Marc Jamoulle October 2000

Full Report on the WICC meeting, held in Strunjan, Hotel Zdravilišče Strunjan, Slovenia from Sunday the 24th of September to Thursday the 28th of September 2000

Participation to this meeting has been granted by the Belgian Ministry of Health and by the Commissariat General aux Relations Internationales de la Communauté Française de Belgique(CGRI)

This is the full version of the report. Short version available on request

1. Sunday 24 September 2000, PM

Points refer to the agenda of the meeting (see annex)

1.1. Point 116

19 participants from 17 countries in a very nice and well equipped conference room into the Hotel Zdravilišče Strunjan

The president remind that the WICC member are not member as representative of their organisation but as self involved researchers. People would be considered as members as long as he communicates with the mailing list and he is productive as a collaborator of the group

Each member present himself and its ongoing activities

1. Niels Bentzen: from Denmark, works now as professor in Trondheim ; Norway, with a high level of responsibility and good budget. He is still in close contact with Odense University Gojimir Zorz: host of this meeting in the name of the Slovenian society of general practice. Preparing the translation of ICPC into Slovenian.
2. Mike Klinkman: Associate professor at the Michigan University, department of family medicine. Involved in mental health problem in primary care. Ongoing tree separate research projects in USA about mental health. 50% activity in practice 50% in teaching and research
3. Henk Lamberts, professor of general practice at the University of Amsterdam; expanding international research towards Malta, Poland & USA though the Transhis[1] project. Collaborating centres with Sowerby[2] unit.
4. Inge Okkes: Departement of general practice at the University of Amsterdam recently publishing the ICPC-2 in Dutch
5. Takashi Yamada : Family physician in a rural health centre with 5 colleagues. Trying to organise a network of family physician. Glossary translated in Japanese. Japanese academy of family Physician; WONCA Asia Pacific regional Conference in 2005

[1] Transhis ; Episode based medical record used for clinical and research project in various settings in the world
[2] Sowerby ; medical informatics department of Newcastle University (Uk)

6. Anders Grimsmo : professor of General practice in Norway (trondheim) Next year, Norway is moving to patient list system.
7. Martti Virtannen: is living in Helsinki and works in Uppsala for the Nordic Classification Centre (WHO[3] collaborating centre) ¾ of his work on DRGs[4]
8. Bob Bernstein : medical director of his family practice , university of Ottawa. Ongoping research project with the Canadian Institute for Health Information (CIHI)
9. Tim Garner, New Zealand, currently finishing a degree in Medical informatics,
10. Georges Parkerson, USA, involved more and more in Human Subjects Review (HSR)Committee. Ethics and informed consent and patient rights and medical records (From Nuremberg to Alabama and atrocities in extermination camps)
11. Jean Karl Soler, Malta, is going solo as a GP[5] and company doctor, involved in Transhis process. (15 doctors for 8000 patients) . Performing a PhD
12. Graeme Miller, FMRU[6] in Sydney is now an autonomous research centre, recent five year contract. Personal involvement in EMR[7] accreditation system and prescribing system. Working on the national web based EMR. Introducing the EU[8] bar code coding system for drugs in Australia. Work on : Data model formalisation, legislation in privacy and confidentiality.
13. Helena Britt : FMRU director, manage database 250.000 encounters whole Australia
14. Juan Gervas : GP in Madrid, sabbatical, minimum data set, 7 region in Spain. Mainly ICD-9 CM in Spain. ICPC is working now in Andorra (60.000 patients) Mallorca has also interest.
15. Laurent Letrilliart ; PhD in epidemiology Implementation of information system between GP and hospital. Is challenging a WHO position in Lyon
16. Erik Falcǿ : professor of general practice in Odense, Denmark, 50% research, involved in sentinel study with emphasis on QA[9]
17. Nick Booth : SowerbyErreur : source de la référence non trouvée director. Main work in impact of EMR in PHC[10]. Advisor on SNOMED CT[11]. Collaboration with Amsterdam.
18. Marc Jamoulle : things are going well in Belgium. research and training with ICPC. Publication of the book and CISP-2-E. CISP club penetrating Africa (Tunisia). Next CISP-Club workshop in October in Belgium. Ongoing Euromeddata research involving some WICC members.
19. Marcin Bujak: head of department general practice. University of Katowice. Involved in Transhis project.

1.2. Point 117 Minute of Durham meeting

Management of the mailing list and of the emails. In the new organisational WONCA chart, WICC is no more a Committee but a working party. For historical reason, WICC is allowed to

[3] WHO World Health Organisation
[4] DRGS ; Diagnostic Related Groups
[5] GP : General Practitionner
[6] FMRU : Family Medicine Research Unit
[7] EMR Electronic Medical Record
[8] EU : European Union
[9] QA : Quality Assurance
[10] PHC : Primary Health care
[11] SNOMED CT : a mix between the Systematized nomenclature of medicine and the Clinical Terms (former read Codes)

maintain his name and acronym. Difference between Committee, standing Committee and Working group. Working groups are partially funded .

Bruce Sparks from Australia has been appointed as liaison officer between WICC and WONCA executive.

Rules for the diffusion of the information between the WICC members : Working document only on the internal mailing list. A report of the WICC activities could be diffused though WONCA channel and the web site. Main decision are up to the president (Niels) but this one can take advice from the others by email.

Gervas (Spain) mades the proposal to share information between the members before important decision. Members are free to add "member of the WICC" to their name if they need it. This is not mandatory.

1.3. Point 119 & 120 Correspondence with UMLS

A lot of classification system are nor recognized by UMLS[12]. ICPC is include in UMLS in category B UMLS works with a transcoding structure between ICD-9/ICD-10/ICPC-2

Letter de Frede Olesen (as chairman of EGPRW[13]) about ICPC in Germany

Lettre de Wes Fabb, WONCA CEO about contact with Australian ministry of health

Bruce Sparks becomes the liaison officer with WONCA

Letter from a lot of countries about translation. Its become necessary to separate the scientific work and the translation work.

2. Monday, 23 september session 2

2.1. Point 121

Report from each members on ongoing affair in their respective country

1. MJ ; presentation of the CISP Club 1999 2000 activities on .ppt (voir annexe)
2. The Netherlands; Henk Lamberts ; ICPC/ICD-10/Thesaurus available (70.000 entries) soon on a Dutch government funding. Concerning Belgium, Dutch college is willing to work with Flemish GP/FM[14] organisation and implement the ICPC/ICD/Thesaurus in Belgium (only Flemish part). The conversion structure would be available to the Flemish doctor if they are willing to have it. Comment from MJ: this could raise trouble between French
3. Takashi Yamada; Japan ; standardisation Committee very active Japanese thesaurus needed. Retrieval software is under construction. The translation of the book is difficult. The context of ICPC is difficult to understand before to use it for Japan physician. They are preparing a database in order to know how to translate exactly and to ad the right comments to the rubrics. Comment from Inge Okkes ; Necessity to go back to a translating centre to explain the process. Chapter 10 could not be changed. Other chapter are up to sensibility of each country.
4. Anders Grimsmo: Norway ; ICPC-1 is the standard in GP/FM in Norway. Nobody is complaining anymore. Some difficulties with ICPC-2 because Ministry of health is arguing that ICPC-1 is functioning very well. They got money from Ministry of Health to do the ICPC/ICD10/Thesaurus in Norwegian. All nurses, social worker and a lot of other groups are using ICPC (in electronic records). Large registers in Norway

[12] UMLS Unified Medical Systematized Language (Library of Medicine terminology, US)
[13] EGPRW: European General Practice Research Working group
[14] GP/FM ; General Practice / Family Medicine

are using ICPC. Government has understand the importance of quality of ICPC in managing primary Health Care

5. Jean-Karl Soler ; Malta ; 95.000 inhabitants in a very very little country. No continuity of care. Private system. Fee for service. No registration. ICPC-2 is recommended by the college of GP/FM. Transhis is in use in 15 doctor's setting. Data collection project is under investigation.
6. Finland: Martti Virtanen : Some trouble with licence policy of WONCA. Health center which are coding are doing it with ICPC.
7. Canada: Bob Bernstein ; no progress ; CCI Canadian Classification of intervention should be in use. ICD-10-IS. They are looking for episode. HEIN[15] from Mac Master University
8. USA :Mike Klinkman and Georges Parkerson : Very complicated situation dominated by terminological problems. Nick Booth expert for SNOMED-CT explain the internal SNOMED problem and the cultural and historical differences between US and UK. Henk lamberts is saying that whatsoever the classification we would be able to make the conversion structure
9. New Zealand: No change in the situation in NZ. Read codes have been endorsed by the government. ICPC is use for some research and in some EMR[16]. POMR[17] is usual. Great work in the fields of standardisation. Coding becomes inherent to the daily work. Some bureaucratic job with paper forms mandatory.
10. Australia; Graeme Miller Coding and terminologies in GP/FM are much more than ICPC use. Discussion between about duration of medical records (ten years in Australia). Report on Asia Pacific region (see annex)
11. Australia ; Helena Britt; ICPC –2 Plus[18]; National Data Gathering Health Program (1 million dollars /year) Big discussion about ICPC/ICD-10AM[19] in Australia due to the fact that the Australian Coding Jury is currently being to decide about which classification should be chosen for Australia. If ICPC is retained as a member of the WHO Family of Classification the matter should be easier. Nick make the point to explain what's the difference, for lay and public health responsible use about between personal clinical care, heath information systems management and population care. →Proposal to study a statement from this Committee about this important matter. The document would be the main product of this workshop.
12. Spain ; Juan Gervas : the translation of the Spanish book is based on the 1998 ICPC-2 edition. So they have a lot of problems and loose of credibility. The glossary has been also translated. Hospital based care are using ICD-9. 17 autonomous regions and four official languages. ICPC is now the standard for research but not for EMR. Andorra is using ICPC 1 in EMR. They are developing an encounter based registration system. After discussion on the 1998 problems (errors in the ICPC nomenclature) and the availability of ICPC on the net in various language →Jean Karl suggest to edit the book on a CDRom
13. France; Laurent Letrilliart : More than 50% have computer in medical practice, less than 20% for gathering data. Billing system is on its way. 1996 reform system in France. Coding is now include in a law but in fact regulation to put it in practice are not published. Two candidate for coding system in PHC. A group is promoting the Braun[20] codes. To solve this diplomatic issue between GPs, the government could chose ICD-10 ten. Professional Union are maybe the way of continuing the process.

[15] HEIN: Health Exchange Information network
[16]
[17] POMR; Problem Oriented Medical Record
[18] ICPC-2 Plus : terminology developed by Australian member of the Committee for EMR use.
[19] ICD-10 AM : International Classification of disease, Australian Modification
[20] Braun ; nomenclature in use by some researchers in France, Austria and Switzerland

14. Denmark; Statement on → a move from research oriented ICPC towards a Patient Oriented ICPC. Translation is finished. Conversation with local authorities for implementing ICPC-2. In 'Funnen' county (500.000 persons) Denmark all communication is electronic. They are not using ICPC but efforts are made to suggest the use.
15. UK; Nick Booth; Read code[21] are in full use. Primary care group and primary care group would have the responsibility of the quality in PHC. That's the only way to secure the quality of the data collected. Relationship between free text or narrative and classification are being considered. A meeting on Episode has token place in Cambridge where Lamberts and Okkes have been invited. EMIS and TOREX (two commercial software societies) are currently being considering Episode based structure for EMR. ICPC might be usefully map from SNOMED-CT (of which Nick is a board member). Clinical governance is being implemented and ICPC would be useful in this way. → SNOMED-CT and ICPC would be discuss later (124.4 bis Snomed and Read)
16. Slovenia; Gojimir Zorz: each Slovenian use smart card, the doctor can read the smart card. 100% of the doctor are computerised. 50% on capitation. Each visit has to be recorded with the diagnosis. ICD-9 was the normal way to code since years. Governmental bodies are not against ICPC but report are to be in ICD-10. Vocational training; short program for ICPC. All GPs are hating ICD-10.

3. Monday, 24 September 2000 PM

3.1. Point 124

3.1.1. 124.1 ICPC-2 book

Decision to make an apologize in the WONCA news →someone is in charge to write the text. In the published version of Oxford, a stick is putted into to explain the way to get the right chapter 10 on the web

3.1.2. 124.2 Translations

Inge Okkes is the WICC representing for scientific matters concerning the translations process. It should be clear with the editors that it exist a continuous updating process. If the name of a disease change, it is not a fundamental change. If the criteria are changing or if ICD changes that should be considered for change in ICPC. But we can't force the user to change. All errors have to be mentioned as errors and discussed before to be produced. If your are changing anything in the conversion structure, the new conversion structure, reliable and tested have to be sent to EMR producer. We need something like a clearinghouse to collect the conversion or translation problems. Each year we could produce a revised version with all the actual corrections but fundamentally we have to wait for ICPC-3. Ex: Somatisation disorders have had wrong transcoding. The transcoding needs to be updated. The updating in the thesaurus system represents a move for 600 entries.(Henk Lamberts)
This could be different for clinical use and for HIS[22] use. Clinical entry needs a immediate correction or update of ongoing new concepts. HIS are not in the same position.(Niels B)
Prevention could not be the same as treating a disease. A98, A97, A89 are full of interventions of ICD10.

[21] Read Codes: Nomenclature and Classification in use in EMR and HIS in UK
[22] HIS : Health Information System

3.1.3. 124.4 ICPC in EMR

ICPC-2-E in EMR is up of WONCA. In electronic record is impossible to use ICPC alone, you need a thesaurus. When you use a large thesaurus with label you have to recognise the intellectual right of those who has done it. Dutch government would not pay copyright to anyone. The idea of Lamberts is that the real problem stands in thesaurus and not in code and label. The Dutch conversion structure would be in the public domain. That's up to WONCA.
The copyrights of ICPC is up to WONCA. The copyright of Dutch version is up to the Dutch college. The WICC agree that all that problem is up to WONCA executive

3.1.4. 124.4 bis Snomed and Read

Read, SNOMED and all that stuff by Nick Booth.
Presentation on SNOMED (systematized nomenclature of medicine)
1984 First set of Read Codes
1988 JJG 20 document recommend Read code as primary care classification. (Joint computing group)
1999 Version 2 Is the original one plus the ICD9 additions and 5 byte set
1992 Clinical terms project
1994 Read version 3
1998 Information for Health : encouragement to include Read code in Snomed
1999 Agreement between CAP and secretary of states for health. Merging of Read codes with Snomed to becomes Snomed –CT
Story of SNOMED ; SNOP in 1965, Snomed international in 1993, Snomed Rt reference terminology, similar to clinical terms. $17 m development plan
Who is Snomed ;College of American pathologists/ Non for profit association
Organisation :S authority S international editorial board S Design group
Structure/Content/ Release format/Migration strategy/ works together for shared expertise, economies of scales, cross validation, international perspective
CT Version 3 explicit relational table, meaningless identifiers, multiple parentage, many level of granularity, relationship. Joint working over 3 years. SNOMED clinical terms by dec 2001
Support for existing user upgrades Overlapping 150.000 SNOMED concepts (including veterinary terms) with 220.000 overlapping concepts in Read codes (including drugs terms). They are only 60.000 overlapping.
A huge number of concepts are mapped already to ICPC The intended its use is to have a full terminology for EMR. Translation are being considered in Spanish. Ex of different concepts: Disease name variant; Digital artery = artery of a finger (US) Digital artery = artery of a finger of a toe (UK) Oscar Wilde. "We have everything in common with American except language" Spelling variant/ Causal or temporal relationship (ex secondary effect after surgery)
Transition group (UK only) : J Mason, N Booths, Anne Cooley, Colin Price…
Key influences : terminology developers are at the centre of socio-politics influence.
Quality of Snomed CT ; ex dentist, ophthalmologist use completely different languages. Structure, Process, Outcome problem. Terminology at the centre of the circle
Prodigy.NelH. Primis. Standard organisations
Cultural meaning of word on clinical basis with patient. Ex of the term cold : most of what you do is contextual. Cultural paradigm are contextual. ICPC is contextual and negotiable. Cold in UK or US is a upper reparatory problem. Cold in Africa is a funding principle of disease. Clinical record and HIS[23] use are not the same. (bob)

[23] HIS ; Health Information System

3.1.5. 124.3 ICPC2/ICD10

ICPC2/ICD10 thesaurus English version Demonstration by Henk Lamberts mastering the terminological structure under ICPC view. It gives the doctor a choice. He can pick up a term, chose his label. The chosen label is exported to the electronic patient record with the corresponding ICD10 and ICPC code. *99 are never used at the level of an individual patient EMR. Also a presentation of ICD9cm/ICD10/ICPC2. Requires you to think about clinical meaning from diagnosis perspective. The Dutch version would be in use in The Netherlands. →Proposal to set up an European project for a multilingual tool on the basis of this conversion structure. 80.000 entries for free in any languages. Remark of Bob; you need an unique identifier for each entry in order to have a clinical tool. Nick argue to stop the discussion about ICD10 content. Our business is to deal with ICPC.

4. Tuesday, 26 September 2000 AM

4.1.1. 124 (following) ICPC/ICD matters

Henk Lamberts: providing international family practice with updated tools based on ICPC and its secondary care counterparts ICD 10 in a multilingual format. If SNOMED takes care of the description of the problem/ symptoms/diagnosis of primary care, we could consider the mapping. Snomed includes social issue →Necessity to follow the SNOMED-CT movement.

4.1.2. 124.5 Promotion of ICPC-2

In every parts of the world, GPs are looking for an ordering principle for their notes. ICPC defines the discipline in absence of Vocational Training. We need some way to diffuse information about classification.

- Australia : presentation of the activity of the family Medicine research Center (FMRU) Sydney. Sponsored also by Astrazeneca. Pharmaceutical companies are also looking for ordering principle about their activities in the PHC field. Richard madden, Head of the Australian institute of Health and Welfare is supporting ICPC. Huge investment for promotion of ICPC in meetings, TV shots, congress and so on.

- Belgium; I made a plea for an Internet based multilingual training site for classification matter.
- Malta: enquiry and begin of the thesis with Transhis. Canada: Bob has developed a workshop with exercise and material

Advertising (Congress, medical journal, website) Making Research and publishing is a better way
Planning to make a group with Juan and colleagues to represent the WICC in Tampere
Publications in medical journal could be difficult. Suggestion to send the paper to Bent before to publish.

4.1.3. 137 Relations with WHO

Relations with WHO have been excellent. But for some confidential reasons, things went worse in the 90th The RFE classification has been prepared jointly with WHO but after that WHO has decided to elaborate its own PHC classification. Moreover ICPC has not been introduced in the WHO Family of classification. Some people argue that ICPC is not complementary to other WHO classifications behalf the reason for encounter part. Martti would be represent us in the next WHO meeting on Family of Classification. The actual work on ICD10 for PHC are partly a subset of ICD and partly extensions. DSM IV for PHC (DSM IV for dummies); nobody is using it in Canada. WHO in Geneva wants to consult with

WONCA. I have been proposed with Higgins (Boland) and Fabb as representing WONCA for discussion with WHO!!! (Bendiran Ustun speaking) Incorporating ICPC in ICD is not a good idea. Juan gives the idea to compare data with the two tools. ICPC is problem based and health problem are not defined in the paper we have received. Splitting the ICPC in order to go into (Only RFEs) is really a bad idea to.
News from Martti: some WHO people defend the Idea that WONCA become a collaborating centre of WHO. They need to classify the health related problems.
Proposal of Georges to approach ICD with the idea to be a core group for a new classification. The condition should be that they accept ICPC-2 as it is.

4.2. Wednesday, 27 September 2000

4.2.1. 125 Collaborating centres

- Sydney activities are already described
- Amsterdam/Newcastle :

Could be a coordination between ICPC/ICD10/SNOMED-CT. ICDICH has also to be addressed. We are formally looking at the relation between ICPC and all the existing classifications. We need a clearinghouse for errors and problems in ICPC-2
There is a process to upgrade ICPC-2-E with some new conversion structure for January the first 2001. Each member will receive the new one soon. Amsterdam collects errors and mistakes and change in conversion structure. Fourth digit ICD10 shows errors in conversion between ICPC and ICD10. This conversion between ICD/ICPC at the fourth digit level would be sent by Henk L to everyone. New version would be published on the web site under the version 1.1. The actual one is the version 1.0. The old versions have to be conserved on the web site. →Ask of Marc J for help for Mac version.

4.2.2. 126 WONCA dictionary of general/family practice

Several reviewers of whom some very interesting. The fact that the work is an international one is an obstacle to publication. OUP don't wish to publish. Blackwell has former agreement with WONCA. If Blackwell is not willing to publish we could publish it on the net.

4.2.3. 127 DUSOI & COOP matters

Translation issues; more than ten translations. Copyright issue ; no selling but control the quality. Include the DUSOI in the ICPC. Belgian contribution (Marco Avi's work being presented (see annex). Australian contribution : see copy in annex
Amsterdam : Conceptual question in the Episode mode: you can't use complication. Severity assessment seen by the patient and the doctor. Severity is heavily influenced by the idea you can do something about it. Symptoms and complications are systematically higher than prognostic at the beginning of the episode. DUSOI could be a punctual research indicator but it can't be used in a continuous registration system. Using it as a routine tool is not a good way. We also do not know the inter-doctor variations. For example hypertension is a money making disease but is not an important disease. Young doctors are more able to thing that HTA could be a severe disease.
Mike Klinkman USA : use DUSOI depends also of comorbidity
→Web site should have a home page for DUSOI and for COOP containing : Explanation/ Deliverable/ Ongoing research/ Bibliography

4.2.4. 129 Bibliographic group

No decision on the way to transform the actual text bibliography in a better way

4.2.5. 130 Patient care classification and EMR

The 12 points listed below have extensively discussed between the members and accepted as the WICC statement on Electronic Patient record and relationship between ICPC and other terminologies and classification in EMR

- **Definitions**

1. Classification

Ordering principle of a domain. It is contextual to the considered domain. Rubrics should include all and should be mutually exclusive. Classification has classes and we call that rubrics. Classifications have grouping objectives. And are designed to understand the world of reference. They contain the items specific, other are rag bag

2. Nomenclature

Accepted terms for concepts belonging to the domain

3. Terminology

Contains the definitions of the terms of a nomenclature

4. Thesaurus

- **Definition from the 1995 glossary**

4.2.5.1. Classification

An arrangement of all elements of a domain into groups according to established criteria.
A classification is characterized by :

1. Naturalness - the classes correspond to the nature of the things being classified,
2. Exhaustiveness - every relevant problem will fit into one and only one
3. Constructability - the set of classes is constructed by a demonstrably systematic procedur

There is a clear cut between the Classifications and the rest of the description.

4.2.5.2. Nomenclature

Classified system of technical or scientific names. A system of terms elaborated following pre-established rules

4.2.5.3. Terminology

All terms of a professional domain are called the terminology of that domain. The set of term representing a system of concept

4.2.5.4. Thesaurus

A systematical set of professionally used words, including terms and jargon, in which each word is represented with possible synonyms, and related words designate broader or narrower concepts. The aim of a thesaurus can be twofold : it serves as a dictionary and as translation from jargon to terminology.

❑ WICC statement on EPR[24]

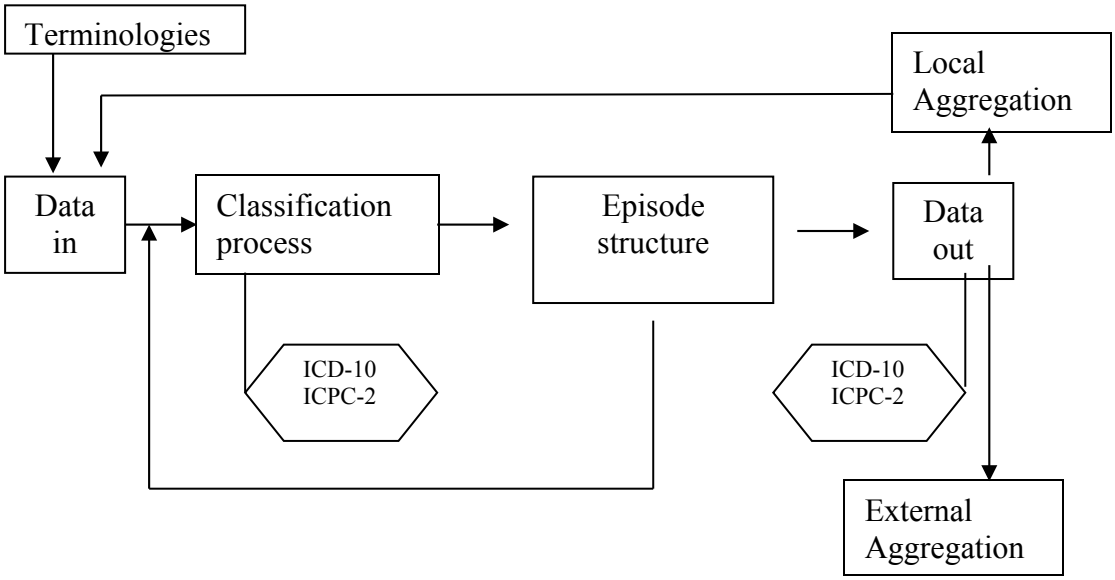
1. ICPC in the context of Electronic Patient Records
    - Principles
    - Interaction of record elements
    - Record structure
    - When to code and when not to code
    - When to use ICPC, when to use other coded schemata, for reporting
2. Principles
    - EPRs serves patient care first and foremost
        - Any other use of EPR data is subsidiary
3. Background
    - Clinicians using an EPR document information in many ways, including free text and codes, in a structured record
    - A system may allow permutations of structure, but for optimal use with ICPC must include episode structure
    - Clinicians need guidance on the optimal way to collect data in the EPR
4. Free text
    - Use to collect narrative (story) specific to a patient, including patient's and clinician's ideas and perspectives
    - Good to
        - remind clinicians
        - medico-legal purposes
        - handing over responsibility
        - Providing rich context
    - Poor for data retrieval
5. Concept capture – terms
    - Context can be implicit or explicit, but must be unambiguously expressed
    - Term + context = meaning
    - Recording of fine detail in many different contexts possible
        - Health Problems
        - Reason for encounter
        - Symptoms
        - Family History
        - Handicaps
        - Occupations
        - Tests
        - Observations
        - Interventions
        - Others
6. Classifications

[24] EPR : Electronic patient record

- ICD-10 is a rich source of diagnostic labels, although it is designed as a reporting and diagnostic (population) classification
    - Its use may be necessary because of demands of the health system in which it is used
- ICPC is designed to classify primary care in 3 contexts , in an episode structure
    - RFE
    - Health Problem
    - Process

7. Data
    - Data in
    - Data out
8. Data in
    - Tools
        - Free text
        - Multimedia
        - Messages
        - Data entry terminologies
    - Controlled languages
    - "Subverted" classifications
9. Data out
    - Patient level
        - What you put in
            - Narrative
            - Controlled language
    - Aggregate level
        - Classifications
            - ICPC
            - ICD-10
        - Other data retrieval tools
            - including nomenclature facilitated queries
    - Computed inferences
10. Structured data input tools
    - Specific data entry controlled languages
        - ICPC-2+ (ICPC-2 + coded indexed terms)
        - Read Codes
        - SNOMED CT
        - ENCODE
        - LOCAS
        - others
    - "Subverted" classifications
        - ICD-10 + index + ICPC-2 index
11. Data output tools
    - Classifications
        - ICPC-2
        - ICD-10
    - Non-classifications
        - Free text searching
        - SNOMED CT
        - ICPC-2+ (ICPC2 + coded indexed terms)
        - ENCODE
        - others
12. Maps
    - Purpose
        - Allow structured data to be output as classification data
        - Allows clinicians to access to an up to date medical nomenclature to be used at the level of the individual patientDefines the clinical content of each ICPC class

-



4.3. List of participants

Australia	Graeme Miller	University of Sydney
Australia	Helena Britt	University of Sydney
Belgium	Marc Jamoulle	University of Brussels
Canada	Bob Bernstein	University of Ottawa
Denmark	Erik Falkø	University of Odense
France	Laurent Letrilliart	INSERM - U444
Japan	Takashi Yamada	Japanese association of GP/FM
Malta	Jean Karl Soler	Maltese association of GP/FM
New Zealand	Tim Gardner	New Zealand association of GP/FM
Norway	Anders Grimsmo	University of Trondheim
Norway	Niels Bentzen	University of Trondheim
Poland	Marten Bujack	University of Katovice
Slovenia	Gojimir Žorž	Slovenian association of GP/FM
Spain	Juan Gérvas	Equipo Cesca
The Netherlands	Henk Lamberts	University of Amsterdam
The Netherlands	Inge Okkes	University of Amsterdam
United Kingdom	Nick Booth	University of Newcastle
USA	Mike Klinkman	University of Michigan
USA	Georges Parkerson	Duke University

4.4. Documents available on request

1. **Ashley JSA, The Concepts of the Family of International Classifications, WHO draft, 09-08-00, 14p**
2. **Scioler G, Definitions and concepts related to Family of International Classifications, WHO draft, 8p**
3. **Grimsmo A et all. Patient, Diagnoses and processes in General Practice in the Nordic Countries, (paper submitted for publication), 13p**
4. **Yamada T et all. A study on the outcome of health problems (The concept of episode of care) based on clinical statistics using the ICPC, Japanese journal of Primary care 3; (23);213-223;: 2000**
5. **WONCA Asia pacific Committee on Classification, Minutes of the Christchurh conference, 20 june 2000, 3p**
6. **Bernstein et all, A proposed data model for primary care electronic medical records, INFOcus 2000 "Harmonizing Health Information initiatives, conference proceedings, 161-166, 2000**

7. **Bernstein R et all, A method of assessment of reliability of coding clinical terms to ICD-10 and ICPC usinf Encode-Fm, Journal of Informatics in Primary care, feb 2000, 12-15**
8. **Soler JK, Transhis – The Maltese experience, It-tabib tal-familia, june 2000, 19-22**
9. **WONCA, organizational structure of WONCA, 3p**
10. **Gervas J, Encounters with weeping patients, draft, 3p, 2000-09-28**
11. **ICPC-2-NI, International Classification of Primary Care, 2de editie, Nederlandse versie. Nederlandse huisarts genootschap, 2000**
12. **An International Glossary for GP/FM, Japanese edition**

4.5. Annex list

1. **Agenda for Slovenia meeting 24-28 sept 2000**
2. **Jamoulle M. Association des utilisateurs de la CISP: annual report to WICC, 2p**
3. **WONCA Asia pacific Committee on Classification, annual report to WICC, 3p**
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