General Implementation Considerations

TODO: Needs work - these are mostly TB - move to that section? Or create split here between TS/TB.

When starting to think about a SNOMED on FHIR implementation, the following questions should be considered:

- Is the goal (a) homogenous population of resources or (b) permissive guidance to cater for greater flexibility?
- Do we restrict value sets to ensure that the same information cannot be represented in 2 different ways
- The same semantics can’t be included in 2 resources
- How widely do we require/recommend SNOMED CT is used across each resource (e.g. vital signs, statuses)
- Which of these are potentially in scope?
- Restricting value sets to specific sub-hierarchies
- New value sets for elements not using SNOMED CT
- Restricting cardinalities to reduce ambiguity
- Splicing to align with SNOMED CT concept model
- Mapping FHIR value sets to SNOMED CT (e.g. status)
- Defining SNOMED CT templates to support transformations