Minutes of the midyear meeting of the WHO-FIC Network Education and Implementation Committee
held at the Pan American Health Organization, Washington DC
22-24 April 2013

Day 1: 22 April, 2013

1. **Welcome and introductions**
   Sue Walker and Cassia Buchalla, co-Chairs of the EIC, welcomed all participants and invited everyone to introduce themselves. Apologies were noted from Marci MacDonald. A number of other members were unable to be present at the meeting in person but a web based meeting management system was used to enable them to participate in specific agenda items.
   Participants represented eight collaborating centres (one remotely), PAHO, WHO HQ (remotely), and two NGOs (one remotely) :
   Marjorie Greenberg, Margaret Skurka, Marijke de Kleijn, Lars Berg, Yukiko Yokobori, Ryo Hirano (interpreter), Traci Ramirez, Carol Lewis, Joon H. Hong, Vilma Pinheiro Gawryszewski, Patricia Soliz, Humberto Rocha Sánchez, Sue Walker, Cassia Buchalla.
   Monday session: Sam Notzon.
   Tuesday session: Kathy Giannangelo, John Hough, Lynn Bufka. Catherine Sykes, Ros Madden, Melissa Selb and Robert Jakob - remotely.
   Wednesday session: Alejandro Giusti, Beatriz Plaza, Patricia Ruiz

   Nenad Kostanjsek, the EIC's WHO liaison, had not responded to the meeting request (subsequently, Nenad advised that he was unwell).

   Sue agreed to chair the day's discussions.
   Marjorie and Margaret agreed to be the rapporteurs for the day.

2. **Review of Agenda and acceptance of minutes of previous meeting**
   Sue confirmed the agenda. She advised that Joon Hong would be presenting a brief report on recent work in Mongolia during the best practices session on Wednesday.
   The minutes of the 5 February teleconference call had been previously circulated. No changes were requested and the minutes were accepted as a true and correct record.

3. **Update on EIC Strategic Workplan**
   Cassia led the group in discussion about changes to, and progress with, the EIC's Strategic Work Plan (SWP). A suggestion was made by Marjorie to review the work plan in detail as time is available. Sue and Cassia noted that the meeting agenda is structured to cover all items on the Work plan so this agenda item is an overview. Lars agreed that there is a need to take a realistic look at what can and cannot be done by the EIC. Issues with WHO support and minimal follow through hamper the work, but there is an understanding of the significant workload of those at the WHO.

   The Committee discussed the lack of a report from the 2012 Network meeting in Brazil, which, as of this meeting, had not been circulated or posted on the WHO-FIC website. The 2011 meeting report from Cape Town is also unavailable. This is unacceptable in the view of this group, and the co Chairs agreed to raise the issue with the Small Executive Group (SEG) and request a discussion and possible solutions with the Council.

The Committee also discussed the value of continuing to hold a midyear meeting. For the EIC, the midyear meetings have been extremely useful in progressing our work plan, but it is recognised that time and costs are limiting factors on participation. For example, WHO was not been able to participate in person at this meeting but may participate remotely. No firm decision was made, but all agreed that the midyear meeting provided the opportunity to get some actual work progressed and is therefore valuable.

4. SWP Task 4 International Training and Certification program

a. Morbidity exam

Joon Hong reported on countries, examinees and results of the six pilot morbidity coding exams in Korea, Japan, Jamaica, Sri Lanka , Sweden and, most recently, in Indonesia. Although the final report is still pending from Indonesia, Joon showed some statistics about the different experiences in these countries. Exam scores were generally low. Some of the problems that were identified include:

- different versions of the ICD being used;
- the protocol for the exam is appropriate, but there are communication challenges and language issues for the coders and all involved;
- external cause codes were the source of many of the errors. Others were the correct use of 5th digits and morphology codes;
- differing definitions of Main Condition.

Carol Lewis reported on the results of a recent Coding Education survey which was distributed to coding educators and to on-the-job coders. The results will be presented at the IFHIMA Congress in Montreal in May. The Committee discussed a plan to include a regular column on coding in IFHIMA's on line publication, *Global News*, with an emphasis on the quality of coded data. For morbidity, *Global News* could have a forum where questions could be asked regarding documentation improvement. The newsletter is available at www.ifhima.org . *Global News* could also be a method for providing some information on ICD-11.

Carol asked the Committee to recognise that Joon deserves enormous credit for the morbidity exam work and the detail provided. The Committee agreed, and was happy to acknowledge the efforts of all members who have worked on the morbidity exam.

It was suggested that Margaret Skurka, in her role as IFHIMA President, provide information at the Montreal IFHIMA Congress re ICD-11 and the process for providing feedback to the WHO now that a beta version of the classification is available. Margaret indicated this can be done in the General Assembly and in general sessions. The Committee agreed that it is a responsibility of EIC members to provide information about the ICD-11 developments and encourage feedback. Patricia Soliz indicated issues with the current ICD-10, including the process for updating in Spanish and legal matters. Difficulties exist in Latin America in disseminating the updates.

b. Mortality exam

Cassia provided a presentation regarding preparation of new questions for the exam, being developed with the assistance of the Mortality Reference Group (MRG). 19 acceptable new questions for the exam emerged directly from the most recent review process, 67 additional questions needed more work. Following discussion, 65

were modified to make them acceptable. Discussion will continue at the 2013 WHO-FIC Network Annual Meeting in Beijing. Cassia noted that there are now a good number of mortality questions in the question bank, so maybe new exams can be offered. Korea may have interest in conducting another exam. There is now a formal protocol to be followed by countries wishing to conduct an exam.

Patricia Soliz gave a preliminary report on some questions that have arisen from conduct of the Mortality Exam in Honduras, Nicaragua, Guatemala and El Salvador. A pre-test was given to coders before two weeks of training that was provided by PAHO and the Mexican Collaborating Centre using the Mexican eLearning tool. The mortality exam was then conducted as a post test using the Spanish version of the exam. It was the first formal experience with ICD for most of the coders and there was discussion about the level of difficulty of the questions for new coders. The exam was developed to recognise experienced coders, but there is international interest in being able to assess the understanding of new coders following training. This might be added to the ICD-10 web-based tool. The issues described by PAHO and discussed by the Committee were:

- the process for conducting the exam;
- the timing allowed and the advantages and disadvantages of requiring coders to code all multiple causes on the certificate, then select the underlying cause and identify the rules they have used versus having the death certificates 'precoded' and only asking for selection of the underlying cause and rules;
- how scores are allocated;
- the effect of virtual training versus face to face training.

Patricia indicated that she will do further analysis for a final report for presentation in Beijing.

Patricia also reported on efforts regarding the collection of fetal and maternal deaths, and guidelines on completion of death certificates. CEMECE, the Mexican Collaborating Centre, is working on these.

These issues will be added to the EIC agenda for the Beijing meeting, and Margaret Skurka offered to do a presentation regarding what AHIMA is doing about testing coding without using coding books.

5. SWP 6: WHO-FIC Information products

a. Information Sheets

Marjorie led the discussion of the EIC Information Sheets, which have been developed by the Committee over the past several years. The following seven Information Sheets were first finalised and posted on the EIC website in 2010:

1. WHO-FIC – IFHRO (now IFHIMA) Joint Collaboration
2. ICD
3. ICF
4. What You Should Know about Clinical Documentation - in Acute Care Hospitals
5. Uses of Coded Clinical Data
6. Mortality (Cause of Death) Data
7. Civil Registration and Vital Statistics

All seven sheets were reviewed and updated during 2012, with approval of the updates at the 2012 Network Annual Meeting in Brasilia. The first sheet was revised as "Training and Certification to Promote High Quality Data" now that the Joint Collaboration has been replaced by IFHIMA's participation as an NGO. These updated versions have replaced the earlier versions on the EIC website.

An eighth Information Sheet on the relationship between classifications and terminologies has also been under development for several years. During the Brasilia meeting, Dr. Bedirhan Ustun asked for the IHTSDO-WHO Joint Advisory Group (JAG) to review the pre-final draft document at its December 2012 meeting to assure that it includes the JAG's vision for classifications and terminologies working together. The co-authors of the Information Sheet, Rita Scichilone and Kathy Giannangelo, have been seeking feedback from the JAG review, but as of this meeting, they had not received any. Jane Millar, Chief Quality Officer for IHTSDO, previously reviewed the current draft and did not recommend any changes. Participants agreed that WHO should be notified that the current document will be posted on the EIC website by May 15, unless suggested revisions are received before then.

A ninth Information Sheet on Automated Systems for Coding Cause-of-Death Data has been drafted by Stefanie Weber and is under review by the MRG and EIC. Comments are requested from members of the EIC by 15 May; these will be collated and provided to Stefanie, who will revise the document for review at the September 2013 EIC teleconference, with final approval at the 2013 WHO-FIC Network Annual Meeting in Beijing. Both MRG and EIC agree that reference should be made to existing automated coding systems for mortality data (MMDS, Iris, potentially other language versions). Dr. Luis M. Torres from the Mexican Centre suggested a paragraph on automated systems for morbidity data, but EIC members felt that this subject is out of scope for this sheet although worthy of discussion by EIC.

Action: Comments on IS on Automated Systems to be forwarded to Sue by 15 May.

Patricia Soliz reported that all of the current Information Sheets have been translated into Spanish and will be posted on the PAHO website by October 2013. PAHO worked with the Mexican and Venezuelan Collaborating Centres in producing the translations. Other participants mentioned interest in translating the sheets into Japanese, Korean and Portuguese. It would be possible to link to these translations from the EIC website. Participants noted the importance of making as many educational and implementation materials as possible available in multiple languages.

Marjorie and the co-chairs will review the seven posted Information Sheets before the Beijing meeting to confirm that no updating is required.

b. Proposed new death certificate

The group also discussed the proposed new death certificate developed by members of the MRG, which would incorporate information currently included in the perinatal death certificate, and allow the application of the general mortality coding rules. This proposal, which is still under review by MRG, would enable perinatal deaths to be processed by the automated systems. The specialised perinatal certificate is not

in wide use globally although it is in several countries. After another round of comments and revision, the proposed new certificate will be proposed for ICD-11 field trials. The EIC has been asked to take responsibility for the development of educational materials to support its use. The new certificate potentially could be implemented while ICD-10 still is in use.

6. WHO/PAHO Regional Approach

Marjorie and Margaret briefly reviewed the EIC's activities since 2011 to promote a regional approach to education and implementation. This has included outreach to WHO Regional Advisers and IFHIMA Regional Directors in an effort to stimulate dialogue on improving the quality and use of health information and the skills of health information workers. EIC materials have been provided on CD-ROMs, and feedback has been obtained on their utility from most regions. Margaret described work that Lorraine Nicholson, IFHIMA past president, has been doing in Europe and Africa; ten African countries will be represented at the IFHIMA Congress in Montreal next month, which will include regional meetings. The IFHIMA *Global News* regularly includes reports from the Regional Directors, as does the website.

Patricia described the extensive activities undertaken by PAHO in its region, including training in ICD-10 mortality coding, establishing National Centres and strengthening the Collaborating Centres. Presentations later in the meeting described PAHO training activities in morbidity and ICF coding. Participants agreed that PAHO is a model for the other WHO regions.

Sam Notzon, Senior Advisor for International Statistics at the U.S. National Center for Health Statistics, reported on the extensive work that he and other Centers for Disease Control (CDC) colleagues are conducting in the African region to improve civil registration and vital statistics (CRVS). Sam had just returned from the Global Summit on Civil Registration held in Bangkok, Thailand and advised the EIC members of growing interest by international and multilateral organizations and foundations in this effort. The Bangkok meeting was the final gathering for the Health Metrics Network.

Sam and Erin Nichols have developed a curriculum on civil registration and vital statistics improvement, which was piloted in Morocco. Other projects are in Malawi, which included a rapid assessment of the CRVS system, and Kenya, where the focus has been on verbal autopsy. Interest has been expressed by Botswana, South Sudan and Zambia. Training in cause-of-death coding, physician certification and automated coding using Iris are all planned. Sam agreed to share the training materials developed with the EIC. Sam also mentioned U.S. work with India on verbal autopsy, and interest from Indonesia and EMRO. In response to a question, he said that they will use the ICD-10 web-based training tool where it is feasible.

Marijke noted that many of the projects described were in the same region, but asked whether there was a plan to develop a regional network rather than individual country projects. She briefly described unsuccessful efforts to create a regional network in Europe. Sam responded that his purpose was not to create a network but that he is working with various African networks (e.g., Economic Commission on Africa and African Development Bank), and that others (e.g., WHO and UNICEF) are interested in developing an African network on civil registration and vital statistics. Also, some of the training, e.g., in Botswana, does focus on regional training. Although the South African Collaborating Centre is not actively involved with these projects, Sam will look to that Centre to help support ICD-10 mortality training and related activities. Unfortunately, AFRO has not been involved.

Cassia described past efforts of the Brazilian Collaborating Centre to provide training in Mozambique and reported that two trainers will be providing mortality and morbidity coding training in that country later this year. The Centre also plans to provide training in Angola.

Sam suggested that the re-establishment of an international organization focused on civil registration might provide stimulation and coordination for these regional and country activities and provide a network and support system for professionals involved in CRVS.

Day 2: 23 April 2013

Sue opened the meeting and advised that Lynn Bufka had agreed to act as rapporteur for the day's sessions.

7. SWP 2: ICD-10 Training tool and proposed trainer database

a. Training tool

Robert Jakob joined the meeting via Skype. Various colleagues, including Sue Walker and colleagues from South Africa have provided input regarding the training tool. More feedback could be useful. EIC members discussed the need to provide some sort of documentation to those who have completed the training, and incorporating this into the tool would be useful. One possibility is to include a test. Following yesterday's presentation about the work being done in PAHO to assess the difficulty of the questions in the mortality exam, the Committee discussed whether the "simple" questions from that exam could be used with the training tool. However, the EIC was not convinced that using the same questions for the training tool and the formal exam was a good idea. It was also agreed that an easier coding test might be more appropriate as the training tool does not provide the level of instruction needed for mortality coders. This could be used to demonstrate that participants are familiar with the basics of ICD-10 but are not specialists by virtue of this training. The EIC agreed to look at some "simplified" coding questions developed by Lindy Best to see if these are a relevant set of questions that could help to determine if everyone has more or less followed the material in each chapter of the training tool. These questions are not quite as sophisticated as the coding exam but may be sufficient to determine if people have successfully completed the course. The following small group will do this task: Cassia, Sue, Carol, Joon. Robert will send the questions.

Action: Robert to forward Lindy Best's coding questions to Sue and Cassia for distribution to the EIC. Comments on the questions to be returned to Sue by 1 July.

The EIC discussed the need for some sort of student management system to be incorporated into the tool. People would have to enroll but then it would be possible to track those who use the tool, monitor whether they take the test and ensure that they get some feedback afterwards.

WHO is in the process of identifying an editor who can compile the new materials and make them suitable to electronify. Theresa Timbang in the Philippines is a possible editor. One company has been doing the electronification to date, they may or may not be available to continue with this process. Some groups in the Network have started creating their own national tools. One possibility would be that someone in the Network could do the electronification rather than contracting with an external company. This has advantages and disadvantages. The EIC is also asked to review the materials in the training tool to determine if any content areas are missing. The training tool would

benefit from a module on civil registration and vital statistics. The EIC does not want this to go undone for too long because some other entity may build a similar module that is not connected to the WHO training tool. The CDC in the US is developing something that is not copyrighted. This content will be looked at to see if there are some materials that can be used for this training tool. Anneke Schmeider, an Australian who works with health statistics, is now working with the Health Metrics Network in Geneva and may be a reasonable person to contribute to this module.

Robert discussed some identified problems with the source files. These have been temporarily solved but there is not a permanent fix yet. WHO is hoping to use some better (open source) software for this process but wants to find the right software as it will be quite some work to migrate the existing content to whatever new software is identified. The EIC is being asked to identify educational requirements for the software, but will not be required to make a selection on what is technically suitable.
Members of the EIC considered ways to help others understand that this training tool exists and can/ should be used (recognizing that language may be a barrier for some).No immediate funding is available for such activities but there might be some future possibilities. It was noted that NCHS will not be able to offer as much mortality coder training to international students as it has in the past. NCHS has assumed responsibility for all coding of death certificates at its Research Triangle Park facility and thus is no longer holding training courses for State coders; however, if possible, the US trainers could do some international training with sufficient lead time and support. The training conducted for the English-speaking Caribbean countries in June 2012 is an example. The South African Collaborating Centre is helping other African countries. Brazil is working with Mozambique and Angola. It was noted that many countries in Africa are interested in Iris.

b. Trainer database

WHO, with a small group from the EIC and IFHIMA, is working on developing a database of potential ICD trainers; WHO wants to identify those individuals who have some ability and skill in ICD-10 training. Once trainers are identified, WHO wants to have a mechanism to connect trainers with countries that want training in morbidity/ mortality coding. However, one important need is establishing a mechanism to determine if those that identify as trainers have sufficient experience for the purpose. Also, neither WHO nor members of the EIC have resources to host the database. One possibility is UNESCAP or perhaps the Korean collaborating centre, which may have capacity. WHO would like to have the database online to reduce the manual inputting of content. WHO would also like to identify someone to manage the database for one year to determine the work involved. IFHIMA has agreed on the trainer application form and can be a vehicle for posting this information and reaching out to potential trainers. Some of its members would be excellent trainers and IFHIMA can help identify the people, but some other entity will need to manage the database. The possibility of one of the donors who participated in the CVRS workshop in Bangkok providing some small funding to support the work was suggested.

EIC members raised whether this database could be housed in the “cloud.” Perhaps there is some way to use a tool like Dropbox or another application to contain the content and allow others access. Actually matching a trainer with a training request probably should be the responsibility of the organization sponsoring the training. The possibility of extending the database to include ICF training and trainers was also suggested.

8. SWP 3 ICF training tool and educational materials

a. ICF Practical Manual

Ros Madden, Melissa Selb and Catherine Sykes joined the meeting via Skype.
The EIC considered the draft ICF Practical Manual (formerly called the User Guide) during the annual meeting in Brasilia. Since then, the authors have received comments from WHO and have worked through those comments, with most having been accepted. A new draft has been sent back to WHO and a clean version was sent to the EIC prior to this meeting. This is hoped to be the near final version. WHO has put the document into a new format.

The group is slightly behind the time table established in Brasilia but are committed to getting something to the public in the near future, preferably before the next annual meeting.

The EIC communicated much appreciation for the all the work to date on this document. Some minor comments from reviewers were offered. The work group will have another round of discussion with WHO, and with the EIC support, they will advocate for the need for a deadline for the near final version so that it can be posted. It is anticipated that this posting will happen in August with the final version to be formally approved in Beijing. The Netherlands CC will do a consistency check when appropriate, ie. when there is full sign off from WHO. If the work group wishes the EIC to review the document again, a track changes version with any substantive changes would be appreciated.
If WHO is not able/ready to host the document, the EIC is willing to post it on our website as a 'pre final version'. It was agreed that the document needs to be publically available as soon as possible.

During the process of revision of these minutes Catherine Sykes asked that the following timetable be documented in order to ensure this process is very clear:

The steps to completion:

May-June	Further email discussion with WHO. Includes discussion of how to resolve small text windows which now cannot be read Other work eg on examples and text boxes is required (as well as picking up on Marjorie's and Carol's edits)
June-July	Final meeting or other means of resolution of remaining WHO/writing team issues (**Contingency date should be set soon**, as everyone concerned is very busy)
July	Complete prefinal draft [and send to EIC and FDRG for quick final out of session comment?] Some way of indicating 'substantive changes' has been requested to speed up this process.
August	Finalise prefinal draft and transmit to EIC for loading. This apparently could take several weeks [so maybe other sites may also load it eg Dutch Centre and University of Sydney?]
October	WHO-FIC annual meeting – final version presented.

Action: EIC members to send any remaining editorial comments to Ros Madden by 15 May.

b. ICF eLearning tool

Melissa Selb reported that the ICF Branch of the German Collaborating Centre is behind schedule on getting the ICF eLearning tool revised. Feedback from WHO was just received; once integrated, the next version will be sent to the EIC chairs for distribution to the group. It was recommended that the FDRG also be asked to provide feedback on the eLearning tool although this task is now on the work plan of the EIC. The EIC would welcome the technical content expertise of the FDRG members. Melissa reported that major revisions have included changes to learning objectives and the overview for all modules and content was adjusted accordingly.

Those collaborating centres wanting to translate the eLearning tool have been kept apprised of progress but a target finalisation date has not been identified.
An effort to identify new software to support the eLearning tool is ongoing. Necessary characteristics for the software have been identified and various options are being evaluated. The current software is not very easy for users. The EIC recommended that the software should be able to provide documentation of completion of the course or course units (note this is not certification.) Additionally, it will be necessary for the eLearning tool to be available in a non-web based application for users who do not have ready access to the web but will have computer capacity and can use an application. After similar discussions yesterday regarding the same needs for the ICD training tool, it is hoped that these two activities can be combined.

Some collaborating centres would like to use some of the content of the eLearning tool as part of a presentation and therefore would need some sort of PowerPoint or other prepared materials. An introduction that is harmonized with the eLearning tool could be used worldwide to educate audiences about this tool. It would be useful to have some portion of the eLearning tool available for multiple uses, including as part of a meeting or as a preliminary education tool prior to engaging with the full eLearning tool. It was suggested that extracting content from the tool for such purposes would be a desirable feature of the new software.

Action: The next version of the tool will be available for review by May 6. EIC reviewers are asked to complete their reviews within one month. The goal is to have the materials completed by the 2013 annual meeting.

c. ICF training for trainers

Patricia Soliz reported on a planned second international course for trainers for using the ICF and conducted through the Mexican collaborating centre with involvement of others in the Latin American region. That network has grown and more activities are happening throughout the region such that a need for “training the trainers” and other users now exists. The first training course was organized in 2009 with content including ICF, instruments, and projects, and 21 instructors were trained from 6 different countries. The second international course will be conducted in late May, 2013. Participants will use the on line learning tool prior to the face-to-face portion of the course. A combination of lectures, interactive teaching, case studies and exercises to convey the key concepts will be used during the training. Topics to be covered include description and use of ICF, WHO DAS (in Spanish) and other key ideas. Not all those who expressed interest in participating can be accommodated so (unfortunately) only 25 individuals will be able to participate, although they represent 8 different countries. Future workshops hopefully will involve other collaborating centres and may be conducted on particular areas of ICF implementation.

9. SWP 1: WHO-FIC Implementation Database

A report from Huib ten Napel was received prior to the meeting. It read:

The [implementation database] project was on a hold. We tried every possible way to make some progress, and finally achieved results with WHO about 3 weeks ago. We still have to wait for the Workpackages, required to move on, but we have decided that we will take the work forward.

As for the questionnaires: that has been presented in Brasilia. The database will have a generic part and than an ICD and an ICF part (and ICHI, etc. if so needed). The questions are the same as in the present ICD database and ICF questionnaire that has been developed by Mathilde (based on our previous ICF-INFO) we agreed on about two years ago? No surprises there.

Once we have redesigned the database on this structuring principle, the EIC and all CCenters will be involved in the testing and further steps. We are planning to have results before the annual meeting.

Marijke was able to provide additional details, as follows:

A couple of weeks ago (March 25) the Dutch Centre (Coen and Huib) had a WebEx meeting with Molly Meri Robinson, Bedirhan Ustun and Can Celik to discuss further steps concerning the Implementation Database. We agreed that the work on the Database could be taken further and WHO would take care of the required APW for funding the work.

At the moment we are planning the following work items:

i. Redesign and program back end to accommodate for newly structured questionnaire
   1. Core Questions as the start page containing general information vs. Optional Questions for Additional Detail
   2. Hierarchical structure for the separate classifications

ii. Importing the information from the ICD database into the new database structure
   1. validation of content by the WHO-FIC network members
   2. request for updating the information
   3. request for adding new information

iii. Design and program database outputs
   1. Structure of Information Sheet output
   2. Structure of graphical representations

iv. Preparation of outputs for GHO (Global Health Observatory) inclusion

These last work items require strong involvement of WHO HQ as to what interface is used for the Global Health Observatory and which kind of graphical representations are desired by WHO.

We have already taken preparatory steps to start the work. The EIC will be involved in the testing and validation work. We aim to present the work on the database in the Annual Meeting in China.

The EIC had asked Nenad to forward the questions being used for the ICD database as those questions might need to be updated. The document has not yet been received. Huib will be asked to send the ICD questionnaires as well as the draft ICF questionnaire.

Action: Huib to send ICD and ICF questions to Sue and Cassia.

There was considerable discussion about the reports and outputs from the new database, although it is not clear what outputs will be available or who will manage them. However, having data on implementation of the classifications by country and year will be useful to others. Identifying the information needs that the database could satisfy would be useful in finalizing its structure. As was discussed in Brasilia, WHO hopes to link the Implementation database to the Global Health Observatory, but it is not clear how that will happen.

10. SWP 5: ICD-11 materials

a. ICD-11 Volume 2 next steps, Educational material

Robert Jakob rejoined the meeting via Skype. He described ongoing work on Volume 2 (known now as the Reference Manual). The Reference Manual continues to describe the morbidity and mortality rules as well as the coding structure. Every chapter of the ICD-11 is not yet finalised so information will need to be progressively added to the Manual as the Topical Advisory Groups (TAGs) finalise content.

The new material will be available on an on line platform that allows for some "wiki" like features but with controlled editing. The information will be segmented or parsed so that it can be moved into an appropriate structure.

The new volume 2 will have some information about the Family of International Classifications (FIC). There will be information about the various linearizations, the code structure, pre and post coordination and chapter X (the codes to be used for coordination, these are not called modifiers anymore). The morbidity TAG is working on definitions related to morbidity as is the quality and safety TAG, and the mortality TAG has been working on the mortality rules and creating machine readable decision tables for those rules. The vertical TAGs have been asked to provide information regarding the main differences between versions of the classification. An initial content and consistency review is being done by WHO staff to identify where there are duplications across chapters, while recognizing that this is still a work in progress.

The EIC will review what is produced by the vertical and horizontal TAGs to improve the consistency and readability of the material presented. Additionally, the EIC will work on educational materials to support use of ICD-11. Once the material is in the new editing tool, the EIC can determine how and who will review the content. The EIC prefers to wait to review until after the TAGs have completed their tasks.

WHO hopes that some of this work can be conducted and be prepared for presentation at the annual meeting although recognizes that this is unlikely for all of the content.

b. ICD-11 field trials

Robert Jakob reported that Nenad has been working with colleagues in Japan, Korea and Thailand to try and develop field trials for the chapter on traditional medicine. Materials for these field trials are not ready at this time.

It is planned that a set of field trials will be undertaken for other chapters as they become ready. Field trials will involve all types of users of the classification, e.g., coders, doctors, other health personnel. The basic aim of the ICD-11 field trials is to test the "fitness of ICD-11 for multiple purposes". The field trials will involve:

- Key uses- mortality, morbidity, primary care, other uses;
- Different settings- high and low resource settings, general health care and specialty settings, research settings – epidemiology and clinical.

The following aspects will be considered:

- Applicability (feasibility) - Is the classification easy to implement in the hands of the real life users?
- Utility - What is the value of the classification to enhancing data capture and its uses? Does it improve recognition and serve better documentation? Does it guide better diagnoses and allow better resource allocations?
- Reliability - Is the classification used in the same manner by different users? Do two different users code the same case with the same code? What are the sources of discrepancy and how can comparability and consistency be improved?

Core field studies will address reliability and feasibility, bridge coding and basic questions. Additional field studies will address specific issues such as: Is the index helpful? Does volume 2 provide necessary guidance?

Management of the field trials will be the responsibility of WHO, with the involvement of field trial centres and sites. WHO will be developing the infrastructure for the field trials- they will be primarily web based but also paper and pencil for those sites where needed.

An ethics review of the field trial projects and structure will also be conducted by WHO Ethics Review Committee and national committees.

Robert discussed Field Trial Study 1, which will involve an assessment of inter rater reliability. The trial will involve case information (case summaries, live cases, video cases) and will require cases being coded using ICD-11 by at least two different people and measuring agreement rates. Participants will complete an individual assessment form; those who have assessed the same case can discuss differences and identify reasons for differences; individuals will provide an evaluation on the overall assessment process. WHO will analyze for level of agreement among multiple raters, identify predictors of reliability and look at data patterns. Study 1 is focused on identifying appropriate diagnosis codes, not how the rules (Volume 2) are applied.

The EIC discussed the need for field testing with the entire classification since it is in the use of the entire classification that inclusion and exclusion notes can be evaluated. A suggestion was also made to identify commonly coded diagnoses in various countries using ICD-10 and compare/ identify corresponding codes in ICD-11 to identify gaps in knowledge or documentation that will need to be addressed in order to have consistent coding across users of the classifications.

Robert invited EIC members to provide feedback regarding anything that is missing from the plan as well as to assist in identifying field trial sites/ centres. Educational material already used for training in member countries may be useful in the development of field trial protocols.

The EIC has some concern that it might be premature to conduct field trials but agreed to assist in providing educational materials for use in the trials. The EIC also endorsed that field trials must be global and multi-lingual. While there are cultural differences, the

field trials must accommodate those and strive to have some universality that can be applied to all field trial settings. Utility of the ICD may vary by language. However, ensuring appropriate translations is time consuming and demanding, and numerous issues simply related to translation will need to be resolved prior to conducting field trials in the language.

Robert noted that the beta version of the ICD-11 is now available, including a PDF version of current Index. However it was noted that the current Index is not structured with lead terms as in ICD-10, rather it is alphabetised by the first word in a diagnostic phrase. This makes clinical documentation extremely important in identifying the correct code.

Action: EIC members to identify potential case studies for use in the field trial and forward to Robert. Suggestions for field trial sites would also be welcome.

11. Thanks to Marijke

During the afternoon tea break, the EIC took the opportunity to acknowledge the years of work of Marijke de Kleijn, original chair of the Implementation Committee and a long time Head and member of the Dutch Collaborating Centre. As this was Marijke's last international meeting, the Dutch Centre produced a special edition of their newsletter, which was shared with all members of the Committee.

Day 3: 24 April 2013

Cassia opened the day's sessions and asked for volunteers to serve as rapporteurs. Carol offered to help Sue.

12. SWP task 6 : WHO-FIC information products

a. Briefing kit

Marjorie reported that the briefing kit had been updated last year and was on the EIC Sharepoint as are the current versions of the Information Sheets. This meeting's PowerPoint presentations will also be posted after this meeting. Cassia states that profiles were available for almost all the Collaborating Centres. It had been decided in the past that the profiles be updated each year but she wondered if that were really necessary. Sue suggested that annually an email be sent asking each centre to review its profile and inform the EIC of any changes.

Marjorie indicated that briefing kits will be sent to the heads of new Collaborating Centres, e.g., Cuba and Thailand, as soon as they are designated. She also assumed that the EIC will provide an orientation session in Beijing.

Sue stated that WHO had indicated that it would post the briefing kit on the more generic WHO Sharepoint site so that people not members of the EIC can access it, but has not done so.

Marjorie reported that Stefanie Weber and Lars Berg were working on pulling together all the policy documents that relate to the FIC, for example, voting rules, resolutions regarding NGOs. These are important aspects of governance and should be easily

available. Lars reported that Stefanie had set a deadline of Friday, 26 April for collecting this information and the documents will be reviewed to see that they don't duplicate one another. The topic will be discussed on Tuesday (April 30) at the Small Executive Group meeting. The report will be distributed prior to the mid-year Council meeting in May. Marjorie suggested that those documents that are generic should also be on the WHO Web site and on the Council's Sharepoint. Many currently are included in the Briefing Kit.

b. Best practice sessions

Regarding best practices, Sue said that she would send out a call to submit presentations or posters on best practices for Beijing. This will be done once the poster submission site is ready. Lars reported that posters will be able to be submitted electronically this year.

13. Discussion on update of the SWP

For each task included in the SWP, Cassia had prepared a list of the activities to be performed to achieve the task's objective. In discussing the level of achievement of each activity the group considered whether the wording of the activity accurately reflected the roles, responsibilities and resources of the EIC. An updated version of the SWP will be reported to the May Council meeting and posted on the EIC Sharepoint site.

14. SWP 6: Best practice presentations

a. RELACSIS

Alejandro Giusti of PAHO reported on the Latin American and Caribbean Network for strengthening of Health Information Systems (RELACSIS). After working from 2005 – 2010 with countries themselves to improve the coverage of birth and death data, it was decided to form a network to disseminate information and share experiences. RELACSIS was launched in April 2010 in Lima, Peru and is supported with modest funding from, among others, MEASURE Evaluation (funded by USAID -US Agency for International Development), CIDA (Canadian International Development Agency), ECLAC (Economic Commission for Latin America and the Caribbean). Beatriz Plaza of MEASURE Evaluation pointed out that this was seed money and the cost sharing would contribute to ensuring the sustainability of the network.

Representatives from the Collaborating Centres in Brazil, Mexico and Venezuela and the national centres in Argentina and Cuba developed the first work plan, a regional plan for training. In 2011 a subregional course for training of trainers was held in Ecuador for 25 participants from Ecuador, Bolivia, Peru and Paraguay. The course included not only ICD and ICF but also promoted the creation of classification centres either within the Ministry of Health or the national statistics office. Subsequently, Ecuador conducted two courses at the national level. Training courses for coders have been conducted in Honduras, Nicaragua, El Salvador and Guatemala.

Priorities for 2012-2013 include:

1. Training of "information producers" designed to increase the awareness of managers on the use of data;
2. Strengthening of coding through virtual training. Mexico and Argentina have each developed on-line courses for the virtual training of coders. USAID supports best practices highlighting what has been done and RELACSIS is trying to create a single system and then pilot test it;
3. RELACSIS is interested in implementing the electronic coding of mortality data and is comparing manual and electronic systems. There are two kinds of

countries – one that enters the code manually and Argentina, Ecuador and Guatemala would need to change their systems. The other kind in Chile and Venezuela allow the system to select the appropriate code;

4. Another activity is the development of an on-line course to promote physician awareness of the requirements for completing death certificates in Uruguay, Argentina, Mexico and, using e-learning, Costa Rica, Ecuador, Panama, Paraguay, Guatemala. In Uruguay, medical school graduates are required to pass a course on how to complete a death certificate before being granted a license to practice. The courses are very content-rich but it would be desirable to have more interaction;
5. An electronic tool for epidemiologic surveillance was developed in El Salvador and there are plans to implement it in the Dominican Republic, Ecuador, Peru, Bolivia, and Cuba;
6. As part of the evaluation of the 2012-2013 work plan, evaluation at the local level is being encouraged as is the promotion of a virtual forum. Steps are underway to align the activities of RELACSIS with the 2014-2019 PAHO plan of work.

Sue hoped that the work would continue and that the level of activity and support for coders might be replicated in other Regions.

b. Mongolia

Joon Hong reported on efforts in Mongolia to improve cancer registration. In December 2012 WHO WPRO sponsored a one-week workshop in Korea on mortality statistics, control of non-communicable diseases (NCD) and tumour registries. This resulted in a request from the Ministry of Health in Mongolia to assess health information management and conduct an educational workshop. A team of three – an epidemiologist/WPRO NCD team leader, a pathologist, and Joon – visited Ulan Bator for four days in March. During the visit, meetings were held with authorities within the MOH, with pathologists, and others and a one-day workshop was held.

Among the findings of the visit: ICD-10, not ICD-O-3, is used for cancer registration coding; coding is done by medical doctors and statisticians who have no training in coding, ICD-O-3 and Volume 3 of ICD-10 have not been translated, medical records are filed in groups by year, month, and registration number and an individual's record can be filed separately in multiple places.

Joon will return to Mongolia in June to conduct a one-week workshop on ICD-O-3, ICD-10, medical record management and cancer registration.

15. Plans for the Annual Meeting

The 2013 annual Network meeting will be held 12 – 18 October in Beijing. Lars stated that April 30 is supposed to be the deadline for announcing the venue and issuing invitations. The web site is under construction and will be up on or about April 30. According to the information that he has, the registration fee will be US$500 and the room rate at the Empark Grand Hotel Beijing will not exceed US$150 and there will also be less expensive accommodations. Payment can be made by bank transfer or credit card. Paypal will not be an option this year. There will be a pre-meeting session on case mix and a post-meeting session on the use of health statistics in China and integrated care. According to Robert Jakob, WHO has tested a poster submission platform hoping for a safer electronic environment. The topic for the meeting is Universal Health Care: Information and Innovation.

Marjorie raised the problem of the lack of reports from the recent annual meetings. In the past the English-speaking collaborating centres contributed to the report but now WHO has assumed that responsibility. As noted previously, the reports of the Cape Town and Brasilia meetings have not been issued. She suggested that since the EIC is responsible for orientation to the annual meeting perhaps it could organise the note-taking. The issue should be raised with the Council and Marjorie agreed to draft a submission. Lars said that the Council had asked where the reports were and why they are not on the web site. Dr. Üstün had indicated that the reports had been finalised.

A copy of the document sent to the co Chairs of the SEG after the EIC meeting is attached as Appendix 1 of these minutes.

A copy of these minutes, once finalized, will be posted on the EIC website. A copy of the agenda, minutes and all presentations will be available on the WHO Sharepoint site.

16. Meeting close

Sue thanked PAHO for its hospitality and adjourned the meeting at 11:45am.

Appendix 1

EIC Reflections on Communication

During its mid-year meeting in Washington, D.C. on April 22-24, the WHO-FIC Network Education and Implementation Committee (EIC) reflected on its important role of facilitating communication within and about the Network, its mission and products. Examples are the Orientation sponsored by EIC at the annual meeting, the Briefing Kit for New Centre Heads and Collaborating Centres, a suite of Information Sheets and the robust EIC website (http://www.cdc.gov/nchs/icd/nacc_education_committee.htm) .

Members expressed concern that timely information is not available to members of the Network and to other interested stakeholders about the annual Network meetings, which are the principal venue for advancing and reporting on all components of the Strategic Work Plan, holding elections and approving classification updates and resolutions. Specifically, summaries of the last two annual meetings are not available on the WHO-FIC Network website (http://www.who.int/classifications/network/en/). Although the WHO-FIC Council did review and comment on a summary of the 2011 meeting in Cape Town, neither the Council, nor its Small Executive Group has received a draft summary report from the 2012 meeting in Brasilia. This diminishes the Network's communication, both internally and externally, and its overall accountability to its multiple stakeholders. Reports from Subcommittee and Reference Group working sessions are available to their membership and, in the case of the EIC, to the public on the EIC website.

Until relatively recently, the English-speaking Collaborating Centres assumed responsibility for rapporteur and meeting report functions at the annual meetings, in conjunction with WHO Headquarters (HQ). However, in the past several years, this burden has fallen solely on the WHO (HQ) staff. Committees and Reference Groups provide short summaries of their meetings to WHO, but documentation of Council meetings and plenary sessions and compilation of the report are the responsibility of WHO.

Participants in the EIC meeting considered alternative approaches that could produce an annual summary of the WHO-FIC Annual meeting on a timely basis (e.g., draft available for Council review

by February of the following year, at the latest, and summary finalized for posting by April. Possible options for consideration by the Council are the following:

- Reinstate the joint responsibility between WHO and an English-speaking Collaborating Centre/country (Australia, Canada, United Kingdom and United States at a minimum) for serving as rapporteurs and compiling the report.
- Divide the rapporteur functions for the Council and plenary sessions among the Committees and Reference Groups, with each one providing a rapporteur to cover a session and ask the Small Executive Group to work with WHO to create the first draft.
- Continue to require a brief report (one or two paragraphs) from each Committee and Reference Group.
- WHO engage a contractor to fulfill the function of creating the meeting summary.

In order to keep the burden of producing the report manageable, a minimum list of topics for inclusion is attached. EIC requests that these proposals be discussed at the May 7, 2013 Council teleconference.

Topics for inclusion in Summary of annual WHO-FIC Network Meeting

- Dates and location
- Information on official opening and dignitaries present
- Meeting theme
- Collaborating Centres, NGOs, Academic institutions, Regional Offices represented
- Total number of participants
- Any changes in governance and organization
- Results of any elections
- Any awards and prizes (e.g., poster prizes)
- Number of updates approved for ICD-10 and ICF, respectively
- Brief reports from each Committee and Reference Group (one or two paragraphs)
- Short reports from plenary sessions, as appropriate
- Any plans for mid-year meetings
- Date and location of next year's Annual Meeting
- Website to access papers and posters
- Copy of final agenda