**Information Modeling Project/FHIM Meeting – Summary of Call**

**Date/time of call: Friday, March 13, 2014 2:30 - 4:30 PM**

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| **Attendees – Agency/Organization** | **Invited, but Unable to Attend** |
| Steve Wagner- FHA | Mead Walker- HL7 |
| Jay Lyle – FHA | Lynn Sanders-VHA |
| Galen Mulrooney – FHA | David Bass- VHA |
| Håkan Lidström- FHA | Gregory Zektser- VHA |
| Ioana Singureanu- FHA | Jay Sykes- FHA |
| Iona Thraen- Utah Dept. of Health | Krystol Shaw- DHA |
| Robert Crawford – VHA | Sean Kopka – VHA |
| Elisabeth McCool |  |
| Steve Hufnagel- DoD | Huma Munir – US Arlington |
| Raisa Ionin |  |
| Kenneth Saylards | Loren Stevenson- VA |
| Susan Campbell | Ben Bovee - DoD |
| Susan Matney | Kathleen Connor- VA |

**Updates on S&I and FHA Initiatives** *Steve Wagner*

* Steve reported that S&I initiatives are still on hold pending a review by the S&I Task Force, commissioned by HITSC (the Health information Standards Committee). The task force work is about to be finished. Galen mentioned a preliminary report is available at the Task Force website. (<http://www.healthit.gov/FACAS/health-it-standards-committee/hitsc-workgroups/si-task-force-workgroup>)
* Steve will be presenting FHA at an upcoming AHIMA meeting.
* Ioana mentioned that a Use Case authoring tool is now available for S&I initiatives.

**Terminology Modeling Update and Discussion** *Jay Lyle*

* Jay reported that the Pharmacy modeling is progressing although most of the discussion on the March 11 meeting was less on terminology and more on the applicability to Pharmacy of some classes in the Common domain.

**Modeling the Care Plan Domain** *Galen Mulrooney*

* Susan Campbell referred to the electronic Long-Term Services & Supports (eLTSS) Initiative meeting on March 12 and made the remark that there is no consensus yet of what a care plan is. There are several perspectives for various stakeholders, e.g. providers, payers and social services. The role of a plan steward is being recognized but there is still no consensus on what it means. There is a growing recognition that care plans must be patient centric, but there is not yet consensus on the full consequences of this concept. Remarks by Iona Thraen further emphasized the current state.
* Susan Matney commented that education of the patient activities that also must be captured in a plan. It need to be explored if existing concepts such as intervention can model also an education activity, or if new model concepts are needed.
* Jay brought up the question if a plan can always be regarded as a document. The conclusion was that a document can provide a snapshot of a plan (from some point of view). It was noted that this is close to the HL7 CPDAM concepts of dynamic and static care plans, with the snapshot being the static plan.
* It was noted that a (dynamic) care plan can be a tool the actual planning process and used for negotiations between care team members
* “Quasi medical” data may have to be captured in a care plan in addition to traditional medical health record data.
* The need for vocabulary harmonization was noted. Different communities have developed their respective jargons. This may lead to misunderstandings when they all work in a common plan. E.g, the government may use the term beneficiary, where private payers use the terms subscriber, or member and providers use patient.
* Provenance will still be important when information is collected in one plan. That is, who stated what, when?
* Galen asked the question if there might be planning data that should not be available to the patient, e.g., a dialog between two specialists is captured and may contain tentative approaches that are finally rejected. The conclusion was that patients must have access to all data in their care plans.
* A discussion about the best scenario for managing care plans pointed to primary care providers as the likely best agent for an individual. But also asked the question for how finance this work. Benefits of care plans are long term, but the mobility of the population between payers and providers eliminates the payer’s long term perspective for any member.

**Next Meeting:** Friday, March 2700, 2015 at 2:30 EDT

| Action Item Description | Responsible Individual | Due Date |
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**Information for future FHIM information and terminology modeling calls:**

1) Information Modeling (IM) project call (Every Friday)

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

<https://global.gotomeeting.com/join/947006365>

Use your microphone and speakers (VoIP) - a headset is recommended.

Or, call in using your telephone.

Dial +1 (646) 749-3131

Access Code: 947-006-365

Audio PIN: Shown after joining the meeting.

2) Terminology Modeling calls (Every Wednesday)

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

https://global.gotomeeting.com/join/947006365

Use your microphone and speakers (VoIP) - a headset is recommended.

Or, call in using your telephone.

Dial +1 (646) 749-3131

Access Code: 947-006-365

Audio PIN: Shown after joining the meeting.