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# IFHIMA Endorses the Implementation of ICD-11 for Improved Global Health

## About IFHIMA

The International Federation of Health Information Management Associations (IFHIMA) is a non-governmental organization that has been in official relations with the World Health Organization (WHO) for 42 years. The IFHIMA Executive Board has representatives from each of the six WHO regions. Prior to the COVID-19 pandemic, our triennial Congresses regularly drew attendees from 50+ countries.

IFHIMA members include Health Information Managers (HIMs) and Classification Specialists (CSs). IFHIMA representatives serve on various WHO committees, task teams, and reference groups.

An estimated 25,000 petabytes of healthcare data was generated worldwide in 2020.<sup>1</sup> This data holds tremendous promise for helping meet the World Health Organization's (WHO) Sustainable Development Goals<sup>2</sup> (SDGs) of better health for all.

The WHO's SDGs call for leveraging digital technologies such as machine learning and artificial intelligence to unlock the value in health data and provide crucial insights for understanding population health trends and priorities.

The International Classification of Diseases and Related Health Problems 11th Revision,<sup>3</sup> or [ICD-11](#), provides a common "language" to exchange health information across systems and borders. ICD-11 will standardize and structure health data so it can be leveraged by technology to enable the reduction of healthcare costs, improve outcomes, and increase universal access to healthcare.

As the International Federation of Health Information Management Associations (IFHIMA), our members have dedicated their careers to advancing the development and use of international health records and health information standards. That's why we are advocating for the widespread adoption of ICD-11 as the next step in our efforts. IFHIMA members will play a key role in helping realize the benefits of ICD-11.

## How ICD-11 will aid global health transformation

Over the past century, ten prior versions of ICD began the process of standardization and enabled analysis of global morbidity and mortality data.<sup>4</sup> However, technology has changed dramatically since the WHO World Health Assembly endorsed the 10th Revision in 1990.

As of January 2022, ICD-11 is officially in effect for the national and international recording and reporting of causes of illness, death, and more. The standardized, up-to-date medical and scientific knowledge and terminology will allow for better classification of today's health conditions. The 11th Revision contains approximately 7,000 ICD codes and more than 120,000 codable entities, with indexing of over 1.6 million clinical terms to these codable entities.

**ICD-11 data will support many use cases, including:**

- Cause of death (mortality) reporting
- Disease surveillance (morbidity reporting)
- Epidemiology, population health and research
- Reimbursement and case mix
- Mental health diagnostics
- Patient quality, and safety monitoring
- Primary care
- Functioning assessment
- Traditional medicine
- Specific surveillance like antimicrobial resistance, cancer registration, or injury research
- Interoperability for clinical documentation, decision support, and guidelines or recommendations

and provides guidance for certification, recording, mortality coding (i.e. causes of death statistics), and morbidity coding (e.g. hospital statistics).

The [Implementation and Transition Guide](#) outlines essential issues to consider while transitioning from previous ICD versions to ICD-11. It also provides guidance on planning ICD-11 implementation in jurisdictions where ICD has not been used previously.

Mappings between SNOMED-CT and the Foundation Component are also under development in an ongoing pilot study.

Currently, proposals for amendments or additions can be made via the [maintenance platform](#). WHO has a timetable for official releases of the ICD-11 classification.

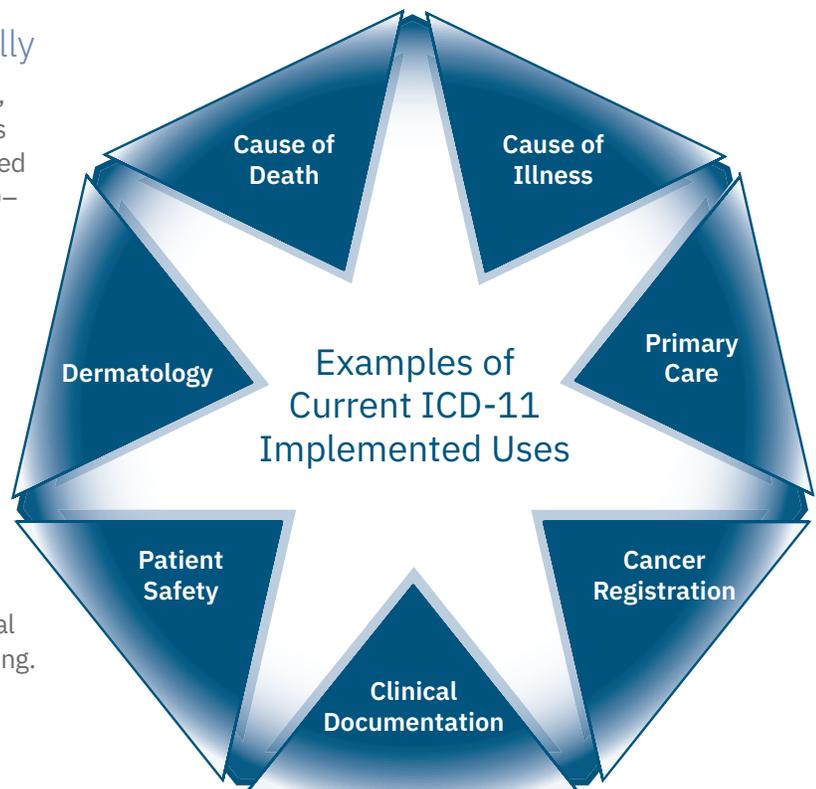
**How ICD-11 can be implemented globally**

ICD-11 is designed specifically for global implementation, freely available and licensed under the Creative Commons Attribution-NoDerivs 3.0 IGO license, according to specified [Terms of Use](#). As of April 2022, the WHO provides the ICD-11 Browser in Arabic, Chinese, English, French, Russian, and Spanish. 20 more languages are under development.

ICD-11 complements other WHO classification systems including the International Classification of Functioning, Disability, and Health (ICF) and the International Classification of Health Interventions (ICHI).

ICD-11 was designed for an electronic platform, providing an online Browser and Coding Tool. The Browser is an augmented electronic version of a [Tabular List](#), and the [Coding Tool](#) is utilized similarly to the Alphabetic Index in previous revisions, but with several enhancements to facilitate accurate, simple, and fast coding. There are also off-line services to support usage if local internet connectivity is unstable or not present.

The 11th Revision has a [Reference Guide](#) that contains an introduction to the context, components, and intended use of the ICD. It describes the diverse components of ICD-11



## How nations can adapt ICD-11 for national or clinical needs

IFHIMA believes that clinical or national modifications of ICD-11 are likely not required. After all, the ICD-11 Foundation content was developed with international involvement and input. Additionally, existing national/clinical modifications in ICD-10 are included in the Foundation Component.

However, multiple tabular lists (also known as linearizations) may be required to ensure consistent use of the ICD-11 for certain purposes, particularly use cases such as the Mortality and Morbidity Statistics (MMS). The ICD-11 Foundation supports the development of these tabular lists. The Foundation Component includes information on where and how a certain entity is represented in a tabular list, whether it becomes a category or a code, or whether it is an index term. By drawing on the same Foundation Component, a set of tabular lists that builds on the same hierarchical structure can be created – producing congruent data that will simplify classification for some use cases and data comparability across tabular lists. This allows countries to build their own customizations while remaining congruent with ICD-11.

IFHIMA members are essential to the ICD-11 transition and implementation, both at a national and international level.

## How IFHIMA members can assist with ICD-11 adoption

In 2021, we released [IFHIMA Fosters Planning for ICD-11 Adoption with Global Case Studies](#) to facilitate awareness and foster readiness within the global healthcare community, and to support the timely and appropriate adoption of ICD-11.

IFHIMA members are essential to the ICD-11 transition and implementation, both at a national and international level. This is evident in IFHIMA participation in the WHO-Family of International Classifications committees and reference groups – both where national teams are planning inaugural ICD implementations and in places with well-established use.

IFHIMA aligns itself with the 72nd World Health Assembly resolution on ICD-11 calling for timely implementation of ICD-11 .

HIMs and CSs are well positioned as key stakeholders to lead and assist with ICD-11 adoption. They bring vast practical experience to provide an essential bridge between clinical and technical-based implementation participants to ensure the classification process and data usage are understood.

IFHIMA aligns itself with the 72nd World Health Assembly resolution on ICD-11 calling for timely implementation of ICD-11. We must begin the implementation journey now, whether a country is migrating from a previous version of the ICD or commencing their ICD journey and implementing ICD-11 as a new data standard for their nation. Doing so will help the world reach our shared mission of better health for all and universal health coverage through the use of better information.

For further information see the [WHO ICD Information Page](#).

### References

1. [Journal of AHIMA, September 2021](#)
2. [World Health Organization Sustainable Development Goals Action Plan](#)
3. [International Classification of Diseases 11th revision](#)
4. [BMC Medical Informatics and Decision Making, 2021](#)