Information Modeling Project/FHIM Meeting

Summary of Call

Date/time of call: Friday, November 22, 2013 2:30 - 4:30 PM

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| **Attendees - Agency** | **Attendees-Agency (cont’d)** | **Invited, but Unable to Attend** |
| Jay Sykes - VA | Steven Wagner – FHA | Holly Miller - VHA |
| Robert Crawford – VHA | Jay Lyle – FHA | Catherine Hoang - VHA |
| Peter Rush-VA | Caitlin Ryan-FHA | John Kilbourne - NLM |
| David Bass – VHA |  | Steve Hufnagel – DoD |
| Rob McClure -FHA |  | Kevin Coonan- IHS |
| Gregory Zektser- VHA |  | Sean Muir - FHA |
| Sean Kopka - VHA |  | Bill Hess- FDA |
| Benton Bovee- DHA |  | Susan Matney - 3M |
| Lary Shaughnesy- DHA |  | Iona Thraen- Utah Dept of Health |
| Galen Mulrooney – FHA |  | Lynn Sanders-VHA |

**Updates on S&I Framework integration/initiative and FHA work- Steve Wagner**

Steve expected to finish the review of person domain on this call so that the group could move on to modeling the provider domain; adverse event reporting will follow. The work with ONC, DAF, and SDC initiatives is progressing. Steve noted that there has been some traffic with the Healtheway initiative and FHIM.

They have completed their review of the MDA Implementation Modeling Guide and have sent out the revisions. The team will look at the Information Modeling Guide so that it can be integrated fully with the MDA and Terminology guides. These will be uploaded to the OHT FHIM Collabnet site.

**Terminology Modeling update-** Jay Lyle

The Terminology meeting was canceled due to AMIA. Jay provided an update regarding VSAC saying that he was able to create some test value sets. Two issues he noticed were that there are not a lot of systems there; not much can be created. The other was that they defined value sets term by term. Rob said that they are still at the front end of this system and there needed to be the ability to add additional code systems to support value sets; it is something that needs to be supported but it is not a high priority item. He added that the ability to create intentional definitions is something that needs to be done but is also not a top priority. He added that as long as the code systems are in place they can put the value sets in and will be able to label them.

**Other business- Jay Lyle**

Ben asked if Galen would be interested in feedback on the data issues with the definitions of the 11 “data accelerator” subject areas. Galen told Ben that anything he had would be helpful.

**Review and discussion of feedback on FHIM validation artifacts-** Galen Mulrooney

Galen said that all questions, but one, have been addressed and the dispositions have been resolved.

Peter reviewed his final question regarding the contact party as a person from last week. He asked the group **“What should we be trying to capture for a “point of contact” at the enterprise level and how should this be modeled?”** He suggested the need to distinguish between the different kinds of persons that one can be associated with (i.e., related person vs. contact person). It was decided that since this is a logical model and that logically, a contact party is a person, it is ok to keep it modeled the way it is. The use cases will determine what traits we need. The implementation guide will clarify how this model should be implemented and the logical/main model will continue to point to person. The distinction between “enumerated” and “non-enumerated” persons will be made in the “implementation models”; these models will be constrained to meet the use case needs. This is where we will create the subset of traits that we are concerned with this person.

**Is the FHIM model an abstract representation or will it become the model for physical implementations at various levels?**

It was explained by Galen thatthere are three classes of models in the FHIM initiative.

1. Main/Over-Arching Model which is a platform model and will not include constraints.
2. Information Exchange Information Model, this is also a platform model.
3. Platform Specific models that are produced using model driven health tools.

A brief discussion about multiple birth order led to the realization that “MotherIdentifier” should be removed from the person domain and moved to Patient. This is a slot in a patient’s record about another person that is not a relationship to that patient’s record in any way.

Peter asked why there were subsets of “types” of contacts a person can have. Galen said that they wanted to be explicit about the combinations of type codes that are valid in a particular type of situation (ex: a business won’t have a home phone number). This led to the realization that “AddressType” was not in the model; Galen will add this to the enumeration as he believes that a use case will require it.

The review of the Person Domain has been completed however it was noted that this domain will be refined further.

**Wrap Up:** The meeting ended early, Galen plans on discussing the provider domain on the next call. Due to Thanksgiving next week’s call will be canceled.

| Action Item Description | Responsible Individual | Due Date |
| --- | --- | --- |
| Send out Provider Domain materials | Galen | Before 12/6 |
| Send updated Person Domain | Galen | 12/6 |

**Next Meeting:** Friday, December 06, 2013 at 2:30 EDT

**Information for future FHIM information and terminology modeling calls:**

**1) Information Modeling (IM) project call**

**Recurring Weekly Call Every Friday**

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

**Dial-in Information: 1 (773) 897-3018, Access Code: 585-151-437**

**Web Meeting URL:** <https://global.gotomeeting.com/meeting/join/585151437>

**2) Terminology Modeling calls**

**Recurring Weekly Call Every Wednesday**

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

**Dial-in Information: 1 1 (773) 945-1031 Access Code: 849-124-653**

**Web Meeting URL:** <https://global.gotomeeting.com/join/849124653>