WHO-FIC NETWORK MEETING

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Annual Report of the WHO Collaborating Center for the Family of International Classifications for North America, October 2004 – September 2005

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Abstract:
The WHO Collaborating Center for the Classification of Diseases for North America was established in 1976 to represent the U.S. and Canada in international activities related to study and revision of the International Classification of Diseases and Health Problems (ICD). In 1993, the Collaborating Center also assumed responsibility for work in North America on the International Classification of Impairments, Disabilities and Handicaps, now the International Classification of Functioning, Disability and Health (ICF). The North American Collaborating Center (NACC) was re-designated in 2003 as a WHO Collaborating Center for the Family of International Classifications (WHO-FIC). The Collaborating Center is located at the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, in the U.S. Department of Health and Human Services (DHSS), and works in close collaboration with the Canadian Institute for Health Information (CIHI) and Statistics Canada. Designation is in cooperation with the Pan American Health Organization.

The North American Collaborating Center continues to be very active in promoting the development and use of ICD and ICF in both the United States and Canada and in supporting the work of the WHO-FIC Network. This annual report documents activities during the past year associated with the NACC Terms of Reference and includes a work plan for 2005-2009.

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Introduction

The North American Collaborating Center continues to be very active in promoting the development and use of ICD and ICF in both the United States and Canada and in supporting the work of the WHO-FIC Network.. This annual report documents activities during the past year associated with the NACC Terms of Reference and includes a work plan for 2005-2009. Of particular note are the following:

- Publication by NCHS of final mortality data for 2003
- Provision of training courses in ICD-10 for U.S. mortality coders
- Production of 2005 version of ICD-9-CM
- Provided technical assistance to the Jordanian Ministry of Health and the Jamaican Government
- Made progress in developing and implementing a national Coroner/Medical Examiner Database of standardized information on circumstances surrounding deaths reported to coroners and medical examiners in Canada
- Implementation of ICD-10-CA by nine of the ten provinces and all three territories in Canada. The last province is targeted for implementation in 2006.
- Delivery of sixteen Two Day Training Workshops in ICD-10-CA/CCI (one French), eight one-day Refresher courses (one French), 33 Two Day Coding Standards Workshops, eight One-day Standards workshops, 14 one-day Obstetrical and Newborn Coding workshops plus two videoconferences, and 13 one-hour What's New in 2005 teleconferences.
- Publication of an update to the 2004 Canadian Coding Standards for ICD-10-CA and CCI for fiscal year 2005/2006
- At the October 2004 WHO-FIC meeting in Reykjavik, CIHI assumed the Chair and Secretariat of the WHO Update and Revision Committee (URC)
- Co-sponsorship by NCHS, CIHI and Statistics Canada of the Eleventh Annual NACC Conference on ICF at the Mayo Clinic, Rochester, MN
- Finalization of Code ICF for posting on the WHO website
- Continuation of the NACC Clearinghouse on ICF
- Integration of ICF into the development of reporting systems for Rehabilitation, Chronic Care and Home Care in Canada
- Continued leadership of the International Collaborative Effort on Automating Mortality Statistics and Planning Committee meeting in Bethesda, MD
- Continued leadership of the International Collaborative Effort on Injury Statistics and Working Group meeting in Cuernavaca, Mexico

Title of Center:
WHO Collaborating Center for the Family of International Classifications for North America (NACC)

Annual Report Year: October 1, 2004- September 30, 2005

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Head of the Center:
Marjorie S. Greenberg
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Terms of reference of the Center:

a) To promote the development and use of the WHO family of international classifications (WHO-FIC) including the International Statistical Classification of Diseases and Health Problems (ICD), the International Classification of Functioning, Disability and Health (ICF), and other derived and related classifications and to contribute to their implementation and improvement in the light of practical experience by multiple parties as a common language
b) To contribute to the development of methodologies for the use of the WHO-FIC to facilitate the measurement of health states, interventions and outcomes on a sufficiently consistent and reliable basis to permit comparisons within countries over time and within and between countries at the same point in time. This includes the creation of comparable lists, correspondence tables, and comparability studies.
c) To support the work of the various committees and work groups established to assist WHO in the development, testing, implementation, use, improvement, updating and revision of members of the WHO-FIC
d) To study aspects related to the structure, interpretation and application of members of the WHO-FIC including those concerning taxonomy, linguistics, terminology and nomenclature
e) To network with current and potential users of the WHO-FIC and act as a reference center (e.g., clearinghouse for good practice guidelines and the resolution of problems) for information about the WHO-FIC and other health-related classifications, including:
    - the availability, suitability and applicability of the classifications for different purposes
    - coding practices
    - availability of tools for implementation
    - data analysis and interpretation

f) To prepare teaching materials and to organize and conduct training courses on the implementation and use of the WHO-FIC. To contribute to the development of common international training tools and Internet-based applications by preparing translations and adaptations of the tools
g) To assist WHO Headquarters and the Regional Offices in the preparation of members of the WHO-FIC and other relevant materials in the English language and to act as a reference centre for that language on all matters related to the WHO-FIC
h) To provide support to existing and potential users of the WHO-FIC and of the data thus derived in North America and other English-speaking countries
i) To work on at least one related and/or derived member of the WHO-FIC Specialty-based adaptations

   -Primary care adaptations

   -Interventions/procedures

   -Injury Classification (ICECI)

   -Service Classification
j) To participate in the Quality assurance procedures of the WHO-FIC classifications regarding norms for use, training and data collection and application rules
k) To present periodic reports of the Center's activities to the annual meetings of Heads of WHO Collaborating Centres for the Family of International Classifications (WHO-FIC)

Implementation of the work plan in relation to the terms of reference

The National Center for Health Statistics (NCHS) works in close collaboration with the Canadian Institute for Health Information (CIHI) and Statistics Canada to carry out the work plan of the North American Collaborating Center in the United States and Canada. (See attached for detailed descriptions.)

Collaboration between the Center and WHO

- WHO staff (HQ and PAHO) participated in a consultation held at NCHS in February 2005 to frame the purposes, objectives and alternative approaches for evaluating the implementation of ICD-10 worldwide and the updating process that has been established for the classification.
- WHO HQ staff participated in a handover meeting for chairmanship of the Update and Revision Committee (URC), organized by CIHI in February 2005
- WHO staff (HQ, PAHO) participated in several ICD-related meetings organized by the North American Collaborating Center in May 2005. These included meetings of the ICE on Automated Mortality Statistics Planning Committee, the Mortality Reference Group and the WHO-FIC Education Committee. Staff from WHO participated in the International Collaborative Effort (ICE) on Injury Statistics Meeting in Cuernavaca, Mexico on June 1-2, 2005.
- WHO HQ participated in the Eleventh Annual North American Collaborating Center Meeting on ICF and pre-conference tutorial (June 21-24, 2005), held at the Mayo Clinic, Rochester, MN.

- The NACC delegation of 12 persons from the U.S and Canada participated in the 2004 annual meeting of the Network of Collaborating Centres for the WHO Family of International Classifications (WHO-FIC) in Reykjavik, Iceland from October 24-30. The NACC Head also participated in a consultation at the World Health Organization on a draft Business Plan for the Classifications immediately following the Network meeting. A NACC delegation will participate in the October 16-22, 2005 annual meeting in Tokyo, Japan.
- The NACC Head serves on the Planning Committee for the annual meeting of Collaborating Centres and participated in the April 2005 meeting in Bangkok, Thailand to plan the 2005 annual meeting, which will be hosted by the Japanese Ministry of Health.
- The NACC Head chairs and directs the work of the Education Committee, which assists and advises WHO in improving the level and quality of use of the WHO-FIC in Member States. In this capacity, she chaired a workshop in Bangkok on ICF in Thailand in May 2005.
- NACC serves as the Executive Secretary for the WHO Mortality Reference Group.
- U.S. and Canadian representatives of NACC serve on all WHO-FIC Committees.
- NACC has developed a web-based training tool for ICF in collaboration with WHO HQ. The training tool has been finalized for housing on the WHO web site.
- NACC awarded a professional services contract to WHO in August 2004 to research and develop crosswalks of ICF with several major assessment tools.

No financial support is provided to the Center by WHO. In 2001, NACC received support from PAHO, as well as NCHS, CIHI and Statistics Canada, for the annual Centre Heads meeting, which NACC hosted in Bethesda, MD. PAHO staff also have assisted in translating materials for the WHO-FIC Education Committee. During the hand-over meeting for the URC, WHO HQ described IT support that WHO plans to provide for the URC. Adequate staffing and related resources are required at WHO HQ to assure successful accomplishment of the WHO-FIC objectives. These issues have been addressed at several previous WHO-FIC Network meetings, as well as at the WHO Consultation on the WHO Business Plan for Classifications held in Geneva on November 1-2, 2004.

Collaboration with other WHO Collaborating Centres

The NACC collaborates actively with the other members of the WHO-FIC Collaborating Centre network, as follows:

- The Australian and UK Centres participated in the consultation held at NCHS on ICD-10 evaluation (implementation and updating) in February 2005. Several other collaborating centres participated in a conference call during the meeting.
- The Australian, German, Japanese, Nordic, and Portuguese language (Brazil) Centres participated in the May 2005 meetings of the Education Committee.
- Several of the above Centres, as well as the French Centre, participated in the ICE on Automation Planning Committee meeting and the mid-year meeting of the Mortality Reference Group.
- Representatives of the Australian, Nordic and Dutch Centres participated in the June 2005 ICE on Injury Statistics working meeting.

- The NACC Head participated in meetings of the Family Development Committee (FDC) in Bangkok in April 2005. The FDC is chaired by the Australian Centre; other participants included representatives of the Dutch, German, Nordic and Portuguese language Collaborating Centres.
- The Australian, French, Japanese and Nordic Collaborating Centres participated in the Eleventh Annual NACC Meeting on ICF and pre-conference tutorial.

Term of reference a) Major Activities

1. Promote the development and use of ICD-10 for mortality statistics in the United States, including development of training materials and conduct of courses, revision of U.S. Standard Certificates and movement toward an electronic death registration system

During 2005, the National Center for Health Statistics (NCHS) continued its regular production of mortality statistics using ICD-10, including publication of final mortality data for 2003. Regular production of mortality data includes reports, CD-ROMs, interactive databases (WONDER), and statistical tables published on the NCHS mortality website at http://www.cdc.gov/nchs/about/major/dvs/mortdata.htm. Mortality data include general mortality, infant mortality, leading causes of death, life tables, underlying and multiple causes of death.

NCHS conducted training courses in the use of ICD-10 in 2005. These included two courses oriented to U.S. coders: one course in the basics of coding multiple causes of death and one course in the basics of coding underlying cause of death. NCHS staff currently are developing an electronic interactive basic multiple cause coding course on CD-ROM.

Revision of the U.S. Standard birth and death certificates and the report of fetal death are complete, including specifications, file layout, handbooks and instruction manuals. Changes in the U.S. Standard Certificate of Death include a checkbox item on whether smoking contributed to death, a checkbox item on the pregnancy status of female decedents, a checkbox item on the traffic status of the decedent (e.g. pedestrian, driver, etc), and more detailed instructions to the funeral director and to the medical certifier to improve the accuracy of reporting demographic and medical items. Over-arching considerations for the death certificate included improving data quality, anticipating electronic death registration, and adapting to ICD-10. The U.S. Standard Report of Fetal Death has been revised to include some new items and a restructured cause-of-death section. Worksheets have been developed to assist in data collection for birth certificates and fetal death reports. Changes in the U.S. Standard certificates and reports are made in an effort to improve existing data, to collect information not previously available, and to adapt to changes in the administrative, social, and legal environment. Implementation of the revised certificates was originally planned for 2003. However, only four States and New York City implemented in 2003. They were joined by seven States and the District of Columbia in 2004 and eight States in 2005. Implementation dates for the remaining States range from 2006 to 2008.

Work on Electronic Death Registration Systems (EDRS) in the U.S. continues to progress. When implemented, EDRS will require inputs from two sources – the funeral director who provides demographic information about the decedent based on information from an informant, usually a family member, and the attending physician (or medical examiner, coroner) who completes the medical certification of death. EDRS has the potential of providing mortality data of higher quality (because of on-line edits and querying) and better timeliness than the current paper-based systems. EDRS is still largely in a developmental phase in the United States, under the guidance of an Oversight Committee comprised of key stakeholders, including NCHS, the Social

Security Administration (SSA), the National Association for Public Health Statistics and Information Systems (NAPHSIS), and state vital registration systems. Subcommittees are currently working on issues related to cause-of-death reporting, messaging standards, as well as the development of modules that will be recommended to all the states as an integral part of the EDRS. Additional information on this project is available on the NAPHSIS website at http://www.naphsis.org.

Term of reference a) Major Activities

2. Promote the use of ICD-10 through technical assistance to other countries

NCHS staff provided technical assistance in 2005 to the Jordanian Ministry of Health. A visit was made in March to conduct an evaluation of their new system recently implemented for mortality surveillance and to make recommendations for further improvements. This was a follow-up to a visit made in 2001. The Jordanians have been making remarkable progress. Despite some lingering problems with incomplete coverage, the data currently being collected is of generally good quality, resulting from changes to the format of their death certificate, and efforts to train physicians in how to complete the cause-of-death statement properly and train coders. Recommendations from this most recent visit include the need for more trained coders, development of policies for data sharing, development of a querying program and implementation of automated coding.

NCHS Staff also provided technical assistance in 2005 to the Jamaican government. A visit was made in July at the request of PAHO and the Jamaican Vital Statistics Commission to conduct an audit of the current procedures for the production and dissemination of good quality vital statistics. The purpose of the audit was to identify key problems in the system for collecting and producing vital statistics and recommend practical solutions to those problems. Preliminary recommendations included: The development of a health policy with an integrated vital statistics component, clarification of the duties and responsibilities of the various agencies with regard to vital statistics, and implementation of management systems to promote accountability at hospitals in order to ensure complete notification of births and deaths. Also, notification forms and certificates need to be evaluated and, in most cases, redesigned; formal data sharing agreements need to be developed, and key technical points of contact need to be designated to facilitate communication. Finally, efforts to promote improvements in registration of births and deaths and research on the quality of vital registration and statistics should involve all of the key stakeholders.

NCHS staff provided technical assistance to Statistics South Africa on implementing ACME for the processing of cause of death data. All of the assistance was provided via email and telephone, owing to a shortage of travel funds and a short deadline for implementation of the system by Statistics South Africa. Staff of Statistics South Africa report that the system is working well and is successfully processing more than 90 percent of death records.

Term of reference a) Major Activities

3. Promote the use of ICD-9-CM for morbidity applications in the United States

Since Reykjavík, NCHS, in collaboration with the Centers for Medicare and Medicaid Services (CMS), has held two meetings of the ICD-9-CM Coordination and Maintenance Committee (April 2005 and September 2005). Information regarding the diagnosis proposals and a summary of the public discussion appear on the NCHS website at www.cdc.gov/nchs/otheract/icd9/maint/maint.htm.

The October 1, 2005 revisions to ICD-9-CM were posted on the NCHS website in June 2005 (http://www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/ftpicd9.htm#guidelines). The ICD-9-CM CDROM containing the October 1, 2005 revisions is available from the Government Printing Office. There are 171 new diagnosis and 54 new procedure codes, which identify several important clinical concepts and procedures that were not previously captured in ICD-9-CM including more detailed codes for sleep disorders, Body Mass Index (BMI), chronic kidney disease, hip and knee joint revision procedures, and codes for multiple stent insertions.

The provision of Public Law 108-173, signed into law December 2003, requires the twice yearly update of ICD-9-CM (April and October) to recognize new technology under the inpatient prospective payment system. However, none of the proposals received during the 2004 cycle met the criteria for an expedited April update (focus on new technology and limited to those that have a strong and convincing case). NCHS will continue to update ICD-9-CM until such time that an implementation date for ICD-10-CM has been established.

NCHS is investigating methods to represent ICD-9-CM in a structured, i.e., database, format and integrate this representation into its annual production processes. The work, which is being supported by the National Library of Medicine, is intended to create a database representation of ICD-9-CM which will 1) enable electronic transmission of ICD-9-CM from NCHS to key NCHS partners such as the National Library of Medicine, 2) support improved connectivity of ICD-9-CM with other national standard terminologies such as SNOMED CT and CPT-4, and 3) preserve current NCHS ICD-9-CM production processes It is envisioned that this work also will be used by NCHS to apply similar design and support methodologies to the development of an electronic model and maintenance process for ICD-10-CM.

Currently, NCHS maintains and releases ICD-9-CM using a Folio-based production system. While this textual, display oriented representation has been a productive way to communicate ICD-9-CM to the medical record coding community, it does not easily support emerging national healthcare information efforts, including the National Library of Medicine's (NLM) UMLS Metathesaurus, the National Health Information Network (NHIN), and Electronic Health Record (EHR) systems. An "official" electronic distribution of ICD-9-CM would also reduce the proliferation of divergent electronic ICD-9-CM variants within the industry.

Term of reference a) Major Activities

4. Develop, implement and promote the use of ICD-10-CM for morbidity applications in the United States

In addition to continued work on the beta version of the ICD-10-CM database, NCHS continues to update ICD-10-CM in keeping with updates that have been implemented in ICD-9-CM. A revised draft of ICD-10-CM will be posted on the NCHS website during 2006.

The implementation of ICD-10-CM continues to be linked with the administrative simplification provisions of HIPAA. The Department of Health and Human Services is evaluating the NCVHS recommendations made in 2003 regarding the need to move toward rulemaking to adopt ICD-10-CM and ICD-10-PCS as replacements for ICD-9-CM.

Term of reference a) Major Activities

5. Promote the development and use of ICD-10 for mortality statistics in Canada, including development and presentation of training courses

The following work was performed by Statistics Canada in support of this activity:

- Conduct training in mortality classification and the use of automated mortality classification software (MMDS) (ongoing). The next course to be offered will be Basic Multiple Causes (ACME) Classification in autumn 2005.
- Provide specifications to provinces and territories for producing mortality data (ongoing)
- Receive demographic and mortality medical data from provinces coded according to national (Statistics Canada) specifications (ongoing)
- Conduct quality control, promote querying for rare causes of death (ongoing)
- Undertake external edit checks (geographic, cause by sex and/or age, rare causes, eliminate duplicate records) (ongoing)
- Develop tables and release plans for final mortality data (ongoing)
- Work completed to program statistical tables for age-standardized mortality rates by cause group classified to ICD-10; these will be released as an electronic publication on Statistics Canada's website in three formats (CANSIM warehouse; HTML; PDF) in autumn 2005 and will include data for 2000 to 2002 for the initial release; subsequent data years will be added as the data are released.
- Work continues to design and program tables for leading causes of death classified to ICD-10; these products will be released as electronic publications by 2005-2006, and will include data years from 2000 on.
- Release final mortality data report with ICD-10 data for 2003 (planned for autumn 2005).
- Cause of death statistical tables have been released in three different electronic formats (CANSIM data warehouse; HTML; PDF) on Statistics Canada's website for annual data from 2000 to 2002.
- Released final mortality data report with ICD-10 data for 2002 (September 2004).
- Participate in annual meetings of WHO Collaborating Centres for the Family of International Classifications

- Participate in Mortality Reference Group and Update Reference Committee (ongoing)
- Participate in ICE Planning Committee (ongoing);
- Promote the development of tools to improve the certification of cause of death by physicians, coroners and medical examiners by supporting the development of a continuing-education seminar, and an internet-based training tool for physicians and other health professionals (ongoing)
- Develop and implement a national Coroner/Medical Examiner Database of standardized information on circumstances surrounding deaths reported to coroners and medical examiners in Canada. The minimum dataset (38 variables) was finalised and a prototype of the data capture system is being tested by two of the four provinces and territories that will be using it (2005).
- Assess the equivalence of different automated mortality classification softwares (MMDS-United States and STYX-France) used concurrently in Canada (ongoing from 2004)

Term of reference a) Major Activities

6. Develop, implement and promote the use of ICD-10-CA and CCI for morbidity applications in Canada, including development and conduct of education programs

The following work was performed by the Canadian Institute for Health Information (CIHI) in support of this activity:

- Collaborative efforts continue with the province of Quebec to implement CIM-10-CA/CCI by April 1, 2006.
- Delivery of sixteen Two Day Training Workshops in ICD-10-CA/CCI (one French), eight one-day Refresher courses (one French), 33 Two Day Coding Standards Workshops, eight One-day Standards workshops, 14 one-day Obstetrical and Newborn Coding workshops plus two videoconferences, and 13 one-hour What's New in 2005 teleconferences. All training materials are updated annually and are available in English, French or a bilingual format.
- On- line coding query service implemented in June 2001 with over 7000 queries answered to date.
- A total of 28 amendments were added to the 2004 Canadian Coding Standards for ICD-10-CA and CCI and were available on the CIHI website for the new fiscal year beginning April 1, 2005. All standards are available in both official languages.
- Classification Advisory Committee met in June 2004 to provide CIHI with expert advice in the continuous enhancement and maintenance of ICD-10-CA and CCI. Committee reviewed a total of 34 issues for Version 2006. As a result, 71 new codes, 14 index updates and 35 changes (i.e., inclusions, exclusions) were proposed and reviewed by WHO for version 2006 of ICD-10-CA. While CCI will have many new codes addressing surgical techniques and approaches, a major portion of updating version 2006 of CCI includes additions to non-surgical sections, such as diagnostic imaging, vision care, chiropractics, physiotherapy and occupational therapy
- The next update of the ICD-10-CA/CCI CD-ROM is planned for release on April 1, 2006.
- The National ICD-10-CA/CCI Electronic Products User Group held three meetings in 2004/05 to gather user feedback on the electronic product.
- Have worked closely with other countries (e.g., US and Australia), comparing additions made to their products, with those done in Canada.
- Have sought advice from Australia when considering the incorporation of ICD-0-3 into ICD-10-CA
- Collaborated with WHO by sharing our experiences in representing the classifications in XML.
- Assumed the Chair and Secretariat for the WHO URC. Hosted a change-over meeting on February 3-7, 2005 with attendees from WHO and Australia. Incorporated into agenda for February 7, a teleconference with WHO and the four Collaborating Centres who represent the Steering Group for Revision Trial of Specific Clinical Topics.

Term of reference a) Major Activities

7. Promote the development and use of the ICF in the United States

Since the last WHO-FIC Network Meeting in Reykjavik, the North American Collaborating Center (NACC) has promoted the ICF with a number of activities:

1) The WHO Collaborating Center for the Family of International Classifications (WHO-FIC) for North America held the Eleventh Annual North American Collaborating Center (NACC) meeting on the International Classification of Functioning, Disability and Health (ICF) on June 21-24, 2005 in Rochester, Minnesota. Approximately 100 persons from the U.S., Canada, WHO and seven other countries attended the four days of meetings, which began with a pre-conference tutorial. The meeting was held in collaboration with the Mayo Clinic and was the first to offer continuing education credits. The theme of the meeting, "Mapping the Clinical World to ICF," highlighted presentations on mapping ICF and other terminologies in the Unified Medical Language System (UMLS), standardizing clinical assessments to ICF and developing measures based on the ICF (see paper by Caulfeild). These topics were identified as high priorities in the North American Research Agenda for ICF, which was developed at the 2004 NACC Meeting on ICF and presented at the 2004 WHO-FIC Network meeting in Reykjavik. Participants at the 2005 meeting were primarily from the U.S. and Canada but also included representatives of the Australian, French, Japanese and Nordic Collaborating Centers as well as other attendees from Australia, Korea and the Netherlands. Nenad Kostansjek and Dr. Bedirhan Ustun from WHO made presentations during the tutorial and full meeting. About 40 papers including poster sessions covered how ICF can inform work on functioning, disability and health in clinical, survey and administrative areas. Sessions also featured the ICF-Children and Youth and the Clinical Manual for Health Professionals. The conference website www.icfconference.com has PowerPoint presentations and a detailed report of the conference, and will eventually have registration materials for the 12th Annual ICF Conference planned for June 2005 in Canada.

2) In August 2004, NCHS awarded to the World Health Organization a six-month contract to crosswalk ICF with major assessment tools. The purpose of this project is to document the process and methods used and issues identified in mapping specific items in commonly-used assessment instruments to the International Classification of Functioning, Disability and Health (ICF). This would enable users of various instruments to streamline their crosswalk coding efforts to ICF codes electronically, and enable them to generate more comparable clinical information efficiently. Due to administrative issues, initiation of the project was delayed until mid-2005. WHO will develop a paper by the 2005 WHO-FIC Network meeting that documents the assumptions and methodology used, the ICF domain coverage by each assessment instrument, the issues and problems encountered in preparing the mappings, the limitations of the mappings, sources of error in the mappings, and usability of the maps. The paper also should assess the level of comparability and equivalence between different assessment elements that map to the same ICF code.

3) Work is completed on CODE ICF, and the tool has been delivered to WHO for inclusion on the WHO website.

4) Over 700 subscribers now receive the NACC ICF Clearinghouse monthly or bimonthly messages, which began in September 2002 to a primarily U.S. and Canadian email "group". There was a several month hiatus in the messages after the retirement of Dr. Paul Placek; however, Dr. Placek has now been engaged by NCHS to continue the Clearinghouse messages

and related ICF dissemination activities. Recruitment is underway to fill Dr. Placek's position.
5) Following the 2001 WHO-FIC Network meeting, four videos were produced on ICF use by consumers, ICF applications in surveys and clinical areas, historical development, and conceptual/issue areas. Some technical difficulties are being addressed before finalizing the CD-ROMs for distribution
6) The NACC Head is representing CDC on the Disability Workgroup of Phase II of the government-wide Consolidated Health Informatics Initiative, which is identifying standard vocabularies for exchange of clinical information by the federal health enterprise.
7) The ICF Subcommittee of the New Freedom Initiative, under the leadership of Dr. Margaret Giannini, Director, HHS Office on Disability, continues its monthly meetings. Dr. Placek is co-facilitating the meetings under contract with NCHS. The New Freedom Initiative Committee <http://www.hhs.gov/newfreedom/> was established by the Office on Disability to monitor and promote activities of the NFI, which has these goals: increase access to assistive and universally designed technologies; expand educational opportunities; promote homeownership; integrate Americans with disabilities into the workforce; expand transportation options; promote full access to community life; and support sound health care policy for people with disabilities. The ICF provides a standard language for the description of these goals.
8) NCHS has established an informal Disability Workgroup for staff involved with disability statistics and research. The group meets monthly and has devoted two sessions to discussion of ICF and its potential applications.
9) A day of awareness training on ICF and ICF-CY was held at the Health Resources and Services Administration in March 2005.
10) The National Institute on Disability and Rehabilitation Research, Office of Special Education and Rehabilitative Services, U.S. Department of Education, has published for comment a Long-Range Plan for Disability and Rehabilitation Research. The plan proposes to adopt ICF for the agency's official definition and measurement of disability.

Term of reference a) Major Activities

8. **Promote the development and use of the ICF in Canada**

The following work was performed by the Canadian Institute for Health Information (CIHI) in support of this activity:

- Collaborated with NCHS to co-host the 11th Annual NACC Conference on ICF at the Mayo Clinic, Rochester, MN on June 21-24, 2005. (see separate paper for Tokyo meeting).
- Initiated preparation for the 12th Annual NACC Conference on ICF to be held in Canada. Likely venue is Vancouver, British Columbia. Plans are underway for a joint session with the Canadian Association for Physical Medicine and Rehabilitation and a Rehabilitation Network.
- Collaborating with the Social Development Branch of Human Resources Development Canada on ICF and applications within government policy as related to people with disabilities
- Papers presented at the 2004 WHO-FIC meetings in Reykjavik, Iceland, "Highlights of the 10th Annual NACC Conference on ICF" and "ICF in Canada"
- Investigated the use of ICF in the development of a common assessment form for stakeholders use in the return to work of individuals with Hepatitis C
- Discussed the use of ICF in the development of a common form by the Canadian Life and Health Insurance Association for intake claims forms
- Working with the Vancouver Coastal Regional Health Services to apply ICF in the review of their rehabilitation services
- Discussed the application of ICF with the Prince Edward Island provincial government for the review of their Social Development Policy
- Provided support and consultation to Canadian stakeholders for ICF (ongoing)
- Collaborated with the National Center for Health Statistics in providing North American input to the use and implementation of ICF (ongoing)
- Participation in NACC ICF and WHO-FIC meetings (ongoing)
- Represent Canadian interests in the evaluation and enhancement of ICF (ongoing)
- Communicate Canadian activities through Canadian Network meetings and national presentations on ICF applications (ongoing)

Term of reference b) Major Activities

1. Develop comparability ratios for ICD-10 mortality statistics in the United States

Comparability studies are essential to understand the effects of implementing a new revision of the ICD. In the United States, the comparability study for mortality between ICD-9 and ICD-10 is being carried out in two phases: a preliminary study based mainly on records processed through the automated coding systems, and a final comparability study based on all records in the study year 1996. In 2001, the preliminary comparability study was published based on a total of 1,852,671 records. The published report is available at http://www.cdc.gov/nchs/products/pubs/pubd/nvsr/49/49-pre.htm. The final comparability study is ongoing. The entire double-coded comparability file is currently available for download at http://www.cdc.gov/nchs/datawh/statab/unpubd/comp.htm. Publication of the report of the final comparability study is expected late 2004/early 2005.

Term of reference b) Major Activities

2. Implement International Collaborative Effort (ICE) on Automating Mortality Statistics

The ICE was established by NCHS in 1995 to promote the comparability of mortality statistics through the application of automation. Statistics Canada also serves on the Planning Committee. Three plenary meetings of the mortality ICE, in 1996, 1999 and 2003, encouraged WHO to establish a number of working committees oriented to training and credentialing and to electronic products more generally. Under the ICE, the outline for an international curriculum in mortality medical coding oriented to automation was developed by the ICE Planning Committee and was implemented by NCHS in 2001. The ICE Planning Committee met in May of 2005. Topics included: a review of the status of automated coding systems currently in use by countries represented on the planning committee; an update on the language-independent automated coding system, IRIS, currently being developed jointly by ICE representatives from Sweden and France; a discussion of the prospects for the "internationalization" of ACME; a discussion of a recent paper published in the *WHO Bulletin* and a proposed letter to the editor in response; a review of the ICE seminar presented in Prague in 2004; and discussion of a possible future ICE seminar for CAREC countries to be held in the Caribbean.

Term of reference b) Major Activities

3. **Provide leadership to DISTAB project** *(Note: This group held its last official meeting on June 4, 2005 in Halifax and its last official monthly conference call on September 15, 2004.)*

The American Foundation for the Blind's Journal of Vision Impairment and Blindness has accepted a comparative paper on seeing impairments, using DISTAB tables, which was written by Gerry Hendershot and John Crews.

Term of reference b) Major Activities

4. Direct and Participate in International Collaborative Effort on Injury Statistics

Hosted by the National Center for Health Statistics, the International Collaborative Effort (ICE) on Injury Statistics Meeting in Cuernavaca, Mexico brought together delegates from 17 countries and several multi-lateral organizations on June 1-2, 2005. The goals of the ICE on Injury Statistics include facilitating:

- an exchange and collaboration among injury researchers who develop and promote international standards in injury data collection and analysis; and
- the comparability and improved quality of injury data.

One of the most positive aspects of the Mexico ICE was its inclusiveness, with delegates attending from each of the WHO regions. Although there were several participants from high income countries such as the US, Canada, Australia and the Netherlands as well as international agencies such as the WHO and PAHO, low- and middle-income countries were well represented. South and Central America were represented by participants from Argentina, Brazil, Chile, Colombia, Mexico and Nicaragua; the Caribbean by participants from Barbados, Dominica, Puerto Rico and St Lucia; Asia by two participants from Thailand; and Africa by a South African participant and a presentation delivered in absentia by WHO AFRO on various surveillance initiatives currently underway on the continent. This ensured a wide range of presentations and subsequent discussion that would have relevance for each participant.

Updates were provided on topics currently being investigated by ICE working groups including:

- International Classification of External Causes of Injury (ICECI);
- US National Electronic Injury Surveillance System - All Injury Program;
- Injury Indicators;
- Occupational injuries;
- Hospitalization data;
- Selecting a main injury;
- ICE web pages; and
- Overview of ICE-related surveillance activities.

Based on data compiled by the participants, one envisaged output from the meeting will be a paper jointly developed by the participants comparing injury mortality rates among their countries for a selection of high priority injury subsets.

For the remainder of the meeting, participants presented country-specific surveillance research including methodologies for data collection as well as comparative data. Specific topics included:

- Injury Information Systems in Mexico, advances and challenges
- Mortality data collection and public hospitalization data in Brazil
- The impact of firearm injury in Brazil
- An evaluation of PAHO & CDC's role with Ministry of Health hospitals
- Injury surveillance work in Nicaragua
- Application of Surveillance Systems in mortality data and domestic violence - ICECI in Colombia
- Strengthening violence and injury surveillance in Eastern Caribbean: Challenges and Opportunities
- Jamaican injury surveillance system
- Organizing a pilot injury surveillance project on violence in South America and Africa: Opportunities and Obstacles
- The National Injury Mortality Surveillance system: an overview of fatal injury surveillance in South Africa
- Injury Surveillance efforts in the Africa Region supported by WHO
- From Provincial to National: The development of Thailand Injury Surveillance
- External cause of morbidity and mortality in Chile
- Overview of Injury Mortality in Argentina
- Pediatric Trauma Program: pediatric trauma registry & information systems for epidemiology and surveillance
- Developing a national injury surveillance system in Argentina

All of these presentations will be available online. For more about the work of the ICE on Injury Statistics, visit the ICE website, http://www.cdc.gov/nchs/about/otheract/ice/meetings.htm

Thanks to Richard Matzopoulos from South Africa for summarizing the meeting.

Term of reference b) Major Activities

5. Develop comparability ratios for ICD-10 mortality statistics in Canada

The following work is being performed by Statistics Canada in support of this activity:

- Publish comparability report, based on 1999 mortality data (to be completed 2005) with release of 2000 mortality statistics
- Promote the use and understanding of comparability ratios through educational seminars and conference presentations (ongoing from 2003). A half-day presentation, "Assessing the Impact of the Implementation of ICD-10 on Canadian Mortality Trends", has been developed in English and in French. The presentation has been given to two groups of Health Information Partnership analysts in Ontario and three groups of analysts in Quebec. All five groups represent analysts doing research at the health region level of geography.

Term of reference c) Major Activities

1. Committee of Heads of WHO-FIC Centres

The Centre Head and the Chair of the URC participate on the Planning Committee for the 2005 Collaborating Centres/WHO-FIC Network meeting in Tokyo, Japan, scheduled to take place on October 16-22. This involved participation in a face-to-face meeting in Bangkok, Thailand on April 28-29, several conference calls and numerous e-mail exchanges.

The Centre Head, in her capacity as Chair of the WHO-FIC Education Committee, participated in a WHO Consultation on the WHO Business Plan for Classifications in Geneva on November 1-2, 2004.

2. WHO-FIC Implementation Committee

Canadian and U.S. representatives participate in working sessions of the WHO-FIC Implementation Committee during annual Centre Heads meetings and have prepared papers for discussion by the Committee at the Reykjavik meeting.

The Centre Head organized a consultation at NCHS on February 9-10, 2005 to frame the purposes, objectives and alternative approaches for evaluating the implementation of ICD-10 worldwide and the updating process that has been established for the classification. The consultation was planned with the former Head of the UK Centre and co-chair of the WHO-FIC Implementation Committee. The Chair of the URC participated in the consultation, along with several representatives from the North American and Australian collaborating centres and WHO (HQ and PAHO).

3. WHO-FIC Education Committee

The Centre Head chairs and directs the work of this Committee, which assists and advises WHO in improving the level and quality of use of the WHO Family of International Classifications (WHO-FIC) in Member States by developing a training and certification strategy for the WHO-FIC, identifying best training practices and providing a network for sharing expertise and experience on training. Representatives of NCHS, CIHI and Statistics Canada participate on the Committee. The Committee meets during the annual WHO-FIC Network meeting and communicates by e-mail and conference call during the year. Other Canadian and U.S. representatives also participate in the work of the Committee, along with several other collaborating centres and countries. During 2005, the Chair organized a three-day meeting in Bethesda, Maryland in May to progress work on an international training and certification program for ICD-10 mortality and morbidity coders. The business plan for this program was presented at the 14th Congress of the International Federation of Health Records Organizations (IFHRO) in October 2004 and endorsed by the IFHRO Executive Committee. A joint WHO-FIC – IFHRO Committee has been established with three representatives from each organization to carry forward the work;

Education Committee.

4. **Mortality Reference Group**

   The North American Collaborating Center (NACC) organized and chaired the Mortality Reference Group (MRG) until March 2002, when Dr. Harry Rosenberg retired from the National Center for Health Statistics (NCHS). NCHS continues to serve as Executive Secretary to the MRG (Donna Hoyert), and several other NCHS and Statistics Canada staff participate in the face-to-face meetings and periodic conference calls. The MRG organized separate meetings in 2002, 2003, 2004 and 2005. An additional meeting is being organized prior to the 2005 WHO-FIC Network meeting in Tokyo.

5. **Update and Revision Committee**

   Canadian and U.S. representatives participate in the Update and Revision Committee, reviewing and commenting on documents and participating in face-to-face meetings and teleconferences. The Canadian Institute for Health Information has taken on the roles of Chair and Secretariat of this committee. Eighty-three proposals were received and distributed for comment between May and August 2005. Recommendations requiring detailed discussions have been prepared for the October 2005 meeting of WHO-FIC in Tokyo, Japan.

6. **Family Development Committee**

   The Centre Head and NCHS staff participate in the multiple work products of the Family Development Committee (FDC). The Centre Head and the URC Chair participated in the FDC meeting in Bangkok, Thailand on April 27, 2005. NACC has been especially active in issues related to ICECI, terminologies, interventions, the Family concept, ICF-CY and United Nations classifications.

7. **Electronic Tools Committee**

   Canadian and U.S. representatives participate in face-to-face meetings and e-mail discussions of the Electronic Tools Committee. A CIHI representative has prepared a discussion paper for the 2005 WHO-FIC Network meeting.

1. **Study and participate in activities related to terminologies**

SNOMED-CT

NCHS continues to represent the Department of Health and Human Services (DHHS) on the SNOMED International Editorial Board through Dr. David Berglund. The SNOMED International Editorial Board is responsible for the scientific direction, editorial processes, and scientific validity of SNOMED CT.

Dr. Berglund has actively participated in the SNOMED Convergent Terminology Workgroup for Mapping. The workgroup's mission is to provide a forum for the discussion of mapping topics related to SNOMED CT such as guidelines, best practices, validation and maintenance to ensure high quality mappings. Use cases have been developed for the existing SNOMED CT mappings to classifications including ICD-9-CM, ICD-10, and ICD-O-3. Initial work has been done toward development of a more sophisticated rule-based mapping with ICD-9-CM. The existing ICD-9-CM map is available under the U.S. federal use license.

In 2004 NLM awarded a contract to the American Health Information Management Association to support development, review and testing of the above-mentioned mappings between SNOMED-CT and ICD-9-CM (diagnosis and procedures) as well as any successor code sets. The mapping work includes the development of the business case(s) to be addressed and the basic mapping parameters for mappings. In addition to NLM and AHIMA, the respective code set developers (NCHS, CMS, CAP) are also actively participating in the undertaking.

NLM's funding of this effort is in keeping with the Department of Health and Human Services' (DHHS) priority to promote the adoption and use of SNOMED-CT and is also consistent with the high priority that NCVHS and HHS have assigned to the creation of robust mappings between SNOMED-CT and several other vocabularies, including CPT, ICD-9-CM, ICD-10-CM, MedDRA, and Medcin. The NCVHS and Consolidated Health Informatics Initiative within the federal government also have recommended mappings between SNOMED-CT and ICF.

Nutrition Language

Dr. Berglund served as the NCHS representative to the American Dietetic Association's meeting "Standardized Language International Meeting" held in Chicago, IL August 22-24, 2005. Other invited participants included dietetic association representatives from Australia, Canada, Israel, Japan, the Netherlands, the United Kingdom as well as representatives from WHO, NCHS and CAP. Topics discussed included how to effectively move national nutrition and dietetics initiatives into the international arena and to initiate a dialogue between the foremost medical informatics organizations and the international nutrition and dietetics community. During the International Congress of Dietetics held in 2004, nutrition and dietetics organizations initiated discussions reflecting their participation in nutrition coding efforts. The Chicago meeting was intended to further work in this area and identify opportunities for collaboration, and establish a channel of communication with representatives from the medical informatics community.

Canada

CIHI is working in collaboration with Canada Health Infoway on the establishment of terminology

1. Establish and conduct North American Clearinghouse on ICF

NACC ICF Clearinghouse activity began as an in-house NCHS activity in October 2002 with monthly or bimonthly informational announcements to a primarily U.S. and Canadian email "group". Anyone is able to request to receive the monthly announcements by sending an email with complete contact information to Paul Placek at PJPLACEK@DMV.COM or Linda Washington at LRWashington@cdc.gov. Links within the NCHS ICF website http://www.cdc.gov/nchs/about/otheract/icd9/ and the Canadian ICF website http://www.cihi also provide information on how to receive or send in Clearinghouse information. All previous messages are archived and can be viewed at http://www.cdc.gov/nchs/about/otheract/icd9/icfhome.htm. Topics include types of ICF effort (new grants and contracts for ICF work; using the ICF as a code set to record and classify functional status; pilot studies on coding records with ICF; survey applications of ICF; coding with ICF; preparing ICF codebooks and procedures manuals; addressing strategies for ICF implementation; discussing ICF assessment tools cross walked with other assessment tools; basic ICF research; developing ICF training tools; and identifying ICF educational needs), as well as topics within the ICF itself (body functions and structures, activities and participation, environment, qualifiers). The ICF summaries include contact information, purpose and type of study, etc. for those submitting the information in order to promote collaboration, sharing of expertise, and avoid duplication of effort. Each month “Spotlights” a different U.S. or Canadian ICF expert. Of well over 700 subscribers, about one-fourth are government, one-fourth are university-based, and half are commercial users. By country, three-fourths are U.S., one-fifth are Canadian, and the rest are other international.

1. Develop international training courses in ICD-10 mortality coding

NCHS mortality medical coding staff have developed two international courses (underlying cause coding and multiple cause coding) oriented to training trainers to code ICD-10 mortality data. The international curriculum on mortality medical coding oriented to automation is an outgrowth of the NCHS International Collaborative Effort (ICE) on Automating Mortality Statistics. The training program covers ICD-10 mortality medical coding oriented to the NCHS automated coding system (SuperMICAR, MICAR, ACME and TRANSAX). The courses are designed for countries that are considering the development of an automated coding system for cause of death information. The courses are similar in content to the domestic training courses that NCHS offers, but are longer (three weeks rather than two), and class size is smaller (no more than 10-12 participants). All course instruction is in English. There is no tuition charge for the course, but participants are responsible for their transportation, housing and per diem expenses.

No international coding courses were held in 2005. Current plans are to hold these courses every other year in even years (e.g., 2004, 2006, etc.).

2. Develop Code ICF training tool

Code ICF is interactive, web-based training on ICF. The training tool was developed by NCHS under contract with Drs. Gretchen Swanson and LeeAnne Carrothers of Western University with significant input from WHO. Code ICF provides a general overview of ICF and its multiple applications and includes frequently asked questions and coding vignettes. Video clips from the Bethesda 2001 ICF tapings have been integrated into Code ICF, and permissions have been obtained from those in the video clips. The video clips include text of spoken words in Code ICF for the hearing impaired. Photo winners from the WHO ICF photo contest also have been woven into Code ICF, as well as eye-catching colorful graphics. Code ICF was delivered to WHO in December 2004 for posting on the WHO web site. It is anticipated that this will be accomplished before the end of 2005 and that it will be freely available from this site. Currently, Code ICF is available at http://wsdb.westernu.edu/icftraining/

3. Identify Educational Needs and Core Curricula for WHO-FIC

Needs assessment questionnaires for ICD-10 mortality and morbidity coders were finalized by the WHO-FIC Education Committee and circulated to WHO Regional Offices and Collaborating Centers for distribution to the member states in 2004. A paper describing the findings was presented by Sue Walker at the 2004 WHO-FIC Network meeting in Reykjavik and is being revised for possible publication. The Education Committee also developed core curricula for ICD-10 mortality and morbidity coders, which have been approved by the International Federation of Health Records Organizations (IFHRO) and were the basis of a call for training materials issued by the Joint WHO-FIC – IFHRO Committee in early 2005. The training materials submitted by several countries in response to this call currently are under expert review to identify adequacy and gaps. The status of these activities will be reported at the 2005 WHO-FIC Network meeting in Tokyo, Japan.

1. Interventions and Procedures

The Centers for Medicare and Medicaid Services (CMS) continues its refinement of ICD-10-PCS. In 2004-2005 significant industry-driven changes have been made to ICD-10-PCS including: the development of coding guidelines; changes to some of the definitions used with the coding system; revisions to the Reference Manual; and deletion of the laboratory section. CMS also is working on converting the DRGs into ICD-10-CM and ICDC-10-PCS with a goal to complete a prototype of the DRGs in the new code sets by the end of 2005.

CIHI developed and implemented the Canadian Classification of Interventions (CCI) in 2001. It was updated and re-released in 2003 along with the ICD-10-CA. From 2001-2004, nine provinces and all three territories adopted CCI for morbidity reporting. By 2006, it is planned that all jurisdictions will be using ICD-10-CA/CCI for the collection and reporting of morbidity data. Together with the ICD-10-CA, the CCI has been adopted by the Insurance Bureau of Canada for the collection of all diagnostic and intervention data on the Auto Insurance Standard Invoice. This expertise and experience is expected to contribute to international work on interventions classification.

WHO Collaborating Center for the Family of International Classifications For North America

Work Plan 2004-2008

The work of the WHO Collaborating Center for the Family of International Classifications for North America is carried out in the United States and Canada. The North American Collaborating Center (NACC) is located at the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, Hyattsville, MD, U.S.A. All NACC activities in the United States are carried out under the umbrella of NCHS. Within Canada, activities are shared between Statistics Canada and the Canadian Institute for Health Information (CIHI). Both the U.S. and Canada have multiple responsibilities related to the NACC Terms of Reference. The work plan below is presented by term of reference and location. The budget for these activities is the responsibility of the respective organizations.

Terms	Activities	Responsible Party	Outcome	Deadline
To promote the development and use of the WHO family of international classifications (WHO-FIC) including the International Statistical Classification of Diseases and Health Problems (ICD), the International Classification of Functioning, Disability and Health (ICF), and other derived and related classifications and to contribute to their implementation and improvement in the light of practical experience by multiple parties as a common language	Promote the development and use of ICD-10 for mortality statistics in the United States, including development of training materials and conduct of courses	Division of Vital Statistics (DVS), National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC)	Implement ICD-10 for mortality effective with deaths occurring in 1999 as collaborative effort with the States	Implementation began with data year 1999
			Publish preliminary and final mortality data annually, including general mortality, leading causes of death, life tables and infant mortality	Ongoing
	-Revise U.S. Standard Certificates of Birth, Death, and Fetal Death taking into account recommendations of ICD-10	DVS, NCHS, CDC, with other U.S. Federal agencies and the States	Implementation of revised certificates	2003-2008
	-Move towards an electronic death registration system	DVS, NCHS, CDC	Develop and implement in States	2005-2009
	Promote the use of ICD-10 through technical assistance to other countries	DVS, NCHS, CDC	Adopt international standards in data collection, processing, quality control, and analysis in requesting countries (currently, Eastern Europe, Middle East, Caribbean and South Africa)	Ongoing
	Promote the use of ICD-9-CM for morbidity applications in the United States	Classifications and Public Health Data Standards (CPHDS), Office of the Center Director, NCHS, CDC	Maintain classification and produce annual or twice yearly updates on CD-ROM	
			Participate in national process for developing and updating coding guidelines	Ongoing
	Develop, implement and promote the use of ICD-10-CM for morbidity applications in the United States	CPHDS, NCHS, CDC	Incorporate results of pilot test of clinical modification of ICD-10 (ICD-10-CM)	Ongoing
			Develop training materials for ICD-10-CM	2004
				2005-2007

Terms	Activities	Responsible Party	Outcome	Deadline
	Promote the development and use of ICD-10 for mortality statistics in Canada, including development and presentation of training courses	Statistics Canada	Develop database version of ICD-10-CM Develop crosswalks Implement ICD-10-CM for morbidity applications in US Implement ICD-10 for mortality in collaboration with provinces and territories Publish 2002 mortality data Publish mortality data annually	2003-2006 2006 Subject to HIPAA regulations Implementation began in data year 2000 2004 Ongoing
	Develop, implement and promote the use of ICD-10-CA for morbidity applications in Canada, including development and conduct of education programs	Canadian Institute for Health Information (CIHI)	Conduct staggered implementation with provinces and territories Update bi-annually	2001-2006 ongoing
	Promote the development and use of the ICF in the United States	CPHDS, Office of the Center Director, NCHS	Organize NACC conferences on ICF Research and Develop crosswalks with major assessment tools Serve as reviewers or technical consultants on ICF research funded by other agencies Present ICF topics at monthly meetings of the Interagency Subcommittee on Disability Statistics and its parent committee, the Interagency Committee on Disability Research -meet with federal agencies	2005 in Rochester, MN,; 2006 in Canada 2004-2005 Ongoing Ongoing

Terms	Activities	Responsible Party	Outcome	Deadline
			Develop research agenda Seek funding for research projects Edit Volume 3 in Disability and Health: A NACC ICF Research Agenda (Nova Science)	 2005-2009 2004-2005 2005-2009
	Develop Code ICF training tool (see below)			in process
	Promote the development and use of the ICF in Canada	CIHI	Participated in the planning and co-hosted the 11h Annual NACC Conference on ICF at the Mayo Clinic, Rochester, MN Plan and co-host the 12th Annual NACC Conference on ICF in Canada. Likely venue is Vancouver, British Columbia Summarize ICF activities in Canada for Tokyo meeting	2005 2005-2006 2005
To contribute to the development of	Develop comparability ratios for ICD-10	DVS, NCHS, CDC	Release final comparability data file	2004

Terms	Activities	Responsible Party	Outcome	Deadline
methodologies for the use of the WHO-FIC to facilitate the measurement of health states, interventions and outcomes on a sufficiently consistent and reliable basis to permit comparisons within countries over time and within and between countries at the same point in time. This includes the creation of comparable lists, correspondence tables, and comparability studies.	mortality statistics in the United States		Publish final comparability study	2004/2005
	Implement International Collaborative Effort on Automating Mortality Statistics	DVS, NCHS, CDC	Hold regular planning meetings Met in Bethesda, MD	Ongoing
			Coordinate assistance and training to countries interested in implementing automated systems	2005 Ongoing
			Conduct Automation Seminar in Caribbean	
			Held final meeting	2006/2007
	Provide leadership to DISTAB project	CPHDS, NCHS, CDC	Conducted teleconferences, convened meetings, facilitated preparation of reports and articles	June 2004 1999-2004
	Participate in International Collaborative Effort on Injury Statistics		Held working group meeting in Vienna, Austria Held meeting in Mexico	
		CPHDS, NCHS, CDC and Division of Analysis, Epidemiology and Health Promotion (OAEHP), NCHS, CDC	Conduct 5-year Strategic Plan	2004 2005
	Develop comparability ratios for ICD-10 mortality statistics in Canada	Statistics Canada	Publish preliminary bridge coding study Publish final bridge coding study	2004-2008
	Participate in International Collaborative Effort on Automating Mortality Statistics	Statistics Canada	Participated in planning meeting in Bethesda, MD	2005 2005

Terms	Activities	Responsible Party	Outcome	Deadline
To support the work of the various committees and work groups established to assist WHO in the development, testing, implementation, use, improvement, updating and revision of members of the WHO-FIC	Committee of Heads of WHO-FIC Centres	Head, North American Collaborating Center (NACC), NCHS, CDC	Participate in planning for 2005 Annual meeting of Collaborating Centres in Tokyo, Japan	2005
	Planning Committee	NACC Head and URC Chair	Attended planning meeting	April 2005
		NCHS and CIHI	Participate in planning meeting/conference calls	June 2005 Sept. 2005
	WHO-FIC Implementation Committee	NCHS, CIHI	Participate in meetings and e-mail exchanges	Ongoing
			NACC Head organized consultation on Evaluation of ICD-10 implementation and updating	Feb. 2005
			Presented paper at Planning Committee meeting	April 2005
			Will present paper in Tokyo	Oct. 2005
	WHO-FIC Education Committee	NACC Head Chairs Committee. NCHS (CPHDS and DVS), CIHI and Statistics Canada participate	Held 3-day meeting in Prague. to progress work plan	May 2004
			Revised Definitions, Skill Levels and Functions document	2003
			Develop International Training and Certification Program	2004-2008
			Circulated ICD Needs Assessment Questionnaires	2004
			Develop core curricula (see below)	2003-2004
			Update inventory of ICD-10 training materials	2005
			Develop brochure (with Australian CC)	2003-2005
			Develop training strategy for ICF	
			Conduct pilot test on ICF Information Collection	2004-2005
			Participate in and document meetings of the MRG	2005

Terms	Activities	Responsible Party	Outcome	Deadline
	Mortality Reference Group	NCHS (DVS) serves as Executive Secretary, NCHS (DVS and CPHDS) and Statistics Canada participate	Report to Update and Revision Committee and Centre Heads	Ongoing
			Review and comment on all materials and participate in meetings	Ongoing
	Update and Revision Committee	CIHI provides the Chair and Secretariat to support URC.	CIHI assumed the role of Chair and Secretariat February 2005. Hosted a transition meeting among WHO, Australia and Canada. Hosted a teleconference of the Centres participating in Steering Group for Revision Trial of Specific Clinical Topics.	Ongoing Feb 2005
			Organize review of all URC topics.	
			Review and comment on all materials and participate in meetings	Ongoing
		NCHS (CPHDS and DVS), CIHI, Statistics Canada participate	Paper finalized	April 2005 and ongoing
	Family Development Committee	NCHS (DPSS) and CIHI	Full participation in project, including the submission of a full set of test data Discontinued 2004	
	-Contribute to paper on Family	NACC Head and CPHDS, CIHI		2004
	-Attend annual meeting			2004-2005
	-Subcommittee on Hospital Discharge Data	CPHDS, CIHI		
	-Terminologies Working Group			

Terms	Activities	Responsible Party	Outcome	Deadline
	Electronic Tools Committee	NCHS (CPHDS and DVS) and CIHI		Ongoing
To study aspects related to the structure, interpretation and application of members of the WHO-FIC including those concerning taxonomy, linguistics, terminology and nomenclature.	Monitor and participate in developments	NCHS, Statistics Canada and CIHI		Ongoing
	Represent DHHS on SNOMED Editorial Board	CPHDS, NCHS, CDC	Represent needs of WHO Family of International Classifications and ICD-9-CM	Ongoing
	Participate on SNOMED Convergent Terminology Work Group for Mapping	CPHDS, NCHS, CDC	Represent NCHS and DHHS	Ongoing
	Promote development of CAP and NCHS-approved crosswalk between SNOMED and ICD-9-CM and ICD-10-CM	CPHDS, NCHS, CDC with NLM and AHIMA	Work towards approved crosswalks	2005-2006
	Conduct tutorial on Understanding the ICF in the Terminology Spectrum for Human Function and Disability; videotape	CPHDS, NCHS, CDC and CIHI	Approximately 65 persons attended tutorial	June 2004
	Conduct tutorial and conference on Mapping the Clinical World to ICF	NCHS, CIHI and Mayo Clinic	Approximately 100 persons attended	June 2005

Terms	Activities	Responsible Party	Outcome	Deadline
To network with current and potential users of the WHO-FIC and act as a reference centre (e.g. clearinghouse for good practice guidelines and the resolution of problems) for information about the WHO-FIC and other health-related classifications including: • the availability, suitability and applicability of the classifications for different purposes • coding practices • availability of tools for implementation • data analysis and interpretation	Act as reference center Establish and conduct North American Clearinghouse on ICF	NCHS, Statistics Canada and CIHI CPHDS, NCHS, CDC and CIHI	 Prepare monthly messages received by over 700 subscribers	Ongoing 2005-2009
To prepare teaching materials and to organize and conduct training courses on the implementation and use of the WHO-FIC. To contribute to the development of common international training tools and Internet-based applications by preparing translations and adaptations of the tools.	Develop international training courses in ICD-10 mortality coding Develop Code ICF, a web-based training tool for ICF Identify educational needs and core curricula for WHO-FIC	DVS, NCHS, CDC CPHDS, NCHS, CDC Education Committee	Conduct international training courses Complete and turn over to WHO for coordination and maintenance Support by contracts various updates to CODE ICF, if requested by WHO Develop and “vet” documents with WHO-FIC Network and IFHRO	2006, 2008 2004-2005 2006-2009 2004 Ongoing

Terms	Activities	Responsible Party	Outcome	Deadline
To assist WHO Headquarters and the Regional Offices in the preparation of members of the WHO-FIC and other relevant materials in the English language and to act as a reference centre for that language on all matters related to the WHO-FIC		NCHS, Statistics Canada and CIHI		Ongoing
To provide support to existing and potential users of the WHO-FIC and of the data thus derived in North America and other English-speaking countries.	Respond to queries, hold training sessions and publish papers and reports Provided technical assistance to South Africa on automated cause-of death coding Made technical assistance visits to Jordan and Jamaica	NCHS, Statistics Canada and CIHI NCHS (DVS and CPHDSS) NCHS (DVS)	Held conference calls and provided support through electronic mail. Staff of Statistics South Africa report that the system is working well and is successfully processing more than 90 percent of death records. Provided recommendations to relevant officials	Ongoing 2004 2005
To work on at least one related and/or derived member of the WHO-FIC Specialty-based adaptations: -Primary care adaptations -Interventions/procedures -Injury Classification (ICECI)	Participate in meetings of Family Development Committee Contribute expertise and experience to international work on interventions classification Provide nosological support to ICECI, as needed	NACC Head CIHI, NCHS (CPHDS) NCHS (CPHDS and OAEHP), CDC	Meeting held in Helsinki, Finland Meeting held in Bangkok, Thailand Participate in discussions at annual meetings of WHO-FIC Network and FDC ICECI approved as a related member of the WHO-FIC in 2003	April 2004 April 2004 ongoing ongoing

Terms	Activities	Responsible Party	Outcome	Deadline
-Service Classification				
To participate in the Quality assurance procedures of the WHO-FIC classifications regarding norms for use, training and data collection and application rules.	Develop materials and tools, prepare papers Improve quality in mortality medical data collection (education of physicians) Advance International Training and Certification Program for ICD-10 Mortality and Morbidity Coders	NCHS, Statistics Canada and CIHI DVS, NCHS, CDC Education Committee, NCHS, Statistics Canada	Present activities and findings at annual WHO-FIC meetings Develop materials, prepare papers Presented proposed Program at IFHRO-AHIMA meeting, Develop and support Joint Work Group	ongoing ongoing 2004 2004-2009