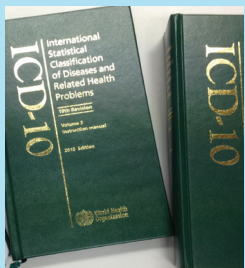# Better solutions for coding mortality data in the Pacific Islands

THE BRISBANE ACCORD GROUP AND THE PACIFIC VITAL STATISTICS ACTION PLAN

Pacific Island Countries and Territories (PICTs) have overwhelmingly identified greater support for improving coding as a key need to improve mortality statistics.

- To date, mortality coding training and support has primarily been provided on an ad hoc basis to individual PICTs.

- While this approach may build capacity in-country, it can be expensive and has generally proven unsustainable as it does not address broader enabling factors.

- An improved level of support could be provided to PICTs by taking a regional approach to building infrastructure and capacity of broader benefit to all, including small PICTs which do not always have the capacity to sustain high quality coding at a national level due to their size and constrained resources.

Better coding means better data for decision making

Enabling factors required for good coding

- Complete and **accurate death certification** practices
- **Management support** for having a coding function and use of coded data for decision making
- Development of **recognised positions** for coders, career planning and succession planning
- Recognising that mortality coders need a sufficient **volume of coding work** to maintain their skills (noting that mortality and morbidity coding use different coding rules and techniques, meaning there must be sufficient volume in both areas)
- Ensuring coders have been **adequately trained in medical terminology** and have access to refresher training
- Ensuring **access to appropriate and necessary resources**, such as the full set of ICD coding manuals and medical dictionaries
- **Quality assurance processes** including routine audits of coded mortality data
- **Sustainable resourcing** of coding activities.

Potential Strategies for a regional approach

The Brisbane Accord Group (BAG) has recently sought country feedback on potential options to deliver a strengthened and sustainable model for mortality coding training and support for Pacific Island Countries and Territories.

The options presented for consideration were:

1. Establishment of long-term attachments for mortality coders in countries with more developed CRVS systems
2. Sponsoring Pacific participants to study relevant degrees at regional universities
3. Establishment of a mobile team of expert coders and trainers
4. Establishment of a regional shared resource centre.

Most countries in the Pacific use ICD10 for mortality coding, but many struggle to produce high quality results.

Country Preferences

Fourteen countries responded to the survey with their preferences for short term and long term solutions. The majority of respondents favored the following:

Short term solution: the establishment of a mobile team of expert coders and trainers

Longer term solution: the establishment of a regional shared resource centre

Next steps: Country Pilot

An initial pilot of the model has been conducted by expert coders from the Australian Bureau of Statistics and Queensland University of Technology in Fiji in November 2014, with funding support from the Australian Department of Foreign Affairs and Trade. Results are to be evaluated for further discussion within BAG, with a view to identifying both a sustainable approach moving forward and developing a costed proposal to be used to seek the additional resources required to support a regional approach.

The trial will also evaluate opportunities to enable countries - through this regional approach - to gain access to and use up to date automated coding software. If found suitable, this would not replace the need for coders, but rather enable countries to target investment in coding the most difficult cases in order to improve the quality of the data.