



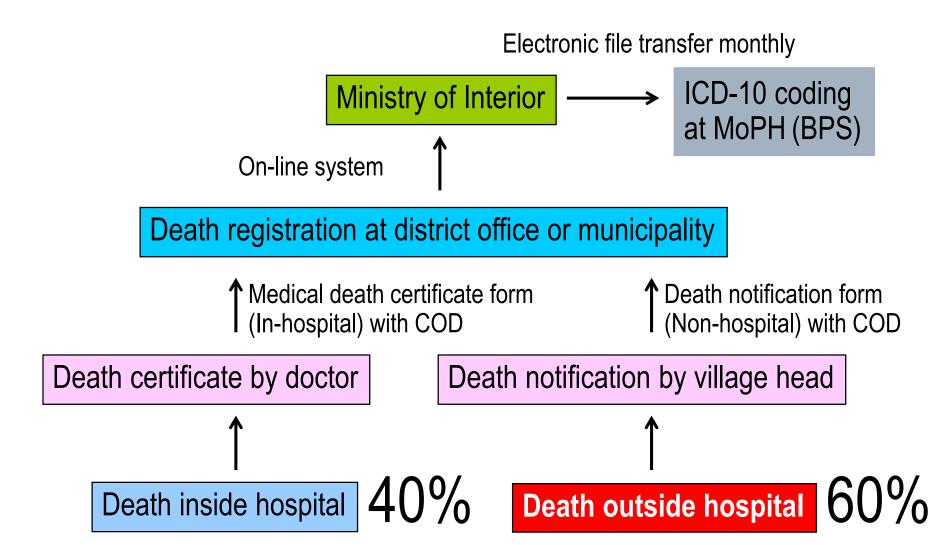
# Improving cause of death data: Thailand Experiences on verbal autopsy for community deaths.

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## Flow of vital event registration



## 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)