



The National Guidelines of the highlighted breast cancer recommendations delivered in a structured way to help developing decisions support

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Audience

The main target group is people who work with development of clinical decision support systems.

Objectives

The audience will get a feeling of how we've handled this question in Sweden as a trial. We will show the results of how national guidelines can be transformed into a valuable tool in form of structured data using an information model and SNOMED CT, lessons learnt and we will be open for a discussion on the subject.

Abstract

Background: As a pilot the Swedish National Board of Health and Welfare has structured and coded the recommendations, highlighted for decision-makers, of the National Guidelines for breast cancer care. SNOMED CT is used for coding and an information model based on the National Information Structure is used to structure the information in the National Guidelines, for safe and effective communication and reuse of health information.

Objectives: The aim is to make the recommendations functional in a digital system and to be used by decision-makers when developing clinical decision support systems.

Methods: The recommendations have been structured in models based on the National Information Structure and the detailed content of each pair of health conditions and procedures have been coded to SNOMED CT. This enables effective access to information for decisions support, consistent reporting and analysis. The concepts have also been mapped to ICD-10-SE and to the Swedish procedure classification. This will help the county councils to deliver data to registers and to link the data to costs for treated patients.

Results: An information model was developed, and data was coded and mapped. The structure, coding and the mapping will help developing the decisions support and this will therefore be implemented in the future National Guidelines.

Discussion: Patients benefit as SNOMED CT improves the recording of EHR information and facilitates better communication, which lead to improvements in the quality of care. However, these results need to be quality controlled.

Implications for guideline developers/user: We strongly recommend involving professionals from health care when structuring, coding and mapping data. Furthermore we also recommend that you combine SNOMED CT with an information model to describe the content of the data that you are mapping.