# Projects Work Group

03/20/19

|  |  |
| --- | --- |
| **Member** |  |
| Seth Blumenthal |  |
| Steve Bratt |  |
| Laura Heermann Langford |  |
| Susan Matney |  |
| Julia Skapik |  |
| Jimmy Tcheng |  |
| Virginia Riehl | E |

## Topics:

* AMA discussions
* Plan for identifying overlaps across projects
* Project Road Test of Modeling Lab
* Plan for revising the detailed projects process model
* Plan for follow-up with projects unable to attend the meeting
* U of Utah project
* Intermountain Mental Health Project
* Web/Wiki requirements

## Notes from Previous Call

* AMA Discussions
	+ Corey Smith, Seth Blumenthal, Monique van Burton, Laura, Susan, Nathan Davis, Tom Giannulli, Vasu
	+ Shifting to FHIR. Will not have a logical model. Want to align with CIMI and SOLOR. Want access to CEMs which is open.
	+ Concerned that we are losing ontology
	+ Goals remain the same
	+ Will not charge for models
	+ Will charger for software/apps
	+ Jim Shallaby’s company is doing the terminology
	+ Internal staff will do the modeling
	+ Blood glucose, social determinats of health
	+ Evaluating FHIR authoring and tooling
	+ Have their own terminology services
	+ Two areas for collaboration
		- Modeling processes and principles (factory) –
		- Content development through FHIR profiles
	+ Need to clarify what they mean by making their models available at no cost
	+ Want to have a face-to-face meeting in Chicago
		- We should include HSPC representation
	+ Will have a follow-up call with AMA next week
* Plan for identifying overlaps across projects
	+ There are common clinical areas and patterns and models across projects. These are overlapping structures that should be consistent
	+ Can then move to specific models
		- Should compare existing work to the work of the projects
	+ Value set level comparison
	+ Priority is to align the content. Technical CIMI representation can be done separately
	+ Action Plan
		- Do an internal pilot or with just one project – should be very small and identify how this could be automated
			* Identify focus area – patient, organization, lab results
			* Identify team
				+ Nathan, Patrick, Mark, Dave, Susan, Laura, Claude, Joey
				+ Meet with this group to get started by – 03/27 – Laura will send out Doodle Poll
			* Compare models
		- Review what we know about projects and identify candidate overlaps
* Project “road test” of Modeling Lab
	+ Susan has pain content in the Modeling Lab and has put specific questions in JIRA
	+ Should go back to the process model and indicate where modeling lab would fit in
		- Consider having a longer meeting of this group to review how we might use Modeling Lab
		- Could use the pain content that Susan has put in to pilot the use of Modeling Lab
		- Tess Settergen might be willing to assist
		- Action Item:
			* Schedule working session – Projects WG members + Tess + Patrick/Richard/Kurt –
			* Next week on this call try to start this process
* Plan for revising the detailed projects process model
	+ - Clarify the role of CIIC and the project
		- Show connections to other things, e.g., FHIR profiles
		- Develop a graphic that shows iterative nature of activities
		- Plan -- ???
* Plan for follow-up with projects unable to attend the meeting
	+ - Make sure they get the summary and the action steps
* U of Utah Project
	+ Next steps
		- Engage Peter and Scott and Preston and Bo – Have a pre-call with them
		- Schedule time for U of Utah to present to Projects Work Group and include Peter and Scott and Preston and Bo
		- Follow CIIC process
* Intermountain Mental Health project
* Web Wiki
	+ HSPC has a contracted resource to assist with updates
	+ What does this group need from the Confluence site for internal work?
		- Project intake tracking
		- Project status tracking from CIIC perspective not full project management
		- Project pages
		- Project mail lists
		- Connection to project related models in the repository
		- Information on project overlaps
	+ What external facing information should be exposed via the website?

## Outreach to Additional Projects

| **Project/Organization** | **Liaison** | **Description/Notes** |
| --- | --- | --- |
| CDC | Steve Bratt | Who should we reach out to? – ck with StanChesley RichardsMaria MichaelsEileen Storey--- check email listSteve discussing cancer project with some CDC staffMay not be ready to engage yet |
| CMS | Steve Bratt | * Talking with them. Probably for a future meeting
 |
| AHRQ Elise BerlinerSuchitra Iyer | Steve B. | * Outcomes Measure Framework: AHRQ, outcome SME teams

• Scope: 5 domain areas: depression, lumbar spondylolisthesis, afib, asthma, lung Steve reached out and they are hoping to send someone |
| NLMRachael RoanRichard BallewLisa Lang | JimmySusan | * Women’s Health is joint NLM and FDA
* Try to get Rachel, Richard, and Lisa engaged
* Try to get Clem engaged via Stan
 |
| NLM-Rebecca Goodwin | Virginia | * Newborn Screening Translational Research Network: (Rebecca Goodwin) -- Virginia
* Scope: Tracking newborn outcomes
 |
| ACOG/OPASteve Hasley | Susan | * Discuss new contract
* Nadia indicates that they have another contract
 |
| University of UtahClaude Nanjo | Susan | * Data elements to support
* Opioid calculator, bilirubin calculator
* Patient dashboards
* Ken and Claude plan to attend meeting
 |
| IntermountainGrant Wood | Virginia | * Clinical genetics, pharmacogenomics
* Whole genome sequencing
* Discuss how his work relates to CIMI and FHIR
 |
| DaVinci |  | * Viet and Steve B. are engaged with this project
* Mitre is working on two active projects
* Might host their reference implementations at HSPC
* HSPC is currently working with DaVinci on their sandbox requirements
* Could be a test case for light governance process
 |
| Intermountain Mental Health Project | Susan | * Intermountain developing app and want to have FHIR profiles
* Current work needs to be revised
* Susan/Laura will reach out to CEO to introduce CIIC/HSPC
 |

## Web Wiki

## Intermountain Mental Health Project

* Should be added as a CIIC project
* Susan, Nathan, and others are working on this
* Intermountain has spun off a company to develop an app
* The project will use FHIR to integrate with Cerner
* Include them in the February meeting
* They may not see the value of the community

# Reference Information

## Services Provided to Projects

* Core services – purpose is to have approved models that can be shared across all of medicine
	+ Maintain and provide access to the model repository
	+ Provide tooling to support collaboration on model development and review
	+ Conduct quality review of models developed by projects
	+ Manage open consensus process for review and approval of models
		- Comments from interested parties
		- Coordinate with model stewards
	+ Implement and maintain conformance testing
* Supplemental services (assumed to be billed back to the project)
	+ Modeling experts to support project team
	+ Project management
	+ Work group facilitation
	+ Develop educational materials specific to the project
	+ Implementation support, e.g., app development
	+ Advisory services

## Projects Liaisons

| **Project** | **Liaison** | **Notes** |
| --- | --- | --- |
| Registries on FHIR | Steve B |  |
| Cancer Interoperability | Seth |  |
| Pain Assessment | Laura |  |
| SHIELD | Julia |  |
| Patient Directed.io | Steve B./Virginia |  |
| Women’s Health | Jimmy |  |
| Skin & Wound | Virginia |  |
| OPA | N/A |  |
| NIDDK Care Plan | VirginiaSusanLaura |  |
| Intermountain Mental Health Project |  |  |