Prevention and risk factors

(this presentation is constructed without any preventive action but is not without risk)

Brasov 09.09.08: clerk's archives without comments

1. Principles for differentiating symptom and disease needs further discussion and "cleaning up" component 1 and 7
2. Including/linking to ICF
3. Including/linking to classification of risk factors
4. Preventive and administrative RFE need more rubrics and granularity – splitting up A98
5. Patient safety/adverse episodes/unintended events
6. Can patient perspective be included in ICPC-3?
7. Merging of chapter X and Y
8. Make process codes independent of chapter
9. Revision of criteria, incl and excl, notes, etc - including criteria in component 1 and process codes?

Brasov 09.09.08: clerk's archives without comments

10. Merge "Fear of ……" rubrics into one or two rubrics chapter P
11. The placing of presence/status prosthetic devices and acquired absence of organs is very inconsistent
12. Chapter Z needs a revision
13. Revision of rubrics containing composite terms
14. A general discussion on how to handle the aetiology/manifestation system (dagger and asterisk system) in the ICD is needed.
15. The use of NOS, unspecified, other, other/NOS and other/unspecified is inconsistent in ICPC-2e
16. Somatisation disorders and some other specific rubrics that should be discussed – D29, H77, K82, K87/86, N73, P72, P75, T80, X07, X80

ICPC-3 consortium

Primary care paradigm shift

Disease and diagnosis centred

Patient centred care

Person centred care

Primary care paradigm shift

Disease and diagnosis centred: core of ICD / specialist classifications

Patient centred care: GP's dimension added with RFE and core of ICPC-1 and 2

Person centred care : Person-Centredness at the core of ICPC-3 !

What has to be changed?

Our hands are tied by the old concept of ‘care contacts’ with complaints, diagnoses and diseases

Today’s care is asking much more attention for

- prevention
- risk factors
- functioning
- patient’s goal
- …

This implies space for care contacts without complaints diagnosis or diseases

Problem in ICPC 2

All this is forced into A98 and A97 (and some process codes)

And -28 for functioning, but only in a negative sense and linked to organ system

Many topics about contacts (ICD10 Z codes) also in A98-A99

Registered data do not reflect person's health status, and force us to use "diagnostic" concept (incl.symptom as episode title) for every contact

Work upside down

Rag bag at the end to put all the rest in it ?

Or do we begin to empty our old rag bags, where we lose a lot of granulation in the information.

Make this information more visible

Why a new construct to describe "person care" and "health influencing factors"

1. Communication and collaboration with other care providers
2. Communication also about other things but complaints/diagnoses/diseases
3. Describe person's status (out of the episode of care)
4. Many contacts in primary care without any complaints/diagnoses/diseases
    - Demand for advice/information
    - Administration/certification
    - Preventive acts: vaccinations / travel care/ screenings
    - All aspects of family planning
    - Communication about end of life
    - Volunteer aid and care for others
    - …..

The information within the non episode related part of the record is also useful to explain and justify your following or not following the guidelines or to explain your decision making

The origin of these data can come from information in the conventional episodes of care

But also from contacts with the person out of the episodes of care

Challenge for informatics

- How do we register these “out of episode of care” data ?
- How to regroup this scattered information and how to qualify this?
- How to integrate these data in the conventional episode construct?
- How to integrate all elements of functioning, context, person’s preferences and goals etc. that influence our planning and management ?
- How to organize this information to make it useful in administration/certification ?

ICPC-3 with a new part

Organ system part of ICPC 2

New part of chapter Z — chapter V — Extensions

Risk factors and health influencing factors

Possibility to register without being part of an episode of care:

- Smoking, drinking, eating habits
- Other life habits
- Life environmental factors as work and living circumstances
- Etc….

Patient does not necessarily has any problem or demand about it, but it can be important to know in the taking care process and the communication about the person

Once these factors become a complaint or concern: go to conventional episode construct and organ chapters

Same rule for heath influencing factors

Risk factors and health influencing factors

Different kind of risk factors:

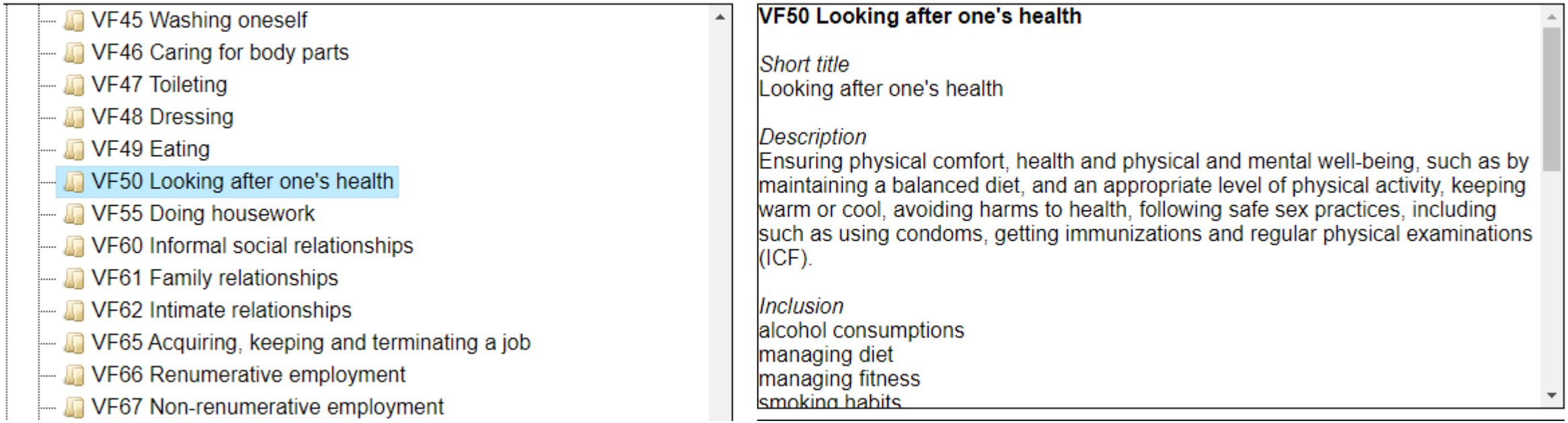
- - Personal history or actual diagnoses and diseases:

  possibility to add it as an attribute (“E extension codes”) to conventional episodes of care: label classes as a risk factor using the extension chapter of the new ICPC-3, the class causality.

- -Inborn (genetic) characteristics, family history, life habits, environmental factors etc ….non episode of care related (V codes)

Risk factors

To register risk factors without having it registered as an episode or RFE, the functioning class VF50 looking after one's health can be used with which alcohol consumptions, managing diet, managing fitness, smoking habits, mental well-being can be registered.
Taking care of a person – Looking after one's health



Coding Instruction or CodingHint

In case a patient indicates to experience a problem in managing one's lifestyle related to specified habits, code the problem to ZR75 Problems related to lifestyle, or PS12, PS13, PS14, PS15, TD66, TD67

Proposal for reconstruction of chapter Z

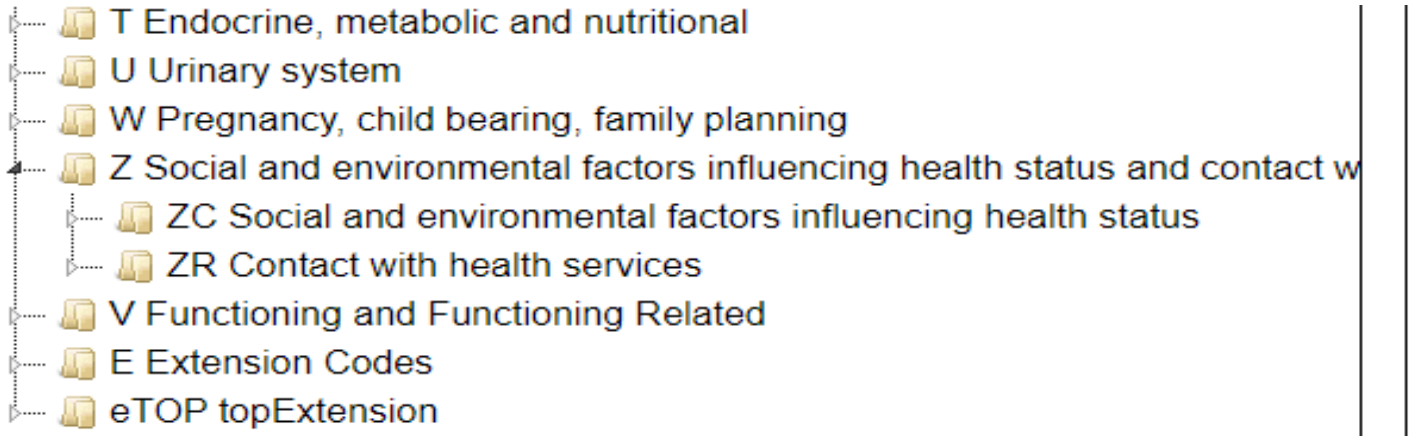
"Factors influencing health status"

Components

ZR Reasons for contact related to (first) contact, certification and prevention (20)

ZC Social and environmental factors influencing health status (27)

Prevention and risk factors in Chapter Z (1)



Description ***ZR Contact with health services***

In some cases a patient has a contact the provider cannot interpret as a complaint or diagnosis within the other chapters of ICPC-3.

This contact is related to the complete life circle such as first contact, prevention, screening and case finding, certification, family planning and final stage of life contact

Prevention and risk factors in Chapter Z (2)

The classes in this part of the chapter previously classified in
A97, no disease,
A98 health maintenance/preventive medicine,
A21 Risk factor for malignancy (personal, family),
A23 Risk factor NOS (personal, family),
A20 Euthanasia request/definition,
Family planning: W10, W11, W12, W14, W13.

All those classes do not relate to complaint or diagnosis and that is why we propose to have them in this chapter

Your vision ?

Who are you ?

ICPC-3 consortium