FHIMS WG Terminology Modeling Sub-Project Meeting

Summary of Call

Date/time of call: Wednesday, November 15, 2017, 2:00 – 3:30 PM

|  |  |  |  |
| --- | --- | --- | --- |
| **Attendees** | | | |
| Bill Hess – FDA |  | Mulikat Sarumi |  |
| Carol Bickford |  | Rachael Howe – 3M |  |
| David Bass – VA |  | Rob McClure – ONC/FHA | Y |
| Deniz Akkor | Y | Sean Muir |  |
| Galen Mulrooney - VA/VHA | Y | Steve Hufnagel | Y |
| Huma Munir |  | Steve Wagner – FHA | Y |
| Jacee Robison | Y | Susan Campbell |  |
| Jay Lyle - FHA PMO | Y | Susan Matney – Intermountain |  |
| Liz McCool |  | Gail Kalbfleisch |  |
| Loren Stevenson – VA | Y |  |  |
|  |  |  |  |

**Agenda**

1. SOLOR release
2. Draft [criticality map](http://fhirtest.uhn.ca/baseDstu3/ConceptMap?_id=cf-1510423240115) prepared for PC
   1. Note: also may suggest renaming FHIR labels (currently using ‘risk’ rather than ‘criticality’)
3. Update
   1. VSAC recognition of FHIR URIs
      1. Example in Postman
         1. https://cts.nlm.nih.gov/fhir/ValueSet/**2.16.840.1.113762.1.4.1018.98**
         2. http://fhirtest.uhn.ca/baseDstu3/hl7.org/fhir/ValueSet/**allergy-intolerance-criticality**/$expand
         3. open issues
            1. oid vs uri
            2. versioning
      2. TS capability statement in the works (Grahame)
         1. Question whether to extend/specialize vanilla capability statement
      3. What are conformance criteria for Operations
4. URLs: Lab
   1. FHIR, C-CDA, V2
      1. V2 has no addressable value sets
         1. If not in PHIN VADS, ask to add to VSAC
      2. Will UTG address this issue?
         1. Ask Ted if we can get some of our examples in the queue.
         2. \* also ask about Criticality case
            1. Tool: slots, comment

Update maintain distribute

Reference/registry

harmonization?

* 1. Interpretations
     1. 3 specs, 3 versions
        1. Ask OO to harmonize e.g. Interpretation
  2. LabCop
     1. Go ahead and publish. Update when they have changes.
     2. Jay ID value sets in VSAC, Rob to publish

1. Health Concern
   1. Underlying assumptions: need to coordinate with Observation
      1. DA: query both places. What’s the problem.
         1. If FHIR/Rest is UI-ish, less like semantic/requirements models
            1. So should FHIR look more logical
            2. Or do we need two layers?
            3. Or does CIMI support the kind of transformation we want

Does it need concept maps to do this

* + - 1. How do you test this stuff
         1. \* Does VA IA engage VA implementation? Can we pilot?
         2. Outline Condition transform (auto capture of observation?)
         3. \* ask for workflow examples contra “complaint & diagnosis are conditions; stuff in between is observations”
      2. Concern. Add reference.
    1. CIMI model
    2. SNOMED model
    3. FHIR implications
  1. Shared
     1. HealthConcern.category: Problem Type Value Set
     2. HealthConcern.concernContext: Concern context
     3. HealthConcern.conditionCourse: Condition Course
     4. HealthConcern.status: Problem Status
     5. HealthRisk.levelOfRisk: risk-probability
     6. Relative.relationshipCategory: Personal Relationship Role Type Value Set
     7. SubstanceUse.substance: Substance of abuse
  2. Old
     1. HealthConcern.healthConcern: Health Concern
  3. Added
     1. Certainty
     2. Chronicity
     3. Code (problem)
     4. Severity

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Domain** | **Coded** | **Bindings** | **Handles** | **Open** | **Note** |
| 1 | Allergy | 8 | 15 | 31 | 4 | Mature |
| 2 | Immunization | 21 | 24 | 47 | 7 | Mature |
| 3 | Lab | 28 | 32 | 53 | 15 | Mature; pending LabCoP |
| (4) | VitalSigns | 6 | 19 | 38 | Tbd | Review with CIMI |
|  | Imaging | 7 | 7 | 9 | Tbd |  |
|  | Encounter | 8 | 8 | 15 | Tbd |  |
|  | PersonDemographics | 27 | 27 | 47 | Tbd |  |
|  | Orders | 14 | 13 | 18 | Tbd |  |
|  | Care Plan | 9 | 8 | 13 | Tbd |  |
|  | Common | 7 | 5 | 10 | Tbd |  |
|  | Education | 5 | 5 |  | Tbd |  |
|  | HealthConcern | 7 | 7 | 12 | Tbd |  |
|  | AdverseEventReporting | 10 | 10 | 15 | tbd | Pending FDA contact |
|  | Pharmacy | 20 | 8 | 10 | Tbd | Pending NCPDP contact |
|  | Provider | 1 | 1 | 2 | Tbd | Pending VA/DoD input |
|  | Security | 6 | 19 | 38 | Tbd | Review with CIMI |

Next Call

Issues

|  |  |  |
| --- | --- | --- |
| **Issue** | **Status** | **Owner** |
|  |  |  |

**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 | PC project in ballot Sept 2017 |
| Research V2 lab coded value frequencies  Tom Oniki no longer at IMHC; possibly Susan | 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