

**Let us rethink and discuss some old and
fundamental things**

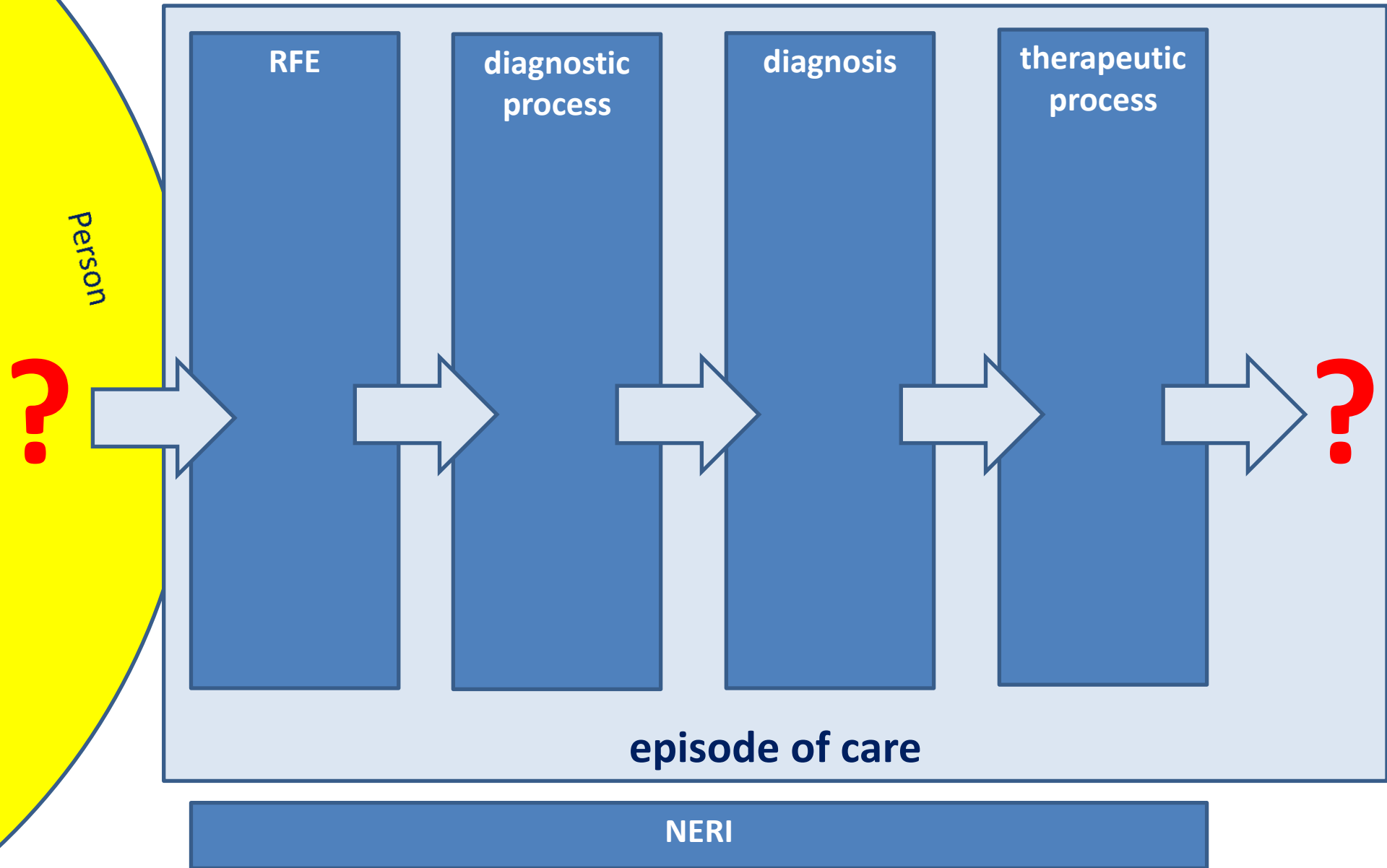
the main objective of medicine is to
reduce illness and suffering

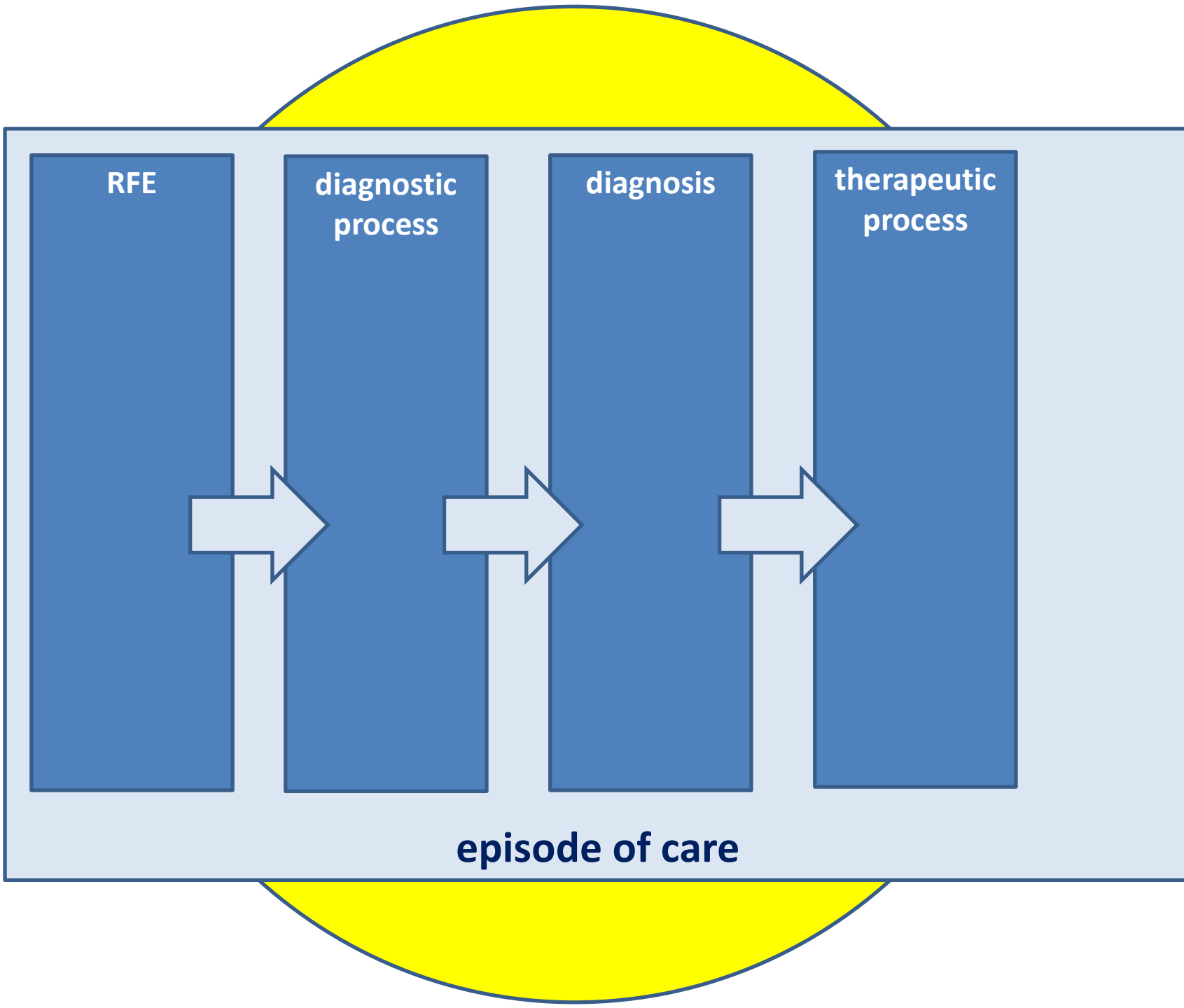
the traditional means to achieve
this is to diagnose diseases and
to treat them

„family physicians are committed
to the person“

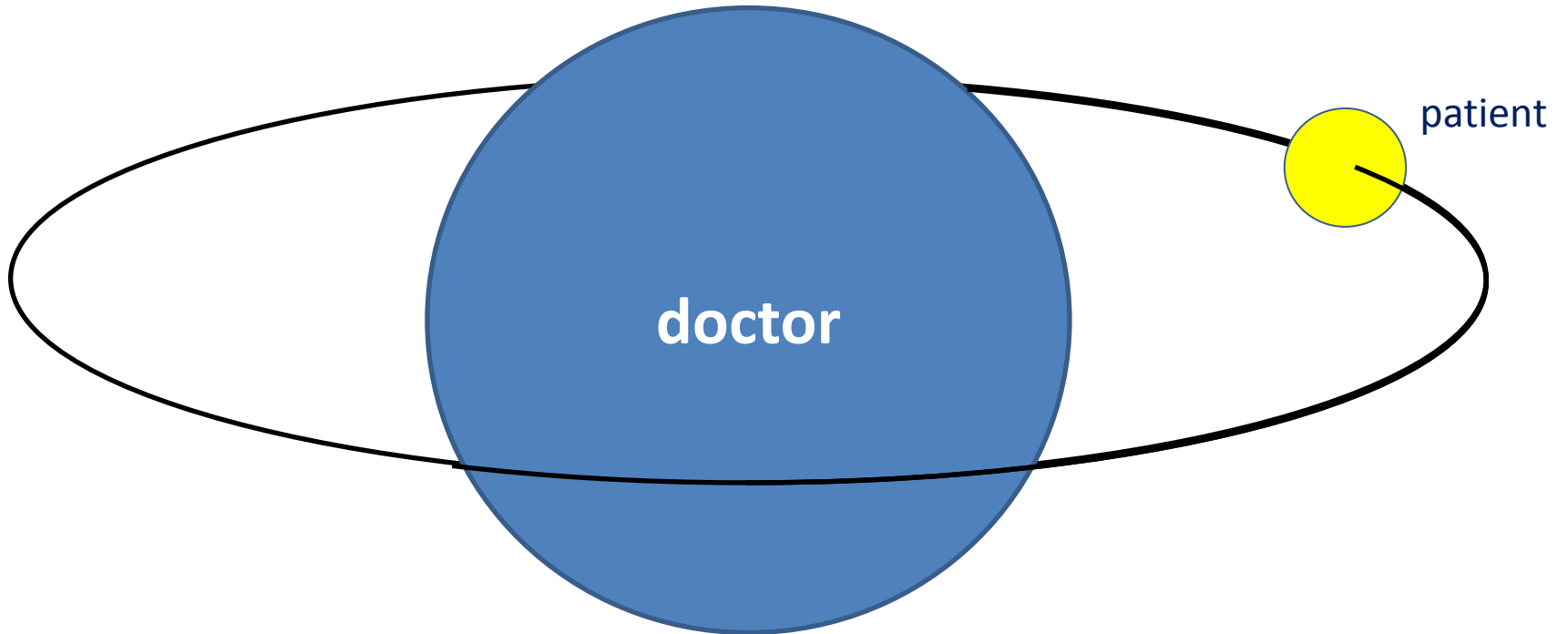
e.g. McWhinney IR, Freeman T.
Textbook of Family Medicine. 3rd ed. Oxford University Press, new York 2009

medical world view in good old times





medical world view in good old times

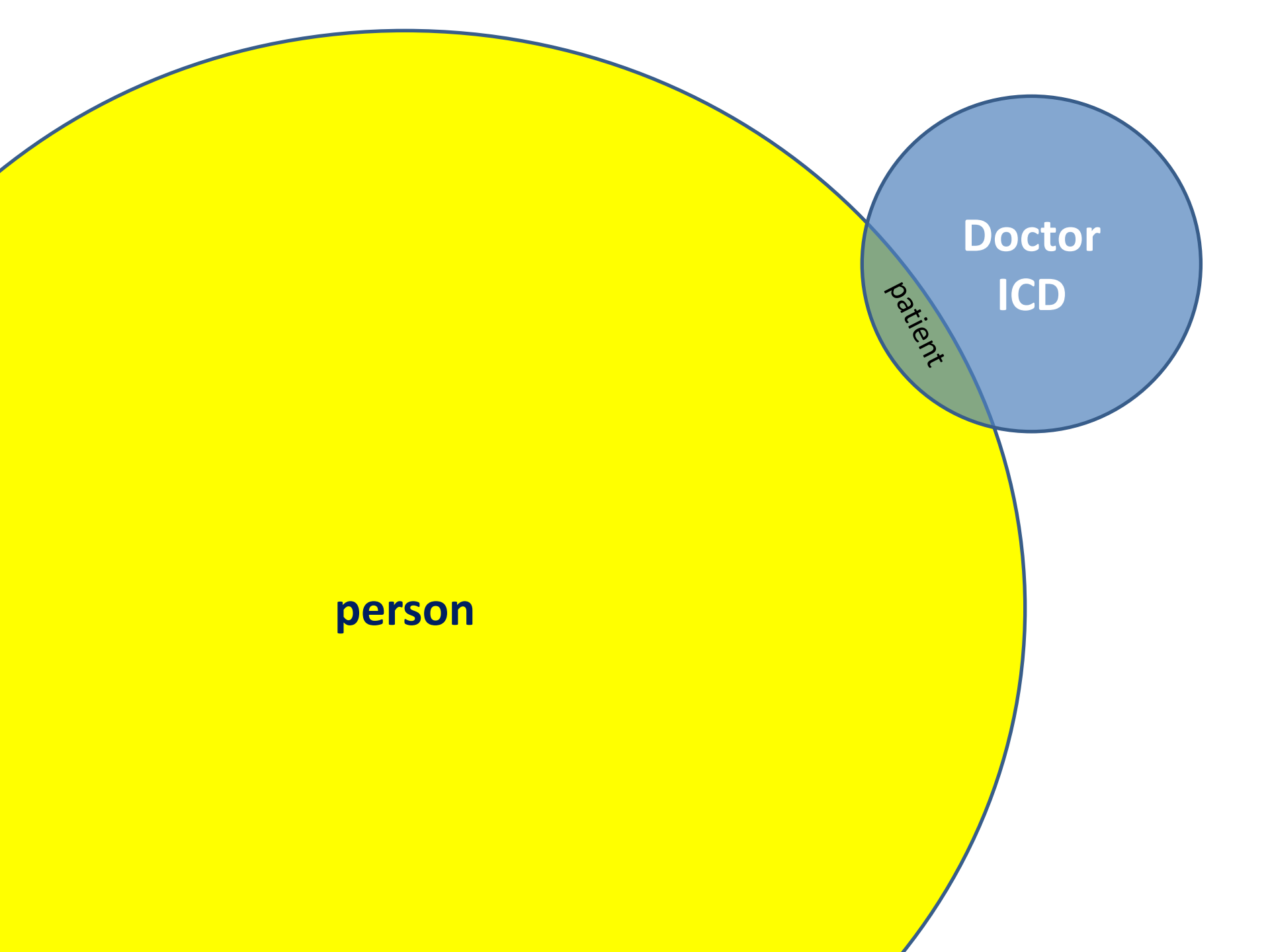




doctor

RFE



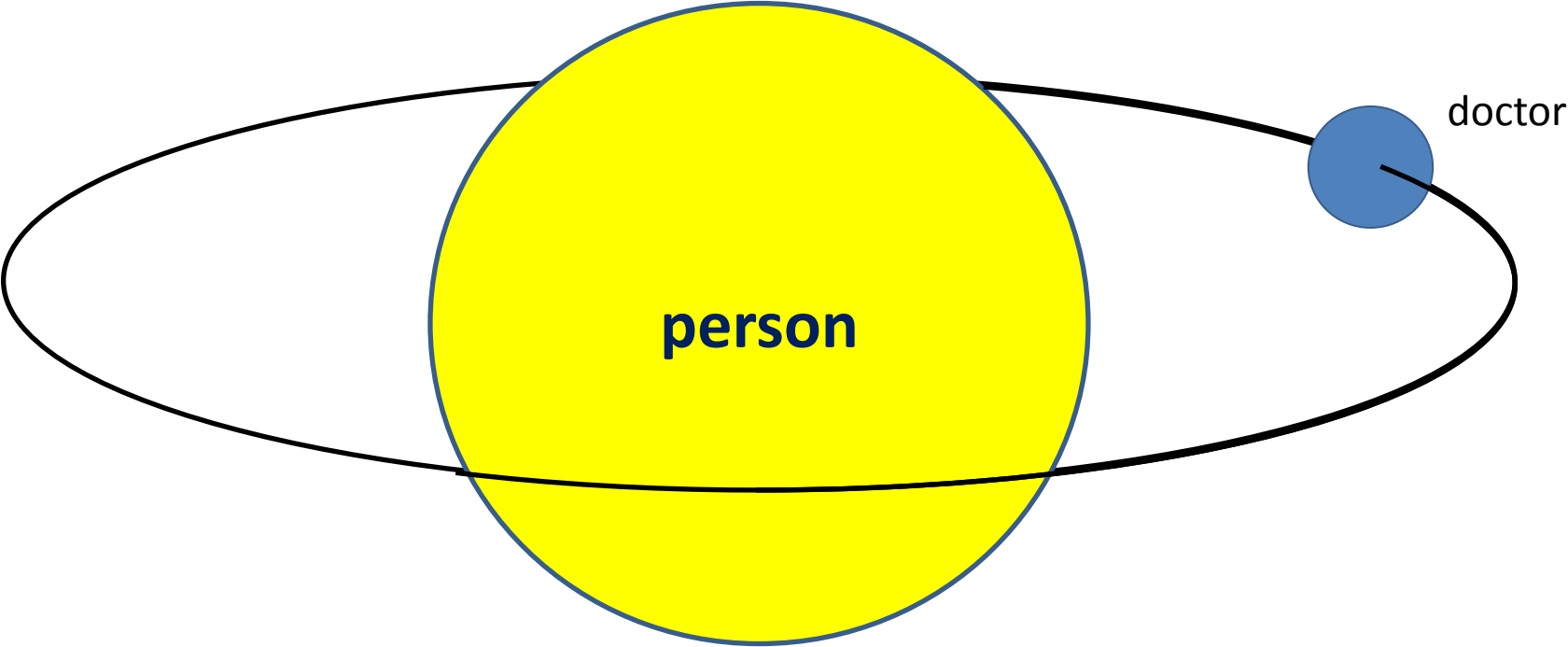


person

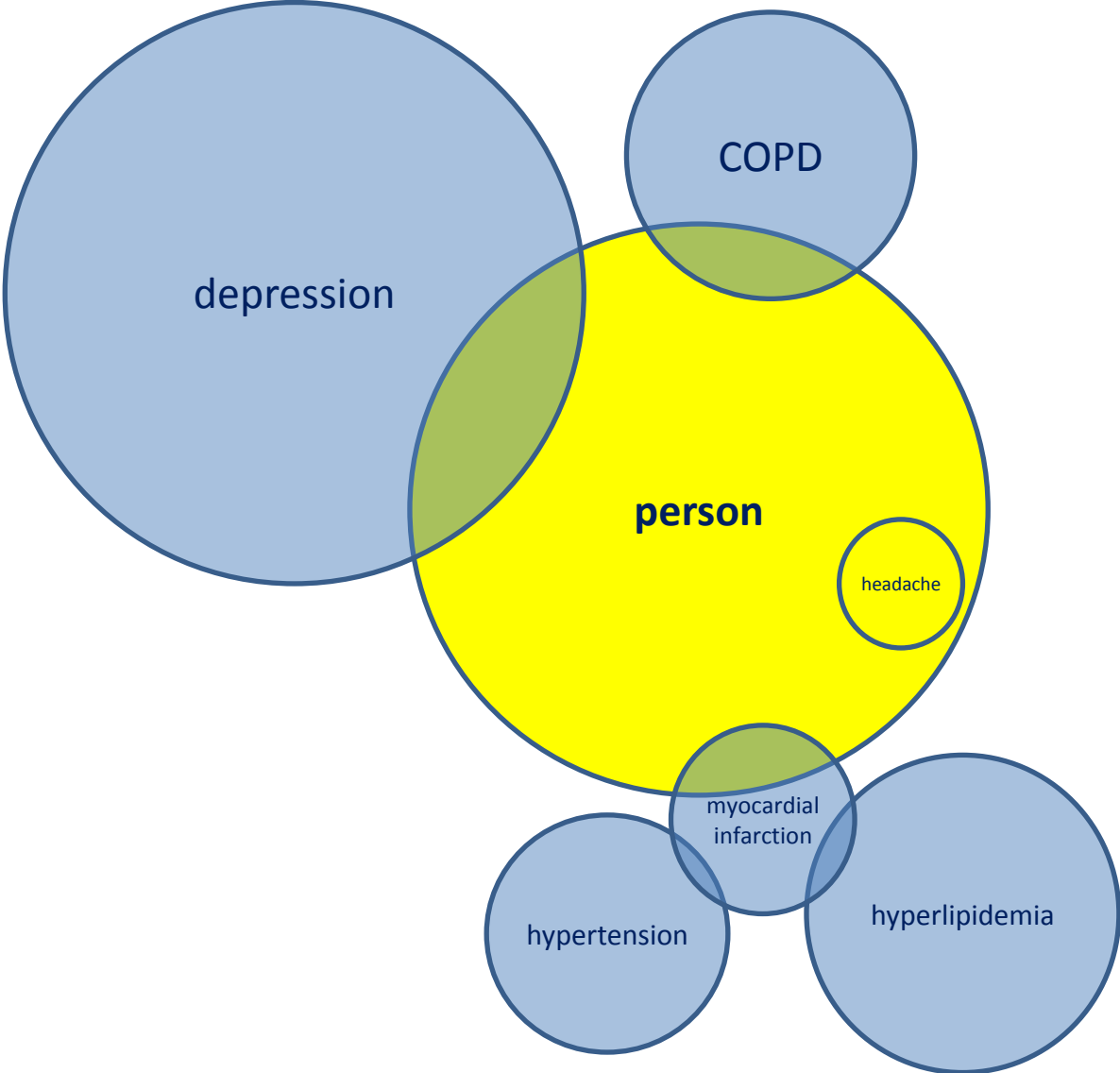
**Doctor
ICD**

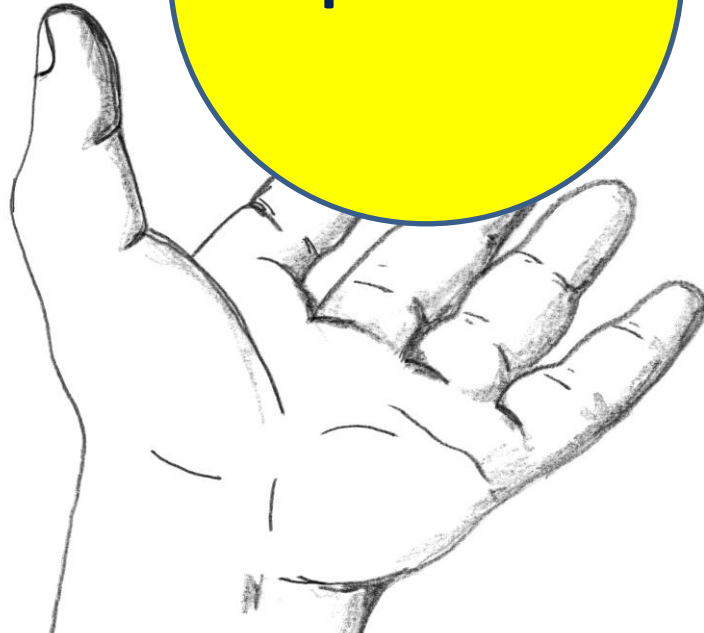
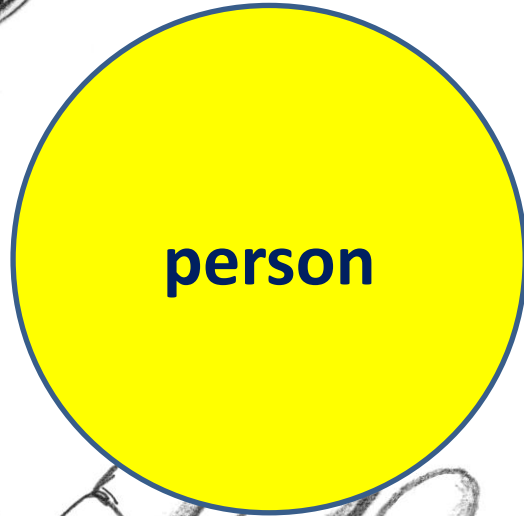
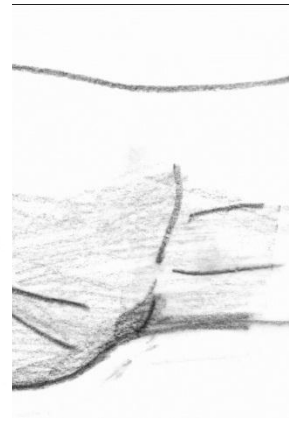
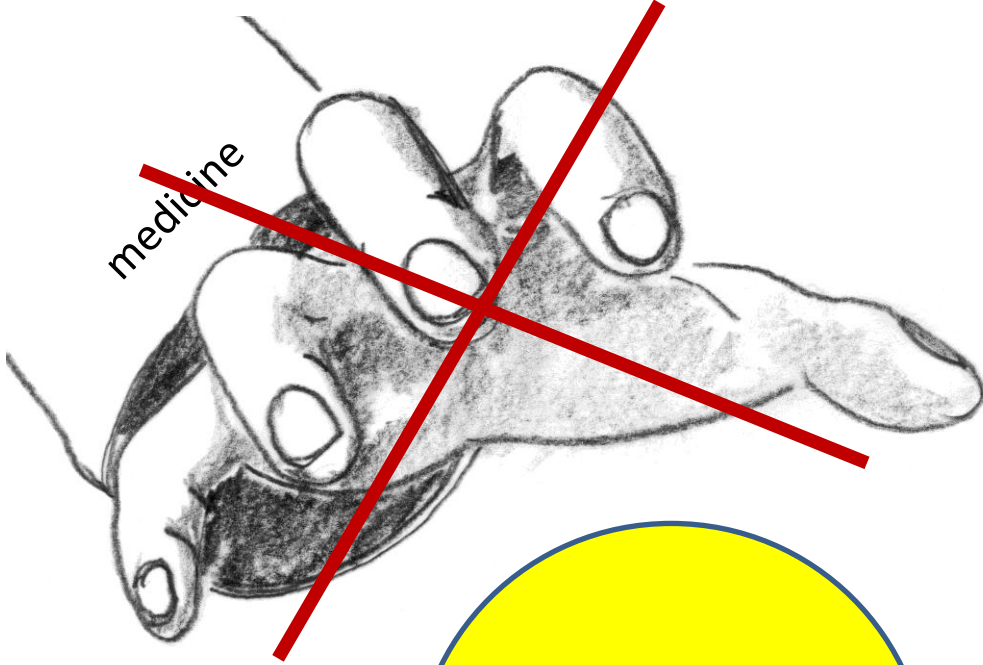
patient

The Copernican revolution of primary care

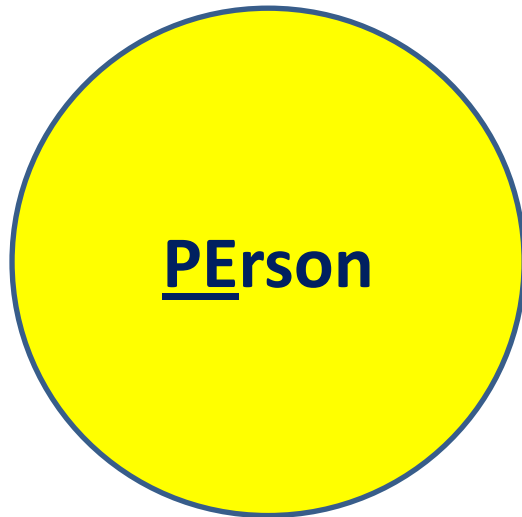


episodes of care and the person





PERI =



Related Information

NERI might become **PERI** and move
from the border to the center

... how could this information be structured?

What are central elements of a good EHR to capture PERI?

How can this information be coded?

One way to answer these questions?

The screenshot displays the ATLAS.ti software interface. The main window shows a document titled "Daniel's cases" with two case descriptions. The right side of the interface features a list of codes and their associated icons, representing a codebook or a list of themes identified in the text.

Document Content:

001 Daniel's cases

002 Case no. 1

003 49 year old female, comes for an unscheduled visit complaining of pain in the right foot which had started a few days before, accompanied by edema at the end of the day, relieved with diclofenac. Said she felt unfit to work and asked for sick leave.

004 She entered limping. Right foot had no inflammatory signs, but was painful when pressing the 3rd and 4th metatarsals.

005 Known problems: P76, P17, Z12, L92, L83, H82, W12, R75.

006 When questioned about being unfit for work, she complained of feeling very tired and under stress. She had changed her workplace to a new location (within the same company, but 5km from where she had been for the last 16 years), which also meant new co-workers. She had finally decided to divorce her husband two days before (she had been ambivalent about it for the last year and this was one of the reasons for being depressed), but hadn't spoken to him yet. Leaving her husband also meant looking for a new home, since she wouldn't be able afford the rent for her current home by herself. She felt more peaceful having reached the decision to leave her husband, but knew she had to make a lot of adjustments in her life and wouldn't be able to do that while at work. This was why she was asking for a sick leave.

007

008 Personal factors - bad relationship with husband I would say this is a problem, the participation item is how to terminate the relationship (Kees)

009 Environmental factors - new workplace, need to change home / unable to afford current home

010 Functioning - difficulty walking

011 Activities - feels unable to work

012 Participation -

013

014

015 Case no. 2

016 85 year old male, comes for a scheduled visit to care for type 2 diabetes. Has dementia, unresponsive to drug treatment (which was therefore stopped), has been stable for the last months. Comes with his wife (77 year old), with whom he lives. Has social support from his children. Says only a few words during the visit, not more than two at the same time - it's the same at home. Shows emotions (happy sad angry) Able to walk, bathe, use the restroom, shave, comb, eat, and drink on his own (needs to

Code List:

- Kind of visit
- Sex
- Age
- RFE (symptom first presentend)
- expectation
- selfhelp/ help by others
- social consequence of problem
- physical abilities/ limitations
- comorbidity
- psychosocial modifiers
- ideas
- psychosocial modifiers
- psychosocial modifiers
- psychosocial modifiers
- psychosocial modifiers
- psychosocial modifiers
- expectation
- selfhelp/ help by others
- comorbidity
- Kind of visit
- Age
- RFE (symptom first presentend)
- psychosocial modifiers
- social abilities/limitations
- Mood/character traits

Code: Mood/character traits {11-0}: she was ashamed; today she felt ok; he is not depressed ; feeling depressed last summer; Shows emotions (happy, sad, angry, ...); very positive person who likes her work.; someone with a short fuse (very fast angry) and stubborn; Occasionally aggressive towards his wife; complaints compatible with a major depressive episode; Wife says he doesn't really like any activity, so spends most of the time "clinging" to her.; emotional not so stable and it is difficult for her to cope

Code: physical abilities/ limitations {8-0}: increasing difficulties to walk; able to walk with a cane and uses a splint in her left forearm and hand;

There is no afasie, no pareses. She is only more tired than she was before the stroke. She feels insecure about her body; uses a wheelchair ; he almost could not swallow ; entered limping; strokes resulted in spastic left hemiparesis with non-functional upper limb; Good physical and psychomotor development