

# JIC Executive Meeting

## Wednesday 13<sup>th</sup> April 2016

20:00-21:00 UTC

### Record of Discussion

Location: Teleconference via GoToMeeting

#### Meeting documentation:

<https://confluence.ihtsdotools.org/display/JIC/2016-04-13+-+JIC+Meeting>

#### 1. Welcome, Apologies.

The JIC's chair welcomed the Council members to the meeting. Apologies are noted above.

#### 2. Minutes of last meeting (20160210 – teleconference)

Approved (aside from a correction to the spelling of HL7 SAIF)..

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

Agenda approved. It was agreed that an update for the JIC on openMedicine would be given at the end of the call.

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

Action list: <https://confluence.ihtsdotools.org/display/JIC/JIC+Action++List>

#### Outstanding Actions:

- **20160113-01: JIC Standard Set Work – Patient Summary** [*Interoperability frameworks to be shared with the JIC Standard Set sub-group (such as HL7 SAIF, the NEHTA Interoperability Framework and the e-Health Interoperability Framework Standards and Architecture Principles)*].  
**ITEM CLOSED: Documents sent by email on 12<sup>th</sup> April 2016. No further discussion was needed.**
- **20160113-01: JIC Standard Set Work – Patient Summary** [*JIC executives to please provide feedback on the Options.*].  
**ITEM CLOSED: See Agenda Item 5**

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

#### 5. JIC Standards Set Work – Patient Summary

An executive said that the Options report had been shared – it was updated with the help of the Standard Set coordination and working groups. They asked if the updated document could now be shared again for the May meeting? It was agreed that this would be appropriate, so that people have the latest update.

The executive stated that they want a major topic on the Standard Set work to be included in the May agenda, as it would be a year since the decision was made to begin. An overview of progress would be provided, drilling down into the four working groups. There would be number of papers shared, and they asked the group to submit issues and questions that they want the JIC to address so they can collect them into a briefing, along with any key requirements needed from JIC organisations. There would also be an update on timelines and a discussion on communications. An executive on the Standard Set group said they were preparing a number of papers that are working documents in varying levels of development, and that the other task-group leaders also have at least one paper each that they are responsible for. The key focus for them will be honing the first template for the Standard Set, even though it is currently incomplete. They wished to gain feedback from the JIC as a key discussion item. The other task group leads on the call gave updates - one said their document is the Use-Case Business Requirements and Assumptions Report, and they were having their first physician use-case meeting the following evening so would be able to gather more information then. The other said they had convened a group on Conformity Assessment that has yet to begin work, but they were preparing for them to meet after the May JIC meeting.

<b>Action 1</b>	Leaders of the Standard Set task-groups to prepare and share their latest Standard Set papers with the JIC executives (prior to the May f2f meeting, if possible).
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## 6. Unique Device Identifier (UDI) update

The executive in charge of this work reported that they had to stop work on this document for the moment as HL7 were making strong progress on their work on UDI and the executive needed to decide on how to integrate that into his paper. The document's comments list has been updated and it was noted which comments have been taken into account and which haven't. It was agreed that there would be a document to review in May.

<b>Action 2</b>	An updated UDI document to be shared with the JIC Executives before the May f2f meeting in Amsterdam, so it can be discussed.
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## 7. ISO/TC215 update on 80003 series

An executive said that ISO's involved groups had been through a process with the central secretariat, and they could announce that they are in the final throes of shutting down the 80003 work item. The liaison of working groups will still stay together between TC-12, TC-215 and TC-25, but a task force will look at what is already being used in health care and run that through that process, allowing much more input going forward. It was agreed that this was very good news. An executive asked if someone from WG6 would be involved in the task group? The reply was that the call for participation in the group had yet to issued, but WG6's participation would make a lot of sense. Another executive said they thought it was very important to not allow the task force to continue any of the philosophical underpinnings of the 80003 series. The

executive leading the item agreed with this point, saying that this detail would be included in the frame of reference for the task force.

#### **8. ISO/TC215 update on Amsterdam meeting**

An executive said that the master schedule for the Amsterdam meeting and working groups had been finalized and shared. They asked that if anyone had any feedback then please do express that soon as it is easier to change things now rather than later.

An executive said that the Standard Set coordination group is following very closely the work on the formulation of RSPs or bundles from TC-215. They wanted to draw the attention of those on the call to two sessions - first is the JIC's presentation on the Patient Summary Standard Set in WG1. There have been two quarters dedicated to this – one on the JIC's work and the other on the INTERPAS work at HL7. The second session of note is in WG2, receiving and discussing the RSP bundle for clinical imaging. It was agreed that that these would be valuable sessions for the JIC executives to attend.

#### **9. Proposals for agenda items for face-to-face meeting in Amsterdam?**

The JIC chair stated that the Standard Set and UDI items would be the main focus for the May meeting but there would be time for others if wanted. They said that items could be sent to the secretariat, but asked if there were any suggestions able to be discussed now on this call?

An executive said that it had been a year since the San Francisco document was accepted so it would be good to have an update on the Trillium II project. The chair agreed, saying that the JIC should also give thought to other projects or people that could update the JIC on their work, as perhaps the May meeting would be a good time for this. The executive responsible apologized that unfortunately they would not be able to attend the meeting. Another said they were also unable to attend, but would like to suggest that there be a discussion point on the fact that the JIC is often singled out as a body that has some perceived validity to help other initiatives to move forward. One example is that the ONC has identified the JIC as a body that is providing important feedback to the INTERPAS work. They said that the JIC has both opportunities and risks to discuss - how should the Council be perceived in the industry, and what resources does it have to weigh in on certain issues? If the executives are to be called upon to provide validation then the JIC needs to have its own act together internally. The chair agreed that this would be an excellent agenda item, and that some clarity could be agreed and put into a statement (similar to the San Francisco one). It was stressed that the JIC must take a long-term view. The Council is a collaborative body, and so it does have to be careful about issues. Care should be taken not lose the JIC's profile, though the points about resourcing and recognizing different view-points do need to be balanced. The chair agreed and suggested that in May the executives could agree to a scope and purpose statement that puts in place a very simplistic process that could be quoted externally when members of the Council were asked for the JIC to collaborate or contribute. That way a request can be lodged and members of the JIC can very rapidly decide if they wish to participate or not. Those participating can then know that their organization must commit the resources, and those not participating can still be part of the JIC consultations and collaborations.

An observer on the call asked for an agenda item on HL7's FHIR to be included in May. They stated that they thought FHIR could be the answer for interoperability around the world, and if this is so then the JIC should be reaching out to international organizations to advance the cause of the ballot. An executive

replied that everyone is excited by the promise of FHIR and the evolution is being watched with interest – particularly from the Standard Set work - but for now they thought it was premature to label FHIR as the answer to interoperability. It needs to be watched as it becomes more robust. Others on the call agreed with these comments. The observer replied that they thought the JIC had an opportunity to cultivate and focus multiple SDOs, but right now they were not seeing the level of international input that was needed. The JIC should be actively promoting FHIR and not just waiting to see what happens. An executive stated that there would be a FHIR tutorial at WG6 during the May ISO meeting. There will also be a FHIR tutorial in the GS1 committee in June. The chair agreed that this would be a good discussion item for the meeting in May – particularly regarding how to educate people about what is happening across all SDOs and how they can get involved in the ballot. They said they hoped that some statements on interoperability could be agreed in May, as well as some sort of communications plan that the JIC can endorse as there is a danger that very few in the healthcare world understand how these standards impact their work on a day to day basis.

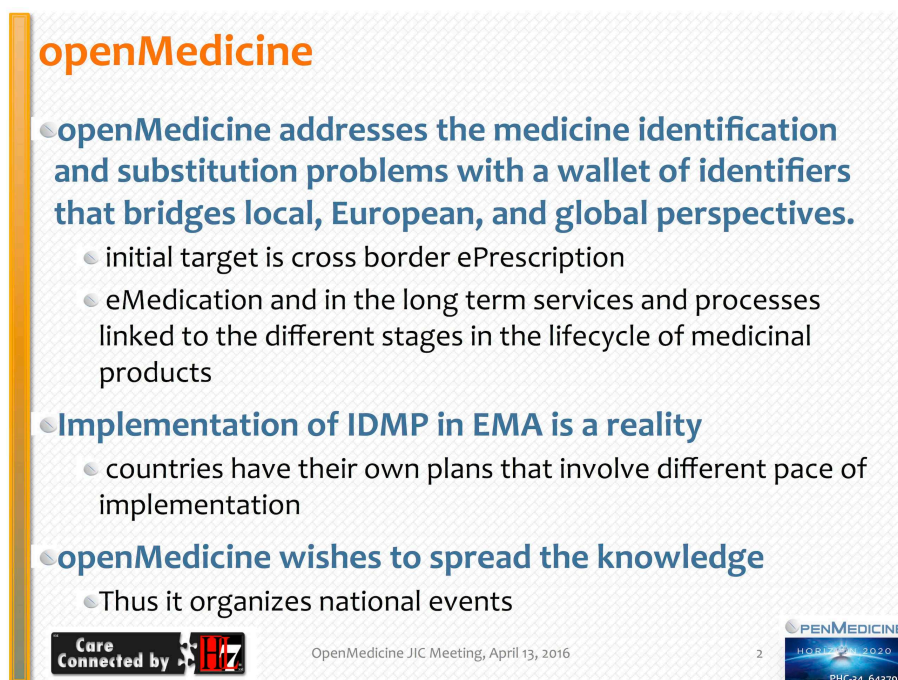
## 10. New business

### 10.1. openMedicine & e-Standard Development Lifecycle

The following slide set was shared:



[https://confluence.ihtsdotools.org/download/attachments/21369422/openmedicine-estandards\\_20160413.pptx?api=v2](https://confluence.ihtsdotools.org/download/attachments/21369422/openmedicine-estandards_20160413.pptx?api=v2)

It expanded on the following information:






**openMedicine**

- **openMedicine addresses the medicine identification and substitution problems with a wallet of identifiers that bridges local, European, and global perspectives.**
  - initial target is cross border ePrescription
  - eMedication and in the long term services and processes linked to the different stages in the lifecycle of medicinal products
- **Implementation of IDMP in EMA is a reality**
  - countries have their own plans that involve different pace of implementation
- **openMedicine wishes to spread the knowledge**
  - Thus it organizes national events

Care Connected by  

OpenMedicine JIC Meeting, April 13, 2016

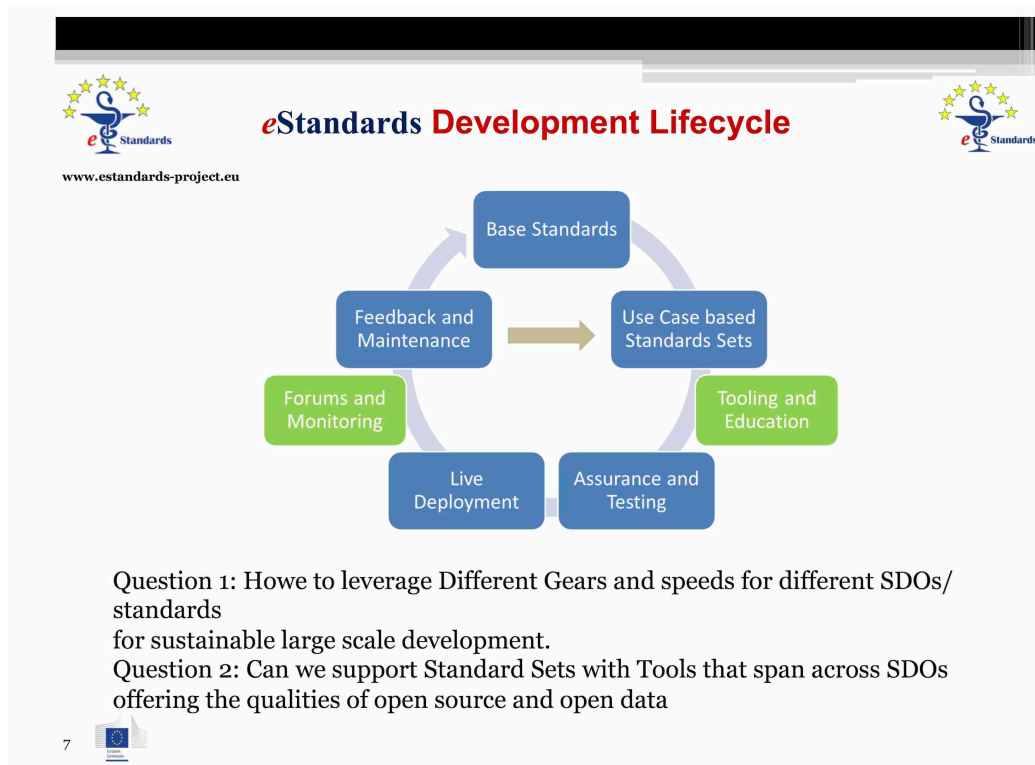
  

It was stated that there would be a workshop in Genoa discussing if ISO IDMP is “fit for the purpose of bridging Clinical Practice with Regulatory Oversight?”

An executive said that they were not happy to read that IDMP could possibly be implemented in different ways, as this is against the regulators vision. They said that there may be different speeds of adoption, but IDMP has a general scope for use both by regulators and in the clinical world. The leading executive replied

that they thought openMedicine was still rooted in the regulatory world, even though it is making efforts to reach out to clinicians.

They then shared the following slide on the e-Standard Development Lifecycle on screen:



The chair asked for further discussion on these topics to be had in May, particularly in regards to how the JIC's SDOs could share their tools. The leading executive said that as they would not be in attendance so others agreed to speak on the e-Standards and openMedicine items.

## 11. Adjournment

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

## 12. Next meeting

Confirmed as a face-to-face meeting in Amsterdam, the Netherlands, on Sunday 1st May 2016 (13:00-18:00 local time, followed by a dinner courtesy of IHTSDO).