Committee Meeting Summary

General Updates
The Clinical LOINC Committee convened on September 27, 2017. Dr. Vreeman, Director of LOINC and Health Data Standards at Regenstrief, opened the meeting with LOINC updates. Highlights included in the completion of the joint efforts between RSNA and Regenstrief to synthesize the radiology models. Ongoing work will include convening a subcommittee to review radiology content. Dr. Abhyankar updated the Committee on highlights from the last release and progress with the equivalence class work, including modifications to the LOINC Groups Alpha file.

Updates from the LOINC Community
Four community updates were given. The presentations included: CIMI Vitals Model (N. Zhou & S. Matney); value-set terminology binding (B. Heale & N. Davis); Columbia-Suicide Severity Rating Scale (K. Posnerk); LHC Forms/Genetics update (C. McDonald).

Committee Business

Wound Assessment Revision
Processes and guidelines around assessment and data capture related to wounds and pressure ulcers (now pressure wounds) has been updated over the past few years. Review of existing wound assessment panels is required to ensure terminology matches current clinical practices. Several items related to this effort were presented. The committee provided feedback and guidance on several issues and made decisions on two. Decisions are as follows: “skin alteration of wound” will be changed to “wound type” and the panel related to wound tunneling will be split into two panels to separate the pieces related to undermining. S. Matney will be submitting requests for edits to the LOINC team. Other items will be discussed by CIMI and submitted at a later date.

Override Answer Lists
LOINC has added a mechanism to override answer lists. The proposal is to utilize this new functionality to reduce the amount of duplicate LOINCs. The committee approved the proposal with the recommendation to find a way to highlight the most commonly used or stable list, and also to display for users that there is are alternate answers (lists) available.

Consistent User of Super System in Clinical Terms
The Committee approved a proposal to clarify the use of Systems and Super Systems in clinical terms for concepts such as Facility, Equipment, Provider, and Patient Contacts (relatives, etc.). In cases where the subject of the clinical finding is someone other than the patient and needs to be distinguished from the patient's findings, the subject will be represented as a Super System, and when there is no ambiguity, the subject will be represented as System. The definition of Provider should be expanded to include “any individual healthcare professional that is allowed/able to complete this work.” Certifier/Pronouncer is currently modeled as Component and should be updated to System. Additionally, the Committee suggested the Component for 59130-5 be reevaluated.
Semantic Versioning for LOINC Release Artifacts
LOINC has been utilizing generic numbering for versions but has never specified how those numbers are assigned. The versioning system does not allow for clarity around a version of LOINC and/or RELMA released with only a patch update (no new records), creation of new artifacts, and incremental updates to the portfolio of related accessory files. Dr. Vreeman proposed a new method for semantic versioning of LOINC files. The overall naming pattern would be: LOINC_<LoincVersion>_<ArtifactLabel>_<ArtifactVersion>_<Extention>. The proposal includes a three-part style with the use of major, minor, and patch updates. The Committee agreed with the tenets of Dr. Vreeman’s proposal and provided suggestions on possible revisions, including labeling the subtypes of versioning as “structural” and “content” to signal their user implications. A revised proposal will be presented to the Laboratory LOINC Committee in December.

LOINC Committee Principles of Governance
Dr. Vreeman put forth a proposal for a lightweight framework to clarify and improve LOINC Committee structure. This includes Committee composition, officer roles, and membership categories. The Committee would continue to have a Chair and/or Co-Chair who would be appointed by Regenstrief following a call for nominations. The term would be 2-3 years and renewable without term limit. The Chair must be a member of the Committee. There will be four types of Committee members: Individual, Organization, Standards Development Organization, and International Affiliate. The LOINC Content Team will serve as non-voting Ex Officio members. The Director of LOINC will be an Ex Officio member with one vote. The proposal also includes requirements around participation and voting to maintain member status. Each Committee member will be required to sign a letter of agreement. This proposal was accepted and will be presented with minor revisions to the Laboratory LOINC Committee in December.

Ambiguous Cases for Clinical “Binary” Property
Nearly 3,000 clinical LOINC codes with Property: Find and Scale: Ord. These terms may represent yes/no concepts or concepts with graded results. In order to understand the meaning of many of these concepts, users need to look at the answer list or term description, if available. If an answer list or description is not available, the term may be ambiguous and oftentimes people will request new codes that are very similar but with a defined answer list. At the March 2017 Clinical LOINC meeting, the committee discussed adding a new Property for clinical terms called “Bin” for binary, and leaving the graded concepts with the Property Find. Flavors of null can be added to any answer list. The LOINC content team task was to follow up at this meeting with examples of terms that are edge cases and would not fit neatly into Bin in order to decide what to do with such terms. As terms have been reviewing terms, more terms seem to fall in the “edge” category than expected.

The proposal was to keep using Property of Find; review existing terms and clarify the component for ambiguous terms to make the meaning clear; and for items were the meaning remains unclear the term shall be discouraged or deprecated. This proposal was approved.

HL7 Attachments and Related Issues
The Committee discussed two items related to HL7 Attachments. First, there are a significant number of a codes that will be switched from Nar to Doc and the Committee discussed areas that may be problematic when the switch occurs. The Committee reaffirmed that if the LOINC term represented a specific question with a long free text answer, that would remain represented as Nar. Similarly, if the answers are coded elements, the Scale will be Nom instead of Nar. If it is a collection of items, it will be Doc. The Attachments Workgroup is planning to review and recommend potential codes to transition from Nar to Doc.

The second discussion related to the use of Panel terms as top-level document codes in CDA. The question before the Committee was whether a specific document code should be created for top-level panels, such as the CMS Minimum Data Set (MDS), or whether the existing panel code could be used in the DocumentType code field. In general, the Committee
supported the idea that a panel code could serve in this role if the document contents conformed to the panel definition (including specification of required and optional child elements). It was determined that we seek feedback from a wider audience before making a policy statement about this. The current HL7 errata comments for C-CDA should be reviewed and the Committee should consider making a recommendations to HL7 about this.

Document Ontology Proposals
The Committee considered the original purpose, current use, and issues related to the DOCUMENT_SECTION field in the LOINC Table. Given the maintenance burden and little perceived value, the Committee agreed to remove the field from the LOINC Table and leave the decision about how a given term could be used up to the designers of such documents. T. Klein and V. Nguyen agreed to help spread the notice within the HL7 community.

The Committee also received a presentation from Ted Klein related to Document requests from Japan, who is requesting modeling/codes for eleven non-regulatory, but standard, forms. Many of these required further review before modeling can be completed and some may already be available in the existing Document types. The Committee also reviewed a request related to Department of Defense Permanent Change of Address document, which is an electronic copy of the entire medical record that is utilized when military personnel move from one military medical facility to another. Dr. Susan Matney will clarify as to whether this document is intended to include a single patient’s record or the record of the entire family. If individual, 11503-1 will be utilized. If family, a new code will be modeled after same.