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USE OF ICPC BY GP'S

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Retrieval to evaluate the free use of ICPC codes in EPR

Verbeke Marc M.D. Department of Family Medicine and Primary Health care, University Ghent Belgium

Abstract The free use of ICPC and ICD codes by GP's in the EPR has been evaluated by an extraction of all of the used ICPC/ICD codes. This extraction shows the feasibility of encoding, but education will be needed before starting up high quality registration networks.

Introduction

The quality of data analysis from Electronic Patient Records in General Practice depends on the consistency of the reported data.

The best way to manage the data from the EPR is by using classifications adopted for primary care. Encoded data are better manageable than free text, and ICPC is a good tool for GP's reporting.

Starting up a registration network we want to have a look on the quality of the encoding of the data by the GP

In GP's EPR different parts of ICPC could be used on different levels in SOAP reporting structure:

- As RFE (S in SOAP) everything can be used: this is patients proparty

- In O rubric of SOAP procedures and clinical findings can be reported.

Because there is no classification for clinical findings, often ICPC symptom codes (component 1 in ICPC) are used in this rubric

- In A of SOAP: Episode title: Diseases, Symptoms can be reported as 'Diagnosis' or 'HealthCare Element' but no procedures.

In this rubric only component 1 and 7 of ICPC (all of the ICPC linked to ICD) can be used.

-In P planning or procedures after assessment / diagnosis: here only process codes can be used.

Methods & Materials

For this observational study we selected 39 GP's in 13 practices (5 of them are working solo) all working with the same software, without extra training sessions or without any special instructions on the use of the implemented thesaurus and ICPC.

That EPR software has been selected because of the implementation of a Belgian Thesaurus defining more than 48.000 clinical concepts that can be used as labels in the different parts of the journal. By using this Thesaurus all of the data are ICPC/ICD encoded in the background without a GP being a encoding specialist.

Nothing was compulsory on the use of terminology or classification, or structuring data in the EPR.

After six months the GP did the retrieval (one retrieval per practice) of all used codes in the EPR. The use of the codes was split up in all the different parts of the EPR journal (SOAP).
As added data we extracted also the date of the encounter and the link to the episode structure in the EPR so we can study the use of the episode of care concept.

Top 20 of used ICPC codes as Diagnosis
(A in SOAP rubrics)

Blanc : 7,3 %					
R74	4428	(5,99 %)	T90	777	(1,05 %)
K86	2520	(3,41 %)	L87	729	(0,99 %)
A98	2399	(3,24 %)	T93	578	(0,78 %)
R78	1516	(2,05 %)	U71	564	(0,76 %)
A77	1427	(1,93 %)	A97	553	(0,75 %)
R80	920	(1,24 %)	P76	539	(0,73 %)
D70	918	(1,24 %)	K78	449	(0,61 %)
D73	819	(1,11 %)	L83	449	(0,61 %)
L03	814	(1,10 %)	L81	437	(0,59 %)
R75	781	(1,06 %)	H71	430	(0,58 %)

Results

This retrieval illustrates on which level GP's are intended to encode spontaneously:

93% on diagnostic level and 30% to describe clinical interventions. The RFE has been encoded in 40% of the encounters .

RFE is poorly encoded in follow-up encounters.

GP's avoid repeated reporting: automated reporting offers better results.

73968 subcontacts in 62 730 encounters
53491 encounters with one episode
7602 (10,3%) with 2 episodes
1351 (1,83%) with 3 episodes
240 (0,32%) with 4 episodes
30 (0,04%) with 5 episodes
16 (0,02%) with > 5 episodes

Taxonomic problem: ICD contains procedures, and not only diagnoses. But because of the link of ICD exclusively to component 1 and 7 in ICPC, the ICPC codes that can be used as diagnosis, ICD procedures can become diagnosis in the EPR, which is not correct.

Automatizing encoding (esp. procedures and repeated data in follow-up encounters) in the EPR can improve the quantity of encoded information.

Procedures pre- and after- diagnosis are not correctly split up by the users

Conclusions

Our results illustrate that encoding data by GP's using a good tool is feasible but we suppose this will be much better after training.

Within our observation we have no idea of the quality of the content of the encoding.

We suppose that when the GPs win by using encoded information, they can do it quiet well.