

Dear IASP Councilors and Chapter Presidents,

Coding of patients' diagnoses according to the International Classification of Diseases (ICD) plays an important role in health-care systems around the world. Originally developed by the World Health Organization (WHO) for international mortality statistics, ICD codes currently are also used to identify a patient's medical diagnoses, treatment indications, and reimbursement for medical services. The current ICD version [does not offer an adequate way](#) to indicate whether a patient suffers from chronic pain, either as part of another medical condition or as a disease in its own right.

Since 2013, an IASP task force has worked with WHO on a Pain Classification for ICD-11. The journal *PAIN* [published a draft](#) of the task force's proposal in 2015. Chronic pain and seven subtypes of chronic pain (chronic primary pain, chronic cancer-related pain, chronic postsurgical and posttraumatic pain, chronic neuropathic pain, chronic secondary headache and/or orofacial pain, chronic secondary visceral pain, chronic secondary musculoskeletal pain) with more detailed subtypes themselves (chronic widespread pain as a subtype of chronic primary pain, for example) are now part of the so-called foundation layer of the ICD-11 beta browser database. You can access the beta-browser [here](#) and enter the term "chronic pain" into the search field.

In 2016, the task force conducted preliminary pilot field testing of the seven top-level diagnoses of chronic pain. Physicians from Australia, Germany, Japan, and Norway rated a total of 567 consecutive chronic pain patients using the proposed new diagnoses. The results were very promising: Almost every case could be clearly classified—the category boundaries were well-defined and all cases received a diagnosis—and the perceived clinical utility was high.

WHO plans to have a final vote on ICD-11 at the World Health Assembly (WHA) in May 2018. Now, IASP needs your support to successfully finish our mission of providing appropriate coding for patients with chronic pain around the world.

We need your help in field testing!

Please let us know whether you and your colleagues can participate in an online study to field test the diagnostic codes. We are looking for 20 pain specialists from small IASP chapters and about 200 from large chapters—primary care physicians and pain specialists alike. The study involves online training in the ICD-11 classification, followed by 30 vignettes participants will be asked to classify. *Please sign up by February 3, 2017, and let us know whom to contact.*

We also need help translating the material from English and/or checking the translated vignettes and training material for the field testing. You can [sign up here](#).

...And in advocating for ICD-11

- Please contact the government agency in your country that will vote on ICD-11 at the WHA in 2018. Inform the appropriate officials about how the shortcomings of chronic pain coding contribute to inadequate pain management.
- Propose that the agency recognizes the new pain codes in ICD-11.
- Let us know who will be engaging in advocacy for your country by providing their contact details so we can update them on any new developments.
- Register for the ICD beta-browser and comment favorably on the IASP task force's proposal to demonstrate your support to the WHO. To register for the beta-browser, click [here](#).

In order to highlight the importance of improving the classification of chronic pain in ICD-11, we need to demonstrate to the WHO that researchers, practitioners, and patient organizations involved with chronic pain endorse the IASP task force's classification proposal. Please comment and indicate your support: It should be evident to the WHO that the chronic pain community has reached a consensus on this essential change. If you have suggestions for changes to the classification proposal, please [email them directly to the task force](#).

For additional materials and information, please contact the task force or [Dr. Antonia Barke](#) at Marburg University. Please be sure to inform IASP or Dr. Barke about names and addresses of people that you have been able to contact.

Thank you for cooperating with us on the important topic of improving the classification of chronic pain. We appreciate your support.

Sincerely yours,
Rolf-Detlef Treede, Prof. Dr.med.
Chair, IASP Task Force on ICD-11
IASP Past-President (2014-16)