

**Minutes of the meeting of the Australasian Mortality Data Interest Group  
(AMDIG)  
National Library, Canberra  
Wednesday 23 June 2004, 4th Floor Conference Room and by teleconference  
12:45pm - 1:30pm**

**Meeting Chairperson:**

Richard Madden                      Director AIHW, Canberra. (RM)

**Facilitators:**

Garry Waller                          Senior Classification Officer, NCCH (Brisbane). (GW)  
Robert Van der Hoek                Acting Head Population Health Unit AIHW. (RV)

**Participants:**

Ching Choi                              Head, Health Division, AIHW. (CC)  
Heather Booth                         Coordinator, Population Modelling and Forecasting  
Network, ANU. (HB)  
Len Smith                                Australian Centre for Population Research, ANU. (LS)

**By Telephone:**

Ron Casey                                Director, Population and Social Branch, ABS. (RC)  
Roslyn Gittins                         Asst Director, Population and Social Branch, ABS. (RG)  
MaryLou Fleming                      Acting Head, School of Public Health, QUT. (MLF)  
Christine Fowler                        Team Leader, Mortality Clinical Coding Systems-NZHS.  
(CF)  
James Harrison                         Director, RCIS. (JH)  
Stephen Begg                            Lecturer, School of Population Health, UQ. (SB)  
Greg Curry                                NSW Registry of Births Deaths and Marriages. (GC)  
Sue Walker                                Associate Director, NCCH (Brisbane). (SW)  
Vicky Winship                          Manager Informatics (VIFM), Acting Project Manager,  
Monash University Centre for Colonial Information  
(MUNCCI). (VW)  
Marde Hoy                                Applications Officer, NCIS. (MH)

**Apologies:**

Charles Naylor                         Chief Forensic Pathologist, QLD Health Scientific Services  
Jessica Pearse                         Senior Project Officer, MUNCCI.

**Absent:**

Ian Ring                                 Health Information Centre, QLD Health  
Tony Grivell                              CEO, CRC Aboriginal Health

**1. Welcome and introduction**

RM welcomed everyone to the meeting of the Leadership Committee of the Australasian Mortality Data Interest Group (AMDIG).

Following a roll call of participants, RC commented that, due to his impending retirement, Ros Gittins was joining him for the teleconference. Vicky Winship and Marde Hoy were providing MUNCCI representation for Jessica Pearse who was unable to join the meeting due to ill health.

## **2. Apologies**

GW gave an apology from Charles Naylor who was unable to join the teleconference.

## **3. Leadership Committee membership**

RM asked GW to report on the development of the Leadership Committee. GW reported that from 14 invitations, 12 organisations had responded with confirmation of invitees' membership or nomination of another member. Dr Ian Ring was currently on long service leave returning on the 28 June but had anecdotally expressed interest. Dr Tony Grivell from the Co-operative Research Centre for Aboriginal Health had responded that the CRCAH is currently discussing a suitable representative and is yet to respond.

LS commented that at the inaugural meeting it had been suggested to invite membership from the Institute of Australian Actuaries (IAAust). RM responded that he was a member of the IAAust but that they should have separate representation. GW to follow up with RV and RM to arrange letter of invitation.

RM asked whether Alan Lopez was invited. GW responded that Dr Stephen Begg was the nominated representative from the University of Queensland, School of Population Health and had joined the meeting by teleconference.

LS stated that his understanding was that decisions had been made at the Brisbane meeting in November 2003 to establish defined working groups to follow up on points of focus of the AMDIG. He had offered to lead one of the nominated groups and had been waiting for a list of the groups to be sent out from the secretariat to follow up. Sue Walker agreed that the groups had been identified in Brisbane and offered to send out a copy of the minutes to clarify this.

GW stated his understanding was that the establishment of the Leadership Committee would precede the development of the workgroups. Once the Leadership committee is established, members would be asked to identify issues that they wished pursued and a work plan would be developed.

**Action: SW to re-circulate minutes of previous meeting to all members.**

RM commented that some issues raised during the AIHW conference should be followed up and added to the AMDIG agenda at the next face to face meeting.

**Action: RM to provide the secretariat with issues raised at the conference that are of interest to AMDIG.**

## **4. Discussion Group**

### **4.1 Discussion Group change to Mail server**

GW noted that there had been little discussion relating to the first issues sent to the email discussion group and thought that this may have been a result of the technology utilised, which made quick responses to all participants a little difficult. The email discussion list will be changed to a list server, following advice from QUT's Information Technology Services (ITS).

**Action: GW to follow up with QUT ITS on his return to Brisbane.**

## **4.2 Issues raised through email discussion list**

### **4.2.1 Classification of acts of terrorism**

GW stated that following email discussion between a number of key stakeholders regarding the classification of acts of terrorism, this issue was posted to the Discussion Group. However, no responses or comments were received. The core issue was that the United States has developed codes to be able to classify acts of terrorism in the wake of the destruction of the World Trade Centre in New York on September 11, 2001 – was there any interest in Australia being able to classify deaths as due to terrorism?

RC stated that we could use the US terrorism codes but need an ‘FBI equivalent’ to define terrorism and designate deaths as terrorist related.

RM stated this should be taken to the Commonwealth Attorney General’s department. GC commented that the AGs view would be most valuable in deciding on this authority. VW stated that there is also a role for coroners in disaster victim identification.

JH queried whether the US approach was acceptable internationally. The US codes are not part of the international version of the ICD-10. He noted that codes were OK but that there was no international agreement on an acceptable definition of what is a terrorist act and therefore no standardisation in the way the codes should be assigned. Therefore, no other country uses the US terrorism codes at this time, although they are part of the MMDS mortality coding software as a separate module. Australian use of the terrorist codes would not be comparable with other countries’ mortality reporting practices.

**Action: JH and NISU to pursue this issue with Vicky and Ron. RC noted that he was retiring soon and Ros Gittins should also be involved.**

### **4.2.2 NCIS as a tool for injury surveillance**

SW stated that information about the release of this report had been posted by Krys Sadkowsky from the AIHW. JH stated the report identified issues and characteristics of the NCIS that would further increase the utility of the NCIS as a tool for injury surveillance. General discussion was that the NCIS database allowed comparison between ABS and NCIS data and had the potential to provide greater utility if data could be linked. This would provide further information regarding causes of death and allow aggregated data comparisons between NCIS and ABS. JH identified record linkage data as one of the ways to move forward and indicated that discussions were being held about this possibility.

### **4.2.3 The use of ICD-10-AM codes for Cause of Death reporting**

This issue relates to the previous one, in that the use of ICD-10-AM was mooted as a possibility for more specific external cause mortality coding in the NISU report. No responses were received to the posting. The 10-AM codes are more specific than those available in the WHO version of ICD-10.

JH stated that this issue was of interest to NISU and that recent work had allowed ICD-10-AM codes from hospital admissions data to be linked to a sub-set of injury deaths in WA.

RM invited New Zealand member, Christine Fowler from NZHIS, to comment on NZ use of ICD-10-AM for mortality coding. CF commented that NZ was considering changing to the use the MMDS. Concerns regarding the loss of information about activity and place of occurrence available in ICD-10-AM has been expressed by researchers.

JH stated if linkage works it could potentially add to death information. He would keep NZ colleague Professor John Langley from Otago University in the loop as the work progresses.

RC stated that the ABS was not interested in using ICD-10-AM for mortality coding, Australia had been using MMDS software for 6 or 7 years and, although it is technically feasible to set up for ICD-10-AM, the ABS would need to consider the additional resources and practicality of the change.

RM agreed that this would make an interesting research topic. He stated that at a recent WHO network meeting in Helsinki, there was discussion regarding the revision processes for ICD-10. One topic raised was the external cause codes and the desire to incorporate lessons learned from clinical modifications (such as ICD-10-AM) into any development of an 11<sup>th</sup> revision.

JH stated the NISU work program involved a project based on linking the NDI with state coroners' data and that adding extra information to mortality data was a high priority for injury surveillance. He raised concerns about the ABS' decision to discontinue the use of the data flags and wondered how the specific information that was available using the flags would be captured in the future.

CC indicated support for the use of NCIS data to inform external cause coding. He noted that the number of suicide deaths with open verdicts at the time reporting is required is decreasing. RC indicated that the ABS use of NCIS data had been beneficial although some jurisdictions were still lagging in the provision of data to the NCIS (for example Queensland).

VW stated the NCIS had an interest in providing data linkages and that additional data, such as OH&S information, enhances currently-available mortality data.

#### **4.2.4 ICD-10-Updating process and the prospect of an 11<sup>th</sup> revision of the ICD**

GW stated this posting by SW was a survey seeking members' knowledge about the ICD updating process and to gauge opinion regarding the prospect of a new revision of the classification. Two responses were received. RC felt the topic of the proposal for ICD-11 was a good one and hoped to get feedback from all AMDIG discussion group registrants. The ABS is not adverse to the updating process but would like feedback from as many data users as possible on what is wrong with ICD-10. RC noted that generally, too rapid a change in revisions can affect trend data, which is a concern to mortality researchers.

RM stated he would circulate information from the WHO Helsinki meeting re the proposed revision. He noted discussion about the possibility of two versions of the ICD, a clinical modification for morbidity applications and a simplified version for mortality.

**Action: RM to circulate papers from Helsinki meeting.**

#### **4.2.5 Notification of NCIS Newsletter - Coronial Communiqué**

VW identified the content of the Coronial Communiqué as a product of a research group within the VIFP, the Clinical Liaison Service, where complex medical issues are discussed. The NCIS would like to produce an industry based newsletter targeted to industry groups. The problem with this is overcoming the onerous task of seeking coronial approval from all 8 jurisdictions, which is required before publication. VW requested suggestions for topics. RC suggested submissions for the newsletter from other groups, such as AMDIG. VW agreed that AMDIG could provide useful feedback re specific types of deaths that coroners see rarely. JH indicated that feedback from the injury prevention community could add to these discussions. VW agreed, noting that data indicates that one death results from every 50 injuries.

**Action: JH to communicate with SIPPG Policy coordination committee on this issue.**

#### **4.2.6 Direct query – Ascertainment of Aboriginality and Aboriginal Nation or Tribe on death and birth certificates**

JH identified this query as coming from Yvonne Helps at RCIS who is writing thesis and seeking advice. RC voiced concerns about the quality of current indigenous identification and stated that collecting greater specificity would be problematic. LS noted that there is no numerator data available anyway so analysis of any results would be difficult.

### **5. Other business**

#### **5.1 APACPH Conference**

SW reported on the upcoming Asia-Pacific Academic Consortium for Public Health conference, to be held in Brisbane in late November-early December 2004. NCCH is hosting a health information systems workshop in conjunction with the conference. She suggested that AMDIG might consider meeting face to face at the same time as the conference. MLF stated APACPH would run from November 29 to December 3, 2004.

**Action: SW to send APACPH conference information to AMDIG.**

#### **5.2 Quality of Occupational coding**

Due to time constraints, this issue was not discussed.

**Action: CC to circulate report on quality of occupational coding to AMDIG.**

#### **5.3 National Centre for Health Statistics November meeting**

The NCHS will be holding its main injury meeting in November. JH will be present and will circulate relevant preliminary discussion papers to AMDIG for comment.

**6. Closure of meeting**

RM thanked the Leadership Committee for their participation and input and closed the meeting at 1:30pm