Collaborating Centre for
the WHO-FIC in Japan

平成 24 年度

第 3 回 WHO 国際統計分類協力センター 運営会議

■日　時■　2012 年 12 月 21 日（金）14：00-16：00

■会　場■　厚生労働省　専用第 10 会議室（本館 2 階）

平成24年度 第3回WHO国際統計分類協力センター運営会議

日時

１２月２１日（金）１４：００～１６：００

場所

厚生労働省専用第１０会議室（２階）

議題

１．WHO国際統計分類ネットワーク（WHO-FIC）年次会議報告について

２．次年度活動計画について

３．その他

資料

資料１　WHO国際統計分類ネットワーク（WHO-FIC）年次会議（ブラジリア）報告
資料２　組織別年次計画
　資料２－１　厚生労働省国際分類情報管理室
　資料２－２　国立保健医療科学院_緒方氏
　資料２－３　国立保健医療科学院_筒井氏
　資料２－４　国立がん研究センター
　資料２－５　日本病院会
　資料２－６　日本東洋医学会

WHO 国際統計分類(WHO－FIC)ネットワーク
年次会議(ブラジリア)報告

主催	WHO、ブラジル WHO-FIC 協力センター 、PAHO、ブラジル保健省
開催期間	平成 24 年 10 月 13 日（土）～10 月 19 日（金）
会場	ブラジリア、国際会議場
参加者	WHO、各国 WHO-FIC 協力センター、各国政府厚生・統計関係部局、NGO、オブザーバー等　約 230 名

主な議題について

(1)各種委員会報告

●死因分類グループ（Mortality Reference Group(MRG)）、死因分類専門部会（Mortality TAG(mTAG)）

<MRG>

- 議長選挙があり、Lars Age Johansson と Patricia Wood 選出された。
- ワークプランに関連して以下の項目が検討された。
  ・疾病等による外因事象（急性心筋梗塞により交通事故が引き起こされた場合など）原死因のルールの明確化。
  ・Maternal Death（妊娠中または産後・妊娠中断後 42 日以内の母子の死亡）のコードについて議論を行ったが、ルールの変更が必要となることから継続的に議論することになった。
- ICD-11 総論（日本語版第 1 巻）死因ルールの整備を継続して行う。
- ICD-10 から ICD-11 への変換、索引の類義語の検討を行う。
- 次回中間年次会議は、4～5 月にワシントン DC で行う予定。

<MRG、Mtag、MbTAG 合同>

- 各 TAG による iCAT の変更は、2012 年 10 月 3 日をもって終了し、各 TAG からの直接的な作業は出来なくなった。
- Horizontal TAGs (mTAG, MbTAG)による stability analyses（安定性分析）を実施する。

●生活機能分類グループ(Functioning and Disability Reference Group(FDRG))

- 議長選挙があり、Catherin Sykes と Andrea Martinuzzi が選出された。
- ICF のガイドライン
  - 最終ドラフトが提案され、今後は、EIC での検討を経る予定。
- ICF 改正作業
  - ICF-CY（国際生活機能分類―児童版）作成時に修正された ICF との共通部分に

関する小改正提案について、URC への提案に先立ち検討がなされた。派生分類である ICF-CY を URC で議論することに対して、疑義が出され、ICF と ICF-CY を統合して URC で議論することが必要とされ、COUNCIL に提出された。

●分類改正改訂委員会（Updating and Revision Committee（URC））

- 議長選挙があり、Francesco Gongolo と Ulrich Vogel が選出された。
- ICD 分野：総提案 48 件
  - 会議前に承認 28 件
  - 会議中の議論 20 件　そのうち　4 件承認

※日本からの提案された 3 項目は、1 件：一部修正の上採択、2 件：来年再提出となった。

- ICF 分野：総提案 137 件、会期中の審議 6 件
  - 受理　7 件
  - 否決　29 件

●教育普及委員会（Education and Implementation Committee(EIC)）

- 議長選挙があり、Cassia Buchalla と Sue Walker が選出された。
- ICD・ICF ウェブ・トレーニング・ツール
  - ICD トレーニングツール：WHO のウエブサイトにおいて CD やダウンロード形式で提供される。
  - ICF トレーニングツール：導入モジュールの英語版とスペイン語版が完成。
- トレーニング認定プログラム
  - PAHO が地域のトレーニングツールとして、カリブ海地域、南アフリカでトレーニングを実施した。
- WHO-FIC 普及データベースの進捗状況の紹介
- 国際コーディング試験について
  - 死因コーディングのパイロット試験が 100 の設問を用いて数カ国で行われた。使用言語は英語、フランス語、韓国語、ポルトガル語、スペイン語である。
  - 疾病コーディングのパイロット試験が、日本、韓国、ジャマイカ、スリランカ、スウェーデン等で、実施されたことが報告された。

●情報科学・用語委員会（Informatics and Terminology Committee(ITC)）

- 議長の選挙があり、Vincezo Della Mea と Karen Carvell が選出された。
- 分類のための普及プロファイルの開発を行う（ICD-O および ICHI）
- 分類ブラウザー（ICD,ICF)および改訂プラットフォームの支援、多言語化のサポートを行う。
- IRIS に関して、ドイツの DIMDI 内に iris-institute を組織し、User Group 内の情報共有化を進める。

現在、イタリア、フランス、ドイツ、スウェーデン、ハンガリーなどで運用を行っており、ブラジルは 2014 年の完全導入を目指している。

●国際統計分類拡張委員会(Family Development Committee(FDC))

- 議長の選挙があり、Jenny Hargreaves と Huib ten Napel が選出された。
- ICHI のα版の継続的開発を行う。見直し作業は、中国センターの協力を得て作業を継続する。
- 今後は、FDC の本体から切り離してプロジェクトを継続し、電子化された分類として、ICD 改訂から 2 年後の完成を目指す。

(2)全体会議

●諮問委員会（Council）

- WHO 事務局から金融危機の余波により、40 億ドルの予算要求に対して、WHO 加盟国は 25 億ドル分のみ承認した。その影響は WHO 事業に及んでいるが、ICD 改訂、健康及び生活機能の指標による、世界の健康の測定などの事業は WHO の優先的事業として守られているとの報告があった。
- WHO-FIC 協力センターの指定状況は、ノルウェー、タイ及び韓国が協力センターとして新たに指定されたほか、スペイン、英国、ハンガリー、クウェートの４カ国が再認定手続き中で、キューバが申請手続きに入ることが報告された。
- ICF と ICF-CY の統合に関する決議案が FDRG より出され修正の上承認された。
- 共同議長の選挙：各委員会の議長選挙が行われた。
- ポスター・アワードの授与：110 のポスターが提出され、5 名（団体）が選ばれた。次年度の年次会議の登録費用が免除される。
- 各グループの中間年次会議は、EIC（2 月）、FDC（6 月）、MRG（4～5 月）を予定。
- 次回 WHO-FIC ネットワーク年次会議は、中国（北京）にて、2013 年 10 月 12 日～18 日を予定

●全体会議～ICD 改訂について～

（1）ICD revision に関する現在の進捗

- ICD-11 はデジタル化した新たな分類であるが、基本的な考え方やコンセプトは ICD-10 よりそれほど大きくは変化しない。
- ICD-11 の特徴の一つとして、多言語対応であることが挙げられる。
- ICD-11 の背景には、foundation, ontology, linearization の 3 つ（tripartite architectures）が存在する。また ICD-11 は、コンピュータを用いたオントロジーの原理を取り込んだ分類である。

1) Timeline

- ICDαフェーズは 2012 年 5 月に終了した。βフェーズは 2012 年 5 月から 2015 年までの予定である。
- 2015 年の WHA においては基本的な linearization の結果のみが提出され、作業は引き続き実施される予定である。

2) TAG の作業配分

- 全ての疾病には一つの TAG がアサイン(Assigned TAG)されており、Assigned TAG には primary responsibility が与えられる。
- Assigned TAG の他に疾病に関係のある TAG は Associated TAG と呼ばれ、Assigned TAG と協力して分類を完成させる。

3) Foundation component と linearization

- foundation component は疾病に関する基本情報であり、foundation component から必要な情報を選択して linearization を実施する。
- Mortality, morbidity の linearization を基本的に実施するほか、primary care, clinical specialty, research などの linearization も実施可能である。

4) ICD-11 のコード構成

- 例) ED1.EE1E(E=I,0 を除くアルファベットと数字の 34 進数、D=I,0 アルファベットの 24 進数、1＝数字)

5) Index

- foundation layer をインデックスとして活用して linearization を実施する。
- post coordinated terms として common terms を foundation layer に追加する予定。

(2) ICD 改訂のレビュープロセスについて

1) レビューの目的

- 科学的な正確さの確保
- 整合性の確保
- 構造や内容の妥当性の確認など

2) レビューの方法

- レビューのタイプ

・初期レビュー: linearization による構造とコンテンツのレビュー (現在実施中)
・継続レビュー

- レビューのユニット

・構造：linearization の全体レビュー、章や大項目、中項目などのレビュー
・コンテンツ：各項目のレビュー

- レビュー担当者の選出方法

・各 TAG 及び WHO による推薦
・関連文献からの抽出
・自薦
・その他関係者からの推薦

- レビューの実施方法

・レビュー担当者と horizontal TAG によるコンテンツのレビューの実施
・TAG/WG は科学雑誌の editorial board のような役割

➢ レビュー実施に向けた今後の作業手順
・レビュー担当者の確保：300～400 人必要である
・レビューのための linearization の準備
・レビュー実施のための担当箇所の分割
・レビュー担当者のレビュー担当箇所の割当
・TAG/WG のレビュー実施のための準備
・レビュー実施後の iCAT への反映の実施

3）フィールドテストについて
➢ フィールドテストの目的
・ICD-11 の適用性、妥当性、利用可能性の検証
➢ フィールドテストの対象
・プライマリケア
・一般的なヘルスケア（general health care）
・研究（research）
➢ Inter-rater reliability
・コーディングの妥当性の検証のため、2 人が同じサンプルでコーディングを実施する
➢ Bridge coding
・ICD10 と ICD-11 の間のコーディングの妥当性の検証
➢ フィールドテストの実施機関：WHO が認可した機関により実施（今後選定予定）
・フィールドテスト実施のための機関
・WHO-FIC の活動に関連した WHO collaborating centre

●ポスターセッション

日本から以下 2 名が口頭発表を行った。
➢ 渡辺賢治 ICD 専門委員" Integrating Traditional Medicine into ICD"
➢ 日本病院会日本診療情報管理学会横堀由喜子氏"Results of Subject-Based Training Sessions in the Education of Health Information Managers"

※渡辺氏の発表は、ポスター・アワードを受賞した。

Annual Report 2012

The Collaborating Centre for
the WHO-FIC in Japan

Preface

On September 9, 2011, Japan was designated as a Collaborating Centre for the WHO-FIC by the Regional Director of WHO's Western Pacific Regional Office. With the Director of the ICD Office of the Japanese Ministry of Health, Labour and Welfare as the head of the Centre and comprised of the ICD Office, the National Institute of Public Health, Japan Hospital Association/Japan Society of Health Information Management, the National Cancer Center, and the Japan Society for Oriental Medicine, the Japan Collaborating Centre aims to contribute to the improvement of the quality of the classifications and to the education and implementation of the classifications. Even prior to the designation as a Centre, I can confidently say that our predecessors, with national pride and a high level of expertise, had made comparable contribution as the existing Centres in other regions of the world.

The designation sets us on a path to promote our activities as a Centre, both in name and substance, while being fully aware of the significant expectations WHO has in our Centre.

On February 7, 2012, we hosted a party to mark the Centre's launch and announce the designation to the Japanese community, with Dr. Bedirhan Ustun of WHO as an invited guest. At the party, bustling with people from related organizations, we heard praises for our predecessors' past efforts as well as expressions of hope for the Centre's future. For all members of the ICD Office of the Japanese Ministry of Health, Labour and Welfare, it was an occasion to renew our determination for the future.

Partnership between the public and private sectors forms the basis of the Japan Collaborating Centre, which is uncommon even within the WHO-FIC Network. Our five organizations will work in close collaboration while harnessing our respective strengths and make our voices heard as Team Japan.

In this first report of the Collaborating Centre in Japan, we have compiled the Centre's activities, developments leading up to its establishment, its features, and Japan's past efforts. I sincerely hope that it will have a wide readership so that many readers will have a better understanding of the Centre's activities.

Lastly, as we mark this important milestone in the history of Japan's undertakings in this area, I would like to take this opportunity to express my deepest gratitude for the considerable efforts by many of those concerned.

Nobuyoshi Tani,

Head, Collaborating Centre for the WHO-FIC in Japan

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Part I

1. Prefatory Note

On the Launch of a WHO-FIC Collaborating Centre

Filled with a profound emotion on Japan's designation as a Collaborating Centre for WHO Family of International Classifications (WHO-FIC), I extend my words of encouragement to the officials and others concerned with the Centre.

My involvement with ICD began in 2003 when the Japanese Society of Gastroenterology, at its 89th General Assembly, discussed ICD-10 in a special session.

At that time, various issues were being raised over the difficulty of using ICD-10 in clinical settings in Japan. As President of the Japanese Society of Gastroenterology, I pointed out directly to the Japanese Ministry of Health, Labour and Welfare (MHLW) that further confusion in our daily healthcare services would entail unless something was done about the significant irrationality caused by the difference between the digestive disease classification found in ICD-10 and the health insurance disease names used in Japan's DPC case-mix system. As a result, it became apparent that ownership in ICD rested with WHO and that Japan, which had no opportunity to directly involve itself in the system for improving ICD, was only in a position to use ICD and accept ICD as it was.

Recognizing a significant problem, both for Japan and the international community, of a potential bias in the structure of ICD towards western thinking and the lost opportunity of not having Japan's high standard of healthcare and medical knowledge reflected on ICD, I proposed to the then director of the ICD Office in the MHLW to articulate Japan's views to WHO. At a meeting with a WHO official, I conveyed Japan's enthusiasm in ICD and requested Japan's involvement in WHO's system for improving ICD. However, as organizational issues prevented Japan from becoming a WHO-FIC Collaborating Centre at that time, we were resigned to remain an observer.

Subsequently, through the efforts of the ICD Office and others concerned, the ICD Expert Committee was established within the Statistics Committee of MHLW's Social Security Council, in preparation for the 11the revision of ICD. The organizational change of the WHO-FIC Network in 2006 also paved the way for Japan's designation as a Collaborating Centre. The officials concerned apparently expended much time and efforts in making the required applications. I am very happy to note that their vigorous efforts were rewarded by the designation as a Collaborating Centre.

It is my sincere wish for us to deliver our full potential as Japanese to substantially contribute to the international community in the development of ICD.

Kenji Fujiwara, Chair, ICD Expert Committee

Towards WHO-FIC Collaborating Centre in Japan

As a party to the WHO-FIC Collaborating Centre in Japan, I would like to offer my heartfelt congratulations upon the launch of the Centre's activities.

Japan Hospital Association (JHA) has promoted training of health information managers in Japan for 40 years since 1972, and Japan Society of Health Information Management (JHIM) has, in collaboration with JHA, made considerable efforts in the areas of scientific deliberation on health information management and in improvement of the quality of health information management. With a rapid progress made in the development of medical science and healthcare of late, improving the ICD for this new age is considered essential for health information managers and others concerned who use ICD in the management and utilization of medical data in hospitals. From this perspective and with the endorsement of many, JHA has been contributing funding and technical support to WHO since 2006 towards improvement and implementation of ICD.

The Collaboration Centre in Japan was officially designated by WHO as a collective enterprise of five organizations actively involved in international disease classifications in our country (namely, ICD Office of the Ministry of Health, Labour and Welfare, the National Institute of Public Health, JHA/JHIM, the National Cancer Center, and the Japan Society for Oriental Medicine). This means that a Collaborating Centre with five organizations working in concert but from different angles towards improvement of ICD, ICF and other international classifications has been created, which is rare even by international standards.

Considering future uses of international classifications will encompass a full range of public health, healthcare, and welfare, it is truly a boon for Japan to have established the WHO-FIC Collaborating Centre as a collective organization.

I would like to express my deep appreciation for many years of devoted efforts made by those concerned towards the designation of the Japan Collaborating Centre. As for the future, I sincerely hope that the five organizations will collaborate closely and make a significant contribution in the development of international disease classifications in Japan as well as within the international community.

Toshio Oi,

Chairman, Japan Society of Health Information Management

2. History toward the launch of the Collaborating Centre

1) Vital statistics and ICD

In order to look back on the history of ICD in Japan, we must first review the history of vital statistics in Japan.

Vital statistics in Japan was initiated in 1871 according to the general family registration law, surveying families of prefectures (*fu, han, ken*) under the jurisdiction of the former Interior Ministry using the method of tabular survey. In 1875, mortality classification consisting of 11 items, which corresponds to the major category, was created as a classification mortality statistics.

Later, in 1898, the Census Registration Act was enacted. Following the enactment of this Act, a detailed procedure for handling vital statistics was established, and the modern vital statistics was implemented. Mortality classification from the new view of public health was then studied, and in 1899 a statistical classification according to the then International List of Causes of Death (ICD- 1) was initiated.

After the Second World War, the GHQ, considering that health and sanitation administration was important for rebuilding Japan, instructed the Japanese government to improve the statistics organization for administering health and sanitation so that basic statistical data could be systemically obtained. Following this instruction, a research division was set up in the Public Health Bureau of the Ministry of Health and Welfare in November 1946, and in August 1947 a health statistics division dedicated to statistics administration was instituted. Further, in September 1947, the administration of vital statistics was transferred from the Statistics Bureau of the Prime Minister's Agency to the Ministry of Health and Welfare (presently the Ministry of Health, Labour and Welfare).

After this, the statistical classification of cause of death in Japan has been revised each time following the international recommendation for revision. When the ICD underwent a major revision to unify the classification of diseases and classification of cause of death in 1948 (ICD-6), the ICD was positioned as a statistical classification based on statistical method.

With time, the number of subdivisions exceeded 7000 (ICD-9). A research office for classification of diseases, injuries and death, an organization dedicated to the classification of diseases, injuries and cause of death, was established in the Ministry of Health and Welfare in 1976. Then, in April of 2010, the responsibility of international affairs related to statics was added to the office, and the office was renamed as "Japan ICD Office." The name and the responsibilities of the Office have not changed since then.

ICD and Its Development

International Conference	Managing Organization		Number of Subcategories	Period in Use	Remarks
First 1900	International Statistical Institute	The Cabinet Statistics Bureau	179	1899-1908	
Second 1909	International Statistical Institute	The Cabinet Statistics Bureau	189	1909-1922	
Third 1920	International Statistical Institute	The Cabinet Statistics Bureau	205	1923-1932	
Fourth 1929	International Statistical Institute	The Cabinet Statistics Bureau	200	1933-1943	
Fifth 1938	League of Nations	Health Statistics Division, Disease Prevention Bureau, Ministry of Health and Welfare	200	1946-1949	Rationalization of the infectious disease classification, a detailed cancer classification
Sixth 1948	WHO	Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare	953	1950-1957	Major radical revision: (1) Combined classification for both morbidity and mortality (2) A decimal system introduced in the basic three-digit categories (3) Common international rules for selecting the underlying cause of death (4) A common international form for death certificates
Seventh 1955	WHO	Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare	953	1958-1967	Minor changes, including detailed four-digit subcategories for neoplasm sites
Eighth 1965	WHO	Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare	3,489	1968-1978	Focus on the revision of the classification of causes of stillbirth, mental disorders, and diseases of the circulatory system
Ninth 1975	WHO	Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare	7,129	1979-1994	Minor changes from ICD-8 but with more detailed subcategories
Tenth 1990	WHO	Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare	14,195	1995-	(1) Changes in the coding structure from three or four digits to an alphanumeric structure with a letter in the first-character level substantially increased the number of categories. (2) With doubling of the number of categories and widespread use of computers worldwide, the use of ICD was expanded to mortality statistics, health record management, and health statistics, among others.
Update 2003			14,258		(3) Creation of new categories to keep pace with advance in healthcare

2) As a Collaborating Centre

Japan had relations with the WHO Collaborating Centres before we were designated as a Collaborating Centre, and participated as requested by the WHO in the meetings of the directors of WHO Collaborating Centres (later WHO Family of International Classifications [WHO-FIC] Network) as an observer from 1980. In addition, the WHO-FIC Network meetings were held in Japan in 1986, 1996 and 2005. In 2005, Japan established the Asia-Pacific Network, which was a forerunner of the WHO-FIC regional committee and has served as a secretariat since then. In addition, within the WHO, the Director of Japan ICD Office served as chair of the Implementation Committee and contributed greatly to the implementation of ICD. Furthermore, the press releases regarding the initiation of the revision activities toward ICD-11 by the WHO and also regarding the preparation of proposal for introduction of the classification of traditional medicine were announced to the world in Japan. Regarding the revision work toward ICD-11, Japanese physicians have served important responsibilities such as chairs of Topic Advisory Group-Internal Medicine (TAG-IM) and Topic Advisory

Group-Traditional Medicine (TAG Traditional Medicine). Thus, Japan has participated in the ICD revision work etc. with close collaboration with the WHO.

Although in the capacity of an observer, Japan participated in the meetings with different Centres. Regarding the partial revision procedures of ICD introduced in 2003 and thereafter, Japan made a number of proposals every year, and many of them were actually adopted. With these successful experiences and achievements in the background, Japan was designated as a WHO ICD Collaborating Centre in September 2011 at the time of changes to the WHO-FIC system in 2007 and became a Collaborating Centre in February 2012.

3. Characteristics of the Collaborating Centre for the WHO-FIC in Japan

1) The Director of the WHO-FIC Collaborating Centre is the Director of Japan ICD Office of the Policy Planning Division, Statistics and Information Department, Minister's Secretariat, the Ministry of Health, Labour and Welfare. The activities of the Centre are performed by five closely collaborating organizations, i.e., Japan ICD Office and the four organizations described below, in a unified manner.

- National Institute of Public Health
- Cancer Information Services and Surveillance Division, National Cancer Centre
- Japan Hospital Association and the Japan Society of Health Information Management
- Terminology and Classification Committee, The Japan Society for Oriental Medicine

(a) The Japan ICD Office belongs to the Policy Planning Division, Statistics and Information Department, Minister's Secretariat, the Ministry of Health, Labour and Welfare, which is in charge of vital statistics, patient survey and other health related statistics of Japan, and is responsible for classification of injury, diseases and cause of death and for classification of functioning, disability, and health, etc. As described in section 2, the Japan ICD Office has participated in WHO-FIC Network meetings since 1980 and has been heavily involved in the update and revision of classification. It also convened three annual WHO-FIC meetings in Japan thus far. During this period, the Japan ICD Office supported the TAG Internal Medicine of the WHO-FIC Network and its Japanese members, and was also responsible for preparing the Japanese editions of ICD and ICF. Because ICD is to be publicly announced as a statistical standard of Japan by the Ministry of Internal Affairs and Communications, the Japan ICD Office is working on this matter.

(b) The National Institute of Public Health is a national institute for public health and environmental health and belongs to the Ministry of Health, Labour and Welfare. It also provides training for healthcare professionals. As part of the WHO-FIC Collaborating Centre, it provides expert technical support regarding the classification in the field of healthcare-related information and also expert technical support in classification and terminology.

(c) National Cancer Centre is a prominent expert organization of Japan which conducts medical care, research and prevention of cancer. The hospital-based cancer registry office of

the Cancer Information Services and Surveillance Division conducts the hospital-based cancer registry of the whole nation, and as part of the WHO-FIC Collaborating Centre it provides technical support in the field of cancer which ranks number one as the cause of death in Japan.

(d) Japan Hospital Association conducts nurturing of human resources, seminars, research activities, etc. for the improvement and development of hospital medical care. The Japan Society of Health Information Management is closely related to Japan Hospital Association. Its members consist mainly of health information managers and academic experts, and the Society is cultivating health information managers. As part of the WHO-FIC Collaborating Centre, Japan Hospital Association and the Japan Society of Health Information Management provide technical support and conduct research and educational activities in the field of health information management in hospitals.

(e) The Japan Society for Oriental Medicine conducts academic activities, accreditation of board-certified physicians, research studies, etc. related to oriental medicine. The Terminology and Classification Committee is responsible for research studies of classification and terminology in the field of oriental medicine. As part of the WHO-FIC Collaborating Centre, it conducts research studies on medical terminology and classification in the field of Kampo and implements traditional medicine classification.

2) In Japan, we have established an ICD Committee and an ICF Committee as domestic organizations to provide expert advice to the WHO-FIC Collaborating Centre.

(a) ICD Committee

As described earlier, in Japan, the Japanese version of ICD is to be designated as a statistical standard of Japan, similar to industrial classification and occupational classification, by the Ministry of Internal Affairs and Communication and will be required to be used for the preparation of statistics of Japan. Therefore, in Japan, recognizing that ICD is a basic item of Japan's statistics, we have established in 2006 an expert committee for classification of diseases, injuries and cause of death (ICD Committee) under the Statistics Committee of Social Security Council to constantly examine the content of ICD and express Japan's opinions. The ICD Committee deliberates the application and implementation of ICD in Japan, expert matters concerning revision and update of ICD, etc.

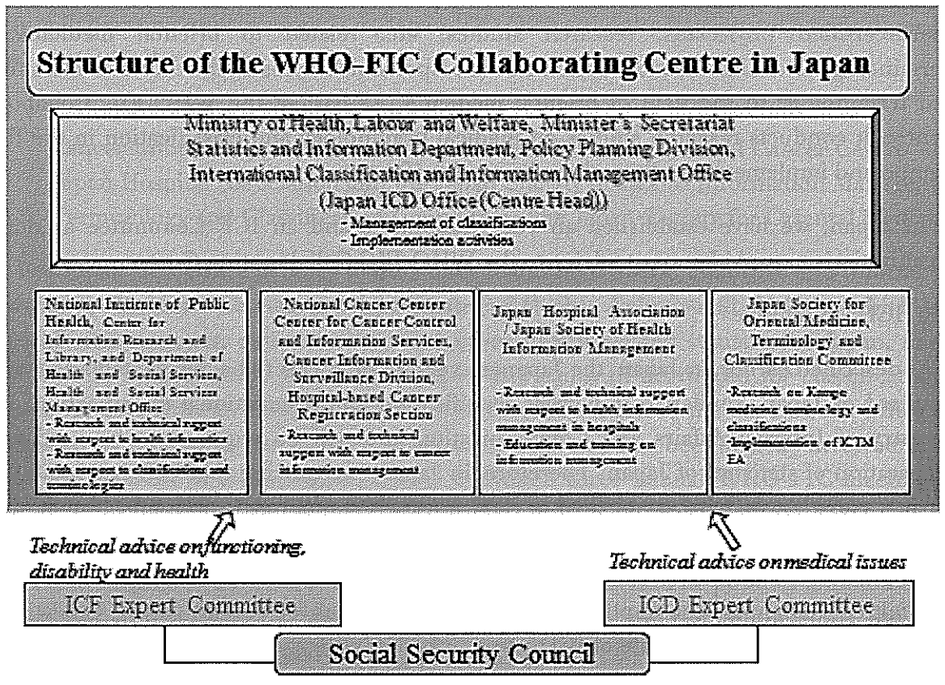
The ICD Committee consists of members recommended by 29 academic societies related to ICD. This Centre (Japan ICD Office) serves as the secretariat. The ICD Committee meetings are usually held twice annually; in addition, the Committee is required to provide opinions regarding partial update of ICD etc. when requested.

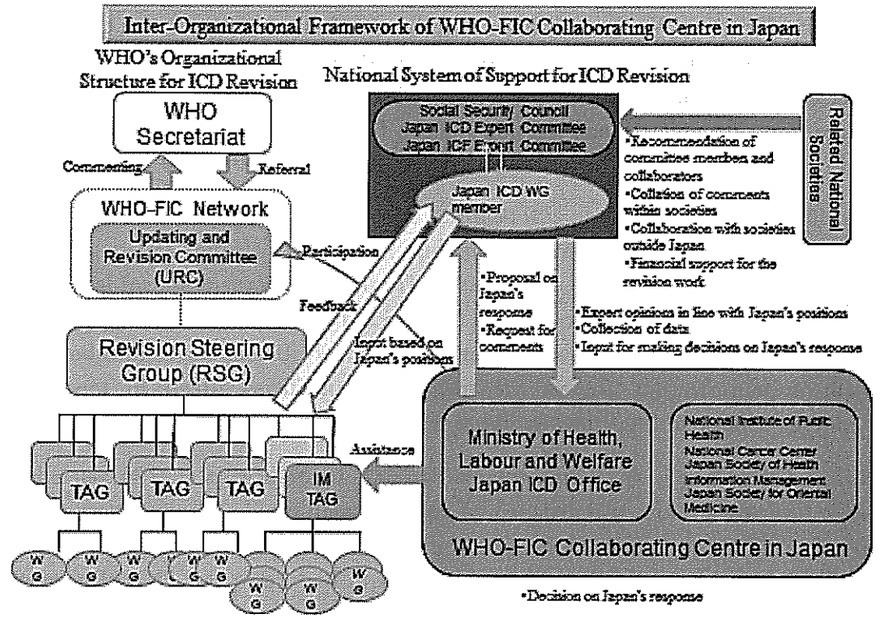
(b) ICF Committee

International Classification of Functioning, Disability and Health (ICF) was adopted at the general assembly of WHO in 2001 as a revised version of the WHO International Classification

of Impairments, Disabilities and Handicaps (ICIDH), which had been used as an auxiliary classification for disabilities. In Japan, similar to the case of ICD, we have established an ICF Committee consisting of ICF experts (medical and welfare researchers), health practitioners, and related people. The ICF Committee meetings are generally held twice annually. The Committee is required to provide opinions regarding partial update of ICF etc. when requested.

3) As described above, in Japan, both the organization of the WHO-FIC Collaborating Centre and the domestic support system are characterized by collaboration among administration, academia, hospital organizations, and research institutes. By this collaboration, preparation of classification, theory construction, practice, research and education are effectively performed in a unified way.





4. Current Status—activities regarding international classification in Japan

To improve the accuracy of international classification of mainly ICD and ICF, the WHO-FIC Collaborating Centre promotes constant efforts for the use, implementation, education, etc. in Japan and contributes to the implementation of ICD in East Asia. In addition, the Centre is providing a large support to the revision effort toward ICD-11, which is currently a very important task, both in terms of finance and human resources.

Regarding ICD-11, efforts are being made by mainly medical experts to introduce new knowledge in the fields of basic medicine, clinical medicine and public health. In addition, classification of traditional medicine is planned to be introduced with the background that worldwide attention is paid to complementary and alternative medicine. Furthermore, new directions, such as (i) evolution from the disease code system to an information system including disease concept as viewed from symptomatic, anatomical, histopathological, genetic aspects, and (ii) construction of system that can be used from different angles and that presupposes the use under electronic environment, are being pursued. In Japan, the Collaborating Centre is providing a full support to the Internal Medicine TAG (Chair: Kentaro Kanno, Professor, Jichi Medical University) and Traditional Medicine TAG (Chair: Kenji Watanabe, Vice-Director, Centre for Kampo Medicine, Keio University School of Medicine), which are the core fields in compiling this epochal ICD-11, and is contributing to the revision activities to systematize traditional medicine and incorporate it into the ICD.

As described above, Japan has spent a lot of time and effort of many people to improve international classification. We strongly hope that these activities continue with the Centre as a core and that the efforts made by all the parties involved in these activities culminate in better international classification. For specific activities, please refer to relevant sections of Part II and III where current activities and agenda for the future of this Collaborating Centre are summarized.

Part II. Activities of WHO-FIC Collaborating Centre

1. Use, implementation, education and provision of information of ICD and ICF in Japan

1.a. Activities regarding ICD in Japan

In Japan, ICD is widely used in various settings; it is used not only in mortality statistics or morbidity statistics but also in clinical and medical research and DPC and furthermore as informational for life insurance claims. Thus, the range of activity of this Centre is very broad. Important responsibilities include not only (1) liaison with divisions that prepare statistics but also (2) education of health information managers who perform coding, (3) constant improvement of death certificates, and furthermore (4), (5) information provision and education to resident physicians, the general public as users and insurance companies.

As the use of ICD spreads to the actual sites of clinical care and public health, we have started to systematically obtain data on users by constructing a portal site and to use the data for the improvement of the quality of ICD and as quality assurance of ICD (6). In addition, the β edition of ICD-11 was published in May 2012, and we plan to translate this edition. We will start this translation as soon as the ICD-11β edition has been finalized.

1.a.1. Application of ICD-10 (2010 edition) in Japan

In Japan, according to the Ministerial Notification of the Ministry of Interior Affairs and Communication based on a Cabinet Order, the ICD compliant to the ICD-10 (2003 edition) has been used since 1st January, 2006, and currently preparation of domestic application of ICD-10 (2010 edition) is underway. More specifically, for the application of ICD-10 (2010 edition), we confirmed the schedule on the part of vital statistics, such as system modifications and tests and the schedule on the part of this Centre, such as deliberations at the ICD Committee and the Statistics Committee, notification by the Ministry of Interior Affairs and Communication and the publication of the essence of the revised edition. We then prepared a table of comparison between the 2003 edition and the new edition and provided it together with the schedules to the Vital, Health and Social Statistics Division. From now, we plan to respond to various inquiries regarding the update points of the 2010 edition (changes in the concepts of leukemia, lymphoma, nephritis, etc. and introduction of classification by disease stage and cause, etc.).

1.a.2. Education of health information managers

In Japan, cultivation of health information managers was initiated in 1972 by Japan Hospital Association as a 2-year distant training. Health information managers are professionals whose responsibilities are to improve the safe management and the quality of healthcare and to contribute to the administration of hospitals. To fulfill these responsibilities, they ensure that the content of the medical records to work with high accuracy and process, analyze and edit

the data and information included therein by using international classifications such as ICD.

Japan Hospital Association has been supporting the education for cultivating health information managers at schools since 1990 by providing curriculum and educational materials created by the Association. As of 2012, the designated schools are 49 vocational schools and 24 universities.

[Curriculum and educational materials]

The health information manager curriculum currently used consists of 12 basic subjects, 8 specialized subjects and 1 subject on classification methods. In basic subjects, diseases are explained based on ICD in an easily understandable way for health information managers. In specialized subjects, the students learn knowledge required to operate a health information management office, such as healthcare system, healthcare laws and regulations, healthcare information and statistics. In classification methods, the students learn coding techniques using ICD-10. These 21 subjects are covered by 4 textbooks. Students are also provided with 3 report workbooks conforming to the textbooks to help them learn more efficiently.

[Accreditation system of health information managers]

The accreditation system was started in 1974, when 82 students who completed the distant training of Japan Hospital Association and were accredited as Japan Hospital Association-accredited health record managers. In 2008, the system was changed, and 5 healthcare associations have become jointly involved in accreditation. The name of the qualification was also changed to "health information manager."

- Results and influence

In Japan, since the beginning of education for health information managers, the number of students has increased annually. The education at vocational schools and universities has also continued to increase in numbers. Currently, the course is taken not only by professional health information managers but also by other professionals such as physicians and nurses.

The accreditation examination for health information manager is taken by approximately 4000 people annually, and the pass rate is approximately 50%. To date, 24,454 people have been accredited.

- Assessment

Information technology (IT) has been introduced to healthcare in Japan also, and electronic medical records are becoming widely used. Highly accurate data and information managed and provided by health information managers are used in various fields, such as healthcare policy, hospital administration and medical research, and are expected to be used even further.

- Problems and tasks

While high quality health information management and its provision are urgently required,

the system of employment of health information managers by hospitals is far from sufficient. National level accreditation of health information managers as professionals is required.

- Collaboration of the Centre and WHO

1) Visit to the Centre by WHO staff

Every year from 2005 to 2012, Bedirhan Üstün of WHO, who is in charge of ICD, has paid courtesy visits to Japan Hospital Association and the Japan Society of Health information Management. On these occasions, active discussions regarding improvement and implementation of ICD were held, and specific proposals regarding collaborative system were presented.

2) Visit to WHO by staff of the Centre

During the period from 2005 to 2012, staff from Japan Hospital Association and the Japan Society of Health Information Management visited WHO and participated in major meetings regarding the revision of ICD.

2006: The staff visited the Regional Office of WPRO twice and investigated the ICD implementation status of the region and had active discussions. They also visited public and private hospitals.

2008: The staff visited the Regional Office of SEARO and investigated the ICD implementation status and had an active discussion.

3) Support relationship between WHO and the Centre

In 2005, Japan Hospital Association signed an agreement to provide technology and fund to WHO to support the "Improvement and implementation of ICD" of 2005, and since 2006 the Association has been providing a financial aid of 300,000 US dollars annually.

Using this fund, the revision of ICD-11 was initiated, and the Asia Pacific Network was organized.

Furthermore, regarding the ICD web training tool created by WHO, the Japan Society of Health Information Management assisted to scrutinize all questions with the help of expert physicians in respective areas.

1.a.3. Improvement of death certificates

In order to improve the accuracy of statistics of cause of death in Japan, Japan Hospital Association and the Japan Society of Health Information Management have been conducting collaborative research for improving death certificate as a scientific research project of the Ministry of Health, Labour and Welfare since 2005.

2005–2006: "Specific study on the improvement of accurate grasping of the cause of death and the structure of injuries and diseases and on the improvement of the

possibility of international comparison in the statistics of Japan"

2007–2008: "Study on specific measures to improve accurate grasping of the cause of death and the structure of injuries and diseases in the statistics of Japan"

2009–2010: "Study on appropriate description of death certificates based on International Statistical Classification of Diseases and Related Health Problems (ICD) related to the improvement of accuracy of statistics of cause of death"

2011: "Study on human support in the improvement of the accuracy of death certificate via health information manager"

2012: "Study of appropriate description in the improvement of accuracy of death certificate via health information manager"

- Assessment

These studies on improvement of death certificate, which have been performed for 8 years since 2005, are evaluated highly both academically and administratively.

We examined the accuracy of the description of the names of injuries and diseases as a basis for implementing the ICD-10 in the clinical aspect, and especially clarified the accuracy and error factors of the names of injuries and diseases described in the death certificate. Furthermore, we took specific measures for appropriate description of death certificates and studied the problems concerning the description of underlying cause of death in the death certificate and for accurate coding.

As a practical result of this study, it was suggested that involvement of health information managers well versed in ICD and death certificates would be effective in improving the accuracy of death certificates, and thus we prepared textbooks for health information managers and organized training sessions based on the educational program.

The significance of the long-term study for improving the accuracy of death certificates was highly evaluated socially, administratively and academically, and thus the possibility of international comparison of data obtained from death certificates and medical records using the ICD is expected.

- Problems and tasks

From the national survey of the accuracy of ICD in death certificates and discharge summaries in Japan, it was revealed that, while the concordance rate of the third digit in underlying cause of death of the ICD was about 80% (in the case of neoplasms, 90% or higher concordance rate for 3 digits or more), the concordance rates in the respiratory system and the urinary and reproductive system were found to be less than 50%. Overall tabulation of the problems indicated that about half of the death certificates and about 40% of the discharge

summaries had problems in granularity, and therefore improvement of the mode of description of death certificates and standardization of discharge summary format are required.

In addition, we tried to enlighten physicians to describe death certificates more appropriately to improve accuracy of death statistics; however, no major improvement in the accuracy of death certificates was made.

To improve the accuracy of death certificates in Japan, it is important that health information managers well versed in death certificates are involved and give advice to physicians describing death certificates.

1.a.4. Preparation and distribution of ICD Manual (ABC of ICD)

In Japan, the introductory manual for trainee doctors "ABC of ICD" is published every year. This year about 10,000 copies were prepared in March 2011 and distributed to designated hospitals for postgraduate clinical training.

This manual is a textbook for correct understanding, implementation/enlightenment and effective use of ICD. The contents of this year's edition are shown below. The whole contents are reexamined and revised every year while maintaining the basic construction, and we plan to reexamine and revise the manual from the viewpoint of implementation and enlightenment to make it an even more effective textbook for the future.

Contents of "ABC of ICD" (published in March 2012)

1. What is ICD (International Statistical Classification of Diseases and Related Health Problems)?

   Description of the outline of ICD
2. Use of ICD in Japan

   About the surveys using the classification of cause of death and the classification of diseases; about the use for purposes other than surveys
3. Classification system in accordance with the ICD-10 (2003 edition)
4. Structure of coding in accordance with the ICD-10 (2003 edition)

   About the coding with 3 to 5 digits; description of the structure of codes and how to look at them
5. Difference between ICD and Medical Terminology

   Explanation that ICD is a statistical classification; explanation of the meaning of statistical classification

6. Examples of coding

Description of how to determine the codes for "atopic asthma" and "pulmonary embolism"

7. Coding of cause of death

About the method of choosing underlying cause of death from the contents of the description of death certificates; about specific cases; explanation using correct examples and mistaken examples.

8. Coding of diseases

About differences from coding of cause of death; basis of disease data and principles of coding of diseases

9. Website addresses related to ICD

1.a.5. Provision of information to general users of ICD

ICD codes are used as information of the data of life insurance claims; however, currently the understanding of ICD on the part of responsible persons of insurance companies is not sufficient, and thus misunderstanding by insured persons happen frequently. For this reason, we asked The Life Insurance Association of Japan for cooperation and convened lectures on ICD to responsible persons of insurance companies for better understanding of ICD.

In addition, we are responding to queries from the general public carefully and politely and provide data as necessary, while implementing ICD at the same time.

1.a.6. Systematic information gathering on ICD

In order to improve and assure the quality of ICD, systematical gathering and provision of information on ICD are essential. This makes it possible to accumulate scientific basis of ICD and to ensure the usefulness of ICD in clinical practice and public health.

- Information on ICD

There are mainly three types of information on ICD as follows: the first one is the scientific basis of ICD; the second one is the information regarding the use in the clinical and healthcare system and the third one is the information regarding the use in public health.

Among them, in our activity, we focused mainly on the second and the third information, and examined the methods for gathering and provision of information in accordance with the current status of healthcare in Japan.

Firstly, regarding the clinical and healthcare system, ICD must be used effectively and appropriately in specialist diagnosis, treatment, research, etc. In order to do this, it is essential to understand the needs of the users regarding the relationship between ICD and the standard

description related to signs and symptoms or other terminology according to various objectives of the related users, and then to provide detailed information about them.

Next, regarding public health in Japan, ICD is used in the measurement of various health indexes or economic assessment of healthcare. Therefore, in order that ICD be used more effectively, it is necessary to collect information regarding the status of use of ICD from researchers in the field of public health and administrators involved in healthcare policies, and to improve the compatibility and data comparability with other healthcare information systems.

- Network construction

As an approach to gather information regarding the use of ICD and to implement the use of ICD, we summarized the use of ICD as a whole in a single framework and examined the idea of constructing a network for users in Japan. The proposed participants in this network include clinicians, medical researchers, public health researchers, healthcare professionals, administrators, policy makers and the general public. Through communications using this network, implementation of ICD, promotion of understanding of ICD, standardization regarding the use of ICD, etc. are expected. Furthermore, by analyzing data collected from the users, useful information regarding understanding of users' needs, improvement of comparability with other data, support for ICD revision, etc. is expected to be collected.

Currently, we are examining the problems regarding the construction of the portal site for the network mentioned above. This site is a communication tool (for providing and collecting information) for the ICD users, and as its elements we are planning to have forums, common document preparation tools, libraries for discussion regarding the use of ICD. By doing this, it will be possible to summarize the opinions of various users in Japan regarding improvement and implementation of ICD.

- Collaboration between the Centre and WHO

WHO is also expecting feedbacks from users regarding the processes of revision and update of ICD, and is studying the information obtained in Japan in comparison with international information, especially with regard to consistency and uniqueness of the Japanese information.

1.b. Activities regarding ICF in Japan

ICF is a new concept as compared to ICD. However, in Japan also, it is attracting attention from healthcare and welfare practitioners and users as a classification that enables them to grasp the whole picture of one's living. This Centre has been making efforts to implement it by holding symposium (1) etc., and has just started to prepare the Japanese edition of WHODAS 2.0, which was prepared based on ICF, verifying its validity (2).

In Japan, aging of population has far more advanced than any other nations in the world,

and the number of people having problems with both "diseases" and "functioning" is increasing rapidly. Under these conditions, we are developing the method for evaluating "diseases" and "functioning" integratively for the future by investigating the relationship between "diseases" and "functioning." By this ambitious study, we consider that we will be able to contribute to the implementation of ICF not only in Japan but also in the world (3).

1.b.1. ICF symposium

We are planning to convene a symposium in December 2012 for general healthcare and welfare researchers and practitioners, and are currently preparing for it.

Based on the experience of the past two symposia which we have convened, we are currently deliberating the contents, including (1) use in the actual healthcare practice sites and (2) education and implementation.

We are considering a mechanism by which this symposium leads to the next step; for example, we may send an invitation to an ICF training course to participants who are interested in ICF so that they can continue to learn about ICF.

1.b.2. Preparation of the Japanese edition of WHODAS 2.0

- Method of preparation

In Japan, in order to implement ICF for collecting data periodically in the future, we are preparing the Japanese edition of WHODAS 2.0, which is a concise survey form based on the idea of ICF, and are conducting research studies to verify its validity.

Currently, we are verifying the effectiveness of and redeveloping the survey items of the tentative translated edition of WHODAS 2.0, which we prepared in the study conducted by the last fiscal year, and are planning to conduct a survey using these new items.

[Processes]

1) A survey was conducted using the survey items translated last year into Japanese.
2) Survey results were examined at a committee meeting participated by clinicians and experts in service evaluation in the field of healthcare.
3) The fact that surveyors did not always understand the meaning of the survey items and that there were many rejections of the survey urged the need to retranslate the survey items.
4) Not only the survey items but also the accompanying manual regarding WHODAS survey items were translated into Japanese.
5) Meetings are being held to explain to surveyors the significance of the survey and, using the accompanying manual, to deepen their understanding of the survey items.
6) A second survey with 50 people will be conducted.
7) Based on this survey results, the appropriateness of the translation and the validity of the survey items will again be examined at a committee meeting.

We have already completed the processes from 1) to 4), and meetings as described in process 5) are progressively being held. Surveyors may start the second survey once they have finished attending the explanation meeting.

- Current status

The feedback from surveyors and the examination of the survey results by experts as described in process 2) revealed the following problems:

(a) It often happens that the true meaning of the survey items cannot be understood by simply replacing the English words by the Japanese words.

(b) Many people pointed out that they could not answer the survey because the contents of the survey items disaccorded with the Japanese cultural background.

With this first translation of survey items, it was estimated that many people would not answer, and thus, that it was difficult to continue the survey.

As described in process 4), the accompanying manual was also translated and the translation of survey items was reviewed for this reason.

For the future, in performing processes 5) to 7), we are planning to invite clinicians in the field of disability and welfare and experts in linguistics as additional committee members, and to modify the expressions of the survey items to make them more appropriate to the Japanese cultural background. This new Japanese edition of WHODAS 2.0 will then be tested in a survey, as described in process 6), and perfected based on the results of this test.

1.b.3. Study on the relationship between "diseases" and "functioning"

With the aim of conducting research on the subject described below, we have submitted an application for Health and Labour Sciences Research Grant. Once the application is approved, we will be given support for research from the government budget and will be able to greatly contribute to the study of ICF.

- Research subject

In Japan, the number of people with problems of both of "diseases" and "functioning" is rapidly increasing with rapid aging of population; however, currently, the collection and use of information are performed only from one aspect. By nature, these two are related to each other; however, there have been virtually no studies of the relationship between the two, even internationally.

Therefore, it is important 1) to clarify the relationship between diseases and functioning and 2) to examine the necessity of, for example, collaboration among healthcare, nursing care and welfare, and thereby to clarify the items essential for the collaboration among the different fields and also the methods for assessment and enlightenment.

In doing this, using international indexes, we will analyze the content of information of

medical charts at the current stage and conduct longitudinal (both retrospective and prospective) surveys of patients or users in the field of healthcare, nursing care and welfare. We will then formulate specific ideas of essential items and assessment methods, using a unified assessment method for both aspects of "diseases" and "functioning," and improve the practicality in the clinical setting.

In the future, by tabulating and analyzing data using these unified assessment methods, we will be able to contribute to integrative and effective assessment of healthcare and welfare policies.

- Future plan

This research will be started in April 2013 at the earliest, and the results will be consolidated in March 2014 at the earliest.

To ensure the conduct of this research, this Centre will continue to call the attention of relevant parties regarding the importance of this research subject.

2. Activities within the WHO Family of International Classifications (WHO-FIC) Network

2.a Participation in the WHO-FIC Network

As mentioned above, the Director of the ICD Office represented Japan at the Meetings of Heads of WHO Collaborating Centres. After the Centres became a network, a need arose to collect information from various committees of the network. From the WHO-FIC Network Meeting in Tokyo, Japan, in 2005, other members of the ICD Office and experts have supported the Director of the ICD Office by participating in the committees to gather information and to provide input into the committees.

2.a.1 Council

The Head of the Centre attends teleconferences at the request of WHO and represents the Centre in the vote for election of the Council Co-Chairs at the annual meetings of the WHO-FIC Network.

2.a.2 Updating and Revision Committee (URC)

- ICD updates

For submission of update proposals for ICD-10 (2012) by the end of March 2012, the Japanese CC called on the ICD Expert Committee members and Japan ICD Working Group members to submit comments and compiled the comments received. From these comments, the Japanese CC made three proposals for updates.

The Centre subsequently made a preliminary examination of proposed ICD-10 updates that were distributed in May 2012 by the URC and then requested the ICD Expert Committee members and Japan ICD Working Group members to further deliberate on the proposals. Japan Society of Health Information Management (JHIM), a constituent member of the Japanese CC, also made intensive reviews of the proposed updates.

The results of the deliberations were submitted to the Centre from late June to early September for collation. The Japanese CC voted on the proposed updates on the platform by the deadline date of September 6.

- ICF updates

The URC distributed proposed ICF updates in May this year. The Centre made a preliminary examination of the proposals and requested the Japan ICF Expert Committee members for further consideration. The results of the deliberations were submitted to the Centre from late June to early September for collation. The Japanese CC voted on the proposed updates on the platform by the deadline date.

2.a.3 Education and Implementation Committee (EIC)

The Japanese CC participated in teleconferences generally held every month. It also attended EIC's mid-year meeting in Washington D.C. in March 2012 to gather information and provide comments.

2.a.4 Mortality Reference Group (MRG)

In close collaboration with the Japanese Ministry of Health, Labour and Welfare's Vital and Health Statistics Division responsible for preparation of vital statistics in Japan, the Japanese CC expressed Japan's views to the MRG and collected information on such topics as new death certificate and selection rules for underlying cause of death, and provided feedback to the Vital and Health Statistics Division.

2.a.5 Functioning and Disability Reference Group (FDRG)

The Centre asked Japanese experts (mainly Japan ICF Expert Committee members) to submit comments on a proposed ICF User Guide distributed by FDRG in June 2012, and condensed the proposed revisions into 11 proposals, which were submitted to FDRG.

The Japanese CC then attended a FDRG teleconference on June 29 and participated in discussions on revising the user guide in light of the comments received and on the future steps forward for the development of the user guide.

2.a.6 Revision Steering Group (RSG)

Dr. Kenji Watanabe, a member of the Japanese CC and the Co-Chair of the Traditional Medicine TAG, attends RSG's monthly teleconferences and reports to the RSG on the progress of the work on a traditional medicine classification for the ICD revision. See the next section for more detailed discussions on the revision of ICD for production of ICD-11.

2.b ICD Revision: Towards Production of ICD-11

After the first publication of the ICD, WHO revised the classification roughly every 10 years. The tenth revision of the ICD was published after an interval of 14 years and subsequent to its publication in 1990, WHO deemed it difficult to revise the ICD every 10 years in terms of funding and human resources required and planned to update the ICD through annual minor updates and triennial major updates starting in 1993.

Calls for the eleventh revision of the ICD from member countries, however, persisted. In 2006, with Japan Hospital Association providing funding for ICD revision and other factors, conditions for the eleventh revision were considered met, and in 2007, the first meeting of the Revision Steering Group (RSG) was held in Japan for the full launch of the revision. Revision is currently progressing towards the goal of obtaining endorsement of the World Health Assembly in 2015.

In addition to funding from Japan Hospital Association and from the Japan Society of Oriental Medicine, Japanese experts preside over a number of Topical Advisory Groups (TAGs) and working groups (WGs), making a significant contribution in human resources as well.

2.b.1 Internal Medicine TAG

Professor Kentaro Sugano (Jichi Medical University) serves as Co-Chair of the Internal Medicine TAG for the eleventh revision of the ICD. Within the Internal Medicine TAG's eight WGs (Gastroenterology, Cardiovascular, Hepatology and Pancreatobiliary Diseases, Nephrology, Endocrinology, Rheumatology, Hematology, and Respiratory), Japanese scientists are working in all WGs except the Hematology WG, either in the capacity of Chair, Co-Chair or Managing Editor. As such, the Japanese CC is providing assistance for the Internal Medicine TAG, including managing the progress of work and providing a foundation from which to promote their activities.

- Management of progress of work for inputting changes into the iCAT

At midyear, the progress of work varied from WG to WG. At some WGs, the work had even come to a halt.

From May to June 2012, the Centre Head visited the Chairs of WGs with apparent problems and took stock of the work of those WGs. The Centre Head then explained to each of the Chairs of those WGs the schedule for the overall revision process and delays they faced, and requested them to proceed with the work immediately. Where necessary, some WG members were replaced. In fact, there was a replacement of a Chair in the Endocrinology WG.

As a result, the work of inputting changes into the iCAT proceeded at all WGs. By the end of August 2012, input of all structural changes was completed.

- Organization of face-to-face Internal TAG meetings in Japan

While updates on each WG's work and adjustments of overlaps between WGs are provided using e-mail and the telephone, the Centre also organizes face-to-face meetings twice a year for those in Japan who are involved in the Internal Medicine TAG to report on the progress of each WG, identify and discuss issues, and provide coordination. At the meeting in September 2012, Dr. Ustun was invited to speak on the outlook and challenges of ICD revision, which contributed significantly to raising the morale of the TAG members.

As internal medicine is an extensive field making up more than half of the ICD, the Internal Medicine TAG has considerable responsibilities. By assisting in preparing the framework for the Internal Medicine TAG's activities, the Japanese CC can contribute significantly to the progress of the ICD revision process.

The Centre will continue to provide this assistance by maintaining close communication with TAG and WG members.

2.b.2 Neoplasms TAG

The Neoplasms TAG is one of the TAGs that particularly require adjustments among TAGs. Such adjustments were started only after the structural changes were finalized by other TAGs, and are currently ongoing via frequent teleconferences and e-mail communication.

- the Japanese meeting on the domestic Neoplasms TAG

The ICD Expert Committee, which deliberates on matters related to the ICD, has a member appointed to each chapter of the ICD, including the chapter on "malignant neoplasms." As the member in charge of neoplasms must cover wide interdisciplinary fields, the Centre set up the Japanese meeting on the domestic Neoplasms TAG to assist the member's work as well as to collaborate with the Neoplasms TAG established earlier by WHO.

This year, the meeting was held in July to distribute information on the status of ICD revision and to call for comments on the beta version of ICD-11.

The Japanese Urological Association, the Japan Neurosurgical Society, the Japanese Dermatological Association, the Japanese Respiratory Society, and the Japanese Orthopaedic Association submitted their proposals on structural changes. The proposals were compiled and sent to the Neoplasms TAG and other relevant TAGs.

2.b.3 Traditional Medicine TAG

As for Western medicine, WHO uses the International Classification of Diseases (ICD) and other widely known classification systems to collate date on mortality, morbidity, risk factors, and outcomes, among others. On the other hand, there are no comparable international standards for traditional medicine. To address this issue, a plan was drawn up for a collaborative project for producing an internationally standardized terminology and classification system for traditional medicines. The newly developed system will be called the International Classification of Traditional Medicine (ICTM).

2.b.3.(1) Building Kampo medicine classifications and terminology to contribute to ICD and ICTM

- Objectives

To contribute towards ICD and ICTM by constructing Kampo medicine classifications and terminology

- Background

Traditional medicine spread internationally with the worldwide boom of complementary and alternative medicine (CAM) in the 1990s. Some maintain that traditional medicine, whose systems were developed over the course of history, should be considered discrete from the more recent CAM. The NIH and FDA of the United States began calling traditional medicines "whole medical systems" in 2005 and 2006, respectively, positioning these systems of medicine as comparable to Western medicine.

In the Alma-Ata Declaration of 1978, WHO recognized the important role of traditional medicine, which is used as a primary source of patient care in the populous Asia and Africa regions. In 2008, an event was organized in Beijing to commemorate the 30th anniversary of the Alma-Ata Declaration and WHO's recognition of the role of traditional medicine.

As for policy, WHO has a specialized department for traditional medicine in its headquarters in Geneva. WHO Western Pacific Region (WPRO) also has a department for traditional medicine, which is promoting internationalization mainly of traditional medicine of Japan, China and Korea.

WHO's involvement in developing an international classification of diseases for traditional medicine began in 2006 as a part of WPRO's project to standardize health information used in traditional medicine, which resulted in an international standard terminology on traditional medicine in 2008.

The WHO headquarters took over the project from 2009. In 2010, the ICTM project was officially launched, with international conferences on ICTM convening four times since 2010. On December 6, 2010, an international press conference was held simultaneously in Geneva and Tokyo to officially announce that WHO will produce ICTM and that the core part of ICTM will be incorporated into ICD-11 as Chapter XXIII.

Of all the traditional medicine systems in the world, Chapter XXIII will mainly include the system of traditional medicine practiced in Japan, China, and South Korea, which is widely used in these countries as well as in Europe, the United States, and the rest of the world and often integrated into national health care systems.

- Method of implementation and status

As a national classification of traditional medicine had not existed in Japan, experts on Kampo medicine are drawing up a classification of Kampo medicine under the leadership of the Terminology and Classification Committee of the Japan Society for Oriental Medicine (JSOM), a member of the WHO-FIC Collaborating Centre in Japan. As regards terminology, the Terminology and Classification Committee's existing glossary was translated into English.

In both China and South Korea, there are two types of classifications for traditional medicine (namely, one for disease names and one for patterns). As for Kampo medicine classification, we decided to classify patterns only, as there was a substantial risk that Kampo disease name classification would cause confusion with Western medicine terminology.

Japan has no separate medical licenses for Western and Kampo medicines, unlike in China and South Korea, and physicians in Japan can use both Western and Kampo medicines in their daily practices. In this light, we envisage juxtaposing Western medicine terms (ICD Chapters I-XXII) and pattern terms (ICD Chapter XXIII) for the Kampo pattern classification.

In Japan, we also have "formula patterns," which are used in diagnosis based on types of prescription. We worked on the translation of these patterns and on the creation of a

terminology for formula patterns.

- Results and implications

<Preparation of Japanese Kampo classifications>

We sorted out Kampo medicine's diagnostic system. In Kampo medicine, classification of deficiency/excess and cold/heat is essential. Based on this classification, we created a logic where, for example, an acute febrile infection would be selected from three yin and three yang, and a chronic disease from qi, blood and water. Coincidentally, this classification method matches the concept of post-coordination that WHO is trying to adopt in ICD-11.

There is yet sufficient discussion on whether to adopt post-coordination within ICTM, however. Therefore, we created a classification based on pre-coordinated terms.

The terminology was created, on the other hand, by combining separately prepared definitions in a post-coordinated fashion.

As for the "formula patterns" Japan is proposing, our original proposal of using Romanized Japanese was not accepted on the grounds that it was a phonogram and did not convey any meaning in English, and we were given a specific instruction from WHO to express the patterns in English. We made a list of prescription terms in English from Western literature on traditional medicine, drew up rules for expressing the terms in English, and prepared a classification of formula patterns.

- Assessment

Introduced in 1900, the ICD has provided a foundation for international health statistics, including mortality and morbidity statistics, in its 110 years of history. During this time, however, it has included only Western medicine. Due to the worldwide spread of traditional medicine in recent years, the inclusion of traditional medicine in the next revision of the ICD is planned. Experts from Japan, China, South Korea and the rest of the world have gathered and are working on the production of this traditional medicine classification. At the same time, traditional medicine classifications that meet the distinct needs of each country will also be produced. The Japanese CC is preparing the Japanese Kampo classification. The production of Kampo patterns and contents model, in parallel with the ICD revision work, is progressing smoothly.

- Issues and challenges

China has GB95 and GB97 national classifications of disease names. The Republic of Korea incorporated a traditional medicine classification into the Korean version of ICD-10 in 2010 and uses it in clinical practice.

We will work on sorting out the Kampo pattern classifications and definitions and set a clear goal of producing classifications that will allow international comparison between Japan,

China, and Korea.

- Collaboration between the Centre and WHO

1) Funding of ICTM project

The Japan Society for Oriental Medicine (JSOM) and the Institute of Kampo Medicine provide necessary funding for the ICTM project.

2) Reporting and exchange of information at WHO-FIC Network Meetings

The Centre reported on the progress of work on Kampo pattern classifications and their relation to the ICD at the WHO-FIC Network Meetings.

At the WHO-FIC Network Meeting in Toronto in 2010, it reported on the relation between ICD codes and Kampo pattern classification ("ICD Code and Kampo Code in Kampo Clinic in Japan"). At the WHO-FIC Network Meeting in Cape Town, South Africa, in 2011, the Co-Chair of the ICTM project, as a member of the Centre, reported on the project's progress as well as on the practical use of Kampo pattern codes ("Kampo Codes in Japan").

3) International press conference on ICTM project

Prior to the 2nd ICTM Meeting in Tokyo in December 2010, a simultaneous international press conference was held in the WHO headquarters and Tokyo where Dr. Ustun and other members of the Project Advisory Group (PAG) announced a plan to include traditional medicine in ICD-11.

4) Participation in and exchange of information at WHO ICTM meetings

While WHO headquarters in Geneva have organized ICTM meetings since 2009, the actual work of the project is being carried out by the PAG, composed mainly of members from Japan, China and South Korea, and by the Classification, Terminologies, Interventions, and Informatics Work Groups.

To date, there have been four ICTM Meetings, two Interventions Meetings, and two Terminologies Meetings. Information exchange is also promoted through PAG teleconferences and a mailing list.

In the past year, a Terminologies Meeting of the WHO ICTM project was organized in Taejon, Republic of Korea, in November 2011, to discuss ways to unify terminologies mainly among Japan, China and South Korea. There were also another meeting of the Terminologies WG and a meeting of PAG members in Shanghai in March 2012. The ICTM Meeting convened in Hong Kong in May 2012.

2.b.3.(2) Traditional medicine information models for ICD revision and ICTM development

- Background

Revision from the ICD-10 to ICD-11 involves three major changes: 1) An electronic version

will be made available; 2) Terminology will be introduced; and 3) Information models, which will allow the use of the ontology search engine, will be included. The inclusion of information models, above all, is a significant change.

The information model for Chapters I to XXII of ICD-11 was developed ahead of the ICTM information model, using Protégé and with Stanford University taking the lead. While the ICTM Project fell behind revision work in other chapters, the development of the ICTM information model also used the Protégé. The information model is different from the other information model in the respect that it provides for definitions in Japanese, Chinese, and Korean and phonetic transcriptions. It nonetheless allows for the ICTM classification to be viewed on the same ICD-11 beta browser on the web.

The development of the Kampo pattern classification needs to be compatible with this information model.

- Method of implementation and status

1) Development of a terminology and an information model for Japanese Kampo classification

As in the development of the Kampo pattern classification, the Terminology and Classification Committee of the Japan Society for Oriental Medicine (JSOM), a member of the Japanese CC, led the development of a terminology and an information model for the Japanese Kampo pattern classification and their input into the iCAT.

2) Formula pattern terminology and information model

As for the formula patterns proposed by Japan, a terminology and an information model were developed based on *Ippan-yo Kampo-shoho no Tebiki* (Guide to General Kampo Formulas).

3) Input into the iCAT

The information models were entered into the iCAT with the Managing Editors taking the lead.

- Results and implications

1) Development of a terminology and an information model for Japanese Kampo classification

Based on JSOM's existing glossary, definitions and an information model for the Kampo pattern classification were created and sorted in an Excel file (Appendix 1).

2) Development of formula pattern terminology and information model

Formula patterns were created for 148 prescriptions (147 oral drugs and one ointment) used as Kampo formulas in Japan. The original plan was to express the patterns in Romanized Japanese. However, as a decision had been made earlier to have Chinese terms expressed not in pinyin but in English, we also chose to express the formula patterns in English rather than

in Romanized Japanese, which is phonetic just as pinyin is phonetic. We compiled a list of formula or prescription terms in English from Western literature on traditional medicine (Appendix 2). We drew up rules for expressing the patterns in English (Appendix 3) and created a formula pattern classification (Appendix 4).

3) Input into iCAT

As of August 2012, the classifications and terminologies proposed by Japan have mostly been entered into the iCAT, which is managed by Stanford University.

- Assessment

The Kampo pattern classification was originally created in a post-coordinated fashion but was later converted into a pre-coordinated format by combining existing post-coordinated definitions.

Therefore, even if they need to be post-coordinated in the future, they can easily be converted back to the post-coordinated format.

- Issues and challenges

Consensus has not yet been reached on the relation between the Kampo pattern classification and the formula pattern classification even among Japanese experts. This will need to be worked out in the future.

- Collaboration with other WHO Collaborating Centres

ICTM Managing Editors held teleconferences to provide coordination mainly among Japan, China, and South Korea on the issue of the information model for traditional medicine. It was agreed that Romanized Japanese and pinyin will not be used except for a minimal use of pinyin (such as yin/yang and qi), because even though Romanized terms are expressed in alphabet, they are phonetic and do not convey any meaning in English.

The information model, however, allows display of the terms in respective languages as well as phonetic terms (Romanized Japanese in the case of Japanese terms) on iCAT.

2.b.4 Health Informatics and Modeling TAG (HIM-TAG)

Research on an omics information model for ICD-11 was undertaken in a scientific research project funded by the Ministry of Health, Labour and Welfare.

- Objectives

To understand what information is needed to have a clinical omics information model operate within ICD-11, including linkages with other standard clinical information models and conceptual differences, and to develop a clinical omics information model (beta model).

- Method

Development of a clinical omics information model (beta model): We digitized a clinical omics information model (beta model). While it had been planned to achieve the digitization primarily by converting the alpha version into XML, the actual conversion required many new ideas, such as introduction of sub-modules for vector expressions, and remodeling. We used the XML Editor for the conversion as well as such ontology tools as Protégé and LexWiki as necessary. We examined the consistency between the model and ICD-11 contents model in terms of semantic consistency and descriptiveness of omics information for each entity defined in the beta model and in terms of consistency with standard models using GSVML. We also found necessary information to have the clinical omics information model operate within ICD-11, including necessary components for building the information model, linkages with other standard clinical information models, and conceptual differences.

Participation and exchange of information at the meetings of WHO HIM-TAG: We participated in meetings in Geneva to collect information and exchange comments on the work for developing ICD models. We also participated in WHO-FIC and Internal Medicine TAG meetings from time to time to exchange information.

- Results and discussion

We developed a clinical omics information model (beta model) adapted to ICD-11. The model lists major omics structures and allows users to define annotations for each type of omics using "other_omics_annotation." The "other_omics_annotation" can be nested (recursive hierarchies) so that information can be entered not only within an omics hierarchy but also between omics hierarchies. This structure of omics expressions will need to be modified as necessary in line with the development of omics research.

- Conclusions

The clinical omics information model (beta model) developed in this research will need to be verified using live data and improved upon towards practical use. We will use data from the integrated Clinical Omics Database (iCOD), the only clinical omics database available in Japan, and strive towards genuinely establishing the clinical omics information model (beta model) as an international standard.

2.b.5 Mortality TAG (M-TAG)

As a member of M-TAG's group conducting stability analysis, the Centre participated in a number of teleconferences and cooperated in the analysis. Continuation of this work is expected.

2.c Mortality and Morbidity Data Improvement and Health Information System Implementation in the Asia-Pacific Region

- Method of implementation and status

Japan Hospital Association has been providing technical and financial assistance to WHO

since 2006 for "improvement and implementation of ICD." For the implementation of ICD, WHO established Asia-Pacific Network under the WHO-FIC Network in 2006. Japan hosted the meetings of the Network in Kyoto in 2007, in Shizuoka in 2009, and in Tokyo in 2010.

Chair: Kenji Shuto (Japan)

Co-Chair: Sukil Kim (Republic of Korea)

Since the establishment of the Asia-Pacific Network, Japan Hospital Association has served in the capacity of the secretariat, launching the Network website and otherwise contributing to regional implementation of ICD.

To understand the extent of ICD implementation in the region and establish common regional goals, the Network provided assistance to developing countries to participate in the meetings.

There are high expectations for the Network to spearhead regional activities for promoting global implementation of ICD.

The Network set up three working groups (WG) in 2007 to promote its activities, as follows:

① Mortality WG	Chair: Wansa Paoin
② Morbidity WG	Chair: Syed Aljunid
③ Health Information System WG	Chair: Chien Earn Lee

- Results and implications

The 1st to 5th face-to-face Asia-Pacific Network meetings, which brought together a total of 19 participating countries, took stock of the situation in each country and saw active exchange of comments among the participants, laying the foundation for a regional network.

Investigation into the state of ICD implementation in the region and sharing of information about each country helped to identify useful information necessary to draw up strategies for promoting implementation of ICD and health information management in the future.

The meetings also afforded opportunities to share knowledge and resources for advancing the use of classifications in health information systems.

<Activities>

[1st APN Meeting] 2006	Tunis, Tunisia	9 countries, 55 participants + WHO
[2nd APN Meeting] 2007	Kyoto, Japan	13 countries, 39 participants + WHO
[3rd APN Meeting] 2008	Delhi, India	10 countries, 16 participants + WHO + SEARO
[4th APN Meeting] 2009	Hamamatsu, Japan	9 countries, 30 participants + WHO
[5th APN Meeting] 2010	Tokyo, Japan	6 countries, 46 participants + WHO

<Participating countries> Australia, India, Indonesia, China, Japan, Republic of Korea, Cambodia, Malaysia, Vietnam, Hong Kong, Thailand, Papua New Guinea, Mongolia, Singapore, Laos, Nepal, Pakistan

- Assessment

A foundation was laid for the Network to promote implementation of ICD and other WHO-FIC classifications. There are expectations for expanding regional implementation activities in local sites.

- Issues and challenges

A concrete strategy for implementation of ICD and ICF in the Asia-Pacific region needs to be drawn up and implemented.

- Visit with WHO staff members on SEARO

During the 3rd Asia-Pacific Network Meeting in Delhi, India, in 2008, the Japanese delegation and WHO members paid a courtesy call on Dr. Samlee Plianbangchang, Regional Director of WHO South-East Asia Regional Office (SEARO), to exchange comments on the issue of ICD implementation in the SEARO region.

Part III. Future Plan of Activities with a Focus on "Quality and Implementation"

1. Improvement of the ICD-11 Beta Version

1.a Internal Medicine TAG

With respect to structural changes for internal medicine, Ms. Julie Rust and Ms. Megan Cumerlato, who are the Internal Medicine TAG's Managing Editors, used their expertise as classification experts to correct structural discrepancies and worked energetically to coordinate among working groups (WG). As a result, input of structural changes into iCAT was completed by the end of August 2012.

With the input of the overall structural changes complete, work will now proceed on inputting definitions for individual categories. Since some of the Internal Medicine's WGs have no Managing Editors, efforts will be made to select Managing Editors for these WGs as soon as possible to proceed on the work on definitions.

The Japanese Society of Gastroenterology, the Japan Endocrine Society, Japan Diabetes Society, the Japan College of Rheumatology, the Japanese Society of Hematology, and the Japanese Respiratory Society are currently providing full support for the compilation of basic data for inputting definitions. The immediate goal is to complete input of definitions up to the third layer of the classification.

Field testing and a review process will start in stages. With the help of experts from Japanese societies, including the Japanese Society of Gastroenterology, the Japan Endocrine Society, Japan Diabetes Society, the Japanese Respiratory Society, the Japan College of Rheumatology, the Japanese Circulation Society, the Japanese Society of Hematology, and the Japanese Society of Nephrology, Japan hopes to contribute its knowledge and expertise and invest greater precision to the classification.

1.b Neoplasms TAG

Neoplasms TAG has been examining ways to improve the neoplasms sections of the ICD. From the Japanese CC, Dr. Hiroshi Nishimoto of the National Cancer Center (NCC) has been involved in this process as a member of the Neoplasms TAG. Unlike other TAGs that are grouped by organs, the Neoplasms TAG needs to survey multiple organs of the body for the revision. To meet this need, NCC organized representatives from related Japanese societies to form a domestic neoplasms TAG (hereafter called the "Japanese TAG"). Proposals from the Japanese TAG are reflected on discussions at the Neoplasms TAG, including some of the more unique aspects of cancer care in Japan, such as neoplasms of the gastroesophageal junction.

The composition of diseases within a population may vary among populations depending on ethnic and racial factors. For improvement and production of ICD, these differences need to be statistically represented to build a classification system that is internationally usable. Using

data on the Japanese population accumulated in NCC, NCC works on identifying these differences and making proposals to guide the development of the international classification of diseases in a more desirable direction. For instance, according to *Cancer Incidence in Five Continents Vol. IX*, published by IARC, the frequency of malignant tumor of the esophagus by histological type is 43% for squamous cell ca. and 35% for adenocarcinoma, whereas data from hospital cancer registries in Japan show it is 82% for squamous cell ca. and 12% for adenocarcinoma. On the other hand, the frequency of malignant tumor of the gastroesophageal junction by histological type, according to CI5, is 85% for adenocarcinoma, whereas Japanese data show a different distribution of 93% for adenocarcinoma. Therefore, the UICC TNM classification of classifying adenocarcinoma of the gastroesophageal junction to esophageal carcinoma does not fit with the situation in Japan. By substantiating this finding with data accumulated in NCC, NCC proposed having a system of three discrete parts of the esophagus, the gastroesophageal junction, and the stomach. The proposal was then discussed by the Neoplasms TAG.

Moreover, comments from the Japanese TAG are collated and sent to related TAGs such as the Neoplasms TAG and Internal Medicine TAG so that the comments can be reflected on the TAGs' discussions. The comments have included proposals on histological classification of lung cancer and on the anatomy codes for pituitary neoplasms.

In addition to gathering comments from experts in Japan, NCC is promoting international collaboration in East Asia with such bodies as the Asian Cancer Registry Network to enhance its capabilities as an East Asian center for disseminating neoplasms-related information.

As discussed above, the National Cancer Center, which collects cancer registry data on several hundreds of thousands of cancer cases each year, acts as a hub of information in Japan and the region. With the participation of NCC as a member of the Japanese CC, the Japanese CC can contribute significantly in the revision and improvement of ICD.

1.c Traditional Medicine TAG

As of August 2012, a traditional medicine classification has been incorporated into the ICD-11 beta version as Chapter XXIII. In more than 110-year history of the ICD, it is the first time that ICD has included traditional medicine. Many challenges remain, however, including ensuring consistency with other chapters of ICD. The challenges and contributions that the Japanese Collaborating Centre can make are summarized below.

1) Relation between traditional medicine disorder names and other chapters of ICD

2) Review process

3) Use of Chapter XXIII

4) Post-coordination of the patterns classification

5) Issues related to international comparison

6) Relation between the formula patterns and other patterns

7) Patterns unique to Japan

1) Relation between traditional medicine disorder names and other chapters of ICD

A classification of traditional medicine disease names, which is essential for Chinese and Korean traditional medicine but not used in Japan, is a component of Chapter XXIII of ICD-11. These disease names may potentially cause confusion with similar disease names found in other chapters of ICD.

Therefore, a decision was made to describe "diseases" in traditional medicine as "disorders" to distinguish between diseases in traditional and Western medicine.

More problematic is the potential confusion caused by the fact that whereas signs and symptoms form the basis for naming diseases in traditional medicine, etiology provides the foundation for classifying diseases in Western medicine.

For example, the traditional medicine disorder *huòluàn*, or *kakuran* in Japanese, characterized by a sudden onset of intense diarrhea with stool resembling water, is believed to be equivalent to cholera. However, because traditional medicine does not define cholera toxin as an etiologic factor for *huòluàn*, it is not definitive if *huòluàn* and cholera are identical. It can only be said that *huòluàn* entails diarrhea with stool resembling water and includes intense diarrhea caused by cholera toxin. To avoid confusion, the term "cholera-like disorder" is used for *huòluàn*.

Similarly, *nue*, or *okori* in Japanese, is almost synonymous with malaria, but its diagnosis does not require evidence of malaria parasites. Therefore, the term "malaria-like disorder" is used for *nue*.

The managing editors are currently reviewing the traditional medicine disorders. Other TAGs may also provide input within the overall review process of the ICD.

Although traditional medicine disorder terminology is not used in Japan, the Japanese CC will need to contribute towards improved alignment between Chapter XXIII and other chapters of ICD.

2) Review process

After the release of the ICD-11 alpha version to experts in October 2011, the Traditional Medicine TAG has received more than 1,600 comments. Recommendations have been made for some 60 reviewers, who are mainly from Japan, China, and South Korea (13 from Japan). They will review the comments after collation by WHO. The Japanese CC will need to provide assistance to facilitate the work of reviewers.

3) Use of Chapter XXIII

Mortality statistics are not included in the use cases for Chapter XXIII. On the other hand,

there is a general consensus on the use of Chapter XXIII for morbidity statistics.

Traditional medicine classifications are already used for insurance purposes in China and the Republic of Korea. "Patterns" have been incorporated into Japan's health insurance system but are hardly ever used for such purposes in practice.

In Japan, the pattern, for example, for the formula *Da Chai Hu Tang*, or major bupleurum combination, is expressed in modern writing as "a person of a relatively strong constitution with constipation, distension and pain in the epigastrium, ringing in the ear, and a stiff shoulder," and its indications in Western medicine terminology, as follows:

- Cholecystolithiasis, cholecystitis, jaundice, liver function failure, hypertension, cerebral apoplexy, urticarial, acid indigestion, acute gastroenteritis, nausea and vomiting, loss of appetite, hemorrhoid, diabetes, neurosis, insomnia.

This shows that by determining a formula based on the formula pattern, traditional medicine patterns can be narrowed down to some extent.

This will be one of the considerations for deciding the use cases for Chapter XXIII in Japan.

The ICTM PAG members are currently discussing coding rules for Chapter XXIII. Issues include relation with Chapters I to XXII of the ICD, coding priority between the disorders and patterns classifications of Chapter XXIII, and selection of primary codes.

As with Kampo practice in Japan, where physicians with a medical license may practice both Western and Kampo medicines, a disease name in Western medicine terminology is the primary and a pattern is usually added to that to derive a prescription. For example, a patient with excess and heat patterns may be prescribed *Huang Lian Jie Du Tang*, or coptis toxin-resolving decoction, if he has hypertension, or *Da Chai Hu Tang*, or major bupleurum combination, if he has a headache. As shown in this example, disease names in Western medicine terminology often play an important role in Kampo prescription. Therefore, it would be appropriate to select disease names in Western medicine terminology for primary codes in the case of Japan.

In places like Hong Kong, physicians of traditional medicine are prohibited from diagnosing patients using Western medicine disease terminology. Even in such cases, however, diagnosis for patients in Western medicine terminology is often made beforehand.

In China, diagnosis is made in (1) Western medicine terminology, (2) traditional medicine terminology, and (3) patterns, in some model hospitals that also have inpatients.

In the Republic of Korea, a traditional medicine classification (U codes) is included in KCD-6 (the Korean version of ICD-10), which was introduced in 2010. Coding is done by selecting one from among Western medicine disease name, traditional medicine disease name (U code), or a pattern (U code).

As coding rules differ from country to country, common guidelines need to be developed for the international classification.

4) Post-coordination of the patterns classification

Some terms are repeatedly used in the traditional medicine patterns classification. For example, the "liver blood deficiency pattern" is composed of an organ (liver), qi/blood/fluid patterns (blood), and excess/deficiency patterns (deficiency). These components can be post-coordinated to substantially reduce the number of codes.

In China and Korea, however, these terms have already been used in a pre-coordinated format. The question of pre-/post-coordination will have to be worked out in the future.

Kampo patterns classification can be adapted either to pre- or post-coordination. The decision is expected to depend on a consensus reached by the overall ICTM project.

5) Issues related to international comparison

China gives emphasis to traditional medicine disease names. Korea limits their use to the minimum, keeping only those terms that do not cause confusion with Western medicine terms. Japan does not use them. These differences will need to be worked out in the future.

Differences in the three countries' patterns classifications are not few either. These will have to be examined in order to allow international comparison.

6) Relation between the formula patterns and other patterns

As illustrated by the example of the prescription of *Da Chai Hu Tang*, or major bupleurum combination, above, prescription in Japan is based on a patient's Kampo patterns, in principle. This will mean that there will be overlaps between the formula patterns and Kampo patterns.

The question of whether sufficient statistics can be obtained when the formula patterns are used for prescription of preparations will also have to be ascertained.

7) Patterns unique to Japan

Japan has a pattern that is intermediate between excess and deficiency. China and Korea have questioned this term, saying that it simply means "a normal state of health." Because Western medicine disease names and Kampo patterns are used in combination in Japan, some Kampo patterns are not necessarily morbid.

The intermediate pattern probably means "a normal state of health" from the traditional medicine perspective, but is nonetheless an essential component of the patterns classification in Japan.

There is a need to consider how these distinct elements of Japan's patterns classifications can be mapped internationally.

8) Field testing

As for field testing, coding tests are feasible with cooperation from experts.

The problem is with inter-rater trials, which analyze whether different physicians arrive at the same diagnosis after examining a same patient. It needs to be examined how inter-rater trials can be performed domestically and internationally, including protocol development.

The above is a summary of issues related to the ICD-11 beta version and issues for Japan to address specifically.

There are three years until 2015 but many challenges remain before ICD-11 can be completed. These challenges will be addressed through close collaboration with WHO, related other countries, and experts in Japan.

1.d Field testing

Field testing is an important process not only for testing ICD's applicability and reliability, but also for identifying problems in actually using the ICD and understanding its characteristics and features. Field testing can also be used to uncover linguistic and cultural issues in the application of ICD and to disseminate knowledge about ICD.

WHO plans to make the ICD-11 beta version open to the entire world and conduct field tests. It is hoped that an international community of healthcare professionals as well as a range of other experts participate in the overall revision process. Through systematic field testing of the beta version, WHO plans to test its feasibility, reliability, clinical utility, and validity.

Field tests will be conducted in Japan based on WHO's field test guidelines. The subjects of the tests will be asked, among others, whether the categories of the beta version are easy to understand, are applicable across cultural differences, and can be used for different age groups, sex, and other groupings within the Japanese culture and society without problems. If there are problems, they may be asked to make proposals for addressing them. The Japanese CC will provide technical advice from medical informatics and health statistics perspectives on matters such as selection of appropriate participants to the field tests, specific methods for conducting the tests, translation of the questions, and methods for tabulation and analysis.

2. Introduction of ICF　WHODAS2.0

- The Value of Creating Localized WHODAS 2.0 in Japan

"Integrated care" is a coordinated care approach whereby care interventions are provided by different parties of medical, nursing and other professionals. In response to a recent trend in Japan to provide continuity of care for the elderly at home, based on the principle of normalization, this approach is becoming popular.

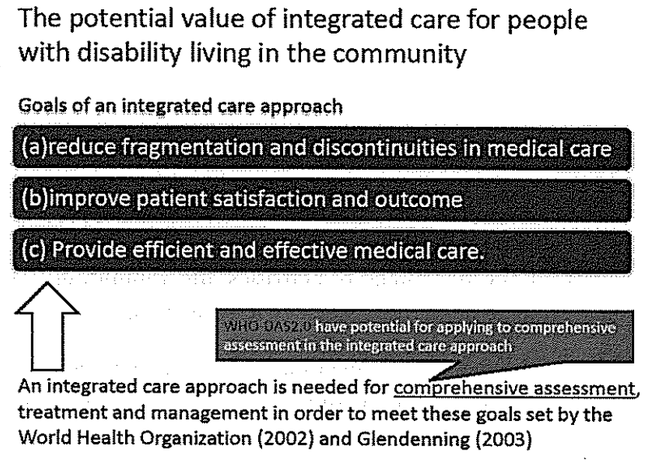
Based on the concepts of integrated care, different systems to provide services are being developed nationwide and the key element to benefit from integrated care is considered to be

how information of the care receiver can be shared beyond professional boundaries.

In the field of welfare service for people with disabilities, deinstitutionalization has been promoted for people with intellectual disabilities, and studies have already been made to evaluate the implementation of integrated care (Jansen 2003), which suggests that integrated care will be increasingly adopted to support home care for people with any type of disabilities, be it physical, mental or intellectual.

In 2012, a law concerning new health and welfare policies to offer comprehensive support for daily living and social life of the people with disabilities was approved in a Cabinet meeting and it included, for the first time, "intractable diseases" in the scope of disabilities. This suggests that, in the future, the importance of an integrated care approach involving cooperation/coordination of medical and nursing professionals will increase in the field of services for people with disabilities.

In view of these backgrounds, an assessment tool adapted for particularities of the disabilities field is called for and it is considered WHODAS 2.0 Japanese version to be effective. The development of a Japanese version of this internationally-used assessment tool and verification of its adequacy/validity, therefore, should be given high priority Japan.



- Issues and Challenges

Currently, items used for Care-Needs Certification in the Long-Term Care Insurance System of Japan, developed for elderly care, are used for assessing the needs and determining volume of services for the people with disabilities. There are 79 items concerning daily

activities, communication, behaviors and others. In determining the volume of service for the people with disabilities, seven item for IADL (instrumental activities of daily living), such as cooking and shopping, are added for the first-stage assessment, and for the second-stage assessment, nine more items for behavioral disabilities (hyperactivity, obsessiveness, and others) and 11 items for mental aspects (incoherent speech and others) are added to perform a comprehensive evaluation.

The assessment process, understandably, is complex and, despite the extensiveness of the process, there are still many issues to be resolved before its results systematically meet the needs of service recipients.

In Japan, the concept of ICF has been adopted in approaches to disabilities. We believe that, if ICF could be introduced to regular data collection, then the current development of WHODAS 2.0 Japanese version would hold great potential for establishing an assessment for people with disabilities which includes not only mental and physical disabilities as in the field of elderly care but also encompass the assessment of handicaps incurred by social settings.

WHODAS 2.0 is a validity-established, internationally-used assessment tool that was developed based on the concepts of ICF. We are fully aware of the difficulties of localizing it into Japanese at this point. To resolve these issues, we must first continue our activities and develop a Japanese version that is true to the principles of WHODAS 2.0.

One way of promoting the future implementation of WHODAS 2.0 is to use it for collecting the assessment data for the disabilities field and to explore the possibility of utilizing the data to support the decision-making process for services designed for people with disabilities, which is currently considered to be problem-ridden.

3. Incorporating Japan's Experiences in the Dissemination of ICD & ICF in the Asia-Pacific Region

The Asia-Pacific Network has been promoting the dissemination of ICD and ICF in the region through six years of Network Meeting activities.

In 2012-2013, we plan to leverage the foundation that has been built in improving the organizational effectiveness for the next stage of activities and rebuilding the dissemination strategies so that we would ready to begin concrete activities in 2013.

Because the Sixth Asia-Pacific Network Meeting in Beijing planned for June 2012 was cancelled, we will be meeting in the annual meeting of the WHO-FIC in Brasilia and support the APN core-member meeting for establishing short-term and medium-term strategies.

Following an announcement by Dr. Kenji Shuto of his intention to resign as the chairman, the new chairman, secretariat and WG will be nominated from various fields in Japan and the Centre will be making recommendations for candidates to build a solid network and to ensure effective operation. Online meetings, teleconferences and emailing will be conducted for exchange of ideas, and for facilitating execution of plans and information sharing.

Also in our agenda are defining the position of the APN Meeting within the WHO-FIC Network and ensuring implementation of our international activities as the Network's region activity. Moreover, we will make continued effort in conducting researches for the implementation of the international classifications and supporting the development of curriculum and educational materials for health information management in the developing countries, through which we aim to contribute to building up local human resources.

In addition, we will be exploring the possibility of accepting non-Japanese trainees in the country's HIM training programs.

- Contribution to the WHO-FIC
  1. Promote the dissemination of web-based ICD and ICF training tools within the Asia-Pacific region.
  2. Participate in the field tests for the beta version of ICD-11 and offer input from the Asia Pacific region.

4. Dissemination of Educational Model

- HIM Education in Japan

In Japan, the Education Committee for Health Information Management of the Japan Hospital Association has been updating the HIM educational materials every three years to reflect the advancement of medicine and accommodate to changes in the medical sector. The sixth revision, to be completed and published in 2012, will incorporate the research on various countries mentioned above.

<The practical guide to hospital HIM DVD>

A DVD introducing the HIM practiced at Japanese hospitals is planned to be produced. It will focus on how HIM is currently implemented at the hospitals of different management backgrounds, regions and sizes, as well as how electronic and paper-based health records are different in managing health information. It features five representative hospitals and its English version will be created.

The DVD will be distributed through the WHO-FIC, APN and IFHIMA websites, and through other means.

- Contribution to WHO-FIC

The Japan Hospital Association and the Japan Society of Health Information Management will be localizing WHO's online training tools and promoting its implementation.

Research on the current situation of HIM education in various countries that began in 2008 will be continued. It will be updated as the 2012 version with the scope of research expanding to 42 countries. The research results will be distributed in the form of a database and a printed publication, and be shared among the stakeholders of WHO-FIC, APN and

IFHIA.

5. Building Japanese Model for Quality Control

Improving the accuracy of ICD implementation requires evaluation of code assignment process. This is needed particularly to address the issues concerning logical consistency among multiple codes and integration of different codes.

To improve coding accuracy, establishment of coding rules is a must. These rules support assignment of related codes and identification of significant codes for situations where classification of combined conditions (e.g., combining codes for acute cholecystitis and cholelithiasis into a single code for acute cholecystitis with calculus of gallbladder) and classification of multiple conditions (e.g., for MRSA pneumonia, assign three different codes: B95.8 Unspecified staphylococcus as the cause of diseases classified elsewhere, J15.2 Pneumonia due to staphylococcus, and U80.1 Methicillin resistant agent) are needed. We must also consider developing a tool to disseminate these rules and to automate the data collection and code assignment validation, and streamline the day-to-day coding-related processes.

National Cancer Center, one of the Center's supporting organizations, has been leading the development of quality control logic and related tools for hospital-based cancer registries in the country. It is now considering applying its quality control expertise to different aspects of ICD implementation.

Each year, nationwide, hospital-based cancer registries exceed 500,000 cases (40 items per case) and when the call for data is made, the designated institutions access the server of the National Cancer Center and upload the data. A set of 300 logic checks is performed upon uploading and the cases are scrutinized until they are error-free. The quality of the registries, therefore, is very high. These 1. Data uploading and 2. Error check (quality control) systems are now being upgraded so that upload checks can be performed 24/7 online instead of only when the data are uploaded.

National Cancer Center Hospital is now conducting demonstration experiments to see if the server's code check system can be applied to hospital's assignment of disease names (admission/discharge diagnoses) when morbidity statistics are produced at each institution. The Center Hospital aims to launch this server code check system after verifying it at multiple institutions. Some of the benefits of the centralized server model for quality control are: 1. Because the server fixes logical vulnerabilities, it eliminates the correction process on the institutions side; 2. By sharing analyses of frequent errors, it can effectively upgrade the coding accuracy nationwide; and 3. If similar system can be used for producing mortality statistics at each institution, sharing server system can contribute to reducing costs.

We will leverage the experiences with the cancer registries, continue working on the test operation of morbidity statistics quality control server, and establish an online quality control network between healthcare institutions and the WHO-FIC Collaborating Centre (National Cancer Center). Through these efforts, we strive to improve the accuracy of ICD in Japan. We

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also plan to present measures for improvements for coding, based on the data on current ICD usage (identification of coding issues) collected by the quality control system, and actively shared them with the users.

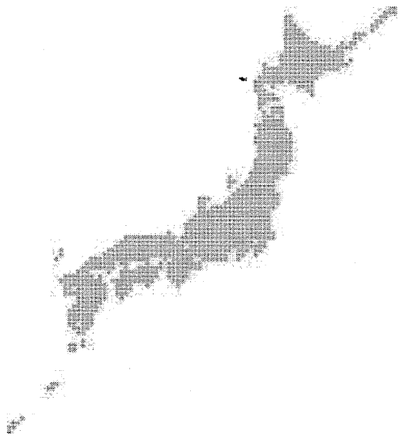
Appendix

1. WHO-FIC Collaborating Centre: List of Work Plans

№	Activity №	Name of Activity	Person in Charge	Description	Specific Expected Result	Relation with WHO Activities	Funding Source for Activity	Methods for Implementation of Results	Start of Activity	Expected Completion of Activity	Specific Activities	Comments
1	Activity 2	Gathering and provision of ICD information	Emiko Oikawa	Q&A; Gathering and implementation of information regarding matters concerning the interpretation and standards for the use of ICD This activity will be performed in close cooperation with the following people: Nobuyoshi Tani, Kenji Shuto, Yoko Kanegae, Hiromitsu Ogata, Hiroshi Nishimoto, Tsuneo Sakai, Toshio Oi, Yukiko Yokobori	Report on the procedures etc. for the use of ICD following the international standards and for the improvement of comparability of data; Pursuant to the WHO CC regulation 3.1.2, this report shall be the product of WHO.	Improvement and implementation of ICD	Public fund	E-mails; Summary reports	2011	2015	· Response to the queries from the public · Cooperation regarding the creation of master data of standard disease names · Discussion with Vital, Health and Social Statistics Division · Discussion with the WHO secretariat and the members of WHO-FIC Network MRG members	
2	Activity 3	Assessment of various parts of ICD-10	Nobuyoshi Tani	Support for activities for the improvement of ICD by clinical experts of the ICD Committee This activity will be performed in close cooperation with the following people: Kenji Shuto, Yoko Kanegae, Emiko Oikawa, Hiromitsu Ogata, Hiroshi Nishimoto, Tsuneo Sakai, Toshio Oi, Yukiko Yokobori, Kenji Fujiwara	Report on evidence-based feedback regarding the validity of various parts of the ICD; Pursuant to the WHO CC regulation 3.1.2, this report and the evidence shall be the product of WHO.	Improvement and implementation of WHO-FIC	Public fund	Reporting at the WHO-FIC meeting; voting at the ICD Revision Steering Group meeting of WHO	2011	2015	· Collecting and putting together the proposals/opinions for ICD update from members of the ICD Committee · Submission of proposals to WHO · Voting on the platform and responding to queries and opinions from other centres etc.	
3	Activity 5	Training regarding ICD, ICF and health information	Yukiko Yokobori	Giving lectures at meetings regarding health information and statistics in Japan and abroad (schooling lectures regarding ICD at annual meetings of the Japan Society of Health Information Management; lectures at other medical societies, schools and universities) This activity will be performed in close cooperation with the following people: Nobuyoshi Tani, Kenji Shuto, Yoko Kanegae, Emiko Oikawa, Hiromitsu Ogata, Hiroshi Nishimoto, Tsuneo Sakai, Toshio Oi	Meeting reports; evidence regarding improvement of data profiles. Pursuant to the WHO CC regulation 3.1.2, this report and the evidence shall be the product of WHO.	Improvement and implementation of WHO-FIC	Japan Hospital Association	Reporting at the WHO-FIC meeting; contribution to the modification of WHO data (electronic or booklets)	2011	2015	· Participation in the WHO-FIC Education and Implementation Committee · Hosting training workshops at the annual meetings of Japan Society of Health Information Management · Schooling lectures regarding ICD and ICF · Lectures at medical societies, schools and universities	
4	Activity 7	Contribution to the implementation strategy for ICD and WHO-FIC	Nobuyoshi Tani	Research study on the quality of health information and implementation of ICD and other WHO-FIC. The content of this study includes the use of classification in the health information system and the development of classification in traditional medicine. (Government-funded research project: Toshio Oi et al., Study on the methods for the improvement of accuracy and international comparability of the statistics of causes of death, Kenji Watanabe et al., Study on the validity of classification regarding the formula patterns of Kampo medicine; Kenji Watanabe et al., Study on information model of East Asian traditional medicine) This activity will be performed in close cooperation with the following people: Kenji Shuto, Yoko Kanegae, Emiko Oikawa, Hiromitsu Ogata, Hiroshi Nishimoto, Tsuneo Sakai, Toshio Oi, Yukiko Yokobori, Kenji Watanabe, Kenji Fujiwara	Reporting of the evidence-based feedback regarding the best practice in the implementation of health information and the use of WHO-FIC to the WHO-FIC Education and Implementation Committee and information provision to the WHO implementation database. Pursuant to the WHO CC regulation 3.1.2, this report and the contents provided to the WHO implementation database shall be the product of WHO.	Improvement and implementation of WHO-FIC	Public fund	Submitting opinions to the WHO-FIC meetings; contribution in terms of booklets and WHO manuals	2011	2015	· Secretariat for Health and Labour Sciences Research Grant activities and publication of research results	
5	Activity 8	Implementation of ICD educational materials	Emiko Oikawa	Publication of introductory manual of ICD once a year and giving feedback of various experiences to the WHO-FIC Network This activity will be performed in close cooperation with the following people: Nobuyoshi Tani, Kenji Shuto, Yoko Kanegae, Hiromitsu Ogata, Hiroshi Nishimoto, Tsuneo Sakai, Toshio Oi, Yukiko Yokobori	Report regarding the ICD manual and improvement of ICD data profiles accompanying evidence useful for the improvement of WHO-FIC related data. Pursuant to the WHO CC regulation 3.1.2, this report shall be the product of WHO. Pursuant to the WHO CC regulation 3.1.1, this manual shall be the product of the WHO Collaborating Centre.	Improvement and implementation of WHO-FIC	Public fund	Reporting online or at WHO-FIC meetings	2011	2015	· Examination of the content of the "ABC of ICD" and its publication	
6	Activity 10	Multi-language support to the ICD update process	Nobuyoshi Tani	Ensuring the appropriateness of multi-language translation of classifications by translating the ICD-11 as early as possible. This activity will be performed in close cooperation with the following people: Kenji Shuto, Yoko Kanegae, Emiko Oikawa, Hiromitsu Ogata, Hiroshi Nishimoto, Toshio Oi, Kenji Fujiwara, Kentaro Sugano, Yasuhiko Ino, Naoko Tajima, Satoshi Kashii	Report of the ICD-11 translation list of each stage of the alpha edition, beta edition and the final edition and of the feedback regarding unclear and clear concepts. Pursuant to the WHO CC regulation 3.1.2, this report and the list shall be the product of WHO.	Maintenance and revision of ICD	Public fund	Products in the form of online, newsletters, paper or electronic medium	2011	2015	· Translation of the beta edition and the last edition of ICD-11	
7	Activity 11	Information regarding the maintenance of ICD-10 and regarding the ICD-11	Nobuyoshi Tani	Preparation for the proposal regarding the revision/update of ICD by application of morbidity and mortality statistics obtained from medical societies through the ICD Committee and supported by statistical evidence. (Government-funded research project: Jun Nakayasi et al., Study on omics information model in ICD-11) This activity will be performed in close cooperation with the following people: Kenji Shuto, Yoko Kanegae, Emiko Oikawa, Hiromitsu Ogata, Hiroshi Nishimoto, Toshio Oi, Kenji Fujiwara, Kentaro Sugano, Yasuhiko Ino, Naoko Tajima, Satoshi Kashii	Reports including evidence-based update of ICD-10 and evidence regarding ICD-11. Pursuant to the WHO CC regulation 3.1.2, this report and the evidence shall be the product of WHO .	Maintenance and revision of ICD	Public fund	Products in the form of online, newsletters, paper or electronic media	2011	2015	· Proposal based on the research results from Health and Labour Sciences Research Grant activities · Participation in the revised TAG	

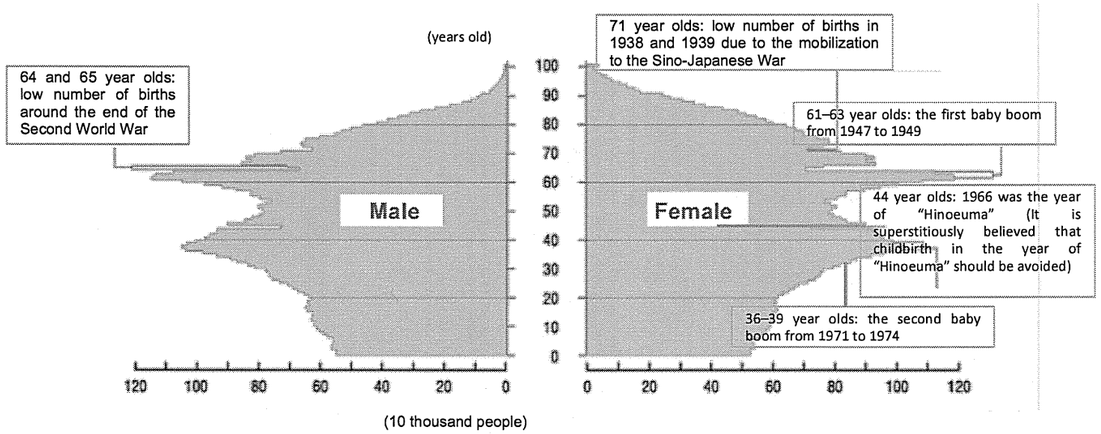
№	Activity №	Name of Activity	Person in Charge	Description	Specific Expected Result	Relation with WHO Activities	Funding Source for Activity	Methods for Implementation of Results	Start of Activity	Expected Completion of Activity	Specific Activities	Comments
8	Activity 15	Implementation of ICF	Yayoi Okawa	Discussion regarding the research study of ICF and its use by the experts of ICF Committee. This activity will be performed in close cooperation with the following people: Nobuyoshi Tani, Kenji Shuto, Yoko Kanegae, Emiko Oikawa, Hiromitsu Ogata, Takako Tsutsui, Masataka Arima	Reports including scientific evidence for the improvement of ICF; Pursuant to the WHO CC regulation 3.1.2, this report shall be the product of WHO .	Improvement and implementation of ICF	Public fund	Submission to the WHO online update platform; reporting at the WHO-FIC meeting	2011	2015	· Convening ICF Committee meetings	
9	Activity 16	Implementation strategy for ICF	Nobuyoshi Tani	Gathering and implementation of experiences and findings related to the use of ICF. This activity will be performed in close cooperation with the following people: Kenji Shuto, Yoko Kanegae, Emiko Oikawa, Hiromitsu Ogata, Takako Tsutsui, Yayoi Okawa, Masataka Arima	Report including an evidence-based proposal for the maintenance of ICF. Pursuant to the WHO CC regulation 3.1.2, this report and the proposal shall be the product of WHO.	Improvement and implementation of ICF	Public fund	Report at the WHO-FIC meeting; online	2011	2015	· Collecting and putting together the opinions regarding the proposal for the update of ICF and other proposals at the ICF Committee meeting	
10	Activity 17	Introduction of ICF in periodic data collection	Nobuyoshi Tani	Study on ICF in the fields of aging, rehabilitation, disability, education, etc. (Government-funded research: Satoshi Ueda et al., Study on codification of functions; Shinsuke Fujita et al., Chronic disease management system based on ICF). This activity will be performed in close cooperation with the following people: Kenji Shuto, Yoko Kanegae, Emiko Oikawa, Hiromitsu Ogata, Takako Tsutsui, Yayoi Okawa, Masataka Arima	Summary report of experiences of the implementation activity of WHO-FIC. Pursuant to the WHO CC regulation 3.1.2, this report and the evidence shall be the product of WHO .	Improvement and implementation of ICF	Public fund	online	2011	2015	· Health and Labour Sciences Research Grant activities · Study meetings within the Ministry	
11	Activity 21	Improvement of death certificates	Satoshi Ono	Sharing the development of introductory manual of death certificates, its publication once a year and the results with the WHO-FIC Network. This activity will be performed in close cooperation with the following people: Nobuyoshi Tani, Kenji Shuto, Yoko Kanegae, Emiko Oikawa, Hiromitsu Ogata, Hiroshi Nishimoto, Tsuneo Sakai, Toshio Oi, Yukiko Yokobori	Report including opinions regarding the guidance for death certificates that are approved internationally. Pursuant to the WHO CC regulation 3.1.2, this report and the opinions shall be the product of WHO. Improvement of the quality of death certificates in Japan.	Improvement and implementation of WHO-FIC	Public fund	Manual of both paper and electronic media; reporting at the annual meetings of WHO-FIC	2011	2015	· Preparation of description manual of death certificates	
12	Activity 23	Adjustment of evidence-based contribution in the field of internal medicine toward ICD revision	Nobuyoshi Tani	Supporting the TAG Internal Medicine for ICD revision through the Japanese working group consisting of Japanese expert physicians in various fields of internal medicine. (Government-funded research: 今村知明 et al., Study on classification of diseases appropriate for the use of information in healthcare) This activity will be performed in close cooperation with the following people: Kenji Shuto, Yoko Kanegae, Emiko Oikawa, Hiromitsu Ogata, Hiroshi Nishimoto, Toshio Oi, Kenji Fujiwara, Kentaro Sugano, Yasuhiko Ino, Naoko Tajima	To define and edit the part related to internal medicine in ICD based on evidence. Pursuant to the WHO CC regulation 3.1.2, these definitions and edits shall be the product of WHO.	Maintenance and revision of ICD	Public fund	Integration of information toward ICD revision processes; online publication; newsletter; products of paper/electronic media	2011	2015	· Convening the international meeting of TAG Internal Medicine · Convening review meetings in Japan	
13	Activity 24	Construction of classification and terminology of Kampo medicine for ICD and ICTM	Kenji Watanabe	Constructing the classification of Kampo medicine (traditional Japanese medicine) and its terminology and translating it into English to contribute to the introduction of ICD revision and ICTM construction. This activity will be performed in close cooperation with the followings: Terminology Classification Committee of the Japan Society for Oriental Medicine; Kenji Shuto	Report based on the experience obtained from the classification of Kampo medicine, definitions, rules and directions toward the introduction of ICD-11and ICTM. Pursuant to the WHO CC regulation 3.1.2, these reports, definitions, rules and directions shall be the product of WHO. Pursuant to the WHO CC regulation 3.1.1, the classification of Kampo medicine shall be the product of the WHO Collaborating Centre.	Construction of ICTM useful for ICD revision, WHO/WPRO, WHO-FIC Family Development Committee, Revision Steering Group and Asia-Pacific Network	Japan Society for Oriental Medicine	Online (WHO platform); report to WHO	2011	2015	· Participation in the annual meetings of WHO-FIC Network · Participation in the telephone conference of revision committee · Participation in the face-to-face/telephone meetings · Coordination among various organizations related to traditional medicine at the Japan Oriental Medicine Summit Conference	
14	Activity 25	Traditional medicine information model for the revision of ICD and construction of ICTM	Kenji Watanabe	Constructing an information model of traditional medicine based on the information from traditional Japanese medicine and translating it into English to contribute to the construction of ICTM and revision of ICD. This activity will be performed in close cooperation with the followings: Terminology Classification Committee of the Japan Society for Oriental Medicine; Kenji Shuto	Information model of traditional medicine toward the revision of ICD and construction of ICTM. Pursuant to the WHO CC regulation 3.1.2, this information model shall be the product of WHO .	Construction of International Classification of Traditional Medicine (ICTM); ICD revision. These are useful for WHO-WPRO, WHO-FIC Revision Steering Group, and Asia Pacific Network.	Japan Society for Oriental Medicine	Scientific articles, reports, ICTM and ICD, WHO online platform	2011	2015	Same as above	
15	Activity 27	Improvement of mortality and morbidity data in the Asia-Pacific Region and implementation of health information system	Kenji Shuto	Convening meetings within the Asia-Pacific Network; supporting countries with little resources to become able to participate in those meetings and thereby enabling them to share information regarding the model method of practice to improve the quality of mortality/morbidity statistics and health information system; serving as the facilitator of those meetings; setting up a website. This activity will be performed in close cooperation with the following people: Nobuyoshi Tani, Yoko Kanegae, Emiko Oikawa, Hiromitsu Ogata, Tsuneo Sakai, Toshio Oi, Yukiko Yokobori	Summary report regarding approaches focusing on the region, aiming at implementation. Pursuant to the WHO CC regulation 3.1.2, these reports and proposals shall be the product of WHO.	Improvement and implementation of WHO-FIC	Public fund	Online; reporting at the annual meetings of WHO-FIC and reporting at WHO-FIC regional meetings	2011	2015	· Convening Asia Pacific Network meetings · Updating the website	

2. Basic Statistical Data of Japan



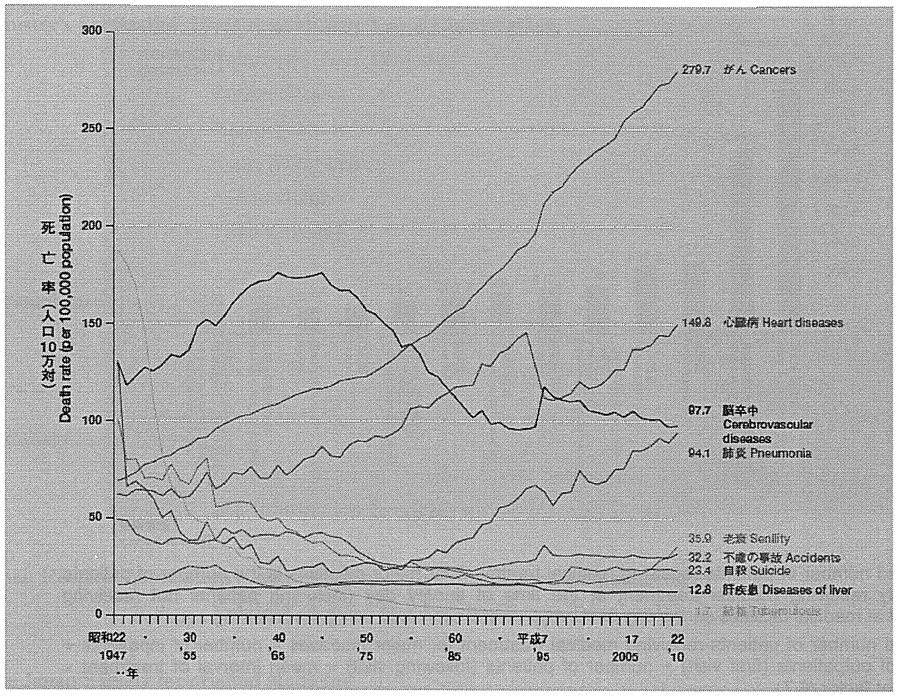
Land area	37,950 square kilometers
Population	178,057,352 (national census in 2010)
Capital	Tokyo
Language	Japanese

Population pyramid of Japan (as of October 2010)

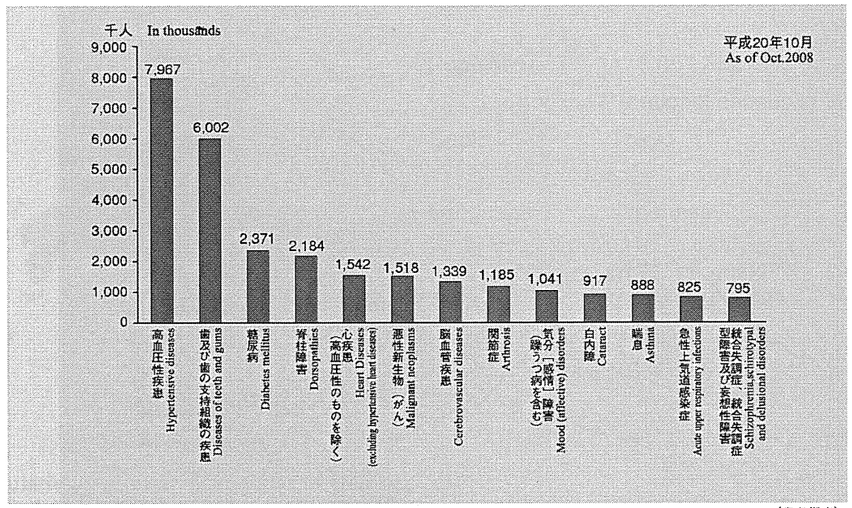


[See table 2-4]

Trends in death rates for leading causes of death, 1947-2010



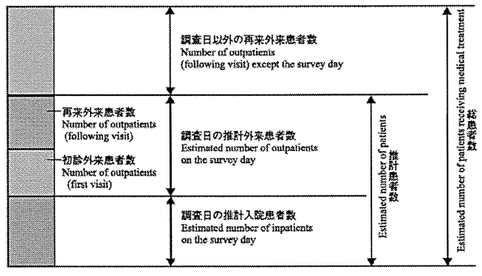
Estimated number of patients receiving medical treatment for major diseases (2008)



（患者調査）
(Patient Survey)

*Estimated number of patients receiving medical treatment for major diseases is the number of patients continually receiving medical treatment at the time of survey day (including patients not receiving treatment at medical facilities on the day of survey), and is estimated using the following equation.

Estimated number of patients receiving medical treatment for major diseases = number of inpatients + number of outpatients (first visit) + number of patients (following visit) × mean interval of treatment × adjustment factor (6/7)



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The Japan Society for oriental Medicine

Kenji Watanbe, Vice-President

WHO国際統計分類協力センター
年次活動計画について
（2013年）

厚生労働省大臣官房統計情報部
企画課国際分類情報管理室長

活動2：ICDに関する情報収集及び提供

・質疑応答、ICD利用のための解釈と基準に関する事項についての情報収集と普及
（国民からの問い合わせに対する対応、標準病名マスタ作成に対する協力、人口動態・保健統計課との協議、WHO本部、WHO-FICネットワークMRGメンバーとの協議）

・実施時期：通年

・期待される成果：国際標準手順に基づくICDの利用、データの比較可能性を高めるための手順等の報告

・WHO活動との関係：ICDの改善と普及、導入

活動3：ICD-10の各部分の評価

・ICD専門委員会の臨床医学専門家によるICD改善活動への支援
（ICD専門委員会委員からのICD改正提案意見のとりまとめ、WHOに対する提案提出、プラットフォーム上の投票及び他のセンター等からの質問及び意見への対応）

・実施時期：通年(ICD改正提案提出：3月末まで、提案に対する投票：7月、9月締め切り)

・期待される成果：エビデンスに基づいたフィードバックの報告

・WHO活動との関係：ICDの改善と普及、導入

活動7：ICD及びWHO-FIC普及戦略への貢献

- 診療情報の質とICDや他のWHO-FICの導入に関する研究、医療情報システムに於ける分類の利用に関する研究、伝統医学分類の開発に関する研究（厚生労働科学研究費補助金事業の事務局及び研究成果の提示）

- 実施時期：通年（3月：厚生労働科学研究費評価委員会、通年：各班会議への参加）

- 期待される成果：WHO-FICネットワーク普及委員会への報告、WHO普及データベースへの情報提供。

- WHO活動との関係：ICDの改善と普及、導入

活動8：ICD教材の普及

・ICDの入門手引き書の年一回の刊行及び得られた経験をWHO-FICネットワークへフィードバックする。
（「ICDのABC」の内容検討及び刊行）

・実施時期：１月末までに原稿を完成させ、3月末まで臨床研修指定病院へ配布

・期待される成果：ICD手引き書、WHO-FIC関連資料の改善に資する報告。

・WHO活動との関係：ICDの改善と普及、導入

活動10：ICD改訂プロセスへの多言語支援

・ICD-11の翻訳を早期に実施する。分類の多言語翻訳への適切性の確保
（2012年9月末までの活動は実施不可能）

・実施時期：ICD-11 β 版確定後

・期待される成果：β 版及び最終版の各段階におけるICD-11の翻訳並びに不明確な概念についてのフィードバック。

・WHO活動との関係：ICDの保守と改訂

活動11：ICD-10の保守及びICD-11 に関する情報

・ICD専門委員会を通じた、または統計的エビデンスによる死亡統計、疾病統計への適用に基づいたICD改訂及び改正提案の準備
（厚生労働科学研究事業に於ける研究成果を踏まえた提案、改訂TAGへの参画）

・実施時期：通年

・期待される成果：エビデンスに基づいたICD10の改正及びICD11に関するエビデンスを含む報告。

・WHO活動との関係：ICDの保守と改訂

活動23：ICD改訂のための内科に関するエビデンスに基づいた貢献の調整

・内科の各分野の専門家による国内WGによるICD改訂のための内科TAGを支援すること。
（内科TAG国際会議、国内検討会の開催）

・実施時期：通年（対面国際会議の開催：2月6，7日）

・期待される具体的な成果：内科分野に関するエビデンスに基づいた定義やICDの部分的編集

・WHOの活動との関連：ICD保守と改訂

活動15: ICFの普及

・ICF専門委員会委員によるICFに関する研究や利用についての議論
（ICF専門委員会の開催）
・ 実施時期: 通年（ICF専門委員会は年2回開催）
・期待される成果: ICFの改善のための科学的根拠を含む報告。
・WHO活動との関係: ICFの改善と普及

活動16: ICFの普及戦略

・ICF活用の経験及び知見の収集と普及
（ICF専門委員会でのICF改正提案及び他の提案に対する意見のとりまとめ）
・実施時期: ICF改正提案提出:3月末まで、提案に対する意見提出:9月締め切り）
・期待される成果: エビデンスに基づいたICF保守のための提案
・WHO活動との関係:ICFの改善と普及

活動17: 定期的なデータ収集におけるICFの導入

・ 高齢化、リハビリ、障害及び教育などの分野に於けるICFに関する研究
（厚生労働科学研究費補助金事業、省内勉強会）

・ 実施時期: 通年

・ 期待される具体的な成果: WHO-FICの普及活動に資する報告。

・ WHOの活動との関連: ICFの改善と普及

活動21：死亡診断書の改善

・死亡診断書の入門手引き書の開発と年1回の刊行及びその結果をWHO-FICネットワークと共有する。
（死亡診断書記入マニュアルの作成）

・実施時期：1月末原稿とりまとめ、4月上旬臨床研修指定病院への配布

・期待される具体的な成果：国際的に承認される死亡診断書記入手引きへの意見を含む報告。日本に於ける死亡診断書の質の向上

・WHOの活動との関連：WHO-FICの改善及び導入

活動27：アジア・太平洋地域における死亡・疾病データの改善及び医療情報システムの普及

・アジアパシフィックネットワークにおける死亡、疾病統計と医療情報システムの質の向上に関する事例の情報共有を目的とした会議の開催及び低資源国の会議出席の支援。議長を務め、適切なウエブサイトを設置する。
（アジアパシフィックネットワーク会議の開催、ウエブサイトの更新）

・実施時期：7月会議開催（予定。詳細は未定）。

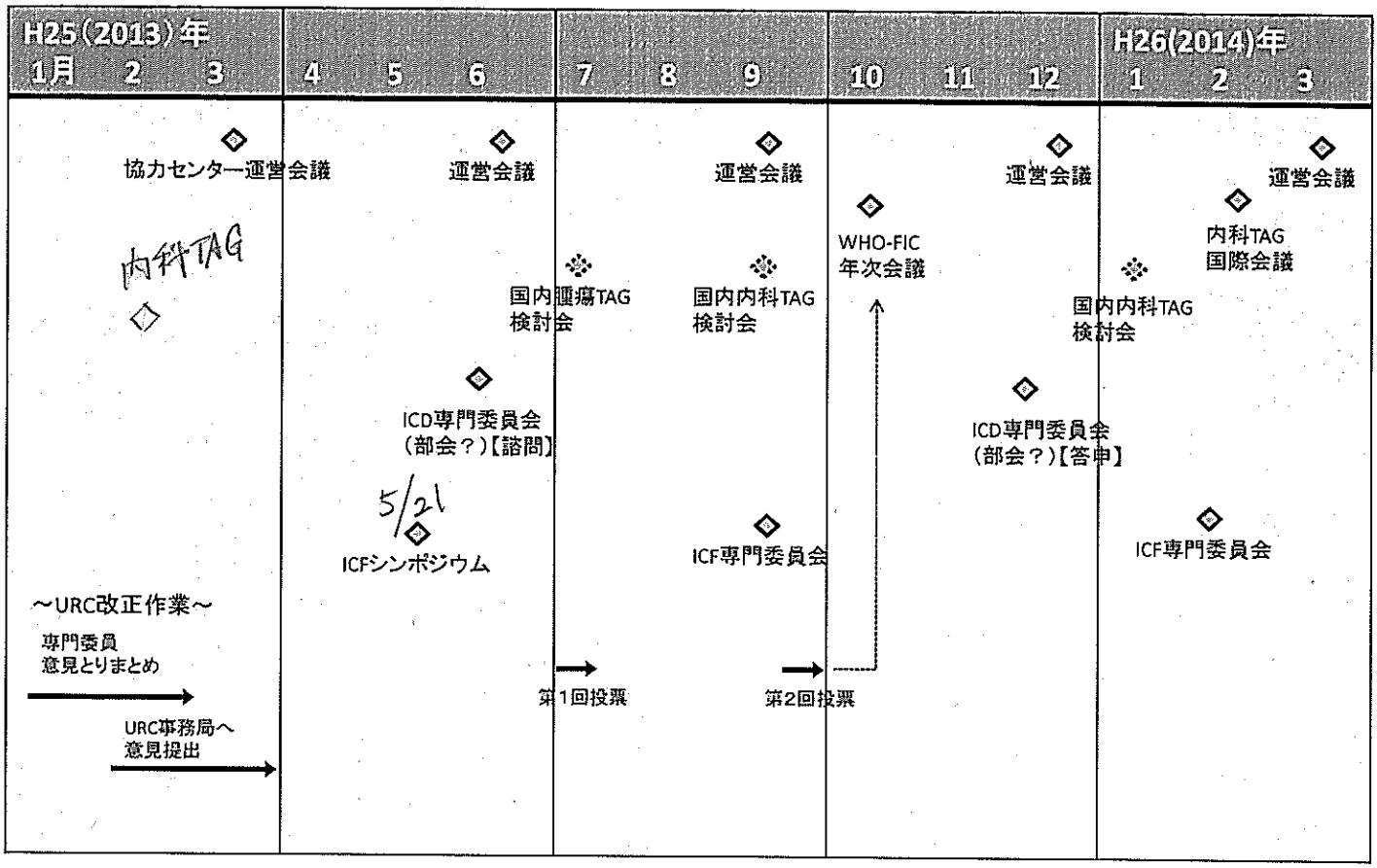
・期待される具体的な成果：地域に焦点を当てた普及に関する報告。

・WHOの活動との関連：WHO-FICの改善と導入

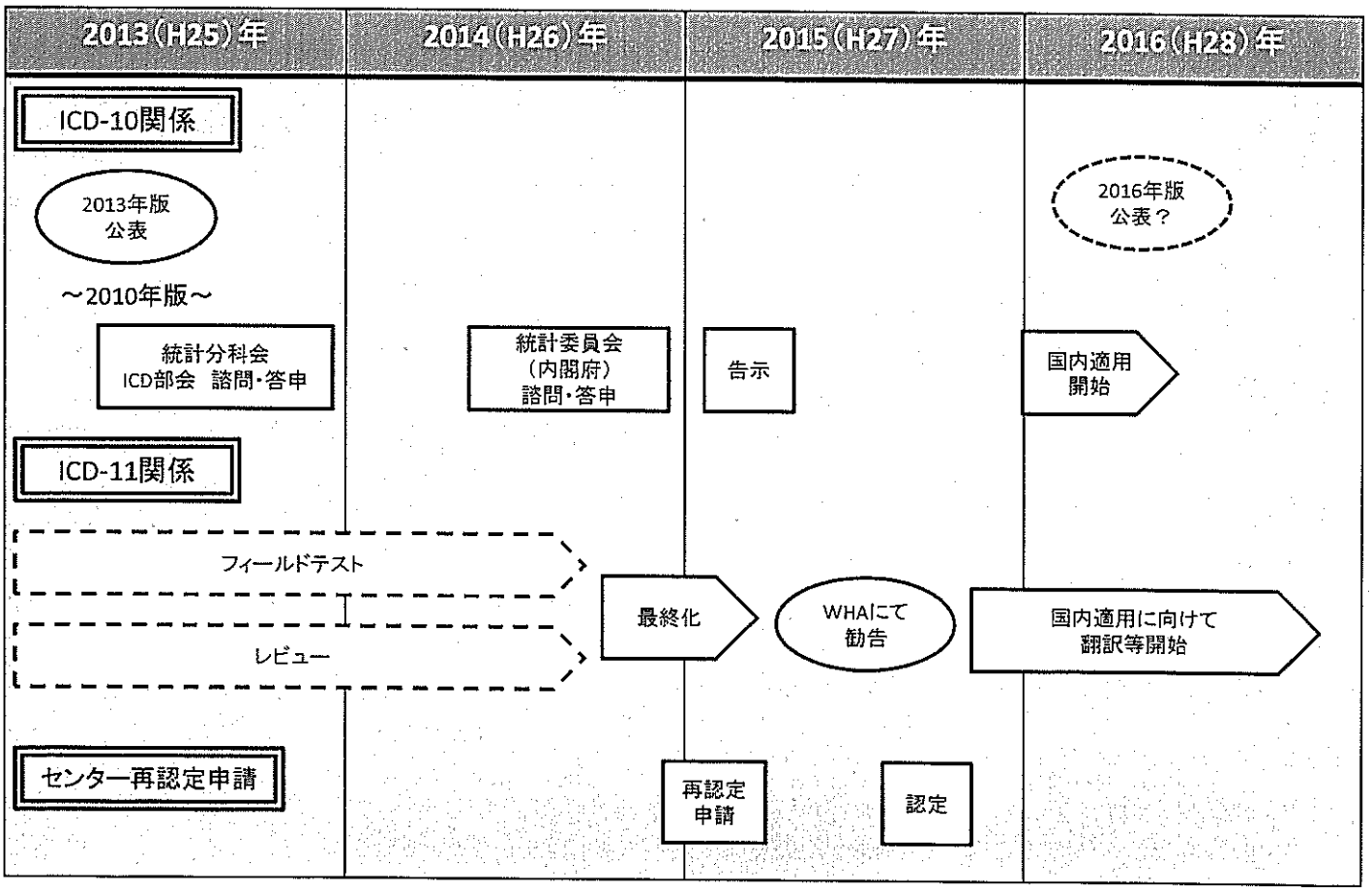
今後の課題

- センターネットワーク内の情報共有
- ウエブサイトの立ち上げ及び管理
- 活動のための予算、定員の確保

WHO国際統計分類協力センター業務　H24（2013）年スケジュール



WHO国際統計分類協力センター業務　長期スケジュール



2013年度活動計画

国立保健医療科学院　研究情報支援研究センター
センター長　緒方裕光

1. ICDに関する情報収集

- ICDに関する体系的な情報収集
- 情報の種類：
  - 臨床・保健医療システムにおける利用
  - 公衆衛生における利用
  - ICDの科学的根拠
- ICDの利用に関するフレームワークの整理
  - ICDと徴候・症状に関する標準的な記述との関連
  - 他のターミノロジーとの関連
  - 公衆衛生分野の研究者や保健医療施策に関わる行政担当者などにおける利用状況

2. ICDに関する情報提供の方法に関する検討

- 国内利用者のコミュニケーションを確立するためのネットワーク構築に関する検討。
  - ICDの普及
  - ICDに対する理解の促進
  - ICDの利用に関する標準化
  - 利用者のニーズ把握
  - 他のデータとの比較可能性
- 日本で得られる情報に関する国際的な整合性や独自性などの検討。
  - 国際的な情報との比較

3. フィールドテスト支援

- 以下の点について，医療情報学および医療統計学などの観点からの技術的な支援。
  - データ収集の方法
  - データの取扱い
  - 集計・解析方法

次年度活動計画について

平成 24 年 12 月 21 日

国立保健医療科学院　筒井孝子

１．はじめに

国立保健医療科学院は、日本 WHO-FIC 協力センターの協力機関として①医療情報に関する技術支援、②分類・用語に関する技術支援・研究の二つの活動を実施している。

このうち筒井は、活動１７「(3) 定期的なデータ収集における ICF の導入」を担当し、高齢化、リハビリ、生涯及び教育などの分野における ICF に関する研究を実施している。

今年度は、厚生労働統計協会の研究費を受託し、「WHO-DAS2.0 日本語版確定研究」を実施してきた。この研究の概要を示すとともに、来年度の研究の展望について述べることとする。

２．今年度実施した研究の概要（厚生労働統計協会委託調査研究）

１）WHO-DAS 調査票およびマニュアルの仮訳の言語的検討

①WHO-DAS 調査票

以下の、WHO-DAS 調査票について、言語学的に忠実という翻訳ガイドラインの指示にしたがって、再度訳の見直しを行った。

- 自己記入版　12 項目・36 項目
- 面接版　12 項目・36 項目・12+24 項目
- 代理人記入版　12 項目・36 項目
- 翻訳ガイドライン
- フラッシュカード１・フラッシュカード

②WHO-DAS マニュアル

WHO-DAS マニュアルについて、言語学的に忠実というプレ調査を実施するために、日本文化を可能な限り反映したうえで、P48～70 の以下の項目を中心に翻訳の見直しを行った。

- WHO-DAS2.0 調査項目の詳細
- WHO-DAS2.0 ガイドラインと練習
- WHO-DAS2.0 自己テスト
- WHO-DAS2.0 用語集

2）調査票及びマニュアルの改訂のためのプレ調査の実施

①調査の概要

・調査期間：9 月～12 月

・調査場所：栃木県内障害事業所

（今後、千葉県内社会福祉法人で実施予定）

・調査実施者：20 名（うち在宅生活者 14 名、施設入所者 6 名）

（今後、在宅生活を送る視覚障害者および重複障害を持つ施設入所者を対象に各 15 名程度調査を実施予定。）

・障害種別：　身体障害者 13 名（うち小児麻痺 3 名、脊髄損傷 2 名、難病 1 名、脳卒中 4 名、不明 3 名）
知的障害者 5 名（うち軽度：療育手帳 2 級）
精神障害者 2 名（うち統合失調症 2 名）

②調査の方法：

これまで実施した調査は、自己記入版が可能な方を対象に、WHO-DAS2.0 自己記入版を説明なしで記入してもらい、その後、説明をしながら、WHO-DAS2.0 自己記入版面接版を実施した。その際、改善点や、質問項目で理解しにくかった点を被調査者からのヒアリング調査を実施した。

また、1 月以降は、自己記入版が不可能な方について、施設職員に WHO-DAS2.0 代理版調査を依頼し、これを実施した職員からその際、改善点、わかりにくかった点のテキストデータを収集する。さらに、調査に関わった調査員に対してはグループインタビュー調査を実施し、WHO-DAS2.0 の課題、活用方法等について、意見を収集する。

③結果の概略

全体的な点としては、「普段使わない言葉ではなく、できるだけ日常的な言葉を使う必要がある」、「表現が直訳すぎるので、もう少し意訳して欲しい」といった意見や、「項目ごとに例示を入れたらどうか」といった現行調査項目に対する理解の困難さが指摘され、さらに調査票の訳を回答しやすいように見直すとともに、障害特性に合わせ点字版、ふりがな版、発達障害用簡易版を開発するなど、情報保障に配慮した調査票を開発するなど、さらなる改善の必要性が示唆されている。

また、「5 件法の選択肢を改善する必要がある（頻度や%、をもう少し明確化したほうがよい）」、「自己記入版では記入者の質問項目に対する解釈で評価結果が変わりやすいのではないか。」や調査結果の妥当性を危惧する指摘もな

され、マニュアルの他に評価結果はぶれないようなアセスメントの考え方を整理するガイドラインの開発が必要との意見を得ている。

いずれいしても、調査を受けた方々からの意見としてもっとも重要な点としては、このアセスメントツールがどのように活用されるのかという点であり、これについての一定の方向性が示されないと、基準となる軸が決められないため、この活用方法については、引き続き検討する必要があると考えられた。

３．来年度の研究計画

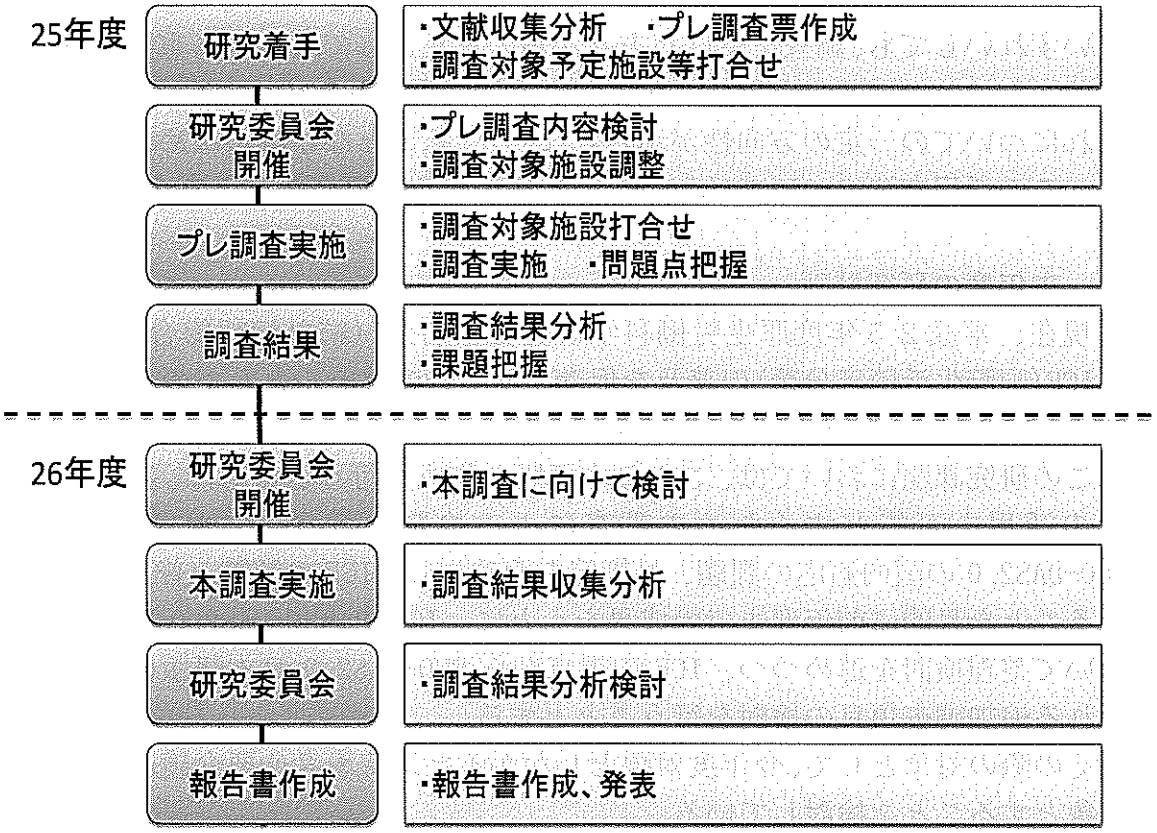
現在、平成２５年度厚生労働科学研究費補助金（統計情報総合研究事業）「ICF(国際生活障害分類)の普及を促進するためのツールとしての WHO-DAS の活用可能性に関する研究」に申請中である。

この研究課題においては、この日本語版の作成を行うとともに、実際に現場での活用を可能とするための調査による検証を行う。これによって、WHO-DAS2.0 の国内適応の課題、対策等を明確化し、ICF の認識・普及・定着を図ることを目的に前年度までの成果をもとに、ICF と WHO-DAS2.0 の関係性について整理検討を進めつつ、ICF の視点から WHO-DAS2.0 日本語版に必要と思われる追加調査項目の検討を行うこととする。

その際の対象として、今年度対象としなかった入院患者や要介護高齢者等を対象とすることを検討している。

このために WHO-DAS2.0 日本語版のプレ調査を実施し、この調査結果の分析等をもとに、WHO-DAS2.0 日本語版およびその妥当性の検証を実施していく予定である。

来年以降の研究実施フロー図

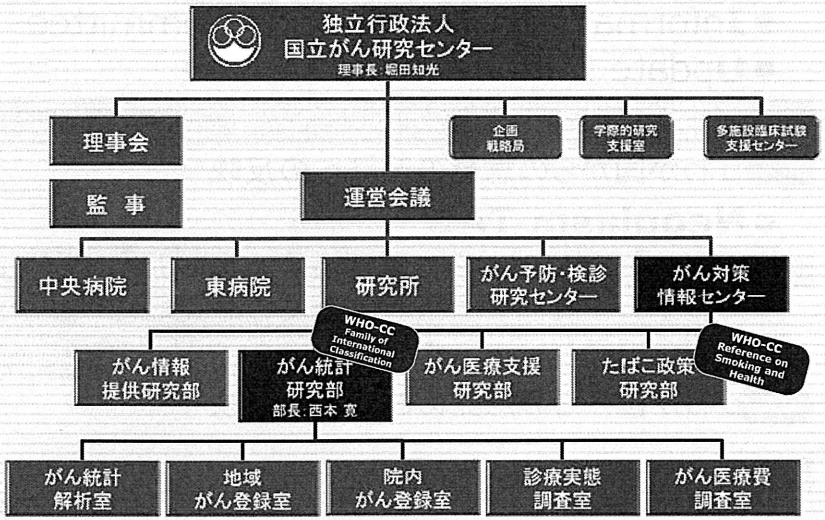


国立がん研究センター
がん統計研究部の年次計画

― WHO協力センターとしての活動 ―

独立行政法人国立がん研究センター がん対策情報センター
がん統計研究部　　西本　寛

国立がん研究センター組織図



WHO-CCとしての年次活動計画

- ●国際疾病分類の改善等の支援
  - ■WHO−FICの諸活動に参加
- ●委員会・TAG活動
  - ■**URC、ITC、NeoplasmTAG**に参加
- ●国際疾病分類の利活用の促進
  - ■がん登録における**ICD-O**利用促進・評価
- ●国際疾病分類の質向上

新規 ■死亡統計への**IRIS**採用に関する検討

国際疾病分類の改善等の支援

- ●**WHO-FIC**の諸活動に参加

活動
- ■年次総会への参加　【継続】
- ■改正への意見だしへの参加　【継続】
- ■**ICD**室からの諮問に回答　【継続】

期待される成果
- □わが国からの意見の改訂への反映
- □ICD運用の標準化の促進

資金源 ◆国立がん研究センターとしての取り組みの一環

委員会・TAGへの参加

- **I**nformatics & **T**erminology **C**ommittee
- **U**pdate & **R**evision **C**ommittee

活動
- ■ 年次総会への参加 【継続】

期待される成果
- ロ わが国からの意見の改訂への反映

- **Neoplasm TAG**

活動
- ■ Face-to-Face会議や電話会議への参加 【継続】
- ■ 腫瘍TAG専門委員会（国内）での意見聴取 【継続】
- ■ 同専門委員会からの意見をTAGに提供 【継続】

期待される成果
- ロ わが国からの意見の改訂への反映

資金源
- ◆ 国立がん研究センターとしての取り組みの一環

国際疾病分類の利活用の促進

- **ICD-O**（改訂版）の利用促進とその評価
  - ★ 2011年9月にUpdate（英語版）公開
  - ★ 造血器腫瘍はWHO Bluebook2008に準拠して改訂
  - ★ Update内容の日本語への翻訳（H24年度終了）

活動
- ■ 登録実務者への周知・研修への反映 【5月～】
- ■ 地域・院内がん登録への影響の評価 【8月】
- ■ 院内がん登録での新コード比率の検証
  改訂版採用後のデータ検証

期待される成果
- ロ がん登録での運用と情報精度改善

資金源
- ◆ 厚生労働科学研究「院内がん登録の標準化と普及に関する」研究
- ◆ がん研究開発費「わが国におけるがん登録の整備に関する」研究

国際疾病分類の質向上

- 死亡統計への**IRIS**の採用に関する検討
  - ★ **MMDS**ロジックの検討
  - ★ **ICD-10（2010） Vol.2**での変更点の検討

活動
- ■ IRISに関するシステム的検討 【3～4月】
- ■ 現行の死亡統計との整合性の検討 【5月以降】

期待される成果
- ロ システム移行に伴う問題点と対応の明確化

資金源
- ◆ 国立がん研究センターとしての取り組みの一環

今後の課題（2012と変更なし）

- **ICD-11**と**ICD-O**の相互比較
  移行性の確認が必要
  - ■ 罹患：がん登録（**ICD-O**）
  - ■ 死亡：動態統計（**ICD-10**）

- 診療現場での付与病名と**ICD**との乖離
  - ■ 付与病名・組織型と**ICD**（**O**を含む）の
    変換ロジックの確立が必要

関連する活動

・活動2：ICD情報収集及び提供
・活動5：ICD、ICF及び診療情報に関する訓練
・活動3：ICD-10の各部分の評価
・活動7：ICD及びWHO-FIC普及戦略への貢献
・活動8：ICD教材の普及
・活動10：ICD改訂プロセスへの多言語支援
・活動11：ICD-10の保守及びICD-11に関する情報
・活動21：死亡診断書の改善
・活動23：ICD改訂に向けた内科におけるエビデンスに基づいた貢献の調整
・活動27：アジア・太平洋地域における死亡・疾病データの改善及び診療情報システムの普及

Japan Hospital Association

2013年度活動計画（1）

➢ WHO-FIC教育普及委員会
・参加会議：
年央会議：2013年（詳細未定）
開催地：未定
年次大会：2013年10月12日～18日
開催地：中国、北京
電話会議（3回）：2月、5月、9月
・ICDウェブトレーニングツールの日本語版の開発

➢ ICD専門委員会（松本万夫委員参加）

➢ 科学研究
・診療情報に関する研究

Japan Hospital Association

2013年度活動計画(2)

- アジア・パシフィックネットワーク会議
  - ・議長招聘会議　2013年2月頃　東京　遠藤先生
  - ・対面会議　2013年7月頃　タイ
  - ・電話会議　1～2か月に1回程度

  ＜活動内容＞
  - ・ICD及びICFの普及

    普及活動への調査に対するコアメンバーの計画会議
  - ・診療情報システムの普及

    EIC、IFHIMA、日病などの教育提供の可能性

2013年度の活動計画

◆ ICTMに関する活動
1）ICD23章のレビュー
2）フィールドトライアル（実際のコーディング、評価者間比較）

◆ ICTM会議への参加
1）対面会議　2013年5月頃　香港
2）電話会議　1～2ヶ月に1回

◆ WHO-FICでの活動
1）WHO-FIC年次会議への参加
　　2013年10月　北京
2）改訂委員会電話会議

◆ 国内での対応
1）WHO国際統計分類協力センターでの伝統医学実務作業（月1回）
2）日本東洋医学サミット会議における伝統医学関係諸団体との調整
3）ICD専門委員会参加
4）WHO国際統計分類協力センター内の情報共有

第 18 回 IFHIMA　2016　国際大会（案）

（The 18th IFHIMA Congress 2016 略称：IFHIMA 2016）

【同時開催】第 42 回日本診療情報管理学会学術大会（医療情報関連展示会併催）
学術大会長：聖路加国際病院　福井次矢院長

●テーマ（仮）
新時代の ICD11　～より良い活用と普及に向けて～

●主催等（案）
主　催　　一般社団法人日本病院会　日本診療情報管理学会
IFHIMA（The International Federation of health Information Management Associations　診療情報管理協会国際連盟）他
共　催　　WHO 国際統計分類協力センター　他
後　援　　厚生労働省、WHO、東京都　他
協　賛　　株式会社日本病院共済会　他
協　力　　日本診療情報管理士会　他

●会　期（予定）
2016 年 9 月～10 月

●開催場所（案）
①東京国際フォーラム
②パシフィコ横浜（横浜国際平和会議場）

●第 18 回 IFHIMA2016 国際大会日本開催誘致委員会
委員長　　大井利夫先生
副委員長　阿南　誠先生
副委員長　武田隆久先生
委員　　荒井康夫先生
委員　　上田京子先生
委員　　河村保孝先生
事務局　　横堀由喜子

●IFHIMA 大会の性格と目的

IFHIMA が 3 年毎に開催する国際大会。総会と同時開催。各委員会が集い、自国の HIM 改善に向けての知識・意欲を高め、学び、ネットワーキング、情報交換、親睦が図られている。

＜開催された国際大会＞

第 1 回	1952 年	ロンドン（イギリス）
第 2 回	1965 年	ワシントン DC（アメリカ）
第 3 回	1960 年	エジンバラ（スコットランド）
第 4 回	1963 年	シカゴ（アメリカ）
第 5 回	1968 年	ストックホルム（スウェーデン）
第 6 回	1972 年	シドニー（オーストラリア）
第 7 回	1976 年	トロント（カナダ）
第 8 回	1980 年	ハーグ（オランダ）
第 9 回	1984 年	オークランド（ニュージーランド）
第 10 回	1988 年	ダラス（アメリカ）
第 11 回	1992 年	バンクーバー（カナダ）
第 12 回	1996 年	ミュンヘン（ドイツ）
第 13 回	2000 年	メルボルン（オーストラリア）
第 14 回	2004 年	ワシントン DC（アメリカ）

第 15 回　2007 年　ソウル（韓国）37 ヶ国から 750 名
テーマ：Business Intelligence in Health Care Management

第 16 回　2010 年　ミラノ（イタリア）34 ヶ国から 350 名以上
テーマ：Better Information for Better Health ; The Way Forward To a Safe, Responsive and Integrated Healthcare

第 17 回　2013 年　モントリオール（カナダ）開催予定
テーマ：Health Information Management – “Make A World of Difference”

第18回IFHIMA2016国際大会　日本開催招致スケジュール案

年	月	主要スケジュール	活動事項
2012年	9月	●IFHIMA対面役員会議 (9/19-21)ブラウンシュバイク	【立候補】 ・日本診療情報管理学会学術大会との併催での開催決定(国内) ・情報収集
	10月	●WHO-FICネットワーク年次会議 (10/13-17)ブラジリア (WHO-FIC年次会議2016開催都市決定)	【大会概要決定】 ・開催都市決定 ・開催期日、会場決定
	11月		【誘致活動】 ・招致ロゴ ・招致委員会立ち上げ ・パンフレット制作 ・プロモーションビデオ制作 ・ウェブサイト制作 ・ロビー活動(IFHIMAディレクター、WHOへの働きかけ)
	12月		
2013年	1月		
	2月	●立候補書類提出期限(2/15)	●立候補都市審査・決定 【立候補書類提出(ビットペーパー) 2/15締切】 開催都市、開催期日、会場、組織委員会の構成、宿泊場所候補協会の年次会議での併催の有無　要記載 ※広報パンフレットを兼ねたプロモーション用のビットペーパーは5月までに作成
	3月	●WHO-FIC　EIC対面会議(予定)	
	4月		
	5月	●第17回IFHIMA大会 (5/13-15)モントリオール (5/10役員会、5/12IFHIMA総会)	【開催決定(5/12)】 ・プレゼンテーション実施 ・投票 【開催準備】 ・開催事務局の組織化 ・寄付金募集 ・広報用ウェブサイト立ち上げ ・参加者募集
2016年	9月	第18回IFHIMA大会	開　催

≪投票権のある国≫　ナショナルメンバー　20か国

オーストラリア、カナダ、中国、ドイツ、インドネシア、アイルランド

イスラエル、イタリア、ジャマイカ、日本、ケニア

韓国、オランダ、フィリピン、イギリス、米国、西太平洋

フランス、スペイン、スェーデン

機密性○　　用語の資料

その他

○2016年WHO-FIC年次会議の東京での開催について

○WHO-FIC C.C.　Asia Pacific Networkについて

・議長 東京女子医大 遠藤先生

・事務局　病院会　　等

○WHO-FIC年次会議、各委員会担当について
ICF 岡井房子先生

○WHO-FIC JAPAN C.C.の体制強化について
・学会等の他機関との連携について
医学会
等
・高久、金澤、永井
・日本医学会との連携
・協力機関

○WHO-FIC JAPAN C.C.の更新に係る準備について

・組織構成、役割分担

・運営要綱等の組織規定　　等

○ICD、WHO-FIC JAPAN C.C.等に対する日本政府における意思決定機関について　厚生科学審議会　疾病分類分科会

・社会保障審議会 統計分科会

・ICD専門委員会、ICF専門委員会　　等

ブラジル
－北京－マドリッド
2015年　ロンドン　　2016年　日本　2015年はできない。

10月第3週

DRG　ICHI　ICF