Family Practice Forum

ICHPPC-2-Defined

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ICHPPC-2-Defined (International Classification of Health Problems in Primary Care) Third Edition¹ is an important addition to the group of classifications available to family physicians. This edition of ICHPPC, published by Oxford University Press, was produced in response to the need for the highest possible level of statistical comparability of morbidity recording by reducing variability in coding. This volume contains definitions, or more precisely, specific inclusion criteria for most of its diagnostic titles. Primary care physicians from different countries around the world can use this classification with the assurance that their colleagues elsewhere can code health problems using similar criteria. Thus, aggregate data for such health problems as anxiety disorder, bronchitis, irritable bowel syndrome, and other entities with blurred diagnostic borders would have greater accuracy.

The first primary care classification of health problems, ICHPPC² was produced because of the need for a single classification acceptable to primary care physicians in the several countries in which different classification systems were in use. After a field test in over 300 practices in nine countries with a total of more than 100,000 physician-patient contacts, it was put in final form by the

International Classification Committee of the World Organizations of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA), approved by the general assembly of WONCA, and published by the American Hospital Association in 1975.

The second edition, ICHPPC-2,³ resulted from the modifications that were necessary to align the classification with the ninth revision of the International Classification of Diseases.⁴ ICHPPC-2 was the first primary care disease classification to receive endorsement from the World Health Organization, and it was published by Oxford University Press in 1979. This classification is still useful because its tabular format and diagnostic titles are unchanged in *ICHPPC-2-Defined*. The primary difference between the two classifications is the addition of diagnostic criteria for most of the rubrics.

As with the 1975 edition of ICHPPC, ICHPPC-2-Defined received extensive field testing in 12 countries. The field test consisted of three parts: (1) general comments from experienced clinicians, (2) use of the inclusion criteria to code 50 consecutive encounters in practice, and (3) use of the classification to code clinical vignettes devised for the trial.

Eighty-five physicians from 12 countries participated. Thirty physicians from 6 countries coded encounters in their own practices, and 63 physicians from 11 countries coded the vignettes. After field testing, 87 of the 282 initial definitions required modification in the direction of simplifi-

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cation, increased clarity, and better cross-indexing.1

The new classification is not meant to serve as a guide to diagnosis, but rather to provide inclusion criteria for coding purposes after a diagnosis has already been made. Neither is it meant to serve as a guide to therapy. Its primary purpose is to provide guidelines to facilitate statistical comparisons. It is certain, however, that the definitions are far from perfect and that new medical knowledge will necessitate future revisions. The WONCA International Classification Committee welcomes suggestions from users to be incorporated into further revisions. Nevertheless, family physician researchers, educators, and health care providers will find ICHPPC-2-Defined useful in their daily work. Practitioners may wish to check diagnostic criteria they use in everyday practice with those provided in this volume. Teachers can use the definitions during clinical exercises. For research the definitions are a useful starting point for clinical projects as well as for morbidity studies. ICHPPC-2-Defined is a new instrument with potential for the advancement of the science of family medicine.

References

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