# Projects Work Group

04/10/19

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

Claude Nanjo -- Guest

Project Overview

* Epic is exposing an API that goes beyond US Core
* Have built a layer between the EHR and application layer that retrieves information from Epic. Can access data beyond US Core. Have some ability to write back to Epic, but some data is stored externally.
* Getting a better idea of information to extract and write to EHRs for decision support
* Proposing three implementation guides beyond US Core
	+ Read implementation guide with profiles that should be supported
	+ Two guides related to US Core and writes to EHRs, e.g., placing an unsigned order
		- Starting with highest priority resources that are most frequently used
			* Adding observation, adding problem to a problem list, placing an order
			* Would leverage QI core. QI core has some attributes that measure authors are questioning their utility. Will use the attributes that are considered important
			* Will add to QI core based on experienced with chronic conditions
			* Goal is to be very implementer focused
			* Most needed resources are supported by FHIR. Not seeing a need for additional extensions
			* Believe that enhancing US Core will meet many needs
		- Timeline for IGs = 2 years
			* Will require work between HSPC meetings
			* Want to use an agile approach with incremental products
	+ Use cases are based on U of U implementation experience
		- Requirements are gathered from their providers
	+ Professional societies of interest
		- Not working with any specific societies at this time. Looking to HSPC/CIIC to support this.
			* Should consider ways to make IGs more accessible to clinicians, e.g., user stories, reference implementation, e.g., Sandbox
		- May have support from Epic and Cerner
* Will be consistent with US Core
	+ US CDI is a list of categories and does not have details
	+ We should build the content that can provide the specifics to US CDI
	+ What support do they want from HSPC/CIIC?
		- Want to collaborate to enhance APIs beyond US Core
		- Would define the details of the process jointly
	+ What resources or expertise would you ask CIIC to provide to your project?
		- Want to tap into the clinical societies and providers for expertise and to identify priorities
		- Want to bring providers together to define requirements
		- HSPC/CIIC could assist in defining profiles and conformance
			* Might define levels of conformance – bronze, gold, platinum
		- Conformance testing
		- Outreach to providers to get profiles on roadmap
		- HL7 balloting
* Next Steps
	+ Terminology
	+ Define scope of initial project – conditions to focus on as a prelude to a content request spreadsheet
	+ Take other projects and map against US Core and US CDI – this will help identify convergence across projects
	+ Develop a project plan with tasks, timeline, and responsible party
	+ HSPC/CIIC assign a project manager on their side
	+ Why are you bringing this project to HSPC/CIIC?
	+ What benefits do you anticipate that partnering with CIIC will bring to your project?
	+ What needs does your project have that you will have to fill in order to ensure project success?
	+ Who do you see as the organizations that would be interested parties to your project who are not directly engaged, e.g., who should review the work of your project?
	+ Would your project be able to provide funding to CIIC in exchange for support to your project?
	+ Can you describe additional use cases you believe your work might support outside of the primary implementation use case?
	+ Would you be interested in participating in a meeting with CIIC and other data projects to discuss CIIC’s approach, management of clinical data models, and collaboration across projects?
	+ Do you have a clear idea about what standards and tools you will use to complete your effort? If not, would you like guidance from CIIC?
	+ Do you have feedback on your experience of completing the CIIC application?
	+ Do you have any questions about or comments on the list of commitments that CIIC is asking for (attached)?

## Topics:

* Discussion with U of Utah
* Plan for identifying overlaps across projects
* Project Road Test of Modeling Lab
* Plan for revising the detailed projects process model
* AMA updates
	+ Mitre head of research met with AMA – Tom, Matt, Chelsea Katz, Chris Khoury ..
	+ Taking a FHIR focused approach
	+ Plan to work with FHIR community. Not clear on the details of this
	+ All profiles and probable IGs will be open and will be free
	+ Focus areas:
		- BP
		- Chronic disease mgt
		- Social determinants (with United Health)
		- Patient directed data
	+ Mentioned working with ONC on USCDI
	+ Mitre demoed their work in cancer and their tool
	+ AMA did not show any of their work
	+ Follow-up questions
		- Demo tools
		- Show models
		- How will they put this through a standards process? Do they plan to ballot at HL7?
	+ Clinical Review Group – Blackford, Julia, Bryn, Steve Hasley
		- Meeting on 04/17
	+ AMA sees their process for having people comment on their site as a “ballot-like” process
	+ CIIC needs to develop tooling and guidance that modelers can use so that all of the groups developing models can work in a common structured approach.
		- Will need funding to do this
			* Possible funders – Pew, ACS, CMSS
			* Julia – will write a short description of what we would be seeking funding for that could be shared with the Board
* U of Utah project
	+ What support do they want from HSPC/CIIC?
	+ Why are they bringing this project to HSPC/CIIC?
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* Intermountain Mental Health Project
* Web/Wiki requirements

## Notes from Previous Call

* AMA Discussions
	+ Call 2
		- Corey Smith, Seth Blumenthal, Monique van Burton, Laura, Susan, Nathan Davis, Tom Giannulli, Vasu, Matt Manning
		- Showed the CIIC process
		- AMA did not have documented process
		- AMA has decided not to develop logical models
		- Will be developing FHIR profiles
		- No immediate follow-up planned
		- CIIC/HSPC could highlight the blood glucose models with FHIR profiles as this aligns with AMA work
		- Not clear why AMA is modeling BP as a procedure. May be linked to home health monitoring
		- Tom Sadici, HICIG, is working with the AMA
		- AMA has reached out again to Mitre. There will be a call on Tuesday 04/02. Steve will be on the call
	+ Call 1
		- 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 charge 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
* 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
		- Susan and Laura have a call scheduled to develop a plan
		- 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 –
			* Review the current detailed model for updates and gaps
			* Use these calls to work on this
			* Try to get a view of the iterative activities
* U of Utah Project
	+ Next steps
		- Invite U of Utah reps to join the PWG call to understand what they are looking for
		- Virginia reach out to Ken and Claude to join a PWG call
* 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
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## 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 |  |  |