GENERAL ASSEMBLY

Ordinary Meeting of the General Assembly of IHTSDO trading as SNOMED International

Atlanta, USA

24 October 2023

Meeting recording is in progress

GENERAL ASSEMBLY

Formal Agenda

Welcome & Apologies

Conflicts of Interest

Approval of General Assembly Meeting Minutes from 4 April 2023

GENERAL ASSEMBLY

Opening Remarks

Alfhild Stokke,
Chair of the General Assembly

GENERAL ASSEMBLY

Opening Remarks

Duncan McNeil,
Acting Chair of the Management Board

Organization Report

Don Sweete
Chief Executive Officer

2023 highlights & 2024 directions

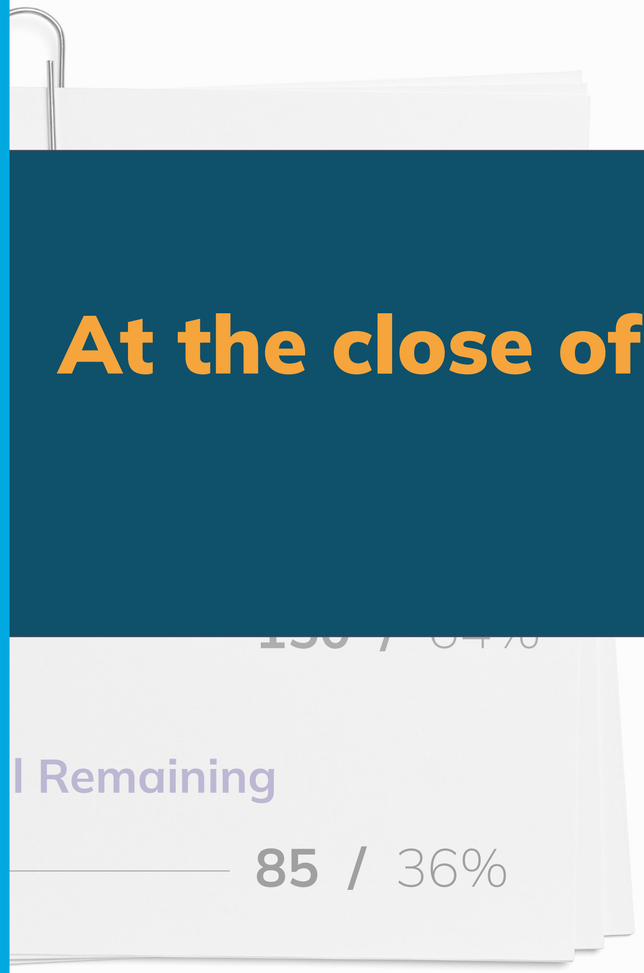
SNOMED International

STRATEGY

RATEGY 2020-2025

3 Q3 Report card

At the close of 2023, 86% of the 2020-2025 Strategy will have been achieved



STRATEGY

THE 2020-2025 STRATEGY HAS PRODUCED SIGNIFICANT GROWTH IN THE PRODUCTS AND SERVICES FOUNDATION OF THE ORGANIZATION FOR ITS MEMBERS

- Our present strategic chapter has:
  - strengthened our position as a **terminology integrator**
  - advanced our approach to **implementation** with hands-on expertise, support and resources
  - set a new focus on raising the level of SNOMED CT adoption in **digitally maturing** countries

- We now approach the next phase of strategy transformation where we collectively address where we are headed and the outcomes we will target to achieve together.

COMMUNITY

MEMBERS

Growth to 48 Members in 2023:

Jamaica

Poland

Andorra

Croatia

France

Qatar and Hungary anticipated

COLLABORATION

Progressing collaborations with:

- **LOINC** and production of the LOINC ontology preview
- **Nomenclature for Properties and Units** (NPU)
- **NUVA** Unified Nomenclature of Vaccines
- **RACSEL** (American Network of Cooperation on Electronic Health)

PRODUCT & SERVICE

GLOBAL HUB

The organization is better positioned to broaden relationships and solutions to ease the process for our end users.

“democratizing terminology” to enable stakeholders to access a hub to openly develop desired content:

LOINC ontology preview

Traditional Medicine

Common language translations (E.g. French, German)

NUVA vaccine content (Unified Nomenclature of Vaccines)

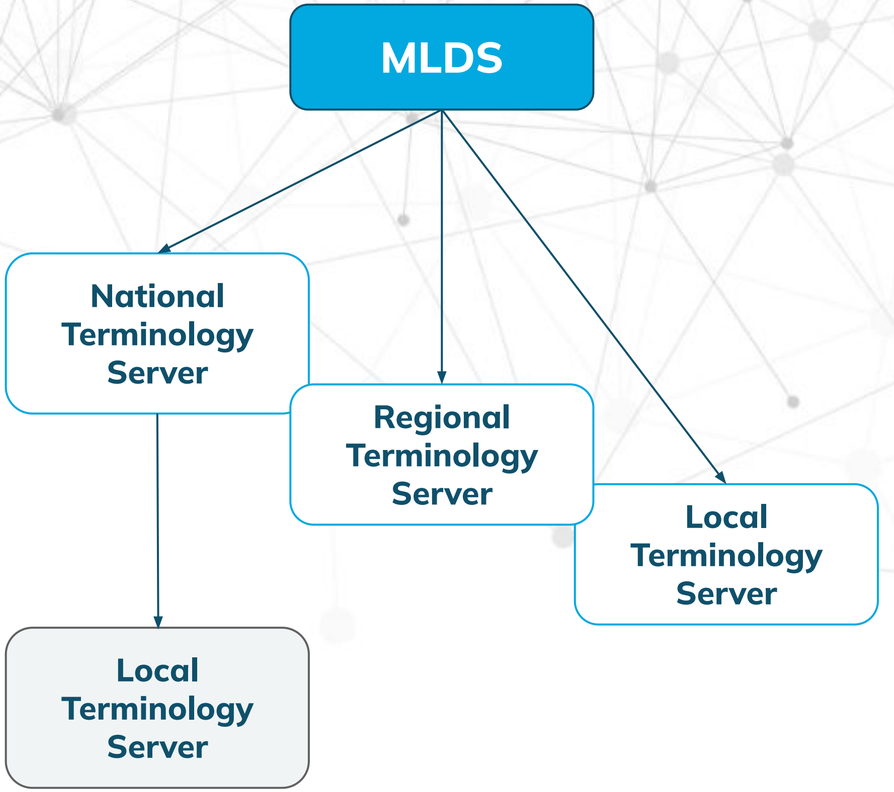
Maps to standards

PRODUCT & SERVICE

TERMINOLOGY SERVER SYNDICATION

Distributing terminology at scale

- Based on existing work from the Australian Digital Health Agency, the Terminology Server Syndication Standard enables automated distribution of SNOMED CT to global, national, and local terminology servers,
  onwards
- SNOMED International is now working with software providers on implementing the consumption of this feed into existing Terminology Server solutions



PRODUCT & SERVICE

EMERGING TECHNOLOGIES

Entity Linking Challenge

A public machine learning challenge involving the use of SNOMED CT to extract structured data from clinical text.

AI Strategy

Working with domain experts, SNOMED International's first strategy in the artificial intelligence space is being navigated.

Beyond 2023

STRATEGY
COMMUNITY
PRODUCT & SERVICE
SNOMED International

GENERAL ASSEMBLY

General Assembly Voting

Voting Procedure

- Each represented Member or Proxy in attendance at this meeting is entitled to one vote.
- Voting will be conducted by requesting Members who wish to abstain or express dissent to the proposed vote to make themselves known. The remaining represented Members that have not explicitly abstained or dissented will be recorded as being in favor of the vote.
- Appointed Proxies must express voting outcomes for each of the Members represented.
- Members abstaining from voting, or where the vote is not in favor of the proposal should clearly state the country and vote.

Statutory Matters

GENERAL ASSEMBLY

Resolution to approve the Management Board's 2024 annual strategic, business and operational plans, budget and aggregate annual fees, and the prospective fees for 2025-2026

To Approve the Vote a Simple Majority is required (> 50% in favour)

Member Keynote

Dianne Babski
General Assembly Representative, USA

Carmela Couderc, ONC

National Library of Medicine

SNOMED 2023

Open General Assembly

October 24, 2023

Dianne Babski

Associate Director, Library Operations
US GA Representative

What is the National Library of Medicine?

The National Library of Medicine

The World's Largest Biomedical Library AND Research Enterprise for Biomedical Informatics

History of Supporting Health Data Standards

1960

MeSH introduced as a controlled vocabulary used for indexing, cataloging, and searching biomedical information

1990

Unified Medical Language System (UMLS) Knowledge Sources released after four years of R&D

Logical Observations Identifiers Names Codes (LOINC) first released

2000

NLM first offers SNOMED CT as a key component of UMLS

NLM designated as the Central Coordinating Body for Clinical Terminology Standards within HHS

2010

RxNorm introduced for drug-related information.

NLM's vocabulary standards (LOINC, RxNorm, SNOMED CT) included in CMS and ONC rules specifying U.S. certification criteria for electronic health record systems.

Supporting NLM's Strategic Plan

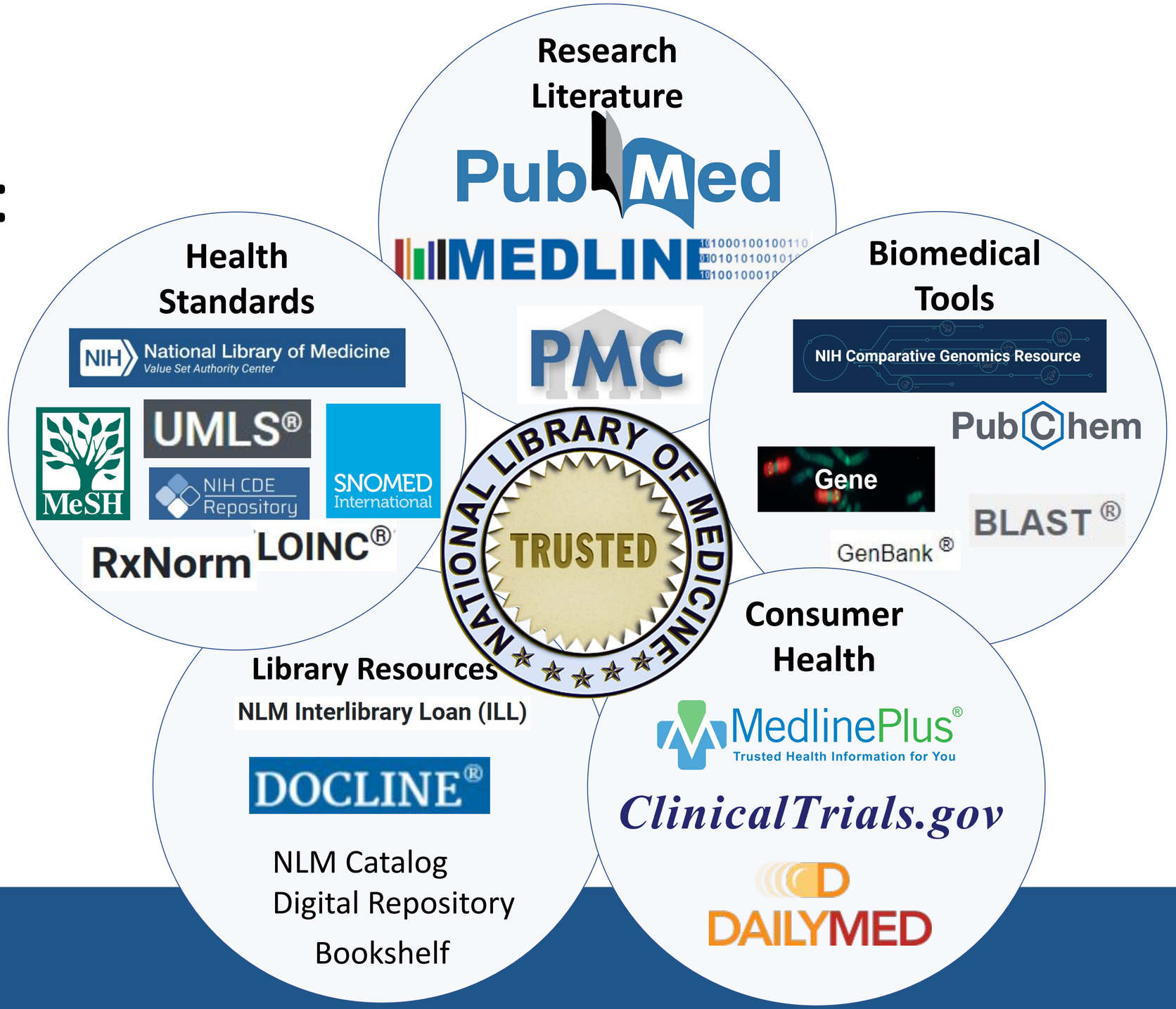
NLM Strategic Plan

Accelerate discovery and advance health through data-driven research

Reach more people in more ways through enhanced dissemination and engagement

Build a workforce for data-driven research and health

Long-term Vision: Knowledge Hub that Connects Everyone with Customized Health Information



NLM as the U.S. National Release Center

- **Charter Member on behalf of US/HHS**
- **U.S. National Release Center (NRC)**
  - US licensor of SNOMED CT Affiliates via the UMLS license
  - US distributor of SNOMED CT products
  - Create and maintain the US Edition of SNOMED CT
  - Create and maintain the SNOMED CT to ICD-10-CM Map

SNOMED International

MEMBER

United States NRC SNOMED CT Team

John Snyder - SNOMED CT Author, EAG

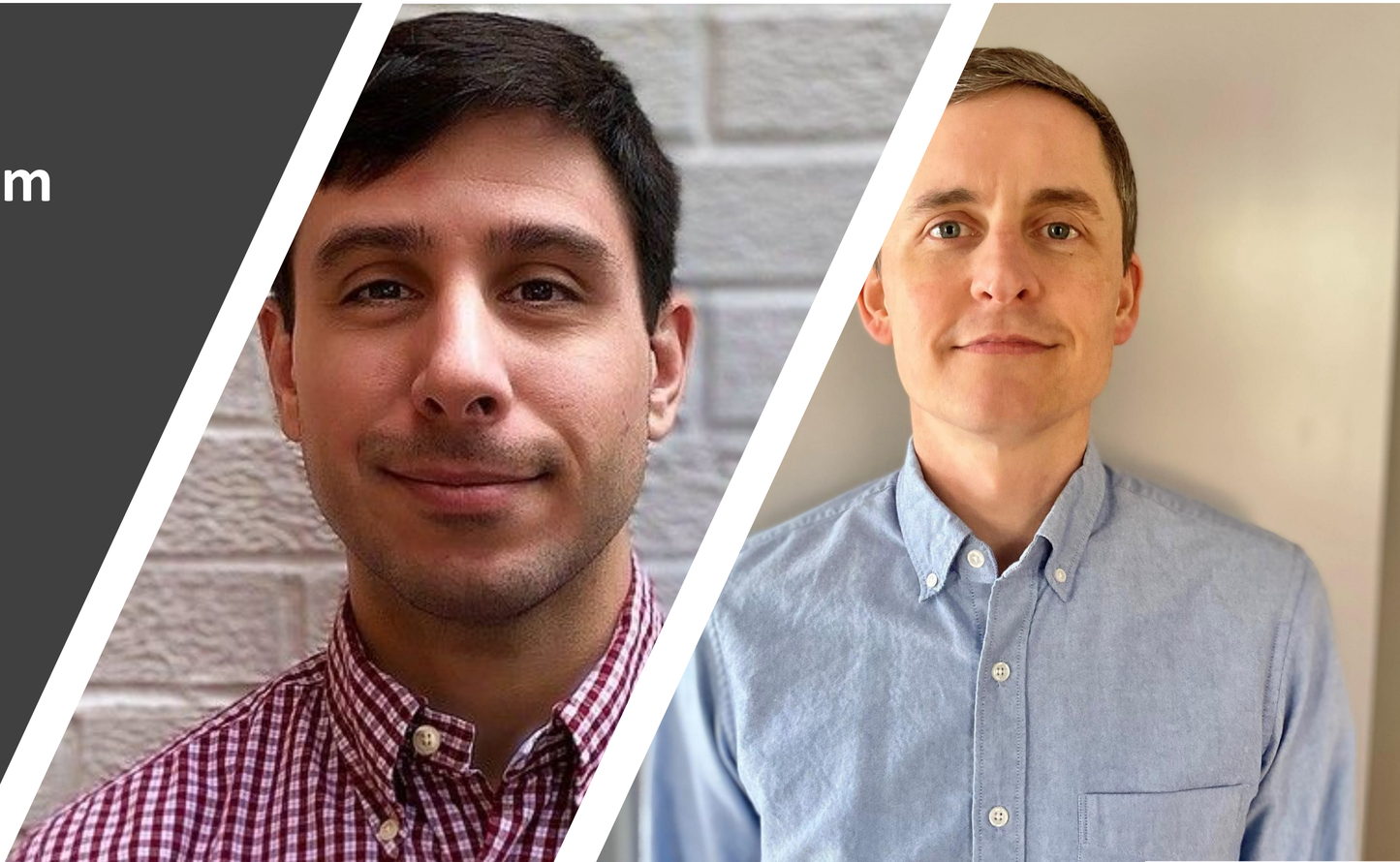
Dr. Kin-Wah Fung - SNOMED CT Mapping Lead, MAG

Dianne Babski –U.S. General Assembly Representative

Dr. Olivier Bodenreider - CMAG

Nick McGraw - SNOMED CT Coordinator, Member Forum, MSUG

Patrick McLaughlin – Member Forum, TRAG



NLM Works to Promote Better Public Health

NIH NLM *(Sampling)*

NIH CDE Repository

NIH National Library of Medicine
Value Set Authority Center

UMLS®

LOINC®

RxNorm

MeSH

SNOMED CT
The global language of healthcare

Central coordinating body, developing, promoting, and/or disseminating the standards

HHS *(Sampling)*

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION
PUBLIC HEALTH

CMS.gov
HEALTH INSURANCE

FDA
DRUG SAFETY

ONC
Office of the National Coordinator for Health Information Technology
HEALTH IT & INTEROPERABILITY

Implement or regulate use of health data standards in public healthcare systems

Electronic Health Records

Public Health Reporting

Insurance Claims

Laboratories

Drug Formularies

Research

Thank you!

Visit the NLM/FDA, CDC and ONC booths during the EXPO!

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Office of the National Coordinator for Health Information Technology

ONC Standards Update

October 24, 2023

Agenda

- ONC Overview
- United States Core Data for Interoperability (USCDI)
- ONC Regulations

ONC Overview

Office of the National Coordinator for Health IT

- Founded in 2004 by executive order, established in statute in 2009
- Located within the Office of the Secretary for the U.S. Department of Health and Human Services (HHS)
- Charged with formulating the federal government's health IT strategy to advance national goals for better and safer health care through an interoperable nationwide health IT infrastructure

Laying the foundation of EHRs across the industry

- $40B CMS* investment to subsidize electronic health records (EHRs) for hospitals and ambulatory providers
- ONC "certification" for health IT systems

Leveraging EHRs to drive value

- Defines "information blocking" (practices that prevent, discourage, or interfere with access, exchange, or use of electronic health information)
- Requires access to information through APIs "without special effort"
- Requires nationwide governance for health information exchange networks – Trusted Exchange Framework and Common Agreement

ONC Focus Areas

ONC Activities

- Standards
- Certification
- Exchange

Coordination

- Federal
- State & Public

ONC Objectives

- Advance the development and use of health IT capabilities
- Establish expectations for data sharing

ONC Mission & Vision and 2024 Priorities:

Set the Course for the 21st Century Digital Healthcare System

MISSION and VISION

ONC is at the forefront of the Administration's health IT efforts and is a resource to the entire health system to support the adoption of health information technology and the promotion of nationwide, standards-based health information exchange to improve health care.

MISSION: To create systemic improvements in health and care through the access, exchange, and use of data.

VISION: Better health enabled by data.

PRIORITIES

Build the digital foundation

- Data standards
- Health IT gaps
- HHS Health IT Alignment Policy

Make interoperability easy

- Trusted Exchange Framework and Common Agreement (TEFCA)*
- Application Programming Interfaces (APIs)
- Expand education and outreach
- Enforce information blocking rules

Ensure proper use of digital information and tools

- Health equity by design principles for data capture and use
- Transparency in areas such as algorithm use and safety

* https://www.healthit.gov/topic/interoperability/policy/trusted-exchange-framework-and-common-agreement-tefca

United States Core Data for Interoperability (USCDI)

USCDI Core Principles

USCDI

- Comprises a core set of data needed to support patient care and facilitate patient access using health IT
- Establishes a consistent baseline of data for other use cases
- Expands over time via a predictable, transparent, and collaborative **public** process

USCDI

Why USCDI Matters

- Established in the ONC Cures Act Final Rule in 2020
- Required for application programming interface (API) Certification Criterion to access patient data, using FHIR® US Core
- USCDI v1 referenced in Certification Criteria, using HL7® C-CDA or FHIR® US Core:
  - Transitions of Care documents (create, send, and receive)
  - Clinical Information reconciliation and incorporation
  - Patient View, Download, and Transmit their health data to a 3rd party
  - Electronic case reporting to public health agencies
  - Create C-CDA document
  - Access to data via APIs
- Defines required data for other uses, such as CMS* Patient Access and Payer-to-Payer API
- USCDI v3 proposed to be required in Health Data Technology Interoperability (HTI-1 Proposed Rule)

*Centers for Medicare and Medicaid Services

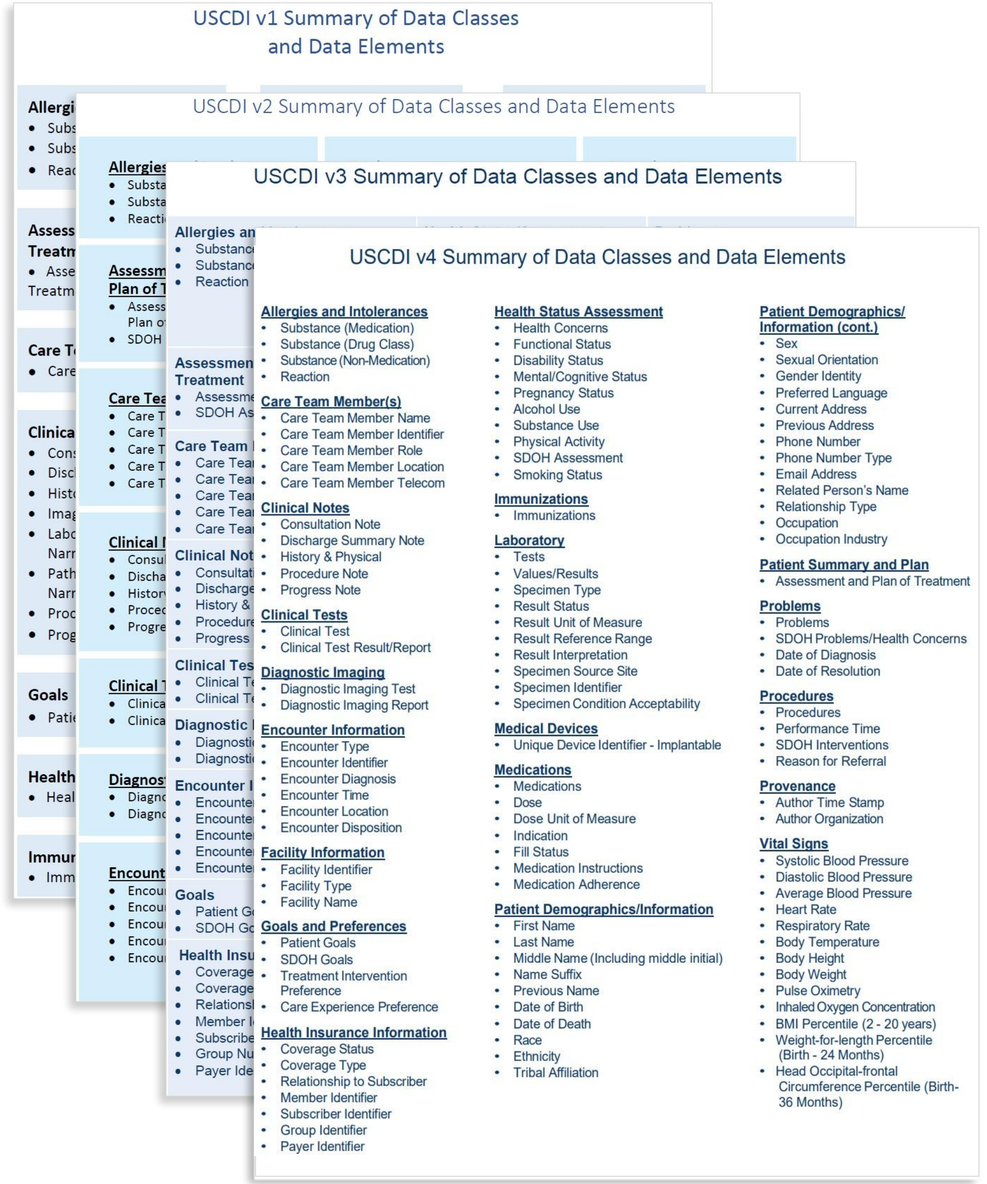
USCDI: Transparent, Predictable, Collaborative

- USCDI v1 is required by Cures Act Final Rule and added data classes clinical notes and provenance, and data elements pediatric vital signs and address

- USCDI v2 added three data classes and 22 data elements in support of advancing health equity (SOGI and SDOH)

- USCDI v3 added 24 data elements focused on factors promoting equity, reducing disparities and supporting public health data interoperability.
  - Proposed as new required version in Health Data, Technology, and Interoperability 1, with an effective date of December 31, 2024

- USCDI v4 added *20 data elements* including Alcohol, Substance Use and Physical Activity assessments, Treatment Intervention and Care Experience Preferences, and Medication Adherence



USCDI United States Core Data for Interoperability

USCDI Version 4 – SNOMED CT

Allergies and Intolerances
- Substance (Medication)
- **Substance (Drug Class)**
- **Substance (Non-Medication)**
- **Reaction**

Care Team Member(s)
- Care Team Member Name
- Care Team Member Identifier
- Care Team Member Role
- Care Team Member Location
- Care Team Member Telecom

Clinical Notes
- Consultation Note
- Discharge Summary Note
- History & Physical
- Procedure Note
- Progress Note

Clinical Tests
- **Clinical Test**
- Clinical Test Result/Report

Diagnostic Imaging
- **Diagnostic Imaging Test**
- Diagnostic Imaging Report

Encounter Information
- Encounter Type
- Encounter Identifier
- **Encounter Diagnosis**
- Encounter Time
- Encounter Location
- Encounter Disposition

Facility Information
- Facility Identifier
- Facility Type
- Facility Name

Goals and Preferences
- Patient Goals
- **SDOH Goals**
- Treatment Intervention Preference
- Care Experience Preference

Health Insurance Information
- Coverage Status
- Coverage Type
- Relationship to Subscriber
- Member Identifier
- Subscriber Identifier
- Group Identifier
- Payer Identifier

Health Status Assessment
- Health Concerns
- Functional Status
- Disability Status
- Mental/Cognitive Status
- Pregnancy Status
- Alcohol Use
- Substance Use
- Physical Activity
- **SDOH Assessment**
- **Smoking Status**

Immunizations
- Immunizations

Laboratory
- Tests
- **Values/Results**
- **Specimen Type**
- Result Status
- Result Unit of Measure
- Result Reference Range
- **Result Interpretation**
- **Specimen Source Site**
- Specimen Identifier
- **Specimen Condition Acceptability**

Medical Devices
- Unique Device Identifier - Implantable

Medications
- Medications
- Dose
- Dose Unit of Measure
- **Indication**
- Fill Status
- Medication Instructions
- **Medication Adherence**

Patient Demographics/ Information
- First Name
- Last Name
- Middle Name (Including middle initial)
- Name Suffix
- Previous Name
- Date of Birth
- Date of Death
- Race
- Ethnicity
- Tribal Affiliation
- **Sex**
- **Sexual Orientation**
- **Gender Identity**
- Preferred Language
- Current Address
- Previous Address
- Phone Number
- Phone Number Type
- Email Address
- Related Person's Name
- Relationship Type
- Occupation
- Occupation Industry

Patient Summary and Plan
- Assessment and Plan of Treatment

Problems
- **Problems**
- **SDOH Problems/Health Concerns**
- Date of Diagnosis
- Date of Resolution

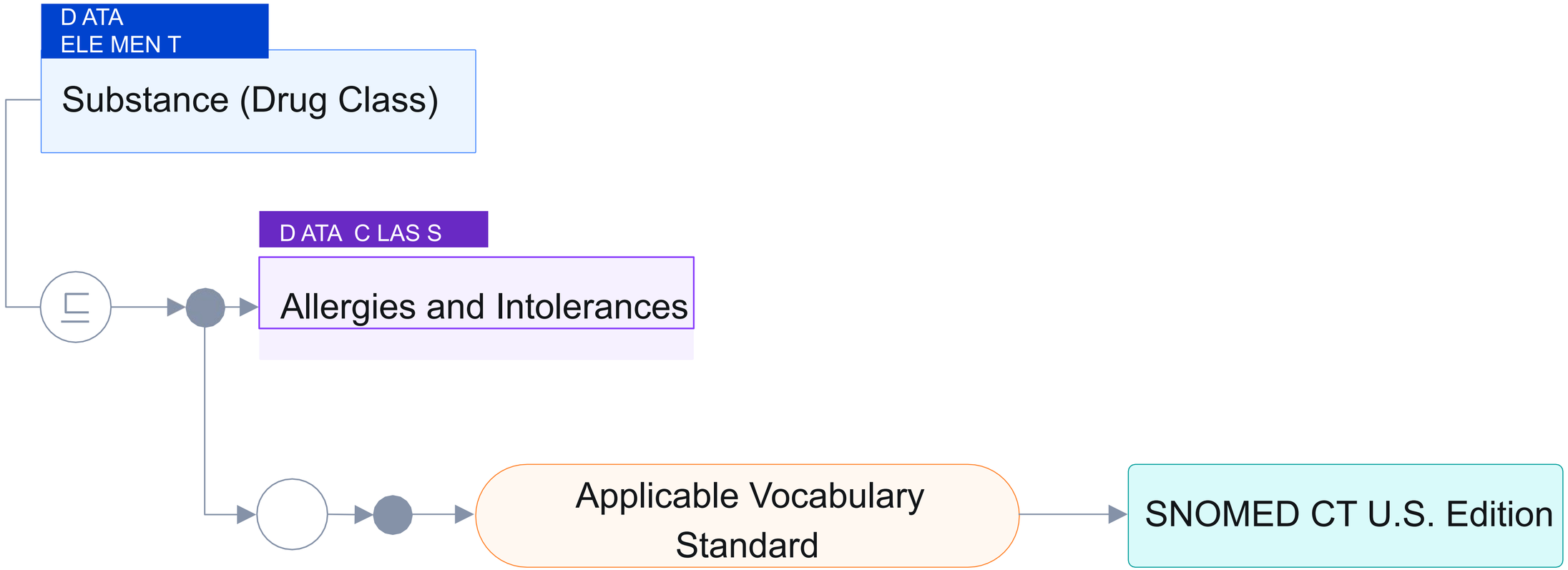
Procedures
- **Procedures**
- Performance Time
- **SDOH Interventions**
- **Reason for Referral**

Provenance
- Author Time Stamp
- Author Organization

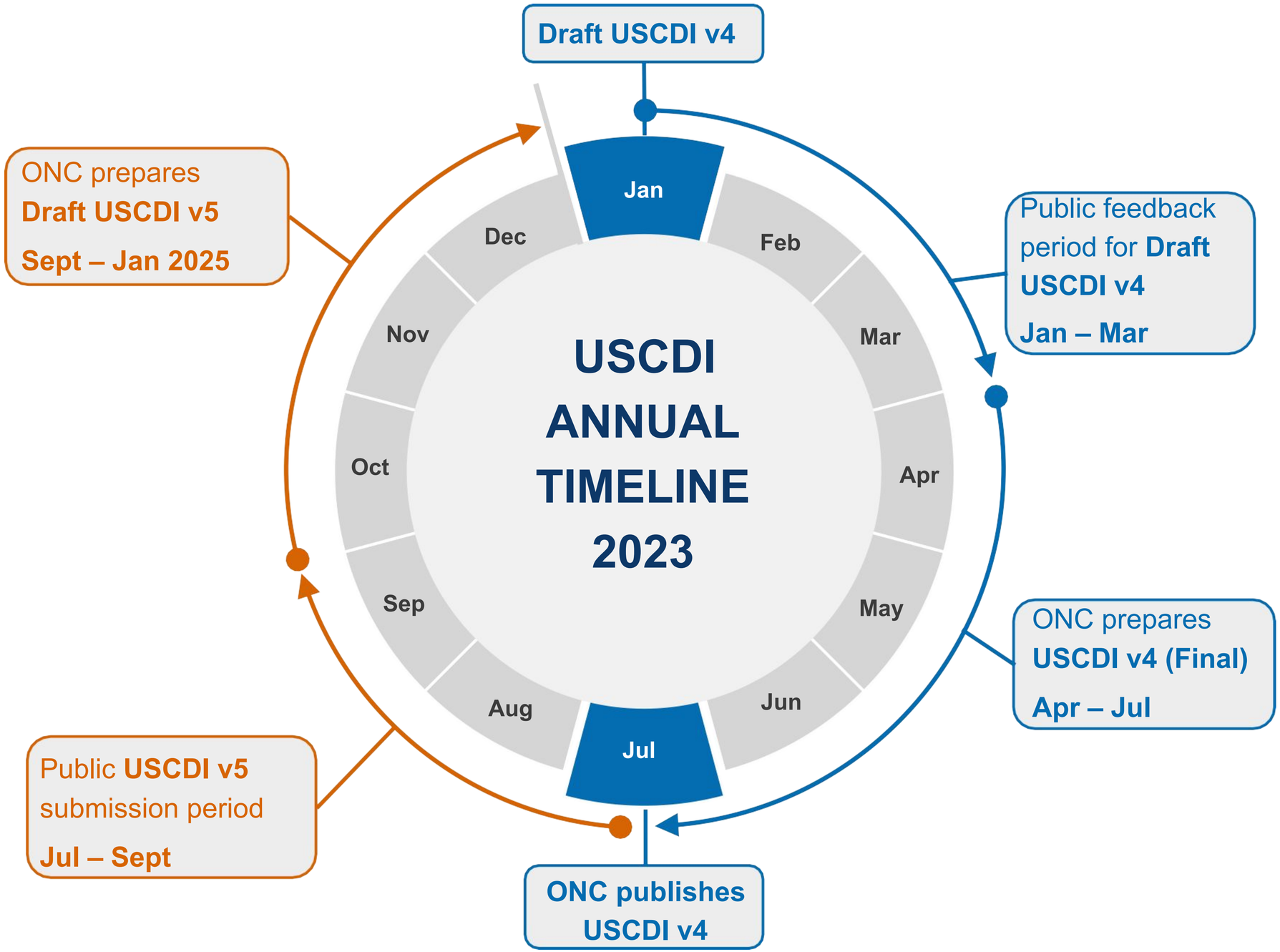
Vital Signs
- Systolic Blood Pressure
- Diastolic Blood Pressure
- Average Blood Pressure
- Heart Rate
- Respiratory Rate
- Body Temperature
- Body Height
- Body Weight
- Pulse Oximetry
- Inhaled Oxygen Concentration
- BMI Percentile (2 - 20 years)
- Weight-for-length Percentile (Birth - 24 Months)
- Head Occipital-frontal Circumference Percentile (Birth- 36 Months)

***Data elements with SNOMED CT U.S. Edition as an applicable vocabulary standard (21)**

USCDI Data Element – SNOMED CT Model



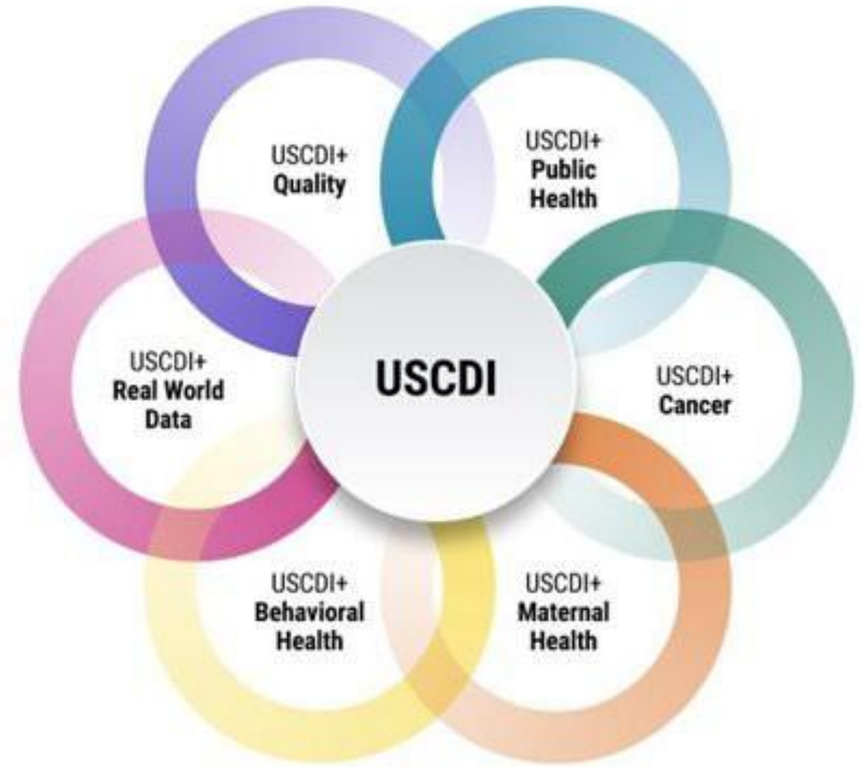
USCDI Timeline


Draft USCDI v4
Public feedback period for **Draft USCDI v4**
Jan – Mar
ONC prepares **USCDI v4 (Final)**
Apr – Jul
ONC publishes **USCDI v4**
Public **USCDI v5** submission period
Jul – Sept
ONC prepares **Draft USCDI v5**
Sept – Jan 2025
USCDI ANNUAL TIMELINE 2023
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
USCDI v4
USCDI v5

USCDI+

USCDI+: Extending Beyond the USCDI

- Meets unique program and use case-specific data needs not fully met by USCDI.
- Helps government and industry partners build on USCDI to support specific program needs.
- Applies USCDI processes for submission and harmonization while focusing on programmatic priorities.
- Seeks to leverage programs and authorities across HHS to drive adoption.
- USCDI+ for Quality Measurement and Public Health kicked off with Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS) & Health Resources and Services Administration (HRSA).



USCDI+

ONC Regulations

United States Core Data for Interoperability (USCDI)

- SNOMED CT is required for *certified health IT modules** when exchanging

Substance drug class
Smoking Status
Problems
Laboratory Results/Values
Procedures

- Additional SNOMED CT requirements in USCDI v3, *proposed to be required* in HTI-1 Proposed Rule

Reaction
Gender Identity
Encounter Diagnosis
SDOH Intervention
SDOH Problems/Health Concerns
Sexual Orientation
Specimen Type
SDOH Assessment
SDOH Goal

*voluntary Electronic Health Record certification program

Health Data Technology Interoperability (HTI-1 Proposed Rule): What's the Why?

Implementing the 21st Century Cures Act

- EHR Reporting Program
- APIs that allow electronic health information to be accessed, exchanged, and used without special effort
- Reasonable and necessary activities that do not constitute information blocking

Achieving the goals of the Biden-Harris Administration Executive Orders

- E.O. 13994 "Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats"
- E.O. 13985 "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government" and E.O 14091 "Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government"

Leveraging Health IT and Advancing Interoperability

- HITECH* Act
- Interoperability Advancement
- ONC Health IT Certification Program

*Health Information Technology for Economic and Clinical Health (HITECH)

Resources

Resources Available on HealthIT.gov!

About ONC

ONC United States Core Data for Interoperability (USCDI)

ONC United States Core Data for Interoperability Plus (USCDI+)

ONC Health Technology and Interoperability (HTI-1) Rule

Office of the National Coordinator for Health Information Technology

Contact ONC

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Phone: 202-691-2062

Health IT Feedback Form:
https://www.healthit.gov/form/healthit-feedback-form

Twitter:
@onc_healthIT

LinkedIn: Office of the National Coordinator for Health Information Technology

Youtube:
https://www.youtube.com/user/HHSONC

HealthIT.gov

Subscribe to our weekly eblast at healthit.gov for the latest updates!

GENERAL ASSEMBLY

SNOMED International Awards

2024 Awards Nominations Timeline

- ❑ **Formal call for Awards Nominations - 01 November 2023**
- ❑ **Deadline for Nominations submission - 01 March 2024**

GENERAL ASSEMBLY

Future Meetings

Dates of Future Events

13-17 April 2024, London - Business Meetings

19-25 October 2024, Seoul - Business Meetings and SNOMED CT Expo

GENERAL ASSEMBLY

Service Recognition Award

Service Recognition Award

Alex Elias

Chair of the

General Assembly

2019-2023

GENERAL ASSEMBLY

Any other business

Thank You

GENERAL ASSEMBLY

SNOMED International

Delivering SNOMED CT