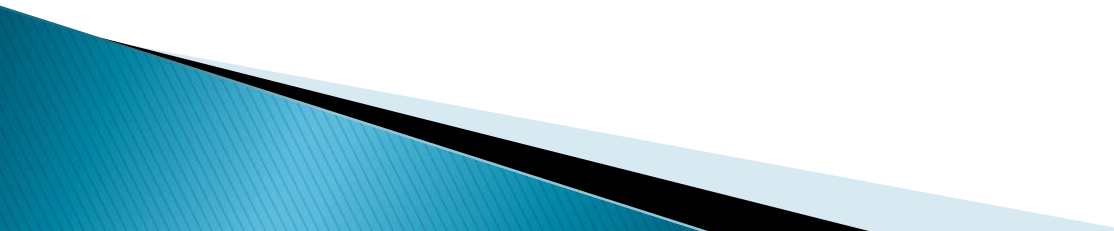


# Proposal for Terminology Binding Syntax

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UK

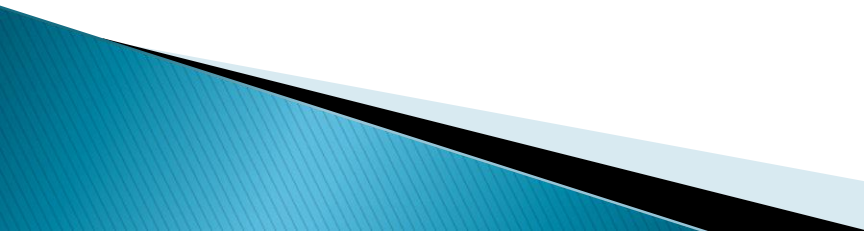
# Outline

- ▶ Definitions
  - ▶ Requirements
  - ▶ Terminology Binding Approaches
  - ▶ Proposed Syntax
  - ▶ Design Decisions
  - ▶ Benefits
  - ▶ Issues
- 

# What are Information Models and Terminology Binding

- ▶ ***Information model*** : A formal description of how information may be structured, interrelated and accessed.
  - ISO13606 archetypes, *openEHR* archetypes, HL7-based models
- ▶ ***Terminology binding*** : Linking of information model components to one or more concepts in a terminology.
  - **SNOMED CT** used for binding.

# What are Expression Constraints?

- ▶ ***Expression***: Collection of references to one or more concepts used to express a clinical idea.
  
  - ▶ ***Expression Constraint***: Computable rule that can be applied to a SNOMED CT *expression* to test it's compliance with rules that may relate to its meaning and/or compositional structure.
- 

# Requirements of Terminology Binding

- ▶ The *meaning* of information model components should be unambiguously defined.
- ▶ The *values* of information model components should be unambiguously defined using SNOMED CT concepts.
- ▶ The *semantic relationships* in information models should be unambiguously represented.
- ▶ The *semantic equivalence* between different information models should be unambiguously determined by enabling.

# Out-of-scope for Terminology Binding

- ▶ **Mapping** SNOMED CT to other terminologies and coding and classification schemes such as ICD-10, Read Codes, and others.
- ▶ Providing a specification for the **creation of reference sets**.
- ▶ Validating the **consistency** within models and between models **using an underlying ontology**.
- ▶ Validating **semantic interoperability** between two systems using different information and recording structures

# Requirements for Expression Constraints

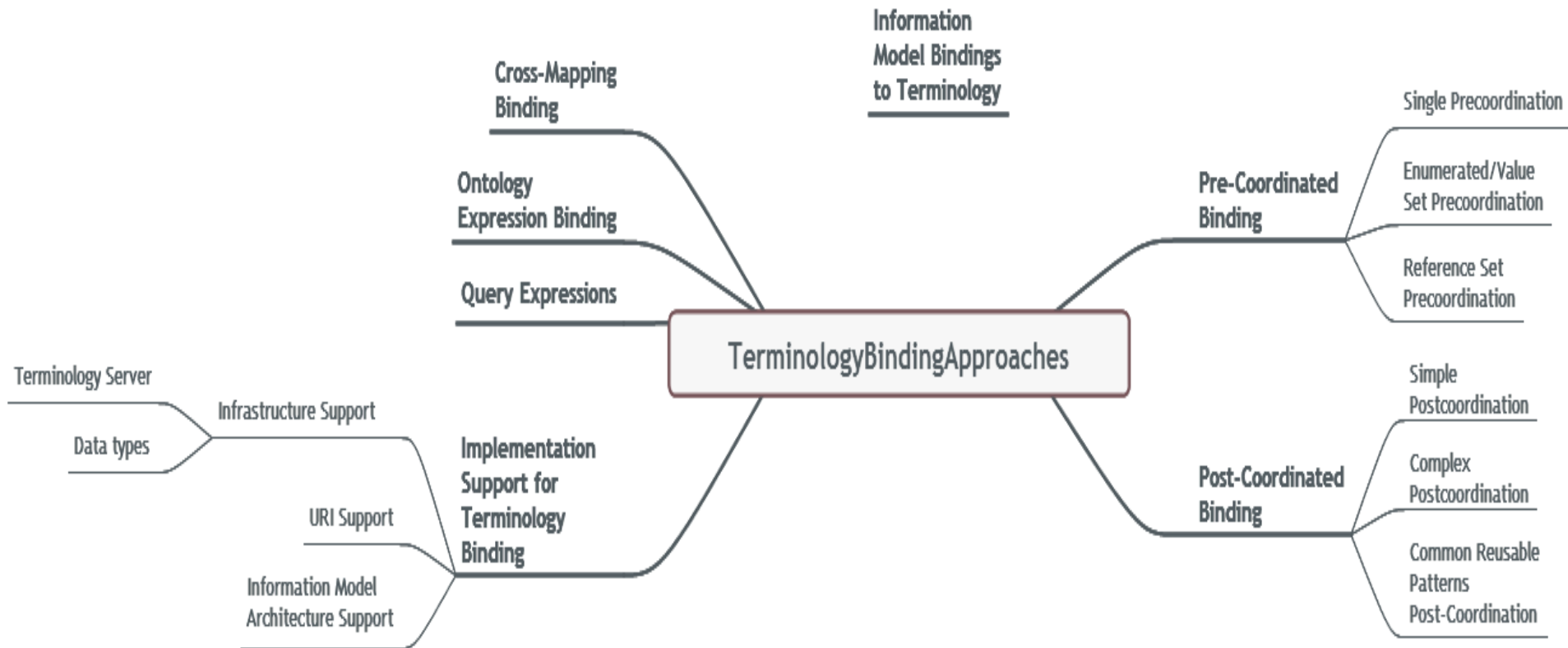
- ▶ The structure of an expression constraint must follow the SNOMED CT *concept model*.
- ▶ Constraints should be represented either *extensionally* or *intensionally* or by reference to a *simple reference set*.
- ▶ Constraints may be *open* or *closed*.
- ▶ Constraints may be interpreted as *semantic*, *literal*, or *concrete* interpretations.
- ▶ Each expression constraint should have a *unique identifier*

# Requirements for Syntax Serialisation

- ▶ Multiple format serialisation should be supported to facilitate *ease of downstream implementation and integration*.
- ▶ A human-readable view of the syntax should be provided to enable *review of binding expressions* by non-technical stakeholders.
- ▶ Programmatic views of the syntax may be provided to enable *education and further processing* by technical stakeholders.
- ▶ Data interchange formats of the syntax should be provided to enable *integration* into existing systems.



# Terminology Binding Approaches

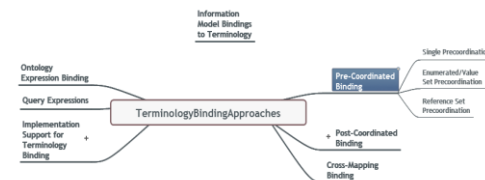


# Information Model Bindings

- ▶ Information models bind to terminology concepts to help standardise clinical data.
- ▶ Projects based on information model binding to SNOMED CT include (but are not limited to):
  - HL7 Terminfo
  - The NHS Logical Record Architecture (LRA), UK
  - openEHR Archetypes
  - ISO13606 Archetypes
  - HL7 CDA Templates
  - MOHH Logical Information Model (LIM) Archetypes, Singapore
  - Clinical Information Modeling Initiative (CIMI) Archetypes
  - CDISC/HL7/ISO BRIDG Model

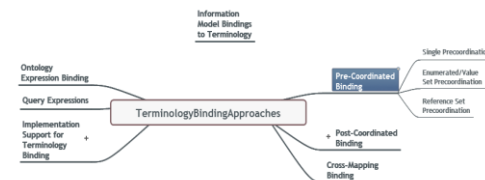
# Precoordinated Terminology Binding

- ▶ Use of single or an enumerated list of concept.
- ▶ Single Precoordination: The simplest form is the use of a single Identifier.
  - NHS HL7 CDA Template : *Risk To Patient* defined using 716661000000109 | risk to patient |
  - *Blood Pressure* archetype : *Systolic* archetype node mapped to 163030003 | on examination – Systolic BP reading (finding)|



# Precoordinated Terminology Binding

- ▶ Enumerated/Value Set Precoordination: Enumerated list of SNOMED CT identifiers specified either extensionally or intensionally.
  - HL7 Terminfo project : *Document* represented using the expression = < 419891008 | record artifact | (intensional).
  - NHS HL7 CDA Blood Pressure Template: *Blood Pressure observation* represented using an enumerated list { 75367002 |Blood pressure|, 163035008 |Sitting blood pressure|, 163034007 |Standing blood pressure|} (extensional).



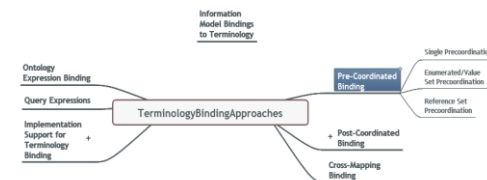
# Precoordinated Terminology Binding

- ▶ Reference Set Precoordination: Associating a node to a reference set.

- NHS LRA: *Allergies and Adverse Reaction Event* model permitted the use of two simple reference sets

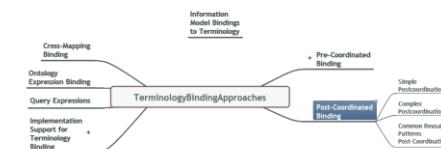
= ( 243796009 | situation with explicit context | :  
{ 246090004 | associated finding | =  
(( ( ^ 1111000000132 | Allergy Event | )  
OR ( ^1021000000139 | Adverse Reaction Event | ) )

- NHS HL7 CDA: *Investigation* template is represented using the 1031000000137 | Investigations| subset



# Postcoordinated Terminology Binding

- ▶ Two or more concepts in combination with each other to jointly define the meaning of a clinical phenomenon.
- ▶ Avoids proliferation of precoordinated concepts for local use
  - Reduces cost and effort of creating and maintaining several hundreds of local concepts.
- ▶ **Simple Postcoordination**: Two or more concepts combined with each other using one or more defining relationships to provide a common contextual meaning
  - Snow OWL Extended SNOMED CT Composition Grammar (ESCG) Expression:
    - `terminology:2.16.840.1.113883.6.96?escg=<<38341003`
  - openEHR Archetype: *Procedure* node representing the method and procedure site :
    - `71388002 :{260686004=129304002,363704007=66754008}`

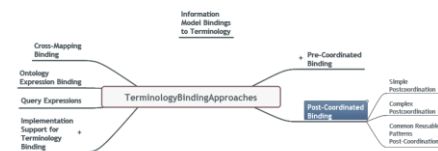


# Postcoordinated Terminology Binding

- ▶ **Complex Postcoordination**: Includes refinements, qualifications, and a combination of two or more concepts.

- NHS LRA model: *Allergies and Adverse Reaction Event* expression constraint.

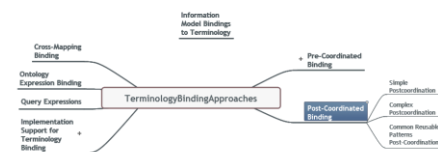
```
= ( 243796009 | situation with explicit context | :
  { 246090004 | associated finding | = (
    ( ( ^ 1111000000132 | Allergy Event | )
      OR ( ^ 1021000000139 | Adverse Reaction Event | )
    ) :
    { 246075003 | causative agent | =
      ( ( < 410607006 | organism | )
        OR ( < 78621006 | physical force | )
        OR ( < 105590001 | substance | )
        OR ( < 373873005 | pharmaceutical / biologic product | )
        OR ( < 260787004 | physical object | )
      )
      , 246112005 | severity | =
      ( ( 255604002 | mild | )
        OR ( 6736007 | moderate | )
        OR ( 24484000 | severe | )
      )
      , 363698007 | finding site | = (
        ( ( < 280115004 | acquired body structure | )
          OR ( < 91723000 | anatomical structure | )
          OR ( 91722005 | physical anatomical entity | )
        ) :
        { 272741003 | laterality | =
          ( ( < 182353008 | side | )
            AND ( ! << 51440002 | right and left | )
          )
        }
      )
    }
  )
  , 408729009 | finding context |
  = ( ( 410592001 | probably present | )
    OR ( 415684004 | suspected | )
    OR ( 410591008 | definitely present | )
    OR ( 410605003 | confirmed present | )
  )
)
```



# Postcoordinated Terminology Binding

- ▶ Common Reusable Patterns Postcoordination:  
Defines reusable patterns for creating postcoordinated expressions
  - ▶ Ensures syntax correctness and helps avoid excessive precoordination.
- Family History expressions project: *Family history of malignant adenomatous cancer* expressed using long normal form pattern.

57177007 | family history with explicit context | :  
{ 246090004 | associated finding | = 443961001 | malignant adenomatous neoplasm |  
, 408729009 | finding context | = 410515003 | known present |  
, 408731000 | temporal context | = 410511007 | current or past |  
, 408732007 | subject relationship context | = 444148008 | person in family of subject | }

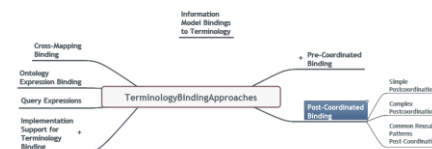




# Postcoordinated Terminology Binding

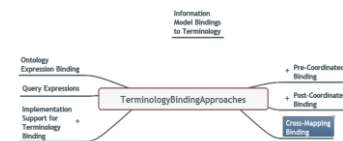
## ▶ IHTSDO Common Reusable Patterns :

- Clinical finding present: **Clinical-finding-present (<finding>)**
- Clinical finding absent: **Clinical-finding-absent (<finding>)**
- Clinical finding unknown: **Clinical-finding-unknown (<finding>)**
- History of: **History-of (<finding>)**
- No history of: **No-history-of (<finding>)**
- Family history of: **Family-history-of (<finding>)**
- No family history of: **No-family-history-of (<finding>)**
- Observable + value: **Finding-present-observable-value (<observable>, <value>), observation-result-site-value(<observable>,<site>,<value>)**
- Procedure done: **Procedure-done(<procedure>)**
- Procedure not done: **Procedure-not-done(<procedure>)**
- (Drug or procedure) contraindicated: **Drug-contraindicated(<substance>)**
- Pain-pattern (<site>,<side>,<laterality>)



# Binding through cross-mapping

- ▶ Associations to chosen terminology concept(s) achieved by mapping internal vocabularies to standard terminologies.
  - Rapid model/content development without dependency on a single terminology
  - Safeguards terminology changes-related revisions
- The BMJ Best Practice Integration: *Condition* mapped to 59621000 | essential hypertension (disorder) | in the URI format  
<http://ec.api.bmj.com/api/v1.1/en-gb/{identity id}/definition-for-condition/SNOMEDCT/59621000.xml>



# Ontology Expression Binding

- ▶ Semantic structure of concepts represented using ontologies
  - Ensures that new clinical phenomenon created or expressed does not conflict with existing phenomena in the semantic hierarchy.
- SemanticHealthNet: Expression below states that if a *heart failure diagnosis* is about some clinical situation then this clinical situation is of the type heart failure situation.

```
shn:HeartFailureDiagnosis subClassOf isAboutSituation_only sct:HeartFailure
    Sct:HeartFailure subClassOf btl:Situation
    Shn:HeartFailureDiagnosis subClassOf btl:InformationObject
```

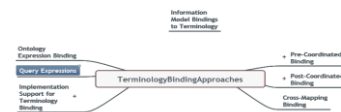
where

shn: SemanticHealthNet Ontology. It represents the parts of clinical information models,  
sct:SNOMED CT, as the chosen clinical ontology, and  
btl: BioTopLite, providing general classes, relations, and constraints for the SemanticHealthNet ontology.

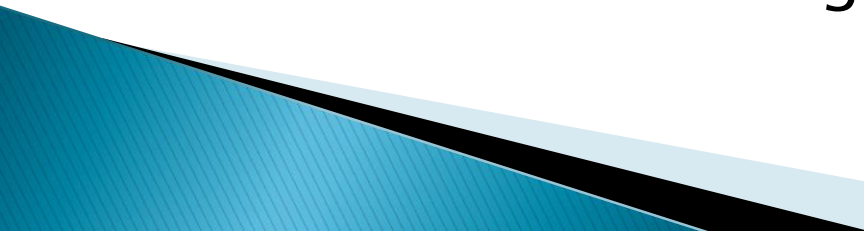


# Query Expressions

- ▶ Syntax to use simple or complex query expressions on SNOMED CT coded data.
  - Powerful mechanism to help with data analysis and decision support.
- Draft IHTSDO reference set query language specification: Query *“all concepts in the ‘Immune hypersensitivity reaction’ hierarchy that have an explicit ungrouped ‘Causative agent’ relationship defined to any target concept”*
  - Intersection (
    - DescendantsAndSelf (418925002|Immune hypersensitivity reaction|),
    - HasDirectRel (246075003|Causative agent|, All))



# Implementation Support

- ▶ **Infrastructure Support:** These include (but are not limited to) support through datatypes, terminology servers, and so on.
  - ▶ **URI Support:** Supports the identification, exchange and persistence of data including those bound to terminologies.
  - ▶ **Information Model Architecture Support:** Underlying architectural framework of information models influence the degree and extent of terminology binding available.
- 

# Syntax

- ▶ Examples
- ▶ BNF

# Example: All fully defined

This query expression returns all fully defined concepts in the Clinical finding sub-hierarchy

```
<<404684003|Clinical finding| AND  
fullydefined
```

# Example: Three levels of findings

This query expression returns the first three levels of the Clinical findings hierarchy.

```
<<*3 404684003|Clinical finding|
```



# Example: Combine concepts with reference set

This query expression returns all the members of the viral disease sub-hierarchy, together with members of a pre-defined reference set called “My Virus Refset”.

```
<<34014006|Viral disease| OR  
^60140068|My Virus Refset|
```

# Example: Select using relationships

All concepts that contain a group with a 'Finding site' of 'Inguinal canal structure' and an 'Associated morphology' of 'Hermial opening'. Both these relationships must be in the same group.

```
all:{ 363698007|Finding site| =  
90785001 |Inguinal canal  
structure|, 116676008|Associated morphology|  
= 414402003|Hermial opening|}
```

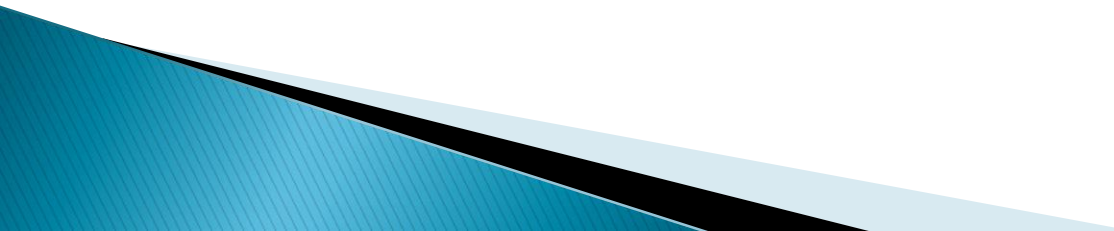
# Unary Operators

- ▶ “ $\wedge$ ” reference set members
- ▶ “ $!$ ” not
- ▶ “ $>>$ ” supertype or self
- ▶ “ $>$ ” supertype
- ▶ “ $<$ ” subtype
- ▶ “ $<<$ ” subtype or self

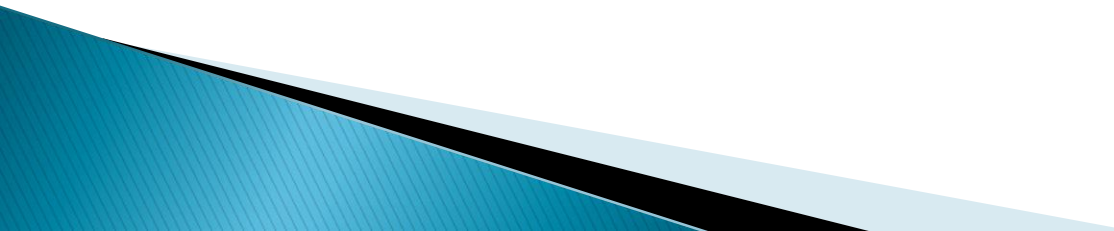
# Binary Operators

- ▶ “ $>>^* n$ ” supertype or self within  $n$  levels
- ▶ “ $>^* n$ ” supertype within  $n$  levels
- ▶ “ $<^* n$ ” subtype within  $n$  levels
- ▶ “ $<<^* n$ ” subtypes or self within  $n$  levels
- ▶ “top  $n$ ” first  $n$  from the set of expressions
- ▶ “tail  $n$ ” last  $n$  from the set of expressions

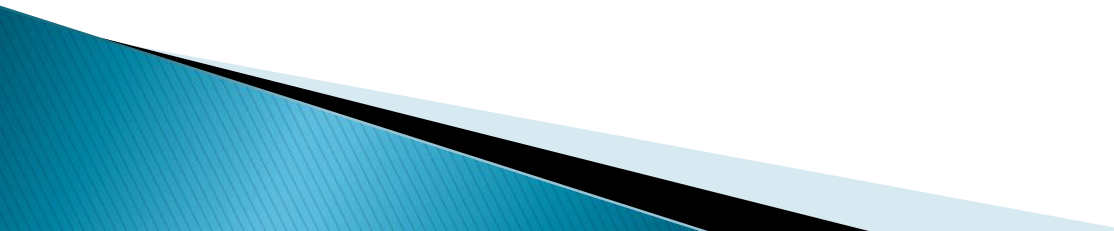
# Other additions

- ▶ Named referencesets
    - All, fullydefined, primitive, active
  - ▶ String operators
    - filterOnMatch, filterOnNoMatch
  - ▶ AND, OR
  - ▶ Permissive use of brackets
- 

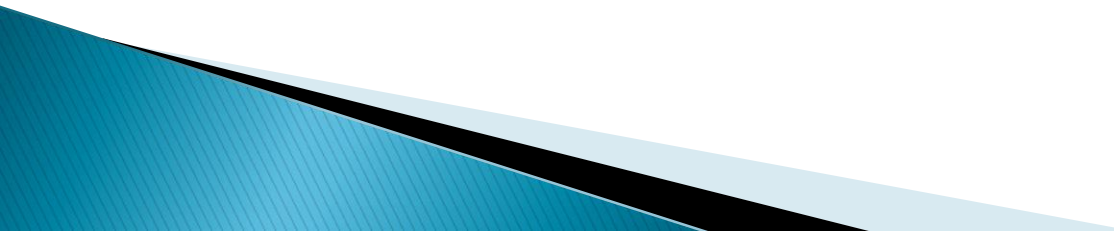
# Design Decisions

- ▶ Compositional Grammar
  - ▶ Consistency across SNOMED CT languages
  - ▶ Identifiers for Packages and Expressions
  - ▶ Packaging approach...
  - ▶ Parameterised Expressions...
  - ▶ Co-occurrence Constraints
  - ▶ Type System...
  - ▶ Sets of Sets
- 

# Decision: Packaging approach

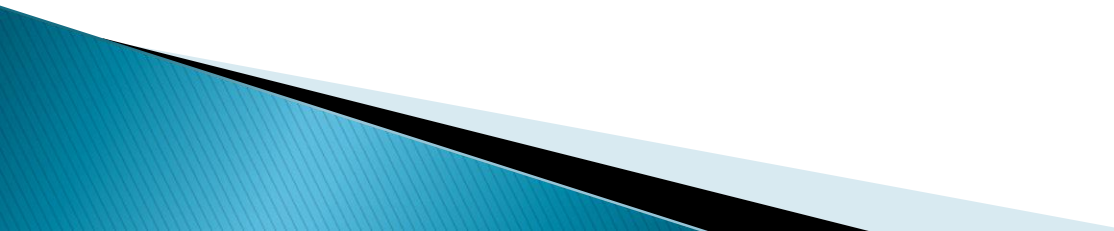
- ▶ Package expressions used in specific message / message set
  - ▶ Controlled scope (public / private expressions)
  - ▶ Configuration Management
  - ▶ Alignment with SNOMED CT Modules
- 

# Parameterised Expressions

- ▶ Expression Libraries
  - ▶ Reuse of expression fragments
    - Avoid cut/paste errors
    - Simplify maintenance (fewer change between releases)
    - Logical packaging of concerns
- 



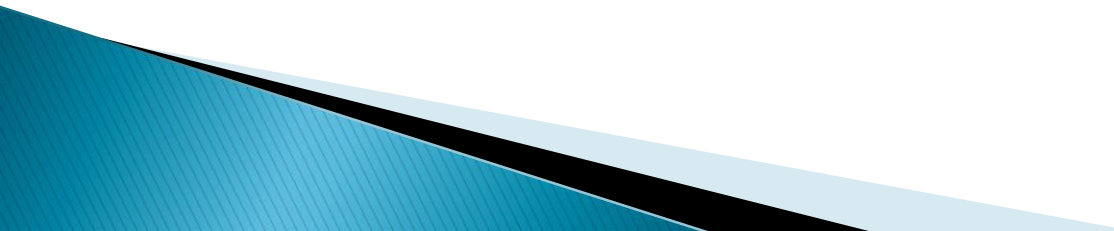
# Type System

- ▶ Improves validation and early discovery of errors
  - ▶ Improves feedback on errors
  - ▶ Explicit difference between a “Constraint Expression” and a “Compositional Grammar” expression
- 

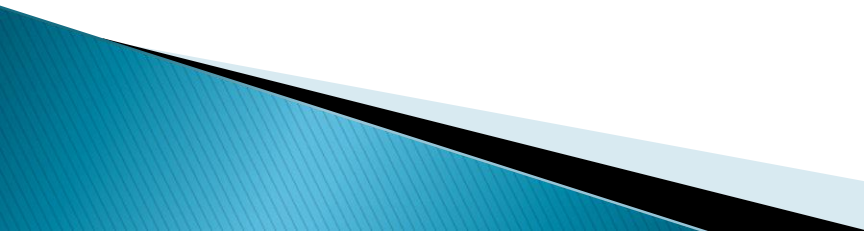
# Binding Metadata and Context

- ▶ Provenance
  - Who, Why, When for the binding / expression
- ▶ Governance
  - How will the expressions be maintained?
- ▶ Expression/Binding Type
  - Concrete, Literal, Semantic
- ▶ Defaults and inherited constraints
  - The meaning of “all”

# Issues when developing bindings

- ▶ Finding similar bindings to reuse
  - ▶ Missing concepts
  - ▶ Dealing with new releases of SNOMED CT
  - ▶ Unfamiliar Syntax / Grammar
  - ▶ Mappings to local/other terminologies
  - ▶ Version Control
  - ▶ .... Please tell us...
- 

# Benefits of IHTSDO approved formalism

- ▶ Pool of examples and experience to draw on
  - ▶ Actively maintained specification
  - ▶ Evolve with SNOMED CT Concept Model and best practices
  - ▶ Testing and certification
    - People, tools and bindings
  - ▶ Larger market for:
    - Tools, training and learning resources
    - People and skills
- 

*Thank you  
Your comments!*

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