

Date: Wednesday, February 16, 2011
 Time: 14:00-15:30 Geneva Time

1. Opening and welcome

Quorum of Council Members attended the teleconference, only Collaborating Center Representatives from China, Mexico were missing. Participants see annex 1. Agenda was adopted as suggested.

2. New Strategic Workplan and Minutes

Status of WHOFIC Strategic Workplan 2010-11

The SWP workplan has been extensively reviewed in the Annual Network Meeting and the Small Executive Group meetings thereafter. The SWP was condensed by WHO to a list of key strategic deliverables that were displayed during the call.

2011 SWP

C/RG	Key Deliverables	SEG
EIC	WHOFIC implementation database e-learning tools	MG
URC	ICD revision ICF updates, ICD 10-11 transition planning	MR
ITC	Formal Knowledge Representation Classification Terminology Linkage Quality Assurance for linkages	SW
FDC	ICHI Rules for Classification Terminology Linkage standards	BU
MRG	Revised Death Certificate Mortality Knowledge Base	RJ
FDRG	ICF updates Coding Guidelines, Measurement and Mapping platform	GS

SEG and individuals nominated (marked by initials in the third column) for every Committee and Reference Group continue to work on enhancements; a final version will be presented at the mid year meeting of the Council.

The full workplan is accessible online on the WHO-FIC website, and the Draft list of key deliverables and the full plan also will be circulated to the Council after this teleconference.

Executive Summary from the WHOFIC Annual Network Meeting - Toronto

The Executive Summary has been circulated. During the call, there was a comment that the only horizontal TAG mentioned was the Morbidity TAG. It was

Report council conference call 2011-02-16

noted that MbTAG was mentioned particularly because MBRG was suspended during the Revision Process and its functions would be replaced by the MbTAG.

Committee and Reference Group minutes from Toronto

All reports were received and will be posted together with the Executive Summary on the WHO website. The EIC needs to verify the progress on the ICF implementation database. The Italian Centre agreed to follow up on this matter.

Council Minutes from Toronto

The outcomes of the Council discussions have already been reflected in the Executive Summary. This will be taken into account in the final review as there are no separate minutes on the Council Decisions. The minutes from SEG-Calls are available on the Council SharePoint site.

3. WHO FIC issues

3.1. Designation and re-designation of collaborating centres

UK: There is agreement with the UK National Classification and Terminology Center, Leeds. A workplan has been formulated and the center will participate in WHOFIC activities in “under designation” status.

Thailand: The regional screening committee has agreed to the proposal. WHO legal services have raised concerns that need to be addressed in the next days.

Japan: The regional screening committee has agreed to the proposal in principle but suggested some formal edits. The edits have been made and the proposal will be re-circulated in the next days.

Korea: Robert Jakob visited the centre. The report will provide a summary of the institutions visited and the ministry will then make its decision about the centre designation.

Russia: There has been slow progress, and limited activity due to limited resources; a meeting with the centre is scheduled for February.

Hungary: Discussions on the centre designation need to be continued before the mid-year meeting in Budapest – which may serve as a site visit at the same time.

Norway will become a collaborating centre at a National level because the joint center status is not possible to continue once they are discontinued in line with WHO regulations. Their representation in the WHOFIC Network needs to be as a single country center. It is however, possible that the center may collaborate with all Nordic Countries.

USA and Canada will prepare for continuation of redesignation in their joint work as in their current designation status.

Brazil and WHO will work on terms of redesignation for 2012

South Africa: The designation form has been submitted and is undergoing review by the regional and global screening committees.

3.2 Status of ICHI development

Funding issues for the development of ICHI are still unresolved. Further discussions with the Italian government, the interest shown by the UK and the fact that 9 European countries are using procedures of ICD-9 CM and will have to find a solution when USA switches to ICD-10 CM and ICD-10-PCS will result in a joint discussion platform and allow to raise funds.

In June 2011, at the meeting of the FDC in Sydney Australia, ICHI will be further discussed. Prior to the FDC Meeting, a one-week workshop will take place to develop content for the interventions classification, including people from developing countries.

On the recent meeting for traditional medicine in Manila it was suggested that there should be alignment between the ICHI and traditional medicine procedures – in particular alignment of content models.

The South African Centre will be working to have formal expressions of interest for ICHI sent to WHO.

4. Ongoing business

Posting of Updates for ICD-10: So far, the URC has submitted all relevant files to WHO. Following the WHO review, the updates will be published on WHO web site latest by 31 March 2011.

Posting of Updates for ICF is scheduled before 31 March 2011.

Online Version of ICD-10 for 2011: The meeting suggested that it is necessary to have an official reference for the extensive changes to ICD that occurred in 2010. The relevant files are available to WHO and such a version will be put online.

5. WHOFIC Committee and Reference Groups Midyear Meetings

In view of the increasing budget restrictions for international travel, it was suggested to submit annotated agendas early enough to support travel requests.

- **EIC: Budapest- March 28-30 2011**
- **MRG: Budapest- March 31-1 April 2011**
- **Council Meeting: Geneva – April 15;** (The SEG is expected to be present in person, all other Council members could join via phone conference and GoTo_Meeting). Whoever wants to attend is welcome to join the meeting in person.
- **FDC: Australia – 27 - 28 June**
In addition to the discussion about ICHI, there will be a symposium on integration of classifications in the family that is followed by an ICD-11 day. A summary of the meeting will inform the Network at its Annual Meeting 2011.
- **FDRG: Australia – 27-28 June**
The agenda is being identified.

6. Annual Network Meeting (October 29-November 4 Cape Town, South Africa)

- The venue will be the Southern Sun Cape Town (former Holiday Inn)
- The meeting planning group is also working on the side meetings
- There is close collaborating with AFRO
- Requests for meeting requirements of TAG and Working Groups will be circulated soon, and include for mTAG, mbTAG and fTAG
- The centre is working on approaches to funders and to the local department of health for formal invitations of countries in particular from the African region
- The preferred theme for the meeting is “**Health information is vital**” It comprises the subtopics ICD-11, Vital registration-MoVE-IT, low resource settings requirements and solutions- (SADC countries to report on their work), improving health systems.
There was no opposition to the theme and suggestion for one amendment. Any comments to the theme should be submitted within 7 days, after that, the decision for the theme will be taken.

7. ICD-11

Alpha Draft (WHO; report on alpha drafting process)

Alpha is available for privileged members on a browser, showing linearizations and errors (logical conflicts identified) to be checked by groups.

Status of TAGs

Online version in real time and monthly PDF releases are showing the progress of work to selected experts. The target to complete the input is March 15 and a decision on the continuation needs to be done after the compilation on this date. WHO is in touch with TAGs on a weekly basis. At present it may be summarized that two thirds of the TAGs are providing timely input. Newly formed TAGs are, in particular, behind the schedule.

Cross-cutting (horizontal) TAGs have been working actively since the Toronto Meeting. Their work is central to the internal consistency of the classification and continuity of the coding schemes between ICD-10 and 11.

The Mortality TAG has started reviews of some completed chapters, exploring use-case related issues and to identify the best methodology for reviews. Also, some work has started on Verbal Autopsy in conjunction with other WHO initiatives.

The MbTAG has identified a number of issues. The morbidity TAG will have a conference call tomorrow and had its first call a month ago. It is looking forward to work on the proposed coding structure and multiple codes paper. There are logistical problems in planning a face-to-face meeting that most likely will occur in March or April 2011.

The Functioning TAG is focussing on mirror coding or dual codes, and is currently identifying the methodology for their work reviewing categories H53 and H54 (blindness and vision loss) in close collaboration with the ophthalmology TAG. The TAG is also working on guidance on how to use the functioning value sets on iCAT.

The Quality and Safety TAG meets on 24-25 February in New York to work further on indicators. The work is linked also to the one on patient safety classification.

ICD-11 Beta Draft and Timeline

In the context of the review of preparations for the ICD-11 Beta release, there was a set of arguments for and against a postponement of the beta release. The status was summarized as in the slide below.

ICD-11 Beta	
KEEP THE DEADLINES May 2011	POSTPONE: (a) autumn (b) end11 (c) may12
POSITIVE <ul style="list-style-type: none">• Keep to the Revision timelines• Keep momentum going• Donors - less worried• Promotion in WHO• Enlarged input after May by Public	POSITIVE <ul style="list-style-type: none">• Better software & piloting• More complete work – fewer mistakes• TAGs happier – Horizontal TAG work• Multilingual• Integration with TM, PS easier
POSSIBLE <ul style="list-style-type: none">• More Funding ?	POSSIBLE <ul style="list-style-type: none">• More Funding ?
NEGATIVE <ul style="list-style-type: none">• Incomplete software• Unsatisfactory content• Chapters Z, R• Incomplete review process	NEGATIVE <ul style="list-style-type: none">• Delay• Image• Synchronization with others• Reduced public input possibility

In discussion the WHO FIC Council Members commented:

- It is essential to have a good product that goes out to the general public.
- Extra time is needed for the cross-cutting TAGs as most substantive review is starting lately.
- On the other hand, having no public input into the process is of concern. Wider input is necessary; and public and transparency input was a goal of the revision process. A hybrid model of opening the revision process to public comment and suggestions at the same time not a full scale beta phase with field trials may be a better solution.

WHO thanked the Council for their valuable input and contribution to the decision-making process. The TAG input is going on and the RSG has to review the topic as well. Given the current stage and pace of work, however, it is unlikely that the ICD-11 will be fulfilling the criteria for a beta version in April – either in terms of content or the software preparations. The financial situation of WHO requires more austere measures rather than a full-scale RSG meeting as planned in 11-15 April. Accordingly a decision will be made and conveyed to all stakeholders.

8. Joint Advisory Group with IHTSDO

Initial meeting of JAG 15-17 December 2010 - London

The notes of the first face-to-face meeting in London were finalized and are accessible on <http://apps.who.int/classifications/whoihtsdo/>. Two major priority projects were identified: (i) SNOMED CT to ICD mapping and (ii) use of SNOMED in ICD-11. In the first project mapping work had already started prior to the annual meeting in Toronto 2010. The workplan for mapping has been refined and now includes all the aspects that are important to WHO. In particular, the guidelines require that experts from both sides (SNOMED and ICD) agree on the mapping. Now there is a need for ICD experts that would contribute to that work. In a first phase of the project, between now and July the existing 9600 priority concepts between SNOMED and ICD have to be reviewed. It is mentioned that NCHS and CIHI have already been involved in that process from the beginning, however, the progress has been very slow. Until now only some 100 concepts have been mapped.

CALL for WHO Mapping Experts

In view of the WHO and WHOFIC participation in the first project an open call for the volunteers and possible applicants for the paid mapping specialist is made for interested experts who would have a knowledge of rules and conventions of ICD-10 and SNOMED CT, and apply them to build the mappings/linkages between them. Volunteers are requested to notify themselves to WHO. WHO has identified Harold Solbrig (USA) as the consensus manager for the mapping project.

In discussion, concerns about fees for use of SNOMED CT were raised. WHO informed that the Collaboration Arrangement between WHO and IHTSDO foresee that for reference and research purposes SNOMED can be used free of charge. For other uses (e.g. use in national electronic health records) Member States are to refer to IHTSDO. If requested WHO will provide guidance in that process.

9. Role of NGOs in the Network

The paper on the role of NGO was distributed prior to the call. Three main points include criteria that allow NGO in official relationships with WHO to elect chairs or to become co-chairs of Committees or Reference Groups of the WHO-FIC Network, and to participate in the Council in their function as a co-chair.

In discussion the council suggested:

The nature and scope of participation needs to be clearly described. Being on the membership list of a Committee or Reference Group would not fulfil the criteria – active participation of the NGO and the participation in the Strategic Workplan

Report council conference call 2011-02-16

has to be added as additional specifications. The document will be edited by the SEG accordingly.

Similar criteria may also apply to Academic Research Institutions and a similar paper will be drafted by the WHO Secretariat for the future SEG and Council Calls.

10. 2012 WHO-FIC Network Annual Meeting

It was announced that the Mexican Collaborating Center will unfortunately not be able to host the WHO FIC Annual Meeting in 2012. Alternative locations were proposed:

- a. Beijing
- b. Barcelona
- c. Brazil

11. Closure

Decision for topic 9 and 10 have to be reached by the time of the mid year meeting on April 15, 2011 for a two hour teleconference.

Annex 1: Participants

Co-chairs	Marjorie Greenberg, Stefanie Weber	1,1
Informatics and Terminology Committee	Sukil Kim, Stefanie Weber	1,1
Education and Implementation Committee	Cassia Buchalla, Sue Walker	1
Update and Revision Committee	Mea Renahan, Francesco Gongolo	1,1
Family Development Committee	Richard Madden, Huib ten Napel	1,1
MRG	Patricia Wood, Donna Hoyert	1,1
FDRG	Ros Madden, Gerold Stucki	1,0
Australia CC	Jenny Hargreaves, Sue Walker	1,1
Brazil CC	Cassia Buchalla	1
China CC	Dong Jingwu	0
	Qiu Zhuoying	0
	Zhang Zhenzhong	0
France CC	Gérard Pavillon	1
Germany CC	Stefanie Weber	1
	Ulrich Vogel	0
India	Ashok Kumar	1
Italy CC	Lucilla Frattura	1
	Francesco Gongolo	1
Japan	Kayo Takimura	1
Korea (Republic of)	Sukil Kim	1
Mexico	Patricia Sanchez	0
	Torres Luis-Manuel	0
Netherlands CC	Marijke de Kleijn-deVrankrijker	0
	Huib Ten Napel	1
North America CC	Marjorie Greenberg	1
Russia CC	Vitaly Belov	0
South Africa	Lyn Hanmer	1
Thailand	Wansa Paoin	1
Venezuela CC	José J. Chique G.	0
WHO	Bedirhan Ustun	1
	Robert Jakob	1
	Nenad Kostanjsek	1
	Can Celik	1
FTAG	Cille Kennedy, Gerold Stucki	1,0
MbTAG	Donnamaria Pickett, Syed Al Junid	1,0
MTAG	Sam Notzon, Gerard Pavillon	0,1