

# Expectation and requirement of ICD-11 for Primary Care

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**Abstract** The aim of primary care is the prevention and management of disease. ICPC-2 supports the secondary prevention and the daily practice. Disease staging will help the third prevention or disease management. Episode care is the useful method to manage diseases. We can evaluate disease management with the length of episode. It will help the third prevention in daily practice and enhance the primary prevention. ICF and ICD-11 harmonization with ICPC-3 will support it.

## Introduction

Around 1950, the first introduction of "primary care", its concept was "the first contact to medical service". With the marked technological improvement, "Hospital care" is heading in organ specific specialization. We can see this progress in increased number of concepts from 954 in ICD-6 to 1963 major concepts in ICD-10. "Primary care" has very close relation to regional or community life and it has not relied on technology, which produced the concept of "episode care" and developed consultation technique. To support the activity and evaluating primary care, ICPC was developed in 1987. According to the changing social demand on health service, concept of "primary care" has been modified and now it is regarded "principle medicine". As shown in Fig. 1. a lot of functions are expected for primary care. "Social care" supports patient's health and we need collaboration with ICF. "Care continuity" and "The first contact to medical service" are well supported with ICPC and ICD. "Disease management", i.e., "chronic disease management" and "patient safety" are the most important fields in health politics today, and we have to improve both ICPC and ICD.

## Methods & Materials

We made ontological and statistical analysis with ontological editor Houzou (Mizoguchi Lab) and iMindMap (Buzan online software).

## Results

### 1.Disease management

Social disease management and personal disease management are different. As for sample disease structure of diabetes mellitus was shown in Fig.2. For social management, are important. To evaluate health policies we have to know not only the total number of patient but also the patients insulin required, prescriptions, with complications, and so on. These indicators are also important for personal disease management but not easy to code all these data in daily practice. Ontology and electronic health record system will help both coding, data acquisition, and analysis.

### 2.Patient safety (Risk factors)

Patient safety will be enhanced with the data of individual trait and evidence based medicine. Allergic history, drug history, and previous illness are the former. Results of social disease management will promote evidence based medicine.

### 3.Social care

A man cannot live alone. To promote personal health, we have to evaluate our patients holistically. ICF is the strongest tool for this approach.

## 4.Anxiety

No one can live without anxiety. It is important to control anxiety and to prevent depression to enjoy health. Not a few patients visit GP with somatic complaints due to anxiety and depression. Screening of anxiety and depression will reduce morbidity of many diseases, over all mortality and suicides.

In Japan ambulance call is markedly increasing for these ten years. During the final stage of malignancy, many of outpatients make emergency phone calls and evoke large stress to patients, family members, and emergency staffs. On the other hands well supported home care patients seldom do so.

## Conclusions

Detailed data in primary care will bring important evidence but data acquisition and multiple data analysis are not easy tasks. Recent development of information technology promises us to crack these hard issues. We hope this short report suggests the way of primary care subsets of ICD-11.

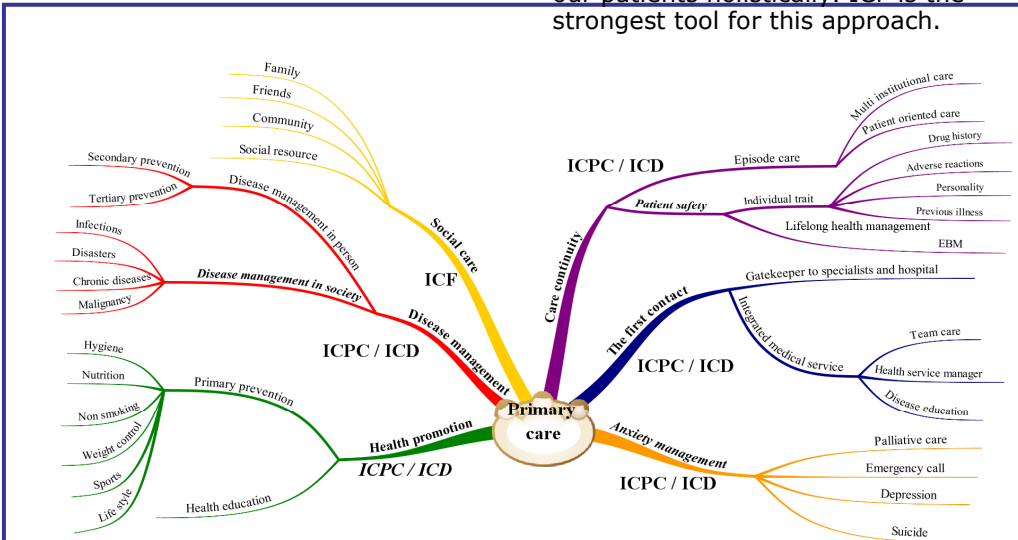


Fig.1 Expected functions for Primary care

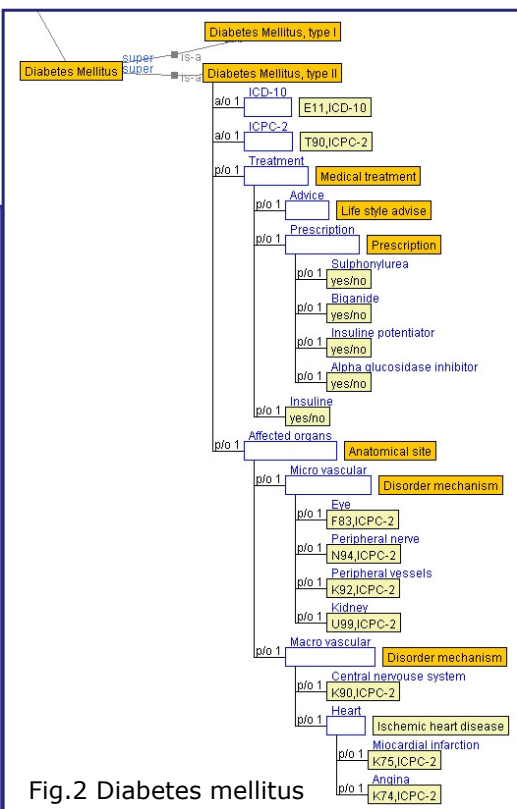


Fig.2 Diabetes mellitus