

Online ICPC-2 & Q-Codes: General Practice / Family Medicine Online Multilingual Terminology & Knowledge Base.

1

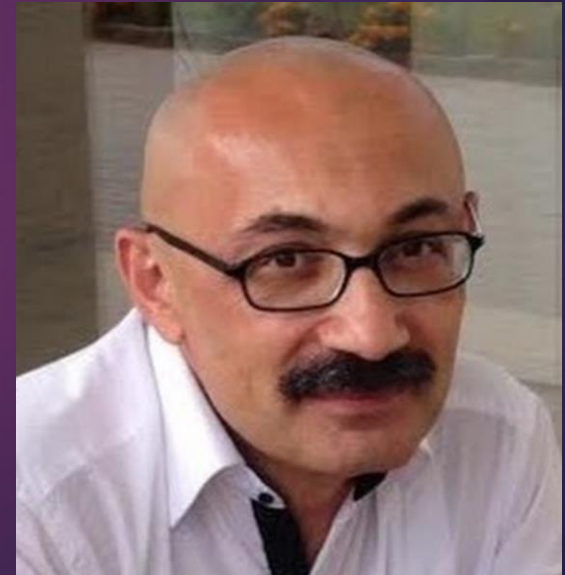
MARC JAMOULLE, GUSTAVO GUSSO, MARIA ANA MARIÑO, MIGUEL PIZZANELLI, CARL STEYLAERTS, MELISSA RESNICK, JONG-MYON BAE, THANH LIEM VO, ZEKERIYA AKTURK, AYÇA ÇETINBAŞ, JULIEN GROSJEAN, STEFAN DARMONI

WICC 2017

Department of general practice, University of Liege, Belgium
Department of information and medical informatics, Rouen, France



I wish to dedicate this presentation to Zekeriya Akturk, Turkish professor of family practice, translator of ICPC & Q-Codes in Turkish, jailed without judgment since more than one year



Reaching ICPC-2 and Q-Codes knowledge base through URIs

- ▶ ICPC-2

http://www.hetop.org/hetop/?la=en&rr=CIP_C_ARBO&tab=1

- ▶ ICPC-2 Process

http://www.hetop.org/hetop/?la=en&rr=CIP_C_ARBOPROC&tab=1

- ▶ Q-Codes

http://www.hetop.eu/hetop/Q?la=en&rr=CGP_CO_Q&tab=1

Automated Question and answer system

Example found in the publication;

John has lung cancer and has been treated with carboplatin which is known for toxicology adverse effects.

I would like to find literature and reference related to such events for the specific drug.

Sfakianaki, P., Koumakis, L., Sfakianakis, S., Iatraki, G., Zacharioudakis, G., Graf, N., ... Tsiknakis, M. (2015). Semantic biomedical resource discovery: a Natural Language Processing framework. *BMC Medical Informatics and Decision Making*, 15(1), 77. <https://doi.org/10.1186/s12911-015-0200-4>

Same patient seen by his GP;

John, a Nigerian patient, has lung cancer and has been treated with carboplatin, which is known for toxicological, adverse effects.

He has been very sick and is no longer willing to follow treatment. He is depressed and expresses fear that spirits have invaded his soul. He has visited me as his family doctor to explain the situation.

I would like to find literature about patient knowledge, Nigeria cultural background, compliance, coordination of care, motivational interviewing and the role of the family doctor in managing patient denial.

GPs corpus of knowledge is lost

4

- Conference websites disappear
- Abstracts and keynotes no more available
- Indexation system not fit for GP/FM
- At least 20.000 abstracts lost each year
- Master thesis
- PhD thesis
- Not indexed Grey literature

Sunday,
September
10, 2017

Which indexation system ?

Medical Subject Heading ; the best available

But :

- 27.000 descriptors
- Not always fit for GP/FM
- Multiple MeSH for one concept
- Some items missing

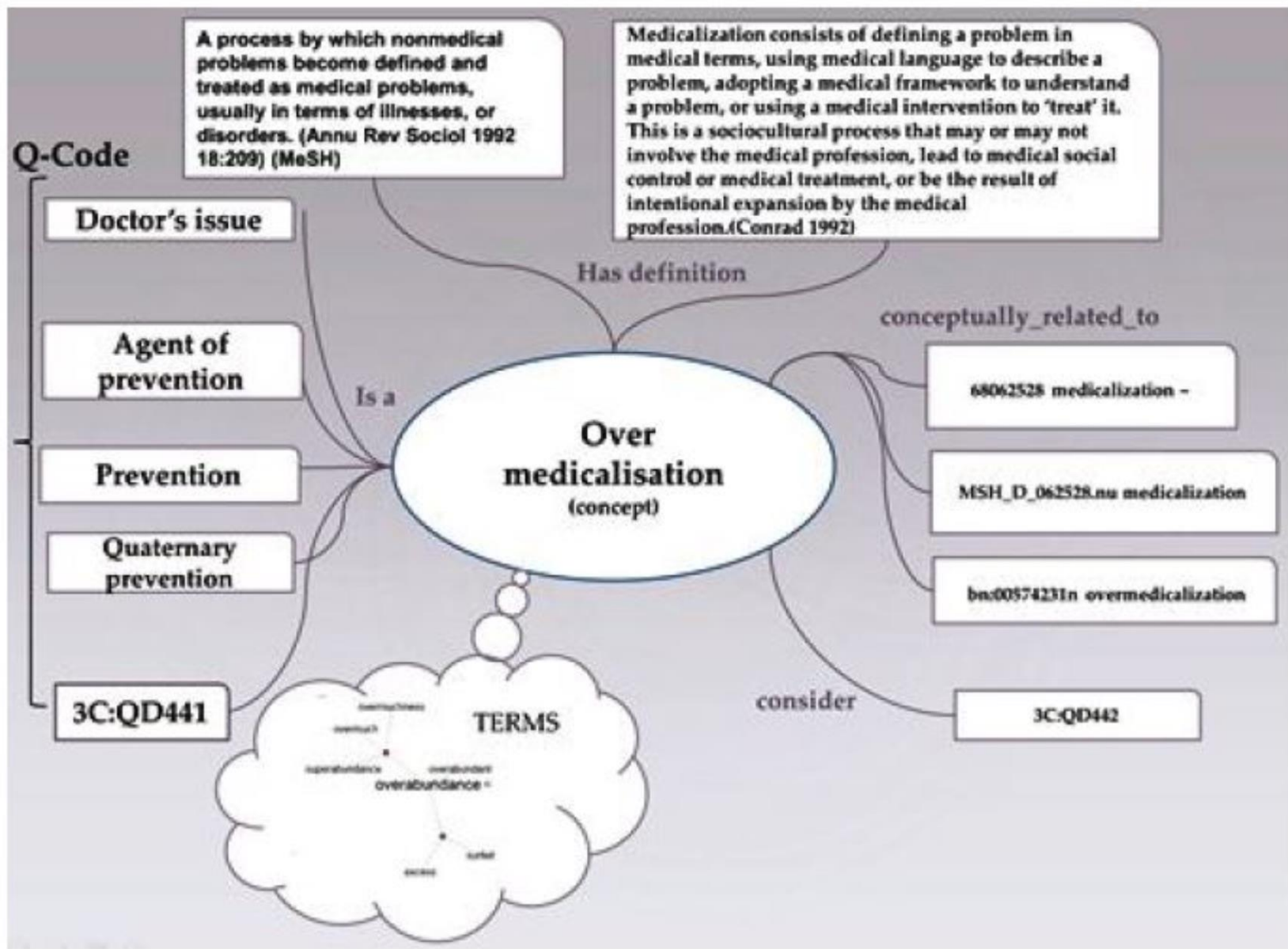
Ex : 7 descriptors for GP/FM

community medicine	MeSH Descriptor
family practice	MeSH Descriptor
gatekeeping	MeSH Descriptor
general practice	MeSH Descriptor
general practitioners	MeSH Descriptor
physicians, family	MeSH Descriptor
physicians, primary care	MeSH Descriptor

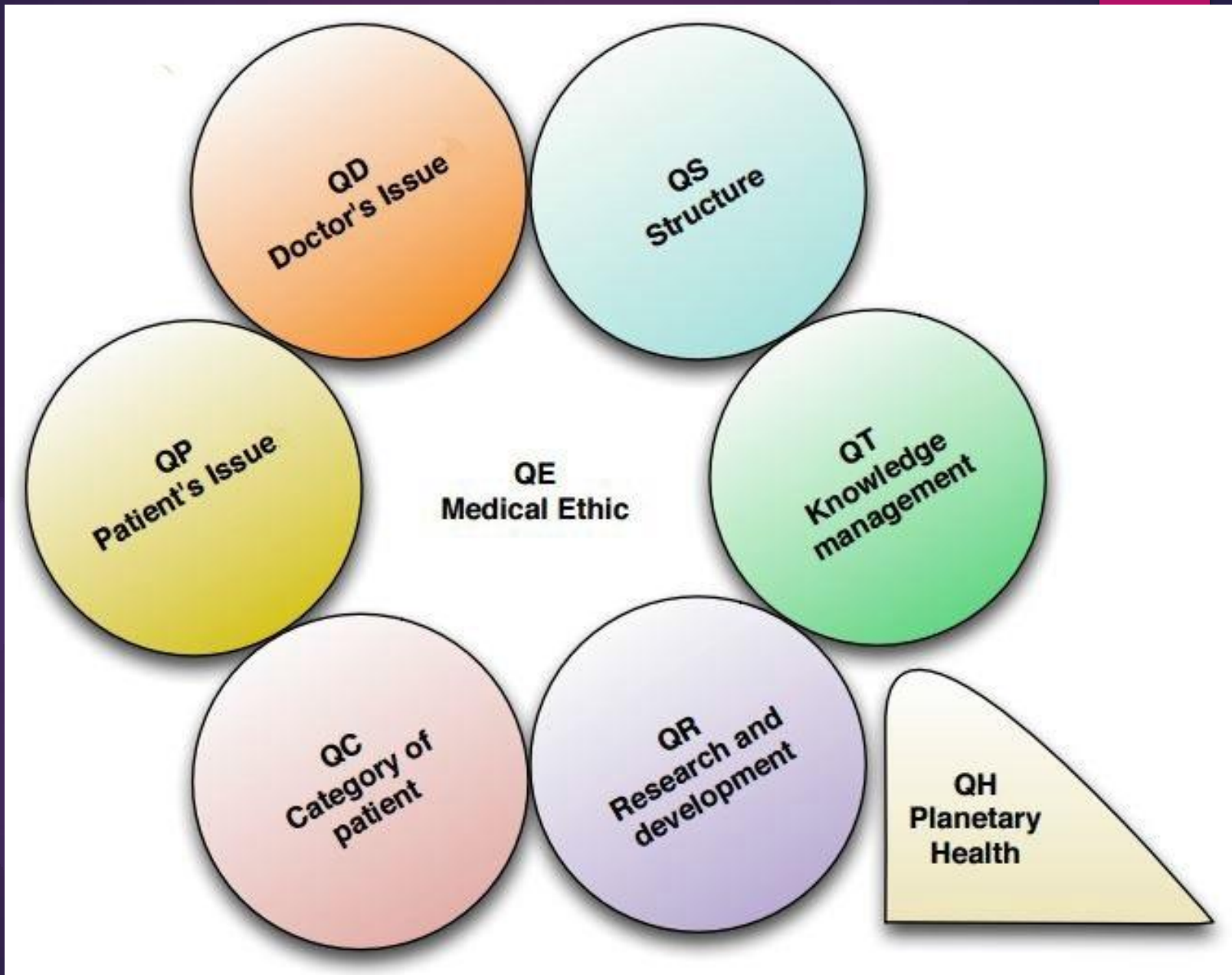
QP25	Acceptability
QR35	Action research
QD442	Disease mongering
QR2	Epidemiology of primary care
QD321	Medically unexplained symptoms
QD445	Overdiagnosis
QD443	Overinformation
QD444	Overscreening
QE1	Personal ethical view
QD44	Quaternary prevention
QR4	Research network
QD323	Shared decision making

- Time (2007... 2013-2016)
- Collaboration (35 people from 12 countries)
- Using ICPC-2 for clinical items
- Qualitative analysis of 1700 abstracts (Atlas-ti)
- Construction of a taxonomy of 182 Professional contextual concepts : the Q-Codes

FIGURE 1.14: Data structure diagram (DSD) of a Q-Code, showing the map of concepts and their relationships (conceptual data model)



Results : a taxonomy : the Q-Codes



- [-] QP patient issue
 - QP1 patient safety
 - [+] QP2 patient-centredness
 - QP3 quality of health care
 - [+] QP4 patient perspective
 - [+] QP5 health behaviour
 - [+] QP6 patient participation
 - QP7 patient advocacy

- [-] **Q Q-codes**
 - [-] QC patient's category
 - [+] QC1 age group
 - [+] QC2 gender issue
 - [+] QC3 social high risk
 - [+] QC4 addict
 - [+] QC5 victim of violence
 - QC6 survivor
 - [-] QD doctor's issue
 - [+] QD1 communicator
 - [+] QD2 doctor as carer
 - [+] QD3 care manager
 - [+] QD4 clinical prevention
 - [+] QD5 complementary medicine
 - QD6 medico legal issue
 - QD7 professional image
 - QD8 work-life balance
 - [-] QE medical ethics
 - QE1 personal view
 - QE2 professional ethics
 - [+] QE3 bioethics
 - [+] QE4 infoethics
 - [-] QH planetary health
 - [+] QH1 environmental health
 - QH2 biological hazard
 - QH3 nuclear hazard
 - [+] QP patient issue
 - [+] QR research
 - [+] QS structure of practice

- [-] QD2 doctor as carer
 - QD21 problem solving
 - QD22 comprehensiveness
 - QD23 health education
 - QD24 clinical competence
 - QD25 continuity of care
 - QD26 palliative care
 - QD27 family planning

French congress of teachers in GP/FM 2014. Content of QT5 (on 220 abstracts)

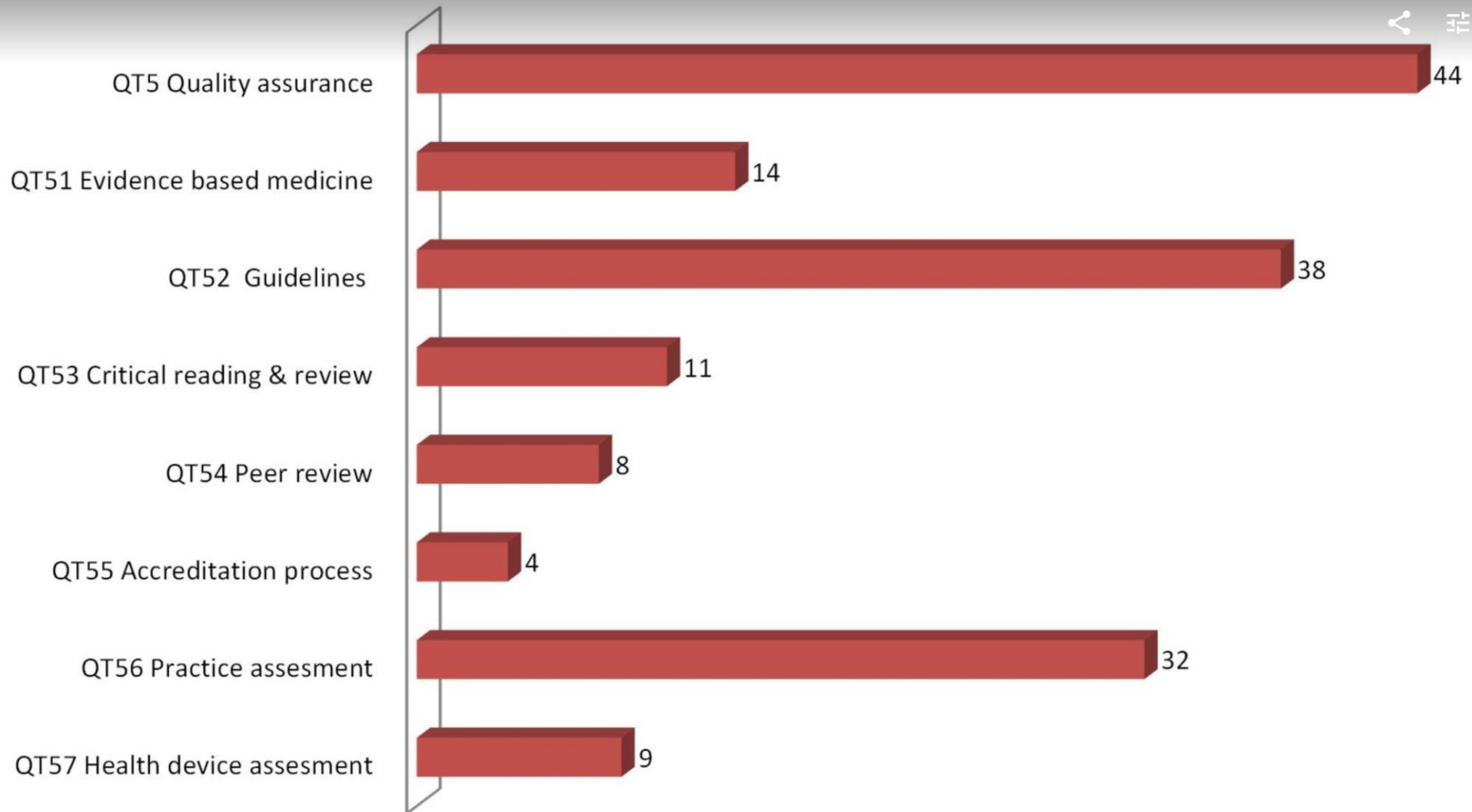


FIGURE 1.56: Comparison between ICPC-2 coding of two CNGE congresses with coding from clinical encounters in GP practice. Discrepancies between data issued from practice and data discussed in congress are pointed with a red circle.

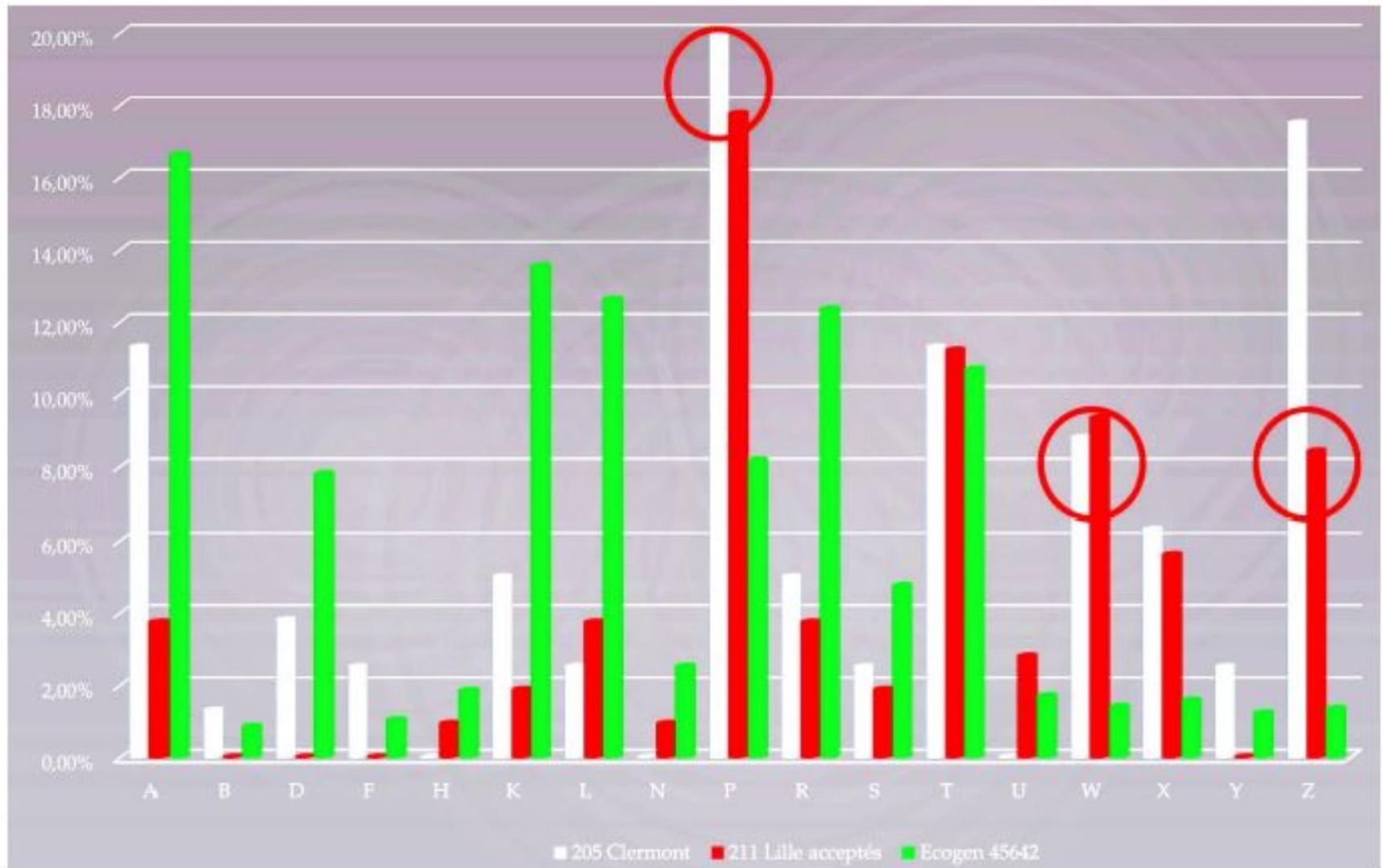


FIGURE 1.67: 3CGP as coding system for abstracts, filled out by the contributors to the 14th SBMFC congress in Curitiba, Brazil. Q-Codes in Portuguese. <http://www.cbmfc2017.com.br/trabalhos/>



**14^o Congresso Brasileiro de
MEDICINA DE FAMÍLIA
E COMUNIDADE**
2 a 5 de novembro de 2017

PRÉ-CONGRESSO
1^o de novembro de 2017
Expo Unimed Curitiba - Curitiba - PR

Área restrita de RICARDO
COLLAR REBOLHO

Atenção primária, acesso e cuidado centrado na pessoa.

RESTRITO Inscrição Trabalhos Concursos Comissão Convidados Comercial Turismo Contato

Meus Trabalhos

Preencha os dados utilizando o formulário abaixo para envio de novo trabalho.
Os campos com * são obrigatórios.

Dados do Trabalho

* Modalidade desejada:

* Título:

Máximo 12 palavras. Somente inicial do título em letra maiúscula e substantivos próprios.

Ex: A importância da Estratégia de Saúde da Família na intervenção educacional

* Tipo:

* Q-code / ICPC:

QC1 Faixa etária
QC11 Lactente
QC12 Criança
QC13 Adolescente
QC14 Adulto
QC15 Idosa
QC2 Questão de gênero

ou da ICPC que melhor descrevem seu trabalho.

campo.

(C) e serão aceitas até 4 rubricas.

* Texto (máximo 200 palavras):

FIGURE 1.66: Example of use of 3CGP (Q-Codes & ICPC-2) for indexing of grey literature, here discussions between members, in Spanish and about the theme of deprescription

<https://tinyurl.com/deprescription>

FICHA TÉCNICA DE LA NOTA / METADATA.

Fecha: Inicio Abril de 2017.

Tema / Título: Deprescripción, prescripción prudente y responsable

Autores/Contacto:

Enrique Gavilán (EG)/ enrique.gavilan.moral@gmail.com

Miguel Pizzanelli; miguelpizzanelli@gmail.com

CODIFICACIÓN DE LA FICHA

Códigos Q

QD325: Hábitos de prescripción.

QD326: Deprescripción, Deadopción

Codificación CIAP 2

-50: Renovación de prescripción.

Acceso: **Deprescripción, prescripción prudente y responsable.**

COMPÁRTELO:

[Publica Esto](#) [Twitter](#) [Facebook](#) [WhatsApp](#)

[Rebloguear](#) [★ No gusta](#)

Sé el primero en decir que te gusta.

PUBLICADO EN DEPRESCRIPCIÓN. ETIQUETADO -50, QD325, QD326.

FIGURE 1.70: Automatic extraction of concepts by ECMT v3. by numerous terminologies such as MeSH (MSH), National Cancer Institute (NCI), MedDRA (MDR), SNOMED (SNO) etc. The red arrow shows the automated identification of concepts in Q-Codes (CGP); QD4 Prevention and QD44 Quaternary prevention.(in French)

Extracteur de Concepts Multi-Terminologique (ECMT v3)

[How-to](#) - [Contact](#) - © 2017 CHU de Rouen - CISMeF.

La prévention Quaternaire (P4) est l'ensemble des activités de santé qui atténuent ou empêchent les conséquences des interventions inutiles ou excessives du système de santé.

Effacer 1 phrases annotées en 525 ms. 44 codes distincts identifiés.

Terme	Ter. Code
154.24 - Activités	DEW 154.24
320.101 1 - Systèmes	DEW 320.101 1
540.113 - Systèmes	DEW 540.113
551.79 - Quaternaire	DEW 551.79
Activité	TSP 000206
activité	IUP A00113
activité	NCI C43431
activité	SCT 257733005
Analyse systémique	TSP 000743
Conséquence	TSP 002943
conséquence	NCI C74555
Ensembl	NCI C45763
ensemble	NCI C63802
ensemble	NCI C47894
excessif	NCI C73992
excessif	SCT 260378005
Intervention	RAD R1D10381
Intervention	NCI C25218
LE systémique	MDR 10024067
médecine préventive	CIS MT21
médecine préventive	MSH D011315

Prévention	TSP 009460
Prévention	MDR 10036654
Prévention	NCI C15843
prévention et contrôle	MSH Q000517
Prévention santé	TSP 009471
procédure	SCT 71388002
procédure préventive (procédure)	SCT 169443000
QD4 prévention clinique	CGP QD4
QD44 prévention quaternaire	CGP QD44
S70B301 PREVENTION	CLA 570B301
S72EA PREVENTION	CLA 572EA
Santé	MSH M0009625
Santé	ICN 10008711
santé	SCT 263775005
santé	MSH D006262
santé	NCI C25178
Système	NCI C25700
système	SCT 246333005
système	NCI C40568
système	IUP S06234
système	SCT 31099001
systémique	SNO G-A572
systémique	NCI C13310



FIGURE 1.71: Language Processing in e-learning in Vietnam. The term *dự phòng*, meaning Prevention and corresponding to the Q-Codes QD4 Clinical prevention, is automatically tagged and linked to the definition. (In Vietnamese)

Võ Thành Liêm (thanhliem) | Tin nhắn | Tìm kiếm

FAMILY MEDICINE DEPARTMENT Bộ môn Y Học Gia Đình- Trường Đại Học Y Khoa Phạm Ngọc Thạch
 Website đào tạo online

Trang chủ | V - Nguyễn | VDS-Chăm sóc dự phòng và tâm s... | II-2 Dự phòng là gì

II-2 Dự phòng là gì

Tạo mục | Tạo subunit | Cập nhật

Theo lý 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 (AAPM), 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.

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. (Wongcadic)

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 ...

3-1. Tổng quan

II-2 Dự phòng

Before to show the 3cgp pages, a suggestion :

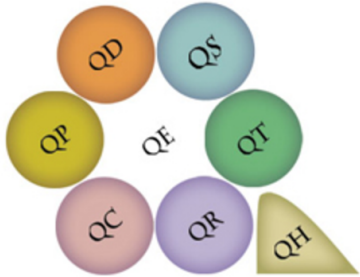
Become a member of the WICC Q-Code working group!

The Q-Codes working group aim at development of an indexation system allowing the knowledge management in GP/FM on the basis of the analysis of the current exchange of knowledge by practicing GPs and by using the most appropriate standards and techniques, from paper and pencil to semantic web technologies.

The group is open **Please send subscribe at**

<q-codes-working-group@googlegroups.com>

<http://3cgp.docpatient.net/>



CORE CONTENT CLASSIFICATION IN GENERAL PRACTICE / FAMILY MEDICINE



WELCOME !

THE Q-CODES

ICPC-2

THE HETOP WEB SERVER

TERMINOLOGY IN GP/FM

IMPLEMENTATION OF Q-CODES

CONTACT

& Pizzonelli, M. (2017). Round
table: Quaternary Prevention (P4) or

Welcome !

The acronym 3CGP signifies "Core Content Classification in General Practice Family Medicine." **3CGP is a classification system** consisting of two parts: International Classification of Primary Care Version 2 (ICPC-2) and Q-Codes. The initial aim of 3CGP is to index grey literature, e.g., GP/FM congress abstracts, posters, and other presentations, with appropriate and specific descriptors. ICPC-2 and Q-Codes together contain less than 1000 descriptors specific to GP/FM.

Q-Codes, the second part of 3CGP, describe the non-clinical activities of GPs. These non-clinical activities include, but are not limited to, quality, continuity, and medical ethics issues. The Q-Codes working group, associated with the Wonca International Classification Committee is open to interested students, physicians and researchers. See also www.ph3c.org/Q

Search

Recent Posts

Welcome !

Pages

About the 3CGP Project

Bibliography P4 / Biblioteca Virtual P4
/Bibliographie P4 – Uruguay 2017

Classification automatisée de résumés médicaux –