**2014-04-08 FHA Health Information Modeling (HIM) Work Group Meeting Minutes**

**Attendees:**

CDC: Ricky Freyre

DHA: Ben Bovee; Krystol Shaw; Andy Anderson; Nancy Orvis; Kendra Manning; David Poole

VHA: Freda Bredy; David Bass;

VA: Peter Rush; David Bass; Catherine Hoang; Benson Chang; Lynn

HHS: Bill Hess; Arun Acharya

3M: Susan Matney

S&I Simplification: Gary Dickinson

FHA: Steve Wagner; Galen Mulrooney; Jay Lyle; SeanMuir; Rob McLure; Ioana Singureanu; Hakan Lidstrom; Alberto Llanes; John Forrester; Nicole Kegler; Suzanne Acar; Donna Donella; Suzette Stoutenberg; Vanitha Khetan; Ryan Wilson; Caitlin Ryan

**Welcome and Roll Call**

* Caitlin took roll and welcomed the group
* Steve reviewed the meeting’s agenda.

**FHIM Modeling and Generating New Interoperability Artifacts**

* It was explained that we are trying to create HL7 FHIR resources based on requirements captured in the FHIM
* Steve provided an overview of the *Fast Healthcare Interoperability Resources* (FHIR) and discussed how FHIM and FHIR could leverage one another. Please see slides for this review.

**Discussion**

FHIR has gotten rid of Person resources; it only describes the Patient. Many attributes are left out of Patient with very little usable demographic information.

* FHIR was intended to fulfill 80% of Use Case Requirements and looks at international use cases.
* This is where the FHIM can be useful. We can identify gaps in existing resources and leverage the FHIM model to create implementable resource definitions and create extensions to existing resources to fulfill requirements.
* FHIM provides additional value by pointing out consistent sets of data elements and consistent binding of those data elements.
* VHA is currently conducting a FHIR Pilot where they use patient, practitioner, and organization contacts to represent the entities in the scenarios that they are building for home healthcare. So far no extensions have been needed, but they are still in the middle of this process.

Is there a Repository of these resources and extensions and if so, does the FHIM plan to contribute to it?

* There is a FHIR Resource repository but no FHIR Profile Repository as of yet; FHIM hopes to create both.
* The FHIM will be standardized at the logical level; it can be constrained for each implementation. The implementations may not be the same but implementations with the same components, concepts and associations, will be the same since they draw from the FHIM which standardizes them.
* It was agreed that it would be valuable to have these logical constraints and extensions accessible from a central repository location.

What is FHIR? It seems to have a little of everything.

* FHIR is a draft standard for trial use; it is understood that it has a content model combined with standardized RESTful protocol which sets it apart from other standards and therefore provides a better chance for interoperability.
* This is a suggested topic for the FHA Governing Board meeting as the agencies need to discuss improving their bi-directional exchange by 2016.
* A Draft Guidance document is being created to present to Gail Kalbfleisch, FHA Director, regarding existing Health Standards tools and which tools make sense depending on the use case.
* FHIR is just another information exchange protocol that must be tried and used before determining whether it should be “the” standard to use. There are several proposed FHIR projects in the VA; although we are unaware of the names and their current status. We hope to hear about their efforts soon to see how they might be able to leverage the FHIM.
* It was shared that the IPO had created a “Federal Domain” Profile

As an evolving standard is there a schedule or process for determining when/if it becomes a formal standard ?

* Although the group had not seen a schedule the typical timeframe for a decision is two years from the Draft Standard Publication date.

Do the FHIM Definitions and FHIR Resources align?

* FHIR is based on RIM and should contain a fair amount of consistency with the FHIM.
* FHIM, as it is now, mostly looks at existing standards and how they can be incorporated into the model. We are looking at refactoring the model for FHIR and hope to generate FHIR profiles for resources not in the FHIM

**FHIM Guide Review**

* Jay provided a high level overview for each of the guides; formal feedback can be emailed to the FHIM team or logged in the FHIM Feedback Spreadsheet that will be sent to the group.
* There are three process guides and one modeling style guide based on the Model Driven Architecture Approach. Please follow the links to access these documents; *please note that the individual document links will take you to the OHT site; you must sign up for a free account to view them if you do not have one already.*
* ***FHIM Information Modeling Process Guide***
  + How to engage an effort & change the model
* <https://www.projects.openhealthtools.org/sf/go/doc1853?nav=1>
* ***FHIM Information Modeling Style Guide***
  + Rules & conventions
* <https://www.projects.openhealthtools.org/sf/go/doc1549?nav=1>
* ***FHIM Terminology Modeling Process Guide***
  + How to engage an effort & change terminology
* <https://www.projects.openhealthtools.org/sf/go/doc1152?nav=1>
* ***FHIM Implementation Guide***
  + How to generate an implementable artifact
* <https://www.projects.openhealthtools.org/sf/go/doc2004?nav=1>

These documents can also be found on the FHIM.org site: <http://www.fhims.org/links.html>

**Data Gathering for Potential Use Cases Model Update**

* Alberto updated that there are activities going in within the Coordination and Collaboration Workgroup (C&C WG) to ramp up data gathering for potential use cases from our partner agencies; please attend the next meeting if you are interested.

**Closing Remarks**

* The meeting time ran out and FHIM updates were not given; these updates will be discussed on the next HIM WG call.

**Next Meeting:** Tuesday, May 12th at 1pm EST

**Action Items:**

1. FHA PMO- Send materials discussed on this call to the WG members.