

## Looking Forward

By Jamie Ferguson, IHTSDO Management Board Chair



Coming into a new role as Chair of the Management Board is both exciting and intimidating. The past year was a time of wonderful progress and accomplishments for the organization. Unprecedented levels of advancement and adoption, new member countries, new advisory groups, a new organizational home, and new team members together made for an exhilarating time. The team and all presenters are to be congratulated for an outstanding meeting and Expo in Montevideo. A newly approved strategy, new priorities, and a changing culture made this year a time when achievements had new relevance making partnership and unity more important. Simultaneously some of our remaining challenges and opportunities have been coming into focus.

Newly approved governance documentation (soon to be available to staff on the QMS) will affect internal organizational dynamics; it clarifies roles and relationships of the Management Board reporting to the General Assembly nominated representatives, of the executive management of the organization and

the Member Forum reporting to the Management Board, while Project Groups, Special Interest Groups, and Advisory Groups report to the Management Team; all serving the needs of members, implementers, and users to improve the health of humankind. This is a solid structure and we must challenge all participants in our community to use it well. Embracing the roles and responsibilities of each participant group can help ensure achievement of our strategic goals and provide appropriate oversight. This will be especially important in light of the growing diversity of requirements among our Members and communities.

Looking forward I hope to focus energies and considerable talents of the Management Board on improving existing products and services while charting a new course in some areas through our partnership with the executives, the management team, and subject to approval of the nominated representatives. We aim to help ensure a good value proposition for Members while realizing this may mean some expectations must adjust to the current context. At the same time I look forward to further developing existing efforts and partnerships and new components within the framework of the approved strategy. It will be important to remain flexible and agile to serve the needs of stakeholders in an extremely dynamic environment. The aggressive expansion of clinical science, research, and policy demands is unparalleled and all of our stakeholders feel the challenges. It is exciting and intimidating, and I look forward to it.

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# Changes to the IHTSDO Management Board

*By Juliet Gole Krarup (Association Coordinator)*

During the October 28 General Assembly meeting in Montevideo, Uruguay, IHTSDO announced that Doug Fridsma, President and CEO of AMIA, and Manuel Pérez Vallina, Associate CIO for SACYL (Castilla y León Region Healthcare Authority), had joined the Management Board on October 26. It also announced that Jamie Ferguson, Fellow at the Institute for Health Policy and Vice President of health information technology strategy and policy at Kaiser Permanente, would succeed John van Beek, Managing Director at Cerberus Global Investments BV, as Management Board Chair as of November 1.

See a full list of IHTSDO Management Board Directors [here](#).

Biographies for the Directors are below...

## **Jamie Ferguson**

**Fellow, Institute for Health Policy**

**Vice President, Health Information Technology Strategy and Policy**

Jamie Ferguson is a Fellow at the Institute for Health Policy and Vice President of health information technology strategy and policy for Kaiser Permanente. Jamie has been at Kaiser Permanente since 2002. Since 2005 he has managed for government and industry relations for IT, as well as health IT priorities, policies, and standards. Before this assignment, Jamie was responsible for the development and operations of Kaiser Permanente's clinical and administrative data systems, information modeling, and health IT standards.

Jamie participates in multiple health IT organizations, research projects, and other efforts to help more people to gain the benefits of health IT. In addition to his participation in IHTSDO recently he led multiple work groups on the US Health IT Standards Committee; he served as Vice Chair of the Global Agenda Council for Digital Health at World Economic Forum; and as a Director on the Boards of HL7, Healthway, and the Care Connectivity Consortium (CCC) which is the joint interoperability collaboration of the Mayo Clinic, Geisinger Health System, Intermountain Healthcare, OCHIN, Group Health Cooperative, and Kaiser Permanente.

Prior to joining Kaiser Permanente, Jamie was a research investigator at Yale University School of Medicine; an economist in the US Federal Reserve System; a senior vice president and divisional chief information officer (CIO) at Bank of America; and an independent consultant. He studied Molecular Biophysics and Biochemistry at Yale University and computer science at Massachusetts Institute of Technology.

## **Doug Fridsma**

**President and Chief Executive Officer of AMIA**

Doug Fridsma, MD, PhD, FACP, FACMI, is the President and Chief Executive Officer of AMIA, a membership society representing 5000 professional and student informaticians and their interests and activities in academe, industry, government and nonprofit organizations. Dr. Fridsma is an expert in informatics, interoperability, standards, and health IT (including meaningful use). His understanding of the science and application of informatics and experience as practitioner and policymaker give him a depth of knowledge well-suited to the critical challenge of transforming health and health care.

Prior to joining AMIA, Dr. Fridsma was the Chief Science Officer for the Office of the National Coordinator for Health Information Technology, responsible for the portfolio of technical resources needed to support the meaningful use program and health information technology interoperability. While at ONC, he developed the standards and interoperability framework to accelerate the development of technical specifications for interoperability, and in collaboration with the NIH and other federal agencies, was instrumental in establishing the key priorities in the PCOR Trust fund. Prior to ONC, Dr. Fridsma held academic appointments at the University of Pittsburgh, Arizona State University, University of Arizona, and Mayo Clinic, and had a part-time clinical practice at the Mayo Clinic Scottsdale. He has served as a board member of HL7 and the Clinical Data Interchange Standards Consortium (CDISC) where he was instrumental in developing standards that bridge clinical care and clinical research.

## **Manuel Pérez Vallina**

**Associate CIO for SACYL (Castilla y León Region Healthcare Authority)**

Manuel was born in Oviedo (Spain) in 1962. He is a graduate in Business Administration and Economy from University of Oviedo and European University of Madrid.

He holds a Master degree in Information Systems Management as well as a Master degree in Health Administration from the Spanish National Healthcare School and National Distance Education University.

Manuel has more than 25 years of experience as CIO in different hospitals in Spain, including Hospital Universitario Rio Hortega in Valladolid, Hospital Universitario La Paz, Hospital Universitario Principe de Asturias and Hospital General Universitario Gregorio Marañón in Madrid,

*Continued...*

reporting directly to the Hospital CEO and accountable as Member of the Board of Directors for the operating and strategic direction of the Hospital.

Manuel dedicated a lot of work in the standards field, and he is involved in the Plenary of AENOR CT139 (Healthcare Informatics) since 1995. He translated to Spanish more than 70 European and International Standards. He also is member of the Board of HL7Spain since its creation in 2004. Manuel is also member of HIMSS (Healthcare Information and Management Systems Society), CHIME (College of Healthcare Information Management Executives), SEDISA (Sociedad Española de Directivos de la Salud) and SEIS (Sociedad Española de Informática de la Salud).

## New Single Concept Authoring Tool Goes Live

*By Rory Davidson (Head of Technical Services)*

IHTSDO passed a significant milestone on the 8th December when the first SNOMED CT authoring tool, built in-house using the IHTSDO Terminology Server, went live.

The Single Concept Authoring (SCA) tool, which allows the creation, editing, reviewing and release of SNOMED CT content, is now being used for authoring for the July 2016 International Release.

There is still a lot to do - many issues to fix, some bugs to iron out, a lot more features to develop - but this was a

He used to work as private strategy advisor in the eHealth field, including two years as Senior Advisor for HIMSS Europe.

Today he acts as Associate CIO for SACYL (Castilla y León Region Healthcare Authority), being in charge of IT Strategy, Innovation and Terminology Governance.

During his career Manuel has been an frequent speaker both at National and International level, publishing many articles, and receiving some prizes, being honoured in the 2011 edition of the Computerworld Honors Program (Using Technology to Benefit Society) for the "Professional Social Network for Tumour Boards" project.

very important step for IHTSDO. It has involved teams from across the organization working together on a complex project.

In 2016 we will be rolling out additional authoring tools, including template based authoring, and as always, all the source code will be made available to our Members.

More details on the solution, and our other tools, can be found on the IHTSDO Tools information page - <https://goo.gl/FprFDp>.

## Record Numbers Attend Montevideo Event

*By Fleur McBriar (Events & Business Support)*

IHTSDO held its annual October Business Meeting and SNOMED CT Expo in Montevideo, Uruguay on October 25th to 30th 2015, to record levels of participation and enthusiasm from the Organisation's 27 Member countries.

The two-day SNOMED CT Expo 2015 attracted the highest level of participation ever at IHTSDO's exhibition events, with over 440 people in attendance.

The work done by IHTSDO partners for the event - [AGESIC](#) and [Salud.uy](#) - was evident by the great interest in SNOMED CT and eHealth strategies shown by the numerous Uruguayan participants. This was IHTSDO's first bilingual event (featuring expert-level simultaneous translation and parallel events offered in both Spanish and English), and it was viewed as an enormous success.

The next [SNOMED CT Expo](#) will be held in Wellington, New Zealand from October 27th to 28th, 2016, with the October Business Meeting preceding it from the 23rd to 26th. Please sign up for the mailing list [here](#) to be kept informed.



*Left-to-right:*

*Our CEO Don Sweete at the AGESIC /Salud.uy welcome reception, with John van Beek (IHTSDO Management Board), Jorge Basso (Minister of Public Health, Uruguay), Lies van Gennip (IHTSDO General Assembly) and Jorge Forcella (Salud.uy Director, Uruguay).*



# IHTSDO Awards for 2015

## *By the IHTSDO Operations Team*

On 28th October 2015, during the IHTSDO Awards Dinner at the Sofitel Hotel in Montevideo, Uruguay, IHTSDO and the Community of Practice honored two people as outstanding contributors to SNOMED CT (and our organization).

## **Dr. Kent Spackman – Lifetime Achievement Award**



Dr. Kent Spackman was presented with IHTSDO's Lifetime Achievement Award, which recognizes individuals for sustained, outstanding contributions in the development or promotion of SNOMED CT and for global leadership in the terminology field.

Kent began his career in healthcare information sciences in 1979 when he received his MD from the University of Alberta. He pursued an education in computer science at the University of Illinois – Urbana/Champaign from 1980-1983 where he studied artificial intelligence and machine learning. He published his thesis "Creating decision criteria from example: the criteria learning system" and received his PhD in 1988. He began his postgraduate clinical training with a residency in Pathology at the University of Minnesota from 1983 until 1986 when he earned board certification by the College of American Pathologists (CAP). He served on the CAP Informatics Committee and was representative to the ANSI Health Informatics Standards Board and Health Level Seven (HL7).

Kent served as Assistant Professor of Pathology at Dartmouth Hitchcock Medical Center from 1986 through 1989 at which time he moved to Oregon Health Sciences University(OHSU) in Portland Oregon. He was promoted to Professor of Pathology in 1989 with clinical duties in Blood Banking. Kent was one of the two founding faculty of the Medical Informatics unit at OHSU and chaired the academic unit for seven years as it grew and matured to a Division and ultimately became the Department of Medical Informatics and Clinical Epidemiology. He served as principal investigator of the Integrated Advanced Information Management Systems project that supported the Informatics training program at OHSU. Kent was elected as a fellow of the American College of Medical Informatics in 1992. He was promoted to Chief Medical Information Officer at OHSU. He received the College of American Pathologists Outstanding Service Award in 2000 and a President's Award from the American Medical Informatics Association in 2002. He retired from OHSU in 2007.

Doctor Roger Côté began his seminal work to develop SNOMED in 1973 and retired in 1997. Kent joined the SNOMED editorial board and in 1998 was appointed Editorial Chair of the Committee on Nomenclature and Classification of Diseases of the College of American Pathologists. Kent was Scientific director of SNOMED International from 1997 until 2007. He was director of the development team for SNOMED RT, which was published in 1997 and led activities for merger of SNOMED with the Read codes to form SNOMED CT in 2002. When the SNOMED intellectual property was transferred to the IHTSDO in 2007, Kent was appointed Chief Terminologist and served in that capacity from 2007 through 2014. During that time, in addition to responsibilities for editorial and content development, Kent led harmonization activities on behalf of the IHTSDO with LOINC and the International Classification of Disease.

Kent's list of scientific accomplishments and publications is long and diverse, beginning in 1983 with his publications on machine learning but including work on terminology, ontologies, expert systems and decision support. Those who nominated Kent (a group of 7 colleagues!) attested to his patience, respect for the opinions of others, kindness and willingness to mentor and teach. The depth and breadth of his work to foster medical informatics and to further the development and deployment of clinical ontologies - including his pivotal role in the genesis of a formal logic model for SNOMED CT - constitute a breath-taking panorama of lifetime achievement.

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## Dr. James Case – Award for Excellence



IHTSDO's Award for Excellence recognizes outstanding contribution to the improvement of SNOMED CT and/or its successful implementation in any aspect of health and social care.

It was presented to Dr. James (Jim) Case in recognition of his commitment to improving SNOMED CT.

On an almost daily basis, Jim reviews the authoring and gently points out missteps and how IHTSDO could do better. He supports the editing by educating the authoring team making them more aware of how modeling impacts inheritance and subsumption and how the trickledown effect may cause issues for implementers and NRCs in their SNOMED CT national extensions. Jim has completed the [Consultant Terminologist Program](#) and by regular attendance at the weekly Consultant Terminologist conference calls shares insights and information and offers constructive solutions. He has personally undertaken several large revision projects including Congenital and Infectious disorders, editing in the International Release directly. As the point person for the U.S. NRC his content submissions are always complete, vetted and always contain a reference and definition/justification i.e. makes the meaning clear therefore saves the Terminologist time and effort.

Jim is a wonderful role model and has encouraged many people to volunteer their time in pursuit of terminology in the electronic health record. His broad knowledge of other reference terminologies and HL7 messaging coupled with deep knowledge of SNOMED CT has brought us closer to harmonization and alignment of standards development efforts. Jim is always a gentleman respectful of other opinions, and therefore IHTSDO was very pleased to present him with this award.

*IHTSDO would again like to extend our congratulations to the two deserving winners!*

## SNOMED in Action gets an Upgrade

*By Anna Adelöf (Customer Relations Executive - EMEA)*

A few weeks ago we announced the much longed for update of our website SNOMED in Action. The upgrade is a part of IHTSDO's aim to facilitate information sharing about the usage of SNOMED CT globally. You find the new and improved site here:

<http://www.snomedinaction.org>.

The website allows SNOMED CT users to share with the wider community their work, their experiences, and their motivations for using SNOMED CT. The updated website makes it easier to track, search and find the SNOMED CT use cases that interests you. It also makes it easier to upload your own use cases and to add and update data over time. We hope it will be an excellent platform for sharing and learning.

Moving forward, one new post on SNOMED in Action will be highlighted in each edition of our quarterly newsletter. If you have any questions please contact [info@ihtsdo.org](mailto:info@ihtsdo.org).

**Be seen here!**

**Register your use case of  
SNOMED CT on  
[Snomedinaction.org](http://Snomedinaction.org) for your  
chance to be chosen as  
*'Implementation of the Month.'***

**SNOMED CT**  
The global  
language of  
healthcare

# European eHealth Initiatives

*By Jeremy Thorp (IHTSDO Management Board Director) & Anna Adelöf (Customer Relations Executive - EMEA)*

In this, the first of an occasional series of articles on eHealth around the globe, we look at Europe. The European Union consists of 28 Member States, around half of which are Members of IHTSDO. Within the EU, responsibility for health lies with each Member State, but the European Commission has responsibilities for public health and cross-border care and acts as coordinator or funder of specific projects.

The [eHealth Network](#) (eHN) is a voluntary European network comprising all of the EU's 28 Member States, plus Norway and Switzerland as Observer members. The eHN is co-chaired by the European Commission and Austria. It operates on a consensus basis in relation to ehealth, particularly on cross-border issues. Each country decides how to apply the recommendations within its national borders. A number

of Commission-funded projects have been undertaken in Europe to progress the eHealth agenda. The [epSOS](#) project, a large-scale pilot that ended in June 2014, was focused on the cross-border exchange of data and succeeded in demonstrating a secure transfer of patient summaries and ePrescriptions across borders. IHTSDO supported the project by providing SNOMED CT concepts to enable safe data sharing. The [Trillium Bridge](#) project has expanded the epSOS initiative across the Atlantic and involved the development of an EU/US eHealth interoperability "bridge."

The European Commission has also funded

various studies on eHealth. [ASSESS CT](#), for example, is a project investigating "the fitness of the international clinical terminology SNOMED CT as a potential standard for EU-wide eHealth deployments." Another study, a global initiative called [OpenMedicine](#), is addressing the unique identification of medicinal products (MPs) and thereby patient safety in cross-border settings. The aim is to better enable cross-border healthcare delivery, particularly the exchange of ePrescriptions and safe dispensation of prescribed MPs.



In May 2015, the eHN launched a Joint Action Initiative, funded by the European Commission, that includes a range of policy and operational tasks to be progressed over the next three years. One of those tasks concerns the creation of a collaborative Standards Development Organization (SDO) platform, including National Competence Centers (NCCs) from EU Member States and

multiple SDOs (IHTSDO, CEN, IHT, EL7, GS1, etc.). The aim is to have a "one-stop shop" to advise the eHN, with a view to aligning policy and delivery priorities.

IHTSDO is a global organization, and therefore cannot operate exclusively with any one region. Equally, however, IHTSDO is keen to work with partners such as the eHealth Network to identify good practices, expand interoperability and contribute to delivery of international standards to underpin eHealth initiatives. IHTSDO offers expert input to relevant European projects to ensure provision of up-to-date knowledge and information about SNOMED CT.



# SNOMED CT Deprecation Notices

## Notice 1: SNOMED CT to ICD-9-CM Epidemiological and Statistical Map

On Wednesday, 28 October 2015, the IHTSDO General Assembly voted to approve the deprecation of the SNOMED CT to ICD-9-CM Epidemiological and Statistical Map, with support effective 31 January 2016, and without support effective 31 July 2016.

The reason IHTSDO decided to deprecate the artifact was as follows: the World Health Organization (WHO) stopped maintenance of ICD-9 in the 1990s when ICD-10 came into use by the WHO Member States. The United States National Center for Health Statistics was responsible for maintenance of the clinical modification (CM) of ICD-9, but the last regular, annual update to ICD-9-CM code was on 1 October 2011. The target system (ICD-9-CM 2012) for the ICD-9-CM Epidemiological and Statistical Map was being replaced with ICD-10-CM, a newer classification. The owners of ICD-9-CM consequently no longer would be maintaining and updating it. With the adoption of ICD-10-CM or other modifications of the WHO version of ICD-10, the ICD-9-CM Epidemiological and Statistical Map usage would end.

IHTSDO recognizes that some IHTSDO Member countries and Affiliates continue to use ICD-9-CM. It is important to note that the SNOMED CT to ICD-9-CM Epidemiological and Statistical Map will continue to be available after the deprecation on the [IHTSDO Confluence site](#) to any users who wish to access it during their transition to SNOMED CT or ICD-10-CM.

## Notice 2: SNOMED CT Release Format 1 (RF1)

On Wednesday, 28 October 2015, the IHTSDO General Assembly voted to approve the deprecation of SNOMED CT Release Format 1 (RF1).

Key dates in the deprecation are:

- January 2016: Updated RF2 to RF1 conversion utility is made available to the public on [IHTSDO's Confluence site](#);
- July 2016: Final RF1 release by IHTSDO;
- January 2017: RF1 users obtain files by converting them from RF2.

The reason IHTSDO decided to deprecate the artifact was as follows: RF1 was replaced by Release Format 2 (RF2) as the authoritative distribution format for the SNOMED CT International Edition in July 2011. Only one-ninth of IHTSDO Members currently use the outdated distribution format. IHTSDO no longer has a business case for allocating resources to maintain and mitigate risks associated with the outdated format. In addition, RF1 has well documented design flaws. Its derivation from RF2 introduces potential safety risks, resulting from possible anomalies in the manually curated Compatibility Package. The design flaws have been corrected in RF2. By deprecating these obsolete artifacts, IHTSDO will reduce risk and save resources, and it will be able to focus on a more streamlined, accurate, efficient and safe product line.

**For further information or assistance  
please contact IHTSDO at [info@ihtsdo.org](mailto:info@ihtsdo.org).**

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# Wishing you all Happy Holidays!



Delivering  
**SNOMED CT**

The IHTSDO Newsletter provides news and features from IHTSDO, delivering SNOMED CT. If you have comments on the editorial content, then please contact the editor, Fleur McBriar, at [fmc@ihtsdo.org](mailto:fmc@ihtsdo.org)