

**WHO-FIC Education and Implementation Committee**  
**Midyear meeting**  
**June 6 – 7, 2015**  
**National Institute of Health and Welfare (THL)**  
**Helsinki, Finland**

1- Welcome and Introductions

Huib ten Napel, Yukiko Yokobori, Sharon Baker, Lars Berg, Yanina Besstrashnova, Lynn Bracewell, Cassia Maria Buchalla, Vera Dimitropoulos, Joon Hong, Yoonkyoo Kang, Carol Lewis, Kwok Ng, Wansa Paoon, Savolainen Sarianna, Maliwan Yuenyongsuwan, Nenad Kostanjsek (WHO).

Apologies: Marie Cuenot, Gemala Hatta, Margaret Skurka, Sue Walker, others.

Robert Jakob joined parts of the meeting by Webex and Margaret Skurka by Skype.

All participants briefly introduced themselves.

2-Review of agenda

It was agreed that Nenad will do a presentation on the ICD revision process at the opening of the working session on ICD-11.

3-Approval of minutes

The minutes of the previous meetings, which were circulated in advance, were displayed on the screen for a brief review by the participants:

- EIC meetings at the annual WHO-FIC Network Meeting in Barcelona in October 2014
- EIC teleconference on February 3, 2015

Following the review, the minutes of the above meetings were approved.

4- Update on EIC Strategic Workplan (SWP)

Yukiko presented two proposed additions to the EIC SWP. The first would be to add development of ICD-11 field trial training materials as EIC activities under EIC SWP-02, and the other would be to include the ICD and ICF trainers database, which is being developed by WHO and the Korean Collaborating Centre, as EIC activities under EIC SWP-03. Huib reminded that each of the goals would be discussed further during the meeting and proposed at the annual WHO-FIC Network meeting in Manchester in October.

5- EIC SWP -01 WHO-FIC Implementation Database

Huib gave a presentation on the latest developments concerning the WHO-FIC Implementation Database. The main thrust of activities after the WHO-FIC Network meeting in Barcelona had been to identify focal points who would enter and update data in the database. There had been no systematic approach to this previously. Huib

explained that a list of known focal points was compiled and checked for accuracy by EIC members. Whereas it was relatively easy to ask countries with a Collaborating Centre (CC) to enter and update data, it was more of a challenge to find focal points in countries without a CC. To address this issue, EIC Co-Chairs and Nenad, as EIC's WHO liaison, sent letters to WHO Regional Offices (ROs), requesting their assistance in populating and maintaining the database and inviting them to identify 4-5 additional countries to start providing data to the database with support from EIC. Huib reported that there have been positive responses from ROs, which are approaching and appointing new focal points.

Huib noted that EIC Co-Chairs and Nenad had discussed giving ownership of the data to the CCs and to ROs and MOHs in countries without CCs, as a way to incentivize them to update information and as a means to obtain government confirmation of the information. Nenad pointed out that CCs were at any rate mandated in their designation to take responsibility for entering information, updating and maintaining the database. It was also noted that it was important to work with ROs, since they had access to information on possible focal points.

Huib then made a presentation of the WHO-FIC Implementation Database draft User Guide, which was circulated in advance to members. He explained that the database was mainly for data entry and that the Global Health Observatory (GHO), which the database feeds into, was the primary interface for browsing the information.

Carol indicated that she was not entirely clear, on first reading, what the green bar in the User Guide indicated. Carol and Vera suggested providing an explanation at the beginning of the document to help users better understand what it meant. It was agreed that the User Guide was still a work in progress and that it will be further refined and improved.

A question was raised on the annual update cycle for the database. Huib suggested EIC Co-Chairs send reminders for update to CCs and ROs early in the year and at the annual WHO-FIC Network meeting, to report which CCs and ROs had updated their information, which would also serve as an incentive for CCs and ROs to act on updating their data.

Cassia pointed out a need for a strategy to identify focal points for ICF information. Nenad suggested obtaining advice from countries with advanced or mandated use of ICF in terms of whom to approach and what questions should be asked in the database.

Action items:

1. Collaborating Centres participating in this EIC mid-year meeting should take the lead in checking the database and updating their information.
2. Huib to further report on progress at the next annual WHO-FIC meeting.

## 6- EIC SWP-02 ICD-11

- ICD revision process

Nenad provided an overview of the state of the ICD revision process. Several changes were made following an external review team's recommendations presented to the senior management at WHO. First, the main focus of the revision will be the Joint

Linearization for Mortality and Morbidity Statistics (JLMMS), which with the Reference Guide, the Index, and potentially other linearizations, will make up a package to be presented to the World Health Assembly in 2018. To raise awareness of member states on ICD-11 in advance, an information note will be presented to the WHO Executive Board and the WHA in 2016. There will also be Review Conferences planned at the annual WHO-FIC Network meetings in Tokyo in 2016 and in Mexico in October 2017, where it is envisaged to discuss the results of field trials, and other revision matters.

In relation to the JLMMS, a task force has been established under the chairpersonship of Lars Berg and James Harrison. A meeting in Geneva in March 2015 produced a set of recommendations and resolutions on the JLMMS, which have been implemented in the latest ICD-11 beta frozen version of May 31, 2015. The task force will have a second meeting in September 2015 to review and discuss pending issues related to the JLMMS. Its resolutions will again be reflected within the next frozen version.

It is planned for limited field trials to subsequently begin using the next frozen version.

Nenad then gave a brief overview of the Proposal Mechanism, the Translation Platform, the Coding Tool, and work related to discussions with countries on transition requirements.

The proposed timelines of the field trials are as follows:

- Between now and the WHO-FIC Network meeting in Manchester in 2015: progress in translations, identifying participants, finalizing the ICD-FiT platform and FT training materials;
- Phase 1 (beta draft testing): Nov. 2015 – Dec. 2016: testing will be limited in scope with core studies on specific chapters and selected mortality and morbidity case summaries focusing on pre-coordinated categories; and
- Phase 2 (usages validation): Jan. – Dec. 2017: JLMMS exposed to full testing in real-life situations.

Phases 1 and 2 will each be followed by data analysis of the results, Revision Conferences, and further refinement of the linearizations.

Wansa asked whether the JLMMS will be available in print. Nenad replied that the print version is available from the ICD-11 Beta Browser but data would have to be entered electronically in the field trials. Wansa pointed out that the different structure of the ICD-11 Index from the ICD-10 Index may cause problems in field trials. Nenad responded that the use of the index was not envisaged in Phase 1 and that Coding Tools could be used in Phase 2 for more elaborate field testing. Huib noted that countries will still want to have access to a print version of the index. Nenad mentioned that there was an ongoing discussion on this issue within WHO.

A question was asked on how the review by the JLMMS task force is being conducted. Vera informed that the group in March addressed 30 core issues in the linearization and is now in the process of checking how the resolutions were implemented in the latest frozen version and whether the agreed principles could be applied across the linearization. The group was also working on identifying a common mortality and morbidity code set that could be included in the JLMMS as pre-coordinated concepts.

- Reference Guide development

Nenad and Robert presented the current status of the Reference Guide development, which has had contributions made by many members of EIC as well as by a small drafting group during the WHO-FIC Network Meeting in Barcelona in 2014. In terms of content, the Reference Guide has reached a certain level of maturity. The remaining tasks include minor rewrite of the mortality rules and addition of chapter-specific notes on morbidity rules. Translation of the Reference Guide and development of FT training materials can begin in earnest as the sections related to field trials, namely: Section 3 on the architecture of ICD-11, Section 4 on chapter description and rationale, and Section 6 on general coding guidelines, were more or less ready. It was emphasized that while the Reference Guide will serve as a basis for the development of FT training materials, the translation and training material development will in turn also serve to provide feedback for further improving the Reference Guide.

Huib suggested setting up a working session, possibly during next year's EIC mid-year meeting, to further advance editing of the Reference Guide.

Action Item:

Robert was asked to circulate the latest draft of the Reference Guide to EIC members.

- Field trial activities:

Nenad summarized developments in field trial activities:

- In a number of areas, there will be two types of testing: (1) the test participant will assign codes from case summaries containing diagnoses, and (2) the test participant will be given case summaries to decide on the diagnosis and assign codes to the diagnoses.
- Pilot coding of case summaries was carried out in the Chinese Collaborating Centre and by the Safety and Quality TAG. In Beijing, a bridge coding pilot was conducted using the hard copy of ICD-10 in Chinese and ICD-11 Beta Browser to check for coding correspondence among coders. The Safety and Quality TAG, on the other hand, focused on coding harmful events, which has been reorganized in ICD-11 around the three axes of Injury, Cause, and Mode/Mechanism. Results of the pilots and comments from the coders were useful in refining the relevant sections of the classification.
- The ICD-FiT, a web-based field trial data entry platform, will provide for multi-lingual versions in Spanish, Italian, Chinese and Japanese for both the platform interface and FT instruments. Other language versions, including Korean, Swedish, and Norwegian, are being contemplated. There will be two distinct ICD-FiT user interfaces for coders participating in the test and for FT centres, with FT management functionalities for the latter.

#### 7- Working Session: EIC SWP-02 ICD-11 (continued)

- ICD-11 Field Trial Training Material

Nenad noted that in response to a request made prior to the EIC mid-year meeting for submission of existing training materials used in the transition from ICD-9 to ICD-10 or its national modifications, Brazil, Australia, Kuwait, and a number of other countries had sent their materials. He requested other countries to also submit their materials, which will be reviewed and analyzed for commonalities, differences, and gaps to inform the development of ICD-11 Field Trial Training Materials. He noted that the more universally standardized the training materials and more widely they are implemented, the better the results of field trials in terms of the level of correspondence.

In this working session on ICD-11 Field Trial Training Material, Vera gave an overview of the Introductory Training Modules using slides, which was followed by discussions and input from participants. Vera emphasized that the training modules were still in the early stages of development and feedback on the slides from EIC members' country perspectives would be appreciated.

#### Target audience

Vera explained that the training modules need to target a number of audiences including but not limited to WHO-FIC Network members, ICD-11 field trial participants, and ICD-11 chapter reviewers, taking into consideration the needs of participants using the electronic version or the print version of ICD-11.

#### Curricula components

Vera outlined four modules that she proposed could constitute the training curricula, as follows:

- Module 1: a generic section providing a general introduction to ICD-11, including its architecture and major differences with ICD-10
- Module 2: practical guidance on chapter-by-chapter coding using ICD-11 for mortality and morbidity,
- Module 3: a guide on the use of electronic tools, such as the ICD-11 browser and coding tool
- Module 4: Introduction to FT protocols and instruments

Wansa pointed out that Module 3 should come before Module 2, because in general practice of using ICD-10, one would first consult the index and then look up the tabular list for coding. Vera agreed. Cassia suggested that the training materials use the same terminology as used in the Reference Guide. Vera concurred and said that the training materials will be based on the Reference Guide and efforts will be made to present the contents of the Reference Guide with more clarity and concision in the training materials.

Lynn noted that if the life of the training materials were to be extended beyond field trials and used for ICD-11 training, then the SNOMED adoption scenario for coding may also need to be considered in the future. Huib indicated that there was a need to

pay attention to future development in this area in terms of complementarity and competition of SNOMED-CT in association with ICD.

Wansa showed a slide with an illustration on the differences in coding of anaemias in pregnancy and anaemias in general patients in ICD-10 and suggested such differences be included in Module 1. Vera noted that such differences will probably be dealt with in ICD-11 through multiple parenting, which will be included in Module 1. Nenad suggested that more visual illustrations should be incorporated in the Reference Guide.

### Development and penetration

Vera explained that production of standardized, universal training materials catering to different audiences, such as mortality and morbidity users, policy makers, and clinicians, should be the expected outcome. As a first step, a core group will review the existing training materials and decide what should go into the training package. Penetration to raise awareness of ICD-11 and market its benefits, including use of ICD-11 in eHealth and direct linkage with SNOMED-CT, should also be an integral part of the training package.

Cassia expressed concern about the ways in which the benefits of ICD-11 could be marketed. Nenad pointed out that it was important to show the added value of ICD-11 in comparison with ICD-10 or ICD-9. For instance, if there had been coding problems in ICD-10, it was important to show how ICD-11 solves such issues. Since countries have knowledge of such problems, it was important that EIC members provide input on existing problems.

Vera described efforts by the National Centre for Classification in Health, Australia, and Health Information Management Association of Australia to invite Dr. Ustun and Dr. Chute to speak in conferences to raise awareness about ICD-11 in Australia, which is considering early adoption of ICD-11 in parallel with ICD-10-AM prior to any full adoption of the classification. Vera stated that it was the responsibility of WHO-FIC Network members to work on raising awareness in their respective countries for adoption of ICD-11 by their governments.

Lars commented that in Nordic countries, information notes on ICD-11 are published in medical journals to better inform physicians. There is also a more in-depth background paper prepared for informing national health authorities about what to expect, what needs to be done, and what resources would be required in transitioning to ICD-11. Lars suggested that EIC could produce a standardized information package for use by countries.

Nenad noted that the German Collaborating Centre was planning a stakeholder meeting in August for clinical groups and associations to better engage clinicians as champions of field trials for advancement of ICD.

### Materials and contents

Vera discussed the need for the training materials to explain the basic concepts of ICD-11, which are all described in the Reference Guide, with clarity and concision. The curriculum should cover, for instance, the use of ICD-11 for multiple purposes, linkages with terminologies such as SNOMED-CT, description of ICD-11 entities, conventions, and code format, the chapter structure, the Foundation Component and Linearizations, stem codes and extension codes, the pre- and post-coordination mechanism and how it is used, and the concept of multiple parenting. The online modules will use narrated slides, coding exercises, basic multiple choice questions and short answers for self-evaluation and video.

Carol pointed out the need to clearly indicate the rationale for changes made from ICD-10 to ICD-11. Nenad noted that the rationale should all be in the Reference Guide and that they needed to be presented in way that was easily understandable.

### Training modalities

Vera listed some of the training modalities, including online, webinars, face-to-face training, training the trainer, and combination of modalities.

Carol indicated that face-to-face group sessions would be particularly useful in the beginning, as such a setting was conducive to soliciting participants' questions and feedback.

Action items:

1. Countries that have not submitted existing training materials on ICD transition are encouraged to do so.
2. EIC members are requested to review Vera's slides and provide feedback.

### 8- EIC SWP-03 Education in General

- Database of ICD and ICF education experts for training

Robert presented the trainer platform for ICD and ICF, which was developed in the Korean Collaborating Centre. The platform is used essentially to match trainer availability with training needs, specifying the language and type of training that can be provided.

A candidate trainer, after registering at and logging into the platform, will be asked to input some basic information, such as background in health care sector, the number of years of experience in ICD-10 coding and training (mortality and morbidity), the form of recognition such as WHO-FIC/IFHIMA credentialing, types of training that can be delivered, the current employer, and the number of years of service, and to provide references and the CV.

Robert requested EIC's contribution in sending out calls for members and others to register on the platform and in setting up a small group within EIC to screen candidates' qualification, administer the platform, and develop an ICF mirror version with the Korean Collaborating Centre.

As for the legal aspects, WHO/EIC only forwards the name of candidates and has no responsibility in organizing training, which is negotiated directly between the trainer and the one sponsoring (requesting) the training. WHO/EIC screens candidate trainers against criteria developed by EIC several years ago, but does not guarantee the quality of the trainers.

Nenad and Huib asked whether the Regional Offices (ROs) were aware of the platform and offered to ask Collaborating Centres and ROs to announce the platform and invite registration. Robert agreed to work together on this. Huib further volunteered to work on a group to screen candidates' qualifications. Other EIC members are welcome to join the group.

Action item:

EIC Co-Chairs and Nenad to request CCs and ROs to announce the platform and invite registration in a follow-up letter on WHO-FIC Implementation Database.

- Collaboration with other bodies or programs – About GHWC activities

As Sue was not present at this mid-year meeting, Huib asked participants to read a report from Sue that was circulated prior to the meeting.

The Global Health Workforce Council (GHWC) is a joint initiative of the American Health Information Management Association with the International Federation of Health Information Management Associations, with funding from the US Department of Commerce. The Council consists of a cross-section of 13 international experts from education, healthcare, governments, and associations with Health Information Management, Health Information Technology or Health Informatics expertise. Yukiko Yokobori and Sue Walker are both members of the Council.

The mission of the GHWC is develop and strengthen the global health information workforce by specifying competencies and curricula requirements for academic and skills-based programs for HIM/HI and HICT professionals.

The first draft of the curricula was published in December 2014 and distributed globally for feedback. Information about the GHWC and the first draft is available at <http://www.ahima.org/about/global?tabid=council> Note that module 3 relates to coding and classification.

As a result of comments received, the curricula are being updated and modified to give a more globally relevant document.

## 9- EIC SWP-04 Routine Activities

- Update on ICD-10 training tool

Robert reported on the ICD-10 training tool. The tool has found broad recognition and is used. An update was made to solve technical issues. A further update is required to

adapt the tool to the new mortality rules on neoplasms, add more examples, and update the graphics. A stand-alone spin off, “coding in a nutshell,” could also be developed based on sections 1 and 2 of the tool to address the need to educate decision makers about ICD coding in the shortest possible time. The entire work of updating will require work equivalent to two-months full-time editing and a further two-months full-time IT work.

Robert suggested that if any member of EIC was going to edit his or her own training materials to reflect changes in the mortality rules for neoplasms, there could be some synergy in joining such editing work with the work on updating the training tool.

Cassia asked whether the Google group for user support was still active. Robert replied that the group was not very active and other alternatives, such as the use of EIC Facebook page, could be considered by EIC for user support. Cassia asked for availability of track-change documents, and Robert promised to check.

Action items:

1. EIC to consider funding and availability of resources for updating the ICD-10 training tool.
2. EIC to inquire with Collaborating Centres about who would be editing mortality training materials within their centres.
  - International exam for morbidity coders

Margaret joined by skype to report on the management and promotion of the international exam for morbidity coders that IFHIMA took over from EIC. Information about the exam has been posted on the IFHIMA website with details on the process to follow for a country that wishes to conduct an exam. The exam has also been promoted to 19 IFHIMA member countries, including Barbados, a new member, which has shown interest in conducting the exam. Margaret emphasized the need for new ideas and approaches to promote the exam further to countries without IFHIMA presence.

Carol suggested contacting Regional Offices (ROs) to seek information about countries that might be interested and ask for suggestions. Huib suggested that this could be mentioned in a letter to CCs and ROs that will be sent to follow up on the WHO-FIC Implementation Database. Margaret agreed with the suggestions.

Joon asked whether IFHIMA would also take charge of managing the mortality coding exams. It was agreed that the IFHIMA board will discuss this issue and there could be further discussions at the EIC session at the WHO-FIC Network meeting in Manchester.

Huib asked whether IFHIMA will do a poster presentation on the morbidity coding exam at the meeting in Manchester as it would be an opportunity to inform the ROs attending the meeting. Carol volunteered to do a poster, and Margaret agreed to provide support.

Joon then made a presentation on the morbidity exam questions collected from EIC members following EIC mid-year meeting in Lyon in 2014. IFHIMA morbidity coding volunteers blind coded 9 coding diagnosis questions and 19 case summaries. There were significant discrepancies in code assignment for some of the questions, due in part to

differences in national modifications and country-specific coding instructions. Unfamiliar terms and abbreviations were also an issue with respect to case summaries. As a result, 7 coding diagnosis questions and 8 case summaries were added to the bank of questions.

Joon remarked that while award of certificates for morbidity coders understandably was difficult, EIC could consider awarding certificates to mortality coders passing the mortality exams to ensure coding skill improvement and improve statistics globally. Huib noted that WHO does not give out certificates and that EIC cannot do so because it was not a legal entity. Carol pointed out that a precedent was set in 2007. Huib noted that there was a need to check the circumstances of that event in 2007 and to anyway discuss with Nenad.

Action items:

EIC Co-Chairs and Nenad to request ROs to provide suggestions on countries that might be interested in the morbidity coding exam in a follow-up letter on WHO-FIC Implementation Database.

Close of meeting

Huib thanked everyone for their participation and declared the first day of the meeting closed at 17:00.

