TASK GROUP ALPHA ORIGINS

Origins

- ICPC-2 update group
- ICPC-3 development work
- Push to work on ICPC3 between meetings
- Executive decision in Finland to have expert group co-ordinate task

Task profile

- Co-ordinating the various perspectives on ICPC-3 development emerging from the chapter groups
- Presenting a consensus position for approval by WICC
- Presenting different perspectives on controversial points for discussion and agreement by WICC

TASK PROFILE

Defining and addressing intra-chapter and inter-chapter issues in a consistent way

Harmonising chapter group reports into a more structured format

Communicating with chapter leads on intra- and inter-chapter issues, possibly requesting further group discussions

Communicating with all chapter groups involved in inter-chapter issues, possibly including discussions between chapter groups

Addressing splits and lumps of rubrics consistently

Identifying and addressing ICPC-3 structural issues as they emerge

Discussing which ICPC-2 characteristics shall be retained, including granularity, localisation, mnemonic codes, historical numeration and others

Communicating with the Consortium when this is eventually formed (detail on how this should be done needs further discussion)

WORK PROFILE

Modus operandi

- ICPC-2 as basis for ICPC-3 development
- Reference work flow document and tools from Helena Britt based on Malta ICPC-2 update group seminal work

January 2018

- "There was consensus that this was a good idea and would help to justify the decisions made by the task group. After discussion, the group agreed that the criteria should be:
  - Does the proposal align with the structure of ICPC?
  - Does the proposal align with the principles of ICPC?
  - Does the proposal fit within the classification rules (including semantic rules)?
  - Is the proposal supported by data on frequency of term usage?"

WORK FLOW

Chapter group primary work, if available

Standard file including all comments

Decisions summarised and agreement recorded

Reviewed for consistency and correct method

Feedback to chapter group

Final file with all comments and summary to University of Nijmegen Consortium

Feedback from Nijmegen Consortium to TFA and Chapter groups

WICC decision on outstanding issues

ICPC PRINCIPLES

Importance of empiricism:

- ICPC was originally based on large studies that collected data from general practice in a consistent way.

Mutually exclusive concepts.

Classification principles. Everything has a place, and a place for everything (avoid ambiguity, residual classes, etc.)

The granularity is appropriate and based on empirical data.

- Prevalence (0.5 per 1000 py).
- Frequency and error of measurement.

Importance of the Episode of Care

Prevalence as an RFE and as a problem label

Renumeration of classes / mnemonic codes

Decision to merge rubrics should not be taken lightly

- Different diagnostic relations of RfE (K01-K02 examples).
- Consider the agreement/disagreement among WICC members
- if in doubt, do not change just for changes' sake; consider to discuss and think about proposals.

ICPC and ICD relationships, all linked to SNOMED CT.

Considering ICD and especially changes from ICD-10 to ICD-11 when considering moving a concept to another class or chapter

TASK GROUP ALPHA RUBRIC RULES

"After discussion it was agreed that the following 'rules of thumb' should be applied in component 1:

- where the lay and the clinical term are synonyms they both should be included in the rubric label with a slash between the: e.g.:haematemesis/vomiting blood
- where the lay term is a hypernym or hyponym of the clinical term, the lay term(s) should not be in the rubric label, it should be included in the 'Inclusions' section. However, it was accepted that this may not always be best, and that if it MUST be included in the rubric label, the two concepts should be separated by a semicolon rather than a slash in the rubric label.

This concept was taken further to cover both component 1 and 7:

- It was also agreed that the rubric label should not include sub-parts of the rubric. Sub-parts (hyponyms) should be in the Inclusions, not in the rubric label: e.g. Sinusitis acute/chronic in ICPC-2, should be called Sinusitis (with acute and chronic in the" Inclusions" in ICPC-3)."

CHAPTER A

Reviewed by Task Group, and submitted

Chapter group work unavailable after rubric A20

Changes to inclusions, exclusions and titles

No additions or deletions agreed, but divided opinions about moving helminthic infestations from “D” to “A”

CHAPTER B

Work complete with WICC plenary discussion

Changes to inclusions and exclusions

Delete B04 “Blood symptom/complaint”

B70 “Lymphadenitis, acute” and B71 “Lymphadenitis, chronic/non-specific”
WICC disagreement whether to split or merge

B90 “HIV infection/AIDS”
WICC disagreement whether to split or merge

B72 “Hodgkin’s disease/lymphoma”
WICC suggestion to change into malignant and benign lyphoma

CHAPTER D

Work complete with WICC plenary discussion

Changes to inclusions, exclusions and titles

“Chronic hepatitis” and “GERD” are frequent enough to have new rubrics

“Pancreatitis”, “food intolerance” and “coeliac disease” may be considered as new rubrics if frequent enough (more data needed)

CHAPTER F

Chapter group work reviewed and submitted

Changes to inclusions, exclusions and titles

Disagreement to add new codes for “reduced visual acuity” (split out from “Visual disturbance”) and “swollen eye”

Possibly merge “spectacles” and “contact lenses” complaints into one rubric (F17 and F18)

Suggestion to split out “herpes” from “corneal ulcer” and add “chlamydia infection” as new rubrics, but needs frequency data

CHAPTER H

Chapter group work reviewed and submitted

Changes to inclusions, exclusions and titles

Possible changes to H75 “ear neoplasm” to be consistent with other chapters

Merge H78 and H79 (“superficial ear injury” and “ear injury other”) due to frequency of use

Delete H83 “otosclerosis”

Possibly split H82 “Vertiginous syndromes” into “Meniere’s” and “BPPV,” but strict definitions and support of frequency data needed

CHAPTER K

Chapter work concluded and WICC plenary decision

Changes to inclusions, exclusions and titles

Merge K01 “heart pain” and K02 “chest tightness” and delete K03 “CV pain NOS”

Move “low blood pressure,” “high blood pressure” and “heart murmur” to component 1 since considered clinical signs as against problems defined by a clinical sign

Merge “fear of” rubrics into one

Removed K76 “IHD without angina” and K82 “pulmonary heart disease”

Consider merging K86 and K87 – “hypertension” with or without end-organ damage

Moved K89 “TIA” K90 “CVA” and K91 “cerebrovascular disease other” to chapter N and K96 “haemorrhoids” to chapter D

Strong minority disagreement on considering blood pressure problems as clinical signs unless hard diagnosis

CHAPTER L

Chapter group work by two groups joined, reviewed and submitted

Changes to inclusions, exclusions and titles

Consider a new rubric for “patello-femoral chondropathy”

CHAPTER N

Chapter group work reviewed and submitted

Changes to inclusions, exclusions and titles

New rubric for “essential tremor”

Consider moving “stuttering” from Chapter P since “speech disorder” is in Chapter N, but uncertain

Consider deleting “cluster headache” due to low frequency, but uncertain

Consider moving “sleep apnoea” to Chapter R

CHAPTER P

Chapter group work reviewed and submitted

Changes to inclusions, exclusions and titles

Merge P07 and P08 “sexual desire..” and “sexual fulfilment..” “..reduced”

New rubrics for “autism spectrum disorder” and “mixed anxiety and depressive disorder”

CHAPTER R

Chapter group work reviewed and WICC plenary decision

Changes to inclusions, exclusions and titles

New rubric for “snoring”

“Rhinophyma” moved to S99 skin rag-bag

CHAPTER S

Chapter group work (done twice) reviewed and WICC plenary decision

Changes to inclusions, exclusions and titles

Move S03 “warts,” S09, S10, S11, S14, S15, S16, S17, S18 and S19 to component 7 (infections and injuries)

Split out “onychomycosis,” “pityriasis versicolor,” “cellulitis/erysipelas,” “seborrhoeic keratosis” and “rosacea” as new rubrics

Consider moving S89 “diaper rash” and S94 “ingrowing toenail” to component 1

CHAPTER T

Chapter group work reviewed and submitted

Changes to inclusions, exclusions and titles

Consider merging T78 “thyroglossal duct/cyst” into rag bag (T80) for congenital anomalies

Consider moving T92 “gout” to chapter L

Consider new rubric for “polycystic ovarian syndrome”

CHAPTER U

Chapter group work reviewed and WICC plenary decision

Changes to inclusions, exclusions and titles

Merge U75 “Malignant neoplasm, kidney” with rag bag U77

New rubric for “renal failure” – correct definition and title needed

CHAPTER W

Chapter group work reviewed and submitted

Changes to inclusions, exclusions and titles

Agreed to merge W70 and W71 “puerperal sepsis/infections” and “other infections complicating pregnancy/puerperium”

CHAPTER X

Reviewed by Task Group, and submitted

Changes to inclusions, exclusions and titles

New rubrics for “endometriosis” and “ovarian cyst”

CHAPTER Y

Reviewed by Task Group, and submitted

Changes to inclusions, exclusions and titles

New code for “epididymal cyst/spermatocoele” probably justified

CHAPTER G

Chapter group from Australia did this work and this was accepted by WICC

Merging X and Y, and making W into a "unisex" chapter

Many codes in G (the great majority) will still be sex-linked, such as “prostate cancer,” “penis pain,” “vulval pruritus” and “ovarian cyst.” As such, the join does not resolve the sex issue. Rubrics will not be unisex.

There is a major issue with having divided male or female symptoms but unisex disease labels, since the analysis of diagnostic associations will require division of the disease into male and female patients (since the diagnostic association may be quite different in the two sexes)

Proposal to be considered: only join those codes in Chapter X and Y which are genuinely unisex…. such as “syphilis,” “gonorrhoea,” and “herpes?” These could be moved to Chapter A, for example

CHAPTER Z

Chapter group work reviewed and submitted, but also for reconsideration by chapter group

Many changes suggested by chapter group not based on frequency of observation

Consider splitting Z03 “housing/neighbourhood problem”

Split Z25 “Assault/harmful event” into “physical abuse” and “sexual assault excl. partner/child”

New rubrics for “refugee/migrant problem,” “relationship problem with healthcare provider” and “isolation/living alone” (latter only if supported by frequency data)

SUMMARY

Process described

Principles outlined

Many minor changes to inclusions, exclusions, considerations, and notes

Surprisingly few major changes:

- 4 rubrics to change chapter, 4 to consider changing chapter
- 8 code deletions, with 2 more to consider
- 24 new codes, possibly another 7 if frequency data supports this
- 5 codes to be merged into another, with 1 more to consider
- Possibly just over 50 major code changes. We have created space for 17((100-30)+(100-30))= 2,380 new codes in simply the first and seventh component alone, not considering process codes.

CONCLUSIONS

Task group profile, guiding principles and work plan outlined

Chapter group primary work and task group review is complete

In summary

- Many changes to inclusions, exclusions, comments and titles
- 50 major changes to rubrics suggested by chapter groups and task group

Much more new space is created by 2N2A

Continued work on cross chapter issues and review of new content

RECOMMENDATIONS

Proposal on W, X, Y and G needs consideration

Discussion still needed on handling function, disability, “fear of” rubrics

Nijmegen Consortium needs feedback on new additions to ICPC3 and other cross-chapter issues

TFA needs more time to work on cross chapter issues, new additions, new content

We need to start thinking about a new book

THANKS