



**The Chair of the IHTSDO Management Board Report
to the
IHTSDO General Assembly
October 11th 2011, 09:00 (local time): Sydney, Australia**

SUBJECT

Report from the Chair of the Management Board

AGENDA NUMBER: 4

PURPOSE

To brief members of the General Assembly regarding recent events and activities relevant to IHTSDO as well as future plans

COMMENT

According to IHTSDO's *Articles of Association*, two Ordinary Meetings of the General Assembly are held each year. At the upcoming October 2011 meeting in Sydney, Australia Martin Severs (Chair, IHTSDO Management Board) will provide an update to Members of the General Assembly regarding recent events and activities relevant to IHTSDO, as well as future plans. This will include a brief overview of progress related to several issues on which questions were raised by members of the General Assembly (e.g. harmonization efforts with other standards development organizations).

RECOMMENDATIONS

This item is provided for information.

Prepared by: Martin Severs
2011-September 23rd



Introduction

This report covers key areas of IHTSDO Management Board [MB] activity for the period between April 2011 and the end of September 2011. Where there is a substantial new issue in need of discussion with the General Assembly, this is addressed elsewhere on the agenda

Management Board Chair's Report

For new GA representatives and new public attendees, it should be noted that this MB Chair's report will be published with the GA minutes unless specific sections are deemed to be not suitable during this meeting.

In line with the General Assembly's directions from its extra-ordinary December 2010 meeting the schedule of meetings has been changed to enable more openness and transparency with the results of in-camera sessions being able to be presented where appropriate in a public forum. Clearly these items will not be in this report, but depending on the will of the General Assembly may be presented in the Assembly as special additional items by the GA Chair, or as a special addendum to this report by the MB Chair.

Staffing and Representation Changes

Staffing

A review of the current functional needs of the 'Association' has been taken by the CEO and a paper produced which has been approved by the Management Board. The review identified

- The need for Chief Officers to be more involved in and taking responsibility for the general management of the organisation in particular the content of the International Release and technical aspects of the Associations products and services
- The requirement to enhance financial and human resource functions
- The necessity for a small central office to have a high level of flexibility to offer a first class service to the Community of Practice and interested external parties
- The need to move Conference Organisation from each being a bespoke activity to one where the majority of the components are business as usual

The IHTSDO experience over the last 6 months has indicated that in addition to the above conclusions there are two other major staffing issues which need resolution in the new structure:

- There needs to be a role of deputy to the CEO to cover for absence and holiday. This does not indicate the need for a separate person with job description and person specification
- The Association has been too frugal with its staffing and reliance on voluntary effort for mission critical activities most notably the Workbench and needs to be much stronger with its ability to ensure project delivery. This needs a person or persons with IT competency, software development and project management experience and expertise to work with Members and IHTSDO central staff to ensure excellence in central management. It is also acknowledged that such individuals have a person specification focused on delivery.

The detailed discussion leading to the finalisation of the Associations organisational structure will take place during Management Board discussions here in Australia.

The table below indicates the permanent changes to central IHTSDO structures



IHTSDO Structure	Person who has left	Person who has arrived
General Assembly	Daniel Forslund (Sweden)	Anna Adelöf (interim)
General Assembly	David Bunker (Australia)*	Bettina McMahon
General Assembly	Santiago Martín Acera (Spain)	Arturo Romero Gutierrez
IHTSDO Staffing [permanent staff only]	Siew Hong Lam (I&I Officer)	David Markwell

[*Please note David Bunker remains on the IHTSDO Management Board, it is only the General Assembly role that has changed.]

IHTSDO Delinquent Licenses

Every six months, Members and IHTSDO are required to collect Statements of Account (SoA) reports from Affiliate Licensees. The main purpose of this is to get confirmation of deployments in non-Member territories so that the licensee can be charged the appropriate fee, as set out in the license. There are a number of scenarios whereby this process is not completed to time and specification, these failures have become internally known as delinquent licenses.

Previously and in line with decisions taken by the General Assembly at its October 2010 gathering two commercial in confidence tables have been provided for GA representatives and which can be shared with those Member representatives who manage a national SNOMED CT download site.

These tables were two lists:

- List 1 includes those whose download rights are suspended
- List 2 includes those who are likely to become suspended if they do not respond to the latest [second] request for a statement of account or payment or both

On this occasion the GA is only being presented with an update spreadsheet including all the new active licensees since March 2011 and not updated Lists 1 and 2.

The reason for the change is that the IHTSDO Chief Executive Officer noted the review requested by the GA [Action 115] and value for money concerns at a time of other pressing issues in the IHTSDO office namely:

- a) The system is time consuming to manage
- b) The financial gains and losses are low
- c) The utility is not certain
- d) Some Members do not report, although intend to do so in 2012

The MB review is beginning at this meeting here in Sydney.

As part of that review process it would be helpful to hear from the General Assembly whether they did anything practical with the reports they received in the past and whether they feel strongly the reporting system should not be reviewed. {Note any necessary changes to the Articles of Association and Regulations from them would be submitted to the GA in April}.

Update of actions from last meeting

A decision was taken to launch the 2010 Annual Report at this meeting and at the time of writing this is on schedule!



The detailed position is shown in Appendix 1 of this report.

There are a number of incomplete actions, which are listed below:

- Action 128 regarding IHTSDO Trademark and Logo and the production of a 'How do I' with publication on the IHTSDO web site was not completed.
- Action 143 regarding Annual Activity Report of the IHTSDO for 2010 to 'formally document the Annual Activity Report Structure and publish as an IHTSDO Policy'
- Action 166 regarding the special communications paper, which was to publish the briefing note with the GA minutes and on the policy section of the IHTSDO website pending approval of the formal Regulation. [Drafting Note: this regulation paper is on the agenda]

Actions the MB requires some help on:

- Action 146 on the Annual Activity Report which requires the IHTSDO office to produce a target list of prospective recipients and maintain this in the IHTSDO office.' *It would be helpful if there was a GA consensus that either the electronic distribution is through the IHTSDO office with regard to the intra-Member constituencies or this was done through the Member itself.[The IHTSDO would deal with all International and non-Member constituencies]*

There were a number of items referring to activities which are highlighted on the agenda of the GA elsewhere with the exception of one item namely the Information Model Task Force and the update report requested by the General Assembly in Action 161 this is detailed in the next section

Information Model Task Force [IMTF]

Action 161 of the last General Assembly gathering stated: 'A report from the Task Force to be put before the GA in October 2011 in a form most suited to the nature of the communication'. This part of the Chair of the IHTSDO Management Board fulfils that requirement.

The key aspect to my report is the answers to the three 'examinations questions' set by the General Assembly, which were that the IMTF will:

- Produce a set of requirements that the IHTSDO would have from any 'ways of working' or partnership with an organisation that holds intellectual property in a logical model, bearing in mind that IHTSDO already has agreements in place with other standards bodies.
- Define what Members would expect to achieve from any binding between SNOMED CT and a logical model. A suggested starting point is provided below:
- Recommend an approach and produce an estimated cost profile for such an endeavour over the next five years.

The answers to these questions are described in a set of presentation slides called Information Models v4 which is attached to this brief. These are extremely comprehensive and lucid. They were supported by the IHTSDO Management Board but do require strategic consideration by the GA and MB together and this has been timetabled in the in-camera part of the meeting.



There are also a number of global activities regarding information models and terminology in general and SNOMED CT in particular going on in the world at this time each of them has overlap with the IHTSDO IMTF. The current situation can be summarised as shown in the table below:

Initiative	IHTSDO Leads	IHTSDO Role	Comment/Context
Clinical Information Modelling Initiative	John Gutai Jane Millar	Active participant; supplier of secretariat infrastructure	Involves all of those with an active interest in the field
Open EHR Foundation	Martin Severs	IHTSDO has been asked to participate in its Advisory Board	AB is not decision making therefore no conflict of interest
Semantic Health Net	Jan-Eric Slot John Gutai	Participant	A European Union Project to set up a community that can work together toward interoperability
HL7	John Gutai	Harmonisation partner	Mainly close binding CDA and SNOMED CT

The IMTF has met together on a number of occasions and submitted a set of major recommendations to the IHTSDO Management Board. Because of the complexity of overlap in activities with the IMTF AND the GA active involvement with the strategy in this area AND potential business implications, the Management Board asked for a discussion of those recommendations and their implications with the General Assembly during the in camera session.

[Drafting Note: It is hoped the conclusions of the two Information Model discussions can be disclosed at this point in my report from discussions which have taken place the day before]

Reports from Committees and Forums

Appendices 2, 3, 4, 5, and 6 include the reports from the 4 Committees and the Member Forum.

IHTSDO Work Bench

There has been much discussion most positive and some negative about the progress made with the IHTSDO Work Bench. The IHTSDO MB has reviewed this work and will discuss the detailed implications with the GA and MB during the in camera session. There are two big learning points that have emerged:

- Progress has been praise-worthy and quite remarkable with the current staffing and voluntary effort
- In future the activity will be managed through and by dedicated project management staffs, with the consequent changes to the costs of these activities in order that there is a step change in effectiveness

This note provides an update on Workbench development work over the last 6 months, and provides details of Workbench development plans for 2012.

- The July 2011 release of SNOMED CT was delivered in RF2 format to plan.



- An RF2 Conversion Utility (to convert from RF2 format to RF1 format) was also included with the July 2011 release. This utility will be provided with all future SNOMED CT releases until RF1 is retired.
- Live editing of the International edition of SNOMED CT started on 1st August. Editing is planned to ramp up to full capacity during the current editing cycle (which finishes on 1st November). To support live editing, monthly maintenance releases of the Workbench have been scheduled, moving to quarterly releases towards the end of this year.
- Due to the reduced editing period (from 1st August to 1st November) and the disruption resulting from the migration to a new system, the content of the January 2011 release will be significantly reduced. A content development plan has been put in place, identifying the priority areas for inclusion of content in the release.
- Daily releases are now being produced from the Workbench in RF2 format. Checks to confirm the quality of the release are in force, and any issues will be resolved as they occur in the run up to the release.
- A plan is in place to manage the production of the January 2012 release, and a contingency plan is in place to mitigate risks associated with that release. Editing activities for the July 2012 release are planned to start on 1st November, following the close of the January 2011 editing cycle.
- RF2 will be the definitive release of SNOMED CT for January 2012 and will be the only format produced from the Workbench. The RF1 format will be derived using the RF2 Conversion Utility and will be included in the release as a development resource.
- Workbench functionality to support the batch entry of Concepts from extensions without amendment of their SNOMED CT Identifiers (to support, for example, Kaiser's CMT submissions) will be available from October 2011.

Translation Module development – highlight report

- During user acceptance testing of the Translation Module, a number of issues were raised by the testing teams relating to the lack of coordination of testing activities, performance issues and the stability of the Workbench.
- As a result, the project has been suspended while re-planning takes place in order to provide adequate support to Members who wish to progress to implementation of the Translation module within their countries.

2012 Development Plans

The following development projects have been identified for 2012:

- Development of facilities to enable easy use of the Workbench within Member countries. These facilities include extension maintenance, automated system configuration, tools to enable import and release, and web-enablement of the system (for example, by use of terminal services). This project will be delivered in a number of phases over 2012 and 2013.



- Development of features requested by the Chief Terminologist to support use of patterns, nested expressions and GCIs.
- Support for Content Development projects that may progress asynchronously to the general release schedule of SNOMED CT (i.e.: January and July), and that may result in one or more preview releases, prior to inclusion of work in the general release schedule.

In addition, the following projects will be managed by Members, and will be coordinated by IHTSDO with the wider Workbench development programme:

- Remedial work to the Reference Set Module (jointly funded with UKTC).
- Support for GMDN within the Workbench (funded by UKTC).
- Support for mapping within the Workbench (funded by UKTC and NLM).

Harmonisation Update

In line with General Assembly directions where there is a legal contract in place the MB Chair will give a paragraph update.

World Health Organisation [legal agreement]

This agreement is going very well with both face to face and teleconference meetings both of the Joint Advisory Group [the technical experts] and the Joint Collaborative Group [the management representatives]. There is evidence of emerging trust and mutual support.

WHO budgets have been severely curtailed and thus there is a strong mutual desire to only undertake affordable and supported tasks with an active customer base.

The work programme currently has two major components:

- ICD 11 delivery timetable has been put back one year, but work is progressing. The intent is that SNOMED CT will be a if not the major underpinning terminology. There has been agreement that the text based definitions in SNOMED CT and ICD 11 will be the same for the same concept
- ICD 10 Mapping Project: A tremendous amount of work has been done on this project by a lot of people within the IHTSDO and WHO communities. The paper is on the agenda elsewhere
- SNOMED CT to WHO ICF; a business plan has been produced for the IHTSDO to appraise with regard to reaching a decision on how it wishes to deal with this proposal. Given the GA and MB have not seen this document it has been put on the agenda of the in-camera session between the GA and Management Board.
- The design and development of the International Classification of Patient Safety; WHO Information, Evaluation and Research Directorate consulted on the way forward with regard to this classification with experts in the field and those currently working in this area and with the WHO Patient Safety team. The IHTSDO was part of this discussion and confirmed their commitment to the proposed methodology [working with SNOMED CT] but were not clear about the world demand, the willingness of WHO members to



convert from their existing data sets and data processes to the new classification, the capacity and capability of the community to build this classification when there was so much other work going on and how the costs involved would be met at a time of budgetary constraint. WHO leaders were going to reflect on all the advice they had received and reach a balanced decision on the way forward

It should be again emphasised that JCG was unanimous that new projects could not be given any mandate without a full business case being presented and supported especially given the financial constraints.

Medical Devices

- Meetings began with the Global Medical Device Nomenclature Agency in June and have progressed almost weekly since that time. The Core Negotiating Group is Richard England, John van Beek, Jan-Eric Slot, Kathy Farndon, Martin Severs, Betsy Humphreys and Dennis Giokas. The Full Negotiating Group is the above plus Jo Goulding and Kent Spackman.

There have been a number of positive steps identified and achieved:

- Non-disclosure agreement signed
- Due Diligence Documents have been shared and there is no crucial issues to update you about but several details that will affect or could affect the detail of any agreement.
- The aim is for business agreement by October 2011 and legal agreement by end of financial year
- A License was signed in August which enables GMDN content to be integrated within SNOMED CT but its use is dependent on the completion of a formal agreement between the two organizations
- Meeting with the European regulator has been set up for October 6th 2011
- The CEO of the Agency has retired and is replaced with Mark Wasmuth, who has been involved in all the meetings to date. The ex CEO Maurice Freeman remains a Trustee
- There is an agreed SNOMED CT and GMDN. Population and Maintenance Plan. Further information on the terminological aspects can be secured from Kent Spackman and Jo Goulding. Further information on Project and Project plans can be secured from Jan-Eric Slot
- There was a face to face meeting 7-9th September 2011 in Singapore.
- A press statement was issued by the two organisations as below:
 - ‘UK and Copenhagen, Denmark: September 12, 2011 Senior representatives of the Global Medical Device Nomenclature (GMDN) Agency responsible for the international naming system for medical devices and the International Health Terminology Standards Development Organisation (IHTSDO) the leading provider of standardized clinical terminology (SNOMED CT), have recently met to explore ways of collaborating in a long term relationship. The 3 day meeting in Singapore followed a series of discussions throughout the summer, and identified the following benefits:
 - A more comprehensive and harmonised clinical terminology
 - Greater utility and access to both terminologies
 - Opportunities to improve organisational efficiencies

Each group will propose to their respective Management Boards:



- To conclude an agreement on the incorporation of the GMDN terminology into SNOMED CT for clinical evaluation purposes by the end of the year
- That the two not-for-profit organisations continue to seek an even closer alliance and opportunities to reduce costs further

Medical Dictionary for Regulatory Activities [MedDRA]

No update in the last 6 months except to report the action from the last GA meeting was completed

Regenstrief Institute and its LOINC Committee

There are numerous background documents on this subject that can be provided by the IHTSDO Office on request, but in essence the IHTSDO and the Regenstrief Institute are trying to harmonise SNOMED CT and LOINC so that; duplication of effort is reduced or removed, international capacity and capability is maximised, input from both products could improve the other and most importantly users can use either product and if required change product with as little disruption as possible to the citizens their systems serve. IFCC-IUPAC, the owners of the NPU terminology that is extensively used in Scandinavia, hopes to have a similar type of agreement with the IHTSDO.

The RII negotiations have gone quite slowly of late due to organisational, personal and some theoretical complexity. The GA through its representatives were given an offer from Ken Lunn to try and broker a solution by the first week in July. They accepted this offer. On behalf of the MB and part of the negotiation group the MB Chair accepted the offer as well.

The report was received at the end of June 2011 and a generally positive response was sent to the GA from the IHTSDO Management Board in early August. The LOINC Committee responded with a broadly positive approach but wished to come forward with a detailed value proposition. This is still awaited.

Information Model

The feedback for this item has already been summarised above.

World Organisation of Networks of Clinical Academies of General Practice & Family Medicine [WONCA]

The Management Board have agreed some changes to the project structure and timetable in keeping with three party dialogue [University of Sydney project group, WONCA and IHTSDO]. This does not involve delay or additional costs and the change was approved by the IHTSDO Management Board

HL7

HL7 asked for and received a special public use agreement with the IHTSDO Management Board to enable them to use SNOMED CT codes and descriptions as part of the specification of value sets in HL7 messages.

GS 1

The IHTSDO has a Memorandum of Understanding with GS1, which was signed in July 2010. Since that meeting dialogue between the parties has been ongoing.



On Tuesday 23rd August the Chair of the IHTSDO MB [MPS] and the CQO [JM] met with Ulrike Kreysa [Director healthcare GS1] and Roger Lamb [UK lead and Global contact with IHTSDO] for a meeting in London.

The meeting was positive and had two conclusions:

1. There was a wish to enable the two communities and their leadership to develop better awareness, understanding and trust of each other
2. There was a wish to explore how Global Trade Item Number (GTIN codes) could be linked to SNOMED CT ID's for various use cases.

The meeting had 5 actions:

1. MPS and UK would explore with their communities what work has been done for what purposes so that it could be shared at the next meeting so progress in conclusion 2 is informed by work and experience to date
2. JM would work with GS1 counterpart in HL7 to ensure the input of both organisations is complementary and integrated in the coding domain
3. JM and RL would explore how best to be able to offer a platform for each other at future conferences so that awareness and understanding could be progressed: A meet the expert(s) in session
4. Informal dialogue between RL and JM to continue such that joint input or positions could be considered on items of joint interest and this if necessary raised to UK and MPS
5. Next meeting in November 2011 JM & RL to arrange

These actions are currently being taken forward by the IHTSDO through the Management Board and further dialogue is planned for November 2011.

Other

There has been no significant change with regard to:

- Clinical Data Interchange Standards Consortium [CDISC]
- International Council of Nurses [ICN]
- Joint Initiative
- ISO/TC 215
- IFCC – IUPAC Coding System
Dialogue has taken place but there is no substantial issues to report
- IEEE:
- The Continua Alliance
- Open Health Tools

THIS CONCLUDES THE CHAIR'S REPORT



APPENDIX 1

SUBJECT

Actions arising from General Assembly Meetings

PURPOSE

To update the status of actions from the April 2011 General Assembly meetings

COMMENT

The actions are captured in the table below. Please note the numbers are a running total of action items from prior General Assembly meetings such that only open items are displayed.

Number	Description	Action	Delivery Date	Status
26	Harmonisation	Pursue current harmonisation framework and update the GA at each meeting with specific progress	Ongoing	Ongoing
93	Strategic Directions	Formally report the results of the strategic directions in alignment with current reporting schedules (i.e. end of year reporting in April)	April 2011 to April 2013	Ongoing
103	Member Exchange	Formally review this initiative and present the findings to the GA in October 2012	October 2012	Not due until October 2012
115	Delinquent licenses	Formally review the Delinquent Affiliate License Regulation via Affiliate Forum and Member Forum prior to October 2011 conference and feedback to GA	October 2011	Agenda item on MB at Sydney Conference Oct 2011
123	Synchronisation of Affiliate license fee changes and Member fee changes	Ensure that rises in Aggregate Member Fees are mirrored by rises in Affiliate License fees. In any other changes of Member Fee eg falls will be accompanied by a no change in Affiliate License fee	Ongoing	Ongoing For 2012 included in Fees paper on GA agenda



Number	Description	Action	Delivery Date	Status
125	Auditors	Propose a new external auditor for 2012 at the October 2011 General Assembly	October 2011	Complete; on GA agenda
127	IHTSDO Trademark and Logo	Publish the Regulation regarding the use of the 'Member of the IHTSDO Logo'	December 2010	Complete
128	IHTSDO Trademark and Logo	Publicize action 127 via the e-letter and complete a 'How do I?' for undertaking this	December 2010	Incomplete
141	Implementation of Standards Development Process	SMA/JMI to present the next review to the GA	October 2012	Not due until October 2012
142	Information Model task Force	The GA specified at the special meeting on the 7 th December 2010 the following: The Task Force described should be led by the CEO or his designate. A specific scope for the project to be undertaken by the Task Force should be agreed upon before the schedule is set.	October 2011	Complete see content of Chairs report
143	Annual Activity Report of the IHTSDO for 2010	Formally document the Annual Activity Report Structure and publish as an IHTSDO Policy	Dec 2011	Incomplete
144	Annual Activity Report of the IHTSDO for 2010	Actively seek feedback on the Annual Activity Report 2010 from those in receipt of it	Feb 2012	Not due until February 2012
145	Annual Activity Report of the IHTSDO for 2010	Poll GA Members for who and how many recipients should be on the target list	Oct 2011	Complete



Number	Description	Action	Delivery Date	Status
146	Annual Activity Report of the IHTSDO for 2010	Produce a target list of prospective recipients and maintain this in the IHTSDO office	Dec 2011	Ongoing
147	Annual Quality Report	Comments/feedback to be provided by GA Members to Shelagh Maloney	April 2012	Not required yet
148	Annual Quality Report	To propose how the quality of SNOMED CT and other products of the International Release should be monitored on a go-forward basis using the principles outlined by Dennis Giokas, ie, <ul style="list-style-type: none"> 1. What needs to be done which is not already being done? 2. Risk management framework 3. Corporate metrics 	April 2012	Not required yet
149	Delinquent Licenses	To be in a position to report on all delinquent licenses from April 2012 and to liaise with the Member Forum to ensure the Member responsibilities for this activity are planned and delivered well in advance	April 2012	Not required yet and dependent on review
150	Future Conferences	SMA to lead on the conference development on behalf of the MB and ensure improved communication with the Community of Practice is implemented and built into the development process	October 2011	Complete
151	Award for Excellence	To manage the Award for Excellence process for 2010 and ensure the award can be presented at the October 2011 conference in Sydney	October 2011	Complete
152	Convergent Medical Terminology	To publish the approved CCSC minutes and any additional papers so that the CoP is aware of ongoing progress	Ongoing	Ongoing
153	Harmonisation	To produce the phase 2 paper for the October GA meeting in line with GA instructions	October 2011	Complete



Number	Description	Action	Delivery Date	Status
154	Harmonisation	Formally consult Members through the Member Forum to provide feedback on what is high priority for ICD-10 mapping operation in line with GA directions. These priorities should include items beyond that which have been previously included	Oct 2011	Complete and ongoing
155	Medical Devices	To communicate the IHTSDO's intent to the GMDN Agency	April 2011	Complete
156	Medical Devices	To set up a negotiation group to begin the dialogue with the GMDN Agency	June 2011	Complete
157	MedDRA	To convey to the MedDRA team that the GA concluded that the demand for the MedDRA proposal was not strong enough to go forward for the time being	May 2011	Complete
158	Regenstrief Institute/LOINC	Efforts to resolve the remaining issues should be re-doubled on all sides	Ongoing	Complete see separate
159	Information Model	The IMTF membership, minutes and Terms of Reference should be published	May 2011	Complete
160	Information Model	A USA Representative to be forthcoming	May 2011	Complete
161	Information Model	A report from the Task Force to be put before the GA in October 2011 in a form most suited to the nature of the communication	October 2011	Complete [see Chairs special report]
162	Information Model	To ensure the paper on "Use of SNOMED CT in Information Models" should be shared widely especially to Committees and Working Groups	June 2011	Complete
163	Information Model	To make the MB Chair's report available to the CoP	May 2011	Complete
164	Timetable of IHTSDO Meetings for 2011 and 2012	To find and confirm the venue for the October 2013 conference so that this can be formally reported at the October 2013 GA meeting	October 2013	GA agenda
165	Special Communications Ken Lunn	To convert the briefing on Special Communications to a Regulation and place this formally on the next GA agenda October 2011	October 2011	Complete



Number	Description	Action	Delivery Date	Status
166	Special Communications Ken Lunn (UK)	To publish the briefing note with the GA minutes and on the policy section of the IHTSDO website pending approval of the formal Regulation	May 2011	Incomplete
167	Regional Strategy: Europe Daniel Forslund (Sweden)	Any Member who is interested in participating and contributing to contact Daniel Forslund (Daniel.forslund@social.ministry.se)	May 2011	Complete
168	Election of New MB Members 2012	To circulate the MB election regulation to GA Members	October 2011	Complete



APPENDIX 2

Quality Assurance Committee Report to the General Assembly – October 2011

Highlighted below is a summary of the Quality Assurance Committee (QAC) work over the last six months (April – October 2011), supported by the Chief Quality Officer, and in support of IHTSDO's objective to enhance the quality of its products and processes.

Corporate Quality Metrics

The Quality Assurance Committee has been working on a set of corporate quality metrics that will be used to report progress against organisational targets. Four broad categories have been identified (quality, customer satisfaction, Human Resources/Stakeholders and Finance) and metrics as well as methods of capture and targets have been proposed. Next steps are to expand the membership of the task group to get further input and agree next steps.

Risk Management

In March 2011 the MB directed the QAC to develop a Risk Management Process. A contracted resource was engaged and preliminary work has been completed including an analysis of various risk models. A Risk Management Steering Group has been established. Based on an evaluation of the risk tolerance within the organisation, the Steering Group will develop a risk management policy and process and test the process initially on the workbench project. Further work includes a Risk workshop with key members and IHTSDO contributors to be conducted in November 2011.

Translation Quality

The Translation Quality Assessment Project Group has developed Guidelines for evaluating quality when doing translation. These guidelines are in final consultation as per the IHTSDO approval process for guidelines. The group will be reviewing feedback and updating the

Content Development Process

The content development process project group (Quality and Content Committees) have developed a scope document along with draft requirements for the process and software which has been shared with the Collaborative Editing Project Group. A complete end to end process description and diagram has also been developed and is currently out for feedback. An update on progress with the development of the Content Development Process, along with next steps, will be presented in a session at the IHTSDO Showcase.

Quality Oversight

At the April 2011 meeting in Copenhagen the QAC identified a number of quality related challenges for large IHTSO projects including workbench migration and worked with the CEO to develop risk mitigation strategies to ensure appropriate project management and communication processes going forward.

Annual Quality Report

The first ever Annual Quality Report (2010) was published through the IHTSDO workspace and on the IHTSDO website. The inaugural issue contained background documents and contextual information. The QAC is currently planning for the 2011 version of the Report and will be considering any required changes in the Table of Contents.



APPENDIX 3

Technical Committee Report – October 2011 for General Assembly

The Technical Committee meets at the face-to-face meetings and monthly via teleconference. Since the April 2011 face to face meeting in Toronto the Technical Committee has had 5 scheduled monthly teleconference meetings.

Workbench Development

Translation Project

Since the last report to the General Assembly the Translation project has encountered delays and development has been suspended pending re-planning and adoption of a formal project methodology.

Migration of the International edition of SNOMED CT to the Workbench

The committee has been tracking the migration project. Live editing of the International edition of SNOMED CT commenced in August. Identification and resolution of software defects is continuing with support from TermMed, Informatics and CAP.

Implementable Members' Release

Requirements for a workbench version which is readily implemented by Members have been prioritized by the Workbench Advisory Group.

Other Development

RF2 and RF2 Implementation Tooling

A SNOMED CT release in the RF2 format was included in the July release of SNOMED CT. The utility to convert the RF2 format to the legacy RF1 format was completed and also included in the July release.

Technical Implementation Guide (TIG)

The TIG documentation was delivered for inclusion in the July release of SNOMED CT. Ongoing development of the TIG will likely pass to the Implementation and Innovation Committee.

Mapping SNOMED CT to ICD10

The mapping project (Phase 1) is nearing completion. The Mapping SIG are preparing proposals for Phase 2 of the mapping project. This includes defining maintenance cycles and incremental changes in scope that have the greatest benefit to the IHTSDO community.

Work on the **Representation of Numbers in SNOMED CT** and a **Diagramming Standard** is ongoing and will be topics of discussion at the Sydney face to face meeting.

I would like to again thank the members of the Technical Committee for their contributions to the committee and to their wider contributions to the IHTSDO. I am grateful for the contribution of John Gutai, our Chief Technical Architect, for his dedication and expertise and particularly his support given to me as Technical Committee Chair.



APPENDIX 4

Content Committee Report – October 2011 for the General Assembly

1. Content/Product Planning

The document “SNOMED CT Detailed Content Development Plan 2011-2015” was reviewed and expanded. Eight major content development program areas were identified, with interdependencies and a draft roadmap developed with projected dates for initial (alpha), preview (beta) and final delivery of the improved content and product in each program area. The eight program areas are:

- a) Problem list, with anatomy revisions
- b) Allergies, with substance revisions
- c) Drugs and Medications, with substance revisions
- d) Order entry and result reporting
- e) Reportable diseases, with organism revisions
- f) Devices
- g) Interventions and plans
- h) Conditions and “situations”, with revisions of events, episodes, findings and disorders

Next steps include the development of more complete scope statements for each program area, along with the business cases to include problem statement, objectives, preferred approach, rough costs, quality plans, alternatives, risks, and recommendations.

2. Consultant Terminologist Program(me)

Five terminologists were selected for this program in February. The group, directed by the Chief Terminologist, meets via teleconference biweekly, and had one in-person meeting in July. Twenty-five (25) content projects were allocated at the inception (understand the problem) phase, and ten (10) projects have been assigned at the elaboration (design the solution) phase.

Additional work of the group: The group has spent a considerable amount of time reflecting on the content development process itself, based on the experience with the assigned projects, and has developed draft templates for documenting the results of inception and elaboration phases. The group is also in the process of drafting criteria for continuing professional development and periodic re-certification of IHTSDO Consultant Terminologists.

Progress: As of mid-September, 20 of 25 inception phase projects had been completed to the level of a penultimate draft. Work has begun on all ten elaboration phase projects. The participants report that several of the projects were larger than expected and consumed more than the expected or initially allocated time, but all participants have been able to continue working on the projects, so that no project has been dropped from the portfolio as a result.



3. Content Projects – Summary Statistics

We have completed a project to enter all known content issues and related projects into a “tracker” on the Collabnet site, in the project area named “IHTSDO”. The tracker can be viewed by anyone with access to the project, providing a transparent mechanism for the community of practice to view and follow the progress of SNOMED CT content issues and projects of interest.

Members of the Management Board and Content Committee, in particular, are encouraged to examine the Content Projects Tracker at:

https://csfe.aceworkspace.net/sf/tracker/do/listArtifacts/projects.ihtsdo/tracker.top_down_content_projects

Projects are categorized according to lifecycle phase (Inception, Elaboration, Construction, and Transition), and according to a rough estimate of the size of the project (small, medium, large). In addition, issues are tagged according to the source that identified the issue (internal IHTSDO, or external). The following tables summarize the number of open projects/issues in the tracker, by size and lifecycle phase:

**Number of Issues by
Lifecycle Phase – July
'11**

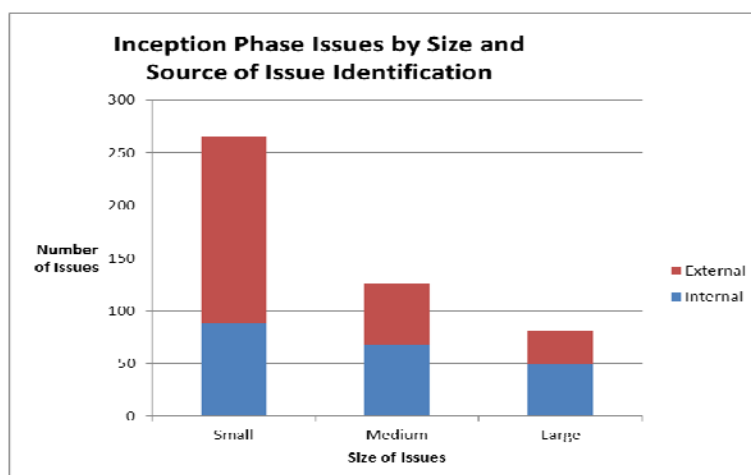
	I	E	C	T
Small	265	13	3	0
Medium	126	37	13	1
Large	81	41	9	0

**Number of Issues by
Lifecycle Phase – Sept
'11**

	I	E	C	T
Small	192	81	3	0
Medium	109	37	13	1
Large	88	41	9	0



The following graphic illustrates the high proportion of Inception phase issues that have been identified by sources external to IHTSDO (July data). The two main external sources are the review undertaken on contract from IHTSDO to CSC for a quality review of the problem list content of SNOMED CT, and a series of academic papers recently published and made available in preview form to IHTSDO by the authors.



Additional data associated with each content issue includes:

- 1) Strategic use case (from the Content Product Development Plan)
- 2) Dependencies on other content issues/projects
- 3) Project lead, if assigned
- 4) Priority, as designated by the Content Committee, in accordance with strategic plans.

4. Content development projects

4.1 Family practice/General practice Refset and ICPC2 mapping

The contractors delivered the phase 1 documents which were reviewed and accepted by the Content Committee, Management Board, and WONCA. A revised plan for phase 2 and phase 3 was accepted by the MB, which in summary proposes: (1) to combine the creation of both products (i.e. the GP/FP RefSet and map from the GP/FP RefSet to ICPC-2) during Phase 2, and (2) to test and validate both the GP/FP RefSet and the map to ICPC-2 in Phase 3.

4.2 Observables Project

The observables project meets biweekly by teleconference. A dedicated small group continues to advance the testing of the existing model, examining its relationship to ontological upper models (such as BioTop) and testing its extensibility to non-laboratory observables. The group anticipates putting together a plan for testing the model and beginning to model SNOMED CT content according to the model, in support of order entry and result reporting uses.

4.3 Pharmacy - Boundary and Scope

The Pharmacy SIG continues to be the lead group for the Boundary and Scope project for pharmaceuticals and biologic products. Three draft standard documents were approved by the content committee, and the group is now developing a plan for more systematic testing of the models with real



data, as a prerequisite to a recommendation to adopt the draft standard for construction of SNOMED CT content.

4.4 Substance Redesign Project

The substance redesign project meets biweekly and has gathered additional participants. Progress is being made towards draft standards for the representation of substances in support of pharmaceutical and biologic products, as well as support of allergies and allergic reactions.

4.5 Devices redesign

This project to create of a first version of a model for Medical Devices is being led by Jo Goulding of the UK. The project is progressing on track, and following the Sept. 2011 announcement of the start of collaborative efforts with the Global Medical Device Nomenclature (GMDN), the project is developing a proposed standard for the representation and integration of GMDN content into a reference set (initially), to be followed by full integration into SNOMED CT, pending formal agreement with the GMDN Agency.

4.6 Event, condition, episode

The “ECE” project group meets regularly and has a small but committed and productive group of participants. The group has produced draft models for allergy, allergic reaction, and allergic disposition, in support of the allergy/adverse reaction program area.

4.7 Anatomy redesign

The anatomy redesign project has moved ahead with a more mature alpha version posted on Collabnet (<https://csfe.aceworkspace.net/sf/go/doc2000?nav=1>) along with some preliminary documentation in the form of a slide presentation. The content committee has received and commented on a draft business case for construction phase work, as well as coordination with the WHO ICD-11 development work. Discussions with members of the IHTSDO-WHO Joint Advisory Group have provided fruitful suggestions for converging on a proposed design.

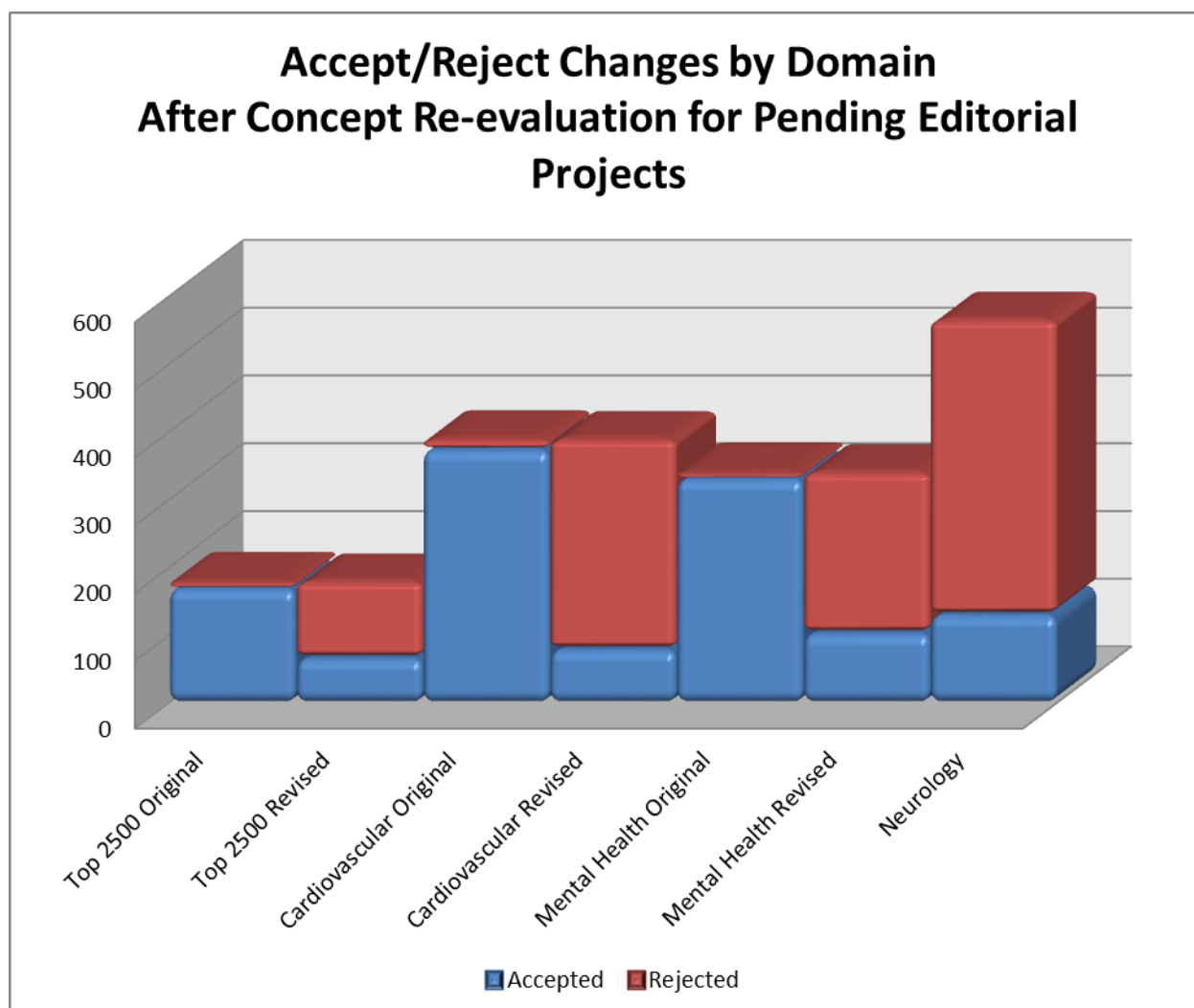
4.8 Organisms and infectious disease

The report on this group remains the same as the April 2011 report: This project group currently does not have an active chair. A number of content issues relate to the modeling of organisms; activity in this area will require attention from the Community of Practice.

5. CMT (Convergent Medical Terminology)

Kaiser delivered the first five content sets as planned: 1) top 2500 problems, 2) cardiovascular, 3) mental health, 4) neurology, and 5) musculoskeletal. IHTSDO conducted the initial review using criteria that categorized submissions as “accept” for the International Release even though some of these concepts were effectively “on hold” due to existing projects, especially pre-coordination patterns that are not being added. The Content Committee, at its September meeting, unanimously recommended that the “on hold” content be reclassified as “reject” for the International Release, for purposes of the CMT project.

The following graphic illustrates the impact this revised policy has had on the accept/reject statistics for the first four content deliverables:



Appendix 1 and 2 provide Detailed statistics on the deliverable schedule and the review outcome.

6. Joint Work with WHO

6.1 Joint Advisory Group

The Joint Advisory Group consists of six members appointed by WHO and six appointed by IHTSDO. The group met in person in Geneva in June, and drafted a joint work plan for 2012. It is supporting the SNOMED CT to ICD-10 mapping project, and the WHO development of ICD-11. In the area of anatomy, the group has assisted in the drafting of a business case for the revision of SNOMED CT anatomy and support of assignment of anatomical concepts from SNOMED CT to the ICD-11 content model by various WHO Technical Advisory Groups. Additionally, the group reviewed and forwarded a draft business case for mapping to ICF; and the group is advising on the ICD-O (oncology) updates that have been recently developed by WHO in collaboration with IARC.



7. Editing work for Jan 2012 release, using the Workbench

CAP-STS began editing for the January 2012 release in August using the IHTSDO Workbench. Progress through the month of August was expected to be slow, but in practice was even slower than anticipated, mostly as a result of a few unexpected software problems. The Workbench contractors continue to work quickly to resolve software issues as they are discovered; the IHTSDO officers are carefully monitoring progress and remain committed to proceeding with production of the January 2012 release using the Workbench. It is expected that productivity, while very low at present, will increase as the bugs are worked out. The number of additions and changes in the January 2012 release is likely to be significantly less than usual for a 6-monthly release. For example, it is unclear how many of the accepted CMT concepts will be in the Jan 2012 release. At the time of this writing (September), none of them had been added yet, and the cutoff for editing has been set at mid-October.



Appendix 1: Schedule of CMT Content Deliverables and IHTSDO Review

Project Deliverable 1 - Top 2500 Most Common Problems		IHTSDO Review % Complete
Date Expected	2/15/2011	
Received from KP	2/25/2011	
Delivered to KP	5/20/2011	100%
Final Evaluation Due Date	5/25/2011	
Response Received from KP	7/8/2011	
Concept re-evaluation with pending editorial projects	9/27/2011	100%
Project Deliverable 2 -Cardiovascular Domain		IHTSDO Review % Complete
Date Expected	3/1/2011	
Received from KP	4/18/2011	
Questions back to KP	6/16/2011	
Re-delivered from KP with changes	6/26/2011	
Second Evaluation	7/7/2011	
Delivered to KP	7/15/2011	100%
Final Evaluation Due Date	7/18/2011	
Concept re-evaluation with pending editorial projects	9/27/2011	100%
Project Deliverable 3 - Mental Health Domain		IHTSDO Review % Complete
Date Expected	6/1/2011	
Received from KP	6/7/2011	
Re-delivered from KP with changes	6/26/2011	
Final Evaluation	8/26/2011	
Delivered to KP	8/31/2011	100%
Final Evaluation Due Date	9/1/2011	
Concept re-evaluation with pending editorial projects	9//27/11	100%



Project Deliverable 4 - Neurology Domain		IHTSDO Review % Complete
Date Expected		7/15/2011
Received from KP		7/15/2011
Evaluation		
	New Concepts	100%
	Clinician Display Names	90%
	Patient Display Names	80%
Final Evaluation		
	New Concepts	0%
	Clinician Display Names	0%
	Patient Display Names	0%
Delivered to KP		
Final Evaluation Due Date		10/15/2011

Project Deliverable 5 - Musculoskeletal Domain		IHTSDO Review % Complete
Date Expected		9/1/2011
Received from KP		9/1/2011
Re-delivered from KP with usage stats		9/9/2011
Evaluation		
	New Concepts	0%
	Clinician Display Names	0%
	Patient Display Names	0%
Final Evaluation		
	New Concepts	0%
	Clinician Display Names	0%
	Patient Display Names	0%
Delivered to KP		
Final Evaluation Due Date		12/1/2011

Project Deliverable 6 - Ophthalmology Domain		IHTSDO Review % Complete
Date Expected		11/1/2011
Received from KP		
Evaluation		
	New Concepts	0%



	Clinician Display Names	0%
	Patient Display Names	0%
Final Evaluation		
	New Concepts	0%
	Clinician Display Names	0%
	Patient Display Names	0%
Delivered to KP		
Final Evaluation Due Date		2/1/2012



Appendix 2: Results of IHTSDO Review of CMT Delivered Content

Top 2500 Most Common Problems		% of Total	
Total	2613		
New	180	6.89%	
Existing in SCT	2410	92.23%	
FSN tag mismatch	5	0.19%	
Inactive	18	0.69%	

Proposed New Concepts:			
Total Delivered	180		
Total Rejected	114	63.33%	
Total Accepted	66	36.67%	

Clinician Display names:			
Total Delivered	2613		
Total Rejected	2361	90.36%	
Total Accepted	252	9.64%	

Patient Display names:			
Total Delivered	2613		
Total Rejected	2613	100.00%	
Total Accepted	0	0.00%	

Cardiovascular		% of Total	
Total	966		
New	390	40.37%	
Withdrawn by KP	2	0.21%	
Existing in SCT	574	59.42%	
Proposed New Concepts:			
Total Delivered	390		
Total Rejected	311	79.74%	
Total Accepted	79	20.26%	
Clinician Display names:			
Total Delivered	964		
Total Rejected	677	70.23%	
Total Accepted	287	29.77%	



Patient Display names:			
Total Delivered	964		
Total Rejected	964	100.00%	
Total Accepted	0	0.00%	

Mental Health		% of Total	
Total	1204		
New	341	28.32%	
Withdrawn	1	0.08%	
Existing in SCT	863	71.68%	

Proposed New Concepts:			
Total Delivered	341		
Total Rejected	238	69.79%	
Total Accepted	103	30.21%	

Clinician Display names:			
Total Delivered	1203		
Total Rejected	601	49.96%	
Total Accepted	602	50.04%	

Patient Display names:			
Total Delivered	1203		
Total Rejected	497	41.31%	
Total Accepted	706	58.69%	

Neurology		% of Total	
Total	1497		
New	566	37.81%	
Existing in SCT	931	62.19%	

Proposed New Concepts:			
Total Delivered	566		
Total Rejected	436	77.03%	
Total Accepted	130	22.97%	

Musculoskeletal		% of Total	
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Total	4534	
New	3221	71.04%
Existing in SCT	1313	28.96%



APPENDIX 5

Implementation and Innovation Committee Report to the General Assembly – April 2011

The I & I Committee has spent the time since the Copenhagen meeting developing and refining a series of implementation use cases. These use cases are being mapped against the priorities from the work plan. From the Sydney meeting forward they will be prioritized according to the needs of Member nations as reflected in the work plan, and they will guide the work of the officer and the committee.

Several months were occupied with the recruitment of a successor to Lam as the Implementation and Innovation officer and there was a considerable period between the old and new officer when activity and drive has dipped

This recruitment effort concluded with the successful recruitment and appointment of David Markwell as of mid-September.

Additional SIGs/WGs have been added to the oversight responsibilities of the Committee, most notably the Nursing Sig, Education Sig, and the Technical Implementation Guide.



APPENDIX 6

IHTSDO Member Forum Report October 2011

The Member Forum has had monthly conference calls since February 2011 and has met face-to-face in April. The next meeting takes place on 13th October 2011. About ten representatives are new to the Member Forum since October 2010 due to additional Member countries and individual replacements. An individual section of the IHTSDO Collaborative Space on Collabnet is used for documentation and information sharing among Member Forum representatives.

About ten IHTSDO consultations have been discussed by Members or distributed through the Forum since February, issued by the Management Board, officers, committees or project groups, eg. Draft policy on the use of trademarks/proprietary names, CMT donation, RF2 to RF1 conversion tool, mapping to ICD-10 initial sample, requirements for IHTSDO glossary, inventory of educational materials.

Many of the recurrent themes in 2011 have special significance to representatives of the Member Forum due to the operational responsibilities of Member's National Release Centres (NRCs). The most significant discussions were about the IHTSDO Workbench project, the Workbench Advisory Group, CMT donation and Member Exchange, Release Format 2, and IHTSDO policies under development. IHTSDO organizational and communication matters have been standing items on the agenda.

At the April conference, the Member Forum also discussed the need for the National Release Centers to provide Service Level Agreements (SLAs) to their Affiliates, as part of the core role of the NRC to be a supplier of products and services. The Member Forum has set up a small work working group to explore this matter further.

A small survey has been made among Members in order to evaluate the role and activities of the Member Forum over the past year and to bring up ideas or improvements for the future. Six out of fifteen Members had responded by September and the results will be discussed at the October meeting.

Active

No.	Organization name
1	A Y A CONSULTORES SA
2	ADVANCED MEDICAL AND DENTAL INSTITUTEUNIVERSITI SAINS MALAYSIA
3	AGFA HEALTHCARE GMBH
4	AKSYS SRO
5	ALBERTA HEALTH AND WELLNESS
6	ALERT LIFE SCIENCES COMPUTING SA
7	ALZAHRA
8	AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS
9	ANDALUSIA HEALTH BUSINESS SOLUSIONS
10	AVERBIS
11	B2I HEALTHCARE KFT
12	BAHRAIN DEFENSE FORCE HOSPITAL
13	BINARYBAG
14	BLUE SWORD CORP
15	BOLNISNICA GOLNIK UNIVERSITY CLINIC OF RESPIRATORY AND ALLERGIC DISEASES
16	CAPITALBIO
17	CAPITALBIO CORPORATION
18	CAUDATE COMPANY
19	CAVAN GENERAL HOSPITAL
20	CENTER FOR INTEROPERABLE EHR
21	CENTRE FOR HEALTH PROTECTION DEPARTMENT OF HEALTH HONG KONG
22	CERNER CORPORATION SOA REPORTING ONLY
23	CHINA NATIONAL COMMITTEE FOR TERMS IN SCIENCES AND TECHNOLOGIES
24	CHINA NATIONAL COMMITTEE FOR TERMS IN SCIENCES AND TECHONOLOGIES
25	CHRISTIAN MEDICAL COLLEGE VELLORE
26	CLEVELAND CLINIC ABU DHABI
27	CLINICAL INFORMATICS CONSULTING
28	CLINICAL RESEARCH CENTRE SCHOOL OF MEDICAL SCIENCE
29	CONNECT INFORMATICA SRL
30	CPP
31	DAE JOONG KIM
32	DATABASE MANAGEMENT SYSTEMS
33	DBMOTION
34	DEPARTMENT OF MEDICINE
35	DIAGNOSTICA
36	DIPARTIMENTO DI INGEGNERIA E SCIENZA DELL INFORMAZIONE
37	DISCOVERY HEALTH
38	DRAWKWARD
39	Diagnosis SRL
40	Docteur JeanPierre Bouquillon
41	EGE UNIVERSITY DEPARTMENT OF COMPUTER ENGINEERING
42	ELAD SOLUTIONS LTD
43	ENS EXPERT NETWORK SOLUTION GMBH
44	ERASME
45	ESCUELA COLOMBIANA DE CARRERAS INDUSTRIALES
46	EUROMISE SRO
47	FACULTY OF MEDICINE OSIJEK
48	FLUMINENSE FEDERAL UNIVERSITY
49	FUNDACAO FACULDADE DE MADICINA
50	Faculty of Medicine Siriraj Hospital Mahidol University
51	GACHON UNIVERSITY GIL HOSPITAL
52	GEORG THIEME VERLAG KG
53	GEORG THIEME VERLAG KG
54	GMC SYSTEMS MBH
55	HAMAD MEDICAL CORPORATION
56	HANMICLINIC
57	HEALTH INFORMATICS UNIT SCHOOL OF PUBLIC UNIVERSITY OF GHANA
58	HELLO DOCTOR PROPRIETARY LTD
59	HELPSOFT CA
60	HISTOPATHOCYTO
61	HOLGER STENZHORN

62	HOMEMED COSTA RICA
63	HOSPITAL ALEMAN
64	HOSPITAL AUTHORITY OF HONG KONG
65	HOSPITAL DAS CLINICAS DA FACULDADE DE MEDICINA DA UNIVERSIDADE DE SAO PAULO
66	HOSPITAL ESPIRITO SANTO EPE DE EVORA
67	HOSPITAL GENERAL DE CIUDAD REAL
68	HOSPITAL LUIS VERNAZA
69	HOSPITAL SAN JUAN DE DIOS SERVICIO DE ANATOMICA PATOLOGICA
70	HOSPITAL UNIVERSITI SAINS MALAYSIA
71	HRB CENTRE FOR PRIMARY CARE RESEARCH
72	HYNEK KRUIK
73	IBR HOSPITAL
74	IHTSDO
75	IHTSDO
76	IHTSDO
77	IHTSDO
78	IHTSDOFMBA
79	INFORMATION TECHNOLOGY SQUAD SA DE CV
80	INFOVALLEY
81	INSTITUT AIFB UNIVERSITAT KARLSRUHE
82	IPSOFT LTDA
83	ISPED BORDEAUX
84	IT AVDELINGEN RIKSHOSPITALET
85	IUMS
86	KAISER PERMANENTE
87	KNOWTION
88	KYUNGHEE UNIVERSITY
89	LABNETWORX
90	LANCET LABORATORIES
91	LINKSERVICESWORLD
92	MAX MANUS AS
93	MEDARCH
94	MEDICUM AS
95	MEGASALUD
96	MIDLANDS REGIONAL HOSPITAL TULLAMORE
97	MINISTRY OF HEALTH
98	MINISTRY OF HEALTH AND THE ENVIRONMENT
99	MINISTRY OF HEALTH IRAN
100	MINISTRY OF HEALTH OMAN
101	MINISTRY OF HEALTH PAKISTAN NATIONAL HEALTH AND INFORMATION SYSTEM
102	MITRAIS PT
103	Medical Informatics Platform for thealth Development Center
104	NATIONAL CANCER CENTER
105	NATIONAL CENTER SCREENING SERVICE
106	NATIONAL CENTRE FOR HEALTH INFORMATION SYSTEMS
107	NATIONAL HEALTH INSURANCE CORPORATION ILSAN HOSPITAL
108	NATIONAL HEALTH INSURANCE CORPORATION ILSAN HOSPITAL
109	NATIONAL HEALTH LABORATORY SERVICE
110	NATIONAL HEALTH MANAGEMENTAND INFORMATION SYSTEM
111	NATIONAL TECHNICAL UNIVERSITY OF ATHENS
112	NHS CFH TEST ACCOUNT
113	NHUMI TECHNOLOGIES GMBH
114	NICTIZ NATIONAL ICT INSTITUTE FOR HEALTHCARE IN THE NETHERLANDS
115	NORWEGIAN UNIVERSITY OF SCIENCE AND TECHNOLOGY
116	NORWEGIAN UNIVERSITY OF SCIENCE AND TECHNOLOGY
117	NOVARTIS INSTITUTES OF BIOMEDICAL RESEARCH
118	NUCLEO DE TELESSAUDE
119	NUST SCHOOL OF ELECTRICAL ENGINEERING AND COMPUTER SCIENCE
120	OPEN EUROPEAN NEPHROLOGY SCIENCE CENTER
121	ORB DEVELOPMENT
122	OSBA
123	PATHO LAB DIAGNOSTICS LTD
124	PATHOLOGY DEPARTMENT

125	PERANSANG JATI SDN BHD
126	POLITICAS EN SALUD PROJECT
127	PROGRAMS AND COMPLEXES
128	PSL
129	PUBLIC INSTITUTION NATIONAL CENTRE OF PATHOLOGY
130	Public Hospitals Authority
131	SABRINA B NEURURER
132	SEOUL NATIONAL UNIVERSITY BUNDANG HOSPITAL
133	SEOUL NATIONAL UNIVERSITY HOSPITAL
134	SIA FUTURE MEDICINE GROUP
135	SILVER DRAGON CONSULTING
136	SINGAPORE TISSUE NETWORK
137	SITICON
138	SOCIEDAD ITALIANA DE BENEFICENCIA EN BUENOS AIRES HOSPITAL ITALIANO
139	SOFTRUST
140	SOFTRUST
141	SONNET BUSINESS SYSTEMS LIMITED
142	STI INNSBRUCK
143	SURVEILLANCE AND EPIDEMIOLOGY BRANCH OF THE CENTRE FOR HEALTH PROTECTION OF THE DEPARTMENT OF HEALTH
144	SWISS MEDICAL GROUP
145	Sime Darby Medical Centre Subang Jaya Sdn Bhd
146	Simon Holzer
147	Smirnov Aleksey Sergeevich
148	St Pauls Hospital
149	TAICHUNG VETERANS GENERAL
150	TEPE TEKNOLOJIK SERVISLER A S
151	TEPE TEKNOLOJIK SERVISLER AS
152	TESTGROUP
153	TESTORG
154	THE INTERNATIONAL INSTITUTE FOR THE SAFETY OF MEDICINES
155	TSINGHUA UNIVERSITY
156	TTT
157	TURKISH ARMED FORCES HEALTH COMMAND
158	TUTAPE
159	TUTAPE
160	Taichung Veterans General Hospital
161	UESYSTEMS
162	UFG
163	UKM MEDICAL CENTER NATIONAL UNIVERSITY OF MALAYSIA
164	UNIVERSIDAD CES
165	UNIVERSITA DI CATANIA
166	UNIVERSITA DI NAPOLI FEDERICO II
167	UNIVERSITE DE LA MEDITERRANEE
168	UNIVERSITY COLLEGE OF DUBLIN
169	UNIVERSITY HOSPITAL TAMPERE
170	UNIVERSITY OF CAPE TOWN
171	UNIVERSITY OF OSLO
172	UNIVERSITY OF SAINT ETIENNE JEAN MONNET
173	UNIVERSITY OF THE PHILIPPINES MANILA
174	UZ BRUSSEL
175	VETERINAEMEDIZINISCHE UNIVERSITAET WIEN
176	VGHTC
177	WEBCASTRO
178	YAMAGUCHI UNIVERSITY HOSPITAL
179	ZITHAKLINIK

Active but may be suspended

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23	FUNDACAO FACULDADE DE MADICINA
24	Faculty of Medicine Siriraj Hospital Mahidol University
25	GACHON UNIVERSITY GIL HOSPITAL
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70	UKM MEDICAL CENTER NATIONAL UNIVERSITY OF MALAYSIA
71	UNIVERSIDAD CES
72	UNIVERSITA DI CATANIA
73	UZ BRUSSEL
74	ZITHAKLINIK

Suspended

No.	Organisation Name
1	ACCESSUM TYC
2	AGFA HEALTHCARE NV
3	ASTA THORODDSEN
4	BUMRUNGRAD INTERNATIONAL
5	C2C CONSULTORIA TSIS SL
6	CANADA HEALTH INFOWAY
7	CARLOS ESPINDOLA
8	CENTRES ANTIPOISON DE PARIS PARIS POISON CONTROL CENTRE
9	CTIC FOUNDATION TECHNOLOGICAL CTR. FOR THE INFORM AND COMMUNICATION
10	DEPARTMENT OF MEDICINE KORLE BU TEACHING HOSPITAL
11	EMPRESA PUBLICA HOSPITAL COSTA DEL SOL
12	FUNDACIO TICSALUT
13	HOSPICES CHUV
14	HOSPITAL UNIVERSITARIO DE FUENLABRADA
15	ISOFT SANIDAD SA
16	LG CNS GLOBAL
17	MEDICAL UNIVERSITY INNSBRUCK
18	MEDICOGNOS SA
19	MEGASALUD SA
20	MINISTRY OF HEALTH
21	MUKAWA INSTITUTE OF PATHOLOGY INC
22	POSAM
23	POSAM SPOL S R O
24	SILICON AND SOFTWARE SYSTEM
25	TAYO AGAGU
26	THE CATHOLIC UNIVERSITY OF KOREA CATHOLIC MEDICAL CENTER
27	TORREVIEJA SALUD UTE

CONFIDENTIAL

Cancelled

No.	Organization Name
1	LUIZ C MATTOSIMHO FRANCA
2	VETERINARMEDIZINISCHE UNIVERSITAT
3	ST JOHNS HOSPITAL
4	TAICHUNG VETERANS GENERAL HOSPITAL
5	LADY WILLINGDON HOSPITAL
6	HOSPITAL AUTHORITY HONG KONG
7	TAIPEI VETERANS GENERAL HOSPITAL
8	IBRHOSPITAL
9	SEOUL NATIONAL UNIVERSITY BUNDANG HOSPITAL
10	VIENNA UNIVERSITY OF TECHNOLOGY



SNOMED CT and Information Models

September 2011
Information Model Task Force



Scope of IMTF work, as detailed in TOR

The IMTF will:

- Produce a set of requirements that the IHTSDO would have from any 'ways of working' or partnership with organisations that have an interest (and maybe also intellectual property) in logical models, bearing in mind that IHTSDO already has agreements in place with some standards bodies.
- Define what Members would expect to achieve from any binding between SNOMED CT and a logical model.
- Recommend an approach and produce an estimated cost profile for such an endeavour over the next five years.



Expectations when working in Partnership

IHTSDO would have the following requirements when working in partnership with other organizations on information models:

- IPR, ownership and sustainability of SNOMED CT should not be put at risk.
- Any partnership should be based on a sound business model, allowing any products that are developed to be sustainable in the future.
- Where possible, developed products should be available to all IHTSDO Members.
- It should be possible for products to be developed on a priority use case basis, as established by Members (or other contributors where work is externally funded).
- Products should be tightly bound to SNOMED CT and other agreed terminologies and coding systems in a manner that reduces overlaps and duplication.
- Partners should be open and fair. The aim of a partnership should be to improve semantic interoperability.
- An appropriate, open and fair federated governance mechanism should be put in place.
- Appropriate quality assurance measures should be incorporated into any products.



Expected benefits to Members (1)

It is expected that the following benefits will be achieved by tightly binding an information model to SNOMED CT:

- Information models bound in this way should be easier to author, as the author need only contend with a small number of tightly bound reference terminologies that have minimal overlap.
- Information models that are bound in this way can be tested against quality criteria once, prior to release. Such information models could map onto multiple physical implementations including a greater or lesser extent of post coordination.
- It should be easier for a vendor to implement information models that are tightly bound to one or more terminologies (due to a more clearly defined semantics for each data item). There would be reduced errors and less work required. Implementation guidance could also be offered on the binding that was authored prior to release.
- A reference implementation could be put together to demonstrate a simple use case, using information models that are bound to SNOMED CT (and where necessary other terminologies). Such a reference terminology could also demonstrate how varying degrees of post-coordination in physical implementations of the same underlying information model could enable interoperability.
- Doing the binding in one place, prior to release, ensures best practice around when to pre-coordinate and when to post-coordination expressions, providing a level of consistency.



Expected benefits to Members (2)

Additional benefits would be achieved through setting up a common repository for information models, in the way described in the earlier section:

- Existing models, and the way they are bound, could be shared across stakeholders.
- Future effort required to produce models could be leveraged.
- A well-governed common repository would result in a consistent common logical data model.
- With the right tools, it should be possible to convert information models to data structures capable of implementation within EMR systems, message structures or data warehouses.
- If a mapping were to be performed between the common set of information models and the data structures in existing EMR systems, this would facilitate semantic interoperability between those systems, using a hub and spoke mapping mechanism.



Approach (1)

IHTSDO should:

- Work with other organizations on initiatives that could lead to improvements in semantic interoperability.
- Encourage creation of information models that are tightly bound to SNOMED CT.
- Coordinate with other standards bodies (such as ISO, CEN, DICOM, HL7, etc.) on information modeling work, through existing forums.

IHTSDO may, with Management Board approval:

- Provide secretariat support to information modeling initiatives.
- Provide and administer an open and fair federated governance framework for such initiatives.
- Provide a release, distribution and quality assurance function for such initiatives.
- Work with organizations owning information modeling artifacts to improve binding mechanisms from the models to SNOMED CT, by provision of guidance, examples, reference implementations and standard binding formalisms.
- Provide assistance to organizations in the development of reference implementations that demonstrate the use of SNOMED CT to achieve semantic interoperability.

IHTSDO should not:

- Develop information models in isolation.
- Contribute to any activity that the IHTSDO Management Board feels is not sustainable.
- Enter into any agreement that would put the ownership of SNOMED CT at risk.
- Contribute to any activity that the Management Board feels would have a negative impact on patient safety.
- Work on multiple directly competing initiatives, although it is expected that a number of initiatives could be worked on, without conflict – for example, binding CDA with SNOMED CT would not conflict with setup of an information model repository.



Approach (2)

IHTSDO should work, in conjunction with other organisations, towards the following goals:

- Creation of a community of practice.
- Provision and maintenance of a central repository of models.
- Agreement of a framework to support a common logical data model, addressing the issue of the overlap between information models and terminology in such a way to support the continuum of models required without sacrificing interoperability.
- Agreement of a framework and toolset to enable mappings between the common logical data model and multiple physical formats for implementation.
- Development of a reference implementation.



Approach (3)

Creation of a community that:

- Is inclusive of all stakeholders (including nationals and vendors), and responsive to their needs, providing appropriate forums to enable discussion and feedback.
- Is complementary, where possible, to the work of other standards bodies.



Approach (4)

Provision and maintenance of a central repository of models that (1):

- Has an appropriate, fair, and open federated governance mechanism, to ensure that ongoing contributions are reviewed and quality assured.
- Is open for use, to enable use in healthcare systems globally.
- Is open for contributions, to allow contributors to work on areas of the model that they see as priority use cases.
- Has a reliable release and distribution mechanism, including appropriate quality assurance steps.



Approach (5)

Provision and maintenance of a central repository of models that (2):

- Is sustainable, and backed with a clearly understood business model. A number of funding models could be used, including:
 - Pay to use.
 - Pay to contribute.
 - Indirect funding from Members of IHTSDO and/or other organisations.
- Has an agreed approach to IP. Options might include:
 - Working in partnership with organisation owning IP.
 - Procurement of rights to use IP.
 - Purchase of IP.
 - Inclusion (or not) of products licensed by 3rd parties in the repository.
- Is secure and accessible.



Approach (6)

Agreement of a framework for a common logical data model, that is:

- Described using a single syntax or modelling language (possibly composed of multiple complementary existing formalisms). A common language is required in order to create a repository of models that interlink to create a common logical data model
- Based on a single reference model. A reference model is required so that the logical data model is self consistent across multiple use cases, using the same types of structures and data elements where possible.
- Based on an agreed set of standards for data types.
- Bound to a reference terminology (or a consistent set of reference terminologies). A reference terminology is required so that data elements can be consistently and unambiguously defined within the logical data model.



Approach (7)

Agreement of a framework and toolset (owned and maintained by vendors) to enable transformation between the common logical data model and multiple physical formats for implementation (Java, XML, etc.), including:

- Message structures - for transfer of information between systems.
- EMR information structures – to hold information in existing EMR systems.
- Aggregation structures – to report on and summarize data.

Work in partnership with selected vendors to development of a reference implementation, demonstrating:

- Implementation of the logical data model within an EMR.
- Semantic interoperability from a model EMR system to at least one legacy system.
- Aggregation and reporting techniques, by reference to the semantics of the terminology and data structures to which it is bound.



Potential Costs (1)

Costs will depend on the level of involvement that IHTSDO has. Costs for three potential scenarios are estimated below:

- A) IHTSDO are participant only, and provide advice on use of SNOMED CT.
 - Estimate: \$60K pa
- B) IHTSDO provide secretariat support and advice on SNOMED CT.
 - Estimate: \$80K pa
- C) IHTSDO host, curate and distribute the Information Models, under the oversight of the Management Board and General Assembly.
 - Estimate: \$350K setup + \$950K pa



Potential Costs (2)

Breakdown of annual costs for option C:

- \$500K - Curation of content (review, integration), Governance and Advice
- \$300K - Maintenance of tooling
- \$150K – Release, Distribution and QA

Breakdown of setup costs for option C:

- \$30K - Legal setup (licensing, etc.)
- \$120K - Organisational setup (recruitment, training, processes, etc.)
- \$200K - Tooling setup (implement, configure, etc.)
- It is assumed that no purchase of IP is required.

Costs assume one officer and two reviewers; actual costs will vary depending on size of required function.