

The ICHI content model

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Abstract During the ICHI development first phase a framework has been developed .It comprises a categorial structure (Multiple axes plus relationships among the axes) a coding system and an information content model. To test the framework a core content model has been designed following ICD revision principles and the different ICHI entities are presented with their axis (Action, Means and Target), Terms and identifying codes (Classificatory and clinical codes).

Introduction

An International Classification of Health Interventions (ICHI) has been part of the WHO Family of International Classifications (WHO-FIC) since its inception in 2001. In its absence, several national classifications have been developed separately, with much content in common but diverse structures. Meanwhile, many countries are left with no classification or are forced to adopt one from another country, often at substantial expense. WHO had recognised the need in the 1970s, and developed an International Classification of Procedures in Medicine (ICPM), which was narrowly focused and not subsequently maintained. The current development effort was begun by the WHO-FIC Network in 2006. It is proceeding in three phases (see methods and material). ICHI development began at the same time as the revision of ICD-10 was starting. ICD revision will take until 2014 for a final version to be ready for approval. It includes the development of a range of tools to assist the revision. these tools will be able to be adapted for use in ICHI developments . The proposed ICHI content model is adapted from ICD revision content model

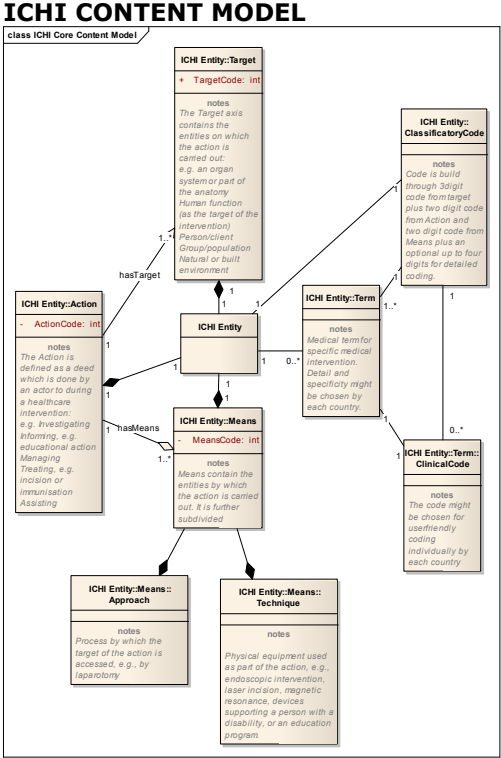
Methods & Materials

In **Phase 1** a Framework for ICHI has been developed. The Framework comprises a categorial structure (Multiple axes plus relationships among the axes), a coding system and an information content model (see figure on the left). The Framework will be applicable across the health system, covering medical and surgical interventions, primary care, nursing, allied health and rehabilitation, assistance with functioning and public health. The Framework, categorial structure and content model will be published and made available for testing and use in phase 2.

In **Phase 2** the aim will be to develop the content by populating the value sets for specific purposes using the ICHI framework. Purposes could include an entire national classification or international efforts in a specific content area. The WHO-FIC Network will encourage, contribute to and coordinate such efforts, recognising that they can serve as building blocks for ICHI.

In **Phase 3** ICHI content will be developed and tested using the normal best practice approach: an alpha version for comment, followed by a beta version for testing, followed by a final version for formal adoption.

Results



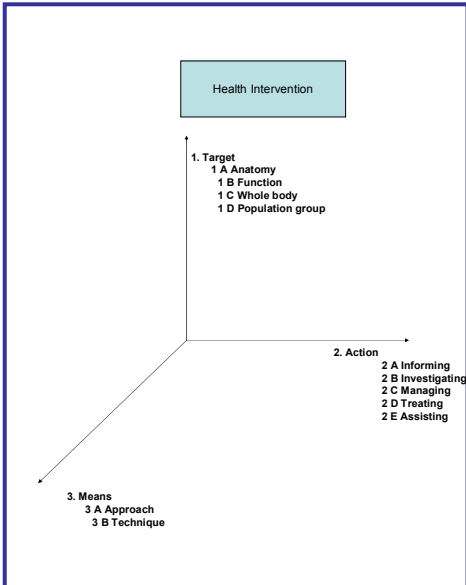
The ICHI Content Model shows the multiaxial framework as basis for each ICHI-Entity. The entities correspond to one code of the classification but can hold multiple terms. In order to allow user-friendly coding a clinical code for each term can be used individually in each country. Still, these terms and clinical codes have to be chosen so that a distinct mapping to the classification Code is guaranteed.

Conclusions

In order to complete phase 1 the content model has been developed for the ICHI and has to be further discussed by the FDC. It is aligned with the content model for the ICD revision.

The phase 2 can start to populate the content not only from surgical procedures (CCI, CCAM, ICD10 PCS) but as well from primary care, nursing, allied health, rehabilitation, assistance with functioning, public health and patient safety

ICHI multiaxial framework



ICHI Categorial structure

