

Agenda

This time

- Changes to the Core Model

- Discuss Participation Model

Next time

- Data Value Type changes

- Remaining changes

Other topics

- GAP Analysis of current CIMI RM and our Agreed RM Requirements in the RM TF Report 1.0

- Complete Documentation in Model, Guidance,

- For the Tooling: XMI (Dave's tools), BMM (Tom's tools), XSD

Guiding Principles / Rules

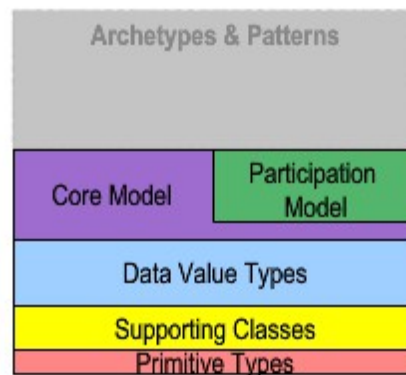
- CIMI RM Defined in UML (align with AML), documentation in the model, generate document from the UML model. Should be minimally available in Eclipse based and EA.
- Include valuesets or point to a proposed valueset for coded attributes.
- As a general rule we want to minimise complexity
 - e.g. recursion, deep nesting and abstract anti-patterns
- Each element in the model should have a use-case, if not, then remove the class or attribute
- From OpenEHR RM: Remove implementation / runtime classes and attributes
 - **Clinical Models defined using the CIMI RM are 1 Transformation Away from implementation**
- **Structural support is in the RM, use Patterns & Templates for Clinical Content**
- CIMI RM StyleGuide
 - Consistency in naming: Use singular forms, Classes UPPER_CASED with underscores, Attributes lower_cased with underscores
 - Use colorized for extra hints on reading the model

Keep in mind:
serialize Models to
XML, is it still
comprehensible?

The Parts of the CIMI RM

- The full CIMI Reference Model consists of
 - Core Model
 - Participation Model
 - Data Value Types
 - Supporting Classes
 - *Primitive Types*

Note that **terminology / meaning binding** is not in the RM. Each LOCATABLE element has an archetype_node_id (+ tagged values in UML) and (CODED_)TEXT datatype attributes.



Dependency stack

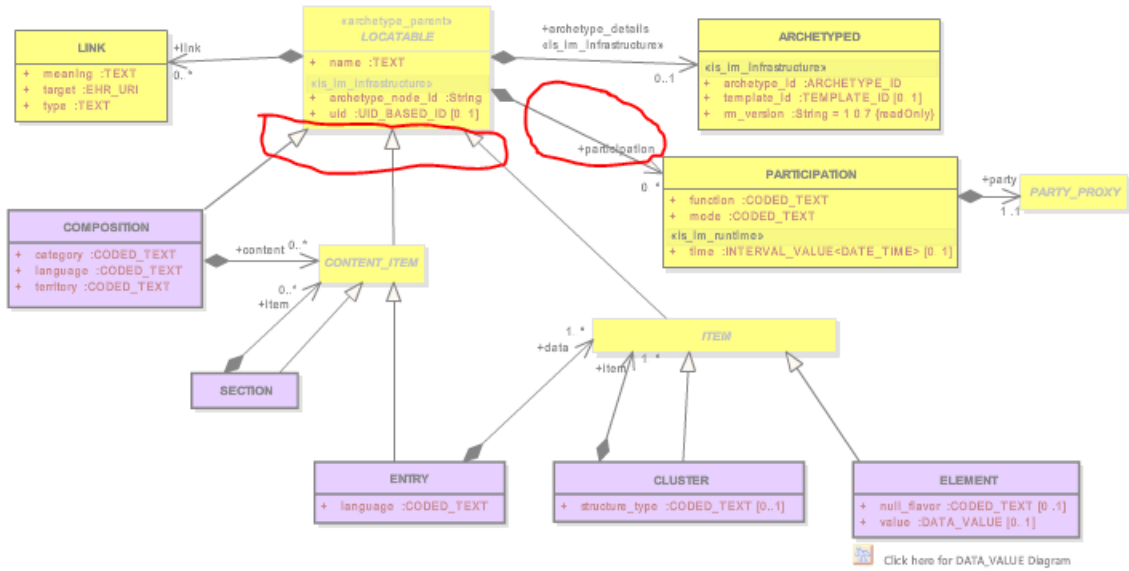
Types of Changes

- Cleanup of run-time elements
- Direct associations instead of via REF's
- Attribute naming consistency
- Extensibility of Locatable classes

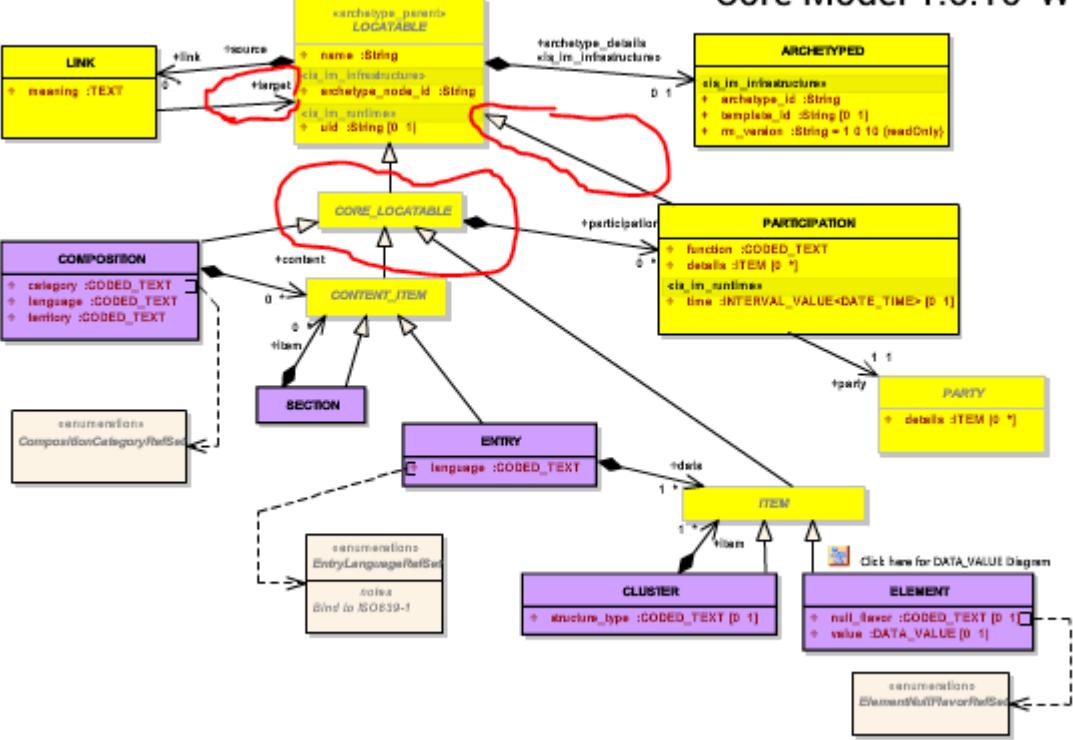
Changes to RM (13-feb-2013)

- 1) Renamed "Core Reference Model" to "Core Model", because it is the core of the whole CIMI Ref Model
- 2) Renamed Demographics to Participation Model → Actual Demographics will be patterns / archetypes of the Participation Model
- 3) Insert CORE_LOCATABLE, Insert CORE_LOCATABLE and put participation there, we only want participation on COMPOSITION, SECTION, ENTRY, CLUSTER and ELEMENT
- 4) Removed LOCATABLE.uid
- 5) Changed datatype of LOCATABLE.name to String, we don't need to code the name of each node, that is been captured in the terminology binding. This is just a label.
- 6) LOCATABLE classes can be archetyped, PARTICIPATION is now a specialisation of LOCATABLE

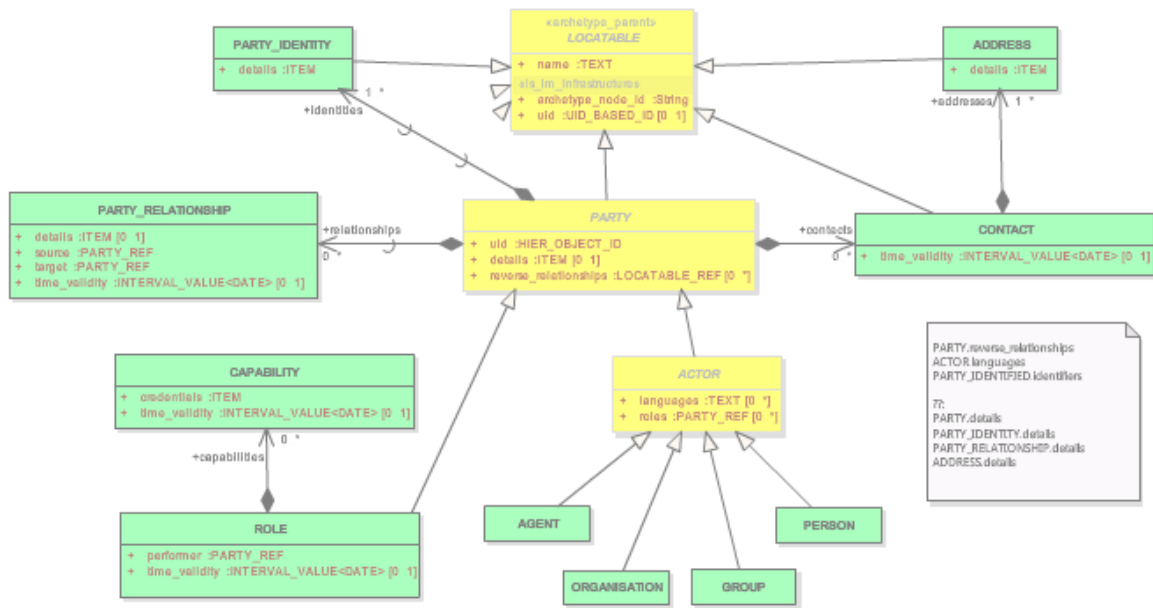
Core Reference Model 1.0.6



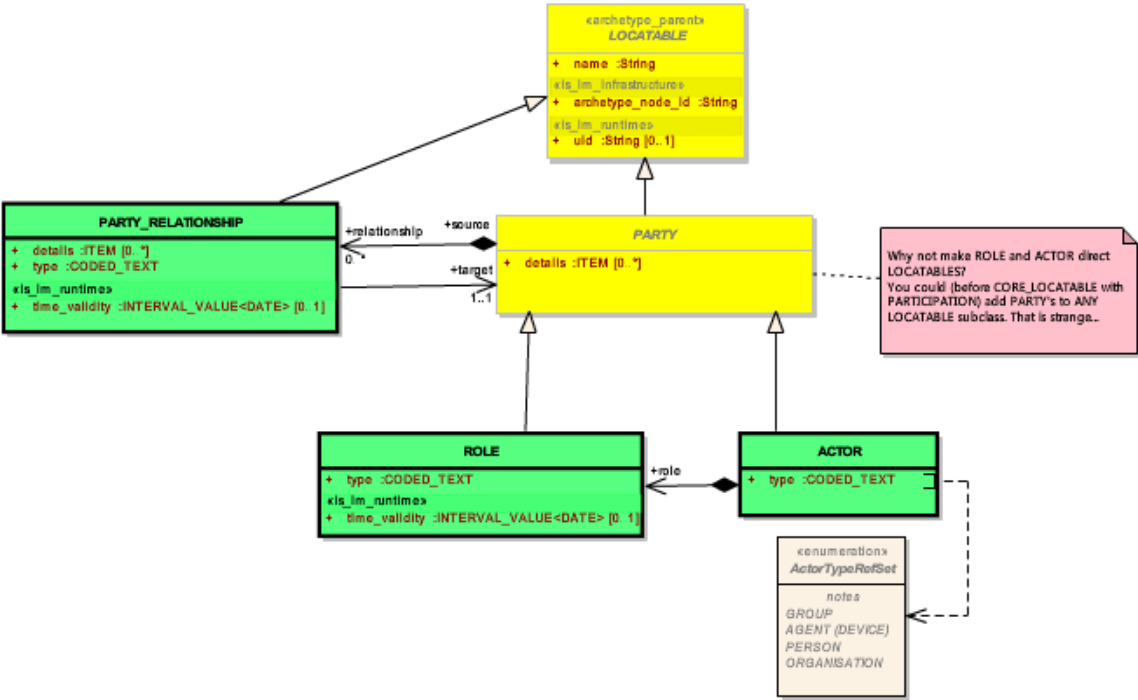
Core Model 1.0.10-WIP



Demographics Model 1.0.6



Participation Model 1.0.10-WIP

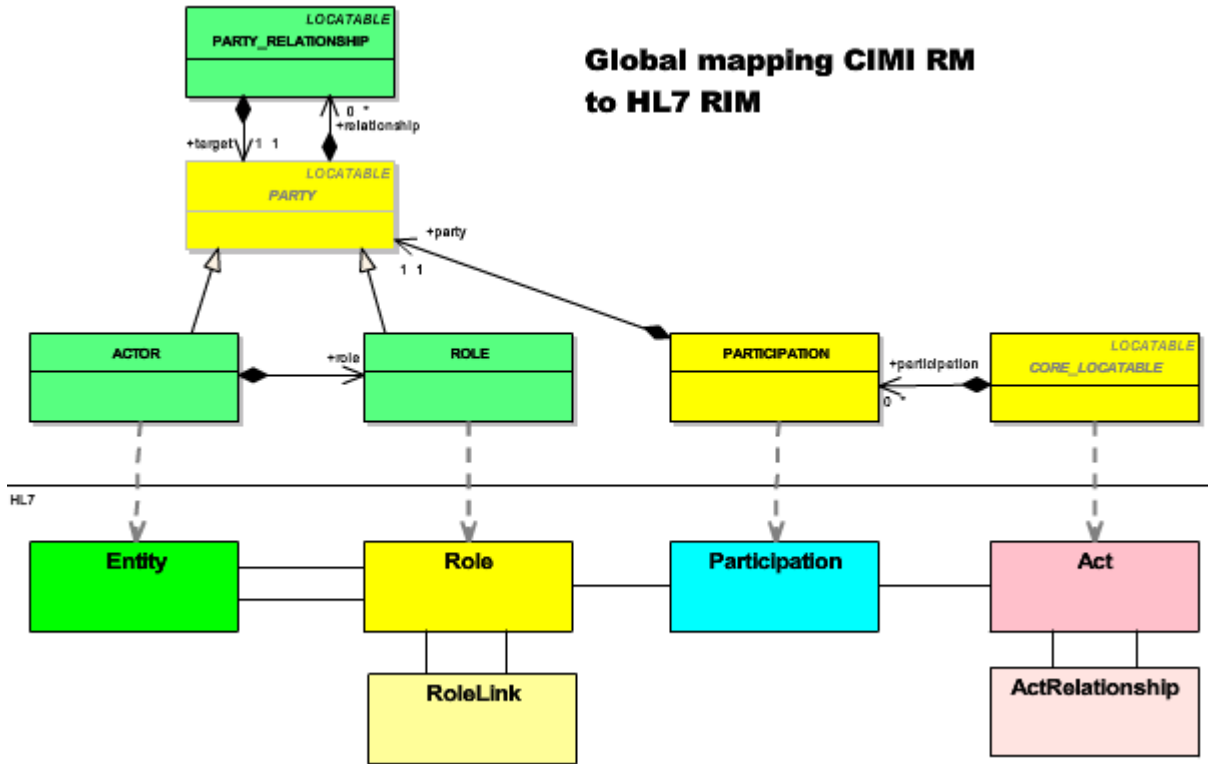


Changes to RM (13-feb-2013)

- 1) Removed ARCHETYPE_ID, ARCHETYPED.archetype_id datatype to String with pattern
- 2) Removed TEMPLATE_ID, ARCHETYPED.template_id datatype to String
- 3) LINK.type is duplicate with meaning, remove type
- 4) PARTICIPATION, remove time, also from ROLE, ACTOR etc. → runtime stuff
- 5) PARTICIPATION remove mode. 2 options, put all in the RM or use details to archetype and add the extra stuff
- 6) Add PARTY_RELATIONSHIP.type "The detailed description of the relationship."
- 7) LINK.target is now association, EHR_URI is a runtime thing, just like the REFS.
- 8) Added direct link to PARTY, and removed PARTY_PROXY. If you go through a PROXY is an implementation thing, just like the REFS
- 9) Remove PARTY_RELATIONSHIP.time_validity, also from ROLE, time_validity also run-time
- 10) Renamed <class>_type to just type, for consistent naming ROLE, PARTY, PARTY_PARTICIPATION, PARTICIPATION

CIMI RM

Global mapping CIMI RM to HL7 RIM



Participation Model

Collapse Participation / Role, a lot of times the Role is implicit in the Participation

@Mark How do we know infer the Role? The Role is kind of an assumed Role. Mapping issue.

Not Role / Actor

Need examples here.

The HL7 model actually doesnot have a way to associate Place Participation with Person Participation. That is why we put Location (through details) on Participation. E.g. for telecon, the patient is somewhere else (not at home possibly).