

Briefing Note for the Member Forum, Content Manager Advisory Group and Clinical Leads Group

9 August 2023

Resolution of the Evaluation procedure vs. Observable entity issue

Purpose

The purpose of this note is to inform the Member Forum (MF), Content Managers Advisory Group (CMAG) and the Clinical Leads Group of the proposed resolution of the Evaluation procedure vs Observable entity issue recently agreed by the Senior Management Team (SMT).

Background

The Observable entity and Evaluation procedure hierarchies were created in the early 2000s and have been maintained as separate hierarchies even though the content is overlapping in many areas. This has created confusion and inconsistency in how observation information is represented in record systems and in SNOMED CT. While some stakeholders have expressed their requirement for separate codes for ordering (evaluation procedure) and resulting (observable entity) observations, other stakeholders have expressed their requirement to include codes for ordering and resulting observations in the same hierarchy at various levels of granularity. Previous efforts to resolve the issue and meet stakeholder needs have stalled.

Issues

The challenges of having two separate hierarchies for representing observables include:

- Inconsistent classification in the two hierarchies
- Inconsistent classification when these concepts are used in the definition of concepts in other hierarchies, e.g., clinical findings, as some concepts are modeled with observables and others with evaluation procedures
- Duplicate content in the two hierarchies

- Note: The duplication is becoming more evident given the work in the new SNOMED-RII agreement to create the LOINC extension of observable entity concepts
- Reduced interoperability
- Increased maintenance
- Continued requests for new evaluation procedure concepts based on existing evaluation procedure content even though editorial policy states no new evaluation procedures will be added

Next Steps

The SMT has agreed with the following proposal to resolve the issues with the two hierarchies:

1. Move the majority of evaluation procedures to the observable entity hierarchy
 - a. Concept identifiers of the evaluation procedure concepts will be retained
 - b. The semantic tag will be updated to (observable entity)
 - c. Terminology changes to align with the observable entity model will likely be made
 - d. Updates in the modeling of the evaluation procedure concepts, e.g., update to attributes, will be made to align with the observable entity templates
 - e. Automated processes will be used for the majority of the transfer work when possible, using templates created during the E2O (Evaluation to Observables) Project and existing observable entity templates
 - f. This move allows concepts of various granularities to be classified in a single hierarchy, e.g., Glucose in blood (observable entity) is an antecedent of more specific concepts such as 60 minute plasma glucose measurement (observable entity) and Glucose in blood one hour postprandial (observable entity)
 - g. Annotations can be added to the observable entity concepts to identify which concepts are considered “order only,” “observation/resultable only,” or “both order and observation/resultable.” The annotation will be a non-defining attribute of the concept, and additional annotations can be added in extensions as needed.
 - i. The annotation functionality is projected to be available by the end of 2023
 - ii. This is consistent with the approach taken by other standards such as LOINC and NPU
 - h. Notes:
 - i. Panels
 1. Based on the recent decision to allow role grouping in the observable entity model, this should allow modeling of internationally applicable combined observables such as “ABO and Rh blood type” or “Culture and sensitivity.” These will be considered for move once the MRCM change in the role grouping has been completed.

2. Other panels such as 54610007 |Kidney panel (procedure)| will not be moved at this time as panels in general and specifically those that contain optional subtypes and/or are jurisdiction specific are under discussion in the LOINC - SNOMED CT Collaboration Project
- ii. Method concepts
 1. Some of the evaluation procedure concepts are essentially methods or techniques themselves, e.g., 76978006 |Enzyme-linked immunosorbent assay (procedure)|. This is a known issue and will be dealt with separately.
 2. Update the editorial guide to reflect the changes in content
 3. Provide implementation guidance to the community

A plan with the projected timeline of changes will be developed and shared with the community. Content changes are expected to take around one year after commencement of the project.

Recommendations

Approve: We recommend the approval of this proposal to resolve the issue of having two hierarchies for observations.

Request: Any comments or questions related to this proposal be submitted to the Chief Terminologist (jca@snomed.org) by September 15, 2023.

Approvals	Date	Name
Chief Terminologist	Jul 26, 2023	James T. Case
Director of Content and Mapping	August 8th, 2023	Monica Harry

Suzanne Santamaria and Jim Case, 2023-07-21