

# Wonca/WICC collaboration with the IHTSDO and GP involvement with the development of SNOMED CT

SYDNEY MEDICAL SCHOOL



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# Why use a reference terminology?

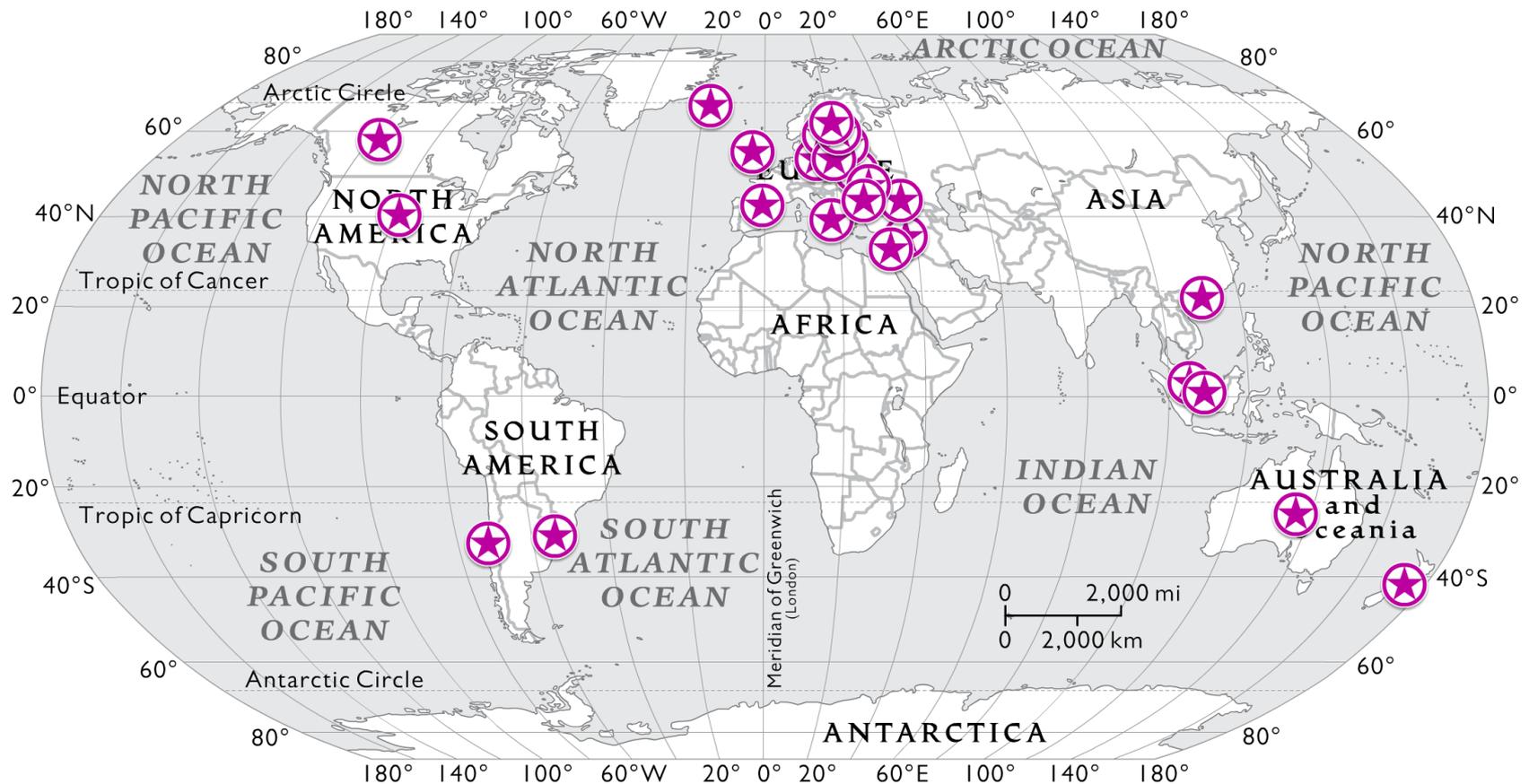
A reference terminology facilitates semantic interoperability by providing a standardised set of concepts which can be reliably interpreted by a wide range of health professionals.

# Why the IHTSDO believes SNOMED CT is needed in electronic health records

- › SNOMED Clinical Terms (SNOMED CT) is the most comprehensive, multilingual clinical healthcare terminology in the world.
- › SNOMED CT contributes to the improvement of patient care by underpinning the development of Electronic Health Records that record clinical information in ways that enable meaning-based retrieval. This provides effective access to information required for decision support and consistent reporting and analysis. Patients benefit from the use of SNOMED CT because it improves the recording of EHR information and facilitates better communication, leading to improvements in the quality of care.
- › SNOMED CT is owned, maintained and distributed by the International Health Terminology Standards Development Organisation (IHTSDO). The IHTSDO is a not-for-profit association which is owned and governed by its national Members. In April 2014 twenty-seven countries were Members of IHTSDO, more countries are joining every year.



# IHTSDO member countries



- › Agreement signed in December 2009 to promote co-operation and collaboration between Wonca and the IHTSDO.
- › The agreement led to the formation of the International Family Physician/General Practitioner Special Interest Group (chaired by Dr Nick Booth UK GP, co-chair Dr Ray Simkus, Canadian GP)
- › ‘The primary purpose of the IFP/GP SIG will be to suggest new and updated family medicine and general practice content to the SNOMED CT Core (as defined in the IHTSDO Articles) through projects recommended by the IHTSDO's Content Committee and to act as a clinical quality assurance input from a family medicine and general practice perspective for SNOMED CT.’
- › ‘Membership of the IFP/GP SIG will be open to all members of the IHTSDO community of practice at large and the Chair of the IFP/GP SIG will do what he or she can to encourage an internationally representative membership of the IFP/GP SIG.’

1. Development of the GP/FP subset of SNOMED CT – released in Sept 2015
2. Map from subset to ICPC-2
3. Map from subset to ICD-10

- › IHTSDO wishes to move on from the last project to broaden involvement of GP/FPs in SNOMED CT development.
- › Discussions have been held between the IHTSDO and Wonca Executive and Nick Booth
- › This process includes:
  - Review of the scope, function and structure of the SIG
  - Broadening of the participation base of the SIG
  - A new work plan for the SIG

- › Promotes SNOMED CT use in General/Family Practice
- › Contributes to information about requirements and usage from the FP/GP communities
- › Participates in development and review of SNOMED CT content relevant to FP/GP
- › Provides practical advice and guidance related to the use of SNOMED CT in GP/FP EHR systems
- › Collaborates with Wonca, HL7 and ISO standards groups working in areas relevant to GP/FP terminology and eHealth

- › a) The IFP/GP SIG reports to the Healthcare Professionals Coordination Group, which is chaired by a member of the IHTSDO Management Board.
- › b) There is a liaison function provided from the IHTSDO Content Development team to provide updates on relevant IHTSDO business, content development initiatives and content maintenance projects.
- › c) SIG participants are required to declare potential or actual conflicts of interest with SIG agenda items, and the Chair will manage these conflicts. In the case of conflict of interest involving the Chair, the Chair must temporarily pass the role of managing the meeting to the Vice-Chair or another participant with no conflict of interest.
- › d) The activities of the SIG are coordinated and facilitated by a Chair and Vice-Chair appointed in accordance with IHTSDO policy and procedures.
- › e) The SIG Vice-Chair acts as SIG Chair in the absence of, or at the direction of, the SIG Chair

- › a) Meetings are open to all people who are registered for participation. In addition, all SIG meetings are open to registered participants in any other IHTSDO SIG, members of any formal IHTSDO governance body or Advisory Group, and to those considering registering their participation in the future. Observers are welcome at all times
- › b) The SIG meets regularly by teleconference based on a schedule of call times proposed by the SIG Chair and supported by the membership of the SIG.
- › c) To ensure openness and broad participation, the schedule of teleconferences must take due account of time zone variations and the need to avoid conflicts with other teleconference calls of interest to a similar audience.

- › d) The SIG may meet face-to-face when it is agreed by IHTSDO that this provides a cost effective way to advance strategic priorities while enabling remote involvement of SIG members who may be unable to attend these meetings in person. Observers are welcome.
  
- › e) Meetings of the SIG are managed by the Chair in such a way that all those present have an opportunity to contribute to the debate and to any agreed recommendations or actions.

- › Relationship between Wonca/WICC and IHTSDO/IFP/GP SIG
  - WICC member participation in SIG
  - Wonca eHealth Working Group participation in SIG
- › Work items for IHTSDO/SIG relevant to FP/GP
  - Extension of the GP/FP subset – national and international
  - More comprehensive map from SNOMED CT to ICPC-2
  - Review of the content/structure of SNOMED CT to improve functionality for FP/GP
  - Review of new content in SNOMED CT for GP relevance
  - Development of functionality requirements/standards for implementation of SNOMED CT in GP EHR systems
- › Work items for WICC relevant to SNOMED CT
  - SNOMED CT as a foundation layer for ICPC-3 (as with ICD 11)

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