Annual Report of the WHO Collaborating Centre for the Family of International Classifications for the German Language

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The WHO Collaborating Centre for the Family of International Classifications for the German Language was designated in June 2003, redesignated in May 2008 and is part of the German Institute for Medical Documentation and Information (DIMDI) in Cologne. The Centre is headed by Dr. med. Stefanie Weber.

The Clinic und Polyclinic for Physical Medicine and Rehabilitation at the University of Munich (Director: Prof. Dr. Gerold Stucki) acts as ICF Research Branch of the Collaborating Centre.

Activities in 2008 - 2009

WHO-FIC Annual Meeting 2008

The Centre's Head and two colleagues took part in the WHO-FIC Annual Meeting 2008 in Delhi, India. An expert on Procedure Classifications and Terminologies from the University of Freiburg and an ICF-expert from the University of Zurich where asked to attend the meeting on behalf of the German Centre to enrich discussions through their expertise.

ICD-10

Together with the Federal Statistical Office, a two-day training courses for mortality coders was given focusing on the coding rules for maternal and perinatal mortality and on the discussion of difficult certificates from every-day work. As well the automated coding system Iris was introduced and explained to the coders with the possibility for some hands-on training.

A research study conducted by the Robert Koch Institute on Sudden Infant Death Syndrome (SIDS) was assisted through reference coding of all certificates of the deceased infants by DIMDI. Results from this study relevant for mortality coding will be further discussed in the MRG with recommendations for changes to ICD-10.

The World Health Organization and the WHO-FIC Network were provided with updated files for ICD-10-2008 in English, including files for providing these versions on the Internet. WHO was further provided with a final set of files for the French version (Volumes I and III). For the Version 2009 of ICD-10 WHO was provided with a beta version of the CTK (Classification Tool Kit) and a ClaML file of the ICD-10-WHO in order to generate the output files at headquarters. Volume III of Version 2009 will be generated at DIMDI once Volume I and II are ready.

Dr. Stefanie Weber attended an international meeting on the IRIS project for automated coding in Paris, France, on November 20th and 21st, 2008 to discuss experiences in the
implementation of automated mortality coding in France, Sweden, Italy, and Germany. DIMDI is consulting the Federal Statistical Office which started implementing Iris in all German Federal States with a German interface in the beginning of 2008.

The German Centre supports the URC secretariat in finalizing the WHO update document for the update on haematological neoplasms (approved at the Delhi meeting for implementation with the major update of ICD-10 in 2010). Furthermore the German Centre supports the URC in removing ambiguity of the update coming up while implementing it into the different national coding schemes (modifications). For implementation in ICD-10-GM, preparation (localization) of the update (tabular and index) has been driven forth in due consideration of the special needs of the German DRG system.

used for the update process towards the ICD-11. First it was submitted via the MbRG to the URC in April 2007. After a general approval of the suggested tabular changes at the Triest meeting in October 2007, a new proposal regarding related index entries (including another review of the tabular list) has been submitted via MbRG to URC in April 2008. It had passed the 2nd round of the 2008 voting process and was ready for a final decision at the Delhi meeting in October 2008. Further discussions with members of the respective medical boards were conducted to refine the references to morphology codes.

**ICD-11**

Dr Weber is a member of the Topical Advisory Group on Health Information Modeling (TAG HIM). She attended a meeting of the TAG HIM in Geneva on December 10th and 11th. As well she participated in various phone conferences and joined a meeting of a subgroup of the TAG HIM in Stanford via phone and Internet.

**ICD-10-GM 2009**

Version 2009 of the ICD-10 German Modification was implemented in January 2009. Version 2010 was released in preliminary format in July 2009. The final Version 2010 will be released by the end of September 2009 and will be implemented in January 2010. Crosswalks from ICD-10-GM 2009 to ICD-10-GM 2010 are published together with the classification itself.

**ICD-10 Thesaurus**

The ICD-10 Thesaurus of Diagnostic Terms was updated and will be released in October 2009 as the official Alphabetical Index to ICD-10-GM.

**ICF**

Details of the activities at the ICF Research Branch in Munich are available as appendix to this report.
ICD-O-3

The first version of the German translation was released in August 2003 and is available in a paper version. Conversion tables and a second edition with extensive annotations to the morphology terms are still pending as resources for such work are limited due to intensive work on ICD-10-GM and OPS, which are the essential classifications for the German DRG system. All files are in the public domain and accessible on the DIMDI web server.

OPS (German Procedure Classification)

Version 2010 of the German procedure classification was released as a draft in August 2009. The final versions of Tabular List and Alphabetical Index will be published in late October 2009 and are to be implemented in January 2010. They will be available in various file formats on the DIMDI web server.

Crosswalks from OPS 2009 to OPS 2010 are published together with the classification itself.

ICHI and CCAM

In February Prof. Madden visited DIMDI to discuss further developments for ICHI. Dr Weber agreed to develop the Content Model for ICHI according to the work of the TAG HIM in order to align the two classifications.

MeSH

Version 2009 of the German language edition of the Medical Subject Headings (MeSH) was published in 2009.

Electronic Tools Committee

The Centre Head co-chairs the Electronic Tools Committee of the WHO-FIC Network. Work in 2008/2009 focused on the development of a maintenance and publication tool for WHO-FIC Classifications that can be used to maintain the classifications, transform them into various target formats, and publish paper versions.

In March 2009 members of the Italian CC, the Dutch CC, WHO-CAT and the German CC met at DIMDI to discuss the use of the CTK for ICF and the ICF in the standard format ClaML.

Other Activities

Dr. Schopen is Vice Chair of the WHO-FIC Council. He attended the WHO-FIC Council meeting in April in Geneva.

Ulrich Vogel attended the MbRG meeting in Sydney area (Australia) in March 2009.
Dr. Stefanie Weber attended the EC and MRG meeting in Raleigh, NC, USA, in March 2008. These meetings were held in conjunction with the ICE on automation planning meeting in which Dr. Stefanie Weber participated as well.

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Appendix: Activities of the ICF Research Branch in 2008 and 2009  
Alarcos Cieza, Gerold Stucki

ICF eLearning Tool

The ICF Research Branch is developing in collaboration with WHO-FIC Education Committee and the feedback of the Functioning and Disability Reference Groups an electronic learning tool for the ICF. The introduction module providing an overview on the ICF has been developed during 2008.

Website containing case studies

The ICF Research Branch has created a new website (http://www.icf-casestudies.org) with 12 case studies showing how the ICF can be applied and implemented in clinical practice.

ICF training sessions

To teach health professionals and researchers how the ICF can be used in research and in clinical practice, members of the ICF Research Branch team have conducted various training workshops in Belgium, Germany, Italy, Portugal, New Zealand, Slovenia and South Africa.

Methods development

The first version the Generic ICF Core Set has been developed using ICF-based clinical data and population-based data.

Methods to develop and validate condition and/or context-oriented ICF Core measures have been established.

In addition, a methodology to develop reference scales for specific ICF categories using the items of valid and widely-used health status measures has been created.

Lastly, a methodology to understand the relationship among ICF categories based on graphical modeling has been developed.
Development of ICF Core Sets

Based on the outcome of two different consensus conferences, the development of the following ICF Core Sets has been completed:

- ICF Core Sets for Hand conditions
- ICF Core Sets for Sleep

Activities for developing the following ICF Core Sets have initiated:

- ICF Core Sets for Vocational rehabilitation
- ICF Core Sets for Infectious bowel disease
- ICF Core Sets for Cerebral Palsy (CP)

ICF Core Sets for the following conditions are under development in various phases:

- ICF Core Sets for Bipolar disorders
- ICF Core Sets for Psoriasis & psoriatic arthritis
- ICF Core Sets for Traumatic Brain Injury (TBI)
- ICF Core Sets for Hearing
- ICF Core Sets for Amputees
- ICF Core Sets for Burns
Development and evaluation of an ICF-based patient education program for stroke patients

An ICF-based patient education program for stroke patients has been developed with the following aims: a) to increase patients' understanding of the determinants of their own level of functioning, b) to enhance their perceived self-efficacy in dealing with problems and barriers in daily life due to the stroke event, b) to enhance their perceived self-efficacy in solving problems and seeking information and help and c) to improve their skills in fulfilling everyday life responsibilities after rehabilitation (empowerment).

A multi-centre, randomized controlled intervention study with follow-up at three time points (baseline, discharge from the rehabilitation hospital and 6 months after discharge) is being performed to test the efficacy of the education program. A sample size of 500 patients (250 Patients per group) is planned.

The project is being funded by the German Federal Ministry of Education and Research, and is expected to be completed in July 2010.

The use of the ICF Core Sets for medical reports used by the German public pension insurance for patients suffering low back pain and chronic widespread pain

The aim of this project is to examine whether the ICF Core Sets for low back pain and chronic widespread pain could be useful as a foundation for medical reports used by the German public pension insurance which document the status of individuals suffering from low back pain or chronic widespread pain.

Six hundred medical reports for patients with low back pain or chronic widespread pain, respectively, will be translated into ICF language using a retrospective qualitative study design.

First analyses indicate that the composition and use of terminology in medical reports vary enormously. Therefore, a comparison of the content without a common basis is quite difficult. This demonstrates the importance of the project and the possible usefulness of the ICF and the ICF Core Sets for structuring the content of medical reports for the public pension insurance system.

The project is funded by the German public pension insurance, and is expected to be completed in April 2010.

Use of the ICF as a reference for the evaluation of effectiveness studies in dementia

The aim of this project is to examine whether the intervention and their corresponding targets in studies devoted to the needs of persons with dementia address what really matters to dementia patients and their caregivers.

A systematic literature review is being performed to identify all interventions and corresponding targets used in experimental and observational studies in dementia. The identified targets of interventions are being linked to the ICF.

Interviews with persons with dementia and their caregivers are being performed to identify their needs. These needs are also being linked to the ICF.
Using the ICF as a reference framework will enable us to examine the correspondence between the intervention targets and patient needs; this in turn will help us to directly address the project aim.

The project is being funded by the German Federal Ministry of Education and Research, and is expected to be completed in April 2010.

**Update of the linking method project**

The goal of the project is to develop a linking method that would enable the translation of any health and health-related information into ICF language. This method can be utilized for example in comparing the content of health-status measures and in assessing the validity of their content. The linking method is currently being updated.

**Operationalization of environmental factors**

The following ongoing projects on the operationalization of environmental factors (EF) started in 2008:

- Review and systematization of different operationalizations of EF in functioning and disability (Reinhardt, Miller, Gray, Stucki - WHO FDRG Discussion Paper currently drafted).
- Review of measures of EF in spinal cord injury (SCI) (Reinhardt, Miller, Gray chapter for IPSCI)
- Review of evidence for EF impact on functioning, mortality and morbidity in SCI (Reinhardt/Gray - chapter for IPSCI)
- Review of measurement and results for environmental barriers to participation in SCI (Reinhardt, Post - Top SCI Res).
- Development of an ICF-based instrument for the assessment of EF in SCI (Graf, Whiteneck, Charlifue, Horsewell, Eriks-Hoogland, Boldt, von Elm, & Reinhardt).

**Personal factors**

Together with the World Health Organisation (WHO) and under the supervision of the Functioning Disability Reference Group (FDRG), the ICF Research Branch is currently exploring the development of a classification for personal factors (PF). Current exploration activities include:

- Paper on the systematic review of PF in the literature
- Paper on PF in earlier models of disability
- Paper comparing existing PF classifications
- Needs paper
- Preparation of the project plan
- Pre-preparatory draft of PF
- Ontology workshop in December 2008
Selected Publications (2008 and 2009)


Cieza A, Hilfiker R, Chatterji S, Kostanjsek N, Ustün BT, Stucki G. The International Classification of Functioning, Disability, and Health could be used to measure functioning. *Journal of Clinical Epidemiology.* 2009; 62(9):899-911 (Epub 2009).

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