

AGENDA

Zoom link: <https://iu.zoom.us/j/82475772937>

Time	Topic	Action	Lead(s)
2:00-2:05	Welcome <ul style="list-style-type: none"> 2025-09-09 Minutes New LOINC codes for the next release 	Informational	Rob McClure
2:05-2:10	Review Open Action Items	Informational	Rob McClure
2:10-2:15	Update from SNOMED Integration subgroup and changes.	Informational	Rob McClure/ Eza Hafeza
2:15-2:30	<p>New code and coding edit requests</p> <p>If quorum, confirm new definitions:</p> <p>Referral note and consultant note definition</p> <ul style="list-style-type: none"> Clarification and revision of definitions related to referral notes and consultation notes, distinguishing who generates the note and the responsibility for patient care. The new definitions aim for improved clarity and semantic accuracy. <ul style="list-style-type: none"> Original: A referral note is a note that is sent to a consultant for a consultation (e.g. opinion, testing, etc). This might often be initiated by a primary care provider seeking advice from a specialist while the overall care remains with the PCP. <ul style="list-style-type: none"> New definition for the LP: Is 	Discussion and Decision	Rob McClure/Felicia Owens

	<p>generated by the requestor that defines a formal transfer of a patient's care (partially or fully) from one provider to another, usually for specialized evaluation or treatment.</p> <ul style="list-style-type: none">○ Original: A consultation note is generated by a provider upon request for an opinion or advice from another provider. Consultations may involve face-to-face time with the patient, telemedicine visits, or a second opinion on a diagnosis that does not involve interaction with a patient. A consultation note is typically sent to the referring provider when the consultation is completed.<ul style="list-style-type: none">■ New definition for the LP: Summarizes the outcome of the work completed in response to a request for an expert opinion or advice on diagnosis,		
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	<p>management, or treatment. In this context the primary responsibility for the patient's care remains with the requestor.</p>								
<p>2:15-2:20</p>	<table border="1" data-bbox="454 751 933 892"> <tr> <td>LP173003-7</td> <td>Pharmacology</td> </tr> <tr> <td>LP220238-2</td> <td>Clinical pharmacology</td> </tr> <tr> <td>LP268361-5</td> <td>Pharmacogenomics</td> </tr> </table> <p>With no response from the submitter to clarify the need for this, we will put the information below on hold. New SMD Clinical pharmacy</p> <ul style="list-style-type: none"> • New SMD: Clinical pharmacy is a health science discipline in which pharmacists provide patient care that optimizes medication therapy and promotes health, and disease prevention. The practice of clinical pharmacy embraces the philosophy of pharmaceutical care, blending a caring orientation with specialized therapeutic knowledge, experience, and judgment to ensure optimal patient outcomes. • (Clinical Pharmacology SMD) Clinical pharmacologists are physicians, pharmacists, and scientists whose focus is 	LP173003-7	Pharmacology	LP220238-2	Clinical pharmacology	LP268361-5	Pharmacogenomics	<p>Discussion</p>	<p>Rob McClure/ Felicia Owens</p>
LP173003-7	Pharmacology								
LP220238-2	Clinical pharmacology								
LP268361-5	Pharmacogenomics								

	<p>developing and understanding new drug therapies.</p> <ul style="list-style-type: none"> ○ 81196-8-Clinical pharmacology Consult note ○ 89826-2-Clinical pharmacology procedure note 		
2:20-2:45	<p><u>Question from Forum</u>: Does LOINC have a naming convention or guidelines for naming document titles for clinical notes generated by AI, specifically notes generated by ambient scribe technology?</p>	Discussion	Rob McClure
2:45-2:50	<p>Quick overview of initial review done by Piper R and Lisa N of alignment with OMOP</p>	Discussion	Piper Ranallo, Lisa Nelson
2:50-2:55	<p>Review of New Action Items Topics for Next Call</p>	Informational	All
3:00	<p>Adjourn</p>		Rob McClure

NEW CODES	<ul style="list-style-type: none"> ● 111479-2 Advanced explanation of benefits <ul style="list-style-type: none"> ○ https://build.fhir.org/ig/HL7/davinci-pct/ ● 111480-0 Good faith estimate <ul style="list-style-type: none"> ○ https://build.fhir.org/ig/HL7/davinci-pct/ ● 111482-6 Child health surveillance record <ul style="list-style-type: none"> ○ https://www.elsevier.es/en-revista-atencion-primaria-27-resumen-medical-o 	Discussion and Decision	Felicia
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	ontology-for-treatment-clinical-S02 1265671370026X		
NEW CODES	Submission 8073(Lisa Nelson) <ul style="list-style-type: none"> ● Postpartum Summary ● Newborn Discharge Summary 	Discussion and Decision	Felicia
EXISTING CODE EDIT REQUEST	85164-2 pharmacology outpatient evaluation and management of anticoagulation note Requestor-A more appropriate terminology would be "anticoagulation medication management note" this may require creating a method of anticoagulation.	Discussion and Decision	Felicia

OPEN ACTION ITEMS

1. Task: Inquiry to identify subsets of documents in VSAC
 - a. Lead:Rob McClure/Lisa Nelson
 - b. Date Identified / Reference meeting docs as needed:
 - c. Due date:
 - d. Status:
 - e.
2. Task: 80582-0 LOINC Document Ontology associated observations panel
 Review the use of the phrase “Clinical document” in each of 80582-0 LOINC Document Ontology associated observations panel used for axis observations - Remove that phrase completely. The axis are not clinical documents

REFERENCE MATERIALS

1. [Document Ontology Attributes Definitions Consolidated 2023-07-14.xlsx](#)
2. [LOINC Document Ontology: Current Axis Values](#)
3. [QA parts review](#)
4. [Parts with no LOINC codes](#)
5. [Parts in wrong axis](#)
6. [EPSOS](#)
7. [DOC.MISC List](#)
8. [Doc Ont MeetingSummary 2025-07-08 FINAL.docx](#)

Document Ontology Committee
Meeting Agenda
Date: 2025-10-14
Time: 14:00 – 15:00 pm ET
Chair(s): Rob McClure

9. [LoincBasicSubmissionTemplate ADI wFHIR 20250414 Rob Felicia.xls](#)

NEXT MEETING DATES

- 2025/14/10, 2:00 – 3:00 pm EST, Virtual

PARKED TOPICS

1. Potential “rules” for DO extension content boundaries:
 - a. We need to include all scale:Doc and not limit to the document ontology set
 - b. We should also include scale:Nar except the radiology and perhaps molpath
 - c. We need to review some of the scale:Nar and consider adding similar Doc (or just change to Doc)
 - d. We need to look at notes/documents/H&P that are scale:nom and consider changing to Doc