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## Guest Editorial

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# ICHPPC-2—An Improved Classification System for Family Practice

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The publication of the International Classification of Health Problems in Primary Care—1979 Revision (ICHPPC-2)<sup>1</sup> is an event with considerable interest for family physicians and other primary health care providers. Prepared by the Classification Committee of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA), this classification was revised to align it with the International Classification of Diseases, ninth revision (ICD-9).<sup>2</sup> As such it serves as an official adaptation of the current version of this universal classification of health problems, morbidity, and mortality.

The need for an international classification for use by family physicians evolved from the emergence of different primary care classifications in several countries. One of the earliest was the Royal College of General Practitioners (RCGP) Classification of Diseases published in 1959.<sup>3</sup> This classification was introduced into the United States by Metcalfe and Wood and was later modified for use with problem oriented medical records.\* Neither the RCGP classification nor the International Classification of Diseases, however, was found suitable for a morbidity study of general practice in Canada,<sup>4</sup> and deficits noted in these classifications led to the development of the Canuck Classification. The Royal Australian College of General Practitioners used a different classification for their morbidity study in 1965,<sup>5</sup> and the Israelis had produced yet another classification.

At the Fifth World Conference on General Practice/Family Medicine held in Australia in 1972, the WONCA Classification Committee began work on an international version. The product of their work, entitled International Classification of Health Problems in Primary Care (ICHPPC-1),<sup>6</sup> was field tested prior to publication in over 300 practices in nine countries with a total of more than 100,000 physician/patient contacts. After approval by the General Assembly of WONCA it was published by the American Hospital Association in 1975.

For this classification, diagnostic titles were chosen to include conditions that occur frequently, can be diagnosed in the primary care setting, or are of considerable importance although not commonly encountered. An attempt was made to make this classification concordant with the eighth revision of the International Classification of Diseases (ICD-8).<sup>7</sup> Complete alignment, however, was not possible because ICD-8 did not include social problems and the large number of symptoms listed in ICHPPC-1. Following publication of ICHPPC-1, family physicians recognized that their input into the next revision of the International Classification of Diseases would be necessary if that classification was to serve the needs of providers of ambulatory care. This input was provided through a committee of the Society of Teachers of Family Medicine serving as consultants to the Commission on Professional and Hospital Activities and by family physician representation on the American Hospital Association Advisory Committee to the International Classification of Diseases. Direction given by these family physicians to the American representatives who met at Geneva to design ICD-9 had the

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\*Modification of the RCGP Classification of Disease for use with Problem Oriented Medical Records, booklets. Rochester, NY, and Richmond, VA, University of Rochester, and Medical College of Virginia, 1971.

desired effect of expanding that classification in directions required by family physicians. The final version of ICD-9 did indeed contain those additional diagnostic titles required to describe the content of family practice.

The opportunity for the production of a primary care classification which could be designated as an official adaptation of ICD-9 was now present. At the Eighth World Conference, held in Switzerland in 1978, agreement for endorsement by the World Health Organization was obtained and the committee began work on the revision of ICHPPC.\* The revision, completed by 1979, was published by the Oxford University Press\*\* in the same year.

Basic construction of ICHPPC-2 is similar to that of ICHPPC-1 and ICD-9. A total of 362 diagnostic titles are divided into 18 sections. The sections are as follows:

1. Infective and Parasitic Diseases
2. Neoplasms
3. Endocrine, Nutritional, and Metabolic Diseases
4. Blood Diseases
5. Mental Disorders
6. Nervous System and Sense Organ Diseases
7. Circulatory System Diseases
8. Respiratory System Diseases
9. Digestive System Diseases
10. Genito-Urinary System Diseases
11. Pregnancy, Childbirth, Puerperium
12. Diseases of the Skin and Subcutaneous Tissue
13. Diseases of the Musculoskeletal System and Connective Tissue
14. Congenital Anomalies
15. Certain Conditions Originating in the Perinatal Period
16. Symptoms, Signs, and Ill-Defined Conditions
17. Accident, Injury, Poisoning, and Violence
18. Supplementary Classification

\*The WONCA Classification Committee responsible for ICHPPC-2 is chaired by Bob Westbury of Canada and includes the following additional members: Bent Guttorm Bentsen, Norway; Charles Bridges-Webb, Australia; Donald Crombie, England; Boz Fehler, Republic of South Africa; Jack Froom, United States of America; Klaus-Deiter Haehn, West Germany; Bert Herries-Young, New Zealand; Poul Krogh-Jensen, Denmark; Henk Lamberts, Netherlands; Bill Patterson, Scotland; Kumar Rajakumar, Malaysia; Philip Sive, Israel; and Gerhart Tutsch, Austria.

\*\*ICHPPC-2 can be obtained from the Oxford University Press, 16-00 Pollitt Drive, Fair Lawn, New Jersey 07410.

The number of diagnostic titles within each section varies from 1 to 41. ICHPPC-2 is designed to function in an optional hierarchical relationship to ICD-9. The several thousand diagnostic titles in ICD-9 correspond to only 362 rubrics in ICHPPC-2 and health care providers who require greater specificity than afforded by ICHPPC may subdivide some of those diagnostic titles to meet their specific needs. For comparability, however, reconstitution to the original ICHPPC-2 titles is necessary. The WONCA Classification Committee is currently at work on the production of definitions or, more accurately, precise inclusion criteria for each diagnostic title contained in ICHPPC-2. That work, partially funded by a grant from the National Library of Medicine, will shortly be ready for a field trial.

ICHPPC-2 is an important new instrument for family physicians. It is compatible with ICD-9 and ICD-9-CM,<sup>8</sup> both of which are currently used most for classifying morbidity and mortality encountered in the hospital setting. With proper assignment of ICD-9-CM code numbers, diagnostic titles in ICHPPC-2 may be used by American physicians for purposes of billing third party payers, in addition to its primary purpose of indexing health problems encountered in the ambulatory setting.

## References

1. ICHPPC-2: International classification of health problems in primary care, 1979 revision. Report of the Classification Committee of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians. Oxford, Oxford University Press, 1979
2. Ninth Revision International Classification of Diseases. In Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death. Geneva, World Health Organization, 1977
3. A Classification of Disease. Report of the Research Committee of the Royal College of General Practitioners. *JR Coll Gen Pract* 2:140, 1959
4. Westbury RC, Tarrant M: Classification of diseases in general practice: A comparative study. *Can Med Assoc J* 101:603, 1969
5. Royal Australian College of General Practitioners: Classification of Disease, used in the Australian Morbidity Study. Sydney, Royal Australian College of General Practitioners, 1965
6. International classification of health problems in primary care. Report of the Classification Committee of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians. Chicago, American Hospital Association, 1975
7. Eighth Revision International Classification of Diseases. In Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death. Geneva, World Health Organization, 1967
8. Ninth Revision International Classification of Diseases, Clinical Modification, ICD-9-CM. Report of the Commission on Professional and Hospital Activities. Ann Arbor, University of Michigan, 1978