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Dr. Michał Marek
**Development of ICD-11 Implementation
Program in Poland**

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The first stage of ICD-11 Implementation Programme (1)

- ▶ Expected final results:
- ▶ ICD-11 and set of complementary documents (such as the ICD-11 Guide) translated into Polish and verified
- ▶ Four WHO ICD-11 IT tools adapted to needs of their Polish future users
- ▶ At least three ICD-11 e-learning educational modules, enabling self-education of future ICD-11 stakeholders
- ▶ A defined number of medical and National Health Fund professionals who started and completed the e-learning course(s)

The first stage of ICD-11 Implementation Programme (2)

- ▶ At least three workshops for different groups of stakeholders (medical university lecturers, epidemiologists, coders, including coders of causes of death)
- ▶ **Development of ICD-11 Programme aimed at adjustment of Polish HC system enabling official introduction of ICD-11 in Poland**
- ▶ The first stage of the project will last more than two years (from April 2022 till June-September of 2023)
- ▶ Implementation team: Department of Health Services of MoH (Leader) , Partners: Medical Center for Postgraduate Education (an institute), E-Health Centre subordinated to MoH

Development of ICD-11 Implementation Programme

- ▶ The key goal of the Programme: to define all tasks and identify the most important activities enabling official introduction of ICD-11 and approaches for implementation in Poland, including:
 - ▶ Analysis of problems caused by: (a) a lack of systematic ICD-10 updates in Poland and (b) improper use of ICD-10 classifications
 - ▶ Formulation of proposed solutions aimed at effectively tackling problems mentioned above
 - ▶ Implementation by teams in MoH and E-Health Centre
 - ▶ Close cooperation with other stakeholders such as health care providers, HTA Agency, National Health Fund (the key public payer in the HC system), etc.

I. Adptation of Polish Health Care system to ICD-11

- ▶ Examples of changes which are necessary to enable official introduction of ICD-11 in Poland:
 - ▶ Legal regulations [e.g. Legal Acts, MoH ordinances and other legal regulations (e.g. of NHF) - necessary cooperation with medical experts and many other stakeholders]
 - ▶ System of HC services tariffication and statistical reporting
 - ▶ IT systems e.g. of health care provders, MoH and other organizations
 - ▶ Completing proposals for: (a) an educational strategy to enable all stakeholders to be acquainted with ICD-11 and e-learning programmes, (b) information hubs (c) e-learning programmes and workshops e.g. for medical doctors and for trainers of trainers (snow ball effect)

Development of the Implementation Programme (Zachman Framework)

- ▶ **What** (lists of goals, subgoals and tasks which should be implemented by particular stakeholders)
- ▶ **How** (how each of the tasks should be implemented)
- ▶ **Who** (define which stakeholders are responsible for implementation of particular tasks and their role in a task implementation process)
- ▶ **Where** (where are located particular stakeholders participating in the Polish HC system adaptation to ICD-11)
- ▶ **When** (working out an introductory flexible work schedule)
- ▶ **Why** (justification of each point listed above)

Expected results by getting answers to questions posed

- ▶ Better insight into implementation process, including:
 - ▶ Identifying the scope of necessary changes in the HC system, preceding official introduction of ICD-11
 - ▶ Estimation of the staffing necessary for implementation of specific tasks, professional skills and roles, time, workload and financial resources necessary to implement the tasks
- ▶ Undertaking activities - before the end of ongoing project - aimed at getting financial resources necessary for proper HC system adaptation preceding official introduction of ICD-11 in Poland

Example: Scope of work necessary to define ICD-11 codes in each medical registry (1)

- ▶ Understanding the existing state of things (subgoal)
 - ▶ Tasks:
 - ▶ Working out a list of all legal MoH ordinances concerning medical registries with essential information of their content - MoH team
- ▶ A request to all stakeholders responsible for each medical registry for:
 - ▶ Verification of list completeness and identification of stakeholders proposed changes to existing MoH ordinances
 - ▶ Completion of a questionnaire about the technical characteristics of IT system(s) used by each stakeholder responsible for a particular medical registry

Example: Scope of work necessary to define ICD-11 codes in each medical registry (2)

- ▶ Selection of ICD-11 codes which will replace ICD-10 codes by entities responsible for specific medical registries (a subgoal)
 - ▶ Tasks:
 - ▶ Preparation of: (a) Excel tables presenting relations between ICD-10 and ICD-11 codes according to the three WHO mapping tables and (b) one Excel table including all relations between codes of ICD-10 and ICD-11 for all stakeholders
 - ▶ Analyses of the tables by stakeholders to resolve proposals for ICD-11 codes which will replace ICD-10 codes in their medical registries

Example: Scope of work necessary to define ICD-11 codes in each medical registry (3)

- ▶ Learning the existing state of things concerning IT systems used by each medical registry to define changes which should be introduced – stakeholder and E-Health Centre
- ▶ Preparation of proposed changes in a legal regulation concerning ICD-11 codes replacing ICD-10 codes and in a particular IT systems by stakeholders responsible for a particular medical registry
- ▶ Estimation of resources: a scope of work, time and financial resources necessary for implementation of all changes in a particular registry
- ▶ Learning whether a particular stakeholder could adapt its registry within its budget or should get external financial resources to implement it

Example: Scope of work necessary to define ICD-11 codes in each medical registry (4)

- ▶ Centralised storage all proposed changes of legal regulations and IT systems in one place with free access for all interested stakeholders
- ▶ Successive preparation of new drafts of future legal regulations introducing ICD-11 codes
 - ▶ Request for proposals defining ICD-11 codes: (a) to draft each new legal regulation which includes ICD-10 codes and will be introduced before official introduction of ICD-11 as well as proposals (b) for documents (such as a questionnaire with questions addressed to smokers)

II. Selected problems caused by improper translation of some international classifications into Polish

- ▶ There is no official ATC classification in Polish, even though ATC is widely used (ATC in Polish is used in: IT programmes offered by commercial firms to pharmacies, by National Health Fund, etc.)
- ▶ Negative results that result:
 - ▶ There are multiple Polish translations of ATC used in the country
 - ▶ Limited access to each of them (according to demands of a licence), apart from one of them (only partly translated)
 - ▶ There is no process to evaluate completeness or quality of a particular translation and whether it includes all updates

Examples of distortions caused by not including updates in international WHO classifications (2)

- ▶ No systematic inclusion of updates in ICD-10 translated into Polish caused:
 - ▶ A lack in the classification of: (a) new codes which were officially introduced, and changes in descriptive definitions, removed codes are used as well as outdated descriptive definitions, etc)
 - ▶ Improper use of the classification by medical personnel, a lack of chance to report not included codes (mostly of the chapter two of the classification), difficulties in getting remuneration for treatment of diseases not included in the classification, problems with complete defining basket of guaranteed HC services, problems in reporting statistical data to international organizations, etc.
 - ▶ Negative influence on semantic interoperability and quality of medical information (a part of diseases is not reported), its reliability (some treated disease are not included in the classification has been reported as a different diseases to get remuneration), the information is outdated (e.g. when it includes removed codes)

Examples of distortions caused by not including updates in international WHO classifications (3)

- ▶ Changes in terminology used in ICD-10 translated into Polish proposed by some medical doctors were ignored
- ▶ A lack of monitoring whether in different classifications the same names of diseases in English are translated in the same way into Polish

Organizational solutions aimed at elimination of problems

- ▶ Appointment of organizations officially responsible for care over specific classifications used at national level
- ▶ Appointment of an organization responsible for coordination and monitoring of specific functioning
- ▶ Development of the Polish WHO FIC Collaborative Centre (or Centres)
 - ▶ System could be less or more decentralized

Problems with the choice and use of international classifications

- ▶ Translation of some International classifications initiated by particular groups of medical professionals (danger of suboptimisation in choice of a classification e.g. from semantic interoperability point of view)
 - ▶ Influence of upgrading and upgading on reported codes of HC servises (dangerous for quality of information)
- ▶ Tendency of reporting: (a) imprecise codes (too many codes (xxx.9) (*not specified*), reporting too many garbage codes as causes of death)
 - ▶ Do you know any list of garbage codes which could be used to evaluate quality of medical information on e.g. the key causes of hospitalization?

Solutions to tackle described problems (1)

- ▶ Development of national health policy on HC classifications used in Poland and its implementation, including:
 - ▶ Choice of international classifications for implementation at national level :
 - ▶ e.g. (whether together with ICD-11 and ICF should be used SNOWMED, when to introduce ICHI, what classifications related to ICD-11 and ICF should be applied in Poland)
 - ▶ Introduction of a set of principles such as:
 - ▶ access to each officially introduced international classification should be common and free of any charge, international classifications not approved by MoH before their translation into Polish cannot be financed from MoH budget , etc.
- ▶ establishing a set of solutions aimed at effective tackling misuse of officially introduced HC classifications

Solutions to tackle described problems (2)

- ▶ Creation of proper processes and conditions for high quality translation of each officially introduced international classification into Polish
- ▶ Ensuring that each officially introduced classification will be properly updated, monitored its use aimed at effective tackling problems negatively influencing semantic interoperability and quality of medical information
- ▶ Each of these activities demand undertaking activities and oversight by multiple organizations

Thank you for your attention