Short preliminary qualitative analysis of the presentations at the Porto Europrev meeting

For more about 3CGP go to http://3cgp.woncaeuropa.org
Coding with 3CGP

number of abstracts analyzed : 49

number of codes by abstracts :
- 14 abstracts : 3 codes
- 8 abstracts : 4 codes
- 9 abstracts : 5 codes

total number of codes : 171

- number of ICPC process codes : 18
- number of ICPC codes : 30
- number of Q-Codes : 123
Some format considerations

Abstract title:
no place for literature in scientific abstracts: ex: “Sleeping with the Enemy” is very good for a romance, not for an abstract. Normally all the information of a presentation could fit in a good title.

Abstract format:
  some confusion between background, methods & results. Information on aim and methods sometime to be found in results
Confusions:

- Confusion between secondary and tertiary prevention (case of AAS)

- Confusion between tertiary prevention and quaternary prevention (several cases)

- Confusion between primary and secondary prevention (case of TBC)

- Confusion between Quaternary prevention and quality assurance

- Tendency to see Quaternary prevention everywhere

- Confusion between Quaternary prevention and Health risk assessment
QO : other

One Q03 ; out of the scope of primary care (patients at outpatient clinic)

5 Q04 ; consider new code :

• 2 for history of medicine
• one for pharmacovigilance (which is now embedded wrongly in Adverse event)
• one for cascade effect
• one for underdiagnosis (now included in overdiagnosis)
Distribution of ICPC Process codes
Distribution of Q-Codes
Distribution of QD4 clinical prevention
Distribution of QD3: care manager