International Classification of Health Interventions in relation to Swedish Classifications of Health Care Interventions (KVÅ).

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Introduction

Currently there is no international classification to describe interventions across all sectors of the health system. The World Health Organization's third reference classification, the International Classification of Health Interventions (ICHI), is planned for completion by late 2022. A health intervention is defined in ICHI is '*an act performed for, with or on behalf of a person or a population whose purpose is to assess, improve, maintain, promote or modify health, functioning or health conditions*'.

The presentation will introduce ICHI content and explain the underlying tri-axial structure and the underpinning biopsychosocial model. ICHI consists of over 7,000 interventions (stem codes) across 28 chapters. Additional information about an intervention can be added, if needed, using extension codes.

ICHI can be used to describe diagnostic, therapeutic, preventing and managing interventions in the care process and complements the International Classification of Functioning, Disability and Health (ICF) and the International Classification of Diseases (ICD). Information on diagnoses, functioning and interventions may be used to describe and evaluate care including rehabilitation at both individual and group level. ICD, ICF and ICHI can be used in electronic health records to record health and health care for individuals, with aggregate data then used to monitor health system effectiveness and improve quality of care. The three classifications offer common language and common conceptual structures to support the communication between health professionals and between different parts of health services systems.

ICHI provides an important tool for use in policy, research and practice to describe, collect, aggregate, analyze and compare data on health interventions across all sectors of the health system at local, national and international levels in a standard way.

In Sweden the Classification of Health Care Interventions (KVÅ) are used. The KVÅ consist of two parts, one for surgical interventions and one for medical interventions (including functioning interventions).

The aim of this pilot study was to perform mapping between a part of interventions in the KVÅ and ICHI to describe the relation between these two classifications of health interventions.

Methods

The mapping of 50 surgical orthopaedic interventions and 50 functioning interventions (both diagnostic and therapeutic) was performed by using the mapping guidelines developed by WHO-Family of Classifications

Network. The result of the mappings was described as cardinality and degree of equivalence. The different syntax described in the guidelines for using ICHI stem code(s) and extension code(s) was used in the mapping.

Results

The result show that there are differences in the mapping results for surgical and functioning interventions. The surgical interventions in KVÅ could mostly be mapped to one or two ICHI stem code by using one or more extension codes to receive equivalence for the mappings. The functioning interventions in KVÅ are broader than the ICHI interventions and only a few extension codes were used. The presentation will show some different maps from surgical interventions and functioning interventions in KVÅ to ICHI.

Conclusion

ICHI can be used to describe the interventions in KVÅ. Our experiences are that mapping to each axis and to map sections by sections in the source classification (KVÅ) improve the quality. Using cardinality and the degree of equivalence are important information to show the mapping results.