**NOTE**: To use Track Changes, turn off “protection” by clicking on (pre-MS Word 2007) Tools > Unprotect Document or (MS Word 2007 and higher) Review > Protect Document.

**PSS-Lite/Investigative Projects: Sections surrounded by a BOLD OUTLINE must be completed for approval of "Investigative Projects" (a.k.a PSS-Lite).**

**Project Scope Statement (PSS)**

**HL7 Reference Domain Analysis Model (RDAM)**

Nona.G.Hall.civ@mail.mil Government Facilitator, 703-930-0570

Stephen.Hufnagel.HL7@gmail.com CIMI-FHIM Facilitator, 703-575-7912

*Participation welcome, please contact facilitators*

**2017-11-16**

1. Project Name and ID

|  |  |
| --- | --- |
|  |  |
| **Reference Domain Analysis Model (RDAM)** | Project ID: TBD |
|  |  | TSC Notification Informative/STU to Normative  | Date: **STU 2019 / Normative 2020** |
| **Check this box when the project proceeds from Informative to Normative or STU to Normative status. Forward to the TSC for notification, as this triggers American National Standards Institute (ANSI) Project Initiation Notification (PINS) submission.**  |
|  |  | Investigative Project | Date: **NA** |
|  **Check this box when the project is investigative or exploratory in nature, which allows limited project scope definition. Sections in bold outline are mandatory for project approval of an investigative project; all other sections are optional. Sections 1-Project Name and Scope, 2-Sponsoring Group(s)/Project Team, 3a-Project Scope, 3b-Project Need, 3g-Project Objective, 3i-Project Document Repository, 6b-[Realm, if known], and 6d-[applicable Approval Dates] are required.****Investigative Project specific instructions are highlighted in yellow.****An investigative project must advance in two WGM cycles, requiring a full scope statement. Otherwise the project will be closed.** |

1. Sponsoring Group(s) / Project Team
	1. Primary Sponsor/Work Group

|  |  |
| --- | --- |
| Primary Sponsor/Work Group **(1 (And Only 1) Allowed)**  | **CIC**<http://www.hl7.org/Special/committees/cic/leadership.cfm> |

* 1. Co-sponsor Work Group(s)

|  |  |
| --- | --- |
| Co-sponsor Work Group(s)(Enter co-sponsor approval dates in Section 6.d Project Approval Dates) | **EHR, CIMI, CQI, CDS, M&M**  |
| Indicate the level of involvement that the co-sponsor will have for this project:

|  |  |
| --- | --- |
|  |  Request formal content review prior to ballot **NA** |
| **x** |  Request periodic project updates. Specify period:  | **at WGMs and at WG calls (upon request).** |
|  |  Other Involvement. Specify details here:  | Enter other involvement here **NA** |

 |

* 1. Project Team

*All names should have confirmed their role in the project prior to submission to the TSC.*

|  |  |
| --- | --- |
| Project facilitator (**1** **Mandatory**) | * **CIMI**: Steve Hufnagel & Nona Hall
* **EHR**: Gary Dickinson, EHR
* **CIC & HSPC**: Laura Heermann Langford
* **CIC & CIIC**: Russ Leftwich & Anita Walden
* **M&M & CIC**: Abdul Malik Shakir
* **M&M**: Ioana Singureanu HDF HL7 Development Methodology
* **CDS**: Ken Kawamoto
* **Vocab & NLM**: Rob McClure
 |
| Other interested parties and their roles | **SDWG:** Brett Marquis and Lisa Nelson. 2017-11-16**CIMI:** Ken Lord, Sean Muir, Dave Carlson SIGG (MDHT, MDMI) developers**CIMI, CQI & CDS**: Claude Nanjo**CIMI**: Mario Hyland, testing**The Open Group Healthcare Forum:** Jason Lee**Federal Government Proponents*** **DoD**: Nancy Orvis, Bart Bartholomew
* **VA**: Bob Bishop, Keith Campbell, Ken Rubin, Mike Davis
* **IPO**: Nona Hall
* **FHA**: Gail Kalbfleisch FHIM & SIGG Sponsor
* **FDA**: Mitra Rocca
* **CDC**: Nicolay Lipskiy
* **ONC/OST**: Matt Rahm
* **SAMHSA:** Ken Salyards
 |
| Multi-disciplinary project team (recommended) | Same as facilitators (above) |
|  Modeling facilitator | Galen Mulrooney, CIMI |
|  Publishing facilitator | Amy Nordo, CIC |
|  Vocabulary facilitator | Sara Ryan, CICJay Lyle, PCRob McClure, VocabSusan Matney, CIMI |
|  Domain expert rep | **CIC & CIIC**: Russel Leftwich, Anita Walden**CIC and HSPC**: Laura Heermann Langford |
|  Business requirement analyst | **CQI**: Julia Skapik **CIC**: Mitra Rocca**CIMI**: Stan Huff, Galen Mulrooney, Richard Esmond **EHR**: Gary Dickinson, Mark Jankowski, Mike Brody |
|  Conformance facilitator (for IG projects) | NA |
|  Other facilitators (SOA, etc) |  |
|  |  |
| Implementers **(2** **Mandatory** for STU projects) |
| **HHS (FHA, ONC, CDC, FDA, SAMHSA, CMS, AHRQ, NLM), DoD, VA, IPO**  |
|  |

1. Project Definition

**Executive Summary**

During 2017, **FHIM** federal health information model, **SIGG** standards implementation guide generator, **CQF** clinical quality framework and **SOLOR** SNOMED CT with LOINC and RxNorm extension were harmonized in accordance with the HL7 **CIMI** clinical information model initiative reference architecture within the CIMI sponsored HL7’s **IIM&T** integration of information models and tools project producing a common logical information model CLIM (SOLOR, FHIM, CIMI, CQF). Derivative **DCMs** detailed clinical models are being used by **HSPC** healthcare services platform consortium, e.g., “SMART on FHIR” initiative.

As an evolution of the IIM&T strategy, we are proposing a 2018 **CIC** clinical interoperability council sponsored HL7 **RDAM** reference domain analysis model project to harmonize CLIM (SOLOR, FHIM, CIMI, CQF) with HL7’s EHRS-FM system functional model to better specify, test and certify healthcare services platforms; where,

* CIC will facilitate the clinical verification and validation of the RDAM from EHR and CIMI.
* Computable semantics are needed to empower interoperable electronic medical records, clinical decision support, knowledge-based reasoning and population-based analytics systems.
* The HL7 IIM&T and proposed RDAM project need is to maintain requirements-traceability to legislation and semantic-consistency of computable data, information, knowledge and wisdom across HL7 product lines and families, such as FHIR, CDA, C-CDA and the federal NIEM; where,

The IIM&T and RDAM projects facilitates

* meeting the clinical goal to help people live the healthiest lives possible and
* meeting the 21st Century Cures Act objective to move healthcare toward consumers’ value-driven purchasing, team-based care and easy access-to and usability-of healthcare information, e.g., mobile apps and services.



**Figure 1 Reference Domain Analysis Model (RDAM) Architectural View**

* 1. Project Scope

|  |
| --- |
| **Functional Perspective**: The HL7 **RDAM** reference domain analysis model project scope is requirements-traceability and semantic-consistency within **DIKW** data, information, knowledge and wisdom across HL7 product lines and families. This consistency empowers lifelong electronic medical records, clinical decision support**,** knowledge-based reasoning and population-based analytics. The RDAM is a precursor to specific HL7 cross-paradigm **IG** implementation guides for various implementation paradigms, e.g. CDA, C-CDA, FHIR, NIEM, V2. We propose a harmonized RDAM of **CLIM** clinical/common logical information model, **SOLOR** SNOMED with LOINC and RxNorm extension, **FHIM** federal health information model, **CQF** clinical quality framework adding **EHRS-FM** system functional model as an evolution of the **IIM&T** integrated information model and tools strategy. * The RDAM empowers the clinical goal to help people live the healthiest lives possible and
* The 21st Century Cures Act objectives of consumer-driven team-based care, value-based purchasing and consumer usability, e.g., interoperable mobile apps.

Patient value of reduce cost, increase quality and safety comes from a healthcare system of standards to allow any person, yet to be born, to be able to safely interpret lifelong electronic medical record data, using systems and services, yet to be designed, any time in the future. Patient value serves to unite the diverse interests of all participants across the healthcare landscape. As patient value improves, so does economic-sustainability for patients, payers, providers, and suppliers. Return on investment increases when consistent RDAM specified platforms, components and services use a **MDD** model driven development methodology and tools, such as those being developed by CIMI. A CIMI harmonized RDAM (CLIM and EHRS-FM) is the missing link to standardize domain patterns, thereby standardizing the modelling method in accordance with the full context (aka epistemology) of data. In this way data exposed in interfaces can be stored, retrieved and presented more safely and fully.**Roles and Responsibilities:** The project may identify and note HL7 product family differences, such as FHIR vs. C-CDA data-types or value sets; but, it is up to stakeholders, independent of this project, to use the HL7 **UTG** universal terminology governance process to request changes to legacy artefacts, if desired. 1) EHR WG curates their FM, 2) CIMI WG curates their CLIM, 3) CIC WG verifies and validates clinical content, 4) M&M WG verifies that RDAM MDD produced IG profiles standards-specifications and conformance-criteria are testable. |

* 1. Project Need

|  |
| --- |
| **Technical Perspective:** The HL7 **RDAM** reference domain analysis model project need is to integrate **EHRS-FM** system functional model, CIMI **CLIM** (SOLOR, FHIM, CIMI, CQF) common logical information model; where, the EHRS FM will be refactored and aligned with the CIMI harmonized FHIM, CQI/CDS/CQF domain **LIM**s logical information models. The RDAM domain LIMs and Domain **FM**s functional models will be Sparx Enterprise Architect resident, within the “HL7 Cloud” and use open-source model to model transformation tools to constrain the RDAM to specify HL7 WG DAMs, the CIMI **BMM** basic meta modelarchetypes and patterns, **DCM**s detailed clinical models, FHIR **FSD**s structure definitions. HSPC **SOLOR** SNOMED extension for LOINC and RxNorm tools will manage context-specific **CDE**s common data elements, value and code sets across profiles and extensions, e.g., FHIR, CDA, C-CDA. * The value proposition is that RDAM instantiated **MDD** model driven development tools can produce clear, complete, concise, correct, consistent and requirements-traceable implementation profiles, extensions, guides, APIs and reference-implementation artefacts to enable efficient-and-effective clinical decision support**,** knowledge-based-reasoning and population-based analytics. The requirements-traceable and consistent CDEs, CIMI-BMM, DCMs, etc. increase patient-value (lower cost, increase quality and safety) as consistent implementation artefacts, e.g., CDA, C-CDA, FHIR.
* As an example, the methodology might start with pre-coordinated, **SDC** structured data capture **CIF** **c**linical input form**,** which are consumed by objects, components, and services platforms. SDC depends on clear, complete, concise, correct, consistent and traceable CDEs, which are structured in accordance with use-case/scenario requirements-traceable consistent CIMI-FHIM-CQF with SOLOR-semantics. As we walk up the DIKW model-of-meaning ladder, CIMI prefers to follow the post-coordinated, DCM **ANF** analysis normal form path to knowledge based systems, population based analytics and business intelligence capabilities.
 |

* 1. Security Risks

|  |  |  |  |
| --- | --- | --- | --- |
| Will this project produce executable(s), for example, schemas, transforms, style sheets, executable program, etc. If so the project must review and document security risks. Refer to the [Cookbook for Security Considerations](http://wiki.hl7.org/index.php?title=Cookbook_for_Security_Considerations) for additional guidance, including sample spreadsheets that may be used to conduct the security risk assessment. |  |  | **Yes** |
|  | **X** | **No** |
|  |  | **Unknown** |
|  |

* 1. External Drivers

|  |
| --- |
| **Describe any external schedules or calendars which may not be known outside of the project team that are driving target dates for this project.** |

* 1. Project Objectives / Deliverables / Target Dates

|  |  |
| --- | --- |
|  | **Target Date** |
| **Enter objective/deliverable here.****All planned ballots and their target dates should be included****The example below is a "STU to Normative" path** | **Enter Target Date** |
| pilot-study comments-only HL7 ballot, including immunization, allergies and intolerances using model driven development tools producing FHIR profiles. | 2018 Sep WGM reconciliation  |
| HL7-STU Ballot, including procedures, allergies, medications, problems, immunizations, results and vital signs with associated model driven development tools producing US Core FHIR, CDA, C-CDA and federal NIEM artefacts, suitable for patient-managed longitudinal electronic medical records mandated by the 21st Century Cures Act. | 2019 Sep WGM reconciliation  |
| Normative Ballot complete FHIM-EHRS FM domains | 2020 Sep WGM reconciliation |
| HL7-ISO Ballot | 2021 Sep WGM reconciliation |
|  |  |
|  |  |
|  |  |
| These milestones and deliverables are aggressive; where, meeting these milestones depends on participation. |  |
|  |  |
| **Project End Date (all objectives have been met)****Note: For PSS-Lite/Investigative Project, End date must be no more than two WGM cycles, e.g. project initiated at January WGM must complete investigation by September WGM.** | **2022** |

* 1. Common Names / Keywords / Aliases

|  |
| --- |
| **What common name does your group use to refer to the product(s) produced? What alternative names, aliases and keywords does your group use to refer to the product(s) that will be produced? Some examples: C-CDA, LRI, eDOS.** **Healthcare Reference Domain Analysis Model (RDAM)** |

* 1. Lineage

|  |
| --- |
| **If your project creates a Post-Release 1 version; indicate the name of the prior product and if it is supplanting, replacing or coexisting with a previous release.****EHR System Functional Model and CIMI Common/Clinical Logical Information Model (IIM&T Project)** |

* 1. Project Dependencies

|  |
| --- |
| **Enter any dependencies or the name & Project Insight ID of project(s) that this project is dependent upon to achieve its objectives. Projects and their Project Insight IDs can be found via** [**http://www.hl7.org/special/Committees/projman/searchableProjectIndex.cfm?ref=common**](http://www.hl7.org/special/Committees/projman/searchableProjectIndex.cfm?ref=common)**#1316 IIM&T,** **#1276 HL7 EHRS-FM Release 2: Immunization Functional Profile, Release 1** |

* 1. Project Document Repository Location

|  |
| --- |
| **Projects must adhere to the** [**TSC's guidelines**](#Project_Doc_Repository_Location_help) **(which were approved on** [**2016-04-04**](http://hl7tsc.org/wiki/index.php?title=2016-04-04_TSC_Call_Agenda) **and summarized in** [**Appendix A**](#Project_Doc_Repository_Location_help)**).****Enter the SPECIFIC URL where supporting project documents, deliverables, ballot reconciliation work and other project information will be kept. A template to create a Project Page on the HL7 Wiki is available at:** <http://wiki.hl7.org/index.php?title=Template:Project_Page>**.****RDAM.HL7.Org** |

* 1. Backwards Compatibility

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are the items being produced by this project backward compatible? |  |  | Yes |  | **X** | No |  |  | Unknown |  |  | N/A |
|  |  |  |  |  |  |  |  |
| If you check 'Yes' please indicate the earliest prior release and/or version to which the compatibility applies:  |
|  |
| For V3, are you using the current data types? (Refer to [TSC position statement on new projects using R2B](#TSC_position_statement_on_R2B) for more information on the current V3 data types) |  |  | Yes |  |  | No |  |  | Unknown |  | **X** | N/A |
|  |  |  |  |  |  |  |  |
| If you check 'No' please explain the reason:  |
| **If desired, enter additional information regarding Backwards Compatibility.** |

* 1. External Vocabularies

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Will this project include/reference external vocabularies? |  | **X** | Yes |  |  | No |  |  | Unknown |  |  | N/A |
|  |  |  |  |  |  |  |  |  |  |  |  |
| If yes, please list the vocabularies: **SNOMED CT, LOINC, RxNorm for US Realm Exemplars** |

1. Products (check all that apply)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Arden Syntax |  |  | V2 Messages – Administrative |
|  | Clinical Context Object Workgroup (CCOW) |  |  | V2 Messages - Clinical |
| **X** | **Domain Analysis Model (DAM)** |  |  | V2 Messages - Departmental |
| **X** | **Electronic Health Record (EHR) Functional Profile** |  |  | V2 Messages – Infrastructure |
|  | FHIR Extensions |  |  | V3 Domain Information Model (DIM / DMIM) |
|  | FHIR Implementation Guide |  |  | V3 Documents – Administrative (e.g. SPL) |
|  | FHIR Profiles |  |  | V3 Documents – Clinical (e.g. CDA) |
|  | FHIR Resources |  |  | V3 Documents - Knowledge |
| **X** | **Guidance (e.g. Companion Guide, Cookbook, etc)** |  |  | V3 Foundation – RIM |
| **X** | **Logical Model** |  |  | V3 Foundation – Vocab Domains & Value Sets |
| **X** | **New/Modified/HL7 Policy/Procedure/Process** |  |  | V3 Messages - Administrative |
|  | New Product Definition (please define below) |  |  | V3 Messages - Clinical |
|  | New Product Family (please define below) |  |  | V3 Messages - Departmental |
|  | Non Product Project - (Educ. Marketing, Elec. Services, etc.) |  |  | V3 Messages - Infrastructure |
|  | White Paper  |  |  | V3 Rules - GELLO |
|  |  |  |  | V3 Services – Java Services (ITS Work Group) |
| **X** | **Creating/Using a tool not listed in the** [**HL7 Tool Inventory**](http://hl7-tools.herokuapp.com/) |  |  | V3 Services – Web Services (SOA) |

|  |
| --- |
| **If you checked New Product Definition or New Product Family, please define below:** |

1. Project Intent (check all that apply)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **X** | Create new standard |  |  | Supplement to a current standard |
|  | Revise current standard (see text box below) |  |  | Implementation Guide (IG) will be created/modified |
|  | Reaffirmation of a standard |  |  | Project is adopting/endorsing an externally developed IG: |
|  | New/Modified HL7 Policy/Procedure/Process |  |  | Specify external organization in Sec. 6 below; |
|  | Withdraw an Informative Document |  |  | Externally developed IG is to be (select one): |
|  | White Paper (select one): |  |  | Adopted - OR - |  | Endorsed |
|  | **X** | Balloted Informative OR |  | Non-balloted WG White Paper |  |  | N/A (Project not directly related to an HL7 Standard) |

|  |
| --- |
| **If revising a current standard, indicate the following:*** **Name of the standard being revised**
* **Date it was published (or request for publication, or ANSI designation date)**
* **Rationale for revision**
* **The relationship between the new standard and the current standard (is it designed to replace the current standard, a supplement to the current standard, etc.)**
 |

* 1. Ballot Type (check all that apply)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **x** | Comment (aka Comment-Only) |  |  | Joint Ballot (with other SDOs) |
| **x** | Informative |  |  | N/A (project won’t go through ballot) |
| **x** | STU to Normative - OR - |  | Normative (no STU) |  |  |  |

|  |
| --- |
| **If necessary, add any additional ballot information here. If artifacts will be jointly balloted with other SDOs, list the other groups.** |

* 1. Joint Copyright

*Check this box if you will be pursuing a joint copyright. Note that when this box is checked, a Joint Copyright Letter of Agreement must be submitted to the TSC in order for the PSS to receive TSC approval.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Joint Copyrighted Material will be produced? |  |  | Yes |  | **X** | No |  |  |

1. Project Logistics
	1. External Project Collaboration

|  |
| --- |
| **Include SDOs or other external entities you are collaborating with, including government agencies as well as any industry outreach. Indicate the nature and status of the Memorandum of Understanding (MOU) if applicable.****Federal Health Architecture (FHA) Federal Health Information Model (FHIM) Apache 2 license**  |
| For projects that have some of their content already developed: |
| How much content for this project is already developed? | **>90%** |
| Was the content externally developed (Y/N)?  | **Yes, Federal Agencies developed FHIM** |
| Is this a hosted (externally funded) project? (not asking for amount just if funded) |  |  |  |  |  |  |
|  | **X** | Yes |  |  | No |

* 1. Realm

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **X** | Universal - OR - |  |  | Realm Specific |
|  |  |  | Check here if this standard balloted or was previously approved as realm specific standard |
| **Universal,** **with US Realm exemplars.** | **Enter “U.S.” or name of HL7 affiliate(s) here. Provide explanation/justification of realm selection. For projects producing deliverables applicable to multiple realms, document those details here.****For Investigative projects, indicate if the project is planned to be Realm Specific or Universal, if known. Work Groups are encouraged designating project a Universal project initially, and discover which Realms can contribute to the work effort during the discovery phase of the project. Note: This status is subject to change during the investigative process.**  |

* 1. Stakeholders / Vendors / Providers

*This section must be completed for projects containing items expected to be ANSI approved, as it is an ANSI requirement for all ballots*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Stakeholders** |  | **Vendors** |  | **Providers** |
| **x** | Clinical and Public Health Laboratories | **x** | Pharmaceutical | **x** | Clinical and Public Health Laboratories |
| **x** | Immunization Registries | **x** | EHR, PHR | **x** | Emergency Services |
| **x** | Quality Reporting Agencies | **x** | Equipment  | **x** | Local and State Departments of Health |
| **x** | Regulatory Agency | **x** | Health Care IT | **x** | Medical Imaging Service |
| **x** | Standards Development Organizations (SDOs)  | **x** | Clinical Decision Support Systems | **x** | Healthcare Institutions (hospitals, long term care, home care, mental health) |
| **x** | Payors  | **x** | Lab |  | Other (specify in text box below) |
|  | Other (specify in text box below) | **x** | HIS |  | N/A |
|  | N/A |  | Other (specify below) |  |  |
|  |  |  | N/A |  |  |
|

|  |
| --- |
| **Other: Indicate other stakeholders, vendors or providers not listed above.****US Federal Agencies** |

 |

* 1. Project Approval Dates

|  |  |
| --- | --- |
| Affiliate Approval Date (for Affiliate Specific Projects): | **“N/A”** |
| US Realm Steering Committee Approval Date (for US Realm Specific Projects): | **USRSC Approval Date CCYY-MM-DD** |
| Sponsoring Work Group Approval Date: | **CIC Approval Date: CCYY-MM-DD** |
| Co-Sponsor Group Approval Date(Copy this entire row for each co-sponsor; indicate the specific cosponsor that issued approval) | **EHR Approval Date: 2017-11-14****CIMI Approval Date: CCYY-MM-DD****CQI Approval Date: CCYY-MM-DD****CDS Approval Date: CCYY-MM-DD****SOA Approval Date: CCYY-MM-DD****M&M Approval Date: CCYY-MM-DD** |
| FHIR Project: [FHIR Management Group](http://www.hl7.org/Special/committees/fhirmg/leadership.cfm) Approval Date: | **FMG Approval Date CCYY-MM-DD or “N/A”** |
| Architectural Review Board Approval Date:(required for externally developed content) | **ARB Approval Date CCYY-MM-DD or “N/A”** |
| Steering Division (of Primary Sponsor WG) Approval Date: | **SD Approval Date CCYY-MM-DD** |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last [PBS Metrics Score](http://gforge.hl7.org/gf/project/tsc/frs/?action=FrsReleaseBrowse&frs_package_id=169): |  |  Green |  |  Yellow |  |  Red |
| [PBS Metrics Reviewed](http://gforge.hl7.org/gf/download/docmanfileversion/9076/13967/PBS%20Metric%20Guidance%20for%20SD%20CoChairs%202016%20Final.doc)? (required for SD Approval if not green) |  |  Yes |  |  No |

 |
| Technical Steering Committee Approval Date:  | **TSC Approval Date CCYY-MM-DD** |
| TSC has received a Copyright/Distribution Agreement (containing the verbiage outlined within the SOU), signed by both parties. |  |  |  |  |  |  |
|  |  | Yes |  | No | **X** |  N/A |

**Background**

During 2017, FHIM (federal health information model), SIGG (standards implementation guide generator), CQF (clinical quality framework) and SOLOR (SNOMED CT with LOINC and RxNorm extension) were harmonized with the HL7 CIMI (clinical information model initiative) within the CIMI sponsored HL7 IIM&T (integration of information models and tools) project producing a healthcare common logical information model CLIM (SOLOR, FHIM, CIMI, CQF). Derivative DCMs (detailed clinical models) are now being used to specify FHIR (Fast Healthcare Interoperability Resource) and HSPC (healthcare services platform consortium) “SMART on FHIR” APIs, components and services. There is a remaining philosophical conundrum:

* Should FHIM remain as easy-to-use logical information model with domains-optimized for subject matter experts.
* Should FHIM evolve into easy-to-implement FHIR structure definitions optimized for developers.

As an evolution of the IIM&T strategy, we propose a 2018 CIC (clinical interoperability council) sponsored HL7 RDAM (reference domain analysis model) project to harmonize CLIM (SOLOR, FHIM, CIMI, CQF) with HL7’s EHRS-FM (EHR system functional model) to better specify, test and certify healthcare services platforms; where,

* clinical verification and validation of the RDAM content is facilitated by the CIC workgroup.
* semantic-consistency of data, information, knowledge and wisdom across HL7 product lines and families, such as FHIR, CDA, C-CDA is facilitated by the CIMI workgroup.
* requirements-traceability to legislation, policies, clinical-best-practices is facilitated by the EHR workgroup.

Interoperable electronic medical records, clinical decision support, knowledge-based reasoning and population-based analytics systems are facilitated by the IIM&T and RDAM projects to

* meet the clinical goal to help people live the healthiest lives possible and
* meet the 21st Century Cures Act objective to move healthcare toward consumers’ value-driven purchasing, team-based care and easy access-to and usability-of healthcare information, e.g., mobile apps and services.

**Reverse chronology of CIC RDAM PSS and PPT development events:**

* 2017-11-16 SDWG wanted clarification: “The project may identify and note HL7 product family differences, such as FHIR vs. C-CDA data-types or value sets; but, it is up to stakeholders, independent of this project, to use the HL7 **UTG** universal terminology governance process to request changes to legacy artefacts, if desired.”
* 2017-11-09 Introduction at SD & CIMI. Co-sponsor vote next week.
* 2017-11-06 Steve Wagner reported Gail Kalbfleisch agreed to release the PSS.
* 2017-10-31 Nancy Orvis. **Action** add milestones-deliverables slide, share with Gail Kalbfleisch & Ken Rubin.
* 2017-10-30 FHIM Team review of PSS and PPT.
* 2017-10-27 Nancy Orvis review. **Action** tighten schedule and share with Ken Rubin.
* 2017-10-25 verbal review at CIC WG call. **Action** present PSS next month.
* 2017-10-23 FHIM team review/update PSS draft. Steve Wagner review PPT Quad chart and send to GailK.
* 2017-10-17 verbal review at EHR WG call. **Action** present PSS in 2 weeks.
* 2017-10-16 FHIM team **Action** SteveH draft RDAM PSS