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Progress on ICPC: Germany

History:

Since 2000 it is mandatory for every health care provider in Germany to code diagnoses with ICD-10-GM (German Modification) for billing reasons. Voices in primary care that ICD-10 is not suitable for primary care have been neglected. Shortly after a group of researchers at the University Hospital Heidelberg started to develop and build up a project called CONTENT (CONTinuous morbidity registration Epidemiologic NeTwork; www.content-info.org). Customary electronic health records (EHR) were modified to make possible coding with ICPC-2 and documentation in episodes of care. The data are anonymised in the EHR and exported to the CONTENT data base at the University hospital of Heidelberg. The network currently consists of 34 practices. Since some years also the department of general practice of the University of Dresden is running scientific projects, the SESAM-studies (Saxonian Epidemiologic Studies in General Practice) based on data aggregated with ICPC-2 (http://tu-dresden.de/die_tu_dresden/fakultaeten/medizinische_fakultaet/inst/ame/ forschung/projekte)

Progress in 2012:

There have been several attempts, but little progress in bringing ICPC-2 forward in Germany. The work in Heidelberg concentrated on publishing research articles on the basis of CONTENT-data to demonstrate the usefulness of such a network for general practice and health services research. Recently funds could be raised to set up a new sub-project called Phyto-CONTENT. The objective is to display the amount and spectrum of complementary medicine in German primary care practices. A major reform of out-of-hours care (OOHC) is planned in the land of Baden-Württemberg (south- west Germany). The CONTENT working group currently is trying to get the CONTENT-software installed in the 70 OOHC-practices of the land. Most German general practitioners (GPs) don't classify diagnoses in a strict sense. Instead they pick words from drop-down menus that either stem from a German thesaurus of ICD-10 with about 120.000 items or from self-made lists. The fact that many GPs create self-made lists shows that the ICD-10 thesaurus is far too big for use in general practice. The self-made lists contain many mistakes in coding. Currently the diagnoses in the CONTENT-project are coded with ICD-10 (for billing reasons) and then "translated" to ICPC-2 via the mapping between the two classifications. A specific thesaurus for primary care would make the lists in the drop-down menus shorter and might thus enhance data quality. If the terms of the thesaurus would be mapped not only to ICD-10-GM but to ICPC-2 at the same time, the thesaurus could serve as an interface terminology between the two classifications. Translation problems could thus be avoided. Therefore the CONTENT working group is currently developing a specific thesaurus for primary care as a subset of the official German ICD-10 thesaurus plus some missing terms missing.