The International Classification of Primary Care (ICPC) as a reason for encounter classification.

An exploration for its extended use to classify ideas, concerns and expectations (ICE)
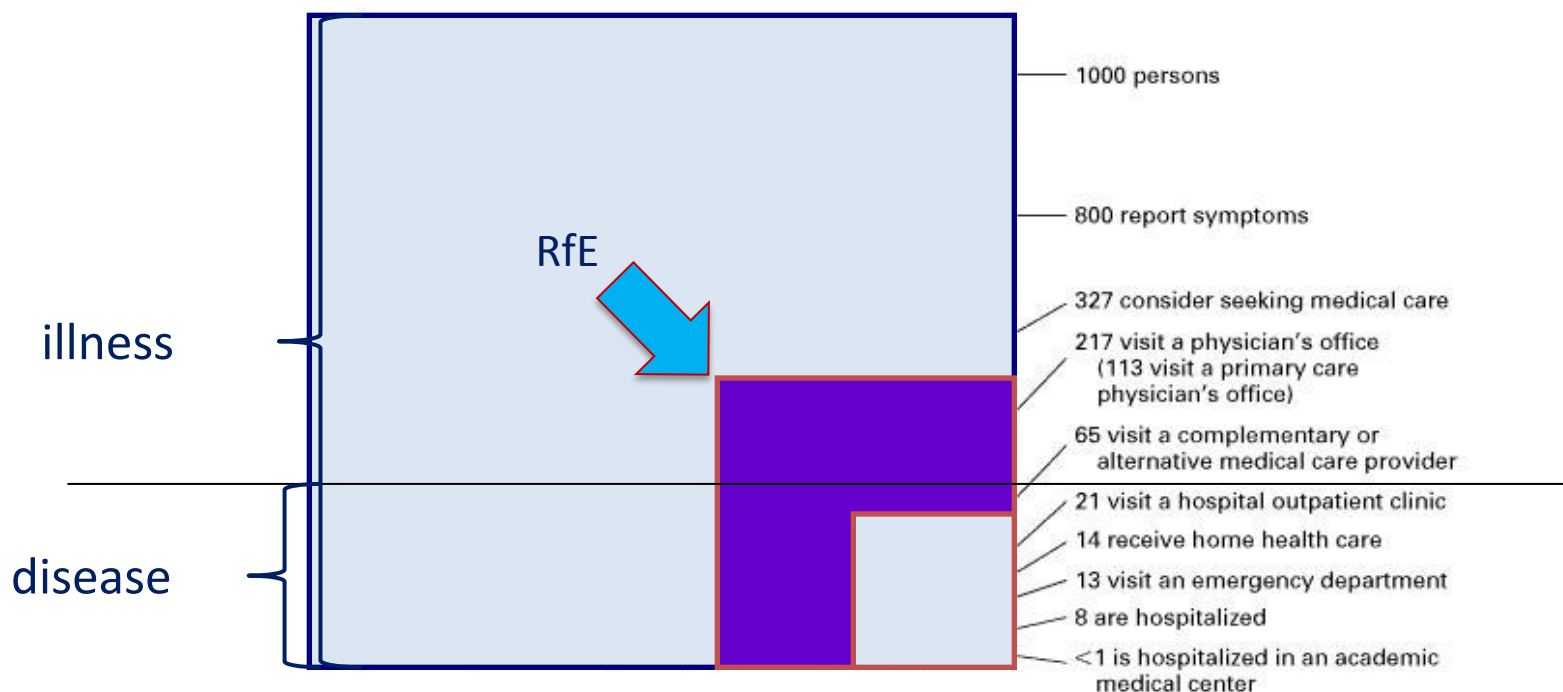
Diego Schrans; Pauline Boeckxstaens; Jan Matthys;
Thierry Christiaens; **Thomas Kühlein**; Dirk Avonts

„because things are only understood in a framework"

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background

1000 persons

800 report symptoms

327 consider seeking medical care

217 visit a physician's office
(113 visit a primary care
physician's office)

65 visit a complementary or
alternative medical care provider

21 visit a hospital outpatient clinic

14 receive home health care

13 visit an emergency department

8 are hospitalized

<1 is hospitalized in an academic
medical center

RfE

illness

disease

Green LA et al., The Ecology of Medical Care Revisited NEJM 2001;**344:2021-2025**

ICPC-2

– Allows coding of RFE

– RFE is the patients property

– RFE should be agreed upon by the patient

Exploring the patients agenda:

„A symptom is inevitably a symptom of something"

Cassell EJ. The nature of suffering and the goals of medicine.
Oxford University Press, Oxford 2004

RFE = symptom + the meaning attached

Methods

Patients' ideas, concerns, and expectations (ICE) in general practice: impact on prescribing

Jan Matthys, Glyn Elwyn, Marc Van Nuland, Georges Van Maele,
An De Sutter, Marc De Meyere and Myriam Deveugele

Conclusion

An association was found between the presence of concerns and/or expectations, and less medication prescribing. The data suggest that exploring ICE components may lead to fewer new medication prescriptions.

Definition of ICE in this study

Box 1. Registration form that GP trainees used to record possible ideas, concerns, and expectations of patients.

▶ Reason for contact, orally expressed by the patient:

For example, 'I have requested a consultation because of ... '

▶ Ideas
Are the ideas of the patient about a possible diagnosis, treatment, or prognosis expressed in the consultation? (Yes/No)

If yes, what ideas are expressed?

▶ Concerns
Is concern (fear/worry) of the patient about a possible diagnosis or therapy present in the consultation? (Yes/No)

If yes, what are the concerns about?

▶ Expectations
Is the expectation (what the patient wants) for a treatment, a diagnosis, or a therapy present in the consultation? (Yes/No)

If yes, what are the expectations of the patient?

Problem for a classification of ICE:

classes must be mutually exclusive

ICE might be better defined as :

- **Ideas** :
  - what the patient thinks his illness/disease might be

- **Concerns** :
  - what the patient is afraid the diagnosis might be

- **Expectations** :
 - what the patient expects from this visit/the doctor

- Code free text from Matthys' study with ICPC codes (ICPC-2)

- RFE and ICE idependently coded junior/senior, irrespective of definition of ICE

- Non codable items are currently qualitatively analysed to identify missing codes

demography

Population	
Mean age	48,5j
Men	44,5%
education >18y	35%
>4 consultations/y	57%
Home visitis	16%
New RFE	55%

distribution of RFE
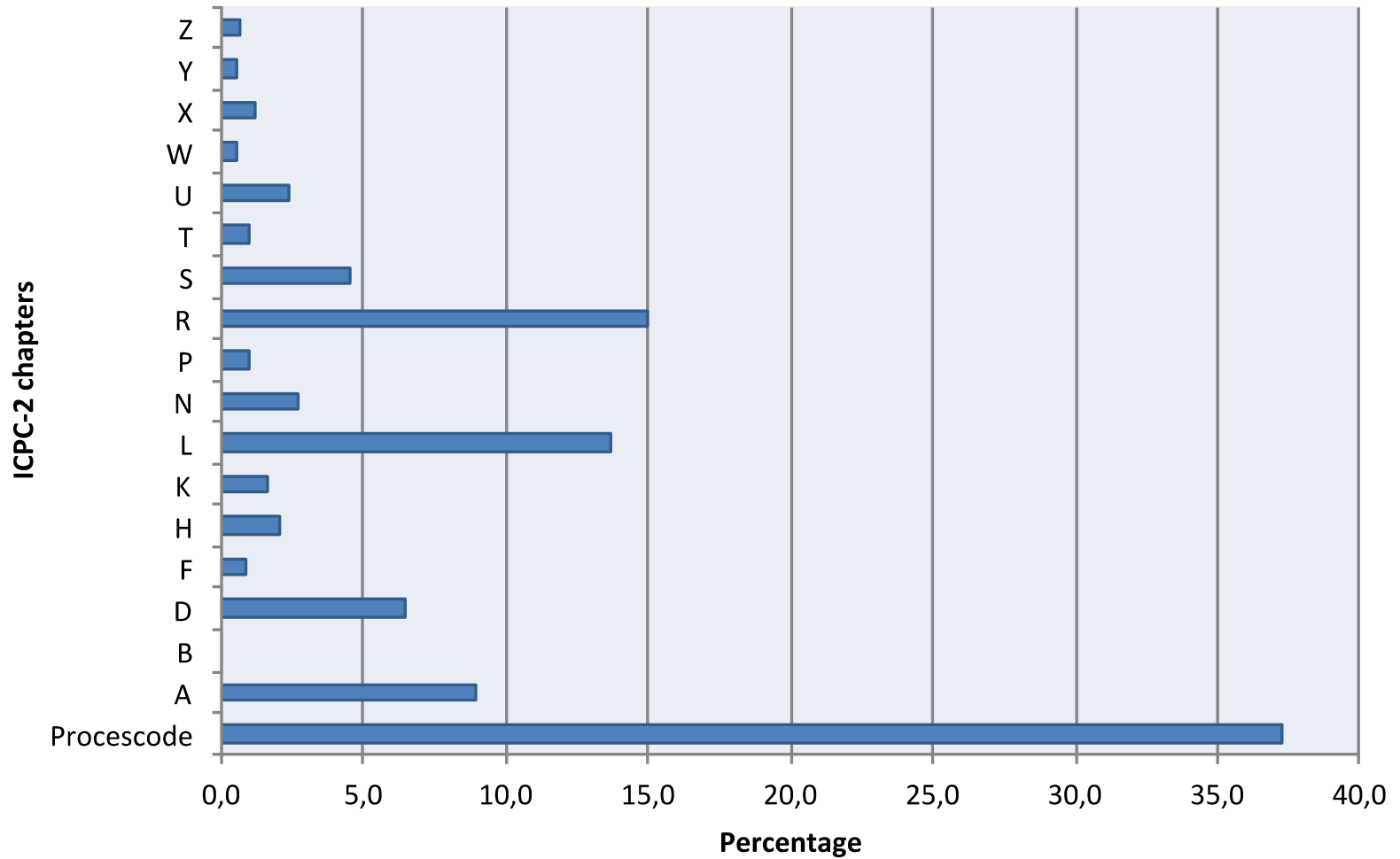
Codeable ICE in ICPC-2 chapters

ICPC-2 Chapter	Comp 1-7
Process-codes	219
A	48
B	3
D	20
F	2
H	3
K	18
L	27
N	8
P	14
R	40
S	10
T	2
U	9
W	4
X	7
Y	3
Z	12
Total codeable	449
Not codeable	130
Total ICE registrations	579

ICE codeable with ICPC-2 = 78%

- 38%
- 40%
- 22%

- codeable ICE in process-code
- codeable ICE in comp 1 or 7
- not codeable
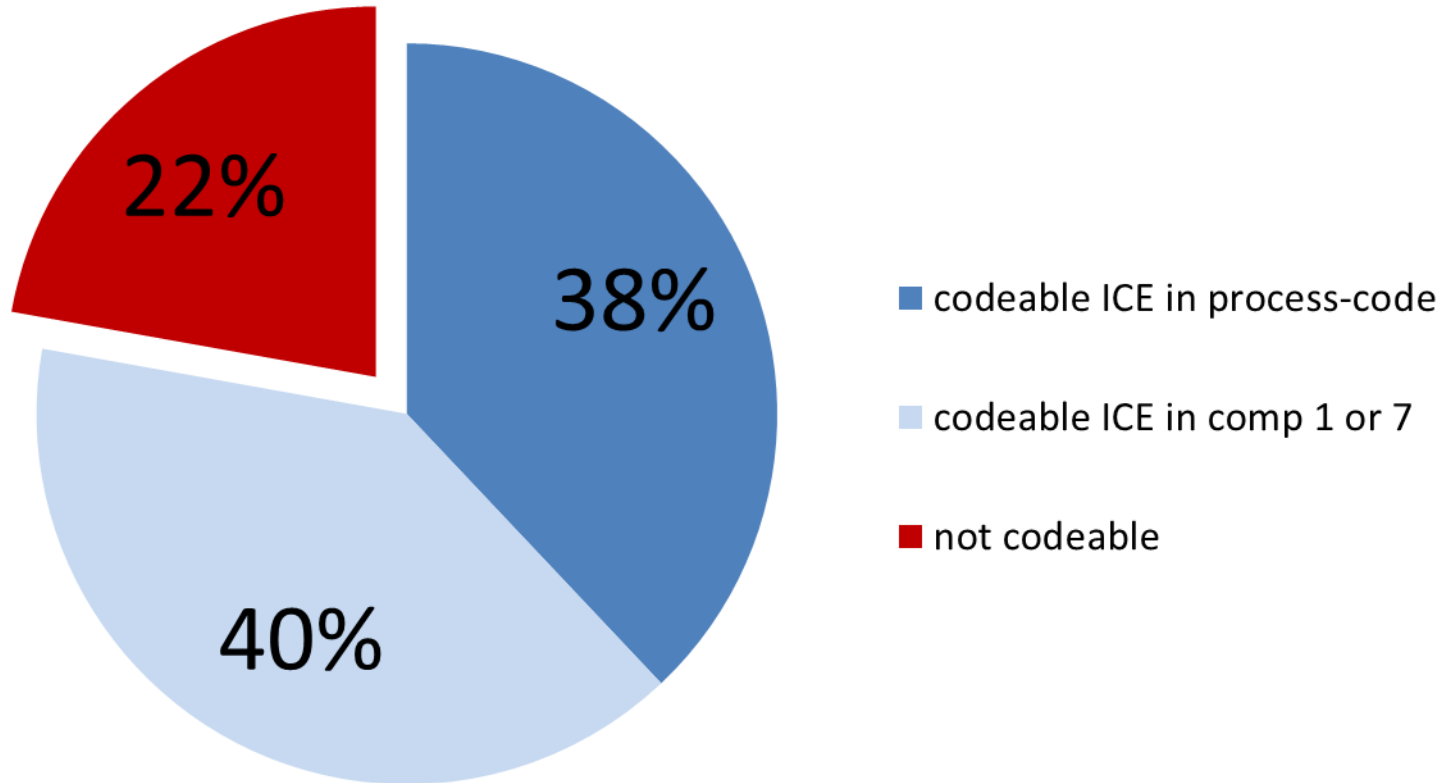
**Non-codeable ICE currently „qualitatively"
analyzed:**

➡ classified inductively (triangulation,
discusssion, agreement)

➡ added to ICPC-2 only for use as RfE-
classification in specific studies

Conclusion:

ICE as a means to better understand the RfE is broadly codeable with ICPC-2

Some codes are missing and will be provided

Outlook (examples):

- Describe the range of ICE behind certain symptoms
- Compare the range of ICE behind certain symptoms in different countries
- Investigate outcomes for certain ICE

Thank you for attention