Joint Initiative Council

JIC Executive Meeting
Thursday 5th November 2015
17:00-19:00 local time
Record of Discussion

Location: Face-to-face in Bern, Switzerland

1.   Welcome, Apologies.

DSW welcomed the Council members to the meeting.

2.   Minutes of last meeting (20150909)

Approved.

3.   Agenda approval, requests for AOB

Agenda approved. No new business was raised.

4.   Review of actions from previous meeting

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

Outstanding Actions:
- o   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].*
Update on 20151105: IHTSDO's head office staff confirmed that so far only four counter-signed documents (from GS1, CDISC, CEN TC251 & IHE) have been received, aside from IHTSDO's. It was agreed that the administrative process of doing this by mail is proving too difficult, so the Charter signing by HL7, ISO/TC215 and DICOM would also be allowed by digital means.

Action 1	FMC to send digital instructions for Charter signing to those who have yet to complete the process.

Other outstanding actions were listed as agenda items below…

5.   JIC Standard Set Work – Patient Summary

5.1.1.   Feedback on published foundation/scoping document

5.1.2.   Membership and focus of working groups – Use Case and Standards identification

5.1.3.   Implementation guidance working group – scope and leadership

5.1.4.   Discussion on next steps, detailed plan and resourcing

Documentation:
Planning spreadsheet: https://csfe.aceworkspace.net/sf/go/doc13242
Resources spreadsheet: https://csfe.aceworkspace.net/sf/go/doc13243

Document posted by RST (Mail from European Commission concerning HL7 INTERPASS project and linkage to the International Patient Summary): https://csfe.aceworkspace.net/sf/go/doc13247

It was reported that a draft doc was posted on the JIC website as a work in progress. It was noted that at the moment there isn't a real distribution list from the website so all SDOs must do this themselves, which those in the meeting were encouraged to do. – It was noted that during that morning in ISO TC 215 WG 1 there had been volunteers who wanted to contribute to the work.

A presentation was given and it was announced that one of the JIC executives would lead on Implementation & Guidance Task Group (on Work Steps page of slides)

A question was asked about alignment with HL7, IHTSDO and others. Should there be a formal liaison person nominated from these groups that is leading the specific projects for the effort? It was noted that we are socializing for the first time but that would help, with the coordination group is the main method for liaison.

An executive said the JIC should bear this in mind, but considering the JIC is looking at the whole world this could end up being a very large group. INTERPAS is one of the key pieces of work to be referenced. The coordination group is still in development phase, and can bring reports back to the JIC every month, identifying where they need specific input. Those in the coordination group know there are a lot of products that will be relevant to this work. As a principle we are trying to be as inclusive as possible, but to have a liaison from every project that deals with patient summary is not necessarily feasible. An executive said that if there were projects trying to make a difference then they would think that the JIC should collaborate in the process in that space. The chair of the coordination group agreed, saying that the coordination group definitely wants participation from HL7 and the Structured Documents group.

It was stated that the coordination group needs business analysts for about 20hrs of work – if someone (or a few individuals) could be suggested that would be of great assistance.

| Action 2 | JIC Executives are asked to assist with finding business analysts for the Starter Set work. |

The JIC chair said he thought the morning's ISO TC 215 WG1 discussion was good but he was concerned that the JIC must be very clear about what will and won't be covered. It has to be kept at a high level, on a specific use case. He asked that the group would update the slides given the messages from this meeting and the update will be posted on the JIC site.

| Action 3 | Updated Starter Set slides to be posted on the JIC website. |

Action 4	(ALL) JIC Executives are encouraged to read the slides and documents on CollabNet. Feedback was requested before 20th Nov 2015.

It was asked if anyone had spotted anything significant when reviewing the presentation here – did anything raise an issue?

An executive said that they were trying to figure out the scope of the IPS. Is this a summary, is it a minimum summary or a super-set that people chose from, as the process and outcome would be different. One responder said it would depend on the country, such as in the US you need an insurance number. Another executive said we must be very conscious of this so as to not "go down the rabbit hole" of too much detail - we are not designing a standard for a Patient Summary. Some will identify what data groups are in it, but we won't say a patient summary has all of these data items in it. An executive said that in the US it would be a non-starter without that insurance detail, but they were not sure exactly how many countries would sign up for this anyway.

An executive said that it is not developing the components of the Patient Summary. It is about guidance, at a point in time, saying this is the best standard, and make your own choices. There are problems, such as timing. The INTERPAS project will probably take longer than when the JIC delivers, which will cause issues. But at this point it is just guidance and "best recommendations" of what is out there for Patient Summaries, for a very puzzled community. To make it relevant to HL7 and CEN they should participate actively. An executive said that the Patient Identifier is key, and in the US that could be the insurance number as each individual country could define its own.

An executive said that in organizing stakeholder groups outside the JIC they have misgivings on what that will bring. Firstly, the clear message from EU was that they had to be in too many places already. Secondly, they would like to mention that from EU perspective the European Commission is trying to enable the community to participate fully, beyond a volunteer basis. Thirdly, as part of that project, he foresees a localization of the guidance from the JIC specifically for Europe. They will translate it for Europe, considering the decisions made in the EU. The same thing could hold on a global level, such as in the US.

An executive on the coordination group said was agreed to make the standard set as agile as possible, so instead of having an expert group of vendors they would instead point to the website and ask for wider feedback. They will also call on their community of clinicians to assist, and it won't be high profile big societies meeting as this is not tenable in the time-scale. It was requested that if SDOs know of meetings that are taking place with these stakeholders then they should let the JIC know.

An executive on the coordination group said that looking at the tasks groups there are two jobs – the coordination group will look for people, but they also hope for the SDOs to identify people from their own community to help.

Action 5	(ALL) JIC Executives asked to nominate people from their own community to assist with this Starter Set work, before the end of 2015.

An executive said that they thought there are risks to the impact this project can have. One possible way to alleviate this is that there are many countries around the world that already have projects looking at this work. Tapping in to those would be wise, as it would give this

project more clout. An executive on the coordination group replied that they would try to do this wherever possible.

Action 6	(ALL) JIC Executives asked to feed information to the coordination group if they know of relevant projects, along with contact details.

An executive on the coordination group said a risk discussion is an interesting way of looking at things, as the risk of doing nothing is also a problem. The risk of looking at things as an exploratory journey is minimal. We need a standard set that can apply to real world problems. The worst that can happen is failure, but at least we will have tried. The JIC chair agreed that the promise outweighs the risk.

6.   Unique Device Identifier (UDI) Update

It was reported that the UDI committee work had begun with a first draft, and the latest document is from the 27th Oct (the 4th version). There had a been a face-to-face meeting at HL7 in Atlanta and the FDA also has a sub-group working on it. This is still a JIC paper though, not an FDA one. There are four use cases in it, and it is very repetitive in some aspects. There is a Q&A and a Glossary included, with the source of the definitions.

The executive said that this should become a JIC delivery and asked how to make this happen– do we ballot it? How do we deal with that? The JIC chair said that it could be circulated, feedback sent and then a vote from the JIC Executive to approve. Those in the meeting agreed that this would be appropriate, but it was asked what the audience for the document is? The response was that it is everybody implementing UDI in health IT. An executive said that the policy issues around that would need to be discussed. Another said that there was an implied result that the JIC approving it via a formal resolution would mean it was propagated through the SDOs. They agreed that it doesn't need a full balloting process. An executive said this was exactly the same sort of process that is needed for the Standard Set. It was asked whether it would also be worth putting it on the JIC website so that people know it is coming? The response was that this would depend on the speed of adoption – the ambition was to have it done as soon as possible, so how long is needed? Once the JIC consultation is all done it should be posted – if it is coming quickly then it might not be worth posting in the interim. It was noted that the members of the JIC should sign their charter before they approve this.

It was noted that the document would be shared soon but there had been some editing issues.

Action 7	The UDI document is to be reviewed on editorial aspects the CEO ICCBBA (the 3rd FDA accredited issuing agency) and then shared with the JIC Executives as soon as possible *(Postscript: The document was sent to the JIC on the 10th November 2015, for a 3-week review period).*

In closing this item, the JIC chair noted that the Charter needed to be fully signed before a formal resolution could be reached on UDIs.

7.   Development of a JIC vendor user group

7.1.   Discussion on SDO mechanisms for vendor engagement

The JIC chair reported that IHTSDO would volunteer a Vendor engagement person to work with the coordination group.

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

8.1.   Roadmap discussion

Document: http://csfe.aceworkspace.net/sf/go/doc13245

It was reported that the draft had been circulated widely and as of October 27th 2015 it was final and has been published (see link above). The JIC Executives were thanked for their comments. It was stated that it covered the global-to-local in the value of e-health. Next step will be to look at priorities and lessons learned in Europe, and with the EU/US collaboration. All will feed back into the roadmap to be published this summer, with an e-standards conference in the spring. They would like to reach out to the JIC to provide global input to the process. By April 2017 there should be a roadmap and all the guidance to implement, from a Standards Development point of view.

An executive said that in the case for formal standardization there are four perspectives – from the health system, the consumer, the health market, and the work force. These are not aligned, so she is hoping for the roadmap for alignment of standards will proceed in those four dimensions. IHE is doing profiles, to build on the use cases. IHE needs assistance for the modeling of content in these profiles though, so CEN is stepping in, and they hoped the FHIR/HL7 and IHTSDO would also do so.

The JIC chair said the current approach is a unique approach to getting things done, as expressed in the constraints as a global organization. IHTSDO's members are very clear that whatever is done needs to meet the needs of the majority. The one thing that might inform the e-standards platform going forward is that IHTSDO is very soon going to publish a 3-year content roadmap. By mid to late 2016 most of the content developed by IHTSDO will be done by Member countries, with collaborative editing direct into the production line into the release. They are supportive of the e-standards piece but there are some things that restrict IHTSDO globally. An executive said that it is more about cooperation and sharing of opinions – they wouldn't preempt it, and that commitment could be done step-by-step. The same would be for HL7.

An executive said that they see a lot of collaboration across borders in the EU, and this is another source of power. The JIC chair said the IHTSDO governance states very clearly that the majority must benefit. It is a very structured process but it is agile, hence the aforementioned collaboration.

9.   Key messages for ISO TC 215 plenary, Friday

The chair asked the council to decide upon the key messages to be reported at the ISO TC 2015 plenary the next day. They suggested that a call to action and explanation of the Starter Set at a

high level could be the key message. It was suggested that they could then highlight the European involvement from a CEN point of view.

An executive said that it must be made very clear that we need maximum synergy between the JIC and ISO TC 215 for the Standard Set so that they leverage each other. Another agreed, saying that in that morning's working group meeting there were thoughts on this that could be included on a slide.

It was also agreed that it would be announced that the JIC was looking to distribute consolidated, harmonized guidance on UDI, though the message must be clear that the JIC is not involved directly with developing standards in terms of balloting and commenting. Instead, as SDOs they can agree on a position and put out recommendations to their members and the wider world.

It was stated that the whole message for the plenary was a call for participation..

10.   Proposed meeting schedule for 2016

After a correction to the ISO meeting timing was made the following provisional dates were approved:

DATES	TIME	COMMENTS / NOTES
13 Jan 2016	21:00-22:00 UTC	Teleconference
10 Feb 2016	21:00-22:00 UTC	Teleconference
09 March 2016	21:00-22:00 UTC	Teleconference
06 April 2016	20:00-21:00 UTC	Teleconference
02-06 May 2016	TBC	Face to face during ISO meeting in Amsterdam, Netherlands
01 June 2016	20:00-21:00 UTC	Teleconference
29 June 2016	20:00-21:00 UTC	Teleconference
27 July 2016	20:00-21:00 UTC	Teleconference
August 2016	No meeting	
21 September 2016	20:00-21:00 UTC	Teleconference
19 October 2016	20:00-21:00 UTC	Teleconference
November 2016	*TBC*	*Face to face during ISO meeting – location to be confirmed.*
14 December 2016	21:00-22:00 UTC	Teleconference

Action 8	JIC secretary to send calendar invitations and post this schedule on the CollabNet site.

11.   New Business

No new business was raised.

12. Adjournment

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

13. Next meeting

Confirmed as a teleconference on Wednesday 25th November 2015 (21:00-22:00 UTC)