

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

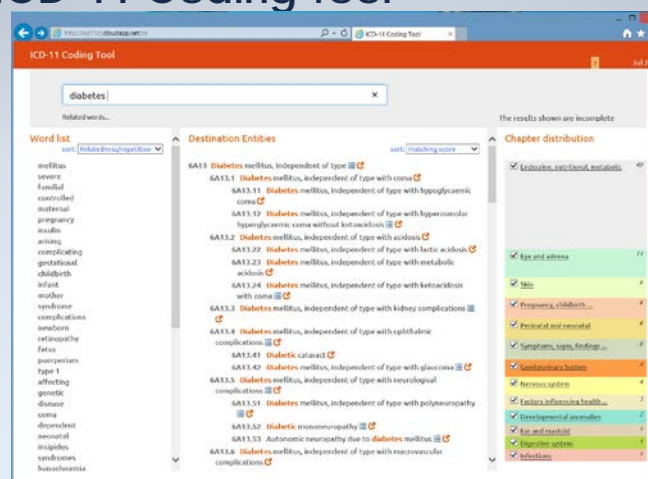
The Infectious Diseases chapter has high significance. Efforts were made in ICD-11 to reorganize the chapter to be more consistent with a microbiological approach, but though the relevance of such an approach was acknowledged, there were many concerns about the effect on the statistical, as well as epidemiological 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.

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

ICD-11: 2015 Revision Advisory

Meeting Dates

10-15 Feb – UNECA CRVS Workshop
 15-16 Feb – ICHI Planning Meeting
 15-16 March – MRG Mid-year Meeting
 17-18 March – MRG Table Group
 11-14 April – JLMMS Task Force (TBD)
 May – FDC Mid-year Meeting (TBD)
 20 May – Nordic DRG ICD-11 Meeting
 3-6 June – EIC Mid-year Meeting (TBD)
 3-6 June – FDRG Mid-year Meeting (TBD)

Teleconference Dates

11 Feb – WHO-FIC Council SEG
 18 Feb – JLMMS Task Force
 25 Feb – WHO-FIC Council
 3 March – Revision Steering Group SEG
 7 March – FDRG
 7 March – fTAG
 10 March – WHO-FIC Council SEG
 17 March – JLMMS Task Force
 24 March – Revision Steering Group (RSG)
 4 April – FDRG Co-Chairs
 4 April – fTAG Co-Chairs
 7 April – Revision Steering Group SEG
 14 April – WHO-FIC Council SEG
 21 April – JLMMS Task Force
 28 April – WHO-FIC Council
 2 May – FDRG Co-Chairs
 2 May – fTAG Co-Chairs
 5 May – Revision Steering Group SEG
 12 May – WHO-FIC Council SEG
 19 May – JLMMS Task Force
 2 June – Revision Steering Group SEG
 6 June – FDRG
 9 June – WHO-FIC Council SEG
 16 June – JLMMS Task Force
 23 June – Revision Steering Group (RSG)
 27 June - fTAG

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

	2016	2017	2018
	Technical Development and Release Candidate Version	Field testing and Technical Work	First Update
ICD-11 MMS : Technical Development	<ul style="list-style-type: none"> Content editing and cleaning Review of code lists, chapters, shoreline and definitions Focused testing (line coding) 	<ul style="list-style-type: none"> Pre- and post- coordination development Finalization ICD-11 testing. Residual technical work (post-testing) Finalize post-coordination mechanisms 	First update, reference guide, paper index, from testing and technical work post-testing. Translations
ICD-11 Foundation: Clinical detail and scientific input	<ul style="list-style-type: none"> Edit content model, Tabulation list on iCAT Manage proposals, elements essential for ICD-11 MMS, round 1 Update content from proposals and broaden editing beyond ICD-11 MMS 	<ul style="list-style-type: none"> Essential extension codes finalization Implement coding notes for sanctioning Content update 	Content update
ICD-11 MMS: Tooling and Implementation Package	<ul style="list-style-type: none"> Coding scheme versioning Coding tool Multi-lingual platform 	<ul style="list-style-type: none"> Update tooling: coding and multilingual tools, crosswalks Prepare IRIS links, and browser. 	Update tooling and implementation package.
Governance: Key Stakeholders	<ul style="list-style-type: none"> Japan Conference Committee Revision Steering Group – SEG Joint Linearization for Mortality and Morbidity Statistics Task Force WHO FIC network WHO secretariat 	<ul style="list-style-type: none"> Revision Steering Group – SEG Joint Linearization for Mortality and Morbidity Statistics Task Force WHO FIC network WHO secretariat 	<ul style="list-style-type: none"> New Governance structure for ICD-11 WHO FIC network WHO secretariat
Deliverables	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Implementation Tools Essential postcoordination features and tools 	First Update ICD-11 Technical Package
Milestones	<ul style="list-style-type: none"> Executive Board briefing May 2016 ICD Revision Conference Oct 2016, Tokyo Japan 		Release ICD 2018 update: December 2018