**CIMI Agenda and Minutes**

**Jun 30, 2016**

**Claude Nanjp’s slides downloadable at:**

[https://docs.google.com/presentation/d/15jckLTFFXFMuXlRi7SUQyqVeQAv921alUCVamrTG1yc/edit#slide=id.p](https://docs.google.com/presentation/d/15jckLTFFXFMuXlRi7SUQyqVeQAv921alUCVamrTG1yc/edit%22%20%5Cl%20%22slide%3Did.p)

**Co-Chairs:**

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  The “CIMI Practitioners Guide to HIE Interoperability” is being developed by the CIMI workgroup. This document is typically versioned each Monday to incorporate the previous Thursday’s CIMI WG telecom technical discussions.  The current MS Word version is always available at: <http://1drv.ms/1TuV8PD>



**Telecom:** Thursday US time, Friday Australia will be at 20:00 UTC.

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Annotated Agenda:

The proposed agenda is:

* Agenda review
* SNOMED CT Expo 2016 update
	+ Our abstract was accepted: “Enabling Semantic Interoperability Using SNOMED CT”
* Standing item: Status updates on active projects
	+ FHIM – CIMI Task Force
		- The taskforce is now meeting regularly.
	+ Modeling of skin and wound assessments with PC
		- CEM to ADL – from Joey
		- Requirements to ADL – from Jay
		- Compare
	+ Feasibility of using FHIR Structure Definitions to represent logical clinical models, the capabilities of the ADL AOM (and/or AML AOM).
		- We (Stan) need to find funding for this project
		- Harold would like to work on this
		- Richard – his team is working on things similar to this right now
	+ Use of mapping language to get from an archetype to a FHIR profile. Planning to do this for CQI. The scope is a set of 3-4 archetypes, including a procedure proposal, for the Baltimore meeting.
	+ Mapping of existing archetype to a “logical model” using Structured Definitions and then map, using FHIR mapping language (derived from QVT), over to a FHIR Resource and then to a FHIR profile
		- Harold is interested in participating if we can find funding
		- Linda is tracking this work also
		- Grahame Grieve has been creating “FHIR logical models” from ADL archetypes, and then using FHIR mapping language to create FHIR profiles
		- Get Grahame to give a presentation on what he is working on - Stan
* Summary of last week’s conference call
	+ Resolution of what elements in the models are used for semantic binding?
* “Core” modeling questions – Claude (last hour)
	+ See notes that Claude kept in his slide set
	+ Agreed to make a new comprehensive “complete reference model” by flattening the reference model and including the stable reference archetypes. Claude will create a new BMM starting with EA UML model and using Michael van der Zels tool to generate the new BMM. Harold and Deepak can help as needed.
	+ Add modeling of participation to next week’s agenda
* Semantic terminology bindings at the level of the whole model – Stan, Harold, Joey, All
	+ “About” bindings – what do we want our binding style to be?
		- Clear statement of what we want to accomplish by the “about” bindings
	+ For lab results, test code should be bound to LOINC; should the whole model (root) also?
	+ Is it correct to bind “id” nodes to terminologies without going through an “at” node?
* Continued work on the preferred model for Conditions/Problems/Health Issues – Stan
* Future topics
	+ How the use of the CIMI SNOMED extension integrates with national SNOMED releases
	+ Proposed policy that clusters are created in their own file – Joey, Stan
	+ The role of openEHR-like templating in CIMI’s processes - Stan
	+ Model approval process
		- What models do we want to ballot?
	+ IHTSDO work for binding SNOMED CT to FHIR resources – Linda, Harold
	+ Which openEHR archetypes should we consider converting to CIMI models?
	+ Model transformations
	+ Transform of ICD-10 CM to CIMI models – Richard
	+ Others?
* Any other business