

FHA Information Modeling (IM)
Project and the Federal Health
Information Model (FHIM)

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and Information Modeling

Project







- IM Project/ FHIM Context
- Overview of FHIM and Associated Terminology Models/ Value Sets
- Overview of Implementation Modeling Tools
- How the Models/Tools Support the S&I Framework
- Summary



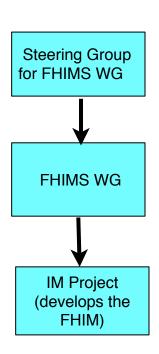


IM Project and FHIM Context

Staffed by LC Members (guides FHIMS WG by setting priorities and developing/approving strategy)

Staffed by FHA Program Manager and potentially other support resources (manages FHIMS WG and supports FHIMS Steering Group and all projects)

Staffed by Federal partner resources (2-3 project leads and at least one contact/participant from each Federal partner)







IM Project and FHIM Steering Group and Modeling Participants

Steering Group Members:

- DoD [Nancy Orvis]
- SSA [Justine Piereman]
- CDC [Nikolay Lipskiy]
- VHA [Tim Cromwell]
- NCI [George Komatsoulis]
- CMS [Theresa Lissauer]
- Information Modeling Project comprised of volunteers from:

DoD/MHS	CDC
VA / VHA	SSA
HHS	SAMHSA
CMS	IHS
FDA	NCI
NLM	FHA

All are encouraged to invite Subject Matter Experts (SMEs) from their respective organizations to provide insight and input on models, standards, and definitions.







FHIM and Associated Terminology Models Goal and Principles

Goal

 Produce a logical, health information model that supports semantic interoperability and that is built by harmonizing information from the individual Federal partners and standards organizations

Principles

- The model will be expressed in standard Unified Modeling Language (UML) notation (it may also be expressed in other notations)
- The model will be designed to meet all Federal partner semantic interoperability needs for the exchange of information with other organizations
- The model will support existing national health standards
- The model will be in the public domain, freely available and easy to access
- The model will be specified as a logical model consisting of a set of domain models
- The model will not specify behaviors (operations) and, at least initially, will not specify OCL constraints or rules
- The model will be made available as an XMI export





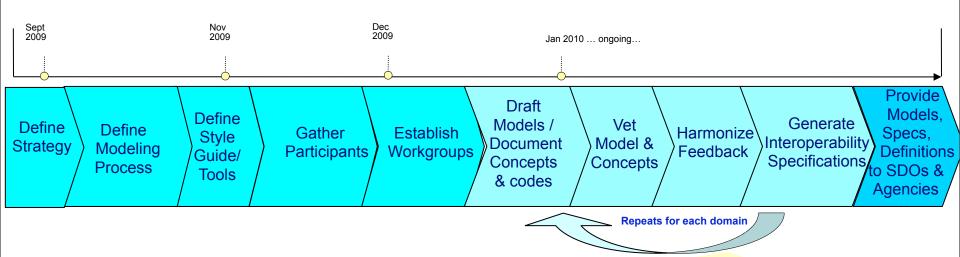
> FHIM and Associated Terminology Models Approach

- Initial baseline model created by drawing on existing UML models from VHA, NCI and FDA
- HL7 Reference Information Model (RIM) used as a reference model for the FHIM
- Developed using a standard process and style guide
 - Lead FHIM modeler ensures consistency, integration and harmonization across domain models
 - Health information divided into domains (e.g., Person, Laboratory, Medications/Pharmacy, etc.) - each domain has a modeling team
 - Modeling team consists of lead modeler, SMEs, Federal partner liaisons, others
 - Model each domain starting with existing information from baseline model
 - Incorporate and harmonize information from Federal partners
 - Incorporate and harmonize information from standards organizations
- The FHIM is versioned and stored in a GForge repository as it is developed
- The FHIM is distributed for review/feedback by Federal partners





> FHIM and Associated Terminology Models Process





- Create a baseline model from existing VA, NCI and FDA models
- Use the HL7 RIM as a reference model
- Harmonize information across the FHA Federal Partners/Agencies
- Harmonize with information defined by health SDOs and HITSP
- Identify concepts and terminologies in need of harmonization
- Fully document coded data attributes and their value sets
- Vet model, terminologies/value sets and definitions with FHA Federal Partners/ Agencies and harmonize final comments
- Use model driven architecture approach to produce interoperability specifications
- Integrate model approach and content into existing SDO development processes
- Interoperability specifications available for FHA Partners/Agencies to leverage



> FHIM and Associated Terminology Models Traceability

- FHIM links to terminology models/value sets by storing a unique value set ID
- Terminology models maintain all other terminology information (a terminology model/value set links to the FHIM by storing the ID of the data attribute in the FHIM that it supports)
- FHIM maintains traceability to use cases and the HL7 EHR-S Functional Model
- FHIM incorporates information from Computational Independent Models (CIMs)
- FHIM is a Platform Independent Model (PIM)





> FHIM and Associated Terminology Models Priorities

- Modeling priorities for the FHIM are set by a Steering Group of six Federal partners (CMS, DoD, VA, SSA, CDC, and NCI)
- FHIM priorities include full support for information domains specified by Clinical Care Document (CCD) and Meaningful Use
- Eleven Federal partners are participating directly in the Information Modeling (IM) Project (VA, DoD, FDA, CDC, NCI, HHS, CMS, IHS, SSA, SAMHSA and NLM)
- All other Federal partners have the opportunity to participate through model reviews/feedback





> FHIM and Associated Terminology Models Current Status of Information Domain Modeling

Domains Already Modeled

- Person
- Security and Privacy
- Eligibility, Enrollment, Coordination of Benefits
- Behavioral Health Assessments

Currently Being Modeled

- Lab
- Medications/Pharmacy (including immunizations)
- Problem

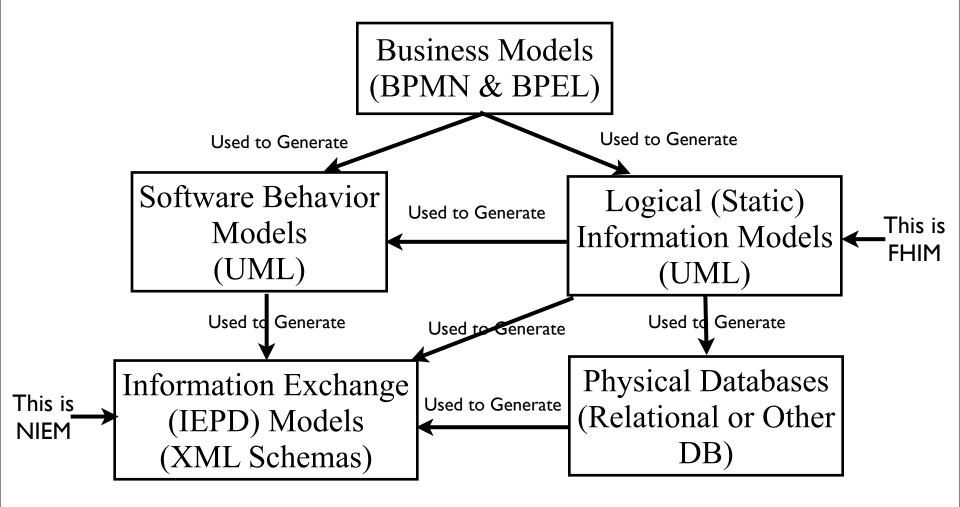
Domains Scheduled to Be Modeled

- Orders (General)
- Allergies
- Vital Signs
- Encounters





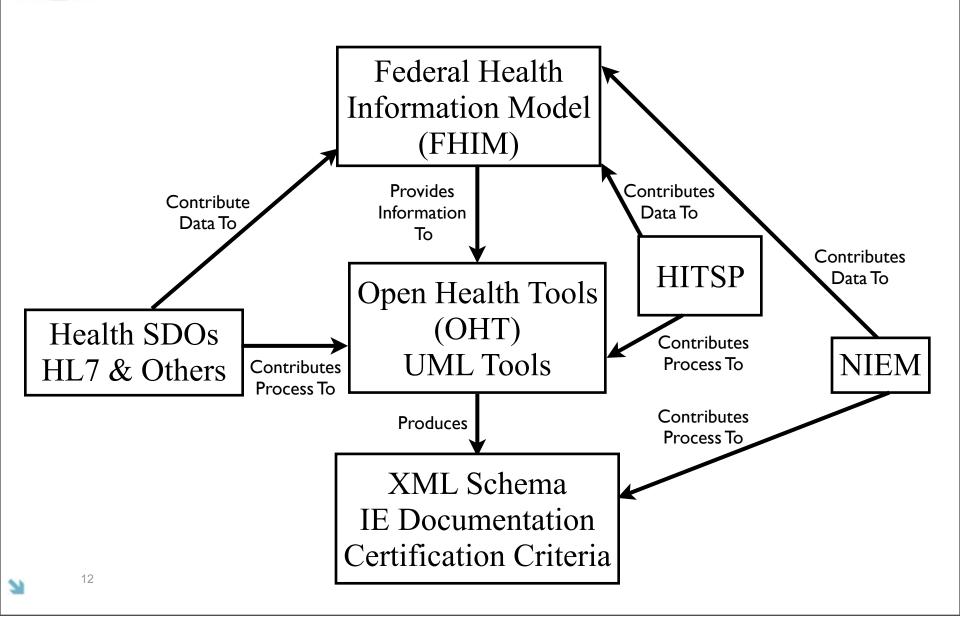
Model Driven Architecture (MDA) View Describing Relationship Between FHIM and NIEM







Model Driven Architecture (MDA) View Integration of FHIM, NIEM, HITSP and Health SDOs





> FHIM and Associated Terminology Models Benefits

- The models retain use case context
- The models are integrated
 (2-way links between Information ← Terminology models)
- The modeling process harmonizes content (information and terminology) across organizations
- The models support efficient standards development
- The models are being integrated with the MDHT to support a model-driven approach to development of information exchange interoperability specifications
- The models can be leveraged by organizations for internal use in systems and database development
- The models are developed using standard UML





Overview of Model-Driven Health Tools

- Open source project within Open Health Tools (OHT)
- Based on Eclipse Platform template driven and extensible
- First tooling release in Jan 2011 targeting full-lifecycle support for CDA
 - UML design of implementation guides
 - Publishing ballot specs and developer docs
 - Generating validation and Java runtime support
- Prototype started using non-CDA base models (e.g. FHIM, NIEM core, NCPDP) in MDHT tooling and generating XSD implementation, in addition to Java
- Can generate multiple implementation (PSM) models
- Three user roles of MDHT apply to CDA and other base models







Publishing and Validation

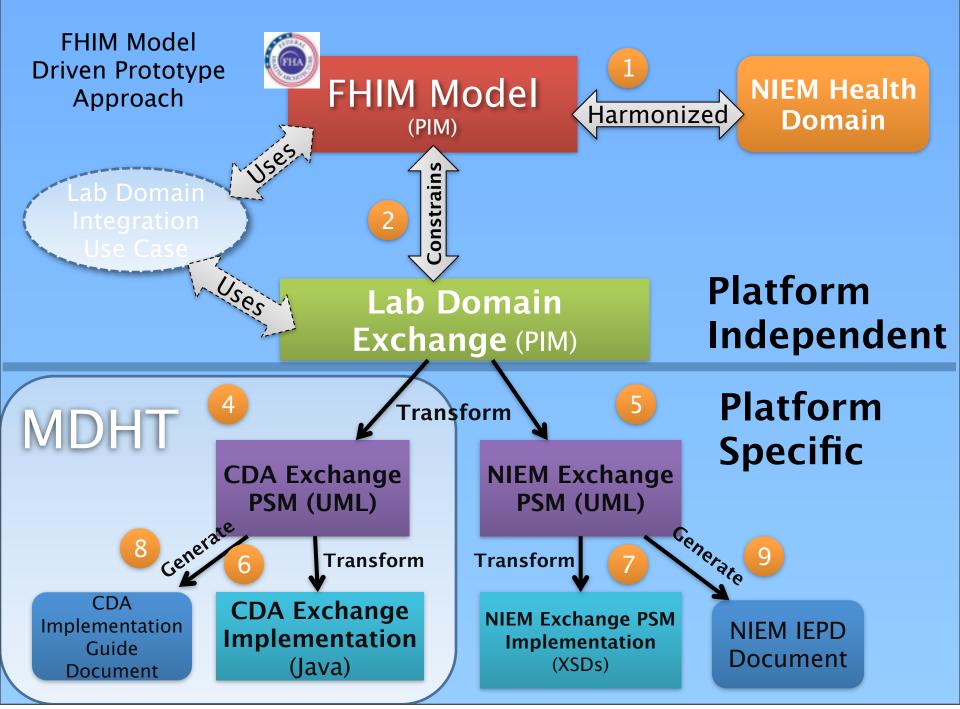
Publishing Implementation Guides, Normalized Format

- The UML models created with template definitions are automatically transformed to DITA XML (OASIS standard), which is then published to PDF and HTML formats.
- Developer documentation includes the complete aggregate list of all inherited elements and conformance rules. Thus, a developer does not need to "follow the references. This issue is #1 complaint by developers using HITSP and IHE specifications.

Validating XML Instances

- Conformance rules modeled in UML are transformed to Object
 Constraint Language (OCL) expressions that are executed by the Java runtime.
- Enables rapid iterative development of specification and conformance test suite.







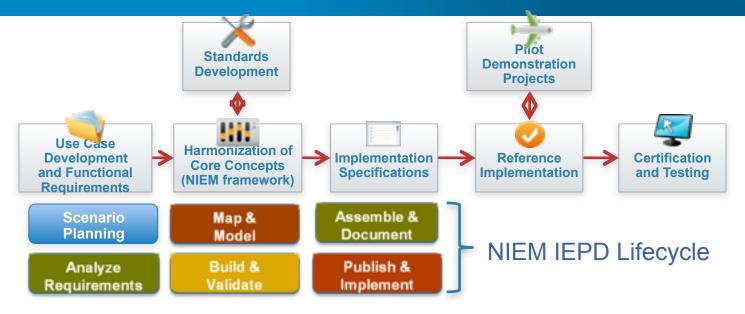
CDA Models and Reference Implementations

- MDHT team is currently working on UML models and Java implementations of the following CDA-based document types:
 - HL7 Continuity of Care Document (CCD)
 - IHE Patient Care Coordination (PCC) Profiles
 - HITSP C83 and C32 Patient Summary
 - HL7 Public Health Case Report (PHCR)
 - IHE Lab Report Document
 - HITSP C74 Personal Health Monitoring Report
 - HL7 Health Story specifications (CDA Common Data Types)
- Early prototype of NIEM implementation



S&I Framework



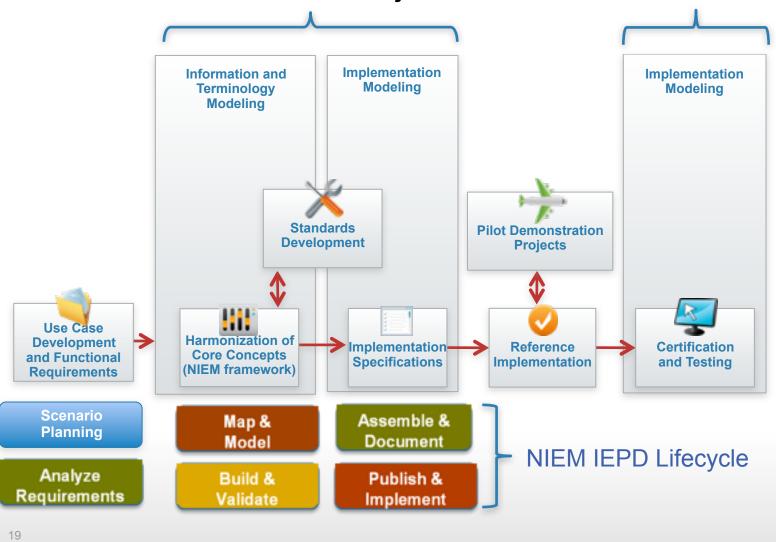


- Create a NIEM Health standards harmonization process and governance framework
- Establish roadmap for existing NHIN standards, MU harmonization, and non-MU health information exchange specifications
- Establishes a repeatable, iterative process for developing widely reusable, computable implementation specifications
- Establishing the tooling and repositories needed
- Establishing the practices and guidelines for modeling
- Enables semantic traceability so that useable code can be traced back to original requirements and definitions
- Promotes transparency and collaboration from broad range of health stakeholders

Mapping of IM Project Models and Tools to S&I Framework



IM Project Models and Tools





► How the Models/Tools of the IM Project Support the S&I Framework

- Direct engagement of the Federal partner community
- Support for Federal partner priorities such as VLER and MU
- Direct support of Federal partner use cases
- Adoptable by all organizations models and tools are freely available
- Traceability to the use cases and functional requirements supported
- Provides semantic and syntactic modeling constructs to support the definition of information
- Harmonizes standards across the Federal partners and standards organizations





► How the Models/Tools of the IM Project Support the S&I Framework

- Able to integrate with and support the NIEM process
- Supports the 3 OMG/MDA model abstractions CIM, PIM, PSM
 - FHIM content derived from CIMs
 - FHIM model is a PIM
 - PSM produced by MDHT
- MDHT tools can produce multiple technology bindings (PSMs) for the same set of logical specifications
- MDHT tools can generate certification/testing artifacts





IM Project Summary

The IM Project:

- Produces freely available, harmonized information and terminology models
- That are integrated with open source model-driven health tools
- That can support multiple implementation platforms (PSMs), including NIEM
- And that can support the goals and requirements of the S&I Framework

