2019-12-17 - SNOMED on FHIR Meeting (TB)

Date/Time
20:00 UTC on Tuesday 17 December 2019 - 90 minutes.

Objectives
- Bindings to FHIR Clinical Resources (e.g. value set bindings)

Meeting Details
Online: https://snomed.zoom.us/my/snomedhl7
Phone: See https://zoom.us/zoomconference for available phone numbers (meeting id 242-348-6949)
Chat: snomedintl.slack.com #snomed-hl7-fhir

Attendees
Daniel Karlsson, Jeremy Rogers, Peter G. Williams, Rob Hausam

Apologies

Meeting Recording

Discussion items

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Mins</th>
<th>Owner</th>
<th>Notes &amp; Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Welcome and introductions</td>
<td>5</td>
<td>Peter G. Williams, Rob Hausam</td>
<td>Recording + Notes.</td>
</tr>
<tr>
<td>2</td>
<td>Summary of previous week (TB) and previous TB</td>
<td>5</td>
<td>Peter G. Williams, Rob Hausam</td>
<td>2019-12-10 - SNOMED on FHIR Meeting (TB) 2019-12-03 - SNOMED on FHIR Meeting (TB)</td>
</tr>
</tbody>
</table>
| 4    | URI Standard update | 10   | Peter G. Williams | Peter G. Williams document SPLG counter proposal - basically agreed that ValueSets are not FHIR specific and they'd like to use the more general http://snomed.info/<resource type>/<resource name>
The SPLG workgroup discussed this http://snomed.info/valueSetGPS
Update this causes a problem in the tooling as it demands a capital V in ValueSet.
Peter G. Williams discuss with Lloyd MacKenzie. Also specifying a different terminology server for expansions. Also output/qa.html should we start again from a template project.
http://snomed.info/fhir/StructureDefinition/example
Update 3 Dec: Publisher tooling has specific requirements around URI construction that isn't compatible with the proposed URI standard.
Peter G. Williams to supply code line(s) that's causing the problem to Rob Hausam |
| 5    | Free Set Response | 5    | Jim Case | Peter G. Williams progress 4 step actions from 27 October meeting
Update 3 Dec: Draft of notes arising from KL and subsequent SNOMED on FHIR meeting being reviewed. Intention to reach out to Grahame and Keith to discuss further. Amber mappings outstanding, but value of partial implementation questionable so need to discuss before further work is done. RH has given Keith an update. |
| 6    | Implementation Guide | Peter G. Williams | Did we conclude on the best approach(es) for semantic overlap between fields as discussed in Terminology Binding
Update: Option 4 seems the most elegant - "BodySite must always be a specialization or self of finding site" although BodySite is an easy example since the mapping to the SNOMED concept model (finding site) is well understood. It would not work for Condition.Status where resolved/ remission is not represented in attribute values.
Update 17 Sept: If we were to express ValueSets for profiles using Refsets (which this group would have to curate and publish) then National Centres could add to those refsets using their own module.
Update 15 Oct >2 issues:
1. We're still seeing only the differential in the profiles, no option to view the snapshot
2. The link from profile to a ValueSet uses a slash (eg http://build.fhir.org/ig/IHTSDO/snomed-ig/ValueSet/bodyheight.html - does not exist) and navigating from the ValueSet itself uses a dash (eg http://build.fhir.org/ig/IHTSDO/snomed-ig/ValueSet-bodyheight.html )
3. Only the first element in the differential is being displayed. The page appears to cut off early. See http://build.fhir.org/ig/IHTSDO/snomed-ig/StructureDefinition-AllergyIntolerance-SubstanceFocused.html
Rob Hausam Check with Lloyd McKenzie and Eric Haas if their two frameworks have been fully |
7 Procedure Resource Procedure for CarePlan:

- Jane Millar please mention our discussion to Zak (NHS)
- Rob Hausam please mention our discussion to Michelle Millar (HL7), Stephen Chu (AU), Emma Jones.
- Read Workflow https://www.hl7.org/fhir/workflow.html

Procedure (not completed 3 Dec) followed by Care Plan

KG, procedure code concern about overlap with reasonCode.

8 Observation resource Jeremy Rogers See updates here: Observation binding

http://fhir.org/fhir/codes/2019Sep/ValueSet-obf-datatype-ConditionStatusTrendVS.html

Query about qualifier values used. Would it be better to use < 418136009 (Patient condition finding (finding)) ? (JR suggested immediate children is "<" rather than descendant)

See also 373177000 |Pathology examination findings indeterminate (finding)| (child of 250537006 |Histopathology finding (finding)|)

10 Exemplar Profile Daniel Karlsson Jeremy Rogers Publishing Profiles

- Wrapped by implementation guide - in this case https://github.com/IHTSDO/oncomed-ig
- Value set publish to a live SI hosted Snowstorm instance. Alternatively Michael Lawley has offered to host.
- Additional hosting on Simplifier (STU3, not yet R4 - January?)
- Suggestion to review work already done to ensure R4 compatibility
- Would value sets also be published as reference sets? Maintain via Refset tool and published in MLDS. Note: UK experienced substantial ‘getting off the ground’ effort in this area. Sweden have worked through ~10 (will request promotion of content to International Edition where appropriate).
- HL7 FHIR Registry?
- Option to have multiple profiles available at the same time using slicing.
- Chance to do some technical work at HL7 San Antonio

Peter G. Williams discuss Rory Davidson

Peter G. Williams re-run tooling to include existing profiles in appropriate hierarchy.

Options for Profile discussion:

<table>
<thead>
<tr>
<th>Specimen</th>
<th>Allergy Intolerance</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td>distinct from previous work on MedicationRequest etc (PKW)</td>
<td>Vital Signs (DK)</td>
</tr>
<tr>
<td>Immunization</td>
<td>ImagingStudy</td>
<td>Observation Interpretation</td>
</tr>
<tr>
<td>CarePlan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes 26 Feb: UK working on pathology reporting - diagnostic / observation.

Suggestion that we try out two types of profile, both of which avoid issues of conflict between fields within the information model:

1. Where we only use the code field for clinical content (plus the administrative fields)
2. Where we restrict the code field to atomic values and all other resource fields should also be populated. Note that this does not solve the role group problem.

28 May: Plan to publish profile for the October conference (8 sessions + working between meetings. Completion for review Tues 14 October (or earlier since we’ll need time to complete the IG))

- Build implementation guide
- Setup FHIR server with relevant valuets

Tooling for profiles: Forge (.NET) is now R4

Daniel Karlsson to try loading existing Allergy Intolerance profiles into Forge R4. The STU3 profiles loaded fine in Forge R4 as just STU3 profiles. There are almost no changes between STU3 and R4 for AllergyIntolerance, so by manually changing the XML files from "3.0.1" to "4.0.0" the files showed as R4 profiles with no errors displayed. Files uploaded to profile page.

- Rob Hausam take Observation questions to DO group.

RH: Suggestion that “published” valuesets would be read-only.

11 Allergies Daniel Karlsson Revisit any outstanding questions on Allergies.

External publication of v0.1 of the Allergy/Intolerance resource
12 Vital Signs

10

Daniel Karlsson

Vital Signs Profile of Observation Resource

Jeremy’s work to compare Vital signs profile and SNOMED Subhierarchy - issues with avg blood pressure. Complex expression constraints available which cover the use of observables by the NHS(UK). Mapping to LOINC codes.

See Spreadsheet attached to: SNOMED on FHIR Meeting (TB) - Tuesday 21 August 2018

Issues / Discussion:

- Normative vs. descriptive purpose - 1, 2, or 3 profiles?
- Unresolved modeling issues

2019-08-20:

Update of the Vital Signs panel binding page.

Discussion about the Vital Signs FHIR profiles and how to profile those to SNOMED profiles. We are going to create SNOMED profiles on the specific FHIR Vital Signs profile (e.g. Heart rate) and declare conformance with a generic SNOMED Vital Signs profile.

13

v3.0.1

Daniel Karlsson

These two separate resources existed in the FHIR 3.0.1 Spec. Rob Hausam but have been removed in 4.0 and replaced with ServiceRequest

http://build.fhir.org/servicerequest.html ServiceRequest

Questions:

- What determines which FHIR resource to use: the location of the data item in the sending system’s information model, or the semantics of the particular code regardless of where it was found? Some hybrid of both?
- If the resource to be used is determined at least partly by the location in the sending information model, how does a requesting system cope with the fact that different implementations (or different users of the same implementation) both can and do store essentially the same clinical info in very different parts of the host information model?

Need to revisit the original questions raised in this group wrt the two separate resources of yore, and consider whether the same issues persists wrt the new single ServiceRequest resource.

14

Next meeting
5

14 January 2020

Meeting Files

<table>
<thead>
<tr>
<th>File</th>
<th>Modified</th>
<th>Modified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microsoft Powerpoint Presentation Terminology binding.pptx</td>
<td>2019-Dec-16</td>
<td>Peter G. Williams</td>
</tr>
<tr>
<td>PNG File image2019-6-26_10-43-2.png</td>
<td>2019-Dec-16</td>
<td>Peter G. Williams</td>
</tr>
</tbody>
</table>

Download All