FHIMS WG Terminology Modeling Sub-Project Meeting

Summary of Call

Date/time of call: Wednesday, May 22, 2013, 2:00 - 3:30 PM

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| --- | --- | --- | --- |
| **Attendees** | | | |
| Jay Lyle - FHA PMO | Y | Robert Crawford – VA |  |
| Rob McClure - VA/VHA | Y | Nancy Cornish – CDC |  |
| Bill Hess – FDA | Y | LuAnne Barron – VA |  |
| Galen Mulrooney - VA/VHA | Y | Riki Merrick |  |
| Susan Matney – 3M | Y | Kevin Coonan | Y |
| Jim Case – NLM |  | Mary Beth Gagnon - CDC |  |
| Steve Wagner – FHA | Y | Pam Banning |  |
| David Bass – VA |  | Glen Janzen – IHS |  |
| Mark Roche |  | Steve Hufnagel – DoD |  |
| Sean Muir – VA | Y | Rob Savage – CDC | Y |
| Jerry Sable – CDC |  | Richard Thoreson |  |
| Ioanna Singureanu |  | Sundak Ganesen |  |

Agenda

1. Immunization use cases
   1. Report/query: HL7 V2 specification
   2. 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
   3. HL7 DIM
      1. Patient Registry Get Demographics Query (ID patient – not immunization-specific)
      2. Patient Registry Get Demographics Query Response
      3. Immunization List Query (per day, per person, etc.)
      4. Immunization List Query Response
      5. **Record Immunization** Request **(send unsolicited update (v2) i.e., immunization history)**
      6. Record Immunization Request Accepted
      7. Immunization Query (one event)
      8. Immunization Query Response
      9. Also immunization history **with evaluation & forecast**
   4. HL7 DAM
      1. Request/receive patient demographics
      2. Identifiers?
      3. **Request/receive immunization history**
      4. Request/receive (cds/evaluation/forecast)
      5. Request/receive adverse event report (FHIM Domain)
      6. Order/ship/receive vaccine
      7. Reconcile vaccine inventory
   5. SPL & CPM provide RIM constraints that will be useful when we address use cases, but provide limited content requirements
2. Indications
   1. Our only concrete requirement is for IIS “special indications”
      1. “**Describes a factor about the client which may impact forecasting of next dose of vaccine needed.**”
   2. Actual indication is risk of disorder (Kevin). Or disorder (FDA). Is there a need to record this for a vaccine?
      1. No. 5/22.
   3. Consider moving indication, exemptions from Vaccination to Order
      1. Leave exemption as is, 5/22
3. Refusal values
   1. IIS values
      1. Religious objection
         1. No need to add “philosophical” from CRA list
      2. Patient refusal
      3. Parent refusal
   2. VSAC has 8 sets in 4 similar groups, ranging from 1 to 35 values, including
      1. 183945002 Procedure refused for religious reason (situation)
      2. 371138003 Refusal of treatment by parents (situation)
      3. 105480006 Refusal of treatment by patient (situation)
   3. SCT has more specific values, if needed
      1. **drug** declined by patient - patient beliefs (situation)
      2. **drug** declined by patient (situation)
      3. refusal of **treatment** by parents (situation) (no more specific value)
   4. RS notes “not sure that immunization is a treatment” but can work with our solution
   5. We choose B
4. Confirm VIS model proposal (in diagram)
   1. Proposed: VIS delivery class with ID and date of delivery.
   2. Proposal: “Vaccines requiring VIS” seems to be a knowledge base question, possibly but not necessarily recorded as a Boolean “visRequiredIndicator” property
   3. For VIS, just record when and which one (subject & version implied by VIS barcode)
      1. 25 VIS values support all vaccines that require them (including by different manufacturers) (confirmed 5/21)

Draft class diagram proposal



1. Medication administration method
   1. We seem to be missing Route
      1. Use FDA
   2. Method only needed to refine route (e.g., "slow bolus injection" or "Z-track injection").
      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?
         1. Define method sets for both medication and vaccination
            1. Vaccination should be a subset
         2. Both sets bound to property via grouping value set
         3. Use cases to select appropriate set
         4. Ask Rob S for values
            1. “admin method would be IM, subQ, nasal spray, oral.  In general we don't track this.”
            2. No need for method in this domain at this time, but no cause to delete

Adjourned at 3:35

1. Immunity status
   1. Why is this dependent on Immunization class? If “susceptible,” I’d expect it to be related to Order or Indication; if “immune” it would be on the patient record, possibly recorded on an order as a reason not fulfilled (or exemption?).
   2. Unless it’s a determination at the point of care
2. Evidence of Immunity Category
   1. “Serological test,” “vaccination,” or “history of infection”?
3. Evaluation outcome and reason
   1. Evaluation: valid, not. A small value set—perhaps Boolean?
   2. Reason: text
   3. Schedule
      1. One value in PHIN: ACIP
      2. Do we need to identify the publication? The Date? The Series?
         1. RS: No names for series.
4. Forecast is of interest. Review of CDC effort

**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

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**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 |