WORLD HEALTH ORGANIZATION

MEETING OF HEADS OF WHO COLLABORATING CENTRES FOR THE CLASSIFICATION OF DISEASES

Brisbane, Queensland, Australia
14-19th October 2002

Title: Subgroup on Training and Credentialing: A Status Report, 2001 - 2002

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Purpose: For information and discussion

Recommendations: None

Abstract:

The Subgroup on Training and Credentialing of the Implementation of ICD-10 Committee was established at the 1999 meeting of Heads of Centres and has held meetings at the 2000 and 2001 Centre Heads meetings. Questionnaires have been developed and circulated and results compiled on ICD-10 mortality and morbidity training materials and training capacity. These results were presented at the 2000 and 2001 annual meetings of Centre Heads and are being posted on the NCHS web site. In 2000, the International Federation of Health Record Organizations (IFHRO) accepted the Subgroup's proposal for establishing an international credentialing and training program for ICD-10 coders, and a joint work group was established with IFHRO. That work group held its first meeting at the 2001 Centre Heads meeting in Bethesda, Maryland. This paper provides a status report of the Subgroup's activities related to its Work Plan since the Bethesda meeting and suggests directions for the coming year. Results are reported for the questionnaires developed by the Subgroup to carry out needs assessments for ICD-10 mortality and morbidity medical coders, which were circulated to Regional Offices and Collaborating Centres in 2002. Efforts to advance the international credentialing and training program also are discussed, including development of definitions, skill levels and functions for credentialing certified coders of underlying cause of death.

Background

The Subgroup on Training and Credentialing of the Implementation of ICD-10 Committee was established at the 1999 meeting of Heads of Centres, where terms of reference and a work plan (Attachment 1) were developed. The Subgroup held working sessions during the 2000 and 2001 Centre Heads meetings and has communicated between meetings by e-mail and occasional conference calls. During its first year, the Subgroup developed three questionnaires and circulated two of them. The results of these latter questionnaires, on ICD-10 mortality and morbidity training materials, were presented at the 2000 annual meeting of Heads of Centres in Rio de Janeiro, Brazil. During this meeting, it also was reported that the International Federation of Health Record Organizations (IFHRO) had accepted the Subgroup's proposal for establishing an international credentialing and training program, and a joint work group was established with IFHRO. A questionnaire on ICD-10 training capacity was circulated in 2001, and the questionnaires on needs assessment for ICD-10 mortality and morbidity medical coders were finalized. The results of the training capacity questionnaire were presented at the October 2001 annual meeting of Heads of Centres in Bethesda, Maryland, USA. The Joint Working Group between the Collaborating Centres and IFHRO also held its first working session during the Bethesda meeting, with the IFHRO co-chair presiding.

This paper provides a status report of the Subgroup's activities related to its Work Plan since the Bethesda meeting and suggests directions for the coming year.

2001 Centre Heads Meeting

The Subgroup Chair reported to the plenary on accomplishments during the previous year (see 2001 meeting report at http://www.who.int/whosis/icd10/collabor.htm) and invited participation in the Subgroup's activities. Sixteen persons attended the Subgroup's working session, and fourteen persons participated in the first meeting of the Collaborating Centres-IFHRO Joint Working Group. (See Attachment 2 for Participant list)

During the Bethesda meeting, the Subgroup agreed to the following:

- The Subgroup Chair would circulate the Needs Assessment Questionnaires for mortality and morbidity medical coders directly to the appropriate WHO Regional Advisers. The original plan had been for WHO to circulate the questionnaires to the member countries, through the regional offices. The questionnaires (reproduced in Attachments 3 and 4) were designed for countries that had implemented ICD-10 for morbidity, mortality or both. It was agreed that, after receiving the questionnaires from the Subgroup Chair, the Regional Advisors would forward them to their counterparts at the country level. The counterparts would be responsible for completing the morbidity coding questionnaires, and could forward the mortality coding questionnaires to the appropriate government person. The Pan American Health Organization (PAHO) graciously agreed to translate the questionnaires into Spanish, French and Portuguese for countries in the PAHO region, with review by the Sao Paulo and Caracas Centres. The Subgroup Chair would make these language versions available to the AFRO and EURO Regional Advisers for distribution, along with the English versions.

- The tables created by the Subgroup on training materials and training capacity for ICD-10 mortality and morbidity coding would be posted on the NCHS website, with links to the WHO/HQ, RO and CC sites. A brochure would be developed containing the same information for countries without ready access to the Internet. The secretariat would explore its publication by WHO.

- The Subgroup would liase with the ICF group on training issues, and joint activities would be explored.

Decisions reached during the meeting of the Joint Working Group were as follows:

- An article about the joint effort/collaboration would be prepared for the IFHRO newsletter

- Background papers would be prepared covering relevant definitions, skills, training levels and critical functions of underlying cause mortality and morbidity coders.

- An assessment of the available training materials would be carried out towards developing a core curriculum.

Conduct of Subgroup Work Plan during 2002

Translation and circulation of needs assessment questionnaires

As agreed in Bethesda, PAHO translated the needs assessment questionnaires into Spanish, French and Portuguese in the Spring 2002. The Subgroup Chair circulated the questionnaires in English and the other three languages to the six Regional Advisors and the Collaborating Centres by e-mail, requesting responses by July 31, 2002. The e-mail message to EMRO could not be delivered. As of September 13, responses had been received from EURO, PAHO and WPRO and several collaborating centers for the following countries: Australia, Belarus, Canada, China, Czech Republic, Finland, France, Honduras, Hungary, Jamaica, Korea, Latvia, Panama, Peru, Papua New Guinea, Russia, Samoa, Sweden, Tonga, Trinidad, United Kingdom, Vanuta, United States, Venezuela, Vietnam and Cook Islands. The responses are being collated into matrices, which will be provided at the 2002 meeting in Brisbane, with a preliminary analysis.

Issues:

- What have we learned from the questionnaires?
- How much effort should we put into obtaining responses from other countries in the respective regions that have implemented ICD-10?
- How will the analysis guide development of 1) the training and credentialing program and 2) implementation of ICD-10 for mortality and morbidity in other countries?

Posting of tables on training materials and capacity

The North American Collaborating Center (NACC) has established a NACC home page on the NCHS Classifications web site (http://www.cdc.gov/nchs/about/otheract/icd9/nacc.htm). A section has been devoted to the Subgroup on Training and Credentialing, where the completed matrices on ICD-10 training materials and training capacity have been posted. Participants in the Brisbane meeting are requested to review the web site for discussion at the working sessions of the Subgroup

and Joint Working Group. Special appreciation is expressed to Michelle Williamson, Health Informatics Specialist at NCHS, for developing the NACC home page and facilitating the posting of the matrices. The possibility of developing a brochure for persons who do not have access to the internet is being explored. The brochure might provide summary information and a contact person, rather than duplicating all of the information.

Issues:

- Is the information posted on the NCHS web site useful to countries interested in training mortality and morbidity medical coders?
- If so, when can WHO post a link on its ICD-10 web site
- Will other collaborating centers and regional offices with web sites also establish a link?
- How often should the information be updated?
- Should a brochure be developed to publicize the availability of the information?
- Dr. Prokhorskas, co-chair of the ICD-10 Implementation Committee, has suggested that a roster of ICD-10 experts be created and maintained along with the inventories.

Article for IFHRO newsletter

Amy Blum, Medical Classification Specialist at NCHS and member of the Subgroup and Joint Working Group, prepared an article on the proposed Training and Credentialing Program for the IFHRO newsletter. The article was published in the December 2001 issue (copies will be available at the Brisbane meeting).

Issues:

- Has there been any response to the article from IFHRO members?
- What additional communication is needed?

Background paper

Ms. Blum and Donna Glenn of the NACC drafted a background paper covering relevant definitions, skills, training levels and critical functions of underlying cause mortality coders. The paper was circulated to the Subgroup and Working Group for comments; the draft document is contained in Attachment 5. Comments received on each section are indicated in italics. Only those comments dealing with the definitions themselves in regards to underlying cause coding are included. Issues such as creation of the examination itself, training for the exam, passing scores, multiple cause and procedure coding need to be addressed separately.

One important comment received was whether anyone would be interested in taking such an exam and how it would benefit them. This requires further discussion by the Joint Working Group. During the Bethesda meeting, participants from the UK volunteered to prepare a similar document for morbidity coders.

Issues:

- Is it possible to obtain international agreement on the document, given different country practices and terminology?
- Is it possible and desirable to identify common standards for training that will be recognized across national boundaries?

- What will be the uses for the finalized document?
- What are the benefits of an International Training and Credentialing Program for current coders and prospective coders?
- Should a similar document be prepared for morbidity medical coders?

Assessment of Available Training Materials

The co-chairs of the Joint Working Group have communicated on assessment of available training materials as they relate to development of an international curriculum and will be discussing this work further in Brisbane. The IFHRO co-chair has suggested that a Community of Practice be established for the Joint Working Group. This would provide members with a means to network, real-time chat, post resources, access references, post discussion threads, etc. Information on Communities of Practice can be found on the web site for the American Health Information Management Association (www.ahima.org).

Issues:

- What are the criteria for assessing available training materials?
- Are their adequate resources for this assessment?
- Can core modules of best practices be proposed?
- What are the benefits of an international curriculum?
- Should a Community of Practice be established for the Working Group?
- What are approaches for international credentialing of coders who have been trained through courses that meet the core competencies in the modules?
- Should work proceed on development of an international exam and, if so, how?
- What can be done to promote training of statisticians and data users, as well as training data suppliers such as doctors certifying causes of death?

Related training activities

NCHS mortality medical coding staff conducted two international courses (underlying cause coding and multiple cause coding) oriented to training trainers to code ICD-10 mortality data in 2002. The international curriculum on mortality medical coding oriented to automation is an outgrowth of the NCHS International Collaborative Effort (ICE) on Automating Mortality Statistics.

Issues:

- How should the curriculum and procedures for these courses be incorporated into the work of the Joint Working Group?
- How can this training be made available to more interested countries?

During the Bethesda meeting, PAHO provided a demonstration of "Intercod", an interactive multilingual software (English, Spanish, French, and Portuguese) to assist in training on ICD-10. This software was formally launched in June 2002 at the Regional Meeting of the National Directors of Epidemiology and Biostatistics in the Americas in Brasilia as a PAHO Centennial product. The PAHO intends to send to all the ICD collaborating centres a supply of 250 copies for assisting them and the countries they help in the implementation of ICD-10. The normal cost of each copy is US $30.000. However, PAHO is allowing all collaborating centres to collect these fees and retain the funds for the respective centre to support training activities.

Issue:

- Can the Intercod software be incorporated into the assessment of training products?

Liaison on ICF Training

The North American paper by Dr. Paul Placek on "Dissemination of ICF" describes the work done on Code ICF during 2002. The document circulated by the Australian Centre on ICF sessions for the Brisbane meeting states the following:

> "The terms of reference of the Training and Credentialing and Electronic Tools Committees should be expanded to include ICF members and ICF issues. A strategic plan for training for ICF should be developed. Issues to be considered include a register of ICF training materials and an ICF education plan. Topics to be included at the October meeting include updates on the Australian User Guide, the APA manual and the Code ICF."
>
> **Issues:**
>
> - Is there agreement that the Subgroup on Training and Credentialing should be expanded to include ICF members and issues, rather than establishment of a separate work group?
> - Are there ICF experts in the collaborating centres and regional offices interested in participating in the group?
> - Is the Subgroup's work on ICD-10 training and credentialing issues a reasonable template for ICF issues?
> - Is it premature to consider credentialing ICF coders?

Work Plan for 2002-2003

The Subgroup on Training and Credentialing and the Joint Working Group each will meet during the 2002 Centre Heads meeting to review activities and accomplishments over the past year, address the issues raised above and agree on their future respective work plans. Priorities for 2002-2003 are likely to include:

- Completion of the collection and analysis of the needs assessment questionnaires
- Updating of the matrices on training materials and capacity
- Assessment of coding curricula, beginning with underlying cause of death
- Working towards development of an international curriculum for training ICD-10 mortality coders
- Identifying approaches for disseminating core modules and facilitating training for countries currently not covered by Collaborating Centres, in conjunction with the WHO Regional Offices
- Further consideration on how to operationalize the Proposal to Establish an International Training and Credentialing Program for Mortality and Morbidity Coders and Nosologists
- Developing a work plan on training and credentialing issues for ICF

Attachments

Attachment 1

Terms of Reference

Implementation of ICD-10 Committee

Subgroup on Training and Credentialling

Recognizing:

- the critical role of education and training for the successful implementation, use and maintenance of a classification system and for the quality of data produced,
- the opportunities for sharing and strengthening education and training in ICD and members of the Family of Classifications through international efforts, and
- the resulting benefits for comparability of national and international statistics,

The Subgroup on Training and Credentialling is established to:

- advise WHO and the WHO Regional Offices on best training practices
- provide a network for sharing expertise and experiences on training
- work with WHO Regional Offices in identifying needs for skills and training in countries both covered and not covered by Collaborating Centres
- address the unique issues concerning mortality medical coders and nosologists in an automated environment
- make recommendations to WHO and the WHO Collaborating Centres for the Classification of Diseases through the Committee on the Implementation of ICD-10

1. Specifically, for both mortality and morbidity coding and nosology, the Subgroup on Training and Credentialling will:

1.1 Identify the critical functions of medical coders and nosologists.

1.2 Conduct a needs assessment through the Collaborating Centres and Regional Offices, for the skills and training resources of medical coders and nosologists, including future projections. This assessment will be conducted within the wider WHO survey process to which this subgroup will contribute questions.

1.3 Define the skills and levels of training required for medical coders and nosologists.

1.4 Catalogue, characterize (e.g. purpose, subject, language, availability, media, and technology) and disseminate information on current educational and training curricula and modules and identify gaps within these activities.

1.5 Review relevant WHO training materials and the mechanisms for their dissemination.

1.6 Identify and promote mechanisms for ongoing enhancement of skills and knowledge (e.g., Mortality Forum, Latin American Forum on ICD and the Family of International Classifications)

2. Further, in respect to mortality medical coders and nosologists, the Subgroup will:

2.1 Review the recommendations of the International Collaborative Effort on Automating Mortality Statistics concerning training.

2.2 Review related recommendations of the Eurostat Project on Automated Coding Systems and other relevant studies.

2.3 Explore the possibility of initiating an international association for the purpose of credentialling mortality medical coders and nosologists and representing their profession.

2.4 Explore national and international organizations (e.g., the International Federation of Health Record Organizations) with which these skilled professionals might affiliate.

3. Regarding training more broadly, the Subgroup will:

3.1 Identify the additional groups requiring education and training about ICD-10 (e.g. statisticians, epidemiologists, relevant systems managers, clinicians, and medical students).

3.2 Identify groups requiring education and training in the proper completion of source documents (e.g., death certificate, hospital record)

3.3 Specify the purposes of the training

3.4 Catalogue, characterize and disseminate current educational and training curricula and modules and identify gaps within these activities.

3.5 Review relevant WHO training materials and the mechanisms for their dissemination.

3.6 Consider training needs and resources for other members of the Family of International Classifications.

Attachment 2

Participants in 2001 Meetings of Subgroup on Training and Credentialing and Joint CC-IFHRO Working Group

Marjorie Greenberg, North American Center, Chair
Mounkaila Abdou, AFRO RO
Roberto Becker, PAHO
Amy Blum, NA Center
Lynn Bracewell, UK Centre
Kathy Brouch, IFHRO
Carlos Castillo-Salgado, PAHO
Donna Glenn, NA Center
Margaret Hazlewood, PAHO/WHO
Andre L'Hours, WHO HQ
Donna Hoyert, NA Center
Candy Longmire, consultant and recorder
Rafael Lozano, Mexico
Barbara McLean, NA Center
Manuel Mosquera, Venezuelan Centre
Lori Moskal, NA Center
Tanya Pitts, NA Center
Julia Raynor, NA Center
Christine Sweeting, UK Centre
Patricia Wood, NA Center

Attachment 3

QUESTIONNAIRE FOR NEEDS ASSESSMENT
ICD-10 MORTALITY CODERS

This questionnaire has been developed by the Subgroup on Training and Credentialing of the network of World Health Organization Collaborating Centres for the Family of International Classifications. The purpose of the questionnaire is to gather intelligence about the capacity, skills and responsibilities of ICD-10 mortality coders in member countries that have implemented ICD-10. The questionnaire should be returned to your WHO Regional Advisor, as follows: _____

_____

Please write legibly or type responses or enter the information directly on the computer file of the form. We would appreciate receiving your response by 30 July 2002. Thank you.

Country: _____

Person Completing the Questionnaire -

Name: _____

Organization: _____

Post/job title: _____

Mailing Address: _____

_____

_____

Telephone no: _____

Fax no: _____

E-mail address: _____

Role in ICD implementation: _____

_____

_____

_____ _____

Signature **Date** (dd/mm/yy)

Note: These questions should be completed only for countries currently using ICD-10 or a national adaptation of ICD-10 for mortality coding. Please indicate whether you have implemented ICD-10 for mortality for:

_____The entire country

_____A portion of the country (please explain)

_____
_____
_____
_____

1. ***What is the post/job title of staff who do the ICD-10 mortality coding in the country?*** Please list each category of personnel (e.g. medical mortality, nosologists, medical record officers, statistical assistants, etc.) and their usual work location/site (e.g. hospital, central health information unit within the ministry of health, national health statistical office, registrar general's office, etc.). After each category, please provide estimated number of personnel in the country.

	Category of personnel	Work location/site
1.	_____	_____
2.	_____	_____
3.	_____	_____

2. ***For each category indicated in question #1, lines 1-3 above, what is the minimum educational requirement for personnel in the posts?*** Please specify the number of completed years of schooling required (e.g. 8, 12, 14, 16 completed years, etc.) and any degrees, diplomas and/or certificates required (e.g. none, secondary school diploma, college degree, etc.) for personnel in each post. *If in-service training is required in lieu of or in addition to formal schooling, please indicate in question #3 below.*

	Category of coding personnel	Completed years of schooling required	Degree/diploma/ certificate(s) required
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

3. ***For each category indicated in question #1, lines 1-3 above, what is the minimum amount of in-service training required for personnel in the posts? Also please indicate the minimum amount of experience required for the post.***

	Category of coding personnel	Completed months or years of in-service training required	Experience required
		Months	Months
1.		Years	Years
		Certificate	
		Months	Months
2.		Years	Years
		Certificate	
		Months	Months
3.		Years	Years
		Certificate	

4. ***Are there any other requirements (e.g., international knowledge or experience) for personnel in the posts? If so, please specify for each category indicated in question #1, lines 1-3 above*.**

	Category of coding personnel	Other requirements
1.	_____	_____
2.	_____	_____
3.	_____	_____

5. ***For each category indicated in question #1, lines 1-3 above, are the coders also responsible for, or involved in, data collection or analysis? in codification of birth certificates?*** Indicate for each category of coding staff what other activities they are responsible for, or involved in, e.g. data collection, data analysis, codification of birth certificates, other responsibilities (please specify).

	Category of coding personnel	Other responsibilities
1.	_____	_____
2.	_____	_____

3. _____ _____

6. ***Are there specific training materials being used in the country for ICD-10 mortality coding?***

_____ No

_____ Yes (please describe - to the fullest extent possible - each set/package of training materials being used. For each set/package, indicate the name of the product, whether or not it is commercially available, the name and e-mail or other address of the appropriate contact person, if the materials were developed locally, etc. *Please also indicate whether training was provided by trainers outside of the country, e.g., the Regional Office, a Collaborating Centre, another country.*)

_____

_____

_____

_____

_____

_____

_____

_____

_____

7. ***Is there a credentialing scheme (e.g. accreditation, certification, etc.) for mortality coders in the country?***

_____ No

_____ Yes (please describe the mechanisms/processes for this credentialing scheme)

_____

_____

_____

_____

8. ***Are some staff in the country trained in both morbidity and mortality coding?***

_____ No

_____ Yes (please indicate the number of staff trained in both morbidity and mortality coding, their job titles, and describe their main areas of responsibilities and functions)

_____

_____

_____

_____

9. ***For each category indicated in question #1, lines 1-3 above, what number of staff have already been trained nationally in ICD-10?*** Please indicate any notes or comments on the lines for each category of staff, *including the adequacy of the number trained*.

	Category of personnel	Number of staff already trained	Comments (including adequacy)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

10. ***For all of the categories indicated in question #1, lines 1-3 above, what number of staff are projected/estimated to be trained during the calendar years 2002 through the year 2004?*** Please indicate in the Comments section any relevant notes or comments, *including whether you consider this number adequate and how many additional staff you believe should be trained.*

Year	Number of staff to be trained	Comments (including adequacy)
2002	_____	_____
2003	_____	_____
2004	_____	_____

11. ***Is coding of mortality data centralized or decentralized (state, regional or municipal level) in the country? Please describe.***

_____

_____

_____

_____

12. If coding is not centralized, do all the coders receive the same type of training (courses, hours of training, training materials, etc.)?

_____Yes

_____No (Please describe)

_____

_____

_____

_____

Attachment 4

QUESTIONNAIRE FOR NEEDS ASSESSMENT
ICD-10 MORBIDITY CODERS

This questionnaire has been developed by the Subgroup on Training and Credentialing of the network of World Health Organization Collaborating Centres for the Family of International Classifications. The purpose of the questionnaire is to gather intelligence about the capacity, skills and responsibilities of ICD-10 morbidity coders in member countries that have implemented ICD-10. The questionnaire should be returned to your WHO Regional Advisor, as follows: _____

_____

Please write legibly or type responses or enter the information directly on the computer file of the form. We would appreciate receiving your response by 30 July 2002. Thank you.

Country: _____

Person Completing the Questionnaire -

Name: _____

Organization: _____

Post/job title: _____

Mailing Address: _____

_____

_____

Telephone no: _____

Fax no: _____

E-mail address: _____

Role in ICD implementation: _____

_____

_____

_____ _____

Signature **Date** (dd/mm/yy)

Note: These questions should be completed only for countries currently using ICD-10 or a national adaptation of ICD-10 for morbidity coding. Please indicate whether you have implemented ICD-10 for morbidity for:

_____The entire country

_____A portion of the country (please explain)

_____
_____
_____
_____

1. ***What is the post/job title of staff who do the ICD-10 morbidity coding in hospitals and other health facilities in the country?*** Please list each category of personnel (e.g. medical record coders, medical record officers, statistical assistants, etc.) and their usual work location/site (e.g. hospital, health centre, central health information unit within the ministry of health, national health statistical office, etc.). After each category, please provide estimated number of personnel in the country.

Category of personnel	Work location/site
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

2. ***For each category indicated in question #1, lines 1-4 above, what is the minimum educational requirement for personnel in the posts?*** Please specify the number of completed years of schooling required (e.g. 8, 12, 14, 16 completed years, etc.) and any degrees, diplomas and/or certificates required (e.g. none, secondary school diploma, college degree, etc.) for personnel in each post. *If in-service training is required in lieu of or in addition to formal schooling, please indicate in question #3 below.*

	Category of coding personnel	Completed years of schooling required	Degree/diploma/ certificate(s) required
1.	_____	_____	_____
2.	_____	_____	_____
3.			
4.	_____	_____	_____

3. ***For each category indicated in question #1, lines 1-4 above, what is the minimum amount of in-service training required for personnel in the posts? Also please indicate the minimum amount of experience required for the post.***

Please specify whether certification is provided following the in-service training for personnel in each post.

	Category of coding personnel	Completed months or years of in-service training required	Experience required
		Months	Months
1.		Years	Years
		Certificate	
		Months	Months
2.		Years	Years
		Certificate	
		Months	Months
3.		Years	Years
		Certificate	
		Months	Months
4.		Years	Years
		Certificate	

5. ***Are there any other requirements for personnel in the posts? If so, please specify for each category indicated in question #1, lines 1-4 above.***

	Category of coding personnel	Other requirements
3.	_____	_____
4.	_____	_____
3.	_____	_____
4.	_____	_____

5. ***For each category indicated in question #1, lines 1-4 above, are the coders also responsible for, or involved in, data collection or analysis?*** Indicate for each category of coding staff what other activities they are responsible for, or involved in, e.g. data collection, data analysis, other responsibilities (please specify).

Category of coding personnel	**Other responsibilities**
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

6. ***Are there specific training materials being used in the country for ICD-10 morbidity coding?***

_____ No

_____ Yes (please describe - to the fullest extent possible - each set/package of training materials being used. For each set/package, indicate the name of the product, whether or not it is commercially available, the name and e-mail or other address of an appropriate contact person for more information, if the materials were developed locally, etc. *Please also indicate whether training was provided by trainers outside of the country, e.g., the Regional Office, another country*.)

_____

_____

_____

_____

_____

_____

_____

7. ***Is there a credentialing scheme (e.g. accreditation, certification, etc.) for morbidity coders in the country?***

_____ No

_____ Yes (please describe the mechanisms/processes for this credentialing scheme)

_____

_____

_____

_____

8. ***For each category indicated in question #1, lines 1-4 above, what number of staff have already been trained nationally in ICD-10?*** Please indicate any relevant notes or comments on the lines for each category of staff, *including the adequacy of the number trained.*

	Category of personnel	**Number of staff already trained**	**Comments (including adequacy)**
1.			
2.			

3.			
4.			

9. ***For all of the categories indicated in question #1, lines 1-4 above, what number of staff are projected/estimated to need training during the calendar years 2002 through the year 2004?*** Please indicate in the Comments section any relevant notes or comments, *including whether you consider this number adequate and how many additional staff you believe should be trained.*

Year	**Number of staff to be trained**	**Comments (including adequacy)**
2002		
2003		
2004		

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4/02/2002

Attachment 5

DEFINITIONS, SKILL LEVELS, AND FUNCTIONS FOR CERTIFIED CODER/NOSOLOGIST

The International Federation of Health Record Organizations (IFHRO) is working in junction with the World Health Organization's (WHO) Collaborating Centers for the Family of International Classifications Subgroup on Training and Credentialing to oversee credentialing examinations for medical coding personnel who wish to demonstrate an internationally recognized proficiency in the use of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Below are the definitions, skill levels and functions deemed necessary to sit for a credentialing examination.

CREDENTIAL FOR CODING OF UNDERLYING CAUSE OF DEATH

(International definitions need to be agreed upon. The term technician is not well liked. Non-complicated and complicated deaths also raised objections.)

Definition:

A mortality classification technician classifies, verifies and corrects medical diagnostic data reported on death certificates. These data become the underlying source from which national and international mortality statistics are tabulated and compared.

Entry level coder (trainee)

An entry level underlying cause coder has the ability to read and comprehend a standard death certificate and to recognize and select the proper ICD-10 code, based on established conventions for use of the ICD, for the underlying cause of death for a non-complicated death. A non-complicated death is defined as one where a patient had a single health condition that resulted in death. S/he must demonstrate a capacity for accurately verifying coded work in compliance with complex instructions and rules. S/he exerts a high degree of discipline in adapting to the technical requirements of various classification activities and procedures. S/he must maintain a high rate of consistency and productivity. All work of a trainee should be subject to verification by a more experienced mortality classification technician before being released.

Intermediate level coder

An intermediate level underlying cause coder has the ability to read and comprehend a standard death certificate and to recognize and select the proper ICD-10 code, based on established conventions for use of the ICD, for the underlying cause of death for non-complicated and complicated certificates. A complicated death is defined as one where a patient has multiple health conditions that may have resulted in death. S/he must demonstrate a capacity for accurately verifying coded work in compliance with complex instructions and rules. S/he exerts a high degree of discipline in adapting to the technical requirements of various classification activities and procedures.

S/he must maintain a high rate of consistency and productivity. Work of an intermediate level coder does not need to be verified by a more experienced mortality classification technician before being released.

Advanced coder (Nosologist)

(The use of computer systems, statistical analysis and other such high level skills seems to be outside the job parameters of most current nosologists.)

An advanced level underlying cause coder possesses all of the skills of an intermediate level coder. Additionally, an advanced level underlying cause coder has the ability to create statistical reports and analyses on cause-of- death data extracted from death certificate codes. An advanced level underlying cause coder is also able to work with computer systems responsible for the collection of cause-of-death data. As a nosologist, an advanced level underlying cause-of-death coder has achieved a high level of expertise in the rules governing the assignment of the cause of death and in the interpretation and application of the ICD classification and is able to train new mortality coders and implement and oversee special projects on causes of death.

Skill levels (Qualifications):

(The reference to education needs to be made more international because different countries have different education systems. Also, how will job experience be measured in relation to formal education?)

Entry level coder

An entry level underlying cause coder should have the equivalent of a 12th grade education (e.g., U.S. high school diploma), an introductory course in anatomy and physiology, a course in medical terminology and an introductory course in the use of the ICD and the rules governing mortality coding. An entry level coder must be able to consult source books and instructional manuals on the use of the ICD. S/he must be able to review medical books and technical journals to acquire familiarity with the etiology, symptoms and pathology of diseases.

Intermediate level coder

An intermediate level underlying cause coder should have the equivalent of two additional years of education, post diploma, (e.g., U.S. Associate degree) in health information technology or a related health care subject and/or 1 year of experience coding death certificates. An intermediate level coder must maintain familiarity with the etiology, symptoms and pathology of diseases.

Advanced coder (Nosologist)

An advanced underlying cause coder should have the equivalent of four additional years of education, post diploma (e.g., U.S. Bachelor or Baccalaureate degree) in health information management or a related health care subject and/or 5 years of experience coding death certificates. An advanced underlying cause coder has the education and experience to continue with graduate level education in computer science, statistics, or epidemiology.

Functions:

Entry level coder

Codes death certificates, or ensures the appropriate ICD code for underlying cause of death for certificates coded by others, that list only diagnoses that are addressed by specific written instruction, that contain legible entries and use traditional terminology, that contain all required information, and that use terms for which the ICD specified codes. All coding is done under the supervision of an experienced coder.

Intermediate level coder

(Should the advanced coder periodically check some portion of the work done at this level? A random sampling on a quarterly basis is suggested for data quality purposes.)

Codes death certificates, or ensures the appropriate ICD code for underlying cause of death for certificates coded by others, that list diagnoses that are not addressed by specific written instruction, that contain illegible entries and use nontraditional terminology, that lack required information, and that use terms for which the ICD does not provide specified codes. Intermediate level coders are able to work independently without direct supervision.

Advanced coder (Nosologist)

Codes death certificates, or ensures the appropriate ICD code for underlying cause of death for certificates coded by others, that list diagnoses that are not addressed by specific written instruction, that contain illegible entries and use nontraditional terminology, that lack required information, and that use terms for which the ICD does not provide specified codes.

S/he may be assigned special studies that involve rule or code changes that could influence national or/international statistics. Such studies include projects where the comparability of classification between countries is examined or where different versions of the ICD or changes made to the classification are evaluated. These projects require recognition of problems, consistent interpretation of new and highly technical instructions for determining underlying cause of death, while working under the pressure of deadlines.

An advanced underlying cause coder responds to questions posed by peers nationally and internationally and is viewed as an expert with definitive knowledge of the procedures, practices and techniques used to classify underlying cause of death.