FHIMS Lab Domain:
Order, Perform, Observe, Interpret, Store, Report, Receive
Meeting Minutes (May 2nd)
Agenda for the next meeting (May 9th)

Date/time of call:
Monday, May 2nd 2011, 10-11:30 AM (EST)
Call: 1-800-767-1750**, Passcode:** 84287
Microsoft Office Live Meeting

Leadership team

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

Attendees

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

Agenda

- ALL: Finishing 3rd iteration (reports, EHR, C36/C37, CLIA 20'...)
- ALL: Milestones-Plans-Risks for modeling & cases (4th iteration), 10'
- ALL-Kosta S&I LRI communication and subgroups, Terminology 5'
- ALL-Ira: genetics use case, breast cancer 15'
- ALL-Galen: Information Modeling (pathology) 15'
- ALL-FHIMS WG Cases, Style, Maps (HL7, HITSP, LOINC), Metrics,

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

Summary of Discussion

Finishing 3rd Iteration

- Kosta - We have almost completed the 3rd iteration including mapping to the HL7 v2.x message segments. Mapping lab test results to the OBX segment will be changing the model including adding the instrument instance identifier (optional) for the lab equipment.
    - Kosta - Due to patient safety concerns, the FDA is now evaluating and certifying lab equipment as devices. Once certified, they are assigned a Universal Device Identifier (UDI); this could be used for the equipment's instrument identifier.
    - Cindy - That is a good candidate, but other options existing including an identifier that the lab assigns to the instrument. The data type in HL7 includes assigning authority to indicate which organization or system assigned the identifier; this would make the identifier unique.
- Cindy - The discussion has centered on mapping lab test results to the OBX segment; however, the OBX may also used to convey observations about the patient, order (test), and/or specimen such as details on how the specimen was processed or other information. Have we considered those other observations? Information, that isn't test results, may be in the model and may map to OBXs.
    - Anne - Agreed. There is some information that needs to be conveyed but there isn't a separate field for it in the message; this information could map to an OBX.
    - Galen - We may need to look at that needed information and its mapping. It may be that there is a good place to map it in the message rather than overloading the OBX.

Milestones, Plans, Risks

- Kosta – the cases and representation for the respective subWGs will have a dedicated time in each of our meetings.
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Terminology

- Kosta - The Lab Domain has 2 documents containing definitions; We need to coordinate with FHIMS and terminology group in order to integrate these docs in different levels: glossary, conceptual maps, class definitions etc
    - Cindy - I believe the document with the HIT definitions (for EHR, ELR, PHR, LRR, etc) should be elevated to the ONC level so that everyone is using the same set of definitions - from all of the FHIM Domains, S&I Framework Initiatives, and other ONC HIT efforts.
    - Anne - Agreed. There is still confusion on what these things are especially ELR and LRR.

Genetics Use Case

Ira has leaded an effort with other geneticists to write a genetic testing use case. He started with and has presented a breast cancer testing user story and listed some data elements.

- Cindy - For data element #13, Clinical findings, are those clinical findings for the patient being tested for one of her family members?
    - Ira - it is for the patient, relevant clinical and laboratory information about family members is contained in data element #12 while relevant laboratory information (including refusal of lab testing) is part of #14.
- Cindy - The inclusion of relevant clinical and lab information of a family member (family history) indicates that in the model 2 patients need to be tied together or associated. Currently, this association is done using some family history questions and answers and/or textual information. However, in the future, the promise of HIT is that relevant information could be queried from the medical records of family members.
    - Anne - While this may be a future use of HIT, it is the current clinical reality.
- Ira - Interpretations by lab, scientific personnel instead of or in addition to clinical personnel are also part of genetic testing and need to be accounted for in the model.
- Cindy - You also mentioned that the clinician follows guidelines when recommending tests and that laboratorians follow guidelines and regulations when performing tests and reporting test results. From those statements, it sounds like relationships to guidelines provided by various external groups will also need to be in the model in accommodate that guidelines are considered by the provider when recommending and ordering tests and that laboratorians perform tests and report results and interpretations based on guidelines.
- Kosta-The next steps are to identify actors, preconditions and postconditions and use diagrams to describe the scenario and map to our model.

S&I LRI updates

- Kosta- the use case draft is finalized. The public health WG case started. There are plans for F2F meeting in June. http://wiki.siframework.org/

RESOURCES

- *EHR-S functional profile http://www.hl7.org/ehr/*
- Chain of custody http://www.dna.gov/basics/evidence_collection/chain-of-custody http://www.epa.gov/apti/coc/
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ANNOUNCEMENTS

- May 2011 WG HL7 meeting http://www.hl7.org/events/wgm052011/
- Public Health Informatics conference this summer in Atlanta: Engaging, Empowering, Evolving…Together 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: May 9th 2011

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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
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