An update on the WHO Family of International Classifications (WHO-FIC): implications for mental health planning in Australia

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This presentation

- An introduction to the Australian Institute of Health and Welfare
- Our role as the Australian Collaborating Centre for the World Health Organisation’s Family of International Classifications
- The Family of International Classifications, including the 11th Revision of the International Classification of Diseases (ICD-11)
- Information on Australian work towards implementation of ICD-11
- Thoughts about how this is relevant to mental health services policy development
About the AIHW

A major national information and statistics agency
Statutory authority of the Australian Government, established through AIHW Act 1987
Independent management board
  → Chair: Mrs Louise Markus
  → Reps of Dept of Health, ABS
  → Reps of Ministerial Councils
  → Independent members
  → Staff-elected member
Ethics committee
About 350 staff, mainly in Canberra
Stronger evidence, better decisions, improved health and welfare

1. Leaders in health and welfare data
2. Drivers of data improvements
3. Expert sources of valued-added analysis
4. Champions for open and accessible data information
5. Trusted strategic partners
About the AIHW

Our purpose: To create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians

Our values: In pursuing our vision, we draw on our independence and our expertise in health and welfare to strive for excellence in all we do. We also uphold the Australian Public Service values of being…

Impartial, committed to service, accountable, respectful and ethical
Required under the AIHW Act to….

→ Protect confidentiality of data holdings
→ Report on the state of the nation’s health and welfare every two years
Enabled under the AIHW Act to…

- **Collect, produce and coordinate** health information and statistics
- **Undertake studies** to assess the provision, use, cost and effectiveness of health services
- Develop relevant specialised **statistical standards and classifications**
- Publish **methodological and substantive reports**
Data sources

→ States and territories
  → Many under National Information Agreements
  → National Minimum Data Sets agreed and published on-line in
  → Data collated increasingly through on-line Validata

→ Population surveys (eg for alcohol and drug use)

→ Government-funded agencies, eg for homelessness, Indigenous primary health care

→ Other national agencies – eg ABS Australian Health Survey
AIHW reports and outputs
AIHW reports and outputs

Data also provided for national and international reporting

→ *Report on Government Services*

→ OECD and WHO reporting

Ad hoc data requests for researchers and others
Burden of disease, 2011: based on ICD-10 categories
Mental health services in Australia, 2014-15

ICD-coded diagnoses (specialised care admissions); ACHI-coded procedures (ambulatory-equivalent public hospital admissions)
AIHW is designated by the WHO as the ACC – since 1991 and until 2018

- Collaborate with the WHO and other international collaborating centres to develop and implement classifications
- Lead a collaboration of experts around Australia (also known as the ACC) who contribute to the work of the ACC and the WHO
- Australian Bureau of Statistics, Flinders University, University of Sydney, Queensland University of Technology
- Funding support from Health
Terms of Reference

Provide advice to AIHW, as the ACC, in relation to the ACC work program

Provide advice to AHMAC (through Health) about the WHO’s work to develop the FIC

Provide advice to Health for Australian inputs to classification issues considered by the World Health Assembly
Australian Health Classifications Advisory Committee

Established with support and funding from Australian Health Ministers Advisory Council (AHMAC)

Funding also from Commonwealth Department of Health

Membership: Commonwealth Department of Health, ABS, Independent Hospital Pricing Authority, AIHW and two nominees from AHMAC (NSW and Victoria)

→ A mechanism to engage stakeholders and to consider the implementation issues and costs, as well as the features and benefits of ICD-11

→ A bridge between the technical work and policy considerations
Considering how Australia should decide to implement ICD-11 (a strategic view), and then how to implement
Considering whether an Australian modification of ICD-11 would be required
Considering how Australia should be involved in future governance and updating for ICD-11
Considering potential relationship between ICD-11 and digital health in Australia (including SNOMED-CT-AU)
Overseeing AIHW role in WHO field trials for ICD-11
Updates on other WHO and Network activities, including in relation to ICF and ICHI
Supports and guides AIHW and other Australian contributions to the WHO’s work
World Health Organization’s Family of International Classifications (WHO-FIC)

WHO Family of Classifications

RELATED Classifications
- International Classification of Primary Care (ICPC)
- International Classification of Nursing Practice (ICNP)
- International Classification of External Causes of Injury (ICECI)
- The Anatomical, Therapeutic, Chemical (ATC) classification system with Defined Daily Doses (DDD)
- ISO 9999 Technical aids for persons with disabilities – Classification and Terminology

REFERENCE Classifications
- International Classification of Diseases (ICD)
- International Classification of Functioning, Disability & Health

DERIVED Classifications
- International Classification of Diseases for Oncology, Third Edition (ICD-O-3)
- The ICD-10 Classification of Mental and Behavioural Disorders
- Application of the ICD to Dentistry and Stomatology, Third Edition (ICD-DA)
- Application of the ICD to Neurology (ICD-10-NA)
- Application of the ICD to Dermatology
- Application of the ICD to Paediatrics
- Application of the ICD to Rheumatology and Orthopaedics (ICD-R&O)
The Family of International Classifications: Reference Classifications
Purposes of the WHO-FIC

- conceptual framework of information domains for which classifications are, or are likely to be, required for purposes related to health and health management;
- set of endorsed classifications for specific purposes defined within this conceptual framework;
- facilitate the storage, retrieval, analysis, disaggregation, interpretation and exchange of data for individuals and populations and the compilation of internationally consistent data;
- improve health through provision of sound health information to support decision making at all levels, including to support financing of health systems (including case mix classification systems and general funding of health services); and to
- stimulate research on health and the health system.
• based on sound scientific, taxonomic and ontological principles
• culturally appropriate and internationally applicable
• focus on the multi-dimensional (bio-, psycho-, social-) aspects of health
• meet the needs of its different and varied users
• reflect current knowledge while providing relative stability over time
• enable derivation of summary health measures
• provide a platform for users and developers
• be compatible with the use of information from electronic health records and terminologies such as SNOMED CT.
Interactions between the components of the WHO bio-psycho-social model of health

Health condition
(disorder or disease)

Body Functions and Structures  Activities  Participation

Environmental factors  Personal factors
Interactions between the components of the WHO bio-psycho-social model of health

Health condition
(disorder or disease)

Body Functions and Structures

Activities

Participation

Health status

Functioning

Health

Environmental factors

Personal factors

Determinants: including health interventions
The model provides conceptual underpinnings for the WHO-FIC
International Classification of Functioning, Disability and Health (ICF)

→ The WHO framework for measuring health and disability at both individual and population levels
  → a classification of health and health-related domains
  → includes a list of environmental factors (facilitators for or barriers to functioning)
  → Personal factors are identified as additional contextual factors

A standard way of conceptualising functioning, disability and health, and a standardised language and terms to be used for describing the concepts

Use of qualifiers assists with use in measurement
WHO-DAS-2 is a frequently-used derivative (Disability Assessment Schedule)
International Classification of Health Interventions (ICHI)

Under development since 2007

The aim is to meet many use cases including

• international comparisons
• providing a classification for countries that lack one
• supplying additional content for national classifications focused on medical and surgical
• support global initiatives such as the Sustainable Development Goals
• provide an information base for work on health system performance and patient safety.

Incorporates a broad definition that encompasses interventions for treatment and prevention provided by all types of providers across the entire health system, ranging from individual clinical interventions, through behavioural and educational interventions to public health interventions.

ICHI contains a wide range of new material not found in national classifications. It describes health interventions using the three axes of Target, Action and Means. Users may choose to record a range of additional information using extension codes.
International Classification of Health Interventions (ICHI)

Target
Entities on which the action is carried out. Includes: anatomy, human function, person or client and group or population.

Action
A deed which is done by an actor to a target during a health care intervention. Includes: investigation, treating, managing and preventing.

Means
The processes and methods by which the action is carried out. Includes: approach, technique, method and sample

Three main sections (based on ICF domains)
1. Interventions on Body Systems and Functions
2. Interventions on Activities and Participation Domains
3. Interventions to Improve the Environment and Health-related Behaviour
International Classification of Diseases (ICD)

Existed since late 19th century – started as International List of Causes of Death

WHO since 1948

• 10th revision in 1990
• 11th revision to be released in 2018

The foundation for the identification of health trends and statistics globally – monitoring causes of deaths and morbidity, and driving healthcare funding arrangements

Defines the universe of diseases, disorders, injuries and other related health conditions

ICD-11-MMS (ICD-11 for Mortality and Morbidity Statistics) will in practice be the ICD reference classification
ICD-11 revision

Began in 2007
Online systems for submissions and to make draft available

First phase focused on updating medical and scientific content
• Clinical Topic Advisory Groups provided content

External review of the process in early 2015
WHO response was to switch focus to the structure of the classification for the second phase
• Joint Task Force has provided advice (mortality and morbidity uses)
• Field testing (morbidity and mortality)
• Seeking comments from countries
• Revision conference in October 2016, Tokyo
Features of ICD-11

Foundation component
E-health ready

New chapters
Updated clinical content and enhanced detail
Clusters (to group codes eg aetiology and manifestation)
Post-coordination (for detail to be added to a main code)
Safety and quality use
Browser
Coding tool (index)

Multiple ‘tabular’ lists possible, eg for primary care, specialty care
Features of ICD-11: new chapters

Conditions related to sexual health
• Including sexual dysfunctions, sexual pain disorders, gender incongruence

Traditional medicine conditions
• Based on East Asian traditions

Supplementary section for functioning
• Summary material from ICF

Extension codes
• Eg severity scales, chemicals and drugs, detail of anatomy, details for causes of injury
Structured information to record health-care associated harms:

- The nature of the harm (injury or poisoning, usually)
- Mechanism or cause eg type of drug or procedure involved
- Mode eg cut, burn, failure of sterile precautions, device failure
- ‘Condition onset flag’ information

Replaces difficult-to-use sections in ICD-10

Backed by extensive background work and trials, reported in the peer-reviewed literature
ICD-11 Chapter 6: Mental, behavioural or neurodevelopmental disorders

Description

This chapter includes mental and behavioural disorders, which are recognizable and clinically significant psychological or behavioural that are associated with distress or interference with personal functions. The chapter also includes neurodevelopmental disorders, which involve significant difficulties in the acquisition and execution of specific intellectual, motor, or social functions that arise during the developmental period.

Exclusions

Acute stress reaction
Uncomplicated bereavement
Sleep-wake disorders
Sexual dysfunctions
Gender incongruence
ICD-11 Browser

http://apps.who.int/classifications/icd11/browse/l-m/en#/

AIHW
ICD-11 coding tool

### Australian member state feedback to WHO

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<td>Guidance on post-coordination</td>
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*Congratulations and more work/clarification requests*
Where to next with ICD-11 and Australia?

Field testing

Strategic planning: engage a consultant to talk to stakeholders (public and private sectors)

Build on work of the AHCAC on features and benefits, implementation issues for AHMAC

Enhance connections and collaboration with international colleagues

Information dissemination to stakeholders

When would it be implemented in Australia? Mortality? Morbidity? Mental health? Australian modification/implementation?

What about ICHI?
How is this relevant to mental health services planning?

Potential for more detailed, clinically up-to-date and interpretable information
Potential for better leverage off e-health, and better international comparability
Potential also for ICHI? Relationships with DESDE-LTC?

Use of Family as conceptual underpinning for integrated information systems?

Australian Health Classifications Advisory Committee as a model for bridging between technical and policy worlds?
Thank you

www.youtube.com/watch?v=tZFcoYfnwiM&feature=youtu.be