

Report of WONCA International Classification Committee to WONCA Executive Committee and Council, January 2001

Niels Bentzen, Chairman

Executive Summary

In the past 12 months the WONCA International Classification Committee (WICC) has been active by correspondence through e-mail, and a 4 day meeting of 20 representatives from 16 countries was held in Strunja, Slovenia in September 2000.

Copies of all meeting agendas, minutes and correspondence have been sent to the Chief Executive Officer of WONCA and the liaison person from WONCA Executive Committee.

WICC has with an article in Family Practice April issue, corrected the errors in the second edition of ICPC-2 book published by Oxford University Press (OUP) in June 1998. WICC has continued to work with the electronic version – ICPC-2-E - and especially with the conversion structure between ICPC-2 and ICD-10. The ICPC-2 book with the corrections from Family Practice is being translated to a number of different languages: Portuguese, Romanian, Dutch, French, Spanish, Danish, Finish, Chinese, Greece and German.

Two collaborating centres have been established: Family Medicine Research Centre (FMRC) in Sydney and the Amsterdam/Newcastle in Europe. FMRC is promoting ICPC-2 in Australia and in South East Asia. The Amsterdam/Newcastle Centre is working with links between ICPC-2 and all other classifications such as ICD-10, ICD-10-CM, SNOMED, Read, ICPC-PLUS, Encode-FM and ICIDH-2.

Copyright and licensing issues regarding the electronic version's use by official bodies such as governments and by software developers, has been taken over by the Chief Executive Officer of WONCA in conjunctions with members of WONCA Executive Committee. A web site is established and has been further developed.

The first draft of WONCA International Dictionary of General/Family Practice has been refereed by OUP, who first seem to be very positive towards the idea and the product, but turned it down by the Publication Board. The draft has been distributed to all WONCA Executives and WICC members, and only positive comments has been received. It is now with the Blackwell Scientific Publications in Melbourne, for them to consider possible publication.

Further development and translation of the DOUSOI/WONCA severity rating scale has taken place and a tutorial to explain the use of the instrument has been developed. The scale is included into the electronic version of ICPC-2-E and copyright issues are cleared

with Duke Medical School and the Chief Executive of WONCA. Field trials of DUSOI/WONCA have taken place and show high acceptability and the G/FPs think more about the content of the consultation by using the instrument.

Liaison with WHO is developing further and close contact with the Danish representative of the Centre Heads of WHO and the Chairman of WICC is taking place. An article by the Chairman about a people centred classification of health problems seen in primary care, has been published in the October issue of WHO's journal: Towards Unity for Health.

Further details about the work of WICC are provided in the following pages.

In the 2002-2004 triennium WICC will continue with the following projects:

1. Further development of ICPC-2:
 - . ICPC-2-E implementation into electronic medical records (EMR)
 - . Translations
 - . Process codes
 - . Clustering of diagnosis
 - . Drug classification
 - . Continuously updating the electronic version by producing new versions.
 - . Develop a comprehensive and large index in English (more than 70.000 terms), that is easy translated to other languages.
2. Start to collect data for an ICPC-3 in 5-7 year from now.
3. WONCA International Dictionary of General/Family Practice publication and updating, making preparations for a 2nd edition.
4. Testing and reporting on DUSOI/WONCA.
5. Updating WICC web site and linking it to WONCA's web site.
6. Supporting activities such as the CISP club and the Asia Pacific Classification Committee, in order to spread the knowledge and facilitate the use of ICPC-2.
7. Further liaison with WHO, with regard to get ICPC-2 accepted in the Family of Classifications.
8. Collecting information about publication using ICPC for a bibliography of ICPC.

Resources required will total \$US for the triennium. Details of projects and resources are provided in the accompanying Operational Plan and Budget paper.

Slovenia meeting.

WICC held a four-day meeting in Strunjan from 24th to 28th of September 2000, which was attended by 20 participants from 16 countries. Distribution of ICPC-2-E, translations and the ICPC-2 to ICD-10 conversion, was the main business of the meeting. 10 working groups have been formed, and their work was reported. 5 papers were presented, all related to classification and ICPC. The strategy for publication of the WONCA

International Dictionary of General/Family Practice was discussed. The work with the DUSOI/WONCA checklist was reported, and an article is planned. The WICC web site was discussed in relation to the development of a larger WONCA web site.

ICPC-2

The ICPC-2 book now sold by OUP has a sticker informing about the last corrections of chapter 10 in ICPC-2, and an explicit reference to the article in the April issue of the Journal of Family Practice. All translators have signed an agreement with the Chief Executive officer of WONCA, and the translations will be followed up by WICC. An updated conversion structure between ICPC-2 and ICD-10 will be made available in a new electronic version of ICPC-2-E in the beginning of 2001. The electronic version will be updated regularly, but only error will be corrected. New entries such as symptoms or diagnosis, will be postponed, and collected for discussion in relation to an ICPC-3, which will not be actual for the first 5 years.

ICPC-2 will be presented both at a stand and at a special session at the WONCA World Conference in Durban in May 2001. WICC members should present ICPC-2 nationally and internationally whenever possible.

A comprehensive index in English is being developed. It should contain more than 70.000 terms in order to be useful.

The DUSOI/WONCA severity checklist will be included in ICPC-2-E together with a new manual, which explains its use.

A number of translations are already available: Romania, Portuguese, French, Spanish, and Dutch. A large number are under way: Danish, German, Chinese, Slovenian and Finnish.

Copyright and licensing of ICPC-2-E is dealt with by WONCA, since it needs careful planning and juridical consultation with lawyers who are experts on international law. ICPC-2 has been included in UMLS.

Collaborating Centres

FMRC in Sidney is implementing ICPC-2 and ICPC-2-Plus in South East Asia, and has been working hard on promoting ICPC-2 as the classification, which should be used in General Practice throughout Australia from 2005. Unfortunately not with completely success, since a classification review group, did find it recommendable to use ICPC as the classification in General Practice.

A new collaborating centre, between University of Amsterdam and University of Newcastle, has been established. The main task of the Amsterdam/Newcastle centre is to map all possible linkages between ICPC-2 and all other major classifications such as ICD-10, ICD-10-CM, Read codes, SNOMED, Encode-FM, ICPC- Plus and ICIDH-2.

WONCA International Dictionary for General Practice/Family Medicine

The first draft is finished and has been submitted to OUP for publications. 10 referee comments were from very positive (John Last) to very negative, and the commissioning editor of OUP was hopeful that it would go through the Publication Board with out problems. But here so many requirements came up, that the draft was with drawn, and now is send to Blackwell Scientific Publications in Melbourne for considerations. No

final word has yet been received. All WONCA working groups have received a copy for comments, and so have all Executive members. The feedback has been scarce, but positive.

Web site

A working group will explore the possibility of collaboration with Rob Wilson, responsible for the new WONCA portal and web site. Work with standardisation, funding and updating is needed. The web site should cover 4 main areas: communication, training, methodological studies and research.

Function and severity

The working group has developed a tutorial for the use of DUSOI/WONCA. Data are needed to get more information about the use of the checklist in daily practice. Translations are still being done, but a number are still lacking. Publication about the results of these is considered.

Bibliography

A large bibliography containing all known articles where ICPC is mentioned, has been collected. The references will be put on standardised format for easy access.

Conversion

A conversion from ICPC-2 to ICD-10 on a 4-digit level is being developed and should be available in the electronic version in the beginning of 2001.

Process

Rather complex problem, but there is a great need for it. Difficult to make it internationally relevant. Important areas are referrals, type of treatment and communication with patients.

Data-set

To work out comprehensive data set which can be exchanged between different EMR are difficult, since most EMRs in G/FP are not episode oriented. Necessary to define a standard data set and a common export file format.

Clustering

In order to compare date internationally, it is often necessary to cluster diagnosis. Work is being done on this, and should be available in early 2001.

Drug

This is a very important and actual problem to solve. WICC need to prioritise this classification challenge, and come up with a solution for primary care.

WHO

Centre of heads in WHO has had a number of meetings, discussing who should be member of the "WHO's family of classifications"? It is important for WONCA to get ICPC-2 accepted as one of the members, and to prevent WHO setting up a new working

group, trying to make a primary care classification, which is not episode oriented. Liaison is going on between the chairman of the Danish centre of heads: Dr. Gunnar Schiøler.

Regional activities

The French-speaking members of WICC, has established a very strong CISP club, which is promoting ICPC-2 to a lot of new countries in the French speaking part of the world. It is also arranging meetings and courses regarding the use of CISP (ICPC in French).

The Asia Pacific Classification Committee is active both at WONCA regional meetings and corresponding about ICPC, translations and other relevant issues. A Nordic ICPC network is beginning to function.

New Members

New members has been proposed from Greece, Romania, China (Hong Kong) and Belgium. They have been accepted on the mailing list, under the condition, that they are not representing anybody, but are interested in classification problems, and want to work with these through communication between meetings and at the yearly WICC meeting.

Next meetings

WICC is arranging a stand at the WONCA meeting in Durban in May of 2001, and also a scientific session on ICPC. Another meeting this year will be arranged in Paris from 9th to 13th of September, arranged by Francois Mennerat. The meeting in 2002 will be held in Sidney, Australia.

WICC accounts for 2000 are shown in Appendix 1.

The budget for 2001 is shown in Appendix 2.

WONCA INTERNATIONAL CLASSIFICATION COMMITTEE

Operational plan and Budget for 2002 – 2004

Objectives

WICC will continue with the following projects:

1. Further development of ICPC-2:
 - . ICPC-2-E implementation into electronic medical records (EMR)
 - . Translations
 - . Process codes
 - . Clustering of diagnosis
 - . Drug classification
 - . Continuously updating the electronic version by producing new versions.
 - . Develop a comprehensive and large index in English (more than 70.000 terms), that is easy translated to other languages.
2. Start to collect data for an ICPC-3 in 5-7 year from now.
3. WONCA International Dictionary of General/Family Practice publication and updating, making preparations for a 2nd edition.
4. Testing and reporting on DUSOI/WONCA.
5. Updating WICC web site and linking it to WONCA's web site.
6. Supporting activities such as the CISP club and the Asia Pacific Classification Committee, in order to spread the knowledge and facilitate the use of ICPC-2.
7. Further liaison with WHO, with regard to get ICPC-2 accepted in the Family of Classifications.

Project 1

Aims and objectives of the project/task:

To update ICPC-2-E in new electronic versions and collect new symptoms and diagnosis for later use in ICPC-3.

Detailed plans for the project

The errors are now corrected, but there are undoubtedly still errors, which has been overseen, and which need to be corrected in an electronic version, which has to be so perfect as at all possible. The conversion between ICPC-2 and ICD-10 has to be refined and corrected for errors and mistakes, and should be made on a 4-digit level to ensure the highest possible precision.

The translators have to be followed up in order to ensure high quality translations, possible following the same rules about forward and back translations at least for part of ICPC-2. This is important to ensure consistency across language and cultures. Dr Inge Okkes is co-ordinating this work.

The copyright issues and licensing problems has to be worked out by WONCA, but WICC want to emphasise that the ICPC-2-E should be free of charge for the end user - the G/FP.

The process codes are difficult to agree upon, since they are so country specific, and international rules are difficult to develop. Mike Klinkman is co-ordinating this work, with special emphasis on Referral, treatment and communication with patients.

Clustering diagnosis is often necessary in order to compare results from research carried out in different cultures. Dr. Helena Britt is co-ordinating this work.

Drug classification is one of the primary needs in classifications in most countries. A drug classification has to be developed and agreed upon, one which is easy converted to the major international drug classification codes such as the ATCH. This task has not yet been taken up by WICC, but will be on the agenda as a major topic at the meeting in Paris later this year.

Index development is the key to the usability of a classification, because it is through the used language that the G/FP should be coding quickly and correct. An index in English which can easily be translated to other languages, is being developed containing some 70.000 terms.

Expenditure for the project

Office and secretarial expenses US \$ 3,000

Income budget for the project

Nil to WICC, but WONCA may get some money from royalties and licensing fees, as different countries or software developers accept ICPC.

Method of assessing the outcome of the project

Distribution of ICPC-2-E in different languages and implementation into G/FP EMRs around the World.

Project 2

Aims and objectives of the project/task

Collect information to develop ICPC-3, including corrections to chapter 10.

Detailed plans for the project

A clearing house should be selected for gathering the suggested changes which are found necessary when edition of ICPC-3 are due in 5-7 years from now.

Expenditure budget for the project

Office and secretarial expenses US \$ 1,500

Income budget for the project

Nil

Methods of assessing the outcome of the project

Extend to which suggestions of new symptoms and diagnoses are reported to the clearinghouse.

Project 3**Aims and objectives of the project/task**

Get the WONCA International Dictionary for General/Family Practice printed, translated, distributed and updated, preparing for a new edition.

Detailed plans for the project

Contact with publishers in order to get the dictionary printed and distributed. Get in contact with interested colleges and colleagues in order to get the dictionary translated and renewed. Niels Bentzen will continue as chief editor and will enlist the co-operation of interested members of WONCA Council, committees, working parties and others.

Expenditure budget for the project

Professional support and secretarial expenses	\$ US 3,000
Travel and meetings for chief editor	2,000
<u>Dictionaries bought by WONCA and WICC for free distribution</u>	<u>1,000</u>
Total cost for this project	\$ US 6,000

(Note: this project has been subsidised from Danish GP funds and private funds (NB) with approx. US \$ 20,000 over the past 6 years)

Income budget for the project

Depending on the sale and the agreement with publisher, some revenue may come back to WONCA.

Method of assessing the outcome of the project

Publication available in 2001 and the number of Dictionaries sold. Establishing a network for translations and updating.

Project 4**Aims and objectives of the project**

To further develop and revise the DUSOI/WONCA severity of illness scale based on trial in different countries using validated translations.

Detailed plans for the project

Finalise the translations, and publish a tutorial to illustrate how to use the scale. Set up a project where the scale is used in different countries, and collect and compare the results, both with regard to the validity of the measurement with different group of patients, but also to get information back from the G/FPs about its acceptability and usefulness in daily practice.

The Functional and Severity (FAS) working group led by George Parkerson has already commenced this work. An article about translation procedure is planned and a further international trial is underway.

Expenditure budget for the project

Office and secretarial expenses for
Professor Parkerson each year \$ 1,000

US \$ 3,000

Income budget for the project

Nil

Method of assessing the outcome of the project

Number of translations and trials in which DUSOI/WONCA is being used and validated.
Number of publications.

Project 5**Aims and objectives for the project/task**

Updating the WICC web site and linking it to the WONCA web site.

Detailed plans for the project

Examples of a multi-language ICPC will be available on the WICC web site. The web site should contain 4 areas: one for communication for WICC members, the mailing list, meetings and information about conferences, advertisement etc. A site for training in using ICPC to code and a site for results from methodological studies and research.

The web site working group with Marc Jamouille and Bob Bernstein has commenced the work, and will make contact with Rob Wilson in Newcastle; in order to make the best link with the WONCA web site.

Expenditure for the project

Development and maintenance of the site

US \$ 3,000

Income budget for the project

Nil

Method of assessing the outcome of the project

Extent to which the site is visited.

Project 6

Aims and objectives of the project/task

Support the international implementation of ICPC to more countries than the WICC members represent.

Detailed plans for the project

Develop posters, educational material and presentations to be used at national and international meeting. Support stands at the WONCA world and regional conferences, and encourage WICC members to attend and present papers, posters and take part in discussions about future development of General/Family practice.

Graeme Miller is working with the G/FPs in the Asia Pacific region, and Marc Jamouille is working through the CISP club with French speaking G/FPs. Erik Falko and Anders Grimsmo is establishing a Nordic ICPC-2 network. Other may start to involve G/FPs from South America, Africa, China, Russia and other countries, in which primary health care, as we know it, starts to develop, and a need for an international professional language is needed.

Expenditure budget for the project

This is a prioritised field in which individual members are putting a lot of work and often need small amounts of money to make “a difference”. 1,500 US \$ should be set aside for this activity per year.

US \$ 4,500

Method of assessing the outcome of the project

Number of meetings attended or organised by WICC members and the number of attendees to these meetings.

Project 7

Aims and objectives of the project/task

To liaise with WHO about classifications and get ICPC-2 accepted as one of the “WHO family of classifications”.

Detailed plans for the project

Co-operative relationship have now been established with WHO, through the president of WONCA with WHO heads of Centres and through personal contact to Dr. R. Madden, Australia, and dr. G. Schiøler, Denmark. The chairman has contact with Dr. G.Schiøler and joint meetings are prepared. It is important to get WHO to accept the concept of an episode-based classification for primary care and not to set up a new attempt construct a classification which fits with ICD-10.

Expenditure budget for the project

Travel and meeting cost for the chairman and WICC members.

US \$ 3,000

Income budget for the project

Nil

Method of assessing the outcome of the project

Results of the meetings with WHO and their acceptance of ICPC-2 as a valid classification which is complementary to ICD-10, and that the two classifications are developed for different purposes, and therefore cannot be converted completely to each other but for practical reasons a conversion structure can be constructed.

General budget for the Trienium 2002-2004

Expenses

Yearly WICC meetings, each year US \$ 20,000 US \$ 60,000

(Note: the number of active members, and travel cost and accommodation cost are increasing, and these cost are only partly subsidised, and less and less of the individuals costs over the last 3 years have been met in full, so all members attending contribute to the cost)

Office expenses incl. telephone/fax/e-mail, postage and printing US \$ 12,000

Project expenses

Project 1 US \$ 3,000

Project 2 1,500

Project 3 6,000

Project 4 3,000

Project 5 3,000

Project 6 4,500

Project 7 3,000

Total expenses for the triennium: 2002 - 2004 US \$ 96,000

Income

WICC may generate some income, but that will all go directly to WONCA. In case major income is generated from the work WICC has produced, some of this should be channelled back to WICC, to cover the substantial expenses each member pay towards his or her expenses in participating in the work of WICC.

Schedule of funds required each year

2002, 2003 and 2004. The budget necessary is estimated to be equal each year.

General expenses (meeting, office and administrative cost)	US \$ 12,000
Project 1	1,000
Project 2	500
Project 3	2,000
Project 4	1,000
Project 5	1,000
Project 6	1,500
Project 7	1,000
Yearly budget	US \$ 32,000

WICC 2000 report
04/11/11