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TM Chapter in ICD11

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What is the ICD-11 TM Chapter?

- A new Chapter within the ICD-11. It provides a **list of diagnostics categories** to collect and report on TM conditions.
- The **scope** of the chapter is currently on the part of traditional medicine conditions which originated in ancient China and are now commonly used in China, Japan, Korea and elsewhere around the world (**Module I**).

What is the ICD-11 TM Chapter?

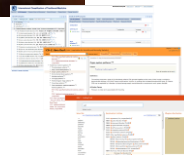
- The Chapter is a **mirror of clinical practice and reality**. The TM Chapter categories were derived from:
 - National Clinical Modifications of ICD (i.e. Korean ICD version, KCD-7 Disease Codes of Korean Medicine);
 - National TM Classifications (e.g. Chinese TCM classification GB 95/97, Japanese Kampo Medicine Code Set);
 - Regional Terminologies (i.e. WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region);
 - The Chapter also represents the most common diagnoses used by TM practitioners in Europe and US.

What is the ICD-11 TM Chapter (2)

<http://apps.who.int/classifications/icd11/browse/f/en>



The TM Chapter is being **developed in parallel to the revision of other ICD-11 Chapters**.



The TM Chapter is using the same classification development principles and tools (e.g. Content Model, iCAT, ICD-11 Browser) like other ICD Chapters.

ICD-11 TM Chapter Class DEFINITIONS

Foundation ID: <http://id.who.int/icd11entity/1125428114>

Title: RD34 Kidney yin deficiency pattern (TM)

Code: RD34

Parent category: Kidney Patterns (TM)

Synonyms:

- Kidney yin deficiency pattern (TM)
- Genuine yin deficiency pattern (TM)
- Kidney water depletion and deficiency pattern (TM)
- Primordial yin deficiency pattern (TM)

Definition: A pattern characterized by back pain, lethargy, dizziness, ringing in the ears, nocturnal emission in men and infrequent or light menses in women, emaciation, dry throat, thirst, flushed cheeks, dysphoria with feverish sensation in the palms, soles and the chest, afternoon fever, night sweating, reddened tongue with little or no coating and a rapid fine pulse. It may be explained by deficiency of kidney yin that leads to interior disturbance of fire originated from yin deficiency.

Definition including:

- Symptoms
- Tongue
- Pulse
- Etiology
- Mechanism

Long Way of TM chapter development

- 2005-2008: WHO/WPRO



WHO Congress on Traditional Medicine,
7-9 November 2008, Beijing, China



Highlights of the first WHO Congress on Traditional Medicine

- 2009-2017: WHO headquarter

ICD-11 Revision Congress in Tokyo 12-14/10/2016

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Classifications

Health Information in the New Era



WHO is pleased to announce a high-level ICD-11 Revision Conference for Member States which took place in Tokyo, Japan from 12-14 October 2016. The Conference was hosted by the Collaborating Centre WHO-FIC in Japan. Please note that participation was by invitation, only.

This meeting was held in conjunction with the annual meeting of the WHO Family of International Classifications Network (WHO-FIC), which also took place in Tokyo, Japan from 8-12 October 2016. The theme for this year was:

"Health Information in the New Era"
 (「保健医療の新时代：ICD-11改訂会議」).

Side session TM

Integration of Traditional Medicine Chapter in ICD-11

International Statistical Classification of Diseases and Related Health Problems (ICD) the World Health Organization (WHO) has been developing over the past years the first-ever internationally agreed standard list of diagnostic categories to identify and report on Traditional Medicine (TM) conditions. The TM Chapter and overall ICD-11 will be officially released for Member States comment on the 12th, October.

Side session on ICD-11 TM Chapter

- Developing and using a common language for counting Traditional Medicine conditions -

Place: G610 Tokyo International Forum
Time: 14:00-16:30

1. Opening remark: Opening remark: Dr Margaret Chan, Director-General, WHO
2. The case for better TM data to support implementation of the WHO TM Strategy, Zhang Qi, WHO

Side session TM

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Hosted by the Japan Liaison Office (JLOM)



After 5



WHO - FAMILY OF INTERNATIONAL CLASSIFICATIONS NETWORK ANNUAL MEETING 2016

Use case for Traditional Medicine in Japan -Morbidity data classified by joint use of ICD-

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8-12 October 2016
 Tokyo, Japan
 c133

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Abstract
 World Health Organization (WHO) commenced to develop International Classification of Traditional Medicine (ICTM) in 2010 and the development was focused on traditional medicine practice used in China, Japan and Korea (One of the Traditional Medicine practice in Japan is called as "Kampo Medicine"). In this poster, we show the tentative morbidity data which are classified by joint use of Western Medicine (WM) chapter and TM chapter in ICD-11 Beta Draft by using health insurance claims.

Introduction
 Traditional Medicine is an important form of health care for many people across many regions. The use of safe and effective traditional medicine practice and products can make an important contribution to national and individual health care and the promotion of health equity. However, there was no international platform that allows the harmonization of data for clinical, epidemiological and statistical use. In order to overcome such lacking, World Health Organization (WHO) commenced to develop International Classification of Traditional Medicine (ICTM) in 2010 and the development was focused on traditional medicine practice used in China, Japan and Korea (One of the Traditional Medicine practice in Japan is called as "Kampo Medicine"). Part of ICTM was evolved by integrating national standards in these countries and then is to be included into chapter 27 "Traditional Medicine Conditions - Module 1" in ICD-11.
 The aim of this study is to create morbidity

Results
 Table1. 19 leading patterns (TM) by sex, in morbidity: Japan, 2016.

Rank	Pattern(TM)	
	Male	Female
1	TCS9 Medium (Excess/Deficiency) pattern (TM)	TCS9 Medium (Excess/Deficiency) pattern (TM)
2	TCS2 Heat pattern (TM)	TCS5 Heat pattern (TM)
3	TCS5 Deficiency pattern (TM)	TCS5 Deficiency pattern (TM)
4	TCS3 Cold pattern (TM)	TCS8 Moderate (Heat/Cold) pattern (TM)
5	TCS4 Moderate (Heat/Cold) pattern (TM)	TCS3 Cold pattern (TM)
6	TCS6 Fluid disturbance pattern (TM)	TCS6 Fluid disturbance pattern (TM)
7	TCS1 Qi stagnation pattern (TM)	TCT1 Blood stasis patterns (TM)
8	TCS0 Qi deficiency pattern (TM)	TCS2 Qi reverse flow patterns (TM)
9	TCS4 Excess pattern (TM)	TCS0 Qi deficiency pattern (TM)
10	TCS0 Kidney qi deficiency pattern (TM)	TCS0 Qi stagnation pattern (TM)

Table2. 5 leading patterns (TM) by age group, in morbidity: Japan, 2016.

Rank	Pattern(TM)									
	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+	
1	TCS2	TCS9	TCS9	TCS9	TCS9	TCS9	TCS9	TCS9	TCS9	TCS9
2	TCS9	TCS2	TCS2	TCS2	TCS2	TCS2	TCS2	TCS8	TCS8	TCS8

ICD-11

ICD-11 Revision Conference Report Tokyo, Japan 12-14 October, 2016

1.3 Integrated medicine: Traditional Medicine chapter

The presentation on the ICD-11 TM chapter focused on its statistical use case and uses in countries around the world. It was noted that the inclusion of Traditional Medicine for the first time as a chapter within the ICD. This has enabled a standard list of diagnostic categories to identify and report on conditions. These codes will be able to be used for statistical and administrative purposes.

Presentations were given by China, Japan and the Republic of Korea which have all been instrumental in developing the chapter, both technical and in terms of financing. Further insights were provided from Australia and Europe where traditional medicine – or complementary medicine – plays an important role but is often not integrated. India showed its advances in developing a AYUSH related classification, and expressed its interest in joining the ICD.

DG Margaret Chan's Remarks

As another new feature, diagnostic categories used in

traditional medicine are covered in a separate chapter.

These categories are based on traditional medicine conditions which originated in ancient China and are now commonly used in China, Japan, the Republic of Korea, and elsewhere.

Particular attention will be given to testing the chapter in **integrated health care settings in target countries where both traditional and Western medicine are practiced.**

In summary, **this is an historical occasion and an historical opportunity to give the medical, epidemiological, and public health communities a cutting-edge statistical tool.** Specific, precise, and comparable data are the foundation of everything we do.

Review has been done

ICD-11 Update issued in June 2016

- 142 Experts from China, Korea, USA, Australia and EU
- Multinational teams of 5-10 experts in each topic
- WHO Review Platform
- 470 TM chapter entities with title, definition, inclusion and exclusion terms

Field testing for the final version

1. 40 line codings with a short history
2. 10 each from China, Korea, Japan & UK
3. Field testing has been done and currently under analysis.
4. Coding guideline: WM diagnosis, TM disorders, TM patterns (depending on the national regulation).

Field testing in Japan

1. 40 line codings were done by 10 coders (kindly supported by Japan Society of Health Management Society).
2. Experts (JLOM) indicated how to code WM, TM disorders and TM patterns.