

WONCA International Classification Committee (WICC)

WICC activities during 2014 continued to follow the stated mission and goals of the Committee, which were reaffirmed by WICC members at the 2014 WICC Annual Meeting in Lisbon:

MISSION: To develop and maintain classifications that accommodate the complete domain of family/general practice AND To ensure that these classifications are interoperable to the highest degree possible with standard international health care terminologies and classifications, IN ORDER TO contribute to equitable quality health care worldwide.



GOALS:

- To achieve widespread international use of ICPC
- To maintain and revise ICPC to accommodate expanded health care knowledge
- To develop productive working relationships with other international standards development organizations
- To support the work of WICC and WONCA through licensing of ICPC
- To create and disseminate additional classification tools as needed to capture and codify the complete domain of family/general practice

WICC continued to follow the path of collaboration with IHTSDO and WHO to harmonize classification standards while at the same time developing ICPC-3. Collaboration with ICTSDO has been productive, but work with WHO has been less successful. Some progress was made toward ICPC-3, limited by the resources available to fund the Committee's work.

1. WICC structure and work in 2014.

WICC is still organized as an "expert volunteer" committee, led by elected Chair (Mike Klinkman, USA), Deputy Chair (Anders Grimsmo, Norway), and 3 Executive members (Thomas Kuehle, Germany; Gustavo Gusso, Brazil; Shabir Moosa, South Africa). WICC has at present approximately 45 members, with the Nominations committee of WICC currently working to identify – and recruit - active members. Observers are permitted and encouraged at meetings; 4 were present at the Lisbon meeting in September 2014. Active Working Groups are responsible for basic work, with oversight by Executive. Full Committee meetings are used for exchanging information, making core decisions, and establishing and maintaining consensus.

Several WICC members informally met at the WONCA Europe 2014 conference, where some workshops and presentations were made on topics related to ICPC-3 development. A smaller group of WICC members met in Malta early in 2014 to work on proposed revisions to the ICPC Process codes for review by the full Committee at the Annual Meeting.

The annual WICC meeting was held in Lisbon 7-11 September, hosted by Daniel Pinto and attended by 27 WICC members and 4 observers. That meeting was preceded by a WICC Open Day on 6 September organized by Daniel Pinto, where Portuguese College members and GPs could discuss their work using ICPC, and where WICC members could report on their own work and ICPC-3 development. About 35-40 Portuguese GPs, medical school faculty, and health officials participated in the Open Day. The primary goals for the Lisbon meeting were to organize chapter work on ICPC-3 and to develop a plan to better manage the WHO collaboration: the full Action Plan agreed at the meeting is attached at the end of this report.

The WICC executive continued its practice of monthly conference calls via Skype to manage work and planning, and participated in calls with WONCA core executive on a quarterly basis.

2. Use of ICPC in 2014.

The use of ICPC is essentially static. ICPC remains the standard primary care classification in several countries, and limited use of ICPC for small-scale clinical or research projects continues, but it does not appear that any new agreements to use ICPC on a wide scale have been completed. WONCA has been approached by a few groups with interest in using ICPC, but follow through has been limited by resource constraints on both ends.

3. Work with IHTSDO in 2014.

The International Family Practice/General Practice Special Interest Group of IHTSDO (GP SIG), chaired by WICC member Nick Booth, was created in 2009 by a formal agreement between WONCA and IHTSDO. The group has completed a first draft SNOMED-CT primary care reference set of terms (RefSet) and RefSet-to-ICPC map. This product is being field tested at present. The next step is to work out the “governance” process (responsibility for quality) for this product with IHTSDO. Nick Booth was approved to serve another term as GP-SIG Chair for 2014-2016.

4. Work with WHO in 2014.

WICC members led by Thomas Kuehleyn continued to devote significant effort to establish a collaborative relationship with the WHO classification unit but made very little progress. Our primary goal was to create an MOU to guide work to develop a primary care ‘linearization’ of ICD-11 and harmonize it with ICPC, following the path taken in work with IHTSDO. With the support of WONCA Core Executive, WICC was able to nominate Thomas Kuehleyn as liaison to the WHO Family of International Classifications group, and he has effectively built relationships with WHO-FIC leadership in a very short time.

Despite this success with WHO-FIC, at the end of 2014 the situation with the WHO Classification Unit remained challenging, and several WONCA MOs expressed concerns that the ICD-11 primary care linearization was being created without the assistance of primary care classification experts. After discussion with WONCA Core Executive and selected WHO-FIC leaders, a draft letter of concern, addressed to WHO leadership was prepared. The draft was shared with several Colleges, and a number signed and sent the letter. As a result of this, WHO undertook a review of the ICD-11 development process and WICC is rather more engaged in the development, though at a rather late stage in the process.

Mike Klinkman continues to serve as the deputy Chair of the Primary Care Consultation Group for the mental health chapter of ICD-11, with a field trial of the proposed ICD-11-PC only now ready to begin after a long delay.

5. Work on ICPC-3 in 2014.

The consensus within WICC is that the primary goals for ICPC-3 are: (1) to increase space for revised diagnostic content (component 7); (2) to improve risk factor and prevention codes; (3) to carry out major revision of chapters P, X, Y and Z. It has also become clear that we need to create a new approach to handle clinical content related to risk factors, social determinants, and patient goals and preferences which do not fit within the strict episode of care framework. The group continues to work on defining this ‘new’ content under the heading of PERI (PErson-Related Information) for inclusion as optional or expanded content for ICPC-3. We propose that ICPC-3 include ‘basic’ content (current chapter structure expanded to include new and revised content) to be implemented by all users, and additional and optional ‘PERI’ modular content that can be implemented by users who see value in the additional capacity.

Work on the basic content of ICPC-3 continues under the overall leadership of Helena Britt. Small workgroups were assigned to work on a first draft of revised content for each ICPC chapter following a common work process. Progress was made on a few chapters, and the work process was revised at the Lisbon meeting based on the experience of the workgroups and extended discussion by the full Committee. For 2014-15, the workgroups will continue their work with revised membership to better take advantage of geographic proximity so that small face-to-face working sessions can occur. We have learned that working on chapters by post and messaging is quite difficult. Our goal now is to have rough drafts of all ICPC chapters prepared for the 2015 Annual Meeting. For more detail, please see the 2014-15 Action Plan (attached at end of this report). Work on PERI will continue, with interested members carrying out pilot projects exploring the content, general taxonomy issues, and working toward a first draft of a coding structure.

6. ICPC dissemination and training opportunities.

Our public work in 2013 led to several requests to consult with local or regional groups on testing or adopting ICPC. In addition to responding to these one-off requests as best we can, WICC has convened a Working Group to develop training materials and a core curriculum so that we can more effectively respond to requests for materials or in-person training, but progress is slow. We would like to work with WONCA core executive in this area, as it should clearly be linked to an overall strategy to develop and support dissemination of ICPC and classification tools.

7. The goal of a Primary Care Classification Consortium.

We can restate what was written in our 2013 Annual Report.

It remains clear that work will progress very slowly on ICPC-3 if WICC remains a volunteer committee. Progress in creating a structure that could provide long-term support for primary care classification work (the proposed Primary Care Classification Consortium) has stalled. This remains a high-priority item for WICC, as the completion date for ICPC-3 will depend on this transformation in our classification work.

*Mike Klinkman
Chair*