

ICD-11 Update

Message from the Director

Changing leadership of a project during the final stages can be challenging, but can also create opportunities for fresh perspectives on outstanding issues. Having joined WHO on 1 September 2017 as Director of the Department for Information, Evidence, and Research following the March 2017 retirement of Dr Ties Boerma, an immediate priority has been to take stock of the work to date on ICD-11, the known challenges and tasks outstanding, and the current plan by the team on how to reach finalization. At the same time, a primary focus has been how ICD-11 will serve to meet the needs of Member States and the global user community. To this end, four key themes or questions may serve to guide the work of the department, including on ICD.

1. How can WHO better advocate for improved availability and quality of evidence for decisions that expand quality health coverage for all, with increased focus on ethics, guidelines, marginalised groups, pandemics, and those facing emergency?
2. Can WHO improve internal, global, and regional collaboration and stewardship for evidence, data-sharing, use, methods advancement, research ethics, and research uptake?
3. In what ways can WHO expand essential data systems, strengthening interventions and capacities for UHC with an emphasis on standards, capacity, and tools?
4. What opportunities does WHO have to promote and explore innovations in data capture, technology, analysis, reporting, and linking evidence to practice?

Although it is clear that the progress to date represents a huge amount of effort by a large number of experts, both within and outside of WHO, it is also clear that there is significant work still to be done in advance of a rapidly approaching deadline for completion. WHO remains dedicated to honoring our commitments and releasing an ICD-11 for implementation that is fit for purpose and addresses the needs of Member States and users, worldwide.

- **Dr John Grove, Director,**
Information, Evidence, and Research

Meeting Dates

14-15 Oct – Joint Task Force on ICD-11-MMS
 16-21 Oct – WHO-FIC Network Annual Meeting
 12-14 December – Mortality Coding Rules Editing Session
 TBD – Statistical Review Stakeholder Session
 TBD – Joint Task Force on ICD-11-MMS

Teleconference Dates

2 Oct – Functioning and Disability Ref. Co-Chairs
 3 Oct – WHO-FIC Council SEG
 4 Oct – Joint Task Force (JTF) Co-Chairs
 5 Oct – Med. & Sci. Advisory Committee
 2 Nov – Med. & Sci. Advisory Committee
 6 Nov – Functioning and Disability Ref. Co-Chairs
 9 Nov – WHO-FIC Council SEG
 16 Nov – Joint Task Force (JTF)
 4 Dec – Functioning and Disability Ref. Co-Chairs
 7 Dec – Med. & Sci. Advisory Committee
 14 Dec – WHO-FIC Council SEG
 21 Dec – Joint Task Force (JTF)

WHO-FIC Network Annual Meeting 2017

16-21 October 2017

Mexico City, Mexico

“Connecting Data for Health”

Information and Registration:

www.whofic2017.org

WHO-FIC Network Annual Meeting 2018

Seoul, Republic of Korea

22-28 October 2018

Field Testing ICD-11 MMS

The ICD-11 testing activities in 2017 were concluded successfully and the results were addressed:

- **Improving user guidance:** Based on field test results, a number of index terms have been added, terminology modified, and additional post-coordination combinations identified and included.
- **Refining ICD-11 Tools (Coding tool & Browser):** For example, (i) the ICD-11 Coding Tool now shows the codes of non-terminal (non-codable) categories using a different style (i.e. grey coloured background); (ii) the ICD-11 Browser identifies post-coordination combinations in the search results if there is an entity under the shoreline which can be fully specified with post-coordination but which is not included in the tabular list (e.g. *Cholera due to Vibrio cholera 01, biovar eltor*); (iii) the browser will **indicate that a precoordinated code is available** if a user attempts to create a concept using post-coordination which does exist in the tabular list (e.g. *Urinary tract infection with Escherichia coli*).
- **Improving coder training and instructions.** The testing revealed important training issues. For example, awareness and adherence to coder instruction for effective searching using the ICD-11 Coding Tool & Browser proved to be of critical importance for coding accuracy and consistency.

31 countries were involved in ICD-11 field testing; a total of 1,673 participants who have performed more than 112,383 code assignments. The testing activities were informed by the earlier pilot test and included:

- **Generic line coding (morbidity).** Coding was done using 298 diagnostic terms representing 47 ICD-11 MMS priority areas. Each diagnostic term was assigned a code by raters using both ICD-11 and ICD-10. Following the code assignment, raters were asked to (i) report on difficulties encountered; (ii) assess the level of coding granularity; and (iii) identify problems with ambiguity, if present. All diagnostic terms or statements used in testing were pre-coded in ICD-10 and ICD-11 by additional identified experts to provide a baseline for comparison.
- **Generic case coding (morbidity).** 30 case scenarios with a main condition and other condition(s) listed were identified. For each case, raters were asked to (i) confirm if the selected “main condition” was correct; (ii) apply morbidity coding rules for re-selection of “main condition” in case the selected “main condition” as stated in the case scenario was incorrect; (iii) code the “main condition” and the “other conditions” in ICD-11 using the post-coordination mechanism and rules if needed; and (iv) report on difficulties encountered when applying morbidity coding rules and the post-coordination/cluster coding mechanism. All cases used in testing were pre-coded in ICD-11 by additional identified experts to provide a baseline for comparison.
- **Specialty specific line and case coding.** These testing activities mirrored or built-upon the protocols for generic line and case coding, but focused on specialty areas of ICD-11 and used specialty specific diagnostic term sets and case scenarios. Specialty testing was conducted in various areas including Dermatology, Quality and Safety, Pain, Traditional Medicine, Internal Medicine, and many others.
- **Mortality line- and underlying cause coding.** Line coding will serve to identify (i) problems finding an appropriate term using the coding tool; (ii) appropriateness of any term found; (iii) clarity of any coding instructions (e.g. 'code also' or 'use additional code'); and (iv) interplay between the stem codes, post-coordination terms, clusters, and code ordering. The underlying cause coding test will check the ability of the coder to assign an underlying cause. This aspect of testing is still in preparation due to ongoing changes to the platform and methodology development.

The **ICDfit** platform has been further **enhanced** to support the additional functions relevant to the field testing. ICDfit now supports line and case coding with a customized interface for mortality, morbidity, and specialty specific testing. Term sets and case descriptions can be uploaded on-site, and additional analytical visualization features have been added.

ICD-11-MMS: Joint Task Force Update

The Joint Task Force (JTF) on ICD-11 for Mortality and Morbidity Statistics (ICD-11-MMS) convened their most recent meeting from 11-14 July 2017 at WHO Headquarters in Geneva, Switzerland. In the meeting a wide range of issues were addressed.

- **Member State comments and feedback from field testing:** Following the ICD Revision Conference in Tokyo in October 2016, WHO invited Member State comments on ICD-11 and received numerous responses. Overall, the comments were supportive of the present development of ICD-11, though various recommendations and suggestions for improvements to ICD-11 were made. Notable issues raised in the comments included: (i) the use of post-coordination and need for more guidance on this new feature; (ii) the necessity of updating the mortality rules; (iii) a requirement for resources and a timeline for implementation; (iv) improved support to Member States to ensure readiness for implementation; (v) joint use with clinical terminologies (e.g. SNOMED CT); and (vi) determination of the relevance of post-coordination for mortality. Apart from these cross-cutting issues, the comments also addressed specific topics from individual chapters. During the meeting, JTF members assisted WHO in the review of these (anonymized) Member State comments. Where needed, recommendations were made. The field test results and recommendations were also reviewed.
 - **Review of and improvements to selected Chapters.** Based on the review by JTF members and statistical experts at WHO, content and structural improvements were made in various chapters. Examples of chapter enhancements include, but were not limited to:
 - Chapter 14 - Diseases of the skin: categories referring to ‘Dermatitis’ were grouped together, and post-coordination now can be used to describe allergens;
 - Chapter 23 - External causes of morbidity or mortality: the number of precoordinated entities has been substantially reduced, the land transport section has been edited to place the on-road/off-road distinction at the second level (after intent), the chapter now makes greater use of extension codes and the post-coordination mechanism, the section on substances, has been renamed “Exposure to and harmful effects of substances” with 16 broad categories of (precoordinated) substances that can be expanded for extra detail using extension codes, as desired;
 - Chapter 24 - Factors influencing health status or contact with health services: disease, disorder, or injury related categories were parented elsewhere and only categories related to reasons for encounter or influencing a health condition remain; structural and terminological consistency of the chapter was improved.
 - V Chapter – the list of functioning codes (formerly called “functioning properties”) has been placed in a supplementary section, similar to the situation for extension codes.
 - **ICD-11 transition & implementation planning.** JTF members identified key transition requirements, outlined potential benefits and discussed the how to proceed with transition & implementation planning in preparation of the release of ICD-11 in 2018.
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ICD-11 Informatics Update

The ICD-11 Browser and Coding Tool are migrated to a new infrastructure

For the end users, this means the addresses that we use to access these sites have changed. The new addresses are as follows:

ICD-11 Browser (updated daily) <https://icd.who.int/dev11>

Coding Tool <https://icd.who.int/ct11>

Users accessing the old URLs will be automatically forwarded to the new sites, eliminating concerns about the changed web addresses and providing a seamless user experience.

Coding Notes added to the ICD-11 Browser

ICD-11 Browser now shows additional information on coding as in the example.

Coding Note

This term should be coded only in the context of complex heart disease. This is independent of the orientation of the cardiac apex.

Enhancements in the post-coordination mechanism

Both the Coding Tool and the ICD-11 Browser can now provide search results as stem code + post-coordination value combination. This is possible when the combined entity is available in the foundation but not included in the MMS and additional post-coordination/pre-coordination equivalence meta information is available

ICD-11 Coding Tool



Guessing the word being typed...

Le

Word list

sort:

eltor

Destination Entities

sort:

1A00&XN802386629 Cholera due to Vibrio cholerae 01, biovar eltor