

## Information Modeling Project/FHIM Meeting Summary of Call

**Date/time of call: Friday, September 27, 2013 2:30 - 4:30 PM**

<b>Attendees - Agency</b>	<b>Invited, but Unable to Attend</b>	<b>Invited, but Unable to Attend</b>
Steve Hufnagel - DoD	Robert Crawford - VA	
Ioana Singureanu- HHS	Holly Miller - VA	
Bill Hess - FDA	Catherine Hoang - VA	
David Bass - VA	Charles Gabriel - DoD	
Peter Rush- VA	John Kilbourne - NLM	
Lynn Sanders- VA	Coco Tsai - FDA	
Gregory Rehwoldt- VA/DoD/IPO	Susan Matney	
Kevin Coonan- IHS		
Robert Crawford		
Galen Mulrooney - FHA		
Jay Lyle - FHA		
Sean Muir - FHA		
Steven Wagner - FHA		
Caitlin Ryan - FHA		

### **Updates on S&I Framework integration/initiative and FHA work**

Steve W. commented that participation with the SDC and DAF initiatives is ongoing. Both calls this week were cancelled due to HL7. Work on the validation feedback as well as the feedback collected for the MDA Implementation Modeling Guide is ongoing and should be complete next week.

### **Terminology Modeling update**

Jay L. informed the group that the Terminology Modeling call was cancelled this week due to HL7. He spoke about the potential of aligning the FHIM with the VA work; they are beginning to talk about clinical models. He also reported that VSAC has had a beta testing session of their authoring tools, which the FHIM team has tried. It is still unknown when VSAC will fully implement this.

### **Other business**

No other business was brought up for discussion.

### **Review and discussion of feedback on FHIM validation artifacts**

The discussion was based on the feedback from the person model; primarily comments received from the VA's Veteran Relation Management Project. The group reviewed a document put together by the VA's Peter Rush, which summarized major style issues that were found.

1. What is the Cardinality from Person (BiologicalEntity) to Patient: 1:1or 1:M?

Galen noted that one major issue is that HL7 defines patient as a role that a person plays. This role changed and became problematic after he added a relationship that a patient has with a health care provider when modeling the Public Health Reporting initiative. The group raised many questions that influence this role and provided examples that supported both sides. It was pointed out that Health Care Provider was modeled as a super class but it was unclear if this was a role or an organizational entity? Ioana suggested taking the action item of “express the entity that is responsible for the patient ID and scope that particular provider role.”

This issue was not resolved; the group will revisit this discussion at the next meeting.

2. Is ContactParty about a Contact relationship, or a contact person?

Galen provided some insight as to why this class was modeled in this manner. He proposed getting rid of the data elements in this class, leaving only effective date range, contact category, and relationship category and pointing it to person. He explained that “person will be related back to person through this class and any person (provider, patient, etc.) could potentially have a contact party or a related person but, based on the use case, we would constrain out those things, so when sending demographics we wouldn’t send out that information”. The group agreed that this was a good solution. The new methodology will explicitly create the constraints through the use cases.

**Wrap Up:** The group has run out of time. Galen asked that Iona and Peter join next week’s call to continue the discussion. Both agreed they will be in attendance.

Action Item Description	Responsible Individual	Due Date
Model and express the entity that is responsible for the patient ID and scope that particular provider role.		No date was set

**Next Meeting:** Friday, October 4, 2013 at 2:30 EDT

**Information for future FHIM information and terminology modeling calls:**

**1) Information Modeling (IM) project call**

**Recurring Weekly Call Every Friday**

**Time of Call: 2:30 to 4:30 PM Eastern Time**

**Dial-in Information: 1 (773) 897-3018, Access Code: 585-151-437**

**Web Meeting URL: <https://global.gotomeeting.com/meeting/join/585151437>**

**2) Terminology Modeling calls**

**Recurring Weekly Call Every Wednesday**

Federal Health Architecture (FHA) Program

**Time of Call: 2:00 to 3:30 PM Eastern Time**

**Dial-in Information: 1 1 (773) 945-1031 Access Code: 849-124-653**

**Web Meeting URL: <https://global.gotomeeting.com/join/849124653>**