



**GHENT
UNIVERSITY**

CISP-Club 2016
Gand 14-16/10/16

Diego Schrans
Médecin de famille
Membre du WICC

COMMENT RENDRE COMPTE DE LA PERSONNE CACHÉE DERRIÈRE LE PATIENT PAR DES BITS ET DES BYTES

Diego Schrans

LA CISP-2:

UNE CLASSIFICATION ADAPTÉE A LA MÉDECINE
GÉNÉRALE ET AUX SOINS PRIMAIRES?

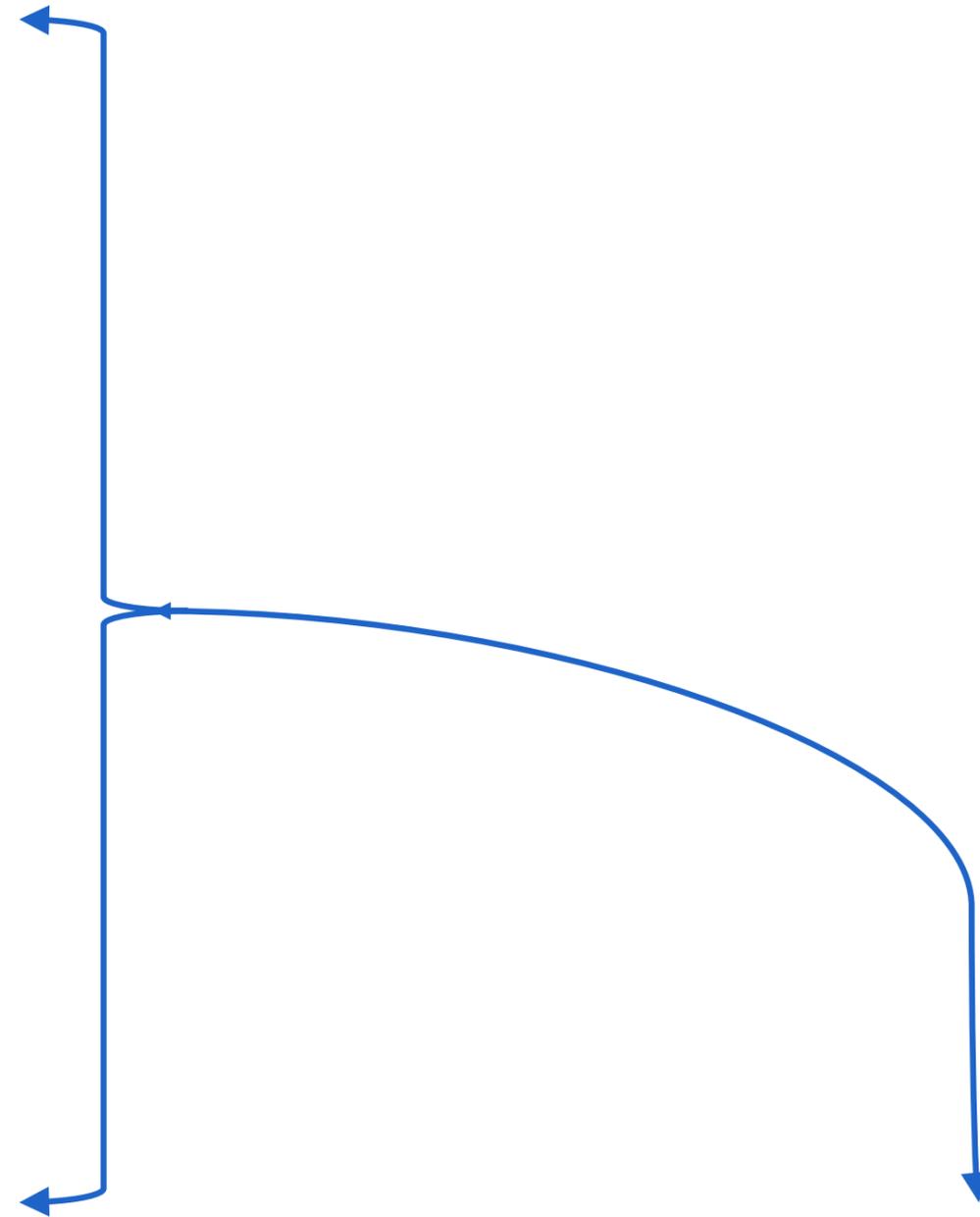
LE PATIENT ET LA PERSONNE

- Soins centrés sur le patient
 - Interaction pendant une visite usuelle
 - Basé sur la maladie

- Soins centrés sur la personne
 - Accumulation de connaissance au cours du temps
 - Relation continue
 - Basé sur la perception de la maladie

CISP-2: ENREGISTREMENT EN SOINS PRIMAIRES

- MdC
- Symptômes et plaintes
- Processus de soins
- Diagnostic / maladies
- Episode des soins
- Chapitre Z
- 1987- 1998- 2005



Centré sur le
patient

OÙ EST LA PERSONNE?

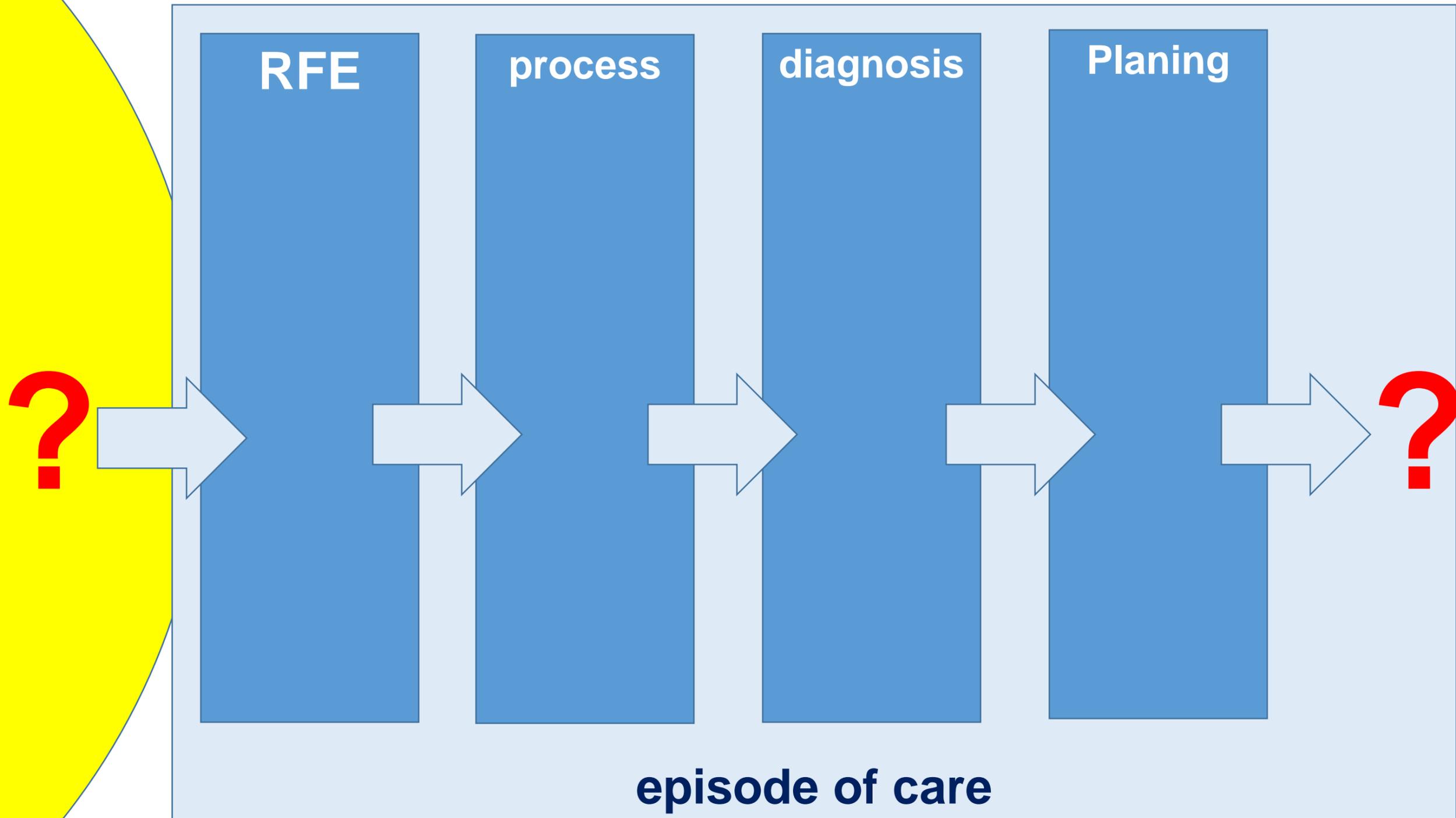
L'objectif principal de la médecine est de réduire la sensation d'être malade et la souffrance

La façon traditionnelle de réaliser cela est de diagnostiquer une maladie et de la traiter

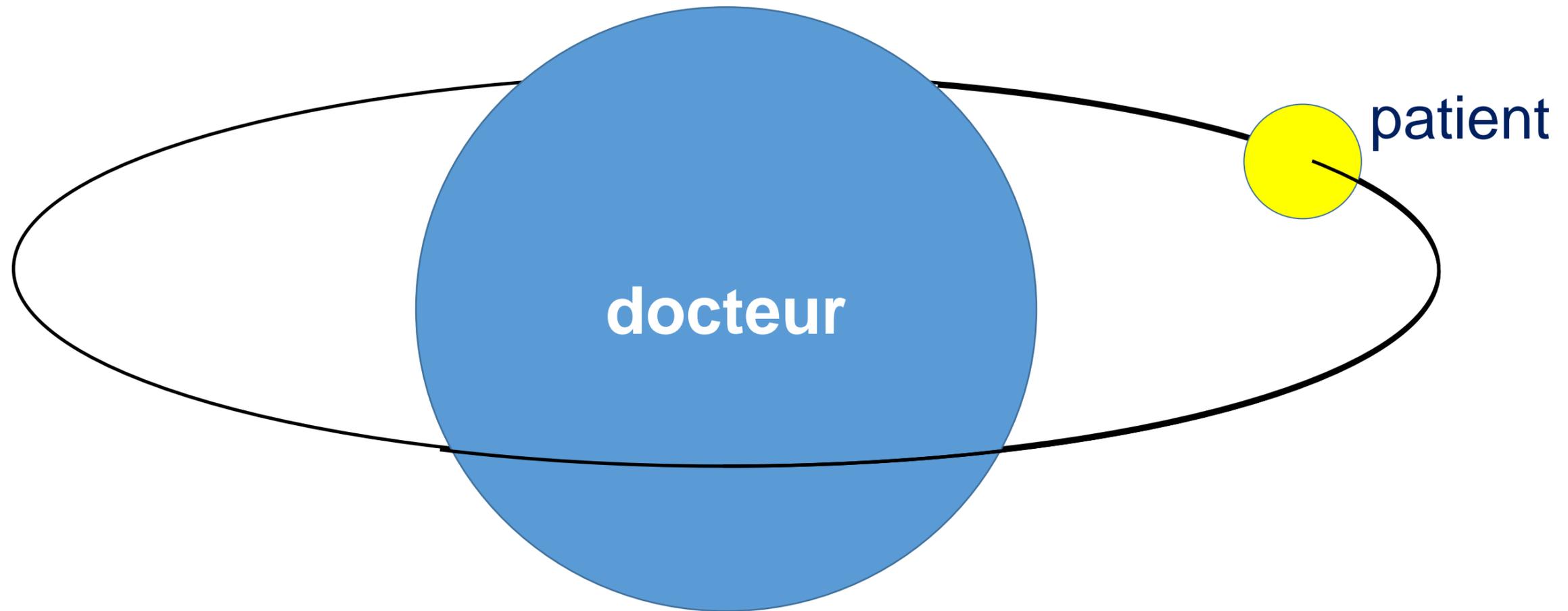
La pratique familiale tend vers un modèle médical où les gens sont au centre de soins de santé

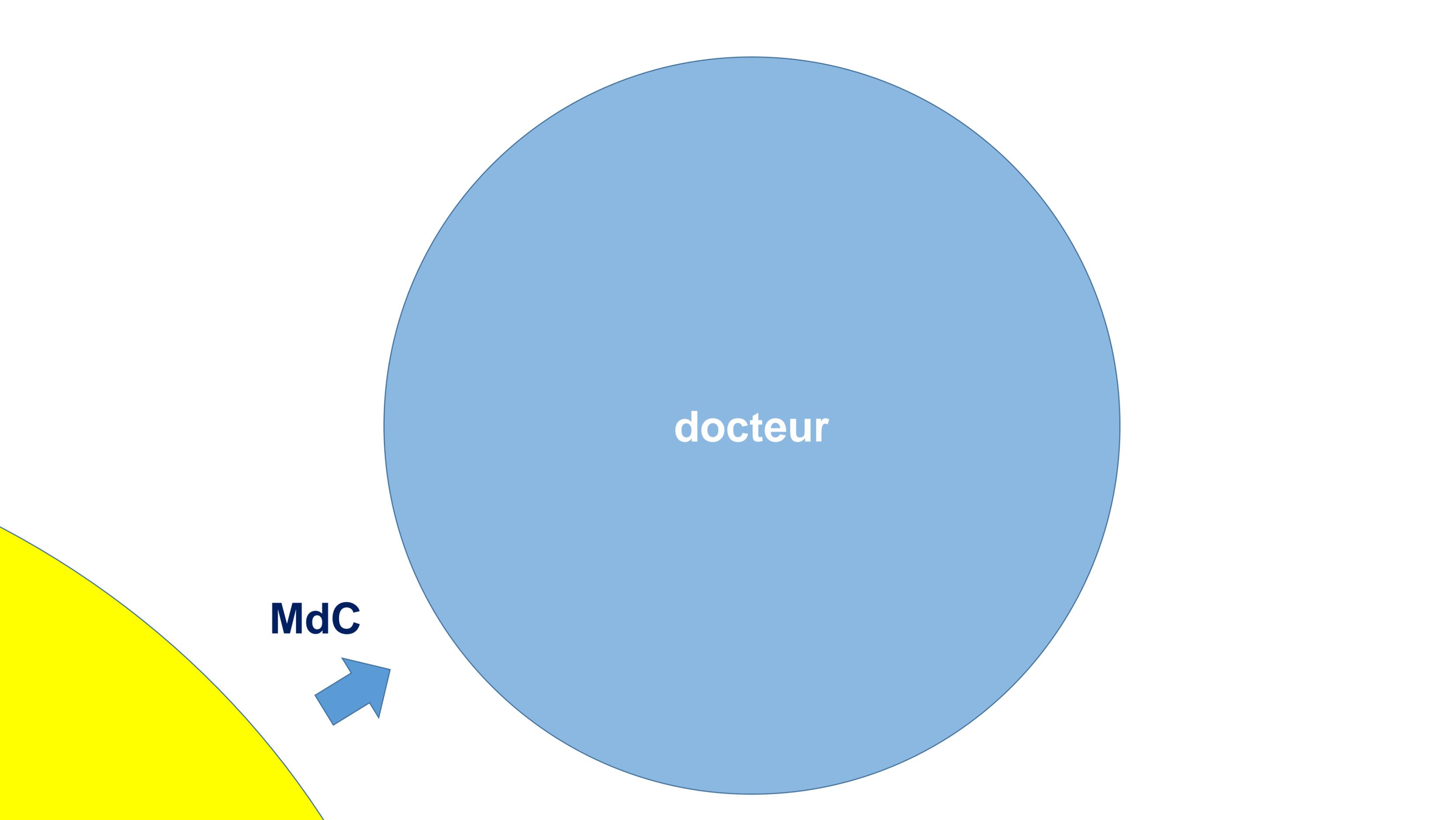
*„Family physicians are committed to the person“
(Les médecins de familles sont voués aux personnes)*

vue médicale du monde au bon vieux temps



vue médicale du monde au bon vieux temps

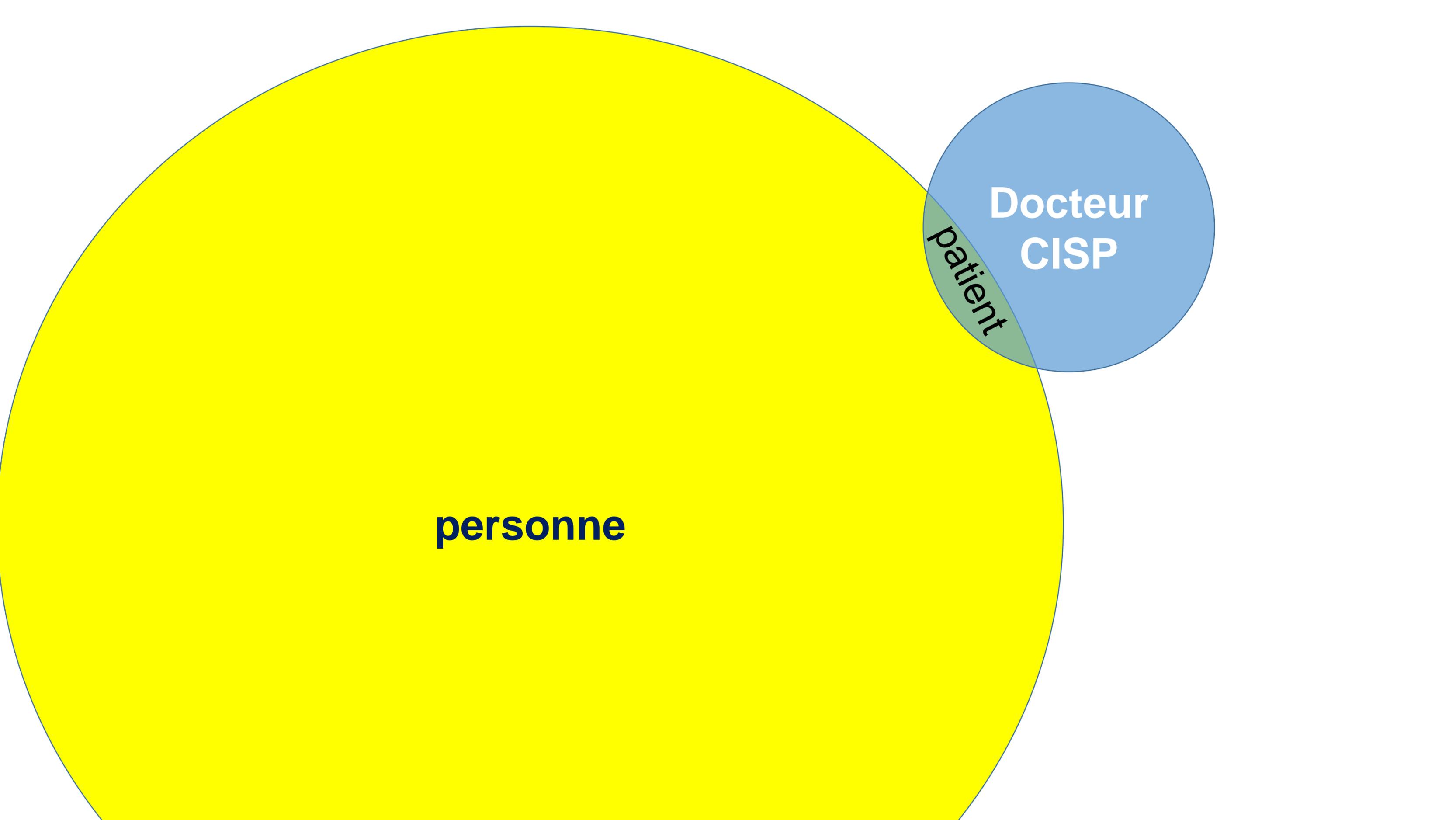




docteur

MdC



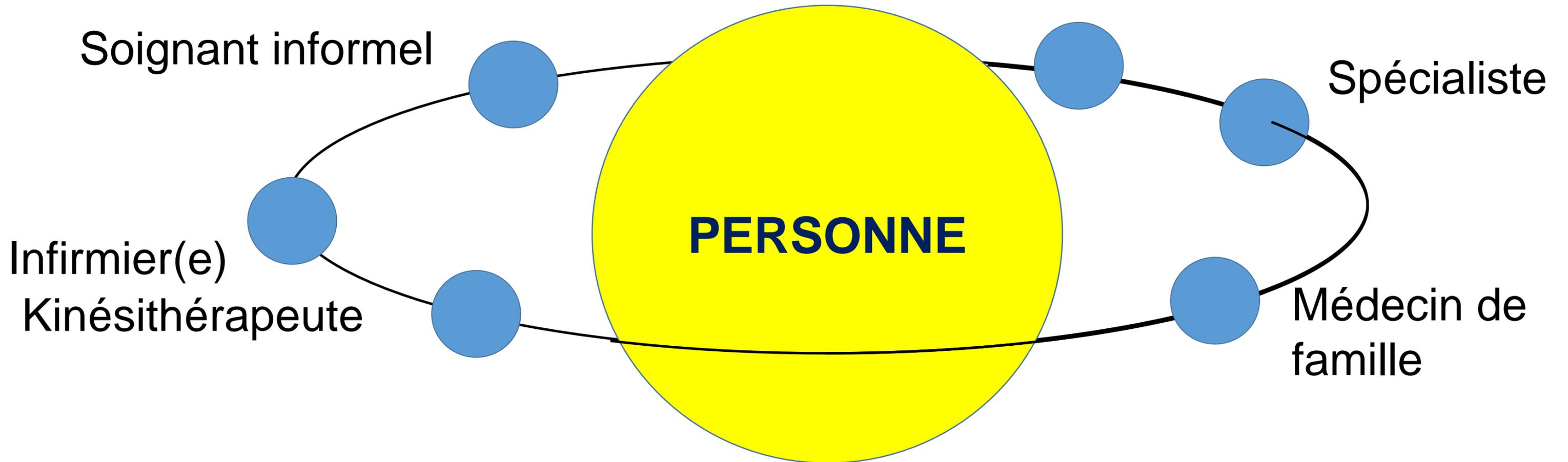


personne

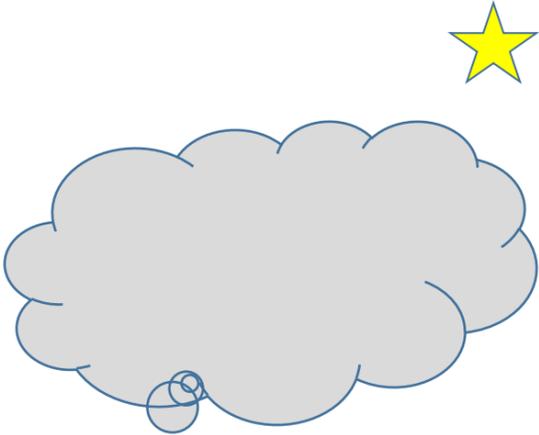
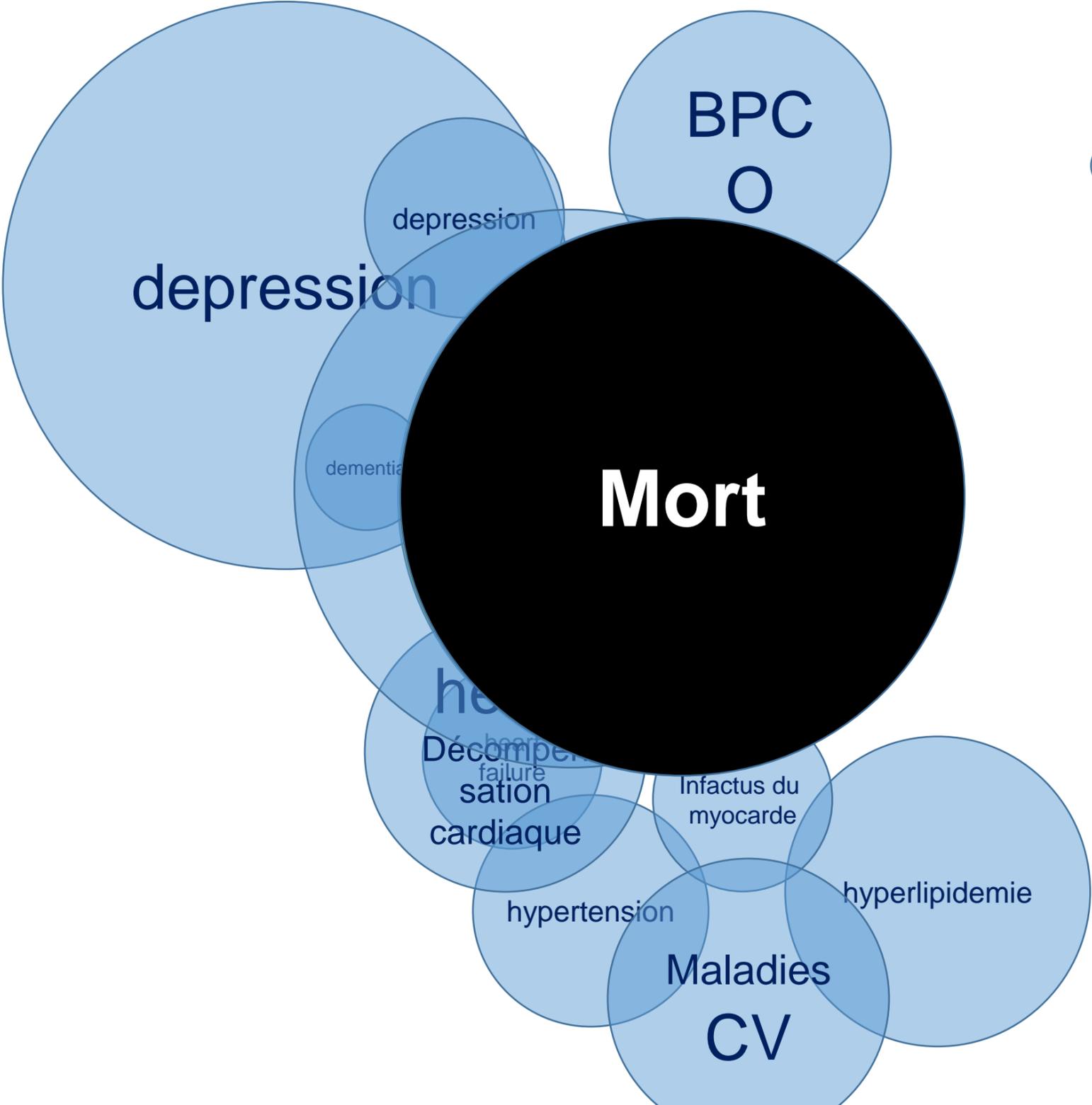
**Docteur
CISP**

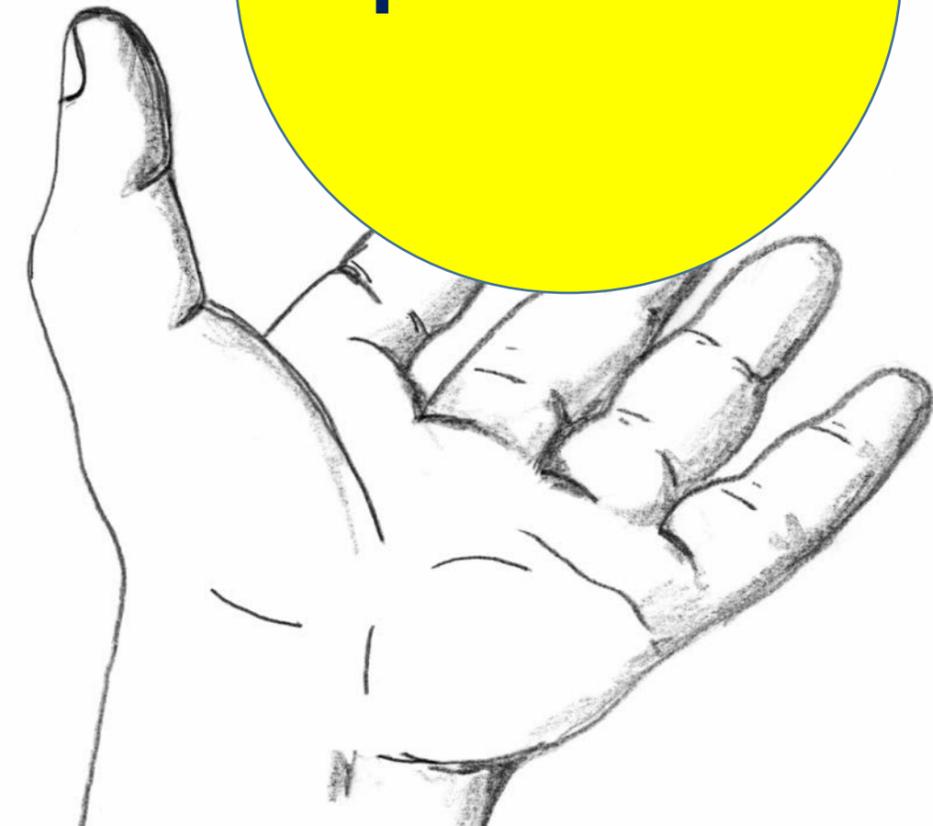
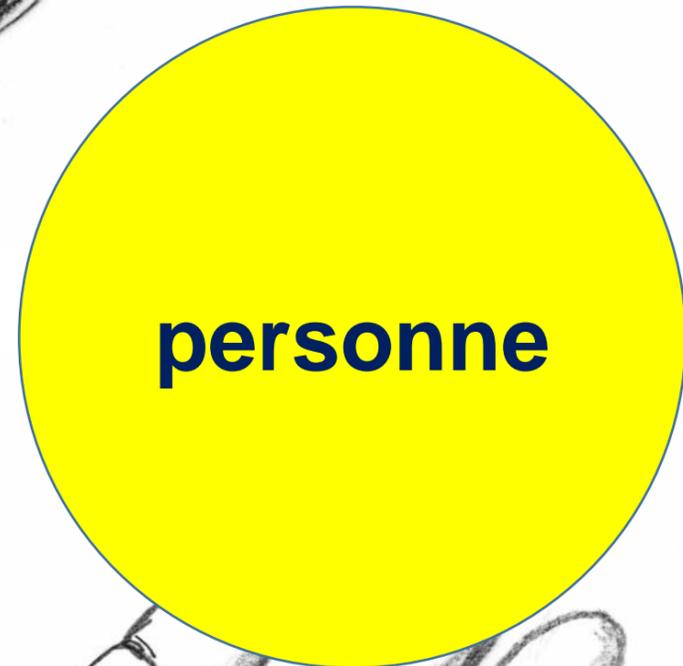
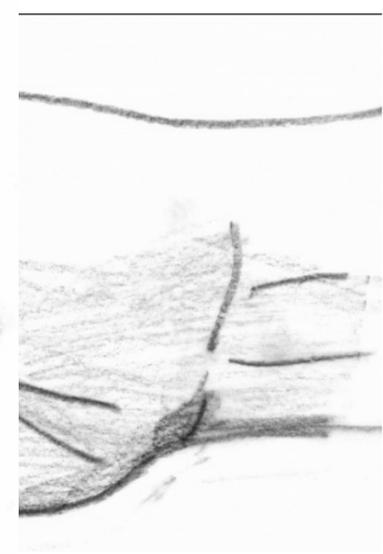
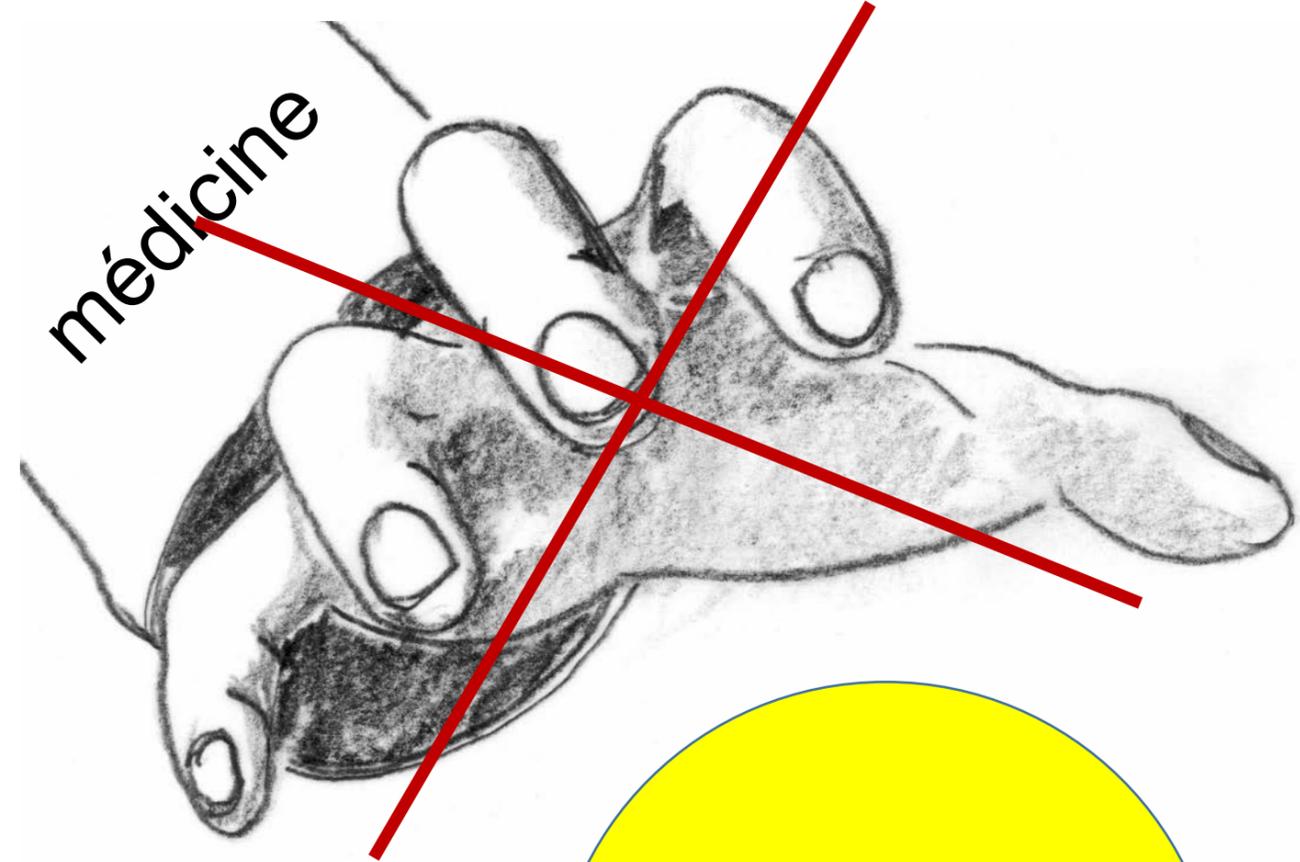
patient

La révolution copernicienne en soins primaires



les épisodes de soins et la personne

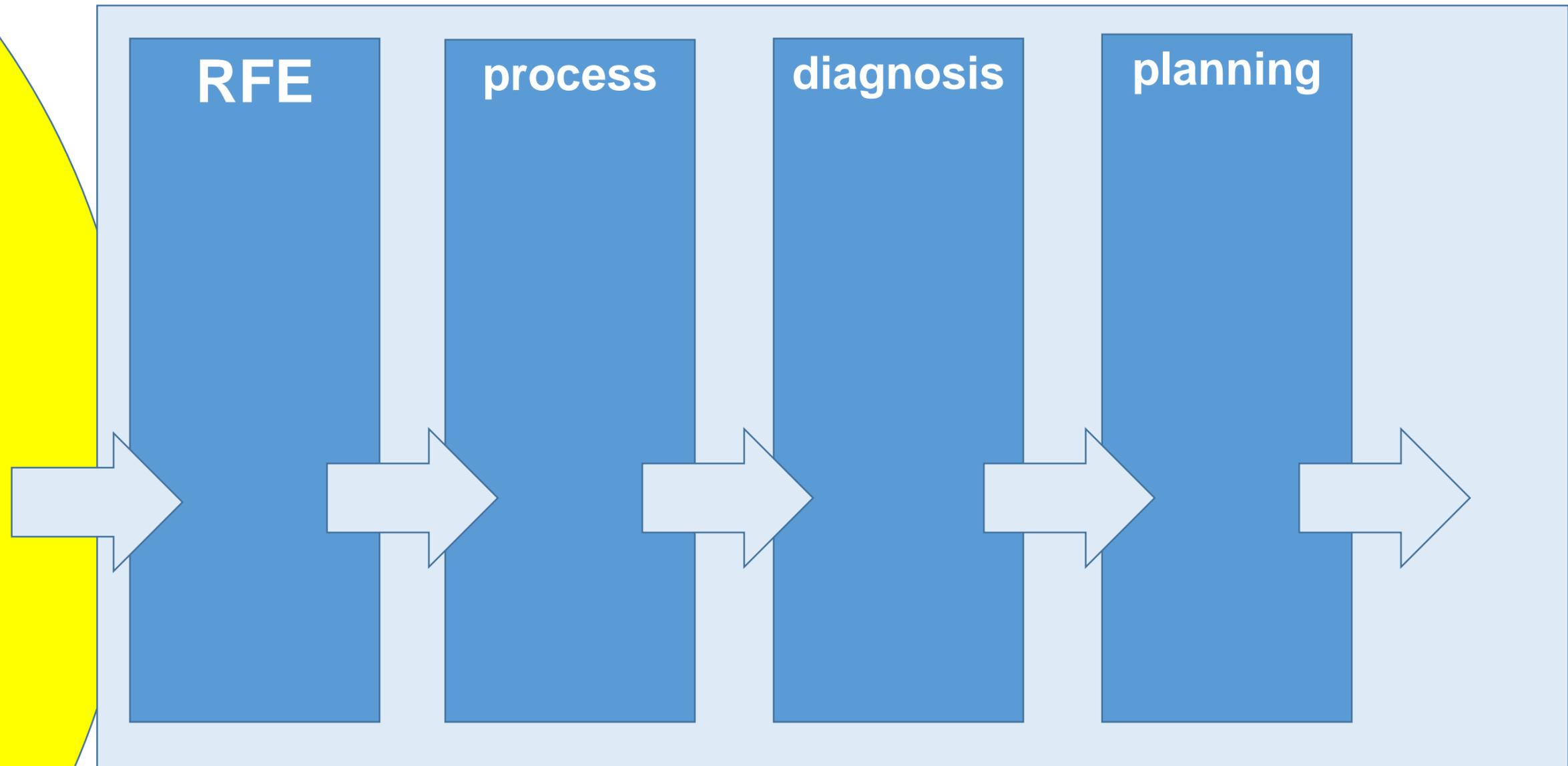






AU-DELÀ DE L'ÉPISODE DE SOINS

Nous avons besoin d'informations supplémentaires



Episode de Soins

PeRI

Qualitative Research

The search for person-related information in general practice: a qualitative study

Diego Schrans^{a,*}, Dirk Avonts^a, Thierry Christiaens^a, Sara Willems^a, Kaat de Smet^a, Kees van Boven^b, Pauline Boeckxstaens^a and Thomas Kühlein^c

^aDepartment of Family Medicine and Primary Health Care, Ghent University, Ghent, Belgium, ^bDepartment of Primary and Community Care, Radboud University Nijmegen, Nijmegen, The Netherlands and ^cAllgemeinmedizinisches Institut, Universitätsklinikum Erlangen, Erlangen, Germany.

*Correspondence to Diego Schrans, Department of Family Medicine and Primary Health Care, UZ Gent 6K3, De Pintelaan 185, 9000 Gent, Belgium; E-mail: diego.schrans@ugent.be

Abstract Background. General practice is person-focused. Contextual information influences the clinical decision-making process in primary care. Currently, person-related information (PeRI) is neither recorded in a systematic way nor coded in the electronic medical record (EMR), and therefore not usable for scientific use. **Aim.** To search for classes of PeRI influencing the process of care. **Methods.** GPs, from nine countries worldwide, were asked to write down narrative case histories where personal factors played a role in decision-making. In an inductive process, the case histories were consecutively coded according to classes of PeRI. The classes found were deductively applied to the following cases and refined, until saturation was reached. Then, the classes were grouped into code-families and further clustered into domains. **Results.** The inductive analysis of 32 case histories resulted in 33 defined PeRI codes, classifying all personal-related information in the cases. The 33 codes were grouped in the following seven mutually exclusive code-families: 'aspects between patient and formal care provider', 'social environment and family', 'functioning/behaviour', 'life history/non-medical experiences', 'personal medical information', 'socio-demographics' and 'work-/employment-related information'. The code-families were clustered into four domains: 'social environment and extended family', 'medicine', 'individual' and 'work and employment'. **Conclusion.** As PeRI is used in the process of decision-making, it should be part of the EMR. The PeRI classes we identified might form the basis of a new contextual classification mainly for research purposes. This might help to create evidence of the person-centredness of general practice.

Table 2. Found domains, code-families, classes and quotes of PeRI

Domains	Code-families	Classes	Reference, example, quotes
Social environment and demographics	Social environment and family	Cultural aspects	'started working as a pastor in a charismatic church'
		Family background	'father who started the farm 40 years ago as an immigrant'
		Functionality of informal care	'he had no contact with his family'
		Housing conditions	'patient lives alone in a detached house in a rural and isolated area'
		Influences of social context	'husband has insisted that she gets the lump removed as soon as possible'
			'87 years old'
			'highly educated lady'
			'she was a single parent of two children'
			'female'
			'no pension, no health insurance at all'
Medical	Socio-demographics	Communication aspects	'she speaks the local language perfectly'
		Concordance/adherence	'not had the blood tests and investigations (ECG) recently prescribed'
		Connectivity	'unable to drive and there is no public transport in that area'
		Experience with medical care	'afraid of ...surgical procedure due to the bad experience she had'
		Feeling overwhelmed by medical demands	'He feels a bit overwhelmed by all this'
		Functionality of formal care	'the daughter thinks that the caregiver is inadequate...'
		Ideas, concerns, expectations (ICE)	'thinks something is wrong with her tensons...and asks for an X-ray'
		Kind of consultation	'brought by a neighbour'
		Relationship towards disease (underst./ emot.)	'he cannot believe he has such a disease'
		Relationship towards health care provider	'know her since 2 years'
	Aspects between patient and formal care provider		

32 narrative case

33 PeRI classes

7 PeRI code families

4 PeRI domains

ICE = UN PERI

PEUT-ON CODER ICE AVEC LA CISP-2

- 613 consultations
- 36 pratiques
- 548 enregistrements ICE
- 70% codable avec le CIPC-2
- Non codable:
- Ajouter six nouvelles catégories

SIX NOUVELLES CATÉGORIES

- Préoccupation au sujet du laps de temps / de la durée
- Préoccupation à propos de l'évolution / gravité
- Le souci d'être contagieux ou un danger pour les autres
- Le patient n'a aucun souci, mais d'autres en ont.
- Attend une confirmation de quelque chose
- Attend que quelque chose ne se fasse pas