

**WHO-FIC Network Annual Meeting 2016**  
**Education and Implementation Committee (EIC)**  
**Tokyo, Japan**  
**Sunday, October 9, 2016**

**Session 1: 14:00-15:30**

1- Welcome and Introductions

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

2- Review of agenda

The proposed agenda was accepted without modification.

3- Election of co-chairs 2016-2018

Nenad Kostanjsek, acting as the polling officer, reported that nominations for the positions of EIC Co-Chairs were received only from the current two Co-Chairs, Huib Ten Napel of the Netherlands and Yukiko Yokobori of Japan, and proposed a vote by acclamation. Huib and Yukiko were elected to serve their second term as EIC Co-Chairs for 2016-2018. Yukiko will also serve as the EIC Secretariat.

4- Approval of Bangkok mid-year meeting minutes

There were three minutes from the EIC mid-year meeting in Bangkok in June 2016: (1) the minutes of the EIC sessions; (2) the minutes of the joint session of the EIC and the Functioning and Disability Reference Group (FDRG); and (3) the minutes of the EIC/FDRG joint working group session with the Asia-Pacific Network (APN). Huib suggested reviewing the first minutes of the EIC sessions only, as the minutes of the joint sessions needed to be reviewed with the other groups.

The minutes of the EIC session were briefly reviewed and approved. Huib informed that the APN had approved the minutes of the EIC/FDRG/APN joint working group session.

5- Update on EIC strategic work plan (SWP)

Yukiko reviewed the EIC SWP based on a digest version of the SWP. The main activities of the EIC are: population of updated data in the WHO-FIC Implementation Database; ICD-11 related work, including assistance in developing ICD-11 Reference Guide, field trials and ICD-11 training materials; the databases of WHO-FIC advisors and educators; ICD-10 training tool, ICF e-learning tool, the International Training and Assessment Program (ITAP), and preparing and disseminating information products. Development of a transition and implementation package for ICD-11 was added to the SWP at the mid-year meeting in Bangkok in June 2016.

6- EIC SWP-01 WHO-FIC Implementation Database

6.1 Update on WHO-FIC Implementation Database

Huib gave an update on the WHO-FIC Implementation Database. Bi-annual calls

were made to WHO Regional Offices (ROs), all WHO-FIC Collaborating Centres (CCs), all EIC members, and all other focal points to populate the database, and 21 countries updated their data, and nine new countries entered their data for the first time in the database.

Updates: Australia, Canada, China, Denmark, Finland, France, Germany, Guyana, Iceland, Italy, Japan, Mexico, Mozambique, Netherlands, New Zealand, Norway, Spain, St Maarten, Sweden, U.K. and U.S.A.

New entries: Argentina, Benin, Bermuda, Ethiopia, Kenya, Kuwait, Malaysia, Portugal, and Venezuela.

Most information, however, is on ICD implementation, and there is little information on ICF implementation.

Future steps include ongoing improvement of the User Guide through feedback from users, creating a new feature for aggregating data output by region, and considering approaches to enable territories of certain countries (e.g. the territories of the U.S.) to enter their data, which they cannot do at present, taking into account how territories should be included in the list of countries and be listed in the tables.

### Discussion

Ivo Rakovac, from WHO Regional Office for Europe (EURO), observed that EURO can send out data requests to countries only if they are mandated by a WHO resolution or other international obligations, and proposed adding a paragraph in ICD and ICF to the effect that “countries should submit data to WHO on the implementation of the classifications.” Nenad suggested leveraging the recent declaration of the G7 health ministers’ meeting in Kobe, Japan, in September 2016, which explicitly stated the value of using ICD and ICF. Robert Jakob added that reference may also be made to the International Health Regulations or WHO Nomenclature Regulations as a basis for data requests, and further suggested that a paragraph could be included in the ICD Reference Guide. Matilde Leonardi noted that a paragraph could be added to ICF 2016/2017.

Matilde asked if the Implementation Database could track information on ICF implementation in the non-governmental sector. Huib replied that ICF-INFO was used for such a purpose until 2006 and that it could be revived if EIC could agree on it.

It was agreed that governments, associations, and the research community each had roles in advocating the importance of collecting WHO-FIC implementation information and collecting and making it available.

### 6.2 Improvement of the questions in the database

Carol Lewis, who has been the lead on a small group of reviewers, reported on the progress of work. The group has been reviewing the questions in the WHO-FIC Implementation Database to address the concern that the lack of clarity of the questions may be deterring countries from entering their data in the database. After the EIC mid-year meeting in Bangkok, the group drafted a template of basic questions so that basic information could be collected from more countries. The group also identified a need to further clean up the questions. The template of basic questions was circulated to EIC members for comment, but there has been no response from anyone. Carol questioned whether this activity for improving the

questions was really a priority for EIC.

## Discussion

The importance of maintaining the WHO-FIC Implementation Database and the dissemination of information through the Global Health Observatory (GHO) was recognized. Joanne Valerius volunteered to join the small group to further the work of improving the questions. It was agreed that the questions should be made simpler and more basic and generalized.

Considering the past experience of using ICF-INFO to collect information as a basis for developing the ICF e-learning tool and the ICD Implementation Database for developing ICD-11, it was emphasized that the purpose the WHO-FIC Implementation Database is intended to serve, should also be clearly identified. Vera Dimitropoulos suggested that one of the purposes the database could serve would be to collect information based on which to develop the ICD-11 transition and implementation package. It was agreed to discuss the purpose of the database further within the EIC.

AP: The group of reviewers to continue working on improvement of the questions

AP: EIC to define the purpose the WHO-FIC Implementation database is to serve

## 7- EIC SWP-02 ICD-11

### 7.1 Reference Guide developments

Robert gave a report on the status of the ICD-11 Reference Guide. Editing has progressed through several review rounds, and the Reference Guide is now ready for use in ICD-11 field trials. The term “linearization” is no longer used as it is too technical; “classification” or “tabular list” is used instead. Robert encouraged members to participate in the field trials and provide feedback to inform further improvement of the guide and the ICD-11 FT Education Package.

### 7.2 Field trial activities

Nenad gave a presentation on the line coding exercise for the ICD-11 field trial (FT). The purpose of the exercise is to improve ICD-11 for Mortality and Morbidity Statistics (ICD-11-MMS), validate and improve the testing process for the full-scale field trial, and build up knowledge and capacity about ICD-11.

The line coding exercise is currently ongoing and involves single morbidity code assignment of mostly pre-coordinated entities on both ICD-10 and ICD-11 for comparison. A set of some 420 diagnostic terms representing roughly 5% of each chapter of ICD-11 is currently being used for the exercise, and international expert coders are in the process of building consensus for establishing the reference code assignment for each term.

Each participating country is asked to assign five to 10 coders, who will assign codes on the ICD-FiT platform using the frozen versions of the ICD-11 browser and Coding Tool. Testing is ongoing or upcoming in 16 countries. In addition, the Pan American Health Organization (PAHO) and Spanish-speaking countries will start testing the Spanish version of ICD-11-MMS.

Analysis of preliminary test results from 79 coders showed majority of code

assignment in full match both in ICD-10 and ICD-11. Whereas the majority of coders had no problem with respect to the difficulty of coding, level of specificity of the classification, and ambiguity, problems that were identified will be used to further improve the classification. More detailed analysis of the results will be performed.

As for the next steps over the next few months, the third batch of diagnostic terms will be issued covering post-coordinated terms, particularly in neoplasms, external causes, and adverse events. The ICD-11 FT Education Package will also be upgraded to accommodate instructions for post-coordination coding.

The testing of mortality rules is envisaged in the full-scale field trials. While mortality rules will essentially remain the same from ICD-10 to preserve continuity of mortality statistics, there was a need to update decision tables and to address the question of whether to use post-coordination for mortality.

### Discussion

Matilde requested testing of the functioning properties (FPs) during the full FT phase. Melissa Selb noted that the ICF community could provide input in enhancing the ICD-11 FT Education Package for use of the FPs. Nenad suggested specialty testing of the FPs within the ICF community.

## **Session 2: 16:00-15:30**

### 7.3 Field trial in Korea

Seolkyung Baek gave a presentation on the line coding exercise performed in Korea. The Korean Medical Record Association conducted the field trial in collaboration with WHO and the Korean CC. Thirteen expert clinical coders with more than 10 years of experience took part. In preparation for the field trial, reference materials were translated, online and face-to-face training was provided from June to July 2016, a community site was launched for information sharing, and a demo test was conducted in July 2016 using 23 cases. The line coding exercise was performed from August 5 to 30, 2016, on the first batch of 212 diagnostic terms on the ICD-FiT, using the frozen versions of the ICD-11 browser and Coding Tool.

Although the majority of coders said it was more difficult coding in ICD-11 than in ICD-10, they said they did not have problem coding in ICD-11 for most cases. As for specificity, there were coders who said ICD-11 was not detailed enough when compared with ICD-10. Some of common terms in Korea could not be found using the Coding Tool. The field trial using the second batch of diagnostic terms is currently underway. Seolkyung concluded by saying that the experience of field trial is expected to contribute to the successful implementation of ICD-11 in Korea.

### Discussion

Vera and Can Celik noted that the use of post-coordination in ICD-11 should be able to address many of the specificity issues mentioned by Seolkyung.

### 7.4 ICD-11 training material

As was already mentioned during the meeting, the ICD-11 FT Education Package will be upgraded to accommodate instructions for post-coordination coding, and feedback from the field trials will inform further improvement of the package.

Changes in ICD-11 Reference Guide will also need to be reflected on the package.

#### 7.5 Country feedback from ICD-11 line coding pilot testing

Olafr Steinum gave a presentation on the line coding exercise in Nordic countries. Two physicians from Denmark, three physicians and one clinical coder from Norway, and one physician and three clinical coders from Sweden, as well as three from the Nordic CC as administrators, participated in the line coding exercise. A seminar was organized in Sweden from September 22 to 23, 2016, and each participant was given 308 cases from the first and second batches in late August. As of the time of this meeting, 1,154 cases out of 4,004 have been completed (24%) and the field test is ongoing.

Olafr commented that there were some issues with the diagnostic terms. Some were not clinical terms but classification categories, some were exact index entries in ICD-11, and some were incomprehensible as to their meaning. He suggested a comment rubric for commenting in free text may be useful to have on the platform.

#### Discussion

Lars Berg, who participated in the line coding exercise, indicated that the seminar had been a remarkable success with considerable interest and enthusiasm from the participants, who were delighted especially with the Coding Tool. Although many in Nordic countries had been reluctant about ICD-11, they were now in a position of actively embracing it.

Nenad commented that he welcomed feedback on diagnostic terms as it would be useful for improving the quality of the term sets for the full-scale field trials. He also invited suggestions on what need to be analyzed during the field trials.

Vilma Gawryszewski, from PAHO, noted that the ICD-11 FT Education Package had been useful for the field trials in the Caribbean islands.

#### 7.6 Transition and Implementation Guidance

It was agreed that this agenda item would be discussed at the end if time allowed. As this is not only an EIC-task, we need to align this item with Reference Groups, such as the MRG and MbRG. This has been reported in the Council Meeting after the EIC meeting.

### 8- EIC SWP-03 Education in general

#### 8.1 Collaboration with other bodies or programs

Sue Walker reported that the work of the Global Health Workforce Council (GHWC), which developed the Global Curricula Competencies in the fields of health information management, health informatics, and health IT, has come to closure in September 2016 when funding from the U.S. Department of Commerce was completed.

#### 8.2 Database of WHO-FIC advisors and educators

Sue and Catherine Sykes reported on the status of the database of WHO-FIC advisors and educators. In 2015, questions were developed for ICF educators and advisors and pilot tested. It was proposed that the two sets of questions could be merged to one database. The Korean CC offered to update the ICD database with the

ICF oriented questions however, are unable to do so until 2017. In the meantime, and with the additional funding for the ICF education portal site (icfeducation.org), the ICF database can be incorporated making a 'one stop shop' for ICF education. The questions that advisors and educators needed to answer in order to enter their information in the database were combined for the ICD database and ICF database. Further work has not progressed this year after it was suggested that the database cover all WHO-FIC advisors and educators. The ICD database and ICF database now reside in two separate sites: ICD database on the Korean CC platform and ICF database on the ICF education portal site (icfeducation.org). The ICF database has been pilot tested but has not yet been launched. Sue and Olaf are monitoring the ICD database, and Catherine and Haejung Lee the ICF database.

### Discussion

A question was asked on the criteria for being listed on the databases. Sue and Catherine replied that advisors and educators needed to answer a set of questions, for instance, on training experience, type of training, and availability, and in addition, for the ICF database, provide two references, one from within the WHO-FIC Network and one from someone who has actually sponsored training from that person, but it was up to those with training needs to decide which advisors and educators to contact. Neither WHO nor Network members recommend any individuals.

Hongyi Xu, from WHO Regional Office for Africa (AFRO), noted that there was a significant need for ICD education in the Africa region, especially for educators who are qualified in terms of educational background, can show evidence of training, and can offer more than just one-time training, and that there are development partners willing to pay such educators.

AP: Update the ICD database on the Korean CC platform next year

AP: Incorporate ICF database in ICFEducation.org, launch and disseminate link to prospective educators and advisors and to prospective users.

### 9- EIC SWP-03 Routine activities

#### 9.1 Update on ICD-10 training tool

Sue reported that the ICD-10 online training tool remain a popular tool. There has been no question put to the user support group. She will check with Robert if there was a need for updating the tool.

### Discussion

Hongyi suggested that linking the ICD database of educators and the ICD-10 online training tool would facilitate setting up training programs and be less costly for countries to run programs.

AP: Sue to check with Robert if there was a need for updating the tool.

#### 9.2 Update on ICF e-learning tool (\*from the point of view of Implementation and Education)

Melissa provided an update on the ICF e-learning tool. After a recommendation was made by WHO to migrate the updated ICF e-learning tool to a new software

(Articulate Storyline) in 2014, a core group of volunteers was formed following the EIC session at the annual WHO-FIC Network meeting in Manchester in October 2015, tasked with further developing the introductory modules of the ICF e-learning tool and finalizing the English version based on the content/layout that was approved by WHO. This is expected to follow the review and approval process agreed upon by WHO and the core group at the Manchester meeting, only now with revised timelines. This process involves developing the first module that will serve as the template for developing further modules. The first version of this “template module” will be circulated to the EIC and FDRG for feedback. The core team will then revise the template module accordingly and subsequently send the revised version to WHO for approval. Once the template module receives WHO approval, other modules will be developed following the same review and approval process as with the template module. After receiving approval from WHO on the finalized English version, the tool will be used for translation in other languages. Melissa reminded the countries who have agreed to translate the tool into their respective language to contact Nenad regarding the translation agreement.

The responsibility for the ICF eLearning tool will remain in the German Collaborating Centre. However, Melissa, who had been responsible for leading the task, has transferred the responsibility to Michaela Coenen, another member of the German Collaborating Centre. Melissa will nevertheless be available for support.

### Discussion

Marie Cuenot expressed concern that the work has been delayed several times in the past years and that many Collaborating Centres are waiting to produce their language versions of the e-learning tool. Melissa reassured Marie that the work will progress more quickly with the aforementioned transfer of responsibility within the German Collaborating Centre. Hongyi emphasized the need for the French version to implement ICF in francophone African countries. Matilde added that ICF training would be part of the advertising package for the release of ICF 2016/2017.

One remaining issue was whether or not to use voice-overs. Using them would fully leverage the interactive features supported by the new software but may be too much work for those developing the tool. A comment was made that voice-overs would be useful to make the tool barrier-free for users with visual impairment.

AP: EIC to address the issue of voice-overs.

### 9.3 International exam for morbidity coders and results of the mortality coding exam in Korea

Joon Hong gave an update on the morbidity coding exam. Since the last pilot morbidity coding exam in Indonesia in November 2012, no morbidity coding exam has been conducted.

Joon then reported on the results of the mortality coding exam in Korea. Joon, Carol and Cassia Buchalla developed the guidelines for mortality coding exam within EIC to restart the international exam for mortality coding (IEMC), which had been conducted in 2007 and 2008 but was suspended after WHO decided that awarding certificates in the name of the WHO-FIC Network to individuals was not the policy of WHO. By the suggestion of EIC and with the decision of IFHIMA board members to collaborate with EIC in promoting and conducting the mortality exam and

awarding the certificate by the president of IFHIMA, WHO-FIC agreed to restart the exam.

After a half-day education program on mortality coding provided by Statistics Korea, the exam was administered by the Korean Medical Record Association (KMRA) on September 24, 2016, using 50 questions for coders and 60 questions for trainers. KMRA used questions that were approved by the Mortality Reference Group (MRG).

The marking scheme was based on the method developed by Cleo Rooney of the U.K., assigning 1 point for correct underlying cause of death (UCOD) code for all digits and 1 point for correct application of the rules and subtracting half a point for incorrect sequence of rules and 0.3 point for assigning of unnecessary rule(s).

For the coder exam, 13 out of 21 passed the exam (61.9%). For the trainer exam, 7 out of 13 passed the exam (53.8%). The successful applicants will receive a certificate issued by the President of the International Federation of Health Information Management Associations (IFHIMA) during the IFHIMA Congress, which is being held concurrently with this WHO-FIC Network meeting in Tokyo.

On the difficulty level of the coder exam, the overall average rating assigned by the examinees on the difficulty of the questions was that 17 out of 50 questions were considered relatively easy and 33 out of 50 relatively difficult.

One of the findings from the exam was that the KMRA's exam committee could not agree on the applicable rules for four of the exam questions, even though they were approved by MRG. This suggested a need to further clarify the Mortality coding rules in Volume 2 of ICD-10 and to use the latest versions of ICD-10 as well as the latest decision tables and modification tables.

Future steps should include identifying ways to systematically manage the certified coders and trainers and promote the IEMC to other countries to improve coding skills, hence the quality of data, and the self-esteem of coders through certification.

## Discussion

There was a round of applause for Joon for the rigor and thoroughness with which the statistics of the exam were evaluated and analyzed.

### 9.4 Update on briefing kit

Yukiko informed that the briefing kit was already updated by EIC members prior to the orientation session for the WHO-FIC Network meeting for 2016, and requested comments on the current version to be sent to the EIC Secretariat for the next year.

### 9.5 Update on Information Sheets

Yukiko requested EIC members to review eight Information Sheets that EIC currently maintains and send comments to the EIC Secretariat. The Information Sheets are available in the EIC Dropbox.

### 9.6 EIC website

Sue reported that Traci Ramirez had kindly uploaded the minutes from past EIC meetings to the EIC website, but the EIC secretariat should send the minutes from the last mid-year meeting of EIC to Traci. Sue and Carol will check the contents of the EIC website.

AP: EIC secretariat to send the approved minutes of EIC meetings of mid-year meeting in 2016 to Traci

AP: Sue and Carol to check the contents of the EIC website

10- Other business

There was no other business to discuss.

11- Closure

Huib thanked all for their participation and declared the meeting closed at 17:40.

1	SWP-01 WHO-FIC Implementation Database	The group of reviewers to continue working on improvement of the questions	Carol Lewis and Reviewer group
2	SWP-01 WHO-FIC Implementation Database	EIC to define the purpose the WHO-FIC Implementation database is to serve	EIC members
3	SWP-02 ICD-11	EIC co-chairs to summarize an action plan and form the small core group for this task. (*continued item)	EIC Co-Chairs
4	SWP-02 ICD-11	Update the ICD database ( Database of ICD education experts for training) on the Korean CC platform in 2017	Sue Walker, Olaf Steinum
5	SWP-02 ICD-11	Incorporate ICF database in ICFEducation.org, launch and disseminate link to prospective educators and advisors and to prospective users.	Sue Walker
6	EIC SWP-03 Routine activities	Check with Robert if there was a need for updating the tool	Sue Walker
7	EIC SWP-03 Routine activities	EIC to address the issue of voice-overs on the ICF e-learning tool	EIC Secretariat
8	EIC SWP-03 Routine activities	EIC secretariat to send the minutes of EIC meetings of 2016 to Traci	EIC Secretariat
9	EIC SWP-03 Routine activities	Small group to check contents of EIC website	Sue Walker Carol Lewis Yukiko Yokobori