WHO-FIC Education Committee
WHO-FIC – IFHRO Joint Collaboration
Silver Spring, Maryland
May 14-16, 2008

The Education Committee of the WHO Family of International Classifications (WHO-FIC) Network and the WHO-FIC Joint Collaboration with the International Federation of Health Records Organizations (IFHRO) held a working meeting on May 14-16, 2008 in Silver Spring, Maryland. The purposes of the meeting were to 1) advance work on the International Training and Certification Program for ICD-10 Mortality and Morbidity Coders, 2) receive reports on the pilots of the program and examination for underlying cause of death coders and trainers and the evaluation report, (3) receive updates on the joint ICF educational activities with the Functioning and Disability Reference Group, 4) address other Education Committee tasks and 5) make plans for the 2008 WHO-FIC Network meeting. Twenty-five persons from ten countries, representing collaborating centers, national and international organizations, participated in the meeting. A list of participants is included in Attachment 1.

Wednesday, May 14, 2008

1. Welcome and Introductions:

Marjorie Greenberg welcomed everyone and introduced herself as Chair of the WHO-FIC Education Committee and Sue Walker and Margaret Skurka as Co-chairs of the WHO-FIC – IFHRO Joint Collaboration (JC). A special welcome was extended to Marci MacDonald, the third IFHRO representative to the Joint Collaboration. Marjorie then announced that some of the participants would be present for only the first day as they were going to the NCHS facility at Research Triangle Park for meetings there.

After the participants had introduced themselves, Margaret presented an award to Cassia Buchalla in recognition of Cassia's great contributions to the development of the examination for the certification of mortality coders.

2. Assignment of rapporteurs:

Wednesday, May 14 – morning   Carol Lewis
Wednesday, May 14 – afternoon   Sue Walker
Thursday, May 15 – morning   Margaret Skurka
Thursday, May 15 – afternoon   Chris Sweeting
Friday, May 16 – morning   Marci MacDonald

3. Review of agenda and meeting objectives

Marjorie invited participants to review the agenda (Attachment 2) and meeting objectives. She suggested that discussion of the Work Plans be continued at the end of the meeting on Friday.

Margaret asked for confirmation that there would be a report from Japan on the pilot examination conducted there.

4. Review Education Committee Terms of Reference and 2008 - 2009 Work Plan

Marjorie stated that she was not aware of any changes that needed to be made to the Terms of Reference. She added that WHO-FIC leadership had agreed that at the network meeting in India in October, elections will be held for the chairs and co-chairs of each of the committees.

The key tasks for 2007-2008 were reviewed and, in general, had been completed. Marjorie, Sue and Margaret will sign the certificates for the UK coders who successfully passed the pilot examination. There is still a need to develop a roster of ICD trainers.

There were good presentations at the Trieste meeting on ICF and ICD best practices. ICF training activities had benefited from the ICD-10 efforts.

Discussion of the 2008 - 2009 Work Plan was deferred to Friday.

5. Review Joint Collaboration Terms of Reference and 2008 - 2009 Work Plan

Margaret opened the discussion by stating that the purpose is still on target. She reminded the group that the Work Plan will be discussed on Friday.

The 2007 - 2008 Work Plan (page 39 of the report of the May 2007 meeting) was reviewed and the following observations made:
- the process for assessment of new mortality coders has still not been determined
- a roster of experts/trainers still needs to be developed
- while ICD educators are interested in standardization, those providing training for the much newer ICF are not interested in locking things in yet. However, work is progressing on defining ICF curriculum modules.

a. Update of core curricula for ICD
Marjorie pointed out that ICF stakeholders feel that training should be directed not only to coders but also to consumers with disabilities and functional limitations. Training in ICD is directed to coders and certifiers. Is there any goal to educate the public on the importance of codified health data?

Sue indicated that she believes there is a need to provide training to policy makers and users of the data rather than consumers. Stefanie Weber agreed on the need to educate users of data about what they need to know to interpret the data. Cleo Rooney added that Harry Rosenberg previously conducted courses on ICD coding for mortality statisticians, which were very popular.

Amy Blum noted that, as a result of coded data found on their medical records or medical bills, her office receives calls from consumers requesting clarification of something they have read. Also, the many references to DSM have given rise to questions. Therefore the needs of consumers should not be totally ignored. Rita Scichilone added that AHIMA might have some content with a user or consumer focus that might be useful.

Margaret suggested that the IFHRO web site might be a place to include information useful to consumers – not education on coding but rather the importance of maintaining a personal health record that would be available for all encounters.

Kathy Giannangelo reminded the group that items 3 and 4 of the core curricula address the general and specific uses of data and one could build on this.

The need to provide educational materials for users of data was seen as an important activity, and two subgroups were formed to develop one-page flyers, one for mortality and one for morbidity. These flyers would cover how information is collected and coded and how to interpret it. A first step will be to pull together what already exists on the topic. AHIMA may have some content that might be useful for users. Roberto Becker has made presentations on the uses of data. On a related topic, Chris Sweeting mentioned that the Health Informatics Unit of the Royal College of Physicians has 10 Top Tips on Coding.

Stefanie will coordinate the Mortality subgroup and together with Sue and Patricia Wood will develop a flyer on using and interpreting mortality data. Marci will head the morbidity subgroup, which includes Chris, Rita , Kathy, and Carol Lewis. Rita will provide information on different versions of ICD that exist. Both groups will present a progress report at the next telephone conference.

b. Solicitation of additional training materials and certificates for approved materials

Sue introduced the subject of issuing certificates for training materials that had been recommended as meeting the JC standards. The countries included are: Australia, Canada, Korea, Sri Lanka, and USA. Concern was expressed about issuing an open-ended certificate and it was decided that the certificate would indicate that it was valid through 2010. The covering letter transmitting the certificate would stress the importance of keeping the materials current.

Although the group considered that it would be desirable to solicit and review more training materials, the fact that the NCHS contract with AHIMA/FORE is ending on June 30, 2008 means that some other source of funding will be needed to coordinate additional reviews.

6. Evaluation of Pilots of International Training and Certification Program

a. Report of Exam Subgroup

Patricia reported that the group had continued to maintain close contact via email to address the questions that arose in the pilots conducted in Korea, Japan, UK, and USA in late 2007 and 2008.

Korea

Joon H. Hong reported that in preparation for the second pilot examination held on December 22, 2007, the Task Force received additional exam questions and answer key from Cassia Buchalla, had the additional questions translated and verified, implemented a one-day workshop on mortality coding for hospital coders and instructors (150 participants), and reviewed the applications (62 coders and 19 coder-trainers) for the exam. All the applicants met the requirements for sitting the exam.

The exam subgroup had developed a modified marking scheme:
- UCD code: 3 points (60% of the total points)
- Rule(s) used: 1 point for each (40% of the total points)
- UCD code correct but for the fourth character: 1.5 points
- Subtraction for unnecessary rule(s): 0.5 point
- No mark for the correct order of the rules applied.

Three of the certified mortality coders started scoring the day of the examination but had to stop because questions arose about the answer key for four cases. The exam subgroup discussed and resolved these questions via e-mail and the scoring was completed. The results of the exam were: 47 of 62 coders were successful and 14 of 19 trainers were successful. The highest mark was 95.0 and the average mark of the successful candidates was 87.0. Sixty percent of the successful coders had more than six years of experience in coding.

Scores were lower in the first examination because the ACME decision tables were not used.

The exam identified some problems and suggestions:
- Cases with conflict in selecting the UCD and/or rules application, i.e., cases with more than one answer
- Cases for which there is a need to define guidelines not mentioned in ICD-10 Volume 2, for example, rule for reselection of the UCD
- Need to classify exam cases by level of difficulty
- Need to decide the proportion of each level of difficulty in selection of exam cases.

Regarding the classification of exam question by level of difficulty, four levels of difficulty were identified: 1, 2, 3 and 4.

In answer to a question, Joon reported that six coders who had failed the first exam retook the exam and three passed. Coders retaking the exam were charged 50 % of the regular examination fee.

USA

Marjorie reported NCHS conducted a pilot exam for 18 mortality coders. Fifteen took the exam on October 17, 2007; a second session was held a week later for three individuals unable to participate on the original date.

Seven medical data classification specialists, six medical record technicians, three contract coders and two contract technicians (one of whom took the trainer exam) sat for the examination. The participants were allowed to work at their own desks using the NCHS versions of ICD-10,

and the test was monitored. Fifteen coders and one coder-trainer passed the exam. The two who were not successful fell just below the required 80% with scores of 78 and 79.

UK

Cleo thanked Joon for her presentation, which made it possible to be very brief in describing the exam that took place in the UK on February 6, 2008. Two very experienced coders and two less experienced (6-7 years and 3 years) coders sat the exam and all passed.

The experience pointed out the desirability of clarifying the instructions by including examples that showed how the codes were to be entered. Also, difficulties were encountered in coding the neonatal deaths because a perinatal death certificate is used in the UK that doesn't contain underlying cause.

Japan

The report for Japan was made by Ikuko Takasuka on behalf of Yukiko Yokobori. Once the decision was made to pilot the mortality coding exam, a committee was created composed of the Japan Hospital Association (JHA) Education Committee's Subcommittee for Classification and the Japan Society of Medical Records Administration (JSMRA). The Committee's tasks were: translation and checking of the answer keys and self-assessment, discussion of the method of implementing the exam, discussion of methods for marking, evaluation, etc.

It took the members of the committee and professional translators six months and US$10,000 to translate the 100 questions and answer keys and the self-assessment.

The exam was held on February 4, 2008 for seven participants: three HIM trainers, three doctors with HIM qualifications, one doctor. The exam lasted four hours and all 100 questions were included in the exam. The Subcommittee for Classification scored the exam with the following results:

> Total points – 447
> HIM trainers – 191.0, 212.0, 262.5 (49.63% average)
> Doctors with HIM qualifications – 220.5, 268.5, 289.0 (58.02% average)
> Doctor – 254.0 (56.82%)

A number of problems were identified. Translation is an endemic problem in Japan. There are several translations for one English term. There are differences in the Japanese version of Volume 2 and the original English version. In addition, there are problems with the interpretation of rules in Volume 2, for example, is there a difference in the interpretation of General Principle? No Japanese version of ACME exists and the answer differs from the answer key if the story of the case only is read and interpreted and ACME is not used.

Final considerations: language problems in Japanese make it difficult to implement an exam prepared in English. There is a need to have international standards for rules and their interpretation.

Patricia pointed out that what was piloted was translation. Cassia emphasized the need to have back translation. Japan is not interested in international certification of its coders.

Marjorie said that a letter will be sent to the Japan Hospital Association and Japan Medical Record Association to thank them for participating in the pilot. A lot was learned. Thanks also go to Yukiko who provided leadership for this pilot test.

Scoring and ranking

Patricia summarized the work of the subgroup by saying that the group had worked hard on developing a marking scheme (see the Korea report above). For some questions an alternative set of rules is needed depending on the clarity of the coding instructions in Volume 2. Cassia is working on ensuring that for each question with alternative answers, each alternative is ranked for difficulty. It is proposed that each exam contain 20 % easy questions, 20 % hard questions, and 30% each of the two middle ranks. The questions added for the trainer exam would be more difficult.

Chris asked if all 100 questions had been ranked. Cleo said that each question had been used at least once and suggested that in the future two additional cases be added to each test to test for coding. These questions would be excluded from the test score. Patricia indicated that there would be no more pilot testing.

b. Report from AHIMA

Rita reported on the contract AHIMA has with NCHS, which ends on June 30, 2008.

One of the products is a document, "Evaluation of the International Training and Certification Program for ICD". The draft document was circulated to the JC in early May. Marjorie considered that the conclusions needed to be strengthened. Other members of the JC were asked to send their comments to Rita by May 23, 2008.

There was discussion on how the report should be disseminated. It was suggested that the report be made a part of any grant application, that it be sent to the WHO-FIC network, Center heads, WHO regional offices, Health Metrics Network, IMIA, IFHRO member nations and it should be posted on the IFHRO and Education Committee web sites. Marjorie will draft a standard cover letter.

Another document prepared by AHIMA as part of the contract is a Candidate Handbook for International ICD-10 Training and Exam Preparation. Marjorie suggested that the booklet list exam competencies and sample questions to help people prepare for the exam. Cassia stated that the booklet currently included too many examples. Margaret suggested that the examples cover each of the four levels of difficulty.
Carol said that she found the document to be complete and useful. However, some sections such as canceling and changing examination appointments and requests for accommodation to deal with disabilities were too detailed for some countries and might create expectations that could not be met. How much adaptation can countries make so that the booklet responds to local

situations? She also believed that the booklet should include a statement regarding the examinee's responsibility to maintain confidential the content of the exam.

Responses have been received from the outreach efforts. The large number of interest forms received from respondents in the USA was a result of an article by Margaret published in the *Journal of AHIMA*. Some of the forms expressed interest in international work.

There was considerable discussion about what will happen when the contract ends on June 30. Rita stated that if AHIMA approved, it would be possible for AHIMA to continue responding to emails until December 31, 2008. After that, the Brisbane center might respond to emails until July 2009.

Margaret pointed out that additional tasks were not sustainable on a volunteer effort. The costs of translation, preparation and dissemination of documents, etc. will require financial support, and it is imperative that funding be sought if the project is to continue.

7. Next steps for "going live" with the International exam for UCOD coders

Detailed discussion was held on the next steps for going live, including:
- Practicing Coders vs. New Coders
- Engaging approved trainers
- Resources Needed
- Sources of funding
- Outreach and partners
- Translation Issues
- Timeline

Discussion highlights included the recommendation that new coders have at least two years experience before sitting for the exam. Educators would be responsible for informing their students of the exam requirements.

Discussion was also held on how developing country participants would obtain experience, as perhaps there would not be opportunities in their native countries. One suggestion was that they be sponsored to come to developed countries for training. Perhaps some sort of scholarship could be arranged. It was also suggested that coders do self-assessment, and that this would be available on line and updated regularly as the content of the exam changed. All agreed that there should be encouragement to individuals to sit for the exam. It was also suggested that those who are successful candidates take regular refresher courses to remain current.

An idea brought up for consideration was that there would be "traveling teachers," who would travel to various sites in the world and educate coders. In addition, these individuals could provide guidance on the importance of documentation systems, as these must be in place prior to coding---and are sorely lacking in many developing countries. Sue Walker shared her experience in Vietnam, where there are no Health Record Departments, but hospitals do have Planning and Statistical Units. A physician completes the front sheet, and individuals code from this front sheet documentation. The coder is not a HIM certified individual, and there is little coordination of data collection or standards between hospitals.

All were reminded of our quest to have funding to permit this project to continue and reach the group's ultimate goal of improving data quality worldwide. Marjorie and Sue reported that during the previous week at the ICE Symposium they had met with Carla Abou-Zahr of WHO regarding possibilities for expanding the pilots to developing countries. Ms. Abou-Zahr requested that the Education Committee and Joint Collaboration prepare a short proposal for funding, which she can discuss with Health Metrics Network and others. Sue will take the lead in developing such a proposal, with the goal of submitting the document to Ms. Abou-Zahr by June 30.

8. Web Based Training Tool

Sue Walker walked the group through a demonstration of the web based training tool. This is being produced by a WHO contractor and is intended for someone learning how to code. The work presented was impressive and will be shared with developing countries after completion. The tool looks at all 22 chapters of ICD-10 and is to be used in tandem with the ICD-10 books. There are no plans for a certificate in conjunction with completion of this course. It was suggested that information on documentation of hospital records and death certificates could be included as a part of the tool. It will be proposed to the WHO that additional content be included.

9. IRIS

Stephanie Weber discussed IRIS, an automated coding system being developed and used in France, Sweden and Germany, based on the U.S. mortality coding ACME decision tables. The advantage of IRIS is that it works with national language dictionaries, not just with the English language. Stephanie was asked to write an article for the AHIMA journal, and her article will also be posted on the IFHRO web site.

Adjournment of Day 1.

DAY 2
Thursday May 15, 2008

Welcome and introductions.
Joining the meeting this day were John Hough of the US and Yukiko Yokobori of Japan.

1. Review of First Day
Margaret Skurka presented an overview of the work of the group from the previous day.

Marjorie Greenberg asked if IFHRO could establish an interest group for mortality coders. Margaret indicated probably yes, and that she would take this to IFHRO Executive Board meeting in June in Amsterdam along with a report from this meeting.

Sue Walker then provided a quick overview of the functions and processes of the WHO-FIC Morbidity Reference Group (MbRG), which was established in 2006.

2. Report from the Morbidity Reference Group

Roberto Becker presented on the definition of Main Condition coded for hospital discharges. The definition in Volume 2 of the ICD-10 is not universally accepted and there are few standard rules and training methods/materials to support its use. The definitions used are very country specific and thus, it is difficult to compile a database on morbidity because of this lack of comparability. It has been proposed in recent years to have multiple definitions, and possibly applying this approach in ICD-11. Roberto presented three different definitions for main condition and indicated this issue is currently open for discussion.

The decision of the JC is that we are going forward with the definitions as they exist now in the ICD-10 because we have the agreement of the MbRG to do this, the definitions are used now in most of our main target countries and because further definitional refinements may take several years.

3. Process for certifying practicing morbidity coders and trainers

Chris Sweeting opened the discussion with a presentation on ICD-10 morbidity coding. Chris will send the link to the document from the UK Royal College of Physicians stressing documentation requirements for physicians. Marci shared that in Ontario, the Physician Task Team of the Provincial Ministry of Health created the same type of document. Both of these source documents will aid in the creation of the flyer discussed on day 1.

Chris presented slides summarizing the process for the coding of single condition vs. multiple conditions in morbidity records. Amy Blum had taken the documents for mortality and for the most part substituted the word 'morbidity' for 'mortality', specifically in the documents on self-assessment, application, and the exam process.

Discussion followed as to whether we initiate a test and certification process for morbidity coders, analogous to the UCOD mortality process, or just focus on training. The discussion centered on the focus being on training and also on documentation. An issue that emerged for example is that the rule on how "probable or likely" diagnoses are coded is not consistent across countries. Morbidity coding is done differently around the world and tied to reimbursement in many countries.

The sense of the group was that there is a need for something tangible as a result of coders being involved in a morbidity assessment process. There may or may not be an examination. However there needs to be a "take-away" from completion of the morbidity training process, maybe a certificate, or something that shows the bar has been raised in coding.
Discussion followed on reimbursement issues and how that affects the coding. The bottom line is that there is a need for good data by all, and there is always a need for good documentation as the basis for quality coding. There is a need to focus on the developing countries as many developed countries have their own certification programs for morbidity coders.

4. Discussion on IFHRO Learning Modules and other IFHRO involvement

An issue was raised regarding whether there could be additional module development to assist with assessing the quality of record documentation, record processes and perhaps a coding module. Another question was raised as to how could the JC work to enhance these? Our flyer with documentation tips and an assessment package for medical records will be a start. There is a need for morbidity training material. Perhaps a pre and post test associated with a training course and a "certificate" would be appropriate.

With regards to identifying best practices for coders, the strategy we need is multifaceted in that there is a need for understanding of the record, documentation and coding. There is a need for additional courses on coded data management in the modules and a need for flyers that highlight the work of coders.

The current decision is that there will not be a coding exam for morbidity, but rather coding education and a certificate at completion. The focus will be on ICD-10, and not any modification used by a specific country. Maybe taking a test at the end of a training course is an option. There could be a certificate of completion and another certificate for the practice area that was assessed. The certificate(s) would come from the JC.

To take this work forward will be a multiyear process. We would start with the basics and recommend documentation improvements and then down the road, we revisit the exam process. It is preferable to get a clinician in the developing countries to champion any type of work done there, as this would help increase the profile and importance of health record documentation. It was reiterated that we should focus on creating health information before we discuss coding it.

See also item 9 on Day 3 (page 15).

<u>IFHRO development of a special interest group for coders.</u>

It was suggested that IFHRO create a "Special Interest Group" for coders who have received certificates. This would require coordination and some resources. It was also suggested that in some countries, the technology to connect to a web site might not be available. Margaret Skurka will take this idea to the IFHRO Executive Board meeting in Amsterdam in June for discussion. Funding is, of course, an issue. The IFHRO web site should also have a link to the web based training tool for ICD-10 within the learning packages.

There is a need to start assessing training materials against the morbidity core curriculum and a need for a timeline to be established for morbidity training going forward. A subgroup will work on this during this meeting.

5. ICD-11 Implementation Plans

The plan is for WHO to approve ICD-11 at the World Health Assembly in 2014. It is planned to be released to all countries for adoption in 2015. This schedule could slip, depending on available resources.

6. National Cancer Registrar Association Presentation.

Guest speaker: Michael Hechter, Director of Membership and Certification, from the National Cancer Registrars Association, Alexandria, Virginia

This organization began certifying Tumor Registrars in 1983 and now has over 6000 registrars with 250 successful new registrars last year. Michael presented a short Power Point presentation on the current work that the NCRA is proposing to attain international credential and exam status. He reviewed the process for developing their exam, administration of the exam, analysis and scoring, reporting and program evaluation. The process begins with a job task analysis and ends with the program evaluation. He also reviewed exam specifics including cost, deadlines, and exam content. There are 4.5 hours allowed to write the exam. He described a process beginning in 2002 for implementation of a new credential in the global marketplace. The funding request was not approved by the Board of Directors in 2004, and a new proposal was again defeated in 2005 by their Board. In 2006, the NCRA created a Task Force focused on Canada for a new specialty model. A manual was created in 2007 with NCRA specifications. A pilot test is the next step and Canada now is first. Ireland, Central America, South America, Australia and Africa are all participating in an international committee. It was pointed out that the UK already has cancer registry certification in place.

Discussion followed on the application of the NCRA work to our processes, and the relevance to our work was noted. We want to keep a liaison with the NCRA and want to support those using ICD-O as one of the family of international classifications. There are reasons to collaborate going forward. It was suggested that a link from the IFHRO web site to the NCRA for informational purposes would be appropriate.

7. Report from the Functioning and Disability Reference Group (FDRG)

Lynne Bufka joined the group for this session.

The FDRG is a new reference group established in 2006 with a joint project with the Education Committee on education for ICF, headed by Cassia. Information on existing educational products was obtained from a pilot project developed by the Dutch Collaborating Centre and a follow-up survey.

Cassia provided background information on the collection of material, from the pilot project to the drafting of the core curriculum. These drafts were presented at the FDRG and EC meetings in Trieste, Italy in October 2007. There are currently 8 independent curriculum modules with considerations/recommendations for educating users and potential users. Drafts have been circulated in both groups for comments. The documents will be redrafted with comments added and circulated again to both groups.

Additional discussion points raised were: Do we have to identify the audience in the curriculum modules? How much detail should be in the modules? And do the curriculum modules include all aspects that could be related to the ICF—such as ethics?

Review of Training materials: An inventory of ICF training materials has been created with 22 training tools identified. Many countries sent more than one training course—such as introductory, advanced manuals, and Power Point presentations. Materials from 20 different

owners of didactic material from many countries were obtained. There is a need now to do quantitative assessment of the materials received.

A 2-minute reader is being prepared and will be made available on the WHO web site. It will be circulated for comments, and will include examples. A draft is to be presented at WHO-FIC fall meeting in India. Cassia urged Education Committee and FDRG members to put forward ideas about content and format of the product.

Marjorie Greenberg indicated that the latest version of the Curriculum Modules included input from Nenad Kostanjsek, the WHO officer on ICF, and settled some unanswered questions. This was done to move the process along while Marjorie was attending WHO-FIC meetings in Geneva. Included in the packet for this meeting were two copies, the second with track changes from the Geneva discussions.

The updated version will be reviewed now by Cassia and then circulated for broader comments by the end of June. Marjorie will continue to communicate with Nenad. There is a possibility that content could be developed in Sept, and the first module be available before the Oct. meeting in India.

John Hough reported that in the future there might be separate coding guidelines for population-based data and case-based data, with sub-categories, depending on the purpose of the data collection. There will be issues with the qualifiers. An overview will be written regarding how to select codes, use of the qualifiers, etc. International standards don't really exist. We cannot offer definitive coding instruction without these standards. The web-based training tool will be useful for future ICF training. The Education project group is working with existing training materials to develop an ICF web-based tool. It was noted that the health record may not contain enough data on functioning to use the classification system. This will need to be stressed. It is hoped that the ICF and the training materials will be used in rehabilitation hospitals.

There will be a meeting of the FDRG in Quebec City, Canada in August of 2008, following the 14th Annual North American Collaborating Center Conference on ICF. ICF is used mainly after hospital discharge for patients in the community or in rehabilitation. Another primary use for ICF is as a framework for population disability and functioning statistics. The curriculum modules will be finalized hopefully in Quebec with many of the group in attendance. Progress has been made, but it has been difficult.

Lynne Bufka reported on the development of the training manual for health professionals under the aegis of the American Psychological Association (APA). The goal is to have the work substantially completed by the Quebec meeting. Many chapters are done, but inconsistent writing has occurred due to having multiple participants. A team working under Lynne will do a cleanup over the summer. The web site for reference is http://icf.apa.org.

Day 3
May 16, 2008

1. Welcome to New Participant

The group welcomed Dr. Armando Vasquez of Chile to the meeting. Dr. Vasquez works as a regional advisor of medical rehabilitation in Santiago, Chile with the Pan American Health Organization (PAHO). He is the coordinator of ICF for PAHO.

2. Compilation of Minutes

All rapporteurs were asked to have their minutes to Margaret Skurka by Monday, May 23, 2008

3. 2008 WHO-FIC Network Meeting

The October 25-31 2008 WHO-FIC Network meeting in New Delhi was announced and Marjorie Greenberg led the discussion. This included an overview of the tentative agenda. Posters were suggested for this year rather than papers. All papers will probably be invited papers. Marjorie requested all members of the Education Committee be present on Monday and Wednesday in New Delhi for the Committee's working sessions and be present for as much of the rest of the meeting as possible.

Monday's session will focus on generic tasks and the International Training and Certification Program for ICD-10 coders. Wednesday will focus on ICF educational activities.

Marjorie will solicit additional papers on best training practices. Potential authors are:
- Chris Sweeting – ICD training in the Czech Republic
- Cassia Buchalla – Train the Trainers in Brazil
- Matilde Leonardi – Italian ICF training

Eventually, all the best practices papers should be captured in a monograph, which would also include the core curricula and curriculum for certification training.

Other papers and posters should include:
- Education Committee Annual Report - Marjorie Greenberg
- Web-based Training Tool - Sue Walker and Robert Jakob
- Update on International Training and Certification Program – Margaret Skurka, Sue, Rita Scichilone, and Joon H. Hong
- Summary of Pilots (poster) – Cassia, Rita, Joon, Kathy Giannangelo
- IFHRO self-learning modules and Community of Practice – Margaret
- Flyer on uses of mortality data – Stefanie Weber
- Flyer on uses of morbidity data – Marci MacDonald
- Exploration of Morbidity exam (discussion paper) – Joon and Amy Blum
- Joint ICF education project with FDRG – Cassia Buchalla
- ICF Two-Minute Reader – Catherine Sykes and Ros Madden
- Top Ten Coding/Documentation Tips (poster) – Chris Sweeting
- Primary care use of ICF in Chile – Armando Vasquez
- Virtual Training/Distance Education (poster) – Rita

4. SEAR IFHRO conference in Bali, Indonesia

Margaret reported on the scheduling of the First Conference of IFHRO SEAR countries entitled "Consolidation and Strengthening in Health Information Management among IFHRO SEAR Countries in the 21st century." The conference will be held on Oct. 21-24 in Bali, Indonesia. The Joint Collaboration should be represented if possible. The Education Committee hopes to have at least one representative there. Kathy Giannangelo expressed interest; also Marjorie, Sue and Margaret have been invited. All are dependent on travel funding. Marjorie will respond in the affirmative from the Education Committee indicating that someone will attend if at all possible.

5. Tool kit for new Collaborating Centers

Marjorie reported on this project that will hopefully be maintained on the Sharepoint site of the WHO. This is a good idea for the Education Committee. Roberto spoke in support and will work with Marjorie on this, and also Cassia. The EC and JC both embrace the concept of further developing this tool kit. Many links can be established.

6. Orientation sessions, Tutorials

The orientation session will again be held at the Delhi meeting. It should be organized and perhaps videotaped in India for future use. It may be scheduled from 8 AM to 9 AM on Thursday of that week and will be coordinated by the Education Committee. In addition, perhaps a tutorial on how to use Iris would be useful. Marjorie will follow up on this with Stephanie Weber. No additional tutorials are being planned at present.

7. FAQ's and Abbreviations
Abbreviations and acronyms should be sent or given to Carol Lewis, who will update the list for inclusion with the Education Committee annual report. The FAQ's work will be done at a later point.

8. Election of Chair

Marjorie will accept the nomination for two more years as Education Committee Chair, but at that point a vice chair should emerge for succession planning. Anyone interested in this role should discuss with Marjorie.
9. Review of Action Items

The group reviewed the development of a timeline for the EC and JC for both the ICD and ICF work.

Joon Hong stated that she would like an international morbidity coding test for Korea, and would like to move ahead on developing the same. She expressed the view that there would be disappointment in Korea if there is no international exam for morbidity coders. Joon wished to volunteer to attempt to develop an exam for morbidity coders and trainers, being generic enough with regard to use of any coding rules. Chris Sweeting offered to assist Joon in developing this

process, based on ICD-10 because England and Korea both use the international version. Exploration will be carried out on the possibility of a generic morbidity coding exam. This will not include interventions, but the intervention concept should be explored as well. A subgroup will identify all the issues such as scope and procedures through e-mail. Amy Blum will help, also Yukiko Yokobori, Marci MacDonald, and Carol Lewis. This exam would include provision for the assessment of both trainers and coders. A short report will be made to the July teleconference and then can be taken to India. Joon will head up this effort, but Amy will coordinate the emails and the report.

There being no further business, the meeting was adjourned at 11:35 by Marjorie Greenberg.

Respectfully submitted,

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Co-Chair of the Joint Collaboration

Meeting of the WHO-FIC Education Committee and Joint WHO-FIC - IFHRO Collaboration Silver Spring, MD USA May 14-16, 2008

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Final Agenda
WHO-FIC Education Committee
WHO-FIC – IFHRO Joint Collaboration
Silver Spring, Maryland
May 14-16, 2008

Wednesday, May 14

9:00 a.m.	Welcome Introductions Assignment of rapporteurs Review of agenda and meeting objectives	Marjorie Greenberg Education Committee Chair
9:30 a.m.	Review Education Committee Terms of Reference and 2008 - 2009 Work Plan	Marjorie Greenberg
10:00 a.m.	Review Joint Collaboration Terms of Reference and 2008 – 2009 Work Plan • Update of core curricula for ICD • Solicitation of additional training materials and certificates for approved materials	Sue Walker Margaret Skurka Co-chairs
10:30 a.m.	Break	
10:45 a.m.	Evaluation of Pilots of International Training and Certification Program • Report from Exam Subgroup • Report from AHIMA • Translation issues • Plans for Finalization and Dissemination of report	Patricia Wood et al Rita Scichilone
12:30 p.m.	Lunch	
1:30 p.m.	Next steps for "going live" with the International exam for UCOD coders • Practicing coders versus new coders • Engaging approved trainers • Resources needed • Sources of funding • Outreach and Partners • Translation issues • Timeline	Sue, Margaret, Rita

3:30 p.m.	Break	
4:00 p.m.	Development of Web-based training tool	Sue Walker
5:00 p.m.	Multiple cause coding and Certifier training - updates	Stefanie Weber
5:30 p.m.	Adjourn	
6:00 p.m.	Group dinner	

Thursday, May 15

9:00 a.m.	Welcome and Introductions Assignment of Rapporteurs Review of first day	Marjorie Greenberg JC Co-Chairs
9:30 a.m.	Report from Morbidity Reference Group	Roberto Becker
10:00 a.m.	Process for certifying practicing morbidity coders and trainers - Self assessment for coders - Application for trainers - Exam(s)	JC Co-chairs Chris Sweeting Amy Blum
10:30 a.m.	Break	
10:45 a.m.	Morbidity discussion continued	
12:30 p.m.	Lunch	
1:30 p.m.	Proposal for certifying cancer coders	Amy Blum
3:00 p.m.	Break	
3:30 p.m.	Report on collaboration with FDRG - ICF Curriculum Modules - Review of Training materials - Development of Basic training	Cassia Buchalla
5:30 p.m.	Adjourn	

Friday, May 16

9:00 a.m.	Welcome Assignment of rapporteurs	Marjorie Greenberg
9:30 a.m.	2008 WHO-FIC Network Meeting	EC Chair and JC Co-chairs

9:30 a.m.   2008 WHO-FIC Network Meeting   EC Chair and JC Co-chairs
- Agendas for working sessions
- Papers
- Tool kit for new Collaborating Centres
- Orientation sessions, Tutorials
- FAQ's and Abbreviations
- Election of Chair(s)

10:30 a.m.   Break

10:45 a.m.   2008 WHO-FIC Network Meeting continued

11:30 a.m.   Review of action items   EC Chair and JC Co-chairs
Future work plan

12:00 p.m.   Adjourn

April 30, 2008