

SPOTLIGHT ON RAY SELTSE, M.D., M.P.H.

Each month we try to "spotlight" a U.S. or Canadian expert who has "made a difference" with ICF. Ray Seltser has not only made a difference with ICF, but he has also "made a difference with the ICIDH", ICF's predecessor. Furthermore, it could fairly be said that in any meeting where ICF *might* be discussed, if Ray is present, it *will* be discussed. And *when* Ray discusses the ICF, he is never timid and rarely a man of few words. It is hard to think of anyone who is more extremely positive and energetically supportive of ICF, despite the fact that Ray is 80 years of age and has already "retired" three times!

First, Ray has significant military experience and was a Chief of a Military Intelligence Branch in the U.S. Army, and he earned the Bronze Star Medal and served as an officer on active duty in Korea. *Second*, in 1988, he retired from 31 years in academia (after seven years as Dean of the University of Pittsburgh Graduate School of Public Health, and before that, 24 years at Johns Hopkins as Associate Dean at the School of Public Health). Dr. Seltser has forty scientific publications to his credit in journals such as the Journal of the American Medical Association, American Journal of Epidemiologist, Journal of Pediatrics, Public Health Reports, and Stroke. *Third*, from 1988-1998, Dr. Seltser served as Senior Advisor for Special Population Research with the Agency for Health Care Policy and Research (AHCPR), where he chaired the PHS Task Force on Improving Medical Criteria for the SSA Disability Determination Process. In 1992, Dr. Seltser's PHS Task Force's report on Disability Determination recommended that the ICIDH (predecessor of ICF) be used for Federal disability definitions. Dr. Seltser provided review and comment of ICF when it was under development, and he has made a number of ICIDH and ICF presentations over the past decade. In 1998 Ray retired from Federal service, but he kept active with ICF.

What has he done on ICF since his three retirements? In July 2001, Dr. Seltser testified before the NCVHS Subcommittee on Populations that the ICF was "ready for prime time", and he is quoted the June 2001 NCVHS report entitled "Classifying and Reporting Functional Status" (available at <http://www.ncvhs.hhs.gov/010617rp.pdf>). In 2002, under contract with CDC/NCHS, he coauthored a report with Gerry Hendershot recommending steps for operationalizing the ICF for use in clinical administrative records. The report emphasized the need for a joint federal-academic collaboration in a research effort designed to produce for the ICF a manual which would validate the tools and techniques which are acceptable for determining the levels of functioning associated with each of the ICF codes which would be used in clinician requests for reimbursement in administrative records. This manual would serve the ICF in the same way that the CPT codes serve the ICD. You can find a short summation of this plan in the December 2002 message of the NACC Clearinghouse on ICF at <http://www.cdc.gov/nchs/about/otheract/icd9/icfactivities.htm>. Third, Ray published as first author (with M.A. Dicowden and G.E. Hendershot) "Terrorism and the International Classification of Functioning, Disability and Health: a speculative case study based on the terrorist attacks on New York and Washington", in *Disability and Rehabilitation*, Vol. 25, Numbers 11-12, 3 June - 17 June 2003. His article's purpose was: "To argue that there is a need for a standard classification of functional status to

track the consequences of large scale human disasters, such as the terrorist attacks on New York and Washington on September 11, 2001; and that the World Health Organization's International Classification of Functioning, Disability and Health (ICF) can meet that need." He argues that the ICF could have been used in all administrative records being developed in the health care systems which provided care to the victims of the attack, the residents of the city who witnessed the event, and witnesses and others who were impacted by it. He states that what the terrorists succeeded in doing in New York and Washington was a massive and effective interference to the functioning of society--economic, social, and human. He codes three hypothetical cases with ICD, CPT, and ICF to make his point--a New York woman whose husband was killed in the collapse of the World Trade Center, a New York City fireman who was injured in the collapse of the World Trade Center, and a U.S. Postal Service letter carrier in Washington, D.D. who may have been exposed to anthrax spores. Capacity and performance qualifiers at various points in time show progression of function. Dr. Seltser points out that ICF codes show changes in the patients' functioning, which ICD and CPT do not. (A reprint of this article is available by sending an email address with your full mailing address and telephone number to PJP2@cdc.gov).

Tipped off to being in this message's Spotlight, Ray wished to state: "As a member of the 'disability community' into which we all must inevitably be incorporated, I am thoroughly dismayed at the state of our so-called health care delivery system. It is broken beyond repair, and needs either a reengineering- or, in the words used by the Comptroller General- a Transformation. Transformation 'is about creating the future rather than perfecting the past'. My enthusiasm for the potential value of an operationalized ICF stems from the conviction that it represents a viable framework for incorporating functional assessment into the armamentarium of practicing health professionals- which is the first step in generating the kind of data which will enable the rational transformation of the system. Only by presenting all health professionals with an understandable, practical method of assessing function and being reimbursed for their efforts, will it be possible to begin to provide policy makers with viable alternatives to replace our broken system. And only after data is being collected routinely on functional status will it be reasonable to expect a rational definition of disability to be agreed upon by policy makers, the disability community, and the Courts. Although I do not expect to see the transformed system in my lifetime, I am committed to do whatever I can for as long as I can to keep the concept moving forward. I am most encouraged by some of the recent developments-particularly those being generated by the much-needed, long hoped for Office of Disability within the highest level of the Federal government." -Ray Seltser <rseltser@comcast.net>

On a personal note, Dr. Seltser reports that he has been married for 57 years to his "legally blind" childhood sweetheart whose remarkable personal accomplishments as a mother, wife and professional rehabilitation therapist have been his inspiration for the need to work for transforming the "medical care system" into a "health care system" which uses functional status, rather than disease-based parameters, as the outcome measures upon which policy decisions are based. He has two sons and one granddaughter. His hobbies are reflected in his recent trip taken to celebrate his 80th

birthday, when he and his wife spent a week photographing birds in the J. Ding Darling Bird Sanctuary, and collecting shells on the beaches of Sanibel Island.