ICPC-3
KNOW WHAT YOU ‘RE DOING

Using ICPC-3 to display health trajectories

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REGISTER AND CODE

- The primary purpose of health records is to ensure continuity of care by providing 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.

- A classification organizes medical information into structured, predefined groups to support consistent recording, analysis, and communication.

- **For the secondary uses coding is essential**

Why ICPC?

- Reflects frequency and distribution of health problems and interventions in PHC
- Focusses on the PHC specific concepts
- Reflects the way how to solve problems in PHC
- Care starts and ends in PHC

ICPC-1: Lamberts H, Wood M. ICPC. International Classification of Primary Care. Oxford: Oxford University Press, 1987.
WONCA International Classification Committee. International Classification for Primary Care, Second Edition (ICPC-2). Oxford: Oxford University Press, 1998

Why a new ICPC

ICPC-1 and ICPC-2 are outdated and needed revision to keep up with the latest developments in Primary Health Care Practice

New needs: focus on regions and countries, code themes around prevention, **the need to record the functioning of patients (context)**

Urgent needs: “Interoperability” with other classifications and terminologies

International Classification of Primary Care 3rd Revision

The international standard for systematically capturing and organising clinical information in primary care

The WONCA International Classification for Primary Care – Version 3 (ICPC-3) is launched on December 15th 2020, and endorsed by WONCA on April 16th 2021

The completely modernised International Classification for Primary Care is available without costs, online at www.icpc-3.info, including supporting information and training material.

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

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

ICPC-3
AND PATIENT RECORDS

REASON FOR ENCOUNTER: Parkinson disease control N101 and **repeat prescription** for Parkinson disease **N201**

SUBJECTIVE
History taking | Interview

Mild balance problems 2F82 PSV.1, severe walking problems 2F29.PSV.2 and **a low energy level 2F71.1** limit his **daily activities 2F12.1**

OBJECTIVE
Physical Findings

Partial examination N102, tremor, slowness of movements, stiffness

ASSESSMENT
Diagnosis | Health Problem

Parkinson disease ND66

PLAN
Interventions | Processes of Care

Prescription N201 and **a referral to the occupational therapist N505**

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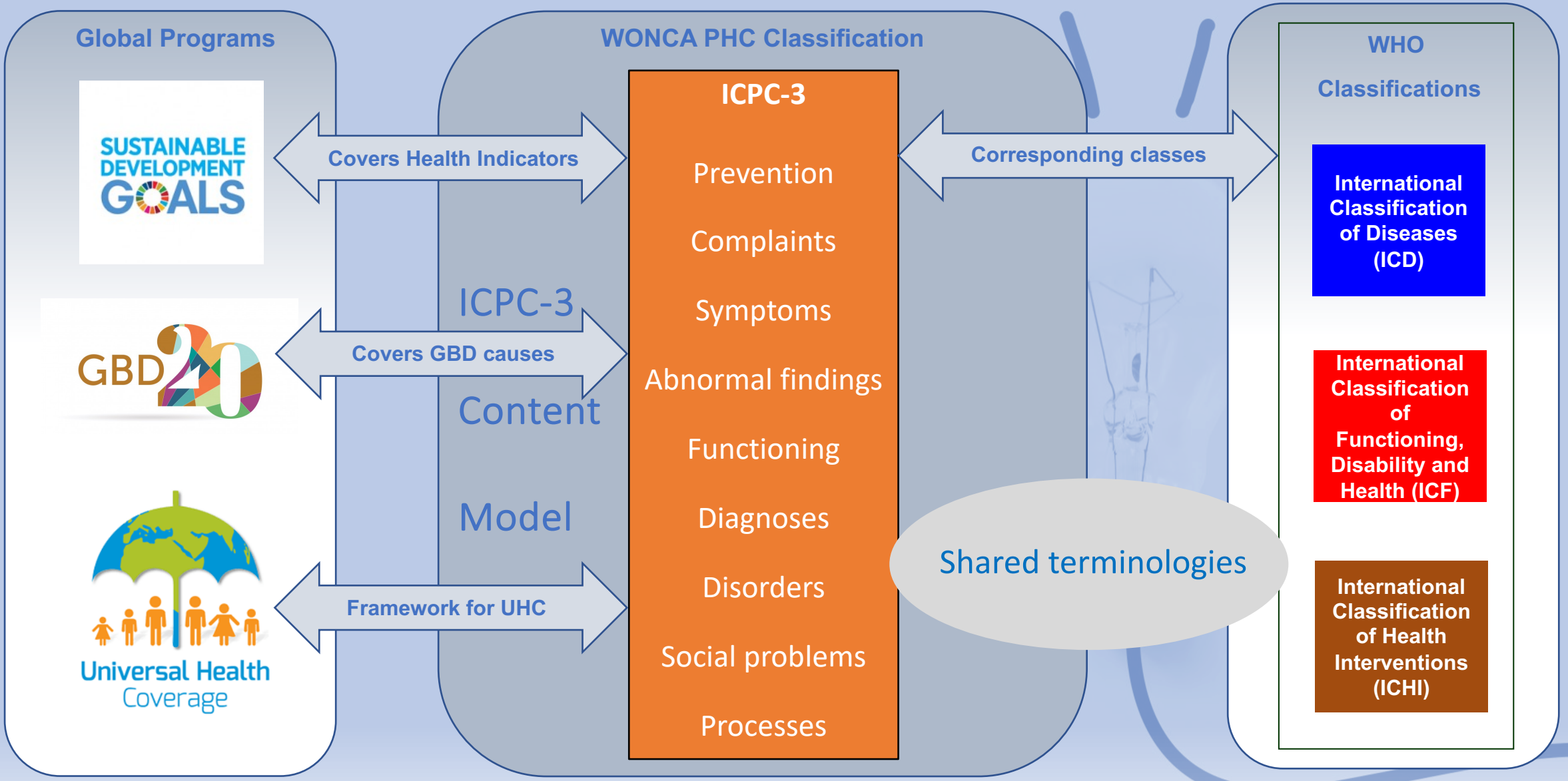
ICPC-3 consortium

ICPC-3, AI and Learning Health System

- Improved Data Quality for AI
- Supporting Decision-Making
- Leveraging ICPC-3 data in LHS
- Person-Centered AI
- International Interoperability
- Challenges and Future Perspectives

https://ehr.icpc-3.info/

Support of Health in Global Programs



Chapters

There are Chapters for:

prevention, family planning, general examination, etc. – **Chapter A1**

social problems – **Chapter Z**

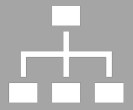
interventions – **Chapter I**

functioning and functioning related issues – **Chapter II**

- ICPC-3 Browser

Chapters

Fourteen chapters represent the localization of the problem and / or disease on a body or body-system level, the **Chapters B to W**



Each Chapter is subdivided into two Components:

S for Symptoms, Complaints and abnormal findings, and

D for Diagnoses and Diseases

Chapters

Chapter A has the same subdivision as B to W. This Chapters has the same Components as the Body Chapters.

In this Chapter A – General symptoms, complaints and abnormal findings and General diagnoses and diseases) the Complaints and Diagnoses are classified which **cannot** be classified to **only one** or **more than two** body systems.

E.g. tiredness AS04, and fever AS03 can be attributed to almost all body systems.

Chapters

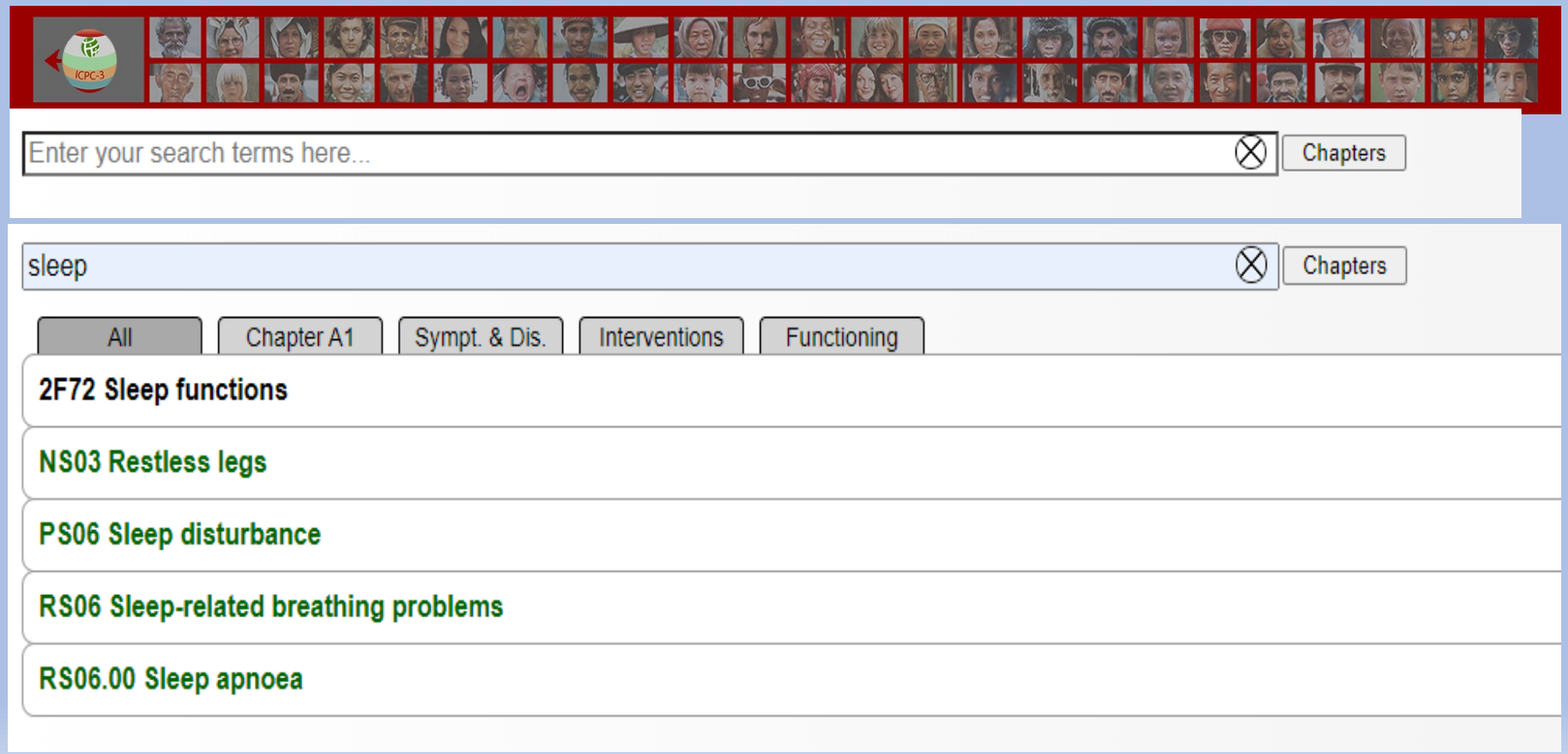
- There are two additional chapters:
- **Chapter IV** - A chapter with codes for emergency use with epidemiological importance for risk of (national or international) spreading of infections, and
- **Chapter V -** A chapter with extension codes

Training ICPC-3 TCS

After opening the ICPC-3 Training Case Scenarios

Start with typing a word (fragments) in the search box e.g. type ‘sleep’

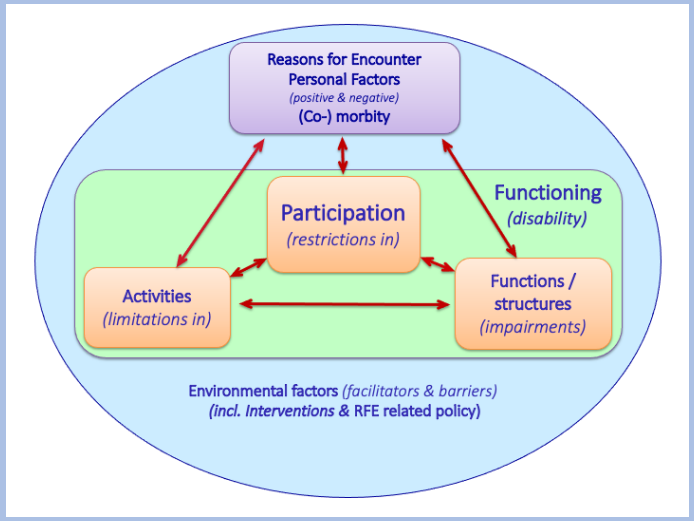
Result:
A list with terms and codes is presented

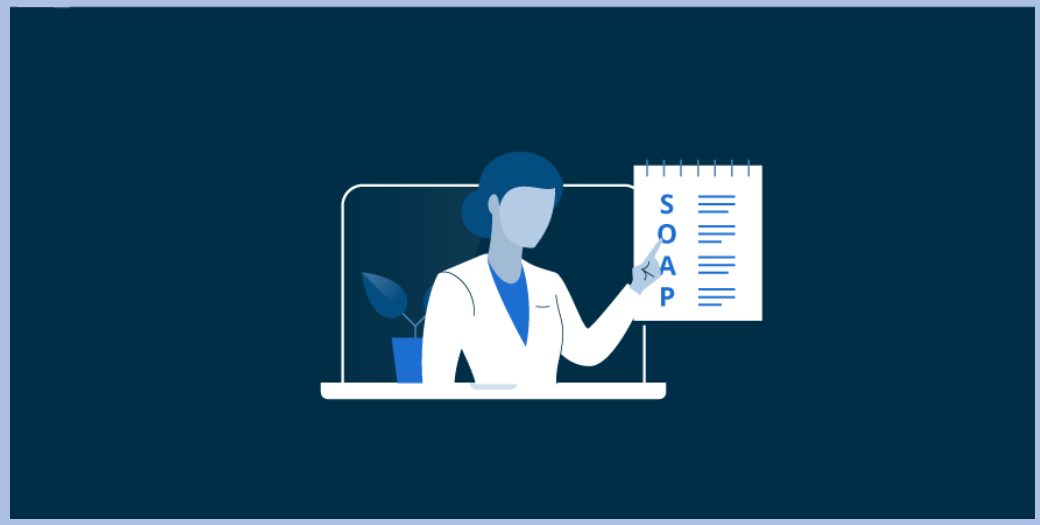


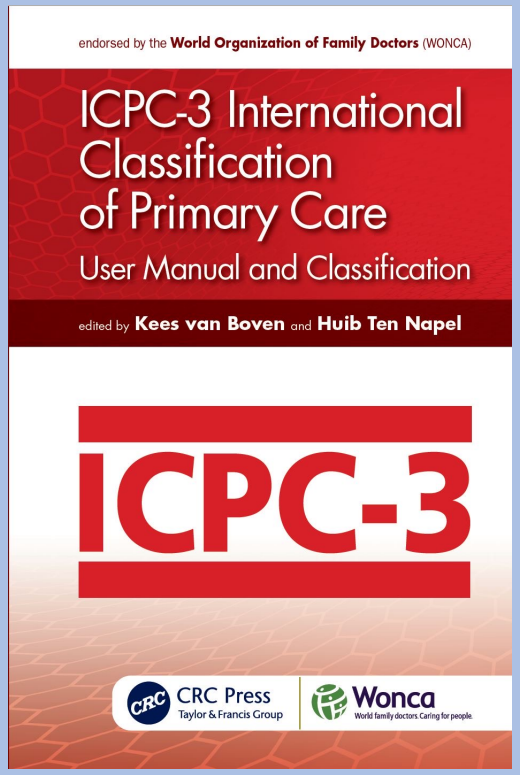
https://training.icpc-3.info/

FRAMEWORK → REGISTRATION → ICPC-3

HOW CAN I USE THE ICPC-3 TO CODE ENCOUNTERS AND EPISODES OF CARE?







SOAP note and information coded with ICPC-3 (1)

- The most important applications / implementations of the ICPC are;
  - Describing the construct of episodes of care
  - Implementation in computer patient records

Based on the SOAP documentation (free text), the following data can be encoded with the ICPC-3 during the encounter;

SOAP note and information coded with ICPC-3 (2)

- **S**, from the **Subjective** notes;
- the symptoms (Chief complaints)
- the activities / participation related to the RFE and the function related information (the context data).

History of present illness (HPI), history, both medical and social, and current medications and allergies are parts in the file that have already been recorded and coded (for the biggest part) with the ICPC and regarding the medication with the ATC.

SOAP note and information coded with ICPC-3 (3)

O, from the **Objective** notes;

the anamnestic information about physiological and psychological functions for instance the level of impairment.

Up to now vital signs and most physical findings are not coded with the ICPC but linked as free text to the diagnostic intervention's classes.

Laboratory data, imaging results are also linked to the diagnostic interventions classes and not coded

SOAP note and information coded with ICPC-3 (4)

- **A**, from the **Assessment;** the problem/diagnosis/episode of care diagnosis
- **P**, from the **Plan** the policy; the plan of treatment

- Age, marriage, occupation, education, etc. are data that are not coded with the ICPC. (It can certainly be useful to compile a list within WICC with basic data, data that you would like to know about every patient.)