Canadian Coding Standards for ICD-10-CA and CCI—How They Came to Be

In January 2001, the Canadian Institute for Health Information (CIHI) was asked by the Federal Health Minister to lead the development of a comprehensive Canadian Coding Standard for Diagnosis and procedure codes. CIHI responded with the establishment of a National Coding Advisory Committee (NCAC) in May 2001. CIHI undertook this initiative in support of the adoption of the International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CA) to replace the existing ICD-9-CM codes in Canada. CIHI embarked on this project to support a national strategy to improve the quality and accessibility of health care services in Canada, and to support the collection of high-quality data for research and planning.

The NCAC was co-chaired by Chad Gyorfi-Dyke, David Hay, Nizar Ladak and Mea Renahan. The committee was made up of experts from across the country, including representatives from federal, provincial and territorial government departments, as well as from the private sector. The NCAC's mandate was to develop a comprehensive Canadian Coding Standard for Diagnosis and Procedure codes (CCI) that would be based on the ICD-10-CA. The committee was also responsible for ensuring that the coding standards were user-friendly and that they could be implemented in a cost-effective manner.

The committee's work involved extensive research, consultation and collaboration with stakeholders across the country. The process included the development of draft coding standards, which were then reviewed and refined through a series of national and regional meetings. The final coding standards were approved by CIHI's Board of Directors in June 2003.

In summary, between now and 2004, a number of activities will have been completed to improve the health of Canadians. As part of the Canadian Population Health Initiative (CPHI), Canada on the health status of Canadians, and where more work could be done to improve the reporting key trends related to population health, analyzing Canada on the health status of Canadians.

The first edition of the Canadian Coding Standards for ICD-10-CA and CCI—How They Came to Be is a comprehensive guide to the development of these coding standards. The guide offers a detailed overview of the coding standards, including their structure and content, as well as information on how to implement them in practice. The guide also includes case studies and practical examples to demonstrate the application of the coding standards in real-world scenarios.

For more information, contact nacrs@cihi.ca. CIHI will provide a copy of the coding standards to stakeholders to support implementation at no cost. For more information, please contact: Chad Gyorfi-Dyke, Senior Director, CIHI, Chad.Gyorfi-Dyke@cihi.ca; or Nizar Ladak, Senior Director, CIHI, Nizar.Ladak@cihi.ca; or Mea Renahan, Senior Director, CIHI, Mea.Renahan@cihi.ca.
We build for the future...

We build for the future.

...and enhance our role as the nucleus of health care information in Canada and as a valued and trusted resource.

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CIHI directions ICIS

message from the president and CEO
health information: a necessity as we build for the future

Over the past ten years, Canadians have had the benefit of several commissioned reports. These have recommended far-reaching change and improvements in the health sector in Canada. These reports have served to stimulate the debate on how to sustain and improve our health information system. Should the private sector play a larger role? Should we rely on fee-for-service billing? If we inject more money where should it go? Rural and remote access? Diagnostic practices? Primary care? Prescription drug? (more specifically to prevent "catastrophic cost")

These are some of the questions being contemplated. The federal government is currently reviewing the need to introduce a national strategy to strengthen our health care system. CIHI will continue to engage stakeholder dialogue and work on producing data and analysis required to answer key questions. Key questions for which answers are essential to inform policy decisions, include:

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Health Expenditures in Canada Forecast to Surpass $110 Billion in 2002

A December CIHI released its annual comprehensive report on Canadian health expenditures, titled "Health Expenditure Trends, 1975 to 2002." The report includes an overview of health expenditure trends in Canada and provides an analysis of hospital, ambulatory care, prescription drug, and general spend on health care from 1975 to 2002. In 2000, 32.1% of total health expenditure in Canada was on hospital care, the public sector represented an estimated 70.8% ($69 billion) of total health care expenditure, and the average per capita spending is expected to be $3,395 in 2001 and $3,572 in 2002. Total health care expenditure is forecasted to grow by 8.4% in 2001, nearly 5.0% in 2002, and 2.5% in 2003. The public sector represented an estimated 70.8% ($69 billion) of total health care expenditure in 2002. The analytical focus on hospital expenditure trends in Canada by function and time will continue to be investigated. The results of this analysis are expected to be released in 2003.

CIHI is the custodian of the National Prescription Drug Utilization Information System (NPDUIS). The purpose of the NPDUIS is "to provide critical analyses of price, utilization and cost trends so that Canada's health system has more comprehensive, accurate information for price monitoring, budget planning, formulary development and formulary management, including the establishment of the National Formulary. The NPDUIS Steering Committee will continue to fulfill its responsibilities under the NPDUIS legislation, and CIHI will be responsible for conducting analytical studies and providing information and conducting analytical studies. CIHI and PMPRB are working collaboratively to develop and maintain the NPDUIS.

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The NACRS Database Continues to Expand

The Canadian Institute for Health Information (CIHI) has released the 2002/2003 edition of the CIHI national database of hospital care activities. The database is called the Canadian Institute for Health Information (CIHI) Abstract Data. This abstract is the result of a comprehensive approach to data quality and to provide the public with high-quality and timely data.

CIHI has released a description of Quality Assurance processes in our inpatient database. This description includes a summary of the data quality program, the methodology used to assess data quality, and the related information posted on our Web site at www.cihi.ca. Below are listed a few of the initiatives accomplished already (not an exhaustive list):

- CIHI's Case Mix Groups, Resource Intensity Weights and Complexity Overlay uses, and that data users are provided with good information about data quality.
- Ensure that the quality of the information it produces is suited for its intended purposes by identifying options for action that could lead to health improvements.
- Publishing of a description of Quality Assurance processes in our inpatient database has occurred;
- Publication of the results of the application of CIHI's Data Quality framework to our inpatient database will occur (2003); and
- CIHI's value-added products such as Case Mix Groups (CMG™), Resource Intensity Weights and Complexity Overlay will be available in 2003. The study represents an important step towards making improvements to health information by identifying enhancements to the DAD and CCI, as the classification standards for health-care data in the Canadian context.
The NACRS Database Continues to Expand

In the Canadian Institute for Health Information’s (CIHI) April 1 release, 54,843 records representing Ontario’s emergency activity with territorial and regional variation are being published. At the time of closing, approximately 4.8 million records have been collected and 4.6 million records used for the report. Over the past year, CIHI has been working on improving the health of Canadians and on-going media and external relations will support the Canadian Health Care System. However, the system is complex and there are many areas where improvements can be made. Improving the health of Canadians will require a multidisciplinary approach and CIHI is working on this goal. The goal of CIHI is to improve the health of Canadians and to provide timely and valuable information to policy makers and health care providers. CIHI is committed to improving the health of Canadians and providing accurate and timely information. CIHI is working on improving the health of Canadians and on-going media and external relations will support the Canadian Health Care System. However, the system is complex and there are many areas where improvements can be made. Improving the health of Canadians will require a multidisciplinary approach and CIHI is working on this goal. The goal of CIHI is to improve the health of Canadians and provide timely and valuable information to policy makers and health care providers. CIHI is committed to improving the health of Canadians and providing accurate and timely information.

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New Editions

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