WHO Editorial Working Group Meeting ICD-11 TM Chapter
25-29 July 2016, Shanghai, China

Agenda item 12&13: Pending issues

a) Overlap TM disorders and WM categories
b) Grouping, placement and clustering
c) Harmonization of TM Ch. terminology
d) Translation guidelines and linguistic analysis

Overlap TM disorders and WM categories

- **How to address concerns and misperceptions?**
  - Provide rationale & explanation for TM disorders & narrative on action taken
    - TM and WM have to be understood as distinct but integrated medical systems, which classify a health condition from different perspectives
    - Use of TM specific titles & definition is the rule (Wasting thirst disorder TM vs. diabetes)
    - Some degree of overlap is unavoidable since some conditions are named according to a key symptoms and we are considering two different medical systems (e.g. TA31 Cough disorders vs MH57 Cough)
    - TM Disorders and WM categories with similar titles are the exception (e.g. Liver abscess disorder (TM) vs. EF71.1 Abscess of liver)
    - No violation of classification principles (i.e. mutual exclusiveness) in ICD-11 MMS, because TM disorders have a specific TM aetiology
    - Use of Latin or Greek terms are avoided
    - Borrow WM categories (use of multiple parenting) where possible

Overlap TM disorders and WM categories

- **How reduce/minimize overlap?**
  - Principle 1: Category/manifestation unique to TM? (Yes/No)
  - Principle 2: Confusing title? (Yes/No) -> if "yes" improve title
  - Principle 3: Specific TM aetiology? (Yes/No) -> if "no" improve definition
  - If Principle 1-3 ok -> keep TM category
  - If Principle 1-3 not ok -> use equivalent WM code through multiple parenting
- **Check and manage the impact on Morbidity statistics**
  - record may be either duplicated (if a patient gets a WM and TM code) or omitted if statistics use only WM codes (for statistics continuity) but patient gets a TM code. For example: "TA71 Impetigo (TM) <--> 1D21 Impetigo TA01, Chest pain disorders (TM)" <--> "CA20 Angina pectoris;
  - Consider mapping between WM and TM?
  - Provide guidance on coding and reporting in ICD-11 TM Chapter coding guidelines

Other issues

- Environmental Factors Patterns
  - Conceptualization: health conditions or factors that impact health conditions?
  - Placement in the pattern section
  - Coding: separate and/or jointly
- How to handle sections without categories?
- How to handle proposals for new sections?
- Use of cluster coding mechanism for Principle based Pattern
- Which (codeable) categories should be considered as (non-codeable) group headings
- Review residuals .Y and .Z (other specified, unspecified)
- Use and of pinyin as synonym in English version for exceptional and well justified cases?

Harmonization of TM Ch. terminology

- Term set for pulse, tongue, environmental factors completed
- Identify other key terms use in title and definitions (e.g. depression)
- Develop multilingual glossary with listing key terms with corresponding definition and reference

Translation guidelines and linguistic evaluation

- **Linguistic Evaluation**
  - Translation & back translation of key & problematic terms
  - In case of difference between translation and backtranslation
    - Linguistic analysis of key terms & problematic terms
    - Resolve translation differences

Translation guidelines and linguistic analysis

1. The meaning of the original term is modified during translation because:
   a. Only part of the original meaning is present in the target language term. Part of the original connotations is lost. This makes the item too narrow in meaning.

      Example: narrower meaning

      Source language: English Term: "Deficiency"

      Target language: French Translation: "Vide"

      "Vide" carries the meaning of "Empty" hence misses the implied gradual 'lack of' of the term "Deficiency"

   b. The original meaning is expanded in the target language term. The target language term has more (or different) connotations than the original. This makes the translated item too broad in meaning.

      Example: broader meaning

      The term.....(add example).

- Improve translation guidelines (e.g. examples of)

WHO Editorial Working Group Meeting ICD-11 TM Chapter
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Agenda item 14: Pending issues

a) **Impl. of proposals & use of ICD-11 proposal platform**
b) **Field testing: feedback from piloting in Europe future plans**

ICD-11 MMS Testing 2016-17

- **Case-controlled pilot testing** of selected ICD-11 MMS components (line coding)
- **TAG/specialty specific testing** of ICD-11 MMS
- **Case-controlled and real-life testing** (line coding) of the ICD-11 2016 Release for Member State Comment and corresponding mortality and morbidity rule base.

Case-controlled pilot testing of selected ICD-11 MMS components (line coding)

- **Objectives**
  - Test selected ICD-11 MMS components for basic morbidity coding in terms of reliability (consistency), goodness of fit (accuracy) feasibility (usability) and comparability with ICD-10
  - examine the testing process and instruments
  - build-up ICD-11 knowledge and coding skills
- **Scope**
  - Mainly pre-coordinated ICD-11 MMS categories
  - ICD-10 categories
  - ICD-11 MMS English version and other language version (as feasible)
- **Sample**
  - Morbidity coding
  - Diagnostic term set with approx. 420 terms representing 5% of current ICD-11 MMS Chapter categories.
  - All diagnostic terms/statements used in testing will be pre-coded in ICD-10 and ICD-11 by experts (baseline).

Case-controlled pilot testing of selected ICD-11 MMS components (line coding)

- **Number of coders & other FT staff**
  - 5-10 experienced (morbidity) coders per centre
  - 1 FT Centre Coordinator
- **Web-based tooling environment**
  - ICD-FiT
  - ICD-11 Coding Tool
  - ICD-10 2016 version Browser

Proposed algorithm for ICD-11 distance calculator

- If actual coding and gold standard are **equal**, the distance is **0**
- If actual coding and gold standard are **siblings**, the distance is **1** (consider need for additional disaggregation to distinguish between code assignment to a sibling, residual and parent category).
- If actual coding and gold standard are **cousins**, or actual coding is a nephew of gold standard, or actual coding is an uncle of gold standard, the distance is **2**
- If actual coding and gold standard are **second cousins**, the distance is **3**
- If actual coding and gold standard have a **relationship greater than the second cousin**, but they are in the same chapter, the distance is **4**
- If actual coding and gold standard are in a **different chapter**, the distance is **5**

Consideration for testing TM Chapter

- **Focus**: **Test TM Chapter as coding tool** (line coding of TM diagnostic term set). Additional option: testing of TM Chapter as diagnostic tool (coding of case summaries without explicit statement of diagnosis)
- **Scope**:
  - ICD-11 MMS **TM Chapter categories + selected WM categories**
  - Morbidity (incl. TM Chapter) **coding rules**
  - ICD MMS **English version and other language version** (as feasible)
- **Sample**:
  - 50+ **pre-selected** diagnostic **terms/statements (representing 10% of TM Chapter codes + selected WM categories)**.
  - All diagnostic terms/statements used in testing will be pre-coded by PAG expert group
- **Timeline**: Nov 2016 –June 2017
- **Number of coders:** min. 5-10 Coder
- **Tooling Environment:** ICD FiT, ICD-11 Coding Tool, ICD-11 Browser
- **Other activities:** Key Informant Survey (Basic Questions)

WHO Editorial Working Group Meeting ICD-11 TM Chapter
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Agenda item 18

Brochure on ICD-11 TM Chapter

Key messages

- People are pragmatic in their choices to seek healthcare. **Integration** of Modern Medicine and TM is **practiced by people.**
- **Health Systems** need to be pragmatic too and respond by enabling better integration of Modern Medicine and TM.
- **TM Chapter** is a new **tool** to facilitate better integration of TM practice in health information systems.
- **Integrated use of TM specific and ICD WM morbidity coding** is already **practiced** and has shown **produced benefits** for health systems.
- **Use of TM Chapter by WHO HQ & WHO RO** as TM data producer & user
- **TM Chapter** is **neither judging nor endorsing the scientific validity of any TM practice** or the efficacy of any TM intervention. It will assist research and evaluation to establish efficacy of TM.

Brochure Structure

- **Why is a TM Chapter within ICD-11 MMS needed?**
  - National and international data on epidemiological and health service context of TM
- **What is the TM Chapter (and what is it not)?**
- **Current use of TM specific diagnostic classification systems at country level.**
  - Textual & visual information on use and added value
- **Potential benefits and uses of the ICD-11 TM Chapter**
  - Country level
  - WHO HQ &ROs

Input needed
National TM health service utilization data (cross-sectional & longitudinal)

- Number of visits & **inpatients** in medical institutions by year
- Number of visits & **outpatients** in medical institutions by year
- Data on
  - service satisfaction
  - Cost-effectiveness

Input needed
Textual & visual information on use and benefit of TM specific diagnostic classification systems

WHO Data and Information

Structure of Out of Pocket Health Payments								
	China							
	Inpatient	Outpatient	Tradional	Drugs	Other	Health aids	Ambulance	Long term care
Catastrophic								
No	5.1	13.0	2.8	63.7	12.1	1.9	0.2	1.1
Yes	13.2	12.9	3.5	52.2	14.1	1.5	1.1	1.5
Poor								
No	11.1	13.2	3.3	54.4	13.9	1.7	0.9	1.5
Yes	5.3	6.7	2.3	79.1	6.2	0.3	0.0	0.0
Insurance								
No	1.2	30.6	5.2	49.4	8.3	4.9	0.1	0.3
Yes	11.8	11.1	3.1	56.3	14.0	1.2	0.9	1.5
Residence								
rural	14.1	6.6	3.6	63.6	9.2	0.8	1.3	0.9
urban	9.1	16.1	3.1	51.7	15.7	2.0	0.6	1.6
Expenditure Quintile								
Lowest	4.1	4.4	2.0	84.8	4.5	0.1	0.0	0.0
Second	6.3	8.2	2.7	74.3	7.7	0.7	0.0	0.2
Middle	10.2	11.2	2.2	69.0	6.2	1.0	0.0	0.1
Fourth	8.3	15.1	1.2	65.8	6.3	2.0	0.7	0.6
Highest	12.4	13.4	4.2	47.4	17.8	1.7	1.1	2.0
Fifty+member								
No	12.9	14.3	3.1	51.0	14.7	1.3	0.8	1.9
Yes	10.6	12.8	3.3	56.1	13.4	1.6	0.8	1.3
total	10.8	12.9	3.3	55.7	13.5	1.6	0.8	1.4

TM Service utilization data from Global Study on Ageing (SAGE) and World Health Survey (WHS)

- *Out of pocket payment by household SAGE (6 countries) WHS (47 countries)*
- *Individual outpatient TM visit SAGE (6 countries)*

- *WHO Global Atlas on TM 2005, TM Strategy*
- *WPRO/SEARO TM country dashboard*

WHO Editorial Working Group Meeting ICD-11 TM Chapter
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Agenda item 19

TM Chapter events at the ICD Revision Conference, Tokyo, Japan 12-14 October 2016

TM Chapter events at the ICD Revision Conference

Date	Conference Session	TM Chapter event
Wednesday 12th October		
morning	Opening Part 1: MoH Japan, DG Opening Part 2: WHO Panel - "The ICD: what it means to countries and to global health" Facilitator: Ties Boerma	**CJK representative (tbc) to give 5min intervention on TM Chapter**
afternoon		**TM Chapter Side event**
Thursday 13th October		
morning	Health information in the new era: global, regional and country perspectives The ICD Revision Process	
afternoon	ICD-11 Advances and Use	
Friday 14th October		
morning	ICD-11 Advances and Use ICD-11 for Health Financing	**TM Chapter Plenary Session 9:30-10:15 Integrated medicine in health information systems: Traditional Medicine chapter**
afternoon	ICD-11 Informatics and Tooling ICD-11 Way forward	

TM Chapter side event Wed 12th 14:00-16:30
Developing and using a common language for counting Traditional Medicine Conditions - The ICD-11 Traditional Medicine Chapter

- **Panel members** presentations on (i) current state of TM information and classification impl. & development experience (ii) prospects of the ICD-11 TM Chapter impl. **Moderator**: Kenji Watanabe & Zhang Xiaorui
- **Presentation topics and speakers**
  - **Opening remarks**, Margret Chan, DG WHO (tbc)
  - **The case for better TM data to support Implementation of the WHO TM Strategy**, Zhang Qi, WHO
  - **ICD-11 TM Chapter (Module 1) – development, features and maintenance arrangements**, Nenad Kostanjsek, WHO
  - **Current state of TM information in Japan and prospects for using the ICD-11 TM Chapter in Japan**, President JLOM, Japan
  - **Using TM Code sets of the Korean Disease Classification (KCD) – What difference does it make for the Korean Health System**, Director General, Ministry of Health and Welfare (MoHW), Rep. of Korea
  - **Moving towards implementing ICD-11 TM Chapter in China - Lesson learned from implementing a national TM diagnostic classification system (GB 95/97)**, Director General, SATCM, China
  - **Potential benefits and uses of the ICD-11 TM Chapter for clinical research**, Peter Fisher (Clinical Royal London Hospital for Integrated Medicine (RLHIM)
  - **Training acupuncturist in coding with ICD-9 & 10 – Lessons learned and implications for using ICD-11 TM Chapter,** Samuel A. Collins Director, American Acupuncture Council Insurance Network,
  - **Classifications of other forms of TM** - Ayurveda N.N. MoHFW, India

TM Chapter session during ICD Revision Conference Friday 14th 9:30-10:15
The ICD-11 Traditional Medicine Chapter a new tool to facilitate better integration of TM practice in health information systems

- **Panel members** are invited to give 10min presentations on (i) the need for greater integration of TM practice in health systems; (ii) outline the potential role and benefit of the ICD-11 TM Chapter in promoting and facilitating Integration of TM in health systems focusing on different uses cases. **Moderator**: Charlie Xue
- **Presentation topics and speakers**
  - **WHO perspective on TM and ICD-11 TM Chapter,** Zhang Qi, WHO
  - **The statistical use case - reporting TM conditions in China** (Director General, SATCM, China)
  - **The reimbursement use case – using TM Code sets of the Korean Disease Classification (KCD) in the National Health Insurance System** (Director General, TM Bureau MoHW, Rep. of Korea
  - **The clinical use case – documenting TM conditions in clinical practice in Japan**, Director, Health Information Department, MOLW, Japan
  - **The utility of ICD-11 TM Chapter for integrated health care setting in Europe,** Peter Fisher (Clinical Royal London Hospital for Integrated Medicine (RLHIM)
  - **How can a TM-specific diagnostic classification system help in evaluating the efficacy of Traditional Herbal Medicinal Products in treating malaria?** (Video Message) Tu Youyou, Noble Price Laureate for Medicine 2015 (tbc)
  - **Why does integrative medicine count and should be counted?** (Video Message), Prince Charles, UK (tbc)

Feedback and confirmation needed

1. CJK representative for Opening session Panel
2. Confirmation of proposed topics and speakers from CJK

WHO Editorial Working Group Meeting ICD-11 TM Chapter
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Agenda item 20

Finalize TM Chapter as part of ICD-11, 2018 version

Main tasks August 2016

- Update TM Chapter for printing (WHO)
  - Implement List 1-3 decisions
  - TM specific definitions of TM disorders
  - placement of Env. Factor Pattern after PbP
  - Remove code from block headings
- Draft TM Chapter Brochure (WHO)
- Country info for TM Ch. Brochure i.e. TM Service utilization statistics & textual and visual examples of use of TM classification system. (All countries, focal points. (Kenji, Rana, ZQ, Charlie)
- Confirm topics and speakers from CJK (Rana, Kenji, ZQ)
- Update TM Coding guidelines and Ref Guide (Rosemary, Charlie)
- Narrative on overlap TM disorders and WM categories (MEs)

Main tasks September 2016

- Prepare TM Chapter for printing as part of ICD-11 MMS (WHO)
- Update TM Chapter Index (WHO)
- Finalize and print TM Chapter Brochure (WHO)
- Finalize narrative on overlap TM disorders and WM categories (???)
- Prepare Tokyo meeting presentations & talking points (all)
- Formulate position paper on TM Chapter Update & maintenance mechanism (PAG Co-chairs)
- PAG call to review Tokyo meeting preparations

Main tasks Oct 2016 – July 2017

- Field testing of TM Chapter
  - Preparation (Oct 2016 – Dec 2016)
    - Provide TM diagnostic terms
    - Draft "testable" coding rules
    - Finalize protocol and instruments
    - Program ICD-FiT platform
    - Develop training material and coding instructions
    - Identify Key Informant
  - Implementation (Jan-March 2017)
    - Coder training
    - Coding of dx term set
  - Analysis & Dissemination (April-June 2017)
    - Country
    - International

Main tasks Oct 2016 – July 2017 (cont.)

- TM Chapter Translation
  - Finalize TM Chapter translation
  - Linguistic Evaluation
  - Improve translation guidelines
- TM Chapter tooling
  - Browser in translated languages
  - Coding tool in translated languages
  - Customization of text search functionality
- Process review proposals (including five element system)
- Address pending taxonomic issues incl. use of multiple parenting, synonyms and index entries, post-coordination.
- TM Chapter Glossary development (inclusion criteria, informal task force)
- Systematic Lit Review on TM Classification and TM data

Main tasks July 2017 – early 2018

- Process FT based, country comments and other content enhancement proposals during Editorial WG Mtg. June/July 2017
- Formalise update & maintenance structure for TM Chapter
- Finalize TM Chapter tabular list, coding guidelines, index
- Tooling environment
  - Cluster coding functionality
  - Offline browsing and coding tool
  - Web-services

WHO Editorial Working Group Meeting ICD-11 TM Chapter
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Agenda item 21

TM Chapter in ICD-11 governance structure

TM Chapter governance

- TM Chapter update & maintenance
  - PAG Editorial Working Group (continuation or transformation)
  - TM content and classification expertise
  - Representation from other WHO Regions
- Representation of TM in ICD-11 governance structure
- Linkages with WHO CC

WHO Editorial Working Group Meeting ICD-11 TM Chapter
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Agenda item 22

Post 2016 plans

Post 2016 plans

- Implementation strategy and tools
  - Integrating TM Chapter into global and/or regional morbidity data strategies and monitoring frameworks
  - Development of digital health technologies for TM Chapter (creating a continuum of data collection from point of care to global level monitoring)
  - Development of Training and Education material and tools
- Further classification development
  - Larger ICTM
  - Diagnostic Criteria
  - Interventions
  - New Modules
- Resources

Agenda item 3

ICD-11 TM Chapter

Processing of peer review based proposals

World Health Organization

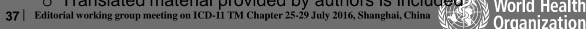
International Peer review process

- 142 TM experts (from China, Japan, Korea, USA, Australia, Europe, Israel)
- in international teams of 5 to 10 experts grouped by TM specialty area
- Assigned accordingly to review the 470 entities grouped in 29 sections
- Incremental approach:
  - Dec 7th – Jan 19th : Pilot (platform; moderators; output template) – all OK
  - Feb 1st – Mar 15th : Chapter-wide review (> 1000 items)
  - April – May: Moderators summarized the experts' input for each review item
  - June : Compiled and standardized all 435 proposals, sent to PAG on July 7th
  - July : Compiled feedback and readied the 3 lists for efficient PAG decision process
  - ➢ August : Insert proposals in ICD-11 Browser and implement decisions in iCAT

Processing of the peer review proposals

- **List 1** Agreement among reviewers, or minor content edits: *285 items*
  - 194 'Accepted' ('Task 1' combined feedback)
- **List 2** Disagreement among reviewers, or major content edits: *95 items*
  - 47 'Priority' items of 95
- **List 3** Structure / Classification edits: *55 items*
  - *23* 'Priority' items of 55

  - All entries in **List 2** and **List 3** are in an international context
  - 'Disagree' but no comment → no proposal was generated
  - Translated material provided by authors is included



List 1

- Proposals 'Accepted'* : **194** of 285 (68%)

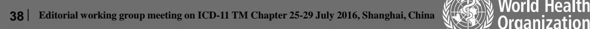
Rationale: *International Peer Review of the ICD-11 MMS Chapter on Traditional Medicine conditions - consensus proposal - Accepted by Project Advisory Group for WHO International Classification of Traditional Medicine project.*

- Proposals to be discussed: **91**(32%)
  - 'Rejected' by at least 1 working group : 81 (28%)
  - or 'Postponed' " " : 10 (4%)
- Check 1: Edit is consistent with previous terminology decisions
- Check 2: Keep edits consistent

  E.g. "Liver yin deficiency pattern (TM)" vs "Liver yang deficiency pattern (TM)":

  → In the definition: '<u>or</u> a … pulse' vs '<u>and</u> a … pulse'

* by all 3 CJK working groups or 'Accepted' by some and no status given by others



14a - ICD-11 Proposal platform

- Review outcome – Lessons learned:
  - Smooth and successful process
    - Pioneering activity for the international TM community
    - Constructive technical and cross-cultural communication
  - Significant quality and quantity of input:
    - Need comments to qualify choices ('Disagree' → Why?)
    - Need to substantiate inputs with rationale and references
  - Importance of harmonized terminology with conceptual equivalence:
    - Need to maintain and develop the glossary for future work
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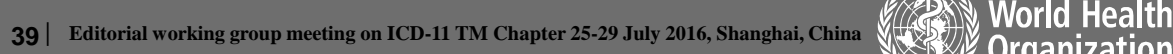
      cf. "Triple energizer" synonyms; "Pericardium" 'synonyms'



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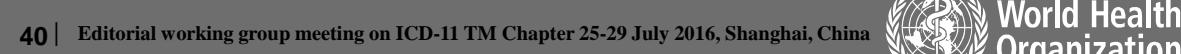
- Need for communication to explain clearly classification requirements:
  - some reviewers dislike 'system' systematically after organ names -> need to communicate in context of ICD
  - some reviewers advised to remove the term 'disorder' in some of the titles because it is already implied in the meaning. E.g.: "Impotence disorder (TM)"

  The word "impotence" means sexual potency disorder. So it is improper to add after that the word "disorder." The word "陽痿" is mentioned as "impotence" by "WHO international standard terminologies on traditional medicine in the western pacific region (2007)."



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Agenda item 14b

EU pilot field testing the ICD-11 Traditional Medicine Chapter

<u>Progress report</u>

Europe-wide pilot field testing the Traditional Medicine (TM) Chapter of the ICD-11

- Collaboration with Royal London Hospital for Integrated Medicine, UK

Primary objective: To pilot field test the clinical utility of TM ICD-11 codes.

Study objectives:

1. Conceptualization: - assess conceptual issues
   - evaluate as a tool to understand and communicate TM conditions
2. Goodness of fit: - assess whether TM diagnoses used by EU practitioners are incorporate and reflected
3. Reliability: - assess the inter-rater reliability of ICD-11 TM categories
4. Usability: - assess the ease of use for practitioners

Methodology: mixed methods approach

- Phase 1: EU survey of practitioner views on the ICD-11 TM codes.
- Phase 2: Coding process of case summaries
  → inter-rater reliability
- Phase 3: Survey of coders experiences of using the TM ICD-11 codes
  →feedback on conceptual and operational issues

Phase 1
EU survey of practitioner views on the ICD-11 TM codes

- **Piloted Basic Questionnaire (BQ):**
  - no problems understanding or completing the BQ; no design or content issues
- **Web based survey:**
  - 14 professional TM associations – 14 EU countries – 171 practitioners
- Which "**theoretical background**" is used as a guide for diagnosis?
  - Chinese (TCM): 89% (of which 56% use no other style)
  - Japanese: 10% (" 12% ")
  - Korean: 1% (" 50% ")
  - 'Five element' style: 39% (" 10% ")
  - Western medical: 31% (10%) and Others: 11% (17%)
  - Overall the ICD-11 TM Chapter covers **91%** of EU practitioners
    - → **95%** if include section on 'Five element' style

Phase 1
EU survey of practitioner views on the ICD-11 TM codes

- 'Five element' system:
  - Relatively high usage in EU (and US)
  - Specific diagnostic system:

Five element system patterns

1. Causative factor (CF) patterns [Colour, Sound, Odour, Emotion]
   1.1 Wood, 1.2 Fire, 1.3 Earth, 1.4 Metal, 1.5 Water
2. Blocks to treatment
   2.1 Major, 2.2 Minor, 2.3 CV/GV
3. Inter-phase relationships (Sheng/Ke) (← Organ system patterns)
   E.g. 'Fire nor nourishing Earth', 'Wood over-controlling Earth' etc

Phase 2 – *on-going*
Coding process of case summaries (CS)

- 5 CS selected cf TM Chapter sections most frequently used (Phase 1)
- 24 practitioners (4 EU test sites x 6): TM accreditation; > 5 years in clinic
  - code for each CS: TM disorder and TM pattern using ICD-11 TM Chapter
  - ! TM patterns are not mutually exclusive
  - → Need to determine for each CS 'basket of acceptable diagnostic TM patterns'
  - Then compute inter-rater agreement reliability (Kappa) with expert statistician
- Work in progress. Initial results:
  - Up to 80% agreement in TM Disorders coding
  - TM patterns more spread → necessity of the 'basket' approach

Update on Coding Guidelines & alignment with Reference Guide

Rosemary Roberts
July 2016

Need for flexibility and simplicity

- TM coding will vary from country to country and according to setting
- Need to acknowledge these different practices, yet meet the aims of including TM in ICD-11.
- Many TM practitioners will be new to coding process.
- Need for simplicity of coding rules.
- Rules should be tested in field trials and updated following comments on ease of application

Update since Seoul meeting

- Minor changes and addition of examples following feedback from Seoul meeting
- Latest version incorporated in ICD-11 Reference Guide
- Emphasis on use of TM chapter for morbidity
- Discussions with European and US collaborators
  - Good response, especially regarding option of stand alone TM chapter or full integrated use of ICD-11 (WM + TM) in a parallel approach.
  - Need to educate and demonstrate to users (especially insurers and other payers) added value of TM codes.

Terminology: Dual v Integrated coding

- **Dual coding** used in situations where clinical terms are coded in two different classification systems for purposes of comparison, transition, mapping, casemix grouping and other implications of change from one system to another.
- **Integrated coding** in context of ICD-11 means full use of Chapters 1-27 (WM and TM chapters) for classification of clinical terms.
- **Stand alone coding** in TM context means classification of clinical terms using Chapter 27 only.

Definition of main condition

Included in TM coding guidelines for stand alone use for TM chapter:

- The main condition is the condition that is determined to be the reason for admission, established at the end of the episode of health care.
- More detailed definitions if more than one condition reported
- (? Issues using this definition when we have disorder and pattern in TM and rule to put disorder first)

Disorder and pattern as main condition

- Current TM rule is to use disorder as main condition when both disorder and pattern are present
- Does this fulfil the definition of main condition?
  - Clinical practice
  - Simplicity
  - Meaningfulness for statistical purposes
  - Implications for countries using WM for disease and TM for pattern
  - Implications for primary care
  - Implications for entry point to casemix grouping

TM use of full ICD-11

- If the full ICD-11 is used for integrated coding of TM episodes, the coder should become familiar with chapter specific rules in the Reference Guide
- Necessary with integrated coding to retain use of TM label in both disorders and patterns
- Particular attention must be paid to coding of quality of care indicators and External Causes
- Reference guide sections

Integrated use of ICD-11 for TM Examples

Example 1

6A11 Type 2 diabetes mellitus
TB54 Wasting thirst disorder TM
TE93 Large yin type dryness heat pattern TM

Example 2

TB40.1 Cold impediment disorder TM
NB83.2Z Strain or sprain of hip, unspecified
External cause: PA15 Fall involving a wheelchair
PN10.3 Place of occurrence – health service area
TD91 Cold factor pattern TM

Reference Guide

Section 1. Purpose and multiple uses of ICD
Section 2. Links with other classifications and terminologies
Section 3. Structure and content of the ICD Classification System
- Structure, logic, Foundation Component, Conventions, Stem codes, Extension Codes

Section 4. ICD Print and electronic version
Section 5. Basic Coding Guidelines
Section 6. Main Uses of the ICD: Mortality

Extension codes

- Reason for admission
- Most resource intensive condition
- Tentative (provisional) diagnosis
- Differential diagnosis
- Rule-out diagnosis
- Present on Admission
- Arising after admission during hospital stay

Reference Guide (Section 7 Main Uses of the ICD: Morbidity)

7.1 **What is coded**: Conditions of patient

7.2 **Documentation principles related to morbidity coding.** Includes:

- guidelines for single condition analysis of morbidity data
- Guidelines for selection main condition and other conditions
- Chapter specific notes

Reference Guide (continued)

7.3 Special cases

- Clinical Care
- Epidemiology
- Quality and patient safety
- Research
- Primary care
- Casemix grouping

7.4 Use of functioning properties

Reference Guide Section 8 Traditional Medicine

8.1 Use in Traditional Medicine

8.2 Traditional medicine section of ICD-11 update and maintenance

8.3 Coding instructions for Traditional Medicine

Reference Guide Section 9 Statistical recommendations

9.1 General statistical recommendations

9.2 International morbidity reporting

9.3 Minimum data set and markup for cluster coding

9.4, 9.5 and 9.6 International mortality statistics

Reference Guide Section 10
ICD maintenance and application

10.1 ICD-11 Update process

10.2 Applicability and intellectual property

10.3 National Modifications for morbidity coding

10.4 Mortality rules – knowledgebase

10.5 Automated coding tools for mortality

Reference Guide

Section 11. History of the development of the ICD

Section 12. Annexes

Section 13. References

Two indexes – WM and TM

- Need to consult both if WM and TM codes are being used jointly
- E.g. Countries may use WM for disease and TM for pattern
- TM practitioners may wish to use TM for disorder and pattern and WM codes for greater specificity and/or quality of care indicators

Electronic coding tool

- Allows easy use of both WM and TM chapters
- Meets criteria of simplicity and flexibility

Comments on Reference Guide Section 8 – Use in TM

- Introductory paragraph:
  - Disorders and patterns not disease (line 3)
  - Dual coding has specific meaning. Should refer to use of all chapters of ICD-11 for TM coding. Remove reference to dual coding.
  - Remove last sentence relating to comparison between TM and WM – not necessary and not an aim of the TM chapter
- 8.1 Use in traditional medicine

Section 8: Main uses of the ICD: Morbidity, TM

- Occupies whole of Section 8.
- TM is not one of the main uses of the ICD. It is one of the uses for morbidity reporting along with reporting of WM morbidity.
- ? Appropriate placement and naming of this section.

Action items before Tokyo

- Finalise Chapter 27
  - Structure
  - Content: Codes, including code structure, code length
  - Finalise residuals
- Finalise TM Coding Guidelines
- Use results of line coding exercises to inform changes
- Use results of peer review to inform changes

Action items
Tokyo – final version release 2018

- Incorporate results from field trials
  - Codes
  - Guidelines
- Ensure consistency of structure and code length between TM and other chapters of ICD-11
- Start preparation of educational material based on coding guidelines

Action items long term

- Develop education and training material from Coding Guidelines
- Join process of updating ICD-11
- Countries may consider national modifications

TM Indexing and Residuals

Rosemary Roberts

Shanghai, July 2016

Index is front door to the classification

- Index is link between diagnostic term used by clinician in the health record and the classification
- TM chapter index in ICD-11 should use same principles as other ICD-11 chapters
- Users should be encouraged to enter index first and then check code in tabular list

Manual v Electronic

- ICD-11 index is being electronically derived from the foundation component
- Previous ICD index conventions not necessary for ICD-11
- Many users will be using electronic coding tool
- Necessary to have flexibility in entry term (not necessarily disease process but anatomical site, body organ as well)

Coding from index in TM
Option 1

- Index terms should reflect disorder and pattern terms recorded by clinician
- There should be multiple entries in alphabetical order to cater for different clinical expressions (site, process)
- Index terms should not repeat sub headings or group names found in tabular list
- Index terms should not point to headings or names of blocks or groups

Option 1a

- Follow logic of Option 1
- Make sub-headings under index entries that are overpopulated
- Determine sub-headings according to frequency of index entry lead term
- Sub-headings can therefore be site, process etc. according to frequency of use

Option 1a: example for index entries under

"Deficiency, Deficit, Depletion, Insufficiency, Decrease, Decreased"

Most frequent terms:

- **qi** **22**
- **spleen** **21**
- **yin** **18**
- **yang** **16**
- **kidney** **16**
- **heart** **12**
- lung 9
- water 8
- cold 7
- stomach 7
- blood 7
- liver 6

Frequent sub-headings in alphabetical order:

– **heart**
– – deficiency of heart qi and yin pattern (tm) TD06
– – dual deficiency of heart qi and blood pattern (tm) TD03
– – heart and gallbladder qi deficiency pattern (tm) TD0J
– – heart and kidney yang deficiency pattern (tm) TD0N
– – …
– – heart yin depletion pattern (tm) TD05
– **kidney**
– – heart and kidney yang deficiency pattern (tm) TD0N
– – kidney deficiency with marrow depletion pattern (tm) TD36
– – …

Coding from index in TM
Option 2

- After entry term, use as sub-heading the group or block heading
- This makes location of correct code difficult as it means that coder needs to know the group in which the code falls rather than logically following the clinical terminology
- Means that alphabetic order in index does not reflect clinical term (disorder or pattern)

Option 2: example for index entries under

"Deficiency, Deficit, Depletion, Insufficiency, Decrease, Decreased"

Blood patterns (tm)
blood decrease patterns (tm) **TC40**
blood deficiency patterns (tm) **TC40**
Essence patterns (tm)
essence deficiency pattern (tm) **TC60**
Fluid patterns (tm)
fluid decrease pattern (tm) **TC50**
fluid deficiency pattern (tm) **TC50**
Four constitution medicine patterns (tm)
small yang type yin deficit pattern (tm) **TE94**
small yang type yin depletion pattern (tm) **TE92**
small yin type yang depletion pattern (tm) **TF11**
Heart patterns (tm)
deficiency of heart qi and yin pattern (tm) **TD06**
dual deficiency of heart qi and blood pattern (tm) **TD03**
heart and gallbladder qi deficiency pattern (tm) **TD0J**
heart and kidney yang deficiency pattern (tm) **TD0N**
…

Residuals .Y and .Z
(other specified, unspecified)

- Consider impact on coding and statistical use of classification
- Include at end of each block and section
- Within block, proposal for change:
  – Follow convention of other ICD-11 chapters
  – Use sub-heading without code and make sub-heading codeable through use of .Y and .Z
  – Use field trials to determine usage

Currently:

- Heart system disorders (TM)
  - TA10 Palpitation disorders (TM)
    - TA10.1 Inducible palpitation disorder (TM)
    - TA10.2 Spontaneous palpitation disorder (TM)
    - TA10.Y Other specified palpitation disorders (TM)
    - TA10.Z Palpitation disorders (TM) , unspecified

Proposed:

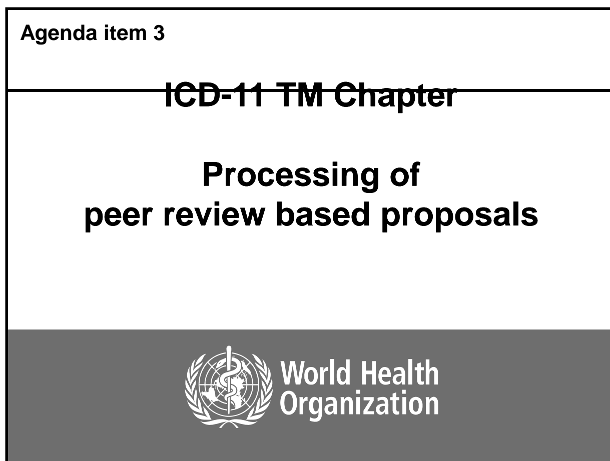
- Heart system disorders TM
  - Palpitation disorders TM(*not a valid code*)
    - TA10 Inducible palpitation disorders TM
    - TA11 Spontaneous palpitation disorders TM
    - TA1Y Other specified palpitation disorders TM
    - TA1Z Palpitation disorders TM, unspecified

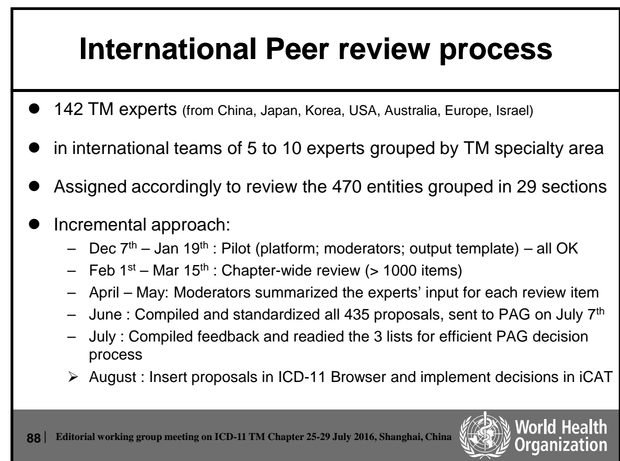
Currently:

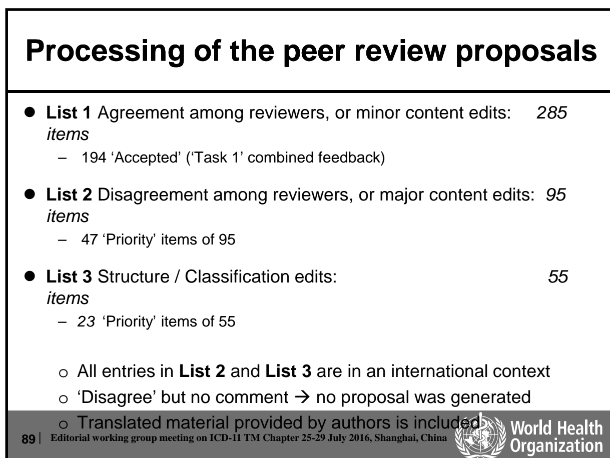
- Four phase patterns TM
  - TF01 Qi phase patterns TM
    - TF01.1 Heat entering the qi phase pattern TM
    - TF01.2 Qi phase dampness and heat pattern TM
    - TF01.3 Dampness obstructing the qi phase pattern TM
    - TF01.Y Other specified qi phase patterns TM
    - TF01.Z Qi phase patterns TM unspecified

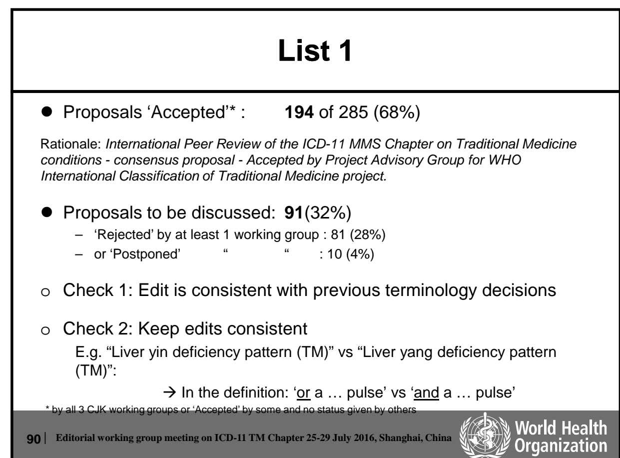
Proposed:

- **Four phase patterns TM**
  - **Qi phase patterns TM** (*not a valid code*)
    - TF01 Heat entering the qi phase pattern TM
    - TF02 Qi phase dampness and heat pattern TM
    - TF03 Dampness obstructing the qi phase pattern TM
    - TF0Y Other specified qi phase patterns TM
    - TF0Z Qi phase patterns TM unspecified









14a - ICD-11 Proposal platform

- Review outcome – Lessons learned:
  - Smooth and successful process
    - Pioneering activity for the international TM community
    - Constructive technical and cross-cultural communication
  - Significant quality and quantity of input:
    - Need comments to qualify choices ('Disagree' → Why?)
    - Need to substantiate inputs with rationale and references
  - Importance of harmonized terminology with conceptual equivalence:
    - Need to maintain and develop the glossary for future work
    - Always refer to updated glossary when accepting proposals and future edits

      cf. "Triple energizer" synonyms; "Pericardium" 'synonyms'

14a - ICD-11 Proposal platform

- Need for communication to explain clearly classification requirements:
  - some reviewers dislike 'system' systematically after organ names -> need to communicate in context of ICD
  - some reviewers advised to remove the term 'disorder' in some of the titles because it is already implied in the meaning. E.g.: "Impotence disorder (TM)"

The word "impotence" means sexual potency disorder. So it is improper to add after that the word "disorder." The word "陽痿" is mentioned as "impotence" by "WHO international standard terminologies on traditional medicine in the western pacific region (2007)."