

16 February 2011

**OUTCOMES STATEMENT**

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**Meeting Summary 16 February 2011**

The thirteenth meeting of the Clinical Terminology and Information Reference Group was held at the Novotel Hotel, Brighton Le Sands in Sydney on 16 February 2011.

**The meeting was co-chaired by:**

Michael Legg	Health Informatics Society of Australia (HISA)
Ian Bull	Department of Health ACT

**Representation at the meeting included:**

David Evans	NEHTA Clinical Lead
Jo Foster	Nursing Informatics Australia
Tony Greville	Consumer Health Forum
Hayley Koberg	QLD Department of Health
James Chippendale	QLD Department of Health
Graeme Miller	Royal Australian College of General Practitioners (RACGP)
Gordon Tomes	Australian Institute of Health and Welfare (AIHW)
Graeme Pegler	NSW Health
Donna Truran	Australian Centre for Clinical Terminology and Information
Hugh Leslie	MSIA representative
Rohan Martin	Ambulance Victoria
Liz Jones	NEHTA (morning only)
Tony Robertson	NEHTA
Michelle Laing	NEHTA
Arlynn Asuncion	NEHTA

**Apologies were received from:**

Chris Williams	Private Hospital CIO Forum Representative, Sydney Adventist Hospital
Paul Williams	NEHTA
Narelle Portakiewicz	Department of Health South Australia
Sharmila Biswas	NEHTA Clinical Lead
Andrew Singer	Department of Health and Ageing
Rowena Sierant	Department of Health and Ageing

**Meeting Guests / Presenters**

Template Service

Paul Burnham	NEHTA
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DCM Workshop

Mary Kelaher	NEHTA
Elizabeth Donohoo	NEHTA
Robyn Richards	NEHTA
Stephen Royce	NEHTA
Sandy Mills	NEHTA

**The meeting had the following objectives:**

- Overview of Wave 1 Implementation
- International Health Terminology Standards Development Organisation (IHTSDO) Update
- Update on Pathology Terminology Project
- Template Service update
- Detailed Clinical Model (DCM) Workshop

**Summary of Actions:****Updates from previous CTIRG meeting**

- The issue of not being able to link the NPC and AMT to access GTIN barcodes to be raised at the next Co-Chairs meeting and drawn to the MMRG's attention.
- Donna Truran to update CTIRG on the Content Development Plan once it is ready to share.
- NEHTA will review the DCM development process via the Clinical Knowledge Manager (CKM) in May, including process, validation and usability of the tool and report back to CTIRG.

**International Health Terminology Standards Development Organisation (IHTSDO) Update**

- Standing verbal update on IHTSDO meetings to be added to agenda for future meetings: IHTSDO members can be found on the NEHTA website (<http://www.nehta.gov.au/connecting-australia/terminology-and-information/clinical-terminology/ihtsdo>), including all nominated Australian representatives and also internal NEHTA staff on the working group.

**Wave 1 Implementation**

- NEHTA advised that from a jurisdictional perspective, the major focus of Wave 1 implementation is around healthcare identifiers and the sending of CDA discharge summaries (outbound to the GP). From a division perspective, the next focus will be CDA health summaries, coming directly out of the GP system (inbound). Once GP vendors have been selected, they will be asked to do healthcare identifiers, produce an outbound health summary, and also to prioritise their work so that they faithfully as they can, match and implement the three priority DCMs: medications, allergies and problem/diagnosis.
- Co-chair Michael Legg invited members to raise any issues relating to the PCEHR and CTI so that these could in turn be raised at Co-chair's meetings where the PCEHR was being considered.

**General Practice Reference Set**

- Co-chair Michael Legg advised that he had received correspondence from DoHA seeking a response from the CTIRG on the following questions:
  1. What are the implementation plans for SNOMED-CT-AU in a General Practice setting?
  2. Will the Detailed Clinical Models remove our reliance on the need for a SNOMED-CT-AU- General Practice Reference Set?
  3. What have we learned from the early SNOMED-CT-AU implementations in Australia?
  4. What have we learned from the AMT implementations?
  5. What are the tools that need to be developed to allow the vendors to adopt and maintain SNOMED-CT-AU and AMT in their systems?Agreed that NEHTA would prepare a response to the DoHA questions for the CTIRG to consider at its next meeting.

### Template Service

- Graeme Miller raised his concern pertaining to the safety issue with using a variety of style sheets for a discharge summary, rather than having it presented in a standardised way. Paul Burnham responded that there is the possibility to view the template in both formats – a decision needs to be made on whether to use a national consistent format or whether the document is viewed as it was originally intended.
- David Evans asked if the original pathology display could be displayed in the PCEHR. Hugh Leslie added that this could also complicate governance. Need to ensure the rendering doesn't miss something out. Paul Burnham responded that this has been discussed with jurisdictions and the consensus is they don't want to have different views on the templates.
- Paul Burnham to take the possible clinical safety issue with having different styles of templates (rather than one standardized style) back to the PCEHR team and relevant reference group working on the template service.

### Detailed Clinical Model Workshop

- It was stated that CKM opens up a lot of governance issues. While the current governance for terminology is adequate for a simple terminology, implementation would still be a problem. There needs to be governance from the national clinical change management board. Dr Mukesh Haikerwal is currently looking into aspects around national governance.
- Agreed a further DCM Workshop to be held at the next CTIRG (April). This is to include roles and responsibilities of each knowledge group, detailed description of PCEHR governance (1 hour), the issue regarding whether to use generic versus specific DCMs and governance and principles for what is to be include in DCM terminology (2 hours).
- Michael Legg recommended the following areas can be used to test how non-SNOMED CT terminology would be handled:
  - 1) METeOR domain
  - 2) Administrative and Medicare / accounting based
  - 3) Clinical not in SNOMED e.g. oncology staging.Mary Kelaher suggested developing criteria to apply against use cases. The CTIRG agreed on this suggestion.
- CTIRG to consider at its next meeting the principles around how terminology that is not in scope of SNOMED-CT should be dealt with by NEHTA through the exploring three use-cases like those suggested.
- Michael Legg invited the group to provide any comments and issues around this to Michelle Laing or Tony Robertson so that they can be escalated at the next Co-Chairs meeting and CIO forum.