International Classification of Primary Care - Version 2

A brief introductory tutorial

JEAN KARL SOLER

ICPC and ICPC-2: history

- 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 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 on components

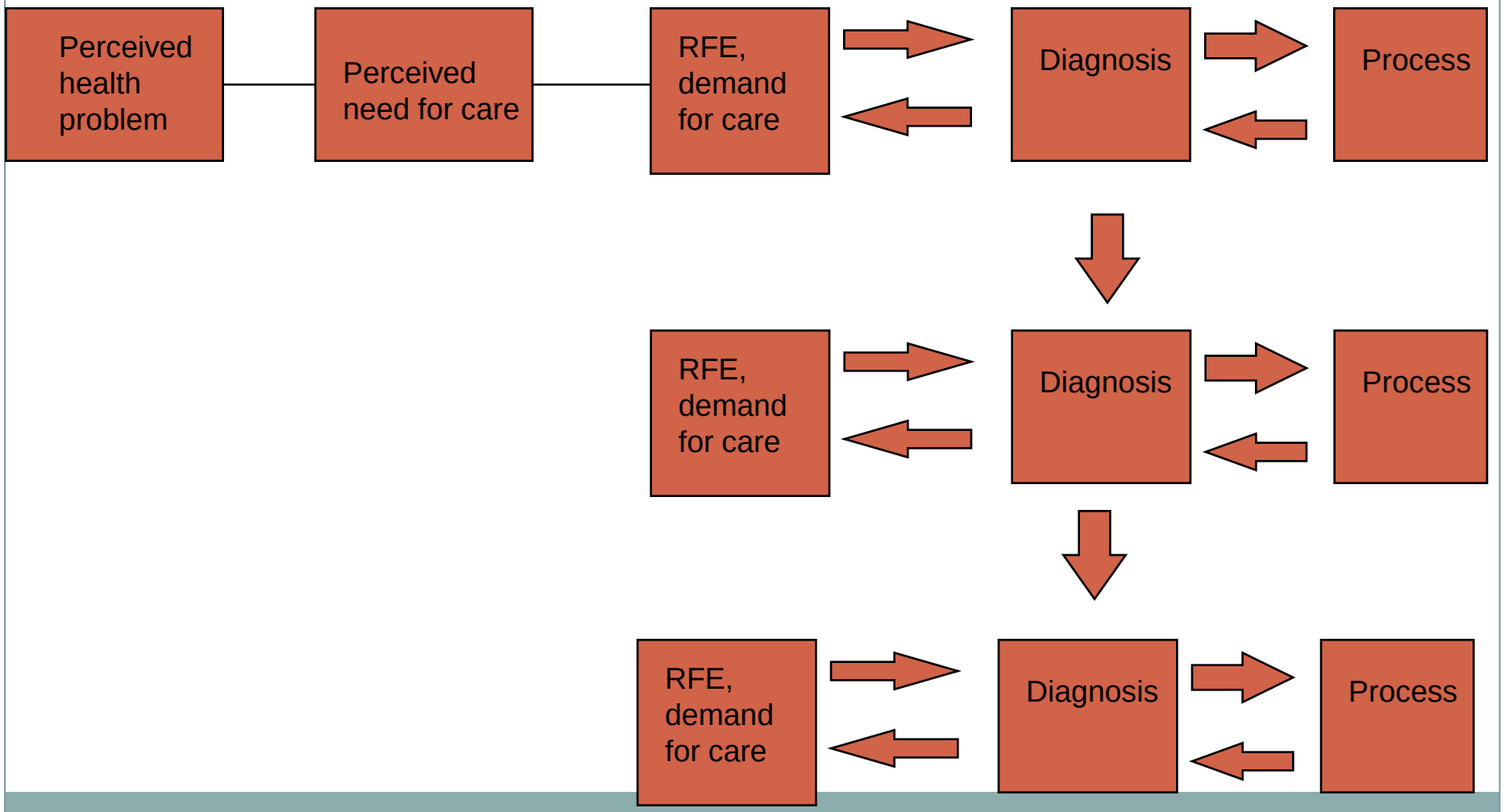
- Rag bags found at the end of each section or sub-section - for entities Not Otherwise Specified (NOS)
- ICPC developed for categorising data for health statistics, and may lack the specificity needed for Clinical records
- For hierarchical expansion - use of ICD-10 recommended

The Episode of Care – core concept in ICPC

- 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

ICPC tutorial

- ***Use of ICPC in practice***
  - ***Coding reasons for encounter (RfE)***
  - ***Coding Health Problems (Diagnoses)***
  - ***Coding Process of care***

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

Use of ICPC 2 - recording Health Problems

- 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

Inclusion criteria

- etiological and pathological
  - appendicitis, acute MI
- pathophysiological
  - hypertension presbyacusis
- 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

ICPC as a tool for diagnostic research

- Reference review of ICPC at 21 years of age
- Two misconceptions explored in this publication:
  - Frequency of observations and error of observation (*granularity*)
  - Advantages of *episodes of care*
- With ICPC and episodes of care, the likelihood ratios of symptoms given a diagnosis, and of co-morbidity, become available, which define the clinical content of family practice

Soler JK, Okkes I, Lamberts H, Wood M. "The coming of age of ICPC: celebrating the 21st birthday of the International Classification of Primary Care." *Family Practice* 2008; **25:** 312-317

Frequency and error of observation

TABLE 1 *Ranking of the prevalences (described as rates per 1000 patient years) of ICPC classes for diagnoses presenting in family practice, with the width of the 95% CI for the observation within 1 practice (1356 patient years), 10 practices (13 560 patient years) and 100 practices (135 600 patient years)*

ICPC class	Rank in prevalence	Prevalence per 1000 patient years	95% CI width for 1356 patient years	95% CI width for 13 560 patient years	95% CI width for 135 600 patient years
K86/87 (hypertension)	3	80	31	9	3
R74 (URTI)	8	54	25	5	2
N89 (migraine)	51	15	14	4	1
B80 (iron deficiency anaemia)	75	11	12	4	1
B81 (pernicious anaemia)	241	3	6	2	0.6
A20 (euthanasia discussion/request)	316	2	6	2	0.4
P77 (suicide attempt)	397	1	4	1	0.3
N86 (multiple sclerosis)	434	1	3	1	0.3
D76 (pancreatic malignancy)	587	0.2	2	0.5	0.2
A73/(malaria)	609	0.1	1	0.5	0.1

Source: EFP-extended.[17]

Soler JK, Okkes I, Lamberts H, Wood M. "The coming of age of ICPC: celebrating the 21st birthday of the International Classification of Primary Care." *Family Practice* 2008; **25:** 312-317

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
- Soler JK, Okkes I, Lamberts H, Wood M. "The coming of age of ICPC: celebrating the 21st birthday of the International Classification of Primary Care." *Family Practice* 2008; **25:** 312-317

This tutorial can be downloaded under pdf format from the WICC website

http://www.ph3c.org rubric ICPC / educational training /Download documents