#### More and Better Data for Research:

U.S. Health Data Content Standards

Vivian A Auld Senior Specialist for Health Data Standards National Library of Medicine

AcademyHealth Annual Research Meeting June 3, 2007



## Presidential Executive Order

April 27,2004

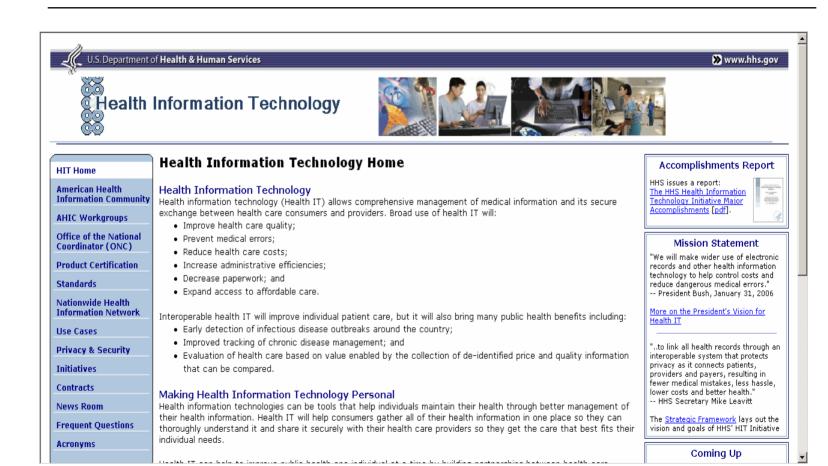
With goal of ubiquitous electronic health records and a national health information infrastructure in 10 years:

Established new National Health Information Technology Coordinator in HHS with responsibility for strategic plan to:

"(i) Advance the development, adoption, and implementation of health care information technology standards nationally through collaboration among public and private interests, and consistent with current efforts to set health information technology standards for use by the Federal Government;

(ii) ...."

## **HHS Health IT**

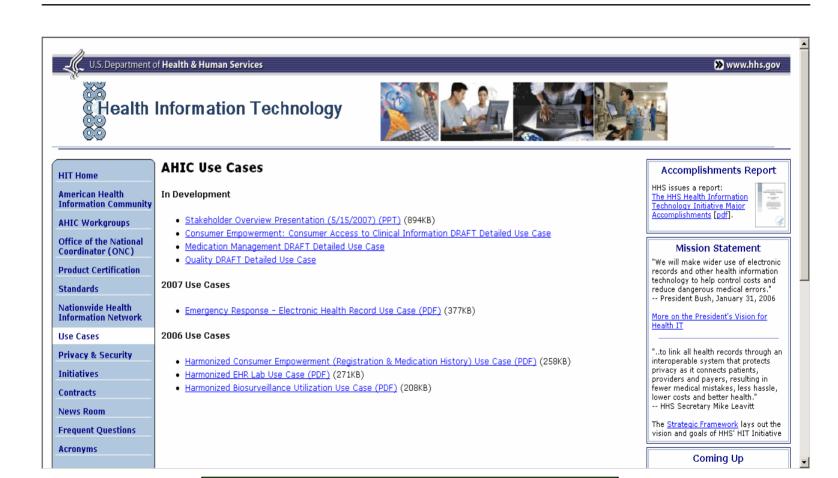


www.hhs.gov/healthit

## Strategy for Achieving U.S. Health Data Standards

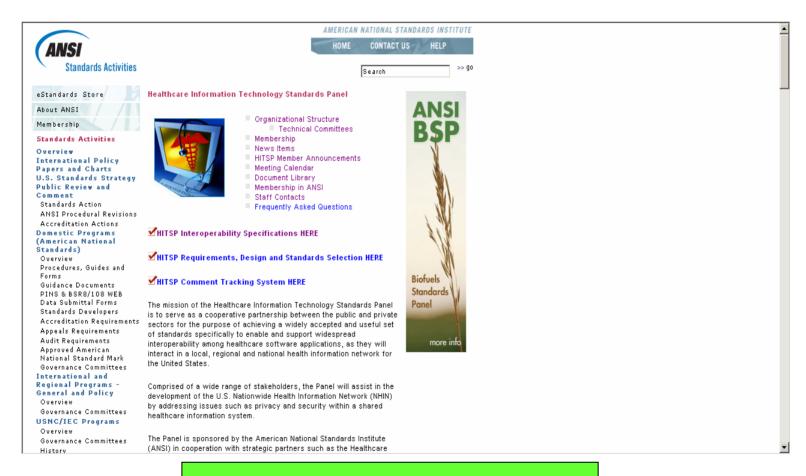
- Establish mechanism for designating U.S.
  Standards
- Pick best available as starting point
- Support development, maintenance, and low/no cost distribution – NLM leadership and ongoing commitment
- Coordinate development of selected standards to achieve non-overlapping, interlocking set
- Broaden participation in standards development
- Promote use and improvement

### **Use Cases**



www.hhs.gov/healthit/usecases

## Healthcare Information Technology Standards Panel (HITSP)

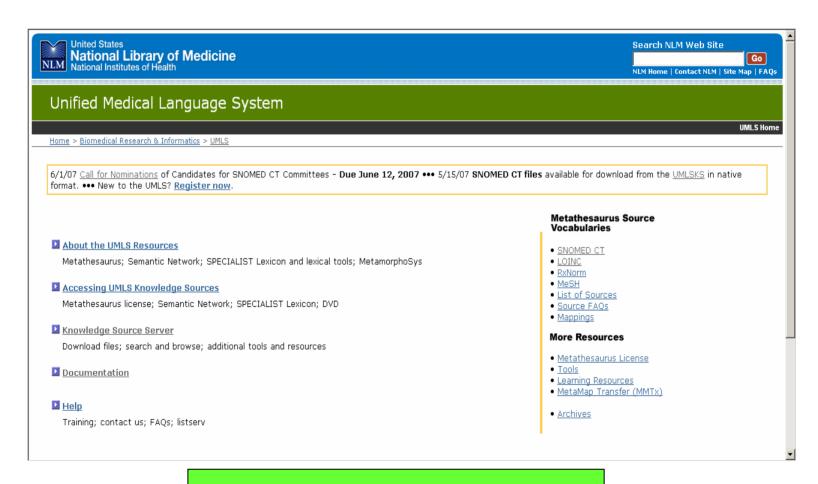


www.ansi.org/hitsp/

## NLM-led Support for Development and Maintenance

- 1999 LOINC (lab tests/instrument observations) contract support
- 2002 RxNorm (clinical drugs) direct development
- 2003 SNOMED CT contract & license for U.S-wide use (as distributed by NLM in UMLS)

## Unified Medical Language System UMLS



umlsinfo.nlm.nih.gov

## 2007AA UMLS Metathesaurus (Jan 2007)

- o ~1,373,000 concepts
- $\circ$  ~4,967,000 "terms" (Eye, Eyes, eye = 1)
- $\circ$  ~5,546,000 unique "strings" (Eye, Eyes, eye = 3)
- ~6,773,000 "atoms" or source vocabulary strings (Eye [from MeSH], Eye [from SNOMED CT] = 2)
- o 139 source vocabularies (121 "families")
- 17 different languages
  - Multi-purpose MUST be customized for any specific purpose

## Letter from HHS Secretary to NCVHS

Sept. 2004

o "As you requested ..., NLM to serve as the central coordinating body within HHS for PMRI [Patient Medical Record Information] terminologies. ... several ... mapping recommendations currently are being implemented by the NLM."

#### Coordination means:

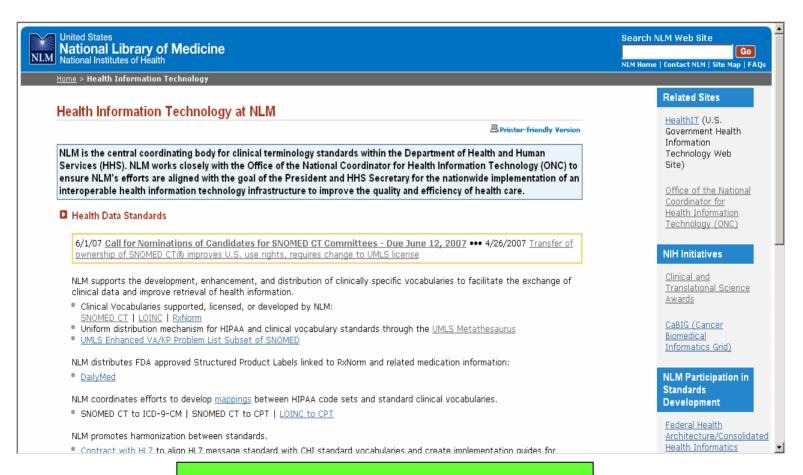
- Uniform distribution of designated standard vocabularies through the UMLS Metathesaurus
- Reducing peripheral overlap and establishing explicit relationships between standard clinical vocabularies (e.g., SNOMED, LOINC, RxNorm)
- Aligning standard clinical vocabularies with standard record and message formats
- Mapping between standard clinical vocabularies and administrative code sets and/or other important vocabularies

## NLM Long Range Plan for 2006-2016

#### 3.2 Promote Development of "Next Generation" Electronic Health Records

- o Continue and enhance current standards efforts:
  - Develop, support, license, disseminate vocabulary standards via UMLS
  - Develop subsets, mappings, and other tools in collaboration with actual clinical systems
  - Contribute to health information technology policy development
- Expand research and development to define and develop more advanced electronic health records

## Health IT at NLM



www.nlm.nih.gov/healthit.html

# Change in Ownership of SNOMED CT

### 2003- NLM/CAP\* License and Contract

- U.S-wide license for the use of SNOMED CT:
  - Perpetual rights to the last version received under the contract
  - Ongoing updates to the English and Spanish versions for 5 years (follow-on contracts likely)
  - Free distribution to U.S. users via NLM's Unified Medical Language System (UMLS)
    - International use requires separate license from CAP
  - Terms of agreement determined with extensive input/advice from HHS agencies, VA, DOD

<sup>\*</sup>College of American Pathologists

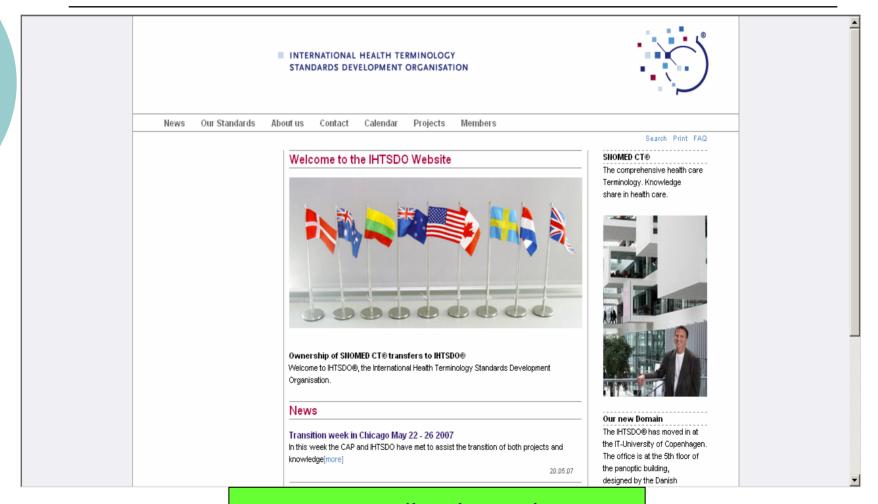
## IHTSDO principles

- Openness, fairness, transparency, and accountability to Members
- Responsible, ethical conduct to ensure long-term viability, value, utility, clinical & technical fitness of terminology products
- Collaboration with others to facilitate interoperability
- Encouragement of intellectual contributions under terms that permit others to use and distribute their own work

## April 26, 2007: Change in ownership announced

- International Health Terminology
  Standards Development Organisation
  (IHTSDO)
  - Charter members from 9 countries:
    - Australia, Canada, Denmark,
      Lithuania, Netherlands, New Zealand,
      Sweden, UK, USA
  - Each member country represented by one entity
    - NLM the initial entity for USA

## International Health Terminology Standards Development Organisation (IHTSDO)



www.ihtsdo.org/

## Chronology

- IHTSDO formed in Denmark March 9, 2007
- IHTSDO IP purchase from CAP for \$7.8 million and 3-yr support contract with CAP – final on April 24, 2007
- Public announcement April 26, 2007
- NLM ends contract with CAP April 30, 2007
- IHTSDO SNOMED Editorial Board/WG transition meeting – May 23-25, 2007 (Chicago)
- NLM sets up new contract with IHTSDO by June 30, 2007

## IHTSDO - Country Participation

- Member countries
  - Annual fees based on World Bank GNI values, pegged to current US fee (\$5.5 million in '07)
  - Charter members (other than US) also contributed to initial IP payment
  - After start-up, new members pay joining fee, as well as annual fee
- "Sponsored countries"
  - For countries below a GNI threshold, a onetime payment (8 X annual fee) provides permanent rights; can be paid by anyone, e.g., foundation

## IHTSDO Member\* Rights

- Use and reformat the International release
- Create national extensions in accordance with IHTSDO standards
- Create derivatives, e.g., subsets, mappings, etc.
- Distribute the international release to "Affiliates" (=licensees) under standard license terms
  - Must distribute in native format, in addition to any other formats
- Continue to use and distribute the last version received if membership ceases

<sup>\*</sup>In US, NLM

### "Affiliate" License Terms

- One license for everyone e.g., vendors, hospitals, researchers
- Right to use, create extensions and derivatives, incorporate international release in products
  - No use fees in Member or Sponsored countries; some in non-member countries
  - IHTSDO may "annex" certain extensions
- Required to check if additional requirements apply (e.g., use of national releases) for use in member countries

### **IHTSDO** Governance

- General Assembly 1 vote per member country
  - Initial US member: Betsy Humphreys (Alt. Vivian Auld)
- Management Board (up to 12 members)
  - Now: 9 members: 1 per member country
    - NLMers cannot serve due to Contract;
    - Initial US member: Andrew Wiesenthal, MD, Kaiser (Alt. Simon Cohn, MD, Kaiser & Chair, National Committee on Vital and Health Statistics)

### **IHTSDO** Governance

- Executive Officers
  - CEO, Chief Terminologist, Chief Technologist, Chief QA Officer
    - o Initial interim appointments:
      - Ulrich Andersen (Den), CEO
      - Kent Spackman (USA), Chief Terminologist
    - International recruitment for permanent officers

### **IHTSDO** Governance

 Committees: Content, Information Technology, Quality Assurance, R & D

- Harmonization Boards
  - Jointly established with other standards bodies, e.g., WHO, LOINC, etc.

#### Call for Nominations – Due 6/12/2007



Search NLM Web Site



#### Call for Nominations of Candidates for SNOMED CT Committees - DUE June 12, 2007

As the US Member of the International Health Terminology Standards Development Organisation (IHTSDO), the National Library of Medicine is soliciting nominations for candidates for positions on four standing IHTSDO Committees - Content, Technology, Quality Assurance, and Research & Innovation - that will play an important role in ongoing development of the SNOMED CT clinical terminology.

The Committees are described in Sections 9.4-9.9 of the Articles of the IHTSDO

( http://www.ihtsdo.org/fileadmin/user\_upload/Docs\_01/Articles\_of\_Association\_for\_IHTSDO.html#9). There will be 12 people on each Committee, per decision of the IHTSDO Management Board. As an IHTSDO Member, NLM may nominate 2 people for each Committee. There are 9 current IHTSDO members so there will be a maximum of 18 nominees for each Committee. The IHTSDO General Assembly will elect 12 people from among those nominated for a particular Committee.

Election to Committees will be one of several ways of participating in the ongoing development of SNOMED CT. Based on discussions in recent transition meetings, the IHTSDO Articles (specifically Sections 9.4.8-9.4.9) are being amended to allow open participation in Working Groups. There will also be an Affiliates Forum open to everyone with a SNOMED CT license. (Any current UMLS licensee will be eligible to participate.) In addition, specific experts may be asked to participate on Harmonization Bodies formed to define the relationship of SNOMED CT to other standards, on Ad Hoc committees, or special project teams. Details about these mechanisms will be forthcoming over the next 6 months.

The transfer of ownership of SNOMED CT provides exciting new opportunities for effective international collaboration to improve and align the content of this important standard terminology with other key health information technology standards. The IHTSDO Committees will be important in taking advantage of these opportunities. NLM seeks nominations of strong candidates who represent a broad range of those with a stake in interoperability standards, e.g., health care delivery, public health, government, private industry. Submit nominations via email to <a href="mailto:nichsr@nlm.nih.gov">nichsr@nlm.nih.gov</a> by midnight on Tuesday, June 12, 2007. Include a brief biosketch and a description of the specific qualifications of the nominee for one or more Committees.

NLM will select two nominees for each Committee in consultation with the Chair, Healthcare Information Technology Standards Board, the Chair, National Committee on Vital and Health Statistics, and the National Coordinator for Health Information Technology.

###

Last reviewed: 01 June 2007

### What Will Be Different for U.S.?

- Annual fee NLM is paying may decrease over time
- UMLS users must review and accept new license terms (easy online process) – BY MAY 15, 2007
- SNOMED CT and its documentation will be available in in native format from NLM (on MAY 15, 2007)
  - in addition to UMLS format
- Better international distribution rights for US users
- Good prospects for:
  - More transparent governance, priority setting
  - More efficient updating
  - International collaboration on subsets, tools, etc.
  - More commercial products

www.nlm.nih.gov/snomed

## Next on the list for NLM & SNOMED CT

- New U.S. process for input to SNOMED CT development
  - Begin by coordination with existing NCVHS, HITSP, AHIC activities
  - Align LOINC and RxNorm development with SNOMED CT
  - Tightly integrated with feedback from real clinical implementations

## Take Home Messages

- Health data standards have "arrived"; electronic health records are arriving
- Both will affect health care, public health functions, and the data available for HSR
- o Get involved!
  - Contribute to standards development, testing, and refinement
  - Need studies evaluating the impact of standards on health care, public health, and clinical research
- Take advantage of the resources available from HHS, NLM, etc.