

2023-08-15 Meeting notes

Date

15 Aug 2023

Attendees

Attendee	Name	Affiliation
X	Alex Kontur	ONC Public Health Analyst (COR)
X	Brett Marquard	HL7 US Realm Senior Advisor
	Matthew Rahn	Acting Director, Standards Division
X	Gay Dolin	HL7 US Realm PM
X	Carmela Minicucci Couderc	ONC - Branch Chief, Terminology and Content Delivery
X	Albert W. Taylor	ONC - Medical Informatics Officer

Goals

- Discuss and agree on path forward with respect to vocabulary discrepancies
 - [Vocabulary Discrepancies](#)

Discussion items

Item	Notes	Acknowledgements of understanding of current design approach or public design approach discussion plans (attendee names)
Treatment Intervention Preference	LOINC is the USCDI recommended vocabulary. We discussed that pre-existing work also leverages SNOMED finding and procedure codes and even CPT. The group confirmed that other code systems are allowed to communicate the complete meaning within the profile and that LOINC is intended to be the vocabulary /tool the supports queries to see if such preferences were assessed within an EHR	Received agreement from Albert W. Taylor and Carmela Minicucci Couderc that the recommendation of LOINC is associated with the category or question. Other codes systems are allowed (for example) SNOMED as the answers
Care Experience Preference	LOINC is the USCDI recommended vocabulary. We discussed that pre-existing work also leverages SNOMED finding and procedure codes and even CPT. The group confirmed that other code systems are allowed to communicate the complete meaning within the profile and that LOINC is intended to be the vocabulary /tool the supports queries to see if such preferences were assessed within an EHR	Received agreement from Albert W. Taylor and Carmela Minicucci Couderc that the recommendation of LOINC is associated with the category or question. Other codes systems are allowed (for example) SNOMED as the answers

Alcohol Use (evaluation /questions)	<p>LOINC is the USCDI recommended vocabulary. We discussed that pre-existing work also leverages SNOMED finding and procedure codes and even CPT.</p> <p>The group confirmed that other code systems are allowed to communicate the complete meaning within the profile and that LOINC is intended to be the vocabulary /tool the supports queries to see if alcohol use was assessed within an EHR</p> <ul style="list-style-type: none"> We discussed whether or not specific value sets should be developed or just profiles to be used be identified - options: <ul style="list-style-type: none"> Guidance ONLY as to what profile/templates should be used Develop value sets - but keep bindings loose so that if implementations use questionnaires/forms that align with concepts not in the value sets, they would be free to use other codes Carmela is going to check to see if "preferential bindings" are available in R4 (If code A out of value set A is used at observation.code, then answer list C value set is used at observation.value, if If code B out of value set A is used at observation.code, then answer list D value set is used at observation.value AI mentioned the valuets stewarded by Patient Care might be considered (which are the MCC sets mentioned in the Vocabulary Discrepancies table) 	<p>Received agreement from Albert W. Taylor and Carmela Minicucci Couderc that the recommendation of LOINC is associated with the category or question.</p> <p>Other codes systems are allowed (for example) SNOMED as the answers</p>
Substance Use (evaluation /questions)	<p>LOINC is the USCDI recommended vocabulary. We discussed that pre-existing work also leverages SNOMED finding and procedure codes and even CPT.</p> <p>The group confirmed that other code systems are allowed to communicate the complete meaning within the profile and that LOINC is intended to be the vocabulary /tool the supports queries to see if substance use was assessed within an EHR</p> <ul style="list-style-type: none"> We discussed whether or not specific value sets should be developed or just profiles to be used be identified - options: <ul style="list-style-type: none"> Guidance ONLY as to what profile/templates should be used Develop value sets - but keep bindings loose so that if implementations use questionnaires/forms that align with concepts not in the value sets, they would be free to use other codes Carmela is going to check to see if "preferential bindings" are available in R4 (If code A out of value set A is used at observation.code, then answer list C value set is used at observation.value, if If code B out of value set A is used at observation.code, then answer list D value set is used at observation.value AI mentioned the valuets stewarded by Patient Care might be considered (which are the MCC sets mentioned in the Vocabulary Discrepancies table) 	<p>Received agreement from Albert W. Taylor and Carmela Minicucci Couderc that the recommendation of LOINC is associated with the category or question.</p> <p>Other codes systems are allowed (for example) SNOMED as the answers</p>
Physical Activity (evaluation /questions)	<p>LOINC is the USCDI recommended vocabulary.</p> <p>The group confirmed that other code systems are allowed to communicate the complete meaning within the profile and that LOINC is intended to be the vocabulary /tool the supports queries to see if physical activity assessed within an EHR</p> <ul style="list-style-type: none"> We discussed whether or not specific value sets should be developed or just profiles to be used be identified - options: <ul style="list-style-type: none"> Guidance ONLY as to what profile/templates should be used Develop value sets - but keep bindings loose so that if implementations use questionnaires/forms that align with concepts not in the value sets, they would be free to use other codes Carmela is going to check to see if "preferential bindings" are available in R4 (If code A out of value set A is used at observation.code, then answer list C value set is used at observation.value, if If code B out of value set A is used at observation.code, then answer list D value set is used at observation.value 	<p>Received agreement from Albert W. Taylor and Carmela Minicucci Couderc that the recommendation of LOINC is associated with the category or question.</p> <p>Other codes systems are allowed (for example) SNOMED as the answers</p>
Lab values /results	<p>SNOMED the USCDI recommended vocabulary. Confirmed that "If encoded" SNOMED is the USCDI recommended vocabulary. (Result may be a Physical Quantity which would be a number plus UCUM to identify the unit)</p>	<p>Received agreement from Albert W. Taylor and Carmela Minicucci Couderc that the recommendation of SNOMED is for when the value is encoded and not a PQ</p>

Medication Adherence	<p>Brett discussed the approaches proposed in Argonaut recognizing a design has not yet been decided on:</p> <ul style="list-style-type: none"> • Create an extension pre-adopting the design of the R5 MedicationStatement.adherence on MedicationRequest • Bring (back) MedicationStatement and pre-adopting the design of the R5 MedicationStatement.adherence in MedicationStatement as an extension. • Create a Medication Adherence observation <p>Brett explained the history of MedicationStatement within US Core and the complexity of all of the HL7 FHIR Medication Resources</p> <p>C-CDA will likely create a Medication Observation template/profile that can be used inside a Medication Activity template/profile</p> <p>We discussed the vocabularies used in the R5 MedicationStatement.adherence.</p> <p>Both MedicationStatement.adherence and MedicationStatement.adherence.reason use example experimental codes</p> <p>HL7 Codes at adherence.code: MedicationStatement Adherence Codes (Example)</p> <p>SNOMED CT codes at adherence.reason:</p> <p>SNOMED CT Drug Therapy Status codes (Example)</p> <p>Vocabulary design is still open and use of SNOMED is likely not a problem to design in, but Gay mentioned that for the "high-level" adherence type of codes, SNOMED uses "compliance" concept names which may be considered offensive to some groups. Carmela mentioned that other words could be used in EHR UIs.</p>	<p>Received agreement from Albert W. Taylor and Carmela Minicucci Couderc that the Medication Adherence design approach in US Core has not been determined yet.</p> <p>They recognized that the high level SNOMED codes concept names may present challenges during ballot and reconciliation.</p> <p>TEAM: PLEASE CONFIRM THAT IT IS UNDERSTOOD THAT IN C-CDA THE DESIGN WILL PROBABLY BE A LOINC CODE AT OBSERVATION.VALUE, WITH SNOMED AT OBSERVATION.VALUE</p> <p>POINT NOT DISCUSSED: CONSIDER ONC REACHING OUT TO SNOMED TO REQUEST CONCEPT NAME CHANGES FROM USING THE WORK "COMPLIANCE" TO "ADHERANCE"</p> <p>See children of 414059009 Drug therapy compliance observations (finding) </p> <p>Note that some of the terms have "Adherence" as acceptable synonyms</p>
Lab Result Specimen Condition Acceptability Lab Result Interpretation	<p>ONC is not finished discussing these two items. internally. We will resume discussion at the next meeting.</p> <p>Questions was asked as to why the observation.interpretation discrepancy was more severe than specimen condition given both HL7 Vocab have been used in V2 for a very long time.</p> <p>GD reviewed after and it appears both are equally problematic</p> <ul style="list-style-type: none"> • v2.Specimen.Condition is used in the FHIR Core SpecimenResource and is an extensible binding (which means a term from the value set is required to be used unless the terms do not cover the concept) • ObservationInterpretation is used on 2 FHIR Core Resources and +/- 30 Profiles. And is an extensible binding (which means a term from the value set is required to be used unless the terms do not cover the concept) 	

Action items

