dHealth 2019 – From eHealth to dHealth
D. Hayn et al. (Eds.)

doi:10.3233/978-1-61499-971-3-136

Use of ICPC-2 – Current Status, Strengths and Weaknesses of the System

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Abstract. Background: Classifications of primary care must be as interoperable as possible with current international health terminology and classifications. Objectives: The aim of the work was to point out the strengths and weaknesses of the ICPC-2 coding and to work out recommendations for further dissemination from the user's point of view. Methods: Selected studies on the experience with the use of ICPC-2 in several countries were analyzed, a quantitative study on the prevalence in Austria was carried out. On this basis, a qualitative study was then initiated, which analyzes the strengths and weaknesses from the perspective of practice. Results: Although there are recommendations and agreements from a political point of view, the scope of application in Austria is limited. Conclusion: Due to the reorganization of primary health care and other health economics requirements, unified documentation, which is already common in the intramural field, will be essential.

Keywords. ICPC-2, documentation, primary health care, national health programs

1. Introduction

Conventions on the designation and ordering of phenomena of the study area are present in all sciences in order to make them accessible, communicable and comparable to systematic research [1]. Classification systems are helpful and sometimes indispensable from a clinical, scientific, administrative and economic point of view. The documentation effort is critically questioned by the health service providers [2,4] and it is also feared that bad coding generates financial disadvantages [3].

After the "countless symptoms and non-disease related conditions that occur in primary care" [5] were inadequately classified by the ICD 10, the World Organization of National Colleges, Academies and Academic Associations of General Practitioners / Family Physicians (WONCA) developed, issued and continuously adapted a coding system that specifically addresses the needs of general medical and primary care documentation.

2. Methods

In advance, selected studies from Germany, Switzerland, the Netherlands, Norway and Australia [6,7] were analyzed for the practical application of ICPC-2 coding. On this basis, two studies were conducted in Austria during the period from February to

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September 2018. The quantitative survey (n=28) was carried out in cooperation with the "Austrian Forum for Primary Care in the Health Care System" [6, pp.44] in order to ascertain which of the 28 institutions with primary care character have ICPC-2 in practical use and to what extent the documentation software used was implemented. The qualitative resignation in the form of expert interviews [7, pp. 20] (n=4) had the goal of developing a strengths-weaknesses analysis for use of ICPC2 coding in practice.

3. Results and next steps

The results of the quantitative survey [6, pp41-48] have shown that only four of the surveyed institutions in Austria have practical experience with the documentation by means of ICPC-2. The qualitative analysis showed some strengths of the use of ICPC-2 [7] such as e.g. documentation of counseling events, episodes and counseling results on the symptom level, coding specifically of treatment episodes, clarity due to the small number of codes and the possibility of documentation of non-medical content (e.g., social issues). But there are also some significant weaknesses of the system [7, p. 68], which should not be ignored, such as the uncertainty about the correct application, a basic skepticism regarding the benefits, no consistent specifications as how to code, no exact diagnostic, original diagnostic texts do not correspond to common usage and procedures are unclear.

In order to ensure an Austria-wide effective implementation, the following steps are considered as recommendable: In terms of content, it is recommended that an extension and supplementation of the data will be required [5, p.20-21, 7, p. 68]. At the federal level, the organizational and legal preparations of a cross-sector coded diagnostic documentation in the entire outpatient area will be introduced by December 2021. And at the organizational level, specific training is required as well as a uniform guide how to manage the integration into common practice software [7, p.68].

Due to the new reorganization of primary care and other health economics requirements, unified documentation, which is already common in the intramural field, will be essential.

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