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SESSION IV: Progress towards implementation of ICD-10

PROGRESS TOWARDS IMPLEMENTATION OF ICD10 IN AUSTRALIA

Supporting paper submitted by the Australian Bureau of Statistics[1]

Introduction

Reliable information on the determinants and patterns of health underlies
effective health policies and programs. A national partnership approach to
public health operates in Australia, whereby standard data are collected and
aggregated to the national level. In this context, international data
comparability is important.

The Australian Bureau of Statistics (ABS) and the Australian Institute of
Health and Welfare (AIHW) are key players in this field. ABS is responsible
for mortality statistics and health statistics from household based surveys,
whilst the AIHW has prime carriage for the collection of morbidity data from
hospitals and day surgeries.

The National Centre for Classification in Health (NCCH), which is partly
funded by the ABS and AIHW, is responsible for classifications of morbidity,
mortality and health interventions, while the ABS co-ordinates standards and
classifications across all statistical collections.

Mortality Coding

ABS codes mortality data and has used ICD9 since 1978. Some 20 years later,

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ICD10 is planned to be introduced in 1999. ICD 9 has progressively become less relevant, and the introduction of ICD 10 has been a priority. However, a number of factors have contributed to unavoidable delays in its introduction.

In 1997 the ABS introduced multiple cause mortality coding using US automated software (ACCS). This caused complications, such as breaks in series, interfacing with current computer systems, terminology and spelling, new coding interpretations and training. Lessons learnt in introducing multiple cause coding have strengthened the emphasis on international collaboration. With the use of ACCS, Australia is now dependent on the release of updated software for ICD10. Plans to 'back code' 1997 and 1998 mortality data to ICD10 will allow data to be available for ICD10 from 1997 and will produce an effective concordance between ICD9 and ICD10.

Morbidity Coding in Australian hospitals and day surgeries Morbidity data is currently coded by Australian hospitals and day surgeries using ICD9-CM (Clinical Modification) and aggregated to the national level by the AIHW.

The NCCH has developed, with assistance from clinicians and clinical coders, ICD-10-AM (Australian Modification) which is based on ICD10 and contains a procedure classification. Implementation of ICD-10-AM was scheduled for 1 July, 1998, but, issues such as integration into hospital and health authority information systems, coder availability, data quality and timeliness, contributed to adoption of a phased approach commencing on 1 July 1998. The need for this data for funding purposes also complicated the matter. Data collected for 1998-99 in ICD9-CM will be mapped to ICD-10-AM. Through annual updating, ICD-10-AM will remain relevant to Australian practice.

Other Data Collections Using ICD10

ABS, household, health surveys are a major source of morbidity data. Recent examples are the Disability and Carers survey, National Health Survey and National Survey of Mental Health and Wellbeing. The National Survey of Mental Health and Wellbeing of Adults has identified the prevalence of a range of mental disorders according to ICD-10. This was achieved by a direct conversion of the ICD-10 symptoms and criteria to a Computer Assisted Personal Interview instrument.