The 5th WHO-FIC
Asia-Pacific Network Meeting

(Draft Summary)

Date: 4-6 December 2010

Venue: United Nations University, Tokyo

Contents

Day One

1. Opening and welcome remarks

Dr. Kenji Shuto and Prof. Sukil Kim opened the meeting at 9:34 and thanked the participants for their attendance.

Dr. Kayo Takimura greeted the meeting, noting that in recent years, the role of WHO-FIC had become increasingly significant, not only for mortality and morbidity, but also for the way it supported the improvement of public health statistics. She explained that the use of standardized systems allowed for international comparison, and was thus extremely important.

Dr. Toshio Oi thanked the meeting participants for their hard work on the International Classification of Diseases (ICD). He expressed his hope that the meeting would lead to improvements in the way people everywhere recorded and used public health data.

Dr. Robert Jakob welcomed the participants to the fifth Asia-Pacific Network (APN) meeting, which he highlighted as a valuable opportunity to help the WHO focus on the special needs of the Asia-pacific region. He continued that in the WHO, it is said that infancy ends at the fourth birthday – the APN could therefore now walk, speak, and was getting ready to learn to write. He stressed that it was time to collaborate further, and maybe even reach out to a new generation.

Dr. Shuto noted that many Korean and Japanese medical students had been invited to the meeting, and welcomed them.

The meeting participants each introduced themselves.

2. Outline of WHO-FIC activities

Dr. Shuto explained that there were three goals for the meeting: 1) to develop a common recognition of the APN's standpoint; 2) to set the agenda for the APN; 3) to prepare personal agendas for contributions to the APN.

I hope to clarify the state of work via the APN in each country. Our goal is to improve the quality of medical data recorded in the Asia-Pacific region. We must improve our

standardization methods, but we also must not ignore the great work that needs to be done for implementation. We should collaborate with other acting bodies working to improve medical data quality and integrate their approaches in our work as well.

I would like to propose a PCCP approach for our network. First, I hope that we can set a philosophy, and from there write papers that will set the program for our group based on our philosophy. These should be personal papers, which first explain the roles and missions of each government official in each country, their requests to the APN, and their contributions to network activities.

I also hope that as a result of this meeting we can identify areas with unmet needs which we are not currently working on, and reach out to countries which do not participate in the APN.

We will also discuss human resource development today. I wish to talk about the development of leaders (chief intelligence officers) and professional workers (health information officers). How should we implement training programs for these two groups, and what kind of programs should be implemented? There will be a great need for more human resources skilled in the use of medical information in the future.

Another important topic I would like to discuss is the WHO-FIC Network's "Facebook approach" to collaboration and the ICD revision process. I would also like to hear opinions on the establishment of a new NGO for medical research.

The APN is not yet a very mature network; it continues to change, and it is perhaps too early to create a more sophisticated structure. In the future, I hope that the APN will be split into two organizations: one comprising countries and NGOs to make decisions, and another to make practical proposals from an academic standpoint.

Dr. Shuto implored the meeting to encourage and assist the student participants present at the meeting and pique their interest in the work of the APN.

3. Report from WHO

Dr. Jakob addressed the meeting on the overall activities of the WHO-FIC network and the APN.

The WHO-FIC is the WHO family of international classifications. We work together to improve health through the use of good classifications for medical information.

Within the ICD there are core classifications, there is one for functional assessment, we are developing one for health interventions, and then there are derived, specialized classifications and related classifications for things like research, primary care, nursing and other issues.

Classifications are used for many different purposes: for public health statistics, for clinical research, administration and other kinds of data collection. The WHO-FIC Network is made up of the WHO Headquarters, Regional Offices, WHO-FIC Collaborating Centers (CC), and networks like the APN.

What does the WHO-FIC Network do? It allows for meaningful and useful data exchange, assists in the implementation of WHO classifications, develops educational tools and creates and maintains WHO classifications.

The WHO-FIC Network comprises a different groups specializing on subjects like morbidity and mortality along with regional networks. The APN is the most developed of all the networks. Each group is further composed of different committees.

The WHO is now trying to produce an eleventh revision of the ICD. The transition between ICD-10 and ICD-11 should be as smooth as possible. For this purpose, wherever possible, we are trying to update ICD-10 to bring it closer to ICD-11.

The WHO-FIC Network met in Toronto in October 2010. We discussed the ICD revision and the ICD-11 alpha draft, classifications and terminologies, and first round updates to the International Classification of Functioning, Disability and Health (ICF). We held the first meetings of two technical advisory groups (TAGs), the m-TAG and mb-TAG. We continued work on the International Classification of Health Interventions (ICHI). We discussed implementation issues related to maternal mortality, a very sensitive indicator within the Millennium Development Goal process. We also talked about training tools. We have signed an agreement with SNOMED, and we discussed how its classification system and ICD-11 could be integrated.

I would like to speak about MoVE-IT, a system for monitoring vital events – anything to do with death or cause of death. We are trying to use IT to improve our monitoring of

these events. Several proposals have been collected on this, and the MoVE-IT board will decide on a work plan by the end of this year.

SWISH is an important initiative right now. SWISH is intended to be an analytical overview of the current trends regarding health information. It will look at what health information system resources exist in each country, what international reporting requirements each country is following, how much governments are spending on health, and other issues. SWISH is composed of data sources. Most countries collect basic birth/death records, household surveys, have facility reporting systems, disease surveillance systems, and administrative data sources. SWISH also monitors how data is accessed and shared, and what the quality of data is in each country, and what the level of analytical capacity is in each country. We also look at how information is used and disseminated.

Another topic discussed in Toronto was a simplified ICD. ICD is not always easy to use. It has a complex structure, many exclusion notes, and other issues. When we look at data on the implementation of ICD-10 in the Asia-Pacific, we notice that many have implemented it, but only about 30% report ICD-10 data to the WHO. We believe that we may be able to encourage countries to introduce ICD by developing a simplified version which doctors can use easily. As doctors use this system, they may start to feel that it is not detailed enough, and elect to begin using the full ICD. Even if this results in errors, use of the full ICD is better than no use, and we believe that after using the full ICD for a while countries will begin to achieve error free ICD.

Our goal is to have each country use the full ICD without errors. How can we achieve this goal? We believe SWISH and a simplified ICD are crucial for this. We need to explore with each country about what they need. That is why we have networks like the APN. We do not expect a perfect situation immediately, but we have to start somewhere if we want to see an improvement.

Questions and comments

Dr. Shuto asked who was responsible for SWISH. Dr. Jakob responded that MoVE-IT and SWISH were being forwarded by the WHO headquarters.

Mr. Yosuke Hotta said that he believed there were two possible approaches to the challenges faced by the APN – a top-down approach and a bottom-up approach. He

stated that he believed the WHO was well-equipped to take a top-down approach, but questioned how the organization could facilitate a bottom-up approach. Dr. Jakob responded that it was difficult to determine who the "bottom" was, but that from the perspective of the WHO, the participants in the APN meeting were the most important actors for a bottom-up approach, as they were all people with the ability to speak on behalf of their countries. He added that the WHO was trying to find a consensus about disease classifications that each country could accept. He proposed that CCs and NGOs also provided a bottom-up perspective to the work of the WHO, and thanked Mr. Hotta for his suggestion.

Ms. Misa Hyakutake asked how the APN planned to reach out to non-affiliated countries. Dr. Jakob answered that it was always a big challenge to deal with visa regulations and travel expenses. He stated that he hoped the network would be able to invite more countries in the future, but that regardless, the WHO also had regional centers and CCs which could facilitate information exchange. Dr. Shuto highlighted the huge financial issues involved in reaching out to developing countries in particular, and said that he hoped to explore this issue further. He suggested that the issue required initiative on the part of individuals. Prof. Sukil Kim noted that Japan was the most important financial contributor to the network, and stated that he hoped that in the future Korea and other countries would play a more important role.

Mr. Naohiko Nakayama asked about efforts to add detail to the ICD while at the same time introducing a simplified version – how were the two initiatives consolidated with each other? Dr. Jakob admitted that the ICD-11 contained many components, and that its overall complexity was very high. However, he stated that he hoped list systems could be created to simplify the process for non-clinical users.

4. Basic concept of WHO-FIC Asia-Pacific Network Meeting – personal position paper

Dr. Kiyotani presented the general concept for the personal position papers. He clarified that he hoped each country would submit a small PowerPoint file. He presented the meeting with an example of what the PowerPoint files might look like.

Dr. Kiyotani also explained a proposal for an information sharing system being planned, stating that the personal position slides would be inputted into the system and would be helpful in identifying people within the Facebook system.

Dr. Kiyotani then spoke on the issue of philosophy development.

The basic mission of APN is to contribute to the health status improvement of a person or a group. In order to improve the health status of a group, we need data. To improve the health status of a person, we need to know the conditions of their death if they are deceased, and their health status if they are alive. Furthermore, we need to share all of this information so that we can ensure continuous care. To facilitate this, we need common classifications for data analysis. This is my draft philosophy for our activities.

Dr. Jakob stressed that when developing a network statement the group should think about what was unique about the Asia-Pacific region within the WHO-FIC network. Dr. Kiyotani agreed.

5. A report from the mortality working group

Dr. Paoin presented a report on the mortality working group (WG).

In 2008 and 2009, we had several meetings on work to improve the quality of mortality data. Our belief is that it would be better to work together as a region to improve data, rather than acting individually. In 2009, we went to the Republic of Maldives, and in 2010 we went to the Union of Myanmar to try and help each country improve their data systems. We hoped to go to Laos and Vietnam, but due to time constraints we will be doing this in 2011 instead.

For 2011, we need to think about the problems of our budget and improve our mechanisms for working with different countries. Up until now we have been supported by the Government of Thailand, but that funding will stop.

Our aim right now is to work to improve the quality of mortality data in the four countries of Thailand, Laos, Vietnam and Indonesia. I have already begun discussions on this plan. We will conduct gap analysis and research into the training needs in each country. After that, we will try to get a policy commitment from each country to improve their mortality data system. If it is deemed useful, we may introduce the IRIS software for training programs.

Dr. Paoin presented an example schedule for the projects to be carried out in each targeted country. During the first month to month 17, we will do gap analysis and assess training needs, and we will make sure that the right tools are set up and that the required activities are carried out. From month 18 we will begin any needed adjustment measures. In month 24 we will issue our final report.

I hope that we can develop a strategy for mortality data monitoring quality and share the lessons learned from all six countries at the 7th APN meeting in two years.

Questions and Comments

Dr. Shuto asked if Dr. Paoin's mortality group was working together with the cancer registration team in Thailand. Dr. Paoin said that they were working closely with the team.

Prof. Sukil Kim noted that in Korea, cancer registration was closely linked to insurance schemes. He asked Ms. Boo to speak a little about the issue. Ms. Boo stated that the Korean cancer registration system operated on the national level, and that eight regional cancer registration systems fed data into the system. She continued that the national center used ICD-O-3 and frequently carried out educational programs. Dr. Kiyotani asked if the center linked death code data to cancer registration. Ms. Boo responded that they did, and that patients were identified by social security numbers. Dr. Shuto asked about the legal framework for cancer registration. Ms. Boo answered that a law had been in place for this for about ten years.

6. Human Resource Development

Ms. Ok-Nam Kim presented on Health Information Manager (HIM) education in South Korea.

In 1997, the Korean Medical Record Association was established. In 1985, the Korean Government began to issue RRA licenses. In 1990, 14 universities began to offer HIM courses. There are now 82 institutions offering HIM education in Korea.

The Korean Medical Record Association (KMRA) began a job analysis of HIM positions in 2008 in order to collect data for the improvement of HIM education curriculum. We identified many problems through this research: there is a lack of

qualified faculty for HIM programs; there is ambiguity regarding the professional identities of HIM workers; HIM courses seem slow to change; and the development of post-graduate programs is not moving very fast.

The role of Korean Registered Records Administrators (RRAs) has evolved from document manager to knowledge managers in the past few decades. In the future, Korean RRA should be more involved in education and knowledge sharing.

Questions and comments

Dr. Kiyotani asked how many students were in training to become HIMs in Korea. Ms. Ok-Nam Kim answered that there were 2,000 university students studying the topic, and about 600 passed the RRA exam every year.

Dr. Kiyotani commented that in Japan, there were quota requirements for the number of HIMs a hospital was required to employ per the number of beds it had. Ms. Ok-Nam Kim said that in Korea, the number of RRAs required was set by law.

Mr. Zhang said that in China there were six-year courses set up for medical information studies. He reported that only 40% of course graduates passed the certification test to become an RRA on average.

Ms. Yokobori reported that since 1972, the Japan Hospital Association had been educating HIM. JHA also provides teaching materials to universities. She further stated that about 2,000 people passed the HIM certification process each year.

Dr. Paoin said that in Thailand there was no position called “HIM,” but there was a school for medical record librarians. He reported that this school produced about 60 librarians per year. He explained that there were not many open positions for medical record librarians in Thailand. In the private sector, hospitals trained their own medical librarians, and often these personnel did not come from a medical-related field. That said, he reported that there were many ICD coders in Thailand, about 2,000. There was training run by the Ministry of Health for this. About 200-300 new coders were trained per year. He clarified that librarians did not do coding.

Dr. Son reported that there used to be a training curriculum for HIMs in Vietnam, but it had been halted. He was not sure why – staff trained in the curriculum were very good.

He continued that a problem in Vietnam was that HIM positions did not attract many candidates because the pay was not very high – in fact, most HIMs were part-time workers. Dr. Son said that there was a plan to put in place universal health coverage by 2015, and once this happened, the country would need to train more ICD coders.

Mr. Swady Kingkeo told the meeting that ICD coding had not yet been introduced into hospitals in Laos, so there were no coders in the country.

7. Information Sharing

Dr. Jakob reported on the Facebook approach to information sharing, an idea which he stated had been discussed for some time.

Many of us have experience with Facebook and know that it can be an interesting way to share knowledge and keep in touch. The site we are planning would have a country profile, including a picture, data, details, global activity, and a blog/newsfeed. Practitioners could create articles and comment on their own and the articles of others. This would allow for the free sharing of information and hopefully facilitate improvements in each country. The idea is that the website would facilitate the sharing of information beyond the meetings of the APN.

Questions and comments

Dr. Kiyotani asked if the Facebook site would be for countries or individuals. He suggested that it would be better if the pages were for each country, not for individual people. Dr. Jakob stated that he thought it was useful to have country-based pages, but that more personal interaction may also be desirable.

Dr. Kiyotani noted that the International Organization for Standardization (ISO) had once tried to create an "observer tree" site for health information, but it had failed because there was no one to take the initiative and key in data. He requested any ideas on how a common drive could be encouraged to make the activity successful. Dr. Jakob said he was glad to learn that ISO had done something similar. The WHO was suggesting a Facebook approach with the idea that if the platform was lively enough people would want to participate. With a Facebook approach, because people could comment and discuss with each other, it was hoped that users would take the initiative to enter in data themselves.

Prof. Sukil Kim said the important thing was to think about what users wanted, and invited each country's delegation to discuss what they would like from the WHO-FIC network and the APN. Dr. Paoin said that the approach was interesting, but that there were two problems: 1) no one team, person, or unit would know enough about its country's health situation to post everything on the Facebook page (he suggested that a three year survey would be required to load everything happening in Thailand's health field onto the website); 2) Many people in Asia were not comfortable with English, and so very few people would be able to participate in the site. He suggested that a smart platform be used that would allow the group to put up content in their own language and be translated into all the other languages on demand.

Dr. Kiyotani suggested that another approach might be the use of a wiki. Dr. Jakob said that for the ICD revision, the WHO had chosen a Facebook approach rather than a wiki approach so that there could be differentiation between owned pages and pages requiring discussion. The WHO wanted to reduce the chance of someone making a strange change without anyone noticing, he explained.

Dr. Son suggested that before the site was started, standardized indicators should be developed to prevent different countries from organizing their pages in different ways.

Dr. Shuto asked if the Facebook approach was intended to be a total substitute for face-to-face meetings. He stated that the reason Ms. Yokobori was able to produce such good research each year was because of her individual relationships with medical statisticians in each country. Dr. Jakob said that the approach was not intended to replace meetings entirely, and that the WHO recognized the value of face-to-face contact.

Mr. Hotta asked if there were any examples of a Facebook approach being successfully utilized in the field of health. Dr. Jakob said that there were not, and that the WHO was trying something new.

Ms. Yokobori said that she had created a data sheet to summarize information acquired from each country. She presented a table showing data from 17 different countries on the number of hospitals the country had; the number of hospital beds it had; statistics about nurses, doctors and HIMs; the name of the informant; the version of the ICD used; common procedures used; HIM education information (methods, statistics, etc.);

and other topics. She said that she was working to increase the number of countries she had information on. She admitted that information changed from year to year, but she stated that she wishes to update her information annually. She explained that her database had been created for the sake of Japan Hospital Association but that perhaps it could be useful as a starting point for the WHO-FIC Facebook.

Prof. Sukil Kim said that the data presented by Ms. Yokobori was very good as initial data, but that what was needed was for countries which had not yet introduced ICD to receive support. He said he was unsure if the Facebook approach would help these countries.

Dr. Kiyotani thanked each member of the meeting for their contributions and requested that everyone continue to consider the Facebook approach. He suggested that the education data provided by Ms. Yokobori was a good starting point.

Dr. Shuto thanked Mr. Hotta for his valuable comment which had changed the course of discussion in the meeting.

8. Academic Activities

Guest students from Korea were introduced to the meeting. Dr. Jakob explained that the students had completed an internship at the WHO headquarters, and that the WHO had been glad to have them, because work on ICD revision meant the organization could never have enough medical expertise. He reported that the two had worked on the content model for ICD-11, made several definitions, and developed support rules on how to compile content.

Dr. Shuto then presented on APN academic activities.

The current situation of academic activity in our field is poor. We need a driving force to promote activities. The basic and necessary research activities for the APN include: research into the use of the ICD; research into the types of medical data collected in each country; and research on the quality of data and how to improve data. I have heard that even in Japan, 8% of death certificates are incorrectly coded. Improving data quality should be an essential part of our activities.

We must secure resources to encourage the pursuit of academic activities related to our goals. I propose the creation of a new NGO to assist with this.

Questions and comments

Dr. Watanabe stated that honestly speaking, the biggest challenge in Japan was that health data was closed – most statistical data collected by the government was difficult to get. Furthermore, when it was given out, it was often difficult to manage and use. He asked what the case was in South Korea. Prof. Sukil Kim said that he believed the Korean situation was not so different from the situation in Japan. Dr. Watanabe said he was surprised to hear the situation was the same. He commented that data collection was easy, but if the data was inaccessible, academic activity could not develop.

Dr. Jakob asked if Dr. Watanabe was talking about routine data or research-specific data. Dr. Watanabe said that for academic activity, all types of data were appreciated. He had in the past asked for insurance claim sheet data, and had been denied. He continued that he had heard that in the United States, most all data was open. He asked if it was true. Dr. Jakob said that he had heard of other countries in which claims data was only accessible on a highly regulated level, and suggested that having claim data be closed was perhaps typical.

Prof. Sukil Kim stated that in Korea as well, claims data was closed, and that privacy and security issues were top obstacles to research.

Prof. Sukil Kim requested that Japan put resources into helping train Asian countries for the shift from ICD-9CM to ICD-11.

9. Closing of day one

Dr. Shuto noted that the issues the APN was tackling affected developing and developed countries alike, and that they were topics which required a lot of discussion. He requested constructive criticism from the student participants.

Mr. Jun Matsuda said that he understood that what was discussed had the great possibility to improve the medical situation in Asia, and added that he was looking forward to the discussion on the following day.

Mr. Kazuki Ando suggested that there was a gap between the different groups participating in the meeting – linguistic gaps and economic gaps, among others. He suggested that a smaller conference room be used for the following day.

Ms. Hanyuda said that she thought the Facebook approach was interesting, but that there were many issues to be thought about, including language-barriers and a lack of access to the Internet in some countries. She expressed the concern that the system would only help advanced countries.

Mr. Hotta suggested that international cooperation activities took longer in Asia than other regions due to linguistic and cultural differences. From that perspective, he argued that the Facebook approach would be tough to implement. He suggested that small meetings over the Internet might be established to help the APN solve its issues.

Mr. Dong Hoon Kang concurred that most important problem in the Asia-Pacific region was language.

Mr. Jongin Lee requested that more discussion be done on technical issues the following day.

Dr. Shuto commented that his colleagues within the WHO-FIC European network as well were complaining about linguistic problems. Dr. Jakob suggested that the region with the smallest problem was the Eastern Mediterranean, but that everywhere else faced linguistic difficulties.

Dr. Shuto thanked everyone for participating in the meeting, and closed the first day of discussion at 16:35.

Day Two

Dr. Shuto opened the second day of the meeting at 09:30 and asked new meeting participants to introduce themselves. Mr. Hotta summarized the discussion of the previous day, covering the WHO-FIC network, APN, and each presentation.

10. Collaborating with related institutions

10.1 Overview of the International Federation of Health Records (IFHRO)

Ms. Yokobori presented on IFHRO and its work with WHO-FIC.

IFHRO was officially established in 1968 and works for the improvement of health records internationally. The organization promotes the use of health information standards, the exchange of information, and educational initiatives. Currently the organization has 20 member-nations.

IFHRO is forwarding strategic initiatives on education, clinical data management, privacy and confidentiality, electronic health records, and the needs of developing countries. For developing countries, IFHRO publishes educational models to help train coders and HIMs.

Ms. Yokobori explained that she had created information sheets through a WHO-FIC-IFHRO Joint Collaboration that succinctly and simply summarized clinical documentation and other related issues. She stated that IFHRO hoped these information sheets would contribute to the improvement of health informatics in the region. Moving forward, she said that she would like to build up a collaborative relationship between WHO-FIC EIC, WHO-FIC APN, IFHRO, JHIM, and the countries of the Asia-Pacific region.

Questions and comments

Dr. Shuto noted that Ms. Yokobori was responsible for IFHRO work in Southeast Asia and asked who was responsible for Japan. Ms. Yokobori explained that a delegate from Australia was. She explained that she had been entrusted with 11 countries in South East Asia Region, and that she hoped to create cooperative relationship between IFHRO and APN.

Dr. Shuto noted that Thailand was not among the 11 countries cooperating with Ms. Yokobori. Dr. Paoin explained that this was because there were not many HIMs in Thailand, just ICD coders. He remarked that in the future, he hoped IFHRO and the coders of Thailand would work more closely together.

Dr. Son stressed that HIMs were the heart of the medical information system, and that he looked forward to working more with Ms. Yokobori in the future.

10.2 Academic Activities collaborating with WHO-FIC and IFHRO in Korea

Ms. Boo explained the joint academic activities taking place between WHO-FIC and IFHRO.

The purpose of the collaboration is to promote the production of internationally comparable health data and to improve and maintain the quality of coders. The KMRA has been engaged in these activities from early on. Korea has been a member of IFHRO since the 1990s, successfully hosted a meeting in 2007, and is working to let the whole world know about the quality of South Korean health information management.

Korea is fostering international classification professionals for ICD-10 and ICD-9CM. In 2007, we ran a pilot test to train coders from six countries. We first conducted a survey on the state of health information management in various countries and then conducted the pilot test. We found that 10 countries implemented certification systems for medical information coding/management.

Our pilot test lasted three hours and analyzed the quality of certified coders. We tested the coders on ICD-10. Forty-nine volunteers participated, and the outcome was reported to WHO-FIC and IFHRO. The feedback from the two organizations will be applied to future examinations.

We learned that different versions of ICD-10 are in use. Work needs to be done to improve access to update information. Good documentation is essential. Coders varied in how they handled .8 and .9 codes. Some seemed unfamiliar with external cause and U codes.

We hope to carry out tests in more Asian countries in the future and continue to share the knowledge developed by Korea for medical information management.

Questions and comments

Dr. Shuto asked if Ms. Boo was responsible for implementing pilot tests around the world, or just responsible for implementing tests in Korea. Ms. Boo stated that Prof. Joon-hyeon Hong had developed the idea for a pilot test, and was responsible for carrying out the tests everywhere.

Ms. Yokobori said that the situation in Korea is very good, in which there were 7,000 HIMs actively employed. She explained that about 3,000 HIMs were employed in Japan, and stated that she hoped Japan and Korea could collaborate further in the future. She explained to the meeting that the pilot test questions were currently being translated in Japan, and that the Netherlands would be implementing tests, too.

The meeting discussed the state of HIMs in Japan. Dr. Sakai commented that due to an overall lack of medical personnel, it was uncommon for individuals to be dedicated to only working on coding.

Dr. Watanabe stated that it was his understanding that in some countries, doctors rather than coders recorded the codes for each incidence. He asked how many countries had a coder-based system. Dr. Jakob said that the education committee of the WHO-FIC network had tried to assess this, but there was no reliable data. He posited that arguments could be made for and against physicians entering in codes – doctors understood diseases best, but may not understand the ICD well, whereas coders understood the ICD, but may misinterpret diagnoses.

Ms. Ok-Nam Kim stated that many HIM and RRA jobs in Korea were migrating to the bio and pharmaceutical industries. She said that in Korea, physicians did not do any coding, and informed the meeting that the KMRA provided 50 hours of medical training to coders annually.

10.3 Learning from the experience of starting an international NGO

Dr. Hirokata Kido addressed the meeting on his experiences starting international NGOs.

I am involved in the World Federalist Movement (WFM). This movement was initialized by a comment of Dr. Albert Einstein after the use of the atomic bomb in which he suggested that the function of the UN be improved to control the use of nuclear energy. In response, in 1961, about 30 groups came together for the first meeting of the World Federalist Movement. Traditionally, nuclear power was controlled by deterrence theory. With the end of the Cold War, things began to change. The concept of global governance began to take root. In 1995, an alliance was established within the secretariat of WFM for the purpose of establishing an international criminal court. The intention was to create a court to ensure that individuals were held responsible for the war crimes they committed.

In 1999, The Hague Appeal for Peace conferences was held. As a result of this conference, the International Criminal Court was established.

Currently the WFM is working to garner support for an independent solidarity tax, the so-called "Tobin Tax." Across the world there are many people unable to access medical treatment. We hope to establish a global tax to provide greater medical care to all. The international community needs a stable source of funding for aid.

The international solidarity tax would be implemented through the organization UNITAID. UNITAID would place a tax on airline tickets. Funds from tickets would go toward AIDS, Malaria and Tuberculosis. We hope to charge 10-40 Euros for business and first class passengers, and 1-4 Euros for economy class passengers.

We also hope to implement a tax to charge 0.005% on all currency transactions. We believe this rate will not have a major impact on foreign currency exchange rates. If this is realized, even if Japan alone implements this tax, it will mean 5.5 billion US dollars in revenue for health international initiatives.

We are now working to drum up support among Diet members in Japan. In February 2008, we established a meeting for non-partisan diet members for an international solidarity tax. We also established a citizen's group to promote the tax. We have met with Minister for Foreign Affairs Seiji Maehara, and other important leaders.

Another example of the establishment of an NGO in Japan is my work to transcend the representative system and create a new common zone for medical reform. I am the

Secretary-General of *Iryo Shimin no Kai* (a citizen's group for healthcare). This group is about taking medical reform out of the hands of experts and opening it up to citizens with experience and without vested interests. We are working to hold the DPJ accountable to citizens.

Questions and comments

Dr. Shuto explained that he had asked Dr. Kido to speak on the topic because of the large number of participants at the meeting involved in healthcare planning systems. He encouraged Dr. Kido's work in the field of medicine. Dr. Kido said that he was committed to looking for new trends and directions.

Dr. Kido commented that a major issue for the WHO is a lack of funds. He proposed that the organization needed resources that would allow it to not solely depend on member country contributions, and that an international solidarity tax was one such resource.

Dr. Watanabe asked if there was consensus about forming an NGO for health informatics. He also asked for feedback from the student side. Mr. Naohiko Nakayama suggested that an NGO would help to make the work of the APN more concrete.

Ms. Mariko Kondo asked Dr. Kido who was in charge of the use of international solidarity tax funds. Dr. Kido said that UNITAID would make the decisions about finding allocations. He explained that it was believed that nations themselves would not be able to make fair decisions about the use of funds. Ms. Kondo asked if this meant that UNITAID was independent from the UN. Dr. Kido said that it was.

Dr. Jakob said that there were two avenues to the work of the APN – a health information avenue and policy avenue – and that both were important. IFHRO was doing a lot of practical work on health informatics, he continued, and Dr. Kido and others like him were helping to improve policy. He argued that the implementation of good policy was the best way to ensure lasting high-quality health informatics systems.

Mr. Hotta then again summarized the discussion of day one. Mr. Nakayama summarized the discussion of the morning's session.

11. Keynote speeches

11.1 Tsuneo Sakai, President of the Japan Hospital Association (JHA)

Dr. Sakai addressed the meeting on health information and the JHA.

The JHA was established in 1951. Our membership includes one-third of the hospitals in Japan. JHA certifies and trains HIMs. Japan Society of Health Information Management is operated as one of JHA's projects.

Important issues currently facing hospitals include the quality of clinical care, and the quality of hospital management. We produce all sorts of health-related information, but we are not always able to use this information in a satisfactory way.

There have been significant changes in medical technology which have dramatically changed the way hospitals work. Advanced and sophisticated diagnostic and therapeutic technology and advanced IT have created an environment in which patient care is more specialized, and hence patient information is less likely to be shared. We need to think about how to provide information to patients while at the same time considering patient privacy and the quality of health informatics. To what extent should HIMs be involved in management? This will be a major issue in the future.

ICD-11 will include new and extended classifications. These classifications should include information on disease structures, processes, and outcomes. MoVE-IT and SWISH are important. The development and maintenance of the field of health informatics is essential. It is time for a change.

The APN should become the role model for other WHO-FIC networks. JHA will continue to support the APN. I think it is very important that everyone in the region think in the same direction.

Dr. Sakai closed his speech by giving words of encouragement to the medical students in attendance.

11.2 Mr. Suzuki Kan, member of the House of Councillors / Senior Vice-Minister of Education, Culture, Sports, Science and Technology

Mr. Suzuki greeted the meeting.

This meeting has the power to upgrade the quality of medical services by improving the quality of health informatics in the Asia-Pacific region. In the past 15 years there has been remarkable development in the field of IT. The government has been working during this time to think about how IT can be used to improve society.

My specialty is social human services governance. The changes in IT have changed the way we think about this field. It is important to have a full understanding of medical health information. With this understanding, I believe that the quality of medical services can be improved.

The Asia-Pacific already has an excellent example of joint-cooperation in APEC. I think that excellent cooperation can be carried out for health informatics as well.

HIMs are editors. They take information and manage it in such a way as to make it useful and understandable. Advances in IT have made it easier than ever to analyze and collect very small points of data. The formulation of HIM groups is going to be very important for the health governance of society moving forward.

Moving forward, I hope that all sides involved in healthcare issues can share information more freely in order to improve the quality of the field of medicine.

Questions and comments

Dr. Watanabe commented that IT usage was not widespread in the medical field, and asked how this could be remedied. Mr. Suzuki reported that he had been asking the same question himself for 15 years. He noted that the use of IT in business management was considered crucial, but that not enough had been done for education or medicine. He suggested that with IT, there was always going to be fields that lagged behind others in the speed at which they adopted new technology. He suggested that the cultivation of the user side was extremely important in the field of IT.

Dr. Shuto asked for advice on how to deal with the rapid advancement of IT in the context of health informatics. Mr. Suzuki said that communication was important, and that doctors, HIMs and all other medical staff needed to stay focused on total patient care. He suggested that a national qualification system to ensure that HIMs understood the latest IT would help to improve the quality of health informatics personnel.

12. Future image of cancer registration

Dr. Tomotaka Sobue addressed the meeting.

In the last four or five years I have been focusing on the registration of cancer. Compared to other countries in Asia, Japan does not have a long history of promoting registration. There has only been active effort on the national level for cancer registration for about 40 years. Comparatively, China, South Korea and Taiwan are quite advanced.

Population based cancer registries are intended to provide data on the incidence rate of cancer. Once an incidence of cancer is detected, a hospital records it into its system if it has one. If it does not, the patient's doctor is supposed to send a form to the National Cancer Center. The Center manages records to make sure there is no double counting should a patient visit multiple doctors. Unlike other Asian countries, there is no law in Japan mandating cancer registration.

Nine prefectures are not conducting cancer registration. Thirty-eight prefectures are, but only 12 among those are producing data of excellent accuracy according to my research. In order to improve the situation, in the last two or three years, the Ministry of Health has started to designate leading cancer hospitals. These institutions are required to have in-house registration systems. In order to support the activities of the 377 leading cancer hospitals, a five-day training course has been started. Courses have been carried out for three years, and about 2,000 people have participated. Once certified in a training course, participants are guaranteed a job as a cancer registration specialist.

Dr. Sobue explained the flow of information for an ideal cancer registration system, explaining that he had developed his plan by examining the systems used in Korea and Taiwan.

In the future, we hope to extend the use of cancer registration to every prefecture, standardize the way data is collected, establish a legal framework, encourage the use of cancer registration data, and establish a standardized system for in-hospital registration systems.

Dr. Sobue presented graphs on the growth rate of cancer-related mortality in Japan, noting that Japanese values were rising sharply, especially among men. He suggested

that this was due to the number of elderly people in Japan, and explained that by 2030, 53.3% of all cancer deaths would be among those over the age of eighty. He concluded that other countries would eventually see similar trends to Japan, and so it was the responsibility of the medical field in Japan to lead the way and develop good cancer treatment and policy.

Questions and comments

Dr. Ai Sato asked about the relationship between protecting patient's personal information and cancer registration systems. Dr. Sobue responded that in many countries, when cancer registration systems were first started, patient privacy laws were not in place. Ms. Ok-Nam Kim stated that in Korea, privacy regulations had been an obstacle to cancer registration, but in 2006 law had been passed mandating registration.

Ms. Boo asked if it was true that it was difficult to locate unique patient data in the Japanese system. Dr. Sobue answered that this was true, and that Japan's system did not make use of unique identification numbers.

Ms. Boo asked when Dr. Sobue thought cancer registration would be implemented nation-wide. Dr. Sobue responded that it depended on legislation.

Mr. Zhang informed the meeting that until 2002 there had been no national policy for cancer registration in China, but that from that year, Shanghai began implementing a cancer reporting system. Since then, other cities and provinces had begun implementing registration systems one by one.

13. New development in the information sciences

Dr. Watanabe addressed the meeting on his work analyzing kampo (traditional eastern medicine) with western methods. He began with an explanation of the Best Case Series approach of the National Cancer Institute of the United States, an approach to clinical work that attempted to promote the best medicine based on the narrative of research rather than just on randomized controlled trials (RCTs).

In Japan, 84% of physicians prescribe kampo, yet there is no clinical data on its use. The reason for this is that many believe that kampo is not suited for RCTs, as treatment methods are very individualized, subject-oriented, and are used to reach multiple

endpoints. In order to solve these issues, we collect subjective and individualized data and analyze it by data mining.

Over the course of a kampo study, we first look for complaints and clinical findings, identify patterns/diagnosis, and then develop a treatment. Each step of the way, physicians record data using ICD-10 or SHO. Data recorded using ICD, SHO, patient complaints, or drug data are combined, mined, and analyzed in different ways to determine the effectiveness of a kampo treatment.

Dr. Watanabe concluded by presenting analytical graphs of medications he had studied.

Questions and comment

Mr. Ando asked about the possibilities of creating a nationwide electronic data system to record information on kampo. Dr. Watanabe said that the Government of Japan's priority was to create a pharmaceutical safety database to record the frequency of adverse events. He postulated that eventually this national database would record and include data for all therapies.

Dr. Kiyotani addressed the participating medical students, explaining that although kampo usage was common in Japan, each country had different cultures and so the students should not assume that the situation in Japan was typical. He stressed that if anything, Japan was atypical in this regard. Dr. Jakob agreed, and argued that given the lack of an absolute reality in the field of medicine, standardization efforts could only be carried out a certain point. He further explained that the APN was charged with the difficult task of finding an agreement on standardization within the diverse countries of the Asia-Pacific region.

Ms. Ok-Nam Kim asked about how kampo therapies were coded – did Dr. Watanabe classify them as treatments for western-defined diseases? Dr. Watanabe responded that he used ICD-11 codes with western disease names, but that this was not ideal. In cases where ICD-11 coding seemed inappropriate Dr. Watanabe explained that he used a coding system, SHO, intended for use with traditional medicine.

Mr. Zhang reported that in China, a pharmaceutical company had moved a kampo compound through Phase II testing for use to treat muscular degeneration. He noted that

a traditional medical center had been set up in 2005 in Beijing which was looking into scientific evidence for the use of traditional medicines.

14. The APN philosophy

Dr. Kiyotani addressed the meeting on the philosophical background of the APN, beginning with a reminder of the purposes of WHO-FIC. He presented his draft philosophy statement.

The APN should contribute to the improvement of health status through activities related to the WHO-FIC network in the Asia-Pacific region. The APN should be science-oriented, tolerant and mutually collaborative in order to achieve consensus about WHO-FIC work. APN should promote collaborations toward the diffusion of the ICD, education, qualification systems, the diffusion of materials and benchmarking. He clarified that by "tolerant," he meant that the network should be able to overcome cultural differences.

Questions and comments

Dr. Paoin suggested that the philosophical statement be placed online using a wiki-type system so that everyone could edit it. Dr. Sakai agreed, suggesting that each member review the document very carefully.

Dr. Kiyotani asked if the meeting would recognize the document as an official draft.Prof. Sukil Kim said the purpose of developing a philosophy was to deliver a standard to other WHO-FIC networks around the world.

Ms. Yokobori noted that similar information was already available on the APN homepage. The meeting discussed the information already available, and agreed to discuss the past outcomes of APN meetings.

Dr. Jakob said that he hoped to ask the network to promote the spread of the ICD, and to collect and collate the vast amount of health informatics data of the Asia-Pacific region. He asked for opinions on whether the use of the data presented byMs. Yokobori together with IT such as the Facebook approach was an acceptable way to move forward, and what the meeting participants thought about SWISH and the simplified ICD.

Mr. Zhang said that in some ways the ICD was simple and some ways it was too complicated. China was a big country, he noted, and along the east coast, they needed detailed information, but in the middle of the country, a simplified ICD would be okay.

Prof. Sukil Kim said that he was a bit hesitant about the idea of the Facebook approach because he was not confident in the quality of the data to be used for some countries. For countries with good, qualified data, it would be fine. Dr. Jakob clarified that he intended to carefully look at data and determine what was good and what was not.

Mr. Kingkeo explained that his country had never used ICD, and he felt it would be difficult to do so. He explained that this was because the ICD was based on clinical diagnosis, whereas most medical work carried out in Laos was primary care.

Dr. Paoin stated that he believed it would be easy to find help to input and collate data among the younger generation, but if it was to be entered in English, this would become incredibly difficult. He suggested that a system be created where data can be input in each country's native language first and then automatically translated into other languages.

Dr. Son stressed the need to speak a common language and suggested English. Secondly, he noted how important it was to have standardized methods for coding. He told the meeting that it may be difficult to provide certain information from Vietnam, as approval from the central government would be needed.

The central problem seems to be linguistic, commented Dr. Jakob. He suggested that the network start with having members of the younger generation enter in data and then draft the help of others. Dr. Paoin said that in the case of Thailand, they would need to start by using Thai, or work would not move forward.

Dr. Jakob proposed that the network start with entering in any information it had and worrying about languages later. He said that he would share the SWISH questionnaire with the Japanese side, and added that he hoped that by the next time he came to Japan work would be well underway on creating a database of Asia-Pacific-wide health informatics information.

15. Discussion with medical students

Mr. Lee greeted the meeting and gave a report about the WHO internship program which he and Mr. Kang had participated in. He explained the ICD revision process and reported that he and Mr. Kang had worked to develop "golden rules" for entering and creating definitions. He stressed that ICD-11 definitions be clear, concise and strong.

Following the presentation, Dr. Shuto asked for a comment from each student on their thoughts about the APN meeting.

Ms. Mariko Kondo stressed the importance of information sharing and education.

Mr. Yuki Saito thanked the meeting for the chance to participate and stated that he believed youth had a responsibility to continue to promote international cooperation.

Mr. Nakayama thanked the meeting for the chance to participate. He said that he believed the meeting had been a great springboard for youth development.

Mr. Hotta thanked the meeting and stated that he felt much more comfortable speaking in public thanks to the meeting. He suggested that in the future, each topic and its connection to the purpose of the APN be made clearer.

Mr. Yamato said that the meeting had been a good experience.

Ms. Sonoko Hanyuda said that she had learned many things and wanted to know more in the future.

Mr. Ando stated that he believed through collaboration they could solve problems.

Mr. Tomoyuki Sezaki exclaimed that the meeting had taught him the importance of learning English and the need to learn more about international affairs.

Ms. Miki Shinohara said that she had learned a lot in the meeting and hoped to participate again in the future.

Mr. Hotta presented the meeting with a summary of student opinions. Dr. Shuto closed the second day's meeting at 17:15.

Day Three

Dr. Shuto opened the third day of the meeting at 9:30, explaining that the WHO was starting work on ICTM, and thus in the evening there would be a reception with former-Prime Minister Yukio Hatoyama at which the initiative would be discussed.

16. A tour of the Japan Hospital Association

Ms. Yokobori greeted the meeting and welcomed the participants to the headquarters of the Japan Hospital Association. She showed the meeting around the offices of the Japan Hospital Association, explaining that the association had staff working in the distant training division on the management of students and health information managers, ICD coding quality, and educational initiatives. She stressed that the association was committed to the protection of personal information, and only had a few computers with access to the Internet. She introduced the text books and study materials to the meeting participants. She stated that ICD-9CM was used for procedure. She explained that the association managed a 2 year program to train HIMs and universities and vocational schools had a 3-4 year program, and that at the end of the program trainees sat for certification tests. She added that there were three different courses that are HIMs, DPC and Doctors' Administrative Assistance Course

17. Evaluation of the Meeting

Dr. Shuto said that he hoped to have more discussion on how to organize discussion for the next meeting. He asked the meeting participants for feedback on how to coordinate APN meetings.

Dr. Paoin stated that agenda arrangement was up to the host, and he felt that it had been suitable. Dr. Jakob said that he thought that it had been an interesting meeting, and that there might be arguments for and against having student participants, but that it was important to think about the future. He added that it might be interesting to have members of younger generations participate from other countries as well in the future.

Dr. Sato stated that the western pacific region was very diverse, and perhaps the status of ICD implementation was diverse as well. She continued that it had been nice to meet colleges from many countries, and she hoped that even more countries could be invited

in the future. Dr. Shuto answered that financial troubles restricted participation. He said that he was thinking about sending medical students to other countries in the future, or trying out other initiatives to gather more information.

18. The plan for the sixth meeting

Dr. Shuto commented that at the previous meeting, it had been suggested that meetings be held in May or June, as December was very busy for many medical professionals. Dr. Jakob said that June would be best for the WHO. Meeting participants concurred.

Dr. Jakob noted that the APN had high interest in several countries. He hoped that for the following year, the meeting would be held in Beijing, China. Mr. Zhang stated that China would be honored. Dr. Jakob said that it was important that dates did not collide with deadlines for ICD revisions. He hoped that a precise date could be nailed down in February. Meeting participants agreed to this proposal.

Ms. Yokobori said that in the past, JHA as a secretariat office, had coordinated the meetings. She asked who would be in charge of meeting coordination for the meeting in China. Dr. Jakob suggested that joint teleconferences between Japan and China would help to handle the handover smoothly. Furthermore, considering that the JHA was the main secretariat of the APN, he hoped to keep the organization informed. Mr. Zhang said that the China National Health Development Research Center, Ministry of Health, a former partner of the CC in the region would be the main host on the Chinese side. Ms. Yokobori asked who would be the contact person on the Chinese side. Mr. Zhang answered that he would provide a name at a later date.

Dr. Shuto asked if the Chinese side had any ideas about meeting themes yet. Dr. Jakob said that the heavy task of the ICD revision was one possible topic. He noted that in early May, a draft for field testing would be published. He suggested that the APN needed to talk about how the field test should work, what needed to be done, and what was necessary. He explained that in the Middle East/South Asia and in Europe collaborators were planning meetings for around the same time. The African region would probably be discussed at the WHO-FIC annual meeting, and the Americas would be discussed at a later date.

Prof. Kim said that if it was decided to invite students next time, it would be better to make arrangements with medical schools to allow them several days off. Dr. Jakob

noted that the big problem would be air fares, so the meeting would need to identify sponsors. Dr. Shuto said that he believed that some medical students would be willing to join the conference even without funding because it was a good opportunity.

19. Student contributions to WHO-FIC activities

Dr. Shuto explained that after the meeting on the previous day, many medical students said that they were interested in contributing to the activities of WHO-FIC APN. He suggested that he would begin to hold monthly meetings with the students and would look into starting an NGO. He suggested that after forming an NGO, it would be easier to allocate money to student activities. He asked if meeting participants would be willing to accept visits by Japanese students.

Dr. Paoin stated that Thammasat University had a MoU with Nippon Medical School and other universities and was already accepting students from Japan. He suggested that Keio University sign a MoU with Thammasat University. Dr. Son said that he worked in the Ministry of Health in Vietnam and could help students to get visas and gain acceptance to a medical school. He continued that JICA already had a program in Vietnam which placed Japanese medical students in locations around the country. Mr. Kingkeo said that he would have to discuss the issue with his colleagues.

Dr. Shuto said that one of his colleagues, Dr. Nishiyama, had conducted five years of field research in Laos though JICA, and so perhaps the two sides could get in contact through JICA.

Mr. Zhang said that he felt the students had shown high-level communication and academic skills. He said that he believed that their participation could contribute a lot. He stated that he was worried about their professional development. He commented that first, second, and third year medical students had a lot of choice, and he was unsure if such students would view health information management as a good career choice.

Prof. Sukil Kim said that he did not think there was any problem with inviting students to Korea.

Dr. Shuto said that he would look into sending students via the central government or JICA.

Ms. Ok-Nam Kim requested that more RRAs and HIMs be invited to future meetings. Dr. Shuto suggested that a young RRA be invited. Ms Yokobori said that she welcomed the participation of the young, but stated that in the future students be asked to study more before participating. She asked to keep a platform for communication between APN members to remain, adding that she felt there hadn't been enough time for discussion between participants.

Dr. Shuto agreed that it was important not to forget the importance of HIMs. He suggested that collaboration between medical professionals and HIMs was important for the improvement of the quality of health informatics data. Mr. Zhang said that he did not know the medical background of the students, but if meetings led to them training in health informatics, it would be very good. He argued that from that perspective, it was very important to invite students.

Dr. Jakob said that he believed that training the next generation was relevant to the work of the network, and that it would be useful to invite well prepared students to network meetings. On the other hand, when thinking about funding student trips or funding the participation of more countries, the latter was more important. He noted that for the meeting in China it would be extremely relevant to have as many countries as possible participate.

Dr. Sato suggested that a possible way to solve the problem of balancing student participation and information sharing would be to have students present an overview of the situation of ICD implementation in each country themselves. Dr. Son said that he felt Dr. Sato's idea would be a good way to pass on information to students.

20. Future Projects

Dr. Shuto noted that several new projects had been discussed over the previous two days. Regarding the collaboration with IFHRO, he understood that discussion needed to be carried out within JHA. Ms. Yokobori reported that she hoped to learn more about IFHRO and the possibility for collaboration. She also stated that she was interested in cooperating with individual countries for further research. She informed the meeting that a JHA-IFHRO teleconference would occur in January 2011, and that the two sides would meet face-to-face in Spain in June. She hoped that by the time of the next APN meeting she could offer more specific information about collaboration with IFHRO.

Prof. Sukil Kim presented an overview of APN project.

I tried to divide projects into three levels: global, local 1 and local 2. Global level projects are the ICD revision (Carried out by Korea, Japan, Thailand, Australia, and China) and ICHI development program.

Local 1 projects are knowledge exchanges programs (Korea, Japan, Australia), information sharing (Japan and other available countries).

Local 2 projects are long-term training and education (Korea, Japan, Vietnam, Thailand, Laos, Cambodia, Myanmar), and short-term training and education (Korea, Japan, Vietnam, Thailand, Laos, Cambodia, Myanmar).

Prof. Sukil Kim told the meeting that Yonsei University in Korea had said that tuition would be free for MPH students who could participate in APN long-term training and education programs.

Dr. Shuto asked how long it took to complete an MPH at Yonsei University. Prof. Sukil said that it took 2-2.5 years, and that the course included health informatics training.

Dr. Shuto highlighted the need for action. He hoped that each country could come up with funding to assist with the actions of the network. Mr. Jamtawee said that he had been appointed on behalf of the Asian countries participating to express their gratitude for the meeting. He presented a gift to Dr. Sakai on behalf of the Asian countries. Dr. Shuto thanked Dr. Sakai for continuing to support the activity of the APN after becoming president of the JHA. Dr. Sakai said that he hoped to continue support in the future as well. Dr. Sakai closed the meeting at 11:55.