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Institution Name Agenzia Regionale della Sanità

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

Health Information Systems, Standards and Coding Systems and Epidemiological Department

City Udine

Country ITALY

Reference ITA-85

Title WHO Collaborating Centre for Family of International Classifications

Report Year 07/2009 to 07/2010

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:

- a) A three year agreement (2010-2013) has been renewed with the Department of the Health Information System at the Ministry of Health regarding the support to the activities related to the international classifications, the development and maintenance of the "Italian Portal of Classifications" (www.reteclassificazioni.it) and the participation to the nation board for the development and implementation of the infrastructure and contents of the "national health record project";
- b) A rich and specific program of participation to seminars and congresses has been established to present the CC activities and the opportunities offered by international classification for the development of health information systems in different sectors. We stress particularly the participation of the Italian CC with its staff to the "Fourth National Forum on Risk Management" organized in Arezzo, by the Italian Ministry of Health, Labour and Social Policies in November 2009. Two presentations were given on the use of classifications in the national information systems and on the use of the ICF in the integration between health and social services in Italy.
- c) The Italian CC has strongly supported the project related to the development of the ontological structure of ICF (Onto-ICF) by means of a complete analysis of relationships inside the Activities and Participation component of ICF in comparison with existing ontologies. Such analysis has been submitted as a paper to the Journal of Biomedical Semantics, and has been accepted with modifications that included the tentative mapping towards SUMO. The already made mapping to SUMO has been revised and inserted into the above mentioned paper, submitted again and is now waiting for review.

A thesis has been assigned on the development of a prototype application that creates a web form for collecting ICF data, starting from core sets described in ClaML. We first devised an implementation profile in ClaML that allows for their concise representation in XML format, taking also into account the variants (i.e., brief and full). 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 core set. The prototype also allows for data collection based on forms. The application has been developed in PHP, using the open source database MySQL on a Ubuntu Linux server. 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.

- d) Report on alignment between the ClaML, I-cat and WHO Official pdf versions of ICD10 (2010 version) enlisting all the not perfectly matching entries in the three versions. The list of the mismatched entries were submitted to WHO staff to be previously approved and then emended directly into iCAT.
- e) The creation of a collaborative web based working environment, enabling an effective and efficient collaboration among different expertise for the revision of the Italian translation of ICD-10 cumulative updates 1996-2008, has allowed the coordination of a large group of experts involved in the process, via specific functions within the Italian portal of classifications, based on the extension of the wiki environment that supports the entire portal.
- f) The meeting of the Italian group of IT solutions developers continued regularly trying to identify the basic functions and rules for the implementation of ICF in electronic tools. The objective is to establish a consortium providing certification to the software that uses ICF as basis for data collection and data analysis. At the moment the group has 5 software producers (Anastasis, Erickson, Medea, Conecta, Insiel).
- g) At local level the Medea Centre, research branch of the Italian WHO-FIC CC, has to send to the Regional Health Office of the Veneto Region for both epidemiological and administrative purposes a proposal for a new information system on the Rehabilitation activities based on ICF components. The provisional grid has been agreed upon by all providers, and is in use since January 2010 in the Medea Centres in the Veneto Region as pilot test. This development entailed the inclusion of the whole ICD-10, ICD-9cm and ICF-CY in the electronic database of the Medea Centres in a format compatible with the applications used for registering the diagnosis and the rehabilitation program.

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

Explanation

As already mentioned a tool has been realized for remote management of the translation and adaptation of the classifications. The tool will be presented at the meeting in Toronto 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.

The Italian CC is continuing the project of ICF implementation to support the process of disability certification reform in Italy. The project, financed by the Ministry of Labour, Health and Social Policies, involve all the CC partners (ARS, ISTAT, BESTA and MEDEA research institutes).

A new agreement and collaborative project has been established with ItaliaLavoro the technical branch of the Ministry of Labour and Social Affairs for the development of the employment policies, including persons with disability. The agreement comes after 7 years of continuous collaboration in the implementation of ICF in functioning evaluation. An ICF training made by the Italian CC in 11 Italian provinces (from the North to the South of Italy) will start in the second half of September 2010. It was designed as the first phase of a project that will facilitate the use of ICF in the evaluation process and it will accompany a radical transformation of employment services for the persons with disability. The project will last two years.

At local level the Italian CC has defined formal collaboration with three Italian Regions, Piemonte, Marche and Toscana, in order to facilitate and guide the introduction of ICD10 in neuropsychiatric services and ICF based instruments in functioning evaluation.

Activity 3 Support

Explanation

The network of institutional subjects that support the activities of Italian Collaborating Centre, continues and strengthen its collaboration with WHO-FIC.

The Italian delegation at the WHO FIC Annual Meeting in Korea was involved in the activity of:

- EC (Andrea Martinuzzi, Matilde Leonardi, Monica Pace)
- ETC (Vincenzo della Mea)
- FDRG (Matilde Leonardi, Andrea Martinuzzi, Alessandra Battisti)
- IC (Matilde Leonardi, co chair)
- MRG (Monica Pace)
- MbRG (Francesco Gongolo)
- URC (Carlo Francescutti, co chair, Raffaella Troiano, secretariat)
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The members of the Italian CC have participated also to the mid year activities of the FDRG in Madrid (June 2010);
MBRG and MRG in Cologne (March 2010);
Council meeting in Geneva (April 2010).

UPDATE AND REVISION COMMITTEE (URC)

A specific activity related to the update and revision of ICF has been supported. The activity, which started after the October CC meeting of Seoul, allowed the field test of the online platform for ICF update and revision, and culminated with the re-assembly of the ICF-CY work group (completely supported by Italian CC) the at the WHO Regional Office in Venice on march 25-27. The output was the upload on the platform of all the changes introduced by the group in the ICF-CY as proposals for update of the ICF main volume, plus the additional proposal of new modifications which now are supposed to run through the various layers of review and approval. The Italian CC will continue to provide the support for the URC secretariat.

The Italian CC was also involved in the "iCAMP" held in WHO headquarters in Geneva in January 27-29th for the better definition of the functional rubric within the framework of the ICD-11.

MORTALITY REFERENCE GROUP (MRG)

There has been an active participation to the activities of the MRG. In particular, we have contributed to the general discussions and revision of documents. She has attended the mid-year meeting in Cologne where we have brought to the group the issue of multiple causes of death coding.

EDUCATION COMMITTEE (EC)

There has been an active participation to the activities of the EC. In particular we have contributed to the general discussions, revision of documents, participation to teleconferences and drafting of WHO-FIC information sheet on ICD. We have also attended the mid-year meeting in Cologne where we have

brought to the group the issue of multiple causes of death education.

MORBIDITY REFERENCE GROUP (MBRG)

The Italian Collaborating Centre collaborates takes part with its staff in the works of the Morbidity Reference Group. The contribution in the past year consisted in the participation at the WHO-FIC annual meeting in Seoul 2009 and at the mid-year meeting in Cologne, Germany 2010. In both cases the contribution was predominantly directed to the possible role of the group in the ICD 11 revision process and particularly in the definition of the coding rules. At a meeting in Cologne, a presentation was held on Combination Codes.

IMPLEMENTATION COMMITTEE (EC)

See "activity 7" report.

ELECTRONIC TOOLS COMMITTEE (ETC)

See "activity 1" report.

NATIONAL ACTIVITIES TO SUPPORT THE TAG ON RARE DISEASES

The Italian National Institute of Statistics (Istat) has collaborated with the Italian National Center for rare diseases (CNMR) established at the National Institute of Health (ISS) to the revision of the ICD-10 chapters on rare diseases as proposed by the related topic advisory group (TAG). These activities were organized in the framework of the activities of the research network associated to the Italian WHO-FIC CC. Beside, Istat has established a collaborative link between the CNMR and the network of regional experts on the use of ICD-10, either for the causes of death or for the neoplasm or other diseases registries. 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.

MEETING FOR THE TERMINOLOGY REFERENCE GROUP AND FDRG ON ICF ONTOLOGY

Two Italian CC experts participated in the meeting organized by WHO in Notwil in decembre 2009. A Meeting on "Ontological Developments of ICF" has been organised in Venice (completely supported by the Italian CC), 28-29 May 2010, where ITC members met together with external experts. Part of Venice results have been then presented during a special session of the FDRG meeting in Madrid.

COLLABORATION ON THE ICD-11 DEVELOPMENT: AVAILABILITY OF DR. FRANCESCO GONGOLO TO WHO, FOR THE REVISION OF ICD

The collaboration of Dr. Gongolo with WHO-HQ started on July 2009 and has been carried out both remotely and, for 70 working days until today, at WHO-Geneva. The activities in which he has been involved are the following:

1. Revision of the ICD 11 codes attributes: in order to first feed the content model of ICD 11, an extensive review was carried out on most of the chapters of ICD 11 (I-XIV, XIX and XX) in order to check the prefilled characteristics of the disease. Comments were made on an excel spread sheet of the classification in order to help TAG managing editors focusing the attention on specific classification issues.
2. Entering and reviewing definitions: more than 200 definitions were written and loaded into iCAT, mainly in the infectious diseases chapter, that was indicated as a priority area (frequent use, relevance to WHO) and was not covered by a specific TAG. In some cases the work was extended to the other characteristics of the content model. Revision was made of the previously imported definitions for congruency with the meaning of the relevant category of ICD. A report was made on the suitable methodology to use while compiling definitions taking into account content, preferred sources, style... More general comments were made on the necessity of using an index to track the references used while loading content into iCAT. Briefings and monitoring were carried out on the work done by WHO intern students on definition making.
3. Review of the pre-alpha version of different TAGs' and WGs' proposals:
 - a. Dermatology TAG: discussion of the hierarchical structure with TAG managing editor comparing morbidity and mortality rates of different diseases; revision of the added concepts, and of their position in the classification for matching the criteria of a classification element; loading part of the structure (three characters level), as provided by the TAG managing editor, into iCAT;

- b. Eye diseases TAG: revision, with medical and classification perspective, of the pre-alpha proposals of the TAG. A report was written to the managing editor with comments particularly regarding the compliance of new categories with classification criteria. The emended proposal was loaded into iCAT, redesigning the hierarchical structure that in the mean-time had been changed into the platform by other WG of the same TAG. A work methodology was reviewed directly via skype with TAG managing editor.
 - c. Rheumatology WG: work with the TAG Internal Medicine managing editor on the structure proposed by TAG experts; a report with comments was written to the WG.
 - d. Nephrology WG: review of the so far submitted proposals and production of report to TAG managing editor on the changes to the structure.
 - e. Haematology WG: revision of the proposal with particular focus on the structural changes, check of the overlaps between the provided proposal and the work already done by the TAG Rare Disease; a report was written and submitted to the TAG considering the TAG comments of their first interim report as well. Comments were made on the necessity of a clear definition of competency between TAG on overlapping chapters.
 - f. Gastroenterology and HPB: A complete review was made of the WG proposals (overall 10) and after a few rounds of comments, the proposals were entered into iCAT, using pre-existing categories, assuring backward comparability and consistency with the rest of the classification. Reports were written, in form of Google group posts, on the most suitable methodology for double parenting concepts in different chapters.
 - g. Cardiology WG: review, with medical and classification perspective, of the pre-alpha proposals for acquired and post-procedural abnormalities or disorders, congenital cardiac diseases, procedure related complications, diagnostic codes for symptoms and signs and foetal specific codes.
 - h. Neurology TAG: revision of the TAG work directly on the iCAT platform; emendation of changes to categories that were not compliant with classification criteria; briefings with the TAG managing editor to suggest and monitor the efficacy of a work methodology enabling to achieve the desired structure of the chapter without losing consistency and backward comparability of the classification (Report was produced and posted on the iCAT users' Google group, to the benefit of other TAGs).
 - i. Maternity TAG: the pre-alpha proposal for Pregnancy, childbirth and puerperium was reviewed; a first report with comments was sent to the TAG managing editor. A methodology for hierarchical changes was discussed both with face to face meeting with TAG experts and with a teleconference with the TAG managing editor;
 - j. External causes TAG: a feed list of External causes was prepared following a model, based on input by TAG External Causes
 - k. Neoplasms: for all of the above mentioned proposals, the related neoplasms were also reviewed and entered into the different chapters of iCAT using the a mechanism of double parenting.
4. ICD-ICF linkages:
 - a. Selection of domains, basic sets and expanded sets of ICF to be used in the Content Model has been addressed in the ICD-ICF iCAMP.
 - b. Assessment of the impact of a certain disease using ICF linkages: help was provided to the TAG managing editors on application of ICF to the content model of ICD. Brief overviews on the topic were given to the interns using the content model template to fill the iCAT.
 - c. Revision for consistency of the Content Model Specifications & User Guide.
 5. Membership to the TAG functioning group by appointment of WHO-HQ.
 6. Address specific problems emerging with the switch from ICD 10 to ICD11:
 - a. work on the former dagger and asterisk convention testing different solutions such as double parenting;
 - b. work on the "missing parent" of some categories.
 7. Revision of the pre-printout file of the ICD11-alpha draft: verification of the content and check of the basic formatting.
 8. Development of iCAT: feed-backs via iCAT-users' Google group or by reports directly to the HIM-TAG or to the Stanford-team on the issues regarding the use of the tool; testing the new features of the tool was performed whenever an update of i-CAT was implemented.
 9. Editing and reviewing of the different versions of documents supporting the revision process:
 - a. The Content Model Specifications & User Guide with particular regard to the actual alignment between iCAT and the designed Content Model;
 - b. WHO short guide to edit structure, from a classification point of view, with particular regard to Process for editing hierarchy and concepts on iCAT;
 - c. Questions and Answers to filling in the ICD-11 Content Model: focus on functional properties and on

the alignment between this document and the other papers supporting the revision process;

d. Generic and specific proposals from Dermatology TAG to be put to ICD-11 Revision Steering Group April 2010: the revision was made both via e-mail and directly in face-to-face meetings with the TAG managing editor.

e. iCAT glossary: revision for consistency with the other above mentioned documents.

10. Interns supervision: introduction to the Content model, presentation of iCAT, brief lessons on definitions making, explaining the content model template forms, identification of topics of interest to be addressed by the students, assignment of definitions, work supervision, review of the compiled content model template forms, revision of scientific papers and posters on definition making.

11. Participation in Face-to face meeting as classification expert:

a. ICD-11 Alpha Draft Training Meeting, so called Icamp 1 (22 September – 2 October 2009 in Geneva, Switzerland): as a classification expert, learning the tooling environment (how to populate the content and make structural changes), defining the workflows for the revision process;

b. ICD ICF iCamp (28-29 January 2010 in Geneva, Switzerland): working on the terminological and taxonomic alignment and contributing to the definition of dimensions and value sets of functional impact properties;

c. 2nd TAG HIM Face-to-Face Meeting (8-10 February 2010 in Geneva, Switzerland) supporting the work on functioning properties and contributing to the definition of a revision workflow;

d. Neurology TAG Face-to face meeting (18-19 February 2010 in Geneva, Switzerland)

Activity 4 Develop education and training material.

Explanation

ICF - TRAINING

The intense educational and training work on ICF continued in 2009:

In September 2009, the Italian CC, in collaboration with the Disability Italian Network and Edizioni Erikson (publisher of the Italian version of ICF, ICF-CY and ICF-related tools) organized the first National Conference on the implementation and utilisation of the ICF in Italy. Nenad Konstanjsek from Who-Geneva has been invited to open the event. The conference was attended by more than 500 researchers, clinicians and policy makers, and was the occasion for determining the impact of the ICF in Italy, as well as for appreciating how extended the ICF community in Italy was (with a workshop on "ICF in research and University" coordinated by Dr Matilde Leonardi and a workshop on Function and disability in neurological diseases presented by Dr Alberto Raggi).

During 2010, 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.

ICD-10 TRAINING

During 2009 the Italian National Institute of Statistics (Istat) has organized with the support of the Italian WHO-FIC Collaborating Center for the Family of International Classifications, the third training course (two of them were been done in 2009) on the use of the tenth revision of the International classification of diseases (Icd-10) for causes of death statistics (December, 13 trainees). The courses were organized in the framework of the activities of the research network associated to the Italian WHO-FIC CC. The training activity aimed also to respond to a need expressed by local operators of a diffusion of knowledge on Icd-10 for the use at sub-national level. In particular, the aim of the courses was to provide a practical knowledge of the coding rules for selection of underlying cause of death with the use of ACME decision tables. The two courses were held in Rome with a duration of forty hours of lessons and practical coding exercises in five days. The main focus was on the following learning objectives as identified from the WHO-FIC core curriculum for underlying cause of death (CoD) coders: 7. The International Classification of Diseases (ICD); 8. How to code; 9. Quality Assurance. In order to assure extensive participation, a mailing list of potentially interested institutions has been compiled; local health units, mortality and pathology registries and regional departments of health were invited. The courses were based on the international selection rules published by Who in volume 2 of Icd-10. Nevertheless, in order to take account of:

- the Icd-10 updates, as the Italian translation of ICD-10 is based on the first edition,
- the need consolidation of the criteria for assigning single codes to each reported condition (multiple causes coding),
- the consistent use of Acme decision tables,

an integration of volume 2 of Icd-10 has been prepared by Istat and distributed to trainees. These integrations were published in 2008 (with ICD updates up to 2005) and in 2010 (with ICD updates up

to 2009). The manual second edition was used in the December training course. The manual contained an extensive exercises section. Among material supplied to trainees, there were Acme decision tables, the practical use of which was part of the course. About 30% of participants were medical doctors involved in Epidemiology or Prevention territorial units, with executive position. Besides these, operators with different education (medical doctors, biologists, nurses) directly involved in coding for regional or local mortality and pathology registries participated. Operators coming from 13 out of the 20 Italian regions were trained: the more represented area was the North, (36% of the participants), followed by Islands (30%), South (25%), and Central Italy (8%). The analysis of the answers of an evaluation questionnaire submitted to the participants immediately after each training was very encouraging: subjects thought were generally indicated as "interesting", more than 70% stated that all learned knowledge would be applicable to the work. Moreover, the structure of the course was considered positively. Nearly 70% stated that the duration was appropriate and did not indicate a subject that should have been reduced or examined more in detail. Effectiveness of communication of teachers was very highly rated. In May 2010, a follow-up questionnaire was sent to participants. The follow-up questionnaire aimed to explore aspect such as: effectiveness, relevance and applicability of the knowledge learned; identification of further training needs for improvement of coding quality and completeness; use and applicability of material supplied. Instructions on how to use ACME decision tables in manual coding, the in-depth instructions provided by a specific Istat manual which includes Icd-10 updates, and the straightforward application of the coding rules were particularly appreciated by the participants both for relevance and usability. Trainees declared that some topics such as external causes (57%), how to code multiple causes (11%), neoplasm (11%) would need further training.

REVISION OF THE ICD-10 TRAINING TOOL

A Complete trial of the ICD-10 training tool was performed and we provided also comments, from a medical perspective, on the revision document made by the external evaluators from the American Health Information Management Association.

ICD INFO SHEET

In collaboration with Kathy Giannangelo we drafted the information sheet on the ICD. This activity has been developed in the framework of the Education Committee workplan. The draft is now circulating to the WHO-FIC members for revision and a final draft will be presented at the WHO-FIC annual meeting in Toronto in October.

Activity 5 Develop reasearch

Explanation

The main research projects related to the use of ICF that has been developed and continued in 2009 regarded:

- the use of ICF in disability certification (project financed by the Italian Ministry of Labour, Health and Social Policies – see details ahead);
- the use of ICF in evaluating health and disability in children with AIDS in Mozambique
- the use of ICF in evaluating health and disability in a Center for Rehabilitation Therapy built in Albania
- the 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 involvement in the MURINET project (Multidisciplinary Research Network on Health and Disability in Europe), Financed by the EU the project aims to create an European group of experts in research and management of health and disability who can integrate different skills in the light of the ICF classification; within the Murinet project, under the auspices of the Department of Philosophy of the Università Cattolica del Sacro Cuore (Milan), it was organized in collaboration with FDRG ICF and Ethics the II International Colloquium: Ethics, disability and justice; Autonomy, capacity and dependency (28 may 2010).

Parallel to this research activity, in December 2009 a Supplement Issue of the Journal 'Disability and Rehabilitation', an international peer-reviewed journal was published. It focussed on the application of the ICF in Italy since 2001 and contained 24 research papers, focussing both on the implementation of the ICF in clinical contexts and in other contexts, e.g. such as disability eligibility, statistics, labour policies, service organization. A wide diffusion of the ICF in Italy is a fact, as documented by the figures on training in Italy: in fact, at the end of 2008, more than 7000 persons participated to an ICF

training event, almost half of them organized by political bodies.

THREE YEAR PROJECT WITH THE MINISTRY OF HEALTH

In May 2010 The Italian WHO-FIC Collaborating Centre ended the three-year research project dedicated to Development of protocols for evaluation of disability based on the biopsychosocial model and the descriptive structure of ICF. The project has been carried out in collaboration with the National Institute of Statistics (ISTAT) (Rome), the "E. Medea" rehabilitation institute of Conegliano Veneto, the Besta neurology institute of Milan, and the National Agency for Labour Policies "Italy Lavoro SpA (Rome). The project was funded by the Ministry of Health and the Ministry of Labour and Social Policies. The results were presented in two different meetings (April and May 2010) held at the Italian Ministry of Health headquarters in Rome

The ICF puts forward a new vision of the condition of disability and provides the starting points required to guide policies and actions in favour of people with a disability. In addition, the 2007 UN Convention on the rights of people with disabilities underlines the active role of "States Parties to collect appropriate information, including statistical and research data, in order to provide adequate responses to the several aspects characterising the condition of disability in Italy.

The project provide some measure of the coverage of two National Information Systems and two Regional Information Systems, in relation to the ICF domains, considering the third digit of ICF codes. The two national systems were the National Information System on Disability and the National Health Information System. The two regional experience selected were those of Liguria and Piemonte.

The Italian WHO FIC Collaborating Centre for the Family of International Classifications after leading a three-year project aiming at the development of disability evaluation protocols based on the biopsychosocial model, organized, by appointment of the Italian Ministry of Health and of the Ministry of Labour and Social Policies an International seminar focused on: adoption of the concept of disability as defined by the UN Convention for the rights of persons with disabilities in national laws and statistics; development of an ICF-based common framework for disability evaluation; solutions to the current fragmentation of the many welfare systems for persons with disabilities. A wide international participation was supported by the Centre. The research papers provided by the participants will be cumulatively submitted for a special issue of BMC Medicine.

Objective of the seminar was the presentation of project results and their potential impact, particularly on: the adoption into national laws and regional, in the statistical concept of disability as defined by the UN Convention, the development of a common frame of reference for the evaluation of disability based on ICF overcoming the current fragmentation of the Italian welfare systems.

Activity 6 Maintain Italian language edition of ICF.

Explanation

The Italian CC extended its activity to cover the maintenance not only of ICF but also of ICD-10. We completed in 2009 the electronic version of ICD10 and we have completed the translation of cumulative updates 1996-2008. The updated ICD10 is available on the Italian Portal of Classifications (www.reteclassificazioni.it).

The revision of ICD10 translation has been supported by the creation of specific tool for collaborative work. Links and collaboration with professional groups and scientific medical societies helped the process and the delivery of a good quality translation.

In order to facilitate to Italian users the possibility to propose amendments and modifications to ICD and ICF, 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.

We signed with WHO and agreement for the translation of the WHO-DAS II manual. The translation will be ready for the end of 2010.

As already mentioned the Italian Ministry of Health confirmed to the Italian CC as the developer and maintainer of the Italian Portal of Classifications until 2013.

Activity 7 To promote and support

Explanation

Implementation Committee

We contributed to the WRDR that will be published in December 2010 and we gave our contribution also to develop the ICF implementation database.

As a preparation to this database a meta-analysis of census and surveys of disability data was performed and preliminary results were presented in Rome in April 2010 in an International seminar held at the Ministry of Health headquarters

An abstract has been submitted to Toronto WHO-FIC Meeting 2010. A scientific paper with world results is in preparation

ICF implementation database: a questionnaire was developed and it will be posted on WHO_FIC website for use.

Collaboration with Education Committee has been going on along 2010 through several conference calls after WHO's decision to merge the 2 committees. Strategic work plan has been re-done according to new guidelines from WHO and will be finalized in Toronto.

REPORT OF WASHINGTON CITY GROUP (WG)

Last year we decided to create a link and to promote an osmosis with the work of the Washington City Group (WG) supporting the Italian representative that is an ISTAT Researcher and also member of the Italian CC. The ninth meeting of WGC was hosted by the Tanzanian National Bureau of Statistics (NBS). Objectives for the 9th WG meeting were to: Present additional work on Extended set questions, Present Cognitive/Field test results and data analysis, Discuss some methodological issues.

At the meeting, for each domain the question set used in the cognitive test was presented. This was followed by a discussion of the results of the cognitive test and how these results impacted on the development of a field test instrument for that domain. Preliminary results from the field tests in two of the participating UNESCAP countries (Maldives and Sri Lanka) were presented. A representative from each of the six UNESCAP countries provided their experiences with the either cognitive or the field test.

The overall conclusion was that further analysis of the field test data was required before a final decision could be made regarding the extended set of questions.

Italy took part to the planned European cognitive testing round, which was a joint activity of Budapest Initiative and Washington Group (WG). This activity started with a meeting in February in Granada.

The testing activities was conducted in March and the first results were discussed in a joint meeting in Rome 21-23 April 2010. This cognitive testing round is another important step to reach the second priority of the WG: to produce an extended set of disability questions intended as components of population survey, as supplements to survey or as a core of a disability survey.

The 10th WG meeting will be held in November in Luxembourg and the objectives for the meeting are:

- to present additional work on extended set:
 - results of data analyses from the completed field testing
 - update on expansion of cognitive and field testing of the extended set of questions to other regions and presentation of results (European countries, USA, Canada)
 - update on any revisions to extended set questions
- to present status reports from the work groups on measurement of child disability and environmental factors and the use of proxy respondents.

ICF in Albania

The international cooperation project between the Italian CC, the government of Albania and the Dokita (NGO operating locally) for the evaluation of disability in a Center for Rehabilitation Therapy built by Dokita in Tirana started in April 2010. The ICF project in Albania aims to bring to the use the International Classification of Functioning, Disability and Health (ICF) from World Health Organization (WHO) and its nosological fundamentals in this Center for Rehabilitation Therapy built by Dokita in Tirana. The first ICF course was done in april 2010(trainer: Dr.ssa Matilde Leonardi) to the health and social professionals in Tirana area. This course was done having as a framework the theoretical principles of UN Convention on rights of person with disability, and the ICF biopsychosocial model.

ICF in Mozambique

This project aims to bring to the use the International Classification of Functioning, Disability and Health (ICF) from World Health Organization (WHO) and its nosological fundamentals in Mozambique. It also aims to assess participation, integration in community and discrimination of children with AIDS and their families.

This project is inserted in the Italian Cooperation Activities in Mozambique as was the support at the level of the health plans, which were increased and supported by the institutional contribution of CESTAS (NGO operating locally,) and the Italian CC. This project aims to increase the awareness of disability in children with malnutrition, those infected by HIV and/or children of mothers with HIV and

improve the capacity to deal with discrimination situations in Mavalane zone (Maputo, Mozambique). The first ICF course was done at the beginning of the project to the health and social professionals in Mavalane area. The objectives of this second mission (July 2009) are summarized as follows:

- Carrying out a second course on ICF-CY model for researchers.
- Data collection and its supervision for the health professionals.
- Data analysis and identification of difficulties faced by researchers in the collection process and application of protocols.

In this second mission the trainers adapted and modified course material to increase the applicability of the protocol to the cultural and social reality of Mozambique.

In conclusion ICF applicability is also possible in developing countries and it is possible to design a data collection system. The newest protocol makes easier the collection of data and compilation of protocol.

ICF IN CROATIA

The Italian Collaborating Center has opened a collaboration to implement the use of ICF in the draft reform of the Croatian welfare. The collaboration has been requested by SOIH, umbrella association of Croatian associations of persons with disabilities, which is present in the technical table established by the Croatian Government on welfare reform. The Collaborating Center, in line with its mandate of collaboration with other Countries on issues of classifications, has presented, during a first meeting held in Zagreb in November 2009, the progress of the Italian ministerial project aimed at the assessment of disability using the descriptive structure of ICF. In the meeting it was also suggested a protocol of use of the ICF consistent with the principles of the United Nations Convention on the Rights of Persons with Disabilities. Some key points of the reform were discussed at a later meeting held in Zagreb in April 2010: all sixteen chapters should be fully accessed, to select those relevant to describe domain of body functions and structures; identification of a list of activity and participation codes in all areas of life, consistently with the framework of the UN Convention; role of environmental factors to make understandable the value of the qualifiers of performance and capacity.

ICF IN SYRIA

c) following a visit of a delegation from Syria to the Medea Centre in Conegliano (Veneto Region) December 2009, we were invited to Damascus for a 7 day mission sponsored by the Said Foundation and aimed at training a selected group of professionals in the disability and rehabilitation services of Syria, and devising a strategy for ICF implementation in the country at two levels: description and definition of disability status, disability statistics, organization of rehabilitation interventions. The project has the full support of the Syrian Ministry of Health (the Minister himself gave the opening address to the first day of activities), and is expected to develop fully in the next year in various locations in the country.

ICF IN KOSOVO:

A work line in Kosovo was launched in collaboration with the Italian Ministry of Foreign Affairs, in order to monitor the project plan on disability of that Country. After an initial phase of definition of the project plan, a second phase of monitoring the United Nations Convention on the Rights of Persons with Disabilities will be performed using ICF. The Italian Collaborating Centre is committed in the training of the evaluating experts at central level, and in the management of the local plan in the area of Gjilan. The Friuli Venezia Giulia Region, is present in Kosovo with other health and social international cooperation initiatives and the Collaborating Centre acts as a link between the ministerial and regional initiatives.

ICF IN REGIONE EMILIA ROMAGNA

Training sessions with disability evaluators and child psychiatrists of the Region Emilia Romagna organized at the request of the Regional Health System of Emilia Romagna: the topics were disability evaluation protocols based on the biopsychic-social model and descriptive structure of ICF.

ICD AND SPEECH THERAPISTS

A Meeting was held by the Collaborating Centre upon request of the Italian Speech Therapists Association (SSIL) in Padua in June 2010. The event, with national participation, was entirely dedicated to the transition from ICD 10 and ICD 11 with emphasis on the linkages between ICD and ICF related to speech disorders.

ICF AND DISABILITY IN PSYCHIATRY

The national conference "The processes of psychiatry - A journey through the history, current and

future" was held at the Faculty of Sociology, University of Trento in December 2009. The event allowed an extended exchange of views on the evolution of psychiatry during the past 100 years, through the various stages of knowledge, cultural changes and different organizational pathways of care.

Starting from the inconsistencies that do currently exist in the different pathways of disability assessment in the Italian law system, as regards mental health, the conference has represented a first moment of interaction between the Italian Collaborating Centre and Italian psychiatrists since ICF can provide indicators to understand the deeper meaning of disability for people with mental disorders because these are conditions which by definition must be read together with the contextual factors that contribute to realize them.

Activity 8 To collaborate with national authorities

Explanation

THE "ITALIAN PORTAL OF CLASSIFICATIONS"

As already mention in "activity 1" a three year agreement (2010-2013) has been renewed with the Department of the Health Information System at the Ministry of health regarding the support to the activities related to the international classifications, the development and maintenance of the "Italian Portal of Classification" (www.reteclassificazioni.it) and the participation to the nation board for the development and implementation of the infrastructure and contents of the "national health record";

ICF AND THE EMPLOYMENT OF PERSONS WITH DISABILITY

A new agreement and collaborative project has been established with ItaliaLavoro the technical branch of the Ministry of Labour and Social Affairs for the development of the employment policies, including persons with disability. The agreement comes after 7 years of continuous collaboration in the implementation of ICF in functioning evaluation. An ICF training made by the Italian CC in 11 Italian provinces (from the North to the South of Italy) will start in the second half of September 2010. It was designed as the first phase of a project that will facilitate the use of ICF in the evaluation process and it will accompany a radical transformation of employment services for the persons with disability. The project will last two years.

ICF AND WORK-RELATED ACCIDENTS AND OCCUPATIONAL DISEASES

The Collaborating Centre offers consultancy to the Italian National Institute for work accidents and occupational diseases (INAIL) for the use of ICF in this specific area. The collaboration will begin with a first national meeting, that will be held in Sorrento, October 2010, with the forecast participation of 500 medical evaluators of the Institute

DISABILITY POLICIES AT REGIONAL AND NATIONAL LEVEL

The Collaborating Centre participated in technical table between the Friuli Venezia Giulia Region and the National Institute of Social Security (INPS) to ensure the necessary expertise both in the evaluation of disability and in the correlation between impairment and diagnosis ICD10.

Activity 9 To present periodic reports on the Centre s activities

Explanation

As described in detail in the "activity 7" report the Italian CC has regularly participated to the WHO FIC network meetings and events, presenting reports, posters and communications

The Italian delegation at the WHO FIC Annual Meeting in Korea was involved in the activity of:

- EC (Andrea Martinuzzi, Matilde Leonardi, Monica Pace)
- ETC (Vincenzo della Mea)
- FDRG (Matilde Leonardi, Andrea Martinuzzi, Alessandra Battisti)
- IC (Matilde Leonardi, co chair)
- MRG (Monica Pace)
- MbRG (Francesco Gongolo)
- URC (Carlo Francescutti, co chair, Raffaella Troiano, secretariat)
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The members of the Italian CC have participated also to the mid year activities of the FDRG in Madrid (June 2010);

MBRG and MRG in Cologne (March 2010);

Council meeting in Geneva (April 2010).

The Italian CC as already defined and confirmed its delegation at the 2010 Annual WHO-FIC meeting in Toronto.

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 CC maintain a close collaboration with the WHO HQ. Who Staff members have been regularly invited to the main events organized by the Italian CC as described in the activities reports above.

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 CC is involved in the definition of a strategy for the development and support of a European network and presented a first request of financing to the EU through the COST action. COST (European Cooperation in Science and Technology) is one of the longest-running European instruments supporting cooperation among scientists and researchers across Europe. In the future of classifications a move towards ontologies has been foreseen by WHO, which is generating much research for what regards ICD, while ICF ontology is still to be approached. Although a first meeting has been done in 2008 among this COST action proposes to start research in this field too. The COST action "Health classifications in Europe: Development of WHO Family of International Classifications (WHO-FIC) in Europe by networking" has been submitted the first time in September 2009, revised according to comments to the previously submitted version, and will be re-submitted again in September 2010, and is going to be revised in more strict collaboration with Marjike De Klejin (Dutch Collaborating Centre) and Catherine Barral (French Collaborating Centre). Issues related to the development of an European coordination for WHO-FIC have been discussed in Madrid (31 May 2010) at the EURO network meeting, organised by the European WHO office.