

Attachment E

Government Support for Maps from Terminologies to Classifications

NCVHS: Call for Maps to HIPAA Code Sets

The need for different terminologies and maps among them is supported by the recommendations of several national groups, including the National Committee on Vital and Health Statistics (NCVHS).

In 2003, NCVHS recommended a set of patient medical record information (PMRI) terminology standards to the secretary of Health and Human Services. It also recommended that the federal government recognize a “core set” of PMRI terminologies as a national standard. These core terminologies would comprise the minimal set of terminologies required to adequately cover the domain of PMRI and meet essential technical criteria as reference terminologies. SNOMED-CT was recommended as one of the initial terminologies in the core set. To form a cohesive, internally consistent terminology resource, NCVHS noted the core set of terminologies should be integrated by creating relationships within the National Library of Medicine’s Unified Medical Language System (UMLS).³⁹

NCVHS further recommended that the federal government recognize an additional group of terminologies as important related terminologies and that it promote the creation and maintenance of mappings between these and the core set of PMRI terminologies. The important related terminologies include those that are neither suited nor intended for representing clinically specific data but are standards for administrative, financial, or regulatory functions. Others are prominent legacy terminologies that are intended for representing clinically specific data but were not included in the core set of terminologies.

Although these terminologies did not meet the criteria for inclusion in the core PMRI terminology standards, their use in administrative and clinical processes will continue and should be compatible with the recommended PMRI standard. Compatibility of the core set of PMRI terminologies with these important related terminologies (specifically in the form of mappings) will enhance the value and accelerate the adoption of the PMRI terminology standards, NCVHS says.

The important related terminologies include those designated as HIPAA (the Health Insurance Portability and Accountability Act) medical code sets, including ICD-9-CM. NCVHS recommended that mapping to terminologies designated as medical code sets under HIPAA be considered the first priority.⁴⁰ Presumably, any successors to current HIPAA medical code set standards (for instance, the replacement of ICD-9-CM with ICD-10-CM and ICD-10-PCS) would also be considered important related terminologies to which core terminologies should be mapped.

The expanded availability of SNOMED-CT made possible by the 2003 government licensing agreement increases the urgency of replacing ICD-9-CM with ICD-10-CM/PCS so the development of mapping tools to ICD-10-CM and ICD-10-PCS can be initiated.

IOM: Integrated Health Information Infrastructure

The 2003 Institute of Medicine (IOM) report “Patient Safety: Achieving a New Standard for Care” noted that a common clinical reference terminology is expected to reduce costs, increase efficiency, and improve the quality of data exchange, clinical research, patient safety, sharing of computer guidelines, and public health monitoring.⁴¹

According to the IOM, several supplemental terminologies are necessary to support the requirements for an integrated information infrastructure that supports multiple methods of collecting, analyzing, disseminating, and incorporating patient safety data with consideration for the differences among healthcare settings. These terminologies include the HIPAA-designated medical code sets.

The supplemental terminologies must support system functionality and knowledge-based activities such as:

- Automated chart reviews and surveillance
- Voluntary reporting
- Natural language processing of narrative text
- Decision-support tools (e.g., alerts and reminders)
- Use of computer-readable evidence-based clinical guidelines.

The report also noted that supplemental terminologies should be mapped through computer-executable aggregation logic to the core terminologies to provide the functionalities associated with the use of data standards and information systems.⁴²

PITAC: Standardized Clinical Vocabulary Is Essential

A year later, another group, the President's Information Technology Advisory Committee, recommended that standard, automated mapping from SNOMED-CT to ICD-10-CM should be freely available. The group noted that standardized clinical vocabulary is essential to computerized decision-support tools using sharable protocols that lower error rates and improve the quality of healthcare. Medical language must be recorded in standard ways so its meaning can be shared with EHR systems in a manner that is interoperable. This requires the availability of a core set of standard clinical terms that can be incorporated into EHR systems at every level to describe clinical concepts including problems, diagnoses, assessments, interventions, test results, procedures, and outcomes.⁴³