

# 23<sup>e</sup> CONGRÈS NATIONAL

CNCGE COLLÈGE ACADÉMIQUE

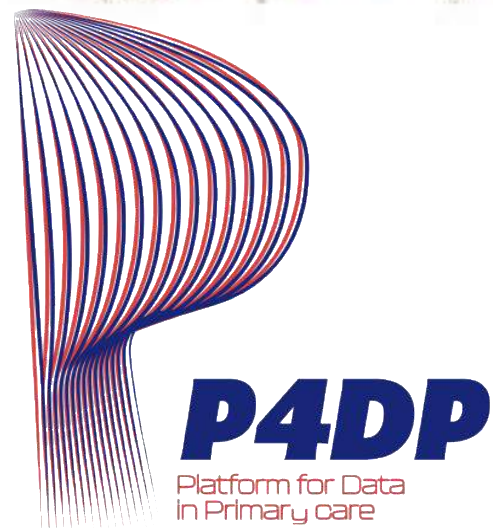
Exercer  
et enseigner  
la médecine  
générale



29 NOV.  
1<sup>er</sup> DÉC.  
2023

40 ANS  
de  
CNCGE

Centre  
des congrès de  
*Lyon*



**P4DP**

Platform for Data  
in Primary care

Pr David DARMON,  
Université Côte d'Azur  
chargé de mission données de santé, CNCGE



#CNCGE2023

[www.congrescngc.fr](http://www.congrescngc.fr)

Petite histoire du recueil de données.....

...vers P4DP et au-delà



Londres, 1830





À Marseille, dans les années 1850, la population danse autour d'un feu censé détruire le choléra. | Internet Archive Book Images via Wikimedia Commons

# **CHOLERA** **WATER.**

## **BOARD OF WORKS**

FOR THE LIMEHOUSE DISTRICT,  
Comprising Limehouse, Hoxton, Shoreditch,  
and Wapping.

The INHABITANTS of the District within  
which CHOLERA is PREVALENT, are  
earnestly advised

**NOT TO DRINK ANY WATER  
WHICH HAS NOT  
PREVIOUSLY BEEN BOILED.**

Fresh Water ought to be Boiled every  
Morning for the day's use, and what  
remains of it ought to be thrown away  
at night. The Water ought not to stand  
where any kind of dirt can get into it,  
and great care ought to be given to see  
that Water Pipes and Cisterns are free  
from dirt.







© 1910 by the Board of Supervisors of the City of San Francisco

NOTE: Distances shown within and out of the limits are estimated, and subject to change.

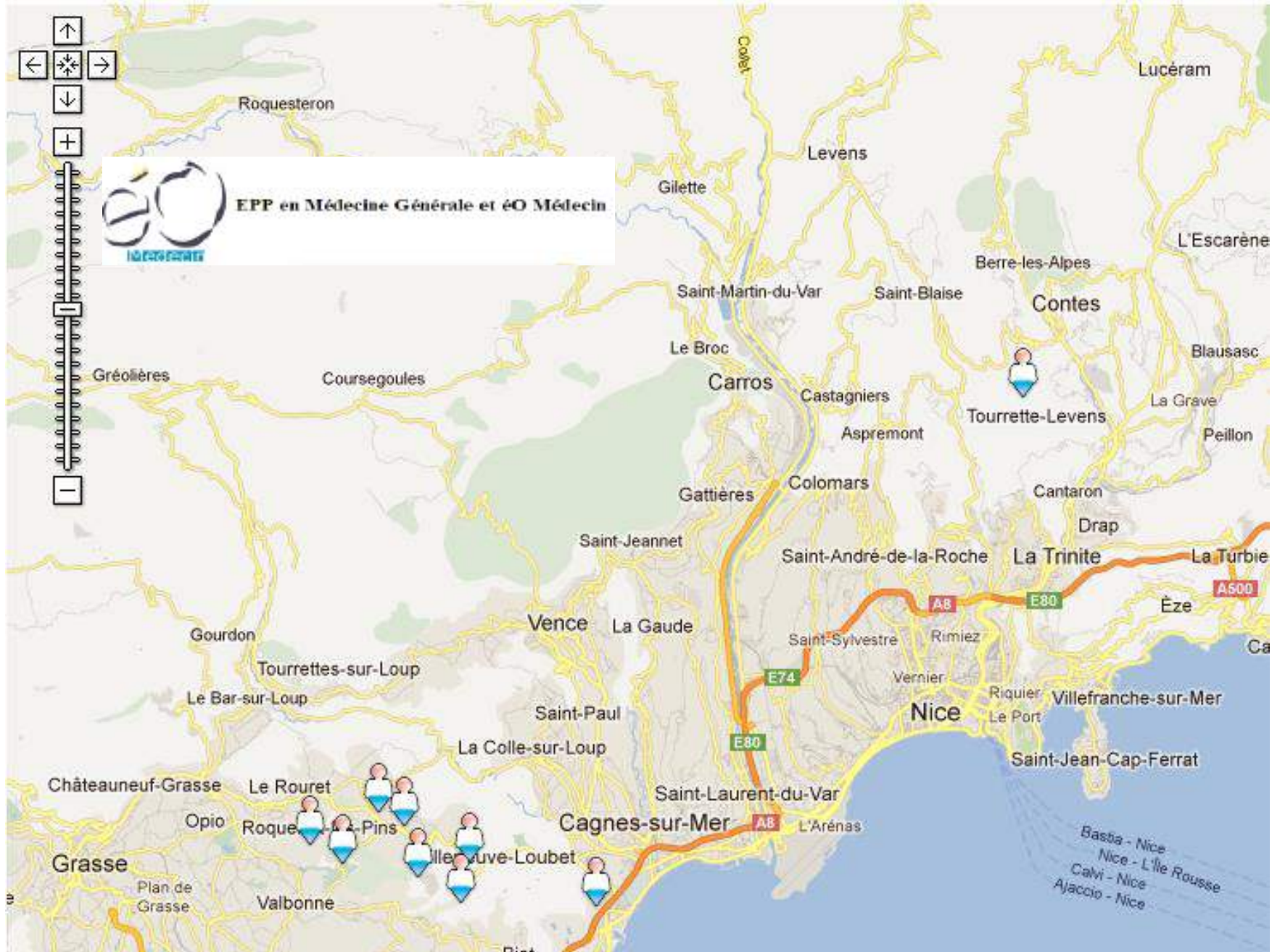
SCALE: 100 FEET TO AN INCH







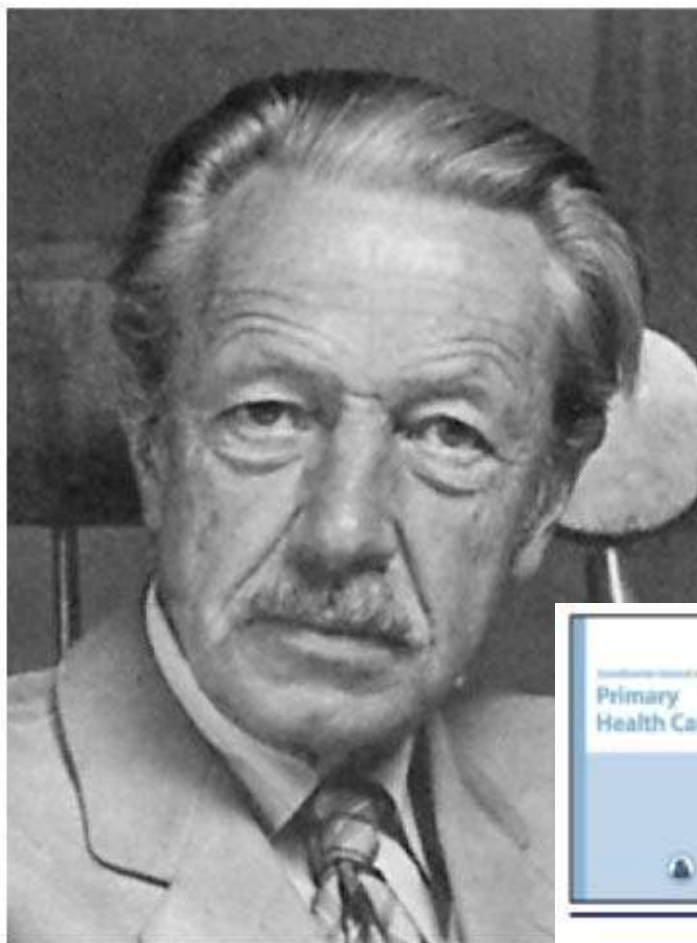




**FAMILY MEDICINE**  
THE MEDICAL LIFE HISTORY OF FAMILIES



F. J. A. HUYGEN



Scandinavian Journal of Primary Health Care

ISSN: 0281-3432 (Print) 1502-7724 (Online) journal homepage: <https://www.tandfonline.com/loi/Ipri20>

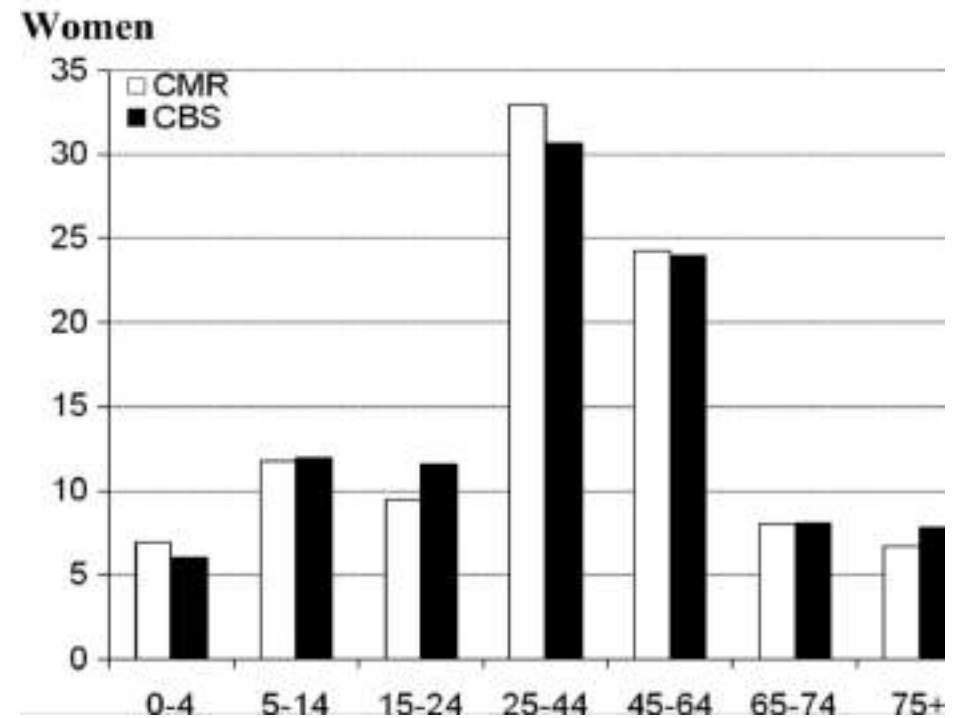
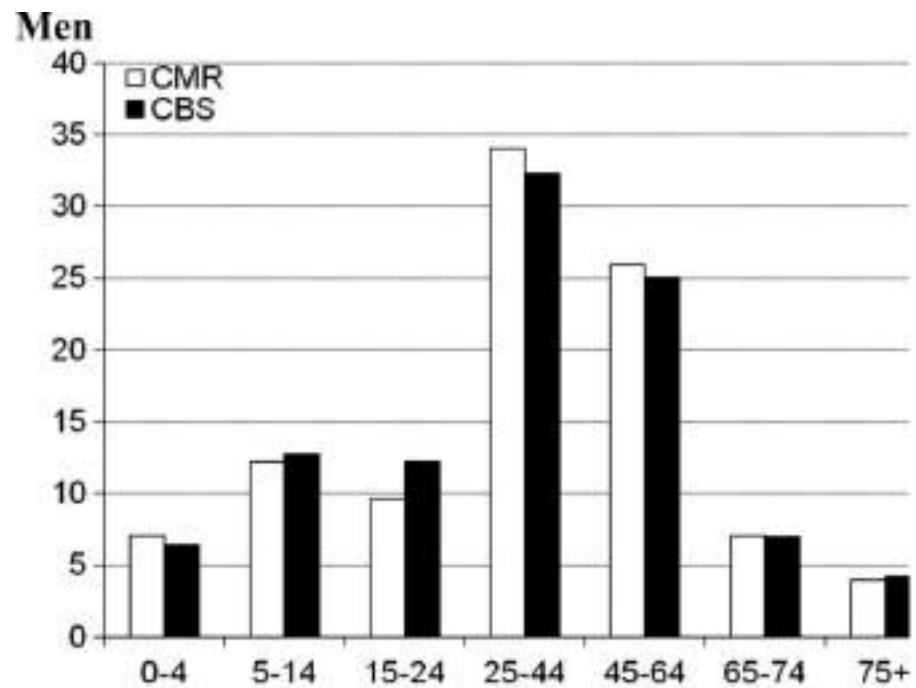
**Forty Years Family-based Morbidity Data in  
General Practice**

Wil JHM van den Bosch

To cite this article: Wil JHM van den Bosch (1993) Forty Years Family-based Morbidity Data in General Practice, Scandinavian Journal of Primary Health Care, 11:sup2, 31-32, DOI: 10.3109/02813439309045496

To link to this article: <https://doi.org/10.3109/02813439309045496>





Current socio-demographic characteristics of practice population (CMR) compared to Dutch population (CBS).

Chris Van Weel The Continuous Morbidity Registration Nijmegen: background and history of a Dutch general practice database. Eur J Gen Pract 2008;14 Suppl 1:5-12.



**Thermion**  
Samen voor een gezonde wijk



**Huisartsenpraktijk Thermion**





Nimègue (1943)



Maastricht (1990)



Amsterdam (1995)



# **Unlocking patients' records in general practice for research, medical education and quality assurance : the registration network family practices**

Citation for published version (APA):

Metsemakers, J. F. M. (1994). *Unlocking patients' records in general practice for research, medical education and quality assurance : the registration network family practices*. [Doctoral Thesis, Maastricht University]. Thesis Publishers. <https://doi.org/10.26481/dis.19940616jm>





Refereed paper

## Prometheus: the implementation of clinical coding schemes in French routine general practice

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7. UMR 912 SESSTIM INSERM, Marseille.

## Utilisation des enregistrements médicaux électroniques dans le cadre du projet PRIMEGE PACA

Principaux motifs de recours, diagnostics et prescriptions en soins primaires

*Use of Electronic Health Records in the PRIMEGE PACA project. Main reasons of encounter, diagnoses and prescriptions in primary care*



RESEARCH ARTICLE

Open Access



# Factors influencing the development of primary care data collection projects from electronic health records: a systematic review of the literature

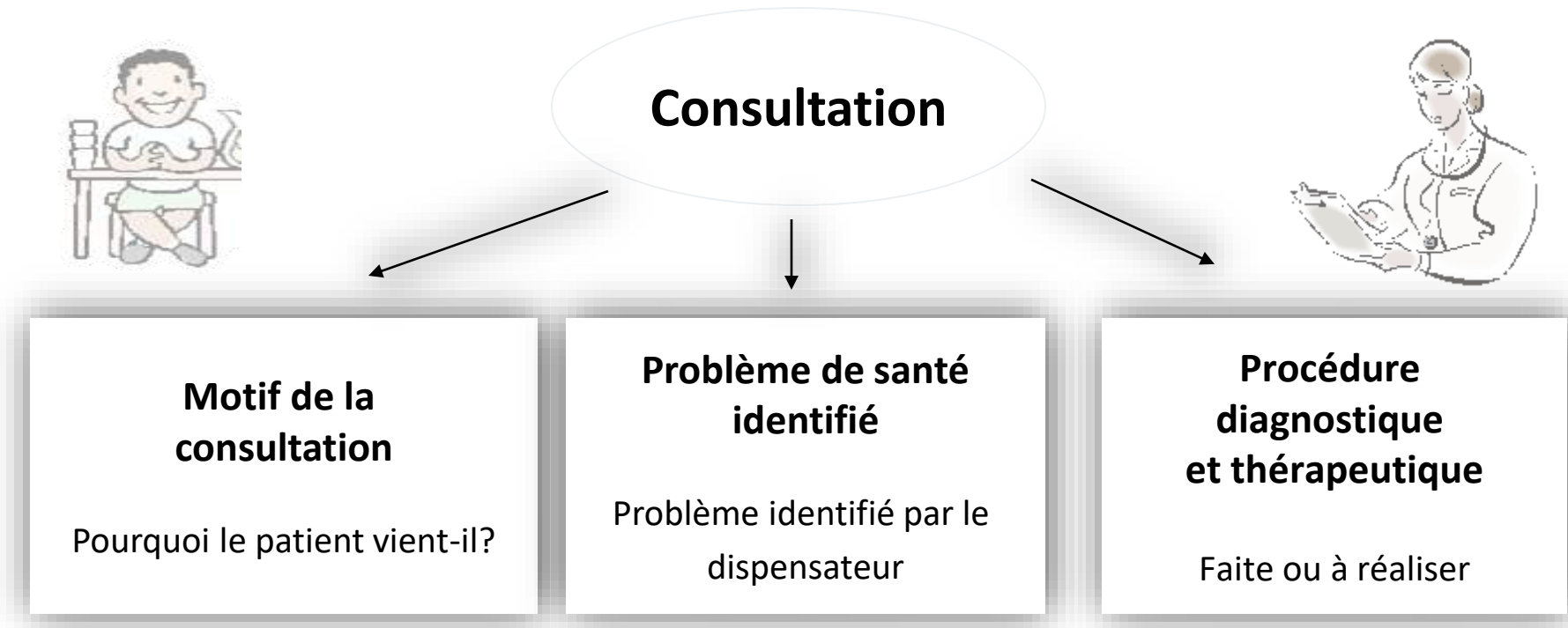
Marie-Line Gentil<sup>1,2\*</sup> , Marc Cuggia<sup>3,4,5,6</sup>, Laure Fiquet<sup>1,2</sup>, Camille Hagenbourger<sup>1</sup>, Thomas Le Berre<sup>1</sup>, Agnès Banâtre<sup>1,2</sup>, Eric Renault<sup>4</sup>, Guillaume Bouzille<sup>3,4,5,6</sup> and Anthony Chapron<sup>1,2</sup>

Quelles données? Quelle structuration?



# Organisation de la consultation modèle SOAP

- 3 composantes de la consultation

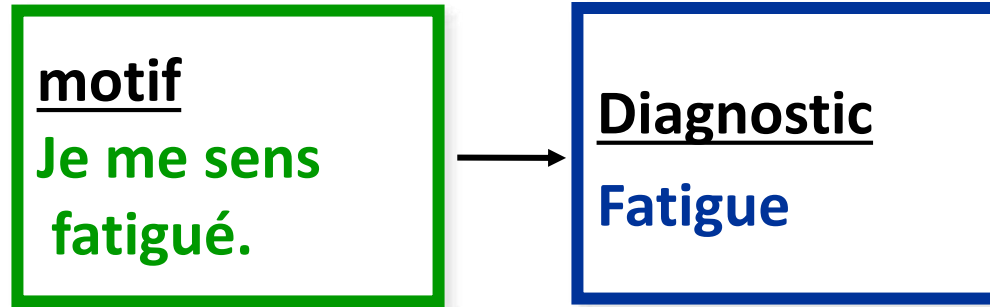


# Episode de soins

motif

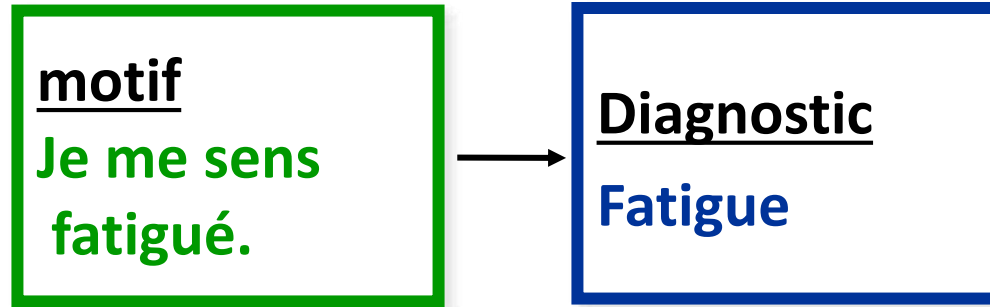
Je me sens  
fatigué.

# Episode de soins





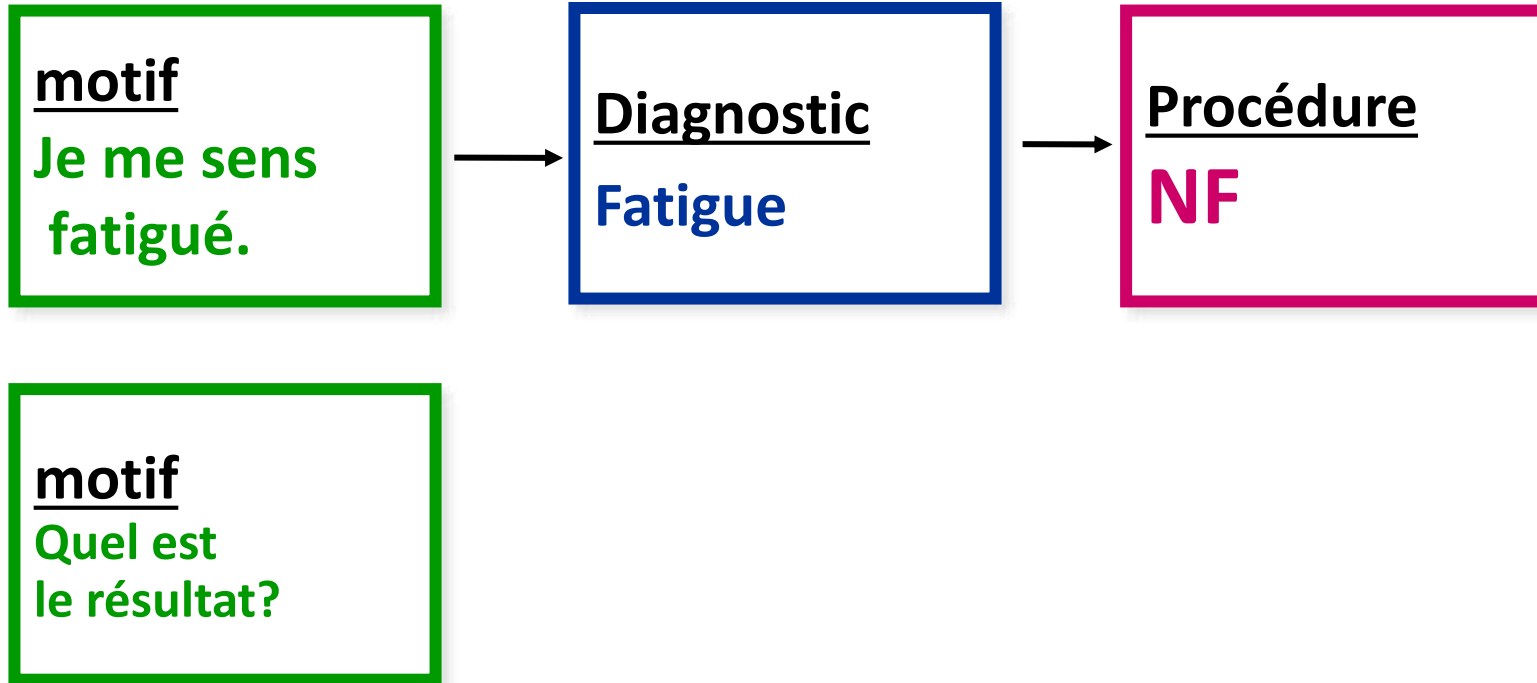
# Episode de soins



# Episode de soins

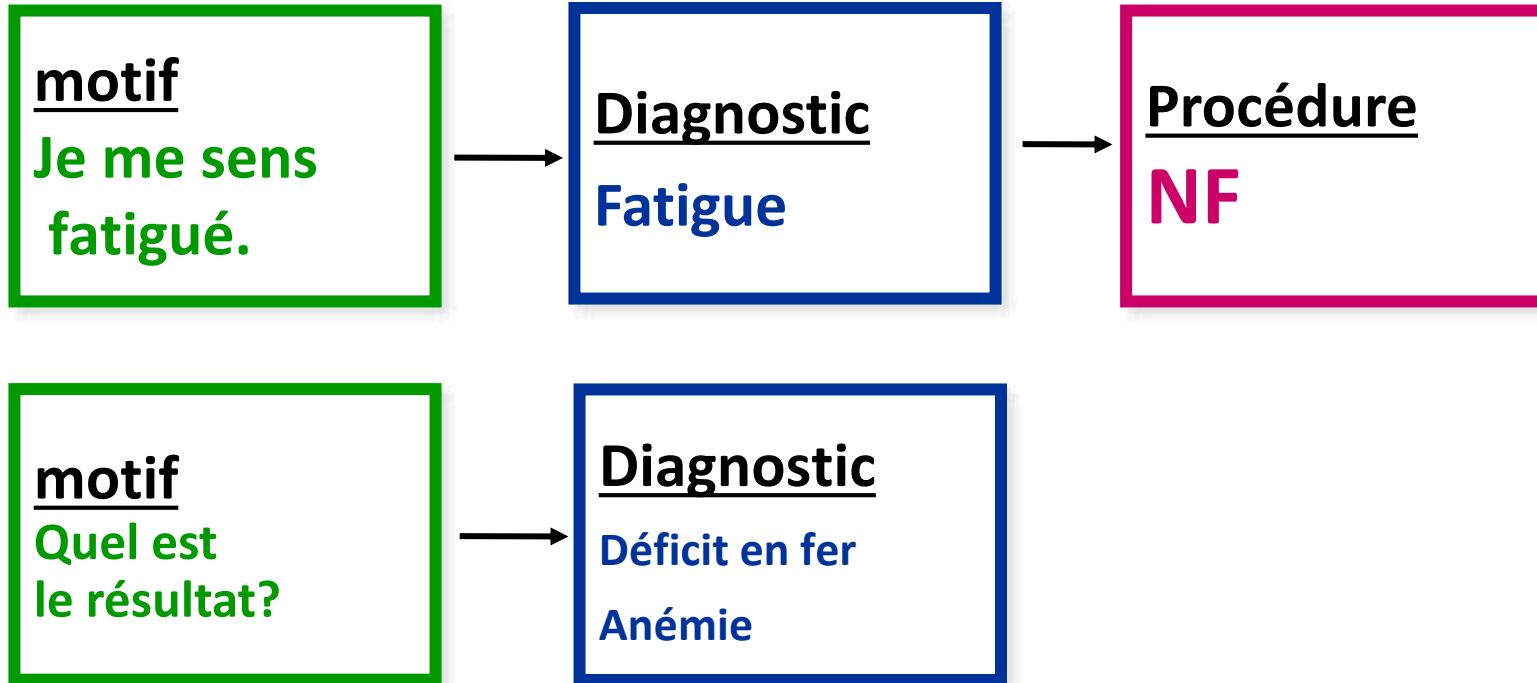


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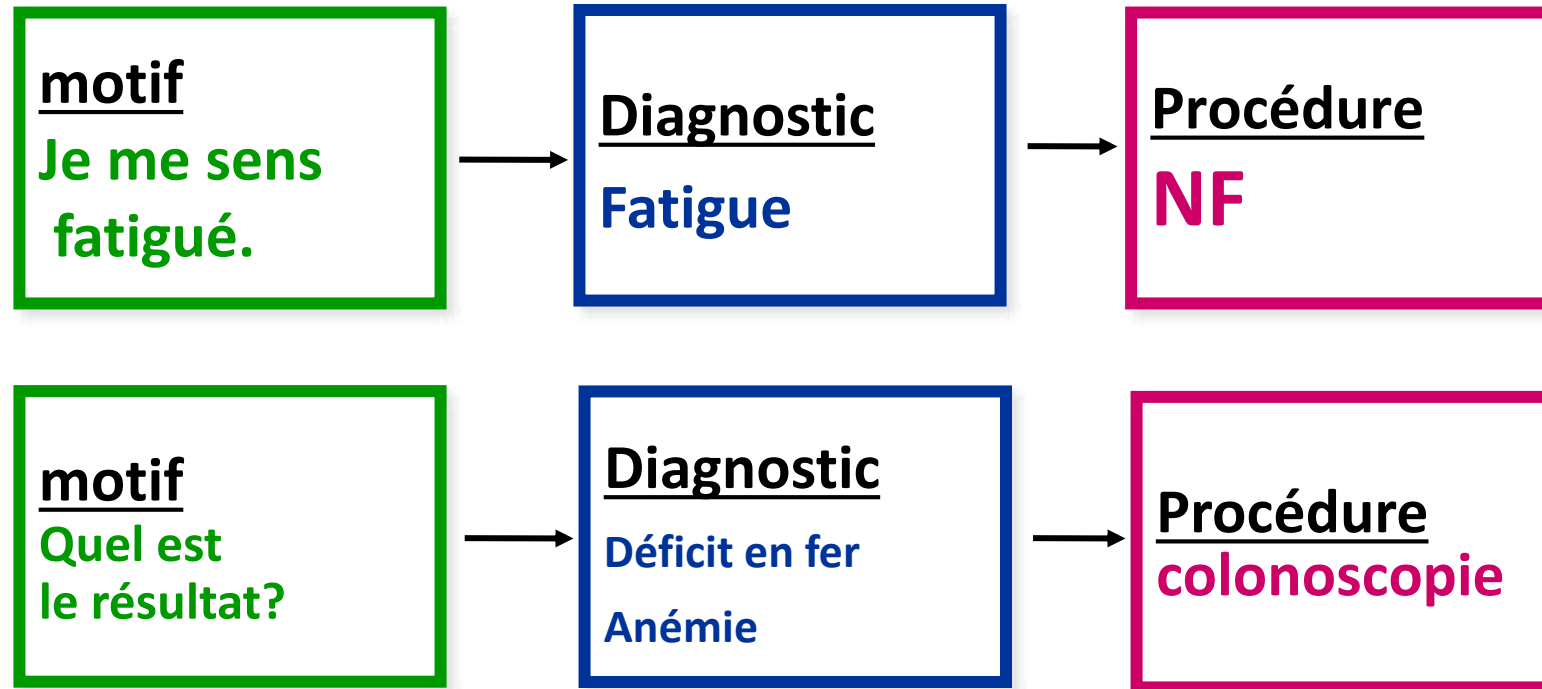




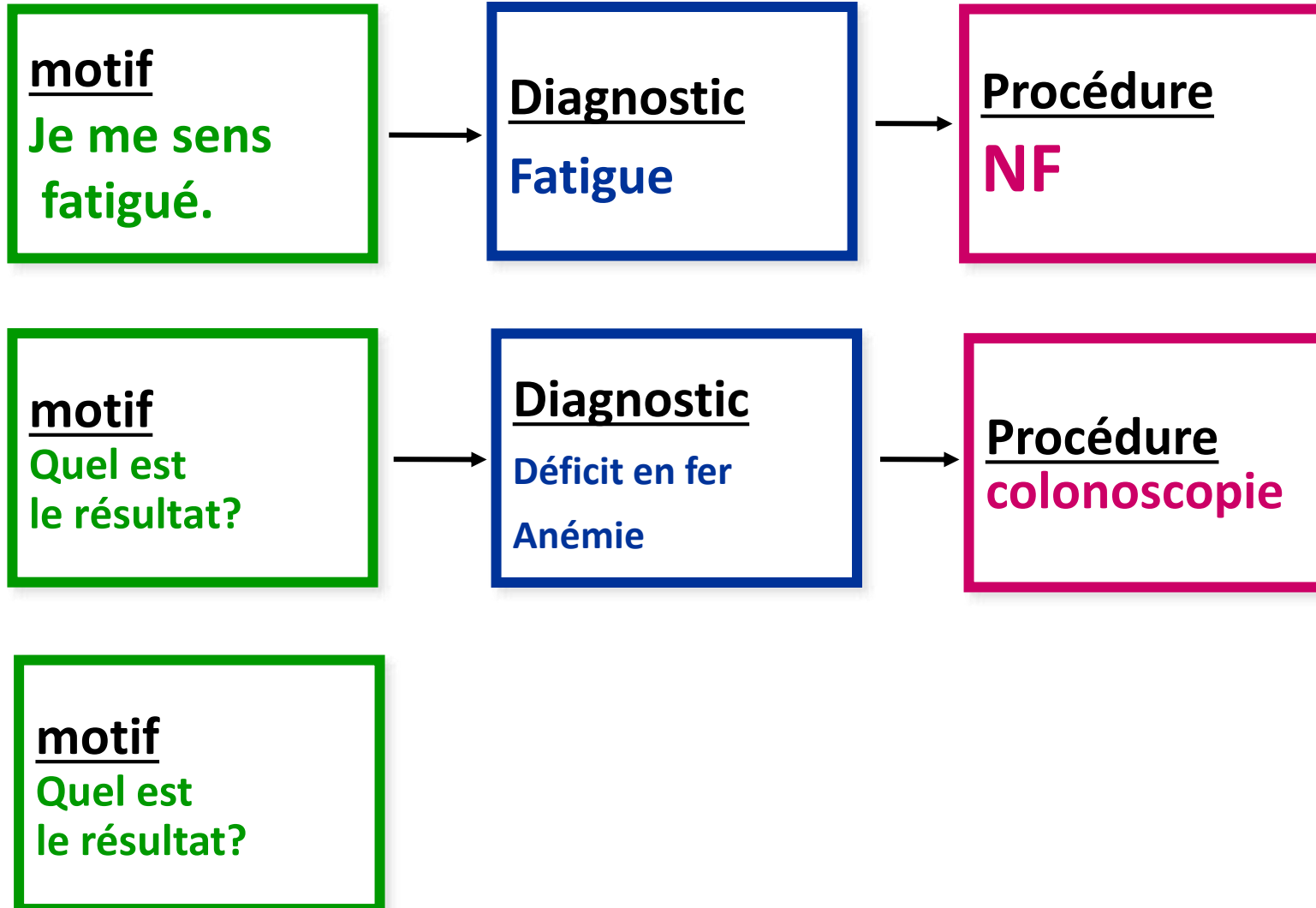
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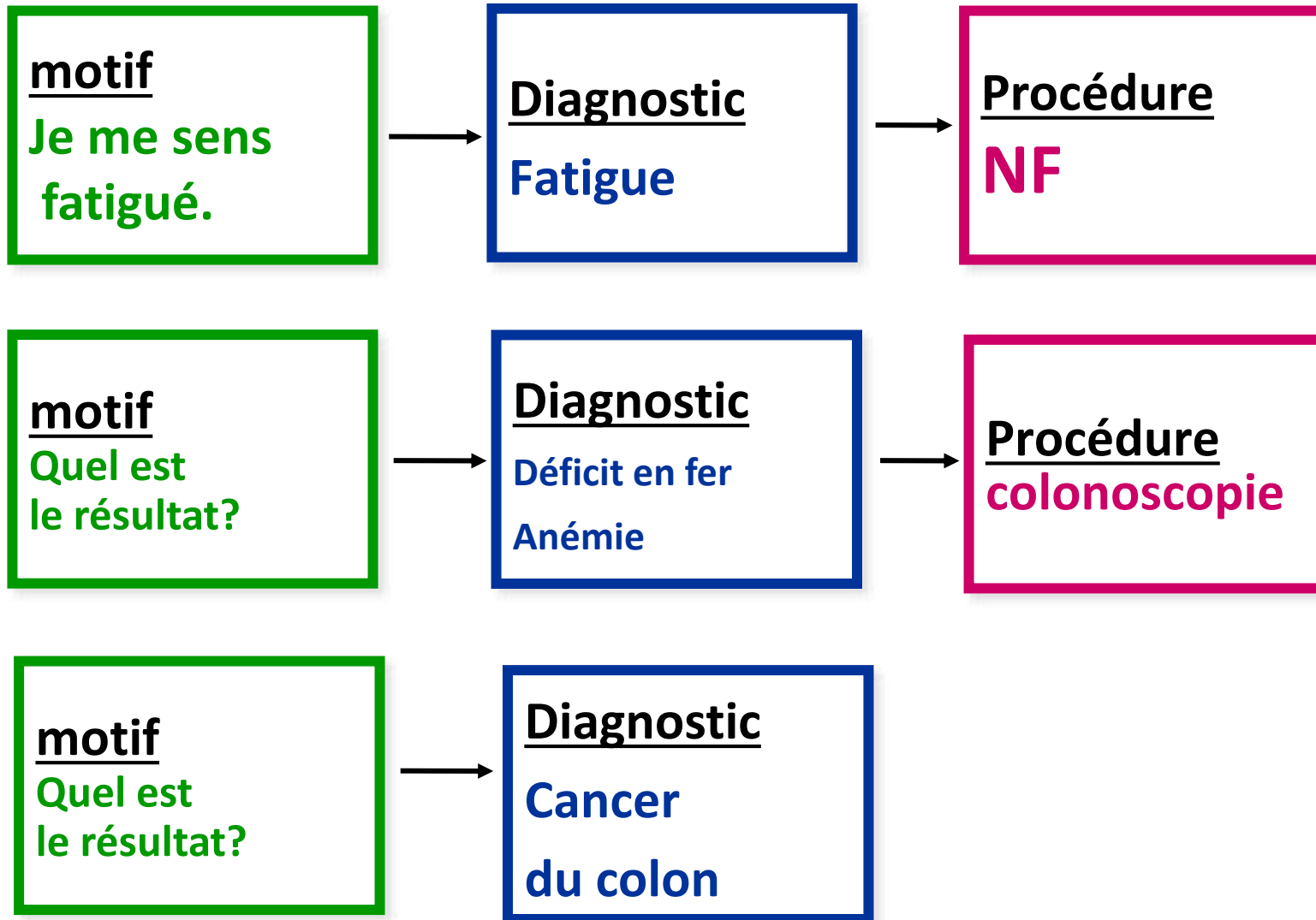
# Episode de soins



# Episode de soins

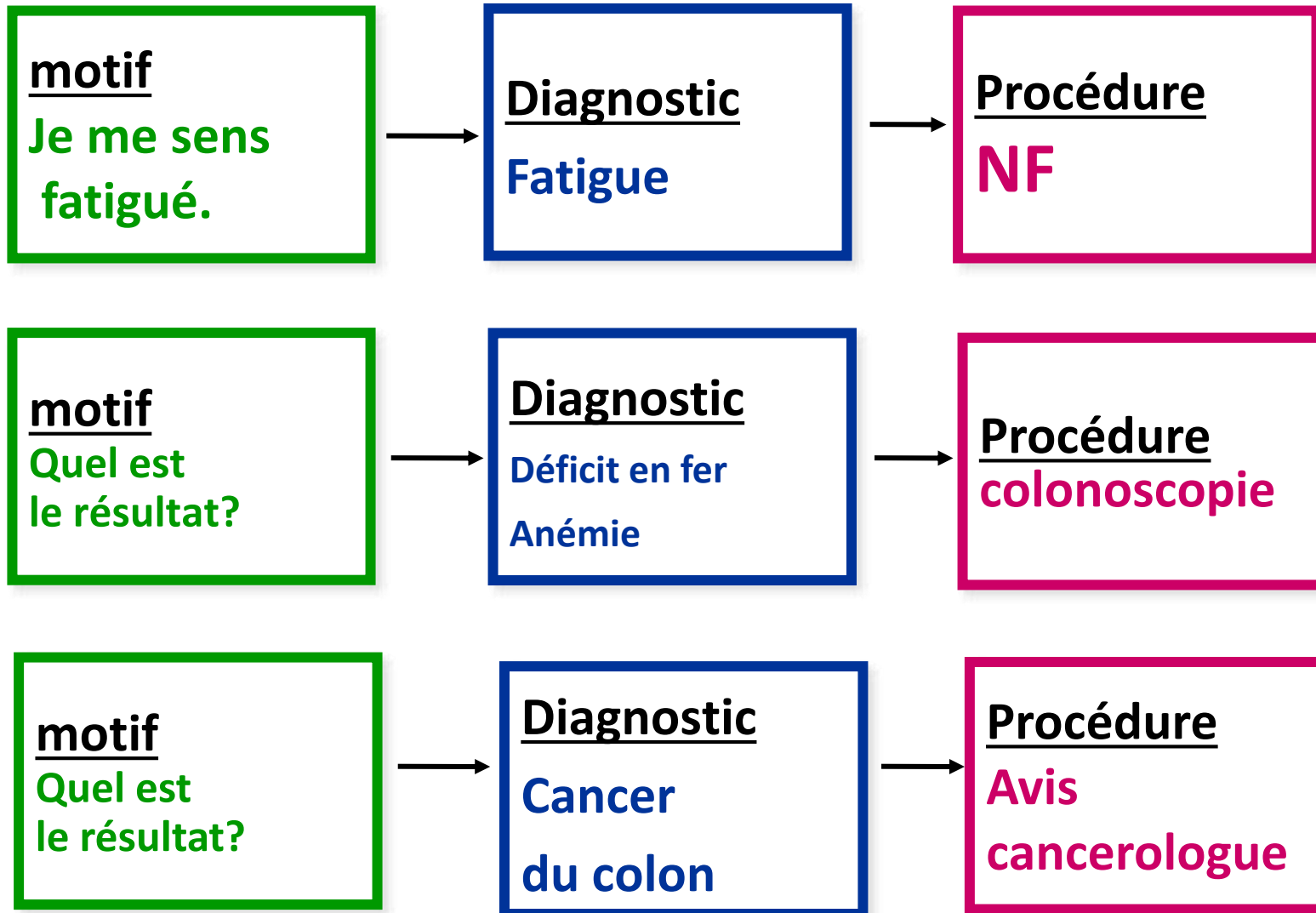


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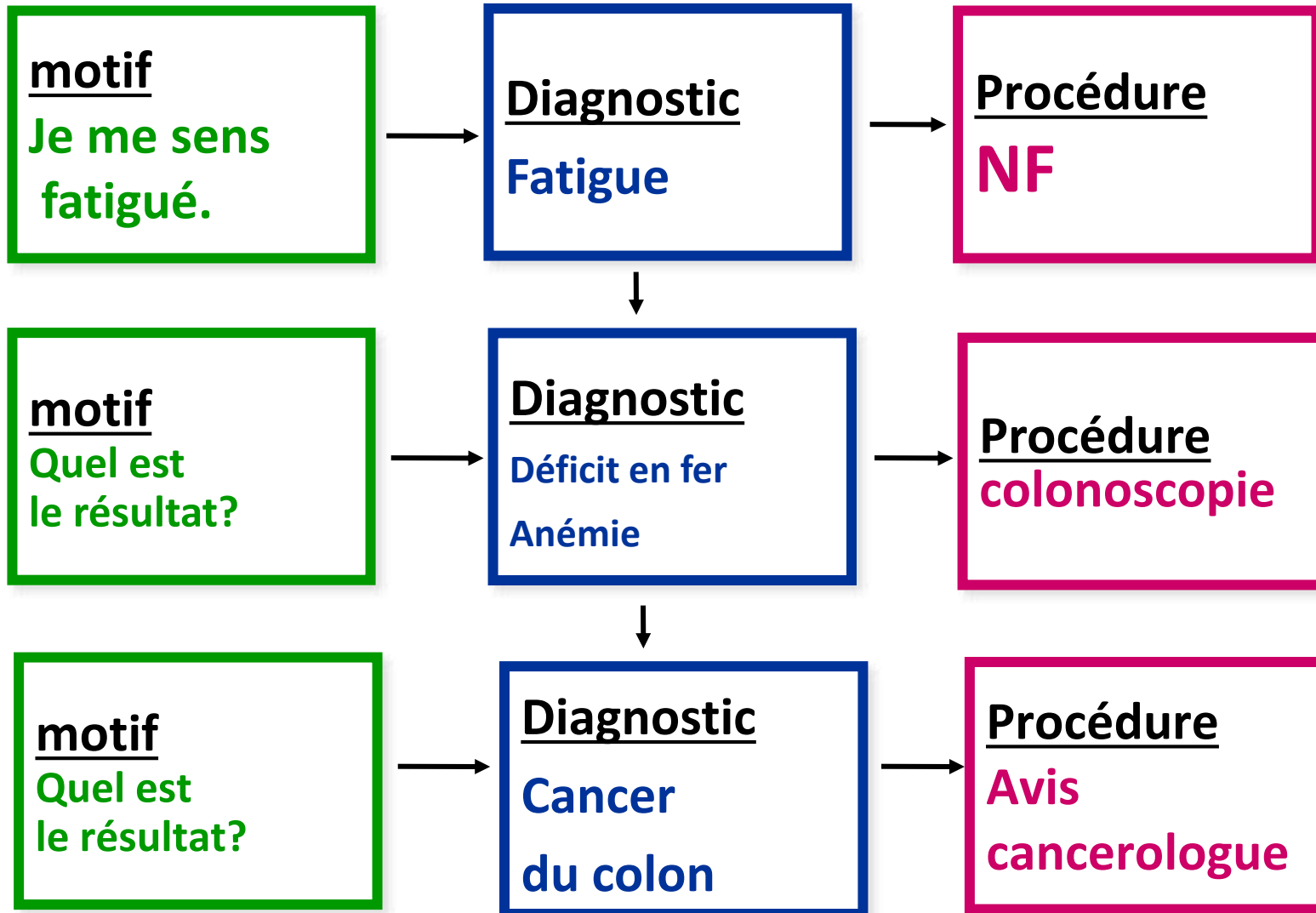




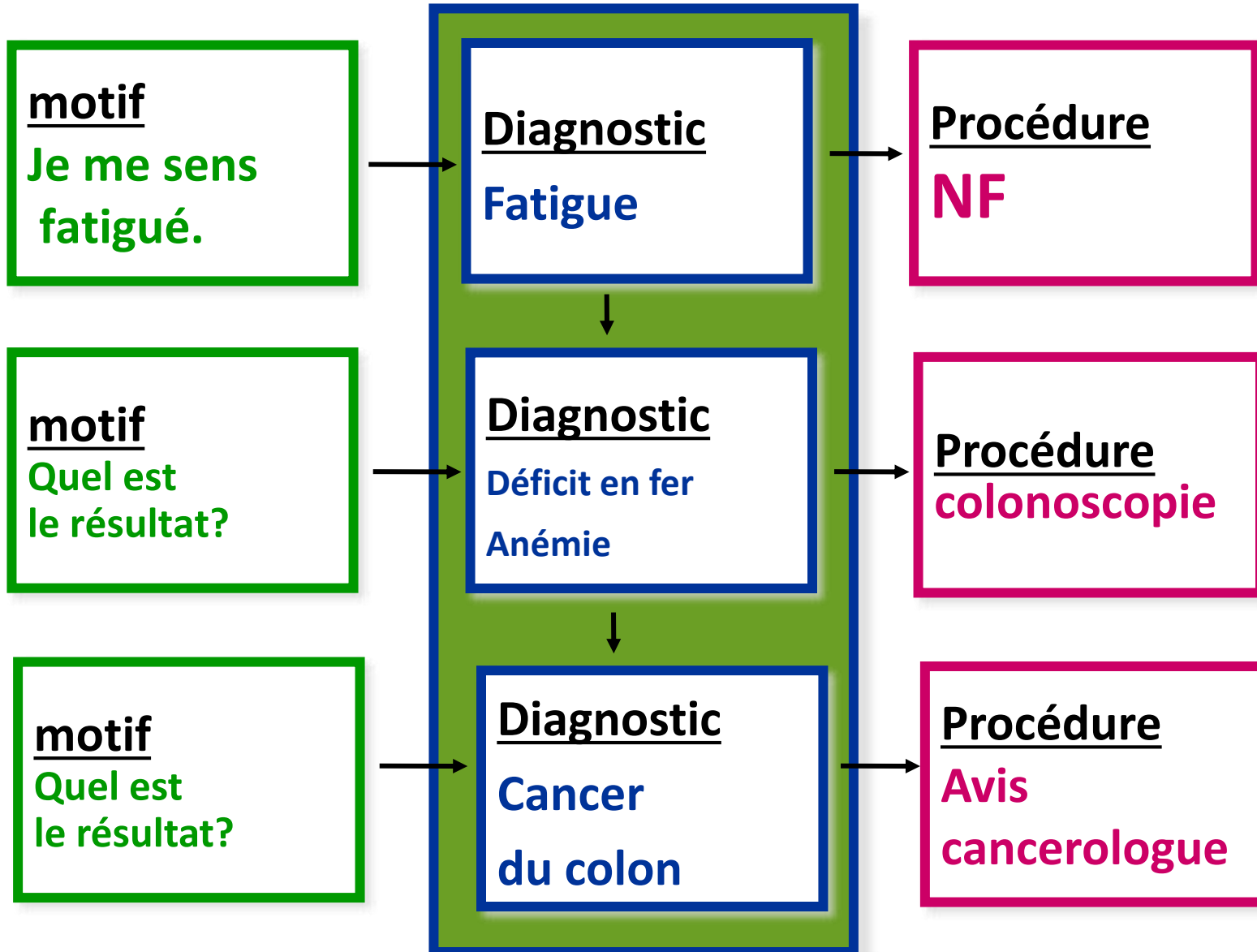
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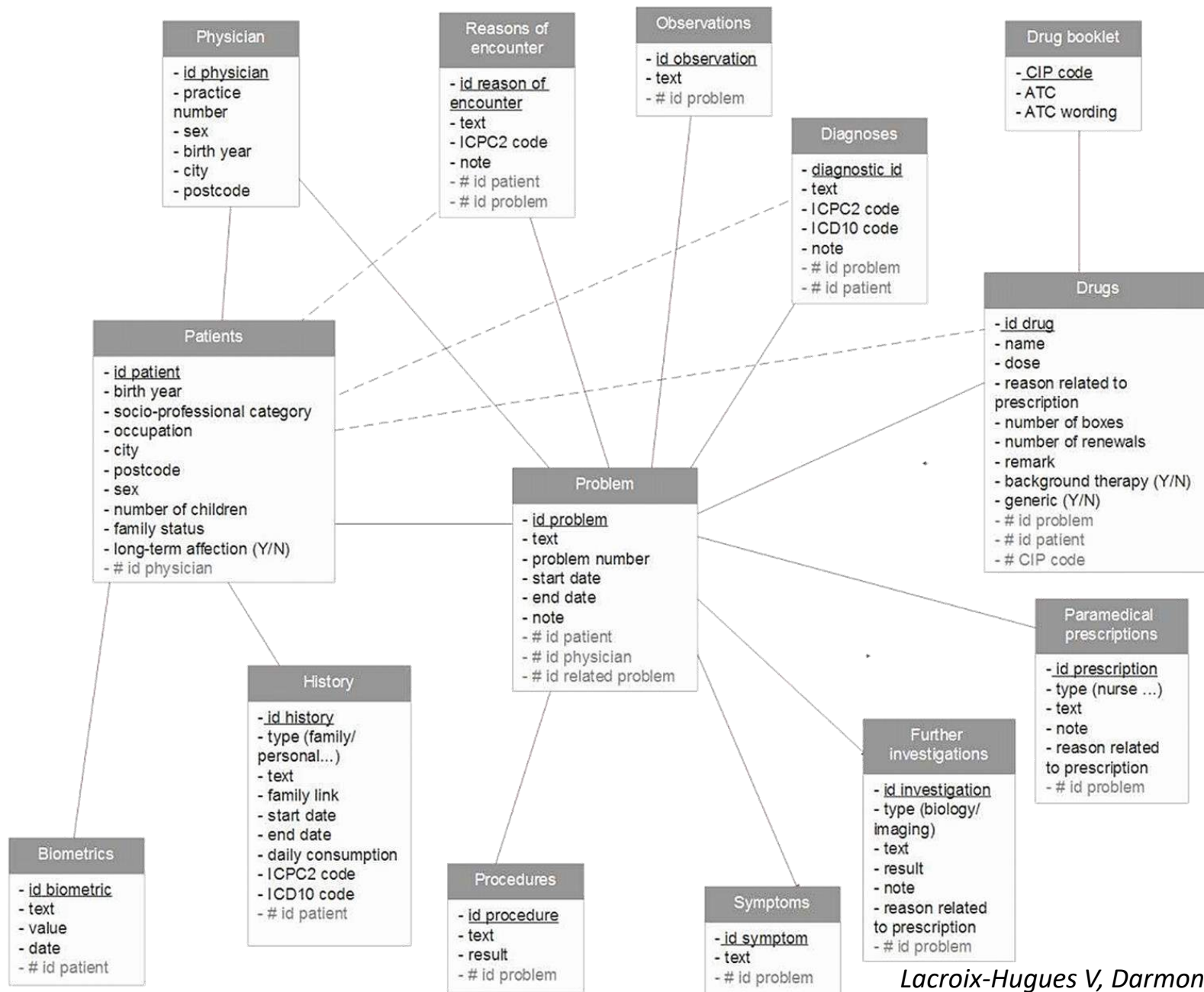


# Episode de soins



# Episode de soins





Lacroix-Hugues V, Darmon D, Pradier C, Staccini P.

Creation of the first French database in primary care using the ICPC2: feasibility study. *Stud Health Technol Inform* .



# Intérêt de l'usage secondaire des données

- La gestion de la pratique
- La micro-épidémiologie
- L'assurance de qualité
- L'enseignement
- La recherche
- L'épidémiologie générale
- La décision politique

# ECOGEN RESPI : étude des résultats de consultation associés à un motif respiratoire en médecine générale

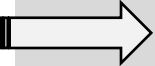
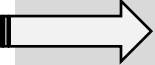
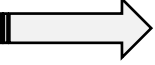
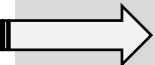
*ECOGEN RESPI: problems/diagnoses associated with a respiratory reason for encounter in general practice*

**Mathieu Carron<sup>1</sup>, Damien Van Gysel<sup>2</sup>, Jean-Gabriel Fuzibet<sup>3</sup>, Marc Albertini<sup>4</sup>, Philippe Hofliger<sup>1</sup>, Laurent Letrilliart<sup>5</sup>, David Darmon<sup>1</sup>**

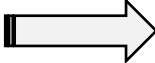
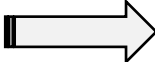
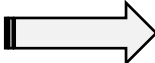
exercer 2015;118:61-7.

*mathieu.carron01@gmail.com*

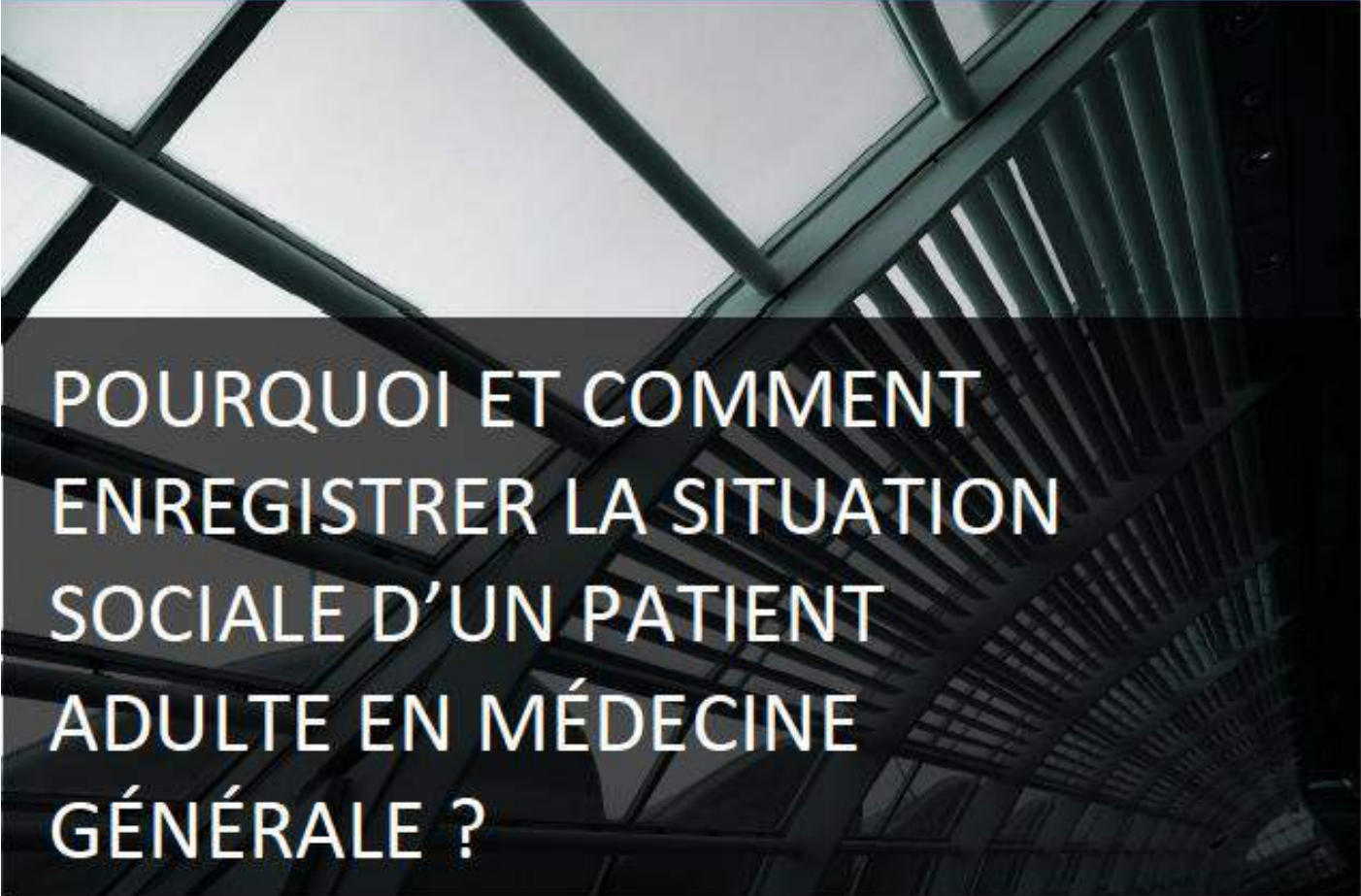
## Dix premiers motifs de consultation « respiratoire »

Rang	Motif	Verbatim	Total: n (%)
 1	R05	Toux	2614 (41,5)
2	R07	Congestion nasale, éternuement	1113 (17,7)
3	R21	S/P de la gorge	976 (15,5)
 4	R02	Souffle court, dyspnée	312 (4,9)
 5	R74	Infection aiguë des voies respiratoires supérieures (IVAS)	185 (2,9)
 6	A11	Douleur thoracique	133 (2,1)
7	R08	Autre S/P du nez	126 (2,0)
8	R23	S/P de la voix	119 (1,9)
9	R25	Expectoration/ glaire anormale	108 (1,7)
10	R06	Saignement du nez/ épistaxis	62 (1,0)

## Résultats de consultation associés à « Toux, R05 »

Rang	Résultats de consultation	Verbatim	Total: n (%)
 1	R74	IVAS	957 (36,6)
2	R78	Bronchite aiguë, bronchiolite	523 (20,0)
 3	R05	Toux	238 (9,0)
4	R77	Laryngite, trachéite aiguë	194 (7,4)
5	R80	Grippe	110 (4,2)
6	R81	Pneumonie	96 (3,7)
 7	R96	Asthme	69 (2,6)



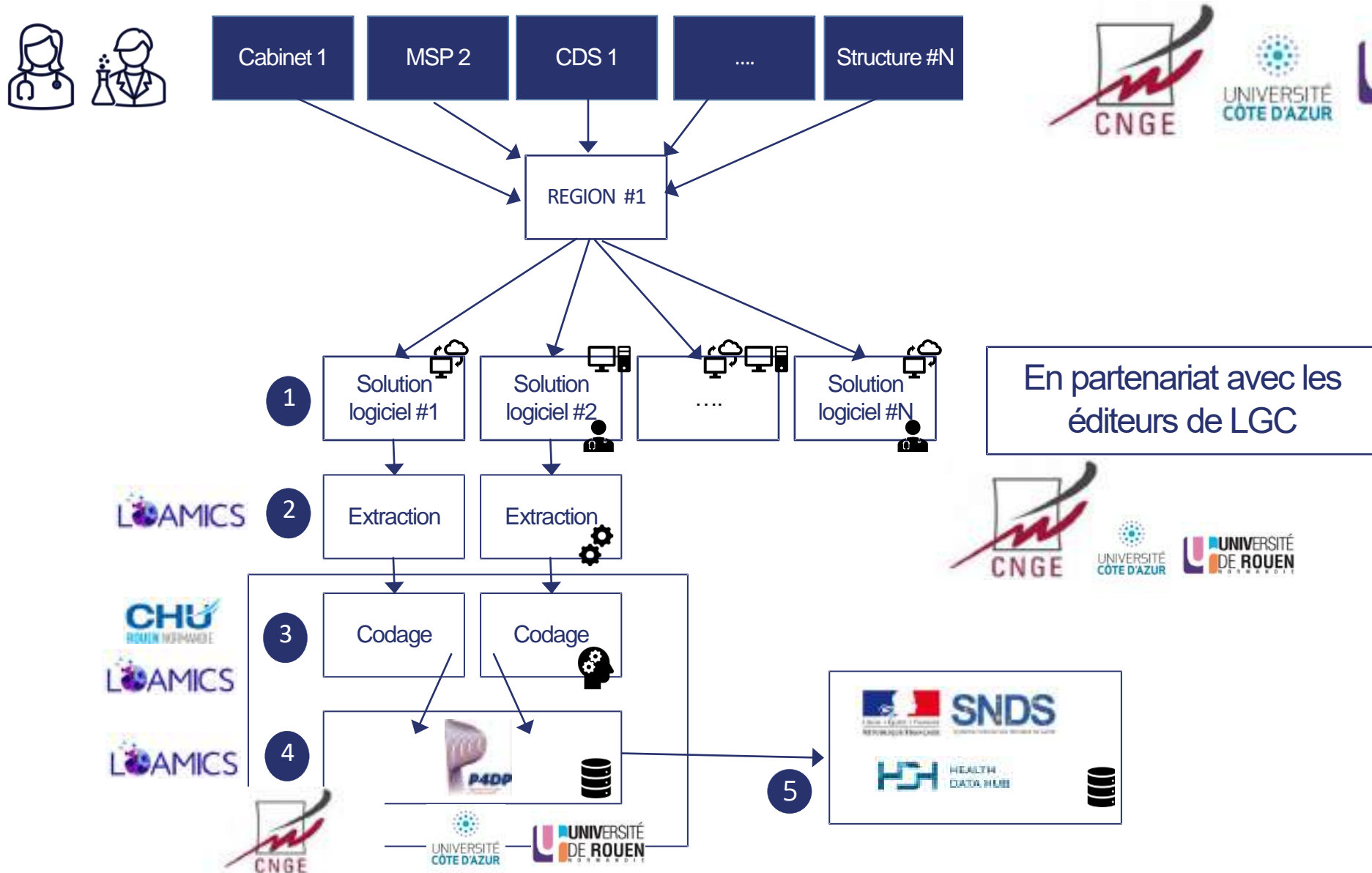


# POURQUOI ET COMMENT ENREGISTRER LA SITUATION SOCIALE D'UN PATIENT ADULTE EN MÉDECINE GÉNÉRALE ?

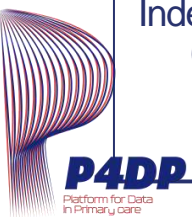
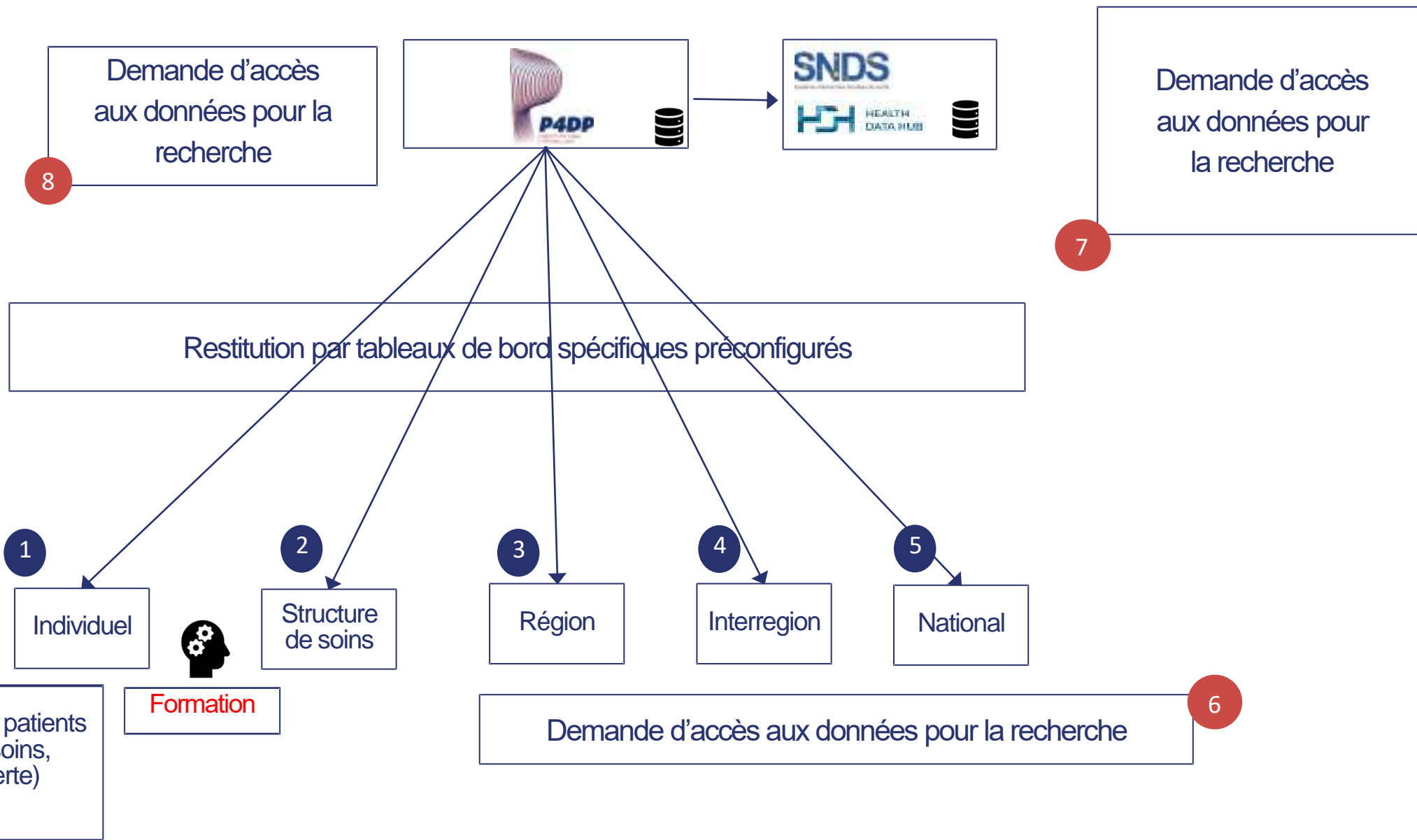
## Recommandations aux médecins généralistes en France

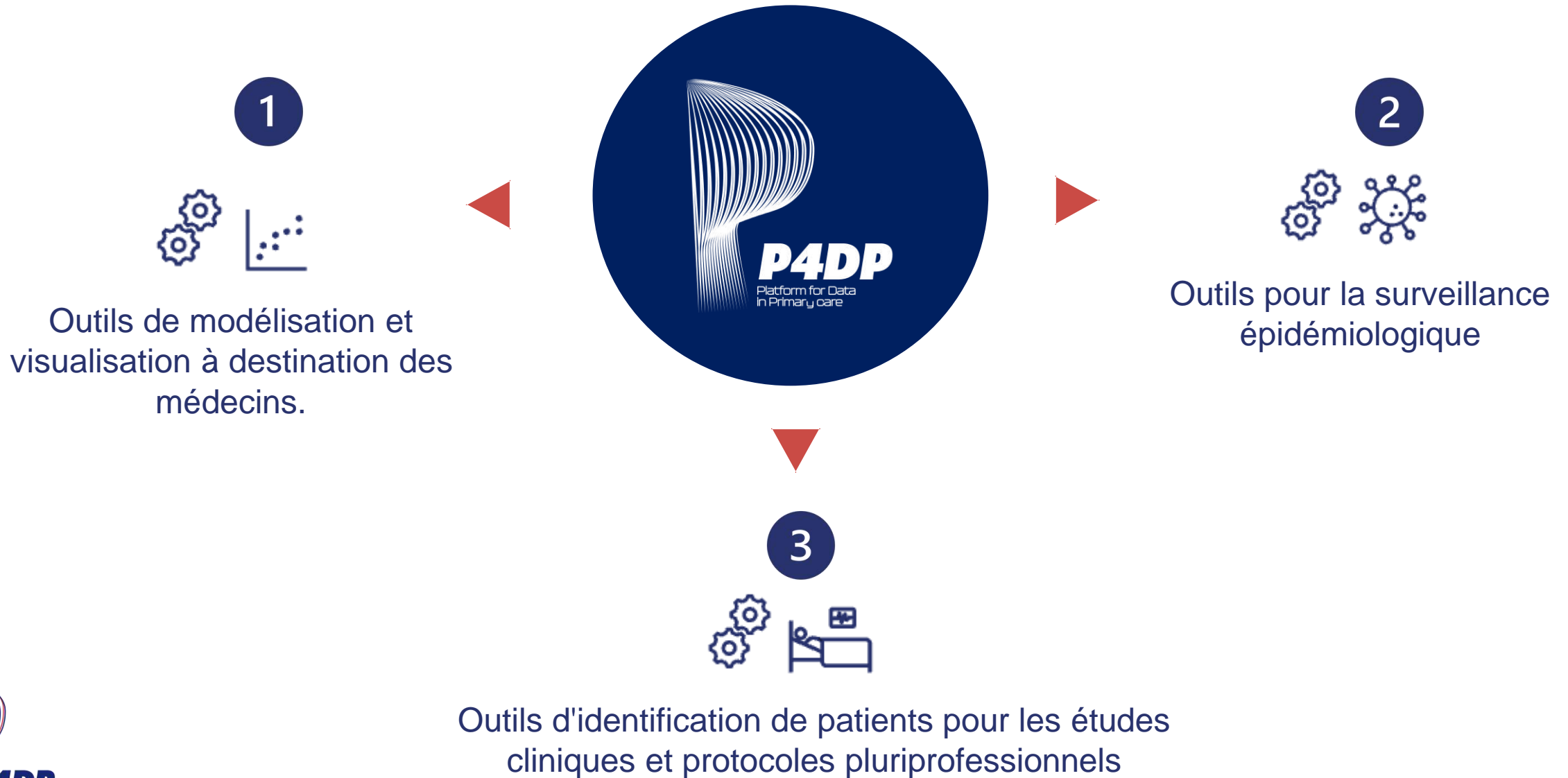
Les inégalités sociales de santé sont une réalité en France. Elles sont parfois difficiles à percevoir, au-delà des aspects criants de la grande précarité. Les acteurs des soins primaires se doivent de prendre en compte ces inégalités pour adapter leur prise en charge. Ils peuvent ainsi participer à la réduction des ISS, ou tout du moins ne pas contribuer à les accroître. Cette prise en compte nécessite d'adopter une attitude pro-active pour recueillir des informations et ainsi connaître la situation sociale des patients ; puis adapter si besoin ses pratiques.

# ARCHITECTURE I COLLECTE DE LA DONNÉE



# PARCOURS D'UTILISATION







A dark blue background featuring a stylized world map in a lighter shade of blue. The map shows the continents of North America, South America, Europe, Africa, and Australia.

**LIVE**

**BREAKING**

**NEWS**



**HEALTH  
DATA HUB**