

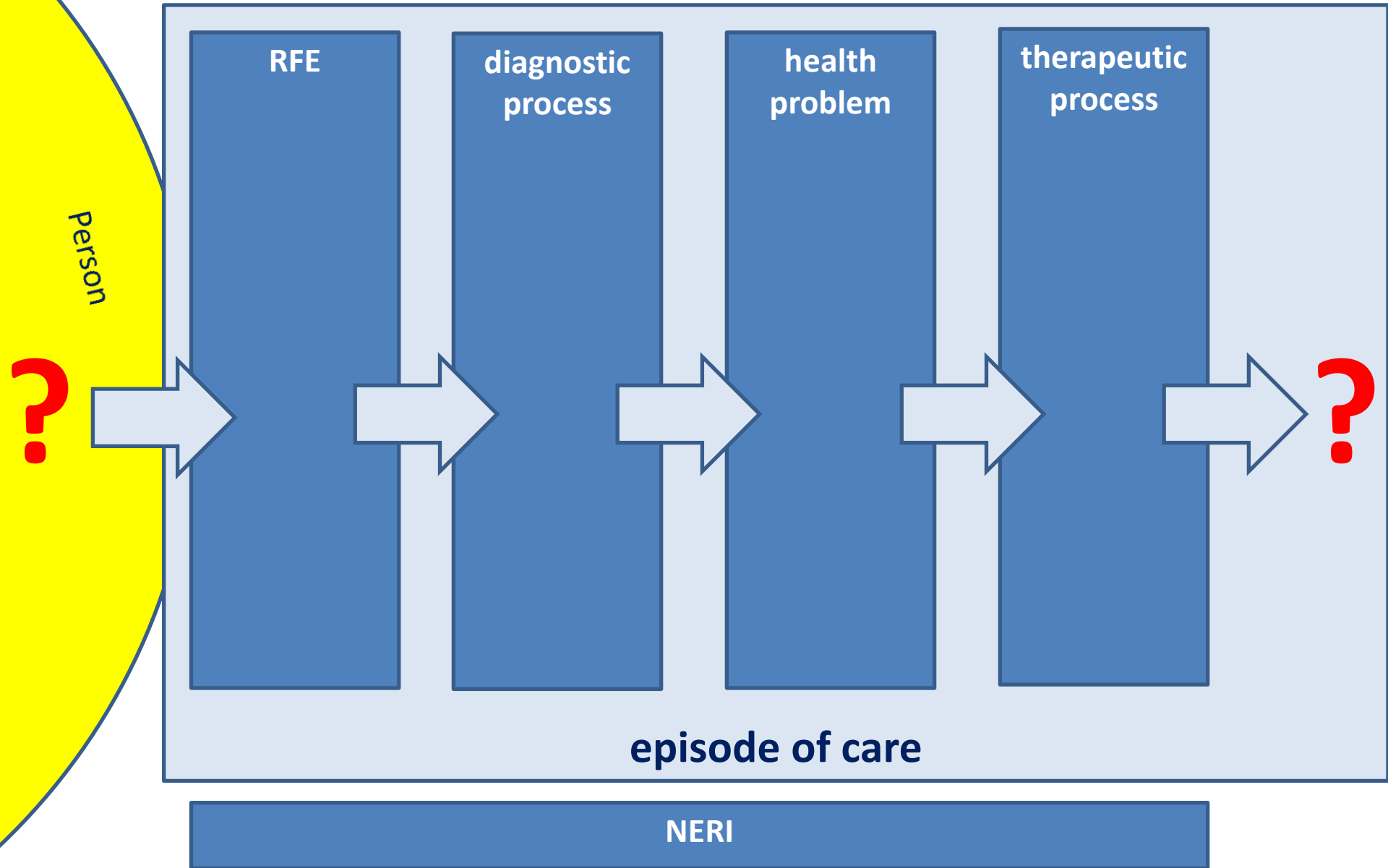
Person related information (PERI)

What influences our decisions in general practice?

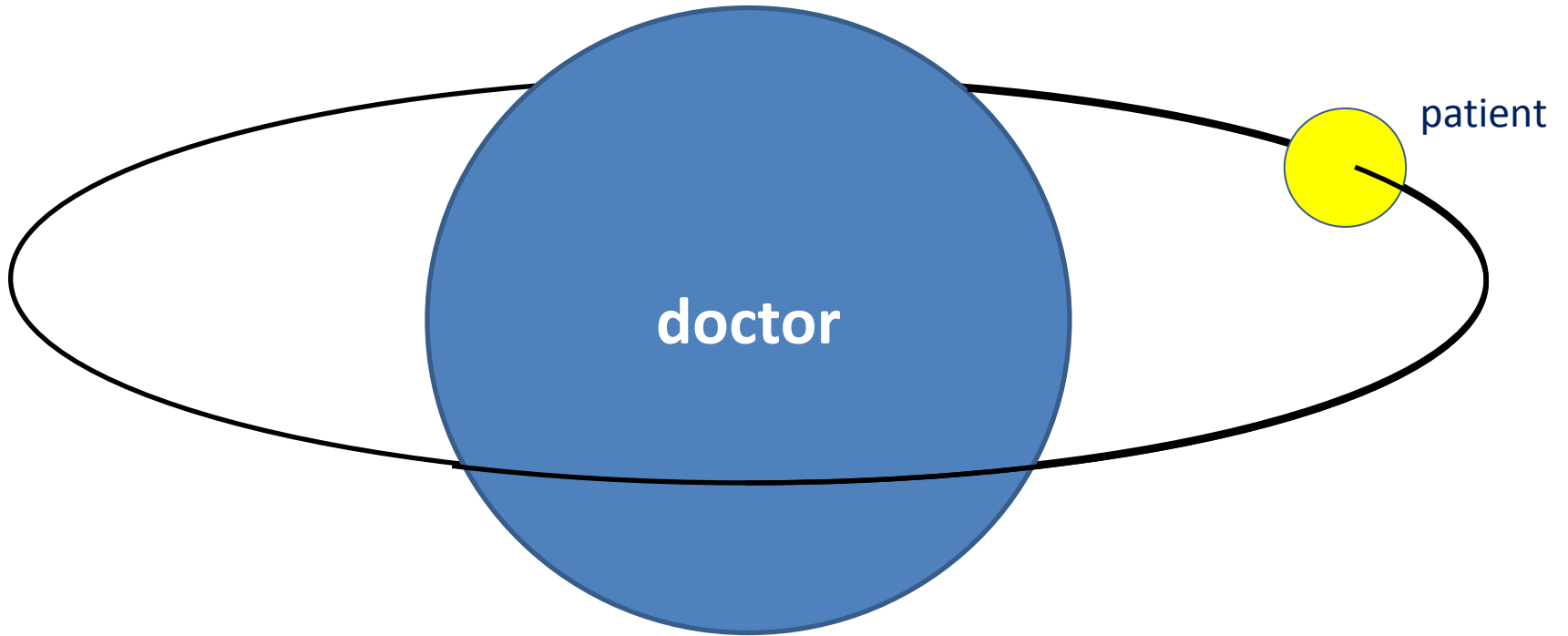
Diego Schrans (Belgium), Kaat de Smet (Belgium), Kees van Boven (The Netherlands), Daniel Pinto (Portugal), Henry Lawson (Ghana), Pauline Boeckxstaens (Belgium), Sebastian Juncosa (Spain), Gustav Kamenski (Austria), Ferdinando Petrazzuoli (Italy), Shabir Moosa (South Africa), Mike Klinkman (USA), Gustavo Gusso (Brazil), Than Liem Vo (Vietnam), **Thomas Kühlein** (Germany) for the Wonca International Classification Committee (WICC)

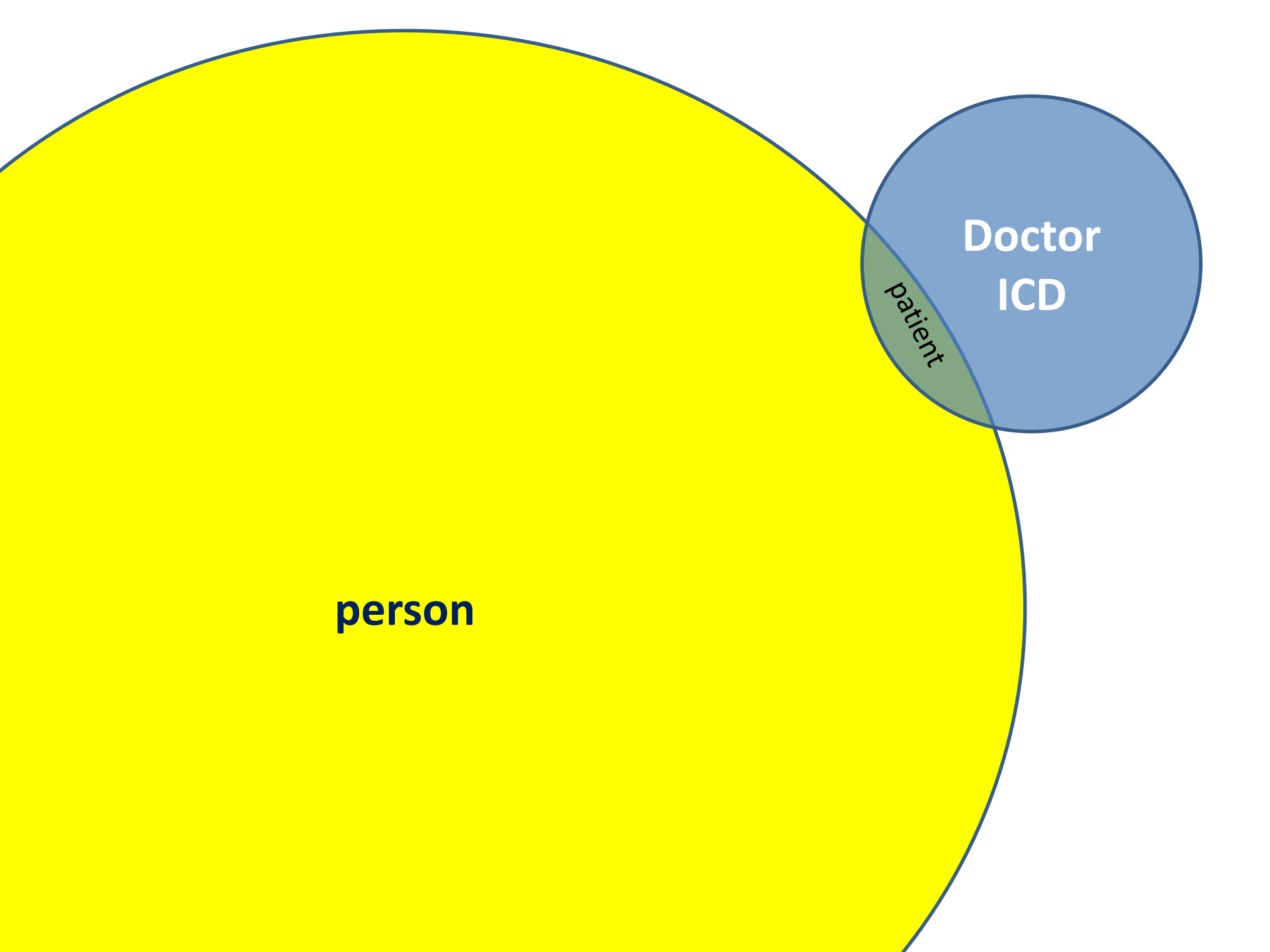
background

medical world view in good old times



medical world view in good old times



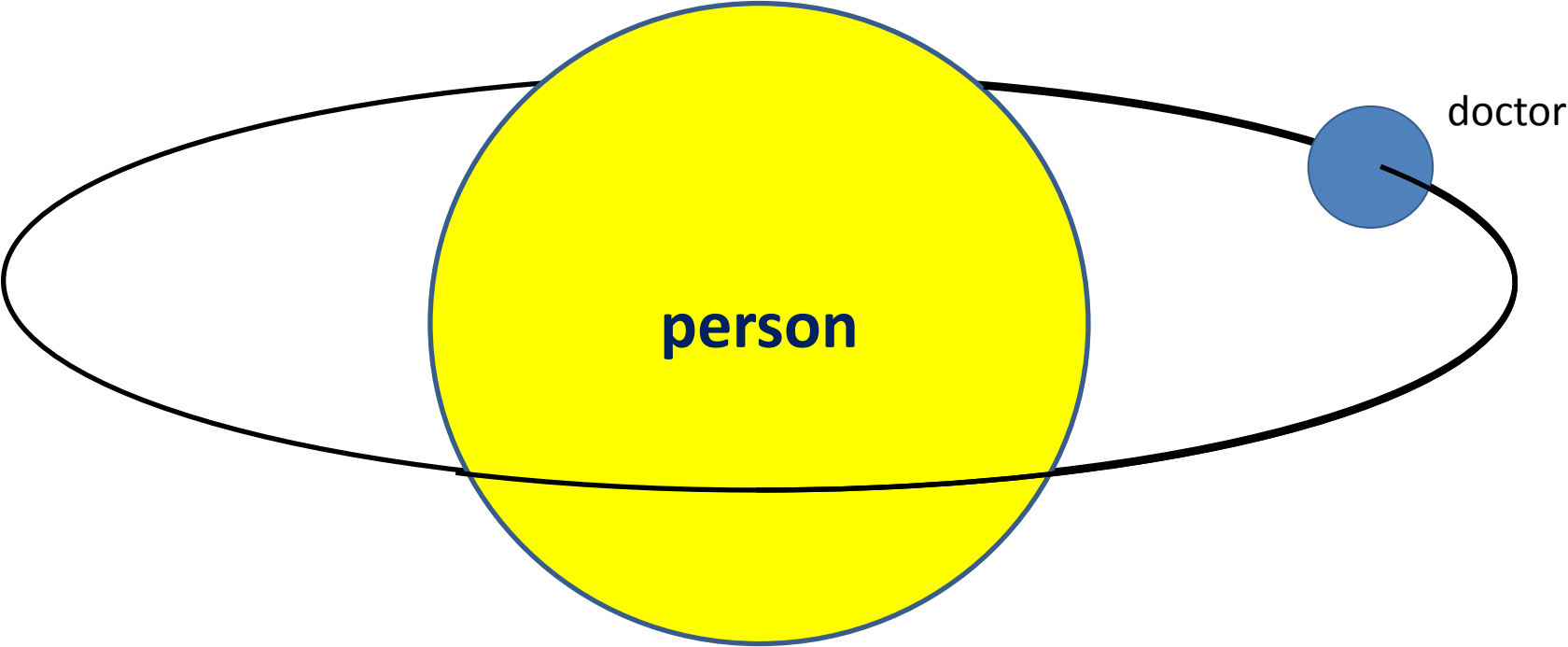


person

**Doctor
ICD**

patient

The Copernican revolution of primary care



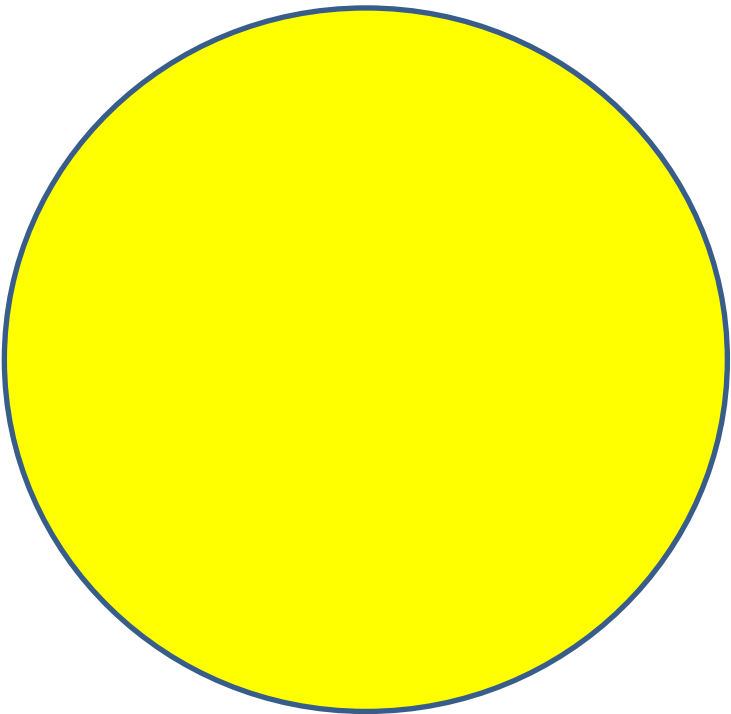
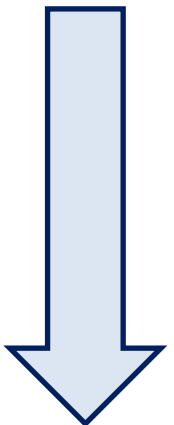
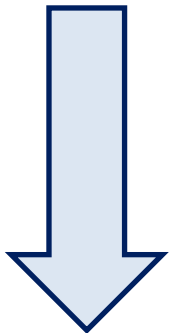
How can **PErson Related
Information**

PERI

be integrated in the description of
the content of primary care?

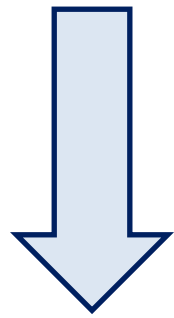
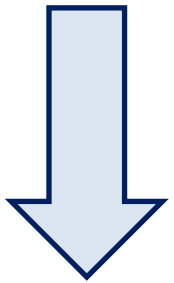
single patient/
person

patient groups



narratively

coded



case history

statistics

If we want to describe PERI statistically, we need classes of PERI relevant for primary care

Disability and Rehabilitation, 2011; 33(13–14): 1089–1102

informa
healthcare

They were about adult populations (34%), children and youth (15%) and the elderly (16%). Twenty-seven percent of the articles were from speech–language therapy, speech–language pathology or audiology. Further fields included occupational therapy (10%), nursing (8%), physical therapy (4%), insurance or occupational medicine (4%) and psychology or rehabilitation counselling (3%).

No studies from primary care

studyquestion:

What classes of PERI can be found in case-histories from primary care?

methods:

Collection of case histories from PC where PERI played a role in the process of care

Inductive coding of text-material (triangulation, defined classes, until saturation)

Grouping of codes into code families (defined and mutually exclusive)

Software used: RQDA

RQDA: Qualitative Data Analysis

Hinzufügen Löschen rename Memo

Anno Coding Unmark Mark

Selected.code.id.is.4_10.codings

- educational level
- Emotional aspects
- experience with medical care
- Family background
- Family state
- Feeling overwhelmed by medical demands
- Functionality of formal care
- Functionality of informal care
- Gender
- Health behaviour
- housing conditions
- influences of social context
- Kind of consultation
- legal problem
- multimorbidity
- Personal history
- personality/ lifestyle
- preference
- Profession
- relationship towards disease (understanding/ emotional)
- Side effect/ contraindication
- socio-economic status
- traumatic experience

code Memo:socio-economic status

Save Memo

Inclusions, definition, description: Social and economic credits attributed by society to the person, including occupation, poverty if this affects or influences the process of care

Borders, relationships, overlaps:

- Housing conditions
- Preferences
- Educational level
- Connectivity

conclusions

- PERI can be classified in this way
- PERI study has to be finished yet

outlook

Future studies with PERI:

- How can PERI classification be combined with other classifications like ICPC or ICF?
- What are the frequencies of PERI in PC?
- Are there differences of PERI internationally?
- How do differences of PERI influence decisions and outcomes?



**Thank you for
attention**