

February 12, 2019

Academy Task Force second conference call summary

Participants:

Mitch Schnall, MD, PhD (Chair)

Denis Bergeron, PhD

Sara Brenner, MD

Elizabeth Krupinski, PhD

Rich Mather, PhD

Etta Pisano, MD

Renee Cruea, MPA (staff)

Unavailable:

Janet Eary, MD

Steven Seltzer, MD

Bram Stolk, PhD

Brian Zimmerman, PhD

Update on progress:

- The Academy leadership met with NIBIB Dir. Bruce Tromberg. Dr. Tromberg was brought up to speed on the Academy DxCP Initiative.

Dr. Tromberg is supportive of the DxCP initiative. His view as Director of NIBIB has a broader perspective (an expansive view of input centers, the interface of medicine and technology, and data provided by external sensors i.e. wearable sensors and home monitors)

While Tromberg has a “Big Physics” view, the Academy’s DxCP initiative, while more narrow in scope, has the expediency and potential for progress. The DxCP initiative will continue to build its interface of information and systems in a broad and generic way, enabling new modes of data to be factored in later.

It was agreed the DxCP should first focus on issues like how to interact with data and how to create a seamless flow of data in and out, and then think about how to attract larger/newer potential partners.

It was further agreed the DxCP should begin with thoroughly integrated test cases, that later it could be enhanced to deal with a whole, broad spectrum of data input. First, practical use cases with limited data sets need to be demonstrable.

ACTION ITEMS:

Three separate conference calls will be scheduled ASAP to ensure progress of the three subgroups described in the first call summary. The calls will center on the availability of the LEADS *and all will be invited to join based on your availability.*

- The development of a DXCP conceptual model: addressing what elements the DXCP should have and how the pieces will work together (data aggregation/visualization). The creation of a conceptual model will include the development of a framework that will inform pilots, articulate the concept more fully with common language (including what is currently being used in parallel

pilots), and bring a level of standardization into play that will allow clinicians to have a uniform interface to apply the same principles in creating a higher model of care. This effort will provide a convergence point. To define this concept, input must come from both academia, industry and the end users to ensure design specifications are applicable.

LEADS: Mitch, Bram, Rich, Brian

- Consider a venue where we can get a clear sense of what efforts/pilots are currently underway across the spectrum to avoid duplication and share with our community: a forum and process to share real case examples. With that information, also the creation of a priority list.

LEADS: Steve and Elizabeth

- Spec out how to put some datasets together that can be used to test various independent concepts. Design how that would look architecturally. Consider where this would be housed.

LEADS: Elizabeth, Etta and Mitch