平成２４年度
ＷＨＯ国際統計分類協力センター会議
（日本東洋医学会　第９回用語及び病名分類委員会）

日　時：平成２４年９月１９日（水）１９時００分から２１時００分

場　所：日本東洋医学会事務局
　　　　東京都港区海岸 1-9-18　　国際浜松町ビル６階

議　題：１．議事録の確認　　　　　　　　　　　　　　　【資料１】

　　　　２．WHO 会議報告　　　　　　　　　　　　　　【資料２】
　　　　　・平成 24 年 9 月 13 日（木）、14 日（金）
　　　　　　Ad-Hoc Working Group Meeting on ICTM Patterns
　　　　　・平成 24 年 9 月 12 日（水）、14 日（金）
　　　　　　フィールドテストに向けた準備会

　　　　３．その他

参加予定者
WHO 国際統計分類協力センター
　　センター長　　谷　伸悦
　　活動責任者　　渡辺賢治
国際分類情報管理室
　　及川恵美子　吉田真智　中山佳保里　大坪郁乃
日本東洋医学会　　用語及び病名分類委員会
　　担当理事　　三潴忠道
　　委員長　　　矢久保修嗣
　　ICTM
　　　英語班　伊藤美千穂　小田口浩　木村容子　上田ゆき子　岡本英輝
　　　鍼灸班　天野陽介　　大浦宏勝　小林健二　津嘉山洋　　東郷俊宏
　　　　　　　宮川浩也
　　　鍼灸班オブザーバー　　柳澤　紘
　　　日本語班　星野卓之　渡辺浩二
　　　アドバイザー　足立秀樹
　　　オブザーバー　関　隆志　鳥居塚和生
　　　　　　　　清谷哲朗（関東労災病院　特任副院長）
　　三役　石川友章（会長）　　三潴忠道＊（副会長）　　渡辺賢治＊（副会長）
　　　　　岡部哲郎（常務理事）

（＿＿：Web 会議システムにより参加）
（敬称略順不同）

平成 24 年度　WHO 国際統計分類協力センター会議
（日本東洋医学会　第 8 回用語及び病名分類委員会議事録）（案）

1.　　　　　　　日時：　　　平成 24 年 8 月 29 日（水）19：00-21：15
2.　　　　　　　場所：　　　日本東洋医学会事務局
　　　　　　　　　　東京都港区海岸 1-9-18　国際浜松町ビル 6F
3.　　　　　　　出席者：　WHO 国際統計分類協力センター
　　　　　　　　　　　センター長　谷　伸悦
　　　　　　　　　　　活動責任者　渡辺賢治
　　　　　　　　国際分類情報管理室
　　　　　　　　　　　及川恵美子、中山佳保里
　　　　　　　　日本東洋医学会　用語及び病名分類委員会
　　　　　　　　　　　担当理事　三潴忠道
　　　　　　　　　　　委 員 長　矢久保修嗣
　　　　　　　　　　　ICTM
　　　　　　　　　　　　英 語 班　伊藤美千穂、上田ゆき子
　　　　　　　　　　　　鍼 灸 班　天野陽介、東郷俊宏、宮川浩也
　　　　　　　　　　　　日本語班　星野卓之
　　　　　　　　　　　　アドバイザー　足立秀樹
　　　　　　　　　　　三　　役　石川友章（会長）

4.　議事
　　(1) 前回議事録案の確認（矢久保修嗣委員長）
　　(2) 着任挨拶
　　　　統計情報部企画課国際分類情報管理室　谷伸悦室長及び、国際統計　中山佳保里係長から挨拶があった.
　　(3) ICD-11 β 版
　　　　1）ME 会議報告（伊藤美千穂委員）
　　　　　・　8 月 22 日の会議では、①β 版各セクションの Description 作成（Pattern および Disorder）および②TM Disorder 資料から欠落している 4 項目の日本定義の記載を要請された. Disorder を日本は使わないが、1-22 章の記載とバッティングする可能性があるので中国、韓国作成の Disorder をチェックしたいと申し入れるべきとの意見が出された. また、Pattern の部分は日本が使う部分を先に埋めていくのがよいとされた. 実務班を編成、メンバーは矢久保修嗣委員長、上田ゆき子委員、星野卓之委員、小田口浩委員、足立秀樹アドバイザーが一度集まることになった.（日程は未定）

- 東京会議の目的は①Pattern の Utility 向上、②TM Pattern の削減.
(4) WHO の東京会議開催
　1)【9 月 10 日-11 日：内科 TAG、9 月 12 日：Patient & Safety、9 月 13 日-14 日：ICTM、9 月 15 日：日本との会議】との当初計画が渡辺賢治活動責任者から報告された.
　2)ICTM(13 日-14 日)
　　　・ 主催は WHO、共催は日本 WHO-FIC 協力センターと JLOM.
　　　・ 開催場所は日本病院会でメンバー数はおよそ 20 名. インターネット接続は、同施設のコンピュータ使用が条件.
　　　・ 2 日間の昼食代（弁当 1,000 円）は JLOM の負担、13 日夜の会食も JLOM の負担、14 日夕食は自由. 雑費はセンターが負担、日本の出席メンバー国内費用（旅費・宿泊費など）は JLOM が負担.
　　　・ WHO とのコンタクトは伊藤美千穂委員、現場担当は JLOM（佐々木 JLOM 事務総長補佐）.
　　　・ 出席者リストは WHO が作成見込み.
　3)当初予定の日本との会議（15 日）
　　　・ 中国、韓国とは異なって Pattern のみを使用する場合はそれを ICD11 本体と繋げるための標準化戦略などを構築する必要がある. 然るべきメンバーが集まれる環境で実のある会議を行ったらどうかと ICD 室からのアドバイス. 議論の結果、当初計画を変更し、12 日（水）18:30 より慶応義塾大学医学部において会議開催を予定、学会理事と JLOM コアメンバーが出席できるかどうかを佐々木事務総長補佐からメールで確認することになった. 夕食代は JLOM の負担.
　4)東京会議前打ち合わせ（9 日（日））
　　　・ 9 日には理事会があるので 16 時以降ならば集合が効率的. メンバーは JLOM コアメンバーと理事会メンバー. 鳥居塚和生 JLOM 事務総長と相談したのち渡辺賢治活動責任者が会を招集する.

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　以上

Draft Agenda

Thursday, 13 Sep. 2012	Chair: Kenji Watanabe Rapporteurs (tbc):	
09.00 – 10.30		

	1. Opening
	    a. Welcome & Introduction of the participants
	    b. Group Photo
	Bedirhan Üstün, Zhang Qi, Daisuke Koga
	
	2. Meeting objectives: seeking solutions to issues related to TM Patterns in Chapter 23
	Bedirhan Üstün & Nenad Kostanjsek
	
	3. Overall review Chapter 23 Patterns
	    a. Overall review of sections
	        1. Principle-based patterns
	        2. Body constituent patterns
	        3. Organ system patterns
	        4. Environmental and emotional patterns
	        5. Meridian patterns
	        6. Six stage patterns
	        7. Triple Energizer stage Patterns
	        8. Four Phase Patterns
	        9. Four Const. Med. Patterns
	        10. Formula Patterns
	Nenad Kostanjsek
		20min
		
		25min
		
		45min

10.30 – 11.00 COFFEE BREAK		

11.00 –12.30	b. Potential problems / paths to solutions
	        i. Coding specificity
	        ii. Frequency
	        iii. Reliability
	        iv. Clinical Utility
	        v. Public health utility
	        vi. International comparability
	        vii. ICD 11 versus ICTM larger version use
	        viii. Terminological consistency
	        ix. Other
	Bedirhan Üstün, Zhang Qi
	
	4. Detailed review of Chapter 23 Patterns sections (part 1)
	    1. Principle-based patterns
	    2. Body constituent patterns
	All participants
		50min
		
		40min

12.30 – 13.30 LUNCH		

13.30 - 15.00	5. Detailed review of Chapter 23 Patterns sections (part 1 cont)
	    1. Principle-based patterns
	    2. Body constituent patterns
	All participants
		90min

15.00 – 15.30 COFFEE BREAK		

15.30 - 17.00	6. Review of 23 Patterns sections (part 2)
	        3. Organ system patterns
	        4. Environmental and emotional patterns
	All participants
		90min

18.30 onwards	*Dinner*	

Ad-Hoc Working Group Meeting on ICTM Patterns
13 – 14 September 2012, Tokyo, Japan

Draft Agenda

Friday, 14 Sep 2012	**Chair: Zhang Xiaorui** Rapporteur(tbc):	

09.00 - 10.30	7. Review of 23 Patterns sections (part 3)
	        5. Meridian patterns
	        6. Six stage patterns
	        7. Triple Energizer stage Patterns
	All participants
		90min

10.30 – 11.00 COFFEE BREAK		

11.00 – 13.00	8. Review of 23 Patterns sections (part 5)
	        8. Four Phase Patterns
	        9. Four Const. Med. Patterns
	        10. Formula Patterns
	All participants
		120min

13.00 – 14.00 LUNCH		
14.00 - 15.00	9. Resolution for the Chapter 23 pattern representation in ICD-11 Beta phase *Bedirhan Üstün, Zhang Qi, Nenad Kostanjsek*	60min
15.00 – 15.30 COFFEE BREAK		
15.30 - 17.00	10. Chapter 23 Review & Field Trials (pilot phase) *Nenad Kostanjsek & Bedirhan Üstün*	90min

Section 1 Principle based Patterns (TM)

Yang Pattern
Yin Pattern
Heat Pattern
Cold Pattern
Excess Pattern
Deficiency Pattern
Interior Pattern
Exterior Pattern (青字は使わない)
Mixed Principle Patterns (虚は実より先に、寒は熱よりも先に)
- Deficiency-cold pattern
- Deficiency-moderate pattern
- Deficiency-heat pattern
- Deficiency-tangled heat and cold pattern
- Medium-cold pattern
- Medium-moderate pattern
- Medium-heat pattern
- Medium-tangled heat and cold pattern
- Excess-cold pattern
- Excess-moderate pattern
- Excess-heat pattern
- Excess-tangled heat and cold pattern
    - Qualifier
        - Anatomical region pattern
            - Deficiency of lower abdominal pattern
            - Deficiency of upper abdominal pattern

Section 2 Body Constituents Patterns (TM)
Qi Patterns
Qi Deficiency Patterns
- Qualifiers: Mixed Principle based Patterns
- Deficiency-cold pattern
- Deficiency-moderate pattern
- Deficiency-heat pattern
- Deficiency-tangled heat and cold pattern
- Medium-cold pattern
- Medium-moderate pattern
- Medium-heat pattern

1

Medium-tangled heat and cold pattern

Excess-cold pattern

Excess-moderate pattern

Excess-heat pattern

Excess-tangled heat and cold pattern

Qi Depression Patterns

Qualifiers: Mixed Principle based Patterns

Deficiency-cold pattern

Deficiency-moderate pattern

Deficiency-heat pattern

Deficiency-tangled heat and cold pattern

Medium-cold pattern

Medium-moderate pattern

Medium-heat pattern

Medium-tangled heat and cold pattern

Excess-cold pattern

Excess-moderate pattern

Excess-heat pattern

Excess-tangled heat and cold pattern

Qi Counterflow Patterns

Qualifiers: Mixed Principle based Patterns

Deficiency-cold pattern

Deficiency-moderate pattern

Deficiency-heat pattern

Deficiency-tangled heat and cold pattern

Medium-cold pattern

Medium-moderate pattern

Medium-heat pattern

Medium-tangled heat and cold pattern

Excess-cold pattern

Excess-moderate pattern

Excess-heat pattern

Excess-tangled heat and cold pattern

Blood Patterns

Blood Deficiency Patterns

2

Qualifiers: Mixed Principle based Patterns

Deficiency-cold pattern

Deficiency-moderate pattern

Deficiency-heat pattern

Deficiency-tangled heat and cold pattern

Medium-cold pattern

Medium-moderate pattern

Medium-heat pattern

Medium-tangled heat and cold pattern

Excess-cold pattern

Excess-moderate pattern

Excess-heat pattern

Excess-tangled heat and cold pattern

Blood Stasis Patterns

Qualifiers: Mixed Principle based Patterns

Deficiency-cold pattern

Deficiency-moderate pattern

Deficiency-heat pattern

Deficiency-tangled heat and cold pattern

Medium-cold pattern

Medium-moderate pattern

Medium-heat pattern

Medium-tangled heat and cold pattern

Excess-cold pattern

Excess-moderate pattern

Excess-heat pattern

Excess-tangled heat and cold pattern

Fluid Patterns

Fluid Disturbance Patterns

Qualifiers: Mixed Principle based Patterns

Deficiency-cold pattern

Deficiency-moderate pattern

Deficiency-heat pattern

Deficiency-tangled heat and cold pattern

Medium-cold pattern

Medium-moderate pattern

Medium-heat pattern

Medium-tangled heat and cold pattern

Excess-cold pattern

Excess-moderate pattern

Excess-heat pattern

Excess-tangled heat and cold pattern

Section 4 Meridian Patterns

Main Meridian Patterns

Lung pattern (TM)

Large intestine pattern (TM)

Stomach pattern (TM)

Spleen pattern (TM)

Heart pattern (TM)

Small intestine pattern (TM)

Bladder pattern (TM)

Kidney pattern (TM)

Pericardium pattern (TM)

Triple energizer pattern (TM)

Gallbladder pattern (TM)

Liver pattern (TM)

Qualifier:

Stage

viscus-induced

meridian-induced

Pulse strength

deficiendy

excess

Extra Meridian Pattern

Governor vessel pattern (TM)

Conception vessel pattern (TM)

Yin heel vessel pattern (TM)

Yang heel vessel pattern (TM)

Yin link vessel pattern (TM)

Yang link vessel pattern (TM)

Thoroughfare vessel pattern (TM)

Belt vessel pattern (TM)

Section 5 Six Stage Patterns (TM)

Early yang stage pattern

    Qualifier: with deficiency-heat pattern

                  with medium-heat pattern

                  with excess-heat pattern

Middle yang stage pattern (only excess-heat pattern)

Late yang stage pattern : Late yang stage pattern

    Qualifier: with deficiency-heat pattern

                  with medium-heat pattern

                  with excess-heat pattern

Early yin stage pattern   (only deficiency and cold)

Middle yin stage pattern (only deficiency and cold)

Late yin stage pattern (only deficiency and cold)
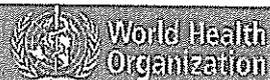
Section 10 Formula Patterns (TM)

    National adaptation will be created

Ad-Hoc Working Group Meeting on ICTM Patterns
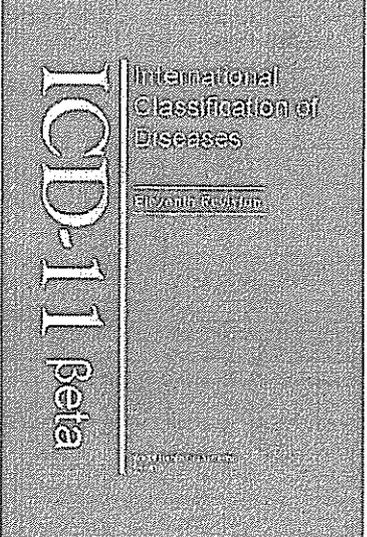13-14 September 2012, Tokyo, Japan

Meeting Objectives

Bedirhan Üstün and Nenad Kostanjsek

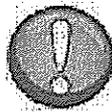1 | ICTM Patterns Meeting, 13-14 September 2012, Tokyo, Japan   World Health Organization

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ICD11 βeta

- http://www.who.int/classifications/icd/revision

International
Classification of
Diseases

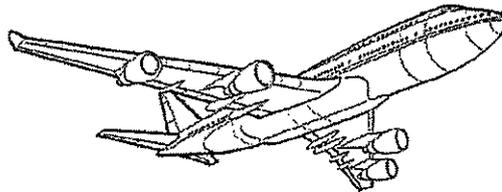ICD-11

Eleventh Revision

ICD-11 Beta

- **Beta – Browser & Print**
  10 look & feel + descriptions – code structure !

- *ICD-11 Beta draft is NOT FINAL*
- *updated on a **daily** basis*
- *•NOT TO BE USED for CODING*
  *except for **agreed FIELD TRIALS***

TM patterns in ICD-11 Chapter 23
Meeting Objectives

1. Issues : listing of TM patterns in Ch. 23
   * **Too many in number: 747 Patterns**
     – **Too many classification axes ?**
     – **Redundancy:** repetitions?
     – **Primacy** of axes - categories: which ones to choose?

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ICD 11 Beta Chapter 23 Patterns

Principle-based Patterns [#57]
Groups:

1. Yin [#0]	3. Cold [#7]	5. Exterior [#2]	7. Deficiency [#17]	9. Mixed [#16]
2. Yang [#0]	4. Heat [#30]	6. Interior [#1]	8. Excess [#6]	

Body Constituents Patterns [#138]
Groups:
1. Qi (deficiency, stagnation, counterflow) [#50]
2. Blood (deficiency, stasis, cold/heat) [#41]
3. Fluid (deficiency, disturbance, phlegm) [#25]
4. Essence (???) [#10]
5. (Body Yin and Body Yang)??? [#12]

Organ System Patterns [#134]
Groups:
1. Liver [#30]
2. Heart [#26]
3. Spleen [#33]
4. Lung [#22]
5. Kidney [#23]
Note: Internal grouping logic: 1st by 8 principles, 2nd by 3 BCP, 3rd by 6 pathogenic factors.

Environmental & Emotional Patterns [#52]
Groups:
1. Env. Wind [#12]
2. Env. Cold [#5]
3. Env. Dampness [#5]
4. Env. Dryness [#4]
5. Env. Fire Heat [#9]
6. Env Summer Heat [#5]
7. Contagious [#12]

Meridian Patterns [#78]
Groups:
1. Meridians: (Meridians, collateral) [0]
2. Pulse patterns [0]
3. M-Patterns commonly used in acupuncture (i.e. Japanese, Korean...) [0]

Six Stage Patterns [#68]
Groups:
1. Early (greater) Yang stage [#18]
2. Middle (brightness) Yang stage [#7]
3. Late (lesser) Yang stage [#15]
4. Early (greater) Yin stage [#4]
5. Middle (lesser) Yin stage [#13]
6. Late (reverting) Yin stage [#6]
7. Mixed six stages patterns [#5]

Triple Energizer stage Patterns [#10]
Groups:
1. Upper energizer stage pattern [#3]
2. Middle energizer stage pattern [#3]
3. Lower energizer stage pattern [#3]
4. Mixed energizer stage pattern [#1]
(Note: Internal grouping logic: 6 pathogenic factors

Four Phase Patterns [#11]
Groups:
1. Defence phase [#2]
2. Qi phase [#3]
3. Nutrient Phase [#4]
4. Blood phase [#2]

4 Const. Med. Patterns [#40]
Groups:
1. Large Yang Type
2. Small Yang Type
3. Large Yin Type
4. Small Yin Type
(Note: internal grouping logic: tbc.)

Formula Patterns [#149]
Groups:

TM patterns in ICD-11 Chapter 23
Meeting Objectives

1. Issues : listing of TM patterns in Ch. 23
    - **Too many in number: 747 Patterns**
        - **Too many classification axes ?**
        - **Redundancy:** repetitions?
        - **Primacy** of axes - categories: which ones to choose?
    - **Limited utility:**
        - Use in **Clinical Practice ?**
        - Use in **Public Health ?**
        - Use in **National Statistics**
        - Use in **International Comparisons?**
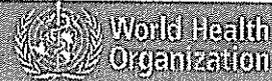
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TM patterns in ICD-11 Chapter 23
Meeting Objectives

1. Issues : listing of TM patterns in Ch. 23
    - **Too many in number: 747 Patterns**
        - **Too many classification axes ?**
        - **Redundancy:** repetitions?
        - **Primacy** of axes - categories: which ones to choose?
    - **REVIEW:**
    - **Scientific accuracy**
    - **Completeness**
    - **Internal consistency**
    - **Utility / Relevance** of each unit

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TM patterns in ICD-11 Chapter 23
Meeting Objectives

2. Issues : listing of TM patterns in Ch. 23

   – **747 Patterns : Modelling:**

   - Bonsai → Full Tree   (*miniature model*)

   - **Tip of the Iceberg:**   (*simplified*)
     - **tree growing from stem**
     - **branches**
     - **sub branches**

TM patterns in ICD-11 Chapter 23
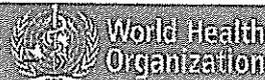## Meeting Objectives

– **Implications**
- **Western Medicine comparison:**
  - Scientific / Political concerns for TM representation
- **ICD Chapter 23 – ICTM full version link:**
  - smaller version in ICD Chapter 23 for general health
  - ICTM full version – specialty adaptation
- **Work load:**
  - **Content:** Definitions – CM parameters
  - **Field trials:** reliability testing sample size
  - **What to ask:** Frequency / basic concepts / grouping logic
  - **WHO else to ask :** Other experts

TM patterns in ICD-11 Chapter 23
Meeting Objectives

4. Path to solutions: listing of TM patterns in Ch. 23
  - Identifying mechanisms for **reworking patterns**
    - Requirements - Principles
    - Basic Structure
    - Clean-up repetitions
    - Identify Top Categories: Main branches
      - Identify sub branches - sub sub branches
    - Identitfy remaining questions
      - PAGs ; TAGs ; National Experts
      - ICD experts
      - Informatics Modelling
      - Field Trials

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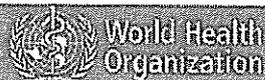
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TM patterns in ICD-11 Chapter 23
Meeting Objectives

5. Path to solutions: listing of TM patterns in Ch. 23
  - Modelling **patterns**
    - Basic Structure
    - Pre-coordination – Post-Coordination
      - Identify main branches
      - Post coordinate sub – sub branches

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TM patterns in ICD-11 Chapter 23
Path to solutions

We do not need to rash to solutions in this meeting

- Agree on the **Problem**

- Agree on the **Path to Solution**
  - Identify **Principles**
  - Identify potential **Methods** to work out the proposals
    - Cleaning
    - Primacy
    - Modelling
  - Further consultations: PAG, TAG, Informatics, ICD experts

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Ad-Hoc Working Group Meeting on ICTM Patterns
13-14 September 2012, Tokyo, Japan

Overall review of Chapter 23 Patterns

Nenad Kostanjsek
Classifications, Terminologies, Standards (CTS)

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Current structure of Chapter 23 Pattern sections
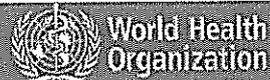
Principle-based Patterns [#57]
Groups:

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Meridian Patterns [#78]
Groups:
1. Meridians: (Meridians, collateral)
2. Pulse patterns
3. M-Patterns commonly used in acupuncture (i.e. Japanese, Korean...)

Six Stage Patterns [#68]
Groups:
1. Early (greater) Yang stage [#18]
2. Middle (brightness) Yang stage [#7]
3. Late (lesser) Yang stage [#15]
4. Early (greater) Yin stage [#4]
5. Middle (lesser) Yin stage [#13]
6. Late (reverting) Yin stage [#6]
7. Mixed six stages patterns [#5]

Triple Energizer stage Patterns [#10]
Groups:
1. Upper energizer stage pattern [#3]
2. Middle energizer stage pattern [#3]
3. Lower energizer stage pattern [#3]
4. Mixed energizer stage pattern [#1]

(Note: Internal grouping logic: 6 pathogenic factors

Four Phase Patterns [#11]
Groups:
1. Defence phase [#2]
2. Qi phase [#3]
3. Nutrient Phase [#4]
4. Blood phase [#2]

4 Const. Med. Patterns [#40]
Groups:
1. Large Yang Type
2. Small Yang Type
3. Large Yin Type
4. Small Yin Type
(Note: Internal grouping logic: tbc.)

Formula Patterns [#149]
Groups:

Key questions for pre-meeting consultations

● **Utility:** Which categories are important for public health purposes (i.e. national and international reporting & comparability) or clinical practice (i.e. decision support & reimbursement) and should therefore be listed in Chapter 23?

● **Granularity:** Indicate higher aggregate name for a group of patterns that should be kept in Chapter 23 whereas the detailed categories under the aggregate are moved to larger ICTM.

● **Overlap:** Which categories are redundant?

● **Decomposition:** Formulate how the category (e.g. XYZ) can be expressed as post-coordinated concept (e.g. XY.Z). For example, the category of Body "Deficiency" has location "abdominal" region.

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Feedback from pre-meeting consultations

● **Utility**
- Not all patterns are equal, focus on pattern important for clinical use and reporting
- Consider to place pattern specify to country or specialty into a larger ICTM or country adaptation. However, country specific adaptations will limit possibilities to compare different patterns.

● **Granularity**
- Reduce the number of patterns™
- Keep high level representation and classes at 1st or max. 2nd level

● **Overlap**
- There is overlap with and between pattern sections
- Specific suggestion to resolve overlap

● **Decomposition:**
- Refine grouping logic (e.g. group by use order of words, group by main object which is logical and clinical relevant)
- Post-coordination of combination patterns

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Principle-based Patterns

Principle-based Patterns [#57] Groups:
1. Yin [#0]
2. Yang [#0]
3. Cold [#7]
5. Heat [#30]
Exterior [#2]
6. Interior [#1]
7. Deficiency [#17]
8. Excess [#6]
9. Mixed [#16]

- How granular?
  - classify high level i.e. the 8 principles
  - classify principle sub-types and combinatorial

- Grouping logic & Modeling
  - Is Cold-Deficiency pattern
    - an independent class of principles?
    - a combination of two classes of principle types (Cold pattern AND Deficiency pattern)?
    - or is Deficiency is a quality of Cold?
  - Is Deficiency of lower abdominal region with excessive-heat pattern
    - a combination of two classes as (Deficiency AND Excess-Heat) which has_anatomical_region Abdominal_region?

Principle-based Patterns (2)

Principle-based Patterns [#57] Groups:
1. Yin [#0]
2. Yang [#0]
3. Cold [#7]
5. Heat [#30]
Exterior [#2]
6. Interior [#1]
7. Deficiency [#17]
8. Excess [#6]
9. Mixed [#16]

- Primacy
  - For example:
    Classify "cold deficiency pattern" under "Cold Patterns" or under "deficiency pattern?

- What is the overlap between a classified principle and the reference to the same principle in other pattern sections? For example:
  - Deficiency patterns (PbP section)
  - Qi deficiency patterns (BCP section)
  - Blood deficiency patterns (BCP section)
  - Heart Qi deficiency patterns (OS section)
  - Liver Qi deficiency patterns (OS section)

Principle-based Patterns (3)

Principle-based Patterns [#57] Groups:
1. Yin [#0]
2. Yang [#0]
3. Cold [#7]
5. Heat [#30]
Exterior [#2]
6. Interior [#1]
7. Deficiency [#17]
8. Excess [#6]
9. Mixed [#16]

- Clarify "stages" of certain principles
  - Deficiency
  - Medium
  - Excess

- Mixed Principle-based patterns
  - Grouping logic?
  - Better and consistent wording for "combined", "tangled", "Medium and "Moderate pattern"

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Body Constituents Patterns

Body Constituents Patterns [#138]
Groups:
1. Qi (deficiency, stagnation, counter flow) [#50]
2. Blood (deficiency, stasis, cold/heat) [#41]
3. Fluid (deficiency, disturbance, phlegm) [#25]
4. Essence (???) [#10]
5. (Body Yin and Body Yang)??? [#12]

- Scope
  - Include (Body) Yin and (Body) Yang patterns? If yes, what is the difference from , Yin and Yang patterns classified under PbP?
  - Retire "Mixed Body Const. Patterns"?

- How granular?
  - classify high level i.e. the basic "states" of a "substance" like (Qi, Blood, Fluid and Essence)
  - Can we post-coordinate combinatorial
    - BCP subtype + PbP subtype (e.g. Blood Stasis with excess-cold pattern)
    - Blood stasis in the uterus pattern = BCP subtype HAS "location/site" .

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Organ System Patterns

Organ System Patterns [#134]
 	
Groups:
1. Liver [#30]
2. Heart [#26]
3. Spleen [#33]
4. Lung [#22]
5. Kidney [#23]
	● Grouping logic?
	  – Is "Liver qi deficiency pattern"
	    • an independent class of organ pattern?
	    • a combination of classes of patterns (e.g. "Liver pattern" AND "Qi deficiency pattern")
	    • or is Liver is a quality (i.e. location/site) of qi deficiency pattern?
	
	● <u>Overlap</u>
	  – Is the "Qi deficiency" in "Heart Qi deficiency patterns" the same as in "Liver qi deficiency Patterns"?

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Organ System Patterns

Organ System Patterns [#134]
 	
Groups:
1. Liver [#30]
2. Heart [#26]
3. Spleen [#33]
4. Lung [#22]
5. Kidney [#23]
	● Grouping logic?
	  – Is "Liver qi deficiency pattern"
	    • an independent class of organ pattern?
	    • a combination of classes of patterns (e.g. "Liver pattern" AND "Qi deficiency pattern")
	    • or is Liver is a quality (i.e. location/site) of qi deficiency pattern?

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Organ System Patterns (2)

Is the "Qi deficiency" in "Heart Qi deficiency patterns" the same as in "Liver qi deficiency Patterns" and Spleen Qi Patterns?

Heart qi deficiency pattern- 心气虚证
A pattern characterized by palpitations, shortness of breath, listlessness, spontaneous sweating, pallor, pale tongue, and weak or irregular pulse. It may be explained by deficiency of heart qi and spirit.

Liver qi deficiency pattern- 肝气虚证
A pattern characterized by blurred vision, a sensation of fullness in the hypochondrium, dull nails, bluish complexion, and a feeling of fear. It may be explained by deficiency of qi resulting in impaired function of the zangfu liver.

Spleen qi deficiency pattern-脾气虚证
A pattern characterized by reduced appetite, abdominal distension, loose stool, lethargy, a pale tongue or a weak pulse. It may be explained by a decrease of spleen qi associated with poor digestion, decreased blood production and circulation, and an inability to regulate the water level in the body.

Qi deficiency pattern(TM)- 气虚证
A pattern characterized by decreased vitality, fatigue, weakness, appetite loss. It may be explained by deficiency of energy, such as exhausted state, which is almost always accompanied by Deficiency of the upper abdominal region.

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Environmental & Emotional Patterns

Environmental & Emotional Patterns [#52]

Groups:
1. Env. Wind [#12]
2. Env. Cold [#5]
3. Env. Dampness [#5]
4. Env. Dryness [#4]
5. Env. Fire Heat [#9]
6. Env Summer Heat [#5]
7. Contagious [#12]

- How granular?
  - classify high level i.e. the 7 pathogenic factors
  - classify "impact" of Env. Patterns on other patterns

- Should emotional patterns be acknowledged but not classified?

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Meridian Patterns

Meridian Patterns [#78]
Proposed Groups:
1. Meridians: (Meridians, collateral)
2. Pulse patterns
3. M-Patterns commonly used in acupuncture (i.e. Japanese, Korean...)

- Grouping Logic?

- How granular?
  - classify high level and keep sub-types for larger of ICTM

- Consistency of naming meridians in the title and definitions

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Six Stage Patterns

Six Stage Patterns [#68]
Groups:
1. Early (greater) Yang stage [#18]
2. Middle (brightness) Yang stage [#7]
3. Late (lesser) Yang stage [#15]
4. Early (greater) Yin stage [#4]
5. Middle (lesser) Yin stage [#13]
6. Late (reverting) Yin stage [#6]
7. Mixed six stages patterns [#5]

- How granular?
  - classify high level i.e. the six stages
  - classify sub-types and combinatorial

- Overlap
  - With Yin and Yang in other pattern sections (PbP, BCP, FP)
  - Specific suggestion: (e.g. Six stage patterns" to include "Early yang chest bind pattern" which includes to place "Cold pattern" and "Accumulation of phlegm and heat in the chest pattern" under "Fluid pattern"

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Triple Energizer stage Patterns

Triple Energizer stage Patterns [#10]

Groups:
1. Upper energizer stage pattern [#3]
2. Middle energizer stage pattern [#3]
3. Lower energizer stage pattern [#3]
4. Mixed energizer stage pattern [#1]

- Internal Grouping logic
  - Environmental pattern

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Four Phase Patterns

Four Phase Patterns [#11]

Groups:
1. Defence phase [#2]
2. Qi phase [#3]
3. Nutrient Phase [#4]
4. Blood phase [#2]

- Internal Grouping logic

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4 Const. Med. Patterns Patterns

4 Const. Med. Patterns [#40]

Groups:
1. Large Yang Type
2. Small Yang Type
3. Large Yin Type
4. Small YinType

- How granular?
  - classify high level
  - classify sub-types and combinatorial

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Formula Patterns Patterns

Formula Patterns [#149]

- How granular?
  - classify high level groupings
  - Consider national adaptation or index for listing sub-types and combinatorial

- Grouping logic

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Overall review of Chapter 23 Patterns

Nenad Kostanjsek
Classifications, Terminologies, Standards (CTS)

World Health Organization

Current structure of Chapter 23 Pattern sections

Principle-based Patterns [#57]
Groups:

1. Yin [#0]   3. Cold [#7]   5. Exterior [#2]   7. Deficiency [#17]   9. Mixed [#16]
2. Yang [#0]   4. Heat [#30]   6. Interior [#1]   8. Excess [#6]

Body Constituents Patterns [#138]
Groups:
1. Qi (deficiency, stagnation, counter flow) [#50]
2. Blood (deficiency, stasis, cold/heat) [#41]
3. Fluid (deficiency, disturbance, phlegm) [#25]
4. Essence (???) [#10]
5. (Body Yin and Body Yang)??? [#12]

Organ System Patterns [#134]
Groups:
1. Liver [#30]
2. Heart [#26]
3. Spleen [#33]
4. Lung [#22]
5. Kidney [#23]

Environmental & Emotional Patterns [#52]
Groups:
1. Env. Wind [#12]
2. Env. Cold [#5]
3. Env. Dampness [#5]
4. Env. Dryness [#4]
5. Env. Fire Heat [#9]
6. Env Summer Heat [#5]
7. Contagious [#12]

Meridian Patterns [#78]
Groups:
1. Meridians: (Meridians, collateral)
2. Pulse patterns
3. M-Patterns commonly used in acupuncture (i.e. Japanese, Korean...)

Six Stage Patterns [#68]
Groups:
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2. Middle (brightness) Yang stage [#7]
3. Late (lesser) Yang stage [#15]
4. Early (greater) Yin stage [#4]
5. Middle (lesser) Yin stage [#13]
6. Late (reverting) Yin stage [#6]
7. Mixed six stages patterns [#5]

Triple Energizer stage Patterns [#10]
Groups:
1. Upper energizer stage pattern [#3]
2. Middle energizer stage pattern [#3]
3. Lower energizer stage pattern [#3]
4. Mixed energizer stage pattern [#1]

(Note: Internal grouping logic: 6 pathogenic factors)

Four Phase Patterns [#11]
Groups:
1. Defence phase [#2]
2. Qi phase [#3]
3. Nutrient Phase [#4]
4. Blood phase [#2]

4 Const. Med. Patterns [#40]
Groups:
1. Large Yang Type
2. Small Yang Type
3. Large Yin Type
4. Small Yin Type
(Note: Internal grouping logic: tbc.)

Formula Patterns [#149]
Groups:

Key questions for pre-meeting consultations

- **Utility:** Which categories are important for public health purposes (i.e. national and international reporting & comparability) or clinical practice (i.e. decision support & reimbursement) and should therefore be listed in Chapter 23?

- **Granularity:** Indicate higher aggregate name for a group of patterns that should be kept in Chapter 23 whereas the detailed categories under the aggregate are moved to larger ICTM.

- **Overlap:** Which categories are redundant?

- **Decomposition:** Formulate how the category (e.g. XYZ) can be expressed as post-coordinated concept (e.g. XY.Z). For example, the category of Body "Deficiency" has location "abdominal" region.

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Feedback from pre-meeting consultations

- **Utility**
  - Not all patterns are equal, focus on pattern important for clinical use and reporting
  - Consider to place pattern specify to country or specialty into a larger ICTM or country adaptation. However, country specific adaptations will limit possibilities to compare different patterns.
- **Granularity**
  - Reduce the number of patterns™
  - Keep high level representation and classes at 1st or max. 2nd level
- **Overlap**
  - There is overlap with and between pattern sections
  - Specific suggestion to resolve overlap
- **Decomposition:**
  - Refine grouping logic (e.g. group by use order of words, group by main object which is logical and clinical relevant)
  - Post-coordination of combination patterns

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Principle-based Patterns

Principle-based Patterns [#57]
Groups:

1. Yin [#0]
2. Yang [#0]
3. Cold [#7]
5. Heat [#30]
   Exterior [#2]
6. Interior [#1]
7. Deficiency [#17]
8. Excess [#6]
9. Mixed [#16]

- How <u>granular</u>?
  - classify high level i.e. the 8 principles
  - classify principle sub-types and combinatorial

- <u>Grouping logic & Modeling</u>
  - Is Cold-Deficiency pattern
    - an independent class of principles?
    - a combination of two classes of principle types (Cold pattern AND Deficiency pattern)?
    - or is Deficiency is a quality of Cold?
  - Is Deficiency of lower abdominal region with excessive-heat pattern
    - a combination of two classes as (Deficiency AND Excess-Heat) which has_anatomical_region Abdominal_region?

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Principle-based Patterns (2)

Principle-based Patterns [#57]
Groups:

1. Yin [#0]
2. Yang [#0]
3. Cold [#7]
5. Heat [#30]
   Exterior [#2]
6. Interior [#1]
7. Deficiency [#17]
8. Excess [#6]
9. Mixed [#16]

- <u>Primacy</u>
  - For example:
    Classify "cold deficiency pattern" under "Cold Patterns" or under "Deficiency pattern?

- What is the <u>overlap</u> between a classified principle and the reference to the same principle in other pattern sections? For example:
  - <u>Deficiency</u> patterns (PbP section)
  - Qi <u>deficiency</u> patterns (BCP section)
  - Blood <u>deficiency</u> patterns (BCP section)
  - Heart Qi <u>deficiency</u> patterns (OS section)
  - Liver Qi <u>deficiency</u> patterns (OS section)

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Principle-based Patterns (3)

Principle-based Patterns [#57]

Groups:

1. Yin [#0]
2. Yang [#0]
3. Cold [#7]
5. Heat [#30]
   Exterior [#2]
6. Interior [#1]
7. Deficiency [#17]
8. Excess [#6]
9. Mixed [#16]

- Clarify "stages" of certain principles
  - Deficiency
  - Medium
  - Excess

- Mixed Principle-based patterns
  - Grouping logic?
  - Better and consistent wording for "combined", "tangled", "Medium and "Moderate pattern"

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Body Constituents Patterns

Body Constituents Patterns [#138]

Groups:
1. Qi (deficiency, stagnation, counter flow) [#50]
2. Blood (deficiency, stasis, cold/heat) [#41]
3. Fluid (deficiency, disturbance, phlegm) [#25]
4. Essence (???) [#10]
5. (Body Yin and Body Yang)??? [#12]

- Scope
  - Include (Body) Yin and (Body) Yang patterns? If yes, what is the difference from , Yin and Yang patterns classified under PbP?
  - Retire "Mixed Body Const. Patterns"?

- How granular?
  - classify high level i.e. the basic "states" of a "substance" like (Qi, Blood, Fluid and Essence)
  - Can we post-coordinate combinatorial
    - BCP subtype + PbP subtype (e.g. Blood Stasis with excess-cold pattern)
    - Blood stasis in the uterus pattern = BCP subtype HAS "location/site" .

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Organ System Patterns

Organ System Patterns
[#134]

Groups:
1. **Liver [#30]**
2. **Heart [#26]**
3. **Spleen [#33]**
4. **Lung [#22]**
5. **Kidney [#23]**

- Grouping logic?
  - Is "Liver qi deficiency pattern"
    - an independent class of organ pattern?
    - a combination of classes of patterns (e.g. "Liver pattern" AND "Qi deficiency pattern")
    - or is Liver is a quality (i.e. location/site) of qi deficiency pattern?

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Organ System Patterns (2)

Overlap: Is the "Qi deficiency" in "Heart Qi deficiency patterns" the same as in "Liver qi deficiency Patterns" and Spleen Qi Patterns?

Heart qi deficiency pattern- 心气虚证
A pattern characterized by palpitations, shortness of breath, listlessness, spontaneous sweating, pallor, pale tongue, and weak or irregular pulse. It may be explained by deficiency of heart qi and spirit.

Liver qi deficiency pattern- 肝气虚证
A pattern characterized by blurred vision, a sensation of fullness in the hypochondrium, dull nails, bluish complexion, and a feeling of fear. It may be explained by deficiency of qi resulting in impaired function of the zangfu liver.

Spleen qi deficiency pattern-脾气虚证
A pattern characterized by reduced appetite, abdominal distension, loose stool, lethargy, a pale tongue or a weak pulse. It may be explained by a decrease of spleen qi associated with poor digestion, decreased blood production and circulation, and an inability to regulate the water level in the body.

Qi deficiency pattern(TM)- 气虚证
A pattern characterized by decreased vitality, fatigue, weakness, appetite loss. It may be explained by deficiency of energy, such as exhausted state, which is almost always accompanied by Deficiency of the upper abdominal region.

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Environmental & Emotional Patterns

Environmental & Emotional Patterns
[#52]

Groups:
1. **Env. Wind [#12]**
2. **Env. Cold [#5]**
3. **Env. Dampness [#5]**
4. **Env. Dryness [#4]**
5. **Env. Fire Heat [#9]**
6. **Env Summer Heat [#5]**
7. **Contagious [#12]**

- How <u>granular</u>?
  - classify high level i.e. the 7 pathogenic factors
  - classify "impact" of Env. Patterns on other patterns

- Should emotional patterns be acknowledged but not classified?

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Meridian Patterns

Meridian Patterns
[#78]

Proposed Groups:
1. Meridians: (Meridians, collateral)
2. Pulse patterns
3. M-Patterns commonly used in acupuncture (i.e. Japanese, Korean...)

- <u>Grouping</u> Logic?

- How <u>granular</u>?
  - classify high level and keep sub-types for larger of ICTM

- Consistency of <u>naming meridians</u> in the title and definitions

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Six Stage Patterns

Six Stage Patterns [#68]

Groups:

1. Early (greater) Yang stage [#18]
2. Middle (brightness) Yang stage [#7]
3. Late (lesser) Yang stage [#15]
4. Early (greater) Yin stage [#4]
5. Middle (lesser) Yin stage [#13]
6. Late (reverting) Yin stage [#6]
7. Mixed six stages patterns [#5]

- How granular?
  - classify high level i.e. the six stages
  - classify sub-types and combinatorial

- Overlap
  - With Yin and Yang in other pattern sections (PbP, BCP, FP)
  - Specific suggestion: (e.g. Six stage patterns" to include "Early yang chest bind pattern" which includes to place "Cold pattern" and "Accumulation of phlegm and heat in the chest pattern" under "Fluid pattern"

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Triple Energizer stage Patterns

Triple Energizer stage Patterns [#10]

Groups:
1. Upper energizer stage pattern [#3]
2. Middle energizer stage pattern [#3]
3. Lower energizer stage pattern [#3]
4. Mixed energizer stage pattern [#1]

- Internal Grouping logic
  - Environmental pattern

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Four Phase Patterns

Four Phase Patterns [#11]

Groups:
1. Defence phase [#2]
2. Qi phase [#3]
3. Nutrient Phase [#4]
4. Blood phase [#2]

- Internal Grouping logic

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4 Const. Med. Patterns Patterns

4 Const. Med. Patterns [#40]

Groups:
1. Large Yang Type
2. Small Yang Type
3. Large Yin Type
4. Small YinType

- How granular?
  - classify high level
  - classify sub-types and combinatorial

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Formula Patterns Patterns

Formula Patterns [#149]

- How <u>granular</u>?
  - classify high level groupings
  - Consider national adaptation or index for listing sub-types and combinatorial
- <u>Grouping logic</u>

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Current structure of Chapter 23 Pattern sections

Principle-based Patterns [#57]
Groups:

1. Yin [#0]
2. Yang [#0]
3. Cold [#7]
4. Heat [#30]
5. Exterior [#2]
6. Interior [#1]
7. Deficiency [#17]
8. Excess [#6]
9. Mixed [#16]

Body Constituents Patterns [#138]
Groups:
1. Qi (deficiency, stagnation, counter flow) [#50]
2. Blood (deficiency, stasis, cold/heat) [#41]
3. Fluid (deficiency, disturbance, phlegm) [#25]
4. Essence (???) [#10]
5. (Body Yin and Body Yang)??? [#12]

Organ System Patterns [#134]
Groups:
1. Liver [#30]
2. Heart [#26]
3. Spleen [#33]
4. Lung [#22]
5. Kidney [#23]

Environmental & Emotional Patterns [#52]
Groups:
1. Env. Wind [#12]
2. Env. Cold [#5]
3. Env. Dampness [#5]
4. Env. Dryness [#4]
5. Env. Fire Heat [#9]
6. Env Summer Heat [#5]
7. Contagious [#12]

Note: Internal grouping logic from exterior to interior

Meridian Patterns [#78]
Groups:
1. Meridians: (Meridians, collateral)
2. Pulse patterns
3. M-Patterns commonly used in acupuncture (i.e. Japanese, Korean...)

Six Stage Patterns [#68]
Groups:
1. Early (greater) Yang stage [#18]
2. Middle (brightness) Yang stage [#7]
3. Late (lesser) Yang stage [#15]
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5. Middle (lesser) Yin stage [#13]
6. Late (reverting) Yin stage [#6]
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Triple Energizer stage Patterns [#10]
Groups:
1. Upper energizer stage pattern [#3]
2. Middle energizer stage pattern [#3]
3. Lower energizer stage pattern [#3]
4. Mixed energizer stage pattern [#1]

(Note: Internal grouping logic: 6 pathogenic factors

Four Phase Patterns [#11]
Groups:
1. Defence phase [#2]
2. Qi phase [#3]
3. Nutrient Phase [#4]
4. Blood phase [#2]

4 Const. Med. Patterns [#40]
Groups:
1. Large Yang Type
2. Small Yang Type
3. Large Yin Type
4. Small YinType
(Note: Internal grouping logic: tbc.)

Formula Patterns [#149]
Groups:

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ICD 11 Chapter 23
Field Trial pilot phase & Review process

Nenad Kostanjsek
Classifications, Terminologies, Standards (CTS)

World Health Organization

ICD11 Field Trials

● **Basic aims**
  – To test the "fitness of ICD-11 for multiple purposes"
    · Mortality coding
    · Morbidity coding
    · Other use cases
  – To ensure the **comparability** between ICD-10 and ICD-11
  – To increase **consistency**, identify **improvement paths**, and **reduce errors**

. **Key Assessments:**

  · **Applicability** – feasibility   → easy to use

  · **Reliability** - consistency   → gives same results in the hands of all

  · **Utility** - added value   → renders useful information

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ICD11 Field Trials

- **Applicability (Feasibility)** –
  - Is the classification easy to implement in the hands of the real life users (coders, doctors etc.) ?

- **Utility** –
  - What is the value of the classification to enhancing data capture and its uses?
  - Does it improve recognition?
  - Does it serve for better documentation?
  - Does it enable re-use?
  - Does it guide better diagnosis?
  - Does it allow better resource allocation?

- **Reliability** –
  - Is the classification used in the same manner by different users?
  - Do two different users code the same case with the same code?
  - What are the sources of discrepancy?
  - What are the factors to improve comparability and consistency?

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Basic aims of the field trials (pilot phase) for Chapter 23 TM sections are:

- to test the feasibility of the use of Chapter 23 in different settings;

- to test the reliability of the Chapter 23 in different settings, formats and versions; and to increase consistency and reduce errors;

- to address some basic questions related to constructs and validity;

- to ensure comparability in using National and International Classification;

- to identify improvement paths of the current Chapter 23.

World Health Organization

Field Trials

- **KEY USES:**
  - **Mortality:** cause of death coding, verbal autopsy
  - **Morbidity:** various morbidity codings – hospital discharge, DRG etc.
  - **Other uses**

- **DIFFERENT SETTINGS:**
  - **Primary Care**
    - High-resource settings
    - Low-resource settings

  - **General Health Care**
    - Specialty settings
  - **Research settings**
    - Use in population studies - epidemiology
    - Use in clinical research

World Health Organization

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Organisation of Chapter 23 Field trial (pilot phase)

- The field trials are to be conducted by, or under the supervision of **Field Trial Centres**. A *Field Trial Centre* (FTC) is a WHO-approved study site.

- We expect that in each major country (e.g. China, Korea, Japan, USA, Australia) there will be a single **agency** that will coordinate the organization of the field trials at national level.

World Health Organization

IICTM Patterns Meeting, 13-14 September 2012, Tokyo, Japan

Core Studies

- Study One:
  - **Feasibility and Reliability** for live Cases and Case Summaries coding with
    - Chapter 23 alone
    - Chapter 23 and other ICD-11 Chapters (double coding)

- Study Two:
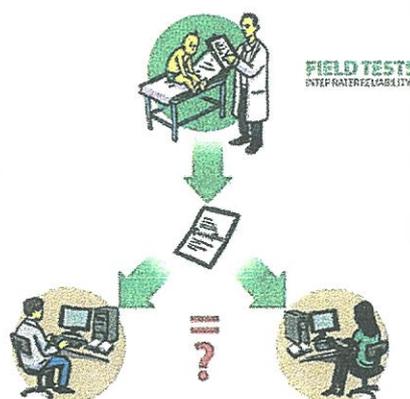 - **Basic Questions**

World Health Organization

Study 1: Inter-rater reliability

- The Case information
  - live
  - medical record

- Coded using ICD11 by at least **two different people**

- **Agreement rates** measured

FIELD TESTS
INTER RATER RELIABILITY

World Health Organization

Study 1 Components

- <u>Feasibility in evaluations:</u> The rater will administer the Chapter 23 and assign codes for the case and record some other pertinent information on the *Form A*.

- <u>Inter-rater reliability in evaluations:</u> This component will assess the agreement between two of more raters rating the same case evaluation. Data for all the raters will be collected on *Form A*, one for each rater.

After finishing the data collection for all the two components, each interviewer will be asked to respond to a short post-study questionnaire provided in the protocol (Form B). Data for all two components and the post-study questionnaire will be submitted as electronic spread sheets to WHO Geneva.

World Health Organization

Study 2 Components

Consensus Conference Approach

Each field trial centre will conduct at least one consensus conference to discuss the basic questions. The results of the consensus conference will be summarised in a report and forwarded to WHO Geneva.

Individual Response Approach

Responses to the basic questions should be collected by each field trial centre from multiple individuals who have expertise in the area of TM coding. Each person should provide a written response to the basic questions on the Response Form provided in the protocol. The field trial centre will collect these responses and provide a summary using the same format as for the Consensus Conference.

World Health Organization

Field Trials Work Plans

- Plan for field trials
  - Essential components
  - Additional components
    - Methodology
    - Timelines
- Possible Participants

- Data collection – Analysis - Publications

World Health Organization

ICD-11 Review process
Key Principles

- **Review Purpose:**
  - The review process will help WHO **assure the quality** of the Beta Content

- **Review type**
  - *Content Review*
  - *Linearization Review*
    - *Mortality Linearization Review*
    - *Morbidity Linearization Review*
    - *Primary Care Linearization Review*
    - *Mirror-Coding Review*

World Health Organization

ICD-11 Chapter 23 Review process
Review Foci

1. *Structure :*
   - *Hierarchy: classification tree*

2. *Content*
   - *Naming – terminology – translation*
   - *Definition*
   - *Content Model completion*

World Health Organization

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process of review

1. **Initial review**
   - Start with the current Beta Version
     - content
     - structure

2. **Continuous review**
   - Review incoming proposals
     - External proposals

   - Incremental changes
     - Single Assessment Questions

World Health Organization

Initial Review

- **Initial Review** of the current Beta draft:
  - **Linearization Structure(s)** (e.g. Mortality and Morbidity or Primary Care)
  - **Content**

- **Review Units:** may include individual entities or groups of entities at any level, such as:

- Structure Review Units
  - Entire Linearization
  - Chapter
  - Subchapter
  - Clusters
  - Use Cases
  - Other structure groupings, as selected

- Content Review Units
  - Chapter
  - Subchapter
  - Clusters
  - Individual entities
  - Other groups of entities, as selected

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Beta phase review process
mainly by scientific peers

- Scientific **accuracy**

- **Completeness** of each unit

- Internal consistency

- **Relevance** of each unit

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Review Process

- The review process :
  - **the content**
    - Definitions
    - Content model parameters
  - **The structure** - of the linearization (s)
    - Mortality
    - Morbidity
    - Primary Care

- The reviewers:
  - **scientific peers**

World Health
Organization

Continuous Review
public proposals on content and structure

- Proposals on **classification entities**
  - Add a new entity
  - Delete an existing entity
  - Split or merge an existing entity or group of entities
  - Move an entity or group of entities within the structure

- Change **a definition**
- **Add new** Content Model Parameter **terms**:
  - Signs / Symptoms, Synonyms, or Content Model Parameters terms
- Change to Diagnostic Criteria

World Health
Organization

Reviewers

- **Content Reviewers**: Pool of specialist experts to review in their area of expertise, similar to quality assessment in peer-reviewed journals.

- **Structure Reviewers**: Morbidity TAG and Mortality TAG

- TAG and WG members :
  - will act as a scientific journal editorial board.
  - should NOT be nominated as reviewers.

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Call for Reviewers

- WHO Requests all TAGs and WGs to provide **nominations of reviewers** for the next step in the Beta Phase.

- Please send the following information to WHO (kostanjsekn@who.int) and copy the message to (ustunb@who.int) by **20 September** :
  - Name of the nominee
  - Email address
  - Area(s) of expertise (content they are qualified to review)
  - CV of the nominee (preferred)
  - Linked-In or other professional profile link (if available)

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Content Review – Schedule

1st Wave
- GURM
- TM (Disorders)
- Gastroenterology
- Nephrology
- Hepato-pancreatobiliary

2nd Wave
- External Causes and Injuries
- Ophthalmology
- Dentistry
- Rheumatology
- Endocrinology

3rd Wave
- Musculoskeletal
- Mental Health
- Neurology
- Rare Diseases
- Circulatory

4th Wave
- Dermatology
- Hematology
- Respiratory
- Neoplasms
- Infectious Diseases
- Pediatrics

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Content review workflow

- Identify **Review Units**
- Identify **Reviewers**
- Send invitations
  - Letter
  - Review questions
- Send reminders, if necessary
- Compile results

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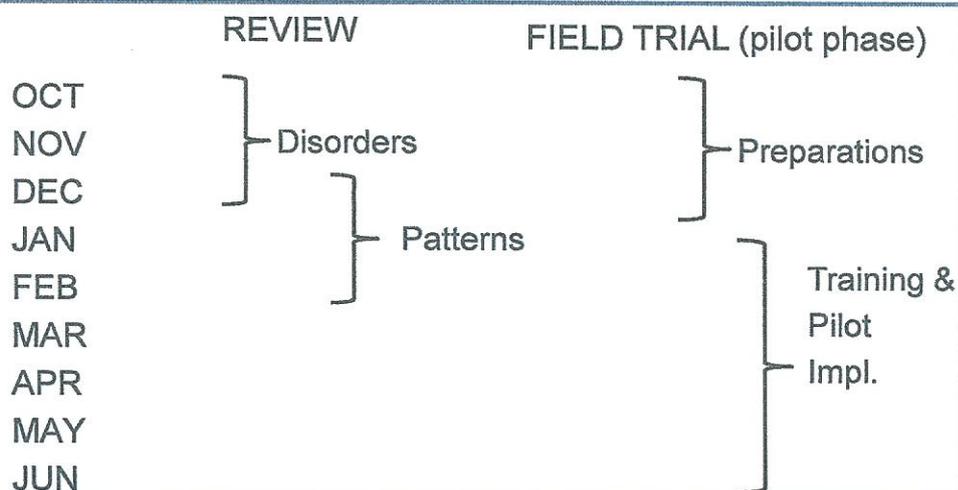
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Results of the Review

- How to incorporate the results of the review
  - Managing Editor's tasks
  - PAG review
  - WHO tasks

World Health Organization

Timeline & Activities

	REVIEW	FIELD TRIAL (pilot phase)
OCT		
NOV	Disorders	Preparations
DEC		
JAN	Patterns	
FEB		Training &
MAR		Pilot
APR		Impl.
MAY		
JUN		

World Health Organization

Current structure of Chapter 23 Pattern sections

Principle-based Patterns [#57]
Groups:

1. Yin [#0]   3. Cold [#7]   5. Exterior [#2]   7. Deficiency [#17]   9. Mixed [#16]
2. Yang [#0]   4. Heat [#30]   6. Interior [#1]   8. Excess [#6]

(handwritten: ①)
(handwritten in red: 10. upper abdominal region deficiency / lower)

Body Constituents Patterns [#138]
Groups:
1. Qi (deficiency, stagnation, counter flow) [#50]
2. Blood (deficiency, stasis, cold/heat) [#41]
3. Fluid (deficiency, disturbance, phlegm) [#25]
4. Essence (???) [#10]
5. (Body Yin and Body Yang)??? [#12]

(handwritten in red: slow also deficiency / upper)
(handwritten: 2)

Organ System Patterns [#134]
Groups:
1. Liver [#30]
2. Heart [#26]
3. Spleen [#33]
4. Lung [#22]
5. Kidney [#23]

Note: Internal grouping logic: 1st by 8 principles, 2nd by 3 BCP, 3rd by 6 pathogenic factors.

(handwritten: 3)

Environmental & Emotional Patterns [#52]
Groups:
1. Env. Wind [#12]
2. Env. Cold [#5]
3. Env. Dampness [#5]
4. Env. Dryness [#4]
5. Env. Fire Heat [#9]
6. Env Summer Heat [#5]
7. Contagious [#12]

(handwritten: 8)

Meridian Patterns [#78]
Groups:
1. Meridians: (Meridians, collateral) [0]
2. Pulse patterns [0]
3. M-Patterns commonly used in acupuncture (i.e. Japanese, Korean…) [0]

Six Stage Patterns [#68]
Groups:
1. Early (greater) Yang stage [#18]
2. Middle (brightness) Yang stage [#7]
3. Late (lesser) Yang stage [#15]
4. Early (greater) Yin stage [#4]
5. Middle (lesser) Yin stage [#13]
6. Late (reverting) Yin stage [#6]
7. Mixed six stages patterns [#5]

(handwritten: 5)

Triple Energizer stage Patterns [#10]
Groups:
1. Upper energizer stage pattern [#3]
2. Middle energizer stage pattern [#3]
3. Lower energizer stage pattern [#3]
4. Mixed energizer stage pattern [#1]

(Note: Internal grouping logic: 6 pathogenic factors

(handwritten: 6)

Four Phase Patterns [#11]
Groups:
1. Defence phase [#2]
2. Qi phase [#3]
3. Nutrient Phase [#4]
4. Blood phase [#2]

(handwritten: 7)

---

4 Const. Med. Patterns [#40]
Groups:
1. Large Yang Type
2. Small Yang Type
3. Large Yin Type
4. Small YinType
(Note: Internal grouping logic: tbc.)

(handwritten: 9)

Formula Patterns [#149]
Groups:

(handwritten: 10)

Sample Case summary
Draft for discussion – June 2012

Case 1: Mr Wu, 37 year old, Executive Manager

Chief complaints: Recurrent upper abdominal pain for 6 weeks

History of present illness: The patient initially presented with an increase in frequency and severity of **burning epigastric pain** 6 weeks ago, which he has experienced occasionally for more than 2 years. Now the pain occurs three or four times per week, usually when he has an empty stomach, and it often awakens him at night. The pain usually is relieved within minutes by food but then recurs within 2-3 hours. He admitted that stress at work had recently increased and that because of long working hours, he was **drinking more caffeine and eating a lot of "take-out" foods**.

Accompanied symptoms: Acid reflux, **dry mouth**, foul mouth odor, gum swelling without bleeding, **yellow urine, constipation**. No distension, no belching, no vomiting or nausea, no anorexia or less appetite, no bitter taste, no fever, no preference for cold, no loss of weight, no lethargy.

Past history: The patient didn't have other diseases. He had no history of severe infectious disease. He undergone appendectomy in 1996. He was allergic to penicillin.

Physical examinations: The patient had normal vital signs without fever. Examination on head showed **foul breath** with **swelling gum, reddish tongue with yellow thick and greasy coat**. There was not obvious tenderness on abdomen. **The pulse was slippery**.

Laboratory tests: The result showed negative for occult blood, blood test showed no anemia, serum *Helicobacter pylori* antibody test was positive, **gastroscopy showed duodenal ulcer**.

Discussion: The patient complained with upper abdominal pain which was identical to epigastric pain, so the diagnosis is quite clear with epigastralgia disorder. Due to more caffeine and "take-out" food, the patient got recurrent pain with dry mouth, yellow urine and constipation. The descriptions as above fulfill the general criteria of stomach heat pattern. Taking the physical examinations into account, this case has all characteristics of the following diagnosis. While no fever and no preference to cold help to differentiate from stomach fire pattern, no bitter taste and no distension help to differentiate from liver fire invading the stomach pattern, no vomiting or anorexia, no lethargy or loss of weight help to differentiate from dampness and heat accumulating the spleen pattern.

Conclusion: ICD-11 codes

                          WA6   Epigastralgia disorder[TM]
                          YG3   Stomach heat pattern[TM]

                          Duodenal ulcer

Sample Case summary
Draft for discussion – June 2012

Case 1: Mr Wu, 37 year old, Executive Manager

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<u>Discussion:</u> The patient complained with upper abdominal pain which was identical to epigastric pain, so the diagnosis is quite clear with epigastralgia disorder. Due to more caffeine and "take-out" food, the patient got recurrent pain with dry mouth, yellow urine and constipation. The descriptions as above fulfill the general criteria of stomach heat pattern. Taking the physical examinations into account, this case has all characteristics of the following diagnosis. While no fever and no preference to cold help to differentiate from stomach fire pattern, no bitter taste and no distension help to differentiate from liver fire invading the stomach pattern, no vomiting or anorexia, no lethargy or loss of weight help to differentiate from dampness and heat accumulating the spleen pattern.

<u>Conclusion:</u>   ICD-11 codes

WA6   Epigastralgia disorder^{TM}
YG3   Stomach heat pattern^{TM}

Duodenal ulcer

ICD-11 Chapter 23 Beta Field Trials (pilot phase)
Study One, Feasibility and Reliability
Form A
Draft for discussion – June 2012

1.   Unique Participant Number __ __ , __ __ , __ __ __
                                    FTC   Site   Participant

2.   Case no __ __ , __ __ __ __ . __

3.   **ICD 11Chapter 23 Codes**

                                              <u>**Confidence** rating</u>
                                              Write the number that best indicates your confidence in
                                              applying the code.
                                              1 very low, 2 low, 3 medium 4 high, 5 very high.

                            Code
3.1.   Disorder™   __ __ __ __   __

3.2.   Pattern™   __ __ __ __   __

3.3. ICD_10 WM Code __ __

4.   The <u>ease of use</u> of ICD Chapter23 for classifying this case. (*Encircle the best alternative*)

        1   2   3   4   5
        very easy   easy   medium   difficult   very difficult

5.   The <u>meaningfulness</u> of ICD Chapter23 classification for this case. (*Encircle the best alternative*)
        1   2   3   4   5
        very meaning- meaning-   medium   meaning-   very meaning-
        full   full   less   less

6.   <u>Time spent</u> in coding this case. (*Answer in minutes*)   __ __ minutes

7.   Any <u>missing categories</u> in ICD Chapter23 which would have applied to this case?

ICD-11 Chapter 23 Field Trials (pilot phase)
Study One, Feasibility and Reliability
Final Assessment Form B
Draft for discussion – June 2012

1. Unique Participant Number __ __ , __ __ , __ __ __

2. Extent of coverage of *ICD-11 Chapter 23* sections:

    1 very good, 2 good, 3 medium, 4 poor, 5 very poor.

    2.1. Disorders™   __
    2.2. Patterns™   __

    2.3. If response is NOT 1 or 2, please explain the problem in coverage: _____

3. Ease of use of *ICD-11 Chapter 23* sections:

    1 very easy, 2 easy, 3 medium, 4 difficult, 5 very difficult.

    3.1. Disorders™   __
    3.2. Patterns™   __

4. Meaningfulness of *ICD-11 Chapter 23* sections for your culture and setting:

    1 very meaningful, 2 meaningful, 3 medium, 4 meaningless, 5 very meaningless.

    4.1. Disorders™   __
    4.2. Patterns™   __

5. Suggestions for filling any substantive gaps by additional categories in *ICD-11 Chapter 23*:

6. Suggestions for removing any redundancies by deletion of categories in *ICD-11 Chapter 23*:

7. Any other suggestions:

            25 case vinniet

ICD-11 Chapter 23 Field Trials
STUDY TWO
Basic Question topics & samples
Draft for discussion – June 2012

Possible BQ topics

1. Need for ICD-11 Chapter 23

2. Uses for ICD-11 Chapter 23

3. Characteristics of ICD-11 Chapter 23 and WM Chapters

4. Conceptions of the diseases, disorders^{TM} and patterns^{TM}

5. Delineation Disorders^{TM} and Patterns^{TM}

6. Delineation between TM entities and WM entities in ICD-11

7. Terminology principles

8. Coding disorders^{TM} and patterns^{TM}

9. Chapter 23 and larger ICTM coverage

10. Chapter 23 and other WHO FIC (e.g. ICHI)

11. Other

Sample BQs

1. Need and uses for ICD-11 Chapter 23

How would you rate the need for ICD-11 Chapter 23?

Criteria	Very significant (4)	significant (3)	moderate (2)	mild (1)	No (0)
BQ 1_1a **Overall need** for ICD-11 Chapter 23					
BQ 1_1b **Need** of ICD-11 Chapter 23 in the area of **clinical care** (TM diagnosis in outpatient & inpatient hospital & community care)?					
BQ 1_1c **Need** of ICD-11 Chapter 23 in the area of **reimbursement**					
BQ 1_1d **Need** of ICD-11 Chapter 23 in the area of **statistical applications**(reporting of TM diagnosis for epidemiology & public health purposes)?					
BQ 1_1e Need of ICD-11 ICD-11 Chapter 23 in the area of **research** (clinical trials etc.)?					

BQ 1_2 Are there other areas of use for ICD-11 Chapter 23?

BQ 1_3 Do you agree that the ICD-11 Chapter 23 overall provides a meaningful way to classify *"traditional medicine disorders and patterns "*?

    strongly agree (3)   agree (2)   disagree (1)   strongly disagree (0)

BQ 1_31 ICD-11 Chapter 23 is intended for multiple levels of use. In view of this, is the level of detail of the classification appropriate?

        Too detailed (2)   Just right (1)   Not enough detail (0)

BQ 1_4 Identify your specialty area

BQ 1_5 Do you agree that your field or specialty area is adequately covered in the Chapter 23?

        strongly agree (3)   agree (2)   disagree (1)   strongly disagree (0)

BQ 1_7A Comments:

1a. Usefulness of TM classification

How would you rate the usefulness?

	clinical care	reimbursement	statistical reporting	research
BQ 1_8a ICD-11 Chapter 23				
BQ 1_8b ICTM				
BQ 1_8c SNO-TM				
BQ 1_8d TM Intervention				
BQ 1_9e TM Drug Dictionary				

2. Characteristics of ICD-11 Chapter 23

Does the ICD-11 Chapter 23 meet the following criteria ?

Criteria	Fully (3)	Largely (2)	Somewhat (1)	No at all (0)
BQ 2_1 Accurate scientific representation				
BQ 2_2 Clinical relevance				
BQ 2_3 Feasibility/applicability in practice				
BQ 2_4 Statistical utility: • Comparison • Reporting • Reimbursement				
BQ 2_5 Usability in computers: (digital ready for e-health applications				

BQ 2_A Comments:

4

4. Disorders™ and Patterns™

BQ 4_1   Is the <u>distinction</u> between *Disorders^{TM}* items and *Patterns^{TM}* definitions <u>clear</u>?

          Yes (1)   No (0)

BQ 4_A Comments:

Back to basics:
- Clinical meaning
- Inter-coder reliability
- Coder-clinician understanding
- Frequency
- Importance of connection between pattern + treatment
- Precedent in syndrome / constellation

Axes for Post-Coordination:

① - Deficiency
   · Medium
   - Excess

② Cold - Heat

③ Early
  Middle
  Late

④ Laterality

⑤ Small
   Large

Tokyo, Japan
13-14 Sep 2012

Provisional List of Participants

Ad-Hoc Working Group
Meeting on ICTM Patterns
2012/**A002**

Ad-Hoc Working Group Meeting on ICTM Patterns

13-14 September 2012
Tokyo, Japan

Participants

PAG Co-Chair: Kenji **Watanabe**
Dean, Center for Kampo Medicine
Keio University School of Medicine,
Tokyo, Japan
Email: toyokeio@sc.itc.keio.ac.jp

Tetsuro **Kiyotani**
Presidient, Tokai Clinic,
Nagoya-city, Aichi, Japan
Email: tetsu@kiyotani.jp

Peter **de Smet**
Drug Info. Officer & Senior Researcher
Royal Dutch Association for the Advancement
of Pharmacy, The Hague, The Netherlands
Email: pdesmet@knmp.nl

Zhu Liming
General Deputy Director, Dept. of Surveillance
Center for Medical Service Quality of TCM
Hospitals, Shanghai University of TCM,
Shanghai, People's Republic of China
Email: zhuliming345@163.com

Michiho **Ito**
Associate Professor, Department of
Pharmacognosy, Kyoto University,
Kyoto, Japan
Email: michihoi@pharm.kyoto-u.ac.jp

PAG Co-Chair: Xiaorui **Zhang**
Special Adviser, State Administration of
Traditional Chinese Medicine,
People's Republic of China
Email: swisszhangx@gmail.com

Yin Chang-Shik
Professor, Acupuncture & Meridian Center
Kyung Hee University
Seoul, Republic of Korea
Email: acuyin@khu.ac.kr

Sunga **Ahn**
Researcher, Standardization Planning Team
KM Technolody Standards Center
Korean Institute for Oriental Medicine (KIOM)
Email: ahns@kiom.re.kr

Rosemary **Roberts**
Health Information Consultant
Rosetta Max Pty Ltd
Australia
Email: rroberts@aapt.net.au

Dou Danbo
Director, Chief Physician
Traditional Chinese Medicine Department
Shanghai Shuguang Hospital
Shanghai University of TCM
People's Republic of China
Email: doudanbo@hotmail.com

Tokyo, Japan
13-14 Sep 2012

Provisional List of Participants

Ad-Hoc Working Group
Meeting on ICTM Patterns
2012/**A002**

Samson **Tu**
Stanford Center for Biomedical Informatics
Research, Stanford University School of
Medicine, Stanford, USA
Email: swt@stanford.edu

Li Yimeng
Associate Chief Physician
Shanghai Shuguang Hospital
Traditional Chinese Medicine Department
Shanghai University of TCM
People's Republic of China
Email: doctorlym@sina.com

WHO Secretariat

Daisuke **Koga**
Technical Officer, Quality Assurance and
Safety of Medicines, Department of Essential
Medicines and Pharmaceutical Policies
World Health Organization
Geneva, Switzerland
Email: kogad@who.int

Nenad **Kostanjsek**
Technical Officer, Classifications,
Terminologies and Standards
Department of Health Statistics and
Informatics, World Health Organization
Geneva, Switzerland
Email: kostanjsekn@who.int

T. Bedirhan **Üstün**
Coordinator, Classifications, Terminologies
and Standards Department of Health
Statistics and Informatics,
World Health Organization
Geneva, Switzerland
Email: ustunb@who.int

Zhang Qi
Coordinator, Traditional Medicine
Department of Health Systems Governance
and Service Delivery
World Health Organization
Geneva, Switzerland
Email: zhangqi@who.int

Zu Lianghua
WHO Volunteer, Traditional Medicine
Department of Health Systems Governance
and Service Delivery
World Health Organization
Geneva, Switzerland
Email: zul@who.int

Local Host

Nobuyoshi Tani
Director, ICD Office,
Ministry of Health, Labour and Welfare
1-2-2, Kasumigaseki, Chiyoda-ku
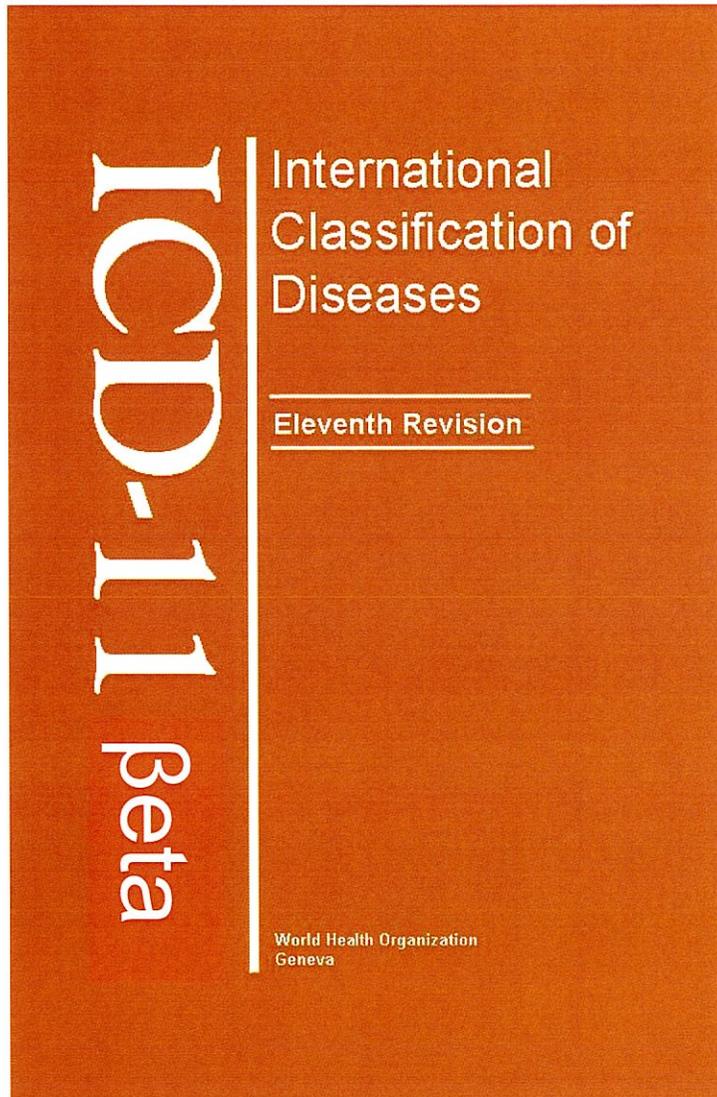Tokyo 100-8916
Email: icdoffice@mhlw.go.jp
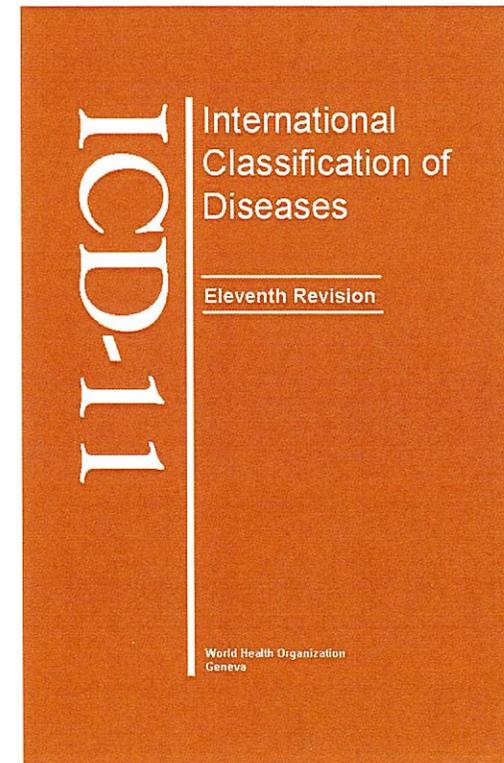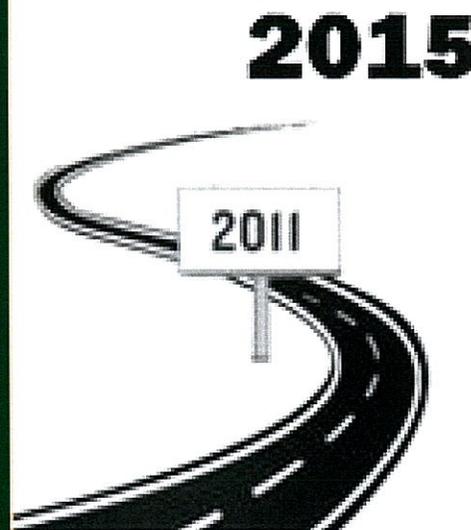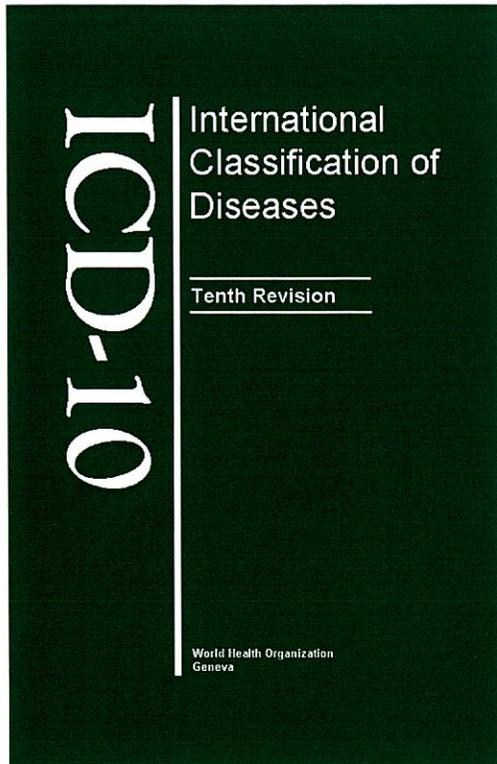
ICD11 βeta

International Classification of Diseases

Eleventh Revision

ICD-11 βeta

World Health Organization
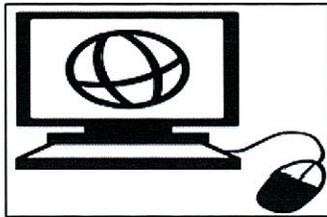Geneva

- **Beta – Browser & Print**

  10 look & feel **+ descriptions – code structure !**

- **ICD-11 Beta draft is NOT FINAL**
- updated on a **daily** basis
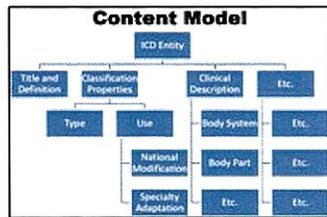- **NOT TO BE USED** for CODING except for **agreed FIELD TRIALS**

ICD-11 Features

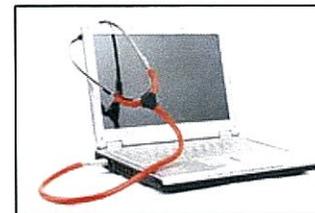**Internet Based Platform**

Input from all Stakeholders

Content Model

Definitions

Field Trials for Use Cases

Electronic Health Record Ready

Traditional Medicine Included

لعربية	Arabic
官话	Chinese
English	English
Français	French
Русский язык	Russian
Español	Spanish
Deutsch	German
Português	Portuguese

Multi Lingual Representations

3

ICD11 Alpha

Jun 20 - 11:02 UTC

Search [   ] ? [Advanced Search]

| Foundation | Linearizations | Info |
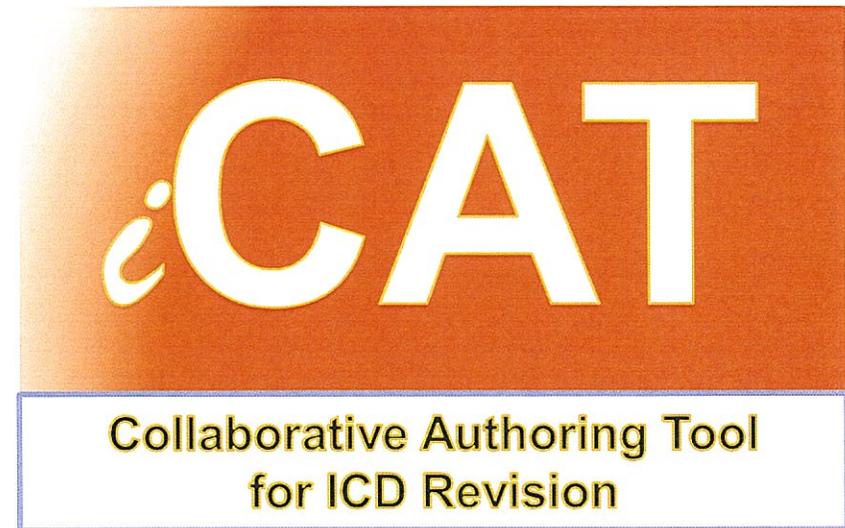
- ICD11 Alpha
  - Certain infectious and parasitic diseases
    - Intestinal infectious diseases
    - Tuberculosis
      - Respiratory tuberculosis, bacteriologically and histologically confirmed
      - Respiratory tuberculosis, not confirmed bacteriologically or histologically
      - Tuberculosis of nervous system
      - Tuberculosis of other organs
      - Miliary tuberculosis
    - Certain zoonotic bacterial diseases
    - Other bacterial diseases
    - Infections with a predominantly sexual mode of transmission
    - Other spirochaetal diseases
    - Other diseases caused by chlamydiae
    - Rickettsioses
    - Viral infections of the central nervous system
    - Arthropod-borne viral fevers and viral haemorrhagic fevers
    - Viral infections characterized by skin and mucous membrane lesions
    - Viral hepatitis
    - Human immunodeficiency virus [HIV] disease
    - Other viral diseases
    - Mycoses
    - Protozoal diseases
    - Infestation by parasitic flukes and tapeworms
    - Infestation by nematodes and unspecified parasitic worms
    - Pediculosis, acariasis and other infestations
    - Sequelae of infectious and parasitic diseases

ID : http://who.int/icd#A15-A19

Tuberculosis

Parent(s)

- Certain infectious and parasitic diseases
- Selected cause is Tuberculosis

Definition

A progressive or chronic disease resulting from infection with Mycobacterium tuberculosis, usually acquired by inhalation.

Inclusions

- infections due to Mycobacterium tuberculosis and Mycobacterium bovis

Exclusions

- sequelae of tuberculosis
- silicotuberculosis
- pneumoconiosis associated with tuberculosis
- congenital tuberculosis
- human immunodeficieny [HIV] disease resulting in tuberculosis

Causal Mechanisms

- Mycobacterium tubercolosis complex

⚠ Please read the Caveats

🔍 100% ▾

Why a Review Process

- The review process will help WHO **assure the quality** of the Beta Content

- Review focus:
  - **Scientific accuracy**
  - **Completeness** of each unit
  - **Internal consistency**
  - **Utility / Relevance** of each unit

Review Foci

1. Structure :

- Hierarchy: classification tree

2. Content

- Naming – terminology – translation
- Definition
- Content Model completion

Mortality
Morbidity

13 reviewers

Review Process

- The review process :
  - **the content**
    - Definitions
    - Content model parameters
  - **The structure** - of the linearization (s)
    - Mortality
    - Morbidity
    - Primary Care

- The reviewers:
  - **scientific peers**

Initial Review

- **Initial Review** of the current Beta draft:
  - **Linearization Structure(s)** (e.g. Mortality and Morbidity or Primary Care)
  - **Content**

- **Review Units:** may include individual entities or groups of entities at any level, such as:

- Structure Review Units
  - Entire Linearization
  - Chapter
  - Subchapter
  - Clusters
  - Use Cases
  - Other structure groupings, as selected

- Content Review Units
  - Chapter
  - Subchapter
  - Clusters
  - Individual entities
  - Other groups of entities, as selected

Reviewers

- **Content Reviewers**: Pool of specialist experts to review in their area of expertise, similar to quality assessment in peer-reviewed journals.

- **Structure Reviewers**: Morbidity TAG and Mortality TAG

- TAG and WG members :
  - will act as a scientific journal editorial board.
  - should NOT be nominated as reviewers.

Call for Reviewers

- WHO Requests all TAGs and WGs to provide **nominations of reviewers** for the next step in the Beta Phase.

- Please send the following information to WHO (robinsonm@who.int) and copy the message to Bedirhan (ustunb@who.int) by **20 September** :
  - Name of the nominee
  - Email address
  - Area(s) of expertise (content they are qualified to review)
  - CV of the nominee (preferred)
  - Linked-In or other professional profile link (if available)

Content Review – Schedule

1st Wave
- GURM
- **TM (Disorders)**
- Gastroenterology
- Nephrology
- Hepato-pancreatobiliary

2nd Wave
- External Causes and Injuries
- Ophthalmology
- Dentistry
- Rheumatology
- Endocrinology

3rd Wave
- Musculoskeletal
- Mental Health
- Neurology
- Rare Diseases
- Circulatory

4th Wave
- Dermatology
- Hematology
- Respiratory
- Neoplasms
- Infectious Diseases
- Pediatrics

Process of Review

1. **Initial review**
   - Start with the **current Beta Version**
     - content
     - structure

2. **Continuous review**
   - Review incoming proposals
     - External proposals

   - Incremental changes
     - Single Assessment Questions

Continuous Review
public proposals
on content and structure

- Proposals on **classification entities**
  - Add a new entity
  - Delete an existing entity
  - Split or merge an existing entity or group of entities
  - Move an entity or group of entities within the structure

- Change **a definition**
- **Add new** Content Model Parameter **terms**:
  - Signs / Symptoms, Synonyms, or Content Model Parameters terms
- Change to Diagnostic Criteria

ICD11 Alpha *Jun 20 - 11:02 UTC*

can celik [Log Off]

Search [Advanced Search]

Foundation   Linearizations   User   Info

ICD11 Alpha

- Certain infectious and parasitic diseases
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  - Other viral diseases
  - Mycoses
  - Protozoal diseases
  - Infestation by parasitic flukes and tapeworms
  - Infestation by nematodes and unspecified parasitic worms
  - Pediculosis, acariasis and other infestations
  - Sequelae of infectious and parasitic diseases
  - Bacterial, viral and other infectious agents
  - Other infectious diseases
- Neoplasms
- Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
- Endocrine, nutritional and metabolic diseases
- Mental and behavioural disorders
- Diseases of the nervous system

ID : http://who.int/icd#I

Certain infectious and paras

Parent(s)

- Selected cause is Certain infec

Definition

This entity does not have a definition

Inclusions

- diseases generally recognized

Exclusions

- carrier or suspected carrier of
- infectious and parasitic diseases specific to the perinatal period [except tetanus neonatorum, congenital syphilis, perinatal gonococcal infection and perinatal human immunodeficiency virus [HIV] disease]
- infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium [except obstetrical tetanus]
- certain localized infections - see body system-related chapters
- influenza and other acute respiratory infections

BUT THE QUESTIONS, ONCE ASKED, SEEM NEVER TO GO AWAY.

Please read the Caveats

90%

Question ✖

Is the definition for this category clear?
- ○ Very clear
- ○ Clear
- ○ Somewhat clear
- ○ Not clear at all

If no please explain how can we make it clear?

[Submit] [Cancel]

SAQ Responses

- Until (3 February 2012),

  6890 Single Assessment Questions have been answered in the ICD-11 Alpha Browser:

  - Is the Definition Clear: **909**

  - Is the Entity Useful in: **982**
    - Clinical / Primary Care/ Research Setting

  - Is the Category in the right place: **1042**

Review Software

Content review workflow

- Identify Review Units
- Identify Reviewers
- Send invitations
  - Letter
  - Review questions
- Send reminders, if necessary
- Compile results

Review Software

- "Social Reviewer" (like Social Reader)
  - Links to Facebook, Linked-in, Twitter….
  - Links to BROWSER
    - Reward – incentives for review
    - Seek reviewers for "stubs"
    - Publishing on both Browser + Social Platform of Choice
  - Online or PDF form: (with extractable data)
  - No direct link to iCAT-TM -mother platform

- Identify review units using URIs

- Create waves of Activity Foci

Results of the Review

- How to incorporate the results of the review
  - Managing Editor's tasks
  - PAG review
  - WHO tasks

ICD11 Field Trials

- **Basic aims**
  - To test the "**fitness of ICD-11** for **multiple purposes**"
    - Mortality coding
    - Morbidity coding
    - Other use cases
  - To ensure the **comparability** between ICD-10 and ICD-11
  - To increase consistency, identify improvement paths, and reduce errors

- Key Assessments:

  - **Applicability** – **feasibility** → easy to use

  - **Reliability** - **consistency** → gives same results in the hands of all

  - **Utility** - **added value** → *renders useful information*

Basic aims of the field trials for Chapter 23 TM sections are:

- to test the _feasibility of the use of Chapter 23_ in different settings;

- to test the _reliability of the Chapter 23_ in different settings, formats and versions; and to increase consistency and reduce errors;

- to address some _basic questions related to constructs and validity_;

- to ensure _comparability_ in using National and International Classification;

- to identify _improvement paths_ of the current Chapter 23.

ICD11 Field Trials

- **Applicability (Feasibility)** –
  - Is the classification easy to implement in the hands of the real life users (coders, doctors etc.) ?

- **Utility** –
  - What is the value of the classification to enhancing data capture and its uses?
  - Does it improve recognition?
  - Does it serve for better documentation?
  - Does it enable re-use?
  - Does it guide better diagnosis?
  - Does it allow better resource allocation?

- **Reliability** –
  - Is the classification used in the same manner by different users?
  - Do two different users code the same case with the same code?
  - What are the sources of discrepancy?
  - What are the factors to improve comparability and consistency?

Field Trials

- **KEY USES**:
  - **Mortality:** cause of death coding, verbal autopsy
  - **Morbidity:** various morbidity codings – hospital discharge, DRG etc.
  - **Other uses**

- **DIFFERENT SETTINGS:**
  - **Primary Care**
    - High-resource settings
    - Low-resource settings

  - **General Health Care**
    - Specialty settings

  - **Research settings**
    - Use in population studies - epidemiology
    - Use in clinical research

Inter-rater reliability

- The Case information
  - live
  - medical record

- Coded using ICD11 by at least **two different people**

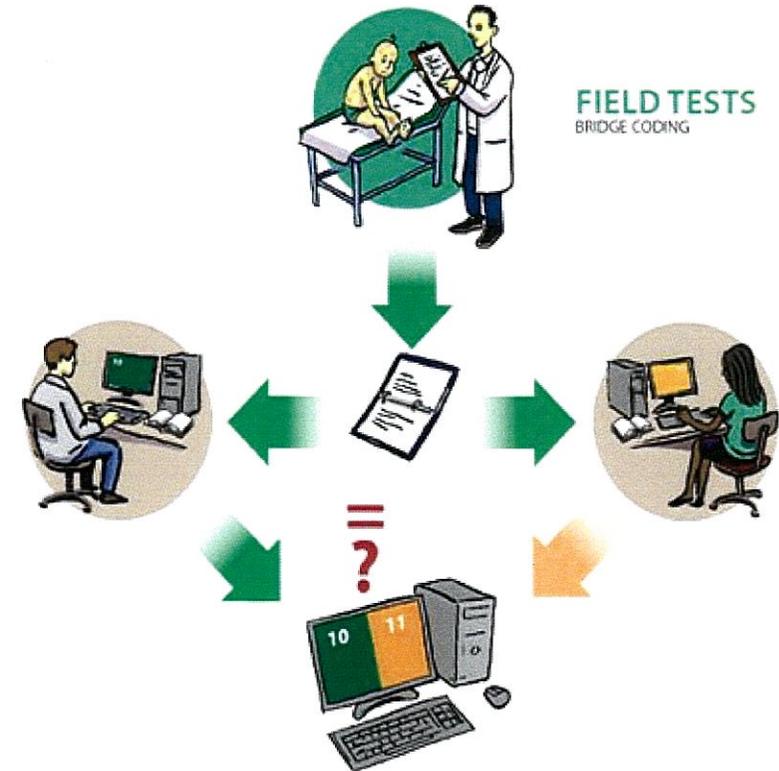- **Agreement rates** measured

FIELD TEST
INTER RATER RELIABILI

TM Double Coding

- The Case information
  - live
  - medical record

FIELD TESTS
BRIDGE CODING

- Coded using
  - ICD10 KOM, National Classification
  - ICD11

- **Agreement rates** measured

Contributor Acknowledgement

- WHO is currently creating a list to acknowledge all participants:

  - ICD website
  - Print version of the ICD-11.

- Please include all with participant contact information.

- The following individuals will be acknowledged:
  - RSG
  - RSG-SEG
  - TAG
  - TAG WGs

  - Managing Editors
  - NGOs
  - Other Contributors
  - WHO-FIC Collaborating Centres
  - WHO Staff

Organisation of FT

- The field trials are to be conducted by, or under the supervision of **Field Trial Centres**. A *Field Trial Centre* (FTC) is a WHO-approved study site.

- We expect that in each major country (e.g. China, Korea, Japan, USA, Australia) there will be a single **agency** that will coordinate the organization of the field trials at national level.

Core Studies

- **Study One:**
  - **Feasibility and Reliability** for live Cases and Case Summaries coding with
    - Chapter 23 alone
    - Chapter 23 and other ICD-11 Chapters (double coding)

- **Study Two:**
  - **Basic Questions**

Study 1 Components

- <u>Feasibility in evaluations:</u> The rater will administer the Chapter 23 and assign codes for the case and record some other pertinent information on the *Form A*.

- <u>Inter-rater reliability in evaluations:</u> This component will assess the agreement between two of more raters rating the same case evaluation. Data for all the raters will be collected on *Form A*, one for each rater.

After finishing the data collection for all the two components, each interviewer will be asked to respond to a short post-study questionnaire provided in the protocol (Form B). Data for all two components and the post-study questionnaire will be submitted as electronic spread sheets to WHO Geneva.

Study 2 Components

Consensus Conference Approach

Each field trial centre will conduct at least one consensus conference to discuss the basic questions. The results of the consensus conference will be summarised in a report and forwarded to WHO Geneva.

Individual Response Approach

Responses to the basic questions should be collected by each field trial centre from multiple individuals who have expertise in the area of TM coding. Each person should provide a written response to the basic questions on the Response Form provided in the protocol. The field trial centre will collect these responses and provide a summary using the same format as for the Consensus Conference.

Field Trials Work Plans

- **Plan for field trials**
  - Essential components
  - Additional components
    - Methodology
    - Timelines

- **Possible Participants**

- **Data collection – Analysis - Publications**