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Institution Name Regional Central Health Directorate

Name of the relevant department, unit, section or area of the institution

Classification Area, General Directorate

City Udine

Country ITALY

Reference ITA-85

Title WHO Collaborating Centre for Family of International Classifications

Report Year 07/2010 to 07/2011

1. Implementation of the work plan. For each main activity briefly explain how the activity was implemented, the outcome and impact and, if available, the results of the evaluation (e.g. evaluation of a course by the participants). Also explain difficulties (if any). Do not provide technical results in this form (technical results, if applicable, are to be sent directly to the WHO Department you work with).

Activity 1 Promote development and use of WHO-FIC

Explanation

The Italian CC has carried out several activities related to the implementation of WHO FIC in the health information systems pursuing two different strategies: a) giving support and sharing knowledge and products with the institutions and research groups involved in the sector; b) trying to continue and promote new research projects in the field. In particular:

WEB APPLICATION FOR ICF BASED EVALUATION. The alpha version of a new web application was developed by CC headquarter using ICF-CY and other medical terminology systems as a basis for a flexible standards-based bio-psycho-social record. Conceptual design and implementation of a minimum dataset for individual records were developed in accordance with an ad hoc bio-psycho-social evaluation protocol tested in more than 1,300 Italian outpatients during the last three years. The application includes an information model and a description model. Extensions are provided for the ICF-CY categories of Environmental Factors (EFs), which are too broad for a precise description of the interaction between an individual and his/her surrounding environment, and for individual care planning purposes. To create a suitable bio-psycho-social lexicon, information is aligned with a terminology collection containing ICF-CY, ISO9999 (1998), national nomenclatures of medical products, and social and health intervention vocabulary. A proposal of an HL7 CDA2 specification of representation of the records will be defined following the model of specification proposals for health records approved by national bodies. The first field trial started on March 2011 and is ongoing in the Friuli Venezia Giulia Region, implementing the regional Health and Social Action Plan 2010-2012.

ICF MACHINE. In order to foster application of ICF selected subsets in information systems, including checklists, questionnaires and core sets, we first devised a concise representation in XML format based on the ClaML standard. As a second step, a web-based prototype has been designed and developed to automatically produce HTML web forms, whose items are elements of the selected set. The prototype, called ICF Machine, allows for data collection based on such forms. The application has been developed in PHP, using the open source database MySQL on a Ubuntu Linux server. The web application has been tested on 17 different selected sets and two ICF translations. Being only a prototype, the application has limitations for its practical usage in routine work, however it proves the feasibility of developing a generic tool for ICF data collection based on formally defined ICF subsets.

SOFTWARE FOR ICF PROFILING. Support has been provided for the development of a software aimed at collection of an ICF profile, to be used by the Spinal Unit of the Physical Medicine and Rehabilitation Institute in Udine, Italy. The software is a desktop application for Windows computers, and allows for collecting data based on the Chronic SCI core set, with the possibility of choosing codes from the whole ICF too. The software is being used in a study on long time SCI persons.

ICD-10 IN REGIONAL CLINICAL SETTINGS. Upon request of the Piemonte Region, a support programme has been scheduled autumn 2011 to spring 2012, on the introduction of ICD-10 to code morbidity in neuropsychiatry and psychology settings and in related regional information system. The programme is aimed also to design a methodology of diffusion of the basic principles of ICD-10 to other professionals and will be a first structured introduction of ICD-10 in Italy, although in a limited setting (Lucilla Frattura and Francesco Gongolo).

ICD-10 IN ALBANIA. With the coordination of WHO-HQ, the WHO Regional Office for Europe asked the Italian WHO-FIC Collaborating Centre to render available expertise to the Albania WHO-Country Office in order to carry out strategic evaluation, planning and training activities for the implementation of ICD-10 at national level. A first preliminary mission to Albania was undertaken by a classification expert of the Italian CC (Francesco Gongolo) in order to evaluate the ICD implementation strategies in a country that at the moment is undergoing a wide process to realize an information and communication technology environment in order to enhance the quality of health care and ensure the availability of data in an integrated system.

ICF IN REGIONAL PLANNING. The Health and Socio-Health Action Plan of the Friuli Venezia Giulia Region 2010-2012 states that disability evaluation has to be made at community level by multi-professional assessment teams and to be performed by means of ad hoc protocols based on the language of ICF. Lucilla Frattura heads the team supporting Region in order to automate the retrieval of health and social information from the vertical information systems of the services; to lay the basis for the development of the electronic biopsychosocial record; to collect data for evidence-based health and social planning. (CC staff involved: Giovanni Bassi and Andrea Simoncello).

Activity 2 Contribution in development of methodology for the use of WHO-FIC

Explanation

ONTOLOGICAL STRUCTURE OF ICF - The Italian CC is still strongly supporting the project related to the development of the ontological structure of ICF (Onto-ICF). As a preliminary step, a complete analysis of relationships inside the Activities and Participation component of ICF, and a mapping of ICF categories to SUMO concepts have been carried out. The results have been submitted as a paper to the Journal of Biomedical Semantics, and have been accepted with modifications, now waiting for re-review. Another study in this area, carried out together with the MURINET project, regarded also the usage of SWRL (Semantic Web Rule Language) in mappings, and is being published by the American Journal of Physical Medicine and Rehabilitation. An introductory lecture on these topics has been presented by Vincenzo Della Mea in a seminar at the University of Luzern, Switzerland.

ICF-SNOMED MAPPING. Among its contents, ICF provides for a classification of body structures, which are anatomical parts of the body. On the other side, SNOMED-CT provides for a number of terms related to anatomy, and in particular, for what regards the ICF structures, the most interesting subtree is constituted by the Body system structure concept. Thus, we started an exploratory mapping of ICF-CY body structures to SNOMED-CT Body system structures, with the aim of understanding the overall intersection of both terminologies, starting from exact correspondence between terms. As expected, a fair number of ICF-CY classes related to body structures can be mapped towards SNOMED-CT terms.

TOOL FOR TRANSLATION. A tool has been realized for remote management of the translation and adaptation of the classifications was presented at the meeting in Toronto (October 2010) to share a methodology that actually allows the coordination of large groups of people working in different places and institutions on the revision of the translation of a classification.

Activity 3 Support

Explanation

The network of institutional subjects that support the activities of the WHO-FIC Italian CC continues its collaboration with WHO-FIC.

CLaML VERSION OF ICD-10. The update of the CLaML version of ICD-10 was realized according to the WHO HQ staff observations and the identification of the errors using dedicated tools (eg: CTK) was made (Andrea Simoncello).

EIC. Collaboration with Education Committee has been going on along 2010 through several conference calls after WHO's decision to merge EC with IC. Strategic work plan has been re-done according to new guidelines from WHO. Two sessions were organized and there was the merge the IC with Education Committee. Matilde Leonardi has been involved in all the merging activities until Toronto elections for new chairs and has been supporting the new chairs in the first period. Monica Pace and Andrea Martinuzzi contributed to the general discussion, revision of documents, and they attended teleconferences. Matilde Leonardi attended the mid year activities of the EIC in Budapest (March 2011). She presented the Final Version of the ICF Implementation Database to all EIC members and it was agreed, after incorporating some minor comments, that together with Dutch WHO CC (Huip Ten Napel) this could be the part one of a set of two instruments for monitoring the ICF implementation in the world.

FDRG. Matilde Leonardi is co-chair of FDRG-ICF and Ethics. the final ANNEX 6 with proposed modification developed within the MURINET research project by Bioethics Centre of Catholic University for WHO evaluation and integration has been presented and approved by FDRG members. WHO will follow up further development of this chapter. Andrea Martinuzzi has contributed to the general discussions and revision of working papers.

ITC. Vincenzo Della Mea and Andrea Simoncello participated to the committee activities by bringing their own work done at national level to the audience attention, and in particular the OntoICF project, the ICFMachine software and its related implementation profile proposal for ICF selected sets. At the Toronto meeting Vincenzo Della Mea was appointed secretariat.

UPDATE AND REVISION COMMITTEE - In the timeframe July 2010-October 2010 the Italian CC has continued to support the ongoing process of ICF update on the items coming from the ICF-CY. As a

first output, during the Toronto annual meeting 13 updates were approved by the URC. Furthermore, to better streamline the process of update, the Italian co-chair of the URC joined the works of the Initial Review Group, participating in the monthly teleconferences of the group in order to define the work steps and to recommend the respect of the deadlines. The update platform has been monitored in order to report on the advancement of the work and to send reports to Initial Review Group and FDRG on the status of the proposals. The platform has been managed accordingly. Another output of this activity is the draft workflow diagram that has been presented and discussed at the FDRG mid-year meeting of Sydney in June 2011. Workflow and timelines will be presented at the annual meeting as the result of a further discussion involving the 4 co-chairs of URC and FDRG together with WHO-HQ.

COLLABORATION ON THE ICD-11 DEVELOPMENT - The collaboration of Francesco Gongolo with WHO-HQ, based on specific TORs and entirely funded by the Italian CC, continued for the period July 2010 – June 2011 (both remotely and, for 70 working days, at WHO-Geneva). The activities in which he has been involved are the following:

1. Refinement of Workflow and drafting of the standard operating procedures for ICD-11 revision;
2. Participation to the review of different TAGs' and WGs' proposals;
3. Preparation of the preliminary paper on ICD-11 Volume 2 outline and requirements for an update platform.
4. Editing and reviewing of the different versions of documents supporting the revision process: Consideration on multisystem disorders; Considerations on Multiple coding
5. Preliminary considerations on primary care linearization (comparison of GBD, German primary care and other possible sources to be considered for a primary care linearization)
6. Development of iCAT: feed-backs via iCAT-users' Google group or by reports directly to the Stanford-team on the issues and bugs emerging with the use of the tool;
7. Participation in the refinement of the procedures of public commenting of the alpha browser
8. Preparation materials on the content model (Poster), for the classification expert working sessions at the 2011 TAG HIM meeting
9. Entering and reviewing definitions in iCAT according to the priorities indicated by WHO-HQ (Infectious diseases, rare diseases, diseases of pregnancy childbirth and puerperium, diseases of the digestive system, factors influencing health status and contact with health services).
10. Participation in the TAG functioning: Review of the Guidelines on how to populate the functional properties in iCAT
11. Interns supervision: generic introduction on classification and health information, ICD, organization of the revision of ICD; planning and monitoring working sessions on definition making; introduction to iCAT and supervision on iCAT use
12. Participation in Face-to face meeting as classification expert: Icamp 2 and RSG meeting (27 September – 1 October 2010 in Geneva, Switzerland): training sessions on ICAT, evaluation sessions, plenary; Software development meeting (11-14 April 2011 in Geneva, Switzerland) participation as a classification expert in the software development working sessions.

MRG. Monica Pace has contributed to the general discussions and revision of documents.

FDC. The Italian CC participates in the effort of the WHO-FIC Network to develop a third reference classification the International Classification of Health interventions. Members of the Italian CC (Francesco Gongolo and Andrea Martinuzzi) participated to the 2011 Workshop on ICHI, organized by the WHO-FIC Family Development Committee in Sidney Australia and aimed to develop content and to refine the axes of this classification. As output of this work, two chapter of ICHI were drafted by the Italian participants to the workshop, who have also attended to the FDC 2011 midyear meeting, held in Sydney in the following days.

WHO WORLD REPORT ON DISABILITY. Matilde Leonardi has been revising, upon WHO request (DAR Unit), the WHO World Report on Disability, in particular chapter 2, as well as the section in which the results of MHADIE project (that used ICF) have been presented. The results of the work supported by funds of the Besta Institute, meta-analysis of all disability surveys in the world, have been also published and acknowledgement of the support given by Matilde Leonardi's assistant was recognized in the foreword.

Activity 4 Develop education and training material.

Explanation

ICF TRAINING - An intensive training activity on ICF was held in Friuli Venezia Giulia Region. March-June 2011: the first four training courses (42 hours) on ICF based evaluation tools, targeted to more than 120 health and social professionals aimed to introduce an ad hoc regional disability evaluation protocol (Trainer: Lucilla Frattura); a second step is planned September-December 2011, aimed to verify the correct use of the evaluation protocol and to support the correct ICF use.

Italian CC take a lot of training courses on Programme ICF 4 (Italian Ministry of Labour, Italia Lavoro) in the timeframe September 2010 - July 2011: 130 hours of training on coding and back translation in 11 Italian provinces, to more than 300 professionals (Trainer: Lucilla Frattura); On September 2010, two basic training course (28 hours) has been taken by Andrea Martinuzzi.

May-July 2011: a thirty hour class at the University of Udine, on the use of ICF for quantitative evaluation in rehabilitation (Professor: Lucilla Frattura; fifteen residents; Degreee on Rehabilitation Sciences);

Disability Manager University Course has been organized by WHO CC RB Besta in collaboration with Bioethics Centre at Catholic University, based on bio-psychosocial model of ICF the 3 weeks training intensive course develops new ICF based professional skills for professionals in the fields of health, welfare, labour, education, policy, environmental architects, bioethicists. 40 new case managers were trained in 2011.

During 2010-2011, some members of the Italian WHO-FIC CC participated to the international trial of the ICF-self learning module, launched by the WHO in collaboration with the German CC.

A lecture on WHO-FIC has been given by Vincenzo della Mea and Francesco Gongolo to thirty residents in Public Health and Epidemiology at the University of Udine, Italy, as part of their curricular courses.

Activity 5 Develop reasearch

Explanation

ICF AND STUDENTS WITH DISABILITIES. Italian National Institute of Statistics has released the first results of the survey on students with disabilities in primary and lower secondary schools (public and private) for the school year 2009-2010. The survey response rate for was 89%, for a total of 23,451 schools participating in the study. For the first time the ICF classification was introduced in a statistical survey conducted at national level. The ICF was used to describe the specific needs of students with disability, completed by a description of the environment in terms of buildings accessibilities, staff and technologies. The survey collected information on 5.600 students with disability and the questionnaire was filled by the learning-support teacher.

The main research projects related to the use of ICF that has been developed and continued in 2010 by the Besta CC Research branch regarded:

-the use of ICF in evaluating health and disability in children with AIDS in Mozambique, papers were published on activity of previous year.

-the use of ICF in evaluating health and disability in a Center for Rehabilitation Therapy in Albania

-the coordination and participation to the EU COURAGE project (Collaborative Research on Aging in Europe) that aims to conduct a comparative study on health and health related outcomes for an aging population in three different European countries (Spain, Finland and Poland) with high rates of aged people. The role of welfare organizations, social and health policies and other environmental factors in the quality of aging, will be evaluated using assessment tools based on ICF

-the participation to the EU RICHE project (Research Into Child Health in Europe) that aims to implement a process to find gaps in European child health research. This project use ICF to shift from a categorical, impairment-based approach to a continuum approach where disability is measured as a level of functioning in multiple domains.

-The participation in EU Paradise Project, contributing to the development of an ICF Based evaluation instrument of psychosocial problems for people with brain disorders.

ICF AND PERSONS WITH CHRONIC SPINAL INJURY. Life expectancy for persons with chronic spinal cord injury (SCI) increased in the last three decades, driving toward an increase of years lived after injury. Health status of persons with chronic SCI is not yet well studied. We examined consecutive chronic SCI patients who regularly received care and rehabilitation therapy at the Progetto Spilimbergo, a tertiary rehabilitative centre of regional Spinal Unit Department. The study group was composed by 11 women and 38 males (26 paraplegic and 23 tetraplegic), mean age was 54.4 years, with on average 17 years since injury. 32 subjects had ASIA A grading, 4 ASIA B, 13 ASIA C. ICF

codes were assigned starting from the Brief Core Set, with the possibility provided by software of adding codes from the complete set and from the whole ICF. The patients were evaluated with a computer program specifically developed to embed the Chronic SCI ICF Core Set.

NATIONAL CALL ON DISEASE PREVENTION AND HEALTH PROMOTION PROGRAMME (CCM 2011): Italian WHO-FIC CC has been submitted three projects which were considered congruent with the call requirements. The first was submitted by the CC headquarter and aims to produce cost-effective evidences on care of persons with chronic conditions using an ICF based evaluation protocol (Lucilla Frattura is the scientific leader), the second was submitted by the WHO-FIC CC Medea Research branch (Andrea Martinuzzi is the scientific leader), in the last, which aims to introduce ICF based evaluation protocol at the referral, the Italian WHO-FIC CC headquarter is in partnership with three Italian Regions.

DIFFUSION OF RESEARCH RESULTS AND PUBLICATIONS (selected papers)

Francescutti C, Simoncello A, Tesio L. (Edt) Proceedings of What is disability? UN convention on the rights of persons with disability. Eligibility criteria and the International Classification of Functioning Disability and Health, BMC, Volume 11 Supp 4, May 2011

Francescutti C, Gongolo F, Simoncello A, Frattura L. Description of the person-environment interaction: methodological issues and empirical results of an Italian large-scale disability assessment study using and ICF base protocol, BMC, Volume 11 Supp 4, May 2011

Leonardi M, Ayuso-Mateos JL, Bickenbac JE (Edt.). From functioning and disability measurement to policy development: the experience of the EU-MADHIE Project. (Measuring health and disability in Europe: supporting policy development). Disabil Rehabil, 2010; 32(S1), 2010

Cerniauskaite M, Quintas R, Boldt C, Raggi A, Cieza A, Bickenbach J, Leonardi M. Systematic literature review on ICF from 2001 to 2009: its use, implementation and operationalisation. Disabil Rehabil, 2011; 33(4) 281-309

Della Mea V. A review on pathology report coding practices. Pathologica, 2010, 4(102): 213 - 214

Andronache A, Simoncello A, Della Mea V, Daffara C, Francescutti C. Semantic aspects of ICF: towards sharing knowledge and unifying information. American Journal of Physical Medicine and Rehabilitation, 2011, in press.

Della Mea V, Simoncello A. An ontology-based exploration of the concepts and relationships in the Activities and Participation component of the International Classification of Functioning, Disability and Health. Journal of Biomedical Semantics, 2011, under re-review.

PAPERS AND POSTERS PRESENTED AT THE WHO-FIC NETWORK ANNUAL MEETING, Toronto, Canada 16 - 22 October 2010

Grippo F, Cinque S., Pennazza S., Porziani N., Pace M. ICD-10 coding for causes of death: survey on the quality and effectiveness of training in Italy. How to improve data quality?

Gongolo F, Simoncello A, Andronache A, Francescutti C. iCAT as collaborative working platform for ICHI: first impressions after its use for the ICD-11 Alpha draft.

Vidoni M, Fioresi V., Simoncello A, Della Mea V. ICF Core Set Machine: ClAML representation of core sets and automatic generation of data entry web forms.

Della Mea V, Simoncello A. Analysis of relationships in ICF using an upper level ontology.

Solipaca A, Battisti A, De Palma E, Sicuro L. Revision of Italian disability statistics according to the ICF conceptual and semantic framework.

Gongolo F, Simoncello A, Francescutti C. New tools for translation in a collaborative web environment.

Francescutti C, Frattura L, Troiano R, et al. Disability certification reform in Italy. Preliminary results of the application of an ICF based evaluation protocol on 1051 persons with disability.

Leonardi M, Meucci P., Raggi A., et al. The description of severe disability through an ICF-based approach.

Leonardi M, Invernizzi V, Lembo R, et al, Functioning and disability in Vegetative State and in Minimally Conscious State: a national study.

Leonardi M, Lembo R, Officer A, Kostanjsek N2 Gaps in disability prevalence between World Health Surveys, census and surveys in WHO regions: linking data to ICF domains

PRESENTATION AT SCIENTIFIC MEETINGS

Frattura L. Use of the International Classification of Functioning, Disability and Health (ICF) as a conceptual framework and common language for disability policies and statistics. European Seminar

The EU Disability Strategy 2010-2020: New impetus for regional employment policies and the implementation of the UN Convention on the Rights of Persons with Disabilities. 16 June 2011 - Valencia (Spain)

Pinzini C, Marin D, Della Mea V, Zampa A. Use of ICF core set on a sample of 49 subjects with chronic spinal cord injury. In: Proceedings of XI Congress of European Federation for Research in Rehabilitation, Riva del Garda, May 2011.

Russo E., Petacchi E, Martinuzzi A. Rehabilitation program through ICF CY in children with brain tumor. Proceedings of European academy of childhood disability Roma dal 8-11.06.2011

Russo E, Petacchi E, Martinuzzi A. Neuropsychological rehabilitation in severe traumatic brain injury (TBI) in children: from the medical to the biopsychosocial model (ICF CY). Proceedings of XI Congress of European Federation for Research in Rehabilitation - Riva del Garda, 26-28 maggio 2011

Pasqualotti S, Carraro E, Martinuzzi A. Assessing ICF-CY for projecting and programming rehabilitation in a neuropsychiatric hospital unit Proceedings of XI Congress of European Federation for Research in Rehabilitation - Riva del Garda, 26-28 maggio 2011

Activity 6 Maintain Italian language edition of ICF.

Explanation

The Italian Ministry of Health confirmed to the Italian WHO-FIC CC the office to develop and maintain the Italian Portal of Classifications until 2013. More than 200 logged users requested for the electronic version of ICF in Italian. In order to facilitate the possibility to propose amendments and modifications to ICD and ICF by Italian users, within the wiki environment of the Italian Portal of Classification, have been developed different web forms following the structure of the WHO updates platforms. The basic idea is to provide a preliminary filter and selection on the proposals evaluating and improving as best as possible those suitable to be uploaded in WHO platforms. A first draft of the translation into Italian of the WHO-DAS II manual was made at the end of 2010.

Activity 7 To promote and support

Explanation

INTRODUCING ICF AT THE ASSEMBLY OF EUROPEAN REGIONS FOR MONITORING UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (UNCRPD). The Italian WHO-FIC CC is still strongly supporting the use of the ICF in monitoring UNCRPD. Frattura take an introductory lecture on these topics at the European seminar The EU Disability Strategy 2010-2020: New impetus for regional employment policies and the implementation of the UN Convention on the Rights of Persons with Disabilities. 16 June 2011 - Valencia (Spain). An European project on this topics is to be going to submit to EU.

Activity 8 To collaborate with national authorities

Explanation

THE ITALIAN PORTAL OF CLASSIFICATIONS. According to a three year agreement (2010-2013) with the Department of the Health Information System at the Ministry of Health, Italian WHO-FIC CC develops and maintains the Italian Portal of Classification (www.reteclassificazioni.it).

ICD-10 IN ITALY. Upon national agreement between State and Regions, a three year project (2011-2014) was launched to introduce ICD-10 in Italy. A specific agreement is under construction between Italian Ministry of Health and Italian WHO-FIC CC to coordinate a national workgroup involved with ICD-10 implementation (Lucilla Frattura is appointed coordinator).

ICF AND THE EMPLOYMENT OF PERSONS WITH DISABILITIES (PROGRAMME ICF 4) . Upon a two year specific agreement, the WHOFIC Italian CC supports the National Agency Italia Lavoro (who acts on behalf of the Italian Ministry of Labour) in a new two year national programme named ICF 4 on the evaluation of functioning/disability of disabled persons in order to study the conditions necessary for their inclusion in a work setting and to include a study sample. Two ICF-based evaluation tools (Worker Assessment Protocol, Company Assessment Protocol) were developed. They are currently tested in 11 Italian Regions. A sample of 220 persons and 220 companies will be recruited and evaluated. More than 700 professionals were trained. The dedicated ICF-based worker assessment protocol was developed on the basis of the ministerial schedule for the evaluation of persons with disability and was set up starting from the protocol defined by the WHO-FIC Italian CC and tested in more than 1,000 persons in Italy under a previous national programme. The ICF based assessment company protocol represents a new way to analyse a work setting having in mind the principle that a successful placement depends on how a work place may be adapted.

ICF AND INTERNATIONAL COOPERATION. The Italian WHO-FIC CC offers consultancy to the Italian Ministry of Foreign Affairs for the use of ICF in Europe. A specific agreement is under construction.

ICF AND WORK-RELATED ACCIDENTS AND OCCUPATIONAL DISEASES. The Italian WHO-FIC CC offers consultancy to the Italian National Institute for work accidents and occupational diseases (INAIL) for the use of ICF in rehabilitation programmes. A specific agreement is under construction.

ICF AND EDUCATION: Lucilla Frattura is a member of a seven member technical national committee at the Italian Ministry of Education, Research and University aimed at supporting 95 Italian networks of schools under a national ICF programme. In the timeframe January-July 2011 more than 500 projects have been analyzed and 95 has been selected for funding.

NATIONAL TAG ON RARE DISEASES. The Italian National Institute of Statistics (Istat) has started in 2009 to collaborate with the Italian National Center for rare diseases (CNMR) established at the National Institute of Health (ISS) on the revision of the ICD-10 chapters on rare diseases, as proposed by the related topic advisory group (TAG). During the 2010 however, the network established has faced some difficulties due to the lack of exchange of ICD-10 chapters with proposed changes for revision and comments. The CNMR has declared in fact not having received new chapters for revisions after the initial phases of the collaboration established with the TAG on rare diseases. Several professionals have declared to be interested in participating to the ICD-10 revision process and did register to the CNMR mailing list to participate to the TAG activities under the CNMR coordination.

Activity 9 To present periodic reports on the Centre s activities

Explanation

The Italian WHO-FIC CC has regularly attended the WHO-FIC network meetings and events, presenting reports, posters and communications. The Italian CC is already defining its delegation at the 2011 Annual WHO-FIC meeting in Cape Town, according with the outcome of the redesignation as a WHO-FIC CC.

2. Other information related to the Collaboration between the centre and WHO. Briefly describe visits by WHO staff to the centre, visits by the centre staff to WHO (HQ and/or Regional Office), use of the centre staff by WHO, support provided by centre staff for courses cosponsored or organized by WHO (HQ and/or Regional Office), WHO financial support to the centre through contractual or Technical Services Agreement or other type of support provided by WHO, any other collaborative activities. Please mention any difficulties encountered in the collaboration and suggestions for increased and improved collaboration with WHO.

The Italian WHO-FIC CC maintains a close collaboration with the WHO HQ. During 2011 was involved with the redesignation as a Collaborating Centre for a further period of four years. The format with the new workplan has been submitted at the end of May 2011. All the activities have been agreed with the WHO HQ.

3. Collaboration with other WHO Collaborating Centres: Briefly describe the nature and outcome of the collaboration and the name(s) of the other WHO collaborating centre(s) with which the centre has collaborated. If applicable, please mention the name of the network of WHO CCs to which the centre belongs. Also include suggestions for increased and improved collaboration with other WHO CC

The Italian WHO-FIC CC has starting a collaboration with the Trieste WHO CC for Research and Training in Mental Health about the process of the 11th revision of ICD with particular focus to Primary Care. The grounds on which the collaboration will be carried out are the following: i) Organize a training event as introduction to the revision of ICD 11 (full immersion in the review process, targeted to learn basic mechanisms and tools of the review); ii) Assistance in learning how to use iCAT; iii) help to understand the mechanisms of production of the linearizations with special reference to primary care. Furthermore, with the ongoing works on ICHI the collaboration will be eventually extended to the development of a part of the classification on mental health interventions.