Gaining Commitment

* What is commitment
* Value proposition for participants organizations
* Drivers and barriers
* Actions to gain commitment

News

1. Thoughts that HSPC could become the CIIC business entity
   1. Offers an opportunity for changing the name!
2. Offer from ACS for marketing support
   1. Discussion with David Hoyt, “Does this need to be a campaign?” – YES!

Responsibilities of organizations that participate in CIIC

1. Provide expert clinical knowledge as the raw input to the model creation process
   1. Consideration of use cases, context, workflow, decisions enabled by the data
2. Use CIIC approved standard methods and tools to make the first approximation of detailed models as part of their ongoing work
3. Review and approve proposed standard models using CIIC approved tools
   1. We need to insure that this is a balanced and representative process. We need to design this.
   2. Let the marketplace decide – don’t favor particular organizations in a political process. Test in the real world. Maybe very mature models are ultimately mandated.
4. Define the implementation outputs (artifacts) needed to use the models in development of software (FHIR profiles, HL7 V2 messages, CDISC messages, etc.)
5. Promote use of shared data models for common data elements by members of their clinical society. Ideally, this would include implementing the standard models on a defined schedule that fits with existing financial constraints, timeline commitments,  and project goals
6. Use CIIC supplied tools and executable “maps” to transform instance data from local forms to standard forms

CIIC responsibilities (these are the central services that need to be supported by dues, in kind resources, or other funding mechanisms)

1. Community building and coordination, including hosting meetings, connectathons, communications, etc.
2. Create a description of a standard methodology for capturing model information from clinical experts
3. CIIC approved tools to capture the model information from clinical experts consistent with the defined methodology
4. Create computable formal models from the raw input provided by expert clinicians
   1. We are creating the “language of health,” the “global language of health” – GLOH, standard, simple,
   2. CIIC (CIMI?) will request standard codes as needed
   3. Including the maintenance of content
5. Create an internet accessible repository of models and load the repository with all models that have been developed
6. Create a browser to allow clinical experts to find, review, and annotate models that have been developed
7. Provide a mechanism to export the models in a requested implementation format
   1. Work with implementation groups to insure that the implementable models can be easily integrated into software
8. Create and run a process for getting healthcare wide approval of specific models for specific purposes
9. Create or adopt/approve a tool to track approval, adoption, and implementation of models
10. Provide training
11. Provide a “clearing house” so that people could find groups and projects that are working in your area of interest.
12. Project help
    1. Organize CIIC approved modeling consultants to help groups that need it
    2. “Pre-sale support”
    3. Project management support
13. Conformance testing and certification (think of other things that HSPC does)
    1. Sandbox – reference implementations, easy development environment
14. Set timelines for accomplishing CIIC commitments and roadmap items

How do we gain commitment?

Endorsements from participating groups

How do we increase participation?

An expectation of membership is to support implementation of the consensus decisions of CIIC

Bring your work to CIIC

Use CIIC (CIMI) models

Share your work openly for cross disciplinary review

What doesn’t it mean?

You don’t have to do all your work at CIIC meetings.

What are the barriers, how do we grow the membership?