Annual Report 2006 of the WHO Collaborating Centre for the Family of International Classifications in the Nordic Countries

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Abstract

The Nordic Centre represents the Nordic countries in international activities related to maintenance, use and development of health related classifications, notably the WHO Family of International Classifications including the International Statistical Classification of Diseases (ICD), the International Classification of Functioning, Disability and Health (ICF). The Nordic Centre participates actively and supports the WHO-FIC Network in coordination and development work for these classifications, with focus on their use in the Nordic region.

At the Nordic level, the main task is to co-ordinate Nordic maintenance and development work including updating of the classifications in a unified manner, applications, educational tools, research and development initiatives, network support and dissemination of information on classifications and related activities. The Nordic Centre maintains Nordic classifications: as NOMESCO Classification of Surgical Procedures (NCSP), NOMESCO Classification of External Causes of Injury (NCECI) and NordDRG, the Nordic casemix system.
WHO-FIC Collaborating Centre in the Nordic Countries
The Nordic Centre for the Classification of Diseases was instituted as a WHO Collaborating Centre in 1987. In 2003 the Centre was renamed the Nordic Centre for Classifications in Health Care. The centre was redesignated as a WHO-FIC Collaborating centre in September 2004. The Centre is supported by contributions from the national health administrations in the Nordic countries (Denmark, Finland, Iceland, Norway, Sweden). The current contracts cover the period 2003-2006.
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Board and Staff
The Board of the Nordic Centre has the following members:

Denmark: Ole B Larsen, National Board of Health
Finland: Matti Ojala, National Research and Development Centre for Welfare and Health (Stakes)
Iceland: Sveinn Magnusson, Ministry of Health and Social Security (Chair)
Norway: Asbjørn Haugsbø, Directorate of Health and Social Welfare
Sweden: Lars Berg, National Board of Health and Welfare

Dr Martti Virtanen, MD, MSc, Finland, was appointed Centre Head in 2003. The permanent staff consists of Ms Kristina Bränd Persson, Assistant Centre Head, Ms Awring Koyi and Ms Gunilla Pettersson, Project Assistants.

Expert Advisers and Reference Groups
The Centre has Expert Advisers for classifications in different areas:

Mr Lars Age Johansson, Swedish National Board of Health of Welfare in the area of mortality coding and statistics; Dr Olafr Steinum, Sweden, on morbidity classification issues; Dr Glen Thorsen from the Norwegian Centre for Informatics in Health and Social Care for the classification of surgical procedures; Dr Birthe Frimodt-Møller from the Danish National Institute of Public Health for the classification of external causes of injury; prof. emer. Björn Smedby, Sweden, as senior medical classification expert.

The Expert Advisers work closely with Nordic reference groups whose representatives are appointed by the national classification bodies. The reference groups convene twice a year and individual members participate, to varying degree, in WHO-FIC related activities such as education and development work, as well as regular maintenance of Nordic classifications:

Reference group for Nordic classification matters (coding practice, ICD with related and derived classifications, procedures and interventions, health statistics, terminology), the DRG Expert Network (morbidity coding, casemix),
and the Reference group for ICF (ICF and related issues). An existing Nordic terminology network is scheduled to become affiliated to the Centre.

**WHO-FIC COLLABORATION AND INTERNATIONAL ACTIVITIES**

**WHO-FIC Network Meeting 2005**

The annual WHO-FIC Network Meeting 2005 took place in Tokyo, Japan. Nordic delegates were: Dr. Martti Virtanen, Mr. Lars Age Johansson, Dr. Glen Thorsen, Prof. Björn Smedby, Dr. Olafr Steinum and Ms. Kristina Bränd Persson. Documents presented to the meeting were the Annual Report from the Nordic Centre (1) and the report of the Mortality Forum (2), report of the Hospital Data Working Group (3), a progress report on the pilot for revision trial of ICD-10 Ch. XX (4), a paper on the evaluation of death certificates (5), and a discussion paper on information collection on ICF (6). All meeting documents including an Executive Summary are available at the WHO-FIC Network meeting website: http://www.who.int/classifications/network/meeting2005/en/index.html

**ICD-10 updates**

The procedure for updating ICD-10 includes the preparation of proposals by the Update Reference Committee (URC). Martti Virtanen, Lars Age Johansson, Glen Thorsen and Olafr Steinum are the Nordic representatives on the Committee. A total of 86 proposals for the updating of ICD-10 were considered, out of which 64 were accepted. The updates will be published by WHO in 2006.

**Mortality coding and mortality statistics**

On behalf of the WHO-FIC Network the Nordic Centre maintains an international electronic discussion group, the Mortality Forum, for issues related to mortality coding. The discussion group has more than 100 members, representing some thirty different countries and organisations. A compilation of the problems discussed in the Mortality Forum were presented to the WHO-FIC annual meeting. Unresolved issues are forwarded to the Mortality Reference Group, chaired by Lars Age Johansson. Lars Age Johansson is also on the planning committee of the International Collaborative Effort on Automating Mortality Statistics (ICE-AMS) and a member of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) expert panel on European statistics for drug-related deaths. Mr Johansson is responsible for Nordic and Baltic coding seminars and provides support for the implementation of automated coding systems on national level.

**Hospital Data Working Group**

Prof. Björn Smedby chairs a working group under the Family Development Committee, the Hospital Data Working Group. One task of this group is to collect data from WHO-FIC countries according to the International Shortlist for Hospital Morbidity Tabulation (ISHMT) in order to analyse the comparability
of international hospital discharge data and variation in coding practice. The ISHMT list is based on the main condition as defined in ICD-10 and has been adopted by WHO, OECD, Eurostat and NOMESCO and recommended for tabulation of hospital activity data.

**ICF**

The Nordic Centre participates in the WHO-FIC committees work related to the International Classification of Functioning, Disability and Health. In 2004, a plan for international collection and exchange of information regarding ICF qualifiers was initiated, based on the need for a comprehensive and systematic approach to information exchange to clarify the use of ICF and ICF qualifiers in various applications. This work is intended to support the implementation of ICF and to assist further development work within the WHO-FIC Network. The issue was further discussed at the Tokyo meeting in 2005.

**WONCA/WICC**

Martti Virtanen is a member of the WONCA International Classification Committee, WICC and the joint WHO-FIC/WICC working party.

**Patient Safety Taxonomy**

On behalf of WHO-CAT, Martti Virtanen has chaired a working group on Patient Safety Taxonomy. This work is related to the revision of ICD-10 Chapter XX.

**EU funded projects related to terminologies and classifications**

In 2006 the Nordic Centre has participated in two projects under the EU 6th framework programme on Information Society Technologies (IST): Network of Excellence for "Semantic Interoperability and Data Mining in Biomedicine (Semantic Mining)" (2004-2006) and "Semantic Health - Sharing Knowledge in e-Health Information Systems"(2006-2007). The Semantic Health project is a Special Support Action to develop a European and global roadmap for research and development focusing on semantic interoperability issues of e-Health systems and infrastructures. The project shall identify key needs to achieve semantic interoperability of e-health systems (incl nomenclatures, classifications, terminologies, ontologies, EHR and messaging models, public health and secondary uses, decision support, relationships, mapping needs, limitations).

**NORDIC ACTIVITIES**

**NOMESCO Classification of Surgical Procedures (NCSP)**

The English-language version of the NOMESCO Classification of Surgical Procedures (NCSP) has been updated annually by the Nordic Centre since 1996. The 11th revision will be in effect 1 Jan, 2007. Update proposals are made through the NCSP Forum, a discussion group for update proposals from the Nordic countries. Glen Thorsen, KITH, Norway, has the main responsibility for
the preparation of update proposals to be considered by the Reference group for Nordic classification matters. The Board of the Centre formally decides on changes to be implemented in the Nordic common version of NCSP (NCSP-E). NCSP-E is published by NOMESCO and is also made available in digital form at the Nordic Centre website.

In 2004, the DRG Expert Network and the Reference group for Nordic classification matters initiated a joint project to further develop the NCSP by extending it to include non-surgical procedures possibly including ICF. Coupled with the need to move towards a standardised information exchange and maintenance platform for classifications, this process is of central importance in the current Nordic development in DRG for outpatient care, psychiatry and rehabilitation. Structural comparisons of existing procedure classifications started in 2005 with additional analyses of the relationship to medical terminologies.

**NOMESCO Classification of External Causes of Injuries (NCECI)**

NOMESCO published the third revised edition of the NOMESCO Classification of External Causes of Injuries (NCECI) in 1997. The current version 3.1 is available in digital form at the Centre website.

The 4th revised version of NCECI is planned for 2007, pending further Nordic work. A Nordic working party has further developed the concept of ‘injury mechanism’, present in NCECI as well as in ICECI and ICD-10. The current concept is a mix of events leading to the actual mechanisms of injury. The proposed refined model has a separate set of codes for each of the aspects 'deviation' (What went wrong?) and 'Mode of injury' (How was the injury sustained?). The proposed model has been tested and some results were presented at the WHO-FIC Network Meeting 2004. In 2006, the work on NCECI v4 has proceeded and a proposal for a major revision will be presented to NOMESCO and WHO-FIC.

**Mortality coding seminars**

In consultation with NOMESCO the Nordic Centre has arranged annual seminars for mortality coders in the Nordic and Baltic countries since 2001. The overall aim of these meetings is to improve the quality and comparability of mortality statistics from the Nordic and Baltic countries. Coding exercises with analyses of agreement between countries have been performed in conjunction with these meetings.

Since 2004 a model for continuous quality control has been used. Several small samples of death certificates are analysed during each year instead of one large sample. This provides participating countries continuous assessment of coding practice against ACME which is used as the measuring standard. Samples are stratified by the number of conditions reported on the death certificate. Additional certificates of special interest are added on an ad hoc basis.
Participating countries draw the sample by turns, and also provide an English translation. Certificates are run through ACME and the results are distributed by the Nordic Centre. Although this scheme has proven successful the variation in coding practice is still of some concern. As more countries move towards automated coding there is a need to evaluate this form of quality control, and educational efforts among coders.

**Nordic ICF Reference Group**

The Nordic Centre established a Nordic reference group for ICF in 2001. This expert panel consists of country representatives from the national classification authorities and persons previously involved in the translation work. This expert group supports the Centre's Nordic co-operation in ICF and related matters.

In 2006, the main themes for the ICF reference group have been discussions of ICF qualifiers and existing measurement instruments, adaptation of local and national information systems for social welfare and health services to ICF concepts and terminology, development of cross-professional minimum (core) sets for different fields of application (e.g. care of the elderly, social services), and related interventions and procedures.

An inventory of Nordic professional use of ICF including core sets and emerging multi- or cross-professional core sets in various fields of application was performed in 2006. According to this survey, use of ICF in education, research and clinical practice is still very limited and specific. With regard to the future for ICF, there is a general optimistic view, but respondents express the need for development work on qualifiers and measurement instruments, on alternative (non-disease specific) core sets designed for use in e.g. social services, and on the activity-participation delineation coupled to environmental factors. The need for more education and educational material was noted.

**Nordic DRG system - NordDRG**

The Nordic Centre runs Nordic co-operation in the area of Diagnosis Related Groups (DRG). The Nordic DRG system (NordDRG) is based on ICD-10 and the NOMESCO Classification of Surgical Procedures (NCSP) and was developed in co-operation between the Nordic health authorities and affiliated organizations. The Nordic Centre is responsible of maintenance and updating of NordDRG since 1996. In recent years the NordDRG System has been established as the main DRG-system in the Nordic countries as a tool for benchmarking and for hospital financing purposes. The Nordic Centre also supports use of NordDRG by the Estonian Health Insurance Fund in Estonia.

The NordDRG Forum discussion group allows for input from expert users and supports the work of the DRG Expert Network that prepares update proposals. The Steering group for NordDRG, representing the Nordic owners, is responsible for all decisions on logic changes to the system. Current development work focuses on DRG’s for outpatient care, psychiatric care and rehabilitation. The
main responsibility for NordDRG system development at the Centre lies with Martti Virtanen.

**Terminology**

In December 2005 the Centre participated in a Nordic meeting on SNOMED-CT arranged by the Swedish Board of Health and Welfare with the aim to share current experiences, particularly from Denmark, as a basis for future decisions on development in this area. The initiative regarding SNOMED Standard Development Organisation (SSDO) and the possible co-ordination of these activities with the established classification co-operation with WHO was one of the main issues. In 2006, no progress was made in establishing a Nordic terminology network at the Nordic Centre, but this issue is still on the agenda.

**Co-operation with NOMESCO**

The Centre co-operates with NOMESCO (Nordic Medico-Statistical Committee) in the updating of Nordic classifications and regularly participates in NOMESCO seminars and publications. Assessment of the content and quality of Nordic health statistics published by NOMESCO is a standing topic. Health Statistics in the Nordic Countries 2003 (published 2005) features a theme section on children's health. The health statistics publications and additional material can be found at the NOMESCO website: http://www.nom-nos.dk/

As part of its regular activities and in collaboration with NOMESCO, the Centre lends support to the Baltic countries' work on classifications, primarily by distributing information on Nordic and WHO-FIC activities and by providing expert advice in specific matters.

**References**

1. Annual Report 2005 from the WHO Collaborating Centre for the Family of International Classifications in the Nordic Countries. (WHO-FIC 2005/A.3-1)


5. In evaluating cause of death on death certificates, methods and criteria are often insufficiently described. Lars Age Johansson, Ragnar Westerling,
Harry M Rosenberg. (WHO-FIC 2005/B.6.3)