FHIM

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1. Updates

no news from Open Group; favorable response on managing board call; will produce a white paper and publicize FHIM on FHA media.

S&I: no news. Unable to be represented at ELSS meeting this week; in future Ioana or Galen should be able to attend

Ioana working on C-CDA 1.1 to FHIM mapping

2. Terminology

Vitals in process; Intermountain publication definitely an unfinished snapshot

IMHC into hspc fhir ; Tom Oniki may be attending terminology

Theres a FHIR profile for DAF in ballot. Most of the terminology work is examples

Add this to the terminology research list.

3. interpretation

It's not an observation, but it does need provenance, 1:n

Lab interpretations have primary and secondary interpreters. This is probably a Pathology-specific practice.

It seems to be supported by our Provenance model, with both Author and Verifier.

Our provenance model seems to support these requirements, including device involvement.

Proposal: a single "clinical statement" or "assertion" class, with a code, provenance, etc.

with a specialization class for observation, including method, site, etc.

and another specialization class for interpretations

Question: might we differentiate along SOAP lines (symptom/complaint, objective observation, assessment/diagnosis)

4. dcm sources

import into FHIM? reference and use when generating IGs? what's the process look like?

We agree we should leverage DCMs, wherever they might be. How we do that remains to be seen.

5. next domain

Care plan

Terminology will work on Care Plan as well as one domain completed by the Information Modeling team