ICPC-3 and the linkages to SNOMED-CT

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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 of care for people with comorbidities?

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

THE ICPC-3 CONTENT MODEL
Any Class/Category in ICPC is represented by:

Descriptive characteristics

1. **TITLE of Entity: Name of class**
   a. Textual description, concise and detailed
   b. Inclusion – Exclusion - Index terms/synonyms – Coding hint - Note
2. **Type of Entity**
   a. Non-problem related
      - Prevention
      - Screening
   b. Body / Organ System
      - Symptoms, complaints and abnormal findings
      - Diagnosis and Health Problems
   c. Social Problems (Z-chapter)
      - Social and Environment
   d. Interventions (patient related) and Processes (administrative)
   e. Functioning
      - Activity and Participation, Functions
   f. Functioning related factors
      - Personal factors, Environmental factors
   g. Regional Extensions
   h. Emergency Codes
3. **Extension Codes**
   a. Severity and/or – existing severity scales- ICF scale, stages
   b. Duration, course

Maintenance attributes

A. Unique identifier

B. Attributes (subset, adaptation, and special view flag) for:
1. Classes – in disease component (congenital, infectious, neoplasm, injury, immunology, life-style, other, unknown)
2. Classes – in environment component – context and contactReason)
3. Country adaptation
4. Research
5. Special indices (e.g. Primary Health Care Indicators, Public Health Care Indicators, and First aid or Resource Groupings, Case-mix)

C. Hierarchical relationships

Parents and children in the ICPC structure:
Chapter
Component
Classes / subclasses

D. Reference relationships

References to classes as in ICPC-1, ICPC-2, ICD-10, ICD-11, ICF, ICHI, Orphanet, GBD, SDG's, UHC, and terms as in SNOMED CT etc.

E. Other rules

The leading principles for the selection of classes

- The rational 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,
- clinical terminologies such as Snomed-CT, but also to previous versions of ICPC-1 , ICPC2.7, to the SDG's (United
- Nations' Sustainable Development Goals) and GBD’s where possible and relevant.

REGISTER AND CODE

The primary purpose of health records is to provide a documented record.

Secondary uses of health records encompass such ones as medico-legal, quality management, education, research, public and population health, policy development, health statistics, health service management, case-mix analysis, accreditation, billing/finance/reimbursement.

For the secondary uses coding is essential

ICPC-3
AND PATIENT RECORDS

REASON FOR ENCOUNTER: **fever AS03, headache NS01, pain in the joints LS20**

SUBJECTIVE
History taking | Interview

In her neighbourhood people with **Dengue AD14.01,** unable to work **2F58 PSV.3**

OBJECTIVE
Physical Findings

Partial examination A102, well hydrated, blood pressure 120/80 and no other abnormal findings. **The tourniquet test is negative A199**

ASSESSMENT
Diagnosis | Health Problem

Almost certain **Dengue infection AD14.01**

PLAN
Interventions | Processes of Care

Prescription A201 paracetamol and the **advice A203** to come back if she notices any signs of worsening

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ICPC-3 consortium

ICPC-3
AND PATIENT RECORDS

REASON FOR ENCOUNTER: **routine child health examination AG01**

SUBJECTIVE
History taking | Interview

Baby is cheerful and has occasional colic **DS01**

OBJECTIVE
Physical Findings

Complete examination A101, no abnormal findings

ASSESSMENT
Diagnosis | Health Problem

Routine child health examination AG01

PLAN
Interventions | Processes of Care

Preventive immunisation A202, 6-in-vaccine and MenB

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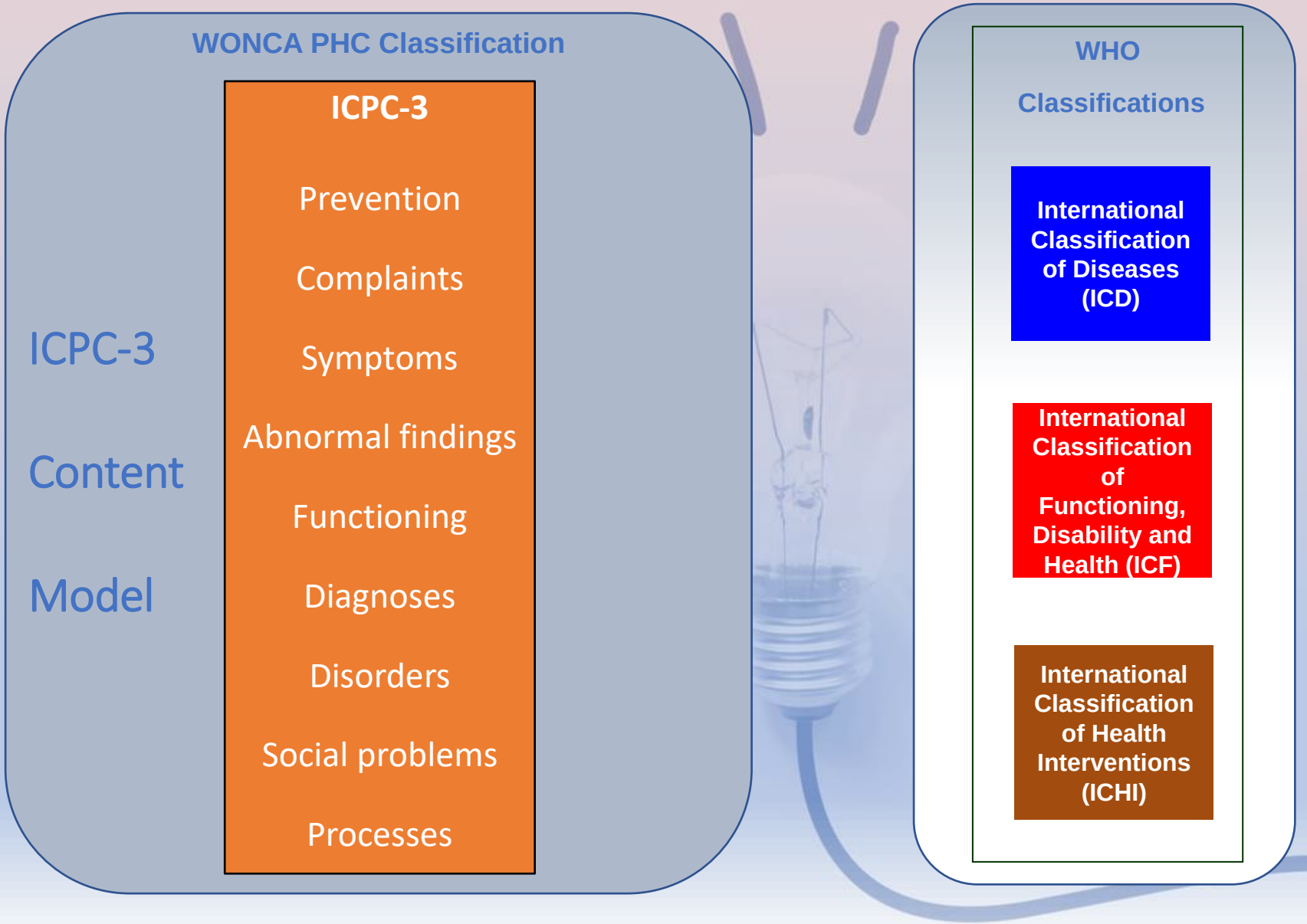
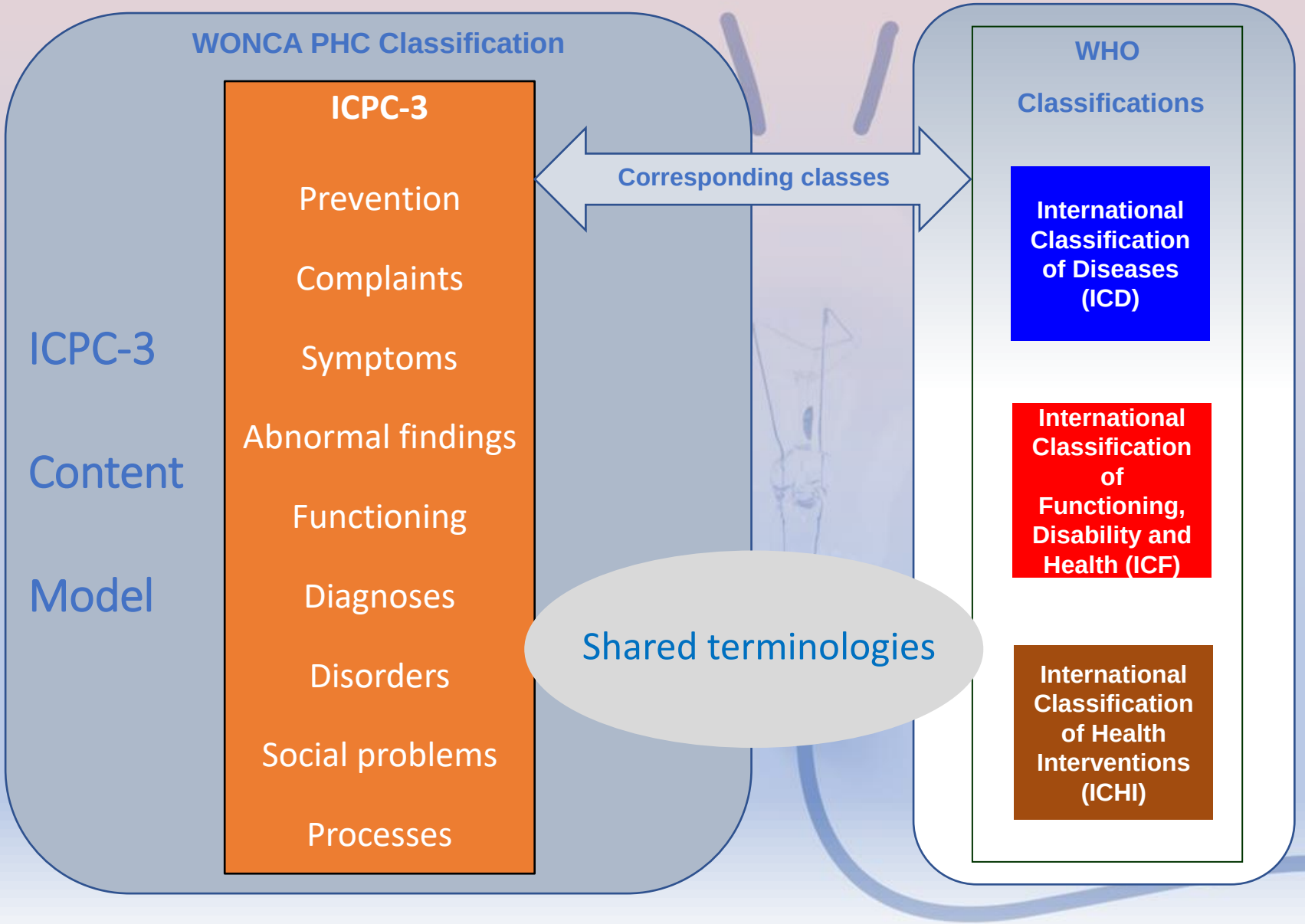
Harmonisation within the Family of International Classifications

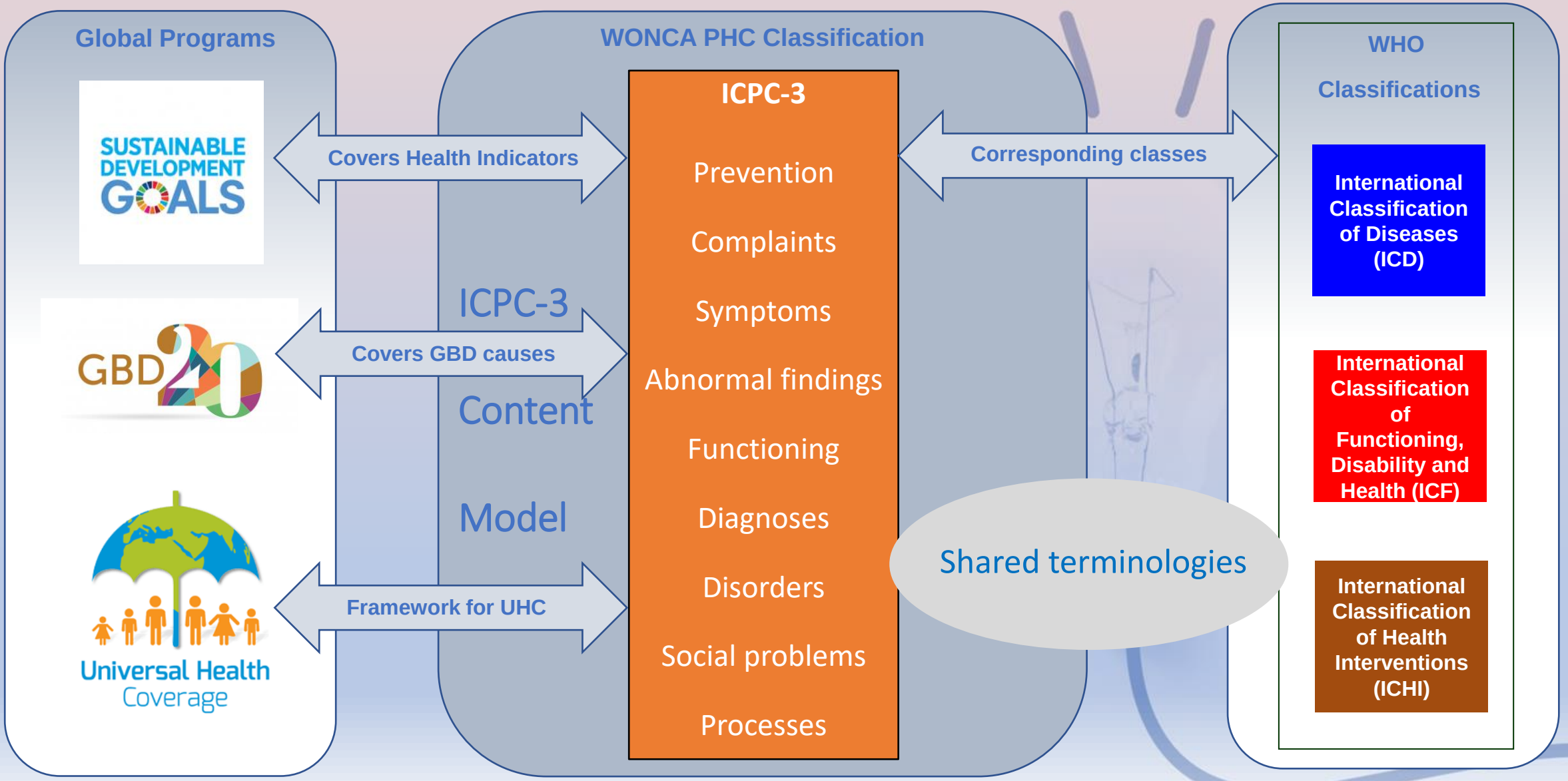
How?



Harmonisation within the Family of International Classifications



Support of Health in Global Programs



Snomed CT References

The selection for Snomed–CT references (N = 4893) is based on:

1. The existing cross references from SNOMED-CT to ICPC-2 developed and agreed in a collaboration between SNOMED International and WONCA International Classification Committee.
2. The frequency of the used search terms/concepts of the Dutch thesaurus with linkages between ICPC-2 and ICD-10.
3. Frequency of the search terms/concepts of the Belgium thesaurus with linkages between ICPC-2 and ICD-10.
4. Frequency of SNOMED codes in the UK from 1/7/2019 until 1/7/2020 (3.429.038.186 new coded items)

The ‘exactness’ of terms is represented in the order of the references to Snomed-CT.

Let's go to the browsers

ICPC-3: https://browser.icpc-3.info/

(ICD-10: https://icd.who.int/browse10/2019/en#/)

(ICD-11: https://icd.who.int/ct11/icd11_mms/en/release)

SNOMED-CT: https://browser.ihtsdotools.org/?

Examples: fever, long COVID, shoulder syndrome, chronic pain syndrome