

**[wicc-general] ICPC-2 process codes updated with inclusion criteria and references**

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**Time:** Wed, 14 Sep 2011 22:51:47 +0200  
**From:** Erik Falkø <e-falkoe@dadlnet.dk>  
**To:** <wicc-general@googlegroups.com>  
**Subject:** [wicc-general] ICPC-2 process codes updated with inclusion criteria and references

**Attachments:** msg-32500-4.html (17k)  
image003.jpg (21k)  
ICPC-2-PROCESS-version1.zip (25k)



Dear all

Tuesday afternoon at the Barcelona meeting is allocated among other things to deal with process codes and therefore I send this material with the permission of the chairs of the update group (Kees) so you can be a little prepared.

We have tried with this generic work to think globally with the possibility to be able acting locally.

First an **explanation about the prelude** to the work:

This work - ICPC-2 process codes updated with inclusion criteria and references -. has been going on since New Year and taken more shape through the update meeting in Amsterdam in spring and especially at the meeting in Malta. Kees and the entire update group has been very helpful and given the small hard subgroup (Tuija Savolainen, Marten Kvist and the undersigned) inspiration and positive criticism to develop the attached proposal. With Kees request, this draft for process codes implemented in the software available at the website (<http://icpc.who-fic.nl/browser.aspx>) with wonderful help of Pieter E. Zanstra.

Then **the goal** of this work:

Page 25 in ICPC-2R book: "Rubric in Component 1 and 7 often have additional information as a guide to their use: list of synonyms and alternative descriptions as inclusion terms; list of similar conditions which should be code elsewhere as exclusions terms; and list of less specific codes which might be considered if the particular patient's condition does not meet the inclusion criteria. There are no such guidelines for rubrics in the process Component 2 to 6"

And this is precisely the primary goal for the work **to fulfill criteria and cross-referencing for the process code and perhaps get the international authentication by WICC.**

When having the international approved guidelines of process code they

1. improve reliability of coding in a brevity and useful way
2. solve the problems with lots of incidences of one ICPC-2 rubric as it happens with ICD-10 for Component 1 and 7 by facilitate an precise international mapping to the Finnish proposal, SNOMED-CT, IC-Process -PC and national/local classification or terminologies.
3. make it possible to compare process studies internationally

This last advantage relates to the service of general practice as the coordinator for the patient in the health care over time.

The integration of ICD-10 into ICPC-2 has not only fostered more granularity for ICPC-2 but all discharge summaries from secondary care with ICD-10 diagnoses can be mapped to ICPC (and done in Denmark). This facilitates a unique overview function by ICPC diagnoses in component 1 and 7 as episode of care or by simply filtering the encounters in EMR at one or more body chapters ("Poor man's episode of care").

It is more problematic with process codes. There is no international process classification which is widely used among countries. On the contrary they often use nation-specific terminologies for process. By mapping these to the individual ICPC-2 process codes it will enable a good overview of the processes relevant for the actual clinical situation. Both the process in the clinic but also what has been done at hospital based on codes in the discharge summaries can be available by filtering. An important prerequisite to make this mapping precise and unambiguous is to clarify the meaning of the individual ICPC process codes by assigning inclusion criteria and cross references.

I am sure you have a lot of **questions**. Why are we not using alphanumeric process codes? What about principles and rules for this draft of the proposals? Do we take the perspective of the patient and primary health care provider in consideration?

I hope we together will be able to answer this and many other questions when we meet.

See you soon!

Erik

P.S. I suggest you look at the proposal by the formula: ICPC2form

The screenshot shows a web-based form titled "ICPC-2-R". The form has a left sidebar with labels for different sections: CODE, TEXT, SHORT, INCL, EXCL, CRITERIA, CONSIDER, and NOTE. The main content area contains the following information:

- CODE:** \*40 Component: 2
- TEXT:** Diagnostic endoscopy
- SHORT:** Diagnostic endoscopy
- INCL:** rhino-/pharyngo-/laryngo-/tracheo-/broncho-/mediastino-/hystero-/colpo-/laparo-/gastro-/colono-/sigmoido-/recto-/ano-/arthroscopy
- EXCL:** ophthalmoscopy \*43; hundoscopy \*43; demoscropy \*43
- CRITERIA:** looking inside the body for medical reasons using an endoscope, an instrument used to examine the interior of a hollow organ or cavity of the body
- CONSIDER:** referral to diagnostic endoscopy \*67
- NOTE:** (empty field)

At the bottom of the form, there is a status bar showing "Post: 11 of 40" and a "Send" button.

12/29/11

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