

**FHIMS Lab-OO WG**

**Meeting Minutes (**September **13th)**

Agenda for the next meeting (September 20th)

Date/time of call: Monday, August 13th, 2010, 10:00 - 11:00 AM (EST) VANTS 1-800-767-1750 Code 84287

**Attendees:**

Anne Pollock – CDC

Andrew Regiec – DoD-MHS

Clarence Smiley – HIS

Celia Toles – CDC

Cindy Vinion – CDC

David Lyalin - CDC

Galen Mulrooney - VA/VHA

Helen Kenny - CDC

John McKim – DoD

Ken Gerlach - CDC

Kosta Makrodimitris – FDA

Leeanne Walls - VA

Lori Havener – NACCR/CDC

Maggie Wong – VA

Minal Agrawal - CDC

Neelima Chennamaraja – VA

Sandy Jones – CDC

Scott – CDC

Shannon Orr – Northrop Grumman

Steve Wagner - FHA, Project Management Officer

Wendy Blumenthal - CDC

Wendy Scharber - CDC

**Leadership team**

Neelima Chennamaraja, Kosta Makrodimitris, Galen Mulrooney

**Agenda**

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* **Sandy Thames (CDC) Group: Present Cancer pathology models and UML Diagrams**
* ALL: Discussion, questions and relevance of the EHR-Lab case to agencies/FHA
* Galen-Neelima-Sean: Report and plans about the Open Health tools /accounts (5’)
* ALL: Plans for Lab-OO work on Friday general FHIMS meeting (5’)
* ALL: Milestones-Plans-Risks for modeling and agency use cases (5’)
* Kosta-Galen: [HL7 Normative 2010](http://www.hl7.org/implement/standards/v3messages.cfm), [RIM](http://www.hl7.org/implement/standards/rim.cfm), [tutorial](http://secure.cihi.ca/cihiweb/en/downloads/HL7Can_301003_3xIntro.pdf), [wiki](http://wiki.hl7.org/index.php?title=Product_RIM) and relevant [workgroups](http://www.hl7.org/Special/committees/) (5’)

Summary of Discussions

* Wendy Scharber from CDC gave a brief overview of the consolidated Pathology Reporting Cancer Registries documents. The presentation consists of different layers of diagrams in the “Diagrams for Pathology Reporting to Cancer Registries” document that was extracted from North American Association Center for Cancer Registry (NAACCR) Epath Reporting Guidelines, IHE-AP Anatomic Pathology Reporting to public health repository-Cancer Registry, and three formal use cases: Prepare and Transmit Event Report Use Case, Receive and Validate a batch file from the data source, and Validate Event Report. Data standards for cancer registration as used by cancer registries, pathology laboratories, vendors, and other groups to transmit cancer information from pathology laboratories to cancer registries is in HL7 V2.5.1 message.
* Leanne Walls asked whether all three Coding Schemes SNOMED Int, ICD-9 and ICD-O-3 use only international SNOMED or any version of SNOMED codes such as SNOMED CT in the ePath Domain Diagram and if they apply to reporting criteria? Wendy responded that the SNOMED CT is used for reporting criteria, and most of the pathology labs are using ICD-9, some labs are using SNOMED CT, and central cancer registry uses ICD-O-3 (oncology). Anne mentioned that often when a pathology report comes in; sometimes it is difficult for the clinicians to know if something is missing.
* Kosta asked if there are any kinds of mapping between the different diagrams. Wendy stated that currently they do not have any mappings between the diagrams. Kosta also wanted to know which notation has been used with regards to the Registry Reporting domain model diagram. David Lyalin indicated that the model diagram is a classic domain diagram where some classes are represented as boxes, some others are represented as icons - it is not a use case diagram. This is a class diagram in order to make it more visual, some of the actors are represented as icons.
* Galen has a concern about de-duplication of reports coming in. For example, how to de-duplicate when reports are coming from different entities about the same patient or two different IDs for the same patient. Wendy stated that central cancer registry has very well design structure to handle patient linkage accurately with a margin of +/- 5% link rate that needs human review. Every report that comes through would have the parent report identified with it so that linkage is more accurate. Wendy also mentioned that report identifiers are the accession numbers for anatomic pathology, the combination of the entity that created the report and that number is transmitted in every message. Ken indicated that HL7 V2.5.1 pre-adopted the duplicate identifiers in the SPM segment, sequence number 30 and 31. The SPM segment can accommodate multiple numbers.
* Anne suggested looking at CLIA and JACHO requirements for patient identifiers, not for accession numbers. CLIA has some established standards to handle multiple accession numbers for a patient.
* Kosta mentioned that cancer registries mostly use HL7 V2.X but Canada uses HL7 V3 that may pose an issue when collaborate the models with Canada. Wendy replied that at this point Canada is using the HL7 V2.X for pathology reporting since it is working well electronically. Ken mentioned that Canada made a decision to use HL7 V2.X for anatomic pathology.
* Kosta also presented a brief overview of HITSP/AHIC use cases. Anne indicated that the HITSP uses cases are primarily for lab results going to health care systems and cancer result reporting going to registries. Steve also stated that the HITSP use cases has two things where one is sending lab result report to provider and the other is sending lab results to a repository which is quite similar to the registry type use case. Kosta will send the HITSP use cases to Wendy and their group. Kosta also suggested there is a locator service on HITSP that Wendy and her group can look into since it is beneficial for cancer registry.
* 3rd agenda item - Report and plans about the Open Health tools/accounts has been rescheduled to Friday’s call (9/17/2010).
* 4th agenda item- Kosta is looking into a polling survey tool to gather the number of people interested in attending the Friday’s lab modeling calls.
* Galen mentioned that as a starting point, we will begin modeling based on HL7 implementation guide that is referenced by HITSP C36. Then we’ll look at HL7 V3 with respect to lab modeling. The current FHIM Lab model has been validated with HL7 V2.X.

**Action Items:**

* Neelima will send lab email list to Steve
* Kosta will send a polling survey tool to gather the number of people interested in attending the Friday’s lab modeling calls.
* Study and analyze the Pathology cancer models and cases (Fri meetings)

**Agenda: September 20th**

* Galen-Kosta-ALL: HITSP C36/C37 constructs and maps to FHIMS-Lab-OO baseline
* Galen-Kosta-Neelima-CDC: Panalysis-Plans about Pathology cancer models (5-10’)
* ALL: Discussion, questions and relevance of the EHR-Lab case to agencies/FHA(5’)
* ALL: Milestones-Plans-Risks for modeling and agency use cases(next iterations) (5’)
* Kosta-Galen: HL7 Normative 2010, RIM , tutorial ,wiki , relevant workgroups (5’)