FHIMS WG Terminology Modeling Sub-Project Meeting

Summary of Call

Date/time of call: Wednesday, June 11, 2014, 2:00 – 3:30 PM

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| **Attendees** | | | |
| Jay Lyle - FHA PMO | Y | Robert Crawford – VA |  |
| Rob McClure – ONC/FHA | Y | LuAnne Barron |  |
| Bill Hess – FDA |  | John Carter |  |
| Galen Mulrooney - VA/VHA | Y | Riki Merrick |  |
| Susan Matney – 3M | Y | Kevin Coonan |  |
| Jim Case – NLM |  | Holly Miller – VA |  |
| Steve Wagner – FHA | Y | Catherine Hoang – VA | Y |
| 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 |  | Moon Hee Lee – KP | Y |
| 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 | Y |
| Lawrence Callahan – FDA |  | Kin Wah – NLM | Y |
| Betsy Humphries – NLM |  | Vivian Auld – NLM |  |

Agenda

Reaction value sets

1. Review FDA proposal
2. Review criteria for inclusion
3. Assess feasibility of adoption

Minutes

FDA proposal

* Observations
  + The list is very long, and quite flat. To reach the 95% benchmark would require the inclusion of over 2200 values.
  + It includes concepts that are not reactions (medication administration errors, device issues, e.g.)
  + Some of the concepts have encoding issues
    - Mapping to “grouping” concepts (e.g., “Finding relating to drug misuse behavior (finding)”)
    - Semantic issues (e.g., “Acute relapsing multiple sclerosis (disorder)” for “Multiple sclerosis relapse”)
* For the first two reasons, we infer that the use case for this value set is different from that we are encoding, and we do not plan to include these values in the FHIM value set.
  + We do, however, feel that the mapping exercise is of value. Specifically, if the clinical process is prior to the reporting process, it would be of value to map from clinically selected SCT codes to inferable MedDRA codes.
  + We are interested in ascertaining the FDA’s interest in maintaining such a mapping (or taking other action to ensure clinically selected values can be leveraged for the reporting process) and discussing how best to coordinate such activity with federal partners.

Criteria for inclusion

* Concepts must be encoded in SNOMED CT
* Concepts must be from a “problem” axis (finding, situation, event)
* Concepts cannot be “grouping” concepts (e.g., “finding related to . . .”)
* Concepts must not infer causes where they are not explicit in the interface terminology
* Concepts must be in the group that encodes 95% of the proposing institution’s reaction instances (after removing disqualified concepts).
  + The team has determined to add the following concepts in lieu of certain disqualified ones:
    - loss of consciousness (finding) - 419045004
    - shock (disorder) – 27942005
    - anaphylactic shock (disorder) – 39579001
    - asthma attack (disorder) – 266364000

Criteria for choice

When SCT contains two codes that are semantically very similar, favor the finding axis over situation, and favor disorders over other findings. Question: does this mean review all current choices and update those that this rule affects?

Clarification of use

This list is designed to be a “core” list to support most instances, but it is expected that implementing facilities may extend this list, either by adding values for the organization, by allowing clinicians to add values from a larger set (e.g., selected SCT axes), or allowing clinicians to enter text for values not found. Those added values may then be added to the core set for the organization or proposed to FHIM for inclusion in the standard set.

Next week we will review what is intended to be the basis for the VSAC publication.

**Action items**

Jay will update the list to reflect

* the above changes
* changes provided by KP regarding inferred causes
* indication of all organizations that use a concept, not just those for whom the concept is above the threshold for inclusion

**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 |
| --- | --- | --- |
| Acquire sample messages   * In process: values, not messages, which have not been scrubbed | Jay | 4/11 |