

Draft 1

Note for Record

Second informal consultation on development of International Classification of East Asian Traditional Medicine

Tokyo, Japan

Hosted by WHO Regional Office for the
Western Pacific and the Japan Society for
Oriental Medicine

13-15 March 2007

WHO Western Pacific Regional Office

The Second Informal Consultation on Development of Classification of East Asian Traditional Medicine was held in Tokyo, Japan 13-15 March 2007.

Objectives

The objectives of the meeting were:

- (1) to review the country efforts in mapping between the International Standard Terminologies on Traditional Medicine (IST) and ICD-10;
- (2) to explore the feasibility of the International Classification of East Asian Traditional Medicine (ICEATM) to become a derived or related member of WHO Family of International Classifications (WHOFIC); and
- (3) to discuss future plans.

The WHO Regional Office for the Western Pacific proposed this information consultation to review the country efforts of mapping IST with ICD-10 and to further explore the feasibility of ICEATM as a derived or related member of WHOFIC so that a future plan may be developed. This is part of the WHO promotion of appropriate use of traditional medicine through standardisation and an evidence-based approach. Within traditional medicine, East Asian Traditional Medicine (EATM) is one of the most commonly used forms in the Region.

Background information

The standardization of the clinical language and practices and the use of evidence-based approaches are the main thrusts of the traditional medicine programme in the WHO Western Pacific Region. If used consistently, the standardization process enhances the accuracy, efficiency, reliability and comparability of traditional medicines information at national, regional and international levels. WHO/WPRO has collaborated with key countries including China, Japan and Republic of Korea in the development of the WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region (IST).

As a follow up to the IST, an informal consultation was convened in June 2006 to discuss the willingness of countries in the Region to develop an International Classification of Traditional Medicine (ICTM), its structure and future plans. The proposal for the ICTM to become a derived or related member of the WHOFIC was presented to the WHOFIC meeting in Tunis in October 2006.

The WHOFIC supported the proposal and recommended that a formal submission be prepared. This second informal consultation was held to explore further the feasibility of the proposed ICTM as a derived or related member of the family based upon the outcome of mapping between IST and ICD-10 currently being undertaken by the member states involved in this consultation.

Tuesday 13 March 2007

Item 1 Opening ceremony

Opening remarks

The meeting was opened by Dr Choi Seung-Hoon, Regional Adviser for Traditional Medicine, WHO Western Pacific Regional Office, who was the Responsible Officer for the informal consultation. A brief introductory address was made by xxx from the Health Policy Division, Japanese Ministry of Health, Labour and Welfare who welcomed all meeting participants to Tokyo. He signalled the importance of developing a Classification of East Asian Traditional Medicine for the promotion of standardisation of health information gathering and scientific communication within the TM profession internationally and to improve the communication with other health care professionals. Welcome speeches were also delivered by Dr Moruyama, Director General, Vital and Health Statistics Division, Japanese Ministry of Health, Labour and Welfare and Dr Tomoaki Ishikawa, Executive Trustee of the Japan Society for Oriental Medicine.

Dr Choi Seung-hoon, Regional Adviser in Traditional Medicine for WHO Regional Office for the Western Pacific, delivered an address welcoming delegates and summarizing the main objectives of the meeting. Dr Choi emphasized the importance of this meeting and also expressed his thanks to JSOM for its support in organising the meeting, to China for technical input and to Korea for financial support. He also thanked the Temporary Advisers for their contribution. Dr Choi then formally declared the opening of the meeting and a group photo was taken.

Nomination of officers for the meeting

Professor Kenji Watanabe was nominated as chairperson for the meeting, Dr Zhang Qi as vice-chair, Professor Charlie Xue and Professor Gregory Plotnikoff as rapporteurs.

Introductions: Objectives, working methods, expected outcome of the meeting.

Dr Choi Seung-hoon

In his presentation, Dr Choi introduced traditional medicine in the Western Pacific Region and outlined its priorities in promoting standardisation through an evidence-based approach. International standard terminologies and classification of diseases are pre-requisites to this development and a series of activities such as creating clinical standards are all dependent on the successful completion of standard terminologies. Many meetings have been held to develop interrelated standards.

Item 2 Report 2006 WHOFIC Tunis Meeting.

Associate Professor Rosemary Roberts

Professor Roberts outlined the presentations and recommendations from the WHOFIC Meeting held from 29 October to 4 November 2006. The proposed classification of ICTM was warmly received by participants and there were several opportunities for presentation and discussion. Papers were presented by Kenji Watanabe, Shim Bumsang, Zhu Haidong and Rosemary Roberts at a special session on ICTM and at subsequent meetings of the Family Development Committee. The discussion revolved around the need for review of a draft version of the classification for evaluation as a member of WHOFIC; the status of the classification as a derived or related member; the strength of

mappings between IST and ICD-10; format of ICTM as hard copy or electronic publication; and its scope as an international classification or limited to member states of WPRO.

The conclusion was that the WHOFIC response to the ICTM proposal was generally very positive, many speakers recognizing the gap in the ability of current WHOFIC products to describe, classify and count traditional medicine practice. However, there is a need to present ICTM as a product or draft product to WHOFIC for consideration and evaluation as a member of the family.

Item 3. Country Efforts for Mapping with ICD-10. 13 March 2007 China. Profesor Yin Aining

- ICD-10 Chinese was published in March 2002; Chinese ZHENGs have been used since 1995; TCM headings published in 1996; Chinese terms in traditional medicine and pharmacy by Dr Xie Zhufan
- IST: 564 diseases, same terms in Chinese and English 17 only with ICD-10
- Majority of good maps are in Infectious and Parasitic and “Other” chapters
- Low consistency between TCD, JCD and KCD etc as well as with ICD-10
- In 4 glossaries of TCM, only about 5-10% of words occur in ICD-10
- China uses ICD-10 terms for causes of death classifications (Dr Zhang Qi)

Conclusion from China: For disease terms, maps between IST and ICD-10 very poor (17 of 564 or 3%)

Item 4. Country Efforts for Mapping with ICD-10 Japan. Professor Kenji Watanabe

- Japanese Traditional Medicine (Kampo Medicine) originally from China and developed its own characteristics
- 148 formulations included in National Health Insurance system
- Over 70% physicians use Kampo Medicine in Japan for all indications
- Kampo Medicine has been included in core medical curricula since 1991
- Introduction to Kampo (textbook of Kampo Medicine edited by JSOM)
- All 80 medical schools in Japan KM
- TJ-100 (Da Jiangzhong Tang) used for colon cancer: TJ-100 reduced the hospitalisation days significantly for all patients either by open surgery or other methods
- TJ-48 (Shu Quan Da Bu Tang) on CDDP toxicity and anti-cancer effects: reduced nephrotoxicity with body weight reduction
- JLOM decided not to submit “disease names”
- Decision on IC-KAMPO by voting by 197 members of JSOM, 43 responded.
- Most items supported by most representatives
- Then coding of ICD-10, IC-Kampo and Kampo pattern code from patient’s chart

Conclusion from Japan: Traditional Medicine disease names not submitted.
Independent coding in ICD-10, IC-Kampo and Kampo SHO (pattern) is possible.

Item 5. Country Efforts for Mapping with ICD-10

Korea. Professor Shim Bum-sang

- Mapped 565 preferred terms (disease concepts) from IST to KCD-OM and ICD-10
- Found 296 maps with KCD-OM and 1,806 with ICD-10 (average of 6.1 ICD-10 terms to each IST term)
- KCD-OM codes: 2439, 376 identical to IST
- Preparation of KCD-OMe English
- Multiple-mapping between IST and ICD and KCD-OM

Professor Han Chang-ho

- Report on hospital trial of disease name mapping between KCD-OM and ICD-10 at Tongwook International Hospital.
- Patients are seen by both western and KOM doctors, data from a hospital were gathered to provide the base of mapping between KCD-OM and ICD 10
- 2040 patients
- Results: Difficult to map between ICD-10 and KCD-OM - invalid

Conclusion from Korea: IST and ICD-10 have multiple maps with each other. However, some areas such ophthalmology showed 1:1 maps.

Wednesday 14 March 2007

Item 6. Summary of the first day. Professor Kenji Watanabe

1. Significant efforts have been made by member states
2. Agreed on IST as the base for discussion
3. Major difficulties to be overcome for disease name mapping:
 - a. China and Korea showed significant difficulties in terms of mapping disease names between IST and ICD-10
 - b. Japan has decided not to map IST and western medicine names as they use ICD-10 for diseases
4. Clear objective of developing a proposal for October 2007 WHOFIC meeting
5. Importance of moving ahead despite recognition of differences
6. Need to decide name of classification
7. More work needs to be done on consistency of translation between IST and ICD

Item 7. Country Efforts for Mapping with ICD-10

Vietnam. Professor Chu Quoc Truong

- Vietnam history of terminology development
- Vietnam has 57 traditional medicine hospitals and established the Committee for TRM terminology and classification
- Developed a Vietnamese classification of terms:
 - General structure

- Basic theories
- Diagnostic
- Treatment
- Hard copy and electronic versions available
- Recommendations from Vietnam:
 - uniqueness of TM terminologies;
 - add TM before numbering;
 - disease names not as practical as patterns;
 - Vietnam has completed syndrome mapping but not disease names
 - Classification of disease name is under development
- Preference: chapter of ICD-10 being allocated for Traditional Medicine; most important pattern names; 2nd stage disease name
- Important to traditional medicine practitioners that they have access to disease name in western as well as traditional medicine.
- Insurance companies pay only on disease name in western medicine
- Coding being used in Vietnam to collect data on traditional medicine – available from Professor Truong

Conclusion from Vietnam: Mapping focus on syndromes. Disease name mapping not yet completed.

Item 8. Name of the classification

The meeting discussed the options available for naming the classification. Several recommendations were discussed:

ICEATM – Tsukuba meeting, January 2006

ICTM – Seoul meeting, June 2006

ICTM/WPRO – Tunis meeting, October/November 2006

ICTEAM

ICEAM – Korea

Dr Choi noted that ICTM was not acceptable to WPRO. Professor Roberts quoted one of the recommendations from the WHOFIC Tunis meeting which was to: “rename the first iteration of ICTM as ICTM/WPRO to indicate the origins of the international classification proposal in WPRO and pending input to the classification from countries outside CJK”

After some discussion, **it was agreed that the name should be ICTM/WPRO, and that this proposal should be put to WPRO for approval.**

Item 9. Purpose of the classification

The purpose of ICTM/WPRO is to:

1. Standardize the terminology for patient care, statistical collection and research (clinical and EBM)
2. Improve therapeutic technology and method
3. Collect statistics on utilization of TM
4. Collect data and compare internationally

5. Demonstrate internationally the use of TM
6. Improve the communication between TM practitioners and with other health care professionals
7. Standardize education in TM (curriculum development)
8. Provide a basis for policy and regulation making
9. Provide the basis for insurance claim and reimbursement

Item 10. WHOFIC principles and criteria for membership

Dr Kenji Shuto presented a paper on the structure and decision making process of WHOFIC. He outlined the structure and decision making process of WHOFIC and the tentative timeline for the next ICD revision – ICD-11.

Professor Roberts distributed two WHOFIC documents:

- (1) Family of International Classifications: definition, scope and purpose
- (2) Principles and process for including classifications in the Family of International Classifications.

Following earlier discussion on whether ICTM/WPRO should be a derived or related classification, the sections in the first document defining reference, derived and related classifications were outlined. Of special note was the opportunity offered for related classifications to be updated and revised to migrate from related to derived classification with increasing harmony over time.

The participants recognized the need to place ICTM/WPRO within the WHOFIC matrix and noted the principles and process for admitting new classifications to the Family in the second document. Of special interest was the distinction between methods for developing classifications in alpha and beta phases of the process.

Thursday 15 March 2007

Item 11. Content of the classification

There was considerable discussion on the content of the classification, particularly in relation to those sections of the IST that might be represented in ICTM/WPRO. They are:

- (1) Signs and symptoms (IST sections 2.0.0 to 2.4.78)
- (2) Syndrome/Pattern (IST sections 2.5.0 to 2.13.6) ~ 400 terms
- (3) Diseases (IST sections 3.0.0 to 3.8.11) ~ 560 terms

The need for a separate section for syndrome/pattern to follow that in IST was agreed by consensus.

Japan emphasized the need to include signs and symptoms as the basis for diagnosis. Japan uses ICD-10 for disease name. China and Korea use country specific classifications for disease name.

It was agreed that Symptoms and Signs; Syndromes and Patterns; and Diseases should all be incorporated into the structure of the classification.

Item 12. Structure of the classification

As the mapping between IST and ICD-10 has yielded such low correspondence, it was decided to proceed with an ICTM/WPRO that could stand alone as a classification or function as a chapter 23 of ICD-10. This would mean that it could:

- (1) be taken into consideration in the development of ICD-11,
- (2) be further developed by traditional medicine practitioners in the short term,
- (3) follow the alpha and beta phases of the WHOFIC membership process and
- (4) recognize those areas where good maps do exist by highlighting the relevant ICD-10 number within ICTM/WPRO especially in areas such as Infectious and Parasitic and Ophthalmology.

Syndromes/patterns

To follow structure of IST.

Diseases, symptoms and signs

Participants weighed up the pros and cons of using a structure similar to that of ICD. On the one hand, this would be familiar to WHOFIC and to users of ICD-10, but on the other may not reflect the philosophy and practice of traditional medicine.

Because Korea has already confronted these issues and translated KCD-OM 2nd edition into English, **it was agreed that KCDOMe be used as a basis for ICTM/WPRO.** KCD-OM has a 60% congruence with IST. As KCD-OM and Chinese traditional medicine classifications are similar in structure, this approach was acceptable to China. Japan is using ICD-10 for diseases and is concerned mainly for inclusion of Symptoms and Signs in this section.

It was agreed that chapter headings in ICTM/WPRO will follow KCD-OMe for diseases with a separate chapter for Symptoms and Signs to follow the ICD-10 convention and ensure coverage of this section of IST in ICTM/WPRO:

A Infectious and Parasitic
B-F Internal Medicine
G Ophthalmology and ENT
H External disease and dermatology
I Psychiatry
J Neuromuscular and musculo-skeletal
K Gynaecology
L Paediatrics
M Symptoms & Signs

Professor Shim agreed to develop an alphabetic index to KCDOMe in English.

Syndrome/pattern will follow IST.

Professor Watanabe stressed the need for separate sections for the tabular list and alphabetic index.

Item 13 Conclusion and recommendations

1. Name the classification ICTM/WPRO
2. Focus energies on preparation of alpha version of ICTM/WPRO for October meeting of WHOFIC
3. Leave open the issue of whether the classification is to be derived or related
4. Include in the alpha version of ICTM/WPRO
 - i. Syndromes and patterns from IST
 - ii. Clinical conditions from IST including symptoms and signs from IST
5. Base the classification on KCD-OMe
6. Prepare ICTM/WPRO as a proposed chapter 23 of ICD-10 and as an independent classification that can stand alone in the short term, particularly in the testing phase
7. Indicate those classes in ICTM/WPRO that are good (1:1) maps to ICD-10
8. Work initially in English with translations to other languages to occur in beta phase for pilot testing
9. Prepare ICTM/WPRO in hard copy and electronically
10. Use the letters TM in front of code numbers to indicate traditional medicine code

It was agreed that a Working Group be formed to further the work of ICTM/WPRO and to prepare a draft classification and proposal for the WHOFIC meeting in October 2007.

Working group members:

Australia: Professor Charlie Xue

China To be advised

Japan To be advised

Korea: Professor Shim Bum-Sang, Professor Han Chang-ho

Vietnam: Dr Pham

Associate Professor Rosemary Roberts

Consultants (taxonomy, IT, FDC)

Dr Choi Seung-hoon, WHO/WPRO (Convenor)

Relevant parties in WHO/HQ, WHO/WPRO and WHOFIC (Dr Choi)

Item 14. Future Plans

Action Plan for Working Group:

- Meet by teleconference, email, SKYPE and perhaps one face to face in August 2007
- Meet by teleconference and plan tasks and activities - **March 2007**
- Review IST and KCDOMe as potential bases for sections of ICTM/WPRO. **March 2007**
- ? review available data on frequencies – **March 2007**
- Prepare draft 1 of ICTM/WPRO – **April 2007**
 - Syndromes/patterns from IST (? Index)
 - Clinical conditions (including signs and symptoms)

- Tabular list based on KCD-OMe
 - Alphabetic index from KCD-OMe
- Update with:– **May 2007**
 - Suggestions from China, Japan, Korea, Vietnam
 - Rubrics in IST not covered by IST/KCD-OM maps (40%)
- Review Draft 1 and prepare Draft 2 - **June 2007**
- Prepare submission to FDC, including Draft 2 of ICTM/WPRO – **July 2007**
- Circulate submission and ICTM/WPRO draft to this consultation group with guidelines for input –**August 2007**
- Prepare final draft of alpha version for FDC – **September 2007**

Recommendations to WHO and Member States

- WHO should provide continued support for ICTM/WPRO
- WHO should promote this development to member states, particularly CJKVA
- Member states should continue to support creation and evaluation of ICTM/WPRO
- Member states should provide resources to facilitate development, testing and implementation of ICTM/WPRO

Item 15. Closing ceremony

Dr Choi closed the meeting and thanked participants, particularly the chair, vice chair and rapporteurs. He expressed particular appreciation to our hosts, the Japan Society for Oriental Medicine, for hospitality and support for the aims of this meeting.

2차 동아시아 전통의학분류 회의결과 보고

- 일 시 : '07. 03. 13(화) ~ 15(목) (3일간)
- 장 소 : 일본동양의학회(일본 동경)
- 참석자 : 한국, 일본, 중국, 베트남, 호주, 미국, WHO-WPRO

추진경위

- IST 개발 : 2004~2005년에 韓·中·日이 주축이 되어 각 국 공통 사용하는 용어만을 한의표준용어로 개발(3,430개)
 - * International Standard Terminologies on Traditional Medicine
- 1차회의 : 2006. 6. 서울 개최

회의결과

- 분류명칭 : ICTM/WPRO
(International Classification of Traditional Medicine/Western Pacific Regional Office)
- WHO-FIC(Family of International Classification)의 10월 연례회의에 ICTM/WPRO를 제출하기 알파(a) 버전 준비 ⇒ ICD-11반영
 - 우리나라 한방분류를 기초로 초안을 작성하여 중국, 일본, 한국, 베트남의 의견을 반영하여 보완후 제출
- WHO-FIC의 파생(Derived)분류/연계(Related)분류는 미정
 - * 국제표준분류와 연계성 高 → 파생분류, 연계성 低 → 연계분류

우리청의 역할

- 우리나라가 국제한의분류를 주도적으로 이끌어 갈 수 있도록 적극지원
- 이번 참석자들은 한의사협회 등 관련기관에 국제한의분류 제정에 적극 협조토록 공문 발송 요망

참고사항

- ICD 개정주기 - Minor : 매년 updating, Major : 3년주기 revision
 - ICD-10과 ICD-O-3와 불일치 문제는 2010년 이전에 개정될 것임
- ICD-11은 2014년 승인, 2015년 적용