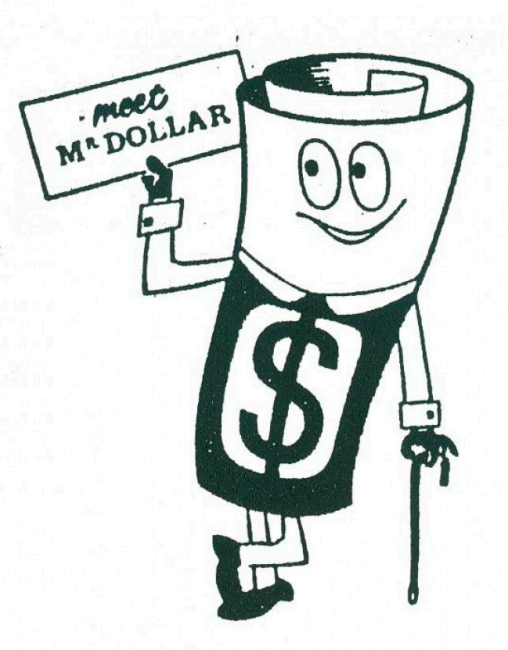
SNOMED on a shoestring

The New Zealand implementation experience



Alastair.Kenworthy@health.govt.nz
Chief Standards Advisor

MINISTRY OF HEALTH
MANATŪ HAUORA

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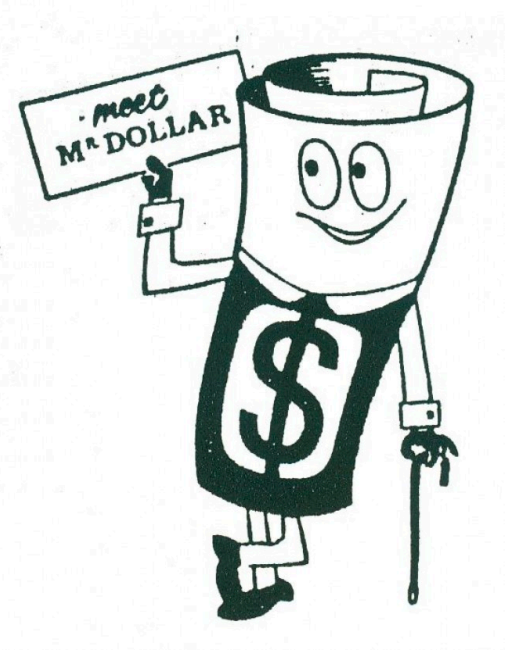
The New Zealand implementation experience



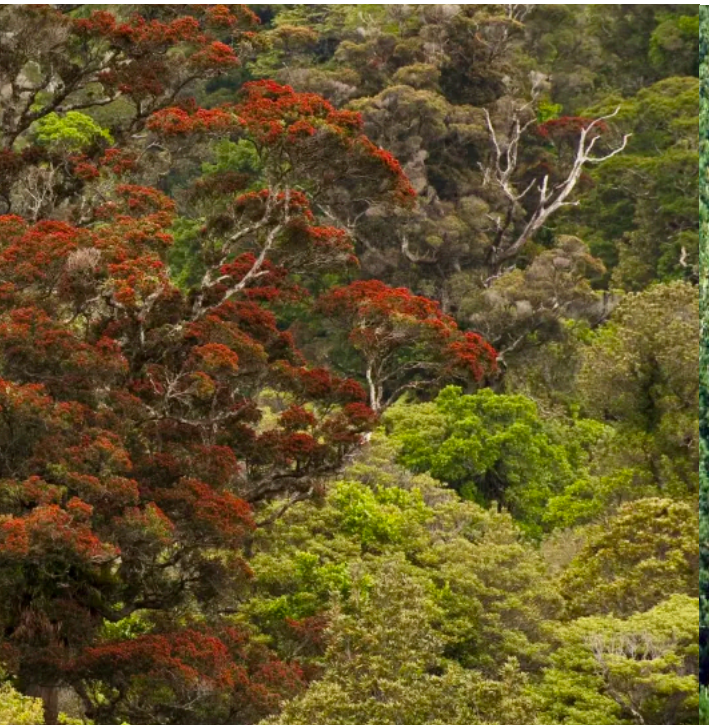
Working across **government agencies**

Building trust with **clinicians**

Motivating our **industry partners**

Providing the **tools**

Lifting our **performance and profile**

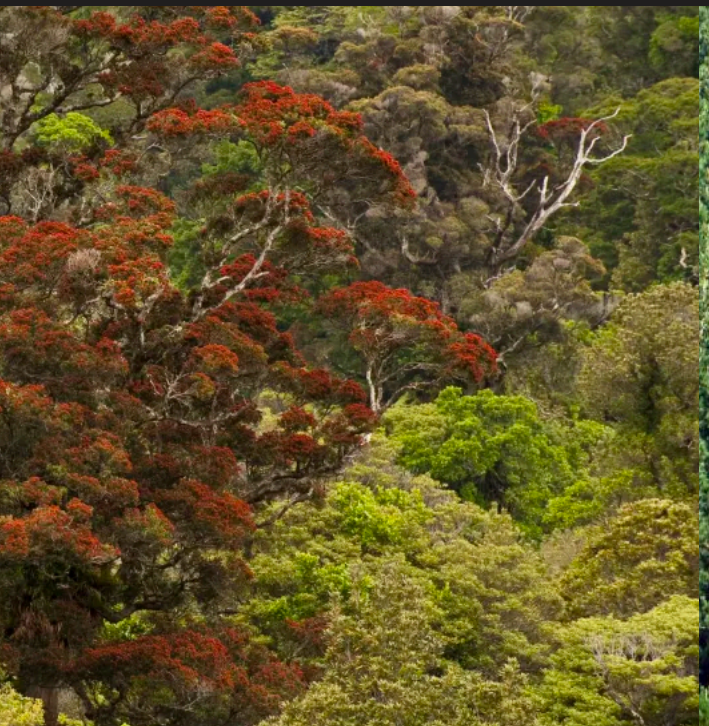


2020

2050

2075

Right tree, right place



Right tree, right place

Right terminology, right place

SNOMED CT

2020

2022

20XX

Yeah

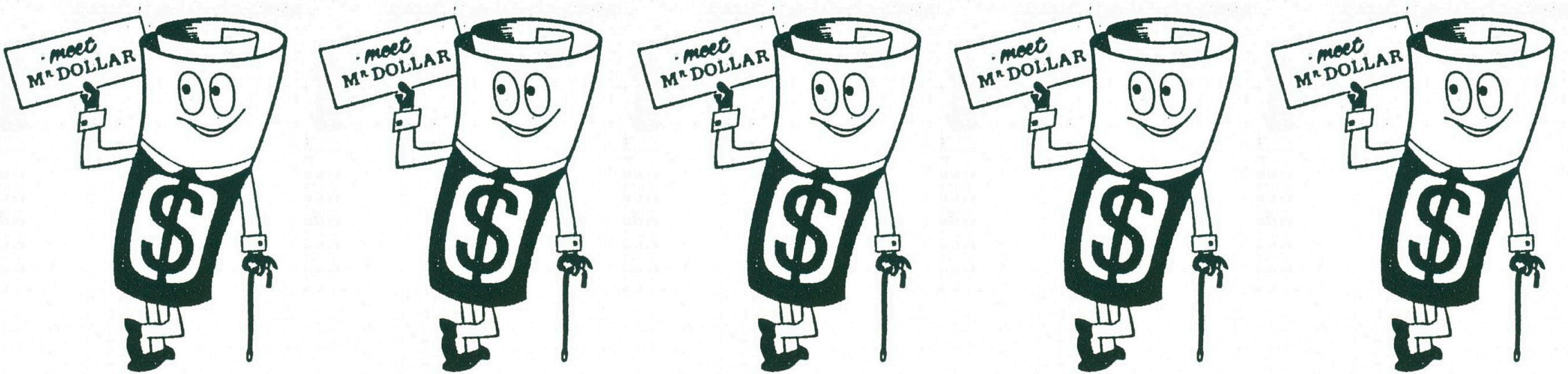
Nah

A marketplace and a community

Common set of SNOMED materials used by everyone

Proprietary solutions and IP question marks

A missed opportunity


meet
MR DOLLAR
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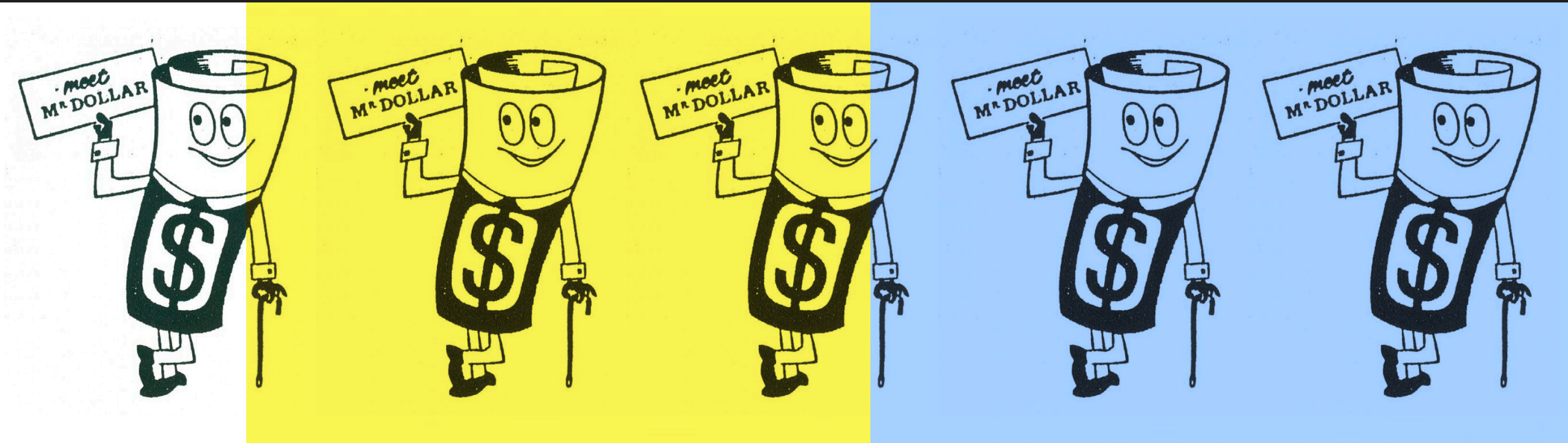
SI NRC Market



Working across government agencies. The Ministry of Health partners with other government agencies in health and social care to deliver SNOMED. Our no-fault accident insurer and social development agencies are now implementing SNOMED in their own systems for better decision-making about injuries and disabilities, and a better ability to rehabilitate and compensate. While MOH is the member organisation and operates the NRC, involving these other agencies has benefited everyone

There is some anxiety about whether we need to enable an 18-character provision for recording SNOMED codes

Regarding SNOMED rollout, seeing will be believing, it's been promised for 10 years

Read codes will be with us for decades to come

There is some anxiety about whether we need to enable an 18-character provision for recording SNOMED codes

Regarding SNOMED rollout, seeing will be believing, it's been promised for 10 years

Read codes will be with us for decades to come

Simple goal: **replace Read codes with SNOMED**

Catchy name: **R2S**

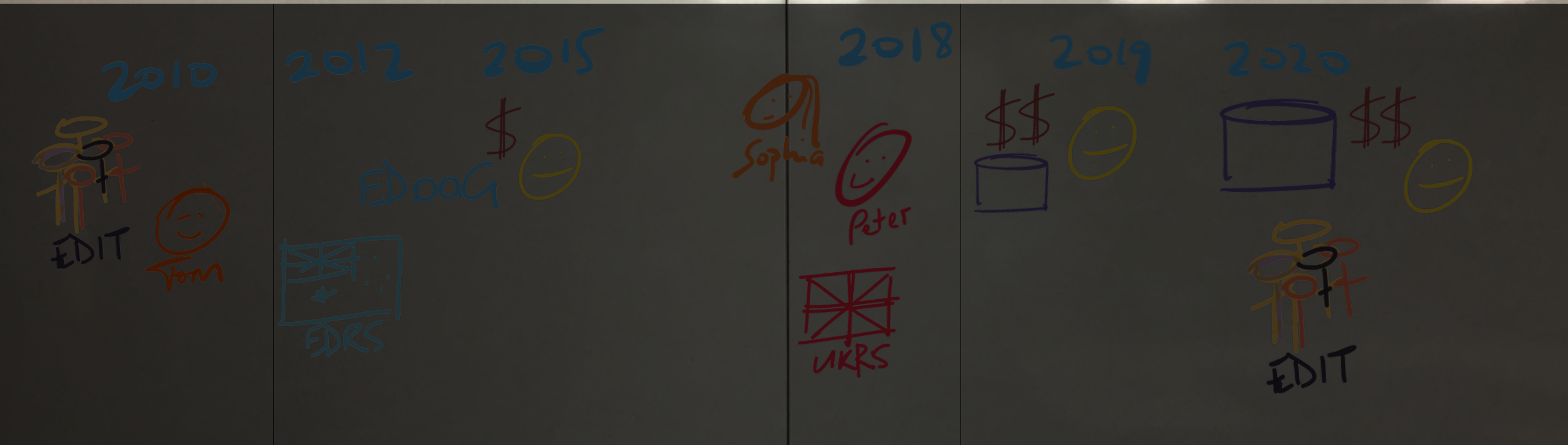
Willing early adopter: **Midlands Health Network**

Inspiring example: **thank you, UK**

Strategy: **remove barriers and wave on through**

Strategy. Primary care moves to SNOMED. Decision support and health pathway tools move that way too. Secondary care inevitably follows …

Building trust with clinicians. New Zealand's SNOMED Expo in 2016 generated interest in the clinical community that we see everyday. We're always receiving enquiries about the opportunity to use SNOMED for some new purpose or application. Give these people the help that you can and stay in touch. This is where your next project comes from. Fostering volunteers is also key. Regular events in partnership with other standards organisations keeps volunteers engaged



Promising implementations
A growing community
Good representation on AGs and CRGs

But our volunteers have stopped volunteering
Education has reached saturation point
Our industry partners aren’t stepping up

Motivating our industry partners. We have not directly funded our industry partners to implement SNOMED. Instead, we run an open standards development process with the vendor community to produce the common specifications and materials that become standards. We publish our national extension under a Creative Commons International Attribution licence. We have a network of SNOMED experimenters and implementers around the country and run joint events with HL7 New Zealand, HINZ and NZHIT

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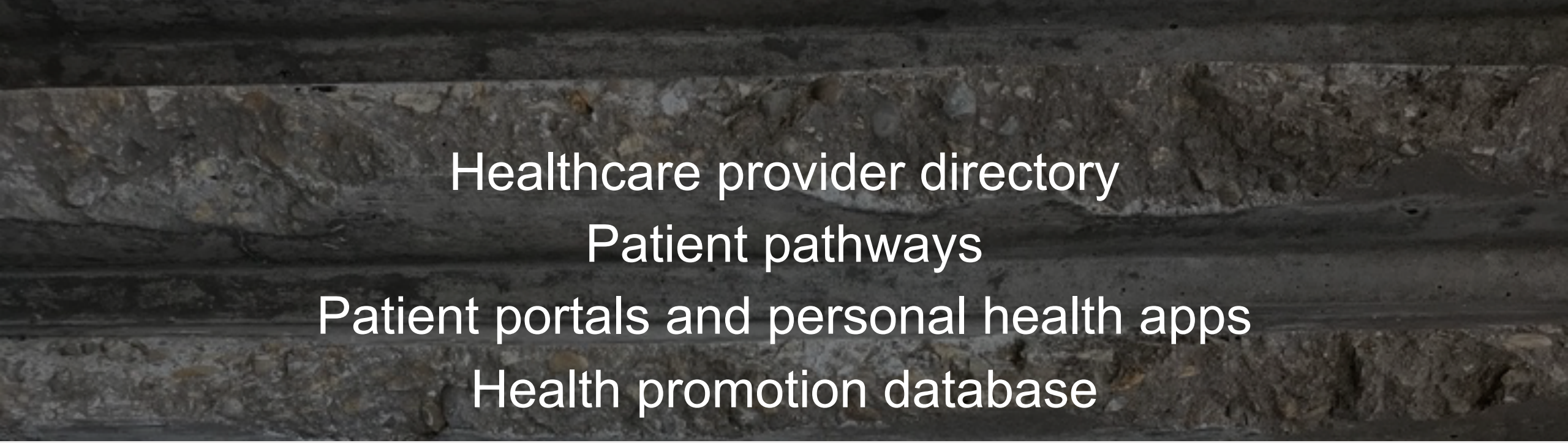


Patient history taking assistant

Medicines and devices formulary

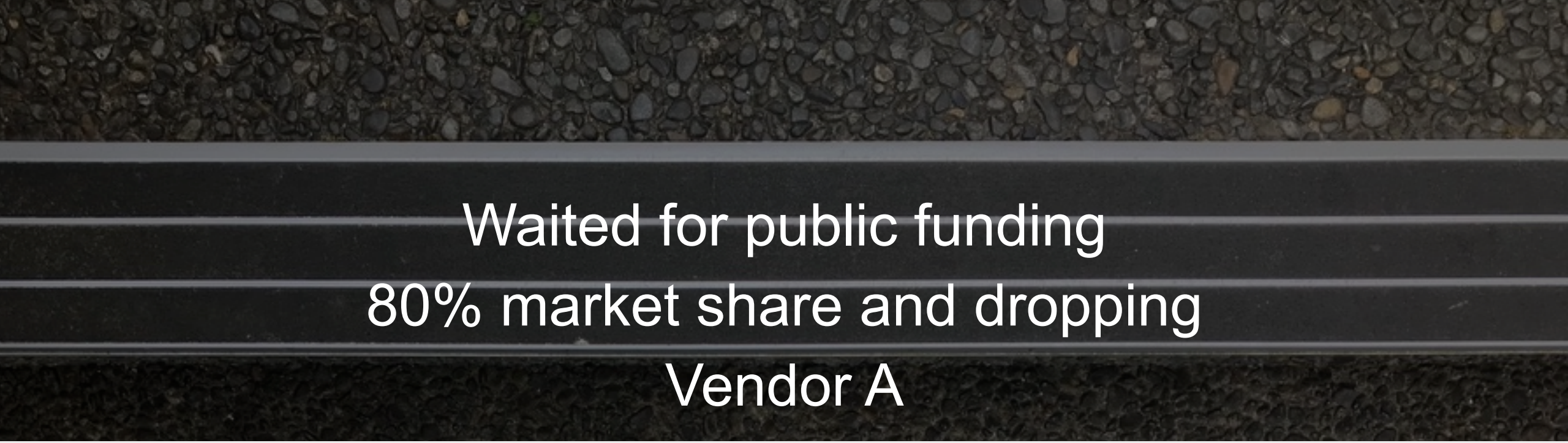
Adverse reaction reporting

Pharmacogenomics

Vendor B

0% market share

Implemented SNOMED voluntarily



Waited for public funding
80% market share and dropping
Vendor A

Vendor B
10% market share and growing
Implemented SNOMED voluntarily

Fire and ice

HL7 FHIR® and SNOMED CT®

One day seminar Friday 24 July
Crowne Plaza Hotel, Auckland CBD

Lifting the performance and profile of our NRC. We do not have a team of dedicated terminologists or software experts, but the e-learning courses have allowed a number of Ministry employees to get familiar with the terminology and tools. One person fulltime manages content requests and enquiries, and helps with reference sets. Otherwise, we rely on part time and volunteer contributions from inside and outside the Ministry

Providing the tools. Through our member fees and involvement in governing the organisation, we've helped to invest in the successful SNOMED International tool sets. We like using these open source tools and seeing them made freely available to health providers and their industry partners. There are many in our network who could now be trusted to use the refset tool and the authoring platform to create community content under a distributed authoring model

Takeaways

Users first, terminology second

Build a community

And keep at it