SemanticHealth Roadmap – public health issues

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General comments

- **Important roadmap**
  - Coverage of important aspects of semantic interoperability
  - Vision + suggested actions in short and long term perspective

- **Intended target audience?**

- **Expected use and follow-up of the roadmap?**

- **Scope and delimitation with respect to horizontal issues**
  - Open benchmarking of health quality indicators between countries, hospitals, health professionals ...
  - Who owns the health record? "The health care system” or the patient? How about individuals keeping, feeding and sharing the record? Google-EHR? Paradigm shift!?
Public health – potential additional issues

- What can ontologies do for public health?
  - Public health statistics based on traditional classifications and fixed lists of indicators or driven by aggregation of clinical information coded with a common reference terminology?
  - Indicators based on health problems, activities (interventions) performed, outcome measures

- Timing of the ICD11-process in relation to SNOMED CT
  - Difference in structure and content between ICD10 and ICD11?
  - Need for mapping between ICD10-11 with SNOMED CT (with the more fine grained Disease/Clinical finding sub-hierarchy)?
  - The process of quality assurance of SNOMED CT sub-hierarchies in relation to the development of ICD11

- The use of (traditional) classifications
  - Mapping of ICD, ICF, ICHI to SNOMED CT?
  - Future replacement of classifications with a common reference terminology in a mid- or long-term perspective?

- EHR data driving public health statistics
  - The development of a “standardized” set of health care quality indicators
  - How about open benchmarking?
  - EHR-data coded with SNOMED CT allowing multi-view aggregation?
Public health – potential additional issues

- **Suggestion for reformulation of SNOMED CT**
  - The suggestion for "reformulation" is rather fuzzy
  - Specific suggestions to be forwarded to IHTSDO?

- **Comparability of indicators related to interventions and resource consumption**
  - Why special reference to LOINC?
  - “SNOMED CT goes EN1614” (observable entities in laboratory medicine, CNPU) – need for further harmonization between LOINC-EN1614-SNOMED CT
  - Need for harmonization of the Procedure sub-hierarchy in SNOMED CT with IHCI and other special-domain procedures such as surgical procedures (e.g. NCSP)
  - Further development of "grouping mechanisms" for activities in health care

- **The development of an adverse event/patient safety taxonomy ~ ontology**
  - Type, severity etc. of adverse event, adverse event reporting
Public health – potential additional issues

- **Comparability of public health statistics**
  - Need for development of measures of comparability and reliability
  - Methods for measuring degree of agreement in coding (inter- and intra-coder reliability)
  - Methods for measuring semantic distance between entities/classes in coding systems, allowing partial match to be taken into account (measuring agreement not only based on match / non-match)

- **Organizational aspects of public health**
  - Feedback of "public health statistics" to clinicians
  - What’s in it for us (what is the benefit of quality indicators seen from the clinical perspective?)
  - Closing the loop: clinical data – aggregation for different purposes – quality programs for systematic improvement ...