FHIMS WG Terminology Modeling Sub-Project Meeting

Summary of Call

Date/time of call: Wednesday, December 19, 2012, 2:00 - 3:30 PM

(Agenda item under general meeting)

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| **Attendees** | **Invited, but Unable to Attend** |
| Steve Wagner - FHA PMO | Dave Collins - VA/VHA |
| Jay Lyle - FHA PMO | Doug Hopler - VA/VHA |
| Rob McClure - VA/VHA | Maryann Niesen – IHS |
| Pam Banning – 3M | Mike Fitch – DoD |
| Galen Mulrooney - VA/VHA | Mike Lincoln - VA/VHA |
| Holly Miller - VA/VHA | Neelima Chennamaraja - VA/VHA |
| Bill Hess - FDA/OC | Senthil Nachimuthu – Dod |
| John Kilbourne - NIH/NLM | Xingfang Li – FDA |
| Ioana Singureanu – FHA | Yiyting (Coco) Tsai - FDA/OC |
| Susan Matney – 3M | Nikolay Lipskiy – CDC |
| Jim Case - NLM | Neal Richards – FHA |
| Sean Muir - VA/VHA | Steve Hufnagel – DoD |
| Anand Shukla - VA/VHA | Ling Qiu - VA/VHA |
| Kevin Coonan - DoD | Rob Savage – CDC |
|  | Cindy Vinion – CDC |

Agenda

1. Lab values
   1. Lab.Organism.organism
      1. Last week: recommend SCT < 264395009 microorganism
         1. Group: ok
         2. *After call: 2.a.i is incorrect: CDISC has a set of 875 values.*
   2. Lab.StainResult.stainType
      1. Pam: this is inside the LOINC code. Leave it there. Micro will tell you the stain.
         1. In pathology, pathologist may use others but would not include in report.
         2. Change name of class from StainResult to MicrobiologyStainResult
         3. Make value 1:\*
         4. Use codes < 37926009 microbial stain method, or LOINC? Review next week.
   3. Lab.StainResult.value
      1. Positive, negative
         1. Use Interpretation or New value set consisting of this subset?
         2. May also include shape: concatenate stain type and shape, e.g., “gram-positive cocci”
         3. Found under “evaluation finding” with many other concepts
         4. Evaluate and propose additions
            1. common: <50; all ~ 200; Tabled: Pam to outline scope and example
   4. Lab.LabReportSection.sectionTitle
      1. LOINC document ontology: Pam can provide
         1. Search Pathreport.grossobservation etc. Mike Lincoln & Steve Brown worked on this.
         2. Table issue; put in document domain (LOINC values sent Friday)
   5. Lab.ReportableResult.observationMethod
      1. No table for OBX-17
      2. Specifically method not implied in (LOINC) name
      3. SCT not fine enough
      4. Other options?
      5. Pam: may be more widely used in future. A topic at LOINC meeting. Pam to check minutes.
         1. Make MicroStain.StainType a specialization or subset of this.
   6. Lab.LabTestRequest.ResutsReleaseCategory
      1. V2.8 0909: Contains instructions on whether to share the results with the patient, and if so how.
      2. “Constraints on the process of sharing lab results with a patient”
         1. Share To Be Determined –
            1. Category to be determined
         2. Share Immediately –
            1. Share result with patient immediately
         3. Share Within Normal Limits -
            1. Share result in reference/therapeutic range with patient immediately
            2. Share result out of reference/therapeutic ranges with patient after 1 or more business day as agreed to by the systems in play.
         4. Share In1 Day -
            1. Share result regardless of reference/therapeutic range after 1 or more business day as agreed to by the systems in play.
         5. Share in 1 Day Conditionally -
            1. Share result in reference ranges/therapeutic with patient after 1 or more business day as agreed to by the systems in play.
            2. Withhold result out of reference/therapeutic range until physician release
         6. Share Withhold –
            1. Withhold result regardless of reference/therapeutic ranges
   7. Interpretation.interpretationCode
      1. i.e., OBX-8 “abnormal flag”
      2. Existing table may subsume stain.value
      3. OO working on a new version: may have a draft for today
   8. RelatedLabPromise.relatedPromiseCategory
      1. VistA values?
   9. CommentEvent.commentCategory
      1. VistA values?
   10. Diagnosis.diagnosisCode
       1. Pathology: in scope?
       2. If so, also diagnosisCodeModifier
   11. RelatedResult.relatedResultCategory
       1. Reflex, panel, update/replace . . .
   12. Modeling point: May need display order to ensure related results are grouped for clarity. If panels have parent objects to support this grouping, display order may not be needed. Other use cases for needing display order to ensure clarity?
       1. Results may be grouped by type, especially in a history report. New serology test doesn’t go to the bottom; it goes to the serology group.
       2. A reflex test typically gets a new OBR. (Would it still retain a relationship to the trigger result?)

**Schedule of Future Meetings**

1) The weekly general Information Modeling (IM) project call is held each Friday from 2:30 to 4:30 PM Eastern Time.

Information for participating in the calls:

Name: FHIMS WG Information Modeling Project Call

Recurring Weekly Call Every Friday

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

Dial-in Information: 1-866-502-8312, participant code 981771

Web Meeting URL: <https://webmeeting.nih.gov/imp/>

2) The weekly Terminology Information modeling calls are held on Wednesdays from 2-3:30 PM Eastern Time.

Information for participating in the calls:

Name: FHIMS WG Information Modeling Project Call

Recurring Weekly Call Every Wednesday

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

Dial-in Information: 1-866-502-8312, participant code 981771

Web Meeting URL: <https://webmeeting.nih.gov/imp/>

**Action Items**

| Item Description | Responsible Individual | Due Date |
| --- | --- | --- |
| Assess how closely we can align with APHL work   * We agree on current state; happy to work with/wait on abnormality & device | Jay | 4/11 |
| Acquire sample messages   * In process: values, not messages, which have not been scrubbed | Jay | 4/11 |
| Reach out to ICLN contacts in agency | Pam, Susan  Bill  Anne | 4/25 |