

Education and Implementation Committee

Session 1: 31 October 2011 13:30-15:00

1. Opening and welcome

The first session of the Education and Implementation Committee meeting in South Africa was held on the afternoon of 31 October 2011. Co Chairs, Sue Walker and Cassia Buchalla, welcomed the attendees and assigned rapporteurs (session 1: Tyinga Crawford and Elaine Sauls, session 2: Carol Lewis, session 3: Sue Walker). The agenda was reviewed and the meeting objectives were discussed. It was noted that the final agenda was the one posted on the WHO-FIC and Sharepoint sites. However, some of the items in the agenda have had to be moved around to accommodate participation by Network members with responsibilities to other committees meeting at the same time.

The agenda was designed to focus discussions on:

- The importance of the EIC's work in sharing experiences, learning from each other, discussing good training concepts, conduct training
- Providing an update on training and support activities and information products produced by the EIC
- Planning for training activities and educational products going forward

2. EIC Terms of Reference and Work Plan

Sue Walker led this discussion. The EIC Terms of Reference were reviewed in detail and the group was asked whether these items were still relevant or if there were any changes or additions. Marjorie Greenberg agreed that they were relevant but reported from the Small Executive Group meeting on October 30 that resources would be extremely limited in the future. She encouraged the group to be especially diligent in prioritizing its future goals and to be sure that any commitments could be fulfilled. It was noted that the activities formerly specified as being undertaken through the Joint Collaboration with IFHIMA have now been coalesced into the EIC ToR and Work Plan now that IFHIMA is a full voting member of the Committee. No changes to the current ToR were thought necessary.

Cassia Buchalla led the discussion on the Work Plan. The Work Plan was reviewed with accomplishments in the past 12 months shown in green and activities yet to be accomplished shown in red. Significant achievements in the past 12 months:

- ICD-10 training tool is available and posted on the WHO website. It has been translated into Portuguese. Translations in progress: Russian, Spanish, Catalan, Japanese.

There is an organised support group in place to respond to questions about content and use of the tool.

- The ICF e-learning tool – an introductory module is available in English, Spanish and other languages and is on a website maintained by the German Centre. It is also available for download or on a data stick. There are plans to post it on the WHO website.
- The Network Briefing kit is available on the WHO sharepoint website for current and new collaborating centres.
- A set of 7 information sheets is now available. Translation, printing and distribution are encouraged. The information sheets are on the EIC website (http://www.cdc.gov/nchs/icd/nacc_education_committee.htm) and on the IFHIMA website at <http://www.ifhima.org/whofic.aspx> A CD Rom with these, and other educational products, was sent to all WHO regional advisers (RA's) and IFHIMA regional directors (RD's) during the past year.
- Papers and posters on best training practices were provided at the midyear meeting in Budapest and some have been turned into posters for the Cape Town meeting. Further papers have been accepted for this meeting.
- Electronic tools: work to update and finalise the ICD and ICF implementation databases has been commenced.

Activities discussed for next year's workplan include:

- ICD-11 materials – use of the alpha browser, participation in field trials, updating of volume 2
- ICF training tool – up-load to WHO website, review of advanced modules
- ICD-10 training tool – increase support activity, review plans for maintenance
- Morbidity and mortality exams – go or no go decisions, especially for the morbidity exam; decide the format for exams and whether they should be used for assessment purposes and not certification
- Regional Training and Certification program – continue discussions with PAHO and HIRMAA and any other regional groups interested in working with EIC. A work group of EIC members, chaired by Margaret Skurka and Marjorie Greenberg, should review the responses to the regional questionnaire fielded during 2011 and consider necessary follow-up with WHO RA's and IFHIMA RD's.
- Information sheets – present updated ICD and Terminologies (including SNOMED CT) sheet to midyear meeting; entertain proposals for additional information sheets.
- Briefing kit – update, including profiles from new centres and NGO's
- Best practices – continue sessions for sharing experiences at midyear and annual meetings

- ICD Implementation database – manage updating, work on user guide and standard reports; pursue integration with ICF Implementation Database.
- ICF Implementation database - Dutch centre to work on this and provide report on progress to mid year meeting
- International HIM Education – Yukiko to recirculate survey to all participants to update existing materials
- Hold Mid-year meeting in Washington, D.C. area on March 19-21, 2012.

Participants were asked to notify Sue or Cassia if any additional items need to be added to the work plan for the next year. The work plan is to be presented to the Council at the end of the annual meeting.

Mark Amexo raised about promotion and updating of the ICD-10 web-based training tool. WHO owns the tool and houses it on the WHO website. There is currently no commitment for updating of the tool. WHO promotes the tool along with the EIC, but it was thought the promotion could be better organised. Mark actually works for WHO in Health Metrics Network (HMN) Secretariat and may be able to promote the tool among some professional organizations and regions HMN work in; others were requested to take every opportunity to also promote the two training tools.

Margaret Skurka noted that the group may need to think about a long-term plan for the training tool support aspect of the training program. Currently, there is a 4-member group who has agreed to perform this function, but responding to questions has mainly fallen to Sue. Lindy Best has also helped. Thus far, the workload is manageable, but as word of the program spreads and more students access the training tool, more support may be required. There was also a question about the use of the term “subscribers” to refer to users of the training tool. This terminology came about because during the registration process, students can choose to “subscribe” to the free email support group and will then be able to post queries and receive all questions and answers submitted about the tool.

Concern was expressed about the potential need for support for non-English speakers, particularly in Russian. Unfortunately, there is no good answer to this issue. It is also a problem for the Mortality Forum. Groups that want to translate the training tool need to consider this. A question was raised about a French translation of the training tool. This is not yet available but the tool has been designed in such a way that managing the translation is possible and the process is simple. A technical concern mentioned relates to the fact that some images may require manipulation – this had not been considered during the development and needs to be explored.

A train-the-trainer program was also suggested. Although this is a great idea, there are currently no resources to support this effort. As noted earlier, support products were sent out to the regional offices and IFHIMA directors, but often countries need help from the EIC to determine how to use those products in their local areas.

3. Update on mortality exam

Cassia Buchalla reported that the intention has always been to offer the exam to an international audience with certification for successful candidates. To date, the plan has been unsuccessful in progressing past the pilot phase because of the challenge of finding funding to support the program. The exam has been tested in several countries using one hundred (100) questions that have already been defined. The pilot exam is available in English, French, Korean, Portuguese, Spanish.

An update was also given on the answers for the 85 new questions prepared for the mortality exam. Five sets of responses have been received from members of the MRG in 4 countries and also from Andre L'Hours, former WHO staff member. The next steps are to collate, compare, select agreed-upon answers, return to the MRG and EIC for further input, and then pilot test the new questions. It was noted that this is the same process that has been in place since 2007. Hopefully the push for regional support will help move the committee beyond this point.

4. Update on morbidity exam

A presentation was given by Carol Lewis on the pilots of the morbidity exam, conducted this year in Jamaica, Japan, Sri Lanka and Sweden, as shown below.

| Country | Year | Number of Participants |
|-----------|----------------|------------------------|
| Korea | October 2010 | 48 |
| Japan | January 2011 | 52 |
| Jamaica | July 2011 | 25 |
| Sri Lanka | July 2011 | 6 |
| Sweden | September 2011 | 28 |

This was a good blend of regions, languages and economic situations. A detailed comparative analysis of results and evaluations was provided. It was noted that the major coding problems across countries were in:

- Inclusion of morphology codes
- Use of external cause codes
- Compliance with the “Use additional code” instruction.

Some issues were noted that need resolution if the exam is to move out of the pilot phase:

- How to manage countries using different versions of ICD – some implement updates and others do not, some use national adaptations of ICD
- There are some country-specific instructions which may or may not contravene WHO coding rules and conventions
- Significant human resources are needed to conduct the exams
- Communication is important to ensure participants understand the questions, what is required of them and the purpose of the exam.

It was noted that a decision will be needed in the next year about the future of the morbidity exam: do we continue development for certification purposes, continue development for assessment only purposes or abandon the idea of an exam for ICD-10 morbidity coding? Marjorie asked whether, other than resources, there is any reason not to continue progress toward a morbidity exam. Overall response was that the pilot exam did prove to be quite useful in terms of identifying problem areas and as an education tool. It was also noted during the discussion that the exam would need to be based on approved WHO rules and not try to deal with country-specific items. Some countries felt this was too restrictive and that countries should be able to test their coders based on the approved national approach.

5. Morbidity pilot test in Sweden

A presentation was given by Olafr Steinum describing the very recent Swedish morbidity exam experience. Even though the exam process was a bit more informal than in other countries (the exam was given as homework rather than under test conditions), it was still seen to be a beneficial exercise. Certain coding rules are not relevant in Sweden, and Swedish coders code only from Volume 1 as there is no Swedish version of the Volume 3. This made the exam quite time consuming and the process not exactly comparable to other pilot tests.

It was noted that there was concern that some of the master answers may need further discussion for an agreed-upon, consistent approach and scoring was also problematic because sometimes the coder assigned the correct 3-character base code but had an error in the 4th or 5th digit. Olafr asked for consideration of partial credit for these situations.

6. Sharing experiences – presentations

Note that all papers are available for download from
<http://www.who.int/classifications/network/meeting2011/en/>

6.1 National Implementation in South Africa by Sithara Satiyadev and Luisa Whitelaw - Paper D001

Sithara provided background to the ICD-10 implementation process in South Africa, including the establishment of a National Task Team in 2004 with various subcommittees. Implementation occurred via a phased approach. Challenges and constraints to the implementation were noted, including a lack of appreciation of the value of coding (it is seen as only for payment purposes), differential implementation in the public and private sectors, problems with clinical documentation and lack of monitoring and auditing. The way forward includes getting a renewed mandate from the Ministry of Health to guide activities, formalising the work of the Task Team, sourcing an appropriate funding allocation.

6.2 Update on ICD-10 Implementation Database by Marjorie Greenberg – Paper D011

Marjorie noted that the database is a critical output of the EIC workplan, and can be used to understand more about international implementation of the ICD-10. A small workgroup was established to discuss the future of the database with WHO because of perceived difficulties in accessing useful reports from the database. A set of standard summary tables were recommended for inclusion on the WHO-FIC website, with a user guide about the database to assist in the production of ad hoc reports. It was noted that there is a need to have countries update their entries to improve coverage and content.

6.3 Poster preview by Robert Jakob – poster D059

Robert provided a brief overview of the ICD-10 web based training tool and encouraged participants to view the poster about the tool.

Session 2: 1 November 2011 13:30-15:00

Sue Walker chaired the EIC second session.

7. ICF-INFO

Huib Ten Napel described ICF-INFO-1, which was developed by the previous Implementation Committee and completed in 2006. ICF-INFO-1 contains a wide variety of training and implementation materials which served as a basis for the ICF training tool but which are now in need of updating. The Italian and Dutch collaborating centres have developed more detailed questionnaires, ICF-INFO-2, which provide new and more detailed information on ICF materials that can be used to support implementation and reduce the need to reinvent the wheel.

8. Information sheet for SNOMED CT and ICD

Rita Scichilone reported that a draft version of the SNOMED CT and ICD information sheet had been circulated prior to this meeting and that she and Kathy Giannangelo very much appreciated the excellent comments they had received. The suggestions were to place emphasis on ICD

attributes (e.g., its maturity) and use ICD first in the title. SNOMED CT should be featured as an example of one terminology working with ICD.

For those attending the EIC meeting for the first time, Sue Walker explained that the development of information sheets is one of the activities of the EIC and that seven have been developed to date. Rita described SNOMED very briefly, stressing that it is the most robust clinical terminology in the world and that it is not in competition with ICD – both are important and must work in harmony.

Rita and Kathy will update and broaden the SNOMED and ICD information sheet and it will be distributed as a draft for further input.

9. Sharing experiences – presentations

9.1 IFHIMA/AHIMA Joint Initiatives in Europe: Healthy Aging and Creating a Skilled Workforce in HIM - Paper D0009

Margaret Skurka and Rita Scichilone described two projects taking place in the European Union (EU). The Skilled Workforce in HIM Project began in 2010 and is supported by four organizations: the International Federation of Health Information Management Associations (IFHIMA), the American Health Information Management Association (AHIMA), the European Federation of Medical Informatics (EFMI), and the International Society for Telemedicine, and eHealth (ISfTeH).

To help ensure data integrity, the objectives of the project are to increase the number of students interested in a health information management (HIM) career, increase awareness of the HIM profession at educational institutions, establish cooperation between the education sector and future employers, and develop a workforce of HIM professionals in the European Union. The project plans to compile curricula and training materials from various associations and organisations and then use a portal to keep the information current. The portal would display and/or link to existing curricula and training materials, link to university degree programs, provide resources, define HIM in the minds of current and future students, provide an exhaustive overview of educational programs at entry level and related career paths.

The Active and Healthy Aging Innovation Partnership is the result of a European Commission White Paper in 2007 that indicated among its principles that the EU must do more to improve health throughout the world and should consolidate its position with international organizations and strengthen cooperation with partners. Active and Healthy Aging is a societal challenge for all. The goals of this partnership are to increase the average healthy lifespan in the EU by two

years, enable citizens to lead healthy, active and independent lives while aging, and improve the sustainability and efficiency of social and health care systems. The strategic objectives are to support appropriate measures to improve the health of all to help the population become more productive and age in good health; develop a digital agenda to include increased standardization and interoperability of health information, and a coordinated approach for supply and demand for e-health purposes; support projects that provide Europeans with secure on-line access to their own health data and enable on-line health services. A partnership was formed that includes EFMI, AHIMA, the Royal College of Physicians (London), the Health and Social Care Working Group (UK), and IFHIMA. In January 2011, the partners submitted a proposal for an Innovation Partnership and are currently awaiting the results. If successful, the partners will work together to contribute to healthy aging goals specifically in the health data and information section.

Regarding the skilled workforce project, Yukiko Yokobori from Japan reported that she has developed a database on HIM education that currently includes information on 34 countries. She will send the questionnaire to all those attending the EIC meeting so that they can submit new or updated information.

Enrique Loyola from WHO/EURO commented that it was important to develop different levels of curricula, not only for HIMs but for all higher levels of the hierarchy. One of the WHO European Region's objectives for Health 2020 is healthy aging. He pointed out the great need in Eastern Europe for health information expertise. Rita Scichilone added that, in responding to the questionnaire, all those involved in HIM should be included, e.g. clerks and coders. Marjorie Greenberg indicated that it was essential that the WHO Regional Advisors act as partners in helping to collect this information.

10. ICD-11 and role of EIC

Robert Jakob was unable to be present for this topic so Sue Walker led the discussion on what products need to be developed to assist with the implementation of ICD-11. Among those that are already being considered are materials to support the proposed field tests, to provide an overview of the ICD-11 and on how to proceed with implementation. Also, it is hoped that the training tool will be updated to support ICD-11 education for coders, clinicians and others.

Given that WHO hopes to make the transition to ICD-11 more seamless, Marjorie Greenberg asked about what kind of tools WHO is planning to provide. There is need for a user guide on the alpha version of ICD-11. While the EIC may not be able to develop the tools to support use of the ICD-11 browser, a task group could be established to identify what is needed.

A number of suggestions were made about training for ICD-11. These included developing training of trainers programs, updating existing training materials. Mobile learning is the wave of the future and should be accommodated. On the other hand, there is also the need for preparing paper-based training materials for those without easy access to computers or reliable sources of electricity. Cassia Buchalla reminded participants that this affects not only training materials but also the need for coding books.

ICF training materials must also be updated with alternative methods of presentation. The many different audiences for training in ICF mean that the training materials must address different levels and ranges of education. Different training platforms already exist, e.g., ICF Web-based training tool, PowerPoint presentations.

12. Regional Training and Certification: outreach activities

Margaret Skurka reported on the effort that she and Marjorie Greenberg had directed to WHO Regional Advisers and IFHIMA Regional Directors in order to stimulate dialogue on improving the quality and use of health information and the skills of health information workers. An outreach letter was sent to the above and to the WHO Collaborating Centers. The objectives of the outreach effort were: to introduce the WHO Regional Advisers and IFHIMA Regional Directors to each other; to raise awareness of educational products developed by the WHO-FIC Network and IFHIMA and provide copies of these materials and information on where to obtain them; to solicit feedback on the products; to seek partnerships.

Attached to the letter were contact information, a CD-ROM containing most of the products, and a request to respond to a short questionnaire. Four of the six WHO Regional Offices and four of the five IFHIMA Regional Directors responded. The responses included an awareness of the products, interest in pilot testing exams, and a number of potential partnerships were suggested. The next steps include distributing the paper reporting on the outreach effort to all the original addressees, following up on the discussions at the Cape Town meeting, and including an update on the outreach activities as an agenda item for the 2012 mid-year meeting.

Marjorie Greenberg stated that she had attended a recent meeting of the WHO Regional Advisers and that the topic of a roster of experts had been mentioned. On occasion, questions are posed to different experts who are unaware that others have also been consulted. The suggestion was made to set up an interactive database which would permit placing an inquiry and helping the experts decide who might best respond.

Session 3: 2 November 2011 08:00-11:30

Cassia Buchalla chaired the third EIC session.

13. Update on ICF web based training tool

Alarcos Cieza provided information about the current status of the ICF training tool which is now available in English and Spanish at <http://icf.ideaday.de> . Since the 2010 Network meeting, amendments were made to the Introductory module following comments received from EIC members, the operating system was changed so that the training tool can be used from a memory stick or CD Rom, an advanced module has been developed but has not yet been provided to the EIC for evaluation. German and Arabic translations have been completed and are now being reviewed.

In response to a question about translation, Alarcos noted that WHO has a translation protocol in place and that there needs to be a formal agreement signed with WHO that ensures that WHO retains the copyright and that the materials are not used in a commercial product. Requests to translate should be forwarded through a Collaborating Centre. Alarcos also noted that materials can be downloaded and translated for use in training programs.

The next steps are for the training tool to be posted on the WHO website and for further translations to be solicited.

14. Update on ICD-10 training tool

Robert Jakob provided an update on the availability of the ICD training tool (on line, CD Rom, for download). It is freely available although the same caveats regarding commercial use apply as for the ICF training tool. Agreements for translation have been signed for Dutch, Portuguese, Japanese, Spanish, Catalan, Russian, Albanian and Georgian languages. Robert noted that translation takes around 20 days and there are around 2000 screens to be translated. Some experience using Lectora is helpful in doing the export and import of the translated webpages.

A short package on ‘certification in a nutshell’ regarding completion of death certificates is also available. The ‘story boards’ which form the basis for each ‘page’ of the training tool can be used to create a hard copy version.

15. Updating Annex 5 – ICF, people with disabilities and UN CPRD: implications for statistics and policies monitoring - Paper D002

Lucilla Frattura presented this paper regarding the potential differences in functioning and ability in the same individual and in different populations. There may be positive and negative interactions between an individual and the environment and functioning and disability may co-exist.

16. Plans for 2012 meetings

Sue Walker advised that the EIC plans to hold a midyear meeting in the Washington DC area from 19-21 March 2012. This will be followed by meetings of the Mortality Reference Group, the ICE on automated mortality statistics planning committee and the IRIS group, as has

happened in recent years. The NCHS has also agreed to host regular conference calls of the EIC in 2012.

17. SNOMED to ICD-10 mapping – Paper D003

The EIC was joined by the members of the Informatics and Terminology committee for the final session of the meeting as papers presented were of interest to both groups.

Rita Scichilone presented work to do on the mapping between SNOMED and the ICD-10. The first maps are available on both the WHO-FIC and IHTSDO websites and comments are encouraged. Mapping provides the opportunity to re-use data, and current to date includes a defined set of clinical findings, events and situations with explicit content.

18. Sharing experiences – presentations

18.1 Towards a general system for causes of death registration: evolutions of the Iris Project

Gerard Pavillon provided an update on the development of Iris, noting that plans for improvements to the ergonomics of the software and new functionality are planned. Changes to the availability of the MMDS from the United States are providing the impetus for making some of the changes and improving the Iris coding explanations. The possibility of a module to process Verbal Autopsy data is being considered.

18.2 West Cape mortality surveillance: upgrading from a short list to automated ICD-10 coding using Iris – paper D052p

Pam Groenewald spoke of experiences in South Africa in implementing Iris. Causes of death data are reported by health facilities, private doctors, mortuaries and the head men of villages to the Regional Home Affairs Office (which provides orders for burial and an abridged death certification), then to the National Home Affairs Department (which issues the full death certificate and applies fact of death data to the population register). Statistics South Africa is the final recipient of the data and they code and produce causes of death statistics. A new mortality surveillance system has been implemented in the Western Cape region to support epidemiology and burden of disease work. Problems that have been experienced include use of abbreviations, poor handwriting, sequencing, lack of underlying cause of death, use of other African languages such as Afrikaans. A particular issue is in the reporting of HIV/AIDS deaths.

18.3 Central mortality coding: the RTP North Carolina experience – Paper D004

This paper was presented by Chuck Sirc and involved discussion about the need for improved data for mortality surveillance purposes. A three pronged approach was used consisting of changes to policy measures, technology implementation and personnel development. In the past, the federal government had purchased mortality data from the states but the coding of the data

has recently been centralized at Research Triangle Park due to economic pressures, retirement of coders, reduction in coding expertise in the states. The turnaround time for coding used to be 17 days but has been brought down to 2.4 days for automated coding and 10.6 days for manual coding. Chuck hopes to be able to return coded data to the states within one day in the future. 350,000 deaths are currently manually coded by a team of 6 full time coders and 7 part time contract coders – this has built some redundancy into the system. Chuck also described VIEWS – validation and interactive editing services – a process for intelligent spell-checking, basic data validation, medical edits, interpretation of abbreviations, understanding of rare causes and non specific causes. This system will be pilot tested in 4 or 5 states in the next year with queries set up to be returned to the certifier for action. Another new computer system, called Turbodeath, is also being trialed. It allows the certification of deaths on a smart device using 20 questions or less. This is currently in proof-of-concept phase.

18.4 Automated coding of verbal autopsies

Robert Jakob gave a very brief presentation about work being done at WHO to try to automate the coding of data collected by verbal autopsy.

19. Close of meeting

Sue and Cassia thanked participants for their enthusiastic contributions to the three EIC sessions and invited involvement in future conference calls and face to face meetings. The meeting concluded at 11:30am.