

**WHO-FIC Education and Implementation Committee:
A Status Report, 2010-2011**

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Abstract

The WHO-FIC Education and Implementation Committee (EIC) was established in October 2010, when the Education Committee and Implementation Committee were merged. The EIC assists and advises WHO in implementing the WHO Family of International Classifications (WHO-FIC) and improving the level and quality of their use in member states. The primary function of the Committee described in the 2010-2011 terms of reference is to develop strategies for the implementation of the WHO-FIC with an integrated educational strategy for the Reference Classifications. This is achieved by developing implementation, education, training and certification strategies and tools for the WHO-FIC; identifying best training and implementation practices and providing a network for sharing expertise and experience on training and implementation. EIC is continuing a Joint Collaboration (JC) with the International Federation of Health Information Management Associations and joint projects with the Functioning and Disability Reference Group in addressing tasks for ICD and ICF, respectively. The EIC and JC held three teleconferences in 2011 and a mid-year meeting in Budapest, Hungary to discuss and plan future steps for the web-based training tools for ICD-10 and for ICF, ICD-10 and ICF implementation databases and to make progress on other components of its work plan. This paper and several related papers and posters describe the status of each element in the EIC's work plan.

1- Introduction

The WHO-FIC Education Committee was established at the 2003 WHO-FIC Network meeting in Cologne, Germany, as a successor to the Subgroup on Training and Credentialing of the WHO-FIC Implementation Committee; the latter had been established in Cardiff, Wales in 1999. In April 2010 the WHO-FIC Network Council approved the merger of the Education Committee with the Implementation Committee creating the Education and Implementation Committee (EIC). The Committee's terms of reference (see appendix 1) include functions and tasks for international stocktaking of implementation of the reference classifications

(International Statistical Classification of Diseases and Related Health Problems [ICD] and the International Classification of Functioning, Disability and Health [ICF]) and strategies for education, training and implementation. The Education and Implementation Committee (EIC) assists and advises WHO in implementing the WHO Family of International Classifications and improving the level and quality of their use in member states. This is achieved by developing implementation, education, training and certification strategies for the WHO-FIC, identifying best training and implementation practices and providing a network for sharing expertise and experience on training and implementation. A Joint Collaboration (JC) with the International Federation of Health Information Management Associations (IFHIMA)¹ was established by the Education Committee in 2004 and continues its work with EIC.

This paper provides a summary report of the Education and Implementation Committee's activities and progress since the 2010 meeting in Toronto, Canada. The paper is organized around the goals for the EIC included in the WHO-FIC Network 2010-2011 Work Plan (see appendix 2). The EIC held three teleconferences and a mid-year meeting between January and September 2011 to progress its work. In addition, a number of small groups met to progress various activities. Separate papers and posters will provide greater detail and recommendations on key aspects of the Committee's work plan. Related documents, including the minutes from the Committee's March 2011 mid-year meeting in Budapest, Hungary can be found on the Committee's web site http://www.cdc.gov/nchs/icd/nacc_education_committee.htm, and at the WHO workspace.

Develop and sustain education, training strategy and tools for WHO classifications

Promote the development and use of WHO-FIC Training Tools - ICD-10

The terms of reference for the EIC include "Develop, harmonize and maintain self-learning tools". In relation to this, core curricula for training ICD-10 mortality and morbidity coders were developed, approved by the WHO-FIC Network and IFHIMA (IFHRO) in 2004; the EC and JC also developed a core curriculum for certifiers of underlying cause of death, which was approved in 2007. These curricula became the framework for a web-based training tool for ICD-10 coding and for certification of causes-of-death, developed with the support of the EIC, Mortality and Morbidity Reference Groups and several Collaborating Centres. The work on the tool began in 2006, was tested by the Education Committee in 2009 and is now available at the WHO web site.

At the EIC midyear meeting in Budapest, Hungary, in March 2011, Dr. Robert Jakob reported that the final version of the ICD-10 Training Tool was posted on the WHO website in January at: <http://apps.who.int/classifications/apps/icd/icd10training/>

¹ Formerly the International Federation of Health Records Organizations (IFHRO)

WHO also has prepared:

- a CD-ROM version with automatic installer and ISBN number (cost=US\$30)
- version for download from WHO website
- User guide
- Translation package containing all source files, storybooks, etc
- Detailed instruction on translation including number of words to be translated, an estimate of the amount of time required, cost estimate from the company to provide technical support if required.

To aid in compatibility with all ages of computers, the installation routines are supported by software as far back as 1998.

During the midyear meeting it was recognized that there is a need for a Technical Support Group, much as there is a Training Support Group, already established.

The Training Support Group is a Google Group, with a number of members, aimed to provide assistance for users as they work through the training materials. The plan is to provide answers to questions after consideration by a small expert group of EIC members and to collect them to develop a list of Frequently Asked Questions to be posted on the website in the future. Over the past year, only a few questions have been raised, and the process of answering is working well.

The issue of advertising the training tool is an important one. Dr. Robert Jakob reported that a promotion program for advising about the availability of the training tool is also planned. It includes information to be provided to regional advisors, links on home pages to increase hit rates. A press release to regional offices, universities and ministries of health was also recommended and members were asked to assist with word of mouth advertising, which was recognized as possibly the best resource. Members of the EIC will personally contact potential users to announce the training tool. A separate paper by Greenberg and Skurka describes the regional approach to disseminating and promoting EIC activities and products, including the web-based training tools.

In order to spread information about the existence of the training tool in all regions, it was also suggested that a Facebook site be set up, and an announcement in the WHO Bulletin and on the WHO webpage would be helpful.

In addition to use by individuals, the training material has been used in several training courses during 2011, including in Kenya (Cleo Rooney), Brisbane (Sue Walker and Garry Waller). It also has been posted on the Pacific Open Health Learning Net (POHLN) to make it easily available to Pacific Island countries.

The following remaining issues need to be addressed: plans for ongoing maintenance and updating and how to expand on sections of the training tool that morbidity and mortality pilot tests have shown are areas that may need to be emphasized to ensure student understanding.

Promote the development and use of WHO-FIC Training Tools - ICF

The Committee's work on an e-Learning tool for ICF is being carried out in conjunction with the Functioning and Disability Reference Group (FDRG), as well as other members of the WHO-FIC Network.

As reported by Alarcos Cieza in February's Conference Call, the ICF e-Learning tool developers have incorporated suggestions from all reviewers in finalising the first module for the ICF tool and have included an ICF Knowledge questionnaire. This will allow learners to assess their level of ICF knowledge at any time and get feedback about their score. This version was available for a last revision by the EIC and FDRG members from the end of February to April 2011. The tool was sent to the WHO in May for approval, after which the ICF e-Learning tool will be posted on the WHO website.

During the midyear meeting, it was suggested to ensure that the first module in the ICF tool is clearly identified as an introduction to the ICF. The inclusion of the term "introduction" in its title may make users aware of the need for additional training before being able to use the classification in practice.

Alarcos Cieza also reported that WHO and the ICF Research Branch are contacting the collaborating centers that have expressed an interest in translating the introductory module, for example, the Dutch, Japanese, Italian, and Portuguese centers. A translation protocol that is the same as the ICD-10 protocol is needed.

Besides the on line tool, Huib Ten Napel mentioned the need for a Power Point version of the tool. Alarcos informed the EIC that this is already available but not identical to the actual version of the tool.

The development of additional modules will depend on the mobilization of resources. Alarcos and her group are relying on the support of the EIC and the Network in identifying sources of funds and of human resources. However the EIC has tried unsuccessfully to identify funding sources to support the ICD developments and it seems unlikely that better fortune would be experienced in sustaining future ICF work. Proposals previously have been submitted to the Health Metrics Network by the Education Committee, and Sue Walker submitted a further proposal to support regional coding in the Pacific in response to a new solicitation for projects in late 2010. None of these proposals have been supported.

It is proposed to create a project group to promote and facilitate the search for funding and to contribute to conceptualizing the content of the additional modules. The group, including EIC members and ICF experts from the collaborating centers and from the community, would come together during the annual and mid-year meetings and would meet virtually at other times. Regarding the development of additional modules, Sue Walker and Catherine Sykes pointed out the need for a detailed project plan in order to define the expertise needed and the requirements for additional funding. Sue Walker, Catherine Sykes and Gordon Tomes will draft a proposal to be discussed at the annual meeting in Cape Town.

Alarcos will provide material already prepared. It was also suggested that the development group source training materials already developed by other

organizations and groups to ascertain if these could be used for preparation of more detailed modules for the training tool.

The involvement of both ICD and ICF education experts in review of both training tools has proven very beneficial.

Develop and promote International Training Strategy and Explore Development of International Certification Strategy

This is one of the EIC tasks that has been developed since the inception of the Education Committee. This program is being conducted in conjunction with IFHIMA. For the proposed underlying cause of death coding exam, the first 100 questions were tested between 2007 and 2009, with assistance from the MRG. It took several iterations to achieve agreement on the correct answers. The exam was piloted several times and translated into several languages (French, Spanish and Portuguese).

In the 2010 Annual Meeting it was decided to double the number of questions in the Mortality Exam. The process to obtain additional questions started in 2011, and 85 new questions were sent to the MRG members. The MRG was asked to code all conditions mentioned in each question, to identify the underlying cause of death and all rules used in the process of selecting the underlying causes.

The next step will be to assess the answers given by the MRG members in order to select the questions where there is total agreement on the answers. Additional consultation rounds will be necessary in order to increase the level of agreement.

Even if additional pilots of the mortality exam are not conducted, the process will inform development of revised mortality coding rules for ICD-11. Lars Age Johansson is working on the latter. The Committee commended the work on expanding the pool of questions but noted that without funding to support the exam process, it is not possible to offer the exam on a global basis despite the interest shown in many countries.

Exam for Morbidity Coders

The international exam on morbidity coding was developed in 2010. Joon Hong and Carol Lewis conducted a survey to gather questions, obtaining questions from 12 countries. They reviewed the questions and answers in detail and circulated them to a sub-group before finalizing the exam.

The exam includes 20 multiple choice questions, 30 coding diagnosis questions and 15 scenario questions (10 short and five long). The initial purpose of the exam was educational and not to provide certificates for successful completion.

The exam was pilot tested in Korea in October 2010 (48 examinees) and in Japan in January 2011 (52 examinees). These pilots allowed the characteristics of each question to be determined (easy and poor questions, problems with index, poor

coding instructions in Volume 2, among others).

During the midyear meeting, Joon and Carol presented the results of the pilots in Korea and in Japan (on behalf of Yukiko Yokobori). The results showed few people succeeded well (half were below the 50% mark in Korea and 85% were below 60% correct answers in Japan). There was a lot of agreement between the two countries on the questions that received the highest and lowest correct scores. Questions with low rates for correct answers will be reviewed in order to determine if they need to be modified or removed from the exam. The pilot results showed that many difficulties are related to external cause of injury coding and morphology coding.

Problems identified across both countries are that different versions of ICD-10 are being used in different countries and even within the same country; not all countries apply the WHO updates; national coding instructions may differ from the international standard guidelines; and not all components of the classification (e.g., morphology codes) are routinely used. Adding to these, the large number of morbidity coders world-wide and the variation in country definitions for main condition turn the elaboration of the morbidity exam into a big challenge.

It was also emphasized that an international morbidity exam would be a long-term commitment, would require human and material resources and a structure and organization for developing the exam and issuing certificates.

It was decided that at least one more pilot should be conducted, preferably in another region. Since the mid year meeting, pilot tests have been conducted in Jamaica, Sweden and Sri Lanka. Countries conducting additional pilots have been asked to document the level of effort required and the results will be discussed in Cape Town.

As was discussed earlier regarding the mortality coding exam, the results should inform the ICD-11 process. There also are important implications for the updating process for ICD, which never has been fully evaluated. It is apparent that the updates have not been universally adopted by countries.

Regional Approach

After the 2010 Annual WHO-FIC Meeting and IFHRO Congress, when a paper was presented on the Regional Approach to WHO and IFHIMA Regional Directors, Marjorie Greenberg and Margaret Skurka presented a proposal for communication in the midyear meeting in Budapest.

The objective is to inform colleagues about the EIC activities, products available and to request feedback and suggestions for sources of support. The proposal included a letter describing the objectives of the EIC's communication, a short questionnaire and a CD ROM.

The intent of the questionnaire is to identify opportunities for future collaboration and to gauge interest in, and utility of, the materials provided in the CD-ROM:

- Seven Information Sheets
- the core curricula for training coders who use the ICD for mortality and morbidity coders

- Core curriculum for certifiers of cause-of-death
- Curriculum Modules for International Classification of Functioning, Disability and Health (ICF)
- Checklist for Implementation of WHO-FIC member classifications at country level
- Overview of ICF (developed with FDRG)

In June an e-mail message and a CD ROM containing the EIC products (under separate cover) were mailed to the WHO Regional Offices, Heads of Collaborating Centers and IFHIMA Regional Directors.

A report on the survey results and any follow up from recipients will be presented at the 2011 WHO-FIC Network annual meeting.

Improve the level and quality of implementation of WHO classifications

Support users of the classifications with information resources

The seven information sheets approved in the 2010 Annual meeting, in Toronto, were presented at the IFHIMA Congress in Milan and posted at both websites (EIC and IFHIMA).

During the conference call in February some other subjects to be presented as information sheets were suggested, including the joint use of classifications and terminologies, the International Classification of Patient Safety, ICHI.

During the midyear meeting in Budapest a new Information Sheet was presented, SNOMED CT[®] and ICD: A 21st Century Informatics Solution, prepared by Rita Scichilone and Kathy Giannangelo. It was discussed and comments were sent to the authors who will present a final version to be approved during the September teleconference or at the 2011 Annual Meeting. A further sheet, Training and Certification to Promote High-Quality Data, had been revised to change IFHRO's name to the International Federation of Health Information Management Associations (IFHIMA) and this was endorsed in Budapest.

It was also suggested that one Information Sheet on automated systems for mortality coding might be useful. Sue Walker contacted the ICE group to work together on this.

While there is no good information about how the sheets are being used, the group believes that it is important to promote them, to have them translated, and to identify new topics. To ensure the accuracy of the forms, the importance of a periodic review was emphasized and it was decided to look at them once a year prior to the annual Network meeting.

Build Partnerships and Serve Global Users

Develop educational material for the WHO-FIC Network

Briefing Kit The Network briefing kit for the information of new Collaborating Centres is available on the Network SharePoint site. The EIC provided its usual introduction to the Network for new members at the Toronto meeting and will continue this role in Cape Town.

Best Practices The EIC continued its practice of encouraging sharing of training and implementation experiences during the face to face meeting in Budapest. Presentations from various committee members and subsequent discussions and shared learning are an important part of the Committee's functions.

Provide comprehensive and updated information on WHO-FIC implementation in WHO Members States

ICD Implementation Database

The Implementation Databases have been included in the EIC work plan after the merger of the two committees; these are a mechanism for providing information on the status of ICD and ICF use in WHO member countries. It was noted that despite being potentially very useful data, what is available on the WHO website regarding ICD-10 implementation is neither up-to-date nor very user friendly. Robert Jakob acknowledged that it is hard to get user input – requests have been made of collaborating centers but very few recent responses have been received. The issue of completeness is really dependent upon the countries responding.

It was reported by Patricia Soliz that informed centres – national statistics offices and key universities – are providing the Pan American Health Organization (PAHO) with information on the implementation of ICD.

A number of questions on this issue were raised: how to make the process more effective through a user-friendly update process, how to decrease the number of questions while keeping those really important that lead to useful data and how to improve the reporting function?

A work group has been set up to define a proposal for a web solution that allows easier updating of the ICD database and summary tables. The work group held a teleconference with Robert Jakob on July 13 and will prepare a proposal for discussion at the 2011 WHO-FIC Annual Meeting.

ICF implementation database - ICF-INFO

The Italian WHO Collaborating Centre Research Branch Besta has been working to develop the ICF Implementation Database. This has been submitted in its pre final form, after several meetings with WHO Staff and after including all the comments received since Toronto, for its final approval to EIC members in Budapest. This

questionnaire included questions on how the Activity and Participation concepts were being used, but did not include information on Personal Factors. These factors were originally to be addressed by the FDRG, as decided in the 2010 Annual Meeting. The Dutch Center has been working on the development of an ICF questionnaire since 2006, different and for more specific use than the more general ICF implementation database. At the midyear meeting in Budapest, the steps for the development of this database were discussed, led by Huib Ten Napel and Matilde Leonardi. It has been agreed by Matilde Leonardi, Huip Ten Napel and then Nenad Konstanjsek (not in Budapest but connected by phone) and by EIC members that WHO and the Dutch Centre will work so as to coordinate the use of the two instruments into a project to create the ICF implementation database (with the 2 instruments), coordinated by Huib Ten Napel. The Dutch Centre has some funding to support the development work but is waiting on a request from WHO in order to begin. WHO had previously agreed to publish the more general ICF implementation database on its website before the 2011 WHO-FIC annual meeting.

Abbreviations, Acronyms and Definitions

The EIC continues to update the list of abbreviations and acronyms relevant to the WHO-FIC Network, which was first developed in 2004 as an educational tool for participants in Network meetings. The list, which is a "living document" that can be updated and expanded on an annual basis, is contained in appendix 3, in the WHO workspace and at the EIC website.

Summary

The WHO-FIC Education and Implementation Committee continued to make good progress in pursuing its ICD and ICF implementation, education and training objectives. During 2011, both ICD and ICF training tools were finalised and the ICD tool was posted on the WHO website. The Committee continues its close collaboration with IFHIMA, as well as the FDRG, MRG and other components of the WHO-FIC Network. Projects also were initiated to update and expand the ICD and ICF Implementation Databases. Although the Committee has proven its ability to carry out considerable developmental work with limited external resources, additional resources will be needed by the WHO-FIC Network, IFHIMA and others to execute the plans that are developed and to assure that adequate implementation tools, training and quality assurance in the use of both ICD and ICF are available worldwide. Approaches for expanding resources should continue to be addressed by the WHO-FIC Network.

Appendices

1. Education and Implementation Committee Terms of Reference (last version after Budapest)
2. Work plan
3. Abbreviations, Acronyms and Definitions

Terms of Reference

WHO FIC Education and Implementation Committee

Purpose

Assist and advise WHO and the WHO-FIC Network in implementing the WHO Family of International Classifications (WHO-FIC) and improving the level and quality of their use in Member States. Track implementation of the classifications and develop implementation, education, training and certification strategies for the WHO-FIC, identifying best training and implementation practices and providing a network for sharing expertise and experience on training and implementation. The first priority will be for the reference classifications, ICD and ICF.

Background

The Implementation Committee was established in 1999 with a Subgroup on Training and Credentialing. In 2003, the Subgroup became a separate Education Committee. The two committees were merged into the Education and Implementation Committee in 2010.

Functions

The primary functions of the Committee are to develop strategies for the implementation of the WHO-FIC with an integrated educational strategy for the Reference Classifications. Other members of the Family of International Classifications will be considered as resources permit. The components of this strategy include the following functions:

1. To conduct through the WHO HQ and ROs an international stocktake of WHO-FIC implementation in a timely, systematic and comprehensive manner:
 - 1.1 Review periodically the planned or existing use of classifications in both the public and private sectors in terms of: areas and purposes of use, version in use, coverage, coding method (automated, physician coders, clerical coders etc.);
 - 1.2 Prepare a periodic summary of the global implementation status in Member States;
 - 1.3 Work with WHO in the development and refinement of mechanisms for collecting and analyzing WHO-FIC implementation data (by conventional questionnaire and web-based applications);
 - 1.4 Monitor and make proposals for improvement of the technical and scientific quality of implementation-related studies presented to the annual WHO-FIC meetings and other international meetings.
2. Assess the needs of users of the classifications, including those who provide source information, apply codes, conduct research or use the resulting data.

- 2.1 Identify the learning objectives for educational approaches.
- 2.2 Maintain an inventory of existing educational materials and capacity.
- 2.3 Make recommendations for learning content including development of core curricula
- 2.4 Make recommendations for best practices for promotion and delivery of educational material.
- 2.5 Develop, harmonize and maintain self-learning tools.
- 3 Assist WHO in the development and application of implementation guidelines.
- 4 Provide WHO with guidance on user needs in terms of instruments, tools, training materials, and other references.
- 5 Act as an international support network for countries, through the WHO and ROs, on issues relating to implementation and best practices in the use of the WHO-FIC.
- 6 Act as advocates both nationally and internationally to obtain high level support and financial commitment to develop and implement improved information systems using WHO-FIC, particularly in developing nations.
- 7 Work with the other WHO-FIC Network committees and reference groups in the creation of methodologies for the joint use of WHO-FIC members in health information systems and surveys and development of educational products.

The components of the education and implementation strategies include the following tasks:

1. Inventory the use of ICD and ICF in member states
2. Inventory the availability of the classifications in multiple languages and translation strategies
3. Gather information from collaborating centres and regional offices on use and capacity for implementation of ICD and ICF in WHO member states
4. Develop a Checklist for implementation of WHO Family of International Classifications
5. Identify groups with interest in the implementation of WHO-FIC and approaches to address them
6. Gather information from collaborating centres and regional offices on capacity for ICD-10 and ICF training in WHO member states

7. Conduct needs assessments about the capacity, skills and responsibilities of ICD mortality and morbidity coders and ICF coders in member states. Define the skills and levels of education and training required for coders and nosologists, as well as other users of the classifications.
8. Identify groups requiring education and training about ICD and ICF (e.g., coders, statisticians, epidemiologists, policymakers, administrators, relevant systems and program managers, clinicians, survey developers, health sciences educators, students and consumers) and in the proper completion of source documents (e.g., death certificate, health record) and approaches to address them.
9. Catalogue, characterize (e.g., purpose, audience, content, language, availability, media and technology) and disseminate information on current educational and training curricula and modules for the ICD and ICF and identify gaps and methods for filling them.
10. Review existing training materials and the mechanisms for their dissemination and identify best practices. Provide advice on best practices to developers of ICD and ICF educational materials.
11. Promote the multi-lingual development of educational materials on ICD and ICF
12. Work with ITC and IHTSDO and other relevant groups on educational materials and implementation strategies for the joint use of classifications and terminologies
13. Collaborate with national and international organizations (e.g., the International Federation of Health Records Organizations) with which coders and nosologists can affiliate.
14. Continue to explore the capacity of these organizations to support an international training and certification program for ICD coders.
15. Explore the need for international certification or assessment of those trained to use ICF as a coding and classification system or of ICF training materials. Identify a support network or mechanism.
16. Identify approaches for assuring that training and certification are dynamic processes, responsive to changes in medical science, disability policy, technology, coding rules, etc. Explore different approaches to training, e.g., face-to-face, eLearning.

Structure and Working Methods

The structure of the Committee should involve permanent members from WHO (including the regional offices) and from each collaborating centre who will primarily devote their time to developing and, to the extent possible, carrying out strategies for addressing the functions specified above.

Membership is open to regional offices and all collaborating centres with national and regional responsibilities for WHO-FIC implementation and education. All WHO-FIC Centres may nominate two official members per country (up to a maximum of four members) and additional “collaborators”, who can participate fully but do not participate in voting. Beyond these permanent members, additional participants may take part in committee meetings as observers. The Committee will elect co-chairs for a two year term from its membership in a closed ballot during even-numbered years at an annual meeting of the network.

The Committee will develop a biennial work plan, which lists in detail goals, objectives, activities, deliverables, timelines and responsibilities for addressing the terms of reference. If necessary, different work groups (sub-committees) may be formed for specific tasks or WHO-FIC classifications to address different issues.

Working methods include e-mail, conference calls and face to face meetings, including an annual meeting during the WHO-FIC Network annual meeting. Official meetings of the committee must be held in conjunction with international WHO-FIC meetings.

October 18, 2010

Appendix III

WHO Family of International Classifications Education Committee

Abbreviations and Acronyms

Term	Meaning
ABS	Australian Bureau of Statistics
ACBA	Australian Coding Benchmark Audit
ACS	Automated Coding Software
ACHI	Australian Classification of Health Interventions (Vols. 3 and 4 of ICD-10-AM)
ACME	Automated Classification of Medical Entities
AFRO	Regional Office for Africa of the World Health Organization
AHIMA	American Health Information Management Association
AIDOS	Associazione Italiana Documentazione Sanitaria (Italian Medical Record Association)
AIHW	Australian Institute of Health and Welfare
AMRO	Regional Office for the Americas of the World Health Organization
ATC/DDD	Anatomical Therapeutic Chemical Classification System with Defined Daily Doses
BIREME	Latin American and Caribbean Center on Health Sciences Information (PAHO) Centro Latino-Americano e do Caribe de Informação em Ciências da Saúde (OPAS)

	Centro Latinoamericano y del Caribe de Información en Ciencias de la Salud (OPS)
CAM	Complementary and Alternative Medicine
CAP	College of American Pathologists
CAT	Classifications and Terminology section of WHO Headquarters, Secretariat to the WHO-FIC Network
CBCD	Centro Brasileiro de Classificação de Doenças (Brazilian Collaborating Center)
CCAM	Classification Commune des Actes Medicaux
CCI	Canadian Classification of Health Interventions
CCI	La Classification Canadienne des Interventions
CCSA	Clinical Coders' Society of America/Australia
CDC	Centers for Disease Control and Prevention (USA)
CDISC	Clinical Data Interchange Standards Consortium
CEMECE	Centro Colaborador para la Familia de Clasificaciones Internacionales de la OMS en México (Mexican Collaborating Center)
CEN	European Committee for Standardization
CEVECE	Centro Venezolano para la Clasificación de Enfermedades (Venezuelan Center for Classification of Diseases)
CHIMA	Canadian Health Information Management Association
CID (CID-10)	Classificação Estatística Internacional de Doenças e Problemas Relacionados à Saúde
CID-O-3	Classificação Internacional de Doenças para Oncologia – Terceira Edição
CIE	Clasificación Internacional de Enfermedades
CIE-10	Clasificación Estadística Internacional de Enfermedades y Problemas Relacionados con la Salud
CIE-O-3	Clasificación Internacional de Enfermedades para Oncología – Tercera

	Edición
CIE-9-MC	Clasificación Internacional de Enfermedades, 9a Revisión, Modificación Clínica (Spanish version of ICD-9-CM)
CIF	Clasificación Internacional del Funcionamiento, de la Discapacidad y de la Salud Classification internationale du fonctionnement, du handicap et de la santé Classificação Internacional de Funcionalidade, Incapacidade e Saúde (Spanish, French, and Portuguese editions of the International Classification of Functioning, Disability and Health)
CIHI	Canadian Institute for Health Information
CIM (CIM-10)	Classification statistique internationale des maladies et des problèmes de santé connexes
CIM-10-CA	Classification statistique internationale des maladies et des problèmes de santé connexes dixième version, Canada
ClaML	Classification mark-up language
CPT	Current Procedural Terminology (U.S.)
CRAES	Comité Regional Asesor en Estadísticas de Salud (PAHO Regional Advisory Committee on Health Statistics)
CTNERHI	Centre Technique National d'Études et de Recherches sur les Handicaps et les Inadaptations (France)
DATASUS	Departamento de Informática do Sistema Único de Saúde (Brazil)
DG SANCO	Directorate General for Health and Consumer Affairs, European Commission
DIMDI	Deutsches Institut für Medizinische Dokumentation und Information
DPI	Disabled Peoples International
DRG	Diagnosis-Related Groups
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders – 4 th Edition
EBM	Evidence-based Medicine
EBP	Evidence-based Practice

EIC	Education and Implementation Committee (WHO-FIC)
EDI	Electronic data interchange
EIP	Evidence and Information for Policy (WHO cluster)
EMRO	Regional Office for Eastern Mediterranean of the World Health Organization
EU-HDP	European Union Hospital Data Project
EURO	Regional Office for Europe of the World Health Organization
FAQ	Frequently asked questions
FDC	Family Development Committee (WHO-FIC)
FDRG	Functioning and Disability Reference Group (FDRG)
FIC	Family of International Classifications
Forum-CIE	Group for discussions by e-mail of issues related to mortality and morbidity coding and related themes (in Spanish)
HIMAA	Health Information Management Association of Australia
HL7	Health Level Seven - one of several American National Standards Institute (ANSI) -accredited Standards Developing Organizations (SDOs) operating in the healthcare arena. Health Level Seven's domain is clinical and administrative data.
HMN	Health Metrics Network
HOC	Heads of WHO Collaborating Centers for the Family of International Classifications
HRG	Healthcare Resource Group – used in the UK for casemix grouping
IARC	International Agency for Research on Cancer
ICD	International Classification of Diseases
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification (USA)
ICD-10	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision

ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
ICD-10-CA	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification (USA- will enter into effect on October 1, 2013)
ICD-10-GM	International Classification of Diseases and Related Health Problems, Tenth Revision, German Modification
ICD-10-PCS	International Classification of Diseases, Tenth Revision, Procedure Coding System (USA – will enter into effect on October 1, 2013)
ICD-10-XM	International Statistical Classification of Diseases and Related Health Problems, 10 th Revision, International Clinical Modification (under discussion)
ICD-DA-3	Application of the ICD for Dentistry and Stomatology, 3 rd Edition
ICD-Forum	Group for discussions by e-mail of issues related to mortality and morbidity coding and related themes (in English)
ICD-NA	International Classification of Diseases, Neurology Application
ICD-O-2 or 3	ICD for Oncology, 2 nd Edition; O-3, 3 rd Edition
ICE	International Collaborative Effort [on automating mortality statistics, on Injury Statistics] sponsored by NCHS
ICECI	International Classification of External Causes of Injuries
ICF	International Classification of Functioning, Disability and Health
ICF-CY	International Classification of Functioning, Disability and Health, Children and Youth version
ICHI	International Classification of Health Interventions
ICIDH	International Classification of Impairments, Disabilities, and Handicaps (Revised in 2001 and published as International Classification of Functioning, Disability and Health)
ICIS	Institut canadien d'information sur la santé (also CIHI)
ICPC	International Classification of Primary Care

ICPM	International Classification of Procedures in Medicine (WHO 1978)
ICPS	International Classification for Patient Safety
IFHIMA	International Federation of Health Information Management Associations (Formerly IFHRO)
IFHRO	International Federation of Health Records Organizations (renamed IFHIMA in November 2010)
IHRIM	Institute of Health Record and Information Management (UK)
IHTSDO	International Health Terminology Standards Development Organisation
IMIA	International Medical Informatics Association
IND	International Nomenclature of Diseases (Not currently maintained)
INSERM	Institut National de la Santé et de la Recherche Medicale
INTERCOD	Computer-assisted program for self-instruction for coding mortality and morbidity with ICD-10 developed by the Mexican Center for the Classification of Diseases and PAHO.
IRIS	A language-independent coding system based on MMDS
ISO	International Organization for Standardization
ISO 9999	Technical aids for persons with disabilities. Classification and terminology
ITC	Informatics and Terminology Committee
JHA	Japan Hospital Association
JHIM	Japan Society of Health Information Management
KMRA	Korean Medical Record Association
MbRG	Morbidity Reference Group (WHO-FIC)
MDG	Millennium Development Goals
MedDRA	Medical Dictionary for Regulatory Activities
MF	Mortality Forum - Group for discussions by e-mail of issues related to mortality coding (in English)
MICAR	Mortality Medical Indexing, Classification and Retrieval

MIKADO	Swedish automated coding system
MMCB	Mortality Medical Classification Branch, NCHS
MMDS	Mortality Medical Data System (US automated coding system)
MRG	Mortality Reference Group (WHO-FIC)
NACC	North American Collaborating Center
NCCC	National Casemix and Classification Centre (Australia)
NCCH	National Centre for Classification in Health (Australia)
NCECI	NOMESCO Classification of External Causes of Injuries
NCHIRT	National Centre for Health Information Research and Training (Australia)
NCHS	National Center for Health Statistics (USA)
NCRA	National Cancer Registrars Association
NCSP	NOMESCO Classification of Surgical Procedures
NHS	National Health Service (UK)
NIC	National Interventions Classification – currently under development but will ultimately replace OPCS-4 for surgical procedures and intervention for the UK
NLM	National Library of Medicine (U.S.)
NOMESCO	Nordic Medico-Statistical Committee
OECD	Organization for Economic Cooperation and Development
OMS	Organisation mondiale de la Santé (also WHO) Organización Mundial de la Salud Organização Mundial da Saúde
ONS	Office for National Statistics (UK) Formed in 1996 by a merger of the Central Statistical Office (CSO) and the Office of Population Censuses & Surveys (OPCS)
OPCS-4	The Office of Population Censuses and Surveys' Classification of Surgical Operations 4 th Revision. The current surgical procedures classification used in the UK

OPS (OPAS)	Organization panaméricaine de la Santé (also PAHO) Organización Panamericana de la Salud Organização Pan-Americana da Saúde
PACC (UK)	Professional Association of Clinical Coders (UK)
PAHO	Pan American Health Organization (also OPS, OPAS)
RI	Rehabilitation International
RIVM	National Institute of Public Health and the Environment (Netherlands)
RUTENDON	Computer-based ICD-10 coding training, in Russian
SCB	Seleção de causa básica (automated system, Brazil)
SEARO	Regional Office for South East Asia of the World Health Organization
SNOMED	Systematized Nomenclature of Medicine
SNOMED CT	SNOMED Clinical Terms
SNOMED RT	SNOMED Reference Terminology
STC	Statistics Canada
STYX	French automated coding system
SWP	Strategic Work Plan
TENDON	Computer-based training package for ICD-10 produced by the WHO Collaborating Centre for the Classification of Diseases, London.
TRANSAX	Translation of axes – used to create data appropriate for either record-based analysis or person-based analysis
UC or UCOD	Underlying cause of death
UMLS	Unified Medical Language System (NLM)
UN	United Nations
URC	Update and Revision Committee (WHO-FIC)
WCPT	World Confederation for Physical Therapy
WFOT	World Federation of Occupational Therapists

WHO	World Health Organization (also OMS)
WHO CAT	World Health Organization Classification, Assessment, Surveys and Terminology
WHO CC	World Health Organization Collaborating Center
WHO-FIC	World Health Organization Family of International Classifications
WICC	WONCA International Classification Committee
WONCA	World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (The short name is World Organization of Family Doctors.)
WPA	World Psychiatric Association
WPRO	Regional Office for Western Pacific of the World Health Organization
XML	Extensible Mark-up Language
YLD	Years of life lived with disability Years of life lost through disability
YLL	Years of life lost

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