ICD-11 Beta: What to expect, when, and how?

Information for Beta Participants

ICD-11 Beta Phase started on 14 May 2012. The objective is to have a final ICD-11 version by 2017. This announcement clarifies that ICD-11 Beta version is not final, and will be enhanced by input from multiple stakeholders during the beta phase, which will last 5 years.

1. The ICD-11 Beta web site

→ clearly states standard CAVEATS that:

 o the current Beta Draft is not final – it is updated daily;
 o it is not approved by WHO;
 o not to be used for coding in practice except for agreed field trials;

→ lists KNOWN ISSUES for which planned solutions are under way:

http://www.who.int/entity/classifications/icd/revision/icd11knownissues.pdf

By these measures we alert the users to understand the DRAFT nature of ICD-11 Beta and not to discredit it from the start. The aim of the Beta phase is to open the revision process to all interested stakeholders.

2. Continuous improvement of ICD-11 Beta is the expected goal. This method is also expected to serve as the future update mechanism for the ICD-11 after 2017. During the Beta phase content will be continuously reviewed by scientific peers, updated accordingly and field tested for better quality.

3. Today ICD-10 has multiple uses, various users and use legacy conventions which do not always align with each other. Examination of past uses in different countries and settings has shown that ICD has not been used consistently or the results are not necessarily comparable. ICD revision aims to address this crucial issue of consistency and comparability. ICD-11 Beta has created an organized knowledgebase in which different versions of ICD could be viewed as
**representations** of the **same core**. In this knowledgebase, we have built comprehensive library of all ICD entities, which is called the **FOUNDATION component**. From this common core, user defined lists can be produced, which are called **LINEARIZATIONS**.

In summary, there is the digital library of common ICD core: “the Foundation” from which we can define multiple linearizations, as shown below:

\[
\text{FOUNDATION} \rightarrow \begin{align*}
\text{Linearization}1: & \text{ for use in Mortality (e.g. Cause of Death)} \\
\text{Linearization}2: & \text{ for use in Morbidity (e.g. Casemix)} \\
\text{Linearization}3: & \text{ for use in Morbidity (e.g. Primary Care)} \\
\vdots
\end{align*}
\]

This approach provides a consistency in that different linearizations refer to the same concept; thus **comparability** is ensured.

In addition, this approach allows ICD-11 be a **digital tool**, use **linked data** from different sources and provide **web services** over the internet.