FHIMS WG Terminology Modeling Sub-Project Meeting

Summary of Call

Date/time of call: Wednesday, April 16, 2014, 2:00 – 3:00 PM

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| **Attendees** | | | |
| Jay Lyle - FHA PMO |  | Robert Crawford – VA |  |
| Rob McClure - VA/VHA |  | LuAnne Barron |  |
| Bill Hess – FDA |  | John Carter |  |
| Galen Mulrooney - VA/VHA |  | Riki Merrick |  |
| Susan Matney – 3M |  | Kevin Coonan |  |
| Jim Case – NLM |  | Holly Miller – VA |  |
| Steve Wagner – FHA |  | Catherine Hoang – VA |  |
| David Bass – VA |  | Glen Janzen – IHS |  |
| Mark Roche |  | Steve Hufnagel – DoD |  |
| Sean Muir – VA |  | Charles |  |
| Jerry Sable – CDC |  | J.P. Kelly – DeLoitte/IPO |  |
| Ioana Singureanu |  | Charles Gabriel |  |
| Ben Bovee – DHA |  | Greg Rehwoldt – IPO |  |
| Jeff Jacobs – IPO |  | Coco Tsai – FDA |  |
| Eric Rothschild – IPO |  | Frank Switzer – FDA |  |
| Dornn Harris – IPO |  | Steve Emrick – NLM |  |
| Caitlin Ryan |  | Iona Thraen – VA |  |
| Alberto Llanes – FHA |  | Gregory Zektser – VA |  |
| Lawrence Callahan – FDA |  | Glenn Hatfield |  |

Agenda

Compare reaction lists from VA, IMHC, CDC.

Finalize NRPM comment

Minutes

* IMHC list has some duplicate concepts. I have consolidated them from 227 to 221 unique concepts for the purpose of comparison.
* IMHC has several terms that are not mapped, possibly because they are too general ("abnormal finding") or too specific ("Asthma Symptom Post Nasal Drip")
* VA list has some duplicate concepts. I have consolidated them from 437 to 430 unique concepts for the purpose of comparison.
* There are 137 concepts in common, leaving 293 orphans for the VA (32% match rate) and 84 for IMHC (62% match rate).
* CDC list A (IIS) is designed for vaccinations. It has only 2 of 9 values encoded in SCT; only 1 in VA list. Most are time-specific and would require compositional expressions with concrete values.
* CDC list B (NHSN) is designed for vaccinations. All 15 values are encoded in SCT; 13 are found in the VA list. The other two have analogues in the VA & IMHC lists that seem preferable.
* Question: agree that, since VA/IMHC lists comprise CDC list, we need not consider CDC list at this point?
* Question: use constricted standard IMHC values, or larger nonstandard set? (Some source terms differ, some don't.)
* Question: choose one of these lists, or consolidate? Or publish three?
* Question: we might disqualify unmapped IMHC terms as too general ("abnormal finding") or too specific ("Asthma Symptom Post Nasal Drip")

Draft comment from 2 weeks ago:

With respect to a coded list of adverse reaction symptoms, (V.B.2 & 3, p. 10925), we recommend the use of the Veterans Administration (VA) code list (attached), for the following reasons:

1. Both CDC lists ("Adverse Reaction (NHSN)" and "Vaccination Reaction and Adverse Event (IIS)") are designed for vaccination reactions; they omit kinds of reactions specific to other medications and ingredients.

2. Both CDC lists are very short, and omit many kinds of substance-caused adverse reactions.

3. One CDC list ("Vaccination Reaction and Adverse Event (IIS)") contains protocol-constrained concepts too complex to be represented as pre-coordinated SNOMED CT identifiers.

4. The VA list is significantly longer than the CDC lists (437 concepts vs. 9 or 15), supporting a broad set of reactions, but it is much shorter than the set of all possible SNOMED CT disorders or findings.

5. The VA list is based on analysis of actual values captured in 128 Veterans Administration Medical Centers, prioritized for frequency of use, vetted for clinical appropriateness, reviewed for conceptual clarity, and tested in eight years of operational interactions between the VA and Department of Defense. This is a rich and stable set of concepts. The Federal Health Information Model (FHIM) is considering adopting this value set for the adverse reaction symptom data element, at which point it will be published in the National Library of Medicine's Value Set Authority Center (VSAC).

**Action items**

Rearrange collabnet to collect guides in one place?

Schedule of topics for future meetings

Jay to draft comment to effect VA has a richer clinically proven list based on analysis of extracts from 128 medical centers and used for 8 years for data sharing between VA and DoD.

**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 1 (773) 945-1031 Access Code: 849-124-653

Web Meeting URL: https://global.gotomeeti​ng.com/join/849124653

**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 |