

DRAFT AGENDA
IHE EYE CARE YEAR 4 PLANNING COMMITTEE
December 4, 12:00 – 2:00 p.m., EDT
Teleconference: 1800-605-5167, use passcode 724635
For International Callers, 1-719-457-0339, Use passcode 724635

Co-Chairs: Jim Riggi, Medflow; Linda Wedemeyer, M.D., Veterans Health Administration

- I. Welcome and Introductions
- II. Goals for Meeting and Review of Agenda
- III. Approval of September 18 2009 Planning Committee Minutes
- IV. Debriefing of 2009 The Electronic Office Showcase
- V. Review of Plan for the 2009-2010 Cycle
 - a. At the October 16 PC meeting, the following was determined:

In 2010, we will be focusing on the following activities:

- Targeting ARRA-readiness so that the profession can qualify for the economic incentives. This will involve additional IHE profiles for security and data exchange for electronic health record systems: Consistent Time (CT), Enterprise User Authentication (EUA), Audit Trail and Node Authentication (ATNA), and Portable Data for Imaging (PDI).
- Expanding the spectrum of imaging modalities and diagnostic equipment that participate in IHE Eye Care. Recent DICOM standards for 2010 will extend to equipment analyzing macular grid thickness and volume, visual field machines and biometry.
- There will also be two new profiles in development: Patient Appointment Scheduler and Patient Reconciliation.
- The rationale for Appointment Scheduler is as follows:

Appointment schedules are important information for providers, technicians and photographers in order to plan their work schedules. This type of interface is routinely used to transfer appointment schedules entered by front office staff on practice management systems to EMR systems. This message is missing from Eye Care Workflow.
- The rationale for Patient Reconciliation is as follows:

Existing real world devices in an unconnected environment currently use local databases to store patient information. When these devices now get integrated into an IHE environment, the

expectation is that all the patient information is obtained via MWL. However a lot of existing real world devices at the same time also have review capabilities and reviewing previously captured data in a lot of cases won't be a scheduled activity. These devices will continue to use their local databases for storing patient information (both already existing legacy data and patient data previously obtained via MWL).

In the current patient reconciliation workflow, neither the Acquisition Modality nor the Image Display Actors are included. So there is no way of actively giving an instrument a notification that e.g. a name change occurred in the leading system. When a report is being created (possibly days after the data acquisition) and there has been a patient data change in the leading system, the instrument won't be aware of that and send e.g. EPDF instances with out-of-date patient information to the Image Manager/Image Archive.

VI. Next Steps/Next Meeting