ICD-11 Update

Message from the Director

As the ICD-11 Revision Project moves into Phase 2 of development, many actions are underway, with new faces in the team and changes in project management and leadership.

I am happy to report that since the last newsletter:

- around 4500 proposals have now been processed in the ICD-11 Foundation;
- substantial technical work is underway to produce the ICD-11 for Mortality and Morbidity Statistics;
- a new Roadmap for the ICD-11 has been prepared, adapted to suit the milestones needed for 2016; and
- planning work is well underway for the ICD Revision Conference in Tokyo, Japan, October 2016.

These actions take us closer to realizing the completion for ICD-11.

The ICD-11 continues to be supported by a broad range of stakeholders, evident in the continued commitment and support of the RSG-SEG, the JLMMS Task Force and the WHO-FIC Council and network. The advisory function is a valuable contribution to the ICD-11 development. For example, in January 2016, a planning meeting with the JLMMS Task Force Co-Chairs helped guide the work needed for ICD-11, with recommendations for WHO as noted below.

- Dr Ties Boerma, Director, Information, Evidence, and Research

Recommendations from the JLMMS Task Force Co-Chairs Planning Meeting (January 2016)

A primary goal of the January planning meeting was to ensure a common understanding of the work to be done and how we will do it given the large volume but short timeline and limited resources.

WHO is expected to deliver to the WHA, with the JTF’s assistance, a classification suitable for international mortality and morbidity statistics which

- builds on and has substantial backward comparability with ICD-10;
- differs from ICD-10 where justified by new knowledge, changes in mortality or morbidity and changed user requirements and in order to remedy technical deficiencies in ICD-10;
- is developed in a way that takes advantage of developments in information technology so as to facilitate its use and maintenance;
- is designed to be, or is a suitable basis for, clinical modifications that may be developed by some Member States; and
- which is expected to be accompanied in future by specialist classifications, based on the same foundation and designed to serve special purposes.

The recommendations also specify the state of development of ICD-11 that was considered to be necessary before submission to the WHA.

Prioritization is essential. The top priority is the content, meaning the codable entities, the information associated with each one, and the structure in which they sit. The task of getting a usable JLMMS out is just achievable and only if work is very efficient – no spinning wheels or re-hashing decisions once made. Focus must be on essential tasks.

- Dr Stefanie Weber and Dr James Harrison, Co-Chairs
ICD-11: Taking Shape

Advances in Infectious Diseases

The Infectious Diseases chapter has high significance. Efforts were made in ICD-11 to reorganize the chapter to be more consistent with a microbiological approach, but though the relevance of such an approach was acknowledged, there were many concerns about the effect on the statistical, as well as epidemiological and clinical, uses for which ICD is designed. In order to meet the expectations and requirements of the JLMMS Task Force and international stakeholders, a thorough review was commissioned to evaluate the structure and make what changes were necessary to serve the users of ICD. This review has included the WHO team working closely with two external experts for two week-long meetings to identify and make necessary changes to the chapter.

To date, progress on the chapter has included:

- Making the statistical organization of the chapter the primary view. This section includes 22 blocks and will be used for coding purposes.
- Updating additional options for chapter organization, such as by microbiological agent or for specific epidemiological purposes. These sections have 11 code ranges designed for use as special tabulations.
- 15 of the 20 blocks have been reviewed and revised in the statistical view.
- 5 of the 11 code ranges have been reviewed and revised in the special tabulations.

Revised blocks include intestinal infectious diseases, mycobacterial diseases, predominantly sexually transmitted diseases, malaria, HIV, viral hepatitis, certain zoonotic diseases, arthropod-borne viral fevers, viral haemorrhagic fevers, viral infections of the central nervous system, viral infections characterized by skin and mucous membrane lesions, mycoses, helminthiasis, pediculosis, ascariasis and other infestations, and sequelae of infectious diseases.

- 6 specific issues were identified that will require additional, broader review.
- 90 public proposals on Infectious Disease chapter items remain pending while 103 have been addressed.

ICD-11 Coding Tool

The ICD-11 Coding Tool is software to help the users of ICD search and find categories within the classification. The tool works using an incremental searching approach, meaning that the tool narrows the search constantly as the user continues to type. It generates (and dynamically updates) three different outputs as the user types:

- **Word List**
  The first output is the word list. The system will try to predict the word being typed with each letter that is entered. Once the word has been completed, the system will show related keywords.

- **Destination Entities**
  The second output is matched entities. This output is sorted by how good the text entered matches a phrase in ICD. It is also grouped by the ICD hierarchy so that if the search text matches a parent category and several children, they will appear in a style that is easy to visually identify the relationships.

- **Chapter Distribution**
  This area gives a summary view of where the results are found in each chapter. The results can be filtered further by including or excluding chapters from the results.

The tool which is configured to use the Joint Linearization for Mortality and Morbidity Statistics (JLMMS) can be found at http://icd11ct.cloudapp.net/ct
ICD-11: Foundation Update

Reconciling received proposals into the Foundation layer was identified as a priority for the WHO team at the September 2015 meeting of the JLMMS Task Force. Since that meeting, more than 85% of the proposals have been actioned. The table below shows the number of proposals for each chapter. Actioning includes implementation of the proposal in whole, or in part, requests for further information from the author, or rejection for varied reasons. The WHO team continues to work on the proposals received prior to December 31, 2015.

In the first part of 2016, processing proposals will focus on those prioritized for JLMMS development. Other proposals received after that date will be actioned in the next phase expected to take place November 2016.

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Total Received</th>
<th>Actioned</th>
<th>Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Infectious Diseases</td>
<td>194</td>
<td>103</td>
<td>91</td>
</tr>
<tr>
<td>2 Neoplasms</td>
<td>104</td>
<td>81</td>
<td>23</td>
</tr>
<tr>
<td>3 Diseases of blood and blood forming organs</td>
<td>294</td>
<td>236</td>
<td>58</td>
</tr>
<tr>
<td>4 Disorders of the immune system</td>
<td>142</td>
<td>135</td>
<td>7</td>
</tr>
<tr>
<td>5 Conditions related to sexual health</td>
<td>92</td>
<td>84</td>
<td>8</td>
</tr>
<tr>
<td>6 Endocrine, nutritional and metabolic diseases</td>
<td>154</td>
<td>146</td>
<td>8</td>
</tr>
<tr>
<td>7 Mental and behavioural disorders</td>
<td>310</td>
<td>286</td>
<td>24</td>
</tr>
<tr>
<td>8 Sleep-wake disorders</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>9 Diseases of the eye and adnexa</td>
<td>117</td>
<td>93</td>
<td>24</td>
</tr>
<tr>
<td>10 Diseases of the nervous system</td>
<td>257</td>
<td>232</td>
<td>25</td>
</tr>
<tr>
<td>11 Diseases of the ear and mastoid process</td>
<td>22</td>
<td>21</td>
<td>1</td>
</tr>
<tr>
<td>12 Diseases of the circulatory system</td>
<td>107</td>
<td>93</td>
<td>14</td>
</tr>
<tr>
<td>13 Diseases of the respiratory system</td>
<td>107</td>
<td>95</td>
<td>12</td>
</tr>
<tr>
<td>14 Diseases of the digestive system</td>
<td>264</td>
<td>236</td>
<td>28</td>
</tr>
<tr>
<td>15 Diseases of the skin</td>
<td>341</td>
<td>284</td>
<td>57</td>
</tr>
<tr>
<td>16 Diseases of the musculoskeletal system and connective tissue</td>
<td>49</td>
<td>34</td>
<td>15</td>
</tr>
<tr>
<td>17 Diseases of the genitourinary system</td>
<td>389</td>
<td>358</td>
<td>31</td>
</tr>
<tr>
<td>18 Pregnancy, childbirth and the puerperium</td>
<td>207</td>
<td>198</td>
<td>9</td>
</tr>
<tr>
<td>19 Certain conditions originating in the perinatal and neonatal period</td>
<td>194</td>
<td>173</td>
<td>21</td>
</tr>
<tr>
<td>20 Developmental anomalies</td>
<td>949</td>
<td>862</td>
<td>87</td>
</tr>
<tr>
<td>21 Symptoms, signs, clinical forms and abnormal clinical and laboratory findings, not elsewhere classified</td>
<td>310</td>
<td>234</td>
<td>76</td>
</tr>
<tr>
<td>22 Injury, poisoning and certain other consequences of external causes</td>
<td>53</td>
<td>42</td>
<td>11</td>
</tr>
<tr>
<td>23 External causes of morbidity and mortality</td>
<td>43</td>
<td>38</td>
<td>5</td>
</tr>
<tr>
<td>24 Factors influencing health status and contact with health services</td>
<td>106</td>
<td>47</td>
<td>59</td>
</tr>
<tr>
<td>25 Codes for special purposes</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>26 Extension codes</td>
<td>31</td>
<td>6</td>
<td>25</td>
</tr>
<tr>
<td>N/A - Proposals attached to deleted entities</td>
<td>364</td>
<td>299</td>
<td>65</td>
</tr>
<tr>
<td>Total received up to December 31, 2015</td>
<td>5202</td>
<td>4417</td>
<td>785</td>
</tr>
</tbody>
</table>
ICD-11: 2015 Revision Advisory

Governance Structure

RSG-SEG
The RSG-SEG advises on the high-level connections within and outside ICD-11, and helps resolve possible conflicts arising in the design of the JLMMS. The RSG-SEG meets on a monthly basis by teleconference, with occasional urgent meetings on an as-needed basis. This also includes ad-hoc electronic communication when necessary.

JLMMS Task Force (JTF)
The Joint Linearization for Mortality and Morbidity Statistics Task Force (JTF) is the steering group for JLMMS. The JTF provides strategic and technical advice to WHO for the finalization of the JLMMS development. The input to JLMMS will draw on scientific advice, where recommended by the JTF or WHO. Design of the JLMMS linearization will not be subject to alteration by the RSG.

Revision Steering Group (RSG)
In Phase 2 of the ICD-11 Revision, the RSG will serve as a forum for the bilateral exchange of information and concerns of the TAG chairs representing the membership of TAGs, and dissemination of revision or maintenance-related general information. Membership includes the RSG Chair, all Co-Chairs of the Topic Advisory Groups for ICD-11 Revision, and all Task Force Co-Chairs, as well as the WHO-FIC Council Co-Chairs, the chairs of URC the FDC, and other Committee and Reference Group Co-Chairs as indicated, and as listed online here: http://www.who.int/classifications/icd/RSG/en/. The group will meet by teleconference on a quarterly basis.

Vertical Topic Advisory Groups (TAGs)
Vertical TAGs have the role of scientific editorial boards, with responsibility to advise WHO on the scientific validity of content and relationships in the Foundation Component, upon request. This is designed for the maintenance of ICD-11.

Cross-Cutting Topic Advisory Groups (TAGs)
Cross-cutting TAGs provide expertise in coding practice and guidelines, as well as classification development and implementation, with responsibility to advise WHO on the utility and quality of the classification, particularly with regard to the structure, upon request.
# The International Classification of Disease 11th Revision: Roadmap 2016-2018

## ICD-11 MMS: Technical Development
- Content editing and cleaning
- Review of code lists, chapters, shoreline and definitions
- Focused testing (line coding)

## ICD-11 MMS: Field testing and Technical Work
- Pre- and post-coordination development
- Finalization ICD-11 testing. Residual technical work (post-testing)
- Finalize post-coordination mechanisms

## ICD-11 Foundation: Clinical detail and scientific input
- Edit content model,
- Tabulation list on iTAT
- Manage proposals, elements essential for ICD-11 MMS, round 1
- Update content from proposals and broaden editing beyond ICD-11 MMS

## ICD-11 Foundation: Content update
- Essential extension codes finalization
- Implement coding notes for sanctioning
- Content update

## ICD-11 MMS: Tooling and Implementation Package
- Coding scheme versioning
- Coding tool
- Multi-lingual platform

## ICD-11 MMS: Update tooling and implementation package.
- Update tooling: coding and multilingual tools, crosswalks
- Prepare IRIS links, and browser.

## Governance: Key Stakeholders
- Japan Conference Committee
- Revision Steering Group – SEG
- Joint Linearization for Mortality and Morbidity Statistics Task Force
- WHO FIC network
- WHO secretariat

## Deliverables
- Task Force deliverables (2 meetings)
- ICD Revision Conference: Conference Document; Release candidate package including V1.0 reference Guide, V1.0 paper index, Browser, Coding Tool, multilingual platform

## Milestones
- Executive Board briefing May 2016
- ICD Revision Conference Oct 2016, Tokyo Japan

## First Update ICD-11 Technical Package
- First update, reference guide, paper index, from testing and technical work post-testing. Translations

<table>
<thead>
<tr>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical Development and Release Candidate Version</td>
<td>Field testing and Technical Work</td>
<td>First Update</td>
</tr>
<tr>
<td>2016</td>
<td>2017</td>
<td>2018</td>
</tr>
<tr>
<td>Executive Board briefing May 2016</td>
<td>ICD Revision Conference Oct 2016, Tokyo Japan</td>
<td>First Update ICD-11 Technical Package</td>
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