FHIMS WG Terminology Modeling Sub-Project Meeting

Summary of Call

Date/time of call: Wednesday, September 30, 2015, 2:00 – 3:30 PM

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| --- | --- | --- | --- |
| **Attendees** | | | |
| Jay Lyle - FHA PMO |  | Robert Crawford – VA |  |
| Rob McClure – ONC/FHA | X | David Bass – VA | X |
| Bill Hess – FDA |  | Sean Muir – VA |  |
| Galen Mulrooney - VA/VHA | X | Ioana Singureanu |  |
| Susan Matney – 3M | X | Lawrence Callahan – FDA |  |
| Steve Wagner – FHA |  | Loren Stevenson – VA | X |
| Holly Miller – VA |  | Russ Leftwich |  |
| Raisa Ionin |  | Bobbi Peterson |  |
| Kevin Brady – NIST |  | Kathleen Charters |  |
| Tosh Chartner |  | Coco Tsai |  |
| Huma Munir |  | Bo Wang - DoD | X |
| Nathan Davis |  | Sue Thompson - NCPDP |  |
| Sutai Jiang -- DHA |  | Lynn Sanders |  |
| Jason Lee |  | Hakan Lidstrom - FHA PMO |  |
| Liz McCool | X | Scott Keller |  |
| Tom Hokel |  | Iona Thraen |  |
| Virginia Saba | X | Luann Whittenburg | X |
| Daniel Ballard |  | Steve Hufnagel | X |
| Kelly Cochrane |  | Carol Bickford | X |

Agenda

* Prior minutes
* Continue with domain value list
  + CareIntervention.reason: is this the condition that is already in the model, or the goal, also in the model, or something else? If something else, might it be text?
    - Group wants to change “reason” to link CareIntervention to healthConcern (since HealthDeterminant is going away). This will provide the ability to identify 0..\* risks or concerns that are the specific “reason” for the intervention.
  + CareIntervention.statusReason: this looks like the refinement to the “active/inactive” simplification of status. But it does not look codeable. Suggest making it text.
    - Agree - Text
  + HealthRisk.levelOfRisk. DAM is explained to mean likelihood, not severity. But it’s qualitative. FHIR defines qualitative probabilities [here](http://hl7-fhir.github.io/valueset-risk-probability.html).
    - Consider changing the name to RiskProbablity so that the use of the FHIR value set seems best aligned. Agree that FHIR VS is acceptable.
  + HealtRisk.riskFactor. A classification.
    - Pointer to risk factor in EHR. Is this done anywhere else? Use it.
    - If not, high-level (behavioral, genetic) or specific (heavy smoker, Ashkenazi)?
    - Group wants to merge HealthRisk into HealthConcern. Group agrees that all these HealthConcerns should be available to the problem list. Also this would mean that any “risk of” item would need a concept that explicitly sates “Risk of xxx” (post coordination or precoordination). This means that HealthDeterminant can go away and only leave HealthConcern.
  + CareBarrier.category. Examples are diverse enough (physiological, psychological, functional, behavioral) that encoding is unlikely. Text.
    - Agree - text
  + Care Preference.
    - This seems to be something that is a characteristic of the patient that might be referenced when making choices in the care plan. This model element is confusing, particularly the link to AcceptanceReview. No decision on this.
    - Dietary? Should be in diet model.
    - Advance directives have a domain already. Point to it when needed.
    - What else is in here?
    - activationCriteria?
    - Reason?
    - Strength?
    - unfulfilledReason?
  + HeathGoal.category
    - An observation. Hematocrit, # steps I can take.
      * Need to structure this or leave that to the encoding of the question?
  + HeathGoal.status
    - Should the FHIR values be split?
      * Progress (in process, met, failed)
      * Relevance (active, inactive)
  + HeathGoal.criteria
    - The observation value? Hematocrit reading, steps taken?
    - Timeframe?

Minutes

Next Call

Care Plan

Issues

|  |  |  |
| --- | --- | --- |
| **Issue** | **Status** | **Owner** |
| Stewardship for NCPDP value sets & code systems  JL drafted proposal for NCPDP; RM, SW to take forward | Open | JL, RM, SW |

**Action items**

| Item Description | Responsible Individual | Due Date |
| --- | --- | --- |
| Look into data on actual system usage in NCPDP instances | Sue Thompson |  |
| Discuss stewardship with NCPDP | RM, SW |  |
| Research reactants with IMHC, VA, KP  Naveen Maram, Holly Miller helping | JL |  |
| Research V2 lab coded value frequencies  Tom Oniki helping | JL |  |

**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