Mobile Health Work Group f2f meeting Vancouver 2012-05-16 and 2012-05-17 Q3

John Ritter

**AGENDA for Wednesday** 2012-05-16 (John Ritter, host)

* What is an HL7 Work Group? How do Work Groups work? (Karen Van, 10 minutes)
* Interactions with HL7 WGs:
	+ EHR WG (John Ritter)
	+ PHR WG (John Ritter)
* What should the new Mobile Health Work Group do? (Erin Fitzsimmons, 20 minutes)
	+ Review “Draft Mission and Charter”
* Discussion (All, 30 minutes)
* Next Steps (5 minutes)

**AGENDA for Thursday** 2012-05-17 (Allen Hobbs, host)

* Recap the Wednesday meeting (Erin Fitzsimmons, 10 minutes)
* Interactions with HL7 WGs:
	+ Ambassador Briefing method of education, (Grant Wood 3 minutes)
	+ Clinical Genomics (family health history) perspective of Mobile Health (Grant Wood 5 minutes)
	+ Mobile Device Work Group (Allen Hobbs, 15 minutes)
* Review of the Draft Mission and Charter Statement
* Scoping the effort; possible projects (Erin Fitzsimmons, 45 minutes)
* Election of Interim Co-chairs
* Next Steps (5 minutes)

**Minutes of 2012-05-16:**

Today’s Goals:

* Define the objectives of the WG
* Create a formal WG, as outlined in the GOM, to support specific deliverables
* Elect interim co-chairs (will be done by eVote next week)
* Enable opportunities for collaboration, both within HL7 and with outside entities
* Establish regular meeting times
* Establish guidelines for work prioritization
* Support outreach and networking
1. Welcome and orientation (John Ritter)
	1. Chuck Jaffe welcomed the attendees and described how HL7 responded to recent activity in the arena of Mobile Health by convening two conference calls to gauge the interest in convening an “HL7 Mobile Health Work Group” (MHWG). Those two calls (hosted by HL7 CEO Charles Jaffe, MD; HL7 Technical Steering Division Chair, Austin Kreisler; and HL7 Chief Technical Officer, John Quinn) received a good deal of interest from HL7 members and non-members alike. Based on that expression of interest, two face-to-face meetings were scheduled for the May 2012 HL7 Working Group Meeting in Vancouver, Canada. [Note: An attempt was made to enable remote access to the meetings, but on-site technical and logistic difficulties prevailed. Sincere apologies are extended to all who attempted to join the calls.]
	2. Requirements for forming a Work Group:
		1. Mission and Charter statement: A small team of volunteers created a draft “Mission and Charter” statement in order to help clarify the MHWG’s basis for existence and its possible scope of effort.
		2. Five HL7 Members must sign a statement of interest, committing themselves to help establish the WG.
		3. Interim co-chairs must be elected for service through the September 2012 HL7 Working Group Meeting (where co-chairs will be duly elected).
		4. Co-chair duties include:
			1. Abide by HL7’s co-chair handbook
			2. Establish a “Governance and Operations Manual”
			3. Conduct meetings according to various rules (e.g., HL7, ANSI)
			4. Manage the creation of documents (e.g., minutes, White Papers, standards)
			5. Manage any processes related to balloting
			6. Manage any coordination with other HL7 Work Groups and with other organizations
			7. Participate in Technical Steering Division meetings; offer reports.
			8. Maintain a “Balance of Interest”
2. Who are we?
	1. Since other Mobile Health-related initiatives exist, the WG needs to survey the landscape, identifying those initiatives’ roles and scopes. The WG will then be in a good position to describe its own role and scope (reducing duplication of effort and identifying gaps). Examples include:
		1. HIMSS
		2. ONC
		3. Etc.
3. Relationship to other HL7 Work Groups
	1. EHR WG
		1. (Newly proposed) EHR Usability functionality
	2. PHR WG
		1. Social Media
		2. PHR-S FM has Use-Cases that envision the use of mobile devices (e.g., smart bathroom scales)
	3. Devices WG
	4. FHIR project
	5. SOA
	6. INM
	7. ITS
	8. M&M
	9. Security WG
4. Relationships to other organizations (Develop a strategy for identifying and perhaps engaging in certain of the following)
	1. Continua Alliance (is there a Continua Expert available?)
	2. HIMSS
	3. NIST
	4. IHE
	5. IEEE
	6. ITU-T
	7. WHO
	8. Vendors; telephone carriers
	9. Bi0metrics for access control
	10. Nanotechnology
	11. ISO JTC1 sensor network
	12. ISO TC215 Healthcare Informatics
	13. ISO/TR WD 17522 “Provisions for Health Applications on Mobile /Smart Devices; Project Leader: Prof. IL KOH Kim ; ikkim@knu.ac.kr
	14. Health-On-the-Net (a “seal of approval” for Internet-based healthcare content)
5. Issues / Topics
	1. The Work Group ought to clarify the terms: “Health Device”; “Mobile Health Device”; “Mobile Health Care”; “Home Health Devices”; “Personal health Devices”.
	2. Create a list (a survey) of the various (ranges of) device capabilities
	3. Risks regarding device use / misuse
	4. Workflow
	5. Threats
	6. Create a list (a survey) of the various types of Mobile Health Devices (in terms of the paradigms or contexts or taxonomy for each of those devices)
	7. Various countries’ worldviews must be accommodated
	8. Various realms’ regulations must be accommodated
	9. HL7’s standards do not advocate one policy more than another. Rather, the standards seek to accommodate any/all practice-approaches, organizational policies and/or jurisdictional laws (and offer an explicit method by which it may be tailored). Each realm is then free to tailor the standard to their local needs (and can still claim conformance to the standard).

Use Cases:

* In Africa, people walk long distances seeking clean water. A cell phone text message broadcast can quickly identify (i.e., share) the locations of good versus degrading versus bad water. Public Health Surveillance organizations can monitor the broadcast to deploy sanitation experts. Also, water-borne disease outbreak reports can warn people away from troubled areas. [A “Gateway-device” versus ‘reporting tool device”]
* In some counties, the citizen has no ID (or name – for example, shy boy of the Mountain Warrior elder’s tribe). However, … this is not sufficient.

Potential questions for the new Work Group:

* What are the security & privacy implications for mobile devices and the impact on HL7 Standards
* What sort of impact would Geo-coding of all healthcare data have on HL7 Standards?
* Where are all the HL7 Apps?
	+ Identify “silos” between app and vendors
	+ MISSION STATEMENT: Foster a culture of standardization and accessibility
* What impact will mobile devices have on healthcare workflow?

**Minutes of 2012-05-17**

Allen Hobbs

Erin Fitzsimmons

Grant Wood

John Ritter

**AGENDA for Thursday** (Allen Hobbs, host)

* Recap the Wednesday meeting (Erin Fitzsimmons, 10 minutes)
* Interactions with HL7 WGs:
	+ Ambassador Briefing method of education, (Grant Wood 3 minutes)
	+ Clinical Genomics (family health history) perspective of Mobile Health (Grant Wood 5 minutes)
	+ Mobile Device Work Group (Allen Hobbs, 15 minutes)
* Review of the Draft Mission and Charter Statement
* Scoping the effort; possible projects (Erin Fitzsimmons, 45 minutes)
* Election of Interim Co-chairs
* Next Steps (5 minutes)

Allen Hobbs offered an overview of the landscape of the Mobile Health Environment:

* Mobile Tracks
* HL7 Work Groups
* Groups Outside of HL7
* Standards

Grant Wood offered an overview of the HL7 Ambassador Briefing program. (The Mobile Health WG may desire to create a Mobile Health Ambassador Briefing.) Grant also described the use of a mobile phone to perform certain Family-Health –related actions (e.g., sharing family history with the GP, scheduling appointments, getting lab reports)

The MHWG will focus on the accessory infrastructure, and leverage (rather than re-invent) the work done by the health device landscape community (e.g., Continua)

Note:

1. Various countries’ worldviews must be accommodated
2. Various realms’ regulations must be accommodated

The MHWG ought to survey the HL7 Affiliates for examples of how health information is being used (or intended to be used) in the mobile health environment in various realms.

Austin Kreisler recommends that the group identify the TSC division where it might best find a home for its activities.

Next Steps:

* The HL7 Mobile Health Work Group will convene via conference call on Tuesday, 2012-05- 22, at 1:00 PM Eastern U.S.  In addition to other business, interim co-chairs will be identified on the call. To participate, dial +1 770-657-9270 and use passcode 465623#
* Identify five HL7 members who will commit to help establish this WG
* Choose interim co-chairs
* Draft the initial Mission and Charter document; Submit it to HL7 HQ
* Seek input from HL7 Affiliates Survey the HL7 Affiliates for examples of how health information is being used (or intended to be used) in the mobile health environment in various realms.
* Meet only at non-U.S. centric times.

< End of Document >

Introductions - John Ritter (Facilitator - JR)

Overview (Chuck Jaffee-sp???) – Bring this topic to Mobile Health started with a webinar with over 100 participants worldwide. Mission statement charter and exchange of ideas.

Today’s goals (see document presented by JR)

Agenda:

* What is an HL7 WG? How do WGs work?
	+ Interactions with HL7 WGs
* Should the new Mobile Health WG do? (Erin)
	+ Presented slides on how to capture health data from a device, and transmit. (diagram)
	+ Audio/Video Capture Basics to EHR or PHR (diagram)
		- Discussion on broadcast and surveillance.
		- Can the device be a standalone device?
		- We think of the device as a reporting device.
		- Look at penetration rates of mobile phones (4.1B devices) at various countries. HL7 Internationally speaking.
			* What is the scope of this group, what is the infrastructure of mobile apps and what are the outcomes?
	+ **Clarify distinction between mobile health and health care device used in a mobile fashion.**
	+ Focus on the challenge. A silo is developing (applications for mobile devices). We need to find ways to get the community engaged. Healthcare devices are should use standards. Application specifically for a device (vendor specific).
	+ **Identify potential silos that may exist between vertical, within, vendor specific mobile health applications.**
		- Example blood pressure and weight application is viewable but can’t share the information with others. Not sharable or interoperable.
	+ **Foster a culture of standardization and assess ability.**
		- Want data to be assessable where ever the user is.
		- Platform capabilities of each device.
		- Define Mobile today (platform is less capable than other kinds of hardware and have to use similar mechanism. Eventually will need to adapt to the needs of the platform and find its way up.
		- Mobile paying to transmit data. Different than other means of exchange via desktop.
		- Looking at the standards space out of a UK task force looking at wireless connections in Assisted Living. Established CDA. Smaller devices use “concept inventory standard”. Speaker (unknown) will share the UK white paper.
* Inter-relationship with other WGs
	+ PHR
		- Social media (is that mobile health) <group said no>
		- Access PHR by a mobile device (where its coming from)
		- Use of a mobile device for public health is this out of scope (no).
		- Crowd sourcing, Social Media (tiny things and the volume makes the power).
			* Sensors collecting data leading to the power of the crowd.
			* HL7 for the cloud.
		- Messaging model using an interface (twitter, facebook, email). (Example BP)
		- **Tracks that can map to the WGs**
			* Governance Policy
			* Infrastructure support (security)
				+ Risks regarding devices (Threats, use/misuse)
			* Communication Devices (device group) have standard interfaces built in for mobile use (more than personal health PHR, home health devices)
				+ Devices in provider and consumer domain to apply the standards
				+ Address how mobile device interface or is an accessory to a medical device (determine requirements and laws)
				+ Define access rights
			* Health Care Domains
			* Research
			* FHIR WG (SOA, I&M, ITS)
		- **Industry groups (Not discussed)**
		- **Relationship with other organizations (identify strategic connections)**
			* Continua Alliance (is there a Continua Expert look at Continua White Papers [www.continuaalliance.org](http://www.continuaalliance.org) )
			* NIST
			* HIMSS
			* IHE
			* IEEE
			* ITU-T
			* WHO
			* Biometric for access control
			* Nanotechnology
			* ISO JTC1 sensor network
			* ISO TC215 Healthcare Informatics
* **The WG ought to clarify the terms: “Health Device”; Mobile Health Device”’ Mobile Health Care”; Home Health Devices”; “Personal Health Devices”.**
	+ Concept of mobility brings in another set of use cases
	+ Taxonomy of uses and capability (identify new emerging standards)
	+ Take various world views must be accommodated.

Discussed Thursday’s agenda.

Election of interim co-chairs via e-vote next week.