

JIC Executive Meeting

Sunday 19 April 2015

Face-to-Face: 8:30 - 17:00 local time

Minutes of Meeting

Location: Marines Memorial Club & Hotel, San Francisco, USA

Attendees:

Attendees		Apologies	
Name	Organization	Name	Organization
Don Sweete (DSW)	IHTSDO (JIC Chair)	Shirin Golyardi (SGO)	CEN251
Jane Millar (JMI)	IHTSDO	Becky Kush (BKU)	CDISC
Robert Stegwee (RST)	CEN251	Kevin O'Donnell (KOD)	DICOM
Stephen Kay (SKA)	CEN251	Henri Barthel (HBA)	GS1
Elizabeth Keller (EKE)	CAG03	Ulrike Kreysa (UKR)	GS1
Don Newsham (DNE)	CAG03		
Bron Kisler (BKI)	CDISC		
Harry Solomon (HSO)	DICOM	Remote dial in for periods	
Christian Hay (CHA)	GS1	Mike Glickman (MGL)	ISO/TC215
Catherine Chronacki (CCH)	HL7	Gary Dickenson	Observer
Chuck Jaffe (CJA)	HL7		
John Quinn (JQU)	HL7		
Mike Nusbaum (MNU)	IHE		
Anna Orlova (AOR)	IHE		
Lisa Spellman (LSP)	ISO/TC215		
Richard Dixon Hughes (RDH)	ISO/TC215		
Todd Cooper (TCO)	Center for Medical Interoperability (OBSERVER)		

Meeting documentation: <https://csfe.aceworkspace.net/sf/go/docf4815>

1. Welcome, Apologies, Conflicts of interest

DSW welcomed the Council members to the meeting. Apologies are noted above. No conflicts of interest were declared.

2. Minutes of last meeting

Approved

3. Agenda approval, requests for AOB

SKA - membership engagement of countries

LSP - preparation of JIC update for Friday plenary

CCH - Update from Trillium Bridge workshop

4. Review of actions from previous meeting

4.1. Progress with updating the Charter

RDH gave an update to the group, apologizing for not having it ready for circulation as yet - needs to discuss further with CHA.

4.2. Update on International Patient Summary - IPS (EKE/DNE)

It was generally unclear what the status of this work was. RST also said it was not clear how this to new work in the EC.

HL7 are progressing the work and progress is to be discussed this week

Action 1 JQU to get an HL7 update on IPS following TSC tomorrow and to circulate.
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5. Overview of strategic vision proposed by Chair

Presentation by Don Sweete: <https://csfe.aceworkspace.net/sf/go/doc12249>

The following were key points raised:

- Need to work through how we work together, share resources etc. to work jointly with governments and vendors? Need to deal with the frustrations that exist and decide on action or get out of the way.
- “Vision” - need to add vendors.
- Identify and agree what a starter set of standards looks like
- DSW acknowledged the strong messages and communications re FHIR, but not hearing the same about IHTSDO and the JIC - so have to get better at communication and education.
- Which standards are missing for a starter set, and do JIC bring them on board or acknowledge that they are missing? What is the value proposition for an SDO to join (e.g. IEEE).
- What will vendors be prepared to pay for or contribute to?
- Pharmacy is a key area to look at, but need to develop a roadmap first.
- Need a robust structure for collaboration as a group. There are competing priorities for members - all agree with slides, helping members to focus on the priority place to start. Provides also an opportunity to provide implementation guidance about what can be adapted in the starter set.
- Strategy also has to manage expectations (deal with government getting sick of same old same old). *(Slide 14)*
- How do we get the WHO onside, given their global reach and endorsement?

- What do we mean by ‘interoperability?’ Not understood by consumers so need common understanding across SDOs that is articulated.
- May have to layer stuff - international/regional/local. DSW agreed, saying the starter set may be sparse internationally but link down into regional/local.
- Quality of product is another issue (e.g. FHIR) so how do JIC decide on what is a ‘good’ product, what is the threshold test?
- Starter set needs to deal with vendors and clinicians, not just governments.
- Need to be agile with ability to move fast when can. Basic principles need to be covered in updated Charter. There needs to be cross-over with country requirements, but focus is on the internationalization of SDOs/standards.
- So what do we want to do?

(Break)

- *(Slide 18)* DSW: Aiming to get commitment from SDOs and agree a clear direction.
- HSO shared a set of slides (The Theory of Interoperability and HL7 standards).
<https://csfe.aceworkspace.net/sf/go/doc12296>
- Where is safety, confidentiality, semantics, syntactics? These specifics can get lost in “frameworks”. What is the use case?
- Need buy in from clinicians and vendors, then governments will support and patients will accept.
- How do we incentivize to move from current position?
- Vendors cannot make money for new use cases without government drivers.
- Need to leverage the collective knowledge strategically as opposed to being in the weeds (detail level).
- Governance will need to be part of developing, maintaining and updating the starter set.
- DSW suggested need to take up a level! The value to vendors is predictability therefore should start with one or two use cases and standards to be used to support them. Many standards are in use now and are working on predictability, so need to identify what we are doing today that gives business value for future, identify level of sharing and available implementation guidance. From there, can drill down if required.
- Mobile apps are future, suggestion that should be one of the use cases, accessing EHR.
- MNU: He & IHE support concept of a starter set; thus avoiding reinventing the wheel each time and tough decisions between standards.
- DSW: Where next? Need feedback from all organizations on whether starter set is way to go for JIC, starting with use case of Mobile Health.
- Need to consider how we deal with legacy and existing problems? Need to further collaborate between JIC members and deal with areas competing with JIC.

- DSW: Suggest not focus just on Mobile Health as this has specific problems as a relatively new area, but also have a use case from 'old world' - for example, use case involving sharing between systems. In describing the use cases, need to describe the business value
- Acknowledge that starter set may also need to include processes or publications, and point to point collaborations.
- How do we leverage resources more effectively?

Agreement: International Starter set with

- implementation guidance.
- with defined cycle
- for specific use cases.
- LSP: This is similar to ISO work which is being discussed in CAG1 & CAG2.

Principles for a Starter set (MNU):

- International in scope
- Collaborative roadmaps - targets & priorities
- Structured
- Non competitive
- Common definitions (using SKMT)
- Agile
- Based on agreed and described Use Cases
- Conformity assessment (not discussed yet)
- Demonstrable - Implementable
- Shortened lifecycle
- Need to have exemplars which can be showcased internationally.
- Often a different set of answers for different audiences, therefore must understand our audiences in defining the use cases. Note that there is an ISO project being led by Gary Dickenson defining what a Use Case is, so this should be reviewed
- LSP/DNE: JIC will be integral to ISO processes. JIC at high level, and clinical imaging, for example, is at a specific level (with multi SDO input).

DSW: Aiming to accomplish:

1. Commitment round table for harmonized starter set, for specific use cases
2. Agreement that JIC act as coordinating body for strategic leadership, with representatives in each SDO working on specifics - so JIC are a board of directors

- MNU. If do mobile health, all SDOs must be able to prioritize summary record (SR) requirements
- DSW: All SDOs are involved in SR in some way, so makes sense. Working with SR and Mobile Health links existing to newer technologies. Not about innovation but dealing with issues we have now, such as around patient summary. And we need to be providing leadership with Mobile Health and there are examples to build on such as at Kaiser Permanente.
- Sharing data should be the focus.
- Role of CAG3 could play in to this

- DSW: Is everyone in?

JIC to become strategic body to identify and develop a harmonized starter set in two defined areas. Provision of strategic guidance and coordination, but not direct development.

- MNU (IHE): IHE very committed to harmonized starter set with patient summary as key area. This matches to an IHE profile. Already working with HL7 to develop a solution regards for mobile health. So committed to both areas.
- SKA (CEN): Reasonable approach. But need to recognise there may need to be multiple offerings, so customers can choose.
- RST (CEN): Agree and from marketing side, JIC has to put a name to the product, even if JIC are not developing the standards themselves. Must also demonstrate that it is implementable in one location.

Agreement

Action: Develop San Francisco declaration for approval by SDO members.

6. Role of CAG3 and JIC (DNE & EKE)

Briefing documents: <https://csfe.aceworkspace.net/sf/go/doc12219>

Went through briefing paper. Assumption that home of CAG3 is in ISO, but ISO is changing. Work of CAG3 drawing to a close. One of purposes was to liaise with CAG2 and act as a WG for JIC to integrate with ISO TC 215. Important that JIC set strategy that the WG can work within.

CAG 3 really needs to be accountable to JIC, not appropriate to be accountable to ISO, ideally the direct link needs to be severed

Agree that this needs to be discussed when considering structuring of JIC.

7. JIC involvement in ISO Meta-standard/Bundling initiative

Briefing documents: <https://csfe.aceworkspace.net/sf/go/doc12217>

ISO centrally have given permission to test out this model of working to deal with issues discussed in the paper, though it is not certain they will finally agree the approach.

The approach of Bundling will be better if it is accompanied by implementation guidance.

Conformity assessment should be included - regulators want conformity assessment.

8. JIC involvement in ISO 80003 ballot (briefing)

Briefing document: <https://csfe.aceworkspace.net/sf/go/doc12218>

Action 2	A statement from IHTSDO expressing concerns etc. JIC statement as well? LSP to draft (make this public in some way after been to ISO).
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9. New business

- **Trillium Bridge** (see presentation from CCH):
<https://csfe.aceworkspace.net/sf/go/doc12297>)

Workshop Brussels 23rd March from which this information is summarised.

- **SKMT**

EKE provided an update from Andrew Grant. He wants continued endorsement of the work from JIC. 284 standards now registered, 3400 items (some duplicates).

SKMT is an ongoing tool for multiple SDOs to use.

Agreement

- JIC continue to support governance of SKMT and recognize SKMT as a valuable resource.

- **Activities to be considered for JIC coordination - SKA**

1. Collect/share/use - US government
2. Personalized care - England
3. Japan/BSi initiative

All these are initiatives on which SDOs could work together, identifying the standards and working together.

10. Confirmation of 2015 meeting calendar

The following meeting schedule was confirmed for the rest of 2015:

DATES	TIME	COMMENTS / NOTES
27 May 2015	20:00-21:00 UTC	Teleconference
24 June 2015	20:00-21:00 UTC	Teleconference
22 July 2015	20:00-21:00 UTC	Teleconference
August 2015	No meeting	Combined August/September meeting earlier in September to avoid clashes
09 September 2015	20:00-21:00 UTC	Teleconference
October 2015	No meeting	Moved to 01 November to align with the ISO meeting.
01 November 2015	09:00-17:00 local time	F2F at ISO meeting in Berne, Switzerland. (Provisional)
25 November 2015	21:00-22:00 UTC	Teleconference (May need to move as is day before Thanksgiving)
16 December 2015	21:00-22:00 UTC	Teleconference

11. Next steps

DSW:

1. Finalize Charter before next meeting - RDH and CHA
2. Production of clear direction statement (SF declaration)
3. Review of structures
4. Get endorsement of direction from all Member SDOs

(Charter should be amended incorporating the direction set by SF declaration).

Action: JMI/FMC set up “Charter” area on CollabNet.

Action today: JMI send out latest SF declaration for review over next three days - ready for presentation on Friday at plenary session.

Action: Letter of thanks to HL7 re website

Action: For May meeting agenda:

1. Finalize charter
2. San Francisco declaration

12. Adjournment