Experiences of using ICPC in daily general practice in Portugal

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Summary

- Spreading ICPC in Portugal
- Integration into medical records
- Strengths
- Weaknesses
- Opportunities
SPREADING ICPC IN PORTUGAL
Spreading ICPC in Portugal

  
  Paper records

- 2007 – First family health units
  
  Electronic medical record

- 2010 – All primary care units have contracted goals
  
  Widespread adoption of EMR
Spreading ICPC in Portugal

- ICPC-2 mainly used by academics while paper records were used
- ICPC-2 integrated into EMRs, but not many adopters
- Family health units with the possibility of performance incentives
  - Many indicators based on records
  - Need to use ICPC-2 arises
Ministry of Health requirements:
- Classify problems at each encounter
- Maintain the patient problem list
- RfE and Process classification not required
% encounters with ≥1 ICPC problem
Prevalence distribution

K86

A85
INTEGRATION INTO MEDICAL RECORDS
SClínico
SClínico
FEBRE (A03) - 37,7°C, TOSSE (R05) e dor de garganta (SINTOMA / QUEIXA DA GARGANTA (R21)) há 3 dias. Nota também alguma rinorreia posterior.

Amígdalas - hiperemia ligeira  
Sem adenopatias cervicais  
Centor - 1 ponto

Problemas de saúde

<table>
<thead>
<tr>
<th>Código</th>
<th>Problema de saúde</th>
<th>Observações</th>
</tr>
</thead>
<tbody>
<tr>
<td>R75</td>
<td>Sinusite Crônica/Aguda (R75)</td>
<td></td>
</tr>
<tr>
<td>Data início</td>
<td>Código</td>
<td>Zona anatômica</td>
</tr>
<tr>
<td>-------------</td>
<td>--------</td>
<td>----------------</td>
</tr>
<tr>
<td>20/08/2011</td>
<td>R75</td>
<td></td>
</tr>
</tbody>
</table>
## Integration into medical records

<table>
<thead>
<tr>
<th>Feature</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full ICPC available</td>
<td>✔️</td>
</tr>
<tr>
<td>Classification of RfE</td>
<td>✔️</td>
</tr>
<tr>
<td>Classification of Problem</td>
<td>✔️</td>
</tr>
<tr>
<td>Classification of Process</td>
<td>✔️</td>
</tr>
<tr>
<td>Problem list</td>
<td>✔️</td>
</tr>
<tr>
<td>Episode of care structure</td>
<td>✔️</td>
</tr>
<tr>
<td>Double coding with ICD-10</td>
<td>Partially</td>
</tr>
<tr>
<td>Entry terminology</td>
<td>✗️</td>
</tr>
</tbody>
</table>
STRENGTHS
Strengths

- ICPC-2 as mandatory national standard
- Resident training
- Integration in EMRs
- High adoption
- Strong support from national association
WEAKNESSES
Weaknesses

- Not all rubrics are equally recorded
- Lack of quality control
- Lack of training for older family physicians
- Most physicians don’t use episode features (just EMR defaults)
- Tendency to replace free text by codes
- Confusion between RfE and clinical history
- Poor classification of process
- Ministry of Health thinks ICPC is free
Opportunities

• Large dataset (whole country data)
• Measure population morbidity and risk
  – Pilots with ACGs and CRGs
• Improve quality of records
  – More trained family physicians each year
• Create a national training program
  – Would be supported by the Ministry of Health
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