World Health Organization – Family of International Classifications (WHO-FIC)
Network Annual Meeting

Seoul, South Korea
22-27 October 2018
Executive Summary

The WHO-FIC Network Annual Meeting (the Meeting), 22-29 October 2019 in Seoul, Korea, served to progress the work on all activities within the WHO Family of International Classifications in line with the Strategy and Work Plan of the Network. The special theme of the Meeting was “better health information to support universal health coverage - 40 years after Alma Ata”. The WHO-FIC Network currently consists of 21 Collaborating Centres, five Academic research Collaborating Centres, eight non-governmental organizations, and 29 invited guests. Over 230 participants attended the Meeting. The meeting ran with individual committee and reference group sessions, plenary and special sessions, through the week (See Appendix “A” – Meeting Agenda). A special session featured short summaries from some of the authors of the almost 100 posters presented at the Meeting.

The WHO-FIC Advisory Council met in two sessions during the week to review the WHO-FIC Network Strategic Framework and work plan and jointly discussed common themes. The work of the Network and its committees and reference groups will continue, in line with the updated Strategic Work Plan, and will be monitored by the WHO–FIC Advisory Council, the Council Small Executive Group, and WHO.

An additional session was held between WHO with the Heads of WHO-FIC Collaborating Centres to discuss alignment of Collaborating Centres workplan to the Strategic Framework priorities and workplan.

All Committees and Reference Groups as well as the Medical Scientific Advisory Committee, the new Verbal Autopsy Reference Group and the new Traditional Medicine Reference Group held and concluded their meetings before the WHO-FIC Network conference began. Each of the committees and reference groups presented an annual report of their activities and compiled a detailed report of progress achieved at this annual meeting for the relevant stream of work. The Meeting also included reports and presentations from Korea, WHO Regional Reports, and a Roundtable on Primary Care.

In all committees and reference groups, elections of co-chairs took place. Priorities for the WHO-FIC Network five-year Work Plan are the continued progression of ICD-11 development and use, and development of proper mechanisms for morbidity and mortality IT infrastructure. Informatics, development, education, and implementation for the WHO-FIC are also part of the strategic goals.

A presentation to the Education and Implementation Committee focused on activities associated with the planned implementation of ICD-11. Advocacy and dissemination of ICD-11 should highlight functionality of ICD-11, and how it is easier, faster, and more for coding. The messaging should be that ICD-11 will be disseminated as an information standard, not as an information product (i.e. a book). The last update of ICD-10 will be the 2019 version. After 2019, the only amendments will be correction of errata.

The final report of the Joint Linearization Morbidity and Mortality Statistics task force for ICD-11 (JTF) was presented. The JTF was charged with assisting the WHO to complete the eleventh revision of the ICD, and recommended that the WHO Secretariat should submit ICD-11 to the Executive Board in January 2019 and to the World Health Assembly (WHA) in May 2019, for adoption. WHO gave an official farewell to the Joint task force for ICD-11 and expressed its gratitude to the members of the Joint Task Force for their high level of commitment and the excellent results achieved in the revision of ICD thanks to their expertise, constructive discussions, recommendations, and enormous investment of time.
The Medical and Scientific Advisory Committee has reviewed over 5000 short descriptions, and completed review and discussion of 24 major clinical issues, with specific recommendations regarding chronic fatigue syndrome, vascular dementia and congenital Lyme disease that were further endorsed by the CSAC.

From the Classification and Statistics Advisory Committee, the updating process for ICD-11 will be more open than it was with ICD-10, with a greater effort to engage the clinical community in submitting proposals for changes. Updating will be carried out at different levels and with different frequencies. Updates that have an impact on international reporting will be published every five years. Updates at more detailed levels can be published annually, while additions to the index can be made on an ongoing basis. The mortality and morbidity rules will be updated in a 10-year cycle. It was agreed that ICD-11 is ready for submission to the World Health Assembly in its current form.

The Traditional Medicine Reference Group key priorities and deliverables include maintenance of the ICD-11 Supplementary Chapter Traditional Medicine Conditions - Module I and preparing for implementation through guidance material for translation and contribution to ICD-11 e-learning tool development and ICD-FiT upgrade.

The International Classification for Functioning, Disability, and Health (ICF) is functioning in ICD-11, and is migrating to the same digital infrastructure.

The International Classification for Healthcare Interventions (ICHI) now has a second beta-version online, and is being prepared for formal testing.

The Functioning and Disability Reference Group reported that updates are ready for ICF 2018, completion of an environmental scan on use of WHODAS 2.0, development of ICF eLearning tool and Education platform, and revision of use cases and 47 functioning entities in the Reference Guide.

The Informatics and Terminology Committee drafted and circulated a white paper on best practices in mapping, and created a release version of ICD-11 now deployed at the ICD-API.

Banff, Alberta, Canada will host the next WHO-FIC meeting from 5 to 11 October, 2019.
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1 WHO-FIC Advisory Council – Meeting Opening

The WHO-FIC Advisory Council met in two sessions during the week to review the Strategic framework and workplan and jointly discussed common themes. The Council sessions were held on Monday, 22 October 2018 and Saturday, 27 October 2018 chaired by Lynn Bracewell, Co-Chair from the UK Collaborating Centre with apologies from Donna Pickett from the North American Collaborating Centre.

Robert Jakob, Head of Classifications and Terminologies at WHO, officially opened the meeting 22 October, 2018 by summarising the WHO-FIC strategy as being “better health information to support universal health coverage 40 years after Alma Ata”. The meeting ran until end of day 27 October, 2018, with individual committee and reference group sessions, plenary and special sessions, through the week (See Appendix “A” – Meeting Agenda). A special session featured short summaries from some of the authors of the almost 100 posters presented at the Meeting.

Existing challenges include governments that lack the strength to pull people together, merging data from different registries, making data consistent, capturing data in electronic health information systems to avoid duplication, and a general lack of morbidity data (compared to mortality). While there is a range of data reporting from countries around the world, for example with cause-of-death data, there still exist many areas (e.g. most of Africa, India, China), where data from vital registration systems is unavailable.

1.1 - WHO-FIC Participants and Collaborating Centres

The WHO-FIC Network currently consists of 21 Collaborating Centres, five Academic research Collaborating Centres, eight non-governmental organizations, and 29 invited guests (See Appendix “B” for participating countries). Over 230 participants attended the Meeting (See Appendix “C” – List of Participants).

The role of the 21 Collaborating Centres (CCs) is to provide support, disseminate information, support implementation, and advocate for use of data and WHO standards. Although Venezuela’s term as a collaborating centre is ending, all other CCs continue to contribute. This is in addition to the NGOs, academic centres, research centres, and regional networks that are also part of the network.

1.2 - WHO-FIC Work Plan

Priorities for the WHO-FIC Network five-year Work Plan continued progression of ICD-11 development and use, and development of proper mechanisms for morbidity and mortality IT infrastructure. Informatics, development, education, and implementation for the WHO-FIC are also part of the strategic goals.

The WHO-FIC Strategy and Work Plan was ratified on Oct 27, 2018 at the Annual Meeting. This included final edits and comments sent to Dr. Jakob during the Meeting. The work plan will be distributed for Council member discussion.
1.3 - WHO-FIC Strategic Goals

There is a need to focus network on strategic goals, make sure groups are in line with the goals of the network, are productive and jointly working across committees and reference groups and that the centres and NGOs match this commitment.

There needs to be less segmentation of health information systems with a need to overcome and have infrastructure support of the health data.

There needs to be commitment by collaborating centres to the reference groups with side activities in the network agreed and in line with needs.

1.4 - Conduct of the Network

The Conduct Paper was previously circulated to the Council with changes to Committee / Reference Group terms of reference, no comments were received therefore the Council agreed to accept the changes to the Conduct Paper and Committee Co-Chairs were asked to ensure their workplans were updated accordingly.

2 Committees and Reference Groups

All Committees and Reference Groups as well as the Mortality and Morbidity TAGs and Functioning TAG of the ICD Revision held and concluded their meetings before the WHO-FIC Network conference began. Each of the committees and reference groups presented an annual report of their activities and compiled a detailed meeting report for the relevant stream of work.

Verbal Autopsy

Verbal Autopsy (based on lay interview when no physician is available for examination of deceased) has moved from prototyping to routine use. A Reference Group has been created for maintenance of the tool and will be part of the WHO-FIC annual meetings.

3 International Classification of Diseases (ICD)

3.1 – ICD Implementation and Education

The web address ICD.who.int is the home of ICD-11. Currently, the “implementation version” of ICD-11 from June 2018 is available. Working groups are tasked with refining morbidity and mortality rules, disambiguation, and developing user guidance for the over 102000 index terms.

ICD-11 is going forward for a draft resolution by the WHO Executive Board in January 2019, before a submission for adoption in May 2019 at the World Health Assembly.

1. ICD-11 Transition and Implementation Guidance Package
   a. EIC is requested to support further development by providing term sets to improve the ICD-11 index and building a consensus for the design of the scoring algorithm for ICD-FiT.
   b. The EIC Co-Chairs are to discuss the role of EIC for the activity on ICD-11 Transition and Implementation Package to take over tasks from the Joint Task Force which was dissolved in October 2018.
2. ICD-11 Training Material

The role of EIC will be to assess existing materials against a standard (to be developed), and develop materials where there are gaps in collaboration with other Committees and Reference Groups. Setting up the EIC collaborative platform so that it is transparent and accessible to all was suggested. The new co-chair suggested that her department could take up this responsibility.

Preparation for implementation collaboration with Member States, Collaborating Centres, and WHO Regional Offices

This presentation focused on activities associated with the planned implementation of ICD-11. Advocacy and dissemination of ICD-11 should highlight functionality of ICD-11, and how it is easier, faster, and more for coding. The messaging should be that ICD-11 will be disseminated as an information standard, not as an information product (i.e. a book), and that morbidity and mortality terms have been agreed upon by the Member States. The existence of the translations into Arabic, Chinese, French, Spanish, and Russian should be highlighted. Capacity building will be through Regional workshops, alongside the development of the ICD-11 e-learning tool and the new ICD-FiT training and self-evaluation tool. The ICD Application-Programming Interface will continue to be updated.

3.2 - ICD Update and Revision

3.2.1 – ICD-10

The last update of ICD-10 will be the 2019 version. After 2019, the only amendments will be correction of errata.

From the meeting of the Information Technology Committee, case study was presented on applying a rule-based algorithmic approach for mapping ICD-10 to ICD-10-AM, and a second case on using a combination of rule-based, machine learning, and manual techniques to carry out mapping between ACHI and ICHI.

3.2.2 - ICD-11 JLMMS Task Force Final Report

Co-Chairs Stefanie Weber and James Harrison presented the final report of the Joint Linearization Morbidity and Mortality Statistics task force.

The Task Force of 17 members and 10 other participants and observers, established in 2015, was struck to provide recommendations and advice on 1) the subset of the ICD-11 Foundation to be included in the ICD-11 MMS, and 2) how to appropriately structure the codes to enable tabulation and aggregation for international reporting. Besides monthly teleconferences between September 2015 and October 2018, the Task Force had 10 face-to-face (minutes of these meetings are published online).

Charged with assisting the WHO to complete the eleventh revision of the ICD, the Task Force completed its mandate by late 2018, reporting the chapter structure and stem codes as stable, the postcoordination mechanism and syntax are in place, the coding tool is functional, the reference guide is mature, and the governance mechanisms for maintenance are in place.
The view of the Task Force is that ICD-11 is ready for the transition from revision to implementation.

Final recommendations of the Task Force:
- The WHO Secretariat should submit ICD-11 to the Executive Board in January 2019 and to the World Health Assembly (WHA) in May 2019, for adoption.
- The Secretariat and WHA should allow enough time for member states to prepare for implementation of ICD-11 for international reporting. This will vary between use cases (mortality, morbidity) and countries. Preparation is complex and will generally require several years.
- Updating and maintenance of ICD-11 must be adequately resourced.
- Work should continue on matters that go beyond the core task of revising the ICD for morbidity and mortality statistics. In particular:
  - Further work to allow the ICD-11 classification to interoperate with electronic health records, including those that make use of formal terminologies
  - Projects to draw on the great potential of the ICD-11 Application Programming Interface for electronic communication and application
  - Development of specialty versions based on the ICD-11 Foundation, as required.
  - Translations.
  - Measures to facilitate the adoption of ICD-11 by countries that have not previously used ICD to a great extent.

3.2.3 - Medical and Scientific Advisory Committee (MSAC) Report

The Medical and Scientific Advisory Committee has reviewed over 5000 short descriptions, and completed review and discussion of 24 major clinical issues.

MSAC key priorities are continued provision of medical and scientific advice on ICD-11 content, and continued work with CSAC to finalise criteria for a complete and acceptable proposal.

3.2.4 - Classification and Statistics Advisory Committee (CSAC) Report

Overview of ICD-11

The meeting began with a brief presentation about how to use the ICD-11 coding tool, also known as “the index”. Examples were provided of a simple search based on a specific diagnostic statement, and a flexible search, which looks for synonyms and other variations of inputted terms. Initial results can be further refined by using extension codes in addition to stem codes.

An overview was provided of the Chapter content of the ICD-11. Each chapter is organized according to a specific hierarchy, based on factors such as disease/disorder type, anatomical category, histology type, or mode of transmission. Some Chapters use extensive postcoordination features, including “code also” and “use additional code” notes.

Significant changes from the ICD-10 include the following:
- Several new chapters have been added, including diseases of blood or blood-forming organisms; disease of the immune system; sleep-wake disorders, sexual health; and traditional medicine
- Some chapters have been substantially modified, including diseases of the visual system; diseases of the digestive system; diseases of the skin; developmental anomalies; symptoms, signs or clinical findings not elsewhere classified; and factors influencing health status or contact with health services
Several diseases have been moved to different chapters

More detailed categories have been provided for some diseases

Information about some diseases has been expanded to reflect current clinical practice and advancements in scientific understanding

Terminology has been updated

ICD-11 provides more detail regarding morbidity coding than was contained in ICD-10. For example, there is information on when postcoordination should or should not be used, and on how to identify a “main condition” when a patient is admitted to a health care facility for multiple conditions. No major changes were made to the mortality coding rules, but the text has been formatted with easier wording to enhance user understanding. In addition, the new concept of a “priority underlying condition” has been added. In response to a question, it was clarified that the health care professional selecting a code is responsible for assessing the strength of the casual connection between a particular condition and the patient’s death.

Criteria for acceptance for proposals put on ICD-11 maintenance platform

The updating process for ICD-11 will be more open than it was with ICD-10, with a greater effort to engage the clinical community in submitting proposals for changes. Because it is likely that many more proposals will be received, strict criteria for proposals will need to be developed. It was agreed that these criteria should include the following elements:

- Those proposing changes should register their name and organizational affiliation and declare any conflicts of interest
- All proposals must have a clearly written and compelling rationale, with citations to establish the proposals’ evidentiary base
- Proposals that suggest adding entities must include a description and definition of the proposed entity
- Proposals that will have an impact on statistics must include a description or analysis of the resulting impact
- Proposals suggesting rule changes must come with an impact analysis
- Incomplete proposals will be returned to the author

There was agreement that proposals for new codes should include information about how the case would be coded if the proposed new code is not accepted.

The process of reviewing proposals will begin with a scientific verification by the appropriate committee. If the committee determines that the proposal has scientific merit, CSAC will determine whether the creation of a new code is warranted from a statistical perspective.

It was agreed that a subgroup within CSAC will be created to oversee the process of triaging proposals.

Maintaining ICD-11

Updating will be carried out at different levels and with different frequencies, with the goal of maintaining stability for mortality while allowing quicker updates for morbidity use. Updates that have an impact on international reporting (i.e., the four- and five-digit structure of stem codes) will be published every five years. Updates at more detailed levels can be published annually, while additions to the index can be made on an ongoing basis. Ongoing updates will be limited to clarifications to existing entities or other changes that do not have an impact on the morbidity and mortality statistics. The mortality and morbidity rules will be updated in a 10-year cycle.

Special arrangements will apply in the transitional period until ICD-11 comes into effect. However, the process will be the same.
Next steps

It was agreed that ICD-11 is ready for submission to the World Health Assembly in its current form. The codes are stable, and issues found in the implementation trials or translation have been addressed. WHO will continue to work on improving user guidance, adding index terms, and postcoordination. After the Executive Board meets in January 2019, a special group will be created to assist CSAC in evaluating proposals currently on the platform.

Other issues

The Medical Scientific Advisory Committee’s recommendation to remove the code for congenital Lyme disease was accepted. It was agreed that, even accepting the possibility of placental transmission of Lyme disease, there is no conclusive evidence that such transmission results in abnormal fetal outcome. In addition, it was noted that, even without a specific code, practitioners who wish to code for congenital Lyme disease can do so by using postcoordination. There was consensus that, while practitioners are free to code for congenital Lyme disease by using postcoordination, it would not be appropriate for CSAC to provide specific instructions on how to do this, given the lack of scientific support for the classification.

The MSAC’s recommendations to rename vascular dementia as “dementia due to cerebral vascular disorder”, and to recognize “mild cognitive impairment due to vascular disorder”, were also accepted. The MSACs’ recommendations were made in response to a previous proposal from members of the neurology Topic Advisory Group to move vascular dementia from Chapter 6 to Chapter 8 and to put it in a new category of “vascular cognitive impairment”. (The authors of this proposal have since withdrawn it.) The MSAC reasoned that, because vascular disorders are rarely the sole causes of dementia or cognitive impairment, it is more appropriate to refer to them through postcoordination rather than through the creation of specific codes. It was agreed that it was appropriate to make this change immediately, as the issue has been ongoing for several years, and the change fits within the existing code structure.

Finally, it was agreed that the special tabulation lists currently in the ICD will be included in draft form in the reference guide, with a note that the lists will be subject to further review as the implementation process proceeds. If it is determined that the lists should be maintained, they will need to be harmonized and updated to conform to the new chapter structure of ICD-11.

3.2.5 - Mortality Reference Group (MRG) Report

The Mortality Reference Group (MRG) met during three sessions of the WHO-FIC Network meeting on October 22-24. Election of co-chairs took place, and the group thanked Mr. Francesco Grippo for his dedicated service as a co-chair over the past years. About 27 issues were discussed, representing a range of kinds of issues and stages of development. The MRG reviewed work completed since the mid-year meeting, continued ongoing discussions, and discussed new issues. The MRG agenda was organized according to the order in the ICD-11 Reference Guide - some issues had their genesis with ICD-10 but carry over as issues in ICD-11 while others arise directly from ICD-11. There also was discussion about new tools in the ICD-11 environment; for example, how to use the coding tool and what we know at this point about the ICD-11 platform and how to use it.

Highlights of the discussion were:
- ICD revision:
  - Updates on status
  - Use of ICD-11 platform
  - Use of coding tool
  - Reference guide
- Ongoing issues:
  - Unspecified HIV
  - Major neurocognitive disorder and dementia
  - Structural change of malignant neoplasm in ICD-11 and its implication for mortality coding
  - Hypoxic ischaemic encephalopathy indexing and relationship to birth asphyxia
- New issues
  - Sequelae in ICD-11

### 3.2.6 - Morbidity Reference Group (MbRG) Report

The Morbidity Reference Group developed a format for content in the Reference Guide to clearly distinguish content specific to health care provider documentation guidelines versus coder/coding guidelines. Coding rules were established, including when and when not to postcoordinate, using extension codes, defining main condition, and the development of the 3-part harm model for quality and safety.

MbRG key priorities and deliverables are: 1) collect education materials from additional sources to contribute to repository (in collaboration with EIC), 2) continued work on morbidity classification for the Reference Guide, and 3) addressing proposals triaged to MbRG from CSAC.

The outstanding topics for MbRG include development of educational materials for ICD-11, casemix applications, and transition planning.

Full meeting minutes are available in Appendix “F” – MbRG Meeting Minutes.

### 3.2.7 - Supplementary Chapter Traditional Medicine Conditions

ICD-11 includes a Supplementary Chapter Traditional Medicine Conditions - Module I. The first module is on Ancient Chinese Medicine. There is a need to organise the maintenance, translation, and implementation mechanisms as new modules are being prepared.

The Traditional Medicine Reference Group key priorities and deliverables are: 1) Maintenance of the ICD-11 Supplementary Chapter Traditional Medicine Conditions - Module I, including guidance for proposal submission and review, 2) Preparing for implementation through guidance material for translation and contribution to ICD-11 e-learning tool development and ICD-FIT upgrade (in collaboration with EIC), and 3) Collaboration with ICHI working group in identification of TM1 interventions within ICHI.

### 3.2.8 - Primary Care

It was noted that classification of primary care was part of the WHO-FIC work five-year work plan given it is the first line of intervention and protection. There needs to be an assessment as to whether the WHO-FIC tools are fit for the purposes of primary care. They should be given they are designed to cover all components of health care and they are constructed to be used together. It was suggested that Family Development Committee (FDC) could establish a formal primary health care task group and pursue the actions detailed above. ICD-11 has many of the concepts primary care now needs. There is a need to cater for low resource countries but using two tools i.e. one for low resource countries and one for high resource countries does not make comparison easy.

**From the Family Development Committee – ICD**
The need to provide a user-friendly classification to be used in primary care (which goes beyond the interventions of primary care physicians) was underlined. The classification should use the ICD-11 Foundation. There is the need for coordination with the development of ICPC-3 by the WONCA WICC. The new co-chair of FDC Strategic Work will coordinate the Primary Care work moving forward together with the Primary Care task force chairs and other FDC members who expressed interest.

4 The International Classification for Functioning, Disability, and Health (ICF)

The International Classification for Functioning, Disability, and Health (ICF) is functioning in ICD-11, and is migrating to the same digital infrastructure.

The WHO Disability Assessment Schedule (WHODAS) is a generic assessment instrument for health and disability now in its second iteration.

4.1 – ICF Implementation and Education

WHO-FIC Education
a. The website ICF education.org, (www.icfeducation.org) currently has 413 registered users. The Dutch CC agreed to co-fund it for 2018-2020. Next steps include translation of the site into Dutch and possibly Arabic. EIC members are to upload educational materials on the site. Qualified advisors and educators are invited to register their profiles.
b. ICF e-learning tool: Getting feedback from the international field testing in January 2018, the tool was revised, and a final report was submitted to WHO and the Co-Chairs of EIC and FDRG. The final English version is at https://www.icf-elearning.com/. Translation has already been completed in French and Portuguese (Brazil) and ongoing in 11 other languages. The existing section will be expanded to add a module of joint use of the classifications.
c. International Training and Assessment Program (ITAP): The international recertification of mortality coders was conducted in in the Republic of Korea and the report was presented.
d. Current activities of IFHIMA were shared.

4.2 – ICF Updates and Revision

The Functioning and Disability Reference Group reported that updates are ready for ICF 2018, completion of an environmental scan on use of WHODAS 2.0, development of ICF eLearning tool and Education platform, and revision of use cases and 47 functioning entities in the Reference Guide.

FDRG key priorities and deliverables are grouped to 1) ICF 2020, 2) WHODAS Children, and 3) WHODAS 2.0.

ICF 2020 deliverables include integration of proposals into ICF, creating work groups and distributing prioritised proposals, and accelerating the online voting process.

WHODAS (WHO Disability Assessment Scale) Children deliverables include defining the working group and action plan, conducting a literature review, item definition, and creation of a beta version.
An implementation strategy for WHODAS 2.0 with ICD-11 is being developed, along with improvement of scoring instructions, development of e-learning tools, and development of a scoring tool.

Outstanding issues include having a PDF version of ICF 2017, development of WHODAS 2.0 training materials, and the advancement of the ICF ontology.

5 The International Classification of Health Interventions (ICHI)

The International Classification of Health Interventions Beta 2 version is online, and is in preparation for formal testing. A workplan is being developed for its many interventions.

5.1 – ICHI Implementation and Education

Ongoing work on ICHI education material was described. It will be sent to WHO for feedback, then further enhancement will be made to each field of interventions.

5.2 – ICHI Update and Revision

5.2.1 - From the Informatics and Terminologies Committee

ICHI platform updates included changes to the syntax of codes using dots instead of spaces to separate the axis codes for a stem code, enhancements for classification editors introduced to the platform, and the improved search engine. The ClaML converter is almost ready for wider use.

5.2.2 - From the Family Development Committee

The Family Development Committee (FDC) held its 2018 annual meeting in Seoul, Republic of Korea, over three sessions on Monday 22 and Tuesday 23 October 2018.

The following issues were discussed:

SWP-01: Assist WHO in the development of the International Classification of Health Interventions (ICHI)

A separate session was held focussing solely on ICHI in the late afternoon of Tuesday October 23th.

An update was provided on the present state of development of ICHI Beta 2018 (accessible via the WHO website) after the working meeting of the management group in Conegliano Italy September 6th and 7th. ICHI is now ready, after the first round of informal field testing, for presentation to the member states for formal testing. The testing is planned for March to September 2019. It is hoped that there will be a pre-final version ready for the next WHO-FIC Network meeting in 2019. The ICHI team’s plan is to have ICHI ready for release in 2020. A technical meeting of the ICHI development group is scheduled to take place in Cologne on 18 – 20 February 2019. The role of FDC in providing strict connection between the WHO-FIC network and the ICHI development process is reaffirmed.
6 WHO-FIC: Other Fields

6.1 - Family Development Committee (FDC)

Taken from FDC meeting minutes.

SWP-02: Integration of the Family – Finalization of the family paper.

The Family paper was presented in its final revised version. It has undergone much revision over the past 12 months. Following general discussion, the paper was accepted for presentation to the Council meeting with the request that it will then be posted on the WHO website to replace the past version. Plans are being made to derive from the material now in the paper a scientific paper to be submitted for publication in a peer reviewed journal.

SWP-03: Applications of the WHO-FIC

The main item under discussion for this work plan area is the joint use of classifications. Based on discussions at the FDC 2017 mid-year meeting, a survey has been developed asking for examples of where joint use of classifications occurs. This survey is due for dissemination to the FDC and the WHO-FIC Network after the annual meeting, with responses due back in time to inform discussion at the 2018 FDC mid-year meeting.

A section on joint use has also been included in the family paper. Work is being undertaken with the ITC to investigate tools and information technology requirements to support joint use.

SWP 04 WHO-FIC support for Universal Health Coverage (UHC) and the Sustainable Development Goals

The FDC have been assessing the usefulness of the WHO-FIC to support UHC. During the past year, a provisional mapping of the WHO 100 core indicators and how they could be covered by ICD, ICF and ICHI was completed. There is the need now to update such mapping, applying it to the new set of WHO indicators. A specific working group will be devoted to this issue.

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

The call for action to FDC on personal factors classification has been approached by reviewing the concepts presently included in this domain. Results were presented in WHO-FIC 2018 poster number 523. Most of the relevant concepts are to found either in one of the existing WHO classification or in other UN classifications. It is was therefore agreed that it would be inappropriate to open a new line of action on this issue. Feedback to FDRG will be given and a best practice paper should be developed.

FDC-SWP 06 Alignment of members of the Family FDC-SWP 03 Applications of the WHO-FIC- Joint uses of the classifications

Alignment of members of the family

The full alignment of the members of the family should base its roots on compatibility with a common foundation layer. The work will require substantial resources and time. FDC will start addressing this task thanks to the availability of some of its members and of members of ITC. Within
this area falls also the work on interoperability between different terminological resources such as SNOMED International. A small working group on terminology will start investigating this item.

**Joint use of the classification**

Alignment of the classifications will find its practical fallout in the joint use of the FIC members. The continuous record of instances and examples of joint use is encouraged and will proceed in 2019.

**FDC Mid-year meeting**

A proposal for holding the FDC mid-year meeting in conjunction with FDRG in Kuwait in early April 2019 will be developed and shared with the FDC members.

Full FDC Meeting Minutes can be found in Appendix “D”.

**6.2 - Education and Implementation Committee (EIC)**

Taken from EIC meeting minutes.

The Education and Implementation Committee (EIC) had three sessions during the WHO-FIC Annual Meeting in 2018, including 30-minute group workshops and a joint session with FDRG. The main outcomes of the meeting are as follows:

**WHO-FIC Implementation database**

a. In the past year, 42 countries updated their data, and 56 new focal points were identified, in response to biannual calls to EIC members, WHO-FIC CCs, and WHO Regional Offices (ROs). There are currently 166 focal points out of 194 WHO Member States.

b. A workgroup of reviewers has supported the task of improving questions in the database. Significant progress was made in streamlining the format and revising the basic section of the questionnaire that all countries should be able to answer.

c. The issues are to identify the needs of users, including WHO, WHO-FIC CCs, countries, and general public. A letter was sent from the EIC Co-Chairs to WHO inquiring for what purpose WHO uses the database, as to inform the required formats for output of the database.

**EIC Routine**

a. Briefing Kit: Creating new Information Sheets on ICD-11, ICD-11 education, and verbal autopsy, among reviewing others was proposed.

b. EIC website: Recommendations are made on transferring minutes and presentations to another site accessible to all members, assembling all historical documents in a folder so designated, and terminating the current website.

**Better alignment of cross-cutting tasks in collaboration with other committees and groups in the WHO-FIC**

EIC is to promote cross-cutting work with other Committees and Groups. WHO sought cooperation of EIC in the following areas related to ICD-FIT development for coding training and assessment:

- Providing term sets for improving the ICD-11 index;
- Building consensus on the design of the scoring algorithm in ICD-FIT;
- Designing an interface for coding and the scoring algorithm;
- Reviewing a feedback mechanism.
EIC mid-year meeting
Mid-year face-to-face meeting is being planned in 2019 in alignment with other relevant Committee or Reference Group. No definite date or place has been set yet.

Full EIC meeting minutes can be found in Appendix “E”.

6.3 - Informatics and Terminologies Committee (ITC)

The Informatics and Terminology Committee drafted and circulated a white paper on best practices in mapping, and created a release version of ICD-11 now deployed at the ICD-API. The proposal system, considering the new workflow, was updated. An enhanced dashboard was created for ICD-FiT, while functionality was adjusted for ICD Field Implementation.

ITC key priorities and deliverables are: 1) mapping of a white paper outlining best practices for mapping to/from WHO-FIC classifications, 2) enhancement of the application programming interface (API) and web services to encourage wider use, 3) continuous update and maintenance on browsers and platforms, 4) expanding use of ICD in omics field.

ITC Session Summaries

- Minutes from the previous (Mexico City, October 2017) meeting were circulated and accepted.
- It was reported that no major changes, only updates, have been made to ClaML and Iris software.
- A case study was presented on applying a rule-based algorithmic approach for mapping ICD-10 to ICD-10-AM, and a second case on using a combination of rule-based, machine learning, and manual techniques to carry out mapping between ACHI and ICHI.
- Two case studies were highlighted in relation to the mapping white paper: 1) Mapping between SNOMED-CT and ICD-10; 2) ICD-10/ICD-11 bidirectional maps.
- The limitations/issues associated with mapping were presented, and called for comments and suggestions from the audience with regard to the white paper to be sent to swt@standford.edu by 23 November 2018.
- Changes to browsers, tools and other technologies was presented. The major updates were in relation to the Release (blue) Version and Maintenance (orange) Version. Highlighted were the updated API (Application Program Interface), search enhancement (particularly flexible search option), updates to the proposal workflow management and voting system, and identified planned future enhancements like enhancing the platform, the extension of the API, and facilities for local deployment of ICD-11 using Docker based system.
- An explanation of the changes to the ICD-FiT tool was presented, and suggested EIC discuss the following: 1) Shall we reduce to 1 the number of fields for coding? 2) Are the weights reasonable – shall we extend the score with the distance measure of the old ICD-FiT?; 3) How do we test it?
- ICHI platform updates included changes to the syntax of codes using dots instead of spaces to separate the axis codes for a stem code, enhancements for classification editors introduced to the platform, and the improved search engine. The ClaML converter is almost ready for wider use.
- There was a presentation on OMICS, updating on ISO Standardisation and explaining concepts related to iCOS, establishing iCOS as an ISO standard (in progress), and outlining the structure of the WGML (Whole Genome sequence Markup Language).
• A presentation was given on the Human Phenotype Ontology (HPO) by explaining the uses of phenotypes, genes and environmental factors, and the research around use of phenotypes for the precision medicine.
• Action Items for 2018/19
  o White paper finalisation and submission to the council in January 2019
  o Enhancement of WHO APIs to include postcoordination
  o Encourage the wider use of the API by member countries for pilot testing
  o Continuous update/maintenance of browsers and platforms
  o Proceed with the international standardisation of OMICS with ISO/CEN and other organizations

7 Official Opening of WHO-FIC Conference (Oct 27)

The WHO-FIC Advisory Council Co-Chair formally welcomed and introduced the Republic of Korea and WHO representatives.

Park Neunghoo, Minister of Health and Welfare of the Republic of Korea

Since the inception of the Korean WHO-FIC Collaborating Centre in 2012 the Annual Network Meeting has served as a broad discussion platform. Minister Park spoke about the sessions and the expert opinions that had been brought together in the previous days (since 22 October) and how these will be summarised during the Council sessions to be held today and tomorrow. He noted that Korea has taken great steps forward and specifically highlighted the decrease in the child mortality rate. Korea is proud of past achievements but knows that there is a long way to go. The Minister spoke of how crucial it has been to establish a standard classification without which it would be difficult to navigate in the future.

Lim Hee-teag, Head of WHO-FIC Collaborating Centre in Korea and President of Social Security Information Service (SSIS)

Lim Hee-Teag spoke briefly about his roles as Head of WHO-FIC Collaborating Centre in Korea and as President of Social Security of Infomration Services (SSIS). He also spoke of the need for the introduction of standards for terminologies and that both classifications and terminologies provide us with information which is crucial for clinical care, research, and health care improvement.

John Grove, Director of Information Evidence and Research, World Health Organisation

John Grove said that in May of last year Korea with 193 States endorsed the WHO general programme of work which has redoubled emphasis on improving health systems and specifically mentions the work of the WHO-FIC.

Robert Jakob, Head of Classification and Terminologies, World Health Organisation

Referring to the time it took to implement ICD-10, Dr. Jakob pointed out that sometimes there were worries and concerns that the development of the new classification takes time and countries feel they need to wait to implement it. However, we adopted the ICD-10, and then the implementation work started. It is natural that implementation takes time for different purposes. The majority of countries planned implementation 6 or 7 years after the adoption even though officially, it was valid from 1st January 1993. The fact is countries needed time to move to the new classification and it will
be very similar for ICD-11. It was noted that many countries have started translation of ICD-11 already which will allow for a quicker adoption.

**Summary feedback on meeting outcomes**

Lynn Bracewell, co-Chair of the WHO-FIC Advisory Council provided a summary of the outcomes from each Committee and Reference Group meeting over the past week and planned activities for the coming year.

**Local Presentations**

**Current State and Task of Healthcare Information in Korea**

Sang-Youn Oh from the (Korean) Ministry of Health & Welfare gave a presentation highlighting Korean healthcare outcomes, issues, current state, and WHO-FIC-related activities.

Enacted in 1963, mandatory Korean National Health Insurance evolved to a single payer system in 2000, and covers the entire population and most essential services. The system is supported by contributions from the insured population, and government subsidy. It covers 50.7 million people (96.9% of the population). A Medical Aid Scheme for low income covers the remaining population. In the past 50 years, Korea has seen improvements in major health outcomes, such as an increase in life expectancy from 62.1 to 82.1 years, and a drop in infant mortality from 45 to 2.7 per 1000 babies. Stroke recovery outcomes, rectal cancer survival rate, and liver transplant survival rate are among high-level medical services where Korea is number one in OECD. The presentation also highlighted the high level of medical technology in Korea, including number of hospital beds, number of MRI/CT facilities, and penetration of electronic medical record.

Health expenditure was highlighted as one of the issues facing Korea. Although health expenditure per GDP and government expenditure were below OECD averages, out-of-pocket expenditures are higher. Also, in 2026 Korea will enter the post-aged society, where the population over 65 will hit 20%. With this aging population, Korea will see health expenditure rise and growth rate fall with decreased working population.

Reporting on standardization of healthcare information, Korea has 92% EMR penetration, and 14.9% e-prescriptions. To encourage self-directed health care service, Korea has established a patient-accessible portal for managing health information. A new Healthcare Big Data platform has supported big data analysis for better provision of services.

After initial designation as a Collaborating Centre in 2012, currently there are nine Korean members actively working as voting and non-voting members on EIC, ITC, FDC, CSAC, FDRG, and MRG. The Collaborating Centre is transitioning from the Korean Social Security Information System to its Ministry of Health and Welfare.

**Health Information Exchange System of Korea**

Young-Soo Kwak, Director of the Health Information Exchange (HIE) Project Promotion Office gave this presentation. HIE was created to address disconnected medical services, the needs of an aging population, and medical information utilization needs in Korea. The HIE has been fully implemented in 2017, and works to “safely transmit patient records between medical institutions” with information related to diagnosis, medication, and examination history. Exchange of diagnostic imaging is now starting. There are currently six document repositories, 11 main medical institutions,
and 1293 cooperative medical institutions. The presentation highlighted how information is requested, exchanged, and the security in place in the system.

**Cancer Registration System and Big Data in Korea**

Young-Joo Wan, from the Korean National Cancer Center, presented on the Program, whose main goal is to reduce cancer incidence and mortality and improve survival. The Program is now in the third term of a plan that focuses on primary prevention (e.g. lifestyle modification, education, vaccination), secondary prevention (screening) and better treatment. The original mandate to track cancer statistics now includes activities related to prevention, detection, diagnosis, treatment, and survivorship. Korea has 11 Regional Cancer Registries, which collect data on 90% of cancer cases from more than 180 hospitals. Cancer registration uses the WHO ICD-O-3 classification system to present primary site and morphology of the tumour. The Korean Central Cancer Registry (KCCR) submits data to the Cancer Incidence in Five Continents (CI5) report to confirm completeness and validity. The presentation highlighted ways to access data, and emphasised that the data is used to generate evidence for policy makers and healthcare providers. KCCR recognizes that there are gaps in the data they collect, which they want to address; for example, data on behaviour risk factors, environmental factors, access to care, quality of life, and comorbidities.

**National Classification for Health Insurance in Korea and Application of WHO-FIC**

Eun jung Hwang from the Health Insurance Review and Assessment Service (HIRA) presented on the Korean classification for health insurance and its application of WHO-FIC. HIRA is involved in health insurance rule making, monitoring of cost and quality, and infrastructure management. HIRA works alongside the National Health Insurance Service, and employs almost 3000 people, 72.7% of which are healthcare professionals. The dominant health service provider in Korea is the private sector (89919 providers in 2016), who own 94% of hospitals and 90% of beds. All providers must enrol with the National Health Insurance Service, which collects contributions and negotiates fees. The single payer system has been in place since 2000, and 99.7% of claims are electronically interchanged. Payments are based on a fee-for-service system. HIRA reviews 1.5 billion cases per year, amounting to $53.9 billion, and has provided an open data service since 2015. Claims data are classified by the Korean Standard Classification of Diseases (KCD), based on a modification of ICD-10, and is used for analysis of resource consumption. The Korean Electronic Data Interchange (EDI) used for insurance claims has been mapped to SNOMED-CT and is now being mapped to ICHI.

**Korean Medicine Classifications**

Sooyeob Hyun, Director from the Korean Ministry of Health and Welfare presented on Korean Medicine and the ICD-11 TM Supplementary Chapter. Korean traditional medicine (KM) is integrated into the modern healthcare system, and is based on the Korean Standardized Classification of Disease (KCD). KCD has existed since 1952, is currently on its Seventh Revision (KCD-7). Korea has licences for MD (124044 doctors) and KM (24876 doctors). KM first used a separate classification system, which meant the same disease (e.g. diabetes) was classified differently by KM (wasting thirst). KM was integrated with KCD-6, and was used in development of ICD-11 TM Supplementary Chapter (along with Chinese and Japanese medicine). KM codes in KCD are identical to ICD special purposes U-codes (U50 to U79, U95 to U98). KM specific codes have allowed development of comprehensive statistics, and establishment and implementation of evidence-based policy. In addition, standardization has improved distribution of resources, access to information, and satisfaction.
8 Regional Reports

8.1 - African Region

Humphrey Karamagi, Team Leader for Health Information and Knowledge Management for the WHO Regional Office for Africa presented on AFRO’s progress, issues, and future focus with ICD adoption. Key achievements in the region include progress in death registration in many countries. Limitations in AFRO include limited capacity with only one regional collaborating centre, limited use of ICF compared to ICD, ‘rogue’ classification use, and low strategic focus on quality of care. AFRO is exploring designation of Partner Institutions to build capacity, and expanded reporting on quality of care by measuring quality, demand, and resilience, in addition to access. Regional priorities include 1) creating “how to” tools for independent orientation to classifications, 2) formation of a regional specific network, 3) identifying a wider range of institutions to participate in ICHI testing, 4) developing a regional digital health platform, 5) verbal autopsy use, and 6) preparing country systems for adoption of ICD-11/ICF/ICHI.

8.2 - Americas

Key achievements from the region of the Americas included:

- An August 2018 meeting in Colombia of eight countries planning for Spanish translation of ICD-11 implementation package. Six chapters have been completely translated and approved, and 85% of the entities in the foundation have been translated into Spanish.
- Mortality pilot testing has happened in English-speaking countries: Aruba, Barbados, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Vincent and the Grenadines, and Trinidad & Tobago.
- Argentina Collaborating Centre working with Mexico Collaborating Centres to provide a course to train coders using updated ICD-10 2018
- Caribbean Agency for Public Health is supporting Haiti to improved quality of mortality information through verbal autopsy
- There is a plan of action to re-designate the Collaborating Centre in Brazil, and a plan to translate ICD-11 into Portuguese. Brazil also developed second version of smartphone app for completing death certificates using natural language.
- Colombia has translated the Supplementary Chapter Traditional Medicine Conditions - Module I
- ..

Regional priorities include launching Spanish version of the ICD-11 implementation package, supporting countries in ICD-11 transition, supporting a plan of action for strengthening vital statistics, and strengthening use of WHO-FIC to improve health analysis to monitor UHC and Sustainable Development Goals.

8.3 - Eastern Mediterranean Region

Azza Badr, focal person for the Family of International Classifications for EMRO, reported on strengthening the implementation of classifications in the region. The region had a capacity building workshop in Kuwait in July 2018 on ICF, which included Egypt, Jordan, Lebanon, Libya, UAE, and Kuwait. Capacity building on ICD-10 completion of certification of death has happened through workshops in Iraq, Lebanon, Libya, Somalia, and Qatar. Translation of WHO-FIC material into Arabic is currently happening for ICD-11, along with verbal autopsy tool. ICD-11 piloting has occurred at a
hospital in Kuwait. A regional capacity-building workshop is planned for Luxor, Egypt in January 2019.

8.4 - European Region

David Novillo Ortiz reported that EURO includes 39 countries, and highlighted the European Health Information Gateway. Key achievements include reporting to the WHO Global Mortality Database in ICD-10 from 51 or 53 countries (Albania and Monaco still submit on ICD-9), and accelerated integration of health information in the region. Russian translation is in progress. Collaborating Centres in Netherlands, Germany, France, Russia, Norway, and Italy are providing ongoing support for promoting the family of classifications in Albania, the Republic of Moldova, and the Russian Federation. Regional priorities include transition from ICD-10 to ICD-11.

8.5 - Southeast Asia Region

Rakesh Mani Rastogi reported for SEARO, who published an annual report for the regional committee in 2018. Updates included:

- ICD is being used for morbidity and mortality in 9 of 11 countries
- ICD-10 training for morbidity and mortality coding was recently held in India, Sri Lanka, Nepal, and Thailand
- India has developed traditional medicine terminologies and codes for Ayurveda
- Bangladesh is using Start up List of Mortality codes (SMoL) to improved cause of death data, and has released a report on its use. Bhutan, Nepal, Timor-Leste, and India are planning to implement SMoL

Regional challenges include the complexity of coding rules requiring coders to interpret rules, and the need for more precise coding rules to better standardization. Also, ICF use in the region is limited, there is a basic lack of infrastructure and personnel for coding, and physicians are not referring to the manual when filing death certificates.

Regional priorities include better monitoring, interpretation, and use of sustainable development goals, improve capacity for better quality and analysis of morbidity and mortality data, development of capacity for using ICD/ICF.

8.6 - Western Pacific Region (Asia Pacific Network)

The WHO-FIC Asia Pacific Network (APN) had an annual lunchtime meeting and a workshop during the WHO-FIC Annual Meeting in 2018 with 37 participants from 14 countries. The main outcomes of the meeting were as follows:

1. The summary of the 10th APN meeting held in Sydney, Australia on 4 and 5 June 2018 was shared.
2. Updates from Cambodia and Lao PDR were provided. In Cambodia, with support by the APN further implementation at all hospitals in 2019 is planned. In Lao PDR, translation of the full version of ICD-10 into Lao is in the process of finalizing. Development of concept paper on how to implement ICD will be discussed in the Ministry of Health.
3. Current status of Startup Index and ICD-11 was presented. Translation of the Startup Index into Khmer and Lao is being carried out. The Startup Index will be finalized with WHO before implementing it in all hospitals in Cambodia. It was mentioned by WHO that countries using
ICD-10-SMoL and the Startup Index might continue to do so, to facilitate transition into the full ICD-10 or ICD-11.

4. Mobile application for Startup Index of Thai language version was developed, and the user guide has also been prepared. The new iOS version was submitted with additional function to App Store for an official approval.

5. The APN website has been successfully transferred to a server of the Korean CC. The former URL will also be taken over early in 2019, after the expiration of current contract.

6. Framework in Collaboration with SEARO and WPRO was discussed. Current situation and challenges in each country in both regions were reported, and it was identified that a major common issue was quality of data.

7. The 11th WHO-FIC Asia-Pacific Network Meeting is planned to be held in July 2019 in Hanoi, Vietnam. The host will be the Department of Medical Service of the Ministry of Health.

APN workshop was conducted, where detailed updates on the activities in Cambodia and Mobile application were provided. Questionnaire survey on ICD implementation was also carried out among the participants.

9 Roundtable on Primary Care: Better Health Information for Universal Health Coverage – 40 Years after Alma Ata

9.1 - Finland

An overview of healthcare in Finland was presented. Almost all primary care providers in Finland have electronic health record keeping which is backed up to a national database. Private care in Finland uses ICD-10, while public care mostly uses ICD-10. Doctors do the coding, and almost all contacts with patients have coded diagnosis. ICD-11 implementation is not planned, and there are problems with ICD-10 data structure. Fee-for-service will not change to accommodate reimbursement.

9.2 - Jamaica

An overview of healthcare in Jamaica was presented. The country needs significant investment to add to the 318 primary care health centres that already exist to cover its population. Most data are handled manually, with electronic patient records in one primary care facility and 13 hospitals. Clinical documentation is plagued by incomplete summaries and abbreviated medical terminologies. The system lacks trained coders, computers, has poor connectivity and infrastructure, and inadequate funding. Priorities include increasing coders knowledge, providing accurate information at point of care, strengthening primary care services, and monitoring and evaluation of the overall health system.

9.3 - Bahrain

A report on the National Health Plan, encompassing a 10-year period starting in 2016, was presented. One of the plan’s main objectives is to adopt a social health insurance program to help meet the challenges of a growth in population and shifting demographics. A National Electronic Medical Record is part of the plan. Health services are currently free of charge to all nationals and residents, with primary care providers being the gateway to services. Health information is available to all governmental health institutes, and uses ICD-10 for diagnosis. Monitoring health indicators include Sustainable Development Goals, vital statistics, and WHO Core indicators.
9.4 - Czech Republic

A presentation was made from the Institute of Health Information and Statistics on the primary care setting in the Czech Republic. Reporting to the public insurance system uses ICD-10 codes. Challenges on the free of charge system in the country include an aging population, growing paperwork for general practitioners, and a lack of GPs in peripheral regions. Other challenges include loss of diagnostic information when data is reported, and the under-use of ICF. Future goals include collection of reimbursement data for central analyses, development of an electronic health record, and data infrastructure investment.

11. WHO-FIC Advisory Council (closed session)

The Council approved the April and September 2018 minutes.

1. **Confirm actions of Committees and Reference Groups**
   a. Council ratified the decisions from CSAC-ICD proposals for ICD-11. This included the elimination of the entity for Congenital Lyme disease, the revision of the entity for vascular dementia, and keeping the entity for Postviral fatigue syndrome as it is currently shown in the ICD-11 MMS.
   b. Council ratified the decisions from CSAC-ICF – approved 8 proposals, some with modification, 12 proposals were rejected, 27 proposals put on hold.

2. **Endorsement of the Family paper**
   The Family paper has been formally accepted by the FDC and was brought for Council endorsement.

   Further guidance is needed from WHO concerning posting the paper on the WHO website, as the FDC does not want the 2007 version lost. It is requested that the revised version be put on the WHO website with a link to the 2007 version of the paper.

   The paper could potentially be submitted as a journal publication but would need some further refinement such as rearranging the content so that it is suitable for publication.

   The Council approved the Family paper.

3. **Strategic Framework and Work Plan**
   During the annual meeting information has been collected and collated to determine the contributions from the CCs against the strategic priorities and workplan. Responses were received from 18 out of 23 CCs.

   There was detailed discussion on the findings and actions needed to make best use of the information to inform the workplan priorities, existing and CCs contributions and workplans. It was noted that support for informatics is sparse within the network and more work needed to be done in this area to strengthen and extend the informatics work including WHO-FIC tools, integration with the electronic health record, advancement of knowledge now available and build a better connection between the various countries, committees, and activities.
WHO conducted a round table with feedback each CC heads and Committee/Reference Group Co-Chairs and Regional Advisors. The feedback will inform the next steps and updating of the workplan.

The Council approved the WHO-FIC Strategic Framework but agreed to continue to work on the detailed plan.

**Next steps**

- WHO will update the spreadsheet with late submissions from CC and will then be taken back to the Council SEG so they can do an assessment of the work load, and suggest further revisions. The final version will assist with the strategic work plan.

Special acknowledgments were given to Lars Berg and Lyn Hanmer for all the valuable work they have done for the Network over many years.

**Face-to-face Mid-year committee meetings**

Face to face mid-year meetings are by exception, discussed during the committee/reference group meetings with the WHO designated representative. The purpose of the meeting should be clear and progress strategic priorities and workplan. The proposed meeting, dates, potential location submitted to WHO and announced at the second Advisory Council meeting to enable a coordinated approach and early identification of any conflicts.

It was noted that it is very difficult to make decisions when many of the council members not present. WHO raised concerns about too many people attending overlapping meetings which may be easier for travel arrangements but difficult for management. WHO noted that there are 2 or 3 regional meetings planned for February. For WHO the Regional implementation support takes priority over mid-year committee meetings.

At this point confirmation could only be agreed for the MRG meeting in March 11-14 in London.

Some options were discussed for other meetings for the FDRG, EIC, MbRG, CSAC, ICHI but were not finalized. It was agreed that a teleconference call would be necessary. ITC meets successfully using on-line meetings and no overlap with other meetings.

**Key points:**

- Default position should be teleconference calls, and only have mid-year meetings when there are specific deliverables
- The second Advisory Council is where the decision is made for mid-year meetings and council members should be present for this session.
- Each committee and reference group agenda needs to include a portion describing the work plan for the year ahead and then produce an agenda so that it is clear what is going to be produced. The Introduction of a topic, or review of the work plan does not need to be done face to face.
- The mid-year face to face meetings specific issues and topics to be addressed should be clearly identified prior to the meeting that align to the strategic priorities and workplan.
• Identification of deliverables on the agenda is important for CCs to identify their international contribution and secure approval to travel.
• FDRG mid-year meetings focus on the key preparation and review of update proposals that are forwarded to the CSAC

Action: create a template to inform committees that if a mid-year meeting is being considered, there must be determination of dates and deliverables. Lynn Bracewell will take on the task of creating the template.

Working meetings

The focus of the annual meeting is on ‘working’ meetings requiring active contribution from country leads/experts to progress the workplan. The plenary session focus on theme of the meeting, meeting host presentations rather than a “sharing” of information already covered in working meetings. The Council agreed that the purpose and focus of the annual meetings needs to be further clarified to ensure a common understanding.

ACTION: – The annual meetings of committee and reference groups is to progress workplan activities. Lynn Bracewell will take on the task to produce a high-level principles document that subject to Council agreement could potentially be incorporated into the Conduct Paper.

Election of officers

In all committees and reference groups elections of co-chairs took place and the membership was updated. The elected co-chairs of the Committees and Reference Groups were ratified as follows:

<table>
<thead>
<tr>
<th>Committee</th>
<th>Co-Chairs</th>
<th>Secretariat</th>
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<tbody>
<tr>
<td>CSAC</td>
<td>Jenny Hargreaves, Lucilla Frattura</td>
<td>Anita Forrester, Paula Tonel</td>
</tr>
<tr>
<td>EIC</td>
<td>Vera Dimitropoulos, Sharon Baker</td>
<td>Filippa Pretty</td>
</tr>
<tr>
<td>FDC</td>
<td>Andrea Martinuzzi, Coen Van Gool</td>
<td>Soraya Maart</td>
</tr>
<tr>
<td>FDRG</td>
<td>Haejung Lee, Matilde Leonardi</td>
<td>Olaf Kraus De Camargo</td>
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<tr>
<td>ITC</td>
<td>Cassandra Linton, Jun Nakaya</td>
<td>Anapuma Ginige</td>
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<tr>
<td>MbRG</td>
<td>William Ghali, Olafr Steinum</td>
<td>Kristy Mabon</td>
</tr>
<tr>
<td>MRG</td>
<td>Kaori Nakayama, Robert Anderson</td>
<td>Donna Hoyert</td>
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<tr>
<td>TMRG</td>
<td>Kenji Watanabe, Dou Danbo</td>
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Nominations for new members of the SEG will be announced and confirmed at the January teleconference.

ACTION: Names of the new chairs of each committee to be circulated.
ACTION: Actual activities and names of any new chairs to be reflected in next year’s meeting progress reports.
ACTION: Nominations for new members of SEG will be announced and confirmed at the January teleconference.

CSAC/future of ICD updates/transition to ICD-11

WHO summary:
• The proposal backlog will be dealt with starting in Feb 2019 in a phased approach
• ICD-11 comes into effect 1 January 2022
There is often misunderstanding and differences in interpretation of what constitutes a major and minor update, and how frequent the cycle should be. It is important from a scientific perspective that important things be added in a timely fashion recognizing that the ICD-10 update cycle was too frequent. Translation is also impacted with updates.

Council members noted that the time period between now and 2022 is not an issue. The time period after 2022 is of more concern. Differences may be needed between the Mortality and Morbidity use cases. A confirmed update for mortality could be put on hold, but morbidity could add it as needed. There are different requirements. There could be some decisions about what to put in the coding tool.

A suggestion was made to perform an assessment of the statistical impact, and if there is impact, then it needs to go into the regular sequence, if no impact, but important, it could be added out of sequence.

There are other reference classifications so need to establish criteria more broadly when talking about updates.

No urgent need for U-codes, ICD-11 is flexible and can accommodate an urgent update with a CSAC meeting to determine where to put it. There is a free code range, but it needs rules as to how it should be used.

Clinical modifications needs could be dealt with separately – this can be done for morbidity but not for mortality. An explanation in the reference guide is needed as to what to do.

Review of draft Meeting Report

The meeting report is being prepared and will be discussed at the next teleconference of council when completed.

Meeting evaluation

- What went well:
  - an exceptional meeting, very well organized and seamless. Very nice venue, no upsets for participants.
  - The hosts were thanked for their seamless organization and excellent venue.

- What could be improved:
  - Some overlap with topics so requests for the SEG to review the agenda. Very hard for WHO officers to attend when parallel sessions were necessary. The poster sessions as the committees had not given enough attention to the posters. The posters explain how the real work is done so there is a need to pay attention to them.
  - ICHI and FDC did not have a list of the posters that were selected for presentation.
  - Would be good to have seen posters before the meeting sessions – have abstracts and topic visible before the meeting so that people know what has been done.

10 WHO-FIC 2019 & 2020 Network meetings

2019: Banff, Alberta, Canada will host the WHO-FIC meeting 5 to 11 October, 2019.

2020: The venue has yet to be agreed. WHO gives emphasis to regions that have not hosted a meeting for example WHO noted that there has never been a meeting in EMRO.

Kuwait and Thailand are considering hosting the 2020 meeting. The Council thanked Kuwait for the offer and will take it to the next council meeting for discussion.
Nominations for new members of the SEG will be announced and confirmed at the January teleconference.

Other business
No other business. Meeting closed.
Appendix A – Meeting Agenda
Appendix B – Participants

Collaborating Centres

Argentina, Australia, Brazil, Canada, China, Cuba, Denmark, Finland, France, Germany, India, Italy, Japan, Korea, Kuwait, Mexico, Netherlands, Russian Federation, South Africa, Sweden, Switzerland, Spain, Thailand, United Kingdom, United States

Other Member State Participants

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Appendix C – List of Attendees

Annual Meeting of the WHO Family of International Classifications Network to attend the Asia-Pacific Network (APN) meeting 2018

WHO-FIC Network Annual Meeting and Asia-Pacific Network Meeting
Seoul, Republic of Korea
22-27 October 2018

Local Host – Republic of Korea

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2018 WHO-FIC Network Annual Meeting Report

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Appendix D – FDC Meeting Minutes

Meeting: Family Development Committee Annual Meeting 2018
Date: Monday 22 October 2018
      Tuesday 23 October 2018
Location: Imperial Palace Hotel Seoul, South Korea

Draft Minutes

Attendees
The list of meeting attendees is included in Appendix A to these minutes.

Session One of the annual meeting opened at 14h00 hrs.

Welcome and introductions
The Co-Chairs of the Family Development Committee (FDC) Lyn Hanmer and Andrea Martinuzzi welcomed everyone to the 2018 annual meeting of the FDC in Seoul, South Korea.

Megan Cumerlato and Nick Hardiker were nominated as rapporteurs for the FDC sessions.

Soraya Maart was nominated as the secretariat for the FDC.

Members attending the meeting introduced themselves.

The issue was raised of the status of observers which is at the discretion of the co-chairs.

Indication that all attendees i.e. members and observers will be included on the email distribution list. Only formal members of the FDC have voting rights.

Confirmation of the agenda
The Committee were asked to review and provide any comments on the agenda for this meeting. Lack of identification of people who wanted to be part of the task force group for Primary Care.

Minutes
The minutes of the FDC 2017 mid-year meeting held in Geneva were distributed to members for comment. No comments were received, and the minutes were confirmed as a true and accurate record of the meeting.

Co-chair election
Report on the process for the election of co-chairs. Andrea M and Coen Van G were nominated as the co-chairs and were accepted by acclamation.

2. FDC-SWP 02 Integration of the Family – Revision of the ‘Family paper’

Presentation of the Final version of the Family paper.
Following Mexico meeting in 2017 paper was sent to members for review. Today the aim is to accept the paper as the final version.

Comments:
- Issue raised regarding the meaning of the term ‘accessible’ on page 16, does this refer to ownership. This term is ambiguous as to who should make the paper ‘accessible’ to users?
- Andrea responded that as WHO will be the custodian of the paper.
• Question on the publication plans for the paper. This had been discussed and agreed that it would be good to publish the paper. Needs to be pursued further as to which journal – if to be published as a scientific paper it will need to be trimmed and therefore needs to be discussed with the writing group. Another suggestion was to publish in the WHO Bulletin with a link to the WHO-FIC site.
• Paper was accepted for presentation to the Council meeting. Thanks to all members of the group who participated in the development of this paper development.

3. FDC-SWP 02 Integration of the Family – Primary Care

Update from the Primary Care Task Team and/or FDC working group
Andrea presentation.
Primary Care task force co-chairs Martti V and Thomas K.
Comments:
• Indication that ICD is not a classification of diagnoses but a classification of diagnoses and health problems. Reason for encounters as a health problem is captured well in ICD-11. Retain telescopic approach from ICD-11
• Report that ICF not being in the Foundation is an issue.
• Data collection goes beyond cause of death statistics. There should be a common set of classifications which come as a package to measure the burden of disease, functioning loss and intervention – this needs to be understood by all.
• WICC developing ICPC-3 should use the ICD-11 Foundation, and if concepts not included they should be.
• Agree - Need more money to work on the development. Build ICPC-3 on ICD-11 Foundation – is this allowed by WHO – good basis for collaboration between the two groups.
• Statement – there should be alignment between all classifications and ICPC-3.
• Statement– Memorandum of understanding with WONCA – need people to be nominated to work on this task.
• Advisement of members of the people nominated to continue work on this item: Martti, Thomas, Richard and Coen.
• New co-chair of FDC Strategic Work will coordinate the Primary Care work moving forward together with the Primary Care task force chairs.

Session 2 and 3: Tuesday 23 October 2018 09.30 – 13.00

Co-chairs welcomed everyone.

4. FDC-SWP Assist WHO in the development of ICHI

Update on ICHI development since the 2017 Annual WHO-FIC meeting in Mexico. Briefly outlined the current status and next steps:
• The goal is now to bring ICHI to completion. The view from the development group is that ICHI is fit for purpose and WHO is responsible for coordinating testing.
• Teams are developing lists of terms for testing – mainstream and statistically important - for Med/Surg, Primary Care, Functioning. Appropriate tooling needs to be developed and made available.
• Collaborating Centres need to agree to participate in field testing.
• Testing is planned for March to September. It is hoped that there will be a pre-final version ready for the next WHO-FIC Network meeting in 2019. The ICHI team’s plan is to have ICHI ready for release in 2020.
• FDC will deliver methodology, guidelines and other tools (need for a standardised protocol regarding interrater reliability, measuring usefulness of results, determining how easy it is to find the right concept, etc.).
• Plan is to launch testing in March 2019, get feedback and have a pre-final version ready by October 2019 then for use in 2020.
• Robert J agreed to this work plan as per discussions at the Conegliano working meeting in September 2018. There needs to be a commitment to test ICHI from within the CCs. Testing should also be performed if not part of a CC or through a regional office and other in country testing.

5. FDC-SWP 04 WHO-FIC support for Universal Health Coverage (UHC) and the Sustainable Development Goals
Introduction of the topic briefly updating members on discussions held at the mid-year meeting in April 2018 with focus now on way forward. Working group formed at that time to look at the 100 core indicators and how ICD and ICF could fit into these indicators.

Ask to members present - who were involved in this work to confirm if they were still willing to work on this task.

6. FDC-SWP 06 Alignment of members of the Family FDC-SWP 03
Applications of the WHO-FIC- Joint uses of the classifications
Alignment of members of the family
While this is considered to be important, it would be challenging to fit the work into the existing work programme. It is important to promote alignment (e.g. compatibility with the foundation layer) as a way of working rather than as a discrete piece of work.

Work is underway in Stanford to provide a shared content model for all reference classifications. There is a need to align ICF with the other Reference Classifications. Those interested should contact Samson Tu (swt@stanford.edu).

Joint use of the classification
ITC has developed a White Paper on best practices on mapping. FDC is invited to participate by commenting on white paper or participating in working group. Those interested should contact Cassandra Linton (clinton@cihi.ca).

Working group on terminologies and classifications
Work has been carried out on terminologies and classifications. There is a clear practical need for interoperability between different terminological resources. For example, there should be a way to determine ICD codes more easily from SNOMED CT – this should be centrally coordinated to avoid duplication. Jane Millar offered on behalf of SNOMED International to contribute to discussions and reach out to colleagues - there is a need to keep this open and transparent, working with countries and at a more strategic level – and a need to prioritise the work.

Comments
• Report on the possibility of moving the X chapter from ICD-11 to become part of the ‘tool kit’ for the classification as extension codes could be used across all the classifications e.g. ICD, ICD, ICHI etc.
• Update on the ITC session and the white paper being developed for the mapping process. Feedback on paper needed by end of November with paper to be finalised in 2019.
• Request that paper be sent to all FDC members for review.
• Report from small working group on terminology. Update on the interoperability between terminologies and classifications. Suggestion that discussion should be taken forward and presented at the next meeting.

7. Strategic Work Plan

This will be taken off line.

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

Presentation – gap with regards to personal factors as a classification
WHO is not supportive and therefore there would need to be a very strong case for progressing this as a separate work item.
A common question is asked - “how to distinguish between mental functions and personal factors?” As people are already using contextual factors there is a need to clarify the inclusion of personal factors in ICF guidance.
Suggestion that feedback be provided to FDRG
Indication that a best practice paper should be developed

10. Other business and Closure

The mid-year meeting, possibly in conjunction with FDRG, will take place in EMRO region.
Kuwait had offered hospitality and Tunisia might be an option if deemed appropriate.
Further discussion will be held on this during the Council meeting on 27 October 2018.

Meeting closed at 13h05 hours

List of FDC meeting attendees

<table>
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<tr>
<th>First Name</th>
<th>Last Name</th>
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Appendix E – EIC Meeting Minutes

WHO-FIC Network Annual Meeting 2018
Education and Implementation Committee (EIC)
Imperial Palace, Seoul, Republic of Korea
October 23 and 25, 2018

Session 1: 11:30-13:00, Tuesday, October 23

1- Welcome and Introductions

Huib Ten Napel and Yukiko Yokobori, the EIC Co-Chairs, welcomed participants to the first session of the EIC. All participants briefly introduced themselves.

2- Review of agenda

The proposed agenda was accepted without modification.

3- Election of EIC Co-Chairs 2018-2020

As the current Co-Chairs have served the maximum two terms, two new Co-Chairs need to be elected. Prior to the election, Huib and Yukiko were acknowledged for progressing the tasks of EIC in the last four years.

WHO has received two nominations: Vera Dimitropoulos from the Australian Collaborating Centre and Sharon Baker from the Canadian Collaborating Centre. After brief self-introductions, election of Vera and Sharon as EIC Co-Chairs was confirmed by acclamation with a show of hands by voting members, with Nenad Kostanjsek, of WHO, as the polling officer. The new Co-Chairs will assume office at the end of this WHO-FIC Network Annual Meeting. Filippa Pretty of the Australian Collaborating Centre will assume the role of EIC Secretariat.

4- Minutes of Hamburg Mid-Year Meeting

The minutes of the EIC Mid-Year Meeting in Hamburg on April 11 and 12, 2018, were briefly reviewed and approved.

5- Minutes of EIC Teleconference on September 5, 2018

The minutes of the EIC teleconference on September 5, 2018, were briefly reviewed and approved.

6- Update on EIC Strategic Work Plan (SWP)

Yukiko provided an overview of the EIC SWP, which has been aligned with the WHO-FIC Network Strategic Framework and Work Plan (2017-2022) provided by WHO at the Council in January 2018. The SWP will be further reviewed during the EIC sessions before submitting it to the Council for approval. Some of the points highlighted were as follows:

EIC SWP-01 ICD-11 – Need to discuss the role of EIC in taking over some of the tasks from the Joint Task Force (JTF) regarding ICD-11 transition and implementation. A task was added regarding training in classifying functioning properties in ICD-11.

EIC SWP-02 Primary Care and SWP-03 ICHI – Need to discuss the role of EIC for these tasks.
EIC SWP-04B WHO-FIC training tools – the ICF e-learning tool has now entered the translation phase.

EIC SWP-04C international exam for morbidity (mortality) coders – A report was presented (in a later session) by Joon Hong on a recertification exam conducted in the Republic of Korea in October 2018.

EIC SWP-05 WHO-FIC Implementation Database – Activities include annual calls to enter and update data, identifying new focal points, clarify needs for information, and workgroup sessions to revise questions to make them clearer and more user-friendly.

7- Updates from WHO

Nenad provided a brief update on ICD-11, ICF and ICHI.

7.1 ICD-11

Preparation is being made for implementation of ICD-11, including the translation into Spanish and an invitation for translation into Arabic, the development of ICD-11 training tool, a new version of ICD-FIT, and piloting of the ICD-11 application programming interface (API). A request for proposal will soon be distributed to the WHO-FIC Network on the development of an ICD-11 (e-Learning) training tool. Countries are requested to provide input regarding the value added in ICD-11. All of these activities will feed into development of a global implementation plan that will accompany the submission of ICD-11 at the World Health Assembly in May 2019.

Action Item:

- EIC members are requested to provide input regarding the added value of using ICD-11 to the EIC Co-Chairs via the Secretariat by the mid-year meeting.

7.2 ICF

The new Supplementary V section for functioning assessment in ICD-11 will provide a window for joint use of ICD and ICF together, enabling classification of diagnostic terms as well as functioning profiles, which are often documented but not coded for statistical aggregation or reporting. There is a need to improve guidance in this section within the ICD-11 Reference Guide. Dissemination of the ICF e-learning tool is also important.

Action Item:

- EIC members to work with FDRG members to improve guidance in the ICD-11 Reference Guide on the use of the Supplementary V section together with ICD-11.

7.3 ICHI

Formal field testing (FT) of ICHI is commencing with Collaborating Centres and countries invited to establish FT centers and develop training materials. It is important that the ICHI FT is use case-specific.

8- EIC SWP-05 Update on WHO-FIC Implementation Database

Huib gave an update on the WHO-FIC Implementation Database. Since 2015, the EIC has been engaging in three tasks: (1) making annual calls on WHO Regional Offices (ROs), WHO-FIC Collaborating Centres, EIC
members, and other focal points to enter or update data in the database, with a goal to gradually expand regional coverage, (2) updating the User Guide based on user feedback, and (3) and improving the questions in the database.

For the 2018 update cycle, 42 countries and regions updated or entered their data, and 56 new focal points were identified. There are currently 166 focal points out of 194 WHO Member States.

Updates were received from: Argentina, Australia, Anguilla (UK), Antigua & Barbuda, Bahamas, Belize, Benin, Bermuda (UK), Canada, Cayman Islands (UK), China, Colombia, Cuba, Finland, Germany, Grenada, Guyana, Iceland, Italy, Japan, Jamaica, Kenya, Korea (Rep.), Mexico, Montserrat (UK), Mozambique, Myanmar, the Netherlands, Nicaragua, Russia, St Lucia, Suriname, St Kits and Nevis, St Maarten (NL), Sweden, Trinidad and Tobago, Turks and Caicos (UK), UK, U.S.A., Venezuela, and Virgin Islands (UK).

The issues are to identify the needs of users, including WHO, Collaborating Centres, countries, and the general public, as to what information they want collected in the database, and to improve the output side of the database in the WHO Global Health Observatory (GHO). Even though the data is updated on the input side in the WHO-FIC Implementation Database each year, the data in the GHO is not regularly updated.

Carol Lewis, the co-chair of a workgroup for improving the questions, provided an update. A significant progress was made at the EIC Mid-Year Meeting in Hamburg in streamlining format and revising the basic section of the questionnaire that all countries should answer. A request has also been sent to the Functioning and Disability Reference Group (FDRG) on the questions on ICF, which remained unaddressed at the Hamburg meeting.

Huib requested that all Collaborating Centres and other focal points log into the database at least once even if last year’s information remains current, so that he can see from the log-in data that the information in the database has been checked.

Discussion

Nenad informed that funding has been secured within WHO for revamping the database from both the input and output sides to address information needs at the country and regional levels. There could be a user-friendly stand-alone site for query and information disaggregation separately from the GHO. It was agreed that the more countries see the benefits of the database, the greater the engagement from such countries would potentially be in updating/maintaining the database.

9- EIC SWP-01A ICD-11: ICD-11 Transition and Implementation Guidance Package

Vera explained that WHO was in the process of finalizing the Transition and Implementation Guide for countries with different needs (some transitioning from ICD-10 and others fast-tracking to ICD-11 without prior use of ICD). Countries will need careful strategic planning and self-assessment on such factors as stakeholder awareness, changes to systems, education of clinicians and coders, cost analysis, lead time, and infrastructure requirements for coder workforce and systems and software.

Nenad indicated that the Transition and Implementation Guidance Package will be composed of the ICD-11 Reference Guide, decision tables, Transition Guide, ICD-FIT for coding training and self-assessment, and ICD-11 training tool. With the adapted version of ICD-FIT, coders can test their coding performance using different modules, which is graded against the gold standard to generate a summary score. It can potentially be used by NGOs such as IFHIMA to host mortality and morbidity exams. EIC is requested to support further development by providing term sets to improve the ICD-11 index and building a consensus for the design of the scoring algorithm for ICD-FIT. Detailed discussion will follow in Session 3.

Session 2: 9:30-11:00, Thursday, October 25

10- EIC SWP-02 ICD-11: ICD-11 Training Material

Vera noted that EIC will need to consider its role in coordinating ICD-11 education that will encompass various use cases of mortality, morbidity, and functioning (with the use of the V Section for functioning
assessment and WHO-DAS), and proposed having nominated members attend EIC meetings as representatives from the Mortality Reference Group (MRG), Morbidity Reference Group (MbRG), and Functioning and Disability Reference Group (FDRG) to ensure consistent commitment. MbRG already has a repository of ICD-11 education materials developed by countries and institutions in a dedicated Google Drive.

**Action Item:**
- EIC Co-Chairs to write to the Co-Chairs of the WHO-FIC reference groups requesting nominations of dedicated reference group members that will work with the EIC.

**Discussion**
It was agreed that the role of EIC will be to assess existing materials against a standard (that needs to be set) as was done with ICD-10, and develop materials where there are gaps (in collaboration with other Committees and Reference Groups).

**Action Item:**
- EIC members to develop criteria to assess existing education materials and to work in conjunction with the reference groups in developing education materials where there are identified gaps.

It was suggested that the EIC collaborative platform be designed to be transparent and accessible to all; and set up under the banner of the WHO-FIC Network EIC. It was also suggested that there could be two sites: one a publicly available information site, and the other a secure site for access to materials that have been endorsed.

11- Group Workshops
Participants joined either one of the breakout workshops on the WHO-FIC Implementation Database or ICD-11 education materials. After 30 minutes of discussions, each group reported the outcomes of discussions.

11.1 Implementation Database
The main issue identified was the question of whether the data in the database was put to good use to serve a clear purpose. A letter from the EIC Co-Chairs to WHO inquiring for what purpose WHO uses the database has not yet been answered, and the last update in the GHO on the output side was apparently in 2015. Countries and regions need to be able to search the database to improve the quality of their statistical data. Recommendations are to identify a person in WHO that can be responsive in updating the database in the GHO, discuss with WHO Regional Offices of their needs for data, and help countries see the value of the database.

**Discussion**
Vera offered to host the database, and Huib announced he will distribute to EIC members the User Guide, which contains the URL to the relevant sections of the GHO. Carol emphasized that countries can benefit from the database by seeing progress over time and deciding what actions are needed. It was agreed that EIC cannot continue with this task unless there is response from WHO on the use and purpose of the database.

**Action Item:**
- Huib to distribute the User Guide to EIC members.
11.2 ICD-11 Education Materials

The group recommended reviewing EIC’s SWP from the perspective of the need of EIC to address education and implementation in different usecases and joint use of the classifications. The Information Sheets also require reviewing to identify gaps and need for updating. Video and other forms of electronic delivery of the Information Sheets could also be considered. For better use of the mid-year meeting, it was proposed to hold an education day for EIC members on ICD-11, ICF, and ICHI, and two days of working group sessions together with representatives from other groups dedicated to such usecases as ICD-11, ICF, ICHI, ICPC, mortality, and morbidity. For updating the Information Sheets, Vera indicated that she will distribute a table of Information Sheet and requested EIC members to fill their names in the areas of interest.

Action Item:

- Vera to distribute a table of EIC work items (including the update of Information Sheets), and EIC members to fill their names in areas of interest.

12. EIC SWP-03 ICHI Updates

Richard Madden advised that EIC is expected to provide guidance on the contents of ICHI education and training materials from an education perspective, as ICHI draws near finalization, and that preferably there should be a common look and feel across education materials for the different classifications.

Sharon described the ongoing work, requested by Robert Jakob of the WHO, of developing education material for a set of interventions relevant to WHO’s programmes. The material will be based on the existing ICHI Training Manual with more focus on how to use the ICHI browser and how to search. It will be sent to Robert for feedback by the end of the month, and further enhancement will be made to each field of interventions, including medical, surgical, public health, primary care, and functioning. The aim is to make the material interactive.

Session 3: 11:30-13:00, Thursday, October 25

13. EIC SWP-04 WHO-FIC Education

13.1 International Training and Assessment Program (ITAP)

Joon reported on the international recertification of mortality coders in the Republic of Korea (ROK). There are 98 mortality coders in ROK who were certified in three international mortality coding exams in the past. Prior to the recertification exam, a pre-exam survey was conducted on recertification, and 17 mortality coders attended a 3-hour education program that focused on review of the mortality coding section and coding examples in ICD-10 Volume 2. Thirteen coders sat for the 4-hour recertification exam on October 6, 2018, and six, or 46.2%, passed the passing grade of 80%. There were 25 questions with half a point given to correct underlying cause of death ICD-10 code and half a point for correct application of a complete set of rules. A post-exam survey was also conducted on the difficulty of the exam, number of questions, and exam time.

The conclusions from the recertification exam were that continuous education is needed especially on changes in the underlying cause of death selection rules resulting from ICD updates and that the international recertification exam should be promoted to improve quality of mortality data globally.

After the report, Margaret Skurka, on behalf of the President of the International Federation of Health Information Management Associations (IFHIMA), presented the certificate of recertification to two of the six successful candidates. The certificate is effective from October 2018 to September 2023.

13.2 IFHIMA

Margaret gave a presentation on IFHIMA, a global organization established in 1968 as a forum for exchange of information on health information and the global voice of national health information management (HIM) associations. At around 2005, IFHIMA was granted an official NGO status with the WHO-FIC Network.
IFHIMA’s updated website contains the White Paper on Information Governance, recognizing that HIM is about governance of all health information and not just management of data and codes. The website also has the peer-reviewed academic journal “Perspectives in HIM” and learning modules that countries can use as resources for free. The triennial IFHIMA Congress will be in Dubai in November 2019. A membership survey will be conducted to capture current trends and aid strategic planning. IFHIMA also has a Japan Award scholarship to support delegates from developing countries travel to the IFHIMA Congress. Student engagement and outreach is an important part of IFHIMA’s initiatives.

14- EIC Routine

14.1 Briefing Kit

Yukiko reported that the List of Abbreviations and Acronyms has been updated to include new terms from ICD-11 and that proposals have been made on drafting new Information Sheets on ICD-11, ICD-11 education, and verbal autopsy, among others.

14.2 EIC Website

Sue Walker reported the results of a review of the EIC website conducted by Sue and Brooke Macpherson. Most materials are from 2012 or before and have not been updated since, giving the false impression that EIC is inactive. Access to the site is also cumbersome, especially after the WHO link to the site was removed. Recommendations are to transfer minutes and presentations, which are relatively recent, to another site accessible to all members, assemble all historical documents in a folder so designated, and terminate the current website.

It was agreed that the new EIC Co-Chairs follow up on an accessible and updated EIC website and collaborative platform.

**Action Item:**

- The new EIC Co-Chairs to follow up on an accessible and updated EIC website and collaborative platform.

15- EIC SWP-04 WHO-FIC Education

15.1 ICF education.org ([http://icfeducation.org/](http://icfeducation.org/))

Catherine Sykes provided an update on the ICF education.org website. The website currently has 413 registered users, and is managed by a 15-member editorial team, including a technical administrator at Nelson Mandela University in South Africa. It provides links to resources on ICF education and associated tools such as WHO-DAS in a wide range of languages and formats. It has a register of ICF advisors and educators, which received five enquiries that resulted in organizing three education sessions, including one in Saudi Arabia for physical rehabilitation physicians. It also has a discussion forum where FDRG members answer questions on WHO-DAS, use of qualifiers, and personal factors. It has a news section to share information about planned events, recently published articles, and invitation for participation in research.

Funding has come from personal contributions between 2013 and 2016 before the South African Collaborating Centre agreed to fund the website for 2016-2018. The Dutch Collaborating Centre has agreed to co-fund it for 2018-2020. In addition, the website has a donation site, and fund-raising campaigns are organized. Next steps include translation of the site into Dutch and possibly Arabic. EIC members are requested to upload educational materials on the site and for qualified advisors and educators to register their profiles on the register.

**Discussion**

In response to a question on the criteria used for resources, it was explained that FDRG criteria are used to screen resources before they are uploaded to the site. As for the register, educators declare their capacity for teaching pro forma, and it is up to the enquirer looking at the profiles to follow up and check that the qualifications meet their needs. Matilde Leonardi, the Co-Chair of FDRG, informed that apart from the
discussion forum, which was established at the request of WHO, neither the resources nor the register of educators are endorsed by WHO because WHO cannot officially endorse resources or educators without validation. The disclaimer to this effect is already on the website.

**Action Item:**
- EIC members to upload educational materials on the site, and qualified advisors and educators are invited to register their profiles on the register.

15.2 ICF e-learning tool

Michaela Coenen provided an update on ICF e-learning tool, which is a web-based, self-teaching tool for presenting the framework, conceptualization, and possible application areas of ICF to potential users, developed through collaboration between EIC, FDRG, and the ICF e-learning Core Group. The international field testing of the tool was successfully completed in January 2018 with 82 participants from around the globe. Feedback was used to revise the tool and particularly the chapter on WHO-FIC and joint use of the classifications, and a final report was submitted to WHO and the Co-Chairs of EIC and FDRG.

The final English version is at [https://www.icf-elearning.com/](https://www.icf-elearning.com/), which is also accessible from a link on the WHO website.

Translation of the tool has started by providing an Excel file for translation of the contents and a recommendation on the translation process. Translation is already complete in French and Portuguese (Brazil) and ongoing in 11 other languages. The translations will be incorporated into the Articulate Storyline software and disseminated from the above website. The German Collaborating Centre is planning to publish a paper on the launch and contents of the tool.

Open issues are how to handle comments and proposals for improvement, licensing of the Articulate Storyline software, the question of whether to develop an advanced module of the tool, and integration of the tool into the WHO website.

**Discussion**

In response to a suggestion of adding a module of joint use of the classifications, Michaela agreed to expand the existing section on the joint use of the classifications in the chapter on WHO-FIC. It was explained that the tool has the capability to count the number of users to gauge interest in the tool.

16. EIC & FDRG Collaboration (better alignment of task in collaboration with other committees and groups in the WHO-FIC)

16.1 WHO’s expectations

As for WHO’s expectations on cross-cutting work of EIC, Nenad sought cooperation of EIC in the following areas related to development of ICD-FiT for coding training and self-assessment:

1. Provide term sets for improving the ICD-11 index: There are currently 105,000 index terms but with a bias in regional distribution. Raw terms found in electronic medical records and death certificates, and, if possible, frequencies of the terms in different settings, such as outpatient, inpatient, and primary care, would be appreciated;

2. Build consensus on the design of the scoring algorithm in ICD-FiT in collaboration with MRG and MbRG;

3. Design an interface for coding both medical diagnosis and functioning profile and the scoring algorithm for that purpose in collaboration with FDRG. The interface should simulate as much as possible the reality on the ground; and

4. Review a feedback mechanism, yet to be developed, from an education perspective.
Discussion

Nenad assured that ICD-FiT will have flexibility for training in term coding (coding of diagnostic terms) or case-based coding (selection of underlying cause of death or main and other conditions and assigning codes) and for developing modules in accordance with countries' needs. ICD-FiT will also need to be complemented by the ICD-11 training tool to provide users with knowledge about ICD-11. As for the term sets, it was suggested that ICF terms in the mICF platform could also be used.

Lynn Bracewell asked whether the case scenarios collected in ICD-FiT could be shared. Nenad replied that countries, collaborating centres, and committees and specialty groups will each manage their modules on the platform, and if originator of the case scenarios agrees, case scenarios can be shared.

16.2 Strategic Work Plan

New additions to EIC’s SWP were reviewed based on the Digest Version, as follows:

EIC-01A ICD-11 Transition and Implementation Package – Activity No. 4 on taking over tasks from the Joint Task Force (JTF): It was agreed that the EIC Co-Chairs will discuss the role of EIC offline.

EIC-01B ICD-11 Training Tool – Activity No. 5 on measuring functioning properties in ICD-11: Matilde confirmed that more cases could be added to the case scenarios built during the EIC Mid-Year Meeting in Hamburg to show how functioning properties in ICD-11 can be applied for joint use of ICD-11 and ICF and WHO-DAS 2.0. It was agreed to keep this task in the SWP.

EIC-03 ICHI – Expected Activities: It was agreed to keep this task with some fine-tuning of the words to emphasize collaboration between groups.

EIC-05 WHO-FIC Implementation Database – Activities No. 5 to 8: It was agreed to keep the activities as is for the moment.

Action Item:

- EIC Co-Chairs to discuss role of EIC for Activity No. 4 on EIC-01A ICD-11 Transition and Implementation Package.

17- Closure

There was acknowledgement and thanks for Yukiko, Huib, and the EIC secretariat for their work in the last four years. Huib thanked all for their participation and declared the meeting closed.
WHO-FIC Morbidity Reference Group (MbRG) Meeting Minutes
Session 1 & 2 – Monday, October 22, 2018

Agenda topic #1 and 2 Welcome and introductions; Review/approval of agenda

• Audience welcomed to the meeting and asked people to sign the attendance sheet.
• Brief overview of the agenda for Session 1, 2, and 3.
• Goals of this meeting:
  1. Sharing the work achieved by the MbRG i.e. a number of decisions around morbidity coding rules were made and have been reflected in the Reference Guide
  2. How can MbRG coordinate a repository of education material and collaborate with EIC.
  3. Input on what strategic priorities should be for coming year.
• No objections to accepting the minutes of Banff mid-year meeting.

Agenda topic – Election of co-chairs 2018-2020

• Election of co-chairs. Nominees: Olafr Steinum and Bill Ghali. No additional nominations were made. In view of only two candidates, audience asked if agree that candidates be voted by acclamation. Audience accepted by acclamation, Olafr and Bill to be co-chairs for 2018-2020.

Agenda topic – Overview of MbRG Strategic Work Plan and Terms of Reference

• Brief update on strategic work plan. Co-chair of MbRG up until now had been looking at workpla, and quoted as saying: “The WHO-FIC small executive group in council has identified possible proposed changes to the work plan which affect the committees and reference group which will first have to be ratified by the council, so we will not modify at this time”.
• Read through the Terms of Reference for MbRG up until now.
  1. To identify, discuss, and solve problems related to the interpretation and application of ICD to coding and classification of morbidity, including the establishment of standardised interpretation of the categories of ICD and the development of agreed definitions, coding rules, and guidelines for ICD morbidity coding.
  2. To develop recommendations on ICD updates to the Update and Revision Committee and/or the equivalent committee for ICD-11 (Classification and Statistics Advisory Committee (CSAC)), annually through a consensus process.
  3. To review possible morbidity applications of WHO derived and related classifications in order to inform recommendations for changes to ICD.
  4. To consider and support statistical, epidemiological, reimbursement (including casemix), and clinical applications of ICD for morbidity purposes.
  5. To provide documentation of discussions and decisions in a database that can be used online and offline.
  6. To work with WHO on settings, models, and mechanisms for quality assurance. For example, quality assurance should aim to assess whether the proposed ICD-11-MMS is fit for purpose and whether it can be used reliably by different users, such as through testing, bridge coding, and evaluation of the required level of detail in clinical modifications.
  7. To prepare for transition needs between ICD-10 and ICD-11.
• Explanation that when the modified version is received from the Council, MbRG will have to revise the ToR as applicable. For now, the above ToR stands.
• Explanation the ToR that Olafr read through has been the MbRG focus. No questions/comments from audience.

Agenda topic - Reference Guide
• Next agenda item i.e. Reference Guide content.
• Slides highlighting the following 12 topics in Reference Guide:
  1) Health care practitioner documenting guidelines versus coder guidelines
  2) Health care practitioner –main condition definition; main condition when multiple conditions contributing to admission
  3) Pre-coordination, post-coordination and cluster coding
  4) X Extension Codes – Rules and Types
  5) Ordering of multiple stem codes within a cluster
  6) Quality & Safety Three Part Model – when does it apply/when it does NOT apply
  7) Causation – in context of quality and safety
  8) Adverse events & circumstances in healthcare that DO NOT cause actual injury or harm
  9) Chronic Post-procedural conditions
  10) Overdose
  11) Sequelae (late effect)
  12) Personal or family history

• The content of the 12 topics discussed in the slides can be found in the dropbox – folder - Agenda/Minutes – Seoul meeting
  https://www.dropbox.com/sh/deg5qyw22ast6c1/AACyX5MMdgquniNpxHyoaOpla?dl=0
  Note: If you are unable to access the documents, please contact Danielle Southern dasouthe@ucalgary.ca

• There was an open discussion about main condition when multiple conditions contributing to reason for admission - record/identify the main condition to be the one condition that is deemed to be the most clinically significant reason for admission established at the end of the episode of care. Some comments around the fact that words “clinically significant” is subjective just like the previous words of “resource use” was subjective and not understood by health care practitioners. General consensus from audience that “clinically significant reason for admission established at the end of the episode of care” is the best MbRG can do with direction to the health care practitioner documenting guidelines in situation of multiple conditions contributing to reason for admission. It is the responsibility of the health care practitioner to pick the one condition that is the main condition.

• Generally discussions were positive about the rules established for morbidity coding related to the topics covered.

• The audience was encouraged to look to the Reference Guide where all the topics discussed today can be reviewed in detail.

• Alert to audience members that if looking at the Reference Guide available online, we and WHO are aware that it needs some improvements around functionality (e.g needs to have a search functionality) and ordering of information (needs a numbering system), etc. Solutions are planned.
Session 3 – Tuesday, October 23, 2018

- Welcome to the audience for the last session of MbRG. Summarized that the previous session yesterday was intended to be information sharing on the work done in the Reference Guide, but the goal today is to be more interactive discussions.

Agenda topic – Educational and Reference Material

- Overview of today:
  1) Education and educational resources and contribution to transition work and/or implementation of ICD-11 and can extend that to ICHI. How can MbRG can contribute to EIC who oversees the education?
  2) What will MbRG going to focus on moving forward?
  3) Communicate with audience status of planning of mid-year meeting.

- 2 years ago it was discussed that need to coordinate efforts around gathering training material. Gathering of some training material has been done and reside in a google drive dropbox that is open to members and observers. If anyone wants access they can contact Danielle Southern dsouthern@ucalgary.ca

- MbRG leadership group agreed that we need to coordinate with EIC on what gets done with the training material MbRG has gathered.

- EIC discussion on training materials is being moved to Thursday session but good idea to start discussion here. EIC has lots to think about around process of endorsing training material, where the endorsed material will reside. Training material required for mortality, morbidity, ICF, ICHI.

Comments from audience:

- At present all the material is from Canada and a quick reference guide that Vera created. It would be good for countries who may be developing material to share what they have for addition to the repository.

- As part of the field trial involving coding 3000 charts, University of Calgary trained 7 coder’s using line coding and scenarios and Q&S examples in consultation with Lori Moskal. It is these training materials that make up the majority of the content in the drop box.

- Step 1 is to gather broadly training material; we as an MbRG do want to be collecting all training material and for time being we want to put them into our google drive drop box.

**Action:** Audience members to send any Cathy Eastwood ceastwood@ucalgary.ca any training material to be added to the drop box. Include with submission: Item title and type; Country; Collaborating Centre name; Owner/author of the materials; Date of version; Any additional notes for context

- Once we have gathered all the training material, MbRG needs to decide on strategy. Options may include:
  1) No peer review
  2) Rigorous quality review and we go through everything and we throw out content that doesn’t meet a hypothetical bar
  3) Determine items that have an endorsement
• Might be a fourth option which is a small group lead by EIC to look at material and perhaps compile or distill. Perhaps EIC could help to make one standard training material.

• Question – is there a danger of duplication between MbRG and EIC?

• USA just went through training. Lots of examples of what worked and what didn’t work. USA training included standardized material some online and 2.5 days face-to-face workshop in major cities across the States. Three workbook approach. If experienced coder – did an 8 hour on-line course followed by assessment; then did a face-to-face workshop; then did on-line exam. It was more than just diagnosis coding.

• Statement that it is clearly more than training materials, it is training process.

• Several points made:
  - collection of material is useful;
  - makes most sense to have English material and beyond capacity to translate other countries training material into English for repository;
  - EIC should own the training material;
  - support what was said about smaller group deciding on the training material;
  - how we teach will depend on country needs (training physicians, coders, what healthcare setting, etc.);
  - definitely need to develop national education material;
  - the material also relates to the phase in where you are in the evaluation and implementation process, so need other material for early field testing;
  - need to report experiences.

• From a morbidity perspective, given that we have different rules in different countries, we have to be cautious about what is there and what is valuable. Country specific examples wouldn’t be useful. Know that the MbRG has created this repository and the fact that we have people who sit on both EIC and MbRG, I think is good, but I still believe that the overall coordination of the education and implementation is EIC’s role. We need to now think about how we can move forward. Maybe the repository can stay. Maybe that is how we get the MbRG to have input into any educational material EIC actually creates. Maybe we should think about MRG creating a repository for mortality coding. This is something that EIC needs to address. Could we organize joint meetings between EIC and MbRG, such that there be certain portfolios given to designated people to attend those meetings. If we don’t have that we will have inconsistency and we won’t get through the work.

• When you have a repository like this you have opportunity to learn from each of the submissions and help set Standards. When looking at these Standards, you can actually provide feedback in a gentle manner around how it meets the Standards of EIC.

• Don’t think it will be feasible that EIC will develop so many things, but can develop criteria and framework. Can only use general material because countries will have their expanded rules.

• Displayed on the screen the documents contained in the google drive and explained that within the educational material folder there is an index document. It is just a tabulation that shows the resource, type of resource, content, when it was updated. This is the
table that help organize the material that is there. Showed a visual of some of the material in the folder.

- It would be good to organize the repository such that it shows who the material is from. Visually useful to see for example what University of Calgary used for their purposes of training compared to maybe what UK used.
- This is a complicated discussion. Discussion touched on country specific perspectives. Both Vera and Huib have touched on what is the remit of EIC relative to MbRG. Bill explained that a year ago, there was some training materials that had been created before they ought to have been prepared because alot of the rules were not even finalized. There was educational material that pre-dated a solid ground of coding rules. This has been an iterative process and that is where the work MbRG has done in the last year is so important because some decisions, rightly or wrongly, have been taken and now we are on a more solid ground as educational material is developed. By all means, this repository should continue to be populated. Part of why this repository exists is the Huda Quan’s project is one of biggest field trial of 3000 full records and training of 7 coders to use ICD-11 before it was even stable. So these materials are going to change in time, but we would like to see more material. Ultimately we have to turn to EIC for what is the framework, how do you want to do this. I would only suggest that we shouldn’t delay our compilation of material in this rudimentary tool until EIC gives us a framework. I do think educational material in support of transition is crucial.

**Action:**
1. Audience who wish to have access to the google drive, come to Danielle and give email addresses to be added to the repository.
2. Cathy will send out an email and request any new materials to be added to repository be sent to her

**Agenda topic – Future priorities for MbRG work**

- Explanation of the next topic of discussion is around what MbRG priorities should be. The discussion about education material is really a big strategy for the coming year. Education/training materials are certainly an area of focus.
- Future priorities discussion framed by showing a slide from a document that Hude Quan recently wrote in a funding application to CIHR (Canadian Institute of Health Research). The title of the funding application – Paving the way for ICD11... In this application there were theme areas that kind of summarize where some of the work is
  1) Technological innovations for ICD-11
  2) Focus on developing and testing educational and training material
  3) Generating evidence to guide national policy and preparedness for ICD-11

Explanation that the 3 themes in many ways is what is being discussed here at EIC and MbRG. However, the reference to the funding application is not meant to be the strategy for MbRG but is a visual that perhaps encapsulates some things that MbRG needs to talk and think about.
- Question to everyone for discussion is: **How do we articulate our strategic priorities for the coming year?** Training materials having just been discussed.
- MbRG might get a little busier as we move forward. CSAC obviously has proposals on the platform that also need to be looked at by MbRG representatives with feedback to CSAC. This needs to be kept in mind from a strategic plan point of view. It is not just all
about Reference Guide and education. We have a period now where we have an implementation version where errors or things that come up will need to be looked at per content of ICD-11 and CSAC has not gotten through all the proposals.

- CSAC giving MbRG work sounds necessary from our perspective
- There is new process being discussed for CSAC and how it will work with MbRG. What we are going to be trying to do is establish a way that CSAC or subgroup of CSAC will triage the proposals such that they get sent to appropriate committees. CSAC has two tasks at the moment (1) work out how to address large amount of proposals that are currently there; and (2) think about what processes should be put in place in the future.
- Some things that are potential domains of work:
  1) Developing some of the coding algorithms for mapping from ICD-10
  2) Implications for case mix
  3) Developing and compiling educational materials for coding in the morbidity use case.
  4) Contributing to CSAC review of proposals, where the content is a morbidity coding matter.
  5) Others as well.
- From UK perspective – endorsed the value of mapping work, as this is of great importance to initiatives in the UK... particularly as they relate to mapping of ICD to SNOMED and testing the validity of those maps. In the era of EMR health data, this will be of growing importance.
- ITC have developed a white paper on mapping. Again, point #1, this is MbRG and there may need to be collaboration around mapping but the remit of that sort of technological work is ITC’s work. From Lynn’s perspective around how we do that in countries using SNOMED and ICD might be very good to be discussed at MbRG. I think mapping is something ITC is involved in.
- Analogous to the education discussion, where we understand that standards setting and coordination is for EIC in the educational domain – but this not the same as suggesting that EIC takes over ALL activities relating to education. Similarly ITC developing a standard paper on how mapping should be done does not mean that ITC would be positioned to itself do all mapping work relating to morbidity use cases. Clearly, the morbidity use case is the remit of MbRG to see how ICD-11 maps to that and develop cross-walk using standards that ITC has developed.
- Other people had hands up as the meeting closed, but time was up, and informal discussions ensued after the session ended.
- Close of the discussion on future priority work for MbRG by requesting members to send their ideas about what the MbRG future priorities might be.

**Action:** Members, please send ideas to Olafr and Bill on what you see as the strategic priorities for MbRG in coming year.

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**Agenda topic – Mid Year Meeting**

- Mid-year meeting
3 options of dates have been presented to R. Jakob. Dates in order of preference – first preference to least:

1. February 25-27, 2019
2. April 3-5, 2019
3. February 20-22, 2019

March is an impossible month for co-chairs. Possible venue, no particular order:

1. perhaps in Geneva, Switzerland
2. offer to host in Cologne, Germany
3. offer to host in Canberra, Australia
4. offer to host in Maulm, Sweden

Depending on other committees who need to collaborate with us, these are our options.

- Question - reactions to groups where there is shared membership is there a desire to have the meetings closely aligned or the alternative, meetings very separate in time? Hopefully a decision will be made when and where the meeting will be held by the end of this week.
- Meeting closed by thanking audience for participating in the discussions.