FHIMS Lab Domain:
Order, Perform, Observe, Interpret, Store, Report, Receive
Meeting Minutes (May 23rd)
Agenda for the next meeting (June 6th)

Date/time of call:
Monday, May 23rd 2011, 10-11:30 AM (EST)
Call: 1-800-767-1750**, Passcode:** 84287
Microsoft Office Live Meeting

Leadership team

Neelima Chennamaraja, Kosta Makrodimitris, Galen Mulrooney, Cindy Vinion,
Website: https://www.projects.openhealthtools.org/sf/projects/fhims/

Attendees

David Bass, VA
Neelima Chennamaraja, VA
Robert Crawford, VA
Mike Fitch, DoD
Ira Lubin, CDC
Galen Mulrooney, VA
Glenn (Randy) Hatfield, VA
Anne Pollock, CDC
Anand Shukla, VA
Cindy Vinion, NG/CDC
Steve Wagner, ONC
Kosta Makrodimitris (FDA)

Guiding principal: FHIM Lab-OO will distinguish and categorize lab tests and results, and reports based upon the data needed to:
(1) Order the test,
(2) Perform or process the test,
(3) Obtain, interpret and store data/results of the test,
(4) Report and/or release the (full/partial) results,
(5) Receive, interpret and process the report.
Actors: Hospital, Clinic, Lab types, Public Health Agency (fed-state-local), Patient, Physician, Nurse

Agenda

- ALL-HL7 May 2011 meeting-ballot-updates 5'
- ALL-Galen-Anne: Finishing 3rd iteration (reports, C36/C37, CLIA) 20'
- ALL-S. Hufnagel: HITSP C32/C36 and C80/C83 & EHR-FM XML standards 15'
- ALL-Ira: genetics use case, breast cancer 15'
- ALL-Kosta-Steve Terminology Lab 5'
- ALL: Milestones-Plans-Risks for modeling & cases (4th iteration), 5'
- ALL-Kosta S&I LRI communication and subgroups, 5'
- ALL-Galen: Information Modeling (pathology) 15'
- ALL-FHIMS WG Cases, Style, Maps (HL7, HITSP, LOINC), Metrics, 2'

Provided Resources

1. CLIA information
   https://www.projects.openhealthtools.org/sf/docman/do/listDocuments/projects.fhims/docman.root.information_domain_documentation.docf1105.source_documentation.clia
2. Genetics Workflow
   https://www.projects.openhealthtools.org/sf/docman/do/listDocuments/projects.fhims/docman.root.information_domain_documentation.docf1105.subgroups.genetics_molecular

Summary of Discussion

HL7 May 2011 Meeting Ballot Updates

- Galen - The RIMBAA work group is discussing a new topic for HL7 "A Fresh Look": , talking about generating a UML model from the HL7 models that are closer to actual implementations.
- Galen - RIMBAA is also discussing defining detailed clinical models in UML; OpenEHR has been invited to participate; there is a competing effort to define detailed clinical models not using UML (ASM1, OpenEHR archetypes, etc). ONC/FHIM can realize opportunity help drive this effort, including adopting it into Open Health Tools and using it for FHA.

Finishing 3rd Iteration

- Anne - While CLIA does specify certain data elements for test reports and test request, they are minimal requirements. Many CLIA labs have opted to earn CLIA accreditation through other accreditation bodies such as CAP and/or other bodies. CLIA inspectors refer to the State Operations Manual when inspecting labs; CLIA has updated this manual to accommodate electronic data exchange; in this manual, CLIA has listed some recommendations (not requirements) in the FAQs.
- Anne - We have captured the required CLIA elements in the lab model. However, because these are minimal requirements, the model may need other data elements needed to be transmitted and to satisfy requirements of the sender and receiving systems. The laboratory's CLIA responsibility ends once the report has been sent to the orderer/test requester. Policy and data governance of the information in a lab report needs to be in place for future usage of a lab report to assure integrity of the report.
- Kosta – We still need to finish the 3rd iteration report (mapping HL7, HITSP); will ask Steve Wagner about using Friday, June 3rd to complete this task.

Terminology

- Steve Wagner - Terminology is completing Person and will be moving to Lab. By request, this will be starting 1st week of June.
- Kosta - Who would like to participate in the Terminology calls?
  - Mike, Neelima, Anne, Cindy

- Cindy - Is Terminology dealing with the differences in standard code recommendations between, for example the HITSP recommendations and the HL7-published standards, for example? This is a huge problem for implementers and requires each implementer to translate values and, otherwise, manage the different terminology implementations for their different exchange partners.
    - Steve Wagner - Terminology may deal with mapping and/or translations if there is a difference between HL7, HITSP, etc and the FHIM recommended terminology.

S&I LRI Communications

- Kosta - S&I LRI is having a face-to-face meeting in June. Kosta suggests that FHIM have a face-to-face meeting. Steve will coordinate that and send updates to FHIMS WG
- Kosta - The Public Health sub work group may become a separate S&I initiative.

Genetics Use Case

- Ira has prepared a model and presented the team business workflow of the genetics use case.
- Ira -The external database shown as sharing information with an LIS, can help determine if the identified sequence variation can be clinical relevant. These databases contain knowledge derived from registries, analysis, and/or research on the sequence variations such as what the variation is, its relationship to a diagnosis, and some patient characteristics including history and diagnosis.
- Galen - HL7 has been looking at developing standards for some genetic testing such as micro-arrays. Is it worthwhile to examine and/or monitor this effort?
    - Ira - It would be good to know, and adopt if needed, what others are doing. The Surgeon General's Family History project, also in ONC, is working on developing standards for transmitting family history.
- Galen - How you do you know if the reference sequence is a good reference?
    - Ira - There is no gold-standard gene but some genes have been selected as a reference gene and put into these reference knowledge bases such as NCBI's RefSeq (http://www.ncbi.nlm.nih.gov/RefSeq/). However, there is no simple way to define a "reference genome".

Modeling

- Galen - Use Friday's call since there is only 5 minutes left in the call. Galen will be presenting what he has from the CAP section requirements. Therefore, the pathology report in the model is quite loose and very text-based and paragraph focused. He does need some input.
    - Anne - Synoptic reporting has become much more structured; but clinical is not there yet. University of Pittsburgh Department of Informatics has a lot of information about synoptic reporting & pathology. Many of these people would be good contacts. Anne and/or Ira will
    - Ira - Synoptic reporting represents as set of defined fields useful for both the laboratorian and pathologist to understand the test report in a common way. This reporting started at Intermountain Health in an effort to ease understanding between the laboratorians and surgeons.
- Galen - Ken McCasslin of Quest Diagnostic suggested a lab in New Jersey as a good lab tour in late june or early july timeframe.
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ANNOUNCEMENTS

- S&I f2f MEETING June 13-15th (Lab results) http://wiki.siframework.org/S%26I+Framework+June+F2F+Meeting
- Pathology Informatics 2011 October www.pathinformatics.pitt.edu
- Visualizing the 21st Century of Healthcare Today http://www.govhealthitconference.com/
- Public Health Informatics conference this summer in Atlanta: Engaging, Empowering, Evolving…Together Aug 2011 http://www.cdc.gov/phiconference/index.html
- New forum on FHIMS OHT FHIMS concepts & maps (Describe, visualize, relate, map, trace FHIMS WG related concepts and dimensions) that will integrate with terminology/definitions/glossary documents

Agenda Next Call: June 6th 2011

- ALL- Neelima-Kosta FHIMS S&I mapping 20'-30'
- ALL-S. Hufnagel: HITSP C32/C36 and C80/C83, CDA & EHR-FM XML 20'
- ALL-Ira: genetics use case, breast cancer 15'
- ALL-Kosta-Steve Terminology Lab 5'
- All – Kosta Public Health reporting and Lab (new domain FHIMS-S&I)
- ALL: Milestones-Plans-Risks for modeling & cases (4th iteration), 5'
- ALL-Kosta S&I LRI communication and subgroups, F2F on June 14-15, 5'

Action Items

Start Date	Priority	Action Item	Status
11/22/10	Low	7) Wendy-Kosta-Galen-Cindy: Clarify Specimen-Sample filler and placer order nr, test identifier, placer group number and universalServiceIdentifier. The Pathology Lab uses specs from DICOM (Supplement 122, specimen, accession number, etc) in workflow.	In process
11/22/10	Low	8) Kosta-Steve Hufnagel: Services Aware Interoperability Framework and Lab-OO FHIMS relevance (Lab-OO HI7 domain has done some work, Cindy)	In process
11/15/10	High	9) Mike, Cindy, Galen: Finalize definitions for and use of different identifiers & numbers in lab - filler order number, placer order number, group number, test identifier, etc.	In process
11/8/10	Med	10) Need to discuss different scenarios involving different people (ward clerk, nurses, physicians, physician's assistants, interns, etc) and people in a data exchange.	Not started
11/8/10	Low	11) Tim (ICLN) to determine if they would like to participate in FHIMS.	In process
11/1/10	Low	12) Cindy will update sample accessioning scenarios.	In process
11/1/10	Med	13) Anne will write up lab processes to include as additional scenarios.	In process
11/1/10	Low	14) Cindy to identify and contact FBI person from LRN National Meeting for participation in the FHIMS Lab calls when we start doing Chain of Custody, phase 2.	Not started
11/1/10	Low	15) Kosta/Cindy to transform flowchart of outpatient scenario to BPMN. The first BPMN 1.2 draft is done and need to review and add data objects.	In process
10/25/10	Low	16) Keep in touch with Ted Klein and get material and links Update 11/1: Ted waiting for approval to release draft version of volume V	In process
10/25/10	Med	17) Cindy- Contact laboratory experts, LIMS admins, HL7 OO WG Update 11/1: HL7 OO WG information shared with interested participants	In process
11/09/10	Med	18) Kosta to present relevant material for Automated Laboratory Management, FERN, eLEXNET, Sentinel and Medical Countermeasures (FDA/contractors/partners)	In process
11/08/10	Med	19) Galen to update weekly the FHIMS Lab-OO html model and collaborate with Kosta to update about changes from baseline(map .xls-overview)	In process (reccuring)
11/17/10	Low	21) Kosta to invite CFSAN statisticians, lab experts to present possible scenario for Lab collaboration with CDC (sample hygiene-diseases)	In process
11/17/10	Low	22) Kosta to prepare sample business case for FDA/ORA ALM lab automation and model (draft). Organize library of BPMN cases, EHR functional mapping	In process
03/4/11	High	28) ALL Business cases diagrams, EHR functional model mapping, robustness model and data exchange elements to standardize	In process
03/18/2011	**High**	29) Dr. Varma introduced by W.Scharber communicated with Lab-FHIMS to join the domain and learn more about the modeling efforts at ONC/FHA	In process
03/25/2011	**High**	30) Maps to our classes, domains, agencies(strategy, framework, spreadsheets)	In process
03/25/2011	**High**	31) Galen will send email to Vijay-Mike to research isUrineScreenPositive" and "sputumScreenResult" attributes	In process
04/04/2011	**High**	32) Galen-Neelima evaluate and report on HL7 2.X c36, c37 coverage so far	In process
04/04/2011	**High**	33)Kosta reports on FHIM-EHR mapping and coverage	In process
04/04/2011	**High**	34) Anne reports on CLIA conformance	In process
04/04/2011	**High**	35) Cindy-Anne prepares definitions and document on ambiguous terms (ELR, EHR)	In process
04-14-2011	**High**	37) Cindy-Kosta-Galen- prepare presentation for PHI-CDC conference in August	In process

Completed/Not Tracked Action Items

Start Date	Priority	Action Item	Status
11/8/10	Low	6) Tim (ICLN) to discuss with DHS the sharing of the Actionable Data Elements spreadsheets with definition.	Completed
11/1/10	Low	5) Cindy to share meeting information for the next meeting when it is sent by the co-chairs (ICLN).	Completed
11/17/10	Low	20) Kosta-Galen-Cindy-Steve-Neelima to prepare and design AND PRESENT a FHIMS-Lab-OO poster accepted for AAAS meeting in DC(Feb-20th 2011)	Completed

Start Date	Priority	Action Item	Status
2/28/11		25) Kosta - Develop definitions for structured and unstructured data (S& LRI WG)	Completed
2/28/11	High	27) Develop overview and plan for Lab domain using the Report of 2010 document. Deliver to Steve 3/18/11	Completed
03/4/11	High	24) Kosta-Galen Create space for 6 sub-WG under Lab domain(HITSP-EHR, FERN, Sentinel, cancer-pathology, genetics, lab report exchanges)	Completed
11/17/10	High	23) Kosta-Cindy-Galen-Steve: Plans and documentation of modeling and cases during the last 3 meetings the 2nd iteration. Schedule the 3rd iteration Jan-April 2011	Completed
04-14-2011	**High**	36) Cindy-Kosta-Galen-Nikolay prepare abstract for PHI-CDC conference in August	Completed