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

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Introduction

In 2016, the Bloomberg Philanthropies Data for Health initiative assisted the Philippine Statistical Authority (PSA) in implementing Iris, an automated coding software program that allows death records to be coded according to ICD-10 standards and improve the quality, timeliness and consistency of coded data. This study reviews the Philippines' cause of death data from 2017 to 2019 and evaluates the consistency and quality of the data for major disease groups.

The Iris implementation was evaluated to ensure that there are no significant inconsistencies in the data and that they reflect as closely as possible the health status and mortality pattern of the Philippine population and to ensure that the Iris-coded mortality data were of sufficient quality to be released and disseminated.

Methods

All the data were analysed and evaluated for obvious errors and inconsistencies, and changes and trends for the last three years were examined for plausibility. Cause-specific mortality distributions were calculated for each of the three years and compared for consistency, and annual numeric and percentage changes were calculated and compared for all age groups. The typology, reasons, and proportions of Iris rejects were studied.

Results

The cause-specific mortality fractions for 20 leading causes of death showed reassuring stability. The Population growth is reflected in the growing number of deaths each year, which amounted to 2% between 2017-2018 and 5% between 2018-2019. Even for non-hospital deaths, doctors at least manage to certify the cause to a major ICD group, confirming that the Philippines has a functional collection system for mortality data and that Iris is working well. Further, the timeliness of coded data is greatly enhanced.



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Of the 620,414 people who died in 2019, 57% were males. Data showed that men and women die from similar diseases apart from some specific conditions related to the reproductive functions and those affected by lifestyle differences and risk behaviour. The only leading disease where more women die is Neoplasms due to breast cancer and cancers of the reproductive system.

In the Philippines, 41% of infant deaths were early neonatal, 14% were late neonatal, and 45% were post-neonatal, corresponding to expectations. In 2019, cancer deaths increased by 7% compared to 2017, while the share of cancer deaths has remained around 10% of total deaths. Common cancers that seem to have increased significantly since 2017 are cervix, colon and rectum cancers, likely related to population ageing.

Most of the Iris rejects fall into the 'code' category, while a tiny percentage falls into 'Acme May Be'. Code rejects mean a specific code is unavailable for a reported cause of death. Acme may be' reject means the decision tables recognize some causal relationships as unsure and refer for nosologist review.

Conclusion

This study demonstrates that the Philippine mortality collection system functions well, and the PSA successfully runs Iris. The data compiled in the standard annual tables are timely and of adequate quality. However, further improvement in the utility of the data will be attained as the certification practices improve.