



**IHTSDO Business Meeting Report  
Montevideo October 2015**

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Approved for external information

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# Document information

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# **1 Introduction**

## **1.1 Purpose**

This document provides an update on the International Health Terminology Standards Development Organisation (IHTSDO) and its work programme as reported by Australian advisory group members attending the IHTSDO October 2015 Business Meeting held in Montevideo, Uruguay.

## **1.2 Intended audience**

This document is intended for the Australian clinical terminology community of practice.

## 2 General Assembly

The IHTSDO's strategic direction for 2015-2020 is to:

- Demonstrate successful large-scale implementations of SNOMED CT.
- Remove barriers to adoption for its customers and stakeholders.
- Enable continuous development of its product to meet customer requirements.
- Provide scalable products and services that drive SNOMED CT adoption.
- Set new trends and shape new technologies that increase the overall use of SNOMED CT.

The IHTSDO has formed the new UK identity with an office in London which will continue to be called the IHTSDO, but will also have a brand name of "SNOMED International". This brand name will be active from 1 January 2016.

The IHTSDO is looking to improve their vendor engagement and now have implemented a vendor strategy with resources to engage.

The General Assembly has decided to form an ad hoc group with the CEO and representatives from the Member Forum, Management Board, and General Assembly to identify and review the expectations of IHTSDO staff and to investigate possibilities for national release centres and regional activities to provide additional support for implementation.

The following items were approved by the General Assembly:

- The 2016 budget and work plan.
- Initial steps to dissolve the Danish entity.
- The selection of the independent auditor (KPMG) for the new UK entity.
- The deprecation of the SNOMED CT to ICD-9-CM Epidemiological and Statistical Map with support effective 31 January 2016 and without support from 31 July 2016.

The deprecation of RF1, with the updated RF2 to RF1 conversion utility being made available to the public from January 2016, final RF1 release by IHTSDO in July 2016, and RF1 users obtaining files by converting them from RF2 from January 2017.<sup>1</sup>

Two new directors have joined the Management Board: Manuel Pérez Vallina of Spain and Doug Fridsma of the United States. There are now 11 directors on the Management Board.

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<sup>1</sup> RF1 = release format 1, RF2 = release format 2.

## 3 Member Forum

The Member Forum provides an opportunity for the member countries to exchange ideas with each other, drive priorities for the IHTSDO's work programme, and for the IHTSDO to respond to any concerns that members have raised.

- NEHTA had previously raised some issues concerning the process of distributing the international release to members, as well as the IHTSDO's handling of content that has been promoted to the international release from member extensions. The IHTSDO recognised that the concerns were valid, and resolution of such issues will now be something the newly established Terminology Release Advisory Group shall address. Resolution will be provided at a future date.
- The IHTSDO recognises that they don't have the capacity to address all the content demands of members and wants to establish a transparent and agile process whereby member countries can produce content, either to address local priorities or assist with international projects, and have this incorporated into the international release where appropriate.
- The IHTSDO continues to work with HL7 to come to an agreement about the use of SNOMED CT within HL7 specifications, specifically where the specifications are available to non-member countries. They are close to an agreement.
- The IHTSDO is migrating from the Collabnet platform to Jira and Confluence<sup>2</sup> for issue tracking and collaboration forums, respectively. The process will happen over a couple of months, and Collabnet sites will be switched to read-only during migration activities. One of the benefits of this migration is increased transparency and access to what happens within the project groups. Where appropriate, groups can be made publicly readable, without the obstacle of registration.
- Members were also provided updates on a number of work items underway by the IHTSDO. This included progress on the drug model, substance redesign, content development roadmap, and content tooling.
- There was a discussion about the process for soliciting feedback for content development and change projects. Balancing demands for extending review periods needs to be balanced with maintaining development momentum. Also a better understanding is needed as to how previews are reviewed by each member.
- There was some discussion about what service level agreements (SLAs) should be for content submission, continued from previous meetings. It was agreed by all that an SLA would help members plan their activities, so that if necessary they may act upon them locally. However, it was recognised that it might not be as simple as a basic set of metrics. Bulk submissions, the quality of requests and urgency may all influence the process. Additionally, subsequent requests may alter the priority of existing requests. Establishing an SLA is still a worthwhile goal, and transparency can help to mitigate unplanned changes.

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<sup>2</sup> Both of which are Atlassian products.

## 4 Content Managers Advisory Group

This was the first face-to-face meeting of the Content Managers Advisory Group.<sup>3</sup> The meeting focused on the introduction of members and discussion about the goals of the group.

- The terms of reference were presented by Ian Green, and the scope and purpose of the group discussed. The expectations of the group are to assist with prioritising IHTSDO work items and shaping the work plan, as well as collaborating on delivering certain projects.
- It was highlighted by advisory members that prioritising work items was specifically an interest of the Member Forum; and the question arose as to whether this advisory group has such authority. Ian Green clarified that the role related to advising what should be priority, but ultimately it was still a decision made by the Members Forum and IHTSDO. This distinction was accepted, and it was agreed that the priorities would align, as the advisors have all been appointed by Member Nations and Member Forum representatives.
- Ian Green also presented the group with the IHTSDO content roadmap describing the 2016 work programme, and intentions beyond.

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<sup>3</sup> See Appendix A for a list of the members of this group.

## 5 SNOMED CT Editorial Advisory Group

The group was presented with a short list of editorial challenges from IHTSDO's Chief Terminologist James Case, to be discussed and resolutions advised.<sup>4</sup> These challenges and the group's responses are summarised below.

- Review of restriction on content containing laterality to the International release:
  - The group agreed to relax restrictions. Lateralised content will only be added as requested (not pro-actively).
  - There was some discussion about the specific modeling approach to be used. It was agreed that a new attribute like HAS LATERALITY should be introduced as a short term solution, while longer term solutions are investigated.
- The inclusion of disease phases, such as "in remission" and "latent" was considered by the group. This was generally thought to be acceptable content, though some additional considerations might be needed about the specific wording and other subtleties. The tracker item will be reviewed by the group.
- The existence of unilateral concepts within SNOMED CT was questioned. The group agreed that unilateral concepts are not appropriate for a terminology, likely originating from a classification like ICD, and should be deprecated. The exact deprecation approach is still to be determined.
- The group also touched on issues concerning interface versus reference terminologies, application of guidance from the Event, Condition and Episode (ECE) project, the HAS ROLE attribute for the *Product* hierarchy, and an attribute for describing temporal aspects within a concept. However, no final decisions were made; further investigations are required.

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<sup>4</sup> See Appendix A for a list of the members of this group.

## 6 E-Learning Advisory Group

Australia was represented during the E-Learning Advisory Group (ELAG) call held on October 28 in Montevideo, through the online attendance of a web conference organised by David Markwell. This was the first face-to-face meeting of the ELAG.<sup>5</sup>

The ELAG supports the work plan of the IHTSDO. Therefore its activities will reflect the current priorities and objectives identified in that plan. The scope of the ELAG was identified to include:

- Advising, supporting and encouraging the development of IHTSDO's E-Learning products and services to address the needs of IHTSDO's members and other stakeholders.
- Effective approaches to sharing of the IHTSDO E-Learning resources with and between the IHTSDO members, in particular, enabling members to reuse and translate the IHTSDO E-Learning resources.
- Member educational priorities, such as the need to train key groups to facilitate national initiatives.
- Sharing information between the IHTSDO, its members and other stakeholders about relevant educational materials and activities at national and regional levels.

It was also mentioned that a key focus of the E-Learning Resource Group was on providing education to the SNOMED community. However, documentation needs to be brought back into scope too.

- A delivery and progress status report was presented for the foundation and implementation courses, showing that over 1500 people enrolled in the former, with a wait of no more than six weeks. The implementation course has faced a slight delay of 10 days in development of the July intake.
- Key objectives for 2015 Q4 for the various courses are:
  - Foundation course: Revision of course based on feedback and regular monthly intakes to match demand.
  - Implementation course: To complete the development of course materials and pilot intake.
  - Content development theory course: Initial pilot intake ready to start in January with a cap of 50 participants. The course does not include a practical authoring component. Applications open on November 9 and close on November 23.
  - Another objective is to assist members to co-support webinar delivery allowing increases in course capacity. To this end, Australia and the UK were reminded of their agreement to provide support for facilitating webinars in the implementation course. This was the main reason for fast-tracking the candidates from both countries through the foundation course, to be allowed into the implementation course.
- The work plan for ELAG in 2016 includes:
  - E-Learning service delivery: Support for national experts engaged in delivery of webinar and interactive course support in member countries.

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<sup>5</sup> See Appendix A for a list of the members of this group.

- Maintenance and sharing: Updating training materials based on feedback; facilitating sharing of materials with members; facilitating member translation of materials.
- E-Learning course development: Advice on approaches to development of additional E-Learning materials and repackaging existing materials to meet different requirements.
- Documentation updates: There is a proposal for an update and reorganisation of documentation to align with E-Learning modules and presentations. The *SNOMED CT Technical Implementation Guide*<sup>6</sup> was suggested as a candidate to be restructured to align with the implementation course outline.
- E-Learning course: A course covering classification and mapping should be given specific development priority. The aim of the course would be to support information analysts accustomed to processing data with ICD-10 type encoding scheme, so that they understand how to analyse data coded in SNOMED CT.
- Other identified priorities which may be relevant when considering course modularisation:
  - A guidance document on the management of reference sets.
  - Development of guidance on the use of SNOMED CT in decision support.
  - Support for the development of implementation guidance on cancer, led by special interest groups (SIGs). However, it was noted that ELAG does not have the capacity or skill presently to support this objective.

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<sup>6</sup> Available from: <http://www.snomed.org/doc>

## 7 Modeling Advisory Group

This was the first face-to-face meeting of the Modeling Advisory Group. Note that the members have been appointed based on their skills and experience to provide neutral advice, and are not representing any particular organisation or nation.<sup>7</sup>

The objectives of the Modeling Advisory Group are as follows:

- providing advice and informing as to the state of the project;
- determining if changes are implementable, or disruptive;
- describing modeling problems;
- providing guidance on the use of SNOMED CT with other standards;
- determining timeframes;
- determining pathways for IHTSDO workplans; and
- reviewing the former Implementation & Education standing committee documents, such as the *Observable and Investigation Model*.

The group reviewed the output of the December 2015 Palo Alto SNOMED CT Description Logic meeting. Dion McMurtrie provided some background indicating that the time frame for full description logic would be beyond 2018. It was broadly agreed that impacts to current users should be minimised and addressed through non-breaking changes.

The blockers on current content (re-)modeling projects were examined by the group. General concept inclusions (GCIs) and Multiple Sufficient Conditions were identified as common blockers. In addition, it was determined that a key requirement should be that consumers of distribution files do not have to make changes.

There was a discussion on supporting negation or “exclude type” content in the context of SNOMED CT. It was noted that some instances of negation already exist within SNOMED CT, especially within the *Situations* hierarchy. The advisory group broadly agreed that supporting negation in SNOMED CT would not be the preferred approach and recommended addressing this within information models instead.

It was suggested that the group may provide guidance relating to the emerging HL7™ FHIR® specification. The members from Australia (who are presently involved in a national terminology infrastructure project using FHIR with SNOMED CT) agreed to provide input to this. It was also noted that the advisory group may consult and collaborate with the HL7 Terminology Authority (HTA) as part of harmonisation activities – this may include a review of FHIR Value Sets in non-IHTSDO specifications.

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<sup>7</sup> See Appendix A for a list of the members of this group.

## 8 Terminology Release Advisory Group

This was the first face-to-face meeting of the Terminology Release Advisory Group.<sup>8</sup> The majority of the meeting was spent working through a list of release-related issues and work that the IHTSDO needs to resolve, either operationally or to meet its work plan. These items are summarised briefly below.

### 8.1 Review of IHTSDO release configuration document

An approach to release configuration from the IHTSDO was discussed which was broadly agreed on. The main agreed changes were to:

- Clarify “technical preview” and “candidate baseline” designations for releases to more standard “alpha” and “beta” designations.
- Prepend “x” as used for non-production terminology files to non-production terminology release packages.
- Move release notes to a Confluence page, and also provide PDF versions of that page in release packages.

However, a proposed change to versioning of SNOMED CT releases using semantic versioning<sup>9</sup> was strongly opposed by all members of the advisory group. SNOMED CT’s current versioning model is tied into the RF2 format itself and the URI<sup>10</sup> specification for decentralised release version identification. Although semantic versioning is appealing to most of the members it would cause many issues in this context.

### 8.2 A new release-specific critical incident policy

The IHTSDO has critical incident policies for content issues, but very little defined for the release issue and incident policy, management and particularly recall. The group discussion fleshed out the details required to define the necessary incident management processes with others more skilled in service management.

### 8.3 Modularisation of the core terminology

SNOMED CT is currently divided into two modules, SNOMED CT Core (containing clinical content) and SNOMED CT Model Component (containing metadata). SNOMED CT Core is therefore very large and monolithic.

The main issue this causes is for extensions that reference a part of SNOMED CT. Unfortunately, as modules in SNOMED CT are a unit of release, extension releases must contain all of SNOMED CT Core, not just the parts they depend upon.

A good example of this is the Australian Medicines Terminology (AMT), which will (once the *Substance* hierarchy redesign in SNOMED CT is complete) reference SNOMED CT concepts (particularly substances, but also qualifiers). At this point the

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<sup>8</sup> See Appendix A for a list of the members of this group.

<sup>9</sup> See <http://semver.org/>

<sup>10</sup> URI = Uniform Resource Identifier.

AMT can only be released with all of SNOMED CT Core, yet really only the substances and qualifiers are necessary.

There are other potential opportunities that such modularisation presents, and may be particularly useful in the context of an OWL<sup>11</sup> rendering of SNOMED CT. There are also costs and disadvantages (mainly in complexity) to implementing such a change.

A document examining modularisation of SNOMED CT Core and expressing the internal dependencies explicitly was discussed. The group had mixed views on the cost/benefit and some concerns over the implications of implementation, however few had read the document.

The document has been posted on the Terminology Release Advisory Group Confluence site for further examination.

## 8.4 Module distribution

Publication of SNOMED CT International optional content was discussed with particular emphasis on appropriate modularisation to separate this content from core, mandatory content. The GP/FP subsets and map from SNOMED CT to ICPC-2 were used as an example of this content.

The group agreed that this "non-core" content should be segregated in a different module to SNOMED CT Core.

More discussion was had as to whether the IHTSDO should publish this content as a separate set of "bolt on" files or integrated with their core release. There was no conclusive position as most agreed that either could be successfully split or combined, provided the content was appropriately modularised.

## 8.5 Release reviews

The IHTSDO led a discussion about the review process for releases, particularly aimed at formalising:

- When "technical preview" or alpha releases are required.
- How to ensure that alpha/beta releases are adequately reviewed to identify potential problems prior to production releases.

The group's suggested approach was that alpha releases are required for significant changes. Those changes may be large or small, but if they are not in line with normal maintenance release changes an alpha release should be considered.

The exact requirement for alpha/beta releases for project work should be determined as part of the project, and each project should have a plan indicating:

- The number of alpha/beta releases they intend to produce.
- What milestone the alpha/beta release is attached to and therefore what the project hopes to have tested or validated by consumers of the alpha release.
- A list of the minimum number and types of reviewers that must review the release for it to be sufficiently examined. Reviewers can divide into at least

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<sup>11</sup> OWL = Web Ontology Language.

two groups, technical and clinical, yet may divide further depending on the project.

The release may be reviewed by more than the minimum list of reviewers, however the minimum list of reviewers and required skills is intended to be used as a gate to avoid releases progressing despite lack of adequate review.

The group also took the view that the member countries and affiliates are well placed to undertake projects at the national level, and the IHTSDO operational team need to find volunteers to review releases. However, the project and operational teams will need to manage the commitments to review releases to ensure that the minimum review gate is met.

## **8.6 Value set distribution format**

The IHTSDO presented a technical problem they have providing content under new special licences being brokered with some organisations.

The special licences are free licences to use an identified subset of SNOMED CT concepts for a particular purpose. A good example of this is the use of SNOMED CT codes in HL7 specifications.

The current release process and format only allows for releasing all of SNOMED CT, not parts of it. Therefore, the IHTSDO is looking for a solution to provide cut-down releases.

Despite a preference to use the normal RF2 release format, attempting to slice a small chunk of content would result in structural integrity problems in the resulting RF2 files.

The group discussed providing a tabular format containing concept identifier, Fully Specified Name and Synonyms. However, inventing a special format was considered to be not ideal.

Using FHIR® Value Sets was also discussed, as this is a standards-based format that can deliver the required information (code, Fully Specified Name, and Synonyms).

However, members of the group pointed out that there are many browsers that make this information available now. Therefore, licence holders of these small collection of codes can simply get the data they require from freely available browsers. As most are already using these browsers this solution will represent no change, however they will now be licensed to use those codes in their products.

## **8.7 Release packaging conventions**

Release packaging conventions were discussed briefly, with the group overwhelmingly agreeing that a convention or standard is missing and needed. The group agreed that the starting point can simply be the current packaging convention for the SNOMED CT International release.

## 9 Pharmaceutical/Drug project

The Pharmaceutical/Drug project meeting was split into two parts over the day. The morning focused on how to progress development of an internationally suitable drug model, and the extent of content that should be included within the international release. There is still mixed agreement as to what the complete international model should be, but the IHTSDO is acting upon the parts that are already agreed.

The afternoon session focused on getting feedback to resolve existing inconsistencies and issues so that the international content can be prepared.

- Concepts with strengths: In the absence of an internationally agreed strength model (and content), the IHTSDO is proposing to deprecate all concepts that describe medicine strength from the international content. It will be left to member countries to create this content. Members without drug extensions, and those with extensions that link to existing content, are still challenging this approach.
- The IHTSDO proposed standardising the Fully Specified Names for drug concepts to use the international non-proprietary name (INN). This was universally agreed. Valid existing descriptions will remain as alternate synonyms.
- Advice was sought as to how multiple ingredient concepts should be named. The two points were, ingredient order and delimiters.
- Currently multi-ingredient products use a variety of "+", "and", "with" and more to list the ingredients. This variety should be eliminated and a consistent terming style adopted. Members requested that additional use cases be investigated before a decision is made.
- Similar issues of inconsistency were also discussed.
- Members were asked to provide examples of the level of specificity that are required for chemical classes. Examples such as Beta-lactams would likely be included, but the range of such concepts that are actually useful is difficult to determine without exemplar sets.

# Appendix A Group members

## A.1 Content Managers Advisory Group

The group is made up of the following appointed members, each of whom has been nominated by their respective member countries.

- Camilla Wiberg Danielsen (Denmark)
- Daniel Karlsson (Sweden)
- Elaine Wooler (UK)
- Elze de Groot (Netherlands)
- John Fountain (New Zealand)
- Linda Parisien (Canada)
- Matt Cordell (Australia)
- Olivier Bodenreider (USA)

## A.2 SNOMED CT Editorial Advisory Group

The Editorial Advisory Group consists exclusively of Certified Consultant Terminologists.

## A.3 E-Learning Advisory Group

This group consists of the following expert advisors selected by IHTSDO: Heather Grain (Australia), and Suptendra Sarbadhikari (India). In addition, the following members were nominated by their respective member countries:

- Anabela Marques Lopes (Portugal)
- Andrew Grant (Canada)
- Arabella D'Have (Belgium)
- Camilla Wiberg Danielsen (Denmark)
- Erika Eriksson (Sweden)
- Fernando Portilla (Uruguay)
- Gonzalo Marco Cuenca (Spain)
- Ian Spiers (UK)
- Nwe Ni Tun (Singapore)
- Pim Volkert (Netherlands)
- Susan Lee Roy (USA)
- Kristina Aputyte (Lithuania)
- Vimala Jacob (Australia)

## **A.4 Modeling Advisory Group**

The group is made up of the following appointed members:

- Arturo Romero Gutierrez (Spain)
- Daniel Karlsson (Sweden)
- Guillermo Reynoso (Argentina)
- Kin-Wah Fung (USA)
- Michael Lawley (Australia)
- Michael Osborne (Australia)
- Peter Hendler (USA)
- Reuben Daniels (Australia)
- Ronald Cornet (Netherlands)
- Tomasz Adamusiak (USA)

## **A.5 Terminology Release Advisory Group**

The group is made up of the following appointed members:

- Cory Smith (USA)
- Dion McMurtrie (Australia)
- Eric Robertson (New Zealand)
- Liam Coughlan (UK)
- Mikael Nyström (Sweden)
- Steve Emrick (USA)

Note that the members have been appointed based on their skills and experience to provide neutral advice, and are not representing any particular organisation or nation.

# Acronyms

<b>Acronym</b>	<b>Description</b>
AMT	Australian Medicines Terminology
ECE	Event, Condition and Episode (project)
ELAG	E-Learning Advisory Group
FHIR <sup>®12</sup>	Fast Healthcare Interoperability Resources
GCI	general concept inclusion
HTA	HL7 Terminology Authority
ICD-9, ICD-10, ICD-11, ICD-O	International Classification of Diseases 9 <sup>th</sup> revision, International Classification of Diseases 10 <sup>th</sup> revision, International Classification of Diseases 11 <sup>th</sup> revision, International Classification of Diseases for Oncology
IHTSDO	International Health Terminology Standards Development Organisation
INN	international non-proprietary name
NCTIS	National Clinical Terminology and Information Service
NEHTA	National E-Health Transition Authority
OWL	web ontology language
RF1, RF2	release format 1, release format 2
SIG	special interest group
SLA	service level agreement
SNOMED CT	Systematized Nomenclature of Medicine, Clinical Terms
URI	uniform resource identifier

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<sup>12</sup> Health Level Seven, HL7 and FHIR are trademarks of Health Level Seven International.