

Minutes of the WONCA Classification Committee meeting at Elisabeth Bruyere Health Centre, 75 Bruyere Street, Ottawa, Ontario, K1N 5C8, Canada, from 12 to 15 September 1997.

Note: Numbering of items continues sequentially from previous minutes.
Numbers in brackets refer to previous minutes.

66. The meeting

66.1 Attendance

There were 19 representatives from 14 countries:

Bentsen B (Norway)*	Bentzen N (Denmark)
Bernstein R (Canada)	Booth N (England)*
Brage S (Norway)*	Bridges-Webb C(Australia)(Chairman)
Britt H (Australia)	Gardner T (New Zealand)
Jamouille M (Belgium)	Klinkman M (USA)
Mennerat F (France)*	Mohan S (India)
Miller G (Australia)	Nunes J (Portugal)
Parkerson G (USA)	Sive P (Israel)
Yamada T (Japan)	Zorz G (Slovenia)*

Observers: Virtanen M (Finland)

Note: *= present for only part of the meeting

Apologies: Fischer G (Germany),Kvist M (Finland),Lamberts H (Netherlands),Marshall I (UK),Michener L (USA),Okkes I (Netherlands),Patterson W (UK),Saltman D (Australia).

66.2 The Chairman welcomed new members and observers, and apologies were received.

The Chairman reported that all committee members had been in correspondence with him during the year, and noted that only four did not now have email.

66.3 Members thanked Bob Bernstein for the excellent arrangements for the meeting.

66.4 Further agenda items were identified, and procedures for the meeting decided.

66.5 It was agreed to appoint two rapporteurs for each session of the meeting to take minutes.

67. The minutes of meeting in Edinburgh 13-17 September 1996 were approved as correct.

68. Business arising from the minutes not otherwise on the agenda

68.1 Hannover meeting of WONCA Research Committee (61.1). A report of this meeting, which was attended by six members of this committee, had been distributed with the agenda (Appendix A). The meeting requested the chairman to write to find out where publication plans are at present.

68.2 Web site (64.1), deferred until later in the meeting (77)

68.3 WHO Heads of Centres meeting in October 1996 (64.2).

Marti Virtanen reported that he had been present and presented information about ICPC to the meeting. He will be attending the next meeting in Copenhagen in October 1997, and will represent us and prepare a report for us.

68.4 Outcome measures (64.6). Neils Bentzen reported that the book from the European Group on Health Outcomes describing 23 outcome measures has just been published: Health Outcome Resources for Ambulatory Care, A Users Manual. He will arrange distribution of a copy to each member of the committee.

It was also reported that a second updated edition of Newell et al. Measuring Health has just been published.

69. Correspondence

69.1 Report of Classification Committee to WONCA executive, as distributed to members on 14.05.97, was noted. Two corrections were noted: page 1, paragraph 4 should state "...use of ICPC in Australia, Belgium, Canada..."; page 2, paragraph 5 should state "...and distribute ICPC in electronic form, including their own product ICPC-Plus,..."

69.2 Report of WONCA Research Committee to WONCA executive was tabled (Appendix B).

It was noted that the Research Committee "considers its work (on functional status and the COOP/WONCA charts) completed and will only continue to serve as a resource centre for transfer and translations". This committee will continue development of these matters (74).

69.3 WONCA Research Committee Mission Statement with letter from Chris van Weel of 29.7.97 was tabled (Appendix C).

69.4 WHO working group on assessment of clinic diagnostic, treatment and recording performance. The Chairman was invited to comment on the work of this group, but was unable to attend a meeting of the group in July, and was not given the opportunity to suggest a deputy. It does represent another opportunity to liaise with WHO.

69.5 Dr Soler is a family doctor from Malta, and also Information Secretary for the Malta College of Family Doctors and a member of the WONCA working party for informatics. He would like to use ICPC to classify patient encounters in a program for doctors in Malta. The chairman and Marc Jamouille will continue correspondence with him.

69.6 Henk Lamberts' reply to the Chairman's request for information about his work with ICPC in relation to UMLS and ICD-10-CM in USA was tabled (Appendix D).

The meeting asked that Henk, Inge Okkes and Maurice Wood keep the Chairman informed of what is happening in these matters so that committee members may have the opportunity to comment; and asked for advice about how best to include ICPC-2 in the discussions. It was also suggested that WONCA Classification Committee representation on the appropriate working groups in relation to ICD-10-CM and ICPC-2 should be made official if possible.

69.7 Medicode. The Chairman reported on correspondence with this

British company who "are committed to developing software around ICPC to add to the existing portfolio of products". This may well be a useful outlet for ICPC in Britain. An agreement with WONCA executive is being arranged.

69.8 Dr Cridland, from the Department of Pharmacology, University of Cape Town, South Africa, has been corresponding with the Chairman about extending ICPC to cover "African" medical terms and indications for treatment.

69.9 Ms Ann Harding, Chief Executive, NHS Centre for Coding and Classification, writes that they are reconsidering their representation on this committee, but wish to work collaboratively with us.

70 Presentations

70.1 Reports from members

Members reported briefly on the use of ICPC and other classification committee matters in their own countries.

Norway: ICPC is a state insurance standard, widely used for billing, health information, and research. Research is being conducted to further develop the COOP/WONCA charts.

Australia: ICPC is increasingly used for data collection. ICPC-Plus has been developed for computer systems, and government sponsored use has been applied for. Links with New Zealand are being made. A study using DUSOI/WONCA is being done.

Duke University: further work on health profile, functional status, and severity of illness is being done, particularly related to predictive value.

Canada: Hospitals use ICD-10, there is no set primary care classification. Encode-FM relates to ICPC and can be used in community centres in Ontario.

Denmark: Hospitals use ICD-9, ICPC is being incorporated in products of 4 major software firms. COOP/WONCA charts are used along with other functional status measures.

Belgium: medical informatics are standardized to ICPC. The CISP Club is being promoted through the internet. In France a new primary care system based on ICD-10 is being developed.

Portugal: government GPs use ICPC and DUSOI/WONCA. A Portugese translation of the glossary is in the press.

Japan: A Japanese translation of ICPC has been published by the GP Association. Government and some GPs are becoming interested in data from primary care.

India: There are few members of WONCA, and little primary care data collection.

New Zealand: Government has decided to use Read codes, but there is some interest in ICPC-Plus.

USA: There is no coordinated centralized research going on. ICD-9-CM is used, with little interest in ICPC to date.

Finland: ICPC and ICD-10 are both used by health care centres if there is any data gathering.

Israel: Specialists insist on ICD-9, there is little use of ICPC. The COOP/WONCA charts are being used in a study of menopause.

The Chairman referred to the need to collate information about the use of ICPC around the world.

70.2 Presentations

During the meeting the following presentations were made. Those marked with (*) had papers tabled.

- Bentsen Assessment of own function: COOP/WONCA charts in clinical work and research. Reliability and reference values. *
- Bernstein Reliability of ICPC classification using ENCODE-FM as a clinical vocabulary.
- Britt Integrity of clinical data.
- Gardner Data collection in general practice: a New Zealand perspective.
- Jamouille CISP Club activities.
- Mennerat TerSyPHE: a terminological system for communication and telematics in primary health care in Europe.
- Miller A maintenance program for extended versions of ICPC.
- Parkerson Comparison of COOP Charts with SF-36, SF-12, and Duke. *

71 Book publication of ICPC-2

71.1 Report on progress with OUP from chairman

OUP are pleased with the manuscript and expect to provide proofs for checking in about five weeks. The book will be about the same size as ICPC-1, but the layout and format will be more similar to ICHPPC-2-defined. Sale price is expected to be about \$US 50.

71.2 WHO sponsorship

The manuscript has been sent to WHO to enable them to consider the matter of joint sponsorship. A decision cannot be expected until late October. A message from Mr L'Hours was tabled (Appendix E).

The meeting asked the Chairman to bring this matter to the attention of Charles Boelen, who is the official WHO contact person with WONCA.

71.3 Promotion of ICPC-2

It is most important that all members of the committee provide the Chairman with information about how to promote ICPC-2 within their own countries if they are not amongst the seven who have already done so. This will then be passed on to Oxford University Press, who will do the promoting.

Under the agreement with OUP WONCA will receive 50 free copies of the book, and more can be obtained at a discount as long as they are not for re-sale.

71.4 Modifications to the text.

71.4.1 References: the committee agreed with Bent Bentsen that a further four references relating to both ICHPPC and ICPC be included in the section on historical background if possible at this stage.

71.4.2 Membership list for contact: the Chairman expressed concern at the rapid rate of change in fax numbers and email addresses which was occurring, and doubted the wisdom of including these together with members names in a book with a likely life of 5-10 years. It was resolved to delete these and include only names, city, and country, with the official WONCA address, fax, and email for contact, and reference to any appropriate web sites for information.

71.5 ICPC-2 translations (58.8.4)

71.5.1 It was resolved that the WONCA policy on ICPC-2 book translations should be:

1. WONCA should encourage book versions in languages other than English.
2. These must include the whole book, not just the rubrics.
3. There must be no changes to the rubrics. Any extensions must be clearly indicated as such, and approved by the WONCA Classification Committee prior to publication.
4. Translations must be prepared by named translators working in cooperation with the WONCA Classification Committee and to the standards that it sets, particularly in relation to the extent of back translation for checking which may be required.
5. While WONCA will retain the copyright it will usually grant without fee the rights to translating organisations to retain royalties on their versions. This will require a formal agreement between WONCA and the organisation or publisher concerned.

This policy should be formulated and circulated to the committee for comment prior to being included in the book if possible.

71.5.2 Current translation proposals:

The CISP Club is doing a French version.

A Spanish version is expected from the same publishers who published the Spanish version of ICPC-1.

A Portuguese version is under consideration.

A Chinese version is expected as a result of cooperation between the College of General Practice in Hong Kong and the Academy in Beijing.

Versions in Danish, Finnish, Hungarian, Norwegian, and Slovenian are being considered.

71.6 ICPC-2 copyright and licensing of electronic versions

1. After considerable discussion the committee reaffirmed its previously defined policy on electronic versions of ICPC-2, as stated in the book manuscript, in order to control promotion, distribution and support of electronic versions of ICPC to maintain consistency without inhibiting widespread use.

2. In discussion there was recognition that implementation of this policy will require infrastructure to make it happen; this could be through established publishers (though Oxford University Press have indicated no interest for financial reasons), or new mechanisms established by Colleges or Associations of WONCA, regional centres, collaborating centres (see 72), or web sites (see 77).

3. It was resolved that agreements and financial arrangements need not be uniform, since situations around the world will differ widely, but that WONCA's copyright should be protected in all cases.

4. It was resolved that the content of all electronic versions must include the full book, not just the rubrics. Two versions are needed, one the full text for individual users; the other the full text plus a form of the tabular list of rubrics easy for commercial vendors to download into computer systems.

5. The mechanism for making the electronic version available, on disc

or through a web site, was left for later discussion in relation to web sites (77).

72 Collaborating centres

72.1 A letter proposing establishment of the University of Sydney Family Medicine Research Unit as a collaborating centre of WONCA had been distributed (Appendix F). The chairman also tabled a WHO document on which the proposal is based; the committee requested the chairman to obtain further copies for distribution if possible.

72.2 The WONCA executive at its Seoul meeting determined that such centres may be a useful approach in a wider context, such as education, and asked that a more generic proposal be drawn up.

72.3 In discussion the following points were made:

1. Such centres may be one useful way of implementing the policy on electronic versions of ICPC-2.
2. The agreed work plan will be a very important consideration in setting up any collaborating centre, and in relation to classification this committee would need to be involved in drawing up and approving the work plan.
3. It is doubtful that exclusive contracts can or should be made in the future.
4. Such centres should be established for defined time periods, with continuation only after review.

72.4 The meeting resolved unanimously that the proposal was worth further exploration and development, and by a majority that the proposal was agreed in principle.

72.5 If it is decided to establish collaborating centres the meeting agreed that Henk Lamberts, Marc Jamouille with the CISP Club, as well as the University of Sydney and any other members of this committee who can get support from their organisations, should be asked to develop centres in collaboration with this committee.

73 Further developments for ICPC-2

73.1 ICD-9 conversion for electronic version. After discussion it was agreed that a conversion to ICD-9 would be useful in some circumstances, but as no one wanted to undertake this, it was deferred.

73.2 ICD-10 conversion. The book contains a mixed 3 and 4 digit conversion. Finland has a full four digit electronic ICD-10 to ICPC-2 conversion very similar to the one in the book.

Later in the meeting Marti Virtanen demonstrated a FoxPro program of mapping ICPC and ICD-10 in both directions. This led to discussion of some of the problems of mapping when some rubrics have a one to many relationship and this can occur in both directions. It was agreed that since ICPC is based first upon body system, when there is no clear correspondence ICPC rubrics should be mapped to the body system in ICD rather than the symptom. ICPC-Plus and Encode-FM both increase the specificity of ICPC codes for general practice in the same way that ICD-10 or parts of it are extended by specialists.

Marti Virtanen is willing to work with this committee to achieve the best consensus we can for an official WONCA conversion; in most cases there is good consensus, but there are about 100 rubrics for which further work is needed. Bob Bernstein, Charles Bridges-Webb and Helena Britt will work with him as they did for the book, and it is hoped that Henk Lamberts will assist. WHO's comments will be taken into

account. The results will be distributed to the full committee for consideration.

73.4 User's guide. It was resolved not to proceed with this until a need is proved.

73.5 Process code development. Helena Britt reported that she had received no response to her request for information about current use of the process codes. They appear to be used at present only in the Netherlands and Australia, with some work being done on local process codes in Belgium and Canada. Helena Britt will continue to work on modifications needed in Australia and act as a link person for any further work on this.

73.6 Relationship of ICPC to other classifications. After some discussion it was agreed that a statement should be prepared pointing out the advantages of ICPC in primary care and general/family practice in comparison with such classifications as ICD-10, Read and SNOMED, and explaining the different uses of a classification incorporating organizing principles and a nomenclature. This statement could be the basis for a presentation at the Dublin World Conference.

Bob Bernstein (convenor), Helena Britt, Mike Klinkman and Francois Mennerat agreed to work on this.

73.6.1 Read codes. Nick Booth reported changes in the NHS Centre for Coding and Classification, with less money to spend, no plans for collaboration with us. He has a mapping from Read to ICPC which could be available for research purposes only.

73.6.2 Francois Mennerat reported on attempts to obtain European funding for a number of projects relating to classifications and nomenclatures.

74 Function and severity measures

74.1 The meeting received George Parkerson's position paper on function and severity (Appendix G). In discussion of this it was suggested that future activities should include demonstrating that function and severity can be used as outcome measures; clarifying the meaning of related terms such as "severity", "disability", "co-morbidity" and many others in cooperation with development of the dictionary (see 75.2); emphasising the importance of patient-centredness; exploring the complex issues of co-morbidity. George Parkerson will revise the statement in the light of the comments as a guide to future work.

74.2 It was resolved that the chairman should write to WHO to find out what progress is being made with the proposed new edition of the International Classification of Impairments, Disability and Handicap (ICIDH), and to offer further input from this committee.

74.3 WONCA/COOP charts.

Bent Bentsen tabled documents outlining some proposed alterations and additions to the COOP/WONCA charts (Appendix H). In discussion the following issues were raised: the need for even distribution of response levels over the five point scales; the importance of wording and drawings; are symptoms appropriate as such or should they be related to their effect on function; "coping", "cognitive function" as

charts; sensitivity to change over an appropriate range for primary care; the need to maintain the present basic six as a core and use others as options; and the importance of defining the purpose for which each chart should be used.

74.3.1 The function and severity working group were asked to coordinate further action, possibly drawing up a grant proposal.

74.3.2 The following members volunteered to test a new chart each: T Gardiner, M Jamouille, M Klinkman, J Nunes, G Zorz. Later in the meeting a protocol for the field tests was tabled (Appendix I).

74.4 Severity of illness, DUSOI/WONCA

1. George Parkerson reported on activities. Translations have been made in Portuguese, and are in progress in Dutch, French, Japanese, and Slovenian. It was suggested that translators use it with 10-20 patients to get a feel for how it works. It is being used at Duke University, and in two projects in Australia. More work is needed on reliability and validity. Those members piloting the new COOP/WONCA charts could also use DUSOI/WONCA.

2. A new agreement with Duke University will be needed for the inclusion of DUSOI/WONCA in electronic versions of ICPC-2.

74.5 Future work

1. It was resolved that the FAS group should re-form with membership of all Classification Committee members willing to work by email or correspondence, with George Parkerson as convenor.
2. Work priorities will be testing new and modified COOP/WONCA charts; comparisons of functional status measures for primary care; work on the reliability and validity of DUSOI/WONCA, and a possible publication about it.
3. George Parkerson will establish requirements regarding copyright of the charts in relation to electronic publication of ICPC-2.

75 Glossary and dictionary of general/family practice

75.1 Glossary. A Spanish translation has been published, a Portuguese one will be published next month, and a French one is in progress.

75.2 Dictionary. Niels Bentzen reported on progress with work to prepare the full dictionary, which will add to the glossary terms about such matters as education, training, ethics, communication and prevention. He tabled a first draft of terms being considered for inclusion. It will probably not be possible to publish until late 1998 or early 1999. He is looking for suggestions from committee members and others about the form in which it should be published, terms which are not required, other terms which should be included, and about definitions.

The meeting resolved that

75.2.1 The Oxford Medical Dictionary should be used as a starting point for definitions for terms which were there, which could then be accepted, modified or not used.

75.2.2 A brief introduction will be needed to explain what is and is not included.

75.2.3 Clinical terms will not be included.

75.2.4 The draft will be circulated electronically and Committee

members will cooperate by sending feedback to Niels Bentzen.

Later the final session of the meeting was spent workshopping these issues.

76 Financial statements

76.1 The meeting expressed appreciation that Bob Bernstein had been able to raise \$C4,500 towards the cost of the meeting.

76.2 The chairman tabled a statement of the budget for 1997 with expenditure to date (Appendix J).

76.3 It was noted that only \$500 would be required for the dictionary this year, and resolved to approve \$250 for the cost of DUSOI/WONCA translations.

76.4 The Chairman explained that WONCA required us to have a meeting in association with each World Conference, but would not make any contribution towards members travel expenses on such occasions, and this would apply to our meeting in Dublin next year.

77 Web site

Nick Booth tabled a proposal for a Classification Committee website based at the University of Newcastle-on-Tyne (Appendix K).

In discussion issues raised were the use of the site to provide information and/or the proposed availability of ICPC-2 through the web; the need to maintain and update the site; cooperation between web sites, for example Newcastle and CISP; funding of the site(s), which might partly be covered by sales of software. Options A&C in the proposal are already included in the CISP site, which is for information and education only, but needs official WONCA endorsement. Newcastle should be the main site.

77.1 It was resolved that the committee supports the CISP website and recommends to WONCA that CISP be able to use the WONCA logo.

77.2 Web site availability of ICPC-2

Issues discussed were need for full copyright and licensing information to be included; web availability compared with disk or CD-ROM; best software format (Adobe Acrobat was supported); single individual, single site licence compared with software vendors' licence ; need for user support; price for ICPC-2, which should encourage purchase not pirating; method of payment if sales are made.

Graeme Miller will make available the ICPC-Plus agreement between the University of Sydney and WONCA as a possible model for agreements with other distributors, though the committee did not envisage any granting of exclusive rights in the future.

77.3 ICPC-L web site appeared out of the blue from USA with no connection with this committee or the Newcastle web site.

78 Asia-Pacific Regional Conference report

78.1 Graeme miller tabled a report on classification issues considered at the WONCA Asia-Pacific Regional Meeting held in Seoul recently (Appendix L).

78.2 An Interim Regional Classification Committee met, accepted a draft constitution and terms of reference (Appendix M), and recommended to the WONCA Regional Council the formation of a WONCA Asia-Pacific Committee on Classification with Graeme Miller as Chairman. WONCA Regional Council later resolved that this be done.

78.3 The meeting resolved that

78.3.1 the Regional Committee (and any others formed in other regions) should emphasise their main role as promotion and facilitation of use of the main committee's developments, in particular ICPC,

78.3.2 the Regional committee should include all members of the main committee who live in the region, and report regularly to the main committee,

78.3.3 the name of any regional committee should be distinctly different from that of the main committee to avoid confusion, and that in future the main committee be referred to as the WONCA International Classification Committee.

78.3.4 the draft of ICPC-2 be made available to members of the Regional Committee on the same basis that it is available to the main committee, namely, confidential until publication.

79 Other business

79.1 Helena Britt reported that the Scandinavian Journal of Primary Care would not allow the use of the term "encounter" in a paper for publication, but insisted on the use of the term "contact". The meeting resolved that the Chairman should write to the editor pointing out that "encounter" is internationally accepted, is defined in the glossary, and that that should be the reference point.

79.2 Difficulties in finding journals willing to receive articles of a scientific nature, particularly in relation to research methodology, were raised. Members suggested the following:

- Archives of Family Medicine (JAMA)
- Family Medicine
- Journal of the Board of Family Practice
- International Journal of Informatics in Primary Care
- Journal of Clinical Epidemiology
- European Journal of Public Health

79.3 It was resolved to prepare a bibliography of publications of work done using ICPC, with Francois Mennerat as coordinator. All members should send their lists in Index Medicus format to him. Marc Jamouille will include the list as it develops in his web site.

79.4 At the request of Henk Lamberts an editorial, article, and reply letter about ICPC-Plus from Australian Family Physician were tabled (Appendix N).

80. Appointment of Chairman 1998-2001

Charles Bridges-Webb does not want to continue, and will resign at the Dublin meeting in 1998. There was only one nomination, Neils Bentzen, and the recommendation to WONCA Council that he be appointed Chairman at the Dublin meeting was passed with acclamation.

81. Next meetings

81.1 The WONCA World Conference will be held in Dublin from 14-18

June 1998. The committee has been allocated two 75 minute sessions, one open and one closed, though we can also use this as an open meeting. A further session is possible. Content will be determined by the Scientific Committee in cooperation with us. Abstracts close 30 September, but are likely to be accepted after that.

81.1.1 It was resolved that we appoint a Scientific Review Committee to liaise between us and the Conference Scientific Committee: Graeme Miller (convenor), Bob Bernstein, Soren Brage.

81.1.2 Presentations at the meetings might include

.ICPC-2 compared with ICPC-1

.controlled clinical terminology

.members reports in brief

81.1.3 Members wishing to make presentations should send abstracts to the Graeme Miller AND to the Conference Scientific Committee with an appropriate covering letter as soon as possible, preferably before 15 October.

81.2 It was resolved that this Committee should have a two day closed meeting on 19-20 June 1998 in Dublin. A major task of this meeting will be to draw up a work plan in cooperation with the new chairman.

81.3 Possible Bellagio meeting 1999 (March to July)

The chairman has information about applying to the Rockefeller Foundation for a meeting at Bellagio in Italy. It was resolved to go ahead with an application.

81.4 All members were asked to see if they could raise funds for a meeting in their own city in late 1998 or in 1999. Bob Bernstein mentioned that funding became available once the meeting was definitely occurring in Ottawa, not before when it was only a possibility.