

**WHO-FIC Network Annual Meeting  
Education and Implementation Committee (EIC)  
Manchester, United Kingdom**

**Session 1: Saturday, October 17, 2015**

1- Welcome and Introductions

Huib Ten Napel and Yukiko Yokobori, the EIC Co-Chairs, welcomed participants to the first session of the EIC. Participants were invited to introduce themselves and add their contact details to the participants list so that they can be kept up to date with EIC activities via a mailing list. 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 face-to-face mid-year meeting on June 6, 2015, in Helsinki, Finland, which had been circulated in the EIC dropbox in advance, were briefly reviewed and approved.

4- Update on EIC strategic work plan (SWP)

Yukiko provided an update on the EIC SWP and explained the proposed changes to the SWP after the Midyear Meeting in Helsinki.

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. After the mid-year meeting, the User Guide was updated, letters sent to WHO Regional Offices (ROs) requesting their assistance in identifying new focal points in countries that had no WHO-FIC Collaborating Centres (CCs), and a call was made to existing focal points, EIC members, and CCs to update the data in the database. As a result 11 countries out of 19 updated their data, and 17 new countries entered their data for the first time in the database:

Updates: Brazil, Canada, Denmark, Finland, France, the Netherlands, South Korea, Sweden, Thailand, the UK, and the USA.

New entries: 13 states in the PAHO region (Antigua and Barbuda, Belize, Cayman Islands, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, St Maarten (NL), Saint Vincent and the Grenadines, Turks and Caicos), New Zealand, Mozambique, Cyprus, and Iceland.

Discussion

Most of the data input into the database was ICD-related. Of the countries that input data on ICF implementation, eight replied they did not use ICF, two said ICF was fully implemented in their countries, and six replied that it was partially implemented.

It was noted that it was more difficult to track ICF implementation data at the national level as there are many ICF usecases and various studies, initiatives, and activities that use ICF occur bottom-up, in contrast to ICD, which is used by the ministry for national statistics purposes. Huib suggested reviving the ICF-Info database, which was developed by the EIC in 2006 and designed to capture more detailed information about ICF activities in countries, as opposed to metadata in the WHO-FIC Implementation database, provided funding was available.

It was agreed that EIC will make biannual calls for new update/input in June and before the annual WHO-FIC Network Meeting in August as EIC's routine activity.

Comments and feedback from users on the User Guide are welcome as the guide is still in the process of evolution.

## 6- EIC SWP-02 ICD-11

### 6.1 Reference Guide development

Robert Jakob gave a summary report on the status of the ICD-11 Reference Guide. With the input of German CC and other stakeholders and review by Carol Lewis and other EIC members, the guide is reaching a growing level of completeness. After an agreement was reached on the main diagnosis for morbidity coding, the morbidity coding rules are being subjected to the second round of editing. The rationales for changes from ICD-10 to ICD-11 still need to be filled by vertical TAGs and other working groups in eight chapters. Translation of ICD-11 and field trials will inform further improvement of the guide.

EIC is expected to review the guide and provide feedback from the users' perspective prior to the launch of the field trials, as it was mainly written by those involved in the development of ICD-11. Sue Walker, Carol Lewis, Joon Hong, Sharon Baker, and Huib volunteered as reviewers. Robert will circulate the latest draft of the guide and discuss approaches for the review with the reviewers.

Action Point: Other members are welcome to participate in the review

### 6.2 Field trial activities

Nenad Kostanjsek gave a presentation on the ICD-11 field trial (FT) activities. The purposes of the field trials are twofold: to fix errors and improve the quality of the classification before its submission to the World Health Assembly (WHA) in 2018 and to use them to promote and support capacity building for implementation of ICD-11 well beyond 2018.

Field trials will be conducted in stages, starting with FT preparations in Stage 1 and followed by targeted beta draft testing in Stage 2 in 2016, and full usage validation in real-life settings in Stage 3 in 2017. FT Preparations will include development of FT training materials for participants, identification of FT sites through WHO-FIC CCs and ROs, and internal performance testing of the Joint Linearization for Mortality and Morbidity Statistics (JLMMS) and the Reference Guide in WHO.

WHO will provide coordination and the basic infrastructure for conducting the field tests. CCs will play a major role in the field trials as the primary FT centers in the preparation and country-level implementation of the field trials.

In parallel, scientific peer review by invited experts and horizontal TAGs will be

carried out to improve the structure and contents, and transition requirement study will be conducted to promote ICD-11 and facilitate transition to ICD-11 in member states. As the first step towards submission of ICD-11 to the WHA, information note on the JLMMS will be presented to the WHO Executive Board and WHA in 2016.

### Discussion

Sue congratulated Nenad for the inclusion of transition requirement study and suggested that Pacific island countries be included in the scope of the study. Nenad replied that although it was not feasible to cover every nation's requirements, it is possible to have meaningful grouping of prototypical countries representing different needs.

Huib asked what the role of EIC would be. Nenad requested EIC to be engaged in the FT preparations and to act as ambassadors in encouraging participation of CCs.

### 6.3 ICD-11 training material

Nenad reported on the status of the FT training materials on behalf of Vera Dimitropoulos. FT training is needed to increase the reliability of test results. Field trials for DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) demonstrated that insufficient training resulted in poor reliability of data, as it was not discernible whether the poor results were due to the low quality of a classification or participants ill-trained in its use.

The training curriculum will consist of four modules: (1) introduction to ICD-11, (2) ICD-11 tools, (3) Using ICD-11, and (4) FT protocols and instruments. Nenad thanked EIC members and ROs that had sent existing training materials, which have been reviewed and some of which will be reused in the training materials.

For the future steps, Nenad will circulate the draft training materials to EIC members and CCs for review and comments in the next month or two. A storyboard, including Q&A and skills tests, will be created as a PowerPoint slide set and pilot tested before producing the final version early in 2016.

AP: EIC members and CCs are requested to review and provide feedback on draft training materials.

AP: Develop, pilot and finalize storyboard PowerPoint slide set.

## 7- EIC SWP-03 Education in general

### 7.1 Database of ICD education experts for training

Robert gave a presentation on the database of ICD education experts, which was developed by the Korean CC, with the objective of matching organizations or countries with ICD education needs and experts in ICD training. WHO acts only as a broker. The entity with training needs will refer to the register of available trainers on the database and make decisions on the selection of trainers. Currently, 20 trainers have registered, nine of whom have more than 10 years of experience. A call was made to members of the International Federation of Health Information Management Associations (IFHIMA) at a recent American Health Information Management Association (AHIMA) convention to register on the database.

While the database is maintained by the Korean CC, EIC is expected to provide

administrative support by checking the information entered in the database and making clarifications by e-mail where necessary. Sue and Olafr Steinum volunteered to take on this task.

AP: Robert to circulate the link to the database to EIC members.

AP: Robert to discuss with Sue and Olafr on administrative support for the database.

## 7.2 Collaboration with other bodies or programs – GHWC activities

Sue made a presentation on the activities of the Global Health Workforce Council (GHWC), a 14-member body representing all six WHO regions that was established by AHIMA in collaboration with IFHIMA to develop curricula for those teaching academic programs for health information managers, health informaticians, and health information technology workers.

The Curricula Competencies, released in June 2015 and available on the Internet, is used by countries without curricula to identify requirements and countries with existing curricula to assess their curricula against the international benchmark. It is divided into entry, intermediate and advanced levels and has an additional module on foundational knowledge. GHWC is currently exploring the relation between its curricula and countries' existing certification and accreditation systems.

As the curricula cover coding and classifications and are based on EIC's education curriculum, there could be synergy between the activities of EIC and GHWC. Participants to the WHO-FIC Network 2016 in Tokyo are welcome to join a planned GHWC session during the IFHIMA convention to be organized concurrently at the same venue.

Link to the Curricula Competencies:

[http://www.ahima.org/~media/AHIMA/Files/AHIMA-and-Our-Work/AHIMA-GlobalCurricula\\_Final\\_6-30-15.ashx?la=en](http://www.ahima.org/~media/AHIMA/Files/AHIMA-and-Our-Work/AHIMA-GlobalCurricula_Final_6-30-15.ashx?la=en)

## 8- EIC SWP-03 Routine activities

### 8.1 Update on ICD-10 training tool

Robert was not present to discuss this agenda item.

### 8.2 International exam for morbidity coders

Joon 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. However, Barbados has shown interest in the exam, and Indonesia is planning to organize the second morbidity exam.

As for the mortality coding exam, Carol requested EIC members to review and comment on the guidelines for mortality coding exam, which were distributed prior to the meeting. Joon explained that while WHO cannot award certificates to individuals, it was possible for a professional organization, such as IFHIMA, to award certificates to candidates as having successfully passed exams that comply with WHO-FIC EIC-approved exam guidelines.

## Discussion

Nenad agreed that while WHO cannot issue legal certificates, EIC should move forward with the review of the guidelines in order to provide international standards that professional organizations can use as a basis of certification. Given the varied coding settings in WHO member states, Nenad requested that the guidelines be inclusive and incorporate principles both for countries where coding is done by coding professionals and countries where physicians do the coding.

AP: EIC members to review guidelines on mortality coding exam.

### 8.3 IFHIMA

Margaret Skurka provided an update on the activities of IFHIMA, reporting first, as an EIC member from the U.S., on the adoption of ICD-10 in the U.S. for morbidity as of October 1, 2015. After taking over the management and promotion of the morbidity coding exam, IFHIMA has been assisting countries that wish to conduct the exam in their countries, specifically Barbados and Indonesia, as mentioned by Joon. Regarding certification, IFHIMA is willing to issue certificates to those who tested successfully on the mortality exam.

With India rejoining, Saudi Arabia in the process of rejoining, Ghana and Tanzania joining for the first time, and Sweden showing interest in rejoining, IFHIMA would have 24 member countries if all of the mentioned countries succeed in joining. The challenges are how to promote IFHIMA and the morbidity coding exam to countries without a CC or IFHIMA membership that need it the most and how to better promote WHO-FIC Network's ICD training tools to increase the quality of coded data globally. As an NGO in official relation with WHO, IFHIMA President Angelika Haendel maintains regular contacts with Robert Jakob of WHO, and the WHO-FIC Network meeting in 2016 and IFHIMA convention will be jointly held in Tokyo.

### 8.4 Update on briefing kit

Yukiko informed that the briefing kit now consists of the letter to new members of the WHO-FIC Network, Conduct of the WHO-FIC Network document, the Network brochure, and the ICF Overview.

### 8.5 Update on Information Sheets

EIC currently maintains eight Information Sheets.

### Discussion

EIC was recently made aware of a flyer developed by DIMDI explaining the Iris automated coding system. A question was raised on whether to proceed with the development of the proposed Information Sheet on automated coding systems for mortality coding or simply refer those interested in this subject to the Iris flyer. It was proposed to defer the development of the new Information Sheet until one encompassing other automated coding systems could be drawn up, while referring those interested to the Iris flyer in the interim. It was agreed that priority should be given to key EIC products, such as the WHO-FIC Implementation Database and FT training, in the development of new Information Sheets.

Olafr and Carol pointed out the need to update some of the existing Information Sheets. Carol also noted that there should be basic guidelines on the contents of Information Sheets. Huib requested members to send proposed changes to the EIC

secretariat so that revised versions can be presented at the EIC mid-year meeting for approval.

AP: EIC members to send proposed changes to Information Sheets to the EIC secretariat.

AP: EIC to consider basic contents guidelines for Information Sheets.

## 8.6 EIC website

Sue agreed to send e-mail to Traci Ramirez, who had been the contact person for updating information on the EIC website hosted by the Centers for Disease Control and Prevention (CDC), to check whether she was still willing to update the information, copying in the EIC secretariat and the North American CC.

### **Session 2: Sunday, October 18, 2015**

See minutes of the EIC-FDRG joint session.

### **Session 3: Tuesday, October 20, 2015**

#### 9- Presentation

##### 9.1 ICD-11 Pilot Field Trial in Korea, presented by Joon Hong

The Korean Medical Record Association (KMRA) conducted ICD-11 Pilot Field Trial (FT) in Korea as part of a project to revise KCD coding guidelines as Korea transitions from KCD-6 to KCD-7 in January 2016. With the purpose of learning about ICD-11 and preparing for the ICD-11 field trials, 31 ICD-10 coders (28 coders in hospitals and three teaching coding at universities) took part in bridge coding of 10 discharge data sets and 15 case summaries in ICD-10 and ICD-11 respectively, using the Coding Tool and ICD-11 beta browser for ICD-11 coding. The pilot was based on the draft Field Trial Handbook, and one-day training was provided in advance on ICD-11 and chapter-by-chapter ICD-11 coding guidelines.

As one-day training was too short to familiarize participants to ICD-11, participants felt that it was easier coding with ICD-10 and they had higher confidence level using ICD-10 compared with ICD-11. Some of the difficulties mentioned were as follows:

- Use of search terms in the Coding Tool very different from ICD-10;
- Need to assign too many codes for one case (more than in ICD-10);
- Decision on assigning Y or Z at the end of the code for “other” or “unspecified”;
- Some codes having too many characters (8 or 9);
- Too many complications included in one code (e.g. diabetic complications).

Some of the perceived benefits were as follows:

- Better accessibility in EMR environment and ease of use once familiarized with ICD-11.
- Pre-coordination and definitions convenient.

The pilot was a very good experience. KMRA is planning to conduct the pilot reliability study in November 2015.

#### Discussion

Asked how long the training period should ideally be, Joon estimated at least three

days of training would be needed. More formal training will be provided in Korea ahead of the field trials next year. With respect to the Coding Tool, Joon explained that some search terms did not yield the entities one was looking for. Lindy Best said that the Coding Tool is being regularly enhanced and updated and that feedback from users to WHO is much appreciated to make it more user-friendly.

## 9.2 Clinical coder exam in Sweden: A first try, presented by Olafr Steinum

There is no officially recognized profession of Clinical Coders in Sweden, although a systematized training in diagnosis coding using ICD-10 has been in place since 2000 as a private enterprise in cooperation with Swedish hospitals, County Councils and Regions. Educated Clinical Coders have organized themselves in the Swedish Society of Clinical Coders (RDK), which has been organizing annual conferences since 2003. To enhance the coders' official status, the RDK has taken initiative to organize a Certification scheme, and as part of this gave their first Coding Exam on 12 March 2015. The Exam was adapted to the scheme for a morbidity exam recommended by the WHO-FIC EIC.

The Exam was designed in three parts. Part 1: 20 multiple-choice questions on coding rules; Part 2: 30 short coding questions ('How do you code xxx?'); Part 3: 12 short clinical scenarios for coding. The evaluation was decided to be strict, and points were only given for correct codes on the 4th character level. A half point was deducted for incorrect sequencing, for invalid codes and for incorrect choice of principal diagnosis in Part 3. The maximum points were 137. Of the 100 coders who participated in the Exam, 21 obtained the 80% correct answers set as the requirement for obtaining the certification Diploma.

### Discussion

Sue asked whether the questions used in the exam could be added to EIC's question bank. Olafr replied that they could, but they were in Swedish.

Asked why government recognition was necessary for coders to be recognized in Sweden, Olafr replied that country-wide government recognition was needed because coders were treated differently under wide-ranging regional administrative systems. Lindy noted that the accreditation scheme in Australia was also started with the aim of gaining recognition of professional coders and improving their status.

## 10- Poster presentation

Poster C510. ICF Education in Russia: The Next Milestone, presented by Yanina Besstrashnova

To introduce ICF concepts in rehabilitation in Russia, the Codifier of Disability Categories, a tool that links body dysfunctions, which are based on ICF body functions and structures, and types of assistance and rehabilitation services, was developed for use in daily practice under the auspices of the Ministry of Labour and Social Protection, one of two ministries with jurisdiction over rehabilitation. Training consisting of the legal framework of rehabilitation in Russia, ICF, and the use of the Codifier, particularly for development of rehabilitation programs, was provided to more than 2,500 physicians, psychologists, social workers, and rehabilitation professionals in 15 most populous regions in the country, mainly during the period from 2011 to 2012. The total duration of the course was 90 hours with e-learning on an educational website with online lectures and 56 hours of face-

to-face classes. There were interim and final tests.

The training focused on practical application of ICF knowledge and skills, and this integrated approach to developing rehabilitation programs was new to Russia. Next steps will include spreading ICF use in other Russian-speaking countries such as Kazakhstan and Belarus, which have shown interest, and focusing on providing ICF courses to medical students, as physicians and social workers are the first points of contact for many disabled persons.

### Discussion

Asked about the state of ICF implementation in hospitals in Russia, Yanina replied that ICF is used in education and research and in clinical practice in hospitals and large education and research institutions and that ICF codes are used in clinical documentation and entered into hospital information systems. Yanina agreed to provide a 1-2 page summary of the training and results.

### 11- Further updates to SWP for 2015-2016

Huib informed that EIC's SWP will be updated based on the discussions during this WHO-FIC Network meeting and the updated SWP will be sent to EIC members.

### 12- Plans for 2016 mid-year meeting

EIC has received several proposals from other committees and reference groups on jointly holding the mid-year meeting. A decision will need to be made in due course considering the potential synergy and availability of funding among members for travel.

### 13- Other business

Task list – To encourage members to more actively participate in EIC activities, a task list will be prepared and distributed to members. Some tasks already have volunteers, but others are also requested to sign up to join, particularly members of new Collaborating Centres and Collaborating Centres that had been passive in the past. A task leader will be assigned to each task. Tasks such as the review of the ICD-11 Reference Guide and FT training materials offer opportunities for old as well as new members to provide expert feedback globally.

ICD-10 training tool support group – The support group for the ICD-10 online training tool has been receiving questions from users related to ICD in general, and requires three to four additional volunteers. Sue will draw up a proposal on the process and send it to the secretariat. This task will be included in the task list.

EIC Facebook – Sue encouraged members to post on EIC Facebook for dissemination of information to the outside community.

EIC website – Sue has contacted Donna Pickett, who has agreed to support hosting of the EIC website.

### 14- Close of meeting

Huib thanked all for their participation and declared the meeting closed.

## Action Points

1	EIC SWP-02 ICD-11 Reference Guide development	Other members are welcome to participate in the review	
2	EIC SWP-02 ICD-11 ICD-11 Training material	EIC members and CCs are requested to review and provide feedback on draft training materials	Vera Dimitropoulos Nenad Kostanjsek Yukiko Yokobori
3		Develop, pilot and finalize storyboard PowerPoint slide set	Nenad Kostanjsek Vera Dimitropoulos
4	EIC SWP-03 Education in general Database of ICD experts for training	Robert to circulate the link to the database to EIC members	Robert Jakob
5		Robert to discuss with Sue and Olafr on administrative support for the database	Robert Jakob Sue Walker Olafr Steinum
6	EIC SWP-03 Routine activities International exam for morbidity coders	EIC members to review guidelines on mortality coding exam	All
7	EIC SWP-03 Routine activities Update on Information Sheets	EIC members to send proposed changes to Information Sheets to the EIC secretariat	All
8		EIC to consider basic contents guidelines for Information Sheets	All
9	EIC SWP-03 Education in general ICF education	Yanina to provide an overview of the ICF education (training and its result) in Russia	Yanina Besstrashnova