



Project to Create LOINC Equivalence Classes

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Background

Variations in mapping approach can create interoperability problems because the same clinical data can be assigned different LOINC codes by different institutions.

Furthermore, across institutions and use cases, the specific aggregation rules needed for various approaches may vary significantly.

Proposed Approach

Create a flexible, extensible, and computable mechanism for rolling up LOINC codes into clinically relevant equivalence groups that enable more efficient processing and aggregation of laboratory and other data from diverse health IT systems

Aims

1. Identify high priority content for representing in the equivalence classes
2. Develop a clinically-relevant equivalent classes for LOINC terms
3. Disseminate this within the main LOINC release distribution

We got funded!

National Center for Advancing Translational
Sciences(NCATS)

Project start date: 9/30/2016

Project end date 4/30/2018

General Approach

Approach

Iterative, prioritized development

Identify target subsets of LOINC terms, then develop specific equivalence rules

Assembled a small expert group to help advise/vet

Augment the LOINC database where needed (e.g. molecular weights, conversion formulas)

Annotate the equivalence classes with “usage notes”

Successive, iterative releases with LOINC versions

Ask for LOINC Community

Which potential subsets of LOINC terms are high priority and have the potential for high opportunity for aggregation?

Do you have any examples of roll-ups you've used operationally and could share with us?

Comments on distribution format that would help you use these equivalences

You may get more ideas as you see some examples...