

# Attempt to classify main descriptors of GP/FM job. Proposal for a new classification

Core Content Classification of GP/FM

## 3C GP/FM

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Wonca Europe 2007

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3C GP/FM

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# ICPC is great

- ⌘ But only clinical
- ⌘ Family doctor work area and work load need specific descriptors

# GP/FM needs

- ⌘ Global description of activity, skills and knowledge
- ⌘ Classification complementary to ICPC
- ⌘ Descriptors for indexation
- ⌘ Main axes of training for undergraduate and vocational

# GP/FM needs

## Examples

- ⌘ Journal watch indexing
- ⌘ Grey production retrieval
- ⌘ Internet sites indexing
- ⌘ Wonca abstract archives
- ⌘ Teaching program evaluation

# Specific tool design evolution

1987 : Q CODES (Lamberts)

2005-6 : Metaclinical WICC Heidelberg De

2007 : 3C GP/FM WICC Dunedin NZ

## **Q-CODES (level 1)**

Amsterdam (+/- 1987) Dep of gen practice. Prof Lamberts  
Used for manual indexing. Translated in French (mj)

Q0 Care process (patient linked )

Q1 Care process (not patient linked )

Q3 Support task

Q4 Personal functioning

Q5 Patient's categories

Q6 Research

Q7 Teaching

6

# Metaclinical (MJ 2005)

- All those items aim to describe the content of GP/FM in its non clinical approach.
- They constitute meta-information on the way the clinics and the patient doctor relationships are driven.



2007 8 domains

3C GP/FM

## Core Content Classification of GP/FM

- ⌘ Patient issues
- ⌘ Provider's issues
- ⌘ Structure of practice
- ⌘ Patient's categories
- ⌘ Hazards
- ⌘ Ethics
- ⌘ Training, teaching
- ⌘ R & D tools

8

- ◆ QP Patient
- ◆ QD Doctor
- ◆ QS Structure
- ◆ QC Categories
- ◆ QH Hazards
- ◆ QE Ethics
- ◆ QT Knowledge
- ◆ QR Research



- ⌘ Patient's issue
- ⌘ Provider's issue
- ⌘ Structure of practice
- ⌘ Patient's categorie
- ⌘ Hazard
- ⌘ Medical ethic
- ⌘ Training, teaching
- ⌘ R & D tool
- ⌘ Other

- ◆ QP Patient
- ◆ QD Doctor
- ◆ QS Structure
- ◆ QC Categories
- ◆ QH Hazards
- ◆ QE Ethics
- ◆ QT Knowledge
- ◆ QR Research
- ◆ QO Other

# 3C GP/FM

## Domain

Knowledge Management QT



## Categories

Training QT4



## Sub categories

Trainers & Supervisors

QT43

# Patient's categories QC

⌘ Age groups QC1

⌘ Gender issues QC2

⌘ Social high risk QC3

⌘ Addiction QC4

⌘ Assault QC5

# Assault QC5

& battered women QC51

& victims of abuses QC52

& torture QC53

& ritual mutilations QC54

# Knowledge management QT

& Teaching QT1

& Training QT4

& Quality assurance QT5

& Editing QT6

& Reporting QT7

# Training QT4

⌘ Undergraduate	QT41
⌘ Vocational training	QT42
⌘ Continuous medical educ.	QT43
⌘ Supervision & Balint	QT44
⌘ Trainers and supervisors	QT45
⌘ Academics	QT46

# Exercise with Medline

**Aim:** pre test, to compare content of Medline abstract related to GP/FM with the concepts of metaclinical classification

## **Methods:**

Choice of medline abstracts: one descriptor with several limits to get a little number of abstracts to analyse

*"family practice"[MeSH Terms]*

*Limits: only items with links to full text, only items with abstracts, English, published in the last 3 years, Humans, Core clinical journals → Review: 39 items*

Each content of abstract is compared to the metaclinical classification and correspondences are searched.



# Exercise with Medline

## Analysis

The number of “health issue management” (QD33) is wondering **29/39**

This give an insight on the way the indexing process is done in Medline under the Descriptors “**review**” and “**family practice**”

This Pretest has been edited by MJ April 15, 2007  
Available at <http://docpatient.net/class/meta.html>

# Indexing Wonca Europe 2007 abstracts

- ⌘ Direct acces to reviewer screens
- ⌘ Copy of 998 abstracts in a database
- ⌘ Indexing by
  - ⌘ max 3 codes of 3CGP/FM
  - ⌘ max 3 codes of ICPC-2

Special thanks to  
Bernard Gay, Hector Falcoff, Michele Lieurade  
Anne Marie Magnier and Madeleine Favre  
for helping me  
And to Tarik Jamouille for copying the abstracts



October, 17/20, 2007

user: ammagnier

- [Main page](#)

### Abstracts :

- [Verified abstracts](#)
- [Reviewed abstracts](#)
- [Pre accepted abstracts](#)

### My abstracts

- [My assigned abstracts](#)
- [My Abstracts to read](#)

## Evaluate abstracts

### Abstracts list

n°	Creation date ▲	Title	Comments	Status
536	30/03/2007 15:03	Patient-reported outcomes (PRO) in patients with painful Radiculopathy switching to pregabalin therapy: a post-hoc analysis of a 12-week prospective study in Primary Care Setting (PCS) under routine medical practice.	0	Accepted (definitive)
537	30/03/2007 15:06	Validating the Adjusted Clinical Groups case-mix system in a Spanish population setting: a cross-sectional study	0	Accepted (definitive)
538	30/03/2007 15:09	Carotid atherosclerosis and vascular age in the assessment of coronary heart disease risk beyond the Framingham risk score	1	Rejected (definitive)
539	30/03/2007 15:10	People's Perception About Abortion Over Time	0	Rejected (definitive)
540	30/03/2007 15:18	Carotid atherosclerosis in familial combined hyperlipidemia associated with the ApoB/ApoA-I ratio	0	Rejected (definitive)
541	30/03/2007 15:19	Patient-reported outcomes (PRO) in patients with peripheral Neuropathic Pain (NeP) switching to pregabalin therapy: a post-hoc analysis of a 12-week prospective study in Primary Care Setting (PCS) under routine medical practice.	0	Accepted (definitive)
543	30/03/2007 15:22	Diabetes mellitus influence in subjects with chronic obstructive pulmonary disease in ambulatory setting	0	Accepted (definitive)
544	30/03/2007 15:39	Effectiveness of an intervention in the adjustment of the medicine use in nursing homes. Results to the three years of its implantation	0	Accepted (definitive)
545	30/03/2007 15:42	Health resources utilization (HRU) and indirect costs of treating refractory painful Radiculopathy in Primary Care Setting (PCS) under routine medical practice: a post-hoc analysis of a 12-week naturalistic study.	0	Accepted (definitive)
546	30/03/2007 15:45	Is possible to obtain quality of care indicators on line in a primary care setting?. Implementation of a corporation Data warehouse as a clinical management tool	0	Accepted (definitive)



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## Abstract

Diabetes mellitus influence in subjects with chronic obstructive pulmonary disease in ambulatory setting

Finished work

Poster

No

R. Respiratory

pulmonary-disease,primary-care

Respiratory

**Purpose.** To measure the presence of diabetes mellitus (DM), to evaluate its relationship with the main cardiovascular factors/events (CVE) and resource consumption, on patients with chronic obstructive pulmonary disease attended in some Spanish teams.

**Design and Methods.** Multicentric study. The study sample includes patients attended of chronic obstructive pulmonary disease in four primary care centres and two hospitals (2004). Diagnosis was endorsed by spirometry. Costs/patient were based on prescriptions, visits, diagnosis, tests, referrals, emergencies and hospital admissions, as well as comorbidity and clinical parameters. A logistic regression analysis was set in order to correct the model and the cost-adjustment with covariance-analysis (ANCOVA; marginal means estimation; Bonferroni-adjustment). SPSSWIN;  $p < 0.05$ .

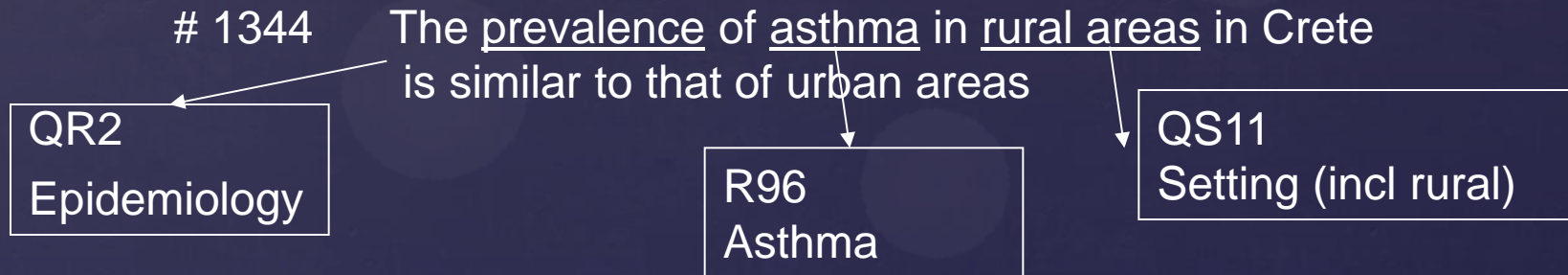
Results. 900 attended patients with chronic obstructive pulmonary disease, age average 70.4 (9.8) years, and 85.3% were males. The 23.6% (n=212) were diabetes affected; 15.1% ischemic heart disease, 44.1% hypertension and 31.9% hyperlipidemia. The logistic model corrected by age/sex and severity, showed up as associated factors: hypertension (OR=1.7; CI:1.3-2.4; p=0.001); hyperlipidemia (OR=2.1; CI: 1.5-2.9; p=0.000) and CVD presence (OR=2.3; CI: 1.6-3.3; p=0.000). The adjusted cost by patient/age was €2,609.15 (EE=121.09) for those diabetes unaffected; for those diabetes affected was €3,390.58 (EE=222.22), p=0.002.

**Conclusions.** The presence of diabetes associated to the pulmonary disease is high and increases the adjusted costs of the disease. The hypertension and hyperlipidemia are the most important factors related to patients that present both pathologies.

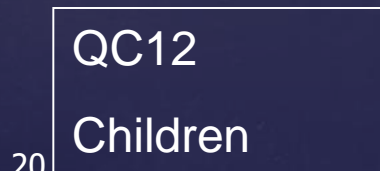
## Attachments

# Coding process

- Some abstract titles seems meaningful and enough to make the codes easily



- Reading abstract add information



20

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# Coding process after reading abstracts

# 1373    Yearly influenza vaccination of elderly:  
when do the French GP vaccinate?

QR42  
Research  
network

R44  
Vaccination  
Influenza

QC14  
Ageing

Concept  
VOCATIONAL TRAINING  
Knowledge interpretation

Representation  
QT42



Referent  
with definition, incl, excl.  
VOCATIONAL TRAINING  
APPRENTICESHIP  
TRAINEE



## Back from codes to abstract

**QD14** : QD : Provider QD1 Communicator QD14 : systemic

+

**QC13** : QC : Patients categories QC1 : age groups QC13 : adolescents

+

**QC34** : QC : {Patients categories QC3 : Social high risk QC 34 : in jail

+

**P** ; chapter P : psychological

=

**Lack of family support in the responsibility of the mental disorder in jail adolescents**

23

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Poster # 639

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# Examples of concepts added during the abstract indexing

•Patient views	QP4
•Patient appraisal	QP41
•Patient satisfaction	QP42
•Patient knowledge	QP43
•Patient autonomy/dependency	QP44
•Patient cultural background	QP45
•Patient expenses	QP46
•Patient health habits	QP5
•Nutrition	QP51
•Sexuality	QP52
•Self care & hygiene	QP53

# Examples of some other concepts added during the Abstract indexing

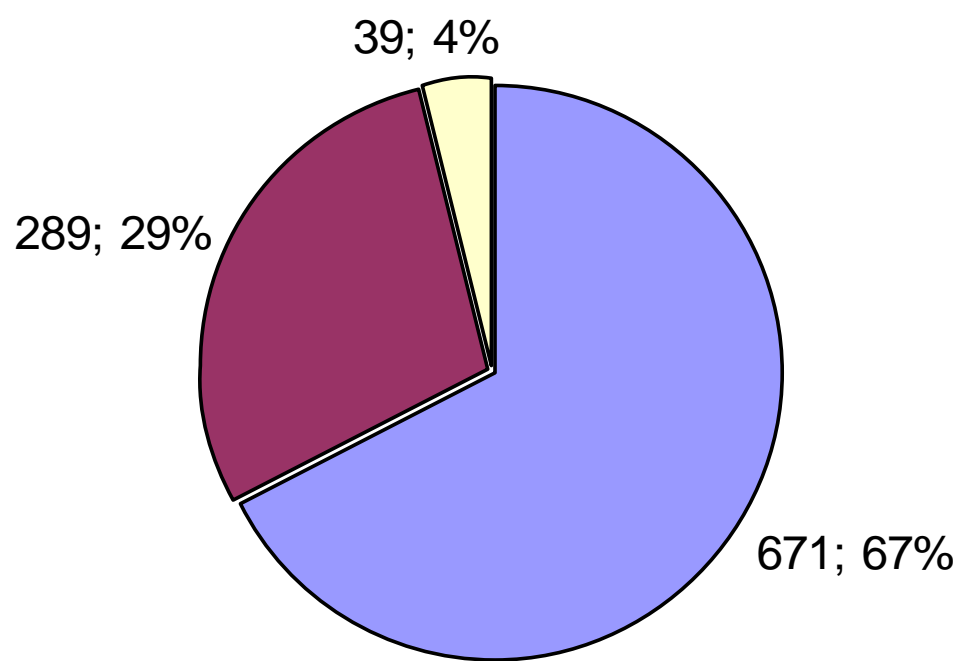
- ritual mutilations QC54
- Confidentiality QE41
- Informed consent QE42
- Pharmacoepidemiology QR21
- Community health QR22

⌘ Analyse and presentation of the content of the base

⌘ Elaboration of the project of a knowledge base

# Results

## 998 Abstracts ; types distribution



Poster

Oral

Workshop

# ICPC coding on 872 abstracts

1036 coding but some clusters

768 in chapters

168 in Process codes

One ragbag:

**T99**      **metabolic  
syndrome**

First results with simple excell db

28

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**A84/A85/A86/  
A87**

**All medicine late effects**

**K74/K75**

**chronic ischaemic**

**K74/K75/76**

**chronic and acute**

**D19/D20**

**mouth**

**K86/K87**

**HTA**

**P02/P74**

**anxiety**

**R95/R96**

**airways obstruction**

**S18/S19**

**skin cut and inj**

**T82/T83**

**overweight**

**T89/T90**

**diabetes**

**U88/U99**

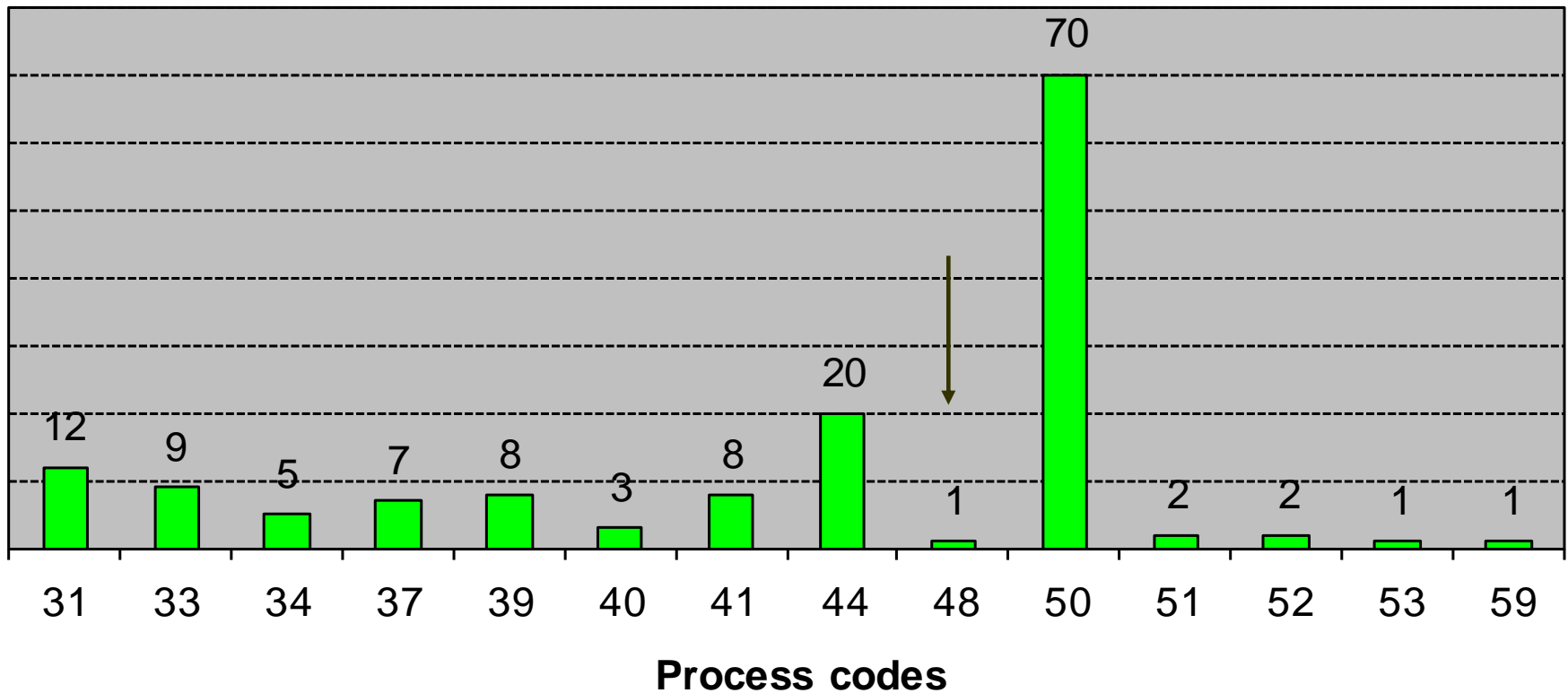
**chronic kydney disease  
(CKD)**

Worried 2007 - m.j.

# Process codes ; Mainly drugs.

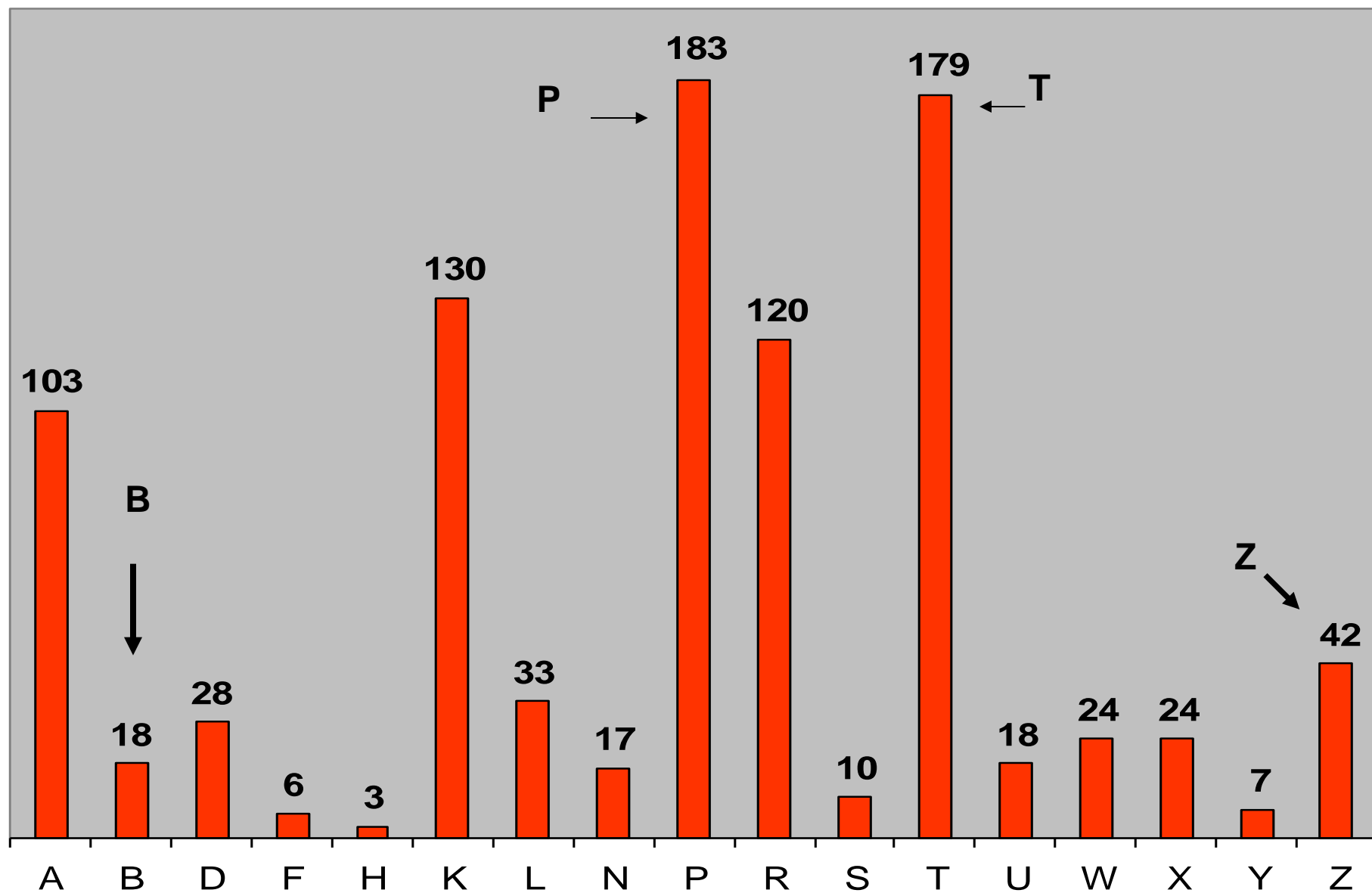
## Surprising 48

872 abstracts

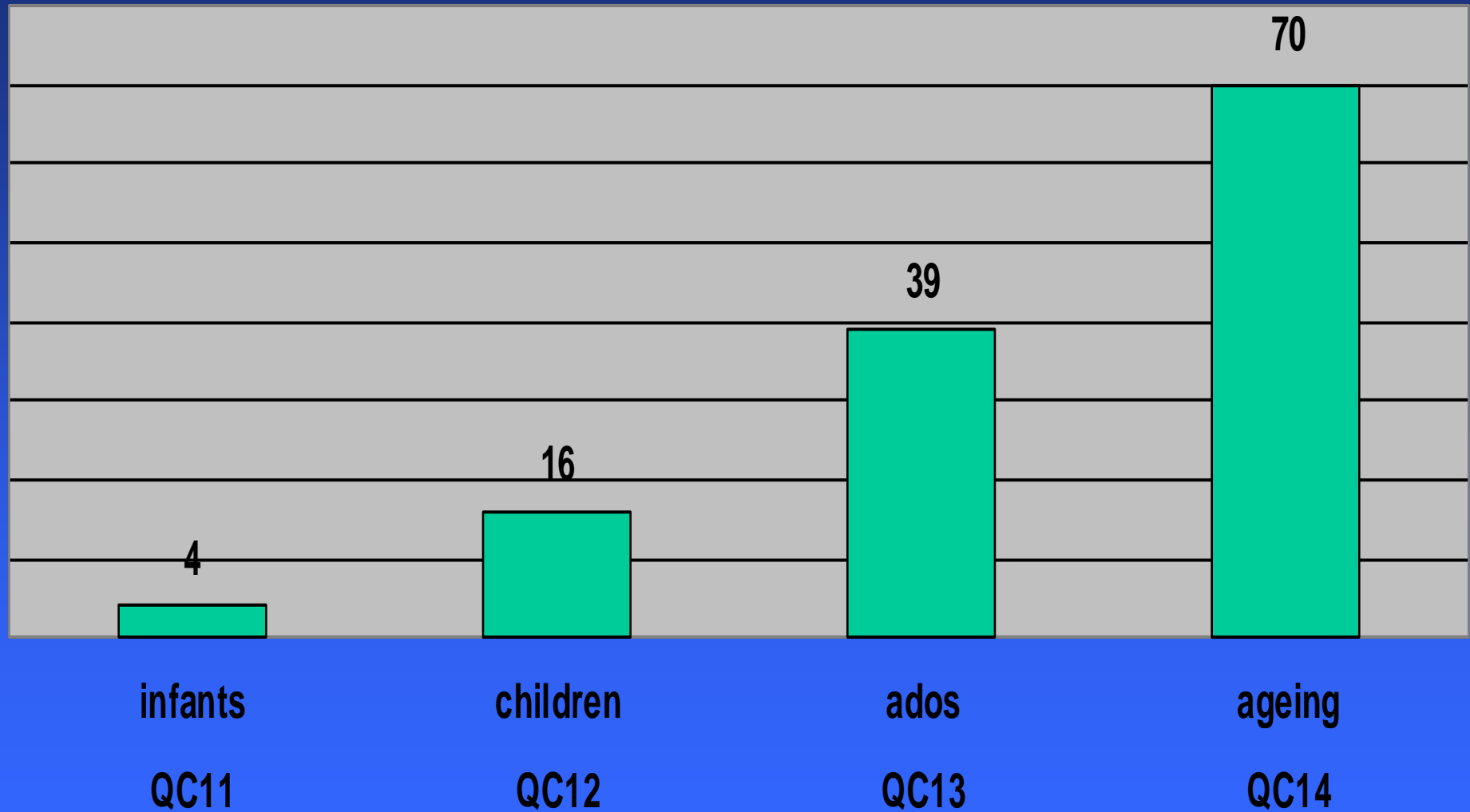


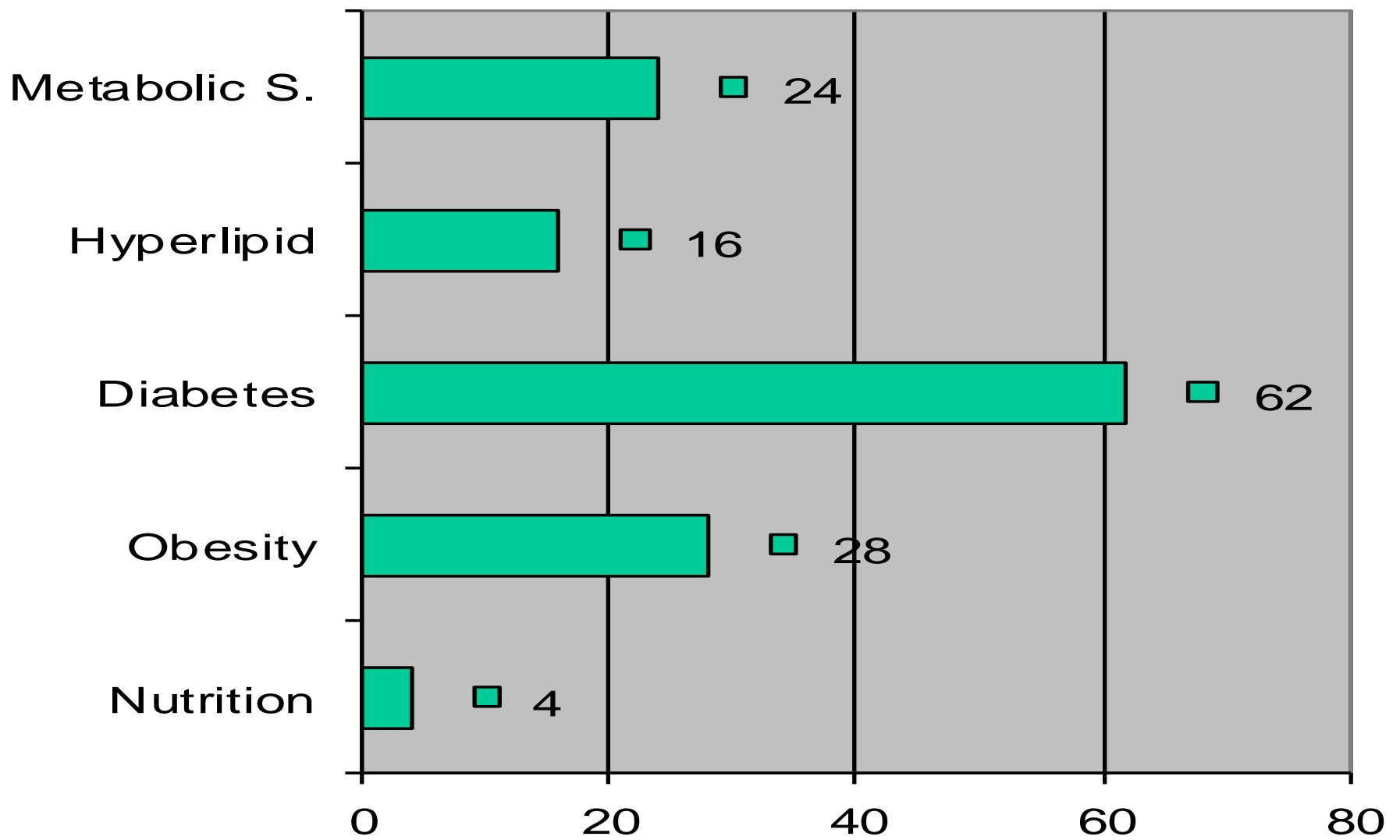


## 998 abstracts, ICPC chapters distribution

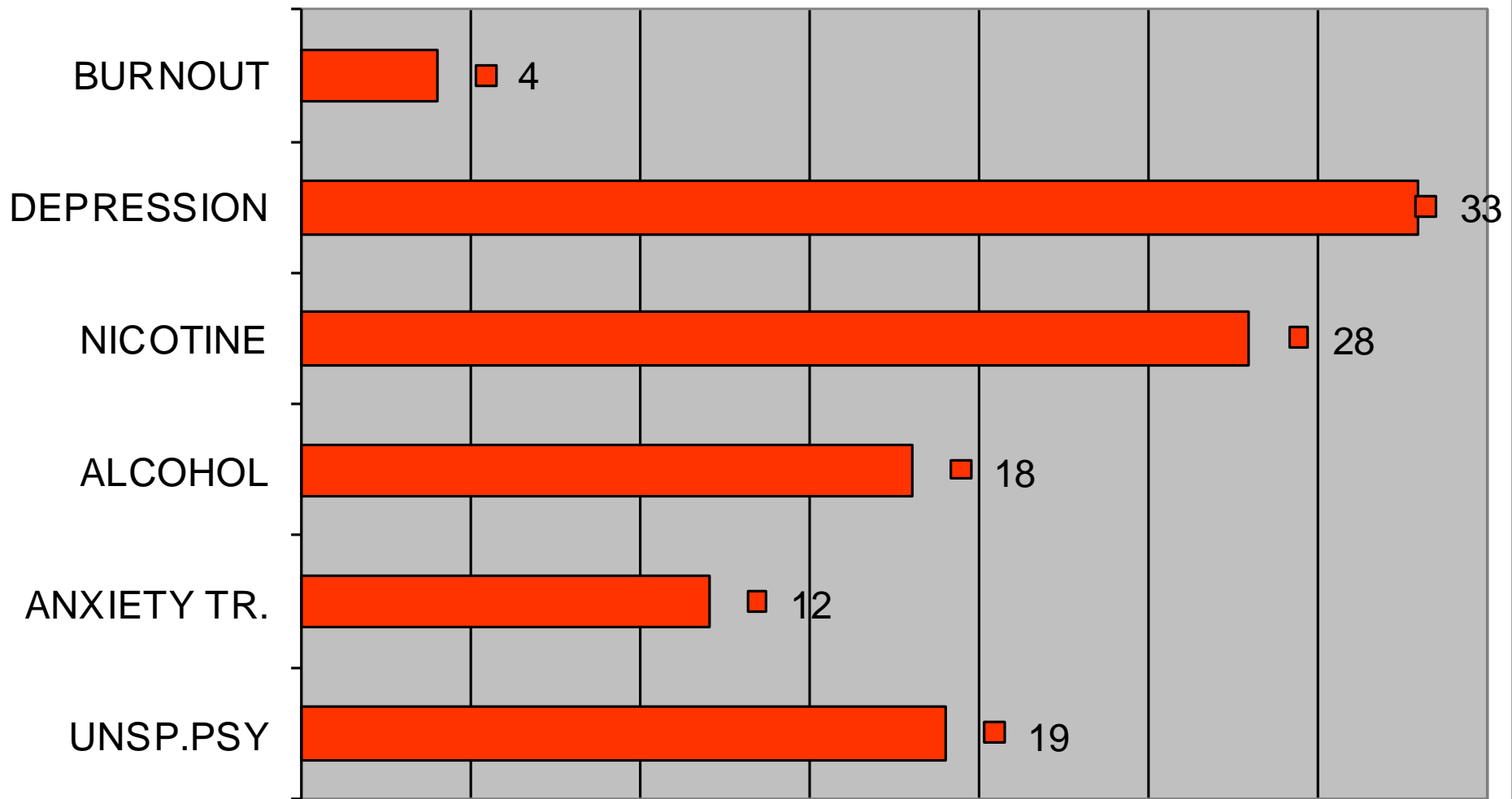


## About age categories : on 990 abstracts



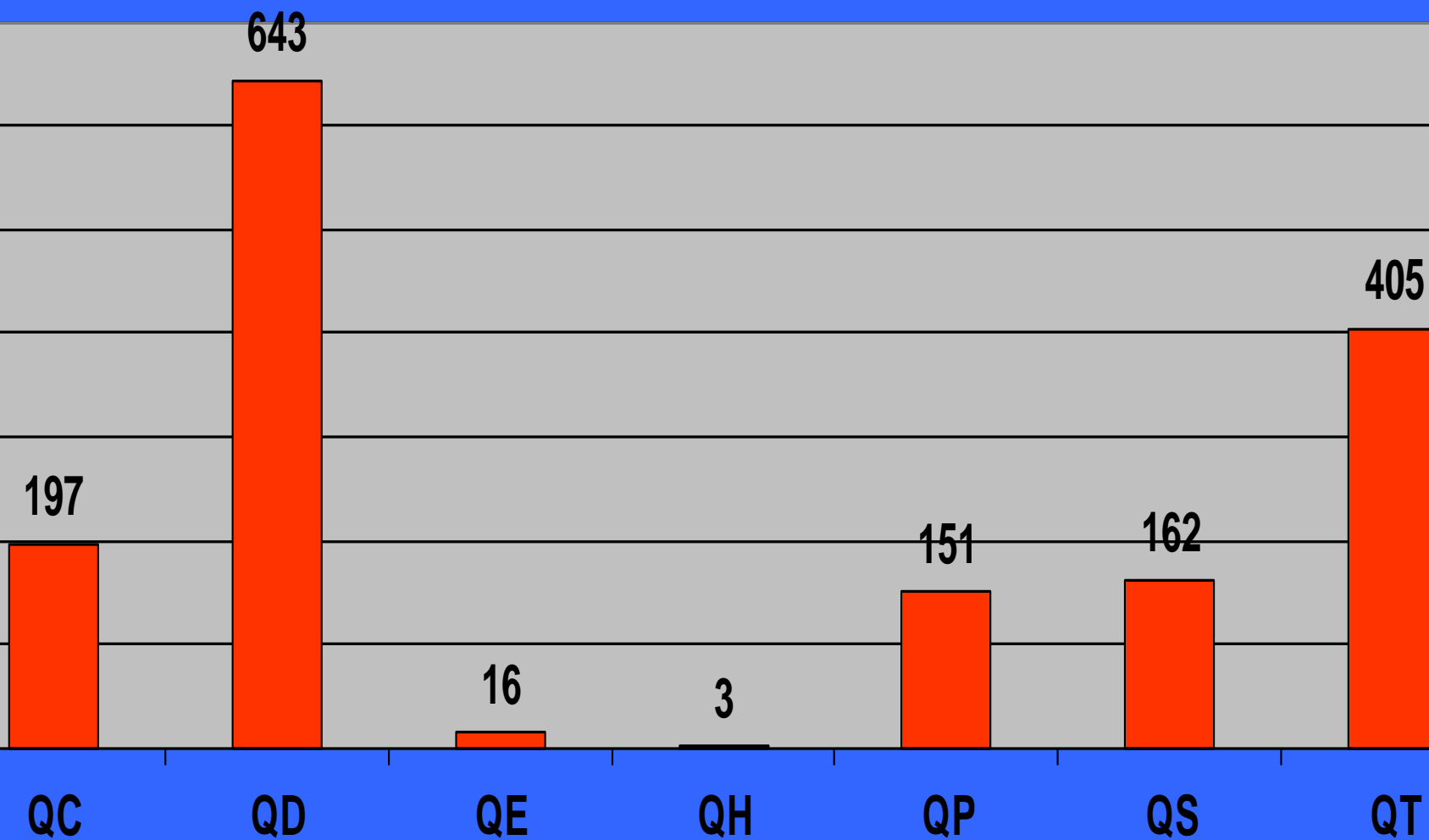


Opening of T chapters



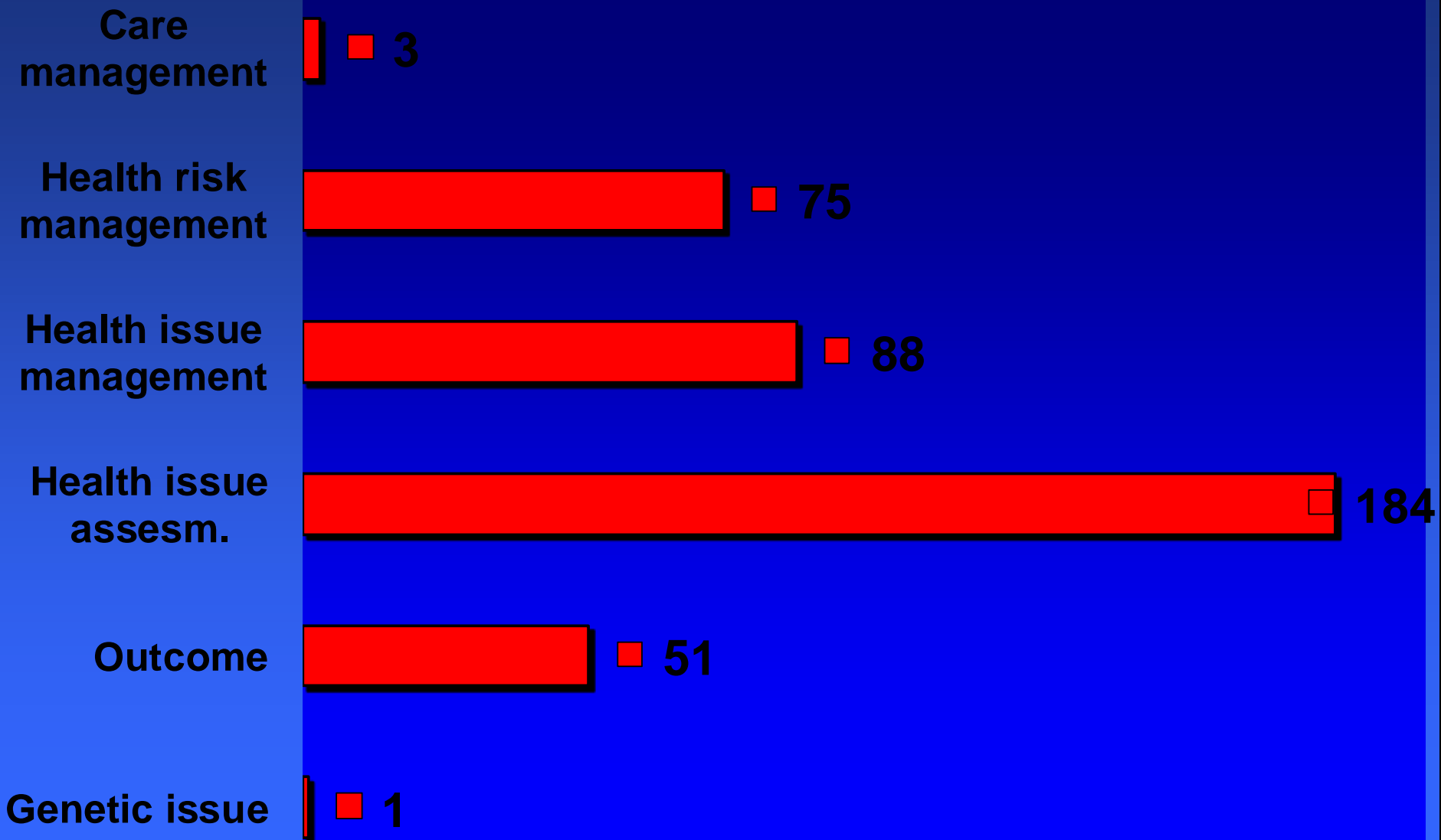
Opening of P chapter

# Wonca Paris 2007

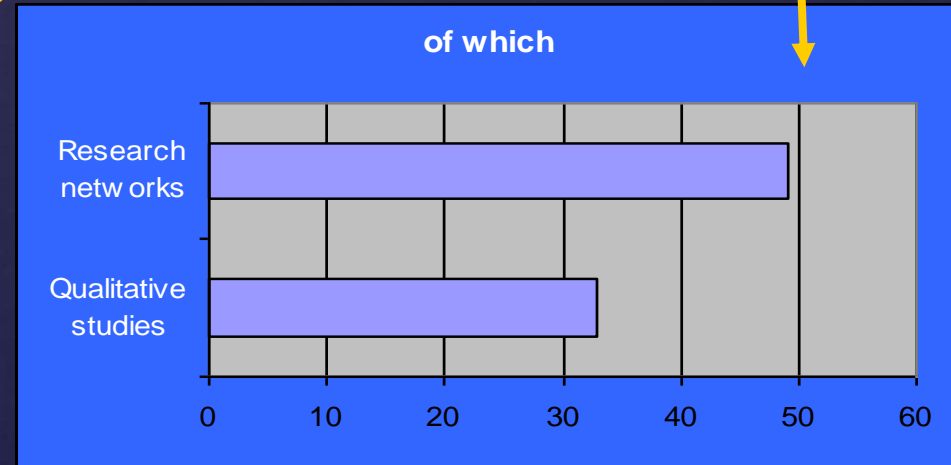
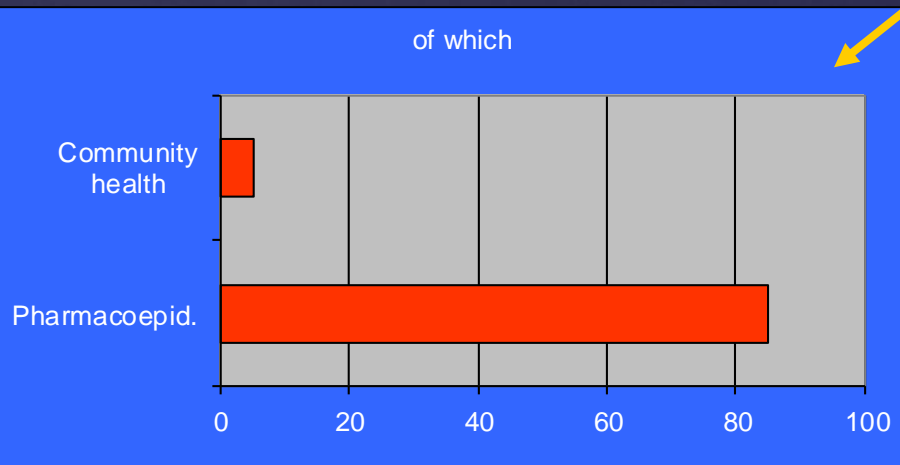


8 main domains 3CGP on 998 abstracts

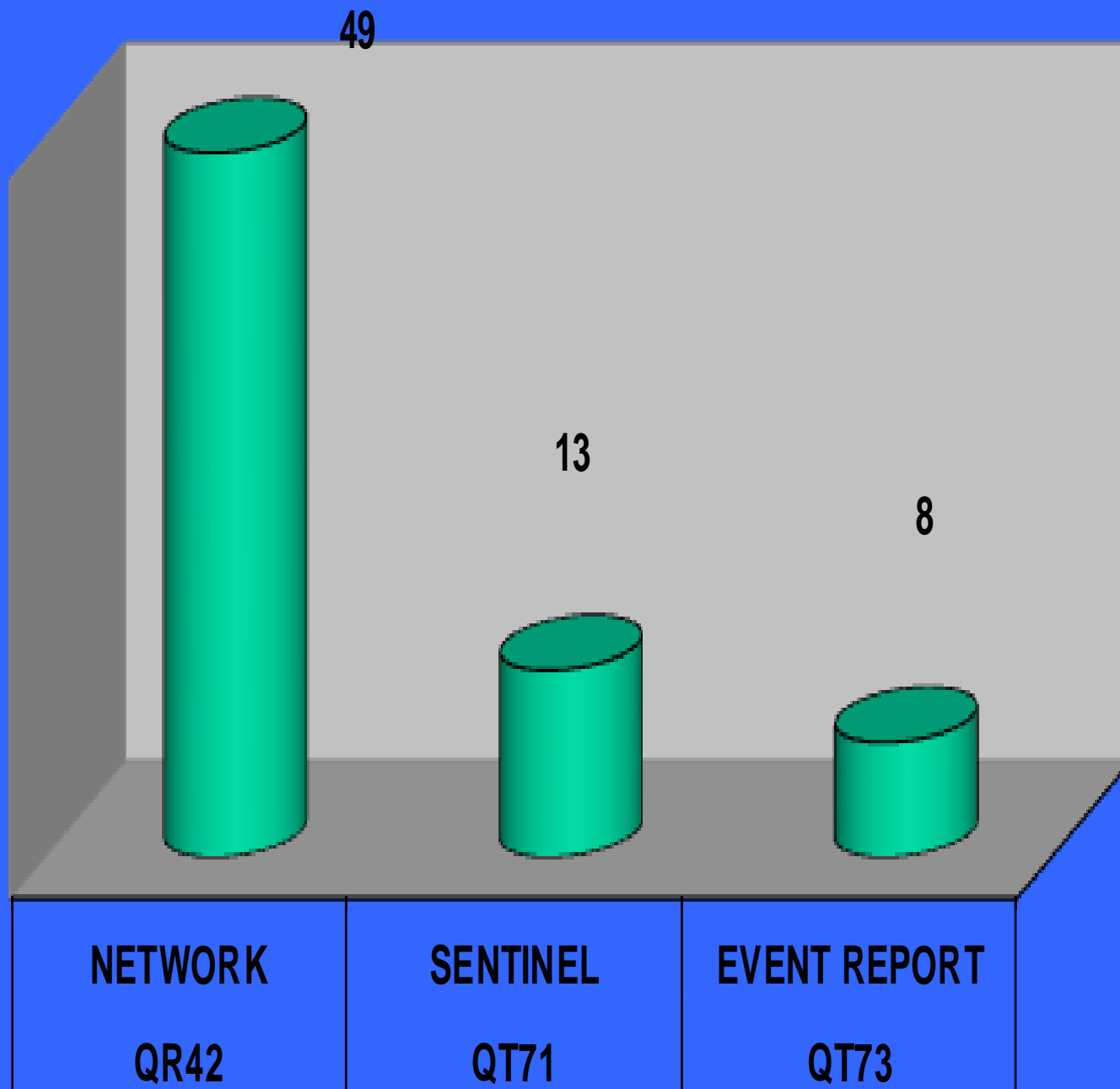
## Care manager (QD3 to QD35)



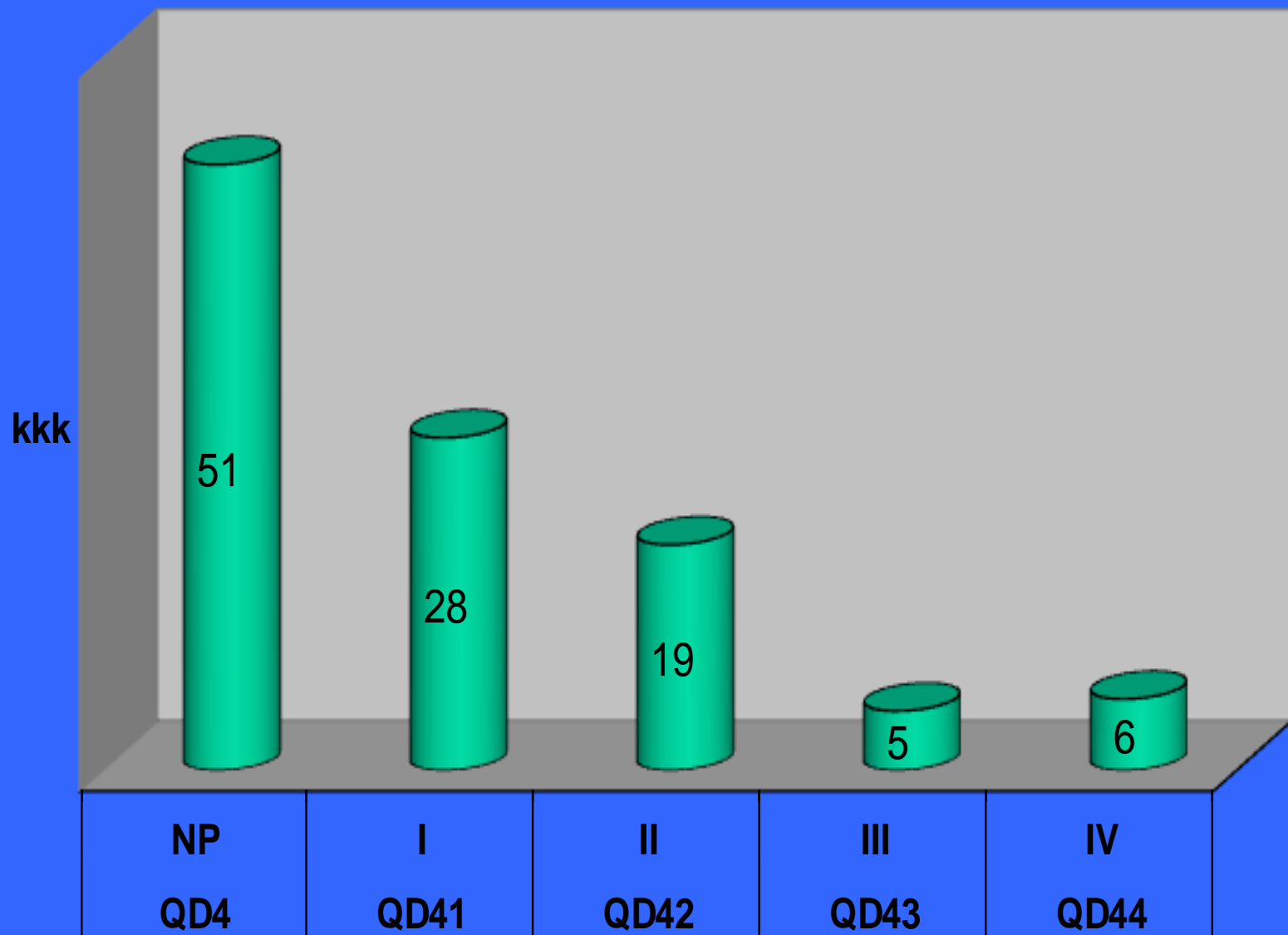
# R & D







## About Prevention



# Tree communications with erroneous concepts of secondary prevention

127

**Secondary** prevention therapies in patients with coronary heart disease

337

**Secondary** cardiovascular prevention: Is there a correlation between patients' awareness of high cardiovascular risk and treatment outcomes?

1020

**Secondary** prevention of ischemic cardiopathy in primary care

Prevention term following time frame concept only  
Secondary used for consecutive to  
Such vocabulary issued from Specialist care and  
Pharmaceutical Cies

## Quality QT5 to QT57 (160 16%)

DEVICE ASSESM. 9

PRACT. ASSESSMENT 32

ACREDITATION 4

PEER REVIEW 8

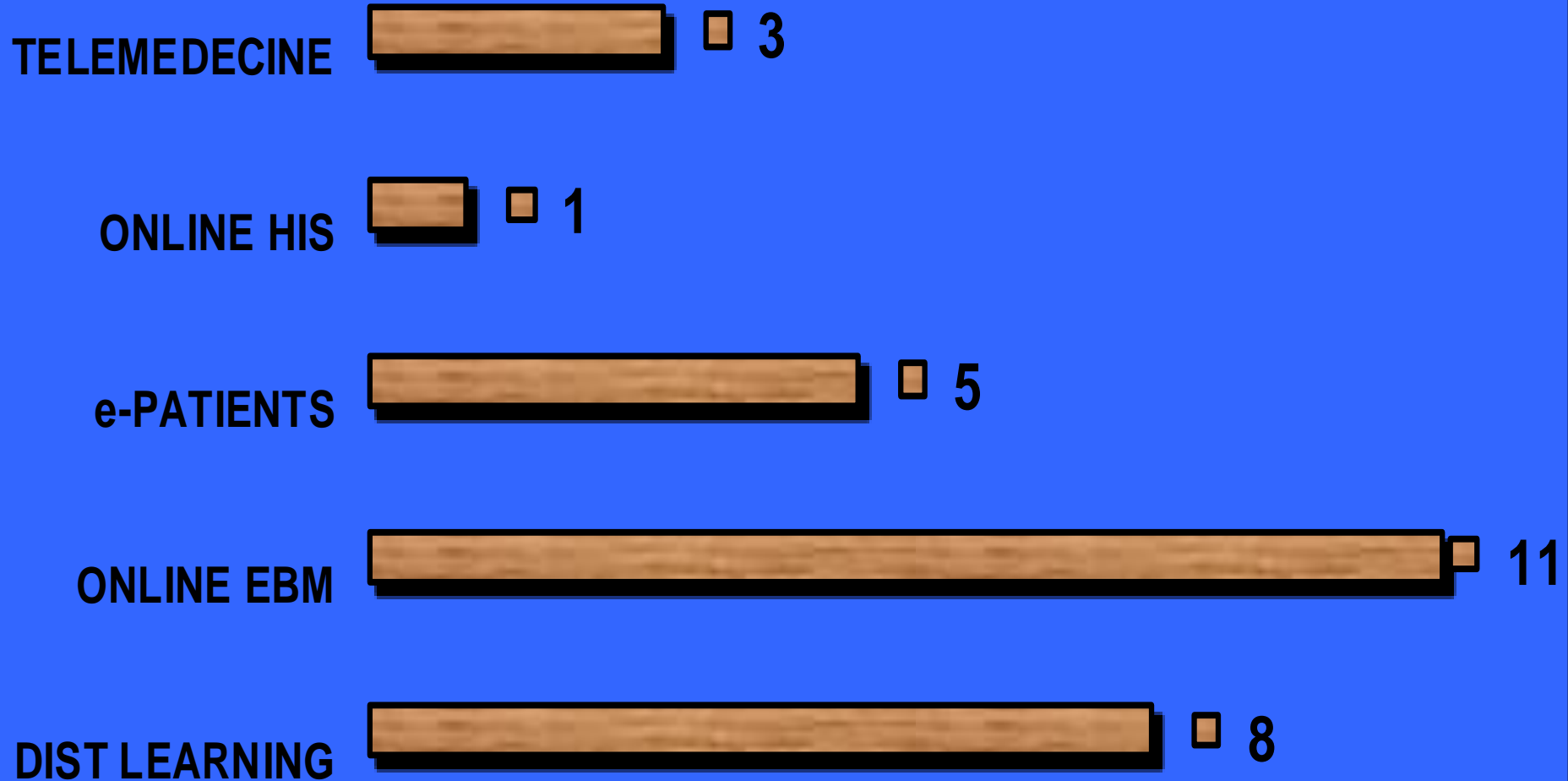
CRIT. READING & REVIEW 11

GUIDELINES 38

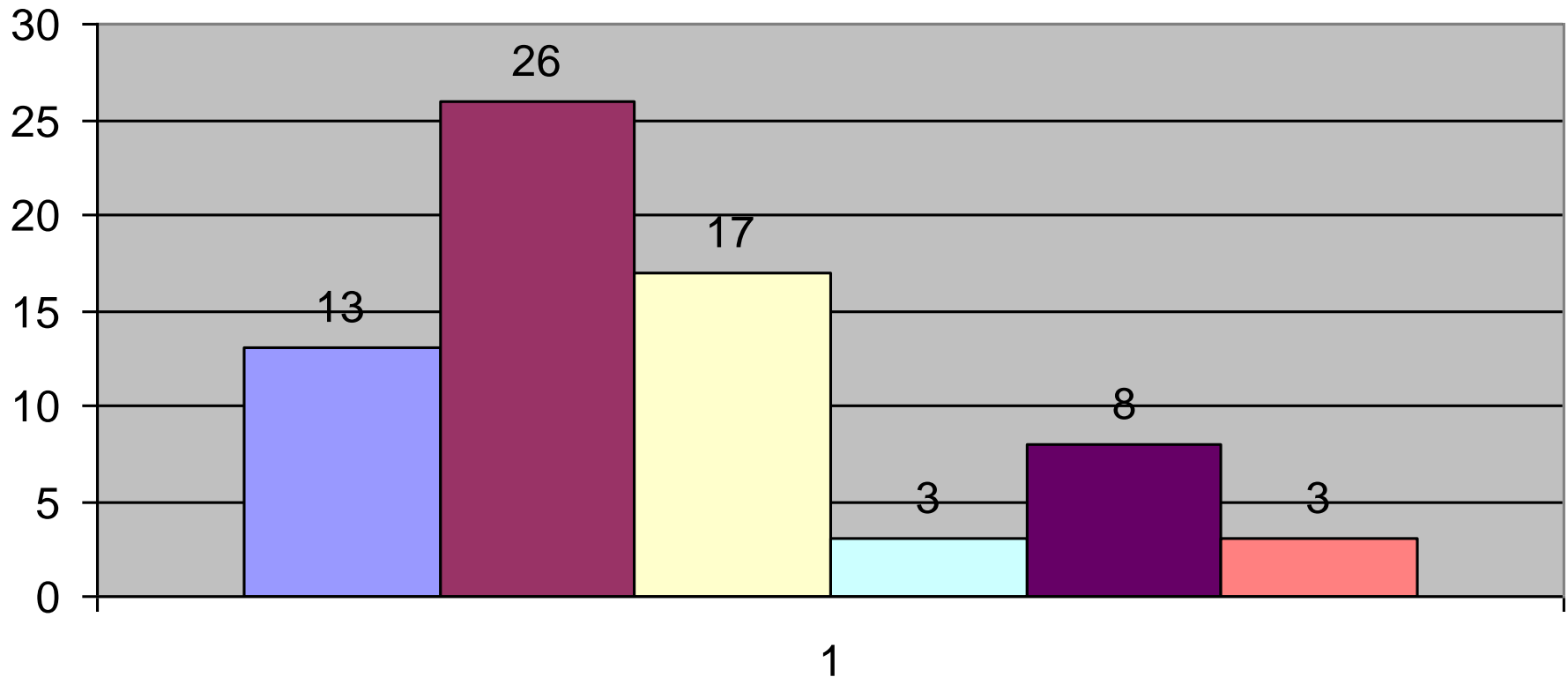
EBM 14

QA METHODS 44

## Opening of QT62 (On line)

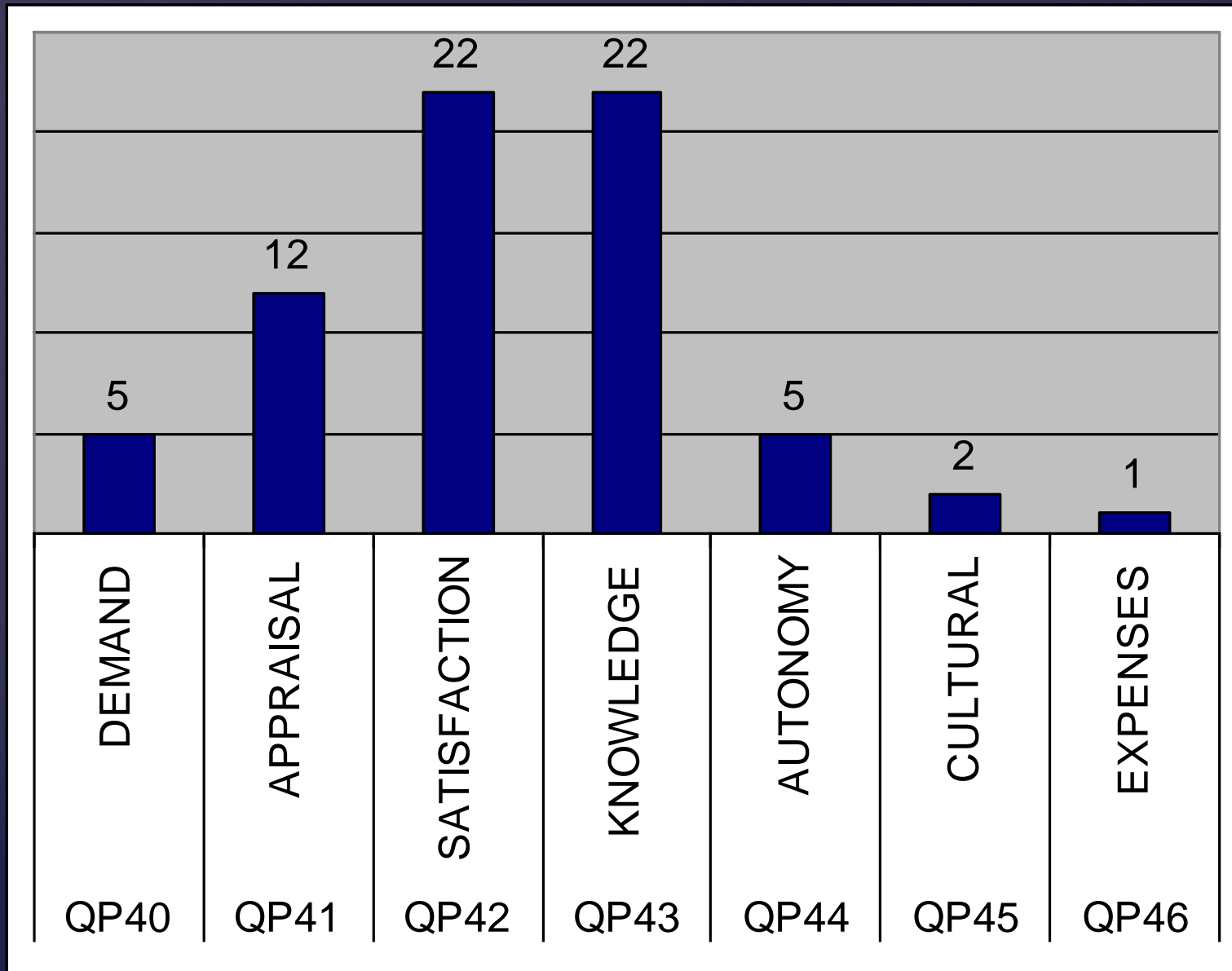


## Wonca abstracts Paris 2007 on 871 indexed abstracts

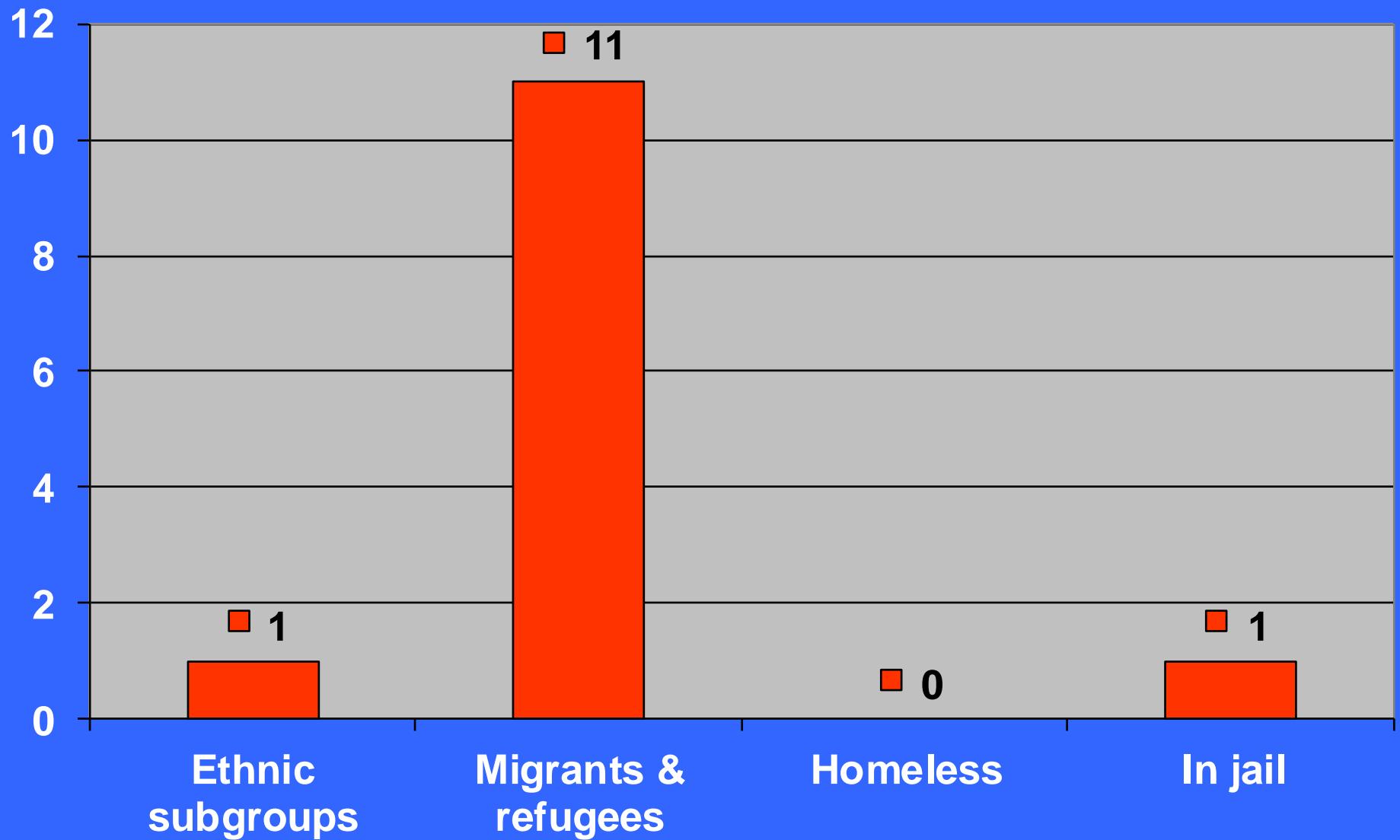


QT41 student	QT42 VT	QT43 CME
QT44 trainers	QT45 superv	QT46 academ

# DISTRIBUTION OF PATIENT'S VIEWS QP4



## SOCIAL HIGH RISK (on 998 abstracts)





# First results with simple excell db

& example of QC32 : migrants

On 23 occurences

&	A	5	associated codes	
	B	1		
	P	3		
	T	3		
	W	2		
	Z	4		
			*41	Imaging
			A44	immunization
			B34	Blood analysis

A23	Risk others
A70	Tuberculosis
A78	Infect dis others
A80	influenza
B90	HIV
P	Psycho
P15	Alcohol
P74	Acute stress
T	Nutrition
T89/T90	Diabetes
T90	Diabetes NID
W78	Pregnancy
W78	
Z01	Poverty
Z07	Litteracy
Z10	Health care access
Z25	Violence

& example of  
 QC32 :  
 migrants  
 & On about 800  
 abstracts :  
 & 23 occurrences  
 & 48 other Q  
 codes  
 associated

First results with simple excell db

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QC22	Women's health	1
QC51	battered women	1
QD27	A & E	2
QD31	Health risk assessment	1
QD32	Health issue managem.	2
QD33	Health issue assessment	5
QD35	Prevention	3
QE2	Ethics	1
QP31	Availability of health care	1
QP32	Accessib. of health care	3
QP33	Acceptab. of health care	4
QP43	Patient knowledge	1
QP51	Nutrition	2
QR2	Epidemiology	1
QR3	Functional status	1
QR6	Scales & Questionnaires	1

World 2007 - m.j.

# Utility of 3CGP/FM looks evident

But

- & No Reproducibility
- & Not all domains
- & Not all categories
- & No error control (ex QT2 and QT3 missing in the code list)
- & One man show

✂ → Little scientific value

# Proposal to the WICC ; plan & develop 3CGP/FM

## ⌘ Methods

- ⌘ Funds and grants?
- ⌘ Bibliography on the subject
- ⌘ Structure of the classification
- ⌘ Domain, cat, sub cat, definitions, excl, incl.
- ⌘ Database appropriation
- ⌘ Online testing using GP productions
- ⌘ Evolutive product
- ⌘ Open minded (open document – free & controlled acces)

Now, let we see how to use  
3CGP/FM and ICPC as  
indexing tool for Wonca e-  
archive knowledge base