

# JIC Executive Meeting

## Wednesday 9<sup>th</sup> September 2015

20:00-21:00 UTC

### Record of Discussion

Location: Teleconference via GoToMeeting

Meeting documentation: <https://csfe.aceworkspace.net/sf/go/docf4947>

#### 1. Welcome, Apologies.

The Chair welcomed the Council members to the meeting. Apologies are noted above.

#### 2. Minutes of last meeting (20150722)

Approved. An abbreviated 'Record of Discussion' will therefore be posted on the JIC website.

#### 3. Agenda approval, requests for AOB

Agenda approved. One new item was requested.

#### 4. Review of actions from previous meeting

Action list: <https://csfe.aceworkspace.net/sf/go/doc12556>

#### Outstanding Actions:

- 20150624-01: Updating the Charter [RDH to complete the final document and circulate for final approval. IHTSDO will work to coordinate getting everyone's signatures].  
On 20150722: DSW stated that the Charter had been circulated electronically and no change requests were received so he had therefore signed two hard copies for each SDO via courier by IHTSDO's head office. Now waiting for appropriate signatures from all SDOs - DSW asked everyone to email him to confirm receipt and check progress on signing. The group agreed.  
On this call: MNU from IHE said that it was on their next meeting agenda, though he noted that it had been on for three months in a row but had not yet been reviewed due to time constraints.  
Post-script on 20150928: IHTSDO's head office staff confirmed that so far only two counter-signed documents (from GS1 and CEN251) have been received.

Other outstanding actions were listed as agenda items below...

## 5. JIC Standard Set Work - Patient Summary

5.1. Update on progress Outline document - for review pending publication on website

Documentation: <https://csfe.aceworkspace.net/sf/go/doc12997>

As outlined in the briefing document linked above, the JIC executives were asked to do the following:

1. JIC members discuss and agree on the ways forward for different options outlined above
2. Sub group update the document accordingly - by end of September
3. Circulate final time for sign off - 1<sup>st</sup> week October
4. Publish 3<sup>rd</sup> week October
5. Sub group continue to progress the work - end of September (as soon as document completed for final review by JIC)

The recommendations were for them to:

- 1) **Agree:** discuss and agree the key points for which direction is sought
- 2) **Review:** review and agree next steps with timelines

Those on the call were asked to look at the Issues section of the briefing, which was a series of questions on which JIC members were asked to discuss in order to reach consensus on the way forward. It was stated that this all needed to be set into the context of ISO TC215 activity. There had been a call that morning of ISO TC 215 CAG 01 to discuss two documents prepared by ISO TC215. One document outlined the process of how a bundle is to be assembled in terms of scope etc. An executive stated that it was really a draft technical report of ISO. Accompanying this was the use case of a 5-year renewal of standards around DICOM, which TC215 thought it would proceed with using this process. They stated that it was a very interesting discussion that raised a few questions about the role of the JIC in the work moving forward. There is a component in the ISO TC215 strategy that calls for standard selection and harmonization and points to a number of vehicles to do this (including the JIC). It outlined a very important process step in the whole lifecycle of putting together this bundle because it brings together all the SDOs, so there is of course a great overlap between this work and that of the JIC. Those on that morning's call had all agreed that they wished to be complimentary - in no way did the JIC want to compete.

It was stated that the JIC was starting with one use-case (the Patient Summary Standard Set) whereas ISO TC215 has begun with the Clinical Imaging, but both are headed to the same direction. It was asked - are we developing this to its full fruition, or are we just testing a process?

An executive said that he could see that the work was very closely related, so they queried the need for the two different processes. They proposed that the JIC's work be a little "lighter" than that of ISO TC215, where it produces recommendations to 'break the back' of harmonization gaps. The question then relates to the content work ISO TC215 is doing, and if one of these recommendations would become a reference there. They supported the idea that it should be definitive, because just defining a process is worthless without then stating who will execute it. They said he thought point 4 in the Issues (about things being freely available), and also the ease of participation were both important issues. There should also be a risk management strategy.

An executive said that they had been the one the first suggest the term “prototype” but they felt it was being misused. They stated that the JIC had argued that the document they produced should be available as a ‘work in progress’ so it was open for the community. They said this was not counter to the idea that the work being done is substantive - it is just openly acknowledging that this is all being done for the first time and therefore we would hope that people will comment and review. No one at this stage can guarantee that the processes are perfect, so therefore there is an element where the JIC is trialling a process as well as producing something substantial. They used the term ‘prototype’ simply to ensure that when the community read any published document they realised that the JIC were doing something new, and that the process might therefore change quite dramatically for the next standard set.

An executive agreed with the comments above. They said it was worth going back to the fact that the original title being a “scope & foundation” document because it wasn’t meant to be the definitive list of process nor content. They thought it was still useful as a working document to share with the community so they are aware of the work in progress. They said that they viewed the processes that ISO TC215 and this JIC sub-group were outlining were almost exactly the same, so he would estimate that as “great minds think alike” it would probably be the same path travelled, with just two different end points. They thought this was very positive - the only differences being that what the JIC produces would be freely available, and that the JIC’s work would not be normative but rather informative (as in not going through any official ballot) but with the opportunity for that document to go into ISO for that normative stage in future. He about time frames, saying that they saw ISO TC215’s work as potentially taking up to 24 months, whereas the JIC wish to move more quickly. An executive replied that they agreed with all the comments stated above. They said that ISO TC215 did intend for their work to take 12-24 months (although they would like it to be faster), but the differentiating factor for him was that the framework and model should be the same, and the processes should be similar (if not the same), but without the balloting process the best the JIC can do is be informative. Another difference is that the JIC needs to be focussed with the leadership of the SDOs in order to be effective, whereas TC215’s work is based on the desires of the national member bodies, creating a real distinction.

The coordination group’s chair said that they now have much more clarity following on from these discussions. They suggested that the JIC feedback to ISO on JIC experience, so that alignment can be maintained wherever possible (such as potentially using the same standards component grouping). It is all very much a collaborative effort, now that we can isolate where the differences are. It is important to remember that this work is being done for the community, and the wider industry.

It was stated that most, if not all, of the SDOs that are part of the JIC as also liaison members to ISO TC215, and in that role they have a similar function to help with standard selection and harmonization. In addition, there are collaboration MoUs between individual SDOs that are also focussed on the same effort. There is a little lack of clarity on how exactly to fulfill this role of standard selection and harmonization in a broad base, as the JIC has a real opportunity to “get its house in order” with this process.

The coordination group’s chair said that they wondered if the details of how the JIC progresses this work on standard selection and harmonization might be a topic for the face-to-face in November, outlining how the JIC and ISO could work together? The JIC chair agreed with this, as

did others who stated that the benefit of the JIC is that it works as a much more agile and unilateral forum than many single MoUs between many separate SDOs.

**NOTE: JIC & ISO TC215 standard set collaboration to be on the agenda for November's meeting.**

In summary, it was stated that the JIC would be doing “real work” (on the Patient Summary Set) that will be available for free, but as part of this work the JIC is also forming a new “prototype” that will be the best possible process (and consistent with ISO TC215 where applicable). The JIC chair agreed that the JIC should be agile and leverage what is happening in the ISO side (and vice versa). Certainly they think that the JIC is trying to do a standard set that is informative, but the proof will be when the group then decides that the informative work should go through some sort of ballot process to become normative. They asked those on the call if they agreed? An executive replied that it was worth discussing question 2 (“*JIC are going to use the same standards components grouping / picture as ISO or we want to not use it and develop our own?*”) as if the JIC and ISO TC215 are both using the term and definition of “Standard Set” then the overall architecture for the grouping of the components that go in the bundle will have to be the same, so that there is no confusion about the deliverable. Another said that they were concerned about using terms ‘normative’ versus ‘informative’ as that has just as much to do with the language of things as other it does aspects. Balloting alone does not make things normative. They would strongly view that the JIC should look in the direction of ITU, ITF or W3C as they started their lives by making recommendations. In the case of ITU, they didn’t have the power or wish to overrule their national member bodies but they still ended up producing work that was regarded as a standard. Another executive said for them the JIC could simply endorse the completed set of recommendations it makes and this should be enough for them to be released to the community (either by all members or by majority). Those on the call agreed.

In conclusion, the following decisions were summarized by the JIC chair:

- JIC are doing a patient summary standards set, or we are doing this just to test out and prototype a process for doing standards sets.*  
**The JIC is going to produce a patient summary standards set. This will also be a prototype process, developed in collaboration with ISO TC215.**
- JIC are going to use the same standards components grouping / picture as ISO or we want to not use it and develop our own.*  
**It is preferable to have the same standards components groupings (to assist any ISO balloting in future), but there is a caveat the JIC sub-group would like to look at other processes as well.**
- JIC must have the precise relationship of JIC Standards Set worked out with ISO's Standards Reference Portfolio or we agree to work with some ambiguity as both groups develop their process over the time ahead for our first working documents, or we simply use ISO's RFP completely.*  
**The JIC will work with some ambiguity to allow the sharing of information on the process over time.**
- The JIC standards set will be free or we will only publish through ISO and CEN and charge for it.*  
**The intention is for the JIC Standard Set to be made freely available.**
- The JIC standards set will be normative and balloted by ?? presumably ISO and CEN, (and maybe others), or it will be informative and available to all in that manner.*  
**The JIC Standard Set will be a set of definitive recommendations that will be endorsed by the JIC executives.**

These statements were mostly approved by those on the call, although an executive questioned point 1, stating that saying the JIC “will produce a patients summary set” assumes there are standards and that we can build a set from those. The challenge they have is that the health information management involved in a patient summary involves a beginning, middle and end - the inputting of data being the beginning, and the summary being the middle part. So they are concerned that without building the necessary infrastructure (such as traceable authentication and accountability of the the initial source record) the JICs work may not be supported. RST agreed, stating that this is certainly the case in some countries. For instance, from a European point of view, the Trillium Bridge recommendation to begin making an international patient summary standard set came about because there are places in the world where that infrastructure is already in place. An executive agreed, stating they would hope the JIC would produce implementation guidance for the set that identifies some of those key requisites (such as the source infrastructure being trusted). Another also agreed, referring to the earlier point that there are European examples that could be drawn upon.

<b>Action 1</b>	The JIC chair asked the Standard Set sub-group to make an amendment to point 1.
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#### 5.2. Timelines for the work - for discussion and agreement

Documentation: <https://csfe.aceworkspace.net/sf/go/doc12996>

The JIC chair asked if the timelines outline in the document linked above needed to be worked through or if they were just for information? The coordination group’s chair replied that they had begun to populate the table but had realized that much of the timing could not yet be estimated. They therefore ventured putting the timeline of a year for the total, and the points in between could then be decided. The aim would be to have a draft methodology that had been tested, been updated and had feedback from the different participants. The other side would be to produce a standard set that has been though these steps. The JIC chair said that they would like the sub-group to move forward with the work, but they would look to the JIC members to support the sub-group by providing feedback if they can see anything missing. A good deal of time should be given to this at the face-to-face in November. Those on the calls agreed. It was asked if one of the philosophies of “agile” development could be used, where we set a reasonable time to get a first round of coverage completed, fitting the scope within what can realistically be achieved. The JIC chair agreed, saying that the document is a guide and the sub-group should be able to set what can and can’t be done in time in terms of scope.

#### 5.3. Development of a JIC vendor user group

Documentation: <https://csfe.aceworkspace.net/sf/go/doc12998>

As noted in the briefing above, the coordination group’s chair stated that they wished to gain feedback on putting together a JIC Vendor User Group which could input to the Standards Set work and also review other work being undertaken, e.g. UDI Implementation Guidance. Input was sought from JIC members on putting together such a group, including:

1. Key target vendors covering the international market
2. Potential contacts
3. Leadership
4. Those willing to contribute

The JIC chair stated that he thought this was a great idea, as if this Standard Set is going to be adopted then the JIC needs to engage the vendors as soon as possible. Others also agreed, but stated that there needs to be a neutral way of doing this so that it is equal. IHE's model is to bring vendors and users together to develop IHE artifacts in a safe way that does not compromise the normal competitive nature of vendor to vendor. HL7 has a model that is similar. One way to engage international vendors neutrally would be to work with a vendor association of some kind.

An executive said that they were concerned that this was taking on something much bigger than the JIC, and really we should focus on engaging with the vendors that are already within the constituencies of the participating JIC members. The JIC chair agreed, saying they were not suggesting the JIC organize something itself.

It was agreed that this idea would be discussed in detail in November, where each SDO could explain its own mechanism for engaging with vendors in the hope these could be leveraged by the JIC as a whole. We also need to look at the potential users as part of this - an executive said they would therefore prefer a more open approach where what the JIC does goes out for comment as the first summary set is built, so that there isn't too much of a time delay. The JIC chair said that there could be an area on the JIC website that invites feedback from vendors and other stakeholders. Those on the call agreed.

<b>Action 2</b>	The sub-group to develop a forum for feedback on the JIC website.
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## 6. Unique Device Identifier (UDI) Update

Documentation: <https://csfe.aceworkspace.net/sf/go/doc12993>

Background information:

1. Those experts who responded to the initial draft have expressed their satisfaction about the choice of the use cases, and the approach.
2. José Teixeira, from IHE Pharmacy, volunteered to provide the "HIT component".
3. The document is currently circulating among the experts, to collect their feedback regarding the HIT aspects - then we will continue, add a conclusion and work on an appropriate lay-out.

*Although there was no deadline set to finish this piece of work, and assuming the HIT solution proposed now is approved, I think the JIC paper should be finalised by early November (ISO meeting).*

<b>Action 3</b>	It was stated that there would be further information on UDIs ready for discussion in November. In the meantime, comments were welcomed.
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## 7. New Business

### 7.1. Draft Case for Formal Standardization in Large-Scale e-Health Deployment

Documentation: <https://csfe.aceworkspace.net/sf/go/doc13012>

It was noted that the document linked above was a draft and not for further distribution at this time.

<b>Action 4</b>	The JIC were invited to provide comment on this work being done, by the end of September. Please discuss this directly with staff from CEN251 & HL7.
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**NOTE:** It was requested that a discussion about the roadmap following on from this report would be added to the agenda for the November meeting.

## 8. Adjournment

The meeting was adjourned after the JIC chair thanked the attendees for their time.

## 9. Next meeting

Confirmed as the face-to-face on Thursday 5th November 2015 at 18:00-21:00 local time, during the ISO meeting in Berne, Switzerland). (*Note: There is no call in October as the meeting was moved to November to align with ISO*)