2020-03-31 - SNOMED on FHIR Meeting (TB)

Date/Time

20:00 UTC on Tuesday 31 March 2020 - 90 minutes.

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

Objectives

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

Attendees

Jeremy Rogers, Rob Hausam, Peter G. Williams

Apologies

Daniel Karlsson

Meeting Recording

Discussion items

Item	Description	Mins	Owner	Notes & Actions
1	Welcome and introductions	5	Rob Hausam Peter G. Williams	Recording + Notes.
2	Summary of previous week (TS) and previous TB	5	Rob Hausam Peter G. Williams	• 2020-03-24 - SNOMED on FHIR Meeting (TS) • 2020-03-17 - SNOMED on FHIR Meeting (TB)
3	Future meetings	5	Rob Hausam Peter G. Williams	**Upcoming events:** SNOMED International Business Meeting April 5 - 8 SNOMED on FHIR meeting Sunday 5 April - CANCELLED San Antonio HL7 Meetings + Connectathon May 16 -17 Cancelled. Virtual connectathon being discussed, potential charge for admission being discussed. FHIR DevDays - June 16-18, 2020 Cleveland, OH (**Update 10 March**: RD: Go/No Go decision 10 May. DK: US expected to peak late April) HL7 Baltimore September 18 - 25 SI Business + Expo October
4	Revisit Immunization	45		Immunization
5	Follow up on Blood Pressure.	10	Daniel Karlsson Andrew Perry	Is the "vital signs" scope too limited? Distinction being made between "Vital Signs" blood pressure and general blood pressures. No conclusion reached on "panel codes". Compromise to use whatever is recorded on the system and where none available use a high level concept. **Update 17 March**: DK - NHS Limiting Scope, any update? Answer: No. Decided to transmit all blood pressures and other < 248326004 |Body measure (observable entity)| (blood pressure is not a body measure!), but only those that met the FHIR binding would have the LOINC code and relevant category.
6	Specimen	30	Ulrike Merrick	Specimen binding. Update from HL7 Specimen Project Group by Ulrike Merrick (and offer to review this group's work!) DK Both FHIR and SNOMED have reasonably elaborate models for dealing with these which creates "interesting" opportunities for binding discussions. Discussion on why Specimen (which - as an industry - has been around forever) is only at maturity level 2. Perhaps there's a lack of production implementations. DK: Specimen is a potential candidate for a SOF Published Profile.
7	Implementation Guide	31	Peter G. Williams	The Implementation Guide is now building fine. Please everyone have a look and share comments. http://build.fhir.org/ig/IHTSDO/snomed-ig/index.html
8	Cancer Disease Status		Carmela Couderc	http://hl7.org/fhir/us/mcode/2019Sep/StructureDefinition-onco-core-CancerDiseaseStatus.html http://hl7.org/fhir/us/mcode/2019Sep/ValueSet-obf-datatype-ConditionStatusTrendVS.html ☐ Peter G. Williams Fill in current values and parents Query about qualifier values used. Would it be better to use < 418138009 |Patient condition finding (finding)| ? (JR suggested immediate children ie "<!" rather than descendants) See also 373117000 |Pathology examination findings indeterminate (finding)| (child of 250537006 |Histopathology finding (finding)|) **Update 31 March 2020** - PWI: links above no longer work. I was unable to find obvious alternative via http://hl7.org/fhir/us/mcode/

9	Exemplar Profile		Daniel Karlsson Jeremy Rogers	**Publishing Profiles** • Wrapped by implementation guide - in this case https://github.com/IHTSDO/snomed-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: Specimen | Allergy Intolerance (DK) | Condition Medication distinct from previous work on MedicationRequest etc (PWI) | Vital Signs (DK) | Procedure (see also CarePlan (activity.detail.code) - KR) Immunization | ImagingStudy | Observation Interpretation CarePlan | | **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 valusets Tooling for profiles: Forge (.NET) is now R4 **14 Jan 2020:** Update from Rob on his progress with a new FHIR Template infrastructure. Required migrating/juggling what we had already built on older infrastructure. Sits under our implementation guide materials at build.fhir.org/ig/IHTSDO/snomed-ig/branches/new-template/ as Option 6: SNOMED Specific Profiles Differential Table view shows the difference between the parent resource and our SNOMED-specific further profiling of it. Discussion around practicalities of handling bindings where the ECL isn't very pretty, but the enumerated membership list could change very frequently e.g. a list of codes for vaccine preparations (or procedures) that are specifically relevant to some national childhood immunisation programme, and which can therefore change monthly as new vaccine preparations become available. Preferred implementation solution would be for suppliers to be able to consume ECL, however complex. Discussion about what kind of separation should exist between the Implementation Guide (which should list things we think everybody should be doing in some certain way) and any more discursive musings that have have not reached that level of consensus or experience. Thoughts on whether the IG should be balloted, and how to assess the maturity of any of it? Should each SNOMEDonFHIR published profile have its own (1-5) maturity metric stated? ☑ 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 to take Observation questions to OO group, see Observation binding RH: Suggestion that "published" valuesets would be read-only. ☐ Peter G. Williams Create confluence page for the profile work
10	Next meeting	5		14 April 2020

Meeting Files

File	Modified
PDF File FHIR FactSheet-Web-Final.pdf	2020-Mar-31 by Peter G. Williams