an added value in using the ICF for disability determination. If this
Thank you for your comments. I totally agree with your comments. Based on your suggestion, we did a major revision to the text.

We clarify the objectives of this study as follows: "1) design the evaluation tools for disability eligibility system based on the ICF and ICF-CY; 2) compare the differences of disability grades between the old and new systems; 3) analyze the outcome of the new disability evaluation system." The methods section described the history and how we implemented the ICF in the disability evaluation system in 3 phases, carried out 3 consecutive studies as well. The results section of this paper responded to the objectives as following. (1) Development of the measures of the core set for disability evaluation (2) Development of evaluation tools for needs assessment (3) Procedures for disability evaluation and welfare services (4) Differences between the old and new systems (5) Impacts of the new system. (page 10 line 4 to 8, page 10 line 12 to page 16 line19)

Minor essential revisions:
1) P 5 The 15% figure should be referenced by the WHO World Report on Disability

Response:
Thank you for your comments. We added the WHO World Report on Disability as reference 2. (page 28 line 4 to 5)

2) “This overly medicalized view fails to address the social factors, discrimination, prejudice, and inaccessibility that prevent the full participation of disabled people, and contributes to the overall disability experience.” It is important, following the ICF, to also mention that environmental factors also constitute facilitators (e.g. assistive technology) that enhance or improve the disability experience.

Response:
Thank you for your comments. We revised this sentence according to your suggestion as “This overly medicalized view fails to address the social factors, discrimination, prejudice, and barrier of environmental factors that prevent the full participation of people with disabilities, and unable to describe the factors, such as assistive technology, that contribute to the overall disability experience.” (page 7 line 15 to 19)
3) "The CRPD ensures that all mainstream health services are inclusive of people with disabilities, especially for older adults, women, and people with a low economic status." The CRPD expresses the rights of persons with disabilities, but it has no power to ‘ensure’ that these rights are actually fulfilled, that is the responsibility of each country. P 7

Response:

Thank you for your comments. We revised this sentence as “The CRPD states that all mainstream health services are inclusive of people with disabilities, especially for older adults, women, and people with a low economic status.” (page 9 line 2 to 4)

4) I fear that the services of ‘Wallace Academic Editing’ tended to slip from time to time, e.g. "We collected their scramble data from the national registration system.." which I presume meant the ‘anonymized data’

Response:

Thank you for your comments. We revised this sentence as “We applied to the registration system, Minister of Interior, Taiwan and got this anonymized data.” (page 10 line 15 to 16)

Pp 7-11 Methods

5) This section is not really a methods section as such (which should describe the methods used in the paper’s study, and which produced the results that are reported in the paper), but a historical description of the process actually used by the Taiwanese authorities. In this sense the ‘methods’ of this paper are historical description.

Response:

Thank you for your comments. We revised and added statements in methods section. Because this study is composed of three consecutive studies (field trial, nationwide study and implementation study), we described more about how these studies were carried out in steps 4, 6 and 8. (page 14 line 4 to 9, page 15 line 3-13, page 16 line 8-13)

Pp 11-16 Results

6) Similarly, this section is not a report of the results of this paper, but of the activities of the taskforce.

Response:

Thank you for your comments. The results section was also revised accordingly. We listed 5 points in the result section (1) Development of the
measures of the core set for disability evaluation, (2) Development of evaluation tools for needs assessment, (3) Procedures for disability evaluation and welfare services, (4) Differences between the old and new systems, (5) Impacts of the new system. We added lots of statistical data in it. (page 17 line 17 to page 18 line 3, page 19 line 1-3, page 20 line 10-page 21 line 1, page 21 line4-11)

Pp 13-14
7) Developing a ICF core set: There is a very substantial body of literature on ICF core set methodology and development, developed over the past decade, and none of these is referenced or compared with what was done in Taiwan (cf. e.g. Bickenbach et al. ICF Core Sets Manual for Clinical Practice, Hogrefe, 2012)

Response:
Thank you for your comments. We added this book as the reference 17. (page 30 line 13 to 14)

P 16
8) "Although the ICF framework has been implemented in numerous countries, documentation currently exists on using the ICF system to classify people with disabilities on a nationwide basis [3, 15, 16, 17]." I suspect something is missing in this sentence, possibly “documentation currently only exists...”

Response:
Thank you for your comments. We revised this sentence as “Few documentation currently exists on using the ICF system to classify people with disabilities on a nationwide basis”. (page 21 line 16 to 17)

9) "Taiwan is a pioneer country linking functional evaluations and needs assessments based on the ICF and CRPD." Unfortunately, I can see no justification for saying that the needs assessment is “based on the CRPD”, nor am I entirely sure what that would mean.

Response:
Thank you for your comments. I agree with it. We jumped into conclusion too prompt. We modified this paragraph as “This study demonstrated that disability eligibility system based on the ICF could provide a common language between disability evaluation, needs assessment and welfare services. .... This study demonstrates a practical model for integrating the medical model with a biopsychosocial model based on the ICF.” (page 21 line 17 to page 22 line 4)