

**WHO-FIC Education Committee
WHO-FIC – IFHRO Joint Collaboration
Alexandria, Virginia 4-5 May 2006**

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 4-5, 2006 in Alexandria, Virginia. The purposes of the meeting were to advance work on the International Training and Certification Program for ICD-10 Mortality and Morbidity Coders, address other Education Committee tasks and make plans for the 2006 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.

Day 1 Thursday, May 4 2006

1. Opening and welcome

Participants were welcomed to the meeting by Marjorie Greenberg, Head of the North American Collaborating Center and Chair of the Education Committee. After introductions were made around the table, rapporteurs were assigned and the agenda (Attachment 2) and meeting objectives reviewed and agreed.

Marjorie began with an outline of outcomes from the recent Paris meeting of the WHO-FIC Network Planning Committee and plans for the 2006 WHO-FIC Network meeting. The theme of the Network meeting is *challenging the information paradox*. The meeting is being held in Tunis, Tunisia which is in the AFRO area, where the information paradox is profound. The Planning Committee is working on governance issues, the establishment of the new reference groups, and outreach to the information paradox regions. Structures and working methods will be developed to be consistent across the Committees and Reference Groups of the WHO-FIC Network.

The WHO-FIC Education Committee has been asked to prepare a plenary session for the Tunis meeting. Marjorie challenged the group to consider how to use that time to highlight what we have done, plus how we might develop material and resources to address the information paradox.

2. Review of Education Committee Terms of Reference and 2006 Work Plan:

Marjorie initiated the discussion with an overview of the collaborative matrix of committees and reference groups of the WHO-FIC Network, mentioning that three new reference groups were formed at the 2005 WHO-FIC Network meeting in Tokyo: the Morbidity Reference Group (MbRG), the Functioning and Disability Reference Group (FDRG) and the Terminology Reference Group (TRG). The reference groups have expertise and interests that spread across the more focused functional work of the Committees. The MbRG will focus principally on ICD-10 as a morbidity classification and also address morbidity coding rules and guidelines. This should contribute to the work of the Education Committee (EC) and Joint Collaboration (JC). The FDRG will address content, coding rules and guidelines of the International

Classification of Functioning, Disability and Health (ICF), which will contribute to the EC work on the ICF.

With this in mind, Marjorie reviewed the purpose of the WHO-FIC Network Education Committee, reminding us that its work covers educational activities relevant to all 192 member states for both ICD and ICF. Next, she reviewed the functions of the Committee, matching them to actions, specifically for ICD. Marjorie drew attention to the fact that a new task has been added to the Terms of Reference to support the development and maintenance of a self learning tool for ICD-10. The Education Committee Terms of Reference were reviewed, discussed and determined not to require any further revision or update.

3. Review of Joint Collaboration Terms of Reference and 2006 Work Plan:

Margaret Skurka assumed the Chair at this point.

Margaret and Sue Walker, co-chairs of the JC, led the review of the JC Terms of Reference (ToR) and 2006 work plan. Margaret initiated the discussion with a review of the *Purpose* of the JC, concluding that we are on track to accomplish the 2006 goals.

A review of the *Background*, focusing on the last two bullets, led to a revision to specify that work is currently focusing on Underlying Cause coding, but morbidity coding and multiple cause coding will be considered in the future. Relevant wording from the Joint Collaboration's brochure will be added to the ToR.

Reviewing the *Functions* indicated that functions 4 through 7 are as yet incomplete suggesting a place for the Working Group to focus its energy. It was also decided to add a function;

9. To serve as a liaison with the WHO-FIC Education Committee working group on educational strategies for improving the completion of source documents, e.g. death certificates, health records

When reviewing the *Timeframe* there was a discussion of the suitability of the placement of these dates in the Terms of Reference. Sue proposed that the *Timeframe* section be removed from the Terms of Reference document but maintained in the workplan. This was agreed.

4. Update on Call for Training Material:

Materials from seven countries have been received – it was noted that for some countries, more than one submission from different educators has been received. There are materials from Korea that are anticipated, and Joon will nominate an appropriate reviewer. A high-level gap analysis revealed that there are materials for each knowledge cluster of the core curricula. Monica Pace's materials in Italian will be reviewed by Ruy Laurenti.

Not every country's material covers all of the nine knowledge clusters, but, internationally, each of the knowledge clusters is covered in at least one set of training materials. .

Discussion centered on the purpose of the review of submitted materials. It was agreed that a more in-depth review now needs to be done to assess the adequacy of the materials within each cluster, not just their existence. The two most important clusters – 'The ICD' and 'How to Code' (modules 7 and 8) should be assessed by two independent reviewers. The in depth review should concentrate on these modules because they have the most international applicability.

Some members believed that it would be useful to have one single set of "gold standard materials", rather than materials from a variety of sources. This led to an extensive discussion of the use of the term *gold standard*, versus something like *reference material*. Stefanie Weber expressed the opinion that for there to be a true gold standard, it may be necessary to develop new and generic material. The Working Group concluded that the identification of core modular training packages from multiple approved sources as having reached the "standard," rather than the "gold standard," may be more appropriate terminology.

ACTION 1: Margaret to update the Terms of Reference to include the new function (# 9) and to revise *gold standard* to *standard*. (The revised Terms of Reference were presented to the group on Friday morning).

ACTION 2: reviewers to do a more in-depth assessment of adequacy of materials and draft feedback to submitters

- Amy Blum will review Ski Lanka and Australia
- Sue will do NCHS
- Joon Hong will designate another Korean to do a second review of the Korean material
- Cassia Buchalla and Roberto Becker will designate someone for the second review of Brazilian material

5. Presentations on available electronic training tools

a. Presentation by Chris Sweeting on TENDON

Chris had a CD-ROM of the old DOS TENDON product – Introduction to ICD -10 (developed in early '90's and not updated). TENDON contains basic self-teach materials; it would be a good package for novice coders. Chris has compared TENDON contents against the core curricula and thinks it fulfills all of the requirements for morbidity, and Cassia confirmed that it also meets mortality requirements. The product also covers basic keyboard skills and Chris felt that if an emerging country has no training materials at all, this would be a good starting point. There is a French, English, and Russian version of TENDON. Olaf Steinum also commented that there had been a Swedish version created back in 1998 that was on the public website in Sweden.

It was noted that originally OPCS owned the copyright of the TENDON program. The UK is interested in updating the content but there is a question as to how to keep TENDON reflective of the changing concepts of ICD-10. It

was noted that 80% of the ICD has not changed, so at least 80% of the programme would remain static. If the UK is able to update TENDON and a decision is made by the JC to recognize this material, it could possibly provide an available product to offer interested parties. WHO prefers a product with fewer copyright restrictions. Chris stated that the UK is very interested and supportive of WHO involvement in any future revision.

NHS Connecting for Health is now the 'owner' of the copyright for TENDON. Lynn Bracewell, who is now responsible for the TENDON product, has met with a WHO representative to discuss copyright issues for the use of ICD-10 in the UK. There has been no discussion about Tendon.

ACTION 3: Robert to ascertain the outcome of UK/WHO meeting held on May 2, 2006. See above. Tendon was not discussed at the meeting above.

ACTION 4: Chris to also find out from Lynn Bracewell future plans from the UK re TENDON.

b. Presentation by Cassia Maria Buchalla on intercod

Cassia demonstrated intercod. This was developed by PAHO in 2002 and is available in 4 languages. It is planned that a review of intercod will be conducted this year. Like TENDON, it is a computer-based training course and is user-friendly. It covers both mortality and morbidity and Cassia has reviewed the product against the core curricula for both and felt that the modules were covered. Cassia felt that the product had many advantages – it is short, clear and direct. The product is used widely both in Europe and the Americas. It is Windows-based.

Discussion took place around cost and copyright issues for intercod. Monica Page stated that she had been charged \$20 in the past for purchasing the product. Roberto responded by saying that he (as the PAHO developer) could decide who could have the product free of charge and he is happy to discuss this further as to wider distribution.

Marjorie said that as Cassia had now evaluated the product, PAHO could formally submit intercod for review of the training materials against the Core Curricula. Kathy Giannangelo volunteered to be the second reviewer for Interod.

ACTION 5: Roberto to fill out forms available on WHO-FIC website for submission.

ACTION 6: Kathy to act as reviewer when formally submitted.

c. Development of Web-based training tool – Robert Jakob, Sue Walker and Donna Glenn

Robert reported on plans and gave an outline regarding the development of a web-based ICD-10 training tool for WHO member countries. He has had discussions with Sue and Donna about this. Robert has been looking at new technologies that could be used both on and off-line and currently favours

Elicitus, a desktop authoring tool (see www.elicitus.com). Modules 7 and 8 are the ones that have international applicability in terms of the content and therefore it would be helpful to have a standardised 'reference training tool'.

In discussion, the following points were raised by the participants:

- Common core of knowledge required – both for mortality and morbidity training - need to cover both ICD knowledge and some medical knowledge
- All WHO member countries could be encouraged to use the same tool - Core material need to be updated easily, translated and then country specific items can be added
- It was recommended to have compatible tools for educational developments internationally
- There is potential to take advantage of a modular concept of the tool to use the modules in a different combination for certifiers and physicians reporting cause of death

Points for further consideration were noted as follows:

- Software – what to use?
- Cost and licensing – how can this be handled? We need people to register or be licensed to use the training tool so they can be informed of updates, but materials should be in the public domain.
- Quality Assurance process – incorporating correct rules and guidelines – ISO conformance
- On and off-line access to be readily available
- Need for consideration of time taken for completion of each module and whole package
- Self- assessment – is this how the modules would be set up or would there be a need for an instructor?
- How will content appear on screen – needs to be very inter-active
- Who will be responsible for updating each module or package? Assume that there will be a centralized updating mechanism e.g. – from the Mortality/Morbidity Reference Groups or by WHO
- Will any tool that is developed be available in the 6 official WHO languages? Translation issues.
- Resources –Electronic Tools Committee might work collaboratively on this development but no definite resources have been identified at present. There is certainly a will from members to support this – but on-going resource always a concern.

d. Presentation from Donna Glenn on web-based tool to teach Multiple Cause mortality coding

Donna opened this presentation by stating that Multiple Cause-of-Death training is needed internationally, particularly by users of the automated systems. At present this is very time consuming requiring 2 weeks on site residential training. The web-based development course is in draft format and is planned to cover materials currently taught during week one of a multiple cause course. It is based on manual 2b and includes training decks. The program incorporates a Learning Management System (LMS) so that the course could be completed by individuals but RTP staff can keep track of

progress and recommend students who are suitable for the rest of the multiple cause training. Students who satisfactorily complete the program will be eligible to attend the second part of the multiple cause training.

Main points covered:

- Includes lots of exercises using 2b manual – on-line
- Provides direct feedback to candidate i.e. if you answer incorrectly – further information/guidance is provided on-line
- Aiming to be in place by Jan 2007
- Open access – no copyright issues as in public domain
- 1 week CBT at own pace and then backed up by 1 week residential training.

Further discussion took place about the process of examining and certifying candidates. The EC and JC believe that it will not be possible to have a full international examination process but decided to accept the results of tests or exams given by local trainers at the end of a course or of each knowledge cluster. There was concern expressed that not all trainers give exams and there is no way of controlling exam quality and comprehensiveness. Monica asked about the definition of ‘examination’ – does this in fact mean ‘exercise’ or ‘evaluation’? She stated that Italy does not intend to use an examination as part of the certification process; Sue normally does not give an examination either. The discussion also raised issues around “evaluation versus examination” and what ability a coder has to demonstrate to be certified. Marjorie confirmed that the Joint Collaboration felt that a coder who attends a course run by a recognized trainer using approved modules was the way to go. Kathy added maybe having key objectives for each knowledge cluster that have to be met by the trainer would help. Each country would then plan their assessment and/or modify their curricula accordingly to ensure the objectives are met.

ACTION 7: Kathy to develop key objectives for each module and distribute to group.

6. Next Steps (Joint Collaboration discussion)

a. *Development of materials*

Marjorie indicated that to move forward, we need to get broad agreement for the development and promotion of the ‘standard reference tool’ as a recommended addition to country specific training programmes. There was general agreement that this development would be welcome. Robert asked who would put together the first draft of the materials? It currently contains broad high level content but needs fleshing out with detailed content with dedicated input from the JC so that exercises and training assessments could be put up on the Web. It was also agreed that any web-based or electronic tool had to have the capacity to ‘dump’ back to paper for countries that could not support e – learning models.

Marjorie informed the group that she was extremely supportive of this model and had kept a dedicated – but finite - amount of resources from her budget to be allocated to further this work. She had had discussions with Robert and Sue

on spending this resource to allow Sue to go and work with Robert in Geneva for a few weeks to further develop the training materials. Marjorie invited any other interested parties to collaborate on this work. Kathy, Donna and Monica all indicated that would also collaborate (5 in total).

ACTION 8: A small working group (Robert, Sue, Monica, Donna and Kathy will meet at the close of the session to progress plans for this work

ACTION 9: Sue will provide indicative costings for travel to Geneva to Marjorie.

ACTION 10: All parties involved will work with Robert and a progress report on this web-based tool will be presented at WHO-FIC meeting in Tunisia by Robert and Sue.

b. Assessment of practicing coders

Further discussion then took place around the process for assessment of practicing coders and their recognition. The pass mark for the assessment has been set at 80%. Stefanie felt that this was too high, and discussion ensued. However, the general consensus is that 80% is acceptable.

Yukiko explained that in Japan, they already have in place a well-established training and accreditation programme for Health Information Managers – not specifically coders as coding is a core component of a Health Information Manager’s role. They have comprehensive training materials and Yukiko indicated that these could be translated for JC use. There has been some confusion in Japan over the international certificate. Health Information Managers already possess their own degree/qualification so would have no interest in this, so Japan will not accept international certification but does support standardised training materials. Participants agreed that each country has to make its own decision if they wish coders to have the international certificate for either mortality coding or morbidity coding.

ACTION 11: Yukiko to submit translated Japanese training materials to the JC.

Issues were then raised about the self-assessment questionnaire (SAQ). What is it for – i.e., a real assessment for the JC to assess competence or as a tool to assist coders to determine if they feel ready to apply to sit the exam? Carol requested that the questionnaire be reviewed to take out references to ‘average’, so that there are 4 levels for each question and respondents can’t just select the middle of the range response.

7. Examination for underlying cause-of-death coders – presented by Cassia.

Cassia explained that Brazil had volunteered to set an exam based on 100 death certificates translated into English and then sent to the members of the Mortality Reference Group to code. Cassia outlined the methodology used to set the exam and to assess the responses. The coding was completed by some coders in groups and others as individuals. She informed the group that only 43% of the answers were totally agreed across the participants who coded the 100 certificates! Of the ones that had differing answers, some were completely different and some differed only at the 4-character level. Participants suggested 5 cases be excluded because they were

ambiguous. One participant timed himself completing all 100 certificates – it took 12 hours 25 minutes to complete the certificates (equivalent to 2 full days of exams).

Other issues noted by participants included:

- Lots of interesting suggestions were provided for the lay-out of the exam and content.
- It was felt that assessments should consider both Multiple Cause and underlying cause-of-death.
- The exam needs to include examples of Rules B and E
- More questions required on neoplasms
- Questions raised about abbreviations – should they be excluded?
- More than one version of the classification was used – need to specify which has been used

Questions were asked regarding translation issues and differences in applying the rules in various countries. How would the examination be carried out e.g. on the Internet – on-line? How many sets of questions would be used? Cassia agreed that it was a challenge to make this a truly international examination but everyone who participated had agreed that it was a very interesting and useful exercise.

Joon inquired whether hospital coders who code both morbidity and mortality by ICD-10, Vol I - III could apply to take the exam. After some discussion, it was agreed that if the coders were using the ICD-10 rules for assigning underlying cause of death from a death certificate, they would be eligible to apply.

Marjorie thanked the Brazilian Centre (Cassia in particular) and all the MRG members who took part. Donna said that she thought it was wonderful and had highlighted training issues in her coding group. Questions are still to be answered as follows:

- How much work will the MRG have to do to get the examination ready for delivery in 2007? Will it be possible?
- Can plans be in place for discussion and action for the Tunisia meeting?
- 50 certificates need to be completed for assessment purposes– the MRG has agreed to continue co-operating in this development

Day 1 ended with brief discussion around the award of first certificates, which hopefully will be presented at the IFHRO Conference in Seoul, Korea in May 2007. If we have not progressed sufficiently to make the first presentations, at the very least the program can be launched – however, we should work hard towards getting certification in place. One of the points raised was support for attendance at the conference for any successful applicant – resource and travel expenses would need to be found.

ACTION 12: Margaret and Sue to talk to IFHRO about financial support for successful candidates to attend Seoul Conference. Carol also agreed to assist with finding funding, if necessary.

Day 2 Friday 5 May 2006

Sue called the meeting to order at 9:00 am and assumed the Chair. Changes made to the Joint Collaboration's Terms of Reference the day before were presented. After some discussion they were approved.

8. Process for trainer recognition

Margaret Skurka introduced the final draft of this document (#2) and highlighted the changes from the last time it had been reviewed by the JC. While the title reflects the process is for recognition of trainers in coding underlying cause of death, the remainder of the document is not as clear. It was decided that the terms "underlying cause of death" would be inserted as necessary throughout the document to ensure clarity as to the type of trainer.

Other sections of the document where participants identified the need for further revisions include:

- Who is eligible – Delete "at least two years combination" in the first sentence. The revised sentence should state: Coding educators with experience in ICD-10 coding and training.
- Recommended background and experience – Add the following sentence: It is recommended that coding educators have conducted at least two training courses in ICD-10 underlying cause of death coding.
- Process
 - Number 1 – Add the possibility for the trainer to receive the application via mail
 - Number 8 – The item generated some discussion with regards to the exam taken by the trainers being identical to the one taken by students seeking certification. The group agreed that the trainer should have a greater knowledge than the coder. Therefore the exam should not be the same. Furthermore, participants felt that whereas the coder should assign the underlying cause of death codes correctly, the trainer should in addition correctly annotate the rules used to get the underlying cause. The consensus in the end was to remove the second sentence from number 8.
 - Number 12 – The issues for achievement of 80% accuracy for a passing score were revisited. For now, the 80% will remain. Once the exam is final and the answer key complete, the Mortality Reference Group will be asked to provide suggestions on how the exam should be scored.
 - Number 15 – Add the following sentence: Those wishing to continue to be identified as an approved educator must reapply every five years.
 - Number 16 – After discussion of this item (periodic recognition of trainers occurs on a five year schedule) the decision was to delete it. A modification of this statement was added to number 15.
- Resources required to implement
 - bullet 3 – The word "for" replaced the words "to do"
 - bullet 5 – Delete the words "for expanding and"

ACTION 13: Margaret will review the changes and post on the collaborative space.

9. Application for recognition as a trainer

Sue Walker discussed the document previously circulated. Again it was noted that the text was not clear that this application was for an ICD-10 trainer of underlying cause of death coders. To resolve this problem and to make it consistent with the previously reviewed process, the terms “underlying cause of death” will be inserted as necessary throughout the document to ensure clarity.

Other changes that were agreed on were:

- Title change – Application for recognition as an ICD-10 trainer for underlying cause of death coders
- New number 8 question – Describe your experience in coding underlying cause of death using ICD-10
- Renumber 8-13 based on the addition noted above
- New number 9
 - Revise first sentence as follows: Please describe your experience in teaching ICD-10 underlying cause of death coding.
 - Revise first question as follows: How long have you been teaching ICD-10 underlying cause of death?
 - Add new question: Do you have experience teaching previous ICD revisions?
 - Add two columns to the table with the headers of “Title of class” and “Classification used”
- Number 13 – Revise question into a yes/no format
- Number 14 – Revise into a notification explaining the process for submission
- Robert subsequently suggested a question whether person was aware of update process and if the latest versions changes are included in the training

ACTION 14: Sue will review the revised document and post on the collaborative space.

The group next revisited the launching of the training and certification process. Recognizing the need for resources, the decision was to aim for the IFHRO Congress in May 2007 for implementation. It was determined the time period for practicing coders to sit for the exam should be expanded to two years.

10. Infrastructure Work Group

Sue updated the participants on the infrastructure work group activities. Minutes of the meeting held in Tokyo were included in the meeting package. Sue has also created a list of potential resources for funds.

Next, Kathy explained where applications had been made for funds to support the work of the Joint Collaboration. She responded to a Health Metrics Network (HMN) Call for Expressions of Interest on April 3 on behalf of the WHO-FIC Education Committee and IFHRO. In addition, Kathy sent a letter of request for funding with supporting documentation to the Foundation of Research and Education (FORE) of the American Health Information Management Association. The HMN acknowledged receipt of the Call but no further information has been received. Similarly FORE has received the materials but no decision has been made.

Marjorie stated that she has some modest funds in her budget to support the Joint Collaboration. The specific areas where this money may be allocated were to:

1. AHIMA to assist with creation of an infrastructure for piloting the program
2. NCCH to support the development of the WHO reference training tool.

ACTION 15: Margaret volunteered to develop the AHIMA proposal

ACTION 16: Sue will develop the NCCH proposal and submit costings to Marjorie. The deadline for proposal submission to Marjorie is June 15, 2006.

Stefanie gave an update on the Eurostat meeting she attended. She reported while Eurostat is probably not a source of funds, the European Health Alliance, specifically DG SANCO might be (see www.epha.org/a/2163). Significant discussion followed with the conclusion that a proposal be submitted. Because the proposal needs to come from a European, IFHRO president-elect Lorraine Nicholson from the UK will be contacted to determine if she is willing to lead this initiative. Other names that were suggested to include with the proposal include Angelika Rathgeber from Germany and Darley Petersen from Denmark as all were a part of the EuroTask Group on Harmonization of HIM. Resources from this Joint Collaboration are Dr. Olaf Steinum from Sweden and Dr. Monica Pace from Italy. The deadline for submission is May 19.

ACTION 17: Margaret will contact Lorraine to ask if she is willing to lead the effort and to see that the proposal is submitted

ACTION 18: Kathy will review the requirements on the Web site and modify the HMN material as necessary and send to Lorraine if she agrees to manage the process

11. Training of certifiers of cause-of-death

It was noted that training of certifiers is a natural next step, because the quality of coding depends significantly on the quality of the source documentation. This is the next area of focus for the Joint Collaboration. A number of presentations on this topic were given.

a. Training certifiers in cause of death – Roberto Becker

The first presentation was by Roberto. The first part of the PowerPoint slide presentation entitled “Training Certifiers of Causes of Death” was a brief description of points to consider in organizing such a training program, the second part was the outline of the course itself. The course, which was developed by PAHO, is always adapted to the local situation and stresses use of mortality data.

b. Training of certifiers in the US – Donna Hoyert

Donna Hoyert then made a presentation on “Training of Certifiers in the United States” in which she discussed the recommendations made in two workshops on improving cause-of-death statistics and described the handbooks and other aids that have been developed to assist certifiers. NCHS

has attended national medical meetings to staff exhibits that emphasize the importance of accurate death certificates and show mortality trends.

*c. Development of an EU training package on certification of cases of death
– Monica Pace*

The third presentation was by Monica who described the “Development of an EU Training Package on certification of causes of death” project. This training package is designed to permit Eurostat member states to have common training, individualized to each country. Certain sections of the package must be adapted to reflect national certificates and laws. While there is provision for on-line instruction, the entire package can be downloaded and printed.

ACTION 19: The presentations will be added to the WHO-FIC Education web site for information purposes. All presentations in final format should be forwarded to Traci. Files should be in pdf format.

d. Summary and issues presentation by Harry Rosenberg

The fourth presenter was Dr. Harry Rosenberg who first discussed the three earlier presentations on the training of certifiers. He identified as strengths:

- having physicians train physician certifiers
- including in the training the uses made of mortality data
- the use of local examples
- the need for multiple approaches and multiple methods
- the value of a comprehensive training package with on-line instruction which can be adapted to different countries.

Harry then grouped his thoughts on the topic under querying, automation, delivering the goods, and MRG. He pointed out the importance of querying not only for quality reasons (for example, ensuring that a rare disease did indeed cause a death) but also for training purposes. While automation can offer advantages, there is a danger when pick lists are used and it is important for physicians to use the best possible documentation – but in their own words - when recording on the certificate. If electronic certification or registration products are to be implemented, there would be value in the MRG reviewing the products.

The Joint Collaboration discussed the possibility of recommending best practices or developing a consolidated core curriculum for training certifiers or both. Existing and new training products could be disseminated to the entire Education Committee and feedback sought. The PowerPoint presentation by Dr. Becker specifically will be useful for others. All resource tools could be assembled and used as possible tools for training physicians in other countries. The Education Committee web site could link to individual materials and other relevant websites.

It was suggested that training materials could be assessed and recognized but no certification process would be developed. It is important that a guide be developed for those with no materials, and that the training of certifiers be a part of a country’s overall training for cause of death and mortality statistics.

The Joint Collaboration voiced support for this work given the need to improve the quality of medical certification.

ACTION 20: Marjorie will draft, and circulate for comments, a letter to Eurostat to request making the comprehensive training package available to other regions.

ACTION 21: Stefanie Weber volunteered to help organize the materials into the beginnings of a core curriculum. Roberto and Monica will help.

A short paper is planned as part of the plenary session in Tunisia. It should be circulated for comment via email before that. Consideration should be given to developing “reference material,” using the already existing material, to be published on the WHO website similarly to the reference material for underlying cause of death coders.

12. Challenges and perspectives of HIM Education in Japan

A presentation was then made by Yukiko Yokobori on the “Challenges and perspectives of HIM Education in Japan.” Yukiko discussed the way that HIM is taught in Japan, highlighting the huge increase in student numbers in the past few years. She described the sorts of roles and responsibilities that coders and HIMs have in Japanese hospitals. Yukiko also noted that evaluation of the implementation and use of ICD-10 is important. The participants were encouraged to learn that the Japanese Hospital Association (JHA) is beginning to evaluate ICD-10 use in Asia. WHO, with JHA, is organizing a meeting in Tunisia for Asian countries.

It was suggested that the “Challenges and Perspectives of HIM Education in Japan” paper be submitted as a poster for Tunisia and also as a paper for the IFHRO meeting in Seoul.

13. Report from Morbidity Reference Group

Olafur Steinum reported that standards and better rules are needed for morbidity coding with the ICD-10. A reference group for morbidity is needed and the Group will formally be established in Tunisia. It will be known as the MbRG. There is already a working committee with ad-hoc co-chairs and secretary. A preliminary outline and a draft plan of work have been developed. It is not yet clear who the members of the group will be, but each Collaborating Center will be able to nominate up to two persons. A broad representation is desired.

The terms of reference for the MbRG were discussed at a meeting held recently in Paris. The purpose of group was reviewed and many ideas were presented. The first focus is on classification rules and support for the work of the Update and Revision Committee (URC). The Hospital Data Working Group is to be incorporated into the MbRG. Regarding ICD-10-XM, the group will be looking at problem areas that need to be analyzed, including the use of the dagger-asterisk system. Common platforms for classification maintenance will be identified. Rules for selection of the principal or main diagnosis will be reviewed.

The group will not consider procedure classifications. Casemix is on the agenda to some degree but hospital discharge data comes first.

All 3 of the new reference groups will meet on Saturday, October 28, in Tunis.

14. Publicizing the work of the Education Committee and Joint Collaboration

Robert Jakob provided an update on the status of the Joint Collaboration brochure. Within WHO the word “committee” has legal connotations and accordingly the title of the brochure has been changed to WHO-FIC - IFHRO Collaboration and reference will be made to a Joint Collaboration rather than a Joint Committee. These minutes reflect this change in terminology. The purpose of the Joint Collaboration is to develop a training and certification program to promote high-quality data. Other minor modifications to the brochure were reviewed.

Another brochure is to be developed for the WHO-FIC Network. A proposed draft was reviewed.

ACTION 22: RTP will do a first print run of 1000 brochures for the Joint Collaboration. The brochures will be folded, and ready for distribution in Tunisia and also for the IFHRO Congress in Seoul. Copies will be emailed and mailed to members for wide distribution and will be taken to the IFHRO Executive meeting to be held in two weeks. Donna Glenn will arrange the printing.

Five copies of the April 2006 issue of the *Bulletin* of the WHO containing the MRG’s response to the article, “A method for deriving leading causes of death” by Roberto Becker, John Silvi, Doris Ma Fat, André L’Hours, and Ruy Laurenti were made available by Robert and were distributed to interested JC members. Also in this edition is the letter to the Editor written by Sue, which describes the work of the Joint Collaboration.

ACTION 23: Sue will submit the full article originally submitted to (and rejected by) the WHO Bulletin to the Journal of the HIMAA (Health Information Management Association of Australia) for an upcoming issue on classification. Other articles for this issue were also requested by Sue for possible publication.

The IFHRO update that was in the Canadian publication of the CHIMA was reviewed. This short piece also described the activities of the Joint Collaboration.

In September 2005, Joon Hong presented a paper at the first Asia-Pacific IFHRO Conference about the work of the Joint Collaboration, and made another presentation in April 2006 at the national convention of the Korean Medical Record Association (KMRA). There was a great deal of interest from HIMs and coders.

Stefanie Weber attended a meeting of the Eurostat Core Group and made a presentation. Stefanie also talked about the program at the German Association of Medical Documentalists conference held in Erlangen, Germany, 30-31 March 2006.

ACTION 24: Stefanie will put the English presentation on the collaborative workspace for review and use by others.

15. 2006 WHO-FIC Network Meeting – Tunisia, 26 October – 3 November 2006

Marjorie Greenberg reviewed the plans for the Network meeting.

Thursday and Friday MRG and the ICF Application groups meet
Saturday Reference Groups meet
Sunday The Asian Network, meets in the morning; Planning
Committee and Centre Heads meet in the afternoon, opening reception in the evening
Monday 8:30-9:30 Education Committee will conduct an orientation session for new participants, similar to the one held last year, to introduce them to WHO-FIC. The list of Abbreviations and Acronyms and the FAQs should be updated for this.

ACTION 25: Committee members should review the list of Abbreviations and Acronyms (see back of annual report) and forward any new ones to Marjorie by June 30th. Additional abbreviations should also be noted. Marjorie will ask other committee chairs if they have additions to make to the lists or to the FAQs.

ACTION 26: Kathy will update the FAQs that exist, and forward to Marjorie by June 30th

Monday morning Opening plenary session will include reports from WHO, Regional Offices, Committees, Reference groups. There will be breakout sessions in the afternoon, including a break-out session for the Education Committee, which will focus on the Joint Collaboration and ICD training resources

Tuesday morning 9-11 Plenary session ICD implementation overview, the Information Paradox, global data base, Japan-Malaysia collaboration.
11:00 - 12:30 Education activities for WHO-FIC: 15-minute presentations on the model curricula, International Training and Certification Program, Web-based Training Tool, ICF, and training of certifiers.

ACTION 27: Sue and Margaret to prepare an overview paper on WHO-FIC-IFHRO collaboration and on the model curriculum, focusing more on resources than on process. This will highlight why the project has been undertaken, and outcomes.

ACTION 28: Robert Jakob to prepare a paper on the Web based coding and certification training project, with input from the sub group.

ACTION 29: Stefanie Weber to prepare a short presentation on the certifying of trainers, including possibly a draft core curriculum and a proposal with reference tool—what it would look like.

Marjorie will work with the FDRG to prepare something on ICF training resources.

Wednesday morning The Education Committee breakout session will focus on ICF.
Wednesday afternoon Plenary session on ICF.

	Conference dinner
Thursday morning	Report backs of committees and reference groups. Report on emerging issues
Thursday afternoon	Social event
Friday morning	Roundtable discussion on challenging the information paradox, case presentations (especially from AFRO), solutions to problems
Saturday	Finalize report

Poster sessions will be ongoing throughout the meeting, as they were in Japan.

A Conference call of the Joint Collaboration to be held in early August will review the plans for the Network meeting.

It was specifically noted that the process for certification of new coders needs to be fleshed out more completely, and time should be allotted for this in the conference call and maybe in Tunisia.

16. IFHRO Congress – 27-30 May 2007 Seoul, Korea

Joon Hong reported that plans for the Congress are advancing. She inquired whether time should be included in the agenda for the awarding of the first certificates to the coders who had earned them. It was agreed that this should be done and 30 minutes on Tuesday was suggested. Joon distributed T-shirts promoting the Congress to members of the committee and these were gratefully received.

Joon's reminder that the deadline for submissions of abstracts is June 27, 2006 led to a discussion of papers that might be presented.

ACTION 30: Sue and Margaret are to prepare paper on the work of the WHO-FIC - IFHRO Joint Collaboration, similar to the one to be presented in Tunisia. Sue will be the lead author for the Tunisia paper; Margaret will be the lead author for IFHRO Congress paper which will require more background as the participants in Seoul are less familiar with work being done.

ACTION 31: Marjorie will develop a paper on "Educational Strategies for the WHO-FIC"

Others are encouraged to submit abstracts. Sue might possibly present an abstract on the Needs Assessment and Robert might present one on web-based training.

ACTION 32: Send abstracts around to each other for review by June 12th prior to submission on June 27.

17. Discussion of 2007 Mid year Meeting

The Joint WHO-FIC IFHRO Collaboration will meet for ½ day in Seoul and will probably also need to hold mid-year meeting, possibly to be held in conjunction with the MRG and ICE Planning Committee. The JC should tentatively plan to meet in early May as it is important to do so before the Seoul meeting.

ADDITIONAL Action items

ACTION 33: Rapporteurs should send action items to Marjorie within one week, and meeting notes to Sue by 31 May.

ACTION 34: In consideration of those residing in Europe, conference calls will be moved up one hour, to start at 4 PM Eastern Time.

18. Closure of the meeting

Marjorie thanked all those present for yet another productive meeting, and closed the meeting at 5:30pm.

**Meetings of the Joint WHO-FIC - IFHRO Collaboration and
WHO-FIC Education Committee
Alexandria, VA USA
May 4-6, 2006**

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Tentative Agenda
WHO-FIC Education Committee
WHO-FIC – IFHRO Joint Committee
Alexandria, Virginia
May 4-6, 2006

Thursday, May 4

9:00 a.m.	Welcome Introductions Committee Chair Assignment of rapporteurs Review of agenda and meeting objectives	Marjorie Greenberg Education
9:30 a.m.	Review Education Committee Terms of Reference and 2006 Work Plan	Marjorie Greenberg
10:00 a.m.	Review Joint Committee Terms of Reference and 2006 Work Plan	Sue Walker Margaret Skurka Co-Chairs
10:30 a.m.	Coffee break	
10:45 a.m.	Update on Call for training materials <ul style="list-style-type: none"> • Need for modules to fill gaps • Review of TENDON and InterCOD 	Margaret Skurka Kathy Giannangelo Chris Sweeting Cassia Buchalla
12:00 p.m.	Lunch	
1:00 p.m.	Development of Web-based training tool	Sue Walker Robert Jakob Donna Glenn
2:00 p.m.	Next steps on modular core training packages, development of International Training Plan <ul style="list-style-type: none"> • Training of non-English speaking coders in multiple cause coding 	Joint Committee Education Committee Stefanie Weber Monica Pace
3:30 p.m.	Break	
3:45 p.m.	Process for assessment of practicing coders <ul style="list-style-type: none"> • Exam for underlying cause-of-death coders • Self-assessment 	Kathy Giannangelo Cassia Buchala Kathy Giannangelo

	<ul style="list-style-type: none"> • Award of first certificates 	JC Co-chairs
5:30 p.m.	Adjourn	
6:00 p.m.	Group dinner	

Friday, May 5

9:00 a.m.	Welcome and Introductions Assignment of Rapporteurs Review of first day	Marjorie Greenberg JC Co-Chairs
9:30 a.m.	Application process for trainer recognition <ul style="list-style-type: none"> • Documents • Exam • Schedule 	Margaret Skurka
10:45 a.m.	Coffee break	
11:00 a.m.	Infrastructure Work Group <ul style="list-style-type: none"> • Review of tasks and resource needs • Potential funding sources • Grant applications 	JC Co-chairs
12:00 p.m.	Lunch	
1:00 p.m.	Continue discussion of resource needs Next steps	JC Co-chairs
2:00 p.m.	Training certifiers of cause-of-death	Roberto Becker Donna Hoyert Monica Pace
3:00 p.m.	Break	
3:15 p.m.	Training certifiers (continued) Discussion and Next steps	Harry Rosenberg Olaf Steinum
4:00 p.m.	Challenges and Perspectives of HIM Education in Japan	Yukiko Yokobori
4.20 p.m.	Report from Morbidity Reference Group	Olaf Steinum
4:30 p.m.	Publicizing work of the Education Committee and Joint Committee <ul style="list-style-type: none"> • Brochures • Presentations and articles 	EC Chair JC Co-chairs

5:30 p.m. Adjourn

Saturday, May 6

9:00 a.m. Welcome Marjorie Greenberg
Assignment of rapporteurs

9:30 a.m. 2006 WHO-FIC Network Meeting EC Chair and JC Co-
chairs

- Agendas
- Papers
- Orientation sessions, Tutorials

10:30 a.m. IFHRO Congress (May 27-30, 2007)

- Abstracts
- Mid-year meeting

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

12:00 p.m. Adjourn

April 7, 2006