

Mike's chalange:

"Would you two be willing to work on a first simple draft to convert current ICPC-2 content to the new structure of codes in ICPC-3 for one chapter?"

- Stage 1
 - What did I do? Overwhelmed
- Stage 2
 - What do I do? Confused
- Stage 3
 - How do I do it? Getting guidance
- Stage 4
 - What am I doing? Taking a step back

- Stage 1: What did I do? Overwhelmed
 - Not aware of what happened before 2011
 - Homework:
 - ICPC-3 structure proposal
 - ICPC-3 blueprint draft
 - ICPC-3 overall structure table
 - Chapter G initial proposal
 - Chapter G proposed table
 - Merged comments on chapter G proposal

Stage 1: What did I do? Overwhelmed

Not aware

re 2011

Homework

• ICPC-3 str

• ICPC-3 blu

ICPC-3 ov

Chapter (

Chapter G

Merged c



Stage 2: What do I do? Confused



- Stage 2: What do I do? Confused
 - Using ICD-10 to see where things had moved
 - Excel is just a linear spreadsheet
 - Need a relational database

- Stage 2: What do I do? Confused
 - Using ICD-10 to see where things had moved

ICD-10 to ICPC

		I	
ICD-10	•	ICPC2 ▼	ICPC3 ▼
A50.0 Early congenital syphilis, symptomatic	+	X70	GG01
		Y70	GG01
A50.1 Early congenital syphilis, latent	+	X70	GG01
		Y70	GG01
A50.2 Early congenital syphilis, unspecified	+	X70	GG01
		Y70	GG01
A50.3 Late congenital syphilitic oculopathy	+	X70	GG01
		Y70	GG01
A50.4 Late congenital neurosyphilis [juvenile neurosyphilis]		X70	GG01
		Y70	GG01
A50.5 Other late congenital syphilis, symptomatic		X70	GG01
		Y70	GG01
A50.6 Late congenital syphilis, latent	+	X70	GG01
		Y70	GG01
A50.7 Late congenital syphilis, unspecified	+	X70	GG01
		Y70	GG01
A50.9 Congenital syphilis, unspecified	+	X70	GG01
		Y70	GG01
A51.0 Primary genital syphilis	+	X70	GG01
		V70	0001

- Stage 2: What do I do? Confused
 - Using ICD-10 to see where things had moved

to ICD-10

ICPC3 ▼		ICD-10
(Em branco) ±	+	N46 Male infertility
		Z31.0 Tuboplasty or vasoplasty after previous sterilization
		Z31.4 Procreative investigation and testing
		Z31.6 General counselling and advice on procreation
		Z31.8 Other procreative management
		Z31.9 Procreative management, unspecified
		Z30.2 Sterilization
		Z30.0 General counselling and advice on contraception
		Z30.8 Other contraceptive management
		Z30.9 Contraceptive management, unspecified
GA01 ±	+	N47 Redundant prepuce, phimosis and paraphimosis
GA02 ±	+	Q54.0 Hypospadias, balanic
		Q54.1 Hypospadias, penile
		Q54.2 Hypospadias, penoscrotal
		Q54.3 Hypospadias, perineal
		Q54.4 Congenital chordee
		Q54.8 Other hypospadias
		Q54.9 Hypospadias, unspecified
GA03	+	Q53.0 Ectopic testis
		Q53.1 Undescended testicle, unilateral

- Stage 3: How do I do it? Getting guidance
 - Is this what you want?
 - Not really...
 - Mapping would be done later
 - Agree on rubric content first
 - Give clinical input
 - Discuss the proposed structure

- Stage 3: How do I do it? Getting guidance
 - Take 2

GS13 Menopausal symptom/complaint

In ICPC-2, **X11** stated: atrophic vaginitis; menopause syndrome; senile vaginitis; symptom/complaint related to menopause

The include information for **GS13** now states: Atrophic vaginitis; senile vaginitis; climacteric; hormone replacement therapy; menopausal hot flushes; menopausal tension; menopausal syndrome; peri-menoapusal, pre-menopausal, post menoapausal

I agree with the specification of the symptoms/complaints that are related to menopause, specially hot flashes. However, I do have some doubts on some of the other terms introduced. Climateric as I understand it is being in menopause, and I don't think being in menopause by itself should be recorded as a reason for encounter or a problem. It's a natural state. Likewise, I have issues with the terms perimenopausal, pre-menopausal and post-menopausal. This would make us record this code in every woman since birth until death, wouldn't it?

- Stage 4: What am I doing? Taking a step back
 - Is this the right structure?
 - Not sure...
 - Current users should migrate with minimum effort
 - Frequency data is important for decisions...
 - Which rubrics need changing?
 - Need for worldwide representativeness
 - ...but terminologies might also introduce noise
 - Need for clinical input

- Stage 4: What am I doing? Taking a step back
 - Identify issues with ICPC-2
 - Current ICPC-2 users (K74 and K76)

