WHO Family of International Classifications Network Meeting

Tokyo, Japan

16-22 October 2005

Executive Summary

Table of Contents

1. Opening of the Meeting 5
2. WHO Family of International Classifications 5
WHOFIC Committees 5
3. International Classification of Diseases (ICD) 6
3.a. Implementation of ICD 6
3.b. Updates to ICD 6
Update and Revision Committee (URC) 6
Mortality Reference Group (MRG) 7
Education Committee (EC) 8
Morbidity Reference Group (MbRG) 8
Work Group on Hospital Data 9
3.c. ICD Revision 9
3.d. Derived and related classifications 11
WHO ART, Drug Dictionary 11
Primary Care Classification 11
4. International Classification of Functioning, Disability and Health (ICF) 13
ICF Implementation 13
ICF Training and Education: 14
ICF Children and Youth version 14
ICF Updating 14
Establishment of Functioning and Disability Reference Group (FDRG) 14
5. International Classification of Health Interventions (ICHI) 15
6. WHO¬FIC - other Fields 17
6.a WHO¬FIC and Terminologies 17
Summary of Conclusions of the round table 19
Terminology reference group 19
SNOMED SDO 19
6.b WHO¬FIC and Case Mix Systems 20
Evaluation of current use 20
How to improve case mix groupings 20
International case-mix system 20
Role of ICD, ICF, and ICHI in DRGs 20
Role of the WHO and WHO¬FIC Network 20
6.c Recommendations regarding electronic tools 21
7. Business Plan 21
8. Work Plan 21
9. Other issues 22
9.a. The Network Structure 22
9.b. Place and Time for the Meeting 2006 22
9.c. Meeting 2007 22
9.d. Collaborating Centre and Regional Office participation 23

1. Opening of the Meeting

The WHO Family of International Classifications (WHO¬FIC) Network meeting was opened on 16 October 2005 by Professor Takeshi Hiromatsu, Dr. Reiji Murayama and Dr Bedirhan Üstün, who welcomed the delegates to Tokyo and emphasized the importance of the normative role of WHO and the function of classifications as the building blocks for sound health information systems.

The meeting was attended by 88 international participants from 7 WHO Collaborating Centres and representatives from Ministries of Health or National Statistical Bureaus of over all 16 countries. The Agenda (annex 1) and the List of participants (annex 2) are attached. Papers presented in the conference are available at the WHO web site (www.who.int/classifications/). The views expressed in these papers are those of the named authors only and do not necessarily represent WHO's or WHO¬FIC Network's views.

2. WHO Family of International Classifications

The meeting served to review all elements of the WHO Family of International Classifications and the work of the WHO¬FIC Network, including Centres themselves and various committees (Planning Committee, Implementation Committee; Education Committee; Family Development Committee; Electronic Tools Committee).The Linkages between Terminologies and Classifications; Case mix Grouping and Diagnosis Related Groupings, ICD revision process and ICF applications in multiple sectors received particular attention during the meeting.

WHOFIC Committees

Each of the committees and reference groups presented an annual report of its activities and compiled its meeting report

- Implementation Committee (WHOFIC/B.5.8), (WHOFIC/ B.5.0)
- Family Development Committee (WHOFIC/B.4.3), (WHOFIC/ B.4.0)
- Update and Revision Committee (WHOFIC/B.6.4), (WHOFIC/ B.6.0)
- Education Committee (WHOFIC/B.2.5), (WHOFIC/ B.2.0)
- Electronic Tools Committee (WHOFIC/B.3.3), (WHOFIC/B.3.0)
- Mortality Reference Group (WHOFIC/ B.6.12), (WHOFIC/ B.6.1.0)

The Planning Committee will convene 27. and 28. April 2006 in Paris for a consultation meeting.

3. International Classification of Diseases (ICD)

3.a. Implementation of ICD

The meeting elaborated on the following points:

- A **database of the levels of implementation** across the FIC should be maintained by WHO CAT and be accessible through the WHO Classifications web site. It should contain the quality (e.g. adjusted completeness of implementation) initially based on mortality data. It will serve to identify the countries whose implementation strategy has to be explored further.
- A **survey of implementation evaluation** should be conducted on selected countries as chosen from the stratification of the implementation database should the funds be available. An initial report on **barriers to and facilitators for** implementation will be compiled by the collaborating centres, the Regional Offices and WHO CAT by October 2006. The focus will be on mechanisms for implementation in the countries of the information paradox. Implementation in countries, showing good implementation though low GDP will be analyzed with the support of the Nordic CC, EURO and WHO CAT.
- To improve the ICD implementation, additional **Collaborating Centres** will be established in South Africa, Nigeria, India, Thailand and Malaysia by WHO involving Regional Offices and WHO CAT.
- The Implementation Committee, the Education Committee, PAHO and WHO CAT will establish and maintain a **Roster of Experts** by February 2006 to be available on the WHO Classifications web site.
- **ICD in a box** - The already existing training materials on ICD from Eurostat and the Brazilian centre and other countries identified with support of the Education Committee and a training tool to be set up by WHO CAT by October 2006 based on the content of Tendon will be compiled by April 2007 with the support of the Implementation Committee, the Education Committee and WHO CAT.
- The MRG will work on the improvement of the assessment of the ICD implementation for mortality by refining rules and providing assistance.

3.b. Updates to ICD

Update and Revision Committee (URC)

The URC had three working sessions. A total of 86 proposals for the updating of ICD-10 were considered. Of these, 64 were accepted, 9 were withdrawn or not supported and 7 were held over for consideration during 2006. Consensus was reached on 36 submissions prior to the meeting, 3 proposals withdrawn prior to the meeting. 3 proposals identified errata in paper version of second edition.

It was recommended that the approved changes that will be implemented in 2007 be posted on the WHO website at the beginning of 2006.

With a view on the situation for avian flu, the ICD-10 code J09 has been created and can be used immediately. It will be added in the version 2006 of ICD-10. WHO CAT will provide dissemination through WHO press.

ICD, English version shall be the master for the other language versions of ICD. Volume 1 in all language versions must match ICD-10, English version.

Indices are language specific but must direct users to the same codes as ICD-10, English version.

The addition of 3- and 4-character categories in national adaptations is strongly discouraged by WHO as possibly conflicting with future versions of the ICD-10 (international).

Variations between ICD-10 and CIM-10 identified by Canada will be forwarded to WHO and eliminated in a joint effort of Canada, the French Collaborating Centre and WHO CAT. In this context the existing translations for the second edition of ICD-10, French version, will be validated by August 2006.

The official updates to ICD-10 and date on which these updates come into effect are posted on the WHO website in January of each year. All ICD-10 users may incorporate these updates into their existing print or electronic versions.

The WHO determines the cycle for printing hard copies of all language versions. The inclusion of updates in the printed versions must be the same in all language versions and have the same nomenclature. For example, the second edition English includes all updates to 2002 plus the addition of a code for SARS. IF a second edition French is published it must match the second edition English regardless of when it becomes available.

It is decided that the existing paper based update mechanisms will be replaced by a web-based system that is under development at the WHO.

Mortality Reference Group (MRG)

The MRG met on 13-14 October 2005 in Tokyo and had 1 working session and 1 evening seminar during the Network meeting. 56 issues were discussed, decisions on 29 were made and recommendations to URC 2006 were decided.

The programming of an international tool (IRIS) for automated coding based on MICAR and ACME progresses. This collaborative work of the INSERM (France), the Socialstyrelsen (Sweden), NCHS (USA), DIMDI (German) and Statistics Hungary will be available for testing, probably by August 2006.

However, automated coding requires an infrastructure that may not be available in all countries. In response to this, a tool for manual coding will be developed with the support of the MRG, that would follow the ACME algorithm and make use of the ACME decision tables.

The MRG issues related to quality include high level issues such as WHO database evaluations on data quality measures in general and apparent classification problems with neonatal data. The MRG is also looking at definitions for terms used throughout the ICD (e.g., abortion) that are not defined anywhere and concepts that are difficult to apply (e.g., indirect obstetric causes). For maternal deaths, the codes limit the information captured from the death certificate. The MRG has participated with the review of Chapter XX. The MRG and members of the International Collaborative Effort on Injury reported problems and concerns about Chapter XX to the group working on Chapter XX. In addition, MRG members from WHO-HQ provided tables showing the variation in international use of this part of the classification.

Education Committee (EC)

The Education Committee held three working sessions, one jointly with the Implementation Committee regarding ICF Tasks. The Committee had organized an Orientation session for new attendees, developed a dynamic list of abbreviations and acronyms and frequently asked questions for the WHO¬FIC website and is developing brochures on the Network's activities.

The Committee reported significant progress on developing the International Training and Certification Program for ICD-10 Mortality and Morbidity coders. The Joint Committee with the International Federation of Health Records Organizations (IFHRO) was established and held five teleconferences and an in-person meeting since the 2004 Network meeting. The Joint Committee had circulated a call for ICD-10 training materials, which are undergoing a qualitative review in reference to the Core Curricula developed by the Education Committee and IFHRO. Approved training materials will be included in modular training packages. Processes for certifying existing coders for underlying cause of death and recognizing approved ICD-10 trainers are under development. New coders will be expected to successfully complete training in the core curricula using approved materials delivered by approved trainers. An Infrastructure Workgroup was established during the meeting to further define the business processes, identify aspects that require funding, identify potential sources of funds and develop funding proposals.

Morbidity Reference Group (MbRG)

It was decided to establish a Morbidity Reference Group with the Nordic and Australian Centres as ad hoc co-chairs (Olafr Steinum, Richard Madden). The MbRG should develop terms of reference early in 2006 and hold an initial meeting immediately prior to the 2006 Network meeting.

Work Group on Hospital Data

The aim of the workgroup, led by Prof Björn Smedby, has been to further test the data collection process and the shortlists of hospital diagnoses and surgical procedures proposed by the European Union Hospital Data Project (HDP). The second phase of the HDP project (HDP-2) is expected to commence in 2005, with the Netherlands (Prismant) as coordinating country.

Partly through efforts from the working group several major producers of hospital discharge statistics have now agreed to use the HDP shortlist for diagnoses (presently known as the EUROSTAT-OECD-WHO hospital morbidity shortlist) with only minor agreed modifications.

The Network recommended the list to be adopted by WHO as a shortlist for tabulation with the title International Shortlist for Hospital Morbidity Tabulation (ISHMT) to be published on the WHO website.

The work group should continue its work as part of the new Morbidity Reference Group with its focus on an interventions shortlist.

3.c. ICD Revision

WHO has presented the structure for the revision process for the creation of ICD-11. The ICD update and revision processes will proceed in a continuous manner supporting each other. URC will be the overall oversight mechanism to oversee the coordination of work in different chapters. The revision work will be provided by 3 main streams:

Scientific Stream
It will include evidence based reviews, surveys, validation studies, add-on protocols for existing studies and meta analyses.

Clinical Stream
It will ensure clinical utility, linkage to patient reports and to treatment response and deal with phenotypes (gene to behaviour specs).

Public Health Stream
It will assess the impact on health systems; service delivery, resource management, reimbursement, accounting, information technology applications and the interactions with terminology.

Five pilot areas were presented by collaborating centres and WHO CAT as revision areas:

Cystic Fibrosis (North America),

Diabetes (Australia)

Lymphomas (Germany)

External Causes (Nordic Centre).

Mental Health (CAT)

For each, initial consultation results and proposed activities and suggestions together with some mechanisms to gather evidence were presented. The next step will be the generalization of the proposals by the centres in charge, the results to be reported at the Network Meeting 2006.

The US NACC convened international experts to discuss issues surrounding the classification of cystic fibrosis and next steps forward. Several recommendations were presented during the WHO¬FIC meeting. Areas of non-consensus will be revisited on subsequent meetings planned for the coming year.

The ACC had a national consultation meeting preceding the Tokyo meeting and a proposal for updating diabetes mellitus was presented.

DIMDI prepared a proposal for the haematological neoplasms with national experts in reimbursement, Oncology and Pathology and with WHO. The proposal is under examination at IARC.

Specifically in the area of external causes: cooperation with WHO and CCs is sought. In a first meeting organised by the Nordic Centre the extent of the work, its implication for the other chapters of ICD and the need for cooperation with the ICECI as well as with experts in the field of pharmaco-vigilance, substance safety and patient safety were identified.

In the area of Mental Health (WHO CAT) the work has started together with support of the World Psychiatric Association and the International Union of Psychological Sciences. Another meeting for collaboration for the harmonization of the revisions of ICD and the DSM is going to take place.

WHO CAT and Planning Committee will further discuss the revision activities to generalize the work plan and initiate the streams of work.

3.d. Derived and related classifications

WHO ART, Drug Dictionary

The Uppsala Drug monitoring centre has agreed to participate in the activities of the WHO¬FIC¬Network and Network meetings. The relationship between the WHO ART and the Drug Dictionary and the FIC should be fostered.

Primary Care Classification

Further work within the WHO/WICC group was reviewed in terms of alignment between WHO¬FIC reference classifications (ICD, ICF, and ICHI) and the WONCA International Classification of Primary Care (ICPC) which is under revision. Anders Grimsmo (WICC) outlined the plans for the revision of ICPC and the areas of work to make the ICPC and WHO¬FIC classifications compatible, and WHO¬FIC nominees to specific working groups were agreed. The Dutch Collaborating Centre reported on the task of the alignment between ICF and ICPC. The detailed representation of functioning limitations in the ICPC more than the current generic representation to *.28 code is essential. It was agreed that ICD-11 and ICPC should align as closely as possible in relation to primary care.

4. International Classification of Functioning, Disability and Health (ICF)

ICF Implementation

With regards to the four strategic directions for ICF implementation the meeting:

- Endorsed the application of ICF in Health and Disability statistics and had a special discussion on the use of ICF by the Washington Group (WG) on Disability Statistics. The Chair of the Washington Group informed the meeting on progress on developing sets of questions for the 2010 round of censuses (short set) and surveys (extended set) The importance of this work was agreed, and the use of ICF as the framework for the work was welcomed. Some concerns about the application of the ICF were discussed. The agreement to use the term “short set” in place of “general measure” would be a positive step. A consensus statement regarding the use of ICF as the official framework for measuring health and disability in the general population across member states was developed and will be disseminated to the Washington Group and the other related groups and initiatives in health statistics.
- Took note of a number of ongoing ICF applications in various countries, including Japan, Mexico, Australia, Measurement of Health and Disability in Europe and shared experience on the use of ICF as health outcome measure, in administrative and clinical information systems and in social policy. Activities are planned for demonstration projects on ICF applications for strategic areas.
- Discussed and recommended the next steps for operationalization of the ICF for measurement, namely the use of generic ICF qualifiers and further development of generic ICF based assessment instruments as well as cross-walking assessment instruments in the ICF framework. ICF Core Sets projects (German Collaborating Centre) should be reminded to focus on generic core set.
- Elaborated and recommended how to collaborate closer in the above area by adopting the following: develop and promote information sharing on best practice; conduct jointly demonstration projects, joint development of training and application tools, standard development.

In support of ICF implementation the meeting

- Discussed and recommended an ICF knowledge network for sharing information on ICF implementation, uses, educational materials and efforts. The final version of the information sharing framework will be hosted on the WHO¬FIC website with linkages to a mirror website in each of the Collaborating Centres.

ICF Training and Education:

The meeting:

- Welcomed the progress in the development of various national training tools (APA Clinical Guide). WHO CAT will follow up on internationalizing the material.
- Recommended that educational strategies should be aligned with the implementation strategies for ICF. The main focus of educational work should be on increasing awareness, but training for specific applications (e.g., clinical, surveys) also should be encouraged.
- Took note of the successful ICF Thailand Workshop conducted by the Network in May 2005 as a possible model for international ICF training

ICF Children and Youth version

- After completion of the field testing by the ICF-CY working group, WHO CAT has started the review process which will involve the WHO¬FIC CCs and selected experts in areas of major changes. Subject to the result of the review process of ICF-CY the classification is recommended to be accepted as a WHO¬FIC derived classification.

ICF Updating

- The need for a common ICF update mechanism was emphasised. The meeting recommended adapting the WHO¬FIC update software platform for ICF. The platform will be hosted on the WHO¬FIC website. All ICF update-related information generated from implementation projects should be collected through this common mechanism.

Establishment of Functioning and Disability Reference Group (FDRG)

The meeting recommended the establishment of a Functioning and Disability Reference Group (FDRG). ToR shall be developed by the group by the 2006 meeting. The group's purpose includes to promote the use and improve international comparability of functioning and disability data by establishing standardised application of the ICF, make suggestions on the coding guidelines, linkages to the assessment strategies and creating a unifying strategy for common applications. The FDRG should include members of the WHO¬FIC centres, Regional offices, the secretariat and have a wide representation in terms of expertise and geography. Ros Madden (Australia) was named ad hoc chair to establish the Group as quickly as possible.

5. International Classification of Health Interventions (ICHI)

WHO CAT has arranged for extended field tests of ICHI with supporting questionnaires. The meeting took note of the current status of the beta field testing. More than 250 individuals have expressed interest to participate. They come from some 69 countries. Their geographical distribution, however, is uneven. There is a need to mobilise support in Member States to ensure that ICHI meets the needs of the health authorities. The meeting expressed satisfaction with the progress made towards a possible adoption of ICHI as a member of the Family of international classifications.

Translations of ICHI into French and Spanish are being finalized. This will provide WHO with the language versions required for communication with countries through official channels. Resources are actively being sought to enable preparation of other language versions.

In parallel, content, scope and nature of ICHI have been scrutinized using various methods, in order to assess the intrinsic value and internal consistency of the classification. It was recognized that efforts in that direction should usefully inform the development of the methodology to be applied to other classifications, especially the 11th revision of ICD. That would also strengthen the role of classifications as building blocks of health information systems as they could benefit, through proper conceptual mappings, from clinical reporting systems such as the EHR, which in turn require standardized terminologies. In line with the recommendations of the Electronic Tools Committee, consideration should also be given to ensuring that any further work on ICHI be based on the XML (enhanced from ClaML standard) underlying structure. This would also facilitate operations on the multilingual development.

The 2004 expectation that a number of countries might want to validate the ICHI by comparing it with their own national more extensive classification met only limited support, particularly due to the important overhead this action is perceived to imply. In consequence a group , led by the German and French Centres was established to investigate the desirable updates to the ICHI based on other classifications as the CCAM.

6. WHO¬FIC - other Fields

6.a WHO¬FIC and Terminologies

This session reviewed the state-of- the art in terms of linking the WHO¬FIC to terminology systems with a view to use them in applications such as in electronic health records or decision support systems among others. Ontology-based terminologies are now being developed to formally capture the health information required in health care and health management settings. These tools provide further detailed information with finer granularity than classifications and try to capture individual concepts including signs, symptoms, findings and other entities which are captured at a higher level of abstraction in classifications.

Thanks to the developments in informatics today it is possible to link classifications and terminologies to formalize the representation of knowledge in classifications. The linking of classifications and terminologies is essential to enable IT infrastructure for electronic health records. The linking can be done in various ways including simple tables of correspondence or indexing, and further improved ways of knowledge representation such as in terms of essential features of diseases or decision making rules used in practice.

This session explored the use of terminologies in service of better health information systems in particular linking or mapping them to the WHO¬FIC. Basic questions addressed were:

How do current applications terminologies (e.g. SNOMED or GALEN) map to :

1.1. ICD

1.2. ICF

1.3. ICHI

How best we can create useful and meaningful linking strategies that will enable better knowledge representation?

tables of correspondence: e.g. One or more ICD category to the corresponding or related eventually more granular terms of the Terminology

Indexing/ mapping

other ways of knowledge representation (e.g. disease characteristics, decision making algorithms)

Is there a vision to have a common international ontology of health care terms? In other words does a common level of objects exist beyond and above linguistic differences that could be coded as common international denominator? How could one deal with nuances in different languages?

Role of the WHO and WHO¬FIC¬Network in developing linkages between WHO¬FIC and terminologies?

developing ICD revision using terminologies

creating mapping according to the knowledge representation

incorporating ontologies to the Health Information System standards

Invited experts on terminologies included Prof. Jean-Marie Rodrigues, University of Saint-Etienne, Dr Christian Galinski, Director, Infoterm, International Information Centre for Terminology, Vienna, and Prof. Kent Spackman, University of Oregon. The objective was to seek the views of experts external to the current network with regard to links between classifications and clinical terminologies and the underlying considerations to be taken into account.

Starting from the concrete examples of mappings of existing terminology systems to ICD, ICF and ICHI, the experts emphasized the very different nature of the classifications and terminologies. It would be dangerous if mapping were to be made on the basis of superficial characteristics of the artefacts at play. The theory of terminology, confirmed by observations from pilot tests, indicates that it is rather the encapsulated knowledge that could be captured for mapping purposes. Only then can it be ascertained that the concepts are captured uniquely and specifically. This would also provide a stable, language-independent basis for implementation in other languages than English with increased compatibility. The magnitude of the task calls for a formal representation of such knowledge that would allow efficient and reliable machine processing. The experts noted that formal representations are intended for machine-machine communication and that they are not meant for direct use by humans. Information derived from their use, however, proved useful in the pilot testing phase and this line of work should be pursued and expanded.

Knowledge available from medical textbooks, as well as from diagnostic and clinical guidelines should also be tapped. Such vast enlargement of the scope of work, however, is only possible in a highly distributed work environment.. A top-down coordination mechanism, including relevant business rules, should be entrusted to an authoritative body. Work could then be implemented in a bottom-up manner by participating institutions, individual contributions feeding into federated repositories of manageable size. Open source tools should be used for that purpose, in order to ensure total transparency of transactions and the portability of operating systems on a variety of platforms without loss of stability and conformity.

In the view of the experts, the emerging situation creates a need for WHO to assert a leadership role as conformance and interoperability assessment authority on international health information standards. Relationship with other international standards development institutions, such as ISO and CEN, have long been established, but they should however be strengthened in order to meet the new requirement, supported by an appropriate institutional framework.

The meeting recognized the central role clinical terminologies are to play in the interoperability of systems. Classifications and clinical terminologies will need to be considered simultaneously for future development.

Summary of Conclusions of the round table

- WHO to take lead role to disseminate and organize health information standards, take a proactive stance for charting the universe of health information standards and establish mechanism of involving member states, multiple stakeholders and use mechanisms established by ISO, CEN and others.
- Distinct utility of Terminologies and Classifications: Classifications and terminologies are not alternatives but complementary to each other and should be used in conjunction with appropriate linkages (also known as mappings) based on existing scientific knowledge.
- Mapping -Linkages between Terminologies and Classifications- The experts agreed that it is possible to link terminologies to knowledge resources (diagnostic descriptions and guidelines) as in the case with other applications in standards in e-business. This will be a better knowledge representation style, however, it may increase the load of the relations.
- Multilingual aspects - The work should focus on creating one (language independent) terminology, then deal with different languages.
- Access by Developing countries - by using open source software, WHO to organize dissemination rules

Terminology reference group

Collaborating Centres will be asked to nominate experts to serve on a terminology reference group. The heads of the German and Nordic Centre will work with WHO CAT to establish this group. This group will liase with the WHO Terminology Network and establish linkages between WHO Classifications and the Terminology work.

SNOMED SDO

A consensus statement of the WHO¬FIC¬Network was drafted regarding the mportance of the proposed SNOMED Standards Development Organization (SSDO), while emphasizing the lead role WHO and the WHO¬FIC¬Network should play in ensuring that the best interests of all Member States are taken into account, in particular with respect to the necessary open source characteristics of any future system to be considered for use as international public good at global level. This statement will be shared by collaborating centres with their respective government and related agencies as a guide to negotiations with the SSDO (annex 4)

WHO and relevant centre heads will attend SDO discussions during November 2005, and the Planning Committee will discuss next steps in light of those meetings.

6.b WHO¬FIC and Case Mix Systems

A round table discussion of international case mix experts elaborated on the current use and prospects of patient classification systems and discussed the vision of an international case mix groupings and the role of WHO and the WHO¬FIC Network. The discussion key issues and recommendations made

Evaluation of current use: Case-mix groupings or Patient Classification Systems (PCS) can be useful for several different goals as measuring efficiency, resource allocation, and risk assessment. The design of the grouping is important - on condition that the PCS has been designed for this purpose. The same applies to the possible usage of PCS in different settings as in-patient, out-patient and primary care.

How to improve case mix groupings: Improving the quality of data and the predictive value of DRGs are essential. Well developed coding rules, and clear purpose such as comparability of resources and costing methodology are needed.

International case-mix system: The utility of international DRGs was discussed as a key input for benchmarking of service performance. Data comparability is also demanded by purchasers and providers as well as insurance companies in order to respond to have global coverage. At present comparability is impacted by different use and different national adaptations of ICD and the lack of a common international classification of diseases ready for morbidity applications.

Role of ICD, ICF, and ICHI in DRGs: ICD was a successful input of the DRGs. Input of ICF was at research stage and has proven useful in increasing the predictive value for utilization, length of stay, costs and outcomes. Procedures have proved very useful in grouping algorithms however there is a missing standard regarding interventions - ICHI promises to fill in this niche.

Role of the WHO and WHO¬FIC Network: To achieve and ensure international comparability. WHO should form a morbidity reference group that will work on inputs for creating international case mix groupings including an international classification of health interventions.

6.c Recommendations regarding electronic tools

- The XML Schema based on ClaML developed by the Electronic Tools Committee should be adopted as the standard for the exchange of WHO¬FIC classifications as of this meeting.
- WHO¬FIC centres that use their own classification maintenance systems are encouraged to add functionality for the import and export of classifications according to this XML Schema.
- WHO and DIMDI should share the development costs for the maintenance and development tool for WHO¬FIC classifications and make it available to the WHO¬FIC centres for free.
- WHO¬FIC centres not using their own classification maintenance tools should not start the development of their own maintenance tool without having explored the recommended tool for WHO¬FIC classifications.

7. Business Plan

The update on Business plan was presented by WHO which is a joint vision document on the overall actions of the WHO¬FIC Network. There will be a meeting of annual evaluation in May 2006 involving the planning committee members and external advisors.

8. Work Plan

The Strategy and Work Plan were presented in the plenary and updated with new tasks, agents and deadlines (annex 3).

9. Other issues

9.a. The Network Structure

In addition to the five committees on:

- Family Development
- Implementation
- Education
- Update and Revision
- Electronic Tools

Cross-cutting work areas were examined in detail. In addition to the successful example of the Mortality Reference Group, similar structures were proposed that cut across different committee structures.

Accordingly, as noted earlier in this report, four reference groups were agreed to:

- Mortality Reference Group
- Morbidity Reference Group
- Functioning and Disability Reference Group
- Terminology Reference Group

The existing committee structure reflects the sectors of work in the FIC and form a vertical structure, working groups for specific topics as mentioned above would be horizontal structures across the fields covered by the committees. It was agreed that it was important to attract people to these groups whom were not already part of the Network, and co-chairing arrangements were put in place to facilitate this.

9.b. Place and Time for the Meeting 2006

On behalf of the French Collaborating Centre and the Eastern Mediterranean Regional Office (EMRO) and Tunisian WR WHO/CAT informed the meeting that Tunisia agreed to host the next meeting of the WHO¬FIC¬Network from 29 October - 4 November 2006.

[Following the meeting in Tokyo the date for the Annual WHO¬FIC¬Network Meeting has been shifted to October 29th - November 4th in order to prevent any overlap with the festivities of the end of Ramadan in the week scheduled originally.]

9.c. Meeting 2007

Upon the proposal of the Italian Collaborating Centre under designation, the WHOFIC Network Meeting 2007 will be scheduled to be held in Italy in October

9.d. Collaborating Centre and Regional Office participation

Members of the Network noted with regret that of the six WHO Regional Offices, only 3 (EURO, SEARO and AMRO/PAHO) had been able to attend the meeting. In addition, the Chinese, Russian and Spanish language centres and representatives of the former UK CC had been unable to send representatives. Members also urged continuing efforts to finalise the arrangements for proposed additional centres with the widest possible geographic coverage.

The WHO secretariat undertook to investigate more flexible solutions, both short and long-term, to enable these delegates to attend the annual Network meetings, including the removal of possible financial obstacles.

WHO-FIC NETWORK MEETING

Tokyo, Japan
16-22 October 2005

List of participants

NOTE: The @ character in the email address has been replaced by the # character to prevent SPAM

1. WHO Collaborating Centres

Australia

Dr Richard Madden

Director
Australian Institute of Health and Welfare
PO Box 570
2601 Canberra
Australia
Tel: +61 2 62441101
richard.madden#aihw.gov.au

Mrs Ros Madden

Australian Institute of Health and Welfare
PO Box 570
2601 Canberra
Australia
Tel: +61 2 62441189
ros.madden#aihw.gov.au

Mrs Kerry Innes

National Centre for Classification in Health
University of Sydney, Faculty of Health Sciences
P.O. Box 170, 1825
Sydney
Australia
Tel: +61 2 9351 9461
K.Innes#fhs.usyd.edu.au

Mrs Sue Walker
Associate Director
National Centre for Classification in Health
University of Sydney, Faculty of Health Sciences
P.O. Box 170
1825, Sydney
Australia
Tel: 61 7 3864 5873
s.walker#qut.edu.au

Ms Julie Rust

Ms Catherine Sykes
Australian Institute of Health & Welfare
6 PO Box S70
2601 Canberra
Australia
Tel: +61 2 62441129
catherine.sykes#aihw.gov.au

Dr Ching Choi
Australian Institute of Health and Welfare
PO Box 570
2601 Canberra
Australia
Ching.choi#aihw.gov.au

Brazil

Dr Maria de Fatima Marinho Souza
Coordinator, Epidemiologists Studies
Health Ministry
Esplanada dos Ministerios Bloco G sala 150, Distrito Federal
70058900 Brasilia
Tel: +0055 61 33153191
mfmsouza#usp.br

Mrs Cassia Maria Buchalla
WHO Collaborating Center for the FIC in Portuguese
Av. Dr. Arnaldo 715 room 40
01246-904 Sao Paulo
Brazil
Tel: +551130667747
cmbuchal#usp.br

Mrs Maria Tereza Cravo Almeida
WHO Collaborating Center for the FIC in Portuguese
Av. Dr. Arnaldo 715 room 40
01246-904 Sao Paulo
Brazil
Tel: +551130667747

France

Mr Eric Jougla
WHO Collaborating Center for FIC in French
Directeur du CépiDc - Inserm
44 Chemin de ronde
78116 Le Vesinet Cedex
France
tel +33 1 34 80 24 30
fax +33 1 34 80 24 29
jougla#vesinet.inserm.fr

Mr Gérard Pavillon
Head WHO-FIC Collaborating Centre France
Institut National de la Santé et de la Recherche Médicale
44 Chemin de ronde
78116 Le Vésinet Cedex
France
Tel: +33134802462
pavillon#vesinet.inserm.fr

Dr Marion Mendelsohn
WHO Collaborating Center for FIC in French
Chef du service Référentiels et prospective
ATIH
65 bd Vivier Merle
69482 Lyon cedex 03
France
tel +33 (0)4 37 69 71 22
fax +33 (0)4 37 69 71 21
marion.mendelsohn#atih.sante.fr

Dr Marc Maudinet
Co-directeur du WHO Collaborating Center for FIC in French
Directeur du CTNERHI
236 bis rue de Tolbiac
75013 Paris
France
tel +33 (0)1 45 65 59 13
fax +33 (0)1 45 65 44 94
m.maudinet#ctnerhi.com.fr

Ms Marie Cuenot
WHO Collaborating Center for FIC in French
Chargé de recherche - CTNERHI
236 bis rue de Tolbiac
75013 Paris
France
France
Tel 33 1 45 65 59 00
Fax 33 (0)1 45 65 44 94
m.cuenot#ctnerhi.com.fr

Germany

Dr Michael Schopen
Head
German WHO-FIC Collaborating Centre, DIMDI
Waisenhausgasse 36-38A
50676 Cologne
Germany
Tel: +49 221 4724 325
schopen#dimdi.de

Dr Stefanie Weber
German Collaborating Centre, DIMDI
Waisenhaus Gasse 36-38a
50676 Cologne
Germany
Tel: +492214724485
weber#dimdi.de

Dr Ulrich Vogel
German WHO-FIC Collaborating Centre, DIMDI
Waisenhausgasse 36-38A
50676 Cologne
Germany
Tel: +49 221 4724 325
vogel#dimdi.de

Dr Albrecht Zaiß
Institute of Medical Biometry and Medical Informatics
Dept. of Medical Informatics
79104 Freiburg
Germany
Tel: +49 (0) 761 203 6707; Fax: +49 (0) 761 203 6711
zaiss#mi.ukl.uni-freiburg.de

Netherlands

Dr Marijke W de Kleijn-de Vrankrijker
Centre Head
WHO-FIC Centre in the Netherlands
c/o PO Box 2215
NL-2301 CE Leiden
TheNetherlands
Tel:
mw.dekleijn#pg.tno.nl

Dr Huib ten Napel
Deputy Head
WHO-FIC Collaborating Centre in the Netherlands
Dr Duchateaustraat 87
NL-5571 DB Bergeijk
The Netherlands
Tel:
tl355655#tiscali.nl

Dr Willem Hirs
Senior advisor
WHO Collaborating Centre on the Family of International Classifications in the Netherlands
RIVM
Tel: +0031 302742039
willem.hirs#rivm.nl

Nordic Centre

Dr Martti Virtanen
Head of Centre
Nordic Centre for Classifications in Health Care
WHO-FIC Collaborating Centre in the Nordic Countries
Department of Public Health and Caring Sciences, Uppsala Science Park
SE-75185 Uppsala, Sweden.
Phone: +35 850 667 28 / +46 18 611 3580
martti.virtanen#nordclass.uu.se

Ms Kristina Bränd Persson

Assistant Head of Centre
Nordic Centre for Classifications in Health Care
WHO-FIC Collaborating Centre in the Nordic Countries
Department of Public Health and Caring Sciences, Uppsala Science Park
SE-75185 Uppsala, Sweden.
Phone: +46 18 611 3591 / +46 18 542656
kristina.brand.persson#nordclass.uu.se

Mr Lars Age Johansson

Expert adviser
Nordic Centre for Classifications in Health Care
WHO-FIC Collaborating Centre in the Nordic Countries
Department of Public Health and Caring Sciences, Uppsala Science Park
SE-75185 Uppsala, Sweden.
Phone: +46 73 386 85 30
lars.age#bredband.net

Mr Olafr Steinum

Expert Adviser
Nordic Centre for Classifications in Health Care
WHO-FIC Collaborating Centre in the Nordic Countries
Jordfall 420
SE-45197 Uddevalla, Sweden
Phone: +46 522 650 172
olafr#swipnet.se

Dr Björn Smedby

Expert Adviser
Nordic Centre for Classifications in Health Care
WHO-FIC Collaborating Centre in the Nordic Countries
Department of Public Health and Caring Sciences, Uppsala Science Park
SE-75185 Uppsala, Sweden.
Phone: +46 18 54 26 56
bjorn.smedby#nordclass.uu.se

Dr Glen Thorsen

Expert Adviser
Norwegian Centre for Health Informatics (KITH) & Nordic WHO-FIC CC
Sukkerhuset
NO-7489 Trondheim, Norway
Phone: +4773598600
glen.thorsen#kith.no

North America

Mrs Marjorie S Greenberg
Head
WHO-FIC CC for North America
National Centre for Health Statistics, Centre for Disease Control and Prevention
3311 Toledo Road Room 2413
20782 Hyattsville, MD
USA
Tel: +1 301 458 4245
msg1#cdc.gov

Mrs Margaret A. Skurka
Director, Dept. of Health Info. Management
WHO-FIC Joint Committee
Indiana University Northwest 46408
3400 Broadway, Indiana
USA
Tel: +001 219 980 6654
mskurk#iun.edu

Mrs Donna L. Hoyert
Health Scientist
National Centre for Health Statistics, Centre for Disease Control and Prevention
Mortality Statistics Branch
3311 Toledo Road, Rm 7318
20782 Hyattsville MD
USA
Tel: +1 301 458 4279
dlh7#cdc.gov

Ms Mea Renahan
Manager Classifications Standards
Canada Institute for Healt Information
90 Eglinton Avenue East, Suite 300
ON M4P 2Y3 Toronto
Canada
Tel: +1 416 181 1616
mrenahan#cihi.ca

Mrs Donnamaria Pickett

Medical Systems Administrator
National Centre for Health Statistics, Centre for Disease Control and Prevention
DHHS
3311 Toledo Road, Rm 2337
20782 Hyattsville MD
USA
Tel: +1 301 458 4434
dfp4#cdc.gov

Mrs Jennifer Madans

Associate Director for Science
National Center for Health Statistics
331 Toledo Road, Room 7207
Hyattsville, MD 20782
Tel: +1 301 458 4500
Fax: +1 301 458 4020
JMadans#cdc.gov

Mrs Diane DuVernet Caulfeild

Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ontario K2A 4H6
Canada
Tel: +1 613 694 7055
dcaulfeild#cihi.ca

Mrs Lori Jean Moskal

Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ontario K2A 4H6
Canada
Tel: +1 613 694 7015
lmoskal#cihi.ca

Dr Lynn Bufka

Director, Professional Development
American Psychological Association
750 First Street, NE
DC 20002 Washington
USA
Tel: +12023365869
lbufka#apa.org

Mr Rune Simeonsson
FPG Child Development Institute
Sheryl Mar Bldg. Rm 253
521 S.Greensboro St
27599 Chapel Hill
USA
Tel:
simeonsr#mail.fpg.unc.edu

Russian Federation

Dr Eugeny A. Tishuk
National Research Institute for Public Health
Ul. Vorontsovo d.12/1
105064 Moscow
Russian Federation
Tel: +7 095 917 49 03
Fax: +7 095 916 03 98
tishuk#niph.ru

2. WHO-FIC Collaborating Centres under designation process

Thailand

Dr Pornarong Chotiwan
Chulalongkorn University, Faculty of Medicine
Department of Social and Preventative Medicine
Bangkok, 10330
Thailand
Tel: +662 256 4000 Ext. 355
fmedpct#md2.md.chula.ac.th

3. Observers, NGO's and other Centres

IFHRO/AHIMA

Mrs Kathy Giannangelo
Practice Leadership
233 N Michigan Avenue, Suite 2150
60601
USA
Tel: +1 312 233 1520
kathy.giannangelo#ahima.org

International Information Centre for terminology (Infoterm)

Mr Christian Galinski
Aichholzgasse 6/12
A-1120 Vienna
Austria
Tel.: +43-1-817 4488
Fax: +43-1-817 4488-44
infopoint#infoterm.org
http://linux.infoterm.org

Drug Monitoring Centre

Dr Ralph Edwards
Director
Uppsala Monitoring Centre
Stora Torget 3
S-75320 Uppsala
Sweden
Tel: +46 18 65 60 60
Fax +46 18 65 60 80
ralph.edwards#who-umc.org

Dr Marie Lindquist
Deputy Director
General Manager,
Science & Technology Division
Uppsala Monitoring Centre
WHO Collaborating Centre for International Drug Monitoring
tel. +46 18 65 60 60
fax +46 18 65 60 88
marie.lindquist#who-umc.org

WONCA

Dr Anders Grimsmo
The Norwegian University of Science and Technology (NTNU)/Wonca International Classification
Medsinsk Teknisk Forskningssenter
Department of Community Health and General Practice
Norway
Tel: +47 9092 4691
anders.grimsmo#ntnu.no

4. Round Table Participants

Dr Deniza Mazewska

Manager, Casemix Policy, Funding and Policy Branch, NSW Health Department
Funding & Systems Policy Branch
NSW Health
73 Miller Street
North Sydney NSW 2060
Australia
dmaze#doh.health.nsw.gov.au

Prof. Dr. Syed Mohamed Al Junid

Head of Department of Community Health, Faculty of Medicine
Universiti Kebangsaan Malaysia
Jalan Yaacob Latiff
56000 Cheras
Kuala Lumpur
Malaysia
Tel.: 603-91733333,
smohamed#mail.hukm.ukm.my
Web site: http://www.mctc.org.my

Dr Lee Chien Earn

Director of the Health regulation Division, Ministry of Health Singapore
College of Medicine Building
16 College Road
Singapore 169854
Singapore

Dr Kent Spackman

Oregon Health Sciences University, Mail Code: BICC
3181 SW Sam Jackson Park Rd.
Portland, OR 97239
USA
(voice) 503-494-6161
(fax) 503-494-4551
spackman#ohsu.edu

Prof Jean-Marie Rodrigues

Dept. of public health and medical informatics
University of Saint Etienne
42055 Saint-Etienne Cedex 2
France
Tel: + 33 4 77 12 79 74
rodrigues#univ-st-etienne.fr

Prof Dr Shinya Matsuda

Department of Medicine and Community Health, School of Medicine, University of Occupational and Environmental Health
807-8555 Kitakyushu, Fukuoka
1-1, Iseigaoka, Yahata-nishi-ku,
Japan
smatsuda#med.uoeh-u.ac.jp

Marc Berlinguet, M.D.

International Medical Director, I.B.U.
3M Health Information Systems
3919 National Dr., Suite 400
Burtonsville MD 20866 USA
Home Office:(1)514-235-6629
Fax: (1) 301-476-7001
mberlinguet#mmm.com

5. Host Centre

Dr. Takeshi Hiromatsu

Chairman, Statistics Commitee of Social Security Council
Professor , Graduate School of Arts and Science, Tokyo University
Tel: +81 3 5454 6471
hirom#waka.c.u-tokyo.ac.jp

Mr. Reiji Murayama

Director, Vital and Health Statistics Division, Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare
1-2-2, Kasumigaseki, Chiyoda-ku
Tokyo 100-8916
Japan
Tel: +81 3 3595 2812
murayama-reiji#mhlw.go.jp

Dr. Kenji Shuto

Director, ICD Office, Vital and Health Statistics Division, Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare
1-2-2, Kasumigaseki, Chiyoda-ku
Tokyo 100-8916
Japan
Tel: +81 3 5253 1111 (EXT.7492)
shuto-kenji#mhlw.go.jp

Dr. Tadahiro Otsu

Deputy Director, Vital and Health Statistics Division, Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare
1-2-2, Kasumigaseki, Chiyoda-ku
Tokyo 100-8916
Japan
Tel: +81 3 5253 1111 (EXT.7471)
ootsu-tadahiro#mhlw.go.jp

Ms. Yoko Kanegae

Senior Officer for Statistics, Planning and Coordination on Statistics Office, (ICD Office-concurrently),Policy Planning Division, Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare
1-2-2, Kasumigaseki, Chiyoda-ku
Tokyo 100-8916
Japan
Tel: +81 3 3595 2678
kanegae-yoko#mhlw.go.jp

Ms. Emiko Oikawa

Chief of ICD, ICD Office, Vital and Health Statistics Division, Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare
1-2-2, Kasumigaseki, Chiyoda-ku
Tokyo 100-8916
Japan
Tel: +81 3 5253 1111 (EXT.7493)
oikawa-emiko#mhlw.go.jp

Dr. Kaoruko Kitamura

Deputy Director, Health Statistics Office, Vital and Health Statistics Division, Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare
1-2-2, Kasumigaseki, Chiyoda-ku
Tokyo 100-8916
Japan
Tel: +81 3 5253 1111 (EXT.7513)
kitamura-kaoruko#mhlw.go.jp

Ms. Kazuko Takemura

Deputy Director, Vital and Health Statistics Division, Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare
1-2-2, Kasumigaseki, Chiyoda-ku
Tokyo 100-8916
Japan
Tel: +81 3 5253 1111 (EXT. 7480)
takemura-kazuko#mhlw.go.jp

Ms. Reiko Matsumura

Officer for coaching of standard for cause of death classification, Vital and Health Statistics Division, Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare
1-2-2, Kasumigaseki, Chiyoda-ku
Tokyo 100-8916
Japan
Tel: +81 3 5253 1111 (EXT. 7484)
matsumura-reiko#mhlw.go.jp

Dr. Mika Watari

Chief, Second Section of Statistics for Medical Care in Public Health Insurance, Social Statistics Division, Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare
1-2-2, Kasumigaseki, Chiyoda-ku
Tokyo 100-8916
Japan
Tel: +81 3 5253 1111 (EXT. 7484)
watari-mika#mhlw.go.jp

Ms.Yukiko Yokobori

Head of Distant Training Division, Japan Hospital Association
13-3 Ichibancho, Chiyoda-ku, Tokyo 102-8414
Tel: +81 3 3265 1281
yokobori#jha-e.com

Dr. Toshimasa Maruta

Associate Professor, Department of Psychiatry, Tokyo Medical University
6-7-1 Nishi-Shinjuku, Shinjuku-ku
Tokyo 160-0023
Japan
Tel: +81 3 3342 6111
t-maruta#bd5.so-net.ne.jp

Dr. Hiroshi Nishimoto

Otsu Red-Cross Hospital
1-1-35 Nagara, Otsu-shi
Shiga 520-0046
Japan
Tel: +81 77 522 4131
nash#mxr.mesh.ne.jp

Dr. Kentaro Sugano

Professor, Department of Medicine, Jichi Medical School
3311-1 Oaza-Yakusiji, Mimamikawachi-cho,Kawachi-gun
Tochigi 329-0498
Japan
Tel; +81 285 44 2111
sugano#jichi.ac.jp

Dr. Satoshi Ueda

Advisor, Japanese Society for Rehabilitation of Persons with Disabilities
22-1, 1-chome Toyama, Shinjuku-ku
Tokyo 162-0052
Japan.
Tel: +81-3－5273－0601
sat.ueda#nifty.com

Dr. Yayoi Okawa

Department Head, Department of Functioning Activation, National Instutute for Longevity Sciences, National Center for Geriatrics and Gerontology
36-3 Gengo, Morioka-cho, Obu
Aichi 474-8522
Japan
Tel: +81 562 44 9163
okawa#nils.go.jp

Dr. Shin-Ichi Niwa

Professor, Department of Neuropsychiatry
Fukushima Medical University School of Medicine
1 Hikarigaoka, Fukushima-city
Fukushima 960-1295
Japan
Tel: +81-24－547－1328
si-niwa#fmu.ac.jp

Dr.Kensaku Ohashi

President, Japan College of Social Work
3-1-10, Takeoka, Kiyose-city
Tokyo 204-8555
Japan
Tel: +81-424-96-3102
ryoikawa#jcsw.ac.jp

Dr.Masataka Arima

The Head of an Office,
Room of Project Team East Medical Center for Severe Disability of Tokyo Metropolitan
17 Floor, First Building South
Tokyo Metropolitan 2-8-1
Nishishinjuku, Shinjuku-ku
Tokyo 163-8001
Japan
Tel: +81-3-5320-4409 FAX +81-3-5388-1430
arima_trc#bz01.plala.or.jp

6. WHO Secretariat

AFRO:

Prof. Alimata Diarra-Nama
Director, Division of Health Systems and Services Development
WHO/Regional Office for Africa
PO Box 06
Brazzaville
Congo
Tel:
diarraa#afro.who.int

AMRO/PAHO:

Dr Roberto Becker
WHO/Regional Office for the Americas
Pan American Sanitary Bureau
525 23rd Street. NW
200374 Washington, DC
USA
beckerro#paho.org

Mr John Silvi
WHO/Regional Office for the Americas
Pan American Sanitary Bureau
525 23rd Street. NW
200374 Washington, DC
USA
silvijhn#paho.org

EURO

Dr Remigijus Prochorskas
HIE/IDB
WHO/Regional Office for Europe
8, Scherfigsvej
DK-2100 Copenhagen 0
Denmark
rpr#euro.who.int

SEARO

Dr Nihal Singh
HSD/EHI
WHO/Regional Office for South-East Asia
World Health House
Indraprastha Estate
Mahatma Gandhi Road
New Delhi 110002
India
singhn#whosea.org

HQ, Geneva

Dr Tevfik Bedirhan Üstün
Coordinator
World Health Organization
Measurement and Health Information Systems
Avenue Appia, 20
1211 Geneva 27
Switzerland
Tel: +41227913609
ustunb#who.int

Mr Pierre Lewalle
World Health Organization
Measurement and Health Information Systems
Avenue Appia, 20
1211 Geneva 27
Switzerland
Tel: +412279224
lewallep#who.int

Dr Robert Jakob
Medical Officer
Measurement and Health Information Systems
World Health Organization
Avenue Appia, 20
1211 Geneva 27
Switzerland
Tel: +41 22 791 5877
jakobr#who.int

Mr Nenad Kostanjsek
Technical Officer
World Health Organization
Measurement and Health Information Systems
Avenue Appia, 20
1211 Geneva 27
Switzerland
Tel: +41227913242
kostanjsekn#who.int

Mr Can Celik
Systems Analyst
World Health Organization
Measurement and Health Information Systems
Avenue Appia, 20
1211 Geneva 27
Switzerland
Tel: +4122791 3008
celikc#who.int

Additional Participants (provisional)

Dr. Masafumi Iijima
Director-General, Showa University Hospital

Dr. Makio Iimori
Professor Tokyo Mediccal University

Dr. Yoichi Ishinada
Honorary Director-General, National Hospital Organization, Saitama Hospital

Dr. Kazuhiko Ohe
Professor, Department of Medical Informatics and Economics, Graduate School of Medicine, University of Tokyo

Dr. Kazunori Ochiai
Professor, Jikei University

Dr. Kimitaka Kaga
Professor, Graduate School of Medicine, University of Tokyo

Dr. Yoshinao Katsumata
Professor, Graduate School of Medicine, University of Nagoya

Dr. Takamasa Kayama
Director, School of Medicine, University of Yamagata

Dr. Masaki Kitajima
Director, School of Medicine, Keio University

Dr. Kiyosi Kitamura
Professor, International Research Center for Medical Education

Dr. Soichiro Kitamura
Director-General, National Cardiovascular Center

Dr. Kiyoshi Kitamura
Guest Professor, Research Center for Advanced Science and Technology

Dr. Koichi Tanaka
Director-General, Biomedical Research and Innovation

Dr. Ryozo Nagai
Director-General, Tokyo University Hospital

Dr. Hazime Nawata
Professor, Graduate School of Medicine, Kyushu University

Dr. Kenji Fujiwara
Director-General, Yokohama Rosai Hospital

Dr. Takashi Horie
Director, School of Medicine, Nihon University

Dr. Kanjiro Masuda
Director-General, Japanese Red Cross Medical Center

Dr. Nobutake Matsuo
Honorary Director-General, National Center for Child Health and Development

Dr. Masayoshi Yanagisawa
Honorary Director-General, National Center for Child Health and Development

Dr. Shuzo Yamamoto
Director-General, Japan Hospital Association

Dr. Toshio Ohi
Vice Director-General, Japan Hospital Association

Dr. Kazuo Uemura
President, Health and Welfare Statistics Association

Dr. Shinya Matsuda
Professor, University of Occupational and Environmental Health

Host Center Support Staff

Mr. Toshiaki Fujita

Deputy Director, Vital and Health Statistics Division, Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare
1-2-2, Kasumigaseki, Chiyoda-ku
Tokyo 100-8916
Japan
Tel: +81 3 5253 1111(EXT. 7462)
fujita-toshiaki#mhlw.go.jp

Ms. Tomoko Suzuki

Coordination Officer, Vital and Health Statistics Division, Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare
1-2-2, Kasumigaseki, Chiyoda-ku
Tokyo 100-8916
Japan
Tel: +81 3 5253 1111 (EXT. 7463)
suzuki-tomokotm#mhlw.go.jp

Mr. Naoyuki Sato

Chief, General Affairs Section, Vital and Health Statistics Division, Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare
1-2-2, Kasumigaseki, Chiyoda-ku
Tokyo 100-8916
Japan
Tel: +81 3 5253 1111 (EXT. 7465)
satou-naoyuki#mhlw.go.jp

Ms. Yoko Shirai

Chief, Planning and Guidance Section, Vital and Health Statistics Division, Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare
1-2-2, Kasumigaseki, Chiyoda-ku
Tokyo 100-8916
Japan
Tel: +81 3 5253 1111 (EXT. 7466)
shirai-yoko#mhlw.go.jp

Mr. Keisuke Takahashi

Chief, Coordination Section, Planning and Coordination on Statistics Office,
Policy Planning Division, Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare
1-2-2, Kasumigaseki, Chiyoda-ku
Tokyo 100-8916
Japan
Tel: +81 3 5253 1111 (EXT. 7376)
takahashi-keisuke#mhlw.go.jp

Ms. Yukiko Yamaguti

Officer, Vital and Health Statistics Division, Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare
1-2-2, Kasumigaseki, Chiyoda-ku
Tokyo 100-8916
Japan
Tel: +81 3 5253 1111 (EXT. 7476)
yamaguti-yukiko#mhlw.go.jp

Ms. Junko Arai

Officer, Planning and Coordination on Statistics Office,
Policy Planning Division, Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare
1-2-2, Kasumigaseki, Chiyoda-ku
Tokyo 100-8916
Japan
Tel: +81 3 5253 1111 (EXT. 7376)
arai-junko#mhlw.go.jp

Ms. Ryoko Kokubun

Officer, Vital and Health Statistics Division, Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare
1-2-2, Kasumigaseki, Chiyoda-ku
Tokyo 100-8916
Japan
Tel: +81 3 5253 1111 (EXT. 7486)
kokubun-ryouko#mhlw.go.jp

WHO-FIC NETWORK MEETING

Tokyo, Japan
16-22 October 2005

Agenda

Sunday 16 October 2005

13.00-17.00 Meeting of WHO secretariat and Heads of Centres

18.30 Registration

19.00 Opening reception

Monday 17 October 2005

08:30-09:30	Induction course WHOFIC2005. A.1-0	
09:00-9:30	Registration	
09:30-11:00	**Plenary meeting** Chairs: Takeshi Hiromatsu / Richard Madden Election of officers Consideration and adoption of the agenda WHOFIC2005. A.1 Report of WHO classification-related activities Report of the Sunday meeting between WHO and the Centre Heads Highlights of annual reports of committees and work groups (10 minutes each) • Education Committee, annual report WHOFIC2005. B.2-5 • Electronic Tools Committee annual report WHOFIC2005. B.3-3 • Family Development Committee Doc B.4-3 • Implementation Committee annual report Doc B.5-8 • Update and Revision Committee WHOFIC2005. B.6-4 Mortality Reference Group annual report WHOFIC2005. B.6-1	
11:00-12:30	**Breakout sessions of Committees**	
11:00-12:30	Family Development Committee Session 1.1	Mortality Reference Group Session 1.2

	Chair: Richard Madden Agenda: WHOFIC2005. A.1-4 WHOFIC2005. B.4-3 WHOFIC2005. B.4-5 WHOFIC2005. B.4-2 WHOFIC2005. B.4-4 WHOFIC2005. B.4-1	Chair:Lars Age Johansson Agenda: WHOFIC2005. B.6.1* WHOFIC2005. B.6.1-1 WHOFIC2005. B.6-7
12:30-13:30	*Lunch Break*	
13:30-17:00	**Breakout sessions of Committees (continued)**	
13:30-15:00	Education Committee Session 1.3 Chair: Marjorie Greenberg Agenda: WHOFIC2005. A.1-2 WHOFIC2005. B.2-4 WHOFIC2005. B.2-5	Update and Revision Committee Session 1.4 Chair: Mea Renahan Agenda: WHOFIC2005. A.1-6 WHOFIC2005. B.6-5
15:00-15:30	*Coffee and tea break*	
15:30-17:00	Implementation Committee 1.5 Chair: Marijke de Kleijn Agenda: WHOFIC2005. A.1-5 WHOFIC2005. B.5-8 WHOFIC2005. B.5-7	Update and Revision Committee Session 1.6 Chair: Mea Renahan Agenda: WHOFIC2005. A.1-6 WHOFIC2005. B.6-5
17:30-18:00	Planning Committee	

Tuesday 18 October 2005

09:00-10:30	**Plenary** International Classification of Diseases Session 2.1 Chair: Michael Schopen / Gerard Pavillon WHOFIC2005. B.6.3 WHOFIC2005. B.6.8* WHOFIC2005. B.6.9* WHOFIC2005. B.6.10* WHOFIC2005. B.6.11* WHOFIC2005. B.6.12*	
10:30-11:00	*Coffee and tea break*	
11:00-12:00	International Classification of Diseases (Continued) Session 2.2 Chair: Michael Schopen / Gerard Pavillon WHOFIC2005. I.3	
12:00-14:00	*Lunch break* + **Poster session I** (Chair Schopen / Pavillon)	
14:00-17:30	**Breakout sessions of Committees (continued)**	
14:00-15:30	Update and Revision Committee Session 2.3 Chair: Mea Renahan Agenda: WHOFIC2005. A.1-6 WHOFIC2005. B.6-6	Education Committee and Implementation Committee Session 2.4 Chair: Marjorie Greenberg / Marijke de Kleijn Agenda: WHOFIC2005. B.5-9 WHOFIC2005. A.1-5 WHOFIC2005. B.2-6
15:30-16:00	*Coffee and tea break*	

15:30-17:30	Electronic Tools Committee Session 2.5 Chair: Michael Schopen Agenda: WHOFIC2005. A.1-3 WHOFIC2005. B.3-1 WHOFIC2005. B.3-3 WHOFIC2005. B.6-2	Implementation Committee Session 2.6 Chair: Marijke de Kleijn Agenda: WHOFIC2005. A.1-5 WHOFIC2005. B.5-1 WHOFIC2005. B.5-2
17:30-18:00	Planning Committee	

Wednesday 19 October 2005

09:00-12:00	**Breakout sessions of Committees (continued)**	
09:00-10:30	Family Development Committee Session 3.1 Chair: Richard Madden Agenda: WHOFIC2005. A.1-4 WHOFIC2005. B.4-3 WHOFIC2005. B.4-5	Implementation Committee Session 3.2 Chair: Marijke de Kleijn Agenda: WHOFIC2005. A.1-5 WHOFIC2005. B.2-6 WHOFIC2005. B.5-5 WHOFIC2005. C.2
10:30-11:00	*Coffee and tea break*	
11:00-12:00	Family Development Committee Session 3.3 Chair: Richard Madden Agenda: WHOFIC2005. A.1-4 WHOFIC2005. E.1 WHOFIC2005. E.2	Education Committee Session 3.4 Chair: Marjorie Greenberg WHOFIC2005. B.2-1
12:00-13:30	*Lunch break* + **Poster session II** (Chair Virtanen/Buchalla)	
13:30-17:30	**Breakout sessions of Committees (continued)**	
13:30-15:00	Electronic Tools Committee Session 3.5 Chair: Michael Schopen Agenda: WHOFIC2005. A3 WHOFIC2005. B.3-4 WHOFIC2005. B.3-2	Implementation Committee Session 3.6 Chair: Marijke de Kleijn Agenda: WHOFIC2005. A.1-5 WHOFIC2005. B.5-3 WHOFIC2005. B.5-4 WHOFIC2005. B.5-5
15:00-15:30	*Coffee and tea break*	

15:30-17:00	**Plenary** Session 3.7 Chair: Martti Virtanen / Cassia Buchalla International Classification of Functioning, Disability and Health WHOFIC2005. B.5-6
17:00-17:30	Planning Committee
18:30-	*Conference dinner*

Thursday 20 October 2005

09:00-10:30	**Plenary** Session 4.1 Chair: Marjorie Greenberg / Marijke de Kleijn Report back from the Committees
10:30-11:00	*Coffee and tea break*
11:00-12:00	Report back from the Committees Session 4.2 Chair: Marjorie Greenberg / Marijke de Kleijn
12:00-12:30	*Lunch break*
12:30-19:00	**Social event**

Friday 21 October 2005

09:00-10:30	**Round Table** Session 5.1 Chair: Martti Virtanen Casemix groupings and DRGs
10:30-11:00	*Coffee and tea break*
11:00-12:00	**Round Table** Session 5.2 Chair: Michael Schopen Classifications and Terminologies
12:00-13:30	*Lunch break*
13:30-15:00	**Plenary** Session 5.3 Chair: Mea Renahan/Kenji Shuto Business plan follow-up
15:00-15:30	*Coffee and tea break*

15:30-17:00	Strategy and work plan Session 5.4 Chair: Mea Renahan/Kenji Shuto
17:30-19:00	Planning Committee

Saturday 21 October 2005

09:00-12:00	**Plenary** Session 6.1 Chair: Reiji Murayama/Richard Madden Adoption of the draft report of the meeting Evaluation of the meeting Additional matters Place, time and topics for the 2006 meeting Place for the 2007 meeting Closure of the meeting

WORLD HEALTH ORGANIZATION

World Health Organization Family of International Classifications (WHO-FIC)

Strategy and Work Plan

Current October 2005

World Health Organization Family of International Classifications (WHO-FIC)

Strategy and Work Plan 2005-2006

Mission Statement

To develop, disseminate, implement and update WHO Family of International Classifications to support national and international health information systems, statistics and evidence.

Introduction

WHO owns valuable intellectual property in the International Classification of Diseases (ICD) and the International Classification of Functioning, Disability and Health (ICF). The large investment is of fundamental importance to the WHO, its member states and the health of the world's population, because these classifications are the fundamental building blocks for the information infrastructure and systems to measure and compare health states.

The WHO exercises leadership in supporting the classifications as critical standards for the international community. This requires strategic planning as well as partnerships with a variety of groups. This plan sets out a broad strategy for developing a suite of classification products for promotion and worldwide implementation of health information systems.

This document presents a plan of work for the year from October 2005 to October 2006 for the WHO Classification, Assessment and Terminologies (CAT) team, the WHO regional offices and the Collaborating Centres (CCs) for the Family of International Classifications (FIC). It was developed and received endorsement at the WHO-FIC-Network annual meeting held in Tokyo, Japan 16–22 October 2005. The three strategic aims established by WHO and Centre Heads over recent years remain pertinent and have informed the development of this work plan. They are:

- Encouraging wide and appropriate use of WHO-FIC classifications
- Updating and revision
- Further development of the WHO-FIC

An additional emerging strategic aim is:

- Developing collaboration with users of classifications.

Centre Heads support increased efforts towards communicating more effectively within the Network and also with centres in member states not currently supported by Collaborating Centres, particularly emphasising the need for dissemination of WHO-FIC classifications.

The 10 priority areas identified in the work plan reflect these strategic aims and objectives. While 3 of the priority areas relate solely to the ICD, the others are framed more generally. This reflects the current shift from a largely ICD-focused work program towards an integrated WHO-FIC work program and, in particular, recognises the increasing level of international work on ICF implementation, as well as developing links with casemix and terminologies.

This document takes the broad priority areas and seeks to operationalise them through a series of tasks which will be completed in one year.

For each priority the strategic intent area is stated and a series of tasks to fulfil the intent listed with timelines and responsibilities.

Abbreviations

ACC	Australian Collaborating Centre
CAP	College of American Pathologists
CAT	Classifications, Assessment and Terminology Team
CCs	Collaborating Centres
DCC	Dutch Collaborating Centre
DIMDI	German Collaborating Centre
EC	Education Committee
ETC	Electronic Tools Committee
EU	European Union
FC	French Collaborating Centre
FDC	Family Development Committee
IC	Implementation Committee
ICD	International Classification of Diseases and Related Health Problems
ICF	International Classification of Functioning, Disability and Health
ICHI	International Classification of Interventions
ICPC	International Classification of Primary Care
MRG	Mortality Reference Group
NACC	North American Collaborating Centre
NCC	Nordic Collaborating Centre
NHS	National Health Service (United Kingdom)
PAHO	Pan American Health Organisation
ROs	Regional Offices
SDO	Standard Development Organization
URC	Update and Revision Committee
WG	Washington Group
WHO-FIC	World Health Organization Family of International Classifications
WICC	WONCA International Classification Committee

1 Electronic Tools for the WHO-FIC

Strategic intent

Advise WHO on policies towards electronic WHO-FIC related tools.

Produce an updated electronic version of ICD-10 in all official WHO languages and in a multilingual platform that will allow incorporation of other languages.

Tasks

Task	Responsibility	Time
French Cumulative updates	WHO CAT	May 2006
Produce according to specification 3rd Edition: - English - French - Spanish and other WHO languages	ETC/WHO CAT WHO CAT/PAHO	Jan 2007 (TBC)
Dissemination French 3rd Edition - Spanish and other WHO languages	WHO CAT WHO CAT	2007
Update and maintenance platform Linkage of WHO-FIC with EPR/HIS	WHO CAT ETC	2006 October 2006
Survey on ICF e-tools – Identify gaps/needs	NACC, IC & EC	October 2006
Concept for e-tool for routine application/assessment for ICF ICD-10 production cycle ICD-10-XM working group Knowledge Management Support of ICD-10 revision Criteria for evaluation of tools Conversion of Spanish ICD-10 to new WHO-FIC XML schema Maintenance and publication tool for WHO-FIC classifications - prototype - first version	WHO CAT German Centre ETC WHO CAT ACC ETC WHO & ETC	October 2006 Ongoing October 2006 October 2006 October 2006 October 2006 October 2006 October 2007

2 ICD-10 Updates

Strategic intent

Maintain credibility by reflecting current clinical knowledge and correcting errors and inconsistencies so as to avoid the need for a substantive new revision and achieve version control internationally.

Tasks

Task	Responsibility	Time
1) Collate and 2) Report proposals for updates to ICD-10 including mortality coding rules and guidelines	WHO, URC and MRG	1)April and 2)September annual cycle
Inform all users about updates and the date of implementation	WHO CAT (English & French translation) PAHO (other translations)	February each year
Make available the main language translations of updates	PAHO and appropriate Collaborating Centres for French, Spanish and Portuguese	May 2006
Preparation for implementations of 3rd Edition ICD-10 with updates accepted up to 2004 for implementation in 2006	WHO CAT	January 2007
Disseminate updates	WHO CAT	January 2006
Internal evaluation of updating process through electronic communication	URC & WHO CAT	October 2006
Revise URC Terms of Reference	URC	October 2006
Approve URC Draft Brochure	URC	January 2006

3 Implementation of WHO-FIC

Strategic intent

Improve the level and quality of dissemination, implementation and use of WHO-FIC in member states, especially ICD and ICF.

A Implementation status of member states

B Pursue effective dissemination and implementation of ICF.

C WHO-FIC in a box for ICD

Tasks

Task	Responsibility	Time
Generic tasks		
Update a register of experts and refer to the register on the WHO website	WHO and PAHO	Ongoing
Develop checklist of materials needed to implement classifications. (WHO-FIC in a box)	WHO	October 2006
Undertake survey of custodians to determine state of implementation of related classifications	IC with WHO CAT	October 2006
Expand the number of collaborating centres especially in Africa and South/South East Asia, and seek assistance from existing centres as required.	WHO CAT and ROs	October 2006
Expand the number of collaborating centres and ROs attending annual Network meetings	WHO CAT	October 2006
Prepare brochures on ICD, ICF and IC (website and hardcopy)	IC & EC	February 2006
Review and enhance with new materials the relevant WHO-FIC website pages	WHO and WHO-FIC Committees	Ongoing

Task	Responsibility	Time
ICD Tasks		
Develop arrangements to work with partner organisations responsible for assisting in implementing vital registration and other information systems in member states to implement ICD-10.	WHO CAT & ROs	Ongoing with annual report

Task	Responsibility	Time
ICD Tasks		
Evaluation of implementation of ICD-10 complete • Analysis of existing information • Collection of new material • Summary evaluation	WHO CAT, IC & Planning Committee	Report April & October 2006 Final report 2007
Marketing & dissemination ICD-10 hard and electronic copies	WHO CAT	Ongoing

Task	Responsibility	Time
ICF Tasks		
Implementation plan and demonstration projects for **censuses/surveys***:*		
• Improve coordination between organizations + develop a position on the correct reference to ICF	PC, WHO	October 2005
• Establish a Functioning and disability reference group to develop principles, review data quality, liaise, contribute to updating	PC & WHO-FIC-Network	October 2005
• Write to WG to find out the response to the Network suggested name change for the first short set	Chair PC and WG	November 2005
• Work with WG to develop second short set (P/E) for census 2010 based on existing instruments	& IC Chair IC Chair	Report October 2006 May 2006
Develop criteria for best practice and include in implementation plans for each of the priority areas	IC	
Implementation plan and demonstration projects for **health outcomes at clinical and service level**		
• Develop an implementation plan	IC	October 2006
• Feasibility of developing generic assessment tool for certain areas to be considered	IC	October 2006
• Demonstration project (Australia) FRHOM	Network provide comments ACC report further developments	December 2005 Report October 2006

Task	Responsibility	Time
ICF Tasks		
Implementation plan and demonstration projects for **information systems** • Possible demonstration projects to be collected from sharing information project including papers/posters Tokyo • IC select demonstration projects	DCC IC	Report October 2006 October 2006
Implementation plan and demonstration projects in **social policy** • Implementation plan • Description of good examples • Prepare format for description • Description of good examples • analysis lessons learnt, • publication + dissemination • Report to Network meeting	DCC/NACC DCC, NACC & Japan, Italy, Brazil, France	December 2005 Jan/Feb 2006 Mar/April 2006 May/June 2006 Nov 2006 onwards October 2006
Information sharing Continue information collection Dutch form: common module + additional modules Submission by E-mail to DCC Information available through workspace and newsletter and NACC clearing house Maintenance of the collaborative workspace When finalised include on WHO-FIC website	Dutch Centre to lead with IC, EC and ETC Network members Dutch Centre, NACC WHO	ASAP 2005 Ongoing Twice yearly Ongoing TBC

Task	Responsibility	Time
ICF Tasks		
Instrument and qualifier mapping and systematic recording / analysis of comments and proposals for improvement Module to be added to sharing information project for qualifier experiences Documenting comments and proposals Measurement and mapping Coordinate action	 Nordic Centre French Centre WHO NCC, FCC, DCC, WHO	Start as soon as possible. Report October 2006
Invite network to submit experiences A&P and E measurement	Network members	Experiences to be reported in October 2006
Work with other WHO-FIC committees to add an ICF focus to their work Development of brochure(s) Sharing information project	 EC & IC EC, ETC & IC	Ongoing
Participate in the review of **ICF-CY** against the WHO-FIC protocol **Subjective dimension** Include link to annotated bibliography on collaborative workspace Report on progress with the development of a classification of subjective dimension according to the WHO-FIC protocol	Network members Study group led by Japan Research Group in coordination with WHO	October 2005 – January 2006 October 2005 October 2006
Report on progress on EU project measuring health and disability (MHADIE) Communication between MHADIE project and Washington Group	WHO CAT WHO and IC Chair	October 2006 Ongoing
Report on progress with the Core sets projects	German Centre	October 2006

4 Revision Process for ICD-10

Strategic intent

To develop and test a process for revision of the ICD-10.

Task	Responsibility	Time
Implement project plan for revision of ICD-10	WHO CAT	Ongoing to 2011
Application of a general scheme for specialty topic areas	URC with WHO CAT &	October 2007
Test special clinical topics; scientific, clinical and public health		Update October 2006
Cystic fibrosis		
Diabetes	NACC	
Lymphoma	ACC	
Mental health	German Centre	
External causes	WHO CAT	
	Nordic Centre	
Agree strategic direction for the revision process	Planning Committee	TBC
Obtain resources (financial, human and information) for the revision process	WHO CAT	Ongoing
Engage with stakeholders including data users, clinicians, international organisations concerning revision process	WHO CAT	Ongoing

5 Primary Care

Strategic intent

Meet the information needs of primary health care.

Tasks

Task	Responsibility	Time
Work to improve alignment of ICPC with ICD, ICF and ICHI toward a WHO-FIC PC	WHO/WICC joint working group, WHO CAT	Report October 2006
Four joint work groups • Mapping between ICPC and ICD • Non-disease encounters and contacts in health care • Alignment of ICPC with ICF Alignment of ICPC with ICHI	ACC, WICC, Nordic CC ACC, Nordic Centre DCC, French CC ACC,	Progress report June 2006 to FDC Report October 2006

6 Classification of Health Interventions

Strategic intent

A Produce a framework for comparative statistics on interventions.

B Meet the needs of countries that lack an adequate interventions classification

Tasks

Task	Responsibility	Time
Monitor use and testing of beta version of ICHI in countries without an interventions classification	WHO	Report October 2006
Update ICHI beta version	WHO	Ongoing
Convert ICHI to new WHO-FIC XML schema	ETC	October 2006
Explore the basis for international comparisons of interventions	German and French Centres to lead	Report October 2006
Work with the European Union Hospital Data Project to develop a short list for procedures	Hospital Data Working Group (Nordic CC) (MbRG)	Progress report to FDC June 2006 Report October 2006

7 Morbidity

Strategic intent

Provide input into ICD development on coding rules. Promote comparable use of ICD-10 in hospital morbidity and casemix systems.

Task	Responsibility	Time
Recruit membership	MbRG co-chairs	November 2005
Consider terms of reference for Morbidity Reference Group (MbRG)	MbRG	February 2006
Establish priority list of topics for group consideration	MbRG	April 2006
Place International Shortlist for Hospital Morbidity Tabulations (ISHMT) on WHO website	WHO	November 2005
To continue to explore differences in hospital morbidity reporting by undertaking analyses using the European database and more recent data from some non-European Countries and the EU HDP dataset.	Nordic CC to lead	Progress report to MbRG June 2006 Report October 2006
Organise group meeting immediately prior to WHO-FIC 2006 meeting	MbRG	April – October 2006
Consider desirable linkages between WHO-FIC-Network and casemix groups	MbRG	April 2006-October 2006

8 Clinical Terminologies

Strategic intent

Explore the role of the WHO-FIC in relation to clinical terminologies.

Tasks

Task	Responsibility	Time
Meeting of collaborating centre representatives and WHO to consider establishment of a Terminology Reference Group Teleconference to initiate	WHO CAT, German and Nordic Centres	Update to PC April 2006 Report October 2006 November 2005
Transmit SNOMED SDO position statement to CAP and NHS	WHO CAT	October 2005
Attend SDO discussions as WHO representatives	WHO CAT, NACC, ACC	November 2005

9 WHO-FIC Development

Strategic intent

Establish and maintain the process for designating classifications as members of the WHO-FIC, assess proposals and encourage harmonisation among family members.

Tasks

Task	Responsibility	Time
Review and update the *Family of International Classifications: definition, scope and purpose* paper, including the protocol	FDC	Report to FDC April 2006 October 2006
Through stewards of derived and related classifications, monitor current status and activities to update and maintain.	FDC and IC	April 2006 October 2006
Finalise protocol for ICF-CY as WHO-FIC derived member	NACC/FDC Secretariat	April 2006
Consider classifications for drugs of concern and other drugs not covered by ATC	Nordic Centre	Report to FDC April 2006 & October 2006
Participate in Patient Safety Taxonomy activity	Nordic Centre	Report to FDC April 2006 and October 2006

10 WHO-FIC Education

Strategic intent

Improve the level and quality of use of the WHO-FIC classifications through implementing an education, training and certification strategy.

Tasks

Task	Responsibility	Time
Finalise content, produce, distribute and include on WHO website the brochure on Network	EC, CCs, ROs, WHO CAT	June 2006
International training and certification plan Convene WHO-FIC IFHRO Joint Committee	EC	Bi-monthly conference calls Convene - May 2006 Report October 2006
Solicit & review ICD-10 training materials	EC	Ongoing
Define trainer qualifications and consider process for trainer approval	EC	May 2006
Consider process for assessment of practicing coders	EC	2005-06
Establish Infrastructure work group Identify resource needs and develop funding proposals	EC & IC	2005 – 2006 Report October 2006
Develop article on results of needs assessment for publication	EC	December 2005
Align ICF educational and implementation strategies	EC & IC	Ongoing
Focus on activities to raise ICF awareness	EC	Ongoing Report October 2006
Solicit ICF training materials and post on collaborative workspace	EC	2005 - 2006
Develop and maintain educational materials for WHO-FIC website, including, brochures (ICD & ICF), acronyms list & FAQs	EC, IC & WHO CAT	Ongoing

Statement of the WHO¬FIC¬Network on the Proposed SNOMED SDO

Tokyo, Japan
October 22, 2005

The WHO classifications are an essential component of integrated health information systems worldwide. They are the backbone of these systems in both highly developed and developing countries.

Terminological developments and linkages with international classifications are of considerable interest and importance to the WHO Family of International Classifications (WHO¬FIC) Network. Development and promotion of standardized terminology, linked to the WHO reference classifications – International Classification of Diseases (ICD) and International Classification of Functioning, Disability and Health (ICF) -, are critical to the future of electronic health records and health information systems. These classifications are developed and maintained by WHO and a network of collaborating centres.

"Neither a clinical terminology nor a classification can, by itself, serve all of the purposes for which health information is currently used or will be used in the future. Terminologies and classifications are designed for distinctly different purposes and satisfy diverse user data requirements."1 While clinical terminologies provide standardized terms for storing patient data, classifications are essential aggregate categories, which have clinical, public health and administrative relevance at the local, national and international levels.

The WHO Family of International Classifications provides the necessary multi-lingual structure and medical knowledge to arrive at statistically meaningful categories for diagnosis, health conditions and functioning; work also is underway on standardized classification of interventions. Future development of these classifications is intended to align them more directly with standardized terminologies. Terminologies linked with classifications through the use of evidence-based mappings should facilitate coding of the WHO¬FIC and increase the information value of the electronic health record for population health statistics, resource allocation, outcome evaluation, patient safety and quality assessment.

Terminologies used by non-English-speaking countries must take into account the need to develop a terminological base in the language used by health care professionals in the respective country; experience has shown that direct translation of an English terminology into other languages is not effective.

---

[1] Bowman S: Coordination of SNOMED-CT and ICD-10: Getting the Most out of Electronic Health Record Systems. Perspectives in Health Information Management, Spring 2005.

During the development of the WHO Business Plan for Classifications, the following strategic objectives were agreed:

- To ensure that if clinical terminologies are used in health information systems, they must properly support WHO¬FIC classifications
- To ensure that WHO intellectual property is available for use by proprietors of terminologies on appropriate conditions

NHS Connecting for Health and the College of American Pathologists have invited member countries in the WHO¬FIC¬Network to become charter members of a new SNOMED Standards Development Organization. The Network has resolved that engagement with the SNOMED Standards Development Organization (SSDO) must include a lead role for the World Health Organization and its Network to ensure the following:

- an agreed process for the production and validation of mappings from any clinical terminology to WHO¬FIC
- expansion and more consistent use of WHO¬FIC classifications for which validated mappings from SNOMED exist or are developed
- a sound legal and copyright base for commercial use of WHO¬FIC classifications within the context of the use of clinical terminologies in health information systems
- reduction of barriers to adoption and use by developing countries
- safeguarding the ongoing longevity and utility of the WHO¬FIC systems, which are essential for multiple public health and healthcare purposes

Member countries are urged to consider these strategic requirements during negotiations with the SSDO. The WHO¬FIC¬Network stands ready to support this process.