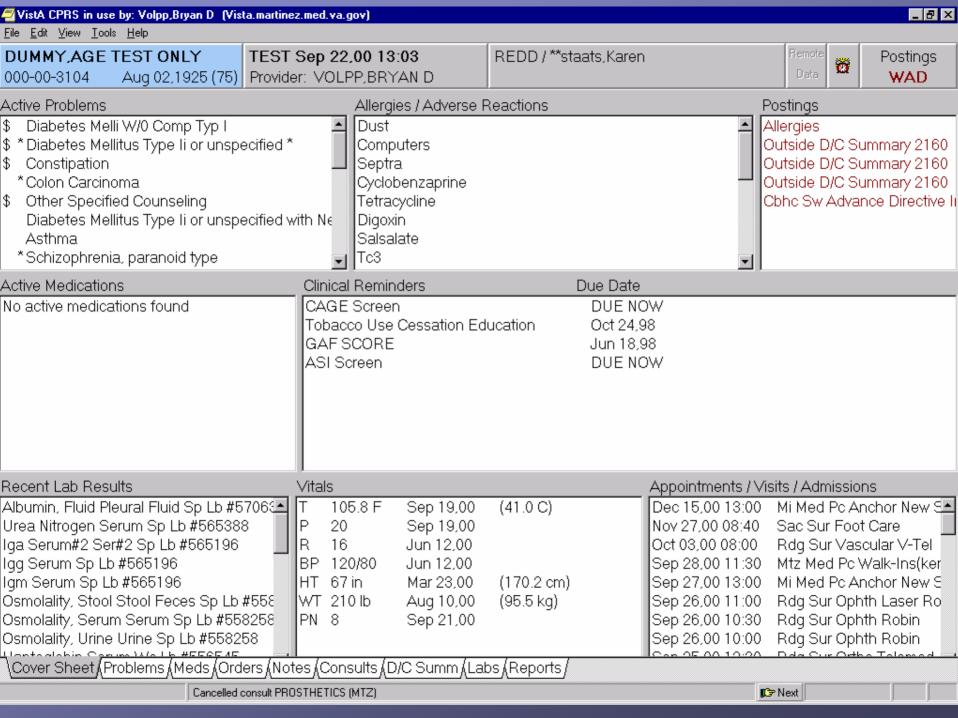
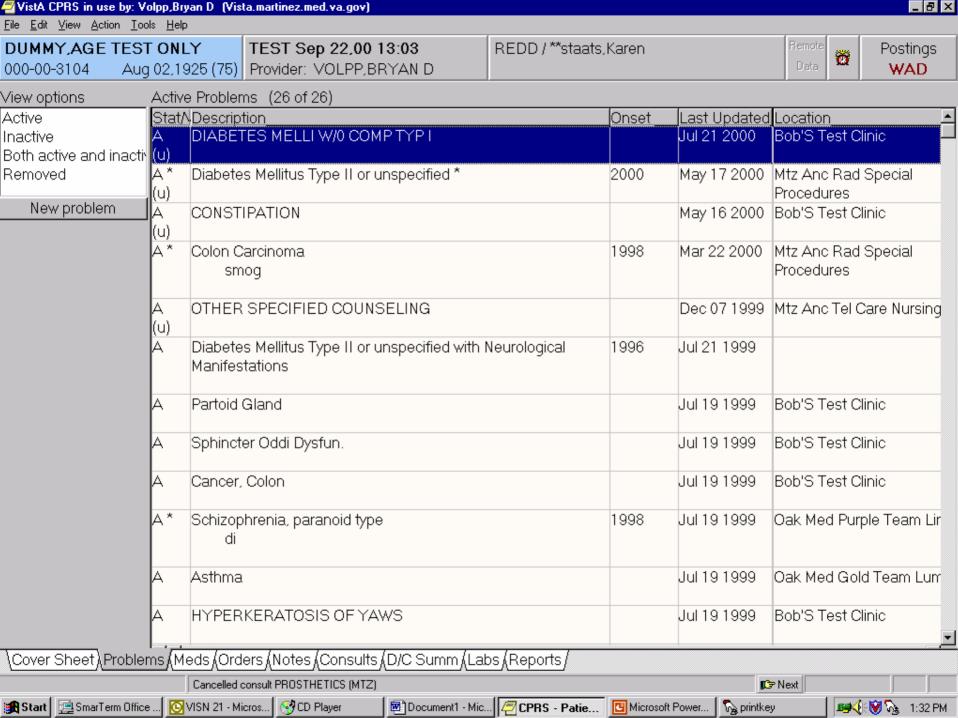
Veterans Health Administration Enterprise Terminology Project & Mapping issues

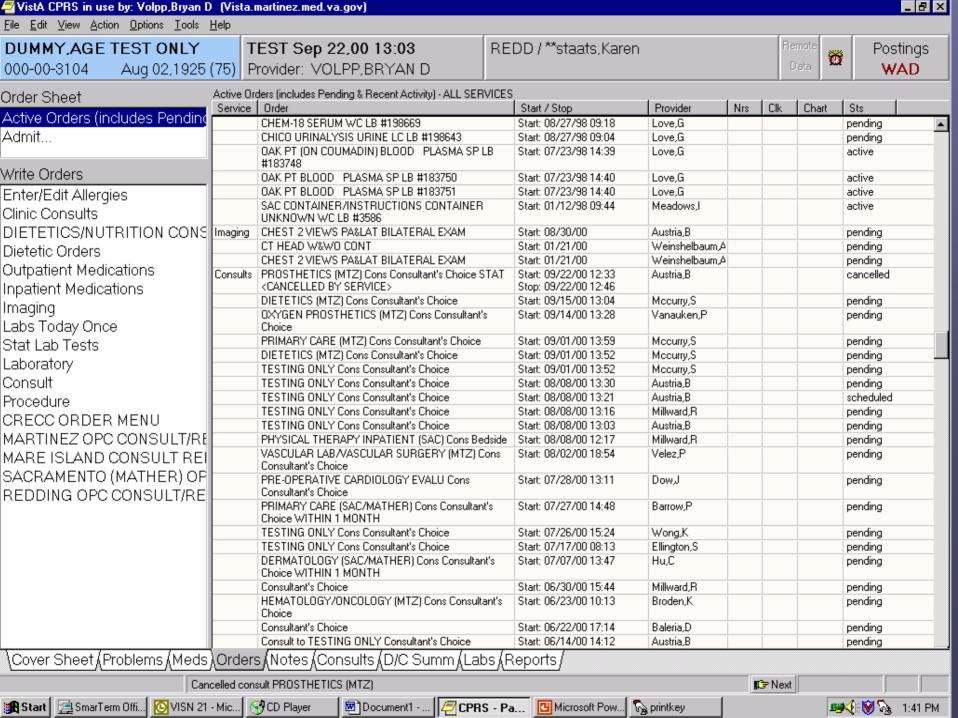
Prepared for AHIMA by Michael J. Lincoln MD, VHA Chief Terminologist and the VHA ETS team October 15, 2005

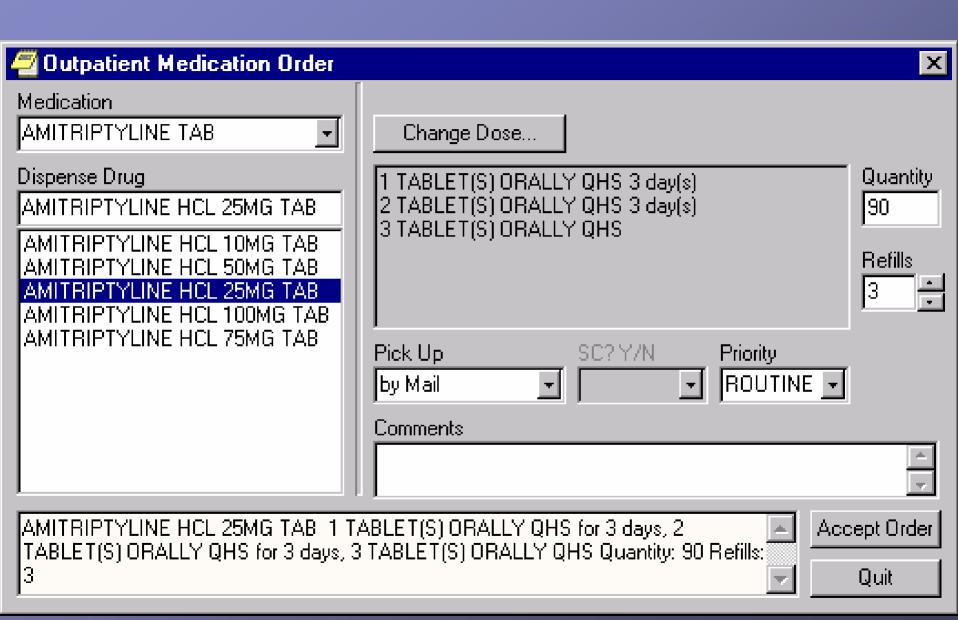
Brief history of VA computing

- DHCP-Decentralized Hospital Computing Project began in late 1970's
- VistA-Veterans Integrated Services and Technology Architecture, an outgrowth of DHCP in 1990's
- CPRS-Computerized Patient Records Systemdeveloped to provide user GUI to VistA
 - Virtually all clinical transactions computer-based: physician orders, all notes, problem list, clinical reminders, etc etc etc
 - Massively disseminated to all 169 VA hospitals, 800+ outpatient clinics, 5.6 million patients, 250,000 providers AND UNIVERSALLY ADOPTED by them











"The good thing about a legacy system is that you have one..."

Homer R. Warner, MD, PhD
ACMI; member, National Academy of Sciences;
Chairman emeritus, University of Utah
Department of Med Informatics

Limitations of VistA legacy

- Data standardization lacking among sites
- Local EHR repositories (of non-standard data)
 - Limited "Remote Data Views" from other VAMC
 - Recent Federal Health Information Exchange (FHIE) with DoD inside RDV paradigm
- Limited "computability" of EHR data
 - Mappings from VistA clinical systems to standard coding systems is limited (e.g., Problem List)
 - VistA doesn't take advantage of robustly computable terminologies such as SNOMED

State of the STATE file

	San Francisco	Manila	Lexington
IEN #2	Alaska	Alaska	Alaska
IEN #61	Manitoba	Canal Zone	(no entry)
IEN #91	(no entry)	Canada	Mexico
IEN #99	France	Quebec	(no entry)

"Getting to Yes"

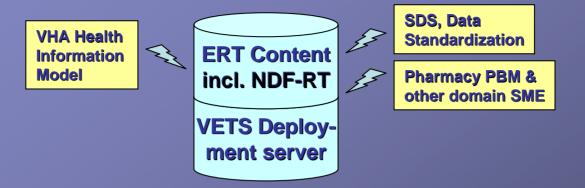
- 3396 instances of "Yes No" code sets in DoD, VA, and IHS systems
 - Over 800 in VA systems, 5 in the "New Person" file alone!
- 30 unique ways to say it
 - E.g. Yes = 1 No = 2
 - -E.g. Yes = Y No = 0 ...

NDC: 00686027720	NDC: 46193073801	NDC: 51285032190	NDC: 50053310901	NDC: 00615256113
NDC: 48695117305	NDC: 00555046506	NDC: 51285032160	NDC: 47679070204	NDC: 40039006001
NDC: 00047007032	NDC: 00555046505	NDC: 52985003606	NDC: 47679070201	NDC: 00025090152
NDC: 00047007024	NDC: 00555046502	NDC: 52985007681	NDC: 46703399418	G: 00025090131
NDC: 0022325500 ²		Jid 1950321120	(RIESTO 30 98)1	NDC 47202255103
NDC: 00223255001	NDC. 000544/3851	NDC: 51993032109	NDC: 52584918410	NDC: 47202255101
NDC: 00364075690	NDC: 00054475825	NDC: 51285032105	NDC: 00363690810	NDC: 12027008902
NDC: 00364075602	NDC 54441019750	NDC: 51285032102	NDC: 53489045101	NDC: 12027008901
NDC: 00364075601	NDC 54441619735	ADOMATITALA	38202_{2601}^{2610}	NDC: 53487014510
NDC: 52953000304	NDC 54441(1) 7 5	CNOCK US # 3 /5 8 / V		NDC: 00781134413
NDC: 00378018210	NDC 5444101971		0054875825	NDC: 00781134410
NDC: 00378018201	NDC: 54441(3.97		3 (5 10931	NDC: 00781134401
NDC: 51432097106	NDC 00182 1 758.	D 1	10005310923	NDC: 53978003410
NDC: 00677104110	NDC 0018217584	Propranolo	103 7024	NDC: 00117134405
NDC: 00677104105	NDC 0022813.7	•	OV 60 (2191	NDC: 00117134401
NDC: 00677104101	NDC 0022823271	10Mg Tal	00046042181	NDC: 51316009004
NDC: 54569055650	NDC 000460 21	101115 141	4 6 42180	NDC: 11146094210
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NDC: 46193073810	NDC 0004604219		0046042161	NDC: 52544030510
NDC: 46193073805	NDC 006035439		21:20 5 .2160	NDC: 00839711416
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NDC: 52544030501	NDC 54269010701	AUGNAKARS	XXXX XX XX XX XX XX XX X	NDC: 00536430905
NDC: 53633032116	NDC 5181340 2 D		7TU249416304	NDC: 00536430901
NDC: 53633032110	NDC: 51813007290	NDC: 00894633101	NDC: 54697006303	NDC: 35470050801
NDC: 12071044010	NDC: 51813007260	NDC: 10647042101	NDC: 54697006302	NDC: 00143150225
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Enterprise Terminology Systems initiative in VHA

- Enterprise-centric terminology
 - "All applications/services shall use an enterprise level service as the single authoritative source for terminology." (Core Specifications for Re-hosting Initiatives, July 2004)
- ETS terminologists and Data Standardization project analyze, create, and implement:
 - Content standards for ...Pharmacy, Lab, Allergy, Documents, and other clinical domains
 - Server systems to host and deploy the content
 - A "New Term Rapid Turnaround" system responsive to field requests for additional content

Enterprise Terminology approach



- •Robust maintenance tools: programmable, extensible, vendor-based as appropriate
- Good terminology practices: VUIDs, versioning, concept permanence, etc *
- Computerized quality control
 - Concept classification engine
 - •Smart maintenance: New Term Rapid Turnaround, SDO updates by subscription, FDA Structured Label, New Drug Transaction...etc.
 - Harmonization of multiple domains
- Focus on CHI and NCVHS designated standards
- Meet HealtheVet architectural guidelines
- Standard APIs

www.hl7.org/library/committees/ vocab/Good_Vocab_Practices_May_00_Cleveland.doc

Standards used in VHA

- HIPAA mandated code sets
 - ICD-9 CM, HCPCS, CPT
- SNOMED-CT
 - Federal license includes ICD- 9 CM map
- Drug terminology
 - UMLS RxNorm & VA National Drug File Reference Terminology (NDF-RT)
- Laboratory Observation and Identifiers Numeric Codes (LOINC)

Standards used in VHA (2)

- "Clinical LOINC", the part of LOINC dealing with non-laboratory results
 - Document Titles
- VHA terminology subsets
 - Allergy & vital signs: mapped to SNOMED
 - Diagnosis & Procedures subsets, mapped to SNOMED-CT
 - Kaiser Permanente-VHA collaboration

Standardizing Lab Data

- Each of 128 VHA sites uses different "Lab file" to name results
 - "Serum sodium" at SLC VAMC
 - "Serum NA+" at Nashville VAMC
- Non computable results mean a provider must read to understand
 - Computerized support not operative across sites
 - Unable to aggregate data across sites

Standardizing Lab

- CHI recommendation to use Lab-LOINC for laboratory results
- All 128 VistA databases extracted
 - 294,161 total tests; chemistry tests to be mapped (193,784 active chem)
 - Ca. 90% amenable to central mapping to LOINC using RELMA
 - Remaining ca. 10% required additional information from local site

Standardizing Problems

- Previously VHA used "Lexicon Utility", based on UMLS, used to name patient problems
 - Difficulty of "unresolved" (to ICD-9) problem narratives
 - Alternative is to limit clinicians to use ICD-9 & CPT only to represent clinical entities
- Administrative codes inadequate to represent clinical entities
 - Example: Mitral valve prolapse with valve regurgitation SCTID 409712001 codes to Mitral valve disorders ICD-9 CM 424.0

VHA approach to Problem List

- VHA Problem: Clinicians can't "document once" with documentation be "reused many times", e.g. for billing or reporting disease morbidity
- Good solution: transition to SNOMED-CT based "Diagnosis Subset"
 - "Diagnosis" recognizes re-use outside of PL application
 - Collaboration with Kaiser to create subset
 - Subset includes mapping of SNOMED to ICD-9 CM
- Enhanced solution: Jim Campbell/AHIMA and others working on knowledge base for ICD-9 CM coding from SNOMED

ICD-9 CM mapping

- "Out of the box" ICD mapping in Federal SNOMED license
 - Result is "one best" ICD code
 - Works in one direction only: one SNOMED-> single best ICD-9 term (reverse would be have to be one to many)
- Not adequate for billing:
 - No account of co-occurring conditions, age, other factors

Why do SNOMED to ICD-9 CM mapping?

- Enter clinical data using a clinical terminology
 - Example: SNOMED CT Concept ID 27679008 –
 Pulmonary Hypertension with extreme obesity
 - Map to: ICD-9-CM target codes 416.8|278.00
- "Code once, use many times"
 - A map from a clinical terminology to a classification scheme such as ICD-9-CM provides important billing information

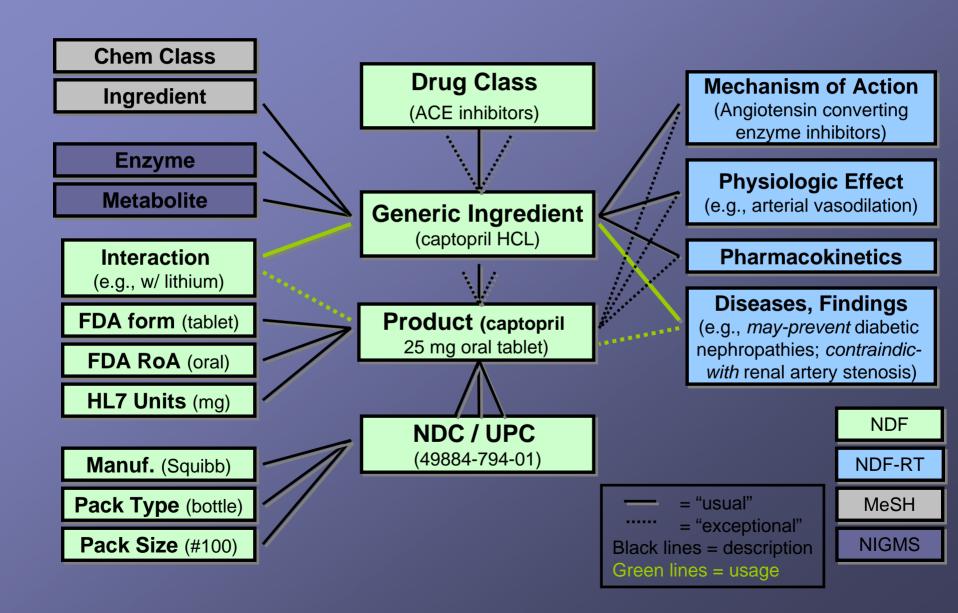
Available SNOMED mappings

- SNOMED-CT to ICD-9 CM available under Federal license
- Other mappings (extra \$\$ as these are not licensed by Feds)
 - ICD-10 and OPCS 4 in accordance with U.K. standards
 - ICD-O (Oncology) v3
 - Nursing classifications (NANDA, NIC, NOC, PNDS, Omaha)

VHA Drug Terminologies and mappings

- VHA has created National Drug File Reference Terminology (NDF-RT)
 - Reference information model includes mappings to internal VA standards and external standards
- External standards
 - Drug database vendor information
 - UMLS diseases & SNOMED CT diseases

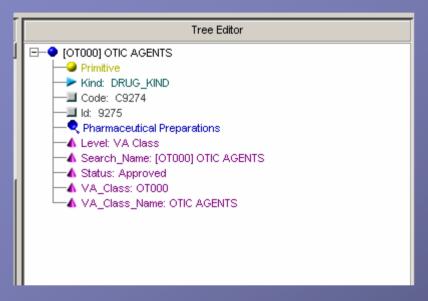
NDF-RT Model



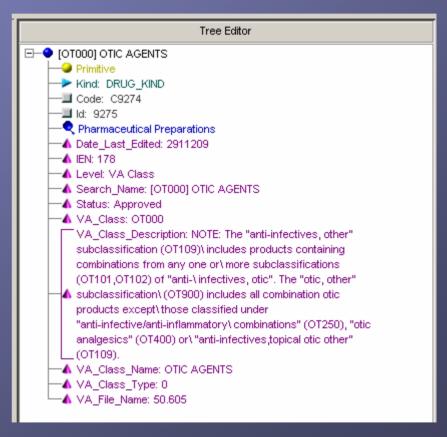
VA class information added

NDF-RT 2004

NDF-RT 2005



Lacked some NDF fields required by VistA...



File Name and IEN properties facilitate NDF "reconstruction" for legacy VistA

Types of NDF-RT mappings

- Disease Kinds
 - Mapped to UMLS Diseases
 - Now to be also mapped to SNOMED CT
- Legacy drug sources in VistA
 - VHA "NDF" drug classes, generics, etc
- External sources
 - NDC codes
 - Drug database vendors

Smart maintenance of mappings and other changes

- Terminology maintenance is a "big ticket" item
 - Especially true for drugs: VA faces ca. 200 new products, 500 new supplies, 3000 NDC changes/mo.
 - Hence often infrequent and insufficient
- Take advantage of new data flows and automate the process
 - FDA "Structured Product Label" linked to VHA "New Drug Transaction" imports SPL data into TDE
 - Also extensible to import drug db vendor updates into TDE
 - Subsequent review by VHA Pharmacy Benefits Managers and Pharmacologists

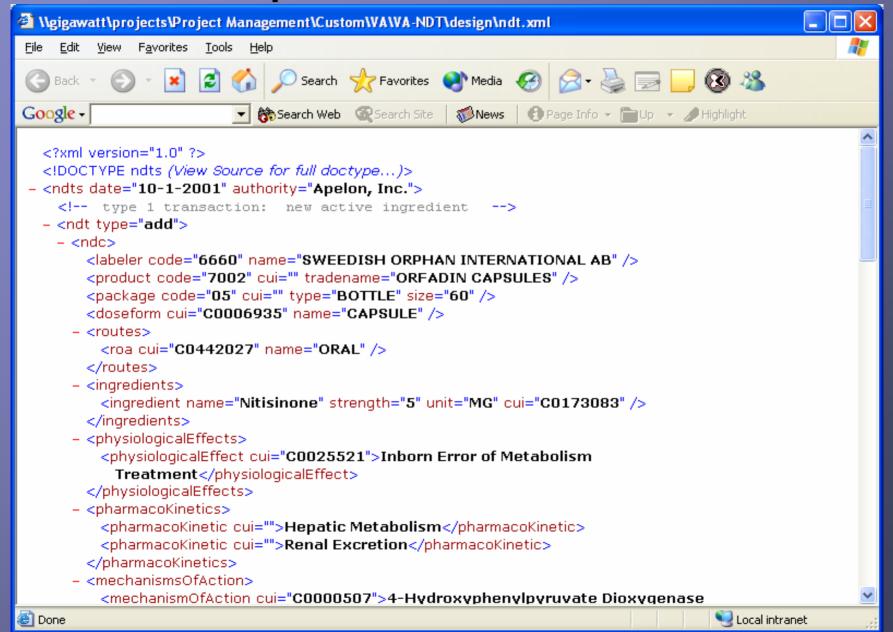
SPL v2: XML example

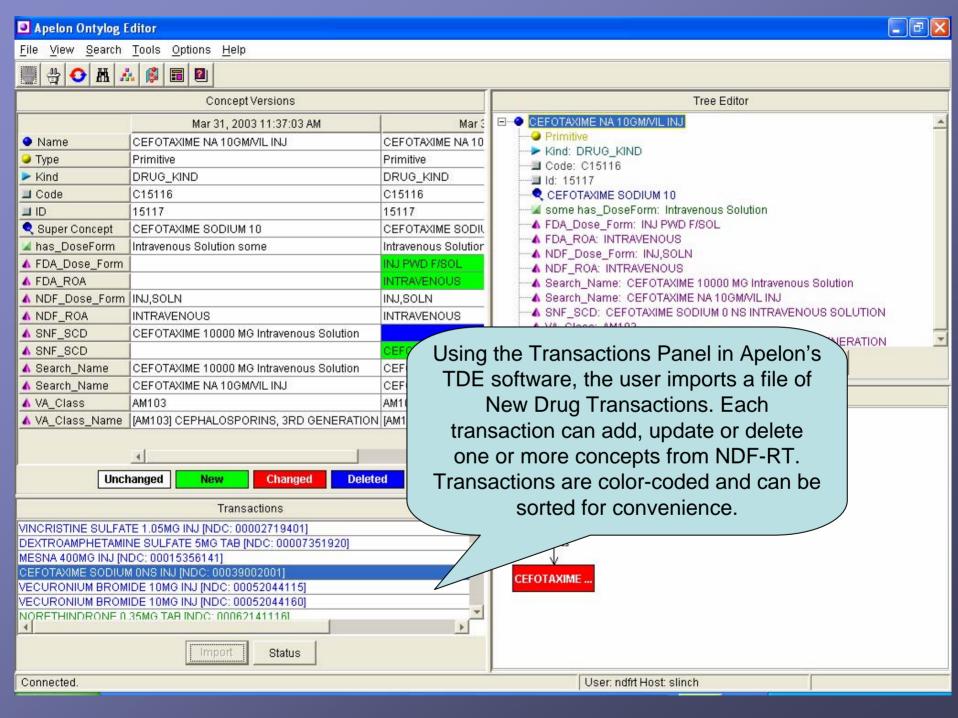
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                 <denominator value="1" unit="mL"/>
        </guantity>
        <substance>
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codeSystemName="FDA"/>
                 <name>latanoprost</name>
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                         <activeMoietyEntity>
                                  <code code="TBD" codeSystem="1.2.3.4"</pre>
codeSystemName="FDA"/>
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                         </activeMoietyEntity>
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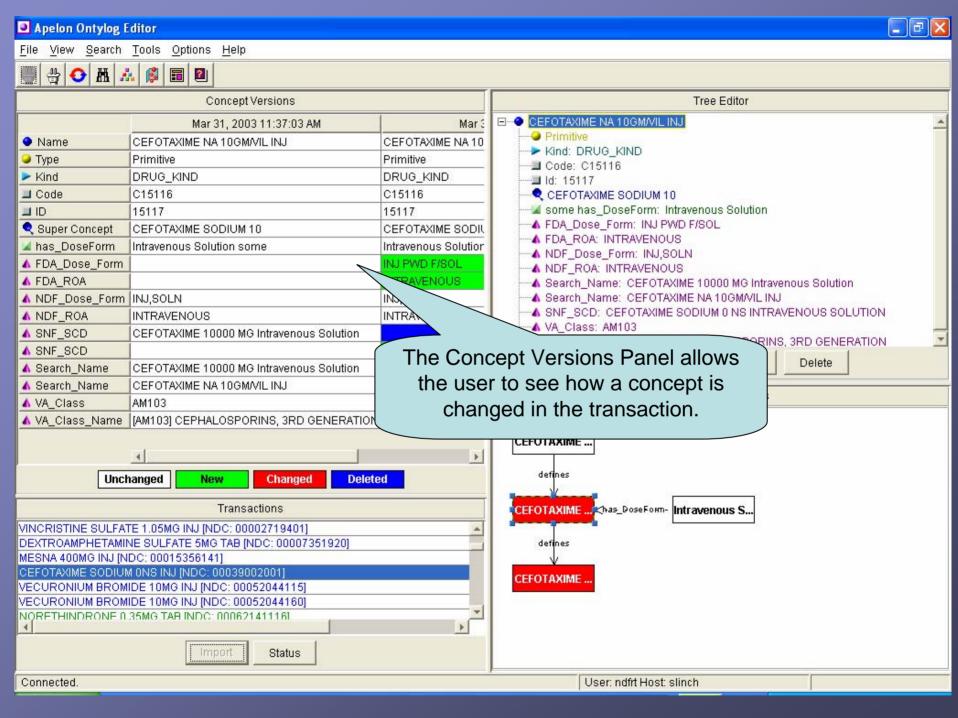
SPL v2 continued...

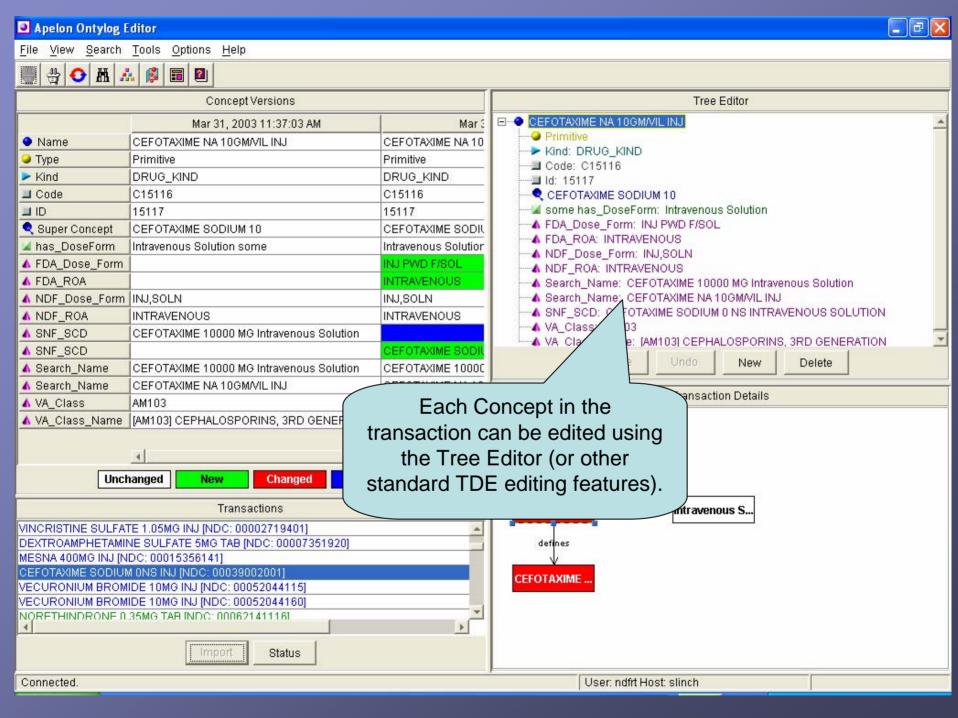
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survival following...</paragraph>
                  </text>
                  <excerpt>
                           <highlight>
                                    <text>
                                             <paragraph styleCode="Bullet">
                                                      <caption>Left Ventricular
(LV) Dysfunction after Myocardial...</caption> to improve survival and reduce
morbidity in clinically...</paragraph>
```

Sample NDT XML Doc









Mapping tools used

- Domain specific tools: RELMA (REgenstrief LOINC Mapping Assistant)
 - http://www.loinc.org
- Apelon TermWorks: an Excel plugin for mapping spreadsheets; requires Apelon terminology server
 - http://www.apelon.com/products/termworks.htm
- Apelon Terminology Development Environment (TDE)
- SNOMED CT "CLUE" Browser
 - Provided by Clinical Information Consultancy, <u>http://www.clininfo.co.uk/clue5/clue.htm</u>

Question Time





Clinical Vocabulary Mapping Methods Institute Saturday, October 15, 2005