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政策科学総合(統計情報総合研究事業)

ICD-11での漢方医学分類の国際展開に向けた調査研究

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厚生労働科学研究費補助金（政策科学総合(統計情報総合)研究事業）  
総括研究報告書

ICD-11での漢方医学分類の国際展開に向けた調査研究

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**研究要旨**

本研究ではWHOに協力しながら日本漢方分類の特性を残した国際伝統医学分類の完成を目指すとともに、国際伝統医学分類に対するさまざまな意見を収集・分析することを目的とした。

2017年度は漢方医学分類が入った国際伝統医学分類の開発の最終年度に当たり、最終版の作成をするとともに、コーディング・ガイドの完成ならびに短い症例によるフィールド・テストを行った。これらの開発に対する海外からの意見を収集したところ、概ね好意的な意見が多かった。

漢方分類は当初の予定通り、すべて国際伝統医学分類に盛り込まれ、慶應義塾大学の漢方医学外来でデータを収集した。

開発は今年度で終了となるが、今後は普及に向けたさらなる国際プロジェクトの継続が確認された。今後伝統医学の章を含めたすべてのICD-11の最終版が確定され、2018年6月にWHOからリリースされる。

**A．研究目的**

WHOに協力しながら日本漢方分類の特性を残した国際伝統医学分類の完成を目指すとともに、国際伝統医学分類に対するさまざまな意見を収集・分析することを目的とした。

国の専門家で10例ずつ作成し、計40例について、電話会議でブラッシュアップを行い（資料1）、それを日本語訳した（資料2）。それらの症例につき、WHOが管理するICD-FITというフィールドテストのシステムを用いて行った（資料3，4）。

**B．研究方法**

**WHO主導のフィールドテストへの協力と漢方医学分類への反映（渡辺）**

WHOと協力して、ICD-11ベータ版の妥当性を検討するために、フィールドテストを行った。

フィールドテストは昨年度までは、A4一枚程度の実臨床に則した詳細な症例に対して行う予定で、日中韓で各々30例ずつ、計90例の中から30例を選択して国際的に行うことを計画したが、コーディングのテストというよりも臨床診断のテストの意味合いが強くなり、コーディングのテストに特化するために、他の章と同様、非常に短い記載の症例（ライン・コーディング；30～70ワード程度）で行うことを決定した。日中韓および英

**コーディング・ガイドの作成（渡辺）**

国際伝統医学分類を実際にどのようにコードするのか、WHOでコーディング・ルールを作成する作業に協力した。

**国際伝統医学分類に関する国内外の評価の収集ならびに分析（渡辺・吉野）**

ICD-11の伝統医学分類に対する国内外の評価について収集した。

**漢方分類のエビデンスの収集（吉野）**

国際伝統医学分類の漢方分類に準拠した診療情報を慶應義塾大学病院の漢方医学センターにて収集し、分析した。

## 伝統医学分類会議の日本での開催（渡辺）

国際伝統医学分類に対する第2回編集会議を、8月29日～31日の3日間、東京麹町の日本病院会の会議室で開催された。WHOからの参加4名を含め、東京で開催された(資料5)。

## WHO-FIC 会議での報告ならびに情報交換（渡辺）

本研究の成果は日本のみならず世界におけるICD 全体とも整合性を取る必要がある。2017年のWHO-FIC (WHO国際分類ファミリー) 年次総会は10月16日～21日にメキシコシティで開催された。そこに参加してICD全体の改訂の進捗ならびに伝統医学分類に対する評価について情報収集した。

(倫理面への配慮)

分類ならびに用語作成の際には個人情報を含め、盛り込まないため、特に該当しない。

## C. 研究結果

### WHO主導のフィールドテストへの協力と漢方医学分類への反映

ライン・コーディングは2017年9月～10月にかけて行われた。日中韓欧の専門家53名が参加し、40の症例に対して有効コード数は2081であった。今後米国の専門家24名および欧州の専門家がさらに参加する予定である。

日本は40の症例に対して、日本診療情報管理学会の協力を得て10名の診療情報管理士が40例についての西洋医学病名、伝統医学疾病、証につき、ICD-FITに入力した。

### コーディング・ガイドの作成

コーディング・ガイドについては2017年8月に日本で開催されたICD-11伝統医学分類編集会議の席で議論され、2018年4月に上海で開催された国際伝統医学分類に対する第3回編集会議で最終版が作成された(資料6)。

### 国際伝統医学分類に関する国内外の評価の

## 収集ならびに分析

2017年5月3日～5日にベルリンで開催されたWORLD CONGRESS of INTEGRATIVE MEDICINE & HEALTH 2017に参加した。これは伝統医学を含む、統合医療に関する専門家800名が世界60カ国から参集する学会で”Globalization of Traditional Healing Systems“ というシンポジウムで、WHOの伝統医学担当官のQi Zhang氏とNenad Kostanjsek氏とともに、ICD-11における伝統医学の章について話をした(資料7, 8)。参加者からは好意的な反応が多かったが、何故東アジア伝統医学だけなのか等懐疑的な質問も見られた。

続く5月6日には国際日本漢方協会の第4回シンポジウムが同じくベルリンで開催された(資料9)。この会は日本漢方を行う世界中の研究者40名ほどが集まる会議であるが、ここでWHOのNenad Kostanjsek氏とともにICD-11における伝統医学の章についての話をした(資料10)。ここでも概ね好意的な意見が出たのと、フィールドテストへの参加に関心を示してくれた医師もいた。

## 漢方分類のエビデンスの収集

2014年6月1日～2018年1月19日までに慶應義塾大学漢方医学センター外来を受診した初診患者1,156名について、伝統医学の章を用いたコーディングの集計結果は以下の通りであった。

### 【虚実の証】

SE74 (実証) 252、SE79 (中間証) 437、SE75 (虚証) 467

### 【寒熱の証】

SE72 (熱証) 95、SE78 (中間証) 438、SE73 (寒証) 441、SE7A (寒熱錯雑証) 169、該当なし 13

### 【気・血・水】

SE90 (気虚証) 274、SE91 (気鬱・気滞証) 356、SE92 (気逆証) 95、SF00 (血虚証) 183、SF01 (瘀血証) 275、SF11 (水毒証) 174

SF90 (下焦の虚証) 220、SF10 (亡津液証) 5、  
該当なし 42

という結果であった。気血水は2つまで選択  
できる、というルールであったが、平均1.405  
の気血水コードが付与されていた。

### 伝統医学分類会議の日本での開催

国際伝統医学分類に対する第2回編集会議  
が東京で開催され、WHOからは伝統医学部  
門のQi Zhang氏、Sangyoung Ahn氏、Nenad  
Kostanjsek氏とStephane Espinosa氏の4名  
が参加した。

会議では1) 伝統医学分類の最終版作成、  
2) フィールドテストに向けたライン・コー  
ディングの作成、3) コーディング・ガイド  
ライン、4) ペンディングになっていた用語  
の確認、を行った。

その上で、これが伝統医学分類開発の最後  
の会議となることを確認し、今後は普及に向  
けた新たなプロジェクトがスタートするこ  
とになった。

### WHO-FIC 会議での報告ならびに情報交換

2017年のWHO-FIC (WHO国際分類ファミ  
リー) 年次総会では、初めて伝統医学のセッシ  
ョンが正式なプログラムとして取り上げられ  
た。WHOのNenad Kostanjsek氏と渡辺で司会  
進行をした。渡辺から伝統医学の章に関する開  
発の経緯を説明した後、中国、韓国、日本にお  
ける伝統医学のフィールドテストの状況につ  
いて報告した(資料11)。その後の質問では、  
米国、英国、コロンビア、ロシア、スペイン、  
アルゼンチン、メキシコ、ブラジルの専門家か  
ら質問があった。それぞれの国で鍼灸を中心に  
アジア伝統医学が広がっており、国際伝統医学  
分類に対する強い期待が表明された。

### D . 考察

ICD-11改訂作業もほぼ終了したが、国際伝  
統医学分類もフィールドテストを行い、ほぼ終  
了した。海外での評価は概ね好意を持って受け

入れられているようである。漢方医学分類に関  
しては十分にデータとして収集可能である。

### E . 結論

ICD-11のリリースに向けて、漢方医学分類  
を含む国際伝統医学分類の準備状況は概ね整  
った。

### F . 健康危険情報

なし

### G . 研究発表

#### 論文発表

渡辺賢治 伝統医学が国際疾病分類 (ICD)  
に入る意義その1 漢方の臨床 64:  
613-621, 2017.

渡辺賢治 伝統医学が国際疾病分類 (ICD)  
に入る意義その2 漢方の臨床 64:  
733-742, 2017.

渡辺賢治 伝統医学が国際疾病分類 (ICD)  
に入る意義その3 漢方の臨床 64:  
849-858, 2017.

渡辺賢治 伝統医学が国際疾病分類 (ICD)  
に入る意義その4 漢方の臨床 64:  
959-969, 2017.

#### 学会等報告

Kenji Watanabe : Traditional Medicine  
(TM) Chapter in ICD-11 The 4th  
International Symposium for Japanese  
Kampo Medicine, Berlin, 2017/5/6

Kenji Watanabe : Lessons from the  
development of International  
Classification of Traditional Medicine,  
Berlin, 2017/5/3-5,

Kenji Watanabe : TM chapter in ICD-11  
WHO Meeting 2017, Mexico City,  
2017/10/16-21

### H . 知的財産権の出願・登録状況

1. 特許取得

なし

2. 実用新案登録

なし

3. その他

なし



研究成果の刊行に関する一覧表

書籍

著者氏名	論文タイトル名	書籍全体の編集者名	書籍名	出版社名	出版地	出版年	ページ
なし							

雑誌

発表者氏名	論文タイトル名	発表誌名	巻号	ページ	出版年
渡辺 賢治	伝統医学が国際疾病分類 (ICD) に入る意義その1	漢方の臨床	64	613 - 621	2017
渡辺 賢治	伝統医学が国際疾病分類 (ICD) に入る意義その2	漢方の臨床	64	733 - 742	2017
渡辺 賢治	伝統医学が国際疾病分類 (ICD) に入る意義その3	漢方の臨床	64	849 - 858	2017
渡辺 賢治	伝統医学が国際疾病分類 (ICD) に入る意義その4	漢方の臨床	64	959 - 969	2017



Country	caseid	Dx Terms	ICD-11 Title TM Disorder	ICD-11 Title TM Pattern	ICD-11 Title WM entity
JPN	1	Diagnostic information: <b>acute nasopharyngeal catarrh</b> , showing fever, sore throat, cough and runny nose. Additional TM specific information: <b>common cold</b> , with <b>greater yang pattern</b> , showing headache, neck stiffness, painful joints and a floating pulse.	Common cold disorder <sup>(TM)</sup>	Early yang stage pattern <sup>(TM)</sup>	Acute nasopharyngitis
JPN	2	Diagnostic information: <b>fluid volume depletion</b> by profuse sweating at several days after the onset of a febrile state, showing severe thirst with desire for water. Additional TM specific information: <b>seasonal cold</b> , with <b>yang brightness pattern</b> , showing constipation, tidal fever, abdominal distension, red face, forceful and slippery pulse, thick tongue coating.	Seasonal cold disorder <sup>(TM)</sup>	Middle yang stage pattern <sup>(TM)</sup>	Dehydration
JPN	3	Diagnostic information: <b>bacterial or viral infection of the bronchi</b> , showing fever, cough, wheezing, chest pain or dyspnoea. Additional TM specific information: common cold with <b>lesser yang pattern</b> , showing alternating chills and fever, loss of appetite, bitter taste in mouth, dry throat, dizziness and hypochondrial discomfort, white coat of the tongue or a wiry pulse.	Common cold disorder <sup>(TM)</sup>	Late yang stage pattern <sup>(TM)</sup>	Acute bronchitis, unspecified
JPN	4	Diagnostic information: <b>watery stools</b> by an increased frequency of bowel movements. Additional TM specific information: abnormally frequent bowel movements with <b>greater yin pattern</b> , showing abdominal fullness, weak and deep pulse.	Diarrhea disorder <sup>TM</sup>	Early yin stage pattern <sup>(TM)</sup>	Diarrhoea
JPN	5	Diagnostic information: <b>fatigue</b> , viral infection-induced, feeling of exhaustion, lethargy, decreased energy, diarrhea, cold limbs or dysphoria. Additional TM specific information: <b>fatigue consumption</b> of <b>lesser yin pattern</b> , showing diarrhea night sweating and thin pulse.	Fatigue consumption disorder <sup>TM</sup>	Middle yin stage Pattern <sup>(TM)</sup>	Postviral fatigue syndrome
JPN	6	Diagnostic information: <b>endotoxic shock</b> showing low blood pressure and lethargy. Additional TM specific information: <b>dysentery</b> with recurrent abdominal pain of <b>reverting yin pattern</b> , showing burning sensation on the chest and cold extremities with weak pulse.	Dysentery disorder <sup>(TM)</sup>	Late Yin stage Patterns <sup>(TM)</sup>	Septic shock
JPN	7	Diagnostic information: feeling of <b>exhaustion</b> , lethargy, or decreased energy, characterized by a decreased capacity for work and reduced efficiency in responding to stimuli. Additional TM specific information: <b>consumption</b> in <b>qi decrease pattern</b> , showing appetite loss, cold limbs, white tongue coating and deep pulse.	Consumptive disorder <sup>(TM)</sup>	Qi deficiency pattern <sup>(TM)</sup>	Fatigue
JPN	8	Diagnostic information: <b>recurrent depressive episode</b> . Additional TM specific information: feelings of despair in <b>qi depression pattern</b> , showing sensation of obstruction in the throat, a sensation of ear tube obstruction, fullness in the chest and abdominal distension.	Depression disorder <sup>(TM)</sup>	Qi stagnation pattern <sup>(TM)</sup>	Depressive disorders, unspecified
JPN	9	Diagnostic information: <b>gastro-esophageal reflux disease (GERD)</b> . Additional TM specific information: <b>qi counterflow pattern</b> , showing the regurgitation of food, hiccup, chronic cough, vomiting, and distention of the abdomen.	Food reverse flow disorder <sup>(TM)</sup>	Qi uprising pattern <sup>(TM)</sup>	Gastro-esophageal reflux disease
JPN	10	Diagnostic information: <b>anaemia</b> characterised by decreased levels of iron. Additional TM specific information: <b>scanty menstruation</b> in <b>blood decrease patterns</b> , showing nail deformity, pale lips, dizziness, light-colored menstrual blood and thready pulse.	Decreased menstruation disorder <sup>(TM)</sup>	Blood deficiency pattern <sup>(TM)</sup>	Iron deficiency anaemia, unspecified
CHN	11	Diagnostic information: <b>anus abscess</b> with pain and burning sensation. Additional TM specific information: red tongue with greasy and yellow coating, slippery and rapid pulse caused by <b>dampness and heat in the lower</b>	Anal abscess disorder (TM)	Dampness and heat in the lower energizer pattern <sup>TM</sup>	Anal abscess
CHN	12	Diagnostic information: <b>stenosis of coronary artery</b> . Additional TM specific information: <b>severe heart pain</b> , sweating, cold limbs, white complexion and blue lips, faint and barely perceptible pulse caused by <b>heart meridian obstruction</b> .	True heart pain disorder (TM)	Heart meridian obstruction pattern (TM)	Coronary atherosclerosis

Country	caseid	Dx Terms	ICD-11 Title TM Disorder	ICD-11 Title TM Pattern	ICD-11 Title WM entity
CHN	13	Diagnostic information: <b>influenza</b> . Additional TM specific information: <b>common cold</b> , cough with white watery sputum, white tongue coating and floating tight pulse caused by <b>wind and cold fettering the lung</b> .	Common cold disorder (TM)	Wind and cold fettering the lung pattern (TM)	Influenza, virus not identified
CHN	14	Diagnostic information: <b>typhoid infection</b> . Additional TM specific information: <b>dampness and warmth</b> entering the body, abdominal distention, vomiting, nausea, anorexia, thirst, loose stool, greasy coating on the tongue caused by <b>dampness and heat in the middle energizer</b> .	Dampness and warmth disorder (TM)	Dampness and heat in the middle energizer pattern (TM)	Typhoid fever
CHN	15	Diagnostic information: <b>diarrhea</b> with abnormally frequent bowel movements. Additional TM specific information: pale larger tongue with white greasy coating, moderate pulse caused by <b>spleen deficiency with dampness encumbrance</b> .	Diarrhea disorder (TM)	Spleen deficiency with dampness accumulation pattern™	Diarrhoea
CHN	16	Diagnostic information: <b>low back pain</b> . Additional TM specific information: pain which is fixed in one place, purple and spotted tongue, wiry pulse caused by <b>blood</b>	Lumbago disorder™	Blood stasis pattern (TM)	Low back pain
CHN	17	Diagnostic information: <b>pneumonia due to bacteria</b> . Additional TM specific information: stagnation of <b>heat in the lung</b> , cough with a sensation of chest pain, thick and yellow sputum, red tongue with yellow greasy coating, rapid slippery pulse caused by <b>phlegm heat obstructing</b>	Lung heat disorder (TM)	Phlegm heat obstructing the lung pattern (TM)	Bacterial pneumonia
CHN	18	Diagnostic information: <b>male sterility</b> . Additional TM specific information: aversion to cold, cold limbs, weakness and soreness in the waist and knees, white tongue coating and feeble pulse at cubit (chi) section caused by <b>primordial yang deficiency</b> .	Male Infertility disorder (TM)	Kidney yang deficiency pattern (TM)	Male infertility
CHN	19	Diagnostic information: <b>rheumatoid arthritis</b> . Additional TM specific information: <b>painful impediment</b> , cold pain with preference for heat, pale tongue with white coating, tight and slow pulse caused by external <b>cold factor</b> .	Cold impediment disorder (TM)	Cold factor pattern (TM)	Rheumatoid arthritis
CHN	20	Diagnostic information: <b>painful periods</b> . Additional TM specific information: lower abdominal cold pain with preference for warmth, whitish vaginal discharge, white tongue coating, deep and tight pulse caused by <b>cold congealment in the uterus</b> .	Dysmenorrhea disorder (TM)	Cold stagnation in the uterus pattern (TM)	Dysmenorrhoea
KOR	21	Diagnostic information: <b>Infertility (female) induced by spleen deficiency with dampness accumulation</b> . Additional TM specific information: white thick tongue coating, rolling pulse.	Infertility disorder™	spleen deficiency with dampness accumulation pattern™	Primary female infertility
KOR	22	Diagnostic information: <b>Infrequent, delayed menses induced by disharmony of liver and spleen systems</b> . Additional TM specific information: white thin tongue coating, feeble pulse.	Delayed menstruation disorder™	Disharmony of liver and spleen systems pattern™	GB20.22 Infrequent menstrual bleeding
KOR	23	Diagnostic information: <b>Menopause induced by kidney yin deficiency</b> . Additional TM specific information: white thin tongue coating, floating pulse.	Menopausal disorder™	Kidney yin deficiency pattern™	Menopausal or certain specified perimenopausal disorders
KOR	24	Diagnostic information: <b>Dizziness induced by kidney yin deficiency</b> . Additional TM specific information: dry tongue, white thin tongue coating, floating pulse.	Vertigo disorder™	Kidney yin deficiency pattern™	Dizziness and giddiness
KOR	25	Diagnostic information: <b>Vaginal discharge induced by spleen qi deficiency</b> . Additional TM specific information: weak pulse, pale tongue, white viscid tongue coating.	Leukorrhea disorder™	Spleen qi deficiency pattern™	Vaginal discharge
KOR	26	Diagnostic information: <b>Diarrhea induced by spleen yang deficiency</b> . Additional TM specific information: pale tongue, deep slow weak pulse.	Diarrhea disorder™	Spleen yang deficiency pattern™	Diarrhoea
KOR	27	Diagnostic information: <b>Dry cough induced by lung yin deficiency</b> . Additional TM specific information: reddish tongue, dry cracked tongue, rapid weak pulse.	Cough disorders(TM)	Lung yin deficiency pattern™	Cough
KOR	28	Diagnostic information: <b>Insomnia induced by kidney yin deficiency</b> . Additional TM specific information: white thin tongue coating, deep weak pulse.	Insomnia disorder™	Kidney yin deficiency pattern™	Insomnia disorders
KOR	29	Diagnostic information: <b>Constipation induced by large intestine excess heat</b> . Additional TM specific information: yellow tongue coating, rapid pulse.	Constipation disorder™	Large intestine excess heat pattern™	Constipation

Country	caseid	Dx Terms	ICD-11 Title TM Disorder	ICD-11 Title TM Pattern	ICD-11 Title WM entity
KOR	30	Diagnostic information: <b>Facial palsy</b> on the left side induced by <b>liver wind stirring the interior</b> . Additional TM specific information: <b>wiry tight pulse, red tongue, white thin tongue coating</b> .	Facial paralysis disorder™	Liver wind stirring the interior pattern™	Bell palsy
GBR	31	Diagnostic information: <b>Chronic fatigue</b> ; muscle/joint pain in the neck and shoulders, lower back and calves. Additional TM specific information: <b>Fixed impediment. Dampness factor</b> . Fatigue, heavy-headedness. Heaviness and stationary pain in the body, particularly in the joints, due to dampness. Soggy and moderate pulse; greasy tongue coating.	UC52 Dampness impediment disorder (TM)	UE72 Dampness factor pattern (TM)	8C79 Postviral fatigue syndrome
GBR	32	Diagnostic information: <b>Low back pain</b> . Pain and discomfort, localized below the costal margin and above the inferior gluteal folds. Additional TM specific information: <b>Cold impediment disorder. Kidney yang deficiency pattern</b> . Stationary pain. Cold, listlessness, weakness and soreness due to decreased kidney yang function failing to warm the body. <b>Rapid wiry pulse; white</b>	UC50 Cold impediment disorder (TM)	UF87 Kidney yang deficiency pattern (TM)	MG52 Low back pain
GBR	33	Diagnostic information: <b>Chronic pain</b> in multiple anatomical regions with significant emotional distress and functional disability. Additional TM specific information: <b>Migratory impediment. Liver depression and qi stagnation pattern</b> . Migratory pain in the body, particularly in the joints due to wind factor. Lower abdominal distention and oppression with moving pain that comes and goes due to a dysfunction of the liver system in carrying and dispersing qi causing a stagnation of qi movement in the body. <b>Wiry pulse; red tipped tongue</b> .	UC51 Wind impediment disorder (TM)	UF44 Liver depression and qi stagnation pattern (TM)	MJ40.1 Primary chronic pain
GBR	34	Diagnostic information: <b>Gastro-oesophageal reflux disease</b> . Reflux of stomach contents resulting in heartburn, nausea and vomiting. Additional TM specific information: <b>Stomach ache disorder. Stomach qi uprising</b> . Belching, hiccups, acid regurgitation and vomiting due to heat in the stomach preventing the downward flow of stomach qi. Pain in the upper abdomen (beneath the xiphoid process). <b>Rapid pulse; swollen pale teeth marked</b>	UA51 Stomach ache disorder (TM)	UF6F Stomach qi uprising pattern (TM)	DA12 Gastro-oesophageal reflux disease
GBR	35	Diagnostic information: <b>Single episode depressive disorder</b> . Daily depressed mood and diminished interest in activities; chronic fatigue. Additional TM specific information: <b>Depressive disorder. Blood deficiency pattern</b> . Anemia, atrophic dry skin, forgetfulness, pale lips, tongue and nails, dizziness, thready pulse and pale tongue.	UD82 Depression disorder (TM)	UE90 Blood deficiency pattern (TM)	6A40 Single episode depressive disorder
GBR	36	Diagnostic information: <b>Pain in jaw</b> . Additional TM specific information: <b>Cold impediment disorder. Heart blood deficiency pattern</b> . Stationary pain in the jaw aggravated by cold, palpitations, dizziness, pale complexion lips and tongue, pale swollen tongue and a feeble thready pulse.	UC50 Cold impediment disorder™	UF52 Heart blood deficiency pattern (TM)	MG79 Symptom or complaint of the jaw
GBR	37	Diagnostic information: <b>Chronic fatigue</b> , muscle/joint pain in the neck and shoulders, upper and lower back, and thighs. Additional TM specific information: <b>Fixed impediment. Dampness factor</b> . Fatigue, heaviness and stationary pain in the body, particularly in the joints, due to dampness. <b>Soggy and moderate pulse; greasy tongue</b>	UC52 Dampness impediment disorder (TM)	UE72 Dampness factor pattern (TM)	8C79 Postviral fatigue syndrome
GBR	38	Diagnostic information: <b>Stress-related disorder</b> . Additional TM specific information: <b>Depressive disorder. Liver depression and qi stagnation pattern</b> . Emotional depression, frequent sighing, breast distention and oppression with moving pain that comes and goes. <b>Wiry pulse; red tongue with yellow coat</b> .	UD82 Depression disorder (TM)	UF44 Liver depression and qi stagnation pattern (TM)	6A9Z Disorders specifically associated with stress, unspecified
GBR	39	Diagnostic information: <b>Dyspnoea</b> . Breathlessness resulting from chemotherapy treatment; fatigue; peripheral neuropathy. Additional TM specific information: <b>Dyspnea disorder. Qi deficiency pattern</b> . Decreased vitality, fatigue, weakness, appetite loss, short breath, feeble pulse, and pale slippery tongue.	UA80 Dyspnea disorder (TM)	UE80 Qi deficiency pattern (TM)	ME11.4 Dyspnoea

Country	caseid	Dx Terms	ICD-11 Title TM Disorder	ICD-11 Title TM Pattern	ICD-11 Title WM entity
GBR	40	<p><b>Diagnostic information: Chronic pain</b> in multiple anatomical regions that is characterized by significant emotional distress (low mood, insomnia, fatigue) and functional disability (interference in daily life activities and reduced participation in social roles). Additional TM specific information: <b>Cold impediment disorder.Kidney yin and yang deficiency pattern.</b> Vertigo, soreness and weakness of various regions particularly the waist and knees, cold extremities, spontaneous sweating due to a decrease in overall kidney functions. Slow pulse; pale swollen slippery tongue.</p>	UC50 Cold impediment disorder (TM)	UF84 Kidney yin and yang deficiency pattern (TM)	MJ40.1 Primary chronic pain

国	症例番号	診断内容	ICD-11分類見出し 伝統医療による疾患	ICD-11分類見出し 伝統医療による所見
日本	1	診断情報: 発熱、咽喉痛、咳嗽、鼻汁等を伴う急性鼻咽頭カタル。伝統医療固有の追加情報: 感冒および太陽病証を認め、頭痛、肩こり、関節痛および浮脈が見られる。	感冒障害(TM)	太陽病(TM)
日本	2	診断情報: 発熱から数日後の多量発汗による体液量減少を認め、飲水欲求を伴う重度の口渴が見られる。伝統医療固有の追加情報: 季節性感冒および陽明病証を認め、便秘、周期的な発熱、腹部膨満、顔面発赤、実脈および滑脈、厚い舌苔が見られる。	季節性感冒障害(TM)	陽明病(TM)
日本	3	診断情報: 気管支の細菌およびウイルス感染を認め、発熱、咳嗽、喘鳴、胸痛、及び呼吸困難が見られる。伝統医療固有の追加情報: 感冒および少陽病証を認め、悪寒と発熱が交互に出現し、食欲不振、口内の苦味、喉の渴き、めまい感と季肋部の不快感、白色舌苔、または弦脈が見られる。	感冒障害(TM)	少陽病(TM)
日本	4	診断情報: 排便回数増加による水様便。伝統医療固有の追加情報: 異常に頻繁な便通および太陰病証を認め、腹部膨満、弱脈および沈脈が見られる。	下痢障害™	太陰病(TM)
日本	5	診断情報: 疲労、ウイルス感染誘発性の疲労感、嗜眠、活動性減退、下痢、四肢冷感または不快気分。伝統医療固有の追加情報: 疲労、少陰病証による消耗を認め、下痢、寝汗および細脈が見られる。	疲労消耗による障害™	少陰病(TM)
日本	6	診断情報: 低血圧および嗜眠を伴うエンドキシック。伝統医療固有の追加情報: 赤痢の発現、陰証に戻ることに伴うおよび腹痛の再発、胸部灼熱感、および弱脈を伴う四肢冷感が見られる。	赤痢による障害(TM)	厥陰病(TM)
日本	7	診断情報: 作業能力低下および刺激に対する反応力の低下を特徴とする疲労感、嗜眠、または活動性低下。伝統医療固有の追加情報: 少気による消耗を認め、食欲不振、四肢冷感、白色舌苔および沈脈が見られる。	消耗性障害(TM)	気虚証(TM)
日本	8	診断情報: うつ病エピソードの再発。伝統医療固有の追加情報: 気鬱病による絶望感を認め、喉の閉塞感、耳管の閉塞感、胸部膨満および腹部膨満が見られる。	うつ病性障害(TM)	気滯証(TM)
日本	9	診断情報: 胃食道逆流症。伝統医療固有の追加情報: 氣逆証を認め、食物の逆流、吃逆、慢性咳嗽、嘔吐、および腹部膨満が見られる。	食物逆流による障害(TM)	氣上逆(TM)
日本	10	診断情報: 鉄分濃度減少を特徴とする貧血。伝統医療固有の追加情報: 血虚証による月経過少を認め、爪の変形、口唇蒼白、めまい感、淡色月経血および糸状脈が見られる。	月経過少による障害(TM)	血虚証(TM)
中国	11	診断情報: 疼痛と灼熱感を伴う肛門膿瘍。伝統医療固有の追加情報: 下焦病証の湿および熱に起因する脂ぎった黄色舌苔を伴う紅色舌、滑脈および頻脈が見られる。	肛門膿瘍による障害(TM)	下焦病証の湿および熱™
中国	12	診断情報: 冠動脈狭窄。伝統医療固有の追加情報: 少陰心経病に起因する重度の心臓痛、発汗、四肢冷感、顔面蒼白、口唇蒼白、伏脈およびほとんど触知できない脈が見られる。	一定不変の心臓痛による障害(TM)	少陰心経病(TM)
中国	13	診断情報: インフルエンザ。伝統医療固有の追加情報: 風寒束肺に起因する感冒、咳嗽、白色水様痰を伴う咳嗽、白色舌苔、浮脈および緊脈が見られる。	感冒による障害(TM)	風寒束肺証(TM)
中国	14	診断情報: 腸チフス感染。伝統医療固有の追加情報: 中焦の湿および熱に起因する体内に侵入する湿および熱、腹部膨満、嘔吐、悪心、食欲不振、口渴、軟便、脂ぎった舌苔が見られる。	湿および暖の異常(TM)	中焦病証の湿および熱(TM)
中国	15	診断情報: 異常に頻繁な便通を伴う下痢。伝統医療固有の追加情報: 湿滯病に伴う脾欠損に起因する白色の脂ぎった舌苔を伴う大きく蒼白な舌、緩脈が見られる。	下痢障害(TM)	湿滯病に伴う脾欠損™
中国	16	診断情報: 腰痛。伝統医療固有の追加情報: 瘀血に起因する一箇所に固定した疼痛、紫色の点刺舌、弦脈が見られる。	腰痛障害™	瘀血を示す所見(TM)

国	症例番号	診断内容	ICD-11分類見出し 伝統医療による疾患	ICD-11分類見出し 伝統医療による所見
中国	17	診断情報:細菌による肺炎。伝統医療固有の追加情報:肺を閉塞する痰熱に起因する肺の痧熱、胸部痛を伴う咳嗽、膿痰及び黄色痰、黄色の脂ぎった舌苔を伴う赤い舌、頰脈および滑脈が見られる。	肺熱障害(TM)	痰熱が肺を閉塞する所見(TM)
中国	18	診断情報:男性不妊症。伝統医療固有の追加情報:始原的な陽虚に起因する寒気の嫌悪、四肢冷感、腹困および膝の脱力感および痛み、白色舌苔および肘の弱脈が見られ	男性不妊障害(TM)	腎陽虚証(TM)
中国	19	診断情報:関節リウマチ。伝統医療固有の追加情報:外部の寒気に起因する痛みを伴う障害、寒痛があり暖気を好むこと、白色の舌苔を伴う蒼白の舌、緊脈および緩脈が見ら	冷え症による障害(TM)	寒因の所見(TM)
中国	20	診断情報:疼痛を伴う期間。伝統医療固有の追加情報:子宮の低温に起因する下腹部の寒痛と、そのために暖気を好むこと、白色の脛帯下、白色舌苔、沈脈および緊脈が見	月経困難症による障害(TM)	子宮内寒滞の所見(TM)
韓国	21	診断情報:湿滞病に伴う脾欠損により誘発した不妊症(女性)。 伝統医療固有の追加情報:白色の厚い舌苔、滑脈。	不妊障害™	湿滞病に伴う脾欠損™
韓国	22	診断情報:肝臓系と脾臓系の不調和により誘発した稀発性の月経遅延。 伝統医療固有の追加情報:白色の厚い舌苔、弱脈。	月経遅延障害™	肝臓系と脾臓系間の不調和の所見™
韓国	23	診断情報:腎陰虚により誘発した閉経。 伝統医療固有の追加情報:白色の薄い舌苔、浮脈。	更年期障害™	腎陰虚証™
韓国	24	診断情報:腎陰虚により誘発しためまい感。 伝統医療固有の追加情報:舌乾燥、白色の薄い舌苔、浮	めまい障害™	腎陰虚証™
韓国	25	診断情報:脾気虚により誘発した脛帯下。 伝統医療固有の追加情報:弱脈、蒼白の舌、白色で粘着性の舌苔。	帯下の障害™	脾気虚証™
韓国	26	診断情報:脾陽虚により誘発した下痢。 伝統医療固有の追加情報:蒼白の舌、沈脈、緩脈、弱脈。	下痢障害™	脾陽虚証™
韓国	27	診断情報:肺陰虚により誘発した乾性咳嗽。 伝統医療固有の追加情報:赤みがかった舌、乾燥してひび割れた舌、頰脈、弱脈。	咳嗽障害(TM)	肺陰虚証™
韓国	28	診断情報:腎陰虚により誘発した不眠症。 伝統医療固有の追加情報:白色の薄い舌苔、沈脈、弱脈。	不眠障害™	腎陰虚証™
韓国	29	診断情報:大腸の実熱証により誘発した便秘。 伝統医療固有の追加情報:黄色舌苔、頰脈。	便秘障害™	大腸の実熱証™
韓国	30	診断情報:裏を攪拌する肝風により誘発した左側顔面神経麻痺。 伝統医療固有の追加情報:弦脈、緊脈、赤色舌、白色の薄い舌苔。	顔面神経麻痺障害™	裏証を攪拌する肝風™
英国	31	診断情報:慢性疲労、および首、肩、腰、腓腹における筋肉痛および関節痛。伝統医療固有の追加情報:固定した障害。湿因子。疲労、頭重感。重苦しさ、湿による全身の、特に関節における固定した痛み。濡脈および緩脈、脂ぎつ	UC52 湿による機能障害(TM)	UE72 湿因子証(TM)
英国	32	診断情報:腰痛。腎溝下縁以下および腎溝上部における疼痛および不快感。伝統医療固有の追加情報:冷え症、腎陽虚証。固定した痛み。低下した腎陽能による体温低下に起因する感冒、倦怠感、脱力感および痛み。頰脈および弦脈。厚い白色舌苔および赤色の舌先。	UC50 冷え症(TM)	UF87 腎陽虚証(TM)
英国	33	診断情報:顕著な精神的苦痛と機能的障害を伴う複数の解剖領域における慢性疼痛。伝統医療固有の追加情報:移動性の障害。肝郁および気滞証。風因による全身、特に関節における移動性の痛み。下腹部の膨満感と圧迫感、および気を運び拡散させる肝臓系の機能障害により体内で気滞が発生し、痛みが出現と消失を繰り返す。弦脈、先端の	UC51 風による機能障害(TM)	UF44 肝郁および気滞証(TM)
英国	34	診断情報:胃食道逆流症。胃内容物の逆流による胸やけ、悪心と嘔吐。伝統医療固有の追加情報:胃痛障害。胃への気上逆。胃の気が下降するのを防ぐための胃内部の熱による暖気、吃逆、酸の逆流および嘔吐。上腹部痛(剣状突起以下)。頰脈、腫脹して蒼白な、歯の跡がついた舌。	UA51 胃痛障害(TM)	UF6F 胃への気上逆(TM)
英国	35	診断情報:うつ病性障害の単一エピソード。毎日の抑うつ気分と活動への興味の低下、慢性的な疲労。伝統医療固有の追加情報:うつ病性障害。血虚証。貧血、萎縮性の乾燥肌、もの忘れ、蒼白な口唇、舌および爪、めまい感、糸状脈および蒼白な舌。	UD82 うつ病性障害(TM)	UE90 血虚証(TM)
英国	36	診断情報:顎痛。伝統医療固有の追加情報:冷え症、心血虚証。寒気により悪化する顎の固定した痛み、動悸、めまい感、蒼白な口唇、顔面および舌、腫脹した蒼白な舌および弱脈、糸状脈。	UC50 冷え症™	UF52 心血虚証(TM)
英国	37	診断情報:慢性疲労、および首、肩、上背、腰、腓腹における筋肉痛および関節痛。伝統医療固有の追加情報:固定した障害。湿因子。疲労、重苦しさ、湿による全身の、特に関節における固定した痛み。濡脈および緩脈、脂ぎった舌	UC52 湿による機能障害(TM)	UE72 湿因子証(TM)

国	症例番号	診断内容	ICD-11分類見出し 伝統医療による疾患	ICD-11分類見出し 伝統医療による所見
英国	38	<b>診断情報:</b> ストレス関連障害。伝統医療固有の追加情報: うつ病性障害。肝郁および気滞証。うつ、頻繁なため息、出現と消失を繰り返す移動性の痛みを伴う胸部の膨満と圧迫、弦脈、黄色舌苔を伴う赤い舌。	UD82 うつ病性障害 (TM)	UF44 肝郁および気滞証 (TM)
英国	39	<b>診断情報:</b> 呼吸困難。化学療法により生じた息切れ、疲労、末梢神経障害。伝統医療固有の追加情報: <b>呼吸困難</b> 。 <b>気虚証</b> 。活力の低下、疲労、脱力感、食欲不振、息切れ、弱脈、および蒼白でぬるぬるした舌。	UA80 呼吸困難 (TM)	UE80 気虚証 (TM)
英国	40	<b>診断情報:</b> 顕著な精神的苦痛(沈んだ気分、不眠、疲労)と機能的障害(日常活動における支障、社会的役割への参加の減少)を特徴とする複数の解剖領域における <b>慢性疼痛</b> 。伝統医療固有の追加情報: <b>冷え性</b> 。 <b>腎陰虚証</b> および <b>腎陽虚証</b> 。腎機能全体の低下によるめまい、様々な部位、特に腹囲および膝における痛みおよび脱力感、四肢冷感、自然発汗、緩脈、腫脹した蒼白でぬるぬるした舌。	UC50 冷え症 (TM)	UF84 腎陰虚証および腎陽虚証 (TM)

ICD-11分類見出し  
西洋医学による病型

急性鼻咽頭炎

脱水

急性および詳細不明の  
気管支炎

下痢

ウイルス感染後疲労症  
候群

敗血症性ショック

疲労

詳細不明のうつ病性障  
害

胃食道逆流症

詳細不明の鉄欠乏性貧  
血

肛門膿瘍

冠動脈硬化  
インフルエンザ、インフ  
ルエンザウイルスが分  
離されないもの

腸チフス

下痢

腰痛



ICD-11分類見出し  
西洋医学による病型

細菌性肺炎

男性不妊症

関節リウマチ

月経困難症

原発性女性不妊症

GB20.22 希発月経出血  
閉経期障害または特定の  
更年期障害  
めまい<眩暈>感及び  
よろめき感

膈帯下

下痢

咳嗽

不眠障害

便秘

ベル麻痺

8C79 ウイルス感染後  
疲労症候群

MG52 腰痛

MJ40.1 一次性慢性痛

DA12 胃食道逆流症

6A40 うつ病性障害の  
単一エピソード

MG79 下顎症状または  
下顎に関する訴え

8C79 ウイルス感染後  
疲労症候群

**ICD-11分類見出し  
西洋医学による病型**

6A9Z ストレスと特に関  
連する詳細不明の精神  
障害群

ME11.4 呼吸困難

MJ40.1 一次性慢性痛

## Case

### Study

#### Study - Traditional Medicine Line Coding

Traditional Medicine Line Coding

### Number

1

### Case Summary

Diagnostic information: **acute nasopharyngeal catarrh**, showing fever, sore throat, cough and runny nose. Additional TM specific information: **common cold**, with **greater yang pattern**, showing headache, neck stiffness, painful joints and a floating pulse.

#### 1. ICD-11 code(s) you would assign to this diagnosis

[Coding Tool](#)

##### ICD-11 TM Chapter DISORDER code

ICD-11 code

##### ICD-11 TM Chapter PATTERN code #1

ICD-11 code

##### ICD-11 TM Chapter PATTERN code #2 (use if needed)

ICD-11 code

##### ICD-11 TM Chapter code

ICD-11 code

### TM Chapter DISORDER code

#### 2. Did you experience any difficulty in assigning a code(s) to this case?

Yes  No

#### 3. Is the level of specificity of the assigned code(s) appropriate?

#### 4. Did you experience any ambiguity in making the code(s) assignment?

### TM Chapter PATTERN code

#### 5. Did you experience any difficulty in assigning a code(s) to this case?

Yes  No

#### 6. Is the level of specificity of the assigned code(s) appropriate?

#### 7. Did you experience any ambiguity in making the code(s) assignment?

# ICD-FiT User Manual for Raters participating in the ICD-11 TM Chapter Line coding Version 1.0

## Introduction

This is the user manual for the web-based application aimed at supporting the implementation of ICD-11 Field Testing protocols, called ICD-FiT (ICD Field testing).

## The web application

The web-based application is currently hosted by the dept. of Mathematics and Computer Science at the University of Udine, Italy. The provisional address for the system is:

[http:// icdfit.uniud.it](http://icdfit.uniud.it)

In the course of 2017 the application will be migrated to the WHO cloud-based server where all ICD-11 related web-based application will be hosted.

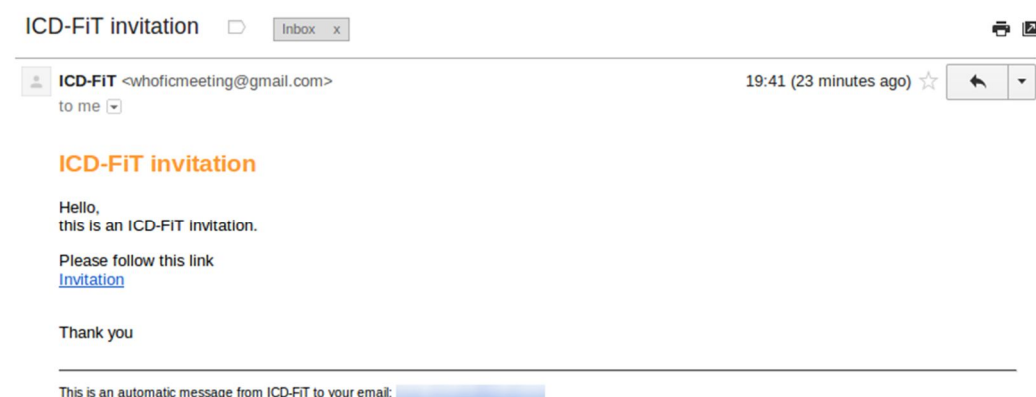
## Rater

The rater carries out the basic work of participating in the ICD-11 field testing. He/she should register into the system upon invitation and subsequently fills out the participant form. After that, he/she should access his/her own web page, checks for assigned cases in field trial studies, fills in the related study forms, and fills also the final evaluation form after completing all cases of a study.

## User registration

ICD-FiT is open only to invited users, at various levels. No public pages are available, thus any activity is filtered through a login page. When accessing the first page of the web application, the user is requested to provide username and password. There is no link to a registration page, because registration to the system can be made only upon email invitation by a centre or site coordinator.

The ICD-FiT email invitation:



The link "Invitation" redirects to the ICD-FiT registration page:

# ICD-FiT v0.9

Web-based data entry tool for supporting the implementation  
of ICD-11 Field Trial core study protocols

[Help](#)

**Registration form**

ICD-FiT Language

Your first name

Your middle name

Your surname

Your email

Choose password

Confirm password

After the registration, the user is guided through three forms.

The first one collects user data:

ICD-FIT v0.9 Rater Help Logout

**Participant information form (step 1/3)**

1. Country: Afghanistan  
2. Year of birth: 2015  
3. Sex:  Female  Male

4. Highest educational degree you have obtained: Pre-University

5. Select the occupation from the list that best describes your profession

<input type="checkbox"/> Medicine	<input type="checkbox"/> Nursing	<input type="checkbox"/> Midwifery
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Health information manager (coders, medical records)
<input type="checkbox"/> Environmental and occupational health and hygiene	<input type="checkbox"/> Physiotherapy or Physical therapy	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Social Sciences	<input type="checkbox"/> Psychology	<input type="checkbox"/> Social work and counselling
<input type="checkbox"/> Health Policy	<input type="checkbox"/> Traditional and complementary medicine	
<input type="checkbox"/> Other		

6. Select the occupation from the list that best describes your profession

<input type="checkbox"/> Cardiology	<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Genitourinary, Reproductive, and Maternal Health
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Haematology
<input type="checkbox"/> Hepato-pancreatobiliary	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Injuries and External Causes of Disease
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Musculoskeletal Conditions	<input type="checkbox"/> Neoplasms and Oncology
<input type="checkbox"/> Nephrology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Oral Health - Dentistry	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Rare Diseases	<input type="checkbox"/> Respiratory Conditions	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Traditional Medicine/Complementary and Alternative Medicine		
<input type="checkbox"/> Other		

7. Which version of the ICD do you use? I do not use ICD

8. If you do use ICD, do you use:

Clinical Modification  
 Specialty Adaptation

9. What is your experience using ICD?

Coding: I coded data using ICD (coding administrative data or coding research data)  
 Analysis: I used ICD-coded data for analysis/research  
 Policy and Programs: I used ICD data for some higher level use, e.g. in the design of a quality and safety program

The second step is the declaration of conflict of interests:

ICD-FIT v0.9 Rater Help Logout

Participant information form (step 2/3)

### Declaration of interests for WHO experts

Title of meeting or work to be performed, including description of subject-matter, substance (compounds and organisms), technology or process to be considered: ICD-11 Revision Project

Public health considerations have a primary importance in all WHO technical work. Measures need to be taken to ensure that the best possible assessment of scientific evidence is achieved in an independent atmosphere free of either direct or indirect pressures. Thus, to assure the technical integrity and impartiality of WHO's work, it is necessary to avoid situations in which financial or other interests might affect the outcome of that work.

Each expert is therefore asked to declare any interests that could constitute a real, potential or apparent conflict of interest, with respect to his/her involvement in the meeting or work, between (1) commercial entities and the participant personally, and (2) commercial entities and the administrative unit with which the participant has an employment relationship. "Commercial entity" refers to any company, association (e.g., trade association), organization or any other entity of any nature whatsoever, with commercial interests.

In addition, as a result of WHO's strong stance against tobacco use, it is considered relevant for the Organization to know whether experts working with it have, or have had, any relationship with any part of what may be called "the tobacco industry". Nevertheless, declaration of such an interest would not necessarily be considered a reason to disqualify an expert.

**What is a conflict of interest?**  
Conflict of interest means that the expert or his/her partner ("partner" includes a spouse or other person with whom s/he has a similar close personal relationship), or the administrative unit with which the expert has an employment relationship, has a financial or other interest that could unduly influence the expert's position with respect to the subject-matter being considered. An apparent conflict of interest exists when an interest would not necessarily influence the expert but could result in the expert's objectivity being questioned by others. A potential conflict of interest exists with an interest which any reasonable person could be uncertain whether or not should be reported.

Different types of financial or other interests, whether personal or with the administrative unit with which the expert has an employment relationship, can be envisaged and the following list, which is not exhaustive, is provided for your guidance. For example, the following types of situations should be declared:

1. a current proprietary interest in a substance, technology or process (e.g. ownership of a patent), to be considered in - or otherwise related to the subject-matter of - the meeting or work;
2. a current financial interest, e.g. shares or bonds, in a commercial entity with an interest in the subject-matter of the meeting or work (except share holdings through general mutual funds or similar arrangements where the expert has no control over the selection of shares);
3. an employment, consultancy, directorship, or other position during the past 4 years, whether or not paid, in any commercial entity which has an interest in the subject-matter of the meeting/work, or an ongoing negotiation concerning prospective employment or other association with such commercial entity;
4. performance of any paid work or research during the past 4 years commissioned by a commercial entity with interests in the subject-matter of the meetings or work;
5. payment or other support covering a period within the past 4 years, or an expectation of support for the future, from a commercial entity with an interest in the subject-matter of the meetings or work, even if it does not convey any benefit to the expert personally but which benefits his/her position or administrative unit, e.g. a grant or fellowship or other payment, e.g. for the purpose of financing a post or consultancy.

With respect to the above, an interest in a competing substance, technology or process, or an interest in or association with, work for or support by a commercial entity having a direct competitive interest must similarly be disclosed.

**How to complete this Declaration:** Please complete this Declaration and submit it to the Secretariat. Any financial or other interests that could constitute a real, potential or apparent conflict of interest should be declared (1) with respect to yourself or partner, as well as (2) with respect to the administrative unit with which you have an employment relationship. Only the name of the commercial entity and the nature of the interest is required to be disclosed, no amounts need to be specified (though they may be, if you consider this information to be relevant to assessing the interest). With respect to items 1 and 2 in the list above, the interest should only be declared if it is current. With respect to items 3, 4 and 5, any interest during the past 4 years should be declared. If the interest is no longer current, please state the year when it ceased. With respect to item 5, the interest ceases when a financed post or fellowship is no longer occupied, or when support for an activity ceases.

**Assessment and outcome:** The information submitted by you will be used to assess whether the declared interests constitute an appreciable real, potential or apparent conflict of interest. Such conflict of interest will, depending on the situation, result in (i) you being asked not to take part in the portion of the discussion or work affecting that interest, (ii) being asked not to take part in the meeting or work altogether, or (iii) if deemed by WHO to be appropriate to the particular circumstances, and with your agreement, you taking part in the meeting or work and your interest being publicly disclosed.

Information disclosed on this Form may be made available to persons outside of WHO only when the objectivity of the meeting or work has been questioned such that the Director-General considers disclosure to be in the best interests of the Organization, and then only after consultation with you.

Declaration: Have you or your partner any financial or other interest in the subject-matter of the meeting or work in which you will be involved, which may be considered as constituting a real, potential or apparent conflict of interest?  
If yes, please give details in the box below.

Yes  No

Do you have, or have you had during the past 4 years, an employment or other professional relationship with any entity directly involved in the production, manufacture, distribution or sale of tobacco or any tobacco products, or directly representing the interests of any such entity?  
If yes, please give details in the box below.

Yes  No

Type of interest, e.g. patent, shares, employment, association, payment (including details on any compound, work, etc.)

Name of commercial entity	Belongs to you, partner or unit?	Current interest? (or year ceased)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is there anything else that could affect your objectivity or independence in the meeting or work, or the perception by others of your objectivity and independence?

I hereby declare that the disclosed information is correct and that no other situation of real, potential or apparent conflict of interest is known to me. I undertake to inform you of any change in these circumstances, including if an issue arises during the course of the meeting or work itself.

I have filled and signed the attached Declaration of Conflict of Interest

The last step is the license agreement for ICD-11:

ICD-FIT v0.9 Rater Help Logout

Participant information form (step 3/3)

### License and Contribution Agreement

1. By accepting the terms and conditions in this License and Contribution Arrangement, you, as an individual, are authorized to use WHO ICD-11 Classification for the purposes of developing and testing
2. WHO Classifications and ICD are the intellectual property of World Health Organization (WHO). WHO reserves the right to change the format and content of its products
3. You are granted a non-exclusive, non-assignable and non-sublicensable License to use the WHO Classifications for non-commercial research and analysis in order to develop and test them
4. You agree to be bound by the following conditions:
  - 4.1 You agree to use the WHO Classifications only for developing and testing purposes
  - 4.2 You agree not to take any steps to create a copy, replacement or substitute of the WHO Classifications
  - 4.3 You agree not to incorporate WHO Classifications in any publicly accessible computer-based systems
  - 4.4 You agree not to develop a third party product containing the WHO Classifications
  - 4.5 You agree that you will not transfer your License to any third party
  - 4.6 You warrant that you have the right to assign the intellectual property in any contributions made to the WHO
  - 4.7 In case of concerns regarding the above (a to f) you agree to contact WHO to obtain additional appropriate license(s)
5. You agree that you will not transmit your work provided under this License and Contribution Arrangement other than to WHO
6. You agree not to claim any copyright, or to apply for any trademark or service mark for a product name containing either the acronym or the full title of the WHO Classifications (including ICD, ICF, and others)
7. You agree that you have the intellectual property of your contribution and you transfer this right to the WHO ICD as an international public good. You waive any moral rights you may have with regard to your contribution
8. If you use any copyrighted material in your contribution you agree to declare it and identify the source and ensure its appropriate representation
9. This License and Contribution Arrangement does not create a joint venture, partnership, agency or other relationship between you and the World Health Organization
10. The information on the web site is provided "as is" without warranty of any kind. In no event will the WHO be liable to you for any damages, including any lost profits, lost savings or incidental or consequential damages arising out of the use or inability to use any information provided on this website. This website is for scientific use only for developing ICD and WHO disclaims responsibility for any consequences or liability attributable to or related to any use, non-use, or interpretation of information contained or not contained in this website
11. This License and Contribution Arrangement will terminate if WHO no longer needs contributions under this arrangement or if you breach its terms; in this case WHO reserves the right to block your access to this site. Upon termination, you agree to destroy any copies or backups of this information
12. Every effort will be made to resolve amicably any matter that may arise concerning this License and Contribution Arrangement or issues related thereto. In the unlikely event an amicable resolution cannot be found, the matter will be resolved by conciliation or by arbitration in accordance with the UNCITRAL Arbitration Rules, with the arbitral award being final. Nothing in or relating to this License shall be deemed a waiver of any of the privileges and immunities of WHO in conformity with the Convention on the Privileges and Immunities of the Specialized Agencies approved by the General Assembly of the United Nations on November 21, 1947 or otherwise under any national or international law, convention or agreement

I have read and accept the License and Contribution Agreement



## Main rater pages

After login, the rater is directed to a specific summary page that lists the studies available for him/her. His/her summary page contains links to forms related to all studies to which the rater has been assigned (e.g. “Traditional Medicine Line Coding” Study).

A progress bar under the study icons in the main page show the advancement status.

The next screenshot shows the main page:

The screenshot shows the main page of the ICD-FiT v2.6.0 application. The header is orange and contains the text "ICD-FiT v2.6.0" on the left and navigation links "Rater", "Settings", "Help", and "Logout" on the right. Below the header, there is a "HOME" link. The user profile section shows the name "Kostanjsek Nenad" and the following details: Language: English, Unique Participant Number: CHE.19.01.001, Field Trial Centre: DEMO FTC, and Field Trial Site: DEMO FTS 1. To the right of the profile is a card for the "Study Traditional Medicine Line Coding", which features an icon of a folder with a document.

The TM line coding study consists at this stage in coding 40 diagnostic statements (cases), that are shown as a list, as shown in the screenshot below.

The screenshot shows the study page for "Traditional Medicine Line Coding" in the ICD-FiT v2.6.0 application. The header is orange and contains the text "ICD-FiT v2.6.0" on the left and navigation links "Rater", "Settings", "Help", and "Logout" on the right. Below the header, there is a breadcrumb trail "HOME / STUDY - TRADITIONAL MEDICINE LINE CODING". A "Go back" link is visible. The study title "Study - Traditional Medicine Line Coding" is displayed, followed by a "Study" section containing the text "Traditional Medicine Line Coding". Below this is a "Cases" section with a table listing cases.

case	type	steps	assignment
40		<input checked="" type="checkbox"/>	2017-08-15
39		<input checked="" type="checkbox"/>	2017-08-15
38		<input checked="" type="checkbox"/>	2017-08-15

This is the screenshot of the form that the rater must fill for each diagnostic term (case).

ICD-FiT v2.6.0 Rater Settings Help Logout

HOME / STUDY - TRADITIONAL MEDICINE LINE CODING / FORM

[Go back](#)

### Case

Study

**Study - Traditional Medicine Line Coding**  
Traditional Medicine Line Coding

Number

Case Summary

Diagnostic information: **acute nasopharyngeal catarrh**, showing fever, sore throat, cough and runny nose. Additional TM specific information: **common cold**, with **greater yang pattern**, showing headache, neck stiffness, painful joints and a floating pulse.

1. ICD-11 code(s) you would assign to this diagnosis [Coding Tool](#)

ICD-11 TM Chapter DISORDER code

ICD-11 TM Chapter PATTERN code #1 ICD-11 TM Chapter PATTERN code #2 (use if needed)

ICD-11 TM Chapter code

TM Chapter DISORDER code

2. Did you experience any difficulty in assigning a code(s) to this case?  
 Yes  No

3. Is the level of specificity of the assigned code(s) appropriate?

4. Did you experience any ambiguity in making the code(s) assignment?

TM Chapter PATTERN code

5. Did you experience any difficulty in assigning a code(s) to this case?  
 Yes  No

6. Is the level of specificity of the assigned code(s) appropriate?

7. Did you experience any ambiguity in making the code(s) assignment?

[Next](#)

As shown in the red highlighted area of the screenshot below, the form is listing first, the number and content of the case (i.e. diagnostic statement). The diagnostic information which is highlighted in bold font is searchable in the ICD-11 Coding tool and ICD-11 Browser.

Section #1 of the form (see blue highlighted area of the screenshot below) shows the code assignment fields. Filling of the three code assignment fields on the left is mandatory, whereas the use of code assignment field on the right is optional.

ICD-FiT v2.6.0 Rater Settings Help Logout

HOME / STUDY - TRADITIONAL MEDICINE LINE CODING / FORM

Go back

### Case

Study

Study - Traditional Medicine Line Coding  
Traditional Medicine Line Coding

Number  
1

Case Summary

Diagnostic information: **acute nasopharyngeal catarrh**, showing fever, sore throat, cough and runny nose. Additional TM specific information: **common cold**, with **greater yang pattern**, showing headache, neck stiffness, painful joints and a floating pulse.

1. ICD-11 code(s) you would assign to this diagnosis [Coding Tool](#)

ICD-11 TM Chapter DISORDER code  
ICD-11 code

ICD-11 TM Chapter PATTERN code #1  
ICD-11 code

ICD-11 TM Chapter PATTERN code #2 (use if needed)  
ICD-11 code

ICD-11 TM Chapter code  
ICD-11 code

On the right of the ICD-11 code field there is a link to the ICD-11 Coding Tool to helping the user during the filling.

The ICD-11 Coding Tool link points to the April 2<sup>nd</sup> frozen version of the coding tool [http://apps.who.int/classifications/icd11/ct/icd11\\_mms/en/2017-04-02#/](http://apps.who.int/classifications/icd11/ct/icd11_mms/en/2017-04-02#/). By default the coding tool has the search functionality not activated. Hence raters need to activate the TM Chapter box (as shown in the screenshot below) in order to search for TM disorder and pattern codes.

qi | ✕

Related words...

[Feedback](#)

Let us know if you couldn't find what you were looking for

**Word list**

Couldn't find additional matching words

**Destination Entities**

Couldn't find matching entities

**Chapter distribution / filter**

- Infections 0
- Neoplasms 0
- Blood 0
- Immune system 0
- Endocrine, nutritional, metabolic 0
- Mental and behavioural 0
- Sleep-wake 0
- Nervous system 0
- Eye and adnexa 0
- Ear and mastoid 0
- Circulatory system 0
- Respiratory system 0
- Digestive system 0
- Skin 0
- Musculoskeletal system ... 0
- Genitourinary System 0
- Sexual health 0
- Pregnancy, childbirth ... 0
- Perinatal and neonatal 0
- Developmental anomalies 0
- Symptoms, signs, findings ... 0
- Injury, poisoning, ... 0
- External causes 0
- Factors influencing health ... 0
- Codes for special purposes 0
- Traditional Medicine
- Extension Codes



After activating the TM Chapter box the coding tool will display TM specific key words and categories as shown in the screenshot below.

qi | ✕

Related words...

[Feedback](#)

Let us know if you couldn't find what you were looking for

**Word list**

sort: [Relatedness/repetition](#)

**Destination Entities**

sort: [Matching score](#)

**Chapter distribution / filter**

Show results from default set

- tm
- pattern
- deficiency
- patterns
- spleen
- kidney
- liver
- heart
- lung
- phase
- stagnation
- blood
- depression
- stomach
- water
- disorders
- fluid
- other
- sinking
- gallbladder
- insecurity
- dampness
- defense
- disorder
- uprising
- collapse
- yin
- depletion
- retention
- heat
- syncope
- goiter
- decrease
- reflux
- counterflow
- rising
- fall
- primordial
- stasis
- fire
- into
- transforming
- timidity

- TE8Z Qi patterns (TM), unspecified [📄](#) [🔗](#)
- TD70 Qi goiter disorder (TM) [🔗](#)
- TE83 Qi sinking pattern (TM) [📄](#) [🔗](#)
- TE80 Qi deficiency pattern (TM) [📄](#) [🔗](#)
- TE81 Qi stagnation pattern (TM) [📄](#) [🔗](#)
- TG8Z Qi phase patterns (TM), unspecified [📄](#) [🔗](#)
- TE82 Qi uprising pattern (TM) [📄](#) [🔗](#)
- TD40 Syncope disorder (TM) [🔗](#)
- Qi syncope disorder (TM)
- TE84 Qi collapse pattern (TM) [📄](#) [🔗](#)
- TE8Y Other specified qi patterns (TM) [🔗](#)
- TF51 Heart qi deficiency pattern (TM) [🔗](#)
- TF60 Spleen qi deficiency pattern (TM) [📄](#) [🔗](#)
- TF61 Spleen qi sinking pattern (TM) [📄](#) [🔗](#)
- TF44 Liver depression and qi stagnation pattern (TM) [📄](#) [🔗](#)
- TF6E Stomach qi deficiency pattern (TM) [🔗](#)
- TF6F Stomach qi uprising pattern (TM) [📄](#) [🔗](#)
- TF80 Kidney qi deficiency pattern (TM) [📄](#) [🔗](#)
- TF70 Lung qi deficiency pattern (TM) [🔗](#)
- TF43 Liver qi deficiency pattern (TM) [🔗](#)
- TF4F Gallbladder qi deficiency pattern (TM) [📄](#) [🔗](#)
- TG8Y Other specified qi phase patterns (TM) [🔗](#)
- TD7Z Qi, blood and fluid disorders (TM), unspecified [📄](#) [🔗](#)
- TF5E Small intestine qi stagnation pattern (TM) [🔗](#)
- TF5L Heart and lung qi deficiency pattern (TM) [🔗](#)
- TF6A Spleen deficiency with water flooding pattern (TM) [🔗](#)
- Spleen qi deficiency with dampness pattern (TM) [📄](#) [🔗](#)
- TG81 Qi phase dampness and heat pattern (TM) [🔗](#)
- TF4M Disharmony of liver and stomach systems pattern (TM) [🔗](#)
- Liver qi invading the stomach pattern (TM)
- TF62 Spleen deficiency with qi stagnation pattern (TM) [🔗](#)
- TF71 Lung and defense qi deficiency pattern (TM) [📄](#) [🔗](#)
- TF81 Kidney failing to receive qi pattern (TM) [📄](#) [🔗](#)
- TG80 Heat entering the qi phase pattern (TM) [🔗](#)
- TF5J Heart and gallbladder qi deficiency pattern (TM) [🔗](#)
- TF74 Lung qi and yin deficiency pattern (TM) [🔗](#)
- TG82 Dampness obstructing the qi phase pattern (TM) [🔗](#)
- TG90 Nutrient qi and defense qi disharmony pattern (TM) [🔗](#)

- Traditional Medicine 42

When searching a diagnostic term with the coding tool the rater should make use of the "Word list" (on the left hand side) as much as possible.

For example, when searching the correct ICD-11 code for a diagnosis like "Deficiency of liver qi" the rater should proceed as follows:

1. type "qi" in the search field of the coding tool (see screenshot above)
2. select "liver" from the key word list (see screenshot below)
3. select "deficiency" from the key word list (see screenshot below)
4. copy the code TF43 and paste it into the ICDfit code field for TM Pattern code #1 (see screenshot below)

**ICD-11 Coding Tool**

qi liver

Related words... Feedback  
Let us know if you couldn't find what you were looking for

**Word list**

sort: Relatedness/repetition

- pattern
- tm
- depression
- stagnation
- deficiency
- stasis
- fire
- into
- transforming
- invading
- stomach

**Destination Entities**

sort: Matching score

- TF43 Liver qi deficiency pattern (TM) [🔗](#)
- TF44 Liver depression and qi stagnation pattern (TM) [🔗](#)
- Liver qi depression pattern (TM)
- TF4M Disharmony of liver and stomach systems pattern (TM) [🔗](#)
- Liver qi invading the stomach pattern (TM)
- TF46 Liver depression and blood stasis pattern (TM) [🔗](#)
- Pattern of liver stasis with qi stagnation (TM)
- TF49 Liver qi depression transforming into fire pattern (TM) [🔗](#)

**Chapter distribution / filter**

Show results from default set

- Traditional Medicine 5

**ICD-11 Coding Tool**

qi liver deficiency

Related words... Feedback  
Let us know if you couldn't find what you were looking for

**Word list**

sort: Relatedness/repetition

- pattern
- tm

**Destination Entities**

sort: Matching score

- TF43 Liver qi deficiency pattern (TM) [🔗](#)

**Chapter distribution / filter**

Show results from default set

- Traditional Medicine 5

**1. ICD-11 code(s) you would assign to this diagnosis** [Coding Tool](#)

ICD-11 TM Chapter DISORDER code

ICD-11 code

ICD-11 TM Chapter PATTERN code #1

TF43

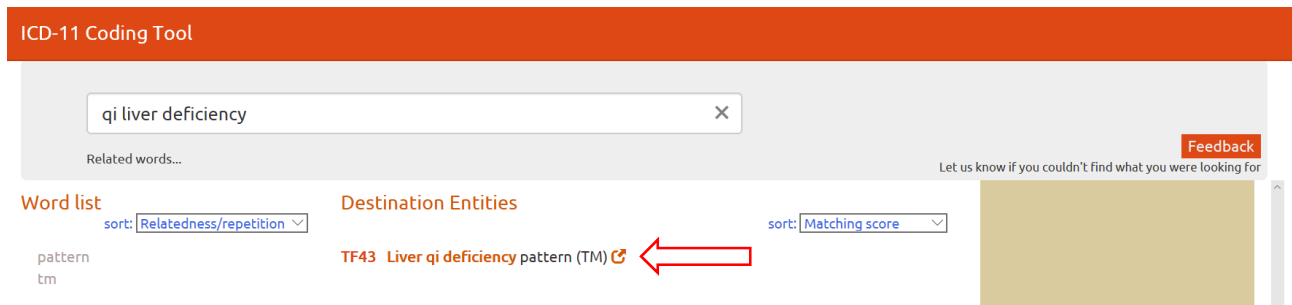
ICD-11 TM Chapter PATTERN code #2 (use if needed)

ICD-11 code

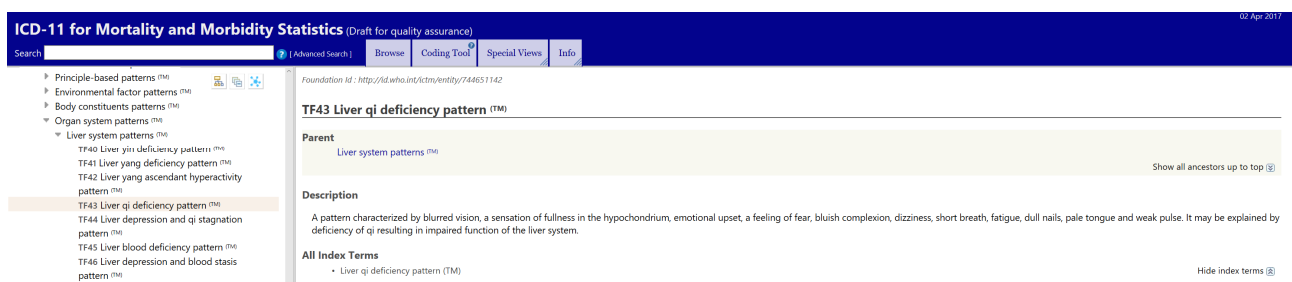
ICD-11 TM Chapter code

ICD-11 code

If the rater wants to see the code in the context the classification hierarchy he/she should click the link to the ICD-11 Browser.



The link will point the user to the April 2<sup>nd</sup> frozen version of the ICD-11 Browser <http://apps.who.int/classifications/icd11/frozen-2016-11-24/l-m/en>



After completing the code assignment, raters are invited to respond to a series of questions. Question 2-4 refer to the TM disorder code assignment and ask the rater to provide feedback on difficulties encountered (Q2) and evaluate the specificity of the code assignment (Q3) and report on problems with ambiguity (Q4). The questions are repeated for the TM pattern code assignment (Q5-Q7).

TM Chapter DISORDER code

2. Did you experience any difficulty in assigning a code(s) to this case?

Yes  No

If Yes, please specify difficulty.

the inclusion term: XXXX was missing

3. Is the level of specificity of the assigned code(s) appropriate?

Just right (neither too detailed nor not detailed enough)  
 Too detailed  
 Not detailed enough

TM Chapter PATTERN code

5. Did you experience any difficulty in assigning a code(s) to this case?

Yes  No

6. Is the level of specificity of the assigned code(s) appropriate?

Just right (neither too detailed nor not detailed enough)

7. Did you experience any ambiguity in making the code(s) assignment?

No, the assignment of the ICD-11 code(s) is unambiguous

After having rated every assigned case, an Overall Evaluation Form should be filled by each participant to describe their experience in participating to the field testing:

ICD-FIT v0.9 Rater Settings Help Logout

HOME / STUDY - ICD-11 MMS LINE CODING PILOT TESTING / EVALUATION

[Go back](#)

### Evaluation Form

In view of your overall experience of coding the diagnostic terms / statements coded in ICD-11 and ICD-10 assigned to you

1.1 How would you rate the coverage of ICD-11?

1.2 Please briefly explain your rating decision (e.g. why is the coverage good or poor)

2.1 How would you rate the level of detail in ICD-11?

2.2 Please briefly explain your rating decision (e.g. why is the level of detail right or not right)

3.1 How would you rate the ease of using ICD-11?

3.2 Please briefly explain your rating decision (e.g. why is ICD-11 easy or difficult to use)

5. Did you notice any major gaps in ICD-11?  
(please be as specific as possible i.e. indicate gaps in ICD-11 chapters, sections or missing categories)

6. Did you notice any redundancies in ICD-11?  
(please be as specific as possible i.e. indicate redundancies in ICD-11 chapters, sections or missing categories)

7.1 How would you rate the electronic tools (ICD-11 Coding tool, ICD-11 Browser) that you have used in the coding?

7.2 Please briefly explain your rating decision (e.g. why are the coding guidance and instructions good or poor)

8.1 How would you rate the coding guidance and instructions contained in the ICD-11 Reference guide?

8.2 Please briefly explain your rating decision (e.g. why are the coding guidance and instructions good or poor)

9. Do you have other suggestions for improving ICD-11?

<p style="text-align: center;"><b>The 2<sup>nd</sup> WHO Editorial Working Group Meeting on ICD-11 TM Chapter 29 – 31 August 2017, Tokyo, Japan Provisional Agenda</b></p>		
Tue. 29 Aug 2017	Chair: Kenji Watanabe (to be confirmed) Rapporteur: Xu Wenjie	
08:30 – 10:30	<ol style="list-style-type: none"> <li>1. Welcome address by local host               <ol style="list-style-type: none"> <li>a) Dr Sato (Chairperson of JLOM)</li> <li>b) Dr Aizawa (President of JHA)</li> <li>c) Dr Mori (Head of WHO-FIC CC Japan)</li> </ol> </li> <li>2. Opening &amp; Meeting objectives               <ol style="list-style-type: none"> <li>a) Welcome &amp; Introduction of the participants</li> <li>b) Meeting objectives &amp; update on ICD revision process</li> <li>c) Group Photo Zhang Qi, Nenad Kostanjsek</li> </ol> </li> <li>3. Update on ICD revision and overview on how to make TM Chapter ready for release as part of ICD-11 MMS implementation version 2018 Nenad Kostanjsek</li> </ol>	120min
<b>10:30 – 11:00 COFFEE BREAK</b>		
11:00 – 12:30	<ol style="list-style-type: none"> <li>4. Readiness of TM Chapter: Tabular list, coding guidelines, index and tooling               <ol style="list-style-type: none"> <li>4.1. Feedback from TM Chapter specific review of Member States comments on ICD-11 Nenad Kostanjsek</li> <li>4.2. Feedback from generic field testing of ICD-11 MMS (morbidity line &amp; case coding) Nenad Kostanjsek</li> </ol> </li> </ol>	90min
<b>12:30 – 14:00 LUNCH</b>		
14:00 – 15:00	<ol style="list-style-type: none"> <li>4.3. Update on TM Chapter international field tests (line coding)               <ol style="list-style-type: none"> <li>a) China</li> <li>b) Japan</li> <li>c) Rep. of Korea</li> <li>d) Europe &amp; US</li> </ol> </li> </ol> <p>All participants</p>	60min
<b>15:00 – 15:30 COFFEE BREAK</b>		
15:30 – 17:00	4.4. Discuss testing input for improvements of	90min



	<ul style="list-style-type: none"><li>a) TM chapter content and structure</li><li>b) Coding guidelines</li><li>c) Index &amp; tooling</li><li>d) TM Chapter value proposition</li></ul> All participants	
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<p align="center"><b>The 2<sup>nd</sup> WHO Editorial Working Group Meeting on ICD-11 TM Chapter 29 – 31 August 2017, Tokyo, Japan Provisional Agenda</b></p>		
Wed. 30 Aug 2017	Chair: Dou Danbo (to be confirmed) Rapporteur: Michiho Ito	
08:30 – 10:30	<p>4. Readiness of TM Chapter: Tabular list, coding guidelines, index and tooling (cont.)</p> <p>4.4. Processing of peer review based proposals</p> <p>a) List 1 (listing items with agreement among the unit's reviewers, or minor content edits)</p> <p>b) List 2 (listing items with disagreement among the unit's reviewers, or major content edits)</p> <p><i>Stéphane Espinosa</i></p>	120min
10:30 – 11:00 COFFEE BREAK		
11:00 – 12:30	4.5. Processing of peer review based proposals (cont.)	90min
12:30 – 14:00 LUNCH		
14:00 – 15:00	<p>4.6. Processing of issues related to overlap between certain TM disorders categories and Western Medicine categories in other parts of ICD-11</p> <p><i>Stéphane Espinosa</i></p>	60min
15:00 – 15:30 COFFEE BREAK		
15:30 – 17:00	<p>4.7. Processing of public proposals and comments</p> <p>4.8. Review and clean-up of residual categories</p> <p><i>Stéphane Espinosa, Nenad Kostanjsek</i></p> <p>4.9. Finalization of any pending issues regarding TM Chapter</p> <p>a) Tabular list (content, structure)</p> <p>b) Coding Guidelines</p>	90min

	<ul style="list-style-type: none"><li>c) Index and tooling environment</li><li>d) TM Chapter Terms</li><li>e) Translations</li></ul> <p>Nenad Kostanjsek, Zhang Qi</p>	
18:30 onwards	Get together - TOKYO Green Palace (1st basement level "SAKURA")	

<p align="center"><b>The 2<sup>nd</sup> WHO Editorial Working Group Meeting on ICD-11 TM Chapter 29 – 31 August 2017, Tokyo, Japan</b></p> <p align="center"><b>Provisional Agenda</b></p>		
Thu. 31 Aug 2017	Chair: Kim Yong-Suk (to be confirmed) Rapporteur: Rosemary Roberts	
08:30 – 10:30	<p>5. Readiness of TM Chapter: Implementation package – develop implementation strategy and tools for key use cases</p> <p>5.1. WHO Perspective on T&amp;CM Service related e.g. Quality and Safety, clinical research, health outcomes &amp; UHC, T&amp;CM integration in healthcare systems, reimbursement/Casemix Sangyoung Ahn</p> <p>Country Perspective</p> <ul style="list-style-type: none"> <li>a) Australia</li> <li>b) China</li> <li>c) Japan</li> <li>d) Rep. of Korea</li> </ul> <p>All participants</p>	120min
10:30 – 11:00 COFFEE BREAK		
11:00 – 12:30	<p>5.2. WHO Perspective on Education and Training, clinical practice documents and statistical tabulation of TM conditions Zhang Qi, Nenad Kostanjsek</p> <p>Country Perspective</p> <ul style="list-style-type: none"> <li>e) Australia</li> <li>f) China</li> <li>g) Japan</li> <li>h) Rep. of Korea</li> </ul> <p>All participants</p>	90min
12:30 – 14:00 LUNCH		
14:00 – 15:30	<p>6. Readiness of TM Chapter: Maintenance &amp; representation of TM Chapter in ICD-11 governance structure</p> <p>6.1. PAG Editorial working group</p> <p>6.2. TM Classification &amp; content expertise for CSAG &amp;</p>	90min

	<p>MSAG works</p> <p>6.3. Representation across WHO Regions</p> <p>All participants</p>	
15:30 – 16:00 COFFEE BREAK		
16:00 – 17:00	<p>7. Wrap up and closure of meeting</p> <p>7.1. Timeline and milestones for TM Chapter release as part of ICD-11 MMS implementation version 2018</p> <p>7.2. Further classification development (e.g. New Modules, TM intervention module in ICHI)</p> <p>7.3. Closure</p> <p>Nenad Kostanjsek, Zhang Qi</p>	60min

# Traditional Medicine Coding Guidelines

As included in

## ICD-11 Reference Guide

**Draft for inclusion in ICD-11 Reference Guide**

**4 May 2018**

**Includes changes from Robert Jakob, Kenji Watanabe, Stéphane Espinosa and Sangyoung Ahn following 3<sup>rd</sup> WHO Editorial Working Group Meeting on ICD-11 TM Chapter, Shanghai, 2018.4.25-27**

**Prepared by Rosemary Roberts** (rroberts@aapt.net.au)

### **Audience for coding guidelines:**

<b>1. Coders</b>	Clinical coders and health information managers in clinical settings integrated within hospitals
	Clinicians documenting and coding in diverse settings ranging from hospitals to ambulatory public and private health care facilities
<b>2. Analysers</b>	Clinical researchers internationally
	Specialists reimbursing hospitals, practices, practitioners based on morbidity data (casemix, insurance – private and national)
	Other users of coded morbidity data (allocation of resources, quality and safety, education of TM practitioners, etc.)
<b>3. Developers</b>	Developers of ICD-11 TM Chapter
	Field trial participants testing ICD-11 TM Chapter
	Peer reviewers of ICD-11 TM Chapter
	Experts involved in update and maintenance of ICD-11 TM Chapter

## **How to use this Reference Guide**

This Reference Guide for ICD-11 is divided into 3 Parts. While each Part will contain information valuable for your understanding and use of ICD-11, each has been created to be relevant to your primary purpose for coming to the Guide.

If you are looking to gain a general, broad understanding of ICD-11, with little or no prior experience with ICD, we suggest you start with Part 1 (Page 17).

If you are looking to understand how codes are created, and the details of the organisation and statistics behind ICD-11, we suggest you start with Part 2 (Page 54).

If you are already familiar with ICD, having used especially ICD-10, we suggest you start with Part 3 (Page 292) to see what is new (and what has not changed) in ICD-11.

## **TM guidelines as included in the ICD-11 Reference Guide**

### **Glossary:**

- **Integrated coding** in context of Traditional Medicine use of ICD-11 means full use of Chapters 1-26 (choosing codes from WM and TM1 chapters) for classification of clinical terms.
- **Stand-alone coding** in Traditional Medicine context means classification of clinical terms choosing codes from Chapter 26 only.

## **Part 1 – What is ICD-11?**

### **1.6 Traditional Medicine**

Traditional Medicine (TM) is an integral part of health services provided in many countries. International standardization by including Traditional Medicine within the ICD allows for measuring, counting, comparing, formulating questions and monitoring over time. Although some of these countries have had national classification systems for many years, information from such systems has not been standardised or available globally.

It is recommended that coding of cases with ICD-11's chapter on Traditional Medicine disorders and patterns (TM1) be used in conjunction with the Western Medicine concepts of ICD Chapters 1-25. Such integration will bring community benefit and enable issues such as safety and efficacy of treatments for different conditions to be established. The Traditional Medicine (TM1) chapter can also be used alone.

As with other ICD chapters, the TM1 chapter is not judging TM practice or the efficacy of any TM intervention. As a tool for classifying, diagnosing, counting, communicating and comparing TM conditions, it will also assist research and evaluation to assess the safety and efficacy of TM.



## **Part 2 –How Does ICD-11 Work?**

### **2.33 Traditional Medicine conditions – Module 1 (TM1) (2.33.1 – 2.33.5)**

(See also Section 2.47.28 for description of chapter)

Traditional Medicine (TM) is an integral part of health services provided in many countries. International standardization by including Traditional Medicine within the ICD allows for measuring, counting, comparing, formulating questions and monitoring over time. ICD-11's chapter on Traditional Medicine disorders and patterns (TM1) is designed to be used in conjunction with the Western Medicine concepts of ICD Chapters 1-25 or on its own.

As with other ICD chapters, the TM1 chapter is not judging TM practice or the efficacy of any TM intervention. As a tool for classifying, diagnosing, counting, communicating and comparing TM conditions, it will also assist research and evaluation to assess the safety and efficacy of TM.

#### **2.33.1 Use in Traditional Medicine**

##### **Reporting at regional, national and international levels:**

- Counting episodes of care for Traditional Medicine disorders and/or patterns in the same way as for Western Medicine diseases for morbidity data reporting purposes
- Counting episodes of care by Traditional Medicine practitioners who may use a combination of Western Medicine and Traditional Medicine terminology
- Describing and quantifying utilisation of Traditional Medicine services and reasons for encounter
- Monitoring use of resources for Traditional Medicine services
- Standardizing definitions of disorders and patterns among TM clinicians, practitioners and coders

##### **Research:**

- On safety and efficacy of Traditional Medicine interventions – evidence based research
- Clinical research within TM framework and integrating WM with TM
- On interrelationships between WM diseases, TM disorders and patterns
- To study treatment patterns and outcomes for specific disorders and patterns using ICD-11 in conjunction with country specific procedure classifications and the TM component of the intended International Classification of Health Interventions (ICHI)

**Casemix reimbursement and insurance:**

- There are precedents in China, Japan and Korea for use of existing TM classifications (with or without WM concepts) for reimbursement of hospitals and for insurance claims.
- Incorporating TM as a chapter of ICD-11 allows much greater scope for describing patient condition (diseases, disorders (TM1) and patterns (TM1) across the WM and TM1 chapters) as well as complications and comorbidities and for clinical costing measures.

**Quality and safety of care:**

- Standardising use of codes reflecting quality and safety of care between WM diseases and TM1 disorders will allow TM practitioners to interpret data from ICD-11 on quality, safety and efficacy of care.

**Education:**

- Educating TM practitioners in regard to standardisation of diagnosis
- Educating TM clinicians and coders in application and interpretation of ICD-11 data.

**Standardising terminology for use in electronic health records:**

- To enable more consistent and efficient recording and extraction of data
- To allow computer assisted coding of TM1 disorders and patterns

**2.33.2 Traditional Medicine section of ICD-11 update and maintenance:**

- Through user feedback, use of TM1 and WM codes and need for coding guidelines will be monitored. This will bring Traditional Medicine practitioners and users into the WHO-FIC mechanisms to update ICD-11 and ensure its clinical and technological currency.

### **2.33.3 Coding instructions for Traditional Medicine conditions – Module 1 (TM1)**

#### **2.33.3.1 General principles & rules for coding Traditional Medicine**

Codes from the Traditional Medicine chapter can be used across settings (hospital inpatient or ambulatory care in hospital or community) but must not be used for reporting cause of death. When coding in primary care, disorders and patterns may not be fully developed so that it may be more feasible to identify reason for encounter rather than main condition and associated conditions.

General principles:

- Consult all parts of the patient record including discharge summary, history, physical examination, investigations, laboratory data, treatments and final diagnoses
- Coding should relate to reasons for treatment during this episode and need not describe the whole patient's lifetime history unless a past condition affects current care
- Be as specific and explicit as possible, using codes to represent aetiology, pathology and manifestations of TM condition
- Use codes from relevant chapters of the ICD to match the clinical disorders noted on the patient record
- Code threatened TM conditions (i.e. those not well defined or not manifest)

#### **2.33.3.2 Choice of integrated coding with other chapters of ICD-11 or stand-alone coding from TM1 chapter**

Traditional medicine practitioners or clinical coders may use the codes in the TM1 chapter in two ways:

- in conjunction with other chapters of ICD-11 (integrated coding)
- as a stand-alone chapter choosing codes from within the TM Chapter 26

This choice depends on the legitimate coding practice of each country and the educational background of TM practitioners and TM coders (i.e. WM education is needed for WM coding and TM education for TM). It may also be influenced by the setting and regulatory context in which TM1 codes are being applied. Wherever possible, it is recommended that TM1 codes should be combined with those from the WM chapters to enable international comparison.

#### **2.33.4 Using the TM1 chapter with other chapters of ICD-11**

This option takes into account the country and practice variations of using a code for WM disease or TM1 disorder and/or a TM1 pattern code for a given clinical picture. In this case, codes should be applied for WM diseases and/or TM1 disorder from Chapters 1-26 **plus** pattern(s) (TM1) from Chapter 26.

## Coding

1. Read the patient summary and medical record
2. Select WM diagnosis/diagnoses, TM1 disorder(s) (TM1), and/or pattern(s) (TM1) to be coded.

	<b>Options</b>	<b>Examples</b>
a.	WM diagnosis alone	Asthma
b.	WM diagnosis with TM1 pattern	Asthma Turbid phlegm accumulation in the lung pattern (TM1)
c.	WM diagnosis with TM1 disorder	Asthma Wheezing disorder (TM1)
d.	WM diagnosis with TM1 disorder and TM1 pattern	Asthma Wheezing disorder (TM1) Turbid phlegm accumulation in the lung pattern (TM1)
e.	TM1 disorder with TM1 pattern	Wheezing disorder (TM1) Turbid phlegm accumulation in the lung pattern (TM1)
f.	TM1 disorder alone	Wheezing disorder (TM1)
g.	TM1 pattern alone	Turbid phlegm accumulation in the lung pattern (TM1)

You may choose more than one disorder (TM1) and more than one pattern (TM1) from the TM chapter.

3. Consult the electronic Coding Tool or relevant Alphabetic Indexes for WM and TM1 entries
4. Go to tabular list for the relevant code. Take note of inclusions and exclusion notes and textual definitions.
5. Assign the appropriate code and follow any specific guidelines for that code.
6. A possible scenario may be either for choice of disorders (TM1) or WM diseases as main condition and/or for associated disorders (TM1) or WM diseases. In this scenario, codes may be chosen for disease or diseases from Chapters 1-25 of ICD-11 plus disorder(s) (TM1) from Chapter 26. In either case, pattern(s) (TM1) from Chapter 26 may be used in association with the codes for disease or disorder (TM1). To code from Chapters 1-25, consult the Coding Tool or Alphabetic Index for Western Medicine chapters to assign code and follow the steps outlined in 8.4.1. To code from Chapter 26, consult the Coding Tool or Alphabetic Index for Traditional Medicine.

This use of the entire ICD-11 (Chapters 1-26) for Traditional Medicine may be especially relevant for neoplasms and injury, chronic and complicated conditions, sub-clinical or constitutional complaints, external cause of injury and adverse reaction. The electronic Coding Tool has a feature of switching on or off the combined use of WM and TM1 codes so that there is only one place to search for WM diseases or TM1 disorders and patterns.

Example:

	<b>Options</b>	<b>Examples</b>	<b>ICD-11 Coding Examples</b>
a.	WM diagnosis alone	Asthma	CA23
b.	WM diagnosis with TM1 pattern	Asthma Turbid phlegm accumulation in the lung pattern (TM1)	CA23 SF86
c.	WM diagnosis with TM1 disorder	Asthma Wheezing disorder (TM1)	CA23 SA81
d.	WM diagnosis with TM1 disorder and TM1 pattern	Asthma Wheezing disorder (TM1) Turbid phlegm accumulation in the lung pattern (TM1)	CA23 SA81 SF86
e.	TM1 disorder with TM1 pattern	Wheezing disorder (TM1) Turbid phlegm accumulation in the lung pattern (TM1)	SA81 SF86
f.	TM1 disorder alone	Wheezing disorder (TM1)	SA81
g.	TM1 pattern alone	Turbid phlegm accumulation in the lung pattern (TM1)	SF86

### Sequencing

If there are both Western Medicine diseases and Traditional Medicine disorders (TM1), use either as main condition, depending on whichever meets the definition of main condition in Section 2.29.1.2. (see below). Also, consult this section for details on allocation of main condition in different scenarios.

“The definition of main condition is to be applied for both inpatients and outpatients. (Importantly, and as mentioned earlier, this is a change in the WHO’s main condition definition that existed in ICD-10).

Record/identify as the main condition the one condition that is determined to be the reason for admission, established at the end of the episode of health care.”

Where both WM disease and TM1 disorder qualify equally as main condition, code the WM disease first. Pattern(s) (TM1) should follow either the Western Medicine disease or disorder (TM1).

#### **How to code for Traditional Medicine with WM and TM1 codes**

Code first: **Disease(s)** from chapter 1-25

Code additional **Disease(s)** from chapter 1-25, **Disorder(s)** (TM1) from chapter 26, **Pattern(s)** (TM1) from chapter 26

### **National and international coding**

There may be some variation between countries in the use of WM diseases together with disorders (TM1) and patterns (TM1). Some countries may wish to use WM diseases from Chapters 1-25 with patterns (TM1) from Chapter 26, or to use disorders (TM1) from Chapter 26 with secondary diagnoses from Chapters 1-25 plus pattern(s) (TM1) from Chapter 26. Traditional Medicine practitioners can work with colleagues in other countries and with Western Medicine practitioners in their own country to make ICD-11 a positive tool in understanding their own practice and contributing to information not currently available about Traditional Medicine utilisation and outcomes.

### **Use of Extension Codes and Cluster Codes for Traditional Medicine**

TM practitioners are encouraged to use extension codes (Section 2.9) from the X chapter to describe additional features of a disorder or pattern and its characteristics. Also, the new feature in ICD-11 of clustering related diagnoses (Section 2.9.1) will be helpful in linking disorders and patterns.

### **Examples**

#### A. Injuries using Chapters 1-26:

- **Main condition:** from Chapter 26. Joint impediment disorder (TM1) unspecified, SC5Z, or condition from the injury chapter should be used together with codes from the External Cause chapter
- a pattern (TM1) code, if appropriate.

#### B. Disorders such as migraine are coded (using Chapters 1-26) as:

**Main condition** Migraine (TM1), SD10, in conjunction with a

- Disorder (TM1) from Chapter 26 (Headache disorder (TM1), unspecified, SD1Z) and/or
- pattern (TM1) such as Small Yin type Yang Depletion pattern (TM1), SH71

#### C. Diseases such as diabetes mellitus are coded using Chapters 1-26 as:

- **Main condition** Type 2 diabetes mellitus, 5A11
- Wasting thirst disorder (TM1), SD71
- Large Yin type Dryness Heat pattern (TM1), SH63

or from Chapter 26 alone as:

- **Main condition** Wasting thirst disorder (TM1), SD71
- Large Yin type Dryness Heat pattern (TM1), SH63

### **2.33.5 Using the TM1 chapter as a stand-alone chapter choosing codes from within the TM1 Chapter**

In this case, codes may be applied for disorder(s) (TM1) from the TM1 chapter plus pattern(s) (TM1) from the TM1 chapter. However, there may be circumstances where a

disorder (TM1) code may be applied alone or where a pattern (TM1) code may be applied alone.

### **Coding**

1. Read the patient summary or medical record.
2. Select disorder(s) (TM1) and/or pattern(s) (TM1) to be coded.  
**Options:**
  - a. *TM1 disorder with TM1 pattern*
  - b. *TM1 disorder alone*
  - c. *TM1 pattern alone*
  - d. *You may choose more than one disorder or pattern.*
3. Consult keyword in electronic Coding Tool or Alphabetic Index for TM and choose appropriate entry and code (take note of lead terms and sub-lead terms plus ‘see’ and ‘see also’ references). Using the hierarchical order of the key word or index is critical in finding the relevant code.
4. Go to tabular list for that code. Take note of inclusion and exclusion notes and textual definitions or diagnostic criteria.
5. Assign clinically appropriate code and follow any specific guidelines for that code.

### **Sequencing**

In the first place, a “main condition” code is selected using the definition quoted above from Section 2.29.1.2. Further detail on selecting main condition can be found in Section 2.29.1.2.

As well as main condition, it is important to code all additional current disorders (TM1) or patterns (TM1) documented in the patient record to ensure that they reflect a complete picture of the patient’s condition for the episode of care. In most Traditional Medicine cases there will be a disorder (TM1) and a pattern (TM1). However, it may be necessary to code disorder (TM1) alone or pattern (TM1) alone. However, when combined disorder (TM1) and pattern (TM1) are both coded, choose disorder (TM1) as the main condition.

The most usual scenario is to have both disorder and pattern, with codes listed in order so that the first (disorder (TM1)) complies with the definition of main condition. If it is not relevant to code both a disorder (TM1) and a pattern (TM1), either may be coded alone. If it is not possible to code a disorder (TM1), pattern (TM1) may be sequenced as the main condition

**How to code for traditional medicine using TM1 chapter alone**

Code first: **Disorder(s)** (TM1)

Code second: **Pattern(s)** (TM1)

## **National versus international rules**

There may be some variation within and between countries in the way in which sections of the TM1 chapter are used. Setting may influence the stage at which a condition presents or there may be historical or local practices affecting choice and precision of coding.

### **Examples**

- TM1 disorder and/or TM1 pattern
- Pre-coordination examples
  - One code for two disorders
  - One code for two patterns

(No codes for combination of disorder and pattern)
- Post-coordination examples
  - 2 or more codes for one disorder
  - 2 or more codes for one pattern

### **2.33.6 Data Quality**

- Education of clinicians, coders and data users is paramount in ensuring data quality. This involves an understanding of how ICD-11 is applied, including definition of main condition, rules relating index terms to the tabular list, use of inclusion and exclusion notes and code also notes within the classification as well as application of standard coding rules.
- Specific tools exist to edit and audit ICD data. These include the recognition of incompatible codes and rare disorders, comparison of ICD data with other sources (e.g. infection control, laboratory data), and sample code-recode studies to identify coding reliability and validity and compliance with coding rules and definitions. Some countries have developed automated screening mechanisms based on coding guidelines to identify cases that do not comply with standards and rules and to quantify the errors.
- Technical coding tools can be employed to measure inter-rater reliability of code decision as well as application of coding rules and guidelines.



## **2.47.28 Chapter 26 – Traditional Medicine conditions - Module 1 (TM1)**

This Traditional Medicine Module 1(TM1) chapter is a new chapter for ICD, hence labelled ‘Module 1,’ and as such is referred to as the ‘TM1 chapter’. The rationale for its inclusion in ICD-11 is to enable Traditional Medicine health services and encounters to count and be counted nationally and internationally. The Module in this chapter in its current form refers to disorders and patterns which originated in ancient Chinese Medicine and developed throughout history to incorporate contemporary science and technology. These disorders and patterns are commonly used in China, Japan, Korea, United States of America, Australia, Europe and elsewhere around the world. The classification rubrics represent a unified set of harmonized Traditional Medicine disorders and patterns from national classifications from China, Japan and Korea. Future Modules may be developed for other forms of Traditional Medicine practices.

### **Scope:**

This chapter has currently been designed for morbidity recording and reporting. It must not be used for mortality coding and reporting.

### **Content and structure:**

The content and structure of the TM1 Chapter represent a common language developed jointly through the international cooperation of Traditional Medicine clinicians, researchers, academics and classification experts to enable international comparability of practice and reporting of morbidity in Traditional Medicine. Standardisation of this TM1 classification will allow clinical documentation in different countries to incorporate the same concepts and enable coders and users to extract comparable morbidity data from that documentation. Coders must also be guided by rules which reflect the clinical diagnostic decision making process. However, the rules are relatively flexible to allow for national adaptations and research questions concerning relationships between diseases, disorders and patterns to be framed from a number of different angles.

The English terms do not necessarily represent the most common translation of the TM terms in Chinese, Korean or Japanese. Where the best fit English TM translation resulted in the same term as used in Western Medicine, it was necessary to indicate a difference between the Western Medicine (WM) concept and TM concept where the same term had different definitions in TM and WM. This difference in definition is indicated by the use of (TM1) for disorders and patterns throughout the TM chapter.

### **Terminology:**

The Traditional Medicine Module 1 chapter uses the terms disorder and pattern to describe concepts. This is different from the concept descriptions in the Western Medicine chapters which refer to diseases (clinical pictures) and syndromes (clinical presentations). The TM1 chapter is divided into separate sections for disorder and pattern to emphasise the independence of these concepts.

## Definitions

**A disorder** in traditional medicine (disorder (TM1)) refers to a set of dysfunctions in any body system which is judged from associated signs, symptoms or findings. Each disorder (TM1) may be defined by its symptomatology, aetiological explanation based on traditional medicine, course and outcome, treatment response or linkage to interacting environmental factors. A disorder (TM1) is a clinical picture that is relatively stable and reflects the local pathology and related specific manifestations commonly found in the anatomy and function of the affected individuals.

**A pattern** in traditional medicine (pattern (TM1)) refers to the manifestation of the patient's health condition at a given moment in time including all findings which may include:

- Symptomatology: pattern of specific and non-specific signs, symptoms or unique findings by traditional medicine diagnostic methods, including the taking of the pulse, examination of the tongue, abdominal examination and other methods that reflect the systemic response of the patient in a dysfunctional condition.
- Constitution: the characteristics of an individual, including structural and functional characteristics, temperament, ability to adapt to environmental changes, or susceptibility to various health conditions.

A pattern (TM1) is a clinical picture that is relatively temporary, reflects on the systemic response of the patient and combined pattern of specific and non-specific manifestations that usually hold a multifactorial relationship with the local pathology and the constitutional traits of the patient. A pattern may show individual difference even in the individuals affected by the same pathology that may be further analysed by the theoretical frame of Traditional Medicine.

Traditional Medicine disorder and pattern are named after the body structures, causal explanations, properties and severity which present for clinical investigation and diagnosis. TM1 pattern may denote an individually different pattern (TM1) of systemic responses to the WM disease or TM1 disorder. Pattern is a concept unique to TM1 and may be different from TM1 disorder in the following ways:

**Table 1. Characteristics of Traditional Medicine Disorders and Patterns**

<b>Distinguishing feature</b>	<b>Disorder in Traditional Medicine</b>	<b>Pattern in Traditional Medicine</b>
Constant/ Temporary	A <b>clinical picture that is relatively constant</b> throughout the duration of that disorder	A <b>clinical picture that is relatively temporary</b>
Constant Pathology/ Temporary Response	Usually delivers information reflecting the <b>constant pathology</b>	Usually delivers information reflecting the <b>temporary overall manifestation or response of the patient</b>
Specific/ Non-specific	A concept that summarizes <b>findings that are specific</b> to the pathologic process under investigation	The combination of the manifestations that encompasses <b>both specific symptoms/signs and non-specific findings</b>
Linear/ Multifactorial	<b>May be applied for a time span.</b> A disorder coding may be based on the main pathologic process which may show a causal relationship with the main manifestations in the patient	A pattern may be applied for a specific time span, too. However, a <b>pattern code is based on the summarized whole picture</b> that may be observed in the patient based on the perspectives of traditional medicine theories. A pattern is recognized based on the analysis of the systemic findings in the patient’s body and mind which reflect the pathologic processes, responses to the pathologic processes, other concomitant findings, and innate or acquired constitutional traits of the patient
Commonality/ Individuality	Used to describe the <b>general characteristics considered to be relatively common</b> to the population suffering from one particular disorder	Used to describe the <b>individual characteristics considered to be relatively specific to the patient</b> at that time
General/ Theoretical	Usually described with <b>general terms of anatomy and physiology</b> together with terms of signs and symptoms	Usually described with <b>terms of the traditional medicine theories</b> that are used to summarize the underlying mechanism in the patient such as yin and yang balance, cold and heat, meridian, or constitution

## **Part 3 – What is New in ICD-11?**

### **3.5 Traditional Medicine conditions – Module 1 (TM1)**

Traditional Medicine (TM) is an integral part of health services provided in many countries. National authorities have not had proper methods, nationally or internationally, to monitor its health impact over time and allocate proper resources. International standardization by including Traditional Medicine within the ICD allows for measuring, counting, comparing, formulating questions and monitoring over time.

The development of the Traditional Medicine (TM1) Chapter is a result of requests to WHO from several member states to include TM concepts in an international classification such as the ICD. Although countries such as China, Japan and Korea have developed their own country specific classifications, there was no agreed international standard to allow collection of comparable data or as a starting point for testing efficacy of interventions and monitoring their safety. TM clinicians have been working since 2005 to integrate and standardise their terminology, resulting in the current TM chapter.

A large percentage of the world's population uses some form of Traditional Medicine. However, standardised data and information on health status of these users remain largely absent from national and international health data collections. The use of Complementary and Alternative Medicine (CAM) therapies has become a huge industry and is expected to grow. As a result of this gap in information about TM and the size of the industry, resources have been invested in the creation of a classification tool to allow data to be collected and analysed.

ICD-11's chapter on Traditional Medicine disorders and patterns is designed to be integrated with coding of cases in conjunction with the Western Medicine concepts of ICD Chapters 1-25 or to be used alone. The TM1 chapter within ICD enables continuity and coordination of care and promotes integrated people centred care for those accessing traditional, complementary and integrative medicine as a means of primary health care. Primary health care is the foundation of integrated service delivery, and the TM1 chapter within ICD-11 allows for coordinating with other levels of services, and provides better measurement towards achieving universal health coverage.

The chapter will be used in ways appropriate to health care systems, clinical practice and regulations in different countries, but always using standard terminology. It is important to expose TM practitioners to the rigour of coding and collecting data for reporting and for clinical exchange, as well as for research topics. Another vital consideration is to allow collection of data relating to patient safety, so that complications and interactions of TM with WM can be monitored. A standard terminology is also necessary for reimbursement and casemix systems, for education of TM practitioners, for inclusion in electronic record systems and last but not least, for providing currently inaccessible morbidity information to national and international organisations from countries where TM is practised and is an important part of health service delivery.

As with other ICD chapters, the TM1 chapter is not judging TM practice or the efficacy of any TM intervention. As a tool for classifying, diagnosing, counting, communicating and comparing TM1 conditions, it will also assist research and evaluation to assess the efficacy of TM.

WHO Meeting 2017  
17 Oct 2017, Mexico City, Mexico

## TM Chapter in ICD11

Watanabe K, MD, PhD  
Ex-cochair of TM TAG

## 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**).

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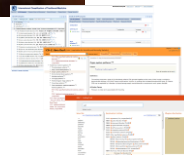
- The Chapter is a **mirror of clinical practice and reality**. The TM Chapter categories were derived from:
  - National Clinical Modifications of ICD (i.e. Korean ICD version, KCD-7 Disease Codes of Korean Medicine);
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  - Regional Terminologies (i.e. 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/1128438114>

**Title** → RD34 Kidney yin deficiency pattern (TM) → **Traditional Medicine**

**Code** → RD34

**Parent category** → Parent: Kidney Patterns (TM) → Show all ancestors up to top

**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.

**Synonyms** → All Index Terms:
 

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

 Hide index terms

**Definition including:**

- Symptoms
- Tongue
- Pulse
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- Mechanism

## Long Way of TM chapter development

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WHO Congress on Traditional Medicine,  
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# ICD-11 Revision Congress in Tokyo

## 12-14/10/2016



WHO-FIC 2016 TOKYO

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# 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

International Classification of Diseases (ICD) 11th Revision: Developing and using a common language for counting Traditional Medicine (TM) conditions. Hosted by the Japan Liaison Office for WHO-FIC in Japan.



# 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-11

Authors: Masato IZUTSU<sup>1</sup>, Kenji WATANABE<sup>1,2</sup>, Shuji YAKUBO<sup>1,2</sup>, Michiho ITO<sup>1,2</sup>, Takao NAMIKI<sup>1,2</sup>, Kei MORI<sup>1</sup>

8-12 October 2016  
Tokyo, Japan

<sup>1</sup>Collaborating Centre for the WHO-FIC in Japan, <sup>2</sup>Japan Liaison of Oriental Medicine

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

Rank	Pattern(TM)	
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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

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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.

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**traditional medicine are covered in a separate chapter.**

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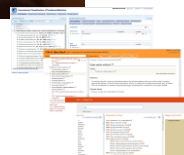
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## ICD-11 TM Chapter Class DEFINITIONS

The screenshot shows the ICD-11 TM Chapter Class DEFINITIONS for R034 Kidney yin deficiency pattern (TM). The page includes the following sections:

- Title:** R034 Kidney yin deficiency pattern (TM)
- Code:** R034
- Parent category:** Kidney Patterns (TM)
- Definition:** A pattern characterized by back pain, lethargy, dizziness, ringing in the ears, nocturnal emission in men and irregular 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.
- All Index Terms:**
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World Health Organization

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### Classifications

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# ICD-11

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## Highlights of Japanese Kampo Medicine: Tradition, Modern Evaluation and Comprehensive Patient Care

- 9:00-9:05**      **Welcome Address**  
Heidrun Reißenweber-Hewel, President of ISJKM, Munich
- 9:10-9:20**      **Greeting Remarks**  
Hiroshi Sato, President, The Japan Society for Oriental Medicine (JSOM)  
Dominik Irnich, President, German Medical Association of Acupuncture (DÄGfA)

### Session A: Introduction and Historical Aspects

- 9:20-9:35**      **Kampo International: Key features and New Trends**  
Heidrun Reißenweber-Hewel, Clinic for Japanese Medicine, and Competence Centre for Complementary Medicine, Technical University, Munich, Germany
- 9:35-9:50**      **Remarks and Considerations on the Development and Maintenance of a Kampo Infrastructure in Germany**  
Ulrich Eberhard, Private Clinic for Family Medicine and Traditional Japanese Medicine, Madrid, Spain
- 9:50-10:15**      **The Bencao gangmu (Honzo komoku) - A Challenge to Historiography and Clinical Science**  
Paul U. Unschuld, Charité Universitätsmedizin, Berlin, Germany
- 10:15-10:35**      **The Application of Historiography and its Methodologies to an Edo Kampo Illustrated Text**  
Gretchen De Soriano, University of Westminster, London, United Kingdom

*Morning Coffee Break from 10:35 to 11:00*

-----  
**Poster Session I: 11:00-11:35**  
-----

### Session B: Tradition, Modern Evaluation and Clinical Care

- 11:35-11:55**      **The Concept of *oketsu* (blood-stasis) – what Modern Medicine can Learn from Traditional Japanese Kampo Medicine**  
Bernd Kostner, Vienna private clinic of Holistic Medicine and Department of Pharmacology, Graz Medical University, Austria
- 11:55-12:15**      ***Choreito* for Intractable Hemorrhagic Cystitis after Stem Cell Transplant**  
Nozomu Kawashima, Nagoya University Hospital, Japan

- 12:15-12:30**    **Effects of Kampo Medicines on the Inhibition of Tumor Cell Growth – Elucidation of Epigenetic Mechanisms in Human Pancreatic Cancer Cells**  
Silke Cameron, Göttingen University, Germany
- 12:30-12:50**    **The Role of Kampo Medicine after the Great East Japan Earthquake Disaster**  
Shin Takayama, Tohoku University Hospital, Sendai, Japan

*Lunch Break from 12:50 to 14:00*

## Session C: International Aspects of Kampo Medicine

- 14:00-14:20**    **Classification of the Indications for Kampo Treatment**  
Hiromichi Yasui, Yasui Clinic, Yokkaichi, Japan
- 14:20-14:40**    **Traditional Medicine (TM) Chapter in ICD-11**  
Kenji Watanabe, Committee for Terminology and Classification, The Japan Society for Oriental Medicine, Tokyo, Japan
- 14:40-15:00**    **Standards of Reporting Kampo Products (STORK) in Research Articles**  
Yoshiharu Motoo, Kanazawa Medical University, Ishikawa, Japan
- 15:00-15:20**    **Japanese Kampo Medicine for Brazilian Patients: “Wish use” and “Need use”**  
Kazusei Akiyama, Consultório Kazusei Akiyama, São Paulo, Brazil

*Afternoon Coffee Break from 15:20 to 15:40*

-----  
**Poster Session II: 15:40-16:10**  
-----

## Session D: Quantification and Education of Kampo Medicine

- 16:10-16:30**    **Development Research of Diagnostic Support Sensors to Quantify Physical Examinations in Kampo medicine**  
Tadaaki Kawanabe, Oriental Medicine Research Center, Kitasato University, Tokyo, Japan
- 16:30-16:50**    **Tongue Image Analysis for Kampo Pattern Diagnosis**  
Ryutaro Arita, Center for Kampo Medicine, Keio University, Tokyo, Japan
- 16:50-17:10**    **Development of a Web-based Kampo Education Software for Physicians and Students of Conventional Medicine**  
Noriyuki Takano, Tokai University, Kanagawa, Japan

ISJKM Meeting 2017  
6 May 2017, Berlin, Germany

## TM Chapter in ICD11

Watanabe K, Ito M, Hoshino T, Goto H, Okumi H,  
Yamaguchi K, Watsuji T, Togo T, Yakubo S, Namiki T

Committee for Terminology and Classification,  
The Japan Liaison for Oriental Medicine, Tokyo, Japan

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



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### Use case for Traditional Medicine in Japan - Morbidity data classified by joint use of ICD-11

Authors: Masato IZUTSU<sup>1,2</sup>, Kenji WATANABE<sup>1,2</sup>, Shuji YAKUBO<sup>1,2</sup>, Michiko ITO<sup>1,2</sup>, Takao NAMIKI<sup>1,2</sup>, Kei MORI<sup>1</sup>

8-12 October 2016  
Tokyo, Japan  
C312

**Abstract**  
<sup>1</sup>Collaborating Centre for the WHO-FIC in Japan, <sup>2</sup>Japan Liaison of Oriental Medicine

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.

Rank	Patterns(TM)	
	Male	Female
1	TC59 Medium (Excess/Deficiency) pattern (TM)	TC59 Medium (Excess/Deficiency) pattern (TM)
2	TC52 Heat pattern (TM)	TC52 Heat pattern (TM)
3	TC55 Deficiency pattern (TM)	TC55 Deficiency pattern (TM)
4	TC33 Cold pattern (TM)	TC58 Moderate (Heat/Cold) pattern (TM)
5	TC58 Moderate (Heat/Cold) pattern (TM)	TC33 Cold pattern (TM)
6	TC81 Fluid disturbance pattern (TM)	TC81 Fluid disturbance pattern (TM)
7	TC61 Qi stagnation pattern (TM)	TC71 Blood stasis patterns (TM)
8	TC80 Qi deficiency pattern (TM)	TC62 Qi reverse flow patterns (TM)
9	TC54 Excess pattern (TM)	TC60 Qi deficiency pattern (TM)
10	TD90 Kidney qi deficiency pattern (TM)	TC51 Qi stagnation pattern (TM)

Table 2. 5 leading patterns (TM) by age-group, in morbidity, Japan, 2016

Age	TC52	TC59	TC59	TC59	TC59	TC59	TC59	TC59
0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
1	TC52	TC59	TC59	TC59	TC59	TC59	TC59	TC59
2	TC59	TC52	TC52	TC52	TC52	TC52	TC59	TC59

The aim of this study is to create morbidity

# 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.

## 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

## WHO/WPRO Meetings

- 2005 May Beijing **1st Informal Consult on IS in TM**
- 2006 Jan Tsukuba **2nd Informal Consult on IS in TM**
- 2006 Jun Seoul **1st Informal Consult on Develop of ICTM-EA**
- 2006 Oct Tunis **WHO-FIC Network Meeting**
- 2007 Mar Tokyo **2nd Informal Consult on Develop of ICTM-EA**
- 2007 Apr Odawara **WHO-FIC Business Plan Meeting**
- 2007 Aug Brisbane **ICTM-EA WG Meeting**
- 2007 Sep Kyoto **WHO-FIC Asia Pacific Network Meeting**
- 2007 Oct Trieste **WHO-FIC Network Meeting**
- 2008 Apr Geneva **WHO-FIC Council Meeting**
- 2008 Jun Seoul **3rd Informal Consult on Develop of ICTM-EA**
- 2008 Nov Beijing **WHO Congress on TM**

## 1st Informal Consultation on Information Standardization in Traditional Medicine

May 17-19, 2005, Beijing



## WHO/HQ Meetings

- 2009 Mar Geneva **Preparation of ICTM**
- 2009 May Hong Kong **Informal WHO meeting on the ICTM**
- 2009 Oct Seoul **WHO-FIC Network Meeting**
- 2010 Mar Geneva **PAG meeting on ICTM**
- 2010 May Hong Kong **1st WHO meeting on ICTM**
- 2010 Dec Tokyo **International Press**
- 2010 Dec Tokyo **2nd WHO meeting on ICTM**
- 2011 Feb Manila **ICTM intervention WG meeting**
- 2011 Mar Geneva **WG on ICTM**
- 2011 Mar Hong Kong **3rd WHO meeting on ICTM**
- 2011 Oct Cape Town **WHO-FIC Network Meeting**



- ### WHO/HQ Meetings
- 2012 Mar Shanghai **WHO meeting on ICTM**
  - 2012 Sep Tokyo **WHO meeting on ICTM**
  - 2012 Oct Brazilia **WHO-FIC Network Meeting**
  - 2013 Jun Geneva **WHO ICTM Stakeholder Meeting**
  - 2013 Oct Beijing **WHO-FIC Network Meeting**
  - 2014 Oct Barcelona **WHO-FIC Network Meeting**
  - 2014 Nov Shanghai **WHO meeting on ICTM**
  - 2015 Oct Manchester **WHO-FIC Network Meeting**
  - 2015 Nov Seoul **WHO ICTM Stakeholder and Technical Meeting**
  - 2016 July Shanghai **Editorial WG Meeting on ICD-11 TM Chapter**
  - 2016 Oct Tokyo **WHO-FIC Meeting & ICD-11 Revision Conference**

### Current Structure of ICD-11

**ICD-11 for Mortality and Morbidity Statistics** (Edition for Member State comment)

Search | Advanced Search | Summary | Coding Tools | Special Views | Index

- ICD-11 Beta Draft - Item Limitation for Mortality and Morbidity Statistics
- 01 Certain infectious or parasitic diseases
- 02 Neoplasms
- 03 Diseases of the blood or blood-forming organs
- 04 Diseases of the immune system
- 05 Endocrine, nutritional or metabolic diseases
- 06 Mental or behavioural disorders
- 07 Sleep-wake disorders
- 08 Diseases of the nervous system
- 09 Diseases of the eye or ocular adnexa
- 10 Diseases of the ear or mastoid process
- 11 Diseases of the circulatory system
- 12 Diseases of the respiratory system
- 13 Diseases of the digestive system
- 14 Diseases of the skin
- 15 Diseases of the musculoskeletal system or connective tissue
- 16 Diseases of the genitourinary system
- 17 Conditions related to sexual health
- 18 Pregnancy, childbirth or the puerperium
- 19 Certain conditions originating in the perinatal or neonatal period
- 20 Developmental anomalies
- 21 Symptoms, signs or clinical findings, not elsewhere classified
- 22 Injury, poisoning or certain other consequences of external causes
- 23 External causes of morbidity or mortality
- 24 Factors influencing health status or contact with health services
- 25 Codes for special purposes
- Extension Codes
- 27 Traditional Medicine conditions - Module 1

**ICD-11 for Mortality and Morbidity Statistics (ICD-11 MMS), Edition for Member State comment**

This version of ICD-11 has been prepared for Member State comment. Content of ICD-11, on that Member States can provide their comments. Member States as well as outcomes of additional quality assurance will inform its

**caveats**

Related to this edition:

- The Codes are **NOT FINAL**
- It is **not approved** by WHO
- **NOT TO BE USED** except for Member State comment



- ### 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



## The Way Forward

1. Field test
2. Creating cases for line coding
3. Finalize chapter 27
4. Finalize coding guideline
5. World Assembly in 2018

WHO Meeting 2017  
17 Oct 2017, Mexico City, Mexico

## TM Chapter in ICD11

Watanabe K, MD, PhD  
Ex-cochair of TM TAG

## 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?

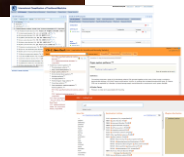
- The Chapter is a **mirror of clinical practice and reality**. The TM Chapter categories were derived from:
  - National Clinical Modifications of ICD (i.e. Korean ICD version, KCD-7 Disease Codes of Korean Medicine);
  - National TM Classifications (e.g. Chinese TCM classification GB 95/97, Japanese 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

**All Index Terms**: Kidney yin deficiency pattern (TM), Genuine yin deficiency pattern (TM), Kidney water depletion and deficiency pattern (TM), Primordial yin deficiency pattern (TM)

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# ICD-11 Revision Congress in Tokyo

## 12-14/10/2016



World Health Organization

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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 8-12 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

### International Classification of Diseases (ICD-11)

Developing and using a common language for counting Traditional Medicine conditions. 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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#### 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)	TCS8 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	TC60 Qi deficiency pattern (TM)	TC62 Qi reverse flow patterns (TM)
9	TC54 Excess pattern (TM)	TC60 Qi deficiency pattern (TM)
10	TCS0 Kidney qi deficiency pattern (TM)	TC63 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	TC59	TC59	TC59	TC59	TC59	TC59	TC59	TC59	TC59
2	TC59	TC52	TC52	TC52	TC52	TC52	TC52	TC58	TC58	TC58

# ICD-11

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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

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## 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.