2019-04-08, 2019-04-09 Editorial Advisory Group Face-toface Meeting

Zoom Meeting Details: Date: 2019-04-08

Topic: SNOMED Editorial Advisory Group 1330-1700 UTC

Zoom Meetings

Time: April 8, 2019 1330 UTC Date: 2019-04-09

https://snomed.zoom.us/j/3306923098

Time: April 9, 2019 0900 UTC 0900-1230 UTC

https://snomed.zoom.us/j/958363815

Attendees

Chair:

Jim Case

AG Members

- Guillermo Reynoso
- Paul Amos ex officio
- Jeremy Rogers
- Jeffrey PiersonKeith Campbell
- Daniel Karlsson
- Bruce Goldberg

AG Subgroup chairs

- Toni Morrison
- Daniel Karlsson

Observers:

Toni Morrison

Penni Hernandez Phuong Skovgaard

Monica Harry

Yongsheng Gao

Ed Cheetham

Julian Costello

Ian Spiers

Cathy Richardson

Theresa Barry

Elaine Wooler

Nicola Ingram

Kin-Wah Fung

Fareed Saroni

Karina Revinol

Maria-Cornelia Wermuth

Rachael Howe

Tiffany Harman

Dave Robinson

Gary Dickinson

Andrew Perry

Daniela Costa

Felipe?

Peter G. Williams

Kai Kewley

Olivier Bodenreider

Elze de Groot

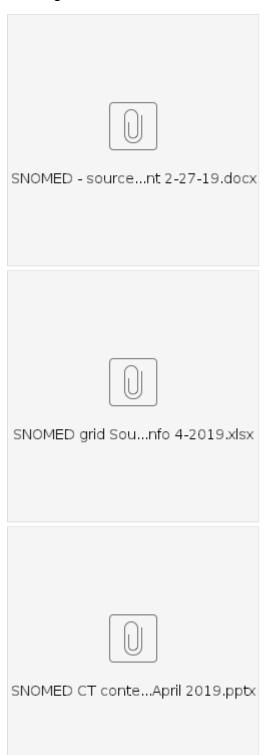
Apologies

Anne Randorff Højen

Jon Zammit

Farzaneh Ashrafi

Meeting Files



Meeting recording

The folder containing the meeting recordings is located here.

Edited transcripts are located here



Discussion items

| Item | Description | Time | Owner | Notes and Discussion | Action | | | | | | |
|------|---|-----------------|-------------------|---|--|--|--|--|--|--|--|
| Apr | April 8, 2019 | | | | | | | | | | |
| 1 | Call to order and role call Notice of recording Conflicts of Interest | 1330 - 1332h | Jim Case | | | | | | | | |
| | Agenda review and approval | 1332 - 1335h | Jim Case | | 2019-04 Agenda approved | | | | | | |
| | ECE Update | 1335 - 1420h | Bruce Goldberg | Follow-up discussion of injury, traumatic and non-traumatic Injury_damage_traumatic_nontraumatic.pptx EAG agreed that use of DUE TO Event was a preferred way to represent "Traumatic injury" Additional discussion on approach to handle "non-traumatic injury" needed Secondary disorders Secondary disorders including gout caused by drug.pptx Ory_Bruce usage report.xlsx | BGO to write up proposal to use DUE TO Event to model "Traumatic injury" BGO to test use of GCIs to represent "Secondary disease" BGO to test alternative model for gout removing the relationship to hyperuricemia. | | | | | | |

| | Clinical content "Sources of truth" | 1420 - 1500h | Bruce Goldberg Jeff Pierson | Need to revisit the policy on adding text definitions from other sources Do we need to reference them if we paraphrase? Combined definitions from multiple sources may be required to fulfill the needs of SNOMED SNOMED definitions are not normative, but used to define the meaning of a concept as represented in SNOMED CT. | ~ | Bruce Goldberg and Jeff Pierson to continue to develop resource matrix. | |
|-----|---|-----------------|--------------------------------------|--|---------|---|--|
| | Break | 1500 - 1530h | | | | | |
| | Product role discussion | 1530 - 1600h | Toni Morrison | Recognized that some product roles are needed to define other procedures and clinical findings Those needed existing roles can be temporarily modeled using additional axioms Warning language that this is a temporary situation while a more permanent solution is devised will be communicated to the community of practice, MF, CMAG, User-support group and GA(?) | | Toni Morrison - to inactivate product roles that are not used to define other concepts. Toni Morrison to work with KKU to develop a communication plan for existing product roles | |
| | Device project introduction | 1600 - 1615h | Toni Morrison | See slides attached | | | |
| | Historical association refset | 1615 - 1700h | Jeremy Rogers Jim Case | Consideration of addition of "Withdrawn" Concept Inactivation From prior discussion, things you can say about an inactivated concept 1.1. exact match - SAME AS 1.X same as one or more concepts - MAY BE Subtype of - WAS A What is the use case for REPLACED BY? For erroneous concepts, out of date concepts? Does it provide additional value to make this distinction? ■ SAME AS: A = B, B = A ■ REPLACED BY: A ← B ? Need to ensure that the semantic granularity is similar for "replacement" concepts. How do we ensure consistent usage? Tooling currently constrains associations allowed for specific inactivation types Do AMBIGUOUS concepts require 2X MAY BE historical relationships? MOVED TO and MOVED FROM needs to reflect RF2 structures (i.e. modules as opposed to namespaces) WAS A relationships can be constructed from the release files Are additional historical relationships needed to fill gaps in retrieval or analysis? Concepts inactivated without a historical relationship (i.e. non-conformance to editorial policy) have an implied WAS A Three aspects need to be considered: Consistent historical relationship assignment by authors Guidance for users to correctly use these relationship to improve internal consistency. Should this be partially addressed by derivatives? Discussion Audiences that need to be supported by improved historical relationships: Content editors - selection of proper historical associations when inactivating or moving concepts. Data analysts who need a comprehensive history mechanism for traceability and data healing. Implementors who need to know how to replace concepts that are either changed or moved or something else. End user clinician who is trying to record something and all of a sudden his favorite concept has disappeared. | y y y y | Jim Case to work with SI tech team to inactivate existing WAS A relationships Jim Case to communicate to content team that WAS A relationships no longer have to be maintained Anne Randorff Højen, Jeff Pierson and Brian Carlsen to begin to develop use cases of concept life cycles and needed historical relationships Jeremy Rogers to provide examples of existing historical relationships of questionable correctness | |
| | Adjourn | 1700h | | | | | |
| Apr | il 9, 20 ² | 19 | | | | | |
| 1 | Call to order and role call Notice of recording Conflicts of Interest | 0900 - 0905h | Jim Case | | | | |
| | Resolving the finding/disorder conundrum | 0905 - 1030h | Matt Cordell Keith Campbell | Background document: | | | |
| | Break | 1030 - 1100h | 1 1 1 | | | | |
| | Proposed SNOMED CT Content Strategy | 1100 - 1230h | Jim Case | SNOMED 2020-2025 draft strategy Review first year deliverables Begin discussion on specific criteria to identify the "clinical core" content | | | |
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