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ICPC in the context of Brazilian primary health care

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Abstract Brazilian National Health System is 20 years old and its strategy to reorganize primary health care started in 1994. Family Health Program has now 30000 teams and cover 50% of Brazilian population. It is the right historical moment to supply its system with and international accepted tool as International Classification of Primary Care (ICPC)

Introduction

Introduction: Brazil has been organizing its Public Health System since 1988 when the new Constitution was promulgated. The Brazilian National Health system has universality, equity and social control as main principles.

To achieve these goals Primary Health Care started to be reorganized in 1994 through Family Health Program. It consists in teams of family doctor, nurse, assistant nurse and health community agents that are responsible for a group of people that live in the same area and have those teams as first contact with the health system.

The program has now 30000 teams and reaches 50% of all population or around 100 million people.

Objective: Provide an internationally recognized tool to qualify Brazilian primary health care

Methods & Materials

Brazilian Ministry of Health in cooperation with Brazilian Society of Family and Community Medicine (SBMFC) paid the copyright of International Classification of Primary Care (ICPC) to World Organization of Family Doctors (WONCA) in 2008.

The Revised Second Edition (ICPC-2-R) has been translated and published together with a thesaurus of 55.000 terms developed by Belgium Ministry of Health mapped to ICPC and International Classification of Disease (ICD).

The distribution of the product will be free and focused on local health authorities. It will be in the new system of Ministry of Health that will condensate all information from Primary Health Care and Family Health Program called Local Information Manager (Gerenciador de Informações Locais).

ICPC will be the system used to codify reason for encounters while ICD 10 will codify problems and diagnoses.

A working group with members of SBMFC, Ministry of Health, Universities and Brazilian WHO Collaborative Centre of Disease Classification has been organized to lead the process.

Results

All 30000 health teams will use ICPC and will be possible to assess reasons for encounters in each health center.

With this extensive database will be possible evaluate pre test probability in different Brazilian realities and design an appropriate qualification strategy and continuing professional development plan.

Conclusions

ICPC as a system of the Family of International Classification of World Health Organization is an essential tool for the historical moment that Brazilian health system and its primary health care sector are living.