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
Friday 17 Oct. 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

3C GP/FM  Wonca 2007  m.j.
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 gives an insight on the way the indexing process is done in Medline under the Descriptors “review” and “family practice”
Indexing Wonca Europe 2007 abstracts

- Direct access 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 Jamoulle for copying the abstracts
| 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 15:16 | 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) |
| 542 | 30/03/2007 15:22 | Diabetes mellitus influence in subjects with chronic obstructive pulmonary disease in ambulatory setting | 0 | Accepted (definitive) |
| 543 | 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) |
| 544 | 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) |
| 545 | 30/03/2007 15:45 | Is possible to obtain quality of care indicators online in a primary care setting? Implementation of a corporation data warehouse as a clinical management tool | 0 | Accepted (definitive) |
Diabetes mellitus influence in subjects with chronic obstructive pulmonary disease in ambulatory setting

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; Con ferroni-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 CVE 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 €3,390.58 (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.
Some abstract titles seem meaningful and enough to make the codes easily.

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

• Reading abstract add information

Wonca 2007 m.j.
# 1373 Yearly influenza *vaccination* of elderly: when do the French GP vaccinate?

- **QR42** Research network
- **R44** Vaccination Influenza
- **QC14** Ageing
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

Poster # 639

Wonca 2007  m.j.
Examples of concepts added during the abstract indexing

- Patient views
  - Patient appraisal
  - Patient satisfaction
  - Patient knowledge
  - Patient autonomy/dependency
  - Patient cultural background
  - Patient expenses
- Patient health habits
  - Nutrition
  - Sexuality
  - Self care & hygiene

QP4
QP41
QP42
QP43
QP44
QP45
QP46
QP5
QP51
QP52
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

- 671; 67% Poster
- 289; 29% Oral
- 39; 4% Workshop
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 kydney disease (CKD)

First results with simple excell db

3C GP/FM
Process codes; Mainly drugs. Surprising 48

872 abstracts

Process codes
998 abstracts, ICPC chapters distribution
About age categories: on 990 abstracts

<table>
<thead>
<tr>
<th>Category</th>
<th>QC11</th>
<th>QC12</th>
<th>QC13</th>
<th>QC14</th>
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Nutrition
Obesity
Diabetes
Hyperlipid
Metabolic S.

Opening of T chapters
Opening of P chapter
### Wonca Paris 2007

<table>
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<th>Domain</th>
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8 main domains 3CGP on 998 abstracts
Care manager (QD3 to QD35)

- Care management: 3
- Health risk management: 75
- Health issue management: 88
- Health issue assessment: 184
- Outcome: 51
- Genetic issue: 1
NETWORK SENTINEL EVENT REPORT

QR42

Sentry

13

EVENT REPORT

QT73

8

NETWORK

QR42

13

EVENT REPORT

QT73

8
About Prevention

<table>
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<tr>
<th></th>
<th>NP QD4</th>
<th>I QD41</th>
<th>II QD42</th>
<th>III QD43</th>
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Tree communications with erroneous concepts of secondary prevention

<table>
<thead>
<tr>
<th>127</th>
<th><strong>Secondary</strong> prevention therapies in patients with coronary heart disease</th>
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<tr>
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<td><strong>Secondary</strong> cardiovascular prevention: Is there a correlation between patients’ awareness of high cardiovascular risk and treatment outcomes?</td>
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<td>1020</td>
<td><strong>Secondary</strong> prevention of ischemic cardiopathy in primary care</td>
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</table>

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 ASSESSMENT: 9
- PRACTICAL ASSESSMENT: 32
- ACCREDITATION: 4
- PEER REVIEW: 8
- CRITICAL READING & REVIEW: 11
- GUIDELINES: 38
- EBM: 14
- QA METHODS: 44
Wonca abstracts Paris 2007
on 871 indexed abstracts
DISTRIBUTION OF PATIENT’S VIEWS QP4

<table>
<thead>
<tr>
<th>Factor</th>
<th>QP40</th>
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<th>QP42</th>
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</tr>
</tbody>
</table>
SOCIAL HIGH RISK (on 998 abstracts)

- Migrants & Refugees: 11
- Ethnic subgroups: 1
- Homeless: 0
- In jail: 1
First results with simple excell db

Example of QC32: migrants
On 23 occurrences

| A  | 5 |
| B  | 1 |
| P  | 3 |
| T  | 3 |
| W  | 2 |
| Z  | 4 |

*41 Imaging
A44 Immunization
B34 Blood analysis

Chapters Process

3C GP/FM

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<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>
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<tr>
<td>T89/T90</td>
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<tr>
<td>Z25</td>
<td>Violence</td>
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</table>
Example of QC32: migrants

On about 800 abstracts:

- 23 occurrences
- 48 other Q codes associated

| QC22 | Women’s health | 1 |
| QC51 | battered women | 1 |
| QD27 | A & E          | 2 |
| QD31 | Health risk assessment | 1 |
| QD32 | Health issue management | 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 |

First results with simple excell db
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

←→ 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