

21 April 2011

Clinical Terminology and Information Reference Group Meeting 14

OUTCOMES STATEMENT

Meeting Summary 21 April 2011

The fourteenth meeting of the Clinical Terminology and Information Reference Group was held in Sydney on 21 April 2011.

Representation at the meeting included:

James Chippendale	Queensland Department of Health
Tony Greville	Consumer Health Forum
Hayley Koberg	Queensland Department of Health
Hugh Leslie	Medical Software Industry of Australia (MSIA) representative
Graeme Miller	Royal Australian College of General Practitioners (RACGP)
Graeme Pegler	NSW Health
Narelle Portakiewicz	Department of Health South Australia
Rowena Sierant	Department of Health and Ageing
Andrew Singer	Department of Health and Ageing
Gordon Tomes	Australian Institute of Health and Welfare (AIHW)
Donna Truran	Australian Centre for Clinical Terminology and Information
Chris Williams	Private Hospital CIO Forum Representative, Sydney Adventist Hospital
Tony Robertson	NEHTA
Michelle Laing	NEHTA
Bettina McMahon	NEHTA
Arlyne Asuncion	NEHTA
Mary Kelaher	NEHTA (workshop only)
Elizabeth Donohoo	NEHTA (workshop only)
Robyn Richards	NEHTA (workshop only)
Stephen Royce	NEHTA (workshop only)
Sarah Gaunt	NEHTA (workshop only)
David Evans	NEHTA Clinical Lead
Sharmila Biswas	NEHTA Clinical Lead

The meeting was co-chaired by:

Ian Bull	Department of Health ACT
Michael Legg	Health Informatics Society of Australia

Apologies were received from:

Joanne Foster	Nursing Informatics Australia
Rohan Martin	Ambulance Victoria

The meeting had the following objectives:

- Joint meeting between CTIRG and DSRG members to discuss the Pathology Terminology Plan.
- Update from the Co-Chairs.
- Detailed Clinical Model (DCM) Workshop
- Discussion on CTI Support Group Roles and Responsibilities

Summary of Actions:

- Joint meeting between CTIRG and DSRG members to discuss the Pathology Terminology Plan.
 - Purpose of the discussion was to identify matters of common interest between CTIRG and DSRG in relation to standardisation and governance of Australian pathology terminology.
 - The aim of the pathology terminology system is to develop, maintain and distribute pathology health concept terminology and information structures for Australia.
 - Michael Legg advised that the next project on the plan is to determine what is being done internationally as well as to issue an outcomes draft for public comment.
 - The Australian Association of Pathology Practices (AAPP) view is that Standards Australia, NEHTA team, and The Royal College of Pathologists Australia, Pathology Associations Council (RCPA-PAC) all need to be very clear and aligned on what's included in the program of work for NEHTA and PCEHR.
- General Practice Reference Set (GPRS) Support Group Update
 - Agreed to hold a meeting in June 2011 to further discuss the scope of the problem and define a way forward for the support group. It was agreed that The Royal Australian College of General Practitioners (RACGP), General Practitioner's and interested CTIRG members will be part of the meeting.
- Update from the Co-Chairs.
 - Michael Legg reported that the issue of the National Product Catalogue (NPC) Global Trade Identifier Numbers (GTIN) barcodes not being able to link with Australian Medicines Terminology (AMT) was raised at the last co-chairs meeting. Mark Brommeyer, Manager Supply Chain at NEHTA presented an update on the work to address this issue. The co-chairs agreed that Mark will take the issue to the Medications Management Reference Group (MMRG) and validate whether there is significant benefit to linking NPC GTIN's to AMT. The next step will be to establish use cases. Two key learning's is that the NPC was not set up to be clinical and AMT should never have been set up outside SNOMED CT^{®1}

¹ SNOMED CT[®] is a registered trademark of the International Health Terminology Standards Development Organisation.

- Following a discussion around the Personally Controlled Electronic Health Record (PCEHR) issues identified that fall between all NEHTA reference groups, it was agreed that NEHTA would circulate to the CTIRG an email outlining the four (4) PCEHR issues raised at the last co-chairs meeting and an invitation for members who are interested to participate on the PCEHR tiger team.
- NEHTA to send the CTIRG the date and venue of the International Health Terminology Standards Development Organisation (IHTSDO®)² conference in October once confirmed, and set up a NEHTA tiger team workshop to discuss conference planning.
- Detailed Clinical Model (DCM) Workshop
 - Mary Kelaher (NEHTA CTI Content Manager) presented the Detailed Clinical Model Workshop along with other NEHTA representatives.
 - The CTIRG agreed that a clear articulation of DCM lifecycle and the governance of DCMs across multiple domains is needed. This links back to interoperating with other reference groups.
 - Agreed that a naming convention to be added to maturity process.
 - NEHTA to schedule a Clinical Knowledge Management (CKM) overview teleconference in early May 2011.
 - Agreed that CTIRG members to send Mary Kelaher, Clinical Terminology & Information Content Manager, suggestions on information models that might support the development of SNOMED CT®³terminology.
 - Priorities and workplan for development of SNOMED CT®⁴reference sets to be added to the agenda for the next CTIRG meeting.
 - NEHTA to update the criteria for development of SNOMED CT®⁵.
- Discussion on Clinical Terminology & Information (CTI) Support Group Roles and Responsibilities
 - NEHTA to provide a revised governance structure for CTI focusing on how it fits to PCEHR, and how support groups are envisaged to work and interoperate with the work of other reference groups.
 - A mid-term teleconference/web meeting to be arranged to discuss the governance model. This meeting is aimed to be scheduled in between 21 April meeting and the next CTIRG meeting.
 - CTI governance to be added to agenda for the next CTIRG meeting.
 - A formal way of incorporating change requests and feedback from the vendor into the governance system to be added to the NCTIS AMT Support Group diagram.

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