

2019-04-30 - SNOMED on FHIR Meeting (TB)

Date/Time

20:00 UTC on Tuesday 30 April 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: [snomedIntl.slack.com](#) #snomed-hl7-fhir

Attendees

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

Apologies

[Peter G. Williams](#), [Daniel Karlsson](#)

Meeting Recording

https://snomed.zoom.us/recording/share/z5p5S0_rMXX_S1rvw0oqPU3034ISCEU6gu8d1Ybz7qiwIumekTziMw

Discussion items

| Item | Description | Mins | Owner | Notes & Actions |
|------|---|------|---|---|
| 1 | Welcome and introductions | 5 | Rob Hausam | Recording + Notes. Note that next Terminology Services meeting on 7 May has been cancelled due to overlap with HL7 Connectathon in Montreal. Suggestion is to make the following meeting on the 14 May a joint session for both groups to receive an update from Michael Lawley on Genomics Pilot. |
| 2 | Summary of previous week (TS) and previous TB | 5 | Rob Hausam | 2019-04-23 - SNOMED on FHIR Meeting (TS) 2019-04-16 - SNOMED on FHIR Meeting (TB) |
| 3 | Free SNOMED CT Set for FHIR | 50 | Jane Millar Jeremy Rogers Daniel Karlsson | Free SNOMED CT set for FHIR Red mappings - Jim Case advised that these are not appropriate for inclusion in SNOMED CT. Jane Millar to include that when she contacts Grahame Grieve. Feedback on Green and Amber mappings still outstanding (working group meeting April 11 Rob Hausam ?) 2019-04-16: Jane Millar has received updates about Green, Amber, and Red mappings. Input will be provided by next TB call 2019-04-30, except from the HL7 group input (Amber). The overview paper has been sent to HL7 for input (Wayne, Grahame) and has received positive feedback. Some pilot sites for SNOMED CT and genomics are using FHIR specifications, working with Michael Lawley . Ian Green can summarize experiences from the pilots at a future meeting. |
| 4 | Observation resource | 30 | Jeremy Rogers | See updates here: Observation binding |

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|------------------------------|--|----------------------------|---|---|----------|---------------------|-----------|------------|-------------|-----------|------------------------------|------------------------------|----------------------------|
| 5 | Exemplar Profile | X | <div>Daniel Karlsson</div> <div>Jeremy Rogers</div> | <div>Publishing Profiles</div> <div><ul style="list-style-type: none">• 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</div> <div><input checked="" type="checkbox"/> Peter G. Williams discuss Rory Davidson</div> <div><input type="checkbox"/> Peter G. Williams re-run tooling to include existing profiles in appropriate hierarchy.</div> <div>Options for Profile discussion:</div> <div><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>Immunization</td><td>ImagingStudy</td><td>Observation Interpretation</td></tr></table></div> <div>Notes 26 Feb: UK working on pathology reporting - diagnostic / observation.</div> <div>Suggestion that we try out two types of profile, both of which avoid issues of conflict between fields within the information model:</div> <div><div><div>1. Where we only use the code field for clinical content (plus the administrative fields)</div><div>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.</div></div></div> | Specimen | Allergy Intolerance | Condition | Medication | Vital Signs | Procedure | Immunization | ImagingStudy | Observation Interpretation |
| Specimen | Allergy Intolerance | Condition | | | | | | | | | | | |
| Medication | Vital Signs | Procedure | | | | | | | | | | | |
| Immunization | ImagingStudy | Observation Interpretation | | | | | | | | | | | |
| 6 | Allergies | X | <div>Daniel Karlsson</div> | <div>Revisit any outstanding questions on Allergies.</div> <div>External publication of v0.1 of the AllergyIntolerance resource</div> | | | | | | | | | |
| 7 | Vital Signs | X | <div>Daniel Karlsson</div> | <div>Vital Signs Profile of Observation Resource</div> <div>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.</div> <div>See Spreadsheet attached to: SNOMED on FHIR Meeting (TB) - Tuesday 21 August 2018</div> <div>Issues / Discussion :</div> <div><div><div>• Normative vs. descriptive purpose - 1, 2, or 3 profiles?</div><div>• Unresolved modeling issues</div></div></div> | | | | | | | | | |
| 8 | <div>v3.0.1</div> <div>ProcedureRequest</div> <div>ReferralRequest</div> <div>v3.4.0 (publication Aug 19?)</div> <div>ServiceRequest</div> | X | <div>Daniel Karlsson</div> | <div>These two separate resources existed in the FHIR 3.0.1 Spec. Rob Hausambut have been removed in 4.0 and replaced with ServiceRequest</div> <div>http://build.fhir.org/servicerequest.html ServiceRequest</div> <div>Questions:</div> <div><div><div>• 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?</div><div>• If the resource to be used is 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?</div></div></div> <div>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.</div> | | | | | | | | | |
| 9 | Next meeting | 5 | | 14 May - Joint session with TS stream for Genomics. | | | | | | | | | |

Meeting Files

File **Modified**

No files shared here yet.

Previous Meetings

Title **Creator** **Modified**

No content found.

