DRAFT AGENDA
IHE EYE CARE YEAR 4 TECHNICAL COMMITTEE
December 11, 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: Rick Butler, Medflow; Imran Chaudhri, Technology Solutions Provider, Inc.

I.   Welcome and Introductions

II. Goals for Meeting and Review of Agenda

III. Approval of October 16 2009 Technical Committee Minutes

IV. Discussion of a Change Proposal for Final Text, 2009

V. Discussion of Patient Portal

VI. Planning for the 2009-2010 Cycle
    a. At the October 16 TC 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.

VII.   Next Steps/Next Meeting
   a. Workplan and Schedule Meeting to Develop the 2009-2010 IHE Technical Framework