

## **WHO-FIC Education and Implementation Committee (EIC)**

### **Beijing Annual Meeting**

#### **Session 1: Monday 14 October, 2013 13:30 to 15:00**

##### **1. Welcome and introductions**

All meeting participants were warmly welcomed by the co-Chairs, Sue Walker and Cassia Buchalla. Sue, as chair for the day's session, announced that Marjorie Greenberg could not attend this meeting because of the US government shut down. This was to have been her final EIC meeting and special thanks had been planned for her. Participants recorded their appreciation of Marjorie's work and support for the EIC and its predecessor committees.

##### **2. Review of agenda**

Sue noted that due to meeting scheduling clashes, items 6, 7.7 and 10.2 would be presented by Robert Jakob together under agenda item 15 (reported as item 13 in these minutes due to the agenda reorganization).

Rapporteur: Margaret Skurka offered to take minutes for the first session.

##### **3. Update on EIC Strategic Workplan (SWP)—Cassia Buchalla**

The updated SWP had been previously circulated. Cassia led the participants through each activity and provided details on what has been accomplished in the past year. After the three EIC sessions at this meeting, a further update will be made to the Strategic Plan and presented back to the Council. The updated SWP will be posted on the EIC SharePoint site.

Sue noted that there had been a discussion between WHO and the heads of Collaborating Centers about activities outlined on the SWP for all of the Committees and Reference Groups. None of the EIC activities were deleted, so work continues. The three key priorities for the EIC remain (Implementation database, ICD and ICF training tools, ICD-11) but it was suggested that the morbidity and mortality exams and training and certification activities be combined with the EIC educational materials for the WHO-FIC Network as a WHO-FIC education strategy. The best training practices, whilst useful, should not be emphasized.

##### **4. Terms of Reference**

The Terms of Reference had been circulated prior to the meeting. Cassia presented a brief summary of the suggestions for updates. No additional comments were received. The Terms of Reference will be updated and posted on the EIC SharePoint site.

##### **5. SWP01 Comprehensive and up to date information on WHO-FIC Implementation in member states**

Huib ten Napel provided an update on the Dutch Centre's work on the new WHO-FIC Implementation Database. Huib reviewed the development process, beta testing, and updating of present content. Some of the structuring of the questions had been reviewed—such as use of ICD and ICF, extent of implementation, and how used for morbidity and mortality. He demonstrated the

database as much as was possible, given the connectivity issues in the room. He indicated that reports can be extracted by users.

Questions raised included how countries are to be encouraged to submit data to the database. This is a significant issue because the database is only as useful as the data in it. Huib indicated there are several levels of access available in the system for different types of users. The group discussed strategies for ensuring that countries input their own data. Lars Berg indicated that, for example, the Nordic CC had sent a request for input to the 5 Nordic countries but questioned the process for other countries such as the Baltic Countries. Huib indicated that the Regional Offices would be involved in contacting their constituent countries. The thinking is to assign focal points in countries and coordinate the approach. Much information is already available but needs to be extracted, updated and maintained.

Nenad Kostanjsek stated that he appreciated that a Collaborating Centre had taken the lead in issues like this. WHO will continue to improve the user interface with the data base, and work more on input and output. There is a need to visualize the data. Nenad indicated that linkage is being established with Global Health Observatory (GHO) so that the implementation database provides metadata about health statistics in the GHO. A summary template will be needed for this.

Jyotsna Chickersal from the SEARO agreed she can facilitate data collection, but the important thing is the need to start using it. Data has been used in a practical matter for measuring Key Performance Indicators. She highlighted the challenges in getting the implementation questionnaire completed.

Ivo Rakovac from WHO Euro agreed that the regional offices could engage with Ministries of Health to obtain data.

Patricia Soliz from PAHO indicated the importance of the initiative for the Latin American countries. A key point is to identify the person to most appropriately answer the questions. The questionnaire is long but has been condensed. Another important point is the use of the data. By using it, it is possible to determine what needs updating.

Sue asked if there is a need to translate the database questions for other countries in the world. It was agreed that this should be considered for the future. Another issue is how to encourage nonmember nations to complete the data base. There is no easy way of doing this but perhaps there are some regional networks that could be involved. For example, the Asia-Pacific Network countries were asked to complete the database at a conference held this year. Everyone should use the same database instead of creating their own, to ensure comparability. A training course would provide another opportunity to have participants complete the questionnaire and perhaps they could also be provided with some incentive by demonstration of how to get a report out of the database. A user guide for the database would be helpful.

## **6. SWP 04 Sustainable education and training strategy and tools for WHO classifications – international training, international certification strategy**

### **6.1. International training and certification program**

In Marjorie's absence, Sue reviewed what EIC has done through the past several years for mortality and morbidity coding.

#### 6.2. Morbidity exam issues

Joon Hong then presented an update on activities relating to the morbidity exam. She reported on pilot tests done in 2009, 2011, and most recently in Jakarta in 2012. There were 105 Indonesian examinees and a total of 239 worldwide. Scores were low as has been demonstrated in other country testing, with particular issues relating to the version of the ICD used for the exam. There is a need to reinforce coding education. Joon reviewed decisions made by EIC at the 2013 midyear meeting and discussed the plan going forward for getting new questions.

#### 6.3. Certification and IFHIMA involvement

In further discussion, the following questions were highlighted. Do we think the exam development process should continue? Should we involve IFHIMA in offering certificates? Margaret Skurka spoke to long standing issues of lack of funding for a great project. To continue, funding support is needed but there has not been a donor interested, despite applications and efforts. There are no resources for support from the WHO or any other organization. The volunteer structure of IFHIMA precludes anything other than volunteer participation.

Mohamed Mahmoud Ali, the AFRO representative, suggested seeking further participation from countries or organizations as he sees this as a necessary project. Sue gave a brief explanation of the new process for connecting trained trainers with countries where there is need for courses.

#### 6.4. Mortality exam

A lot of work has been done to collect more questions for the mortality exam. Despite the assistance of the MRG, we have seen significant disagreement in the answers to some of the questions and have worked through these to improve the test itself. A total of 166 questions are now in the mortality test bank. Some of these could be used for the ICD-11 field testing.

#### 6.5. Regional approach

Patricia Soliz explained process of testing the international exam in Central America. Regional offices such as this one have worked to improve the coding in their countries. Again it was stressed that there is a need to manage this at the Regional level and not as a national project, due to lack of resources. However, countries can adopt and do much with the number of questions now available to improve the quality of coding.

## **Session 2: Tuesday 15 October, 2013 13:30 to 15:00 – Joint EIC/FDRG session**

### **7. Welcome and meeting resumption**

Cassia called the meeting to order. Cassia welcomed colleagues from the FDRG as this is a joint session with the EIC. Catherine Sykes gave opening remarks on behalf of the FDRG.

Kathy Giannangelo volunteered to act as rapporteur.

### **8. SWP task 03: Sustainable education, training strategy and tools for WHO classifications - ICF**

#### **8.1. ICF e-Learning tool Introductory Module**

Melissa provided an overview of the status of the ICF e-Learning tool Introductory Module, thanking EIC and FDRG members for their work over the past year. Both an English and Spanish version is available online as a draft for comment. The introduction covers the need, aims, uses, ICF model, ICF structures and codes, coding with ICF, and information about the WHO-FIC Network. Each module starts with objectives and at the end are interactive exercises. A number of translations are expected to occur.

Work is underway to decide on a new software platform. A search template was created based on input from EIC and FDRG members. The search, being conducted by an external company, is expected to conclude in November 2013. Next steps are for WHO to review the search results, taking into account both the functionality and cost. It was pointed out that translation can start independently of a software decision if necessary.

Next, Melissa thanked all who had provided comments on the tool and then summarized the feedback received. Highlights included

- The need for small concrete revision to wording, punctuation, typographical errors. These problems will be taken care of right away.
- The need to provide an introduction on what ICF is, who the tool is for, and an overview of the whole tool and the module. While not provided in the PPT sent for feedback, this already exists when starting the tool.
- Full title of ICF not given - this is being addressed
- Slides need to be more succinct, reducing the amount of text. Suggestions were to use more bullets, less whole sentences, and to use more pop-ups information with I button - Updates to be made accordingly
- Some slides are overloaded with information, especially on structures and codes of the ICF -- Slides will be reviewed and content divided into 2 sections as appropriate and repetitive information deleted
- Examples of traditional definition of disability predominate. No examples of mental or intellectual impairments - Will remove some wheelchair examples and replace with psychiatric disabilities examples

- Too many examples from selected regions - Will remove some of the German examples and replace with Australian examples. Melissa asked for concrete examples on ICF use from Africa and Asia to be submitted.
- The language needs to reflect the broad audience of stakeholders, including people with disabilities, admin, possibly politicians and health care decision makers - Will include more reference to persons with disability, caregivers, and others. Also the language will be reviewed to ensure it is plain language and easy to understand
- Clarify the governance process e.g., content management, decision about needed updates, etc. - Suggestion was for coordination and content management to occur under the auspices of a WHO-FIC Collaborating Centre (CC) on a rotation basis. Should this move forward, the EIC and FDRG would need to consider along with the CC.

Catherine requested clarification that the EIC has never recommended approval of the ICF e-Learning tool Introductory Module to WHO headquarters. Sue confirmed this but indicated that this is an outcome planned for this meeting.

Next steps include a teleconference proposed for 29 October hosted by Melissa. The purpose is for those who provided input to hear how their comments were addressed. November 2013 was proposed for WHO approval of the final English-language version, followed by December 2013 for sending to the WHO-FIC CC for translation. When the English-language version will be posted on the WHO website depends on the software decision.

Cassia asked if there were any questions or comments. Catherine pointed out there are inconsistencies between the e-learning content and the ICF practical guide, and decisions on which examples were included are those of the small two member working group. Melissa responded she is aware inconsistencies exist and the 29 October call will be used to highlight them and to address as necessary. She also pointed out additional volunteers have not come forward after several requests. Stefanie stressed moving forward and to collect feedback for future versions.

Nenad stated the tool has reached a mature level and it is ready to be exposed to a wider audience. The comment period has been going on for quite some time now. One needs to be pragmatic. He recognized there is a need to have a process outlined for updates and maintenance. The Committee agreed with Melissa's planned timeframe to get the e-learning tool finalized and ready for posting.

Stephanus Snyman asked if Melissa had access to an e-learning expert to review the tool. While Melissa answered no, she did welcome feedback and invited Stephanus to provide this.

Patricia Soliz commented that the tool is very useful and user friendly. She is eagerly waiting for the English version to be approved so that it can be translated.

8.2. Establishing a database of ICF educators to parallel the one developed for ICD  
As Robert Jakob was not available, Sue reported the database established to identify ICD educators could potentially be used to create a database of ICF educators paralleling the one developed for ICD.

9. **SWP task 05 Support users of the classifications with information resources and SWP task 06 Build partnerships and serve global users – educational materials for WHO-FIC Network**

9.1. Information sheets

Marjorie was unable to attend so in her place, Sue updated the committee on the status of the information sheets. She stated seven have been finalized. All are available in English on the EIC website and the SharePoint site for anyone to download to copy, translate, and disseminate.

Margaret reported that IFHIMA has provided a link to all the information sheets on its website too.

9.1.1. Classification and Terminologies Information Sheet

Feedback from WHO has not yet been provided on the Classifications and Terminologies Information sheet. In the meantime, the current version has been posted to the EIC Sharepoint site (<https://workspace.who.int/sites/fic-network/FICNetworkWorkspace/ec/default.aspx> ).

9.1.2. Automated systems Information sheet

Stefanie Weber thanked the EIC members who had provided comments on the draft Automated Systems Information Sheet. She informed the group that revisions will be made and the sheet brought back to the committee at the next meeting.

9.1.3. Spanish translations

Patricia reported the Spanish translations of the seven Information Sheets should be ready by the end of the year and will be posted on the PAHO website.

9.2. Development of educational material for new WHO death certificate

Stefanie stated the MRG requests the EIC to look into the development of educational material for the new WHO death certificate. Sue suggested a small group be established to determine what is needed. Patricia volunteered, as did Sue and Cassia. Lyn Hamner will ask her South African colleagues to participate. Stefanie noted she would be happy to be available to answer any questions the group may have.

9.3. Briefing kit

Cassia reported that the set of documents for the new collaborating centres includes a checklist, a listing of CCs and NGOs, ICD core curriculum, curriculum modules for ICF, The ICF: an overview, and the Information Sheets. All of the documents are available on the EIC Sharepoint site but are also provided to new Centre Heads on CD. Stefanie suggested that if the council approves a new document relating to governance of the Network at this meeting, then it too should be included in the briefing kit.

#### 9.4. Other materials?

Joon reported the 2008 document, *Candidate Handbook for International ICD-10 Training and Exam Preparation* that was developed by AHIMA and concentrates on mortality coders taking the exam, needs to be revised. The Handbook includes details on how to prepare for the exam, what to expect, examples of questions. A protocol was developed for the Indonesia morbidity pilot test. A decision is needed on whether the mortality and morbidity exam require separate handbooks/protocols. Nenad stated it would be best to have only one. Margaret volunteered to find an IFHIMA representative to be responsible for updating the handbook and to ensure it will work for both morbidity and mortality.

### **10. SWP task 07 – part A Improved level and quality of Implementation of WHO classifications – sustainable education, training strategy and tools for WHO classifications**

Catherine welcomed the opportunity for the FDRG to have discussions with the EIC about additional educational products that can be developed, given the prospects of ICF use in global health and disability initiatives. Initial background of what has been done thus far, such as the recently released ICF Practical Manual launched as an exposure draft at this meeting and the ICF e-learning tool, was summarized. Several drivers for ICF education were identified and include monitoring of the UN Convention on the rights of persons with disabilities. There also has been exponential uptake of ICF and as a result WHO regional offices are requesting training.

Members were asked to identify the educational needs of current users and potential users. Suggestions made included having a database of ICF educators and their expertise, education materials beyond introductory, education for educators, and an open source catalogue of educational resources for sharing. The latter could feed into the implementation database.

Melissa asked about standardizing the teaching so a certain level of instruction is provided. Several committee members stated accrediting instructors or certifying individuals is not possible given the lack of necessary resources. However, doing something similar to what was done for ICD, i.e. sourcing existing materials which are reviewed against standard criteria (educators themselves are not assessed) may be possible. The collection of material would become what was described earlier as a catalogue of resources.

Nenad commented that given the number of key drivers and with disability being on the rise, demand is growing. The key question is what realistically the EIC can build based on what already exists. How can the current module in the e-learning training tool be expanded, for example? In addition, a strategy is needed to figure out ways to obtain the support of the CCs.

### **Session 3: Wednesday October 16, 2013 8:00-9:30, 10:00-11:30**

#### **11. Welcome and meeting resumption**

Sue Walker agreed to chair the first session, with Margaret as the rapporteur. Cassia will chair the final session, with Sue as the rapporteur.

#### **12. SWP 07 – part B Improved level and quality of Implementation of WHO classifications – sustainable education, training strategy and tools for WHO classifications**

12.1. Presentations on Best Practices (note: all presentations are available on the EIC SharePoint site)

##### 12.1.1. ICD Implementation Strategy and implementation experiences in the Regions

Robert Jakob presented on ICD implementation strategies, noting that how to implement ICD in different setting depends on the state of registration and certification systems. He discussed the challenges of obtaining causes of death information reliably, the need for high level political commitment and for policy makers to be kept informed and methods to provide advice. He also discussed how vital events produce key health status indicators. There is a need to strengthen Civil Registration and Vital Statistics (CRVS) with assessment, reporting and data. Robert briefly reviewed global and regional initiatives, noting the need for ICD training internationally, both for mortality and morbidity. The training of physicians in correct documentation is important also.

Robert challenged the group to discuss how the Network can provide assistance in providing support to address training needs. The EIC has developed materials—how can we implement their use in a given situation?

Sue invited the regional officers present to provide some insights into the situation in their countries.

PAHO – Patricia reported on extensive work in that region re implementation strategies with a focus on ICD training and UCOD coding. The emphasis is on regional improvement. Patricia drew attention to her poster on these issues.

SEARO – Jyotsna handed out a flyer on the region's call for collaboration on the Electronic Cause of Death Integrated Reporting System. Quality of the data remains the most significant issue in the region. CVRS reporting has been an emphasis in many countries. One focus is on India to determine the type of CVRS reporting that can be done in that country. The attention is not just on hospital deaths, but also on the more difficult community based deaths. She is trying to standardize data throughout region and some work has been done on death certificate realignment.

EURO – Ivo provided a greeting from Enrique Loyola, the Regional Adviser, who was not able to attend due to a conflict in meetings. Progress includes translation of CRVS tools into Russian. A rapid assessment regarding the CVRS system was conducted in some EU countries and summary scores for the CRVS were reported. Member states are also

focused on detailed mortality database improvement. An additional focus of attention is on non-monetary health care.

#### 12.1.2. Progressing Pacific Vital Statistics

James Eynstone-Hinkins from the Australian Bureau of Statistics (ABS) gave an outline of the work of the Brisbane Accord Group (BAG), a network of organizations and stakeholders supporting health information improvements in the Western Pacific region, in particular providing support for vital registration practices. Data are very important to support policy and health outcomes in this region but much improvement is needed. The ABS provides high level support and is participating in workshops being done at the country level. Work is being carried out with stakeholders in the various countries, doing the mapping and assessment work. The work is being led by the countries themselves. Key achievements to date were reviewed - 15 countries have developed action plans and have established working groups and committees. Many challenges still exist for improvement, not the least of which is the geography of some of the island nations and their lack of infrastructure. Ros Madden added that the islands were interested in ICF also and the University of Sydney has been working in this area.

#### 12.1.3. Lessons Learned from the International Training and Certification Program (ICTP)

Joon Hong then gave two presentations; making reference to the poster developed for this Network meeting (note: the poster title includes the word credential but it should be certificate – participants have not been credentialed or even truly certified, they have been awarded a certificate for participating in the exam) . The ICTP program involved development of core curricula for morbidity and mortality coder education, followed by the development of mortality, and later morbidity, exams. Coder educators were assessed, as well as coders. Participants were given a certificate after taking the assessment exam and passing with a result of over 80%. The process has been managed by IFHIMA and the EIC. One of the major challenges has been use of a variety of versions of the ICD-10. Margaret Skurka commented on the program and stressed that no re-certification of either coders or trainers has been done since original testing in 2007. She also expressed the opinion that this work must continue at the Regional level with perhaps additional translations done.

Joon's second presentation related to specific medical records, ICD-10 and ICD-O-3 training programs done for Mongolia. Joon was an invited expert and helped with the coding training. The training was done in Ulan Bataar and also in Seoul. Joon also reported on focused cancer registration training for Fijian participants. 2 Fijians came to Seoul for training in cancer registration practices. Also, WPRO organized for Ros Madden to go to Mongolia for a week for ICF training. As a result of this work, 4 Mongolians are also attending specialized training in Beijing in ICF in conjunction with this meeting.

#### 12.1.4. Three years of ICF Implementation in Kosovo

On behalf of the Italian CC, Lucilla Frattura presented on the results of a program on ICF implementation in Kosovo, a newly independent state in southeastern Europe. This was a joint venture between the Italian government and the Kosovo Ministry for a plan on action in Kosovo. The presentation was also detailed in a poster for this year's meeting. Lucilla outlined the steps in the work and the results to date in implementation of ICF. A final work plan was submitted to support the two new social bodies in Kosovo. There is interest in continuing this work and cooperating with other countries.

### 13. SWP 08 ICD-11 Revision

#### 13.1. Reference manual development – authoring tool

Robert gave a presentation, demonstrating the new ICD-11 reference manual authoring tool. The intention is to have a small group of 5-10 members of the EIC, MRG, MbRG and possibly the horizontal TAGs that will assist WHO in writing and editing the new manual, which is the equivalent of the ICD-10 volume 2. The reference manual is being developed as an electronic knowledgebase so that it can be updated consistently, reorganized as necessary and subsets of materials relevant to different audiences can be created.

The authoring tool is a Zepheira wiki, similar to Wikipedia. There are different access rights for different users. It includes help, contents for editing, methods for creation of PDFs and booklets. The tool is available at <http://icdv2.zepheira.com>

Username is icdv2contrib1

Password is icdv2contrib1

A small group consisting of Kathy Giannangelo, Rita Schiclione, Vera Dimitropoulos and Sue Walker agreed to help. Vera will also seek support from other members of the NCCH in Sydney. The role of the EIC will be to write materials about how to conduct training courses, outline the core curricula and to assist in ensuring material that is submitted is clear, concise, and unambiguous and makes sense. Robert requested that all EIC members review the tool and provide any feedback before it is finalized, refreshed and goes live for editing.

#### 13.2. ICD-10 training tool

Robert advised that the training tool is getting in excess of 50 000 hits per day on the internet. It has been extensively used in AFRO and PAHO. Users have provided useful feedback on translation issues and ways in which it can be effectively disseminated. Translations have been done into Dutch, Portuguese, Georgian, Albanian and Russian. Plans are underway for further translations into French and Spanish.

A training tool support group has been established for the English language version and there are currently over 150 subscribers. However the number of questions is low.

In terms of updating of the training tool, the sections on the core curriculum and users of the classification remain the same. The tool is mainly being used for coder education, not for certifiers although a certification module exists. The certification module was designed as a standard international resource and Robert reminded participants that it can be downloaded to create a hard copy version if required. New sections have been suggested relating to good practice in data collection, analysis and presentation; maternal deaths; more region-specific examples (particularly for certification); transition to ICD-11. Any changes made to the materials will be tracked or annotated so that translators know what has changed. A module that could be used for local content was suggested – eg for local regulations – Robert agreed but believes that WHO should authorize the content.

Kathy Giannangelo advised that the people doing SNOMED to ICD-10 mapping work extensively utilize the training tool and some of the materials have been included in the mapping handbook.

### 13.3. ICD-11 field trials

Nenad discussed the need to systematically test the ICD-11 for consistency, errors and to identify improvement paths. The key assessments will be for applicability in various settings (high and low resource, general health care, specialty health care, population and clinical research), reliability of results, utility of the classification. The three core studies will be

- reliability and feasibility,
- bridge coding,
- basic questions.

There may be additional, optional studies as well.

The plan is that there will be central coordination of the field trials from WHO, with country level field trial centers (possible the CCs). The country centers will manage individual field trial sites, such as in hospitals and statistical agencies. There will be a variety of roles, such as center coordinators and assistants, site coordinators and assistants, clinicians, coders, volunteers, key informants, administrative and data entry staff.

The role of the EIC will be to help develop case studies for coding, to develop training materials and to pilot the materials developed for the core studies. Assisting with translations of the 14 page field trial handbook would also be helpful (the handbook has already been drafted). Nenad suggested that translations could be facilitated using the

internet-based translation platform created for ICD-11. Nenad agreed to forward the handbook to the EIC.

Ivo indicated the belief of the WHO European office that WHO should prepare sample size calculations for the field trials so that only what is necessary to get meaningful results is done. Within country and between country comparisons will be necessary, as well as comparisons between language versions and the English version.

Nenad will develop coordinated program of work for discussion.

#### 13.4. Trainer registration platform

As Robert wasn't able to be present in the previous session, this issue was revisited. There are plans for the site to go live within two weeks and members were invited to do further testing before then. Browsers should be refreshed to ensure the most recent version is being used. The site is currently available at

<http://www.hins.or.kr/traning/login.do>

Username: [aaa@naver.com](mailto:aaa@naver.com)

Password: aaa

The participants discussed appropriate ways to distribute the trainer database link and it was felt that making it known through IFHIMA and the CCs would be best. The EIC can make a brief assessment of the qualifications of people who register to ensure they seem legitimate, but the principle responsibility for this will rest of the countries and organizations requiring training. WHO will be responsible for passing on the details of trainers to countries requiring training.

In response to a question from Matilde, Robert stressed that this is not a method for endorsing or certifying trainers or guaranteeing the quality of their work. It has been developed as a way of meeting increasing requests for training.

#### **14. Plans for midyear meeting**

Sue advised that it is planned to hold the mid year meeting in Lyon, France on 9-10 April. It will be hosted by the International Agency for Research on Cancer. The MRG and the ICE on Automating Mortality Statistics will meet at the same time. More information about the meeting will be distributed when it is available.

#### **15. Further updates to the Strategic Work plan**

Cassia has updated the SWP as a result of discussions during the Beijing meeting and it will be submitted to WHO after the meeting. There were no additional updates suggested.

**16. Other business**

Margaret noted that the 2016 IFHIMA congress will be hosted by the Japan Hospital Association. This was announced following a vote at the recent congress in Montreal, which was very successful. The congress will coincide with the WHO-FIC meeting and participants were delighted that the two organizations would meet together.

**17. Close of meeting**

Sue and Cassia thanked all participants for their enthusiastic participation in the three sessions in Beijing and declared the 2013 annual EIC meeting closed at 11:30am.