

A stylized world map in shades of blue and white, serving as the background for the slide.

# ***IHE Cardiology***

## ***2012-2013 Work item evaluation***

***Nov. 27, 2012***



Nov. 27, 2012

IHE Cardiology



# Agenda

- Presentation of results of technical analysis
- Final selection of work items



# 2013 Proposals

The following proposals have been analyzed by the technical committee

- Registry Submission Workflow
- Electrophysiology Report Content
- IVI Workflow
- Registry Data Submission for Cardiac NCDR Diagnostic Cath and PCI Procedures
- Promotion of existing profiles



# Registry Submission Workflow

- Address workflow for how the various systems, including the cardiovascular information system, registry submission data system, and EHR, cooperate to produce the registry submission
- Establish format for registry submission
- Profile actors from RFD for use in Cardiology
- Workflow profile, content will be provided in other profiles like the Cath/PCI NCDR Registry Submission profile
- Important in the context of Meaningful Use
- Medium Effort



# Cardiac EP Report Content

- Continuation of last years work item to define a CDR implementation guide for an EP Report
- Procedures to be addressed
  - EP study
  - Device implant/explant/replacement
  - Lead implant/ extraction/revision
  - Cardiac ablation
  - Cardioversion
- Risks
  - Technical Risks (e.g. dependency on cCDA)
  - Resources (Anthony for Ablation, owner for Cardioversion, availability of clinical resources)
- High Effort



# Intravascular Imaging (IVI) Workflow

- Extension of existing CATH workflow to include IVUS and OCT as modalities
- Should mainly address, the storage of those SOP classes, no specific display requirements needed
- Need to address intermittently connected modalities
- Will be based on HL7 2.3.1, IHE Japan needs to provide national extension to deal with HL7 version 2.5 issue
  
- Medium to Low Effort



# Registry Data Submission for Cardiac NCDR Diagnostic Cath and PCI Procedures

- Content profile to define the data elements for Cath/PCI registry data submission in a CDA implementation guide
  - Based on NCDR 4.5 data dictionary and NCDR data model
  - Map appropriate business rules
  - Aggregate data from EMR, CVIS, lab systems, hemo systems, ... into a CDA document
- Leverage data mapping of clinical terminology done in CRC
- Focus on content, submission part will be covered by Registry Submission Workflow
- Risk: Dependency on ongoing work on data dictionary and data model
- Medium Effort



# Existing Profile Promotion

- Due to the lack of adaption of Cardiology profiles, promotion is needed.
- In addition to efforts addressed by the international board the following suggestions were made
  - Survey of vendors and users, why they do not implement/request Card profile
  - Mini Demos and promotions at trade shows
  - Handbooks or whitepapers to educate users/vendors
  - Lobbying from leading cardiology customers to vendors
- Effort: Medium (however it could be handled flexible – the more effort we spent, the more we may be able to achieve)





# Summary Technical Analysis

#	Profile Proposal	Profile Synergy	Effort	Resources	Risk	Comment	Selected work item
1	Registry Submission workflow	x	Med	Harry		Important in the context of MU, workflow to be used with various content profiles	
2	Electro Physiology Report Content	x	High	Anthony, Nick	Resource availability	Re-use structure from CRC. Continuation of 2011/12 work item	
3	IVI Workflow (see note)	x	Med to Low	Nakano	Japanese vs. US, EU workflows	Extends existing Cath workflow. Will be written by IHE Japan	
4	Registry Data Submission for NCDR Cath and PCI Procedures	x	Med	Nicole and Nandan, Nick, Harry, + ACC Contractors	Training staff to create profiles	Content, workflow will be addressed in (1), re-use of work done in CRC. Dependency on NCDR dictionary/data model	
5	Existing Profile Promotion		Med	Tom, Antje, + clinicians		Urgently need to address lack of adoption of Card Profiles	

Note: 30 % of Technical Committee effort needs to be spent on Technical Framework Maintenance



# Voting Policy and Procedure

- Policy
  - All IHE members in good standing\* are eligible to vote.
  - Based on recent meetings the following members are in good standing
    - ACC, ASE, ASNC, HRS, Agfa, Cardiac Science, GE, Heartbase, Medical Micrographics, Mortara, Philips, Siemens, Toshiba
- Procedure
  - One representative for each member in good standing can vote
  - Each member gets two votes
  - Work items will be determined by the highest count of votes

\* Organization needs to be an official IHE member. Representative cannot have missed more than two meetings in a row.



# Schedule 2012-2013

Timeframe	Activity
Aug./Sept. 2012	Call for proposals
Oct. 4 2012	Proposal review with PC
Oct./Nov. 2012	Technical evaluation and effort estimates by TC
Nov. 27. 2012	PC selects 2012 work items
Dec. 10-12. 2012	TC development kick off face to face
Mid of Apr. 20113	Start of Public Comment
End of June 2013	Publication of Trial Implementation Supplements
End of July 2013	Publication of revised TF and Supplements



# Backup Slides