

A terminology in General Practice / Family Medicine to represent non-clinical aspects for various usages: the Q-Codes

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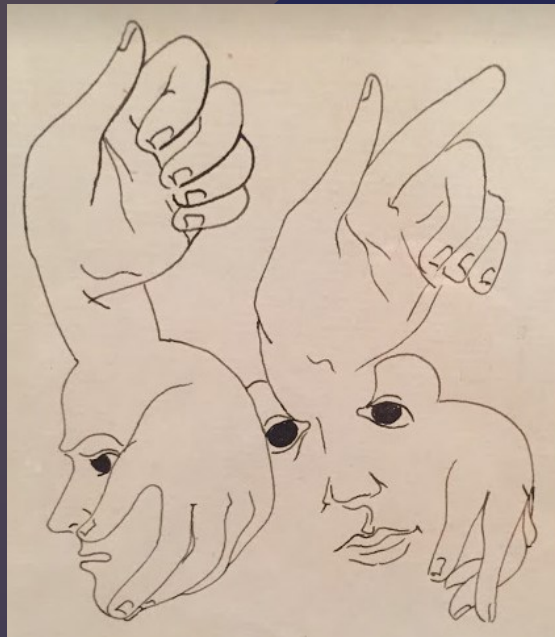


General practice / Family medicine GP/FM

- Universal discipline, embedded and sometimes confused with first level care (Primary care)
- High complexity by intertwined anthropological and technological approaches
- Numerous online databases of non-indexed grey literature



Namban-Jin
(detail) 1543
Porto NMSR



Antonio Pedro
~ 1950
Porto NMSR

- No uniform table of content for the discipline
- Clinical classification system available for epidemiologic purposes (ICPC 1987- ongoing)
- Dominated by SNOMED marketing although European multilingual tools exist (www.transhis.nl)
- No existing contextual classification

- For the documentation of the clinical data, ICPC-2 is used, often in conjunction with the more granular ICD.
- For retrieval of scientific bibliographic information in GP/FM, Medical Subject Headings (MeSH) descriptors are used.
- With over 27,000 available MeSH descriptors, indexing is not easy, and yet not all aspects of the broad field of GP/FM are covered

Question : What are GPs talking about?



Aim:

Contribution to the identity and to KM of the discipline

- By identification of main themes discussed by GP in congress
- By the creation of a taxonomy complementary to ICPC



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Methods :

Steps



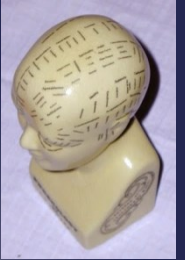
1. Qualitative analysis of abstracts of GPs to congresses
2. Elaboration of a taxonomy of 182 concepts
3. Creation of 182 detailed terminological records online
4. Formalization in OWL and integration with MeSH.
5. Multiple translations and input
6. Applications for human mind and for computer

Question :

What are GPs talking about?

Methods :

Qualitative analysis of abstracts of GPs to congresses



- 1,700 abstracts analysed (Atlas-ti software)
Congress Wonca – CNGE – Belgium – Switzerland
- 600 research abstracts analysed by research group EGPRN
- Identification of the contextual concepts exchanged by GPs

182 concepts
Hierarchical
8 domains

[-] Q Q-codes

[+] QC patient's category

[-] QD doctor's issue

[+] QD1 communicator

[+] QD2 doctor as carer

[+] QD3 care manager

[-] QD4 clinical prevention

QD41 primary prevention

QD42 secondary prevention

QD43 tertiary prevention

[-] QD44 quaternary prevention

QD441 overmedicalisation

QD442 disease mongering

QD443 overinformation

QD444 overscreening

QD445 overdiagnosis

QD446 overtreatment



Results
Primary

Online classified database complementary to ICPC-2

- Online, free registration required
- Organized visually into a base of knowledge
- Possible exports in CSV and OWL-2
- Manually mapped to MeSH (if possible)

Title, definitions (8 languages), conceptual universes, MeSH links, bibliographic links, links babelnet.org, links DBpedia



<http://www.hetop.eu/Q>



- ☐ No wildcard search
☐ Do not search into definitions
☒ Terminologies selection ☐ filter translated concepts

Your queries

11 matches in 0,00 s

Top terms

- QD3 care manager [Q-code]
- QD31 health risk management [Q-code]
- QD32 health issue management [Q-code]
- QD33 health status assessment [Q-code]
- QD34 genetic issue [Q-code]
- QD321 medically unexplained symptom [Q-code]
- QD323 shared decision making [Q-code]
- QD324 incidentaloma [Q-code]
- QD325 prescribing behaviour [Q-code]
- QD326 deaddoption [Q-code]

Q-Codes (11)

QD33 health status assessment (Q-code)

Description Hierarchies Relations PubMed / Doc'CISMeF

Simple tree

Q Q-codes

QC patient's category

QD doctor's issue

QD1 communicator

QD2 doctor as carer

QD3 care manager

QD31 health risk management

QD32 health issue management

QD33 health status assessment

QD34 genetic issue

QD4 clinical prevention

Results
secondary

Companion internet site
<http://3cgp.docpatient.net>



CORE CONTENT CLASSIFICATION IN GENERAL PRACTICE / FAMILY MEDICINE



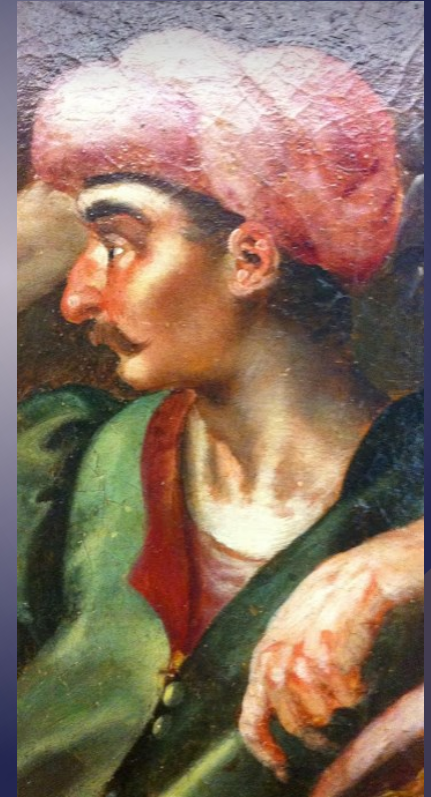
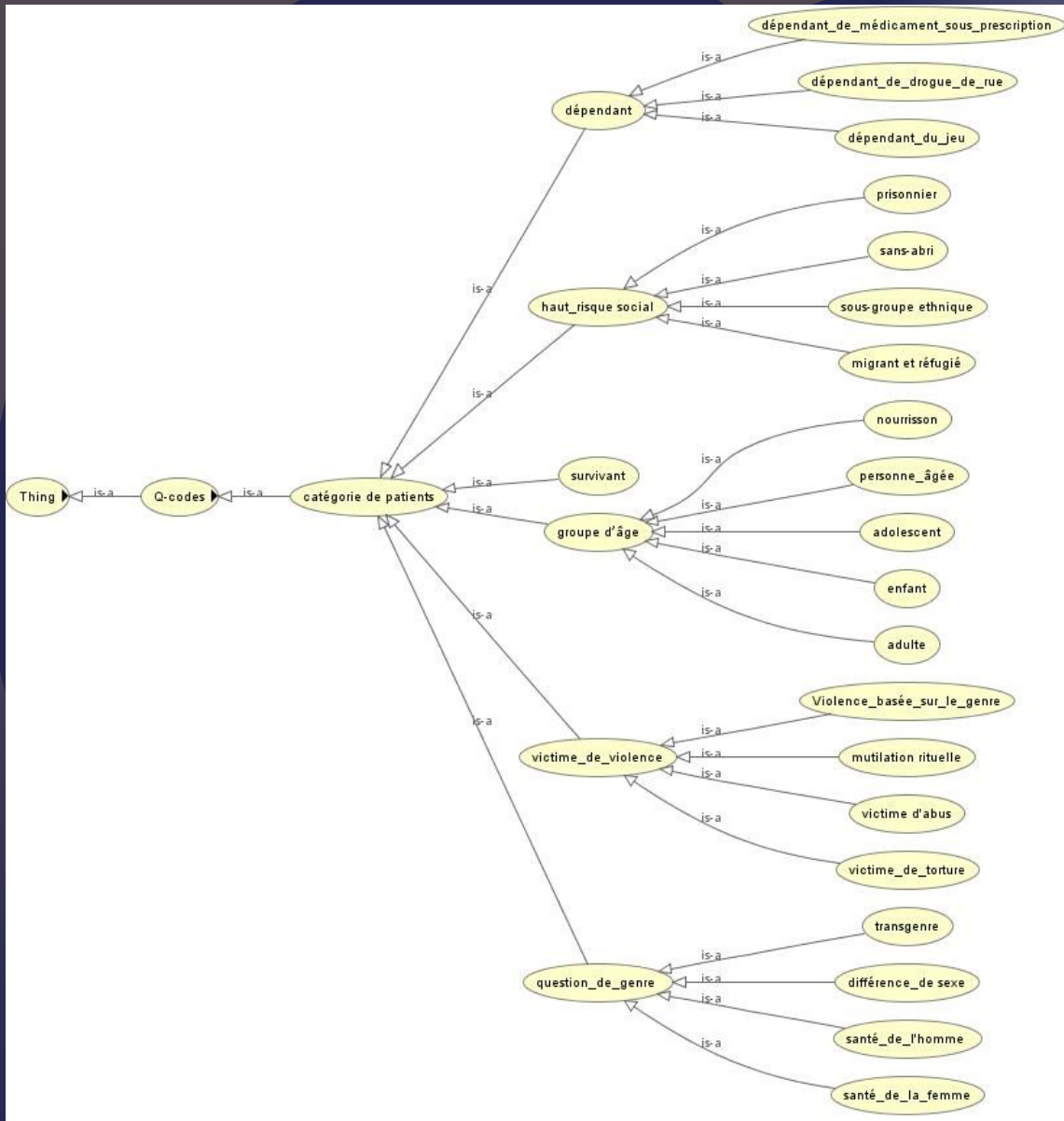
WELCOME ! ABOUT THE 3CGP PROJECT THE Q-CODES ICPC-2 THE HETOP WEB SERVER IMPLEMENTATION OF Q-CODES CONTACT

On HeToP
ICPC 19 languages
Q-Codes 8 languages

Join Q-Codes and ICPC to form 3CGP
3CGP allows indexing by 1200
descriptors specific to general practice
and family medicine

Results
secondary

Available in WebProtégé



M. De Vos
1532-1603



Interface d'annotation manuelle

◀ Doc précédent

Doc suivant ▶

☰ Liste des docs

- Document 7



La présence d'une tachycardie ventriculaire (TV) est associée à un pronostic cardiovasculaire spontané défavorable, sauf lorsqu'elle survient chez un sujet à cœur apparemment sain. En cas de cardiopathie sous-jacente, la TV peut se compliquer d'une fibrillation ventriculaire. Trois étapes sont à franchir : **poser le diagnostic** de TV avec certitude, l'examen de référence restant la stimulation ventriculaire programmée qui doit être réalisée en l'absence de tout traitement antiarythmique ; identifier une cardiopathie sous-jacente, ce qui conduit, en fonction de l'aspect de la TV et de l'âge du patient, à discuter d'une échocardiographie, d'une coronarographie et/ou d'une imagerie par résonance magnétique cardiaque ; discuter du traitement médical et/ou de l'indication d'un défibrillateur implantable en cas de mauvaise tolérance ou d'altération de la fonction ventriculaire gauche. Une telle prise en charge a **amélioré le pronostic** de ces patients, considéré autrefois comme très péjoratif. Le **traitement préventif de la mort subite**, considérée comme étant secondaire à une TV dans trois quarts des cas dans certaines affections comme l'infarctus du myocarde ou la cardiomyopathie dilatée, est non spécifique : il s'agit du traitement de la cardiopathie et de la prescription de bêta-bloquants et de discuter de l'indication d'un défibrillateur implantable en cas d'altération sévère de la fonction ventriculaire gauche.

Afficher 10 éléments						Rechercher :
Identifiant concept	Type de concept	Libellé du concept	Terme annoté	Position de début	Position de fin	Dernière modification
CGP_QC_QD31	Q-code	QD31 gestion du risque de santé	amélioré le pronostic	919	940	2016-12-26 16:32:06.235454
CGP_QC_QD43	Q-code	QD43 prévention tertiaire	traitement préventif de la mort subite	1002	1040	2016-12-26 16:29:23.10332
CGP_QC_QD32	Q-code	QD32 gestion des problèmes de santé	poser le diagnostic	308	328	2016-12-26 16:28:22.031234

Results secondary

Multilingual terminology

Vietnamese

Courtesy ; Dr Liem Thanh Vo

Ho Chi Minh university, Vietnam



FAMILY MEDICINE
DEPARTMENT

Bộ môn Y Học Gia Đình- Trường Đại Học Y Khoa Phạm Ngọc Thạch

Website đào tạo online

Vũ Thành Liêm (thanhliem) • Tin nhắn • Tìm kiếm

Trang chủ » V - Nguyễn... » V08-Chăm sóc dự phòng và tâm s... » II- Chăm sóc sức khỏe » II-2 Dự phòng là gì

II-2 Dự phòng là gì

+ Tạo mục | + Tạo subunit | Cập nhật

Theo lẽ thông thường, khi nhắc đến dự phòng – tầm soát bệnh, chúng ta thường liên tưởng đến khía cạnh ngăn ngừa các yếu tố nguy cơ gây bệnh và phát hiện sớm bệnh. Tuy nhiên, với định nghĩa mở rộng của tổ chức y tế thế giới về sức khỏe trong đó "Sức khỏe là trạng thái thoải mái về thể chất – tinh thần – xã hội chứ không phải là không có bệnh tật", vấn đề "dự phòng" cũng cần được hiểu lại theo một phạm trù rộng hơn.

Theo định nghĩa của hội đồng Y học dự phòng Mỹ (ABPM), y học dự phòng là một chuyên ngành y khoa thực hành với đối tượng là cá nhân và/hoặc nhóm cộng đồng nhất định nhằm bảo vệ, duy trì, tăng cường sức khỏe, nâng cao chất lượng cuộc sống, dự phòng bệnh tật, hạn chế tàn tật và tử vong.

← II-1: Tổng quan

Nội dung công

1. Tải lên các tập t
 2. Sao chép từ m
 3. Quản lý thủ tự c
 4. Nhập nội dung
 5. Nội dung Metac
 6. Áp dụng một ch
- các ...

ứng dụng của các biện pháp phòng ngừa. Lĩnh vực của thực hành y khoa bao gồm những chuyên ngành khác nhau có sử dụng các kỹ năng tập trung vào sức khỏe của một quần thể xác định nhằm kiến tạo và duy trì sức khỏe và hạnh phúc và phòng ngừa bệnh, khuyết tật và chết sớm. (Woncadic)

The highlighted word «du phông» means prevention.
The corresponding Q-Code definition appears

Results
secondary

Fit for indexation of grey lit.

Indexing of master thesis in GP/FM

STUDY BY FOCUS GROUP ON THE INVOLVEMENT OF THE FAMILY PHYSICIAN IN OCCUPATIONAL HEALTH PROBLEMS: PERCEPTION OF FAMILY PHYSICIAN AND PATIENTS.

- What would be the objective of the research? Medico-legal problem QD6, Work problem Z05, certificate of illness ICPC-2 Process; 62.001 sick leave document
- What context? Family medicine QS41
- What target? Occupational medicine, concept missing in Q-Codes, use Q04
- What method? Focus group is QR6

Coding: QD6; Z05; 62.001; QS41; Q04; QR6

Extract of the guide for trainees
Dep Gen Pract. University of Liege

Results
secondary

Q-Codes as
bibliographic tool,
Belgium, 2016

See the rubric
implementation on
<http://3cgp.docpatient.net>

Automated abstract
classification, Belgium,
2015

Indexation of master
thesis, Belgium, 2017

Q-Codes in
webProtégé

Indexation of SBMFC
congres, Brazil, 2017

Automated French
abstract classification,
France, 2017

Indexation of
Quaternary
prevention database,
Uruguay, 2017

Q-Codes in e-learning
program, Vietnam,
2016

Humans: Indexation

Machines: automated tags

Knowledge Management
Specific to GP/FM

Discussion

- First attempt to establish a table of GP/FM material
- Fit for the linked data world
- Reflects a western approach
- Supported by an international group
- Necessarily unfinished
- Requires ongoing update
- Not officially endorsed
- Must prove itself in indexing and automated knowledge management

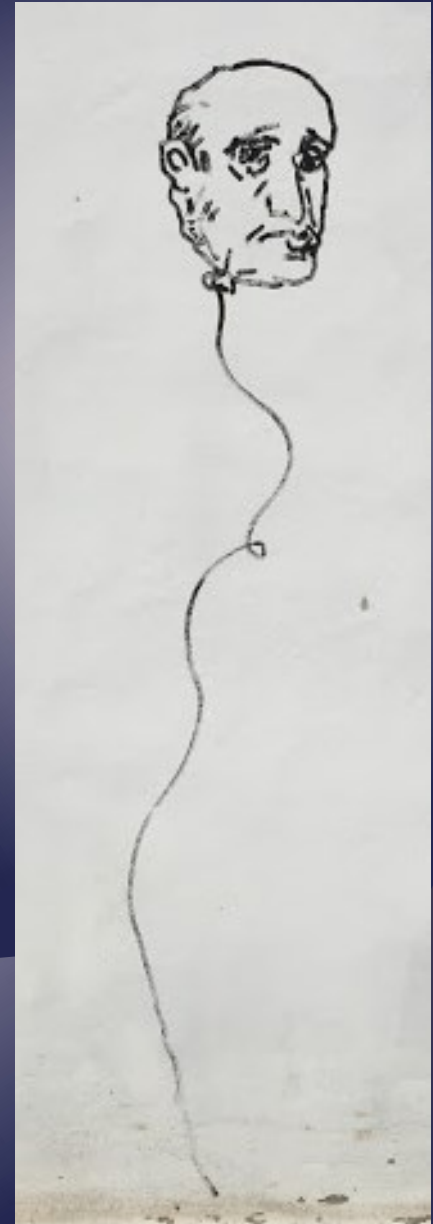


Conclusion

First attempt to identify
knowledge
distribution in GP/FM

Thank you !

- Q-Codes working group
- Wonca International Classification Committee working group <http://www.ph3c.org/Q>
- Contact : marc.jamouille@gmail.com



Wall, Porto, 2017