Executive Summary

Abstract

The WHO–FIC Network Annual Meeting served to review the work within the WHO Family of International Classifications in line with the Strategic Work Plan of the Network. The meeting included 35 individual Committee and Reference Group sessions and 9 plenary sessions; as well as 3 Poster sessions and 8 sessions of the Disability and Rehabilitation (DAR) Network held in parallel.

The WHO-FIC Network Committees, namely the Update and Revision Committee (URC), the Education and Implementation Committee (EIC), the Family Development Committee (FDC), and the Informatics and Terminology Committee (ITC), together with the WHO-FIC Network Reference Groups, including the Mortality Reference Group (MRG) and the Functioning and Disability Reference Group (FDRG) conducted their annual meetings and updated the Strategic Work Plan for the WHO–FIC Network (SWP) with a particular focus on the review of the results of activities of the past year and formulation of the new activities for the year to come.

The WHO-FIC Advisory Council met in four sessions during the week to review the SWP, and jointly discussed common themes. Dr Lars Berg and Ms Jenny Hargreaves have served as co-chairs of the WHO-FIC Network for the last two years. Elections were held this year and Ms Jenny Hargreaves and Ms Lynn Bracewell will serve as WHO-FIC Council Co-Chairs from the end of the WHO-FIC Network Annual Meeting 2015 until the end of the 2017 Meeting. The work of the Network and its committees and reference groups will continue, in line with the Strategic Work Plan, and will be monitored by the WHO–FIC Advisory Council, the Council SEG, and WHO.

The special theme of the WHO-FIC Network Annual Meeting in 2014 was “Interoperability: Meaningful Exchange of Health Information”. Accordingly, main classification activities were reviewed from the perspective of interoperability between WHO-FIC Classifications and other standards, including how to support WHO-FIC implementation and use across a wide variety of environments.

180 posters on various WHO-FIC topics were presented and printed as a booklet; 30 were presented in special sessions and all were displayed throughout the meeting. Five posters were selected garnering special awards as a result of voting by the meeting participants.

A special plenary session was included on the Sustainable Development Goals (SDGs) and how WHO will transition from Millennium Development Goals (MDGs) to SDGs. Another session was dedicated to the work of the recently constituted Joint Linearization for Mortality and Morbidity Statistics Task Force (JLMMS TF), a group of experts working to finalize the primary linearization for ICD-11.
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1. Opening

The WHO Family of International Classifications (WHO–FIC) Network Annual Meeting was opened on 22 October with a welcome address from Mr Andy Williams, CEO, Health and Social Care Information Centre, and Ms Lynn Bracewell, Head of Terminology and Classification Development, also the head of the WHO-FIC Collaborating Centre in Leeds, United Kingdom; as well as from Dr Lars Berg and Ms Jenny Hargreaves, Co-chairs of the Advisory Council of the WHO-FIC Network, and Dr Bedirhan Üstün, on behalf of the World Health Organization.

The meeting ran from 17 to 23 October, 2015, and included 35 individual committee and reference group sessions plus 9 plenary sessions, including special sessions dedicated to the work plans of Joint Linearization for Mortality and Morbidity Statistics Task Force (Appendix 1: Agenda).

The special theme of the WHO-FIC Network Annual Meeting in 2014 was “Interoperability: Meaningful Exchange of Health Information”. Accordingly, main classification activities were reviewed from the perspective of interoperability between WHO-FIC Classifications and other standards, including how to support WHO-FIC implementation and use across a wide variety of environments.

180 posters on various WHO-FIC topics were presented and printed as a booklet; 30 were presented in special sessions and all were displayed throughout the meeting. Five posters were selected garnering special awards as a result of voting by the meeting participants.

1. C561 – International Paralympic Committee Classification: Opportunities and Challenges (P. Welch Saleeby)

2. C425 – International examination for morbidity coders (J. Hong and C. Lewis)


2. Participants

Over 280 international participants attended the WHO–FIC Network Annual Meeting, with representatives from 22 WHO–FIC Collaborating Centres and 1 Collaborating Centre under designation, as well as representatives from Ministries of Health and National Statistical Bureaus or individual experts from 16 other WHO Member States. WHO Regional Advisors from all six WHO Regional Offices were present at the meeting, providing many opportunities to integrate regional and country work into the WHO-FIC Network Strategic Work Plan.

The List of participants is included as Appendix 2.
3. Advisory Council, Committees, Reference Groups, and NGOs

The *WHO-FIC Advisory Council* met in four sessions during the week to review the SWP, and jointly discussed common themes. Dr Lars Berg and Ms Jenny Hargreaves have served as co-chairs of the WHO-FIC Network for the last two years. Elections were held this year and Ms Jenny Hargreaves and Ms Lynn Bracewell will serve as WHO-FIC Council Co-Chairs from the end of the WHO-FIC Network Annual Meeting 2015 until the end of the 2017 Meeting. In accordance with the election rules, the *WHO–FIC Advisory Council* and the *Small Executive Group (SEG)* were reconstituted.

**WHO-FIC Advisory Council SEG** for 2015-2016 is now comprised of:
- Ms Jenny Hargreaves  Co-chair WHO-FIC Network
- Ms Lynn Bracewell  Co-chair WHO-FIC Network
- Dr Lyn Hanmer   Co-chair FDC
- Dr Andrea Martinuzzi  Co-chair FDRG
- Ms Patricia Wood  WHO Special Advisor

**WHO-FIC Network Committees and Reference Groups co-chairs will remain as follows until the elections next year:**

<table>
<thead>
<tr>
<th>Committee</th>
<th>Co-Chairs</th>
<th>WHO Focal Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update &amp; Revision (URC)</td>
<td>Ulrich Vogel, Jennifer Jelsma</td>
<td>R. Jakob</td>
</tr>
<tr>
<td>Education &amp; Implementation (EIC)</td>
<td>Huib ten Napel, Yukiko Yokobori</td>
<td>N. Kostanjsek</td>
</tr>
<tr>
<td>Family Development (FDC)</td>
<td>Jenny Hargreaves, Lyn Hanmer</td>
<td>R. Jakob (acting)</td>
</tr>
<tr>
<td>Informatics and Terminology (ITC)</td>
<td>Vincenzo della Mea, Karen Carvell</td>
<td>C. Celik</td>
</tr>
<tr>
<td>Mortality Reference Group (MRG)</td>
<td>Lars Age Johansson, Francesco Grippo</td>
<td>R. Jakob</td>
</tr>
<tr>
<td>Functioning &amp; Disability RG (FDRG)</td>
<td>Andrea Martinuzzi, Catherine Sykes</td>
<td>M. Robinson Nicol</td>
</tr>
</tbody>
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The work of the Network and its committees and reference groups will continue, in line with the Strategic Work Plan, and will be monitored by the WHO–FIC Advisory Council, the Council SEG, and WHO.

4. Advisory Council, Committees, Reference Groups, and NGOs

The Advisory Council sessions were held on Monday 19 October, Thursday 22 October and Friday 23 October.

The Strategic Work Plan of the Network and the paper that describes the Conduct of the Network were both discussed and updated. Also discussed and agreed was a resolution about recommendations to WHO on the role of the Network in relation to the International Classification of Health Interventions. Details of these discussions are presented below. The Advisory Council also received reports on the WHO's progress towards the development of ICD-11, from the WHO’s Network of Disability and Rehabilitation Collaborating Centres, and from Regional Advisors from the six WHO Regional Offices.

The Advisory Council was also informed about changed arrangements for the management of the Classification, Terminologies and Standards (CTS) at the WHO. These arrangements mean that Dr Bedirhan Ustun will move within the WHO to take on new responsibilities, and no longer have responsibility for the CTS work. The Advisory Council expressed their appreciation to Dr Üstün for his contributions and leadership, and wished him well for the future. The Advisory
Council also expressed its thanks and appreciation to Dr Lars Berg for his contributions and leadership over the past two years as Council Co-Chair.

The Advisory Council confirmed proposals for updating ICD-10 and the ICF as recommended by the Update and Revision Committee, and expressed its thanks to the Committee and Reference Groups for their diligent work on the updates.

Last, the meeting was evaluated, and information provided on plans for Council meetings during 2016, mid-year meetings of Committees and Reference Groups, and the Annual network meetings from 2016 to 2018. A summary is provided below as ‘Closure of the meeting’.

**WHO-FIC Strategic Work Plan**

The WHO-FIC Network Committees and Reference Groups provided reports of their work over the previous year and updated the Strategic Work Plan for the WHO–FIC Network (SWP) for the coming year. This included updating the plan in terms of resources, deliverables and utility of products. A goal for the future is to better align the SWP with WHO priorities and WHO-FIC Network Collaborating Centre resources. In particular, the Advisory Council suggested to each Committee and Reference Group that they consider how best they can support the work of the AFRO Region in improving vital statistics, and cause of death, and morbidity reporting. WHO noted that efforts are underway towards better alignment between the SWP and Collaborating Centre work programs as outlined in (re)designation documents.

The SWP has evolved in the last 10 years, and it is formulated in terms of Committee and Reference Group work areas. It will continue to be a framework, serving as reference on the way we work over the coming years. However, the SWP may need to better reflect the joint work by Committees and Reference Groups. A more readable presentation could also be very useful.

Two proposed updates of the document "Conduct of the WHO Family of International Classifications Network" about communication and membership in Committees and Reference Groups were accepted by the Advisory Council. These changes will be included by WHO in the Document as a Version 1.2 of the Conduct paper.

The ICD-10 and ICF updates proposed by the Update Reference Committee were confirmed. It was proposed that the Family Development Committee should assist WHO in the development of ICHI, and that a work group from FDC will refresh the ICHI development work plan and a governance plan will ensure effective participation by the Network members. These two plans will be presented for consideration and endorsement by the Council at its meeting in February 2016.

**Paper on Conduct of the WHO-FIC Network**

Two proposed updates of the document "Conduct of the WHO Family of International Classifications Network" about communication and membership in Committees and Reference Groups were accepted by the Advisory Council. These changes will be included by WHO in the Document as a Version 1.2 of the Conduct paper to be made available on the WHO website. The detail of the updates is in Appendix 013.

Dr Lars Berg and Dr Stefanie Weber offered to continue the work they had been undertaking as Council co-chairs in ongoing review of the Conduct paper, with a view to proposing further improvements. The Advisory Council welcomed this proposal.
A resolution was proposed by the Family Development Committee to Council on 23 October 2015.

5. Summary of Committee and Reference Group sessions

Summaries of the sessions follow, with detailed minutes provided in the appendixes. All documents and meeting reports are published on the website of the 2015 Annual Meeting of the WHO–FIC Network: www.who.int/classifications/meeting2015.

Education and Implementation Committee

The Education and Implementation Committee Co-Chairs are Yukiko Yokobori (Japan) and Huib ten Napel (Netherlands). The EIC secretariat function is provided by Yukiko Yokobori.

The Education and Implementation Committee (EIC) had three sessions, one of which was a joint session with the Functioning and Disability Reference Group (FDRG), during the WHO-FIC Network Meeting 2015. The main outcomes were as follows:

1. Population of updated data in WHO-FIC Implementation database
   a. In the past year, 11 countries updated their data, out of 19, while 8 countries failed to do so. Meanwhile, 17 new countries, mainly from the PAHO region, entered their data in the database. Many new contacts particularly in the Africa region were identified.
   b. Agreement on the annual update cycle: biannual calls to EIC members, Collaborating Centres (CCs), and Regional Offices for new update/input early in the year and before the annual WHO-FIC Network Meeting (deadline August 31).

   b. ICD-11 field trial training materials: The training materials, for use by ICD-11 field trial participants, will be distributed to EIC members and CCs in the next few months for review and completion. A storyboard slide set will be developed in PowerPoint.

3. Database of ICD and ICF education experts for training
   a. EIC and FDRG members volunteered to take part in the administration of the ICD and ICF trainer database, which would mainly entail checking the information entered by trainers in the database.
   b. EIC and IFHIMA to put out calls for registration by ICD trainers.

4. Routine activities - Future activities will include:
   a. ICD online training tool: Reinitiate the support group for the training tool with volunteers answering questions on the tool as well as ICD generally;
   b. Development of guidelines for mortality coding exams;
   c. Administration and promotion of morbidity coding exam by IFHIMA;
   d. Collaboration with related organizations: e.g. IFHIMA, GHWC; and
   e. Transfer of ICF e-learning introductory module to an enhanced software platform and exploration of resources for development of a specialized ICF e-learning module for disability assessment in collaboration with the DAR Network is due to be completed by the end of the year; support for ICF education portal; formed a group of volunteers to support Melissa Selb in the finalization of the introduction module.

EIC underlined the importance of greater participation by members in EIC activities, in particular, new CCs. A task leader will be assigned to each task group promoting the activities.

The detail of the work of EIC is in Appendix 004.
Update and Revision Committee (URC)

The Update and Revision Committee Co-Chairs are Ulrich Vogel (Germany) and Jennifer Jelsma (South Africa). The secretariat function is provided by Paula Tonel (Italy) and Andrea Simoncello (Italy).

Over the course of three days the Committee:
- ratified 60 recommendations for updating the ICD-10;
- ratified 20 recommendations for updating the ICF.

ICD-10 Updates
- 37 approved – this number includes those accepted with modification and the ones where no change was required:
  - 8 major updates
  - 29 minor updates.
- 1 rejected or withdrawn – this number includes proposals that were rejected by the members and proposals that were withdrawn at the request of the submitting Collaborating Centre. Withdrawn proposals are deleted from the ICD-10 platform. Rejected proposals are retained for future reference.
- 21 proposals held over for further work next year.
- 1 proposal is considered for ICD-11.

URC-ICD Discussions
- Contribution to the ICD-11 revision process
  - URC members received a presentation on the status of ICD-11. The presentation was given by Robert Jakob and was followed by discussion.
  - URC members are willing to provide feedback, from their national perspectives, to the topic of post-coordination and clustering and specific new concepts in ICD-11 (e.g., clinical forms).
- A second presentation was given by Anneke Schmider on the proposal process in a new environment. Discussion ensued.
  - The former Information Note (IF) on the topic will be revised by WHO taking into account new structures and project plan of the overall revision process. URC members are invited to contribute to the revision of the IF and to comment on it once it is available;
- Further submission process to ICD-10 update
  - URC members are asked to provide proposals for drafting criteria reducing the number of submissions for further ICD-10 Update;
  - URC members are encouraged to consider the necessity and impact of suggested further modifications of ICD-10 carefully.

ICF Updates
- 9 approved – this number includes those accepted with modification and the ones where no change was required:
  - 7 major updates
  - 2 minor updates.
- 8 rejected or withdrawn – this number includes proposals that were rejected by the members and proposals that were withdrawn at the request of the submitting Collaborating Centre. Withdrawn proposals are deleted from the ICF platform. Rejected proposals are retained for future reference.
- 3 proposals to be returned to Open Discussion Layer for further work next year.
ICF Discussions

The following future and continuing tasks were discussed:

- Completing the incorporation of ICF-CY into the ICF foundational layer
- Engaging the Collaborating Centres and other associated organisations to become more involved in the ICF Update Process
- Encouraging the use of guiding principles that have been formulated and approved by the FDRG with regard to the reviewing of ICF Update Proposals
- Exploring the possibility of soliciting proposals around specific components, (such as e.g. the Environmental Factors) to facilitate the on-going development of the classification.
- Facilitating the publication on the WHO website of the 2015 version of ICF that includes all updates that have been approved so far. This version should be available as a browser online version and in PDF format

The details of the work of URC can be found in Appendix 007.
Mortality Reference Group

The Mortality Reference Group Co-Chairs are Lars Age Johannsen (Nordic) and Francesco Grippo (Italy). The secretariat function is provided by Donna Hoyert (North America).

Rapporteur: Donna Hoyert

The Mortality Reference Group (MRG) met during sessions of the WHO-FIC Network meeting on October 17 and 21. About 60 issues were discussed, representing a range of kinds of issues and stages of development from those being presented for the first time to those that just needed confirmation that they were ready to be submitted to the URC. The MRG reviewed work completed since the mid-year meeting, continued ongoing discussions, and discussed new issues. A subgroup, the table group, met the preceding Thursday and Friday and discussed 100 issues mainly focused on the tables that are used in automated systems. Many of the tables are related to issues previously discussed in the MRG proper but other issues have been identified during work done in preparation for ICD-11. The MRG also met with the m-TAG during the WHO-FIC Network meeting sessions this year. In these sessions, topics focused on the work of the joint task force of the JLMMS.

Highlights of the discussion were:

- ICD revision:
  - Joint session with mTAG to discuss ICD-11 developments
  - Discussion about joint task force of the JLMMS
- Ongoing issues:
  - Core international plausibility checks; multiple cause instructions; review if need to expand the trivial list
  - International coordination (maintenance of automated software decision tables)
- Next meeting: mid-March 2016 Washington, DC

The detail of the work of MRG is in Appendix 008.
Mortality TAG Work

The Mortality Topic Advisory Group Co-Chairs are James Eynstone-Hinkins (Australia) and Robert Anderson (North America), though Sam Notzon was the Chair until mid-2015. The secretariat function is provided by the Co-Chairs.

The combined mTAG MRG session began with an update on changes in the mTAG co-chairs. Sam Notzon has stepped down as co-chair and Robert Anderson has kindly agreed to step into this positions. James Eynstone-Hinkins will continue as the other co-chair.

The meeting commenced with an information session for MRG members on the formation of the Joint Linearization for Mortality and Morbidity Statistics Task Force (JLMMS TF) following the meeting of combined horizontal TAGs in Geneva in March. This session focused on the work that the TF has undertaken to date, the way the mTAG has interacted with the TF and the enabling environment created by the TF/mTAG relationship.

The mTAG noted to the MRG that the broader experience and availability of resources from across the MRG would be critical as work on the JLMMS progresses in coming months. Time frames for delivery are short and it is important that the mTAG is responsive, but also able to represent broad opinions from the mortality community. Good communication and collaboration were seen as critical to a stronger working relationship between the mTAG and the MRG.

The meeting then focused on some of the known tasks that will need to be undertaken on the JLMMS such as a shoreline review and how work might be defined/packaged. Good definition of review work and a clear understanding of the work required to complete that work were seen as important enablers for members to take on these tasks.

The remainder of the session consisted of Q & A between the MRG and mTAG. Questions mostly focused on timelines, governance issues, known issues with ICD-11 and the JLMMS and how review work would be progressed. Questions were also asked about the need for/feasibility of the Joint Linearization and how the mortality and morbidity use cases could be accommodated within a common pre-coordinated code structure. In response to questions about the willingness of MRG members to assist the mTAG over coming months there were some encouraging comments and offers of assistance relating to particular tasks. Ideas were also tabled regarding mechanisms for improving communication and coordination between mTAG and MRG members.
Informatics and Terminologies Committee

The Informatics and Terminologies Committee Co-Chairs are Vincenzo Della Mea (Italy) and Karen Carvell (North America). The secretariat function is provided by Jun Nakaya (Japan).

Four sessions of the ITC were held Oct 19 and 20th. The first session on Oct 19th included a review of the minutes from the Beijing meeting and 2014-15 strategic work plan as well as an overview of the ITC Annual Report (poster 10). The committee was informed that Jun Nakaya from the Japanese Collaboration Centre has assumed the role of ITC secretary. This is viewed as a positive move to transition the work of ITC to the new co-chairs next year when existing co-chairs complete their terms. Two posters were presented at the first session: Karen Carvell presented Canada’s Classification Information Management System (712) and Jun Nakaya presented the Progress around Clinical Omics sub information model (iCOS) for ICD-11.

The second session was a joint session with the FDRG to share and discuss common strategic work plan activities, specifically the development of a mobile app for the ICF and the survey on ICF uses to inform the preparatory work for an ICF ontology. The next steps of the small working group, led by ITC, will be to create ICF category structures to provide a better understanding of the components of ICF and their logical relationships.

The third and fourth sessions on Oct 20 included updates on WHO-IHTSDO Joint Advisory Group activities; and platforms, tools and standards. Jean Marie Rodrigues and Bedirhan Ustun gave an update on ICD-11 and SNOMED CT harmonization activities to date and the potential for delays while the harmonization agreement is revisited. Can Celik (WHO-HQ) presented the Coding Tool he developed to search content in ICD-11 using natural language expressions. More work will continue on post-coordination and multi-lingual support. Nenad Kostanjsek and Vincenzo Della Mea gave an update on the multi-language version of the web-based system developed for ICD-11 field trials (ICD-FiT). The next steps are to complete formal technical testing of the ICD-FiT. Stefanie Weber presented the changes to and features of IRIS version 5 and gave an update on the Classification Markup Language (ClaML). ClaML is a standard for the exchange of classifications and has been approved for revision by ISO. As the standard is used by members of the WHO-FIC network, the German Collaborating Centre will facilitate getting feedback from ITC on the revision proposals which are to be submitted by May 2016.

The ITC differs from other committees and reference groups in that it serves as a platform for information sharing and support to the network. As such, ITC members and observers are less engaged in the work primarily carried out by WHO HQ and Collaborating Centres. ITC does not hold in-person mid-year meetings. Quarterly meetings are held with co-chairs and the WHO liaison. A mid-year ITC teleconference will be held in the spring of 2016.

The detail of the work of ITC is in Appendix 005.
Functioning and Disability Reference Group

The Functioning and Disability Reference Group Co-Chairs are Andrea Martinuzzi (Italy) and Catherine Sykes (WCPT). The secretariat function is provided by Stefanus Snyman (South Africa).

Substantial progress was made on the FDRG work programme during the year from October 2014. Key items reported during the 2015 meetings were:

- ICF updates successfully progressed through the process and finalised by URC (See URC report).
- Additional criteria for reviewing updates were discussed and agreed (Poster C502). These will facilitate the updates process pending the development of ICF ontology.
- A survey of use cases of ICF implementation was carried out as a way of informing ICF ontology. Initial results were reported. The survey remains open and collaborating centres are encouraged to provide further examples (Poster C501).
- Two posters concerning issues affecting the development of ICF ontology were discussed; activity theory related to the Activity and Participation life areas component of ICF (Poster C530); and personal factors in ICF (Poster C523). The FDRG co-chairs agreed that FDRG would take forward the issues in the papers presented and report to the next meeting.
- The ICFEducation.org portal for sharing resources for ICF education was launched during the meeting (Poster C506). FDRG members and collaborators were encouraged to register on the site to submit information about their resources and to inform their networks about the portal and the opportunity to find and share ICF resources.
- Sound and colour has been added to the introductory module of the ICF e-Learning tool (C505). Huib ten Napel and Andrea Martinuzzi agreed to review the module. Melissa Selb will continue to be the editor. Several translations have commenced. The tool will be published by the end of 2015.

Alarcos Cieza, Coordinator of the DAR team, said she would welcome FDRG expertise contributing to the development of e-learning to support the Model Disability Survey and agreed to make available the survey upon request.

- A set of criteria to establish ICF experts and competent ICF educators was agreed (Poster C508). The inclusion of an ICF relevant component on an existing database of ICD educators is dependent on the collaborating centre in Korea.

FDRG co-chairs welcomed the opportunity to discuss tasks of mutual interest in sessions with FDC, ITC and EIC.

A mid-year meeting is planned for 2016. Venue options will be considered in accordance with the criteria of access to participants in terms of cost, geographic location of recent meetings, date and potential for the hosts to benefit from the presence of ICF expertise.

The detail of the work of FDRG is in Appendix 009.
Functioning Topic Advisory Group (f-TAG) work

The Functioning Topic Advisory Group Co-Chairs are Cille Kennedy (North America) and Gerold Stucki (Germany). The Managing Editor function is provided by Melissa Selb (Germany).

Altogether 42 persons from all 6 WHO world regions with a mix of expertise and interest in the ICF, ICD and/or ICHI participated in the three sessions of the fTAG meeting held during the 2015 WHO-FIC meeting in Manchester.

In the 1st session, the activities and key achievements of the fTAG since the 2014 WHO-FIC meeting in Barcelona was presented. Key achievements included 1) a draft of the coding guidelines for functioning properties (FPs) now ready for inclusion in the ICD-11 reference guide, and 2) completion of the review of the ICD-ICF mirror coding of 5 health conditions and corresponding disease entities. The results of the 4th and final review of the mirror coding were presented; it revealed that there was no direct bi-directional mirror coding. Despite discussion about the different conceptualisations of mirror coding, the participants accepted the results. Also discussed was the term “disability” in the description of ICD-11 entities; this resulted in the decision that fTAG searches the ICD-11 beta-browser where “disability” is included in the entity description and make a proposal to WHO and respective TAGs for alternative wording to avoid conceptual confusion with ICF constructs. In addition, the paper that that argues for the joint use of ICD and ICF in the form of FPs will be worked on further in 2015-2016. This paper can be used by WHO in efforts to develop field trials.

In the 2nd session, the ICD-11 proposal mechanism was introduced to encourage commenting on proposals to Chapter 24 Factors on influencing health status and contact with health services. Possible use cases for Chapter 24 were also discussed. A small working group provided feedback on Chapter 24 (as a document) with risk factors, public health and ICHI in mind, and a meeting of the group together with WHO and fTAG Managing Editor was held on 22 October. The document was again revised and sent to WHO for entering into the system (not using proposal mechanism) after the annual meeting. Key fTAG priorities regarding Chapter 24 for 2015-2016 include 1) gathering information about by whom and how Chapter 24 is being used in countries to inform on use cases, and 2) continuing to address concrete proposals using the ICD-11 proposal mechanism.

In the 3rd and last session, the essential aspects of the coding guidelines for FPs were presented. After a feedback round, it was decided that the fTAG reviews the coding guidelines whereby inviting experienced ICD coders to review the document for feasibility and utility. Possible modifications should reflect the feedback from these coders, ensure more precise wording and focus on using FPs to inform decision-making along the continuum of care and to flag the necessity for further clinical clarification, intervention, etc. WHO’s field trials strategy was also introduced to initiate discussion on possible field testing on FPs.
Family Development Committee

The Family Development Committee Co-Chairs are Jenny Hargreaves (Australia) and Lyn Hanmer (South Africa). The secretariat function is provided by Brooke MacPherson (Australia).

The Family Development Committee (FDC) held their 2015 annual meeting in Manchester over three sessions on Sunday 18 October (with the Functioning, Disability and Reference Group (FDRG)) and Tuesday 20 October 2015.

SWP-01: International Classification of Health Interventions (ICHI)
An update on the progress on the ICHI development over the past 12 months included presentations from Ann-Helene Almborg (poster C601), Nicola Fortune (poster C602) and Nicholas Hardiker (poster C603). The 2015 version of ICHI alpha2 is now available on the University of Sydney’s website, mainly reflecting updates to functioning interventions.

Future directions for the progress of ICHI were considered in a round table discussion with Bedirhan Üstün, Richard Madden, Mark Musen, Jenny Hargreaves and Lyn Hanmer. There was broad Committee support for a plan B option for continued development of ICHI, based on a draft work programme tabled by Richard Madden, with details to be clarified. The Committee was also in favour of a proposal to return the ICHI development work to the FDC work program until there is clarity on external funding for its development.

SWP-02: Integration of the Family
Discussions focused on issues and suggestions for the revision of the ‘Family paper’, as presented in poster C701. A small working group is taking this work forward, with a new draft to be presented at the next mid-year meeting.

Primary care and ICD-11 was also discussed, with inputs from the ICD-11 Primary Care Linearization Working Group by Martti Virtanen; and the work of the Asia Pacific Network on an ICD-10 Simplified version for primary care by Wansa Paoin.

SWP-03: Applications of the WHO-FIC
The Committee acknowledged that while there is no active work on the item for principles for an international casemix classification system, the work on this topic is not yet finished. Future work may be included in the broader work by the FDC on the joint use of classifications, including guidelines for using the reference classifications together. Presentations were given by Lyn Hanmer (poster C702) and Eduardo Santana de Araujo (poster C730).

SWP-04: WHO-FIC Support for Universal Health Coverage (UHC)
A summary of work to date on this topic was presented (poster C710). The working group for this topic will seek to engage with the WHO programme area working on UHC on how best to progress this work.

SWP-05: Assess the need for additional members of the Family to fill gaps in information
Discussion focused on the need for risk factors / personal factors classifications and their place within the Family, and included consideration of ICF environmental factors and social determinants of health. Presentations were given by Jenny Hargreaves, and Richard Madden (poster C523). It was decided that the FDC would pursue formal communication with the fTAG on the potential for joint future work. The FDC will continue to collaborate with the FDRG on personal factors.

SWP-06: Alignment of members of the Family
A watching brief is maintained for this item by the Committee.

The detail of the work of FDC is in Appendix 006.
Morbidity Topic Advisory Group (MbTAG)

The Morbidity Topic Advisory Group Co-Chairs are Donna Pickett (North America) and Syed Aljunid. The secretariat function is provided by Sue Bowman (AHIMA).

The Morbidity Topic Advisory Group (MbTAG) has continued to be actively engaged in the ICD-11 revision process during 2015. The work to date has included: chapter reviews; ongoing alignment of work and shared agendas with MTAG & other horizontal TAGs; progress on Volume 2 revisions for morbidity coding rules; and working with WHO to foster transparency, clear governance structures, and the development of a comprehensive project work plan and ongoing refinements of timeline.

The MbTAG will undertake further reviews during the latter part of 2015 and into 2016 to ensure ICD-11 relevance from a morbidity perspective with a focus on overall coverage and consistency. This work will continue chapter-specific content review to ensure uptake of previous MbTAG recommendations; chapter-specific content review for new/updated sections; shorelining and Alphabetic Index review with a specific focus on morbidity use cases. Activities will also include active participation in the JLMMS Task Force to ensure that the JLMMS is a statistical classification that incorporates morbidity perspectives. The MbTAG will continue to work closely with the WHO team and the JLMMS in the further development of morbidity coding rules to ensure applicability to multiple morbidity use cases.

The detail of the work of MbTAG is in Appendix 010.

6. Plenary Key Theme: “Interoperability: Meaningful Exchange of Health Information”

The special theme of the Annual Meeting was "Interoperability: Meaningful Exchange of Health Information". The presentations included:

- **Alan Rector** – “The Promise and Limits of Interoperability”
- **Mark Musen** – “Interoperability on Many Planes: ICD-11 Makes a Lot of Things Easy!”
- **Christopher G. Chute** – “Interoperability and Classification: Health Data in the 21st Century”
- **Jun Nakaya** – “Interoperability: Meaningful Exchange of Information from Clinical Omics Point of View”
- **Vincenzo Della Mea** – “The Patient Summary: A Use Case for Interoperability”

In particular the local presentations from the United Kingdom included "Interoperability in Action" in a plenary session chaired by Lynn Bracewell, Head of Terminology and Classifications Development, WHO-FIC CC (Leeds, United Kingdom). The presentations included:

- **Keith Naylor** – “What is interoperability and how do we enable it?”
- **Iain Buchan** – “Using the structure in data to generate practice-based evidence for disaggregating patient subgroups”
- **Andy Kinnear** – “Interoperability in action – a real life UK shared health and care record project”
- **Myer Glickman** – “Interoperability and collaboration (spotlight on the ONS cross-European mortality project)”
All the meeting presentations are available on the meeting web site.

7. ICD Revision Session and Joint Linearization on Mortality and Morbidity (JLMMS) Task Force

The JLMMS Task Force was established in 2015 to steward the development of the Joint Linearization for Mortality and Morbidity Statistics. The task Force co-chairs are Professor James Harrison (Australia) and Dr Stefanie Weber (Germany). The secretariat function is provided by WHO.

The Task Force during 2015 has had two face-to-face meetings (March and September), as well as regular virtual meetings.

At the Manchester meeting, the Task Force met to discuss the restructure in WHO, the JLMMS project plan and scope, and to prepare for open sessions planned for the Manchester meeting.

The open session (Sunday 18 October) was well attended. The Co-Chairs outlined the process of the task Force to date, and the body of work completed, as well as that remaining. Audience questions related to content, process and timelines for the JLMMS.

The detail of the work of JLMMS Task Force (JTF) is in Appendix 003.

6. Plenary Session on “From MDGs to SDGs”

A final plenary session was presented on the transition from MDGs to SDGs, including considerations for improving data and using e-Health options.

In this session:
- Dr Ties Boerma, WHO, presented on the current transition between the era of the MDGs and SDGs, and the challenge for health data;
- Anneke Schmider, WHO presented on the development of a technical strategy for Africa to improve mortality statistics;
- Mark Landry, WHO, presented on eHealth opportunities.

A panel of discussants then overviewed their experiences in improving key health data, especially as related to the ICD.
- Dr Sam Notzon, CDC, overviewed their work in relation to ICD and vital statistics implementation;
- Dr Sue Walker, Queensland University of Technology, discussed regional work and developments in Asia Pacific; and
- Dr Mohamed Ali, WHO Eastern Mediterranean region, outlined regional needs based on assessments of vital statistics and other data needs in the region.

Presentations are available online. In addition, the new report ‘Health in 2015: from MDGs to SDGs’ can be found at [http://www.who.int/mediacentre/news/releases/2015/mdg-sdg-report/en/](http://www.who.int/mediacentre/news/releases/2015/mdg-sdg-report/en/).
7. Closure of the Meeting

The WHO-FIC Network Annual Meeting 2015 proved effective and useful in bringing together the different aspects of the WHO-Family of Classifications and its Network. WHO and the WHO-FIC Advisory Council thanked the Health and Social Care Information Centre (HSCIC) for the excellent organization of the meeting.

Meeting evaluation

The Advisory Council discussed what went well with the meeting, and what improvements could be considered for the future. Overall, the meeting was considered to have been organized and run well. The work done to display speakers’ words’ on screens for plenary sessions was appreciated, and the Council congratulated the staff involved.

Suggestions for improvement included considering enhancement of Wi-Fi access and physical access, and considering costs of participation (including hotel options). Earlier availability of the detail of agendas was also requested.

Mid-year meetings of the Advisory Council, Committees and Reference Groups

The Advisory Council will meet in February, April or May, and September via a Net Meeting (WebEx). The Small Executive Group members are welcome to join the meeting in April/May in person in Geneva at their own cost.

All Committees and Reference Groups were asked to submit their plans for mid-year meetings with the following results:

- FDC will have a midyear meeting, with the date and location confirmed in due course.
- URC will not have a midyear meeting during the 2015/2016 work cycle.
- EIC will have a midyear meeting, with the date and location confirmed in due course.
- ITC will have a midyear meeting via teleconference, with the date confirmed in due course.
- MRG will have a midyear meeting on 15-16 March 2016 in Washington D.C., USA, with the MRG Table Group meeting an additional two days from 17-18 March 2016.
- FDRG will have a midyear meeting, and identified several possible dates and locations with plans to confirm the selection option in due course.
- fTAG will continue to meet quarterly via teleconference.

Future WHO-FIC Network Annual Meetings

In 2016, the WHO–FIC Network will meet from 8 to 12 October in Tokyo, Japan, followed by an ICD-11 Revision Conference on 13-14 October, also in Tokyo, Japan. The meetings will be hosted by the WHO Collaborating Centre in collaboration with WHO.

The WHO–FIC Network Annual Meeting in 2017 is scheduled to take place in Mexico while discussion is ongoing about the potential to be hosted in the Republic of Korea for the WHO–FIC Network Annual Meeting in 2018.
# 2015 Report Appendices

## A001 - WHO-FIC Network Annual Meeting – Agenda

**WHO-FIC Network Annual Meeting 2015**  
**17-23 October 2015; Manchester, United Kingdom**

<table>
<thead>
<tr>
<th>SATURDAY</th>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<td>17 October</td>
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<td><strong>Registration</strong></td>
<td><strong>Registration</strong></td>
<td><strong>Plenary Session – Future</strong></td>
<td><strong>Plenary IV</strong></td>
<td><strong>Plenary Session: Interoperability in action</strong></td>
<td><strong>WHO-FIC Council (G)</strong></td>
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<tr>
<td><strong>Registration</strong></td>
<td><strong>Registration</strong></td>
<td><strong>WHO-FIC Council (G)</strong></td>
<td><strong>WHO-FIC Council (G)</strong></td>
<td><strong>APN Network (G)</strong></td>
<td><strong>WHO-FIC Council (G)</strong></td>
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<td><strong>Lunch</strong></td>
<td><strong>Lunch</strong></td>
<td><strong>Lunch</strong></td>
<td><strong>Lunch</strong></td>
<td><strong>Social Event</strong></td>
<td><strong>WHO-FIC Council (G)</strong></td>
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<td><strong>WHO-FIC Council (G)</strong></td>
<td><strong>WHO-FIC Council (G)</strong></td>
<td><strong>WHO-FIC Council (G)</strong></td>
<td><strong>WHO Meeting of HQ &amp; Regional Members (ROMS)</strong></td>
<td><strong>WHO Meeting of HQ &amp; Regional Members (ROMS)</strong></td>
<td><strong>Gala Dinner</strong></td>
<td><strong>Gala Dinner</strong></td>
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**A002 - Abbreviations of Meetings Listed Above**

- **MRC:** Mental Reference Group
- **PCR:** Planning and Coordination Committee
- **ITU:** Information and Terminology Committee
- **UPC:** Update and Provision Committee
- **PUGC:** Professional Union Group

- **TAG:** Translational and Genetic Reference Group
- **MRC:** Mental Reference Group
- **PCR:** Planning and Coordination Committee
- **ITU:** Information and Terminology Committee
- **UPC:** Update and Provision Committee
- **PUGC:** Professional Union Group

**MRC:** Mental Reference Group 
**PCR:** Planning and Coordination Committee 
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<table>
<thead>
<tr>
<th>Room G - MRG</th>
<th>Room B - EIC</th>
<th>Room O - fTAG</th>
</tr>
</thead>
</table>
| **Session I** | 1. **Welcome & Introductions**
Huib Ten Napel & Yukiko Yokobori | 1. **Introductions / Appointment of rapporteurs**
Cille Kennedy and Gerold Stucki, fTAG Co-Chairs |
| | 2. **Review of Agenda** | 2. **Barcelona Meeting Minutes**
Melissa Selb, fTAG Managing Editor |
| | 3. **Approval of Minutes** (Midyear Meeting – 6 June in Helsinki) | 3. **Review of activities since Barcelona Meeting**
Melissa Selb |
| | 4. **Update on EIC SWP**
Huib Ten Napel & Yukiko Yokobori | 4. **Update and finalization of Mirror Coding task**
Cille Kennedy and Haejung Lee (fTAG member) |
| | 5. **EIC SWP 01: Implementation DB**
a. **Update on WHO-FIC Implementation DB**
Huib Ten Napel & EIC Members | 5. **Brief overview of current draft of paper “Case for ICD-ICF joint use”**
Cille Kennedy, John Melvin and Hande Sart (fTAG members) |
| | 6. **EIC SWP 02: ICD-11**
a. **Reference Manual Developments**
b. **Field Trial Activities**
**WHO Staff** | |
| 9:30 - 11:00 | | |
| **Session II** | 7. **EIC SWP 02: ICD-11 (continued)**
a. **ICD-11 Training Material**
**WHO Staff** | |
| | 8. **EIC SWP 03: General Education**
a. **DB of ICD & ICF education experts WHO Staff**
b. **Collaboration with other organizations**
Sue Walker | |
| | 9. **EIC SWP 04: Routine Activities**
a. **Update on ICD-10 training tool**
b. **International Exam for mb coders**
c. **IFHIMA**
d. **Update on briefing kit**
e. **Update on Information Sheets**
f. **EIC Website** | |
| 11:30 - 13:00 | 6. **Introduction of the ICD-11 Proposal Mechanism**
Molly Meri Robinson Nicol, WHO | |
| | 7. **Brief overview of chapter on Factors influencing health status and contact with health services**
Melissa Selb | |
| | 8. **Discussion & Feedback Round on chapter on Factors influencing health status and contact with health services**
Solveig Bang and Catherine Sykes (fTAG members) | |
| | 9. **Summary of feedback**
Gerold Stucki | |
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Room:</th>
<th>Room B: mbTAG</th>
<th>Room O: fTAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 – 15:30</td>
<td>III session</td>
<td>G-MRG</td>
<td>1. Welcome (opening of meeting)</td>
<td>10. Brief overview of ICD-11 field trials with link to functioning properties</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
<td></td>
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<td>2. Approval of the agenda</td>
<td>Nenad Kostanjsek, WHO</td>
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<tr>
<td>14:00 – 15:30</td>
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<td></td>
<td>3. Confirmation of membership and attendance</td>
<td>11. Detailed update on the coding guidelines on using functioning properties</td>
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<tr>
<td>14:00 – 15:30</td>
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<td>4. Report and Update on work</td>
<td>Melissa Selb and Birgit Prodinger (Advisor to fTAG)</td>
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<tr>
<td>14:00 – 15:30</td>
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<td></td>
<td>5. Roles of MbTAG and JLMMS Task Force</td>
<td>12. Discussion &amp; Feedback Round on coding guidelines</td>
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<tr>
<td>14:00 – 15:30</td>
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<td>6. Review of March &amp; Sept. 2015 meetings on JLMMS Task Force linearization issues</td>
<td>Melissa Selb and Birgit Prodinger</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
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<td>7. Summary of chapters review completed to date (high level overview) – G</td>
<td>13. Summary of feedback Jane Millar</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
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<td></td>
<td>8. Discussion of chapter reviews</td>
<td>14. Summary of next steps and Closing Remarks Cille Kennedy and Gerold Stucki</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
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<td>9. Outcome: MbTAG members have an understanding of additional tasks required to ‘review’ the combined linearization from either a mortality or morbidity perspective.</td>
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<tr>
<td>15:30 – 16:00</td>
<td>IV session</td>
<td>G-MRG</td>
<td>10. Morbidity Coding rules Outcome: MbTAG members have an understanding of work to be done to finalize chapter reviews and address issues raised</td>
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<td>15:30 – 16:00</td>
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<td>2. Opening / Appointment of rapporteurs Co-chairs</td>
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<tr>
<td>15:30 – 16:00</td>
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<td>3. Confirmation of agenda and minutes of mid-year meeting Co-chairs</td>
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<tr>
<td>15:30 – 16:00</td>
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<td>4. Matters arising from the minutes Co-chairs</td>
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<tr>
<td>15:30 – 16:00</td>
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<td>5. Overview of strategic work plan Co-chairs</td>
<td>4.</td>
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<tr>
<td>15:30 – 16:00</td>
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<td>6. Introductions and environmental scan All participants</td>
<td>5.</td>
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</table>

**III session**

23) MRG2015_003 Doubt on colitis indexing (p. 74)
24) MRG2015_004 Use of I15 (p. 76)
25) MRG2015_008 Conditions considered to increase risk of malignancy test (p. 77)
26) MRG2015_010 Infectious hepatitis NOS (p. 79)
27) MRG2015_011 Carcinomatosis (p. 83)
28) MRG2015_014 P95 (p. 86)
29) MRG2015_015 U-codes (p. 92)
30) MRG2015_016 Add linkage from I709 to I420 (p. 93)
31) TG2014_044 Nordic N2 Hyperbilirubinemia (p. 94)
32) MRG2015_022 How to handle perinatal certificate (p. 95)
33) MRG2015_023 Suggestions about heart failure (p. 95)

**IV session**

34) MRG2015_024 O80-O84 in vol 2 (p. 96)
35) TG2014_070 KB30 due to K7290 (p. 96)
36) TG2014_089; MRG2015_025 Rule C F10 (p. 96)
37) TG2014_089; MRG2015_026 R63 anorexia is not ill defined (p. 97)
38) TG2014_089; MRG2015_027 Add most advanced for of drug dependence to secondary conditions (p. 97)
39) TG2014_089; MRG2015_028 K746+ B16-B19 (p. 98)
40) TG2014_089; MRG2015_029 DS I33 5to I34-I37 (p. 98)
41) TG2015_017 DS question from table group (p. 98)
42) URC 0318; PS15 Q17 Congenital anomalies due to chromosome abnormality (p. 99)

**D. New Issues:**
1. MRG2015_031 R65 (p. 100)
2. MRG2015_032; 2165 Hypertension and aortic aneurysm (p. 101)
<table>
<thead>
<tr>
<th>Time</th>
<th>Room G – JLMMS Task Force</th>
<th>Room B - ITC</th>
<th>Room O – FDRG</th>
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<tbody>
<tr>
<td>9:30</td>
<td>1. Introduction of the work of the Task Force</td>
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<td>2. Short Introduction to Distributed Papers</td>
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<td></td>
<td>a. Follow-up on work items by individuals or small groups</td>
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<td>b. Short updates and presentation for decisions, if necessary</td>
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<tr>
<td>11:00</td>
<td>3. Question &amp; Answer Session</td>
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<td>4. Discussion of Stakeholder Generated Topics</td>
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<td></td>
<td>1. Welcome and Introductions Co-chairs</td>
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<td></td>
<td>2. Confirmation of agenda and minutes of 2014 annual meeting and mid-year teleconference Co-chairs</td>
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<td></td>
<td>3. ITC Annual Report Co-chairs</td>
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<td>4. Overview of strategic work plan Co-chair</td>
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<td></td>
<td>5. Testing of tools for ICD-11 field trials Nenad Kostanjsek &amp; Vincenzo Della Mea</td>
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<tr>
<td>11:00 - 11:30</td>
<td><strong>BREAK</strong></td>
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<td>11:30</td>
<td>6. Continuation of the Task List</td>
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<td></td>
<td>a. Continuation of work items from “to do” list</td>
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<td>7. Field Testing</td>
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<td>8. Next Steps</td>
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<tr>
<td></td>
<td>a. Project Plan and Strategy</td>
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<td>b. RSG-SEG and the Evolving Role for Vertical TAGs</td>
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<tr>
<td>13:00</td>
<td>6. Update on mICF Stefanus Snyman &amp; Olaf Kraus de Camargo</td>
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<td>7. Informing an ICF ontology Andrea Martinuzzi &amp; Vincenzo della Mea</td>
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<td>See FDRG &amp; ITC Joint Session Agenda in Room B.</td>
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### Sunday, 18 October 2015 - AFTERNOON

<table>
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<tr>
<th>Time</th>
<th>Room G - URC ICD</th>
<th>Room B - EIC (with FDRG)</th>
<th>Room B - FDRG (with EIC)</th>
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</thead>
</table>
| 14:00 | 1. Welcome (opening of meeting) | 10. Update on ICF practical manual  
Molly Meri Robinson Nicol | See FDRG & EIC Joint Session  
Agenda in Room B. |
|       | 2. Approval of the agenda | 11. Update on ICF e-Learning introductory module  
Nenad Kostanjsek | |
|       | 3. Confirmation of membership and attendance | 12. ICF e-Learning specialized module(s)  
Nenad Kostanjsek | |
|       | 4. Report and Update on work plan | 13. ICF implementation database  
EIC co-chairs | |
|       | 5. Ratification/discussion of URC ICD-10 Worksheets: | 14. ICF register of educators  
EIC co-chairs | |
|       | 5.1. Ratification of accepted ICD-10 proposals  
U. Vogel and J. Jelsma | 15. ICF Education portal  
Catherine Sykes & Stefanus Snyman | |
| 16:00 | 5.2. ICD-10 Proposals for discussion continued  
U. Vogel | 1. Welcome and introductions  
a. Confirmation of agenda  
b. Minutes of the FDC mid-year 2015 TCs  
c. Review of the SWP and TORs | 8. Overview of key meeting outcomes  
Co-chairs |
|       | Room G - URC ICD | Room B - FDC (with FDRG) | 9. Update of strategic work plan  
Co-chairs |
|       | 16:00 | Room O – FDRG (with FDC in Room B) | 10. Mid-year meeting  
Co-chairs |
|       | - 17:30 | 2. 16:30 – Assess information gaps – Joint FDRG  
a. Preliminary discourse on the need for a risk factors / personal factors classification. | 11. ICHI  
Andrea Martinuzzi |
|       | | 3. Assist WHO with ICHI development – Joint FDRG  
a. Update on Progress with functioning interventions  
b. Other updates on ICHI development | 12. Risk factors/ICF E. Factors & Personal factors/Social determinants of health discussion  
Jenny Hargreaves |
Monday, 19 October 2015 - MORNING

8:30 – 9:30  Orientation Course
9:30 – 11:00 WHO-FIC Council

Welcome
T. Bedirhan Ustun (Coordinator, Classifications, Terminologies & Standards, WHO)
Alarcos Cieza (Coordinator, Blindness and Deafness Prevention, Disability & Rehabilitation, WHO)

1. Council Co-Chairs and WHO Secretariat – Network Reports and Strategic Work Plan
   Lars Berg and Jenny Hargreaves, WHO-FIC Network Advisory Council Co-Chairs
   T. Bedirhan Ustun & Classifications, Terminologies and Standards Team, World Health Organization

2. Committees and Reference Group Reports
   a. Jenny Hargreaves and Lyn Hanmer Family Development Committee (FDC)
   b. Huib ten Napel and Yukiko Yokobori Education and Implementation Committee (EIC)
   c. Ulrich Vogel and Jennifer Jelsma Update and Revision Committee (URC)
   d. Karen Carvell and Vincenzo della Mea Informatics and Terminology Committee (ITC)
   e. Lars Age Johansson and Francesco Grippo Mortality Reference Group (MRG)
   f. Andrea Martinuzzi and Catherine Sykes Functioning and Disability Reference Group (FDRG)

3. Strategic Work Plan – Compilation and Cooperation between Committees and Reference Groups

4. Presentation from the DAR Network
   Alarcos Cieza Coordinator, Classifications, Blindness and Deafness Prevention, Disability and Rehabilitation, World Health Organization

11:00 – 11:30 – BREAK

Room G – WHO-FIC Council | Room B – DAR Network Meeting
---|---
11:30 – 13:00
5. Conduct of Network Paper Updates
   a. Communications Section
   b. Membership of Committees and Reference Groups
   c. Paper on Interaction between the Network and the ICHI Project
6. ICD Revision
7. ICHI

Welcome, general introductions and objectives of the meeting
Chair: Alarcos Cieza
WHO Disability Action Plan (DAP) 2014 – 2021:
Better health for all people with disability
Chair: Hala Sakr
WHO activities at the global level:
- Health – related rehabilitation guidelines
  Chair: Armando Vasquez

13:00 – 14:00 – LUNCH
<table>
<thead>
<tr>
<th>Room G – URC ICD</th>
<th>Room B – DAR Network Meeting</th>
<th>Room O – ITC</th>
</tr>
</thead>
</table>
| **14:00 – 15:30** | 5.3. ICD-10 Proposals for Discussion continued  
*U. Vogel* | 8. Coding tool /ICD-11 index  
Can Celik |
| | WHO activities at the global level:  
- Monitoring and Evaluation of CBR  
- Model Disability Survey  
  *Chair: Pauline Kleinitz* | 9. Update on ICD-11 browser and tutorials  
Can Celik & Stella Panagiotou |
| | 10. IRIS version 5  
TBC | 11. CLaML revision proposals  
TBC |
| **15:30 – 16:00 – BREAK** | 12. WHO/IHTSDO Joint Advisory Group Harmonization Activities  
TBC  
a. ICD-11 & SNOMED CT common ontology  
TBC  
b. ICF & SNOMED CT  
TBC | 13. 2015-16 Strategic Work Plan  
Co-chairs  
| 14. Wrap up  
Co-chairs |
| **16:00 – 17:30** | 5.4. ICD-10 Proposals for Discussion continued  
6. Any other ICD-10 business  
*U. Vogel* | 12. WHO/IHTSDO Joint Advisory Group Harmonization Activities  
TBC  
a. ICD-11 & SNOMED CT common ontology  
TBC  
b. ICF & SNOMED CT  
TBC | 13. 2015-16 Strategic Work Plan  
Co-chairs  
| 14. Wrap up  
Co-chairs |
<table>
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<tr>
<th>Time</th>
<th>Session</th>
<th>Number</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>17:35 -</td>
<td></td>
<td>20</td>
<td>Central Bureau of Health Intelligence, WHO CC, India</td>
<td>Madhu Raikwar, R K Sharma, and Jagdish Prasad</td>
</tr>
<tr>
<td>17:40 -</td>
<td></td>
<td>21</td>
<td>Kuwait WHO-FIC Collaborating Centre – Annual Report 2015</td>
<td>Mijbel Alnajjar, Hamed Habeeb, and Sharif Alsaqer</td>
</tr>
<tr>
<td>17:45 -</td>
<td></td>
<td>21</td>
<td>Activities of Russian WHO-FIC Collaborating Centre</td>
<td>Sergey Cherkasov, Alexander Shoshmin, David Vaisman, Dmitry Meshkov, Yanina Besstrashnova, Evgeniya Berseneva, and Ludmila Bezmelnitsyna</td>
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<tr>
<td>17:50 -</td>
<td></td>
<td>22</td>
<td>WHO-CC Calgary Collaborating Centre</td>
<td>Hude Quan, William Ghali, and Danielle Southern</td>
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<tr>
<td>17:55 -</td>
<td></td>
<td>22</td>
<td>Activities of the Stanford University WHO Collaborating Center</td>
<td>Mark A. Musen, Csongor I. Nyulas, Tania Tudorache, and Samson W. Tu</td>
</tr>
<tr>
<td>18:00 -</td>
<td></td>
<td>22</td>
<td>Activities of the WHO-FIC Asia-Pacific Network</td>
<td>Wansa Paoin, Maliwan Yuenyongsuwan, Sukil Kim, Joon Hong, Yukiko Yokobori, Hiroyoshi Endo, and Toshio Oi</td>
</tr>
<tr>
<td>18:05 -</td>
<td></td>
<td>22</td>
<td>Reporting Activities Developed by the Latin-American &amp; Caribbean Network for Strengthening Health Information Systems (RELACSIS)</td>
<td>Patricia Ruiz, Alejandro Giusti</td>
</tr>
<tr>
<td>18:10 -</td>
<td></td>
<td>31</td>
<td>Feasibility study of Traditional Medicine ICD-11 Codes</td>
<td>John Hughes, Stéphane Espinosa, Nenad Kostanjsek, Peter Fisher</td>
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<td>18:20</td>
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<tr>
<td>Time</td>
<td>Room G – URC ICD</td>
<td>Room B – DAR Network</td>
<td>Room O - FDC</td>
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| 9:30 - 11:00 | 7. Update on status of ICD-11 revision  
Implementation of the Disability Action Plan in the years to come  
Chair: Alarcos Cieza | 4) FDC-SWP 02 - Revision of the ‘Family paper’  
a) Continued discussion on issues for the revision of the Family paper, particularly in the context of ICD-11.  
5) FDC-SWP 02 - Primary care  
Discussion about PC use case within the Family. An update will be sought from the WG currently looking at the ICD-11 PC linearizations and how they relate to ICPC. |
| 11:00 - 11:30 | B. Working session on synchronization & transition from Revision to URC  
U. Vogel and T.B. Üstün | The GATE Initiative  
Guidance for Prosthetics and Orthotics  
Chair: Alarcos Cieza | 6) FDC-SWP 03 - Joint uses of the classifications  
a) Development of best practice guidelines for use of the WHO-FIC classifications together.  
7) FDC-SWP 02 - Principles for an international casemix classification system  
a) Continue consideration of principles & purpose of an international casemix classification system, following discussion of the principles in Barcelona, & work done prior to Manchester.  
8) FDC-SWP 04 - WHO-FIC support for UHC  
a) Discussion on the *FDC poster* on this topic, update on coding of the UHC indicators using ICD-11 (frozen version) & ICHI alpha2 updated. Discussion may focus on lessons learnt about any gaps in the coding, and needs for improvements in the indicator specifications to suit coding purposes.  
9) FDC-SWP 01 Assist WHO in the development of ICHI  
a) Round table discussion on the plans to progress ICHI  
10) Other Business  
a) SWP going forward from October 2015 onwards  
11) FDC mid-year meeting 2016 |
<table>
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<tr>
<th>Time</th>
<th>Room G – URC ICF</th>
<th>Room B – DAR Network Meeting</th>
<th>Room O - EIC</th>
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<tbody>
<tr>
<td>14:00 – 15:30</td>
<td>9. Attendance and ratification of ICF voting members</td>
<td>Implementation of the Disability Action Plan in the years to come</td>
<td>16. Presentation</td>
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<tr>
<td></td>
<td>10. Minutes of the Barcelona, 2014 meeting</td>
<td></td>
<td>a. ICD-11 Pilot Field Trial in Korea</td>
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<td></td>
<td>10.1. Matters arising out of the Minutes</td>
<td>Working Groups:</td>
<td>b. Results from the first official Swedish Coder Exam</td>
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<td>11. Report and Update on work plan</td>
<td>- Rehabilitation</td>
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<td>12. Ratification/discussion of URC ICF Worksheets:</td>
<td>- Community Based Rehabilitation</td>
<td>17. Poster Presentations (TBD)</td>
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<td>12.1. Ratification of accepted/rejected ICF proposals</td>
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<td>12.2. ICF Update Proposals for discussion</td>
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<td>18. Further Updates to SWP</td>
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<td>J. Jelsma</td>
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<tr>
<td>15:30 – 16:00</td>
<td>16. Presentation</td>
<td>Implementation of the Disability Action Plan in the years to come</td>
<td>19. Plans for 2016 midyear meeting</td>
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<td>a. ICD-11 Pilot Field Trial in Korea</td>
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<td>b. Results from the first official Swedish Coder Exam</td>
<td>- Rehabilitation</td>
<td>20. Other Business</td>
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<td>- Community Based Rehabilitation</td>
<td>a. EIC task list</td>
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<td>- Research</td>
<td>b. Training tool support group</td>
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<td>16:00 – 17:30</td>
<td>17. Poster Presentations (TBD)</td>
<td>11. Action Items and assignments</td>
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<td>16. Presentation</td>
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<td>11. Action Items and assignments</td>
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Closing remarks
### Wednesday, 21 October 2015 - MORNING

<table>
<thead>
<tr>
<th>Room G - MRG</th>
<th>Room B – DAR Network Meeting</th>
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<tbody>
<tr>
<td>9:30 – 11:00</td>
<td>3. MRG2015_033 Physician assisted suicide (p. 103)</td>
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<td>4. MRG2015_034 Vol 2, Table summary at 4.2.5 (p. 104)</td>
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<td>5. MRG2015_035 Cervical schwannomatosis (p. 108)</td>
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<td>6. MRG2015_036 Nonruptured cerebral aneurysm sequelae (p. 110)</td>
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<td></td>
<td>7. MRG2015_037 Indexing codes for types of leukemia and lymphoma with less specificity (p. 112)</td>
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<td>8. MRG2015_039 New short list for mortality (p. 115)</td>
</tr>
<tr>
<td></td>
<td>9. MRG2015_040 R65.2 and R65.3 note needed? (p. 117)</td>
</tr>
<tr>
<td></td>
<td>10. MRG2015_041 Ampullary carcinoma (p. 119)</td>
</tr>
<tr>
<td></td>
<td>E. Open mike issues</td>
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</tbody>
</table>

**Implementation of the Disability Action Plan in the years to come**

**Feedback from the working groups**

**Chairs: Alarcos Cieza**

### 11:00 – 11:30 BREAK

<table>
<thead>
<tr>
<th>Room G – MRG &amp; mTAG</th>
<th>Room B – DAR Network Meeting</th>
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<tbody>
<tr>
<td>11:30 – 13:00</td>
<td>1. Update on committee membership/co-chairs</td>
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<tr>
<td></td>
<td>2. Formation of the JLMMS Task Force - role, governance and relationship with MRG</td>
</tr>
<tr>
<td></td>
<td>3. Feedback and discussion on agenda items from the September Task Force meeting</td>
</tr>
<tr>
<td></td>
<td>4. MRG feedback on JLMMS</td>
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<tr>
<td></td>
<td>5. MRG and mTAG roles in future testing work for ICD-11</td>
</tr>
</tbody>
</table>

**Round Table on Recapitulation of Synergies and Roadmap for the Network and Future Collaborations**

**Chairs: Alarcos Cieza and Bedirhan Ustun**

**Closing remarks**

### 13:00 – 14:00 LUNCH

**14:00 *****SOCIAL PROGRAM: Capesthorne Hall - Manchester*****

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28
**Thursday, 22 October 2015**

**9:30 – 11:00 Official Opening**

**Session Co-Chairs**

a. Jenny Hargreaves and Lars Berg  
   WHO-FIC Network Co-Chair  

1. Health and Social Care Information Centre  
   a. Andy Williams  
      CEO – Classifications, Clinical Classifications Service, WHO-FIC CC  
      (Manchester, United Kingdom)  

   b. Lynn Bracewell  
      Head of Data Standards – Classifications, Clinical Classifications Service,  
      WHO-FIC CC (Manchester, United Kingdom)  

2. State of the WHO-FIC  
   a. Dr T. Bedirhan Ustun  
      Coordinator, Classifications, Terminologies and Standards, WHO

**11:00 – 11:30 – BREAK**

**11:30 – 13:00 Council Highlights**

**Session Chair**

Lars Berg and Jenny Hargreaves  
WHO-FIC Network Co-Chairs  

1. WHO-FIC Strategic Work Plan (SWP) Reports  
   a. Jenny Hargreaves and Lyn Hanmer  
      Family Development Committee (FDC)  

   b. Huib ten Napel and Yukiko Yokobori  
      Education and Implementation Committee  

   c. Ulrich Vogel and Jennifer Jelsma  
      Update and Revision Committee (URC)  

   d. Karen Carvell and Vincenzo della Mea  
      Informatics and Terminology Committee (ITC)  

   e. Lars Age Johansson and Francesco Grippo  
      Mortality Reference Group (MRG)  

   f. Andrea Martinuzzi and Catherine Sykes  
      Functioning and Disability Reference Group (FDRG)  

   g. Cille Kennedy and Gerold Stucki  
      Functioning Topic Advisory Group (fTAG)  

2. Reports from the Regional Advisers  
   a. Stephan Spat - Regional Office for Europe, WHO  
   b. Vilma Gawryszewski - Regional Office for the American / Pan American Health Organization, WHO  
   c. Peter Mbondji Ebongue - Regional Office for Africa, WHO  
   d. Mohamed Ali - Regional Office for the Eastern Mediterranean, WHO  
   e. Mark Landry - Regional Office for South-East Asia, WHO  
   f. Jun Gao - Regional Office for the Western Pacific, WHO  

3. Questions and Discussion

**13:00 – 14:00 – LUNCH**
Thursday, 22 October 2015 (continued)

14:00 – 15:30 Plenary I: Interoperability: Meaningful Exchange of Information

Session Chair

Dr T. Bedirhan Ustun
Coordinator, Classifications, Terminologies and Standards, World Health Organization

1. The Promise and Limits of Interoperability
   Alan Rector, School of Computer Science, University of Manchester

   Mark Musen, Stanford University, U.S.A.

3. Interoperability and Classification: Health Data in the 21st Century
   Christopher G. Chute, Bloomberg Distinguished Professor of Health Informatics, Johns Hopkins Medicine, U.S.A.

4. Interoperability: Meaningful Exchange of Information from Clinical Omics Point of View
   Jun Nakaya, ITC Committee, Japan

5. The Patient Summary: A Use Case for Interoperability
   Vincenzo della Mea, University of Udine and Co-Chair ITC Committee, Italy

15:30 – 16:00 – BREAK

16:00 – 17:30 Plenary II: ICD Revision

Session Chair

Christopher G. Chute
Chair, ICD-11 Revision Steering Group

6. ICD-11 Governance
   a. Role of the JLMMS
      Christopher G Chute, Chair, ICD-11 Revision Steering Group
      James Harrison, Co-Chair, JLMMS Task Force
      Stefanie Weber, Co-Chair, JLMMS Task Force

7. Update Processes: ICD-11 and URC
   Robert Jakob, Classifications, Terminologies and Standards, WHO

8. JLMMS Task Force
   James Harrison and Stefanie Weber, Co-Chairs, JLMMS Task Force

9. JLMMS for Mortality
   James Eynstone-Hinkins, Co-Chair, Mortality TAG

10. JLMMS for Morbidity
    Donna Pickett, Co-Chair, Morbidity TAG

11. JLMMS for Primary Care
    Kees Van Boven and Marrti Virtanen, Co-Chairs, Primary Care Working Group
**Thursday, 22 October 2015 (continued)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>17:30 – 18:30</td>
<td><strong>Poster Session – Moderators: Heidi Anttila and Alarcos Cieza</strong></td>
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<tr>
<td>17:30-17:35</td>
<td>71 1 Tribute to an ICF Pioneer: Professor David B. Gray</td>
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<td><em>John F. Hough, presentation delivered by Janice Miller</em></td>
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<tr>
<td>17:35-17:40</td>
<td>30 6 The next step toward the joint use of ICD and ICF: Developing coding instructions for Functioning Properties</td>
</tr>
<tr>
<td></td>
<td><em>Birgit Prodinger, Melissa Selb, Robert Jakob, John Melvin, Molly Meri Robinson, Nicol, Gerold Stucki, and Cille Kennedy</em></td>
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<tr>
<td>17:40-17:45</td>
<td>50 1 Use cases for ICF: starting ontological work from a practical approach</td>
</tr>
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<td><em>Andrea Martinuzzi and Vincenzo Della Mea</em></td>
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<td>17:45-17:50</td>
<td>50 5 Interactive learning – the new colours and sounds of the ICF eLearning Tool</td>
</tr>
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<td><em>Melissa Selb and Nenad Kostanjsek</em></td>
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<tr>
<td>17:50-17:55</td>
<td>51 5 The design of the ICF-Lab in Flanders</td>
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<td><em>Desnerck Greetje and Veys Jolien</em></td>
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<tr>
<td>17:55-18:00</td>
<td>52 2 How to enrich WHODAS 2.0 considering ICF coding and EFs. The Web Activities and Participation Performance Inventory (WAPPIn)</td>
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<tr>
<td></td>
<td><em>Lucilla Frattura, C. Zavaroni, Giovanni Bassi, Andrea Simoncello</em></td>
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<tr>
<td>18:00-18:05</td>
<td>52 3 Personal factors: a challenge for WHO-FIC</td>
</tr>
<tr>
<td></td>
<td><em>Matilde Leonardi, Catherine Sykes, Richard Madden, Judith Hollenweger, Huib Ten Napel, Stefanus Snyman, Rosamond Madden, Olaf Kraus de Camargo, Alberto Raggi, Coen H van Gool, Andrea Martinuzzi, and Nicola Fortune</em></td>
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<tr>
<td>18:05-18:10</td>
<td>53 1 Harmonisation of routinely collected health information based on the ICF</td>
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<td><em>Birgit Prodinger, Alan Tennant, Carolina S. Ballert, Gerold Stucki, to be presented by Melissa Selb</em></td>
</tr>
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<td>18:10-18:15</td>
<td>53 6 Mapping COOP/WONCA charts to the ICF</td>
</tr>
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<td><em>Coen van Gool, Huib ten Napel, Yvonne Heerkens</em></td>
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<td>18:15-18:20</td>
<td>55 6 mICF work package 5: Impact and economic evaluation</td>
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<td><em>Joanne Valerius, Olaf Kraus de Camargo, Stefanus Snyman, K Saranto, Heidi Anttila, and Jaana Paltamaa on behalf of the International mICF partnership</em></td>
</tr>
</tbody>
</table>

**19:30 *****SOCIAL PROGRAM: Drinks Reception and Gala Dinner at The Monastery - Manchester*****
| Time   | Session                                                                 | Title                                                                                   | Authors                                                                 | Affiliations                                                                                     |
|--------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 8:30-  | Poster Session – Moderators: Vincenzo della Mea and Nicola Fortune      | Enhanced capture of healthcare-related harms and injuries in the 11th revision of the International Classification of Diseases | Danielle Southern, Hude Quan, William Ghali                                                                                 |
| 9:30   |                                                                          |                                                                                        |                                                                                                                              |
| 8:35-  |                                                                          | From ICD-10 to ICD-10-IT through ICD-11: a pilot study on cardiovascular diseases        | Vincenzo Della Mea, Lucilla Frattura, F. Munari, Andrea Simoncello                                                           |
| 8:45-  |                                                                          | A foundation terminology at the basis of morbidity coding in primary care: methodological issues | Cardillo E., Chiaravalloti M.T., Pasceri E., Guarasci R., Eccher C., Della Mea V., Frattura L.                             |
| 8:50-  |                                                                          | Progress around Clinical Omics sub information model for ICD11 (iCOs)                   | J. Nakaya, T. Imai, K. Hiroi, M. Watari, and H. Tanaka                                                                   |
| 8:55-  |                                                                          | Coding rules for the patient summary: analysis and requirements to develop an automated coding system | Della Mea V., Frattura L., Chiaravalloti M.T., Pasceri E., Cardillo E., Guarasci R., Eccher C.                              |
| 9:00   |                                                                          | A Binary Decision Tree Approach for Conducting the Verbal Autopsy                       | DW Yergens, G Fabreau, EP Minty, R Jakob, B Ustun, presented by Hude Quan                                                |
| 9:05-  |                                                                          | Improving the Communication of Mortality Statistics Classified by ICD-10                | Vasita Patel                                                                                                               |
| 9:10-  |                                                                          | Classifications Information Management System                                          | Karen Carvell, Lori Moskal, Karen Coghlan, Sharon Wang, Anatoliy Valko                                                         |
| 9:15   |                                                                          |                                                                                        |                                                                                                                              |
Friday, 23 October 2015 (continued)

9:30 – 11:00 Plenary III: Interoperability in Action

Session Chair
Lynn Bracewell
Head of Data Standards – Classifications, Clinical Classifications Service, WHO-FIC CC (Manchester, United Kingdom)

1. **What is interoperability and how do we enable it?** (technical challenges, opportunities and approaches)
   **Keith Naylor**, Head of Implementation – Transfer of Care, Health and Social Care Information Centre

2. **Using the structure in data to generate practice-based evidence for disaggregating patient subgroups**
   **Iain Buchan**, Health eResearch Centre, Farr Institute for Health Informatics Research, University of Manchester

3. **Interoperability in action – a real life UK shared health and care record project**
   **Andy Kinnear**, Director of Informatics and Business Intelligence, South West Commissioning Support

4. **Interoperability and collaboration (spotlight on the ONS cross-European mortality project)**
   **Myer Glickman**, Head of Life Events Modernisation, Office for National Statistics

5. Question and Answer Session
   **Lynn Bracewell**, Head of Data Standards – Classifications, Clinical Classifications Service, WHO-FIC CC (Manchester, United Kingdom)

11:00 – 11:30 BREAK

11:30 – 13:00 Plenary IV: From Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs)

Session Chair
**Dr Ties Boerma**
Director, Information, Evidence and Research Department, World Health Organization

1. **From MDGs to SDGs**
   **Dr Ties Boerma**, Director, Information, Evidence and Research Department, World Health Organization

2. **Developing Mortality Statistics Systems**
   **Anneke Schmider**, ICD-11 Revision Project Manager, Classifications Terminologies and Standards

3. **eHealth in Low Resource Settings**
   **Dr Mark Landry**, Regional Adviser, Health Situation and Trend Assessment, Regional Office for South-East Asia, WHO

4. Discussion Panel
   **Dr Ties Boerma**, Moderator, Director, Information, Evidence and Research Department, World Health Organization

   **Sam Notzon**, Director, International Statistics Program, NCHS at Centers for Disease Control and Prevention, U.S.A.

   **Yusuf Hemed**, Tanzania

   **Sue Walker**, Senior Lecturer, Faculty of Health, School - Public Health and Social Work, Australia
13:00 – 14:00 – LUNCH

Friday, 23 October 2015 (continued)

14:00 – 15:30 WHO-FIC Council (Closed Session)

Session Co-Chairs

Jenny Hargreaves and Lars Berg

WHO-FIC Network Co-Chairs

1. Confirm actions of Committees and Reference Groups
   ICD-10 updates
   ICF updates

2. Conduct of the Network
   Discussion on possible updates
   • Communication Section
   • Membership of Committees and Reference Groups

3. Review of the Strategic Work Plan (SWP)
   Review & update on the SWP

4. Meeting evaluation
   Feedback from participants
   What went well
   What could be improved
   Additional comments, suggestions

5. 2016 & 2017 Network meetings

6. Other business
Local Host – United Kingdom

Ms Lynn Bracewell
Head, Terminology and Classification Development, Head, WHO-FIC Collaborating Centre in Leeds
Health and Social Care Information Centre (HSCIC)
Email: lynn.bracewell@hscic.gov.uk

Mr Andy Williams
CEO
Health and Social Care Information Centre (HSCIC)

Ms Naheeda Aslam
Health and Social Care Information Centre (HSCIC)

Ms Maureen Atkinson
Health and Social Care Information Centre (HSCIC)

Ms Lorraine Battle
Health and Social Care Information Centre (HSCIC)

Ms Hazel Brear
Health and Social Care Information Centre (HSCIC)
Email: hazel.brear@hscic.gov.uk

Mr Andrew Brooke
Health and Social Care Information Centre (HSCIC)

Ms Emma Bruce
Health and Social Care Information Centre (HSCIC)

Miss Sarah Caul
Research Officer
Office for National Statistics (UK)
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The Meeting is divided into three parts:

- **Part 1 - Closed Technical Session**: a closed meeting of the JLMMS to work on key and administrative or logistics issues
- **Part 2 – Open Sessions**: open sessions of the JLMMS task force with the greater WHO-FIC Council for information sharing, stakeholder involvement, and feedback
- **Part 3 – Plenary Report**: Reports back to the WHO-FIC Council in meeting plenary

<table>
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<tr>
<th>Date and Session Time</th>
<th>Agenda Overview</th>
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| **Saturday** 17 October 2015 19:00 – 20:30 | Project Plan and Project Scope  
Glion Work Items  
Primary Care Working Group Progress Report  
Task List Update  
Preparation for Open Sessions |
| **Sunday** 18 October 2015 9:30 – 11:00 | Presentation on the work of the JLMMS Task Force  
Introduction to Distributed Papers  
Discussion of Stakeholder-generated Items |
| **Sunday** 18 October 2015 11:30 – 13:00 | Task List Continuation  
Field Testing  
Next Steps:  
WHO: Project Plan and Strategy  
RSG-SEG: Evolving Roles for Vertical TAGs |
Restructure in WHO

Overview of note from Ties on restructure, and focus on data revolution.

- ICD on a good path and Bedirhan will take opportunity of a position in the new structure in IER. Opportunity to announce to network at this meeting.
- Will remain in contact with the ICD process, given longstanding history with the project.
- Opportunities for ICD in the new data analytics environment.
- Bedirhan and Ties available for discussion during the week in Manchester.
- Remain in position to tie loose ends, and Ties will take on coordinator position in the interim.

Project Plan and Scope: 15 mins

a. Risk Factors for tight timelines
b. Revisit the Project Plan and workload to May 2018
c. Discussion on feasibility
d. Recommendations from the group

Project Management

Discussion of tight timelines and project plan, and also governance issues emerging from the network meeting.

- To achieve timelines, make decisions and possibly define work packages needed, and share with the network, within timelines.
- Presentation on field tests likely tomorrow, need some resizing to start with slow steps.
- Need to identify how to resolve issues and move forward, in a business-like way.
- Some aspects of testing can’t proceed until key decisions are made. Critical aspect is moving forward within the new governance process.
- Project plan is broad to enable necessary work to be done, and how we do that collaboratively but within timelines.
- Further work needed in terms of what is review work and what is field testing.
  - Resourcing needs to be considered.
  - Simple testing with the Internal Medicine TAG recently was valuable.
  - Need to consider what is needed for testing and define what the testing will entail.
  - Possibly to exemplify in particular areas, for example, with diabetes. There are many prerequisites to get to this point, including the reference guide and rules. Sequencing is important.
  - Primary Care work is like a testing of the JLMMS structure.
- Need a defined set of tasks and instructions for review, ‘work packages’, for peer review which are, once cleared, able to be provided for testing.
- Need to consider the decision-making process, reflected in the MbTAG and RSG, that decision-making is not yet clear to some in the network.
- Need for better planning around work of the JLMMS TF on the to-do list, and the ‘work packages’.
- Need to be careful in the language, can ask people to support, but may not be able to ask people to do things at the last minute. Joint sessions are important for getting people on board.
**Action:** ‘to do’ list is necessary to maintain for the TF work. Need to be maintained to progress work, and some bigger picture issues which need to be incorporated. Co-Chairs and WHO to develop.

**Risk Factors**

- Previous discussions have touched some of the risk factors, and have made some progress.
- There is a risk of poor communication about the process.
- There is a risk of asking too much, or asking for assistance again. Issue: submissions have been made, and a lot has not been taken up in the process. Information or effort made needs to be accommodated in the process.
- Workload as a whole might be too big, and need to be precise in asking for work packages.
- Limited resources are an issue and a risk, both within the network, and with WHO resources. There is a lot of coordination work, and technical work requiring completion. Finalizing content and structure of JLMMS, and crucial to go to field testing. Lack of resources from remaining network given their own resources. Need to be realistic in formulating expectations of feedback.
- Number of activities underway, and a question of prioritization:
  - Is ICD updating process draining the ICD revisions process?
  - Is peer review process necessary now? It requires a lot of organization. And may impact on other work. Might be established at a later stage, when it is more stable.
- Need to communicate to the people who govern the resources. Might be beneficial WHO to write formally for assistance in the JLMMS process. It may assist to shift resources within centres.

**Preparation for Open Sessions:**

15 mins

a. Organizing the Sunday Agendas
b. Preparing stakeholder-derived topics to address

- Question in open session about the role of the horizontal TAGs and JLMMS TF. Need for morbidity and mortality expertise in the process. Good to have RSG-SEG members at the TF table. And we need to be anchored to core principles of the development of the foundation and linearization. Perhaps all the elements are already in place.
- Governance has not been formalized, but there is not a lot of conflict. SEG sees the work of TF positively. JLMMS will be the heart of ICD-11. SEG and TF will be meeting tomorrow to move the process along between SEG and JLMMS.
- TF represents the elevated notion of the JLMMS. A significant number of TAGs have made contributions, and a conflict resolution mechanism is needed. This was intended as the role of the RSG-SEG. Both TF / co-chairs should be involved in the RSG-SEG.
- Important message is for people to understand the synergy. TF is intended to enhance the process, rather than hinder it. Not another layer in decision-making.
- TF addresses JLMMS use cases and address how ICD-11 will handle these use cases. Other TAGs etc. may have roles beyond that.
- Important to manage the workload and expectations strategically. Need to be clear about decision-making.
Action:

- Taskforce to meet every 3 weeks to keep progress, with pre-circulated documents, and make decisions.
- To-do list to be created and maintained.

Sunday, 18 October 2015 – CHAIR: Stefanie Weber

09.30 -11.00

**Introduction to the work of the Task Force:**

Stefanie Weber  
James Harrison

- A description of the JLMMS was provided – please see slides. Several meetings have been held of Task Force, including two face to face meetings in Geneva (March 2015) and Glion (September 2015). The Task Force is newly formed, and representative of the WHO-FIC network, especially mortality and morbidity elements. The purpose is to develop and deliver a joint linearization for mortality and morbidity statistics.
- Co-chairs of the Task Force commented they were impressed with willingness of group to grapple with contentious issues at both JLMMS TF meetings and to continue to find resolutions in a positive way. E.g. Primary care. Reinforce the necessity of having this extra group to deal with the hard issues. Intro of this group into the ICD-11 project is a change and can cause anxiety as to the worthwhileness of the group. This session is to provide the opportunity to discuss any issues as to the introduction of the JMMS TF and to hopeful clear any anxieties of other stake holders within the WHO-FIC network. TF very aware of the need of clear and transparent communication between the group and others.
- Anneke Schmider was introduced as the new project manager for the ICD-11 Revision, who overviewed the WHO commitments after the revision report released in May 2-15
- The Chair of the RSG SEG commented positively on the Task Force process, providing a much needed focus on the tactile deliverable of the JLMMS.
- Australian CC - Mortality tag joining provides real focus for the group, enables joint work between Morbidity and Mortality. Helps with decision making, provides clear focus, and shows definitive outcomes from this work.

**Short Introduction to Distributed Papers:**

- Follow-up on work items continued by individuals or small groups
- Short updates and presentation for decisions, if necessary

'The narrative document':

- Described the journey that lead to the formation on the TF. The narrative is a way of describing this "journey – where we have been and where we are going.
- There is a change in the focus of the work and it is important for people to understand. Does not provide lengthy detail but more description of what and why things have happened.
- Describes the electronic work that has been developed in the revision and for the revision. Describes the stem codes, post coordination, precoordination.
- The narrative reflects on what still has to been done. It describes on why the TF was formed. Describes the elements as to how the revision will continue, the governance around the TF, how good and timely decisions are to be made.
• Focus on classification experts but also still includes clinical experts and the WHO team. It is a small group so there is limited capacity of resources so important to have help from the wider network. Has a statement from the TF.
• There was a risk that different ideas that were not documented clearly and now the narrative provides the basis for concrete discussions on topics, issues etc. It is the best efforts of the TF to show what they are trying to do and the goals.

**Question and Answer Session:** 15 mins

James Harrison (moderator)

Comment:
• Kyung Seo – happy to see formation of TF. Acknowledge the short time frame. What is the role of the TF? Is it consultation or are they able to make decisions? Concerns about how many other groups and where does the TF fit into this.

Co-Chair:
  o TF will be making the specific decision for the 2 main usecase for morbidity and mortality. Will consider what other groups have done but any decision will be the final one for Mb and Mort.
  o Highlighted that the membership of the TF includes members/representatives of the other groups that have been involved in the revision. This issue was discussed with Ties B concerning this process. Result is that generally the decision/advice to WHO of the TF will stand/be final.

WHO: Read out the specific points from the paper as to the role of the JLMMS TF.

Comment:
• Noted that the TF had acknowledged many problems. There can be problems in knowing what has been done over the past 8 years. Need but could be difficulty for transparency particularly for past work.

Co-Chair – acknowledged transparency is a high priority of the TF. Refer people to the document on the Glion meeting and outcomes as examples of how TF will be dealing with transparency.

WHO: described proposal mechanism, commenting functions, ability to have notification sent for areas of the classification. Need a balance between providing transparency and spending too much time on providing transparency on minutia to the detriment of completing work.

Comment:
• There is still an outside world to deal with. He has received many questions from outside as to what is happening to ICD-11. E.g. World Bank, Eurostat, OCDE etc. Concerns about the amount of time working n ICD-11. He can now report that real progress has been made. Other question is “why is WHO not responsive to our questions?” Need to be more responsive to the outside world not just the network.

WHO: Acknowledged this a long and complex process. Large amount and varied stakeholders and many beyond the network. How to best address their communication needs.
There are many that want to communicate. WHO needs to know specific. Documents are online and there have been communications with many groups so need to know of any others that feel that they are missing information.

Co-Chairs:
- In the preparation of the narrative document, there is a clear question within as to the audiences that need to be addressed. Possible variations of the document for specific types of stake holders, specific to their needs.
- WHO took the challenge of the external review and from now we will be trying to make the 2018 deadline. There will be hard work, may not be able to address all criticisms but will try to do as much as possible.

Comment:
- Comment made in Barcelona that JLMMS was not ready for prime time. Some hard decision have now been made, credit to TF and WHO. Still a long way to go.

Co-Chairs: All and any help is needed to accomplish the to-do-list – hours, days and weeks of work dependent on the topic. Any accomplish will tilt the balance towards achieving the 2018 goal.

Comment:
- Is the mandate of the JLMMS TF to be able to question the need of a joint vs separate mortality and morbidity linearizations?

Co-Chairs:
- The assumption is that there is a need for a joint linearization. And the recommendation of the MbTAG and MTAG was to have a joint and this will not be questioned again.
- The group was formed as a “how to get there” not a “should it be”. There will be compromise as there are some things that will be in the JLMMS because of one use case but not really relevant for the other use case.
- Scope - the fact of the TF as described, needs to identify not just what they should be doing but what they should NOT be doing and determine who should be doing those things. Needs to be added to the narrative to be clear.

Discussion of Stakeholder-generated Topics:  45 mins

Stefanie Weber (moderator)

Comment:
- Raised the issue of clinical forms. Issue with diabetes in capturing not only the type but also the complications that can occur from it. Issue with putting DM first may obscure the associated complications. Glion decision the actual complication can be a modifier of the type of DM using clinical forms. Need to discuss the relationship of clinical forms.
- Example: ability to code the DM, DM with peripheral complications. However there is a specific code for peripheral artery disease. Wants to be able to be more specific in describing the type of complication. Asked WHO for explanation of clinical forms.

Co-Chair TF: – summarised the decision at Glion. Noted that RC had made observations of possible issues
WHO: acknowledges that there are issues with the terminology. In ICD-10 these were asterisk codes. It is the similar concept of the dagger/asterisk to be able to show a clinical manifestation but still be able to show the statistical part. DM is changing with every round of edits. Acknowledges that a better explanation of clinical form.

Nordic CC:
- Discussed needing definitions on the use of “small words”. Issues with translation into other languages. Has submitted his list to Donna (MbTAG) for review.

Co-Chair: this will now be on the TF to-do-list and will be addressed by the TF via discussion, consultation and decision and final decision will be clearly documented.

Second Session 11.30 -13.00

Primary Care

Kees van Boven provided introduction and information on the primary care working group (See slides.)

Continuation of the Task List:

a. Continuation of work items from “to-do” list
   Anneke Schmider
   Robert Jakob
   Lindy Best

WHO:
- Robert Jakob showed and discussed the current to-do-list.
- Linda Best – described the “exclusion terms” work.

Comment:
- Would the TF want previous concerns resubmitted?

Co-Chairs: Yes as it has been a long process and many of these went to various people. Will enable TF to check that these things have been done. Should be reviewed to be sure that it is still an issue.

WHO: does have a going document of some of the old issues so will circulate this to decrease linearization.

Comment:
- Many types of issues. Important that the systematic ones be highlighted. Particular those that are fundamental to the JLMMS.

Co-Chairs: issues of interdependence need to be high on the priority list. Maybe obvious to some but not others, so advice from the experts is essential.

Comment:
- Issue of working on a version that may not show what has been resolved.
**WHO:** suggest that a problem seen in the frozen should be checked against the live version before sending a notification to the TF.

**Co-Chairs:** add a column to the narrative to show date of completion.

**Comment:**
- Will the TF consider testing consistency against other areas not just DM e.g. dementia, immunology, etc.

**WHO:** Dementia has been reviewed by neurology and mental health. Still waiting from some feedback from the neurology TAG and the AUS CC. Advised that there is now a new immunology chapter and it is own the WHO to-do-list.

**Comment:**
- Overarching issue of the difference in the chapter formation, confusing for coders. Will this be looked at and fixed?

**Co-chairs:** intention to have an overview of the classification and the changes. The operational principles will allow this to be reviewed.

**WHO:** TAGs have been asked to provide rationale for the major changes. There has not been a systematic review. Agrees that if it is confusing the coders than without a rationale there could be a change.

**Comment:**
- Concern about the structure where there are parallel sections. Should ICD-11 be following the ICD-10?

**Co-chair:** trying to clean up as they go along. If there are still problems may need to restructure certain chapters. Maybe not a first priority but a review nearer the end.

**WHO:** alternative views will be hidden in certain linearizations but still available for others to use.

**Comment:**
- ICD should be stable that it will not need to be redone, restructured etc.

**TF Member:** regards the different views and the most appropriate structure. The JLMMS will not show alternative views so not confusing to the coders.

**Co-chairs:** In the analysis of ICD data, having the multiple views will allow data to be analysed from different views but only will be shown one view for the specific users.

**Comment:**
- Issue with code structure not being easy for coders to memorise the codes.

**Co-Chairs:** agreed that the code structure is not clear to user. Need to be addressed and an explanation provided.

**WHO:** need code space for future updates to avoid restructuring. Explanation will be dealt with in Vol 2

**Field Testing:**

**15 mins**

Nenad Kostanjsek

**WHO:** Nenad Kostanjsek provided an update on field trails. See slides
A004 - Education and Implementation Committee (Draft Minutes)

Session 1: Saturday, October 17, 2015

1- Welcome and Introductions

Huib Ten Napel and Yukiko Yokobori, the EIC Co-Chairs, welcomed participants to the first session of the EIC. Participants were invited to introduce themselves and add their contact details to the participants list so that they can be kept up to date with EIC activities via a mailing list. All participants briefly introduced themselves.

2- Review of Agenda

The proposed agenda was accepted without modification.

3- Approval of minutes

The minutes of the EIC face-to-face mid-year meeting on June 6, 2015, in Helsinki, Finland, which had been circulated in the EIC DropBox in advance, were briefly reviewed and approved.

4- Update on EIC strategic work plan (SWP)

Yukiko provided an update on the EIC SWP and explained the proposed changes to the SWP after the Midyear Meeting in Helsinki.

5- EIC SWP-01 WHO-FIC Implementation Database

5.1 Update on WHO-FIC Implementation Database

Huib gave an update on the WHO-FIC Implementation Database. After the mid-year meeting, the User Guide was updated, letters sent to WHO Regional Offices (ROs) requesting their assistance in identifying new focal points in countries that had no WHO-FIC Collaborating Centres (CCs), and a call was made to existing focal points, EIC members, and CCs to update the data in the database. As a result 11 countries out of 19 updated their data, and 17 new countries entered their data for the first time in the database:

Updates: Brazil, Canada, Denmark, Finland, France, the Netherlands, South Korea, Sweden, Thailand, the UK, and the USA.

New entries: 13 states in the PAHO region (Antigua and Barbuda, Belize, Cayman Islands, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, St Maarten (NL), Saint Vincent and the Grenadines, Turks and Caicos), New Zealand, Mozambique, Cyprus, and Iceland.

Discussion

Most of the data input into the database was ICD-related. Of the countries that input data on ICF implementation, eight replied they did not use ICF, two said ICF was fully implemented in their countries, and six replied that it was partially implemented. It was noted that it was more difficult to track ICF implementation data at the national level as there are many ICF usecases and various studies, initiatives, and activities that use ICF occur bottom-up, in
contrast to ICD, which is used by the ministry for national statistics purposes. Huib suggested reviving the ICF-Info database, which was developed by the EIC in 2006 and designed to capture more detailed information about ICF activities in countries, as opposed to metadata in the WHO-FIC Implementation database, provided funding was available.

It was agreed that EIC will make biannual calls for new update/input in June and before the annual WHO-FIC Network Meeting in August as EIC’s routine activity.

Comments and feedback from users on the User Guide are welcome as the guide is still in the process of evolution.

6- EIC SWP-02 ICD-11

6.1 Reference Guide development

Robert Jakob gave a summary report on the status of the ICD-11 Reference Guide. With the input of German CC and other stakeholders and review by Carol Lewis and other EIC members, the guide is reaching a growing level of completeness. After an agreement was reached on the main diagnosis for morbidity coding, the morbidity coding rules are being subjected to the second round of editing. The rationales for changes from ICD-10 to ICD-11 still need to be filled by vertical TAGs and other working groups in eight chapters. Translation of ICD-11 and field trials will inform further improvement of the guide.

EIC is expected to review the guide and provide feedback from the users’ perspective prior to the launch of the field trials, as it was mainly written by those involved in the development of ICD-11. Sue Walker, Carol Lewis, Joon Hong, Sharon Baker, and Huib volunteered as reviewers. Robert will circulate the latest draft of the guide and discuss approaches for the review with the reviewers.

Action Point: Other members are welcome to participate in the review

6.2 Field trial activities

Nenad Kostanjsek gave a presentation on the ICD-11 field trial (FT) activities. The purposes of the field trials are twofold: to fix errors and improve the quality of the classification before its submission to the World Health Assembly (WHA) in 2018 and to use them to promote and support capacity building for implementation of ICD-11 well beyond 2018.

Field trials will be conducted in stages, starting with FT preparations in Stage 1 and followed by targeted beta draft testing in Stage 2 in 2016, and full usage validation in real-life settings in Stage 3 in 2017. FT Preparations will include development of FT training materials for participants, identification of FT sites through WHO-FIC CCs and ROs, and internal performance testing of the Joint Linearization for Mortality and Morbidity Statistics (JLMMS) and the Reference Guide in WHO.

WHO will provide coordination and the basic infrastructure for conducting the field tests. CCs will play a major role in the field trials as the primary FT centers in the preparation and country-level implementation of the field trials.

In parallel, scientific peer review by invited experts and horizontal TAGs will be carried out to improve the structure and contents, and transition requirement study will be conducted to promote ICD-11 and facilitate transition to ICD-11 in member states. As the first step towards submission of ICD-11 to the WHA, information note on the JLMMS will be presented to the WHO Executive Board and WHA in 2016.
Discussion

Sue congratulated Nenad for the inclusion of transition requirement study and suggested that Pacific island countries be included in the scope of the study. Nenad replied that although it was not feasible to cover every nation's requirements, it is possible to have meaningful grouping of prototypical countries representing different needs.

Huib asked what the role of EIC would be. Nenad requested EIC to be engaged in the FT preparations and to act as ambassadors in encouraging participation of CCs.

6.3 ICD-11 training material

Nenad reported on the status of the FT training materials on behalf of Vera Dimitropoulos. FT training is needed to increase the reliability of test results. Field trials for DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) demonstrated that insufficient training resulted in poor reliability of data, as it was not discernible whether the poor results were due to the low quality of a classification or participants ill-trained in its use.

The training curriculum will consist of four modules: (1) introduction to ICD-11, (2) ICD-11 tools, (3) Using ICD-11, and (4) FT protocols and instruments. Nenad thanked EIC members and ROs that had sent existing training materials, which have been reviewed and some of which will be reused in the training materials.

For the future steps, Nenad will circulate the draft training materials to EIC members and CCs for review and comments in the next month or two. A storyboard, including Q&A and skills tests, will be created as a PowerPoint slide set and pilot tested before producing the final version early in 2016.

AP: EIC members and CCs are requested to review and provide feedback on draft training materials.

AP: Develop, pilot and finalize storyboard PowerPoint slide set.

7- EIC SWP-03 Education in general

7.1 Database of ICD education experts for training

Robert gave a presentation on the database of ICD education experts, which was developed by the Korean CC, with the objective of matching organizations or countries with ICD education needs and experts in ICD training. WHO acts only as a broker. The entity with training needs will refer to the register of available trainers on the database and make decisions on the selection of trainers. Currently, 20 trainers have registered, nine of whom have more than 10 years of experience. A call was made to members of the International Federation of Health Information Management Associations (IFHIMA) at a recent American Health Information Management Association (AHIMA) convention to register on the database.

While the database is maintained by the Korean CC, EIC is expected to provide administrative support by checking the information entered in the database and making clarifications by e-mail where necessary. Sue and Olafr Steinum volunteered to take on this task.

AP: Robert to circulate the link to the database to EIC members.

AP: Robert to discuss with Sue and Olafr on administrative support for the database.
7.2 Collaboration with other bodies or programs – GHWC activities

Sue made a presentation on the activities of the Global Health Workforce Council (GHWC), a 14-member body representing all six WHO regions that was established by AHIMA in collaboration with IFHIMA to develop curricula for those teaching academic programs for health information managers, health informaticians, and health information technology workers.

The Curricula Competencies, released in June 2015 and available on the Internet, is used by countries without curricula to identify requirements and countries with existing curricula to assess their curricula against the international benchmark. It is divided into entry, intermediate and advanced levels and has an additional module on foundational knowledge. GHWC is currently exploring the relation between its curricula and countries’ existing certification and accreditation systems.

As the curricula cover coding and classifications and are based on EIC’s education curriculum, there could be synergy between the activities of EIC and GHWC. Participants to the WHO-FIC Network 2016 in Tokyo are welcome to join a planned GHWC session during the IFHIMA convention to be organized concurrently at the same venue.

Link to the Curricula Competencies:

8- EIC SWP-03 Routine activities

8.1 Update on ICD-10 training tool

Robert was not present to discuss this agenda item.

8.2 International exam for morbidity coders

Joon gave an update on the morbidity coding exam. Since the last pilot morbidity coding exam in Indonesia in November 2012, no morbidity exam has been conducted. However, Barbados has shown interest in the exam, and Indonesia is planning to organize the second morbidity exam.

As for the mortality coding exam, Carol requested EIC members to review and comment on the guidelines for mortality coding exam, which were distributed prior to the meeting. Joon explained that while WHO cannot award certificates to individuals, it was possible for a professional organization, such as IFHIMA, to award certificates to candidates as having successfully passed exams that comply with WHO-FIC EIC-approved exam guidelines.

Discussion

Nenad agreed that while WHO cannot issue legal certificates, EIC should move forward with the review of the guidelines in order to provide international standards that professional organizations can use as a basis of certification. Given the varied coding settings in WHO member states, Nenad requested that the guidelines be inclusive and incorporate principles both for countries where coding is done by coding professionals and countries where physicians do the coding.

AP: EIC members to review guidelines on mortality coding exam.

8.3 IFHIMA
Margaret Skurka provided an update on the activities of IFHIMA, reporting first, as an EIC member from the U.S., on the adoption of ICD-10 in the U.S. for morbidity as of October 1, 2015. After taking over the management and promotion of the morbidity coding exam, IFHIMA has been assisting countries that wish to conduct the exam in their countries, specifically Barbados and Indonesia, as mentioned by Joon. Regarding certification, IFHIMA is willing to issue certificates to those who tested successfully on the mortality exam.

With India rejoining, Saudi Arabia in the process of rejoining, Ghana and Tanzania joining for the first time, and Sweden showing interest in rejoining, IFHIMA would have 24 member countries if all of the mentioned countries succeed in joining. The challenges are how to promote IFHIMA and the morbidity coding exam to countries without a CC or IFHIMA membership that need it the most and how to better promote WHO-FIC Network's ICD training tools to increase the quality of coded data globally. As an NGO in official relation with WHO, IFHIMA President Angelika Haendel maintains regular contacts with Robert Jakob of WHO, and the WHO-FIC Network meeting in 2016 and IFHIMA convention will be jointly held in Tokyo.

8.4 Update on briefing kit

Yukiko informed that the briefing kit now consists of the letter to new members of the WHO-FIC Network, Conduct of the WHO-FIC Network document, the Network brochure, and the ICF Overview.

8.5 Update on Information Sheets

EIC currently maintains eight Information Sheets.

Discussion

EIC was recently made aware of a flyer developed by DIMDI explaining the Iris automated coding system. A question was raised on whether to proceed with the development of the proposed Information Sheet on automated coding systems for mortality coding or simply refer those interested in this subject to the Iris flyer. It was proposed to defer the development of the new Information Sheet until one encompassing other automated coding systems could be drawn up, while referring those interested to the Iris flyer in the interim. It was agreed that priority should be given to key EIC products, such as the WHO-FIC Implementation Database and FT training, in the development of new Information Sheets.

Olafr and Carol pointed out the need to update some of the existing Information Sheets. Carol also noted that there should be basic guidelines on the contents of Information Sheets. Huib requested members to send proposed changes to the EIC secretariat so that revised versions can be presented at the EIC mid-year meeting for approval.

AP: EIC members to send proposed changes to Information Sheets to the EIC secretariat.

AP: EIC to consider basic contents guidelines for Information Sheets.

8.6 EIC website

Sue agreed to send e-mail to Traci Ramirez, who had been the contact person for updating information on the EIC website hosted by the Centers for Disease Control and Prevention (CDC), to check whether she was still willing to update the information, copying in the EIC secretariat and the North American CC.
Session 2: Sunday, October 18, 2015

9- Welcome and introductions

Huib Ten Napel and Yukiko Yokobori, the Co-Chairs of EIC, and Catherine Sykes and Andrea Martinuzzi, the Co-Chairs of FDRG, welcomed the participants.

10- Approval of minutes

The minutes of the joint EIC-FDRG face-to-face mid-year meeting on June 7, 2015, in Helsinki, Finland, which had been circulated in advance, were approved.

11- Implementation of ICF

3.1 Update on ICF Practical Manual

Andrea Martinuzzi reported that the publication of the ICF Practical Manual is still awaiting clearance from the WHO Press.

3.2 ICF-CY MedUse

Liane Simon and Andrea announced that there had recently been a kick-off meeting in Macedonia for a small three-year project funded by the European Commission to promote multi-professional use of ICF in paediatric services through electronic ICF training tools. The project is based in the Medical School Hamburg and will run until 2018. The WHO-FIC community, in particular ITC, EIC and FDRG, could play a role in terms of providing oversight and advice on quality control, among others. Andrea will keep EIC and FDRG informed of new developments.

3.3 Update on ICF eLearning Tool (introductory module):

Melissa Selb provided an update on the Introductory Module of the ICF eLearning Tool, which has been online since 2010 in English, and thanks in particular to the efforts of Patricia Soliz, in Spanish, with the objective of providing a simple e-learning tool to promote common understanding of ICF (http://icfideaday.de). At the request of WHO, the introductory module is being migrated to a new software platform (Articulate Storyline), which has more interactive features with multimedia, and the contents are being updated using language more adapted to lay persons. Melissa ran a demo on the look and feel of the user interface. Review and feedback from FDRG and EIC members is appreciated. Melissa will provide the link to the site when it is ready.

Discussion

A question was raised on the timelines for translation of the module on the new platform. Collaborating Centres (CCs) that have already started translation of the contents are encouraged to keep on with the work. Once the English template is complete, Melissa will send it to CCs, which will need to do the voice-over and synchronization in their own languages. Training in the use of the Articulate Storyline was provided to some of the CCs in November 2014.

A question was asked on whether the contents should be aligned with the ICF Practical Manual and whether FDRG and EIC members should review and pilot test them. Melissa replied that efforts have been made to align some of the contents with the ICF Practical Manual and that further discussions could be made once the English version is complete. Andrea Martinuzzi and Huib Ten Napel volunteered to review the content. Other members...
wishing to contribute should get in touch with Melissa.

3.4 ICF eLearning Tool (specialized modules)

While demands from the Disability and Rehabilitation (DAR) network constituents are building up momentum for development of additional modules, input of the WHO-FIC and DAR communities is sought on the need and resources for such modules and for which generic applications such modules should be designed.

Alarcos Cieza, of the DAR network, highlighted disability evaluation and disability statistics as two areas where the DAR network is asked to provide guidance from its constituents. Whereas a competency manual for disability assessment was developed by the World Bank, there is still a lack of information on disability evaluation. Washington Group's short set of questions for disability statistics is an impetus for the use of ICF for data collection and disaggregation.

3.5 WHO-FIC Implementation Database

Huib gave an update on the WHO-FIC Implementation Database. After the mid-year meeting, the User Guide was updated, letters sent to WHO Regional Offices (ROs) requesting their assistance in identifying new focal points in countries that had no WHO-FIC Collaborating Centres (CCs), and a call was made to existing focal points, EIC members, and CCs to update the data in the database. As a result 11 countries out of 19 updated their data, and 17 new countries entered their data for the first time in the database.

In 2014, 16 countries out of 19 had entered data about ICF implementation, with one country reporting full ICF implementation and five reporting partial implementation. This year, two countries reported full ICF implementation in their countries and six reported partial implementation.

Huib will provide the User Guide and link to the Global Health Observatory (http://apps.who.int/gho/data/node.whofic), which is used for browsing the data, to FDRG members.

3.6 Database of ICF educators

The trainer database, which was developed in the Korean Collaborating Centre, is to be used to match trainers meeting minimum criteria and countries or organizations with training needs. The WHO-FIC network acts only as a broker. The entity with training needs will refer to the register of available trainers on the database and make decisions on the selection of trainers.

Basic information about candidate trainers needs to be provided to help entities looking for trainers. At the joint mid-year meeting of the FDRG and EIC, it was proposed that the information should include basic demographics, experience in the use of and training ICF in specific settings, language of training, education and employment background, and references.

While the database is maintained by the Korean CC, ICF experts will need to provide administrative support by checking the information entered by the candidate trainers for irregularities and making clarifications by e-mail where necessary.

Note: Catherine Sykes and Patricia Saleeby offered to take on the task.

3.7 ICF education portal: http://icfeducation.org/

Catherine gave a brief introduction to the ICF education portal. A survey conducted a year
ago identified overwhelming need for sharing existing ICF education resources. After working out the criteria for a platform, FDRG developed a portal for sharing existing resources. Stefanus Snyman ran a demo on the online portal.

Stefanus asked FDRG and EIC members to provide feedback on difficulties or problems encountered in the use of the site to inform development of a user guide. Contributions from members and the ICF community for crowdsourcing of funds to cover for administrative and other expenses for the next two years are welcome and can be made by contacting Stefanus.

Available on the portal are PhD studies by Hillegonda Alida Stalllinga, who briefly presented her work, which focused on the use of ICF as a standard terminology for functioning and a conceptual model of health to obtain information that is relevant for developing strategies for implementing functioning in health care. Results of the studies showed the following:

- Language ambiguity regarding functioning exists both in clinical practice and research;
- When functioning is included, health care is more closely related to patients’ self-reported problems without a loss of focus on medical issues;
- The mindset of health care professionals is not yet focused on functioning in health care; and
- In current health care, functioning can be seen as a useful concept and the use of the ICF may facilitate the implementation.

More information on the ICF portal site is available at: http://icfeducation.org/

12-Close of meeting

Huib thanked everyone for their participation and declared the meeting closed.

Session 3: Tuesday, October 20, 2015

13- Presentation

9.1 ICD-11 Pilot Field Trial in Korea, presented by Joon Hong

The Korean Medical Record Association (KMRA) conducted ICD-11 Pilot Field Trial (FT) in Korea as part of a project to revise KCD coding guidelines as Korea transitions from KCD-6 to KCD-7 in January 2016. With the purpose of learning about ICD-11 and preparing for the ICD-11 field trials, 31 ICD-10 coders (28 coders in hospitals and three teaching coding at universities) took part in bridge coding of 10 discharge data sets and 15 case summaries in ICD-10 and ICD-11 respectively, using the Coding Tool and ICD-11 beta browser for ICD-11 coding. The pilot was based on the draft Field Trial Handbook, and one-day training was provided in advance on ICD-11 and chapter-by-chapter ICD-11 coding guidelines.

As one-day training was too short to familiarize participants to ICD-11, participants felt that it was easier coding with ICD-10 and they had higher confidence level using ICD-10 compared with ICD-11. Some of the difficulties mentioned were as follows:

- Use of search terms in the Coding Tool very different from ICD-10;
- Need to assign too many codes for one case (more than in ICD-10);
- Decision on assigning Y or Z at the end of the code for “other” or “unspecified”;
- Some codes having too many characters (8 or 9);
- Too many complications included in one code (e.g. diabetic complications).
Some of the perceived benefits were as follows:

- Better accessibility in EMR environment and ease of use once familiarized with ICD-11.
- Pre-coordination and definitions convenient.

The pilot was a very good experience. KMRA is planning to conduct the pilot reliability study in November 2015.

**Discussion**

Asked how long the training period should ideally be, Joon estimated at least three days of training would be needed. More formal training will be provided in Korea ahead of the field trials next year. With respect to the Coding Tool, Joon explained that some search terms did not yield the entities one was looking for. Lindy Best said that the Coding Tool is being regularly enhanced and updated and that feedback from users to WHO is much appreciated to make it more user-friendly.

9.2 Clinical coder exam in Sweden: A first try, presented by Olafr Steinum

There is no officially recognized profession of Clinical Coders in Sweden, although a systematized training in diagnosis coding using ICD-10 has been in place since 2000 as a private enterprise in cooperation with Swedish hospitals, County Councils and Regions. Educated Clinical Coders have organized themselves in the Swedish Society of Clinical Coders (RDK), which has been organizing annual conferences since 2003. To enhance the coders' official status, the RDK has taken initiative to organize a Certification scheme, and as part of this gave their first Coding Exam on 12 March 2015. The Exam was adapted to the scheme for a morbidity exam recommended by the WHO-FIC EIC.

The Exam was designed in three parts. Part 1: 20 multiple-choice questions on coding rules; Part 2: 30 short coding questions ('How do you code xxx?'); Part 3: 12 short clinical scenarios for coding. The evaluation was decided to be strict, and points were only given for correct codes on the 4th character level. A half point was deducted for incorrect sequencing, for invalid codes and for incorrect choice of principal diagnosis in Part 3. The maximum points were 137. Of the 100 coders who participated in the Exam, 21 obtained the 80% correct answers set as the requirement for obtaining the certification Diploma.

**Discussion**

Sue asked whether the questions used in the exam could be added to EIC's question bank. Olafr replied that they could, but they were in Swedish.

Asked why government recognition was necessary for coders to be recognized in Sweden, Olafr replied that country-wide government recognition was needed because coders were treated differently under wide-ranging regional administrative systems. Lindy noted that the accreditation scheme in Australia was also started with the aim of gaining recognition of professional coders and improving their status.

**14- Poster presentation**

Poster C510. ICF Education in Russia: The Next Milestone, presented by YaninaBestrashnov

To introduce ICF concepts in rehabilitation in Russia, the Codifier of Disability Categories, a tool that links body dysfunctions, which are based on ICF body functions and structures, and types of assistance and rehabilitation services, was developed for use in daily practice under the auspices of the Ministry of Labour and Social Protection, one of two ministries with
jurisdiction over rehabilitation. Training consisting of the legal framework of rehabilitation in Russia, ICF, and the use of the Codifier, particularly for development of rehabilitation programs, was provided to more than 2,500 physicians, psychologists, social workers, and rehabilitation professionals in 15 most populous regions in the country, mainly during the period from 2011 to 2012. The total duration of the course was 90 hours with e-learning on an educational website with online lectures and 56 hours of face-to-face classes. There were interim and final tests.

The training focused on practical application of ICF knowledge and skills, and this integrated approach to developing rehabilitation programs was new to Russia. Next steps will include spreading ICF use in other Russian-speaking countries such as Kazakhstan and Belarus, which have shown interest, and focusing on providing ICF courses to medical students, as physicians and social workers are the first points of contact for many disabled persons.

Discussion

Asked about the state of ICF implementation in hospitals in Russia, Yanina replied that ICF is used in education and research and in clinical practice in hospitals and large education and research institutions and that ICF codes are used in clinical documentation and entered into hospital information systems. Yanina agreed to provide a 1-2 page summary of the training and results.

15- Further updates to SWP for 2015-2016

Huib informed that EIC’s SWP will be updated based on the discussions during this WHO-FIC Network meeting and the updated SWP will be sent to EIC members.

16- Plans for 2016 mid-year meeting

EIC has received several proposals from other committees and reference groups on jointly holding the mid-year meeting. A decision will need to be made in due course considering the potential synergy and availability of funding among members for travel.

17- Other business

**Task list** – To encourage members to more actively participate in EIC activities, a task list will be prepared and distributed to members. Some tasks already have volunteers, but others are also requested to sign up to join, particularly members of new Collaborating Centres and Collaborating Centres that had been passive in the past. A task leader will be assigned to each task. Tasks such as the review of the ICD-11 Reference Guide and FT training materials offer opportunities for old as well as new members to provide expert feedback globally.

**ICD-10 training tool support group** – The support group for the ICD-10 online training tool has been receiving questions from users related to ICD in general, and requires three to four additional volunteers. Sue will draw up a proposal on the process and send it to the secretariat. This task will be included in the task list.

**EIC Facebook** – Sue encouraged members to post on EIC Facebook for dissemination of information to the outside community.

**EIC website** – Sue has contacted Donna Pickett, who has agreed to support hosting of the EIC website.

18- Close of meeting

Huib thanked all for their participation and declared the meeting closed.
### Action Points

<table>
<thead>
<tr>
<th></th>
<th>EIC SWP-02 ICD-11 Reference Guide development</th>
<th>Other members are welcome to participate in the review</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>EIC SWP-02 ICD-11 ICD-11 Training material</td>
<td>EIC members and CCs are requested to review and provide feedback on draft training materials</td>
</tr>
</tbody>
</table>
|   |                                             | Vera Dimitropoulos  
|   |                                             | Nenad Kostanjsek  
|   |                                             | Yukiko Yokobori |
| 2 |                                             | Develop, pilot and finalize storyboard PowerPoint slide set |
|   |                                             | Nenad Kostanjsek  
|   |                                             | Vera Dimitropoulos |
| 3 |                                             | Robert to circulate the link to the database to EIC members |
|   |                                             | Robert Jakob |
| 4 | EIC SWP-03 Education in general Database of ICD experts for training | Robert to discuss with Sue and Olaf on administrative support for the database |
|   |                                             | Robert Jakob  
|   |                                             | Sue Walker  
|   |                                             | Olaf Steinum |
| 5 |                                             | EIC members to review guidelines on mortality coding exam |
|   |                                             | All |
| 6 | EIC SWP-03 Routine activities International exam for morbidity coders | EIC members to send proposed changes to Information Sheets to the EIC secretariat |
|   |                                             | All |
| 7 | EIC SWP-03 Routine activities Update on Information Sheets | EIC to consider basic contents guidelines for Information Sheets |
|   |                                             | All |
| 8 |                                             | Yanina Besstrashnova |
| 9 | EIC SWP-03 Education in general ICF education | Yanina to provide an overview of the ICF education (training and its result) in Russia |
Session 1: Sunday October 18, 2015

1. **Welcome and Introductions** – Co-chairs, Karen Carvell and Vincenzo Della Mea welcomed committee members and observers to the first of two sessions of the ITC. Participants introduced themselves and recorded their names and contact information on a circulating document. The committee was informed that Jun Nakaya from the Japanese Collaboration Centre has assumed the role of ITC secretary. This is viewed as a positive move to transition the work of ITC to the new co-chairs next year when existing co-chairs complete their terms.

2. **Confirmation of Agenda** – The agenda was briefly reviewed and an overview of the ITC sessions was given. Co-chairs noted modifications of the agenda, and they were approved.

3. **Minutes 2014 Annual Meeting** - see item 1. The minutes were circulated to ITC members after the Barcelona meeting and lots of work is going on. These were accepted with no additions or revisions identified.

4. **ITC Annual Meeting** – see item 2. Karen Carvell from the North American Collaborating Centre and Dr. Vincenzo Della Mea from the Italian Collaborating Centre were re-elected as co-chairs at the Barcelona meeting. 3 ad-hoc meetings of the co-chairs together with the WHO liaison Can Celik were held last year. Co-chairs summarized the ITC annual report in the poster. Topics were coding tool, Training video for ICD11, Mappings from ICD10 to ICD11, URI, ClaML, WHO-IHTSDO harmonization, ICF ontology, and ICHI content model.

5. **Overview of strategic workplan (SWP)** – see item 3. The ITC SWP was reviewed briefly. The workplan was updated after the Barcelona meeting following input from Council. It was recommended that ITC enhance collaboration with other WHO-FIC committees and reference groups, specifically, assisting in the ICD-11 revision process and ICHI development. The following four areas were the focus of work for the ITC in 2015: 1st item is to maintain browsers for WHO Classifications. 2nd item is to engage WHO-FIC network and broader e-health community to participate in development of a multi-language framework for WHO-FIC classifications. 3rd item is to enable the electronic exchange of WHO classifications by providing necessary technical standards. 4th item is to enhance formal knowledge representation of WHO classifications and their linkages to related terminologies. The ITC Annual Report was submitted as a poster and highlighted the key accomplishments in the past year. It was noted that much of this work would be presented to the committee during the Manchester meeting.

6. **Classification Information Management System** – see item 4. Karen Carvell had presentation. Overview, background, system features, benefits and efficiencies, and future directions are presented with respect to Canada’s Classification Information Management System (CIMS).

7. **Update on Clinical Omics (iCOS)** – see item 5. Jun Nakaya presented. Jun Nakaya from the Japanese Collaborating Centre presented on the study to assess whether iCOS has the ability to be built into the content model of ICD11 using real clinical omics data stored in Tokyo Medical and Dental University. He explained there is a large amount of genomic information; however, ICD or SNOMED CT has no language for genetics. Installing omics information into clinical information will be essential for future medicine and medical research. iCOS was based on Genomic Sequence Variation Markup Language, an ISO standard. The study found iCOS has ability to represent whole omics information by combining clinical information for both research and clinical purposes and is interoperable with ICD-11.
Session 2: Sunday, October 18, 2015

This session was the joint session with FDRG.

8. Update on mICF - see item 6. FDRG secretariat Stefanus Snyman & Olaf Kraus de Camargo presented. They reported the status of mICF based on poster C551-C556. Mobile ICF will be enhanced with Big Data Analytics. 6 work Packages such as coordination and management, content specification, Minimum viable product (MVP) design and technical implementation, Objectives for main phases of (technical) design process, Disciplined in-market experimentation, Impact and economic evaluation, Dissemination and Market Introduction are indicated.

9. Informing ICF ontology - see item 7. Andrea Martinuzzi and Vincenzo Della Mea introduced ICF ontology. Results of Questionnaire survey about ICF ontology are presented. Preliminary conclusions were as follows:
- 15 responses are not yet sufficient,
- Some preliminary observations such as BS are used even less than PF were identified.
- In general, the richness of ICF is not always exploited.

Judith Hollenweger (item 8) presented "Information model for the ICF based on activity theory". See item 8. Introduce function and structure to A/P?

Some opinions like "Discussion to classify personal activities based on activity theory needs more discussions for its propriety." were indicated.

The next steps of the small working group, led by ITC, will be to create ICF category structures to provide a better understanding of the components of ICF and their logical relationships.

Orientation: Monday, October 19, 2015

ITC Introduction – Karen introduced outline of the ITC to the new comers of WHO-FIC meeting.

Council Meeting: Monday, October 19, 2015

ITC Report – Vincenzo reported the key achievements in 2014/2015 and outstanding issues of ITC at the council meeting. These were accepted with no additions or revisions identified.

Session 3: Monday, October 19, 2015

10. Update on collaboration between WHO and IHTSDO – Jean Marie Rodrigues presented item 9. Technical issues such as architectural diagram were presented. Chris Chute, Yu Ming raised discussion about the mapping between SNOMED-CT and ICD11 common Ontology. Workload for mapping depends on the underlying SNOMED quality. Bedirhan Ustun indicated that we have to turn around the traditional trajectory between IHTSDO and WHO. Both can use each other only for research, development, and reference purposes. Basic concepts about mapping, common ontology, post-coordination mechanism were commented.

The potential for delays while the harmonization agreement was revisited.

11. Testing of tools for ICD-11 field trials – see item10. Nenad Kostanjsek and Vincenzo Della Mea had presentation about ICD-FiT in different languages. Web-based system has been developed. New features such as multilingual extensions for web interface, trial instruments, and case summaries have equipped. Vincenzo demonstrated the system.
Session 4: Monday, October 19, 2015

12. Coding tool / ICD-11 index – see item 12. Can Celik gave a presentation demonstrating the Coding tool. Future works such as multi-lingual coding, post coordination related functionality of the coding tool, coverage checks, report missing term functionality, ICD11 browser search functionality were indicated.

13. Update on ICD-11 browser and tutorials – see item 12. Can Celik gave a presentation demonstrating the browser.

14. IRIS version 5 – see item 13. Stefanie Weber had presentation. Changes in v5.x comparing to v4.x such as no black box, no need for MMDS package to be deployed, pluggable module, future proof were indicated. Some useful functions such as decision table browser were introduced. Next steps such as intensive testing by users and core group, changes in rule names were noted. Support for version 4 will continue until end of 2016.

15. CLaML revision proposals – see item 14. Stefanie Weber had presentation. This is EN ISO 13120 as international standard. Now is in the finalization phase toward IS. As the standard is used by members of the WHO-FIC network, the German Collaborating Centre will facilitate getting feedback from ITC on the revision proposals which are to be submitted by May 2016.

16. 2016 Strategic Work plan – The same four goals were proposed to remain on the ITC strategic workplan for 2015. Karen, Vincenzo, Jun and Can will review these and identify the key priorities and deliverables as well as continuing and future tasks. This will be submitted to WHO-FIC Council for feedback early in the new year and shared with the committee at the spring teleconference. The ITC differs from other committees and reference groups in that it serves as a platform for information sharing and support to the network. As such, ITC members and observers are less engaged in the work primarily carried out by WHO HQ and Collaborating Centres. ITC does not hold in-person mid-year meetings. Quarterly meetings are held with co-chairs and the WHO liaison. A mid-year ITC teleconference will be held in the spring of 2016.

17. Wrap up and Adjourn - Karen and Vincenzo concluded the meeting and thanked presenters and co-authors for poster submission and presentations and committee members and observers for their interest, contributions and participation.
A006 - Family Development Committee (Draft Minutes)


Session 1 opened at 16.10 hrs.

1 Welcome and introductions

The co-chairs of the Family Development Committee (FDC) Lyn Hanmer and Jenny Hargreaves welcomed everyone to the first session of the FDC 2015 annual meeting in Manchester and advised that this session, discussing items 2 and 3 of the agenda, was being jointly held with the FDRG.

Confirmation of the agenda

The Committee were asked to review and provide any comments on the agenda for this meeting. No comments were received from the Committee.

Minutes

The Committee were asked to note that the 2014 annual meeting minutes from Barcelona had previously been presented to the FDC at their 25 June 2015 mid-year meeting and were accepted without comment. In addition, the minutes from the 25 June 2015 teleconference were presented at the 15 July 2015 teleconference and were also accepted without comment.

Jenny Hargreaves introduced the draft minutes from the 15 July 2015 teleconference and invited any comments from the Committee. No comments were received and the minutes were accepted.

Review of the Terms of Reference and Strategic Work Plan

The Terms of Reference (ToR) have not had any changes since the 2013 annual meeting in Beijing. The Committee were invited to provide comments on the ToR and none were received. The Committee agreed to continue to consider the ToR as being current and up-to-date.

The Strategic Work Plan (SWP) was displayed to the Committee, containing only minor updates to timeframes. There were no comments from the Committee regarding the SWP.
Jenny Hargreaves reported on the recent communication from WHO regarding a new role within WHO for Bedirhan Üstün, the FDC’s liaison officer at WHO. With his acceptance of this role, the FDC will be without a liaison officer until his replacement is announced. The co-chairs assured the FDC that they would let the Committee know who this replacement was when it was known.

2 FDC-SWP 05 Assess the need for additional members of the Family to fill gaps in information

This item discussed the need for a risk factor/personal factors classification and their place in the Family. Presentations were given from Jenny Hargreaves and Richard Madden (poster C523). Discussion after these presentations included:

- Catherine Sykes commented whether the factors weren’t separate between ICD and ICF, but the difference is in their application. For example, environmental factors may have a different meaning when applied as risk factors.
- A suggestion from Ros Madden to perhaps spend time considering similarities between environmental factors and risk factors, rather than their differences.
- A suggestion was made to combine discussion of risk factors with discussions on the structure of the risk factor section within ICD-11 chapter 24. Nenad Kostanjsek commented this may be a reasonable path forward but its priority amongst other essential work on ICD-11 should be considered. He suggested that further thought be given to the use cases associated with this work. He agreed that personal factors in the ICF was a long-standing, complex issue, and was recognised as having value for changing, but work on this issue had stalled with the current focus of the WHO on the ICD-11 revision.
- Richard Madden suggested that a clear position should be sought from the FDRG about personal factors and the direction this work should be heading.

The Family Development Committee agreed to continue to maintain a watching brief on this work.

3 FDC-SWP 01 Assist WHO in the development of ICHI

Updates on the progress of the ICHI development were given via presentations from Ann-Helene Almborg (poster C601), Nicola Fortune (poster C602) and Nicholas Hardiker (poster C603). Discussion after these presentations included:

- Andrea Martinuzzi commented that there was also opportunity to collaborate with the Disability and Rehabilitation (DAR) team regarding functioning interventions of ICHI.
- Nicola Fortune called for anyone with sources of data on public health interventions to contact her (nicola.fortune@sydney.edu.au).
- Nicola Fortune commented that the extent and location of nursing intervention content in ICHI is considered scattered, with no designated nursing chapter in ICHI due to its validity across all domains. Nicola added that the International Classification for Nursing Practice (ICNP) has also been mapped to ICHI to identify gaps and this has resulted in additional content identified for ICHI.

The FDRG co-chairs thanked everyone for attending this (their last for FDRG) session.

Session One concluded at 17.44pm.
Session Two opened at 09.40am.

4 FDC-SWP 04 WHO-FIC support for Universal Health Coverage (UHC)

This item was brought forward in the agenda (previously item 8).

Brooke Macpherson provided an update on the UHC work as reported in poster C710 Use of the Family of International Classifications to support performance reporting for Universal Health Coverage – a follow up.

Discussion from the Committee included:

- Nicola Fortune suggested that the UHC project group seek to engage with the people who are developing the indicators to monitor progress towards UHC, and welcomed suggestions as to the best method to approach this.
- Bedirhan Üstün agreed that the UHC project group should seek to engage with the programme area at WHO responsible for UHC. He also suggested that it may be useful to obtain information about the availability of data for the indicators, and promised to stay in touch with the FDC about this.

5 FDC-SWP 02 Integration of the Family: Primary care

Martti Virtanen gave a progress report from the ICD-11 Primary Care Linearization Working Group. He reported that through their work they have come to the understanding that:

- A primary care linearization of ICD-11 must contain concepts of interest in primary care, based on frequency of assignment, clinical importance and the need for public health monitoring. In addition, the linearization should be able to use more specific codes of another linearization if necessary (also known as the telescopic view).
- The Primary Care (PC) linearization of ICD-11 can be linked to the Joint Linearization for Mortality and Morbidity Statistics (JLMMS) so that any data collected with the JLMMS can be presented in the PC linearization. However, the reverse will not be possible (PC linearization presented in the JLMMS) as some information in the JLMMS will not be collected in the PC linearization.
- The linkage between PC and JLMMS is based on the ICD-11 information model using the foundation layer. There are issues with the exclusion of ‘Other specified’ and ‘Unspecified’ concepts in the foundation layer when title level codes cannot be used.

Discussion from the Committee included:

- Agreement that the approach to map ICPC-2 to ICD-10 was promising, even though this may result in a PC linearization that negates the need for ICPC.
- Bedirhan Üstün queried whether there will be different views of the linearization for different uses. Martti agreed this was something to consider.
- Bedirhan also queried whether it was part of the working group’s process to consider the ICD-11 ontological structure within the PC linearization. Martti commented this may not be part of the current process but should be included.

Wansa Paoin reported on the Asia Pacific Network’s ICD-10 Simplified version for primary care that has been developed for use in countries with difficulties in implementing the full ICD-10 (poster C224). He also presented an overview of the results comparing the Primary care linearization for ICD-11 to the Simplified version.
Discussion from the Committee included:

- Bedirhan Üstün commented this work should feed into the ICD-11 Primary care linearization and potentially national linearizations for particular countries. He suggested that the level of detail required in the codes for primary care could be captured at the 3 character level, rather than the fourth or fifth level that the Simplified version uses otherwise this may increase the number of codes for use. He supported the production of a shorter list, to encourage use of the classification by primary care physicians/practitioners.
- Wansa clarified that analysis on the frequently used ICD-10 codes in Thailand assisted determining which codes were included in the Simplified version. As the coding at primary care centres is performed by nurse practitioners who are not professionally trained coders, the Simplified version aids their coding processes.

6 FDC-SWP 02 Integration of the Family: Revision of the ‘Family paper’

This item continued discussions on the issues to be resolved for the revision of the ‘Family paper’. Jenny Hargreaves recapped these issues for discussion from poster C701.

Discussion from the Committee included:

- Huib ten Napel noted that there are many purposes for which the Family paper could be written but the FDC should focus on drafting one paper, and then, if required, derive any other papers.
- Stefanie Weber queried whether future specialty linearizations will need different procedures in order to be approved, such as going through the World Health Assembly (WHA), rather than just being derived from a foundation layer. Stefanie suggested this issue may need to be raised and discussed at Council. Reformulating the related classifications section may also need consideration of the governing and intellectual property rights of the existing related classifications in the Family; in collaboration with the organisations that are responsible for those classifications.
- Bedirhan Üstün agreed with the issues raised by Stefanie. He also suggested that it may be useful to include in the Family paper the current position of classifications, their problems and what their potential solutions may be into the future. He also commented that metadata around use of ICD-10 internationally could be improved and that this could be considered in the Family paper.
- Nick Hardiker commented that at minimum, the document should describe what is involved in the creation of a global information service, now and in the future. He also suggested that any revisions to the criteria for related classifications, to perhaps broaden the scope for inclusion to the Family, should be given careful consideration, to ensure that these classifications continue to add value to the Family.

Lyn Hanmer advised that any volunteers wishing to be involved in the Family paper revision are welcome to contact the FDC co-chairs or secretariat.

Session Two concluded at 11.08am.
Session Three opened at 11.30am.

7 FDC-SWP 03 Applications of the WHO-FIC: Joint uses of the classifications

Presentations were received from Lyn Hanmer on the FDC poster C702 Use of the WHO-FIC together and Dr Eduardo Santana de Araujo on poster (C730) Integrating ICD and ICF through Ontologies.

Discussion from the Committee included:
- Richard Madden commented that using classifications together can be difficult if one (or more) of the classifications has a broader mandate for use than the other. A practical solution to this could be to use elements of the lesser mandated classification, for example functioning, from within the more broadly mandated classification, for example in the ICD.
- Stefanie Weber commented that one application for the joint use of the reference classifications would be in a casemix system. She proposed that the FDC develop a document on how the Network recommends using the reference classifications together, and this may be combined with the work on the Principles for an international casemix classification system already undertaken by the FDC. Stefanie identified that this exercise would also help to identify gaps in the classifications when used in the various environments where a casemix system could be applied. The document could be stand-alone, or as an inclusion into the Family paper. This proposal was supported by Jean Marie Rodrigues.
- Martti Virtanen commented that the reference classifications do not all use the same concepts and that this must be acknowledged before any joint use is attempted.
- Richard Madden commented that this should be discussed further in a small working group.

8 FDC-SWP 03 Applications of the WHO-FIC: Principles for an international casemix classification system

An overview of the discussions by the FDC to date on this topic was provided by Jenny Hargreaves, and included recommendations for taking this work forward. Some Committee members expressed concern on the proposal to cease work on this item until the finalisation of ICD-11. It was suggested that this may be premature in relation to the development of ICHI, with its use case in casemix systems. Others considered there was merit in postponing further discussions until ICHI and ICD-11 are ready, and instead focus on joint use of classifications.

Based on the view of the FDC members the co-chairs agreed to leave this item as active.

9 FDC-SWP 01 Assist WHO in the development of ICHI

A round table discussion on the future of ICHI was held with the following panel members: Bedirhan Üstün, Richard Madden, Mark Musen, Jenny Hargreaves and Lyn Hanmer. Each provided brief statements on their perspective of the potential future directions of ICHI.

Bedirhan Üstün summarised the history of the ICHI work with the American Medical Association (AMA) and Stanford Collaborating Centre over the past 12-18 months, including the status of the contract negotiations. He reported that the International
Health Terminology Standards Development Organisation (IHTSDO) had recently become involved in these negotiations with AMA, in relation to the use of SNOMED CT concepts in ICHI. Discussions with all parties are still ongoing. In the meantime, the senior management at WHO are not planning to undertake significant development of ICHI, and commitment will have to come from member states if progress is to be made.

Richard Madden reported that the development momentum of ICHI has slowed whilst waiting for the WHO/AMA agreement. He suggested that greater momentum could be achieved by undertaking a comprehensive review of ICHI, and assessing its developmental next steps from the results; this could potentially be one focus of a 2016 FDC mid-year meeting. Richard confirmed that ICHI is considered the intellectual property of WHO, and its alpha version has valuable base capital for ongoing work. Richard asserted the question for the FDC is how to use this asset going forward in the current environment. He recommended that the alpha product be made more widely available than it is at present, as well as exploring other marketing opportunities.

Mark Musen agreed that progress on ICHI has been limited for the past 12 months and that clarification on the future directions of the product would be welcomed.

Jenny Hargreaves commented that moving ICHI forward may present challenges, with the WHO’s signalling of lack of resources and the more broader WHO-FIC network focus on the ICD-11 revision.

In general, discussion from the Committee included:

- Marketing opportunities for ICHI, and how these should be pursued and communicated.
- The ICHI structure may be too simple for use in casemix, but there is acknowledgement that this may be difficult to change with current resourcing levels.
- Contributors to the ICHI development consider it a worthwhile investment, in order to gain evidence-based information about international intervention activity and healthcare.
- Whether the ICHI development needs to come back to the WHO-FIC Network and FDC work program until there is external funding found for its development outside of the Network.

Lyn Hanmer thanked everyone for their contributions and summarised the outcomes of discussion as:

- Broad committee support for a plan B for the ICHI development as per Richard Madden’s proposal with details to be clarified.
- Work on ICHI development to reside back with the FDC, so there is a specific organisational home for this work within the Network, pending further developments.

### Other business

**Strategic work plan 2016**

Jenny Hargreaves summarised the proposed content of the report to Council for the FDC’s activities, including:

- SWP-01 (ICHI): Recommending a plan B for ICHI development is put into operation pending formal arrangements between WHO and AMA. This includes transferring responsibility of the ICHI work from WHO back to the Network.
with the FDC being the focal point, and the work being part of the FDC work program.

- **SWP-02 (Integration of the Family):** Discussions have continued and work to re-draft the ‘family paper’ is to take place in time for a mid-year meeting.
- **SWP-03 (Applications of the WHO-FIC):** There is no active work on the principles for an international casemix system item but work on this topic is not yet finished. Broader work is being pursued on the joint use of classifications.
- **SWP-04 (Universal Health Coverage):** Next steps to engage with the WHO programme area working on UHC.
- **SWP-05 (Additional members of the Family):** Future discussions on risk factors are likely to be influenced by the outcomes of the review of Chapter 24 of ICD-11. The FDC will pursue formal communication with the fTAG to indicate the FDC’s continuing interests in this work and to collaborate. Regarding the work on personal factors, the FDC will continue to collaborate with the FDRG on this topic.
- **SWP-06 (Alignment of members of the Family):** No active items to report.

Jenny thanked everyone for their involvement in the meeting, and thanked Bedirhan Üstün for his role as WHO focal point for the FDC since the Committee’s inception.

Session Three concluded at 13.17pm.
A007 - Update, and Revision Committee (Draft Minutes)

Over the course of three days the Committee:

- ratified 60 recommendations for updating the ICD-10;
- ratified 20 recommendations for updating the ICF.

**ICD-10 Updates**

- 37 approved – this number includes those accepted with modification and the ones where no change was required:
  - 8 major updates
  - 29 minor updates.
- 1 rejected or withdrawn – this number includes proposals that were rejected by the members and proposals that were withdrawn at the request of the submitting Collaborating Centre.Withdrawn proposals are deleted from the ICD-10 platform. Rejected proposals are retained for future reference.
- 21 proposals held over for further work next year.
- 1 proposal is considered for ICD-11.

**URC-ICD Discussions**

- Contribution to the ICD-11 revision process
  - URC members received a presentation on the status of ICD-11. The presentation was given by Robert Jakob and was followed by discussion.
  - URC members are willing to provide feedback, from their national perspectives, to the topic of post-coordination and clustering and specific new concepts in ICD-11 (e.g. clinical forms).
- A second presentation was given by Anneke Schmider on the proposal process in a new environment. Discussion ensued.
  - The former Information Note (IF) on the topic will be revised by WHO taking into account new structures and project plan of the overall revision process. URC members are invited to contribute to the revision of the IF and to comment on it once it is available;
- Further submission process to ICD-10 update
  - URC members are asked to provide proposals for drafting criteria reducing the number of submissions for further ICD-10 Update;
  - URC members are encouraged to consider the necessity and impact of suggested further modifications of ICD-10 carefully.

**ICF Updates**

- 9 approved – this number includes those accepted with modification and the ones where no change was required:
  - 7 major updates
  - 2 minor updates.
- 8 rejected or withdrawn – this number includes proposals that were rejected by the members and proposals that were withdrawn at the request of the submitting Collaborating Centre. Withdrawn proposals are deleted from the ICF platform. Rejected proposals are retained for future reference.
- 3 proposals to be returned to Open Discussion Layer for further work next year.
ICF Discussions

The following future and continuing tasks were discussed:

- Completing the incorporation of ICF-CY into the ICF foundational layer
- Engaging the Collaborating Centres and other associated organisations to become more involved in the ICF Update Process
- Encouraging the use of guiding principles that have been formulated and approved by the FDRG with regard to the reviewing of ICF Update Proposals
- Exploring the possibility of soliciting proposals around specific components, (such as e.g. the Environmental Factors) to facilitate the on-going development of the classification.
- Facilitating the publication on the WHO website of the 2015 version of ICF that includes all updates that have been approved so far. This version should be available as a browser online version and in PDF format
A008 - Mortality Reference Group (Draft Minutes)


**Procedural Issues:** None discussed

**Comments on MRG Proposals in URC:** Discussed comments to proposals (2135, 2171, 2172, 2182, 2184, 2189, 2191, 2153, and 2155) and how to respond during the URC sessions. Informed the MRG that we had made slight modifications to other recommendations and that they were accepted prior to the meeting.

**Ongoing work**

**PS11 Q3 Bronchitis and duration:** Reviewed Peter’s and previous efforts. Suggest that need to clearly give instruction on what doing and how to use the information. Peter has included some that Teresa had previously excluded. Donna find older material on why Teresa excluded conditions and send to Peter for him to look at and see what relevant and agree about. Talked about a few specific conditions such as kidney failure and acute on chronic and differences in meaning. Durations have been used in Europe more than in the US. Once have final list, discussed what to do with it (i.e., how to distribute). Difficult to put it in volumes but want it to be available (maybe have MRG Facebook page). The list may change over time and putting in volume might be problem for that reason. Could be a recommendation on automatic coding.

*Action items:* 1) Donna send Peter earlier material

2) Peter look at Teresa’s reasons and see how affects his list

**PS17 Q5 Carbon monoxide sources:** Work has stalled. Try to work on during the week.

*Action items:* Patricia and Kaori continue work

**PS26 Q2 Orphanet:** Stefanie will put slides on sharepoint. Project now adopted by EU, especially looking at coding. The ICD is not detailed enough to be useful with these conditions so use Orphanet codes in the German modification. The project has 5 tasks. Idea is to bring system into routine use, develop a data set that can be used in improving underlying cause selection. Lars Age asks about translations between systems. Stefanie reported that have given feedback on codes in Orphanet, but some have no reasonable code in ICD, and will look at more in project. Don’t think need to report back to the MRG for a couple of years.

*Action items:* Put on backburner until have data set and have more to report

**TG2012_005 Decide which morphologies coded to C80:** Look at all morphology codes and decide which are well specified and shouldn’t be coded to C80. Hiroshi spoke about ICD-O and what it shows. Lars Age condense list by removing synonyms etc. and send to Hiroshi for him to flag the ones that can be considered as specific morphologies.
Action items: 1) Lars Age condense list and send to Hiroshi
2) Hiroshi flag ones that can be considered as specific morphologies

PS2 Q8 Breadth of update, Y84: Had prepared a proposal and got some comments. Need to find a better word for surgical condition and text needs to be clearer (e.g., something generally treated by a procedure coded to Y83.-). Give any advice or suggestions to Sue. The list of complications may not be complete but it is a good start. Discussed that it wasn’t short sighted to use the code rather than defining in words. Talked about certificates rarely being clear on why did surgery.

Action items: Lars Age, Patricia, and Francesco (and Sue) work on revising proposal; check spelling

TG2013_001 Can FMD be the underlying cause of IHD: Previously agreed that it was okay and suggest LMP, but perhaps link back to I25.8 and need something in volume. Was a Teresa issue so question on how to proceed. Peter said he thought this was like the cerebral arteries discussion and should go back to I25.8. Peter can get clinical advice. I77 is a disease, I25 is location not cause, and so is it more specific? Talked about clinical versus statistical perspective. What more important to know if want to treat condition? What is more relevant/useful code to be the underlying cause?

Action items: Peter (others) get clinical advice

PS26 Q24 Malnutrition and diabetes: This issue came up while working on the exam. Do we want to include other diabetes? Compare to other suggestions. 7.6 looks strange in latest version of the volume so went back to older version and saw other conditions that think should be included: E10-E11, E14. Update wording according to new Vol 2. Update proposal, check wording, and need to work with new version. Sue found something that sets this type apart from other diabetes.

Action items: Update proposal

PS26 Q26 Created codes: Nothing further has been done

Action items: Revisit at next meeting

PS27 Q6; TG2014_080 SENDC R54 and J40 and J42: Does this mean anything different from heart disease? Takehide says clinically it has no meaning. Then remove it from the index as an essential modifier, make it optional so can code. Patricia can develop suggestion for it to be a non-essential modifier under heart disease. Talked about what had done with bronchitis- same?

Action items: Patricia develop suggestion

PS27 Q11 Bullying: Talked about different scenarios and if someone committed suicide to have the underlying cause be suicide but have bullying (Y07) in the multiple cause fields. Main injury would be means of committing suicide and the bullying T code would be another T-code on the record. Y-code could reflect information on who is doing and T-code more about maltreatment. Propose to code under T74.8 and add terms to the index. Are further types of person needed?

Action items: Dr. Torres develop proposal
**TG2014_094 Epileptic states more advanced than epilepsy in G40:** Used new volume 2 format to translate what was in the background into a suggestion. Put this in the form of a proposal. Ask for careful review before send to URC.

*Action items:* MRG review proposal and send to URC if no objections

**PS27 Q12 Dementia note in 4.1.11:** Old coding tradition keeps resurfacing. Peter asked about dementia syndrome and note to not be used if physical condition of F03-F09 is known. Lars Age and Patricia try to write up current suggestion. Change to “underlying cause of F03-F09 is reported.”

*Action items:* Lars Age and Patricia work on proposal

**PS27 Q13 Expand trivial list:** Stefanie and Agathe were to compare the Mexican’s bigger list. Agathe reported that it wasn’t easy to decide what is trivial. For example, B00.9 could be a severe disease and wouldn’t put it on trivial list. Agree with some of the additional conditions. As a first step, add ones agree about. Revisit ones that are borderline later.

*Action items:* Agathe continue work, including conditions that she feels sure about

**URC 2060 Linkage of codes G45.9 & F03:** Previously not a problem since G45 was on trivial list, but with change in rule, situation changing. Not trivial when causing so that is taken care of. Do we want to include F01.1 and F01.9 also as sub-addresses? Yes. Patricia work on.

*Action items:* Patricia work on

**PS27 Q21 URC 2061 Respiratory tract infection:** Decision table looks like pneumonia. Lower respiratory tract infection is more susceptible to death than other respiratory tract infections. Peter’s previous work on 2192 wasn’t in appropriate format. Ask him to have another look and see what else need to do with the formal suggestion. Easy thing to do is index to pneumonia but this is not correct. Condition is frequently reported and is not a language thing. Question if could do with inclusion or exclusion notes? Peter suggest don’t distinguish upper and lower.

*Action items:* Ask Peter to continue work on suggestion

**PS27 Q24 R99/I46.9:** Intention behind is that we not count these with cardiac deaths. Jan is not happy with this topic and requested info from Eurostat. The table shows many differences among countries. Talked about sudden deaths and that more information is reported than what focusing on now. Various options discussed (e.g., R09.2, changing national dictionaries, R09.8). Pros and cons with different suggestions. If updates done, some countries will see change in statistics. Either have to do this or remove the Becker note. Robert commented that in ICD-11, this is in the symptoms chapter, so compromise would be to use an R-code that allows one to identify cases which would move it out of the chapter. Discuss if add rule and later a code. Most support something along these lines. For next meeting, see what required for new code: Lars Age and Patricia look at indexing issues. Jane asked if there had been any validation studies in countries. Bob said yes but he couldn't think of any focused on cardiac arrest. Check if any change in trivial but ill defined. Revise proposal to be compatible with ICD-11 and follow up.

*Action items:* Revise proposal

**TG2012_00 Define code set Communicable Disease:** Nothing happened on work to come up with list of infections that are wasting/paralyzing. South Africans did some work on related issues. Maybe ask them to take a look at this issue. Ask South Africans.
Action items: Ask South Africans

**PS27 Q35 Nordic N9:** Nothing has been done. Need someone else willing to make a first draft. PAHO and Mexico volunteered.

Action items: PAHO (Patricia Solis) and Mexico volunteer to draft secondary conditions for perinatals

**PS27 Q36 (TG2014_052) Nordic N10:** Suggesting a simple update to Vol 2. Tyringa commented that it was very different. I67 another cerebral moving away from sequel. Send to URC if no objections.

Action items: Send to URC if no objections

**PS27 Q34 Coding of unspecific injuries etc.:** There have been a couple of proposals. Ulrich commented that he prefers T76 which seems clearer. May still be room for discussion about the title and indicating that there are 2 unspecified components. Should we also add an unknown? Ask Ulrich to develop a proposal to look at midyear meeting.

Action items: Ulrich to develop a proposal for midyear meeting

**MRG2014_037 Exclusion for all infectious diseases acquired after birth:** Not discussed at meeting.

Action item: Revisit at next meeting

**MRG2015_002 Doubts about badly certified deaths:** Not discussed at meeting.

Action item: Revisit at next meeting

**MRG2015_003 Doubt on colitis indexing:** Not discussed at meeting.

Action item: Revisit at next meeting

**MRG2015_004 Use of I15:** Not discussed at meeting.

Action item: Revisit at next meeting

**MRG2015_008 Conditions considered to increase risk of malignancy test:** Not discussed at meeting.

Action item: Revisit at next meeting

**MRG2015_010 Infectious hepatitis NOS:** Not discussed at meeting.

Action item: Revisit at next meeting

**MRG2015_011 Carcinomatosis:** Not discussed at meeting.

Action item: Revisit at next meeting

**MRG2015_014 P95:** Not discussed at meeting.
Action item: Revisit at next meeting

**MRG2015_015 U-codes:** Not discussed at meeting.

Action item: Revisit at next meeting

**MRG2015_016 Add linkage from I709 to I420:** Not discussed at meeting.

Action item: Revisit at next meeting

**TG2014_044 Nordic N2 Hyperbilirubinemia:** Not discussed at meeting.

Action item: Revisit at next meeting

**MRG2015_022 How to handle perinatal certificate:** Australia is one of the countries that use a perinatal certificate and want a way to obtain an underlying cause. A paper was submitted in which they tried a couple of different methods to get this for 38 certificates. Think main difference between methods is due to decision table flaws. Think the "Sue" method is the better approach, but work on the decision tables and then work on the instructions. Continue work with Sue, Australia, and Lars Age. Kyung commented that both fetal and maternal conditions are important but asked for clarification on why doing since delete the perinatal certificate in 2016.

*Action items:* Sue, other Australians, and Lars Age continue work

**MRG2015_023 Suggestions about heart failure:** Not discussed at meeting.

Action item: Revisit at next meeting

**MRG2015_024 O80-O84 in Vol 2:** Not discussed at meeting.

Action item: Revisit at next meeting

**TG2014_070 K830 due to K7290:** Not discussed at meeting.

Action item: Revisit at next meeting

**TG2014_089; MRG2015_025 Rule C F10:** Not discussed at meeting.

Action item: Revisit at next meeting

**TG2014_089; MRG2015_026 R63 anorexia is not ill defined:** Not discussed at meeting.

Action item: Revisit at next meeting

**TG2014_089; MRG2015_027 Add most advanced for of drug dependence to secondary conditions:** Not discussed at meeting.

Action item: Revisit at next meeting

**TG2014_089; MRG2015_028 K746+ B16-B19:** Not discussed at meeting.

Action item: Revisit at next meeting
TG2014_089; MRG2015_029 DS I33 5to I34-I37: Not discussed at meeting.

*Action item:* Revisit at next meeting

TG2015_017 DS question from table group: Not discussed at meeting.

*Action item:* Revisit at next meeting

URC 0318; PS15 Q17 Congenital anomalies due to chromosome abnormality: Not discussed at meeting.

*Action item:* Revisit at next meeting

**New Issues:**

**MRG2015_031 R65:** Started out with comment that there seem to be contradictory instructions/notes in the ICD. Others think it is clear that the Vol 1 note is referring to morbidity coding, but could clarify further with the addition of “For morbidity, this category... For mortality, see the instructions in Vol 2.” Also discussed that it appears that the codes are split in the classification while treatment is the same for all, so should coding be consistent? Commented that usually go to another code than the R-code but some still not happy with apparent split in codes. In addition, R65.0 and R65.1 will not be ill-defined in 2016. Peter and Stefanie find examples and work on a proposal.

*Action item:* Peter and Stefanie bring examples and proposal to midyear meeting

**MRG2015_032; 2165 Hypertension and aortic aneurysm:** Kyung says that aneurysm has more information and would prefer more broadly (i.e., for specified hypertension). To accomplish this, need to write up as an instruction for Vol 2 (section on special instructions) and send to the URC next year if there are no objections.

I10-I15 Hypertensive diseases
   When reported as the cause of: I71.- (Aortic aneurysm and dissection), code I71.-

*Action items:* 1) Write up proposal
                  2) Ask MRG to review prior to submitting to URC

**MRG2015_033 Physician assisted suicide:** In previous discussions, the MRG said that want to code the physical condition which does go against the suicide rules taking precedence. In most places, the condition has to be terminal for this to occur if legal. If not legal, then homicide. Since are differences around world, can’t put a standard code in the ICD. Could be important statistical fact, but collect in other ways. Talked about whether some general statement be added to Vol 2 about interest in the disease, but people saw potential problems in doing that. So, do nothing, Patricia get back to Lori about the discussion, and remove issue from agenda unless it comes back again.

*Action items:* 1) Patricia tell Lori about the discussion
                  2) Remove issue from agenda

**MRG2015_034 Vol 2, Table summary at 4.2.5:** Need to do something different with F17. Discussed options. Lars Age and Francesco make a suggestion for next meeting. Probably put a footnote by code in table and a note at the bottom. Stefanie raised a related issue: they have
found other inconsistencies in Vol for 2016 as they have been translating. Suggest putting these together in table on SharePoint and we can discuss at the next meeting.

**Action items:**
1) Lars Age and Francesco work on a suggestion for this issue
2) Create new issue for other inconsistencies

**MRG2015_035 Cervical schwannomatosis:** Patricia suggests adding an index entry. Forward on to the URC.

**Action items:**
1) Put suggestion on platform
2) Send to URC if no objections

**MRG2015_036 Nonruptured cerebral aneurysm sequelae:** Are some exceptions in sequelae now so could add similar exception for this. May be more of an issue in automated coding, so may need to tweak tables so get 169 if it later ruptures. Francesco to think about this situation. Patricia brought up issue of progression of disease. Lars Age doesn’t think there would be a problem in isolation but could have difficulty coding if this caused something else cerebrovascular. Peter, Lars Age, and Francesco look at specific cases (especially I671 with stated complications) and see how to achieve what want. Peter send cases for review.

**Action items:**
1) Peter send some cases
2) Peter, Lars Age, and Francesco look at specific cases and see how to achieve what want

**MRG2015_037 Indexing codes for types of leukaemia and lymphoma with less specificity:**
URC 1230 made lots of changes and over time, several have noted that often the less specified terms seen on death certificates are not covered in the index. So, it is not clear how to code these terms. Ulrich commented that some of the terms are outdated, but if still in use then would need best fit in index. Crosswalk is available, but mostly many-to-many relationships. Try to define a "best fit" for old fashioned terms. Patricia contact Monika Bene to see if the terms were actually seen on their certificates and collect terms. Maybe also send request out on Mortality Forum. If no other volunteer to provide clinical input, hand over to Ulrich and he has someone in mind who he would ask to work on this. Maybe start with terms with highest frequency.

**Action items:**
1) Patricia collect terms (contact Monika Bene and Mortality Forum)
2) Hand list to Ulrich for clinical input

**MRG2015_039 New short list for mortality:** Have 5 prerequisites before use ICD. For countries without resources to follow ICD, want to provide framework with look and feel of ICD. Idea is to start simple (115 categories) but move toward full ICD use and sometimes jump right in as working on start simple approach and decide full ICD isn’t impossible. The short list comes with simplified set of rules, can use with Iris, can use with verbal autopsy, and with help to develop a local dictionary. Identify major diseases and develop index around that. Discussed some of the usual issues: risk of staying with this simplified approach, if it is easier to collect using this approach, if weaken leverage of WHO recommendation to use ICD if give alternative, etc. UK happy to get suggestions to improve usefulness of English dictionary in places. Important to describe as roadmap so clear that working toward full use of ICD. It is important to standardize, but also have a psychological issue. People are intimidated by complexity of ICD. Think most of the bias will be in reporting step rather than using reduced coding rules. See potential lack of comparability so need to establish comparability with places with full system. What kind of decisions can one make with short list and would they be creating set of countries with limited data? Lot of confusion about effort needed to work with full system. See next year if countries are transitioning.
**Action items:** Next year give an update on what progress made in countries

**MRG2015_040 R65.2 and R65.3 note needed?:** See MRG2015_031.

**Action item:** Remove this issue in favor of related one

**MRG2015_041 Ampullary carcinoma:** Term see and Patricia proposes an update to the index. In response to a question, put in cross reference if specific site is reported that it gets coded okay. There was a discussion about location and that Peter thought rectum would be more common location. Agathe thought we might be hitting upon a language issue. If we are not sure about location, the URC may have ideas. With respect to rectum and if that should be added, check if already there. If not, add "ampulla recti" to the suggestion.

**Action items:**
1) Patricia check if rectum needs to be added
2) Put suggestion on platform and send to URC if no objections

**MRG2015_042 Request to modify wording in 5.8.2:** In meantime, seems that Robert had reached an agreement that those countries that would report maternal and late maternal deaths separately and eventually add a sentence in the ICD to report late maternal deaths separately. Several in attendance supported the idea that it would be good to review the definition. Need to be clearer about what to do and need more instructions. Kyung raised issue of discrepancies between ICD-MM and Vol 2 and some of the difficulties. Lars Age commented that we passed on notes on difficulties but not much was done in response. Jan suggested could use a statistical approach instead of trying to directly measure to get comparable data. Mexico, Brazil, and Korea volunteer to make adjustments. Vilma commented that PAHO and a Committee in the Americas also is working on maternal death issues. Welcome this group to review and participate.

**Action items:** Mexico, Brazil, Korea, PAHO, etc. review definitions and issues about ICD-MM/Vol 2 differences

**MRG2015_043 R95 questions:** What code for kids? Countries fairly consistently use R96.0 and we had broad agreement about age checks for R95. Also discussed that certifiers are fleeing from terms that will be coded to R95 for infants, so it would not likely to be of much use for international comparisons. What remains in the category R95 would be a mix of situations. Discussed what to do for the UK that sees the term sudden death in infancy for children older than 1 year. Suggest exclusion and inclusion notes but don’t use infancy term in R96.0. Ulrich draft proposal. There was further discussion about those promoting sudden death in adults, those still promoting SIDS, and if should get rid of age split in code since have age anyway. Some places don’t have separate age variable and still see term some, so defer such discussion to ICD-11.

**Action items:**
1) Ulrich draft something to clarify coding for UK
2) Defer classification structure change to ICD-11

**TG20145_050 Complications of hypertension 4.2.5 I10-I13:** A number of countries already apply linkages for all types of hypertension. Francesco said he could see why you would pick cerebrovascular if unspecified, but if well described, why select cerebrovascular. Why not stay with hypertensive heart disease? seemed to be some difference in opinion on making the combinations. In Iceland, they read the medical record for all deaths and they find differences in certification reflect thoroughness of certification rather than clinical differences. Others were not willing to give up on using information widely available on position of reporting. Lars Age will try to rewrite the suggestion as LDC or originating antecedent condition for I11-I13 rather
than with mention. Tyringa also wants to see this suggestion. Francesco interested in how often reported jointly and will try to test with the table editor to see the impact of the change.

**Action items:**
1) Lars Age rewrite the suggestion
2) Tyringa review suggestion
3) Francesco look at data

**Open mike issues:**

**MRG2015_044 ICD-PM:** A group has drafted something similar to the ICD-MM for perinatal events. Robert objects to many aspects of this project. It needs to be reviewed by the MRG and be in line with ICD. It has no status and will not be published any time soon.

*Action items:* Robert will let us know if he wants assistance

**MRG2015_045 Blind cord deaths in kids:** In the UK, they know of 28 deaths for 2010-2013. EU has new standards but many older curtain blinds exist. They don't think W75 is really appropriate enough to highlight to groups interested in issue. Want Elaine to present a proposal at the next meeting for how to code these events.

*Action items:* Elaine to present a proposal at the next meeting

**Joint sessions:**
Task force on ICD-11 for Mortality and Morbidity/mTAG: Reviewed work that has happened during the year and that focus has shifted to producing a linearization that is useable.

SATURDAY 17 OCTOBER 16:00 – 17:30

4.1 OPENING / APPOINTMENT OF RAPPORTEURS
Co-chairs welcomed participants to the meeting followed by a round of introductions. Heidi Anttila was welcomed to membership of FDRG.

The following rapporteurs were appointed to assist Stefanus Snyman (secretariat) with recording the Minutes: Ros Madden, Melissa Selb, Soraya Maart, and Patricia Saleebey.

Co-chairs requested FDRG members to consider volunteering to become involved in the FDRG secretariat to work with Stefanus Snyman.

4.2 CONFIRMATION OF AGENDA AND MINUTES OF MID-YEAR MEETING
- The agenda was confirmed by participants, after an overview by co-chairs.
- The mid-year meeting minutes (Helsinki) were briefly reviewed and confirmed by participants.

4.3 STRATEGIC WORK PLAN
Andrea Martinuzzi outlined the strategic work plan, FDRG priorities are:

4.3.1 UPDATES AND REVISION:
- New proposals reviewed by IRG; existing proposals: minor changes reviewed and cleared for transition to URC.
- Monitor the results of the revised criteria for streamlining the process of transition to and through URC
- Develop a targeted approach to updates in specific areas of ICF such as E Factors and access to specific expertise to enhance the classification
- Enrich the chapter of ICF with reference to the linkage with existing or developing international classifications (e.g. ISO9999, ICD-11, ICHI)
- Start a systematic approach to the introduction and appendices of ICF
- Review personal factors and how they are presented in the ICF 2001.
- Consider the literature on personal factors
- Deliver a reasoned revised text
4.3.2 ICF EDUCATION:
- Monitor and analyse the ICFEducation.org portal for quality, quantity and typography of shared training materials.
- Advise the development of ICF component database of experts/educators.
- Strategy for the recruitment of ICF educators and consultants, call for same.
- With DAR regional and HQ officers assess their needs for ICF education.

4.3.3 PRELIMINARY ONTOLOGY WORK
- Sort the list of non-approved proposals to identify those amenable for inclusion in a foundation layer.
- Progress the survey on use cases and analyse the results.

4.3.4 MICF SOLUTION
- Establish communication with the DAR team concerning the complementarity of mICF and the CBR app.

4.3.5 CONTRIBUTION TO THE REFINEMENT OF ICHI ALPHA2 FUNCTIONING COMPONENT
- FDRG continues to contribute to the refinement of ICHI alpha2 functioning component.

4.3.6 OFFERS TO HOST MID-YEAR MEETING 2016
Co-chairs flagged that members will be asked for comment on the location of the 2016 mid-year meeting. So far offers of hosting have been made for:

- Brazil (Curitiba)
- Canada (Hamilton, ON)
- Korea (Busan)
- Russia (St Petersburg)
- Thailand
- USA (Hawaii)

It was noted that the mid-year meetings provide important opportunities for collaborative work in smaller groups, resulting in significant progress on FDRG planned work.

4.4 ENVIRONMENTAL SCAN

4.4.1 NEW ROLE OF BEDIRHAN ÜSTÜN AND IMPLICATIONS FOR FDRG
Ties Boerma (Director, Dept. of Information, Evidence and Research WHO) has informed the WHO- FIC leaders and partners that there is a new WHO Department responsible for the classifications work: the Department of Information, Evidence and Research (IER). The IER is formed through a merger of the former department on health statistics and information systems with the department of knowledge management, ethics and research. In this context Bedirhan Ustun has been asked to lead WHO’s work on Data Revolution and Big Data (Big data is a broad term for data sets so large or complex that traditional data processing applications are inadequate).

Motion was made by Andrea Martinuzzi to write a letter to Dr Boerma on behalf of FDRG to request that Bedirhan Üstün continues to be the contact person for ICF to bridge ICF and big data. Additionally, Andrea Martinuzzi will request a meeting with Dr Boerma to discuss the bridge between big data and functioning information/ICF on Thursday at the Manchester meeting.

4.4.2 UPDATED ICF PUBLICATION
There is to be a new version of ICF published (pdf and browser, in 2016) incorporating all updates to the end of 2015.

It is unlikely that this will include updates of the Introduction or the Annexes. Rather, it will focus on the tabular list. Matching updating of the ICF Browser and the Index will also be required.

The FDRG requests WHO to also update the Introduction and Ethics sections. This is a challenge due to a lack of human resources as WHO now focuses primarily on ICD-11.

4.4.3 MANDATORY USE OF ICF
WHO needs to promote the mandatory use of ICF by governments. This should be part of the environmental scan.

4.4.4 FUND TO ASSIST ATTENDANCE OF FDRG MEETINGS
A fund should be started to assist FDRG collaborators/members from poorer countries to attend FDRG meetings

4.4.5 USE OF ICF-CY
ICF-CY is still in use, but it is not maintained. See resolution which explains the inclusion of developmental issues of children with ICF.

4.4.6 ICF PRACTICAL MANUAL
The final version of the ICF Practical Manual will be published online by the end of 2016.

5 SUNDAY, 18 OCTOBER 2015: 9:30 – 11:00 (ICF UPDATES)

5.1 SUGGESTIONS HOW TO DECIDE ON UPDATES (JENNIFER JELSMA AND JANICE MILLER)
There have been some delays on resolving approval or rejection of ICF Update Proposals from ICF-CY. The majority of the issues are related to “ontological” issues, e.g.

- Multiparent coding
- Developing sequencing – related to insertion of codes within existing codes
- Granularity
- Temporality
- Special groups e.g. age
- Function/expression of that functioning

See Poster C502 on suggestion for review criteria and for examples of suggestions. Jennifer Jelsma indicated that they have tried to avoid calling the criteria document as “guidelines” since this insinuates something official. These suggestions are not set in stone nor official, but rather as food for thought for reviewers, something to keep in mind.

These recommendations were discussed and the following comments received:

- It should be Indicated that the update proposals were accepted or rejected based on specific guidelines e.g. rejected if updating category to apply for all ages does not make sense
- The wording of applicability across the lifespan is important. It is suggested that health conditions should not be mentioned in the description.
- The suggestion to allow on overlap needs clarification i.e. what is the meaning of overlap. Would be possible to write the title without parenthesis so that to avoid overlap.
• More thought is needed on the multi-parenting suggestion.
• We need to avoid that reviewers made a decision based on seeing these suggestions as binding.
• These suggestions are “destructuring” the constraints that have directed reviewer decision up to now.
• Patricia Saleeby asked what has happened to the work on the APA guidelines on ICF coding, since there was a lot of valuable information to inform the update process. Catherine Sykes replied that the APA manual has been designed as proprietary material. She has been in touch with Lynn Bufka re access to the material.
• We need to look formally into the experience of ICD reviewers/update process.

ACTION STEP: The suggestions how to decide on updates are accepted with the provision that the discussion will continue and that more complex issues such as multiple parenting and overlap will be dealt with at a later stage.

5.2 ICF UPDATES (JENNIFER JELSMA AND JANICE MILLER)

5.2.1 UPDATED ICF VERSION 2015 AVAILABLE SOON
The ICF with all the updates will be published soon. There is new draft ICF version 2016 must first be reviewed for accuracy and quality and has not yet been approved.

Once approved the “red book” will not be printed, but will only be available electronically. In the new version only the tables will be updated, not the introduction.

The browser still has to be updated with the updates. Currently, the lists of updates on the WHO website are still listed according to year when the updates were approved.

5.2.2 FEEDBACK ON ICF UPDATE PROCESS
Jennifer Jelsma gave a thorough overview of the ICF updates (PowerPoint | Podcast).

• All proposals can be found on the ICF Update Platform irrespective if accepted, rejected or returned to open layer.
• From 2006, ±200 proposals have been considered, of which 155 are related to ICF-CY.
• Currently:
  • 31 proposals still under consideration.
  • Only 6 were new proposals.
  • 11 remain in the open layer as no clear consensus

20 proposals were decided in 2015.
• 3 approved
• 8 rejected,
• 2 on hold or put back onto the open layer due to lack of consensus
• 7 will be discussed at URC meeting.
Approved: full consensus; Rejected: Majority of no; On hold: Majority No, but cannot decide yes for now

Challenges:
• There are very few proposals being entered onto the platform for consideration for 2016.
• In order to ensure that the ICF continues to be valuable, we should encourage more proposals.
We can do this in small steps e.g. identifying certain themes or components of the ICF e.g. one or all of the EF codes. We can work together with groups and organizations e.g. World Confederation for Physical Therapy (WCPT) or APA on making update proposals.

Thanks were given to John Hough, Marie Cuenot, Francesco Gongolo, Andrea Simoncello, Paula Tonel, and the Italian Collaborating Centre in general for their tremendous support of the ICF update process now and in the past.

Discussion:

- DAR joint meeting with professional organizations can be used to inform them about the ICF update proposal process.
- Informing the Collaborating Centres and regional representatives about the ICF Update process is fertile ground for the ICF update process.
- Encouraging one professional organization to propose updates may drive the updates in a specific direction. It would be better to ensure that organizations of diverse disciplines provide updates.
- Personal Factors related to education: There are 2 issues related predominately related to ontology: 1) some PF are actually PFs for children. 2) There are different conceptual worlds e.g. in some PFs found in psychology is viewed differently and have different constructs from those used in education.
- FDRG shouldn’t solely respond to update proposals; we can actually draw up proposals ourselves.
- Organising FDRG workshops on putting together and submitting proposals are discussed.

ACTION STEP: As part of a systematic update process it is decided to focus on updating Environmental Factors in the near future. An invitation will be send to all Collaborating Centres and the FDRG database to submit updates on EFs by December 2015.

5.3 PRESENTATION ON ISO9999: ASSISTIVE PRODUCTS FOR PERSONS WITH DISABILITY – CLASSIFICATION AND TERMINOLOGY (TAKENOBU INOUE)

The ISO9999 covers not only specific assistive products and technology, but also products and technology that are generally available. There is currently an ISO9999 2011 version. The classification is based on the classification of the function of the product.

There are classes, subclasses and divisions with 3 pairs of digits e.g. 12 22 03 Bimanual wheel-propelled wheelchairs.

Current work on ISO9999: Will discuss the final revision in Manchester Oct. 19/20. A final vote on the newest version will take place in the beginning of 2016. The new version is expected to be published 2016.

ISO9999 has been in official relations with WHO and a member of WHO-FIC since 2003. Since then they have been working on the harmonization of the terminology with the ICF and other classifications. The Dutch group has been very active in this endeavour.

Chapal Khanabis is leading the WHO-GATE group (Global cooperation on Assistive Technology) http://www.who.int/disabilities/technology/gate/en/ who has the task, among other tasks, to discuss terminology and definition. This group has been working on refining the definition of "Assistive Product".
Matilde Leonardi, who has been working within the GATE group work, mentioned that one role of ISO9999 is to influence the industry. They are also providing valuable input to inform the ICF work on categories involving assistive products.

Janice Miller informed that since 2010, this topic has been coordinated within FDC and not within FDRG. However, it is unclear how the flow of information from FDC to FDRG is being achieved. She requests additional information about the process of cross-group exchange of information/input.

6 SUNDAY, 18 OCTOBER 2015: 11:30 – 13:00 (FDRG WITH ITC)

6.1 UPDATE ON MICF (STEFANUS SNYMAN) (FDRG WITH ITC)

- Stefanus Snyman presented an update on the mobile, mICF group. An overview of some history and current theoretical frameworks underlying the mICF work was presented.
- Multiple grants have been submitted to fund the work. Some small grants have been secured to conduct some pilot work. Two larger grants – Horizon 2020 and the PCORI – were not successful.
- A small pilot project will be conducted in Djibouti (Africa) with Matilde Leonardi to help develop a proof of concept for the mICF project. They would like to help children with disabilities in accessing education and develop a better understanding of disability in this insulated community.

Questions and Comments

- Jerome Bickenbach commented that the Horizons application was not competitive for several reasons not related to content. First, there were a large number of partners. It needs to be reduced to no more than 10 with combined small, medium, and large enterprises. There also needs to be linking to WHO, which will come at a high cost around 700,000 USD, probably one million. Equally important – there needs to be communication with someone familiar with the Horizons process to help overcome some submission issues. For example, Matilde Leonardi has been successful in getting some of these grants.
- Matilde Leonardi was pleased to hear about the mentioning of the Djibouti (Africa) project. She was there earlier in the year and they are very receptive to have this pilot project. It will be important to capture disability data with the children population.

6.2 INFORMING ICF ONTOLOGY (ANDREA MARTINUZZI & VINCENZO DELLA MEA) (WITH ITC)

Andrea Martinuzzi and Vincenzo del Mar presented on the ICF Use Case Survey and described ICF implementation features and preliminary findings as part of the ICF ontology update. See presentation slides for further information. The survey was conducted as a Google survey form that was easy to complete. Note: There was room to explain choices in questions.

- Derived from the meeting in Helsinki (June 2015), there were five areas identified for ICF use including clinical, education, statistics, epidemiology, and eligibility.
- ICF is being used more than ICF-CY. Data sources include self-report, professional and mixed professional.
- Activities and Participation are mostly used domains with body functions and environmental factors following.
- Generally, all ICF categories are used.
- Environment is used separately without attaching to other domains.
- Qualifiers are used in Activities and Participation mostly. Body functions and Environment follow.
• There were also questions “Which do you use?” and “How do you evaluate?”
• For capacity, how do you evaluate? The construct is fully theoretical. Important to make
distinction with performance. It’s hard to define operatively.

• Environment qualifiers were used most of the time. Equally were facilitators and
barriers.
• Temporary conclusion – Need more responses with wider experiences. We are not
surveying everything on ICF. Need more use cases than 15 responses.
• Body structures used less than personal factors.
• Environment factors used mostly as separate list.
• Activities and participation seem components of same entity.
• ICF is rich but generally ICF richness is not always exploited. Need to build on ontology
to enforce rich usage.

Comments:

• We need more data but this is a starting point.
• The survey is the first attempt to see how ICF is being used. How ICF is being digested.
We take responses honestly.
• Debate on personal factors should stay in WHO-FIC and consider that Personal Factors
should be a separate list and not part of the classification. There are ethical and other
reasons. We might debate in group and generate a list of personal factors, but not for
taxonomic classification. See the paper on personal factors just published in Disability
and Rehabilitation.
• Concern is raised about the statement that the survey data suggest Activities and
Participation may be components of same entity. We need to be careful in making such a
statement. There are distinct differences. From experiences, people can make
distinction.
• Ros Madden: Remember ICF allows for additional qualifiers. We have worked in
Australia to preserve distinction of A and P. Bring in difference in people measuring.
Measuring by the person.
• Melissa Selb: For the survey question regarding the qualifiers? We ask how are you
using it? If you are using, is it 0-4? 8 or 9? Other?

6.3 AN INFORMATION MODEL FOR THE ICF BASED ON ACTIVITY THEORY (JUDITH
HOLLENWEGER) (WITH ITC)
• This poster looked at the conceptual difference between Activities and Participation
• The poster also suggests activity as the umbrella term at level of functioning and
disability considered as umbrella concepts.
• There are certain structures like social structures inside the person (capabilities – social
and educational background) and outside the person (micro, meso, and macro structure
in society).
• Starting point should be involvement in life situations. Its definition of health fits with
WHO definition.
• Activity as an umbrella term can help clarify A & P domains.

Comments:

• Jean Marie Rodrigues: Adding externality and hierarchy and direction is interesting. We
need to add entities and properties. There is difference between activities – functions
with direction to physical world. Participation as functioning with direction.
• Lucilla Frattura: Need to clarify describing individual self-determination. How to satisfy own needs or describe individuals dependent on environment in which he/she lives. There is big difference in interacting individuals and contexts, not only describing individual situations. It’s an evolution of ICF model to describe individual and other things. Don’t think of independence; but co-dependence. We act in relation with other people and other things during life.

• Judith Hollenweger: This is not what we’re implying if you go back to the model. It does not imply this that the subject is not a person necessarily; it can be a collective.

7 SUNDAY, 18 OCTOBER 2015: 14:00 – 15:30 (EIC WITH FDRG)

7.1 APPROVAL OF MINUTES
The minutes of the joint EIC-FDRG face-to-face mid-year meeting on June 7, 2015, in Helsinki, Finland, which had been circulated in advance, were approved.

7.2 UPDATE ON ICF PRACTICAL MANUAL
Andrea Martinuzzi reported that the publication of the ICF Practical Manual is still awaiting clearance from the WHO Press.

7.3 ICF MEDUSE
Liane Simon and Andrea announced that there had recently been a kick-off meeting in Macedonia for a small three-year project funded by the European Commission to promote multi-professional use of ICF in paediatric services through electronic ICF training tools. The project is based in the Medical School Hamburg and will run until 2018. The WHO-FIC community, in particular ITC, EIC and FDRG, could play a role in terms of providing oversight and advice on quality control, among others. Andrea will keep EIC and FDRG informed of new developments.

7.4 UPDATE ON ICF ELEARNING TOOL (INTRODUCTORY MODULE): HTTP://ICF.IDEADAY.DE
Melissa Selb provided an update on the Introductory Module of the ICF eLearning Tool, which has been in draft online since 2010 in English, and thanks in particular to the efforts of Patricia Soliz, in Spanish, with the objective of providing a simple e-learning tool to promote common understanding of ICF. At the request of WHO, the introductory module is being migrated to a new software platform (Articulate Storyline), which has more interactive features with multimedia, and the contents are being updated using language more adapted to lay persons. Melissa ran a demo on the look and feel of the user interface. Review and feedback from FDRG and EIC members is appreciated. Melissa will provide the link to the site.

DISCUSSION
A question was raised on the timelines for translation of the module on the new platform. Collaborating Centres (CCs) that have already started translation of the contents are encouraged to keep on with the work. Once the English template is complete, Melissa will send it to CCs, which will need to do the voice-over and synchronization in their own languages. Training in the use of the Articulate Storyline was provided to some of the CCs in November 2014.

A question was asked on whether the contents should be aligned with the ICF Practical Manual and whether FDRG and EIC members should review and pilot test them. Melissa replied that efforts have been made to align some of the contents with the ICF Practical Manual and that further discussions could be made once the English version is complete. Andrea Martinuzzi and Huib Ten Napel volunteered to review the content. Other members wishing to contribute should get in touch with Melissa.
7.5 WHO-FIC IMPLEMENTATION DATABASE
Huib gave an update on the WHO-FIC Implementation Database. After the mid-year meeting, the User Guide was updated, letters sent to WHO Regional Offices (ROs) requesting their assistance in identifying new focal points in countries that had no WHO-FIC Collaborating Centres (CCs), and a call was made to existing focal points, EIC members, and CCs to update the data in the database. As a result, 11 countries out of 19 updated their data, and 17 new countries entered their data for the first time in the database.

In 2014, 16 countries out of 19 had entered data about ICF implementation, with one country reporting full ICF implementation and five reporting partial implementation. This year, two countries reported full ICF implementation in their countries and six reported partial implementation.

Huib will provide the User Guide and link to the Global Health Observatory, which is used for browsing the data, to FDRG members.

7.6 DATABASE OF ICF EDUCATORS
The ICD trainer database, which was developed in the Korean Collaborating Centre, is used essentially to match trainers meeting minimum criteria and countries or organizations with ICD training needs. WHO acts only as a broker. The entity with training needs will refer to the register of available trainers on the database and make decisions on the selection of trainers. It has been proposed that the database be extended to accommodate the needs for ICF education and expertise.

Basic information about candidate ICF educators and experts needs to be provided to help entities looking appropriately qualified individuals. At the joint mid-year meeting of the FDRG and EIC, it was proposed that the information should include demographics, experience in the use of and educating about ICF in specific settings, language, education and employment background, and references.

While the database is maintained by the Korean CC, ICF experts will need to provide administrative support by checking the information entered by the candidate ICF educators and experts for irregularities and making clarifications by e-mail where necessary.

7.7 ICF EDUCATION PORTAL: WWW.ICFEDUCATION.ORG
Catherine gave a brief introduction to the ICF education portal. A survey conducted a year ago identified overwhelming needs for sharing of existing ICF education resources. After working out the criteria for a platform, FDRG developed a portal for sharing existing resources. Stefanus Snyman ran a demo on the online portal.

Stefanus asked FDRG and EIC members to provide feedback on difficulties or problems encountered in the use of the site to inform development of a user guide. Contributions from members and the ICF community for crowdsourcing of funds to cover for administrative and other expenses for the next two years are welcome and can be made by contacting Stefanus.

Available on the portal is PhD studies by Gonda Stallinga, who briefly presented her work [PowerPoint], which focused on the use of ICF as a standard terminology for functioning and a conceptual model of health to obtain information that is relevant for developing strategies for implementing functioning in health care. Results of the studies showed the following:

- Language ambiguity regarding functioning exists both in clinical practice and research;
- When functioning is included, health care is more closely related to patients' self-reported problems without a loss of focus on medical issues;
• The mindset of health care professionals is not yet focused on functioning in health care; and
• In current health care, functioning can be seen as a useful concept and the use of the ICF may facilitate the implementation.

More information on the ICF portal site is available at: http://icfeducation.org/

8 SUNDAY, 18 OCTOBER 2015: 16:00 – 17:30 (FDRG WITH FDC)

8.1 RISK FACTORS/ICF ENVIRONMENTAL FACTORS & PERSONAL FACTORS/SOCIAL DETERMINANTS OF HEALTH DISCUSSION
A preliminary discussion on the need for a risk factor/personal factors classification and its place in the Family. This will incorporate consideration of ICF environmental factors and social determinants of health, and build on initial FDC discussion at the Barcelona meeting, and related discussions held by the FDRG in their mid-year meeting in Helsinki.

Presentations included:

• Risk factors in the WHO-FIC (Jenny Hargreaves)
• Personal factors: a challenge for WHO-FIC (Richard Madden) (poster C523)

8.2 DEVELOPMENT OF ICHI

8.2.1 FEEDBACK ON FUNCTIONING INTERVENTIONS OF ICHI
Ann-Helene Almborg gave a presentation on the functioning interventions of ICHI (See Poster C601).

8.2.2 EVALUATING THE PUBLIC HEALTH COMPONENT OF ICHI
Nicola Fortune (poster C602) presented the evaluating of the public health component of ICHI.

8.2.3 EARLY FIELD TESTING OF ICHI NURSING CONTENT
Nicholas Hardiker (poster C603) presented the Early Field Testing of ICHI in the Nursing Content.

9 WHO-FIC AND DAR ANNUAL NETWORK MEETING
A meeting of Collaborating Centres, Professional Bodies, and Non-Governmental Organizations in Official Relations with WHO took place from 19-21 October in parallel with the WHO-FIC meetings.

10 NEXT MEETINGS

10.1 QUARTERLY FDRG TELECONFERENCES
All calls will be held at 11:00 am, Geneva time, unless otherwise noted on:

• Monday, 7 March 2016
• Monday, 6 June 2016
• Monday, 19 September 2016
• Monday, 5 December 2016

10.2 MID-YEAR MEETING
A mid-year meeting is planned for 2016. Venue options will be considered in accordance with the criteria of access to participants in terms of cost, geographic location of recent meetings, date and potential for the hosts to benefit from the presence of ICF expertise. So far offers of
hosting have been made for:

- Brazil (Curitiba)
- Canada (Hamilton, ON)
- Korea (Busan)
- Russia (St Petersburg)
- Thailand
- USA (Hawaii)

It was noted that the mid-year meetings provide important opportunities for collaborative work in smaller groups, resulting in significant progress on FDRG planned work.

10.3 ANNUAL MEETING

The next annual meeting of the WHO Family of International Classifications Network will take place in Tokyo, Japan from 8-12 October 2016, followed by an ICD-11 Revision Conference on 13-14 October 2016, also in Tokyo, Japan.
October 17, 2015

1. Call to Order
Ms. Pickett called the meeting to order at 2:15 pm.
The agenda was approved with no changes or additions.

2. Report and Update on Work Status
Per WHO, updated frozen version will be available in December
Ms. Pickett and Dr Jakob have completed a great deal of work on the morbidity coding rules. The
draft coding rules are based on past recommendations from the morbidity and mortality TAGs
and reference groups. They have also incorporated work from the small working group and
other comments that have been received. Once the current draft of the rules has been
completed, it will be circulated to the group for review.

It was noted that overarching definitions have still not been incorporated into ICD-11. Ms
Pickett indicated that she and Dr Jakob have identified discrepancies between definitions in
iCAT and the reference guide.

Some of the comments from the previous MbTAG chapter reviews have not yet been addressed
in the current version of ICD-11.

There is still unevenness across chapters, with some sections having been worked on much
more extensively than others.

The priority is the JLMMS. We need to make sure the shoreline is correct for morbidity and
mortality purposes. Confirming the shoreline for the morbidity linearization should be a key
priority for the MbTAG.

Definitional issues should also be priority for MbTAG.

3. Chapter Review
Chapter 1 is being revised to reflect the decisions taken in Glion. The revisions are a result of the
extensive input that was gathered on this chapter.

The Dermatology and Neoplasm TAGs did a thorough review of their chapters as part of their
work, but such a comprehensive review with reaffirmation of the included concepts in ICD-11
was not necessarily done for other chapters.

Ms. Pickett thanked Richard Madden for his review of chapter 24. The MbTAG had also
previously submitted comments (last year) on chapter 24, which were very much in line with
Mr. Madden’s comments.

The group agreed that the MbTAG should review the Obstetrics chapter. This review should
include whether procedure-related codes should be excluded and whether there is a code for a
normal, spontaneous delivery or counterparts to codes 080-084. It was noted that a diagnosis
code for “normal delivery” does not duplicate the intervention codes because it is describing the
reason for the admission.

Ms. Best suggested that the Genitourinary chapter should also be reviewed by MbTAG members.
Associated rules should be reviewed in conjunction with review of a chapter.

Anneke Schmider noted that there are still 1700 ICD-11 proposals that have not yet been addressed (20% have structural implications). The MbTAG agreed that it’s important to ensure that our review work is not nullified by subsequent changes to the reviewed chapters. We need to know as soon as possible if any major changes are being proposed. It was suggested that there should be a firm deadline for submitting any further proposed changes to ICD-11.

In addition to proposed ICD-11 revisions, there are also accepted URC proposals that have not been incorporated in ICD-11.

4. Roles of MbTAG and JLMMS Task Force
Dr Hanmer stated that it is not clear how the JLMMS task force’s role fits with the role of the MbTAG. WHO staff indicated that the task force should reflect the views of both the MbTAG and the mTAG. The task force’s work should not duplicate the work of the MbTAG and the mTAG.

Discussion around prioritization of our work is absolutely key.

5. March & Sept. 2015 meetings on JLMMS Task Force linearization issues
It might be beneficial for the MbTAG to weigh in on topics that were identified at the March meeting and subsequently tackled by the JLMMS task force (such as diabetes and postprocedural complications) in order to make sure these issues have been appropriately addressed.

The ultimate goal is to have a JLMMS that is credible and accepted.

Remaining tasks undertaken by WHO, JMMS task force, and MbTAG need to be coordinated.

Dr Jakob has been collecting ICD-10 code morbidity usage information. It might be useful to focus on the most frequently used codes during the MbTAG’s chapter review. The email from Dr Jakob will be distributed to the MbTAG.

Dr Steinum had developed two papers – on Excludes notes and the need to clearly define “small words.” In ICD-10, there are three kinds of Excludes notes. He asked about the status or process for addressing these issues in ICD-11. Ms. Pickett indicated she has included definitions of Excludes notes in the draft morbidity coding rules. She also added definitions of “small words” in the coding rules, using as a basis the recommendations from previous papers developed by the MbRG and MRG.

A question was raised about the status of the mapping tables in the browser. Ms. Best noted the mapping is not complete and not entirely accurate. Right now, the mapping tables should only be used as a guideline and not considered final or incorporated into grouper systems.

Ms Pickett encouraged MbTAG members to review the current version of the Alphabetic Index. Ms. Best indicated that the Index is still being worked on. Her “to do” list includes a review of the ICD-10 index in order to address issues around terms in ICD-10 index that don’t currently exist in ICD-11 index. Inclusion terms also need to be reviewed to ensure they have been added to the index.

Ms. Best noted that there may be items on WHO’s “to do” list that would make sense for the MbTAG to assume responsibility for.
Dr Hanmer pointed out that people at the EIC meeting had volunteered to review the reference guide.

In response to a question about the definition of field testing, it was noted that the WHO field testing paper describes different stages of testing. March to December 2016 is stage 2. This paper was circulated to the MbTAG during the meeting.

It would be helpful for the MbTAG to identify, during its review of chapters, rules, etc., any areas that should be tested in the first phase of testing.

What happens if a major problem comes up during chapter review or testing? WHO staff indicated that if it is clear that there is a significant issue (e.g., a defect), then it will need to be addressed. There needs to be a timely plan and process in place to make modifications – either during the development phase or going forward as part of the ongoing maintenance process.

The meeting was adjourned at 5:30 pm.

October 20, 2015

1. Call to Order
Ms. Pickett called the meeting to order at 4:10 pm.

2. Review Assignments
Ms Best provided the following recommendations per chapter as to whether the MbTAG should review at this stage:

Infectious – no

Neoplasm – yes (pretty stable – check shorelining)

Blood –yes
Immune – yes (new allergy section in this chapter)

Sexual health – yes
Endocrine – no

Mental health – yes (more changes coming – one change is that dementia has moved to Nervous chapter, with agreement of Mental Health and Neurology TAGs)
Ulrich noted that there had been some field trials of the Mental Health chapter that has already been done

Sleep/wake disorders – yes

Nervous – yes
Eye – yes (needs shorelining reviewed – MbTAG has already reviewed, so does not need to do in-depth review again – except possibly vision and visual functioning codes)
Ear – no (hasn’t changed much - MbTAG doesn’t need to review again)

Circulatory – yes (MbTAG has reviewed before, but might be worth looking at again)

Respiratory – no (MbTAG has reviewed before, doesn’t need to be reviewed again (there will be changes forthcoming as a result of changes to the Infectious chapter)
Digestive – yes (but there will be more changes forthcoming due to changes in Infectious Disease chapter)

Skin – yes (it did have major overhaul – focus review on a few sections, such as skin disorders from external factors)

Musculoskeletal – yes (there is a new section on spinal conditions)

Genitourinary – yes (reviewed by MbTAG previously, and recommendations were sent back to TAG and they incorporated them, so it would be worthwhile to confirm we agree with the changes that were made)

OB – yes (pay particular attention to delivery codes and the linkage with the perinatal chapter)

Perinatal – yes (this chapter will be impacted by changes in the Infectious Disease chapter)

Congenital anomalies – yes (there are a number of codes for very rare conditions, and we typically don’t create unique codes for extremely rare conditions; also need to look at the depth of different codes and whether conditions that are more common are deeper than those that are less common)

Signs/symptoms/clinical forms – yes (clinical forms include many of the codes that used to be asterisk codes and are not supposed to be sequenced as the principal diagnosis)

Injury – yes

External Causes – yes (needs to be reviewed in conjunction with the morbidity coding rules)

Factors influencing health status – no

Codes for special purposes – no

Extension codes – no (still needs an overhaul)

Traditional medicine – no

Base codes should be no more than 6 characters, with the 7th character reserved for the clustering. Ensuring there are no base codes longer than 6 characters should be part of the MbTAG’s review.

It was recommended that the information notes that are still posted on the web site need to be reviewed to ensure they are not outdated, and any outdated ones should be removed.

**MbTAG REVIEW ASSIGNMENTS:**

Australia (Anne Elsworthy) – Blood, OB, Nervous
US (Sue Bowman) – OB, Perinatal, Musculoskeletal
UK – Perinatal, Congenital
UK, US – Symptoms/Signs/Clinical Forms
Germany (Ulrich Vogel) – Injury
South Africa – External Causes
Dr Jakob reiterated that the MbTAG review should focus on the coding of frequent conditions.

Ms. Best indicated that Excludes notes are present in the ICD-11 browser, but “code also” notes are not there yet because they depend on which linearization you’re in.

A worksheet will be distributed to the group for collecting feedback. The review criteria the MbTAG previously approved will be sent out to the group as well.

Reviewers should be as specific as possible regarding the code that has an error. The “snipping” tool can be used to obtain a snapshot to send back with the feedback form.

This review is a high-level review of chapters, not an in-depth review. The previously agreed-upon chapter review criteria will be provided to the group to be used as a general guide for conducting the review.

Although a deadline of Christmas Day was suggested in Manchester, the due date for the MbTAG chapter review was changed to mid-January subsequent to the meeting.

3. **Action Items**
   a) Ms. Pickett will circulate the draft of the morbidity coding rules once it has been completed.
   b) The information Dr Jakob collected regarding ICD-10 code frequency for morbidity use will be distributed to the group.
   c) It is recommended that WHO review the information notes still posted on the web site to ensure they are not outdated and remove any outdated ones.
   d) Review worksheet and review criteria will be distributed to the MbTAG to guide the chapter review process.
   e) MbTAG members should completed their assigned chapter reviews by mid-January and submit their completed review worksheets to Ms. Bowman.
   f) Priority work efforts

   The priority is the JLMMS. We need to make sure the shoreline is correct for morbidity and mortality purposes. Confirming the shoreline for the morbidity linearization should be a key priority for the MbTAG.

   Definitional issues should also be a priority for the MbTAG.

   MbTAG to identify, during its review of chapters, rules, etc., any areas that should tested in the first phase of testing.

6. **Next Conference Call**

Although a tentative date for the next MbTAG of December 7 was suggested during the meeting, a conflict with the Quality and Patient Safety TAG meeting during that week was subsequently identified. The next MbTAG conference call will be scheduled for January.

The meeting was adjourned at 6:00 pm.

TG decisions implemented in Iris tables: Francesco briefly reviewed the issues that had been implemented in the 2016 tables in accordance with decisions made at past meetings (i.e., TG2012_004 Review ACME DS’s for I61; TG Apr 2014 Causal relationship inappropriate anti-diuretic hormone secretion syndrome & breast cancer; TG2014_048 New Nordic issue N6; TG2012_006 G839 due to M608; TG2014_041 Myelo-fibrosis due to polycythemia vera; TG2014_045 Nordic N3; TG2014_054 Assumption of intervening cause M869 and G35; TG2014_055 Causal relationship 1802 and M331; TG2015_027 I803 due to D685/D686; TG2014_043 Nordic N1; TG2015_015 C90 and N185). Discussed some remaining details concerning the cancers in Agathe’s file and review wanted for TG2014_048 (post new version of file on SharePoint). Also talked about other work done on tables (e.g., added new codes, deleted K7290, implement specific instructions related to accepted/rejected section).

Ongoing issues

TG2012_001 Which causes are reported for F03-F09 and G30-G31: As we have done for a number of issues, follow the principle that all conditions that can cause a specified type of dementia should be assumed as causing the more general type. A file was prepared where the missing sub-addresses are highlighted, but need to check this. Make sure that all sub-addresses in specific dementia type also under F03. May also be a question of linkage or multiple cause coding: see if F03 should convert to some other code (for a more specific type of dementia). Can remove maybe on TB now. Talked about dementia and delirious state differences and reversibility. New issue: Check that the "due to"s are correct, especially in the vascular dementia tables because it is a specific condition of the brain (Ulrich).

Action items: 1) Make sure same tables in specific types are in unspecified types
2) Make new issue: Ulrich check the causal tables for vascular dementia (F01)

TG2012_002 Epilepsy: Implement Teresa’s suggestion in the notes (e.g., G405-G406 due to F10-F19, F99), then delete the issue from the agenda. In G408 and G409 now, but something may be missing in G405.

Action items: 1) Implement suggestion
2) Delete from the agenda

TG Apr 2014 DS from D70 to C349: Series of questions about cancer and blood infections. Prepared something but want to run it past Hiroshi. Any cancer can cause agranulocytosis via chemotherapy, and agree to allow due to for any cancer whether chemo is mentioned or not. Take more conservative approach with DS and DS to cancers that frequently metastasize to bone marrow. Need to develop a list of these cancers (Agathe start and ask Hiroshi to validate/add). Wondered how often agranulocytosis is the underlying cause and cancer in Part II but not bone cancer and more generally what is reported. Agathe took a look. In the French data, they had 500 records for agranulocytosis, mainly with cancer but also RA and psychiatric disorders. DS to RA and antipsychotic drugs also. Discussed if we might want to split D70 into several codes, as is done in ICD-11.

Action items: 1) Agathe develop list of cancers
2) Hiroshi check/verify Agathe’s list
3) Agathe look at French data to see what is reported (done)

**TG2012_005 Review/develop code sets Anaemia:** This was one of Teresa’s issues. Lars Age said he would check the background, but otherwise, delete the issue.

*Action items:* Delete issue from agenda

**TG2013_029 B20-B24 & I42 linkages:** Reviewed work done in Rome and that may just be missing multiple complications of HIV linkages as stated in new Vol 2 (e.g., I42 linkage with HIV: B24 when reported as cause of I42.0 and I42.9, code B23.8). B20.8 already defined, but check B21.-. Need to develop tables according to Vol 2 specifications and move this issue to the last section of the agenda.

*Action items:* 1) Francesco send tables as they are now
2) Lars Age and Patricia work on issue, put in Excel table, and send to Francesco
3) Francesco put in 2016 tables
4) Move issue to the last section of the agenda

**TG2013_032 Various embolism issues:** Attempt to consolidate all the embolism issues have failed, so split apart. Lars Age asked Donna to send him complete discussions for embolism; he will try to identify the specific issues discussed so far. Close this issue and open new issues for the specific components. Connective tissue issues have been pulled out and discussed separately. Accept that cancer can cause embolism

*Action items:* 1) Donna send Lars Age complete discussions for embolism
2) Lars Age identify specific issues to open as new issues

**TG2014_013 P524:** Use I61.9 table for P52.4. Move issue to last section of the agenda.

*Action items:* 1) Use I61.9 table for this code
2) Move issue to end of agenda

**TG2014_034 More TG issues F6 P60/P122, P159:** Not sure what the status is: think Stefanie sent to a neonatologist but don’t know if heard back. Side discussion about Francesco and Donna setting up phone calls or some mechanism to manage/progress issues mid-meetings.

*Action items:* 1) Check on status
2) Separate issue: Francesco and Donna do more to manage progress on issues

**TG2014_091 M62.3 DS in table:** Ulrich had looked at the issue and doesn’t think that it is clear that there is a way to make the distinction between the two codes clearer in the classification. Need to develop tables for M62.3 and discussed various tables could use. Can copy the DS from tables of a code which implies immobility like paralysis unspecified, G83.9. Move to last section of the agenda.

*Action items:* 1) Copy DS table for G83.9 to M62.3.
2) Move issue to last section of the agenda.

**TG2014_036 URC 2073 Description and use of table:** Francesco implement Korean proposal (i.e., prefer N05 over N18, so delete N059 SMP N189). Text about connective tissue disorders belong in another issue TG2014_093. New issue: what does “with” mean, causality? Do we need
a note in the multiple cause instructions on how to interpret “with”? Move this issue to last section of the agenda.

*Action items:* 1) Francesco implement  
2) Move this issue to last section of the agenda  
3) Create new “with” issue

**TG2015_064 Anorexia nervosa and hyperkalemia remaining issue:** Ulrich checked. Anorexia can cause E875 and E876, and DS from E876 to anorexia nervosa. With respect to the anorexia nervosa code issue for elderly persons, some countries return choices to select from. Freddy took a note of the issue to give to Stefanie.

*Action items:* 1) Implement in tables  
2) Move to last section of the agenda  
3) Move text on code for elderly to appropriate issue

**TG2014_049 New Nordic issue N7:** Lars Age has made some further changes to the pneumonia tables and posted them to SharePoint. Tables need to be implemented except for diabetes (.9) lines which need to be tested. Discussed how to use track changes or something similar to point out what has changed. Lars Age will do this.

*Action item:* 1) Lars Age point out what has changed in tables  
2) Freddy implement in tables

**TG2014_050 New Nordic issue N8:** Discuss this in the MRG sessions.  
*Action item:* Delete from TG agenda.

**PS23 Q2; TG2014_093 Systemic connective tissue disorders (M30-M36):** linkages and combination code M34.8 Other forms of systemic sclerosis: Issue of “with” came up again. Discussed if need an addition in Vol 2? Should be in the multiple cause section saying that something that is in or with in the index should be understood as a complication of. Keep the 3 connective tissue issues separate. Ulrich and Agathe look at table from medical point of view. Keep I272 DSC M349 >> M348.

*Action items:* Ulrich and Agathe look at table from medical point of view

**TG2015_007 Systemic connective tissue disorders (M30-M36):** Review of M34.- linkages and combination with psychiatric conditions (F09, F29 and F99): Discussed with TG2014_093.

*Action items:* Ulrich and Agathe look at table from medical point of view

**TG2015_008 Systemic connective tissue disorders (M30-M36):** Revision of linkages following the work on M34.8: Discussed with TG2014_093.

*Action items:* Ulrich and Agathe look at table from medical point of view

**TG2014_057 Swedish S2:** The tables for I219 and associated created code are quite different based on an embolism table that the MRG developed. Can the created code be eliminated and would tables be combined so have more DS’s than before? Discussed an index addition, but if what is on certificate is coronary embolism, an index entry wouldn't help anything. Talked about the most common meaning of cardiac embolism. Probably embolism from the heart. Direction going relative to heart is important: want different codes if originate with heart than if ended up at heart. Separate indexing from created code issues in the background material.
Talked about fatty embolism and that “fatty” should be an essential modifier. Maybe an old term and code assignment may vary in different locations. Italy put two codes in their dictionary to deal with situation. Francesco to send some Italian cases of embolism causing infarction to Takahide and Ulrich and work together to see if approach works. For now keep created code until see result of review.

**Action items:**
1) Separate indexing and created code issues in background
2) Francesco to send Italian examples to Ulrich and Takahide
3) Ulrich and Takahide and Francesco review

**TG2014_059 DS and LMC:** Discussed that for consistency with Vol 2, think that should have both. This isn’t convention (e.g., to have two rules for the same condition) used in MMDS, but have something similar on I500 and it works okay. Shouldn’t be general solution. Implement both linkages and DS’s for J18 and J44.

**Action items:**
1) Implement for J18 and J44
2) Move issue to section at end of agenda

**TG2014_061 Glaucoma and blindness:** Sent tables to Peter close to meeting and asked if he would review and make suggestion. It causes blindness and having the "due to" is important.

**Action items:** Peter review tables and make suggestion

**TG2014_062 I330 and I38 due to I501:** Tables are different. Kaori and Takahide analyzed the difference. Not sure why they are so propose to make I38 similar to I330. I38 is not specified, so it could also be infective. Add sub-addresses for I33.- to I38 in addition to what is in I38 table now.

**Action items:**
1) Add sub-addresses for I33.- to I38 in addition to what is in I38 table now
2) Move issue to last section of the agenda

**TG2014_066 I509 due to H353:** Discussed if needed to see examples. However, said no change needed as could assume medication/therapy as intervening cause. Remove issue from agenda.

**Action items:** Remove from agenda

**TG2014_067 I509 DS Q909:** Similar to TG2015_055. Yes to DS. Send to MRG? Not all DS’s are specified in Vol 2. Discussed which cardiac problems it would be true for (e.g., septal defect, cardiomyopathy, coronary malformations, arrhythmias [not I42.6], I42.7 possible but not obvious, I44, I45, not I46, I47, Y48-I49, I50, I51.0 not DS directly, I51 all due to but not DS except I51.7-I51.9. Which want from public health point of view: heart or Down’s? Heart problems are seen as part of Down’s. Discuss cardiac anomalies DS of Q90 in MRG.

**Action items:**
1) Discuss cardiac anomalies of Down’s in MRG

**TG2014_071 N939 due to D693:** Discussed whether we should focus on the specific problem since when we broaden issues, the issues tend to get stuck and not get completed. So, try to keep closer to the specific problem. N939 is trivial, and Peter says causal tables for trivial conditions often problematic. In this case, broaden issue to the table for N93. N93 can be due to D65-D69. Can wait until further problems arise before ask Peter to develop a suggestion for further revisions to the table.

**Action items:** Add entry to table- N93 can be due to D65-D69.
**TG2014_072 G061 due to M469:** Discussed that the sequence is okay for code questioned as well as other 4th digits of these codes. Raised issue of whether would prefer the G or M-code briefly. Accept G06.- due to M46.-.

*Action items:* Accept G06.- due to M46.-

**TG2014_073 K123 a DS of malignant neoplasms:** Mucositis is a common complication of chemotherapy; however, not all cancers are treated by chemotherapy and this is changing over time. So, accept K12.1-K12.3 as due to all cancers and chemotherapy but only DS to chemotherapy (T and Y codes as sub-address). Also check if need to change anything in Vol 2. Don’t need to add anything if just general idea, but look at SP6, section on DS and complications of therapy, and see if it is covered now. Perhaps add something on complications of drug therapy.

*Action items:* 1) K12.1-K12.3 due to cancers and chemotherapy (T and Y-codes)
   2) Lars Age check if Vol 2 covers this case

**TG2014_074 Add maybe for I4299:** Accept due to for both cardiomyopathy in general (I4299) and familiar or idiopathic (I4290). Don’t need a maybe for either. If the certifier reports that something caused a familiar form, then it shouldn’t be a familiar form. Discussed if only accept E75.2 or all of E75. Dr Kohro thinks all E75, but he will look it up in the literature to see if that is appropriate. Also consider if all subcategories of I42 should be included.

*Action items:* 1) Takahide check if all E75 and which types of cardiomyopathy should be included in address and sub-addresses
   2) Accept I429 (0/9) as due to E752 without a maybe.

**TG2014_076 K25, K27-K28 DS of C16:** Apply to all stomach neoplasms (secondary, primary, in situ, unspecified). Also for K29.-, except K292 or K298.

*Action items:* 1) Add DS to all stomach neoplasms (secondary, primary, in situ, unspecified). Also for K29.-, except K292 or K298
   2) Move issue to last section of the agenda

**TG2014_077 R58 replaced by I518:** Not an issue in MUSE. In previous versions, MICAR interpreted cancer code as saying that death involved heart metastases and this was behind the coding questioned.

*Action item:* Delete issue from agenda

**TG2014_078 A099 converted to A090:** This is another conversion that doesn’t occur in MUSE. Discussed if some conversions may be good. MICAR one is based on intent of certifier instruction. The maybe perhaps could remove in MMDS.

*Action items:* Remove from agenda.

**TG2014_084 I749+R02=> I749:** Not enough detail to discuss. Ask Peter to provide detail again.

*Action items:* Ask Peter to provide detail
TG2014_086 A099 converted to K529: Covered part of this issue yesterday. Problem with case here is that there is not enough information to be able to say it is not infectious. Maybe remove symptoms/R-codes from MUSE conversion.

Action items: 1) Don’t convert A099 to K529 if reported as due to R-codes  
2) Move issue to last section of the agenda

TG2014_087 Cachexia => malignant cachexia: Is an Iris issue and problem is that malignant neoplasm should be coded C80. Maybe add something when on same line. Try new rule type (nearest neighbour on line) which is an application of Vol 3 in MUSE? Do for all cancers (primary, secondary, etc.). Manual coders should get to same code by using the index.

Action items: 1) Send to Iris group for implementation  
2) Remove from agenda

TG2014_059 3. I050 is replaced by I342: Really need to see the certificates that they are having problems with, as it is not clear what the problem is. Ask Peter to provide this additional information.

Action items: Ask Peter to provide examples

TG2014_089 Feedback-German –Coder-Training: Talked about what permanent atrial fibrillation might mean. Think it is an older term that is somewhere between acute and chronic. Remove the DS but accept due to both ways between I48 and I26. Due to in tables now and that is fine. Vol 2 update ongoing.

Action items: Delete DS between I48.- and I26.0-I27.9.

TG2015_001 Heart failure linkage: There is a proposal in the MRG documents (MRG2015_023) from Japan; however, they want to do more work. In the meantime, add flag as temporary solution in Iris. Make sure heart failure flag doesn’t link for acute but does for chronic heart failure. Borrow I509 tables for flag. Keep in agenda but don’t work on because don’t have a (A) flag field.

Action items: Keep in agenda

TG2015_002 F03 due to E512: Discussed if could use specificity when it crossed chapters. Found a few examples- discuss later if want to have specificity between chapters. Both due to and DS are okay.

Action items: 1) Add F03 due to and DS to E512  
2) Move issue to last section of agenda

TG2015_004 I259 due to F152: Discussed that Lars Age had put together a suggestion and differences in what causes acute and chronic conditions. Takahide said that dependence of 5-10 years wouldn't necessarily cause I259 but dependence for decades would be okay. Think about I252 and I258 also. Copy F102 table to other drug abuse, but not to F11-F13 or F16-F18 (i.e., F141-F142, F149, F151-F152, F159, F191-F192, and F199). Don't use for F1x.0.

Action items: 1) Copy F102 table to other drug abuse, but not to F11-F13 or F16-F18 (i.e., F141-F142, F149, F151-F152, F159, F191-F192, F199). Don’t use for F1x.0.  
2) Move issue to other section of agenda
TG2015_005 Decision tables for J440: ACME didn't have tables because didn't use the code in multiple causes but need them because of differences in how Iris approaches. Last year developed causal tables and now need to develop modification tables. Can develop off of J449 tables. See additions document for details on what to implement.

Action items: 1) Implement
2) Move issue to last section of agenda

TG2015_009 J841, J848 and J849 causal tables: Kaori did a little and put something on SharePoint. J848 is much shorter. J841 and J848 are not so different, so think can follow tables in J841 but wait for further suggestions. J849 also looks more like J841. Need some advice about various things in J841. Can assume some things and have note at top of block that would apply for all. Discuss more next time.

Action items: Discuss Japanese progress next time

TG2015_011 DS from R638 or R636 to F03 and other dementias: Did not discuss at meeting

Action items: Return to at next meeting

TG2015_012 G409 due to metastasis: Did not discuss at meeting

Action items: Return to at next meeting

TG2015_019 D619 selected why: Did not discuss at meeting

Action items: Return to at next meeting

TG2015_020 K55 vs I779: Did not discuss at meeting

Action items: Return to at next meeting

TG2015_021 D70 DS cancer: Did not discuss at meeting

Action items: Return to at next meeting

TG2015_022 Acme maybe I64 or I61 due to H-codes: Did not discuss at meeting

Action items: Return to at next meeting

TG2015_023 C800/C809 selected with other malignancy: Did not discuss at meeting

Action items: Return to at next meeting

TG2015_025 N19 cause of valve disorders: Did not discuss at meeting

Action items: Return to at next meeting

TG2015_026 LMC A099 and K519: Did not discuss at meeting

Action items: Return to at next meeting

TG2015_039 DS in both directions tangent: Did not discuss at meeting
**Action items:** Return to at next meeting

**TG2015_053 I4299 caused by Fabry’s disease:** Duplication of issue discussed earlier (TG2014_074). Yes, cardiomyopathy can be caused by Fabry’s disease.

**Action item:** Delete from agenda.

**TG2015_054 Review DS of F03:** The instructions now are a compromise so dementia sometimes is and sometimes is not selected via DS. Add LMP from F03 to physical causes of dementia and where current DS’s add LMP’s, and DSC’s, add LMC’s for address codes (F03-F09). Test with the linkages and see what happens. Don’t think need to document because is an application of the instruction to code to underlying physical condition but think if need to list out the conditions.

**Action items:** Francesco and Freddy test switch from DS to LMP.

**TG2015_055 Review x DS Q909:** Need for Peter to explain further what he thinks is missing in the tables. Which sub-addresses he would include?

**Action items:** Ask Peter to specify what he wants added.

**TG2015_056 Review I739:** Did not discuss at meeting

**Action items:** Return to at next meeting

**TG2015_057 Review DS M86:** Need for Peter to explain further what he thinks is missing in the tables. Which sub-addresses he would include?

**Action items:** Ask Peter to make a specific suggestion.

**MRG2015_007 ACME changes code:** When anticoagulant is selected, and no other conditions are reported, Micar selects the acute renal failure as cause of treatment with anticoagulant, we should be more restrictive. Looked at causes of anticoagulant in Italian statistics 2011-2012.

**Action items:** Return to at next meeting

**TG2015_052 I4299 due to E752:** Did not discuss at meeting

**Action items:** Return to at next meeting

**New issues**

**TG2015_060 Dementia due to external cause:** Strange for this to be acceptable: discussed that reporting like this might be saying present before but that acute event was tipping point that made this a significant problem. This may be case for many dementias, and what select depends on how death reported. F01 is a specific condition of vessels of the brain and it can’t be due to external causes, so delete F01.- due to S00-Y98. Do not delete due to for post concussional syndrome (F07.2). Move issue to last section of the agenda.

**Action items:** 1) Delete F010-F019 due to S00-Y98  
2) Move issue to last section of agenda
TG2015_061 Arteriovenous malformation linkage: Asked if intracerebral hemorrhage due to arteriovenous aneurysm shouldn’t go to I608. If brain, specificity would send to I608. Suggestion was to add multiple cause instruction to get to this code, and it seems that it is possible to do this in MUSE.

Action items: Add as multiple cause instruction in MUSE.

TG2015_062 varices with alcohol: Check what is a cause of cirrhosis in the causal tables, and include the types of hepatitis that can cause cirrhosis. Take out acute hepatitis in MUSE because it takes a while to develop esophageal varices. Seems to be some difference between MMDS in Iris and 2B instructions now. Check that the conversion happens in MUSE. Seems like it might not be problem.

Action items: 1) Add multiple cause instruction- Any in I83 due to (codes in cirrhosis and portal hypertension) becomes I85 2) Move issue to last section

TG2015_063 removing maybe’s for causal table: Remove for several reasons: a) don’t know, b) often just ignore, and c) to avoid rejects. Agree to delete in 2016 tables if no reason. Idiopathic or familiar may be one of the maybe reasons. How often is this reported as due to something else? Donna check in US data. Agathe in French data: she found that this was reported in 1/1000 records. Also remove undefined reason maybe’s from the modification table. The DS/DSC "maybe"s would be connected to the ones in the causal section. If we wanted to do anything about the idiopathic ones, could solve in a different way (e.g., Iris flag). MMDS used created codes for more frequently seen situations.

Action items: 1) Delete maybes with undefined reasons from tables 2) Agathe (done) and Donna check data frequency 3) Move issue to last section

Open mike:

TG2015_064 Immune disorders not accepted as due to anything else (Germany): We can accept D899 (and D849) as due to conditions getting treatments that impair the immune system or other more specific immunological disorders and radiation. Develop a list of immunological conditions that can be found all over the classification. Also use list for specificity, but maybe a more restricted list. List includes M-codes, lupus (L93.-), psoriasis, malignant neoplasms, chemotherapy (Y code), immune depressants, radiation, cancer (C00-C96), Crohn’s, multiple sclerosis (G35), RA, connective tissue diseases, cirrhosis by itself, alopecia areata. Ulrich, Agathe, Takahide confirm the list that we put in the minutes.

Action item: Ulrich, Agathe, Takahide confirm the list

TG2015_065 1702/I251 (Germany): What did the certificate look like? No "due to" in tables but there is a linkage so should get to code that they wanted. Suggest Freddy check into why the suggestion was made. Can leave as is for now.

Action item: Freddy check why the suggestion was made

TG2015_066 Hepatitis sequence (Germany): There is a specific instruction in Volume 2 that specifies that should not accept the sequence. Delete issue from agenda.

Action item: Delete issue from agenda.

TG2015_067 J459 "due to"s (Germany): Is the range correct? Maybe could exclude chronic diseases, COPD, chronic insufficiency, pneumoconiosis. Look at some examples (i.e., asthma due to anything else) first (Donna, Freddy) to see what the problem is. Discuss next time.
Action item: Donna find examples fitting scenario and Freddy find example spurring question for TG to review

TG2015_068 Compression of brain due to hypertensive massive bleeding (Germany): Use I61 for hypertensive massive bleeding in the German dictionary. Check how the term hypertensive bleeding is used elsewhere with medical societies. Also check Italian certificates. Add multiple cause instruction in MUSE to recode R5800 as I619 if reported as the cause of cerebral compression (G935). If term hypertensive massive bleeding means the same thing everywhere then could add an index entry. Seems that it is used differently in Japan, at least.

Action items: Add multiple cause instruction in MUSE to recode R5800 as I619 if reported as the cause of cerebral compression (G935)

TG2015_069 I739/I702; I702/I739 (Germany): Ulrich says claudication does not cause atherosclerotic gangrene. I702 contains the etiology while I739 is more generic. Propose change in linkage: have to look into the details. Lars Age to draft something to either remove I79 from the linkages for I70.- or move some of the content to the linkage for I70.9. How to code claudication? Would an R code be better (unless specified as atherosclerotic)? Instead, keep at I739 if unspecified, code to I70.2 if specified as atherosclerotic? Discuss options to make changes to index or excludes note in Vol 1. If linkage, need an excludes note. Make an index entry for arteriosclerotic and exclude note for I73.9 pointing to I70.2 for arteriosclerotic. Lars Age and Patricia will draft a suggestion.

Action items: Lars Age and Patricia draft a suggestion

TG2015_070 Sepsis (Rita): See what happens when the new instructions are implemented as they may have addressed some of her concerns. However, not all of her concerns will have been addressed. Freddy and Francesco working together on this if possible. Would be nice if could show Rita that have done something. Lars Age may think of removing some things from sepsis tables like moving from one to another secondary condition. Lars Age try to write up tables for sepsis (based on the pneumonia tables but without neurology and “ability to care for oneself”). Rita has suggestions on diabetes which may be similar to what had with pneumonia. Split pneumonia table in one version for testing of diabetes with .9 and one for implementation in 2016. Which sepsis codes to include as address codes? Suggest starting with unspecified sepsis and impaired immune, serious injuries, and wasting. However, it is easiest to apply to all sepsis and see what problems occur when do try this. So, include all sepsis/systemic infections, and see how it turns out. Send Lars Age Rita’s email for him to work on versions. Leave pneumonia out of Iris for next year.

Action items: 1) Send Rita’s email to Lars Age
               2) Freddy, Francesco, and Lars Age work on implementing
               3) Send to Iris table group

TG2015_071 I15.- linkages missing: No LMPs for renal disorders to I151 and I152. Endocrine is missing. Don’t have because the US didn’t use I15. For similar case used LMP’s because want linkage to cause not consequence of the condition. Have an ongoing MRG issue on I15. Discussed different approaches: code conversion at different points, convert to 2 codes in multiple cause, do as instruction in MUSE rules, output with pipe or slash, two new codes with no pipe in MUSE and then substitute I15 to 110 and then switch to I15, any tables that can borrow. Seemed that wanted to take action at code assignment step rather than at end of coding process. Case didn’t seem to be a problem in Francesco’s version of Iris.

Action items: Revisit at next meeting

TG decision to implement but not done yet: Keep these items on the agenda until they have been implemented. Did not discuss these issues in any detail.

Action items: Shift issues to implemented section as completed.
1. Welcome and introductions
2. Welcome notes by Bedirhan Ustun and Alarcos Cieza (for the DAR Network)
3. Network reports and Strategic Work Plan
   3.1. Report from Council co-chairs and WHO Secretariat
      a. Dr Lars Berg and Ms Jenny Hargreaves
         WHO-FIC Network Advisory Council Co-Chairs
         The council established in 2007 and the SEG was established in 2008. Its functions include to
         coordinate work of the Network, manage the workplan and address other issues as they
         arise. Several teleconferences were held over the year ensuring communications between
         the Network and WHO.
         Activities included amendments on the conduct of the network paper, regarding
         communications by network members, and reviews of the workplans,
      b. Dr T. Bedirhan Ustun
         For the ICD, WHO this year prepared the ICD-10 updates. A review was conducted of the
         ICD-11 Revision process. The report and the response by WHO are available on the WHO
         website. Results included meeting of a Joint Linearization Task Force, and work on specific
         topics to ensure meeting timelines (Joint Linearization by 2018)
         For ICF, activities are continuing, as for the ICF ontology, but progress was limited due to lack
         of resources.
         Relationship with IHTSDO is changing regarding interpretation of the agreements and use of
         SNOMED terms in WHO classifications, and new discussions on the way forward need to
         occur between WHO and IHTSDO.
         Negotiations with AMA for collaboration on ICHI have been delayed but will restart before
         the end of this year 2015.
         WHO has reviewing its engagement in the context of crises due to the experiences made
         with the Ebola epidemics. There will be an insurance fund to be able to react quickly in
         future similar situations.
         Universal health coverage is being further specified and progressing.
         The MDG are now replaced by SDG (Sustainable Development Goals) and details will be
         presented later in the meeting.
         The department is being reorganized while merging with another department, and new
         fields of work were added. In that context, Bedirhan Ustun will lead the work on Data
         Revolution and Big Data, and not manage future WHO-FIC meetings.

3.2. Report from Committees and Reference Groups
   (Key Achievements in 2014/2015, Outstanding Issues)
   c. Family Development Committee (FDC), Jenny Hargreaves and Lyn Hanmer
      The major focus of work has been the revision of the ‘Family paper’ that describes the
      Family of International Classifications. There has been further work on completeness of the
      WHO-FIC Classifications for monitoring of Universal Health.
      There has been progress on ICHI plans, using the WHO-FIC together, and Risk factors. The
      group will continue to work with WHO on ICHI, the Primary Care usecases and application of
      the WHO-FIC in international casemix classifications, and guidelines on using ICD and ICF
      together.
      For more detail see poster
   d. Education and Implementation Committee (EIC) (Yukiko Yokobori and Huib ten Napel)
The group met in monthly teleconferences and face to face mid-year in Helsinki. A separate session was dedicated to ICF implementation. Work has resulted in updates to the implementation database, inviting contributions by the regional offices. 17 new countries have entered their data. A user guide has been produced. ICD-11 field trial material is supported collecting existing ICD-10 training materials, and working on an introductory training module for ICD-11 field testing. A trainer database has been produced by the Korean Centre in collaboration with WHO, and has so far 22 registrations for ICD training. The ICF training tool is further evolving on new software that has enhanced features. Progress is limited due to lack of resources. EIC and FDRG are working on criteria for qualification of ICF trainers. The group discussed how to progress work outside meetings.

e. Functioning and Disability Reference Group (FDRG) Andrea Martinuzzi and Catherine Sykes

Focus of the group’s activities was on updates to ICF. Additional criteria for short term proposals have been discussed at the mid-year meeting. This week the work will focus on electronic application of ICF, and sharing information on training in a portal. All activities are presented also on posters for the meeting. The group will also work on a trainer registration platform and, at a slower pace, on the ICF ontology. Also, ICHI work has been conducted formulating functioning interventions. The ICF eLearning module is delayed.

f. Update and Revision Committee (URC) Ulrich Vogel and Jennifer Jelsma

For ICD, URC has 34 proposals for discussion in 2015, and 26 accepted in the voting rounds. For ICF, there are 7 proposals for discussion in 2015, and 3 accepted. The transition in the management of updates from ICD-10 to ICD-11 will be discussed at this meeting. This meeting is the first one that is run with the secretariat now located at the Italian CC. About 10 proposals remain from the merging of the ICF-CY with the core ICF. Additional input on the commenting platform would be welcome.

g. Informatics and Terminology Committee (ITC) Karen Carvell and Vincenzo della Mea

New secretary of the committee will be Jun Nakaya. Key achievements are CLaML approval at ISO, work on ICF ontology, common ontology and ICD field trial platform. Outstanding Issues are ICD-11 and SNOMED harmonization that is postponed until the arrangements are clarified, and ICF Ontology work has started.

h. Lars Age Johansson and Francesco Grippo

Mortality Reference Group (MRG)

List of Issues is being addressed, some corrections to updates, and further review of decision rules.

3.3. Strategic Work Plan

The SEG has discussed the following points the evening before this session:

• Is the strategic workplan still in the right format – a simple overview version would be a better way to inform broader network.
• Another issue is when to best update and consolidate the workplans of RG and committees.
• How to engage more people to participate, for example from new CC
• Should the workplan closely linked to the Redesignation requirements?
• Should we encourage focus on tasks (regardless which committees are involved)?
• Is the structure of committees and reference groups appropriate?

Discussion:

• How to prioritize activities,
• We should aim to review the updated workplan in the February call of the council
• Being present in several groups at the same time is not always easy. Committees and RG are finding points where action is needed and points of collaboration need to be identified
4. Conduct of Network paper

4.1. Discussion on updates of Compiled paper on Conduct of the network

- The communications section has been updated and discussed since May 2015, and shared with the Network. Decisions on the changes will be addressed at the meeting of the council on Friday.
- Membership of Committees and Reference Groups
- Paper on Interaction between Network and ICHI project

A draft has been shared with the Council SEG and if there is agreement, it would be shared with the full Council. The edits clarify that the new project is based on the previous significant work conducted by the Network. The current version will be circulated to the network as soon as the internet connection permits. The members of the Network are requested to review the edits (track changes) in the document by Friday for the decisions. It was suggested to not mention any individuals in such a document.

5. DAR

5.1. Disability and Rehabilitation Network (DAR) (Alarcos Cieza)

The team is located in the cluster of non-communicable diseases, and Unit of Blindness and Deafness prevention, Disability and Rehabilitation. The NGOs and Collaboration Centres were presented.

The unit is in the middle of enacting the global disability action plan 2014-2021. Internal collaboration includes collaboration with the departments of aging, and for the new department of statistics and data (new name to be added when announced). For that reason, the DAR network has chosen to meet at the same venue and time and will address also ICHI. Further details of the agenda of the DAR network for this meeting were presented, and all point of possible collaboration between the two networks should be brought to the attention to the chairs of both networks.

6. ICD revision

6.1. T. Bedirhan Ustun and Chris Chute

The item was addressed in the public session of the JLMMS Task force and will also be presented in the plenary session on ICD-11.

7. ICHI

7.1. T. Bedirhan Ustun and Richard Madden

The item will be addressed in the session of the FDC on Tuesday.

8. Posters

This year, more than 200 posters have been submitted, and there will be three poster sessions accordingly. The meeting was reminded of the poster sessions.

Criteria for presenting posters in the first poster session were to inform about new centres, implementation networks, and on special topics.

The poster session on Monday 19 October 2015 is dedicated to the memory of late Dr Ruy Laurenti. A poster contest will be conducted also this year. One author of the winning poster will be exempt from the costs of participating to the next WHO-FIC meeting (registration fee).
9. Voting

2 Candidates had been nominated by Monday 19th October 11:00 AM (Manchester time) and agreed to serve:

- Jenny Hargreaves
- Lynn Bracewell

Lars Berg has served two turns as a co-chair of the Network and is leaving the position accordingly. Gratitude was expressed to Lars for his great commitment to the Network.

Cassia Buchalla for the Brazilian CC asked to vote remotely.

Proxies were nominated by the centre heads for the Mexican CC (Manuel Yanez), the Argentinian CC (Carlos Guevel), and the Japan CC (Ms Emiko Oikawa)

There were no competing candidates, so the Centre Heads agreed to elect the Co-Chairs by acclamation.

10. ELECTION of the WHO-FIC Network co-chairs

(Closed session, only Centre Heads 12.30 – 13.00)

Proxies for the centre heads are indicated by *.

<table>
<thead>
<tr>
<th>Country CC</th>
<th>Proxies</th>
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<tbody>
<tr>
<td>Australia CC</td>
<td>Jenny Hargreaves</td>
</tr>
<tr>
<td>Argentina CC</td>
<td>Carlos Guevel*</td>
</tr>
<tr>
<td>Brazil CC</td>
<td>Cassia Buchalla (email)</td>
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<tr>
<td>China CC</td>
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<tr>
<td>France CC</td>
<td>Agathe Lamarche-Vadel</td>
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<td>Marie Cuenot</td>
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<tr>
<td>Germany CC</td>
<td>Stefanie Weber</td>
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<tr>
<td>India CC</td>
<td>Madhu Raikwar</td>
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<tr>
<td>Italy CC</td>
<td>Lucilla Frattura</td>
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<tr>
<td>Japan CC</td>
<td>Emiko Oikawa*</td>
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<tr>
<td>Kuwait CC</td>
<td>Mijbel Alnajjar</td>
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<tr>
<td>Korea CC (Republic of)</td>
<td>Hee Mok Won</td>
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<tr>
<td>Mexico CC</td>
<td>Manuel Yanez*</td>
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<tr>
<td>Netherlands CC</td>
<td>Coen H. van Gool</td>
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<td></td>
<td>Huib ten Napel</td>
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<tr>
<td>North America CC</td>
<td>Donna Pickett</td>
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<td></td>
<td>Karen Carvell</td>
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<td>Nordic Centre</td>
<td>Lars Berg</td>
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<tr>
<td>Russia CC</td>
<td>Sergej Cherkasov</td>
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<tr>
<td>South Africa CC</td>
<td>Lyn Hanmer</td>
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<tr>
<td>Spain</td>
<td>Jaume Canela</td>
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<td>Thailand CC</td>
<td>Wansa Paoin</td>
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<tr>
<td>United Kingdom</td>
<td>Lynn Bracewell</td>
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<tr>
<td>Venezuela CC</td>
<td>-</td>
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<tr>
<td>Draft List of Participants</td>
<td>Draft List of Participants</td>
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<tr>
<td><strong>WHO-FIC Network Council Function</strong></td>
<td><strong>Name</strong></td>
</tr>
</tbody>
</table>
| Co-chairs | Jenny Hargreaves  
Lars Berg |
| SEG advisor | Patricia Wood |
| Education and Implementation | Huib ten Napel  
Yukiko Yokobori |
| Update and Revision Committee | Ulrich Vogel  
Jennifer Jelsma |
| Family Development Committee | Lyn Hanmer  
Jenny Hargreaves |
| Informatics and Terminology Committee | Vincenzo della Mea  
Karen Carvell |
| MRG | Lars Age Johansson  
Francesco Grippo |
| FDRG | Andrea Martinuzzi  
Catherine Sykes |
| mbTAG | Donna Pickett  
Syed Aljunid |
| mTAG | Robert Anderson  
James Eynstone-Hinkins |
| Australia CC | Jenny Hargreaves |
| Argentina CC | Carlos Guevel*  
Adriana Aureliano |
| Brazil CC | Cassia Buchalla |
| China CC | - |
| France CC | Agathe Lamarche-Vadel  
Marie Cuenot |
| Germany CC | Stefanie Weber  
Ulrich Vogel |
| India CC | Madhu Raikwar |
| Italy CC | Lucilla Frattura |
| Japan CC | Emiko Oikawa |
| Kuwait CC | Mijbel Alnajjar |
| Korea CC (Republic of) | Hee Mok Won  
No Sun-Ok  
Sukil Kim |
| Mexico CC | Manuel Yanez*  
Luis Manuel Torres |
| Netherlands CC | Coen H. van Gool  
Huib ten Napel |
| North America CC | Donna Pickett  
Karen Carvell |
Friday, 23 October 2015 – 14:00 – 15:30

1. Welcome and introductions

2. Confirmation of Committees and Reference Groups
   2.1. ICD-10 updates
   URC has designed slides showing the workflow of the URC decision process. 60 proposals were submitted, 37 accepted, some with modification, 1 moved to ICD11, 21 held over, 1 withdrawn and 0 rejected. The decisions were endorsed by the council.

2.2. ICF updates
   9 approved with modification, 8 rejected, 3 returned to the ODL. WHO decides that one of these is solved by WHO (hair of the eyebrow is part of the skin). WHO is preparing to publish an updated version of the ICF.
   All changes were accepted by the council.

2.3. FDC Proposal about ICHI
   (see slides)
   Council recommends that
   - ICHI development work be returned to the WHO-FIC Network
   - FDC workplan be amended to read ‘develop ICHI on behalf of WHO’
   - FDC workgroup to be tasked to refresh of the workplan
   - Governance plan for ICHI be developed

In discussion, it was noted that:
- In the past all input came from FDC and changes to the plan were only introduced to enable collaboration with the AMA
- ICHI Alpha was seen as a serious product even before the discussion with the AMA
- Momentum was lost while waiting for the AMA to sign up
• Progressing as in the past, with volunteer efforts, would still be possible
• The workplan needs to be refreshed
• The communication strategy needs to be addressed

WHO response:
• The development group comprises only about 10% of the WHO member states
• ICHI has to be done as an international classification

It is proposed to reword just 'have FDC workgroup to refresh ICHI workplan and develop a governance plan' to come back to the council in February 2016.

3. Conduct of the Network

Decisions on proposed updates
• Communications section
• Membership of Committees and Reference Groups

Lars Berg and Stefanie Weber will do a revision of the conduct paper and come back to the Council in March 2013.

4. Review of the Strategic Work Plan (SWP)

Review & update on the SWP
The following points were raised:
• Any comments on the content?
• Any comments on the format (in Excel)?
• How to respond to the AFRO request for assistance?
  o Ask committees and reference groups what they are able to do to assist AFRO and report back next year.
  o Similar requests are coming from other regions, as well.
  o Network has a set of materials and resources and a white paper could be describing how which resource could be used for what purpose.
  o WHO is already drafting a tooling around that topic and will share this with the network.

5. Meeting evaluation

Feedback from participants
What went well
• Great venue
• Plenary interoperability
• Networking

What could be improved
• WIFI access to be dealt with prior to the meeting
• Revert reports on Thursday and start with the reports by Regions, as the ones from the Committees and the RG are somewhat repetitive.
• Special access for committee work
• Start earlier
• Consider task oriented sessions
• Give more room for posters
• Accessibility
• More guidance by agenda

6. Changes at CTS Q&A Ties Boerma

Ties Boerma described the new department of IER. ICD revision is task number 1. Bedirhan Ustun is moving on to data revolution and big data. The coordinator’s position is going to be advertised. Lori Moskal will be joining WHO for a short phase. Ties Boerma will be acting coordinator until the successor for the new team has been determined.

7. 2016 & 2017 Network meetings

Meetings will be in 2016 in Japan, 2017 in Mexico, and Korea offered to hold the meeting in 2018 – to be confirmed by WHO.

Jenny Hargreaves, Richard Madden, and Chris Chute gave farewell speeches for Bedirhan Ustun.
Communication about and within the WHO-FIC Network

All WHO-FIC Network Collaborating Centres and individuals therein have agreed to the “Terms and Conditions for WHO Collaborating Centres” (http://www.who.int/collaboratingcentres/information/en/). In this context the following guidelines will be useful to follow to ensure proper conduct and etiquette respecting collaboration, in line with the plan of work with the WHO CC and WHO-FIC Network Strategic WorkPlan. The guiding principle should be mutual respect and protect WHO-FIC reputation and intellectual property.

If any member of the WHO-FIC Network is proposing to make a public statement or a publication on behalf of the WHO-FIC Network, it is required that he/she informs WHO and WHO-FIC Advisory Council Small Executive Group and seek their clearance and/or guidance. There may be requirements for the timely release of information to public (outside the WHO and WHO-FIC Network) or sensitive issues when different stakeholders have differing views about a certain classification, development or application. Any conflictual issues should be solved within reasonable timelines, and with appropriate consultation. Any previously publicized information by WHO or WHO-FIC Network can be used without any permission. Items that are of limited or embargoed nature should be marked as such “network-in-confidence”; embargoed until {DATE}; etc. A caveat/disclaimer may be in place regarding the time and context bound nature of the information shared. In case of any doubt or uncertainty on the content the authors shall clear the statement or publication with their centre heads, network co-chairs or WHO CTS.

Communication within the network:

Acknowledging the multiple countries languages represented in the WHO-FIC network and that the working language English is not the native language of all network participants the following guidelines can assist in clear communication:

- Papers, statement and any other form of written documents shall be presented at least one working day prior to their discussion. If a voting or confirmation of a group is expected on
such written statement, a presentation two days prior to the discussion would allow necessary translation and preparation of a reply in English.

- If a member of the network is expected to give a vote on a decision he/she has to be allowed sufficient time to translate and analyse the decision beforehand. Whenever necessary the member can request additional time for that if the topic to be decided on was not presented at least two days beforehand.

Membership of Committees and Reference Groups

Where the text below shall be inserted in the Conduct paper:

WHO-FIC Network Council will seek to ensure that each Committee and Reference Group has sufficient participation, expertise and geographic coverage to enable it to conduct its assigned work program. The Committees and Reference Groups will also recruit participants from outside the WHO-FIC Network, working with country officials and NGOs to assure broad input from stakeholders and to identify the appropriate representatives. This should be done in consultation with WHO and the Heads of the Collaborating Centres. Through the same process, experts can be invited to participate in a Committee or Reference Group to address specific projects. All possible conflicts of interest should be evaluated and considered as a possible reason for exclusion from membership.

WHO-FIC Network Committee and Reference Group Co-chair election rules

Committees and Reference groups will elect their respective Co-Chairs from their membership in even-numbered years in a closed ballot at the annual meeting of the Network for a term of two years. The results of the election will be submitted to the Council for ratification.

Text to be inserted:

Membership by such experts and others will be included in lists sent by WHO to Collaborating Centres, NGOs and academic research centres and Committee/Reference Group co-chairs two months prior to the annual meeting, and will be reviewed as part of that process.
A resolution was proposed by the Family Development Committee to Council on 23 October 2015. After discussion, it was agreed as follows.

Preamble: At its meeting on 20 October 2015, the Family Development Committee (FDC) considered the current status of the WHO International Classification of Health Interventions (ICHI) development work. It noted that the arrangements through which the AMA would support the ICHI development work have not concluded. It also noted that considerable progress had been made with the development work in the past through the Family Development Committee.

In this context, the FDC recommends that the Council:

1. Recommends to WHO that the ICHI development work resumes under the auspices of the Network and be formally reinstated to the work program of the FDC
2. Agrees that, if this recommendation is accepted by WHO,
   a. An FDC work group be tasked to refresh the ICHI development work plan, including consideration of use cases to be addressed, the content model, development platform, and communication strategy.
   b. A governance plan also be developed by the work group to ensure appropriate roles of WHO, the Council, the Family Development Committee, and work groups, and to ensure effective participation by Network members.
   c. The ICHI development work plan and governance plan be presented for consideration and endorsement by the Council at its meeting in February 2016.