

ICD-11 and the "Factors influencing health status and contact with health services": a test of integration for the Family of International Classifications

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Abstract This poster represents a proposal for the restructuring of ICD-10 Chapter XXI within the ICD-11 revision process.

Introduction

ICD-10 Chapter XXI is used to record health circumstances that are related not a disease. These categories, coded with Z codes, contain a mix of concepts, including reasons for encounter, risk factors and interventions. The current scenario of the revision of ICD presents an opportunity to review the chapter and propose new ways The organising the content. Topic Advisory Group on functioning (fTAG) has the mandate of suggesting a new structure of the Z codes chapter starting from the alignment of the revised ICD and ICF but also taking into account all the possibilities given by the joint uses of the WHO-FIC.

Methods & Materials

After a preliminary meeting of fTAG cochairs with WHO a Z codes working group was formed. Background materials and briefing notes were made available and a work plan drafted. Current debate on Z codes and suggestions for change were collected through a search of scientific and through the commenting literature features of the WHO ICD-11 beta browser. The ICD-10 chapter XXI (current ICD-11 Chapter 23, Fig.1), exported in spread sheet format from the revision collaborative platform (Collaborative authoring tool, iCAT, Fig. 2), was taken as starting point for redrafting the chapter. The different blocks chapter XXI were reviewed in teleconferences, highlighting the relevance of the single classification entities in terms of their relevance as post-coordination categories of ICD-11, as contextual factors International Classification of Functioning Disability and Health (ICF), or categories of the International Classification of Health Interventions (ICHI, now under development).

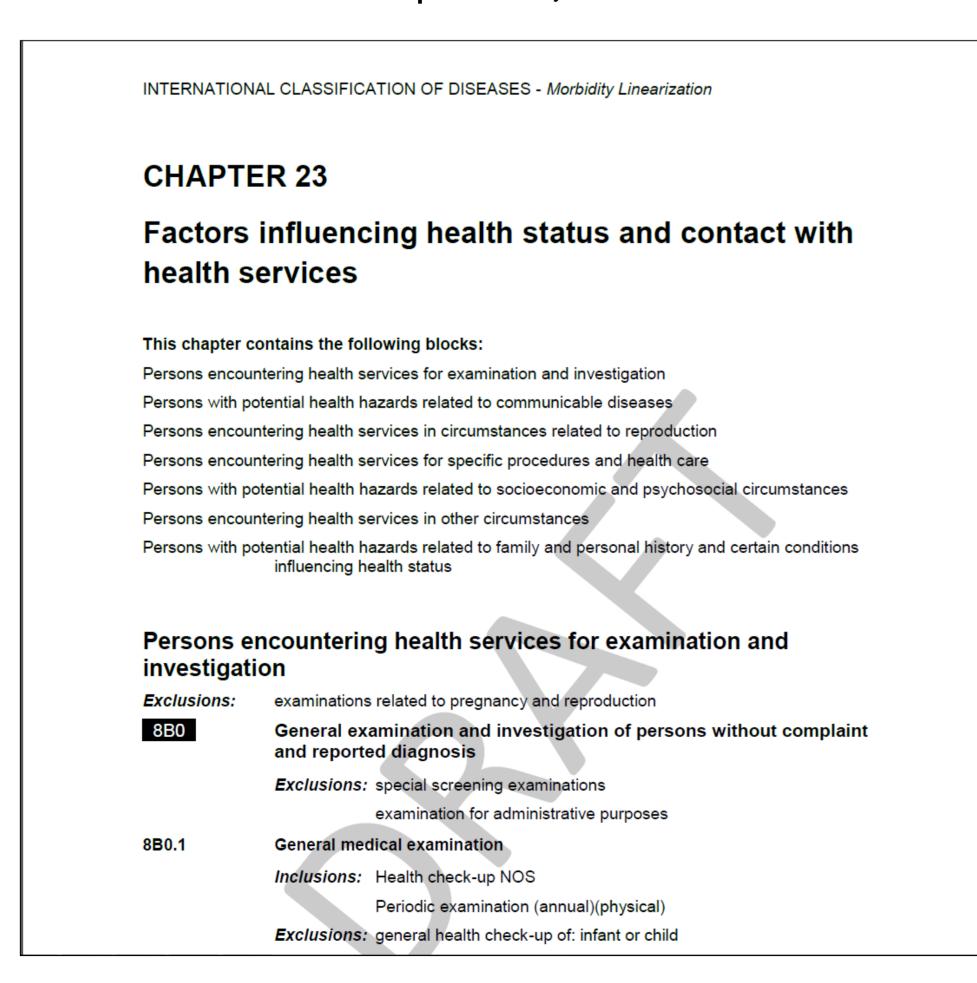


Fig. 1 – The Morbidity linearization of ICD-11 Chapter 23, former ICD Chapter XXI (June 2013).

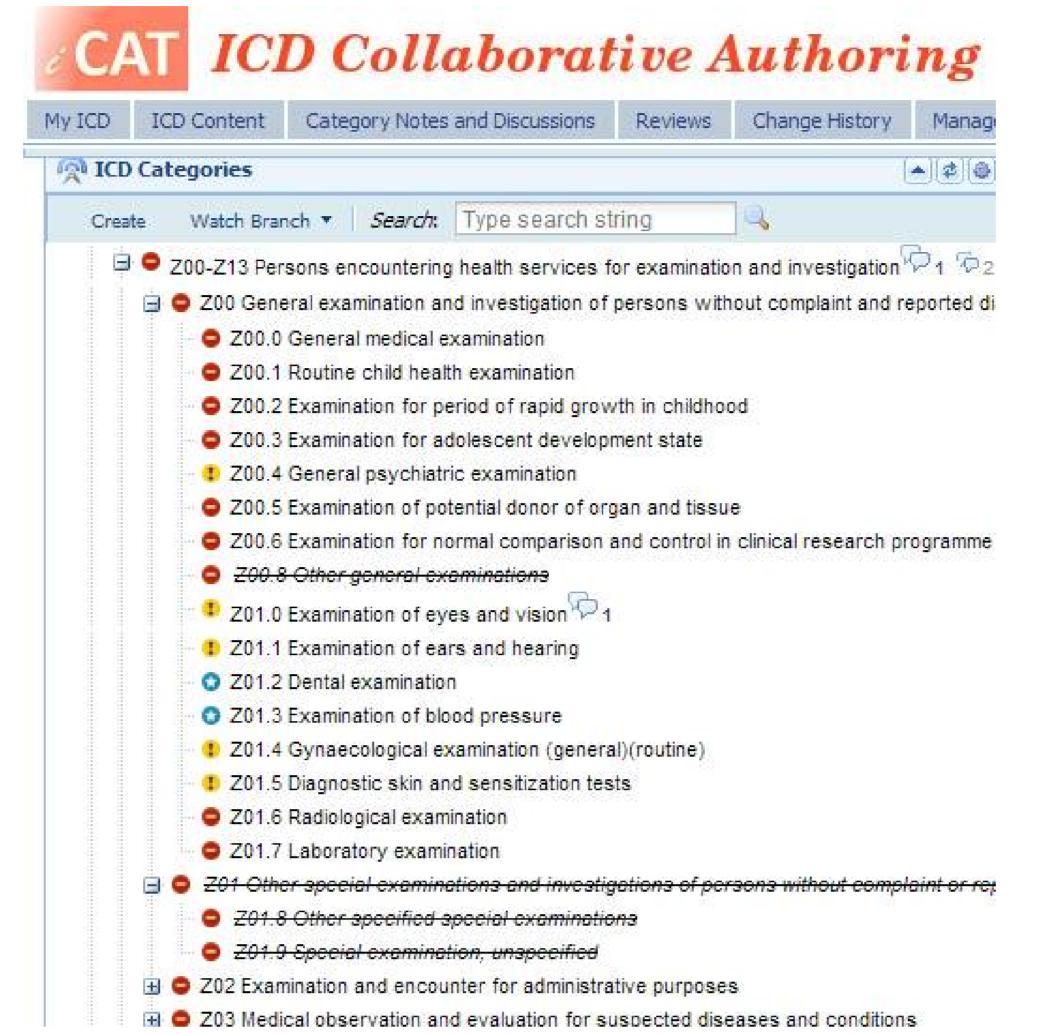


Fig. 2 – a screen shop of Z codes in iCAT (June 2013)

Results

Of the 801 ICD-10 chapter XXI categories considered in the analysis 158 ICD-10 categories relate to ICF contextual factors. regard the development integration factors personal classification is encouraged. A large group of categories (367) could be represented in an interventions classification. Classifications of devices and assistive technology are important extensions to these categories. The possibility offered by ICD-11 to postcoordinate dimensions such as "history of" would make redundant another 105 categories (see examples below in Tab. 1 and 2). For 171 categories alternative possibilities for ordering the concepts remain to be debated. Overall results are shown in Fig. 3

ICD-10 code and title

WHO-FIC

classification

ICHI/interventions

related+ ISO9999

		010001110011
Z51.0	Radiotherapy session	ICHI/interventions related
Z51.2	Chemotherapy session for neoplasm	ICHI/interventions related
Z51.3	Blood transfusion (without reported diagnosis)	ICHI/interventions related
Z73.1	Accentuation of personality traits	PERSONAL FACTORS
Z73.2	Lack of relaxation and leisure	PERSONAL FACTORS
Z73.3	Stress	PERSONAL FACTORS
Z73.4	Inadequate social skills	PERSONAL FACTORS
Z73.5	Social role conflict	PERSONAL FACTORS

Tab. 1 – Examples of Z codes and relevant WHO classifications

Presence of artificial

Z97.0

ICD-10 code and title		WHO-FIC classification
Z20.5	Contact with and exposure to viral hepatitis	ICD-11 post- coordination
Z20.6	Contact with and exposure to human immunodeficiency virus [HIV]	ICD-11 post- coordination
Z20.7	Contact with and exposure to pediculosis, acariasis and other infestations	ICD-11 post- coordination

Tab. 2 – Examples of Z codes as ICD-11 post-coordination dimensions

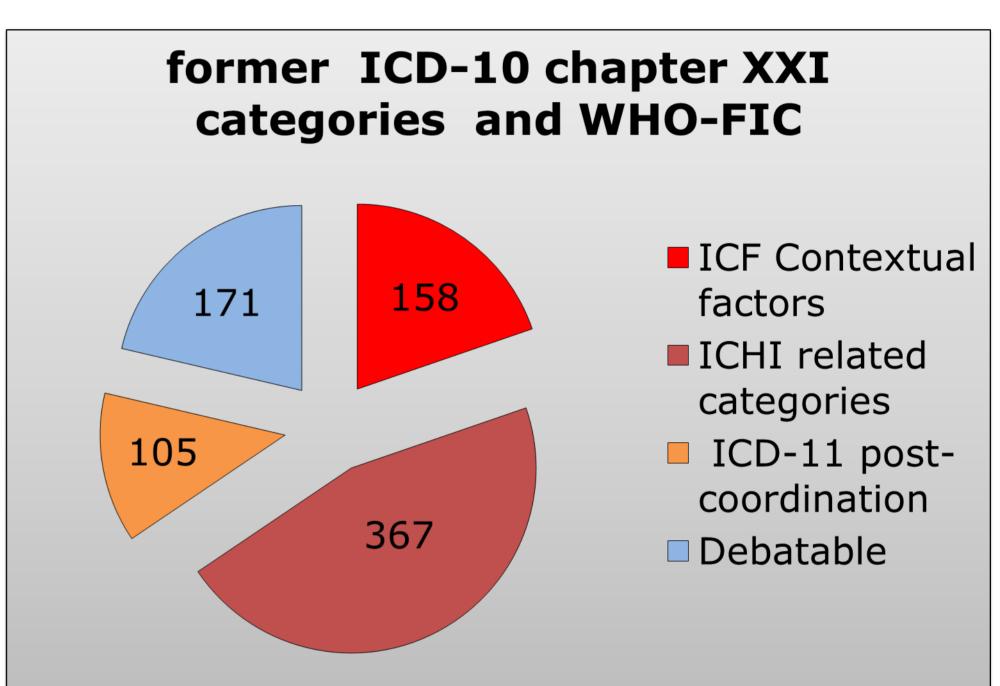


Fig. 3 – Overall possible reassignments of former ICD-10 Chapter XXI Codes

Conclusions

Revising the structure of ICD-10 chapter XXI in the context of development of ICD-11 offers the possibility of testing the actual integration of the Family of International Classifications in terms to effectively represent, beyond the disease, all dimensions of health. In order to achieve this task the fTAG highly values the involvement, through the collaborating centres, of experts in all WHO reference classifications.

Acknowledgements

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