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

Core Content Classification of GP/FM

3C GP/FM

Marc Jamoulle, md, mph.
GP & Health data management specialist
Researcher, Dep. of General Practice, UCL

WICC Dunedin NZ by video conference
Tuesday Sept. 18, 2007
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
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

- QP  Patient
- QD  Doctor
- QS  Structure
- QC  Categories
- QH  Hazards
- QE  Ethics
- QT  Knowledge
- QR  Research
Please do refer to the desk copy
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 (comparison table see below)
The number of “case 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 access to reviewer screens
- Copy of 1015 abstracts in database
- Indexing on
  - max 3 codes of 3CGP/FM
  - max 3 codes of ICPC-2

Special thanks to
Bernard Gay, Hector Falcoff,
Anne Marie Magnier and Madedeleine Favre
for helping me
And to Tarik Jamoulle for copying the abstracts
### Evaluate abstracts

#### Abstracts list

<table>
<thead>
<tr>
<th>n°</th>
<th>Creation date</th>
<th>Title</th>
<th>Comments</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>536</td>
<td>30/03/2007 15:03</td>
<td>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.</td>
<td>0</td>
<td>Accepted (definitive)</td>
</tr>
<tr>
<td>537</td>
<td>30/03/2007 15:06</td>
<td>Validating the Adjusted Clinical Groups case-mix system in a Spanish population setting: a cross-sectional study</td>
<td>0</td>
<td>Accepted (definitive)</td>
</tr>
<tr>
<td>538</td>
<td>30/03/2007 15:09</td>
<td>Carotid atherosclerosis and vascular age in the assessment of coronary heart disease risk beyond the Framingham risk score</td>
<td>1</td>
<td>Rejected (definitive)</td>
</tr>
<tr>
<td>539</td>
<td>30/03/2007 15:10</td>
<td>People’s Perception About Heart Disease Beyond The Framingham Risk Score</td>
<td>0</td>
<td>Rejected (definitive)</td>
</tr>
<tr>
<td>540</td>
<td>30/03/2007 15:16</td>
<td>Carotid atherosclerosis in familial combined hyperlipidemia associated with the ApoB/ApoA-I ratio</td>
<td>0</td>
<td>Rejected (definitive)</td>
</tr>
<tr>
<td>541</td>
<td>30/03/2007 15:19</td>
<td>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.</td>
<td>0</td>
<td>Accepted (definitive)</td>
</tr>
<tr>
<td>542</td>
<td>30/03/2007 15:22</td>
<td>Diabetes mellitus influence in subjects with chronic obstructive pulmonary disease in ambulatory setting</td>
<td>0</td>
<td>Accepted (definitive)</td>
</tr>
<tr>
<td>543</td>
<td>30/03/2007 15:39</td>
<td>Effectiveness of an intervention in the adjustment of the medicine use in nursing homes. Results to the three years of its implantation</td>
<td>0</td>
<td>Accepted (definitive)</td>
</tr>
<tr>
<td>545</td>
<td>30/03/2007 15:42</td>
<td>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.</td>
<td>0</td>
<td>Accepted (definitive)</td>
</tr>
<tr>
<td>546</td>
<td>30/03/2007 15:45</td>
<td>Is possible to obtain quality of care indicators online in a primary care setting? Implementation of a corporation Data warehouse as a clinicial management tool</td>
<td>0</td>
<td>Accepted (definitive)</td>
</tr>
</tbody>
</table>
ABSTRACT # 543 --- Accepted (definitive)

Abstract

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

State of the proposed work: Finished work

Type of presentation: Poster

Conflict of interest: No

Main topic: Respiratory

Keywords: pulmonary-disease,primary-care

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

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 (9.3) 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 CVR presence (OR=2.3; CI: 1.6-3.3; p=0.000). The adjusted cost by patient/age was €2,609.15 (EE=121.69) for those diabetes unaffected; for those diabetes affected was €3,300.56 (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.
Coding process

• Some abstract titles seem meaningful and enough to make the codes easily

# 1344

The prevalence of asthma in rural areas in Crete is similar to that of urban areas

QR2
Epidemiology

R96
Asthma

QS11
Setting (incl rural)

• Reading abstract add information

QC12
Children
Yearly influenza vaccination of elderly: when do the French GP vaccinate?
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 adolescents

Poster # 639

Wonca 2007  m.j.  3C GP/FM
Examples of concepts added during the abstract indexing

• Patient views
  • Patient appraisal QP41
  • Patient satisfaction QP42
  • Patient knowledge QP43
  • Patient autonomy/dependency QP44
  • Patient cultural background QP45
  • Patient expenses QP46
• Patient health habits
  • 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
ICPC coding on 872 abstracts

1036 coding but some clusters
768 in chapters
168 in Process codes

One ragbag:

T99 metabolic syndrome

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 kidney disease (CKD)

First results with simple excell db

Wonca 2007 m.j.

3C GP/FM
Mainly drugs. Surprising 48

![Bar chart showing 872 abstracts with process codes]
Surprising P & Z
First results with simple excell db

- example of QC32: migrants
  On 23 occurrences

- **ICPC associated codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A23</td>
<td>Risk others</td>
</tr>
<tr>
<td>A70</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>A78</td>
<td>Infect dis others</td>
</tr>
<tr>
<td>A80</td>
<td>influenza</td>
</tr>
<tr>
<td>B90</td>
<td>HIV</td>
</tr>
<tr>
<td>P</td>
<td>Psycho</td>
</tr>
<tr>
<td>P15</td>
<td>Alcohol</td>
</tr>
<tr>
<td>P74</td>
<td>Acute stress</td>
</tr>
<tr>
<td>T</td>
<td>Nutrition</td>
</tr>
<tr>
<td>T89/T90</td>
<td>Diabetes</td>
</tr>
<tr>
<td>T90</td>
<td>Diabetes NID</td>
</tr>
<tr>
<td>W78</td>
<td>Pregnancy</td>
</tr>
<tr>
<td>W78</td>
<td>Blood analysis</td>
</tr>
<tr>
<td>Z01</td>
<td>Poverty</td>
</tr>
<tr>
<td>Z07</td>
<td>Literacy</td>
</tr>
<tr>
<td>Z10</td>
<td>Health care access</td>
</tr>
<tr>
<td>Z25</td>
<td>Violence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A44</td>
<td>immunization</td>
</tr>
<tr>
<td>B34</td>
<td>Blood analysis</td>
</tr>
</tbody>
</table>

chapters | process

Wonca 2007  m.j.  3C GP/FM
First results with simple excell db

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>QC22</td>
<td>Women’s health</td>
<td>1</td>
</tr>
<tr>
<td>QC51</td>
<td>battered women</td>
<td>1</td>
</tr>
<tr>
<td>QD27</td>
<td>A &amp; E</td>
<td>2</td>
</tr>
<tr>
<td>QD31</td>
<td>Health risk assessment</td>
<td>1</td>
</tr>
<tr>
<td>QD32</td>
<td>Health issue managem.</td>
<td>2</td>
</tr>
<tr>
<td>QD33</td>
<td>Health issue assessment</td>
<td>5</td>
</tr>
<tr>
<td>QD35</td>
<td>Prevention</td>
<td>3</td>
</tr>
<tr>
<td>QE2</td>
<td>Ethics</td>
<td>1</td>
</tr>
<tr>
<td>QP31</td>
<td>Availability of health care</td>
<td>1</td>
</tr>
<tr>
<td>QP32</td>
<td>Accessib. of health care</td>
<td>3</td>
</tr>
<tr>
<td>QP33</td>
<td>Acceptab. of health care</td>
<td>4</td>
</tr>
<tr>
<td>QP43</td>
<td>Patient knowledge</td>
<td>1</td>
</tr>
<tr>
<td>QP51</td>
<td>Nutrition</td>
<td>2</td>
</tr>
<tr>
<td>QR2</td>
<td>Epidemiology</td>
<td>1</td>
</tr>
<tr>
<td>QR3</td>
<td>Functional status</td>
<td>1</td>
</tr>
<tr>
<td>QR6</td>
<td>Scales &amp; Questionnaires</td>
<td>1</td>
</tr>
<tr>
<td>QR6</td>
<td>Scales &amp; Questionnaires</td>
<td>1</td>
</tr>
</tbody>
</table>
Wonca Paris 2007, on 872 abstracts

AGE CLASS

AGE CLASS

Wonca 2007  m.j.
3C GP/FM
Wonca abstracts Paris 2007
on 871 indexed abstracts

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

Wonca 2007 m.j.
3C GP/FM
24 abstracts on Internet use for editing knowledge or training sessions

Wonca Paris 2007, on 871 indexed abstracts, QT6 domain (Editing) distribution

![Bar Chart]

- QT6: 24 abstracts
- Edit.: 2 abstracts
- QT61: 2 abstracts
- Print.: 2 abstracts
- QT62: 0 abstracts
- Online: 0 abstracts
Utility of 3CGP/FM looks evident

But

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

✏️→ No scientific value
Proposal
Creation of a new task force into WICC in collaboration with WIWP and IFPCRN?

- Aimed to plan & develop 3CGP/FM
- Web based International collaboration

• 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)
• This proposal will be presented at Wonca Paris 2007 during a workshop where WIWP and IFPCRN are invited
• I am developing an online archive database allowing indexation and retrieval of documents in GP/FM based on ICPC and 3CGP/FM

• This will be presented at Wonca 2007 in Paris

• Collaboration of the Wonca Informatics Working Party and International Federation of Research Network in Primary Care will be invited to joint the project
Love from Belgium
(Magritte & Breughel painting)

See you in Romania !!

Wonca 2007  m.j.

3C GP/FM