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## Abstract

*The WHO-FIC Education Committee (EC) was established at the 2003 WHO-FIC Network meeting in Cologne, Germany, as a successor to the Subgroup on Training and Credentialing of the WHO-FIC Implementation Committee. New terms of reference were developed at the Cologne meeting to reflect generic tasks for education and training on the International Statistical Classification of Diseases and Related Health Problems (ICD) and the International Classification of Functioning, Disability and Health (ICF). Specific tasks have been agreed for both ICD and ICF. The Education Committee (EC) assists and advises WHO in improving the quality of use of the WHO classifications in member states through the development of training and certification strategies, the identification of best training practices and by providing a network for sharing expertise and experiences on education and training.*

*The principal ICD tasks relate to an international training and certification program for ICD-10 mortality and morbidity coders; this program has been developed in conjunction with the International Federation of Health Records Organizations (IFHRO), a non-governmental organization in official relations with WHO. A Joint WHO-FIC – IFHRO Collaboration (JC) was established in late 2004 to carry forward this work. The Education Committee's ICF tasks are being carried out in collaboration with the WHO-FIC Network's Functioning and Disability Reference Group (FDRG). The Education Committee held four teleconferences in 2009 and a mid-year meeting in Raleigh, North Carolina, USA, in cooperation with the Joint Collaboration. The purposes of the April 2009 meeting were to 1) discuss and plan future steps for the web-based training tools for ICD-10 and for ICF, which are under development with WHO and the WHO-FIC Network and became a major focus for the EC in 2008-9, 2) advance work on the International Training and Certification Program for underlying cause of death coders and trainers, recognizing the need for additional resources, 3) discuss the feasibility of a certification exam and program for morbidity coders (see separate paper), 4) continue joint work with the Functioning and Disability Reference Group (FDRG) on ICF education, and 5) make plans for the 2009 WHO-FIC Network annual meeting. The EC recommended during the mid-year meeting to update its terms of reference to include maintenance of self-learning tools; this will be carried out in conjunction with WHO and other WHO-FIC groups. The EC and JC also agreed to develop a set of information sheets on mortality and morbidity data and classification topics that could be easily updated, placed on the web and available for translation (see separate paper). In addition, the EC is moving forward with a Briefing Kit of materials for Collaborating Centres and Centre Heads and intends to work with WHO to have the materials and links posted on the WHO-FIC Sharepoint Website (see separate paper). The EC maintains a list of abbreviations and acronyms.*

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## **Introduction**

The WHO-FIC Education Committee was established at the 2003 WHO-FIC Network meeting in Cologne, Germany, as a successor to the Subgroup on Training and Credentialing of the WHO-FIC Implementation Committee. The Committee's terms of reference (see appendix 1) include generic and specific tasks for education and training on the International Statistical Classification of Diseases and Related Health Problems (ICD) and the International Classification of Functioning, Disability and Health (ICF). The Education Committee (EC) assists and advises WHO in improving the quality of use of the WHO classifications in member states through the development of training and certification strategies, the identification of best training practices and by providing a network for sharing expertise and experiences on education and training.

This paper provides a summary report of the Committee's activities and progress since the 2008 meeting in Delhi, India. The EC held four teleconferences and a mid-year meeting between January and September 2009. Separate papers and posters will provide greater detail and recommendations on key aspects of the Committee's work plan. Related documents, including the minutes from the Committee's April 2009 meeting, can be found on the Committee's web site at:  
[http://www.cdc.gov/nchs/about/otheract/icd9/nacc\\_ed\\_committee.htm](http://www.cdc.gov/nchs/about/otheract/icd9/nacc_ed_committee.htm)

## **Web-based Training Tools**

The development and review of web-based training tools for ICD-10 and ICF became a major focus of the Education Committee during 2008-9. The EC terms of reference include "Develop and harmonize self-learning tools." During the April 1-3, 2009 mid-year meeting of the EC and its Joint Collaboration (JC) with the International Federation of Health Records Organizations (IFHRO) in Raleigh, North Carolina, USA, the participants recommended to expand this to "Develop, harmonize and maintain self-learning tools".

The EC and JC have developed core curricula for training ICD-10 mortality and morbidity coders, which were approved by the WHO-FIC Network and IFHRO in 2004; the EC and JC also developed a core curriculum for certifiers of underlying cause of death, which was approved in 2007. These curricula became the framework for development by WHO of a web-based training tool for ICD-10 coding and certification of cause-of-death, in cooperation with the EC and JC and several Collaborating Centres. The work on the tool began in 2006, and WHO awarded a contract in 2007 to transform the full content into an electronic self-learning format. Considerable progress was made on the tool in 2008; draft content for several chapters was available for review in a demonstration version at the October 2008 annual WHO-FIC Network meeting in Delhi, India. Progress continued, and WHO posted the nearly complete draft web-based training tool for testing by the Education Committee in March 2009; a full discussion of the tool and comments received to date took place at the Raleigh meeting in early April. During the review process, comments were solicited from members of the EC, JC, Mortality Reference Group and Morbidity Reference Group. It was agreed in Raleigh to extend the deadline for comments to the end of April to assure that other potential user groups were included and that

several reviewers could go through the entire tool. The feedback received from all sectors was generally very positive. After the April 30 deadline, an analysis was undertaken of all comments, and a teleconference was convened by WHO with the EC co-chairs and the developers in early July. Issues requiring medical input were identified and provided to clinicians in the North American and Dutch Centres for resolution. The developer is incorporating all changes, and the plan is to launch the tool during the 2009 WHO-FIC Network annual meeting in Seoul, Korea.

The Education Committee's work on an eLearning tool for ICF is being carried out in conjunction with the Functioning and Disability Reference Group (FDRG), as well as other members of the WHO-FIC Network. Version 1 of the ICF Curriculum Modules developed by the two groups was endorsed at the 2008 Annual WHO-FIC Network meeting. These modules are the framework for a self-learning tool under development by the German Collaborating Centre and WHO, which was discussed during several teleconferences and the April 2009 meeting in Raleigh. EC and FDRG reviewers sent comments on the draft introductory tool to the German Centre and WHO in June 2009. The next version will be available for review in early September 2009. Further discussions are planned at the 2009 annual WHO-FIC Network meeting in Seoul, when a timetable for testing and development of additional modules for specific purposes will be addressed.

During the Seoul meeting, the EC also will discuss its future role in updating and maintaining both the ICD-10 and the ICF web-based training tools and responding to questions from users. A separate paper from the WHO ICD technical officer and EC/JC co-chairs will review the requirements and options for meeting them.

The involvement of both ICD and ICF education experts in review of both training tools has proven very beneficial.

### **ICD-10 International Training and Certification Program**

Since the inception of the Education Committee, the principal ICD tasks have related to development and implementation of an international training and certification program for ICD-10 mortality and morbidity coders. As noted, this program is being conducted in conjunction with IFHRO, a non-governmental organization in official relations with WHO.

#### *Conduct of Pilots for practicing mortality coders and trainers*

Successful pilots of the ICD-10 Training and Certification Program for Underlying Cause-of-Death Coders and Trainers were conducted in Canada, Korea (2), United States and United Kingdom in 2007 - 2008. The Evaluation report on the pilots was presented during the annual 2008 WHO-FIC Network meeting and has been disseminated. During the April 2009 mid-year meeting, the EC and JC discussed possible plans for Phase II of the project with additional pilots in Korea, Brazil and Mexico. These pilots would test new questions for the underlying cause-of death exam and the translations of the exam into Spanish and Portuguese. The Mexican Collaborating Centre has completed the translation into Spanish and plans to test it with a sample of their mortality coders. The Portuguese translation has been

completed by the Portuguese language Centre in Sao Paulo, Brazil, with the expectation that a pilot test with a sample of coders will be held in the coming year. The exam materials also have been translated into French by the French Collaborating Centre. The Korean Medical Record Association has decided that it will be necessary to increase the question bank to approximately 180 questions, over the current 100 questions, before a third pilot can be held. This level of expansion requires considerable time because the exam should include only those questions for which the underlying cause and the rules applied are fully agreed upon by as many mortality experts as possible. The Mortality Reference Group worked with the EC/JC on the original set of questions and would be consulted again. The plans for these and other pilots will be discussed during the 2009 WHO-FIC Network annual meeting.

Phase III of the program for underlying cause-of-death coders would offer the exam on a global basis but can not proceed without funding. Efforts to obtain funding from the Health Metrics Network in 2008-2009 were not successful. During the Raleigh meeting, participants agreed to consider a targeted regional approach for expanding the training and certification program, which also will be discussed further in Seoul.

#### *Review and Recognition of Training Materials*

Underlying Cause-of-death training materials from Australia, U.S., Korea and Sri Lanka have been recognized as meeting the JC standards based on the core curriculum developed by the JC and EC. The U.S. National Center for Health Statistics contract with the American Health Information Management Association (AHIMA), which organized these reviews, has ended; however, AHIMA continued to coordinate reviews during 2009. The Australian National Centre for Health Information Research & Training (Brisbane) has agreed to coordinate review of additional training materials for the next twelve months.

#### *Assessment of Practicing Morbidity Coders*

The intent of the Joint Collaboration has been to build on the processes developed for assessing mortality coders to recommend a process for testing and certifying existing and, eventually new, morbidity coders and trainers. However, the lack of international agreement on the definition of "main condition" and other rules for morbidity coding is a barrier to developing an international exam or recognizing training materials. The EC and JC have consulted with the Morbidity Reference Group (MbRG) on this issue. Although the MbRG co-chairs appreciate the desire to expand the program to address the needs of morbidity coders in some countries, they advise against developing an exam until the MbRG has completed its review of ICD-10 rules and guidelines in volume 2. The lack of resources to support exam development and the certification process also plays a role in determining whether to move forward.

A paper on this topic was presented at the 2008 WHO-FIC Network meeting, but the principal author, Joon H. Hong, was not in attendance and no decision was reached. In early 2009, Ms. Hong conducted a survey of EC, JC and other WHO-FIC members regarding the rationale and feasibility of proceeding with a morbidity coding exam. The results of this survey were presented during the Raleigh meeting. From the 74 questionnaires distributed, answers ultimately were received from 41 persons in 17 countries. Ninety-five percent of those who responded to the questionnaire

supported the importance of making a morbidity exam and certification available for morbidity coders in at least some countries, where interest exists, while recognizing the challenges due to lack of international agreement on morbidity coding rules.

Many other challenges were identified, such as the difficulties of having an exam suitable for the different settings in which morbidity data are coded and whether to include procedures in the exam. Although coding procedures is an important component of morbidity coding, the use of numerous different interventions classifications worldwide makes inclusion of procedures impractical. One suggestion offered in Raleigh was to develop an online exam to assess morbidity coding skills, based on the current rules. This would be managed by the Collaborating Centres and, ideally, at little or no cost to the coders. It further was suggested that an abbreviated exam could be offered in conjunction with the web-based training tool for ICD-10, as well as face-to-face training, as a means for identifying additional training needs. None of these approaches, however, would result in certification because of the limited nature of the exam and the lack of standardization in its administration. At this time, it also is not possible for the JC to review morbidity training materials without support and more consensus on the definition for main condition. A separate paper reporting on the survey results and exploring the different options for next steps will be presented in Seoul for discussion.

### **Information Sheets**

The EC and JC previously have developed brochures on the WHO-FIC Network and Joint Collaboration with IFHRO but have decided that two-page (back-to-back) information sheets might be more useful for concise communication of important classification topics (see separate paper). Such documents can be easily updated, can be placed on the web where they are accessible for downloading and available for translation. The information sheets will be in the public domain and therefore can be tailored for use by a country or association. They will be dated so that revisions can be easily identified.

#### *Improvement of health records*

During the May 2008 mid-year meeting of the EC and JC, participants had discussed the importance of good clinical documentation, regardless of what coding rules are used, and agreed that more focus should be placed on the value of making improvements in the source documents from which coded data are abstracted, namely hospital medical records and death certificates. The EC has addressed the need for improving cause-of-death certification through its core curriculum and best practices for certifiers of cause of death, but to date, little work has been done related to hospital record documentation. Improvement of source documents is included in the EC terms of reference. The UK representative to the JC prepared a poster for the 2008 annual meeting on top ten tips for good clinical note keeping practice to ensure accurate clinical coding, based on work of the Royal College of Physicians. The co-chair of the JC, who also is President-elect of IFHRO, prepared a paper on the IFHRO on-line learning modules that address basic health records practice. However, because neither author was able to attend the 2008 WHO-FIC Network meeting, these documents were tabled and little discussion took place.

The topic was re-visited in the 2009 EC and JC teleconferences and mid-year meeting, resulting in drafting of an Information Sheet on Clinical Documentation for approval at the meeting in Seoul.

Lorraine Nicholson, IFHRO President, also contacted the EC and JC during 2009 about the Clinician's Guides and the Standards for Medical Records developed by the Royal College of Physicians (RCP) and her plans to meet with the Director of the RCP Health Informatics Unit. At the request of Ms. Nicholson and the RCP, members of the EC and JC reviewed and provided comments on these documents. Members expressed interest in IFHRO gathering information from other countries about similar guidance for clinical documentation and medical records. However, they noted that standards don't produce desired results if there is not motivation to apply them. There is a need to identify critical success factors and how to make the establishment of such standards something that is necessary for a country to do.

Sue Walker, JC co-chair, and Ms. Nicholson agreed to coordinate information collection from IFHRO country representatives and WHO-FIC Collaborating Centers on the availability of health record standards, how they were developed and identifying incentives for their use. A separate paper on this topic is being prepared for presentation in Seoul and at an IFHRO conference in Perth, Australia. The EC also expects to receive a paper on how the UK Audit Commission is applying the RCP standards.

#### *Education for Users of Coded Data*

The EC terms of reference also include identifying additional groups requiring education and training about ICD (and ICF) and approaches to address them. For ICD, this consists of statisticians, epidemiologists, policymakers, relevant systems managers, physicians, other clinicians and health sciences educators and students. The need to understand uses of coded data also is included in the core curricula. Two subgroups were formed during the May 2008 meeting to draft flyers on uses of mortality and morbidity data, respectively. These also are evolving into Information Sheets for discussion and approval in Seoul.

#### *Additional Information Sheets*

An Information Sheet on the Joint Collaboration, replacing the earlier brochure, also is under development. Other possible topics include the WHO Family of International Classifications, civil registration and ICF-related issues. The brochure prepared by the EC on the WHO-FIC Network has been incorporated into the information that WHO is including with the Third Edition of ICD-10 and can also be provided with the next edition of ICF.

#### **Joint Project with FDRG**

Since the 2006 WHO-FIC Network meeting in Tunis, the EC also has been working closely with members of the Functioning and Disability Reference Group (FDRG) to address ICF education needs. As previously noted, both groups collaborated on the Curriculum Modules for ICF and the EC recommends that this document be translated into as many other languages as possible and disseminated to organizations and associations working in the health education and disability fields. As noted, the two groups also are working with WHO and the German Collaborating

Centre on the eLearning Tool for ICF. Finally, the EC has reviewed drafts of an ICF Overview document under development by the FDRG co-chair and colleagues and expects to receive a revised version for discussion in Seoul.

### **Additional Educational Activities for the WHO-FIC Network**

#### *Briefing Kit for Collaborating Centres*

During 2009, the EC made progress on a proposal for a Briefing Kit of materials for new WHO-FIC Collaborating Centres, as well as new Centre Heads, to facilitate their development and integration into the WHO-FIC Network. The compilation of materials also should be a useful reference for all WHO-FIC Collaborating Centres (see separate paper). The EC will work with WHO to have the materials and links posted on the WHO-FIC Sharepoint Website. All current collaborating centres have been requested to prepare short profiles of their respective centres for the Briefing Kit.

#### *Orientation for WHO-FIC Network Meetings*

The EC organized an "induction session", principally for first-time attendees, during the 2004 - 2007 WHO-FIC Network annual meetings. With the reorganization of the agenda beginning with the 2008 Network meeting, it was no longer practical to hold the induction session. However, updated slides from previous sessions will be available on the meeting website.

#### *Abbreviations, Acronyms and Definitions*

The Education continues to update the list of abbreviations and acronyms relevant to the WHO-FIC Network, which was first developed in 2004 as an educational tool for participants in Network meetings. The list, which is a "living document" that can be updated and expanded on an annual basis, is contained in appendix 2. The document will be included in the Briefing Kit with hyperlinks wherever possible.

#### *Best Practices*

Best practices in ICD and ICF training have been a focus of the Education Committee sessions during the 2007 and 2008 annual WHO-FIC Network meeting and again will be included on the agenda in Seoul. These presentations address the Committee's aims to identify best practices and provide a network for sharing expertise and experience on ICD and ICF education and training. A suggestion during the Raleigh meeting that the EC develop criteria for identifying best practices was deferred for further discussion.

### **Summary**

The WHO-FIC Education Committee made good progress in pursuing its ICD and ICF education and training objectives during 2009, with a major focus on development and review of web-based training tools for both classifications. The Committee continues its close collaboration with IFHRO, as well as the FDRG and other components of the WHO-FIC Network. Although the Committee has proven its ability to carry out considerable developmental work with limited external resources, additional resources will be needed by the WHO-FIC Network, IFHRO and others to

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execute the plans that are developed and to assure that adequate training and quality assurance in the use of both ICD and ICF are available worldwide. Approaches for expanding resources should continue to be addressed by the WHO-FIC Network.

The EC and JC are planning a 2010 mid-year meeting in Cologne, Germany on February 22-24, during which all aspects of their work plans will be addressed.

#### Appendices

1. Education Committee Terms of Reference
2. Abbreviations, Acronyms and Definitions

## ***Terms of Reference***

### ***WHO FIC Education Committee***

#### **Purpose**

Assist and advise WHO and the WHO-FIC Network in improving the level and quality of use of the WHO Family of International Classifications (WHO-FIC) in Member States by developing an education, training and certification strategy for the WHO-FIC, identifying best training practices and providing a network for sharing expertise and experience on training. The first priority will be for the reference terminologies, ICD and ICF.

#### **Background**

The Subgroup on Training and Credentialing of the WHO-FIC Implementation Committee was established at the 1999 meeting of Heads of Collaborating Centres in recognition of:

- The critical role of education and training for the successful implementation, use and maintenance of a classification system and for the quality of data produced
- The opportunities for sharing and strengthening education and training in members of the Family of International Classifications through international efforts, and
- The resulting benefits for comparability of national and international statistics

The Subgroup was established specifically to:

- Advise WHO and the WHO Regional Offices on best training practices
- Provide a network for sharing expertise and experiences on training
- Work with WHO Regional Offices in identifying needs for skills and training in countries both covered and not covered by Collaborating Centres
- Address the unique issues concerning mortality medical coders and nosologists in an automated environment
- Explore the possibilities for developing an international training and credentialing program for coders of WHO-FIC classifications
- Make recommendations to WHO and the WHO-FIC Collaborating Centres through the WHO-FIC Implementation Committee.

Following the integration of ICF into the Family in 2001, the Subgroup was expanded to consider parallel and related activities for users of the International Classification of Functioning, Disability and Health. During the 2003 annual meeting, the Subgroup reorganized as the WHO FIC Education Committee to better describe its broad mission and the role of education beyond the implementation phase of a classification.

#### **Functions**

The primary function of the Committee is to develop an integrated educational strategy for the International Classification of Diseases and the International Classification of Functioning,

Disability and Health. Other members of the Family of International Classifications will be considered as resources permit. The components of this strategy include the following functions:

1. Working with the Implementation Committee, assess the needs of users of the classifications, including those who provide source information, apply codes, conduct research or use the resulting data.
2. Identify the learning objectives for educational approaches.
3. Maintain an inventory of existing educational materials and capacity.
4. Make recommendations for learning content including development of core curricula
5. Make recommendations for best practices for promotion and delivery of educational material.
6. Develop, harmonize and maintain self-learning tools.

The components of the strategy for the ICD include the following tasks:

1. Conduct needs assessments about the capacity, skills and responsibilities of ICD coders in member states
2. Identify the additional groups requiring education and training about ICD (e.g., statisticians, epidemiologists, policymakers, relevant systems managers, physicians, other clinicians and health sciences educators and students) and approaches to address them.
3. Identify groups requiring education and training in the proper completion of source documents (e.g., death certificate, health record) and approaches to address them.
4. Define the skills and levels of education and training required for coders and nosologists, as well as other users of the classification
5. Catalogue, characterize (e.g., purpose, subject, language, availability, media and technology) and disseminate information on current educational and training curricula and modules for the ICD, and identify gaps and methods for filling them
6. Review existing training materials and the mechanisms for their dissemination and identify best practices
7. Gather information from Collaborating Centres and Regional Offices on capacity for ICD-10 training in WHO member states
8. Explore national and international organizations (e.g., the International Federation of Health Record Organizations) with which coders and nosologists can affiliate
9. Explore the capacity of these organizations to support an international training and certification program
10. Identify approaches for assuring that training and certification are dynamic processes, responsive to changes in medical science, technology, coding rules, etc.

The components of the strategy for the ICF include the following tasks:

1. Liaise with Functioning and Disability Reference Group concerning applications and intended applications of ICF in order to identify educational needs and how to address them.
2. Identify the groups requiring education and training about ICF (e.g., coders, statisticians, epidemiologists, policymakers, administrators, relevant systems and program managers, clinicians, survey developers, health sciences educators and students, consumers) the objective of the required education and the need for training trainers.
3. Catalogue, characterize (e.g., purpose, audience, content, language, availability, media and technology) and disseminate information on existing educational materials for ICF applications.
4. Create a database on educational products based on the Framework agreed by the Implementation and Education Committees and provide ongoing maintenance.
5. Review existing training materials and the mechanisms for their dissemination and identify best practices. Identify gaps and methods for filling them.
6. Provide advice on best practices to developers of ICF educational materials.
7. Explore the capacity of Collaborating Centres and Regional Offices for providing ICF education in WHO member states.
8. Explore the need for international certification of those trained to use ICF as a coding and classification system or of ICF training materials. Identify a support network or mechanism.
9. Identify approaches for assuring that training and certification are dynamic processes, responsive to changes in medical science, disability policy, technology, coding rules, etc. Explore different approaches to training, e.g., face-to-face, E-learning.

#### Structure and Working Methods

The Committee should have an integrated mandate of WHO-FIC education, although the nature and phase of different members of WHO-FIC may differ in different countries. If necessary, different work groups may be formed on specific WHO-FIC classifications so as to address different issues.

The structure of the Committee should involve permanent members from WHO (including the regional offices) and each collaborating centre who will primarily devote their time to developing and, to the extent possible, carrying out strategies for addressing the functions specified above.

Membership is open to Regional Offices and all Collaborating Centres with national and regional responsibilities for WHO FIC implementation. All WHO-FIC centers may nominate participants and beyond the permanent members additional participants may take part in committee meetings as observers.

The Committee should develop an annual work plan, which lists in detail aims, activities,

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deliverables, timelines and responsibilities for addressing the terms of reference.

Working methods should include e-mail, conference calls and meetings, including an annual meeting during the WHO-FIC Network annual meeting. Official meetings of the committee must be held in conjunction with international WHO-FIC meetings.

April 2, 2009

**WHO Family of International Classifications Education Committee**  
**Abbreviations and Acronyms**

<b>Term</b>	<b>Meaning</b>
ABS	Australian Bureau of Statistics
ACBA	Australian Coding Benchmark Audit
ACCS	Automated Cause Coding Software
ACHI	Australian Classification of Health Interventions (Vols. 3 and 4 of ICD-10-AM)
ACME	Automated Classification of Medical Entities
AFRO	Regional Office for Africa of the World Health Organization
AHIMA	American Health Information Management Association
AIHW	Australian Institute of Health and Welfare
AMRO	Regional Office for the Americas of the World Health Organization
ATC/DDD	Anatomical Therapeutic Chemical Classification System with Defined Daily Doses
BIREME	Latin American and Caribbean Center on Health Sciences Information (PAHO) Centro Latino-Americano e do Caribe de Informação em Ciências da Saúde (OPAS) Centro Latinoamericano y del Caribe de Información en Ciencias de la Salud (OPS)
CAM	Complementary and Alternative Medicine
CAP	College of American Pathologists
CAT	Classifications and Terminology section of WHO Headquarters, Secretariat to the WHO-FIC Network
CBCD	Centro Brasileiro de Classificação de Doenças (Brazilian Collaborating Center)

CCAM	Classification Commune des Actes Medicaux
CCI	Canadian Classification of Health Interventions
CCI	La Classification Canadienne des Interventions
CCSA	Clinical Coders' Society of America
CDC	Centers for Disease Control and Prevention (USA)
CDISC	Clinical Data Interchange Standards Consortium
CEMECE	Centro Colaborador para la Familia de Clasificaciones Internacionales de la OMS en México (Mexican Collaborating Center)
CEN	European Committee for Standardization
CEVECE	Centro Venezolano para la Clasificación de Enfermedades (Venezuelan Center for Classification of Diseases)
CHIMA	Canadian Health Information Management Association
CID (CID-10)	Classificação Estatística Internacional de Doenças e Problemas Relacionados à Saúde
CID-O-3	Classificação Internacional de Doenças para Oncologia – Terceira Edição
CIE	Clasificación Internacional de Enfermedades
CIE-10	Clasificación Estadística Internacional de Enfermedades y Problemas Relacionados con la Salud
CIE-O-3	Clasificación Internacional de Enfermedades para Oncología – Tercera Edición
CIE-9-MC	Clasificación Internacional de Enfermedades, 9a Revisión, Modificación Clínica (Spanish version of ICD-9-CM)
CIF	Clasificación Internacional del Funcionamiento, de la Discapacidad y de la Salud Classification internationale du fonctionnement, du handicap et de la santé Classificação Internacional de Funcionalidade, Incapacidade e Saúde (Spanish, French, and Portuguese editions of the International Classification of Functioning, Disability and Health)

CIHI	Canadian Institute for Health Information
CIM (CIM-10)	Classification statistique internationale des maladies et des problèmes de santé connexes
CIM-10-CA	Classification statistique internationale des maladies et des problèmes de santé connexes dixième version, Canada
ClaML	Classification mark-up language
CMG	Case Mix Groups
CPT	Current Procedural Terminology (U.S.)
CRAES	Comité Regional Asesor en Estadísticas de Salud (PAHO Regional Advisory Committee on Health Statistics)
CTNERHI	Centre Technique National d'Études et de Recherches sur les Handicaps et les Inadaptations (France)
DATASUS	Departamento de Informática do Sistema Único de Saúde (Brazil)
DG SANCO	Directorate General for Health and Consumer Affairs, European Commission
DIMDI	Deutsches Institut für Medizinische Dokumentation und Information
DPI	Disabled Peoples International
DRG	Diagnosis-Related Groups
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders – 4 <sup>th</sup> Edition
EBM	Evidence-based Medicine
EBP	Evidence-based Practice
EC	Education Committee (WHO-FIC)
EDI	Electronic data interchange
EIP	Evidence and Information for Policy (WHO cluster)
EMRO	Regional Office for Eastern Mediterranean of the World Health Organization
ETC	Electronic Tools Committee (WHO-FIC)

EU-HDP	European Union Hospital Data Project
EURO	Regional Office for Europe of the World Health Organization
FAQ	Frequently asked questions
FDC	Family Development Committee (WHO-FIC)
FDRG	Functioning and Disability Reference Group (FDRG)
FIC	Family of International Classifications
Forum-CIE	Group for discussions by e-mail of issues related to mortality and morbidity coding and related themes (in Spanish)
HIMAA	Health Information Management Association of Australia
HL7	Health Level Seven - one of several American National Standards Institute (ANSI) -accredited Standards Developing Organizations (SDOs) operating in the healthcare arena. Health Level Seven's domain is clinical and administrative data.
HMN	Health Metrics Network
HOC	Heads of WHO Collaborating Centers for the Family of International Classifications
HRG	Healthcare Resource Group – used in the UK for casemix grouping
IARC	International Agency for Research on Cancer
IC	Implementation Committee (WHO-FIC)
ICD	International Classification of Diseases
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification (USA)
ICD-10	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
ICD-10-CA	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical

	Modification (USA- not yet in use)
ICD-10-GM	International Classification of Diseases and Related Health Problems, Tenth Revision, German Modification
ICD-10-PCS	International Classification of Diseases, Tenth Revision, Procedural Coding System (USA – not yet in use)
ICD-10-XM	International Statistical Classification of Diseases and Related Health Problems, 10 <sup>th</sup> Revision, International Clinical Modification (under discussion)
ICD-DA-3	Application of the ICD for Dentistry and Stomatology, 3 <sup>rd</sup> Edition
ICD-Forum	Group for discussions by e-mail of issues related to mortality and morbidity coding and related themes (in English)
ICD-NA	International Classification of Diseases, Neurology Application
ICD-O-2 or 3	ICD for Oncology, 2 <sup>nd</sup> Edition; 0-3, 3 <sup>rd</sup> Edition
ICE	International Collaborative Effort [on automating mortality statistics, on Injury Statistics] sponsored by NCHS
ICECI	International Classification of External Causes of Injuries
ICF	International Classification of Functioning, Disability and Health
ICF-CY	International Classification of Functioning, Disability and Health, Children and Youth version
ICHI	International Classification of Health Interventions
ICIDH	International Classification of Impairments, Disabilities, and Handicaps (Revised in 2001 and published as International Classification of Functioning, Disability and Health)
ICIS	Institut canadien d'information sur la santé (also CIHI)
ICPC	International Classification of Primary Care
ICPM	International Classification of Procedures in Medicine (WHO 1978)
IFHRO	International Federation of Health Records Organizations
IHRIM	Institute of Health Record and Information Management (UK)

IHTSDO	International Health Terminology Standards Development Organisation
IMIA	International Medical Informatics Association
IND	International Nomenclature of Diseases (Not currently maintained)
INSERM	Institut National de la Santé et de la Recherche Medicale
INTERCOD	Computer-assisted program for self-instruction for coding mortality and morbidity with ICD-10 developed by the Mexican Center for the Classification of Diseases and PAHO.
IRIS	A language-independent coding system based on MMDS
ISO	International Organization for Standardization
ISO 9999	Technical aids for persons with disabilities. Classification and terminology
JHA	Japan Hospital Association
JHIM	Japan Society of Health Information Management
KMRA	Korean Medical Record Association
MbRG	Morbidity Reference Group (WHO-FIC)
MDG	Millennium Development Goals
MedDRA	Medical Dictionary for Regulatory Activities
MF	Mortality Forum - Group for discussions by e-mail of issues related to mortality coding (in English)
MICAR	Mortality Medical Indexing, Classification and Retrieval
MIKADO	Swedish automated coding system
MMCB	Mortality Medical Classification Branch, NCHS
MMDS	Mortality Medical Data System (US automated coding system)
MRG	Mortality Reference Group (WHO-FIC)
NACC	North American Collaborating Center
NCCH	National Centre for Classification in Health (Australia)
NCECI	NOMESCO Classification of External Causes of Injuries

NCHS	National Center for Health Statistics (USA)
NCRA	National Cancer Registrars Association
NCSP	NOMESCO Classification of Surgical Procedures
NHS	National Health Service (UK)
NIC	National Interventions Classification – currently under development but will ultimately replace OPCS-4 for surgical procedures and intervention for the UK
NLM	National Library of Medicine (U.S.)
NOMESCO	Nordic Medico-Statistical Committee
OECD	Organization for Economic Cooperation and Development
OMS	Organisation mondiale de la Santé (also WHO) Organización Mundial de la Salud Organização Mundial da Saúde
ONS	Office for National Statistics (UK) Formed in 1996 by a merger of the Central Statistical Office (CSO) and the Office of Population Censuses & Surveys (OPCS)
OPCS-4	The Office of Population Censuses and Surveys' Classification of Surgical Operations 4 <sup>th</sup> Revision. The current surgical procedures classification used in the UK
OPS (OPAS)	Organization panaméricaine de la Santé (also PAHO) Organización Panamericana de la Salud Organização Pan-Americana da Saúde
PACC (UK)	Professional Association of Clinical Coders (UK)
PAHO	Pan American Health Organization (also OPS, OPAS)
RI	Rehabilitation International
RIVM	National Institute of Public Health and the Environment (Netherlands)
RUTENDON	Computer-based ICD-10 coding training, in Russian
SCB	Seleção de causa básica (automated system, Brazil)

SEARO	Regional Office for South East Asia of the World Health Organization
SNOMED	Systematized Nomenclature of Medicine
SNOMED CT	SNOMED Clinical Terms
SNOMED RT	SNOMED Reference Terminology
STC	Statistics Canada
STYX	French automated coding system
SWP	Strategic Work Plan
TENDON	Computer-based training package for ICD-10 produced by the WHO Collaborating Centre for the Classification of Diseases, London.
TRANSAX	Translation of axes – used to create data appropriate for either record-based analysis or person-based analysis
TRG	Terminology Reference Group (WHO-FIC)
UC or UCOD	Underlying cause of death
UMLS	Unified Medical Language System (NLM)
UN	United Nations
URC	Update and Revision Committee (WHO-FIC)
WCPT	World Confederation for Physical Therapy
WFOT	World Federation of Occupational Therapists
WHO	World Health Organization (also OMS)
WHO CAT	World Health Organization Classification, Assessment, Surveys and Terminology
WHO CC	World Health Organization Collaborating Center
WHO-FIC	World Health Organization Family of International Classifications
WICC	WONCA International Classification Committee
WONCA	World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (The short name is World Organization of Family Doctors.)

WPA	World Psychiatric Association
WPRO	Regional Office for Western Pacific of the World Health Organization
XML	Extensible Mark-up Language
YLD	Years of life lived with disability Years of life lost through disability
YLL	Years of life lost

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