SNOMED CT
Mixed Terminology Economy

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Outline

Context: The UK legacy problem
Crossmap construction and validation
Transcoding EPR data
Demo
Context: UK’s mixed terminology economy

5-Byte READ2
Clinical Terms Version 3
SNOMED CT

OPCS 4.7
ICD10

SNOMED CT

Cumulative coded EPR items in UK
Family Medicine

1998-99
1999-00
2000-01
2001-02
2002-03
2003-04
2004-05
2005-06
2006-07
2007-08
2008-09
2009-10

8,000,000,000
6,000,000,000
4,000,000,000
2,000,000,000
Context: UK’s mixed terminology economy

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DATA

CLINICAL COMMISSIONING
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Crossmaps: Construction and Validation

Review 792,656 maps in duplicate; 45s each = 6 person years of effort (!!!)

Compromise assurance methodology:

- Auto-assure if 100% exact term match
- Dual review residual top 20,000 codes with no 100% exact term match
- Map code+term to code+term
- Certified deployment: mandatory text degrade where no assured map

= ~100 person days of review effort
5% of reviewed maps were rejected

Result: >97.5% of coded data by volume can pass through an assured map.
Map Assurance: Requirements

Professionally led
Expert terminologist
~10 expert *clinical* reviewers
Code usage data – exploit the Pareto effect!
Application to expose maps and support review process
Map reference implementation
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Data Migration: Bulk and single item

4 maps deployed biannually

GP2GP

READ2 ↔ CTV3 ↔ SNOMED

Summary Care Record

READ2 ⇔ SNOMED
CTV3 ⇔ SNOMED
Data Migration: Limitations

No map route back from SNOMED CT to legacy systems..

So comms from Hospital to Primary Care only possible if Primary Care data migrated to SNOMED CT
Data extraction?

Extract specifications needed in five parallel dialects e.g. ‘assisted conception’
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Transcoding EPR data \textit{and} queries
Demo
Transcoding Queries

One ring to rule them all...

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Transcoding of query specifications

<<22298006 myocardial infarction (78 codes)
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