FHIMS WG Terminology Modeling Sub-Project Meeting

Summary of Call

Federal partners value set review: laboratory domain

Date/time of call: Wednesday, April 17, 2013, 2:00 - 3:30 PM

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| --- | --- | --- | --- |
| **Attendees** | | | |
| Jay Lyle - FHA PMO |  | Robert Crawford – VA |  |
| Rob McClure - VA/VHA |  | Nancy Cornish - CDC |  |
| Bill Hess – FDA |  | James Teisinga – IHS |  |
| Galen Mulrooney - VA/VHA |  | Riki Merrick |  |
| Susan Matney – 3M |  | Kevin Coonan |  |
| Jim Case – NLM |  | Mary Beth Gagnon - CDC |  |
| Steve Wagner – FHA |  | Pam Banning |  |
| David Bass |  | Glen Janzen – IHS |  |
| Mark Roche |  | Steve Hufnagel – DoD |  |
| Sean Muir – VA |  |  |  |

Agenda

1. Demographics
   1. Sex
      1. Create a 2-value set; no nulls in proper value list
      2. Use HL7 V3 concepts. SCT concepts are explicitly clinical.
   2. Advance Directive
      1. Go ahead and draft a category list.
         1. SCT has Healthcare Power of Attorney, Living Will, Organ donor. Make it multiple
         2. Can we call these “Advance Directive Category”?
   3. Uniformed Services
      1. Values & steward: Susan?
      2. Or Armed forces? If not to included public health, NOAA
   4. Living arrangement
      1. OK to make dependency text: it should support widely varying concepts
      2. Living arrangement can be improved
         1. Institution (i.e., NOS)
            1. Institution (HL7)
            2. An establishment, organization, or association instituted for the promotion of some object, esp. one of public or general utility . . . (OED)
            3. A place for the care of persons who are destitute, disabled, or mentally ill. (AHD)
            4. A residential establishment providing some form of oversight beyond the simple provisioning of a domicile. (JL)
         2. Community Shelter
            1. Definition: A group living arrangement specifically for the care of those in need of temporary and crisis housing assistance. Examples include domestic violence shelters, shelters for displaced or homeless individuals, Salvation Army, Jesus House, etc. Community based services may be provided.
         3. Group Home
            1. Group Home (HL7)
            2. A small supervised residential facility, as for mentally ill people or wards of the state, in which residents typically participate in daily tasks and are often free to come and go on a voluntary basis. (AHD)
         4. Nursing Home
            1. Nursing Home (HL7)
            2. A private establishment that provides living quarters and care for chronically ill, usually elderly patients. (AHD)
         5. Extended care facility
            1. Extended care facility (HL7)
            2. an institution devoted to providing medical, nursing, or custodial care for an individual over a prolonged period, such as during the course of a chronic disease or the rehabilitation phase after an acute illness. (Mosby’s)
            3. a medical institution that provides prolonged care (as in cases of prolonged illness or rehabilitation from acute illness)
         6. ~~private residence~~ almost synonymous with #7, but too restrictive
            1. Definition: A living arrangement within a private residence for single family.
         7. Independent Household
            1. Independent Household (HL7)
            2. A non-institutional domicile, typically for a single family
         8. Retirement Community
            1. Retirement Community (HL7)
            2. a residential institution designed for older adults who are generally able to care for themselves
         9. supported living
            1. Definition: Assisted living in a single family residence for persons with physical, behavioral, or functional health, or socio-economic challenges. There may or may not be on-site supervision but the housing is designed to assist the client with developing independent living skills. Community based services may be provided. (HL7)
            2. An independent household supported with services for persons with physical, behavioral, or functional health, or socio-economic challenges.
         10. homeless
             1. Definition: Living arrangements lacking a permanent residence. (HL7)
             2. Lacking a residence and without means to establish one
         11. Nomadic
             1. Nomadic (HL7)
             2. Many possibilities

Snowbirds? These have independent households.

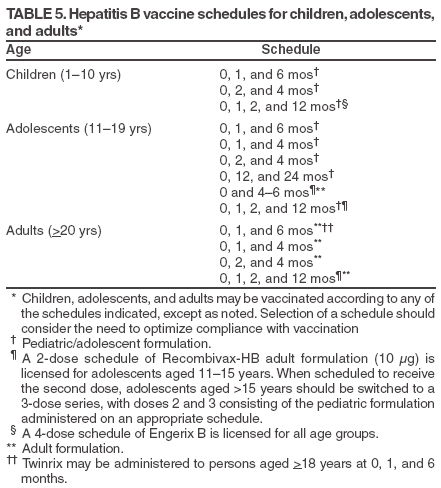
RV retirees? Still independent.

Migratory workers? Are they staying somewhere now?

Others?

* + - 1. ~~Transient~~ 
         1. Transient (HL7)
         2. – typically derogatory; distinction with “Homeless” on one side and “Nomadic” on the other unclear

1. Responses to Immunization questions
   1. PD1-16, immunization registry status. The name suggests a registry status, but the definition says it's the provider's status. Need confirmation.
      1. When this was originally added to the standard, there was limited experience and the name was poorly chosen. There is now an appreciation of the need to know the status of the provider organization that sends the data.  Several provider organizations may have active association with the person and each needs to manage their own status. Even when a person is no longer associated with any of its provider organizations, it will continue to have an active status at the jurisdictional level. (Public health still has responsibility) So we clarified the definition of registry status to mean the status of the person in the sending provider organization.
   2. Is a "Schedule" *the* single schedule identified in the terminology (ACIP), or is it a specific schedule to be used for a specific series in a specific scenario?
      1. Schedule is the term we use to identify the collection of rules/guidelines that indicate how/when to give immunizations. It contains specific pathways to reach completion for each vaccine group (now we think in terms of protection against an antigen/disease). So there are several series for protection against Hep B (2 dose and 3 dose) in the ACIP schedule.
      2. You need to know both the schedule used and the series to understand the outcome of the evaluation and forecast.  For example the second dose of hep b (Recombivax) given to an adolescent completes the 2 dose adolescent series in the ACIP schedule.



* 1. The VIS vaccines value set and VIS barcodes value set contain different vaccines. Why is this?
     1. The VIS vaccines value set indicates the list of vaccine groups where the regulations state you must share the VIS.  In general these are the childhood vaccines and Td.  There are Vaccine information statements for vaccines where the regulations do not require sharing of VIS.
     2. The bar codes are the identifiers of actual VIS.
  2. Some value sets combine SCT and CDC codes and are annotated to suggest that they will be migrating to SCT. Is there a date by which this migration is expected to be complete
     1. No date has been set. The SCT selected are pre coordinated and match the concepts that have been used in the past.  The CDC codes represent concepts where there is no pre coordinated code. We have not pursued pre coordinated codes so far.  Not sure when we will.
  3. Special indications: why are these special? (And put in OBX rather than RXA?)
     1. HIstorically, we had a list of contraindications and precautions. These can be used by CDS engines to modify recommendations. We identified some situations where a CDS engine would want to recommend a vaccine that is not normally given, such as rabies exposure.  We added this to support that. We have used OBX to carry these types of information so continuing to do so made sense.
  4. The IIS list of reasons for refusal is very short--and contains only one actual reason. Is there a rationale for not using the longer list, also published by CDC in PHIN VADS?
     1. The longer list was created for CRA. Both make sense to me. IIS have kept it simple.  We have not revisited this question.

1. Values for Medication administration
   1. Specialized class for immunization
   2. Or grouping value set, to specify which member to use in a use case?
2. Can we use a grouping value set to exclude, e.g., flavors of null?
   1. Grouping: Routes of administration
   2. FDA values + “other”
   3. Can we make IIS, & flavors of null members
   4. And specify IIS minus flavors of null?
3. Harmonize reasons refused, exemptions, reasons not vaccinated prior
4. Evaluate impact of principles on feasibility of options
   1. Use of SCT
   2. Use of hybrid value sets
   3. Exclusion of null flavors
      1. Is it possible to define a value set intensionally as one existing value set excluding values from another value set (e.g., null flavors)?

**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 (773) 897-3018, Access Code: 585-151-437

Web Meeting URL: https://global.gotomeeti​ng.com/meeting/join/5851​51437

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 (773) 897-3018, Access Code: 585-151-437

Web Meeting URL: https://global.gotomeeti​ng.com/meeting/join/5851​51437

**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 |