

# 2019-03-26 - SNOMED on FHIR Meeting (TB)

## Date/Time

20:00 UTC on Tuesday 26 March 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/join> for available phone numbers (meeting id **242-348-6949**)

**Chat:** [#snomed-hl7-fhir](https://snomedintl.slack.com)

## Attendees

[Rob Hausam](#), [Jeremy Rogers](#), [Daniel Karlsson](#)

## Apologies

[Peter G. Williams](#), [Jane Millar](#)

## Meeting Recording

<https://snomed.zoom.us/recording/share/35O2bhG4iFeAQ7DrsRR278FgppcnYIZRYcr2kUbvXywlumekTziMw>

## Discussion items

Item	Description	Mins	Owner	Notes & Actions
1	Welcome and introductions	5	<a href="#">Peter G. Williams</a> <a href="#">Rob Hausam</a>	Recording + Notes.
2	Summary of previous week (TS) and previous TB	5	<a href="#">Peter G. Williams</a> <a href="#">Rob Hausam</a>	<a href="#">2019-03-19 - SNOMED on FHIR Meeting (TS)</a> <a href="#">2019-03-12 - SNOMED on FHIR Meeting (TB)</a>
3	NHS Connectathon in Bradford	5	<a href="#">Jeremy Rogers</a>	<p>Any background <a href="#">Jeremy Rogers</a> ? Particular interest in what server they're hosting here.</p> <p><i>"NHS Digital are working to establish a National Terminology Server for organisations to use for retrieving codes, terms and their relationships to each other. The Terminology Server will enable dynamic population of user interfaces, underpinned by standard local, national and international terminologies and code systems, such as SNOMED CT, ICD, OPCS and NHS Data Dictionary."</i></p> <p><i>NHS Digital are hosting a 'Connectathon' event in Bradford on 2nd/3rd April that will include an update on our proof of concept work and enable attendees to learn about FHIR and terminology services and capabilities."</i></p> <p>Sorry <a href="#">Peter G. Williams</a> I don't know. I suspect that the current PoC will remain based on OntoServer, as per the London Connectathon event last year. But I believe any subsequent move toward a persistent national server solution offering would require going back out to full open tender. I hear rumours that this tendering <i>may</i> happen in the Autumn or possibly later.</p>
4	Face to face meeting at the April Conference	5	<a href="#">Jane Millar</a> <a href="#">Peter G. Williams</a>	<p>Sunday 7 April 13:30 - 17:00 UTC</p> <p>Agenda: <a href="#">2019-04-07 - SNOMED on FHIR Meeting (TS &amp; TB)</a></p> <p>From Bruce Goldberg: "It might be useful for the Allergy CRG to be part of these discussions. I am going to be holding a ½ day Allergy CRG meeting during the London conference. Would it be helpful to start a discussion there and if so, who can attend?"</p> <p><input checked="" type="checkbox"/> Who's on the call who's going to be able to give an update?</p> <p><a href="#">Peter Jordan</a> for NZ</p> <p><a href="#">Michael Lawley</a> for Australia</p> <p><a href="#">Andrew Perry</a> for UK</p> <p><a href="#">Rob Hausam</a> for US (and Finland!)</p> <p><a href="#">Daniel Karlsson</a> for Sweden</p>

5	Deliverables for April Conference & ongoing interaction with wider HL7 projects.	10		<p>Request received for documentation of progress and process.</p> <ul style="list-style-type: none"><li>✓ Write up 3 groups of work - Green items to GG, Amber items with questions to HL7 and questions for SNOMED International to appropriate group.</li><li>✓ Jane Millar To write overview - draft to RH, DK, PW</li></ul> <p>Sharing our output with HL7 - specific output or questions for Rob?</p> <p>Split: What needs to be addressed by SI and what should be passed over to HL7? Staged / Iterative approach suggested. Severities currently green - shall we start there.</p> <p>Communicating this to: GG (if we go to Patient Care, it would need context supplied which RH could give). 3rd option is FHIR Infrastructure Work Group. Agreed GG in first instance. HTA is considered to work at a more strategic level.</p> <p>RH suggested mapping based on the stated definition of the code in FHIR ie where no strict definition is given then a strict lexical match is sufficient, but where full definition is given our mapping should be commensurately specific.</p> <p>DK: We should include (consider) previous mapping work done by LB and GG - FHIR Expression Templates. So individual value mappings exist within the context of a wider information model mapping.</p>									
6	Free SNOMED CT Set for FHIR	20	Jane Millar  Jeremy Rogers  Daniel Karlsson	<p>Free SNOMED CT set for FHIR</p> <ul style="list-style-type: none"><li>• Are the mappings suggested complete and ready as a recommendation?</li></ul> <ul style="list-style-type: none"><li>✓ Peter G. Williams write up "Green" mappings to send to Grahame</li><li>✓ Rob Hausam report back on progress with HL7 re "Amber" mappings Meeting last week discussing the amber items. General agreement that the issues raised by this list are important. Minutes exists on HL7 Confluence Site at <a href="https://confluence.hl7.org/display/PC/2019-03-21+Patient+Care+FHIR+Conference+Call">https://confluence.hl7.org/display/PC/2019-03-21+Patient+Care+FHIR+Conference+Call</a></li></ul> <p>Peter G. Williams suggest merge items 4 and 7 for Sunday meeting at Conference</p>									
7	Exemplar Profile	20	Daniel Karlsson  Jeremy Rogers	<p><b>Publishing Profiles</b></p> <ul style="list-style-type: none"><li>• Wrapped by implementation guide - in this case <a href="https://github.com/IHTSDO/snomed-ig">https://github.com/IHTSDO/snomed-ig</a></li><li>• Value set publish to a live SI hosted Snowstorm instance. Alternatively <a href="#">Michael Lawley</a> has offered to host.</li><li>• Additional hosting on <a href="#">Simplifier</a> (STU3, not yet R4 - January?)</li><li>• Suggestion to review work already done to ensure R4 compatibility</li><li>• 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).</li><li>• HL7 FHIR Registry?</li><li>• Option to have multiple profiles available at the same time using slicing.</li><li>• Chance to do some technical work at HL7 San Antonio</li></ul> <ul style="list-style-type: none"><li>✓ Peter G. Williams discuss Rory Davidson</li><li><input type="checkbox"/> <a href="#">Peter G. Williams</a> re-run tooling to include existing profiles in appropriate hierarchy.</li></ul> <p>Options for Profile discussion:</p> <table><tr><td>Specimen</td><td>Allergy Intolerance</td><td>Condition</td></tr><tr><td>Medication</td><td>Vital Signs</td><td>Procedure</td></tr><tr><td><a href="#">Immunization</a></td><td><a href="#">ImagingStudy</a></td><td></td></tr></table> <p><b>Notes 26 Feb:</b> UK working on pathology reporting - diagnostic / observation.</p> <p>Suggestion that we try out two types of profile, both of which avoid issues of conflict between fields within the information model:</p> <ol style="list-style-type: none"><li>1. Where we only use the code field for clinical content (plus the administrative fields)</li><li>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.</li></ol>	Specimen	Allergy Intolerance	Condition	Medication	Vital Signs	Procedure	<a href="#">Immunization</a>	<a href="#">ImagingStudy</a>	
Specimen	Allergy Intolerance	Condition											
Medication	Vital Signs	Procedure											
<a href="#">Immunization</a>	<a href="#">ImagingStudy</a>												
8	Allergies	X	Daniel Karlsson	<p>Revisit any outstanding questions on Allergies.</p> <p><a href="#">Peter G. Williams</a> can we have 20 mins scheduled at the London meeting to discuss how to progress external publication of v0.1 of the AllergyIntolerance resource</p>									
9	Vital Signs	X	Daniel Karlsson	<p><a href="#">Vital Signs Profile of Observation Resource</a></p> <p>Jeremy's work to compare Vital signs profile and SNOMED Subhierarchy - issues with eg blood pressure. Complex expression constraints available which cover the use of observables by the NHS(UK). Mapping to LOINC codes.</p> <p>See Spreadsheet attached to: <a href="#">SNOMED on FHIR Meeting (TB) - Tuesday 21 August 2018</a></p> <p>Issues / Discussion :</p> <ul style="list-style-type: none"><li>• Normative vs. descriptive purpose - 1, 2, or 3 profiles?</li><li>• Unresolved modeling issues</li></ul>									

10	v3.0.1  ProcedureRequest  ReferralRequest   v3.4.0 (publication Aug 19?)  ServiceRequest	X	<a href="#">Daniel Karlsson</a>	<p>These two separate resources existed in the FHIR 3.0.1 Spec. <a href="#">Rob Hausam</a> but have been removed in 4.0 and replaced with ServiceRequest</p> <p><a href="http://build.fhir.org/servicerequest.html">http://build.fhir.org/servicerequest.html</a> <a href="#">ServiceRequest</a></p> <p>Questions:</p> <ul style="list-style-type: none"> <li>• 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?</li> <li>• If the resource to be used <i>is</i> 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 secrete essentially the same clinical info in very different parts of the host information model?</li> </ul> <p>Need to revisit the original questions raised in this group wrt the two separate resources of yore, and consider whetehr the same issues persists wrt the new single ServiceRequest resource.</p>
11	Next meeting	5		

## Meeting Files

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## Previous Meetings

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