

Terms of Reference for WHO Topic Advisory Group on MORBIDITY (mb-TAG) for ICD Revision

Further to its use in mortality, ICD in the last 50 years have been used for different morbidity purposes such as disease statistics, reimbursement or other reporting purposes. Currently ICD-10 identifies some 20,000 categories at 4, 5, 6 category level for international reporting. In addition, some national modifications extend this range up to 40,000 categories.

Purpose of mb-TAG

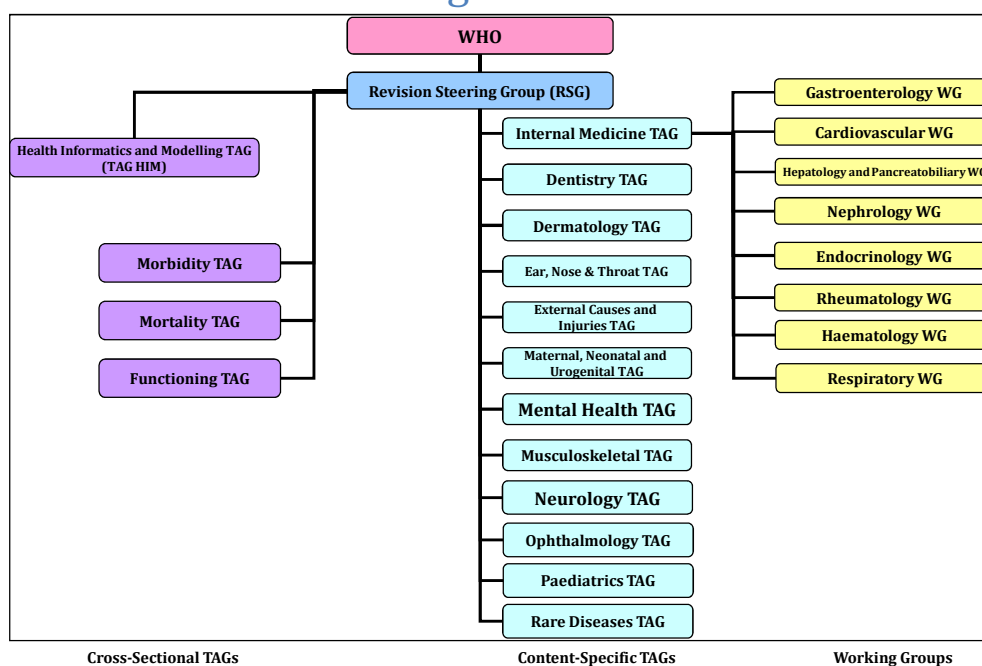
mb-TAG will support WHO in producing the ICD-11 with specific aims to:

- (a) develop standardized morbidity lists, and linearizations; and
- (b) formulation and implementation of use cases and field trials.

Method of Work of mb-TAG

This group will complement the work of existing Topic Advisory Groups in different disease areas with a particular focus on morbidity use of ICD. Within the context of the overall ICD Revision Plan (reference) as depicted in the following organigram **mb-TAG** will review the input that is coming from the different TAGs and users for their impact on the morbidity use case and propose solutions to improve the feasibility and implementation of the revision.

ICD Revision Organizational Structure



Functions and Tasks of mb-TAG:

1. Review of the key categories proposed ICD -11 for their impact on the morbidity uses, based on agreed criteria such as relevance in morbidity statistics and public health, and international reporting requirements.
2. Propose edits or measures to ensure continuity of time series of morbidity data: e.g. where changes to existing categories and structure may impair longitudinal comparability and propose options for solutions.
3. Assist in the removal of the dagger and asterisk codes and replacement options
4. Verify that the proposed new categories and structure are really reported on hospital records or patient summaries, and that collection of meaningful diagnostic morbidity data is possible.
5. Assist in meaningful grouping of residual categories and avoid ambiguous practices to unspecific codes.
6. Verify impact of changes to categories and structure on the morbidity rule base and amend the rules accordingly
7. Preparation of support material (e.g. user guide, incorporation of improvement in the morbidity rules in the volume II and training tools for ICD-11);
8. Refine the “use cases” for morbidity identifying the key operational steps explicitly so that these could be used in field trials and use cases for computerized applications. These would include:
 - a. Principle Diagnosis
 - b. Comorbidity coding rules
 - c. Case mix systems
 - d. Safety and Quality indicators (IMHECCI)
 - e. Bridge coding exercises for transition from ICD-10 to ICD-11
 - f. Other

and work with WHO on settings, models and mechanisms for field testing. Field tests should aim to test whether the proposed ICD-11 list is fit for purpose, whether it is used reliably by different users.

Composition and Membership

Proposed membership will be composed by equal numbers of experts from inside and outside the WHO-FIC Network.

Membership should reflect geographical distribution, come from different settings regarding implementation of cause of death registration, and have expertise in ICD, and collection, statistical analysis, and collaboration with policy maker using ICD coded cause of death data.

The group will be chaired by two co-chairs, which are appointed by WHO.

The life span of the group is limited to the ICD-11 development process at present 2015. Following the sunset date the functions will be handed-over to existing WHO FIC Morbidity Reference Group

The group shall draw up a workplan which lists in detail aims, activities, deliverables, timelines and responsibilities.

Working methods should include e-mail, conference calls, virtual meetings and face-to-face meetings.