FHIMS WG Terminology Modeling Sub-Project Meeting

Summary of Call

Federal partners value set review: laboratory domain

Date/time of call: Wednesday, May 1, 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 |  | Louis Faust – DoD |  |

Agenda

1. Confirm demographics submission
   1. Biological sex for animals
      1. Male, female, neutered, spayed
      2. Ambiguous? Intersex? Hermaphrodite? Or “Other” (flavor of null)?
      3. Clinical observations can be made for more specific findings; these should be analogous to administrative gender for people.
2. Immunization
   1. Indications
      1. Indication is disorder itself: treat, prevent, or diagnose
      2. Reason (Treat / prevent / diagnose) is u
      3. Condition of use (age group, travel, etc.) is a third element
      4. E.g., Indication: yellow fever, reason: prevention, condition: travel or exposure (or schedule)
      5. One class or three? See next topic.
   2. Use cases
      1. UITS cases (UITS Interface Design Description (IDD))
         1. Check-in
         2. Screening
         3. Review immunization record
         4. Administer vaccination
         5. Discharge patient
         6. Merge records
         7. Enter vaccination
         8. Enter exemption
         9. Get/provide vaccinations/exemptions
         10. Offline vaccination
      2. HL7 DIM
         1. Patient Registry Get Demographics Query
         2. Patient Registry Get Demographics Query Response
         3. Immunization List Query
         4. Immunization List Query Response
         5. Record Immunization Request
         6. Record Immunization Request Accepted
         7. Immunization Query
         8. Immunization Query Response
         9. Deltas
            1. Immunization observation (concept domain binding only)
            2. Linkage to “old event,” “new event”
            3. Uncertainty
            4. “reason” rather than “indication” (with proposed structure)
            5. “non-immunization reason” rather than “contraindication,” “exemption”
            6. Authorization
            7. Reaction “code”; site
            8. Information source
            9. [order relationship not clear in FHIM]
            10. Antigens
            11. Protocol
            12. Annotation
            13. Investigation
   3. Refusal values
      1. IIS values
         1. Religious objection
            1. Don’t add “philosophical” from CRA list
         2. Patient refusal
         3. Parent refusal
      2. New SCT value set?
         1. drug declined by patient - patient beliefs (situation)
         2. drug declined by patient (situation)
         3. refusal of treatment by parents (situation)
   4. Confirm VIS model proposal (in diagram)
      1. No “Vaccines requiring VIS” value set needed- this is knowledge base.
      2. If necessary, assign the “requiresVIS” Boolean when the order is placed. (Is it?)
      3. For VIS, just record when and which one

Draft class diagram proposal



1. Medication administration method
   * 1. Candidate: <= SCT 18629005 administration of medication (procedure)
     2. NCPDP uses SCT, unrestricted (causing some [confusion](http://www.ncbi.nlm.nih.gov/pubmed/21613642))
     3. Adopt unrestricted list or enumerate?
2. Evidence of Immunity
   1. PHVS set has disorders and one finding: SCT findings of Heb B immunity, and of disorders polio, anthrax, diphtheria, H influenzae, human papilloma virus, influenza, & 7 others
   2. SCT has immune status finding for HepB, Rubella, measles, mumps, varicella
      1. Add “finding of immunity to \_\_\_\_” values to SCT?
      2. Or change model: “finding of immunity” with associated disorder?
3. Evaluation outcome and reason
   1. Evaluation: valid, not. A small value set—perhaps Boolean
   2. Reason: text
   3. Do we need schedule identifier? Is there more than one? Do we need a Series identifier as well?
4. Can we use a grouping value set to exclude, e.g., flavors of null?
   1. Grouping: Routes of administration
      1. FDA routes
      2. CDC Subset of FDA values + “other”
      3. Null flavors
   2. Adopt HL7 approach of ‘required, allowed, prohibited’ sets?
5. PHIN VADS and VSAC
   1. If we use both, we have to publish to both
   2. Synchronization & precedence
   3. Metadata
   4. Possibility of syndication—publishing to one of (VSAC, PHIN VADS, UMLS, caBig, USHIK) and convincing the others to reference the one
   5. VSAC charter, goals, policies (MU vs. Everything)

**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 |