

JIC Executive Meeting

Wednesday 4th October 2017

20:00-21:00 UTC

Minutes from Meeting

Location: Teleconference

1. Welcome, Apologies.

The Chair gave his apologies to the group for not being able to attend the previous call and thanked Jane Millar (JMI) for chairing it.

2. Minutes of last meeting

The minutes of the previous meeting were approved.

3. Agenda approval, requests for AOB

The agenda was approved and no items were added.

Mike Nusbaum (MNU) noted that one action item which should be added back on the agenda is the communications task group. The Chair agreed

Action 1	Penny Stewart (PST) to add Communications Task Group to the next agenda for discussion.
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4. Review of actions from previous meetings

Current outstanding actions:

- **20160501-03 - Unique Device Identifier:** *ACTION:* “Christian Hay (CHA) to update the UDI document with a chapter and annex.” This item is still outstanding.
- **20160501-04 - Unique Device Identifier:** *ACTION:* “Final review by small group should include the HL7 representations.” This item is still outstanding
- **20170416-01 - JIC Communications:** *ACTION:* “A task force will set up; Mike Glickman (MGL) will chair the TF. MNU will participate. At the June meeting, further recruitment of volunteers will be requested.” This item to be discussed in the November meeting.
- **20170712-02 - SKMT Glossary:** *ACTION:* “HGR to follow up with IEEE and then ask The Chair to send a letter of support.” The Chair The Chair has not yet received an update on this.
- **20170712-03 - PSSS:** *ACTION:* “JMI to contact the JIC to request contacts to share the document with for external review”. JMI has reached out for contacts and added HL7, ISO and CEN to the list as they have now responded. SNOMED International have also put some people forward. A summary will be given in the PSSS update later on the agenda.
- **20170906-08 - PSSS:** *ACTION:* “Check HL7s Support for PSSS release with Ed Hammond (EHA).” The Chair has not yet seen any edits from EHA.
- Other outstanding items are on the agenda.

5. JIC Patient Summary Standards Set Update

JMI gave a summary of progress with PSSS. The external review has started. Papers were sent out at the beginning of the w/c 25 September, the announcement is on the JIC website and requests are being received through the website as well as directly. We are already receiving messages that people are happy to look at it and give feedback, and can do so in the allotted time. Don Newsham (DNE) and Richard Dixon Hughes (RDH) had provided additional contacts interested in participating. JMI urged the JIC to please send the web link to anyone who might be interested and they can come back to her for further information.

The Chair noted he has names he can add and will let JMI know offline.

Action 2	The Chair to give JMI list of contacts to whom the PSSS document can be sent for feedback.
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The Chair asked if there were any further comments / discussion and noted that we are in a good state with this. One issue relating to the PSSS was brought up by GS1 related to inclusion of their standard and there has been discussion on this. The Chair's suggestion would be that we send the issue that was raised by GS1 back to EKE and her clinical group so the clinicians can review the request in line with the use case and provide feedback on whether it should or should not be part of the Patient Summary and if it is included, DNE's group then need to update the standards section accordingly.

DNE responded re GS1 that he provided some detailed analysis of GS1 comments and provided some feedback - the UDI work is the side where we could utilise the GS1 standards so we do need that piece of work updated and knowledge on the status of UDI, which would be very useful going into Liverpool and London meetings. Feedback on his comments would be useful, but has provided rational feedback already.

JMI agreed with The Chair proposal as the key is to refer back to the use case and the fact GS1 have raised this is important but it is essential to differentiate between what is needed for patient care and what for regulation. JMI supported sending back the comments to EKE and clinical group for review. GS1 had been involved in writing up the use case, and had not raised the issue. It is always going to be the use case which sets the scene for standard sets.

The Chair noted that it also brings up a good point that there is the issue around the regulatory piece that we may or may not include but there may be a gap in what we are doing in some jurisdictions to include some information. If people are happy with it then it should be sent to EKE's group and ask them to review in the context of relation to PSSS and use case and also any impact on regulatory items.

MNU noted he would like to hear what CHA would say but it is an appropriate time to raise these issues and agreed that it has to go to two levels to determine if it is in the use case or if the use case needs extending and, given outcome of Elizabeth Keller's (EKE's) group's discussion, then look at whether it is the most appropriate standard. MNU asked CHA whether, rather than saying GS1 doesn't support PSSS, would GS1 be prepared to soften that statement or retract it in favour of saying that GS1 comments are being noted and addressed?

CHA agreed to this. It is not personal but rather a result of discussions with GS1 colleagues and of course GS1 were disappointed we were excluded from part of it - a tricky statement to pass on.

The Chair noted that what CHA proposes is very appropriate and if we pass through this exercise in clinical validation first and then pass it to DNE, depending on the outcome, the result will be satisfactory and GS1 will then support the documents.

The Chair thanked CHA and asked for any other comments.

Christine Chronaki (CCH) shared a comment with regards the use case. As she looks at it, the Use Case makes some assumptions about the health system. As far as process is concerned, the Use Case may not be relevant around the globe so when the feedback is being collated CCH suggested that this needs to be taken in to account. Having said that, the story and scenario are viable.

MNU asked whether CCH had raised these comment to the team as part of the comments process as it is important for this sort of comment to be captured. CCH stated that she could certainly do that but there is an interim question that relates to the template of the use case that the separation of the clinical/data component from the process component. CCH stated she could not work through the solution but is happy to submit it as a problem in the methodology. CCH also stated she is committed to the project.

MNU asked CCH to please raise the comment so it can be explored. The group had used the Use Case methodology authored by GDI as an ISO standard.

JMI agreed that it is a very valid comment and asked CCH to please document so it can be internally raised. Feedback is useful and can be looked at once received in writing.

Action 3	CCH to document her comments so that group can further explore.
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6. PCHA Membership Application

The Chair asked whether the application had been sent.

MNU updated that the PCH Alliance are very keen to join JIC. JIC had made the process clearer for them and MNU had walked them through it as a mentorship several months ago. Michael Kirwan has been promising to submit for a number of months but it has not been received. If PCHA want to come forward, there is a process that can be followed.

7. Preparation for Face-to-Face meeting in November

The Chair - in November JIC will hopefully have the final documents for PSSS and be getting ready to sign off and release. What else should be on the agenda? Potentially include an update from the Communications Group as previously discussed.

Robert Stegwee (RST) reminded JIC of discussions on the September call where it was agreed there would be a discussion around the ISO reference portfolio and the PSSS. RST also proposed having a more strategic discussion after the eStandards workshop.

MNU said that it is important to have a clear vision as to the role of the JIC in terms of producing and managing assets such as PSSS and other JIC works and this should be discussed in line with the Communications Group. There needs to be discussion and agreement on how JIC go forward on some of these new services and work groups. Therefore, a strategic discussion and considerations as to whether JIC needs to change any current operating assumptions.

JMI reminded the JIC that one of the actions was to draft initial plans on the maintenance and updating of the PSSS.

RST suggested another item for the agenda is main event show cases such as the 2020 Olympics.

Action 4	The Chair requested that the JIC send any further agenda items to PST for inclusion on the agenda.
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Action 5	PST to send out details and logistics for the meeting with venue and timings etc.
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8. eStandards Workshop at November meeting

RST gave an update on the eStandards workshop to be held at the November meeting. Would like to have an introduction with the goals of the workshop from a JIC perspective, including what we feel collectively is the value of the eStandards within the JIC and how these would influence our work. This would need to start with the bigger picture of where they came from and how it is part of the EU/US discussion on eStandards. The shape of the workshop would be a short introduction before lunch and then the deep-dive discussion after lunch. This would include role of the SDOs in moving from standards development and use case specs through to deployment and feedback. Then we would like to take the Olympic health initiative as an example, and look at what would that mean for the JIC. Then a discussion linked to evaluation of PSSS work, which would be more forward looking to enable JIC to consider ways of working towards the next JIC endeavor.

9. New business

- MNU sent Mike Glickman's (MGL's) apologies, as he is involved in a US TAG meeting and so cannot be on this call.

MGL has asked to convene a meeting of the Communications group during the w/c 9 October and has suggested some dates. He will make sure CCH is in the group and he had asked for other volunteers. This will become an important group to set the stage.

The Chair agreed that a communications piece and the work of the Communications Group will help inform and contextualize around the challenges and benefits of the JIC going forwards.

- RST has been speaking with NICTIZ from The Netherlands and they have been tasked with setting up an SDO platform in Europe. They have asked if a representative can attend the JIC face to face meeting to get a feel for what it does and use that as input in setting up their group in Europe.

The Chair asked the group how it feels about having an observer from NICTIZ attend the face to face meeting. There was general agreement that the JIC is transparent and so this wouldn't be an issue. RST noted that in Canada they have been looking at doing the same, but it has transformed in to something else, but for Europe there might be some very good learnings from what Canada has done and they are happy to help.

The Chair agreed that the JIC is transparent that we should invite them to join as observers, and there was no opposition from the group.

RDH gave his support but thought it important that it be highlighted to those not on the call.

Action 6	PST to include the proposal of a NICTIS observer when emailing the JIC with the meeting logistics so all have a chance to voice any concerns.
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10. Next meeting

Next Meeting on 11th November 2017, face to face in the London SNOMED International Offices.

11. Adjournment

The meeting was adjourned at 20:45 UTC