

■ INTERNATIONAL HEALTH TERMINOLOGY
STANDARDS DEVELOPMENT ORGANISATION



IHTSDO Sydney Conference

Morning Plenary Session

12.10.11



Content Committee

- Plans under review:
 - Pharmacy testing
 - GP/FP refset and ICPC mapping – phases 2 & 3
- FSN acronyms & abbreviations revision
- Content development progress
 - 17 inception phase content projects



Quality Assurance Committee

- Successes include:
- Fostering of the philosophical change in the organisation towards quality, resulting in openness and transparency
- Facilitating implementation of the Quality Framework
- Initiating IHTSDO Risk Management Strategy
- Initiating of external quality review of SNOMED CT
- Development of Corporate Metrics by April 2012 – recruitment across all areas to a Corporate metrics editorial subgroup
- Recommendation that the CEO lead the development of an IHTSDO communications strategy



Implementation & Innovation Committee

- Presented new CIIO's vision on five I&I activity areas:
 - motivate
 - enable
 - Market
 - listen & respond
 - enhance implementability.
- Reviewed work plan – discussed fit with activity areas
- Use cases discussed in context of key target audiences:
 - end-users/clinicians
 - health organization/government
 - developers/vendors



Technical Committee

- **Agreement of Diagramming Standard** - All outstanding issues cleared. Final draft being prepared to submit to standards process.
- **Deprecation of RF1** – Strategically important. Consulting with Quality and I&I committees around process.
- **Incorporation of other standards into SNOMED CT** – Agreed next steps for discussion of options for representation of units in SNOMED CT with Content and I&I Committees.



Workbench Advisory Group

- Reviewed lessons learnt from Workbench implementations.
- Reviewed Requirements for a easy-to-implement version of the Workbench.
- Reviewed lessons learnt from Workbench development projects:
 - Perform Technical Architecture Review.
 - Investigate implementation of Workbench for authoring of Member extension at an early stage.
 - Do less development projects, and do them better.



Translation SIG

- The Translation SIG is a helpful “entry point” to the IHTSDO community; new IHTSDO Members are able to find **advice** and **documented experience** to support their translation efforts.
- The published Translation and Management Guidelines are largely **informative** not **normative**, and should not be converted to standards. The suggested set of Translation Quality Indicators (for assessing the quality of a target language translation) will be linked to the Guidelines and it will be denoted which quality indicators are considered **mandatory**.
- Several countries are struggling with translating the IHTSDO documentation in DITA format. We need to work together on processes and tools for translation of documentation created in DITA format.
- The Translation SIG would like to be involved in processes and policy decisions that further improve the (English) source language terminology, e.g. supporting that all new content follow the naming conventions. The quality of the source language terminology has great impact on the translation quality.



IPaLM SIG

- Noted gaps in SNOMED CT content for molecular genetic diseases, orders, methodologies, description of sequence variations and larger genetic alterations
- This space is rapidly and pervasively expanding in medicine
- Unanimous decision to incorporate molecular methodologies (techniques) as SNOMED CT concepts
 - Vetted among multiple professional societies prior to inclusion for standardization of terms, synonyms and relationships
 - Project proposal to follow
- Controversy on inclusion of gene names since these are already curated by the Human Gene Nomenclature Committee (HUGO/HGNC) - ~33,000 gene names currently
 - Expect similar problems as seen in maintenance of non-human organisms and pharmaceuticals
 - Lack of content will inhibit use of SNOMED CT in this space
- Use cases – additional gaps
- Noted problems in implementation of SNOMED CT among some LIS vendors (data modeling issues)
- Many facilities don't have resources to feed reports through a terminology server
- Group thought that a white paper (or series of white papers) outlining use cases with the intention of helping vendors better implement SNOMED CT for end-users, esp. lab, would be helpful
 - Collaborate with IHE, HL7 and others for harmonization
- To achieve goals
- Will meet every two months via conference call and the chair will be very busy!



Event, Condition and Episode PG

- Discussion centered mainly around a proposed model for allergies as an illustration of how to solve one of the project groups principal goals, namely distinguishing persistent conditions from episodic conditions/events.
- The plan is to test the proposed model using current SNOMED allergy content.
- Another topic in scope that was briefly discussed involved the modeling of combined clinical entities such as x with y, x without y. It was felt that the “associated with” role hierarchy may require revision or that such concepts should be moved to the situation hierarchy. No decisions were made regarding this issue.



Pharmacy SIG

- Pharmacy Model
- Draft Standard for Trial Use (subject to test strategy)
- Testing Phase: Jan – Oct 2012
- Pharmaceutical Dose Forms Project
- Early discussions, while identifying project lead
- ISO standards for medicinal products (IDMP)
- SIG to comment on final draft standard



Glossary Steering Group

- * Interim glossary policy – implement immediately (nearly)
 - * **TIG, Editorial Guide, Organisational glossaries**
- * Review ‘base collation’ – decide next steps
- * Prepare glossary editorial principles for CoP review
- * Establish glossary reference panel (open invitation)

Steering group on hold until next phase established i.e.
Glossary Requirements doc as basis for Options Appraisal
(thanks for CoP feedback)



Family Practice/General Practice SIG

- * GP refset and mapping project running on schedule – more info in tonight’s plenary
- * UK general practice preparing to migrate to SNOMED-CT in 3 major systems
- * GP Forum (expert group drawn from BMA and RCGP) have reported concerns on safety of reporting etc. when concepts become “inactive”
 - * Action to get expert advice on issues during Copenhagen meeting 2012
- * 3000+ concepts submitted in 2010 by our co-chair with issues to resolve (To Canada Infoway) – no news of their progress for more than 12 months – please help!



Observable & Investigation Procedures PG

- * Accessibility of the style guide should be improved
- * No disagreement in using the observable model for laboratory content
- * Testing is needed, the Observables PG will develop a plan for testing laboratory observables