

# Plenary presentation and small group discussion using the browser

Topics:

- 1. Double coding,
- 2. congenital-hereditary and
- 3. Clinical findings.
- **Aim: To explain how these concepts are defined and used in the ICPC-3.**



# 1. Double coding

- Double coding is advised for a number of categories if recording the manifestation or cause is clinically important.
- It is also recommended to record clinically important complications of disorders/problems
- For example
  - ileus (DD99) in colon cancer (DD26),
  - a pathological fracture in lung cancer (RD25) or osteoporosis (L95, LD81).

# Double coding

- For example in the categories adverse effect medical agent (ICPC-2: A85, ICPC-3: AD41), complication of medical treatment (ICPC-2: A87, ICPC-3: AD42), adverse effect physical factor (ICPC-2: A88, ICPC-3: AD45) and effect prosthetic device (ICPC-2: A89, ICPC-3: AD43).
- Task: Use the ICPC-3 browser to find the examples after this presentation

## 2. Congenital hereditary codes in ICPC-3



# THE ICPC-3 CONTENT MODEL - September 2019 -

*Any Rubric/Category in ICPC is represented by:*

## Descriptive characteristics

### 1. TITLE of Entity: Name of rubric

- a. Textual description, concise and detailed
- b. Short title - Inclusion – Exclusion - Index terms/synonyms – Coding hint - Note

### 2. Type of Entity

- a. Organ System
  - Symptoms, complaints and abnormal findings
  - Diagnosis and Health Problems
- b. Interventions (patient related) and Processes (administrative)
- c. Factors influencing health status (Z-chapter)
  - Environment
  - Reasons for contact (non-illness related)
- d. Functioning
  - Functions, Activity and Participation
- e. Functioning related factors
  - Personal factors, Environmental factors)

### 3. Extensions

- a. Duration, course, age of occurrence,
- b. Severity and/or – existing severity scales- ICF scale, stages

## Maintenance attributes

### A. Unique identifier

### B. Attributes (subset, adaptation, and special view flag)

1. Categories – in disease component (congenital, infectious, neoplasm, injury, life-style, risk factor, other, unknown)
2. Categories – in environment component – context and contactReason)
3. Country adaptation
4. Research
5. Special indices (e.g. Primary Health Care Indicators, Public Health Care Indicators, Emergency and First aid or Resource Groupings, Case-mix)

### C. Hierarchical relationships

Parents and children in the ICPC structure:

Chapter  
Component  
Class

### D. Reference relationships

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

### E. Other rules



## 2. Congenital and hereditary

Refer to what is acquired before or at birth, the former to things acquired during fetal development and the latter to things transmitted from one's ancestors.

Congenital disease:

- A disease caused by determinants arising in the antenatal period or a disease or physical abnormality present from birth, so acquired during fetal development.



# Congenital and hereditary codes in ICPC-3

- In every organ chapter and chapter A the class number is –D55,
  - for example congenital pyloric stenosis in DD55.
- A congenital disease can be caused by a hereditary disease or by an interaction of genetic and environmental factors for example cleft lip/gum/palate in DD55 or by an infection, congenital rubella in perinatal morbidity (A94, AD66)

# 3. Clinical findings - background

- A symptom is any subjective evidence of disease, while a sign is any objective evidence of disease. Therefore, a symptom is a phenomenon that is experienced by the individual affected by the disease, while a sign is a phenomenon that can be detected by someone other than the individual affected by the disease.
- Within the ICD-11 content model, signs, symptoms or abnormal investigation findings belong to manifestation property.
- ICPC-3 Consortium propose that we should give signs / symptoms and abnormal findings 1 colour.



# Abnormal (clinical) finding

Abnormal clinical findings always start with the number -S50 in all chapters

New: asymptomatic carrier AS51, Sepsis (AS52) and AS53 shock.

ICPC-3 Consortium propose to add them in separate classes because of their clinical importance. The frequency of those problems are higher in the not-Western world.

In every chapter concern/fear starts with the number -S90

The classes' risk factor malignancy and risk factor A23, based on our discussions in the Consortium task force, are removed from A and are now under a different name in ZR60 and ZR70 ([see the browser](#))



## Task to smaller group

Discuss in your groups and search using the ICPC-3 browser

Look at the abnormal finding classes in every chapter starting with chapter letter S50.

Do you agree with this class ordered in abnormal finding part?

If not why not and where would you then place this class in the classification?



Photo: Tuija Savolainen, Finland

# Double coding

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- Use the ICPC-3 browser to find the examples in small groups

# 3. Clinical findings in ICPC-3

## Examples of classes with an abnormal (clinical) finding label;

- A91/AS50 Abnormal result investigation, otherwise specified;
- AS51 carrier;
- AS52 Shock;
- BS50; splenomegaly;
- BS51; unexplained changes in white blood cells;
- BS52 raised erythrocyte sedimentation rate;
- DS50 hepatomegaly;
- KS50 low blood pressure;
- KS51 elevated blood pressure;
- RS50 pleurisy/pleural effusion (pleurisy is the medical term for inflammation of the pleura. It is a sign. The most common cause of pleuritic is infection);
- US50 abnormal urine test.

# SUMMARY and SMALL GROUP TASKS

- Look at the ICPC-3 browser
- Use the ICPC-3 browser to find the examples (double coding, congenital/hereditary)
- Discussion in small groups:
- ICPC-3 Consortium propose that we should give signs / symptoms and abnormal findings 1 colour. Do you agree?
- Find all codes for clinical findings
- Are there missing any classes for clinical findings?
- Is the order of the classes good and easy to use?
- Comments and opinions about double coding?
- Any other comments or questions?





यहाँ से, सब कुछ बहुत अच्छा लग रहा है

From here, everything looks pretty good

Von hier aus sieht alles ziemlich gut aus

A partir de là, tout va bien

A partir de aquí, todo se ve bastante bien.

Herfra ser alt godt ud

Vanaf hier ziet alles er redelijk goed uit

Minn hawn, kollox jidher pjuttost tajjeb

Herfra ser alt ganske bra ut

Da qui, tutto sembra abbastanza buono

აქედან, ყველაფერი კარგად გამოიყურება

A partir daqui, tudo parece muito bom

*Translations: Google Translator*

