

**WHO-FIC Education and Implementation
Committee (EIC) Midyear meeting
June 4 – 5, 2016
Bangkok, Thailand**

Saturday, June 4, 2016

1- Welcome and Introductions

Huib Ten Napel and Yukiko Yokobori, the EIC Co-Chairs, welcomed participants to the mid-year meeting of the EIC. All participants briefly introduced themselves.

2- Review of Agenda

The proposed agenda was accepted without modification.

3- Approval of minutes

The minutes of the EIC conference call on December 16, 2015, which had been circulated in the EIC dropbox in advance, were briefly reviewed and approved.

4- Update on EIC strategic work plan (SWP)

Yukiko presented the EIC SWP that was approved at the Annual WHO-FIC Network Meeting in 2015, a digest version of the SWP in Word format, and an EIC task list. The digest version and task list provide a more accessible, condensed view of the SWP and activities undertaken by the EIC.

Discussion

It was suggested that feedback received for activities of the EIC be documented to encourage greater participation and response from EIC members and WHO-FIC Collaborating Centres (CCs). It was agreed that the EIC Secretariat would start by collecting feedback received on the EIC project for improving the clarity of the questions in the WHO-FIC Implementation Database. Task owners should also update the task list to document and monitor progress.

It was also agreed that more time should be devoted to having working sessions at face-to-face mid-year and annual meetings of EIC, with most of the information exchange done in the interim via other means.

Action Point: EIC Secretariat to collect and record feedback received on the EIC project for improving the clarity of the questions in the WHO-FIC Implementation Database.

5- EIC SWP-01 WHO-FIC Implementation Database

5.1 Update on WHO-FIC Implementation Database

Huib gave an update on the WHO-FIC Implementation Database. As in last year, a call will be made to existing focal points, EIC members, WHO Regional Offices (ROs), and CCs to update the data in the database in June and at the end of August in an annual update cycle. Newly designated and redesignated CCs will be obligated to enter and update data as part of their workplan. The User Guide is being enhanced based on feedback from users. As for aggregation of regional data for output in the Global Health Observatory (GHO), which was suggested at the last EIC conference call, Huib will have a conference call with Philippe Boucher of WHO, who is responsible for the output of the implementation data in the GHO. Huib requested EIC members for their input on the presentation of regionally aggregated data in the GHO.

Carol Lewis, the lead on a small group of reviewers for improving the clarity of the questions in the database, reported on the progress of work. Of some 90 questions in the database, the group selected about 10 for comments by EIC members, to which only five countries responded. The group prepared tables based on answers in the GHO from countries represented on the EIC and identified the number of WHO Member States with no entry in the database. Based on the analysis of the feedback from the five countries, Carol highlighted four areas for discussion within the EIC for improving the clarity of questions.

Discussion

It was confirmed that by default, EIC members were the focal points for their countries for updating the data in the database, as it was one of the core activities of EIC. It was noted that where a focal point lacked knowledge for updating certain fields in the database, the task should be delegated to other experts with the knowledge.

Carol proposed having basic, general questions at the outset to enable broader coverage of information collected from countries, particularly developing countries, and then branching out to more detailed questions. Nenad Kostanjsek suggested the group prepare a document outlining issues and problems with the questions and identifying options for improvement. It was agreed that the group will be expanded, with possible membership from PAHO countries, for a two-phase approach of (1) making “quick fixes” to the questions and (2) considering structural review of how the questions are presented, also in consultation with the original developers of the questions in the old WHO-FIC Implementation Database.

AP: The group of reviewers to prepare a document outlining issues and problems with the current questions and identifying options for improvement, and to be expanded for this task with possible membership from PAHO countries.

6- EIC SWP-02 ICD-11

6.1 Field trial activities

Nenad reported on recent developments and next steps regarding ICD-11 and field trial (FT) activities. In May 2016, the first exposure of ICD-11 was made to the

WHO Member States comprising the WHO Executive Board to a generally positive reception. All WHO Member States will be invited to the Revision Conference in Tokyo in October, 2016, where “the ICD-11 2016 Release for Member State Comment” will be presented for discussion of next steps for finalizing the ICD-11 for mortality and morbidity statistics (MMS).

For the field trials, 550 diagnostic terms representing 5% of each chapter of ICD-11 (except for terms for injuries and external causes, which represent less than 5% of the respective chapters) have been selected to conduct a pilot line coding exercise in 2016, using the ICD-FiT and the Coding Tool, to test feasibility of the MMS, identify problems, and test coding performance in comparison with ICD-10, as well as examine the testing protocols and instruments in preparation for the full field trial. Data will be analyzed to see percentage distribution of coding assignment with co-variables and coding difficulty levels. The test will be done using the English version at first and in other languages later in the year as translations become ready. Australia, the UK, Canada, Kuwait, and Korea have shown interest in participating on the English version, and Mexico, Colombia, and Argentina on the Spanish version. Other countries can participate by contacting Nenad. The expertise of EIC and CCs is sought on establishing baseline code assignment for the 550 diagnostic terms.

Discussion

Wansa Paoin pointed out that given the lack of accuracy, at least at the time of the last annual WHO-FIC Network meeting, of the Coding Tool, the use of the Coding Tool in the field trial will hinder identification of problems in the classification, and suggested the use of the printed index. Nenad replied that considering the capacity limitations, the field trial needed to be confined to the electronic version in the current pilot phase, whereas the full field trial will test the use of the paper-version and offline and online versions of ICD-11, and that the case-controlled environment in the pilot phase will enable checking and correcting in advance errors in the Coding Tool, which has been significantly improved since the last annual meeting.

6.2 ICD-11 training material: progress report on the ICD-11 FT Education package

Vera Dimitropoulos thanked the members for their feedback on the first draft of the field trial education package, and gave a presentation on the development of the ICD-11 Field Testing Training Manual Draft Version 2. The training manual is being developed to promote awareness and understanding about ICD-11 among various audiences internationally and to enable participants in the field trials to use ICD-11, without which it would be difficult to distinguish between errors in the classification and errors arising from lack of understanding on the use of the classification. It will be made available both in electronic and print formats and is designed for cumulative learning process. Each module is independently constructed so that users can select modules depending on their needs.

After development of the manual was initiated at the EIC mid-year meeting in Helsinki in 2015, Draft Version 1 was completed and distributed to EIC members and some of the Collaborating Centres for feedback, which was reflected on the

development and completion of the current Draft Version 2 in April 2016. One of the remaining issues is that the ICD-11 codes used in the coding examples and answers are still in a state of flux. This issue is being addressed by assigning either the webpage link (URL) or the URI in the ICD-11 Foundation to the codes. The Draft Version 3 will be made available within the next few weeks. The manual will also be accompanied by slide sets.

Discussion

With regard to ICD-11 code changes, Nenad indicated that WHO was considering the use of markup language to automatically update the codes. Concerns were raised, however, that different codes used during training and at the time of implementation may cause confusion among the users. It was noted that it was important to clearly define ICD-11, especially the Foundation-MMS relation with the possibility of having other classifications derived from the Foundation, and to use these terms consistently in the manual.

EIC/FDRG Joint Session

See minutes of the EIC-FDRG joint session.

Sunday, June 5, 2016

EIC/FDRG Working Group Session

See minutes of the EIC-FDRG joint session.

EIC Session

6.3 Transition and Implementation Guidance

Nenad reported that one of the issues raised by the WHO Executive Boards in May was that transitioning from ICD-10 to ICD-11 will be a major step requiring assurance of demonstrated value and that for developing countries already having difficulty implementing ICD-10, implementation of ICD-11 needs to be made easy and support needs to be provided in the form of guidance for ICD-11 implementation. Nenad suggested that some of the key questions in providing such guidance will be to have meaningful grouping of countries and identify transition and implementation requirements for each of the country groups, to identify barriers and facilitators to transition and implementation, and to learn from past transitions and implementations.

Considering the drawback of not having an implementation support plan, as was the case when ICD-10 was developed, it would be better to have one for ICD-11. Given that WHO responds to requests from its Member States, the more the Members States request transition and implementation support, the more WHO will be in a position to channel Member State contributions towards providing this support. Therefore, the Revision Conference in Tokyo will be an opportunity to impress on the need for implementation support.

Vera then shared Australia's experience in assisting Singapore transition from ICD-9-CM to ICD-10-AM Sixth Edition with AR-DRG in 2011-2012 and presented the migration kit that was used for the transition. The support, which began in April 2011, involved organizing stakeholder forums, a six-week mentoring program in hospitals, support in maintaining the classification, a quality audit three months after the transition to make recommendations for improvement, and establishment of a query escalation process, which was active until nine months after the transition.

Discussion

Wansa acknowledged that ICD-11 will represent a major change from ICD-10, especially in the use of computerized Coding Tool for coding, and that change management was necessary. Vera noted that transitioning from past versions of ICD to ICD-11 would probably be more difficult than implementing ICD for the first time with ICD-11, and Huib suggested having one guidance manual for transition and one for implementation. It was agreed to include development of a transition and implementation guidance package in EIC's workplan.

As for the future process in carrying out this work, it was agreed to set up a small group representing each of the prototypical country groups. The EIC co-chairs will summarize an action plan and form the small core group by inviting EIC members and approaching specific individuals. The process may include preparing an outline of key issues, making an inventory of existing reference documents and materials from past transitions and implementations, and preparing the guidance package stratified for each country grouping. As for stocktaking of the situation in each country, Huib suggested asking all CCs to provide information on the level of implementation and changes implemented in recent years, and Carol recommended asking for basic information on the level of ICD use and computerization during the next round of updating the WHO-FIC Implementation Database. It was noted that EIC members attending the Joint Task Force meeting in Australia could further discussion on this topic.

AP: Include the work of developing a transition and implementation guidance package in EIC's workplan.

AP: EIC co-chairs to summarize an action plan and form the small core group for this task.

6.3 ICD-11 Coding Exercise

Huib reported on a proposal made by Olafur Steinum for EIC members to partake in a coding exercise using the Coding Tool and the morbidity exam questions that EIC already has to check the usefulness of ICD-11 especially from the morbidity perspective, the fitness of purpose of the Coding Tool, and stability and robustness of ICD-11 for coding. Lars Age Johansson of the Mortality Reference Group (MRG) has done a similar coding exercise for mortality using death certificates. The results of the coding exercise could be presented as a paper or poster at the Revision Conference in October.

Discussion

Considering limitations in resources, Nenad suggested that the diagnostic term set from the morbidity exam be incorporated into the line coding exercise for the field trial and welcomed the participation of Nordic and Dutch coders. Carol reminded that once the exam questions are used in the field trial and made public, they needed to be excluded from the question pool and cannot be used again. Nenad agreed to discuss this issue with Olaf.

7- EIC SWP-03 Education in General

7.1 Collaboration with other bodies or programs – GHWC activities

On behalf of Sue Walker, Huib read out the report on this agenda item submitted by Sue prior to the meeting. After the Global Health Workforce Council (GHWC) published the Global Academic Curricula Competencies for Health Information Professionals in 2015 as a resource for academic programs and workforce development efforts across health information professions worldwide, including HIM, HI, and HICT, a number of universities began using them to establish or review their degree programs. With the funding initially provided by the US Department of Commerce concluding in June this year, the Council has been actively working on the development of a business case and marketing strategy to pitch the work to potential funders. Creation of education and training materials to support implementation of the curricula and methods for making these available are being explored, as is the potential to offer a form of recognition for students who successfully complete required modules.

Discussion

Nenad commented that as the Curricula Competencies were developed by referring to EIC's mortality and morbidity curricula, there was a need to look at the Curricula Competencies.

8- EIC SWP-03 Routine activities

8.1 Update on ICD-10 training tool

On behalf of Robert Jakob, Nenad explained that Robert was working on updating the morbidity coding rules, examples, and the certification section of the tool, and may ask for feedback from EIC members in summer.

8.2 International exam for morbidity coders

Joon Hong gave an update on the morbidity coding exam. Since the last pilot morbidity coding exam in Indonesia in November 2012, no morbidity exam has been conducted. Barbados and Indonesia have shown interest in administering the exam, but no action has been taken to date. So far, a total of 286 ICD-10 coders from 6 countries have participated in the exam.

As for the mortality coding exam, the guidelines for mortality coding exam,

prepared by Joon, Carol and Cassia Buchalla, were finalized and submitted to the EIC co-chairs and WHO for approval by WHO, and were subsequently revised following Nenad's comments and resubmitted. If the guidelines could be approved by WHO, professional organizations, such as the International Federation of Health Information Management Associations (IFHIMA), could use the guidelines and award certificates to candidates as having successfully passed mortality exams that comply with the guidelines approved by WHO.

Discussion

Nenad first noted that the word "guidelines" needed to be changed to "guidance" as the use of "guidelines" would entail stringent clearance requirements within WHO, and further explained that the guidance in its current form was too detailed and specific to be accepted as a WHO document, which should contain only the general principles of the exam. It was confirmed that if the document was not a WHO document but a document developed by a professional organization, such as IFHIMA, by making reference, for instance, to EIC curricula or exams developed by MRG, there was no issue with the document in its current form. Nenad suggested Joon and Carol to consider which of the two types of documents they envisaged as the end product, and agreed to discuss this issue further with Joon and Carol.

8.3 IFHIMA

On behalf of Margaret Skurka, Carol read out the report on this agenda item submitted by Margaret prior to the meeting. Plans are in full progress for the IFHIMA Congress to be held in conjunction with the annual WHO-FIC Network meeting in Tokyo in October, 2016. IFHIMA is partially sponsoring two members from developing countries, and National Country Directors are asked to bring an English textbook to Tokyo as a donation. It is hoped that "White Papers" in various practice areas of health information management will be developed before the Congress. IFHIMA is also proud to welcome India to the membership of IFHIMA, and corporate membership has also been granted to the Australian Centre for Classifications. IFHIMA maintains its visibility through its website, the Global News, which is also available from the website, and Linked-In Group, which it plans to join.

8.4 Update on briefing kit

Yukiko reported on the changes made to the briefing kit based on comments received from Carol and Catherine Sykes, and requested another round of review of the briefing kit prior to the Orientation Session during the next annual WHO-FIC Network meeting.

8.5 Update on Information Sheets

Yukiko reported on the updates made to six of the eight Information Sheets maintained by the EIC, and thanked Carol for her comments. Nenad commented that the update of the Information Sheet on standard clinical reference terminologies should be suspended until the outcomes of discussion between WHO and the

International Health Terminology Standards Development Organisation (IHTSDO) become clearer.

8.6 EIC website

On behalf of Sue, Yukiko read out the report on this agenda item submitted by Sue prior to the meeting. It was confirmed with the North American Collaborating Centre that the center would continue to maintain the EIC website at http://www.cdc.gov/nchs/icd/nacc_education_committee.htm. The most recent minutes of EIC meetings have been posted on the website. Sue suggested setting up a small group of EIC members who could have a look at the site and recommend materials that are out of date or misleading so they can be removed.

Joon pointed out that the EIC member list on WHO website was also outdated. It was agreed to send the updated EIC member list to Hernan Velasquez at WHO, who is the focal point for updating the list on the website.

Carol agreed to join Sue in the small group to look at the contents of the EIC website.

AP: Send updated EIC member list to Hernan Velasquez at WHO for updating member list on WHO website.

AP: Small group to check contents of EIC website.

9- EIC Plans for the annual meeting in Tokyo

9.1 Poster Presentation

Nenad suggested that considering the audience at the annual meeting, it may be good to have posters on key deliverables and activities of EIC. Huib agreed to do a poster on the WHO-FIC Implementation Database. Vera agreed to do a poster on education. As in previous years, there will be a poster for the annual report of EIC.

10- Other business

There was no other business.

11- Close of meeting

Carol and Huib thanked the Thai Collaborating Centre, the Japanese Collaborating Centre and Japan Hospital Association for hosting the meeting. Huib thanked all for their participation and declared the meeting closed at 16:10.

Action Points

1	SWP-01 WHO-FIC Implementation Database	EIC Secretariat to collect and record feedback received on the EIC project for improving the clarity of the questions in the WHO-FIC Implementation Database	EIC Secretariat
2	SWP-01 WHO-FIC Implementation Database	The group of reviewers to prepare a document outlining issues and problems with the current questions and identifying options for improvement, and to be expanded for this task with possible membership from PAHO countries	Carol Lewis and Reviewer group
3	SWP-02 ICD-11	Include the work of developing a transition and implementation guidance package in EIC's workplan.	
4	SWP-02 ICD-11	EIC co-chairs to summarize an action plan and form the small core group for this task.	EIC Co-Chairs
5	EIC SWP-03 Routine activities	Send updated EIC member list to Hernan Velasquez at WHO for updating member list on WHO website	EIC Secretariat
6	EIC SWP-03 Routine activities	Small group to check contents of EIC website	Sue Walker Carol Lewis Yukiko Yokobori