

2020-06-05

SNOMED International

CMAG

Object: Response from the Canadian stakeholders and the National Release Center of Canada to the request for feedback: *What types of changes to FSN's would be acceptable without requiring inactivation and replacement of the concept?*

Hi Cathy,

Please find below feedback received from many important stakeholders in Canada:

- University of Victoria
- Canadian Institute for Health Information
- Alberta Health Services
- Shared Health, Manitoba
- Canada Health Infoway

Questions - answers

1. What types of changes to FSN's would be acceptable without requiring inactivation and replacement of the concept?
 - a. Any changes to the FSN that do not affect it's semantic meaning should not change the ConceptID. (3 stakeholders said this)
2. Minor vs major changes to the FSN
 - a. If the SI does not provide this information we cannot consider it, because our system primarily manages the ConceptID
 - b. Minor changes to the description without changing the description id is probably okay as long as it aligns with the editorial guide, but we'd like to know about the change
3. Semantic tag change – Different opinions:
 - a. Not sure if the ConceptID should need to change if the semantic tag changes
 - b. It is unacceptable to change an FSN if the semantic tag is no longer the same (e.g. from disorder to finding) because that impacts the hierarchy and concept subsumption and would mean that retrieval of parent/child concepts is disrupted



- c. This type of change must be flagged for any country that does translation. Most authoring tool will be able to “pick-up” this type of change, but a more robust mechanism should be implemented to at least inform such a change has happened to allow for translation review

Proposals to facilitate management

- Should the descriptions be inactivated, not concepts?
 - It is not necessary to inactive a concept when changing the FSN
 - Use this mechanism for both description change and FSN change
- The most appropriate way to fix the errors is to use the guidelines as identified in Editorial Guidelines and other guides. I do not think this guideline should change as it is the safest method of change. *But*, if SI is looking at a high volume of changes that need to occur and they are going to be done as large chunks, working out a ‘fastlane’ for some of the changes is a very legitimate option. The ‘fastlane’ should be mapped out so that it is only used on a set of criteria, which has an end date or specified concepts. For example, this method will only be used on concepts that were marked as ‘Active’ in the July 2019 release; any concepts added to subsequent releases will have to go through the appropriate change process.
- It would be beneficial to have ConceptID and FSN changes tracked (X changed From: Y to: Z, or perhaps [conceptID] [property] changed From: X To: Y in release: Z) and a flag for most recent changes in both human readable and machine readable formats, e.g. Excel and JSON
- Adding a date of last change to the component (Concept, synonym, relationship) would be beneficial to distinguish newer content to older content, especially when the changes are related to Editorial changes. (Especially when browsing in the SI browser)
- In case of a FSN change without inactivation, add the original FSN as synonym (2 stakeholders said this)
- For minor changes a log should be kept (e.g., like the attributes value for concept and description status) to track the type of changes being made.

Additional comments

- In case of a concept inactivation, determining if the semantic meaning has been affected is a bit of an art in some cases, so it is important to track changes to the FSNs as well.
- Changes without inactivation are the easiest to deal with.



- If the identifier is not changing, and the meaning is consistent, there is minimal impact to any mapping or sets we have done.
- With the size of SNOMED CT and the shift in naming conventions, the sheer number of changes that need to occur lend to a more productive and less impactful *change without inactivation* process when possible. One example under recent inactivation is Diastema of teeth; this inactivation will cause more issues of manual labour than what is necessary. Making this a change without inactivation would be ideal as the meaning is not changing, but the modelling is being updated.
- The less we need to bother the technical and data teams, the better it is!
- Though it may be painful to absorb those changes on our sides, people are likely to comply if they know that these huge changes and fixes are only going to appear (for example) in the next 3 releases, then we should be back to normal.
- Where terminology is centrally managed as in eCHN, Alberta, OH DI, the impact can be low as the changes are managed within the regular terminology updates. Some will inform each sending site of the changes to their mappings made, some will inform them to go to a change file to assess if the changes impact them and they need to make changes.
- FSN name change affects us less because of the EHR we are using. Within the system SNOMED is mapped to items in the backend as concept IDs. When SNOMED is loaded into the program it looks for a matching concept ID and is satisfied when it is found in the SNOMED Release. From that perspective, we do not distinguish between minor and major changes that I am aware of.
- Many changes to both FSN and ConceptID can cause alignment issues where the terminology is not just used for viewer naming, but order entry (CPOE) interface, analytics, and decision support.
- In Ontario Laboratories Information System (OLIS) where the SNOMED CT terminology is hosted in each LIS, the changes can have a huge impact, each sending system needs to update the local terminology, also OLIS backend data mart needs to add a cross-map so both concepts would be allowed until all sites have made the change.
- There might be major impacts when changing the FSN without changing the ConceptID, for example: Immunization (Capital vs lower case) or correcting word order without changing the meaning (only for an error)

Yours truly,

Linda Parisien, a.m.a.

Manager, SNOMED CT ® Standard, Engagement & Marketing | Gestionnaire, Norme SNOMED CT ®,
Engagement et marketing
Canada Health Infoway | Inforoute Santé du Canada