National Clinical Terminology Service (NRC for Australia)
Update for eLAG – Malaysia 2019
New or planned SNOMED CT education activities

• **Document library** changes since April 2019
  – New
    • HL7 FHIR Terminology Service Exemplars
    • Linking AMT and GTIN: Improving Medicines Management and Safety presentation v1.0
    • Linking AMT and GTIN: Project Requirements for Pharmaceutical Suppliers presentation v1.0
  – Updated
    • AMT Editorial Rules v2.5
    • AMT Editorial Rules v2.5 addendum 2
    • SNOMED CT-AU Australian Technical Implementation Guide v2.4
    • SNOMED CT-AU Australian Terminology Sample Scripts
  – Planned
    • Terminology adoption infographic
    • Mapping guidelines
New or planned SNOMED CT education activities

Webinar series held in June and September 2019

- Introduction to SNOMED CT-AU
- SNOMED CT-AU content hierarchies
- Introduction to the Australian Medicines Terminology (AMT)
- SNOMED CT-AU and AMT subsets
- Shrimp terminology browser – searching SNOMED CT-AU
- Principles of mapping
- Snapper:Map – creating maps to SNOMED CT-AU

Planned webinars

- Terminologies and classifications
- Use of snoMAP to convert Emergency Department SNOMED CT-AU diagnosis codes to ICD-10-AM codes, for non-admitted patient reporting
Most downloads* from NCTS document library

* Consistently over 50 downloads per month
** Sum of two separate documents for AMT and SNOMED CT-AU
New or planned SNOMED CT education activities

- Co-chair community support groups: the Australian Clinical Terminology User Group (AuCT-UG) and AMT Support Group (AMTSG)
  - Forums to share updates regarding SNOMED International activities
  - Includes standing agenda items that explore a particular feature of SNOMED CT and how it is implemented
- One-on-one meetings and workshops with vendors and implementers
- General enquiries through the Australian Digital Health Agency Help Centre
New or planned SNOMED CT education activities

Quick Tips

Do you ever need just a simple format of the terminology to easily review a particular set of terms, e.g. adverse reaction types, procedures or medicinal products? The TSV files are the perfect solution! The ability to import a data file into the application of your choice e.g. MS Excel, is the only technical knowledge required. Each row contains the ID, fully specified name, preferred term and synonyms for every active concept of a particular reference set.

If using MS Excel, please follow the instructions on the download page to avoid inadvertently creating concept ID and description errors on import. You can search for and download the TSV files from here, after logging into the NCTS website. Viewing or double-clicking each reference set will display further information about the reference set.

Each month we will be providing you with a new quick tip on how to navigate our website, as well as documents with links to further information (where applicable). If you have a suggestion for a tip, please let us know using the feedback details below.

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Product Availability

There are many products represented in the AMT, with over 36 thousand CTPPs - but what does it mean? Here are our Quick Tips -

- A medicine that is included in the AMT is not necessarily currently registered or available in the market. Medicines are considered active in AMT, even if they have been withdrawn from the market, to support historical record keeping.
- Our current policy of adding all registered pack sizes into the AMT was implemented in 2017. Prior to 2017 the AMT was selective with pack sizes being added to AMT, where availability had to be determined to be true as a requirement for addition into AMT.
- The main sources for content are the PBS/RPBS and the Australian Register of Therapeutic Goods (ARTG). Special Access Scheme (SAS) and other medicinal items for human use with national relevance are added as requested by users.

New content requests can be submitted via the online content request form.
Feedback on existing SNOMED CT eLearning experiences

• SNOMED Authoring Level 1 Course
  – The course topics were elaborately covered and sufficiently explained and supplemented by lecturers in webinars. The assignments covered adequate practical information for learners. There are items, however, which could be improved, namely:
    1. Smaller topics could be done better if they were integrated in one video presentation, for example, Situation with Explicit Context Overview, Concept Model and Editorial Guidance could be done in one video. Similarly, this goes for Pharmaceutical/biologic Product Overview, Concept Model and Editorial Guidance; Substance Overview and Concept Model; etc.;
    2. Feedback from Module Assignments could be better handled if corrections are pointed out in specifics so learning can be better achieved. Too often, I would submit my assignment, even after having feedback, not knowing where the correction actually is needed;
    3. Assessments could be better if more practical questions are asked instead of questions, for example, about which attributes can be used in which concepts. The answers to these types of questions can be easily searched in the Editorial Guides or handouts. Instead, focus should be more on identifying incorrectly authored concepts and correcting them.
  – Overall, the course was amply designed with an adequate timeframe.
  – One thing however that may be helpful for the terminology content authors would be including more practical examples in the presentations. For example demonstration of how to author and what could be the potential mistake while authoring. Though webinar does cover practical examples but including them in the presentation might be useful too and may maintain the user interest in the presentation.
  – Last but not the least, webinar slots in the afternoon (Australia time) would be extremely helpful.
  – Overall it was a well-designed course. Looking forward to authoring level 2!
SNOMED CT education priorities

**Business and executive**
- Business case for SNOMED CT-AU
- Implementation options

**Content**
- Adverse reactions reporting
- Data analytics
- Mapping guidelines

**Technical**
- NCTS deployment scenarios/ tutorials
- Search and data entry
Jurisdiction workshop – Terminology adoption & meaningful use

Jurisdictions are key stakeholders for the NCTS:
- Australian states and territories are responsible for the management and administration of public hospitals.

Some aims of the workshop:
- Identify opportunities for jurisdictions to learn and leverage from each other’s terminology adoption journey;
- Identify innovative approaches to addressing any real or perceived barriers to adoption; and
- Collate a list of current and future projects which demonstrate the value of SNOMED CT or AMT.

Common challenges:
- Infrastructure investment
- Vendor uptake and conformance levels
- Coordinated approach in using different code sets in healthcare & transitions between them and terminology

Priorities for education and support:
- Understanding SNOMED CT and ICD-10, converting SNOMED coded data to ICD-10 AM for activity based funding
- Common architecture for deployment of terminology services
- Exploring search & data entry techniques and best practice to simplify workflow for end-users (clinicians)
- Data analytics (clinical and business intelligence)
Linking clinical and supply chain data for medicines

• Initiative to link standardised clinical terminology (Australian Medicines Terminology (AMT)) and physical product (medicine) identification (GTIN) related to pharmaceutical products.
• This will enable the reliable exchange of medicines information between different systems with the aim of reducing errors and adverse patient outcomes associated with recording, prescribing and administration of medicines.
• Collaboration between the Australian Digital Health Agency, GS1 Australia and the pharmaceutical industry.
• Webinars and supporting documents for pharmaceutical suppliers are available from:
  – Linking AMT and NPC: Improving Medicines Management and Safety
  – Slides for Webinar 1
  – Slides for Webinar 2
Contact us

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