

This presentation is part of the project OD4RD2 which has received funding from the European Union's Health Programme. The content of this presentation represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the HADEA or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

AGENDA



- Introduction to OD4RD 2 project Ana Rath (3 min.)
- Interactive Mentimeter session 1 (3 min.)
- ORPHAcodes: why and how? Ana Rath (12 min.)
- * The Orphanet nomenclature national hubs netwrok Terese Bodérus (10 min)
- Interactive Mentimeter session 2 (3 min.)
- Discussion (10 min.)

OD4RD2 GENERAL OBJECTIVES





RD diagnosis for primary and secondary use, by the maintenance and the support to the implementation of the Orphanet nomenclature of RD



To contribute to the harmonization of data collection amongst settings (health records, registries) and amongst countries, by the dissemination of coding good practices at the data source level



To contribute at supporting evidence-based decision-making in the frame of the European strategy around ERNs, by supporting the exploitation of reference corpus of data and information on RD

IMPACT





Facilitated coding for clinicians
Facilitated technical
implementation in Hospital
Systems

At the Hospital level:
ORPHAcodes
ADOPTION &
IMPLEMENTATION

Better Data Quality & comparability

Increased exhaustivity

Easier RD-related indicators follow up

HCP

ERNs

Evidence-based decision making

National

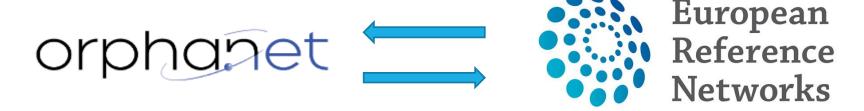
EU

ORPHANET/ERN COLLABORATION



Scientific expertise

Data validation



Expertise on databasing and classification

→ Standardized structure of clinical information

Data for **analysis** of RD

REINFORCE THE NATIONAL LEVEL TO ADD EUROPEAN VALUE















National hubs

- Information & data
- ORPHAcode implementation support



National nodes

- Care and research activities
- CPGs
- ORPHAcode implementation

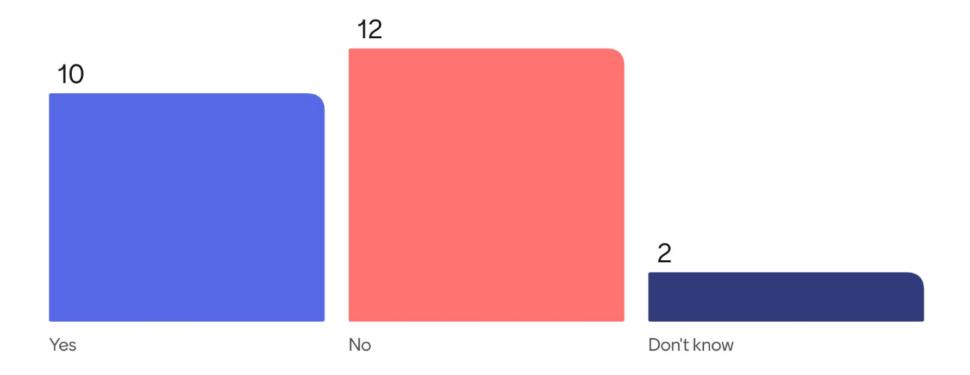


National nodes

- Hospitals' data
- **EHRs**
- ORPHAcode implementation

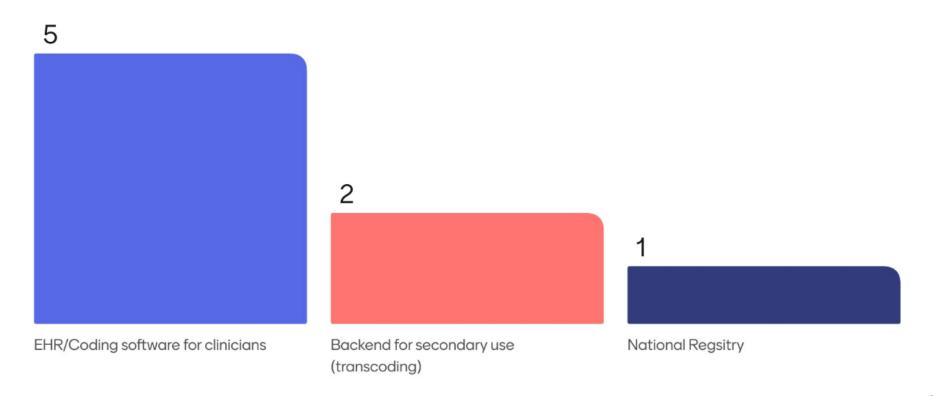


Have you implemented ORPHAcodes in your Hospital?





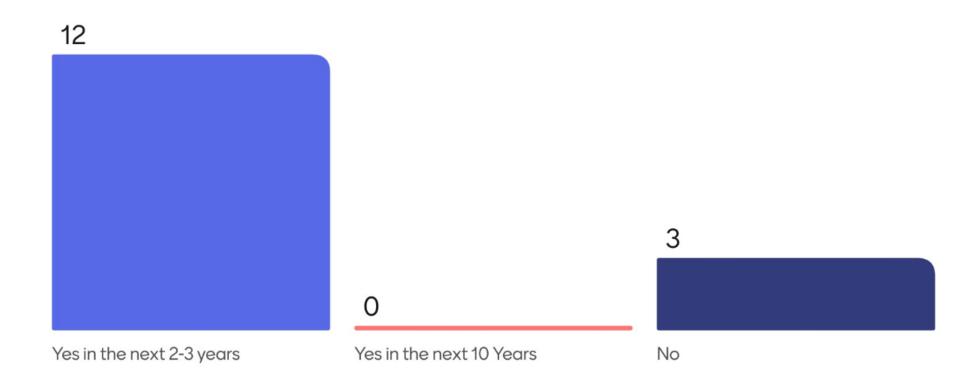
If yes, where are they implemented?







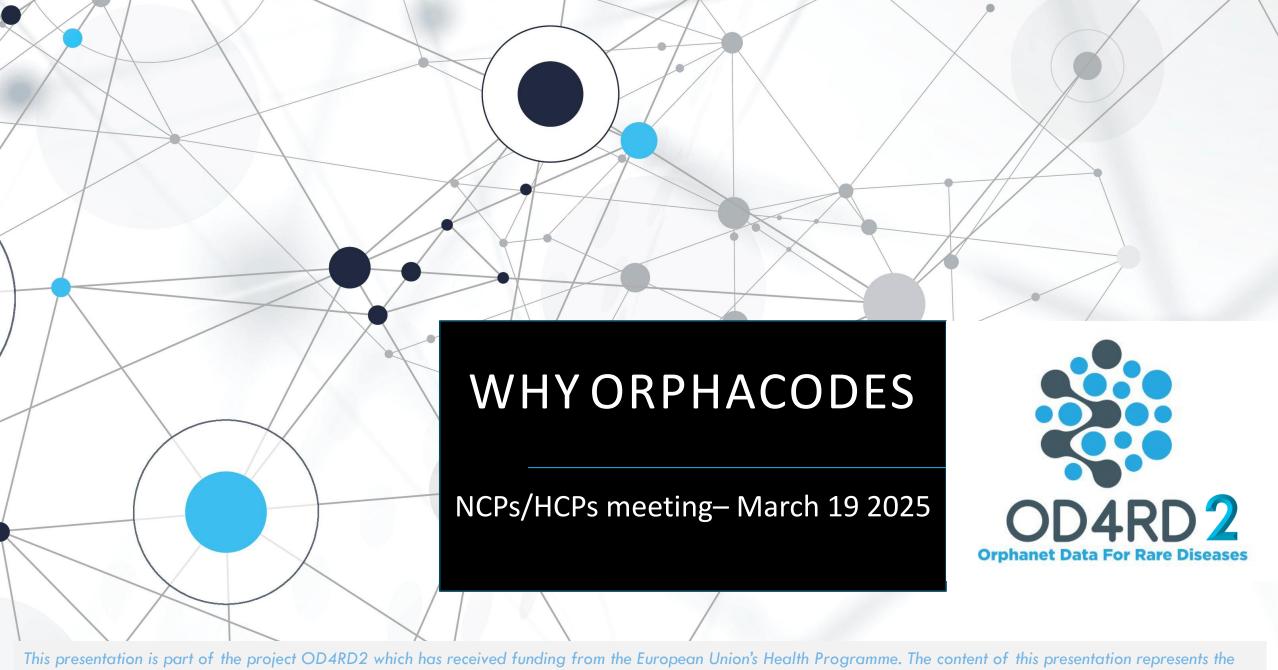
If no, are there plans to implement ORPHAcodes?





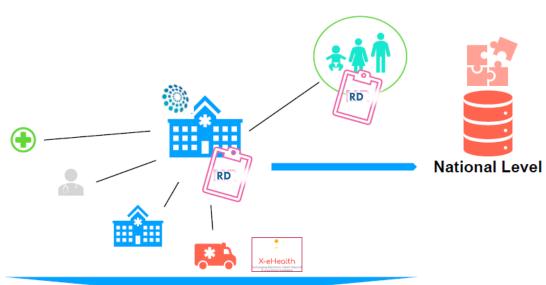






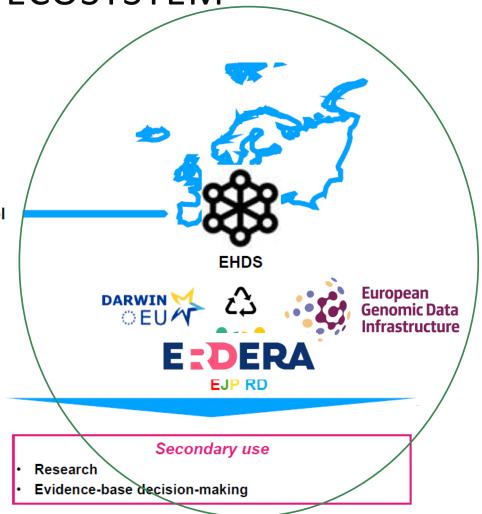
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THE FUTURE: RD IN THE DATA ECOSYSTEM



Primary use

- Better knowledge, best practices
- Continuity of care
- Better disability evaluation and compensation
- Adequate cross-border and primary care



FIRST STEP: SOLVING RD INVISIBILITY

Q

Underrepresented

ICD-10: ~83% of RD do not have any code*

ICD-11: ~37% of RD do not have any code*

SNOMED CT: 7% of RD do not have any code*

None of these terminologies have a code for the patients

in a diagnostic dead-end/undiagnosed RD patients





Imprecise

ICD-10: 93 % of RD do not have a PRECISE code*

ICD-11: 75 % of RD do not have a PRECISE code*

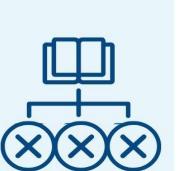
SNOMED CT: 7 % of RD do not have a PRECISE code*



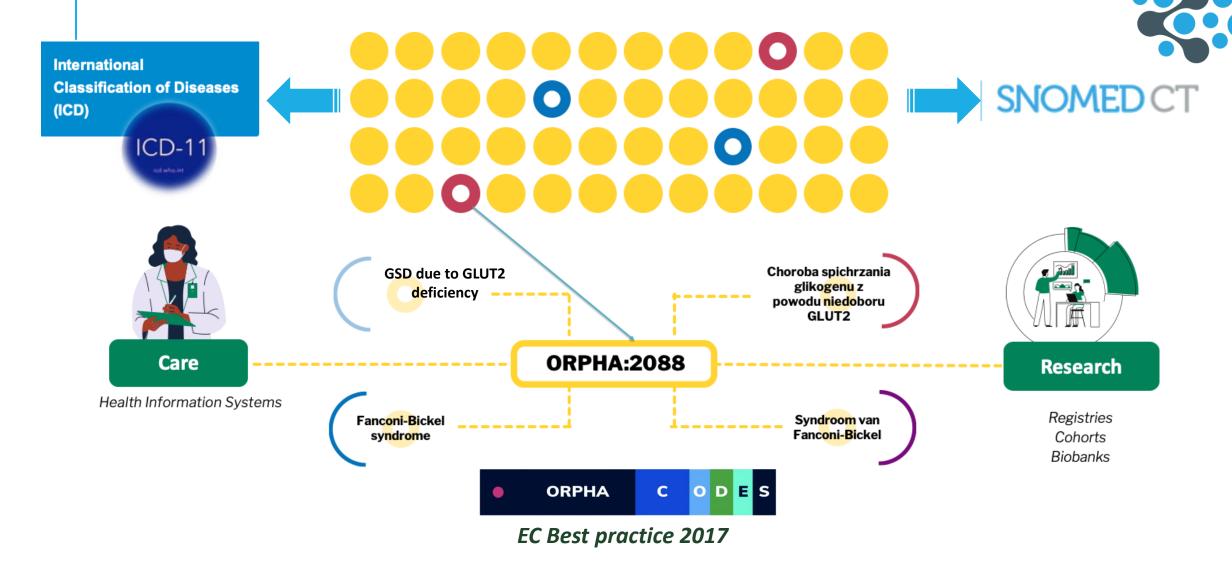


Not classified as "rare"

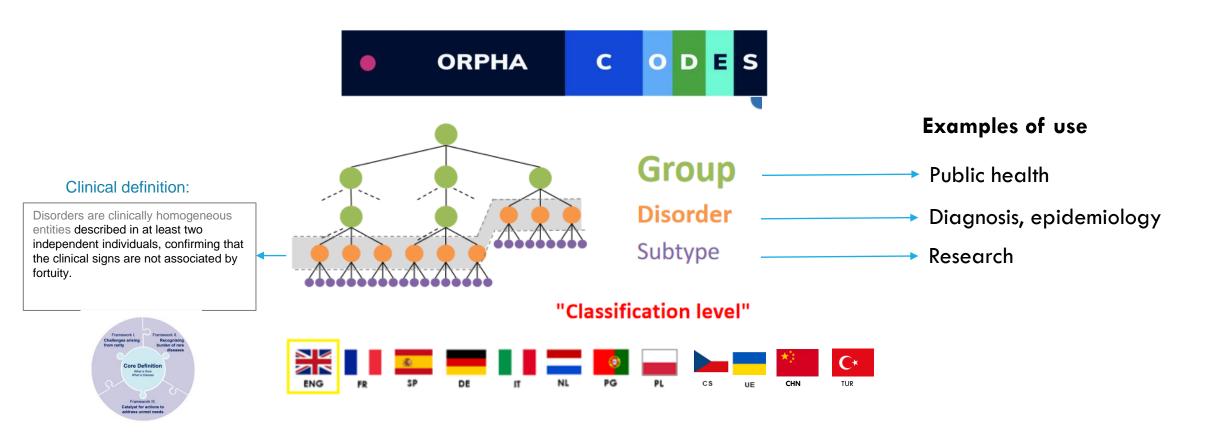
RD are "lost" amongst common diseases Generic terminologies are not exploitable for RDspecific statistics



ORPHACODES ALLOW FOR SEMANTIC INTEROPERABILITY FOR RD



A RD-SPECIFIC CLASSIFICATION SYSTEM ADAPTED TO THE NEEDS OF DIFFERENT USERS



Comprehensive, standardized, evidence-based, interoperable, versioned, computable and free (CC-BY 4.0)

NEW ORPHACODE ORPHA:616874

Rare disorder without a determined diagnosis after full investigation





Disease definition

A rare disorder for which all reasonable efforts have been done by rare diseases experts to determine a diagnosis according to the state of the art and available diagnostic capabilities, but did not enable to conclude on a clinically known concept. It is recommended to restrict the use of this entity for coding purposes to rare disease experts.

ORPHA:616874

Classification level: Disorder

Synonym(s):

Fully investigated rare disorder without a determined diagnosis

Prevalence: -

Inheritance: -

Age of onset:

A code for <u>specific and unambiguous</u> designation of undiagnosed patients

Available in the Orphanet nomenclature, together with the guidelines

A summary on this disease is available in <u>Français</u> (2021) <u>Español</u> (2021) <u>Deutsch</u> (2021) <u>Italiano</u> (2021) <u>Português</u> (2021) <u>Nederlands</u> (2021)

Publication:

https://link.springer.com/article/10.1186/s13023-024-03030-2

Guidelines video ->



IMPLEMENTING ORPHACODES ALLOWS FOR 1ARY AND 2DARY USE OF DATA



RD data use cases:

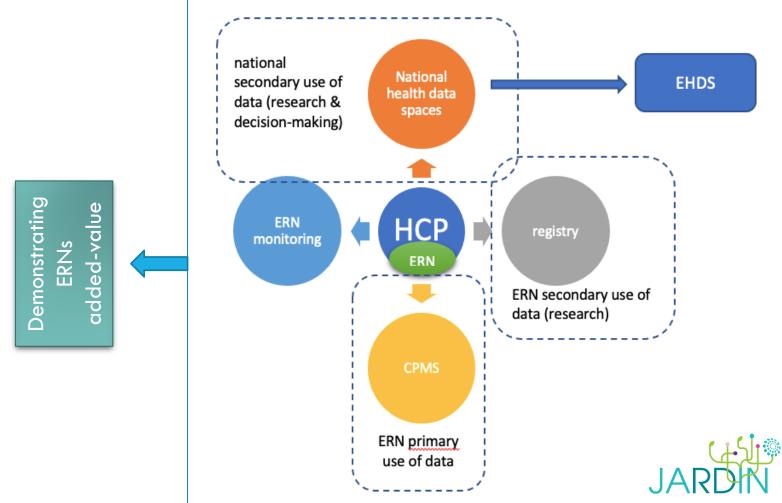
- Primary use
 - Planned care
 - Unplanned care
 - CPMS
- Secondary use
- Evidence
 -based
 _
 decision-

making

MoH indicators

HCP indicators

- ERN monitoring
- (ERN) registries
- Research → EHD
 - Undiagnosed programmes



WE ARE READY

Codification and datasets

- 2009: Codification as priority in the Council Recommendation for RD
- 2013: CEGRD recommendations on Minimum Data Sets for RD
- 2014: CEGRD recommendations on Orphacodes
- 2015-2018: RD-ACTION guidelines on codification for harmonized statistics on RD in Europe
- JRC's CDE for RD registration: ORPHAcodes
- 2017: ORPHAcodes as Best practice by the EC
- 2017: creation of ERNs: need for data generation to monitor ERN activity and added-value
- 2018-2021: RD-CODE: pilot ORPHAcode implementation in 4 countries; renewed recommendations; code for undiagnosed patients
- **2019:** ERN registries
- 2019: European Joint co-fund programme for RD (EJP-RD): ORPHAcodes in standardized data models for data exploitation
- 2020-2023: X-eHealth: approved specification for ePatient summary V3 including RD for cross-border unplanned care (ORPHAcodes)
- **2022-2025:** OD4RD & OD4RD2: Network of national Orphanet nomenclature hubs in 20 countries: local support for ORPHAcodes implementation and codification
- 2023- 2024: EHDS Pilot2 project: Orphanet participation to data models and interoperability workpackages (after having participated in TEHDaS)
- **2024 ongoing:** JARDIN JA (Orphanet leads task 8.2 on semantic harmonization for RD data in European health information systems)

Implementation







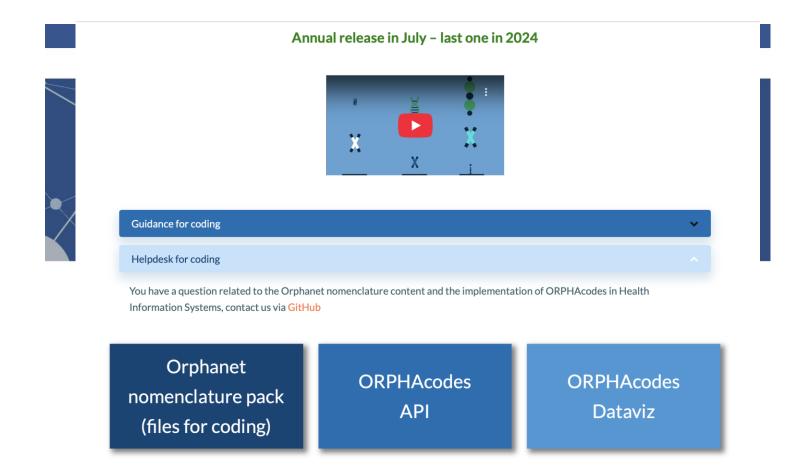
ORPHAcodes National Hubs

- Trainings
- Workshops
- Helpdesks

WHERE TO START?















TOOLS





The Orphanet nomenclature pack compiles various files (listed below) which provide the computable information necessary to achieve implementation of ORPHAcodes in health information systems, and ensure easier and accurate coding. These files are updated once a year, in 9 different languages: Czech, Dutch, English, French, German, Italian, Polish, Portuguese and Spanish. Excel and PDF files are available in English and are common to all Orphanet nomenclature pack.

Each year the Orphanet nomenclature pack includes:

- Orphanet nomenclature file (XML Schema Definitions and JPEG representations for this file).
- Orphanet to ICD-10 (XML Schema Definitions and JPEG representations for this files) and ICD-11 mapping files (XML Schema Definitions and JPEG).
- Orphanet classifications files by medical specialities (XML Schema Definitions and JPEG representations for these files).
- Linearisation file attributing one preferential medical specialty to every clinical entity (XML Schema Definitions and JPEG representations for this file).
- Master file (Excel file), the minimal set of ORPHAcodes, aligned with ICD-10 codes, that should be used for data sharing and statistical purposes at EU-level. More information about the Master file can be found here.
- **Orphanet nomenclature differential file** (Excel file) which provides the key changes made to the nomenclature compared to the previous version.
- **Description file** (PDF file describing the xml files enclosed in the Orphanet nomenclature pack for coding). More information about the Aggregation level can be found here.
- Recommendations and helpdesk for coding are available below in the dropdown menu.

The nomenclature is also available through dedicated APIs and a human-readable view is provided through Dataviz.



eral informations

red term

ntity by synonym

ntity's preferred term by ORPHAcode

ical entity's synonym(s) by ORPHAcode

clinical entity by approximate synonym

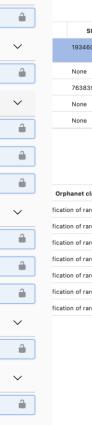
a clinical entity's definition by ORPHAcode

inical entity's typology by ORPHAcode

r a clinical entity's URL by ORPHAcode

by approximate preferred term

Authorize 🔒





SNOMED-CT	Status	Aggregation code
19346006	Active	558
None	Active	Not applicable
763839005	Active	284979
None	Active	558
None	Active	558

	Toggle classification pane
	roggie classification pane
Orphanet classification name	
cation of rare developmental anomalies durin	
cation of rare genetic diseases	
cation of rare surgical thoracic diseases	
cation of rare ophthalmic disorders	
cation of rare systemic and rheumatological d	
cation of rare circulatory system diseases	
cation of rare bone diseases	

GUIDELINES FOR IMPLEMENTATION



Guidance for coding

- Description of the Orphanet nomenclature files for coding (PDF)
- Recommendation for routine maintenance of codification resources for rare diseases (PDF)
- Specification and implementation manual of the Master file for statistical reporting with ORPHAcodes (PDF)
- Specifications for an integrated coding application with ORPHAcodes (PDF)
- Know more about ORPHAcodes

https://www.rd-code.eu/wp-content/uploads/2022/01/826607 D5-4 Standard-procedure-and-guide-for-coding-with-Orphacodes final.pdf

STANDARD PROCEDURES



Guideline 1 - Several tools and strategies could be set at MS level to produce data or statistics for RD, nevertheless each country should set this strategy accordingly to a standard principle of maximizing exhaustiveness as well as possible re-use of existing data collections.

Guideline 6 - If ORPHAcodes are used together with another national coding system for morbidity coding, the two systems should be linked in a standardized way to ensure that code combinations are standardized and the coding effort for the user is minimized.

Maximize exhaustivity:

Use the ORPHAcode alongside other terminologies in use.

Prefer primary ORPHAcoding to secondary transcoding.

Use the reference mappings provided when transcoding

Guideline 2 - Code the data in a way that the reporting can compile to the granularity of the international recommended list of ORPHAcodes (MF-

Disorder level is the statistical aggregation level to count RD patients.

Disorder level codes are compiled in a « master file » (list of active rare disorders codes)

STANDARD PROCEDURES



Guideline 3 - Whenever possible capture the diagnostic assertion for all RD cases. Use the Options "Suspected rare disease", "Confirmed rare disease" and "Undetermined diagnosis"*. Additional options might be helpful.

Guideline 5 - Keep track, for each patient file, of the different ORPHAcodes and associated versions that were used to describe the patient's diagnostic pathway.

Providing space for metadata on diagnosis assertion status (and ideally diagnostic history) is useful in the complex process of diagnosing a RD.

Guideline 4 - Update your coding resource according to the internationally agreed cycle annually in order to have the most recent coding file and to ensure comparability.

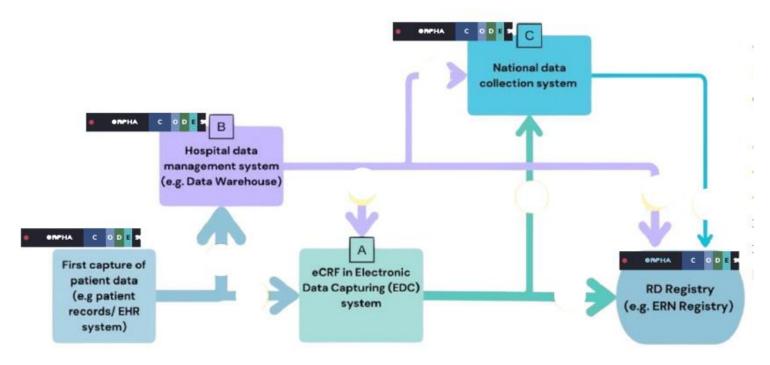
ORPHAcodes are released in July every year.

Differential tracking files are provided.

Be aware that ORPHAcodes are created every month that are made available in the next nomenclature version.

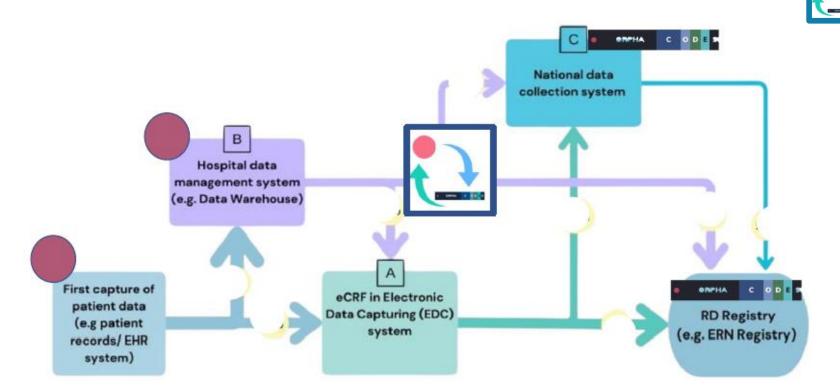
DIRECT ORPHACODING





- Possibility to provide electronic support in the health care pathway of the patient thanks to Orphanet Knowledge linked to OC
- Visibility of all RD diagnosis
- Including undiagnosed Precise/Accurate
- ⇒ Complete epidemiological data
- ⇒ Better patient care, research and management

TRANSCODING ORPHACODING (A)

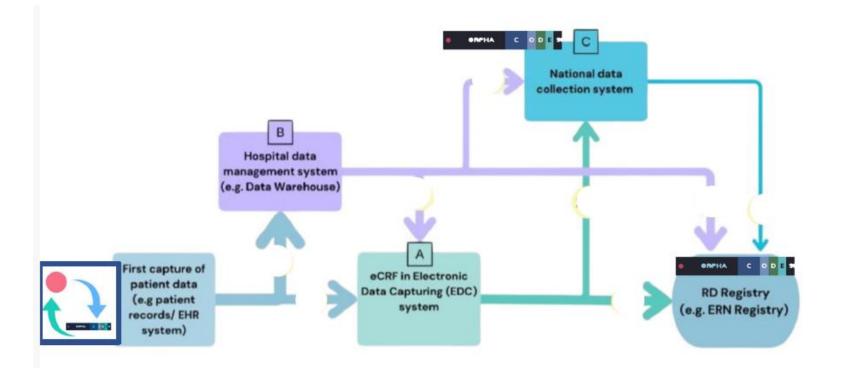


Extra burden of transcoding step

- Not all RD diagnosis are traced
- In particular undiagnosed are not traced
- Imprecise
- ⇒ Incomplete epidemiological data
- ⇒ Impaired capacity of Healthcare Systems to address the SPECIFIC/vital NEEDS
- ⇒ Inadequate Health planning for the non traced diseases

TRANSCODING ORPHACODING (B)



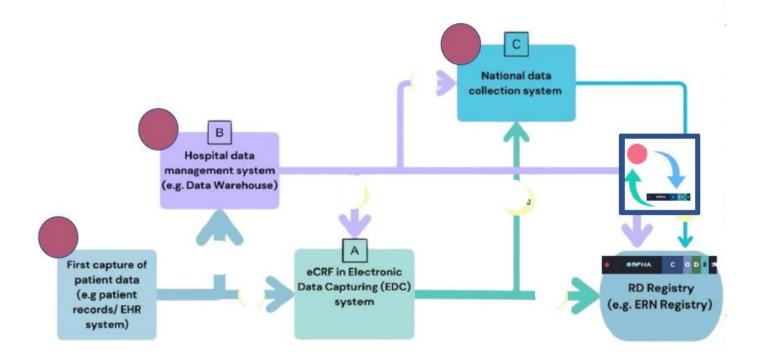




Extra burden of transcoding step

- Not all RD diagnosis are traced
- In particular undiagnosed are not traced
- Imprecise
- \Rightarrow Incomplete epidemiological data
- ⇒ Impaired capacity of Healthcare Systems to address the SPECIFIC/vital NEEDS
- ⇒ Inadequate Health planning for the non traced diseases

NO ORPHACODING



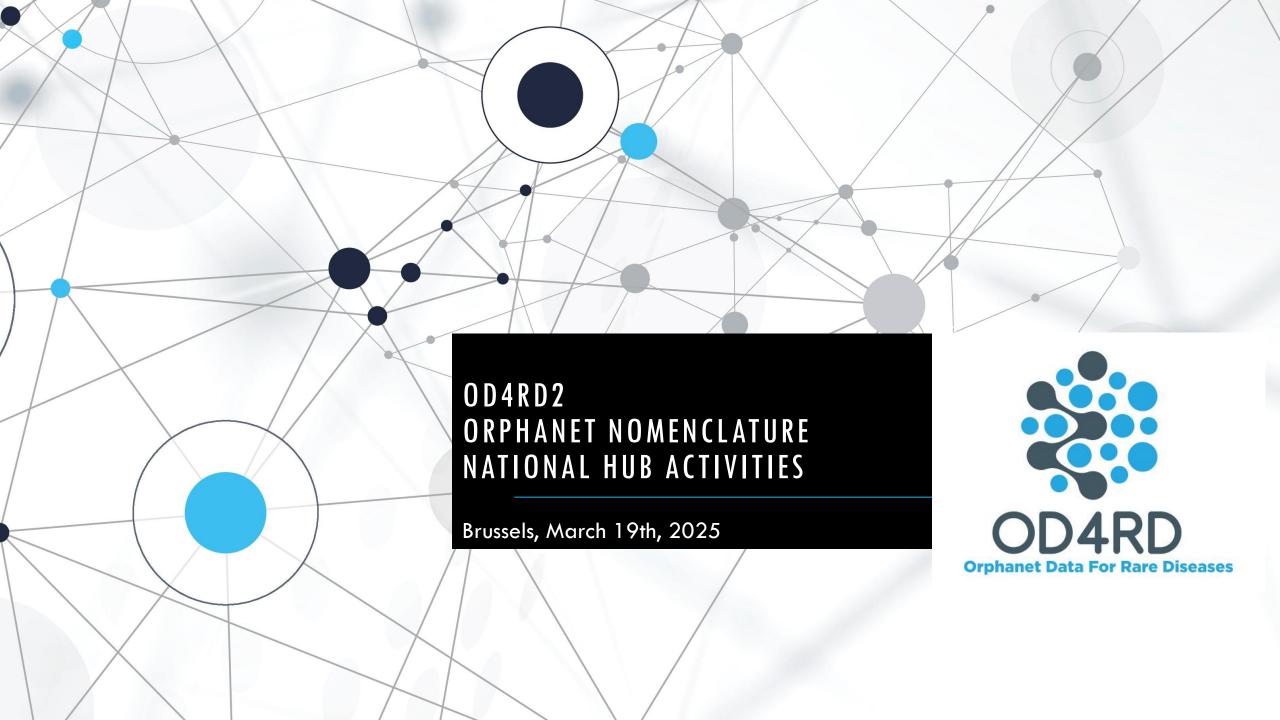


Extra burden of transcoding step for

- ⇒ ERN monitoring/registry
- => Difficult & time consuming to produce RD indicators
- Not all RD diagnosis are traced
- In particular undiagnosed are not traced
- Imprecise
- \Rightarrow Incomplete epidemiological data
- ⇒ Impaired capacity of Healthcare
 Systems to address the SPECIFIC/vital
 NEEDS
- ⇒ Inadequate Health planning for the non traced diseases
- ⇒ Limited healthcare monitoring in regard to a given RD or a group of RD, or RD as a whole.







OBJECTIVE NETWORK OF ORPHANET NOMENCLATURE NATIONAL HUBS



Provide coordinated support for ORPHAcodes implementation in Health Information Systems of Hospitals hosting ERNs in the participating countries and to harmonise ORPHAcoding practices across countries.

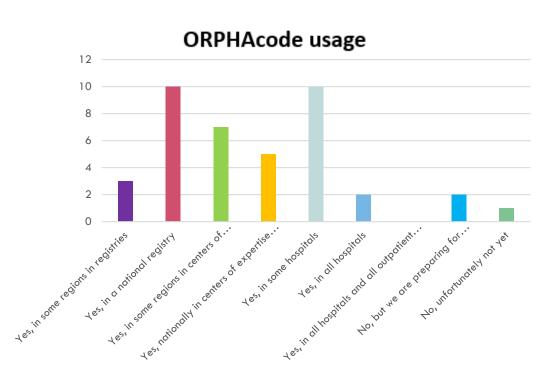
REINFORCE THE NATIONAL LEVEL TO ADD EUROPEAN VALUE

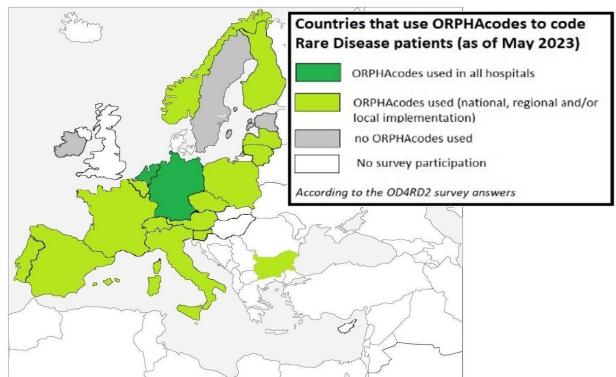
STATE OF PLAY SURVEY 2023



A survey was launched to the project's National Hubs to assess the state of play regarding ORPHAcodes implementation in HCPs in their country

https://od4rd.eu/03-deliverables/D4.1 OD4RD2 state-of-play-survey final.pdf





STATE OF PLAY SURVEY 2025



- NOGOING WORK: In order to assess an exhaustive State of Play of ORPHAcodes implementation in European countries, complementary approaches have been used to assess the implementation status but also to describe the existing national legal frameworks & real-life implementation cases.
- Feedback from the Orphanet National Nomenclature Hubs
- Feedback from users :
- OD4RD2 ERN survey & JARDIN survey
- Scientific Publications
- This document will be submitted for revision and approval to the MS representatives working group of the JARDIN project during the 19 June Workshop

OD4RD ORPHANET NOMENCLATURE NATIONAL HUBS

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		ıu		

Slovenia

Austria

Norway

Sweden

Belgium

- ,
- Czech Republic
- The Netherlands

Germany

Bulgaria

Spain

Estonia

Finland

Ireland

Italy

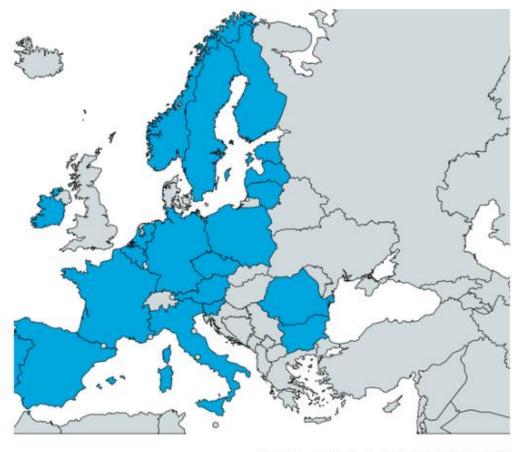
Latvia

Poland

Lithuania

Portugal

Romania



20 COUNTRIES

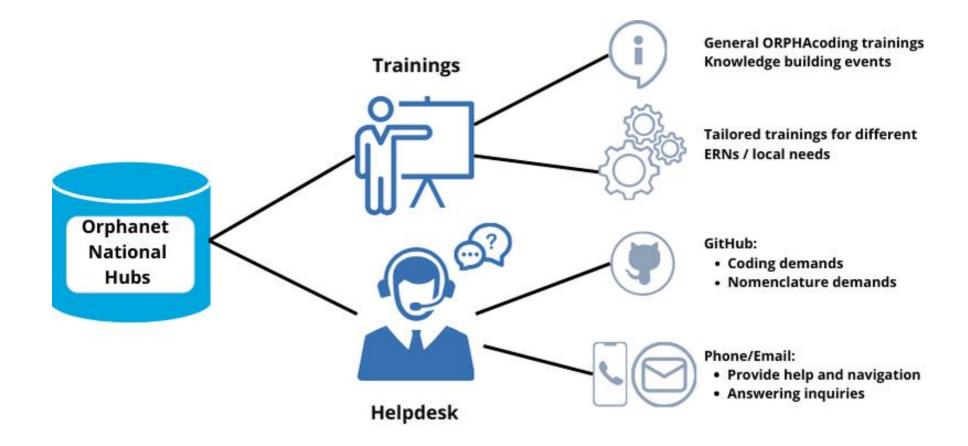
NATIONAL HUBS





WHAT THEY CAN OFFER:







ONLINE TRAINING TOOLS



PRESENTATIONS

> Why ORPHAcodes?



To ensure ALL RARE
DISEASES are visible in
Health information System

To allow RD data to be interoperable among hospitals, regions, and countries.

To answer a range of public health and research questions and make evidence-based decisions

Diagnosis of Infantile Nephropathic Cystinosis in the ICD-10 nomenclature



VIDEOS



GUIDELINES Why is it impleant to code UNDIAGNOSED patients in health information systems?

E-LEARNING



Orphanet - YouTube

ORPHAcodes for rare diseases - Sjelden

TRAININGS / WORKSHOPS

OD4RD1: >60 Trainings/Workshops

>1.900 participants

OD4RD2 1st year: 60 Trainings/Workshops

>1.200 participants





TRAININGS / WORKSHOPS



WHAT

Correct usage of ORPHAcodes

Orphanet Nomenclature

Coding of undiagnosed patients

ORPHAcodes implementation process

RD patient pathways

HOW

Onsite trainings

Distant trainings

Webinars

Onsite Workshops

Distant workshops

To WHOM

Clinicians

Coders

Medical informatics personnel





Basic / advanced trainings

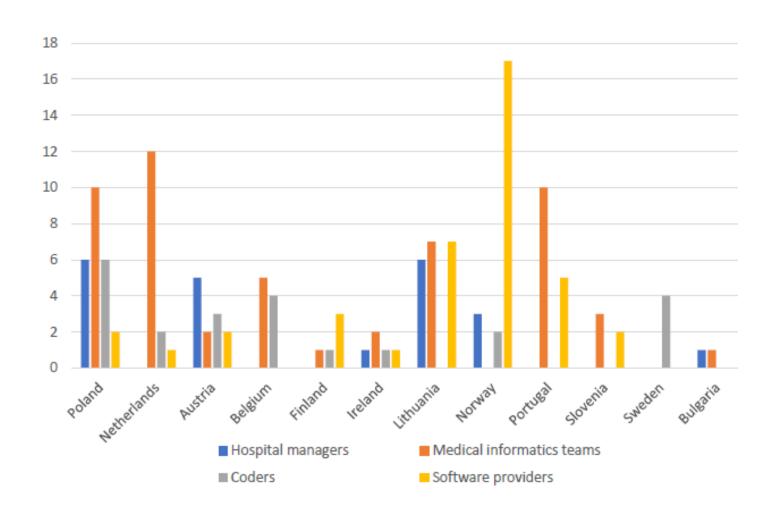
Training sessions at national conferences

English

National language

MEETINGS



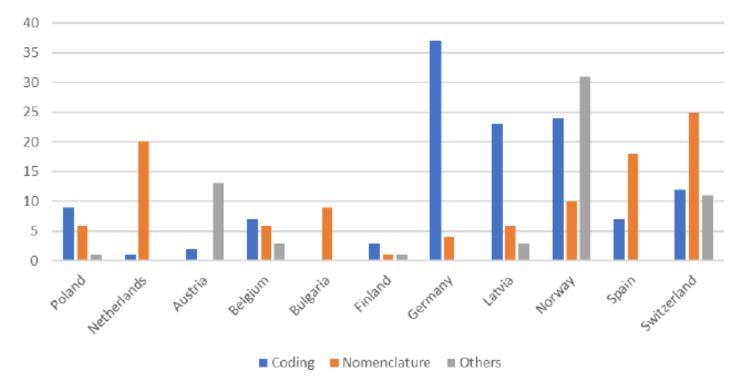


NATIONAL HELPDESKS



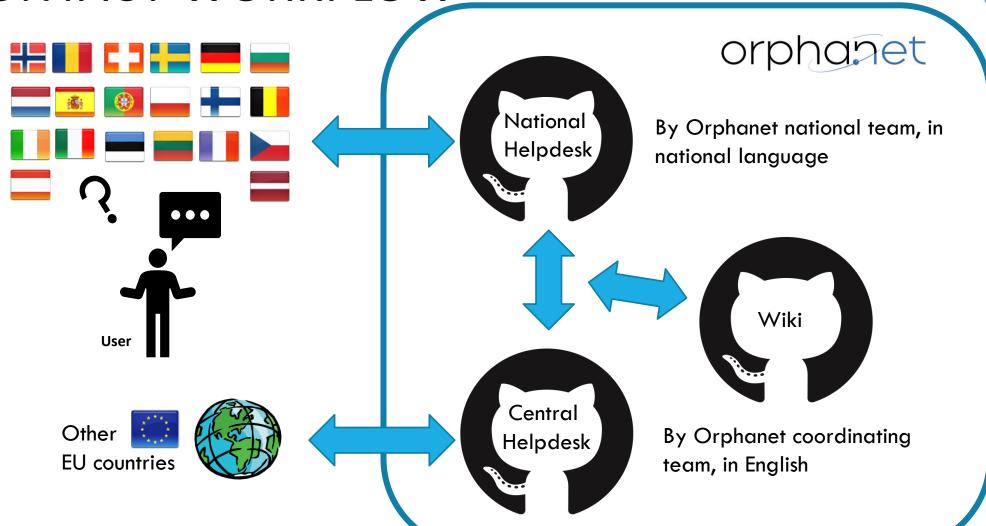


Category of demands



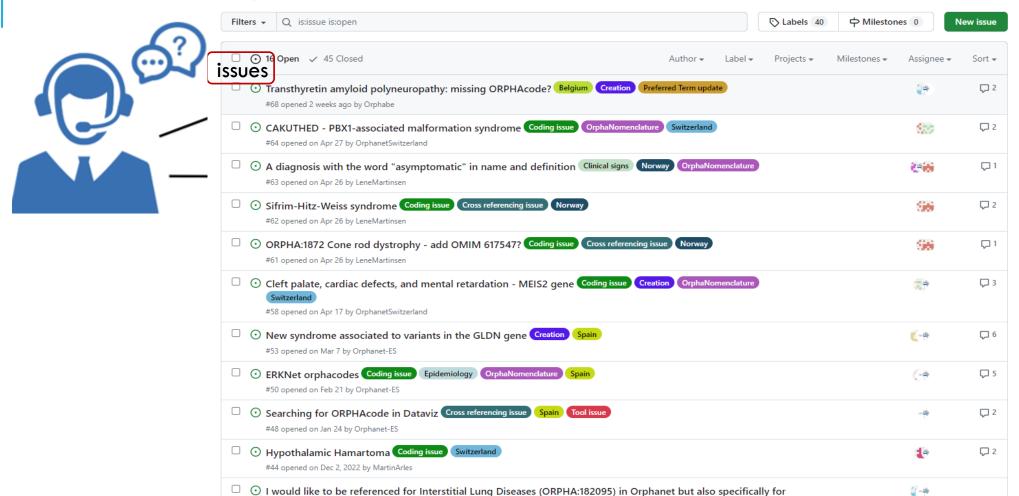
GITHUB CONTACT WORKFLOW





TICKETING TOOL: GITHUB

Coding issue

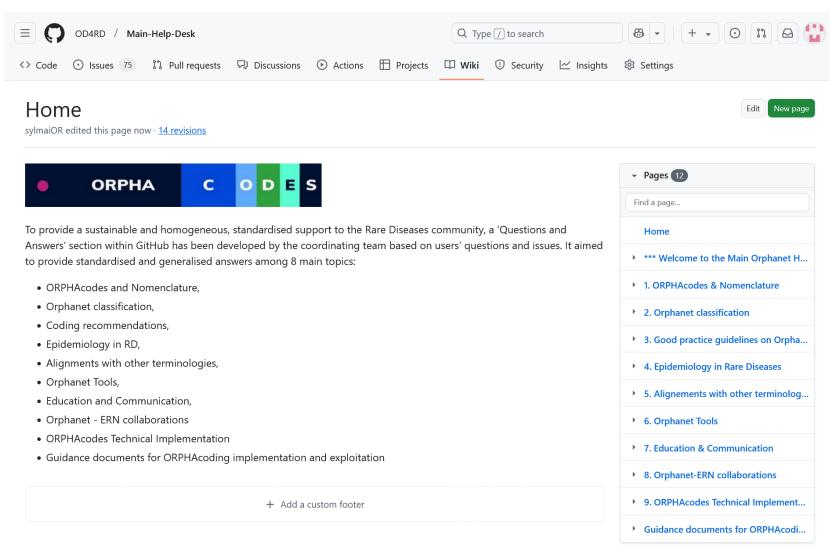


idiopathic pulmonary fibrosis (ORPHA:2032) and alveolar proteinosis. Is it possible? Belgium Classification issue



WIKI/FAQ: GITHUB





NATIONAL HUB FLYER





NATIONAL HUB CONTACT



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Czech Republic: info@orphanet.cz

Finland: harvinaiset@thl.fi

Germany: orphanet@bfarm.de

Ireland: <u>orphanet.ireland@mater.ie</u>

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Lithuania: retosligos@santa.lt

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Poland: k.chrzanowska@ipczd.pl a.madej-pilarczyk@ipczd.pl

Romania: <u>orphanet.romania@gmail.com</u>

Slovenia: <u>luca.lovrecic@kclj.si</u>

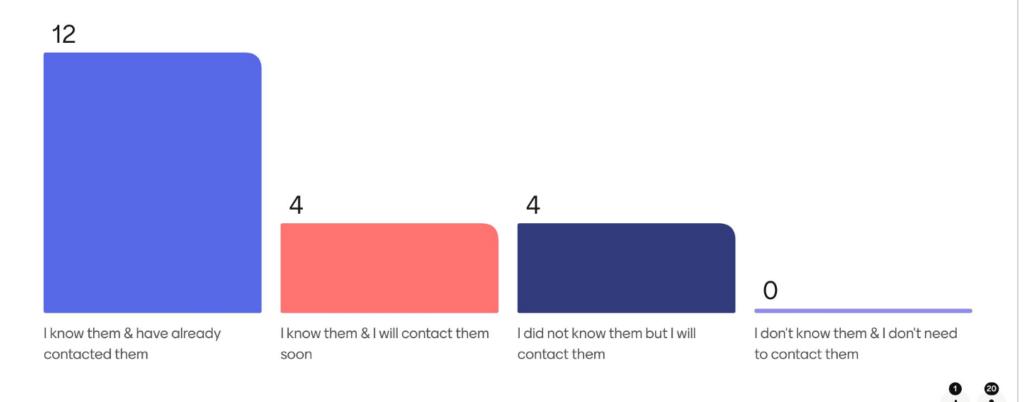
Spain: <u>helpdesk.orphanet@ciberer.es</u>

Sweden: <u>orphanetsweden.karolinska@regionstockholm.se</u>

Switzerland: contact@orphanet.ch

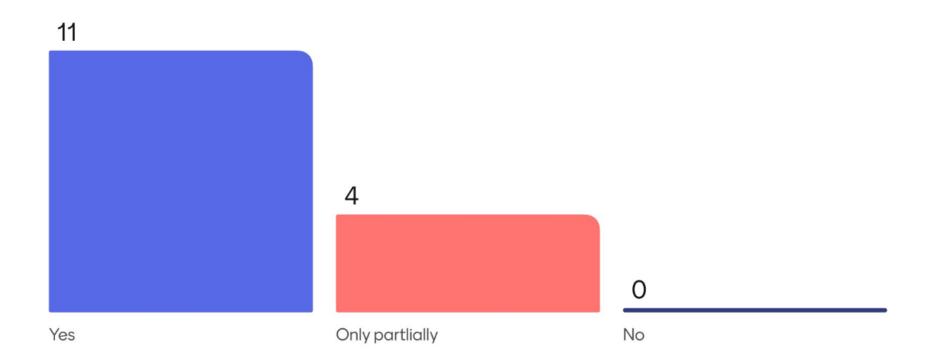


What about your National Orphanet Nomenclature Hub





Do the activities presented today cover your needs in terms of ORPHAcoding?





If not or partially, what are your ORPHAcoding needs?

national policy in place

Awarness on a national basis

recognition by the national insurrance company

To train countries - as there can occurre some changes in the team

Better correlation with molecular diagnostic

We will be rolling out snomed ct with orpha code mappings and building a new national register. We will need to ensure we integrate and automate as much of this as possible while maintaining quality

National policy in place

Correct diagnostic of rare diseases





