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

**Date/time of call: Friday, March 20, 2014 2:30 - 4:00 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 |  |
| Håkan Lidström- FHA | Gregory Zektser- VHA |
| Ioana Singureanu- FHA | Jay Sykes- FHA |
| Elisabeth McCool - VHA | Krystol Shaw- DHA |
| Stephen Hufnagel- DoD | Sean Kopka – VHA |
| Raisa Ionin | Iona Thraen- Utah Dept. of Health |
| Susan Campbell |  |
| Scott Keller – CDC | Robert Crawford – VHA |
| Rob McClure | Loren Stevenson- VA |
| David Bass- VHA | Ben Bovee - DoD |
| Sean Muir | Kathleen Connor- VA |
| Huma Munir | Kenneth Saylards |

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

* FHA presentations were given this week to AHIMA and to the NIEM Human Services Domain workgroup.
* The S&I initiatives review by the S&I Task Force, commissioned by HITSC (the Health information Standards Committee) has been completed, but the report is not yet available. Further S&I collaboration is still on hold.
* Ioana reported that mapping of data identified by the S&I initiatives SDC, CQF and DAF will be updated once these groups finalize the HL7 May ballot version of their artifacts.)

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

* Jay reported that the Pharmacy modeling is between 1 and 2 weeks from being completed. Stewardship for NCPDP value sets is yet to be resolved.

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

* Galen reported that work to flash out attributes is continuing. Classes with “new” in the name and attributes beginning with “$\_” are recent additions to the model.
* Iona has shared an interesting document from Sweden. It will be discussed next week, as Iona was unable to attend today.
* Ioana noted the similarity between goals as modeled and the mode goal in HL7 CDA. The group agreed it was premature to determine now how close the concepts are and decided to revisit this issue later.
* One participant made the point that he saw the value of a care plan, not in the plan itself, but in that it brought a group of practitioners together and gave them the opportunity to talk. Susan commented that she used to be of a similar opinion, but that she had come to see the care plan as an important vehicle for communication within a care team. People come together for the big decisions, but in between the work goes on in parallel and the plan becomes the common resource. Raisa noted that work on the use of plans has hardly started. What exists today are static plans that may be possible to exchange as CDA documents. A form used by MA Department of Public Health and partners had been sent earlier by Susan to Galen and was displayed for the attendees to see. How to deal with dynamic plans maintained in a repository and contributed to by multiple care team members from different organizations is still an immature topic. There have been some discussions in the eLTSS group about economic incentives.
* There was a discussion whether the concept of plan review and the model class ActivityOutcomeReview was the same thing. It was agreed they were not. Plan review would be the high level review of the entire plan (“macro level”). ActivityOutcomeReview is the review of a specific activity within the plan (“micro level”)
* It was noted that there may be aspects brought up in the eLTSS group that have not yet found their way into the model. Galen will go through the eLTSS archive for relevant input.
* Galen brought up the topic of function codes, such as the WHO ICF. Liz McCool mentioned the FIM (Functional Independence Measure) tool. FIM is a very good tool, but it is proprietary. There is also a relatively new assessment tool called CARE, from CMS, but CARE is not as elaborate as FIM.
* Other things to explore:
  + It was noted that Intervention is a kind of Activity
  + Communication needs further modeling.
  + Is there a need for a planning act or not? Could it be a case of communication?
  + Could there be conversations between team members that are not considered plan review?
  + The Care Coordination Service Model may provide insight for the model.
  + Observations – what is needed? E.g., allergies and immunizations are not covered sufficiently.

**Next Meeting:** Friday, March 27, 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

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

Or, call in using your telephone.

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