HL7 Clinical Genomics Weekly Call - April 26, 2016

Attendees
1. Bob Milius - NMDP - bmilius@nmdp.org
2. Amnon Shabo (Shvo) - Philips - amnon.shvo@gmail.com
3. Jonathan Holt (SeqTechDx) - jholt@seqtechdx
4. David Kreda - david.kreda@gmail.com
5. Joel Schneider - NMDP - jschneid@nmdp.org
6. Joseph Kane - Epic - jkane@epic.com
7. Siew Lam - Intermountain Healthcare - siew.lam@imail.org
8. Bret Heale - Intermountain Healthcare and University of Utah - bheale@gmail.com
9. Kevin Power - Cerner - kpower@cerner.com
10. Gaston Fiore - BCH - gaston.fiore@gmail.com
11. Bob Freimuth - Mayo Clinic - freimuth . robert at mayo . edu
12. Brett Johnson icanbrj@gmail.com
13. Bob Wildin - NHGRI - bob.wildin@nih.gov
14. Larry Babb - GeneInsight - lbabb@geneinsight.com
15. Andrea Pitkus- IMO apitkus@imo-online.com
16. Eric Whitebay
17. Heming Yao
18. Hussain Chinoy h@bespokesystems.net

Discussion
- Minutes approval
    - Please take a look at the draft minutes posted here (fyi, I posted a PDF that was exported from the google doc)
    - http://wiki.hl7.org/index.php?title=File:HL7_CG_20160419.pdf
    - Motion to accept - Lam
    - 2nd - Jon
    - Discussion - Perry - tries to explain differences between DIM, DMIM, and RMIN - should be clarified; add corrections and comments that it will be further discussed and clarified
    - We will defer vote until corrections are submitted
    - yea/nay/abstain =   / /
    - results -
- Brief updates
    - ClinGen/ClinVar -
        - Larry - clingen steering committee meets every six months, meeting in Rockville, MD; clingen grant still has a year left; they will be reviewing status and spending a day on planning for next round of funding; tentative plan to review NCBI Allele Registry development and draft white paper from Steve Sherry et al on May 13th within the ClinVar/ClinGen WG. The plan is to regroup and study findings and plan on how to move forward within NCBI and possibilities for forming an external group to bring the A/R services to the community for direct use.
        - Bob Wildin will be at the ClinGen meeting May 2nd and possibly May 3rd.
    - GA4GH -

- - - - ■ {will someone quickly describe the Actionable Clinical Genome Initiative - tx!}
        - ■ Gil wasn't at the meeting; discussion about sharing knowledge between orgs about variants and gene about different cancers to improve outcomes
        - ■ Larry - GA4GH is a big group, doesn't know specifics about the initiative; what does it take to define actionable items and get groups to sign off?
          Here's a link to the ClinGen Actionability WG site.
    - ○ National Academies -
        - ■ Grant / JD not present
    - ○ FHIR -
        - ■ Trying to describe how to use the specification - goes into the IG
        - ■ Kevin Powers will talk this week about PGx use case in the subgroup meeting
    - ○ other -
        - ■ none

- ● Formation of a DIM subgroup
    - ○ Amnon missed last week's meeting, but read the minutes
    - ○ Amnon -
        - ■ Some history - when V3/RIM was started there was as much excitement then as we now have with FHIR. Hopefully FHIR will be more successful
        - ■ This DIM has no connection with the DMIM/DIM that is a constrained RIM.
        - ■ This DIM is plain UML that has no predefined constraints. Completely independent of technology/implementation.
    - ○ Perry - originally in scope of RIM/V3; DMIM was superset of the domain which would be part of the process to create RMIM and messages.
    - ○ Amnon - DAM -> DIM -> implementation -> evaluation of whether it meets the needs of DAM -> adjust DIM -> repeat
    - ○ Amnon looked at negative comments of previous DIM - found one, but wasn't focused on the structure.
    - ○ Perry - we defined the DIM earlier, we need to clarify the relationship between the current one and the previous one. Replace? If in parallel then need to rename it to avoid confusion.
        - ■ Bob F - For clarity, we might want to simply outline the relationship of the new DIM to all existing DIMs (or DIM-like models)
    - ○ David K - need to focus on the value of the DIM effort on how it can concretely impact on FHIR and V2 lite. Need to define the value of DIM. Bureaucratic needs of how it should be named isn't the highest priority.
    - ○ David K - historically, what is the relationship between the DAM/DIM and FHIR? What was used to influence its development?
    - ○ Amnon - DAM/DIM were developed in parallel; originally DAM was Clinical Sequencing DAM; now moved to more general.
    - ○ David K - to Gil - what role did the DAM/DIM have in developing FHIR? Did DAM lead to DIM to FHIR?
    - ○ Gil - DIM/DAM was developed in parallel, but with occasional joint meetings
    - ○ Perry - In HL7 DIM and DAM can be developed in parallel, can inform each other.
    - ○ Bob F - agrees, but right now DAM and DIM haven't been informing each other; this is an opportunity to have that happen
    - ○ David K - subgroup can work on a tactical level to influence FHIR development. Mini DIMs with local implementation can be the best way to go forward.

- ○ David K - need clear mission statement about the subgroup, then vote.
  - ○ Amnon and Bob F will write mission statement and send to list. CG members should indicate if they want to participate.
  - ○ We will vote on the creation of the subgroup at next week's meeting
- ● Chat comments:
  - ○ 09:59:37 AM   from Bob Milius :
    - ■ minutes captured here: http://bit.ly/1MTsreM
  - ○ 10:16:39 AM   from Bob Milius :
    - ■ https://docs.google.com/document/d/1clmX056yXS3whgbnFtSdfK2Nzwo3OnHeqa ugbeSz3ps/edit
  - ○ 10:46:16 AM   from Larry Babb :
    - ■ I also agree with David (and Amnon)
  - ○ 10:46:49 AM   from Larry Babb :
    - ■ first establish a pragmatic goal, deliverable, use case, scope and then take a "fresh look" (not a former version of the model)
  - ○ 10:48:15 AM   from Larry Babb :
    - ■ I also agree with Perry that we need to state clearly to the rest of the world how this effort will be harmonized or replace existing DIMS or models or DMIMs or RIMs, etc...
  - ○ 10:49:17 AM   from Larry Babb :
    - ■ Our goal can be a Clinical Genomics IG modeled (somewhat) after the http://www.hl7.org/fhir/2016May/cqif/cqif.html
  - ○ 10:51:10 AM   from Amnon Shabo (Shvo) :
    - ■ Here is the FHIR IG resource: https://www.hl7.org/fhir/implementationguide.html
  - ○ 10:51:18 AM   from Larry Babb :
    - ■ maybe a "venue" to register/classify profiles (use cases) within an umbrella of the "resources" and/or "conceptualization" of key entities that are commonly understood.
  - ○ 10:52:01 AM   from Larry Babb :
    - ■ The IG resource looks interesting. This is my first look.
  - ○ 10:52:13 AM   from Larry Babb :
    - ■ gutt feel is that it could be very interesting.
  - ○ 10:52:15 AM   from Amnon Shabo (Shvo) :
    - ■ Look at the link going down to Global, 0..* asscoaittion to profiles
  - ○ 10:53:51 AM   from Larry Babb :
    - ■ +2 practicality
  - ○ 10:54:00 AM   from Larry Babb :
    - ■ should always be #1
  - ○ 10:56:19 AM   from Amnon Shabo (Shvo) :
    - ■ do you refer to that association to Global?
  - ○ 10:57:43 AM   from Larry Babb :
    - ■ no, i was refering to David's comments on the call. I'm need to digest this ImplementationGuide-Global model
  - ○ 10:57:50 AM   from Kevin Power :
    - ■ Seems like it is time to let a DIM subgroup form and start working, providing feedback to the group? I hope we all understand at this point that we need to solve problems, and if there is a group willing to put this together, lets let them do it.
  - ○ 10:58:33 AM   from Kevin Power :

- - - Then we can all review
  - ○ 10:59:14 AM   from Amnon Shabo (Shvo) :
    - ■ agreed!
  - ○ 10:59:55 AM   from Larry Babb :
    - ■ +1 Kevin. I would vote for Bob F and Amnon to lead (if they were willing). I will do my best to harmonize with ClinGen and GeneInsight.
  - ○ 11:00:21 AM   from Larry Babb :
    - ■ I like the name "Fresh Look"
  - ○ 11:01:05 AM   from Larry Babb :
    - ■ We need to move start without any baggage of the historical model. We can always harmonize during the "review" process.
  - ○ 11:02:19 AM   from Larry Babb :
    - ■ good plan
  - ○ 11:02:38 AM   from Kevin Power :
    - ■ +1