FHIMS Lab-OO WG
Meeting Minutes (August 30th)
Agenda for the next meeting (September 13th)

Date/time of call: Monday, August 30th, 2010, 10:00 - 11:00 AM (EST)
VANTS: 1-800-767-1750 **Code:** 84287

Attendees:
Cynthia Vinion – CDC
Clarence Smiley - IHS
Ira Lubin – CDC
John McKim - DOD
Kosta Makrodimitris – FDA
Galen Mulrooney (VA)
Sean Muir (VA)
Steve Wagner - FHA, Project Management Officer

Leadership Team
Neelima Chennamaraja, Kosta Makrodimitris, Galen Mulrooney

Agenda: August 30th

- Kosta: Present EHR-Lab/HITSP use case since Steve Hufnagel will not attend (Kosta and Steve met today for a case walk-through).
- ALL: Discussion and relevance of the EHR-Lab case to agencies and Federal Health Architecture overall (Steve Wagner).
- Galen-Kosta-Steve: Present OpenHealthTools and explain how the members can create accounts and use the tools(5')
- Galen: Present the Rational Rose, Papyrus-Eclipse tools modeling options(5')
- ALL: Plans for Lab-OO work(60') on Friday general FHIMS meeting (5')
- ALL: Milestones-Plans-Risks for modeling efforts and other use cases (Biosurveillance, Public Health Reporting, Food safety…) (5')
- ALL: HL7 Normative 2010, RIM , tutorial and wiki (5')

Summary of Discussions

Kosta walked through the AHIC/HITSP use cases transferring knowledge from the meeting earlier last week with Steve Hufnagel. He described the content and structure

- The original AHIC EHR/lab use case (2006) . Description of stakeholders, actions, events, 2 flow scenarios, codes etc
- The comprehensive HITSP Interoperability specification (IS01) document (version 3.1 2008). Description of requirements, constructs, activity detailed diagrams

A question was raised as to whether use case modeling will be part of the FHIMS effort, and if so, what level of detail they would be. A related question was the kinds of diagrams that would be used. It is understood that in order to achieve interoperability between and among the partner agencies, the use cases and specific interactions will need to be done. The question is: at which point in the process is use case modeling performed? The answer may well vary by domain. Kosta mentioned that HITSP uses codes, business sequence diagrams and flowcharts which helps the adequate description of cases in different levels and dimensions.

Galen stated that in a typical development project, one starts with use cases, requirements, and interactions, and then builds the information model to support them. This is the process that AHIC and HITSP followed. In re-engineering efforts, one typically first reverse-engineers the information model from the existing systems. This is the process that the VA Health Information Model (VHIM) followed. The Behavioral Health domain of the FHIM did create use cases, as they were working with a common set of assumptions about the interactions. Steve added that for the FHIM Lab domain, we have existing information models from which to start, but we also have existing use cases (from HITSP), which we can also leverage.

Because HITSP and the VHIM pre-supposed clinical laboratory ordering and results, this influences the starting point for the FHIM Lab model. However, we are aware of several other categories of laboratory information that will need to be modeled. Realizing that the FHIMS modeling is an iterative process, it is suggested that we create the information model to support clinical ordering and results first, and incorporate existing use cases to narrow the “subsets” of information that would be needed for each interaction. Then, in a separate iteration, tackle the other laboratory-related scenarios (e.g., Food Safety, Biosurveillance, etc.), first with use cases, then with information modeling. In general HITSP cases are more focused on the clinical aspect and we may need to extend to chemical, environmental area.

Kosta mentioned that following the Reference Information Model (HL vs3) is appropriate for our lab domain modeling efforts since HL7 OO domain has done a lot of work in the field comparing to other SDOs and organizations. However there are other health organization we should keep in mind. USHIK (U.S. Health Information Knowledgebase) gets the data elements and information models of Standards Development Organizations (SDOs) and other healthcare organizations. The problem with HITSP is that their cases and work are not based on HL73/RIM but in older HL7 versions which dominate the US healthcare arena currently.

Galen then described the process to establish an account on the Open Health Tools portal in order to be able to access the FHIM project artifacts. Since the FHIM is currently housed in a private space within the OHT site, each user id must be granted access rights by Galen or Sean. If you do not have access rights to the FHIM site, please contact Galen or Sean.

Action Items:

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- Meet on Friday's FHIMS general calls to discuss progress and model cases
- Study and focus on HITSP EHR-lab case first and start modeling
- Add Sandy Jones, Wendy Blumenthal, Nikolay Lipskiy (CDC) in our list
- Invite HL7 RIM experts to present and discuss
- Be familiar with HL7 Lab-OO, HER,CDA domains work and documents

Agenda: September 13th

- ALL: Discussion, questions and relevance of the EHR-Lab case to agencies/FHA
- ALL: HITSP C36 lab msg, TP22 cross referencing, TN904 vocabulary constructs
- Neelima-Kosta-Galen: Model EHR-lab case using HITSP/AHIC docs
- Galen-Neelima-Sean: Report and plans about the OpenHealth tools /accounts(5')
- ALL: Plans for Lab-OO work on Friday general FHIMS meeting (5')
- ALL: Milestones-Plans-Risks for modeling and agency use cases (5')
- Kosta-Galen: HL7 Normative 2010, RIM , tutorial ,wiki , relevant workgroups (5')

use case to trecommend to ONC through agency FHA leaders