From ‘Down Under’ to the ‘Great White North’
Six years ago, I left Melbourne to broaden my experience in Health Information Management. The following is an account of my challenges, rewards and adventures in Canada.

Memories of Australia
I graduated in 1994 with a Bachelor’s degree in Medical Record Administration from La Trobe University. Over the next six years I gained experience in coding positions at The Alfred Hospital and Royal Melbourne Hospital, and also as the sole Health Information Manager at two healthcare facilities in rural Victoria. I recall well the implementation of ICD-10-AM at that time, which demonstrated the adaptability of Health Information Management professionals. In 1999, I was contracted by Deloitte Touche Tohmatsu to participate in a national coding audit in Singapore. The experience was very rewarding and ignited an interest to venture into new challenges abroad. With the onset of ICD-10 implementation in Canada, I decided to set my sights on the Great White North.

Coding in Canada
Upon arriving in Ontario in 2001 I commenced working as a clinical coder at a regional hospital. I was greeted as a welcome addition to Grey Bruce Health Services in Owen Sound, Ontario, located three hours northwest of Toronto. It was my first exposure to a Canadian health records department and its coding practices, and I found them to be surprisingly similar to those in Australia. I focused on learning the coding and abstracting guidelines and was fortunate to work with a very supportive staff who helped me through the learning curve.

Prior to ICD-10 implementation, the provinces and territories in Canada had utilised different classification systems, including ICD-9-CM and ICD-9 as well as the Canadian Classification of Procedures (CCP). The use of different systems created challenges when comparing health information across Canada. In 1994, at a joint meeting of health ministers for federal, provincial and territorial governments, it was agreed to adopt a national classification system. Similar to Australian practice, the Canadians elected to enhance the ICD-10 for morbidity data collection, and thus the ICD-10-CA was born. Canada also decided that a more robust intervention classification was needed and in response to this, the Canadian Classification of Health Interventions (CCI) was developed.

At the time, Ontario was in the midst of preparing for implementation of ICD-10-CA and CCI for the fiscal year 2002-03. My experience with ICD-10-AM proved to be a huge asset in this process. I subsequently developed presentations to share my insights on the classification and its implementation at regional and provincial Health Information Management meetings. Seven months later I moved to Toronto and joined the Canadian Institute for Health Information (CIHI) as a Classifications Specialist.

What is CIHI?
CIHI is a national, not-for-profit organisation with offices in Toronto, Ottawa, Montreal, Victoria and Edmonton. The Institute is responsible for collecting data on healthcare services, health spending, health human resources and population health. It is also responsible for setting standards, such as for morbidity data collection, and producing in-depth analytical and summary reports on the health of Canadians and the health
of the Canadian health care system. There are almost 30 national and provincial data holdings at CIHI, including the inpatient database known as the Discharge Abstract Database (DAD). CIHI is a leader in data standards, including the development and maintenance of ICD-10-CA and CCI. The new classification systems had a staggered implementation across Canada’s ten provinces and three territories. ICD-10-CA and CCI were implemented between the fiscal years 2001-02 and 2006-07.

The adventures of a Classifications Specialist

As part of the Classifications team, I was directly involved in the implementation of ICD-10-CA and CCI across Canada. This involved extensive travel to conduct education sessions on a range of topics introducing the new classification systems and the Canadian Coding Standards and later, on specialised coding topics. Canada is one of the few countries in the world that produces these classifications in an electronic format. The CD-ROM is an Infobase1 that contains all the codes and supplemental information, within which coders must navigate using search terms and function keys. Additionally, all products and services are developed in the two official languages, English and French. Over time, CIHI has hired bilingual Classification Specialists to facilitate implementation in Quebec and parts of New Brunswick.

In addition to supporting external clients, I have developed educational sessions for staff at CIHI. This was aimed at enhancing their understanding of ICD-10-CA/CCI and the implications of trending data between different classification systems. I worked on projects with code-conversion tables to ensure mapping between ICD-10-CA/CCI and ICD-9/CCP were appropriate and issues flagged when codes were not comparable.

Becoming a certified Health Information Manager in Canada

In both Australia and Canada I have been a member of their respective Health Information Management professional associations. This has given me the opportunity to network with colleagues and keep up to date on emerging trends in the industry. In order to become a certified member of the Canadian Health Information Management Association (CHIMA), graduates of a recognised health record program must successfully pass an examination, which covers a range of topics in health information management. With sufficient experience in Canada, I felt ready to sit the examination and have been a certified member of CHIMA since 2003.

Coding studies in Canada

CIHI is a leader in data quality initiatives including coding studies, known as ‘reabstraction’ studies. This term refers to the process in which a coder independently recodes a hospital medical record, then compares the original codes previously submitted in the hospital abstract. Coding auditors are more commonly referred to as reab-

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1 An infobase is an electronic database or library of related online manuals and documents that have been linked together with hypertext jumps.
Abstractors in Canada. I was a reabstractor for the first study on ICD-10-CA/CCI data and travelled to facilities in Ontario, Saskatchewan and British Columbia.

In 2005 I joined the Data Quality Department in the position of Reabstraction Specialist. As this department is located in the Ottawa office, I travel frequently between Toronto and the capital city. I work with a very talented team composed of data analysts, statisticians, methodologists, consultants and project coordinators. I participate in every phase of a reabstraction study, from study design and planning to recruitment of coders, training, overseeing data collection, data processing, analysis and report writing. I have worked on various national and provincial studies to assess the quality of inpatient and ambulatory care data. The timeframe of each study may vary between one to two years and my involvement is often divided between two studies at once. I was involved in the Ontario Case Costing study, one of the largest coding studies in North America, which included 14,500 discharges across Ontario. Reports of all studies are available on the CIHI website (www.cihi.ca).

A significant component of my position is to recruit suitably qualified coders as reabstractors. A recent national study resulted in the recruitment and training of 23 coders for data collection at 50 facilities across Canada. As the scope of each study increases, so too does the number of coders required. In collaboration with CHIMA, I have worked towards promoting coding studies to Health Information Management professionals, emphasising the vital role they play as reabstractors. Their efforts are essential to the success of every study, providing a unique opportunity for them to develop new skills and a broader perspective on data quality issues. For each study, I develop a customised training manual and lead the week-long reabstraction training session. I have developed rigorous testing procedures during the training week to ensure the best candidates are selected as reabstractors.

At the conclusion of every study, I am responsible for identifying areas for improvement in CIHI’s systems and for communicating significant coding issues and recommendations to stakeholders. This has prompted improvements in Canadian coding standards and abstracting guidelines, additional coder education and chart (health/medical record) documentation initiatives.

In 2007, I was promoted to the position of Program Consultant and will continue my work on coding studies as well as new projects to expand educational products for coders. I am currently working on a national study for the Canadian Organ Replacement Registry, evaluating the quality of dialysis data. With so many projects on the horizon, I am bound to be a ‘busy beaver’ for quite sometime!

**Other pursuits**

My teaching experiences have taken me to nearly every province and territory of this country. In fact, I have seen more of Canada than I have Hiking the ‘infamous’ West Coast Trail.
Professional profiles

seen of Australia! One of my most memorable trips was to Nunavut, located near the Arctic Circle, where I experienced the Inuit culture and went dog-sledding in minus 30 degrees. I also recall exploring tranquil fishing villages in Nova Scotia and trips to Newfoundland, where moose sightings are sometimes more common than people sightings. I have always associated my teaching assignments with opportunities for adventure.

While I may exhibit some Health Information Management expertise in Canada, my abilities at mastering other activities are questionable. Learning to ski, ice-skate, snow-shoe, steer a canoe and dog-sledding are just some of my other pursuits. I also enjoy camping and exploring the wonders of nature. This summer, I went on a seven-day hiking trip along the beautiful coastline of Vancouver Island. Hiking the infamous West Coast Trail was one of my toughest challenges and something I intend to brag about for years!

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Dog-sledding in minus 30 degrees