**ICD-11 Review Pre-consultation Paper**

The World Health Organisation's International Classification of Diseases, Tenth Revision (ICD-10) is used to standardise the way we report causes of death across the world. Australia uses ICD-10 for coding mortality (cause of death) and ICD-10-AM (Australian Modification) for coding diseases and related health problems in hospitals (morbidity).

Both ICD-10-AM and ICD-10 may be used in other settings (e.g. non-admitted, emergency care services, primary care) to varying degrees around the country.

More information about morbidity data collections can be found here:

* <https://www.aihw.gov.au/about-our-data/our-data-collections/national-hospitals-data-collection>

More information about mortality data collections can be found here:

* <https://www.aihw.gov.au/about-our-data/our-data-collections/national-mortality-database/how-are-causes-of-death-coded>

The aim of stakeholder consultation is to identify all issues relevant to a potential adoption of ICD-11 so that, if and when, Australia decides to adopt ICD-11 it can start to ready its relevant systems, processes and people for implementation in some capacity.

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| **Question 1:** | How does your work currently require you, or cause you, to be involved in some way with ICD-10 or ICD-10-AM? |

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| **Question 2:** | Tell us about what you think the limitations and strengths are of ICD-10 and/or ICD-10-AM?  |

In addition to the classifications mentioned above other classifications and terminologies are used in various settings around Australia. These include, but are not limited to, the Australian Classification of Health Interventions (ACHI), the International Classification of Functioning, Disability and Health (ICF), SNOMED CT and LOINC.

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| **Question 3:** | Does your work currently require you, or cause you, to be involved in some way with any of these other classifications or terminologies? |

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| **Question 4:** | Are there any other classifications or terminologies that are relevant to your work? |

The WHO's Eleventh Revision of ICD (ICD-11) aims to improve upon the ICD-10 product and to enable its potential use across a number of (health-care) settings, such as mortality, morbidity, primary care and others, without modification by individual countries. Importantly this brings the reporting of mortality and morbidity into one classification.

ICD-11 was released by the WHO in an advanced ‘preview’ version in June 2018 and is expected to be formally presented to the Seventy-second World Health Assembly in May 2019 for official endorsement by Member States. If endorsed, ICD-11 will then be available for implementation by Member States and there is an expectation by the WHO that its Member States will take steps to begin using ICD-11 in some capacity, whether that be exclusively for mortality purposes or for more broader application in morbidity systems and beyond.

More information is available on the WHO website via the following links:

* <http://www.who.int/classifications/icd/en/>
* <https://icd.who.int/browse11/content/refguide.ICD11_en/html/index.html>

The following is a link to the ICD-11 and other related resources. To specifically view ICD-11, select the ICD-11 Browser or the ICD-11 Coding Tool.

* <https://icd.who.int/>

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| **Question 5:** | Were you aware that the WHO has developed an eleventh revision of the ICD? |

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| **Question 6:** | If so, have you been able to access information about ICD-11 and in particular do you understand how it is different to ICD-10? |

Similar to previous revisions, ICD-11 contains updated clinical concepts that are in keeping with modern clinical practice. In addition, ICD-11 contains several significant developments or functions that have the potential to enhance the use of the data if they are included as part of an adoption of ICD-11. These include:

1. a foundation component that incorporates all entities, including, but not limited to, diseases, disorders, injuries, external causes, signs and symptoms and other reasons for contact with the health system
2. the use of a content model (diagnosis descriptions) to provide a more detailed, structured and systematic framework for each of the ICD entities
3. a three-part model for coding complications of care which consists of: the resultant injury or harm, the cause of harm and the mode of harm. Sanctioning rules guide the coder to appropriate mode codes depending on the cause code assigned. The three-part model is further supported by a clustering mechanism described below in point d) and the use of a timing mechanism through the use of extension codes described in point e) below
4. a clustering mechanism that allows for explicit linking of codes to fully reflect a condition, rather than assuming a link from code sequencing. For example, a cluster may contain codes for an injury, an external cause, a place of occurrence and an activity. Similarly, a cluster may contain codes for a *stroke* and all the related deficits explicitly linking the conditions
5. development of extension codes that can be used to provide additional information about a condition. These include codes to represent things such as severity scale, coma scale, time of life, timing of the disease etc.
6. ability to produce multiple linearisations (tabular volumes) to meet different needs (oncology, primary care morbidity, mortality)
7. support for potential interoperability and linkage with computerised health information systems (i.e. the electronic health record) and other terminologies (e.g. SNOMED CT)
8. multiple parenting concepts that allow for statistical aggregation of data using either the primary or secondary parent. For example, *viral pneumonia* can be counted as a viral disease or as a respiratory disease; *asthma's* primary parent is classified under the chapter for *Diseases of the Respiratory System* and its secondary parent is classified under the chapter for *Diseases of the Immune System*
9. a chapter for Traditional Medicine conditions and a chapter for Functioning Assessment
10. availability via an internet based platform that replaces the need for bulky books and/or local software and supports efficient content updates i.e. the [ICD-11 Coding Tool](https://icd.who.int/ct11_2018/icd11_mms/en/release#/) .
11. mapping tables to ICD-10 are also available.

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| **Question 7:** | What advantages do you see for your work in these developments or functions? |

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| **Question 8:** | How do you think a national implementation of ICD-11, with or without the adoption of all the new developments/functions would impact on your work or business? For example, do you have systems in place that rely on coded data or that support the capture of coded data? |

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| **Question 9:** | Do you have a need to collect data in areas for which you are currently unable to collect data? For example, General Practice and/or Community Health. If so, would ICD-11 potentially fill this need? |

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| **Question 10:** | What do you think the consequences may be for Australia if a decision was made to not adopt ICD-11 in the foreseeable future? |

ICD-11 is designed for an electronic environment. This allows for ongoing updates without impacting the underlying structure of the classification. It also allows for an electronic coding tool which potentially could replace the need for an index. It is feasible that hard copy books would not be produced for an Australian adoption of ICD-11. It is also feasible, and desirable from a WHO perspective, that there will be no local adaptations of ICD-11. All updates to the classification would be made by the WHO using the same update process as is currently used for ICD-10.

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| **Question 11:** | Would the use of an electronic coding tool create a problem for you or your workforce? |

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| **Question 12:** | Would the update process, that is, all updates being made by WHO create a problem for you or your workforce?  |

The WHO has ceased to update ICD-10 and this will, over time, result in ICD-10 and ICD-10-AM becoming out of date. However, a decision to adopt ICD-11 for use in Australia has not yet been made. A lot of research and consultation will need to be undertaken before such a decision could be made and this may take several years. In addition, it is anticipated that several years lead time will be required for implementation of ICD-11 once a decision is made to implement.

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| **Question 13:** | Do you have any technical projects currently underway for future implementation that may be impacted by the introduction of ICD-11? e.g. electronic health record, auto-coding, development/licencing of coding software, development of indicators for quality and safety monitoring. |

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| **Question 14:** | Would you be considering use of ICD-11 in e-health environments and what do you see as the issues that would relate to its use in that context? |

A decision to adopt and implement ICD-11 would require a detailed understanding of the stakeholders impacted, the resources needed, the time frames required, and the impact on existing workforces.

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| **Question 15:** | What steps would you need to take to prepare for a national implementation of ICD-11?  |

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| **Question 16:** | Do you think incremental steps could be taken to implement ICD-11 over a period of time rather than undertaking a full implementation on a given date?  |

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| **Question 17:** | Are you aware of any projects that could be used to pilot ICD-11 or some components or modules of it? For example, could ICD-11 be used in your work environment to collect data on clinical concepts that are currently not captured (details on self-harm from emergency departments, outcomes of care for certain cohorts)  |

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| **Question 18:** | What resources, additional to what you have now, do you think would be required to facilitate implementation? How long do you anticipate you would you need these additional resources for? |

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| **Question 19:** | How long in advance of the implementation of ICD-11 would you need to start preparing for the implementation? |

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| **Question 20:** | How do you think your existing workforce would be impacted by a future implementation of ICD-11?  |

As previously stated, the AIHW is keen to ensure that all key stakeholders are consulted in the lead up to potential endorsement of ICD-11.

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| **Question 21:** | In your area of work, who else do you think should be consulted with respect to issues relating to a potential adoption of ICD-11? |

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| **Question 22:** | Are there any issues that you would like to comment on that we have not covered in this pre-consultation paper? |

The ICD-11 Review Flyer is attached to this paper (see Attachment A). If you are aware of interested parties that may wish to provide comment in relation to the potential adoption of ICD-11 in Australia, please feel free to distribute the flyer as needed.

