Problems with USAM as GLIF's default RIM

1) USAM has several classes that we do not use. The classes have attributes that we do not use.
2) The USAM class hierarchy is very shallow. For our purposes, it only distinguishes between observation, medication, and procedure. As a consequence, there are many attributes that do not apply to many of the class members. This creates two problems. First, this allows a user to specify attributes, which are not applicable for the patient data that she is representing. Second, in USAM there are many constraints as to what value is acceptable for what kinds of observation. So at the time of validation and execution, we still need to distinguish age and gender from diseases and symptoms.

A possible solution would be to develop a sub-class hierarchy of our own that will suit our needs, and at the same time, be consistent with USAM.