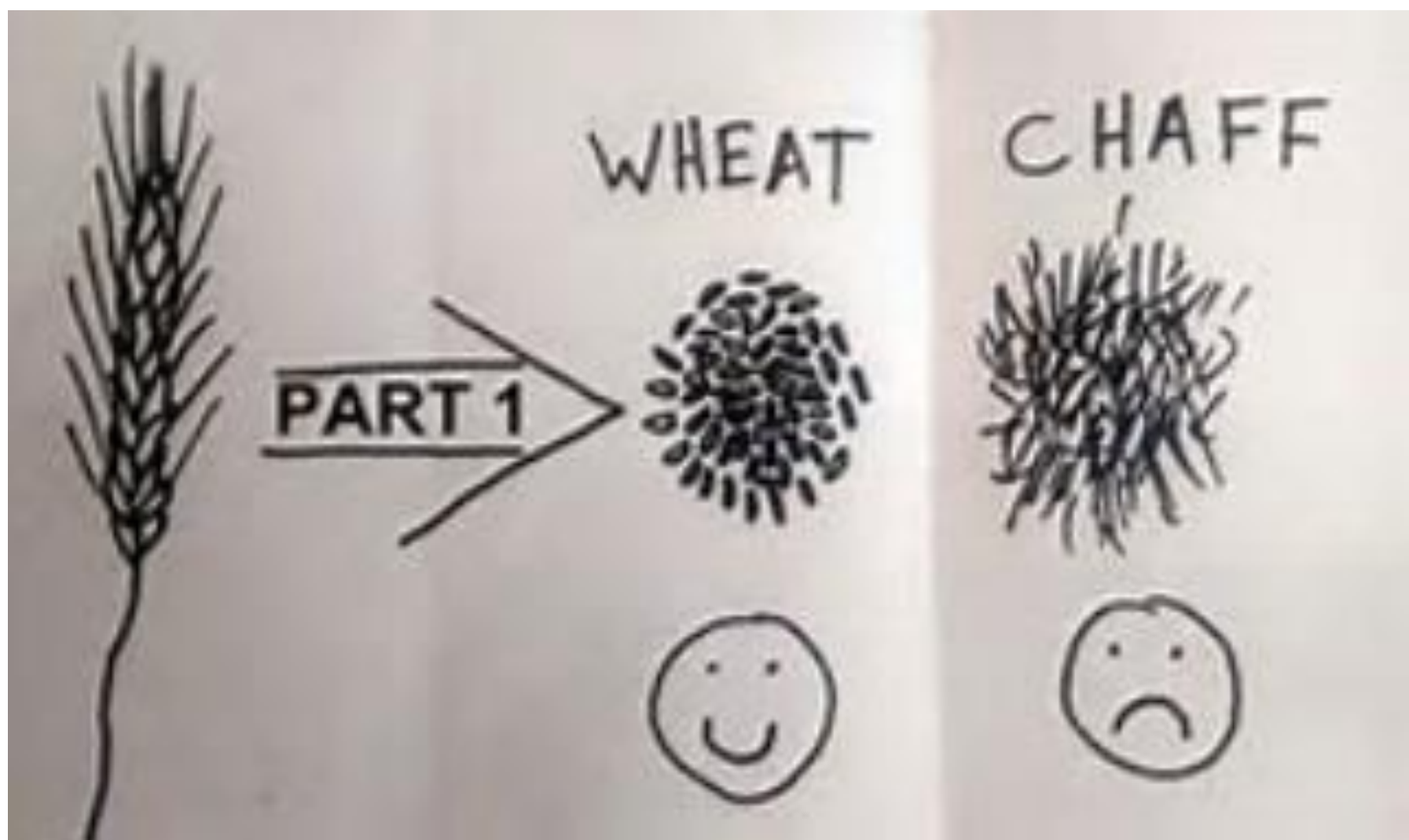


GP/FP Refset and ICPC Map

2009



The agreement contained a commitment to map *relevant content* in SNOMED CT to the ICPC-2 for the benefit of users worldwide.



Reason for encounter

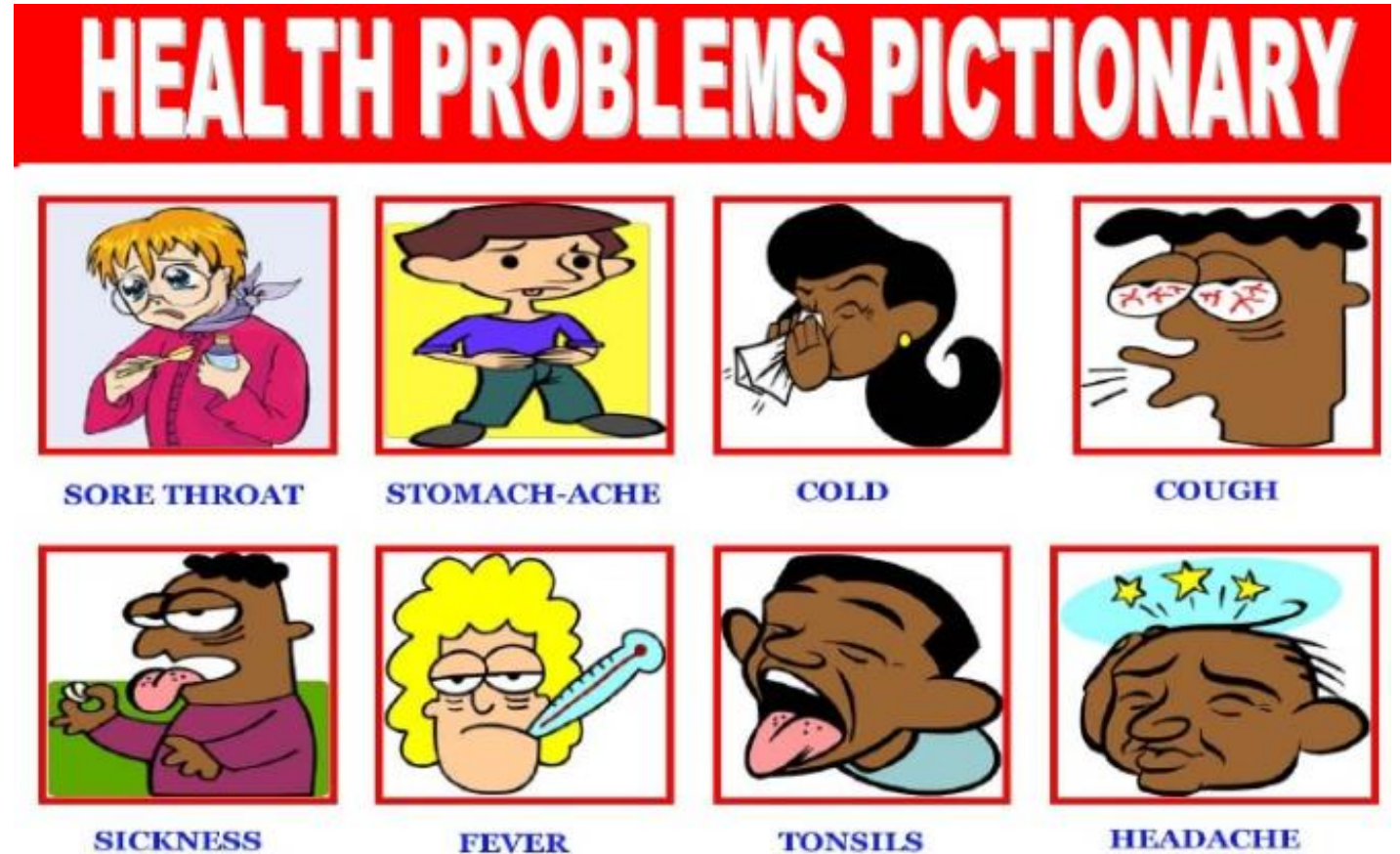
“An agreed statement of the reason(s) why a person enters the health care system, representing the demand for care by that person”.



Health issue

“issue related to the health of a subject of care, as identified or stated by a specific health care party”.

“according to this definition, a health issue can correspond to a health problem, a disease, an illness”



Consultation



During the scoping phase consultation with

National Colleges/Academies of General/Family Practice in IHTSDO member countries

National Release Centres

Seen as a high priority for the project

...ensure that the products resulting from the project are acceptable to major stakeholders

Source termsets

Argentina

Australia

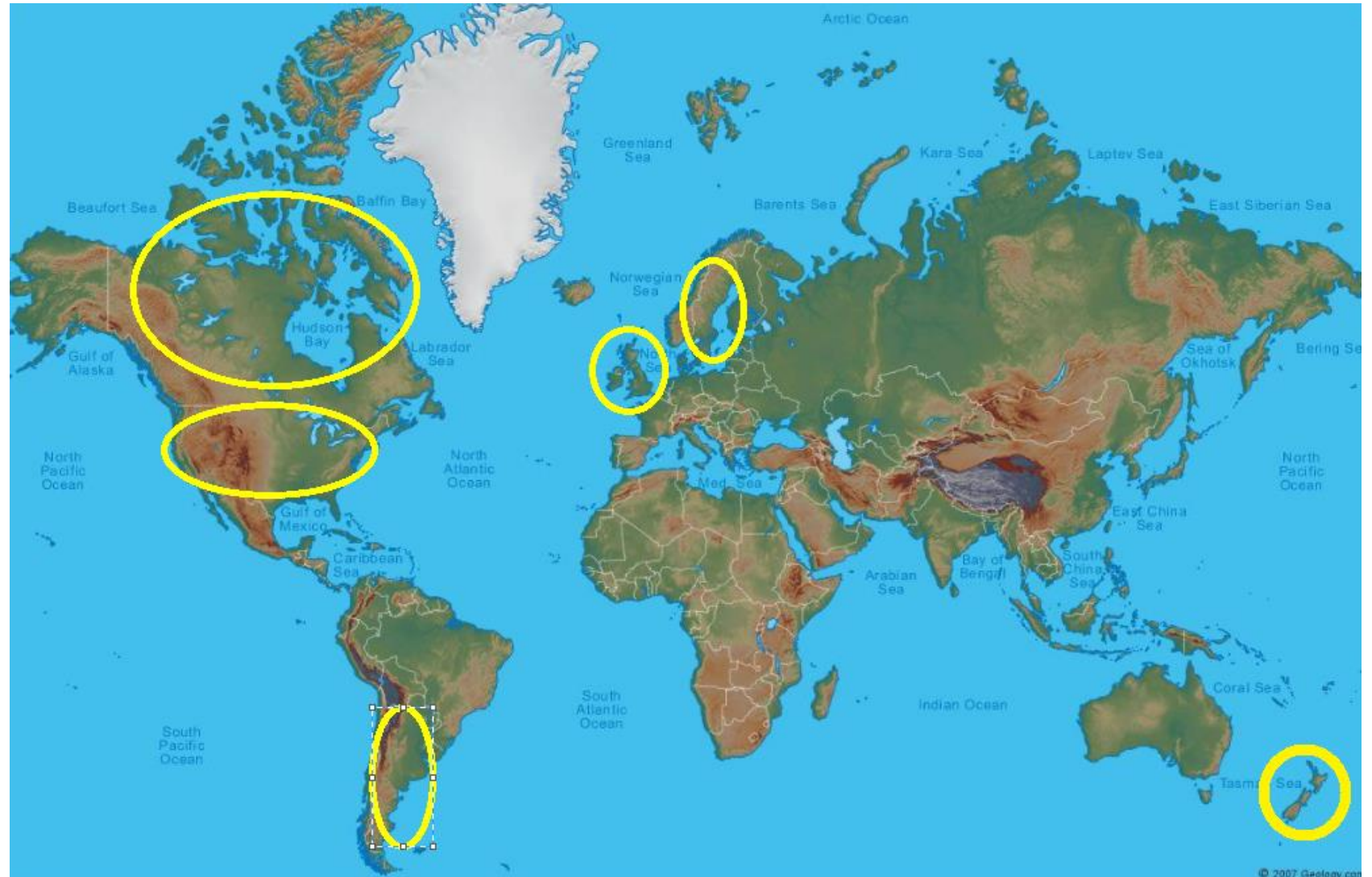
Canada

New Zealand (2)

Sweden

United Kingdom
(2)

**Mix of Read and
Snomed**



Details of source termsets

Country	Number of terms in source termset	Number of instances of use	Origin of termset
Argentina	5,060	371,529	Local
Australia	4,551	3+ million	National
Canada	1,340	7,758	Local
New Zealand 1	2,450	3,314,429	National
New Zealand 2	8,261	252,167	Local
Sweden	1,035	N/A	Mapping project
UK 1	3,830	Not disclosed	National
UK 2	9,919	269,867,903	National

Creating the GP RefSet

- Terminologies/codesets used in general practice were used as the basis for the RefSet
 1. Termsets were obtained
 2. Termsets were mapped to SNOMED CT using a specialised mapping tool
 3. Each source termset was rationalised, amalgamating all instances of multiple source terms mapped to a single SNOMED CT concept
 4. Any listed (and relevant) SNOMED CT concept present in three or more source termsets were included in the RefSet (demonstrating breadth of use internationally)

Creating the GP/FP RefSet

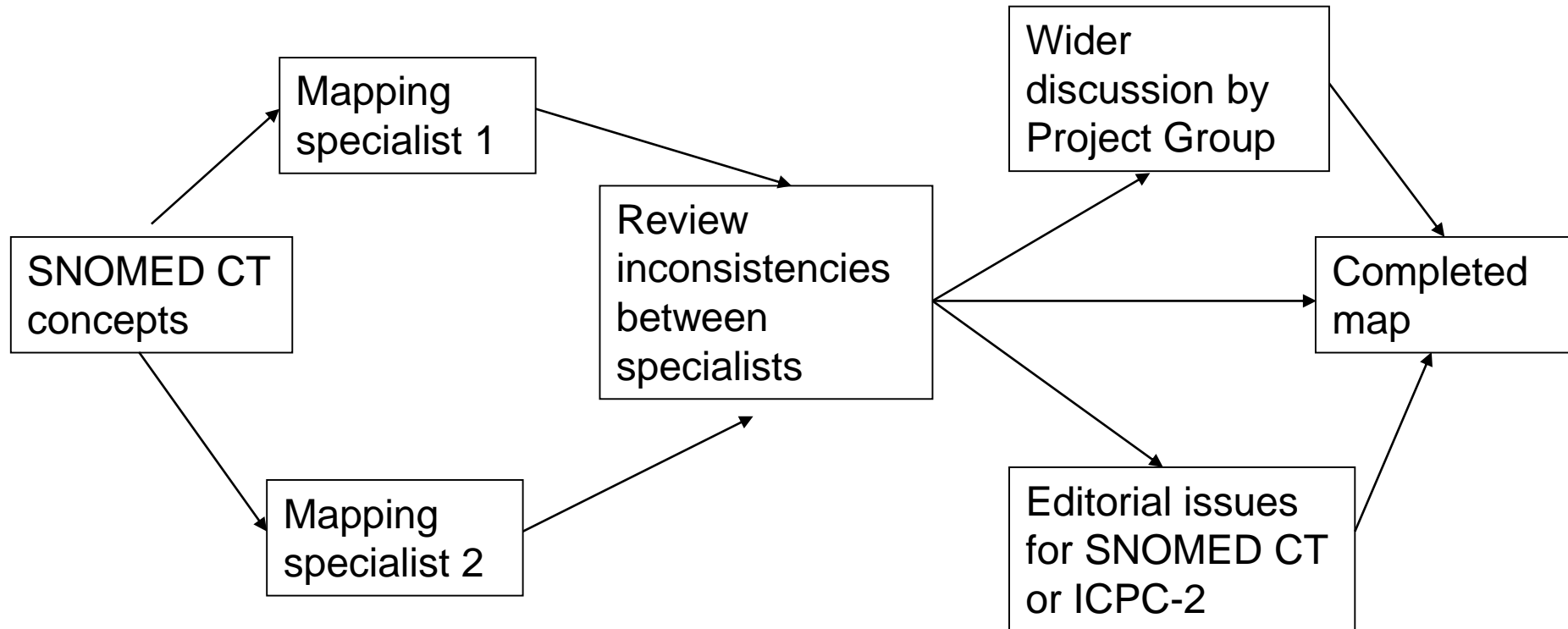
5. Frequency of use was used to determine an appropriate cut-off for the remainder of the RefSet, based on the relative frequency with which concepts were used and the breadth of concepts overall
6. All terms in the ICPC-2 inclusion criteria were mapped to SNOMED CT and added to the RefSet if not already present. This was to ensure that concepts included in ICPC-2 for public health or epidemiological reasons were in the RefSet even when they have a low frequency of occurrence in clinical general practice
7. Consensus rules were developed regarding the inclusion of some pre-coordinated SNOMED CT concepts and some SNOMED CT hierarchies and these rules were applied to the RefSet

RefSet results


Reason for encounter:
concepts 4,563 SNOMED CT

Health issue RefSet:
concepts 4,158 SNOMED CT

Mapping to ICPC



field test

[ˈfiːl(d) .test] 

NOUN

1. a test carried out in the environment in which a product or device is to be used.

VERB

1. test (something) in the environment in which it will be used.

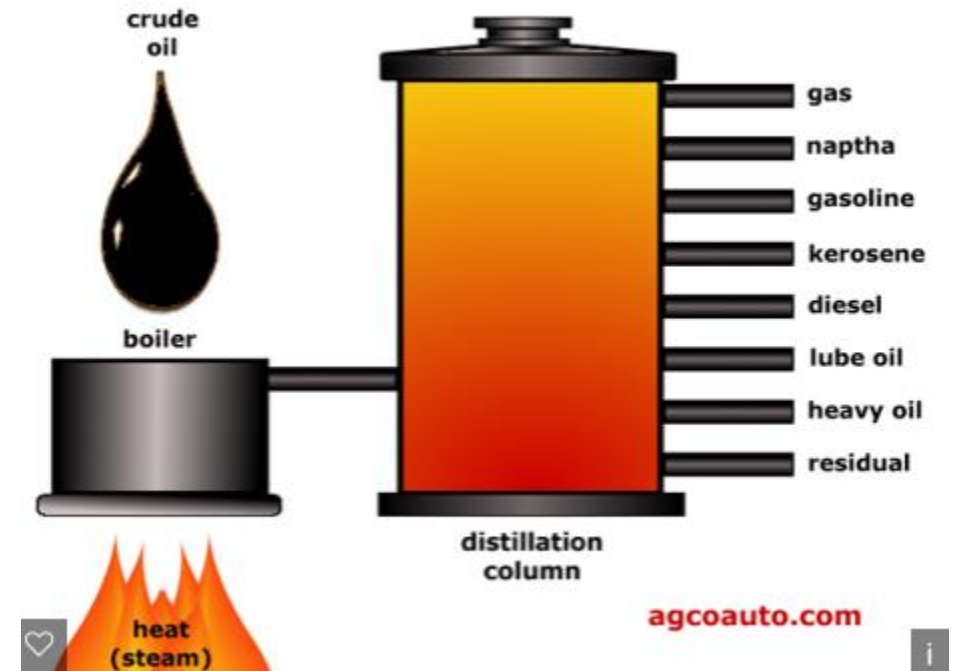
100 consecutive patients

**Did the refset meet the needs for both reason for encounter
and health issue**

Refinement

Refinement process after field testing

Regular teleconferences and face to face meetings to get agreement
Clinically led, professionally managed.



first released for review in April 2014



Created by [Jane Millar](#) on [2016-Oct-07](#)

I am pleased to confirm that the GP/FP SNOMED CT subset (Reasons for Encounter/Health Issues) and map to ICPC-2 have been updated in line with the July 2016 SNOMED CT International Release, taking into account the feedback from the IFP/GP SIG.

Jane Millar

Head of Collaboration

ARE WE THERE YET !?!



MATT GROENING

