

World Organisation of Family Doctors WONCA International Classification Committee

Minutes of the WONCA International Classification Committee meeting at College of General Practitioners, Dublin, Ireland, 19-20 June 1998.

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

82. The meeting

82.1 Attendance

There were 27 representatives from 17 countries:

Bentsen B (Norway)*	Bentsen N (Denmark)
Bernstein R (Canada)*	Booth N (England)
Brage S (Norway)	Bridges-Webb C (Australia)(Chairman)
Britt H (Australia)	Grimsmo A (Norway)
Humbert J (France)*	Jamouille M (Belgium)*
Klinkman M (USA)*	Kvist M (Finland)
Lamberts H (Netherlands)	Letrilliart L (France)
Liukko M (Finland)	Marshall I (Spain)*
Mendis K (Sri Lanka)	Mennerat F (France)
Michener L (USA)	Miller GC (Australia)
Okkes IM (Netherlands)	Olaroiu M (Romania)
Parkerson G (USA)	Patterson WM (Scotland)
Soler JK (Malta)	Yamada T (Japan)
Zorz G (Slovenia)	

Observers: Virtanen M (Finland)

Note: *= present for only part of the meeting.

Apologies: Bujak M (Poland), Fischer G (Germany), Gardner T (New Zealand), Gervas J (Spain), Hayes W (USA), Nunes J (Portugal), Saltman D (Australia), Sive P (Israel).

82.2 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 one did not now have email.

WICC is an expert committee and welcome members who will take an active part in the work, ie being in correspondence with the Chairman at least once a year. Number of members from any country is therefore not restricted.

82.3 Procedures for the meeting decided.

82.4 List of members for updating circulated.

- 82.5 It was agreed to appoint two rapporteurs for each session of the meeting to take minutes.
83. Minutes of the meeting in Ottawa 12-15 September 1997 were approved as correct (10/10/97).
84. Business arising from the minutes not otherwise on the agenda.
- 84.1 Hannover meeting of WONCA Research Committee (68.1). A publication has not yet been received.
- 84.2 WHO Heads of Centres meeting: M. Virtanen reports (68.3). The meeting did not want ICPC to be an official document from WHO. Dr. Hapsar will work with the ICPC/ICD-10 conversion, but WHO are presently not in a position to do much work with the classification due to lack of resources. M. Virtanen is our contact person to the WHO.
- 84.3 Health outcome book has been distributed (68.4), but not received by Bernstein, Humbert and the new members Lettriliart, Mendis, Olarioiu, Soler and Bujak. To be sent.
- 84.4 UMLS and ICD-10-CM (69.6). USA and the Netherlands will continue to develop ICD-10-CM. ICD-10-CM is the American extension of ICD-10, which codes first location and then aetiology, and therefore will make a better conversion with ICPC than the ICD-10. This work is carried out by the National Centre of Health Statistics, NCHS. It is expected that the ICD-10-CM will play a major role for anybody who wants to publish, since the American journals will stick to this classification. Swedish adaptation of ICD-10 does not bring anything new and is not meeting the needs of general practice.
- 84.5 Medicode (69.7). British company who wants to include ICPC-2 in its electronic system. WONCA executive and Medicode will negotiate royalties.
- 84.6 ICIDH (74.2). ICIDH-2 new updated version by WHO. Very different from ICIDH-1 with focus on mental health; impairments now relate to function and to the S/C section of ICPC, handicap is participation, environmental factors are occupational health and disabilities are activities. The Dutch will incorporate ICIDH-2 in the ICPC-ICD-10 system and are working on a computer version, which can do this. The Finns find it very difficult to use and are awaiting further developments. ICPC-2 has been translated into a number of different languages. The new parameters included in ICIDH-2 may prove difficult to implement in practice. An overview of the content of ICIDH-2 was distributed by Lamberts.
- 84.7 Scandinavian Journal of Primary Health Care (79.1) has changed translator.

The problem shows the importance of having a common source for general/family practice terminology, ie a comprehensive dictionary.

- 84.8 Bibliography re. ICPC (79.3). Mennerat still collects publications about ICPC and publications using ICPC. Has now more than 125. Should be published and updated on our Web site. Mennerat will consider whether there should be some standard for inclusion of both published and unpublished material. Patterson suggested that we develop the same bibliography for the COOP/WONCA charts.
- 84.9 Bellagio meeting application (81.3). Deferred.
- 85. Correspondence.
 - 85.1 Report of Classification Committee to WONCA Council (13/03/98) has been sent to all.
 - 85.2 Report of WONCA Research Committee. Bridges-Webb report on the communication. Chris van Weel has resigned and Gisela Fischer is appointed as the new Chairman.
 - 85.3 Report from members. Deferred.
 - 85.4 Letter from Swiss publisher, who wants to translate ICPC-2 into German. Referred to G. Fischer.
 - 85.5 Argentine College of General Practitioners wants a Spanish translation of ICPC-2. Referred to Gervas. A. Wilson, software supplier in USA wanting to incorporate ICPC-Plus. Referred to Michener. Letter from Dutch College of General Practitioners about ICPC-2. Referred to Lamberts.
 - 85.6 Letter from Dr. P. Amos re. Bridges-Webb's visit to the UK.
 - 85.7 Letter from Dr. McCoy in Budapest.
 - 85.8 NCHS wanted to have list of all classification systems in USA. Importance of indexing ICPC into UMLS. Lamberts and Michener will ensure this.
 - 85.9 Latvian translation of ICPC did not work out. Wanted to use the Swedish ICD-10 primary care classification instead.
 - 85.10 ICPC-1 has been translated into Romanian.
- 86. Work plan for 1999-2001 (13/03/98).
 - 86.1 Dictionary of General/Family Practice.

- 86.2 Further developments for ICPC-2.
 - 1. Electronic version.
 - 2. Translation.
 - 3. Process code further developed.
 - 4. Drug classification.
 - 5. Validation and reliability in preparation for ICPC-3.
 - 86.3 Establishment of Web site.
 - 86.4 Health outcome measures:
 - 1. COOP/WONCA
 - 2. DUSOI/WONCA
 - 86.5 Liaison with WHO
 - 86.6 Data output - clustering
 - 86.7 Other outcome measures
 - 86.8 Relationship with other terminologies, nomenclatures and classifications.
87. ICPC-2
- 87.1 Book publication. Book presented at the WONCA Council meeting. Accepted with applause. Each member of WICC received a copy. Copies will be sent to members not present.
 - 87.2 Promotion. The Committee members must be aware of how best to promote ICPC-2 in their respective countries and in other countries, which do not have members in WICC. This can be done through: Introducing the book at medical meetings, review in GP journals, making it known in bookshops, introducing it into the educational programmes- both undergraduate and postgraduate. Results of these promotions should be fed back to the Chairman for dissemination of good ideas. Soler prepares a standard advert to be sent to the journal editors.
 - 87.3 Copyright and licencing. The aim of this is: Control of content and quality of the translation, possibility of obtaining some finance, ensuring that ICPC-2 is freely available to family doctors. In Norway the government will negotiate a fee for the right to use ICPC-2. There are existing agreements, and it is for

WONCA to negotiate these. Bernstein will distribute "Issue of Liability". The conclusion is that in the future there will be no exclusive licences. If more than one organisation wants to distribute ICPC-2, each one will have to negotiate with WONCA, with whom they may each get an agreement.

87.4 Translations (71.5). Jamouille has published the history of ICPC on the Web site and translated into different languages (<http://www.ulb.ac.be/esp/wicc>). A Portuguese (Nunes) and a Spanish (Gervas) translation are under way, while a Chinese translation by Ytwun is almost finished. The policy of WICC is that the whole book of ICPC-2 should be translated and back translated as a control to ensure validity. ICPC-1 rubrics have been translated, extensive work was done there. The new inclusion and exclusion criteria need to be dealt with as thoroughly as it was originally done with the rubrics. We should approach the national colleges in order to get financing for translations and ensure dissemination. There are problems with funding, but each country must see how they best can solve this. WONCA funds cannot be expected to go to translation expenses. It is important that ICPC-2 is available in as many countries as possible, and that the whole book should be translated, since the introduction is an important source for understanding the concept and therefore the appropriate use of the rubrics.

87.5 Further developments for ICPC-2.

1. Electronic presentation. Ideally the full version of ICPC-2 should be included in the electronic version, so that it is available as a reference. It should contain the ICPC-2 codes, the rubrics, the inclusion and exclusion criteria and the ICPC/ICD-10 conversion table in an ASCII file. The format should make it possible to add free text. In the Netherlands algorithm has been developed which should be available to whoever wants it. The general agreement was that the book should be made available in: Text and database; should point to systems including all software which uses ICPC. EWG.
2. ICD-9 conversion. Not to be continued.
3. ICD-10 conversion. Should be further developed. We need to work out a conversion on the 3 digit level to be used as often as possible. No need to use 4 digits, only exceptionally. Rag-bags should be avoided. (ICD-10-CM has no rag-bags). CWG.
4. User support, user's guide. Not needed.
5. Inventory of ICPC process code developments. Work needs to be done in this field and to include process codes that are used also by other specialists. PWG.
6. Relationship of ICPC to other classifications. Interest in developing

classifications for nurses in several countries. ICD-10-CM will be the future classification in the US and SNOMED will disappear.

7. Drug code. It is necessary now to include the ATC drug code in ICPC. A major task to keep it updated. DWG.
 8. Conceptual framework. We need somebody to look at what really happens in the consultation process and the outcome results for the patients. XWG.
88. Collaborating centres (72). Postponed by WONCA Council until they have given it more thought. There are presently 4 sites interested in becoming a collaborating centre: Family Medicine Research Unit in Sydney (Britt), Department of Family Medicine in Amsterdam (Lamberts), Electronic Version Development Group in Ottawa (Bernstein) and University of Newcastle (Booth). Anybody wanting to become a collaborating centre should develop a work programme which could be presented to the Council for their further consideration on how to establish these collaborating centres and decide on agreement, duration and method of collaboration etc. The CISP Club needs official recognition and support, but not necessarily through becoming a collaborating centre.
89. Function and severity measures (74).
- 89.1 COOP/WONCA charts. These charts are indicators to be used by patients, not indices, therefore the scales do not need to be balanced and the responses are not equidistant.
 - 89.2 Severity of illness, DUSOI. Translations are needed for more of the DUSOI/WONCA severity charts. Both a forward and back translation are necessary. The instrument is very useful at the level of a single episode. Discussion about the usefulness of the score. Since the DUSOI/WONCA is in the GP's frame of reference and the COOP/WONCA is in the patient's it would be interesting to use the two instruments in the same encounter. DUSOI/WONCA is very sensitive in acute health problems, not very useful for chronic, stable problems. We need: To see more data available, to make a draft protocol for an international study, which has independent studies with many GPs and 50-60 encounters per doctor. FAS.
90. Glossary and Dictionary of General/Family Practice (75). The aim of this work is to produce a dictionary in British English containing words and terms relevant for general/family practitioners attending international meetings and publishing in international journals, in order to optimize communication, both oral and written.
- 90.1 Glossary translations are now available in Spanish and Portuguese.
 - 90.2 Dictionary progress and plans. Chapters have been allocated to all members of WICC for comments. Three members have replied. Disks with the current

version distributed and members are asked to look at their chapter or look at topics, in which they have special interest, and comment on the words or terms or suggest new ones. The aim is to have the final draft available in 1999, so that the dictionary can be published after our next meeting.

91. Financial statements (with report to WONCA Council 13/03/98) (76). The budget has been stable over the last year, approx. USD 16.000. We have applied for a similar amount and expect to stay at the present level for the next 3 years.

92. Web site (77)

Two Web sites exist: Jamouille has developed an ICPC Web site and Newcastle have developed a WONCA Web site, including information about the WONCA committee. Discussions about the relationship between the Web sites. Both are interactive and should be used. A working group should come up with recommendations about how the sites best can be used, the funding needed and where eventual funding should go. WWG

93. Other business (79).

93.1 Clustering. There has been some work relating to the clustering of diagnoses depending on the purpose of classification and reporting. Cluster WG.

93.2 Data output. Further work on how and what to present with regard to quantitative data from ICPC-1.

93.3 Health outcome measures will be picked out by Parkerson.

93.4 Terminology, useful nomenclatures and classifications need standardisation. Central issue for informatics people. Booth will report about developments.

93.5 Following working groups were established:

FAS (89): Parkerson (convenor), Bentsen, Gardner, Zorz, Nunes and Jamouille. Its work description is: The function and severity working group is responsible for conducting monitoring, reviewing and summarising work of WICC that relates to measurements of functional health status and severity of illness.

BWG (84.8): Mennerat (convenor) will develop a bibliography of any work related to or using ICPC. Task:

WWG+EWG (87.5.1, 92): Jamouille and Bernstein (convenor), Mendis, Booth, Miller, Soler, Michener. Task:

CWG (87.5.3): Virtanen (convenor), Bernstein, Brage, Mennerat. Task:

PWG (87.5.5): Klinkman (convenor), Britt, Kvist, Liukko, Patterson. Task:

XWG (87.5.8): Okkes (convenor), Yamada, Mennerat, Olaroiu, Jamouille, Zorz, Klinkman. Task:

Data WG (93.2): Lamberts (convenor), Soler, Britt, Booth, Michener. Task:

Cluster WG (93.1): Britt, Letrilliart, Grimsmo. Task:

DWG (87.5.7): Bujak (convenor), Hayes, Miller, Lamberts, Yamada. Task:

94. Next meetings

Application has been sent to Rockefeller Foundation for a meeting in Bellagio between 15.7 and 15.10 1999. 25 members can attend. We expect a reply around the middle of October. Duke University will organise our next meeting in year 2000, unless the meeting in Bellagio does not go through, in which case we shall have a meeting at Duke in spring 1999.

Closing the meeting, Niels thanked Charles for his excellent chairmanship over the past 7 years. Charles took over as Chairman at a time where there were great difficulties within the Classification Committee, which peaked at the 1992 meeting in Madrid.

Charles steered the Committee through very difficult waters and was able to get us to work together in a very constructive and pleasant way.

The Committee is in a period of expansion and its work has become more and more important and useful for general/family practice within our countries. The major achievement during the chairmanship of Charles has been the just published hardback of ICPC-2, which more than anything documents Charles' great skills as chairman of an international group of dedicated general/family practitioners.

As new Chairman Niels announced that he would have to work in a different way to that of Charles, since he still has his practice and also works full-time at the university. With 46 members of the WICC the method of work would be to split up into working groups and for these to do the work within the field they are engaged in between the meetings and reporting progress and results to the rest of the committee during the meetings.

The next meeting will be in 1999. Date and venue to be announced later.

Niels Bentzen
July 1998