

Annual Report of the Morbidity Reference Group

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Abstract

This paper outlines the activities of the WHO Morbidity Reference Group for 2008-2009. The WHO-FIC formally established a Morbidity Reference Group (MbRG) in October 2006, after an ad-hoc group had been in place for one year. The main purpose of the MbRG is to improve international comparability of morbidity data and the application of ICD in morbidity. Membership is comprised of nominees with morbidity classification expertise from Collaborating Centres and Regional Offices.

Olafr Steinum and Kerry Innes are currently co-chairs, Julie Rust of NCCH provides the secretariat.

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Introduction and background

This is the third annual report of the Morbidity Reference Group (MbRG), formally established at the 2006 WHOFIC meeting. The main purpose of the MbRG is to improve the international comparability of morbidity data and the application of ICD in morbidity by analysing and integrating needs deriving from statistics, casemix and clinical documentation. Please refer to Appendix A for the current terms of reference.

Membership is comprised of nominees from collaborating centers and WHO regional offices, together with individuals with morbidity classification expertise from outside the WHO-FIC Network (see Appendix B for current membership). The current co-chairs of the group are Kerry Innes (Australia) and Olafr Steinum (Sweden).

Achievements in 2008/2009

The MbRG met in October 2008 and March 2009, with work ongoing via the WHO revision platform and email correspondence in between meetings

Revision issues

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 MbRG 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. Further material on external cause codes, agreed to at the mid year meeting, was added to this paper. Both of these papers were forwarded to the Revision Steering Group (RSG) of WHOFIC in April 2009.

Definition of Main Condition

At the October 2008 meeting, Dr Henriksson proposed a definition of main condition for ICD-11. Members agreed to test the proposed definition against complex case scenarios from member countries, and the results were reported at the mid year meeting, March 2009. With agreement in principle achieved at the March meeting, work is continuing during 2009 on refining some of the decision points in this definition. A poster, outlining the draft definition for main condition, will be presented during the forthcoming WHOFIC meeting in Korea in October 2009.

Code frequencies

An initial analysis of low code frequencies for skin conditions and infectious arthropathy in some national morbidity collections was presented during the October 2008 meeting. There was consensus that this work was valuable, and that liaison between the Topic Advisory Groups (TAGs) and the MbRG member countries (who can supply such data) should be encouraged. The work to date was forwarded to WHO for distribution to the TAGs.

There was discussion of a draft paper on the purpose/use case of ICD at the October 2008 meeting. A task force from the MbRG was set up to work on developing use cases in WHO template format. The initial work on use cases for morbidity data, patient safety and casemix, was presented during the round table discussions on Thursday 30th October during the plenary sessions of the annual WHOFIC meeting. These drafts have now been reformulated by the Health Information Modelling TAG and once the alpha version of ICD-11 is drafted, it is envisaged that the MbRG may be able to assist with pilot testing, to see if the use cases are met.

The information collected to date on the use of morbidity data in members' countries was forwarded to WHO for inclusion in the WHO implementation database.

Current Issues

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. Some preliminary work on certain topic areas, (sepsis, severe sepsis and septic shock), has been posted to the web platform for review and comments.

Further work will be undertaken on draft papers on the sequelae convention in ICD-10 and the coding of problems and underlying conditions.

Refinement of the draft definition for main condition in ICD-11 will continue.

Review and possible update of the MbRG terms of reference in light of changes to URC terms of reference and the overall revision process.

Conclusion

The MbRG met twice in person (New Delhi, India, October 2008 and Manly, Australia 2009), communicated via email and the MbRG workspace on the WHO ICD revision platform. Two major papers to inform the ICD-11 revision process, *Topics for TAGs* and *ICD 11 Conventions* were finalized and forwarded to the Revision Steering Group. A draft definition for main condition for ICD-11 has been agreed in principle, subject to refinement of the decision points in this definition. Another important focus of work will be the review of the ICD-10 volume 2 morbidity coding rules, which will hopefully benefit both the current users of ICD-10 and the development of rules and guidelines for ICD-11.

Appendix A - terms of reference

Morbidity Reference Group (MbRG) – Terms of reference

Last updated: March 2008

Purpose:

The objective of the Morbidity Reference Group (MbRG) is to improve international comparability of morbidity data and the application of ICD in morbidity by analysing and integrating needs deriving from statistics (e.g. hospital data), casemix (e.g. DRG systems) and clinical documentation (e.g. clinical terminology and electronic health records).

Functions:

To identify, discuss and solve problems related to the interpretation and application of ICD to coding and classification of morbidity, including the establishment of standardised interpretation of the categories and the development of agreed definitions, coding rules and guidelines.

To develop recommendations for ICD updates for forwarding to the Update and Revision Committee annually, through a consensus process.

To support the revision process for ICD by providing advice on morbidity related issues and possible terminology linkage for morbidity coding.

To review possible morbidity applications of WHO derived and related classifications, to inform recommendations for change to ICD.

To consider and support statistical, epidemiological, reimbursement (including casemix) and clinical applications of ICD for morbidity purposes.

To construct a database summarising national applications of ICD for morbidity purposes.

To provide documentation of discussions and decisions in a database that can be used online and offline.

Structure and working methods

The Morbidity Reference Group (MbRG) will endeavour to ensure that its membership reflects the widest possible representation from centres and WHO regional offices. Nomination will also be sought for an equivalent number of individuals with morbidity classification expertise from outside the WHO-FIC Network. A possible conflict of interest is a reason for exclusion from membership.

The chairperson(s) is/are elected by the MbRG. The election is submitted to the Network for confirmation.

The MbRG will work through email, meet in person at least once a year, and use telephone conferences as needed.

Recommendations of the MbRG require the participation of the majority of the members in the decision process.

Recommendations from the MbRG which are endorsed by the relevant committee, and the Network, should be available from the WHO ICD-10 home page.

Appendix B - Morbidity Reference Group membership (4.9.09)

Full Members of MbRG

First Name	Last Name	Designation	Country/Region
Roberto	Becker	Representative/WHO/PAHO	Brasil
Chien Earn	Lee	Singaporean representative	Singapore
Syed Mohamed	Al Junid	Malaysian representative	Malaysia
Huib	ten Napel	Netherlands representative	Netherlands
Glen	Thorsen	Nordic representative	Norway
Gunnar	Henriksson	Nordic representative	Sweden
Mea	Renahan	Chair URC	Canada
Hiroshi	Nishimoto	Japanese representative	Japan
Kerry	Innes	Co-chair	Australia
Julie	Rust	Secretary	Australia
Olafr	Steinum	Co-chair	Sweden
Ulrich	Vogel	German representative	Germany
Marion	Mendelsohn	French representative	France
Donnamaria	Pickett	American representative	USA
Lori	Moskal	Secretary URC	Canada
Sue	Bowman	American representative	USA

Robert	Jakob	Representative/WHO	Switzerland
Giulio	Borgnolo	Italian representative	Italy
Heloisa	Di Nubila	Brazilian representative	Brazil
Kazushi	Yamauchi	Japanese representative	Japan

Invitees for MbRG

First Name	Last Name	Designation	Country/Region
Bjorn	Smedby	Nordic representative	Sweden
Ginette	Therriault	Canadian representative	Canada
Kenji	Shuto	Japanese representative	Japan
Kentaro	Sugano	Japanese representative	Japan
Richard	Madden	Australian representative	Australia
Martin	Braun	German representative	Germany
Jenny	Hargreaves	Australian representative	Australia
Maureen	Aucoin	Canadian representative	Canada
William	Ghali	Canadian Representative	Canada
Martti	Virtanen	Nordic representative	Sweden