2013-09-22 TSC WGM SDO Activities Minutes

From HL7 TSC

TSC Sunday Q4 Agenda - 2013 Sep WGM, Cambridge MA USA

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TSC HL7 activities with other SDOs Meeting

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Opportunity for HL7 WGM attendees to review activities in collaboration with other SDOs such as IHE, OMG, and the JWG and JIC, and provide comment.

Agenda

Welcome and Introduction - Lightning Round - each SDO represented may contribute their SDO’s perspective in answering three questions

1. Considering that there are many standards, policy and other organizations, it is difficult for most users to classify/categorize them. for example, to know which organization to go to for a particular issue. What THREE subjects or domains are the primary focus of your organization?
2. We are here, together, in this room ... we know (of) each other. From the perspective of your organization, name TWO other organizations that are not here but should be?
3. If you could solve ONE problem or issue in Health IT, what problem would that be? Why?

Attendees may present liaison reports verbally

Review of each JIC-sponsored event having HL7 engagement

- BRIDG: Ed Tripp -
- IDMP: Tim Buxton
- CTRR: Ed Helton
- EHR-S FM:
- PHR-S FM:

Minutes
Scott convenes at 3:35 PM and describes the format, with the intent to get roll call to identify which SDOs are represented to allocate time to each for the three questions.

- Clarification requested on 'you' from one problem or question to solve - meaning the organization represented.

Reports:

- HL7 activities with AHIP: John Quinn doesn't know what AHIP is ...
- HL7 activities with ADA: Pat Van Dyke reports
- HL7 activities with CDISC: Becky Kush
- HL7 activities with CEN TC 251: Mark Shafarman is no longer CEN liaison, Steven Kay is no longer here.
- HL7 activities with Continua: Chuck Jaffe
- HL7 activities with DICOM: Harry Solomon
- HL7 activities with DSMO: Durwin Day
- HL7 activities with GS1: Chuck Jaffe - Christian is around
- HL7 activities with IEEE (11073): Todd Cooper is not present
- HL7 activities with IHE: Chuck Jaffe, Keith Boone
- HL7 activities with IHTSDO: Russ Hamm is not present
- HL7 activities with IRISS: Ed Tripp
- HL7 activities with ISO: John Quinn and Lisa Spellman
- HL7 activities with JIC: Richard Dixon-Hughes
- HL7 activities with NCPDP- Margaret Weiker, (no Sue Thompson, else Scott)
- HL7 activities with NQF: Chuck Jaffe
- HL7 activities with NUCC: Nancy Wilson-Ramon
- HL7 activities with OMG: Ken Rubin
- HL7 activities with Regenstrief/LOINC: Ted Klein
- HL7 activities with SCO: John Quinn or Chuck Jaffe (Margaret)
- HL7 Activities with The Health Story Project: Joy Kuhl
- HL7 Activities with TIGER: Pat Van Dyke
- HL7 activities with W3C: John Quinn suggests Charlie McCay
- HL7 Activities with WEDI: John Quinn
- HL7 Activities with X12: John Quinn

12 representatives available: AMS suggests that someone from HL7 should also answer these questions. Five minutes apiece is allocated.

1. ADA -
   1. Pat reports participation with SCDI involved with dental informatics. Electronic Dental Health Record is an ANSI-approved standard. They have interest in periodontal attachments and imaging.
   2. DOD and VA
   3. Interoperability
2. DICOM: Harry sends a slide show (http://gforge.hl7.org/gf/download/docmanfileversion/7526/10920/%44%49%43%4f%4d%20%66%6f%72%20%48%4c%37%20%57%47%4d%20%32%30%31%33%2d%30%39%2e%70%70%74), and notes their areas are
   1. Imaging, imaging, imaging; meaning the technical representation of processes of imaging, second management of images, third storage and access of images.
   2. Medical specialty groups such as opthamology, radiology (Rad Assoc of N. America) and EU college of Radiology.
3. Getting us all to talk together. Tooling to assist them in getting level three reporting content and manage coded content in clinical documentation.

3. IHE: Keith
   1. Health IT Standards, Healthcare vocabularies, and IT Standards.
   2. W3C Healthcare Life Sciences WG, and OASIS Health Care WG
   3. Dealing with data locked inside PDFs of all CDA templates and other templates, both in IHE as well as HL7. They cannot access that data for tool building for implementations, both CDA and non-CDA. Ted comments that individually published PDF files are not useful for coding implementations. Computationally tractable representation is needed. AMS asks if Keith’s comments represent personal or IHE-organizational perspectives. Keith recounts his effort for IHE to gain content for CCDA documents in PCC Technical Coordination Committee.

4. ISO: Lisa Spellman -
   1. **Question 1: The Official Answer:**
      - Standardization in the field of information for health, and Health Information and Communications Technology (ICT) to promote
      1. interoperability between independent systems,
      2. to enable compatibility and consistency for health information and data,
      3. reduce duplication of effort and redundancies. not limited to: (1) Healthcare delivery; (2) Disease prevention and wellness promotion; (3) Public health and surveillance; (4) Clinical research related to health service
   - **Question 1 – Answer - My Personal definition:** We must do a better job unlocking knowledge - TO Facilitate – help make real – the effective, accurate and meaningful interpretation and use of health data as Information AND Knowledge across the healthcare continuum wherever ICT – [Health Information and Communications Technology] to make a positive difference in the improvement of healthcare delivery worldwide.

2. **My reply:** I did not name a specific group, rather, we need more end users at the table. Those that we imagine are buying our products – we need more of their active engagement – that is who needs to be at the table more often.

3. I HAVE THREE
   1. "Agreement and synergy on definition of interoperability: "There is an urgent need for an international definition of interoperability that is comprehensive, meaningful, has broad agreement, and buy-in, irrespective of whether we are considering small devices or large systems..."
   2. More end users at the table more often to help improve the uptake and successful use of all SDO deliverables...
   3. Better Feedback loops – what is working, what is not working and how can we improve.

5. JIC: Richard includes a slide show (http://gforge.hl7.org/gf/download/docmanfileversion/7528/10922/%4a%49%43%5f%53%65%70%74%65%6d%62%65%72%5f%32%30%31%33%2e%70%70%74%78) for review
   1. Foundation architectures, interoperability architectures and vocabulary, sharing knowledge and info.
   2. EU Projects, CIMI activity, IEC 62
   3. Agreement on core foundational technologies and foundational frameworks. John Q comments that we are close but with lack of execution: sadly we missed Steven Kay to represent CEN, and no official representative of CIMI though the CIMI meeting just concluded. Richard adds further synergies with joint groups are needed.

6. NCPDP: Lynn Gilbertson speaks for NCPDP
   1. Pharmacy services sector for mostly US though standards are used in other countries. Pharmacy
1. Services and electronic prescribing are the main domains.
2. She could not comment as she had not attended this session before.
3. Laundry list includes standards named in regulation working through regulatory processes in US government and their effect on moving Health IT/standards/versions forward. They work with HHS on this.

7. OMG: Ken
   1. OMG has 12-15 different domains where HIT is only one. They do modeling, distributed systems and their standards, and community enablement.
   2. We need more skeptics, late adopters who are reticent to use technology. Need the skeptic in the room.
   3. Self-describing data interfaces for conversion management, since everything is constantly changing. When you know you are receiving document of format x and you know what to do with it.

8. Regenstrief/LOINC: Ted
   1. Laboratory orders/observations, panels, measurements, (vital signs), and document types/sections and the machine processable identifiers of those kinds of objects
   2. NACCR and CAP need more active participation, not necessarily in the Activities with SDO room but with HL7 in general.
   3. Recognition of the importance of terminology in interoperability, and practice of thinking about it up front rather than tackling it on later.

9. SCO - John notes that Margaret Weiker is chair
   1. First conference call in a long time, over a year, on October 1 scheduled. HIT standards groups and terminology groups evaluated how they would be helpful to ONC for a single point of contact for standards. Though ONC has continued to work with SDOs individually, they will touch base. Primary focus is organizing the interactions at the governance level in the U.S. with HL7, NCPDP, X12, IHE, Regenstrief/LOINC, US IHTSDO.
   2. Those that are not here of the above list.
   3. For all the major SDOs to work together as if clairvoyant; while they don't fight any more but work independently in relatively defined domains.

10. TIGER: Pat
    1. Technology informatics guiding education reform: nurses talk about what goes on in HL7, on terminology, nursing education and PHR informatics, and international nursing informatics.
    2. AMIA has a subgroup for nursing in it, and the international IMIA nursing subgroup
    3. She feels the conflict in terminology and consistency between nurses and physicians is the primary problem to solve. Chuck notes that we have an SOU with AMIA and an educational material exchange program that has not showed success. HL7 also has an agreement with IMIA. IMIA panel proposition was rejected as it was felt their constituents were not interested in standards, regretfully.

11. W3C - Charlie McCay tagged
    1. Perspectives for relevance: XML Schema and XSLT space, RDF/OWL SCOS space, semantic web healthcare group in which he is not involved but indicates activity in applying OWL to healthcare standards and collaboration with HL7 and other organizations.
    2. OASIS and some other document management standards and configuration management standards in the horizontal standards space as Ken Rubin mentioned.
    3. Learning the barriers to adoption is the problem that needs to be solved. He'd like to see standards become so common you can't even buy books on it any more like XML due to pervasive adoption.

12. WEDI: John Quinn
1. WEDI - workgroup on electronic data interchange held Board meeting about three weeks ago. They represent industry with respect to healthcare payment standards and HIPAA transactions. Their other focus include educating Congress.
2. In the HIPAA world, we are only just getting to the interesting part of it with interactive standards for verifying eligibility online, along with the HL7 attachment standards. The organizations they’d like to see show up only for the days Attachments WG meets. NDCC is an example.
3. In this domain, it would be finishing HIPAA transactions without adding more duplication or conflicts than are necessary in how the standards are used especially for Medicare/Medicaid.

1. CEN - Bernd offers a perspective.
   1. Methodology and architecture for designing information systems for meeting business process needs, with focus on business process needs. Second safe communication of EHR s. Thirds is concepts and terminologies to map and encompass the entire enterprise of health and care.
   2. ETSI - European Telecommunications Standards Institute, and OASIS
   3. Their strategy document for the future states goal of inclusion of all stakeholders for integration of standards into relevant and holistic solutions.

Questions:

- Mike Nussbaum here with involvement by IHE, TC 215. He is overwhelmed by the number of organizations that participate here but underwhelmed by the coordination at their gatherings. Many same liaisons in different countries, meeting at each of the various SDOs activities; looks like an RS-232 wiring closet. Collaboration efforts are overwhelming.
- Lisa asks for feedback if others have please send to them.
- Austin states he feels personally that one organization that is not present, and doesn't exist, is a U.S. Affiliate. As a result the TSC has had to create a US Realm Task Force to address some of these coordination problems.
- Keith suggests a once-every-five years international event where we all get off our duffs and really work out the issues.
- Charlie would like to see traction on the information standards within the clinical groups, patient and professional groups.
- Richard observes groups that have identified health care as a growing area of expenditure and having their effect on their markets don't see themselves as collaborators. Standards on chemistry, devices etc on e-health by ITU from IEC and IETF that are completely independent. He notes Continua as an organization as well as telecom.
- AMS would like to see more consumers of the products get involved. Some of his clients come as first time attendees but do not return. They are not interested in developing the standard but could help make it easier to use. Definition of terms used between measures have to be consistent e.g. NCUA.
- John Moehrke comments that we need to bring together the users of the product as the organizing mechanism. We have too many organizations involved in the creation of standards, and the users of the standards struggle with putting them together. Users drive the needs, which should be captured in definitions and then the resulting products should be validated against the needs list. Need a structure in which these other mechanisms can be worked at.
- Bernd agrees with John to engage all stakeholders, including developers and users as well as docs and patients. Need also to understand the business process.
- AMS notes we need to figure out how to engage the consumers.
- Austin suggests the formation of user groups need to be tied in to that. Virginia Riehl notes there is a birds of a feather to talk about that tomorrow night, chaired by John Hatem, in the Aquarium. Another
meeting is also held on Wednesday 9 AM.

- Doug Fridsma notes he doesn't represent an SDO though they act like one. He is concerned about quality when we try to accelerate standards, to manage cost and leverage quality for patients. Transparency and measurement of the care that is delivered is important. Orgs like CMS can establish a standard without anyone else involved, with congressional mandates allowing them to set a standard independently. We also need to determine success of a standard not only in conformance but in the receipt of a standard. Create an IG that uses either standard A or standard B and either one can pass but still not interoperate. Send to the "or"s and receiving from the "and"s. Postel's Principle (founder of diagrams for TCP/IP) send conservatively, but receive liberally - it's not about focusing on conformance on send but on success on receive. Issues of patient safety and dealing with partially understood information discussed.

- Ted responds that V2 was very successful and widely implemented, and liberal on receive. Parts you didn't understand were largely ignored. Weaknesses in that approach were addressed in V3 but examples exist both for success of those corrections and the continued errors of the approach.

Adjourned 5:03 PM


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