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SNOMED International is owned and governed by its international Members, which numbered 30 by December 31, 2017. We are a not-for-profit organization that works on behalf of healthcare systems and provides full support to our global Members and licensees, ensuring that our combined resources achieve significant shared benefits that resonate around the world.

We own, administer and develop SNOMED CT, a commercial product that enables us to establish semantically accurate clinical terminologies for consistent use across all health systems, services and products worldwide.

We strive to improve the health of humankind and are constantly seeking to determine global standards for health terms. We believe that the global healthcare community must safely, accurately and effectively exchange health information to help patients everywhere.

In January 2017, SNOMED International was made the trading name of the International Health Terminology Standards Development Organisation, a private company limited by guarantee.

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*SNOMED CT*® was originally created by the College of American Pathologists.
A Message from the Management Board Chair:

Lady Barbara Judge, CBE

The Power of Collaboration in Pursuit of a Global Health Terminology

In our increasingly digital age, the ability to share accurate, comprehensive and unambiguous health information is an expectation of both patients and providers in most countries around the world. The benefits to care delivery that this offers is evident across the majority of the world’s health systems by the many recent large-scale investments in electronic health record infrastructure.

A critical building block in this equation is the requirement of structured clinical terminology to support providers as they share information for the purposes of care delivery, research, and the need for data analytics to support health system improvement. Accordingly, SNOMED CT is considered the most comprehensive multilingual health-related terminology globally. It facilitates direct patient care, clinical decision support, collaboration among health professionals, and data analytics which is made possible by the enormous volumes of health data originating from today’s health systems.

Given the clinical and analytical capabilities offered by SNOMED CT, in March 2007 nine countries joined together to launch the International Health Terminology Standards Development Organisation, now trading as SNOMED International, as a way to achieve widespread use of this clinical terminology. Recognition of SNOMED CT’s sound purpose and capabilities has grown membership in this international organization to 30 countries in just ten years.

SNOMED International is fundamental to this growth, as is the commitment of a diverse and thriving Community of Practice. SNOMED International is governed by a General Assembly made up of Member country representatives, and coupled with a dynamic Management Board. In this way the stewardship of SNOMED International, and by extension, SNOMED CT, is unique and agile.

Reflecting on the 2017 fiscal year, this Community has further contributed to the quality of SNOMED CT through its Clinical Reference Groups, engaged vendors, Member representatives and Advisory Group participants. These interdependencies while complex, are the bases of a focused and representative Community, to which new participants are always welcome.

As we look forward to 2018 and beyond, the organization will continue to forge collaborative relationships with industry partners, while ensuring that SNOMED CT and SNOMED International meet the needs of our committed and dedicated Member Community and all of our stakeholders.

It has been a real privilege to serve as chair of the Management Board and to have the opportunity to contribute to all of the excellent work of this most impressive and important organization.

Barbara Judge
Management Board Chair
A Message from the CEO:
Don Sweete

In my role as CEO of SNOMED International, I am pleased to present the organization's 2017 Annual Report. In doing so, I would like to extend my gratitude to the organization's staff and Senior Management Team, the General Assembly and the Management Board for their ongoing support, commitment and dedication as the champions of SNOMED CT globally.

2017 ushered in a year of new beginnings for an organization filled with positive momentum and promise. Not only did we kick off 2017 with the introduction of our new name and brand, but also with new governance mechanisms in place in the form of the appointment of a new Management Board in April 2017. SNOMED International’s strategic directions were also realigned as part of a Management Board strategy review to better address the current business environment and respond to Member needs.

Never before has there been a time when SNOMED CT has been in such demand by potential Members, affiliates, collaborative partners and stakeholders. This is an important distinction to recognize given the resulting impact on the elasticity of this lean and agile organization. We continue to meet the increasing demand and maintain consistency in staffing, while also addressing new priorities.

The organization’s Technical Services team continued to refine and make improvements to the authoring platform, in addition to focusing on rolling out SNOMED International’s Managed Service which welcomed three new countries in 2017. In collaborative fashion, Technical Services and Clinical Engagement worked in concert to develop and deploy the Health Data Analysis Demonstrator, giving staff the ability to showcase the analytic strengths of SNOMED CT.

Our Content Development & Mapping team successfully achieved completion of ongoing projects, most notably in the drugs and substances content areas. The team has also focused its efforts on initiating a process to undertake a broader examination of content across all hierarchies. Looking to 2018, the Quality Initiative will put in place a greater focus on correcting structural anomalies as well as modification of content, resulting in a higher level of clinical accuracy.

The organization’s Customer Stakeholder & Relationship Management (CSRM) team addresses the management of Member priorities, issues and opportunities as its primary focus. In 2017, the CSRM team brought on a new Member in Norway, in addition to strategy creation, operational planning and stakeholder engagement supporting SNOMED International’s foray into the genomics space. In the area of collaborative partnerships, CSRM actioned a review of its collaboration agreements to assess the impact and benefit to
A Message from the CEO

resourcing and requirements on the organization. Both clinical engagement, through launch of its formalized strategy, as well as vendor engagement, through the marketplace and vendor toolkit, have continued to keep stakeholders interested and engaged throughout 2017.

The Finance & Corporate Services, Communications and Human Resources teams executed priorities in 2017 to support the ongoing efficiency, reputation and corporate obligations of SNOMED International.

In 2017, the Finance & Corporate Services team continued to support dissolution of the Danish entity, as well as ensuring all trademarks are transferred to the UK entity, an activity projected for completion in 2018. In terms of strategy, the Lean Transformation project reviewed and improved a number of core financial and expense processes, and collaborated with stakeholders on Member priorities, work plans and budgets supporting 2018. The Communications team developed and began to action activities against the approved three-year Communications strategy, including development and placement of industry-focused thought leadership pieces as well as strengthening communications resources and tools internally. Human Resources strived to maximize staff engagement in 2017. As a result, the Staff Engagement Committee was created to support a culture where engagement, staff and organizational development and improved connectivity are the key drivers for success.

As I take stock of the accomplishments achieved in 2017, I continue to be honoured to lead the charge of this driven and deserving organization and its associated Community. In my opinion, the experiences of recent years only better equip us to successfully face the challenges that await. Armed with the support and guidance of the General Assembly, Management Board, Senior Management Team and staff, I am optimistic about what the future holds for SNOMED International in 2018.

Don Sweete
Vision & Strategy

Our Vision

By 2020 clinical terminologies will be used globally, which will result in better health, supported by one language of health.

Source: IHTSDO_Strategy_Deck_012016

Setting Global Standards for Health Terminology

The development of a global language for health – uniting health systems from around the world and enabling them to communicate with and understand one another – is an international endeavour and founding principle of SNOMED International. We are a strong and proud collaborative membership organization, serving and responding to the needs of the healthcare sector.
Vision & Strategy

Strategic Direction

The General Assembly approved the 2015 - 2020 Strategic Direction. All lines of business map their annual operational plans to the strategy.

SNOMED International’s strategic directions were realigned in a Management Board strategy review in January 2017. As a result, operational plans were remapped based on this strategic realignment.

OUR STRATEGIC DIRECTIONS AND GOALS

01 | TACTICS
1. Develop and execute a roadmap for the completion of relevant content/mapping work for SNOMED CT that gives SNOMED International the direction to market with all stakeholders

03 | TACTICS
1. Drive development work to position SNOMED International to be the leader in the areas of mhealth, consumer health, genomics, research and ‘big data’ analytics from a vocabulary perspective

02 | TACTICS
1. Facilitate the rapid adoption and use of SNOMED CT internationally from clinical, implementer and industry perspectives by the provision of more proactive and responsive support mechanisms, clear implementation guidance and support, and tools designed for vendors and other implementers
2. Influence, leverage and align with the other international standards to increase the effective and efficient use of SNOMED CT. Where applicable, facilitate the addition of product to the SNOMED International offerings
3. Execute on the provision of products, tools and services to support SNOMED CT to clinical, Member and industry stakeholders involving cross-line business work across: Subsets, Implementation Guidelines, NRC Toolkits, Continuous Content Publications, and Enterprise-wide tooling that can be reused by members

The full SNOMED International Strategic Direction 2015-2020 document can be accessed via the SNOMED International website.
2017 Activities

Events & Conferences

The Community of Practice along with each business area equally contributed to the success of both the April and October Business Meetings and the annual SNOMED CT Expo:

• The April Business Meetings in London were energy filled, with a new governing Management Board, the transition of the Special Interest Groups to Clinical Reference Groups and continued work by the Advisory Groups, General Assembly and Member Forum.

• Over 240 delegates from across the world came to Slovakia for the October Business Meetings and SNOMED CT Expo in Bratislava. A record-high 33 countries were represented.

• The SNOMED CT Expo continued to deliver high-caliber education with 11 keynote and session speakers, 40 concurrent presentations, 11 tutorials and workshops and 7 poster presentations.

• In unprecedented fashion, Bruce Goldberg and Betsy Humphreys shared the 2017 Award for Excellence. Betsy Humphreys was also awarded the Lifetime Achievement Award for her ongoing stewardship and commitment to SNOMED CT. Both awards were presented to recipients at the Awards Gala Dinner in Bratislava, Slovakia.
## 2017 Activities

### Events & Conferences (con’t)

The organization also engaged Members and stakeholders throughout the year with a vibrant presence at many industry conferences including HIMSS17, eHealth Week Europe 2017, HIMSS AsiaPac17, and AMIA.

_10th Anniversary Celebration:_

There was a lot to celebrate at a special reception during the April Business Meetings with the 10th anniversary of the organization and the public launch of the organization’s new name and brand, SNOMED International.

_10th Anniversary Celebration:_

James Read Memorial Lecture, SNOMED CT Expo 2017:

Dr Jeremy Theal delivered an inspiring James Read Memorial Lecture about his experience implementing SNOMED CT at his academic health science centre in Toronto, Ontario, Canada.
The April Business Meetings
2017 Activities

Membership

As at December 31, 2017, SNOMED International had a complement of 30 Members spanning five continents.
Customer & Stakeholder Relationship Management

The Customer & Stakeholder Relationship Management (CSRM) team addresses the management of Member priorities, issues and opportunities as its primary focus and carries this out by committing executive resources in the Americas, Europe, Middle East and Africa, and Asia Pacific global regions. CSRM activities also pursue business development opportunities with new Members, affiliate and global licensees, as well as placing the organization’s vendor relationships and engagement with the global clinical Community of Practice at the forefront of our stakeholder management work.

- Norway joined as a Member in January 2017.
- The CSRM and Communications teams partnered with the Slovak Republic to successfully host the SNOMED CT Expo 2017 held in Bratislava.
- The SNOMED International Genomics Strategy was developed with input from the global community of genomic experts, and launched for execution. The Genomics Pilot work was successfully launched.
- Global license agreements were executed with two multinational vendors.
- The ASSESS CT project report was released to the public in early 2017 with recommendations for adoption of SNOMED CT as the best available core reference terminology for cross border, national and regional eHealth deployments in Europe.
- Stakeholder engagement activities and SNOMED CT education and presentations delivered at key regional events including HIMSS, eHealth Week Europe, Medinfo, AMIA and others.
- Vendor engagement and communication strategy was completed.

Collaboration

In 2017, SNOMED International initiated a process to review a number of its collaboration agreements to assess the resourcing and requirements for collaboration activities to the organization and the different stakeholder groups.

- Related derivative products were produced and released in line with SNOMED CT releases including maps to ICD-10, GP/FP SNOMED CT refset and map to ICPC-2, ICNP equivalence tables for Nursing Diagnoses and Nursing Interventions and a General Dentistry refset.
- Major collaboration initiatives continued with Health Level 7 International (HL7), International Council of Nursing (ICN), American Dental Association (ADA), DICOM, Global Standards One (GS1) and more.
2017 Activities

• Members instigated collaborative work with the HL7 community focused on SNOMED CT usage in FHIR — sharing and learning from each other to ensure consistent binding of SNOMED CT in relevant FHIR artefacts.
• Completion of review and recommendations for Convergent Medical Terminology (CMT), Logical Observation Identifiers Names and Codes (LOINC), and Global Medical Device Nomenclature (GMDN) agreements.
• Agreements updated with Institut National de la Santé et de la Recherche Médicale (INSERM) for Orphanet alignment and PHAST in France. And a new agreement with the European Renal Association-European Dialysis and Transplant Association (ERA-EDTA).
• Agreements were reached with openEHR and CDISC on how they reference SNOMED CT and clearly state the licensing requirements if used.
• Initial principles on ‘ways of working’ drafted with the World Health Organization (WHO) alongside the existing agreement, with SNOMED CT to ICD-11 alignment and mapping activities progressed. Principles for undertaking a linkage between SNOMED CT and GTINs for trial use have been completed and released as draft for usage and feedback.
• In regards to external partnerships, the Joint Initiative Council’s inaugural ‘Patient Summary Standards Set’ finalized and prepared for publication.

Vendor Engagement

2017 saw significant progress in vendor engagement, increasing SNOMED International’s visibility in the marketplace, and providing added value to vendors building SNOMED CT into their solutions. Key accomplishments include:
• A global license agreement was finalized with IBM Watson Health, with a press release and supporting communication activities launched.
• Strong engagement of vendors and related stakeholders through exhibition at various global conferences, including HIMSS17, eHealth Week Europe 2017, and HIMSS AsiaPac17.
• A vendor survey related to tooling requirements was conducted, providing invaluable feedback on our tooling strategy, as well as future Vendor Toolkit enhancements.
• The Vendor Toolkit was created with the participation of Technical Services and Education & Product Support teams, providing substantial value to vendors.
• Initial meetings with several strategic global vendors took place, seeding future partnership opportunities.
2017 Activities

Clinical Engagement

- 2017 marked completion of the Clinical Engagement Strategy, along with the establishment of organization resources to support our clinical engagement activities.
- **Clinical Reference Groups (CRGs)**
  - Successful migration from Special Interest Groups (SIG) to CRGs.
  - Formation of initial confluence groups based on previous SIG specialties, as well as creation of new clinical specialty groups, e.g., Cancer Synoptic Reporting.
- Regional outreach by clinical engagement leads to develop contacts with clinicians, clinical groups and clinical networks continued.
- The team delivered clinical presentations at conferences in various countries, e.g., Norway, Czech Republic, along with joint tool development with Technical Services to showcase health data analysis functionality within SNOMED CT.

Education & Product Support

The goal of the Education and Product Support (E&PS) team is to increase awareness, knowledge and understanding of SNOMED CT, and to improve the ease and effectiveness of SNOMED CT implementation. The E&PS team develops, maintains and delivers CT-enabled resources that support adoption, implementation, and deployment of SNOMED CT enabled solutions.

SNOMED CT education highlights in 2017 included:

- 331 people completed the Foundation course in 2017 (1551 completions since it began)
- 179 people completed the Implementation course
- 97 people completed the Content Development Theory course
- 289 interactive E-Learning webinars delivered (90 minutes each)
- Over 5000 registered users on the E-Learning Server
- Open Access SNOMED CT Learning Area created for access to all E-Learning materials
- SNOMED for Developers learning pathway developed and pilot started (154 students)
- SNOMED for Analysts learning pathway developed and pilot started (82 students)
- 14 new E-Learning presentations and 8 new videos published
2017 Activities

- Development of the Spanish version of Foundation Course began and Chinese PDFs of Foundation Course published
- **Member Education Resource** area launched for sharing Member-developed materials
- E&PS team members presented at a range of meetings, including:
  - HIMSS17, Orlando - Using SNOMED CT for Data Analytics
  - AeHIN Digital Health, Myanmar - Using SNOMED CT for Population Health
  - SNOMED CT 2 day workshop delivered in China to support pilot implementations
  - SNOMED CT Expo 2017 in Bratislava – 11 education tutorials and workshops delivered

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### The SNOMED CT E-Learning Server

The SNOMED CT E-Learning Server (http://snomed.org/elearning) provides online courses with presentations, assessments and other materials designed to enable users to learn more about SNOMED CT. A range of open access material is available.

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### The SNOMED CT Document Library

The SNOMED CT Document Library (http://snomed.org/doc) hosts a range of SNOMED CT specifications, guides, technical resources and other material, which is useful for learning about and implementing SNOMED CT.

2017 highlights include:

- Using SNOMED CT with LOINC Guide published (http://snomed.org/loinc)
- Expression Constraint Language v1.3 published (http://snomed.org/ecl)
- Template Syntax v1.0 published (http://snomed.org/sts)
- Expression Template Language v1.0 published (http://snomed.org/etl)
- The MRCM beta published in January and first official version published in July 2017
- Release File Specification (http://snomed.org/rfs) updated with new material, including 8 new reference set types
- Extensions Practical Guide (http://snomed.org/extpg) drafted and internal review began
- A draft process for generating the Human Readable Concept Model (HRCM) from the MRCM was developed (for future inclusion in the Editorial Guide)
The April Business Meetings
## Content & Delivery

SNOMED CT is a complex product used in various software environments around the world, and its packaging, quality assurance and on-time delivery represent a challenging task. During 2017, the organization continued to make further content and delivery improvements.

<table>
<thead>
<tr>
<th>CONTENT AREA</th>
<th>2017 UPDATE</th>
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</table>
| Anatomy      | • 2017 saw huge progress in this area with over 5000 "Entire" concepts added and the planning of two new refsets completed.  
• Additionally a new **Lateralizable Body Structure Refset** was created then imported successful into the organization's **Refset Tool**.  
• Work continued on the modelling of "IS-A" and "Part-of" patterns along with preparation of the corresponding **Anatomy Concept Model** examples and documented guidelines for implementation, e.g., "sufficient definitions." |
| CMT          | • Added a total of 1667 new concepts in the July 2017 release.  
• As a result of this work, concepts from seven of the nine **CMT** prioritized domains were authored and added to SNOMED CT. |
| Content Requests | • **Combined Authoring** effort supporting the July 2017 and January 2018 releases resulted in 15,745 new concepts and 275,725 remodelled concepts. |
| CTP          | • The 2017 cohort commenced April 28, 2017 with a face-to-face meeting.  
• Through 2017 work has progressed with two of three assignments been completed with the final assignment underway and scheduled for authoring for the January 2019 release. |
| Content Tracker Project | • The **Content Managers Advisory Group** reviewed and prioritized the issues previously reported in the trackers.  
• Cleanup work was successfully completed on the top two components.  
• Monthly reports now cross-reference trackers being worked through with CRS tickets with related changes, thereby reducing backlog and improving efficiency. |
| Dentistry    | • The **Dentistry Clinical Reference Group** successfully released the **General Dentistry Refset** along with a supporting maintenance plan.  
• To complete the **Odontogram** reference set, 118 necessary concepts were created for the July 2017 release.  
• The **Odontogram** refset was released in September 2017, with a test implementation planned. |
## 2017 Activities

<table>
<thead>
<tr>
<th>CONTENT AREA</th>
<th>2017 UPDATE</th>
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<tbody>
<tr>
<td><strong>DICOM (Digital Imaging &amp; Communications in Medicine)</strong></td>
<td>• New concepts were added throughout 2017 in preparation for the release of a DICOM subset in 2018.</td>
</tr>
</tbody>
</table>
| **Drugs** | • The Drugs project completed the renaming of over 6000 concepts with the new naming pattern in the areas of OCD concept class, PCD form and PCD prep.  
• **Product Groupers** including Chemical, Roles, Disposition and combined groupers were remodeled using a proximal primitive modeling pattern and terming is being normalized.  
• Alignment with other dictionaries has been ongoing in parallel to ensure compatibility of SNOMED CT.  
• Medicinal product grouper work completed.  
• **Description Logic** deployed into the Authoring platform to support drugs and other content work. |
| **GMDN (Global Medical Device Nomenclature)** | • SNOMED International added 165 new device concepts. |
| **ICD-11** | • Successfully authored 1200 new concepts in alignment with ICD-11 MMS and published in the July 2017 release. |
| **ICD-O** | • Map tool was updated to support ICD-10 refset that includes ICD-0 version 1. |
| **International Family Practice** | • Updated versions of the General Practitioner/Family Practitioner (GP/FP) SNOMED CT Reference Sets were published subsequent to each release of SNOMED CT. This was to reflect any changes to the members of the refset corresponding to changes in the release. |
| **LOINC** | • The LOINC Beta Release containing maps for 6629 LOINC Parts and linkages for 21971 LOINC Terms was released.  
• This was followed by the Production Release in July containing 21889 LOINC Terms aligned with SNOMED CT post coordinated expressions and 6627 LOINC Parts linked to SNOMED CT concepts. |
| **Mapping ICD-10** | • The ICD-10 maps underwent a major update to the latest and current version ICD-11.  
• A SNOMED CT ICD-10 Map Quality Assurance Project Tracker was implemented, resulting in better management of quality issues of published maps with KPI targets. |
## 2017 Activities

<table>
<thead>
<tr>
<th>CONTENT AREA</th>
<th>2017 UPDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mapping ICD-11</strong></td>
<td>• Work was completed on the ICD-11 Pilot Map containing 6000 concepts as a starter set thanks in part to the volunteer efforts from Canada, United States, Ireland and the Netherlands.</td>
</tr>
<tr>
<td><strong>Nursing ICN (International Classification of Nursing Practice)</strong></td>
<td>• The ICNP to SNOMED CT Production release of both Interventions and Diagnoses equivalency tables were published subsequent to each release of SNOMED CT. This was to reflect any changes to the Members of the refset corresponding to changes in the release.</td>
</tr>
<tr>
<td><strong>Nursing SNOMED subsets</strong></td>
<td>• Creation of two new subsets for use in nursing practice.</td>
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<td></td>
<td>• The new subsets comprised of SNOMED concepts used in nursing practice based on the ICNP Equivalence Table as a starter set.</td>
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<td></td>
<td>• The Production Release of the Nursing Health Issues and Nursing Activity refsets went ahead successfully in September 2017.</td>
</tr>
<tr>
<td><strong>Observables</strong></td>
<td>• Work in this area continued on selected areas as outlined in the Content Roadmap as resources and priorities allow.</td>
</tr>
<tr>
<td></td>
<td>• The observation result part of the Observable edesign project is on hold and is under the direction of the Observable and Investigation Model Project Group.</td>
</tr>
<tr>
<td><strong>Orphanet</strong></td>
<td>• Approximately 500 concepts were added to the July 2017 release.</td>
</tr>
<tr>
<td><strong>Quality Initiative</strong></td>
<td>Through 2017, a number of initiatives have been set in motion to support the organization’s quality initiative:</td>
</tr>
<tr>
<td></td>
<td>• Project leads were identified for each project and monthly status reports completed.</td>
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<tr>
<td></td>
<td>• Revised guidelines for submission of new content requests were distributed to Members via CMAG and MF as well as general distribution. This is in an effort to simplify the process for Members submitting change requests in advance of the January 2019 International release.</td>
</tr>
<tr>
<td><strong>Substances</strong></td>
<td>The Substance project concluded in March 2017 with the following deliverables achieved:</td>
</tr>
<tr>
<td></td>
<td>• Documentation of previous Substance work, including creation of a new Disposition hierarchy with new semantic tags, attribute types and type changes.</td>
</tr>
<tr>
<td></td>
<td>• Editorial guidelines.</td>
</tr>
<tr>
<td></td>
<td>• The project strategy for Content Request System along with remodeling of concepts representing disposition groupers.</td>
</tr>
</tbody>
</table>
SNOMED CT Expo 2017
Bratislava, Slovakia
Technical Services

The Technical Services team works hard to keep the lights on for the organization, as well as providing critical services and tools that support the release of high quality products and continued adoption of SNOMED CT globally.

While supporting the day-to-day technical operations of the organization and working with other lines of business on required projects, the Technical Services team also successfully delivered upon the following activities in 2017:

- Rolled out and continued improvements to our Authoring Platform to enable more efficient authoring and improved quality assurance. Particular focus on the first implementation of Description Logic and an external, reusable classification service were among some of the improvements implemented.
- Continued the roll out of SNOMED International’s Managed Service with three new Members joining, namely Belgium, Norway and the United States.
- Deployed the US Content Request Service for the United States national release centre replacing the previous version.
- Worked closely with the clinical engagement leads to develop and deploy the Health Data Analysis demonstrator for the Customer & Stakeholder Relationship Management team.
- Continued efforts to grow the open source software available to the SNOMED International Community.

Release Delivery

Two SNOMED CT International Releases, two Spanish Releases, two Danish extensions, two Swedish extensions and the first managed service United States edition releases were successfully carried out in 2017.
2017 Activities

Governance

SNOMED International is a membership organization, representing countries or other approved territories. More specifically, our Members are national government agencies or other bodies that the national government in question has deemed suitable and whose responsibilities and authority include appropriately establishing, monitoring, promoting or regulating concept-based systems of clinical terminology for that territory or country.

In April 2016, SNOMED International’s General Assembly commissioned a governance structure review to support the organization’s effectiveness, sustainability and organizational growth as well as improved alignment in terms of culture and narrative regarding authority and ownership. The recommendations from the review included:

- The Board is proposed to have seven independent directors (a reduction from its previous eleven or twelve), plus five non-voting observers: the CEO and CFO (ex-officio) and the General Assembly Executive Committee members (who would serve as liaisons between the Members and the Board).
- The independent directors will serve three-year instead of two-year terms.
- The Management Board Chair will serve a three year term (previously the term had been for two years).

Management Board and General Assembly members approved the recommendations in October 2016 in Wellington, NZ, with governance changes planned to take effect the following year.

In April 2017, through competitive recruitment, SNOMED International completed its Management Board renewal process. The authority of the new Management Board officers came into force effective 12:00 noon BST, April 24, 2017. Following an industry best practice approach, SNOMED International reduced its number of members on the Management Board from 10 to 7.

SNOMED International wishes to extend its sincerest gratitude to previous Management Board members for their excellent dedication and stewardship, both as it has related to the organization’s strategic direction as well as guidance and participation throughout the management renewal process.
2017 Activities

2017 General Assembly*

The General Assembly is SNOMED International’s highest authority. The General Assembly ensures that the purpose, objects and principles of the Association are pursued and that the interests of the organization are safeguarded. The General Assembly can make binding decisions regarding all matters relating to SNOMED International, subject to and in accordance with the provisions of the Articles of Association.

Kerri Burden, Australia
Tom Van Renterghem, Belgium
Not Filled, Brunei
Michael Green, Canada
Alejandra Lozano, Chile
Libor Seidl, Czech Republic
Marianne Holdt, Denmark
Krista Kart (proxy), Estonia
Vicky Fung, Hong Kong
Gudrun Audur Hardardottir, Iceland
Lav Argarwal, India
Kevin Conlon, Ireland
Boaz Lev, Israel
Martynas Bieliauskas, Lithuania
Md Khadzir Sheikh Ahmad, Malaysia
Hugo Agius-Muscat, Malta
Lies van Gennip, Netherlands
Stewart Jessamine, New Zealand
Alfhild Stokke, Norway
Marcin Wegrzyniak (CHAIR), Poland
Henrique Martins, Portugal
Low Cheng Ooi, Singapore
Pavol Rieger, Slovakia
Mate Beštek, Rep. Slovenia
Arturo Romero Gutiérrez, Spain
Tom Nilstierna, Sweden
Adrian Schmid, Switzerland
Alex Elias, United Kingdom
Vivian Auld, United States
Pablo Orefice, Uruguay

*As at December 31, 2017. A number of General Assembly representatives were not present at the taking of this picture.
2017 Activities

The Management Board has legal and oversight responsibility for the management and direction of SNOMED International. The terms of the appointments are staggered with the longest term being three years and the shortest being one year. Management Board appointments are non-executive director positions which carry legal responsibility for the governance of the organization.

SNOMED International Management Board –
January 1 to April 24, 2017
Ian Arrowsmith, National Health Service UK
John van Beek, Cerberus
Kathy Farndon, NHS England
Jamie Ferguson, Kaiser Permanente (CHAIR)
Douglas B. Fridsma, AMIA
Duncan McNeil, PumpCo
Manuel Pérez Vallina, SACYL (Castilla y León Region Healthcare Authority)
Jeremy Thorp, National Health Service UK
Andrew M. Wiesenthal, MD, SM, Deloitte Consulting
Julian Zelingher, MD, MSc, MPH, Clalit Health Service

SNOMED International Management Board –
April 24 to December 31, 2017
Lady Barbara Judge CBE, Chair (3 year term)
Cheemin Bo-Linn (1 year term)
Douglas B. Fridsma, MD, PhD, FACP, FACMI† (1.5 year term)
Gong Mengchun (3 year term)
Jeremy Thorp† (1.5 year term)
Joanne Burns (2 year term)
Matic Meglic (2 year term)

†Douglas B. Fridsma and Jeremy Thorp fulfill the 2 positions secured for continued representation from the previous SNOMED International Management Board

*A number of Management Board Directors were not present at the taking of this picture
2017 Activities

The Member Forum acts as an advisory body to SNOMED International and optimizes the collaboration and coordination among Member countries.

Dion McMurtrie and Matt Cordell, Australia
Katrien Scheerlinck and Ingrid Mertens, Belgium
Not Filled, Brunei
Andrea MacLean and Linda Parisien, Canada
Alejandra Lozano, Chile
Gudrun Audur Hardardottir and Ingri Steinar Ingason, Iceland
Gaur Sunder, India
Theresa Barry, Ireland

Yael Applbaum, Israel
Martynas Bieliauskas and Kristina Dienine, Lithuania
‘Ismat Binti Mohd Sulaiman and Dr. Kamarulariffin Kamarudin, Malaysia
Hugo Agius-Muscat, Malta
Pim Volkert (Co-Chair) and Elze de Groot, Netherlands
Tracy Thompson and Alastair Kenworthy, New Zealand
Marianne Bårtvedt van Os and Øyvind Aassve, Norway
Lukasz Furgala and Grzegorz Blizniuk, Poland

Carla Marques Pereira and Leandro Luis, Portugal
Alen Vreko, Republic of Slovenia
Adele Lee and Wong Jing Jing, Singapore
Monika Geletová and Patricia Khandlova, Slovak Republic
Francisco José Sánchez Laguna, Spain
Lotti Barlow and Daniel Karlsson, Sweden
Johannes Gnaegi and Reinhold Sojer, Switzerland
Elaine W~ooler and Angie Quinn, United Kingdom
Vivian Auld and Susan L. Roy, United States
Fernando Portilla and Rossana Occhiusi, Uruguay

*As at December 31, 2017. A number of Member Forum representatives were not present at the taking of this picture
2017 Activities

Advisory Groups

<table>
<thead>
<tr>
<th>2017 Advisory Groups &amp; Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content Managers</strong> — Cathy Richardson &amp; Lesley MacNeil</td>
</tr>
<tr>
<td>Camilla Wiberg Denmark</td>
</tr>
<tr>
<td>Danielsen Sweden</td>
</tr>
<tr>
<td>Daniel Karlsson United Kingdom</td>
</tr>
<tr>
<td>Elaine Wooler</td>
</tr>
<tr>
<td>Elze de Groot Netherlands</td>
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<tr>
<td>Johannes Gnaegi Switzerland</td>
</tr>
<tr>
<td><strong>E-Learning</strong> — Linda Bird</td>
</tr>
<tr>
<td>Kirstine Goeg Denmark</td>
</tr>
<tr>
<td>Suptendra</td>
</tr>
<tr>
<td>Sarbadhikari India</td>
</tr>
<tr>
<td>Andrew Grant Canada</td>
</tr>
<tr>
<td>Arabella D’Have Belgium</td>
</tr>
<tr>
<td>Erika Eriksson Sweden</td>
</tr>
<tr>
<td><strong>Modeling</strong> — Peter Williams &amp; Yongsheng Gao</td>
</tr>
<tr>
<td>Arturo Romero Spain</td>
</tr>
<tr>
<td>Gutierrez</td>
</tr>
<tr>
<td>Brandon Ulrich Germany</td>
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<tr>
<td>Daniel Karlsson Sweden</td>
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<tr>
<td>Harold Solbrig United States</td>
</tr>
<tr>
<td><strong>SNOMED CT Editorial</strong> — Jim Case</td>
</tr>
<tr>
<td>Bruce Goldberg United States</td>
</tr>
<tr>
<td>Guillermo Reynoso Argentina</td>
</tr>
<tr>
<td>Keith Campbell United States</td>
</tr>
<tr>
<td><strong>Terminology Release</strong> — Andrew Atkinson</td>
</tr>
<tr>
<td>Susan L. Roy United States</td>
</tr>
<tr>
<td>Dion McMurtrie Australia</td>
</tr>
<tr>
<td>Christopher Morris United Kingdom</td>
</tr>
<tr>
<td>Corey Smith United States</td>
</tr>
<tr>
<td><strong>Tooling User</strong> — Rory Davidson</td>
</tr>
<tr>
<td>Alastair Kenworthy New Zealand</td>
</tr>
<tr>
<td>Andrew Liu Canada</td>
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<tr>
<td>Arabella D’Have Belgium</td>
</tr>
<tr>
<td>Elze de Groot Netherlands</td>
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<tr>
<td>John Mok Hong Kong</td>
</tr>
<tr>
<td>Mikael Nystrom</td>
</tr>
</tbody>
</table>
2017 Activities

2017 Clinical Reference and Project Groups

2017 Clinical Reference Groups & Leads

<table>
<thead>
<tr>
<th>Reference Group</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies Hypersensitivity and Intolerance</td>
<td>Bruce Goldberg</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>Patrick McCormick</td>
</tr>
<tr>
<td>Dentistry</td>
<td>Mark Jurkovich, Jorn Jorgensen</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Vacant</td>
</tr>
<tr>
<td>Genomics and Precision Medicine</td>
<td>Vacant</td>
</tr>
<tr>
<td>General Practice/Family Practice</td>
<td>Ray Simkus</td>
</tr>
<tr>
<td>Haematology and Blood Products</td>
<td>Vacant</td>
</tr>
<tr>
<td>Mapping</td>
<td>Hazel Brear</td>
</tr>
<tr>
<td>Medical Devices</td>
<td>Vacant</td>
</tr>
<tr>
<td>Mental and Behavioural Health</td>
<td>Piper Ranallo</td>
</tr>
<tr>
<td>Nursing</td>
<td>Zac Whitewood-Moores</td>
</tr>
<tr>
<td>Pathology</td>
<td>W. Scott Campbell</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Vacant</td>
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<tr>
<td>Public Health</td>
<td>Vacant</td>
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</table>

2017 Project Groups

<table>
<thead>
<tr>
<th>Project Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Concept Model</td>
</tr>
<tr>
<td>Event, Condition and Episode Model</td>
</tr>
<tr>
<td>Observable and Investigation Model</td>
</tr>
<tr>
<td>Organism and Infectious Disease Model</td>
</tr>
<tr>
<td>SNOMED CT Languages</td>
</tr>
<tr>
<td>SNOMED CT to ICD-10-PCS</td>
</tr>
</tbody>
</table>
# 2017 Financial Report

**Entity Origin**  
IHTSDO Denmark

## IHTSDO Income Statement

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Fees</td>
<td>0</td>
<td>9,532,779</td>
</tr>
<tr>
<td>Voluntary Contribution Fees</td>
<td>0</td>
<td>337,571</td>
</tr>
<tr>
<td>Affiliate Licenses</td>
<td>0</td>
<td>292,860</td>
</tr>
<tr>
<td>Other Income</td>
<td>0</td>
<td>169,424</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>0</td>
<td>10,332,634</td>
</tr>
<tr>
<td>Staff expenses</td>
<td>0</td>
<td>-5,496,662</td>
</tr>
<tr>
<td>Office and facilities</td>
<td>-956</td>
<td>-518,270</td>
</tr>
<tr>
<td>Travel expenses</td>
<td>0</td>
<td>-1,233,599</td>
</tr>
<tr>
<td>Other costs</td>
<td>-49,856</td>
<td>-1,546,605</td>
</tr>
<tr>
<td>Third party expenditures</td>
<td>0</td>
<td>-3,259,297</td>
</tr>
<tr>
<td>Amortization, SNOMED CT IP</td>
<td>0</td>
<td>-780,000</td>
</tr>
<tr>
<td><strong>Expenditures</strong></td>
<td><strong>-50,812</strong></td>
<td><strong>-12,445,349</strong></td>
</tr>
<tr>
<td>Profit/loss before financial income &amp; expenses</td>
<td><strong>-50,812</strong></td>
<td><strong>-2,072,655</strong></td>
</tr>
<tr>
<td>Financial income/expenses, net</td>
<td>4,614</td>
<td>-82,241</td>
</tr>
<tr>
<td><strong>Profit/loss before tax</strong></td>
<td><strong>-46,198</strong></td>
<td><strong>-2,194,956</strong></td>
</tr>
<tr>
<td>Tax on profit/loss for the year</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Profit/loss for the year</strong></td>
<td><strong>-46,198</strong></td>
<td><strong>2,194,956</strong></td>
</tr>
</tbody>
</table>

### Distribution of profit

- Distributed to IHTSDO, UK: 0, 3,889,193
- Retained earnings: -46,198, -6,094,149
- **Profit/loss for the period**: -46,198, 2,194,956

*In January 2017, SNOMED International was made the trading name of the International Health Terminology Standards Development Organisation, a private company limited by guarantee*
2017 Financial Report

Entity Origin IHTSDO
United Kingdom

SNOMED International
Statement of Comprehensive Income

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>10,933,894</td>
<td>–</td>
</tr>
<tr>
<td>Cost of sales</td>
<td>(7,326,700)</td>
<td>–</td>
</tr>
<tr>
<td><strong>Gross surplus</strong></td>
<td>3,607,194</td>
<td>–</td>
</tr>
<tr>
<td>Administrative expenses</td>
<td>(3,625,809)</td>
<td>–</td>
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<tr>
<td><strong>Operating deficit</strong></td>
<td>(18,615)</td>
<td>–</td>
</tr>
<tr>
<td>Interest receivable and similar income</td>
<td>45,059</td>
<td>–</td>
</tr>
<tr>
<td><strong>Surplus on ordinary activities before taxation</strong></td>
<td>26,444</td>
<td>–</td>
</tr>
<tr>
<td>Taxation</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Surplus for the financial year</strong></td>
<td>26,444</td>
<td>–</td>
</tr>
</tbody>
</table>

*In January 2017, SNOMED International was made the trading name of the International Health Terminology Standards Development Organization, a private company limited by guarantee*