

WHO Family of International Classifications Network Annual Meeting 2008

New Delhi/Manesar, India

25 - 31 October 2008

Summary Report

Version 23.04.2009

Summary

The meeting served to review all elements of the WHO Family of International Classifications. Highlights of this year's meeting were the discussions on the draft ICD information model and the development of use cases for the revision process. Special attention was given to streamlining strategic planning and functioning of the annual WHO-FIC Network meeting. Changes included the separation of reference group and committee meetings (Part A) from conference-style plenary sessions (Part B) where presentation of the strategic workplan and round table discussions take place. The new arrangement proved to be successful and was endorsed as the model for future WHO FIC network meetings. The meeting assessed and planned the work of the WHO-FIC Network, including Collaborating Centres (CC), various committees including the Council and Small Executive Group, Implementation Committee (IC); Education Committee (EC); Update, and Revision Committee (URC); Family Development Committee (FDC); Electronic Tools Committee (ETC)], and four reference groups [Mortality Reference Group (MRG), the Morbidity Reference Group (MbRG), the Functioning, and Disability Reference Group (FDRG), and the Terminology Reference Group (TRG)]. In all committees and reference groups elections of co-chairs took place and the membership was updated.

The special topic of this year's Annual meeting was "Public Health Informatics" (PHI). Two round table panels of international experts discussed experiences and prospects of PHI at both local and global levels, linkages with classification related development, and revision activities. The digitalization of analog information standards such as the ICD and the ICF was highlighted as an essential requirement for health information systems in the 21st century.

Papers presented in the conference are available at the meeting web site (<http://www.searo.who.int/fic/> and www.who.int/classifications). **The views expressed in these papers are those of the named authors only, and do not necessarily represent WHO's or the WHO-FIC Network's views.**

Table of Contents

DRAFT SUMMARY REPORT	1
SUMMARY	1
TABLE OF CONTENTS	1
1. OPENING	1
2 PARTICIPANTS AND ELECTION OF OFFICERS	1
3 COMMITTEES, AND REFERENCE GROUPS	1
4 INTERNATIONAL CLASSIFICATION OF DISEASES (ICD)	1
4.1 ICD Implementation.....	1
4.2 ICD Education	2
4.3 ICD Updates.....	2
4.4 ICD Electronic Tools.....	3
5 INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY, AND HEALTH (ICF)	4
5.1 ICF Implementation	4
5.2 ICF Education	4
5.3 ICF updates.....	4
5.4 ICF Ontology	4
5.5 ICF Electronic tools.....	4
6 INTERNATIONAL CLASSIFICATION OF HEALTH INTERVENTIONS (ICHI)	5
7 WHO-FIC - OTHER FIELDS	5
7.1 International Classification of Patient Safety (ICPS)	5
7.2 International Classification of Nursing Practice.....	5
8 WHO-FIC AND TERMINOLOGIES	5
9. STRATEGIC WORK PLAN	5
10 NETWORK GOVERNANCE	5
11 NETWORK MEETINGS	6

1. Opening

The meeting of the WHO Family of International Classifications (WHO-FIC) Network opened on 30 October 2008 with a welcoming address by Dr R.K. Srivastava, Director General of Health Services, on behalf of His Excellency, The Minister of Health and Family Welfare, Government of India; and the WHO Country Representative for India, Dr Salim Habayeb. The officials welcomed the delegates to Delhi, and emphasized the importance of classification systems in the collecting and reporting of standardized health and disability data in India and the Region. They commended the designation of the Central Bureau of Health Intelligence (CBHI) as WHO-FIC Collaborating Centre. Noting that the new Collaborating Centre is the first WHO-FIC Centre in the SEARO region, they expressed hope that -with the added responsibility- CBHI will develop into a hub of health information in India and beyond.

The Head of the newly designated Indian Collaborating Centre for the WHO-FIC, Dr Ashok Kumar, the Co-Chair of the WHO-FIC Council Ms Marjorie Greenberg; and Dr Bedirhan Üstün, Coordinator of the Classifications, Terminology and Standards Unit in WHO HQ, welcomed the participants, and introduced the agenda. Furthermore, they elaborated on the challenges and potential contribution of the Indian CC in supporting the WHO FIC Network agenda.

2 Participants and election of officers

121 international participants attended the meeting with representatives from 11 WHO Collaborating Centres, Ministries of Health and National Statistical Bureaus from 27 countries. The Agenda (annex 2), and the List of Participants (annex 3) are attached.

Members of the Network noted with regret that of the six WHO Regional Offices, only 3 (EURO, SEARO, and WPRO) had been able to attend the meeting. In addition, representatives from the Russian, Chinese, Venezuelan and former UK CCs were unable to attend. Members also urged the need to continue efforts to finalize the arrangements for additional collaborating centres, keeping in mind the widest possible geographic coverage.

The WHO Secretariat, assisted by representatives of the Indian, and North American Centres, were designated rapporteurs.

3 Committees, and Reference Groups

All Committees and Reference Groups held and concluded their meetings before the WHO-FIC Network conference began. Each of the committees and reference groups presented an annual report of their activities and compiled a detailed meeting report for the relevant stream of work. These reports are available on the meeting website. (see annex 1).

The Committees and Reference Groups delivered progress reports during the plenary session and incorporated their tasks in the WHO-FIC Network strategic workplan.

4 International Classification of Diseases (ICD)

Work on the ICD is addressed in committees for education, implementation, technical tools, update and revision and the relationship to other members in the WHO Family of International Classifications (WHO-FIC)Network. Technical issues are addressed by a morbidity reference group and a mortality reference group.

4.1 ICD Implementation

WHO database on ICD implementation: An online demonstration of the database and its functionality was presented. WHO FIC CC and country representatives were invited to populate the database with relevant country specific information

Regional implementation networks of the WHO-FIC will address fostering information sharing, and implementation strategies. Progress on the institutionalization of regional networks was reported from the following regions: Americas, Asia-Pacific, Europe, and French speaking countries. It is expected that the implementation will be supported with internal resources, along with the help of Regional Offices and external donors.

4.2 ICD Education

Pilots and evaluation of Phase I (underlying cause-of-death of the International Training and Certification Program for mortality and morbidity coders) have been completed, and the evaluation report widely disseminated. The Joint Collaboration (JC) with the International Federation of Health Records Organizations (IFHRO), which is carrying out the International Program, has awarded certificates to 60 coders, 19 coder/trainers and 7 honorary trainers as part of the pilots conducted in Canada, Korea, UK and US. A pilot also was held in Japan. The JC recognized underlying cause-of-death training materials from Australia, Korea, Sri Lanka and US, as meeting the JC standard for several knowledge clusters in the core curriculum. The Committee emphasized the importance of training and certification of ground-level information workers and will continue to explore the possible expansion of the program to practicing morbidity coders, especially in developing countries. Development of comparable morbidity exam is challenged by the current lack of clarity and international consensus on detailed morbidity coding rules.

A demo version of the web-based training tool on ICD-10 coding and certification of cause-of-death was presented. CCs were solicited to carry out additional reviews and provide volunteers to pilot test the tool in 2009.

Sharing knowledge on best practices for ICD and ICF education and training was a focus of several presentations and posters.

4.3 ICD Updates

A total of 202 proposals were reviewed by the Update and Revision Committee in 2008. 133 proposals were accepted, 5 proposals were held over for further research, 46 proposals were rejected or withdrawn, 18 proposals were referred to ICD-11, and 12 proposals from the MRG were posted for informational purposes, as no change to the ICD was required (included in the number of accepted proposals). Furthermore, the URC discussed and ratified the following: a final resolution of the discrepancies between ICD-10 and CIM-10; a final resolution of the updates to the index for leukemia and lymphoma; a new code for HELLP syndrome; a new code for septic shock; new codes for oral mucositis; new codes for human metapneumovirus; new codes for morbidly adherent placenta. The update schedule was endorsed, with major updates in 2013 and 2016.

Draft Terms of Reference for the reconstituted URC were briefly presented to Council. They will be circulated for comments and discussions by the URC and SEG at the April Council meeting.

4.3.1 Mortality Reference Work

The MRG discussed the following ICD revision related issues: basic compatibility between the ICD-10 and the ICD-11; list of pre-coordinated combination codes for standard tabulation of mortality; rules and guidelines for coding and classifications in computer-readable format; Electronic death certificate – possibilities and challenges.

The MRG and MbRG are working jointly on a document on topics for the revision, relevant changes to the classification, and to the rules. The consolidated document will be posted on the revision platform and serve as input from the two main user groups of ICD.

Other topics discussed include: complications of medical procedures; perinatal death certificate; immaturity; SIDS; multiple injuries; corrections and improvements to the MMDS (automated coding system); alcohol-related deaths; data edits and data quality; international coordination (Mexican modifications to the NCHS software MMDS), recommendations from EUROSTAT working group on mortality statistics); carbon monoxide (Paper D026p; how to code source of carbon monoxide).

It was announced that the Mortality Forum will move from the Nordic Centre as of 1 January 2009, possibly to Australia.

4.3.2 Morbidity Reference Work

Conventions and rules for ICD-11: The draft paper on this topic was updated in response to further comments and suggestions. This paper is planned to be finalized in March 2009, for submission to the HIM TAG.

Revision topics for TAGs: The current paper will be divided into clinical areas and submitted to the appropriate TAG chairs and working groups. Further proposals from both the MBRG and URC will be forwarded directly via the revision platform to the TAGs.

Dagger asterisk convention: There was a presentation on the initial analysis of dagger/asterisk codes and discussion of options for improvement, both for the ICD-10 and the revision process. Further work planned to identify redundant and ambiguous code combinations will be presented in March 2009.

Main condition for ICD 11: There was a presentation of one model for definition of main condition for international comparison. Consensus to test this model with complex case scenarios from member countries, and report results in March 2009.

Code frequencies in ICD 10: An initial analysis of low code frequencies for skin conditions and infectious arthropathy in some national morbidity collections was presented. Discussion and consensus that this work was valuable and general agreement to undertake further work with wider data source. Recommendations from TAGs for the focus of future work will be sought.

Use cases: There was discussion of a draft paper on the purpose/use case of ICD. A task force was set up to work on developing use cases in WHO template format. The initial work was presented during the round table discussions on Thursday 30th October during the plenary sessions. Work will continue on developing these and other use cases and pilot studies.

Morbidity database: The information collected to date on the use of morbidity data in member's countries was forwarded to WHO for inclusion in the WHO implementation database. Members are encouraged to use and update this on-line database from now on.

4.4 ICD Electronic Tools

The Classification Toolkit (CTK) was presented together with the English ICD ClAML version. Some WHO FIC CCs which maintain their own ICD versions have started using the CTK. It is expected that the number of users will increase.

5 International Classification of Functioning, Disability, and Health (ICF)

ICF work is structured along different streams of work that relate to implementation, education, updates and electronic tools and relationship to other members of WHO-FIC. Technical issues are addressed by the Functioning and Disability Reference Group.

5.1 ICF Implementation

Development of guidelines and support materials: Several FDRG Task groups presented the progress of their work and discussed future activities. A draft matrix to guide the use of ICF for case and population based data collection was discussed. In the course of 2009 the matrix will be refined and a guideline document is expected at the WHO-FIC 2009 Network meeting. In the measurement area, progress was reported on identifying parsimonious set of ICF categories, use of ICF qualifiers as a metric reference, and promotion and development of ICF derived measures. Draft paper outlines were also presented on the measurement of environmental factors and the use of ICF for monitoring the UN Convention on the Right of People with disability. In 2009 work in these areas is expected to be consolidated.

WHO database on ICF implementation: The information rubrics of the database were presented and discussed. Key features of the ICF implementation database will include browsing, editing and commenting on implementation related information. The importance of providing "Know How" information on ICF implementation in health, and disability statistics, clinical use and disability certification was emphasized.

Regional implementation networks of the WHO-FIC. Status and prospects of regional networks in Latin America, Europe, French speaking countries and in the Asia-Pacific Region were discussed. It is expected that these will be supported through internal resources, support of Regional Offices and external donors.

5.2 ICF Education

A joint project of the EC and the FDRG to develop curriculum modules for ICF education and training was successfully completed. An overview of the ICF Training Tool based on the ICF curriculum modules was presented. The training tool will consist of three modules. A basic introductory module designed as a web-based self learning course, and a advanced and master module which are focused on ICF coding & documentation and area specific application issues. The work priority for 2009 is to complete the development, review and testing of the basic module using the Lectora software. The Education Committee will review iterative drafts of the tool, along with the Functioning and Disability Reference Group and make recommendations for changes and approval.

5.3 ICF updates

An demonstration of the web-based ICF Update platform and its functionality was presented. The workflow management within and between FDRG and URC were discussed . The Italian CC will perform the secretariat role for the ICF update process. The Head of the Italian CC, Carlo Francescutti was elected as Co-chair of URC thus bringing ICF expertise to that committee. The work agenda for 2009 will include to (1) finalise the configuration and testing of the update platform and related user guide; (2) finalize the management process and resourcing with FDRG and URC; (3) initiate the submission of ICF-CY related update proposals; (4) develop and implement strategy for communication and dissemination including launch of update process.

5.4 ICF Ontology

The need and prospects for work around ontology and terminology for ICF were discussed. A draft agenda for a Protégé training and ICF ontology workshop -scheduled for December 2008- was identified. The development of an ICF top level ontology, modeling selected ICF components in Protégé, identifying use cases, linkages with other classifications, and assessment instruments were identified as work priorities for 2009.

5.5 ICF Electronic tools

The decision to convert ICF version in ClaML has been taken. This will allow the use of the Classification Toolkit (CTK) in ICF maintenance.

6 International Classification of Health Interventions (ICHI)

The ICHI structure meets with broad agreement. Three axes (Target, Action, Means) have been identified, around which the ICHI skeleton will be shaped. As a high-level structure, it should provide an agreeable docking platform to which national classifications of interventions could relate. A corresponding interim coding structure could be developed for international information comparison and exchange purposes. While the merits of such an eventual classification are recognized, resourcing the project development in a sustainable manner remains unsolved. The resources of the network members are already stretched to the limit. So are WHO's internal resources. A decision to proceed or not with the ICHI development has been postponed to April 2009. Mobilization of additional resources of at least USD250K p.a. over 3 years seems to be a strict minimum for WHO to engage that new piece of work with confidence.

7 WHO-FIC - other Fields

7.1 International Classification of Patient Safety (ICPS)

An international scientific Drafting Group, commissioned by the World Alliance for Patient Safety, produced a conceptual framework identifying the significant entities, and the relations between them, that should guide the development of an international classification (for international comparison purposes) and help collect adequate information to learn from future events. That phase of work being completed, it is essential to call on different expertise to turn the conceptual framework into a classification. Coordination of future developments has been transferred to CTS and initial funding has been pledged to cover it. CTS will ensure that the prospective ICPS meets the criteria that govern the other international classifications.

7.2 International Classification of Nursing Practice

In response to the official request by the International Council of Nurses for inclusion of ICNP in WHO-FIC as a related classification and following in in-depth review of the request the WHO-FIC endorsed ICNP as a WHO-FIC related classification.

8 WHO-FIC and Terminologies

Discussions with the IHTSDO were delayed to address important point raised by the Office of the Legal Counsel. The last few issues are being ironed out and the final Memorandum of Understanding (MOU) should be signed by the end of the year by Senior Management. It provides for WHO to collaborate with the IHTSDO through a 12-member Harmonization Panel. WHO will nominate 6 active members to participate in the work. WHO will also have two staff as observers.

The meeting was briefed on current work status on the IHTSDO effort to map SNOMED-CT with ICD-10. While no tight interfacing with SNOMED could be envisaged until various issues have been clarified and improved upon, as necessary, collaboration would be pursued in the framework of the MoU.

9. Strategic Work Plan

In line with the outcomes of the 2008 meeting the WHO FIC Network updated its "strategic work plan" as the key monitoring and evaluation tools to track progress, plan, and distribute tasks. In order to streamline the process of integrating the progress reports and activity plans, the committees and reference groups are requested to align their reporting with the strategic work plan structure.

10 Network Governance

Participants gave a positive assessment of the new executive structure of the WHO-FIC Network consisting of the WHO FIC Council and Small Executive Group.

In all committees and reference groups elections of co-chairs took place and the membership was updated. Membership and terms of chairs were renewed for a 2 year period. (updated membership lists and chairs are attached in Annex 4)

The WHO secretariat made the following clarification on membership and voting in the committees and reference groups.

- Membership must be re-confirmed by the relevant collaborating centre and WHO every 2 years, and is subject to active collaboration.
- Members may be nominated by collaborating centres (both designated and under designation) or by WHO. All members are officially invited by WHO to serve in the respective committee or reference group.
- Only members of officially designated centres and centres under designation can vote. Voting rights for such members are 1 vote per country. If centres cover more than 1 country, they may be allowed a maximum of 2 votes per centre.
- Non members can attend the meetings and contribute to the work of the committee or reference group. They do not bear voting rights. Their interventions are regulated by the Chair or WHO. Their interventions should follow the general agenda and they can comment on topics after the members.
- Membership in the committees and reference groups requires expertise in the subject area and is not merely a representation of the CC. Members could not be represented by an alternate.

11 Network Meetings

In 2009, the WHO-FIC Network will meet from 10-18 October in Seoul, Korea. The meeting will be hosted by the Korean Collaborating Centre (under designation). “Primary Care Classifications - Clinical Use of Classifications“ will be the special topic in 2009.

Dates and venue for the mid year meeting of the Council will be determined by WHO in discussion with the Small Executive Group.

All References to committee reports are published on the website of the 2008 Annual Meeting of the WHO-FIC Network: **www.who.int/classifications**

- Council (Documents C001A)
- Education Committee (Document C002A)
- Electronic Tools Committee (Document C003A)
- Family Development Committee (Document C004A)
- Implementation Committee (Document C005A)
- Update, and Revision Committee (Document C006A)
- Functioning, and Disability Reference Group (Document C007A)
- Morbidity Reference Group (Document C008A)
- Mortality Reference Group (Document C009A)
- Terminology Reference Group (Documents C010A)