WHO FIC CC in France
ICF Activity Report 2012-2013
Authors: Cuenot Marie, Barral Catherine
Location: National School of Public Health (EHESP-MSSH), Paris (France)

Abstract
The WHO CC for the FIC in French is based on a long-standing collaboration between two institutes: the National Institute for Medical Research (INSERM) and the National School of Public Health (EHESP). This report focuses on activities related to ICF promotion, training and implementation, developed by the CC during the year 2012-2013. These activities are carried out in relation to the principles of the UN Convention for the rights of Persons with Disabilities (UN CRPD), promoting the ICF as a tool to measure and enhance the rights and the social participation of persons with disabilities.

WHO-FIC CC in France
In April 2013, the French CC has been redesignated by WHO for a three-year term, INSERM being in charge of the ICD (since 1968) and EHESP in charge of the ICF (since 2012 after CTNERHI from 1989 to 2011). The ICF branch of the CC increasingly focuses on the UN CRPD, promoting the ICF as a tool to measure and enhance social participation of persons with disabilities at three levels: international level, French-speaking level and French level.

ICF activity at international level
December 6 & 7, 2012 in Paris, the ICF Branch co-organized with the Federative Institute on Disability Research (IFRH, INSERM) an international conference on the "Implementation of the UN Convention on the Rights of Persons with Disabilities: which Concepts and Indicators for Inclusive Policies?".

ICF activity at French-speaking level
Some examples of the ICF CC activities carried out at the French-speaking level:
- A European Commission funded Leonardo project (2012-2014) brings together 10 partners from 4 European countries (Belgium, France, Switzerland, Romania) to develop educational materials on social participation of people with disabilities.
- A study on ICF-based disability assessment: a tool for disability policies in view of implementing the CRPD, in collaboration with Belgian schools for health related professions, a Romanian organization of Social Services and the International Disability Alliance (IDA), with a grant from the International Foundation for Applied Research on Disability (FIRAH) (see related poster).
- The translation of the ICF e-learning tool in French (in progress), in collaboration with the Education and Implementation Committee.

ICF activity at French level
Formation : « Participation sociale des personnes en situations de handicap » Projets n° 2012-1-BE2-LEO04-02696
Projet financé avec le soutien de la Commission européenne
Partenaires LEONARDO
Belgique : Haute Ecole Libre de Bruxelles I. Prigogine – HEBL coordinateur du partenariat (02696 – 1)
France : Ecole des Hautes Etudes en Santé Publique France : Institut de Formation en Pédicurie-podologie, Ergothérapie et Masso-kinésithérapie
Roumanie : S.S.E.O. Technical Assistance srl
Suisse : Haute Ecole Pédagogique du canton de Vaud
Suisse : Haute Ecole Fribourgeoise de Travail social

Avec la collaboration des partenaires du GIFFOCH:
Belgique : Haute Ecole Louvain en Hainaut
Belgique : GRAVIR asbl
France : Handicap International
France : PRISME association

At international level, the ICF Branch is also involved in the activity of the WHO-FIC network’s committees and reference groups and especially that of the FDRG in updating the ICF. The French CC is in charge of moderating the ICF updates review process (see related poster). As a further contribution to this process, the CC convened a European workshop on ICF updates in Paris, March 21 & 22, 2013: 12 ICF experts from Sweden, Italy, United Kingdom, Germany, Netherlands and France, reviewed and provided comments on 46 update proposals.

Conclusions
The French CC fulfills its missions related to the ICF at three different levels (international, French-speaking and French) and emphasizes the importance of linking the implementation of the classification to the principles of the UN CRPD, whether at national policy level, at health and health related professionals training level, or individual assessment level.

References

**Master degree on Disability Situations and Social Participation : http://www.ehesp.fr/formations-diplomantes/master-situation-de-handicap-et-participation-sociale/
The Australian Institute of Health and Welfare has hosted the WHO-FIC Australian Collaborating Centre since 1991. The membership of the ACC is Australian organisations that have an interest and experience in working with classifications. This poster summaries the activities of the Australian Collaborating Centre that occurred between October 2012 and October 2013.

Introduction

The ACC is a collaboration of Australian and New Zealand experts and organisations with an interest in classifications. Through the combined efforts of the organisational and individual members of the ACC, the use of the International Classification of Disease (ICD), the International Classification of Functioning, Disability and Health (ICF), the International Classification of External Causes of Injury (ICECI) and the International Classification for Primary Care, Version 2 (ICPC-2) is facilitated.

Thank you to all the ACC members and organisations for their valuable contributions to the ACC work-plan activities during 2012-2013. Many of the activities occur through in-kind support from these individuals and organisations.

Methods and Materials

This is the annual report of the ACC to the Network and summarises activities which occurred during the ACC designation reporting period of May 2012 to May 2013, but focuses on the period October 2012 to October 2013. It incorporates information relevant to the ACC Terms of Reference as agreed with the WHO, and information on specific activities of the ACC and its member organisations and individuals.

Results

The Head of the ACC served as a member of Council, the Council’s Small Executive Group (SEG), as Co-chair of the Family Development Committee and a member of the Revision Steering Group (RSG). She also participated in the ICHI Development Management Committee.

Conclusions

The ACC continues to actively promote the development and use of classifications in Australia, the Asia-Pacific region and through contributions to the WHO-FIC Network. In addition to the activities described above, the ACC provides information and updates on the activities of the Network and on progress with the ICD revision to relevant government agencies in Australia. This will ensure that Australia is well placed to continue participation in development and implementation of the WHO-FIC into the future.

Abstract

The Australian Institute of Health and Welfare (AIHW) in Canberra, Australia, has hosted the ACC since April 1991. The ACC has hosted the WHO-FIC Australian Collaborating Centre since 1991. The membership of the ACC is Australian organisations that have an interest and experience in working with classifications. This poster summaries the activities of the Australian Collaborating Centre that occurred between October 2012 and October 2013.

Introduction

The Australian Institute of Health and Welfare (AIHW) in Canberra, Australia, has hosted the ACC since April 1991. Redesignation of the ACC for a four-year period occurred on 7 May 2010. The Head of the Centre is Jenny Hargreaves, Senior Executive, Hospitals, Classifications and Performance Group at the AIHW.

The ACC is a collaboration of Australian and New Zealand experts and organisations with an interest in classifications. Through the combined efforts of the organisational and individual members of the ACC, the use of the International Classification of Disease (ICD), the International Classification of Functioning, Disability and Health (ICF), the International Classification of External Causes of Injury (ICECI) and the International Classification for Primary Care, Version 2 (ICPC-2) is facilitated.

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After its initial designation in 2003 the German Collaborating Centre was again re-designated in 2012. The German Collaborating Centre is located at DIMDI. For the ICF work the ICF Research branch is joining the work of DIMDI. Twice a year DIMDI and the ICF Research branch meet to discuss the ongoing and planned work. The first of the DIMDI-Branch bi-annual meetings took place in June 2013 at DIMDI in Cologne, Germany.

**ICD-10:** In 2013 DIMDI worked on the adaptation and translation of the 2014 updates from WHO to local needs and their implementation into ICD-10-GM 2014 together with requirements from the national annual submission process. Release of the pre-version of ICD-10-GM 2014 was in end of July and of the official version at the end of September, for implementation into health care systems until January 1st 2014. As usual, results from the discussions with national experts were fed back to the URC as well as into the Revision process.

**ICD-O-3:** Translation and implementation of the 2012 updates of ICD-O-3 has been worked out in cooperation with (legal) authorities of the national cancer registries (epidemiological and clinical) and of Robert-Koch-Institute as the national German Center for Cancer Registry Data. Updates were envisaged to become effective from 1st January 2013 on. A preliminary version was distributed to the Cancer Registries. Unfortunately the inclusion of the updates to the classification showed many inconsistencies to the explanatory chapters. Feedback was given to WHO and solutions sought together with national experts and IARC in Lyon. Work on style-sheets for use of CTK with ICD-O-3 have been completed by mid of 2013. It is now envisaged to publish the German version of ICD-O-3 including the updates by the end of this year.

**ICF:** DIMDI continued in 2013 with national consultations on the planned updates for ICF. The ICF-working group convened in DIMDI in March to discuss the updates for ICF. Results of this meeting were presented in Paris at the Update workshop of FDRG right after.

The meeting showed that there is great interest in the updates of ICF in the expert group and DIMDI will continue to discuss the ICF updates on a national level and feed back the results into the international update process.

**ICHI:** With the help of the University of Freiburg DIMDI assisted WHO in the further development of ICHI. Experts from Freiburg continued to fill the ICHI content, point out inconsistencies and to put the alpha ICHI into database form based on ClaML.

**Committee work:** The head of the German Centre continues to serve as Council Co-chair. Monthly telephone conferences and one face-to-face meeting were held to help and advise WHO with the administration of the network and to advise and prepare decisions for the Council. Active participation in person or via phone conference as well was conducted for the Mortality Reference Group, Family Development Committee, Update and Revision Committee and other WHO-FIC groups. Additionally DIMDI assisted in the ICD Revision, especially in the Revision Steering Group, the Morbidity TAG and the Neoplasms TAG. As the Beta Release became available, DIMDI announced this to the general public and solicited participation from the German users.

The ICF Research Branch (or Branch) is run by Steering Committee members Gerold Stucki (Director), Jerome Bickenbach, Alarcos Cieza and Judith Hollenweger and by Coordinator, Melissa Selb.

**Meeting Participation:** Two Branch members participated in the WHO-FIC Annual Meeting 2012 in Brasilia during which the poster on the Lighthouse Project Hand, a project to implement the ICF Core Sets for hand conditions in clinical practice, rehabilitation and research, was presented.

**ICD-11 Revision/FTAG:** Branch members co-lead the fTAG work. Activities included organizing and leading teleconferences with the fTAG executive group, with all fTAG members and participating in the monthly RSG teleconferences, leading teleconferences with the fTAG Teams, organizing the Brasilia meeting during which 36 enthusiastic participants work on cases of ICD-ICF joint use, populating functioning properties and mirroring.

Since Brasilia, a working group has been mobilized to revise the Z-codes and tutorials on populating functioning properties have been conducted. See separate posters on fTAG activities.

**Translation of ICF-CY:** The German translation of the ICF-CY published in 2011 is currently being re-printed.

**ICF eLearning Tool:** In a coordination capacity under the auspices of EIC the planned revision of the existing ICF eLearning tool was presented at the Brasilia meeting and an update at the April 2013 EIC mid-year meeting. The revised version of the tool is expected to be presented at the Beijing meeting.

**ICF Training:** ICF Workshops have been held including a train-the-trainer within a Swiss-Romanian cooperation project and. An online tutorial on the linking methodology was also given. Other ICF trainings were conducted in Macedonia, Kosovo and Serbia.

**ICF Updates within FDRG:** Several members of the Branch provided input on the update platform including more intensive involvement in the update process within the Initial Review Group.

**ICF Practical Manual within FDRG:** A Branch member has been instrumental in refining the document as a member of the writing team. The pre-final draft is expected to be presented at the Beijing meeting.

**ICF Core Set work:** The Branch initiated ICF Core Set development projects for the pediatric population – for cerebral palsy (CP), autism spectrum disorder and attention deficit hyperactivity disorder. Five ICF Core Sets for children and youth with CP were developed in June 2013. The manual for using the ICF Core Sets in clinical practice is now available in Chinese. Translation in other languages are underway.

**ICF-based measurement activities:** Advice has been provided to various institutions on developing ICF-based assessment tools. The Work Assessment Questionnaire (WORQ) is available for validation. Two Branch members have also been working closely with WHO on the development of a disability survey.

**Conclusions**

Since the last Network meeting the work of the German Collaborating Centre continued. The existing Collaboration of DIMDI and the ICF Research Branch proved well suited for the successful fulfillment of the Work plan as agreed with WHO.
**About the Collaborating Centre for the FIC in Portuguese**

Ruy Laurenti, Heloisa Di Nubila, Cassia Maria Buchalla

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**Abstract**

During the period of 2012-2013 the Center engaged in activities aimed at promoting and disseminating ICD and ICF in Brazil and in the Portuguese Speaking Countries. This report will list the activities the Center developed in the training area, including on line ICD-10 course, discussing and improving the quality of health statistics in the country and in Latin America, supporting PAHO and the Ministry of Health. It will also report the improvement in the ICF dissemination by lectures, researches and conferences at Seminars and Congress.

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### Work on Revision of ICD 11

- Participation in the m-TAG and in the f-TAG.
- Mapping the ICF codes to ICD in order to support the new content model of ICD-11.
- Participation in a broad national meeting of Health Terminology on March 2013.

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### Work Groups and PAHO collaboration

- Program “IRIS” is being prepared
- Working groups for improving the SCB (software SCB for selecting the Underlying Cause of death)
  - Evaluation of Consistency Tables for Mortality, workgroups for evaluation of coders and others.
- Relationship with the General Health Division of Ministry of Health of Portugal
- Relationship with the Ministry of Health of Mozambique, together with JEMBI MOASIS Project.
- Relationship with PAHO through RELACSSIS (Red Latinoamericana y Caribeña para el Fortalecimiento de los Sistemas de Información de Salud – Latin American and Caribbean Network for Enhancing Health Information Systems)
- Relationship with CRAES (Comité Regional Asesor para las Estadísticas de Salud – Regional Advisor Committee for Health Statistics)
- Join collaboration with the Mexican Collaborating Center (CEMECE), on the lists of obstetric indirect causes of death, on incomplete diagnoses (“garbage” codes) and on implausible causes of death.
- Evaluation of the death certificates in cases of early neonatal deaths
- Evaluation of the registers of ill-defined causes or incomplete diagnoses
- Lectures and conferences for doctors, in order to improve the quality of information
- Studies to evaluate external causes, specially accidents as consequences of natural causes.
- Evaluate quality of Health Information Systems for Mortality-SIM and Liveborns-SINASC

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### Activity 2 – Support for WHO-FIC in Brazil and other countries

- ICD Training Tool files translated into Portuguese
- A course on the use of ICD-10 in Morbidity and Mortality planned for November, 2013 in Mozambique.
- Morbidity coders training and morbidity multipliers training
- Mortality coders training (5x)
- National Meeting for Mortality Coders (2x)
- Forum for discussion on coding
- ICF Trainings and Workshops
- ICF and ICF-CY training course
- ICD-10 Updates translated to Portuguese
- ICD-10 new edition with updates to be printed in 2013
- ICD-O-3 updated to be printed in 2013.

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### Improving quality of vital statistics using ICD

- Activities related to the validation of causes/diagnoses in the death certificates.
- Construction of mortality indicators for very small counties (population up to 5,000 inhabitants).
- Study on the “Binomial Mother-Child”, aimed at evaluating the reliability of diagnostic data and the correct use of definitions of “live birth”, “abortion” and “fetal death”.
- Evaluation of the death certificates in cases of early neonatal deaths
- Evaluation of the registers of ill-defined causes or incomplete diagnoses
- Lectures and conferences for doctors, in order to improve the quality of information
- Studies to evaluate external causes, specially accidents as consequences of natural causes.
- Evaluate quality of Health Information Systems for Mortality-SIM and Liveborns-SINASC

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### Coordination of national WHO FIC activities

- Revision and validation of the SCB (Underlying Cause Selector software and its decision tables)
  - Project for identification of disabilities in an area of São Paulo city using ICF concepts and framework
- Study on odonthological absenteeism using ICF with Social Odonthology to be published in November, 2013

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### Strengthening of national workgroups and WHO-FIC network activities

- Brazilian Collaborating Centre was the host for the 2012 Annual WHO FIC Network Meeting
- The Centre participates actively in the Committees and Reference Groups – MRG, FDRG, ICD-URC and ICF-URC, EIC, and FDC
Abstract

The aim of this work is to present the second year results of the performance monitoring plan of the Italian WHO-FIC Collaborating Centre (CC) by means of the 29 posters submitted to the WHO-FIC 2013 Meeting. The digital version, accessible through the QR code at the bottom, allows the recollection of all the Italian posters.

Introduction

The aim of this work is to present the second year results of the performance monitoring plan of the Italian WHO-FIC Collaborating Centre (CC) using the content of the CC annual report (1) and the Italian posters submitted at Beijing Annual Meeting.

Methods & Materials

Moving from the 2011-2015 terms of reference (TORs) of the Italian WHO-FIC CC, a performance monitoring plan was defined to yearly assess the CC’s performance. Five main criteria were used: (i) adherence to the relevant lines of work of the WHO-FIC Strategic Work Plan (SWP); (ii) outcomes of the activities; (iii) new partnerships; (iv) communication power; and (v) resource consumption.

Results

In the second year (21 July 2012-21 July 2013), the Italian WHO-FIC CC was active on five lines of work at international, national and regional level: (i) revision of the International Classification of Diseases (ICD-11); (ii) IT and ontological development for WHO-FIC; (iii) coordination and management of the ICD-10 and ICF update process; (iv) national work on WHO-FIC; (v) awareness building and implementation support of WHO-FIC in WHO regions. Main results are presented in an interactive map (QR accessible) that allows browsing through all the posters presented by the CC at the 2013 WHO-FIC annual meeting (Figure 1). A Tag cloud was also realized (Figure 2).

Starting from the 2012 Brasilia WHO-FIC meeting, the CC has provided three co-chairs to the WHO-FIC Network: URC (2nd mandate), ITC and FDRG (1st mandate).

Acknowledgements

All activities carried out by the Centre were possible thanks to the deep understanding and concrete funding by Friuli Venezia Giulia Regional Administration, national and other regional institutions and authorities.

Conclusions

The communication power was evaluated considering presentations, seminar and meeting organization, and active users of the Italian Portal of Classifications (Figure 3).

References

(1) Italian WHO-FIC annual report, Udine 6 August 2013
The North American Collaborating Centre (NACC) continues to be very active in promoting the development and use of the International Classification of Diseases (ICD) and the International Classification of Functioning, Disability and Health (ICF) in both the United States and Canada for mortality, morbidity, and disability classification, coding standards and statistics, and in supporting the work of the WHO-FIC Network. Education, outreach and collaboration are major foci.

**Abstract**

The Collaborating Centre for the WHO Family of International Classifications (WHO-FIC) for North America was established in 1976 and was most recently re-designated for four years on March 21, 2012. The North American Collaborating Centre (NACC) is located at the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, in the U.S. and at the Institute for Health Information in Canada. NACC designates in cooperation with the Pan American Health Organization (PAHO).

http://www.cdc.gov/nchs/icd/nacc.htm

**Introduction**

The Collaborating Centre for the WHO Family of International Classifications (WHO-FIC) for North America was established in 1976 and was most recently re-designated for four years on March 21, 2012. The North American Collaborating Centre (NACC) is located at the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, in the U.S. and at the Institute for Health Information in Canada. NACC designation is in cooperation with the Pan American Health Organization (PAHO).

**Morbidity Data**

The U.S. and Canada both have developed and maintain clinical modifications of ICD-10 for morbidity applications in their respective countries. The U.S. continues to use ICD-9-CM but plans to implement ICD-10-CM by October 1, 2014. General Equivalence Maps have been created and are updated annually.

Canada’s V2012 of the ICD-10-CA and CCI classifications and National Coding Standards are available in pdf at www.chi.ca in English and French.

CIHI’s eQuery Coding Service launched in 2001 supports data quality and enhancement of the classifications. CIHI conducted data quality in-patient chart re-abstraction studies in 2012.

NCHS and CIHI participate in mapping activities between WHO-FIC and SNOMED CT.

**Disability and Functioning**

NACC facilitates the implementation and use of ICF in both the U.S. and Canada. NACC has held 15 conferences on ICF since 1995 and distributes a periodic ICF Newsletter, which is posted on the NACC website.

NCHS is participating actively in an ICF Study Group convened by the Social Security Administration (SSA) to consider applications of ICF in the SSA disability evaluation environment.

CIHI communicates Canadian activities related to ICF through Canadian Network meetings and national presentations on ICF application.

ICF is the accepted framework for disability statistics in the U.S. and Canada.

**Education, Technical Assistance and Collaboration**

- NCHS provided higher level learning opportunities for experienced mortality coding staff in the form of Targeted Training modules.
- In March 2013, Statistics Canada conducted an ICD-10 underlying cause-of-death coding course for Canadian mortality coders.
- Statistics Canada hosted an Iris workshop in November 2012, pending implementation of this automated mortality classification system with 2013 deaths. Iris implementation plans include a comparability study to assess the impact of switching from MMDS to Iris on Canadian mortality data.
- NCHS made a number of webinars and presentations during 2013 on the impact of transition to ICD-10 code sets, focusing on implications for public health organizations.
- CIHI updated all existing education materials to v2012 of ICD-10-CA and CCI. All courses are developed and delivered in both English and French. Over 2,000 HIM’s accessed coding education products in 2012/13.
- HIMs have posted more than 19,000 coding queries to the eQuery Service.
- Since 2010, NCHS has conducted 7 ICF Web-Seminar Series, a modular series of lectures presenting introductory- and intermediate-level material about the ICF and how to apply it in various settings.
- CHIMA hosted the 17th IFHIMA Congress in Montreal in May 2013.

**WHO-FIC NETWORK**

- NACC Head served as co-chair of WHO-FIC Network Council from 2007-2011. NACC Head established Education Committee in 1999 and chaired or co-chaired until 2010.
- NACC has chaired or co-chaired Mortality Reference Group and served as Secretariat since its establishment in 1998.
- NACC chaired or co-chaired Update and Revision Committee from 2005-2012 and continues as Secretariat.
- NACC was elected to co-chair ITC at 2012 WHO-FIC Network Annual meeting.
- NACC has representatives on all Committees and Reference Groups.
Introduction

The Faculty of Medicine at the University of Calgary is an innovative and research-focused medical school, offers graduate training in 9 programs, from biochemistry, to community health sciences. Currently, the Faculty of Medicine is home to over 2400 students pursuing a Bachelor, Master, Doctorate, Medical degree or fellowship in the health sciences. Additionally, the Faculty has more than 500 full-time faculty, 1500 clinical and adjunct faculty, and 1300 technical and support staff.

The Faculty of Medicine has 7 research institutes that span the continuum from bench to bedside, and contribute to the delivery of healthcare. The Institute for Public Health (est. 2009) is the seventh and newest institute within the Faculty of Medicine.

The IPH prioritizes three areas of focus: 1) Enhanced Health Systems Performance; 2) Improved Population Health; 3) Innovative Tools and Methods for Public Health

The IPH endorses ten functional units to facilitate research activities on a wide range of topics:

- Aboriginal Health
- Environmental Health
- Global Health
- Health Geography
- Health Economics
- Health Systems
- Population Mental Health
- Population Health and Inequities
- Primary Care
- Research Methods

The IPH brings together researchers in a strategic and systematic way to improve interdisciplinary and inter-institutional collaborations.

The IPH has been designated by the WHO and WHO FIC as the host for WHO Collaborating Center in Calgary (WHO CC) for Research and Development in Classification, Terminology and Standards.

WHO Collaborating Centre

The WHO CC in Calgary will focus on the development and maintenance, continuous quality improvement, and research and networking on WHO classification, terminology, and standards products.

The WHO CC in Calgary will focus on Research and Development in Classification, Terminology and Standards located at the Institute for Public Health, within the Faculty of Medicine of the University of Calgary in Canada.

Abstract

The World Health Organization Collaborating Center (WHO CC) in Calgary will focus on Research and Development in Classification, Terminology and Standards located at the Institute for Public Health, within the Faculty of Medicine of the University of Calgary in Canada.

WHO FIC NETWORK ANNUAL MEETING

12 – 18 October 2013
Beijing, People’s Republic of China

C207

‘Better health and health care’

Mission: To catalyze Excellence in population health and health services research, to the benefit of local, national, and global communities.

The IPH has been designated by the WHO and WHO FIC as the host for WHO Collaborating Center in Calgary (WHO CC) for Research and Development in Classification, Terminology and Standards.
Activities of WHO-FIC Collaborating Centre in India during last one year (from September, 2012 onwards)

P. Saxena*, P. Manickam*, Umed Singh*, R. K. Sharma* and Jagdish Prasad**

* Central Bureau of Health Intelligence (CBHI), WHO C.C. on FIC in India, ** DGHS, Dte. General of Health Services, Ministry of Health & Family Welfare, New Delhi, India

Central Bureau of Health Intelligence (CBHI), under the Directorate General of Health Services in the Ministry of Health & Family Welfare (Govt. of India), New Delhi has been functioning as WHO Collaborating Centre on FIC in India from September, 2008. Since then it has been actively involved in Advocacy and Implementation of WHO – Family of International Classifications (ICD -10 & ICF) in India. The various activities performed by Collaborating Centre in India, during the last one year (September 2012 to August, 2013) have been discussed in this poster.

Introduction:

Central Bureau of Health Intelligence (CBHI), under the Directorate General of Health Services in the Ministry of Health & Family Welfare (Govt. of India), New Delhi has been functioning as WHO Collaborating Centre on FIC in India from September, 2008.

Activities of Collaborating Centre:

• CBHI provided data on Medically Certified Causes of Deaths in India for “Specifications and Record Layouts for Reporting Mortality and Population Statistics” to the World Health Organization.
• Head of WHO C C attended WHO-FIC Network Annual Meeting at Brasilia, Brazil from 13 to 19th Oct., 2012 and presented two Posters – “Quality Assurance in implementation of WHO FIC in India” and “Activities of Collaborating Centre on WHO -FIC in India during last one year “.
• CBHI conducted Field Survey in Bikaner District of Rajasthan (Indian State) during 3 – 8 December, 2012 to assess the use of ICD-10 in the District.
• Head of the WHO C.C. on FIC presented a paper titled “Promotion of use of ICD–10 in India by CBHI” at the National Conference of Indian Public Health Association held at Kolkata from 1-3rd February, 2013.
• Review of the activities of WHO C.C. on FIC in India undertaken during the 18 & 19th Half Yearly Review Meetings of CBHI held at Puducherry & Bengaluru on 11-12 February and 8-9th July, 2013 respectively.
• CBHI attended WHO FIC Advisory Council Online Meetings held on 19th February, 2013 and 7th May 2013.
• Science & Technology Counsellor, Embassy of Sweden, New Delhi visited WHO C.C. on 21st February, 2013 and was briefed about activities of C.C. on WHO – FIC in India.
• WHO C.C. on FIC in India submitted Questionnaire about Health Information Management in India to Ms. Yukiko Yokobori, Head of Distant Training Division, Japan Hospital Association in April, 2013.
• A National Level Steering Committee for Advocacy and Implementation of WHO FIC in India has been constituted in the Ministry of Health & Family Welfare (Government of India).
• A meeting was organized by WHO C.C. in April, 2013 on “Use of ICT for Advocacy and Implementation of WHO –FIC” where representatives from WHO – SEARO and WHO – India office were present.
• WHO CC on FIC in India submitted the filled up questionnaire on ICD -10 (prepared by the WHO -FIC Education and Implementation Committee) in respect of India to Ms. Yukiko Yokobori, Head of Distant Training Division, Japan Hospital Association in July, 2013.
• Head of the WHO C.C. on FIC in India attended 6th Asia Pacific Network Meeting at Bangkok, Thailand from 18 - 19th July, 2013 and presented a Paper Titled “Health Implementation System in India - Current Status, Challenges & New Issues”.
• The Collaborating Centre arranged two weeks WHO Fellowship Training on ICD - 10 for five Trainees from Myanmar from 22nd July to 2nd August, 2013 on the request of WHO-SEARO.
• An Official from WHO SEARO attended the inaugural session of Training on ICD -10 for the Trainees from Myanmar on 22nd July, 2013 at WHO CC on FIC in India , Nirman Bhawan, New Delhi.
• From September 2012 till August, 2013, CBHI has conducted 14 Batches of Trainings on ICD – 10 & ICF and in these trainings 245 persons were trained including 30 Master Trainers on ICD – 10 & ICF.
• Conducted 27 batches of half Day sensitization Workshops during the year to promote the use of ICD – 10 in Tertiary Care Hospitals & Medical Colleges (both in Government & private sector) and in these Workshops, 3029 persons sensitized about ICD - 10.

Conclusions

Though its sustained efforts, CBHI has been able to initiate and implement the activities towards use of WHO-FIC in India.
Annual Report from the Nordic WHO FIC CC 2012
Author: Lars Berg, Head of the Nordic WHO FIC Collaborating Centre, Oslo, Norway

Abstract
The Nordic WHO FIC Collaborating Centre was designated in November 2012 for a four-year period. A new agreement between the five Nordic Countries to finance and run the Nordic Centre for the period 2013-2016 has also been signed. The Centre participate in the WHO FIC Network and in all Committees and Reference Groups, serve as co-chairs and in with members in some of the TAGs.

Introduction

Moving to Norway 2009
In 2009 the Nordic Centre for Classifications in Health Care moved from Uppsala, Sweden to Oslo, Norway and the work with Case-mix tasks was referred to a new Case-mix Centre in Helsinki, Finland.

Period 2009-2012
A summary of the Nordic Centre development in the period 2009-2012, is earlier presented in the Nordic Centre poster to the WHO FIC Annual Meeting in Brasilia 2012.

See poster link to WHO FIC web site, poster C201: http://apps.who.int/classifications/network/meeting2012/en/

Period Oct 2012 – Sept 2013
The Nordic Centre work during the period October 2012 – September 2013 is described in this poster.

Work during the last year

Important steps
Two important events during the working period:

1) The Nordic Centre was designated by November 15, 2012 as a WHO-FIC Collaborating Centre for a period of four years.

The Nordic CC, Norway, designation announcement in Brasilia 18 Oct 2012

2) A new funding agreement for the Nordic Centre is signed for a four-year period 2013-2016 by the Health Authorities in the five Nordic Countries (Denmark, Finland, Iceland, Norway and Sweden).

Activities
The Centre has during the period Oct 2012 to Sept 2013 been very active in the WHO-FIC Network:
- participated and extended its work in all the Committees and Reference Groups as well as in the mid-year meetings in 2013
- served as Council co-chair and as Council representative in RSG-SEG
- participated in the ICD revision TAGs for functioning, morbidity, mortality and neoplasm
- participated in the ICHI development work, including human resources for a secretariat for functioning interventions
- hosted the FDC/ICHI mid-year meeting in Uddevalla, 17-21 June, 2013

Award
Professor Björn Smedby, former Head of the Nordic Classifications Centre, received the WHO-FIC Lifetime Achievement Award in Brasilia. See link: http://www.nordclass.se/BjornAwardWHOFIC2012.htm

Future plans
Increase ICF activities by
- activation of Nordic-Baltic ICF Network
- initiation of a FDRG Network in Finland in spring 2013, with members participation now in the Beijing meeting.

Conclusion
- Nordic Centre designated again
- New agreements for the Centre with the funding Nordic Countries
- Increased participation in the WHO FIC Network – in Council, Committees and Reference Groups

Cooperation

A. Cooperation within the WHO FIC Network according to the agreed work plan and activities.

B. Cooperation with the Nordic and Baltic countries:

1) The Nordic National Classification Units within the Health Authorities in each of the five Nordic Countries

2) The Nordic Casemix Centre (The NordDRG system is based on ICD and Nordic and national procedure classifications)

Web site: www.nordcase.org

3) NOMESCO (Nordic Medico-Statistical Committee)
Responsibility for update and use of the NOMESCO Classifications, see web site: http://nomesco-eng.nomonos.dk/
- NOMESCO Classification of Surgical Procedures (NCS)
- NOMESCO Classification of External Causes of Injuries (NCECI)

Web site
Web site of the Nordic WHO FIC Collaborating Centre: www.nordclass.se
WHO-FIC SA 2013
WHO-FIC in South Africa report

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Abstract: A wide range of projects related to the development and implementation of the WHO-FIC continues to be undertaken by stakeholders. Working groups on ICF and ICD-10 hospital mortality statistics have met under the auspices of WHO-FIC SA, and there is active participation in ICD-11 and ICHI development. A virtual network of WHO-FIC SA stakeholders is being set up on the African Health Observatory platform with the support of WHO/AFRO.

Overview
The WHO-FIC collaborating centre in South Africa (WHO-FIC SA) based at the South African Medical Research Council (MRC) is now in its second year of designation. Activities related to the WHO-FIC continue to be carried out by a wide range of WHO-FIC SA stakeholders, mainly in South Africa and Mozambique, but also in other countries in the region.

Networking between stakeholders
Networking between stakeholders is a key component of WHO-FIC SA activities. Multiple initiatives are being undertaken:
• WHO-FIC SA newsletter distributed to stakeholders
• The establishment of a virtual network of WHO-FIC SA stakeholders on the platform provided by the African Health Observatory of WHO/AFRO reflects the benefit of collaboration between collaborating centres and WHO regional offices.
• Establishment of a Dropbox site to disseminate information on the ICF to those in South Africa and the rest of Africa who have expressed interest.
• Initial contacts in Namibia.

ICD-10 (cont)
ICD-10 mortality
• The national Department of Health (especially through the National ICD-10 Task Team) Statistics South Africa, the Department of Home Affairs and the MRC are significant stakeholders in the development and implementation of ICD-10 for recording mortality in South Africa.
• The MRC undertook training of doctors in medical certification of death on contract to Statistics South Africa.
• Training resources have been developed
• Approximately 370 doctors were trained using a train-the-trainer model.
• WHO-FIC SA has sponsored membership of the IRIS Institute for one year to enable access to support on the use of IRIS for Statistics South Africa and the Western Cape Department of Health in particular.

ICF
Activities related to the ICF:
• Training: Short training sessions run in Kigali and Harare for approximately 60 people in total, mostly rehabilitation personnel: University of Cape Town (UCT);
• Research: Use of WHODAS2 in large scale community survey, and recruitment of PhD student to investigate use of ICF within hospital record system in Kigali (UCT);
• Contribution to ICF Practical Guidelines: UCT and University of Stellenbosch (US);
• Contributions to ICF development through the ICF update platform (UCT);
• Ongoing evaluation of the use of the ICF framework in health professional training (US);

WHO-FIC in Mozambique
• The collaboration between WHO-FIC SA and Mozambique in the field of mortality and vital statistics facilitated the exposure of the Mozambican situation to the international community and obtain significant attention and support. Specific activities facilitated through WHO-FIC SA and/or MRC included the following:
• Mozambique participation at the UNECA meeting in Addis Ababa and other UN meetings related to the WHO-FIC and vital registration
• Formulation of the Mozambican MOVE-IT project
• Presentation of a comprehensive proposal on vital statistics assessment for Mozambique that eventually was approved by WHO, UNECA, UNICEF and the local authorities in Mozambique. This assessment is on going and will open the door to the national reform of Mozambican vital statistics.
• Collaboration between WHO-FIC SA and Mozambique in a working meeting on vital statistics at facility level convened by WHO-FIC SA in Cape Town in May 2013 provided the Mozambican Ministry of Health the opportunity to explain to South African colleagues
• The successes achieved with facility-based registration of deaths, and
• The methodology used to ensure sustainability and data quality.

New members of the WHO-FIC
ICD-11
• Participation in MTAG, MbTAG, and multiple vertical TAGs: MRC and other South African organisations

ICHI
• WHO-FIC SA participation in ICHI management group and ICHI Technical Working Group.

ICD-10 morbidity
• In South Africa, implementation of ICD-10 as the national standard for diagnosis coding is driven by the National ICD-10 Task Team of the national Department of Health.
• The Task Team has established multiple subcommittees including:
  • Morbidity technical
  • Training
  • Privacy and security
  • Communication and compliance.

Next steps for WHO-FIC SA
• Strengthen contacts and activities beyond South Africa & Mozambique.
• Identify resources for new projects, including potential field testing of ICD-11 and ICHI.
• Increase participation by individuals and organisations in WHO-FIC SA and WHO-FIC Network activities.
Abstract

In 1981, after surveying several medical institutes in China, WHO, with National Health and Family Planning Commission (NHFPC) (former Ministry of Health, MOH) of the People's Republic of China’s approval, designated Peking Union Medical College Hospital (PUMCH) as the WHO collaborating center out of seven. From then on, the Center began to engage and promote ICD use in the country.

The publications

From 1984 to 1987, ICD-9 Chinese version was first translated by 108 well-known experts in PUMCH. In later years, the Center published ICD-10 the first and second editions, ICD-9-CM-3 Operations and Procedures, ICF, manual books and training materials. A total of 16 books and countless training materials were translated, compiled and published by the Center.

The legislation of ICD in China

For executing ICD use as best as possible, the Center promoted the legislation of ICD use. ICD-9 and ICD-10 were both accepted as national standards (i.e. GB standard: GB/T 14396-1993, GB/T 14396-2001) of China. Furthermore, in the September of this year, a more detailed database of disease classification of Chinese version with six-digit code proposed by the Center will be received by NHFPC as another new GB in the country.

Under the urging of the center, medical records with ICD coding and the certification requirement for coders has become one out of 48 key items for hospital accreditation in China nowadays. Clinical pathways, key disciplines construction, discharged patient payment, infection diseases report are all required to be reported with ICD. Over 15 provinces use ICD to report the cause of death. In this way, the ICD use in China is going to legalization.

The standardization of medical data collection with ICD in China

The Center has made a great effort on impelling the progress of ICD use in medical records in China since 1980s. Currently, the tabular lists of morbidity and mortality proposed by the Center are used as a standard of data collection of medical records nationwide. Besides, the Center furthered the unification of the front page of medical records in China, and added ICD code as a piece of necessary information that every medical record must have.

(To be continued.)
The education of ICD coders and trainers

From the first workshop on ICD in 1983 to the present, the Center spread a large-scale education on ICD use in the past 30 years. The training system was offered by the Center, China Medical Record Association and administrative power respectively at national, provincial and municipal levels. In company with China Medical Record Association, more than 100 thousands coders attended training courses in the past 30 years (merely the center held 285 times of training courses and trained 21318 coders from 1987 to 2010). Over 1000 lectures have been provided.

For controlling the quality of the training to ensure the coding quality in establishment hospitals, together with China Medical Record Association, the Center launched a professional qualification program for ICD coding with examination, certification and secondary education for coders in hospitals since 2005. Until to the end of 2012, 6133 coders participated the training at national and provincial levels and 2496 practitioners obtained the ICD coding certificate with examination. Moreover, the center provides training courses not only for coders, but also for trainers. Usually, the training for trainers only enrolls small numbers of experienced coders. The courses are more challenging and also more advanced.

Because of the secondary education, the certification for coders is not an ending, but a beginning. Coders need to registry online every two years, study particular courses and pass some tests and questionnaires regularly. The website of China Medical Record Association will also post some tips and knowledge on ICD coding periodically. With the systematic pattern, the education on ICD use in China is concrete and practical.

The network of ICD users

Through the promotion of ICD education and implementation in the country, a network of investigators and institutes related to ICD work has been weaved. In China, except Taiwan, Hong Kong and Macaw, all other provinces have the Center’s collaborating sites. More education could be disseminated within the network. Furthermore, with the feedback collected by the network, some disease’s classifications were enriched with China’s situation. A China’s version rather than a Chinese version of ICD began to take shape.

Work plan

In the future, the Center will translate ICD-11 Chinese version, promote the implementation of ICD-11 use, and enforce the academic communication to contribute worldwide ICD use. Based on previous work, at the coming of ICD-11, we will provide ICD-11 training to facilitate the use in China systematically.
Abstract
The Korean Collaborating Centre (KCC) of the WHO-FIC was designated in December 2012. The KCC initiates health informatics standardization: developing and managing the Korean standard terminology, domestically; and revising, training, and disseminating WHO-FIC, internationally. This poster describes on various standardization activities carried out at the KCC before and after the designation.

Introduction
Korea was designated as a WHO-FIC Collaborating Centre on December 17th, 2012. Korea has been working on classifications and participating WHO-FIC network annual meetings since 2006. Korea has been developing Korean standard terminology in support of the Ministry of Health and Welfare (MOHW) since 2004. Korea standard terminology was introduced at the WHO-FIC Network annual meeting on 2006 for its improvement. This brought up the need of establishment of WHO-FIC Collaborating Centre in Korea (KCC). Contribution of Korea allowed the Centre to co-chair of the ITC during the year 2010-2012, and even Asia-Pacific Region since 2007. In 2009, the MOHW successfully hosted WHO-FIC network annual meeting. This showed Korea’s willingness and capacity to cooperate with WHO-FIC Network. The KCC will play its role from December 2012 to December 2016. During this period, KCC will participate in developing, updating, educating and disseminating WHO-FIC.

Methods & Materials
Establishment of a Cooperative Network
The KCC organized a cooperative network, which composed of 10 sectors, with health related ministries and institutions in order to develop and promote systemic and user-friendly terminologies and classifications. The KCC has concluded Memoranda of understanding with 7 institutions. Moreover the KCC established standard management system to facilitate communications, share knowledge with various stakeholders, and consult experts in particular fields for quality improvement.

ICD
Korea is one of the countries that utilize ICD most effectively, and continues to contribute its improvement. Korea first adopted ICD-6 in 1952, and has maintained KCD versions up to date. Korea use KCD-6, a combination of KCD-OM and U-code. Based upon the experiences using ICD for 60 years, Korea supports developing countries in educating and implementing ICD, and dispatches students to WHO internship program.

ICTM
The KCC is reinforcing country’s competence and coping with China and Japan, which are originating countries of East Asian Traditional Medicine. The KCC has been playing a leading role in developing ICTM, and it is currently in process of field testing Beta version of ICTM in cooperation with WHO.

Korean Standard Terminology
The MOHW has standardized terminology and templates as a part of plan for standardization of health informatics in Korea. Korea created Database (DB) on healthcare terminologies in 7 major areas. The DB is registered as intellectual property. Also, KCC started to develop terminology-related materials such as standardized human anatomy atlas for clinical use. Recently, this terminology is being modified to set them as the Korean standard, that are appropriate for EMR/EHR use. Furthermore, the KCC worked out plans for reference terminology development and maintenance in order to support interoperability of health information and provide qualitative medical services.

ICTM Activities of Korea
2009 WHO-FIC Network Annual Meeting in Korea
2011 Participating the WHO-FIC Internship Program
2012 Designation of Korea as a new WHO-FIC Collaborating Centre
2012 Seoul Meeting on Chapter 23 Field Test pilot phase (ICTM)
2013 Opening ceremony of the Korean Collaborating Center
2013 ICD Training system for the KCC trainers
• EIC : Korea has played a major role in pilot test for assessment of international Certificate for ICD-10 mortality and morbidity Coders/Trainers during last 6 years. Also, the KCC developed the ICD training system to support implementation.
• ITC : For ICD-11 multi-language support, the Korea version is currently under way by constructing a concept-based platform. The KCC will release ICD-11 in Korean version in 2015.

ICF
The MOHW published the Korean version of ICF in 2004. The KCC has been updating the Korea version and promoting ICF usage in the related fields and professionals. The standardized clinical tools will be investigated to link their collected data into ICF and promote its use in the medical institutes as well as health professionals.

ICHI
Korea has been taking an active part in developing ICHI. The ICHI content model was introduced to KMA (Korean Medical Association). The development of Korean ICHI model is in progress by applying ICHI content model. The KCC reviews and comments to FDC and ICHI working group.

Results
The KCC has established a cooperative network on health informatics standardization. The KCC laid the groundwork for convergence of health and ICT industries by building online standard management system and e-training system for ICD trainers. The KCC promote implementation of demand-centered Korean standards. In addition, the KCC contributed to developing WHO-FIC by carrying out research on classification and engaging in improvement and cooperation of WHO-FIC.

Conclusions
The KCC will lead user demand-driven standardization by developing and maintaining both domestic and international health informatics standards, and actively participate in WHO-FIC Network.

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Abstract

The National Center for FIC was formally established in December 2012 with the aim to contribute to the improvement of mortality, morbidity, health interventions and disability statistics for evidence-based decision making. The Center is composed of a technical interdisciplinary team, responsible for providing recommendations for proper use of the FIC in the country. Throughout 2013, the team has developed the work plan including objectives, activities and products. This poster presents the main activities carried out to this process and the challenges it faces.

Introduction

Background
- The importance of the systematic and correct use of the classification for high quality data. The PAHO/WHO recommendation that every country should establish a National FIC Center and that Chile would benefit from being part of the larger regional WHO FIC Network, led to initial consultations on how to establish the Center in 2011.
- The national representative assumed the establishment of the Center in the second meeting of the FIC Collaborating Center Network of the Americas in Cuba in 2012.

Establishment process
- The Center was established on December 13, 2012 by resolution of the Ministry of Health (MINSAL).
- The official name is: Chilean Reference Center for FIC (Centro Chileno de Referencia en Clasificaciones de Salud (FIC)). Its located at the Health Statistics and Information Department (DEIS).
- The first official meeting took place in Santiago de Chile on March 27, 2013.
- In this meeting the annual work plan proposal was presented to the members. An important point for developing this proposal was the current situation of FIC implementation in the country.
- The ICD use has a long history in Chile in generating the health statistics and information of clinical records too. The high quality of data is recognized internationally. However, the work plan focused on weak topics in this field.
- One important challenge is the proper ICF implementation. The technical group are interested in using the ICF not only in specific disability areas but in generating functioning statistics too. It is important to move forward the dissemination process in the country.

National Center Web site

http://www.deis.cl/centro-nacional-de-refencia-de-la-FIC/

Work plan

The Center is composed by experts of different Departments of Ministry of Health and the others institutions. The Center will continue to play a key role in convening and coordinating the work of multiple stakeholders working on various aspects and components of the FIC.

Morbidity Group

The first priority is the national project to assessment of the level of knowledge of morbidity coders. In addition, a set of indicators will be developed to measure the quality of information. Also, a set of indicators of quality of hospitalizations will be proposed. The training activities are included too.

Functioning and Disability Group

ICF implementation progress is a priority. An instrument of Performance Assessment in the Community (IVADEC - ICF) was created by the Disability Department and it constitutes an important experience at national and regional level. Besides this experience the challenge is to developing an ICF project to measure the functioning level of patients in hospitals. A pilot test will be developing in order to move forward in its implementation.

Three members of Center were trained as ICF instructors in May in Mexico. The instructors will be preparing education materials and courses as a part of national plan of training.

Conclusions

- After few months of its establishment, the Center has carried out essential activities for its consolidation. It is recognized as National Reference for FIC.
- The ministerial resolution provides to the Center the legal support to coordinate the work plan in collaboration with others institutions.
- The training activities will be tailored based on the needs assessment of the ICF implementation in the country.
- The role of Center is key in facing the new challenges of its implementation in the national health information system.
- As an active member of the FIC CC Network of the Americas, will enrich the Network and facilitate the implementation of regional and national FIC related projects.

During the first meeting it was decided that the work plan include strategic activities. Three works groups were defined due to practical and logistical reasons. Each of them is discussing their terms of reference and priorities.

Mortality Group

The main activities are focused on improving the quality of mortality information through to update the death certificate according to international recommendations; train physicians on how to fill out the death certificate; implement the automated coding system of the Underlying Cause of Death and analyses the whole integration process of mortality information.

Work plan

- Quality of health information automated systems
- Education and technical assistance
- Dissemination
- Analysis and Research
- Leadership

Groups

Morbidity
- Death Certificate
- Quality of data base
- Vital statistics
- Maternal mortality
- ICD-10 revision
- Hospital discharge
- DRGs
- MDRs
- ICD-O

Functioning & Disability
- Qualification of disability
- IVADEC
- Functioning indicators in hospital settings (test pilot)
- Quality

National Center Web site

http://www.deis.cl/centro-nacional-de-refencia-de-la-FIC/