2018-10-16 Editorial Advisory Group Face-to-Face Meeting

Date: 2018-10-16

1600 - 2400 UTC
0900-1700 PDT
1200-2000 EDT
1300-2100 Argentina time

Zoom Meeting Details

SNOMED Int’l Editorial Advisory group
Please join my meeting from your computer, tablet or smartphone:

Topic: SNOMED Editorial Advisory Group Face to Face Meeting
Time: Oct 16, 2018 1600 UTC

Join from PC, Mac, Linux, iOS or Android:
https://snomed.zoom.us/j/313576416

Attendees

Chair:
  • Jim Case

AG Members
  • Guillermo Reynoso
  • Paul Amos - ex officio
  • Jeremy Rogers
  • Jeffrey Pierson
  • Keith Campbell
  • Daniel Karlsson
  • Bruce Goldberg
  • Toni Goldberg

Observers:

  • Penni Hernandez
  • Farzaneh Ashrafii
  • Maria Braithwaite
  • Monique van Berkum
  • Krista Lilly
  • Nicola Ingram
  • Chris Vitele
  • Penny Livesay
  • Kyl Lynn Loi
  • Alana Lane
  • Josée Migneault
  • Rikard Lovstrom
  • Constantina Papoutsakis
  • Anne Randorff Højen
  • Kirstine Rosenbeck Gæg
  • Rachel Tharp
  • Jon Zammit
  • Olivier Bodenreider
  • Mara Hummeluhr
  • Phuong Skovgaard
  • Cathy Richardson
  • Patricia Houghton
  • Vojtech Huser
  • Shapoor Shayegani
  • Linda Parisien
  • Winnie Lee
  • Kai Kewley
  • Corey Smith

Apologies

Meeting Files

Modeling of CVA using GCIs.pptx
Hypersensitivity+allergy modeling guidelines_v6_20180706.docx
Re-examination of co-occurrent and due to pattern.pptx
Injuries.pptx
Evaluating sources of truth for elucidating the meaning of concepts.pptx
Disease association templates_Infectious disease.pptx
Complex skull fractures.pptx
Cerebrovascular accident.pptx
Allergy update.pptx

Meeting recording

The recordings for this meeting are located here.
Objectives

- Obtain consensus on agenda items

## Discussion items

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| 3    | ECE Update | BGO |       | Stroke modeling  
- Modeling of CVA using GCI.pptx  
- ECE proposal on “co-occurrent and due to” modeling (epilepsy with dementia example) | EAG accepted proposal to eliminate the use of “Co-occurrence and Due to” pattern in favor of “Due to”.  
Bruce Goldberg to develop editorial guidance for co-occurrence (when to use).  
Monica Harry to update Ed guide with new combined disorder pattern guidance. |
| 4    | Allergy and Intolerance update | BGO |       | Editorial guidelines for Jan. 2019 implementation of new models for allergy/hypersensitivity/intolerance content  
- Hypersensitivity=allergy modeling guidelines_v6_20180706.doc  
- 414029004 Disorder of immune function (disorder): revised model  
- Anergic disorder model  
- Intolerance to substance model | EAG members supported the proposed modeling.  
Bruce Goldberg to implement Allergy model as proposed  
Bruce Goldberg to update contact hypersensitivity disorder to use AFTER as opposed to “Due to” |
There are a large number of disorder concepts that refer to "Secondary" or "Secondary to". A query was sent to the WHO ICD MSAC (Medical and scientific advisory committee):

- It is unclear from the [ICD-11] definitions associated with the various conditions that use the term "secondary" as to whether it refers to simple co-occurrence or some level of causality, or both, as most of the definitions define secondary disorders as "disorder secondary to X" which is not very helpful.

From October 2018 MSAC Minutes:

> There was agreement that 'secondary' implies causality, but there was not agreement as to what "associated with" means.

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> The phrase "secondary to" is equivalent and may also be used interchangeably.

1. **Coding from health care practitioner documentation of "causal relationships"**

   Sometimes conditions that have a causal relationship are clearly documented by the health care practitioner using terms such as "due to", "caused by", or "arising from". These connecting terms indicate the health care practitioner has made a causal link between, for example, condition A due to condition B. However, sometimes conditions are documented using connecting terms that are ambiguous for the coder such as "with", "after", "in", and "following". When ambiguous terms are documented and it is not clear whether the health care practitioner means a causal inference or not, the clinical coder should code each condition separately and not link in a cluster.

   The clustering (postcoordination) is a particularly notable new feature in ICD11 that has permitted the introduction of powerful new clinical coding mechanisms for capturing clinical information in dimensions such as:

   - quality and safety coding for healthcare related injury and harm
   - the diagnosis and diagnosis timing using extension codes
   - the comprehensive description of late effects (sequelae) arising from prior conditions
   - the description of inter related stem code diagnoses where there is a clear causal relationship

   For more information on causal inference in the context of quality and safety, refer to section {XXX} (currently: 2.3.1.5.1 Causation in the context of quality and safety)

From October 2018 MSAC Minutes:

- For entities where the aetiology is specifically known, and the combination of condition and aetiology exists as a fully precoordinated entity, "Due to" is the preferred term. Other terms, such as "caused by" or "attributed to" may be allowed synonyms. The phrase “secondary to” is equivalent and may also be included as a synonym. This proposed solution may only be used, however, when the causal link is clearly defined.
- Note, the phrases "secondary" and "secondary to" are not logically equivalent and may not be used interchangeably.
- In concepts where an association is known, yet not as a known or proven aetiological connection, and the condition and association combination exist as a fully precoordinated entity, "associated with" is the preferred term. The connections "with" and "in" are not allowed combinations.
- When considering neoplastic entities, the allowed term is "metastatic"; not "secondary".
- There was agreement that "secondary" implies causality, but there was not agreement as to what "associated with" means.

### Historical association refset

**JRD**

- Revisit the intended meaning and operational consequences of the nine subflavours of [ICD-11] and may also be included as a synonym.

**WHO ICD-11 guidance**

2.3.5 'Due to' and 'With'

Due to is the preferred term for categories where two conditions are mentioned and a causal sequence exists. Other terms, such as "caused by" or "attributed to" are allowable synonyms. The phrase "secondary to" is equivalent and may also be included as a synonym. "Associated with" is the preferred term for categories where two conditions are mentioned and there is no causal sequence implied.

There was also some work done in the Reference guide by the Morbidity Reference Group in partnership with Quality and Safety.

**Coding from health care practitioner documentation of "causal relationships"**

Sometimes conditions that have a causal relationship are clearly documented by the health care practitioner using terms such as "due to", "caused by", or "arising from". These connecting terms indicate the health care practitioner has made a causal link between, for example, condition A due to condition B. However, sometimes conditions are documented using connecting terms that are ambiguous for the coder such as "with", "after", "in", and "following". When ambiguous terms are documented and it is not clear whether the health care practitioner means a causal inference or not, the clinical coder should code each condition separately and not link in a cluster.

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Sources of truth

There is a need to establish a policy for deciding on the source of truth for determining the true meaning of a concept.

- primary.pdf
- Truth_Finding_from_Multiple_Data_Sources.pdf
- Evaluating_Source_Credibility_2017V2.pdf
- ISH_2017_Article_138.pdf
- Source_of_truth.docx

Observables discussion

Discussion on what to do with existing, often ambiguously termed, observables.

Followup on clinical statement model project group

Summary of discussion from F2F meeting

1. The distinction between Finding and Disease has been and is a cause of confusion for modelers and implementers.
2. The use of implied context for the Clinical findings/Disease hierarchy causes issues for implementers in that other context-types are located in a separate top-level hierarchy.
3. We are currently using the Clinical findings hierarchy as both "Clinical entities" and "Assertions".
4. It is desirable to have a "pure" clinical entities hierarchy that can be used to populate assertions (clinical statements).

Potential names proposed:

a. "Findables"
b. Phenomena
c. Clinical entity
5. A number of the attributes of the Clinical findings concept model are context-type relationships.
6. It was generally agreed that SNOMED should evolve to include a "context-less" set of defined clinical entities that would support the population of a more robust and comprehensive "clinical statement" model.
7. A review of the various extant (and useful) clinical statement models should be undertaken to inform the structure of a SNOMED CT clinical statement model.
8. The current Situation model with explicit context model is viewed as a starting point for the development of the SNOMED Clinical statement model.
9. A clear statement regarding the removal of support for the "Soft context" for Clinical findings and Procedures must be communicated to the implementation community.
   a. Removal references to soft context from the Editorial guide.
   b. Recommended that clinical entities would not be used directly, but only as a component of a clinical statement.
10. Post-coordinated expressions have a number of issues related to construction, determination of equivalence and reusability that make them less appealing as a solution to context.
   a. Most large EHR systems implementations do not support post-coordination.
   b. The current Situation model simply provided a way to move concepts that were context-laden, out of the ostensibly context-free Clinical findings Hierarchy.
   c. Logical negation is out of scope.
   d. Does not conform with non-binary representations of presence or absence.
   e. Any solution should be developed in conjunction with information model developers.
11. Logical negation is out of scope.
12. Logical negation is out of scope.
13. Logical negation is out of scope.
14. We need to develop an incremental approach to this change as it may be viewed as too dramatic for some users.

Potential Actions

- Write a project charter. Should outline what the end goal of the project is and what the perceived benefits and potential detriments there might be. Agree?
- Propose the creation of a formal project group (Clinical statement project?):
  - The initial thought is to create two types of groups, a small, formal work group and a larger project group. These would be modeled after the groups in the drugs project.
  - Write the Terms of Reference for the Project Work Group and the overall Project Group
- Identify potential members. What is the proposed size of the group? The bigger the group, the more difficult it will be to get consensus. However, without adequate representation, the more chance we will have of getting pushback.
- Develop a draft strategy and the critical path for addressing the issues that we identify
   a. Identification of the specific issues.
   b. Predict the potential impact of the terminology
   c. Outline that potential issues that might impact users and implementers
   d. Develop mitigating strategies for minimizing impact.
- Notify the Community of Practice about the project group and its objectives
  a. Solicit feedback from the CoP. That will be our consultation process.
  b. Change or revise the terms of reference as needed from input.
- Begin environmental scan for clinical statement models that can be used as starting points for comparison. Candidates include:
  b. FHIR resources: (https://www.hl7.org/fhir/resourcelist.html)
  c. CIMI?

Future meetings

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