

- c. IHTSDO
- d. ISO
- e. National Groups
- f. Others as necessary

10. Identify collaboration with:

- a. ICD-11 Revision Process (PAG chairs to participate in the ICD Revision Steering Group and PAG serve as a TAG in the ICD-11 Revision Process)
- b. ICHI Classification (Intervention TAG to coordinate with the ICHI development group)
- c. Patient Safety Classification (WHO to indicate collaboration direction to PAG and discuss with Patient Safety Programme)
- d. And others as necessary.

11. Make GoToMeeting available to all TAGs and Workgroups

H. ICTM Project Management Issues:

Positive points:

1. The ICTM project has been comprehensively summarized in the Project Plan with multiple aspects and multiple layers. Current implementation and progress of the project is satisfactory, and acceptable to all parties.
2. Continual update and dissemination of the Project Plan as the common project document will ensure that all groups are operating at the same level of understanding and on mutually shared timelines
3. Everyone has accepted the principle of creating a web-based, international public good that will be free for use by governments. The necessary arrangements for intellectual property rights will be appropriately worked out by WHO/HQ.

Action Points:

1. Identification of potential additional project participants
 - a. Project Advisory Group (PAG)
 - b. Topic Advisory Groups (TAGs)
 - i. Classifications
 1. Patterns and Diagnosis
 2. Interventions
 - ii. Terminologies
 - iii. Informatics
 - c. WorkGroups
 - i. On specific identified areas of work within each topic
2. Identification of potential additional resources will be done as necessary.
3. WHO will issue a legal document regarding intellectual properties rights related to the ICTM project.
4. WHO will produce an announcement article in a leading health journal regarding the ICTM project.
5. PAG and TAG members should identify a publication list and clear this with WHO to coordinate publications on ICTM related issues.
6. WHO will work with stakeholders to coordinate the production of any alternate ICTM versions, including Country Modifications (e.g. for China, Japan, or Korea), or editions for Primary Care, Morbidity, or specific clinical use.

iSummary
of the Second WHO Meeting on the
International Classification of Traditional Medicine
 6-10 December 2010, Tokyo, Japan
 Draft Summary and Action Items

A. Overall review of the Meeting

Positive points:

1. The WHO Press Event and News Release were very well received, both with local media in Japan and in international media. An exceptional amount of press attention was received, with more than 20 news articles produced in the first 24 hours, alone, and continued interest over the next several weeks.
 - a. (WHO Note for the Media, 7 December 2010,
http://www.who.int/mediacentre/news/notes/2010/trad_medicine_20101207/en/index.html)
2. General consensus about the timelines, priorities, and project development methods was confirmed.
3. The ICTM PAG has been accepted to also serve as a Topic Advisory Group for the ICD revision process.
4. The Draft ICTM Content Models for TM Patterns and Diagnosis was finalized.
5. A skeleton structure for ICD Chapter 23 was developed
6. Samples of diagnostic entities (patterns and diseases) were identified from each country for consideration and inclusion
7. Dr Xiaorui Zhang announced, on behalf of the State Administration of Traditional Chinese Medicine (SATCM), that the government of the People's Republic of China will support the ICTM project in the amount of US\$1.2 million, providing US\$ 400,000 each year of 2011-2013

Action Points:

1. Finalize the iCAT-TM for patterns and diagnosis (by 25 December 2010)
2. Expand upon the skeleton structure and organize the sample entities into the identified arrangement (by 20 December 2011)
3. Prepare to finalize the chapter draft in the Annual Network Meeting (30 March 2011)

B. ICTM Press Event and News Release

Positive points:

iSummary of the ***Second WHO Meeting*** on the ***ICTM***

1. The significant amount of press coverage has resulted in a dramatically increased profile for, and interest in, the ICTM project.

Action Points:

1. Create a "Press and Publications" page on the GoogleSite to track ICTM-related publications
2. Monitor press coverage and post links on the GoogleSite for easy access
3. Identify a list of potentially interested publications and ensure they are aware of the News Release

C. ICTM Content Model for Patterns and Diagnosis

Positive points:

1. The development work completed on the ICTM Diagnostic Content Model during 2010 was reviewed and clear to all participants.
2. Several questions were identified and answered, including:
 - a. Should any so-called WM concepts be included in a TM classification, or should it be limited to only those concepts that are unique to TM?
 - b. Is the current Content Model (with all associated value sets) a comprehensive way of looking at things? Is there anything missing?
 - c. Is it possible to use accurate TM terminology which is distinct from so-called WM terminology? For example, do we need to say "Liver-TM", or is there a different term which means the same thing? Where is it possible to use a unique, independent term?
3. Several additional proposals for minor adjustments were heard, evaluated, and considered. Significant points included:
 - a. ICD signs and symptoms do apply in ICTM, and should be included as such
 - b. We need to consider findings. Are there findings-TM which are also stand alone diagnoses in ICTM?
 - c. The diagnostic rules associated with Eight Principles and Fuku Sho are unique to TM and an important component to diagnosis, but it is difficult to know where to place them.
 - d. Diagnostic terms, which are actions, should be included in the interventions classification, rather than in the diagnostic, except where they are listed as descriptive values under findings
4. The concept of TM constitutions and TM Four Constitution medicine was discussed at length, including whether these were body systems or risk factors for certain diagnoses, and whether or not these two concepts of "constitution" were the same. Final discussion indicated that:
 - a. The four constitutions from Korean Oriental Medicine are not used the same way as the 25 constitutions from Traditional Chinese Medicine
 - b. The five values included in the Four Constitutions sub-parameter are not duplicated within the list of 25 constitutions included in the Risk Factors sub-parameter, though the list of 25 was not immediately available.
 - i. *(Please note that this agreement was challenged after the meeting in personal communication, with a request to revisit the concept in March 2011)*

5. Each parameter and sub-parameter was independently and cooperatively reviewed by the TAG for Classification of Patterns and Diagnosis before being presented for discussion to the entire meeting group.
6. A final Draft ICTM Content Model for Diagnosis was presented to the entire meeting group for final endorsement

Action Points:

1. Provide the approved Draft ICTM Content Model for Diagnosis to the Software Development Group for implementation in iCAT-TM
2. Identify values to accompany each parameter and sub-parameter until the value sets are comprehensive.
3. Continue investigating multilingual representation for the included terms to identify accurate, unique terminology whenever possible.
4. Expand the understanding of the diagnostic rules to better understand the modeling requirements for Eight Principles and Fuku Sho

D. The iCAT-TM Platform

Positive points:

1. iCAT-TM, building upon the ICD iCAT, can be constructed fairly quickly once the Content Model is drafted and the value sets are available
2. Experts who viewed the iCAT demo sandbox found it to be intuitive and easy to use, and agreed that it will greatly enable world-wide authoring from multiple groups of national experts
3. The platform allows for use of multiple languages (including Chinese, Korean and Japanese)

Action Points:

1. Provide the finalized Draft ICTM Content Model for diagnosis to the Software Development Group, including the identified value sets.
2. Update the Content Model Reference Guide
3. Request the creation of the iCAT-TM

E. ICD-11 Chapter 23: Traditional Medicine

Positive points:

1. The experts from China, Japan, and Korea were able to provide initial samples of patterns and diseases for inclusion in ICD-11 Chapter 23
2. A skeleton structure was developed and agreed upon for how to group and organize the combined national samples

Action Points:

iSummary of the Second WHO Meeting on the JCTM

1. Expand the skeleton structure to include the additional details identified
2. Organize the sample entities (patterns and diseases) into the correct areas within the skeleton structure
3. Populate the content models for each entity
4. Ensure that each populated content model is reviewed for comprehensiveness, completeness, correctness, and international applicability

F. ICTM Project Management:

Positive points:

1. The ICTM project has accomplished an unprecedented amount of successful progress in 2010, made all the more impressive by lower than anticipated initial project funding
2. Current implementation and plans for the next stages of the project are acceptable to all parties, though the timelines are necessarily expedited to accommodate for external factors (e.g. the ICD timelines)
3. Future meeting schedules are planned with sufficient notice, including:
 - a. Interventions Meeting for the International Classification of Traditional Medicine (7-11 February 2011, Manila, Philippines)
 - b. ICTM Annual Network Meeting (29 March - 3 April 2011, Hong Kong SAR, People's Republic of China)
 - c. ICD RSG Meeting (11-14 April 2011, Geneva, Switzerland)
 - d. WHO World Health Assembly (16-24 May 2011, Geneva, Switzerland)

Action Points:

1. Ensure that the timelines are adhered to and that the deadlines are met, including
 - a. **13 December – 20 December**
 - i. Correspondence with national experts about the sample patterns and diseases
 - b. **Monday, 20 December 2010**
 - i. Review placement in chapter blocks and sub-blocks
 - ii. Agree upon the placement of each entity in the block and sub-block
 - iii. Provide Intervention Database / List to Dr Peter de Smet
 - c. **25 December 2010**
 - i. Provide list of experts as potential reviewers for Alpha Phase
 - ii. MINIMUM: 10 (up to 100?)
 - iii. With full CVs and Contact Information
 - iv. iCAT-TM is up (*TBD based on Stanford Availability*)
 - v. WHO to provide specific “to do list” of entities
 - vi. Participants to start drafting
 - d. **31 December 2010**
 - i. Identify the “Managing Editor” Volunteer for Geneva
 - ii. Preferably multiple candidates
 - iii. Determine the Dates and Duration of Availability
 - iv. Provide CV and Photo to WHO (robinsonm@who.int)

iSummary of the **Second WHO Meeting** on the **ICTM**

- e. **10 January 2011**
 - i. "Managing Editor" Volunteer to start in Geneva
 - f. **31 January 2011**
 - i. Complete CMs in iCAT for:
 - ii. China: 150 Entities (Patterns or Diseases)
 - iii. Korea: 150 Entities (Patterns or Diseases)
 - iv. Japan 47 Patterns
 - v. Managing Editor to Continuously Check Entry
 - g. **28 February 2011**
 - i. Complete CMs in iCAT for:
 - ii. China: remaining Patterns or Diseases
 - iii. Korea: remaining Patterns or Diseases
 - iv. Managing Editor to Continuously Check Entry
 - v. Complete Alpha Review of January Content Models
 - vi. At least 3 reviewers per Content Model
 - h. **1 March – 11 March 2011**
 - i. Complete Alpha Review of February Content Models
 - ii. At least 3 reviewers per Content Model
 - iii. Managing Editor to finalize review and follow-up
 - i. **18 March 2011**
 - i. Draft of ICD-11 Chapter 23 provided for review
 - j. **28 March – 1 April 2011**
 - i. Agree upon Final ICD-11 Chapter 23 Draft
 - k. **2 April – 8 April 2011**
 - i. Finalize ICD-11 Chapter 23
 - ii. Prepare proposal for ICD-11 Revision Steering Group
 - l. **11-15 April 2011**
 - i. ICD-11 iCamp Meeting
 - m. **18 April 2011**
 - i. Report to ICTM Participants outcome of ICD Meeting
2. Continue to explore additional sources of project support, both technical and financial
- a. Complete the necessary follow-up regarding the announcement of Chinese financial support in the amount of US\$1.2 million, specifically US\$ 400,000 each year of 2011-2013

iSummary
of the Interventions Meeting for the
International Classification of Traditional Medicine
7-11 February 2011, Manila, Philippines
Draft Summary and Action Items

A. Overall review of the Interventions Meeting

Positive points:

1. There was a strong commitment to developing a Content Model (CM) which will be fit for purpose for all parties, particularly including the TM practitioner community, the Software Development Group requirement, Governments, and other key stakeholders.
2. There was also strong commitment towards developing an ICTM Interventions classification which will remain interoperable with the potentially to-be-developed ICHI classification, linking TM and so-called WM interventions, as the Diagnosis TAG is developing a classification to link to ICD.
3. We achieved a better understanding of the making of a Content Model, and of modelling for Informatics purposes, in general
4. Inputs from many countries and many individuals were heard, considered, and incorporated into the proposal drafted by the end of the meeting

Action Points:

1. Prepare the necessary tools for a “reality check” of the Content Model, including a clear Content Model outline and template, as necessary
2. Continue to seek input towards the refinement of the Content Model
3. Continue to collect inputs and resources to be used in the drafting of Interventions Content
4. Develop clear documents supporting future Use Cases and requirements in support of the Use Cases
5. Consider the creation of a cross-project working group to include experts from ICTM and ICHI to better harmonize development.

B. ICTM Content Model for Interventions Overview

Positive points:

1. The development work completed on the ICTM Interventions Content Model since May 2010 was reviewed and clear to all participants.
2. Several questions were identified and answered, including:
 - a. Should any so-called WM concepts be included in a TM classification, or should it be limited to only those concepts that are unique to TM?
 - b. Is the current Content Model a comprehensive way of looking at things? Is there anything missing?
 - c. How can we identify the necessary list of values for the value sets, similarly to what has been done in the Diagnosis TAG?
3. The proposal put forth as a culmination of previous TAG work proved to be a very reasonable first effort from which to build.
4. Work done by TAG experts from each area of expertise was shared, including:
 - a. A proposal of additional parameters from a specifically medicines perspective
 - b. The suggestion for a comparative table of formulae to support classification by clearly identifying both commonalities and differences in medicines preparation
 - c. The demonstration of an existing database of traditional formulae with taxonomy done previously by one of the TAG experts

Action Points:

1. Identify all proposals from all TAG experts regarding Content Model refinements
2. Collect a complete list of all interventions used, including acupuncture treatments, medical material, formulae, manual interventions, exercises, and other TM interventions

C. Interventions Content Model Group Work

Positive points:

1. Work was divided into 3 areas, namely Acupuncture Interventions, Traditional Medicines Interventions, and Manual Interventions including Exercise, to allow working groups to function and review the Content Model from their unique perspectives and to allow them to focus on their specific content work.
2. Each parameter and sub-parameter was independently and cooperatively reviewed by each working group for intensive review from their WorkGroup perspective before their comments were presented for plenary discussion.
3. Several additional proposals for minor adjustments were heard, evaluated, and considered. Significant points included:
 - a. ICD body systems, parts, and functions do still apply to some cases in ICTM, and should be included as such
 - b. ICHI includes does not lump so-called WM body systems and parts into the same parameter. Will this have an effect on interoperability?
 - c. What is the actual function of the "Action" axes / parameter? What is a sample of values which should be used to populate content here?
 - d. Is it necessary to include Acupoint locations, in addition to techniques?
 - e. What is the level of detail required for techniques?
 - f. What is the different between pre-coordination and post-coordination, and what are the benefits of each classification logic and system?
 - g. What are the distinctions between each parameter, such as technique and means?
 - h. What level of detail is required in each position and what will that detail be used for?
4. The unique details necessary to appropriately describe traditional medicines interventions were examined, outlined, and proposed for review by the group
5. Additional parameters regarding devices were proposed from two of three WorkGroups
6. In order to address issues such as efficacy, effectiveness, and patient safety, additional parameters such as known adverse events, absolute contraindications, relative contraindications, and intended or expected outcome were proposed
7. A comparative document incorporating the comments, critiques, and proposals from each work group was created (See document 51.CM Summaries), and it was agreed that the different interventions maintain sufficient commonality to continue using one content model for content collection, with the modifications as outlined above

Action Points:

1. Condense the CM Summaries back into a single CM outline for review by the group. *(11 February 2011)*
2. Prepare a "Stanford" view of the Content Model, to prepare for more in-depth review and critique from an Informatics perspective.
3. Prepare and perform a "reality check" to examine the robustness of the Content Model in a real world, not entirely academic standpoint. *(18 March 2011)*

4. Prepare a mini-iCAT and / or template in support of the reality check, as needed.
5. Collect the data from the “reality check” for analysis, examination, and discussion at the Hong Kong meeting to further refine the CM.
6. Develop an Interventions iCAT-TM in support of content collection

D. Overall review of the PAG Meeting Meeting

Positive points:

1. The extensive work done in TM diagnosis since 10 December in Tokyo was reviewed and found slightly behind schedule, but still satisfactory.
2. The work done in TM interventions, both over the last week and since May 2010, was reviewed and found to be generally on schedule, with some specific concerns identified.
3. Immediate priorities, as well as longer-term goals were identified and timelines generated.
4. Dr Choi Seung-hoon shared, on behalf of the Traditional Korean Medicine Bureau (TKMB), that the government of the Republic of Korea will support the ICTM project, providing US\$ 300,000 for the duration of the project

Action Points:

1. Redesign timelines to bring diagnosis work back on schedule
2. Address the specific interventions concerns and update timelines to a standard of more reasonable expectations

E. Diagnosis Classification Overview

Positive points:

1. Diagnostic inputs from China and Korea were received in December 2010 and have been incorporated.
2. Diagnostic inputs from Jana were received in February 2011, and are being incorporated now.
3. Currently, there are approximately 777 diagnostic entities (Diseases TM, Patterns TM, and Signs/Symptoms TM) included in the DRAFT chapter. Of these, 47% have fully-populated content models, of which the majority have already been entered into iCAT
4. Significant overlap in diagnostic entities, overall, was identified, despite minimally overlapping entities within the national samples provided, re-raising questions regarding the selection criteria for each sample.

Action Points:

1. Update the Content Model reference guide in support of iCAT and CM users.
2. Draft SOPs for authors, reviewers, and field-tests in preparation for the next stages of content and classification development.
3. Regarding criteria for diagnostic entity selection, the following questions were identified and each Member State providing a sample was requested to provide a formal response, These questions are:
 - a. Who selected the entities?
 - b. How were those entities chosen for the sample?
 - c. Why were other entities not selected for the sample?
 - d. What is the complete number of diagnostic entities in each TM system?
4. A representative of each Key Member State will gather in Geneva in March for an intensive 5-day drafting session on the chapter structure and organization.
5. Prepare to finalize the diagnostic chapter draft in the Annual Network Meeting (30 March 2011)

F. Interventions Classification Overview

Positive points:

1. The first Draft ICTM Content Models for TM Interventions was finalized.
2. A “reality check” was designed for implementation prior to the Hong Kong meeting.
3. Strengths and weaknesses of the TAG and WorkGroup Structure were identified and analyzed, to improve efficiency and success of the TAG work.
4. Samples of intervention entities will be identified from each country for consideration and inclusion

Action Points:

1. Note that the three proposed WorkGroups on Diagnostic Interventions, Patient Education and TM Surgical Procedures (a.k.a. External Therapies) will not be enacted at this time, but will be considered again during the course of the project, potentially at the Network Meeting in 2012.
2. Note that, despite extensive efforts in this area, the WorkGroup or WorkGroups on Manual Interventions and Exercises remains insufficiently populated, making continued work in this area at this precise time difficult. Therefore, this WorkGroup (or these two WorkGroups) are also tabled at this time, and will be revisited again prior to discussions on the other three newly-proposed WorkGroups. Work completed in this area will be recorded and kept, and developed further if possible with existing expertise.

G. Traditional Medicine in ICD-11

Positive points:

1. Requirements for inclusion of TM knowledge in ICD were re-examined, including requirements, potential issues and objections.
2. PAG members were given the opportunity to critically appraise the situation, and offer feedback on viability, course correction, and immediate priorities.

Action Points:

1. Prepare a presentation outlining the costs and benefits to including TM knowledge into ICD-11 in light of current status, lessons learned, and potential objections identified.
2. Prepare for the RSG meeting in April in Geneva, to present the current status and discuss potential concerns.
3. Identify additional reviewers and review processes to ensure the quality of information included within the chapter.
4. Expand upon the skeleton structure and organize the sample entities into the identified arrangement while understanding the requirements of other WHO-FIC classifications
5. Prepare to finalize the chapter draft in the Annual Network Meeting (30 March 2011)

H. ICTM Project Management:

Positive points:

1. Current implementation and plans for the next stages of the project are acceptable to all parties, though the work is slightly behind the expected pace at this time.
2. Future meeting schedules are planned with sufficient notice, including:
 - a. ICD RSG Meeting (11-14 April 2011, Geneva, Switzerland)
 - b. WHO World Health Assembly (16-24 May 2011, Geneva, Switzerland)
 - c. A potential TAG meeting in the fall of 2011, location and exact dates TBD

Action Points:

1. Ensure that the timelines are adhered to and that the deadlines are met, including
 - a. 11 February 2011
 - i. WHO to provide DRAFT Interventions Content Model as seen today
 - b. 14 February 2011
 - i. WHO to provide spreadsheet / mini-iCAT for collection of interventions data for feasibility examination
 - ii. *Form for the "Reality Check"*
 - c. 25 February 2011
 - i. Experts to provide first round of comments on the Content Model
 - d. 1 March – 11 March 2011
 - i. Complete Alpha Review of February Content Models
 1. At least 3 reviewers per Content Model
 - ii. Managing Editor to finalize review and follow-up
 - e. 4 March 2011
 - i. WHO to provide the updates after the comments
 - f. 18 March 2011
 - i. Draft of ICD-11 Chapter 23 provided for review
 - ii. 28 March – 1 April 2011
 - iii. Agree upon Final ICD-11 Chapter 23 Draft
 - iv. Experts to provide second round of comments on the Content Model for Interventions
 - v. Experts to provide comments on / results of the "reality check" of the Interventions CM
 - g. 2 April – 8 April 2011
 - i. Finalize ICD-11 Chapter 23
 - ii. Prepare proposal for ICD-11 Revision Steering Group
 - h. 11-15 April 2011
 - i. ICD-11 iCamp Meeting
 - i. 18 April 2011
 - i. Report to ICTM Participants outcome of ICD Meeting
2. Continue to explore additional sources of project support, both technical and financial
 - a. Complete the necessary follow-up regarding the announcement of Korean financial support, specifically US\$ 300,000 each year of the ICTM project
3. Monitor the progress of ICHI development, and evaluate timing and necessity of a joint-WorkGroup on TM and so-called WM interventions.
4. Determine the necessity of a TAG meeting in the fall of 2011.

