



Direktoratet for  
e-helse

# New initiatives for coding and classifications in Norway

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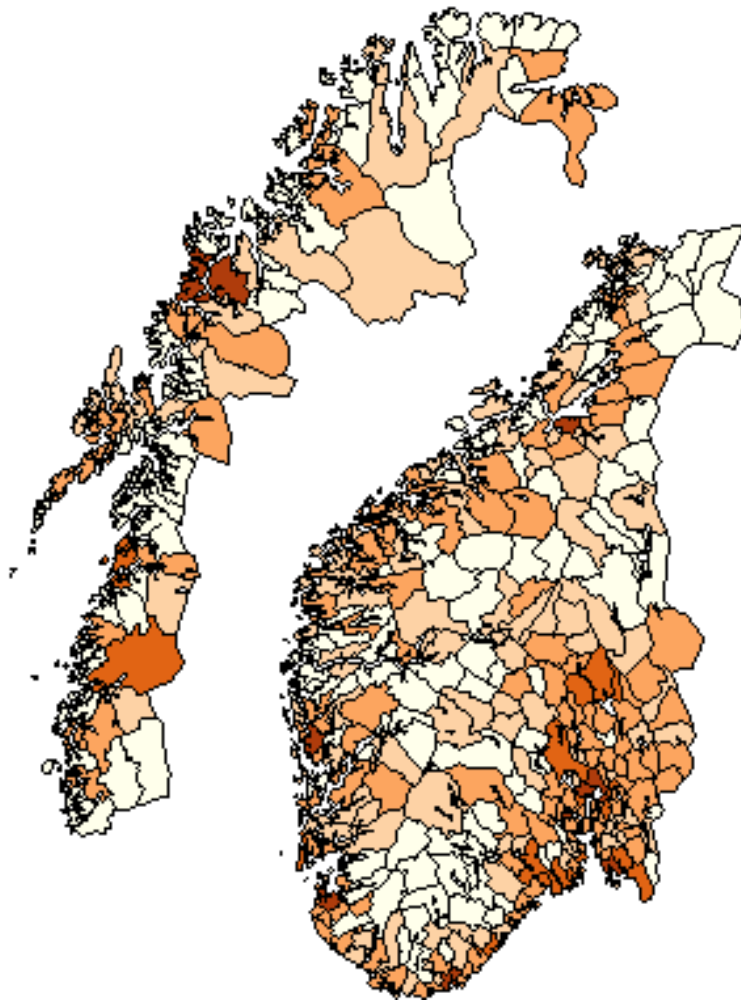
Reykjavik May 20, 2016

# Agenda

- Presentation of the new Directorate of eHealth and its tasks
- The national program for classifications and terminologies
- Quality in coding and the initiative for education in coding

# Health care in the municipalities in Norway

2016: 428 municipalities



*Health services*

- GP doctor
- Professionals in rehabilitation

- Institutions for health care
- Home care services

- Preventive medicine for children and young
- Preventive medicine in schools

Dental services (County)

*Child welfare*  
*Social services*

- Housing
- Economic support
- Individual rehabilitation plan
- Vocational measures

Classification  
ICPC-2

Classification  
IPLOS

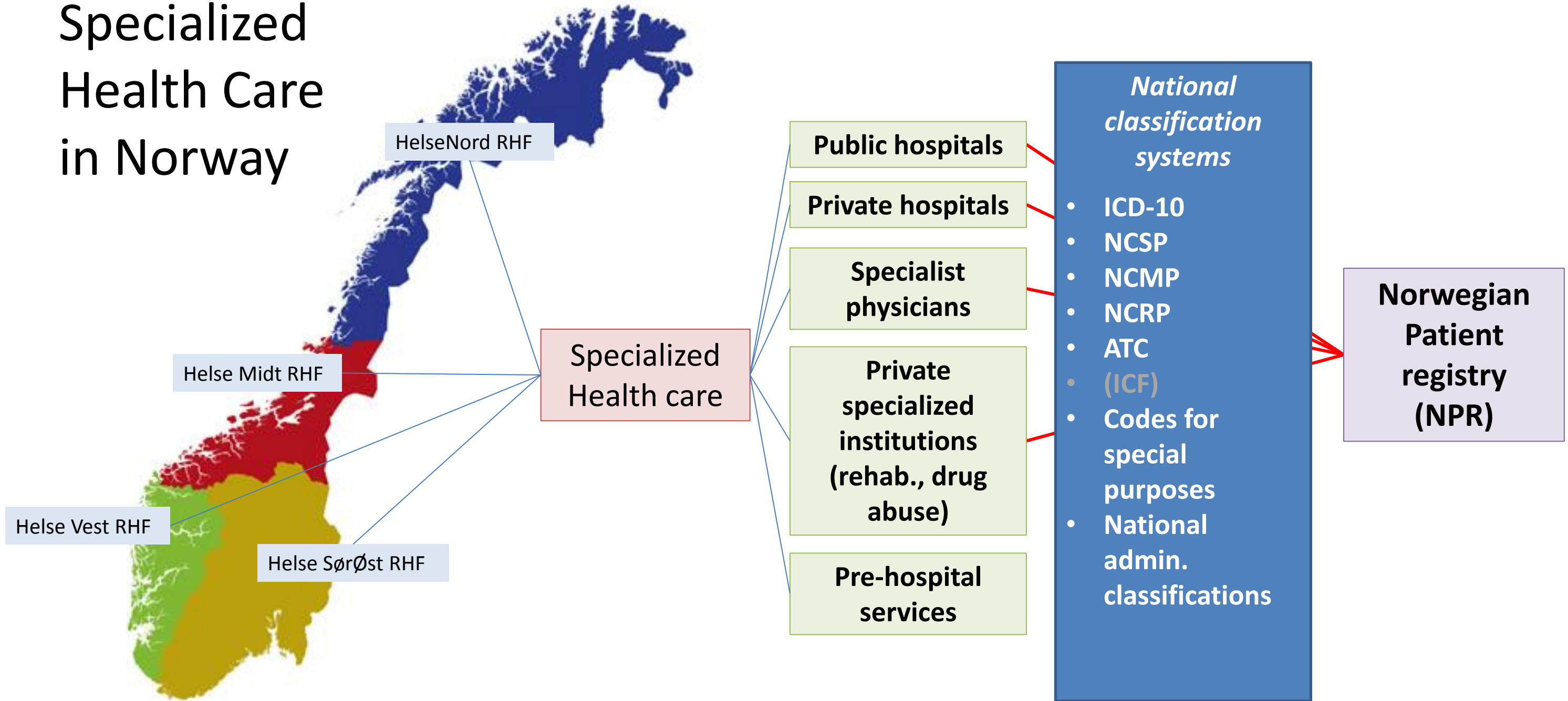
SYSVAK

Classification  
for dental  
services

Norwegian  
Patient  
Registry  
(NPR)

New registry  
for  
municipal  
health care  
services

# Specialized Health Care in Norway



**Ministry of Health and Care Services**

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graph TD; A[Ministry of Health and Care Services] --> B[Norwegian Directorate of eHealth]; A --> C[Norwegian Directorate of Health]; B --> D[Classifications Terminologies]; C --> E[Registers Funding];
```

Norwegian Directorate of eHealth

Classifications  
Terminologies

Norwegian Directorate of Health

Registers  
Funding

# Two roles for the Directorate of eHealth

## Authority

National steering and coordination of eHealth in close cooperation with

- regional health authorities
- local authorities
- technical organisations
- other

## Establish national ICT-solutions

Develop and administrate digital solutions to improve and simplify the health care and welfare sector

# Norwegian Directorate of eHealth

## National board for eHealth

- Members: Appointed by the Directorate.
- Arena for national management and coordination; advisory for the Directorate

## Priority committee (NUIT)

- Members: Technicians.
- Strategic advises
- Recommends annual prioritization of national e-health portfolio, and actions related to discrepancies in national e-health portfolio

## Subject committee (NUFA)

- Members: Health, IT and administrative professionals.
- Professional judgement and advice on national e-health strategy , national e-health portfolio, national solutions and selected national projects
- Assesses the needs in the health sector and suggest priorities

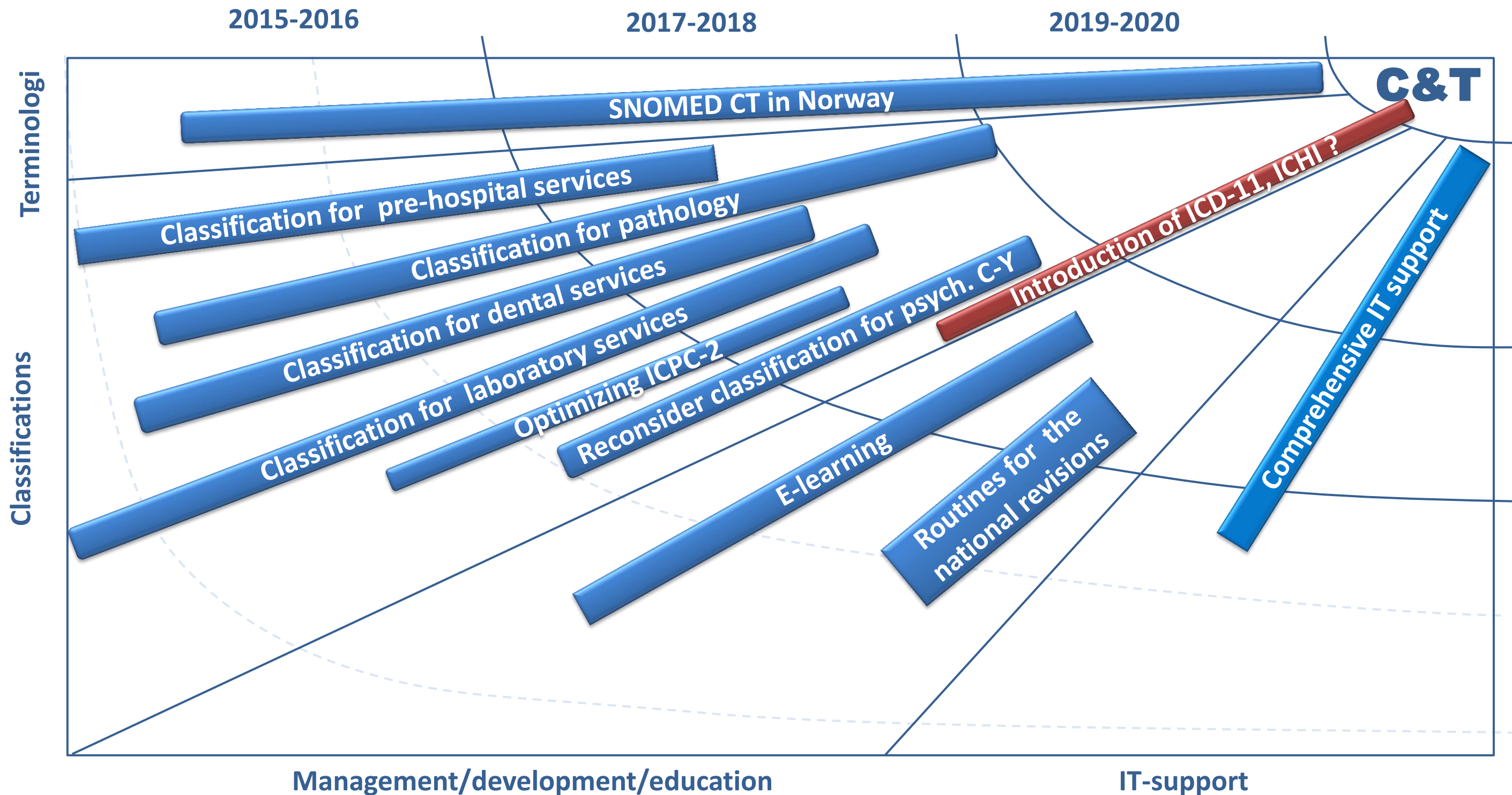
# National program for classifications and terminologies (C&T)

## Aims for 2020:

- Prioritized disciplines have their needed classifications and terminologies
- National classifications are updated
- Classifications and terminologies, and their manuals, are available for use directly from the operative systems
- The quality in the coded information is sufficient
- The standard terms in the ICT-systems for professionals are correctly and consistently used







# Quality in coding

- Several studies of quality in coding in Norway over the last 10 years
- Conclusion: quality is not as good as desired
  - 30% mismatch when comparing patient records to the conducted coding
- Poor coding quality has consequences for
  - National statistics on activity in health care services
  - Financing
  - Registers of health care quality
  - Statistics on morbidity and mortality

# Education in coding

- Project i Program C&T
- Aim: Make e-learning modules for different clinical specialities
- Purpose: Develop freely available learning material for local education in coding

# Indicators of coding quality


- Prepared in cooperation with NPR
- Set of about 20 indicators elaborated based on the encoding rules
- Indicators are run by NPR against the regular reports from the specialized health care
- Results are analyzed in our department
  - Publishing in progress: comparisons between treatment centers
- Deviations will indicate
  - increased need for training, both locally and nationally
  - need for change in EHR-software

<b>Indicator ID 4</b>	<b>Portion of reported conditions, respectively procedures, containing void codes (except ATC-codes)</b>
<b>Purpose</b>	Expose level of update in the patient administrative system's code classifications.
<b>Error severity</b>	Serious
<b>Can be identified by the sender of data</b>	Simple
<b>Most likely cause</b>	Misregistration, or defective update of the classifications at the reporting location
<b>Rule</b>	<p>Only valid codes are to be used.</p> <p>ICD-10: The code is to be valid for the day of the patients discharge.</p> <p>Procedure codes: The codes are to be valid for the day the procedyre is performed.</p> <ul style="list-style-type: none"> <li>• When the ICD-10 code for the main condition is void: episode is automatically placed in DRG 470 (not classifiable)</li> <li>• When the procedure code is void, the episode is discarded for financial purposes.</li> </ul>

# Results from 2015

- Several coding rules are not satisfactory followed
- Several EHRs allow the operator to register void codes
- The EHRs do not support multiple coding
- The EHRs do not support some elementary coding rules
  - Exemple: Coding according to age

# Main challenges in medical coding

- Technical support for correct coding in the EHRs is scarce
- Coding is time-consuming and hence unpopular among doctors
  - «Less is better» or «all in?» 
- Comprehension of the coding purpose is biased towards funding
  - purpose of health care statistics is less well accepted and understood
- Coding and classification is a demanding discipline
  - Recruiting personell for the national management is a challenge
  - No national education programme for coders

# Summary

- Norway has a new Directorate of eHealth with tasks in both governance and management
- A programme for classifications and terminology in the Directorate has many ongoing projects
  - New classifications, standardization and quality of coding are areas of commitment
- Use of the medical classifications has been and will, for a long time, probably be a challenge



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*Thank you for  
your attention!*