2017-01-20 Editorial Advisory Group Conference call

Date
01/20/2017
1600-2200 UTC

GoToMeeting Details
SNOMED Int'l Editorial Advisory group
Fri, Jan 20, 2017 8:00 AM - 2:00 PM PST
1600-2200 UTC
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Attendees
Chair:
• Jim Case

AG Members
• Keith Campbell (AM)
• Paul Amos
• Guillermo Reynoso
• Bruce Goldberg

Observers:
Sarah Harry
Mary Gerard
Ed Cheetham
Yongsheng Gao
Ian Green
Toni Morrison
Penni Hernandez

Apologies

Meeting Files

Meeting minutes
Combined Disorder Summary.xlsx

Disorder combo...G_2016_V5.docx

ECE follow up for...17 EAG call.pptx
Objectives

- Obtain consensus on agenda items

Discussion items

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<td>Call to order and role call</td>
<td>JCA</td>
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<td>2</td>
<td>Conflicts of interest</td>
<td>JCA</td>
<td>None.</td>
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| 3    | Approval of minutes from Wellington | JCA   | Minutes part 1
- The action items for the modeling group need to be forwarded to the MAG for inclusion on their next conference call. Next call on Jan 26.
- Minutes part 2 | Approve minutes from Wellington |
| 4    | Use of Arabic or Roman numerals in FSNs | JCA   | Question from editors: "Anybody aware if there is guideline for using numbers vs. of Roman numerals? I can't find any related item in the current version of the ED guideline."
- A search of PubMed for "phase II antibodies" yielded numerous results related to Coxiella burnetti serology assays. A similar search for "Phase 2 antibodies" yielded no equivalent representations for other assays.
- Prior discussion related to Diabetes mellitus: Inconsistent use of Arabic/Roman numerals in Diabetes
- Recommendation: use the most common use in the literature for the FSN. The alternative representation will be included as a synonym if also represented in the literature. If no preference, use the arabic representation. | Gain consensus on use of arabic or roman numerals in FSNs |
| 5    | Clinical genomics | IGR   | The purpose of this discussion is to inform the EAG of the current status of clinical genomic projects within INHTSNO and to gain insight from the EAG as to priorities and potential resources for input to the overall INHTSNO genomics strategy, including scope, alignment with external standards, sources of truth, level of granularity, etc. See attached Powerpoint file |        |
| 6    | Drug Model update | TMO   | Informational only: Update on current decisions from the Modeling project group (subgroup of EAG) |        |
| 7    | Extension of Causative agent to include Product | JCA/TMO | Update needed: There are specific use cases that more appropriately require the use of concepts from the Product hierarchy. The current approach has been to create matching Substances to allow for sufficient modeling, but in many cases this does not make sense and creates duplicate meanings.
- E.g. Adverse reaction to product; Allergy to food product, etc. | Develop editorial guidelines for use of Products as target for CAUSATIVE AGENT relationships
- Request Technical services to extend the range of CAUSATIVE AGENT attribute to include Products |
ECE Update
BGO
Update on ongoing issues with ECE:
- Model for complications and sequella incl. postoperative complications
- Final approval on editorial guide updates for combined disorders
  - Result of combine disorder naming exercise
- Updates to allergy models
  - Allergy to substance
  - Allergic disorder caused by substance
  - Pseudoallergy to substance
  - Intolerance to substance
  - SNOMED allergy content and ICD-11

ICD-11 External causes chapter
JCA
This chapter of ICD-11 primarily contains accidents and events categorized by nature, participant, role, location, etc. Following multiple discussions within the ICD-11 project group about the value of adding these concepts (approximately 5000 to be considered), advice is sought about the clinical usefulness of events to this level of detail. Recommendation options include:
- Deem out of scope for international release
- All remaining “missing” concepts (some semantically equivalent concepts already exist in the International release)
- Determine a subset of “clinically useful” terms and add them to the international release

All of the concepts in question would be added as subtypes of Event (event) and would be primitive.

See attached document

Need to address semantics and placement of "Care plan for X" or "X care plan"
JCA
Care plans
Care plans - what are they ontologically?
Initial discussion brief: https://jira.ihtsdotools.org/secure/attachment/18619/artf222780_Discussion_Plan.docx
See attached document.

FHIR resources representing aspects of care plans:
- https://www.hl7.org/fhir/careplan.html
- https://www.hl7.org/fhir/goal.html
- https://www.hl7.org/fhir/referralrequest.html

The OBI has done some work in this area (Planning) and defines planning as an information artifact that can at some point be “concretized”. One question we have WRT the representation of plans in SNOMED is what we are talking about when we say “Plan”. Are we talking about the process of planning, the information contained within the plan, the realization of the plan as a record artifact or the execution of the plan through a set of processes?

A ‘Plan specification’ as defined by OBI (Plan Specification) is “A directive information entity with action specifications and objective specifications as parts that, when concretized, is realized in a process in which the bearer tries to achieve the objectives by taking the actions specified.”

ISO Standard related to this topic ISO 13940-1 (available for purchase)

Arteriography vs. Arteriogram
JCA
Link to Fast track Angiogram

Current editorial guidance for “Arteriography of X” concepts recommends the addition of “Arteriogram of X”.

7.8.4 Magnetic resonance imaging - "...It was agreed that the use of near synonyms is acceptable for these procedures (i.e. angiogram/arteriogram)."

7.8.8 Fluoroscopy imaging - Fluoroscopic arteriography

Descriptions:
- FSN: Fluoroscopic arteriography of X (procedure)
- PT: Arteriography of X
- Synonym: Arteriogram of X
- Synonym: Angiography of X
- Synonym: Angiogram of X

An arteriogram is the output of the procedure and is more akin to a record artifact than a procedure. Question from the editorial team is whether this guidance is still acceptable due to a large number of requests in this area.

Aligning SNOMED CT with clinical use cases
KCA/JCA
High level discussion on whether SNOMED CT is appropriately organized to support the highly variable granularity of content that are influenced by current EHR applications (e.g. single code recording of pre-coordinated content) and newer initiatives that are focused on capturing more structured data (e.g. CIN, FHIR)

Action item review
EAG
Space Actions

Next meeting
EAG