Project plan ICPC-3

1 Why a new ICPC?

Since the development of the present version of the International Classification of Primary Care (ICPC) a lot has changed in health care and especially in primary care. Health care is being transformed to deliver care and services in a person-centred manner and is increasingly provided through community and home-based services that are less costly and more convenient for individuals and caregivers. The ICPC presently is not covering these new requirements, and therefore needs further elaboration of content to be able to adhere to changes in health care.
Examples of these requirements are:

- The need for social health determinants, determinants that are influenced by actions and encounters that occur outside the traditional health care delivery settings, such as environmental factors, work, social- economic position, etc.
- The need for gathering and exchange of information about prevention, functioning, risk factors and lifestyle.
- There is also a need for more classes (infectious diseases) especially in tropical countries and for classifying social problems (violence, problems related to refugees etc.).

These subjects become more and more important because in an integrative health paradigm the focus is shifting from a purely medical perspective to a person centred perspective, where functioning in a social context is the overarching concept.

In parallel to patient-centeredness, we also encounter the development of primary care teams in which in some cases there is a strong relation with public health, meaning that public health interventions sometimes are inclusive in primary care settings. A common understanding of patients functioning is required here as well.

Furthermore the demand for international comparisons of primary health care data is ever growing, with a focus on the efficiency, structure and quality of health systems. The different adaptations of primary care classifications used in different countries are generally not built on a common foundation, and therefore they do not provide a basis for such comparisons. The way classifications are being developed and maintained nowadays, and the different formats for electronic application, but still also for manual processing, requires a more sophisticated and responsive approach as well.

WICC (WONCA's International Classification Committee) and WONCA have been thinking and discussing about a new "fit-for-purpose" Primary Care classification for several years and want to bring this into a new phase. We are aware that "one size does not fit all" purposes. That is the reason why we also focus on an interface terminology that facilitates efficient and effective sharing of morbidity data with providers that use other classifications.

It can be argued that in the past few years there has been a build-up of knowledge within WONCA/WICC, and the now available knowledge can be put into practice for the development of the new ICPC. A number of Universities where members of WICC/WONCA are doing research have the intention of joining forces to take action. These intentions are further elaborated in this project plan.

2 Goals

2.1 To further develop the primary care Content Model as the basis of the content of the new ICPC: The content of primary are cannot be covered by a single classification. Therefore the primary care content model contains linkages to several standardized terminologies and classifications. It will identify the basic properties needed to define any primary care concept through the use of multiple parameters relating to its definition, and meta-information such as structural context in the classification and versioning information. The ICPC content model will be closely connected to terminologies and classifications such as ICD-10, ICD-11, ICF, ICHI, SNOMED-CT,[1] etc. Because they serve different purposes, classifications like ICPC and ICD, both require their own specified content model, but will be harmonized where possible.

2.2 To offer a new version of the ICPC based on a novel approach for classification development, i.e. a content-model**:** This novel approach takes into account all desired uses of ICPC in international and different national settings, and is consistent with the principle of interoperability within the Framework of International Classifications and Terminologies.

2.3 To offer an Interface Terminology with a coding Tool based on the content of the new ICPC to support registration at the source, i.e. the Electronic Patient Record. (See Annex 1)

2.4 To bundle and extend knowledge on ICPC-development to secure future maintenance of ICPC within concurring developments and marketing of ICPC-products.

2.5 To create a stable financial model to support continuous development and maintenance of ICPC and the Interface Terminology.

<u>Summarizing the deliverables and the benefits</u>

1. An English version of the ICPC 3.
2. An English version of an interface terminology (a thesaurus) with linkages to all ICPC versions, ICD-10 and ICD-11, ICF, ICHI (in the near future) and to SNOMED-CT.

These goals fit well within the network-strategy of WONCA and WICC.

[1] See Glossary for full terms

Benefits of ICPC-3:

- Reflecting up-to-date scientific knowledge.
  Primary Care is continuously evolving and as such the classification also needs to evolve to capture the current knowledge regarding disease processes and care episodes

- Responding to multiple user needs.
  ICPC-3 will address many uses including epidemiology, research, quality and safety and case-mix or activity based funding purposes

- eHealth compatible/Health information Systems interoperability

- Linkages with other classifications/terminologies

- The development process for ICPC-3 will be more efficient using today's technology

- The development will involve structured and centralized collaboration from content and classification experts

3 Prerequisites

A number of basic principles have been discussed and set with the parties involved that will guide the cooperation and responsibilities between the participants. These principles are described next.

3.1 Prerequisites for the new classification and interface terminology

The deliverables have to meet the requirements the new consortium can be held responsible for, such as the consistency of the ICPC within a "suite of classifications'" for the support of all relevant elements of the registration process in health care. Interoperability within the framework of International Classifications and maintenance of the classification and the interface terminology are extremely necessary.

3.2 Prerequisites for marketing and pricing

Costs for the development (405,000 Euro) and maintenance (annually 20,000 Euro) of the deliverables have to be acquired in consultation with A: WONCA Europe and B: WONCA World. All Consortium partners pay the full amount of 45,000 Euro. Those who have previously paid a license for an earlier version of ICPC will not have to pay for a license of ICPC-3. All other countries that once paid for a license but do not contribute to the Consortium will have to pay 15% of the original license fee for the license of ICPC-3. Consortium partners that never paid a license fee have to pay the license fee minus 45,000 Euro.

The contribution from WONCA Europe is 50,000 Euro and from WONCA World 30,000 Euro. The contribution from the Department of Primary and Community Care Radboud University is 88,000 Euro in kind.
For countries that want to buy a license for the first time and do not participate in the Consortium we ask an entry fee where the GDP is leading. We want to follow the WHO method: it is better to have many countries that use the classification who pay a low fee than few countries paying a high amount. Of course we will differentiate between high and low income countries.

Maintenance fee
Once developed, the maintenance cost of ICPC-3 will be 20,000 Euro per year. The costs are borne by the ICPC-3 using countries/organizations, with a maximum guarantee of 2,000 Euro per year. If licensing revenues exceed the maintenance cost the surplus will be divided 50/50 between the Consortium and WONCA/WICC. Both the Consortium and WONCA/WICC will use the surplus money for further enhancement and implementation of ICPC-3 (e.g. developing training materials, implementation guides etc.).

3.3 Prerequisites for implementation

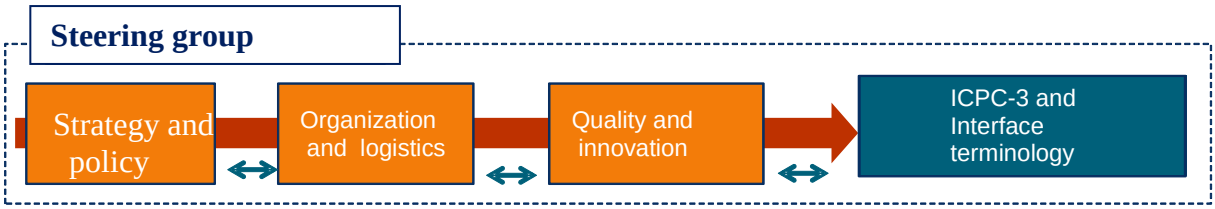
- The Consortium-partners and WONCA World (the Consortium) are responsible for the overall steering/guidance and quality of the project.
- The core staff is responsible for content development of the new ICPC and Interface Terminology.
- Content will be developed in cooperation with representatives from contributing countries/organizations and WICC.
- The Department of Primary and community care, Radboud University Medical Centre takes responsibility for execution of the work.

4 The role and responsibilities of WICC related to the Consortium and the ICPC-3 development and maintenance

- WICC as a WONCA working group will be the legitimizing and approving body of the ICPC-3 and the interface terminology.
- In order to make cooperation feasible WICC elects an editorial board whose members have to be confirmed at each WICC meeting by WICC.
- One of the WICC executives /chair not on the technical development team will monitor the ICPC-3 development.
- WICC will collaborate and advise the technical development team about the content model and the categories for the ICPC-3.
- WICC is responsible for training in using ICPC and implementation materials.
- WICC is with the Consortium responsible for the updates of the ICPC-3.
- WICC will represent WONCA in the relation with WHO concerning classification matters.
- WICC will represent WONCA/WICC in WHO-FIC

5 Organisation

For the development of the new ICPC- we are building a consortium in which the project can be undertaken. In the consortium all contributing parties are represented as shown in the diagram below. The consortium is open for new partners if they want to contribute, in money or in kind. (See 3.2)



The roles and tasks are discussed below

Strategy and policy

Roles / themes:

- Responsible for content, quality and strategy
- Allocates the investments on the basis of proposals
- Frequency 2 a 3 per year

Execute by: Steering Committee (Advisory Committee). Members are: representatives of WONCA Europe, WONCA World, WICC and contributing countries

Organization and logistics

Roles / themes:

- Responsible for the content development of the ICPC
- Responsible for the development of the interface terminology
- Responsible for the field test
- Responsible for the payments

Execute by: Radboud University in collaboration with the taskforce group. Task force group is the core staff and the WICC members. All content will be developed and controlled by WICC.

Quality and innovation

Roles / themes:

- Responsible for the structure and content of the ICPC
- Responsible for the content of the interface terminology

Execute by: taskforce group in collaboration with WICC.

6 Financial paragraph

6.1 Overview

For the further development of the ICPC content model, ICPC-3 and a suitable interface terminology, financial support is needed. The project can start in 2017 and will take up to three and half years of development. Project work and coordination is complex and is to be conducted systematically. Then field trials will have to be organized, monitored and reported (estimated cost €135,000 Euro per annum/ included in the budget). As well, dedicated resources to maintain and enhance the ICPC platform are essential (€20,000 Euro per annum).

The department of Primary and Community care, Radboud University, is contributing In Kind, but requires additional funding for the project as well as shown in the table below. The work and costs done for the preparation of the project plan in 2016 is in kind.

The indicative budget below incorporates spent costs and the future estimated costs for project coordination, the consortium and travel meeting arrangements for all parties involved. The additional costs shown in future years are minimum estimates to facilitate completion of ICPC within the currently specified scope.

The proposal is to divide the work in three one year periods. After the first year we will have an alpha version of the ICPC-3 and an alpha version of the interface terminology. After the second year the beta versions are completed and the field test starts. After the third year the new classification and an interface terminology will be ready for use. After each year there is a moment of go no go. So the financing will also be split in three parts.

6.2 Budget

Budget	**Year 1**	Year 2	Year 3	Total
Staff	€ 115.000,00	€ 115.000,00	€ 115.000,00	€345.000,00
Travel/meetings	€ 10.000,00	€ 10.000,00	€ 10.000,00	€ 30.000,00
10% 0verall budget	€ 10.000,00	€ 10.000,00	€ 10.000,00	€ 30.000,00
of which in kind Nijmegen:				88.000,00
Total funding required				**€ 317.000,00**

7 Necessary agreements

- Cooperation agreements: signing business plan is the basis for cooperation between Radboud University and the taskforce group and WONCA Europe.

- Cooperation agreement between Radboud University, WONCA Europe, WONCA World and the consortium partners.

8 Next steps

The points of action for further development:

Nr	Action	Period
1.	Send the concept business plan to the Consortium partners	August 2017
2.	Review project plan	September 2017
3.	Processing remarks, final concept	September 2017

9 Milestones

Nr	Milestone	Achieved by
1.	ICPC Development commences	Sept./October 2017
2.	Decision on the ICPC structure	December 2017
3.	Content development begins	Sept./October 2017
4.	Alpha version with the core released	Sept./October 2018
5.	Alpha version Interface Terminology released	Sept./October 2018
6.	Beta version completed	Sept./October 2019
7.	Beta version Interface Terminology completed	Sept./October 2019
8.	Field trials start	January 2020
9.	Pre final draft	May 2020
10.	ICPC endorsed by WONCA	October 2020
11.	ICPC implementation package ready	November 2020
12.	ICPC published on the website	December 2020

Contact information of the taskforce group

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Classification expert	To be decided		
Terminology expert	To be decided		
Representative from Norway	To be decided		
Representative from Dutch College	To be decided		
Representative Brazilian College	To be decided		
Representative WICC	To be decided		

List of Acronyms

ICD	International Classification of Diseases
ICF	International Classification of Functioning Disability and Health
ICHI	International Classification of Health Interventions
ICPC	International Classification of Primary Care
IHTSDO	International Health Terminology Standards Development Organization
SNOMED CT	Systematized Nomenclature of Medicine--Clinical Terms
WHO	World Health Organization
WICC	WONCA International Classification Committee
WONCA	World Organization of Family Doctors (World Organization of National Colleges, Academies and Academic Associations of General Practice/Family Medicine)

Annex 1

This thesaurus is a reference terminology for Primary Care that lists words grouped together according to similarity of meaning (including synonyms, or variants of terms). The main purpose of such a reference work is to help the user "to find the correct word, or words, by which [an] idea may be most fitly and aptly expressed". In other words it is a controlled vocabulary.

The ICPC thesaurus is the result of the meaningful content of the ICPC-3, which takes its content from the ICPC Content-model. Where relevant, each ICPC-class contains definitions, inclusions, synonyms, variants of terms, external references to ICD-10 classes, ICD-11 classes, ICF-classes, SNOMED-CT, etc. External references implies officially selected classes to the mentioned classifications, and Clinical Terminologies and agreed linkages as relevant to ICPC's content for Primary Care.

Including these linkages in ICPC supports the principle of continuity of data within and between health-care providers, but also supporting the use of ICPC, or ICD within a country, without losing the possibility to collect or exchange information for different purposes, such as direct patient care, research, reimbursement, etc.
Linkages from ICPC to ICF to ICD offers the opportunity to present the patients' functioning in a meaningful manner and can possibly explain the way functioning is connected to a disease or other health problem.

The Thesaurus will be used as an interface-terminology, as it is already used partly in the Netherlands and Belgium in the EHR for GP's/Primary Care
The Thesaurus we intend to develop will offer all the options or views that are needed, either to start searching from ICPC, ICD-10 or ICD-11. As SNOMED-CT terms and ID's will be included, future implementations of SNOMED-CT can also be supported.