# Projects Work Group

03/13/19

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

Virginia will reach out to Seth re. participation

## Topics:

* 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 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 Stan  Chesley Richards  Maria Michaels  Eileen Storey  --- check email list  Steve discussing cancer project with some CDC staff  May not be ready to engage yet |
| CMS | Steve Bratt | * Talking with them. Probably for a future meeting |
| AHRQ  Elise Berliner  Suchitra 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 |
| NLM  Rachael Roan  Richard Ballew  Lisa Lang | Jimmy  Susan | * 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/OPA  Steve Hasley | Susan | * Discuss new contract * Nadia indicates that they have another contract |
| University of Utah  Claude Nanjo | Susan | * Data elements to support * Opioid calculator, bilirubin calculator * Patient dashboards * Ken and Claude plan to attend meeting |
| Intermountain  Grant 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 | Virginia  Susan  Laura |  |
| Intermountain Mental Health Project |  |  |