

Europewide Implementation of ICD-11

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Disclosure Statement of conflict of interest in the context of the subject of this presentation

Within the past 12 months, I or my spouse/partner have had following financial interest/arrangement(s) or affiliation(s)

- Support for travel **Grünenthal, as part of today's SIP Meeting**
- Honoraria for lectures ----
- Honoraria for advisory board activities ----
- Participation in clinical trials ----
- Research funding ----
- Financial shares and options ----
- Marburg University, received a grant: **IASP, to cover my salary while I was working as the coordinator**



International Classification of Diseases (ICD) is the basis for:

- Classification of all health conditions
- Statistical tool for identification of all causes of death, diseases and contacts with health services
- Key indicator of a populations health
- In many European health systems basis of reimbursement

Official recognition and content of diagnoses therefore influence visibility of the corresponding health problems:

- visibility in the public eye
- regarding international, European and national policy decisions
- the setting of research agendas
- treatment recommendations: national guidelines / quality standards
- patients' access to adequate treatment
- setting of educational agendas and university curricula

ICD-11 is the first version of the ICD that contains an adequate representation of chronic pain!

Chronic Pain (MG30):

Chronic pain is pain that persists or recurs for longer than 3 months.

Such pain often becomes the sole or predominant clinical problem in some patients. As such it may warrant specific diagnostic evaluation, therapy and rehabilitation.

Diagnoses:

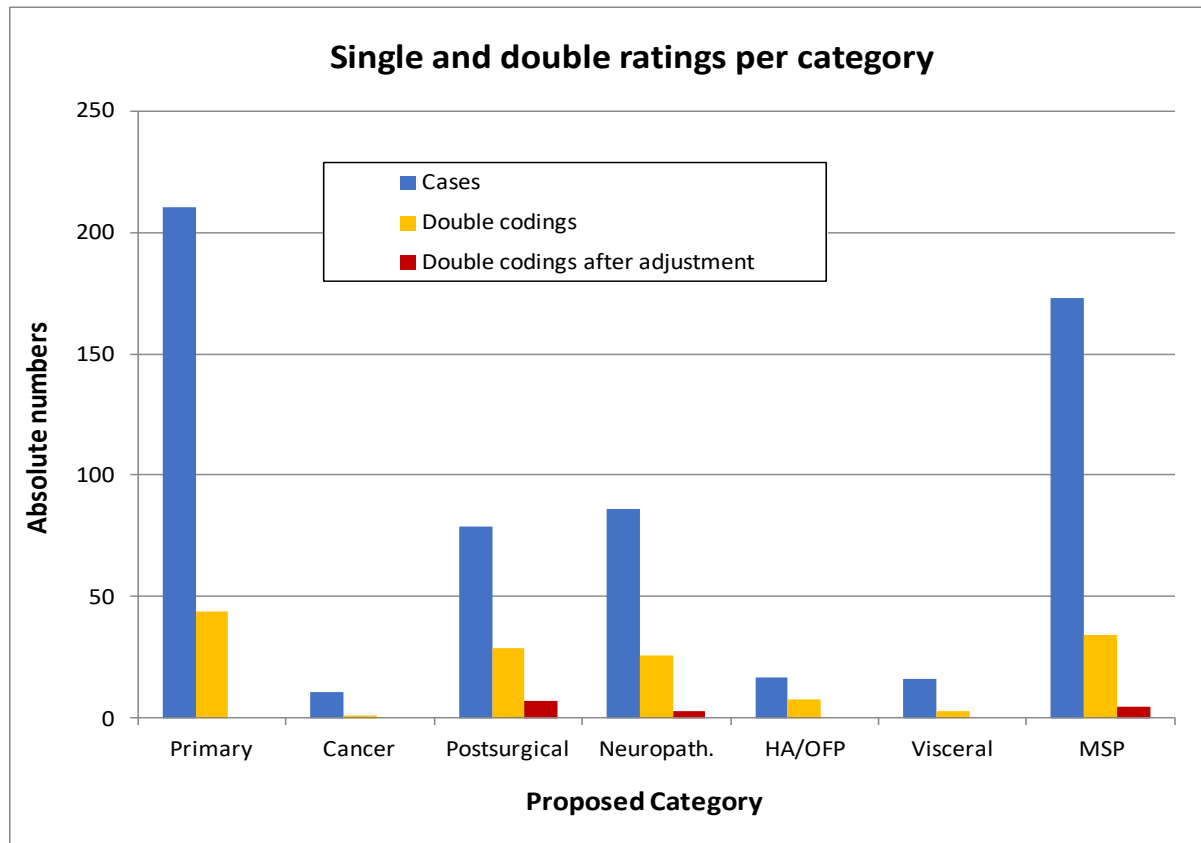
Chronic Pain (MG30):

= pain that persists or recurs for longer than 3 months.



1	Chronic primary pain
2	Chronic cancer-related pain
3	Chronic postoperative and post-traumatic pain
4	Chronic neuropathic pain
5	Chronic secondary headache and orofacial pain
6	Chronic secondary visceral pain
7	Chronic secondary musculoskeletal pain

Pilot field testing: Physicians in Australia, Germany, Japan and Norway diagnosed 507 patients



Category structure

Are the categories exhaustive?

→ yes. Only 2.65% “Unspecified”

Do they have clear boundaries?

→ yes.

Clinical utility / diagnostic confidence

Did the coders consider the diagnoses useful?

→ yes. 2.0 ± 0.97

Were they confident applying the code?

→ yes. 1.9 ± 0.95

WHO-led field testing:

Worldwide sample of physicians, psychotherapists, physiotherapists → n = 177 participants

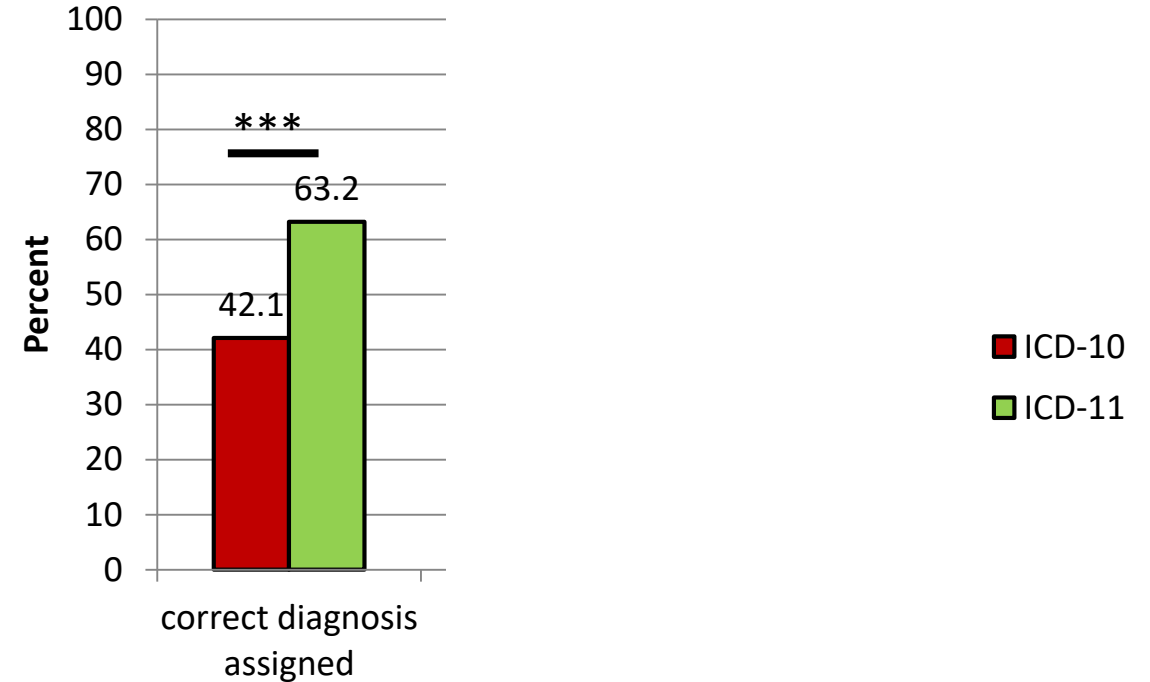
18 „lines“ comparison ICD-10 and ICD-11

WHO-led field testing:

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18 „lines“ comparison ICD-10 and ICD-11

A) Correct diagnostic codes allocated?



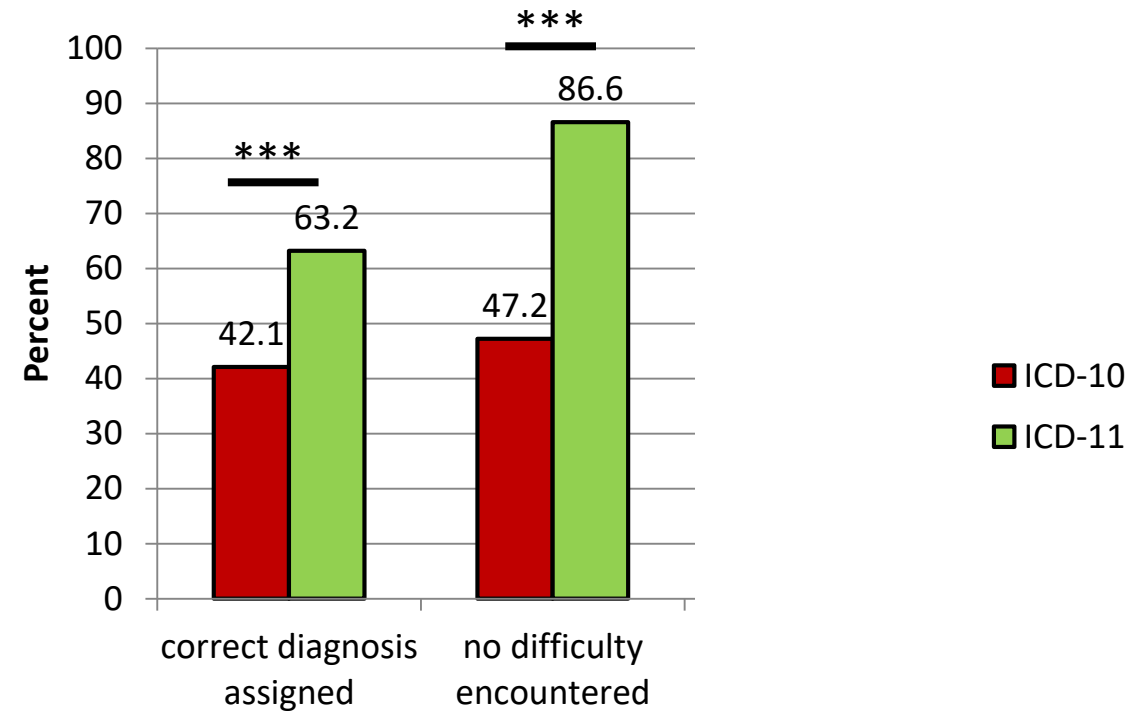
Comparison across all lines

WHO-led field testing:

Worldwide sample of physicians, psychotherapists, physiotherapists → n = 177 participants

18 „lines“ comparison ICD-10 and ICD-11

- A) Correct diagnostic codes allocated?
- B) Difficulties encountered in the allocation?



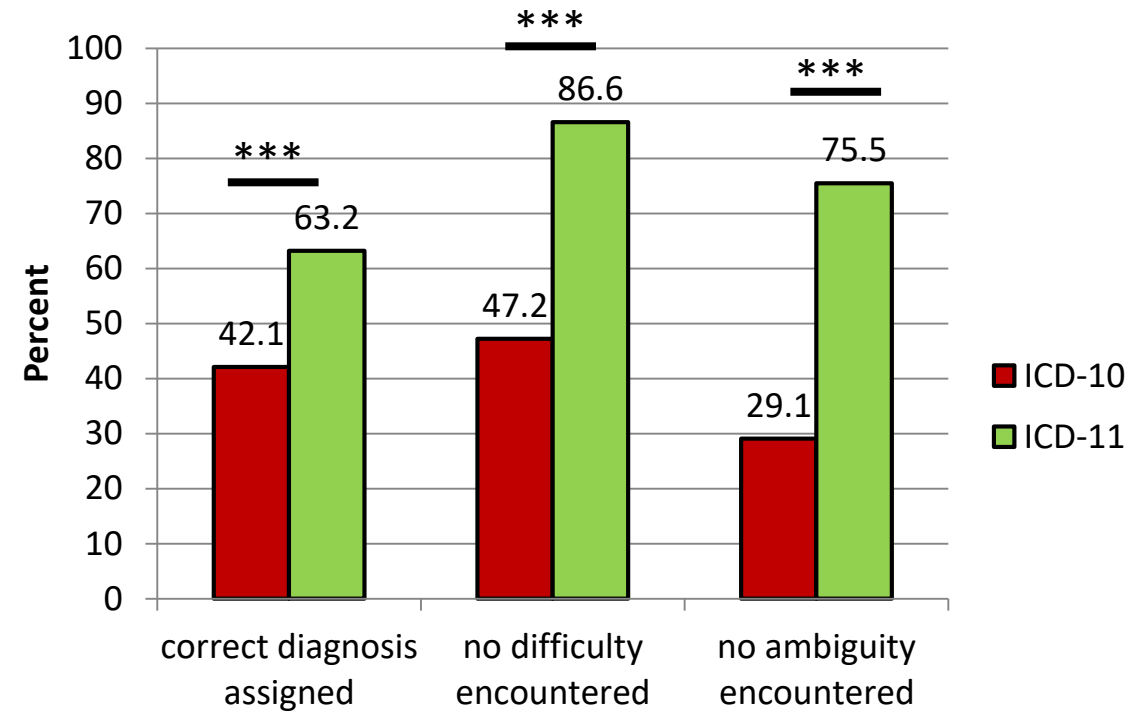
Comparison across all lines

WHO-led field testing:

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18 „lines“ comparison ICD-10 and ICD-11

- A) Correct diagnostic codes allocated?
- B) Difficulties encountered in the allocation?
- C) Diagnoses unambiguous?



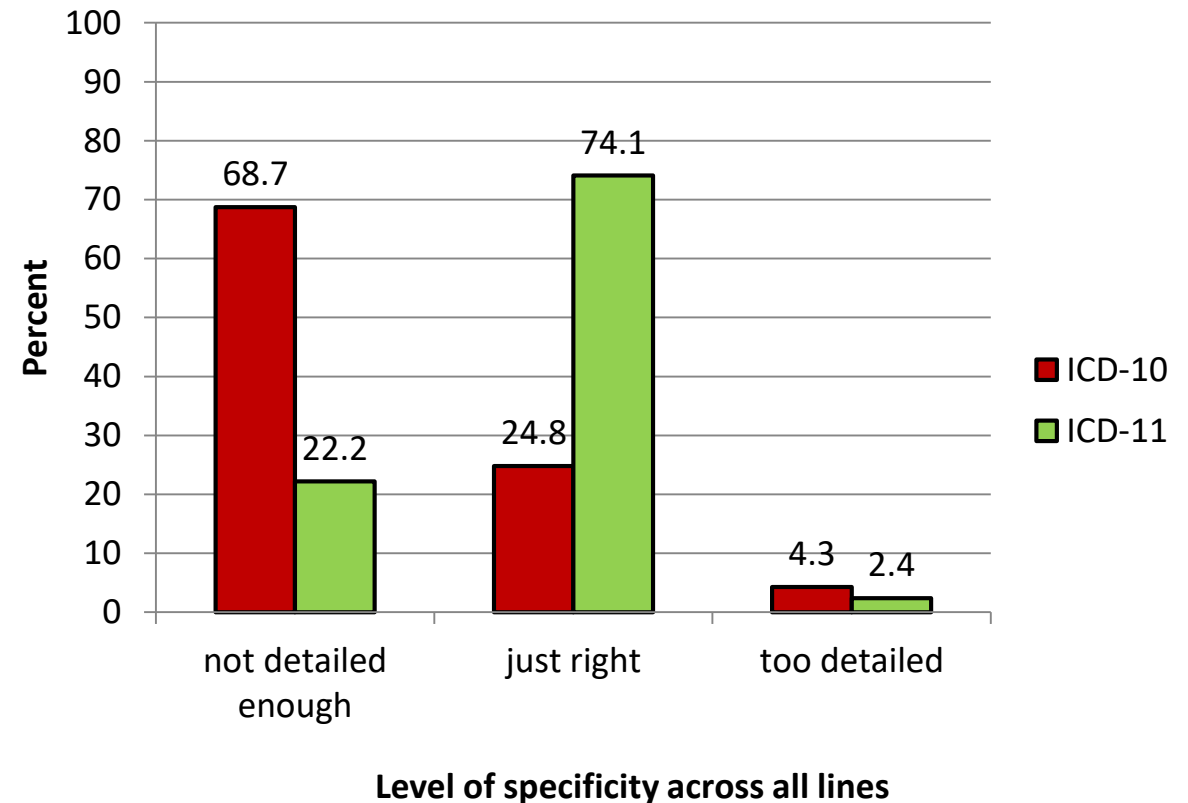
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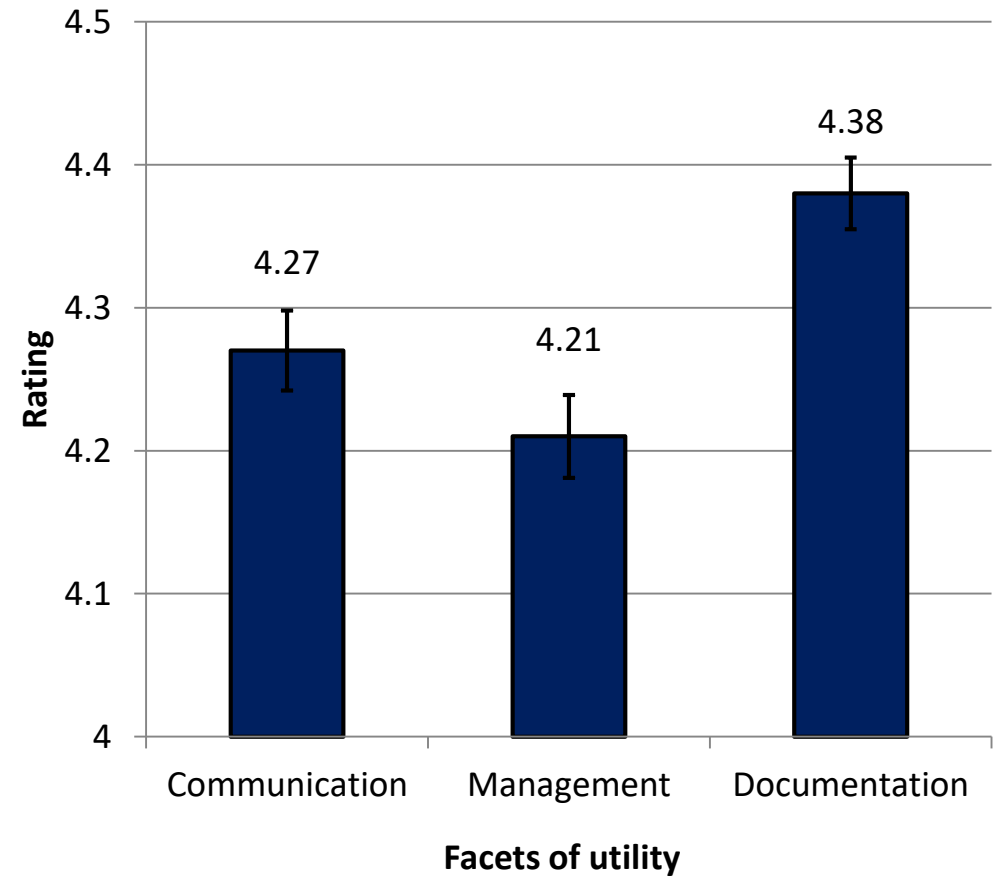
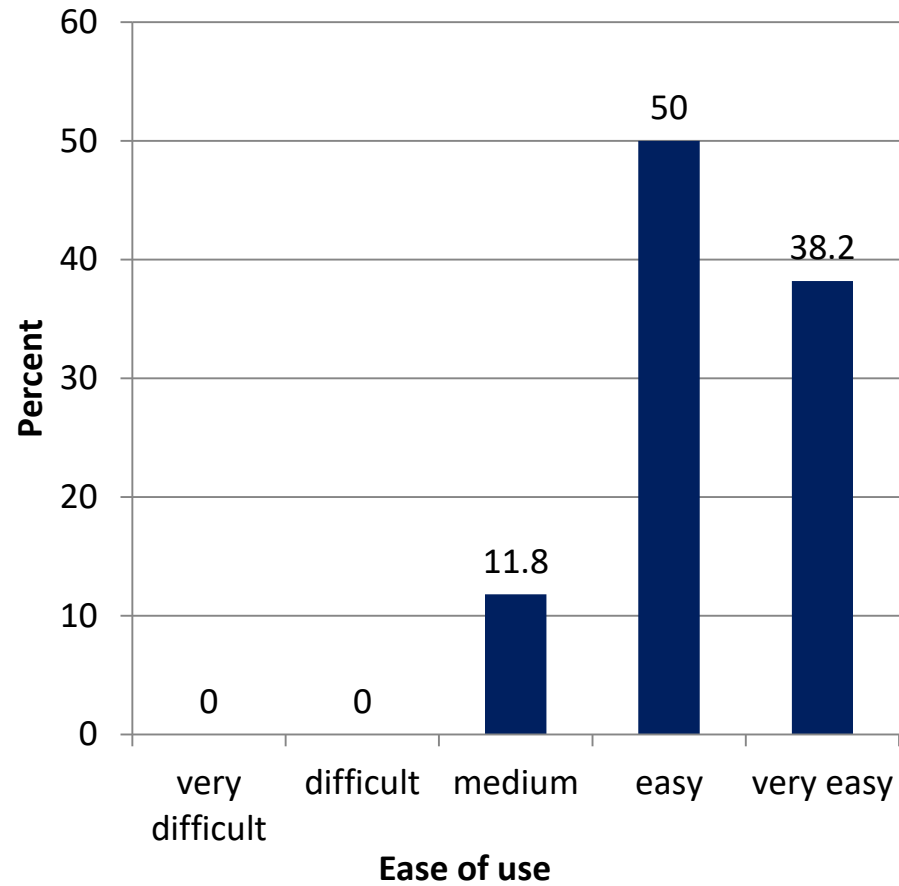
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18 „lines“ comparison ICD-10 and ICD-11

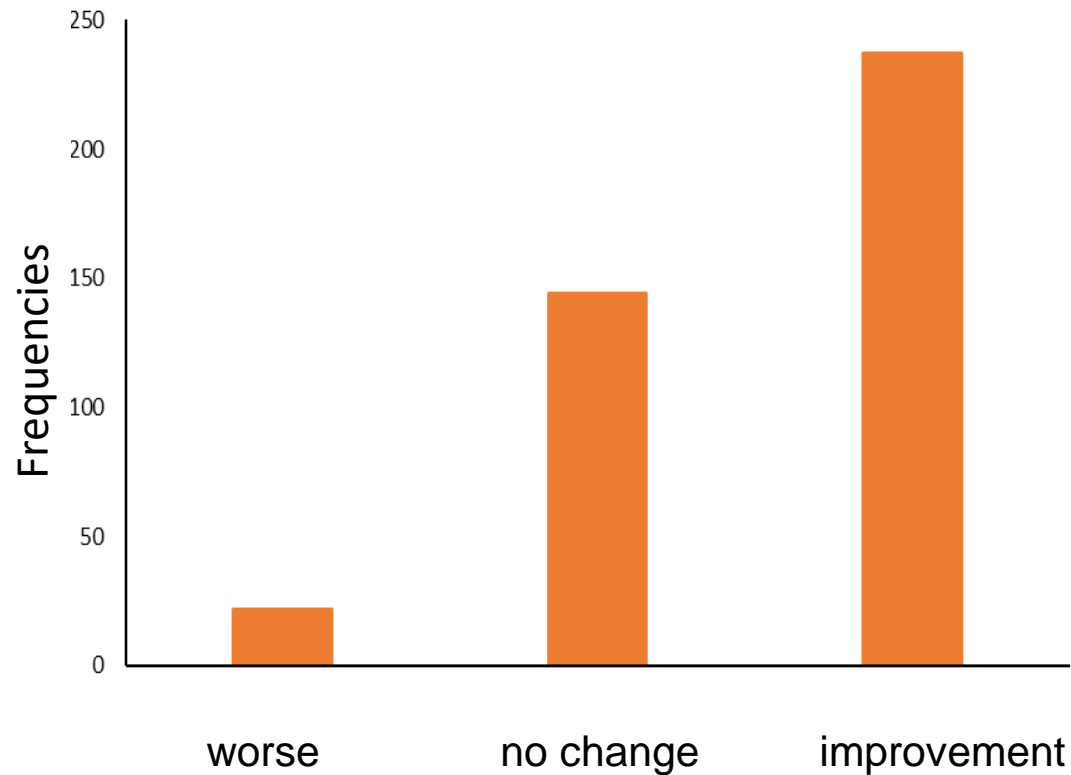
- A) Correct diagnostic codes allocated?
- B) Difficulties encountered in the allocation?
- C) Diagnoses unambiguous?
- D) Are the diagnoses specific/detailed enough?



Do the health professionals like it?



„Will the new classification describe your pain better than your diagnosis now?“



n = 403 patients from 23 different countries

age: 46.1 ± 12.6 years

pain intensity: 6.7 ± 1.9

pain-related distress: 6.4 ± 2.7

pain related interference: 6.9 ± 2.3

The Pain Alliance Europe (PAE) and different patient organizations distributed the link to the online survey

1. ICD-11 should be implemented Europe-wide as soon as possible.
2. Unified digital systems will have to be created.
3. In order for cross border health care to work, implementation needs to be done at the same time.
4. The seven main categories of chronic pain should be implemented in all tiers of the health system, i.e. also in primary care.
5. The pain diagnoses may be a good test case / pilot scheme
 - It is very important: 1 in 5 persons suffers from it
 - This also means it is frequent enough as a test case
 - Relatively self-contained, yet transdiagnostic
 - Easy to train people in using the section on chronic pain
 - An important indicator for a population's well-being
6. There should be trainings for clinicians, but also for coders
7. Quality monitoring of the implementation could be done for chronic pain

Thank you for your attention!

ICD-11 for Mortality and Morbidity Statistics (Version : 04 / 2019)

Search chronic pain

[Advanced Search]

Browse

Coding Tool

Speci

- MG30 **Chronic pain**
 - MG30.0 **Chronic primary pain**
 - MG30.00 **Chronic primary visceral pain**
 - MG30.01 **Chronic widespread pain**
 - MG30.02 **Chronic primary musculoskeletal pain**
 - MG30.03 **Chronic primary headache or orofacial pain**
 - MG30.0Y Other specified **chronic primary pain**
 - MG30.0Z **Chronic primary pain, unspecified**
 - MG30.1 **Chronic cancer related pain**
 - MG30.10 **Chronic cancer pain**
 - MG30.11 **Chronic post cancer treatment pain**
 - MG30.1Y Other specified **chronic cancer related pain**
 - MG30.1Z **Chronic cancer related pain, unspecified**
 - MG30.2 **Chronic postsurgical or post traumatic pain**
 - MG30.20 **Chronic post traumatic pain**
 - MG30.21 **Chronic postsurgical pain**
 - MG30.2Y Other specified **chronic postsurgical or post traumatic pain**
 - MG30.2Z **Chronic postsurgical or post traumatic pain, unspecified**
 - MG30.3 **Chronic secondary musculoskeletal pain**
 - MG30.30 **Chronic secondary musculoskeletal pain from persistent inflammation**
 - MG30.31 **Chronic secondary musculoskeletal pain associated with structural changes**
 - MG30.32 **Chronic secondary musculoskeletal pain due to disease of the nervous system**
 - MG30.3Y Other specified **chronic secondary musculoskeletal pain**
 - MG30.3Z **Chronic secondary musculoskeletal pain, unspecified**
 - MG30.4 **Chronic secondary visceral pain**
 - MG30.40 **Chronic visceral pain from mechanical factors**
 - MG30.41 **Chronic visceral pain from vascular mechanisms**

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Severity

Severity code:

The combination of codes for *pain intensity, distress and disability due to pain* indicate the severity of chronic pain.

For example:

Someone with mild pain (code 1), no distress (code 0), but severe disability (code 3) would receive severity code **103**.

Someone with severe pain (code 3), severe distress (code 3) and mild disability (code 1) receives severity code **331**.

Presence of psychosocial factors

Psychosocial factors which contribute to the onset, the maintenance or exacerbations of pain or are a consequence of pain can be

cognitive (e.g. catastrophizing, fear avoidance beliefs, worry/rumination, hypervigilance),

behavioral (e.g. avoidance or endurance behavior, dysfunctional operant processes),

emotional (e.g. fear of pain, injuries or illness progression, specific and general health fears, hopelessness/demoralization) or

social (e.g. job strain, socioeconomic hardship, lack of social support).

Code 1*: with psychosocial factors

Code 2: without psychosocial factors

*Note:

Code 1 requires that evidence for the involvement of such factors is present

LINE CODING

Line Coding

Challenge for revision: Make sure that health statistics can be continued with new classification

→ Mapping needed ICD-10 → ICD-11

“Lines” are very short diagnostic statements or terms

Participants have to:

- Find appropriate code in ICD-10
- Find appropriate code in ICD-11

Questions (for ICD-10 and ICD-11):

- Did you experience any difficulty in assigning a code(s) to this case?
- Is the level of specificity of the assigned code(s) appropriate?
- Did you experience any ambiguity on making the code(s) assignment?

Line Coding: Our terms

Fibromyalgia

Complex regional pain syndrome

Chronic migraine

Chronic tension type headache

Trigeminal neuralgia

Chronic pain associated with temporomandibular disorder

Chronic Non-specific back pain

Chronic visceral pain associated with irritable bowel syndrome

Chemotherapy-induced painful polyneuropathy

Chronic Cancer pain

Chronic post-mastectomy pain

Chronic post-herniotomy pain

Chronic musculoskeletal pain associated with osteoarthritis

Chronic musculoskeletal pain associated with rheumatoid arthritis

Painful diabetic polyneuropathy

Central post-stroke pain

Postherpetic neuralgia

Chronic dental pain

CASE CODING

Case Coding

Challenge for the revision:

Make sure everyone selects the same “main condition” when more than one condition is present in a patient. (worldwide)

→ Test whether coding rules work and work with all diagnostic constellations

Main user group it is aimed at: “Administrative Coders”

Tested using “Cases”:

Cases = brief clinical case descriptions where the main condition and other conditions are given in the context of a healthcare episode

Judgement required: which of the listed conditions is the main condition = reason for treatment (after the end of the examination and treatment)

The participants have to:

1. Decide whether WHO coding rules were applied correctly
2. Find the correct ICD-11 code for each condition
3. Answer questions about finding the code(s) in ICD-11

WHO TERMINOLOGY

Foundation:

- The entirety of all medical concepts in the ICD-11 and their relations
- Each concept in the foundation has a content model

Linearization:

- A subset of concepts for a particular purpose
- ICD-11 Mortality and Morbidity Statistics (MMS-Linearization for international use and reporting to WHO)
- National and specialty linearizations

→ MMS version “frozen” for field testing at beginning of April

→ Work on foundation continues

Single / multiple parenting:

- In the foundation every entity is represented once
- In every linearization an entity can be allocated to one, none or more parent entities.

Extension codes:

- Can only be used with a primary code (stem code)
- Several can be used at once to capture various parameters
- Some may be mandatory (e.g. for national reporting), others may be optional and used for particular purposes.

Clustering of codes:

- Implementation will later allow combining the codes to larger units of information by using a consistent syntax

Pre-coordination:

- In WHO parlance the definition of a single fixed entity with all its attributes that has its own name and place in the foundation.

Post-coordination:

- A stem code represents the entity and additional codes are used to add more detail.

Fictitious example:

Pre-coordination:

Left arm broken Code XY

Right arm broken Code AB

Post-coordination

Arm broken (stem code) X

+ left (L) Code XL

+ right (R) Code XR

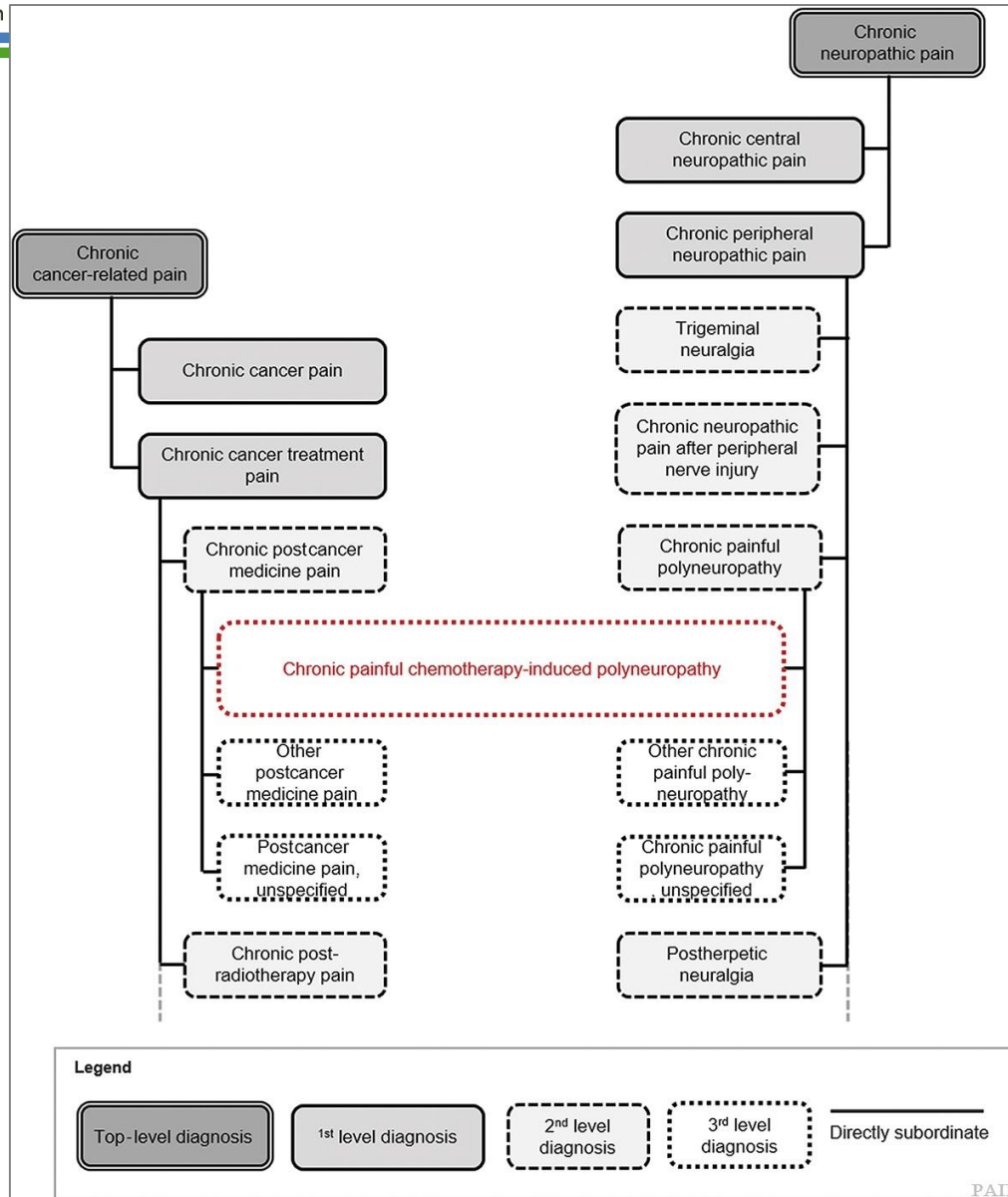
Figure 2

Chronic pain as a symptom or a disease: the IASP Classification of Chronic Pain for the International Classification of Diseases (: ICD-11:)

Treede, Rolf-Detlef; Rief, Winfried; Barke, Antonia; Aziz, Qasim; Bennett, Michael I.; Benoliel, Rafael; Cohen, Milton; Evers, Stefan; Finnerup, Nanna B.; First, Michael B.; Giamberardino, Maria Adele; Kaasa, Stein; Korwisi, Beatrice; Kosek, Eva; Lavand'homme, Patricia; Nicholas, Michael; Perrot, Serge; Scholz, Joachim; Schug, Stephan; Smith, Blair H.; Svensson, Peter; Vlaeyen, Johan W.S.; Wang, Shuu-Jiun

PAIN160(1):19-27, January 2019.

doi: 10.1097/j.pain.0000000000001384



Multiple parenting concept of WHO for ICD-11. In contrast to the strictly linear structure of all previous versions of ICD, ICD-11 allows for any given disease (“child”) to belong to more than one section (“parent”). This is called “multiple parenting.” “Chronic painful chemotherapy-induced polyneuropathy” is illustrated here as one example. ICD, International Classification of Diseases.

PAIN

What's in a diagnosis for ICD-11?

Term in the Content Model	What is it?
→ ICD Entity Title	Name of Diagnosis
→ Classification Properties	Locating the entity within ICD: Parents + Links to ICD-10 and 11 / Type
→ Textual Definitions	Short (≤ 100 words) for printed version Detailed (no word limit) for online version
Terms	Index terms / inclusion terms / exclusion terms
Body System/Structure	Body systems (physiology) / body parts (anatomical site)
Temporal Properties	Time course
→ Severity of Subtypes	Mild / moderate / severe grading
Manifestation	Symptoms and signs / Diagnostic findings (laboratory / imaging)
Causal Properties	Basic causes (if known) / causal mechanisms
→ Functioning Properties	How the diagnoses typically limits daily functioning (ICF/ see specifier)
Specific Condition Properties	Applicability to particular groups – (biol. sex / related to lifecycle stage)
Treatment Properties	Which treatments are recommended / typically used
→ Diagnostic Criteria	Necessary and sufficient criteria