WHO-FIC Education Committee
WHO-FIC – IFHRO Joint Collaboration
DIMDI
Cologne, Germany
February 22 - 24, 2010
Summary

The Education Committee (EC) of the WHO Family of International Classifications (WHO-FIC) Network and the Joint Collaboration (JC) with the International Federation of Health Records Organizations (IFHRO) held a mid-year working meeting on February 22-24, 2010 in Cologne, Germany.

The purposes of the meeting were to 1) discuss and plan future steps for the web-based training tools for ICD-10 and for ICF, which are under development with WHO and the WHO-FIC Network, 2) discuss the maintenance of these two tools after they become available to the public, 3) advance work on the International Training and Certification Program for both mortality and morbidity coders and trainers, 4) present and discuss the Information Sheets available and under development, and 5) make plans for the 2010 WHO-FIC Network annual meeting. The agenda is in Attachment 1.

Twenty-six persons from twelve countries (Australia, Brazil, Canada, Germany, Estonia, Italy, Japan, the Netherlands, South Korea, Switzerland, United States and United Kingdom) representing collaborating centres, national and international organizations, participated in the meeting. A list of participants is in Attachment 2.

Welcome and Introductions:

Participants were welcomed by the Germany Collaborating Centre, Dr. Stefanie Weber, Head, and Dr. Ulrich Vogel. Stefanie introduced the new members of her team.

Marjorie Greenberg, as co-chair of the EC welcomed the participants. All participants introduced themselves.

Huib ten Napel was introduced as the new member of the Joint Collaboration due to the retirement of Christine Sweeting. Christine's contribution to the EC was acknowledged and the group will send cards to thank her for her contribution and wish her well in her retirement.

Assignment of Rapporteurs

- Monday, Feb 22, am — Catherine Sykes
- Monday, Feb. 22 pm — Carol Lewis
- Tuesday, Feb 23 am — Marcie MacDonald
- Tuesday, Feb. 23 pm — Margaret Skurka
- Wednesday, Feb 24 am — Sue Walker

Review of agenda and meeting objectives

The agenda and objectives of the meeting were reviewed by Sue Walker

Relationship between ICF and ICD training materials was added to the agenda.

Review Education Committee Terms of Reference and 2009-2010 Work Plan

Terms of Reference
The terms of reference remained unchanged as they were amended at the Seoul meeting.

Work Plan
The format of the work plans will be changed. The WHO Secretariat asked for the EC to input on this subject, filling in examples that will be provided to other committee and reference group co-chairs so updated work plans can be considered at the Council meeting in April. The WHO-FIC Strategic Work Plan should be finalized after this meeting. It is to be more product focused and will identify resources needed for each product or project. .

The EC will need to consider the work plan for 2010-2011 year, as well as report progress on the current year's tasks.

A task to be considered is the harmonisation of the education materials across the WHO family of classifications.

Cassia Buchalla suggested that the EC has reached a turning point and what needs to be considered is how to disseminate information about the two training tools and to support users. One or more persons to answer questions to ensure that reliable answers are provided is desirable; however resources need to be identified.

There is an expectation that there will be a certification programme for ICD coders. A regional approach may be feasible, whereas a global approach may be less achievable. The existing certification programme has stalled in the last year. At the end of the meeting there should be a clear picture of which activities will be taken forward.

Review Joint Collaboration Terms of Reference and 2009-2010 Work Plan

Terms of Reference
The current Terms of Reference are three years old. The purpose and background have not changed except for the last sentence relating to the certificate for morbidity coders. The tasks 1-6 have been achieved and 7&8 are on-going functions.

The relationship between non-governmental organizations (NGOs) in official relations with WHO and the EC was discussed and whether formal relations need to exist. Relations with country based organisations were welcomed.

Questions raised by the Chair

- Should the Joint Collaboration have terms of reference?
- Should there be a separate work plan?

IFHRO's NGO in official relations with WHO status was renewed in January 2010. The special relationship between WHO-FIC and IFHRO was re-stated, and therefore justified that Terms of Reference for the Joint Collaboration should continue. It was suggested to add an

"Achievements" section, as Terms of Reference are to serve as a historical document. It will be updated in relation to the new functions by Sue Walker and Margaret Skurka (see page 15 and Attachment 4).

Achievements need to be recorded, but as separate document. Marjorie, Margaret, Cassia and Sue will create the document. An alternative suggested is to include past achievements in the work plan in rows that can be "hidden".

Work Plan

A separate work plan is not needed, as the Joint Collaboration and Education Committee work together on all projects. This is in keeping with a proposal from WHO that IFHRO become a full member of the WHO-FIC Network as an NGO in official relations with WHO and an active partner in the Education Committee.

Web-based training tool for ICD-10

Robert Jakob joined the meeting by telephone and reported on the current state of the ICD -10 training tool.

The development of the tool commenced 4 years ago, based on the agreed core curricula. The content has been developed by Lindy Best and Sue Walker. All content has been reviewed by 3 or 4 people. The whole tool has been reviewed and feedback incorporated in the product. The publication of the tool was delayed for an additional external review and to take into account translation issues. The tool has been released as a pre-final version and the number of on-line views is increasing. Sixty external reviewers from AHIMA made 262 suggestions. A translation file will be released by 26 February for Dutch and Portuguese translations. Other countries were also invited to translate the ICD-10 training. The final version should be released by the end of June.

EC was pleased to see the web version. A CD or a downloadable version is to be available, but not until the web tool is finalised. The size of the product is 50Mb. Current version for download will be made available to EC members by 26 February, upon request. Acknowledgements should be checked for completeness and accuracy. The release candidate 1 of the ICD-10 training tool is online at http://www.who.int/classifications/icd/implementation/en/index.html.

Registration for the download version of the tool will be available so that people can be kept informed of changes to the tool.

Sue Walker will use the tool as introductory support to her classroom training. She intends to apply it in the next training in the Solomon Islands. The training tool will be used in the Eastern Mediterranean region too and Stephanie will make the tool available to coders. As the Germany Centre will not translate it until the final version, the tool will be available in English and not for full review at this time.

Translations will start in the Netherlands and Brazil. Estonia, Japan and Albania; PAHO will also start on the translation in the forthcoming year. When the translation version is disseminated, documentation of the process and resources will be included.

Updating ICD-10 and the Tool

The challenges associated with updating ICD-10 were discussed; the frequency and the dissemination of updates, their implementation and their effect on statistics continue to create problems for countries.

The role of the EC in the updating process for the training tool was discussed. It was considered that annual updating would be sufficient. If the tool is released in June, the first updates need to be considered. Human resources are needed to author updates into the tool. The updates themselves need to be disseminated, as new material is already available. One possibility is developing an update module with new examples using new codes and rules, but the whole tool will need to be reviewed for accuracy. Updates as a result of the proposed user forum (see below) also need to be taken into account. Summary of discussions on the forum need to be fed into EC and Update and Revision Committee meetings.

Support for Users

Support for users was discussed. Tutors would be ideal, but resource intensive, so starting a controlled user group could be an alternative process for supporting users. Starting with a small reference group, similar to the Mortality Reference Group (MRG) Google group, the editor/manager puts the questions into a well organised response which is automatically e-mailed to the user group. Outcomes of discussions are available online on a website and accessible to members of the group. For the MRG one person previously was responsible, however this has been expanded to 4 editors each taking 3 months at a time. The consistency of the responses is an issue to be considered for the training tool.

Frequently asked questions can be developed as a first line of response to users. As the tool is expanded into multiple language versions the capacity of volunteers will be exceeded. Keeping the forum as English only in the first place was agreed as the way forward. FAQs are in effect developed through the questions asked on the forum.

It was suggested that the process should be initiated to see what the response is and make changes to processes as a result of early implementation. More people will need to be involved when the tool is translated into other languages. The collaborating centres will need to be involved. New WHO-FIC collaborating centre Terms of Reference include responsibility for translations of WHO-FIC resources.

The MRG and Morbidity Reference Group (MbRG) could be a useful source of expertise for responding to questions relating to coding The EC agreed to establish a Training Tool Support Group (TTSC), to serve as a bridge to users of the tool between June and October 2010 and to answer questions that may arise during that time. Sue Walker volunteered to lead the group; Rita Scichilone, Joon H. Hong and Cleo Rooney offered to assist in the trial, subject to confirmation. Robert will also participate as WHO secretariat representative. MRG will be briefed later in the week during their mid-year meeting and the MbRG in the following week. IFHRO will seek volunteers to participate in review activities through its networks.

Sue reported that she and Robert attended the Prince Mahidol Award Conference 2010 Global Health Information Forum held in Bangkok 27-30 January 2010. The result was a call for action from donors to put effort on supporting global data collection. Donors present were Health Metrics Network (HMN), Rockefeller Foundation, Royal Bank, Gates Foundation, and

others. A DVD directed to convincing donors of the importance of supporting efforts to improve data had been developed for the Forum, and Sue presented it to the group.. She suggested the group see the website where the entire call to action is located as well as all speaker presentations. (The site is www.pmaconference.org). She also suggested that Health Metrics Network be invited to the IFHRO Congress in Milan. Marjorie added that Carla Abou-Zahr should be considered as a speaker for Milan.

Maintenance of Tool

Resources for maintenance of the tool need to be identified. The trial period between June – October 2010 will show the extent of the work required, which will consequently inform the resources required.

It is clear that funding to enhance and support the training tool as well as the translations is required. Robert stated that donors usually want to fund a project, not ongoing support. Donors were being asked to think about contribution, not attribution. It may be possible to interest a donor in a discrete project to expand and maintain the tool or to sponsor translations.

Countries using the tool could sponsor particular updates in relation to national regulations, and piggyback maintenance to these updates. Ten to fifteen thousand dollars per year is an estimate of the amount needed for the editor and authorship to maintain the tool. Additional resources are required for expansion; $250,000 was estimated in the bid to HMN last year.

Marjorie suggested putting a motion forward – that WHO include in its Operating Budget funding to support maintenance of the ICD-10 training tool. This was voted on and all agreed. The final resolution would be presented on the last day.

Action: ICD-10 training tool to be revised in the next months, to create a Google group to aggregate the questions and suggestions from the audience during the pilot of the training tool, to start translation on other languages, to send a resolution to WHO requesting a budget for supporting and maintaining this tool.

Web-based Training Tool for ICF

Nenad Kostanjsek, WHO officer on ICF, joined the discussion via telephone.

Alarcos Cieza made a presentation in which she described the steps that had been taken since the 2009 WHO-FIC Network meeting in Seoul, the steps that were planned for the period prior to the 2010 WHO-FIC Network meeting in Toronto and the steps that would be carried out after that meeting.

As originally conceived, the e-Learning Tool consisted of four modules: Introductory, Basic, Advanced and Specialized. Given the overlap between the Introductory and Basic modules, there is a question whether the Basic module is needed.

Field Testing

A field test protocol for the Introductory Module was prepared and circulated to members of the EC and the Functioning and Disability Reference Group (FDRG) for comments. Based on the feedback, the protocol was amended and translated into Spanish.

An ICF Knowledge Questionnaire was developed to identify the questions that best differentiate the level of knowledge about ICF among the respondents and to determine whether additional questions (easy, medium difficulty, difficult) would be needed. Within a

five-day period, 219 responses were received (189 with valid data). The personal characteristics (gender, age, self-rated level of knowledge of ICF, profession, country/WHO region) of the respondents were analyzed in conjunction with the answers to the questions about ICF. Based on this analysis it was determined that 23 of the original 56 questions could be deleted, leaving 33 questions. The questionnaire will be integrated into the field testing protocol and those participating in the field testing will have to fill in the questionnaire before starting the Introductory Module and after having completed all the chapters of the Module. Field testing of the Introductory Module will be conducted between March 1 and July 31, 2010 with structured feedback based on a review protocol. From August 1 to September 30, 2010 improvements based on feedback from the field test will be incorporated. Plans are to launch the e-Learning tool at the 2010 WHO-FIC meeting.

Materials (e.g., PowerPoint, exercises) are being developed for a face-to-face version of the introductory module. The first face-to-face training will be held in Nottwill, Switzerland, March 18-19, 2010.

Development of Additional Module**s**

The development of the additional modules poses a challenge. A first step would be to create project groups that would determine the teaching objectives, learning content, areas of application (clinical practice, statistics, disability and social services, research, education), target groups and teaching modalities (e.g., self-learning vs. face-to-face). Resources to fund the further development are needed. To date, funding for the ICF training tool has come from research grants, not specific for this but included in other research proposals.

Tasks for EC/JC

Alarcos concluded by outlining the tasks requested of the EC:

- Help with the identification of persons for the project groups that will be developing the additional modules
- Provide a list of reviewers to field test the Introductory Module
- Provide a list of events during which the Introductory Module can be tested
  Provide a list of persons who can translate the Introductory Module and the feedback materials into different languages.

In the discussion that followed the presentation, Nenad pointed out that all the Collaborating Centres need to be involved and that each Centres should indicate a focal point. The advanced modules are a challenge; he requested the assistance of the EC in mobilizing financial resources and identifying experts who can participate in the project groups. Cassia added that education is one of the five areas addressed and that therefore it would be important to include educators.

Catherine stated that health administrators and persons with disability have not participated in the review process, and the Nordic, Korean, and Thai Centres also have not been involved.

In the discussion of the relationship between the ICD and ICF training tools, Cassia commented that a presentation on the Family of International Classifications would be common to both. Catherine suggested that there were other common areas of concern such as ethics, quality of data, and uses of data.

Action: to contact people who are potential ICF users, disseminate the pilot phase, to pilot the ICF e-Learning tool, to start translation into languages other than English and Spanish, to identify persons who could help to develop the following modules.

Other Collaboration with FDRG
Cassia reminded the group that the work of the EC had led the FDRG to develop curriculum modules for ICF which, in turn, served as a basis for the ICF learning tool.
Another project, the ICF Overview, has been updated with examples and was professionally edited. It is in its final review process and will be presented to the FDRG on a teleconference on March 1, where it is hoped it will be approved and sent to the WHO-FIC Network. This document will replace the one that is currently on the WHO Web site. It will also be available as a Word and PDF document.

The current document evolved from a "two-minute reader" to an overview to make it informative. Marjorie wondered if there was also a need for a brief document, such as the information sheets the EC produces that might be extracted from the current version. Cleo suggested that there might be a two-page document with a link to the fuller document, and Catherine agreed to work on this.

Discussion of meeting structure
Marjorie stated that in the past several years, both those working with ICD and those working with ICF had been participating in the EC, but only a few work with both classifications. The question facing the coordinators was whether it was preferable to retain the current practice or whether it would be desirable to have separate break-out sessions. Each participant was asked to give his or her views. The consensus was that the participants benefitted from learning about the other classification and that it was useful to keep both groups together. However, it was also recognized that break-out sessions might make for a more productive meeting when dealing with more complex topics specific to a classification.

Marjorie stated that it was apparent that cross fertilization was valued by the group. In the future, the meeting organizers would consider the objectives of each session and then determine if a break-out session would be useful.

Tuesday, February 23, 2010

Monica Pace from the Italian Centre was welcomed by the group, who also thanked the Germany Centre colleagues for the wonderful evening that everyone had at the typical German restaurant.

Margaret reviewed and summarized the previous day.

International training and certification program (ITCP) for underlying cause of death.

Cassia presented an overview from inception of the project to date. The current situation could be defined by four questions:

1- Do we need additional pilot test sites?
2- Are we ready to offer this globally? Should we take a regional approach?
3- Is it possible to link to the ICD-10 training tool (for example, we expect candidates to have 2 years experience before taking the examination)
4- How can we identify additional resources to take this work forward?

To answer these questions four break out groups were created to discuss the topics above.

Group 1: This group suggested an outcome study to see the results of the pilots to date. The group felt the answer to question 1 regarding more pilots was "No". The group also felt that EC/JC should explore translation issues and that a regional approach was more practical, starting with English-speaking countries. The group did feel that it is possible to link to the ICD-10 training tool. The challenge would be access via internet in developing countries. Additional resources should be sought from local (Ministry of Health) and other funding sources. General comments – do developing countries see the need to collect such data? Some countries do not even do civil registration of the population.

Group 2: This group answered that the exam needs more pilot tests across countries. Also, it is necessary to have more cases in the bank, a minimum of 200 questions. Consistency on rules and answers to cases is needed. It must be clear for developing countries that we are not ready to offer globally, but when ready, we should offer globally. Countries that need it the most are the developing countries, and we must have confidence in the final result. Yes, it is possible to link to the ICD-10 training, on a modular basis. The number of years experience should be left to the discretion of the countries, but the EC should approve. Countries that need the exam the most, do not have the funds to support it. WHO and other organizations that need the information should fund it. Maybe approach pharmaceutical companies for funding?

Group 3: This group discussed more on the pilots done and is not happy that it was not opened to everyone and all countries. Yes, more pilots are needed to assess all rules. We also need a larger number of questions. Maybe the exam should be offered for 3 levels of coders: Intermediate, Advanced and Expert. MRG should assess comparability of results.

Group 4: The final group felt there was no need for further pilots unless there are more questions. It is better to offer exam regionally, so that regional groups can partner with us to disseminate. Currently, it is impossible to link to ICD-10 training , but it should be easier for coders to do the exam after the training. Maybe we should have different levels based on experience of coder. Another idea is to ask regional offices to adopt the exam as a means to improve data.

Specifically, Group 4 discussed developing a regional approach to advance the ITCP and developing a package of materials for the WHO Regional Offices and IFHRO Regional Directors. This package of materials could include information from other WHO-FIC Committees and Reference Groups and the International Collaborative Effort (ICE) on Automating Mortality Statistics, as well. The plan would be to "roll it out" at the 2010 WHO-FIC Network meeting in Toronto and the IFHRO Congress in Milan.

General Comments on this discussion are: Maybe the exam could be linked to ICD-10 training tool in the future, but it is not realistic at this time. The idea of having three levels: Basic, Intermediate and Advanced tests could be considered if resources were available because the existing exam is more on the advanced level. In the future, possibly more information should be collected on each candidate – what was their educational level and experience? Did taking the exam help them personally or professionally?

The approach to Health Metrics Network for funding the expansion of the exam was mentioned again. The possibility of pre- and post-testing the ICD-10 training tool was raised. Another issue is the possibility to link with IFHRO projects.

Action: to increase the number of questions in the exam bank, to work on the answers we have gotten from the pilots, to allow RO and CC to apply the exam following the rules, to search funding for its expansion and implementation.

Process for certifying training materials

Underlying cause-of-death (UCOD) materials

Sue discussed the review and re-certification of training materials for Underlying Cause of Death. It is necessary to revisit the certification process because many updates have occurred since the materials were approved and there are other people able to submit their materials. It was decided that people should submit to Sue as she is maintaining this subproject. It was noted that some material should be translated into English for review purposes. The proposal to send out questionnaires on updates to the countries with approved training materials was accepted; Sue, Cleo and Patricia Wood will create this questionnaire. Marjorie will put an announcement on the EC website that the EC/JC are seeking additional training materials on underlying cause-of death coding for review, and it will also be put on the IFHRO website.

Morbidity training materials

Regarding making a call for morbidity training materials for review and certification, which was not done in the past, the group discussed and agreed to accept morbidity training materials after the process for reviewing the UCOD updated material is completed.

As Korea is keen to proceed with a morbidity exam, Joon was asked if she wants the group to review and assess and certify the morbidity training materials. As the answer was yes, Marjorie suggested that material reviewed should be done following the rules of Volume 2. This is an important issue as there is no agreement in the definition of "Main Condition" and every country has its own morbidity rules -n many cases tied to reimbursement. It is expected that the MbRG probably will make recommendations for ICD-11 not for ICD-10.
Sue reiterated that Volume 2 rules should be followed for assessing morbidity Coding and training materials. Korea uses Volume 2 rules and does not use a clinical modification. Joon and Sue will discuss the possibility of a pilot to review Korean morbidity training materials.

Action: to prepare a questionnaire regarding updates on approved UCOD training materials and to continue the process of certification of UCOD training materials. Also, consider a pilot for reviewing morbidity training materials from Korea.

Supporting morbidity coders and trainers

Consideration of exam

Joon presented the background of this project. It was discussed first at the EC mid-year meeting in 2008 in Silver Spring and continued till now. She organized a subgroup to explore the possibility of a generic, morbidity coding exam and to identify the scope, procedures and other issues related to this subject. In 2009 at the Raleigh meeting she presented the survey on the feasibility of a morbidity exam. There was a 46% response rate to the survey, with 94% of the answers positive on the necessity to develop an exam for at least some countries, despite the known challenges. Joon presented examples on hospital discharges and conditions reported and how the application of the main condition definition differs. She showed the practice in several countries and in seven university hospitals in Korea.

Joon asked, "What should we do now? Continue to work on the morbidity exam?

What to include in the exam? How many questions? How and where to pilot it? "

Many points were mentioned such as the need for an abbreviated exam that could be in levels and be used with the ICD-10 training tool. One possibility was adding a set of summary questions at the end of the web based training tool, covering all chapters, to assess knowledge of coders. Currently questions are at the end of each chapter. It could be an option, rather than having questions in the tool, so it will not be necessary to update the whole tool. An alternative is to have a link to another test that coders can use at either the completion of the coding tool, or even before the training tool – to give themselves a self-assessment of what they know.

The EC/JC felt it was not necessary to wait for a change in the rules or revision of Vol. 2 by the MbRG and recommended proceeding with the exam development. It can improve coding, promote ICD-10 in developing countries; promote high quality, reliable international comparable morbidity coding and give career incentive to morbidity coders who represent the bulk of international coders. Joon and Carol agreed to co-chair the effort. Other participants will be Margaret, Cassia and Chris Sweeting (to be confirmed).

<u>Development of exam</u>

There are at least 10 countries now with some type of morbidity exam, as reported in the survey. The group should put out a call for exams and questions , working through country representatives to educational programs. It was decided that questions will be collected providing regional and global variations and the pilot of the exam will be administered without certification. The set of questions will aim to assess coding competence. It was also suggested to set out rules to be followed by coders taking the exam, and make it clear that these may differ from their country of origin exam. If the coding rules are clearly stipulated, this should present no challenge for coders.

Another suggestion was to have a pre- and post-test to evaluate the benefit of taking the training tool, to have the exam in levels of difficulty – from the easiest questions to the most difficult one. Also, to make very clear the rules for the candidates on how to code double codes, external causes, and so on. The group will discuss with Robert Jakob to the data collected at registration on taking the web-based training – giving an idea of the demographics and experience of the people taking the exam.

It was decided that the group will present at the annual meeting in Toronto an update of the inventory of existing exams and the progress achieved.

IFHRO will also call for volunteers to assist with this pre and post exam, and ask whether countries have coding certification examinations, and will ask if they would provide a sample of same in English. Lorraine Nicholson stated that the British Association website does show all past examinations. Marci MacDonald noted that the group may not receive questions that can be used if the definition of main condition differs from Volume 2 rules. She explained Canada's definition as an example, and how this differs from other countries.
It will be important to engage the MbRG in this effort. The MbRG needs to know that we are moving ahead as it is essential to support the coding workforce.

Action: To inventory existing morbidity exams, to collect regional and global questions for an exam and to set out rules for it.

Other activities related to ICD-10 implementation for morbidity

Huib ten Napel reported that they are in the middle of the ICD-10 implementation in the Netherlands. The institute is using a lot of Australian materials. The Netherlands wants an exam for coders, and wants it to be recognized as such. No formal health information management (HIM) training exists in the Netherlands, and there is no certification process. The Netherlands wants to implement a country-wide electronic health record (EHR) and have coding done in the background via documentation, and not have any coding personnel at all. That being stated, he also reported that the government does recognize that they may need some high level individuals with some sort of HIM knowledge. This is a major undertaking, as computerized EHR with supporting software must be in place. The Netherlands is looking at ICD-10 with SNOMED-CT as terminology platform. The HIM Association in the Netherlands is comprised of Departmental HIM Managers, and for the most part involved with reporting for reimbursement purposes. They are very much involved with the government. The Intelligent Medical Objects –IMO- is the United States company being investigated to support their initiative.

Review of Information Sheets

There were three information sheets approved in Seoul meeting:

- Uses of Coded International Classification of Diseases (ICD) Clinical Data
- What You Should Know about Clinical Documentation
- Training and Certification to Promote High Quality Data (Joint Collaboration)

Before this meeting two others were circulated for suggestions and were discussed:

- *Mortality Data Information Sheet*. Stefanie Weber was not present to discuss her sheet, but it was reviewed by the group. Some revisions were suggested. For example, , the statement on page 2 concerning causes of death and prevalence should be altered, as one can't have a prevalence of death. Cleo volunteered to edit the document and present it the following day. The content would not be changed – just wordsmithing. For these documents, it was agreed that data will be plural. Monica agreed to assist.
- Marjorie discussed the *Civil Registration and Vital Statistics information sheet*. It was suggested that the footnotes at the bottom of page 1 be spelled out and the references be completed.

Catherine presented – as suggested in the previous day – a draft Information sheet on the International Classification of Functioning, Disability and Health (ICF). This will be presented to the FRDG on a conference call on March 1st, for feedback and comment. The group in attendance was also asked to provide any comments to Catherine. After FRDG approval, final approval will be obtained in Toronto.
The group discussed that it will be interesting to have an information sheet on ICD-10, as well, and it was decided to create one on this classification.

Regarding the already approved information sheets, some suggestions were made by Catherine. She expressed her concerns on the lack of ICF in these information sheets. She pointed that the one on "What You Should Know About Clinical Documentation" should include ICF. The group debated this issue and decided to state it as related to "Acute care

hospitals" and to remove "12 hours" requirement for history and physical examination. Marci will update this information sheet and circulate to members.

Changes to the approved information sheet, "Uses of coded clinical data" were also suggested. One suggestion was to change "medical" to "health"; also to include ICD in the title.. Marci will update it and send to the group.

The third already approved information sheet on "Training and Certification to Promote High Quality Data" will also be modified to clarify the focus on underlying cause of death coding.

All these changes will be discussed and approved in the next conference call.

The discussion concluded that it is difficult to satisfy ICF requirements within some of these documents and that sometimes they apply only to ICD or ICF.

Action: The three information sheets formerly approved will be updated and submitted to the group for approval in the next conference call. The others will be circulated for suggestions and presented for approval in the next meeting in Toronto at the latest.

Multiple Cause-of-death Coding

Monica Pace presented a literature review on multiple cause coding. There are no international standards for this coding process and this has been discussed in the WHO meetings since 1994. All previous papers presented suggestions on how to proceed for collecting multiple causes of death statistics but using different methodologies and definitions. The possibility to have this issue incorporated in the ICD-11 as a standard is a challenge.

Some considerations were made regarding the limitations as this could only be applied in countries with advanced coding systems.

Monica also suggested developing an information sheet on multiple cause coding. The difficulty is to identify the potential target groups that may be interested in this issue. Monica will be discussing this at the MRG meeting later in the week.

The group concluded that an information sheet on this topic is premature at this point as we do not have any definition for this in the ICD. It was suggested that a discussion paper would be better, and this could be prepared with the MRG and presented to a larger group in Toronto.

All felt that this would be a good time to revisit this issue. Monica and Cleo will take this to the ICE on Automating Mortality Statistics, and the MRG and report back to this group.

Briefing Kit

Briefing materials for new centres have been prepared and approved. These materials will be available to anyone wanting information on work underway/done by the WHO-FIC Network. The plan is to post on the WHO website.

Part of the content is the Collaborating Centres' Profiles. A small form was sent to all of the 14 collaborating centres on the WHO website, asking for information, and 11 have sent their

answers. Korea, Russia, the Nordic Centre and the Japanese ICD Office are the missing ones. It was noted that the Nordic Centre currently is inactive.

Catherine suggested including profiles on the NGO's that are in active collaboration with the network. Currently these include IFHRO and the WCPT (World Confederation for Physical Therapy). Catherine will document NGO's in official relation with WHO, collaborating with the WHO-FIC network. It was decided to include a small description on these organizations and how they support WHO-FIC. Robert will be asked to ensure nobody is missed.

The Briefing kit was accepted in Seoul and does not need approval at this meeting. Cassia and Rita will make every attempt to post this information on Share point. Other suggestions will be accepted by Cassia and Marjorie.

Action: To post the approved materials on the Share point site and to collect missing information, which will be presented in the next meeting in Toronto and then posted on the website.

Standards for medical records

Sue and Lorraine made a presentation on the Standards for Medical Records in support of quality coding. Lorraine stressed the importance of the clinical documentation in relation to the coding performed. Responsibilities exist for the clinician. She included the purpose of the health records, primary and secondary, as well as structure of the record and content and completeness of the documentation. The importance of standards was stressed. A new collaboration exists with the Royal College of Physicians in London within the last year.

Discussion followed the presentation. The difficulties of working with standards outside countries were noted. Carol reiterated that there must be some incentive to apply the standards, otherwise they won't work.

Catherine reported that the WCPT has developed Guidelines rather than Standards. She also questioned the inclusion of a subjective and personal statement in the slides, and referenced this to a diagnosis. Rita suggested that this could go through the ISO process as Guidelines and would be happy to take this information to ISO. Marjorie reminded the group that no particular country standards should be endorsed but rather broad principles.

Lorraine stated that we are looking to countries that have standards and work with them to compile the standards in order to have material available for developing countries – where no standards currently exist.

The fact that the developing country will have to be involved was mentioned as a challenge. This will not be an easy task, as one size does not fit all. It was suggested that engaging a Physician Champion might be helpful for these developing nations.

It was also suggested to take this to ISO for any standards that might be available internationally. IFHRO will research what is there already, and whether the ISO has any other country standards, beyond those from the UK. Catherine wants to make sure we talk about more than just physician documentation.

Action: IFHRO will take this forward to ISO to put together a document regarding global standards for documentation of health records. There was discussion of one document that would apply to any type of facility.

Catherine will tell the FDRG that this work is taking place and will raise this issue with the Task Group leaders and again at the June face-to-face meeting. Feedback was given to Lorraine.

Wednesday 24 February

Marjorie welcomed everyone back to the meeting and made particular mention of Robert Jakob who had joined in person. Before the day's work commenced, she thanked Suzanne from DIMDI for supporting the logistical arrangements for the meeting and making us so welcome. She also thanked Ulrich and Stefanie for their support for the meeting.

Margaret reviewed the discussions of the previous day, noting specifically the progress made and the collegiality demonstrated by members of the EC/JC in working towards our goals.

Cassia noted that some members have had trouble accessing the Share point site. Robert recommended that these people contact Can Celik for advice.

ICD-10 training tool

Following discussions about maintenance of the training tool on previous days, Marjorie discussed the resolution she had drafted to WHO. The resolution calls for WHO to accept responsibility for the tool and to support its ongoing maintenance, estimated to cost approximately US$10-15,000 annually. The tool is currently on-line on the WHO-FIC website, under ICD-10 implementation and there was a general feeling that WHO now has responsibility for its maintenance.

Robert will ensure the commitment of the EC to the tool and its development are added to the acknowledgements in the tool before its final release. He again requested that the group review the contributors and acknowledgements and advise if anyone is missing.

Action: EC/JC to review acknowledgements and provide advice to Robert if any contributor is missing.

The group discussed how often updates would be required and there was general agreement that changes would be necessary:

- One year after the initial release of the tool, to deal with any navigation problems or glaring errors
- Every three years thereafter, in line with major updates to the ICD-10
- Translations will also need to be updated and synchronised

Small changes could be made by exporting text and making the changes and then re-importing the files (in much the same way as translations will be done), but major changes will require either the support of the company that developed the tool or someone with similar experience in using the software.

Action: the EC/JC will review the necessity for updates after the first year of use and determine an updating schedule thereafter.

In discussion about the resolution, Catherine asked whether it should also include the ICF tool. Marjorie noted that Alarcos had described the existing plans for update to that tool and therefore recommended that this resolution be specific to the ICD tool.

Marjorie moved the acceptance of the resolution (Attachment 3), seconded by Sue, and the group voted on the resolution. All present agreed with one abstention from Catherine who felt she did not have sufficient ICD experience to make a meaningful decision.

Action: Marjorie to submit the resolution to the Council for consideration at its April meeting.

Additional pilot tests

Cleo asked whether it would be permissible to offer the mortality coding exam to others in the UK, beyond the small group that had participated in the pilot test. There was agreement that any organisation, Collaborating Centre or approved group can offer the exam, provided they follow the agreed protocol and report back on their experiences to the EC/JC. Carol suggested that more information about the experience of people undertaking the exam be collected and also reported. Robert suggested that all results of the exams be put into a table so that answers can be compared. Cassia noted that this had been done to a limited extent; Cleo had also done this for her pilot test coders. The reasons for discrepancies could be assessed in the future in this way. The same small group that worked on the scoring method for the pilot exams will continue to support future exams, and the names and details of successful candidates are to be forwarded to Sue in Australia for generation of the certificates.

Joon noted that more questions are needed for the exam test bank. Cassia plans to ask each country represented on the MRG to provide ten examples of death certificates, with the coding done, UCOD assigned and the rules used documented. These will then be assessed by the MRG for their suitability for the exam.

Follow-up on other topics

Cleo reported that she and Monica had made a few changes to the Mortality Information sheet. With Stefanie unable to be present at this meeting, it was decided to review the sheet out of session and discuss and approve it at the next teleconference.

The Terms of Reference (TOR) for the JC were updated by Margaret and Sue during this meeting and were presented to the group. It was agreed that the JC had been set up specifically to work collaboratively on ICD activities and therefore it was not necessary to include ICF activities in the ToR. Robert asked if the ToR were in line with the annual work plan recently circulated by Nenad. Marjorie indicated that they are but that there is still work to be done on identifying needed resources.

Following discussion, Margaret moved that the revised ToR be accepted, seconded by Marjorie and approved by all present.

Action: The revised ToR (Attachment 4) were commended to the IFHRO Executive for their consideration at the meeting to be held later this week.

2010 WHO-FIC Network meeting

This year's meeting will be held in Toronto, Canada from 16-22 October. Marjorie noted that each committee will have approximately the same time for meetings as was available in 2009. The EC will meet on Monday 18 October in the afternoon and Wednesday 20 October in the morning. The meeting theme is "Data Make a Difference". Marjorie encouraged members to

consider submitting posters on work relevant to the EC. In discussions about potential paper presentations and posters, the following were noted as possibilities:

- Plans for morbidity exam (Joon and Carol)
- Web based training tools (ICD and ICF)
- Development of regional packages for training and certification program
- Recertification and reviews of training materials (Sue)
- Information sheets
- Briefing kits for new CCs
- Standards for medical records and relationship of documentation to coding (Lorraine)
- Analysis of exam results for pilot UCOD exams (Cleo, Joon, Cassia, Patricia)
- Use of SNOMED-CT with ICD (Rita, AHIMA)

IFHRO Congress, Milan, 15-19 November 2010

Lorraine provided information about the upcoming IFHRO congress, issuing an invitation to all present to attend. A planning session will be held with the local organisers later this week, after which time the program will be finalised and further information distributed. The deadline for abstract submission is 31 May 2010, and it is possible to both submit abstracts and to register on line at www.ifhro2010.it
Lorraine suggested that the EC/JC consider taking a booth and having demonstrations of both the ICD-10 and ICF training tools. The congress organisers would also welcome a paper about these developments. This was supported enthusiastically by the group.

Review of action items
All rapporteurs were asked to send their meeting notes to Cassia by 5 March and to highlight action items in their notes.

2010-2011 work plan

The new format for the work plan had been distributed by Nenad. Cassia and Marjorie agreed to develop objectives for each deliverable related to the EC/JC work plan and circulate these to members for comments.
The group reprised discussions about the necessity to have pre- and post-tests associated with the ICD training tool and for what purpose (to assess what people know or what they learn, not to assess expertise). There was discussion about the benefits of sitting a test, what should be covered and what resources will be required. The TTSC will consider these questions. Robert noted that he is able to access web statistics relating to the training tool, how many 'hits' it gets and what pages are being accessed.

Election of co-chairs

Marjorie noted that there is a schedule for election of co-Chairs for each WHO-FIC committee and reference group in Toronto. Chairs are elected in even years and co-Chairs of the Council in odd years. Marjorie is anticipating retirement prior to the end of the next term of office and is therefore seeking nominations from the group for a co-Chair to work with Cassia, who is happy to be renominated. The nominee probably should have an ICD background. She noted there will be a call for nominations at the end of August and encouraged members to seriously consider taking this on. The group has a lot of activity happening and doesn't want to lose any momentum.

Robert noted that, as well as its recent re-designation as a group in official relations with WHO, IFHRO can now be considered a formal part of the WHO-FIC Network. This therefore broadens the list of potential candidates for co-Chair. He will discuss this further with Dr. Bedirhan Ustun

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Closure of meeting

Co-Chairs Marjorie and Cassia thanked everyone for attending the meeting and participating so actively. The group's appreciation to DIMDI for hosting the meeting was reiterated, and the meeting was declared closed at 11:50am.

Attachment 1: Meeting agenda
Attachment 2: List of participants
Attachment 3: Resolution on Maintenance of ICD-10 Training Tool
Attachment 4: Joint Collaboration Terms of Reference

Attachment 1

Tentative Agenda
WHO-FIC Education Committee
WHO-FIC – IFHRO Joint Collaboration
DIMDI
Cologne, Germany
February 22-24, 2010

Monday, February 22

9:00 a.m.	Welcome Introductions Assignment of rapporteurs Review of agenda and meeting objectives	Cassia Maria Buchalla Marjorie Greenberg, *EC co-chairs* Margaret Skurka Sue Walker, *JC co-chairs*
9:30 a.m.	Review Education Committee Terms of Reference and 2009 – 2010 Work Plan • Resource estimates	EC co-chairs
10:00 a.m.	Review Joint Collaboration Terms of Reference and 2009 – 2010 Work Plan	JC co-chairs
10:30 a.m.	Break	
11:00 a.m.	Web-based Training Tool for ICD-10 • Finalization • Maintenance • Translations • Support of users • Role of Education Committee	Robert Jakob, WHO *(phone)* Sue Walker
12:30 p.m.	Lunch	
1:30 p.m.	Web-based Training Tool for ICD-10 • Funding for expansion o Develop pre- and post-tests o Expand tool for UCOD o Improve skills of certifiers	
2:30 p.m.	Web-based Training Tool for ICF • Protocol for field tests • Field tests • Translations	Cassia Buchalla Alarcos Cieza

- Maintenance

3:30 p.m.	Break	
4:00 p.m.	Web-based Training Tool for ICF • Role of Education Committee • Project groups for additional modules	
4:45 p.m.	Other Collaboration with FDRG • Overview document • Review of training materials	Cassia Buchalla
5:30 p.m.	Adjourn	
6:30 p.m.	Group Dinner	

Tuesday, February 23

9:00 a.m.	Welcome and Introductions Assignment of Rapporteurs Review of first day	Cassia Buchalla Marjorie Greenberg Margaret Skurka
9:30 a.m.	International Training and Certification Program for Underlying cause-of-death • Additional pilots • Translation issues • Resources	Cassia Buchalla
10:30	Break	
11:00 a.m.	Review and re-certification of training materials • Underlying cause-of-death • Morbidity	Sue Walker
12:00 p.m.	Lunch	
1:00 p.m.	Supporting morbidity coders and trainers • Development of morbidity exam • Other activities	Joon H. Hong Carol Lewis Huib ten Napel

2:00 p.m.	Information Sheets
	• Topics
	  o Mortality
	  o Civil Registration/Vital Statistics
	  o Multiple cause-of-death
	  o ICF topics
	  o Other
		Marjorie Greenberg et al

- Dissemination

3:00 p.m.	Break	
3:30 p.m.	Briefing materials for new Centres	Marjorie Greenberg Cassia Buchalla Rita Scichilone
4:00	Standards for Medical Records	Sue Walker Lorraine Nicholson
5:30 p.m.	Adjourn	

Wednesday, February 24

9:00 a.m.	Welcome and Introductions Assignment of Rapporteurs Review of second day	Cassia Buchalla Marjorie Greenberg Sue Walker
9:30 a.m.	ICD-10 Training Tool reprise	Robert Jakob
10:00 a.m.	2010 WHO-FIC Network Meeting in Toronto, Canada (October 16 -22, 2010) • Agendas for working sessions • Papers and Posters	EC co-chairs
10:30 a.m.	IFHRO International Congress in Milan, Italy (November 15 – 19, 2010) • Participation • Papers and Posters	Lorraine Nicholson
11:00 a.m.	Break	
11:15 a.m.	Review of action items 2010 - 2011 work plan	EC co-chairs JC co-chairs
12:30 p.m.	Adjourn	

Attachment 2

Meeting of the WHO-FIC Education Committee and
Joint WHO-FIC - IFHRO Collaboration
Cologne, Germany
February 22-24, 2010

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Attachment 3

The EC approved the following resolution regarding ongoing maintenance of the tool for submission to the WHO-FIC Council at its mid-year meeting on April 23, 2010, in Geneva, Switzerland:

The WHO-FIC Education Committee requests that the WHO-FIC Council endorse the following resolution:

Whereas the Education Committee:

- has worked closely with the World Health Organization (WHO) on the development of the ICD-10 Web-based Training Tool,
- developed the core curricula on which the tool is based,
- contributed content to the tool,
- reviewed the full tool,
- participated in testing the tool,
- is developing a strategy for supporting users of the tool,
- is committed to the tool's maintenance and update consistent with the ICD-10 update schedule and user needs, and
- supports wide-scale use and further development of the tool

The Education Committee:

- expresses its sincere appreciation to Dr. Robert Jakob for his collaboration and tireless efforts on behalf of the tool and
- requests that WHO include in its base budget adequate funding (estimated at approximately $15.000 US per update) to maintain the tool.

The Education Committee will recommend an update schedule after the first year of operations, in consultation with WHO.

Attachment 4

TERMS OF REFERENCE

WHO-FIC –IFHRO Joint Collaboration

Purpose

The purpose of the designated WHO-FIC-IFHRO Joint Collaboration is to carry out or oversee several major tasks under the Business Plan for the International Training and Certification Program for ICD Mortality and Morbidity Coders. The Joint Collaboration evaluates and approves existing training modules for ICD coders against the standard curricula developed by the WHO-FIC Education Committee. The Joint Collaboration has identified "standard" core training packages from multiple approved sources. Having "standard" core modular training packages will result in more standardized education and training and better trained coders. Education and training materials identified as meeting the "standard" will be used by approved trainers or nationally recognized educational institutions when conducting ICD-10 training. Standardization will increase user confidence in the data for decision-making, resource allocation, and health planning. This standardization can ultimately lead to improvement in the health of the world's population.

Background

The WHO Family of International Classifications (WHO-FIC) Collaborating Centers and the International Federation of Health Records Organization (IFHRO) have been working together since 2000 to develop an international training and certification program. The overall goals of this program are to improve the quality of mortality and morbidity data and the status of ICD coders.

In October 2004, the IFHRO General Assembly and the WHO-FIC Network endorsed the program, which includes

- The development of international standard ICD-10 curricula for mortality (underlying cause of death) and morbidity coders,
- The identification of core modular training packages from multiple approved sources that meet the standard curricula,
- The development of specific modules if suitable existing materials cannot be sourced,
- The creation of a methodology by which educators and trainers are approved as meeting an international standard, and
- The identification of a process whereby coders can indicate completion of the required approved modules and thus be eligible to receive an international certificate.

The first phase of the Joint Collaboration's work established an international certificate for underlying cause of death coders. This could be followed by a certificate for morbidity coders following review of ICD-10 rules and guidelines.

The core curricula for training ICD-10 coders were endorsed by both the WHO-FIC Network and IFHRO.

Membership:

The membership of the Joint Collaboration includes 3 nominated members from IFHRO and 3 members representing the WHO-FIC Education Committee. Lead individuals are appointed from the IFHRO and from the WHO-FIC Education Committee.

Functions

Function	Status
1. To distribute questionnaires on ICD-10 training materials and to review responses.	**1st round requests completed**
2. To distribute request for submission of existing training materials for assessment against core curricula.	**1st round requests completed**
3. To assess submitted materials against the standard core curricula. The curricula are comprised of categories or knowledge clusters that represent broad domains of content.	**1st round assessment completed**
4. To provide feedback to ICD educators and trainers regarding the adequacy of their materials and to encourage required modifications.	**1st round feedback completed**
5. To determine a process whereby educators and trainers can be assessed against specific criteria.	**Completed**
6. To develop a process for certifying practicing and newly-trained coders, including promotion of availability and benefits of certification, methodology for submitting evidence of training, assessment methodology and issue of certificates.	**Mortality: completed** **Morbidity: on going**
7. To report progress to WHO-FIC Network and IFHRO membership on an annual basis.	**On going**
8. To serve as a liaison with the WHO-FIC Education Committee on educational strategies for improving source documents---e.g. death certificates, health	**On going**

records.	
9. To develop and maintain Information Sheets for users of different types of coded data	**4 information sheets completed**
10. To assist in the promotion and user support of the Web-based Training Tool for ICD-10	**On going**
11. To provide opportunities for sharing of Best Practices and Tools via presentations at the Annual Meeting and other meetings.	**On going**
12. To develop a testing process leading to a certificate for successfully completing ICD training via the Web-based Training Tool.	**On going**
13. To maintain current information in a Briefing Kit for Collaborating Centers	**On going**
14. To determine an effective mechanism for providing support for morbidity coders	**On going**
15. To seek funding for projects and efforts of the JC, for continual improvement in the quality of coded data and the profession of health information management worldwide.	**On going**

Structure and Working Methods

The Collaboration has integrated membership as described above. In addition to the six official members, a Co-Chair of the WHO-FIC Education Committee serves as an ex-officio member. Other members of the WHO-FIC Education Committee and IFHRO may serve on Collaboration working groups.

Working methods of the Joint Collaboration include e-mail, conference calls and face to face meetings, with at least one face to face meeting each year.

An annual work plan is developed and presented to the face to face meeting of the Education Committee in any given year. The JC annual work plan, as a part of the Education Committee workplan, lists tasks, deliverables, timelines and responsibilities for addressing the items raised in the terms of reference and for which the JC will have input.

Revised 24 February, 2010; editorial revisions 13 May, 2010