WHO-FIC Education and Implementation Committee

WHO-FIC – Meeting

Brasilia – Brazil

Session 1: 15 October 2012 13:30-15:00

1.1 Opening and welcome

The first session of the Education and Implementation Committee (EIC) in Brasilia, Brazil was held on the afternoon of 15 October 2012. Approximately 40 participants from 16 countries, two NGO's, WHO Headquarters and the Pan American Health Organization (PAHO) attended the meeting. Co Chairs, Sue Walker and Cassia Maria Buchalla, welcomed the attendees and requested rapporteurs; Marjorie Greenberg agreed to serve as rapporteur for this session. The agenda was reviewed and the meeting objectives were discussed. Nenad Kostansjek, WHO Officer, then explained the rules for the election of co-chairs.

1.2 Election

This being an "even year", all WHO-FIC Committees and Reference Groups will elect new co-chairs. Nenad expressed appreciation to Sue and Cassia for their exemplary service in co-chairing the Education and Implementation Committee (EIC) for the past two years, which was warmly acknowledged by the attendees. Nenad further announced that both had agreed to stand for a second term and that there were no additional candidates. After reviewing the eligible voting members from Collaborating Centres and NGO's, Nenad asked for the re-election of Sue Walker and Cassia Maria Buchalla by acclamation. This was affirmed by a show of voting member hands and applause by all in attendance.

1.3 Terms of Reference

Cassia presented the Committee's terms of reference (TOR), explaining that they are reviewed on an annual basis and are available on the EIC website, maintained by the North American Collaborating Centre (http://www.cdc.gov/nchs/icd/nacc_education_committee.htm) and also on the WHO Workspace site (https://workspace.who.int/sites/FIC-Network/FICNetworkWorkspace/default.aspx) . The Education Committee and Implementation Committee have been an important component of the Collaborating Centre working structure since 1999; in 2010, they were merged as a single committee with terms of reference to "assist and advise WHO and the WHO-FIC Network in implementing the WHO Family of International Classifications (WHO-FIC) and improving the level and quality of their use in Member States". Hearing no suggestions for changes to the TOR, Cassia confirmed their continuing relevance and moved to a discussion of the EIC Strategic Work Plan.

1.4 Strategic Work Plan

Cassia noted that some recent changes had been made to the EIC Strategic Work Plan, combining the work on the ICD and ICF Implementation Databases into one product or deliverable, with two modules. The other products include the following:

- ICD and ICF eLearning Tools
- International Training and Certification Program
- Educational materials, including a suite of Information Sheets
- Briefing kit for new Centre Heads and Collaborating Centres
- Papers and posters on best practices for training and implementation
- Work on ICD-11 Volume 2

Sue suggested some future items for the Work Plan, which had been raised at meetings over the weekend:

- The Family Development Committee is interested in working with EIC on educational materials for the International Classification of Health Interventions, which is now a partial alpha draft.
- The Mortality Reference Group (MRG) is recommending a new medical certificate of cause of death, which also will require educational materials.

Margaret Skurka, representative of International Federation of Health Information Management Associations (IFHIMA), reminded the Committee that as it takes on new tasks, it has to be mindful of what work products have been completed or can be removed from the list.

1.5 International Training and Certification Program

1.5.1 Update on the Mortality Exam

Cassia explained that the exam for underlying cause-of-death mortality coders was originally developed about seven years ago by the Education Committee, in partnership with the Mortality Reference Group (MRG) and IFHRO. The exam contains 100 questions and has been pilot tested in several countries, resulting in the awarding of certificates to coders and trainers who successfully challenged the exam. There is a need to expand the question base, to keep it fresh and add new concepts. This requires achieving full consensus of MRG members on the correct underlying cause of death, codes and rules used for answering each new question. As when the exam originally was developed, this has proven to be quite challenging. Of 86 new questions developed in collaboration with MRG members, there was full agreement on only 22% of the answers. However, there is a high possibility of achieving consensus on the answers for another 40 of the questions, which are being re-evaluated.

1.5.2 Update on the Morbidity exam

Sue reported on progress regarding the morbidity exam, on behalf of the developers, Joon H. Hong and Carol Lewis, who could not attend the meetings in Brasilia. For several years, the

Education Committee discussed the possibility of developing an exam for morbidity coders to test the quality of morbidity coding in a country. It was understood that a morbidity exam could not be offered for certification because of the different versions of ICD-10 and the varying rules used for morbidity coding across member states. Joon and Carol began developing an exam in 2010, which is based on the WHO version of ICD-10, using the morbidity rules in Volume 2. This exam, which contains 20 multiple choice questions, 30 coding diagnosis questions, 10 short scenarios and five long scenarios, now has been pilot tested in Korea, Japan, Jamaica, Sri Lanka and Sweden. Since the 2012 mid-year meeting in Washington, D.C., Joon and Carol have developed a description of the exam and an application form for countries wishing to conduct it. Sue noted that one important component is to maintain the confidentiality of the exam so it can be offered widely. Most recently, Dr. Gemala Hatta has submitted an application for conducting the exam in Indonesia, with the intent to translate the scenarios but not the questions because Indonesian morbidity coders currently code in English. The exam is scheduled to be conducted on November 24.

Dr. Ruy Laurenti, Head of the Brazilian Collaborating Centre, observed that assessing the quality of mortality and morbidity coding is excellent. However, he questioned the feasibility of assessing morbidity coding in the same way as mortality coding because of the unclear morbidity coding rules in Volume 2 and differences in the way main condition is defined. Sue agreed with Dr. Laurenti that the situation is more complicated for morbidity coding globally and noted that this is why the EIC's approach to assessment is more limited. She also mentioned that the Morbidity Topical Advisory Group for ICD-11 is addressing the problem of unclear morbidity rules that lead to lack of comparable data.

1.6 Regional Training and Certification: Outreach Activities

Marjorie Greenberg briefly reviewed the history of the International Training and Certification Program (ITCP), of which the mortality and morbidity exams are a major component. Although the exams need to be the same internationally, they are administered regionally and at the local level, as are training programs. For this reason, starting in 2010, EIC committed to a regional approach for promoting the ITCP. Papers on this approach and plans for regional outreach were presented at the 2010 WHO-FIC Network and IFHIMA meetings. In 2011, EIC communicated with WHO Regional Advisors and IFHIMA Regional Directors, to introduce them to each other and to raise awareness of educational products developed by EIC and IFHIMA. Each regional leader and WHO-FIC Collaborating Centre received a CD-ROM of those products and a questionnaire requesting feedback on the utility of the products. Responses were received from four of the six WHO Regional Advisors, four of the five IFHIMA Regional Directors and seven collaborating centres.

A paper summarizing the response to this outreach effort was presented in Cape Town and subsequently distributed to all Regional Advisors, Directors and Collaborating Centres. Subsequently, one additional response was received from a Collaborating Centre. Additional CD-ROMs also were distributed. Respondents were generally positive about the EIC products,

appreciative of the EIC's work and supportive of developing more partnerships to improve the quality of mortality, morbidity and disability data. The International Training and Certification Program was seen as a good vehicle for supporting health information management professionals.

Regional outreach and approaches continued to be discussed at the 2012 mid-year EIC meeting, where PAHO described extensive training and capacity building in the region and future plans. The latter included a partnership with the North American Collaborating Centre (U.S. National Center for Health Statistics [NCHS]) and the Caribbean Epidemiology Centre to provide training of mortality coders in the English-speaking Caribbean. At this meeting in Brasilia, PAHO is reporting on recent outreach activities since the mid-year meeting, and there also is a poster by Tyringa Crawford, Celia Dickens and Sarah Quesnel on the successful two-week mortality training course held in the Caribbean in June. This training used pre-classroom materials from NCHS, as well as the ICD-10 web-based training tool, and was provided to 25 students from 22 countries. One outcome is the establishment of a Caribbean mortality coders' network.

Patricia Soliz then presented information on the Americas Family of International Classifications Collaborating Centres and National Centres Network, which was established by PAHO in 2011. The second meeting of the Network was held in Havana, Cuba in March 2012 and included the North American Collaborating Centre and the English-speaking Caribbean countries. A major focus of the network is on training and on improving the quality of coded data. PAHO believes that the Collaborating Centres and National Offices make the activities in the region sustainable. There currently are four Collaborating Centres (NACC, Brazil, Venezuela and Mexico) and a growing number of National Centres. Cuba, which is a National Centre, also is applying for Collaborating Centre status. The benefits of the Network are sharing and collaboration on goals, projects and skills. Patricia travelled throughout the region this past summer to support training courses and meetings and establish national centres in South America and Central America. Other PAHO activities include development of an inventory on training and human resources for the WHO-FIC. Although the international exams haven't yet been conducted, they have been translated into Spanish and Portuguese, and selected questions have been used in training. Work also is underway with ICF stakeholders. In addition, there are plans to take an active role in ICD-11 field testing. PAHO has an extensive website and a portal dedicated to EIC.
http://new.paho.org/hq/index.php?option=com_content&view=article&id=6121&Itemid=3873&lang=en

Sue congratulated PAHO, the Collaborating Centres and the country offices on exemplifying the regional approach that EIC has been promoting. Others also recognized the outstanding work in the PAHO region and saw it as a model for all WHO regions. Shared goals articulated were to keep coders and others permanently up to date, teach cause-of-death certification to physicians and reinforce the importance of statistical data. This provided a good segue into the final session topic of EIC Information Sheets

1.7 Information Sheets

Kathy Giannangelo and Rita Scichilone have been working for nearly two years on an Information Sheet on the relationship between classifications and terminologies. This is a topic that has been discussed by the collaborating centres for many years. The most recent version, presented at the September 2012 EIC teleconference, incorporated all of the comments received to date. The Information Sheet now has been provided to Dr. Bedirhan Ustun, who had commented on an earlier version. Dr. Ustun agreed on the importance of the topic but asked for the IHTSDO-WHO Joint Advisory Group (JAG) to review the document at its December meeting to assure that it includes the JAG's vision for classifications and terminologies working together. After taking into account any comments from the JAG, EIC should be able to approve the Sheet in a teleconference in early 2013.

Marjorie reported that all of the previously approved Information Sheets have been updated after review and comment by the original authors and EIC members. The updated Sheets, all of which were made available for the September teleconference, were now approved at this meeting by acclamation. The Sheets will be updated on an annual basis and are available for translation; PAHO plans to translate all of them. One new Information Sheet, on Automated Coding Systems for Mortality Data, has been proposed, and there is a volunteer to work on this. Suggestions for other topics and volunteers to draft new Information Sheets also are welcome.

Session 2: 16 October 2012 13:30-15:00

2.1 Opening and welcome

Co Chairs, Sue Walker and Cassia Maria Buchalla, welcomed the attendees and requested rapporteurs; Margaret Skurka and Kathy Giannangelo agreed to serve as rapporteurs for this session. The agenda was reviewed and the meeting objectives were discussed. Approximately 50 participants from 20 countries, 2 NGO's, WHO Headquarters and the Pan American Health Organization (PAHO) attended the meeting.

2.2 ICD-11 and Role of EIC – Robert Jakob

Robert Jakob presented what WHO expects to be the role of EIC in the ICD-11 revision process. He explained the concept of Volume 2, which was reviewed by the EIC during the midyear meeting in Washington D.C. It is the reference guide for using ICD and its integration in future training is very important. As a guide, it must be friendly to the user and include good examples.

Robert explained that those doing training should have instruction regarding the requirements for the field trials of Volume 2. Training materials must be produced. Robert discussed the creation of a database or 'knowledgebase' as a repository of instructions, learning examples, training questions attached to the iCAT, browser and the mortality rule base. This means that changes to classification materials made to one product can be replicated in parallel in other

products, therefore maintaining consistency. Questions were raised regarding the training for ICD-11. Should it be by bringing people to one central location for training of trainers in ICD-11 or developing a DVD, internet based materials or print documents? Answer: All such methods possible and a decision needs to be discussed and agreed before field testing is rolled out. A core group could possibly develop materials. Robert reported on the status of Volume 2 after the review and revisions made by the EIC during 1.5 days in Washington in March. He explained that contributions have been used to create an edited version but this draft is not ready yet for EIC to review again. Robert noted that Volume 2 has been a cumbersome product to work with to date because it is a Word document. Sue Walker commented the relevant pieces of the classification need to be stable as well as Volume 2 before field testing commences.

2.3 ICD and ICF Implementation Database—Marjorie Greenberg and Huib ten Napel
Marjorie Greenberg explained that the ICD database exists but it is not updated nor user friendly. Recommendations have been made to improve it but have not yet been implemented. The ICD database needs to include reports that provide information on basic statistics and implementation per country for ICD-10 for morbidity and mortality. Huib ten Napel reported that the structure of the ICF database is ready, a work sponsored by the Netherlands Ministry of Health, and it has been proposed that the ICD-10 database be aligned with the ICF module. The ICF modules were based on the ICF-INFO 1, work by the Dutch Centre completed in 2006. Additional work was done by the Italian Centre in 2010-11. He explained that the update started 2.5 years ago and is called the ICF 2 database. The starting point was the ICF questionnaire but it has been expanded to include general questions, all on a generic level and for use in a web-based platform.

Molly Meri Robinson reported that the idea is now to have one database for the WHO-FIC, incorporating the two initial modules on ICD and ICF using the new ICF format. In the future, other WHO-FIC family members can be added. It will be a web based platform and information can be entered, sections can be edited and reports will be available.
The next steps will be to align and merge the questionnaires on implementation of the Family of International Classifications (ICF, ICD). The questions need to be rationalized and allow for future expansion. As such, general questions will come first, then ICD-10 and ICF specific questions. The purpose is to link with the Global Health Observatory (GHO)—WHO's gateway to health related statistics around the world. GHO theme pages covering Millennium Development Goals, Mortality and Burden of Disease, Non Communicable diseases, Infectious diseases, violence and injuries etc. have been developed, and an agreement has been reached to support this information with metadata from the implementation database. The output reports, graphs and other data representations need to be designed and the Dutch Centre will be involved in future developments.

The EIC discussed the need to review the questions asked and to make recommendations about who is responsible for responding to/answering the questions. Reviewing the questions will become an activity for the EIC's forward work program. Sometimes, very basic information is

received, sometimes duplicate or even conflicting information is provided by different people. Clarifying the questions may assist with getting better responses.
The database needs to be user friendly and translated as appropriate. WHO is also trying to find ways to harmonize initiatives so there is no duplication of work among countries. Collaborating Centres may be able to help to accurately complete the information. But how do we work where there is not a Collaborating Centre or where networks do not exist? PAHO has supported collection of some of the required information and this is a good starting model. Regional offices have some authority to say which institution is most suitable to respond to the questions and which have the relevant information that needs to be provided. Success depends on regional offices taking this on and reaching out to suitable individuals to populate the information. As it will be a web based questionnaire, the question of internet access was raised as it is not a reality for all countries. A suggestion was made to set time at a regional meeting to complete the questionnaires.

Nenad asked how to link the regional programs with the WHO work. It is important that what is done at Global level meets the needs of the regions. Data must be useful, meaningful and not duplicative. We have opportunity to present metadata in the GHO, starting with mortality implementation data and use, and later to expand it to morbidity and disability data.

2.4 Update on ICF web based training tool - Melissa Selb

Melissa first explained the ICF eLearning tool for those that are not familiar with this introductory training on ICF. It is an on line training tool, available in English and Spanish. Collaborating Centers are already translating it in several languages. It is structured in modules: introduction, needs, uses, aims, structure, codes, and coding with ICF, and includes a module on the overall WHO-FIC. It has also objectives, an overview and a test at the end. The eLearning tool developers received late comments from WHO headquarters and edits were requested. The goal is to have a pre-final version sent to EIC for review and commenting by December 31 and a final version ready for translating by CCs by mid February 2013. The suggestion was made to allow EIC review and commenting till the end of January. FDRG would also like the opportunity to comment during this timeline.

For the translation of the tool, it is necessary to have an agreement with WHO Press in place to cover the respective language version. There may also be an agreement for provision of technical support. Some Centers have done this. Translations are in progress in German, Spanish, French, Russian, Portuguese, Arabic, and Finnish. Japan and others have expressed interest. Nenad suggested that if there are questions that have arisen as a result of translations already begun, comments could be submitted. However there is a desire to have the English version finalized and approved first, and then the various translations can occur using this as the basis.

This is the situation regarding the introductory module. The advanced and clinical modules are not prepared. They can be done, but resources are needed to support the work. It is also

important to keep consistency in wording when preparing other modules so having the introductory modules finalized first is necessary.

2.5 Update on the ICD-10 web based training tool - Robert Jakob

Robert gave an overview of the training tool for individuals new to this product. The ICD-10 web based training tool was designed after years of input from many in the room. Overall, the tool provides around 40 hours of coding training plus other modules for certifiers and people who use coded data.

At the moment, 3 countries are working on translations and others are considering beginning translations. Updates to the training tool are needed to include changes necessary because of the ICD-10 updates, such as for the cancer code changes. There has been a request to make the tool more consistent with the diseases and coding experiences in African countries by adding some country-specific examples.

There is no overall assessment at the end of the training, but rather at the end of each section there are review questions. There was discussion about the uses of the tool and how useful it would be to be able to assess students' competency after their training. For example, the regional adviser from SEARO indicated that there are many expatriate doctors who work in the Maldives and not all understand the requirements for completion of the WHO medical certificate of cause of death. She suggested that having an assessment at the end of the death certification module in the training tool would allow the Ministry of Health to be more confident that these doctors have had some certification training before they commence work in the local hospitals.

Sue Walker reported that the EIC Facebook site is set up. She welcomed all to join the group. To request to subscribe, users need their own Facebook account first and then they can search for WHO-FIC EIC on Facebook and ask to join. There are more than 80 subscribers to date.

2.6 ICF User Guide - Ros Madden

Ros Madden reported that at this meeting, the agenda papers include the ICF User Guide itself, and also another, complementary, paper for the FDRG which outlines the history of User Guide. The User Guide is now structured to follow a Question and Answer format.

During August and September, EIC members reviewed and commented on the draft ICF User Guide. Questions were raised about the relationship of the User Guide to the introductory eLearning Module and this was clarified. Different than the introductory eLearning module, the User Guide assumes that people have basic familiarity with the ICF and want guidance and "how to" instructions with practical examples. Questions were raised about posting the User Guide on the WHO website. WHO says it will have further comments on the User Guide and wants to assure the quality of the final User Guide product. A timetable was established to move towards finalization of the document that includes having the release available on the EIC web site by 20 April 2013. The agreed timetable for the completion of the ICF User Guide is:

30 November 2012	WHO provides inputs and final comments to the FDRG writing group
31 January 2013	FDRG writing group incorporates WHO inputs
End March 2013	Final checks by EIC, FDRG, WHO
31 April 2013	Dutch Centre performs 'light edit' (advised by FDRG writing group)
May 2013	Public dissemination, possibly on EIC website

The EIC will concurrently review the draft as edits were recommended previously by members. There is understanding on the limit to new comments that can be incorporated at this final stage.

Sue Walker suggested the EIC agree to look at final draft and endorse through a teleconference, to incur no more delay. Everyone was in agreement with this suggestion.

2.7 CDC Vital Registration Improvement Project—Sam Notzon

This project is tailored to country educational needs, identified via assessment. This includes training topics of Registration, Certificate production, Verbal autopsy, ICD coding, Vital Statistics analysis, Central office functions, certification, and overview training.
The group is working on how best to do overview training. An overview training course on Civil Registration and Vital Statistics already exists but this does not include significant detail on ICD. This course will be available on the web soon. At this point, the work primarily involves African countries.

Session 3 and 4: 17 October 2012 8:00-11:30

3.1 Opening and welcome

The co-chairs, Sue Walker and Cassia Buchalla welcomed participants to Sessions 3 and 4 of the EIC Meetings and the rapporteurs were assigned: Margaret Skurka and Vera Dimitropoulos. These sessions encompassed the EIC's regular Best Practices papers, and some of the posters submitted to the EIC had been selected for presentation.
All presentations will be posted at the WHO workspace after the meeting.

3.2 Lynn Bracewell – Developing Clinical Coding Academies in NHS England

Summary:

- 2009 NHS reviewed provision of coding training
- Discussed the role of the National classification service
    - Regular development and maintenance of OPCS-4 (3 year release cycle), ICD-10 for NHS use (3 year release cycle), cross-maps from terminologies (six monthly release cycle)
    - The Health Informatics Service at the Calderdale and Hudderfield Trust worked collaboratively with NHS to develop a robust accreditation process relevant to the coding academies. NHS Clinical Coding Academies are NHS training services that are accredited by the NHS Classifications Service and offer a range of courses and

specialist services as well as being able to support demand for customised training courses. Academies represent Centres of Excellence that support the needs of clinical coders; with all courses delivered to the high standards required to support accurate, consistent and complete clinical coding.
    - Sharing of best practice
    - Networking activities with other trusts
    - Underpinning guiding principles for accreditation and expectations
- Discussed the endorsement model
    - Importance of deliverables/materials to be endorsed by NHS
    - Course material to be peer reviewed within networks
- Discussed academy exchange
    - Contribute/share materials amongst the academies to minimize duplication across academies and to ensure standardization of training material used
- Importance of flexibility was discussed in relation to the business models adapted by each of the academies. Academies are expected to meet some criteria and operate to specified standards. There is a management group that governs the operational side of the Academies and a Steering Group.
- Not a pilot project anymore
    - Currently, the National Classifications team develops training materials which provide baseline skills and knowledge for every clinical coder
    - Academies are taking ownership of national specialty workshops
    - Working collaboratively to deliver existing training materials
    - Developing an affiliation model with trained trainers
    - Future opportunities to deliver other types of training including areas such as SNOMED-CT

3.3 Marjorie Greenberg – Educational Resources for the WHO-FIC Network

Summary:

The EIC has been working on educational products since 1999 and is open to developing new products. The Committee operates on a voluntary basis. Originally the Education Committee, it operated as a subgroup to the Implementation Committee, but was merged with the Implementation Committee in 2010, forming the EIC (as education is needed for the implementation process – both before and after).

- Some of the objectives of the EIC:
    - to improve the level and quality of use of the products developed with a view to advancing comparability around the world
    - provide orientation to new WHO-FIC members at the annual WHO-FIC Network meetings
    - share best practices through presentations at the annual WHO-FIC Meetings
- Flagship materials incorporating the core curricula for ICD and ICF are the web-based training tools and other materials that are posted on the EIC website maintained by the

North American Collaborating Centre. The training tools are the result of the collaborative effort between EIC and other WHO-FIC Network committees

- Other products include:
    - Information sheets
    - Briefing Kit for new collaborating centres and new centre heads
    - International training and certification program which started in 2004 with the assistance of IFHIMA
- Training tools include:
    - ICD-10 interactive self learning tool
    - Introductory ICF e-learning tool

Marjorie urged participants at the EIC Meeting to provide feedback on all of these tools and products, specifically whether participants felt a need for other information sheets.

3.4 Lucilla Fraturra – Using ICF to assess and promote inclusive education in Italy: a bottom up approach

Summary:

Using ICF to assess and promote inclusive education has been a goal in Italy for quite some time. The Italian Ministry of Education supports the use of ICF in the assessment of educational environments. By 2011, 95 projects in this area were selected and funded.

Monitoring phase in May 2012:

- Part 1 – general information about the partnership (between schools and other institutions)
- Part 2 – collection of information about the assessment
- Part 3 – relationship between ICF based assessment and individual educational plans

The study used a number of questions posed to students and found 10 things from ICF that should be taken into account at school. In conclusion, the national project aims to support the use of ICF in order to improve the inclusive capacity of the Italian school system.

3.5 Dacio Rabello – National Register of Mortality Coders: Instrument to plan actions to improve qualifications in coding

Brazil in context:

- 27 states
- 3365 municipalities
- 190,000,000 inhabitants
- Unified health system, universal with tripartite management

The mortality information system (SIM) is only 35 years old. A time series for mortality data exists between 1976 –2011.

Data collection is decentralized and almost 90% of registrations are collected and processed at the local level. In many states registrations reach 100%.

Manual coding is performed locally, with underlying cause of death automatically selected at the national level since 1992.

32% of coders are located in 283 of the largest cities; they code approximately 72% of total deaths.
In the last 3 years R00 – R99 accounts for 7% of fetal deaths. The least specific causes account for 5% of fetal deaths.
Work Plan:

- To reactivate the network of coders and multipliers. There were 4 coding trainings held in the North – North East and 1 workshop for multipliers in 2012 (multipliers are coders that train new coders).
- There is a new process of registration of all coders working with the SIM
- Discussion forum is available on the internet
- National meeting for coders was conducted (100 participants)
- Mortality coding protocols related to critical themes (maternal, perinatal) are being revised and made public.

National registration of mortality coders:

- data base available with input via the internet, it is a module within the SIM
- 2700 coders registered in 27 states
- 3585 cities using the system
- 47 coders acting as multipliers
- More than half of the coders have achieved higher education (very few with just elementary education)
- 3% have 3 – 10 years coding experience
- Coders' links with their respective institutions are quite stable
- Approximately 71% have undertaken a formal coding course.

The presentation also highlighted which were the training centers within Brazil.

3.6 Kathy Giannangelo – Lessons learned from Phase 1 SNOMED-CT to ICD-10 Mapping Project

Summary:
Phase 1 – Scope:

- Joint Advisory Group (JAG) agreed to a joint workplan
- Not every concept was mapped, only specific concepts
- Forward mapping from source – SNOMED-CT (July 2010 version) to target - ICD-10 (2nd Edition 2008)
- 9800 concepts chosen based on data received from countries (members of IHTSDO) which were identified as common problems. The process resulted in a published map of almost 20,000 concepts
- The objective of this published map is to trial them as a semi-automated coding process, for development of ICD-10 classification codes from SNOMED CT encoded records, and to serve as a SNOMED CT to ICD-10 map validated and sanctioned by WHO and IHTSDO which may

sere as a source for development of maps to ICD-10 extension classifications developed and maintained by a member country
- Business application principles were identified
- Collaborative tooling environment was required with NHS in the UK and National Library of Medicine in the US.

Sub-project groups were formed for the areas of Education and Tooling. Testing was done of the mapping heuristics, methodology and tools.

Results indicated that on average a mapping specialist could map 6.5 concepts per hour. Twenty-nine concepts required consensus review and content validation was undertaken by representatives of WHO, IHTSDO and AHIMA. It was found that the process of mapping requires specialist skills and knowledge and that face to face training in mapping is essential.

QUESTION TIME

Discussion on first 5 presentations covered:
- Aspects of capacity building and the relationship with the update process of the classification
    - Coming to an agreement regarding timeframes for introducing updates to the classification
    - All updates to the classification require an intense period of education for capacity building for coders
- Evaluation of registry coders (morbidity and mortality)
- Mexico tries to maintain some indicator of workforce, therefore, how many coders do they need? Is there some sort of indicator for Brazil that can be used for Mexico?
- Sue Walker's response:
    - Sue acknowledged that it is difficult in keeping coders educated on the ICD updates every year
    - Timeframe for updates to perhaps lengthen the period between classification changes will be raised with the other committees within the WHO-FIC Network
    - There needs to be some stability in the classification but education on the updates offered.
- Brazil's response:
    - Workload of coders in Brazil is quite heavy
    - Morbidity coders and mortality coders are two distinct entities; that is morbidity coders do not undertake the mortality coding function
    - An important indicator is recognizing the municipalities with the greatest numbers of untrained coders in order to provide: continuing education; supervision and mentoring
    - Break isolation barriers and lack of support by means of improving the coding forum (internet), for example.

3.7 Kathy Giannangelo – Mapping IHTSDO SNOMED-CT to WHO's FIC

Summary:

- An agreement occurred between WHO and IHTSDO regarding harmonization in 2010. There is strategic joint coordination group plus an annual joint work plan.
- Joint Advisory Group (JAG) has operationally taken the joint work plan and gone forward, working with individuals from within both WHO and IHTSDO.
- Agreement has been reached in relation to:
    - SNOMED CT to ICD-10 mapping methodology and validation
    - Foundation/ontological layer of ICD-11
    - SNOMED CT and ICF harmonization work
- SNOMED CT to ICD-10 map was released in August 2012 (a technology preview release)
- The Joint Working Group has 4 WHO members and 4 IHTSDO members and is currently working on a gap analysis between ICF content and SNOMED-CT
- IHTSDO has a mapping service team consisting of 4 members in the Business Management Unit which was established in 2012. They are employees of IHTSDO.
- Work plan for 2012-2103
    - Update Phase 1 of the SNOMED CT to ICD-10 map
    - Map new additions to SNOMED-CT as they are added to the International Release if in scope
    - Work to be undertaken in relation to ICF harmonization and ICPC-2 mapping

3.8 Robert Jakob – Quality and implementation mortality

Summary:

- The needs for implementation of the ICD for mortality purposes include:
    - A functioning vital registration system
    - Quality adjusted completeness (completeness and ill-defined codes)
    - Reporting of ICD data
    - Implementation of the updates
    - Marketing of the implementation
    - Motivation of the decision makers and the workers
    - Policies
    - Tools
- Environmental factors include resources and motivation
- The problem remains the same regarding the reporting of deaths globally. There are still many regions that do not report mortality data
- Implementation support products for Setting up systems
    - WHO/HQ Assessment tool
    - UN Guide

    - ICD – improvement of CoD toolkit
    - Mortality forum
    - EIC face book site
    - More assessment and training
- The problem:
    - Need more mortality coding training globally
    - Limited number of experienced mortality trainers
    - Availability for training needs to be planned (as training currently is being planned a few weeks ahead of time and on an ad hoc basis).
- Mortality curriculum
    - Needs to be standardized/generic
    - Specialist training required
    - EIC could help by "match making" through registration of experts and matching them with requests for training from countries
    - Possibility of the same approach for assessment and consulting

3.9 Dr Pradeep Saxena – Quality assessment in implementing WHO-FIC in India
Summary:

- Development of standardized lecture notes for WHO-FIC training (for both ICD and ICF)
- Design QA mechanism for data collection, compilation and analysis
- Development of checklists
- Develop questionnaires to assess training
- Hold workshops and discussions
- Expected outcomes:
    - Standardized lecture notes
    - User guides/instruments (disability assessment schedule, ICF user guide)
    - Module and workbook
    - Orientation training on ICD-10 already developed
    - ICF simplified coding manual
    - QA mechanisms to be developed

3.10 Dr Stefanus Snyman – Transferring health professional education by applying ICF framework

Summary:

- The Flexor Report: Health professional education (HPE) in US and Canada (100 years ago); The Lancet (December 2010) Global Independent Commission: as a result of these reports, various networks around the world came together, including WHO, to address health professional curricula.

- What is required is a competency based curriculum for health professionals with assessment of the competencies, not the curriculum
- Strategy for HPE for 21st Century:
    - Transformative learning
    - Interdependence in education
- need to look at graduate attributes and a common language (e.g. ICF framework)
- The ICF framework is creating agents of change in our approach to the management of patients
- The study did not use ICF coding, only levels 1 and 2
- Preliminary results showed that by using ICF, the health system was strengthened. ICF is not just about codes but is a crucial instrument used to transform HPE (importance placed on using the ICF User Guide).

QUESTION TIME

Sue Walker to Stefanus Snyman: How did you measure improvement of the health professional's education?
Stefanus Snyman: Used assessments of students from previous years and compared against student presentations during the study. Health professional students were also interviewed in relation to the hospital and patients. This was a qualitative study using focus group interviews and ACA methodology. It was a preliminary pilot.

Discussion surrounding the development of strategies regarding evaluation systems continued since ICF is new. It was acknowledged that a competency based assessment is difficult to do since you do not see students all the time. Therefore, the study looked at the management of the patient by students and tried to determine whether the students were competent in their management of them. It was found that there was a difference between an ICF-trained student and a non-ICF-trained student. The ICF-trained student's answers were related to what they did and didn't do in the management of the patient; whereas the non-ICF-trained student's answers were more theoretically based.

Marjorie Greenberg: commented on Mexico's question from session 3 in relation to the update process and timing. She advocated for a systematic evaluation of the update process for ICD-10 as there is some concern regarding decreasing comparability due to a number of countries not having the resources to undertake the update process or being unaware of it.

Another comment made by Marjorie Greenberg was in relation to developing an ICD Update Information Sheet. This could provide vital information about the update process including who is responsible within the network for updating (URC). Marjorie acknowledged that EIC needs to ensure more educational outreach about the updates as there may be more frequent updates with ICD-11. Marjorie supported Robert Jakob's suggestion regarding the registration of experts

and matching them to requests. This would create a better case for more resources going into training in areas where it is needed.

Sam Notzon made a comment about coding using short lists, acknowledging that it is reasonable to consider the use of short lists for coding in countries that have limited resources. However, he maintained that some countries that started with short lists often moved onto the full coding process as they learnt that it is always possible to collapse codes but impossible to expand from a short list. It was suggested that if coding is done using a short list, a supervisor be available to assist with questions.

Sue Walker maintained that coding from a basic tabulation list or a short list is not coding. The coding process requires the checking of an index and then the following of Tabular list instruction to derive the correct code.

Mozambique comment: They are thinking about using short lists – it is a solution so that at least they will be using ICD-10 for morbidity coding in some form. They are trying to develop software in Portuguese that can run on smart phones, for example.

3.11 EIC Plans for 2013

- We need to prioritize EIC work program to ensure we have achievable activities and deliverables
- Main priorities:
    - Continuing support of the two e-learning tools (ICD and ICF)
    - Discussion of software platform – is there a better platform than Lexora?
    - Support additional translations of the EIC products
    - Assessment of competencies in using the training tools
    - Training in ICD-11
    - Global demand for mortality coding training
    - Link trainers with people who need training
    - Continue work on WHO-FIC Implementation database – underpin metadata for the Global Health observatory.
- There is no final decision in relation to the EIC mid year meeting. EIC members will be informed of the decision in due course
- Teleconference calls (quarterly) will continue and members will be informed of the schedule

Sue Walker and Cassia Buchalla thanked everyone for their participation and the meeting was closed.