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

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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
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.


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

• 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
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

<table>
<thead>
<tr>
<th>community medicine</th>
<th>MeSH Descriptor</th>
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<tbody>
<tr>
<td>family practice</td>
<td>MeSH Descriptor</td>
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<td>gatekeeping</td>
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<td>Code</td>
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<td>Acceptability</td>
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<td>QR2</td>
<td>Epidemiology of primary care</td>
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<td>QD445</td>
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<td>QE1</td>
<td>Personal ethical view</td>
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<td>QD44</td>
<td>Quaternary prevention</td>
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<td>QR4</td>
<td>Research network</td>
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<tr>
<td>QD323</td>
<td>Shared decision making</td>
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method

• 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).

A process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses, or disorders. (Annu Rev Sociol 1992 18:209) (MeSH)

Medicalization consists of defining a problem in medical terms, using medical language to describe a problem, adopting a medical framework to understand a problem, or using a medical intervention to ‘treat’ it. This is a sociocultural process that may or may not involve the medical profession, lead to medical social control or medical treatment, or be the result of intentional expansion by the medical profession. (Conrad 1992)

Over medicalisation (concept)

Has definition

conceptually_related_to

68062528 medicalization

MSH_D_062528.nu medicalization

bn:00574233n overmedicalization

consider

3C:QD441

TERMS

overabundance superabundance overabundant overabundance excess
Results: a taxonomy: the Q-Codes
French congress of teachers in GP/FM 2014. Content of QT5 (on 220 abstracts)

- QT5 Quality assurance: 44
- QT51 Evidence based medicine: 14
- QT52 Guidelines: 38
- QT53 Critical reading & review: 11
- QT54 Peer review: 8
- QT55 Accreditation process: 4
- QT56 Practice assessment: 32
- QT57 Health device assessment: 9
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.
Results

**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/](http://www.cbmfc2017.com.br/trabalhos/)
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
Results

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.
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)
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>
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