

# Report of the WICC annual meeting 2016

Held in Turku/ Finland from 10.-15. September 2016

Minutes taken by various members of WICC

Report and summary by Thomas Kühlein

Participants:

- WICC full members:
- WICC associate members:
- Observers:

## **Saturday, 10. Sept 2016**

Pre-conference activity:

- Chapter work on chapters D and S, minutes taken by chapter leads and reported elsewhere.
- Also meeting of the Process-Group and the Translation-Group.

## **Sunday, 11. Sept. 2016**

TK leading the session

- Welcome to meeting; Practical info on meeting
- Presentation and common discussion of the state of WICC 2016, including perusing of the WICC action plan from the 2015 meeting in Hyderabad India (see also attachments)
- Nomination for WICC open positions: Thomas Kuehlelein was the only candidate to be nominated for the chair position and therefore was accepted as such without vote. Helena Britt, Jean-Karl Soler and Helena Britt were nominated for the three open positions in the WICC executive committee and as there also were no alternative candidates they were accepted as such by the group without vote. Daniel Pinto, Julie Gordon and Diego Schrans accepted to stay as the members of the WICC governance committee. Resulting in the following structure of WICC:

Chair: Thomas Kühlein (2016 - 2019, 1st term)

Executive committee: Helena Britt (2016 - 2019, 1st term), Jean Karl Soler (2016- 2019, 1st

term), Kees Van Boven (2016 - 2019, 1st term), Shabir Moosa (2014 - 2017, 1st term)

Governance committee: Diego Schrans (2016 - 2019, 2nd term), Julie Gordon (2016 - 2019, 2nd term), Daniel Pinto (2014 - 2017, 1st term)

- The afternoon was mainly spent with a presentation by Kees van Boven on the plan to set up a consortium in order to be able to achieve funding for the completion of the development of ICPC-3. The plan was then to come back to this topic later during the meeting, in order to come to a decision.
- Kees van Boven and Thomas Kühlein reported on the activities concerning WHO/Wonca relationship and the work on a primary care linearization of ICD-11. In essence this work has been started, including also a number of WICC members. Then however it was stopped, as KvB and TK felt unable to continue this work without a Memorandum of Understanding (MoU) concerning future collaboration and property rights. Since the beginning of 2016 WHO seems to be unable or unwilling to set up such a MoU.

### **Monday, 12. Sept. 2016**

Minutes taken by Laurent Letrilliart

- Process group (Marten)

Marten reported on the achievements of the process working group since the last meeting. The group has worked by email for updating remaining codes from 60 to 69. And the group has had a pre-meeting on Saturday. Finally, the group proposed two small changes for codes 65 and 66, which have been accepted by the whole Committee. The working group has also raised some proposals for ICPC3.

It has been highlighted that health authorities are interested in process data, to assess effectiveness, safety and efficiency of care. One particular issue is the need or not to use chapters for classifying processes of care, which was recommended in the ICPC-2 book but could be reconsidered in ICPC3. The importance of WHO classification ICHI has been acknowledged, especially because of its openness to community interventions along with individual interventions. It was agreed that we need to define rules to classify processes of care in ICPC-3. It was suggested that we could benefit from collaboration with the Wonca informatics committee to better integrate processes of care in the EHRs. Finally, it was proposed that we develop a data model for processes of care in ICPC-3, including sections and attributes.

- Training and implementation of ICPC (Shin)

Shin reminded the group with the process of translation of ICPC1 and ICPC2 in Japan, where primary care medicine has recently been recognized as a specialty. He benefited of the collaboration of Kees, with the support of Transhis for translation and training. Shin implemented training to ICPC for physicians (4 hours course), students (8 hours course) and caregivers (10 hours course).

The newcomers in the WICC are expecting some training and support to become more aware of ICPC and classification in primary care. Kees accepted to provide them with some basic sessions on the use of ICPC2 during the meeting.

- Translation group (Marten)

It is not clear how the Russian translation was made. Only the two-pager is available, but it has 7 pages.

The Committee doesn't know who has translated ICPC into Georgian. The translation does not include criteria but is mapped to ICD. It is available on the net and is recommended for use by the Government of Georgia. Anna Kareli will officially translate the two-pager at first.

The French Hetop multilingual interface could support the translation process of ICPC and the update of translations. Marc Jamouille has put in it various translations of ICPC, but all of these are not validated.

On the KITH website, some information is lacking regarding the version of ICPC that has been translated. It would be useful to precise whether any translation has been validated and to offer place for comments. Marten will ask this information to all translators from the WICC.

Translation of ICPC into the languages used in India/Pakistan/Afghanistan (hindi, urdu, dari...) would be welcome.

- In the after lunch session presentations were held by various WICC members
  - o The inclusion of ICPC in hetop-2; Marc Jamouille (see attachments)
  - o The Q-Codes; Marc Jamouille (see attachments)
  - o Demonstration of a web version of the top 20 from the Transition project; Kees van Boven (see attachments)
  - o ACG collaboration and work on ICF; Pauline Boeckxstaens reported via Thomas Kühlein (see attachments)
  - o PERI and ICE project; Diego Schrans: Work on PERI has been published. No further attempts have been made to develop a classification tool based on the results of the study. The work on the ICE- study is still ongoing.
  - o Prevention of Overdiagnosis in PRIMARY CARE (PRO-PRICARE) project Erlangen; Thomas Kühlein (see attachments)

After the break:

- Report by Helena Britt on progress on ICPC-3 chapters/ Work plan review/ Work done to date/ Plan for chapter group work tomorrow
- Discussion on whether WICC should vote on a statement that ICPC-2/ICPC-3 should be for free initiated by Gustavo Gusso and Daniel Pinto

In the evening reception by the city of Turku

**Tuesday 13. Sept. 2016**

- Jean-Karl Soler reported the latest update on ICPC research within the TRANSFoRm and Transition projects (see attachments)

The rest of the day was spent with work on chapters for ICPC-3 ending with a common presentation of the results achieved and discussion of cross chapter issues.

In the evening we had a wonderful boat trip to one of the 41.000 islands of the archipelago where we were served and enjoyed delicious food.

### **Wednesday, 14. Sept. 2016**

- **Discussion on the proposal for Consortium** to fund future work on ICPC-3 and other tools (risk factors): Vote on statements concerning the consortium. The following statements were agreed upon:

Statements for the discussion

- Do you agree to try to establish and carry through the time-limited project outlined by members of the WICC-group with the objectives to fulfil the development of ICPC-3?
- (Plan A) Do you agree with trying to obtain necessary financing of the project by: Inviting stakeholders to join or to donate to the consortium together with Wonca World/Wonca Europe, Universitätsklinikum Erlangen and Radboud Universiteit Nijmegen

(Plan B) Look for and apply to relevant R&D programs

(Plan C) Crowd funding

In the case of establishing a consortium:

#### **Steering group**

- Do you agree to establish a steering group responsible that the protocol, time schedule and financial plan is followed or adjusted for the best of the project.
- Do you agree that steering group will be put together:
  - with the financing bodies in majority and
  - with two representatives from WICC and
  - with the project leader as secretary
- Do you agree to anchor the project to Radboud Universiteit Nijmegen as the legal body and supplying the chairman of the steering group?
- Do you agree that the steering group will engage a project manager/admin staff on the basis of proposals from Radboud?

*Roles / themes of the steering group:*

Responsible for content, quality and strategy

Allocates the investments on the basis of proposals from the project group/task force group

Frequency 2 a 3 per year

Voted upon : unanimous (20+)

#### **Organization and logistics**

- Do you agree that the Department of Primary and Community Care of the Radboud University will be responsible (in collaboration with the taskforce group) for the organization and logistics of the project?

*Organization and logistics execute by the Radboud University in collaboration with representatives of the taskforce group.*

The task force group is made up of representatives from the Radboud University, from the consortium partners, from WICC, Huib ten Napel and a terminology expert.

***Roles / themes:***

Responsible for the development of the ICPC

Responsible for the field test

Voted upon, unanimous +

## **Quality and innovation**

- Do you agree that the taskforce group in collaboration with WICC will be responsible for delivering ICPC-3
- Do you agree that WICC in full collaboration with the taskforce group and the university will develop the content of the ICPC-3.

***Roles / themes:***

Responsible for the structure and content of the ICPC

Responsible for the functionality

- **Discussion and vote on the opinion of the group concerning future licensing of ICPC-2.** The following statements could be agreed upon:

The WONCA International Classification Committee recommends that WONCA takes steps to further implement the use of the International Classification of Primary Care version 2 (ICPC-2) by licensing it for the purposes of management of healthcare systems and use in medical records (both in paper and in electronic formats) under a Creative Commons Attribution No Derivatives or similar license, allowing for both commercial and non-commercial use.

Justification:

Since its release in 1998, many national organizations have expressed interest in using ICPC and it has been translated in at least 23 different languages with voluntary work of WICC. However, despite WICC/WONCA efforts few countries have adopted ICPC-2 as a national standard. Allowing licensed use under the proposed Creative Commons rules would remove one of the major barriers to widespread adoption of ICPC-2. We believe widespread adoption of ICPC-2 would contribute to the development of primary care worldwide and is in line with WONCA's mission statement.

Business plan:

Nowadays the value of a product, specially software, is not based only in the direct sale but rather in the number of people that use it. Once ICPC 2 is known and used worldwide, revenue may be generated by:

1. selling training programs
2. selling browsers
3. selling software based on ICPC-2
4. gathering support to update and further develop ICPC from organizations that make use of ICPC

It is important to state that if the Creative Common license is chosen it doesn't mean that WONCA loses its rights. Nor may the user change the product without authorization. This is a strategy to aggregate value for the product rather than "give it for free".

Approved by all 20 full members present - unanimous vote

- The afternoon was reserved for the WICC Open Day (program see attachments)

#### **Thursday, 15. Sept. 2016**

- Graeme Miller reported on IHTSDO-SNOMED-ICPC-WICC relationships (see attachments)
- Lead by Thomas Kuehle in the group decided on the action plan for 2016/2017 (see attachments)
- Taran reported on describing the content of primary care in Norway (see attachments)
- Laurent Letrilliart gave a presentation of our next meeting place in Lyon in 2017 at 27. August-1. September

#### **Attachments:**

- Slides: Work done and not done according to the WICC action plan from the 2015 meeting in Hyderabad India
- Slides: The inclusion of ICPC in Hetop-2; Marc Jamouille
- Slides: The Q-Codes; Marc Jamouille
- Slides: Demonstration of a web version of the top 20 from the Transition project; Kees van Boven
- Slides: ACG collaboration and work on ICF; Pauline Boeckstaens reported via Thomas Kuehle in

- Slides: Prevention of Overdiagnosis in PRImary CARE (PRO-PRICARE) project Erlangen; Thomas Kühlein
- Slides: ICPC research within the TRANSFoRm and Transition projects; Jean-Karl Soler
- Program: WICC Open Day
- Slides: IHTSDO-SNOMED-ICPC-WICC relationships; Graeme Miller
- Slides: Describing the content of primary care in Norway; Taran
- WICC action plan 2016/2017