Information Modeling Project/FHIM Meeting

Summary of Call

Date/time of call: Friday, November 01, 2013 2:30 - 4:30 PM

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| **Attendees - Agency** | **Attendees-Agency (cont’d)** | **Invited, but Unable to Attend** |
| Steve Hufnagel – DoD | Caitlin Ryan - FHA | Holly Miller - VHA |
| Ioana Singureanu- HHS |  | Catherine Hoang - VHA |
| Peter Rush-VA |  | John Kilbourne - NLM |
| Gregory Rehwoldt- VA/DoD/IPO |  | Coco Tsai - FDA |
| Rob Mcclure - FHA |  | Kevin Coonan- IHS |
| Iona Thraen - Utah Dept of Health |  | Lynn Sanders-VHA |
| Charles Gabrial – VHA |  | Benton K Bovee - DoD |
| Susan Matney - 3M |  | Sean Muir - FHA |
| Galen Mulrooney – FHA |  | Robert Crawford – VHA |
| Steven Wagner – FHA |  | David Bass – VHA |
| Jay Lyle – FHA |  | Bill Hess –FDA |
| Jay Sykes - VA |  |  |

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

Steve updated that the work done with SDC, DAF and ONC initiatives continues and has been pretty straight forward. Steve asked if Galen had seen any data requirements/information requirements from SDC or DAF. Galen had not but informed the group that he has been involved in the S&I Framework Simplification WG to re-look at the LRI and try to map it to the FHIM. This was done in the past so he thinks they are pretty well covered. Steve and Galen discussed several initiative statuses and possible future involvement with them.

Steve informed the group that the next FHA Architecture and Modeling WG meeting was scheduled for November 11th. Steve will present the group’s effort with addressing all of the comments received on the validation artifacts on the FHIM and the MDA Implementation Modeling Process Guide.

**Terminology Modeling update**

Jay updated that the initial goal of Monday’s Terminology Modeling call was to finish up the provider domain, however, modeling questions came up so the group discussed those issues instead. They hope to finish the provider domain next week. They discussed use cases for the provider domain and made sure they had the right scope. The rest of the questions were centered on FHIM boundaries and the use of CD data type.

**Other business**

None.

**Review and discussion of feedback on FHIM validation artifacts**

Galen provided a recap and stated that there were 101 comments received and he was able to disposition 90 of them so far. He has also fixed the issues with his RSA software and made all of the necessary changes. He will update this on the FHIM website next week.

One of the questions asked by Peter was “What does the “status” attribute in Contact Party, Patient, Advance Directive and “USUniformedServicesPerson” actually mean?” Galen first explained that he had separated the “ContactParty” class into two classes; “ContactParty” and “RelatedPerson”. The “status: code” remained an attribute of both classes. The group discussed the logistics of this attribute and decided that “EffectiveDateRange” should be added to “RelatedPerson” and that it will determine the status. The status field was then removed from both “ContactParty” and “RelatedPerson; “EffectiveDateRange” was added to the “RelatedPerson” class.

During the discussion of “ContactParty” and “RelatedPerson” Peter asked “what is the meaning of related person”. The team discussed the possible relationships that should be included within this class. They analyzed what the appropriate value types for both class categories should be to account for many types of relationships. They looked at how the model took into account an instance where one’s Contact Party is also a relative. The terminology team will have to go back and decide on appropriate value sets and definitions for the “contactCategory” and “relationshipCategory” as Peter has pointed out that this is unclear. Peter was confused by the association lines between “ContactParty” and “RelatedPerson”. It was determined that these associations did not make sense and they were removed. Galen and Rob clarified to Peter that in the case of this model and the UML the intent of this association is only “Who my contact is” not “I am a point of contact for; The directions of the arrows between Person and ContactParty determine the Primary person in this model

Galen asked if “ContactParty” needed the” id” field in it; he explained that HL7 had an ID for roles but that it was only needed for an instance when a person is playing a role. The “id” field was removed from “ContactParty” as it is did not make sense to have it there.

The group revisited the issue of the status attribute as related to ”Patient”. Rob believed that it is rare that a role will need a status. Galen felt this was untrue of Patient as we need to know if this is an active/inactive patient. Galen, Rob and Peter debated whether Begin/EndDates and “EffectiveDateRange” was enough to represent the status of a role. It was determined that yes; “EffectiveDateRange” was enough to represent a status **if** it is meant to distinguish between “Active or Inactive”. Before Galen removes status from “Patient” he stated that he had two questions:

1. How do we handle the move or gone elsewhere flag*? (This question remains unanswered as Rob led the discussion away from this issue and continued with reviewing the need for the status field in the remaining classes)*

In the case of “USUniformedServicePerson”, Galen explained the intent of this class. He stated that the purpose was to represent the current relationship an individual has with the military for purposes of billing and eligibility to meet Tricare requirements. He proposed renaming the status field to “military status” and changing the value set to “active duty, reserves, discharged”, this was agreed upon by all. He then changed the definition of the new field to “Indicates the latest known state of the UniformedServicePerson; value fields include ‘active duty, reserves, discharged.’” Rob asked if there were official codes in a code system that represents these ideas. **Peter will look into it and get back to the group next week.**

The status field in “AdvancedDirective” will be left alone as it is an act and not a role. Peter felt that the value sets did not apply. Why is this better than a date range? Rob explained that this is an act that represents the creation of a thing, which can have different states as it goes through the “work flow”.

It was noted when working with a logical model; the value set is always a “possible” list, Rob said that that should be in the basic documentation as a note.

The group ran out of time. The Patient “status” field discussion will pick up next week.

**Wrap Up:** Steve thanked the group for their participation and ended the meeting; Rob also thanked Peter for raising these issues and making the group go back and look at the model.

**Next Meeting:** Friday, November 8, 2013 at 2:30 EDT

| Action Item Description | Responsible Individual | Due Date |
| --- | --- | --- |
| Determine appropriate value sets and definitions for contactCategory and relationshipCategory | Rob | 11/08/2013 |
| Look to see if there are official code values for military status and rank. | Peter |  |
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**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>