ICD-11
Developments & Implications

Richard Madden
National Centre for Classification in Health
ICD update topics

› The past 5 years
› Purpose(s) / Use cases
› Foundation layer and linearisations
› Post coordination
› Field tests
› What Australia should do after ICD-11 approval?
Since 2007

› Establishment of Technical Advisory Groups (TAGs)
› Platform development: iCAT
› Alpha version
› Editorial rules
ICD-10: International **Statistical** Classification

Mortality

Morbidity: hospitals, primary care...

Financing

‘Farr was interested in making statistical inferences and believed this could not be done from the small numbers that would result from a detailed classification’ (Moriyama et al: History of the Statistical Classification of Diseases and Causes of Death).

ICD-11 is more ambitious: description of diseases in fine detail, and their characteristics
Attributes of a health condition: all you want to know

‘Content model’

Examples of attributes:
- clinical description, aetiology, manifestation
- severity, functioning properties

Multiple parenting
Linearisations

› Bringing the foundation layer back to earth!
› Mortality
› Morbidity
  - will contain mortality version (Russian doll principle)
  - will be submitted to the World Health Assembly in 2015 for approval (ICD-11Mb)
› Primary care
A check by WHO that the items in national modifications are in the foundation layer

Done for 2 countries: Australia, Germany

Planned for US, Canada

Australian analysis done by Lindy Best (NCCH, based in Switzerland)
ICD-11 Morbidity Coding Standards

› These have been debated by the Morbidity Reference Group (2007-2010) and the Morbidity TAG (2010-2012), but there is no finality

› Aim is a set of standards for **multiple** condition coding

› Issues include
  - Post coordination
  - Main condition
Some pre-coordination exists in ICD-10:

- Personal history of... Z85 – Z88
- Family history of... Z80 – Z84

It is proposed that these be replaced by modifiers.

ICD-10-AM has several qualifiers:

- Principal condition
- Present on admission
Modifiers may change the meaning or status of a term and be treated differently, essentially by a prefix mechanism.

- History of
- Family history
- Rule out
- Differential
- Screening or Evaluation
- Provisional
Qualifiers for which independent axes as post-coordination could exist include:

- Diagnosis confirmed by
- Main diagnosis
- Diagnosis type (present on admission)
- Severity of the diagnosis (mild-moderate-severe, stages, phases, etc.)
- Course of the diagnosis (acuity, onset, pattern)
- Temporal factors associated with the diagnosis (time in life, course of the condition)
- Anatomical detail association with the diagnosis (affected body part, region, or system, potentially with associated topology)
- Etiology of the diagnosis (causal agents, substances including chemicals, medications, or bio agents)
- ...

› No qualifier for ‘affecting the care provided’.

› So: no capacity to distinguish conditions affecting care provided from others present
Main condition

- No satisfactory outcome
- Reason for admission is generally accepted, if there is only one
- If there is more than one reason for admission, how to choose?
- Australia: ‘chiefly responsible’: allows for clinical judgment
- Alternative proposal (Henriksson et al) is ‘most resource intensive’
  - No definition of ‘resources’
  - Whose view prevails (clinician, coder, administrator)
  - Circular if main condition is driving DRG selection
Field trials

› Dates not yet set, protocols under development by WHO
› Mortality: well established practice of double coding
› Morbidity: Australia needs to participate
  - to test morbidity linearisation against ICD-10-AM
  - specifically, to test external causes (‘chapter 19’)
  - to influence final version of ICD-11 morbidity
› Australian participation should take precedence over further work on ICD-10-AM.
What Australia should do after ICD-11Mb approval

1. Convert AR-DRGs to ICD-11Mb
   - Given the stability analysis, this should not pose significant problems
2. Decide in principle to adopt ICD-11Mb to replace ICD-10-AM
3. Address Australian positions differing from ICD-11:
   - main condition
   - conditions affecting care
4. Be an ‘early adopter’ to gain priority in ICD-11Mb updates
Some thoughts

- Australia needs to be pro-active on ICD-11
- Mixed record to date, as have most countries
  - few resources, local versions of ICD-10
- Exceptions: Injury/external causes, internal medicine, Lindy Best
- Australian Government players (AIHW, ABS, IHPA, DOHA) and State counterparts need to work actively together on the agenda
- HIMAA should have a well expressed view