Improving cause of death data: Thailand Experiences on verbal autopsy for community deaths.

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Flow of vital event registration

Death inside hospital
- Death certificate by doctor
- Death registration at district office or municipality
- ICD-10 coding at MoPH (BPS)
- Electronic file transfer monthly

Death outside hospital
- Death notification form (Non-hospital) with COD
- Death registration at district office or municipality
- ICD-10 coding at MoPH (BPS)
- Electronic file transfer monthly

Medical death certificate form (In-hospital) with COD

Death certificate by doctor 40%
Death notification by village head 60%
Death counts and Cause of Death (COD)

Death data processed

- Total death ~400,000 / year
- Code cause of death with ICD 10
- Compile and Analyzed
- Annual reports in print and web format
- Provide provinces population, birth, death information every month
- Decrease ill defined COD (R0-R99) from 45% to 37%
Problems of Causes of death data

- High % of ill-defined causes of death
  - Non-hospital death (relatives provide general symptoms or senility as the causes of death)
  - In-hospital death (doctors use mode of death instead of the causes)
Problems of Causes of death data

- Misclassification of causes of death
  - In-hospital death (doctors select and write the wrong COD)
  - Non-hospital death (relatives bias the causes of death to avoid stigma such as HIV)
MOPH’s COD improvement project using Verbal Autopsy (VA)

- Started in 2007. Using customized WHO VA tool
- Train health professionals at the sub-district level
- Train MOI registrars at district office to conduct VA interview.
- Preliminary results: Ill-defined COD (ICD 10 code R00-R99) decrease from 41% (2007) to 27% (2008) and 25% (2009)
- Implement to all 76 provinces in 2015.
Improving in-hospital COD data

- Training for medical doctors to define actual COD in medical death certificate
  - Reduce mode of death, un-specified causes, injury code
  - Reduce misclassification, wrong selection

- Medical records and coding audit for better quality of diagnosis of diseases and causes of death
Improving non-hospital COD

- Using electronic in-patient records (administrative data – reimbursement data) for defining outside hospital COD
- Match death outside hospital with recent hospitalization using citizen identifier number (13 digit number)
- Using local health personnel to provide COD (accompanied with VA tool and medical history)