

# **Midyear meeting of the WHO-FIC Education and Implementation (EIC) Committee**

**Budapest, Hungary**

**28-30 March 2011**

## **DAY 1 MORNING - 28 March 2011**

Sue Walker and Cassia Buchalla, the co-Chairs of the EIC, called the meeting to order at 9:15AM.

### **1. Welcome and Introductions**

Sue Walker welcomed all and invited Dr. Gabriella Vukovich, President of the Hungarian Central Statistics Office, to provide a greeting. A welcome to the office, to the city and to the country was extended by the President. Other members of her staff were introduced.

All participants in the room introduced themselves, as well as the guests present.

Present: Cassia Buchalla, Tyringa Crawford, Marie Cuenot, Sue Fletcher, Marjorie Greenberg, Joon Hong, Maitilde Leonardi, Carol Lewis, Wansa Paoin, Maliwan Yuenyongsuwan, Anneke Schmider, Rita Scichilone, Margaret Skurka, Olafr Steinum, Sue Walker. Huib ten Napel joined the meeting later in the afternoon, and Robert Jakob and Patricia Wood joined on the second day.

A short moment of silence was held to reflect on the national tragedies that have recently occurred in Australia, New Zealand and Japan.

### **2. Review of EIC Terms of Reference and Work Plan**

Cassia reviewed the Terms of Reference for the EIC. Minor wording changes were made. Discussion was held on various items in the document for current relevance, or the need to perform again. All references to the EC were replaced with EIC.

IFHRO was replaced by its new name, the International Federation of Health Information Management Associations, IFHIMA, wherever it appeared in the document.

**Action: Cassia and Sue to update Terms of Reference**

### **3. Review of the Terms of Reference of the Joint Collaboration (JC)**

Discussion ensued on the original focus of the JC and need for updating of the Terms of Reference document. There are benefits to IFHIMA and the WHO to maintain the Joint Collaboration and specific JC functions. Marjorie referenced a document to be presented to the Council proposing that an NGO in official relations with WHO be allowed to vote and stand for co-chair of a committee or reference group under specific circumstances.. IFHIMA (in its former guise of IFHRO) was the first NGO working actively with the Education Committee and is continuing its work with the EIC,, but another NGO, the World Confederation for Physical Therapy also has engaged with the EC and EIC for several years.

The group discussed IFHIMA's role in relation to the ICF. Maybe the IFHIMA web site can be used to promote ICF, and IFHIMA can promote the link to the ICF training tool as well as the ICD-10 tool. The Education and Implementation Committee will work with IFHIMA President Margaret Skurka for inclusion of materials on the IFHIMA website. Once ICHI is developed, this could also be promoted to IFHIMA members.

**Action: all members to advise Margaret of suggestions for materials and links for IFHIMA website; Sue to discuss with FDRG**

### **4. Election of new JC co-Chair**

In light of the fact that the activities and work plans of the JC and the EIC have coalesced over time, it was felt that separate co-Chairs for the JC are no longer required. All members in attendance at the meeting agreed with this idea. However, the JC will still exist with three representatives from the EIC and three from IFHIMA.

### **5. Update on ICF web based training tool**

Catherine Sykes joined the meeting by telephone for this item. A written update was provided by Alarcos Cieza relating to progress with the ICF web based training tool. The report was presented by Cassia Buchalla in Alarcos' absence. The final version of the tool will be finished and should be ready for uploading to the WHO website by May 15<sup>th</sup>. Feedback can still be provided up until April 10<sup>th</sup>.

Matilde Leonardi suggested that the eLearning tool is an INTRODUCTION to ICF, and that someone cannot necessarily use the ICF correctly and effectively for coding after the completion of this introductory module. It was suggested that the tool be renamed Introduction to the ICF. It should be stressed that additional training is needed before being able to use the classification in practice. The group discussed this issue and agreed with the suggestion. Three hours of training does not teach you how to use the classification. The EIC recommended that the ICF training tool include such a statement.

There was further discussion about financial support for the creation of additional ICF modules. As has been noted in previous meetings, the EIC has tried unsuccessfully to identify funding

sources to support the ICD developments, and it seems unlikely that better fortune would be found to sustain future ICF work. Sue noted that she had not had any response from the Health Metrics Network to her proposal to support regional coding in the Pacific, submitted after a Call for Proposals. She agreed to follow up with Carla AbouZahr to determine if there are any options for future funding.

**Action: Sue to follow up regarding HMN projects**

In discussions regarding the ICF materials, the suggestion was made to expand the discussion relating to the Family of International Classifications to bring it into line with the ICD materials. The need to include information about ICF-CY also was raised. These suggestions have been made before but have not been included in the ICF tool to date. Carol Lewis had identified many typographical errors in what she had reviewed. The EIC has been asked to review the ICF materials one more time, in particular to assess if previously-recommended changes have been made. Emails should be sent with any suggestions to Alarcos before 10 May.

**Action: all EIC members to make a final review of ICF training materials and advise Alarcos of required changes before 10 May; Alarcos to update training tool to reflect discussions at this meeting and reviews from EIC members**

Matilde suggested that with the aging population globally, the ICF will be increasingly important. Marjorie raised issues relating to the implementation portion of the EIC's work with regard to ICF, given that we are now the EIC. Why are countries not implementing it as a classification? What are the barriers to such an implementation?

Cassia indicated that the ICF provides a framework but that the qualifiers have not yet been validated for use.

Catherine Sykes indicated that some people could apply the codes after completing the existing training, but acknowledged that it is not currently a "how to" guide on the entire classification and that subsequent modules would address coding. Catherine cited examples in the literature relating to validation of the ICF. It was suggested that the Network should not perpetuate a misleading impression but work to gather examples and promote them as illustrations of how the ICF may be used.

## DAY 1 AFTERNOON – 28 March 2011

Because of Huib's delayed arrival due to weather, some of the agenda items from the following day were covered during this afternoon's session.

Marjorie indicated there were loose ends that needed to be tied up regarding the ICF elearning tool discussions. It was important to acknowledge that it was an introductory tool designed to increase awareness; the learning tool for ICD was more extensive and therefore the two tools were not at the same place. The request to help with identifying funding was recognized, but to date the EIC has not been successful in raising funds. In the absence of external funding to support the development of subsequent modules of the ICF e-learning tool the EIC will develop

a project plan to include gathering existing training materials and examples of the ICF in practice, recruitment of a broader advisory group from FDRG, collaborating centres and NGOs as well as continuing to seek funding.

Matilde pointed out that one should not think that the ICF learning package would prepare one to code but that more materials are planned for inclusion. Certain countries have developed more advanced training and one option would be to wait to find out more about these materials, review them and select the best and “electronify” and turn them into modules for the self-learning tool.

Dr Wansa, from Thailand, reported that his country is not using the ICF. There was a workshop on ICF in 2005, but the person responsible for organizing it retired and there has been nothing since. Korea has translated the ICF but it is not being used in hospitals. ICF has limited use in Sweden and Norway. Matilde pointed out that the University of Lund (Sweden) has been working with Northern and Eastern Europe on problems related to early childhood and use of ICF.. It is important to remember that functioning is not just a health issue but also involves Ministries of Education and of Welfare. Cassia added that many countries such as Argentina, Chile, Colombia and Mexico are using ICF for benefits with qualifiers to indicate the level of disability.

The Committee ended this discussion with a frank acknowledgement of the situation – the EIC has not found funding but is happy to support the proposal for further ICF material developments. We can comment and provide input but external funding is needed to further develop the learning package. Drawing on existing training materials developed by collaborating centres may offer a way forward.

## **6. ICD and ICF implementation databases**

Matilde advised that the implementation databases are a mechanism for providing information on the status of ICD and ICF use in WHO member countries. The Collaborating Centres are responsible for providing the information which can be entered on the web. Patricia Solis had previously reported that informed centres – national statistics offices and key universities – are providing the Pan American Health Organization (PAHO) with information on the implementation of ICD.

Marjorie pointed out that the current ICD database on the WHO Website, <http://apps.who.int/classification/implementation>, is difficult to access and is not user-friendly. Information is there but it is not useful and is out of date. There is a need for Collaborating Centres to update their information and also to improve the reporting function and how the information is displayed.

The Dutch Collaborating Centre has received money from the Dutch government to place the ICF database on the WHO website but work cannot start until WHO approves the contract. Huib will follow this up with the Classifications team in Geneva.

### **Action: Huib to follow up contractual arrangements with WHO**

Matilde reviewed a user-friendly questionnaire for the ICF Implementation Database designed to make it easy to enter and retrieve additional information. The group made comments and suggestions regarding:

- availability of educational materials
- use of ICF in statistics (including surveys ), how they are used, and the population queried, e.g., general population, school children
- The use in legislation/regulation with special mention of the UN Convention on the Rights of Persons with Disabilities which 60 countries have already ratified.

Matilde incorporated the comments and suggestions into the revised questionnaire and distributed it to members by email for comments.

**Action: Collaborating Centres and other key informants to be asked to complete the questionnaire by September so that Italy and Brazil can present the results at the WHO-FIC Network annual meeting.**

## **7. Information Sheets**

Seven Information Sheets are now available. After the meeting in Toronto, Cassia and Stefanie formatted the sheets into a two-column approach. The sheets are currently available on the IFHIMA web site and will be included in the newly-updated EIC Web site.

Two Information Sheets were presented: one, **Training and Certification to Promote High-Quality Data**, had been revised to change IFHRO's name to the International Federation of Health Information Management Associations (IFHIMA); the second was a new sheet, **SNOMED CT® and ICD: A 21<sup>st</sup> Century Informatics Solution**, prepared by Rita Scichilone and Kathy Giannangelo. The group found helpful the two-column approach to presenting the key facts of SNOMED and ICD and, in the light of this, considered that the narrative preceding and following this section should remain in a single column.

While there is no good information about how the sheets are being used, the group believed that it was important to promote them, to have them translated, and to identify new topics. To ensure the accuracy of the forms, the importance of a periodic review was emphasized and it was decided to look at them once a year prior to the annual Network meeting.

**Action: EIC members are to review the current Information Sheets and send any updates or comments on the SNOMED-CT and ICD sheet to Rita prior to the telephone conference in May. Updates to other sheets should be suggested by the following teleconference (August or September) for finalization at the 2011 Network meeting.**

Among the suggestions for new sheets was one on disability statistics using ICF (originally suggested at the February conference call but subsequently deferred). A sheet on automated systems might prove useful and Sue will explore this at the ICE meeting. Huib reminded the group that a sheet on the ICPS (International Classification for Patient Safety) had been mentioned in Toronto and that Robert might be asked about progress with its development.

Robert subsequently agreed to send a link to relevant materials to Sue Walker and Huib ten Napel, who will work with Donna Pickett and Marjorie on a draft.

**Action: Sue to discuss Information Sheet regarding automated coding systems with ICE group; Robert to advise status of ICPS Information Sheet**

**8. SNOMED CT to ICD-10 Mapping Project Update**

In Toronto, joint IHTSDO (International Health Terminology Standards Development Organisation) - WHO meetings were held to provide a project overview, to outline key steps and to describe the technical infrastructure and timeline. Rita Scichlione advised that the project team currently consists of 14 members from four countries: Canada, Sweden, United Kingdom and United States, who serve as map specialists, map leads, and consensus panel members.

Since the Toronto meeting 500 concepts (fully specified terms) have been mapped to ensure that the tooling is working and the results are now being analyzed. The results are posted to the IHTSDO CollabNet space for reference. Rita will enable access to this site for interested EIC members.

More people are needed to get the mapping job done faster. The goal for Phase I is to process about 9,800 terms. There are now 3.3 full-time equivalent map specialists (two paid and 4 volunteer), and 612 maps were completed in 118.5 hours, at an average of 5.6 maps per hour. Each concept is mapped by two map specialists. If the two agree, the map is accepted. If there is no agreement, the case is discussed with the map leads or goes to consensus. The United Kingdom had mapped 7,000 terms, and these are being mapped a second time to determine if they should be accepted or referred for further discussion.

IHTSDO is seeking assistance from WHO-FIC and IFHIMA in obtaining source records encoded in SNOMED, in recruiting experts to validate the maps and in participation in "gold standard" coding of ICD-10 in records.

Marjorie pointed out that there is a need to map not only to ICD-10 but also to its modifications.

**9. EIC Web site**

Marjorie reported on the NCHS WHO-FIC Education Committee Web site that is being transitioned into a new WHO-FIC EIC Web site,

[http://www.cdc.gov/nchs/icd/nacc\\_education\\_committee.htm](http://www.cdc.gov/nchs/icd/nacc_education_committee.htm).

The site's "What's New" section includes ICD-10 online training with link, WHO-FIC Implementation Database with link, approved information sheets and, checklist for WHO-FIC classification implementation at country level. Links to the ICF introduction training tool will be added when it becomes available.

Other sections include Training and Certification programs for ICD, ICF Training, and meeting reports.

Regarding the posting of materials on the EIC Web site, Marjorie stated that items must be 508 compliant and must be able to be translated into MS Word. (Section 508 of the Rehabilitation Act of 1973 requires that electronic and information technology be accessible to people with disabilities.) If items cannot be posted it might be possible to use a link.

The WHO Web site for the Education Committee, <http://www.who.int/classifications/committees/education/en/index.html>, has not been updated; however it does link to the NCHS updated EIC website.

## **10. Engagement of Regional Offices and IFHIMA Directors**

Marjorie presented a draft letter addressed to WHO and IFHIMA Regional Directors informing them of WHO-FIC-JC activities, requesting feedback, and seeking suggestions for sources of support. This letter would be accompanied by a CD ROM that contained the documents cited in the letter. Cassia offered to prepare the CD.

Carol suggested that it would be useful to include a response date, and it was also suggested that a short questionnaire to gauge interest in, and utility of, the materials provided also be included with the letter. Marjorie requested that suggestions for changing the letter be sent to her now. Cassia, Sue, Margaret and Marjorie will send the letter by the end of May, requesting a response by the 1<sup>st</sup> of July. The ICF Introductory learning tool will be mentioned if it is available but the letter will not be delayed in order to include it. At the end of August, after follow-ups have been completed, a report will be prepared for the WHO-FIC Network annual meeting.

**Action: all members to send suggestions for changes to this letter to Marjorie before the end of April 2011 to enable it to be finalized and distributed before 1 July. A report on this outreach will be prepared for the Cape Town meeting.**

## **DAY 2 MORNING - 29 MARCH 2011**

Robert Jakob and Huib ten Napel joined the meeting. The agenda was re-arranged to cover certain items that could not be discussed the previous day due to their absence. Cassia reviewed the discussions of the previous day and Sue Walker chaired the day's discussions.

## **11. Follow-up on EIC website**

Marjorie noted that the current information on training materials and capacity on the Education Committee website is very out-dated and either should be updated or removed. She agreed to convene a small group consisting of Robert Jakob, Cassia, Huib and Rita, which will explore web-based applications for updating the information. This group also will consider whether such

applications can be used to update the information on the ICD-10 Implementation Database, which the Committee would like to make more current and user-friendly (see below).

## **12. Plans to update ICD-10 Mortality Exam Question Bank**

Cassia reported on her ongoing efforts to expand the question bank for the ICD-10 Mortality exam. The first 100 questions were tested between 2007 – 2009, and it took a long time to achieve agreement on the correct answers. She has now developed 85 new questions and sent them to the Mortality Reference Group (MRG) for their review. Each question is framed as a death certificate, and MRG members are asked to provide the codes, underlying cause and rules applied. The first round of review is from the end of February to the end of April. Cassia will then compile the level of agreement. A second round will follow between June – August. It is possible that a third round will be required before the annual WHO-FIC Network meeting. Cassia noted that she still can accept more questions. Even if additional pilots of the mortality exam are not conducted, the process will inform development of revised mortality coding rules for ICD-11. Lars Age Johansson is working on the latter. The Committee commended the work on expanding the pool of questions but noted that without funding to support the exam process, it is not possible to offer the exam on a global basis. Joon Hong observed that in Korea, the coders had seen real value in receiving certification. Margaret Skurka suggested that IFHIMA could run the program, perhaps through the American Health Information Management Association Global Office, but that modest funding was needed.

## **13. Update on Morbidity Exam**

Joon Hong and Carol Lewis presented the results of the pilot of the morbidity exam in Korea. They had first conducted a survey to gather questions, obtaining questions from 12 countries. They had reviewed the questions and answers in detail and circulated them to a sub-group before finalizing the exam. The exam was translated into Korean and administered October 2, 2010 to 48 examinees from the Korean Medical Record Association (KMRA). There were 20 multiple choice questions, 30 coding diagnosis questions and 15 scenario questions (10 short and five long). The purpose of the exam was educational and not to provide certificates for successful completion. Only one participant received a grade of over 80%. Half were below 50%. Joon described the errors in detail, with the highest percentage being external cause codes and morphology codes. There were many missing 4<sup>th</sup> and 5<sup>th</sup> digits. In summary, the pilot identified the weak points of morbidity coding of KMRA members, provided very good information to set up coding education programs, motivated KMRA members to increase their knowledge of coding rules and aroused interest in being internationally certified as morbidity coders or trainers.

Joon also presented the results of the pilot test in Japan, which took place in January 2011, on behalf of Yukiko Yokobori who was unable to attend the Budapest meeting. All questions had been translated from English to Japanese. Unlike in Korea, in Japan the exam was taken by ICD-10 distance training course lecturers and educators rather than coders, who code on a daily basis. Examinees, of which there were 52, had 180 minutes to complete the exam. Some of

the reasons given for taking the exam were to improve coding skills, curiosity, and to cooperate with the project. 85% received below 60% correct answers on the exam. Issues across both countries are that different versions of ICD-10 are being used in different countries and even within the same country; not all countries apply the WHO updates; national coding instructions may differ from the international standard guidelines; and not all components of the classification (e.g., morphology codes) are routinely used. There was a lot of agreement between the two countries on the questions that received the highest and lowest correct scores.

The group expressed appreciation to Joon, Carol and Yukiko for conducting the pilots and noted the need to conduct research on the presence of country-specific coding and educational practices to enable more international comparability of morbidity data. Joon and Carol also plan to review the questions with a low correct response rate to determine whether they need to be modified or removed from a future exam. It is evident that additional training is needed on external cause of injury coding and morphology coding.

Carol proposed next steps in the morbidity exam exploration. She noted that the challenges are even greater than for the mortality exam, where there is more international consensus on rules and a smaller number of potential examinees. Some of these challenges include the large number of morbidity coders world-wide, the variation in country definitions for main condition, the different versions of ICD-10 being used, and the costs for countries of adopting new versions and updates. She emphasized that an international morbidity exam would be a long-term commitment, would require human and material resources and a structure and organization for developing the exam and issuing certificates. The content of the exam needs to be considered further, as do the marking and weighting of answers. One possibility is an on-line exam for use with the web-based training tool. Carol suggested that an expanded group needs to outline all of the requirements for an international exam in order for the JC to decide whether to go forward. It was decided that at least one more pilot should be conducted, preferably in another region. Possible sites that will be explored are Jamaica, Sweden and Sri Lanka. Countries conducting additional pilots will be asked to document the level of effort required.

Participants agreed on the importance of the findings, not only for coders but for trainers and for ICD development and revision. As was discussed earlier regarding the mortality coding exam, the results should inform the ICD-11 process. There also are important implications for the updating process for ICD, which never has been fully evaluated. It is apparent that the updates have not been universally adopted by countries. Before the session ended, meeting participants were asked to respond to a questionnaire about the exam content. Although the intent was to make the exam comprehensive, the developers requested feedback on whether some of the optional aspects of ICD-10 coding should be included.

## DAY 2 AFTERNOON – 29 MARCH 2011

Prior to lunch, discussion had been about the concerns regarding future plans for continuing the morbidity exams and the discussion continued once the afternoon session convened. One of the biggest items of concern was the need for more workers to be involved in the development process. The following possibilities were suggested as possible candidates to join Carol and Joon in their efforts: Marci Macdonald from Canada (Marcie subsequently agreed to participate); Cassia Buchalla. Carol also agreed to follow up with Jamaica; Sue will follow up with Sri Lanka; Olafr will check on possibilities for Swedish participation in a pilot exam.

It had been determined that any future pilot tests would be completed as the Korea and Japan pilots had been completed in order for the comparison to be the most valuable. However, it was acknowledged that long-term plans must be considered as well. A suggestion was made to have the next pilot testers try to document how much time was spent on certain aspects of the project to aid in future planning.

At the end of the pilot process, plans must be made for the next steps. Consideration must be given to:

- how to prepare more exams
- how to administer them
- how to keep exam information up-to-date
- how to move forward.

These plans can be discussed together with the mortality exam developments because the same process will be required. Alternatively, the morbidity exam may be something that may be best paired with the online tool – the approach may be different depending on the setting.

#### **14. ICF-INFO**

In spite of difficulties with the teleconference equipment, Cassia was able to connect with Catherine Sykes via Skype for the discussion regarding the ICF-INFO project by Huib ten Napel. The project would provide an equivalent of the database for the ICD, and be very similar to the ICF inventory work completed in 2006. The endeavor is in the beginning phases as efforts are still being made to bring it up to “project” status. Although there are workers ready to begin and funding is available, the contract details are still being worked out through WHO. The Netherlands hopes to make a good connection with a similar project being completed in Italy. The funding source provides for WHO to have access to monies as long as half is spent in a Dutch country, but no work can commence without a signed contract agreement. There is still a bit of paperwork being requested by WHO but hopefully it is in its final stages.

Huib requests that the first action item of the committee be to review the updated template that will be used and provide comments on its content. Hopefully it will prove to be less complicated than the original template because the 4 strategic areas mandated previously are no longer required. There are some options to be determined in the completion of the project as well:

- should the questionnaire be completed online or organized by a moderator?
- ideally an interactive question format can be utilized that would expand the questions to include further detail based on the responses
- is the interactive format feasible or is a Word document as used before the best option?

It was noted that the questionnaire has been developed based on Activity and Participation concepts but does not include Personal Factors, even though this seems an ideal venue for collecting that type of information. It was recognized that it was a bit of a sensitive topic in Toronto because the FDRG expressed an interest in that information. Marjorie agreed to draft a letter to Ros Madden and Gerold Stucki recognizing that it was agreed in Toronto that the FDRG would take the lead on the Personal Factors information collection. However, now that there is funding available and a plan in place she will ask if FDRG would like to include that topic as part of the ICF-INFO project after all. Marjorie will send to Huib for review before finalizing.

#### **Action: Marjorie to draft letter to FDRG and finalise with Huib**

The intersection between the ICF-INFO database and the ICF implementation database needs to be clarified. It seems that there are distinctly different providers of information to the databases as well as different audiences with different information needs and searching strategies. Discussion of content, data entry and format of presentation should be underpinned by a clear understanding of the purposes of the databases. There were some questions raised about the specific audience to receive the questionnaires, but it was felt best to let recommendations be made by Huib and Matilde.

#### **15. ICD-10 web based training tool**

Robert Jakob was able to give the committee an update on the ICD-10 Training Tool. It went live in January and is available on the WHO website at  
<http://apps.who.int/classifications/apps/icd/icd10training/>

WHO has also prepared:

- a CD-ROM version with automatic installer and ISBN number (cost=US\$30)
- version for download from WHO website
- User guide
- Translation package containing all source files, storybooks, etc
- detailed instruction on translation including number of words to be translated, and
- estimate of the amount of time required, cost estimate from the company to provide technical support if required.

To aid in compatibility with all ages of computers, the installation routines are supported by software as far back as 1998. It was recognized that there is a need for a Technical Support Group, much as there is a Training Support Group.

In discussions about how the training tool is being advertised, Robert advised that the promotion program could include:

- information provided to regional advisors
- links on home pages to increase hit rates (Margaret informed the group that a link already exists on the IFHIMA website)
- a press release to regional offices, universities and ministries of health was recommended
- members were asked to assist with word of mouth advertising, which was recognized as possibly the best resource.

The training materials have been or will be utilized in:

- training in Kenya (Cleo Rooney)
- 2011 Brisbane introductory training course
- certification module used to train doctors in Fiji
- ICD-IHTSDO mapping project as a refresher about ICD .

There is a possibility for further use as part of the Pacific Open Health Learning Net (POHLN), a course management system that provides opportunity for Pacific Islanders to take various courses via the web. Robert Jakob is in contact with a representative and there seems to be real potential for its use in this capacity.

The Committee discussed the following issues that need to be addressed:

- how to ensure maintenance
- how to expand on information that morbidity and mortality pilot tests have shown as areas that may need to be addressed or expanded
- an established plan required for providing assistance if users raise questions; currently 28 registered users of the Google site (some are EIC members) but no questions on content as yet; keep in mind that it would be good for more than one person to look at question and answer to confirm agreement and that the Support Group would like to collect questions and answers for future user support.

The issue of advertising the training tool more was discussed. It was determined that the European countries probably know about the tool but other regions probably don't know. For example: the Russian Republics, Central East Asia countries (Dr Wansa can help spread the word), Southeast Asia (Sue and others can spread information), South American countries (without Spanish translation, moot point), Jamaica, Trinidad (Carol will send personal message to contacts there). It was suggested that a Facebook site be set up. Sue thought that an announcement in the WHO Bulletin and on the WHO webpage would be helpful.

Sue followed up with Robert on a question brought up yesterday regarding the ICD-10 Implementation Database. Concerns had been expressed that the spreadsheet itself is not up-to-date nor very user friendly. Robert acknowledged that it is hard to get user input – requests have been made of collaborating centers but very few recent responses. When WHO notes activity in the database, the files are updated. Letters containing a link and password were sent

with a request to enter information into the questionnaire. The computer automatically converts the questionnaire responses into a spreadsheet format. The issue of completeness is really dependent upon the countries responding.

The following issues were discussed:

- What should the update process be?
- How can information be kept up-to-date?
- How can the resultant files be made into more user-friendly reports?
- Which information should be extracted to eliminate the overwhelming amount of data currently provided?

It was agreed that the sub-group set up this morning to address updating of training materials could also help organize the tasks for this topic as well. Those members are willing to help guide the discussions needed to improve this resource.

A question arose about the ability of private editors to translate the English version of the WHO products into other languages and then sell for a profit. Robert explained that old contracts cannot be undone, but with the implementation of ICD-11, there will be no contracts granted allowing private industries to publish translations for profit. It will be unified for ICD-11 – everybody will have the same rights and privileges. The recently released training tool is already subject to this policy.

## **16. Sharing Training Experiences**

### **a. Olafr Steinum – Ten years of training coders in Sweden**

The final presentation of the day was by Olafr Steinum “Ten years of training in Sweden”. His discussion showed improved coding not only in number of diseases reported but also in degree of specificity in code assignments in those Swedish counties having coder training. For counties relying on doctors for the coding, no measureable difference in code quality nor quantity was shown until it became obvious that those areas without trained coders were losing money. It was clear evidence for the benefit of having trained coders on staff to do the job of coding rather than having doctors be responsible.

The meeting adjourned after the presentation and subsequent question / answer session.

## **DAY 3 30 MARCH 2011 – MORNING**

The meeting resumed at 9am with Cassia Buchalla in the Chair.

Sue Walker reviewed the discussions of the previous day. Robert Jakob noted that HMN has allocated all of its discretionary funds and believes there is little point in following up with them regarding Sue's project proposal. Marjorie reported that the EIC website went live overnight and requested feedback from EIC members on its contents.

Marjorie has redrafted the letter to the Regional Officers and IFHIMA Directors to accompany the CD ROM of EIC materials and will circulate it to Margaret, Cassia and Sue for comments.

Sue noted that all presentations made at this meeting will be posted on the EIC Sharepoint site.

Marjorie recommended that contact be made with Bill Ghali and the IMECCHI (International Methodology Consortium for Coded Health Information) group, who work with coded data and whose activities appear complementary to those of the EIC. IMECCHI might be interested in the morbidity exam developments.

## **16. Sharing Training Experiences session (continued from previous day)**

### **b. Tyringa Crawford - ICD-10 training at Research Triangle Park**

Tyringa Crawford provided an interesting presentation regarding the training activities at the RTP. They provide multiple cause training focused on people using ACME, including a substantial amount of pre and post classroom training decks that are available on the internet. Students who complete all required exercises are awarded a certificate. There was considerable discussion about the pros and cons of web based training for coders. Tyringa and her team attempt to provide personal follow up to students to encourage them to complete required materials.

Recent changes in coding practices in the US, whereby all MMDS-rejected records are now the responsibility of RTP coders and not at state level, has provided the impetus for specialized follow up training sessions for trained coders. Some of the coders work remotely and some in the North Carolina office.

Tyringa believes that EIC members can be given access to review the training materials on the RTP website by emailing [ICD10@cdc.gov](mailto:ICD10@cdc.gov) and requesting this. A password and username will be provided by the NCHS. Tyringa noted that the training materials can be used but any administrative follow up or marking activities would be the responsibility of the trainer, and not of RTP staff who are not resourced to provide this level of support.

### **c. Marjorie Greenberg on behalf of John Hough - North American Collaborating Center ICF Web Seminar Series**

Marjorie Greenberg, on behalf of John Hough, provided a presentation regarding the web based ICF training materials developed by John. Web training is less resource intensive than providing face to face instruction. The training materials, which were demonstrated over the internet, include various photographs of people with disabilities. John believes that using pictures assists learners in understanding concepts inherent in the ICF. The photographs come from the WHO and CDC libraries. The web training includes 3 ninety-minute seminars that participants can join by telephone or the internet, allowing real time dynamic discussions of content via Windows Live Meeting software. Recordings of the sessions are archived and available for download.

It was suggested that some of John's materials could inform the development of further modules of the ICF training tool. All members were asked to provide comments on the materials to John.

#### **d. Sue Walker - Testing the web based training tool for certifiers in Fiji**

Sue Walker gave a brief presentation regarding a research project she was involved with which engaged final year medical students at the Fiji School of Medicine learning about death certificate using the module in the web based training tool. The students were given a pretest that involved them completing death certificates from a variety of short vignettes. They then accessed the web based tool and worked through the certification module. A few days later they were asked to complete some more vignettes to assess their newly acquired knowledge. They were also asked to complete a short questionnaire to provide their opinion of the training materials and the utility of the web based tool. All students improved in each measure of death certificate quality and their responses to the training tool were very positive. All students believed that future medical students should be able to access such training during their medical school education.

#### **17. ICD-11 and the role of the EIC**

Robert Jakob gave an overview of the current state of development of the ICD-11, including the degree of completeness of the work of each TAG, the data entered into the iCAT, the degree to which the tabular list structure has been specified and textual definitions completed. Parent-child relationships are being specified as part of the content model but many of these are difficult because of multiple inheritances. There is consideration being given to the creation of a multisystem chapter, work still needs to begin on the signs and symptoms chapter (although it has been thought that body system symptoms could be included in body system chapters) and the Factors Influencing chapter (although this might be linked to ICPC). There have been no decisions about the codes currently in chapter XXII. The overlap between traditional and western medicine needs to be disentangled and the future of the dagger and asterisk convention, although solvable, still requires work.

A meeting of the mTAG will be held next week and many of the issues raised by Network members will be discussed at that meeting. Some of the MRG issues will be solved in ICD-10, rather than waiting for ICD-11. The mTAG has, as part of its role, to work on the rules and guidelines and WHO is keen to have machine-readable rules specified in addition to the rules in text.

The EIC may have a role in the field testing of the ICD-11 in development of educational materials, test materials and explanations of the differences between ICD-10 and ICD-11.

It has been determined that the beta version launch will be delayed but that there will be software created to allow the general public to view developments through some form of on line browser. This will be further discussed at meetings in Geneva in April.

The future role for the EIC will be further discussed in Cape Town.

#### **18. Sharepoint site**

Members were reminded that all EIC documents are shared using the Sharepoint site, rather than as email attachments. Rita is happy to help anyone who requires assistance with Sharepoint and to provide advice regarding using the extended functionality of the site.

## 19. Strategic Workplan

Cassia and Marjorie led the group in the discussion about the SWP. The EIC has two workplan documents: the official one that is a tool for the whole WHO-FIC Network that identifies major activities and deliverables on an annual basis; and a less official version used by the EIC to track the status of our activities from meeting to meeting. This latter is the result of actions determined during our meetings and conference calls. WHO has determined that the highest priority projects for the EIC are the two web based training tools and the implementation databases. The EIC itself also prioritises the development and promulgation of the information sheets and the further development of the Training and Certification program.

After discussions about priorities, the splitting of some ICD and ICF activities and the need to update the SWP with the new name of IFHIMA, Cassia agreed to make the required updates and circulate the draft for comments before forwarding it to WHO in advance of the Council teleconference on 14 April.

## 20. Plans for Cape Town meeting

The annual meeting will be held in Cape Town, South Africa from 29 October – 4 November, with the initial days being for committees and reference groups as usual. The meeting theme is Health Information is Vital. The planning group is currently setting the agenda but the EIC expects to have no less time for meetings than in Toronto in 2010.

Robert noted that there will be meetings and training sessions relating to civil registrations and vital statistics prior to the meeting and Sam is hoping to have an IRIS training session for the countries of the African region. It was suggested that perhaps IFHIMA could provide a face to face training course based on the IFHIMA training packages. It was also thought that having the ICD and ICF web based training tools available for people to play with during the meeting would be useful.

Marjorie reminded the co-Chairs that the EIC provides the introduction to the Network session on the first day of the meeting. Other suggestions for papers and posters were:

- Paper from NCHS regarding mortality coding changes (Tyringa)
- Posters based on this meeting's Sharing Experiences session (Olafr, Tyringa, John, Sue)
- Paper about the Regional Training and Credentialing outreach activities (Marjorie and Margaret)
- SNOMED to ICD-10 mapping project (Rita)

- Future morbidity and mortality exam activities (Joon, Carol, Cassia, others)
- IFHIMA/AHIMA joint Health Aging project proposal (Margaret, Rita)
- Poster about the WHO-FIC Implementation checklist (Marijke)

## **21. Next meeting**

The next meeting will be held by teleconference on 10 May 2011 at 5pm Washington DC time.

The co Chairs warmly thanked our Hungarian hosts for their hospitality and care to ensure we all had a wonderful time in Budapest. Sue then declared the meeting closed at 1:45pm local time.