WHO FAMILY OF INTERNATIONAL CLASSIFICATIONS NETWORK MEETING

WHOFIC/04.XXX

Reykjavik, Iceland
24-30 October, 2004

Title: **Annual Report of the WHO Collaborating Center for the Family of International Classifications for North America, October 2003 – September 2004**

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Purpose: For information

Recommendations:

- **None**

Abstract:
The WHO Collaborating Center for the Classification of Diseases for North America was established in 1976 to represent the U.S. and Canada in international activities related to study and revision of the International Classification of Diseases and Health Problems (ICD). In 1993, the Collaborating Center also assumed responsibility for work in North America on the International Classification of Impairments, Disabilities and Handicaps, now the International Classification of Functioning, Disability and Health (ICF). The North American Collaborating Center (NACC) was re-designated in 2003 as a WHO Collaborating Center for the Family of International Classifications (WHO-FIC). The Collaborating Center is located at the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, in the U.S. Department of Health and Human Services (DHSS), and works in close collaboration with the Canadian Institute for Health Information (CIHI) and Statistics Canada. Designation is in cooperation with the Pan American Health Organization.

The North American Collaborating Center continues to be very active in promoting the development and use of ICD and ICF in both the United States and Canada and in supporting the work of the WHO-FIC Network. This annual report documents activities during the past year associated with the NACC Terms of Reference and includes a work plan for 2004-2008.

Introduction

The North American Collaborating Center continues to be very active in promoting the development and use of ICD and ICF in both the United States and Canada and in supporting the work of the WHO-FIC Network.. This annual report documents activities during the past year associated with the NACC Terms of Reference and includes a work plan for 2004-2008. Of particular note are the following:

- Publication by NCHS of final mortality data for 2002
- Provision of training courses in ICD-10 for U.S. mortality coders and for international ICD-10 trainers
- Conduct of a seminar on automated coding systems in Prague, Czech Republic, for Central and Eastern European countries
- Production of 2004 version of ICD-9-CM
- Recommendations from the U.S. National Committee on Vital and Health Statistics to migrate to ICD-10-CM and ICD-10-PCS; these recommendations are under review in the Department of Health and Human Services
- Provided technical assistance to Statistics South Africa on implementing ACME for the processing of cause of death data
- Publication by Statistics Canada of final mortality data for 2002 in September 2004
- Development and delivery of a half-day presentation, “Assessing the Impact of the Implementation of ICD-10 on Canadian Mortality Trends”, in English and in French
- Implementation of ICD-10-CA by nine of the ten provinces and all three territories in Canada
- Delivery of six Two Day Training Workshops in ICD-10-CA/CCI (one French), nine one-day Refresher courses (one French), 13 Exploring the Uses, 49 Two Day Coding Standards Workshops (one French), 16 one-day Obstetrical and Newborn Coding workshops (two via videoconference), two four-day Train the Trainer workshops (one French) and 10 Web cast Updates on Versions 2003 by the Canadian Institute for Health Information (CIHI)
- Publication of an update to the 2003 Canadian Coding Standards for ICD-10-CA and CCI for fiscal year 2004/5
- Co-sponsorship by NCHS, CIHI and Statistics Canada of the Tenth Annual NACC Conference on ICF
- Further development and feedback on Code ICF
- Continuation of the NACC Clearinghouse on ICF
- Continued leadership of the DISTAB group, which held its final meeting
- Integration of ICF into the development of reporting systems for Rehabilitation, Chronic Care and Home Care in Canada
- Continued leadership of the International Collaborative Effort on Automating Mortality Statistics and Planning Committee meeting in Prague
- Continued leadership of the International Collaborative Effort on Injury Statistics and Working Group meeting in Vienna, Austria

ANNUAL REPORT

Title of Center:
WHO Collaborating Center for the Family of International Classifications for North America (NACC)

Annual Report Year: October 1, 2003 - September 30, 2004

Address:
National Center for Health Statistics (NCHS)
Centers for Disease Control and Prevention (CDC)
3311 Toledo Road, Room 2413
Hyattsville, Maryland 20782
USA
http://www.cdc.gov/nchs/about/otheract/icd9/nacc.htm

Head of the Center:
Marjorie S. Greenberg
Chief, Classifications and Public Health Data Standards
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Terms of reference of the Center:

a) To promote the development and use of the WHO family of international classifications (WHO-FIC) including the International Statistical Classification of Diseases and Health Problems (ICD), the International Classification of Functioning, Disability and Health (ICF), and other derived and related classifications and to contribute to their implementation and improvement in the light of practical experience by multiple parties as a common language
b) To contribute to the development of methodologies for the use of the WHO-FIC to facilitate the measurement of health states, interventions and outcomes on a sufficiently consistent and reliable basis to permit comparisons within countries over time and within and between countries at the same point in time. This includes the creation of comparable lists, correspondence tables, and comparability studies.
c) To support the work of the various committees and work groups established to assist WHO in the development, testing, implementation, use, improvement, updating and revision of members of the WHO-FIC
d) To study aspects related to the structure, interpretation and application of members of the WHO-FIC including those concerning taxonomy, linguistics, terminology and nomenclature
e) To network with current and potential users of the WHO-FIC and act as a reference center (e.g., clearinghouse for good practice guidelines and the resolution of problems) for information about the WHO-FIC and other health-related classifications, including:
    - the availability, suitability and applicability of the classifications for different purposes
    - coding practices

- availability of tools for implementation
- data analysis and interpretation

f) To prepare teaching materials and to organize and conduct training courses on the implementation and use of the WHO-FIC. To contribute to the development of common international training tools and Internet-based applications by preparing translations and adaptations of the tools

g) To assist WHO Headquarters and the Regional Offices in the preparation of members of the WHO-FIC and other relevant materials in the English language and to act as a reference centre for that language on all matters related to the WHO-FIC

h) To provide support to existing and potential users of the WHO-FIC and of the data thus derived in North America and other English-speaking countries

i) To work on at least one related and/or derived member of the WHO-FIC
Specialty-based adaptations

-Primary care adaptations

-Interventions/procedures

-Injury Classification (ICECI)

-Service Classification

j) To participate in the Quality assurance procedures of the WHO-FIC classifications regarding norms for use, training and data collection and application rules

k) To present periodic reports of the Center's activities to the annual meetings of Heads of WHO Collaborating Centres for the Family of International Classifications (WHO-FIC)

Implementation of the work plan in relation to the terms of reference

The National Center for Health Statistics (NCHS) works in close collaboration with the Canadian Institute for Health Information (CIHI) and Statistics Canada to carry out the work plan of the North American Collaborating Center in the United States and Canada. (See attached for detailed descriptions.)

Collaboration between the Center and WHO

- WHO staff (HQ, PAHO, EURO) participated in two ICD-related meetings organized by the North American Collaborating Center, the May 26-28, 2004 meeting of the WHO-FIC Education Committee and the June 3-5, 2004 Automation Seminar for Central and Eastern European Countries, both of which were held in Prague, Czech Republic
- Staff from WHO participated in a working group meeting of the ICE on Injury Statistics, organized by NACC in Vienna, Austria, on June 6, 2004.
- WHO HQ participated in the Tenth Annual North American Collaborating Center Meeting on ICF and pre-conference tutorial (June 1-4, 2004), held in Halifax, Nova Scotia, as well as the two DISTAB meetings on June 1 and 5.
- WHO HQ has participated in the monthly conference calls of the DISTAB project, which has developed methodologies and statistical tables to back-code data from six national disability surveys to ICF.

- The NACC delegation of 14 persons from the U.S and Canada participated in the 2003 annual meeting of Collaborating Centres for the WHO Family of International Classifications (WHO-FIC) in Cologne, Germany from October 19-25. The NACC Head also participated in a pre-meeting at WHO Headquarters on October 17. A similar delegation will participate in the October 24-30, 2004 annual meeting in Reykjavik, Iceland.
- The NACC Head will participate in a WHO Consultation on the WHO Business Plan for Classifications in Geneva on November 1-2, 2004. Several other collaborating centres and regional offices, as well as expert advisors, will be in attendance.
- The NACC Head participated in a planning meeting on ICD revision in Helsinki, Finland, on April 25-27, 2004.
- The NACC Head serves on the Planning Committee for the annual meeting of Collaborating Centres and participated in the April 28, 2004 meeting in Helsinki to plan the 2004 annual meeting, which will be hosted by the Nordic Centre.
- The NACC Head chairs and directs the work of the Education Committee, which assists and advises WHO in improving the level and quality of use of the WHO-FIC in Member States.
- NACC serves as the Executive Secretary for the WHO Mortality Reference Group.
- U.S. and Canadian representatives of NACC serve on all WHO-FIC Committees.
- With support from the Open Society Institute, the North American Collaborating Centre organized a seminar on the use of automated systems for coding cause of death data in Prague, on June 3-5, 2004. Representatives from 11 Central and Eastern European countries participated.
- NACC is developing a web-based training tool for ICF in collaboration with WHO HQ. The NACC supports the development under contract with Western University and organizes regular conference calls with WHO HQ to discuss progress. Once finalized, the training tool will be housed on the WHO web site.
- NACC awarded a professional services contract to WHO in August 2004 to research and develop crosswalks of ICF with several major assessment tools.

No financial support is provided to the Center by WHO. In 2001, NACC received support from PAHO, as well as NCHS, CIHI and Statistics Canada, for the annual Centre Heads meeting, which NACC hosted in Bethesda, MD. As previously identified by the WHO-FIC Collaborating Centre Heads, WHO HQ has been unable for many years to support infrastructure for the International Classification of Diseases (ICD) and to meet many of the needs of the international collaboration, as most recently articulated in the WHO-FIC Strategy and Work plan (October 2003). Increasingly, and specifically since 1997, the Collaborating Centres have assumed many of the responsibilities related to ICD-10 updating and maintenance, training, and development of the Family of Classifications. Adequate staffing and related resources are required at WHO HQ to assure successful accomplishment of the WHO-FIC objectives. These issues will be addressed at the WHO Consultation on the WHO Business Plan for Classifications in Geneva on November 1-2, 2004.

Collaboration with other WHO Collaborating Centres

The NACC collaborates actively with the other members of the WHO-FIC Collaborating Centre network, as follows:

- The Australian, Dutch, German, Japanese, Nordic, Portuguese language (Brazil) and United Kingdom (UK) Centres participated in the May 26-28, 2004 meeting of the Education Committee.
- Most of the above Centres, as well as the French Centre, participated in the June 3-5 Automation Seminar.
- Representatives of the Australian, Nordic, Dutch and UK Centres participated in the June 6 ICE on Injury Statistics working meeting.
- The NACC Head participated in meetings of the Family Development Committee (FDC) in Helsinki on April 29. The FDC is chaired by the Australian Centre; other participants included representatives of the Dutch, German, Nordic, Portuguese language and UK Collaborating Centres.
- The Australian, Dutch and French WHO-FIC Collaborating Centres participate in the DISTAB project, which has been led by NACC. In addition to the U.S. and Canada, there also is participation from South Africa.
- The Australian, Dutch, French, Japanese and Nordic Collaborating Centres participated in the Tenth Annual NACC Meeting on ICF and pre-conference tutorial.
- Head of proposed new Collaborating Centre in South Africa participated in technical assistance calls with Statistics South Africa and NCHS

Term of reference a) Major Activities

1. Promote the development and use of ICD-10 for mortality statistics in the United States, including development of training materials and conduct of courses, revision of U.S. Standard Certificates and movement toward an electronic death registration system

During 2004, the National Center for Health Statistics (NCHS) continued its regular production of mortality statistics using ICD-10, including publication of final mortality data for 2002. Regular production of mortality data includes reports, CD-ROMs, interactive databases (WONDER), and statistical tables published on the NCHS mortality website at http://www.cdc.gov/nchs/about/major/dvs/mortdata.htm. Mortality data include general mortality, infant mortality, leading causes of death, life tables, underlying and multiple causes of death.

NCHS conducted training courses in the use of ICD-10 in 2004. These included two courses oriented to U.S. coders: one course in the basics of coding multiple causes of death and one course in the basics of coding underlying cause of death. In addition, a new intermediate multiple-cause coding course is scheduled for November 2004. NCHS staff currently are developing an electronic interactive basic multiple cause coding course on CD-ROM. A complete draft of the course should be ready by end of this year.

Revision of the U.S. Standard birth and death certificates and the report of fetal death are complete, including specifications, file layout, handbooks and instruction manuals. Changes in the U.S. Standard Certificate of Death include a checkbox item on whether smoking contributed to death, a checkbox item on the pregnancy status of female decedents, a checkbox item on the traffic status of the decedent (e.g. pedestrian, driver, etc), and more detailed instructions to the funeral director and to the medical certifier to improve the accuracy of reporting demographic and medical items. Over-arching considerations for the death certificate included improving data quality, anticipating electronic death registration, and adapting to ICD-10. The U.S. Standard Report of Fetal Death has been revised to include some new items and a restructured cause-of-death section. Worksheets have been developed to assist in data collection for birth certificates and fetal death reports. Changes in the U.S. Standard certificates and reports are made in an effort to improve existing data, to collect information not previously available, and to adapt to changes in the administrative, social, and legal environment. Implementation of the revised certificates was originally planned for 2003. However, only 4 States and New York City implemented in 2003. They were joined by 7 States and the District of Columbia in 2004. Implementation dates for the remaining States range from 2005 to 2007.

Work on the Electronic Death Registration System (EDRS) in the U.S. continues to progress. When implemented, the EDRS will require inputs from two sources – the funeral director who provides demographic information about the decedent based on information from an informant, usually a family member, and the attending physician (or medical examiner, coroner) who completes the medical certification of death. EDR has the potential of providing mortality data of higher quality (because of on-line edits and querying) and better timeliness than the current

paper-based systems. EDR is still largely in a developmental phase in the United States, under the guidance of an Oversight Committee comprised of key stakeholders, including NCHS, the Social Security Administration (SSA), the National Association for Public Health Statistics and Information Systems (NAPHSIS), and state vital registration systems. Subcommittees are currently working on issues related to cause-of-death reporting, messaging standards, as well as the development of modules that will be recommended to all the states as an integral part of the EDR. Additional information on this project is available on the NAPHSIS website at http://www.naphsis.org.

Term of reference a) Major Activities

2. Promote the use of ICD-10 through technical assistance to other countries

NCHS staff, along with the other members of the ICE on Automating Mortality Statistics, organized a seminar on automated coding systems for mortality data in Prague, Czech Republic on June 3-5, 2004. Funding for the seminar was provided by the Open Society Institute. Participants included representatives of 11 countries of Central and Eastern Europe, as well as WHO/EURO. To ensure that both producers and users of mortality data were represented at the seminar, most countries sent participants from both their health ministry and their central statistical office. More information on the seminar is provided in a separate paper by Notzon and Anderson.

NCHS staff provided technical assistance to Statistics South Africa on implementing ACME for the processing of cause of death data. All of the assistance was provided via email and telephone, owing to a shortage of travel funds and a short deadline for implementation of the system by Statistics South Africa. Staff of Statistics South Africa report that the system is working well and is successfully processing more than 90 percent of death records.

NCHS staff held two international courses (underlying cause coding and multiple cause coding) designed to train trainers to code ICD-10 mortality data. More information on the courses is provided in Terms of Reference, section (f) below.

Term of reference a) Major Activities

3. Promote the use of ICD-9-CM for morbidity applications in the United States

Since Cologne, NCHS, in collaboration with the Centers for Medicare and Medicaid Services (CMS), has held three meetings of the ICD-9-CM Coordination and Maintenance Committee (December 2003, April 2004, October 2004). Information regarding the diagnosis proposals and public discussion appears on the NCHS website at www.cdc.gov/nchs/otheract/icd9/maint/maint.htm.

The October 1, 2004 revisions to ICD-9-CM were posted on the NCHS website in June 2004 (http://www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/ftpicd9.htm#guidelines). The ICD-9-CM CDROM containing the October 1, 2004 revisions are available from the Government Printing Office. NCHS will continue to update ICD-9-CM until such time that an implementation date for ICD-10-CM date has been established.

Effective April 2005, there will be a twice yearly update of ICD-9-CM, as required by Congress. The provision of Public Law 108-173, signed into law December 2003, requires the twice yearly update to recognize new technology under the inpatient prospective payment system. The April update, for both diagnoses and procedures, will focus on new technology and be limited to those that have a strong and convincing case for expedited implementation. The assumption is that most of the April 1 updates will apply to procedure codes but could be applicable to diagnosis codes as well, if related to new technology. New codes will be released with an approximately 5 month lead-time as is currently done for the October update. This would mean that changes for April 2005 would be posted November 2004.

Term of reference a) Major Activities

4. Develop, implement and promote the use of ICD-10-CM for morbidity applications in the United States

During 2003 the American Hospital Association (AHA) and the American Health Information Management Association (AHIMA) conducted a pilot test of ICD-10-CM using the pre-release version of the ICD-10-CM and draft guidelines. Over 6,000 medical records were coded using ICD-9-CM and ICD-10-CM. The purpose of the study was twofold: assess the functionality and utility of applying ICD-10-CM to actual medical records in a variety of health care settings; and assess the level of education and training required by professional credentialed coders to implement ICD-10-CM. The findings from the pilot test indicated that ICD-10-CM represented a significant improvement over the current ICD-9-CM coding system and could be implemented without excessive staff training costs or changes in documentation practices.

The majority of pilot project participants, coding professionals from all types of healthcare settings, advocated migrating to the new system in three years or less. Support was greatest among participants who coded the largest sample of records with consensus being that ICD-10-CM offered better clinical descriptions and that notes, instructions, and guidelines were clear and comprehensive.

The study also showed that ICD-10-CM codes can be applied to today's medical records in a variety of healthcare settings, without having to change documentation practices, although improved documentation would result in higher coding specificity and, therefore, higher data quality in some cases.

Despite minimal training, participants were able to appropriately assign ICD-10-CM codes. Most participants felt migration to ICD-10-CM would only require a maximum of 16 hours of training conducted either face-to-face or through the internet. Within this test environment, there was no difference in the amount of time spent coding between ICD-9-CM and ICD-10-CM for more than half of the sample of coded records.

The complete copy of the report is available on the AHA and AHIMA websites, respectively www.aha.org under "What's New" and http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_020969.pdf.

A pre-release version of ICD-10-CM is posted on the NCHS website (http://www.cdc.gov/nchs/about/otheract/icd9/abticd10.htm) in keeping with requirements for public notification/posting under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) administrative simplification provisions.

Once comments from the pilot are incorporated into ICD-10-CM, NCHS will post an updated version on the website and will also forward an updated version of the classification to WHO for review, as specified in the NCHS/WHO agreement.

Work continues on the beta version of the ICD-10-CM database.

The implementation of ICD-10-CM continues to be linked with the administrative simplification provisions of HIPAA. As part of its responsibilities under HIPAA, the National Committee on Vital and Health Statistics (NCVHS) monitors the continued effectiveness of the health data standards adopted pursuant to the requirements of HIPAA's administrative simplification provisions.

During the past several years, NCVHS' Subcommittee on Standards and Security has focused considerable attention on the feasibility and desirability of replacing the current diagnosis and inpatient procedure classification system, ICD-9-CM, volumes 1, 2, and 3, with a newer and expanded version, ICD-10-CM and ICD-10-PCS. ICD-9-CM, volumes 1 and 2, was adopted as the HIPAA standard for diagnoses in all settings and ICD-9-CM, volume 3, as the standard for inpatient procedures reported by hospitals. At issue are the one-to-one replacements as HIPAA codes sets of ICD-9-CM volumes 1 and 2, with ICD-10-CM for diagnoses in all settings, and ICD-9-CM volume 3, with ICD-10-PCS for inpatient procedures reported by hospitals. This would not affect the usage of other code sets under HIPAA, such as CPT-4 and Level II HCPCS (Healthcare Common Procedure Coding System).

More than eight days of hearings were held by NCVHS since 1997, and letters and oral and written testimonies were provided by more than 80 public- and private-sector groups representing the healthcare industry, the Federal and State governments, the public health and research communities, insurers, and providers. While taking into account the diversity of input and lack of industry-wide consensus, NCVHS concluded that it was in the best interests of the country as a whole that ICD-10-CM and ICD-10-PCS be adopted as HIPAA standards for national implementation as replacements for current uses of ICD-9-CM volumes 1, 2, and 3. As a result, the Committee recommended in November 2003 that the Department of Health and Human Services initiate the regulatory process for the concurrent adoption of ICD-10-CM and ICD-10-PCS. The Committee further recommended an implementation period of at least two years following issuance of a final rule. By issuing a Notice of Proposed Rule Making (NPRM), the Department would provide a structured environment in which critical implementation issues could be addressed. The Committee further recommended that the NPRM specifically invite comments on the key issues presented in testimonies and letters before the Committee:

- What could be done to minimize the costs of a transition to ICD-10-CM and ICD-10-PCS?
- What could be done to maximize the benefits of implementing ICD-10-CM and ICD-10-PCS?
- What are potential unintended consequences of such a migration, and how could they be mitigated?
- What timeframes would be adequate for implementation?
- What additional steps would be required to ensure a realistic and smooth migration?

The Committee's letter, as well as a chronology of the development of ICD-10-CM and ICD-10-PCS, a synopsis of testimonies and letters and a complete listing of

groups that have provided input are posted on the NCVHS web site (www.ncvhs.hhs.gov). Also posted on the web site is a cost/benefit study by The RAND Corporation (RAND) that was specially commissioned by NCVHS.

The Department of Health and Human Services is evaluating the NCVHS recommendations.

Term of reference a) Major Activities

5. Promote the development and use of ICD-10 for mortality statistics in Canada, including development and presentation of training courses

The following work was performed by Statistics Canada in support of this activity:

- Conduct training in mortality classification and the use of automated mortality classification software (MMDS) (ongoing). The next course to be offered will be Basic Multiple Causes (ACME) Classification in November 2004.
- Provide specifications to provinces and territories for producing mortality data (ongoing)
- Receive demographic and mortality medical data from provinces coded according to national (Statistics Canada) specifications (ongoing)
- Conduct quality control, promote querying for rare causes of death (ongoing)
- Undertake external edit checks (geographic, cause by sex and/or age, rare causes, eliminate duplicate records) (ongoing)
- Developed tables and release plans for final mortality data
- Work continues to program tables for leading causes of death and age-standardized mortality rates by cause classified to ICD-10; these products will be released as electronic publications by 2005, and will include data years 2000-2003.
- Released final mortality data report with ICD-10 data for 2002 (September 2004); counts of deaths by cause were released on Statistics Canada's electronic data platform CANSIM II in June 2003.
- Released final mortality data report with ICD-10 data for 2001 (September 2003).
- Prepared PDF files for libraries and electronic tables (CANSIM II) for Statistics Canada web site, updated based on ICD-10 codes
- Participate in annual meetings of WHO Collaborating Centres for the Family of International Classifications
- Participate in Mortality Reference Group and Update Reference Committee (ongoing)
- Participate in ICE Planning Committee (ongoing); delivered a presentation on the use of multiple causes of death data in analysis at the automation seminar in Prague.
- Promote the development of tools to improve the certification of cause of death by physicians, coroners and medical examiners by supporting the development of a continuing-education seminar, and an internet-based training tool for physicians and other health professionals (ongoing)
- Develop and implement a national Coroner/Medical Examiner Database of standardized information on circumstances surrounding deaths reported to coroners and medical examiners in Canada (on-going 2001-2004)

- Assess the equivalence of different automated mortality classification softwares (MMDS-United States and STYX-France) used concurrently in Canada (ongoing from 2004)

Term of reference a) Major Activities

6. Develop, implement and promote the use of ICD-10-CA and CCI for morbidity applications in Canada, including development and conduct of education programs

The following work was performed by the Canadian Institute for Health Information (CIHI) in support of this activity:

- An additional province implemented on April 1, 2004 for a total of nine provinces and three territories. The last province will have implemented by April 1, 2006.
- Workshops provided throughout fiscal 2003/04 were – 13 'Exploring ICD-10-CA & CCI: An Overview for Non-Health Records Professionals', eight one-day 'ICD-10-CA and CCI Refresher 2003', five two-day 'Coding with ICD-10-CA and CCI', 10 two-hour teleconferences 'ICD-10-CA and CCI updates', 48 two-day 'The 2003 Canadian Coding Standards and Diagnosis Typing for DAD', 16 one-day 'Obstetrical and Newborn Coding'- two by videoconference, and one four-day Train the Trainer. In addition, the following four workshops were provided in French – a one-day Refresher, a two-day coding with ICD-10-CA/CCI, a four-day Train the Trainer and a two-day Standards and Diagnosis Typing. All training materials are updated annually and are available in English, French or a bilingual format.
- On- line coding query service implemented in June 2001 with over 6000 queries answered to date.
- As of April 1, 2003, the coding guidelines for ICD-10-CA and CCI became the Canadian Coding Standards for ICD-10-CA and CCI.
- A total of 4 amendments were added to the 2003 Canadian Coding Standards for ICD-10-CA and CCI and were available on the CIHI website for the new fiscal year beginning April 1, 2004. All standards are available in both official languages.
- Classification Advisory Committee met in June 2004 to provide CIHI with expert advice in the continuous enhancement and maintenance of ICD-10-CA and CCI. Committee reviewed a total of 34 issues for Version 2006. As a result, 71 new codes, 14 index updates and 35 changes (i.e., inclusions, exclusions) have been proposed to WHO for version 2006 of ICD-10-CA. While CCI will have many new codes addressing surgical techniques and approaches, a major portion of updating version 2006 of CCI includes additions to non-surgical sections, such as diagnostic imaging, vision care, chiropractics, physiotherapy and occupational therapy
- The next update of the ICD-10-CA/CCI CD-ROM is planned for release on April 1, 2006.
- The National ICD-10-CA/CCI Electronic Products User Group held three meetings in 2003/04 to gather user feedback on the electronic product.
- Have worked closely with other countries (e.g., US and Australia), comparing additions made to their products, with those done in Canada.
- Have sought advice from Australia when considering the incorporation of ICD-0-3 into ICD-10-CA
- Collaborated with WHO by sharing our experiences in representing the classifications in XML.

Term of reference a) Major Activities

7. Promote the development and use of the ICF in the United States

Since the last Heads Meeting in Cologne, the North American Collaborating Center (NACC) has promoted the ICF with a number of activities:

1) The WHO Collaborating Center for the Family of International Classifications (WHO-FIC) for North America held the Tenth Annual North American Collaborating Center (NACC) meeting on the International Classification of Functioning, Disability and Health (ICF) on June 2-4, 2004 in Halifax, Nova Scotia. More than 100 persons registered. The meeting was preceded by a one-day pre-conference Tutorial on ICF on June 1 attended by 65 persons, and Certificates of Participation were given (see paper by Caulfeild and Placek). The principal objective of this year's meeting was to develop a North American Research Agenda for ICF (see Paul Placek's paper on this topic). Participants were primarily from the U.S. and Canada but also included representatives of the Australian, Dutch, French, Japanese and Nordic Collaborating Centers as well as other attendees from Australia, Brazil, Guinea, Japan, Nigeria, South Africa and the United Kingdom. Nenad Kostansjek, of the Classification, Assessment and Terminology (CAT) Team at WHO, made presentations in both the tutorial and full meeting. About 50 papers including poster sessions covered how ICF can inform work on functioning, disability and health in a variety of arenas. The conference website www.icfconference.com has PowerPoint presentations and a detailed report of the conference, and will eventually have registration materials for the 11th Annual ICF Conference planned for June 21-24, 2005 at the Mayo Clinics in Rochester, Minnesota. Authors of the 50 or so Halifax papers were invited to submit full papers by December 2004 for possible publication in summer 2005 as Volume 3 in Disability and Health: ICF: Setting a Research Agenda (Nova Science Publishers).

2) In August 2004, NCHS awarded to the World Health Organization a six-month contract to crosswalk ICF with a dozen or so major assessment tools. This activity was first proposed at the Cologne meeting. The purpose of this project is to explore the feasibility of identifying the specific ICF codes that are relevant for coding based on specific items in commonly-used assessment instruments and to review and evaluate the results with other experts. This would enable users of various instruments to streamline their crosswalk coding efforts to ICF codes electronically, and enable them to generate more comparable clinical information efficiently. The need for mapping existing assessment tools was recently reaffirmed at the Tenth Annual meeting on ICF held in Halifax June 1-4, 2004. On the final morning of this meeting, 44 persons voted on a list of 27 ICF research priorities. Although the ICF researchers there had many competing interests (half had presented scientific papers), the largest consensus for the top ICF research priority was "crosswalks to ICF of assessment tools and terminologies". This project implements that recommendation. The Eleventh Annual NACC meeting is likely to have a major focus on this topic.

3) NCHS initiated a FY 2003 contract with 2004 deliverables with Washington University entitled: "Develop Three Research Protocols for Classifying and Reporting Functional Status on Administrative Records Based on Recommendations of the U.S. National Committee on Vital and Health Statistics".

Information from this activity was presented at the June 2004 NACC ICF meeting in Halifax and is summarized in the Placek paper on the North American ICF Research Agenda.
4) Work is nearly completed on CODE ICF; WHO and Heads review should begin in late 2004.
5) Over 600 subscribers now receive the NACC ICF Clearinghouse monthly messages which began in September 2002 to a primarily U.S. and Canadian email "group". This is up from 300 subscribers last year.
6) The ICF Videos Project is completed, and all 25 participants provided their approval. In the approval process, about 65 DVD, VHS, and PALS copies of the video were distributed worldwide. Final changes are being implemented and more videos will be distributed in the coming months. The four videos (on one tape of an hour and a half length) are: ICF use by consumers, ICF applications in surveys and clinical areas, historical development, and conceptual/issue areas;
7) The ICF Curricula in North American Colleges and Universities Project funded by NCHS to the University of Michigan (Kristine Mulhorn) involved assembling model U.S. and Canadian college and university curricula. Progress reports have been published in the NACC Clearinghouse on ICF, as will the final report expected this fall. Evangeline Yoder's PT Curriculum Guide based on the ICF has been distributed by her and through the NACC Clearinghouse on ICF.
8) The NACC developed a brochure and four copies of a tabletop exhibit on the ICF just over one year ago, and this has been used "on loan" in a half-dozen ICF workshops and seminars in the U.S. and Canada. About 1,500 of the brochures have been distributed at various ICF talks, and more are being printed.
9) Paul Placek and Marjorie Greenberg represented CDC in serving on the "Disability" subgroup of the government-wide Consolidated Health Informatics Initiative and submitted disability and functional status terms for mapping to ICF, SNOMED-CT and other terminologies in the Unified Medical Language System.(See paper by Greenberg and Pickett)

10) In July 2003, Paul Placek started a one day per week detail with Margaret Giannini, M.D., Director, HHS Office on Disability, with the result that ICF is receiving higher level HHS interest. A concrete result is Dr. Giannini's establishment of the ICF Subcommittee of the New Freedom Initiative, which is expected to complete eight HHS meetings in 2004. The New Freedom Initiative Committee <http://www.hhs.gov/newfreedom/> was established by the Office on Disability/HHS to monitor and promote activities of the NFI, which has these goals: increase access to assistive and universally designed technologies; expand educational opportunities; promote homeownership; integrate Americans with disabilities into the workforce; expand transportation options; promote full access to community life; and support sound health care policy for people with disabilities. The ICF provides a standard language for the description of these goals. The ICF Subcommittee of the NFI was established by the Office on Disability to explore ways in which the ICF can possibly improve understanding and consider DHHS agency applications of progress towards NFI goals. The meeting is chaired by Dr. Giannini and includes 20 representatives (at least one person from every DHHS agency). Co-Facilitators are Paul Placek of the Centers for Disease Control and Prevention <pjp2@cdc.gov> and Janet Valluzzi of the Agency for Healthcare Research and Quality <jvalluzz@ahrq.gov>. The Office on Disability website is www.hhs.gov/od/.

Term of reference a) Major Activities

8. Promote the development and use of the ICF in Canada

The following work was performed by the Canadian Institute for Health Information (CIHI) in support of this activity:

- Collaborated with NCHS to co-host the 10th Annual NACC Conference on ICF in Halifax, Nova Scotia, Canada June 1-4, 2004 (see separate paper for Reykjavik meeting).
- Presentation and discussion to a Branch of Social Development Canada on ICF and applications in their field
- Presentation on how ICF could be used in the Income Replacement Sector in May 2004 at a Social Development Canada International conference: Rethinking the Disability Income System: New Approaches
- Papers presented at the 2003 WHO-FIC meetings in Cologne, Germany, "Highlights of the 9th Annual NACC Conference on ICF", "A SWOT Analysis Approach to the Implementation of ICF", and "Application of ICF-Return to Function/Return to Work".
- As a member of the Social Commission of Rehabilitation International Working Group (WG), coordinated the Canadian responses to a survey "Use of ICF in Policy/Legislation/Program." This project was coordinated by Dr. Hisao Sato, Coordinator, Working Group on ICF and Policy/legislation.
- Drafted for the WHO-FIC ICF Implementation Committee the document "The Roadmap for the Implementation of ICF".
- Compiled the results of the feedback from the WHO-FIC ICF Implementation Committee on "The Roadmap for the Implementation of ICF".
- Hosted visitors from Australia and Japan.
- Provided support and consultation to Canadian stakeholders for ICF (ongoing)
- Collaborated with the National Center for Health Statistics in providing North American input to the use and implementation of ICF (ongoing)
- Participation in NACC ICF and WHO-FIC meetings (ongoing)
- Represent Canadian interests in the evaluation and enhancement of ICF (ongoing)
- Communicate Canadian activities through Canadian Network meetings and national presentations on ICF applications (ongoing)

Term of reference b) Major Activities

1. **Develop comparability ratios for ICD-10 mortality statistics in the United States**

Comparability studies are essential to understand the effects of implementing a new revision of the ICD. In the United States, the comparability study for mortality between ICD-9 and ICD-10 is being carried out in two phases: a preliminary study based mainly on records processed through the automated coding systems, and a final comparability study based on all records in the study year 1996. In 2001, the preliminary comparability study was published based on a total of 1,852,671 records. The published report is available at http://www.cdc.gov/nchs/products/pubs/pubd/nvsr/49/49-pre.htm. The final comparability study is ongoing. The entire double-coded comparability file is currently available for download at http://www.cdc.gov/nchs/datawh/statab/unpubd/comp.htm. Publication of the report of the final comparability study is expected late 2004/early 2005.

Term of reference b) Major Activities

2. Implement International Collaborative Effort (ICE) on Automating Mortality Statistics

The ICE was established by NCHS in 1995 to promote the comparability of mortality statistics through the application of automation. Statistics Canada also serves on the Planning Committee. Three plenary meetings of the mortality ICE, in 1996, 1999 and 2003, encouraged WHO to establish a number of working committees oriented to training and credentialing and to electronic products more generally. Under the ICE, the outline for an international curriculum in mortality medical coding oriented to automation was developed by the ICE Planning Committee and was implemented by NCHS in 2001. The ICE on Automation also sponsored a seminar on automated coding systems for countries of Central and Eastern Europe in June, 2004 in Prague. This seminar is described in more detail in a separate paper.

Term of reference b) Major Activities

3. **Provide leadership to DISTAB project** *(Note: This group held its last official meeting on June 4, 2005 in Halifax and its last official monthly conference call on September 15, 2004.)*

Since 1999, NCHS has supported annual meeting travel for a group of survey researchers representing the national disability surveys of five countries—France, Netherlands, South Africa, Canada, and the U.S. Two years ago, Australia joined in the effort. There is also WHO, UN and National Council on Disability participation. For five years, the DISTAB group has met by international conference call on the third Wednesday of every month. The group commented on the ICIDH-Beta2 draft, interacted with the UN's DISTAT staff, and served on the planning group for the UN's June 2001 Seminar on the Measurement of Disability Statistics. Members of DISTAB group, as individuals, have participated actively in four "Washington City Group" meetings, which are offshoots of the June 2001 UN Seminar. This DISTAB/DISTAT interaction was described in Margaret Mbogoni's article "On the application of the ICIDH and ICF in developing countries: evidence from the United Nations Disability Statistics Database" (Disability and Rehabilitation, Vol. 25, Nos. 11-12, June 2003, pp 644-658). The DISTAB GROUP has produced statistical tables by age and sex back coded to ICF for seven functional areas across six countries: hearing, seeing, speaking, mobility, body movement, gripping and personal care. Also, a paper on pre-and post-harmonization (back coding) was published by Gretchen Swanson, LeeAnne Carrothers, and Kristine Mulhorn in "Comparing disability survey questions in five countries: A study using ICF to guide comparisons" (Disability and Rehabilitation, Vol. 25, Nos. 11-12, June 2003, pp 665-675). In June 2004, the DISTAB group held its final face-to-face meetings before and after the NACC ICF meeting in Halifax. In 2004, using DISTAB tables, a comparative paper on seeing impairments was written by Gerry Hendershot and John Crews and is in review by the American Foundation for the Blind's Journal of Vision Impairment. The group offered comments to Rune Simeonsson on the ICF-CY. For the fourth City Group meeting held September 2004 in Bangkok, the DISTAB group has made an inventory of ICF Environment and Participation items in the six national surveys, presented by Marijke de Kleijn.

Term of reference b) Major Activities

4. Direct and Participate in International Collaborative Effort on Injury Statistics

In conjunction with the World Injury Conference held in Vienna, Austria in June, the International Collaborative Effort (ICE) on Injury Statistics held a half-day working meeting on June 6th. About 35 participants attended during which updates on current projects were presented.

Participants attended from Australia, Canada, Denmark, England, Greece, Israel, The Netherlands, New Zealand, Norway, South Africa, Spain, Sweden, Switzerland, Thailand, Trinidad and the US. Both the WHO and the European Commission's Injury Prevention Program also were represented.

Brief presentations were given on ongoing projects including:

- Injury indicators
- Barell matrix- is a conversion to ICD-10 possible?
- Multiple injury profiles [1]
- Selecting a main injury from multiple cause of death data
- Household surveys- comparisons of injury related questions and methodology[2]
- Occupational injury

The Injury ICE also introduced discussion of a possible new project related to differing measures of injury severity. Discussions also continued on the definition of poisoning based on the ICD.

As part of its ongoing assessment, a 10 year review of the ICE on Injury Statistics has been written by Lois Fingerhut, Chair of the ICE and will be published in a forthcoming issue of Injury Prevention.

Detailed information about the ICE, including work on specific projects, Proceedings of earlier meetings and lists of publications related to ICE work can be found at the website: www.cdc.gov/nchs/advice.htm

NCHS convened a meeting on September 8 and 9, 2004 to discuss methods of measuring the severity of injuries. Participating in the meeting were US trauma surgeons, biostatisticians, nurse registrars as well as public health epidemiologists and health survey specialists. In addition to the United States perspective, colleagues from New Zealand and Australia (who have long been members of the ICE on Injury Statistics) also participated. Two of the meeting's key agenda items were to come up with recommendations for describing the severity of injuries in population-based administrative datasets, like hospital discharge data, and for arriving at a methodology for selecting a main injury to the multiple cause of injury mortality data. Discussions

[1] L Aharonson-Daniel, V Boyko, A Ziv, M Avitzour and K Peleg A new approach to the analysis of multiple injuries using data from a national trauma registry *Inj Prev* 2003;**9**:156-162

[2] Heinen M, McGee KS, and Warner M. Injury questions on household surveys from around the world. Injury Prevention, to be published

focused on measures based on using the ICD-coded data, referred to as ICISS, and on the more traditional measures of severity including those based on the Abbreviated Injury Scale (AIS). While formal recommendations were not yet made, a consensus document is currently being drafted by the meeting's attendees on the state of the art, and where the field needs to head in both the short and longer term with regard to both measures of threat to life as well as threat to function. It was unanimously agreed that this group will meet on an annual basis.

Term of reference b) Major Activities

5. Develop comparability ratios for ICD-10 mortality statistics in Canada

The following work is being performed by Statistics Canada in support of this activity:

- Publish preliminary comparability report, based on 1999 mortality data (to be completed 2004) with release of 2000 mortality statistics
- Publish final comparability report
- Promote the use and understanding of comparability ratios through educational seminars and conference presentations (ongoing from 2003). A half-day presentation, "Assessing the Impact of the Implementation of ICD-10 on Canadian Mortality Trends", has been developed in English and in French. The presentation has been given to two groups of Health Information Partnership analysts in Ontario and two groups of analysts in Quebec. All four groups represent analysts doing research at the health region level of geography.

Term of reference c) Major Activities

1. Committee of Heads of WHO-FIC Centres

The Centre Head participates on the Planning Committee for the 2004 Collaborating Centres/WHO-FIC Network meeting in Reykjavik, Iceland scheduled to take place on October 24-30. This involved participation in a face-to-face meeting in Helsinki, Finland on April 28, 2004, several conference calls and numerous e-mail exchanges.

The Centre Head and a representative of CIHI also participated in a planning meeting on ICD revision in Helsinki, Finland, on April 25-27, 2004. The Centre Head, in her capacity as Chair of the WHO-FIC Education Committee, will participate in a WHO Consultation on the WHO Business Plan for Classifications in Geneva on November 1-2, 2004.

2. WHO-FIC Implementation Committee

Canadian and U.S. representatives participate in working sessions of the WHO-FIC Implementation Committee during annual Centre Heads meetings and have prepared papers for discussion by the Committee at the Reykjavik meeting.

3. WHO-FIC Education Committee

The Centre Head chairs and directs the work of this Committee, which assists and advises WHO in improving the level and quality of use of the WHO Family of International Classifications (WHO-FIC) in Member States by developing a training and credentialing strategy for the WHO-FIC, identifying best training practices and providing a network for sharing expertise and experience on training. Representatives of NCHS, CIHI and Statistics Canada participate on the Committee. The Committee meets during the annual WHO-FIC Network meeting and communicates by e-mail and conference call during the year. Other Canadian and U.S. representatives also participate in the work of the Committee, along with several collaborating centres. During 2004, the Chair organized a separate three-day meeting in Prague, Czech Republic to progress work on an international training and certification program for ICD-10 mortality and morbidity coders. A business plan for this program will be presented at the 14th Congress of the International Federation of Health Records Organizations in October 2004. A detailed description of the Committee's accomplishments and future plans is contained in the 2003-2004 Status report by the Chair for the Reykjavik meeting and related papers. The Committee has developed new terms of reference, which integrate training issues for ICF into its work plan. A discussion paper on developing an international education plan for ICF has been prepared for a joint session of the Implementation and Education Committees in Reykjavik.

4. Mortality Reference Group

The North American Collaborating Center (NACC) organized and chaired the Mortality Reference Group (MRG) until March 2002, when Dr. Harry Rosenberg retired from the National Center for Health Statistics (NCHS). NCHS continues to serve as Executive Secretary to the MRG (Donna Hoyert), and several other NCHS and Statistics Canada staff participate in the face-to-face meetings and periodic conference calls. The MRG organized separate meetings in 2002, 2003 and 2004. An additional meeting is being organized prior to the 2004 WHO-FIC Network meeting in Reykjavik.

5. Update Reference Committee

Canadian and U.S. representatives participate in the Update Reference Committee, reviewing and commenting on documents and participating in face-to-face meetings and teleconferences.

6. Family Development Committee

The Centre Head and NCHS staff participate in the multiple work products of the Family Development Committee (FDC). The Centre Head participated in the FDC meeting in Helsinki, Finland on April 29. Since the 2003 WHO-FIC Network meeting in Cologne, NCHS is co-chairing the FDC Terminologies Working Group.

7. Electronic Tools Committee

Canadian and U.S. representatives participate in face-to-face meetings and e-mail discussions of the Electronic Tools Committee.

Term of reference d) Major Activities

1. Study and participate in activities related to terminologies

Donna Pickett, Medical Systems Administrator at NCHS, co-chairs the Terminologies Working Group of the WHO-FIC Family Development Committee with Dr. Peter Goldblatt, Head of the UK Centre.

The Centre Head and several other NCHS/NACC staff have participated in the Consolidated Health Informatics (CHI) Initiative in the Department of Health and Human Services in 2002-2004. This initiative is a collaborative effort to adopt federal government-wide health information interoperability standards (health vocabulary and messaging standards). A separate paper by Greenberg and Pickett describes the terminology standards adopted to date under this initiative and plans for developing maps between terminologies and classifications.

NCHS continues to represent the Department of Health and Human Services (DHHS) on the SNOMED International Editorial Board through Dr. David Berglund. The SNOMED International Editorial Board is responsible for the scientific direction, editorial processes, and scientific validity of SNOMED CT. In 2003, the National Library of Medicine (NLM), on behalf of the Department of Health and Human Services, entered into an agreement with the College of American Pathologists (CAP) for a perpetual license for the core SNOMED CT (Systematized Nomenclature of Medicine, Clinical Terms) in both English and Spanish with ongoing updates. The terms of this license make SNOMED CT available to U.S. users at no cost through the Unified Medical Language System (UMLS) Metathesaurus.

The UMLS is available from the NLM. It incorporates, links, and distributes in a common format 100 different biomedical and health vocabularies and classifications. The addition of SNOMED CT required modification of the structure of the UMLS to support source transparency of SNOMED CT, such that the entire terminology can be obtained and extracted from the UMLS Metathesaurus. The license for the UMLS also was revised, to properly represent the license for use of SNOMED CT. Details regarding the SNOMED CT license and obtaining the UMLS Metathesaurus are available from the following URL.
http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html

Dr. Berglund has actively participated in the SNOMED Convergent Terminology Workgroup for Mapping. The workgroup's mission is to provide a forum for the discussion of mapping topics related to SNOMED CT such as guidelines, best practices, validation and maintenance to ensure high quality mappings. Use cases have been developed for the existing SNOMED CT mappings to classifications including ICD-9-CM, ICD-10, and ICD-O-3. Initial work has been done toward development of a more sophisticated rule-based mapping with ICD-9-CM. The existing ICD-9-CM map is available under the U.S. federal use license.

Mappings with nursing terminologies have also been developed, but these have generally been handled in the separate workgroup for nursing. The nursing terminology mappings are available directly from the College of American Pathologists, for additional fees (these are not included under the U.S. federal use

license). There has been consideration of use cases for mappings with other terminologies, including CPT, ICD-10-AM, and ICD-10-CM. Additional use cases for other mappings will be considered in the future, including mappings with ICF, with HL7, and with the CDC immunizations classification.

Term of reference e) Major Activities

1. Establish and conduct North American Clearinghouse on ICF

NACC ICF Clearinghouse activity began as an in-house NCHS activity in October 2002 with monthly or bimonthly informational announcements to a primarily U.S. and Canadian email "group". Anyone is able to request to receive the monthly announcements by sending an email with complete contact information to Paul Placek at pjp2@cdc.gov or Linda Washington at LRWashington@cdc.gov. Links within the NCHS ICF website http://www.cdc.gov/nchs/about/otheract/icd9/ and the Canadian ICF website http://www.cihi also provide information on how to receive or send in Clearinghouse information. All previous messages are archived and can be viewed at http://www.cdc.gov/nchs/about/otheract/icd9/icfhome.htm. Topics include types of ICF effort (new grants and contracts for ICF work; using the ICF as a code set to record and classify functional status; pilot studies on coding records with ICF; survey applications of ICF; coding with ICF; preparing ICF codebooks and procedures manuals; addressing strategies for ICF implementation; discussing ICF assessment tools cross walked with other assessment tools; basic ICF research; developing ICF training tools; and identifying ICF educational needs), as well as topics within the ICF itself (body functions and structures, activities and participation, environment, qualifiers). The ICF summaries include contact information, purpose and type of study, etc. for those submitting the information in order to promote collaboration, sharing of expertise, and avoid duplication of effort. Each month “Spotlights” a different U.S. or Canadian ICF expert. Of well over 600 subscribers, about one-fourth are government, one-fourth are university-based, and half are commercial users. By country, three-fourths are U.S., one-fifth are Canadian, and the rest are other international. By the time of the Heads meeting in Iceland, 25 monthly messages will have been posted on the NACC Clearinghouse on ICF. To our knowledge, it is the only ICF Clearinghouse of its type in the world.

Term of reference f) Major Activities

1. Develop international training courses in ICD-10 mortality coding

NCHS mortality medical coding staff have developed two international courses (underlying cause coding and multiple cause coding) oriented to training trainers to code ICD-10 mortality data. The international curriculum on mortality medical coding oriented to automation is an outgrowth of the NCHS International Collaborative Effort (ICE) on Automating Mortality Statistics.

NCHS staff held international ICD training courses in March and September, 2004 at the NCHS coding facility in Research Triangle Park, North Carolina. The training program covered ICD-10 mortality medical coding oriented to the NCHS automated coding system (SuperMICAR, MICAR, ACME and TRANSAX). The courses are designed for countries that are considering the development of an automated coding system for cause of death information. The March course, lasting 3 weeks, covered basic underlying cause of death coding concepts. The September course included 3 weeks on basic multiple cause of death coding practices and a 3-day course on the management of the PC-based automated coding system. The courses are similar in content to the domestic training courses that NCHS offers, but are longer (3 weeks rather than 2) and class size is smaller (no more than 10-12 participants). The March course had 8 participants, while the two September courses had 9 participants. All course instruction is in English. There is no tuition charge for the course, but participants are responsible for their transportation, housing and per diem expenses.

Term of reference f) Major Activities

2. Develop Code ICF training tool

Code ICF, long in development and stalled for one year's worth of administrative and personnel reasons, is now back on track. In its draft, mostly complete, and un-reviewed state, it can now be viewed at:
http://wsroom.westernu.edu:88/icftraining/index.html
A large amount of WHO input has been received, and most has been implemented as of this writing (September 23, 2004). Code ICF is interactive, web-based training on ICF. The NCHS-contracted vendors are Drs. Gretchen Swanson and LeeAnne Carrothers of Western University. Early in 2004, feedback and progress were monitored and revisions made based on conference calls with Swanson and Carrothers, WHO (usually Nenad Kostansjek and Jerome Bickenbach), and NCHS (Paul Placek). Code ICF will be free to all on the WHO website. Video clips from the Bethesda ICF tapings have been integrated into Code ICF, and permissions have been obtained from those in the video clips. The video clips include text of spoken words in Code ICF for the hearing impaired. Photo winners from the WHO ICF photo contest have also been woven into Code ICF, as well as eye-catching colorful graphics. Code ICF has not yet been evaluated and approved by the Heads of Collaborating Centers or WHO, and that activity is next.

Term of reference f) Major Activities

3. Identify Educational Needs and Core Curriculum for WHO-FIC

As Chair of the Subgroup on Training and Credentialing, the NACC Head directed development of documents on Educational Needs for ICD Mortality and Morbidity Coders, which should be met by core national and international curricula. The draft documents are included in the Subgroup's status report for the Cologne meeting. They are a component of the International Training and Credentialing Program for Mortality and Morbidity Coders, which is being developed by the Subgroup in conjunction with the International Federation of Health Record Organizations. The Subgroup has gathered information on ICD training materials available from collaborating centres and regional offices and will ask proprietors of these materials to report on the extent to which individual products cover the topics in the educational needs documents. This will help identify gaps.

Term of reference i) Major Activities

1. Interventions and Procedures

CIHI developed and implemented the Canadian Classification of Interventions (CCI) in 2001. It was updated and re-released in 2003 along with the ICD-10-CA. From 2001-2004, nine provinces and all three territories adopted CCI for morbidity reporting. By 2006, all jurisdictions will be using ICD-10-CA/CCI for the collection and reporting of morbidity data. This expertise and experience is expected to contribute to international work on interventions classification.

WHO Collaborating Center for the Family of International Classifications
For North America

Work Plan 2004-2008

The work of the WHO Collaborating Center for the Family of International Classifications for North America is carried out in the United States and Canada. The North American Collaborating Center (NACC) is located at the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, Hyattsville, MD, U.S.A. All NACC activities in the United States are carried out under the umbrella of NCHS. Within Canada, activities are shared between Statistics Canada and the Canadian Institute for Health Information (CIHI). Both the U.S. and Canada have multiple responsibilities related to the NACC Terms of Reference. The work plan below is presented by term of reference and location. The budget for these activities is the responsibility of the respective organizations.

Terms	Activities	Responsible Party	Outcome	Deadline
To promote the development and use of the WHO family of international classifications (WHO-FIC) including the International Statistical Classification of Diseases and Health Problems (ICD), the International Classification of Functioning, Disability and Health (ICF), and other derived and related classifications and to contribute to their implementation and improvement in the light of practical experience by multiple parties as a common language	Promote the development and use of ICD-10 for mortality statistics in the United States, including development of training materials and conduct of courses	Division of Vital Statistics (DVS), National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC)	Implement ICD-10 for mortality effective with deaths occurring in 1999 as collaborative effort with the States	Implementation began with data year 1999
			Publish preliminary and final mortality data annually, including general mortality, leading causes of death, life tables and infant mortality	Ongoing
	-Revise U.S. Standard Certificates of Birth, Death, and Fetal Death taking into account recommendations of ICD-10	DVS, NCHS, CDC, with other U.S. Federal agencies and the States	Implementation of revised certificates	2003-2007
	-Move towards an electronic death registration system	DVS, NCHS, CDC	Develop and implement in States	2004-2008
	Promote the use of ICD-10 through technical assistance to other countries	DVS, NCHS, CDC	Adopt international standards in data collection, processing, quality control, and analysis in requesting countries (currently, Eastern Europe and South Africa)	Ongoing
	Promote the use of ICD-9-CM for morbidity applications in the United States	Classifications and Public Health Data Standards (CPHDS), Office of the Center Director, NCHS, CDC	Maintain classification and produce annual updates on CD-ROM	Ongoing
			Participate in national process for developing and updating coding guidelines	Ongoing
	Develop, implement and promote the use of ICD-10-CM for morbidity applications in the United States	CPHDS, NCHS, CDC	Incorporate results of pilot test of clinical modification of ICD-10 (ICD-10-CM)	2004
			Develop training materials for ICD-10-CM	2005-2007

Terms	Activities	Responsible Party	Outcome	Deadline
			Develop database version of ICD-10-CM	2003-2005
			Develop crosswalks	2004-2005
			Implement ICD-10-CM for morbidity applications in US	Subject to HIPAA regulations
	Promote the development and use of ICD-10 for mortality statistics in Canada, including development and presentation of training courses	Statistics Canada	Implement ICD-10 for mortality in collaboration with provinces and territories	Implemen-tation began in data year 2000
			Publish 2002 mortality data	2004
			Publish mortality data annually	Ongoing
	Develop, implement and promote the use of ICD-10-CA for morbidity applications in Canada, including development and conduct of education programs	Canadian Institute for Health Information (CIHI)	Conduct staggered implementation with provinces and territories	2001-2005
			Update bi-annually	ongoing
	Promote the development and use of the ICF in the United States	CPHDS, Office of the Center Director, NCHS	Organize NACC conferences on ICF	2004 in Halifax, NS 2005 planned in Rochester, MN
			Research and Develop crosswalks with major assessment tools	2004-2005
			Serve as reviewers or technical consultants on ICF research funded by other agencies	Ongoing
			Present ICF topics at monthly meetings of the Interagency Subcommittee on Disability Statistics and its parent committee, the Interagency Committee on Disability Research	Ongoing
			-meet with federal agencies	2004-2008
			Develop research agenda	2004-2005
			Seek funding for research projects	2004-2008
			Edit Volume 3 in Disability and Health: A NACC ICF Research Agenda (Nova Science)	Summer 2005
	Develop Code ICF training tool (see below)			

Terms	Activities	Responsible Party	Outcome	Deadline
	Promote the development and use of the ICF in Canada	CIHI	Planned and co-hosted the 10th Annual NACC Conference on ICF in Halifax, NS Participate on planning group for 2005 conference. Summarize ICF activities in Canada for Reykjavik meeting	2004 2004-2005 2004
To contribute to the development of methodologies for the use of the WHO-FIC to facilitate the measurement of health states, interventions and outcomes on a sufficiently consistent and reliable basis to permit comparisons within countries over time and within and between countries at the same point in time. This includes the creation of comparable lists, correspondence tables, and comparability studies.	Develop comparability ratios for ICD-10 mortality statistics in the United States	DVS, NCHS, CDC	Release final comparability data file Publish final comparability study	2004 2004/2005
	Implement International Collaborative Effort on Automating Mortality Statistics	DVS, NCHS, CDC	Held planning meeting in Prague, Czech Republic Coordinate assistance and training to countries interested in implementing automated systems Conducted Automation Seminar in Prague	June 2004 Ongoing 2004
	Provide leadership to DISTAB project	CPHDS, NCHS, CDC	Held final meeting Conducted teleconferences, convened meetings, facilitated preparation of reports and articles	June 2004 2004
	Participate in International Collaborative Effort on Injury Statistics	CPHDS, NCHS, CDC and Division of Analysis, Epidemiology and Health Promotion (OAEHP), NCHS, CDC	Held working group meeting in Vienna, Austria Conduct 5-year Strategic Plan	2004 2004-2008
	Develop comparability ratios for ICD-10 mortality statistics in Canada	Statistics Canada	Publish preliminary bridge coding study Publish final bridge coding study	2004
	Participate in International Collaborative Effort on Automating Mortality Statistics	Statistics Canada	Participated in planning meeting in Prague, Czech Republic Participated in delivery of Automation Seminar in Prague	2004 2004
To support the work of the various committees and work groups established to assist WHO in the development, testing, implementation, use, improvement, updating and revision of members of the WHO-FIC	Committee of Heads of WHO-FIC Centres	Head, North American Collaborating Center (NACC), NCHS, CDC	Participate in planning for 2004 Annual meeting of Collaborating Centres in Reykjavik Attended planning meeting Participate in planning meeting/conference calls	2004 April 2004 Aug 2004 Sept. 2004
	WHO-FIC Implementation Committee	NCHS, CIHI	Participate in meetings and e-mail exchanges	Ongoing

Terms	Activities	Responsible Party	Outcome	Deadline
	WHO-FIC Education Committee	NACC Head Chairs Committee. NCHS (CPHDS and DVS), CIHI and Statistics Canada participate	Held 3-day meeting in Prague. to progress work plan	May 2004
			Revised Definitions, Skill Levels and Functions document	2003
			Develop International Training and Certification Program	2004-2008
			Circulated ICD Needs Assessment Questionnaires	2004
			Develop core curricula (see below)	2003-2004
			Update inventory of training materials	2005
			Develop brochure (with Australian CC)	2003-2004
			Develop training strategy for ICF	2004-2005
	Mortality Reference Group	NCHS (DVS) serves as Executive Secretary, NCHS (DVS and CPHDS) and Statistics Canada participate	Participate in and document meetings of the MRG	Ongoing
			Report to Update Reference Committee and Centre Heads	Ongoing
			Review and comment on all materials and participate in meetings	Ongoing
	Update Reference Committee	NCHS (CPHDS and DVS), CIHI, Statistics Canada participate	Review and comment on all materials and participate in meetings	Ongoing
	Family Development Committee	NCHS (DPSS) and CIHI	Review and comment on all materials and participate in meetings	April 2004 and ongoing
	-Contribute to paper on Family	NACC Head and CPHDS	Paper finalized	2004
	-Attend annual meeting			2004-2008
	-Subcommittee on Hospital Discharge Data	CIHI	Full participation in project, including the submission of a full set of test data	
	-Terminologies Working Group	NCHS Co-chair (CPHDS)	Direct work of Group, prepare papers as needed	Ongoing
	Electronic Tools Committee	NCHS (CPHDS and DVS) and CIHI	Review and comment on all materials and participate in meetings	Ongoing

Terms	Activities	Responsible Party	Outcome	Deadline
To study aspects related to the structure, interpretation and application of members of the WHO-FIC including those concerning taxonomy, linguistics, terminology and nomenclature.	Monitor and participate in developments	NCHS, Statistics Canada and CIHI		Ongoing
	Represent DHHS on SNOMED Editorial Board	CPHDS, NCHS, CDC	Represent needs of WHO Family of International Classifications and ICD-9-CM	Ongoing
	Participate on SNOMED Convergent Terminology Work Group for Mapping	CPHDS, NCHS, CDC	Represent NCHS and DHHS	Ongoing
	Promote development of CAP and NCHS-approved crosswalk between SNOMED and ICD-9-CM and ICD-10-CM	CPHDS, NCHS, CDC	Work towards approved crosswalks	2004-2005
	Conduct tutorial on Understanding the ICF in the Terminology Spectrum for Human Function and Disability; videotape	CPHDS, NCHS, CDC and CIHI	Approximately 65 persons attended tutorial	June 2004
	Participate in WHO-FIC Terminologies Working Group			Ongoing
To network with current and potential users of the WHO-FIC and act as a reference centre (e.g. clearinghouse for good practice guidelines and the resolution of problems) for information about the WHO-FIC and other health-related classifications including: • the availability, suitability and applicability of the classifications for different purposes • coding practices • availability of tools for implementation • data analysis and interpretation	Act as reference center	NCHS, Statistics Canada and CIHI		Ongoing
	Establish and conduct North American Clearinghouse on ICF	CPHDS, NCHS, CDC and CIHI	Prepare monthly messages received by over 600 subscribers	2004-2008
To prepare teaching materials and to organize and conduct training courses on the implementation and use of the WHO-FIC. To contribute to the development of common international training tools and Internet-based applications by preparing translations and adaptations of the tools.	Develop international training courses in ICD-10 mortality coding	DVS, NCHS, CDC	Conduct international training courses	2004-2008
	Develop Code ICF, a web-based training tool for ICF	CPHDS, NCHS, CDC	Complete and turn over to WHO for coordination and maintenance	2004
			Support by contracts various updates to CODE ICF, if requested by WHO	2004-2008
	Identify educational needs and core curriculum for WHO-FIC	Education Committee	Develop and "vet" documents with WHO-FIC Network and IFHRO	2004
To assist WHO Headquarters and the Regional Offices in the preparation of members of the WHO-FIC and other relevant materials in the English language and to act as a reference centre for that language on all matters		NCHS, Statistics Canada and CIHI		Ongoing

Terms	Activities	Responsible Party	Outcome	Deadline
related to the WHO-FIC				
To provide support to existing and potential users of the WHO-FIC and of the data thus derived in North America and other English-speaking countries.	Respond to queries, hold training sessions and publish papers and reports Provided technical assistance to South Africa on automated cause-of death coding	NCHS, Statistics Canada and CIHI NCHS (DVS and CPHDSS)	Held conference calls and provided support through electronic mail. Staff of Statistics South Africa report that the system is working well and is successfully processing more than 90 percent of death records.	Ongoing 2004
To work on at least one related and/or derived member of the WHO-FIC Specialty-based adaptations: -Primary care adaptations -Interventions/procedures -Injury Classification (ICECI) -Service Classification	Participate in meetings of Family Development Committee Contribute expertise and experience to international work on interventions classification Provide nosological support to ICECI, as needed	NACC Head CIHI, NCHS (CPHDS) NCHS (CPHDS and OAEHP), CDC	Meeting held in Helsinki, Finland Participate in discussions at annual meetings of WHO-FIC Network and FDC ICECI approved as a related member of the WHO-FIC in 2003	April 2004 ongoing ongoing
To participate in the Quality assurance procedures of the WHO-FIC classifications regarding norms for use, training and data collection and application rules.	Develop materials and tools, prepare papers Improve quality in mortality medical data collection (education of physicians) Advance International Training and Certification Program for ICD-10 Mortality and Morbidity Coders	NCHS, Statistics Canada and CIHI DVS, NCHS, CDC Education Committee, NCHS, Statistics Canada	Present activities and findings at annual WHO-FIC meetings Develop materials, prepare papers Present proposed Program at IFHRO-AHIMA meeting, October 2004; Develop joint Work Group	ongoing ongoing 2004-2008