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## **Annual Report**

WHO-FIC 2009/B006  
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### **Australian Collaborating Centre for the WHO Family of International Classifications**

**Annual Report: October 2008-2009**

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**Australian Institute of Health and Welfare  
Canberra Australia**

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# 1 Introduction

This report describes the activities of the Australian Collaborating Centre (ACC) for the WHO Family of International Classifications (WHO-FIC) for the year between October 2008 and October 2009.

The Australian Institute of Health and Welfare (AIHW) in Canberra has been the ACC for the WHO Family of International Classifications since April 1991. It was redesignated in 2006 for a four year period. The head of the ACC is Dr Penny Allbon, the Director of the AIHW. The AIHW is a statutory authority in the Health and Ageing portfolio of the Australian Government. Its mission is: *Better information and statistics for better health and wellbeing.*

The role of the AIHW is to inform community discussion and decision-making, through national leadership and collaboration in developing and providing health and welfare statistics and information. The AIHW, in conjunction with its collaborating units, facilitates the use of the International Classification of Disease (ICD), the International Classification of Functioning, Disabilities and Health (ICF), the International Classification of External Causes of Injury (ICECI) and the International Classification of Primary Care, Version 2 (ICPC-2) classifications as well as itself being a significant user of the statistical classifications.

The ACC continues to be active in promoting the development and use of classifications and terminologies in Australia, in the Asia-Pacific region and in contributing to the work of the WHO-FIC network.

## **2 Australian Collaborating Centre Terms of Reference**

1. To promote the development and use of the WHO Family of International Classifications including:
  - a) the International Statistical Classification of Diseases and Related Health Problems (ICD and its Australian modification) for mortality statistics, hospital morbidity statistics and hospital medical record indexing and contribute to its improvement in light of practical experience;
  - b) the International Classification of Functioning Disabilities and Health (ICF) and contribute to its improvement in light of practical experience; and
  - c) other related or derived members of the WHO-FIC, including, as appropriate, national modifications in their specific areas of application and contribute to their improvement in light of practical experience.
2. To promote quality use of WHO-FIC Classifications in data collections and data analysis by participating in quality assurance procedures regarding norms for use, training and data collection and application rules.
3. To prepare teaching materials and organizing and conducting training courses on the implementation and use of members of the WHO-FIC in Australia and WHO regions. Also, to contribute to the development of common international training tools and Internet-based applications by preparing translations and adaptations of the tools.
4. To improve member classifications, both locally and through WHO structures by studying aspects related to the structure, interpretation and application of members of the WHO-FIC including those concerning taxonomy, linguistics, terminology and nomenclature.
5. To contribute to the development of methodologies for the use of the WHO-FIC to facilitate the measurement of health status, interventions and outcomes on a sufficiently consistent and reliable basis to permit comparisons within countries over time and within and between countries at the same point in time. This includes the creation of comparable lists, correspondence tables and comparability studies.
6. To develop the family of health classifications, its scope and criteria for membership and including new members such as health interventions, external causes of injury and primary care.

7. To support the work of the WHO-FIC committees and reference groups established to assist WHO in the development, testing, implementation, use, improvement, updating and revision of members of the WHO-FIC including:
  - a) Committees (Planning Committee of WHO-FIC; Family Development Committee; Update Reference Committee; Education Committee; Implementation Committee; and Electronic Tools Committee)
  - b) Reference Groups (Mortality, Morbidity and Functioning and Disability).
8. To establish networks with current and potential users to the WHO-FIC and act as a reference centre (e.g. clearinghouse for good practice guidelines and the resolution of problems) for information about the WHO-FIC and other health-related classifications including:
  - a) the availability, suitability and applicability of the classifications for different purposes;
  - b) coding practices;
  - c) availability of tools for implementation; and
  - d) data analysis and interpretation.
9. To assist WHO HQ and the Regional Offices in the preparation of members of the WHO-FIC and other relevant materials in the English language and to act as a reference centre for that language on all matters related to the WHO-FIC.
10. To support existing and potential users of the WHO-FIC by establishing Memoranda of Understanding with WHO's Western Pacific Regional Office (WPRO) to assist the implementation of WHO-FIC classifications throughout the Region.
11. To establish agreements with other Members States, e.g. New Zealand, to assist the work of the Australian Centre.
12. To present periodic reports of the centre's activities to the annual meetings of Heads of WHO collaborative centres for the WHO Family of International Classifications.
13. To provide chairmanship for the WHO-FIC committees.

### **3 Activities of the ACC against the Terms of Reference**

#### **3.1 To promote the development and use of the WHO family of international classifications (WHO-FIC).**

##### **International Classification of Disease, 10th revision, Australian Modification (ICD-10-AM)**

The sixth edition of ICD-10-AM was implemented across Australia on 1 July 2008. A summary of changes can be found at [nis-web.fhs.usyd.edu.au/ncch\\_new/2.12.aspx](http://nis-web.fhs.usyd.edu.au/ncch_new/2.12.aspx). Following implementation, continuing education workshops were held from April to June 2009 across Australia to discuss issues that had arisen.

A chronicle of changes between editions from the first modification of the World Health Organization's ICD-10 by the National Centre for Classification in Health (NCCH) is available on the NCCH website. [http://nis-web.fhs.usyd.edu.au/ncch\\_new/2.5.aspx](http://nis-web.fhs.usyd.edu.au/ncch_new/2.5.aspx). On behalf of the Department of Health and Aging, the NCCH is now working on the seventh edition of ICD-10-AM to ensure that the classification is current and appropriate for Australian clinical practice.

The Australian Modification of ICD-10 is licensed for use by fourteen other countries – Bosnia and Herzegovina, Croatia, Fiji, Ireland, Macedonia, the Federated States of Micronesia, New Zealand, Romania, Samoa, Saudi Arabia, Slovenia, Solomon Islands, Tonga and the United Kingdom.

##### **International Classification of Functioning, Disability and Health (ICF)**

The University of Sydney in New South Wales has established an Australian ICF Disability and Rehabilitation Research Program (AIDARRP), its over-arching objective being: 'To conduct and promote high quality research and information on disability, rehabilitation and health, and to provide leadership in research and education, applying or related to the International Classification of Functioning, Disability and Health (ICF).'

The ACC Director, Dr Penny Allbon, is a member of the Reference Group. Ms Ros Madden, ACC representative on FDRG (of which she is Co-Chair), is leading the Program. Lectures and seminars are under way. The University of Sydney hosted a major lecture by Professor Gerold Stucki (also Co-Chair of FDRG) in July 2009. Applied research projects are being designed and a number of these are relevant to the ACC Terms of Reference. A Workshop between the ACC and the University of Sydney was held in August 2009.

The Australian Psychological Society continues to be involved with the development of the Indicator for Intervention (IFI) code set for allied health professionals based on the ICF, through its membership with the National Allied Health Classification Committee

(NAHCC). There have been discussions with regard to how work on the IFI can contribute to AIDARRP. Presentation of the IFI project has been held at the Activity Based Funding Summit held in Brisbane on 28 July 2009 and will also occur at the Allied Health Conference to be hosted by Allied Health Professions Australia between 25 – 27th October 2009 in Canberra.

### **3.2 To promote quality use of WHO-FIC Classifications in data collections and data analysis by participating in quality assurance procedures regarding norms for use, training and data collection and application rules.**

In the past year, the Brisbane, Queensland, office of the NCCH, now the National Centre for Health Information Research & Training (NCHIRT) at the School of Public Health within the Queensland University of Technology, has conducted research studies to highlight uses of the ICD and understand the specificity of coded health information and opportunities for enhancements to the classification. Competitively funded projects included:

- Improving the measurement and surveillance of child abuse in Queensland
- Emergency Health Services: Demand and service delivery models
- Developing and enhancing the quality of injury-related hospital morbidity data
- Developing and improving methods for early identification and surveillance of product-related injuries from routinely collected health data

### **3.3 To prepare teaching materials, organise and conduct training courses on the implementation and use of members of the WHO-FIC in Australia and WHO regions.**

The NCCH conducted a number of international training courses:

- March-April 2009, ICD-10 morbidity and mortality coding: Federated States of Micronesia National Government, Yap, Chuuk, Pohnpei, Kosrae.
- June-July 2009, Train the trainer and ICD-10 morbidity and mortality training: Botswana, Malaysia, Marshall Islands, Oman, Solomon Islands, New Zealand, Australia.
- August 2009, Australian Coding Benchmark Audit (ACBA) training workshop: Fiji.

Future training courses are currently under negotiation including programs in Malaysia, Solomon Islands, Samoa, Saudi and Hong Kong.

NCCH also conducted an internship for a German student, Ms Linda Obers, a final year Hospital Management student at the Flensburg University of Applied Sciences, who

undertook a research internship. Linda's internship was shared with the Royal Brisbane and Women's Hospital (RB and WH).

The University of Sydney has participated actively in the FDRG's education task group and its joint work with the WHO-FIC Education Committee, in particular collaborating in drafting an 'ICF overview' for use on web sites and in introductory material for people considering the ICF for the first time.

### **3.4 To improve member classifications by studying aspects related to the structure, interpretation and application of members of the WHO-FIC including those concerning taxonomy, linguistics, terminology and nomenclature.**

#### **IHTSDO/WHO Interim Harmonization Panel**

In order to realise the potential for the reliable and efficient reuse of e-health data, it will be necessary to better understand the relationship between WHO-FIC classifications and other terminologies and nomenclatures used for capturing data in electronic systems used at the point of care.

SNOMED CT has been identified by the National E-Health Transition Authority (NEHTA) as the preferred national clinical terminology for Australia. NEHTA is working with other members of the ACC to progress the understanding of this area.

An interim "Harmonization Panel" (HP) of the International Health Terminologies Standards Development Organisation (IHTSDO) was established in 2007 in partnership with WHO. This Panel has been created to oversee a program of development work to define the processes and products for the international reference terminology, SNOMED-CT, to relate to the WHO-Family of International Classifications. Australian representatives on the interim HP during 2008-2009 were Dr Penny Allbon (as WHO-FIC Council member) and Ms Karen Gibson (as IHTSDO Management Board Director).

#### **IHTSDO Mapping Special Interest Group (MapSIG)**

IHTSDO's MapSIG is developing a methodology for mapping SNOMED CT to ICD-10 2nd edition. Discussions include the need for a map and clear use-case for a mapping between SNOMED CT and ICD-10. A number of Australians are active participants or observers in this group including Mr Gordon Tomes from the AIHW, various NEHTA staff, and Ms Heather Grain of the School of Public Health, La Trobe University.

New Zealand is represented by Ms Tracy Thompson, Senior Advisor Clinical Coding and Mr Ted Cizadlo, Manager Health System Interoperability and Standards, Ministry of Health.

### **Mapping between SNOMED CT and ICPC-2**

The Family Medical Research Centre (FMRC) at the University of Sydney has continued its work on mapping the ICPC-2 Plus terms to SNOMED throughout 2008 and 2009. The FMRC has recently been contracted by NEHTA to develop an Australian General Practice subset of SNOMED CT and to map the subset to ICPC-2. The FMRC has been collating primary care term subsets in different forms from various international sources. These will form the basis for the development of an international Family Medicine/General Practice (FM/GP) sub-set of SNOMED CT which will be mapped to ICPC-2 following finalization of an agreement between the IHTSDO and World Organization of Family Doctors (Wonca) which will be signed in the near future. The FMRC has two representatives on the IHTSDO Primary Care Special Interest Group (PCSIG) which is developing the project plan for development of the FM/GP subset and map to ICPC-2.

### **3.5 To contribute to the development of methodologies for the use of the WHO-FIC to facilitate the measurement of health status, interventions and outcomes on a sufficiently consistent and reliable basis to permit comparisons within countries over time and within and between countries at the same point in time. This includes the creation of comparable lists, correspondence tables and comparability studies.**

#### **AusAID Health Information Systems (HIS) Knowledge Hub**

AusAID is the Australian Government's overseas aid program. It is a federally funded program that aims to reduce poverty in developing countries, focusing on the Asia Pacific region. AusAID funds the HIS Knowledge Hub.

The HIS Knowledge Hub was established at the University of Queensland in 2008 to establish an evidence base for best practice in the Asia Pacific region. The HIS Knowledge Hub responds to a growing recognition of the need for strong health information systems in developing countries in the Asia Pacific region to deliver comprehensive information needed to guide health programs, support policy development and measure progress.

The HIS Knowledge Hub's 2009 work program focuses on seven key areas, including:

- Mapping of the current state of health information systems in a number of key Pacific island countries
- Critical review and appraisal of previous HIS initiatives in the Pacific Region
- Field-testing of a Vital Registration self-assessment tool in Sri Lanka and the Philippines
- Working Paper on the role of Health Surveys as a HIS tool and their use in developing countries
- Work to continue to establish the Pacific Health Information Network and other

key HIS networks

- Convening a Pacific-focused HIS Development Forum to be held in November 2009
- Initiation of Australian and regional training programs, including development of HIS curriculum, the offer of a scholarship for an Australian PhD student and several fellowships for partner-country participants, and a paper on education programs for cause of death certification.

Members of the ACC have participated in the technical advisory group for the Hub and are collaborating on research relating to the quality of education for certifiers.

### **Nauru HIS project**

In May 2009 AIHW staff visited Nauru to undertake an analysis of their Health Information System. The outcome of the visit is a report containing recommendations directed at improving the quality and use of the data that is currently collected such as information collected about patient's episode that has been coded using ICD-10. The recommendations also aim to increase the capacity to support a more effective health information system.

## **3.6 To develop the family of health classifications, its scope and criteria for membership and including new members such as health interventions, external causes of injury and primary care.**

### **International Classification of External Causes of Injury (ICECI)**

The National Injury Surveillance Unit (NISU) is the collaborating unit of the AIHW in the subject area of injury. Research continued to examine the quality of external cause data in hospital records, coded according to ICD-10-AM, and completeness of clinical documentation regarding external causes. This project is led by Dr Kirsten McKenzie, at QUT. The project has been designed to enable assessment of the ability to capture ICECI elements using current hospital documentation, and this aspect of the work is in progress.

The ICECI has been entered into the ICD10+ collaborative content development platform (also known as Hi-Ki), along with other classification systems that are underlying development of ICD-11. This will enable elements of the ICECI to be used as ICD-11 is developed.

The content model for ICD-11 required additional conceptual elements to accommodate the characteristics of external causes of injury. It was agreed by the ICD 11 Revision Steering Group that selected coding axes from the ICECI would provide the basis for this.

### **ICD-based Injury Severity Score (ICISS)**

In June 2009 the NISU published a report investigating the predictive properties of different methods of measurement of injury severity (framed as probability of death in hospital), employing variants of the ICD-based Injury Severity Score (ICISS). The methods investigated included the multiplicative and the 'worst injury' variations of the ICISS, and the inclusion of age and a measure of co-morbidity in models.

This work builds on previous work from NISU and other centres, which demonstrates the capability of the ICD injury chapter to support quantitative measurement of an important injury outcome. Collaboration has commenced with researchers in Victoria, Australia, to extend investigation to measurement of non-fatal outcomes.

### **Condensed Classification of Health Interventions (CCHI)**

The former International Classification of Health Interventions (ICHI) was re-titled the Condensed Classification of Health Interventions (CCHI) in 2007. CCHI was created for use with the ICD-10 classification in regions that need a short and simple classification of procedures and interventions. Following agreement with the WHO, CCHI is available through the NCCH website.

### **International Classification of Primary Care, Version 2 (ICPC-2)**

The Australian General Practice Statistics and Classification Centre is a collaborating unit of the AIHW and the Family Medical Research Centre (FMRC). Their key project is known as BEACH (Bettering the Evaluation and Care of Health), and is the continuous national study of general practice activity in Australia; it uses ICPC-2 for classification and reporting of reason for encounter (RFE); problems managed; pathology and imaging orders, clinical treatments, procedures, referrals, and administrative processes. BEACH is now in its 12th year and the database includes more than 1,000,000 encounter records.

ICPC-2 is installed in approximately 450 General Practitioner (GP) practices (reaching up to 2400 GPs) for all the above fields (where the field is available in the software). Data is entered through the BEACH coding system which is known as ICPC-2 Plus terminology and classified in ICPC-2.

The Royal Australian College General Practitioners is using ICPC-2 to classify College examination content at the Chapter level, all post-graduate educational activity at a more detailed level, the content of the papers in the Australian Family Physician, the official journal of the Royal Australian College of General Practitioners; vocational training materials, continuing medical education (CME) materials, and conference papers.

A meeting of the Wonca International Classification Committee (WICC) will be held in Florianopolis, Brazil in November 2009. Planning is well advanced for the major revision of ICPC-2 into ICPC-3. Sub-groups of WICC are actively planning development of various sections of ICPC-3. Revision of the classification structure should be complete in the next

six months, with a major aim to align ICPC with the ICD while both classifications are under revision.

#### **WHO Anatomical Therapeutic Chemical (ATC) Classification**

The FMRC has completed a mapping of the Australian Medicines Terminology (AMT), which is SNOMED CT based, to the WHO ATC classification. This map will facilitate drug utilization studies from drug databases coded in the AMT.

#### **ICF implications for ICD - determinants of health**

Following a preliminary review by FDRG, three conceptual areas represented in ICD were identified for investigation, to improve ICF-ICD harmonisation: signs, symptoms and risk factors (or, more broadly, determinants of health). The University of Sydney and the NCCH are collaborating with other researchers in Sydney exploring to what extent the ICF Environmental Factors component could provide a classification for some health determinants. This work could have implications for ICD revision and for ICF terminology work.

For further information on the Development of Classifications, please see the section below on Family Development Committee.

### **3.7 To support the work of the WHO-FIC committees and reference groups established to assist WHO in the development, testing, implementation, use, improvement, updating and revision of members of the WHO-FIC.**

Australians are well represented on WHO-FIC committees and references groups contributing to their work and reports to the WHO-FIC network. A summary of this representation is attached in Appendix 1.

#### **WHO-FIC Council**

Professor Richard Madden attended the Council meeting in Geneva in April 2009, which followed the ICD Revision Steering Group meeting. Dr Penny Allbon, Ms Ros Madden and Ms Kerry Innes participated by teleconference.

#### **Implementation Committee (IC)**

Ms Sue Walker is a member of the IC however there have been no meetings of the IC since October 2008.

#### **Education committee (EC)**

Monthly teleconference meetings are attended by Ms Sue Walker and Mr Gordon Tomes.

## **Family Development Committee (FDC)**

Professor Richard Madden is co-chair of the FDC and Ms Megan Cumerlato is the secretary. The FDC met in October 2008 and again in July 2009. The main work continues to be the development of the ICHI and other areas of the FDC as outlined below:

### *ICHI*

In April 2009 at the WHO-FIC Council Meeting it was endorsed that work would continue on the development of ICHI. Since then a detailed project plan has been drafted outlining the goals and structure, a management plan for a phased implementation and resources required for ICHI development.

It has been agreed that such a classification is needed to cover the provision of health interventions across the various health systems not only at the local but also national and international level and across different populations.

Since the July 2009 meeting of the FDC work has progressed on the development of the ICHI framework and coding structure, with a proposed content model to be presented at the WHO-FIC meeting in Korea in October 2009.

Work will continue in this area of development in 2009/2010 to progress the ICHI coding structure with members continuing to discuss and develop the structural components of Target, Action and Means. The group will further refine and develop some of these decision points at the forthcoming WHO-FIC meeting.

### *Health Services*

Discussions regarding role of WHO and the development of a Health Services Classification were held at the WHO-FIC Meeting in New Delhi 2008 and continued in 2009.

The OECD, WHO and Eurostat are revising the System of Health Accounts (SHA). Professor Richard Madden has made contact with this revision process. The classifications developed (Health Functions, Health Providers and Health Financing) will be able to be considered for inclusion in WHO-FIC. Comment will be sought from FDC on these classifications as they are developed within the SHA revision.

### *Patient Safety*

A report was presented on the status of the International Classification of Patient Safety (ICPS) at the WHO-FIC meeting in New Delhi 2008. Positive responses to the current framework of the classification have been received. Work continued in 2009 on the areas of ontology, categorisation and linearisation for the proposed content model.

### *Primary Care*

Work continues on the development and update of ICPC-3 by Wonca with the aim to align ICPC with the ICD while both classifications are under current revision.

### *Traditional Medicine*

Discussions are being held between WHO, WPRO and the International Standards Organisation (ISO) on how the work on Traditional Medicine can be progressed, as further co-ordination of the work plan is required. Until this issue has been resolved WHO has placed a hold on the work

### *Public health Classification*

The classification has six high level classes: Functions, Health Issues, Determinants of Health, Methods, Settings, and Resources and Infrastructure. Phase One of the Public Health Classification was completed in 2005.

Phase Two is due for completion in January 2010. This phase will enhance the classes of public health 'Functions', 'Determinants of Health' and 'Methods' of intervention. The 'Determinants of Health' class will describe population level determinants which influence health status and determine health differentials or health inequalities. The outcome of Phase Two will be circulated to members of the FDC prior to finalising the work. The final report will be circulated to the WHO-FIC Family Development Committee. The ACC is represented on the Project Steering Group.

### **Mortality Reference Group (MRG)**

Ms Sue Walker is a member of the MRG. There was one meeting of the MRG in North Carolina in March but no Australian was able to attend.

### **Morbidity Reference Group (MbrRG)**

Ms Kerry Innes (Australian Centre for Clinical Terminology and Information) is co-chair of the MbrRG and Ms Julie Rust (NCCH, Sydney) is the secretary. The MbrRG met in October 2008 and March 2009, with work ongoing via the WHO revision platform and email correspondence in between meetings

Two large papers in relation to the revision process were finalised; ICD 11 Conventions and Topics for Topic Advisory Groups (TAGs). The first paper provides the current views of the MbrRG and Mortality Reference Group (MRG) on the rules, conventions and structure for ICD-11, including detailed work completed by the group on the analysis of the dagger/asterisk convention. The second paper is a summary, but by no means exhaustive, of the main areas within ICD-10 in need of revision from a morbidity perspective. Both of these papers have now been forwarded to the Revision Steering Group (RSG) of WHO-FIC.

Following pilot testing a draft proposal, members agreed in principle to a new definition of main condition for ICD-11, and the group will further refine some of the decision points of this definition in papers for the forthcoming WHO-FIC meeting in Korea in October 2009.

A systematic review of ICD-10 volume 2 morbidity coding rules has been included on the workplan for the MBRG, in response to a request by the Education Committee, to underpin the establishment of international competency standards. Work will begin in this area in 2009.

A number of other issues were progressed such as guidelines for the coding of sepsis, discussion on the sequelae convention and collection of national morbidity information on code frequencies to inform the revision process.

### **Update and Revision Committee (URC)**

At the WHO-FIC network meeting in New Delhi, October 2008, Ms Julie Rust and Ms Belinda Saad from NCCH Sydney were confirmed as the URC members for 2008–2010. During 2009, there have been 74 proposals for discussion, consideration and voting on the WHO ICD Revision platform, including ten proposals from the NCCH. Ms Rust and Ms Saad have worked through these proposals and have submitted comments and votes for the first round of voting. Final considerations on the undecided proposals will be completed at the WHO-FIC network meeting in Seoul, Korea in October 2009.

### **Functioning and Disability and Reference Group (FDRG)**

Ms Ros Madden (co-chair) attended the annual meeting of FDRG in Delhi in October 2008, and was intensively involved in preparation for and documentation of the meeting. Ms Madden has been intensively involved in the planning of (and preparation of papers for) the FDRG mid year meeting (July 2009) in Sao Paulo, Brazil, at the invitation of FDRG education task leader Ms Cassia Buchalla. Ms Madden arranged and participated in several teleconferences during 2008-09 with FDRG task leaders and WHO secretariat and is actively involved in the planning of the 2009 annual WHO-FIC Network meeting, including the preparation of posters.

### **Revision Steering Group (RSG)**

Professor Richard Madden is a member of the RSG, in his role as co-chair of the FDC. Professor James Harrison, as chair of the Injuries and External Causes Technical Advisory Group (TAG) is also a member. Both have attended the April 2009 meeting in Geneva and the monthly teleconferences.

The ACC has selected a lead author to contribute to the development of the alpha version of ICD-11 in 2009-10.

The WHO has invited Professor Jon Patrick of the University of Sydney to become a member of the ICD revision Health Information Modeling Technical Advisory group (HIM TAG). The HIM TAG has developed an Information Content Model for the revision, which includes scope for relevant terminology concepts to be referenced in the definition of ICD entities.

### **ICD-11: External Causes and Injury Topic Advisory Group (TAG)**

Professor James Harrison provided chairmanship for the External Causes and Injury TAG whose work continued towards the revision of the parts of ICD-10 dealing with injury (Chapter 19) and external causes of injury (Chapter 20). Dr Kirsten McKenzie from NCHIRT is a member of the TAG. Highlights of the work during the past year include:

- A workshop of TAG members and consultants (Washington DC, October 2008)
- Presentation at the annual conference of the National Centre for Classification and Health (Sydney, March 2009)
- Meeting with the Morbidity Reference Group (Sydney, March 2009)
- Participation in the meeting of the Revision Steering Group (Geneva, April 2009)
- Recruitment of part-time project officer: literature reviewing (April 2009)
- Recruitment of project officer to manage TAG activity (July 2009)

### **3.8 To establish networks with current and potential users to the WHO-FIC and act as a reference centre (e.g. clearinghouse for good practice guidelines and the resolution of problems) for information about the WHO-FIC and other health-related classifications.**

AIHW has signed a memorandum of understanding with the Australian Department of Health and Ageing to support the AIHW's in its role as the WHO-FIC ACC. Currently, the ACC is clarifying its governance and operating arrangements. The vision is for all experts working on classifications in Australia to become 'members' of the ACC. The ACC holds regular national meetings bringing expertise together.

### **3.9 To assist WHO HQ and the Regional Offices in the preparation of members of the WHO-FIC and other relevant materials in the English language and to act as a reference centre for that language on all matters related to the WHO-FIC.**

No specific activities have been reported in the period 2008-2009.

### **3.10 To support existing and potential users of the WHO-FIC by establishing Memoranda of Understanding with WHO's Western Pacific Regional Office to assist the implementation of WHO-FIC classifications throughout the Region.**

There is currently no MOU between the ACC and the WPRO however the ACC supports the implementation of WHO-FIC classifications through the Western Pacific in a number of ways.

The Australian Government has made clear its strong commitment to supporting achievement of the UN Millennium Development Goals, many of which have a strong health and health-related focus. Australia's aid programs in PNG, Indonesia, Solomon Islands, Pakistan, Bangladesh, Cambodia, and East Timor aim to help improve maternal health and to prevent unnecessary deaths.

To achieve positive changes in health outcomes in the Asia Pacific, Australia has recognised a more co-ordinated response to problems was required.

The Australian Government has entered into four agreements with Australian institutions to bring into effect long term relationships aimed at deepening and broadening knowledge and convening Australian technical expertise around key areas for health in the aid program over coming years. As a result of these agreements these new entities called 'Health Knowledge Hubs' will use their convening power and extensive networks to work with others, to develop a critical mass of knowledge and expertise that will inform the Australian aid program. The AIHW Director and Head of the ACC is a member of advisory groups for two of the Hubs (the HIS and the Financial and Health Policy Hub at the Nossal Institute). In particular, the regional HIS Development Forum to be convened in November 2009 will continue to enhance the adoption of WHO-FIC in the Asia Pacific region.

### **3.11 To establish agreements with other Members States, e.g. New Zealand, to assist the work of the Australian Centre.**

New Zealand has played an active role in collaborating with NCCH in the development of the classification products - ICD-10-AM, Australian Classification of Health Interventions (ACHI) and Australian Coding Standards (ACS). This includes representation on the Coding Standards Advisory Committee (CSAC) and submitting a range of public submissions for consideration in the 6th and 7th editions. Historically New Zealand has maintained a time delay in its upgrade cycle, however, 6th edition of ICD-10-AM was adopted in July 2008 concurrent with the Australian upgrade release. New Zealand fully supports and endorses NCCH directives.

New Zealand has also welcomed opportunities to attend the mid year morbidity reference group meeting held in Sydney 2008 and has since been invited to comment on a number of papers currently in discussion there. New Zealand clinical coders are encouraged to attend the annual NCCH conference and to keep up to date with information releases on the NCCH website and published material such as Coding Matters.

New Zealand is a member country of the IHTSDO and accordingly, representatives from the New Zealand Ministry of Health have been actively included in discussions and have been invited to participate in Australia's discussions regarding building a business case for a map between SNOMED-CT and ICD-10. New Zealand is also actively participating in the international mapping effort through the Mapping Special Interest Group (IHTSDO)

### **3.12 To present periodic reports of the centre's activities to the annual meetings of Heads of WHO collaborative centres for the WHO Family of International Classifications.**

The Australian Collaborating Centre presents this annual report on the activities of the centre and its affiliated members for 2008-2009.

### **3.13 To provide chairmanship for the WHO-FIC committees.**

The ACC currently provides three co-chairs for WHO-FIC committees/ groups:

- Family Development Committee – Professor Richard Madden
- Morbidity Reference Group – Ms Kerry Innes
- Functioning and Disability Reference Group – Ms Ros Madden

Ms Sue Walker chairs a sub-committee of the Education Committee – Collaboration with IFHRO Education Committee.

In addition, Professor James Harrison chairs the External causes and Injury TAG for the WHO ICD 11 Revision Group.

## Appendix 1: WHO-FIC Australian Representation 2008-2009

Committee/Reference Group	Person	Position
WHO-FIC Council	Dr Penny Allbon (Head AIHW)	Member
	Professor Richard Madden (Head NCCH)	Member
	Ms Ros Madden (USyd)	Member
	Ms Kerry Innes (Head ACCTI, UoW)	Member
Education Committee	Ms Sue Walker (Head NCHIRT - QUT)	Member
	Ms Ros Madden	Member
Electronic Tools Committee	Ms Sue Walker	Member
Family Development Committee	Professor Richard Madden	Co-Chair
	Ms Kerry Innes	Member
	Ms Megan Cumerlato (NCCH – Syd)	Secretary
Implementation Committee	Ms Sue Walker	Member
Update and Revision Committee	Ms Julie Rust (NCCH)	Member
	Ms Belinda Saad (NCCH)	Member
Mortality Reference Group	Ms Sue Walker	Member
Morbidity Reference Group	Ms Kerry Innes	Co-Chair
	Ms Julie Rust	Secretary
Functioning and Disability Reference Group	Ms Ros Madden	Co-Chair
	Mr Gordon Tomes (AIHW)	Member
Terminology Reference Group	Mr Gordon Tomes	Member
Interim IHTSDO-WHO Harmonization Panel	Dr Penny Allbon	Member
	Ms Karen Gibson (NEHTA)	IHTSDO Management Board Director
Revision Steering Group	Professor Richard Madden	Member
	Professor James Harrison (NISU AIHW, RCIS Flinders Uni)	Member

<b>Committee/Reference Group</b>	<b>Person</b>	<b>Position</b>
Topic Advisory Group – External Causes and Injury	Professor James Harrison	Chair
	Dr Kirsten McKenzie (NCHIRT)	Member
Topic Advisory Group – Mental Health	Professor Gavin Andrews (University of NSW)	Member
Technical Advisory group – Health Information Modeling	Professor Jon Patrick (University of Sydney)	Member
Collaboration with IFHRO Education Committee	Ms Sue Walker	Co-Chair