

Meeting Name	IHE Eye Care Planning Committee, Marketing and Education Subgroup
Meeting Date and Time	December 12, 2008, 7:30 a.m. – 3:00 p.m., Pacific Time
Next Meeting Scheduled	
Location / Dial-in Numbers	1 800 605-5167 use passcode 724635
Gotomeeting	

Agenda

- I. Feedback about the 2008 Showcase
- II. Publication of Connectathon Results: IHE International Board Action
- III. Timetable for 2009
- IV. Change proposals for the Year 4 technical Framework
 - a. Patient Portal
 - b. Patient Reconciliation
 - c. OP Compression
 - d. Contrast/Bolus Time Mandatory
 - e. New DICOM IODs
 - f. Appointment Schedule Notification Transaction
 - g. Image Display Context-Launch Transaction
 - h. Image Instance Availability Notification Transaction
 - i. Importer Actor
 - j. XDS Eye Care Extension
 - k. Instructions for Performing a Procedure
 - l. Retrieve Form Data Capture
- V. IHE Co-Chair positions
- VI. IHE User Handbook

Decisions and Actions

Decisions and Action Items	Person responsible	Timeline
1. The group discussed what went well at this year's showcase and what could be improved for next year's Showcase. Ideas for improvement included: AAO sign underneath the large triangular sign, move sign to middle of main aisle, large panel at end of booth, place signs all over Convention Center, IHE ribbons, initial self-registration prior to the ADT, cross-coverage of instruments. The group decided that there should be a subcommittee focused on Marketing and Showcase (logistics, layout). Interested individuals should let Flora know.	All	
2. The group discussed the action by the IHE International Board to have a color-coded system for communicating Connectathon results. Connectathon participants will be also published on the www.ihe.net site as well as the www.iheeyecare.org site. For works in progress, there would not be a color code assigned. For Year 4 Showcase, the Planning Committee determined that there would be a "Works in Progress" status allowed, to enable broader participation in the Showcase. However, a Works in Progress in Year 3 would not be able to repeat as a Works in Progress in Year 4 (identical device). In addition, it was noted that in the DICOM Validation Tool (DVT, www.dvtk.org), the definition files have not been updated. This should be an action item for the Technical Committee	Technical	

<p>and other IHE Eye Care members to update the definition files.</p>	<p>Committee</p>	
<p>3. The group discussed the timetable for 2009. The first Technical Committee will be held January 20-21, 2009 in San Francisco. This coincides with the DICOM WG6 review of WG9 draft supplements. Because of the Annual Meeting being held in October 24-27 in San Francisco, dates will be need to be moved up for the Connectathon and pre-Connectathon testing.</p>	<p>ALL</p>	
<p>4. The group discussed the following change proposal: Patient Portal The group thought that this was a very good proposal but probably belonged to another domain, Patient Care Coordination (PCC), or Information Technology Infrastructure (ITI). The group recommended that Marc-Francois Bradley bring this forward to PCC or ITI for consideration.</p>	<p>Mark-Francois Bradley</p>	
<p>5. The group discussed the following change proposal: Patient Reconciliation The change in the Technical Framework would be easily made, but this requires more effort on the acquisition modalities, so the group thought that this is dependent on vendors' willingness to incorporate this, Acquisition modality actors were requested to come back to the Planning Committee by January 13, 2009 if they are willing to make the changes necessary for patient reconciliation, as described in the change proposal. Please send your response to Flora (flum@ao.org)</p>	<p>Acquisition Modalities</p>	<p>1/13/2009</p>
<p>6. The group discussed the following change proposal: OP Compression The group recommended that this be expanded in scope to include adding JPEG2000 compression for Ophthalmic Tomography (OPT) and Ophthalmic Photography (OP) objects (higher priority), and that relaxing the JPEG compression requirements for OP objects should simply be analyzed further (lower priority).</p>	<p>Technical Committee</p>	<p>1/20-21/2009</p>
<p>7. The group discussed the following change proposal XDS In a related activity, Eye Care CCHIT, it is projected that electronic health records in eye care will need to conform to XDS. The group recommended the following:</p> <ul style="list-style-type: none"> o No IHE EC XDS was required initially – we could adopt radiology's XDS-I (XDS for Imaging) which depends on ITI's XDS. Eventually we will want to create a standardized eye care summary report using a base standard such as CDA, but this could be deferred. o It should be understood that ATNA is not part of XDS, but XDS depends on ATNA. Our recommendation was that to facilitate eye care vendors participating in the January 2010 connectathon for XDS-I, we would plan to include ATNA in the scope of the 2009 eye care connectathon. o A webinar be held in January or February to cover IHE profiles required for CCHIT: XDS, XDS-I, ATNA, CT (Consistent Time). This would be a 3-day webinar: day 1 would be an overview of all the profiles and how they 		

<p>fit together (this part could also discuss some other important ITI profiles not listed above), day 2 would be ATNA in detail, and day 3 would be XDS and XDS-I</p>		
<p>8. In summary, the group reviewed all of the change proposals in detail. The following change proposals were recommended as high priority to the Technical Committee:</p> <ul style="list-style-type: none"> - Importer Actor - Instructions for performing a procedure - Contrast/bolus time mandatory - Appointment Schedule Notification Transaction - OP Compression 	<p>Technical Committee</p>	<p>1/20-21/2009</p>
<p>9. The group discussed the strategy for moving the existing IHE EC integration profiles into a final text state. There are two options:</p> <p>A. Go to final text based on the Year 3 trial implementation versions, subject only to corrections. New features added to existing profiles would necessarily be named options. Advantages include: appearance of maturity, ability to leverage the iHE color-coding scheme for connectathon results, keeping our promise – we may discourage participating manufacturers if we don't</p> <p>B. Keep the profiles in a trial implementation state possibly for 1 or 2 additional years, moving to final text only after the profiles have been validated via 2 or 3 IHE clinical sites (with the sites relying primarily on IHE transactions for integration of PM, EMR, IMS and devices). Advantages include: ability to specify critical previously-overlooked features as mandatory, and validation will ensure final text version of framework truly meets real-world needs.</p> <p>This requires a vote by the Planning Committee members. Please send your response to Flora at flum@ao.org. Also, there is an open IHE Planning Co-Chair position that we will seek nominations for. If you are interested, please contact Flora at flum@ao.org.</p>	<p>ALL</p>	<p>1/13/ 2009</p>
<p>10. The group discussed the need to fill the long-vacant Technical Committee co-chair position and the need for another co-chair position election for the Planning Committee. A call for nominations has already gone out for the Technical Committee co-chair position. A call for nominations should go out for the Planning Committee Co-chair position.</p>	<p>Planning Committee and Technical Committee</p>	
<p>11. The group discussed the need to create a user handbook for eye care. This would, among other things, explain the mapping from real-world product types (e.g. PM, EMR, IMS, etc.) to IHE actors and provide guidance on what to look for in an integration statement (e.g. which profiles, which actors, which options). Here is a link to the ihe handbooks: http://www.ihe.net/Resources/handbook.cfm</p>	<p>Planning Committee</p>	

General Notes

Prepared by Flora Lum

Documents Discussed

Submitted Change Proposals

Meeting Minutes

Scheduled Calls & Meetings

To be determined

Participants

The following members participated in person or by phone in the meeting.

<i>Attendee, Project Role</i>	<i>Org.</i>	<i>IHE Org.</i>	<i>E-mail Address</i>	<i>Present</i>
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