

**MEETING OF WHO COLLABORATING CENTRES  
FOR THE FAMILY OF INTERNATIONAL CLASSIFICATIONS**

Tunis, Tunisia  
29 Oct. - 4 Nov. 2006

**Annual Report of the WHO Collaborating Center for the Family of International  
Classifications for North America,  
October 2005 – September 2006**

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**Abstract:**

*The WHO Collaborating Center for the Classification of Diseases for North America was established in 1976 to represent the U.S. and Canada in international activities related to study and revision of the International Classification of Diseases and Health Problems (ICD). In 1993, the Collaborating Center also assumed responsibility for work in North America on the International Classification of Impairments, Disabilities and Handicaps, now the International Classification of Functioning, Disability and Health (ICF). The North American Collaborating Center (NACC) was re-designated in 2003 as a WHO Collaborating Center for the Family of International Classifications (WHO-FIC). The Collaborating Center is located at the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, in the U.S. Department of Health and Human Services (DHSS), and works in close collaboration with the Canadian Institute for Health Information (CIHI) and Statistics Canada. Designation is in cooperation with the Pan American Health Organization.*

*The North American Collaborating Center continues to be very active in promoting the development and use of ICD and ICF in both the United States and Canada and in supporting the work of the WHO-FIC Network. This annual report documents activities during the past year associated with the NACC Terms of Reference and includes a work plan for 2006-2010.*

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## MEETING OF WHO COLLABORATING CENTRES FOR THE FAMILY OF INTERNATIONAL CLASSIFICATIONS

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### Introduction

The North American Collaborating Center continues to be very active in promoting the development and use of ICD and ICF in both the United States and Canada and in supporting the work of the WHO-FIC Network.. This annual report documents activities during the past year associated with the NACC Terms of Reference and includes a work plan for 2006-2010. Of particular note are the following:

- Publication by NCHS of final mortality data for 2004
- Provision of training courses in ICD-10 for U.S. mortality coders
- Development by NCHS of an electronic interactive basic multiple cause coding course on CD ROM
- Provided further technical assistance to the Jordanian Ministry of Health
- Publication by Statistics Canada of mortality data for 2003
- Provision of training courses in ICD-10 for Canadian mortality coders
- Publication by Statistics Canada of ICD-9/ICD-10 Comparability Study Report
- Made progress in developing and implementing a national Coroner/Medical Examiner Database of standardized information on circumstances surrounding deaths reported to coroners and medical examiners in Canada
- Production of 2006 version of ICD-9-CM, available on the web and as a CD ROM
- Dissemination of v2006 of ICD-10-CA and CCI in both official languages.
- Implementation of ICD-10-CA/CCI by all ten provinces and three territories in Canada as of April 2, 2006.
- Delivery of 58 Two Day Training Workshops in ICD-10-CA/CCI (56 in French), 52 one-day Coding Standards Workshops (one French), three (3) one-day Advanced Obstetrical and Newborn Coding workshops, six (6) one-day Coding for Diabetes Workshops and 17 three-hour What's New in v2006 ICD-10-CA/CCI Classifications and Standards teleconferences.
- The 2006 version of the Canadian Coding Standards for ICD-10-CA and CCI has been completely reformatted to clearly identify the directive statement in each standard. Seventeen new standards were written, 91 standards amended and 46 standards deleted.
- Chair and Secretariat of the WHO Update and Revision Committee (URC) participated in launch of ICD-10+ web-based platform for updating ICD-10. A total of 94 update proposals for discussion in Tunis have been reviewed and posted for comment on the platform by the Secretariat.

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- Provided continued support and co-leadership for the WHO Mortality Reference Group, including convening a mid-year meeting in Alexandria, VA
  - Provided continued support and leadership for the WHO-FIC Education Committee, including convening a mid-year meeting in Alexandria, VA, in conjunction with the Joint WHO-FIC – IFHRO Collaboration
  - Awarded a contract to AHIMA Foundation of Research and Education to finalize the various components of the International Training and Certification program for mortality and morbidity coders and publicize, pilot and evaluate it in conjunction with the Joint Collaboration.
  - Co-sponsorship by NCHS, CIHI and Statistics Canada of the Twelfth Annual NACC Conference on ICF in Vancouver, British Columbia, Canada on June 5-7, 2006. RehabNet was invited to create a shared day in the program on June 7.
  - Continuation of the NACC Clearinghouse on ICF
  - Continued participation in the Consolidated Health Informatics (CHI) Disability Workgroup, which is considering recommendations to name ICF as a CHI-endorsed standards for the functioning and disability domains
  - Integration of ICF into the development of reporting systems for Rehabilitation, Chronic Care and Home Care in Canada
  - Continued leadership by NCHS of the International Collaborative Effort (ICE) on Automating Mortality Statistics, including May 2006 ICE Planning Committee meeting in Alexandria, VA
  - Continued leadership by NCHS of the International Collaborative Effort on Injury Statistics and September 2006 Working Group meeting in Washington, D.C.

**Title of Center:**

WHO Collaborating Center for the Family of International Classifications for North America (NACC)

**Annual Report Year:** October 1, 2005- September 30, 2006

**Address:**

National Center for Health Statistics (NCHS)  
Centers for Disease Control and Prevention (CDC)  
3311 Toledo Road, Room 2413  
Hyattsville, Maryland 20782  
USA  
<http://www.cdc.gov/nchs/about/otheract/icd9/nacc.htm>

**Head of the Center:**

Marjorie S. Greenberg  
Chief, Classifications and Public Health Data Standards  
NCHS, CDC

**Terms of reference of the Center:**

- a) To promote the development and use of the WHO family of international classifications (WHO-FIC) including the International Statistical Classification of Diseases and Health Problems (ICD), the International Classification of Functioning, Disability and Health (ICF), and other derived and related classifications and to contribute to their implementation and improvement in the light of practical experience by multiple parties as a common language
- b) To contribute to the development of methodologies for the use of the WHO-FIC to facilitate the measurement of health states, interventions and outcomes on a sufficiently consistent and reliable basis to permit comparisons within countries over time and within and between countries at the same point in time. This includes the creation of comparable lists, correspondence tables, and comparability studies.
- c) To support the work of the various committees and work groups established to assist WHO in the development, testing, implementation, use, improvement, updating and revision of members of the WHO-FIC
- d) To study aspects related to the structure, interpretation and application of members of the WHO-FIC including those concerning taxonomy, linguistics, terminology and nomenclature
- e) To network with current and potential users of the WHO-FIC and act as a reference center (e.g., clearinghouse for good practice guidelines and the resolution of problems) for information about the WHO-FIC and other health-related classifications, including:

- the availability, suitability and applicability of the classifications for different purposes
  - coding practices
  - availability of tools for implementation
  - data analysis and interpretation
- f) To prepare teaching materials and to organize and conduct training courses on the implementation and use of the WHO-FIC. To contribute to the development of common international training tools and Internet-based applications by preparing translations and adaptations of the tools
- g) To assist WHO Headquarters and the Regional Offices in the preparation of members of the WHO-FIC and other relevant materials in the English language and to act as a reference centre for that language on all matters related to the WHO-FIC
- h) To provide support to existing and potential users of the WHO-FIC and of the data thus derived in North America and other English-speaking countries
- i) To work on at least one related and/or derived member of the WHO-FIC Specialty-based adaptations
- Primary care adaptations
  - Interventions/procedures
  - Injury Classification (ICECI)
  - Service Classification
- j) To participate in the Quality assurance procedures of the WHO-FIC classifications regarding norms for use, training and data collection and application rules
- k) To present periodic reports of the Center's activities to the annual meetings of Heads of WHO Collaborating Centres for the Family of International Classifications (WHO-FIC)

### **Implementation of the work plan in relation to the terms of reference**

The National Center for Health Statistics (NCHS) works in close collaboration with the Canadian Institute for Health Information (CIHI) and Statistics Canada to carry out the work plan of the North American Collaborating Center in the United States and Canada. (See attached for detailed descriptions.)

### **Collaboration between the Center and WHO**

- WHO staff (HQ, PAHO) participated in several ICD-related meetings organized by the North American Collaborating Center in May 2006. These included meetings of the ICE on Automated Mortality Statistics Planning Committee, the Mortality Reference Group and the WHO-FIC Education Committee.

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- Staff from WHO (HQ, PAHO, CAREC and WHO-Africa) participated in the International Collaborative Effort (ICE) on Injury Statistics working meeting in Washington, D.C. on September 7-8, 2006.
  - The NACC delegation of seven persons from the U.S and Canada participated in the 2005 annual meeting of the WHO-FIC Network in Tokyo, Japan from October 16-22. A NACC delegation will participate in the October 29 – November 4, 2006 annual meeting in Tunis, Tunisia.
  - The NACC Head chairs the WHO-FIC Network Planning Committee, which has held monthly conference calls since the 2005 annual meeting.
  - The NACC Head chaired the mid-year meeting of the Planning Committee, which was held in Paris in April 2006. The Committee monitors and advances the Network Strategy and Work Plan and plans the annual meeting.
  - The NACC Head chairs and directs the work of the Education Committee (EC), which assists and advises WHO in improving the level and quality of use of the WHO-FIC in Member States. The Head also facilitates the work of the Joint Collaboration (JC) with the International Federation of Health Records Organizations, a non-governmental organization in official relations with WHO. WHO HQ staff participates in the work, conference calls and meetings of the EC and JC.
  - NACC serves as the Co-Chair and Executive Secretary for the WHO-FIC Mortality Reference Group.
  - NACC serves as Chair and Secretariat for the WHO-FIC Update and Revision Committee.
  - U.S. and Canadian representatives of NACC serve on all WHO-FIC Committees.
  - In July 2006, NACC/NCHS supported travel to Geneva and per diem for an expert from the Australian Collaborating Centre to work with WHO staff on development of a web-based training tool for ICD-10 coding and cause-of-death certification
  - NACC has developed a web-based training tool for ICF (CODE ICF) in collaboration with WHO HQ. The training tool was designed to be housed on the WHO web site, but technical issues are still under review by WHO.
  - NACC awarded a professional services contract to WHO in August 2004 to research and develop crosswalks of ICF with several major assessment tools. The deliverables have not yet been received.

No financial support is provided to the Center by WHO. Adequate staffing and related resources are required at WHO HQ to assure successful accomplishment of the WHO-FIC objectives. These issues have been addressed at several previous WHO-FIC Network meetings, as well as at the WHO Consultation on the WHO Business Plan for Classifications held in Geneva on November 1-2, 2004.

### **Collaboration with other WHO Collaborating Centres**

The NACC collaborates actively with the other members of the WHO-FIC Collaborating Centre network, as follows:

- NACC supported attendance of two participants at the February 2006 Forum on Improving information on disability and functioning, hosted by the Australian Collaborating Centre in Sydney
- The Australian, German, Italian, Japanese, Nordic, and Portuguese language (Brazil) Centres participated in the May 2006 meetings of the Education Committee and Joint Collaboration.
- Several of the above Centres, as well as the French Centre, participated in the ICE on Automation Planning Committee meeting and the mid-year meeting of the Mortality Reference Group.
- Representatives of the Australian, Nordic and Dutch Centres participated in the September 2006 ICE on Injury Statistics working meeting.
- The NACC Head participated in meetings of the Family Development Committee (FDC) and of the new reference groups on Morbidity (MbRG) and Functioning and Disability (FDRG) in Paris in April 2006. Other participants included representatives of the Australian, Dutch, French, German, Japanese and Nordic Collaborating Centres.
- The Dutch, Italian and Japanese Collaborating Centres participated in the Twelfth Annual NACC Meeting on ICF.

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## Term of reference a) Major Activities

### **1. Promote the development and use of ICD-10 for mortality statistics in the United States, including development of training materials and conduct of courses, revision of U.S. Standard Certificates and movement toward an electronic death registration system**

During 2006, the National Center for Health Statistics (NCHS) continued its regular production of mortality statistics using ICD-10, including publication of final mortality data for 2004. Regular production of mortality data includes reports, CD-ROMs, interactive databases (WONDER), and statistical tables published on the NCHS mortality website at <http://www.cdc.gov/nchs/about/major/dvs/mortdata.htm>. Mortality data include general mortality, infant mortality, leading causes of death, life tables, underlying and multiple causes of death.

NCHS conducted training courses in the use of ICD-10 in 2006. These included two courses oriented to U.S. coders: one course in the basics of coding multiple causes of death and one course in the basics of coding underlying cause of death. NCHS staff have developed an electronic interactive basic multiple cause coding course on CD-ROM. The course will be piloted in October 2006 and will appear on the Internet in January 2007.

Revision of the U.S. Standard birth and death certificates and the report of fetal death are complete, including specifications, file layout, handbooks and instruction manuals and are being implemented by the States over the next several years. Changes in the U.S. Standard Certificate of Death include a checkbox item on whether smoking contributed to death, a checkbox item on the pregnancy status of female decedents, a checkbox item on the traffic status of the decedent (e.g. pedestrian, driver, etc), and more detailed instructions to the funeral director and to the medical certifier to improve the accuracy of reporting demographic and medical items. Over-arching considerations for the death certificate included improving data quality, anticipating electronic death registration, and adapting to ICD-10. The U.S. Standard Report of Fetal Death has been revised to include some new items and a restructured cause-of-death section. Worksheets have been developed to assist in data collection for birth certificates and fetal death reports. Changes in the U.S. Standard certificates and reports are made in an effort to improve existing data, to collect information not previously available, and to adapt to changes in the administrative, social, and legal environment. Implementation of the revised certificates was originally planned for 2003. However, only four States and New York City implemented in 2003. In 2006, a total of 24 States, the District of Columbia, and New York City have implemented. Implementation dates for the remaining States range from 2007 to 2009.

Work on Electronic Death Registration Systems (EDRS) in the U.S. continues to progress. When implemented, EDRS will require inputs from two sources – the funeral director, who provides demographic information about the decedent based on information from an informant, usually a family member; and the attending physician (or medical examiner, coroner), who completes the medical certification of death. EDRS has the potential of providing mortality data of higher quality (because of on-line edits and querying) and better timeliness than the current paper-based systems. EDRS is still largely in a developmental phase in the United States, under the guidance of an Oversight Committee comprised of key stakeholders, including NCHS, the Social Security Administration (SSA), the National Association for Public Health Statistics and Information Systems (NAPHSIS), and state vital registration systems. Additional information on this project is available on the NAPHSIS website at <http://www.naphsis.org>.

**Term of reference a) Major Activities****2. Promote the use of ICD-10 through technical assistance to other countries**

NCHS staff provided technical assistance in 2006 to the Jordanian Ministry of Health. Following up on a visit made in March 2005 to conduct an evaluation of their new system recently implemented for mortality surveillance, NCHS staff assisted the Jordanians in the development of their first annual statistical report for deaths.

In 2005, NCHS staff provided technical assistance to Statistics South Africa on implementing ACME for the processing of cause of death data. All of the assistance was provided via email and telephone, owing to a shortage of travel funds and a short deadline for implementation of the system by Statistics South Africa. In July 2006, NCHS staff met in Washington, D.C. with a staff person from the South Africa Collaborating Centre and subsequently provided her with physician and medical examiner handbooks, a CD ROM containing information on completing the death certificate and laminated guidelines for death certification. It is our understanding that South Africa is ready to start upgrading the database that they use for capturing death information in Cape Town. They are using SuperMICAR as a guide so the data can be imported into the MMDS.

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### Term of reference a) Major Activities

#### 3. Promote the use of ICD-9-CM for morbidity applications in the United States

Since Tokyo, NCHS, in collaboration with the Centers for Medicare and Medicaid Services (CMS), has held two meetings of the ICD-9-CM Coordination and Maintenance Committee (March 2006 and September 2006). Information regarding the diagnosis proposals and a summary of the public discussion appear on the NCHS website at: [www.cdc.gov/nchs/otheract/icd9/maint/maint.htm](http://www.cdc.gov/nchs/otheract/icd9/maint/maint.htm). Information regarding the procedure proposals and a summary of the public discussion appear on the CMS website at: [https://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/04\\_addendum.asp](https://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/04_addendum.asp)

The October 1, 2006 revisions to ICD-9-CM were posted on the NCHS website in June 2006 (<http://www.cdc.gov/nchs/dataawh/ftpserv/ftp9/ftp9.htm#guidelines>). The ICD-9-CM CDROM containing the October 1, 2006 revisions is available from the Government Printing Office. There are 200 new diagnosis codes and 36 new procedure codes, which identify several important clinical concepts and procedures that were not previously captured in ICD-9-CM. These include more detailed codes for pain, pediatric Body Mass Index (BMI) and chronic kidney disease; there also are new codes for procedures on vessel bifurcation, implantation/replacement of pressure sensor devices and leads for intracardiac hemodynamic monitoring; percutaneous, transmyocardial and endoscopic approaches for revascularization; hip revision procedures, codes for multiple stent insertions and open, closed and percutaneous, laparoscopic approaches.

As mentioned in the 2005 annual report, twice yearly updates of ICD-9-CM (April and October) are required to recognize new technology under the inpatient prospective payment system. None of the proposals received during the 2005 cycle met the criteria for an expedited April 2006 update (focus on new technology and limited to those that have a strong and convincing case). NCHS will continue to update ICD-9-CM until such time that an implementation date for ICD-10-CM has been established.

NCHS continues work toward a representation of ICD-9-CM in a structured, i.e., database, format and integration of this representation into its annual production processes. The work, which is partially supported by the National Library of Medicine (NLM), is intended to create a database representation of ICD-9-CM which will 1) enable electronic transmission of ICD-9-CM from NCHS to key NCHS partners such as the NLM, 2) support improved connectivity of ICD-9-CM with other national standard terminologies such as SNOMED CT and CPT-4, and 3) preserve current NCHS ICD-9-CM production processes. It is envisioned that this work also will be used by NCHS to apply similar design and support methodologies to the development of an electronic model and maintenance process for ICD-10-CM.

Currently, NCHS maintains and releases ICD-9-CM using a Folio-based production system. While this textual, display oriented representation has been a productive way

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to communicate ICD-9-CM to the medical record coding community, it does not easily support emerging national healthcare information efforts, including the NLM's UMLS Metathesaurus, the National Health Information Network (NHIN), and Electronic Health Record (EHR) systems. An "official" electronic distribution of ICD-9-CM would also reduce the proliferation of divergent electronic ICD-9-CM variants within the industry. A beta version of the database will be tested over the next six months.

### **Term of reference a) Major Activities**

#### **4. Develop, implement and promote the use of ICD-10-CM for morbidity applications in the United States**

In addition to continued work on the beta version of the ICD-10-CM database, NCHS continues to update ICD-10-CM in keeping with updates that have been implemented in ICD-9-CM. A revised draft of ICD-10-CM will be posted on the NCHS website in late 2006.

The implementation of ICD-10-CM continues to be linked with the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1966 (HIPAA). The Department of Health and Human Services continues to evaluate the NCVHS recommendations made in November 2003 regarding the need to move toward rulemaking to adopt ICD-10-CM and ICD-10-PCS as replacements for ICD-9-CM. More recently the House Ways and Means Committee has introduced a bill to implement ICD-10-CM and ICD-10-PCS by 2009.

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**Term of reference a) Major Activities****5. Promote the development and use of ICD-10 for mortality statistics in Canada, including development and presentation of training courses**

The following work was performed by Statistics Canada in support of this activity:

- Conduct training in ICD-10 mortality classification and in the use of automated mortality classification software (MMDS) (ongoing). The next course to be offered will be Basic Underlying Cause of Death Classification in autumn/winter 2006
- Provide specifications to provinces and territories for producing mortality data (ongoing)
- Receive demographic and cause of death data from provinces coded according to national (Statistics Canada) specifications (ongoing)
- Conduct quality control, promote querying for rare causes of death (ongoing)
- Undertake external edit checks (geographic, cause by sex and/or age, rare causes, eliminate duplicate records) (ongoing)
- Develop tables and release plans for final mortality data (ongoing)
- Work completed to program statistical tables for age-standardized mortality rates by cause group classified to ICD-10; these will be released as an electronic publication on Statistics Canada's website in three formats (CANSIM warehouse; HTML; PDF) in autumn 2005 and will include data for 2000 to 2002 for the initial release; subsequent data years will be added as the data are released.
- Work continues to design and program tables for leading causes of death classified to ICD-10; these products will be released as electronic publications by 2005-2006, and will include data years from 2000 on.
- Release final mortality data report with ICD-10 data for 2004 (planned for autumn 2006).
- Cause of death statistical tables have been released in three different electronic formats (CANSIM data warehouse; HTML; PDF) on Statistics Canada's website for annual data from 2000 to 2003.
- Released final mortality data report with ICD-10 data for 2003.
- Participate in annual meetings of WHO-FIC Network
- Participate in WHO-FIC Mortality Reference Group and Update and Revision Committee (ongoing)
- Participate in WHO-FIC Education Committee and WHO-FIC – IFHRO Joint Collaboration (ongoing)
- Participate in ICE Planning Committee (ongoing);
- Promote the development of tools to improve the certification of cause of death by physicians, coroners and medical examiners by supporting the

development of a continuing-education seminar, and an internet-based training tool for physicians and other health professionals (ongoing)

- Develop and implement a national Coroner/Medical Examiner Database (CCMED) of standardized information on circumstances surrounding deaths reported to coroners and medical examiners in Canada. A data capture system has been developed to capture and store case information electronically and is used in four provincial/territorial jurisdictions. Other provincial jurisdictions will map their data to match the CCMED standards. The system is expected to go into production in 2007.
- Assess the comparability of different automated mortality classification software (MMDS-United States and STYX-France) used concurrently in Canada (ongoing from 2004)

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**Term of reference a) Major Activities****6. Develop, implement and promote the use of ICD-10-CA and CCI for morbidity applications in Canada, including development and conduct of education programs**

The following work was performed by the Canadian Institute for Health Information (CIHI) in support of this activity:

- Collaborative efforts continued with the province of Quebec to implement CIM-10-CA/CCI by April 1, 2006.
- Delivery of 58 Two Day Training Workshops in ICD-10-CA/CCI ( 56 in French), 52 one day Coding Standards Workshops (one French), three (3) one day Advanced Obstetrical and Newborn Coding workshops, six (6) one day Coding for Diabetes Workshops, and 17 three-hour What's New in v2006 ICD-10-CA/CCI Classifications and Standards teleconferences. All training materials are updated annually and are available in English, French or a bilingual format.
- On- line coding query service implemented in June 2001 with over 9,300 queries answered to date. A bilingual e-Query tool was implemented in September 2006.
- The 2006 version of the Canadian Coding Standards for ICD-10-CA and CCI was posted to the CIHI website February 28, 2006. All the standards have been reformatted to clearly identify the directive statement. Seventeen new standards were added, 91 standards were amended due to new codes in v2006 of the classifications or to add further clarification, and 46 standards were deleted. All standards are available in both official languages.
- Version 2006 of the ICD-10-CA/CCI CD-ROM was released in January 2006 for implementation on April 1, 2006.
- Since ICD-10-CA/CCI has been in use in Canada for several years, the National ICD-10-CA/CCI Electronic Products User Group has been changed to the National ICD-10-CA/CCI Electronic Products Advisory Committee. The purpose of this committee is to provide advice to CIHI in the development of new and enhancement of existing ICD-10-CA and CCI electronic products. This committee will meet as required.
- Have worked closely with other countries (e.g., US and Australia), comparing additions made to their products, with those done in Canada.
- Have sought advice from Australia when considering the incorporation of ICD-0-3 into ICD-10-CA
- Collaborated with WHO by sharing our experiences in representing the classifications in XML.
- CIHI representative was invited to be a permanent member of the WHO-FIC Electronics Tools Committee.
- Secretariat of URC worked closely with WHO to introduce the new web-based update platform built by WHO. An instruction manual was written by WHO and shared with all members. A total of 94 proposals have been reviewed by the

secretariat to ensure complete submission of all required elements, and moved to 'Under discussion' status for subsequent review by members.

- All 94 proposals reviewed by CIHI and Statistics Canada to provide the Canadian comments on the proposals

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## Term of reference a) Major Activities

### 7. Promote the development and use of the ICF in the United States

Since the last WHO-FIC Network Meeting in Tokyo, the North American Collaborating Center (NACC) has promoted the ICF with a number of activities:

1) The WHO Collaborating Center for the Family of International Classifications (WHO-FIC) for North America conducted its 12th Annual North American Collaborating Center (NACC) Conference on the ICF, between June 5-7, 2006, in Vancouver, British Columbia. This year's NACC Conference featured plenary and concurrent sessions, more than 120 attendees, and a record number (48) of papers and posters accepted for presentation. The overall conference theme was "Living in Our Environment: The Promise of ICF." This was the first NACC Conference thematically devoted to dialogue about and current research on the Environmental Factors domain within ICF. This year's NACC Conference was also unique because of the collaboration embodied in planning and conducting a "shared conference" with the Canadian organization known as RehabNet, which is an association of Canadian rehabilitation facility administrators, executives and clinicians concerned about quality of care and adequately measuring outcomes in rehabilitation settings. The training module within the NACC Conference, entitled "ICF 101: A Primer Workshop," was well-attended by registrants in both respective conferences. Many Evaluation Form respondents referred to their desire and need to continue receiving even rudimentary instruction in ICF concepts and coding, and the NACC intends to do all it can to satisfy that demand. Plenary and concurrent session presentations from the Vancouver meeting are posted on the ICF Conference website:

<http://www.icfconference.com>.

2) NACC has already begun planning and preparations for its 13th Annual ICF Conference, to be held June 5-7, 2007 in Niagara Falls, New York. Our conference partner in 2007 will be the Center for International Rehabilitation Research Information and Exchange (CIRRIE), a special center funded by the U.S. National Institute on Disability and Rehabilitation Research (NIDRR), which is a component of the U.S. Department of Education. CIRRIE is located organizationally at the University of Buffalo in upstate New York. CIRRIE also hosts the new NACC "ICF Community of Practice," described below. This is an important alliance, because NIDRR has recently embarked on its own 5-year Long Range Plan that abundantly refers to the ICF as the "common thread" among all its funded research and service projects. Early consideration has been invested by the NACC Conference Planning Committee in thematically orienting the 2007 conference toward "knowledge transfer" about the ICF, or more specifically on methods for improving the likelihood that ICF can and would be adopted in a wide variety of clinical and administrative settings. The 2007 conference will

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feature a pre-conference workshop and continuing emphases on new users' training and networking among professionals.

3) NACC continued negotiations with WHO about the optimal placement for the web-based training tool developed earlier this decade by NACC and its contractors, known as "Code ICF." (see separate section below)

4) NACC has continued to publish and distribute the electronic ICF Clearinghouse Newsletter, a short summary of recent activities related to the ICF mainly in North America that is produced generally on a bi-monthly basis (see separate section below). More than 900 subscribers receive the Newsletter via E-mail distribution, and the Collaborating Center also posts and archives the Newsletters on the NACC web pages, which currently are housed within the National Center for Health Statistics website.

5) Technical work continues on finalizing the ICF video (originally produced following the 2001 WHO-FIC Network meeting). The expectation is that the video will serve not only as a useful historical record but also as an educational tool on the background, importance and potential applications of ICF worldwide.

6) The NACC Head and NCHS ICF-lead are representing CDC on the Phase II Disability Workgroup of the government-wide Consolidated Health Informatics Initiative, which is identifying standard vocabularies for exchange of clinical information by the federal health enterprise. In this capacity, they have prompted Working Group members' attention to the robustness and flexibility of the ICF, and have been able to depict its relationships with ICD-9-CM and SNOMED-CT. Work has included a cross-walking activity to demonstrate the general alignment of functional status-related terms in both ICF and SNOMED-CT with the concepts in the Residual Functional Capacity Form of the Social Security Administration. During its deliberations, the CHI Working Group has agreed to recommend that the CHI endorse ICF as a vocabulary standard for the functioning and disability domains.

7) The ICF Subcommittee of the New Freedom Initiative, under the leadership of Dr. Margaret Giannini, Director, HHS Office on Disability, continues its monthly meetings. Dr. Placek, consultant to NACC, is co-facilitating the meetings, and NACC representatives serve on the Subcommittee. This subcommittee convenes many of the federal health agency employees who are most familiar with ICF and therefore likely to be instrumental in its broadened implementation throughout their agencies. The "New Freedom Initiative" is the U.S. President's 5-year old initiative for infusing the rights and interests of disabled Americans into the forefront of all federal agencies' work, not only that related to health and health care but also in such areas as transportation, housing, and employment. The capacity of the ICF to invoke and refer to Environmental Factors such as those associated with transportation, housing, employment and the like represents an important resource for these agencies' collective ability to respond to the

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President's Initiative, toward enhancing the health and quality of life of all disabled Americans. During this year, this Subcommittee a) reviewed the Australian Collaborating Center's draft "Functioning and Related Health Outcomes Module" (FRHOM); b) engaged in raising awareness about the ICF among targeted U.S. health agencies, for example, the Indian Health Service and the Health Resources Services Administration; and c) explored the relevance of ICF to annual departmental reports on quality of care and health disparities.

8) NACC members continued their participation in the NCHS Disability Working Group, which was established in 2005. Members of this Working Group also contribute to the U.S. Interagency Subcommittee on Disability Statistics, which has traditionally featured an ICF orientation in its deliberations and also now features a regular component of the NACC "ICF Community of Practice," described below.

9) Dr. Paul Placek, consultant to NCHS,, provided a short in-service course on ICF for nurses and prosthetic specialists at the U.S. Walter Reed Army Medical Center in Washington, DC in August 2006.

10) In August, 2006, NIDRR participated in and partially sponsored a small but important meeting in Washington, DC, in which invited editors from prominent disability and rehabilitation journals reported on the increasing number of ICF-related manuscripts and published articles that are appearing in the American, Canadian, and international literature.

11) Hendershot GE, Crews JE. Toward international comparability of survey statistics on visual impairment: The DISTAB project was published in *Journal of Visual Impairment and Blindness* 2006 (January); 100(1):11-25. (The last meeting of the DISTAB project, organized and led by NACC, was held in June 2004.)

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**Term of reference a) Major Activities****8. Promote the development and use of the ICF in Canada**

The following work was performed by the Canadian Institute for Health Information (CIHI) in support of this activity:

- Collaborated with NCHS to co-host the 12<sup>th</sup> Annual NACC Conference on ICF in Vancouver, British Columbia, June 5 - 7, 2006. The Theme was “Living in our Environment – The Promise of ICF”. (see separate paper for Tunis meeting).
- Successfully coordinated joint sessions for the 12<sup>th</sup> Annual NACC Conference with RehabNet, a Canadian network of rehabilitation executives and medical leaders. This enhanced their understanding of ICF and its applications.
- The Social Development Branch of Human Resources Development Canada and Statistics Canada were co-hosts with CIHI and NCHS of the 12<sup>th</sup> Annual NACC conference on ICF.
- Submitted a paper to the 2005 WHO-FIC meetings in Tokyo, Japan, “Highlights of the 11<sup>th</sup> Annual NACC Conference on ICF”.
- Continued to support the initiatives of the Round Table of Ontario as they relate to ICF.
- Provided a critical review of an online ICF training program for BC Women's and Children's Health Centre - Sunny Hill Children's Treatment Centre.
- Discussed the implementation of ICF with the Developmental Paediatrician at the Queen Alexandra Centre for Children's Health. He was able to attend the conference in Vancouver to learn more about and speak with the developers of ICF-CY.
- Discussed with the Children and Youth with Special Needs, Ministry of Children and Family Development how to apply the ICF to the management at the provincial level of paediatric therapy programs
- Discussed the use of ICF as a foundation for the 'Area of Practice' data element in the OT and PT minimum data sets for the CIHI Health Human Resources database
- Assisting McGill University in extending the use of their methodology for mapping ICF to standard assessment tools used in the clinical setting.
- CIHI representative is a member of the WHO-FIC ICF Implementation and Education committees.
- CIHI representative invited to be a member of the newly formed Functioning and Disability Reference Group (FDRG). CIHI also recommended three other Canadians as members for the FDRG.
- Provided support and consultation to Canadian stakeholders for ICF (ongoing)
- Collaborated with the National Center for Health Statistics in providing North American input to the use and implementation of ICF (ongoing)
- Participation in NACC ICF and WHO-FIC meetings (ongoing)

- Represent Canadian interests in the evaluation and enhancement of ICF (ongoing)
- Communicate Canadian activities through Canadian Network meetings and national presentations on ICF applications (ongoing)

**Term of reference b) Major Activities****1. Develop comparability ratios for ICD-10 mortality statistics in the United States**

Comparability studies are essential to understand the effects of implementing a new revision of the ICD. In the United States, the comparability study for mortality between ICD-9 and ICD-10 was carried out in two phases: a preliminary study based mainly on records processed through the automated coding systems, and a final comparability study based on all records in the study year 1996. In 2001, the preliminary comparability study was published based on a total of 1,852,671 records. The published report is available at <http://www.cdc.gov/nchs/products/pubs/pubd/nvsr/49/49-pre.htm>. The final comparability study is ongoing. The entire final double-coded comparability file is currently available for download at <http://www.cdc.gov/nchs/datawh/statab/unpubd/comp.htm> along with tables of final comparability ratios. NCHS staff continue to provide technical support to those analyzing trends that cross revisions of the ICD.

### **Term of reference b) Major Activities**

#### **2. Implement International Collaborative Effort (ICE) on Automating Mortality Statistics**

The ICE was established by NCHS in 1995 to promote the comparability of mortality statistics through the application of automation. Statistics Canada also serves on the Planning Committee. Three plenary meetings of the mortality ICE, in 1996, 1999 and 2003, encouraged WHO to establish a number of working committees oriented to training and credentialing and to electronic products more generally. Under the ICE, the outline for an international curriculum in mortality medical coding oriented to automation was developed by the ICE Planning Committee and was implemented by NCHS in 2001. The ICE Planning Committee met in May of 2006. In addition to reports from the member countries with established automated coding systems, there were reports from Germany, Mexico and Hungary, which have systems either under development or recently implemented.

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**Term of reference b) Major Activities****3. Support and Participate in International Collaborative Effort on Injury Statistics**

The 13<sup>th</sup> meeting of the International Collaborative Effort (ICE) on Injury Statistics took place on September 7-8, 2006 in Washington, DC. Participants from 22 countries attended, including first-time representation from Japan, Taiwan and the World Bank (transport and urban development office). WHO was represented by its Geneva office, the Pan American Health Organization, the Caribbean Epidemiology Center (CAREC), and by the regional WHO-Africa office.

The priority projects on the agenda included panels on measures of injury severity, including discussions of AIS and ICISS; selecting a main injury in mortality; indicator development including a new proposed project on the probability of admission to hospital; nonfatal injury surveillance issues including hospitalization, emergency department and household interview surveys; occupational injury; linkage of disability and injury data; and a full discussion of the process of revising ICD-10 for the development of ICD-11 (facilitated by WHO). In addition, there were updates of other ICE-related activities including representation at the 2008 World Conference to be held in Merida, Mexico and the newly created International Society for Violence and Injury Prevention (ISVIP). Lastly, and perhaps most importantly the group discussed the future of the ICE on Injury Statistics in a world of decreased funding, looking at potential funding sources, and at new ways to communicate and disseminate their products.

All of these presentations will be available online. For more about the work of the ICE on Injury Statistics, visit the ICE website, <http://www.cdc.gov/nchs/about/otheract/ice/meetings.htm>

**Term of reference b) Major Activities****4. Develop comparability ratios for ICD-10 mortality statistics in Canada**

The following work has been done by Statistics Canada in support of this activity:

- Publication of the Comparability of ICD-10 and ICD-9 for Mortality Statistics in Canada report (November 2005). The published report is available at: <http://www.statcan.ca/bsolc/english/bsolc?catno=84-548-X>
- Promote the use and understanding of comparability ratios through educational seminars and conference presentations (ongoing from 2003). A half-day presentation, “Assessing the Impact of the Implementation of ICD-10 on Canadian Mortality Trends”, has been developed in English and in French and will continue to be offered as requested.

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## **Term of reference c) Major Activities**

### **1. WHO-FIC Network Planning Committee**

The Centre Head and the Chair of the URC participate on the Planning Committee for the WHO-FIC Network, which monitors and advances the Network Strategy and Work Plan and plans the annual meeting. The Centre Head began a two-year term as Chair of the Planning Committee following the Tokyo Network meeting and has chaired monthly conference calls and a face-to-face meeting in Paris, France on April 27-28, 2006.

### **2. WHO-FIC Implementation Committee**

Canadian and U.S. representatives participate in working sessions of the WHO-FIC Implementation Committee during annual Centre Heads meetings and have prepared papers for discussion by the Committee.

### **3. WHO-FIC Education Committee**

The Centre Head chairs and directs the work of the Education Committee (EC), which assists and advises WHO in improving the level and quality of use of the WHO Family of International Classifications (WHO-FIC) in Member States by developing a training and certification strategy for the WHO-FIC, identifying best training practices and providing a network for sharing expertise and experience on training. Representatives of NCHS, CIHI and Statistics Canada participate on the Committee. The Committee meets during the annual WHO-FIC Network meeting and communicates by e-mail and conference call during the year. Other Canadian and U.S. representatives also participate in the work of the Committee, along with several other collaborating centres, countries and related organizations. The Chair has facilitated a Joint Collaboration (JC) with the International Federation of Health Records Organizations (IFHRO) to establish a training and certification program for ICD-10 mortality and morbidity coders and serves as an ex-officio member. The JC held its first face-to-face meeting in Bethesda, MD in May 2005 and also communicates by e-mail and conference call. During May 2006, the Chair organized a two-day meeting for the EC and JC in Alexandria, VA to progress work on the international training program and conduct other work of the committees. In August 2006, NCHS awarded a professional services contract to the American Health Information Management Association Foundation of Research and Education (AHIMA FORE) to pilot and evaluate the program in conjunction with IFHRO. The EC has added to its terms of reference support of a “reference” web-based ICD-10 training tool; work on this tool was initiated in July 2006, with partial support from the National Center for Health Statistics. As part of its educational mission, the

EC organizes an orientation session at the annual meeting and has developed a WHO-FIC Network brochure.

#### **4. Mortality Reference Group**

The North American Collaborating Center (NACC) organized and chaired the Mortality Reference Group (MRG) until March 2002, when Dr. Harry Rosenberg retired from the National Center for Health Statistics (NCHS). Donna Hoyert of NCHS now serves as Co-Chair of the MRG, and several other NCHS and Statistics Canada staff participate in the face-to-face meetings and periodic conference calls. The MRG organized separate meetings in 2002, 2003, 2004, 2005 and 2006. An additional meeting is being organized prior to the 2006 WHO-FIC Network meeting in Tunis.

#### **5. Update and Revision Committee**

Canadian and U.S. representatives participate in the Update and Revision Committee, reviewing and commenting on documents and participating in face-to-face meetings and teleconferences. The Canadian Institute for Health Information provides the Chair and Secretariat support to this committee. The 2005 updates were posted to the WHO website in January 2006 with the cumulated updates completed by May 2006. Ninety-four proposals have been received for discussion at the October 2006 meeting in Tunis, Tunisia. The first round of voting was completed July 10, 2006. At the Planning Committee Meeting held in Paris, France 27-28, April 2006, Mea Renahan and Bedirhan Ustun co-chaired a discussion on the role of the URC. A discussion paper "Determining the Role of the Update and Revision Committee" and a power point presentation "ICD Revision Process: towards ICD-11" were the basis for generating extensive discussion and recommendations. A synopsis of the issues, discussion and the proposed roles and responsibilities for the URC and the WHO in the updating and revision of all WHO international classifications will be outlined in a paper for discussion by the membership of the URC.

#### **6. Family Development Committee**

The Centre Head and NCHS staff participate in the multiple work products of the Family Development Committee (FDC). The Centre Head and other NACC staff participated in the FDC mid-year meeting in Paris, France on April 26, 2006. NACC has been especially active in issues related to ICECI, terminologies, interventions, the Family concept, ICF-CY and United Nations classifications. The Centre Head also facilitated a conference call in May 2006 to discuss progress with the referees' comments on the draft ICF-CY.

## **7. Electronic Tools Committee**

Canadian and U.S. representatives participate in face-to-face meetings and e-mail discussions of the Electronic Tools Committee.

## **8. Morbidity Reference Group**

Donna Pickett, Marjorie Greenberg, Mea Renahan and Lori Moskal participated in an organizational meeting of the Morbidity Reference Group held prior to Planning Committee meetings in Paris in April 2006 to discuss the membership, activities and terms of reference of this newly proposed reference group. Ms. Pickett, Ms. Renahan and Ms. Moskal all have been invited by WHO to be members of the new group. Sue Bowman, American Health Information Management Association; Ginette Therriault of CIHI and a provincial ministry representative also have been nominated by the North American Collaborating Center to serve on this group.

## **9. Functioning and Disability Reference Group**

John Hough, Jennifer Madans and Diane Caulfeild have been invited by WHO to be members of the proposed Functioning and Disability Reference Group (FDRG) for a two-year term. Dr. Madans and Marjorie Greenberg attended an organizational meeting of the FDRG in Paris in April 2006; Dr. Hough and Diane Caulfeild participated by international teleconference to discuss the membership, activities and terms of reference of the newly set up reference groups and contributed to various email exchanges with the preliminary group. The North American Collaborating Center also nominated Dr. Elizabeth Badley, Dr. Jerome Bickenbach, Janice Miller and Dr. Rune Simeonsson, as members of the FDRG.

## **10. Terminology Reference Group**

The North American Collaborating Center has nominated six experts (from CDC, CIHI and the private sector) for membership on the new Terminology Reference Group (TRG). The TRG did not hold an organizational meeting during this time period but is expected to meet for the first time in Tunis, Tunisia prior to the WHO-FIC Network annual meeting.

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## Term of reference d) Major Activities

### 1. Study and participate in activities related to terminologies

#### SNOMED-CT

NCHS continues to represent the Department of Health and Human Services (DHHS) on the SNOMED International Standards Board through Dr. David Berglund. The SNOMED International Standards Board is responsible for the scientific direction, editorial processes, and scientific validity of SNOMED CT. Dr. Berglund also has actively participated in the SNOMED Mapping Working Group and the SNOMED Concept Model Working Group.

As discussed within the WHO-FIC Network, movement continues toward a change in the administration of SNOMED CT, specifically through a SNOMED Standard Development Organization. It is expected that the United States and Canada would be charter members of this organization.

The SNOMED Concept Model Working Group considers issues related to representation of concepts in SNOMED CT, as well as issues involved with implementation of systems using SNOMED CT. Issues related to use of SNOMED CT with HL7 version 3 also are under consideration.

The SNOMED Mapping Working Group's mission is to enable communication between SNOMED and other organizations; to provide a forum for the discussion of mapping topics related to SNOMED CT, including priorities for future mappings, implementation and deployment of best practices, and validation; and to inform the communities who may employ SNOMED CT regarding the structure, function, appropriate use and benefits of SNOMED CT core maps. The Mapping Working Group has been considering issues associated with mapping of injuries and events causing injury from SNOMED CT to ICD-9-CM. Potential mappings with other systems are being considered, including ICPC, CPT, and ICD-10-AM, as well as a potential update to the mapping with LOINC.

Use cases have been developed for the existing SNOMED CT mappings to classifications including ICD-9-CM, ICD-10, and ICD-O-3. Work has proceeded toward development of a more sophisticated rule-based mapping with ICD-9-CM. The mapping structure has been updated to enable representation of rule-based maps. The existing ICD-9-CM map is available under the U.S. federal use license, through the Unified Medical Language System (UMLS).

In 2004 NLM awarded a contract to the American Health Information Management Association to support development, review and testing of the above-mentioned mappings between SNOMED CT and ICD-9-CM (diagnosis and procedures) as well as any successor code sets. In addition to NLM and AHIMA, the respective code set developers (NCHS, CMS, CAP) also are actively participating in the undertaking. The UMLS is used for distributing updated versions of the basic mappings between SNOMED CT and ICD-9-CM.

NLM's funding of this effort is in keeping with the Department of Health and Human Services' (DHHS) priority to promote the adoption and use of SNOMED CT and is also consistent with the high priority that NCVHS and HHS have assigned to the creation of robust mappings between SNOMED CT and several other vocabularies, including CPT, ICD-9-CM, ICD-10-CM, MedDRA, and Medcin. The NCVHS and Consolidated Health Informatics Initiative within the federal government also have recommended mappings between SNOMED CT and ICF.

**Canada**

CIHI is working in collaboration with Canada Health Infoway (CHI) on the establishment of terminology and classification standards for the electronic health record. CHI has identified SNOMED-CT along with ICD-10-CA and CCI as accepted standards for the Interoperable electronic Health Record (IeHR). CHI is negotiating Canada's partnership in the SNOMED SDO.

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## Term of reference e) Major Activities

### 1. Establish and conduct North American Clearinghouse on ICF

NACC has continued to publish and distribute the electronic ICF Clearinghouse Newsletter, a short summary of recent activities related to the ICF mainly in North America that we produce generally on a bi-monthly basis. Dr. Paul Placek, now serving as a private-sector disability statistics consultant, continues to prepare the Clearinghouse Newsletter, and Marjorie Greenberg, NACC Head, and Dr. John Hough from NCHS, contribute editing resources. There are now more than 900 subscribers, who receive the Newsletter via E-mail distribution.

Since the Tokyo meeting of the WHO-FIC Network, NACC has published eight (8) Clearinghouse Newsletters, averaging about 10 news items or features in each issue. This Newsletter remains one of the Collaborating Center's most widely-recognized resources, and it serves as both a conduit for disseminating new information about the ICF, and as one of our primary methods for building up a full-fledged community of ICF researchers in North America. The regular "Spotlight" features, usually accompanied by a photograph of the profiled scientist or clinician, induce a kind of "esprit de corps" among members of this ICF community.

During the coming year, we intend to introduce a brief "Coder's Area" within the NACC Internet websites that will address a different, challenging ICF coding topic during those months when a full Clearinghouse Newsletter would not be published. The educational goal in presenting such a feature will be to encourage members of the ICF community of researchers to become as conversant and familiar with ICF codes and coding as they are with the overall ICF conceptual framework. Within resource constraints, the Collaborating Center also is actively planning a publicly-available Annotated Bibliographic Database representing ICF published journal articles.

Anyone is able to request to receive the monthly announcements by sending an email with complete contact information to Paul Placek at [PJPLACEK@DMV.COM](mailto:PJPLACEK@DMV.COM) or Linda Washington at [LRWashington@cdc.gov](mailto:LRWashington@cdc.gov). Links within the NCHS ICF website <http://www.cdc.gov/nchs/about/otheract/icd9/> and the Canadian ICF website <http://www.cihi> also provide information on how to receive or send in Clearinghouse information. All previous messages are archived and can be viewed on the NACC ICF website at: <http://www.cdc.gov/nchs/about/otheract/icd9/icfhome.htm>.

## **Term of reference f) Major Activities**

### **1. Develop international training courses in ICD-10 mortality coding**

NCHS mortality medical coding staff have developed two international courses (underlying cause coding and multiple cause coding) oriented to training trainers to code ICD-10 mortality data. The international curriculum on mortality medical coding oriented to automation is an outgrowth of the NCHS International Collaborative Effort (ICE) on Automating Mortality Statistics. The training program covers ICD-10 mortality medical coding oriented to the NCHS automated coding system (SuperMICAR, MICAR, ACME and TRANSAX). The courses are designed for countries that are considering the development of an automated coding system for cause of death information. The courses are similar in content to the domestic training courses that NCHS offers, but are longer (three weeks rather than two), and class size is smaller (no more than 10-12 participants). All course instruction is in English. There is no tuition charge for the course, but participants are responsible for their transportation, housing and per diem expenses.

No international coding courses were held in 2005 – 2006. Future courses will be held when there is sufficient interest and resources are available.

**Term of reference f) Major Activities****2. Develop Code ICF training tool**

NACC continued negotiations with WHO about the optimal placement for the web-based, interactive training tool known as "Code ICF", which was developed earlier this decade by NACC and its contractors with extensive WHO input. The tool was delivered to WHO in December 2004, with the expectation that it would be housed on the WHO web site. Although WHO recently has identified some technical issues, NACC is still hopeful that these will be resolved, so that Code ICF can be available for downloading and review by newer English-speaking users of the ICF. Code ICF provides a general overview of ICF and its multiple applications and includes frequently asked questions and coding vignettes. Video clips from the Bethesda 2001 ICF tapings and photo winners from the WHO ICF photo contest have been integrated into Code ICF.

### **Term of reference f) Major Activities**

#### **3. Identify Educational Needs and Core Curricula for WHO-FIC**

Needs assessment questionnaires for ICD-10 mortality and morbidity coders were finalized by the WHO-FIC Education Committee and circulated to WHO Regional Offices and Collaborating Centers for distribution to the member states in 2004. A paper describing the findings was presented by Sue Walker at the 2004 WHO-FIC Network meeting in Reykjavik and has been revised for possible publication. A letter to the Editor by Sue Walker on this subject was included in the April 2006 issue of the *WHO Bulletin*. The Education Committee also has developed core curricula for ICD-10 mortality and morbidity coders, which have been approved by the International Federation of Health Records Organizations (IFHRO) and were the basis of a call for training materials issued by the Joint WHO-FIC – IFHRO Committee in early 2005. The training materials submitted by several countries in response to this call are under expert review to identify adequacy and gaps. During 2006, the Education Committee is developing a core curriculum and best practices for training certifiers of cause of death. The status of these activities will be reported at the 2006 WHO-FIC Network meeting in Tunis, Tunisia.

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## Term of reference i) Major Activities

### 1. Interventions and Procedures

The Centers for Medicare and Medicaid Services (CMS) continues its refinement of ICD-10-PCS. In 2005-2006, based on industry recommendations, changes have been made to ICD-10-PCS including: the significant streamlining of the code set; changes to some of the definitions used with the coding system; and a streamlining of the ancillary section.

The following changes have been made to ICD-10-PCS: for the medical/surgical sections: the number of approaches has been reduced from 15 to 7; application of approaches and devices is more selective; and root operations Change, Removal and Revision have been streamlined. The Ancillary sections detail has been streamlined to a level that is appropriate for inpatient coding. These changes have resulted in the number of codes being reduced from 160,505 to 87,695. All maps between ICD-9-CM procedure codes and ICD-10-PCS will be updated subsequent to the October 2006 updates for ICD-9-CM, Volume 3.

CMS also is working on converting the DRGs into ICD-10-CM and ICDC-10-PCS with a goal to complete a prototype of the DRGs in the new code sets by the end of 2006.

Highlights regarding the 2006 update to ICD-10-PCS may be found on the CMS website:

[http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/Downloads/PCS\\_what's\\_new\\_2006.pdf](http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/Downloads/PCS_what's_new_2006.pdf)

CIHI developed and implemented the Canadian Classification of Interventions (CCI) in 2001. It was updated and re-released in 2003 along with the ICD-10-CA. From 2001-2004, nine provinces and all three territories adopted CCI for morbidity reporting. As of April 1, 2006, all jurisdictions are using ICD-10-CA/CCI for the collection and reporting of morbidity data. Together with the ICD-10-CA, the CCI has been adopted by the Insurance Bureau of Canada for the collection of all diagnostic and intervention data on the Auto Insurance Standard Invoice. CCI has also been adopted by the Ontario Health Informatics Standards Council as the e-Health standard for Ontario. This expertise and experience is expected to contribute to international work on interventions classification.

## **WHO Collaborating Center for the Family of International Classifications For North America**

### **Work Plan 2006-2010**

The work of the WHO Collaborating Center for the Family of International Classifications for North America is carried out in the United States and Canada. The North American Collaborating Center (NACC) is located at the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, Hyattsville, MD, U.S.A. All NACC activities in the United States are carried out under the umbrella of NCHS. Within Canada, activities are shared between Statistics Canada and the Canadian Institute for Health Information (CIHI). Both the U.S. and Canada have multiple responsibilities related to the NACC Terms of Reference. The work plan below is presented by term of reference and location. The budget for these activities is the responsibility of the respective organizations.

## MEETING OF WHO COLLABORATING CENTRES FOR THE FAMILY OF INTERNATIONAL CLASSIFICATIONS

Tunis, Tunisia

29 Oct. - 4 Nov. 2006

Terms	Activities	Responsible Party	Outcome	Deadline
To promote the development and use of the WHO family of international classifications (WHO-FIC) including the International Statistical Classification of Diseases and Health Problems (ICD), the International Classification of Functioning, Disability and Health (ICF), and other derived and related classifications and to contribute to their implementation and improvement in the light of practical experience by multiple parties as a common language	Promote the development and use of ICD-10 for mortality statistics in the United States, including development of training materials and conduct of courses	Division of Vital Statistics (DVS), National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC)	Implement ICD-10 for mortality effective with deaths occurring in 1999 as collaborative effort with the States	Implementation began with data year 1999
			Publish preliminary and final mortality data annually, including general mortality, leading causes of death, life tables and infant mortality	Ongoing
	-Revise U.S. Standard Certificates of Birth, Death, and Fetal Death taking into account recommendations of ICD-10	DVS, NCHS, CDC, with other U.S. Federal agencies and the States	Implementation of revised certificates	2003-2009
	-Move towards an electronic death registration system	DVS, NCHS, CDC	Develop and implement in States	2006-2010
	Promote the use of ICD-10 through technical assistance to other countries	DVS, NCHS, CDC	Adopt international standards in data collection, processing, quality control, and analysis in requesting countries (currently, Eastern Europe, Middle East, Caribbean and South Africa)	Ongoing
Promote the use of ICD-9-CM for		Classifications and Public	Maintain classification and	Ongoing

Terms	Activities	Responsible Party	Outcome	Deadline
	<p>morbidity applications in the United States</p> <p>Develop, implement and promote the use of ICD-10-CM for morbidity applications in the United States</p>	<p>Health Data Standards (CPHDS), Office of the Center Director, NCHS, CDC</p> <p>CPHDS, NCHS, CDC</p>	<p>produce annual or twice yearly updates on CD-ROM</p> <p>Participate in national process for developing and updating coding guidelines</p> <p>Incorporate results of pilot test of clinical modification of ICD-10 (ICD-10-CM)</p> <p>Incorporate all ICD-10 updates</p> <p>Develop training materials for ICD-10-CM</p> <p>Develop database version of ICD-10-CM</p> <p>Develop crosswalks</p> <p>Implement ICD-10-CM for morbidity applications in U.S.</p>	<p>Ongoing</p> <p>2004-2006</p> <p>2006</p> <p>2005-2008</p> <p>2003-2007</p> <p>2006-2007</p> <p>Subject to HIPAA regulations</p>
	<p>Promote the development and use of ICD-10 for mortality statistics in Canada, including development and presentation of training courses</p> <p>Develop, implement and promote the use of ICD-10-CA for morbidity applications in Canada,</p>	<p>Health Statistics Division, Statistics Canada</p> <p>Canadian Institute for Health Information (CIHI)</p>	<p>Implement ICD-10 for mortality in collaboration with provinces and territories</p> <p>Publish 2004 mortality data</p> <p>Publish national mortality data annually, including deaths, causes of death, leading causes of death and life tables</p> <p>Implementation complete as of April 2006</p> <p>Update every three years</p>	<p>Implementation began in data year 2000</p> <p>2006</p> <p>Ongoing</p> <p>2001-2006</p>

Terms	Activities	Responsible Party	Outcome	Deadline
	<p>including development and conduct of education programs</p> <p>Promote the development and use of the ICF in the United States</p> <p>Develop Code ICF training tool (see below)</p>	<p>CPHDS, Office of the Center Director, NCHS</p>	<p>Organize NACC conferences on ICF</p> <p>Research and Develop crosswalks with major assessment tools</p> <p>Serve as reviewers or technical consultants on ICF research funded by other agencies</p> <p>Present ICF topics at monthly meetings of the Interagency Subcommittee on Disability Statistics and its parent committee, the Interagency Committee on Disability Research -meet with federal agencies</p> <p>Develop research agenda</p> <p>Seek funding for research projects</p> <p>Edit Volume 2 in Disability and Health, which will include A NACC ICF Research Agenda (Nova Science)</p>	<p>ongoing</p> <p>2006 in Vancouver, Canada, 2007 in Niagara, NY 2008 in Quebec (tentative)</p> <p>2004-2007</p> <p>Ongoing</p> <p>Ongoing</p> <p>2005-2009</p> <p>2004-2005</p> <p>2005-2009</p> <p>In process</p>

Terms	Activities	Responsible Party	Outcome	Deadline
	Promote the development and use of the ICF in Canada	CIHI	<p>Participated in the planning and co-hosted the 12<sup>th</sup> Annual NACC Conference on ICF in Vancouver, BC, Canada.</p> <p>Plan and co-host the 13<sup>th</sup> Annual NACC Conference on ICF in Niagara, New York.</p> <p>Summarized ICF activities in Canada for Round Table in Ontario and the RehabNet Conference in Vancouver</p> <p>Responded to many inquiries about the application of ICF and its use in Canada</p>	<p>2006</p> <p>2006-2007</p> <p>2006</p>
To contribute to the development of methodologies for the use of the WHO-FIC to facilitate the measurement of health states, interventions and outcomes on a sufficiently consistent and reliable	Develop comparability ratios for ICD-10 mortality statistics in the United States	DVS, NCHS, CDC	<p>Release final comparability data file</p> <p>Provide technical support for the analysis of trends</p>	<p>2004</p> <p>Ongoing</p>

Terms	Activities	Responsible Party	Outcome	Deadline
basis to permit comparisons within countries over time and within and between countries at the same point in time. This includes the creation of comparable lists, correspondence tables, and comparability studies.	NCHS leadership of International Collaborative Effort on Automating Mortality Statistics	DVS, NCHS, CDC; OCD	Hold regular planning meetings Met in Alexandria, VA	Ongoing May 2006
			Coordinate assistance and training to countries interested in implementing automated systems	Ongoing
			Conduct Automation Seminars, as resources permit	2004 - 2010
	Participate in International Collaborative Effort on Automating Mortality Statistics	Statistics Canada	Participated in planning meeting in Alexandria, VA	May 2006
	NCHS leadership of International Collaborative Effort (ICE) on Injury Statistics	Division of Analysis, Epidemiology and Health Promotion (OAEHP), NCHS; CDC	Held working group meeting in Vienna, Austria Held meeting in Mexico Held meeting in Washington, DC Conduct 5-year Strategic Plan	2004 2005 2006 2004-2008
	Participation in ICE on Injury Statistics	CPHDS, NCHS, CDC and Statistics Canada		Ongoing
Develop comparability ratios for ICD-10 mortality statistics in Canada	Statistics Canada	Publish final bridge coding study report	2006	

Terms	Activities	Responsible Party	Outcome	Deadline
To support the work of the various committees and work groups established to assist WHO in the development, testing, implementation, use, improvement, updating and revision of members of the WHO-FIC	Committee of Heads of WHO-FIC Centres	Head, North American Collaborating Center (NACC), NCHS, CDC		Ongoing
	Planning Committee	NACC Head and URC Chair NCHS and CIHI	Participate in planning for 2006 Annual meeting of Collaborating Centres in Tunis, Tunisia. Attended Planning Committee meeting in Paris, France; presented papers Participate in monthly Planning Committee conference calls	April 2006 2006 and ongoing
	WHO-FIC Implementation Committee	NCHS, CIHI	Participate in meetings and e-mail exchanges NACC Head organized consultation on Evaluation of ICD-10 implementation and updating Presented paper at Planning Committee meeting Presented paper in Tokyo	Ongoing Feb. 2005 April 2005 Oct. 2005
	WHO-FIC Education Committee	NACC Head Chairs Committee. NCHS (CPHDS and DVS), CIHI and Statistics Canada participate	Held 3-day meeting in Prague. to progress work plan Held 3-day meeting in Bethesda, MD in conjunction with Joint WHO-FIC – IFHRO Collaboration (JC) Held two-day meeting in Alexandria, VA with JC  Revised Definitions, Skill Levels and Functions document  Develop International Training and Certification Program  Circulated ICD Needs	May 2004 May 2005 May 2006 2003 2004-2008 2004

Terms	Activities	Responsible Party	Outcome	Deadline
			Assessment Questionnaires	
			Developed core curricula (see below)	2003-2004
			Update inventory of ICD-10 training materials	2005 - 2006
			Develop brochure for Joint Collaboration	2005-2006
			Pilot and evaluate International Training and Certification Program	2006-2007
			Develop training strategies for ICF	ongoing
			Conduct pilot test on ICF Information Collection	2005
	Mortality Reference Group	NCHS (DVS) serves as Co-chair, NCHS (DVS and CPHDS) and Statistics Canada participate	Participate in and document meetings of the MRG Meeting held in Alexandria, VA	Ongoing 2006
	Update and Revision Committee	CIHI provides the Chair and Secretariat to support URC.	Report to Update and Revision Committee and Centre Heads  Review and comment on all materials and participate in meetings	Ongoing  Ongoing
			CIHI assumed the role of Chair and Secretariat February 2005. URC considered 86 proposals at 2005 meeting and have received 94 proposals for the Tunis 2006 meeting.	Feb 2005 ongoing

Terms	Activities	Responsible Party	Outcome	Deadline
			Organize review of all URC topics.	ongoing
	Family Development Committee	NCHS (CPHDS and DVS), CIHI, and Statistics Canada participate	Review and comment on all materials and participate in meetings	ongoing
	-Contribute to paper on Family		Paper finalized	2004
	-Attend annual meetings			ongoing
	-Subcommittee on Hospital Discharge Data	NCHS (CPHDS) and CIHI	Full participation in project, including the submission by Canada of a full set of test data Subcommittee will be incorporated into Morbidity Reference Group	2004-2005
	-Terminologies Working Group	NCHS (CPHDS), CIHI	Discontinued 2004	
	Electronic Tools Committee	NCHS (CPHDS and DVS) and CIHI	Participate in meetings and e-mail exchanges	Ongoing
	(Proposed) Morbidity Reference Group	NCHS (CPHDS) and CIHI	Nominated members Participated in organizational meeting in Paris	January 2006 April 2006
	(Proposed) Functioning and Disability Reference Group	NCHS (CPHDS) and CIHI	Nominated Members Participated in organizational meeting in Sydney Participated in second organization meeting in Paris	January 2006 February 2006 April 2006
	(Proposed) Terminology Reference			January 2006

Terms	Activities	Responsible Party	Outcome	Deadline
	Group	NCHS (CPHDS) and CIHI	Nominated Members	
To study aspects related to the structure, interpretation and application of members of the WHO-FIC including those concerning taxonomy, linguistics, terminology and nomenclature.	<p>Monitor and participate in developments</p> <p>Represent DHHS on SNOMED Editorial Board</p> <p>Participate on SNOMED Convergent Terminology Work Group for Mapping</p> <p>Promote development of CAP and NCHS-approved crosswalk between SNOMED and ICD-9-CM and ICD-10-CM</p> <p>Conduct training and information sessions on understanding and applying the ICF</p>	<p>NCHS, Statistics Canada and CIHI</p> <p>CPHDS, NCHS, CDC</p> <p>CPHDS, NCHS, CDC</p> <p>CPHDS, NCHS, CDC with NLM and AHIMA</p> <p>CPHDS, NCHS, CDC and CIHI</p>	<p>Represent needs of WHO Family of International Classifications and ICD-9-CM</p> <p>Represent NCHS and DHHS</p> <p>Work towards approved crosswalks</p> <p>Tutorials held at 10<sup>th</sup> and 11<sup>th</sup> NACC Conferences on ICF Approximately 140 persons attended Primer on ICF and 45 attended the workshops on Guidelines for Coding with ICF in the clinical setting and on the ICF-CY at the 12<sup>th</sup> annual NACC Conference on ICF</p>	<p>2004-2005</p> <p>June 2006</p>

Terms	Activities	Responsible Party	Outcome	Deadline
<p>To network with current and potential users of the WHO-FIC and act as a reference centre (e.g. clearinghouse for good practice guidelines and the resolution of problems) for information about the WHO-FIC and other health-related classifications including:</p> <ul style="list-style-type: none"> <li>• the availability, suitability and applicability of the classifications for different purposes</li> <li>• coding practices</li> <li>• availability of tools for implementation</li> <li>• data analysis and interpretation</li> </ul>	<p>Act as reference center</p> <p>Establish and conduct North American Clearinghouse on ICF</p>	<p>NCHS, Statistics Canada and CIHI</p> <p>CPHDS, NCHS, CDC and CIHI</p>	<p>Prepare monthly messages received by over 900 subscribers</p>	<p>Ongoing</p> <p>2005-2009</p>

Terms	Activities	Responsible Party	Outcome	Deadline
To prepare teaching materials and to organize and conduct training courses on the implementation and use of the WHO-FIC. To contribute to the development of common international training tools and Internet-based applications by preparing translations and adaptations of the tools.	Develop international training courses in ICD-10 mortality coding	DVS, NCHS, CDC	Conduct international training courses	periodically
	Develop Code ICF, a web-based training tool for ICF	CPHDS, NCHS, CDC	Complete and turn over to WHO for coordination and maintenance	2004-2005
	Identify educational needs and core curricula for WHO-FIC	Education Committee	Post on WHO website or identify alternate server  Develop and “vet” documents with WHO-FIC Network and IFHRO	2006-2007  2004 Ongoing
To assist WHO Headquarters and the Regional Offices in the preparation of members of the WHO-FIC and other relevant materials in the English language and to act as a reference centre for that language on all matters related to the WHO-FIC		NCHS, Statistics Canada and CIHI		Ongoing
To provide support to existing and potential users of the WHO-FIC and of the data thus derived in North America and other English-speaking countries.	Respond to queries, hold training sessions and publish papers and reports	NCHS, Statistics Canada and CIHI		Ongoing
	Provided technical assistance to South Africa on automated cause-of death coding	NCHS (DVS and CPHDSS)	Held conference calls and provided support through electronic mail. Staff of Statistics South Africa report that the system is working well and is successfully processing more than 90 percent of death	2004-2006

Terms	Activities	Responsible Party	Outcome	Deadline
	Made technical assistance visits to Jordan and Jamaica	NCHS (DVS)	records. Provided recommendations to relevant officials	2005-2006
To work on at least one related and/or derived member of the WHO-FIC Specialty-based adaptations:				
-Primary care adaptations	Participate in meetings of Family Development Committee	NCHS (CPHDS), CIHI	Meeting held in Helsinki, Finland Met with Graeme Miller (Australia) at NCHS to discuss ICPC-2	April 2004 February 2006
-Interventions/procedures	Contribute expertise and experience to international work on interventions classification	CIHI, NCHS (CPHDS)	Participate in discussions at annual meetings of WHO-FIC Network and FDC	ongoing
-Injury Classification (ICECI)	Provide nosological support to ICECI, as needed	NCHS (CPHDS and OAEHP), CDC	ICECI approved as a related member of the WHO-FIC in 2003	ongoing
-Service Classification				

Terms	Activities	Responsible Party	Outcome	Deadline	
To participate in the Quality assurance procedures of the WHO-FIC classifications regarding norms for use, training and data collection and application rules.	Develop materials and tools, prepare papers	NCHS, Statistics Canada and CIHI	Present activities and findings at annual WHO-FIC meetings	ongoing	
	Improve quality in mortality medical data collection (education of physicians)	DVS, NCHS, CDC	Develop materials, prepare papers	ongoing	
	Advance International Training and Certification Program for ICD-10 Mortality and Morbidity Coders		Education Committee, NCHS, Statistics Canada	Presented proposed Program at IFHRO-AHIMA meeting,	2004
			NCHS	Develop and support Joint Work Group Awarded contract to AHIMA FORE to pilot and evaluate program	2004-2009 2006