

**WHO FAMILY OF INTERNATIONAL CLASSIFICATIONS  
NETWORK MEETING**

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**Title:** Annual Report ICD office, Japan

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**Purpose:** for information

## **Annual Report**

### **ICD office, Japan**

#### **Background**

Japan adopted the international classification in the very early stage, 1899, when Bertillon classification was introduced as the classification of cause of death. ICD-10, implemented in 1995. Current ICD neighbourhood is much more diverse than before. The Japanese government decided to introduce the most updated version of ICD-10 (2003 version), which is used in more than 20 countries in the world, so as to be met the current medical progress. The most sensational events that highlighted ICD were IT promotion in medicine and the casemix introduction. A new payment scheme called DPC (Diagnosis Procedure Combination) was introduced in 82 tertiary hospitals in 2003 and they are 144 as of September 1<sup>st</sup> 2004. IT expansion in medical field is our Cabinet decision and this correlated this new payment system. Those events expanded ICD application field. Creating further collaboration and network involving not only pre-existing partners but new ones is our urgent matter.

#### **Assistance for ICD-10 users**

ICD office continued to provide information to any kinds of organizations and private users. Enquiries were received on ICD-10 coding and other classifications, i.e., ICD-O-3, products, training, licence information, and insurance problems. It has received more than 300 enquiries during the past year. The types of inquiries became vary since the introduction of Japanese casemix system.

#### **Training**

##### **(1) Coder's training**

Our Ministry holds only 25 mortality coders in the information and statistics department. In addition to the tow-days official training session, our mortality coders have continuous on-the-job training. They effectively work using our automation coding system (ACSEL).

Morbidity coder's training started in 1972 by the Japan Hospital Association (JHA). Their training curriculum and materials were reviewed and started newly standardized training courses started April 1<sup>st</sup>, 2003. This is two-year course based on distant learning

method covering all necessary subjects. The trainees are required to achieve satisfactory level of performance in oral and written examinations. Currently 8419 are learning in the curriculum. Roughly 70 per cent successfully pursuit the training course and certified by JHA.

ICD office actively supports both coders' activities.

## (2) Doctor's training

Upon the government introduction of a new doctor's training scheme in his/her internship programme, ICD office started ICD training for doctors. Main purposes of the training were; (1) to provide basic knowledge of ICD-10 emphasising the difference between medical terminology and ICD-10, (2) to improve the quality of medical statements such as the death certificate and medical charts. Our office published the booklet for clinicians so as that they understood the outline of ICD-10 and obtained its basic knowledge. The booklets were distributed to educational hospitals and local health centres. The booklets now are commercially available as an effective tool of ICD dissemination in medical field. Our office actively involved in under and post graduate education of physicians. Now the blueprint for ICD-10 inclusion in medical licence examination effective in 2005 is being prepared.

## **ICD-10 update**

The internal implementation of ICD-10 update based on URC decision has been extremely difficult problems in Japan because of the following condition: (1) statistical continuity is of the great importance as the government policy, (2) ICD codes are regulated by the statistical regulations and our domestic impact upon code changes is substantial, thus we have been requesting official WHO's decision scheme of ICD-10 updating process, (3) and the updating catch up of other countries needs to be considered. The department of statistics and information, Ministry of Health, Labour and Welfare organized ICD-10 expert committee inviting 6 experts to discuss the questions from URC, which were sent to all centres. Now, higher rank expert committee consisting about 20 top medical experts from different field was organized to discuss the most suitable adaptation of ICD-10 2003 version based upon the governmental decision that the clinically most coherent version used in other countries should be adopted.

## **International activities**

### (1) ICE seminar in Middle and East European countries

The office director made presentations in the ICE seminar. She introduced Japanese autocoding system and discussed the current problems. Our technical officer also joined the seminar to collect the most updated information and discuss with the other international attendants.

### (2) International information exchange in coder's training

The office director was requested to discuss the difference between Japanese and Australian coder's training in the 30th conference of Health Information Manager Association, in which Sue walker was the presenter from Australia.

## **Presentation**

“ICD-10”

MHLW Doctors' training curriculum, Tokyo, March 2004

“ICD-10 and applicability in public health”

National institute of public health, Japan, May 2004

“Japanese Autocoding system on Mortality”

ICE meeting, Prague, Czech republic, May 2004

“Coder's roles in current ICD scheme”

The 30<sup>th</sup> conference, Association of Health Information Management Japan, Chiba, Japan, September 2004