Update from the Morbidity Reference Group (MbRG) Meeting

April 3-5, 2019 Malmo, Sweden

I attended and participated in the mid-year meeting of the MbRG of the WHO recently. We received a report from Dr. Robert Jakob from the WHO, who indicated that ICD-11 will be presented at the World Health Assembly in May of this year for adoption by Member States and will go into effect January 1, 2022. The release is now as an advance preview that allows countries to plan on how they will use the new version, prepare translations, and begin training of health information management and other health professionals all over the various countries. An ICD Coding Tool is available on line, as well as some basic training videos. Interested individuals can browse the internet and find a variety of information already.

The Australian Collaborating Centre gathered information from many countries before the meeting to inform the discussion about ICD-11 transition. Country reports came from Australia, the Netherlands, Thailand, Sweden, Norway, Denmark, the UK, Germany, and Canada. Similar approaches are being taken in all countries, with various analyses being performed. Decisions on implementation timelines are yet to be determined. There is agreement that any implementation plan should include impact assessment, risk analysis, resource planning and a strong communication plan. In Germany for example, the physicians do the coding, so that training would be different than training a coding workforce such as in the US, Canada, or Australia.

Japan reported being quite far along in its plans for implementation, maybe 3 years away. Most countries represented at the meeting were envisioning a 5-8 year plan. Australia is developing an electronic training tool. Canada has had ten coders trained to code 3000 cases in ICD-11. 40 hours was spent on the training, and a test bank of questions was developed. It was good to hear that after training, and practice, a coder spent an average of 12 minutes on a chart. The ICD-11 system was built to be used electronically and it is assumed that most countries will do all coding electronically.

Much of the discussion involved quality and safety issues in coding. Coders will be able to code any injury or harm that occurred to the patient, the cause or context of the harm occurring, and the mode or mechanism of the harm. Causes of the harm could be a procedure, device, substances, medicaments, etc.

Work will continue with the next face to face meeting in Alberta, Canada (Banff) from Oct 5-11, 2019.

Margaret A. Skurka, MS, RHIA, FAHIMA

IFHIMA Representative to MbRG

IFHIMA Past President