JIC Executive Meeting

Wednesday 3\textsuperscript{rd} June 2015

(Moved from 27\textsuperscript{th} May 2015)

20:00-21:00 UTC

Record of Discussion

Location: Teleconference via GoToMeeting

1. Welcome, Apologies.

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

2. Minutes of last meeting

Approved.

3. Agenda approval, requests for AOB

Agenda approved. No new business proposed.

4. Review of actions from previous meeting

4.1. Update on International Patient Summary [Action: An HL7 update on IPS to be obtained following TSC and circulated to the Executive]

Still outstanding.

4.2. JIC involvement in ISO 80003 ballot [Action: A statement from IHTSDO expressing concerns etc? JIC statement to be drafted]

The draft statement had yet to be circulated, pending news on how other countries and organizations were going to vote.

It was stated that there is a lot of controversy around the ‘Quantities and Units’ topic. Of the six ballots, three were proposals for new work items. Quite a few countries voted yes to these new work items. They stated that ISO had been making great effort to encourage participation in the joint working groups, and to have the TC215 “voice” heard.

There has also been a request to change the name of the standards back to “Quantities & Units for Telebiometrics,” therefore removing references to eHealth.

In terms of the new work items, a JIC member said they understood that when countries have voted ‘yes,’ as a rule they must give a business justification and provide an expert before their positive vote could be counted. They asked if this was something that ISO could monitor, or does this not apply because TC215 are only providing an informative vote? It was stated that the 80003 series ballot does continue to be challenging with all the differing perspectives needing to
be balanced, though it has been noted by ISO’s central secretariat that the concerns were valid and within scope. As for the new work items on the recent ballot, she has asked the central secretariat if either ISO TC12 or IEC has the administrative lead on them. It wasn’t clear if they were looking for ISO TC 215 to name an expert for parts 15, 16 & 17 (if approved). Experts will be needed on the first part at the very least, so a call for them will be issued by the central secretariat. Part 16 was unexpected but does fall into the scope of TC 215.

A JIC member asked if the name change has dealt with the inclusions and exclusions in the text, or is it just a change of title? They were told that if the title is changed then that gives an excuse to lessen TC215’s involvement and so the context of the item in the document probably wouldn’t change too much.

It was stated that there would be a meeting of TC12 at the end of June with this item on the agenda, so more information would be available after that. JIC feedback would be very important and welcomed.

5. Progress with updating the Charter

It was reported that the Charter work was very close to completion but that separating the main Charter and the more operational activities had been very time consuming. The new Charter’s date was provisionally started from the 1st July 2015 and would be shared with the Council by email after the meeting concluded.

| Action 2 | JIC members were asked to carefully review the three Charter documents in their entirety and send feedback by Friday 12th June 2015. |

6. San Francisco Declaration (Endorsement of direction by Member SDOs)

Those on the call agreed that they were happy with the declaration that had been developed in San Francisco:

“The JIC will contribute to better global patient health outcomes by providing strategic leadership in the specification of sets of implementable standards for health information sharing.”

It was agreed that this should be included on the JIC website.

7. Development of Starter Set

7.1. Development of use cases

Input is being sought from the Council members on how to engage a working group to start work on the use cases. It was stated that the Executive Council (as the leaders of JIC’s SDOs) need to discuss how to bring together their resources to aid progress - there could be bi-lateral or multi-lateral agreements, so if even two or three members have an issue then the Council can serve as a strategic sounding board for them. The JIC needs to fairly agile so that it can task resources...
from each of the SDOs that will participate in the development of the Starter Set. Some might already be developed and can be bundled together with the implementation guidance, but how do they kick-start that? Should the Chair send a message to the JIC asking them to articulate where their organization sits in terms of the four identified use cases, and can they also identify an internal resource to assist with the Starter Set work? That way the JIC would have an inventory of those who are willing to participate and also note where there may be gaps. Those on the call agreed with this approach.

It was noted that there were quite a few resources around in the ISO environment that might be worth looking at, such as the work done by Andrew Grant. There is also the US/EU collaboration to consider, where some of that activity could provide an exemplar of process that could be used to help get our own right. Developing that process in an area that is known and understood would be the best starting point, rather than delving into something like Genetics where there are so many variables. The members agreed, saying perhaps the JIC could take one use case at a time (such as the Patient Care Summary use case that was listed). They could look at the US/EU piece on this and review their process, articulating how to streamline it (if needed) and look at the resulting artifacts. It was noted that this would tie in with HL7’s project to take that work forward.

| Action 3 | Four identified use cases to be circulated to JIC members, along with a research paper on the US/EU work. |

8. Adjournment

9. Next meeting

24th June 2015 (20:00-21:00 UTC)