



International Classification of Primary Care - Version 2

ICPC-2 A brief overview

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ICPC and ICPC-2

- ❖ ICHPPC - Wonca and AHA 1975
- ❖ ICHPPC-2 - Wonca & WHO 1979
- ❖ ICHPPC-2-Defined 1983
- ❖ International Classification of Primary Care (*ICPC*) - Wonca 1987
- ❖ ICPC-2 - Wonca 1998
- ❖ ICPC-2-R Wonca 2005



ICPC-2 Structure

- ❖ Bi-Axial structure
- ❖ 17 alpha-coded chapters based on body systems
- ❖ 7 identical components, with rubrics bearing a two-digit numeric code



ICPC-2 Structure : Chapters

- ❖ A - general
- ❖ B - blood , immune system
- ❖ D - digestive
- ❖ F - eye
- ❖ H - ear (hearing)
- ❖ K - circulatory
- ❖ L - musculoskeletal
- ❖ N - neurological
- ❖ P - psychological
- ❖ R - respiratory
- ❖ S - skin
- ❖ T - metabolic, endocrine
- ❖ U - urological
- ❖ W - women's health, pregnancy, family plan
- ❖ X - female genital
- ❖ Y - male genital
- ❖ Z - social problems



ICPC-2 Structure : Components

❖ Common

- ❖ 2 - *diagnostic, screening and preventive*
- ❖ 3 - *medication, treatment, procedures*
- ❖ 4 - *test results*
- ❖ 5 - *administrative*
- ❖ 6 - *referrals*

❖ Specific

- ❖ 1 - *Complaint and symptoms*
- ❖ 7- *diagnostic / disease*
 - *infectious*
 - *neoplastic*
 - *injuries*
 - *congenital anomalies*
 - *other*



Notes

- ❖ Rag bags found at the end of each section or sub-section - for entities Not Otherwise Specified (NOS)
- ❖ ICPC developed for categorising data for health statistics, and may lack the specificity needed for Clinical records
- ❖ Hierarchical expansion - use of ICD-10 recommended

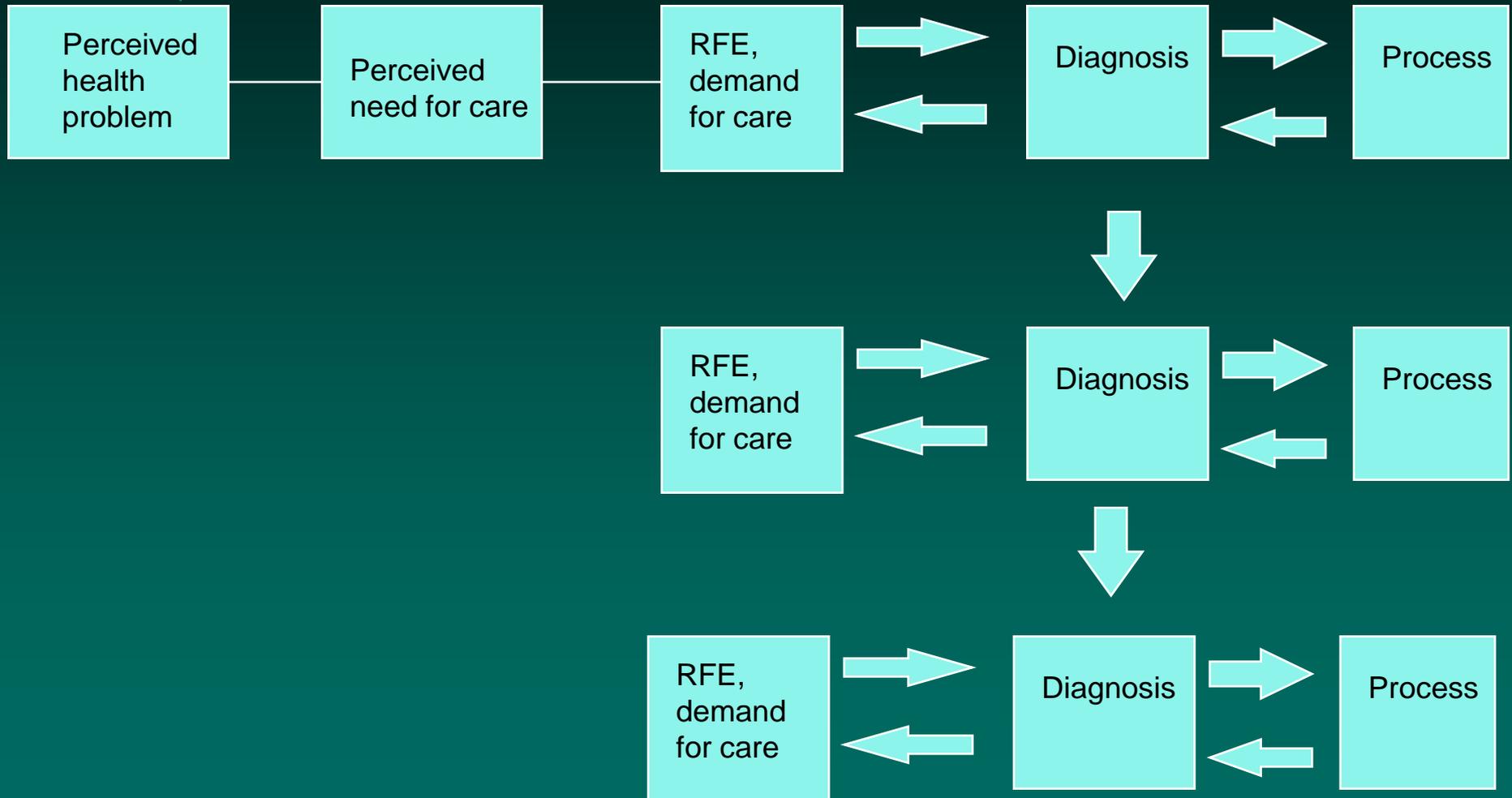


The Episode of Care

- ❖ Episode of care, distinguished from episode of illness or episode of disease
- ❖ Health problem or disease from its first presentation to a health care provider until the completion of the last encounter for that same problem or disease

Transition project

the episode of care





Episode of Care - elements

- ❖ reasons for encounter
 - in the patient's own words
- ❖ health problems / diagnoses
 - give the “name” to the episode
 - medical diagnoses, fear of disease, symptoms, complaints, disabilities, need for care (e.g... immunisation)
 - qualified as new or old, certainty, severity
- ❖ process of care / interventions
 - ICPC process codes, ICPC drug codes



Episode of Care

- ❖ episode consists of one or more encounters
- ❖ reasons for encounter distinguished from requests for interventions and from findings elicited by history-taking
- ❖ “transitions” are changes in relations over time



Episode of Care

- ❖ ICPC-2 can be used to assess medical records as regards
 - large majority of health care needs
 - comprehensiveness
 - integration
 - accessibility
 - accountability



Definition of Primary Care

❖ Institute of Medicine:

- “Primary Care is the provision of *integrated accessible* health care services by clinicians who are *accountable* for addressing the *large majority of personal health care needs*, developing a sustained partnership with patients and practising in the context of family and community”



Definition of Primary Care

❖ WONCA:

- “a physician who provides personal, primary, and *continuing comprehensive* health care to individuals and families”



Use of ICPC 2 - recording Rfe

- ❖ Rfe should be understood and agreed upon by patient and provider, and recognised by patient as an acceptable description
- ❖ ICPC rubric chosen should be as close as possible to the original statement of the reason given by the patient and must represent a minimal or no transformation by the provider
- ❖ the inclusion criteria listed for rubrics for use in recording health problems/diagnoses are **NOT TO BE USED** since the Rfe is documenting the patient's view only, based entirely on the patient's statement



Use of ICPC 2 - recording Rfe

❖ Four rules for choosing the chapter

- the Rfe should be coded as specifically as possible and may require some clarification by the provider
- whenever the patient makes a specific statement use his/her terminology
- when the patient is unable to describe the complaint, the reason given by the accompanying person is acceptable
- any reason given should be coded, and multiple coding is required if the patient gives more than one reason. Code every reason presented at whatever stage in the encounter it occurs

Rfe - component code

- ❖ 1. Symptoms and Complaints
 - commonest in use
 - specific for each chapter (e.g.. nausea D09)
 - commonly -01 refers to pain (e.g. H01)
 - four standard codes in each chapter
 - ◆ -26 fear of cancer
 - ◆ -27 fear of having a disease or condition
 - ◆ -28 limited function/ disability
 - ◆ -29 other symptoms/ complaints



Rfe - component code

- ❖ 2. Diagnostic, screening and preventive procedures
 - request for intervention
 - clarification by the provider necessary to find out why the patient is asking for the test/procedure to select the correct alpha code



Rfe - component code

- ❖ 3. Medication, treatment, procedures
 - request for treatment or when patient refers to the doctor's instructions to return for specific treatment, procedure or medication as the Rfe
 - clarification by the provider necessary to find out why the patient is asking for the test/procedure to select the correct alpha code



Rfe - component code

❖ 4. Test results

- patient specifically requesting the results of tests carried out
- if the patient seeks further information on the underlying problem, consider using the additional code -45 (health education, advice)



Rfe - component code

❖ 5. Administrative

- examinations required by a third party, insurance forms, discussions regarding the transfer of records, certificates, etc.



Rfe - component code

❖ 6. Referrals and other Rfe

- use if reason for encounter is to be referred to another provider (-66, -67, -68)
- also “being told by you to come back”, or “sent by someone else” use -64, -65
- provider initiated follow-up for an already existing episode (e.g.. hypertension, diabetes, obesity) use -64



Rfe - component code

❖ 7. Diagnosis and disease

- only when the patient expresses his Rfe as a specific diagnosis or disease
- even if the diagnosis is incorrect, use this code when the patient uses it as his Rfe (e.g.. “I came for my migraine”, use this code even if you know it is tension headache)



Rfe - component code

❖ Rules for Components (Continued)

- whenever a code is preceded by a dash (-), select the chapter code (alpha). Use A when no specific chapter can be selected, or when multiple chapters are involved. ALL codes must begin with a letter (alpha) code.
- rubrics from more than one component, or more than one rubric from the same component, can be used for the same encounter if more than one reason is presented by the patient



Use of ICP 2 - recording health problems and process of care

❖ Health problems

- record the provider's assessment of the patient's health problems
- can be done as symptoms or complaints, or as diagnoses (component 1 or component 7)
- sometimes we use A97 (no disease) or A98 (health maintenance/preventive measure) to label the episode
- rubrics in components 1 and 7 often have additional information (synonyms, inclusion terms, lists of similar conditions to be coded elsewhere as exclusion terms, other conditions to consider if the inclusion criteria are not met etc.)



Coding health problems

- users are encouraged to record the full spectrum of problems managed, including organic, psychological, and social health problems
- recording should be at the highest level of diagnostic refinement at which the user feels confident, and which meets the inclusion criteria
- in ICPC localisation within a body system takes precedence over aetiology



Coding health problems

- ❖ code to the highest level of specificity possible
- ❖ inclusion criteria contain the minimum number of criteria necessary to permit coding with that rubric
- ❖ consult the criteria after the diagnosis has been reached... do not use them as guidelines to diagnosis
- ❖ if the criteria are not fulfilled, consider less specific rubrics suggested by the term “consider”
- ❖ for those rubrics without inclusion criteria, consult the list of inclusion terms in the rubric, and take into account any exclusion terms



Coding Process of Care

- ❖ Can use components 2, 3, 5 and part of 6, but not component 4 and parts of 6 (namely -63, -64, -65 and -69)
- ❖ rubrics are broad and general
- ❖ IC-Process-PC codes exist, to add three more digits and add specificity



Coding Process of Care

- ❖ partial examination refers to a partial examination directed to a specific organ system or function
- ❖ complete examination refers to an examination which is defined by consensus of a group of local professionals to reflect the usual standard of care (e.g. N30 complete neurological examination)



Coding Process of Care

- ❖ the following are to be coded as -30 or -31
 - inspection, palpation, percussion, auscultation
 - visual acuity and fundoscopy
 - otoscopy
 - vibration sense (tuning fork examination)
 - vestibular function (excluding calorimetric tests)
 - digital rectal and vaginal examination
 - vaginal speculum examination
 - blood pressure recording
 - indirect laryngoscopy
 - height/weight
- ❖ all other examinations are to be included in other rubrics



Coding Process of Care

- ❖ Component 2 - diagnostic, preventive and screening (incl. immunisations, education, counselling)
- ❖ 3 - medications, treatment and procedures (NOT immunisations)
- ❖ 4 - test results (not process interventions)
- ❖ 5 - administrative (paperwork)



Coding Process of Care

- ❖ Component 6 - Referrals, and other Rfe
 - referrals to other primary care providers, hospitals, clinics, physicians, counselling, etc.
 - 66 other provider/therapist/social worker (-66.1 nurse, -66.2 psychotherapist, -66.3 social worker)
 - 67 specialist (-67.1 internist, -67.2 cardiologist, -67.3 surgeon)



Inclusion criteria

- ❖ etiological and pathological
 - appendicitis, acute MI
- ❖ pathophysiological
 - hypertension presbyacosis
- ❖ nosological
 - depression, IBS
- ❖ symptom
 - fatigue, eye pain



Inclusion criteria

- ❖ the most concise inclusion criteria which would minimise coding variability were used
- ❖ Cross referencing
 - includes:
 - exclude:
 - consider:



Inclusion criteria

- ❖ they are not a guide to diagnosis
 - ❖ they do not set standards of care
 - ❖ they do not act as a guide to therapy
-
- ❖ NB. never use them for coding Rfe



Severity of illness - functional status

- ❖ Duke/WONCA Severity of Illness Checklist (DUSOI/WONCA)
- ❖ COOP/WONCA functional status assessment charts



ICPC examples

	<i>Chapter</i>	<i>Code</i>
measles	A - general	A71
diarrhoea	D - digestive	D11
r/o ear wax	H - hearing	H51
stop smoking	P - psych.	P45
refer nurse		-66.1



*Review of 539 consecutive
consultations in a Family
Doctor's practice*

Denis Soler



Age-sex profile (31.12.1994)

Age	0 - 14	15 - 29	30 - 44	45 - 59	60 - 74	75 - 89	90+
Female	30 (3.8%)	76 (9.5%)	64 (8.0%)	114 (14.3%)	75 (9.4%)	30 (3.8%)	1 (0.1%)
Male	38 (4.8%)	89 (11.1%)	72 (9.0%)	127 (15.9%)	52 (6.5%)	31 (3.9%)	1 (0.1%)
Total	68 (8.5%)	165 (20.6%)	136 (17.0%)	241 (30.1%)	127 (15.9%)	61 (7.6%)	2 (0.3%)



Diagnoses: A - general

A62	Administrative	49
A77	Viral diseases NOS	2
A82	Trauma, late effects	4
A97	No disease	30
A44	Vaccination	14
TOTAL		99



Diagnoses: D - digestive

D75	NG colon/rect.	1
D80	Other injuries	1
D83	Mouth/lip/tongue disease	1
D87	Gastritis	20
D90	Hiatus hernia	5
D91	Diverticular disease	1
D93	IBS syndrome	5
D94	UC, chr. ent	4
D95	Anal fiss., abscess	4
D98	Cholecystitis/lithiasis	11
D99	Other diseases	5
TOTAL		61



Diagnoses: K - circulatory

K74	Angina pectoris	2
K76	IHD	5
K77	Heart failure	2
K79	Paroxysmal tachycardia	1
K86	Hypertension, uncomplicated	135
K89	Transient cerebral ischaemia	1
K94	DVT	1
K95	Varicose vv.	3
K96	Haemorrhoids	1
TOTAL		151



Diagnoses: L - musculoskeletal

L81	Other injury	1
L82	Cong. anomaly bone	1
L83	Cervical spine synd.	2
L84	OA spine	2
L85	Acq. Spine def.	2
L86	Lumbar disc lesion	12
L88	RA and allied cond.	1
L90	OA of the knee	5
L92	Shoulder synd.	3
L93	Tennis elbow	3
L95	Osteoporosis	2
L97	Chr. Knee derangement	4
L99	Other	15
TOTAL		53



Diagnoses: R - respiratory

R74	URTI (head cold)	51
R75	Sinusitis ac./chr.	6
R76	Ac. tonsillitis	2
R91	Chr. bronchitis / bronchiectasis	1
R96	Asthma	23
R97	Hayfever, all. rhinitis	29
TOTAL		112



Diagnoses: S - skin

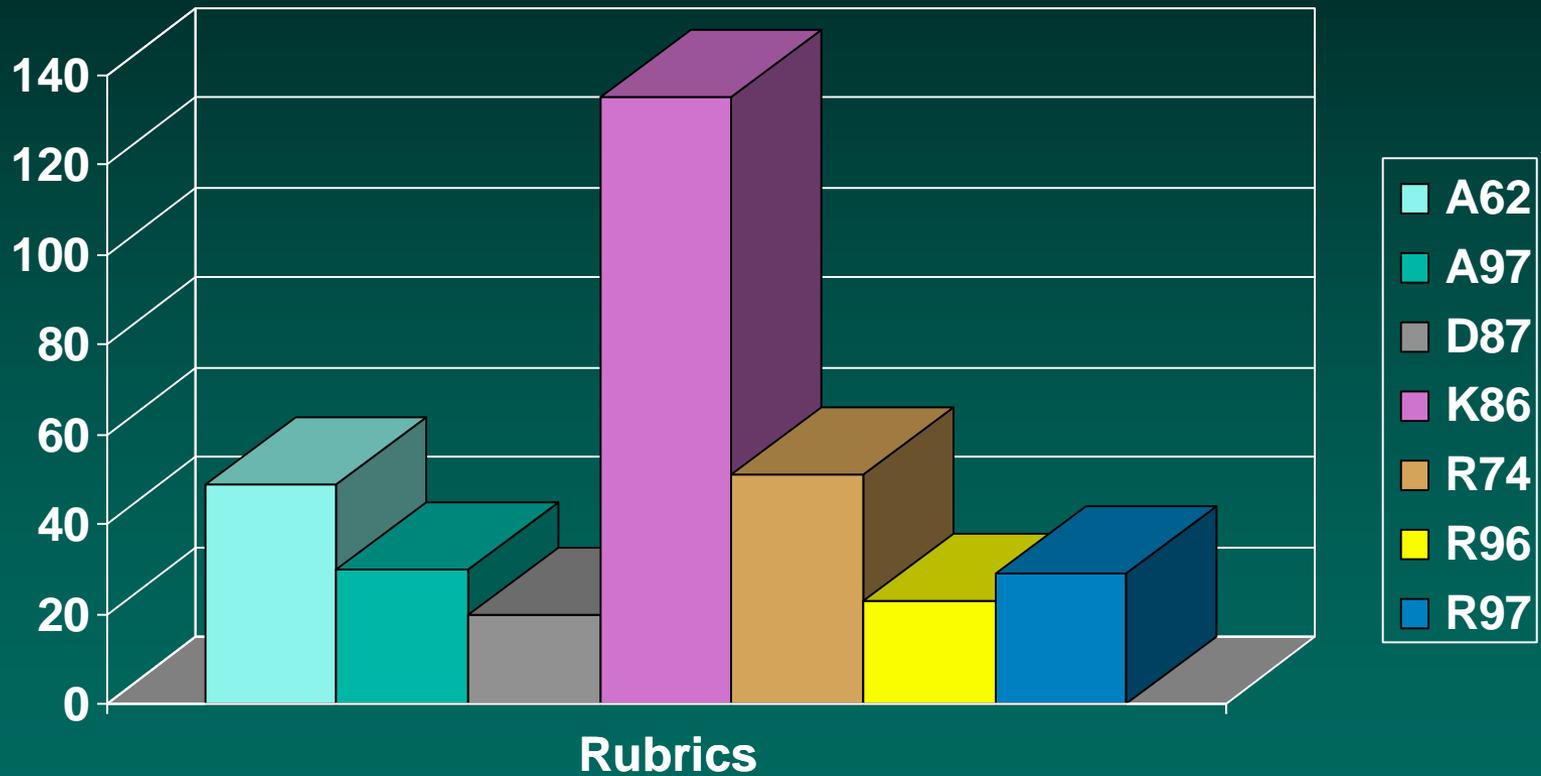
S70	Herpes zoster	3
S75	Moniliasis / candida	3
S76	Other infections / erysipelas	3
S79	Skin benign neoplasm	1
S86	Seb. dermatitis, other eryth. dermatoses	1
S87	Eczema, atopic dermatitis	2
S94	Ingr. toe nail	1
S97	Skin ulcer, bed sore	1
S98	Urticaria	2
S99	Other dis. Skin	14
TOTAL		31



Diagnoses: Overview

A - general	99	P - psych.	15
B - blood	2	R - respiratory	112
D - digestive	61	S - skin	31
F - eye	5	T - metabolic	26
H - ear	13	U - urology	11
K -circulation	151	X - female gen	11
L - locomotor	53	Y - male gen.	1
N - neuro.	2	TOTAL	593

Diagnoses: most common rubrics





Transhis project - top episodes

Top 40 episodes	N	Prev	%
R74 URI (head cold)	8636	92.6	3.7
A97 No disease	8508	91.2	3.6
K86 Uncomplicated hypertension	5373	57.6	2.3
R78 Acute bronchitis/bronchiolitis	4493	48.2	1.9
W11 Family plan/oral contraceptive	4013	43.0	1.7
L03 Low back complt excl radiation	3783	40.5	1.6
H81 Excessive ear wax	3662	39.3	1.6



References

- ❖ The Transition project- Lamberts H. In het huis van de huisarts. Verslag van het Transitieproject. Lelystad: Meditekst, Second edition, 1994.
- ❖ ICPC-2 Second Edition
WONCA International Classification Committee