Core Indicators Work Group Leading Causes Sub-group **Minutes**

June 27, 2008, 9:30-11:00 a.m.

Present: JoAnn Heale (chair), Brenda Guarda, Elizabeth Rael, Julie Stratton, Rachel Savage, Jane Hohenadel (recorder), Anuradha Sinha (guest) Absent: Katherine Russell (formerly Haimes)

Items	Discussion	Decisions and action to be taken
1.0 Welcome & Introduction	Elizabeth introduced a guest for the meeting, Dr. Anuradha Sinha, who is a P.H. Intern; Micheala Sandhu is no longer a member of the group as she has changed jobs.	
2.0 Volunteer to record meeting notes	Jane volunteered.	
3.0 Review Minutes from Dec. 18, 2007	There were a couple of minor changes to the minutes. On page 3, under action and discussion, item 1, it should be Brenda instead of Julie. On page 4, add action item of Brenda to ask her MOH to review the list (hospitalizations).	Rachel to make the changes; JoAnn to forward final minutes to Mary-Anne for posting on APHEO website
4.0 Additions to Agenda	Re-ordered items 5 and 6. Add new item - 5c Project Manager	
5.0 New Items	a) Leading Cause groups for mortality – issues, review (Brenda and Julie) An issue was raised last July after a PHPDB newsline. The email mentioned that some changes had been made to the LC codes based on recommendations from Chee Wong. Chee had noticed a discrepancy between the LC group's list and what was in PHPDB. Brenda had gone back in to check the changes, found a few, and questioned why there were changed. The changes centred around W45, Y879 and Y871 (LC codes 61, 63 and 64). Brenda had used the May25/07 version of the spreadsheet to compare to the suggested changes. The changes were not due to a clinical recommendation, but due to a technical issue, in that lists didn't match.	JoAnn will go back and check with Chinyere to make sure that the PHPDB, intelliHEALTH and LC group listing all match.
	 b) Uterine/cervical cancer groupings in leading cause of death (Julie) Julie had contacted CCO about the grouping of uterine and cervical cancers. CCO didn't think they should be grouped together. Julie then raised the question as to whether we should have external experts to review certain groupings. Cancer groupings impact on LC 08 to LC25 and LC 66 (cancer of the oral cavity) and residual category (LC 88). c) Project Manager (JoAnn, Brenda) Harleen Sahota has been hired as the project manager for the CIWG (PHAC funding). See item 6.e for discussion 	JoAnn to send the current cancer groupings to Beth Theis at CCO for comments by her or a colleague at CCO; will also send residual causes to see if they recommend any codes be pulled out.
6.0 Follow-up action items	 a) Public Health Groupings (Brenda) Deferred b) Revisions to Public Health grouping spreadsheets Hospitalization groupings - deferred 	Brenda to ask her MOH to review the groupings Brenda to ask her MOH to review

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	Adult Mental Health	action to be taken
	The group will have to apply groupings to this table separately. Grouping psychiatric discharges will be complicated since there will still be reporting in DAD. OMHRS reporting is only for designated adult M.H. beds. Coding in OMHRS is based on DSM; does not have ICD10 groupings. Jane suggested one of her colleagues, Linda Baigent, as a good resource for the MH discharge groupings discussion.	JoAnn will send out broad categories from OMHRS to the group
	c) SARS U4 – statement for leading cause of death (JoAnn) This was revised to be a statement about U codes, with SARS as an example. Elizabeth suggested that a date be added to the note.	JoAnn will add an attribute statement; will send it to group first before it goes
	d) Ambulatory EMG visits x disposition x ISHMT (JoAnn) Spreadsheet had been circulated before; need to get feedback on items a) and b) first before we go back to it. In intelliHEALTH, ICD 10 blocks and hospitalization/mortality lists are already coded into the data.	to CIWG
	e) PHAC grant – involvement in working group (JoAnn and Brenda)	
	Brenda mentioned that the new project manager will be working out of the Durham region H.U. Harleen? will be working on Chronic Disease Risk Factor indicators. JoAnn has talked to Mary-Anne Pietrusiak about possible work that the project manager could do for the LC group. There is a teleconference on July 11 with Mary-Anne, Sherri, Shannon and Harleen? to discuss priorities for her to work on. JoAnn wondered if she should also be part of that discussion. JoAnn suggests that one thing she could help with is the matching of ICD-9 codes to Becker's groupings. Another idea was to pull out the Chronic Disease LCs and make sure that the groupings are tight.	Brenda will ask Mary-Anne about JoAnn attending the meeting on the 11 th .
	f) Comparison of CIHI External Cause Blocks to International Classification of External Cause (JoAnn)	
	Deferred	
	g) ICD9 – Leading cause of death (JoAnn) It was suggested that the new project manager take on this task.	
7.0 Other	intelliHEALTH update (JoAnn)	
	Management Board has finally approved intelliHEALTH, so it is definitely a go. It will likely be late Sept/Oct. for start of training to current users. They haven't decided on training methods or rollout date yet. There was a suggestion to add FAQs to the training material. JoAnn noted that she has already created many "How To" tips that will be added to training manuals. JoAnn will also ensure that there will be links to be many resources, and that user guides will be updated.	
8.0 Recommendations to bring forward to CIWG meeting	JoAnn will circulate revised note about U codes for review; then will go to CIWG	JoAnn to circulate note with attribute statement
8.0 Next Meeting	JoAnn will send out suggested dates/times for the end of September.	