

# Clinical Core\_CMAG input on content for inclusion

## Summary

The 2020-2025 SNOMED International draft strategy includes the proposal for the identification of content in the International Edition that should be the focus of active ongoing maintenance by SNOMED International. The identified content should be concepts that are a priority for use, important to keep clinically validated and needed for global use in an unambiguous manner. This content would be known as the Clinical Core and would be actively maintained. The remainder of the content in the International Edition would be maintained passively by SNOMED International.

## CMAG has been asked to provide input on which concepts should be considered for inclusion in the actively maintained part of the International Edition.

### Work plan:

- From now until June 10th:
  - Brainstorm what aspects to be considered e.g. atomic concept, context when identifying what content should be actively maintained?
    - Members are asked to post their thoughts, ideas and questions in the discussion forum: to be set up
  - Start to identify which hierarchies or sub-hierarchies should be actively maintained (even if not all the content in that hierarchy or sub-hierarchy should be actively maintained)
    - Members can post initial thoughts and ideas in the spreadsheet on the tab for their country. Please see email for the link.
- June to August:
  - Review and discussion of the
    - aspects to consider
    - hierarchies (and sub hierarchies) for inclusion in the Clinical Core.
- September:
  - Development of a response to SNOMED International

### Some points to help start off the group discussion:

- Are there specific hierarchies/ sub-hierarchies that should or should not be part of the Clinical Core?
  - Findings, Disorders, Procedures
  - Foundational hierarchies e.g. Body structure, Observables
  - Qualifier values e.g. Action values, Colours etc...
  - Events, Record artifact, Staging and scales?
- What types of content should be part of the clinical core?
  - Atomic concepts
    - Examples: Myocardial infarction, Internal fixation of femur
  - If atomic concepts are actively maintained is there a need to include:
    - Compound content e.g. X with Y, X without Y, X due to Y etc.
      - Example: If the concept [Anemia] actively maintained, does the subtype [Anemia caused by heat] also need to be actively maintained?
      - Other examples: [Stroke co-occurrent with migraine], [Cholecystectomy and operative cholangiogram]
    - Content with context
      - Example: If the concept [Colonoscopy] is actively maintained does the concept [Colonoscopy planned] also need to be actively maintained?
      - Other examples: [Nausea present], [No pain], [History of burn], [Colonoscopy planned]
        - Content relating to someone other than the subject of the record e.g. [Mother smokes], [Family history of neoplasm]
    - Lateralised content
      - If [Femoral hernia is actively maintained], is there a need to actively maintain left/right femoral hernia?
    - Concepts that include severity in the meaning?
      - Examples: [Severe pain], [Severe depression]
  - Concepts used to define other concepts - Target values for concepts
    - Example: The subtypes of [Action (qualifier value)] are used as the target value for the [Method] attribute. Do they need to be actively or passively maintained? If they need review, should this be done and then they are passively maintained?
- Content with intellectual property considerations
- Administrative content
  - Examples: Statutes, Procedures
- Content to support alignment with other Terminologies, Classifications and Standards
  - What if the meaning doesn't align with SNOMED Editorial Guidelines?
- Grouping concepts e.g. [Procedure by body site], [Disorder of lung]

## Relevant documents and links

EAG April meeting: [2019-04-08, 2019-04-09 Editorial Advisory Group Face-to-face Meeting](#)

**File      Modified**

No files shared here yet.

## Actions:

Date	Requested action	Requester (s)	Response required by:	Comments
24 May 2019  (as per email)	See work plan above	<a href="#">Cathy Richardson</a>	<ul style="list-style-type: none"><li>✓ Camilla Wiberg Danielsen Clinical Core Proposal - hierarchies and aspects work 15 Jul 2019</li><li>✓ Daniel Karlsson Clinical Core Proposal - hierarchies and aspects work 15 Jul 2019</li><li>✓ Sheree Hemingway Clinical Core Proposal - hierarchies and aspects work 15 Jul 2019</li><li>✓ Elze de Groot Clinical Core Proposal - hierarchies and aspects work 15 Jul 2019</li><li>✓ Karina Revirol Clinical Core Proposal - hierarchies and aspects work 15 Jul 2019</li><li>✓ Linda Parisien Clinical Core Proposal - hierarchies and aspects work 15 Jul 2019</li><li>✓ Matt Cordell Clinical Core Proposal - hierarchies and aspects work 15 Jul 2019</li><li>✓ Olivier Bodenreider Clinical Core Proposal - hierarchies and aspects work 15 Jul 2019</li><li>✓ Jostein Ven Clinical Core Proposal - hierarchies and aspects work 15 Jul 2019</li><li>✓ Theresa Barry Clinical Core Proposal - hierarchies and aspects work 15 Jul 2019</li></ul>	

## Links

## CMAG response