



WORLD HEALTH ORGANIZATION

**MEETING OF HEADS OF WHO COLLABORATING CENTRES
FOR THE CLASSIFICATION OF DISEASES**

Cologne, Germany
19 -25 October 2003

Title: Annual Report of the WHO Collaborating
Center for the Family of International
Classifications for North America, October
2002 – September 2003

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Purpose: For information

Recommendations: None

Abstract:

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

The North American Collaborating Center continues to be very active in promoting the development and use of ICD and ICF in both the United States and Canada. This annual report documents activities during the past year associated with the NACC Terms of Reference and includes a work plan for 2003-2007. Of particular note are the following:

- Publication by NCHS of final mortality data for 2001 and preliminary mortality data for 2002
- Provision of training courses in ICD-10 for U.S. mortality coders
- Delivery of a week-long course on “ICD-10 Mortality Coding, Classification and Analysis Concepts for Statisticians and Epidemiologists in Budapest, Hungary
- Production of 2003 version of ICD-9-CM
- Conduct of an impact study on transition from ICD-9-CM to ICD-10-CM and ICD-10-PCS in the United States
- Production of alpha version of ICD-10-CM Guidelines
- Conduct of a pilot test on ICD-10-CM by American Health Information Management Association and American Hospital Association
- Publication by Statistics Canada of final mortality data for 2000 in April 2003 and for 2001 in September 2003
- Implementation of ICD-10-CA by eight of the ten provinces and all three territories in Canada
- Publication of the 2003 version of ICD-10-CA and CCI CD-ROM in English and for the first time in French
- Delivery of seven Two Day Training Workshops in ICD-10-CA/CCI in French, 24 Refresher courses, 21 Exploring the Uses, four Two Day Standards Workshops and seven Web cast Updates on Versions 2003 by the Canadian Institute for Health Information (CIHI)
- Publication of the 2003 Canadian Coding Standards for ICD-10-CA and CCI
- Co-sponsorship by NCHS and CIHI of the Ninth Annual NACC Conference on ICF
- Further development and feedback on Code ICF
- Continuation of the NACC Clearinghouse on ICF
- Continued leadership of DISTAB
- Integration of ICF into the development of reporting systems for Rehabilitation, Chronic Care and Home Care in Canada
- Third Plenary meeting of the International Collaborative Effort on Automating Mortality Statistics
- Continued leadership of the International Collaborative Effort on Injury Statistics and Working Group meeting in Paris, France

ANNUAL REPORT

Title of Center:

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

Annual Report Year: October 1, 2002 - September 30, 2003

Address:

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

Head of the Center:

Marjorie S. Greenberg
Chief, Data Policy and Standards Staff
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Terms of reference of the Center:

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

- availability of tools for implementation
 - data analysis and interpretation
- f) To prepare teaching materials and to organize and conduct training courses on the implementation and use of the WHO-FIC. To contribute to the development of common international training tools and Internet-based applications by preparing translations and adaptations of the tools
 - g) To assist WHO Headquarters and the Regional Offices in the preparation of members of the WHO-FIC and other relevant materials in the English language and to act as a reference centre for that language on all matters related to the WHO-FIC
 - h) To provide support to existing and potential users of the WHO-FIC and of the data thus derived in North America and other English-speaking countries
 - i) To work on at least one related and/or derived member of the WHO-FIC Specialty-based adaptations
 - Primary care adaptations
 - Interventions/procedures
 - Injury Classification (ICECI)
 - Service Classification
 - j) To participate in the Quality assurance procedures of the WHO-FIC classifications regarding norms for use, training and data collection and application rules
 - k) To present periodic reports of the Center's activities to the annual meetings of Heads of WHO Collaborating Centres for the Family of International Classifications (WHO-FIC)

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

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

Collaboration between the Center and WHO

- WHO staff (HQ and PAHO) participated in two ICD-related meetings organized by the North American Collaborating Center, the March 31 – April 2, 2003 meeting of the Subgroup on Training and Credentialing and the April 7-10, 2003 International Collaborative Effort (ICE) on Automating Mortality Statistics, both of which were held in Washington, D.C.
- Staff from WHO and PAHO participated in a working group meeting of the ICE on Injury Statistics, organized by NACC in Paris, France, on April 13-14, 2003.
- Dr. Chatterji of WHO HQ participated in and made a presentation at the December 5, 2002 interagency conference on ICF, which NACC helped organize.

- WHO HQ participated by conference call in the opening session of the Ninth Annual North American Collaborating Center Meeting on ICF (June 16-19, 2003), and in an informal meeting on ICF of the WHO FIC Implementation Committee, which was organized by NACC and took place June 19-20, 2003 in St. Louis, MO.
- Staff from EMRO/WHO participated in the above ICF meetings in St. Louis.
- WHO HQ participates in the monthly conference calls of the DISTAB project, which has developed methodologies and statistical tables to back-code data from six national disability surveys to ICF.
- At NACC's invitation, WHO HQ authored an article on ICF for the special issue of *Health Care Financing Review* on measuring functional status (Spring 2003).
- The NACC Head participated in the September 10 -12, 2003 meeting of the Regional Advisory Committee on Health Statistics of PAHO/WHO (CRAES) as a member of the committee. NCHS Special Assistant for Global Statistics participated as invited expert.
- The NACC delegation of 11 persons from the U.S, and Canada participated in the 2002 annual meeting of Collaborating Centres for the WHO Family of International Classifications (WHO FIC) in Brisbane, Australia from October 14-19. The NACC Head also participated in a Strategic Planning Meeting with WHO in Manly, Australia on October 11-12, 2002. A similar delegation will participate in the October 19-25, 2003 annual meeting in Cologne, Germany. The NACC Head will participate in a pre-meeting at WHO Headquarters on October 17.
- The NACC Head serves on the Planning Group for the annual meeting of Collaborating Centres and participated in the April 30, 2003 meeting in Leiden, the Netherlands, to plan the 2003 annual meeting, which will be hosted by the German and Dutch Centres.
- The NACC Head chairs and directs the work of the Subgroup on Training and Credentialing, which assists and advises WHO in improving the level and quality of use of the WHO FIC in Member States.
- NACC serves as the Executive Secretary for the WHO Mortality Reference Group.
- U.S. and Canadian representatives of NACC serve on all WHO FIC Committees.
- A training course, "ICD-10 Mortality Coding, Classification, and Analysis Concepts for Statisticians and Epidemiologists" was offered in Budapest, Hungary, on March 3-7, 2003, with students from Hungary and other countries in EURO/WHO.
- NACC is developing a web-based training tool for ICF in collaboration with WHO HQ. The NACC supports the development under contract with Western University and organizes regular conference calls with WHO HQ to discuss progress. Once finalized, the training tool will be housed on the WHO web site.

No financial support is provided to the Center by WHO. In 2001, NACC received support from PAHO, as well as NCHS, CIHI and Statistics Canada, for the annual Centre Heads meeting, which NACC hosted in Bethesda, MD. As previously identified by the WHO FIC Collaborating Centre Heads, WHO HQ has been unable

for many years to support infrastructure for the International Classification of Diseases (ICD) and to meet many of the needs of the international collaboration, as most recently articulated in the WHO FIC Strategy and Work plan (October 2002). Increasingly, and specifically since 1997, the Collaborating Centres have assumed many of the responsibilities related to ICD-10 updating and maintenance, training, and development of the Family of Classifications. Adequate staffing and related resources are required at WHO HQ to assure successful accomplishment of the WHO FIC objectives.

Collaboration with other WHO Collaborating Centres

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

- The Australian, Nordic, Portuguese language (Brazil) and United Kingdom (UK) Centres participated in the March 31-April 2 meeting of the Subgroup on Training and Credentialing.
- The above Centres, as well as the French and German Centres and ICD Office of Japan, participated in the April 7-10 ICE on Automating Mortality Statistics meeting.
- Representatives of the Australian, Nordic, French, Dutch and UK Centres participated in the April 13-14 ICE on Injury Statistics meeting.
- The NACC Head participated in meetings of the Family Development Committee (FDC) in Amsterdam and Leiden, the Netherlands on April 27-29. The FDC is chaired by the Australian Centre; other participants included representatives of the Dutch, German, Nordic, Portuguese language and UK Collaborating Centres.
- The Australian, Dutch and French WHO FIC Collaborating Centres participate in the DISTAB project, which is led by NACC. In addition to the U.S. and Canada, there also is participation from South Africa.
- The Australian, Dutch, French, Nordic and UK Collaborating Centres participated in the Ninth Annual NACC Meeting on ICF and the informal meeting on ICF implementation issues that followed in St. Louis, Mo, June 16-20, 2003.

Term of reference a) Major Activities

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

During 2003, the National Center for Health Statistics (NCHS) continued its regular production of mortality statistics using ICD-10, including publication of final mortality data for 2001 and preliminary mortality data for 2002. Regular production of mortality data includes reports, CD-ROMs, interactive databases (WONDER), and statistical tables published on the NCHS mortality website at <http://www.cdc.gov/nchs/about/major/dvs/mortdata.htm>. Mortality data include general mortality, infant mortality, leading causes of death, life tables, underlying and multiple causes of death.

NCHS conducted training courses in the use of ICD-10 in 2003. These included two courses oriented to U.S. coders: one course in the basics of coding multiple causes of death and one course in the basics of coding underlying cause of death. In addition, NCHS staff currently are developing an electronic interactive basic multiple cause coding course on CD-ROM and an intermediate multiple-cause coding course.

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

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

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

Term of reference a) Major Activities

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

NCHS staff traveled to Budapest, Hungary, March 3-7, 2003, to teach a course entitled “ICD-10 Mortality Coding, Classification, and Analysis Concepts for Statisticians and Epidemiologists.” Attending the course were 44 students, most of whom were statisticians or mortality coders. Also included were some physicians and epidemiologists. 40 of the students were Hungarian and 4 were non-Hungarian – one each from Italy, Estonia (representing EUROSTAT), Lithuania and Latvia.

NCHS is continuing to provide Jordan with technical assistance on death certification and mortality medical coding (a field visit was made in July 2001). In 2003, NCHS provided guidance in producing training materials for physicians in writing cause of death statements.

Term of reference a) Major Activities

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

Since Brisbane, NCHS has, in collaboration with the Centers for Medicare and Medicaid Services (CMS), held two meetings of the ICD-9-CM Coordination and Maintenance Committee (December 2002 and April 2003) and will convene its second meeting of 2003 in December. Information regarding the diagnosis proposals and public discussion appears on the NCHS website at www.cdc.gov/nchs/otheract/icd9/maint/maint.htm.

The October 1, 2003 revisions to ICD-9-CM were posted on the NCHS website June 2003 (<http://www.cdc.gov/nchs/datawh/ftpserv/ftp/cd9/ftp/cd9.htm#guidelines>) and the ICD-9-CM CDROM containing the October 1, 2003 revisions are available from the Government Printing Office. NCHS will continue to update ICD-9-CM until such time that an implementation date for ICD-10-CM date has been established.

Term of reference a) Major Activities

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

An updated pre-release version of ICD-10-CM was posted on the NCHS website (<http://www.cdc.gov/nchs/about/otheract/icd9/abtcd10.htm>) in June 2003 in keeping with requirements for public notification/posting under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) administrative simplification provisions.

During July and August the American Hospital Association (AHA) and the American Health Information Management Association (AHIMA) conducted a pilot test of ICD-10-CM using the alpha version of the ICD-10-CM guidelines. The purpose of the study was twofold: assess the functionality and utility of applying ICD-10-CM to actual medical records in a variety of health care settings; and assess the level of education and training required by professional credentialed coders to implement ICD-10-CM. A final report of the results of the study should be available late fall.

The revised version of ICD-10-CM will be forwarded to WHO for their review, as specified in the NCHS/WHO agreement.

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

ICD-10-CM implementation activities continue to be linked with the administrative simplification provisions of HIPAA. The National Committee on Vital and Health Statistics (NCVHS) held additional hearings in 2003 regarding the possible migration to ICD-10-CM and ICD-10-PCS. NCVHS has funded a study to assess the impact on the health care industry of moving to the replacements of ICD-9-CM. The results of the assessment are expected to be available late fall.

Term of reference a) Major Activities

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

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

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

Term of reference a) Major Activities

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

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

- An additional province and two territories implemented on April 1, 2003 for a total of eight provinces and three territories. Of the remaining two provinces, one will have implemented by April 1, 2004, and the other by April 1, 2005.
- Trained 84 Francophone coders in the two-day workshops for those beginning implementation, reached 480 coders through refresher workshops for those that implemented in 2002, delivered end-user workshops to an anticipated 315 participants, provided Web cast updates on Version 2003 to over 200 coders and introduced a Two Day Standards Workshop to 200 coders in September, with 1400 additional coders to be reached by March 2004. All workshops and training materials are available in English and French.
- On- line coding query service implemented in June 2001 with over 4000 queries answered to date.
- As of April 1, 2003, the coding guidelines for ICD-10-CA and CCI are officially the Canadian Coding Standards for ICD-10-CA and CCI.
- A total of 22 new and 12 amended standards were added to the 2003 Canadian Coding Standards for ICD-10-CA and CCI and were available on the CIHI website for the new fiscal year beginning April 1, 2003. All standards are available in both official languages.
- Classification Advisory Committee established to provide CIHI with expert advice in the continuous enhancement and maintenance of ICD-10-CA and CCI. Committee reviewed a total of 126 addenda for Version 2003. Of these, 34 proposed changes to ICD-10 categories and 12 index changes were reviewed by WHO.
- An updated version of the 2001 ICD-10-CA/CCI CD-ROM, version 2003, was released on April 1, 2003.
- The ICD-10-CA/CCI database was translated to French. A French CD-ROM was released April 1, 2003.
- The National ICD-10-CA/CCI Electronic Products User Group held four meetings in 2002/03 to gather user feedback on the electronic product.
- All training materials have been updated and revised to reflect the changes in version 2003 and are available in English, French or a bilingual format.
- A review of the conversion tables from ICD-10-CA to ICD-9-CM and ICD-9 was conducted using the WHO translator as the base document.
- Have worked closely with other countries (e.g., US and Australia), comparing additions made to their products, with those done in Canada.
- Have sought advice from Australia when considering the incorporation of ICD-0-3 into ICD-10-CA
- Collaborated with WHO by sharing our experiences in representing the classifications in XML.

- Conducting a full review of the impact of ICD-10-CA/CCI on the assignment of grouping methodologies (see paper for Cologne meeting by Heick, Renahan and Moskal).

Term of reference a) Major Activities

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

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

- 1) The NACC organized the Ninth Annual NACC Conference on ICF in St. Louis, Missouri, June 16-19, 2003 (see Caulfeild/Placek/Saleeby paper); WHO participated with an audio presentation in the opening session. The meeting participants recognized the importance of developing a research agenda for use of ICF in North America, which will be the focus of the planned 2004 Tenth Annual NACC Conference on ICF in Halifax, Nova Scotia;
- 2) NCHS purchased about 200 ICF books from WHO and distributed them in various Federal meetings and professional conferences;
- 3) NCHS accepted the invitation of the Centers for Medicare and Medicaid Services (formerly, Health Care Financing Administration) to organize and edit the Spring 2003 Vol. 24 No. 3 issue of *Health Care Financing Review* (HCFR) devoted to articles on capturing functional status in administrative records for payment and quality purposes (with reference to ICF in six of the articles). At our invitation, WHO authored an article in this issue;
- 4) NCHS initiated a FY 2003 contract with 2004 deliverables with Washington University entitled: "Develop Three Research Protocols for Classifying and Reporting Functional Status on Administrative Records Based on Recommendations of the U.S. National Committee on Vital and Health Statistics";
- 5) Greenberg, Placek, and others organized a December 5, 2002 Washington, D.C. conference sponsored by the Interagency Committee on Disability Research entitled: "The ICF: Potential Influence on Disability and Rehabilitation in Federal Agencies". Dr. Chatterji of WHO participated. As a result, Greenberg, Placek and others gave spin-off ICF presentations to the Social Security Administration, the Medical Technology Subcommittee of the ICDR, and the Boston-based Northeast Disability Consortium;
- 6) Work is nearly completed on CODE ICF; WHO and Heads review should begin in October 2003;
- 7) Over 300 subscribers now receive the NACC ICF Clearinghouse monthly messages which began in September 2002 to a primarily U.S. and Canadian email "group". Work was supported in part by an NCHS contract with Washington University (David Gray and Patricia Welch) for marketing, training, conference support, and document preparation;
- 8) The ICF Videos Project is completed, and four videos are in review by the participants—they sum to one hour and 23 minutes of total video. The four videos are on ICF use by consumers, ICF applications in surveys and clinical areas, historical development, and conceptual/issue areas;
- 9) The ICF Curricula in North American Colleges and Universities Project funded by NCHS to the University of Michigan (Kristine Mulhorn) involved assembling model U.S. and Canadian college and university curricula that used ICF in the Fall 2002 semester, testing out a model curricula with ICF, and preparing a paper for the June 16-19, 2003 ICF NACC meeting in St.

Louis. The final report will be disseminated in September 2003.

- 10) The NACC developed a brochure and tabletop exhibit on the NACC Clearinghouse on ICF, which were displayed at the St. Louis meeting; both are available for use at conferences and workshops.
- 11) Paul Placek and Marjorie Greenberg represent CDC in serving on the "Disability" subgroup of the government-wide Consolidated Health Informatics Initiative and submitted disability and functional status terms for mapping to ICF, SNOMED-CT and other terminologies in the Unified Medical Language System;
- 12) In July 2003, Paul Placek started a one day per week detail with Margaret Giannini, M.D., Director, HHS Office on Disability, with the result that ICF is receiving high level interest.
- 13) Paul Placek organized and moderated a session on ICF at the July 21-22, 2003 Conference on Physical Disabilities through the Lifespan, sponsored by the National Institutes of Health.
- 14) Dr. Placek also organized a session on "ICF International Collaborative Research" at the July 23-24, 2003 meeting in Bethesda, MD on "International Research in Disability", sponsored by the Center for International Rehabilitation Research Information and Exchange (CIRRIE).

Several of these activities are described in more detail in a separate Cologne paper by Placek on "Dissemination of ICF".

Term of reference a) Major Activities

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

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

- Collaborated with NCHS to co-host the 9th Annual NACC Conference on ICF in St. Louis, Missouri, June 16-19, 2003 (see separate paper for Cologne meeting).
- Presented a paper, “The Ontario Round Table – A Unique Opportunity for ICF” at the 9th annual NACC conference in St. Louis.
- Presented a paper, “Highlights of the 8th Annual NACC Conference on ICF” at the 2002 WHO FIC meetings in Brisbane, Australia.
- Collaborated with NCHS to publish the monthly NACC Clearinghouse newsletter for ICF (2002-03).
- Compiled an inventory of ICF implementation in rehabilitation programs in Canadian Universities.
- Provided support and consultation to Canadian stakeholders for ICF (ongoing)
- Wrote two letters of support for ICF related research projects applying for grant money: Using the International Classification of Functioning as a Measure of Disease Burden for Administrative Data Bases and Population Surveys; and Using Technology to Study the Human Interactions of Persons with Functional Limitations.
- Collaborate with the National Center for Health Statistics in providing North American input to the use and implementation of ICF (ongoing)
- Participate in NACC ICF and WHO-FIC meetings (2002 and ongoing)
- Represent Canadian interests in the evaluation and enhancement of ICF (ongoing)
- Communicate Canadian activities through Canadian Network meetings and national presentations on ICF applications (ongoing)

Term of reference b) Major Activities

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

Comparability studies are essential to understand the effects of implementing a new revision of the ICD. In the United States, the comparability study for mortality between ICD-9 and ICD-10 is being carried out in two phases: a preliminary study based mainly on records processed through the automated coding systems, and a final comparability study based on all records in the study year 1996. In 2001, the preliminary comparability study was published based on a total of 1,852,671 records. The published report is available at

<http://www.cdc.gov/nchs/products/pubs/pubd/nvsr/49/49-pre.htm>. The final comparability study is ongoing and described in a separate report by Anderson and Miniño for the Cologne meeting. The entire double-coded comparability file will be made available on CD-ROM.

Term of reference b) Major Activities

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

The ICE was established by NCHS in 1995 to promote the comparability of mortality statistics through the application of automation. Statistics Canada also serves on the Planning Committee. Two plenary meetings of the mortality ICE, one in 1996 and the second in 1999, encouraged WHO to establish a number of working committees oriented to training and credentialing and to electronic products more generally. Under the ICE, the outline for an international curriculum in mortality medical coding oriented to automation was developed by the ICE Planning Committee and was implemented by NCHS in 2001. A third plenary meeting was held April 7-10, 2003. A separate paper by Anderson et al. for the Cologne meeting provides a report of third plenary meeting.

Term of reference b) Major Activities

3. Provide leadership to DISTAB project

Since 1999, NCHS has supported annual meeting travel for a research group of survey researchers representing the national disability surveys of five countries—France, Netherlands, South Africa, Canada, and the U.S. Last year, Australia joined in the effort. There is WHO and UN participation. The DISTAB group continues to meet by international conference call on the third Wednesday of every month. The group may piggyback its 2003 meeting with the next “Washington City Group” meeting and has submitted three papers for consideration—one on quality profiles, one on institutionalized persons, and one on children. The DISTAB GROUP has produced statistical tables by age and sex for seven functional areas across five countries: hearing, seeing, speaking, mobility, body movement, gripping and personal care. From these tables, one paper on vision impairment has been drafted for the American Foundation for the Blind’s official journal, and another paper on hearing impairment has been drafted for the American Association for Speech-Language-Hearing’s web-based journal. The DISTAB group is currently making an inventory of ICF Environment and Participation items in the six national surveys.

Term of reference b) Major Activities

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

On April 13th and 14th a working group meeting of the ICE on Injury Statistics was held in Paris, France. A key feature of the meeting was the introduction of a 5-year Strategic Plan for the ICE on Injury Statistics. As part of that plan, new statements on the vision, mission and goal of the ICE were accepted.

Vision: There will be injury statistics that are internationally comparable and useful for injury prevention and control.

Mission: The mission of the Injury ICE is to improve international comparability and quality of injury data. The ultimate aim is to provide the data needed to better assess the causes and consequences of injury, differences in injury occurrence over time and place, and the most effective means of prevention and control.

Goal: The goal of the Injury ICE is to provide a forum for international exchange and collaboration among injury researchers who develop and promote international standards in injury data collection and analysis. A secondary goal is to produce products of the highest quality to facilitate the comparability and improved quality of injury data.

Participants attended from Australia, Austria, Canada, Denmark, England, France, Greece, Israel, The Netherlands, New Zealand, Norway, Spain, Sweden, Trinidad and the United States. Participants also represented the European Commission, EUROSTAT, European Consumer Safety Association (ECOSA) the Pan American Health Organization and the World Health Organization.

The Proceedings of the meeting were published in August. They will also be released on the ICE web pages. Included is a summary of the discussions from each of the following subject areas:

- Development of methodologies for selecting national indicators
- Development of methodologies for selecting a main cause of injury death among multiple causes
- Development of methodologies for the analysis and presentation of multiple (nonfatal) injuries
- Development of a “common” set of injury-related questions that could be used in household surveys across countries
- “What is an injury?” –continuing the discussion
- Occupational injury – ways to expand the ICE workgroup
- Discussions of disability and injury- a potential work for the Injury ICE

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

The ICE on Injury Statistics is organized and chaired by the U.S. National Center for Health Statistics. Statistics Canada participates and is specifically involved on the subcommittee to standardize methodologies for measuring injury on household surveys (i.e., questionnaire administration, item wording, skip patterns, inclusion criteria and definitions).

Term of reference b) Major Activities

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

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

- Publish preliminary comparability report, based on 1999 mortality data (to be completed 2003) with release of 2000 mortality statistics
- Publish final comparability report (2004)
- Promote the use and understanding of comparability ratios through educational seminars and conference presentations (ongoing from 2003).

Term of reference c) Major Activities

1. Committee of Heads of WHO-FIC Centres

The Centre Head participates on the Planning Group for the 2003 Collaborating Centres meeting in Cologne, Germany scheduled to take place on October 19-25. This involved participation in a face-to-face meeting in Leiden, the Netherlands, on April 30, 2003 and numerous e-mail exchanges.

The Centre Head also participated in the Strategic Planning Meeting between WHO and WHO FIC Centre Heads on October 11-12, 2002 in Manly, Australia.

2. Implementation of ICD-10 Committee

Canadian and U.S. representatives participate in working sessions of the Implementation of ICD-10 Committee during annual Centre Heads meetings. The Centre Head also chairs the Committee's Subgroup on Training and Credentialing (see below).

3. Subgroup on Training and Credentialing

The Centre Head chairs and directs the work of this Subgroup, which assists and advises WHO in improving the level and quality of use of the WHO Family of International Classifications (WHO-FIC) in Member States by developing a training and credentialing strategy for the WHO-FIC, identifying best training practices and providing a network for sharing expertise and experience on training. The Subgroup meets during the annual Centre Heads meeting and communicates by e-mail and conference call during the year. Other Canadian and U.S. representatives also participate in the work of the Group, along with several collaborating centres. During 2003, the Chair organized a separate three-day meeting in Washington, D.C. to progress the ICD work plan of the Subgroup. The Subgroup's inventories on ICD-10 training materials and training capacity are posted on the North American Collaborating Center web site (see <http://www.cdc.gov/nchs/icd9.htm>). A detailed description of the Subgroup's accomplishments and future plans is contained in the 2002-2003 Status report by Greenberg for the Cologne meeting. The Subgroup is developing new terms of reference and will integrate training issues for ICF into its work plan.

4. Mortality Reference Group

The North American Collaborating Center organized and chaired the Mortality Reference Group (MRG) until March 2002, when Dr. Harry Rosenberg retired from the National Center for Health Statistics (NCHS). NCHS continues to serve as Executive Secretary to the MRG (Donna Hoyert), and several other NCHS and Statistics Canada staff participate in the face-to-face meetings and periodic conference calls. The MRG organized separate meetings prior to the 2002 Centre Heads meeting in Brisbane and prior to the 2003 ICE on Automating Mortality Statistics meeting in Washington, D.C. An additional

meeting is being organized prior to the 2003 Centre Heads meeting in Cologne.

5. Update Reference Committee

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

6. Family Development Committee

The Centre Head and NCHS staff participate in the multiple work products of the Family Development Committee (FDC) The Centre Head participated in the FDC meeting in Leiden, the Netherlands on April 28-29, 2003. The NACC is monitoring the work of the WHO-WONCA Joint Working Group on the relations between ICD-10, ICF and ICPC-2, and the Centre Head participated in a meeting of the Working Group in Amsterdam on April 27, 2003.

7. Electronic Tools Committee

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

Term of reference d) Major Activities

1. Study and participate in activities related to terminologies

NCHS continues to represent the Department of Health and Human Services (DHHS) on the SNOMED Editorial Board through Dr. David Berglund. Dr. Berglund has actively participated in the SNOMED Convergent Terminology Workgroup for Mapping. The workgroup's mission is to provide a forum for the discussion of mapping topics related to SNOMED CT such as guidelines, best practices, validation and maintenance to ensure high quality mappings. Use cases are being developed for the existing SNOMED CT mappings to ICD-9-CM, LOINC, ICD-O, and nursing terminologies. There will also be consideration of use cases for mappings with CPT and ICD-10-AM, and ICD-10-CM. Additional use cases for other mappings will be considered in the future, including the use cases for a more sophisticated mapping to ICD-9-CM, mappings with HL7, and mappings with the CDC immunizations classification

In July 2003, DHHS signed an agreement with the College of American Pathologists (CAP) to license the College's standardized medical vocabulary system and make it available without charge throughout the U.S. The licensing agreement with the CAP will make it possible for health care providers, hospitals, insurance companies, public health departments, medical research facilities and others to easily incorporate this uniform terminology system into their information systems.

The CAP agreement will be administered through the National Library of Medicine (NLM), a component of the National Institutes of Health (NIH). NLM has issued a 5-year, \$32.4 million contract to the College for a permanent license for their terminology, known as SNOMED (Systematized Nomenclature of Medicine) Clinical Terms. The licensing agreement includes the core database in both English and Spanish along with regular updates. The terms of the contract include a one-time payment-shared by the Department of Veterans Affairs, the Department of Defense, and many HHS agencies-with annual update fees to be borne by the NLM. NLM will distribute SNOMED through its Unified Medical Language System, which incorporates, links, and distributes in a common format 100 different biomedical and health vocabularies and classifications. Details of the SNOMED license arrangement as well as information on obtaining access to the SNOMED database may be found at: http://www.nlm.nih.gov/research/umls/Snomed/snomed_announcement.html.

Term of reference e) Major Activities

1. Establish and conduct North American Clearinghouse on ICF

NACC ICF Clearinghouse activity began as a “primary” activity by in-house NCHS staff in October 2002, with a monthly informational announcement to a primarily U.S. and Canadian email "group" every month. Anyone is able to request to receive the monthly announcements by sending an email with complete contact information to Paul Placek at pjp2@cdc.gov or Linda Washington at LRWashington@cdc.gov. Links within the NCHS ICF website <http://www.cdc.gov/nchs/about/otheract/icd9/icfhome.htm> and the Canadian ICF website <http://www.cihi> also provide information on how to receive or send in Clearinghouse information. Topics include types of ICF effort (new grants and contracts for ICF work; using the ICF as a code set to record and classify functional status; pilot studies on coding records with ICF; survey applications of ICF; coding with ICF; preparing ICF codebooks and procedures manuals; addressing strategies for ICF implementation; discussing ICF assessment tools cross walked with other assessment tools; basic ICF research; developing ICF training tools; and identifying ICF educational needs), as well as topics within the ICF itself (body functions and structures, activities and participation, environment, qualifiers). The ICF summaries include contact information, purpose and type of study, etc. for those submitting the information in order to promote collaboration, sharing of expertise, and avoid duplication of effort. Most months “Spotlight” a different U.S. or Canadian ICF expert. Of well over 300 subscribers, 23% are government, 26% are university based, and 51% are commercial users. By country, 76% are U.S., 18% are Canadian, and 6% are other international. By the time of the Heads meeting in Cologne, 13 monthly messages will have been posted on the NCHS website. The Clearinghouse has also been supported on a “secondary” level by a 2002 contract with Drs. David Gray and Patricia Welch of Washington University involving five components: 1) Identification of ICF Users in North America; 2) Marketing; 3) Training and Technical Assistance; 4) ICF Conference Support, and 5) Specialized Document Preparation.

Term of reference f) Major Activities

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

NCHS mortality medical coding staff have developed two international courses (underlying cause coding and multiple cause coding) oriented to training trainers to code ICD-10 mortality data. The international curriculum on mortality medical coding oriented to automation is an outgrowth of the NCHS International Collaborative Effort (ICE) on Automating Mortality Statistics. No international courses were taught in 2003. NCHS staff currently are planning courses for 2004.

Term of reference f) Major Activities

2. Develop Code ICF training tool

Code ICF is interactive, web-based training on ICF. The NCHS-contracted vendors are Drs. Gretchen Swanson and LeeAnne Carrothers of Western University. Feedback and progress were monitored and revisions made based on monthly conference calls with Swanson and Carrothers, WHO (usually Nenad Kostansjek and Jerome Bickenbach), and NCHS (Paul Placek). Code ICF will be free to all on the WHO website. All modules have been built and final recommendations from Nenad Kostansjek are expected in August 2003, for implementation by Western University in September 2003. We hope that WHO and Heads can begin reviewing it in October 2003. Video clips from the Bethesda ICF tapings have been integrated into Code ICF. Photo winners from the WHO ICF photo contest have also been woven into Code ICF, as well as eye-catching colorful graphics. Code ICF is not yet approved by the Heads of Collaborating Centers or WHO, but a draft version is currently on the web at <http://wsroom.westernu.edu:8080/icftraining/index.html>. There is/will be text of spoken words in Code ICF for the hearing impaired. The “Dissemination of ICF” paper by Placek for the Cologne meeting has more information.

Term of reference f) Major Activities

3. Identify Educational Needs and Core Curriculum for WHO FIC

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

Term of reference i) Major Activities

1. Interventions and Procedures

CIHI developed and implemented the Canadian Classification of Interventions (CCI) in 2001. It was updated and re-released in 2003 along with the ICD-10-CA. From 2001-2003, eight provinces and all three territories adopted CCI for morbidity reporting. By 2005, all jurisdictions will be using ICD-10-CA/CCI for the collection and reporting of morbidity data. This expertise and experience is expected to contribute to international work on interventions classification.

2. ICECI Technical Work Group

The WHO-FIC Family Development Committee expressed their appreciation of the work that Donna Pickett provided in liaising with the ICECI working group and the development of the ICECI. The role has now transitioned to Marijke de Klein who hopes to advance the status of the ICECI in the WHO-FIC in Cologne in October.

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

Work Plan 2003-2007

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

| Terms | Activities | Responsible Party | Outcome | Deadline |
|---|---|--|--|--|
| To promote the development and use of the WHO family of international classifications (WHO-FIC) including the International Statistical Classification of Diseases and Health Problems (ICD), the International Classification of Functioning, Disability and Health (ICF), and other derived and related classifications and to contribute to their implementation and improvement in the light of practical experience by multiple parties as a common language | Promote the development and use of ICD-10 for mortality statistics in the United States, including development of training materials and conduct of courses | Division of Vital Statistics (DVS), National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) | Implement ICD-10 for mortality effective with deaths occurring in 1999 as collaborative effort with the States | Implementation began with data year 1999 |
| | | | Publish preliminary and final mortality data annually, including general mortality, leading causes of death, life tables and infant mortality | Ongoing |
| | -Revise U.S. Standard Certificates of Birth, Death, and Fetal Death taking into account recommendations of ICD-10 | DVS, NCHS, CDC, with other U.S. Federal agencies and the States | Implementation of revised certificates | 2003-2007 |
| | -Move towards an electronic death registration system | DVS, NCHS, CDC | Develop and implement in States | 2003-2007 |
| | Promote the use of ICD-10 through technical assistance to other countries | DVS, NCHS, CDC | Adopt international standards in data collection, processing, quality control, and analysis in requesting countries (currently, Jordan and Eastern Europe) | Ongoing |
| | Promote the use of ICD-9-CM for morbidity applications in the United States | Classifications and Public Health Data Standards (CPHDS), Office of the Center Director, NCHS, CDC | Maintain classification and produce annual updates on CD-ROM | Ongoing |
| | | | Participate in national process for developing and updating coding guidelines | Ongoing 2001-2002 |
| | Develop, implement and promote the use of ICD-10-CM for morbidity applications in the United States | CPHDS, NCHS, CDC | Complete and test clinical modification of ICD-10 (ICD-10-CM) | 2003 |
| | | | Develop training materials for ICD-10-CM | 2003-2004 |

| Terms | Activities | Responsible Party | Outcome | Deadline |
|-------|---|--|--|---|
| | | | Develop database version of ICD-10-CM | 2003-2004 |
| | | | Develop crosswalk | 2003-2004 |
| | | | Implement ICD-10-CM for morbidity applications in US | Subject to HIPAA regulations |
| | Promote the development and use of ICD-10 for mortality statistics in Canada, including development and presentation of training courses | Statistics Canada | Implement ICD-10 for mortality in collaboration with provinces and territories | Implementation began in data year 2000 |
| | | | Publish 2000 and 2001 mortality data | 2003 |
| | | | Publish mortality data annually | Ongoing |
| | Develop, implement and promote the use of ICD-10-CA for morbidity applications in Canada, including development and conduct of education programs | Canadian Institute for Health Information (CIHI) | Conduct staggered implementation with provinces and territories | 2001-2005 |
| | | | Update bi-annually | ongoing |
| | Promote the development and use of the ICF in the United States | CPHDS, Office of the Center Director, NCHS | Organize annual NACC conferences on ICF | 2003 in St. Louis; 2004 planned for Halifax, NS |
| | | | Serve as reviewers or technical consultants on ICF research funded by other agencies | Ongoing |
| | | | Present ICF topics at monthly meetings of the Interagency Subcommittee on Disability Statistics and its parent committee, the Interagency Committee on Disability Research | Ongoing |
| | | | -meet with federal agencies | 2003-2004 |
| | | | Edit special issue of <i>Health Care Financing Review</i> on functional status | Spring 2003 |
| | | | Explore second issue | Spring 2004 |
| | | | Develop research agenda | 2003-2005 |
| | | | Conduct research projects | 2003-2007 |
| | Develop Code ICF training tool (see below) | | | |

| Terms | Activities | Responsible Party | Outcome | Deadline |
|--|--|---|---|---|
| | Promote the development and use of the ICF in Canada | CIHI | Plan and co-host the 9 th Annual NACC Conference on ICF in St. Louis, MO Plan and co-host the planned 10 th Annual NACC Conference on ICF in Halifax, Nova Scotia Create inventory of research and work in Canada on ICF as Phase I of the NACC Clearinghouse project | 2003 2004 2002-2005 |
| To contribute to the development of methodologies for the use of the WHO-FIC to facilitate the measurement of health states, interventions and outcomes on a sufficiently consistent and reliable basis to permit comparisons within countries over time and within and between countries at the same point in time. This includes the creation of comparable lists, correspondence tables, and comparability studies. | Develop comparability ratios for ICD-10 mortality statistics in the United States | DVS, NCHS, CDC | Release final comparability data file Publish final comparability study | 2003 2003/2004 |
| | Implement International Collaborative Effort on Automating Mortality Statistics | DVS, NCHS, CDC | Hold plenary meeting in Washington, D.C. Coordinate assistance and training to countries interested in implementing automated systems Plan for next plenary meeting | April 2003 Ongoing 2003-2007 |
| | Provide leadership to DISTAB project | CPHDS, NCHS, CDC | Conduct teleconferences, convene meetings, facilitate preparation of reports and articles | future activities to be determined |
| | Participate in International Collaborative Effort on Injury Statistics | CPHDS, NCHS, CDC and Division of Analysis, Epidemiology and Health Promotion (OAEHP), NCHS, CDC | Hold working group meeting in Paris, Develop and conduct 5-year Strategic Plan | April 2003 2003-2007 |
| | Develop comparability ratios for ICD-10 mortality statistics in Canada | Statistics Canada | Publish preliminary bridge coding study Publish final bridge coding study | 2003 2004 |
| | Participate in International Collaborative Effort on Automating Mortality Statistics | Statistics Canada | Attend 2003 plenary meeting and chair session on bridge coding | 2003 |
| To support the work of the various committees and work groups established to assist WHO in the development, testing, implementation, use, improvement, updating and revision of members of the WHO-FIC | Committee of Heads of WHO-FIC Centres | Head, North American Collaborating Center (NACC), NCHS, CDC | Participate in planning for 2003 Annual meeting of Collaborating Centres in Cologne Attend planning meeting Participate in planning meeting/conference calls | 2003 April 2003 Sept. 2003 Oct. 2003 |
| | Implementation of ICD-10 Committee | NCHS, CIHI | Participate in meetings and e-mail exchanges | Ongoing |

| Terms | Activities | Responsible Party | Outcome | Deadline |
|-------|--|--|--|--|
| | Subgroup on Training and Credentialing | NACC Head Chairs Group, NCHS (CPHDS and DVS) and CIHI participate | Hold 3-day meeting in Washington, D.C. to progress work plan | March-April 2003 |
| | | | Revise Definitions, Skill Levels and Functions document | 2003 |
| | | | Develop International Training and Credentialing Program | 2003-2007 |
| | | | Revise and circulate ICD Needs Assessment Questionnaires | 2003-2004 |
| | | | Develop documents on Educational Needs for ICD coders (see below) | 2003-2004 |
| | | | Update inventory of training materials | 2004 |
| | | | Develop brochure | 2003-2004 |
| | | | Draft international credentialing exam | 2003-2005 |
| | | | Develop training strategy for ICF | 2004-2005 |
| | Mortality Reference Group | NCHS (DVS) serves as Executive Secretary, NCHS (DVS and CPHDS) and Statistics Canada participate | Participate in and document meetings of the MRG | Ongoing (meetings held 10/02, 4/03; 10/03) |
| | | | Report to Update Reference Committee and Centre Heads | Ongoing |
| | | | Review and comment on all materials and participate in meetings | Ongoing |
| | Update Reference Committee | NCHS (CPHDS and DVS), CIHI, Statistics Canada participate | Review and comment on all materials and participate in meetings | Ongoing |
| | Family Development Committee | NCHS (DPSS) and CIHI | Review and comment on all materials and participate in meetings | Ongoing |
| | -Contribute to paper on Family | NACC Head and CPHDS | | 2003 |
| | -Attend annual meeting | | | April 2003 |
| | -Subcommittee on Hospital Discharge Data | CIHI | Full participation in project, including the submission of a full set of test data | 2003 |
| | Electronic Tools Committee | NCHS (CPHDS and DVS) and CIHI | Review and comment on all materials and participate in meetings | Ongoing |

| Terms | Activities | Responsible Party | Outcome | Deadline |
|---|--|---|--|----------------------------|
| | | | | |
| To study aspects related to the structure, interpretation and application of members of the WHO-FIC including those concerning taxonomy, linguistics, terminology and nomenclature. | Monitor and participate in developments | NCHS, Statistics Canada and CIHI | | Ongoing |
| | Represent DHHS on SNOMED Editorial Board | CPHDS, NCHS, CDC | | Ongoing |
| | Participate on SNOMED Convergent Terminology Work Group for Mapping | CPHDS, NCHS, CDC | | Ongoing |
| | Promote development of CAP and NCHS-approved crosswalk between SNOMED and ICD-9-CM and ICD-10-CM | CPHDS, NCHS, CDC | | 2003-2005 |
| | Participate in WHO FIC Vocabulary Working Group | CPHDS, NCHS, CDC and CIHI | | Ongoing |
| To network with current and potential users of the WHO-FIC and act as a reference centre (e.g. clearinghouse for good practice guidelines and the resolution of problems) for information about the WHO-FIC and other health-related classifications including: <ul style="list-style-type: none"> the availability, suitability and applicability of the classifications for different purposes coding practices availability of tools for implementation data analysis and interpretation | Establish and conduct North American Clearinghouse on ICF | NCHS, Statistics Canada and CIHI CPHDS, NCHS, CDC AND cihi | | Ongoing 2003-2007 |
| To prepare teaching materials and to organize and conduct training courses on the implementation and use of the WHO-FIC. To contribute to the development of common international training tools and Internet-based applications by preparing translations and adaptations of the tools. | Develop international training courses in ICD-10 mortality coding | DVS, NCHS, CDC | Conduct international training courses | 2003-2007 |
| | Develop Code ICF, a web-based training tool for ICF | CPHDS, NCHS, CDC | Complete and turn over to WHO for coordination and maintenance | 2003-2004 |
| | Identify educational needs and core curriculum for WHO FIC | Subgroup on Training and Credentialing (Chair) | Support by contracts various updates to CODE ICF, if requested by WHO Develop and “vet” documents | 2004-2007 2003-2004 |

| Terms | Activities | Responsible Party | Outcome | Deadline |
|--|---|--|--|--------------------|
| | | | | |
| To assist WHO Headquarters and the Regional Offices in the preparation of members of the WHO-FIC and other relevant materials in the English language and to act as a reference centre for that language on all matters related to the WHO-FIC | | NCHS, Statistics Canada and CIHI | | Ongoing |
| To provide support to existing and potential users of the WHO-FIC and of the data thus derived in North America and other English-speaking countries. | | NCHS, Statistics Canada and CIHI | | Ongoing |
| To work on at least one related and/or derived member of the WHO-FIC Specialty-based adaptations: | | | | |
| -Primary care adaptations | Participate in meeting of WHO/WONCA Joint Working Group | NACC Head | Meeting held in Amsterdam, The Netherlands | April 2003 |
| -Interventions/procedures | Contribute expertise and experience to international work on interventions classification | CIHI, NCHS (CPHDS) | | ongoing |
| -Injury Classification (ICECI) | Provide nosological support to ICECI | NCHS (CPHDS and OAEHP), CDC | | ongoing |
| -Service Classification | | | | |
| To participate in the Quality assurance procedures of the WHO-FIC classifications regarding norms for use, training and data collection and application rules. | Improve quality in mortality medical data collection (education of physicians) | NCHS, Statistics Canada and CIHI DVS, NCHS, CDC | | ongoing ongoing |