

# Covid-19 Coding in Primary Care

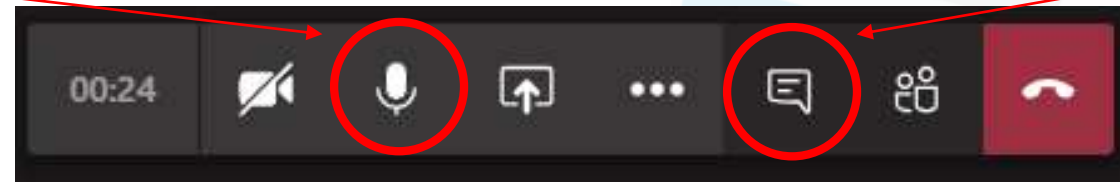
Introduction

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

Mute Button



Show  
Conversation

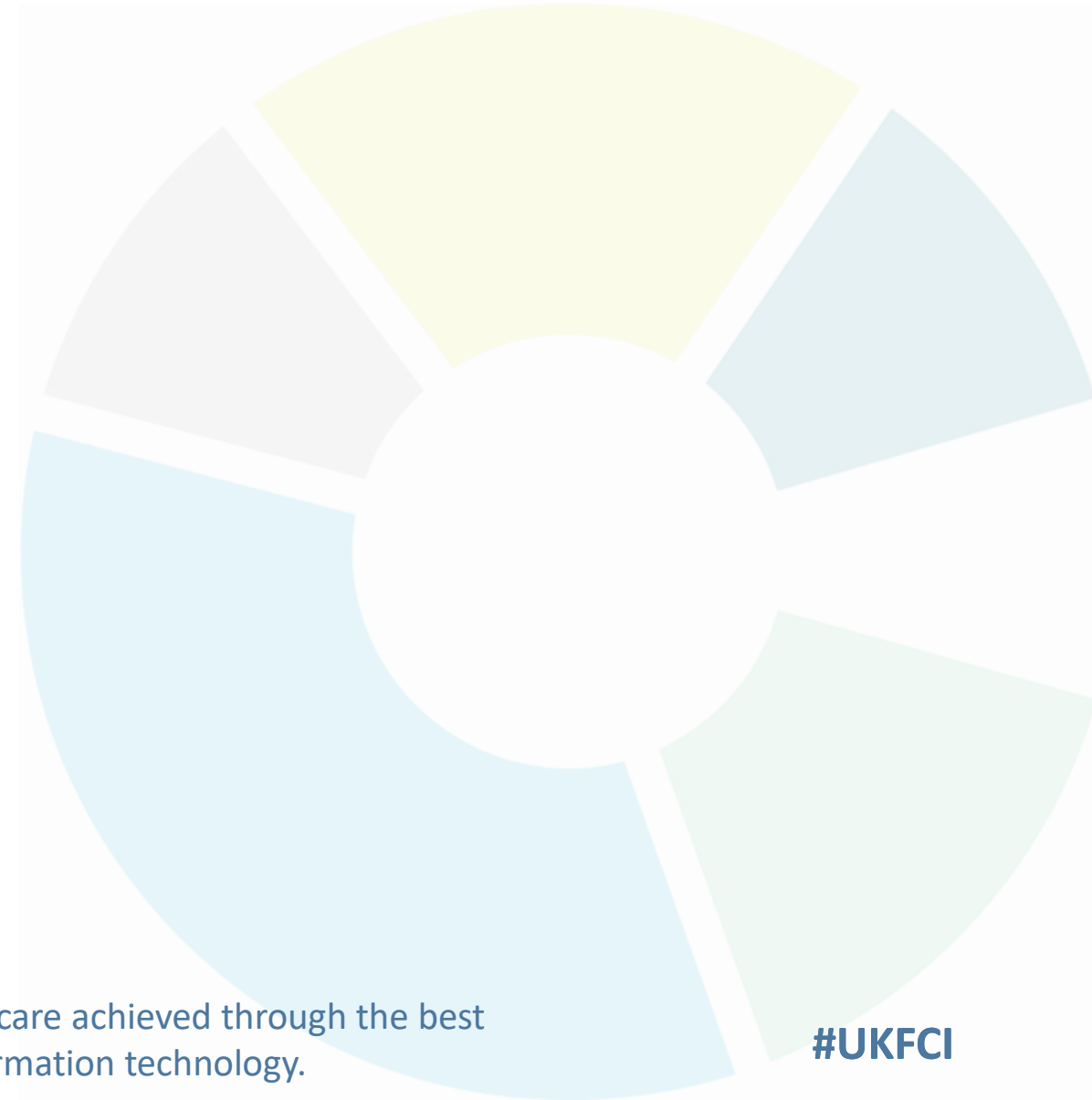
- This webinar will be recorded and uploaded to the Faculty website and YouTube channel, so that those who weren't able to attend can view afterwards.

# 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>

# Presenters and Panel

- John Williams
- Ian Thompson
- Julian Costello
- Michael McKenna
- Jeremy Rogers
  
- Then questions



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

**#UKFCI**

# 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

# 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:

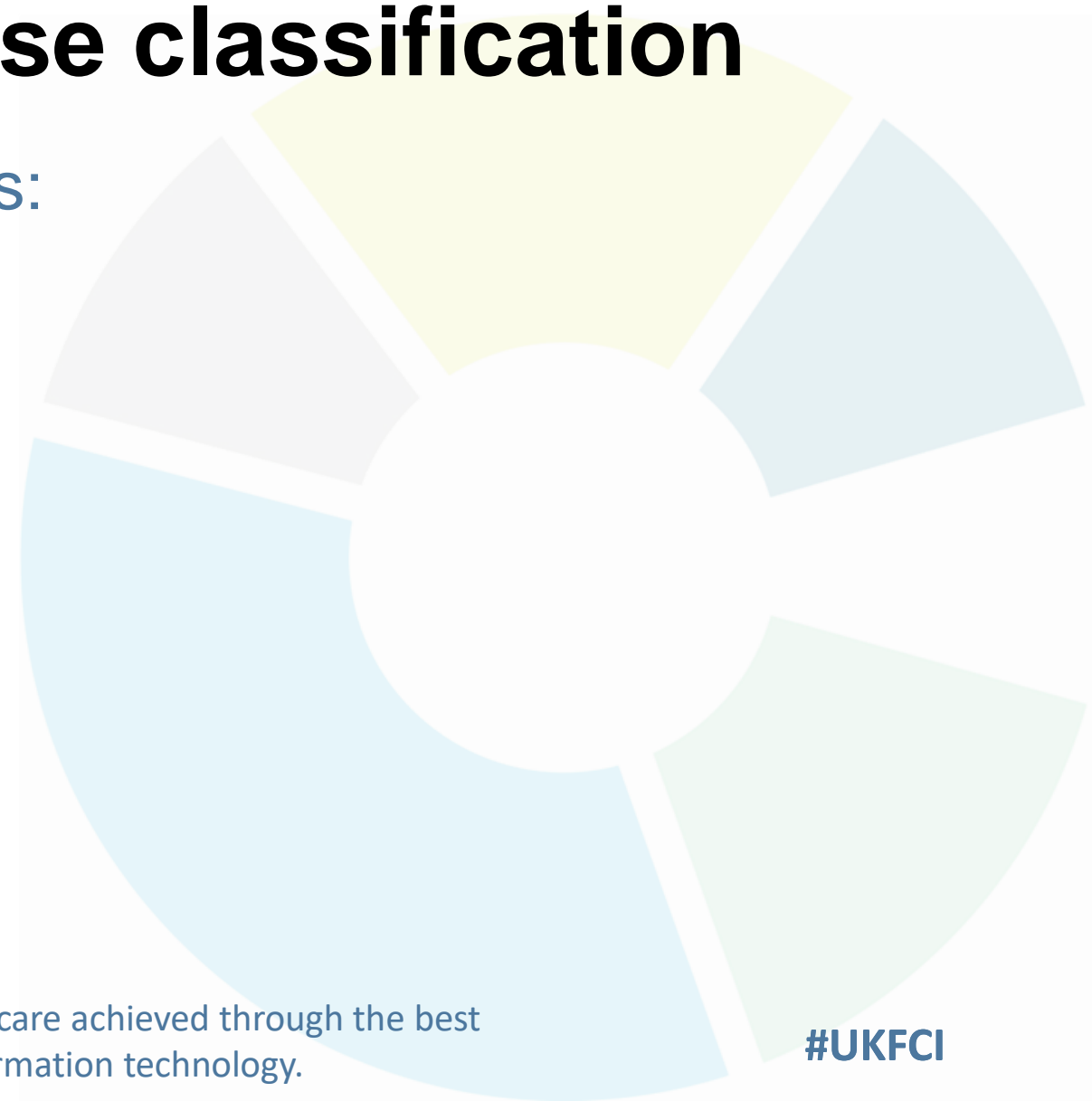
- Provide clear guidance about which descriptions should be used to capture essential information related to COVID-19: important both for individual patient care and for population statistics
- Promote best recording practice for best quality data
- Remove confusion around naming

# 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?



SNOMED CT April 2020 Description	SNOMED CT ConceptID	EMIS National Code	TPP Y code	Vision
Exposure to SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) infection	1240431000000104	^ESCT1299035	Y20ce	65PW100
Suspected COVID-19	1240761000000102	^ESCT1299116	Y20cf	1JX1.00
Detection of SARS-Cov-2 (severe acute respiratory syndrome coronavirus 2) using polymerase chain reaction technique	1240511000000106	^ESCT1299053	Y210e	
Swab for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) taken by healthcare professional	1321051000000103	^ESCT1300238	Y229d	4JF6000
Self-taken swab for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) offered	1321041000000101	^ESCT1300236	Y229a	4JF6100
Self-taken swab for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) completed	1321031000000105	^ESCT1300234	Y229b	4JF6200
COVID-19 confirmed by laboratory test	1300721000000109	^ESCT1300228	Y228d	A795200
COVID-19 excluded by laboratory test	1321111000000101	^ESCT1300245	Y22a2	1IP1.00
SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detected	1240581000000104	^ESCT1299074	Y20d1	4J3R100
SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) not detected	1240591000000102	^ESCT1299077	Y20d2	4J3R200
COVID-19 confirmed using clinical diagnostic criteria	1300731000000106	^ESCT1300229	Y228e	A795300
COVID-19	1240751000000100	EMISNQCO303	Y20fa	A795100
COVID-19 excluded	1321101000000103	EMISNQEX59	Y22a1	4J3R200
High risk category for developing complication from COVID-19 infection	1300561000000107	^ESCT1300222	Y228a	14Or.00
Self-isolation to prevent exposure of community to contagion	1321131000000109	^ESCT1300247	Y228f	65R5.00
Shielding of uninfected subject to prevent exposure to contagion	1321151000000102	^ESCT1300251	Y22b0	65R7.00
Signposting to NHS online isolation note service	1321061000000100	^ESCT1300240	Y22ab	8HkjD00
Isolation of infected patient	361235007	361235007		65R1.
Advice given about SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) by telephone	1240731000000107	^ESCT1299107	Y212c	8CAO100
Telephone consultation for suspected SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)	1240451000000106	^ESCT1299041	Y211b	9N31200

# Current GP IT Systems in Wales, Scotland and Northern Ireland

- Wales
  - EMIS Web
  - VISION
- Scotland
  - VISION
  - EMIS PCS

- Northern Ireland
  - EMIS Web
  - VISION
  - Merlock