Information Modeling Project/FHIM Meeting
Summary of Call

Date/time of call: Friday, September 13, 2013 2:30 - 4:30 PM

Attendees - Agency	Invited, but Unable to Attend	Invited, but Unable to Attend
Charles Gabrial - DoD	Robert Crawford - VA	
Steve Hufnagel - DoD	Holly Miller - VA	
Bill Hess - FDA	Catherine Hoang - VA	
David Bass - VA	John Kilbourne - NLM	
Catherine Hoang - VA	Coco Tsai - FDA	
Galen Mulrooney - FHA		
Jay Lyle - FHA		
Sean Muir - FHA		
Rob McClure - FHA		
Steven Wagner - FHA		
Caitlin Ryan - FHA		
Iona Thraen		
Susan Matney		

Updates on S&I Framework integration/initiative and FHA work
Steve W. updated the group on the A&M WG call, as well as the status of the ongoing Modeling support being provided to the S&I Framework, the FHA DE&I WGs and looking at other potential efforts. Comments on the validation artifacts and the model driven architecture implementation modeling process guide are still being addressed, a discussion about these comments should take place at the next A&M WG call.

Modeling the Adverse Event Reporting Information Domain

- Galen updated the group on the changes that were made to the FHIM based on the discussion from last week's meeting. Changes were made to the Vital Signs Model as well as the Allergies Model.
    - There was a discussion as to why there was the change from a single status to a "to and from" status. These changes make this information clinical data and not audit data. Rob M. asked if there is a meaningful use requirement that states that a change in a status of an observation is recorded in a patient's record and can be exchanged.
    - If this is viewed as a clinical reconciliation, based on the meaningful use requirement, this status change will have to be re-modeled to support medication reconciliation and clinical reconciliation these two will have to be lumped together.

- It was decided that this is meaningful use, it is also clinical use reconciliation, and is tied to drugs and problems categories.

- Galen wants to make a problem list for health concerns, as a sub type of clinical observation, he would like to make Allergies a Health Concern. Before this change is made, he has a few questions based on a similar change that he made to Adverse Event Reporting, specifically with Social History.

- Social History was changed to a sub type in this model. The group debated the practicality of this. It was determined that it can get by without being a sub class, that many of these fit into health concerns. The discussion pointed out that a lot of this is subjective and that only relevant information related to the adverse event needs to be documented. Perhaps a box is needed where the relevant information can be selected.

  Galen posed the question "What does Medical History actually mean" and informed the group that he is having difficulty modeling this. Multiple points of views were discussed, and there was a debate whether things documented here are a health concern or an observation. It was suggested that we tell FDA that we cannot model this however, give them the functionality of selecting pertinent observations that can be documented in a "box". This will need to support the ability to stick in a variety of data types or concept items. This box will be mapped to include Health Concerns and Procedures.

- **Wrap Up:** Next week Galen would like to discuss questions he has regarding Medication History.

Next Meeting: Friday, September 20, 2013 at 2:30 EDT

Action Items

Item Description	Responsible Individual	Due Date
n/a		