International Classification of Traditional Medicine: ICTM

Proposal to WHO-FIC Family Development Committee for inclusion of ICTM in the World Health Organization Family of International Classifications

CHOI Seung-hoon¹, WATANABE Kenji², SHIM Bumsang³, ZHU Haidong⁴, ROBERTS Rosemary⁵

Abstract

This is a second proposal to the Family Development Committee for inclusion of an alpha version of ICTM as a member of the World Health Organization Family of International Classifications (WHO-FIC).

This paper outlines changes from the first (April 2006) proposal to WHO-FIC for an International Classification of East Asian Tradition Medicine. In summary, the changes are as follows:

¹ Regional Adviser in Traditional Medicine, World Health Organization, Western Pacific Regional Office, Manila, Philippines
² Associate Professor, Keio University School of Medicine, Tokyo, Japan and Chair, ICD Working Group, WHO WPRO Informal Consultation on Information Standardization of Traditional Medicine
³ Assistant Professor, Department of Oriental Pathology, College of Oriental Medicine, Kyung Hee University, Seoul, Korea
⁴ Divisional Director, Department of International Cooperation, State Administration of Traditional Chinese Medicine, Beijing, China
⁵ Health Information Consultant to WHO WPRO, Sydney, Australia

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Name to be changed to International Classification of Traditional Medicine (ICTM) to reflect the intention that in future the classification be international. The first publication will represent the initial East Asian contribution to ICTM

ICTM to be derived from ICD-10 and therefore proposed as a derived member of WHO-FIC with additional components reflecting traditional medicine terms and patterns not already in ICD-10

Scope of ICTM to include diseases; symptoms and signs; and disease patterns. Traditional medicine procedures will be dealt with separately in relation to ICHI and ATC/DDD

Terms in IST to be mapped to ICD-10 rubrics and included in an expanded ICD-10 index

An additional chapter 24 to be created for those IST terms which have no equivalent in chapters 1-23 of ICD-10 and to accommodate disease patterns

Work with ICD-10 to be used as a basis for an ICTM derived from ICD-11

Language versions of ICTM (Chinese, Japanese, Korean) to be created from the relevant ICD rubrics in chapters 1-23 and in chapter 24, plus relevant traditional medicine index terms

Parity to be retained between IST and ICTM

ICD-11 development to include traditional medicine beyond East Asian Traditional Medicine by seeking input from other traditional medicine practices for example in India, Sri Lanka, Africa etc.

Structure of chapter 24 to follow conventions of ICD

IST final draft is expected to be completed in November 2006 for publication in the first half of 2007

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Background

The main theme in traditional medicine within WHO Western Pacific Regional Office between 2004 and 2010 is to standardize the clinical language used by traditional medicine disciplines and to use evidence based approaches. Standardization in this context relates to the use of common terms for access to the literature, as a building block for electronic health records and as the basis for a classification to enable collection of uniform data concerning traditional medicine practice and utilization.

Dr Choi Seung-hoon from WHO WPRO has convened three informal consultation meetings to discuss each of these aspects, the first held in Beijing, China from 17-19 May 2005; the second in Tsukuba, Japan from 10-12 January 2006; and the third in Seoul from 6-8 June 2006. These meetings brought together representatives primarily from China, Japan and Korea (CJK) to commence standardizing traditional medicine information between these three countries. In future, the intention is to widen the network to include other countries in the region and internationally. The first two meetings broke into three working groups reflecting the aspects of standardization mentioned above: Traditional Medicine Thesaurus; Traditional Medicine Clinical Ontology; and Traditional Medicine ICD. The Seoul meeting was devoted to the development of a classification of traditional medicine and evolved from the membership of the Traditional Medicine ICD Working Group.

This paper is a follow up to a preliminary proposal to WHO-FIC dated 6 April 2006. It incorporates recommendations made at the June 2006 meeting in Seoul and subsequent activity. ICTM is a work in progress. It is remarkable in that it will be a classification based on an existing agreed terminology for traditional medicine, the International Standard Terminologies (IST) on Traditional Medicine in the Western Pacific Region. Because of this, an understanding of the IST as the foundation of the classification is important in assessing the value of ICTM.

International Standard Terminologies on Traditional Medicine (IST)

IST itself is currently in draft form. It results from three meetings specifically relating to development of IST on Traditional Medicine in the Western Pacific Region. The meetings were held in October 2004, June 2005 and October
2005 and involved representatives from China, Japan, and Korea as well as United Kingdom, United States of America, Germany, Australia, Singapore, Macau and Vietnam. It is now in its final stages of peer review with final comments on definitions of terms expected by the end of September 2006.

The IST consists of 3430 terms in six sections:

1. General terms
2. Fundamental theories
3. Diagnostics
4. Various diseases
5. Therapeutics
6. Classics of traditional medicine.

It is designed for use by students and practitioners in the western world and researchers in the Western Pacific Region. Its uses are for clinical practice, for clinical guidelines, information (inclusion in MeSH and UMLS), education and research in or with evidence based traditional medicine. The next draft of the IST including definitions of terms is expected in March 2006 for publication in October/November 2006. The current draft is in English.

IST includes terms submitted from traditional medicine practitioners and academics from China, Japan and Korea. These terms have been reviewed to identify common terms and to remove redundancy. Definitions have been prepared for all terms. Distribution will be via hard copy, the Web and on CD. Revisions are planned every 3-5 years with continuing work on additions, deletions and modifications. The plan is for CJK to develop a traditional medicine terminology relatively independently then share common features, structures and software tools to create international standards. Because relatively little research has been undertaken in traditional medicine, there needs to be strong communication and standardization of terms to ensure survival.

Existing classifications in traditional medicine in China, Japan, Korea (CJK)

**China** uses the classification and codes of diseases and ZHENG of traditional Chinese medicine. The Classification and Code GB/T15657-1995 has been examined and approved to be the standard and was put into practice by the
Standardization Administration of China in 1995. It covers disease name using several levels and a 6 character code (e.g. BNF011) as well as syndrome manifestations using a separately identifiable 6 character code (ZBF011). There is also a classification of procedures. The Chinese system is used for treatment involving traditional Chinese medicine, reporting of statistics, administration, scientific research, teaching, publication and international academic publication. ICD-10 is used for coding diseases in western medicine practice.

Japan uses ICD for disease description for western and Kampo medicine and government insurance claims. It has also developed disease patterns for prescribing 148 formulae for Kampo medicine. Kampo medicine is traditional medicine developed in Japan and based on Chinese origins. Its practice is now integrated with the practice of western medicine by all doctors.

Korea uses KCD4 (2004) based on ICD-10 for western medicine. KCD-OM-2 (1994), used for traditional medicine insurance claims, has the code, disease name in oriental medicine, disease name in western medicine and KCD code. There are 666 KCD-OM codes translated to 11,477 KCD codes. 226 items are identical with terms in IST. In 2004, the Association of Korean Oriental Medicine (AKOM) established the Korean Standard Classification of Disease Pattern (Oriental Medicine). There is also a classification of procedures consisting of five categories including preventive medicine, health care and education; diagnosis and patient care; examinations; acupuncture treatment; other treatments and managements. It has a total of 665 codes.

There is pressure in Korea for further revision of KCD-OM and a desire to use the structure of ICD-10, especially if there is similarity between ICD and Korean traditional disease name. If the Korean traditional medicine name is different from ICD, the Korean TM name should be adopted. However, the disease patterns should be kept apart from the classification of diseases.

International Classification of Traditional Medicine (ICTM)

An Informal Consultation on development of a classification of East Asian Traditional Medicine was held in Seoul, Republic of Korea, from 6-8 June 2006.

The objectives of the meeting were:
1. to reach consensus on developing a classification of East Asian traditional medicine and discuss its possible structure
2. to review and confirm the WHO International Standard Terminology (IST) as the main resource for a Classification of East Asian Traditional Medicine (CEATM)
3. to discuss future plans including application for membership of WHO-Family of International Classifications (WHO-FIC)

The meeting was attended by 15 temporary advisers from China, Japan, Republic of Korea, Vietnam and Australia, a consultant, and representatives from WHO/HQ and WHO/WPRO. There were also eleven observers from Republic of Korea and the USA. Presentations and reports covered the need for standardization of terminology and classification in traditional medicine, country efforts and options for further development.

At the plenary sessions, consensus was reached on the following issues:

1. The classification is intended to be international. The initial publication will represent input from East Asian traditional medicine with subsequent contributions to be sought from other regions
2. Proposal is to be made to WHO-FIC for the classification to be derived from ICD and accepted as a member of the WHO-Family of International Classifications
3. The name of the classification is to be the International Classification of Traditional Medicine (ICTM)
4. The purpose of the classification is to promote standardization in traditional medicine terminology and data for communication, sharing of knowledge and resources, analyzing and reporting. Its aims are to avoid duplication of effort and create economies of scale, raise the standard of TM in clinical practice, public health, research, clinical trials, education, policy development, resource allocation and allow exchange of health records and inclusion of TM data in health information systems
5. The classification is to be developed to demonstrate its links to ICD-10 as well as reflecting the characteristics of traditional medicine. This will create a platform for inclusion of traditional medicine in ICD-11.
6. IST, country efforts and ICD are to be the main resources for ICTM development

The meeting made the following recommendations:
WHO to facilitate development and support of ICTM
WHO to promote ICTM development to traditional medicine and to wider health care field
WHO to ensure consistency of terminologies used in classifications of TM and other relevant health care fields such as FHH (Forum for Harmonization of Herbal Medicine)
Member states to provide support (including financial) to ensure development and effective implementation of ICTM
Member states to ensure that TM and WM professions have access to ICTM to promote cross discipline communication
Member states to recommend to WHO that ICTM be accepted as a member of WHO-FIC (WHO/WPRO to prepare draft proposal)

ICTM in context of WHO Principles for admitting classifications to the WHO-FIC:

1. Place of classification within the matrix
   ICTM is proposed as a derived member of WHO-FIC. It will be derived initially from ICD-10 and subsequently from ICD-11
   ICTM uses traditional medicine terminology to describe health and well being and will occupy cells in the matrix relating to primary care, acute hospital admissions and specialized care

2. Purpose and definition of the classification
   The purpose of the classification is to promote standardization in traditional medicine terminology and data for communication, sharing of knowledge and resources, analyzing and reporting. Its aims are to avoid duplication of effort and create economies of scale, raise the standard of TM in clinical practice, public health, research, clinical trials, education, policy development, resource allocation and to allow exchange of health records and inclusion of TM data in health information systems
   To allow inclusion of TM data in electronic health records and health information systems in a manner compatible with data collected in the practice of western medicine
   Scope covers disease names, symptoms and signs and disease patterns. This proposal foreshadows a further recommendation that procedures (including drug treatment and acupuncture) be included in relevant members of the FIC such as ICHI and ATC/DDD
   ICTM will be used by traditional medicine practitioners, researchers, government and insurers

3. Technical qualities of the classification
• Structure follows the ICD. The tabular list is based on ICD-10 chapters 1-23 for existing relevant terms, plus a new chapter 24 for concepts not already covered in ICD as well as traditional medicine disease patterns. Disease patterns are groups of symptoms and signs that determine traditional medicine treatment. Traditional medicine terms relating to rubrics in chapters 1-24 will be added to the ICD index to create the ICTM index.
• ICTM will be developed electronically and distributed electronically and in hard copy

4. Applicability of the classification
• Initially, the classification will be used by the East Asian countries contributing to ICTM through IST term development and already using traditional medicine classifications such as KCDOM, ZHENG and Japanese disease classifications. These countries include China, Japan, Korea, Vietnam and Australia. However, it is proposed as an international classification that will eventually include traditional medicine terms and classes from countries of other regions.

5. Ownership and support arrangements: responsibilities of Stewards
• Initially, WHO Western Pacific Regional Office

6. Maintenance and update processes (role of users, transparency, sign-off)
• In the first instance, WHO Western Pacific Regional Office will be the centre for ICTM development and maintenance with assistance from:
  - China: SATCM. State Administration of Traditional Chinese Medicine
  - Korea: KOMS. Korean Oriental Medical Society
  - Japan: JLOM and Keio University
  - Vietnam: National Hospital for Traditional Medicine (Department of Traditional Medicine, Ministry of Health, Oriental Medicine Association and Vietnam Acupuncture Association)
  - Australia: RMIT (Royal Melbourne Institute of Technology)
• Dr Choi and Rosemary Roberts are to coordinate the team comprised of representatives from each institute, currently:
  o Professor Kenji WATANABE, Japan
  o Professor HAN Chang-ho, Republic of Korea
  o Professor YIN Aining, China
  o Professor CHU Quoc Truong, Vietnam
• Relationship with IST will maintain currency of terminology in ICTM

7. Relations with the WHO Network
- ICTM will be a derived classification of ICD, with further work to be done on traditional medicine procedures as derived classifications of ICHI and ATC/DDD.

8. **Accessibility**
- Publication of ICTM will initially be in English

9. **Resource implications**
- A **business plan** outlining resources required is to be prepared in the second half of 2006.
- WPR Member States will be invited to contribute to testing of traditional medicine classification and terminology products
- WHO-WPRO and CJK have made possible the initiation of this project through support of meetings and attendance of country representatives

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**Action Plan following Seoul meeting 6-8 June 2006**

Korea (Professor Shim) will provide an English version of KCDOM by the end of June 2006. KCDOM will be used as a base for cross referencing between TM and WM disease names and for locating existing terms in ICD-10 (received 30.8.06)

Each country will contribute its disease pattern/syndrome names in English with mappings to IST patterns and send results to Professor Shim by the end of August 2006.

A sample of disease names will be selected for development of part of ICTM for demonstration to the WHO-FIC meeting in November 2006. The team for mapping between disease names and ICD-10 will include Professor Yin Aining who has already done the mapping in Chinese. Professor Aining will extract a mapping sample by August 2006 (received 30.8.06.)

A network with representatives from each country will be established with WHO/WPRO and Rosemary Roberts to oversee development and maintenance in the short term.

The next draft of ICTM WHO-FIC FDC proposal is to be prepared for November 2006 WHO-FIC meeting in Tunisia.
A business plan for ICTM is to be prepared including financing, marketing, implementation and acceptance by practitioners, professional associations, governments and WHO-FIC. Input to the financial plan will be sought from participants in the network who in turn will seek expert contributions and financial support from their own governments and other organizations and institutions. The process will require personnel and a platform for IT. Dr Choi undertook to share human resources from WPRO.

Dr Üstün stressed the importance of linkage and human resources in this meeting. For the business plan, the steps required should be outlined so that a price can be attached to each and resources sought for initial stages in the first 3-6 months. Following that, a memorandum of understanding between all participating countries can be developed to support subsequent steps in regard to human and other resources.
The time and place of next meeting are yet to be decided. The agenda will include:

- Consideration of the business plan and financial support
- Review of patterns/syndromes submitted from each country
- Review of mapping for diseases (sample)
- Feedback from WHO-FIC meeting in Tunisia
- Exchange of information on criteria for content of ICTM

**Conclusion**

While it is very early days in the life of ICTM, it was considered extremely important that WHO-FIC be informed about and involved in the development of a classification for traditional medicine. Without such a tool, traditional medicine will be unable to progress or consolidate its efforts or to survive in an evidence-based environment where research is vital to demonstrate outcomes. Despite its widespread use, traditional medicine is not well covered by existing WHO-FIC classifications in the WHO-FIC matrix. The current WHO WPRO focus on standardization is timely and welcomed by all those interested in creating and using traditional medicine information, especially in an electronic patient record environment. It is natural that WHO-FIC be closely involved in the evolution of this classification to an international classification, based as it is on an agreed and defined traditional medicine terminology amongst East Asian countries. It is anticipated that its formation will be used as a starting point for inclusion of terms from traditional medicine practitioners internationally.
## REGISTRATION

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<thead>
<tr>
<th>TITLE</th>
<th>International Classification of Traditional Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>PURPOSE/DEFINITION OF THE CLASSIFICATION</td>
<td>To standardize information collected by traditional medicine practitioners concerning patient condition and treatment</td>
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<td>CLASSIFICATION STRUCTURE</td>
<td>Initially by body system</td>
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</tr>
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<tr>
<td>Years between revisions</td>
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<td>Languages</td>
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</tr>
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<td>CD-ROM</td>
<td>Planned as method of distribution as well as via web</td>
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<td>TRAINING AND TRAINING MATERIALS</td>
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<td>RELATIONSHIPS WITH OTHER CLASSIFICATIONS</td>
<td>ICTM is to be based on terms contained in the International Standard Terminologies (IST) on Traditional Medicine in the Western Pacific Region. Terms in IST which will form the basis of the ICTM classification derived from users of ICD-10 or country versions of ICD.</td>
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<tr>
<td>Correspondence between revisions</td>
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<tr>
<td>Correspondence with international, multinational, national classifications</td>
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<tr>
<td>Relationships – conceptual, structural and other pertinent</td>
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<td>RELATIONSHIPS WITH OTHER TERMINOLOGIES</td>
<td>Based on IST</td>
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<tr>
<td>CUSTODIAN</td>
<td>WHO Western Pacific Regional Office with assistance from: China: SATCM. State Administration of Traditional Chinese Medicine</td>
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<tr>
<td>PROMOTER</td>
<td>Dr CHOI Seung-hoon</td>
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<tr>
<td>INQUIRIES CONTACT</td>
<td>Dr CHOI Seung-hoon, WHO WPRO <a href="mailto:chois@wpro.who.int">chois@wpro.who.int</a></td>
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