

# Understanding the new ICPC

Prof Dr Jan De Maeseneer, MD PhD

Dr Diego Schrans, MD PhD

Dr Kees Van Boven, MD PhD

DEPARTMENT OF PUBLIC HEALTH  
AND PRIMARY CARE

 WHO Collaborating Centre  
Family Medicine and Primary Health Care

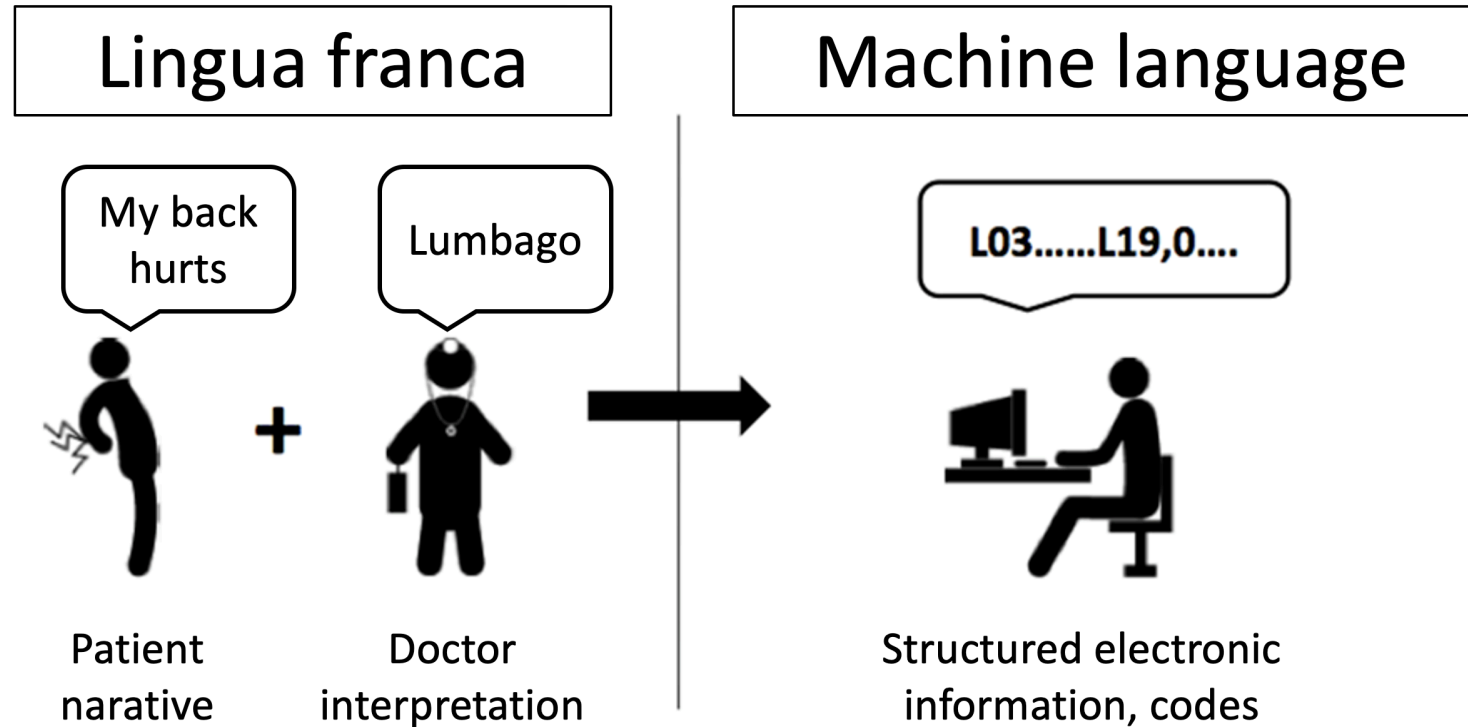


**Radboud University**

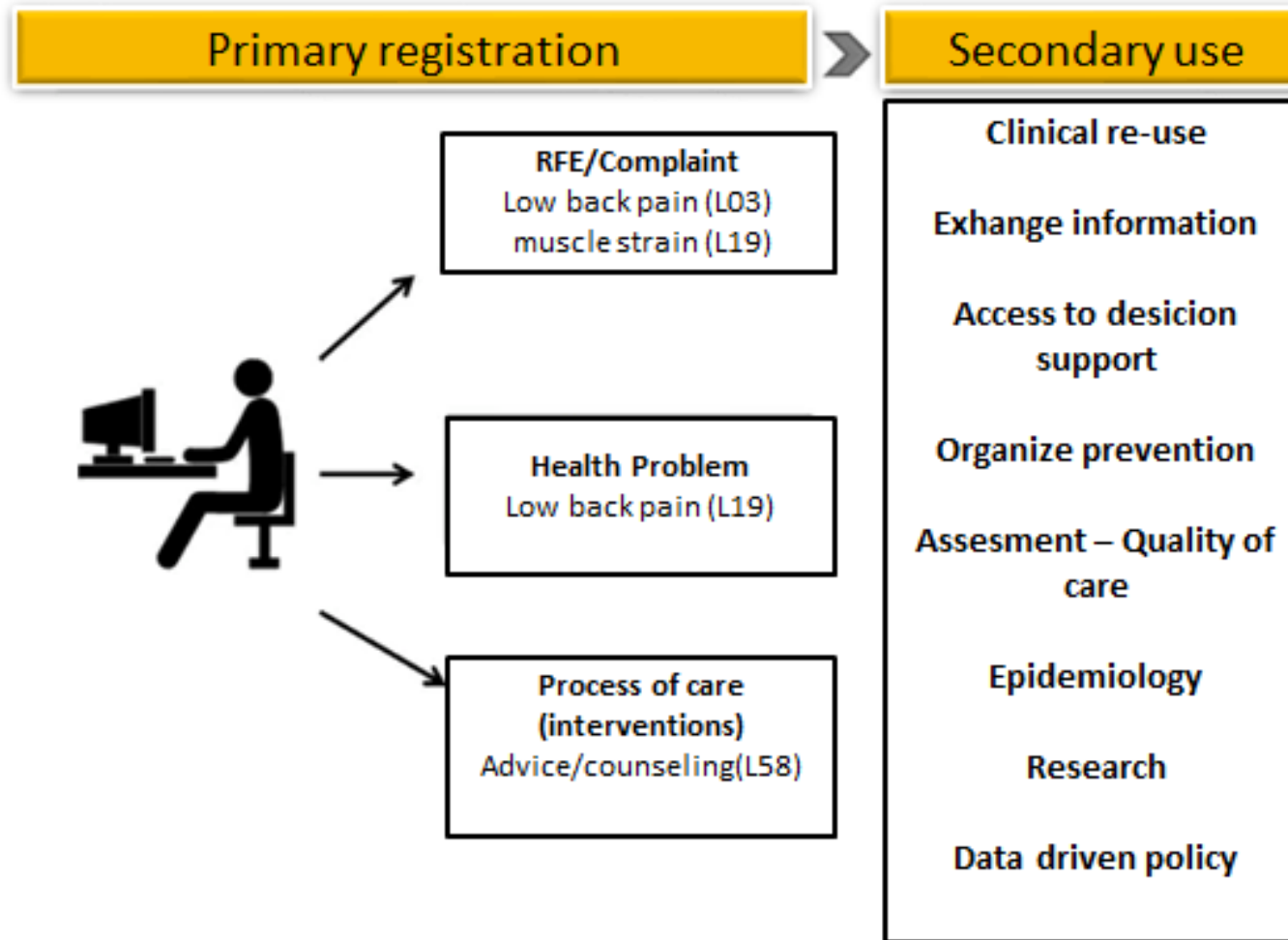


INTERNATIONAL  
CLASSIFICATION OF  
PRIMARY CARE

# Daily practice or where the magic happens : “Communication or the art of being understood”



# Register once for multiple use

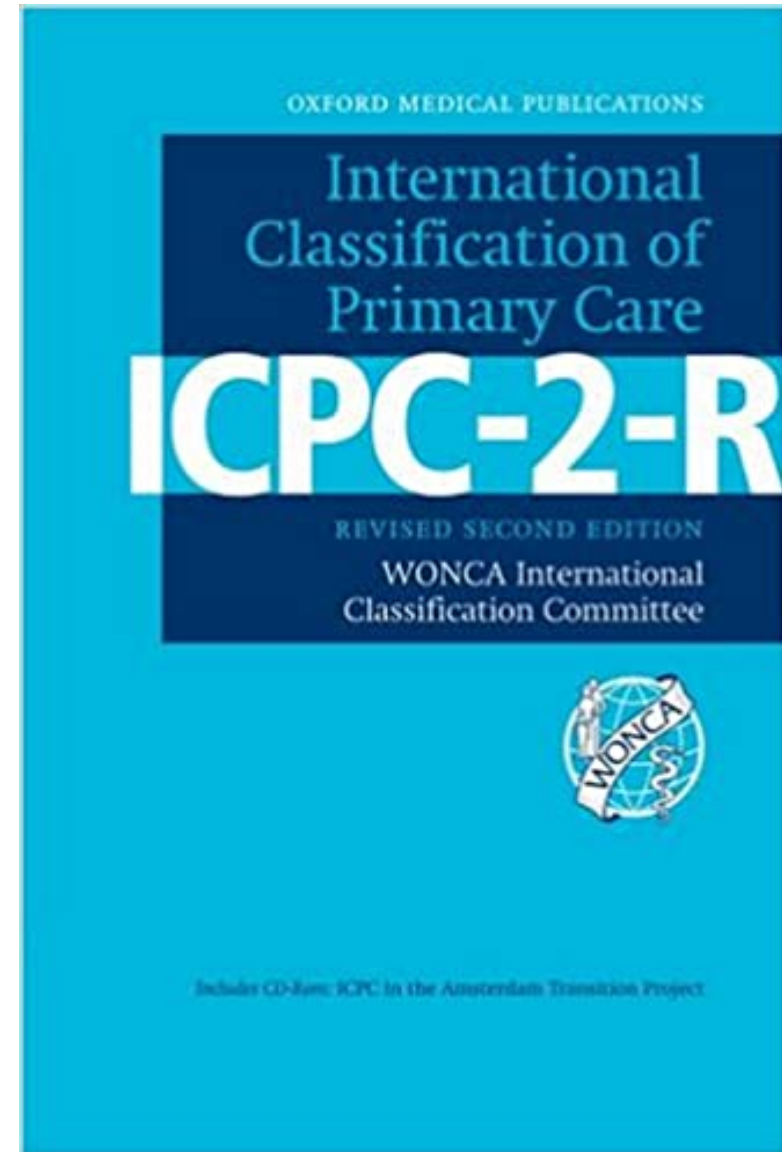


# ICPC-2 : International Classification of Primary Care

Bi-axial structure

- 17 Chapters (letter)
- 7 Components (2-digit)

Mapping towards ICD 10



# ICPC CHAPTERS

- A General and unspecified
- B Blood/bloodforming organs, lymphatics (spleen, bone marrow)
- D Digestive
- F Eye (Focal)
- H Ear (Hearing)
- K Circulatory
- L Musculoskeletal (Locomotion)
- N Neurological
- P Psychological
- R Respiratory
- S Skin
- T Endocrine, metabolic and nutritional (Thyroid)
- U Urological
- W Pregnancy, childbearing, family planning (Women)
- X Female genital (X-chromosome)
- Y Male genital (Y-chromosome)
- Z Social problems



# ICPC COMPONENTS

(standard, if possible, for all chapters)

- |   |       |
|---|-------|
| 1. Symptoms and complaints                  | 1-29  |
| 2. Diagnostic and preventive procedures     | 30-49 |
| 3. Treatment procedures, medication         | 50-59 |
| 4. Test results                             | 60-61 |
| 5. Administrative                           | 62    |
| 6. Referral and other reasons for encounter | 63-69 |
| 7. Diseases:                                | 70-99 |
| - infectious diseases                       |       |
| - neoplasms                                 |       |
| - injuries                                  |       |
| - congenital anomalies                      |       |
| other specific diseases                     |       |

# EPISODE OF CARE ICPC-2

1<sup>st</sup>  
encounter

RFE  
low back pain

Diagnosis  
low back pain

Intervention  
advice

2<sup>nd</sup>  
encounter

RFE  
pain leg

Diagnosis  
sciata

Intervention  
physiotherapy

3<sup>rd</sup>  
encounter

RFE  
anaesthesia

Diagnosis  
disc prolaps

Intervention  
referral

› [J Family Med Prim Care](#). Apr-Jun 2016;5(2):291-297. doi: 10.4103/2249-4863.192341.

## International Classification of Primary Care-2 coding of primary care data at the general out-patients' clinic of General Hospital, Lagos, Nigeria

Olawunmi Abimbola Olagundoye<sup>1</sup>, Kees van Boven<sup>2</sup>, Chris van Weel<sup>3</sup>

Affiliations + expand

PMID: 27843830 PMID: PMC5084550 DOI: 10.4103/2249-4863.192341

[Afr J Prim Health Care Fam Med](#). 2011; 3(1): 211.

PMCID: PMC4565431

Published online 2011 Apr 11. doi: [10.4102/phcfm.v3i1.211](#)

## Morbidity pattern amongst elderly patients presenting at a primary care clinic in Nigeria

[Lawrence A. Adebuseye](#),<sup>✉1</sup> [Modupe M. Ladipo](#),<sup>1</sup> [Eme T. Owoaje](#),<sup>2</sup> and [Adetola M. Ogunbode](#)<sup>1</sup>

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# ICPC-3?

<https://www.icpc-3.info/>

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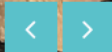
  
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# WELCOME TO THE ICPC-3 CONSORTIUM



## About the Project

The ICPC-3 Project started January 2018 and runs for a period of three and half years. Upcoming ICPC-3 Zoom Task...



## What will be new

- Progress on ICPC-3 will be reported here as soon as this has been discussed and decided within the Consortium. - ...



## About ICPC-3

In daily practice of Primary Care, Community Care and Public Health many standards are used. In Primary Care the ICPC or...



# PARTICIPANTS

**Radboudumc**  
university medical center



**Wonca**



L'AGENCE  
FRANÇAISE  
DE LA SANTÉ  
NUMÉRIQUE



**GHENT  
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**AGENTSCHAP  
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# Consortium

## Core group:

Huib ten Napel, Marc Verbeke, Egbert van de Haring, Kees van Boven (WONCA World)

## Consortium Members

Thomas Frese, WONCA Europe, Mikko Härkönen, National Institute for Health and Welfare Finland, Daniel Knupp, The Brazilian Society for Primary Care/General Practice (SBFMC), Laurent Letrilliart, Agence des Systemes d'Information Partages de Sante, France, Khing Njoo, The Dutch College of General Practitioners (NHG), Olawunmi Olagundye, WICC, Diego Schrans, Agency Care and Helath and Ghent University Belgium/Flanders, *Observers:* Oystein Hetlevik and Bjorn Gjelsvik, Norway

## TFA group WICC

Nicola Buono, Elena Cardillo, Simone Postma, Jean Karl Soler, Marc Verbeke, Gojo Zorz, Dimitris Kounalakis

# Why revising ICPC-2?

- Lack of coding space
- Regional needs for specific codes
- More emphasis on prevention
- More emphasis on functioning
- New insights, latest state of the arts knowledge in PHC

# Basic principles for developing ICPC-3

How do we use the information from primary care to improve individual patient and population health?

How do we develop ICPC-3 to address the challenges the care for people with comorbidities?

How do we truly adopt person-centeredness into the ICPC-3?

# Use cases for ICPC-3

- Use case is **primary care**, general practice and **first contact care**
- ICPC is used by general practitioners
- ICPC is used in emergency care/para-medics
- ICPC is used by nurses in Brazil
- ICPC is used by practice assistants and nurses in the Netherlands
- ICPC is used national insurance companies

## What is new in ICPC-3?

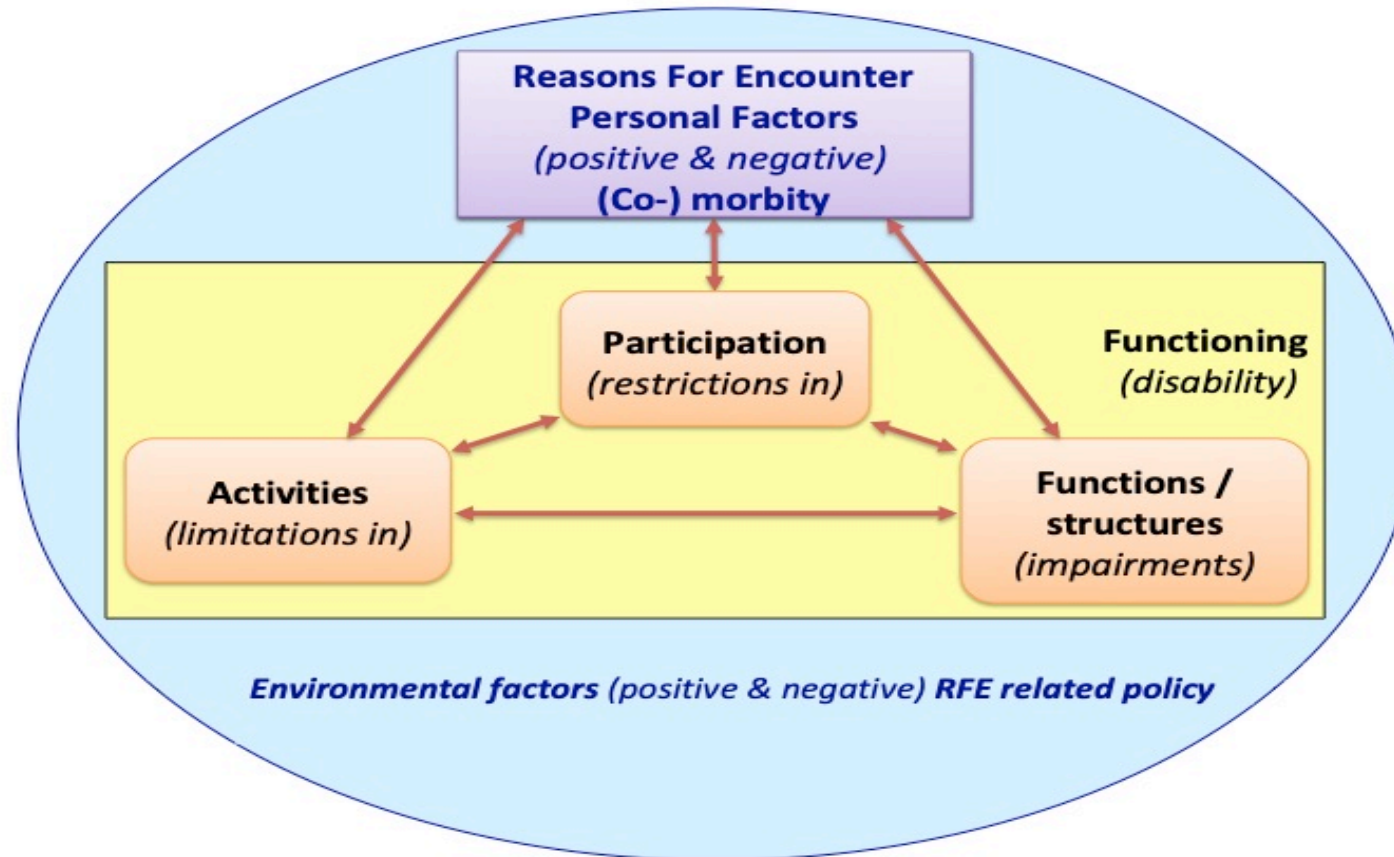
- Scope of ICPC-3 is extended to cover all of Primary Health Care
  - In practice it is already used by different health providers
- Bi-axial structure is replaced by a Content Model, describing all relevant content and maintenance attributes
  - The bi-axial components are still recognizable
- New Chapter on Functioning and Functioning Related (Chapter II)
  - Selection of classes from ICF, relevant for PHC, opening PHC up to Patient Centeredness (Paradigm Shift)
- More content on prevention, public health, non-disease related information (Chapter A1)
  - Covering concepts in PHC that can lead to better decisions and care by providers and policy makers
- Regional important classes, recognizable in the Inclusions (Regional codes)
  - Organized in Regional Extensions: African, European and South American (to be expanded)



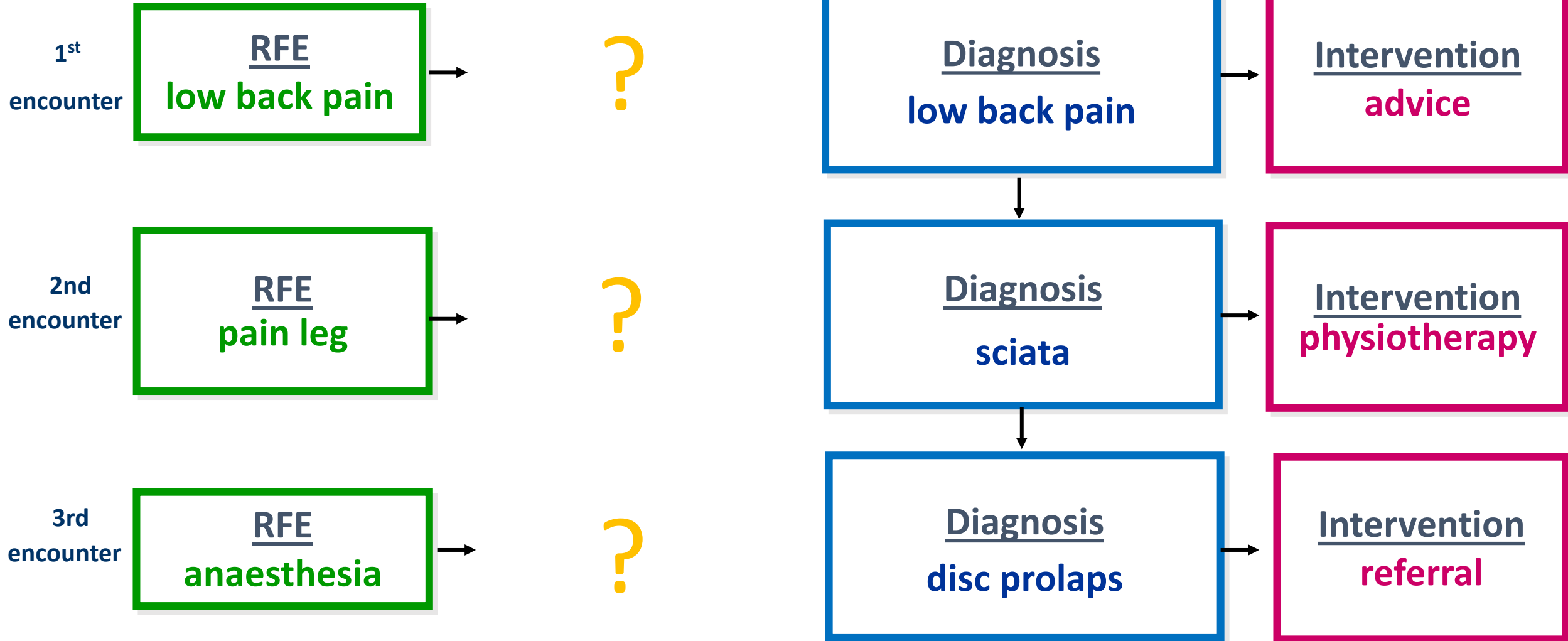
# The leading principles for the selection of the ICPC-3 classes are:

- The rationale for additions to ICPC-3 will still be: **frequency and evidence based**.
- **Relevant Regional Extensions** on content within ICPC-3 to suit National Primary Care needs.
- **Covering every kind of contact** in Primary and Community Care for all disciplines involved.
- Familiar will be the **simplicity** of the new ICPC-3, no excessive and theoretical subclasses or terms like most classifications and clinical terminologies.
- **Residual classes only for 'other' specified**.
- The content of ICPC-3 will be '**linked**' to **relevant classifications**, such as ICD-10, ICD-11, ICF, ICHI, *DSM-V (?)*, **clinical terminologies** such as Snomed-CT, but also to previous versions of ICPC-1 , ICPC2.7 and to the SDG's (United Nations' Sustainable Development Goals) where possible and relevant.

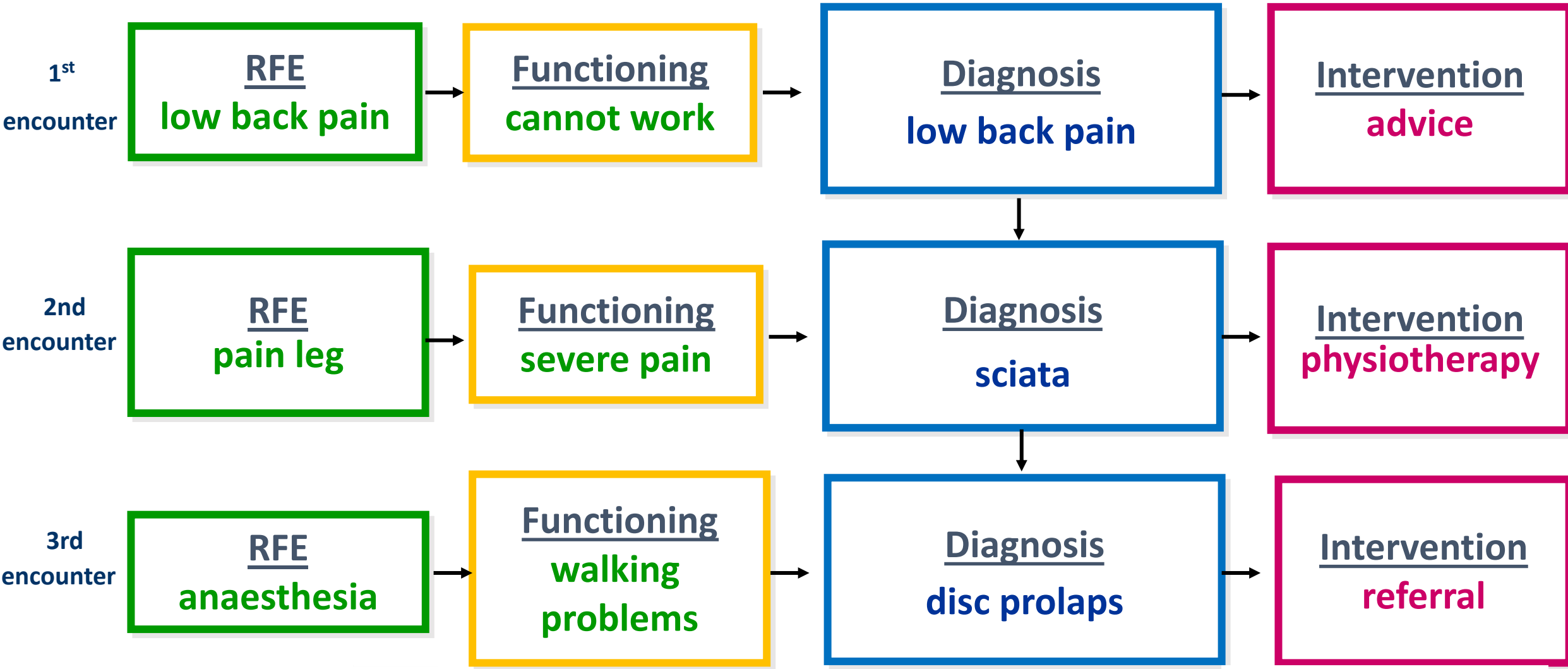
# What about Functioning, Environmental and Personal factors in Primary Care?



# WHAT IS MISSING IN ICPC-1 and ICPC-2?



# EPIISODE OF CARE ICPC-3



## Classes/rubrics in the ICPC-3 <https://browser.icpc-3.info/>

- Symptoms, complaints and abnormal findings N = 246
- General, routine examinations, family planning, prevention and other reasons for visit not related to a disease N = 36
- Diagnoses and diseases N = 371
- Interventions and Processes N = 60
- Social Problems N = 25
- Functioning and functioning related N = 98
- Total 836, 110 more as in ICPC-2 V 7.0

# Present progress and ....the end in near

- The development of the ICPC-3 content is well underway, and on schedule. Most of the Chapters have been discussed, reviewed, revised, new Chapter on Functioning added, linked to relevant classifications and processed in ClAM.
- A dedicated concept Web-browser has been developed in which it has been made possible to assess external classifications and terminologies by using references/unique identifiers of the target classifications and terminology.
- In principle the ICPC-3 can be used/approached in EHR's by using Unique Identifiers (UID's), but also via the intended Interface Terminology.
- Field testing is ongoing
- WICC endorsed ICPC-3 development in October 2020
- It is expected that by the end of 2020, ICPC-3 will be ready for release

# Coding fun!

<https://browser.icpc-3.info>