Common Health Interoperability Model (CHIM)

Using The Open Group IT4IT™ Value Chains and Reference Architecture

Informed by FHA FHIM and HL7 CIMI / DCMs / EHR-S FM,

IHE, NIST & ONC Scenarios, Standards and Security Frameworks.

Using MDHT-MDMI to create Implementation Guides for

CDA, NIEM, FHIR and XML/JSON messages/service API

*Call for Participation and Talking Points for
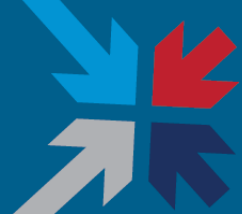HL7 WG Meeting, Jan 10-15, 2016 (Draft-H)
The Open Group Meeting, Jan 25-28, 2016*
Investigative Project Period-of-Performance: Jan-Sep 2016

Steve Hufnagel PhD, Facilitator, 703-575-7912, Shufnagel@ApprioInc.com

REQUESTED ACTION: Send questions/comments to facilitator

This Investigative Project is not currently "sponsored" by a Federal Agency

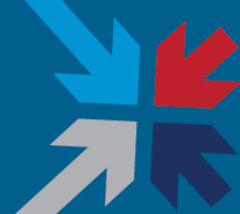# The Open Group Healthcare Forum can ad value to the Common Health Interoperability Model (CHIM) at HL7

» The Open Group IT4IT™ Value Chains & Reference Architecture can add architectural rigor

» We are vendor-neutral and consensus-driven. We are independent and do not represent any standard or technology

» Forum members are from key organizations around the globe, represent different stakeholder groups, and contribute innovative thinking

» We combine a business and technology orientation with structured approaches—using models, frameworks and architecture-thinking—to help solve real-world business problems

» We view health and healthcare from a person-centric perspective. We think health data should follow the person. We reject point-to-point solutions in favour of longitudinal ones

» We focus on making existing standards work and encourage collaboration among standards development organizations (SDOs)

» In short, our orientation to the interoperability problem is holistic and systems-oriented. This approach is aligned with efforts to address the broad goals expressed in the IOM "triple aim" and the "learning healthcare system." [*Jason Lee, The Open Group Healthcare Forum*]

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» Our *vision* is to allow for the development of secure free-flow of medical information to become a reality, thereby creating a patient/clinician friendly environment; where currently, standards in health IT are numerous and varied across systems, making a smooth Exchange among EHR related systems difficult.

» Our *goal* is a Common Health Interoperability Model (CHIM) as the foundation of an *authoritative architectural* model of the health information landscape as a benchmark for health IT standards; where, we instantiate the Open Group IT4IT Value Chain and Reference Architecture with HL7 EHR System Functional Model and Information Model, EHR/Lab/Rad/Pharm/Orders/etc. System Components and CDA, NIEM, FHIR and XML/JSON messages/service API Integration Components.

» As a result, CHIM specified Data Objects can flow across Health IT Systems and their HIE Integration Components supporting Health Business Architecture Value Chains.

» IT4IT Value Chains define strategy-to-portfolio, requirements-to-deployment, requests-to-fulfillment, detection-to-correction value Chains; where, the IT4IT Health Reference Architecture defines the Health Data Objects, Systems and HIE Integration Components.

Health IT4IT™ Interoperability Business Value Chains & HIE Reference Architecture

Laws, Policies, Health IT Strategy, Health IT Roadmap, Interoperability Standards Advisory for a learning health system to improve the patient experience of care, to improve the health of populations, and to reduce the per capita cost of health care

Fully Integrated and Tool-Based

HL7 EHR-S FIM
Standards Profiles
Infrastructure Platforms
IHE Technical Framework
Component / Service APIs
S&I Framework Use Cases
NIST Security/Risk Frameworks
Interop Implementation Guides

… faster, better, cheaper HIEs

» Strategic, Standards Based, Simple
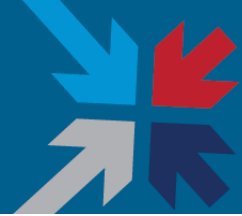» Knowledge Driven, Reliable, Reusable
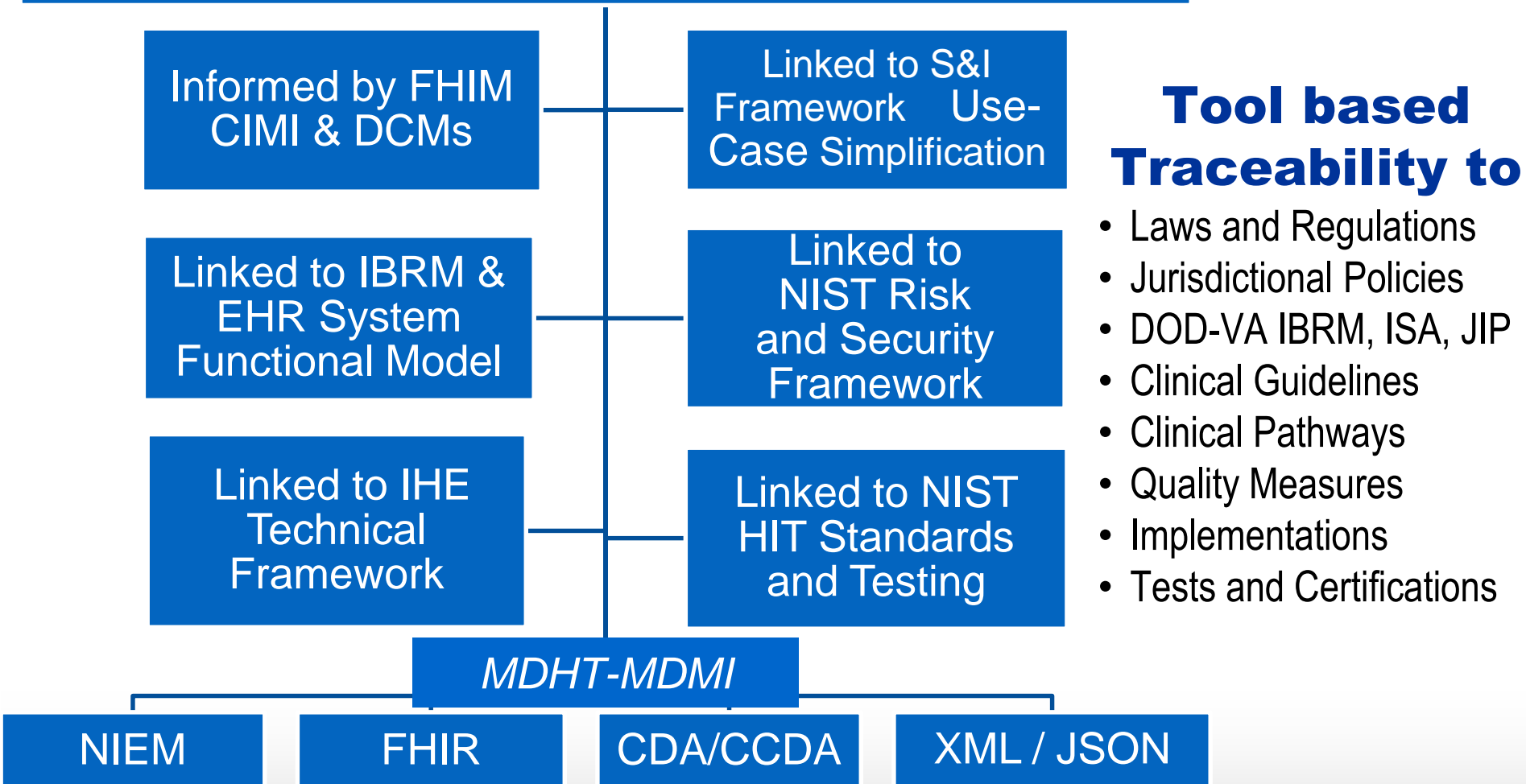» Accessible, Secure, Sustainable

Executive Summary (Objective, Approach)

» The *objective*, of this 9 month HL7 investigative project, is to demonstrate the practical value and usability of an IT4IT Common Health Interoperability Model (**CHIM**), informed by

- Common Information Modelling Initiative (**CIMI**) archityping models,
- Federal Health Information Model (**FHIM**) and Detailed Clinical Models (**DCMs**) UML Models
- Where, Model Driven Health Tool (**MDHT**) – Model Driven Message Interface (**MDMI**) transform use-case constrained Common Logical Information models (**CLIM**s) into *consistent* CDA, NIEM, FHIR and XML/JSON messages/service API Implementation Guides.

» The *approach* will instantiate The Open Group IT4IT™ Reference Architecture and Value Chain-based operating model with Health IT models, Frameworks and artifacts, following a cyclic Agile build, test, evaluate, document and re-plan methodology.

» This investigative project is NOT intended to be comprehensive; but rather, it will

- Demonstrate Open Group IT4IT™ instantiated with Health IT models and standards
- Demonstrate archityping versus UML Modeling styles.
  - Demonstrate UML Archityping Modeling Language profile models and CIMI reference models.
- Document processes, products and tools in a
  Interoperability Users' Guide: *Health IT Business Value Chains and HIE Reference Architecture*
- Develop a comprehensive HL7 FY2017 Project Scope Statement / Program Plan

Common Logical Information Model (CLIM)

Informed by FHIM CIMI & DCMs

Linked to S&I Framework   Use-Case Simplification

Linked to IBRM & EHR System Functional Model

Linked to NIST Risk and Security Framework

Linked to IHE Technical Framework

Linked to NIST HIT Standards and Testing

Tool based Traceability to

- Laws and Regulations
- Jurisdictional Policies
- DOD-VA IBRM, ISA, JIP
- Clinical Guidelines
- Clinical Pathways
- Quality Measures
- Implementations
- Tests and Certifications

MDHT-MDMI

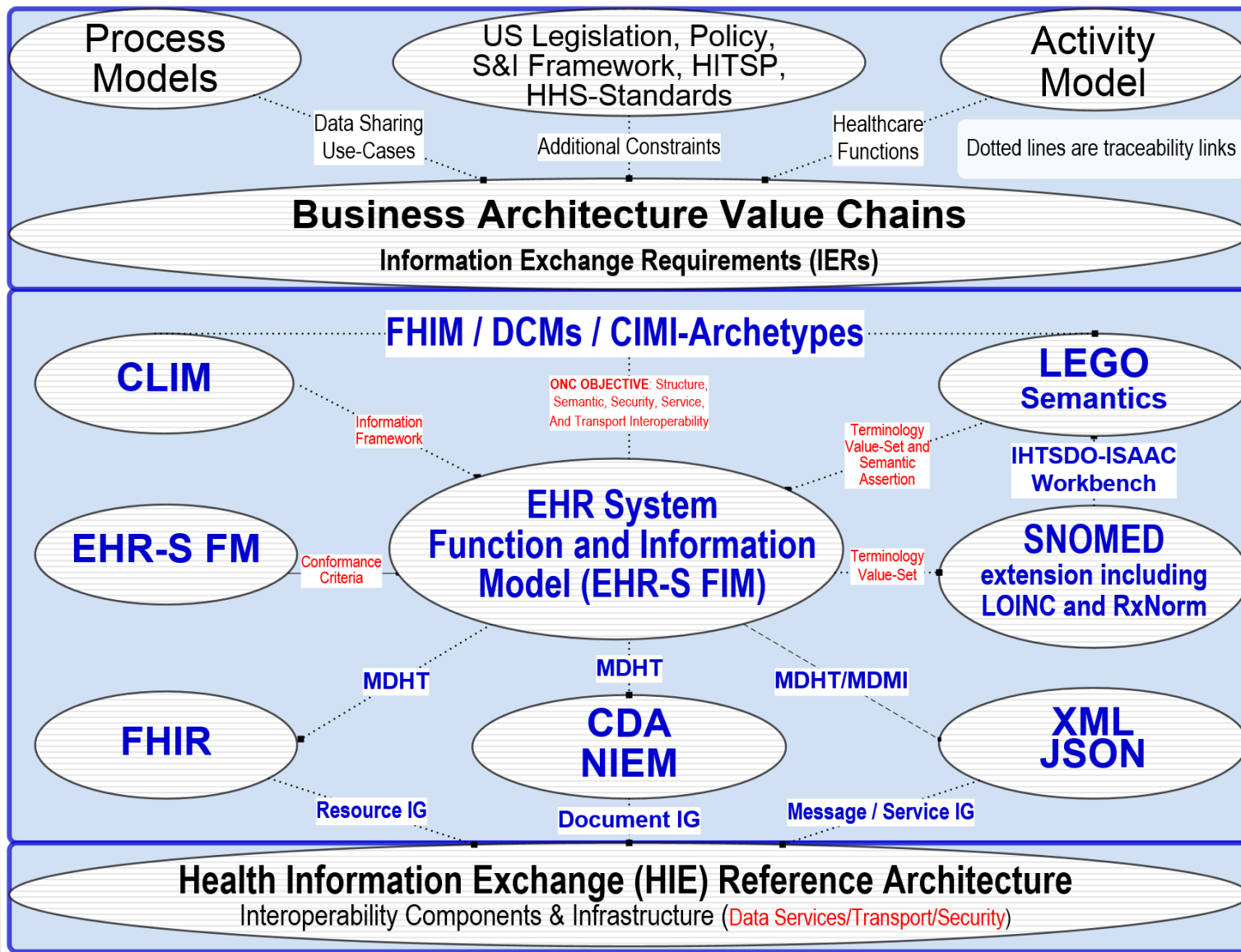| NIEM | FHIR | CDA/CCDA | XML / JSON |

Goal is consistent data formats and semantics across implementation paradigms IAW ONC 2015 Interoperability Roadmap

Process Models

US Legislation, Policy, S&I Framework, HITSP, HHS-Standards

Activity Model

Data Sharing Use-Cases

Additional Constraints

Healthcare Functions

Dotted lines are traceability links

Business Architecture Value Chains

Information Exchange Requirements (IERs)

FHIM / DCMs / CIMI-Archetypes

CLIM

LEGO Semantics

ONC OBJECTIVE: Structure, Semantic, Security, Service, And Transport Interoperability

Information Framework

Terminology Value-Set and Semantic Assertion

IHTSDO-ISAAC Workbench

EHR-S FM

EHR System Function and Information Model (EHR-S FIM)

Conformance Criteria

Terminology Value-Set

SNOMED extension including LOINC and RxNorm

MDHT

MDHT

MDHT/MDMI

FHIR

CDA NIEM

XML JSON

Resource IG

Document IG

Message / Service IG

Health Information Exchange (HIE) Reference Architecture

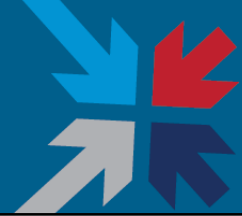Interoperability Components & Infrastructure (Data Services/Transport/Security)

Schedule: Common Health Interoperability Model Business Value Chains & HIE Reference Architecture
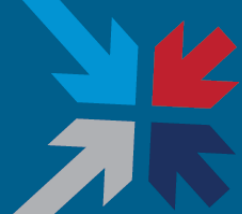
» Jan/Feb 2016 – Investigative Project HL7 Project Scope Statement (PSS)

» May/Aug 2016 – Demonstration and draft FY2017 Program Plan

» Sept/Oct 2016 – Comprehensive FY2017 HL7 Project Scope Statement

» Sept/Oct 2017 – HL7 Draft Standard for Trial Use (DSTU) 1

» Sept/Oct 2018 – HL7 Draft Standard for Trial Use (DSTU) 2

» Sept/Oct 2019 – HL7 Normative Ballot

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Acronyms

CDA	Clinical Document Architecture		**IG**	Implement Guide
CCDA	Consolidated CDA		**IHE**	Integrating the Healthcare Enterprise
CLIM	Common Logical Information Model		**IM**	Information Management
CMS	Centers for Medicare & Medicaid Services		**ISA**	Interoperability Standards Advisory
DAF	Data Access Framework		**IT**	Information Technology
DBA	Database Analyst		**JIP**	(DOD-VA) Joint Interoperability Plan
DCM	Detailed Clinical Model		**MDHT**	Model Driven Health Tool
CIMI	Clinical Information Modelling Initiative		**MDMI**	Model Driven Message Interoperability
EHR-S FM	EHR System Functions Model		**NIEM**	National Information Exchange Model
EHR-S FIM	EHR System Functions and Information Model		**NIST**	National Institute of Standards and Technology
FHIM	Federal Health Information Model		**NLM**	National Library of Medicine
HIE	Health Information Exchange		**ONC**	US Health Office of the National Coordinator
HIT	Healthcare Information Technology		**S&I**	Standards and Interoperability
HHS	Health and Human Services Agency		**SDO**	Standards Development Organization
IBRM	DoD-VA Integrated Business Reference Model		**SME**	Subject Matter Expert
ICIB	Interagency Clinical Informatics Board		**V2**	HL7 Version 2 Messaging

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Health IT4IT Value Chains & Reference Architecture
Model-Driven Architecture (MDA)
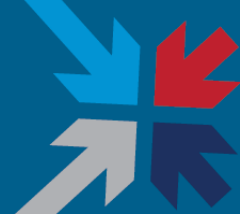
Prioritized Lists
ISA

Business
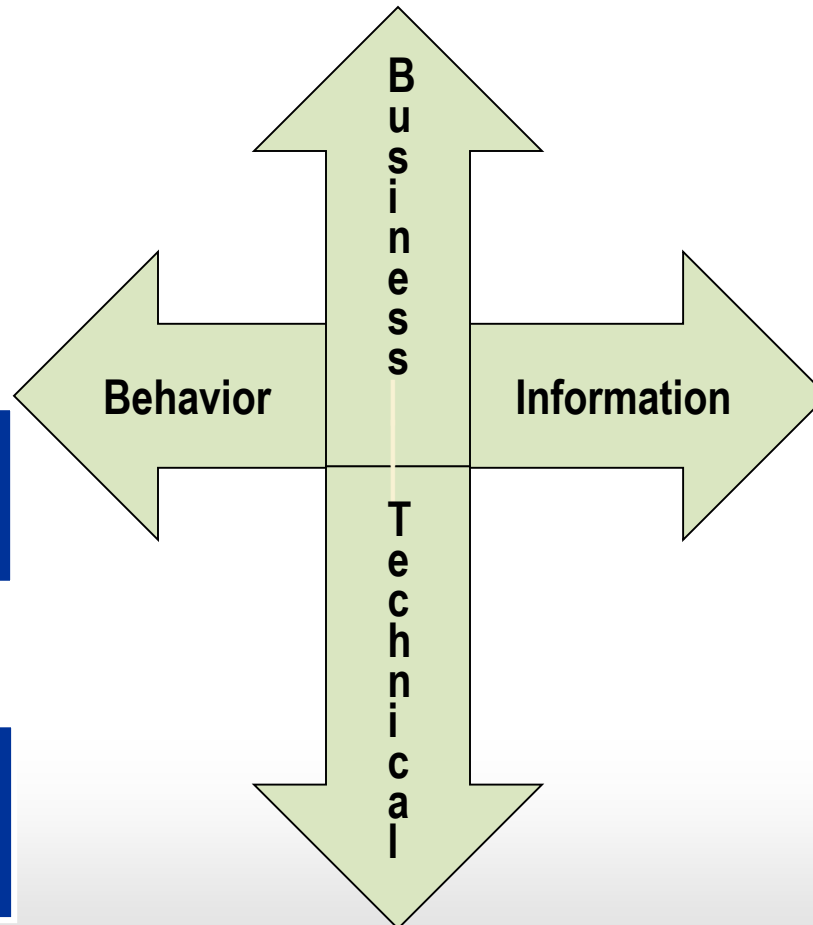Use Cases

FHIM, DCMs,
CIMI Architypes

IBRM & EHR System
Functions Model

Business

Common Logical
Information Model

Behavior

Information

Health Information
Exchange Model

Technical

Physical
Repository Model

IHE Framework

FHIR, NIEM, CDA, CCDA,
XML, ASTM, DICOM, NCPDP,
X-12, etc.

NIST Risk-Security
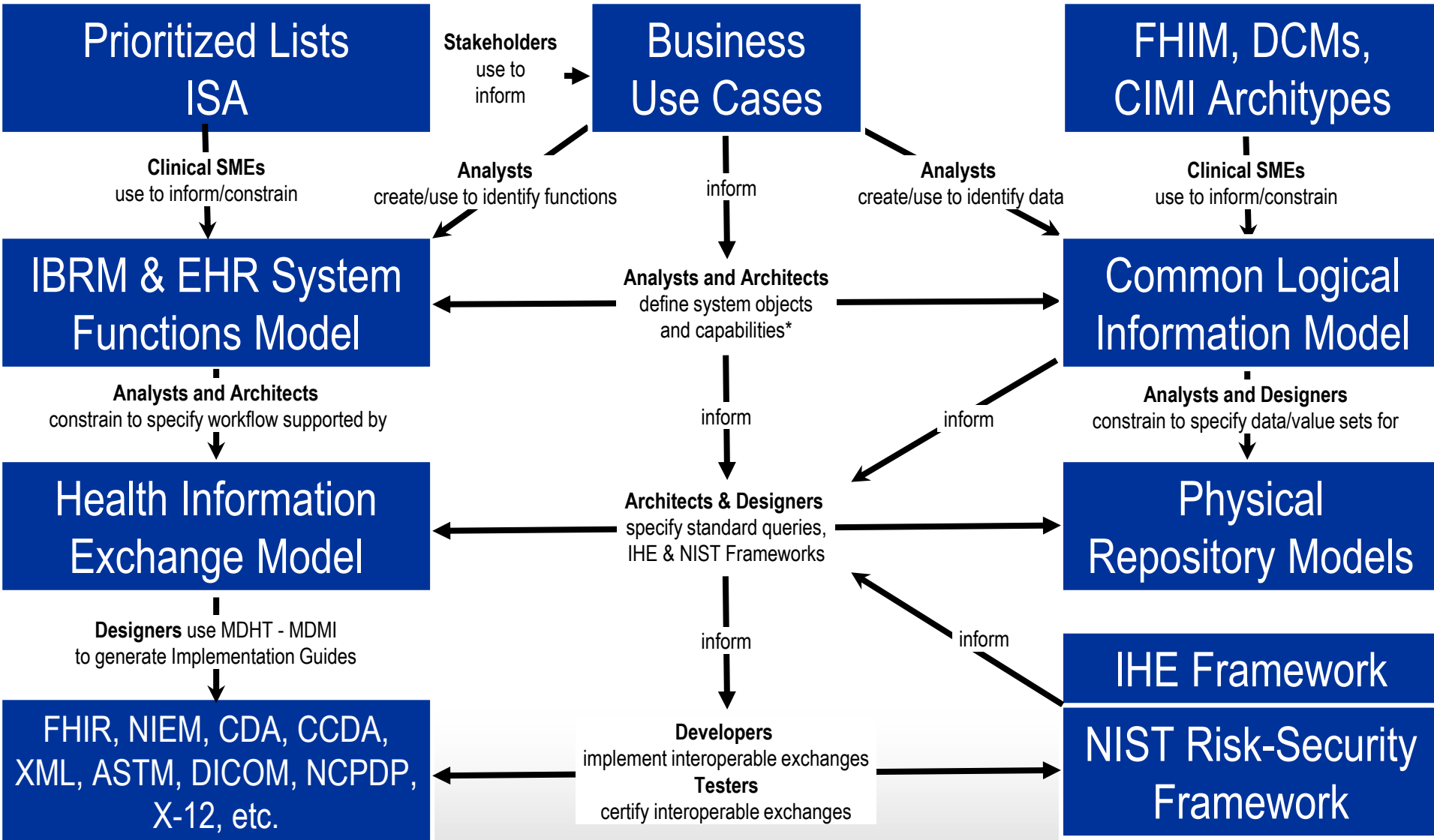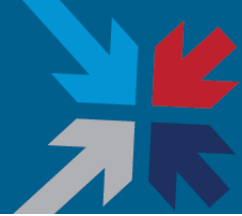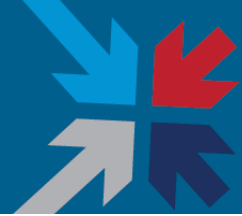Framework

Notional User-Story / Use Case

1. <u>Clinician Lists</u> are prioritize by Health Data Sharing (HDS) initiatives; where, the lists inform

2. <u>Business Use Cases</u> (UCs) developed by Analysts; and, the UCs inform / constrain

3. <u>System Objects, Capabilities, Services, and Information Exchange Requirements (IERs)</u> described by Analysts and Architects, who are informed by
   » IBRM and/or EHR-S System Functional Model
   » CLIM informed by FHIM, HL7 Detailed Clinical Models (DCMs) and CIMI models

4. <u>System Physical Repositories</u> are specified by Architects and Designers, based on
   » System Objects, Capabilities, and Services specified as EHR-S FM & FHIM subsets.

5. <u>System Information Exchanges</u> are specified by Architects & Designers, based on
   » MDHT-MDMI (FHIM) generated Implementation Guides (IGs)
     » for CDA, NIEM, FHIR and XML/JSON messages/service API
   » FHIM-based queries/APIs to obtain required data from Physical Repositories.
   » NIST Security Framework and IHE Technical Framework to manage the exchanges.
   » NIST SP-800 Risk Assessment/Management Framework to manage network risk.

6. <u>Implementation Guides</u> (IGs) can be specified by analysts/engineers using MDHT-MDMI

7. Developers/testers use IGs to construct/test interoperable information exchanges.

Software Development Lifecycle (SDLC) Health IT4IT MDA Users and Uses

Prioritized Lists ISA

Stakeholders use to inform →

Business Use Cases

FHIM, DCMs, CIMI Architypes

Clinical SMEs use to inform/constrain ↓

Analysts create/use to identify functions ↙

inform ↓

Analysts create/use to identify data ↘

Clinical SMEs use to inform/constrain ↓

IBRM & EHR System Functions Model

Analysts and Architects define system objects and capabilities*

Common Logical Information Model

Analysts and Architects constrain to specify workflow supported by ↓

inform ↓

inform ↘

Analysts and Designers constrain to specify data/value sets for ↓

Health Information Exchange Model

Architects & Designers specify standard queries, IHE & NIST Frameworks

Physical Repository Models

Designers use MDHT - MDMI to generate Implementation Guides ↓

inform ↓

inform ↗

IHE Framework

FHIR, NIEM, CDA, CCDA, XML, ASTM, DICOM, NCPDP, X-12, etc.

Developers implement interoperable exchanges
Testers certify interoperable exchanges

NIST Risk-Security Framework

Significant Milestones

- **2001-2009 Bush Administration**
  - 2004 ONC Established
  - 2005 HITSP established Dec 2005 through Apr 2009

- **2009-2017 Obama Administration**
  - 2009 ARRA:HITECH Act
  - 2009 VLER
  - 2009 FHIM established, Tim Cromwell & Nancy Orvis, proponents
    - HITSP Lesson Learned → MDHT/FHIM needed to empower Developers
  - 2011 DOD-VA iEHR
  - 2011 IPO established by NDAA
  - 2011 MDHT capable of doing CDA Implementation Guides
  - 2011 S&I Framework Established
  - 2012 FHIM-based Immunization Information Model with CDC
  - 2012 MDHT/FHIM Immunization Implementation Guide/Spec for CDC
  - 2013 FHIM-based Population Health Information Model with CDC
  - 2013 DoD-VA Data Sharing Accelerator Initiative
  - 2013 MDHT capable of doing NIEM Implementation Guides
  - 2013 VistA & DHMSM Modernization announced
  - 2015 MDHT capable of doing FHIR Profile / implementation Guide

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1. Project Name and ID

Common Health Interoperability Model (CHIM)	Project ID: it
☐ TSC Notification Informative/DSTU to Normative	Date :

☒ **Jan-Sep 2016 Investigative Project**	Date : **January 4, 2016 DRAFT G**

2. Sponsoring Group(s) / Project Team

Primary Sponsor/Work Group (**1 Mandatory**)	**CIMI**
Co-sponsor Work Group(s)	**EHR, PC, CIC, SOA**
Co-Sponsor Group Approval Date	**Co-Sponsor Approval Date** CCYY-MM-DD
Indicate the level of involvement that the co-sponsor will have for this project:	
☐ Request formal content review prior to ballot	
☒ Request periodic project updates. Specify period: **Monthly, at WGMs, etc.**	
☐ Other Involvement. Specify details here:	

Project Team:	
Project facilitator (**1 Mandatory**)	**Steve Hufnagel Facilitator**
	Stan Huff CIMI Co-chair **Mark Janczewski EHR Co-chair** **Jay Lyle PC co-chair** **Gary Dickinson S&I Simplification co-chair** **Nancy Orvis DoD Proponent*** **Bob Bishop VA Proponent*** **Nona Hall IPO Proponent*** **Gail Kalbfleisch FHIM Sponsor*** **Jason Lee The Open Group Healthcare** ** Forum** *** This project is not currently "sponsored" by a federal agency.**
Other interested parties and their roles	
Multi-disciplinary project team (recommended)	
Modeling facilitator	**Steve Hufnagel**
Publishing facilitator	
Vocabulary facilitator	
Domain expert rep	
Business requirement analyst	
Conformance facilitator (for IG projects)	
Other facilitators (SOA, SAIF)	

Implementers (**2 Mandatory** for DSTU projects)	

3. Project Definition

3.a. Project Scope

- Our **vision** is to allow for the development of secure free-flow of medical information to become a reality, thereby creating a patient/clinician friendly environment; where currently, standards in health IT are numerous and varied across systems, making a smooth Exchange among EHR related systems difficult.
- Our **goal** is a Common Health Interoperability Model (CHIM) as the foundation of an *authoritative architectural* model of the health information landscape as a benchmark for health IT standards; where, we instantiate the Open Group IT4IT Value Chain and Reference Architecture with HL7 EHR System Functional Model and Information Model, EHR/Lab/Rad/Pharm/Orders/etc. System Components and CDA, NIEM, FHIR and XML/JSON messages/service API Integration Components.
- As a result, CHIM specified Data Objects can flow across Health IT Systems and their HIE Integration Components supporting Health Business Architecture Value Chains.
- IT4IT Value Chains define strategy-to-portfolio, requirements-to-deployment, requests-to-fulfillment, detection-to-correction value Chains; where, the IT4IT Health Reference Architecture defines the Health Data Objects, Systems and HIE Integration Components.
- The **objective**, of this 9 month HL7 investigative project, is to demonstrate the practical value and usability of an IT4IT Common Health Interoperability Model (CHIM), informed by
  - Common Information Modelling Initiative (CIMI) architype models,
  - Federal Health Information Model (FHIM) and Detailed Clinical Models (DCMs) UML Models
  - Where, Model Driven Health Tool (MDHT) – Model Driven Message Interface (MDMI) transform use-case constrained Common Logical Information models into *consistent* CDA, NIEM, FHIR and XML/JSON messages/service API Implementation Guides.
- The **approach** will instantiate The Open Group IT4IT™ Reference Architecture and Value Chain-based operating model with Health IT models, Frameworks and artifacts, following a cyclic agile build, test, evaluate, document and re-plan methodology.
- This investigative project study is NOT intended to be comprehensive; but rather, it will
  - Demonstrate Open Group IT4IT™ instantiated with Health IT models and standards
  - Demonstrate architype versus UML Modeling styles.
    - Demonstrate UML Architype Modeling Language profile and CIMI reference model.
  - Document processes, products and tools in an
    Interoperability Users' Guide:
    Health IT Business Value Chains and HIE Reference Architecture
  - Develop a comprehensive HL7 FY2017 Project Scope Statement / Program Plan

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3.b. Project Need

> # The Need to Architect the Health Information Standards Landscape
>
> *Standards in health IT are numerous and varied across systems, making a smooth exchange of EHRs difficult*; where, Secure exchange of meaningful healthcare information requires that parties agree upon a common application of standards that define the type of content being exchanged and the manner in which this takes place. But currently, numerous standards exist. There are different standards that define content from their most basic elements and expected values through their packaging and transmission frameworks. There are numerous development organizations that support health information technology. It is not uncommon to perform a target scan of the environment and discover relevant healthcare standards supported by a standards development organization whose primary purpose is other than healthcare. Numerous standards utilized for the same purpose often exist within a single standards development organization. Choices of standards, standards bodies, and archetypes appear to have a geographical component as well with nations tending to favor one approach over the other.
>
> The fluidity of the landscape in health information technology and the high level of information security that is needed to protect patient information has created a very difficult environment. For instance, it is currently much harder for systems to exchange a medical record than it is for an ATM machine to exchange information regarding identification of an account and available credit.
>
> *An authoritative architectural model of the present international health information landscape would benefit the health information technology vendor community. It would create a benchmark for health IT standards, allowing for the development of a secure free-flow of medical information to become a reality and creating a patient/clinician friendly environment.* [**Gail Kalbfleisch, FHA Director**]
>
> *Interoperability is not simply a technical issue, a leadership issue, an organizational issue, or a money issue*. Rather, it is all of these, considered together in an integrated manner. To do this, we simplify by representing the fundamental structure of health care systems in a landscape in which key actors produce essential actions. This simplification makes it is easier to identify barriers and gap-filling steps necessary for improvement and advancement In this way we can see both gaps and benefits. In short, our orientation to the interoperability problem is holistic and systems-oriented. We do not believe solutions are merely technical. Rather, they build on a keen understanding of the interdependence of the key elements of the healthcare landscape. This approach is aligned with efforts to address the broad goals expressed in the "**triple aim**" and the "**learning healthcare system**."[1] [**Jason Lee, The Open Group Health Forum**]

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[1] The US-based Institute for Healthcare Improvement (IHI) coined the term "**Triple Aim**" in 2007 to refer to "the simultaneous pursuit of improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care. . . The IHI Triple Aim framework often functions as a statement of purpose for health care system transformation that will better meet the needs of people and patients. Its successful implementation will result in fundamentally new systems contributing to the overall health of populations while reducing the cost to society."
(http://www.ihi.org/communities/blogs/_layouts/ihi/community/blog/itemview.aspx?List=81ca4a47-4ccd-4e9e-89d9-14d88ec59e8d&ID=63, accessed October 28, 2015.)

The US Institute of Medicine (IOM) describes a **learning healthcare system** as one that is "designed to generate and apply the best evidence for the collaborative healthcare choices of each patient and provider; to drive the process of discovery as a natural outgrowth of patient care; and to ensure innovation, quality, safety, and value in health care. IOM 2012

The Healthcare Forum at The Open Group can help this Health IT work at HL7 because:

- » The Open Group IT4IT™ Value Chains & Reference Architecture can add architectural rigor
- » We are vendor-neutral and consensus-driven. We are independent and do not represent any standard or technology
- » Forum members are from key organizations around the globe, represent different stakeholder groups, and contribute innovative thinking
- » We combine a business and technology orientation with structured approaches—using models, frameworks and architecture-thinking—to help solve real-world business problems
- » We view health and healthcare from a person-centric perspective. We think health data should follow the person. We reject point-to-point solutions in favour of longitudinal ones
- » We focus on making existing standards work and encourage collaboration among standards development organizations (SDOs)
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3.c. Success Criteria

`Approved FY2017 comprehensive PSS`

3.d. Project Risks

Risk Description:	`TBD in FY2017 PSS`			
Impact:	☐ Critical	☐ Serious	☐ Significant	☐ Low
Likelihood:	☐ High	☐ Med	☐ Low	
Risk Type:	☐ Requirements	☐ Resources	☐ Social-Political	☐ Technology
Risk To HL7:	☐ Internal to HL7		☐ External to HL7	
Mitigation Plan:				

3.e. Security Risks `TBD in FY2017 PSS`

Will this project produce executable(s), for example, schemas, transforms, stylesheets, executable program, etc. If so the project must review and document security risks.	☒ Yes	☐ No	☐ Unknown

3.f. External Drivers

`DoD and VA EHR modernization and interoperability, CDC Public Health initiatives, CMS and FDA initiatives.`

3.g. Project Objectives / Deliverables / Target Dates

	Target Date
First "work-in progress" Investigative Project demo / lessons-learned	`May 2016 HL7 WG mtg.`
Demonstration, FY2017 Program Plan	`June-Aug 2016`
Comprehensive FY2017 *Common Health Interoperability Model (CHIM)* **PSS for HL7 review/processing**	`Sep 2016 HL7 WH mtg.`
• **Example Health IT4IT CLIM informed by FHIM, CIMI, DCMs**	
• **Example Health IT4IT Business Value Chains & Reference Architecture**	
• **Example MDHT-MDMI IG for** `CDA, NIEM, FHIR and XML/JSON messages/service API`	

• **Prototype Users Guide for *Common Health Interoperability Model (CHIM)* & Tools**	
• **FY2017 Work Breakdown Structure (WBS) / Program Plan**	
• **Risks and risk mediations identified**	

3.h. Common Names / Keywords / Aliases

```
CIMI, DCM, FHIM, HIT, CLIM, NIEM, FHIR, CDA, V2, IT4IT, HL7, Open Group
```

3.i. Lineage

```
NA
```

3.j. Project Requirements

```
The Investigative Project will demonstrate
```
• **The Open Group IT4IT processes and products including the HIT-CLIM Specification of "Common Clinical Data Set" IAW ONC "*Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap"***
• **Traceability to**
  o **Use Case Simplification (S&I Framework Project)**
  o **IHE Technical Framework**
  o **EHR-S Functional Model**
  o **NIST Security and Risk Framework**
  o **Interoperability Standards Advisory, Strategy and Roadmap**
• **XMI support for Use Case Authoring Tool (UCAT)and/or UML SDLC Tools, such as Sparx EA, IBM RSA, MagicDraw, NIST Prometheus, open source Papyrus**

3.k. Project Dependencies

```
FHIM, CIMI, DCMs, EHR-S FM, FHIR, OpenGroup IT4IT, S&I Framework Use Case
Simplification, eclipse.org MDHT
```

3.l. Project Document Repository Location

```
CIMI wiki
```

3.m.   Backwards Compatibility

Click here to go to Appendix A for more information regarding this section and FHIR project instructions.

Are the items being produced by this project backward compatible?	☐ Yes	☐ No	☐ Unknown	☒ N/A

For V3, are you using the current data types?	☒ Yes	☐ No	
If you check 'No' please explain the reason:			

3.n. External Vocabularies

Click here to go to Appendix A for more information regarding this section.

Will this project include/reference external vocabularies?	☒ Yes	☐ No	☐ Unknown	☐ N/A
If yes, please list the vocabularies: **Vocabularies used by CIMI, FHIM and DCMs such as, but not limited to, SNOMED, LOINC, RxNorm**				

4. Products

☒ Non Product Project- **(Comprehensive HL7 PSS for FY2017)**		☐ V3 Domain Information Model (DIM / DMIM)	
☐ Arden Syntax		☐ V3 Documents – Administrative (e.g. SPL)	
☐ Clinical Context Object Workgroup (CCOW)		☐ V3 Documents – Clinical (e.g. CDA)	
☐ Domain Analysis Model (DAM)		☐ V3 Documents - Knowledge	
☐ Electronic Health Record (EHR) Functional Profile		☐ V3 Foundation – RIM	

☒	Logical Model	☐	V3 Foundation – Vocab Domains & Value Sets
☐	V2 Messages – Administrative	☐	V3 Messages - Administrative
☐	V2 Messages - Clinical	☐	V3 Messages - Clinical
☐	V2 Messages - Departmental	☐	V3 Messages - Departmental
☐	V2 Messages – Infrastructure	☐	V3 Messages - Infrastructure
☐	FHIR Resources	☐	V3 Rules - GELLO
☐	FHIR Profiles	☐	V3 Services – Java Services (ITS Work Group)
☐	New/Modified/HL7 Policy/Procedure/Process	☐	V3 Services – Web Services (SOA)
☐	New Product Definition		
☐	New Product Family		

5. Project Intent (check all that apply)

☐	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):
☐	N/A (Project not directly related to an HL7 Standard)	☐	Adopted - OR - ☐ Endorsed

Comprehensive FY2017 PSS for "*Common Health Interoperability Model (CHIM)*"

5.a. Ballot Type (check all that apply)

☒	Comment Only **for Investigative Project**	☐	Normative (no DSTU)
☐	Informative	☐	Joint Ballot (with other SDOs or HL7 Work Groups)
☐	DSTU to Normative	☐	N/A (project won't go through ballot)

Investigative Project in support of a comprehensive FY2017 PSS to define DSTU and ultimately a normative ballot.

5.b. 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 **TBD for FY2017 PSS**

6. Project Logistics

6.a. 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.`

TBD for FY2017 PSS

For projects that have some of their content already developed:	
How much content for this project is already developed?	**100% for Investigative Project**
Was the content externally developed (Y/N)? **YES**	**The Open Group IT4IT Reference Architecture, FHA FHIM,NIST Security & Risk Framework, IHE Technical Framework, ONC S&I Simplification**
Date of external content review by the ARB? **TBD for FY2017 PSS**	**Approval date CCYY-MM-DD**
Is this a hosted (externally funded) project? (not asking for amount just if funded)	☒ Yes ⎪ ☐ No

6.b. Realm

☐ Universal	☐	Realm Specific
	☐	Check here if this standard balloted or was previously approved as realm specific standard

TBD	

6.c. Project Approval Dates

Affiliate/US Realm Task Force Approval Date	
(for US Realm Specific Projects)	**USRTF Approval Date CCYY-MM-DD**
Sponsoring Work Group Approval Date	**WG Approval Date CCYY-MM-DD**
FHIR Project: FHIR Management Group Approval Date	**FMG Approval Date CCYY-MM-DD**
Steering Division Approval Date	**SD Approval Date CCYY-MM-DD**
PBS Metrics and Work Group Health Reviewed? (required for SD Approval)	☐ Yes ☐ No
Technical Steering Committee Approval Date	**TSC Approval Date CCYY-MM-DD**

TSC has received a Copyright/Distribution Agreement (which contains the verbiage outlined within the SOU), signed by both parties.	☐ Yes ☐ No
NOT APPLICABLE FOR INVESTIGATIVE PROJECT	

6.d. 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
☐ Clinical and Public Health Laboratories	☐ Pharmaceutical	☐ Clinical and Public Health Laboratories
☐ Immunization Registries	☐ EHR, PHR	☐ Emergency Services
☐ Quality Reporting Agencies	☐ Equipment	☐ Local and State Departments of Health
☐ Regulatory Agency	☐ Health Care IT	☐ Medical Imaging Service
☐ Standards Development Organizations (SDOs)	☐ Clinical Decision Support Systems	☐ Healthcare Institutions (hospitals, long term care, home care, mental health)
☐ Payors	☐ Lab	☐ Other (specify in text box below)
☒ Other (specify in text box below)	☐ HIS	☐ N/A
☐ N/A	☐ Other (specify below)	
Federal Health Architecture, Federal Agencies and their Commercial Partners	☐ N/A	

6.e. Synchronization With Other SDOs / Profilers

Check all SDO / Profilers which your project deliverable(s) are associated with.		
☐ ASC X12	☐ CHA	☐ LOINC
☐ AHIP	☐ DICOM	☐ NCPDP
☐ ASTM	☐ GS1	☐ NAACCR
☐ BioPharma Association (SAFE)	☐ IEEE	☐ Object Management Group (OMG)
☐ CEN/TC 251	☐ IHE	☐ The Health Story Project
☐ CHCF	☐ IHTSDO	☐ WEDI
☐ CLSI	☐ ISO	☒ Other (specify below) **The Open Group Healthcare Forum**
This investigative project is intended to document processes and products, using examples from the well understood Immunization Management, Lab and Transfer of Care domains; as such, the project may duplicate existing IGs as a verification and validation of the approach.		

Acronyms

CDA	Clinical Document Architecture	IHE	Integrating the Healthcare Enterprise
CCDA	Consolidated CDA	IM	Information Management
CLIM	Common Logical Information Model	ISA	Interoperability Standards Advisory
CMS	Centers for Medicare & Medicaid Services	IT	Information Technology
DAF	Data Access Framework	JIP	(DOD-VA) Joint Interoperability Plan
DBA	Database Analyst	MDHT	Model Driven Health Tool
DCM	Detailed Clinical Model	MDMI	Model Driven Message Interoperability
CIMI	Clinical Information Modelling Initiative	NIEM	National Information Exchange Model
EHR-S FM	EHR System Functional Model	NIST	National Institute of Standards and Technology
FHIM	Federal Health Information Model	NLM	National Library of Medicine
HIE	Health Information Exchange	ONC	Office of the National Coordinator
HIT	Healthcare Information Technology	S&I	Standards and Interoperability
HHS	Health and Human Services Agency	SDO	Standards Development Organization
IBRM	DoD-VA Integrated Business Reference Model	SME	Subject Matter Expert
ICIB	Interagency Clinical Informatics Board	V2	HL7 Version 2 Messaging