

## 医療情報粒度

ケース  
ミックス  
グループ

- 700 グループ以下
- 経済的な分類

分類

- ICD 12,000 区分
- 高階抽象

ターミノロジー

- 例: SNOMED 400,000 概念
- 医療の全体像と活動の明確化



CLASSIFICATIONS

... BUILDING BLOCKS OF HEALTH INFORMATION ...

## 暫定スケジュール

- 2010年 : アルファ版 (ICD 10+ → ICD 11草案)
  - +1年 : 内容についての議論や協議
- 2011年 : ベータ版およびフィールド・テスト版
  - +2年 : フィールド・テスト
- 2013年 : 一般レビュー用の最終版
  - 2014年 : WHA による承認
- 2015年+ 導入



CLASSIFICATIONS

... BUILDING BLOCKS OF HEALTH INFORMATION ...

**URC agenda item #4 – Attachment B**

**DRAFT: WHO Update and Revision Committee - The road to success**

**Purpose**

To ensure the continued relevance of ICD-10 it is critical that all URC members contribute to the updating and revision of ICD-10 through active participation in all three phases of this process. Active participation defined - -

- Any member may post recommendations to the ICD-10+ Platform in compliance with deadlines for submissions
- All members review and comment on all proposals in round one of voting. This may include recommending alternatives or modifications to the initial proposal
- All voting members provide rationale for a 'no' or 'can't decide' vote in both round one and two
- All members are prepared to discuss all proposals not accepted during rounds one and two on the ICD-10+ Platform, at the annual general meeting of WHO-FIC

The intent of this three phased approach, that is, two voting rounds on the ICD-10+ platform and one face-to-face meeting, is to - -

- Provide extensive input to the first round of the review
- Achieve consensus on as many proposals as possible by the end of the second round
- Only bring proposals to the annual face-to-face meeting, for resolution where consensus has not been achieved.

**ICD-10+ Platform Protocols**

For proposals that are for decision, every country has a single voice for posting recommendations for consideration by all URC members and for providing feedback on recommendations proposed by other members of the URC.

Currently there are 14 voting members, 11 members represent various countries or Collaborating Centres and one voting membership exists for each of the Mortality and Morbidity Reference Groups (MRG and MbRG) and the WHO.

For consideration in the annual process, all proposals - -

- Are posted by the end of March for individual countries or Collaborating Centres, and by the end of April for the MRG and MbRG. Entries received after these dates will be considered in the following year
- Have all sections of the submission form completed

It is the responsibility of each voting member to review and vote on each submission to the ICD-10+ Platform in both Round 1 and Round 2.

10/18/2007

*Exception – The MRG and MBRG will only post proposals and votes where they have gained consensus within their respective groups.*

Round 1 – voting closes on June 30th

- A negative vote is accompanied by rationale for disagreeing with the proposal and, if appropriate, suggested modifications or alternatives.
- A positive vote may add to the information in support of the proposal
- A can't decide vote should be accompanied by a comment

Round 2 – voting closes on August 31st

- All proposals are reviewed again and a vote is made
- Proposals with recommended amendments - voters indicate if they support the original submission or the submission as amended. This includes the originator of the initial proposal.
- Original submissions without amendments must also be voted upon as initial votes may be changed in light of new information provided in the comments

### **Approval Process**

It is the intent of this process to achieve consensus among the members on each proposal.

At the end of Round Two on the ICD-10+ platform - -

- The chair and secretariat of the URC will review all proposals and make a determination of approval status. This process is done in consultation with WHO Classifications and Terminology team
- Members will be notified when the final status has been determined
- Members are prepared to discuss outstanding proposals at the annual general meeting.

### **Protocol for finalizing proposals brought forward to the Annual General Meeting**

1. All members are to be familiar with each proposal on the agenda for discussion.
2. The originator of the proposal will have a maximum of two minutes to present rationale or rebuttal to the comments from those who voted 'No' or who could still 'not decide' on Round Two of the ICD-10+ Platform.
3. Members of the URC will have one opportunity to raise a question or counterpoint.
4. Once each member has had the opportunity to address the proposal and the originator an opportunity to respond then the final status of the proposal will be determined.
5. If consensus is not achieved then the originator will be given the choice to resubmit in a future year or withdraw the proposal.

10/18/2007

At the end of the annual meeting the status of all submissions will be categorized as follows - -

- Accepted
- Accepted with amendments
- Withdrawn
- Held over for consideration in a future year
- Rejected

10/18/2007