

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

Cape Town, South Africa
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WHO-FIC 2011

**Annual Report of the WHO Collaborating Center for the Family of
International Classifications for North America,
October 2010 – September 2011**

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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 2011-2012. The Collaborating Center will apply for re-designation, with a new work plan, in 2011.

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 2011-2012. Of particular note are the following:

- NCHS published final 2008 U.S. mortality data and preliminary 2009 and 2010 U.S. mortality data in August 2011.
- Provision of a two-week basic underlying cause-of-death training course for U.S. mortality coders
- Development by NCHS of an on-line electronic interactive basic multiple cause coding course on CD ROM and available on the Internet
- Online training module with tutorial on fetal death distributed to all States in U.S.
- 2007 Canadian mortality (cause-of-death) data released by Statistics Canada in November 2010; 2008 deaths (including cause-of-death) data planned for release in September 2011. Provision of training courses in ICD-10 underlying and multiple cause-of- death coding for Canadian mortality coders
- Planned release of 2006-2008 annual report of the Canadian Coroner and Medical Examiner Database in the Fall 2011.
- Production of 2011 version (FY 2012) of ICD-9-CM and coding guidelines, available on the web and as a CD ROM
- Production of 2010 version of ICD-10-CM and coding guidelines, available on the web.
- Posting of updated general equivalence mappings between ICD-10-CM and ICD-9-CM on the NCHS website at the end of 2009 and 2010.
- Implementation of v2009 of ICD-10-CA and CCI completed in 2009. Production of version 2012 is underway.
- Updated all existing education materials to Version 2009 of ICD-10-CA/CCI. All courses are developed and delivered in both English and French. A combination of self directed learning, e-Learning and face to face workshops are used in the production of all educational materials. Product types include a wide variety of topics. Tips for coders are posted to the Coders' Webpage on a biweekly basis.
- The 2009 version of the Canadian Coding Standards for ICD-10-CA and CCI are available on the CIHI website. This manual is available in English and French.
- Ongoing support by CIHI of an on-line Coding Query Service. Since 2001, this Service has responded to over 15,500 queries. A fully bilingual (English/French) service was established in 2006.
- Production of 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.

- Conduct of four major and several ad hoc chart re-abstraction studies – these are part of a five-year CIHI plan to audit the quality of in-patient and ambulatory care data
- Continued provision of support and leadership for broadening awareness about and implementing use of the ICF in the U.S. and Canada.
- Presentation by NCHS, during the weeks of November 30-December 2, 2010 and May 31-June 2, 2011 of the fourth and fifth iterations of the "ICF Web Seminar Series," a modular series of lectures presenting introductory- and intermediate-level material about the ICF and how to apply it in various settings.
- Continued preparation and distribution by NCHS of the periodic NACC ICF Newsletter.
- Successfully advocating to the U.S. HIT Standards Committee for ICF as a recommended vocabulary standard for capturing functional status in the Meaningful Use Quality measures.
- Planned and hosted the WHO-FIC Network Annual Meeting 2010 held in Toronto, Canada 16 – 22 October, with CIHI taking the lead.
- NACC representatives serve on all WHO-FIC Committees and Reference Groups and lead several of them.
- Continued leadership by NACC Head of the WHO-FIC Council, serving as Co-Chair for 2009 - 2011; the NACC Head also co-chairs the Council's Small Executive Group (SEG). The co-chair of URC from CIHI was elected to the SEG in October 2010.
- Continued NACC (CIHI) leadership as Co-Chair and Secretariat of the WHO Update and Revision Committee (URC) with responsibility for updating ICD-10 and continued work with WHO to improve reporting and functionality of ICD-10+ platform. A total of 100 update proposals for discussion in Cape Town have been reviewed and posted for comment on the platform by the Secretariat.
- Continued NACC leadership (NCHS and Statistics Canada) as co-chairs of the WHO Mortality Reference Group (MRG).
- Service by NACC (NCHS and CIHI) representatives on the FDRG Secretariat as chairs of Task Group 1 (Users Guide/CIHI), Task Group 2 (ICF Updates/NCHS) and Task Group 7 (Environment/CIHI).
- NACC (NCHS, CIHI, Statistics Canada) membership on the Bridging Task Group of FDRG. This group provides an opportunity to build a partnership and good working relationships between the Washington City Group and the FDRG.
- Participation by NACC representatives at mid-year meetings of WHO-FIC Network Committees and Reference Groups in Budapest, Hungary and Sydney, Australia.
- Continued leadership by NCHS and participation by Statistics Canada, in the International Collaborative Effort (ICE) on Automating Mortality Statistics, including convening a meeting of the Planning Committee in Budapest.

- Representation by CIHI 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).
- Representation by NCHS in HL-7 and ANSI ASC X-12 to facilitate incorporation of standards for ICD-10 code sets.
- Facilitation by NCHS of development of the Vital Records Domain Analysis Model and Vital Records Functional Profile at Health Level 7 as Informative Standards.
- Representation by NCHS and CIHI on the IHTSDO Mapping Project and Mapping Special Interest Groups (SIG) 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 SIGs for Primary Care, Implementation, Education and Tooling. NCHS and CIHI representatives attended the October 2010 IHTSDO meetings in Toronto, Canada and also participated in joint meetings with the WHO-FIC Informatics and Terminology Committee.
- Participation in Revision Steering Group for ICD-11 and service on several Topical Advisory Groups. Co-leadership by NCHS of Mortality TAG (mTAG) and Morbidity TAG (mbTAG).
- Conduct of face-to-face meeting of Morbidity TAG in Chicago, IL in May.
- Hosting of co-chairs of cross-cutting TAGs at NCHS on September 1-2.

Title of Center:

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

Annual Report Year: October 1, 2010- September 30, 2011

Address:

National Center for Health Statistics (NCHS)
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<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 hosted the 2010 WHO-FIC Network Annual Meeting in Toronto, Canada 16 – 22 October. This meeting facilitated WHO's collaborative activities with the International Health Terminology Standards Development Organization (IHTSDO) and the International Methodology Consortium for Coded Health Information (IMECCHI).
- The NACC delegation of eleven persons from NCHS and more than 25 persons from Statistics Canada and CIHI participated in the 2010 annual meeting of the WHO-FIC Network in Toronto. A number of additional

experts from both countries also participated in working sessions and plenaries.

- WHO staff (HQ) participated in person and by phone in several meetings organized by the North American Collaborating Center and the Hungarian Central Statistical Office in March-April 2010. These included meetings of the ICE on Automated Mortality Statistics Planning Committee, the Mortality Reference Group and the Education and Implementation Committee and its Joint Collaboration with IFHIMA.
- Participation by NACC representatives (CIHI and NCHS) and WHO staff in mid-year meeting of FDRG and related symposia on June 27 – July 1 in Sydney, Australia. The Chair of Task Group 2 on ICF Updates is organizing the update proposals and convenes regular teleconferences with the core group of reviewers.
- The NACC Head Co-Chairs the WHO-FIC Network Council and its Small Executive Group (SEG). The URC and MRG Co-Chairs also serve on the Council, and the former serves on the SEG. The Council held teleconferences in February, April and September 2011, and the SEG held monthly teleconferences and an in-person meeting in Geneva in April. The Council monitors and advances the Network Strategic Work Plan. The SEG prepares documents for discussion and decision by the Council.
- As former Chair and co-chair of the Education Committee, the NACC Head supports the work of the Education and Implementation Committee (EIC) and also facilitates the work of the Joint Collaboration (JC) with the International Federation of Health Information Management Associations (IFHIMA), a non-governmental organization in official relations with WHO. WHO HQ and PAHO staff participate in the work, conference calls and meetings of the EIC and JC.
- NACC Head participated in the 16th IFHRO/IFHIMA Congress in Milan, Italy in November 2010 as a WHO-FIC representative. She reported on the Regional Approach for advancing the International Training and Certification Program for mortality and morbidity coders and trainers. She also presented a paper on the role of national advisory committees in advancing health information management priorities and liaised with IFHIMA and WHO officials regarding joint WHO-FIC – IFHIMA activities. NCHS is gathering information on the possibility of providing regional support of the Underlying Cause-of-Death International Certification Exam
- NACC Head is in communication with PAHO staff about efforts to strengthen health information systems in Latin America and the Caribbean.
- NACC representatives and other North American experts participated in review of the ICD-10 and ICF web-based training tools.
- The Co-Chairs for the WHO-FIC Mortality Reference Group are both from NACC (U.S. and Canada)
- NACC (CIHI) serves as Co-Chair and Secretariat (ICD) for the WHO-FIC Update and Revision Committee (URC).

- NACC (CIHI and NCHS) serve on the Secretariat for the WHO-FIC Functioning and Disability Reference Group (FDRG).
- The NACC Head and Council Co-Chair, URC Co-Chair and co-chairs of the Mortality TAG and Morbidity TAG, both from NCHS, are members of the ICD Revision Steering Group (RSG), and participate in monthly teleconferences. The co-chair of the Morbidity TAG serves on the new Small Executive Group of the RSG. At the invitation of WHO, the NACC Head and Council Co-Chair participated in series of meetings in Geneva, Switzerland in April 2011 to advance work on ICD-11 and activities of the WHO-FIC Network. US and Canadian representatives of the NACC and respective countries serve on several Topic Advisory Groups (TAGs) of the ICD-11 Revision process.
- Participation by NACC representatives (CIHI and NCHS) in WHO Topic Advisory Group (TAG) on Quality and Patient Safety meeting in February 2011 in New York City.
- Organization of face-to-face meeting for the mbTAG in Chicago, IL in May. Both groups hold regular teleconferences. Statistics Canada participates in mTAG, and CIHI participates in mbTAG.
- NACC (NCHS) representatives participated in several calls with representations of WHO and the National Library of Medicine (NLM) to discuss the contractual agreement under which ICF and ICF-CY have been incorporated into the NLM's Unified Medical Language System.

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 and Strategic Work Plan..

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, Italian, Korean (under designation), North American, Portuguese language (Brazil), United Kingdom (under re-designation) Centres participated in the March 2011 meetings of the Education and Implementation Committee and Joint Collaboration.
- Several of the above Centres, as well as the French Centre, participated in the ICE on Automation Planning Committee meeting and the mid-year meeting of the Mortality Reference Group. NACC facilitated attendance by several participants.
- The North American Center sent several representatives to the mid-year meetings of the Family Development Committee and Functioning and Disability Reference Group organized by the Australian Center in Sydney, Australia, June 27 – July 1, 2011 and, participated in the FDC working group meeting for the development of ICHI June 15 – 24, 2011 with colleagues from

Australia, China, Netherlands, Germany, Italy, Korea, Thailand, South Africa and the WHO.

- The NACC is working closely with the German Collaborating Centre/ICF Research Branch on the web-based training tool for ICF.
- Several Centres participate in conference calls convened by the Education and Implementation Committee and FDRG Project 1 Task Group on Coding Guidelines and Project 2 Task Group on ICF Updates.

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 2010 - 2011, 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 2009 and 2010 and, release of final 2008 data, all in August 2011. Regular production of mortality data includes reports, 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.

This was a transition year for the Training Team at NCHS-RTP as the learning focus shifted from strictly basic course offerings to primarily providing higher level instruction for experienced coders. Quarterly training modules were provided for NCHS-RTP coders targeting specific topics and examples requested by the coders themselves. The training format was varied including a combination of traditional classroom lecture, web-based modules with practice examples, self-paced Power Point tutorials, and follow-up group discussion. Remote coders connected to the session via teleconference and/or Live Meeting as appropriate. In addition to the training of NCHS-RTP staff, a 2-week Basic Underlying Cause-of-Death training course open to both outside attendees as well as NCHS-RTP was conducted in May 2011.

As part of the WHO-FIC Education and Implementation committee, NCHS-RTP is exploring the possibility of providing regional support of the international underlying cause-of-death certification exam. This effort offers much-needed recognition to mortality coders who successfully challenge an internationally-approved set of practice examples. Discussion is ongoing with international partners to determine the feasibility of accepting this role.

Responsibility for the coding of MICAR rejects for the nation was transferred to the NCHS-RTP facility beginning with data year 2011. NCHS-RTP staff will be presenting a paper on this centralization effort during the WHO-FIC Network Annual Meetings in Cape Town, South Africa this fall.

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; these revised certificates are being implemented by the States over a period of 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 birth and death certificates was originally planned for 2003. However, only four States and New York City implemented the revised death certificate in 2003. In 2011, a total of 40 States, the District of Columbia, and New York City have implemented the revised death certificate. Implementation for the remaining States is expected to be complete no later than the end of 2013.

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 in the process of implementation and development 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, 35 states, New York City and the District of Columbia have developed an EDRS, although most are still in the implementation phase and are not yet registering all deaths electronically. Twelve (12) others are in development or in the planning stages. Additional information on this project is available on the NAPHSIS website at <http://www.naphsis.org>.

Term of reference a) Major Activities

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

In 2011, NCHS/RTP staff collaborated with 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/RTP staff have worked with the MRG 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 has developed a new project to improve vital registration and statistics systems in developing countries and is currently developing projects in South Africa, Kenya, and Morocco. The assistance to countries will include ICD cause-of-death coder training and, in some cases, the installation of automated coding software. NCHS will hold an underlying cause coder training course in Pretoria, South Africa in October 2011 for coder staff of Statistics South Africa, with training provided by Patricia Wood of Statistics Canada. Following this course, the IRIS Group will hold a training course on the use of the IRIS automated system for coding causes of death, sponsored by NCHS and Statistics South Africa, for coder and IT staff from Statistics South Africa and IT staff from the Department of Civil Registration of Kenya.

Term of reference a) Major Activities

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

Since the 2010 annual meeting in Toronto, Canada, NCHS, in collaboration with the Centers for Medicare and Medicaid Services (CMS), has held three meetings of the ICD-9-CM Coordination and Maintenance Committee (March 2010 and September 2010, March 2011). More than 100 diagnosis proposals (both ICD-9-CM and ICD-10-CM) were presented during these three meetings. Information regarding the diagnosis proposals and a summary of the public discussion appear on the NCHS website at: http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm. Information regarding the procedure proposals and a summary of the public discussion appear on the CMS website at:

http://www.cms.gov/ICD9ProviderDiagnosticCodes/03_meetings.asp#TopOfPage

The October 1, 2011 diagnosis revisions to ICD-9-CM were posted on the NCHS website in June 2011 (http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm) The ICD-9-CM CD ROM containing the October 1, 2011 revisions is available from the Government Printing Office. There are 166 new diagnosis and 22 new procedure codes, which identify several important clinical concepts and procedures that were not previously captured in ICD-9-CM. These include further revisions to the novel H1N1 influenza virus, expanded detail for interstitial lung diseases of childhood, idiopathic lung diseases, and thalassemias; new codes for hepatopulmonary syndrome and vitreomacular adhesions. Several new procedure codes have been created for: internal/external ventricular shunts, atherectomies, and aortic valve replacements.

Twice yearly updates of ICD-9-CM (April and October) have been required since 2005 to recognize new technology under the inpatient prospective payment system. None of the proposals received during the 2011 cycle met the criteria for an expedited April 2011 update (focus on new technology and limited to those that have a strong and convincing case). The Coordination and Maintenance Committee held discussions during its September 2009 and March 2010 meetings on whether and when to discontinue updates to ICD-9-CM prior to implementation of ICD-10-CM and ICD-10-PCS on October 1, 2013. The last regular, annual update to ICD-9-CM will be made on October 1, 2011. On October 1, 2012 and 2013, there will be only limited code updates to ICD-9-CM to capture new technologies and diseases as required by section 503(a) of Pub. L. 108-173. There will be no updates to ICD-9-CM after October 1, 2013.

The ICD-9-CM Coordination and Maintenance Committee will continue to meet twice a year during the partial freeze. At these meetings, the public will be asked to comment on whether or not requests for new diagnosis or procedure codes should be created based on the criteria of the need to capture a new technology or disease. Any code requests that do not meet the criteria will be evaluated for implementation within ICD-10 code sets on and after October 1, 2014 once the partial freeze has ended.

NCHS continues to maintain and release ICD-9-CM using a Folio-based search-engine product. 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.

Term of reference a) Major Activities

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

An “official” electronic distribution of ICD-10-CM is planned that will be in a machine-readable format, which would reduce the proliferation of divergent electronic ICD-10-CM variants within the industry. 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 2011 version of ICD-10-CM and general equivalence mappings with ICD-9-CM were posted on the NCHS website at the end of 2010. An updated version of ICD-10-CM and related files will be posted in December 2011.

The implementation of ICD-10-CM is linked with the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The final rule was published on January 17, 2009 and established the implementation of ICD-10-CM and ICD-10-PCS for encounters/discharges on or after October 1, 2013.

As noted previously, public discussions regarding freezing updates to ICD-9-CM and the ICD-10 code sets prior to October 1, 2013 were held during the September 2009 and March 2010 ICD-9-CM Coordination and Maintenance Committee meetings. The last regular, annual update to ICD-10 code sets will be made on October 1, 2011. On October 1, 2012 and 2013, there will be only limited code updates to ICD-10 code sets to capture new technologies and diseases as required by section 503(a) of Pub. L. 108-173. On October 1, 2014, regular updates to ICD-10-CM/PCS will begin.

Demands on NCHS in maintaining ICD-9-CM and ICD-10-CM, as the U.S. moves forward with implementing the ICD-10-CM and ICD-10-PCS, have not allowed an opportunity to work more closely with WHO on validating differences between ICD-10 and ICD-10-CM that may have importance for the ICD-11 revision work, but we remain committed to advancing the work once the code set freeze becomes effective.

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 is performed by Statistics Canada in support of this activity:

- Conduct training in ICD-10 mortality classification (coding) and in the use of MMDS, NCHS automated mortality classification software, in Canada (ongoing). A Basic Underlying Cause-of-Death Classification course was presented in British Columbia in February 2011. Basic Multiple Causes of Death Classification training is being conducted at Statistics Canada currently.
- Provide updated ICD-10 specifications to provinces and territories for producing mortality (cause-of-death) 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)
- Released, as electronic publications, Causes of Death 2007, (November 2010), Leading Causes of Death 2007 (November 2010) and Summary List of Causes 2007, (November 2010)
- Participate in annual meetings of WHO-FIC Network
- Co-chair the WHO-FIC Mortality Reference Group and participate in the Update and Revision Committee (ongoing)
- Participate in WHO-FIC Education and Implementation Committee and WHO-FIC – IFHIMA Joint Collaboration (ongoing)
- Participate in ICE on Automated Mortality Statistics Planning Committee (ongoing);
- Continue development of a national Coroner/Medical Examiner Database (CCMED) of standardized information on circumstances surrounding deaths reported to coroners and medical examiners in Canada. Release of the 2006 – 2008 Annual Report is scheduled for the fall 2011.

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.
- Development and maintenance of education products related to ICD-10-CA/CCI including:
 - *Obstetrical Coding—Moving Beyond the Basics* (self study),
 - *What's New in Classifications for 2011* (web conferences).
 - *Coding for Diabetes Part 1 and Part 2* (Self Study),
 - *Acute Coronary Syndrome – Part 1 and Part 2* (Self Study),
 - *Moving Forward with Version 2009* (Self Study).
 - *Applied ICD-10-CA/CCI Case Studies, Series 1 and 2* (Self Study)
 - *Applied Diagnosis Typing, Main Problem/Other Problem Assignment* (Self Study)
 - *Search Techniques for ICD-10-CA/CCI* (Self Study)
 - *Knee Joint Replacements* (Self Study)
 - *Trending in ICD-10-CA and CCI* (Self Study)
 - *Meeting the Challenge: Supporting Your Coding Decisions* (Workshop)
 - *Classifying Post-Intervention Conditions: ICD-10-CA Code Assignment* (Self Study)
 - *Post-Intervention Data Collection* (Workshop)
 - *Identifying Post-Intervention Events: Prefix 5 and 6 Assignment* (Self Study)
 - *iCODE Case Studies – Sepsis/pneumonia/COPD* (Self study)
 - *Exploring the Lower GI Tract with CCI* (Workshop)
 - *Coding Flaps and Grafts of Skin and Soft Tissue* (Self Study)
 - *CCI: 10 years in Action!* (Self study)
 - *Different Codes for Different Strokes* (Self study)
 - *Emergency Department Coding: Getting Your Diagnosis Codes Right* (Self study)
- Maintenance of a Coders' Web page on the CIHI website with regular posting of coding tips.

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 15,500 queries answered to date. A bilingual e-Query tool was implemented in September 2006.

- The 2009 version of the Canadian Coding Standards for ICD-10-CA and CCI posted to the CIHI website is in effect until April 1, 2012. This manual is available in English and French. Production of the Coding Standards is supported by the National Coding Advisory Committee with representation from all provinces and territories. Work is conducted both on-line and in face-to-face meetings on an annual basis.
- Implementation of v2009 of ICD-10-CA/CCI completed
- The National ICD-10-CA/CCI Electronic Products Advisory Committee provides advice to CIHI in the development of new, and enhancement of existing, ICD-10-CA and CCI electronic products. This committee meets, as required.
- Have worked closely with other countries (e.g., US and Australia), comparing additions made to their products, with those done in Canada.
- Collaborated with WHO by sharing our experiences in representing the classifications in XML. Provided WHO with both v2006 and v2009 of the ICD-10-CA and CIM-10-CA databases for conversion to ClaML and use in the ICD Revision process
- Secretariat of URC (ICD-10) continues to work closely with WHO to improve the web-based update platform built by WHO. The platform has recently been updated to include the 2010 version of ICD-10. A total of 100 proposals have been reviewed by the ICD secretariat to ensure complete submission of all required elements, and moved to ‘Under discussion’ status for subsequent review by members prior to the meeting in Cape Town in October 2011.
- All 100 proposals reviewed by CIHI and Statistics Canada to provide the Canadian comments on the proposals
- Comparison of ICD-10 and CIM-10 to identify and rectify discrepancies has been completed and CIM-10-CA corrected accordingly.
- ICD-10-CA/CCI CMG+, an in-patient grouping methodology, plus RIW and ELOS and ACCS, an ambulatory care grouping methodology, are updated and comparative and trending reports published annually.

Term of reference a) Major Activities

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

Since the 2010 WHO-FIC Network Annual Meeting in Toronto, the NACC has encouraged adoption and supported implementation of the ICF in the United States through activities related to Education, Service, Informatics and Standards and Advocacy.

1) Education:

ICF Web Seminar Series

The NACC has continued its popular three-part Web Seminar Series emphasizing ICF coding for all levels of learners. Since the Annual Meeting in Toronto, the Collaborating Center has expanded its roster of participants who have expressed interest in learning more about ICF coding and concepts.

This year, we have received specific interest and participation in the Web Seminar Series by Recreational Therapists, whose professional associations in the U.S. have endorsed using the ICF in clinical practice of Recreational Therapeutics. We have also enjoyed the participation of administrators and nurses in American hospice organizations, whose practice might soon be affected by a recommendation from certain payment organizations that ICF-based documentation about a patient's functional status would be required as a condition of reimbursement. We plan to continue the publicly-available Web Seminar Series in the coming year, and to offer condensed renderings for special groups, as we did during 2011 with a group from a hospice organization in Ohio.

Videocasts from the 2010 NACC ICF Conference, Bethesda, Maryland, USA

The Collaborating Center continues to receive requests for information about the Videocasts from our 2010 NACC ICF Conference, or from Videocast watchers to follow up on content shared during the conference. We believe it has been fortuitous that the conference content could be accessed in video formats over the Internet through the services of the National Institutes of Health, because demand is rising for easy-to-understand information about ICF concepts and coding, presented graphically or visually.

2) Service:

This year, participants in the Collaborating Center have been involved in peer review activities for ICF-oriented manuscripts submitted to the journals *Disability and Rehabilitation* and *Disability and Health Journal*. We also

worked with authors of forthcoming ICF-oriented manuscripts to expand and synthesize their ICF ideas for publication.

Two of our Collaborating Center's longtime academic partners have received service awards during 2011 from the Disability Section of the American Public Health Association. Professor Rune Simeonsson from the University of North Carolina received the Lifetime Achievement Award from the Disability Section, in recognition of his teaching and leadership in education and pediatrics, including his contributions to the ICF-CY. Professor Elena Andresen from the University of Florida received the Academic Achievement Award.

3) Informatics and Standards:

Unified Medical Language System

The Collaborating Center participated in several teleconferences with the National Library of Medicine (NLM), Social Security Administration (SSA) and WHO regarding the contract to include updated versions of ICF and ICF-CY as two of the electronic source vocabularies incorporated in the NLM's Unified Medical Language System (UMLS). As of this writing, negotiations between NLM and WHO were still ongoing.

Through participation on the HIT Standards Committee Vocabulary Task Force, information was provided on ICF for consideration as a code set or terminology that should be required for the quality data measure concepts included in meaningful use (of electronic health records) regulations. The Task Force recommended ICF for the functional status domain, which was endorsed by the HIT Standards Committee and submitted with other recommendations to the Office of the National Coordinator on Health Information Technology.

4) Advocacy:

The Collaborating Center's advocacy for broadening the use of ICF concepts and coding has focused on our collaborative work with the U.S. Social Security Administration. During 2011, representatives from NCHS have met frequently by conference call with an ICF Study Group that includes SSA representatives and their contractually-engaged academic partners. This Study Group is investigating methods for establishing a working set of qualifier-modified ICF codes specific to disability evaluation ("listing") services in the SSA environment. Informatics participants from Stanford University have been particularly contributive to this Study Group.

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:

- CIHI continues to contribute ICF information and perspective to the development of the Federal Disability Reports (Rapport fédéral sur les personnes handicapées) for the federal government Office for Disability Issues .
- CIHI continues to respond to a variety of inquiries for ICF support and information from various sectors across Canada.
- CIHI representative is a member of the WHO-FIC Education and Implementation Committee for ICF-related topics.
- CIHI representative leads Project 1: Principles of Use, Coding Rules and Guidelines Task Group of the Functioning and Disability Reference Group (FDRG). Coordinated five international teleconferences. A major document was presented to the FDRG at the WHO-FIC meeting in October 2010.
- CIHI representative is co-leading the preparation of a condensed version of the guidelines that will be posted on the WHO web site.
- CIHI representative is working on two academic publications with other members of the Project 1 team related to using ICF in population and clinical data collection. NCHS representative is providing technical assistance.
- A CIHI representative leads Project 7 – Environmental Factors.
- Collaborates with the National Center for Health Statistics in providing North American input to the use and implementation of ICF (ongoing)
- Participation in NACC ICF and WHO-FIC meetings (ongoing)
- Represent Canadian interests in the evaluation and enhancement of ICF (ongoing)
- Communicate Canadian activities through Canadian Network meetings and national presentations on ICF applications (ongoing)

Term of reference b) Major Activities

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

Comparability studies are essential to understand the effects of implementing a new revision of the ICD. In the United States, the comparability study for mortality between ICD-9 and ICD-10 was carried out in two phases: a preliminary study based mainly on records processed through the automated coding systems, and a final comparability study based on all records in the study year 1996. In 2001, the preliminary comparability study was published based on a total of 1,852,671 records. The published report is available at <http://www.cdc.gov/nchs/products/pubs/pubd/nvsr/49/49-pre.htm>. The final comparability study is ongoing. The entire final double-coded comparability file is currently available for download at <http://www.cdc.gov/nchs/datawh/statab/unpubd/comp.htm> along with tables of final comparability ratios. NCHS staff continue to provide technical support to those analyzing trends that cross revisions of the ICD.

Term of reference b) Major Activities

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

The ICE 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. Four plenary meetings of the mortality ICE were held in 1996, 1999, 2003 and 2008. This NCHS activity supports the objectives of the WHO-FIC Network and 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 ICE Planning Committee met in April 2011 in Budapest, Hungary. Much of the discussion focused on continuing enhancements to IRIS, the language-independent automated coding software, including an IRIS demo for new members of the ICE on Automation group. Other topics discussed at the meeting included plans for ICD-11, the timing of future updates to the automated systems, and growing interest in electronic death registration (EDR), including EDR tests in some countries. At a later date, it was agreed that the 2012 meetings of the ICE, MRG, and other groups will take place in the Washington, DC area in March 2012.

Term of reference b) Major Activities

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

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

Term of reference c) Major Activities

Participation in WHO-FIC Committees and Reference Groups (Co-Chairs)

1. WHO-FIC Network Council

The Center Head and Co-Chairs of the URC and MRG participate on the Council for the WHO-FIC Network, which monitors and advances the Network Strategic Work Plan and oversees the planning of the annual meeting. The Center Head began a second two-year term as co-chair of the Council following the 2009 Network meeting, having served as Chair of the Planning Committee from 2005 - 2007. During 2011, the Council held three teleconferences. As Council Co-Chair, the Head co-chairs the Council's Small Executive Group (SEG), which prepares documents and recommendations for Council discussion and approval. The SEG holds monthly teleconferences.

2. WHO-FIC Education and Implementation Committee

U.S. and Canadian representatives participate in working sessions of the WHO-FIC Education and Implementation Committee during annual WHO-FIC Network meetings and quarterly teleconferences, comment on documents and training tools and prepare papers for discussion by the Committee. The NACC Head serves as Co-Chair Emeritus of the Education Committee, which was merged with the Implementation Committee in 2010, and, in this capacity, supports the EIC co-chairs and supports teleconferences and face-to-face meetings.

The Head facilitated a Joint Collaboration (JC) with the International Federation of Health Records Organizations (IFHRO) (now International Federation of Health Information Management Associations [IFHIMA]) to establish a training and certification program for ICD-10 mortality and morbidity coders in 2000 and serves as an ex-officio member. During March 2011, the EIC and JC met in Budapest, Hungary to continue work on the international training program, review web-based training tools for ICD and ICF, review and discuss plans for the ICD and ICF Implementation Databases and conduct other related work. As part of its educational mission, the EIC maintains orientation slides and conducts an Orientation Session on the WHO-FIC Network for annual meeting participants and has developed educational brochures and information sheets.

3. Mortality Reference Group

The North American Collaborating Center organized and chaired the Mortality Reference Group (MRG) until March 2002, when Dr. Harry Rosenberg retired

from the National Center for Health Statistics (NCHS). Donna Hoyert of NCHS has co-chaired the MRG since 2005, and Patricia Wood of Statistics Canada was elected as the other Co-Chair at the 2010 WHO-FIC Network meeting. Several other NCHS and Statistics Canada staff participate in the face-to-face meetings and electronic exchanges, along with representatives of other collaborating centres. The MRG organized separate meetings every year since 2002. The 2011 mid-year meeting was held in Budapest, Hungary. An additional meeting is being organized prior to the 2011 WHO-FIC Network meeting in Cape Town, South Africa.

4. Update and Revision Committee

Canadian and U.S. representatives participate in the Update and Revision Committee (ICD-10), reviewing and commenting on documents and participating in face-to-face meetings and teleconferences. The Canadian Institute for Health Information has provided the Co-Chair (Mea Renahan) and Secretariat (Lori Moskal) support to the ICD updating process since 2004. One hundred proposals have been received for discussion at the October 2011 meeting in Cape Town, South Africa. The first round of voting was completed July 31 2011.

5. Family Development Committee

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 classification, the Family concept, ICF-CY, activities related to the development of the International Classification of Traditional Medicine, and United Nations classifications. CIHI participated in a workshop and meetings in Sydney, Australia in June 2011 to develop the first draft of the International Classification of Health Interventions (ICHI).

6. Informatics and Terminology Committee

Canadian and U.S. representatives participate in face-to-face meetings and e-mail discussions of the Informatics and Terminology Committee, a merger of the Electronic Tools Committee and Terminology Reference Group. NACC Representatives are David Berglund and Donna Hoyert (NCHS), Olivier Bodenreider (NLM), Rita Scichilone (AHIMA) and Karen Carvell and Ginette Therriault (CIHI),

7. Functioning and Disability Reference Group

U.S. and Canadian representatives participate in the Functioning and Disability Reference Group (FDRG). Diane Caulfeild serves on the Secretariat as convener of the Project 1 Task Group, pertaining to ICF Coding

Guidelines, and Janice Miller serves on the Secretariat as Chair of the Project 7 Task Group on Environmental Factors. John Hough also serves as a moderator of the Project 2 Task Group on ICF Updates. 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, Hisao Sato, Nenad Kostanjsek and Mary-Ann O'Donovan . This year’s activities have focused on adhering to comments put forward by the FDRG members at large during the Annual Meeting in Toronto, the preparation of a condensed version of the guidelines to post on the WHO web site and work on two academic publications related to using ICF in population and clinical data collection. The Project 1 Task Group guidelines document will be an “intermediate level” document for readers requiring more than basic information about ICF coding.

A key deliverable for task group 7 on Environmental Factors was the paper - *Measuring impact of environmental factors on human functioning and disability: a review of various scientific approaches*, J Reinhardt, J Miller, G Stucki, C Sykes, D Gray, published in *Disability and Rehabilitation*, May 2011. The objective of this paper was to present a framework for systematically describing different approaches to measure environmental factors (EF) and to discuss some strengths and weaknesses of these approaches.

The second focus of work for Task Group 7 has been the ongoing information exchange and collaboration with the ISO 9999 classification for Assistive Products for Persons with Disability. The working group TC 173/SC 2/WG 11 focused on classification and terminology has participated in FDRG mid-year and annual meetings to address options for harmonizing the ISO 9999 with the ICF terminology and categories for Environmental Factors. At the WHO-FIC meeting in October 2010 a resolution was passed by FDRG and the Family Development Committee to support future alignment of ISO and ICF and to appoint the CIHI representative (Janice Miller) as FDRG liaison for this work.

The “Project 8” Task Group, with participation by the NCHS representative, met in-person in Nottwil, Switzerland in early December, 2008, for its ICF Ontology Development Workshop. Activities have continued by E-Mail correspondence during 2009 - 2010, working toward aligning the ontological properties manifested by ICF with those discernable in the other WHO Classifications, including the developing ICD-11.

8. Revision Steering Group

The NACC Head as co-chair of the Council and the co-chair of the Update and Revision Committee (ICD) serve on the Revision Steering Group (RSG) for ICD-10. Both participate in the monthly teleconferences. The NACC Head, in this capacity, participated in a meeting in Geneva in April 2011 to evaluate the alpha process of the ICD revision. Dr. Sam Notzon, NCHS, serves as co-chair of the Mortality TAG and Donna Pickett serves as co-chair of the Morbidity TAG. U.S. (NCHS and AHIMA) and CIHI representatives participated in a face-to-face meeting of the Morbidity TAG in May 2011. NACC also has assured appropriate representation from the U.S. and Canada in all of the ICD -11 TAGs.

Mortality TAG

Sam Notzon serves as co-chair of the mortality TAG (mTAG) along with Gerard Pavillon of the French Centre. The terms of reference for the mTAG include recommendations for ICD-11 code structure, resolution of dagger/asterisk issues, and proposals for mortality linearization. Because most issues concerning code structure and dagger/asterisk have been resolved by WHO, mTAG members to date have focused mainly on defining linearization for ICD-11. The procedure adopted by the group is to map, for selected chapters, ICD-11 categories to the corresponding chapters in ICD-10. The results will provide information on compatibility with ICD-10 and identify possible difficulties for inclusion/exclusion of terms. Regular teleconferences are held.

Morbidity TAG

Donna Pickett serves as co-chair of the morbidity TAG (MbTAG) along with Syed Aljunid of Malaysia. The terms of reference for the MbTAG include recommendations for ICD-11 code structure, resolution of dagger/asterisk issues, use of multiple codes for single conditions and proposals for the morbidity linearization. Discussions are ongoing regarding the resolution of these issues. A face-to-face meeting was held in Chicago in May 2011, and regular teleconferences are held..

Patient Quality and Safety TAG

NACC (NCHS and CIHI) provides classification expertise to the Patient Quality and Safety TAG. NACC members have attended all meetings of the TAG. The most recent meeting was held in February 2011.

Term of reference d) Major Activities

1. 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), working groups and project groups. NACC representatives serve on the WHO-FIC Network Informatics and Terminology Committee, which works with WHO and the WHO-FIC Network on matters related to the IHTSDO and other terminology issues and electronic versions of WHO-FIC classifications.

U.S. involvement in IHTSDO 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 Kaiser Permanente, and on the Member Forum by Jan Willis. Canada is represented on the IHTSDO General Assembly by Dennis Giokas of Canada Health Infoway, on the IHTSDO Management Board by Shelagh Maloney of Health Infoway as Vice-Chair, and on the Member Forum by Margaret Kennedy and Zied Kallel.

The U.S. is encouraging adoption 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. These standards also include ICD-9-CM and ICD-10-CM. 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. A small group including representation from NLM has started work toward mapping SNOMED CT and ICD-10-CM.

U.S., NCHS (in person and by phone), CIHI and Canadian colleagues participated in the IHTSDO meetings in Toronto, Canada in October 2010, which overlapped with the WHO-FIC Network annual meeting and in MapSIG weekly meetings on mapping SNOMED-CT to ICD-10 and, also actively participate in the production of guidelines for the mapping activities, the education curricula and the development of the workbench for automation of the mapping task. Some of these representatives also will participate in the October 2011 IHTSDO meetings in Sydney, Australia.

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 as the accepted standard 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. The building of maps between SNOMED-CT and ICD-10-CA and CCI will make use of the map created by the MapSIG group that will map the UMLS SNOMED-CT priority subset to ICD-10.

Ginette Therriault is the Canadian map lead and two CIHI classification specialists are working part time on the Phase 1 mapping project.

As map lead, Ginette provided, with others, two training sessions for mappers, one at the October 2010 IHTSDO meeting held in Toronto, Canada and a second in Chicago in March 2011. These sessions tested also the consensus management process developed by the MapSIG group to solve irreconcilable opinions on mapping SNOMED CT to ICD-10. Ginette is also participating in the MapSig project management group reviewing the outcomes of phase 1 and the planning of phase 2 for the mapping of 110,000 additional SNOMED CT concepts.

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 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.

Term of reference f) Major Activities

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

NCHS mortality medical coding staff 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 have been on hold, due to the departure of senior training staff in recent years. English-speaking international trainees are being included in the standard MMDS training courses offered to US state health personnel.

NCHS is gathering information on the possibility of providing regional support of the Underlying Cause-of-Death International Certification Exam developed by the Education Committee and Joint Collaboration with IFHIMA.

Term of reference f) Major Activities

2. Contribute to ICF eLearning Tool

The web-based, interactive training tool known as "Code ICF", which was developed in the past decade by NACC and its contractors with extensive WHO input, is contributing to an eLearning tool on ICF, under development by the German Collaborating Centre and WHO. The Education and Implementation Committee and Functioning and Disability Reference Group are serving as reviewers for the new tool.

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 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 and Implementation Committee web site: http://www.cdc.gov/nchs/icd/nacc_education_committee.htm. They serve as the framework for the ICD-10 Web-based Training Tool developed by WHO with significant participation by the Education and Implementation Committee.

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 was approved during the 2008 annual WHO-FIC Network meeting as Version 1. The Curriculum Modules also are posted on the Education and Implementation Committee website and serving as the framework for the ICF Introductory eLearning Tool.

Term of reference i) Major Activities

1. Interventions and Procedures

The U.S. Centers for Medicare and Medicaid Services (CMS) continues its refinement of ICD-10-PCS. Changes have been made to ICD-10-PCS (1,182 new codes added, 7381 codes revised, 1,345 codes deleted). The net impact of the changes resulted in a decrease in the number of codes in ICD-10-PCS from 72,081 to 71,918. The ICD-10-PCS Index has been redesigned with key features being added for ease of reference and additional cross-referencing. The 2012 update to the ICD-10-PCS coding guidelines have been posted on the CMS website. At the end of 2010, CMS posted information regarding the ICD-10 conversion project, which details the conversion of the ICD-9-CM-based MS-DRGs into the ICD-10-based DRGs. A summary of the conversion work planned as part of the 2012 update was presented during the March 2011 ICD-9-CM Coordination and Maintenance Committee meeting. Additional updates regarding further changes will be presented at the September 14, 2011 ICD-9-CM Coordination and Maintenance Committee meeting. The 2012 updated version of the procedure GEMs will be posted October 1, 2011. The draft ICD-10-CM/PCS MS-DRG V28 Definitions Manual is provided on the CMS website and includes both text and HTML versions with condensed and full title formats. The MSDRG Medicare Code Editor V28 is also available on the CMS website. The final ICD-10 MS-DRG logic will be subject to rulemaking.

Highlights regarding the 2011 update to ICD-10-PCS may be found on the CMS website: http://www.cms.gov/ICD10/13_2010_ICD10PCS.asp#TopOfPage :

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, 2009 and the next release is scheduled for 2012. As with ICD-10-CA, all provinces and territories fully implemented CCI for hospital morbidity coding by 2006. 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. The expertise and experience associated with development and use of CCI is contributing to international work on interventions classification. The CCI has been made available to the WHO and the Co-Chairs of the FDC for work that is currently transpiring on the development of an international interventions classification. CIHI has been instrumental in creating the preliminary code structure for ICHI and attended the meetings in Cologne, Germany in March 2010, Leiden, Netherlands in July 2010 and Sydney, Australia in June 2011 for further development of the International Classification of Health Interventions. A working draft of all the chapters of ICHI was created at the meeting in Sydney which incorporates concepts of both ICD and ICF into ICHI.

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

Work Plan 2011 - 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. Annual training is carried out 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: ICD-10 was implemented for mortality effective with deaths occurring in 1999 as collaborative effort with the States. Training is carried out on an annual basis.
	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; training is ongoing.

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
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	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 2010)
	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: Promote the development and use of ICD-10 for mortality statistics in Canada – Production of data and publication of reports
	Responsible person: Jeff Latimer, 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 2007)
	Links with WHO activities: Mortality data are transmitted to WHO for the mortality database. Participate in Mortality Reference Group and provide Co-Chair.
	Source of funding of the activity: Statistics Canada
	Dissemination of the results: Electronic publications and public use data
	Time frame of the activity: Ongoing

Activity 4:	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 – 2013

Activity 5:	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 has 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: Registration areas, CDC, Social Security Administration
	Dissemination of the results: At meetings of International Collaborative Effort (ICE) on Automating Mortality Statistics and WHO-FIC meetings
Time frame of the activity: 2003-2013	

Activity 6:	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, Caribbean, South Africa, Kenya and Morocco)
	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 7:	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. Planning Committee last met in April 2011.

	<p>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.</p> <p>Source of funding of the activity: NCHS</p> <p>Dissemination of the results: ICE members and other interested parties</p> <p>Time frame of the activity: Ongoing</p>	
Activity 8:	<p>Title: Statistics Canada participation in International Collaborative Effort on Automating Mortality Statistics</p> <p>Responsible person: Jeff Latimer, Director, Health Statistics Division, Statistics Canada</p> <p>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.</p> <p>Concrete expected outcome: Attend regular planning meetings and plenary meetings; contribute to assistance and training of countries interested in implementing automated systems.</p> <p>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.</p> <p>Source of funding of the activity: Statistics Canada</p> <p>Dissemination of the results: As reported at the WHO-FIC Annual meeting</p> <p>Time frame of the activity: Ongoing.</p>	
Activity 9:	<p>Title: Develop international training courses in ICD-10 mortality coding</p> <p>Responsible person: Tyinga Crawford, Division of Vital Statistics, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC)</p> <p>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.</p> <p>Concrete expected outcome: Standardize mortality processing, improve international comparability of mortality data and share resources.</p> <p>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.</p> <p>Source of funding of the activity: NCHS. Trainees are responsible for transportation, housing and per diem, but there is no tuition.</p> <p>Dissemination of the results: Information on courses is included in annual NACC reports.</p> <p>Time frame of the activity: International courses currently are on hold and will be reinstated once retired training staff have been replaced and new staff have acquired sufficient training experience</p>	
Activity 10:	<p>Title: Develop comparability ratios for ICD-10 mortality statistics in the United States</p> <p>Responsible person: Dr. Robert Anderson, Chief, Mortality Statistics Branch, Division of Vital Statistics (DVS), NCHS, CDC</p>	

	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 artifacts 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	
	Time frame of the activity: Ongoing and as required by State and federal mortality classification staff	

Activity 11:	Title: Develop comparability ratios for ICD-10 mortality statistics in Canada	
	Responsible person: Jeff Latimer, 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 12:	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) until 1 October 2013.	
	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 until 2013

Activity 13:	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 and co-chairs of Mortality TAG and Morbidity TAG are members of the ICD Revision Steering Group.	
	Source of funding of the activity: NCHS	
	Dissemination of the results: The 2011 version of ICD-10-CM has been posted on the NCHS classifications website: http://www.cdc.gov/nchs/icd/icd10cm.htm The classification will be available in books, on CD-ROM and in database version.	
Time frame of the activity: The date for the implementation of ICD-10-CM has been established as October 1, 2013. The final rule designating the transition to ICD-10-CM was published on January 17, 2009.		

Activity 14:	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: Karen Carvell, 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, and most recently in Emergency care coding and 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 Co-Chair and secretariat for the Update and Revision committee (ICD), and is an active participant in the WHO Morbidity Reference Group/Morbidity TAG, Family Development Committee, and Informatics and Terminology Committee. The Co-Chair of the URC (ICD) 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, primary care, emergency services. 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 most recent full update of the ICD-10-CA/CIM-10-CA was 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 commenced in 2009.

Activity 15:	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-abstraction 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-abstraction 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: Triennial releases of updated and new standards with an impact analysis for secondary data users.

Activity 16:	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-abstraction 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 products are developed annually to reinforce and improve compliance with coding rules and coding standards..
	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 17:	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. Over 15,500 queries are maintained in a searchable database
	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 18:	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) Continue publication of the "NACC ICF Newsletter"; (2) Contribute to activities associated with including the ICF within the U.S National Library of Medicine's Unified Medical Language System (UMLS); (3) Contribute ICF-oriented content and expertise to the federal Interagency Subcommittee on Disability Statistics (ISDS)
	Concrete expected outcomes: 1) ICF Web-Seminar Series held November 30-December 2, 2010 and May 31-June 2, 2011. (2) Periodic publication of NACC ICF Newsletter. (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.
	Links with WHO activities: NACC representatives 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 19:	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.
	Concrete expected outcome: Periodic ICF newsletters, including literature supplements.
	Links with WHO activities: An Annotated Bibliography would link to WHO Internet resources about the ICF, including links to publication sets and similar bibliographies prepared by our partner WHO-FIC Collaborating Centers.
	Source of funding of the activity: NCHS.
	Dissemination of the results: The Annotated Bibliography product would be designed to be a keyword searchable database on the World Wide Web.
Time frame of the activity: Newsletter, ongoing; Bibliography, 2011 - 2012	

Activity 20:	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: Focus on ICF training activities, and also conduct the semi-annual “ICF Web Seminar Series.
	Links with WHO activities: NACC continues to be involved directly with WHO team members on web-based ICF training, in conjunction with the Functioning and Disability Reference Group and the Education Committee.
	Source of funding of the activity: NCHS, CIHI, Statistics Canada, 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. The ICF Web Seminar Series is available free of charge to anyone in the US and Canada in real-time with an Internet website and live telephone conference calling connection; other people around the world can access the Internet presentation in real-time without the telephone connection.
Time frame of the activity: Ongoing activities according to demand and available resources.	

Activity 21:	Promote the development and use of the ICF in Canada
	Responsible person: Diane Caulfeild, Program Lead, Classifications, Canadian Institute for Health Information

	Description: Co-host NACC Conferences on the ICF in collaboration with our NACC partners – Statistics Canada and NCHS.. 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: 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. Continue to support and promote the use of ICF in Canada.. Establish a Canadian ICF Users’ Interest Group in 2011-12 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 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 Jeff Latimer, 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 Co-Chair of the WHO-FIC Council and completed a two-year term of co-chairing the Education Committee; CIHI serves as Co-Chair and Secretariat for the Update and Revision Committee (ICD); NCHS and Statistics Canada representatives Co-Chair the Mortality Reference Group; NCHS representative completed co-chairing Family Development Committee, and three NACC representatives (NCHS and CIHI) 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 Strategic 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), and Ginette Therriault, Program Lead – Classification, CIHI.
	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. Other U.S. and CIHI representatives also serve on this and related IHTSDO Special Interest Groups.
	Concrete expected outcome: Contribute to the revised methodology for mappings to WHO-FIC classifications. Participated in International Health Terminology Standards Development Organization (IHTSDO) conferences and teleconferences in 2009- 2010.
	Links with WHO activities: Activities related to SNOMED CT and mappings are part of the terms of reference for the Informatics and Terminology Committee 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, with U.S. distribution through the NLM
	Time frame of the activity: Dr. Berglund and Ms. Therriault continue as members 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 Informatics and Terminology Committee.
	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: Active investment and involvement in the mapping activity to map the 9200 SNOMED-CT priority concepts to ICD-10
	Responsible person: Ginette Therriault, Program Lead - Classification, Canadian Institute for Health Information
	Description: As one of the official Map Leads and MapSIG members, participated in providing two training sessions for map specialists, one in October and one in Chicago (March 2011) and in the tuning of the mapping methodology to decrease inconsistencies in results. Distributed work and revised maps produced by a team of three mapping specialists. Participating in the content validation preparation and the Phase 2 mapping activity elaboration. Newer activities involve SIGs for education, primary care and implementation.
	Concrete expected outcome: Tested workbench for mapping and maps for content validation and publication.
	Links with WHO activities: should facilitate the work of the Harmonization Panel
	Source of funding of the activity: CIHI
	Dissemination of the results: IHTSDO website
Timeframe of the activity: 2008 and ongoing.	

Activity 26:	Title: Identify educational needs and core curricula for WHO-FIC
	Responsible person: Marjorie Greenberg, Chief, Classifications and Public Health Data Standards Staff (CPHDSS), NCHS, CDC, NACC Head and Chair of WHO-FIC Education Committee
	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.
	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.
	Links with WHO activities: The ICD-10 activities are carried out by the Education and Implementation Committee and the Joint Collaboration (JC) with the International Federation of Health Information Management Associations (IFHIMA) on behalf of the WHO-FIC Network. IFHIMA is a non-governmental organization in official relations with WHO. The ICF-related activities are a joint project of the Education and Implementation Committee (EIC) and the Functioning and Disability Reference Group (FDRG).
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.	

	Dissemination of the results: All materials developed by the EIC and JC are posted on the EC website, which resides on the NACC and NCHS website: http://www.cdc.gov/nchs/icd/nacc_education_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 EIC and JC held in March 2011 in Budapest, Hungary.
	Time frame of the activity: Ongoing

Activity 27:	Title: Active support and input to the international electronic training projects
	Responsible person: NCHS and WHO-FIC Education and Implementation Committee and Functioning and Disability Reference Group.
	Description: Provide input of materials and review in the construction phase and active participation in updates of the materials as required by updates of ICD and ICF. 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 tools for ICD and ICF.
	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

Activity 28:	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 29:	Title: Conduct work on at least one related and/or derived member of the WHO-FIC
	Responsible person: NCHS, CIHI, Statistics Canada

	<p>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 and actively participate in the development of an International Classification of Health Interventions (ICHI). NCHS facilitated a meeting between WHO and the National Center for Complementary and Alternative Medicine (NCCAM) in March 2010 regarding development of the International Classification of Traditional Medicine (ICTM).</p>
	<p>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. NCCAM will support participation in international meetings to develop the ICTM.</p>
	<p>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.</p>
	<p>Source of funding of the activity: NCHS, CIHI, Statistics Canada</p>
	<p>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 have explored 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. CIHI staff are involved in the integration of ICD-10-CA and the ICPC-2 into EMRs for Primary Care. CIHI has developed a Dx Short List (837 ICD Codes) for use in Emergency Departments throughout Canada. Other activities are disseminated in annual reports, papers at conferences and meetings and on websites.</p>
	<p>Time frame of the activity: Ongoing</p>

Activity 30:	Title: Participation in the revision of ICD
	Responsible person: NCHS, CIHI, Statistics Canada
	<p>Description: 1) Participate on Revision Steering Group and in Topical Advisory Groups (TAGs), 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.</p>
	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 co-chair (ICD) participate in meetings and teleconferences of Revision Steering Group. NACC representatives serve on TAG's, co-chair the Mortality TAG (NCHS) and Morbidity TAG (NCHS) and support the formation and work of other TAGs.
	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