International Classification of Primary Care – 3rd Revision

Functioning (ICF) in the ICPC-3

Using ICPC-3 to display health trajectories / episodes of care and patient goals

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OVERVIEW

- WONCA ICPC-3

- Why Register
- Why ICPC
- Design Principles
- Content of ICPC
- Basic concepts in the ICPC-3
- Harmonization with WHO-FIC
- Core Values
- Summary and conclusions



TAKE-AWAY MESSAGE

ICPC-3 is the standard classification for primary health care data

Start with coding the RFE

Then code the Diagnosis and the Interventions

Use the Functioning and Functioning Related classes for the registration of patient functioning problems

Use the Functioning and Functioning Related classes for the registration of patient goals

Registration is needed, not a burden!

REGISTER AND CODE



The primary purpose of health records is to provide a documented record.

For the primary use standard professional language is essential

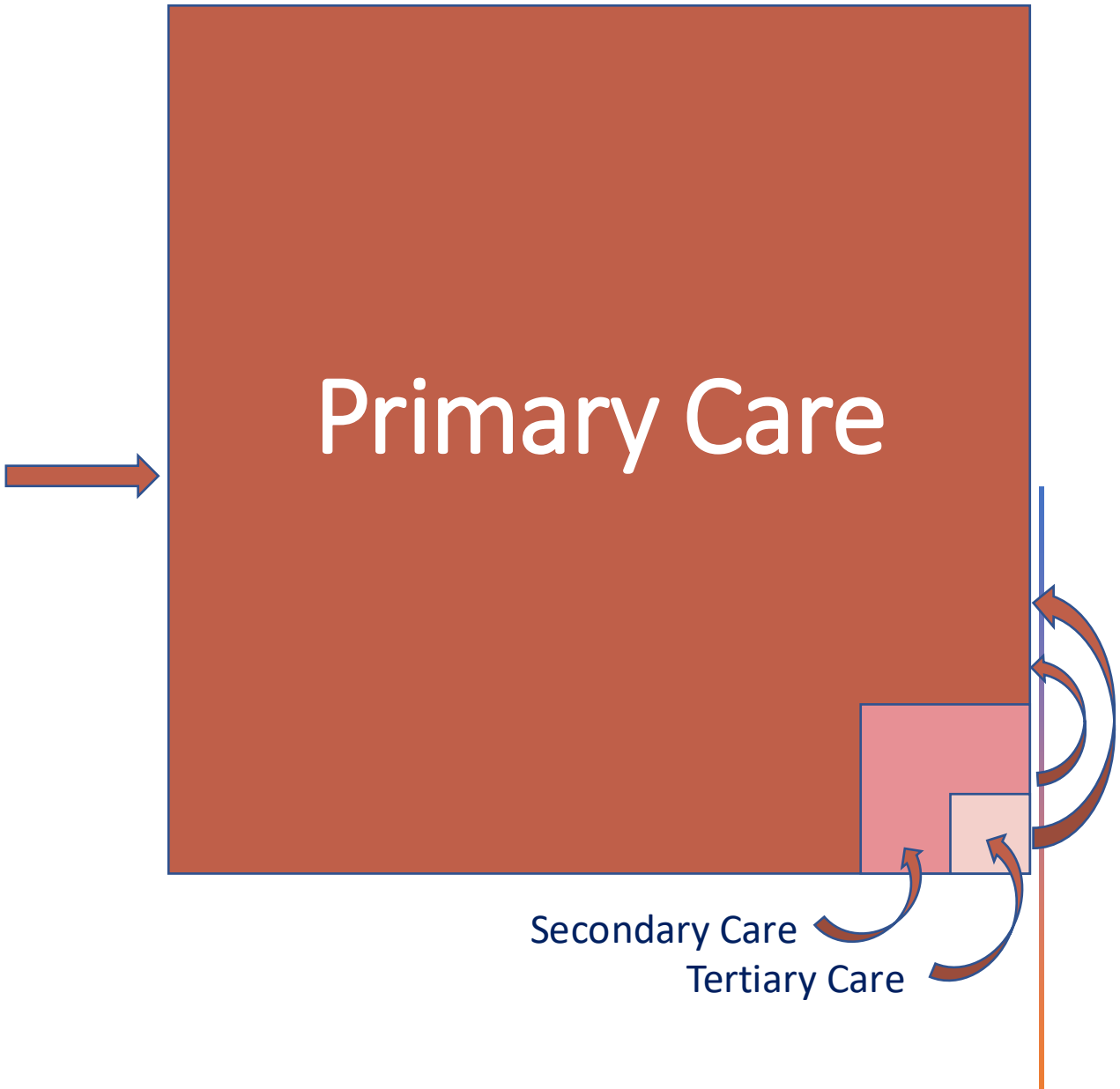
Secondary uses of health records encompass such ones as medico-legal, **quality management, education**, **research**, public and population health, policy development, health statistics, health service management, case-mix analysis, accreditation, billing/finance/reimbursement.

For the secondary uses coding is essential

Why ICPC?

- Reflects frequency and distribution of health problems and interventions in PHC
- Focusses on the PHC specific concepts
- Reflects the way how to solve problems in PHC

- The largest proportion of contacts in Health Care are in PHC
- Care starts and ends in PHC



Why a new ICPC

ICPC-1 and ICPC-2 are outdated and needed revision to keep up with the latest developments in Primary Health Care Practice

ICD-11 is not suited for PC

New needs: focus on the need to record the functioning of patients, focus on regions and countries, code themes around prevention

New needs: in daily practice used by different Health Care Professionals

Urgent needs: “Interoperability” with other classifications and terminologies

Support for reporting on SDG’s, Universal Health Coverage and Global Burden of Disease

Basic questions for developing ICPC-3



How do we use the information from primary care to improve **individual patient** and **population health**?



How do we develop ICPC-3 to address the challenges of care for people with comorbidities?



How do we truly adopt person-centeredness and goal-orientation into the ICPC-3?

Design principles for ICPC-3

Focus on person-centeredness and goal-orientation

A Framework that suits Primary Care in new needs and demands

Content adapted to information requirements – classification rules, interoperability, Regional specificity and recognition, based on frequency principles

The leading principles for the selection of classes

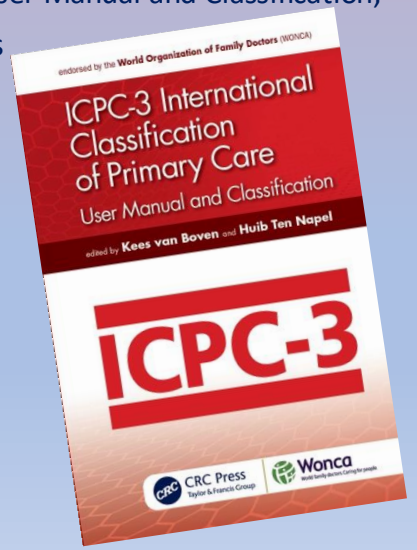
- The rational for additions to ICPC-3 will still be: frequency and evidence based.
- Relevant Regional Extensions on content within ICPC-3 to suit National Primary Care needs.
- Covering every kind of contact in Primary and Community Care for all disciplines involved.
- Familiar will be the simplicity of the new ICPC-3, no excessive and theoretical subclasses or terms like most classifications and clinical terminologies.
- Residual classes only for ‘other’ specified.
- The content of ICPC-3 will be 'linked' to relevant classifications, such as ICD-10, ICD-11, ICF, ICHI,
- clinical terminologies such as Snomed-CT, but also to previous versions of ICPC-1 , ICPC2.7, to the SDG's (United Nations' Sustainable Development Goals) and GBD’s where possible and relevant.

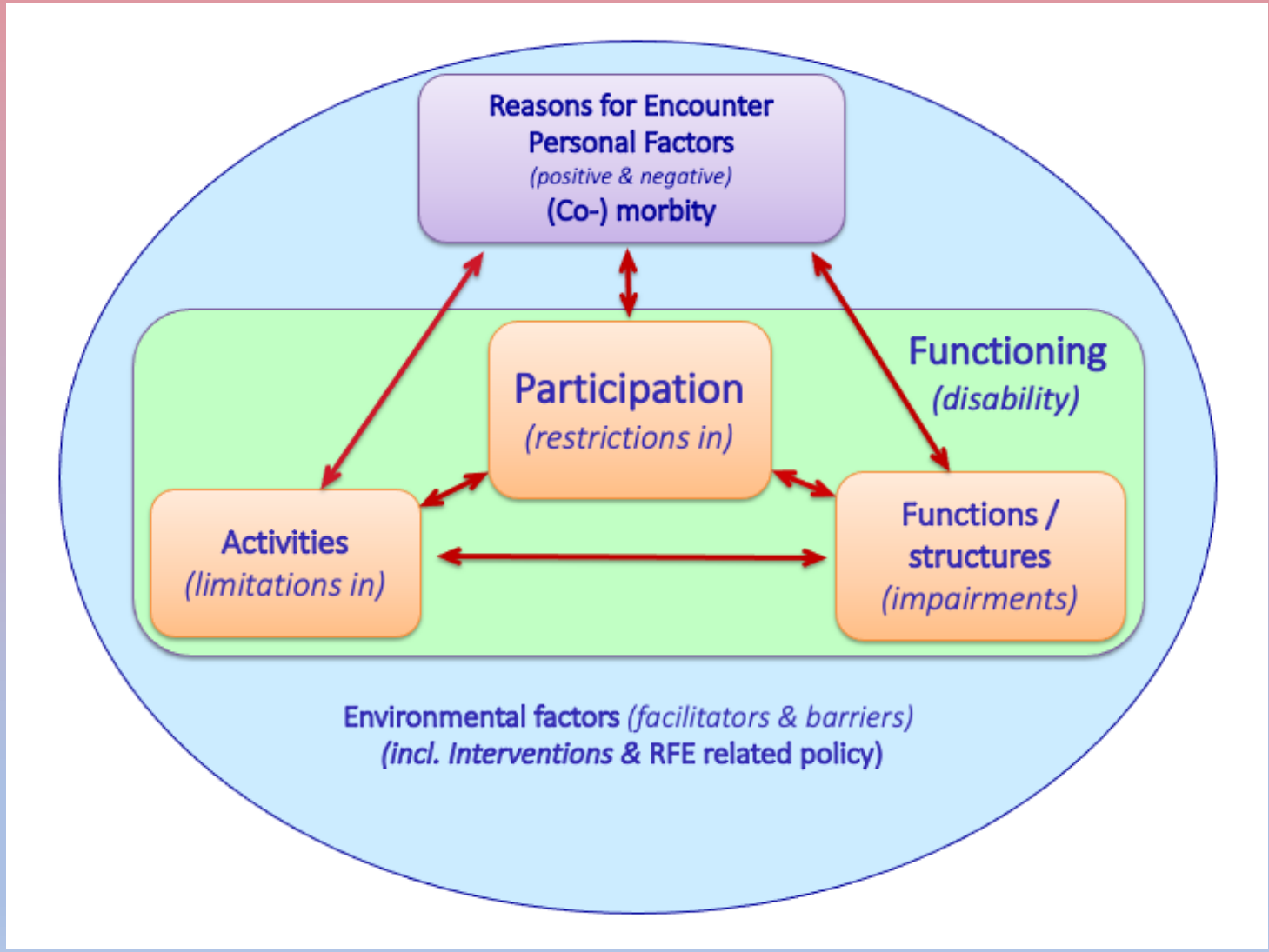
ICPC-3 Framework

BUILDING BLOCKS FOR

A PERSON CENTERED and GOAL ORIENTED ICPC-3

From: ICPC-3 User Manual and Classification, Taylor & Francis





Applied to THE ICPC-3 CONTENT MODEL
Any Class/Category in ICPC is represented by:

Descriptive characteristics

1. **TITLE of Entity: Name of class**
   a. Textual description, concise and detailed
   b. Inclusion – Exclusion - Index terms/synonyms – Coding hint - Note
2. **Type of Entity**
   a. Non-problem related
      - Prevention
      - Screening
   b. Body / Organ System
      - Symptoms, complaints and abnormal findings
      - Diagnosis and Health Problems
   c. Social Problems (Z-chapter)
      - Social and Environment
   d. Interventions (patient related) and Processes (administrative)
   e. **Functioning**
      - **Activity and Participation, Functions**
   f. **Functioning related factors**
      - **Personal factors, Environmental factors**
   g. Regional Extensions
   h. Emergency Codes
3. **Extension Codes**
   a. Severity and/or – existing severity scales- ICF scale, stages
   b. Duration, course

Maintenance attributes

A. Unique identifier

B. Attributes (subset, adaptation, and special view flag) for:
1. Classes – in disease component (congenital, infectious, neoplasm, injury, immunology, life-style, other, unknown)
2. Classes – in environment component – context and contactReason)
3. Country adaptation
4. Research
5. Special indices (e.g. Primary Health Care Indicators, Public Health Care Indicators, and First aid or Resource Groupings, Case-mix)

C. Hierarchical relationships

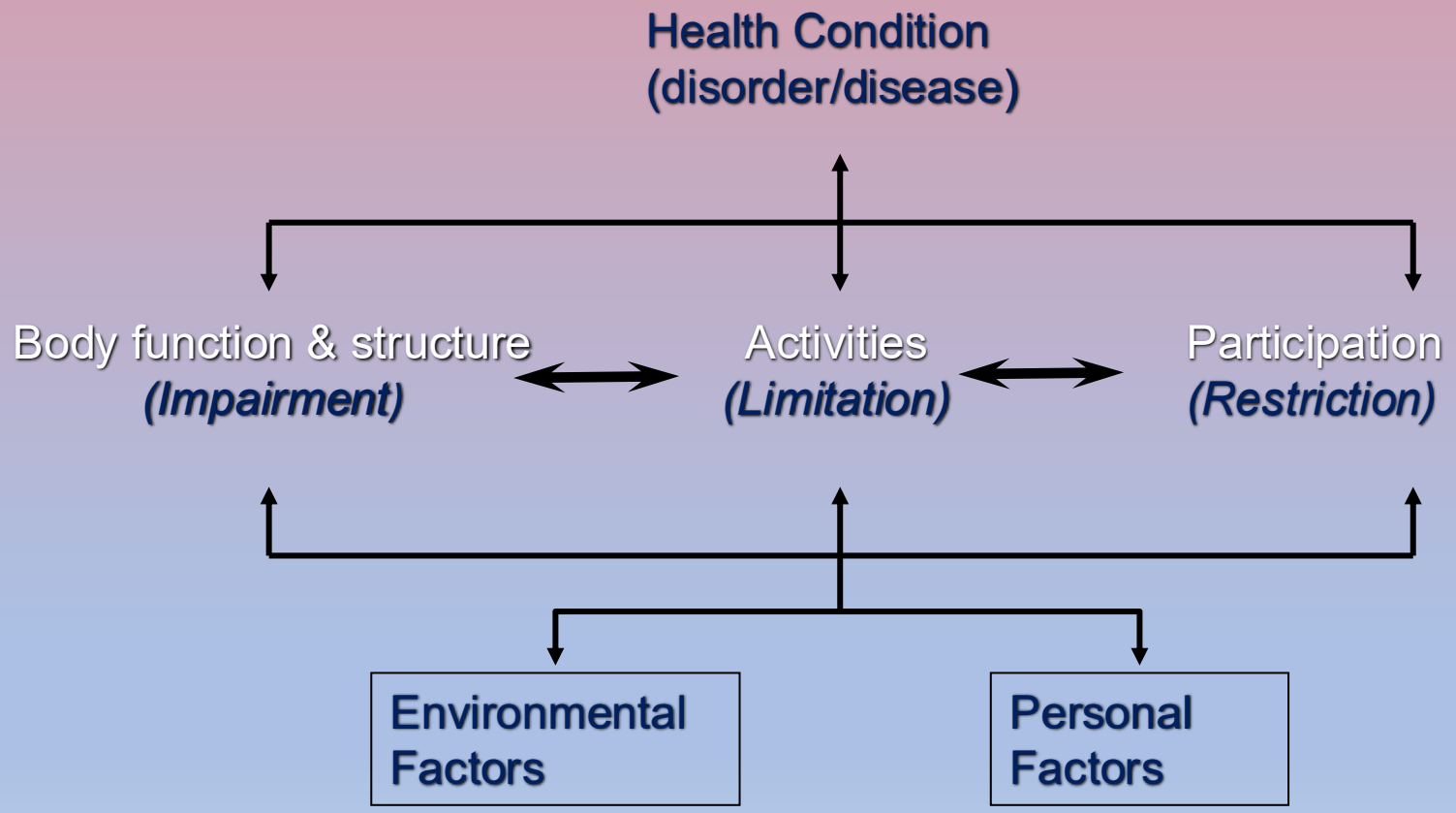
Parents and children in the ICPC structure:
Chapter
Component
Classes / subclasses

D. Reference relationships

References to classes as in ICPC-1, ICPC-2, ICD-10, ICD-11, ICF, ICHI, Orphanet, GBD, SDG's, UHC, and terms as in SNOMED CT etc.

E. Other rules

ICF original Framework



The ICF Framework in Primary Care



Basic concept 1

Reason for Encounter (RFE)

- The RFE is the literal expression of the reason(s) why a person enters the consultation room, translated into an ICPC code by the HP. It represents the need for care by that person.

- The RFE can be presented in the form of symptoms and complaints (*abdominal pain, a rash*) but also as self-diagnosed diseases (*'I've got the flu'*), a problem in an activity (*I cannot work*) or requests for a particular intervention.

Basic concept 2

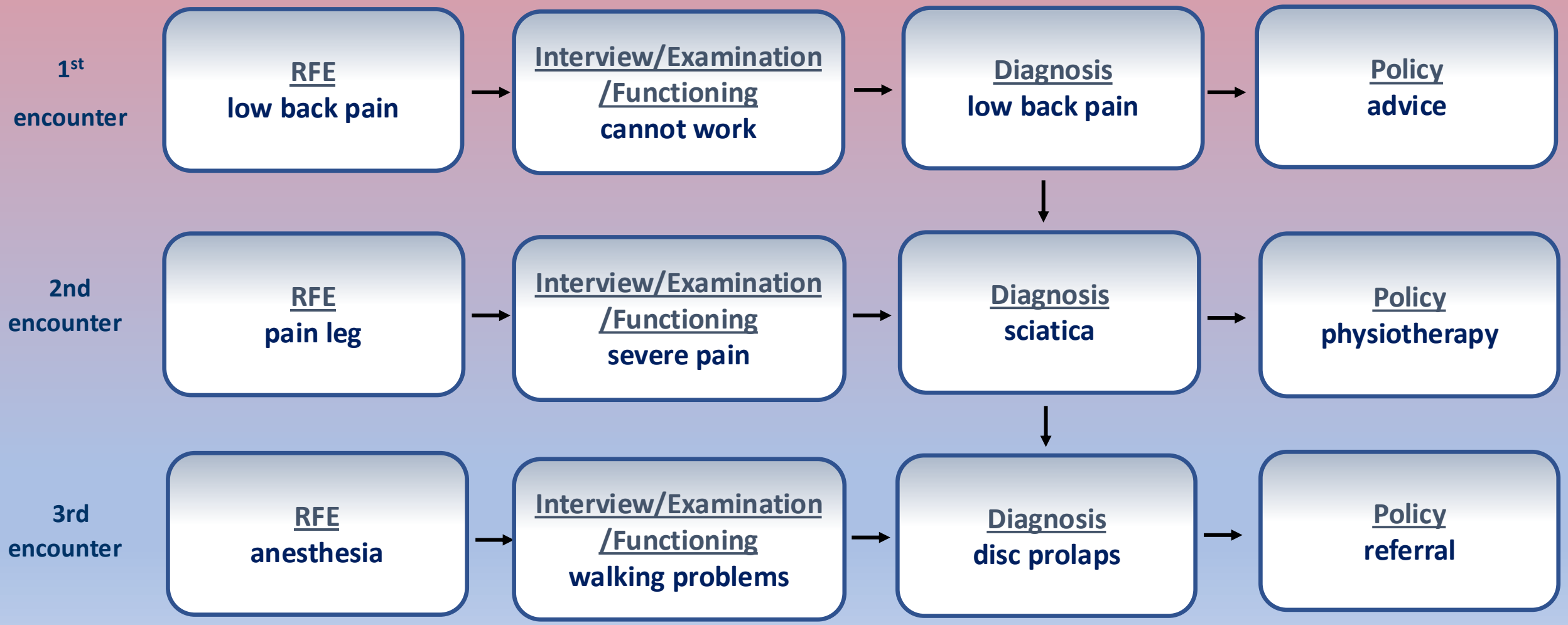
Episode of Care

The full spectrum of problems (including organic, psychological, and social) managed by the HP.

An episode of care consists of a RFE, mainly defined by the patient, and an episode title, mainly defined by the physician.

If the episode consists of three encounters, then the episode title (for all three contacts in that episode) is the diagnostic label at the end of the episode (i.e. final diagnosis).

EPISODE OF CARE ICPC-3



Basic concept 3

Symptom diagnosis

Code the episode of care as a symptom-diagnosis when the symptom cannot be attributed to a known disease.

This does not mean that the patient had a complaint about only one symptom within this episode.

Example: In a patient with the RFE '**Diarrhoea'**, the physician takes the patient's history and examines the patient. During history taking the patient appears also to suffer from dizziness, trembling and fatigue. The physician judges these complaints to belong to each other and chooses to label that episode with the episode title '**Diarrhoea**'.

ICPC-3
AND PATIENT RECORDS

REASON FOR ENCOUNTER: **fever AS03, headache NS01, pain in the joints LS20**



SUBJECTIVE
History taking | Interview

In her neighbourhood people with **Dengue AD14.01,** unable to work **2F58 PSV.3**

OBJECTIVE
Physical Findings

Partial examination A102, well hydrated, blood pressure 120/80 and no other abnormal findings. **The tourniquet test is negative A199**

ASSESSMENT
Diagnosis | Health Problem

Almost certain **Dengue infection AD14.01**

PLAN
Interventions | Processes of Care

Prescription A201 paracetamol and the **advice A203** to come back if she notices any signs of worsening

ICPC-3
AND PATIENT RECORDS

REASON FOR ENCOUNTER: Parkinson disease control N101 and **repeat prescription** for Parkinson disease **N201**



SUBJECTIVE
History taking | Interview

Mild balance problems 2F82 PSV.1, severe walking problems 2F29.PSV.2 and **a low energy level 2F71.1** limit his **daily activities 2F12.1**

OBJECTIVE
Physical Findings

Partial examination N102, tremor, slowness of movements, stiffness

ASSESSMENT
Diagnosis | Health Problem

Parkinson disease ND66

PLAN
Interventions | Processes of Care

Prescription N201 and **a referral to the occupational therapist N505**

Chapters

There are Chapters for:

prevention, family planning, general examination, etc. – **Chapter A1**

social problems – **Chapter Z**

interventions – **Chapter I**

functioning and functioning related issues – **Chapter II**

- ICPC-3 Browser

Chapters



Fourteen chapters represent the localization of the problem and / or disease on a body or body-system level, the **Chapters B to W**



Each Chapter is subdivided into **two** Components:

S for Symptoms, Complaints and abnormal findings, and



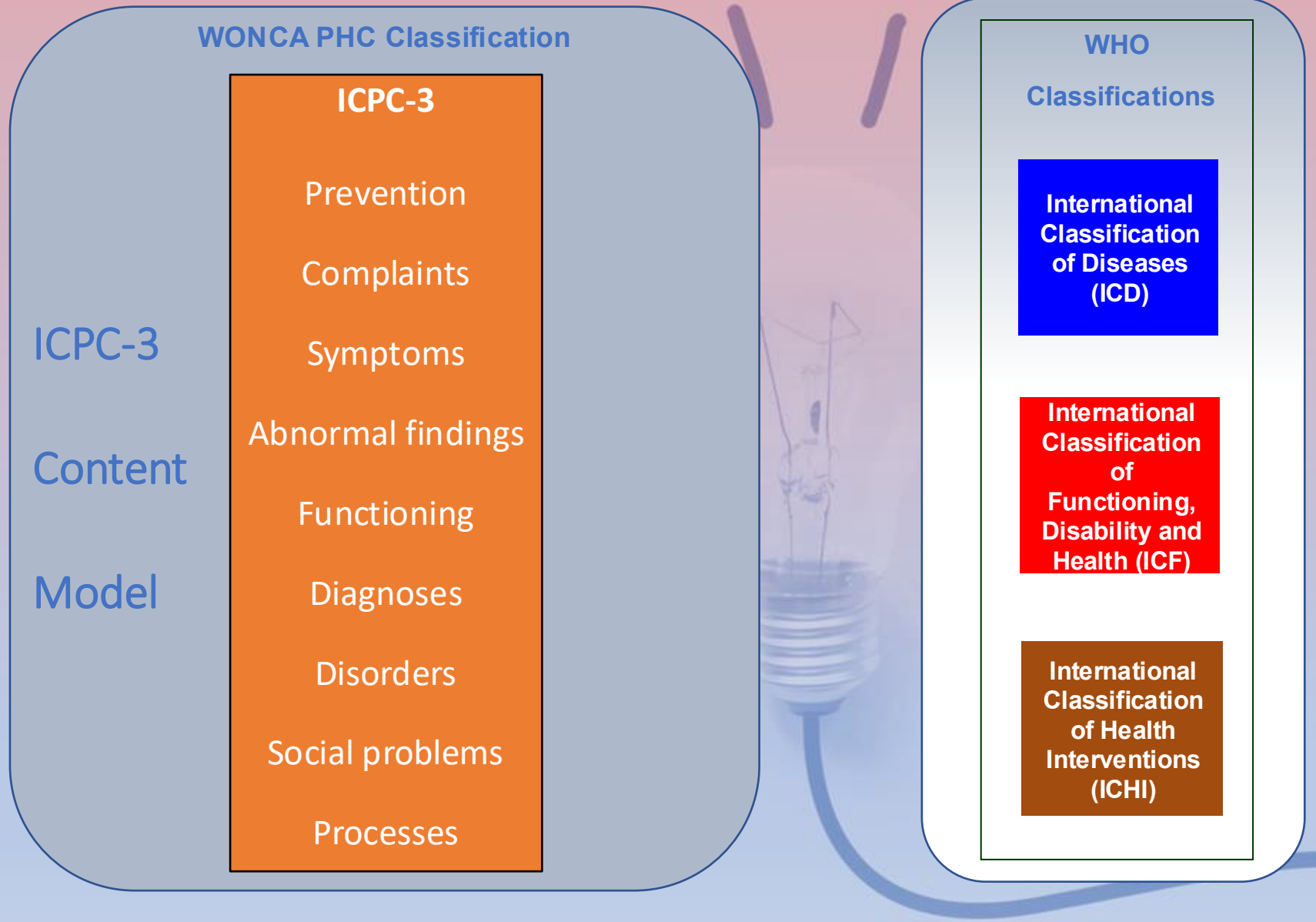
D for Diagnoses and Diseases

Chapters

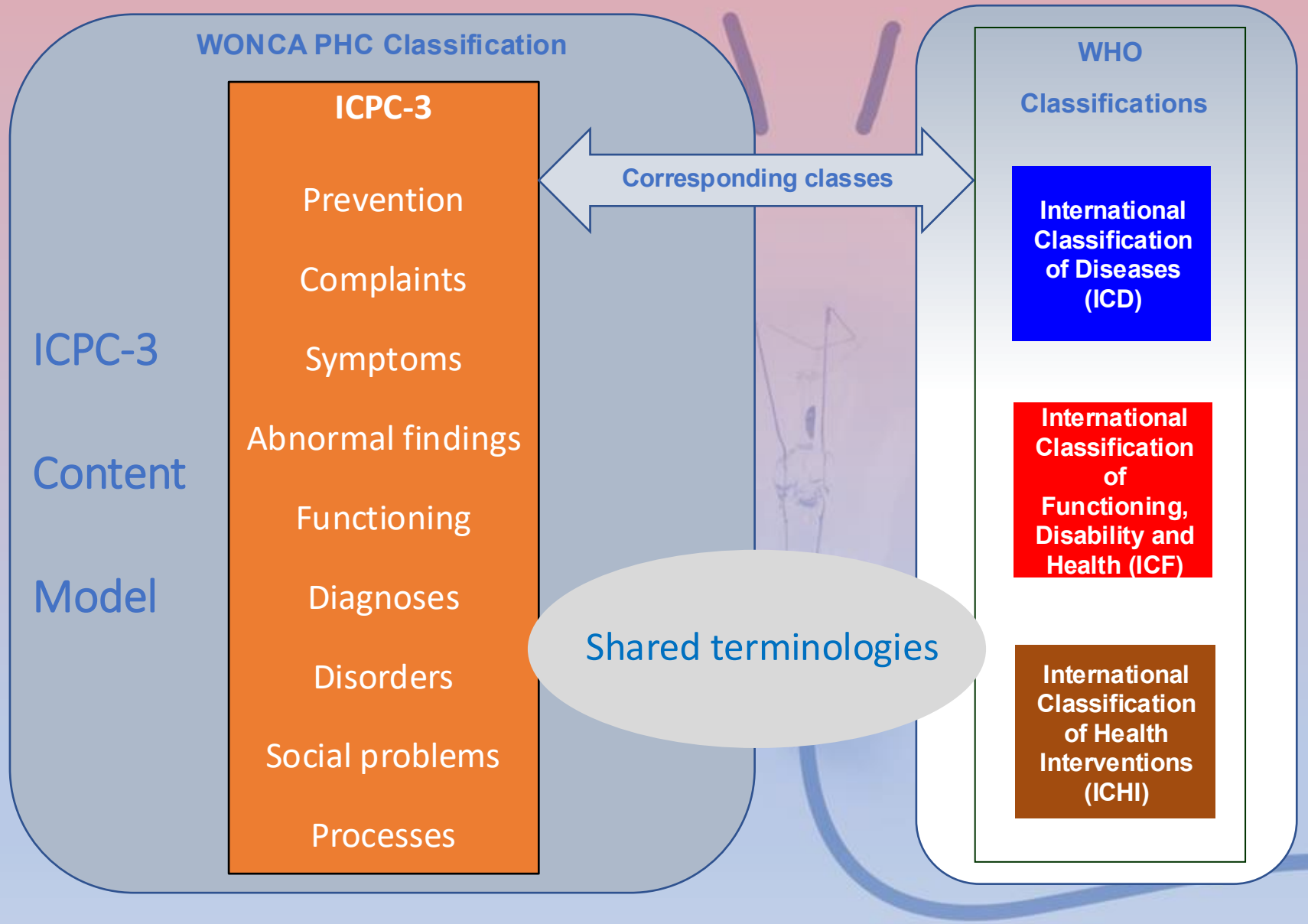
- There are three additional chapters:
- **Chapter III -** A chapter with regional extensions, codes based on the frequency of classes in national and regional primary care registrations
- **Chapter IV** - A chapter with codes for emergency use with epidemiological importance for risk of (national or international) spreading of infections, and
- **Chapter V -** A chapter with extension codes

Harmonisation within the Family of International Classifications

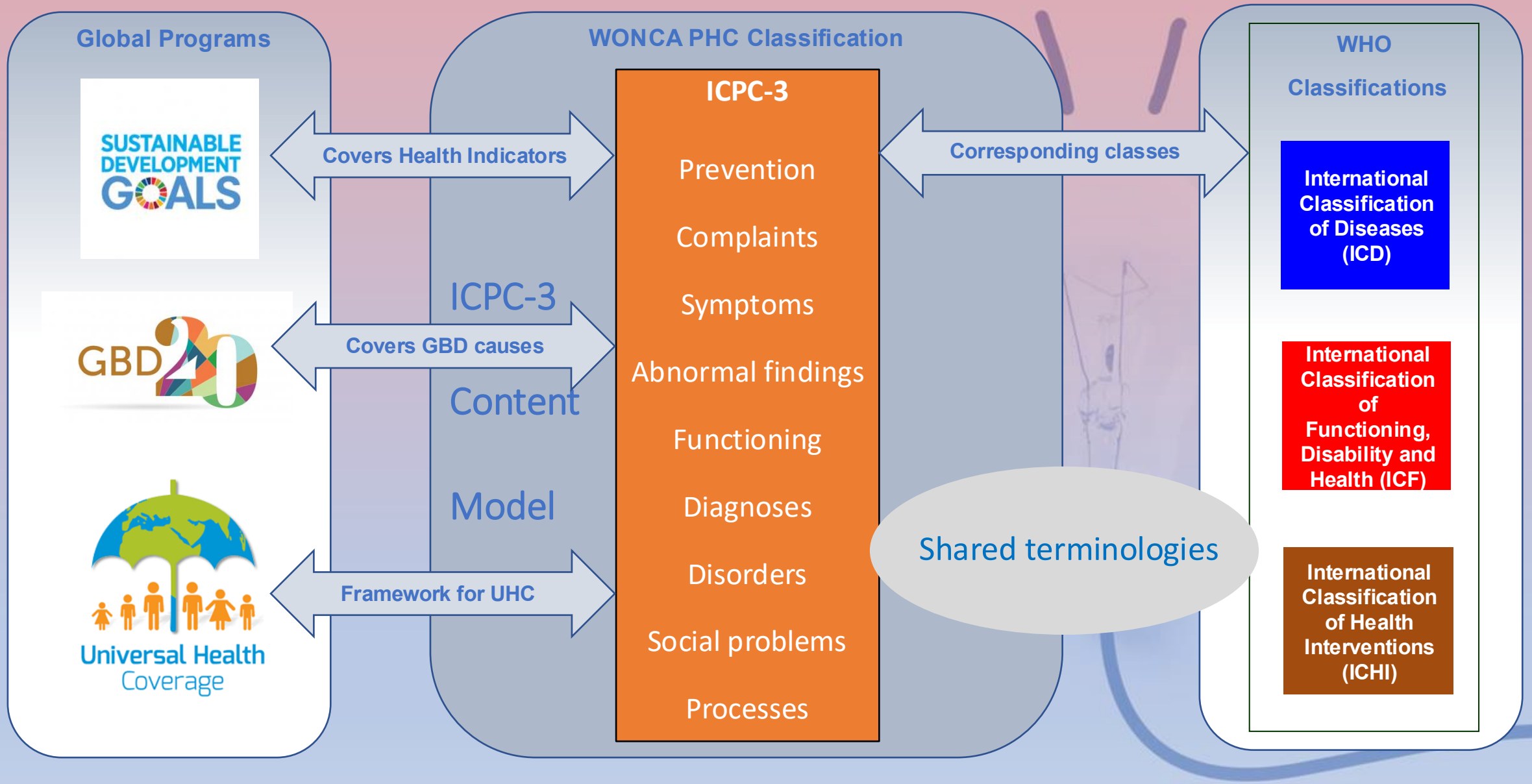
How?



Harmonisation within the Family of International Classifications



Support of Health in Global Programs





Core Values of the ICPC-3 (1)

- It allows patients' health problems to be tracked over time.
- It reflects the frequency and distribution of health problems commonly encountered in primary care, and the way in which Health Providers solve problems.
- It is simple and easy to use and therefore increasing the likelihood of consistent and accurate coding.
- It is harmonised with other classifications such as ICD, ICF, ICHI and clinical terminology systems such as SNOMED-CT.
- Supports SDG's, GBD, UHC.



Core Values of the ICPC-3 (2)

ICPC-3 enables:

meaningful feedback for yourself and other HP,

standardized exchange of information between primary and secondary care,

policy makers and funders to understand what is happening in primary care, and therefore improve the provision of care.

International Classification of Primary Care 3rd Revision

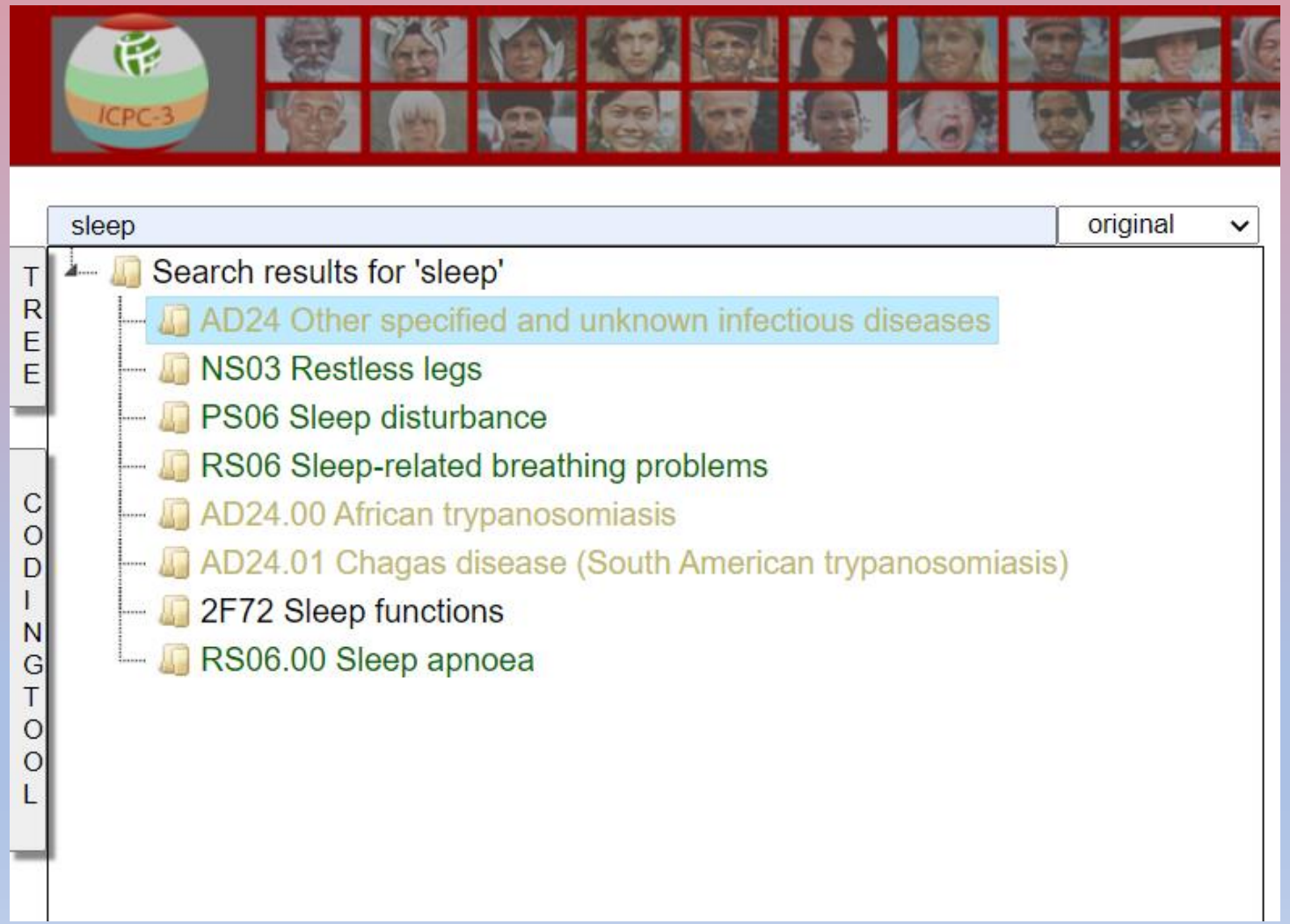


The international standard for systematically capturing and organising clinical information in primary care

The WONCA International Classification for Primary Care – Version 3 (ICPC-3) is launched on December 15th 2020, and endorsed by WONCA on April 16th 2021

The completely modernised International Classification for Primary Care is available without costs, online at www.icpc-3.info, including supporting information and training material.

Website contains coding exercises

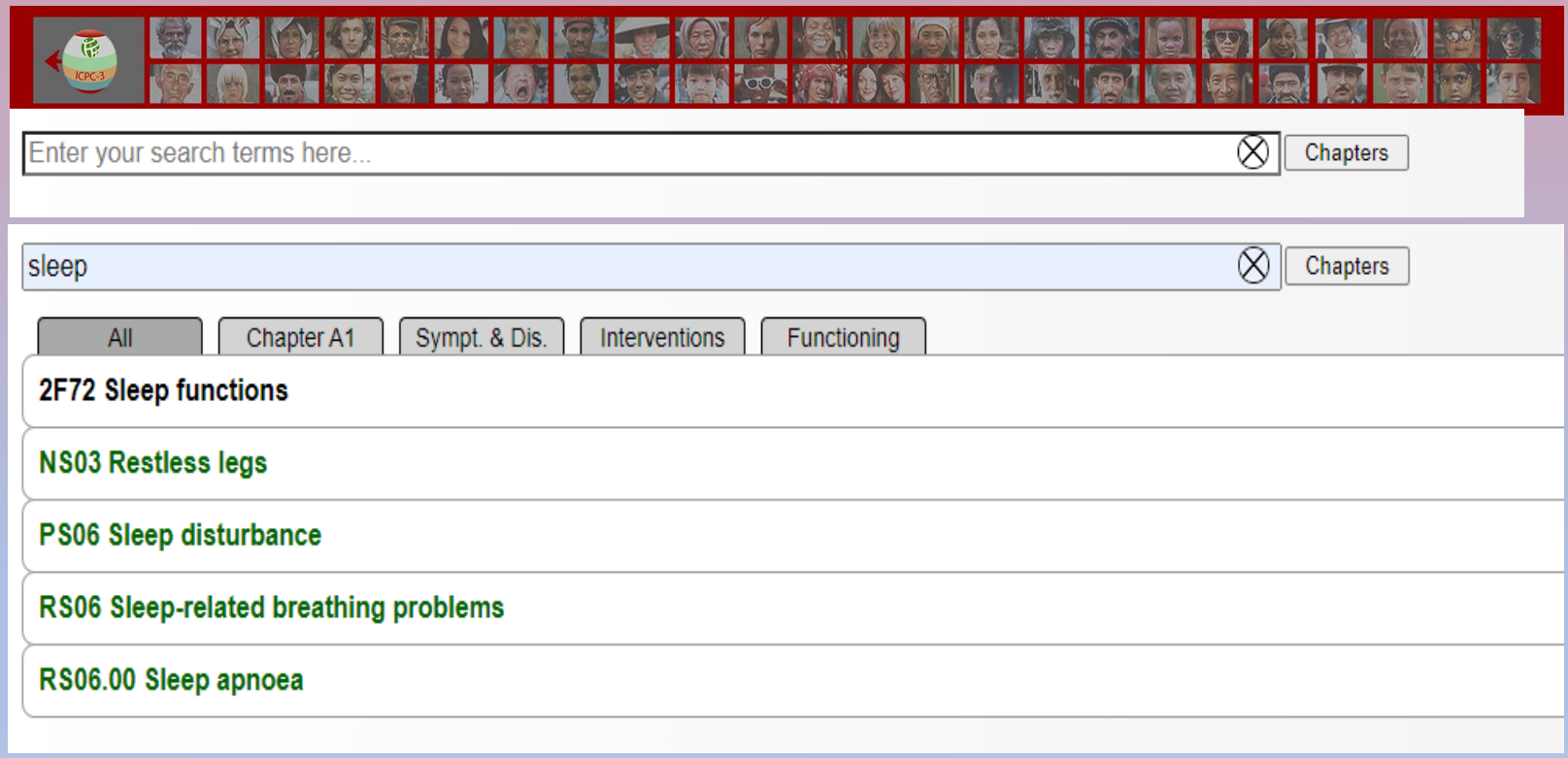


Training
ICPC-3
TCS

After opening the ICPC-3 Training Case Scenarios

Start with typing a word (fragments) in the search box e.g. type ‘sleep’

Result:
A list with terms and codes is presented



https://training.icpc-3.info/

Use of ICPC-3 International

- ICPC-2 is used in over 90 countries all over the World – by most of WONCA members
- WONCA – no implementation-strategy, only a Policy statement
  - 1. The electronic version of ICPC-3 should be available in as many countries as possible. This is achieved by making it available for free in the Web-browser on the ICPC-3 Website.
  - 2. Versions involving additions, translations, or alterations can only be made with input from and agreement of WONCA if they are to be regarded as official WONCA versions and integrated in the Regional Extension of ICPC-3.
  - 3. WONCA will promote the distribution of electronic versions of ICPC-3 in countries, regions, and language groups.
- ICPC-3 translations: English, French, Portugese, Chinese, Japanese (underway), Kazakh (+Russian),
- ICPC-3 uses:
  - Implementations in EHR: China, Kazakhstan, Switzerland, Belgium, France, Portugal, Brasil, Canada, Noway (planned), Denmark (planned)

Use of ICPC-3 International

- ICPC-3 uses in Research:
  - Research: is manyfold and increasing
  - Spain (Dementia), (Person Centeredness),
  - Andorra (Food research),
  - Germany (Psychiatry – Depression-research in PC), (Outpatien Care for Oncology Counseling),
  - USA (Blue-print for Family Medicin training, (Am Board FM),
  - India (Ethnomedical and indigenous healing practices),
  - The Netherland (Primary Care Consultation Tool)(Mental Health Problems in Children and Young people in GP),
  - England (Telesafe, Registration of Telephone Consultations),
  - Switzerland (WHO, Capturing Functioning Data, Strengthening PC with WHO package of Interventions),
  - Brasil (cross-sectional analysis of telemedicine services),
  - France (Interprofesional collaboration in Multidisciplinairy teams),
  - Algeria (Pharmacy: Ethnobotanical and Phytopharmacological Assessment of *Punica granatum)*

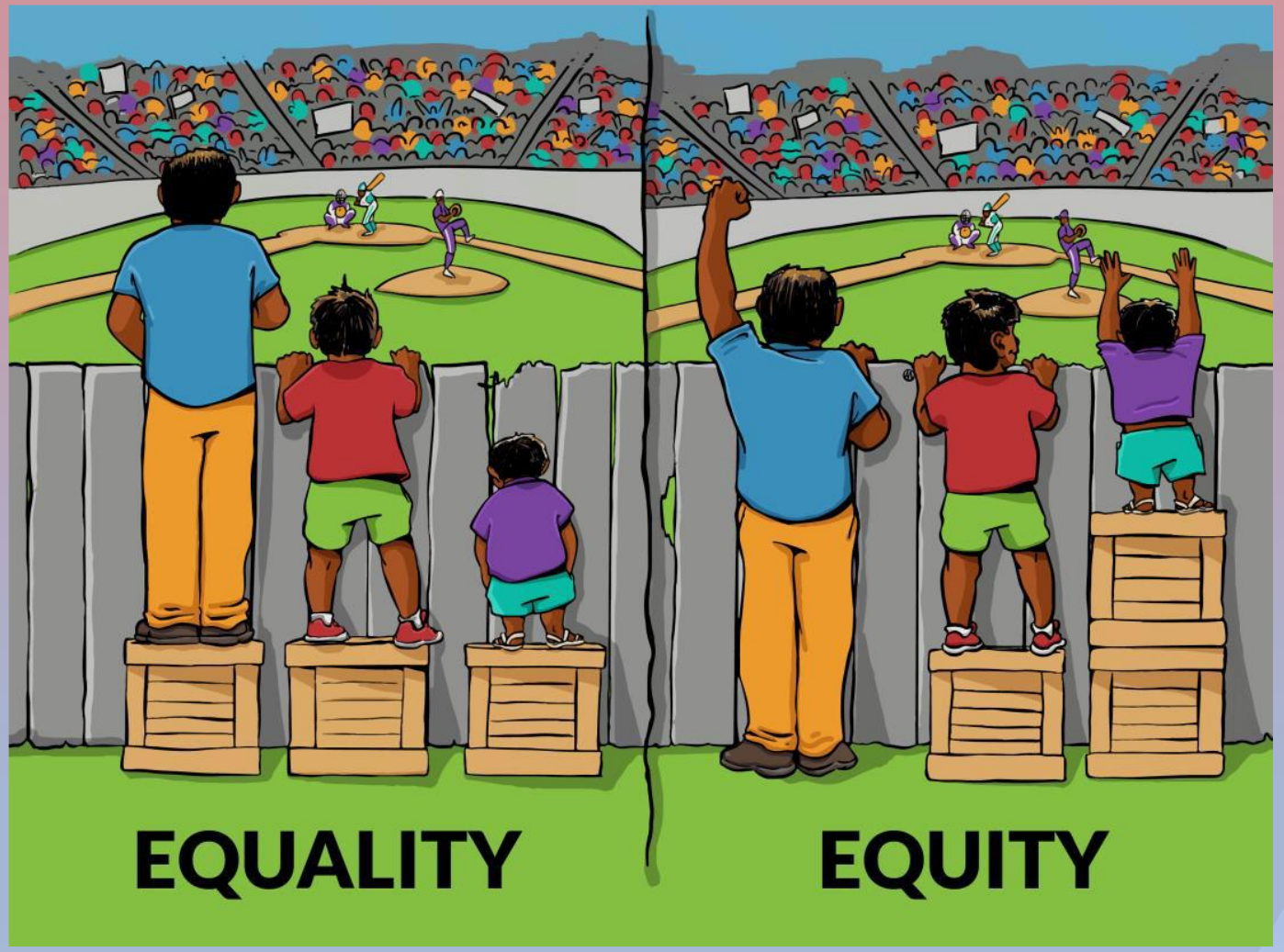


SUMMARY AND CONCLUSIONS

- Empathy and continuity of care, a skilled health professional
- Importance of registration and interoperability – exchange of information
- Use the ICPC-3 for the registration of the RFE, Functioning, Interventions and Diagnoses
- Integrate practice-based knowledge with information about personal factors and functioning
- Focus on the capacities and participation of the patient

“Knowing is not enough; we must apply.

Willing is not enough; we must do.”



Thank You!