

# ICD-11 Update

## 2015 Highlights

In April 2015, the Review report for the ICD-11 Revision process was completed; and in May 2015, WHO produced its response to the report.

Since this time, changes have occurred to support the directions recommended in the Review. In particular:

- The formation of the **Joint Linearization for Mortality and Morbidity (JLMMS) Task Force** (see pages 2 and 4).
- The release of a **frozen version** in May 2015
- Significant **technical work** underway (see pages 2-3).
- The **shape of ICD-11** and the JLMMS now evident (see page 3).
- **Traditional Medicine**, a new component of the ICD, is well progressed, ready for testing.

The broad range commitments to ICD-Revision are supported by a set of revision-specific committee structures (membership page 4).

The recent addition of new technical staff to WHO and a Project Manager supplements the existing WHO CTS team.

This newsletter will provide a quarterly update of progress in 2016.

## Message from the Director



2015 so far has been a year of advance for the ICD-11 Revision, thanks to major efforts from many stakeholders. Based on a very useful external review, to which many of you contributed, there is a path to the 2018 World Health Assembly which is now established. The external review, combined with an updated governance structure to steward the Joint Linearization for Mortality and Morbidity Statistics (JLMMS), has produced some clear steps forward for the revision process, resulting in significant technical progress. Likewise, the work on the Traditional Medicine Chapter in JLMMS is well progressed with pilot field testing and international peer review underway.

The efforts and outcomes are very clear, highlighted on page 2 of this newsletter. The 2016 strategy for the JLMMS will focus on developing:

- A classification that meets the needs of the Member States;
- A sustainable model beyond 2018; and
- Improved health information implementation beyond 2018 in both high resource and low resource settings.

The commitment and extraordinary efforts from our global partners continue to be appreciated by the WHO team.

As of October we have a new WHO Department responsible for the classifications work: the Department of Information, Evidence and Research (IER). With this, changes are occurring in the structure including the CTS team: the incorporation of health informatics into the team and the work on developing ICD in low resource settings will help support the strategic directions for the team until the 2018 World Health Assembly.

And with the ICD Revision on a good path towards finalization, Dr Bedirhan Ustun has been asked to take on a challenging new assignment as coordinator for WHO's work on Data Revolution and Big Data in the IER department, a rapidly evolving field where WHO urgently needs to develop a clear strategy and position. Bedirhan's leadership and contributions to the first phase of the ICD revision process have been instrumental, and I look forward to this new phase.

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

# ICD-11: Progress

Foundation Development	<p><b>Proposal platform:</b> (activity since June 2014)</p> <ul style="list-style-type: none"> <li>• <b>4743</b> proposals (78 authors, including WHO)</li> <li>• <b>3025</b> proposals actioned</li> <li>• More than <b>1700</b> proposals to be addressed before testing commences.</li> </ul>	<p><b>Proposal Type:</b></p> <ul style="list-style-type: none"> <li>• <b>65%</b> content enhancement proposals, (definitions or terms);</li> <li>• <b>21%</b> complex hierarchical changes</li> <li>• <b>14%</b> delete or add individual entities</li> </ul>
Technology Development	<p><b>ICD-11 browser</b></p> <ul style="list-style-type: none"> <li>• See foundation and linearization – grid view</li> <li>• Download versions</li> <li>• ‘frozen’ versions</li> <li>• See differences between versions</li> </ul>	<p><b>Tools</b></p> <ul style="list-style-type: none"> <li>• Coding tool developed</li> <li>• Proposal tool in active use</li> <li>• Review tool in development</li> <li>• Translation tool (Translate in your language)</li> <li>• Mapping tool developed</li> </ul>
JLMMS Development	<p><b>Technical Activities</b></p> <ul style="list-style-type: none"> <li>• Restructure infectious diseases chapter, diabetes, ‘postoperative complications’, and edit ‘Dementia’</li> <li>• Design ‘primary care’</li> <li>• Reviewing ‘shorelining’</li> <li>• Volume 2 edited</li> <li>• Ordering, Terminology, Parenting, Exclusions</li> <li>• Testing strategy and multilingual version of data entry program (ICD-FiT)</li> <li>• Coordination of on-going translations</li> <li>• Traditional Medicine chapter development (see below)</li> </ul>	<p><b>Project Management Activities</b></p> <ul style="list-style-type: none"> <li>• Frozen version release May 31, 2015</li> <li>• External Review of ICD Process</li> <li>• Project Plan<sup>1</sup></li> <li>• Strategy Development<sup>2</sup></li> </ul>
Traditional Medicine Chapter	<p><b>Technical Activities</b></p> <ul style="list-style-type: none"> <li>• Draft Coding guidelines</li> <li>• Index development</li> <li>• Harmonization of TM Chapter terminology</li> </ul>	<p><b>Testing Strategy:</b></p> <ul style="list-style-type: none"> <li>• Draft translation in Chinese, Japanese, Korean (completed), French and Spanish (ongoing)</li> <li>• Pilot Field Testing clinical utility – Europe-wide</li> <li>• Peer review: 1st round – International</li> </ul>

<sup>1</sup> <http://www.who.int/classifications/icd/revision/icdprojectplan2015to2018.pdf?ua=1>

<sup>2</sup> <https://docs.google.com/viewer?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbnxpY2QxMXJldmlzaW9ufGd4OjMwMDA0NWY5ZihjN2QxNTM>

# ICD-11: Taking Shape

## ICD-11 / JLMMS Chapters

### At a Glance

- Chapter 01** – Infectious diseases
- Chapter 02** – Neoplasms
- Chapter 03** – Diseases of the blood and blood-forming organs
- Chapter 04** – Disorders of the immune system
- Chapter 05** – Conditions related to sexual health
- Chapter 06** – Endocrine, nutritional and metabolic diseases
- Chapter 07** – Mental and behavioural disorders
- Chapter 08** – Sleep – Wake disorders
- Chapter 09** – Diseases of the nervous system
- Chapter 10** – Diseases of the eye and adnexa
- Chapter 11** - Diseases of the ear and mastoid process
- Chapter 12** – Diseases of the circulatory system
- Chapter 13** – Diseases of the respiratory system
- Chapter 14** – Diseases of the digestive system
- Chapter 15** – Diseases of the skin
- Chapter 16** – Diseases of the musculoskeletal system and connective tissue
- Chapter 17** – Diseases of the genitourinary system
- Chapter 18** – Pregnancy, childbirth and the puerperium
- Chapter 19** – Certain conditions originating in the perinatal period
- Chapter 20** – Developmental anomalies
- Chapter 21** – Symptoms, signs, clinical forms, and abnormal clinical and laboratory findings, not elsewhere classified
- Chapter 22** – Injury, poisoning and certain other consequences of external causes
- Chapter 23** – External causes of morbidity and mortality
- Chapter 24** – Factors influencing health status and contact with health services
- Chapter 25** – Codes for special purposes
- Chapter 26** –Extension Codes
- Chapter 27** – Traditional Medicine

## Differences to ICD-10

ICD-11 has many new elements

### New Chapters:

- **Chapter 3** Diseases of the Blood and Blood forming Organs
- **Chapter 4** Disorders of the Immune System.
- **Chapter 5** Conditions related to Sexual Health.
- **Chapter 8** Sleep-Wake Disorders
- **Chapter 26** Extension codes
- **Chapter 27** Traditional Medicine

### New Concepts:

- **Foundation:** Everything in ICD
- **Entity:** Each element in the foundation
- **Linearization:** also known as a Classification
- **Stem code:** Category (includes former ‘dagger’ codes)
- **Extension code:** Additional information
- **Linearization parents:** Classification hierarchy, Chapter, Block, Category

### Content Model

- ICD-11 categories have a short and a long definition.
- All ICD-11 categories include separate information on anatomy, aetiology, and other aspects. These can be accessed through searches, or when browsing in the tabular list.

### New Coding Scheme

- The chapter numbering: now arabic numbers, not roman numerals
- The coding scheme for categories: now minimum 4 characters, 2 levels of subcategories
- Asterisk codes become Clinical forms or Extension codes. Additional sub-classifications become Extension codes

### Terminology

- ICD-10 had a range of expressions to describe a causal relationship between conditions in a code title. **In ICD 11, the preferred term is “due to”.**
- ICD-10 had a range of expressions indicating the coincidence of two conditions in a code title (e.g. “in” or “with”). **In ICD-11, the preferred term is “associated with”.**

# ICD-11: 2015 Revision Advisory

## Revision Steering Group – Small Executive Group (RSG-SEG)

- **Chair: Christopher G. Chute** - Bloomberg Distinguished Professor of Health Informatics, Johns Hopkins Medicine, USA
- **Donna Pickett** - National Center for Health Statistics, Centers for Disease Control and Prevention, USA
- **James Harrison** - Research Centre for Injury Studies, Flinders University, and Australian Institute of Health and Welfare National Injury Surveillance Unit, Australia
- **Robert Chalmers** - Honorary Consultant Dermatologist, University of Manchester School of Medicine, UK
- **Alan Rector** - School of Computer Science, University of Manchester, Retired
- **Doris Chou** – World Health Organization
- **Lars Berg** - WHO-FIC Collaborating Centre in the Nordic Countries, Norwegian Directorate of Health, Oslo.

## Revision Steering Group – RSG

- RSG is composed of more than 50 experts from across the spectrum of health disciplines
- Full membership available here: <http://www.who.int/classifications/icd/RSG/en/>

## 2015 Advisory Activities

- WHO-FIC Council (2015 teleconferences and meetings - 9)
- WHO-FIC Network (Meetings - 1)
- RSG-SEG (Teleconferences - 30)
- RSG (Teleconferences - 9)
- JLMMS Task Force (Meetings - 2 and teleconferences - 4)
- Individual specialty TAGs meetings (meetings – more than 40)

## JLMMS Task Force

- **Co-Chair: James Harrison** - Research Centre for Injury Studies, Flinders University, and Australian Institute of Health and Welfare National Injury Surveillance Unit, Australia
- **Co-Chair: Stefanie Weber** – DIMDI, German Institute of Medical Documentation and Information, Germany
- **Jenny Hargreaves** - Australian Institute of Health and Welfare, Co-Chair WHO FIC Council, Australia
- **Christopher G. Chute** - Bloomberg Distinguished Professor of Health Informatics, Johns Hopkins Medicine, Chair: RSG-SEG, USA
- **Robert Anderson** - National Center for Health Statistics, Centers for Disease Control and Prevention, USA
- **Donna Pickett** - National Center for Health Statistics, Centers for Disease Control and Prevention, USA
- **Sam Notzon** - National Center for Health Statistics, Centers for Disease Control and Prevention, USA
- **Martti Virtanen** - Managing Director, Nordic Casemix Centre
- **Lars Berg** - WHO-FIC Collaborating Centre in the Nordic Countries, Norwegian Directorate of Health, Oslo
- **Vincenzo Della Mea** – Department of Mathematics and Computer Science, University of Udine, Italy
- **Kees Van Boven** - Radboud University Nijmegen, Netherlands
- **James Eynstone-Hinkins** - Australian Bureau of Statistics Health and Vital Statistics Unit, Australia
- **Vera Dimitroupoulos** - National Centre for Classification in Health, University of Sydney, Australia
- **Anne Elsworthy** - National Centre for Classification in Health, Faculty of Health Sciences, University of Sydney, Australia
- **Richard Madden** - National Centre for Classification in Health, Faculty of Health Sciences, University of Sydney, Australia
- **Patricia Wood** - Health Statistics Division, Statistics Canada
- **Ulrich Vogel** – DIMDI, German Institute of Medical Documentation and Information, Germany
- **Emiko Oikawa** - International Classification & Information Management Office, Ministry of Health, Labour and Welfare, Japan