

Annual Report of the Morbidity Reference Group

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Abstract

This paper outlines the activities of the WHO Morbidity Reference Group for 2009-2010. 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 fourth annual report of the Morbidity Reference Group (MbRG), formally established at the 2006 WHO-FIC 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 2009/2010

The MbRG met in October 2009 and March 2010, with work ongoing via the WHO revision platform and email correspondence in between meetings

Revision issues

A number of members from the MbRG were participants at the first iCamp (September 2009) in Geneva, and they provided a brief overview and report to both MbRG and Mortality Reference Group (MRG) members. Of particular interest to these groups was the intended formation of morbidity and mortality 'TAGs', to be involved in the linearization of their respective use cases.

A paper from the Update and Revision Committee (URC), on its role in the revision process, was tabled and discussed.

Definition of Main Condition

There was further refinement of the definition of main condition for ICD-11 and the final draft was submitted to WHO following the March 2010 meeting.

Coding Rules for Morbidity Coding (volume 2)

As per the 2009/2010 workplan, the main focus of the work over the past year was the systematic review of the ICD-10 volume 2 morbidity coding rules. Six rules were revised and drafts have been submitted to the Update and Revision Committee for consideration at the October 2010 WHO-FIC Network meeting.

The complex area of code assignment and rules surrounding postprocedural complications was discussed in depth, with responses to coding scenarios provided by the various member countries. As a result, a summary of recommendations was drafted, which will inform the work on coding rules on this topic.

A number of other rules, in particular 'presenting problem and underlying cause' are still under discussion, however due to the proposed changes for the MbRG as outlined by WHO, ie subsumed by the Morbidity Topic Advisory Group (MbTAG), this work will have to be handed over to another group/committee.

Diagnosis typing/condition onset flag

MbRG members from three countries who have implemented diagnosis typing, ie Canada, Australia and the USA, provided an overview of each system, outlining the benefits of this additional 'flagging' for morbidity coding, especially in relation to data abstraction for patient

safety reporting. It was noted that obtaining international agreement on general qualifiers would be challenging, depending on the use cases for the morbidity data, however IMECCHI (see below) would be interested in taking this issue further.

International Methodology Consortium for Coded Health Information (IMECCHI)

At the mid-year meeting in Cologne, March 2010, William Ghali provided an overview of IMECCHI, an international collaboration of health services researchers. The main aim of this group is to promote the methodological development and use of coded health information to promote quality of both care and health policy decisions. It was agreed that future collaboration between the MBRG and IMECCHI, especially in areas of diagnosis typing and field trials/studies of coding rules and definitions would be beneficial to both parties.

Future directions

On an initiative from the WHO-FIC Council, a telephone conference took place on 12th August 2010, between Bedirhan Ustun, Robert Jacob, Marjorie Greenberg and the MBRG co-chairs and secretariat. The Council tabled two options for MBRG members to consider:

1. Put MBRG on hold until ICD-11 is launched (2015) with the transfer of six members to the Morbidity Topic Advisory Group (MbTAG) as full members, and the remaining MBRG members invited as associated resource members.
2. Continue MBRG, but with a diminished membership, as six current members would be transferred to MbTAG.

The MBRG co-chairs circulated this information to all members for their feedback. Fifteen members supported to put MBRG on hold and none were against.

This result was accepted by the WHO-FIC Council at a telephone conference call on 7th September 2010. The suspension of the MBRG will take effect from the end of MBRG official session at the WHO-FIC Network meeting in Toronto 16th October 2010.

Conclusion

The MBRG met twice in person (Seoul, Korea 2009 and Cologne, Germany 2010), communicated via email and the MBRG workspace on the WHO ICD revision platform. Six coding rules for morbidity coding for ICD-10 were revised and drafts submitted to the URC for consideration in 2010. A draft definition for main condition for ICD-11 has been agreed to in principle by the Group and submitted to WHO. There are a number of other rules underdevelopment, however with the decision to suspend the MBRG in favour of the MbTAG, another group/committee will need to accept responsibility for this work.

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 (24.9.2010)

Full Members of MbRG

First Name	Last Name	Designation	Collaborating Centre
Kerry	Innes	Co-chair	Australia
Olafr	Steinum	Co-chair	Nordic
Julie	Rust	Secretary	Australia
Mea	Renahan	Chair URC	Canada
Lori	Moskal	Secretary URC	Canada
Robert	Jakob	Representative/WHO	WHO
Roberto	Becker	Representative/WHO/PAHO	Brazil
Chien Earn	Lee	Singaporean representative	
Syed Mohamed	Al Junid	Malaysian representative	
Huib	ten Napel	Netherlands representative	Netherlands
Glen	Thorsen	Nordic representative	Nordic
Gunnar	Henriksson	Nordic representative	Nordic
Hiroshi	Nishimoto	Japanese representative	Japanese
Kentaro	Sugano	Japanese representative	Japanese
Ulrich	Vogel	German representative	German
Michael	Schopen	German representative	German
Marion	Mendelsohn	French representative	French
Donnamaria	Pickett	American representative	North American
Sue	Bowman	American representative	North American
Francesco	Gongolo	Italian representative	Italian
Heloisa	Di Nubila	Brazilian representative	Brazil

Invitees for MBRG

First Name	Last Name	Designation	Collaborating Centre
Bjorn	Smedby	Nordic representative	Sweden
Ginette	Therriault	Canadian representative	Canada
Kenji	Shuto	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
Mary-Ellen	Weatherspoon	New Zealand representative	Australian
Lany	Slobbe	Netherlands representative	Netherlands
Theo	Van Mens	Netherlands representative	Netherlands