

## **WHO-FIC Network Annual Meeting 2019: Health Information Meets Health Informatics**

The 2019 annual meeting of the World Health Organization Family of International Classifications (WHO-FIC) Network took place in Banff, Canada in October. The theme was Health Information meets Health Informatics. The WHO-FIC annual meeting sessions provide the framework for intensive face-to-face meetings of each of the WHO-FIC committees and reference groups; a conference component, which provides the opportunity to share experiences related to the conference theme; and for the WHO-FIC Network Advisory Council to meet to review progress in relation to the strategic work plan of the WHO-FIC network and plan for the future.

ICD-11, especially transition planning, was a major topic. ICD-11 has been updated for the 21st century, reflects critical advances in science and medicine, and offers many improvements over ICD-10. New and improved electronic tools have been developed to facilitate the use of ICD-11, including coding, browsing, and mapping tools. One change in ICD-11 when compared to ICD-10 is that it includes some functioning and disability concepts in order to raise awareness of the International Classification of Functioning, Disability and Health (ICF) and introduces functioning and disability concepts in information systems. The expanded quality and safety content are also a significant change in ICD-11 when compared to ICD-10, but that means coding quality and safety concepts is more complicated in ICD-11.

ICD-11 will accelerate the automation of coding, which will present new roles or opportunities for coders. ICD-11 will liberate coders from mundane work and allow them to use more advanced skills and expertise. One potential new role for coders to transition into is that of an auditor. Coordination with clinical terminologies is also expected to accelerate with the implementation of ICD-11.

During a roundtable discussion around what countries need to be thinking about when planning for the ICD-11 transition, it was noted that national governments need to have a strong commitment to adopt ICD-11. The ICD-11 transition roundtable discussion produced some common planning and preparation activities.

- Demonstrate the benefits of ICD-11 to all stakeholders, including clinicians;
- Engage stakeholders;
- Estimate transition costs;
- Develop crosswalks (e.g., between ICD-11 and national modifications and quality measurement instruments);
- Ensure comparability and quality of statistics during and after the transition;
- Translate ICD-11 into native languages; and
- Prepare and train workforce (coders, clinicians, other affected stakeholders).

It was noted that training programs are difficult to develop without first defining the scope of individuals performing the coding function.

Countries shared activities they had undertaken in preparation for moving to ICD-11. In Canada, an ICD-11 field testing project involved a small group of coding experts who coded 3000 randomly selected medical records from three hospitals. These coding experts received 20 hours of classroom training in

ICD-11 and 40 hours of homework. Eighty-eight percent (88%) agreement was achieved on coding the main condition. More coding practice and opportunities to discuss coding scenarios were found to increase coder confidence. In Rwanda, a pilot project involving incorporation of ICD-11 into an electronic health record system was undertaken. With only basic ICD-11 training (1-2 hours), a reasonable level of coding accuracy was achieved using “smart search” functionality.

A status report was given on the International Classification of Health Interventions (ICHI). Field testing of ICHI will end in early 2020. ICHI was developed by the WHO to provide a common tool for reporting and analyzing health interventions for statistical purposes. A health intervention is an act performed for, with or on behalf of a person or population whose purpose is to assess, improve, maintain, promote or modify health, functioning or health conditions. ICHI covers interventions carried out by a broad range of providers across the full scope of health systems and includes interventions on: diagnostic, medical, surgical, mental health, primary care, allied health, functioning support, rehabilitation, traditional medicine and public health.

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