Joint Initiative Council

JIC Executive Meeting

Wednesday 16th April 2017

14:00-17:00 local time
Record of Discussion

Location: Face-to-Face in Hangzhou, China

1.   Welcome, Apologies.

The Chair welcomed attendees to the meeting. Apologies were noted.

2.   Minutes of last meeting (20170405)

Approved.

3.   Agenda approval, requests for AOB

Agenda approved. No new business was raised.

4.   Review of actions from previous meeting

Current outstanding actions:
- **2017-04-05/01 -** *(ALL) Please send on ideas for JIC success stories to JMI for inclusion on the website*

Update 2017-04-16:
Talking points on the JIC website in its current form: Why is there a JIC memo to give HL7 cover? Comments should also note good things that JIC has done as well. Data Types, ICSR, IDMP. There is a lack of knowledge of what JIC is. The JIC has opportunity moving forward. Need to illustrate the successes and the work we are moving forward. Need a communication plan. Also address why is the JIC is considered a coordination group, but is working on standards?

The JIC has morphed over time and we need to move from the past and highlight where the JIC is moving for the future.

What problems do we think this group is best used to solve? One of the changes is ISO change in its acceptance of standards from other SDOs. We had a number of things to monitor. In the charter is the acceptance of ISO standards. We do need to get a message on why JIC is working on the patient summary.

It is not an ISO change of opinion on HL7. There were issues when HL7 changed their model to make their standards available at no charge.

So far the RSPs are being done on a case-by-case basis through the TMB. This challenge for the JIC is the discussion about how to put together standards that are free vs those that are paid. Need a conversation between HL7 and ISO.

CEN and ISO would like to have the work done, where the experts are and then you have the balloting process, which is valuable.

This is a direction that is available and how can the JIC help this facilitation. JIC has been working behind the scenes.

As we go forward:
- Work with TMB to relax the rules to move forward on RSPs. Need an intermediate structure to prepare for contingencies.
- JIC support globalization.
- Support forward and visible standards such as the RSP, Aging Communities and Olympics.
- Focus on initiatives.
- When JIC participates in an initiative, need to be sure this gets completed e.g. Lower and Middle Income Countries which was dropped.

Things are moving infinitely faster than when the JIC was formed. Increasingly aware that there is more than one component:
1. Group creates the standards
2. Implementers – be aware of the implementation guides
3. User community – Not just SDO, but clinical, and payer
4. Reality: whatever we do we need to recognize the individual requirements of each of the groups.

Look to the blending of the international community, making this global.

This is much bigger than just JIC success stories. When the patient summary is released, need to have a vision to ensure a proper message. JIC Executive need to author and make sure they are able to identity the initiatives, communication and how to move this forward.

Action 1	(ALL) A task force on the JIC's communication strategy will be set up; At the June meeting, further recruitment of volunteers will be requested.

Other outstanding actions were listed as agenda items below…

5.   Process for onboarding of new JIC members

Reviewed Article 7, Admission as a members, need a special resolution, and Rule 9 outlines how that the organization applies through a written application, how to process the application, needs to be an SDO that supports health informatics.

Personal Connected Health Alliance (PCHAlliance) is asking to be a new member, and the process above needs to be followed. Unclear at where they are in the process with the JIC leadership.

Action 2	Need to invite PCHAlliance to present and respond to questions at the June meeting. Suggest sharing the application in advance, so they can see the process. And share the charter and the rules so they are prepared for the meeting in June.

6.   JIC Standards Set Work – Patient Summary: Progress update

PSSS groups have been working. There was a meeting in January. Now working to circulate the delivery of the draft that will be presented first to the JIC before this is more broadly circulated. Plan to hyperlink documents by audience type to make it easier for the user to find what they need. The JIC is looking for coherence and consistency when reviewing and responding to the documents. Not creating anything new, but brining this together in a usable form.

Will create a matrix of stakeholders and which sections will be usable by stakeholder. Vendors who need to know the landscape, Decision makers who need to know what the big picture is vs. can't be done is to give a complete conformance and assessment and implementation. JIC should try to collect the good practices/best practices. Selection of standards should not be done on an individual basis.

Consider that the audience has probably changed over the last two years. Also need to consider the maintenance and governance or this may be out of date quickly.

The target is to have the first draft by mid-June.

7.   Drafting of FHIR message on behalf of the JIC? (Continued discussion)

Want to build around this standard. In V2, everyone did they own thing which caused conflict and duplications. With HL7 wants to build a registry for FHIR and make this a true international standard.   Also want to have implementation guides. There are mixed messages about what FHIR can and cannot do. This is not about JIC promoting this, but recognizing that this is a reality. The standard set work is really an informational guidance about one topic. Giving an information package about FHIR could be another standards set activity.

In Oslo, there was a recommendation to draft a document. The SDOs could have collaborative guidance. An initial draft has been submitted for review by HL7. The audience will most likely be other SDOs.

8.   e-Standards Development Update

There will be an organizational conference to be held in June 26-27. The Draft Roadmap nearly completed. This will be shared with the JIC for discussion and hopefully support. The main stakeholders are health systems (providers, government, regulators), work force, citizens and eHealth market.

What will the project deliver if JIC supports this – a critical review of the Roadmap needs to be conducted. The e-Standards has a section on the patient summary, it is complementary, but different then the other work being completed within HL7.

These projects are looking at the state of standardizations and the future of standardizations.

The Roadmap by the European Union can possibly be replicated in the US. In US there is also regulation, as there is in the EU. They are currently looking for stakeholders; this work is complementary to the RSP and/or Patient Summaries. This project may help SDOs to harmonize such as IHE. Need to identify use cases that we are currently struggling to identify in the RSP.

All deliverables are publically available on the website. IHE and HL7 are partners in this project. Need to be sure we share this information. Need to figure out how to leverage this with the JIC work.

Standards are global, but implementations are regional. JIC may want to look at the audience of who is using the standards set.

Tighten process for JIC Executives to take action.   The resolution also needs to be specific with timelines and expectations. Is there a difference between endorsement and recognition?

When new strategy and business work is done with the JIC is updated, need to address this.

Action 3	SGO will send a note to the JIC Chair, requesting review and comments from JIC member SDOs

Note by email from SGO on 20170425:

"The project has been granted with an extension until 1 July 2017. In this period, the main activity focuses on writing the Roadmap for eHealth standards which will be shared with JIC for their endorsement. The Roadmap focuses on 4 target audiences: health systems (providers, government, regulators), work force, citizens and eHealth market. AHIMA is looking carefully at the deliverables of this project to see what can be taken into consideration on the US side. All deliverables are available: www.estandards-project.eu"

9.   New business

JIC has little involvement with the government – how does the JIC get to a level of involving the governments – add to future agendas. In the RSP, ISO TC215 has written sections for the government.

Suggest reviewing the possibility of the Health Summits and have the government regulators speak to us as the Standards Community. There were five in the past.

Aging Community: A workshop was held in South Korea 15 April 2017, and this will be discussed at ISO TC215 This initiative will cross many SDOs. One example is using a common use cases. This to be added to June 2017 meeting.

Olympics healthcare interoperability initiative and is a funded project under HIMSS and SNOMED. This is in the first start up phase and it is 50% complete. There have been successful discussions with the International Olympic Committee. Target 2020 Japan, and Japan, Brazil, US are the initial pilots. The JIC should continue to monitor.

This was presented at the IHE Connectathon in China and was well received. This is leveraging what we need to achieve interoperability to build a legacy leveraging the work in the country. Item to be added to the JIC agenda on a regular basis.

10.   Next meeting

Next teleconference on Wednesday 7th June 2017 from 20:00-21:30 UTC.

11.   Adjournment

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