Information Modeling Project/FHIM Meeting

Summary of Call

Date/time of call: Friday, February 07, 2014 2:30 - 4:30 PM

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| Attendees - Agency | Attendees-Agency | Invited, but Unable to Attend |
| Gregory Zektser- VHA | Steve Wagner- FHA | Krystol Shaw- DHA |
| David Bass- VHA | Caitlin Ryan-FHA | Sean Kopka – VHA |
| Steve Hufnagel- DOD |  | Susan Matney |
| Ioana Singureanu - FHA |  | Lynn Sanders-VA |
| Iona Thraen - Utah Dept of Health |  | Jay Sykes - VA |
| Benton Bovee- DHA |  | Bill Hess - FDA |
| Mead Walker - HL7 |  | Larry Shaughnesy- DHA |
| Jay Lyle – FHA |  | Sean Muir - FHA |
| Galen Mulrooney – FHA |  | Robert Crawford – VA |

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

* The FHA is reorganizing their WGs, what once was the Architecture and Modeling WG will now be a Modeling group that will focus heavily on the FHIM. Agencies will share their interoperability projects in in the new Coordination & Collaboration WG.
* Still working on the DAF and SDC initiatives. The DAF mapping has been done with no problems.
* The Information Modeling Process and Styling guide requires a few more sessions until it is complete.

Terminology Modeling Update *Jay Lyle*

* After a discussion with HL7 and some of our stakeholders it will be recommended that SNOMED be used to identify non- medications, allergens, and adverse event substances, at least in the short term.

Other business

* Once the final draft of the Information Modeling Process and Styling Guide is completed it will be presented to this group and then uploaded to the website.
* Ben, Galen and Jay discussed adding multiplicity as a meta -data element to the report; Galen will go ahead and add that capability..

Modeling the Adverse Event Reporting Domain *Galen Mulrooney*

* Galen recapped last week’s discussion (see minutes from 2/7/14) for Meade and Iona. He explained that he is looking to refactor the FHIM so that there is a generic notion of an observation.
* Mead asked if Galen had come across observations that were not clinical; Galen said that he had not but his question had given him something to think about.
  + The group discussed assessments, patient generated data and the reliability of that data, clinical observations and provenance. It was acknowledged that there should be a distinction between a clinical vs. non clinical observation and that this should probably be determined by who is making the observation.
    - Galen suggested that the observation statement be used to describe a clinically observed thing which would be separate from the actual time of the observation.
    - The ObservationSstatement would be the “text book definition” of blood pressure (per example); which would be bound to a source code like SNOMED; so that when it is time to observe they can add on the patient, provenance etc.
    - Doing it this way would allow the same class to be used in multiple cases.
* Galen will remove severity from the ObservationStatement class as the level of perceived severity changes with the user/observer. This was originally added to the model because FHIR included it but the updated version of FHIR no longer has it modeled.
* Galen reviewed the MorseFallScale package from the Assessment domain and asked if reports (ie MedWatch), should be modeled in the same manner.
  + After a discussion on Public Health Reports, Iona shared the following information about the Patient Safety Community:

“The Patient Safety Community is moving away from “sentinel events” or “rare-events” to “provider-preventable conditions” ,“Healthcare-acquired infections” and “systematic patient safety issues”

* + - It was agreed that creating a GenericAdverseEventReport class and modeling it similar to the MorseFallScale would be the correct direction to go in.
    - The model should distinguish real time events that may be generated from the EHR; real-time monitoring will allow for root-cause analysis to be performed.
    - Once the various reports are identified we can use the various tools to consolidate.
    - It is important that the forms do not drive the model
* Galen put together a list of items to look at which were recommended to him by Mead, Iona and Ioanna. These items include MedWatch 3500A, E28 (created by ICH) and VICH.

Wrap up: Galen thanked the group; this discussion will pick up at the next meeting.

Next Meeting: Friday, February 14, 2014 at 2:30 EDT

| Action Item Description | Responsible Individual | Due Date |
| --- | --- | --- |
| Add multiplicity to the model | Galen |  |
| Look into the items recommended by the group | Galen | 2/14/2013 |

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>