

**MEETING OF WHO COLLABORATING CENTRES
FOR THE FAMILY OF INTERNATIONAL CLASSIFICATIONS**

Trieste, Italy
28 Oct. - 3 Nov. 2007

**Annual Report of the WHO Collaborating Center for the Family of International
Classifications for North America,
October 2006 – September 2007**

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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) was re-designated in 2003 as a WHO Collaborating Center for the Family of International Classifications (WHO-FIC). The Collaborating Center 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 and in supporting the work of the WHO-FIC Network. This annual report documents activities during the past year associated with the NACC Terms of Reference and includes a work plan for 2007-2011.

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MEETING OF WHO COLLABORATING CENTRES FOR THE FAMILY OF INTERNATIONAL CLASSIFICATIONS

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Introduction

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 and in supporting the work of the WHO-FIC Network.. This annual report documents activities during the past year associated with the NACC Terms of Reference and includes a work plan for 2007-2011. Of particular note are the following:

- Electronic publication by NCHS of preliminary mortality data for 2005, with release of final data planned by the end of 2007
- Provision of training courses in ICD-10 for U.S. mortality coders
- Development by NCHS of an electronic interactive basic multiple cause coding course on CD ROM
- Provision of further technical assistance to the Jordanian Ministry of Health
- Publication by Statistics Canada of mortality data for 2004
- Provision of training courses in ICD-10 for Canadian mortality coders
- Implementation of a national Coroner/Medical Examiner Database of standardized information on circumstances surrounding deaths reported to coroners and medical examiners in Canada
- Production of 2007 version of ICD-9-CM, available on the web and as a CD ROM
- Posting of the July 2007 version of ICD-10-CM on the NCHS Classifications Web site
- Production and distribution of v2006 of ICD-10-CA and CCI in both official languages. Dissemination of patch for implementation in 2007 to correct errata, clarify index entries particularly for diabetes, add two new codes into ICD-10-CA and add new mandatory attributes in CCI.
- Delivery of 2 Two Day Training Workshops in ICD-10-CA/CCI, 19 Obstetrics—Moving Beyond the Basics; 38 one-day Coding for Diabetes Workshops and 5 one-hour What's New in Classifications for 2007 webex conferences; one (1) Exploring ICD-10-CA/CCI for end users in English and one (1) in French. Produced two self-learning programs: *Coding for Diabetes Part 1* and *Acute Coronary Syndrome: Understanding the Spectrum* (English & French). Provided two self-assessment learning activities: *Applied ICD-10-CA/CCI Case Studies, Series 1 and 2*. (English and French).
- The 2007 version of the Canadian Coding Standards for ICD-10-CA and CCI was amended to clarify their applicability to hospital ambulatory care settings. Four new standards were written, 37 standards amended and 3 standards deleted. Ambulatory Care case studies have been added to the application

examples to facilitate data quality in abstracting for the National Ambulatory Care Reporting System (NACRS).

- CIHI has provided an on-line Coding Query Service since 2001. Over 9,600 queries in the data base to date. A fully bilingual (English/French) service was established in 2006.
- Assisted the Canadian Health Information Management Association (CHIMA) in the development of nine on-line learning and assessment modules to establish a baseline for the quality of morbidity coding.
- Produced CMG+, a new grouping methodology based solely on data collected using ICD-10-CA and CCI and associated case costing data.
- Conducted two major chart re-abstractation studies – one to establish the quality of the data used for case costing and the second to establish the quality of data collected in the NACRS.
- Co-sponsorship by NCHS, CIHI and Statistics Canada of the Thirteenth Annual NACC Conference on ICF in Niagara Falls, New York on June 5-7, 2007.
- Continued publication of the periodic NACC ICF Newsletter.
- Continued participation by NCHS in the Consolidated Health Informatics (CHI) Disability Working Group, which has recommended ICF as a CHI-endorsed vocabulary for exchanging electronic information for the functioning and disability domains in the United States. The National Committee on Vital and Health Statistics concurred with these recommendations and transmitted them to the Secretary of the Department of Health and Human Services.
- Facilitating and assuring sponsorship for the incorporation of ICF into the National Library of Medicine's Unified Medical Language System,
- Organized a two-day meeting on New Federal Applications of the ICF for federal agencies and other interested participants as an Interagency Committee on Disability Research State-of-the-Art Conference in July 2007.
- Continued to provide support and leadership for the awareness, use and implementation of ICF across Canada
- NACC Head continued leadership of the WHO-FIC Planning Committee
- Chair and Secretariat of the WHO Update and Revision Committee (URC) continue to work with WHO to improve reporting and functionality of ICD-10+ platform. A total of 115 update proposals for discussion in Trieste have been reviewed and posted for comment on the platform by the Secretariat.
- Provided continued support and co-leadership for the WHO Mortality Reference Group, including convening a mid-year meeting in Washington, D.C.
- CIHI hosted the first mid-year meeting of the WHO Morbidity Reference Group (MbRG) in Vancouver, B.C., March 1 – 3, 2007.
- NACC representative to Terminology Reference Group (TRG) co-chairs the group and has convened several conference calls to discuss scope of work.
- NACC (CIHI representatives) serve on the secretariat for the Functioning and Disability Reference Group (FDRG), which was founded at the 2006 WHO-

- FIC meeting in Tunis, as Chairs of Projects 1 and 7.
- Provided continued support and leadership for the WHO-FIC Education Committee, including convening a mid-year meeting in Washington, D.C., in conjunction with the Joint WHO-FIC – IFHRO Collaboration
- Provided membership on the WHO-FIC Planning, Electronic Tools, Family Development, Education, URC and Implementation Committees
- Provided membership to the MRG, MbRG, TRG and FDRG
- Statistics Canada participated in the Joint Collaboration's pilot of the ICD-10 underlying cause-of-death examination and certification program.
- NCHS extended the contract to AHIMA Foundation of Research and Education to finalize the various components of the International Training and Certification program for mortality and morbidity coders and publicize, pilot and evaluate it in conjunction with the Joint Collaboration.
- Continued leadership by NCHS of the International Collaborative Effort (ICE) on Automating Mortality Statistics, including May 2007 ICE Planning Committee meeting in Washington, D.C.
- Continued leadership by NCHS of the International Collaborative Effort on Injury Statistics
- CIHI hosted representatives from the Brazil Ministry of Health. Over the course of four days shared Canada's experiences with implementing the ICD and building a variety of databases, grouping methodologies, health indicators and numerous other end-user instruments and reports. Statistics Canada provided information on record linkage.
- CIHI provided representation on all Canada Health Infoway working groups and Advisory Committees to facilitate incorporation of classification standards and secondary use data into the electronic health record (eHR).
- CIHI provided a comprehensive review of the conversion tables used in the development of the OECD grouping, identifying several areas for further review and potential change.

Title of Center:

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

Annual Report Year: October 1, 2006- September 30, 2007

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, Classifications and Public Health Data Standards
NCHS, CDC

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 the work plan of the North American Collaborating Center in the United States and Canada. (See attached for detailed descriptions.)

Collaboration between the Center and WHO

- WHO staff (HQ) participated in several ICD-related meetings organized by the North American Collaborating Center in May 2007. These included meetings of the ICE on Automated Mortality Statistics Planning Committee, the Mortality Reference Group and the WHO-FIC Education Committee.

- The NACC delegation of nineteen persons from the U.S and Canada participated in the 2006 annual meeting of the WHO-FIC Network in Tunis, Tunisia from October 29 – November 4. A NACC delegation will participate in the October 28 – November 3, 2007 annual meeting in Trieste, Italy..
- The NACC Head chairs the WHO-FIC Network Planning Committee, which has held monthly conference calls since the 2006 annual meeting.
- The NACC Head chaired the mid-year meeting of the Planning Committee, which was held in Odawara, Japan in April 2007. The meeting included a day of strategic planning. The Committee monitors and advances the Network Strategy and Work Plan and plans the annual meeting.
- The NACC Head and the URC Chair are members of the ICD Revision Steering Group, which held its first meeting in Odawara, Japan in April 2007.
- The NACC Head and URC Chair participated in the Second Consultation Meeting on the WHO Business Plan for Classifications in Odawara, Japan in April 2007; the URC Chair chaired the consultation.
- The NACC Head chairs and directs the work of the Education Committee (EC), which assists and advises WHO in improving the level and quality of use of the WHO-FIC in Member States. The Head also facilitates the work of the Joint Collaboration (JC) with the International Federation of Health Records Organizations, a non-governmental organization in official relations with WHO. WHO HQ staff participates in the work, conference calls and meetings of the EC and JC.
- NACC serves as the Co-Chair and Executive Secretary for the WHO-FIC Mortality Reference Group.
- NACC serves as Chair and Secretariat for the WHO-FIC Update and Revision Committee.
- NACC serves on the Secretariat for the WHO-FIC Functioning and Disability Reference Group.
- U.S. and Canadian representatives of NACC serve on all WHO-FIC Committees.
- NACC has developed a web-based training tool for ICF (CODE ICF) in collaboration with WHO HQ. The training tool will provide a foundation for development of a web-based training tool on ICF to be housed on the WHO website.
- WHO provided final deliverables to NCHS for a professional services contract to research and develop crosswalks of ICF with several major assessment tools. The finding and results were presented at the Thirteenth Annual NACC Conference on ICF.
- Two staff from WHO participated in the Thirteenth Annual NACC Meeting on ICF in June 2007; NACC financially supported the travel for one of the staff members.

No financial support is provided to the Center by WHO. Adequate staffing and related resources are required at WHO HQ to assure successful accomplishment of the

WHO-FIC objectives. These issues were most recently addressed at the Second Consultation on the WHO Business Plan for Classifications held in Odawara, Japan.

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, German, Japanese, Nordic, Portuguese language (Brazil), United Kingdom (under re-designation) Centres participated in the May 2007 meetings of the Education Committee and Joint Collaboration.
- Several of the above Centres, as well as the French Centre, participated in the ICE on Automation Planning Committee meeting and the mid-year meeting of the Mortality Reference Group.
- The Dutch, Italian and Japanese Collaborating Centres participated in the Thirteenth Annual NACC Meeting on ICF in June 2007.
- The Australian, German, Nordic, Portuguese language (Brazil), and Japan Centres participated in the March 2007 meetings of the Morbidity Reference Group held in Vancouver, BC.
- Several Centres have participated in the conference calls of the newly formed Terminology Reference Group, which is co-chaired by a NACC representative.
- The NACC has been working closely with the Portuguese language and Australian Centres on a joint Education Committee – FDRG project for ICF educational materials.
- Several Centres have participated in conference calls convened by the chair of the FDRG Project 1 on Coding Guidelines.

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 2007, the National Center for Health Statistics (NCHS) continued its regular production of mortality statistics using ICD-10, including electronic publication of preliminary mortality data for 2005, with release of final 2005 data planned by the end of the year. 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 2007. 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 to US students, two Tanzania citizens, one of whom was a medical doctor, joined the underlying cause-of-death class as members of the MEASURE Evaluation organization based in Chapel Hill, NC,. Both of these students will go on to train others in the coding of causes of death. NCHS was very pleased to have our Canadian colleague Patricia Wood of Statistics Canada participate as co-instructor for both classes.

NCHS staff have developed an electronic interactive basic multiple cause coding course on CD-ROM. The course will be piloted by the end of 2007 and will appear on the Internet in 2008.

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 and are being implemented by the States over the next several years. 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, only four States and New York City implemented in 2003. In 2007, a total of 29 States, the District of Columbia, and New York City have implemented. Implementation dates for the remaining States range from 2008 to 2010.

Work on Electronic Death Registration Systems (EDRS) in the U.S. continues to progress. When implemented, 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. EDRS 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. EDRS 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. Currently, 20 states have implemented an EDRS and 17 others are in development or in the planning stages. 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 provided technical assistance in 2006 to the Jordanian Ministry of Health. Following up on a visit made in March 2005 to conduct an evaluation of their new system recently implemented for mortality surveillance, NCHS staff assisted the Jordanians in the development of their first annual statistical report for deaths.

In 2005, NCHS staff provided technical assistance to Statistics South Africa on implementing ACME for the processing of cause of death data. All of the assistance was provided via email and telephone, owing to a shortage of travel funds and a short deadline for implementation of the system by Statistics South Africa. In July 2006, NCHS staff met in Washington, D.C. with a staff person from the South Africa Collaborating Centre and subsequently provided her with physician and medical examiner handbooks, a CD ROM containing information on completing the death certificate and laminated guidelines for death certification. It is our understanding that South Africa is ready to start upgrading the database that they use for capturing death information in Cape Town. They are using SuperMICAR as a guide so the data can be imported into the MMDS.

NCHS is discussing plans for an assistance project with the Ministry of Health of Ghana to provide training on cause of death coding. The goal of the project will be to begin with manual coding but to move eventually to automated coding of cause of death information.

Term of reference a) Major Activities

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

Since Tunis, NCHS, in collaboration with the Centers for Medicare and Medicaid Services (CMS), has held two meetings of the ICD-9-CM Coordination and Maintenance Committee (March 2007 and September 2007). Information regarding the diagnosis proposals and a summary of the public discussion appear on the NCHS website at: www.cdc.gov/nchs/otheract/icd9/maint/maint.htm. Information regarding the procedure proposals and a summary of the public discussion appear on the CMS website at: https://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/04_addendum.asp

The October 1, 2007 revisions to ICD-9-CM were posted on the NCHS website in June 2007 (<http://www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/ftpicd9.htm#addenda>). The ICD-9-CM CDROM containing the October 1, 2007 revisions is available from the Government Printing Office. There are 142 new diagnosis and 3 new external cause codes and 39 new procedure codes, which identify several important clinical concepts and procedures that were not previously captured in ICD-9-CM. These include expansions to: identify infections due to human herpes 6 and 7, parvovirus B19, disorders of the ear and hearing loss, and unique codes to identify phases of dysphagia. Also unique codes were created for infant and wound botulism, cardiac tamponade, septic arterial embolism, and intraoperative floppy iris syndrome due to drugs. Several new procedure codes have been created to uniquely identify procedures performed thoracoscopically. Also, several new codes have been created for the insertion/revision/replacement of interspinous process devices, pedicle-based dynamic stabilization devices and facet replacement devices.

As mentioned in the 2005 annual report, twice yearly updates of ICD-9-CM (April and October) are required to recognize new technology under the inpatient prospective payment system. None of the proposals received during the 2006 cycle met the criteria for an expedited April 2007 update (focus on new technology and limited to those that have a strong and convincing case). NCHS will continue to update ICD-9-CM until such time that an implementation date for ICD-10-CM has been established.

NCHS continues work toward a representation of ICD-9-CM in a structured, i.e., database, format and integration of this representation into its annual production processes. The work, conducted through a collaborative effort with the National Library of Medicine (NLM), is intended to create a database representation of ICD-9-CM which will 1) enable electronic transmission of ICD-9-CM from NCHS to key NCHS partners such as the NLM, 2) support improved connectivity of ICD-9-CM with other national standard terminologies such as SNOMED CT and CPT-4, and 3) preserve current NCHS ICD-9-CM production processes. It is envisioned that this work, begun in 2005, also will be used by NCHS to apply similar design and support

methodologies to the development of an electronic model and maintenance process for ICD-10-CM.

Currently, NCHS maintains and releases ICD-9-CM using a Folio-based production system. While this textual, display oriented representation has been a productive way to communicate ICD-9-CM to the medical record coding community, it does not easily support emerging national healthcare information efforts, including the NLM's UMLS Metathesaurus, the National Health Information Network (NHIN), and Electronic Health Record (EHR) systems. An "official" electronic distribution of ICD-9-CM would also reduce the proliferation of divergent electronic ICD-9-CM variants within the industry. A beta version of the database will be tested over the next six months.

Term of reference a) Major Activities

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

In addition to continued work on the beta version of the ICD-10-CM database, NCHS continues to update ICD-10-CM in keeping with updates that have been implemented in ICD-9-CM. A revised draft of ICD-10-CM was posted on the NCHS website in July 2007. Crosswalks with ICD-9-CM are being finalized and will be posted with the classification.

The implementation of ICD-10-CM is linked with the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Department of Health and Human Services continues to evaluate the NCVHS recommendations made in November 2003 regarding the need to move toward rulemaking to adopt ICD-10-CM and ICD-10-PCS as replacements for ICD-9-CM. More recently the Senate introduced a bill to implement ICD-10-CM and ICD-10-PCS by 2011. This bill has yet to be acted on.

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 ICD-10 mortality classification and in the use of automated mortality classification software (MMDS) (ongoing) in Canada. The next course to be offered will be Basic Multiple Causes of Death (ACME) Classification in autumn/winter 2007
- Provide updated specifications to provinces and territories for producing mortality data (ongoing)
- Receive demographic and cause of death 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)
- Develop tables and release plans for final mortality data (ongoing)
- Work continues to design and program tables for leading causes of death classified to ICD-10; these products will be released as electronic publications and will include data years from 2000 on.
- Release final mortality data report with ICD-10 data for 2005 (planned for autumn 2007).
- Cause of death statistical tables have been released in three different electronic formats (CANSIM data warehouse; HTML; PDF) on Statistics Canada's website for annual data from 2000 to 2004.
- Released final mortality data report with ICD-10 data for 2004.
- Participate in annual meetings of WHO-FIC Network
- Participate in WHO-FIC Mortality Reference Group and Update and Revision Committee (ongoing)
- Participate in WHO-FIC Education Committee and WHO-FIC – IFHRO Joint Collaboration (ongoing)
- Statistics Canada participated in the Joint Collaboration's pilot of the ICD-10 underlying cause-of-death examination and certification program and is chairing the pilot exam workgroup.
- Participate in ICE Planning Committee (ongoing);
- 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)

- Implement a national Coroner/Medical Examiner Database (CCMED) of standardized information on circumstances surrounding deaths reported to coroners and medical examiners in Canada. A data capture system developed to capture and store case information electronically is used in four provincial/territorial jurisdictions. Other provincial jurisdictions map their data to match the CCMED standards.
- Assess the comparability of different automated mortality classification software (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 and CCI for morbidity applications in Canada, including development and conduct of education programs, development of Canadian Coding Standards and multiple offerings for secondary use of this data.**

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

- All provinces and territories using ICD-10-CA and CCI for morbidity data collection as of April 1, 2006. Country-wide adoption was initiated in 2001 and completed in 2006.
- Delivery of 2 Two Day Training Workshops in ICD-10-CA/CCI, 19 Obstetrics—Moving Beyond the Basics; 38 one-day Coding for Diabetes Workshops and 5 one-hour What’s New in Classifications for 2007 webex conferences; one (1) Exploring ICD-10-CA/CCI for end users in English and (1) in French. Produced two self-learning programs: *Coding for Diabetes Part 1* and *Acute Coronary Syndrome: Understanding the Spectrum* (English & French). Provided two self-assessment learning activities: *Applied ICD-10-CA/CCI Case Studies, Series 1 and 2*. (English and French). All training materials are updated annually and are available in English, French or a bilingual format.
- On- line coding query service implemented in June 2001 with over 9690 queries answered to date. A bilingual e-Query tool was implemented in September 2006.
- The 2007 version of the Canadian Coding Standards for ICD-10-CA and CCI was posted to the CIHI website March 14, 2006. Existing standards were enhanced with case examples to clarify their applicability to hospital ambulatory care settings. Four new standards were written, 37 standards amended and 3 standards deleted. All standards are available in both official languages.
- A patch was released to all clients in both French and English to correct errata in v2006, to clarify indexing of several conditions, add two new codes in ICD-10-CA/CIM-10-CA and new mandatory attributes in CCI.
- Since ICD-10-CA/CCI has been in use in Canada for several years, the National ICD-10-CA/CCI Electronic Products User Group has been changed to the National ICD-10-CA/CCI Electronic Products Advisory Committee. The purpose of this committee is to provide advice to CIHI in the development of new, and enhancement of existing ICD-10-CA and CCI electronic products. This committee will meet as required.
- Have worked closely with other countries (e.g., US and Australia), comparing additions made to their products, with those done in Canada.
- Collaborated with WHO by sharing our experiences in representing the classifications in XML. Provided WHO with both the ICD-10-CA and CIM-10-CA databases for conversion to ClaML.
- Secretariat of URC continues to work closely with WHO to improve the web-based update platform built by WHO. A total of 115 proposals have been

reviewed by the secretariat to ensure complete submission of all required elements, and moved to 'Under discussion' status for subsequent review by members.

- All 115 proposals reviewed by CIHI and Statistics Canada to provide the Canadian comments on the proposals
- Developed CMG+ an in-patient grouping methodology, plus RIW and ELOS based entirely on morbidity data and case costing data collected in ICD-10-CA and CCI
- Updated all secondary use data tools, e.g. health indicators to incorporate additions and changes to v2006 ICD-10-CA/CCI

Term of reference a) Major Activities

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

Since the 2006 WHO-FIC Network Annual Meeting in Tunis, the North American Collaborating Center (NACC) has promoted implementation of the ICF through a number of activities:

- 1) The NACC conducted its 13th Annual Conference on the ICF between June 5-7, 2007 in Niagara Falls, New York. Approximately 95 attendees participated in the conference, which included three plenary sessions, 15 concurrent sessions and a robust poster session. In addition to the three NACC partners (NCHS, CIHI and Statistics Canada, our conference partner in 2007 was the Center for International Rehabilitation Research Information and Exchange (CIRRIE), a special research center funded by the U.S. National Institute on Disability and Rehabilitation Research (NIDRR), which is a component of the U.S. Department of Education. CIRRIE is located organizationally at the University of Buffalo in upstate New York. On its website, CIRRIE also hosts the NACC "ICF Community of Practice," described below. This is an important alliance, because NIDRR has recently embarked on its own 5-year Long-Range Plan for Fiscal Years 2005-2009 that abundantly refers to the ICF as the "common theme" among all its funded research and service projects. The NACC Conference Planning Committee thematically oriented the 2007 conference toward "knowledge transfer" about the ICF, focusing on methods for improving the likelihood that ICF could be adopted in a wide variety of clinical and administrative settings. The conference theme selected was "Sharing Knowledge Through The ICF." The 2007 conference also featured a 6-hour pre-conference workshop on ICF coding, and continuing emphases on new users' training and networking among professionals. The NACC ICF Conference program can be viewed at the CIRRIE website: <http://cirrie.buffalo.edu/icf/conference/final.html>
- 2) NACC has already begun planning and preparations for its 14th Annual ICF Conference, which is expected to be held the last week of August 2008 in Quebec City, Canada. (See below)
- 3) NACC continues to work with WHO to update the web-based training tool developed earlier this decade by NACC and its contractors, known as "Code ICF," and consider its contribution to an ICF training tool which will be housed on the WHO-FIC website (see separate section below).
- 4) NACC has continued to publish and distribute its periodic ICF Newsletter, which is distributed by E-Mail among subscribers through the resources of the National Center for Health Statistics (NCHS). The NACC ICF Newsletter provides a short summary of recent activities related to the ICF, mainly but not exclusively in North America. The ICF Newsletter generally is produced on a bi-

monthly basis (see separate section below). More than 900 subscribers around the world receive the Newsletter via E-Mail distribution. The Collaborating Center also posts and archives the Newsletter on the NACC web pages, which currently are housed within the National Center for Health Statistics website.

5) Technical work continues on finalizing an ICF video, to be available on DVD and originally produced following the 2001 WHO-FIC Network meeting. This video can serve as both a useful historical record and also an educational tool describing the background, importance, and potential global applications of ICF.

6) NACC members participated during 2005-2006 as CDC representatives on the Phase II Disability Work Group of the government-wide Consolidated Health Informatics (CHI) Initiative. The CHI Initiative is one of the "eGov" ("electronic Government") initiatives established by the U.S. Office of Management and Budget. CHI is a collaborative effort to adopt health information interoperability standards, particularly health vocabulary and messaging standards, for implementation in U.S. federal government systems. About 20 departments and agencies, including the U.S. Department of Health and Human Services (DHHS) are active in the CHI Initiative. Initially, "Phase I" CHI identified a portfolio of 24 health domains, which subsequently expanded during Phase II to 27 domains including the Functioning and Disability Domains, within which the CHI Disability Work Group focused its energies. The goal had been to develop uniform standards for the electronic exchange of clinical information related to the Functioning and Disability Domains, which would be utilized across the U.S. federal health enterprise. In this capacity, the CDC representatives, also conducting their analyses on behalf of the NACC, prompted the Disability Work Group members' attention to the robustness and flexibility of the ICF, and depicted its relationships with ICD-9-CM and SNOMED-CT. During 2006, the CDC representatives demonstrated a cross-walking activity that showed the general alignment of functional status-related terms in both ICF and SNOMED-CT, based on the concepts in the Residual Functional Capacity Form utilized regularly by the Social Security Administration in a variety of its disability-determination activities. Following its deliberations, the CHI Disability Work Group recommended to the umbrella CHI group and the National Committee on Vital and Health Statistics (NCVHS) that the ICF should be considered a "CHI-endorsed vocabulary" for the functioning and disability domains. In its recommendations, the CHI Disability Work Group declared that "Both ICF and SNOMED CT[®] were found to provide exact and 'usefully-related' vocabulary for the Functioning and Disability Domains," also observing that "SNOMED CT[®] already is a CHI-endorsed vocabulary for several clinical domains." This endorsement enables the ICF to become one of the incorporated classifications within the Unified Medical Language System (UMLS), within and from which more mapping of ICF to other vocabularies and functional assessment instruments can be anticipated. NACC is now facilitating and assuring sponsorship for inclusion of ICF in the UMLS. The Work Group provided recommendations on

other topics than the ICF, as well. NCVHS concurred with the CHI recommendations and transmitted them to the Department.

7) The ICF Subcommittee of the Interagency Subcommittee on the New Freedom Initiative (ISNFI), under the leadership of Dr. Margaret Giannini, Director, HHS Office on Disability, has met periodically. Dr. Paul Placek, consultant to NACC, has co-facilitated the meetings, and NACC representatives have served on the Subcommittee. The "New Freedom Initiative" is the U.S. President's initiative for infusing the rights and interests of disabled Americans into the forefront of all federal agencies' work, not only that related to health and health care but also in such areas as transportation, housing, and employment. Dr. Giannini and Dr. Arthur Sherwood from the Department of Education, National Institute on Disability and Rehabilitation Research also serve as the co-chairs for ISNFI and it was through their leadership that ISNFI and its counterpart Interagency Subcommittee on Disability Statistics (ISDS) conducted the conference "New Federal Applications of the ICF" described below. The ICF Subcommittee will meet again on an as-needed basis. NACC members also continued their participation in the NCHS Disability Working Group, which was established in 2005.

8) In August, 2006, the federal Interagency Committee on Disability Research, and several individual collaborators within NACC had sponsored a small but important meeting in Washington, DC, which exerted both North American and international influence on English-language rehabilitation publications in 2007. During the 2006 meeting, invited editors from prominent disability and rehabilitation journals reported on the increasing number of ICF-related manuscripts and published articles that are appearing in the American, Canadian, and international literature. At least one important journal supplement devoted to the ICF has been generated by that Journal Editors' meeting: the Journal of Rehabilitation Medicine, edited by Professor Gunnar Grimby from Sweden, who had been an invited participant during the August 2006 Editors' Workshop, devoted an 8-article Supplement to its May, 2007 edition entitled "The ICF: A unifying model for the conceptualization, organization and development of human functioning and rehabilitation research." Most of the articles are now in "open-access" format for anyone to download, regardless of subscription status, at the following website: <http://jrm.medicaljournals.se/issue/39/4>

Although the 2006 meeting had not been designed to induce "commitments" from journal editors about forthcoming themes and specific subjects in their set of journals, as the ICDR reported in its summary document, the ICF had been mentioned as a "common thread" for much of the tapestry that would be woven by the compiled set of articles published by these journals in the coming five years.

Website: <http://www.icdr.us/trends/default.htm>

9) Members of the Collaborating Center conducted a 2-day conference in Crystal City, Virginia entitled "New Federal Applications of the ICF," on July 10-11, 2007. This conference was co-sponsored by the Interagency Subcommittee on Disability

Statistics, and the Interagency Subcommittee on the New Freedom Initiative. Both Subcommittees are constituent groups of the federal Interagency Committee on Disability Research. The former meets monthly and has regular presentations on ICF. The latter hosted an ICF Subcommittee for several years, which now meets on an as-needed basis. About 80 registrants attended this conference, mainly from federal agencies and academic institutions. This conference focused on the health informatics characteristics of the ICF that affect its broader implementation. Recent progress reported above from the CHI Disability Work Group's recommendations also represented a substantial agenda topic during the Crystal City conference. The timely release in April, 2007 of the Institute of Medicine's report entitled "The Future of Disability in America", which recommended specific applications of the ICF in American federal disability monitoring systems, made that report an important agenda topic. There were two Breakout Sessions in which the exercises focused on hands-on use of ICF codes, and conceptualizing feasible federal demonstration projects using the ICF. This conference differed from the annual NACC ICF Conference in that only invited speakers participated rather than abstract-submitting authors, and a particular audience -- federal agency representatives --- were targeted, although registration was open to anyone. This conference arose from an August 2006 meeting conducted by Dr. Margaret Giannini, Director of the Office of Disability in DHHS, in which methods were proposed for "jump starting" broader federal utilization of the ICF. The ISDS/ISNFI Conference materials, including the agenda and most of the invited speakers' PowerPoint presentation files, are available at this website: <http://www.icdr.us/ICF07/materials.html>

10) At least one important ICF publication has been generated during the current publication year by members of NACC: Hendershot GE, Placek PJ, Goodman N. Taming the beast: Measuring vision-related disability using the International Classification of Functioning. *Journal of Visual Impairment and Blindness* 2006 (December); 100(Supplement):806-823. This article is available free of charge in several formats to anyone regardless of subscription status, at this website: <http://www.afb.org/jvib/jvib001306.asp>

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 and Statistics Canada to co-host the 13th Annual NACC Conference on ICF in Niagara Falls, New York, June 5 - 7, 2007. The Theme was “Sharing Knowledge through the ICF”
- Actively planning for the 14th Annual NACC Conference on ICF that will be held in Québec City, Québec Canada, August 26 – 27, 2008. We have been invited to partner with the World Congress for Rehabilitation International being held August 25 – 28, 2008 in Québec City.
- Explored and supported opportunities for the use of ICF with the Vancouver Coastal Health Authority for people with disabilities..
- Provided critical review of the ICF-CY prior to the launch of this new derivative classification..
- Provided critical review of the draft index for the ICF-CY
- Provided critical review of the mapping of the ICF to ISO9999 that was prepared by the Dutch Centre.
- Discussed opportunities for using ICF with the CIHI Rehab, Home and Continuing Care Reporting Systems
- Exploring opportunities for mapping ICF and the interRAI assessment instruments with Dr. Catherine Berg, Chair of the Department of Physical Therapy at the University of Toronto
- Working closely with the Dutch Centre and other NACC members to develop criteria for the ICF Information Database
- CIHI representative is a member of the WHO-FIC ICF Implementation and Education committees.
- CIHI representatives invited to lead Project 1: Principles of Use, Coding Rules and Guidelines and Project 7: Environmental Factors of the newly formed Functioning and Disability Reference Group (FDRG). Coordinated two international teleconference meetings of Project 1.
- Provided support and consultation to Canadian stakeholders for ICF (ongoing)
- Collaborated with the National Center for Health Statistics in providing North American input to the use and implementation of ICF (ongoing)
- Participation in NACC ICF and WHO-FIC meetings (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 was 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. The entire final double-coded comparability file is currently available for download at <http://www.cdc.gov/nchs/datawh/statab/unpubd/comp.htm> along with tables of final comparability ratios. NCHS staff continue to provide technical support to those analyzing trends that cross revisions of the ICD.

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. Three plenary meetings of the mortality ICE, in 1996, 1999 and 2003, 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.

An ICE on Automation subgroup is developing an additional module for the MMDS system that will greatly facilitate the use of the MMDS system in non English-speaking countries. The module, known as IRIS, will be released for general use in 2008. The ICE Planning Committee met in May of 2007 to consider plans for another plenary meeting in 2008. A major goal of the 2008 meeting will be to showcase the IRIS system and promote its use in non English-speaking countries.

Term of reference b) Major Activities

3. Support and Participate in International Collaborative Effort on Injury Statistics

The 13th meeting of the International Collaborative Effort (ICE) on Injury Statistics took place on September 7-8, 2006 in Washington, DC. Participants from 22 countries attended, including first-time representation from Japan, Taiwan and the World Bank (transport and urban development office). WHO was represented by its Geneva office, the Pan American Health Organization, the Caribbean Epidemiology Center (CAREC), and by the regional WHO-Africa office.

The priority projects on the agenda included panels on measures of injury severity, including discussions of AIS and ICISS; selecting a main injury in mortality; indicator development including a new proposed project on the probability of admission to hospital; nonfatal injury surveillance issues including hospitalization, emergency department and household interview surveys; occupational injury; linkage of disability and injury data; and a full discussion of the process of revising ICD-10 for the development of ICD-11 (facilitated by WHO). In addition, there were updates of other ICE-related activities including representation at the 2008 World Conference to be held in Merida, Mexico and the newly created International Society for Violence and Injury Prevention (ISVIP). Lastly, and perhaps most importantly the group discussed the future of the ICE on Injury Statistics in a world of decreased funding, looking at potential funding sources, and at new ways to communicate and disseminate their products.

All of these presentations are available online. For more about the work of the ICE on Injury Statistics, visit the ICE website,

<http://www.cdc.gov/nchs/about/otheract/ice/meetings.htm>

Term of reference b) Major Activities**4. Develop comparability ratios for ICD-10 mortality statistics in Canada**

The following work has been done by Statistics Canada in support of this activity:

The Comparability of ICD-10 and ICD-9 for Mortality Statistics in Canada report (November 2005) is available at

<http://www.statcan.ca/bsolc/english/bsolc?catno=84-548-X>

A half-day presentation, “Assessing the Impact of the Implementation of ICD-10 on Canadian Mortality Trends”, designed to promote the use and understanding of comparability ratios through educational seminars and conference presentations has been developed in English and in French and will continue to be offered as requested (ongoing from 2003).

Statistics Canada staff continue to provide technical support to those analyzing trends that cross revisions of the ICD.

Term of reference c) Major Activities

1. WHO-FIC Network Planning Committee

The Centre Head and the Chair of the URC participate on the Planning Committee for the WHO-FIC Network, which monitors and advances the Network Strategy and Work Plan and plans the annual meeting. The Centre Head began a two-year term as Chair of the Planning Committee following the Tokyo Network meeting and has chaired monthly conference calls and two face-to-face meetings in Paris, France on April 27-28, 2006 and in Odawara, Japan on April 19-20, 2007.

2. WHO-FIC Implementation Committee

Canadian and U.S. representatives participate in working sessions of the WHO-FIC Implementation Committee during annual Centre Heads meetings and have prepared papers for discussion by the Committee.

3. WHO-FIC Education Committee

The Centre Head chairs and directs the work of the Education Committee (EC), 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 certification strategy for the WHO-FIC, identifying best training practices and providing a network for sharing expertise and experience on training. Representatives of NCHS, CIHI and Statistics Canada participate on the Committee. The Committee meets during the annual WHO-FIC Network 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 Committee, along with several other collaborating centres, countries and related organizations. The Chair has facilitated a Joint Collaboration (JC) with the International Federation of Health Records Organizations (IFHRO) to establish a training and certification program for ICD-10 mortality and morbidity coders and serves as an ex-officio member. The JC held its first face-to-face meeting in Bethesda, MD in May 2005 and also communicates by e-mail and conference call. During May 2007, the Chair organized a two-day meeting for the EC and JC in Washington, D.C. to continue work on the international training program and conduct other work of the committees. In August 2006, NCHS awarded a professional services contract to the American Health Information Management Association Foundation of Research and Education (AHIMA FORE) to pilot and evaluate the program in conjunction with IFHRO; an extension of that contract through June 2008 is planned. The EC also is working with WHO, the MRG and the FDRG on development of a web-based

training tool for ICD-10 and ICF. Work on this tool was initiated in July 2006, with partial support from the National Center for Health Statistics. As part of its educational mission, the EC organizes an orientation session at the annual meeting and has developed a WHO-FIC Network brochure.

4. Mortality Reference Group

The North American Collaborating Center (NACC) organized and chaired the Mortality Reference Group (MRG) until March 2002, when Dr. Harry Rosenberg retired from the National Center for Health Statistics (NCHS). Donna Hoyert of NCHS now serves as Co-Chair of the MRG, and several other NCHS and Statistics Canada staff participate in the face-to-face meetings and periodic conference calls. The MRG organized separate meetings in 2002, 2003, 2004, 2005, 2006 and 2007. An additional meeting is being organized prior to the 2007 WHO-FIC Network meeting in Trieste.

5. Update and Revision Committee

Canadian and U.S. representatives participate in the Update and Revision Committee, reviewing and commenting on documents and participating in face-to-face meetings and teleconferences. The Canadian Institute for Health Information provides the Chair and Secretariat support to this committee. The 2006 updates were posted to the WHO website in March 2007. One hundred and fifteen proposals have been received for discussion at the October 2007 meeting in Trieste, Italy. The first round of voting was completed June 29, 2007.

6. Family Development Committee

The Centre Head, NCHS and CIHI staff participate in the multiple work products of the Family Development Committee (FDC). NACC has been especially active in issues related to ICECI, terminologies, interventions, the Family concept, ICF-CY and United Nations classifications. The Centre Head is convening an external stakeholders panel at a conference on harmonizing primary care clinical classification and data standards, which will be held October 10-11, 2007 in Washington, D.C.

7. Electronic Tools Committee

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

8. Morbidity Reference Group

Donna Pickett, Mea Renahan, Lori Moskal, Sue Bowman, Maureen Aucoin and Ginette Therriault participated in the mid-year meeting of the Morbidity Reference Group held in Vancouver, BC in March 2007. A paper proposing the role and support that the MBRG might offer to the ICD Revision Steering Group (RSG) was prepared and sent to the RSG for consideration in their deliberations in Japan in April 2007.

9. Functioning and Disability Reference Group

John Hough, Jennifer Madans, Geoffrey Reed, Diane Caulfeild and Janice Miller are members of the Functioning and Disability Reference Group (FDRG). Ms. Caulfeild and Ms. Miller serve on the Secretariat as convenors of Project 1 and Project 7, respectively. The North American Collaborating Center also nominated Dr. Elizabeth Badley, Dr. Jerome Bickenbach and Dr. Rune Simeonsson, as members of the FDRG. Hough, Reed and Caulfeild have been contributing to FDRG “Project 1” pertaining to ICF Coding Guidelines, along with FDRG colleagues from South Africa, India and Japan, who are also involved with Project 1. This year’s activities have focused mainly on compiling the requisite literature review for successful completion of Project 1 over a 3-year duration.

10. Terminology Reference Group

David Berglund, Kathy Giannangelo, Marcelline Harris, Steve Steindel, Ginette Therriault and Barbara McLean represent the North American Collaborating Center on the Terminology Reference Group (TRG). The TRG held its first meeting in Tunis, Tunisia prior to the WHO-FIC Network annual meeting and elected Dr. Harris as a co-chair. Dr. Harris has convened several TRG conference calls during the summer of 2007.

Term of reference d) Major Activities

1. Study and participate in activities related to terminologies

SNOMED-CT

NCHS continued to represent the Department of Health and Human Services (DHHS) on the SNOMED International Standards Board through Dr. David Berglund until the formation of the International Health Terminology Standards Development Organization (IHTSDO) in 2007. Dr. Berglund attended the transition meeting in Chicago, IL in May 2007. He also has actively participated in the SNOMED Mapping Working Group and the SNOMED Concept Model Working Group.

Both the U.S. and Canada are chartered members of the IHTSDO. NACC representatives serve on the Terminology Reference Group, which works with WHO and the WHO-FIC Network on matters related to the IHTSDO and other terminology issues.

CIHI is working in collaboration with Canada Health Infoway (CHI) on the establishment of terminology and classification standards for the electronic health record. CHI has identified SNOMED-CT along with ICD-10-CA and CCI as accepted standards for the Interoperable electronic Health Record (IeHR). CIHI continues to have representation on advisory committees and all working groups established by Canada Health Infoway, which represents Canada on the IHTSDO. New initiatives under this collaboration are the French translation of SNOMED-CT and the building of maps between SNOMED-CT and ICD-10-CA and CCI.

Term of reference e) Major Activities

1. Establish and conduct protocols for disseminating information about North American activities pertaining to the ICF

The NACC publishes and distributes an electronic ICF Newsletter by conventional E-mail. The ICF Newsletter typically presents a short summary of recent activities related to the ICF, particularly emphasizing ICF research and applications pursued by investigators and policy makers in North America. Marjorie Greenberg, NACC Head, and Dr. John Hough from NCHS, contribute editing resources to this Newsletter, and they are assisted by staff member colleagues in the NCHS Office of Information Services who handle the distribution and long-term archiving of the ICF Newsletter, and by Dr. Paul Placek, a private sector disability statistics consultant, who contributes content. There are now more than 900 subscribers around the world who receive the NACC Newsletter via E-mail distribution.

Since the Annual Meeting of the WHO-FIC Network in Tunisia, NACC has published five (5) ICF Newsletters. During that period, NACC has attempted to bolster the scientific content of the Newsletter, focusing on recent ICF-oriented publications by North American authors as well as policy changes within the Canadian and American federal governments that affect broader implementation of the ICF. The ICF Newsletter remains one of the Collaborating Center's most widely-recognized resources, therefore we strive for its content to be authoritative and timely. The Newsletter serves as both a conduit for disseminating new information about the ICF, and a primary method for cultivating a networked, resourceful community of ICF researchers and other professionals in North America.

An important partner to the Collaborating Center is the Center for International Rehabilitation Research Information and Exchange (CIRRIE) at the University of Buffalo. Since 2006, CIRRIE has spearheaded an "ICF Community of Practice" which, although less popular than we had anticipated, still provides a venue for enriching on-line discussions about strengths and weaknesses of the ICF. CIRRIE has engaged in reconfiguring the Community of Practice Forum's user interface, while also streamlining the number of Forum topics, to induce broader participation among members of the North American and international ICF communities

The North American Collaborating Center continues to provide educational and awareness-enhancing materials and services pertaining to the ICF. Many researchers and members of the general public contact NCHS, CIHI and Statistics Canada asking for information about the ICF, as well as for information on the prevalence of functional limitations in the U.S. or Canada. Most of that contact is electronic, and rendered feasible by the high degree of "user-friendliness" exhibited by the websites among all three major entities in our Collaborating Center. Our ICF Newsletter is fully electronic, and archived copies are available on the Internet. Proposed products forthcoming from our Collaborating Center, like a "Coder's Corner" section of our

ICF Newsletter or an Annotated Bibliography of ICF publications, would be fully electronic. The Collaborating Center provides both broad and targeted dissemination, and engages in transferring and translating knowledge about the ICF upon demand.

Anyone can receive the ICF Newsletter by sending an E-mail message with complete contact information to John Hough at JHough@cdc.gov or Linda Washington at LRWashington@cdc.gov. Links within the NCHS ICF website <http://www.cdc.gov/nchs/about/otheract/icd9/> and the Canadian ICF website http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=codingclass_icf_e also provide information on how to contribute to or receive the ICF Newsletter. Archived versions of previous issues of the Newsletter can be viewed on the NACC ICF website at: <http://www.cdc.gov/nchs/about/otheract/icd9/icfhome.htm>.

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. The training program covers ICD-10 mortality medical coding oriented to the NCHS automated coding system (SuperMICAR, MICAR, ACME and TRANSAX). The courses are designed for countries that are considering the development of an automated coding system for cause of death information. The courses are similar in content to the domestic training courses that NCHS offers, but are longer (three weeks rather than two), and class size is smaller (no more than 10-12 participants). All course instruction is in English. There is no tuition charge for the course, but participants are responsible for their transportation, housing and per diem expenses.

Future international coding courses are on hold, due to the departure of senior training staff in recent years. International courses will be reinstated once training staff have been replaced and new staff have acquired sufficient training experience. In the meantime, English-speaking international trainees are being included in the standard MMDS training courses offered to US state health personnel. In 2007, two trainees from Tanzania attended the underlying-cause course. One of these trainees is a participant in a USAID-funded project (MEASURE-Evaluation) to collect cause of death information via verbal autopsy; the trainee, a physician with previous knowledge of the ICD, will use his NCHS experience to provide ICD underlying-cause training to project coders in Tanzania. Contacts with MEASURE-Evaluation will be maintained to ensure ICD coder training for similar projects in other African countries.

Term of reference f) Major Activities

2. Develop Code ICF training tool

NACC continued negotiations with WHO about the optimal placement for the web-based, interactive training tool known as "Code ICF", which was developed earlier this decade by NACC and its contractors with extensive WHO input. The tool was delivered to WHO in December 2004, with the expectation that it would be housed on the WHO web site. Although WHO identified some technical issues, NACC is still hopeful that these will be resolved, so that Code ICF can be available for downloading and review by newer English-speaking users of the ICF. Code ICF provides a general overview of ICF and its multiple applications and includes frequently asked questions and coding vignettes. Video clips from the Bethesda 2001 ICF tapings and photo winners from the WHO ICF photo contest have been integrated into Code ICF. The current expectation is that content from Code ICF will be used in the web-based training tool under development by WHO with support from the WHO-FIC Education Committee and Functioning and Disability Reference Group.

Term of reference f) Major Activities

3. Identify Educational Needs and Core Curricula for WHO-FIC

Needs assessment questionnaires for ICD-10 mortality and morbidity coders were finalized by the WHO-FIC Education Committee and circulated to WHO Regional Offices and Collaborating Centers for distribution to the member states in 2004. A paper describing the findings was presented by Sue Walker at the 2004 WHO-FIC Network meeting in Reykjavik and was published in a revised format in *the Journal of the Health Information Management Association of Australia* in 2006. A letter to the Editor by Sue Walker on this subject also was included in the April 2006 issue of the *WHO Bulletin*.

The Education Committee has developed core curricula for ICD-10 mortality and morbidity coders, which were approved by the WHO-FIC Network and International Federation of Health Records Organizations (IFHRO) and were the basis of a call for training materials issued by the Joint WHO-FIC – IFHRO Collaboration in early 2005. The training materials submitted by several countries in response to this call are under expert review to identify adequacy and gaps. Training materials from Korea, Australia and the United States have been recognized by the Joint Collaboration as meeting the standard for Underlying Cause of Death coder training in several knowledge clusters. During 2006, the Education Committee developed a core curriculum and best practices for training certifiers of cause of death. All three core curricula are posted on the Education Committee web site:

http://www.cdc.gov/nchs/about/otheract/icd9/nacc_ed_committee.htm

During 2007, a workgroup of Education Committee and FDRG members, including representatives from NACC, are developing a Core Curriculum for Introductory courses on ICF and the ICF – Children and Youth Version. ICF training materials also are being solicited for review in relation to the Core Curriculum and to provide content for a web-based basic training tool.

Term of reference i) Major Activities

1. Interventions and Procedures

The U.S. Centers for Medicare and Medicaid Services (CMS) continues its refinement of ICD-10-PCS.

Changes have been made to ICD-10-PCS in the medical/surgical and medical and surgical-related sections. Specificity has been added for devices and substances (e.g., ceramic on polyethylene hip replacement bearing surface, intraocular telescope, and endobronchial devices). The net impact of the changes resulted in a further reduced number of codes in ICD-10-PCS from 87,695 to 86,617. None of the changes resulted in changes to the draft coding guidelines. All maps between ICD-9-CM procedure codes and ICD-10-PCS will be updated subsequent to the October 2007 updates for ICD-9-CM, Volume 3.

CMS continues to work on converting the DRGs into ICD-10-CM and ICDC-10-PCS with a goal to complete a prototype of the DRGs in the new code sets by the end of 2007.

Highlights regarding the 2007 update to ICD-10-PCS may be found on the CMS website:

http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/Downloads/PCS_whats_new_2006.pdf

CIHI developed and implemented the Canadian Classification of Health Interventions (CCI) in 2001. It is updated and re-released in concert with the ICD-10-CA, i.e., 2003, 2006, and the next release is scheduled for 2009. As with ICD-10-CA, all provinces and territories fully implemented CCI for hospital morbidity coding by 2006. There are approximately 1,000 new codes planned for v2009. Together with the ICD-10-CA, the CCI has been adopted by the Insurance Bureau of Canada for the collection of all diagnostic and intervention data on the Auto Insurance Standard Invoice. CCI also has been adopted by the Ontario Health Informatics Standards Council as the e-Health standard for Ontario. This expertise and experience is expected to contribute to international work on interventions classification. The CCI has been made available to the WHO and the Chair of the FDC for work that is currently transpiring on the development of an international interventions classification.. CIHI was unable to attend the working meeting on Interventions held in Germany in June 2007.

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

Work Plan 2007 - 2011

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 describes concrete activities related to the Collaborating Center's Terms of Reference. The budget for these activities is the responsibility of the respective organizations

Activity 1:	Title: Promote the development and use of ICD-10 for mortality statistics in the United States, including development of training materials and conduct of courses – Implement ICD-10 for Mortality statistics in the U.S.
	Responsible person: Dr. Robert Anderson, Chief, Mortality Statistics Branch, Division of Vital Statistics (DVS), National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC)
	Description: Implementation was a complex project including planning and design; systems and processing conversion and development; modification of guidelines, documentation, and training; deployment in sub national offices; redesign of data files; revised analyses, including comparability or bridge-coding studies; reports; and communication and promotion to external parties. Implementing ICD-10 for each of these broad areas involves an elaborate number of steps.
	Concrete expected outcome: Implement ICD-10 for mortality effective with deaths occurring in 1999 as collaborative effort with the States
	Links with WHO activities: Depended on WHO finalizing ICD-10. Participate in Mortality Reference Group and provide co-chair; participate in Update and Revision Committee.
	Source of funding of the activity: NCHS
	Dissemination of the results: To NCHS, State partners, interested parties
	Time frame of the activity: Implementation began with data year 1999
Activity 2:	Title: Promote the development and use of ICD-10 for mortality statistics in the United States, including development of training materials and conduct of courses – Production of data tapes and publication of reports
	Responsible person: Dr. Robert Anderson, Chief, Mortality Statistics Branch, Division of Vital Statistics (DVS), NCHS, CDC
	Description: This activity refers to ongoing production of public use data processed according to ICD-10 standards and publication of mortality statistics.

	Concrete expected outcome: Publish preliminary and final mortality data annually, including general mortality, leading causes of death, life tables and infant mortality (most recent data published are for 2005)
	Links with WHO activities: Mortality data are transmitted to WHO for the mortality database.
	Source of funding of the activity: NCHS
	Dissemination of the results: Web and print publications and public use data
	Time frame of the activity: Ongoing

Activity 3:	Title: Revision of U.S. Standard Certificates of Birth, Death, and Fetal Death
	Responsible person: Dr. Robert Anderson, Chief, Mortality Statistics Branch, Division of Vital Statistics (DVS), NCHS, CDC
	Description: Revision of the U.S. Standard birth and death certificates and the report of fetal death, including specifications, file layout, handbooks and instruction manuals
	Concrete expected outcome: Implementation by all registration areas to promote consistency, comparability and comprehensiveness
	Links with WHO activities: The revised certificates are consistent with WHO standards and ICD-10
	Source of funding of the activity: NCHS and registration areas
	Dissemination of the results: National and State mortality statistics
	Time frame of the activity: 2003 – 2010

Activity 4:	Title: Move towards an electronic death registration system
	Responsible person: Dr. Robert Anderson, Chief, Mortality Statistics Branch, Division of Vital Statistics (DVS), NCHS, CDC
	Description: Adoption of electronic death registration systems have the potential for greatly speeding up the time from death to publication of mortality statistics, and if the right people participate, to improve data quality.
	Concrete expected outcome: Develop and implement electronic systems in States
	Links with WHO activities: Supports WHO priorities for improving data quality
	Source of funding of the activity: NCHS, Social Security Administration
	Dissemination of the results: At meetings of International Collaborative Effort (ICE) on Automated Mortality Data and WHO-FIC meetings
	Time frame of the activity: 2003-2010

Activity 5:	Title: Promote the use of ICD-10 through technical assistance to other countries
	Responsible person: Dr. Robert Anderson, Chief, Mortality Statistics Branch, Division of Vital Statistics (DVS), NCHS, CDC and Dr. F. Sam Notzon, Director, International Statistics Program, Office of the Center Director, NCHS, CDC.
	Description: Visit countries, review current practices, and work with them to make improvements in their vital statistics systems.
	Concrete expected outcome: Adopt international standards in data collection, processing, quality control, and analysis in requesting countries (currently, Eastern Europe, Middle East, Caribbean and South Africa)

	Links with WHO activities: Supports WHO priorities for implementing mortality data systems in Information Paradox countries and other countries requiring assistance.
	Source of funding of the activity: NCHS, CDC
	Dissemination of the results: In selected countries and in reports to WHO-FIC Network
	Time frame of the activity: Ongoing

Activity 6:	Title: Promote the use of ICD-9-CM for morbidity applications in the United States
	Responsible person: Donnamaria Pickett, Medical Systems Administrator, Classifications and Public Health Data Standards Staff (CPHDSS), National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC)
	Description: NCHS developed a clinical modification of ICD-9 and is responsible for the maintenance and update of ICD-9-CM. This includes holding two meetings per year of the ICD-9-CM Coordination and Maintenance Committee and releasing an annual CD-ROM in October of every year with the annual update. Coding guidelines are developed annually in collaboration with the Centers for Medicare and Medicaid Services (CMS), American Hospital Association and American Health Information Management Association.
	Concrete expected outcome: Use of ICD-9-CM for all official morbidity statistics and for administrative purposes as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
	Links with WHO activities: NCHS developed and maintains a clinical modification of ICD-9, with permission from WHO.
	Source of funding of the activity: NCHS
	Dissemination of the results: The classification is available in hard copy and on CD-ROM from a number of sources in the United States. A database version is under development. Health care data using ICD-9-CM are published by NCHS, CMS and other organizations.
	Time frame of the activity: Ongoing, annual updates

Activity 7:	Title: Develop, implement and promote the use of ICD-10-CM for morbidity applications in the United States
	Responsible person: Donnamaria Pickett, Medical Systems Administrator, Classifications and Public Health Data Standards Staff (CPHDSS), NCHS, CDC
	Description: NCHS has developed a clinical modification of ICD-10 for morbidity applications in the United States. ICD-10-CM is updated annually to be consistent with ICD-10 and ICD-9-CM. Updates also have been made based on a 2004 pilot test. Crosswalks with ICD-9-CM are being finalized and will be posted with the classification.
	Concrete expected outcome: ICD-10-CM will replace ICD-9-CM, Volumes 1 and 2.
	Links with WHO activities: NCHS developed a clinical modification of ICD-10, with permission from WHO. Participate in Morbidity Reference Group and Update and Revision Committee. The NACC Head is a member of the ICD Revision Steering Group.
	Source of funding of the activity: NCHS

	<p>Dissemination of the results: The 2007 version of ICD-10-CM has been posted on the NCHS classifications website: http://www.cdc.gov/nchs/about/otheract/icd9/abtcd10.htm The classification will be available in books, on CD-ROM and in database version.</p> <p>Time frame of the activity: Implementation of ICD-10-CM is dependent on rulemaking under HIPAA.</p>
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Activity 8:	<p>Title: Promote the development and use of ICD-10 for mortality statistics in Canada, including development of training materials and presentation of courses</p>
	<p>Responsible person: Julie McAuley, Director, Health Statistics Division, Statistics Canada</p>
	<p>Description: Statistics Canada is responsible for the training of provincial and federal mortality classification staff in underlying cause classification and multiple causes (ACME) classification. Statistics Canada also publishes the annual Canadian mortality statistics (most recent data published is for 2004).</p>
	<p>Concrete expected outcome: Trained Canadian mortality classification staff</p>
	<p>Links with WHO activities: Training is done with NCHS material which has been reviewed and approved by the WHO-FIC – IFHRO Joint Collaboration and is presented by a WHO-FIC – IFHRO recognized trainer. Canadian mortality data are submitted to WHO for its mortality database.</p>
	<p>Source of funding of the activity: Health Statistics Division, Statistics Canada</p>
	<p>Dissemination of the results: Reported in NACC annual report</p>
	<p>Time frame of the activity: Ongoing and as required by provincial and federal mortality classification staff</p>

Activity 9:	<p>Title: Develop, implement and promote the use of ICD-10-CA for morbidity applications in Canada, including development and conduct of education programs</p>
	<p>Responsible person: Mea Renahan, Manager, Classifications; Lori Moskal, Program Lead, Classifications; Ginette Therriault, Program Lead, Classifications, Canadian Institute for Health Information</p>
	<p>Description: ICD-10-CA and CIM-10-CA have been implemented in all provinces and territories as of April 1, 2006. for data collection by all acute care hospital facilities. It is also the standard for clinical data collection in the National Ambulatory Care Reporting System.</p>
	<p>Concrete expected outcome: ICD-10-CA (E&F) is updated in accordance with URC documents and cycles. There are also updates added as required for use in Canada.</p>
	<p>Links with WHO activities: CIHI provides the Chair and secretariat for the Update and Revision committee, and is an active participant in the WHO Morbidity Reference Group, Family Development Committee and Terminology Reference Group. The chair of the URC is a member of the ICD Revision Steering Group.</p>
	<p>Source of funding of the activity: CIHI</p>

	Dissemination of the results: ICD-10-CA is used only in Canada. It has been fully implemented in all acute care hospital facilities, is the basis for the National Ambulatory Care Reporting System and is slowly being adopted throughout the whole health care system e.g. home and continuing care, rehabilitation, auto insurance claims. It is the basis for Canada's Case Mix Grouping Methodologies for in-patients, ambulatory care and day procedures.
	Time frame of the activity: Current update cycle is every three years. The next full update of the ICD-10-CA/CIM-10-CA will be released for implementation on April 1, 2009. All ICD-10-CA/CIM-10-CA related or derived products are updated in line with each version release e.g. health indicators reports. Work on version 2012 commences in 2009.

Activity 10:	Title: To develop and update Canadian Coding Standards for ICD-10-CA and CCI for the collection of hospital morbidity data, both in-patient and ambulatory care in Canada
	Responsible person: Joy Fletcher, Canadian Institute for Health Information
	Description: With input from the National Coding Advisory Committee, data mining of databases and the queries in the National E-Query Coding Service, reports from re-abstractation studies and input from all secondary data users within CIHI, coding standards are provided which clarify the notes and rules in Volume 1, 2 and 3 of ICD-10.giving clear directives and case examples for applying the coding rules for morbidity data collection.
	Concrete expected outcome: Improved data quality and valid, comparable data
	Links with WHO activities: Ensures compliance with WHO rules
	Source of funding of the activity: CIHI
	Dissemination of the results: Data mining and re-abstractation studies allow evaluation of the up-take of the standards and provide end-users with an assessment on the data's fit for use e.g. in hospital reports, health indicators, national , provincial, regional studies, grouping methodologies.
	Time frame of the activity: Annual releases of updated and new standards with an impact analysis for secondary data users.

Activity 11:	Title: To develop educational offerings to reinforce coding standards and data quality throughout Canada.
	Responsible person: Joy Fletcher, Canadian Institute for Health Information
	Description: Data mining, re-abstractation studies and the National e-Query Coding Service help identify areas within coding that require extra attention.
	Concrete expected outcome: Three to four new educational modules reinforcing coding standards and e-Learning Case Studies are developed. Assist the CHIMA and provincial organizations in developing education/training modules to facilitate consistency in data collection and enhance data quality.
	Links with WHO activities: Enhances data quality of submissions on the international forum e.g. OECD annual submissions
	Source of funding of the activity: CIHI
	Dissemination of the results: Offerings are available to all who use the ICD-10-CA.
	Time frame of the activity: Annual release of new materials and updating of existing materials.

Activity 12:	Title: To facilitate consistent application of ICD-10-CA morbidity coding standards throughout Canada.
	Responsible person Lori Moskal, Program Lead, Classifications, Canadian Institute for Health Information
	Description: The e-Query Coding Service is available to all coders of morbidity data throughout Canada. Classification Specialists within CIHI assist coders in coding challenging cases according to the Canadian Coding Standards and WHO ICD-10 coding rules. There are over 9,600 queries in the database that can be searched by our clients prior to posting a new query.
	Concrete expected outcome: Enhance the consistency in the application of coding standards and rules thus ensuring the data is fit for use. Identifies gaps or ambiguous areas within the ICD.
	Links with WHO activities: Supports ICD-10 coding rules and also identifies areas requiring updating or clarity in the ICD-10
	Source of funding of the activity: CIHI
	Dissemination of the results: Feeds into the URC annual updates and recommendations for revision of the ICD-10 and ICD-10-CA/CIM-10-CA, development of Canadian Coding Standards and educational offerings.
	Time frame of the activity: Ongoing

Activity 13:	Title: Promote the development and use of the ICF in the United States
	Responsible person: Dr. John Hough, Statistician, Classifications and Public Health Data Standards Staff (CPHDSS), National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC)
	Description: (1) Conduct NACC Conferences on the ICF, in conjunction with our Canadian partners and within fiscal constraints; (2) Continue work on a web-based modular ICF instructional product suitable for widest possible dispersion and based fundamentally on the existing "Code ICF" web-based product developed under NACC auspices; (3) Continue publication of the "NACC ICF Newsletter"; (4) Contribute to forthcoming activities associated with including the ICF within the U.S. National Library of Medicine's Unified Medical Language System (UMLS), and carrying out other related recommendations from the U.S. Consolidated Health Informatics Initiative and the National Committee on Vital and Health Statistics pertaining to establishing ICF as a "CHI-endorsed standard for the functioning and disability domains"; (5) Contribute ICF-oriented content and expertise to the federal Interagency Subcommittee on Disability Statistics (ISDS); support ICF-related recommendations in the Institute of Medicine 2007 report on <u>The Future of Disability in America</u> .. (6) Sponsor or support other ICF meetings and conferences.

	<p>Concrete expected outcomes: (1) Considering fiscal constraints, our goal remains hosting annual conferences with a fundamental scientific format of abstract-reviewed submitted papers primarily from North American ICF investigators; during the period of this Work Plan; our ICF training activities might broaden to web-based meetings and instructional materials, in addition to face-to-face conferences. 2007 NACC Conference held in Niagara Falls, New York. (2) Contribute resources to parallel efforts on web-based ICF instructional programs under development by WHO. (3) We anticipate continuing to publish the NACC ICF Newsletter on a bi-monthly basis during the period of this Work Plan. (4) Within our professional roles serving the U.S. National Center for Health Statistics, NACC representatives are responsible for also serving in liaison roles among NLM, WHO, informatics researchers, and potentially North American commercial publishers in broadening the applications of ICF in the ways recommended by the CHI Disability Working Group and the NCVHS. (5) NACC individual and institutional representatives have regular presentation and reporting roles within ISDS and ICDR activities, including, for example, our CIRRIE colleagues who will continue to report on the ICF Community of Practice during ISDS meetings. (6) In 2007 organized conference on “New Federal Applications of the ICF.”</p>
	<p>Links with WHO activities: Essentially, each of the outcomes can be associated with the parallel WHO CAT activities toward web-based ICF instructional materials. NACC representatives can bolster and assist those WHO educational and training efforts through the activities and instruments mentioned above as outcomes.</p>
	<p>Source of funding of the activity: NCHS, CIHI, Statistics Canada, U.S. National Institute on Disability and Rehabilitation Research (NIDRR), Center for International Rehabilitation Research Information and Exchange (CIRRIE) at University of Buffalo, and other resources, all within fiscal constraints.</p>
	<p>Dissemination of the results: The primary vehicles best suited for dissemination are the NACC Newsletter, conferencing activities, and a robust NACC website.</p>
	<p>Time frame of the activity: Ongoing</p>

Activity 14:	<p>Promote the development and use of the ICF in Canada</p>
	<p>Responsible person: Diane Caulfeild, Program Lead, Classifications, Canadian Institute for Health Information</p>
	<p>Description: Liaise with government agencies, researchers and clinicians to facilitate understanding and adoption of the ICF.</p>
	<p>Concrete expected outcome: : Currently exploring the feasibility of mapping ICF to InterRAI Assessment(s) If it is feasible, then proceed with mapping ICF to an InterRAI Assessment in conjunction with work initiated by Catherine Berg , Chair of the Department of Physical Therapy at the University of Toronto.</p>
	<p>Links with WHO activities: : Promote the dissemination and utilization of ICF with the amalgamation of ICF and InterRAI because the InterRAI assessments are broadly used globally. Active member of all ICF related WHO-FIC committees and reference groups.. Chair Working Group 1 of the Functioning and Disability Reference Group (FDRG).</p>
	<p>Source of funding of the activity: CIHI</p>
	<p>Dissemination of the results: through WHO-FIC, NACC and other related meetings and conferences</p>
	<p>Time frame of the activity: :2007 - 2011</p>

Activity 15:	Title: Develop comparability ratios for ICD-10 mortality statistics in the United States
	Responsible person: Dr. Robert Anderson, Chief, Mortality Statistics Branch, Division of Vital Statistics (DVS), NCHS, CDC
	Description: Investigate effect of implementing a new revision of ICD on mortality statistics to account for disjuncture in trends and explain what portion of changes are statistical artefacts versus legitimate trends, produce report and data file on comparability, and provide guidelines on the use and interpretation of comparability results.
	Concrete expected outcome: Release final comparability data file Provide technical support for the analysis of trends
	Links with WHO activities: All member states are expected to prepare comparability ratios with introduction of a new version of ICD.
	Source of funding of the activity: NCHS, CDC, National Institutes of Health
	Dissemination of the results: Web and print publications and public use data
	Time frame of the activity: Final comparability file was released in 2004 and ongoing support
Activity 16:	Title: NCHS leadership of International Collaborative Effort on Automating Mortality Statistics
	Responsible person: Dr. F. Sam Notzon, Director, International Statistics Program, Office of the Center Director, NCHS, CDC, and Dr. Robert Anderson, Chief, Mortality Statistics Branch, Division of Vital Statistics (DVS), NCHS, CDC
	Description: In a continuing effort to standardize mortality processing and improve international comparability and share resources, the international collaborative effort discusses issues related to implementation and use of automated mortality systems and contributes to projects to foster comparability.
	Concrete expected outcome: Hold regular planning meetings; met in Georgetown, Washington, DC in 2007; coordinate assistance and training to countries interested in implementing automated systems; conduct Automation Seminars, as resources permit; next plenary planned for 2008.
	Links with WHO activities: Supports WHO priorities for implementing mortality data systems in Information Paradox countries and other countries requiring assistance, and for improving data quality and comparability.
	Source of funding of the activity: NCHS
	Dissemination of the results: ICE members and other interested parties
	Time frame of the activity: Ongoing; meetings usually held in May, sometimes in October also
Activity 17:	Title: Participate in International Collaborative Effort on Automating Mortality Statistics
	Responsible person: Julie McAuley, Director, Health Statistics Division, Statistics Canada
	Description: : This International Collaborative Effort aims to increase the quality of mortality data by promoting the use of automated classification systems to standardize the selection of the underlying cause of death.
	Concrete expected outcome: An increase in the number of countries using automated systems and greater comparability of international mortality data. Statistics Canada participated in the 2007 meeting of the Planning Committee.

	Links with WHO activities: The automated systems must be updated with changes to the classification, and thus there are close ties with the WHO-FIC Update Reference Committee.
	Source of funding of the activity: National Center for Health Statistics and Statistics Canada
	Dissemination of the results: As reported at the WHO-FIC Annual meeting
	Time frame of the activity: Ongoing. Next plenary will be May 2008.

Activity 18:	Title: NCHS leadership of International Collaborative Effort (ICE) on Injury Statistics
	Responsible person: Lois Fingerhut, Special Assistant for Injury Epidemiology, Office of Analysis and Epidemiology, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC)
	Description: A forum for international exchange and collaboration among injury researchers who develop and promote international standards in injury data collection and analysis
	Concrete expected outcome: Internationally comparable injury statistics useful for injury prevention and control
	Links with WHO activities: In 2004, recommended an External Cause of Injury Mortality Matrix to be formally accepted by WHO as a special tabulation list for injury mortality data. Review of ICD-10 Chapter XIX for revision in ICD-11 and participation on Topical Advisory Group.
	Source of funding of the activity: NCHS
	Dissemination of the results: Publications and NCHS web site: http://www.cdc.gov/nchs/injury.htm
	Time frame of the activity: Ongoing

Activity 19:	Title: Participation in ICE on Injury Statistics
	Responsible person: Donnamaria Pickett, Medical Systems Administrator, Classifications and Public Health Data Standards Staff (CPHDSS), NCHS, CDC and Julie McAuley, Director, Health Statistics Division, Statistics Canada
	Description: A forum for international exchange and collaboration among injury researchers who develop and promote international standards in injury data collection and analysis
	Concrete expected outcome: Internationally comparable injury statistics useful for injury prevention and control
	Links with WHO activities: Review of ICD-10 Chapter XIX for revision in ICD-11
	Source of funding of the activity: NCHS and Statistics Canada support respective participation
	Dissemination of the results: NCHS website
	Time frame of the activity: Ongoing

Activity 20:	Title: Develop comparability ratios for ICD-10 mortality statistics in Canada
	Responsible person: Julie McAuley, Director, Health Statistics Division, Statistics Canada

	Description: A study designed to assess the impact of the implementation of ICD-10 on Canadian mortality trends by producing ICD-9/ICD-10 comparability ratios
	Concrete expected outcome: Comparability ratios for selected causes of death for 1999 mortality data
	Links with WHO activities: All member states are expected to prepare comparability ratios with introduction of a new version of ICD.
	Source of funding of the activity: Health Statistics Division, Statistics Canada
	Dissemination of the results: 2005 Comparability of ICD-10 and ICD-9 for Mortality Statistics in Canada
	Time frame of the activity: Completed

Activity 21:	Title: Support the work of the various committees and reference groups established to assist WHO in the development, testing, implementation, use, improvement, updating and revision of members of the WHO-FIC
	Responsible person: Marjorie Greenberg, Chief, , Classifications and Public Health Data Standards Staff (CPHDSS), National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) and NACC Head; Mea Renahan, Manager, Classifications, Canadian Institute for Health Information and Julie McAuley, Director, Health Statistics Division, Statistics Canada
	Description: NACC representatives serve on all WHO-FIC Committees and Reference Groups and lead a number of efforts. The NACC Head is serving a two-year term as Chair of the Planning Committee and chairs the Education Committee; CIHI serves as Chair and Executive Secretariat for the Update and Revision Committee; an NCHS representative co-chairs the Mortality Reference Group; a NACC representative co-chairs the Terminology Reference Group, and a CIHI representative serves on the Secretariat for the Functioning and Disability Reference Group.
	Concrete expected outcome: Through active participation in and leadership of WHO-FIC Network committees and reference groups, NACC supports the mission of improving health through the ongoing development, maintenance and promotion of an integrated suite of health classifications and related products that produce information of value and utility across the world.
	Links with WHO activities: The WHO-FIC Network Strategy and Work Plan is directly linked to the WHO strategic priorities and work plan.
	Source of funding of the activity: NCHS, Statistics Canada, CIHI and partner organizations that support participation by their staff and associates.
	Dissemination of the results: Information is disseminated through annual reports, websites and presentations at annual meetings and conferences.
	Time frame of the activity: Ongoing

Activity 22:	Title: Represent DHHS on SNOMED Editorial Board Participate on SNOMED Convergent Terminology Work Group for Mapping
	Responsible person: David Berglund, M.D., Medical Officer, Classifications and Public Health Data Standards Staff (CPHDSS), National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC)
	Description: Dr. Berglund served as Department of Health and Human Services representative to the SNOMED Editorial Board from 1999 – 2007.

	Concrete expected outcome: Contributed to ongoing update of SNOMED CT and methodology for mappings to ICD classifications. Participated in transition meeting to new International Health Terminology Standards Development Organization (IHTSDO).
	Links with WHO activities: Activities related to SNOMED CT and mappings are part of the terms of reference for the Terminology Reference Group and a priority area for WHO.
	Source of funding of the activity: NCHS
	Dissemination of the results: Updates of SNOMED CT and related products are now the responsibility of IHTSDO.
	Time frame of the activity: Dr. Berglund's service ended with the transition to the IHTSDO at the May 2007 meeting; however, he continues as a member of the TRG.

Activity 23:	Title: Promote development of CAP and NCHS-approved crosswalk between SNOMED and ICD-9-CM and ICD-10-CM
	Responsible person: Donnamaria Pickett, Medical Systems Administrator, Classifications and Public Health Data Standards Staff (CPHDSS), NCHS, CDC
	Description: NCHS is working with the National Library of Medicine (NLM), American Health Information Management Association and College of American Pathologists on mappings between SNOMED-CT and ICD-9-CM and ICD-10-CM
	Concrete expected outcome: : A validated map or maps between SNOMED-CT and ICD-9-CM and ICD-10-CM
	Links with WHO activities: The work relates directly to the work of the WHO-FIC Terminology Reference Group (TRG)
	Source of funding of the activity: NCHS and NLM
	Dissemination of the results: Will be made available in the Unified Medical Language System on NLM website
	Time frame of the activity: Ongoing. Timeframe will be influenced by new mapping activities of the International Health Terminology Standards Development Organization.

Activity 24:	Title: Conduct training and information sessions on understanding and applying the ICF
	Responsible person: Dr. John Hough, Statistician, Classifications and Public Health Data Standards Staff (CPHDSS), NCHS, CDC and Diane Caulfeild, Program Lead, Classifications, Canadian Institute for Health Information
	Description: Ensure that each NACC Conference on the ICF conducted during the period of this Work Plan maintains a primary focus on education and information sharing about the ICF, particularly in introducing innovative ways of presenting such didactic material.

	Concrete expected outcome: During the period of this Work Plan, and in conjunction with our WHO CAT and WHO-FIC colleagues, we anticipate developing a web-based modular instructional tool for broad audiences. NACC representatives anticipate compiling an Internet “SuperCourse” lecture on the ICF, prepared conventionally in PowerPoint, for wide audiences and focusing on publications by North American ICF investigators. Our Collaborating Center’s training activities should also align well with parallel efforts in the professional sector, including the American Psychological Association’s <i>Procedural Manual and Guide for a Standardized Application of the ICF: A Manual for Health Professionals</i> . The pre-conference workshop at the 2007 NACC meeting was on coding with ICF in the Clinical Setting, drawing on the manual.
	Links with WHO activities: NACC continues to be involved directly with WHO CAT team members on web-based ICF training, based fundamentally on the NACC product entitled “CodeICF.”
	Source of funding of the activity: NCHS, CIHI, Statistics Canada, CIRRIE, and others, within fiscal constraints.
	Dissemination of the results: These products are designed for both broad and narrow dissemination, as described. A consistent theme among each of these products would be their accessibility through various Internet training settings and formats.
	Time frame of the activity: Ongoing activities according to demand and available resources.

Activity 25:	Title: Establish and conduct protocols for disseminating information about North American activities pertaining to the ICF
	Responsible person: Dr. John Hough, Statistician, Classifications and Public Health Data Standards Staff (CPHDSS), NCHS, CDC
	Description: Serve as an “information broker” about applications of the ICF in North America. Publish bi-monthly ICF Newsletter on NACC website.
	Concrete expected outcome: Bi-monthly ICF newsletters. Web-based Annotated Bibliography of ICF publications in scientific journals, keyed according to search terms in the “RehabData” Thesaurus maintained by the U.S. National Rehabilitation Information Center. (planned).
	Links with WHO activities: The Annotated Bibliography would link to WHO Internet resources about the ICF, including links to publication sets and similar bibliographies prepared by our partner WHO-FIC Collaborating Centers.
	Source of funding of the activity: NCHS.
	Dissemination of the results: The Annotated Bibliography product would be designed to be a keyword searchable database on the World Wide Web.
	Time frame of the activity: Newsletter, ongoing; Bibliography, 2009

Activity 26:	Title: Develop international training courses in ICD-10 mortality coding
	Responsible person: Donna Glenn, Survey Statistician, Division of Vital Statistics, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC)
	Description: 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.

	Concrete expected outcome: Standardize mortality processing, improve international comparability of mortality data and share resources.
	Links with WHO activities: Supports WHO priorities for implementing mortality data systems in Information Paradox countries and other countries requiring assistance, and for improving data quality and comparability.
	Source of funding of the activity: NCHS. Trainees are responsible for transportation, housing and per diem, but there is no tuition.
	Dissemination of the results: Information on courses is included in annual NACC reports.
	Time frame of the activity: International courses currently are on hold and will be reinstated once recently retired training staff have been replaced and new staff have acquired sufficient training experience. In 2007, two English-speaking international trainees were included in the standard MMDS training courses offered to US state health personnel.

Activity 27:	Title: Develop Code ICF, a web-based training tool for ICF
	Responsible person: Marjorie Greenberg, Chief, Classifications and Public Health Data Standards Staff (CPHDSS), NCHS, CDC and NACC Head (previously Dr. Paul Placek, Statistician, CPHDSS, NCHS, CDC)
	Description: Code ICF is interactive, web-based training on ICF. The training modules are designed to provide a general overview of ICF, its conceptual foundations and its applications in health reporting, clinical practice, policy making, education and research. There are case vignettes for coding and a section on frequently asked questions. The training tool was developed by Western University under contract with NCHS and in collaboration with WHO.
	Concrete expected outcome: Users of Code ICF will receive a broad overview of the classification, learn how to describe the health state of an individual using domain codes with qualifiers and use the ICF browser to glean pertinent materials from any part of the classification using literal entry to obtain codes.
	Links with WHO activities: Code ICF was developed in close collaboration with WHO CAT and will contribute to a web-based training tool on ICF, to be housed on the WHO-FIC website.
	Source of funding of the activity: NCHS
	Dissemination of the results: Code ICF was developed with the expectation that it would be housed on the WHO web site. Although some technical issues subsequently were identified, it is now assumed that Code ICF will contribute to a basic web-based ICF training tool under development by WHO and the WHO-FIC Network.
	Time frame of the activity: Development of Code ICF began in 2000; it was delivered to WHO in December 2004. The new web-based tool should be available on the WHO-FIC website in 2008.

Activity 28:	Title: Identify educational needs and core curricula for WHO-FIC
	Responsible person: Marjorie Greenberg, Chief, Classifications and Public Health Data Standards Staff (CPHDSS), NCHS, CDC, NACC Head and Chair of WHO-FIC Education Committee

	<p>Description: The WHO-FIC Education Committee conducts structured needs assessments and uses other approaches (e.g., gathering information through conferences and consultations) for identifying educational needs of users of the classifications. Core curricula for ICD-10 underlying cause-of-death coders, morbidity coders and certifiers of cause of death have been developed to help guide development of training materials in a decentralized global environment and to serve as benchmarks for reviewing existing training materials. A core curriculum for an introductory training course on ICF is under development.</p>
	<p>Concrete expected outcome: Findings from needs assessments have guided the development of the International Training and Certification Program for ICD-10 Mortality and Morbidity Coders and Trainers. The availability of internationally developed and approved core curricula can guide development of educational materials, identify gaps in available materials and improve the comparability of training received throughout the world. This should result in improvements in the quality of data collected.</p>
	<p>Links with WHO activities: These activities are carried out by the Education Committee and the Joint Collaboration with the International Federation of Health Records Organizations (IFHRO) on behalf of the WHO-FIC Network. IFHRO is a non-governmental organization in official relations with WHO.</p>
	<p>Source of funding of the activity: NCHS supports the mid-year meetings and teleconferences of the Education Committee (EC) and Joint Collaboration (JC). WHO-FIC Collaborating Centres, member countries and IFHRO or its affiliates support participation by their respective representatives in activities of the EC and JC.</p>
	<p>Dissemination of the results: All materials developed by the EC and JC are posted on the EC website, which resides on the NACC and NCHS website: http://www.cdc.gov/nchs/about/otheract/icd9/nacc_ed_committee.htm A paper describing the findings from the needs assessments for ICD-10 coders was published in the <i>Journal of the Health Information Management Association of Australia</i> in 2006. Mid-year meeting of EC and JC held in Washington, D.C. in May 2007; next mid-year meeting scheduled for May 2008.</p>
	<p>Time frame of the activity: Ongoing</p>

Activity 29:	<p>Title: 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</p>
	<p>Responsible person: NCHS, CIHI, Statistics Canada</p>
	<p>Description: This activity aims to aid users in the interpretation and use of the Family of International Classifications for measuring various components of health</p>
	<p>Concrete expected outcome: Answering questions in regards to the classifications and their applications, to lead to an increased understanding by clients when applying and/or interpreting a classification, and possibly a wider use of the classifications.</p>
	<p>Links with WHO activities: Client questions for clarification or requests for new categories may be considered via the WHO-FIC update process, including the Update and Revision Committee, Mortality Reference Group, Morbidity Reference Group and Functioning and Disability Reference Group.</p>
	<p>Source of funding of the activity: NCHS, CIHI, Statistics Canada</p>
	<p>Dissemination of the results: Various methods, including the use of the Mortality Reference Group and Morbidity Reference Group electronic discussions</p>
	<p>Time frame of the activity: Ongoing</p>

Activity 30:	Title: Conduct work on at least one related and/or derived member of the WHO-FIC
	Responsible person: NCHS, CIHI, Statistics Canada
	Description: The WHO Family of International Classifications includes derived and related classifications that extend or complement the reference classifications.
	Concrete expected outcome: Promote the appropriate selection of classifications in the range of settings in the health field across the world. NACC representatives co-lead development of the ICF – Children and Youth (CY) Version, contribute expertise and experience to international work on interventions classification, participate in activities related to primary care classification and provide nosological support to the International Classification of External Causes of Injury. NACC is represented on the Revision Steering Group for ICD-10.
	Links with WHO activities: The WHO constitution mandates the production of international classifications on health so that there is a consensual, meaningful and useful framework which governments, providers and consumers can use as a common language.
	Source of funding of the activity: NCHS, CIHI, Statistics Canada
	Dissemination of the results: ICF-CY will be officially introduced at a Conference on Childhood Disability in Venice, Italy on October 25-26. NACC Head will convene a stakeholders panel at a conference on primary care classification in Washington, D.C. on October 10-11, 2007. Other activities are disseminated in annual reports, papers at conferences and meetings and on websites.
Time frame of the activity: Ongoing	