Social care content development project roadmap

Background

SNOMED International is a not-for-profit organisation that owns and maintains SNOMED CT, the world's most comprehensive clinical terminology. SNOMED CT enables healthcare information to be exchanged globally for the benefit of patients/citizens, care providers and other stakeholders.

With SNOMED CT, users can record patient data more accurately, exchange patient data both within the health care team and with patients, both locally and across borders, to improve patient outcomes. Further, stakeholders can use SNOMED CT in health data and analytics platforms for clinical, population and management analytics, as well as research to improve health care.

Developments to the SNOMED CT product are enacted at the behest of the SNOMED International Member countries. At their direction and the inclusion of social care by the General Assembly in the 2020-25 strategy, SNOMED International has committed to developing SNOMED CT to support the recording of social care information for individuals and functionality related to the delivery of social care.

At the request of the General Assembly, SNOMED International commissioned a survey of SNOMED International Members focused on social care and SNOMED CT's ability to support use cases in this new domain. The resulting report defined social care as "the provision of social work, personal care, protection or social support services to children or adults in need or at risk, or adults with needs arising from illness, disability, old age or poverty". (https://en.wikipedia.org/wiki/Social_Care_in_England.)

To begin to explore the content requirements related to social care, the report highlighted the need to gather user requirements and to take stock of work currently underway in Member countries and SNOMED CT content currently in national extensions. The types of services covered by social care were categorised as follows:

From the survey of Members, the highest priority areas for SNOMED CT development in Social Care were identified as follows:

- Services for older people including home care/support, long term care and palliative care focusing across healthcare and social care
- Services for people with mental health problems
- Services for people with alcohol and substance misuse problems

Project proposal

In this project proposal, we will collate content requirements/use cases internationally, including members who participated in the survey, agree on future changes to SNOMED CT and hand these over to the authoring team. As part of this work we will also leverage the work of the Gravity Project in the US to provide insight into the content area, accepting the limitations of the scope of the project (Social Determinants of Health); whilst this does provide a US centric view, the Gravity project will help to provide an initial definition of the content for an international audience. Initial content requests generated from the Gravity Project have provided high level groupers, which this project will look to expand upon providing a greater level of detail.

The SNOMED International Social Care survey identified a number of countries that are active in this domain currently, and these countries will be key participants in the project and will be a source of expertise to identify requirements/review content/identify content gaps. The countries are Norway, Spain, Denmark, the United Kingdom and the United States (through the Gravity Project).

Priorities/scope

The Social Care survey identified 3 priority areas for development which will form the focus of the project. In addition, a further area may naturally need to be included, 'Services for adults with learning and physical disability', because this area covers the interface between traditional healthcare services and those provided through social service provision and social care issues

that overlap with the 3 priority areas. Therefore, at this time, the areas for targeted content development in the project are as follows:

Focus topic areas

- Older people (Services for older people that includes homecare support, long term care and palliative care)
- Mental health (Services for people with mental health problems)
- Alcohol and substance misuse (Services for people with alcohol and substance misuse problems)

Developing SNOMED CT to support social care

This project marks a shift from the traditional clinical coverage/usage of SNOMED CT for supporting information requirements of healthcare to expanding to include the information requirements for social care. It is acknowledged that there is existing content in SNOMED CT that could be used to support social care but this has not to date been used routinely and proven to be fit for purpose. Potentially the project represents a substantial rework to SNOMED CT, as it currently stands, but the requirements gathering will provide guidance in this matter. The project will require large scale resource allocation, and also involves complexity due to the interplay between healthcare and social care sectors. As such the project should be undertaken with a robust governance process in place which incorporates knowledge and skills of those working in the social care sector to ensure we remove any healthcare bias. If we do not acknowledge from the beginning that social care requirements come from a different perspective we will create content that is not acceptable or usable.

The current landscape of SNOMED CT has been exclusively developed for use in the healthcare domain. The assumption is that the work to enhance SNOMED CT within social care content, will open up the market to social care vendors, thereby meeting the use case requirements of both the health and social care sectors and supporting interoperability and transfer of care.

Project approach

The project aims to address *older people* first as this represents the largest cost to any health and social care system. The approach will utilise a pilot phase to allow initial developments to define what is required and then the two areas of *mental health* and *alcohol and substance abuse* will be addressed in parallel. Fundamental to the understanding of the planning for this project, is that we are working "completely in the dark" with reference to the amount of content that exists or will need to be added (or changed) in SNOMED CT. There is no other external term of reference where this type of work on social care has been undertaken systematically. The closest proxy to this work would be the Gravity project in the US, which focuses on Social Determinants of Health (SDOH), not social care. Part of the project initial focus

will be to provide a landscape review, both in terms of the content required and also how systems will interoperate between the healthcare and social care sectors. This will support the gathering of requirements and use cases. Traditionally, SNOMED CT focus has been exclusively on healthcare, but the move to support social care opens the door to SNOMED CT usage in social care systems, in addition to the multidisciplinary requirements of shared care.

The project requires an overall SNOMED International project coordinator, supported by an internal project team with support from an external business analyst. The project coordinator will facilitate the required SME group(s) to be drawn from member countries and emerging sources as the project progresses. The business analyst will provide hands-on support to the group(s) and prepare a detailed review of both individual social care information and reporting requirements following interviews/discussions with individual experts nominated by SNOMED International National Release Centres (NRCs).

This discovery phase will allow the preparation of a detailed content list based on requirements for review by the SMEs. This review will include content from the international release, and also consider SNOMED CT content currently available in national extensions which may be required at the international level and can be moved into the international release if required. Discussion with the NRCs may also provide access to additional national based SME support which can be leveraged to support the project. Fundamental to this project will be to ensure that we have detailed use case requirements for all aspects, including the overall approach and detailed specific content areas. The project should also ensure that we have a clear understanding of the interplay between the healthcare and social care sectors (including vendor engagement).

Details/deliverables

Timeframe – 2022
Risk assessment –
1. complexity of organising the teams and managing the project in a restricted time frame,
2. available content requirements may outstrip available authoring resources leading to reduced scope of content coverage,
3. Very limited time for coordination across the 3 streams, sorting out issues and reaching solutions that meet the needs of all 3 areas.
4. lack of implementation validation

Project will be phased as follows:
1. Project initiation
2. Formation of required groups
3. Collation of global use cases and content requirements for older people
4. Analysis of current content and identification of gaps for older people (including extension content in addition to international)

5. Development a list of terms for older people for review by SME (identification of list of terms, including text definitions to assist in the authoring process and to support consistent usage)
6. Pilot a review of 500 items based on the older people review list to test and agree the approach to be taken (appropriate SME input/timelines etc . .)
7. Complete review based on the approach defined by the pilot
8. Hand over finalised content requirements for older people to SNOMED International authoring team, with detailed descriptions of use cases.
9. Repeat approach (3 to 8) for the remaining 2 priority areas
10. Completion of final report by project coordinator

NOTE:

Content development activities, will include on-going quality assurance of content by SMEs, but this is all outside the scope of this project and the specified timelines for this project