

**Reykjavik, Iceland
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Title: Use of ICPC and ICF together

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Purpose: for information

Recommendations:

- FDC and Implementation Committee to support the project proposal
- Other parties to express their interest in participating in the project
- Collect suggestions from participants how to organize the financial support of the project

Abstract:

Starting from a running Dutch-Flamish project a project proposal has been developed for a pilot project on the use of ICPC and ICF together. The proposal is already presented in several formal/informal meetings including the FDC meeting last April but no formal progress has been made. In the meantime work has been done on the mapping between ICPC and ICF. During the Reykjavik meeting some results will be available for interested participants. It is not planned to present the paper again but to make it available for interested persons.

Use of ICF and ICPC together, European pilot project proposal, draft outline

Introduction

- In October 2003, ICPC was accepted as a WHO-FIC member for use in primary health care (see Report of 2003 Cologne meeting of Center Heads, and letter Richard Madden to WONCA, November 2003); therefore, studies into the potential relations between ICPC and other WHO classifications are important;
- Since 2002, a Belgian-Dutch project on linking ICPC-2, ICD-10, and ICF, is working on linking a selection of ICF codes (Function and Activity/Participation) to the reason for encounter codes -28 (limitations in function) and the process codes -43 and -49 of all ICPC chapters; first results have been presented in the August 2004 meeting of the WONCA International Classification Committee (WICC);
- In order to evaluate the results of this ICPC-ICF linkage proposal, a pilot study is recommended.

Aims of the pilot study

- to assess the distribution of the selected ICF codes by ICPC 28-codes in order to come up with a pragmatic recommendation for the use of ICF codes in the reason for encounter in primary health care
- to evaluate the usefulness and feasibility of these selected ICF codes in routine primary health care (for documentation and communication with physical therapists) in order to estimate the potential for practical implementation
- to provide a practical basis for the second part with regard to the application of ICF in the process mode of ICPC.

Proposed design of the pilot study

- testing the selected ICF codes as linked to code -28 of chapter L (and Z?) of ICPC in the reason for encounter mode
- testing to be done by family doctors who are familiar with using the ICPC in European countries: Belgium, Denmark, Germany, Malta, Netherlands, Norway, Russia, Serbia, Spain (NB Finland and Australia seem to be interested as well)
- other countries to be discussed: e.g. Canada
- selected ICF codes operationalized in a checklist for use by the family doctor in each country a certain number of cases in a certain amount of time (e.g. 50 cases in one month?) for patients visiting the doctor for complaints included in chapter L of the ICPC; to be discussed: all ages or a selected age group, e.g. 25-64 (where sickness certification is required)?

Steps

- step 1: invitational conference for discussion of a draft protocol, in order to be able to take local situations into account; result: design of pilot study
- step 2: pilot study

- step 2: presentation of results and proposal for implementation during a second conference

Organizational issues

- project team
- steering committee
- local project leaders and teams

Duration of project

- Step 1: preparation, including invitational conference (4 months)
- Step 2: data collection and analysis (12 months)
- Step 3: preparation of report, including invitational conference (4 months)

Sponsors (tentative)

- Step 1: Wonca/WICC
- Step 2: EU for European part? What about non-European part?
- Step 3: Wonca/WICC

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