



WPA Intenational Congress

Istanbul July 12-16, 2006

Mental Health Patients in Primary Care: Systematizing Data without loosing the Patient

By a family doctor



**Who is the speaker
– who is Niels Bentzen?**

General Practitioner and Professor

at the

Dept. of Community Health and General Practice

Norwegian University of Science and Technology

Trondheim, Norway

and chairman of Wonca's –

(World Organisation of Family Doctors)

International Classification Committee - WICC



Trondheim



General practice what is that?

- Point of first contact to health care
- RFE can be anything – health-, social- and/or psychological problems
- Care over time – continuity, comprehensive, patient centred, family and community oriented
- Work in health centres (2-4 GPs)
- A GP care for approx. 1,500 patients (on a list)
- Gatekeeper?

What effect has this on the GPs responsibilities?

- Deal with any problem from “cradle to grave”
- Personal relationship – caring for people, not diseases
- Family and community approach
- Episodes of care – one encounter to a life long episode
- Identify and label health problems in a context
- Treat, refer and follow up

To diagnose is to classify

Primary care and family practice:

ICPC-2 (International Classification of Primary Care)
≅ 400 diagnostic terms

Specialist care and hospitals:

ICD-10 (International Classification of Diseases)
≅ 14 000 diagnostic term

Why should family doctors use ICPC?

Because:

- No other method can describe the patients health problems from a vague symptom to a recognisable disease
- It describe the domain of family practice
- It reflects the way the GPs work and solve problems
- It is simple, practical and easy to use

Why classify?

- To get recognized and to understand:
 - Tell what we do
 - Get knowledge about our specialty
- To educate and evaluate
 - Basis for learning
 - Manage our practice
 - Quality development
- To communicate
 - Organizing EHR's
 - Refer to other specialists, mapping crucial
- And because it is fun!

Why **not** classify?

- We may be misunderstood:
 - Tell wrong things
 - Not important what we label
- May be misleading
 - Reduce the essence away
 - Manage wrong things?
 - Enable external control – sanctions
- To communicate
 - Harm patients
 - Different classifications give mapping problems
- And because it is a lot of work!

But '*not to classify*' is **not** an option!

In our “modern world”

- Standardization has become essential
 - A common language is necessary
 - International co-operation “a must”
 - Inter-specialist communication demanded
- so we may as well ‘jump into it’!

Why do psychiatrists have to hear about this?

- Shared care is increasingly important
- The patient 'illness journey' should be comprehensive and coordinated as carried out by a 'homogeneous' health service!
- Intra- and inter-specialty understanding is necessary
- GPs know psychiatry from medical school, internship and from patients!

What do you know?

Classification of health problems and diseases in general practice:

- Compatible with workflow (high frequency, short encounters)
 - Limited number rubrics
 - Ordering and logic structure
- Reflect epidemiology of general practice
 - Excess of early symptoms
 - 10-20% non-disease encounters
 - Include psychological, social- and environment problems
- Support continuity and episodes of care
 - Used in the reason for encounter-, in the process and intervention
- and in the disease classification mode

So what is ICPC?

- An international classification developed by GP's for primary care:
 - Why the patients seek help = the reason for encounter (RFE).
 - What the GP does = process of care
 - What the GP labels the problem = symptom or complaint diagnosis or specific disease
- See: www.GlobalFamilyDoctor.com/wicc
- Pick up an ICPC-2 pager when you leave, and you will understand much more!

Procedimentos

- 30 Exame médico/aval. saúde - completo
- 31 Exame médico/aval. saúde - parcial
- 32 Teste de sensibilidade
- 33 Exame microbiológico/imunológico
- 34 Análise de sangue
- 35 Análise de urina
- 36 Análise de fezes
- 37 Citologia exfoliativa/histologia
- 38 Outras análises laboratoriais NE
- 39 Teste de função física
- 40 Endoscopia diagnóstica
- 41 Radiologia/imagiologia diagnóstica
- 42 Traçados eléctricos
- 43 Outros procedimentos diagnósticos
- 44 Vacinação/medicação preventiva
- 45 Obs./educ. Saúde/aconselhamento/dieta
- 46 Consulta com prestador de CSP
- 47 Consulta com especialista
- 48 Clarificação/discussão de MC/pedido
- 49 Outros procedimentos preventivos
- 50 Medicação/prescrição/renovação/ injeção
- 51 Incisão/drenagem/aspiração/remoção
- 52 Excisão /biopsia/remoção/cauterização
- 53 Instrumentação/caterização/intubação
- 54 Reparação/sutura/gesso/prótese
- 55 Injeção local /infiltração
- 56 Penso/ligadura/compres. /tamponamento
- 57 Medicina física/reabilitação
- 58 Aconselhamento/escuta terapêutica
- 59 Outros. proc. terapêuticos/peq. cirurgia NE
- 60 Resultados análises/procedimentos
- 61 Result. exames/teste/carta outro prestador
- 62 Procedimento administrativo
- 63 Consulta de seguimento não especificada
- 64 Episódio / problema inic. pelo prestador
- 65 Episódio / problema inic. por outro NE
- 66 Refer. out. prestador /enf. /ass.social/terap.
- 67 Refer.médico/especialista/clínica/hospital
- 68 Outras referências NE
- 69 Outro motivo consulta NE

Geral e Inespecífico A

- A01 Dor generalizada /múltipla
- A02 Arrepios
- A03 Febre
- A04 Debilidade/cansaço geral/fadiga
- A05 Sentir-se doente
- A06 Desmaio/síncope
- A07 Coma
- A08 Inchaço
- A09 Problemas de sudorese
- A10 Sanchramento/Hemorragia NE
- A11 Doença infecciosa NE

- B29 Out. sinais /sint. sist. imunitario/innato
- B70 Linfadenite aguda
- B71 Linfadenite crónica NE
- B72 Doença Hodgkin/linfomas
- B73 Leucemia
- B74 Outra neoplasia maligna sangue
- B75 Neoplasia benigna NE
- B76 Rotura traumática do baço
- B77 Out. lesões traumáticas/sangue/linfa/baço
- B78 Anemia hemolítica hereditária
- B79 Outra. malf. congénita sangue/linfática
- B80 Anemia por deficiência ferro
- B81 Anemia perniciosa/deficiência folatos
- B82 Outras anemias NE
- B83 Púrpura/defeitos de coagulação
- B84 Glóbulos brancos anormais
- B87 Esplenomegália
- B90 Infecção VIH/SIDA
- B99 Outra doença sangue/linfáticos/baço

PROCEDIMENTOS

SINAIS/SINTOMAS

INFECÇÕES

NEOPLASIAS

TRAUMATISMOS

ANOMALIAS CONGÉNITAS

OUTROS DIAGNÓSTICOS

Digestivo

D

- D01 Dor abdominal generalizada/cólicas
- D02 Dores abdominais, epigástricas
- D03 Azia
- D04 Dor anal/rectal
- D05 Irritação perianal
- D06 Outras dores abdominais localizadas
- D07 Dispepsia/indigestão
- D08 Flatulência /gases/eructações
- D09 Náusea
- D10 Vômito
- D11 Diarreia
- D12 Obstipação
- D13 Icterícia
- D14 Hematemese/vômito sangue
- D15 Melena
- D16 Hemorragia rectal

- F27 Medo de doença ocular
- F28 Limitação funcional/incapacidade
- F29 Outros sinais/sintomas oculares
- F70 Conjuntivite infecciosa
- F71 Conjuntivite alérgica
- F72 Blefarite/ordéolo/calázio
- F73 Outras infeções/inflamações oculares
- F74 Neoplasia olho/anexos
- F75 Contusão/hemorragia ocular
- F76 Corpo estranho ocular
- F79 Outras lesões traumáticas oculares
- F80 Obstrução canal lacrimal criança
- F81 Outras malformações congénitas do olho
- F82 Descolamento retina
- F83 Retinopatia
- F84 Degenerescência macular
- F85 Úlcera córnea
- F86 Tracoma
- F91 Erro de refração
- F92 Catarata
- F93 Glaucoma
- F94 Cegueira
- F95 Estrabismo
- F99 Outra doenças oculares/anexos

Ouvido

H

- H01 Dor de ouvidos
- H02 Problemas de audição
- H03 Acufeno, zumbidos, ruído, assobios
- H04 Secreção ouvido
- H05 Hemorragia ouvido
- H13 Sensação ouvido tapado
- H15 Preocupação aparência das orelhas
- H27 Medo doença ouvido
- H28 Limitação funcional/incapacidade
- H29 Outros sinais/sintomas ouvido
- H70 Otite externa
- H71 Otite media aguda/miringite
- H72 Otite média serosa
- H73 Infecção Trompa Eustáquio
- H74 Otite media crónica
- H75 Neoplasia ouvido
- H76 Corpo estranho ouvido
- H77 Perfuração tímpano
- H78 Traumatismo superficial ouvido
- H79 Outros traumatismos do ouvido
- H80 Malformações congénitas ouvido
- H81 Cerúmen ouvido em excesso
- H82 Síndrome vertiginoso
- H83 Otoesclerose
- H84 Presbiacusia
- H85 Lesão acústica
- H86 Surdez
- H99 Outra doença ouvido/mastóide

- L13 Sinais/sintomas anca
- L14 Sinais/sintomas coxa/perna
- L15 Sinais/sintomas joelho
- L16 Sinais/sintomas tornozelo
- L17 Sinais/sintomas pé/dedos pé
- L18 Dores musculares
- L19 Sinais/sintomas musculares NE
- L20 Sinais/sintomas articulações NE
- L26 Medo cancro ap. músculo-esquelético
- L27 Medo doença ap. músculo-esq., outra
- L28 Limitação funcional/incapacidade
- L29 Outros sinais/sint. ap. músculo-esquelético
- L70 Infeções ap. músculo-esquelético
- L71 Neoplasia maligna ap. músculo-esquelético
- L72 Fractura: rádio/cúbito
- L73 Fractura: tibia/perónio
- L74 Fractura: osso mão/pé
- L75 Fractura: fémur
- L76 Outras fracturas
- L77 Entorses e distensões do tornozelo
- L78 Entorses e distensões do joelho
- L79 Entorses e distensões das articulações NE
- L80 Luxação/subluxação
- L81 Traumatismos do ap. musculoesquelético NE
- L82 Malfor. cong. ap. músculo-esquelético
- L83 Síndrome coluna cervical
- L84 Síndrome coluna sem irradiação dor
- L85 Deformação adquirida coluna
- L86 Síndrome vertebral com irradiação dor
- L87 Bursite/tendinite/sinovite NE
- L88 Artrite reumatóide/seropositiva
- L89 Osteoartrose anca
- L90 Osteoartrose joelho
- L91 Outras osteoartroses
- L92 Síndrome ombro doloroso
- L93 Cotovelo tenista
- L94 Osteocondrose
- L95 Osteoporose
- L96 Lesão interna aguda joelho
- L97 Neoplasia benigna/incertas
- L98 Malformação adquirida dum membro
- L99 Outra doença do ap. músculo-esquelético

Neurológico

N

- N01 Cefaleia
- N03 Dores da face
- N04 Síndrome pernas inquietas
- N05 Formigueiro dedos mãos/pés
- N06 Outras alterações da sensibilidade
- N07 Convulsões/ataques
- N08 Movimentos involuntários anormais
- N16 Alterações do olfacto/gosto
- N17 Vertigens/tonturas
- N18 Paralisia/fracmeza

OXFORD MEDICAL PUBLICATIONS

International
Classification of
Primary Care

ICPC-2-R

REVISED SECOND EDITION

WONCA International
Classification Committee



Includes CD-Rom: ICPC in the Amsterdam Transition Project

Including:

- ICPC2 – ICD10 mapping tables
- ICPC2 – ICD10 Thesaurus (CD-rom)

The Amsterdam Transition Project

ICPC – RFE, processes and diagnoses

Chapter Component	General complaints diseases	Organ systems												Psycho- logical problems	Social problems			
		A	B	D	F	H	K	L	N	R	S	T	U			W	X	Y
1. Patient representation																		
Symptoms/complaints																		
Fear of disease																		
Disability/impairment																		
2-6 Processes																		
Diagnostic procedures																		
Medication, treatment																		
Administr. procedures																		
7. Diagnoses																		
Infection																		
Neoplasm																		
Injury																		
Congenital																		
Other																		

Nail
complaints
S22

Reason for
encounter

Excision/
removal tissue
S52

Process

Ingrown
nail
S94

Diagnosis

Combining ICPC and ATC

Chapter Component	General complaint s diseases	Organ systems												Psycho- logical problems	Social problems				
		A	B	D	F	H	K	L	N	R	S	T	U			W	X	Y	P
1. Patient representation	A																		
Symptoms/complaints																			
Fear of disease																			
Disability/impairment																			
2-6 Processes																			
Diagnostic procedures																			
Medication, treatment																			
Administr. procedures																			
7. Diagnoses																			
Infection																			
Neoplasm																			
Injury																			
Congenital																			
Other																			

Soar throat
R21

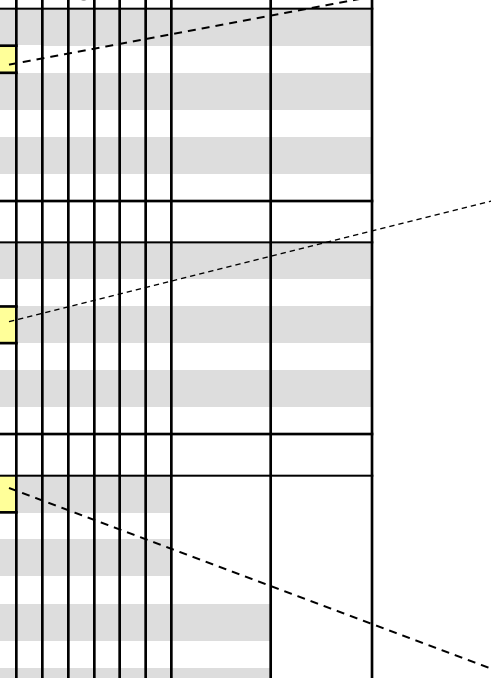
Prescription
R50

Acute
tonsillitis
R76

Fenoxy-
penicillin
J01CE

ATC

+



The most frequent diagnoses in general practice in Norway

ICPC	Title	%
W78	Pregnancy	3,2
R80	Influenza	3,1
K86	Hypertension	2,9
R74	Upper respiratory infection	2,4
L84	Lumbago	2,2
K78	Atrial fibrillation/flutter	2,1
L93	Tennis elbow	2,0
K74	Angina pectoris	1,8
T90	Diabetes	1,6
L92	Shoulder syndrome	1,6
R78	Acute bronchitis	1,5
R05	Cough	1,5
H71	Acute otitis media	1,4
P76	Depressive disorder	1,3
R75	Sinusitis acute/chronic	1,3
A77	Viral disease, NOS	1,3
L02	Back symptoms./complaints	1,3
A98	Cervical smear	1,2
L83	Syndromes cervical spine	1,2
R76	Tonsillitis acute	1,2

Problems with psychiatric labelling

- Not scientific founded – arbitrary distinction between
 - Normal personality
 - Personality traits
 - Personality disorder
- May be harmful to patients
- Conflict of interest
- Reimbursement requires a diagnosis!

Implications for primary care

- **Symptom and complaint diagnosis** (feeling depressed, fear) and **social problems** (marital problems, poverty) must be accepted by the patient
 - But shared understanding take time – GPs has it!
- **Nosological diagnosis** (dementia, Schizophrenia, somatization disorder, depressive disorder) may not always be agreed upon by the patient but should ideally

ICPC helps the GP to understand:

- The patient through
 - Recording symptoms
 - Process of care
 - Diagnosis
 - Social problems
 - Family history
- Disease development
 - Symptoms that over time develops to a disease
 - or disappears

Use of ICPC helps the GP:

- Incidence and prevalence of disease
 - In practice
 - In population
- Patients needs and health care utilization
 - Gate keeping
 - Prevention
- Practice profile
 - Treatment of patients
 - Continuity of care
 - Workload

Required for improvement of shared care

- Next generation of health classifications better coordinated
- Ensure easy and valid mapping between ICPC-3, ICD-10CM, ICD-11, DSMV and others
- Linkage to related classifications: ATC, ICF, ICHI, patient safety, SNOMED etc.
- Start to use a simple, easy, valid classification instrument – ICPC and from here move to the more detailed – ICD/DSM which needs modern “infrastructure” – EHRs!

Juan Mezzich has concluded:

‘The goal for a person-centred integrative diagnostic classification is to obtain a diagnosis of the person, by the person, for the person and with the person.’

I could not agree more – because what he describes is: ***Family Practice!***

But in the WPA classification plans: where are the patients and where are their GPs?

Then why not combine them into one classification?

- ICPC is an episode classification for use in primary care
- ICD is an endpoint classification for use in secondary care

Because a classification must serve the needs of the population it is meant for!

Conclusion

The guidelines for the next generation of classifications could be:

- Not make people sicker than they are
- Support that healthy people are healthy
- Health problems labelled correctly with the patient's consent and understanding!

Good luck and best wishes from:

Your patients and their family doctors



WICC - Wonca International Classification Committee

- and Niels Bentzen