- Why is it so important to have ordering principles for primary care data and information?

- What are the most important ordering principles for primary care that MUST be captured by a primary care classification and which are currently lacking?

- Of current clinical classifications and terminologies, which ones have something to offer primary care and patients?

- What are the data standard paths that could be taken to create standards or otherwise put in place the ordering principles for primary care?

Some History of this Ground

Professor Maurice Wood

1995 AHRQ Conference New Orleans

- **ICPC** (International Classification of Primary Care)
- **READ** Codes (United Kingdom)
- **SNOMED** (Systematized Nomenclature of Human and Veterinary Medicine)
- **UMLS** (Unified Medical Language System)

- endorsing the concept and the further development and evaluation of a standardized nomenclature (or vocabulary) for primary care

- defining the need to develop international standards for a clinical classification and nomenclature for use in primary care settings

- confirming that primary health care providers should be able to record data about patients at the point of care to enable future support for the care of individual patients over time.

- **Clinical relevance**
- **Rich vocabulary**, supporting synonyms, modifiers, documentation and mapping to other codes.
- Allowing **easy** data **collection**.
- Having **sound architectural infrastructure** enabling availability, flexibility of granularity, international use, maintenance, being hierarchical, multilingual and multicultural.
- **Supporting clinical work flow** and useful in all **primary health care** settings
- Supporting **aggregation and analysis** of data for research, decision support, functional status and quality of care.

Aspired Actions

- To link the 3 clinically capable systems within the NLM Unified Medical Language System (UMLS)

- Develop and adopt a glossary of terms for primary care informatics.

- Organize a follow up conference.

- Develop a feasible Minimum Data Set (MDS) for ambulatory primary care.

- Liase with and build support and linkages with other groups. AAFP, STFM, NAPCRG.
- Continue support for and communication with, the conference participants.
- Seek support to establish and fund an infrastructure for primary care informatics.
- Help developers and users of the 4 systems to cooperate on strategies to develop coding and classification systems for primary care.

- Identify or develop standard processes and methods to evaluate clinical nomenclatures.

- Establish a process to update current classifications and nomenclatures, e.g. add new terms.

- Seek national and international support.

- Share conference outcomes.

Banff Declaration (2003)

- The data standards needed for primary care can now be addressed and a classification, relevant for primary care in the US, is necessary and required to provide a simple way for providers to record and retrieve data from their routine point of care practice.

- Operationalization of this patient centered care over time would enhance the quality of care, control costs, enable new knowledge of the early manifestations of chronic disease, improve response to terrorism threats and allow quantitative estimates of symptom probability transiting to specific diagnoses

- That the US Secretary of Health and Human Services should immediately incorporate data standards for the routine documentation of the essential content of primary care.

- These standards should include: (a) the simultaneous recording of both the patients perspective represented by reasons of encounter, and the primary care provider's clinical perspective (b) the requirement that primary care data should be ordered in an episode of care structure.

- The International Classification of Primary Care (ICPC-2-E, with its linkage to ICD-10 as an underlying nomenclature) should be accepted and used as the initial basis for classification in US primary care settings.

- In order to facilitate linkage between ICPC-2-E and reference terminologies we recommend that primary care representatives be appointed to the NCVHS and the SNOMED Editorial Board.