

**MEETING OF WHO COLLABORATING CENTRES  
FOR THE FAMILY OF INTERNATIONAL CLASSIFICATIONS**

Tunis, Tunisia  
29 Oct. - 4 Nov. 2006

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**Annual Report of the WHO Collaborating Centre for the  
Family of International Classifications for the German  
Language**

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**Content**

Annual Report of the WHO Collaborating Centre for the Family of International Classifications for the German Language.....	3
Activities in 2005 - 2006.....	3
WHO-FIC Annual Meeting 2005.....	3
ICD-10.....	3
ICD-10-GM 2006.....	3
ICF.....	4
ICD-O-3.....	4
OPS-301 (German Procedure Classification).....	4
ICD-10-PCS and CCAM.....	4
MeSH.....	4
Electronic Tools Committee.....	4
Other Activities.....	5
Activities of the ICF Research Branch of WHO CC in 2005/06.....	6
DEVELOPMENT OF ICF CORE SETS.....	6
DEVELOPMENT OF ICF CORE SETS FOR THE FIRST 12 CHRONIC CONDITIONS.....	6
The clinical perspective - International cross-sectional study -.....	6
The health professional perspective (Delphi studies).....	6
ADDITIONAL ICF CORE SETS FOR SPECIFIC HEALTH CONDITIONS.....	8
The development of ICF Core Sets for the acute hospital and early post-acute rehabilitation	

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facilities .....	8
Measuring Health and Disability in Europe: supporting policy development (MHADIE) .....	9
EULAR - European validation of the ICF Core Sets for five musculoskeletal diseases .....	9
Selected Publications of the years 2005 and 2006 .....	9

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## **Annual Report of the WHO Collaborating Centre for the Family of International Classifications for the German Language**

The WHO Collaborating Centre for the Family of International Classifications for the German Language was designated in June 2003 and is part of the German Institute for Medical Documentation and Information (DIMDI) in Cologne. It is headed by Dr. med. Michael Schopen and Dr. med. Stefanie Weber (Deputy Head).

The Clinic und Polyclinic for Physical Medicine and Rehabilitation at the University of Munich (Director: Prof. Dr. Gerold Stucki) acts as ICF Research Branch of the Collaborating Centre.

### **Activities in 2005 - 2006**

#### WHO-FIC Annual Meeting 2005

The Centre Heads and two colleagues took part in the WHO-FIC Annual Meeting 2005 in Tokyo, Japan.

#### ICD-10

Together with the Federal Statistical Office, two two-day training courses for mortality coders were given focusing on external causes and diseases of the nervous system and on the discussion of difficult certificates from every-day work. A training module with basic medical information on diseases of the nervous system was part of the course. Representatives and coders from Austria joined the training course.

A research study conducted by the Robert Koch Institute on Sudden Infant Death Syndrom (SIDS) was assisted through reference coding of all certificates of the deceased infants by DIMDI. Before the kick-off of the study the researchers of the Robert Koch Institute received a two day training course in mortality coding in DIMDI.

The World Health Organization and the WHO-FIC Network were provided with updated files for ICD-10-2006, including files for providing these versions on the Internet.

The Centre Head and three colleagues attended an international meeting on the IRIS project for automated coding in Budapest, Hungary, from March 13-14, 2006 to discuss experiences in the implementation of automated mortality coding in France, Sweden, Italy, and Germany.

#### ICD-10-GM 2006

Version 2006 of the ICD-10-German Modification was implemented in January 2006. Version 2007 was released October 2006 and will be implemented in January 2007.

Crosswalks from ICD-10-GM 2006 to ICD-10-GM 2007 were released in October 2006.

#### ICD-10 Thesaurus

The ICD-10 Thesaurus of Diagnostic Terms was updated and released in October 2006 as the

official Alphabetical Index to ICD-10-GM. The integration of the German Alphabetical Index (WHO edition) into the Thesaurus has almost been completed. Cross references, morphology terms and drugs and chemical substances will follow as soon as possible. For the present edition the database holds 74,300 entries which become more than 127,000 permuted entries in the paper version.

#### ICF

The German translation of ICF was finally published as a book in October 2006.

Details of the ICF Core Set project at the ICF Research Branch in Munich are available as appendix to this report.

#### ICD-O-3

The first version of the German translation was released in August 2003 and is available in a paper version. Conversion tables and a second edition with extensive annotations to the morphology terms are still pending as resources for such work are limited due to intensive work on ICD-10-GM and OPS, which are the essential classifications for the German DRG system. All files are in the public domain and accessible on the DIMDI webserver.

#### OPS-301 (German Procedure Classification)

Version 2007 of the German procedure classification was released as a draft in August 2006. The final versions of Tabular List and Alphabetical Index will be published in late October 2006 and are to be implemented in January 2007. They will be available in various file formats on the DIMDI webserver.

#### ICD-10-PCS and CCAM

A task force was founded by Austria, Switzerland and Germany to further investigate the French procedure classification CCAM with the aim to translate it into German and to adopt it to the countries' needs. Results of feasibility studies were discussed and the importance of a common backbone for regional procedure classifications emphasized. There was agreement on the need of further cooperation on procedure classifications in the German speaking countries.

#### MeSH

Version 2006 of the German language edition of the Medical Subject Headings (MeSH) was published in 2006.

#### Electronic Tools Committee

The Centre Head chairs the Electronic Tools Committee of the WHO-FIC Network. Work in 2005/2006 focused on the finalization of an XML Schema and on the design of a maintenance and publication tool for WHO-FIC Classifications that can be used to maintain the classifications, transform them into various target formats, and publish paper versions.

On April 11, 2006, the Centre Head and several colleagues met with WHO staff from Geneva to discuss the basic functionalities of this tool. On May 2, 2006 programming started. Programming

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costs are shared between WHO and DIMDI in order to make the tool available for free to the WHO-FIC Network.

As a result of the ETC work, WHO and the WHO-FIC Network were provided with updated files of ICD-10 for 2006.

#### Other Activities

*SNOMED*: A paper was published by the German Society of Medical Informatics, Biometrics and Epidemiology on a national position towards SNOMED-CT. The Centre Head as a co-author stressed the need for the co-existence of terminologies and classifications as already pointed out in the Tokyo document of the WHO-FIC Network.

*WHO-FIC Committess and Reference Groups*: The Centre Head is Vice Chair of the Planning Group and attended the PG meeting in Paris on April 27-28, 2006. Furthermore, he attended the MbRG meeting in Paris on April 25, 2006 and the FDC meeting in Paris on April 26, 2006. Dr. Stefanie Weber attended the EC meeting in Alexandria, USA, in May 2005 and the MRG meeting in Alexandria, USA, in May 2005.

In June Dr. Stefanie Weber attended a working meeting of the MRG at WHO-Headquarters, Geneva, to design and build a database for decisions taken by the MRG and to work on the MRG website.

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## **Activities of the ICF Research Branch of WHO CC in 2005/06**

### **DEVELOPMENT OF ICF CORE SETS**

#### **DEVELOPMENT OF ICF CORE SETS FOR THE FIRST 12 CHRONIC CONDITIONS**

The validation studies for the following ICF Core Sets have been carried out.

- Brest Cancer
- Chronic Ischaemic Heart Disease
- Chronic Widespread Pain, Depression
- Diabetes Mellitus
- Low Back Pain
- Obesity
- Obstructive Pulmonary Diseases
- Osteoarthritis
- Rheumatoid Arthritis
- Stroke

The validation studies include the validation from:

1. the clinical perspective (International cross-sectional study)
2. the health professional perspective (Delphi studies)
3. the patient perspective (focus groups and patients' interviews)

The clinical perspective - International cross-sectional study -

The largest existing database containing ICF-based information from clinical populations has been created within an international cross-sectional study to validate the ICF Core Sets for the above mentioned 12 chronic conditions. This database contains the data from over 5000 patients from all over the world.

The International cross-sectional study already includes 313 studycenters from 51 countries.

The health professional perspective (Delphi studies)

The question behind these studies is whether the interventions applied to patients with a specific health condition by different health professions and the intervention-related effects on the patients' functioning and well-being are represented in the ICF categories selected for the corresponding ICF Core Sets. Surveys with experts (physicians, physical and occupational therapists, nurses, psychologists and social workers) according to the Delphi method have been performed during 2005 and 2006. Following surveys are being carried out or are in process during 2005 and 2006:

Profession	Health Condition	Project Status
Nurses	Rheumatoid Arthritis	completed
Physician	Rheumatoid Arthritis	completed
Physical therapist	Stroke	completed
Occupational therapist	Stroke	completed
Physician	Stroke	in process
Physical therapist	Obstructive Pulmonary Diseases	completed
Physician	Obstructive Pulmonary Diseases	in process
Occupational therapist	Rheumatoid Arthritis	completed
Physical therapists	Rheumatoid Arthritis	completed
Psychologist	Rheumatoid Arthritis	completed
Physical therapist	Low Back Pain	in process
Social worker	Chronic Conditions	completed

In total, over 700 health professionals from all over the world have participated in these studies.

#### The patient perspective (focus groups and patients' interviews)

The objective of these qualitative studies is to validate the Comprehensive ICF Core Sets from the patient perspective using qualitative methodology.

The studies to validate the ICF Core Sets for rheumatoid arthritis and osteoarthritis from the patients' perspective have been performed and finalized during 2005 and 2006.

The validation of the ICF Core Sets of chronic widespread pain is currently in process.

The ICF Research Branch in Munich is collaborating with different study centers from all over the world to perform the validation studies from the patients' perspective for the following conditions:

- Breast Cancer
- Low Back Pain
- Stroke

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**ADDITIONAL ICF CORE SETS FOR SPECIFIC HEALTH CONDITIONS THAT ARE  
CURRENTLY BEING DEVELOPED IN COLLABORATION WITH THE ICF  
RESEACH BRANCH**

**ICF Core Sets for Ankylosis Spondylitis:** in collaboration with the Department of Internal Medicine – Division of Rheumatology – from the University Hospital Maastricht and the Assessment in Ankylosing Spondylitis (ASAS).

**ICF Core Sets for Bipolar Disorders:** in collaboration with the Institute of Neuroscience, Hospital Clinic University of Barcelona and the International Society for Bipolar Disorders.

**ICF Core Sets for malignancies of the Upper Aerodigestive Tract:** in collaboration with the Department of Otorhinolaryngology at the Ludwig-Maximilian University, Munich, Germany. This project is funded by the German Cancer Foundation.

**ICF Core Sets for Manual Medicine:** in collaboration with the SAMM (Swiss Society of Manual Medicine /Schweizerische Ärztegesellschaft für Manuelle Medizin). This project is funded by the SAMM.

**ICF Core Sets for Multiple Sclerosis:** in collaboration with the Rehabilitation Center of the Hospital Valens, Switzerland, and the International Federation of Multiple Sclerosis. This project is funded by the Hertie-Stiftung.

**ICF Core Sets for Psoriasis & Psoriatic arthritis:** in collaboration with the Wellington School of Medicine & Health Sciences from the University of Otago, Wellington, New Zealand, and the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA).

**ICF Core Sets for Spinal Cord Injury:** in collaboration with the Swiss Paraplegic Centre Nottwil, Switzerland, and the International Spinal Cord Society (ISCoS). This project is funded by the Swiss Paraplegic Centre in Nottwil.

**ICF Core Sets for Lupus Erythematodes & Systemic Sclerosis:** in collaboration with the Vienna Medical University, Division of Rheumatology, Austria, the European League Against Rheumatism (EULAR), and the Scleroderma Trails and Research (EUSTAR) Group. This project is funded by “Jubiläumsfond” from the city of Vienna.

**ICF Core Sets for Vision:** in collaboration with the Ophthalmic Clinic at the Ludwig-Maximilian University, Munich, Germany, and the International Society for Low Vision Research.

**The developoment of ICF Core Sets for the acute hospital and early post-  
acuete rehabilitation facilities**

The objective of this project is to develop ICF Core Sets for acute hospitals (so called Acute ICF Core Sets) and early post-acute rehabilitation facilities (so called Post-acute ICF Core Sets).

During 2005/2006 the ICF Core Sets for acute hospital und early post-acuate rehabilitation facilities are being tested in the three German-speaking countries Austria, Switzerland and Germany in collaboration with 13 collaborating centres.



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## **Measuring Health and Disability in Europe: supporting policy development (MHADIE)**

The ICF Research Branch is one of the 16 partner centers of the MHADIE project and is responsible for the data collection in patients with musculoskeletal conditions using the ICF and the ICF Core Sets.

Further information on the MHADIE website (<http://www.mhadie.it>)

## **EULAR - European validation of the ICF Core Sets for five musculoskeletal diseases**

The ICF Research Branch is the coordinator of the European project „European validation of the ICF Core Sets for five musculoskeletal diseases“ which is funded by EULAR (European League against Rheumatism). The project is being performed in 25 European study centers in 15 countries.

### **Selected Publications of the years 2005 and 2006**

1. Borchers, M., et al., Content comparison of osteoporosis-targeted health status measures in relation to the International Classification of Functioning, Disability and Health (ICF). *Clin Rheumatol*, 2005. 24(2): p. 139-44.
2. Cieza, A., et al., ICF linking rules: an update based on lessons learned. *J Rehabil Med*, 2005. 37(4): p. 212-8.
3. Cieza, A. and G. Stucki, Content comparison of health-related quality of life (HRQOL) instruments based on the international classification of functioning, disability and health (ICF). *Qual Life Res*, 2005. 14(5): p. 1225-37.
4. Cieza, A. and G. Stucki, Understanding functioning, disability, and health in rheumatoid arthritis: the basis for rehabilitation care. *Curr Opin Rheumatol*, 2005. 17(2): p. 183-9.
5. Grill, E., et al., ICF Core Sets development for the acute hospital and early post-acute rehabilitation facilities. *Disabil Rehabil*, 2005. 27(7-8): p. 361-6.
6. Sigl, T., et al., ICF based comparison of disease specific instruments measuring physical functional ability in ankylosing spondylitis. *Ann Rheum Dis*, 2005. 64(11): p. 1576-81.
7. Stamm, T., et al., Exploration of the link between conceptual occupational therapy models and the International Classification of Functioning, Disability and Health. *Australian Occupational Therapy journal*, 2005: p. 1-9.
8. Stamm, T.A., et al., Validating the International Classification of Functioning, Disability and Health Comprehensive Core Set for Rheumatoid Arthritis from the patient perspective: a qualitative study. *Arthritis Rheum*, 2005. 53(3): p. 431-9.

9. Stucki, G., International Classification of Functioning, Disability, and Health (ICF): a promising framework and classification for rehabilitation medicine. *Am J Phys Med Rehabil*, 2005. 84(10): p. 733-40.
10. Stucki, G., et al., Rationale and principles of early rehabilitation care after an acute injury or illness. *Disabil Rehabil*, 2005. 27(7-8): p. 353-9.
11. Stucki, G., T.B. Ustun, and J. Melvin, Applying the ICF for the acute hospital and early post-acute rehabilitation facilities. *Disabil Rehabil*, 2005. 27(7-8): p. 349-52.
12. Aringer, M., et al., ICF core sets: how to specify impairment and function in systemic lupus erythematosus. *Lupus*, 2006. 15(4): p. 248-53.
13. Cieza, A., et al., Identification of candidate categories of the International Classification of Functioning Disability and Health (ICF) for a Generic ICF Core Set based on regression modelling. *BMC Med Res Methodol*, 2006. 6(1): p. 36.
14. Coenen, M., et al., Validation of the International Classification of Functioning, Disability and Health (ICF) Core Set for rheumatoid arthritis from the patient perspective using focus groups. *Arthritis Res Ther*, 2006. 8(4): p. R84.
15. Grill, E., et al., Validation of International Classification of Functioning, Disability, and Health (ICF) Core Sets for early postacute rehabilitation facilities: Comparisons with three other functional measures. *Am J Phys Med Rehabil*, 2006. 85(8): p. 640-9.
16. Morita, E., et al., Identification of relevant ICF categories for indication, intervention planning and evaluation of health resort programs: a Delphi exercise. *Int J Biometeorol*, 2006. 50(3): p. 183-91.
17. Sigl, T., et al., Content comparison of low back pain-specific measures based on the International Classification of Functioning, Disability and Health (ICF). *Clin J Pain*, 2006. 22(2): p. 147-53.
18. Stucki, A., et al., Content comparison of health status measures for obesity based on the international classification of functioning, disability and health. *Int J Obes (Lond)*, 2006.
19. Weigl, M., et al., The ICF comprehensively covers the spectrum of health problems encountered by health professionals in patients with musculoskeletal conditions. *Rheumatology (Oxford)*, 2006.