

5 November 2010

OUTCOMES STATEMENT

Meeting Summary 5 November 2010

The eleventh meeting of the Clinical Terminology and Information Reference Group was held at the Hilton Hotel, Melbourne Hotel on 5 November 2010.

Representation at the meeting included:

Ian Bull	Department of Health ACT
David Evans	NEHTA Clinical Lead
Jo Foster	Nursing Informatics Australia
Catherine Garvey	Department of Health South Australia
Tony Greville	Consumer Health Forum
Donna Truran	Australian Centre for Clinical Terminology and Information
Rohan Martin	Ambulance Victoria
Graeme Miller	Royal Australian College of General Practitioners (RACGP)
Hugh Leslie	Medical Software Industry of Australia (MSIA) representative
Gordon Tomes	Australian Institute of Health and Welfare (AIHW)
Graeme Pegler	NSW Health
Michael Thompson	Queensland Department of Health (proxy)

The meeting was chaired by:

Michael Legg	Health Informatics Society of Australia (HISA)
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Apologies were received from:

Andrew Singer	Department of Health and Ageing
Sharmila Biswas	NEHTA Clinical Lead
Paul Williams	NEHTA
Chris Williams	Private Hospital CIO Forum Representative, Sydney Adventist Hospital
Hayley Koberg	QLD Department of Health
Michelle Laing	NEHTA
Rowena Sierant	Department of Health and Ageing
Richard Madden	National Centre for Classification in Health (NCCH)

The meeting had the following objectives:

- Discussion on the Detailed Clinical Model (DCM) content based development approach. See below for explanatory text on NEHTA's Detailed Clinical Model work.
- Discussion on the inclusion in SNOMED CT-AU of Australian Medicines Terminology (AMT).
- DCM Governance update.
- Review of CTI Strategic Plan.
- Update on AMT v3.

Summary of Actions:

- Agreed that the DCM development document be reviewed by the group.
- NEHTA to ensure that the next National Clinical Terminology and Information Service (NCTIS) newsletter contains information on the new DCM approach and an update on AMT v3.
- NEHTA to ensure that the NCTIS newsletters are shared with other reference groups.
- Agreed that a governance workshop be held during the next meeting to develop a view around what governance is required over DCMs and the role of NEHTA and the CTIRG in this. AIHW to prepare a paper for circulation.
- A number of minor wording amendments were agreed to the CTI section of the NEHTA Strategic Plan review.
- Discussion to be held out of session regarding the potential establishment of a Nursing Terminology Support Group
- To consider whether it is necessary to have a sub working group regarding the implications of CDA, HL7 and how the DCMs may translate
- Review the CTI Support Groups and establish reporting and linkage to the CTIRG.

Summary of Outcomes:

- Following a discussion on proposed implementation plans, the group agreed to recommend that Terminology and Information should both be implemented in wave one of early adopters in a staged approach.
- The CTIRG endorsed the high level business case supporting the migration of AMT to SNOMED CT-AU format.

Detailed Clinical Models (DCM)

NEHTA has initiated a program of work to develop a set of structured and computable clinical information structures (known as Detailed Clinical Models or DCMs) to provide the common 'language' across the different clinical systems for use in Australian clinical practice.

The aim of the DCM development work program is to:

- involve clinicians in the development of clinical content for eHealth solutions; and
- ensure that these standard national clinical information structures are re-useable and applied as intended in eHealth clinical models across diverse clinical systems and clinical practice nationally.

A DCM is a fully defined information structure for representing clinical concepts. It packages together the standardised terminology and information required to specify the clinical concepts, and thereby provides structure and semantic clarity in a way that is clearly understandable by clinical experts and modelers. They provide the standardised foundation to support the delivery of Australia's national eHealth program.

National DCMs will be used to build e-health information exchange specifications for: e-Discharge Summary, e-Referral, e-Specialist Letter, PCEHR-Practice Health Summary (as specified by the Australian Royal College of General Practice; and e-Medications Profile). These will provide the foundations for the Lead Implementation Sites and the PCEHR work.

