LOINC Clinical Committee Meeting

Date: 2026-09-15
Time: 12:00 p.m. - 2:00 p.m. EDT / 4:00 p.m. - 5:00 p.m. UTC
Chair: Stan Huff & Ted Klein

ATTENDEES

Committee Members:

1. **Stan Huff (Chair)**
2. **Ted Klein (Chair)**
3. **Anil Patel** / Linda Monico
4. Dan Vreeman
5. **Greg Melitski**
6. June Bronnert
7. **Susan Matney**
8. Jessie Wright
9. Rob McClure
10. Lisa Wolf
11. **John Snyder** / Liz Amos
12. Rachael Seeley

Regenstrief Staff:

Eza Hafeza, April Lackey, Elizabeth Lumakovska, Felilcia Owens, Geoffrey Ratemo, Steven Wagers

Guests:

None

Committee Members = 13 | # Attending = 6 | Quorum = No

Meeting Summary

Announcements and Updates:

- Reminder of future meeting changes:
  - 2026-10-27 - 2:00 p.m.
  - 2026-12-03 - 2:30 p.m. (rescheduled from NOV and DEC calls)
- Reminder of the LOINC Conference, October 6-9, during which there will be a dedicated Education Day and multiple panel, plenary, and community presentations.
- LOINC 2.83 release highlights
  - The 2.83 release included a large set of new concepts, with emphasis on post-coordination support and alignment with European microbiology needs.

    - A set of concepts was updated to replace specimen “XXX” with specimen in brackets as part of representation improvements.
    - Drug-related concepts were revised to remove “screen” and “confirm” from Method, and Method restructured around immunoassay, mass spectrometry, or methodless where appropriate.
    - Gene mutation concepts were updated to use targeted gene mutation analysis instead of a generalized Method for specific terms.
    - An identified issues section was noted within release notes to surface post-freeze feedback and implementation-impacting changes.
    - A single record in the link parts file had a missing identifier issue that was traced and corrected.
- LOINC Ontology 2.83 release plans - not discussed

Respiratory Assessment plan
Discussion:

- Context and proposal
    - The nursing documentation burden work is driving a standardized head-to-toe assessment model intended for ambient listening and AI-enabled workflows.
    - The proposal focused on respiratory assessment rather than a med-surg-only model, to make the content more reusable across settings.
    - The modeling approach favors using generalized body location concepts with scoped value sets rather than creating separate body-location concepts for each clinical context.
    - The proposed structure distinguishes front-end user documentation from back-end storage, allowing one selection to expand into multiple observations in the EHR or FHIR representation.
    - “Within defined limits” was discussed as an implementation-level representation that should expand to actual normal findings rather than being stored as a standalone clinical value.
    - There was concern about discrepancies between what clinicians document and what downstream repositories store, especially for legal and audit contexts.
- LOINC and SNOMED-CT alignment
    - The work includes manual mapping of LOINC observations and values to SNOMED, with ECL queries used to identify relevant SNOMED clinical findings.
    - SNOMED was found to have broader coverage than the existing LOINC answer lists for many respiratory assessment concepts.

- The group discussed whether certain attributes, especially colors and other descriptors, should be modeled as clinical findings or as qualifier values.
- The committee noted the need to avoid combinatorial explosion in terminology content while still preserving reusable, semantically correct representations.
- There was discussion about maintaining mappings between LOINC answer lists and SNOMED concepts, including the operational process for capturing and updating those mappings.

- Implementation and governance considerations
  - Vendors' ability to store multiple observations from a single front-end selection was identified as a key requirement.
  - The team discussed potential vendor roundtables or demonstrations to understand how implementations would use the content and what can be reliably captured.
  - Funding and long-term maintenance for the expanding assessment model were raised as major concerns.
  - The committee recognized that this work may become a broader precedent for future clinical observation modeling beyond respiratory assessment.

Decisions: none
Next steps: none

Creating LOINC codes for photographs and diagrams
Discussion tabled

Curly brace binding and valuesets
Discussion tabled

Follow-up Tasks

1. None

Reference Materials

- Clinical Committee_Meeting Slides_2026-09-15_final.pdf
- LOINC Clinical Committee_Meeting Summary_2026-07-28_final.docx
- Clinical Committee_Meeting Slides_2026-07-28_final

Next Meeting

- 2026-10-27, 2:00 p.m. - 3:00 p.m. EDT / 6:00 p.m. - 7:00 p.m. UTC
- Potential topics:
    - Outcomes from the LOINC Conference and SNOMED Business Meetings and Expo
    - Approach for colors: clinical finding vs qualifier value.
    - Representation strategy for "within defined limits."
    - Creating LOINC codes for photographs and diagrams
    - Curly brace binding and valuesets

Parked Topics

1. Property definition discrepancies // John Snyder
2. Synoptic reporting concepts // Eza Hafeza, Rob McClure
    a. Synoptic reports_by SCT and History in LOINC .zip
    b. Cancer Reporting Update_2018-12-06.pptx
3. Calibration and normalization of raw measurements, e.g. continuous glucose monitors
4. Consider the binding strength between value sets and LOINC codes for better clarity // John Snyder // TBD
5. European group microbiology results representation (deferred from OCT 2025 meeting)