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# **Wonca, WHO and WHOFIC: Progress and challenges in ICD11**

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# What we will cover

- Why does this classification stuff matter?
- What is the core content of general/family practice?  
*(what do we need to classify and code?)*
- Differences between the domains covered by ICPC (Wonca) and ICD (WHO)
- Connecting ICPC-2 and ICD-10
- Current work on ICD-11
- Issues for the future: ICPC-3, ICD-11, and ICF

If you can not consistently and reliably capture what you do, you can not describe it – or count it.

If you can not describe it or count it, you can not demonstrate its value.

# Core content of primary care

- Requests for help
- Problems (not just medical)
- Risk (risk factors)
- Function and well-being
- Personal goals and preferences
- Actions and interventions (the things we do)

**How does ICPC cover this core content?**

Chapter	A	B	D	F	H	K	L	N	P	R	S	T	U	W	X	Y	Z
Component 1 [1-29] Symptoms/complaints																	
Component 2 [30-49] <i>diagnostic / screening / preventive</i>	}																
Component 3 [50-59] <i>medication/ treatment/ procedures</i>																	
Component 4 [60,61] <i>test results</i>																	
Component 5 [62] <i>administrative</i>																	
Component 6 [63-69] <i>referrals, other reasons for encounter</i>																	
Component 7 [70-99] Problems/Diagnoses																	

Collectively known as **process codes**

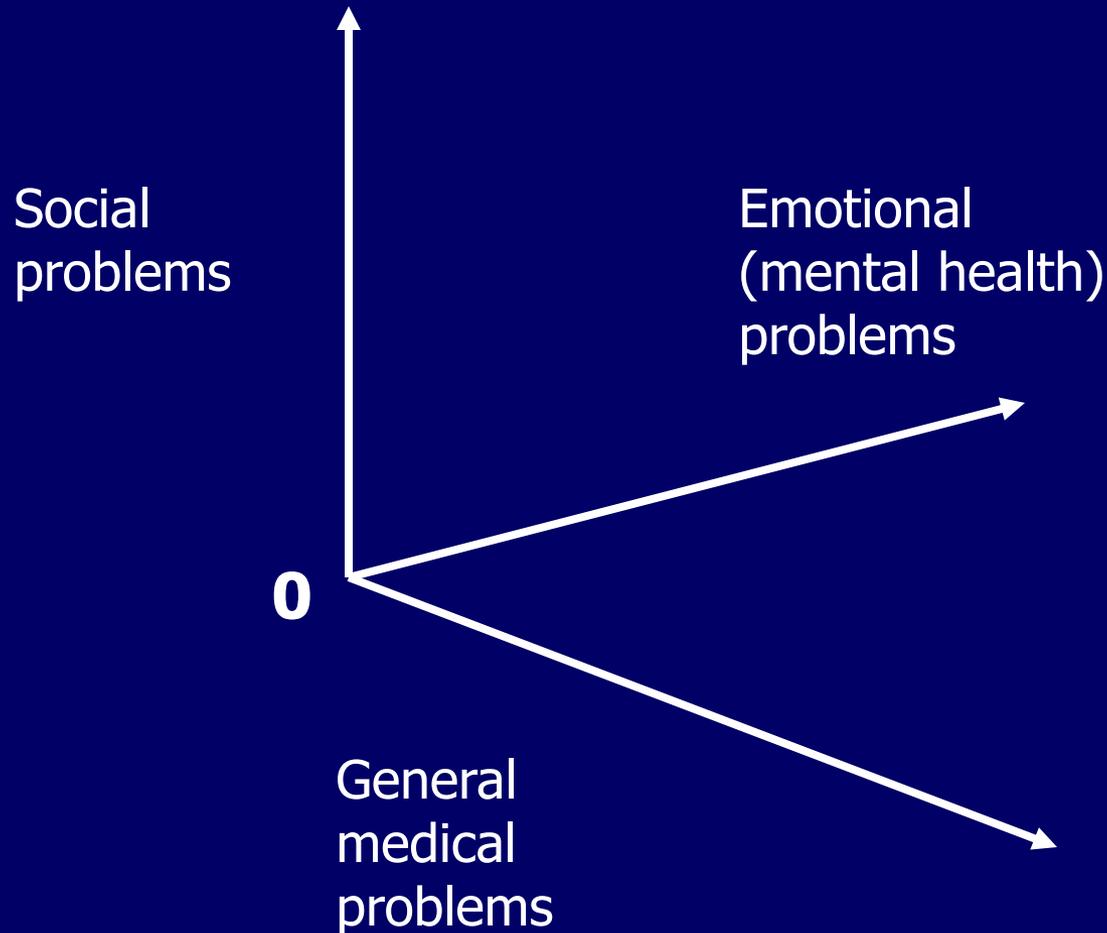
*N01- headache*  
*N17- vertigo/dizziness*

*N79- concussion*  
*N89 – migraine*  
*N95 – tension headache*

# Core content coverage: ICPC and WHO classification tools

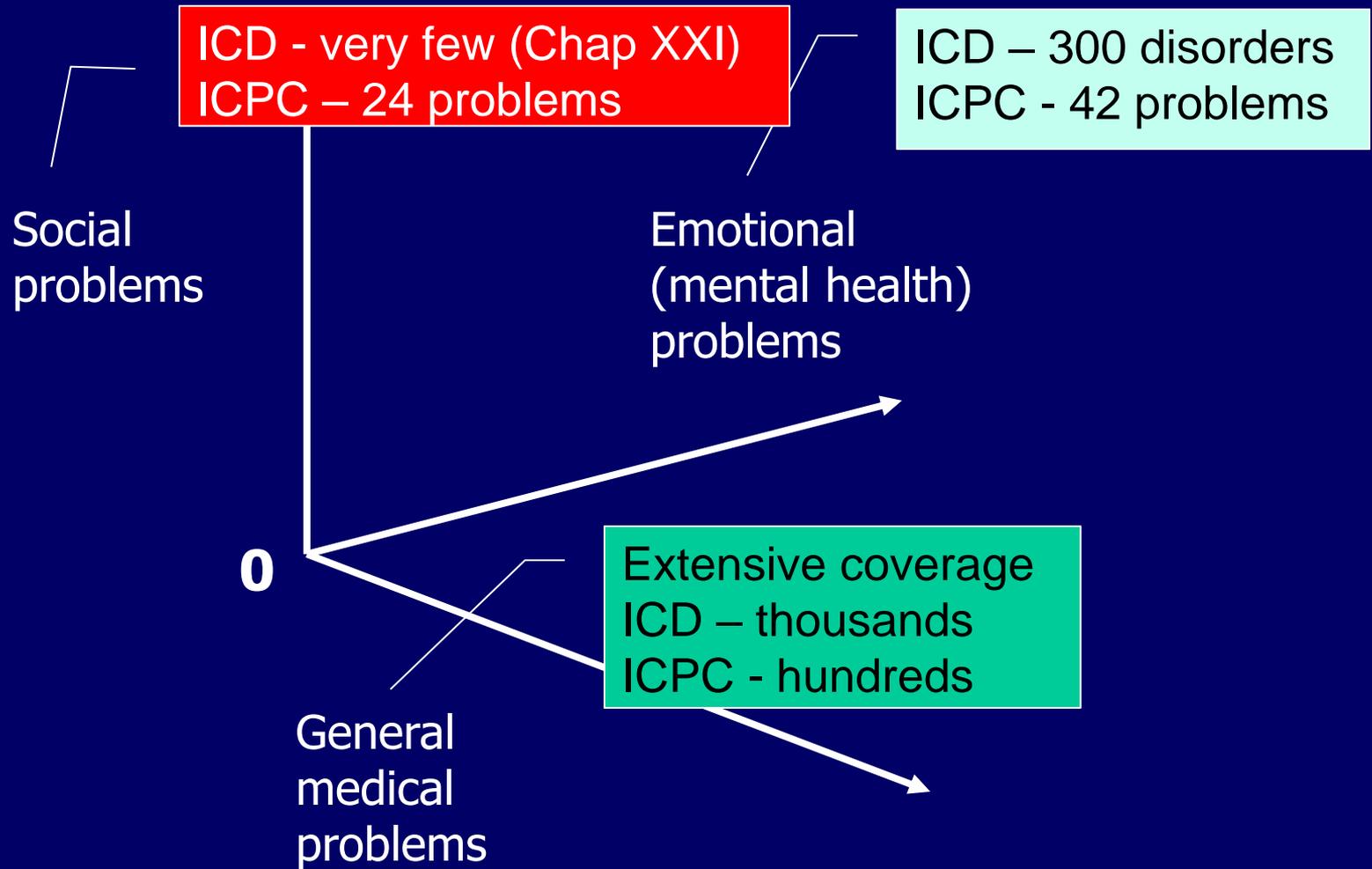
Domain	Wonca	WHO
Requests for help	ICPC - RFE	?
Problems	ICPC (problems, diagnoses)	ICD (diagnoses only)
Risk factors	---	---
Function	---	ICF
Personal goals	---	---
Actions, interventions	ICPC - process codes	ICHI (proposed)

# The 3 dimensions of primary care “diagnosis”



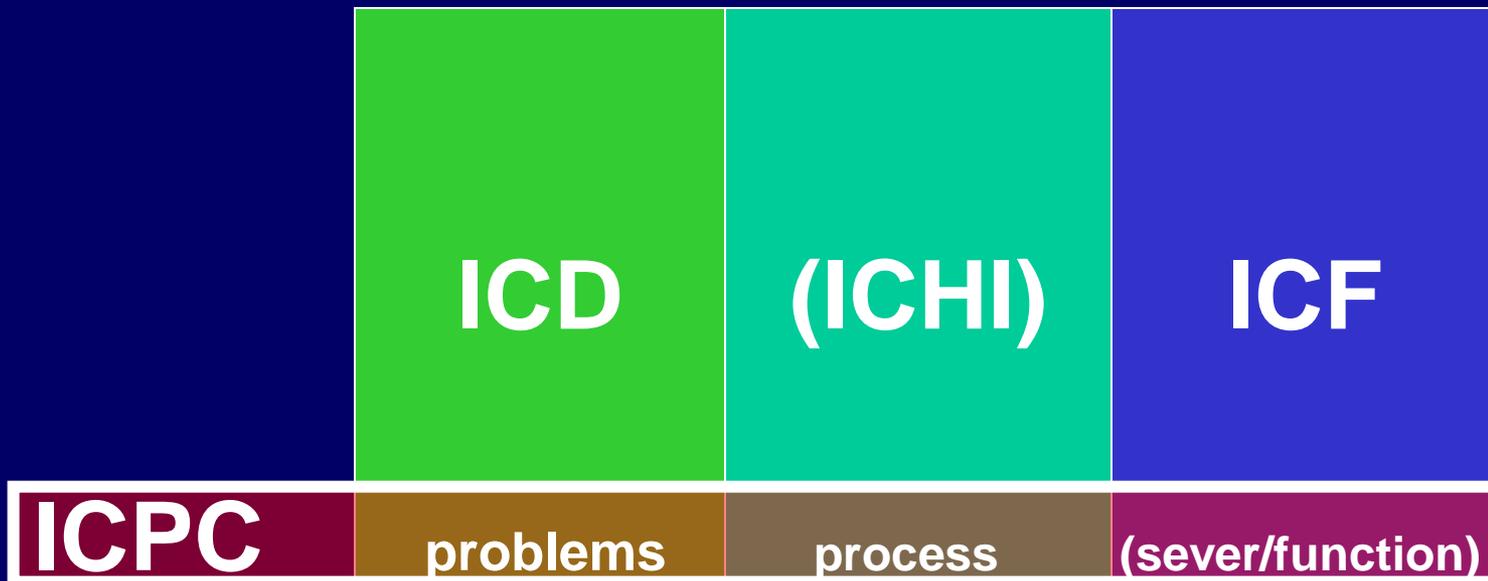
*Klinkman and Van Weel, 2011*

# ICPC and ICD coverage of 'diagnosis'



**How does ICPC relate to ICD?**

ICPC integrates core content of WHO-FIC  
ICPC maps to more specific content



# Bridges between ICPC and other standards

- ICPC-2 - ICD-10
- ICPC-2 - ICD-9-CM
- (working on ICPC - ICD-11)
- **Controlled Clinical terminologies to ICPC**
  - *ENCODE, TransHis, ICPC Plus, 3BT, others*
- **SNOMED Primary Care RefSet to ICPC-2**
- Links between ICPC and:
  - *CPT, SF-12, WONCA/COOP charts*
  - *work on ATC-codes, ICIDH*



## Chapter N: ICPC-2 to ICD-10 mappings

ICPC code	comp	Label	Mapped ICD-10 codes
N01	1	Headache	G44.3, G44.8, R51
N17	1	Vertigo/dizziness	R42
N70	7	Poliomyelitis	A80, A85.0, B91
N71	7	Meningitis/encephalitis	A32.1, A39.0, A83, A84, A85.1, A85.2, A85.8, A86, A87, B00.3, B00.4, B37.5, B58.2, B94.1, G00, G01, G02, G03, G04, G05
N89	7	Migraine	G43, G44.1
N94	7	Peripheral neuropathy	G54, G55, G56.1, G56.2, G56.3, G56.4, G56.8, G56.9, G57, G58, G59, G60, G61, G62, G63, G64, M79.2



**work with WHO**

# Wonca-WHO relationship

- Participation in WHO-FIC Conferences beginning in 2007
  - Intermittent, depending on funding
  - Seoul 2009 focus on primary care
- MOU between Wonca and WHO 2008.....
  - *ICD-11 Primary care TAG not formed*
  - *Participation in ICD-11 Topic Advisory Groups, ICD-11 Revision Steering Group not accomplished*
- Participation in ROADS initiative in 2009

# Ongoing work with WHO

- Collaborative work on ICF
  - Field testing of utility of ICF subsets (Levoll, others)
- Continued participation in ICD-11 development
  - *Primary Care Consulting Group of Mental health TAG*
  - *ICD-11 chapters – “primary care content” for primary care linearization*

# WHO ICD-11 mental health: Primary Care Consulting Group

- Equal representation between primary / specialty care
- Initial list of 28 disorders
  - Controversy on ‘anxious depression’, ‘bodily stress syndrome’, ‘health anxiety’
- International focus group to focus on 3 controversial areas
  - Validated AD, to some degree BSS, ? HA
- International field trial focused on clinical utility of AD, BSS, HA
  - SE Asia, Africa, Pakistan, Brazil, UK, NZ, others
  - WICC/Wonca WPMH next round?
- Work slow, behind schedule, funding a problem

# Work on ICD-11-PC

- Mutual interest in making collaboration work
- Difficulty in reconciling different approaches
- Fits and starts
- Recent work on chapter D illustrates problem of fitting ICPC in to hierarchical ICD-11 that has different organizing principle, different purpose

# Current state of work to create ICD-11 ,primary care linearization' [TK. KvB]

RjproposlICD\_PC\_LRrelated\_to\_ICPC\_2013\_9\_13.xlsx - Microsoft Excel

	A	B	C	D	E	F	G	H
19	D18	Change faeces/bowel movements	Change in faeces/bowel movement	R19.4				
20	D19	Teeth/gum symptom/complaint						
21	D20	Mouth/tongue/lip symptom/compl.	Mouth/tongue/lip disease	A69.0				
22	D21	Swallowing problem	Dysphagia	R13				
23	D23	Hepatomegaly						
24	D24	Abdominal mass NOS			Hepatomegaly and splenomegaly, not elsewhere classified	R16	Hepatomega	R16.0
25	D25	Abdominal distension	Abdominal distension	R19.0				
26	D26	Fear of cancer of digestive system						
27	D27	Fear of digestive disease other						
28	D28	Limited function/disability (d)						
29	D29	Digestive symptom/complaint other	Digestive symptom/complaint othe	R11	Ascites	R18		
30	D70	Gastrointestinal infection	Gastrointestinal infection	A04	Cholera	A00		
31					Salmonella infections	A01		
32					Shigellosis	A03		
33					Amoebiasis	Includes: infection due to Entamoeba h	A06	
34					Schistosomiasis [bilharziasis]	B65		
35					Ascariasis	B77		
36					Enterobiasis	B80		
37					Candidiasis	B37.9		
38	D71	Mumps	Mumps	B26				
39	D72	Viral hepatitis	Viral hepatitis NOS	B15				
40	D73	Gastroenteritis presumed infection	Diarrhoea and gastroenteritis of pre	A08				
41	D74	Malignant neoplasm stomach	Malignant neoplasm of stomach	C16				
42	D75	Malignant neoplasm colon/rectum			Malignant neoplasm of colon	C18		
43					Malignant neoplasm of rectum	C20		
44	D76	Malignant neoplasm pancreas	Malignant neoplasm of pancreas	C25				
45	D77	Malig. neoplasm digest other/NOS	Malignant digestive neoplasm othe	C14.8	Malignant neoplasm of lip	C00		
46					Malignant neoplasm of oral cavity and pharynx	C01		
47					Malignant neoplasm: Border of tongue	C02.1		

List RJ PC ICD-11 LRS sign-symptoms RJ chapter a chapter b chapter d chapter f chapter h chapter k chapter l chapter n chapter p chapter r chapter s chapter t chapter u chapter w chapter x ch  
 Bereit Anzahl: 8 140% 11:19 17.09.2013

**So....**

We want (need) to link to ICD-10 and ICD-11

Do we want an “ICPC inside” ICD-11?

OR

Do we carry on with ICPC-3 and continue to map to ICD?

# A fork in the road

Sept 2013



## ***Assimilation***

ICPC-2 (3) “inside” ICD-11-PC  
Expanded symptom content  
Expanded social content  
New content areas for ICF  
*Full participation in WHO-FIC*

## ***Cooperation***

ICPC-3 basic mapped to ICD-11  
New content areas for ICPC-3  
Simplifying and harnessing ICF  
*Requires dedicated resources*

## ***STRUCTURE***

### **Person:**

- demographics
- social structure
- goals, preferences
- functional status (?)

### **Problem(s):**

- RFE as starting point
- current/active
- severity

### **Clinical Modifiers:**

- prevention
- risk factors
- significant events

### **Actions (“Process”):**

- Decisions
- Interventions
- Plans

### **Time:**

- Episode structure

### **Data import/export:**

- Exchange protocols

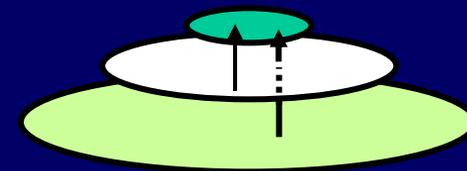
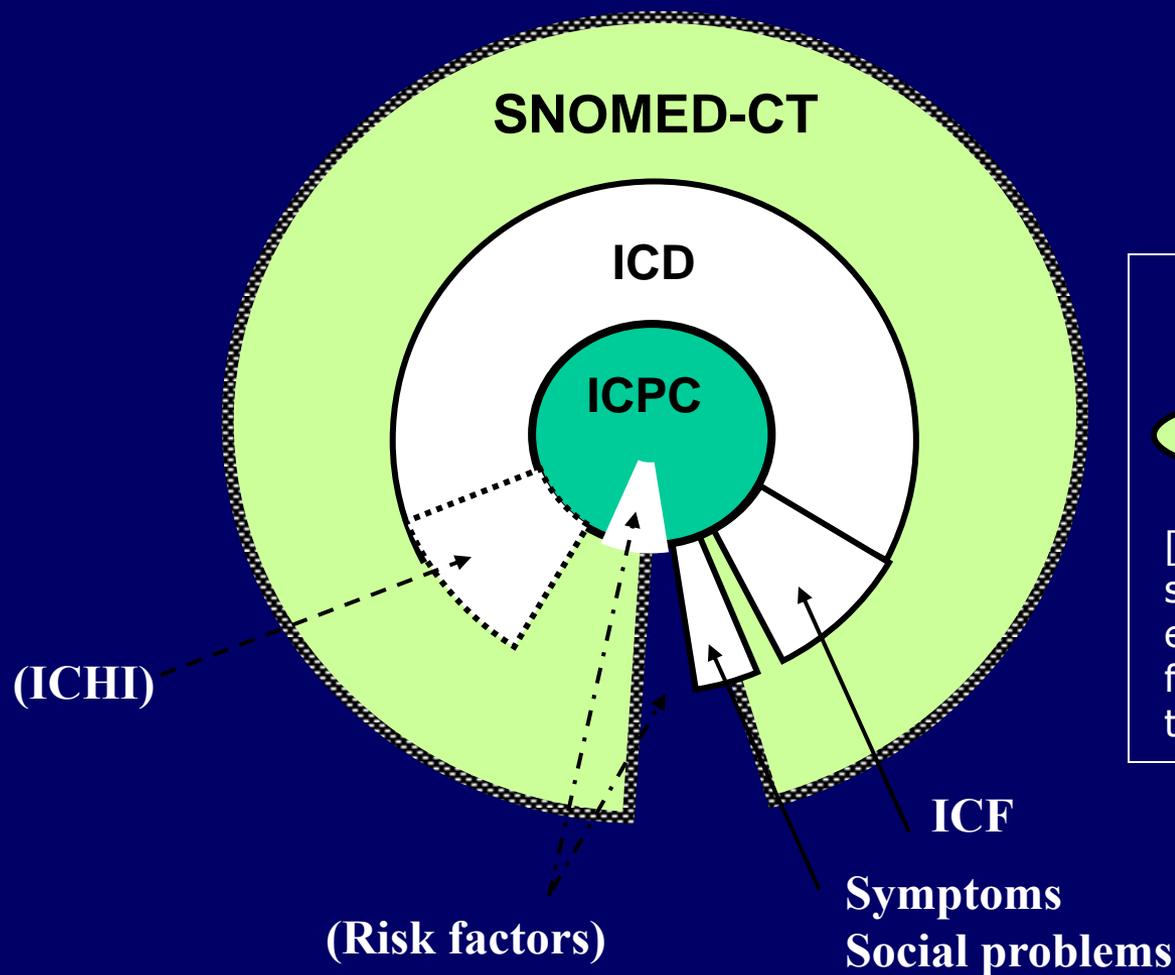
**A Primary Care Data Model:  
simple building blocks to capture complex reality.**

*Klinkman, Phillips, Green, Pace: 2008*

# What are the **key features** of ICPC?

- **Simple but comprehensive**
  - *Localization before etiology*
  - *Limited granularity based on frequency*
  - *high signal:noise ratio!*
- Includes reason for encounter (RFE)
- Allows symptom diagnoses where appropriate
- Accommodates social problems (chapter Z)
- Episode-based - can track process of care for problem over time

# ICPC – ICD relationship ('wedding cake')



[NOTE: ICPC provides the structure for data exchange and retrieval from more granular levels through mappings]