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SNOMED CT General Practitioner/Family Practitioner subset Baseline Release.

Release Notes

Date 20150930
Version 1.0

Amendment History

Version	Date	Editor	Comments
0.1	19/09/2014	IGR	Updated version following feedback received during Technical Preview process
0.2	27/08/2015	MHA	Updated version and logo. Minor edits to reflect combining of two subsets into one following Baseline review.
1.0	28/09/2015	IGR	Updating following review by JMI

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1 Introduction

The SNOMED CT International General/Family Practice Reasons for encounter and/or Health issues subset set (hereafter called the GP/FP Subset) and the map from the GP/FP Subset to the International Classification of Primary Care (ICPC-2) were both developed between 2010 and 2013 by the GP/FP Subset and ICPC mapping project group. This project ended on December 31, 2013 after field-testing of the products was completed.

2 Background

In December 2009 a cooperation agreement was finalized between the IHTSDO and the World Organization of Family Doctors (Wonca) to promote co-operation and collaboration between the two organizations.

This agreement led to the formation of the International Family Physician/General Practitioner Special Interest Group (IFP/GP SIG) under the auspices of the IHTSDO. The IFP/GP SIG was established to advise on content for the Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT®) related to general/family practice and to provide quality assurance for SNOMED CT content from the general/family practice perspective. The IHTSDO's existing Primary Care Special Interest Group was converted to the IFP/GP SIG after the agreement was signed.

The agreement contained a commitment to develop a mapping program, mapping relevant content in SNOMED CT to the International Classification of Primary Care, Version 2 (ICPC-2). Under the terms of the agreement, each task or project in the mapping program was to be managed by a mapping project group, comprised of members from the IFP/GP SIG, the WONCA International Classification Committee (WICC) and the IHTSDO's Mapping Special Interest Group. This project group was established in early 2010 and called the 'International GP/FP subset and ICPC mapping project group'.

The subsets were first released as a candidate baseline in April 2014. Changes to the structure of the subsets were made following feedback from this release, and the subset is now being re-published as a single file as the baseline. Details about the changes can be found in Section 3.

3 Release content

3.1 Overview of the GP/FP subset

Note: This document provides release information about the GP/FP subset. Release information about the map from the GP/FP subset to ICPC-2 can be found in the document *SNOMED CT to ICPC-2 mapping baseline: Release notes*.

The GP/FP subset contains SNOMED CT concepts relating to two semantic data types commonly used in general/family practice electronic health records:

- Reasons For Encounter (RFEs)
- Health Issues.

A reason for encounter was defined as:

“An agreed statement of the reason(s) why a person enters the health care system, representing the demand for care by that person. The terms written down and later classified by the provider clarify the reason for encounter and consequently the patient’s demand for care without interpreting it in the form of a diagnosis. The reason for encounter should be recognized by the patient as an acceptable description of the demand for care” (WONCA Dictionary of General/Family Practice, 2003).

A health issue was defined as an:

“Issue related to the health of a subject of care, as identified or stated by a specific health care party”. This is further defined in the notes as “according to this definition, a health issue can correspond to a health problem, a disease, an illness” (Health informatics – System of concepts to support continuity of care – Part 1: basic concepts (CEN/ISO FDIS 13940-1)).

These definitions were used to define the scope of the GP/FP subset. The subset contains SNOMED CT concepts that represent terms commonly used to populate these semantic data types.

The content of the subset covers the following:

- Symptoms and signs
- Disorders and diseases
- Results
- Family history
- Allergies
- Adverse drug reactions
- Processes and procedures
- Social history.

Information about implementation of the subset can be found in Section 4.

Details on the development of the subset are available on request from info@ihtsdo.org

3.2 Changes since previous release

Following feedback received after the subsets were released as a candidate baseline, the IFP/GP SIG decided to merge the content of the 'Reason for encounter' and 'Health issue' subsets.

When these subsets were designed it was expected that the content of the subsets would differ markedly. This proved not to be the case, and the vast majority of content was common to both subsets. The content has therefore been merged for this baseline release, and the subsets re-named 'SNOMED CT General Practitioner/Family Practitioner subset'.

3.3 Status of content

The General Practitioner/Family Practitioner subset baseline is a SNOMED CT module, or collection of release files, that IHTSDO has confirmed as the Baseline Release following the July 2015 SNOMED CT International Release.

4 Implementation of the GP/FP Subset

4.1 Implementation overview

There are a variety of ways in which the GP/FP subset and map to ICPC-2 can be implemented, and it would be impossible to outline each possible scenario in this report. Vendors are encouraged to submit specific implementation scenarios to info@ihtsdo.org for discussion by the IFP/GP SIG

4.2 General information about the GP/FP subset

Subsets act as the extensibility mechanism in SNOMED CT, allowing developers and users to customize SNOMED CT content to meet specific use cases.

The international general/family practice subset has been developed by the IHTSDO's General/Family Practice and ICPC-2 mapping project group. It is designed for use in general/family practice clinical settings within electronic health records (EHRs) and is intended to be used as the 'core' subset for two commonly used data fields — reasons for encounter and health issues.

The subset is aligned to the July 2015 SNOMED CT International Release.

4.3 Purpose of the GP/FP subset

To provide a subset of frequently used SNOMED CT concepts for use in general/family practice EHRs within the following data fields:

- Reason for encounter
- Health issue.

4.4 Some example use cases of the GP/FP subset

4.4.1 Data entry – direct entry of SNOMED CT concepts from the GP/FP subset

During an encounter in his/her general/family practice, a GP/FP sees a patient who has presented with a newly identified health issue. The GP/FP enters the new health issue into the data field for 'health issue', and into a problem list (if appropriate) in his/her EHR using the GP/FP subset that has been incorporated in his/her EHR by the EHR software vendor. The GP/FP is presented with a validated list of potential terms from the subset, from which he/she selects the SNOMED CT concept that best represents the patient's health issue.

4.4.2 Data entry – use of a local interface terminology mapped to the GP/FP subset

During an encounter in his/her general/family practice, a GP/FP sees a patient who has presented with a newly identified health issue. The GP/FP enters this health issue into his/her EHR by searching for and selecting a term from a local interface terminology into the data field for 'health issue'. A map from the local interface terminology to the SNOMED CT GP/FP Subset allows the term entered to also be represented as a concept from the GP/FP subset for clinical decision support and interoperability.

4.4.3 Electronic transfer of care (referrals, admissions, handovers, discharge)

A GP/FP wishes to transfer the care of a patient to a medical specialist for further investigation. The GP/FP's EHR contains the SNOMED CT GP/FP subset, and the GP/FP has entered all the patient's health issues into the EHR using the subset. An HL7 referral message is then constructed; containing SNOMED CT coded concepts from the patient's problem list. The message is sent electronically to the specialist who populates his/her EHR using the data contained in the message. This reduces the time needed to take a patient history and enter this data into the specialist's EHR.

4.4.4 Constraint of terminology use for population and subpopulation analysis

A group of GPs are interested in comparing aspects of care across populations of GPs and their patients. The adoption of a subset will, to an extent, constrain the variability of coding of similar issues, conditions and situations that may confound data analysis where very large terminologies such as SNOMED CT are used without constraint.

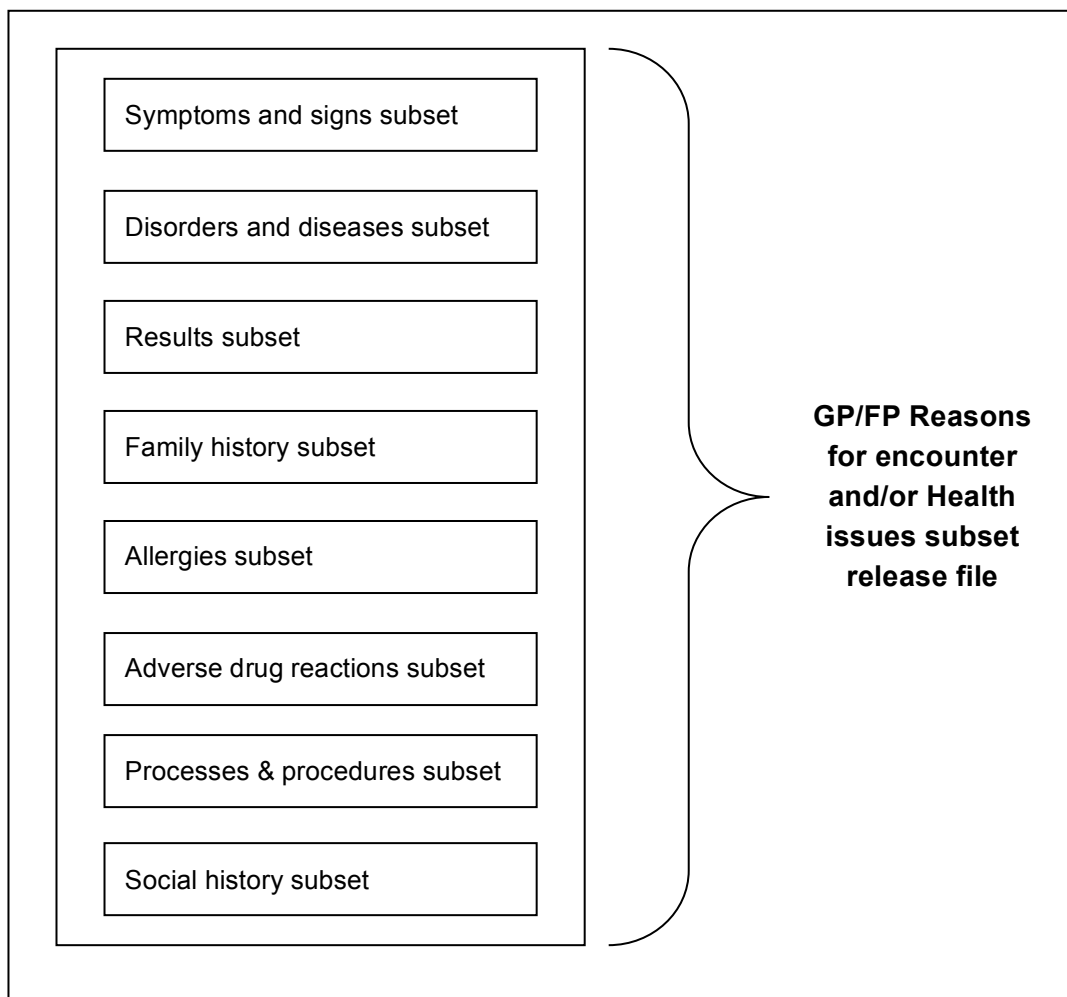
4.5 Obtaining the GP/FP subset

Initially, the GP/FP subset and map to ICPC-2 was released as a 'technology preview' in February 2014. Subsequent to the Baseline release, it is planned that the RF2 files for the

GP/FP Subset and map to ICPC-2 will be updated at each release of the SNOMED CT International Release.

4.6 Design of the GP/FP subset

A graphical representation of the initial SNOMED CT GP/FP subset release file is shown in the figure below. The release file contained multiple individual subsets that could be grouped for different purposes. These subsidiary subsets represented semantic data types used to populate the 'reasons for encounter' or 'health issues' data fields in general/family practice electronic health records.



These subsidiary subsets represent 'building blocks' to aid different types of implementations. For example, during the development of the project scope some end users indicated that they would never include procedures within a 'Health issue' core clinical heading. Others indicated that the inclusion of procedures as health issues was acceptable in their clinical setting. Including procedures as a separate subset in the Health issue core clinical heading allows users to customize the subset for their purposes, so that the Procedures subset can be either included or excluded as required by the user.

The content of the subset will be reviewed over time to ensure the continued clinical relevance of the subsets. Ongoing review of the subset will include the content of the subset, and also structure.

4.7 Benefits of the subset

SNOMED CT is regarded as the leading global clinical terminology for use in EHRs, however its size makes it unwieldy for use in general/family practice. The GP/FP subset utilises the power of SNOMED CT as a global healthcare terminology, while restricting the concepts available to GPs/FPs to those commonly used in general/family practice. This increases the usefulness of SNOMED CT for GPs/FPs because searches are targeted to the SNOMED CT concepts that GPs/FPs use most often, and, if implemented properly, users should be able to search and select a SNOMED CT concept quickly and easily. It is expected that systems using the subset will also have access to the complete SNOMED CT release.

As stated in Section 4.4, the SNOMED CT GP/FP subset will be maintained and distributed with each release of the SNOMED CT International Release.

4.8 Characteristics of the GP/FP subset

The GP/FP Subset contains the following characteristics:

- All non-human concepts are not included
- Only concepts with a status of 'current' (status = 0) have been included, ensuring that the only concepts included are active and able to be used for data entry.
- The Reason for encounter and Health issue subsets have been combined into one subset.
- A series of principles for the development of the GP/FP subset were created during the development phase of the project. These principles are documented in the *SNOMED CT GP/FP subset and ICPC mapping project: Phase 2 project report*.
- The GP/FP subset will be released using Release Format 2 (RF2) See Section 5.1 of the *Technical Implementation Guide* for further information about SNOMED CT release formats and RF2.

4.9 Known issues in the GP/FP subset

The GP/FP subset was developed using a 'bottom-up' approach, based on the terms frequently used in general/family practice to describe reasons for encounter and health

issues. As a result, it does not contain all the SNOMED CT concepts that could be used to populate the reasons for encounter or health issue data fields in electronic health records. The IFP/GP SIG will add to the content of the subset over time, but it is not intended that the subset will contain all SNOMED CT concepts that could be used to populate these data fields.

4.10 Implementation of the GP/FP subset

Background about the creation and maintenance of subsets can be found in Section 7.9 of the *SNOMED CT Technical Implementation Guide*, and Section 7.6.3 discusses the application of Subsets.

4.10.1 SNOMED CT target content

The GP/FP subset only contains SNOMED CT content from the following hierarchies:

- Clinical finding
- Event
- Procedures
- Situation with explicit context.

4.10.2 Implementation levels

Section 3.3 of the *SNOMED CT Technical Implementation Guide* describes three implementation levels for some aspects of SNOMED CT deployment. The three levels represent incremental capabilities for implementation broken down into specific dimensions including scope of use, record structure, expression storage, data entry, data retrieval and communication. Guidance provided in this section of the *Technical Implementation Guide* is also applicable to implementation of the GP/FP subset.

It must be noted that the GP/FP subset does not inherently contain structures or content to support the implementation of post-coordinated expressions, as required for the highest implementation level within some dimensions. The decision to implement post-coordinated expressions must be made at the local level, with implementers choosing to allow users to create post-coordinated expressions in conjunction with use of the GP/FP subset.

4.10.3 The user interface

Section 7.6 of the *SNOMED CT Technical Implementation Guide* provides recommendations and information for vendors about creating a user interface facilitating access to SNOMED CT concepts.

4.10.4 Use of a secondary search mechanism

The GP/FP Subset contains concepts that are commonly used by GPs/FPs on an international basis, restricting the SNOMED CT concepts available to GPs/FPs to those concepts they are likely to use frequently. However, rare conditions are managed in

general/family practice, and GPs/FPs may occasionally need to access a wider source of SNOMED CT concepts to populate their reasons for encounter or health issues.

For this reason, when implementing the GP/FP Subset implementers are strongly encouraged to implement a two-stage search mechanism, where users search for concepts in the GP/FP Subset in the first instance. Then, if a suitable concept cannot be found in the GP/FP Subset, a 'secondary search' is activated, allowing the search to be repeated using a broader set of relevant SNOMED CT concepts.

5 Release Management

5.1 Licenses for the GP/FP subset

Vendors can obtain the GP/FP subset through a license for SNOMED CT, called an Affiliate license. Information about obtaining licenses for SNOMED CT is available from: <http://www.ihtsdo.org/licensing/>.

End users of the GP/FP subset must be sub-licensed to use SNOMED CT through their vendor.

The use of SNOMED CT is free under license within IHTSDO member countries. The list of current member countries is found at: <http://www.ihtsdo.org/members/>. SNOMED CT may be licensed in non-member countries, and details can be found at the IHTSDO's licensing webpage.

5.2 Effective time

The effectiveTime for the content has been set to 20150930 (30th September 2015).

5.3 Maintenance of the subset and ICPC-2 map

Agreement of changes to both products will be managed through IHTSDO change processes with advise from the International Family Practice/General Practice SIG (IFP/GP SIG).

Requests for future changes will be accepted through info@ihtsdo.org