Website: healthit.gov

Federal Health Architecture | Office of the National Coordinator for Health IT | Department of Health and Human Services General Email: federal.health@hhs.gov Main Phone Number: (202) 205-8614

# 2014-06-10 Health Information Modeling (HIM) WG Meeting Minutes

**CDC:** Roniqua Watkins

DoD/DHA: Steve Hufnagel, Ben Bovee, David Poole, Kendra Manning, Sutai Jiang

FDA: Bill Hess, Phil Perruci

IHS: Glenn Janzen,

HHS: Freda Bredy, Cynthia Colton; John Antlitz S&I Simplification: Gary Dickinson, Evelyn Gallego VA: Bob Bishop; George Ludgate; Luanne Barron

SSA: Marty Prahl

National Library of Medicine: Jim Case

**AROH USHIK: Robin Barnes** ONC: Galen Mulrooney

FHA: Steve Wagner, Alberto Llanes, Hakan Lidstrom, Vanitha Khetan, Suzanne Acar, Jean

Colbert, Caitlin Ryan, Jay Lyle, Sean Muir, Ioana Singureanu

#### **Update on Security and Privacy Domain** Galen Mulrooney and Gary Dickenson

- This domain was modeled a few years ago to reflect the consolidated security domain analysis and privacy domain analysis models from HL7.
- The VA Business Architecture team has taken FHIM's existing model and added VA and DoD requirements; the resulting FHIM model will look much like the VA Business Architecture model as it meets most of their identified needs.
  - o Other sources and requirements will be examined i.e. Direct.
- Goal: Generate an HL7 ballot.
  - o A conceptual model to be used as part of a series of service oriented architecture specifications.
  - HL7 Security WG and the Service Architecture WG will work collaboratively on this
- Timeline: 4-6 weeks
- Galen welcomes more agency input and provided the FHIM Modeling Project WG details for interested Security Domain Experts
  - Every Friday 2:30-4:30 EST. Email Steve (steven.wagner@hhs.gov) for the invite.
- Ioana added that new content and areas will be explored.

#### Mapping to the S&I Framework Initiatives Update Ioana Singureanu

Please see Mapping Status Spreadsheet for details, this spreadsheet was sent on 6/11/14.

The Initial mapping was done to a Clinical Element Data Dictionary (CEDD) from 2012.



- Updates are being made to this initial mapping spreadsheet as the FHIM team tries to map to all active, ongoing S&I Framework Initiatives.
- New content was added to FHIM since the original CEDD document was given to them in January.
- The outstanding Items deal with transport infrastructure which is only partially modeled in FHIM.
  - o Ie: Digital Certificates and Digital Signatures are partially supported in the FHIM but not in the most reusable way.
  - o These are items of further enhancement and the FHIM team is currently analyzing a solution.
- Percentages show that there is additional work that needs to be done in some areas of FHIM.
  - o Galen updated that they are almost 100% mapped to Clinical Data Access
- Once this is complete; inactive initiatives will be mapped so that we have a complete mapping list so that new, upcoming initiatives can begin leveraging the FHIM directly.

#### **Update on Adverse Reporting**Steve Wagner and Jay Lyle

- Information modeling for this domain is completed however there is still work that needs to done for terminology value sets (VS).
- Most coded elements are defined by the FDA. The following cases exist:
  - 1. VS that are already used elsewhere and will be harmonized;
  - 2. VS that are specific to an FDA form: This is FDA's call and there will not be a lot of alignment.
    - o The FHIM team will have to expand its binding by loosening the design to allow for different syntax for binding.
  - 3. VS where FDA uses MeDRA for clinical concepts; semantically FHIM uses SNOMED, but will use MEDRA for these value sets so that we are in accordance with FDA.
- The Individual Case Safety Report (ICSR), Medwatch 3500, MedWatch 3500A, MedWatch 2500 B and VAERS1 forms were modeled
- Evelyn said they have been working closely with the FDA to accomplish work for the Structured Data Capture (SDC) Initiative.
- AI: Steve will link Jay, Galen and Bill with Evelyn from S&I to be sure there is alignment with their mapping activities.

### MDHT and FHIR Sean Muir

- On a previous call there was a discussion on how FHIR might integrate with FHIM and how FHIM might support the FHIR work and how it fits in with our model driven architecture process and approach.
- We are looking at the implementation standards level and how to actually support the FHIR information exchange format.



- First Step: look at defined FHIR resources and do an analysis of how they are supported by the FHIM from a context POV.
  - o Intent: produce new FHIR Resources or extensions to existing ones.
  - o Will start with the DSTU Version of the FHIR as stating point
- Next step is to understand the current layout of tooling that supports FHIR and whether we can leverage MDHT and Java API to support the creation of these new FHIR resources.
- Bob Bishop: The tooling you are talking about, are you talking about tooling that would pull the FHIR definitions into a UML format? Yes, this is one potential approach with MDHT.
- Bob Bishop: Are you finding that there is very little alignment with attribute naming; will you change the names in FHIM?

No expectation to change the names in FHIM. Sean said need to understand this as a venn diagram; based on this assessment we might come up with changes or modify some of the ongoing work.

- Alberto: How long do you suspect it will take to be able to generate all of the FHIR Resources to map to the FHIM?

Sean hopes that this will be completed in the next few months. This is dependent on time and resources.

- Galen added that there are resources and profiles in FHIR, if anything the FHIM will fall in as a sub-type of a resource, which will correspond to a FHIR profile
  - o The same tooling can be used to generate resources and profiles
  - o Resources will be quick to map to.
  - o Profiles are where the real work will take place and provide the most value to us as we will be able to tightly bind and reuse them.
  - o Profiles are a collection of constraints and extensions of a particular resource. The generation of profiles can be automated to some extent once the resources are in the FHIM and by leveraging MDHT.
- The SDC is working to generate an implementation using FHIR; Monday call will work on the Questionnaire "Form" and Wednesday call will focus on the new common data element FHIR Resource
- Galen would like the spreadsheet of the Core Data elements that SDC is looking to build so that he can compare it to what is in the FHIM. Evelyn showed Galen how to access the document on the S&I Website.

## Discussion concerning interoperability specifications

- Per the request of the Managing Board Steve created a summary document explaining what the FHIM generates, its interoperability specification or, interoperability standard.



- Steve walked through the document which describes what FHIM is attempting to do and the approach that they are taking. Please see the document which was sent out on 6/11/14 for more details.
- Can DoD VHA define a realm within the context of the FHIM and use that to drive our interoperability, and if so why are we not doing this?

A realm does not need to be created, you just need to define a set of use cases and they need to support a given information exchange. These should be defined in a way that they can be reused with other organizations if you need to exchange information with them.

- AI: Based on feedback from Ben, Steve will add language to the document that says that you can also get an export of the information model itself and its content for other purposes.

### Wrap Up:

- Steve thanked the group and ended the call.

Next meeting: Tuesday, July 8, 2014 at 1pm EST

#### **Action Items:**

- 1) Steve: Send an email to Evelyn, Galen, Jay and Bill to link them together.
- 2) Steve: Add language to the document that says that you can also get an export of the information model itself and its content for other purposes.