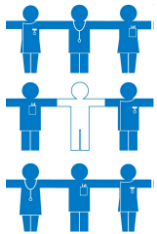


TermInfo Draft Standard for Trial Use (DSTU): Managing overlap between **SNOMED CT** and **HL7-RIM**



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Outline

- Health information standards
- Typology of representation artifacts
- Semantic overlap between representation artifacts
- TermInfo Draft Standard for Trial Use
- Outlook

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Two Health Information Standards

	HL7 Version 3	SNOMED CT
Characterization	Messaging Standard for healthcare workflows	Terminology Standard for healthcare
	Information model	Ontology-inspired Terminology
	Model of use	Model of meaning
Represents	Informational artifacts	Clinical reality: patients, diseases, procedures, drugs
	States of knowledge	Meaning of terms
Methodological foundation	UML	Description logics
SDO	 HL7, Inc Ann Arbor, Michigan, USA	 IHTSDO International Healthcare Terminology Standards Development Organisation Copenhagen, Denmark
Participation	HL7 local organizations in over 30 countries	Member states: Australia, Canada, Cyprus, Denmark, Lithuania, New Zealand, Singapore, Spain, Sweden, The Netherlands, United Kingdom, United States

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From metaphysics...

Ontology

- theory of reality



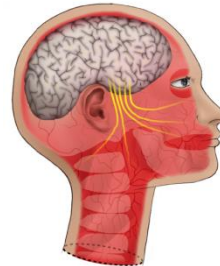
Semantics

- theory of meaning of (human language) designations



Epistemology

- theory of knowledge



...to an ideal world of representation artifacts

Ontologies

- theories that attempt to give precise mathematical formulations of the properties and relations of certain entities.
(Stanford Encyclopedia of Philosophy)

Terminologies

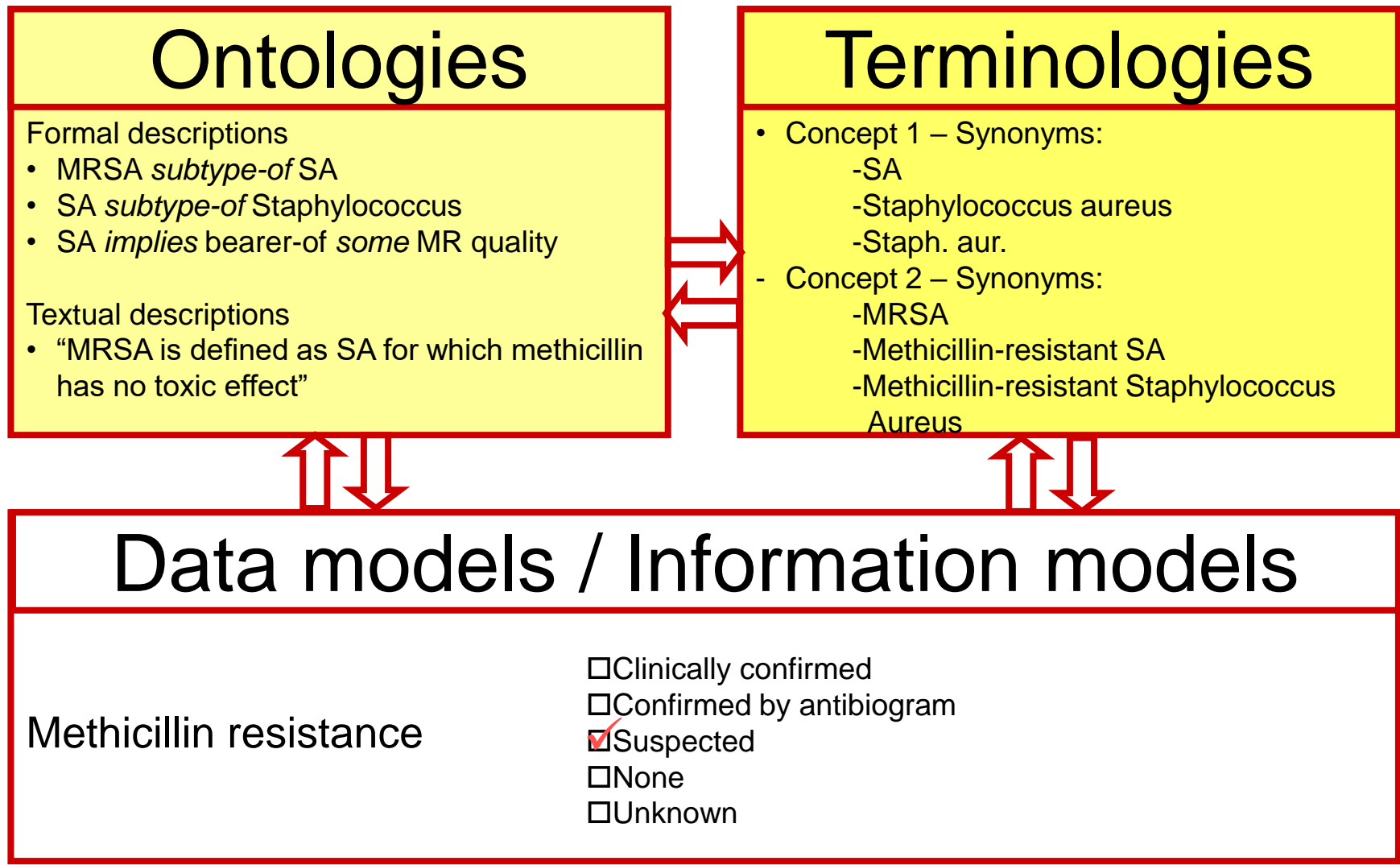
- Set of terms representing the system of concepts of a particular subject field.
(ISO 1087)

Data models / Information models

- artefacts in which information is recorded

A. Rector, SemanticHealth D6.1

Examples



but in the real, chaotic world...



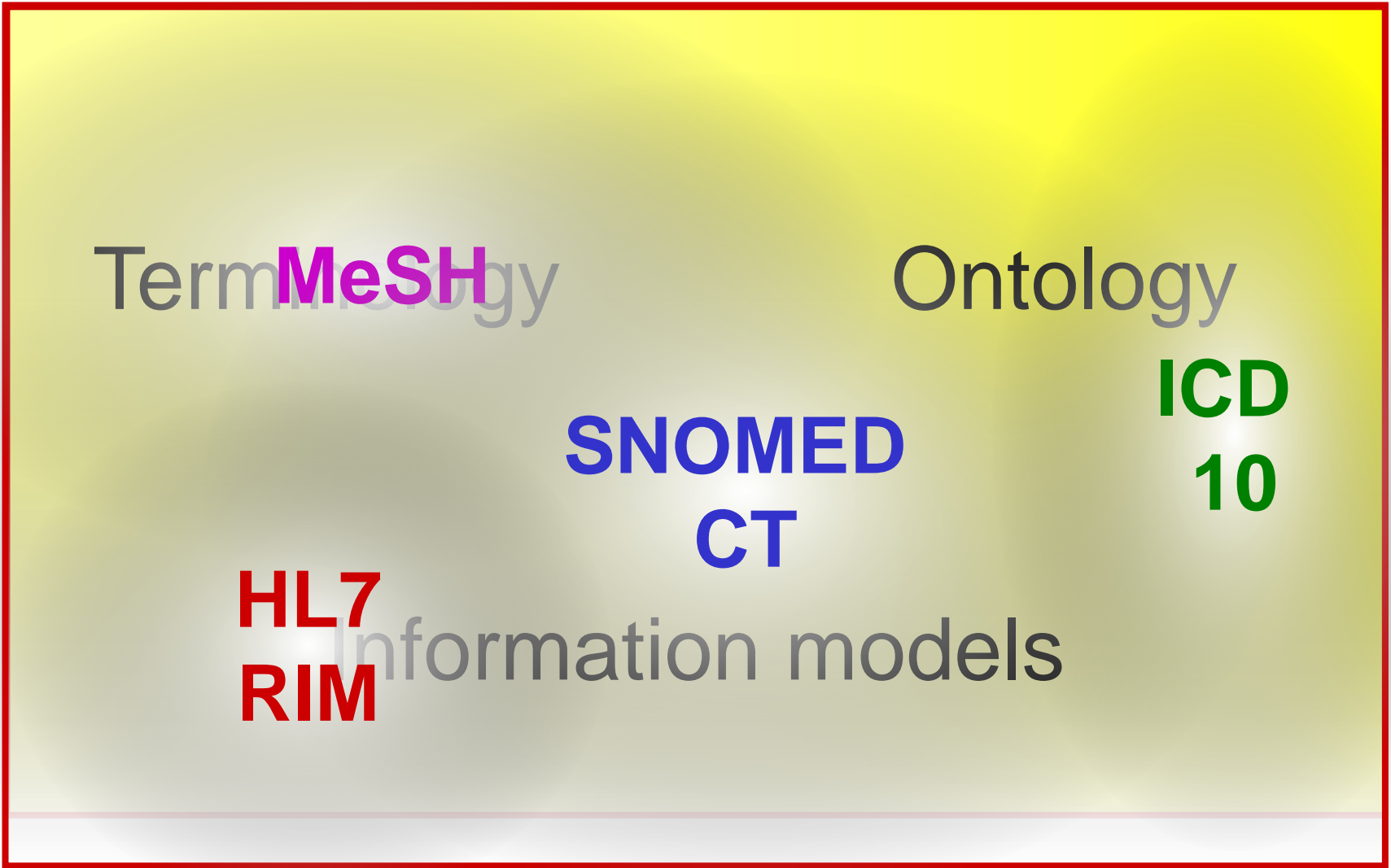
we have to deal with “living” representational artifacts far from being ideal

Terminology

Ontology

Information models

that combine terminology, ontology and information model elements



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Problem: Semantic Overlap

Terminologies
Ontologies stray
the
informa
models

- Historically: solution developers tended to work with a single representation standard
- Multiple approaches to encode the same information
- Risk of arbitrary design decisions when used together
- Lack of clarity with regard to satisfying unmet representational need

Information
models
stray the
terrain of
Terminologies /
Ontologies

Examples of “epistemic intrusion”

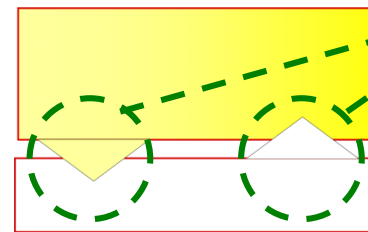
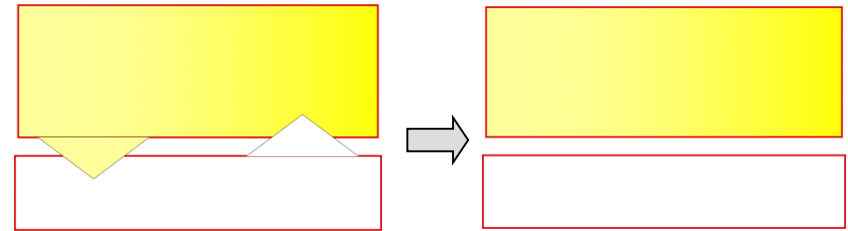
- SNOMED CT: “Suspected autism”
- SNOMED CT: “Biopsy planned”
- SNOMED CT: “Take at regular intervals”
- ICD 10: “Tuberculosis of lung, confirmed histologically”
- ICD-O: “Basal cell tumor, uncertain whether benign or”
malignant
- ICD-9-CM: “Replacement of unspecified heart valve”
- NCI Thesaurus: “Unknown If Ever Smoked”
- NCI Thesaurus: “Absent Adverse Event”

Solutions

- Establish a clear boundary between information models and ontologies: desirable but unfeasible for legacy systems

- Develop rules for managing ambiguities

- HL7 TermInfo



- In an information model or template that permits or requires the use of SNOMED CT to represent the value of an Act class:
 - The Attribute attribute SHALL permit the use of the Concept Id scope (CUI) data type.
 - This is required, all instances of the associated expression using qualified values shall be appropriate.
 - The Attribute attribute MAY be constrained to a data type that prohibits qualifiers, only if there is a unary (i.e., negation) or binary (i.e., conjunction) filtering that might require the use of post-coordinated expressions.
- In an information model or template that permits or requires the use of SNOMED CT to represent the value of an Observation class:
 - The Vocabulary Domain (i.e., the set of specified Observation) to be defined SHALL permit the use of the HL7 data value "A" (ACT) or "O" (OBS).
 - The Observation attribute SHALL permit the use of the Concept Id scope (CUI) data type.
 - This is required, all instances of the associated expression using qualified values shall be appropriate.
 - The Observation attribute MAY be constrained to a data type that prohibits qualifiers, only if there is a unary (i.e., negation) or binary (i.e., conjunction) filtering that might require the use of post-coordinated expressions.
- In an Act class instance where the Act code attribute is a SNOMED CT expression:
 - The expression SHALL be asserted to be of type [SNOMED] (observable entity) [CUI] (SNOMED) (primitive with explicit content) [A] (A) (SNOMED) (value).
 - If the [A] (SNOMED) (value) is not asserted to be of type [SNOMED] (observable entity) [CUI] (SNOMED) (primitive with explicit content) [A] (A) (SNOMED) (value), then it is asserted to be of type [SNOMED] (observable entity) [CUI] (SNOMED) (primitive with explicit content) [A] (A) (SNOMED) (value).
 - If the [A] (SNOMED) (value) is not asserted to be of type [SNOMED] (observable entity) [CUI] (SNOMED) (primitive with explicit content) [A] (A) (SNOMED) (value), then it is asserted to be of type [SNOMED] (observable entity) [CUI] (SNOMED) (primitive with explicit content) [A] (A) (SNOMED) (value).
- In an Observation class instance where the Observation code attribute is a SNOMED CT expression:
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*<https://svn.connectingforhealth.nhs.uk/svn/public/nhscontentmodels/TRUNK/ref/HL7/TermInfo.htm>

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TermInfo Draft Standard for Trial Use (DSTU): History

- 2004 onwards, Growing interest in use of **SNOMED Clinical Terms (SNOMED CT)** in the **HL7** community
- HL7 Vocabulary Technical Committee (supported by SNOMED International and NASA) launched the 'TermInfo Project' with the following missions:
 - General: investigate interfacing between **HL7** information models and terminologies or code systems.
 - Specific: A guide on use of **SNOMED CT** within the **HL7 V3**
- Outcome September 2007:
 - Guide to Use of **SNOMED CT** in **HL7 Version 3** accepted as a Draft Standard for Trial Use (DSTU)
- <http://www.hl7.org/v3ballot/html/welcome/environment/index.htm>

Using SNOMED CT in HL7 v3 DSTU

Using SNOMED CT May 2008 v3

Introduction and Scope

Statistics:

Pages	65
Words	36,699
Characters (no spaces)	206,370
Characters (with spaces)	244,090
Paragraphs	2,031
Lines	4,860

Include footnotes and endnotes

Show Toolbar Cancel

1.3 Scope

The primary scope of this implementation guide is to provide guidance for the use of SNOMED CT in the HL7 V3 Clinical Statement pattern. The intent is to guide implementers in the construction of instances based on models derived from that pattern. These include models covering the representation of clinical information from the perspective of various HL7 domains including Structured Documents (CDA release 2), Patient Care, Orders and Observations and models using the Clinical Statement CMET²

Legend

- Informative
- Reference
- Normative
- DSTU
- Draft
- Document Group

Structure of **SNOMED CT** in **HL7 v3 DSTU**

1. Introduction and Scope

⇒ **2. Guidance on Overlaps between RIM and SNOMED CT Semantics**

3. Common Patterns

4. Normal Forms

5. SNOMED CT vocabulary domain constraints

6. Glossary

Appendix A General Options for Dealing with Potential Overlaps

Appendix B References

Appendix C Revision changes

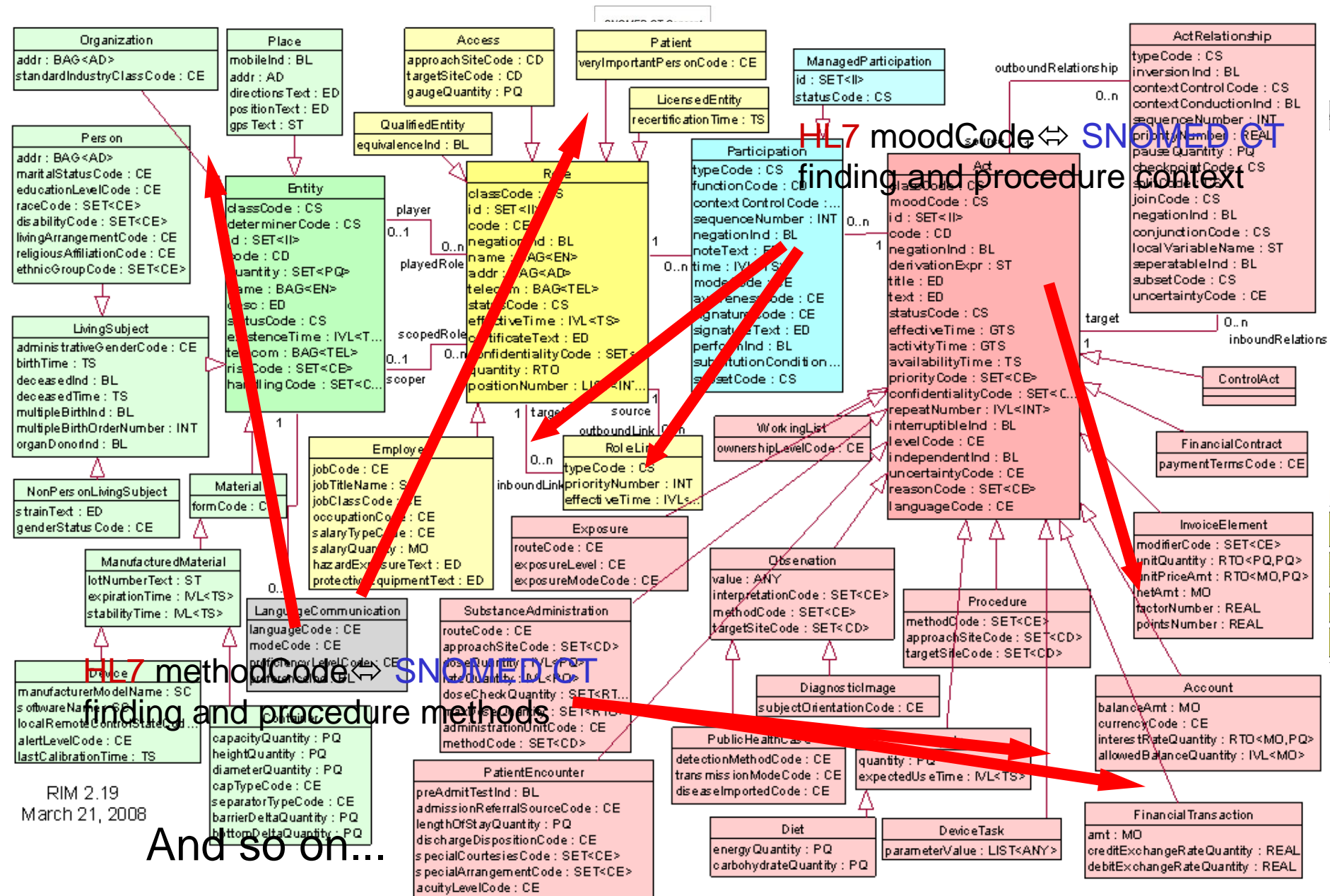
Appendix D SNOMED CT Open Issues

Appendix E Detailed aspects of issues with a vocabulary specification formalism

Section 2:

Guidance on overlaps between RIM and SNOMED CT Semantics

- Detailed walk-through of RIM attributes vs. SNOMED CT properties:
 - Act.classCode
 - Act.code and Observation.value
 - Act.moodCode
 - Act.statusCode
 - Procedure.targetSiteCode and Observation.targetSiteCode
 - Procedure.approachSiteCode and SubstanceAdministration.approachSiteCode
 - Procedure.methodCode and Observation.methodCode
 - Act.priorityCode
 - Act.negationInd
 - Act.uncertaintyCode
 - Representation of Units
 - Dates and Times



HL7 moodCode ↔ SNOMED CT finding and procedure context

HL7 methodCode ↔ SNOMED CT finding and procedure methods

And so on...

RIM 2.19
March 21, 2008

Using SNOMED CT in HL7 v3 DSTU**Guidance on overlaps between RIM and SNOMED CT Semantics**

Each subsection in **HL7 v3** DSTU Section 2: divided into:

1. Potential overlap
2. Rules and guidance
3. Rationale

Two examples

Example 1: *Procedure.targetSiteCode* and *Observation.targetSiteCode*

- Potential Overlap:
 - Complete overlap
 - HL-7 *targetSiteCodes* are defined as “the anatomical site or system that is the focus of the procedure / observation.”
 - SNOMED CT finding and procedure concepts have a defining attribute that specifies the site: e.g. *Appendicitis – Finding Site – Appendix structure*
- Rules and Guidance
 - omit *targetSiteCode* attribute from:
 - any *Act* class clone in which *SNOMED CT* is the only permitted code system for the *Act.code* attribute.
 - any *Observation* class clone in which *SNOMED CT* is the only permitted code system for the *Observation.value* attribute...’
- Rationale
 - Argues case for *SNOMED CT* attribute preference
 - Precision of available attributes; relationship grouping
 - The site of an action or event is clearly of ontological nature

Example 2: *Act.MoodCode*

- Potential overlap
 - The values in *ActMood* vocabulary partially overlap with SNOMED CT representations of *Finding context* and *Procedure context*
 - *Finding context* relevant to instances of HL7 *Observation* classes expressed in "event", "goal", "expectation" and "risk" moods.
 - *Procedure context* relevant to (i) instances of various HL7 *Act* classes including *Procedure*, *SubstanceAdministration* and *Supply*, (ii) instances of the HL7 *Observation* class except in "intent" moods (including "request" and other subtype of "intent").
- Rules and guidance
 - The *moodCode* SHALL be present in all *Act* class instances
 - Rules for valid *moodCode* / SNOMED CT associations:
 - ‘...IF *moodCode* <>INT (or subtype), THEN *code* attribute of *Observation* class MAY be populated by the following SNOMED CT expression patterns...’
 - Defaults described by default correspondence tables
 - Allowable patterns described by constraint tables
 - ‘If both are present then they must be kept in step

Example 2: *Act.MoodCode*

- Mood Code** = SNOMED CT context default and constraint tables

moodCode	Mood Name	SNOMED CT Finding context
EVN	Event	[410515003 known present]
GOL	Goal	[410518001 goal]
RSK	Risk	[410519009 at risk]
EXPEC	Expectation	[410517006 expectation]

Finding
default

Finding
constraints

moodCode	Mood name	SNOMED CT Finding context
EVN	Event	[(<<36692007 known) OR (<<261665006 unknown)]
GOL	Goal	[<<410518001 goal]
RSK	Risk	[<<410519009 at risk]
EXPEC	Expectation	[<<410517006 expectation]

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Next Steps - DSTU

- Encourage use and testing
 - Marketing effort
- Encourage and support submission and timely resolution of issues encountered in use
 - **HL7 DSTU** issue reporting mechanism (pending re-publication)
 - <http://www.hl7.org/dstucomments/index.cfm>
 - **HL7** Project Homebase mechanism
 - <http://hl7projects.hl7.nscee.edu/>
- Encourage list membership and submission of issues
 - http://www.hl7.org/special/committees/list_sub.cfm?list=hl7TermInfo
 - Conference call debate and resolution
 - Establish close ties with e.g. **IHTSDO** expertise for timely resolution/interim suggestions
 - Advancement through **IHTSDO** standards approval processes



Health Level Seven, Inc.
For Immediate Release



**International Health Terminology
Standards Development Organisation**

HL7 and IHTSDO Sign Agreement

Up front coordination will bring significant improvements in interoperability and patient safety

Chicago, IL., U.S. and Copenhagen, Denmark – April 5, 2009 – Health Level Seven[®] Inc. (HL7[®]), the leading authority for global healthcare IT standards, and the International Health Terminology Standards Development Organisation (IHTSDO[®]), the leading provider of standardized clinical terminology, today announced a collaboration agreement that will foster interoperability and lead to improvements in patient safety by eliminating gaps and overlaps between the HL7 and IHTSDO standards.

Conclusion

- The ontology / epistemology boundary is crossed by both standards **SNOMED CT** and **HL7v3**. Consequence: overlap !
- **DSTU** produced to assist in the co-implementation of **SNOMED CT** and **HL7v3**
- Provides guidance on:
 - **Representation overlap management**
 - **Sensible integration of the standards**
- Provides mechanism for issues resolution and gap management where both standards used
- Does not claim perfection and does need systematic testing
- Recommendation: decrease of **SNOMED CT** / **HL7v3** overlaps by collaborative development of both standards, assigning representational responsibility based on reproducible boundary rules –informed by ontological/epistemological considerations, balanced with consideration of real-world practical considerations.