

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

New Delhi, India
26 Oct. - 31 Oct 2008

**Annual Report of the WHO Collaborating Center for the Family of
International Classifications for North America,
October 2007 – September 2008**

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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) and again in 2008. 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 2008-2012.

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 2008-2012. Of particular note are the following:

- Re-designation of the Collaborating Center for another four years
- Electronic publication by NCHS of preliminary mortality data for 2006, with release of final data planned by the end of 2008
- Publication of the first two of the series of the 1999-2001 US decennial life tables in August, 2008
- Provision of a training courses in ICD-10 multiple cause-of-death coding for U.S. mortality coders with instructional assistance from Statistics Canada
- Development by NCHS of an on-line electronic interactive basic multiple cause coding course on CD ROM and available on the Internet
- 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 2008 version (FY 2009) of ICD-9-CM, available on the web and as a CD ROM
- In August 2008, the Department of Health and Human Services published a notice of proposed rulemaking recommending adoption of ICD-10-CM and ICD-10-PCS to replace ICD-9-CM
- Development of v2009 of ICD-10-CA and CCI completed.
- Delivery of one-day workshops related to ICD-10-CA/CCI on a variety of topics. All materials developed and delivered in both English and French. Delivery of 5 one-hour *What's New in Classifications for 2008* via webex conferences. Maintenance and development of self-learning programs. Provision of e-learning modules. Development of an online application of ICD-10-CA and CCI assessment tool. Established a Coders' Web page on the CIHI website to provide coding tools at the fingertips of all Health Information Management professionals.
- The 2008 Canadian Coding Standards for ICD-10-CA and CCI were amended to clarify their applicability to hospital ambulatory care settings. Six new standards were written, 60 standards amended and one standard 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 10,000 queries in the data base to date. A fully bilingual (English/French) service was established in 2006.

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- Produced CMG+ for in-patient grouping and CACS for ambulatory care grouping, new grouping methodologies based solely on data collected using ICD-10-CA and CCI and associated case costing data.. Products are updated annually.
 - Conducted two major chart re-abstraction studies – these are part of a five year CIHI plan to audit the quality of in-patient and ambulatory care data
 - NCHS, CIHI, and American Psychological Association representatives from the Collaborating Center participated in a two-day ICF meeting among members of the Functioning and Disability Reference Group (FDRG) Work Group 1, “Principles of Use, Coding Rules and Guidelines,” in Zurich, April 15-16, 2008. CIHI chairs the Work Group. The outcome of the meeting was presented to the FDRG secretariat at the FDRG meeting in Zurich, April 17-18, 2008.
 - Co-sponsorship by NCHS, CIHI and Statistics Canada of the Fourteenth Annual NACC Conference on ICF in Québec City, Québec on August 26-27, 2008 in collaboration with the Rehabilitation International (RI) World Congress
 - CIHI hosted and co-sponsored with Statistics Canada the FDRG two-day meeting in Québec City, Québec on August 28-29, 2008. A number of NACC representatives participated.
 - Statistics Canada published the 2006 Participation and Activities Limitation Survey (PALS) in June 2008.
 - NCHS continued preparation and distribution of the periodic NACC ICF Newsletter.
 - Continued follow-up by NCHS of the recommendations by the Consolidated Health Informatics (CHI) Disability Working Group, which recommended ICF as a CHI-endorsed vocabulary for exchanging electronic information for the functioning and disability domains in the United States. The Secretary of the Department of Health and Human Services accepted these recommendations, which are posted on the departmental website.
 - Facilitating and assuring sponsorship for the incorporation of ICF into the National Library of Medicine’s Unified Medical Language System,
 - Continued to provide support and leadership for the awareness, use and implementation of ICF across U.S. and Canada
 - NACC Head continued leadership of the WHO-FIC Council, serving as co-chair for 2008 – 2009
 - NACC (CIHI representatives) serve as Chair and Secretariat of the WHO Update and Revision Committee (URC) and continue to work with WHO to improve reporting and functionality of ICD-10+ platform. A total of 204 update proposals for discussion in New Delhi have been reviewed and posted for comment on the platform by the Secretariat.
 - NACC (NCHS representative) provided continued support and co-leadership for the WHO Mortality Reference Group (MRG), including convening a mid-year meeting in Silver Spring, Maryland.
 - CIHI, NCHS and other North American members attended the second mid-

year meeting of the Morbidity Reference Group (MbRG) in Gothenburg, Sweden.

- CIHI attended the mid-year meeting of the Family Development Committee in Cologne, Germany to discuss the International Classification of Health Interventions.
- 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 Project 1 and Project 7.
- NACC Head 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
- NACC co-chairs the Terminology Reference Group (TRG)
- NACC provided membership on the WHO-FIC Council, Electronic Tools, Family Development, Education, URC and Implementation Committees
- NACC provided membership to the MRG, MbRG, TRG and FDRG
- Statistics Canada attended the mid-year meetings of the Mortality Reference Group and the WHO-FIC Education Committee
- The NCHS-sponsored contract with AHIMA Foundation of Research and Education to pilot and evaluate the International Training and Certification program for mortality and morbidity coders was completed, and the final evaluation report is being widely disseminated.
- Continued leadership by NCHS of the International Collaborative Effort (ICE) on Automating Mortality Statistics, including May 2008 ICE Plenary and Planning Committee meetings in Silver Spring, Maryland, also attended by Statistics Canada.
- Continued leadership by NCHS of the International Collaborative Effort on Injury Statistics
- CIHI hosted representatives from Singapore and also the Nordic CC. 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.
- CIHI provided representation on all nine Canada Health Infoway working groups and Advisory Committees to facilitate incorporation of classification standards and secondary use data into the electronic health record (eHR).
- NCHS and CIHI provided representation on the IHTSDO Mapping Project and Mapping Special Interest Groups to facilitate incorporation of classification standards and mapping of SNOMED-CT to ICD-10 into the electronic health record (eHR); CIHI also participates on the Primary Care Project. NCHS and CIHI attended the spring meeting of the IHTSDO in Chicago April 21- 24, 2008.

Title of Center:

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

Annual Report Year: October 1, 2007- September 30, 2008

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

- The NACC delegation of twelve persons from the U.S and Canada participated in the 2007 annual meeting of the WHO-FIC Network in Trieste, Italy from October 28 – November 3. A NACC delegation will participate in the October 26 – 31, 2008 annual meeting in New Delhi, India.

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- WHO staff (HQ) and PAHO staff participated in several ICD-related meetings organized by the North American Collaborating Center in May 2008. These included meetings of the ICE on Automated Mortality Statistics Plenary Conference, the Mortality Reference Group and the Education Committee and its Joint Collaboration with IFHRO.
 - The NACC Head co-chairs the WHO-FIC Network Council, which held two teleconferences in February and September 2008 and a mid-year meeting in Geneva in April 2008. The Council monitors and advances the Network Strategy and Work Plan and plans the annual meeting.
 - As co-chair of the Council, the Head serves on the Small Executive Group which holds monthly or bi-monthly teleconferences.
 - The NACC Head and the URC Chair are members of the ICD Revision Steering Group (RSG), which met in Trieste in October 2007 and in Geneva in April 2008. The RSG also holds periodic teleconferences.
 - The NACC Head convened a high-level meeting of key federal US representatives in health IT, classification and terminology and World Health Organization (WHO) staff and consultants on March 6, 2008, for briefing and discussion on revision of the International Classification of Diseases (ICD).
 - The URC Head participated in a one-day meeting of the Family Development Committee (FDC) on interventions classification in April 2008 in Geneva.
 - The URC secretariat participated in a three-day meeting of the Family Development Committee (FDC) held in August 2008 in Cologne, Germany - topics for discussion - development of an international interventions classification and the Nursing and Traditional Medicine classifications.
 - The Chair of FDRG Project 1 on Coding Guidelines convened a meeting in Zurich in April 2008; other Project 1 members from NACC participated by phone. The Chair also participated in a meeting of the FDRG in Zurich.
 - CIHI hosted and co-sponsored with Statistics Canada the FDRG two-day meeting in Québec City, Québec on August 28-29, 2008
 - 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 (IFHRO), a non-governmental organization in official relations with WHO. WHO HQ and PAHO staff participate 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 (URC).
 - NACC serves on the Secretariat for the WHO-FIC Functioning and Disability Reference Group (FDRG).
 - U.S. and Canadian representatives of NACC serve on all WHO-FIC Committees and Reference Groups

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- 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. The NACC Head worked with WHO staff in April 2008 on reviewing CODE ICF content and its alignment with the ICF Curriculum Modules under development by the EC and FDRG.
 - WHO staff participated in the Fourteenth Annual NACC Conference on ICF in August 2008 with financial support from NACC.
 - NACC (NCHS) representatives continued to work with WHO and the National Library of Medicine (NLM) to finalize the contractual agreement that will allow ICF to be incorporated into the NLM's Unified Medical Language System.
 - The NACC Head is serving as a WHO-FIC representative on the Interim Harmonization Panel, which is reviewing the draft agreement between WHO and IHTSDO and planning for the formal Panel.

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 2007.

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, Dutch, German, Japanese, Korean (under designation), Portuguese language (Brazil), United Kingdom (under re-designation) Centres participated in the May 2008 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 Conference and the mid-year meeting of the Mortality Reference Group.
- The Dutch, German, Italian and Japanese Collaborating Centres participated in the Fourteenth Annual NACC Meeting on ICF in August 2008.
- The North American Center participated in the February 2008 Morbidity Reference Group meeting in Sweden, hosted by the Nordic Centre. Other Centres participating were Australian, French, German, Italian, Nordic, Portuguese language (Brazil), and Japan..
- A NACC representative co-chairs the Terminology Reference Group.
- The NACC continues to work closely with the Portuguese language and Australian Centres on a joint Education Committee – FDRG project for ICF educational materials, which supports the WHO web-based training tool.

- Several Centres have participated in conference calls convened by the chair of the FDRG Project 1 on Coding Guidelines, as well as the in-person meeting in Zurich.
- Lori Moskal and Ginette Therriault of CIHI met with Marion Mendelssohn of the French CC and Robert Jakob of WHO in Lyon June 19-20, 2008 to review the discrepancies between the ICD-10 and CIM-10

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 2008, 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 2006, with release of final 2006 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 a training course in the use of ICD-10 in 2008. This was oriented to U.S. coders in the basics of coding multiple causes of death.

NCHS has developed an on-line electronic interactive basic multiple cause coding course on CD-ROM. The course is currently available on the Internet.

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 2008, a total of 30 States, the District of Columbia, and New York City have implemented. Implementation dates for the remaining States range from 2009 to 2011.

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, 21 states, New York City and the District of Columbia have implemented an EDRS and 18 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>.

The first two of the series of the 1999-2001 US decennial life tables were published in August, 2008: "US Decennial Life Tables for 1999-2001, United States Life Tables," National Vital Statistics Reports, Volume 57, No. 1; and "US Decennial Life Tables for 1999-2001, Methodology of the United States Life Tables," National Vital Statistics Reports, Volume 57, No. 4. The series will be completed with the publication of two other reports, one focusing on national life tables by cause of death and state-specific life tables to be published in the coming months.

Term of reference a) Major Activities

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

In 2007 and 2008, NCHS staff provided technical assistance to the IRIS group to ensure that the IRIS software will work successfully with the NCHS automated coding system (MMDS). The IRIS software is designed to facilitate the use of the MMDS in non-English-speaking countries. Some of this work with the IRIS group has focused on creating entity reference numbers (ERNs) for every ICD-10 code; other activities have centered on testing IRIS software in conjunction with the MMDS. In addition, NCHS staff have worked with the MRG group on updating the ACME decision tables to ensure that all relevant diseases are included in the decision tables. The decision tables were designed for use in the US and so originally only covered conditions that were reasonably common in the US. As use of the MMDS and IRIS spread, future work will focus on testing IRIS and MMDS for use in regions with different disease patterns; the results of this testing in turn will lead to further additions to the decision tables.

NCHS staff also have assisted the staff of the Mexican National Institute of Statistics, Geography and Information (INEGI) in the development of an automated coding system for Mexico. NCHS staff continue to respond to questions from the Mexican team by email and by in-person consultation during the annual meetings of the ICE on Automating Mortality Statistics.

Term of reference a) Major Activities**3. Promote the use of ICD-9-CM for morbidity applications in the United States**

Since Trieste, 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 2008 and September 2008). 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/03_meetings.asp#TopOfPage

The October 1, 2008 revisions to ICD-9-CM were posted on the NCHS website in June 2008 (<http://www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/ftpicd9.htm#addenda>). The ICD-9-CM CDROM containing the October 1, 2008 revisions is available from the Government Printing Office. There are 367 new diagnosis and 7 new external cause codes and 60 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 neuroendocrine tumors, infections due to methicillin-resistant *Staphylococcus aureus*, headaches, and unique codes to identify pox viruses and prion diseases, eosinophilic gastrointestinal disorders, erythema multiforme and other erythematous conditions, and necrotizing enterocolitis. Several new codes have been created for laparoscopic procedures (colectomy and hernia), percutaneous vertebral augmentation, non-invasive positive pressure ventilation, and SuperOxygenation Therapy.

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 2007 cycle met the criteria for an expedited April 2008 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), furthers the work 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 2008 revised draft of ICD-10-CM and general equivalence mappings with ICD-9-CM will be posted on the NCHS website at the end of the year

The implementation of ICD-10-CM is linked with the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). On August 22, 2008, the Department of Health and Human Services published a notice of proposed rulemaking recommending adoption of ICD-10-CM and ICD-10-PCS to replace ICD-9-CM as of October 1, 2011. The public comment period for the proposed rule closes on October 21, 2008. Although there is general support for making the transition, there is considerable opposition in the healthcare industry to the proposed date.

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 Underlying Cause of Death Classification in autumn/winter 2008
- 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 2008).
- 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)
- Participate in the Joint Collaboration's pilot of the ICD-10 underlying cause-of-death examination and certification program, 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. The first official call-for-data was made in January 2008 for 2006 data.

- 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.
- Delivered one-day workshops related to ICD-10-CA/CCI on the topics of : *Obstetrics—Moving Beyond the Basics*, *Coding for Diabetes – Part 2*, *Post Intervention Data Collection – Part 2*, and other “Hot Topics”. Delivery of 5 one-hour *What’s New in Classifications for 2008* via webex conferences. Maintenance and development of self-learning programs: *Coding for Diabetes Part 1*, *Acute Coronary Syndrome – Part 1*, and *Post Intervention Data Collection, Part 1*. Provided two self-assessment learning activities: *Applied ICD-10-CA/CCI Case Studies, Series 1 and 2*. Provision of e-learning modules: *Coding for Diabetes, Part 2*, *Applied Diagnosis Typing*, *Main Problem/Other Problem Assignment Search Techniques for ICD-10-CA/CCI*, *Knee Replacement Surgery*, *Acute Coronary Syndrome, Part 2 Trending in ICD-10-CA and CCI*. Development of an online application of ICD-10-CA and CCI assessment tool. Established a Coders’ Web page on the CIHI website to provide coding tools at the fingertips of all Health Information Management professionals. 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 10,000 queries answered to date. A bilingual e-Query tool was implemented in September 2006.
- The 2008 version of the Canadian Coding Standards for ICD-10-CA and CCI was posted to the CIHI website February, 2008. Existing standards were enhanced with case examples to clarify their applicability to hospital ambulatory care settings. Six new standards were written, 60 standards amended and one standard deleted. This manual is available in English and French.
- Development of v2009 of ICD-10-CA/CCI completed
- 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.

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- 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 and use in the ICD Revision process
 - Secretariat of URC continues to work closely with WHO to improve the web-based update platform built by WHO. A total of 204 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 204 proposals reviewed by CIHI and Statistics Canada to provide the Canadian comments on the proposals
 - CIHI representatives completed a comprehensive comparison of ICD-10 and CIM-10, and met with the French collaborating centre and WHO in Lyon, France to discuss and when possible, resolve the discrepancies. Those issues that could not be resolved were placed in ICD-10+ platform for review and comments by members of the URC.
 - Developed CMG+ an in-patient grouping methodology, plus RIW and ELOS and ACCS an ambulatory care grouping methodology based entirely on morbidity data and case costing data collected in ICD-10-CA and CCI. These grouping methodologies are updated annually

Term of reference a) Major Activities

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

Since the 2007 WHO-FIC Network Annual Meeting in Trieste, the North American Collaborating Center (NACC) has promoted adoption and implementation of the ICF through a number of activities:

1) The NACC conducted its 14th Annual Conference on the ICF on August 26-27, 2008 in Québec City, Québec, Canada. About 75 attendees participated in the ICF Conference. The 2008 ICF Conference was actually “a conference within a conference,” because it was hosted as a parallel event with the 21st World Congress of Rehabilitation International (RI). The RI Congress attracted about 1000 registrants. (See separate paper by Hough.)

The “Program at a Glance” for the ICF Conference can be viewed at this CIHI website:

<http://www.cihiconferences.ca/icfconference/ataglance.html>

The overall program for the full RI World Congress can be viewed at this RI website:
<http://www.riquebec2008.org/>

2) NACC has begun planning for an ICF training event in 2009. At the time of submission of this Annual Report, members of NACC have considered an innovative training event to be a suitable substitute for a full-scale ICF Conference. It will not be possible to present a full-scale conference in 2009, due to resource constraints. Nonetheless, we anticipate the training event would be similarly popular, and would present a different format for many of our familiar conferencing activities, possibly through one or more Web seminars, or a real-time video link for both pre-recorded and “live” segments of a training activity. The training event would probably originate from NCHS in Hyattsville, MD.

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 the members of our Collaborating Center consider it to be a contribution to an updated 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. Recent editions of the ICF Newsletter have included Literature Supplements, presenting synopses of recent ICF-oriented publications.

5) NACC continues to contribute ICF-oriented content and expertise to the federal Interagency Subcommittee on Disability Statistics (ISDS). This included a presentation about the “Online Review for the ICF Clinical Manual” and encouragement of ISDS colleagues to participate in the review.

6) NACC members continued their intermittent participation in follow-up activities related to the work of the Phase II Disability Work Group of the government-wide Consolidated Health Informatics (CHI) Initiative.

7) NCHS continues to work with WHO and the National Library of Medicine (NLM) to finalize the contractual agreement that will allow ICF to be incorporated into the NLM’s Unified Medical Language System as a Category 4 terminology.

8) At least five important ICF publications have been generated during the current publication year by North American colleagues:

Badley EM. Enhancing the conceptual clarity of the activity and participation components of the International Classification of Functioning, Disability and Health. *Social Science and Medicine* 2008 (June); 66(11):2335-2345.

Kagan A, Simmons-Mackie N, Rowland A, Huijbregts M, Shumway E, McEwen S, Threats T, Sharp S. Counting what counts: A framework for capturing real-life outcomes of aphasia intervention. *Aphasiology* 2008; 22(3):258-280.

McDougall J, Horgan K, Baldwin P, Tucker MA, Frid P. Employing the International Classification of Functioning, Disability and Health to enhance services for children and youth with chronic physical health conditions and disabilities. *Paediatrics and Child Health* 2008 (March); 13(3):173-178.

Scherer MJ, Dicowden MA. Organizing future research and intervention efforts on the impact and effects of gender differences on disability and rehabilitation: The usefulness of the International Classification of Functioning, Disability and Health (ICF). *Disability and Rehabilitation* 2008; 30(3):161-165.

Threats T. Access for persons with neurogenic communication disorders: Influences of personal and environmental factors of the ICF. *Aphasiology* 2007; 21(7):67-80.

9) Through the work of NACC colleagues John Stone and Marcia Scherer, and the collaboration of David Muller, the journal’s editor, the peer-reviewed journal *Disability and Rehabilitation* published a compendium of 9 articles stemming from research presented during the June, 2007 NACC ICF Conference in Niagara Falls, New York.

The table of contents for the special issue of *Disability and Rehabilitation* in which the articles appeared can be reviewed on the following publisher’s website:

<http://www.informaworld.com/smpp/title~content=g793186843~db=all>

The sequence of article citations in the special issue is as follows:

Stone J. Guest Editor's introduction and overview Disability and Rehabilitation 2008; 30(12&13):899-900.

Jones GC, Sinclair LB. Multiple health disparities among minority adults with mobility limitations: An application of the ICF framework and codes Disability and Rehabilitation 2008; 30(12&13):901-915.

Schraner I, de Jonge D, Layton N, Bringolf J, Molenda A. Using the ICF in economic analyses of assistive technology systems: Methodological implications of a user standpoint. Disability and Rehabilitation 2008; 30(12&13):916-926.

Reed GM, Dilfer K, Bufka LF, Scherer MJ, Kotz P, Tshivhase M, Stark SL. Three model curricula for teaching clinicians to use the ICF. Disability and Rehabilitation 2008; 30(12&13):927-941.

Howard D, Niewenhuijsen ER, Saleeby P. Health promotion and education: Application of the ICF in the US and Canada using an ecological perspective. Disability and Rehabilitation 2008; 30(12&13):942-954.

Sundar V, Daumen ME, Conley DJ, Stone JH. The use of ICF codes for information retrieval in rehabilitation research: An empirical study. Disability and Rehabilitation 2008; 30(12&13):955-962.

Jette AM, Norweg A, Haley SM. Achieving meaningful measurements of ICF concepts. Disability and Rehabilitation 2008; 30(12&13):963-969.

Guptill C. Musicians' health: Applying the ICF framework in research. Disability and Rehabilitation 2008; 30(12&13):970-977.

Duggan CH, Albright KJ, Lequerica A. Using the ICF to code and analyse women's disability narratives. Disability and Rehabilitation 2008; 30(12&13):978-990.

Vanleit B. Using the ICF to address needs of people with disabilities in international development: Cambodian case study. Disability and Rehabilitation 2008; 30(12&13):991-998.

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 Fourteenth Annual NACC Conference on ICF in Québec City, Québec on August 26-27, 2008 in collaboration with the Rehabilitation International (RI) World Congress
- Explored and supported opportunities for the use of ICF with Vancouver, Women and Children's Hospital and Sunnyhill Children's Rehab Centre as well as a group of Occupational Therapists in Vancouver
- Discussed opportunities for using ICF and InterRAI with the CIHI Rehab, Mental Health, 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, WHO-FIC and InterRAI
- Provided critical review of the research project for the PT and OT Pediatric Clinician's Network in Manitoba, Canada. The project is using ICF to develop a database for children receiving PT or OT services in Manitoba.
- CIHI representative is a member of the WHO-FIC Implementation and Education committees.
- CIHI representative leads Project 1: Principles of Use, Coding Rules and Guidelines Committee of the Functioning and Disability Reference Group (FDRG). Coordinated two international teleconferences and meetings of this group: Zurich, April 2008 and Québec City, August, 2008
- 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**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 on Automation 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.

The fourth plenary meeting of the ICE on Automation was held on May 7-9, 2008 in Silver Spring, Maryland. Twenty-eight countries were represented at the meeting, including countries from Central and Eastern Europe, Latin America, Africa and Asia. Also present at the meeting were representatives of WHO, the Health Metrics Network, and the MEASURE/Evaluation group. The meeting included presentations on a variety of topics including electronic death registration, certification of cause of death, coder training, the output of automated coding systems, the use of automated coding in countries with incomplete data systems, and presentation of the IRIS system. A major aim of the meeting was to promote the IRIS system, including several presentations on the details of the system, and a hands-on workshop to demonstrate how the system works.

Term of reference b) Major Activities

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

The 14th meeting of the International Collaborative Effort (ICE) on Injury Statistics took place on March 2008 in Merida, Mexico in conjunction with the 9th World Injury Conference. Participants from 24 countries attended. WHO was represented by its Geneva office, and by the Pan American Health Organization.

The priority projects on the half-day agenda included injury indicator development with a goal of developing consensus on 10 recommended cross national injury indicators by 2009. In addition, there were updates of other ICE-related activities including the International Society for Violence and Injury Prevention (ISVIP), and work of the development of the Global Burden of Disease chapter on injuries and on the injury chapters for ICD-11.

The ICE on Injury Statistics was also invited to present a special session at the World Conference. Four presentations were made covering an overview of ICE activities, work on indicators, on the major achievements, and what the future holds.

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 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 Council

The Centre Head and the Chair of the URC participate on the Council 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 Co-Chair of the Council following the Trieste Network meeting; during 2008, the Council has held two teleconferences and a face-to-face meeting in Geneva in April. The Head also serves on the Small Executive Group, which prepares documents and recommendations for Council discussion and approval. From 2005 – 2007, The Centre Head served as Chair of the WHO-FIC Planning Committee, which the Council replaced.

2. WHO-FIC Implementation Committee

Canadian and U.S. representatives participate in working sessions of the WHO-FIC Implementation Committee during annual WHO-FIC Network 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 2008, the Chair organized a two-day meeting for the EC and JC in Silver Spring, Maryland 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; the

contract was extended through June 2008. 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 electronic exchanges. The MRG organized separate meetings every year since 2002. An additional meeting is being organized prior to the 2008 WHO-FIC Network meeting in Delhi.

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 2007 updates were posted to the WHO website in June 2008. Two hundred and four proposals have been received for discussion at the October 2008 meeting in New Delhi, India. The first round of voting was completed July 18, 2008.

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. CIHI participated in meetings in Geneva and Cologne to discuss the International Classification of Health Interventions.

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 and Ginette Therriault participated in the mid-year meeting of the Morbidity Reference Group held in Sweden in February 2008. Maureen Aucoin of Canada provided input to the documents prior to the meeting. 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 Geneva in April 2008. Mea Renahan presented the paper at the Geneva meeting.

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 serves on the Secretariat as convener of Project 1, pertaining to ICF Coding Guidelines, and Janice Miller serves on the Secretariat as Chair of Project 7 on Environmental Factors. The North American Collaborating Center also nominated Dr. Elizabeth Badley, Dr. Jerome Bickenbach and Dr. Rune Simeonsson, as members of the FDRG. The FDRG "Project #1" team consists of Geoff Reed, Jennifer Jelsma, John Hough, Lynn Bufka, Andrew MacKenzie, Susan Stobert and Mary-Ann O'Donovan. This year's activities have focused mainly on running an international survey of what ICF users employ as guidance for applying the Classification, finalizing and submitting for publication a literature review of global implantation experiences and uses of ICF and drafting a template for guiding new users of the ICF on principles of use and approaches to applying ICF in different settings. Work on Project 7 in 2007-2008 has focused on drafting of a paper in collaboration with Swiss Paraplegic Research on 'Operationalizing Environmental Factors – a systemization of different approaches'. Planning is underway to submit the paper for publication later in 2008.

10. Terminology Reference Group

David Berglund, Marcelline Harris, Mea Renahan, Ginette Therriault and Barbara McLean represent the North American Collaborating Center on the Terminology Reference Group (TRG). The TRG held its second meeting in Trieste, Italy prior to and during the WHO-FIC Network annual meeting. Dr. Harris is co-chair.

11. Revision Steering Group

The NACC Head and the Chair of the Update and Revision Committee serve on the Revision Steering Group (RSG) for ICD-10. Both participated in the April 2008 RSG meeting in Geneva and on monthly teleconferences. In March 2008, the Head convened a high-level meeting of key federal US representatives in health IT, classification and terminology and World Health Organization (WHO) staff and consultants on March 6, 2008, for briefing and discussion on revision of the International Classification of Diseases (ICD). The purpose was to present WHO plans for revising ICD-10 and to receive U.S. input at this early stage of development.

Term of reference d) Major Activities

Study and participate in activities related to SNOMED-CT

Both the U.S. and Canada are charter members of the International Health Terminology Standards Development Organization (IHTSDO), and are represented in IHTSDO governance, committees, special interest groups (SIGs), and project groups. 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.

U.S. involvement is through the National Library of Medicine (NLM), part of the National Institutes of Health. NLM makes SNOMED CT available in multiple formats, in both its native file format, and as part of the Unified Medical Language System (UMLS) Metathesaurus. The U.S. is represented on the IHTSDO General Assembly by Betsy Humphreys of NLM, on the IHTSDO Management Board by Andy Wiesenthal of Kaiser Permanente, and on the Member Operational Liaison Forum by Jan Willis. The U.S. is encouraging adoption and use of SNOMED CT (along with RxNorm and LOINC) for use in electronic exchange of clinical health information, by recognizing these as part of a set of Interoperability Standards. Dr. David Berglund continues to represent NCHS on the IHTSDO Mapping Special Interest Group. A primary area of focus is mapping of SNOMED CT with ICD-10.

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.

CIHI is collaborating with Dr. Francis Lau on a reverse mapping project from ICD-10 to SNOMED CT. The 5000 most frequent ICD codes used in Canada and New Zealand are used for this project. The intent is to identify what needs to be prioritized for translation of SNOMED CT.

The NACC Head attended a meeting at WHO/Geneva in November 2007 with IHTSDO representatives to discuss establishment of the Harmonization Panel, which will oversee mappings between SNOMED CT and ICD and SNOMED CT and ICF, respectively, and related projects. The Head is serving as a WHO-FIC representative on the Interim Harmonization Panel, which is reviewing the draft agreement between WHO and IHTSDO and planning for the formal Panel.

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. 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 Trieste, NACC has published three (3) ICF Newsletters, two of which included literature supplements. During that period, NACC has continued 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. 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.

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. 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.

NCHS staff received a request to provide ICD coder training in Mozambique in 2008. Although NCHS nosologists were not available to conduct the training course, NCHS did refer the request to the Australian Centre for Classification in Health.

Term of reference f) Major Activities

2. Develop Code ICF training tool

NACC continued discussions with WHO about the optimal role 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. It currently is posted for internal use by the WHO-FIC Education Committee (EC) and Functioning and Disability Reference Group (FDRG) and will contribute to a web-based training tool on ICF, to be housed on the WHO-FIC website. This training tool is underdevelopment by WHO with support from the Education Committee and Functioning and Disability Reference Group. 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

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 underwent expert review to identify adequacy and gaps. Training materials from Korea, Australia, Sri Lanka 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, began development of a Core Curriculum for Introductory courses on ICF and the ICF – Children and Youth Version. In 2008, this evolved into Curriculum Modules for ICF Training Programs, which will be presented during the 2008 meetings as Version 1. ICF training materials also have been solicited for review in relation to the Curriculum Modules and to provide content for the web-based basic training tool under development by WHO. .

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 (76 new codes added), medical and surgical-related (20 new codes added) and ancillary sections (221 new codes added; 18 codes deleted). The net impact of the changes resulted in an increase in the number of codes in ICD-10-PCS from 86,617 to 86,916.

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 2008 updates for ICD-9-CM, Volume 3.

CMS continues to work on converting the DRGs into ICD-10-CM and ICD-10-PCS with a goal to complete a prototype of the DRGs in the new code sets by the end of 2007. A summary of the work completed was presented during the September 24, 2008 ICD-9-CM Coordination and Maintenance Committee meeting.

Highlights regarding the 2008 update to ICD-10-PCS may be found on the CMS website: http://www.cms.hhs.gov/ICD10/Downloads/pcs_whats_new_2008.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. Over 1,000 new codes have been added 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 attended the meetings in Geneva in April and Cologne in August on development of an International Interventions classification.

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

Work Plan 2008 - 2012

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. Annual training is done with NCHS material which has been reviewed and approved by the WHO-FIC – IFHRO Joint Collaboration and is presented by WHO-FIC – IFHRO recognized trainers.
	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 2006)
	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 – 2011	

Activity 4:	Title: Move towards an electronic death registration system in the United States
	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. Work will be coordinated with WHO towards full implementation of the ICD rules and assessment to consider making the electronic tool adoptable as an international standard.
	Source of funding of the activity: CDC, 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 for mortality classification 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: In collaboration with WHO HQ and regional offices, as appropriate, 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. Activities are coordinated with WHO.
	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. Modifications have been taken up by other collaborating centers and incorporated into ICD-10.
	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 2003 pilot test. General equivalence mappings (crosswalks) with ICD-9-CM have been finalized and are posted with the classification. http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm	
	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, Update and Revision Committee, Family Development Committee, and Terminology Reference Group. The NACC Head is a member of the ICD Revision Steering Group.	
	Source of funding of the activity: NCHS	
	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.	
	Time frame of the activity: Implementation of ICD-10-CM is dependent on rulemaking under HIPAA. A Notice of Proposed Rulemaking was published on August 22, 2008.	

Activity 8:	Title: Promote the development and use of ICD-10 for mortality statistics in Canada – Production of data and publication of reports	
	Responsible person: Julie McAuley, Director, Health Statistics Division, Statistics Canada	
	Description: This activity refers to ongoing production of data processed according to ICD-10 standards and publication of mortality statistics.	
	Concrete expected outcome: Publish mortality data annually, including general mortality, leading causes of death, life tables and infant mortality (most recent data published are for 2004)	
	Links with WHO activities: Mortality data are transmitted to WHO for the mortality database.	
	Source of funding of the activity: Statistics Canada	
	Dissemination of the results: Web and print publications and public use data	
Time frame of the activity: Ongoing		

Activity 9:	Title: Promote the development and use of ICD-10 for mortality statistics in Canada - Development and presentation of mortality classification training material	
	Responsible person: Julie McAuley, Director, Health Statistics Division, Statistics Canada	
	Description: Statistics Canada is responsible for the training of provincial and federal mortality classification staff in underlying cause of death classification and multiple causes of death (ACME) classification.	
	Concrete expected outcome: Trained Canadian mortality classification staff	
	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.	
	Source of funding of the activity: Health Statistics Division, Statistics Canada	
	Dissemination of the results: Reported in NACC annual report	
	Time frame of the activity: Ongoing and as required by provincial and federal mortality classification staff	

Activity 10:	Title: Develop, implement and promote the use of ICD-10-CA for morbidity applications in Canada, including development and conduct of education programs
	Responsible person: Mea Renahan, Manager, Classifications; Lori Moskal, Ginette Therriault and Joy Fletcher Program Leads Classifications, Canadian Institute for Health Information
	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. In a more limited capacity it has been incorporated into data bases used in rehabilitation, mental health, home and continuing care and for standardized auto insurance claims. It is currently under consideration for use in primary care.
	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.
	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, Electronic Tools Committee and Terminology Reference Group. The chair of the URC is a member of the ICD Revision Steering Group.
	Source of funding of the activity: CIHI
	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.
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Activity 11:	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-abstracting 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-abstracting 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 12:	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-abstracting 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 13:	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 10,000 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 14:	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 publication of the "NACC ICF Newsletter"; (3) 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"; (4) Contribute ICF-oriented content and expertise to the federal Interagency Subcommittee on Disability Statistics (ISDS); (5) Sponsor or support other ICF meetings and conferences, (6) Explore opportunities for linking ICF with the Patient-Reported Outcomes Measurement Information System (PROMIS); (7) As resources permit, consider approaches for validating and expanding work with WHO on developing crosswalks of ICF with major assessment tools.; (8) Support ICF-related recommendations in the Institute of Medicine (IOM) 2007 report on <u>The Future of Disability in America</u> , working to ensure consistency with international ICF updating and implementation.
Concrete expected outcomes: (1) 2008 NACC Conference held in Quebec City, Canada; an ICF training event is planned for 2009. (2) Publish the NACC ICF Newsletter on a quarterly basis during the period of this Work Plan. (3) Broaden the adoption of ICF as a national standard and specific applications of ICF in the ways recommended by the CHI Disability Working Group and the NCVHS. (4) NACC individual and institutional representatives have regular presentation and reporting roles within ISDS and ICDR activities. (5) Participate in PROMIS workshops (March and September 2008 and 2009 anticipated); PROMIS researchers presented at the 2007 and 2008 NACC Conferences on ICF. (6) Review IOM report recommendations with U.S. and Canadian colleagues and explore possible North American proposals for updates to ICF.	

	Links with WHO activities: NACC representatives can bolster and assist WHO educational and training efforts for ICF and ICF adoption through the activities and instruments mentioned above as outcomes.
	Source of funding of the activity: NCHS, CIHI, Statistics Canada, and other private, academic, non-profit, and governmental organizations, all within fiscal constraints.
	Dissemination of the results: NACC Newsletter, conferences and ICF training activities. .
	Time frame of the activity: Ongoing

Activity 15:	Promote the development and use of the ICF in Canada
	Responsible person: Diane Caulfeild, Program Lead, Classifications, Canadian Institute for Health Information
	Description: Host NACC Conferences on the ICF in collaboration with our NACC partners – Statistics Canada and NCHS. In 2008, partnered with the Rehabilitation International World Congress in Quebec City for a joint meeting. This exposed the ICF agenda to over 1,000 international representatives of health professionals, policy makers and persons with disability. Liaise with government agencies, researchers and clinicians to facilitate understanding and adoption of the ICF. Promote use of ICF at population and clinical level according to WHO-FIC priorities. Providing support to CIHI stakeholders and WHO on the development of crosswalks for ICF with InterRAI;
	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 Katherine Berg , Chair of the Department of Physical Therapy at the University of Toronto. Work directly with Statistics Canada concerning their use of ICF in the PALS and outcomes of their surveys using PALS. Support HRSDC in their application of ICF in all Federal government policies that ensure the needs of persons with disabilities are addressed. Contribute ICF-oriented content and expertise to the Canadian Federal Government, Office for Disability Issues. Establish a Canadian ICF Users' Advisory Group in 2009-10 to promote the use of ICF across Canada in all fields, determine the level of implementation of ICF in Canada and encourage collaboration among existing and potential users.
	Links with WHO activities: Promote the dissemination and utilization of ICF with the 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 for the development of Guidelines and Principles of Use and Chair Working Group 7 on Environmental Factors for the Functioning and Disability Reference Group (FDRG).
	Source of funding of the activity: CIHI
	Dissemination of the results: through WHO-FIC, NACC and other related meetings and conferences
	Time frame of the activity: ongoing

Activity 16:	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; ongoing support as needed
Activity 17:	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; coordinate assistance and training to countries interested in implementing automated systems; conduct Automation Seminars, as resources permit. Fourth plenary held in Silver Spring, Maryland in May of 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 also in October.
Activity 18:	Title: Statistics Canada participation in International Collaborative Effort on Automating Mortality Statistics
	Responsible person: Julie McAuley, Director, Health Statistics Division, Statistics Canada
	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: Attend regular planning meetings and plenary meetings; contribute to assistance and training of countries interested in implementing automated systems.	
	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: Statistics Canada	
	Dissemination of the results: As reported at the WHO-FIC Annual meeting	
	Time frame of the activity: Ongoing.	

Activity 19:	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: To be determined

Activity 20:	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: http://www.cdc.gov/nchs/injury.htm
	Time frame of the activity: To be determined.

Activity 21:	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: Publication of comparability ratios for selected causes of death for 1999 mortality data and 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: Health Statistics Division, Statistics Canada	
	Dissemination of the results: The Comparability of ICD-10 and ICD-9 for Mortality Statistics in Canada report, published in 2005	
	Time frame of the activity: Final comparability ratios published in 2005 and ongoing support	

Activity 22:	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 WHO-FIC Council and chairs the Education Committee; CIHI serves as Chair and 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 two CIHI representatives serve 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 23:	Title: Participate on IHTSDO Mapping Special Interest Group (SIG).
	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. He now participates on the IHTSDO Mapping Special Interest Group. CIHI representatives also serve on this and related IHTSDO Special Interest Groups.
	Concrete expected outcome: Contribute to methodology for mappings to WHO-FIC classifications. Participated in transition meeting to new International Health Terminology Standards Development Organization (IHTSDO) (2007) and on teleconferences in 2008.
	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 Mapping SIG and TRG.	

Activity 24:	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 and current efforts to identify a heavily-used subset of codes and terms for mapping.	

Activity 25:	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, our Collaborating Center will focus on ICF training activities, including an educational event in 2009. These activities 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>
	Links with WHO activities: NACC continues to be involved directly with WHO CAT team members on web-based ICF training, drawing on the NACC product entitled "Code ICF" and in conjunction with the Functioning and Disability Reference Group.
	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 26:	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. Develop an Annotated Bibliography. Support publication of articles on ICF by North American authors.
	Concrete expected outcome: Quarterly ICF newsletters, including periodic literature supplements. 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. Ensure incorporation in ICF Literature database on WHO-FIC website.
	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 - 2010

Activity 27:	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 28:	Title: Further development and dissemination of 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) and 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: 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: Work with WHO, WHO-FIC Education Committee and Functioning and Disability Reference Group to incorporate CODE ICF into the generic WHO-FIC Training Tool, which will be suitable for widest possible dispersion and will reside on the WHO-FIC website. Update to include information on ICF – Children and Youth version. Users of this training tool 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	

	<p>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.</p>
	<p>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 2010.</p>

<p>Activity 29:</p>	<p>Title: Identify educational needs and core curricula for WHO-FIC</p>
	<p>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>
	<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 document on Curriculum Modules for ICF Training Programs has been developed through a joint effort of the Education Committee and the Functioning and Disability Reference Group.</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: The ICD-10 activities are carried out by the Education Committee and the Joint Collaboration (JC) 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. The ICF-related activities are a joint project of the Education Committee (EC) and the Functioning and Disability Reference Group (FDRG).</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, JC, and FDRG. Statistics Canada and the Canadian Institute for Health Information hosted a meeting of the FDRG in August 2008, during which these educational activities were discussed.</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 2008; next mid-year meeting scheduled for April 2009.</p>
	<p>Time frame of the activity: Ongoing</p>

Activity 30:	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
	Responsible person: NCHS, CIHI, Statistics Canada
	Description: This activity aims to aid users in the interpretation and use of the Family of International Classifications for measuring various components of health
	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.
	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.
	Source of funding of the activity: NCHS, CIHI, Statistics Canada
	Dissemination of the results: Various methods, including the use of the Mortality Reference Group and Morbidity Reference Group electronic discussions
	Time frame of the activity: Ongoing
Activity 31:	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. NACC representatives co-led development of the ICF – Children and Youth (CY) Version
	Concrete expected outcome: Promote the appropriate selection of classifications in the range of settings in the health field across the world. Explore uses of ICF-CY at clinical and population level. Contribute expertise and experience to international work on interventions classification; participate in activities related to primary care classification, in general, and “reason for visit” classification specifically; and provide nosological support to the International Classification of External Causes of Injury.
	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 was officially introduced at a Conference on Childhood Disability in Venice, Italy in October 2007. NACC Head convened a stakeholders panel at a conference on primary care classification in Washington, D.C. in October 2007. NCHS staff are meeting to explore the relationship between the data element, “Reason for Visit”, used in ambulatory care surveys and the International Classification of Primary Care and how to migrate that data element into national and international standards Other activities are disseminated in annual reports, papers at conferences and meetings and on websites.
	Time frame of the activity: Ongoing

Activity 32:	Title: Participation in the revision of ICD
	Responsible person: NCHS, CIHI, Statistics Canada
	Description: 1) Participate on Revision Steering Group, 2) Provide electronic files of clinical modifications to ICD-10 to ICD-11 Revision platform for international comparability 3) Channel suggestions of national scientific societies to the revision work and organize meetings with stakeholders 4) Support the alpha and beta testing phases, according to the protocols, including a) solicitation and coordination of comments, assessment of translation issues for the alpha phase and development of samples of translation and back-reporting for alpha phase, and b) conduct of field tests for the beta phase.
	Concrete expected outcome ICD-11
	Links with WHO activities: WHO Revision process. NACC Head convened a high-level meeting of key federal US representatives in health IT, classification and terminology and World Health Organization (WHO) staff and consultants in March 2008, for briefing and discussion on revision of the International Classification of Diseases (ICD). NACC Head and URC Chair participated in April 2008 meeting of Revision Steering Group and monthly teleconferences.
	Source of funding of the activity: NCHS, CIHI, Statistics Canada, as feasible
	Dissemination of the results: Depending on time frame of ICD revision process and in collaboration with WHO
	Time frame of the activity: Throughout revision process
Activity 33:	Title: Active support and input to the international electronic training project
	Responsible person: NCHS and WHO-FIC Education Committee
	Description: Provide input of materials in the construction phase and active participation in updates of the materials as required by updates of ICD. Promote the use of the materials in projects and activities inside and outside the U.S. and Canada and assist in French translation.
	Concrete expected outcome Up-to-date electronic self learning tool for ICD
	Links with WHO activities: This is a WHO-led project.
	Source of funding of the activity: NCHS, WHO, other WHO-FIC collaborating centres
	Dissemination of the results: WHO website
	Time frame of the activity: Starting from 2008, ongoing