Covid-19 Coding in Primary Care

Introduction
Nick Booth
FCI Webinar Housekeeping

• All attendees will be muted (aside from presenters) and should stay muted until the Q&A section.
• You can toggle mute using the keyboard shortcuts **Ctrl+Shift+M** for Windows and **Command+Shift+M** for Mac, or clicking the mute button on the Teams toolbar.
• All comments and questions for the Q&A should be written in the chat function on Teams. To access this, click ‘Show Conversation’ on the toolbar.

• This webinar will be recorded and uploaded to the Faculty website and YouTube channel, so that those who weren’t able to attend can view afterwards.

Safe, effective and efficient health and care achieved through the best use of information and information technology.
Background

• Quickly evolving Covid codes being produced for SNOMED CT since early 2020
• Differing implementations of codes in GP systems in all 4 countries, not all fully “SNOMEDised”
• FCI group convened to advise how to standardise the term descriptions used in all systems where possible
• Brief advice on which concepts to prioritise
• Evolving work
• Latest versions on [https://facultyofclinicalinformatics.org.uk/coding-advice](https://facultyofclinicalinformatics.org.uk/coding-advice)
Presenters and Panel

• John Williams
• Ian Thompson
• Julian Costello
• Michael McKenna
• Jeremy Rogers

• Then questions
Agenda

1. Introductions and purpose of the webinar – Nick Booth – 5 minutes
2. Introduction to the code list and purpose of the list – John Williams – 10 minutes
3. National perspectives – Ian Thompson, Julian Costello, Michael McKenna – 5 minutes each
4. Questions and Answers, including coding issues and gaps in current coverage – Panel - 25 minutes
5. Future updates and closing remarks – Nick Booth - 5 minutes
COVID-19 coding – a ‘starter’ guide

John Williams
Chair of Faculty of Clinical Informatics

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The problem

- Late 2019 cases of severe pneumonia appeared in China and evolved rapidly over months to a pandemic
- Previously unknown disease caused by a never previously seen strain of coronavirus
- Initially no names for virus or disease so no means to codify in electronic patient records
Name changes in rapid succession

- Over February and March 2020...
- **Virus**
  - 2019 nCoV (Wuhan)
  - 2019-nCoV (novel coronavirus)
  - SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)
- **Disease**
  - 2019 nCoV (Wuhan) infection
  - Disease caused by 2019-nCoV (novel coronavirus)
  - COVID-19
Rapid adaptations

- GP system suppliers agreed and deployed five system wide local codes – February: following earliest ‘Wuhan’ naming
- UK SNOMED CT first emergency release – March: following ‘novel coronavirus’ naming
  - Patchy deployment by GP systems
- UK SNOMED CT second emergency release – April, using latest naming conventions adding further concepts and also updating March release:
  - ‘SARS-CoV-2’ for virus
  - ‘COVID-19’ for disease
Measures to co-ordinate

• Following April emergency release:
  • PRSB / NHSD issued comprehensive guidance covering all 70+ COVID-19 related concepts
  • Faculty of Clinical Informatics, recognising the confusion especially facing General Practitioners, co-ordinated a four country response to distil a small subset of essential COVID-19 concepts following the PRSB / NHSD guidance
  • Coordinated GP system supplier deployment resulting in latest release having now gone out to all English General Practices
  • Measures now in train to provide same set of 19 descriptions across all four countries
FCI intervention aims to:

- Provide clear guidance about which descriptions should be used to capture essential information related to COVID-19: important both for individual patient care and for population statistics
- Promote best recording practice for best quality data
- Remove confusion around naming
What the starter list covers

- Exposure to COVID-19
- Epidemiological case classification
- Swabbing for PCR virus detection
- Laboratory confirmation or exclusion / virus detected or not detected
- Telephone consultation / advice
- Self-isolation and signposting to online notes service
- High risk stratification and shielding
Epidemiological case classification

- Classifying individual patients as:
  - Suspected case
  - Probable case
  - Confirmed case
    - Confirmed by laboratory test
  - Not a case
    - Excluded by laboratory test
Rationale for content

- Quick walk-through of the English Guidance PDF sheet
Not covered in this list – Pathology test results

- Third UK SNOMED CT emergency release imminent
- Expected to cover tests for
  - Detection of virus
  - Detection of antibodies (IgM and IgG)
- Work currently in progress to overcome problems with PMIP EDIFACT messaging
‘Dual coding’ as a consequence of English SNOMED CT migration

- During migration of GP systems to SNOMED CT backwards compatibility and maintenance of interoperability (e.g. maintaining GP2GP record transfer capability) were very important considerations
  - GP systems were required to ‘dual code’ in advance of migration and at present this continues post migration
  - Led to GP system requirement to have a means of accommodating new SNOMED CT content that has no semantic equivalent in Read v2 / CTV3
  - Leading in turn to creation of EMIS National codes, TPP Y codes, Vision ‘pseudo – Read codes’ to match SNOMED CT content
  - Ready-made for Wales, Scotland and Northern Ireland?
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<th>SNOMED CT April 2020 Description</th>
<th>SNOMED CT ConceptID</th>
<th>EMIS National Code</th>
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Current GP IT Systems in Wales, Scotland and Northern Ireland

- **Wales**
  - EMIS Web
  - VISION

- **Scotland**
  - VISION
  - EMIS PCS

- **Northern Ireland**
  - EMIS Web
  - VISION
  - Merlock