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Why does the International Classification of Primary Care (ICPC) make a difference?

In the 1850s, Europe experienced epidemics which killed many people. There was a need for an international classification of deaths, so that the government knew which epidemics they were dealing with. The first International Classification of Deaths (ICD) was developed. It was a "true endpoint" classification. Later it was enlarged to include morbidity – names of diseases which lead to death or chronic illness. It was now useful to describe what patients died from or what they were discharged with. It became the International Classification of Disease (ICD). It has been constantly updated and developed by the medical specialties. It is now in its 10th revision – ICD-10 – and contains more than 17 000 diagnostic rubrics or titles.

In the 1970s, there was a need to know what the health problems were that people had most frequently. These people were not admitted to hospitals, but were cared for by themselves or by their general practitioner (GP) / family doctor (FD) in Primary Care. The ICD was not designed to describe the health problems at an early stage, where most complaints about a symptom, before a specific disease, can be diagnosed. Additionally, the ICD can't follow the development of an illness episode from early symptoms to a specific disease. It is too detailed for the GP and lacks terms for health problems seen in General Practice.

When Wonca was established in Melbourne in 1972, a group was established which looked at health problems in General Practice – the patient's reason for encounter (REF) and the diagnosis made by the GPs. This was the start of the Wonca International Classification Committee (WICC) which over the years has developed the International Classification of Primary Care (ICPC), now in its second revision ICPC-2.

The ICPC was developed by GPs for GPs. It is based on the way we think and work with patients in Primary Care. It is the only international classification for Primary Care, which has been tested in many countries, and has been proven to be able to describe why patients seek the help of their GP – their REF, and diagnosis.

The ICPC is a "smal", comprehensive classification which in a simple way can classify all the reasons a patient may have to seek medical help and contains all the diagnoses a GP needs to describe the most frequent health problems seen in Primary Care. With its 700 codes, it covers the whole field of Primary Care. It can only do so, because the granularity of the classifications is very rough. That means that a certain health problem is given a diagnostic title such as "pneumonia", irrespective of what type of pneumonia the patient has. Rare diagnoses in Primary Care do not have their own rubric in ICPC, but are collected in a "rag bag", so that all health problems theoretically can be given a code. If one wants to use rare diagnostic terms and codes, the ICPC can be linked to a classification with many more diagnoses – the ICD-10.

The ICPC is so simple and so easy to understand, that it can be used by any GP in any country at any time. In a number of countries like the Netherlands, Belgium and Norway it is used on a regular basis by all GPs, coding all health problems which are seen in General Practice. In other countries like Denmark, Australia and Finland, the ICPC is used for organizing the electronic medical record (EMR), research or for epidemiological surveys. In this way we can gather information about the patients' health problems in a region or in a country over time, to the benefit of planners, policy makers, researchers, GPs and others who wants to know about health problems and their developments among patients.

Information gathered about symptom developments over time can help us to gain a better understanding of which symptoms lead to which diseases. In this way, coding our work with patients and classifying their health problems over time improves our knowledge about disease development. No other system or classification can give us such information.

Another feature with the ICPC is that it is an organizational and a decision support tool, which can help the GP organizing the EMRs. This means that information can be easily retrieved and patient care can be followed up more effectively, with the result of marked improvement in our work with patients.

To improve our work as GPs, the ICPC is an important and necessary tool to give us knowledge about what we do, better understanding of the patient's health problems and how we can improve our care. Contact WICC's homepage: www.globalfamilydoctor.com/wicc or the CEO of Wonca – ceo@wonca.com, for more information.

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