## Session 6.3: Dr. Saman Gamage,

- Medical doctor and Public Health Consultant
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- BIO
- Abstract
- Paper





### Evaluation of the implementation of the Iris automated coding system in the

Philippines

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### Introduction & background

- Reliable mortality statistics are crucial for public health interventions
- The underlying cause of death is the essential aspect of the death certificate
- Philippines population 113 million
- Around 90% of deaths are registered
- Before 2016, the manual coding of over 580,000 death certificates by 30 coders – took 2 to 3 years to complete

Why automate mortality coding?

Countries with higher numbers of deaths

Mortality coders code large numbers of death certificates

Manual coding increases workload for coders

Non-uniform coding can lead to errors

Automated coding increases the timeliness, accuracy, and consistency of coding

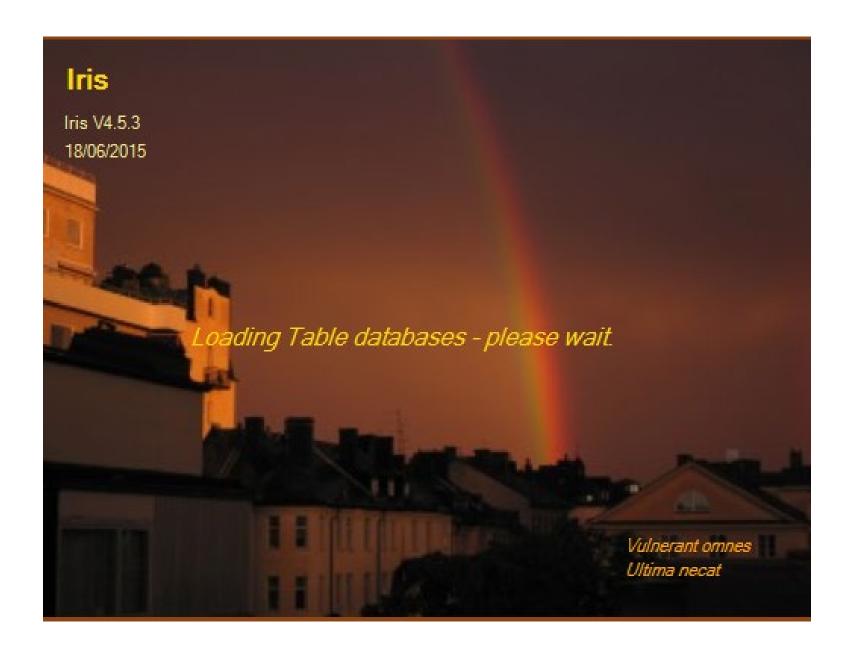
### What is Iris?

- Iris is an interactive coding software developed for coding causes of death and selecting the underlying cause of death
- Created by a group of experts
- All decisions implemented in the software are a result of discussions at the Mortality Reference Group (MRG)

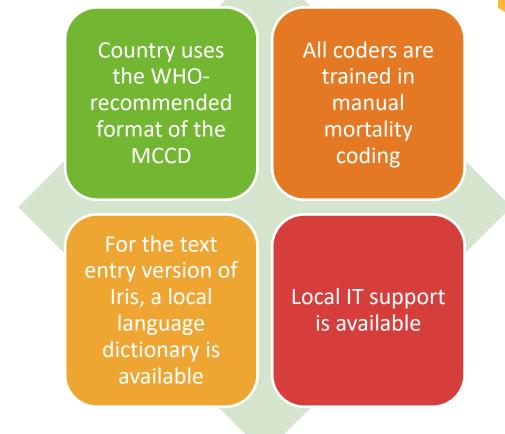


### What is Iris?

- Iris is based on the international medical certificate of cause of death recommended by the WHO
- Causes of death are coded according to the ICD-10 and the mortality classification rules.
- The selection of the underlying cause of death (UCOD) in Iris is entirely automated
- Iris uses mortality decision tables for the UCOD code selection



#### Pre-requisites for Iris implementation



### Implementation

- In 2016, Bloomberg Philanthropies Data for Heath (BD4H) assisted in implementing Iris automated coding in the PSA (Philippines Statistics Authority)
- A computer utility program was developed to link PSA's Decentralized Vital Statistics System (DVSS) to Iris software



Figure 1: The flow of data from DVSS to Iris and back

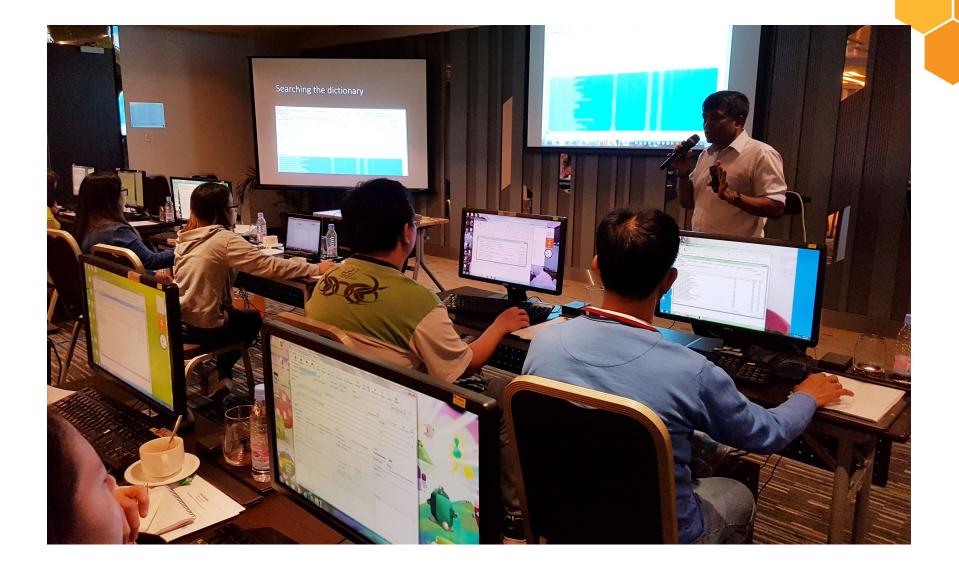
# All coders were trained in manual coding using Mortality Decision Tables – Feb 2017



#### Pre-test interface program – April 2017



### Iris training – July 2017







### To ensure that mortality data for the Philippines are standardized

### Methods

- All the data were analysed, and changes and disease trends for the last three years were examined for plausibility.
- Cause-specific mortality distributions from 2017
  2019 were compared for consistency
- The typology, reasons, and proportions of Iris rejects were studied.

#### Iris implementation evaluation





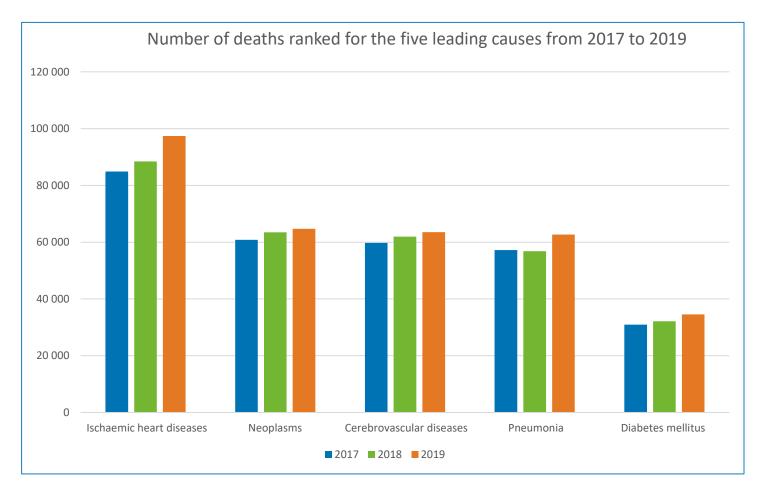
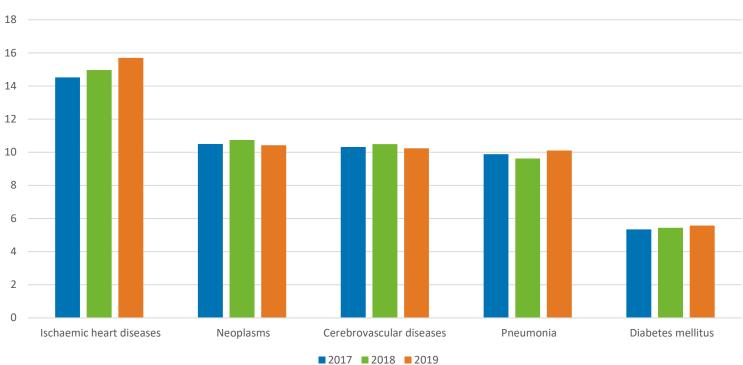


Figure 2: Number of deaths ranked for the five leading causes of death from 2017 to 2019







Cause specific mortality fractions for the five leading causes of deaths from 2017 - 2019

Figure 3: Cause-specific mortality fractions for the five leading causes of death from 2017 to 2019

### Results

- The initial high numbers of Iris rejects (60%) were reduced later (40%).
- Improved timeliness (2-3 years to 1 year)
- Improved quality and consistency of coding

### Discussion

- There is a need to improve the accuracy of cause-of-death statistics regularly
- Quality of mortality data primarily depends on the quality of certification and coding
- Strengthened centralised coding practice
- Enhanced comparability of data due to the wide usage of Iris software in other countries

### Conclusions

- Philippine mortality collection system functions well, and the Vital Statistics Division at PSA is fully able to run Iris and code the rejects manually
- The data compiled in the standard annual tables are of sufficient quality to be used for policy

### Recommendations

- Iris software be used as the key tool for the cause of death coding
- For consistency of process, it is recommended that in the future perinatal deaths are coded using Iris
- Upgrade Iris to the latest available version, e.g., 5.8.1

### Next steps

- Philippines DoH is looking forward to implementing ICD-11;
- The next step for PSA would be the implementation of Iris version 6 for ICD-11