WHO-FIC NETWORK MEETING

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Proposals for future collaboration between WHO-FIC and Wonca/WICC.

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Abstract.

This paper was prepared by Niels Bentzen and Anders Grimsmo for discussion by the Family Development Committee at the 2005 WHO-FIC Network Meeting.

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Proposals for future collaboration between WHO-FIC and Wonca/WICC.

Extracts from the minutes from WHO-FIC and Wonca/WICC meeting in Uppsala June 20th 2005

The meeting took place in Nordic Centre for Classifications in Health Care in Uppsala and lasted a full day.

Present: Martti Virtanen (Head of Nordic Centre for Classification in Health Care, Uppsala, Sweden), Richard Madden (Chair WHO-FIC FDC, Australia), Niels Bentzen (Chair WICC, Norway), Anders Grimsmo (NTNU and KITH, Trondheim, Norway).

Background

ICD: WHO-FIC is planning a major revision of ICD-10. It will maintain as much of the structure of ICD-10 as possible. One important area is aspects related to primary care. It will maintain it primary goal: function as an endpoint epidemiological classification for recording health statistics about morbidity and causes of death internationally and world wide. As a major revision of ICD it will be called ICD-11.

ICPC: It has been decided to start the work with a new edition of ICPC: ICPC-3. It will basically maintain its structure and its simplicity in order to keep up its use as an episode based primary care classification which can be used and coded by the primary care doctor in his clinical work, in his electronic health record (EHR) and as an epidemiological research tool. One task for ICPC-3 is to increase granularity to better meet the needs in clinical work, may be by being linked to or extended by other major health related classifications and nomenclatures: ICPC-10, ICF, ICHI, ATC, ICECI and other classifications that might be relevant in general practice. Other needs to be met are shared records and more tight interdisciplinary collaboration.

There was further discussion about the 2004 view (presented in Reykjavik by Martti Virtanen) of a primary care classification being viewed as “slices” form WHO-FIC core classification ICD, ICF and ICHI. Martti Virtanen reported on discussions in Bangkok where such an approach was supported, and seen more generalisable to cover various areas of application such as nursing and various allied health areas. Richard expressed his aspiration that ICPC-3 could be constructed to WICC needs but at the same time have a structural link to WHO-FIC.

It was suggested that we would start the cooperation based on the relationship that already exists. The possibilities for future collaboration will be further discussed at WHO-FIC meeting in Tokyo from 16th to the 21st of October 2005. It was decided that Anders Grimsmo and Takashi Yamada would be invited to the meeting and represent WICC and present data from ICPC and WICC’s plans about the development of ICPC-3.

Tasks to be considered undertaken by WHO-FIC and WICC in collaboration:

1. Mapping between ICPC and ICD.

The conversion table between ICPC-2 and ICD-10 has reduced criticism against the lack of granularity in ICPC-2. It should be determined what further could be changed in ICD-10 to better reflect health problems and activities in primary care and by this ensure the construction of an even more optimal conversion table between the two classifications. The granularity of ICD should be at least equal or additional to ICPC in all fields to avoid mappings that are many to one going from ICPC to ICD which is a more granular classification. An overview of present problems is already made, and could be fed to the ICD-10 updating group.

WICC nominees for this work: Martii Virtanen, Inge Okkes.

2. Non-disease encounters and contacts in health care.

In general practice 10-20% of the encounters is not for illness or diseases, but for reasons like risk assessment, prevention, surveillance, social problems, administrative matters and health information and guidance. The impression is that neither ICPC nor ICD have a functionality that is satisfactory for classifying non-disease contacts. There is a need for a revision that could represent a better structure and more appropriate rubrics in this field. This mostly involves ICD chapter XXI and ICPC chapter Z and partly A, and should include the rubrics concerning “fear of” (ICPC -25 to -27 and ICD Z71.1)

WICC nominees for this work: Marc Verbeke, Anders Grimsmo

3. Combining ICPC with other classifications.

Lack of granularity has also been addressed to ICPC-process -30 to -69 and there are other health issues that are not very well covered by ICPC. WICC has therefore started exploring the possibilities for integrating ICPC and other classifications in addition to ICD. Single file classifications like ATC, LIONC and ICHI might be incorporated as extensions of ICPC if they by revision would accommodate more to needs in general practice. Integration is more complicated with multi-axial classifications like ICF and ICECI and WICC and WHO-FIC should together study if there are other solutions.

WICC nominees for this work: Marc Verbeke, Jean Karl Soler

4. Patient safety.

ICPC A80 to A89 and ICD chapter XX focus mainly on adverse events as a result of medical activities. Neither ICPC nor ICD cover well intended or non-intended errors due to human failure or organizational causes. One should explore the possibilities for including a broader spectrum of patient safety in ICPC and ICD or consider if there is a need for an independent “patient safety classification” that WICC and

WHO-FIC could work out together.

WICC nominees for this work: Thorsten Körner, Laurent Letrilliart