

Scribe: Steve Olshansky, Internet2 Middleware Flywheel

(The CAMP Med attendees were randomly divided into three groups, each of which designated a representative to report the results of their discussion to the wider group...)

Group 1 Issues/problems:	Group 2 Issues/problems:	Group 3 Issues/problems:
<ul style="list-style-type: none"> • Problem: One v. many directories <ul style="list-style-type: none"> • who controls access? • Increased overhead (funding) • What is the ROI for IdM projects - how can it be demonstrated/quantified/justified? • Interoperable commercial standards • Next steps: priorities? • Wireless - vulnerabilities • IdM - best practices • Tracking IPR • Trust - who? When? How to establish? • Mapping decision-making into Architectures <ul style="list-style-type: none"> • HW/SW/processes • VOs which are ad-hoc - transitory? • How to make the case for funding <ul style="list-style-type: none"> • Value propositions • ROI tools and models • Working across vendors • Unifying architectures • How to create federations? Ad-hoc? Formal? • Education - tools for selling to mgmt and users • Who can help us? <ul style="list-style-type: none"> • AAMC? • Joint Commission on Accreditation of Healthcare Organizations (JCAHO)? • NIH? • HHS? • How can/should we work together? <ul style="list-style-type: none"> • Demos to help explore and sell the tools? • How to ease the federation-forming or joining process? • What can we do?? <ul style="list-style-type: none"> • Highlight what is available • Write case studies • Recruit dir owners • HIPAA <ul style="list-style-type: none"> • Drivers: risk aversion? Reward? 	<ul style="list-style-type: none"> • Impediments to adoption • How to tie the arguments to problem-solving • Cherry pick admins or leaders who "get it" • Share ROI analyses with each other - tools to help make the case • Need to help vendors and members of community understand • Need to steer/influence tool dev to really meet our needs - convene meeting between I2 and the med community? • Future camps: more time for breakouts - spontaneous meetings between participants • Outreach is critical - tools to assist back home 	<ul style="list-style-type: none"> • How to broaden understanding • Org disfunction - balance bet enterprise and dept view • How to decisions get made? • Better tools for person id • How to manage and link dirs • Creating and implementing policies and procedures • Prescriptive? Proscriptive? • Secure e-mail - bet physicians, and outward to patients • Liabilities? How to get going? External challenges • Need for more cooperation AAMC/EC/I2 • How to make installation and use easier? • Learn from others - wrt making decisions

General Discussion

1. Biz case development - ROI

- Case studies from early adopters
- Selling the ideas internally - centralized v. autonomous
- Strategies to approach education, decision-making, buy-in
- Low-hanging fruit - clueful members of your community
- How to collaborate to dev biz cases?
- Many orgs within med space, no obvious umbrella for this activity?

2. Middleware Infrastructure

- Plug-n-play MW infrastructure - need tools to explore these tools first hand in a test environment
- How to move into production?
- Advice, best practices, community guidance, peer support
- How to influence organizational "will"?
- It would be very useful to convene a working meeting to attract architects - hear specific requirements and pain points

3. Federation/trust building?

- Culture and mission differences
- E.g. research v. clinical
- Demonstrate that feds can work, and how they work
- Make the case to decision-makers so they arrive at the desired conclusions
- Policy/governance model dev assistance

4. Wireless

- Accessing sensitive data from wireless device
- Sensitive data residing on a mobile device
- Secure communications - e-mail etc.

5. Next Steps

- Umbrella org under which this process could proceed?
- Form new? Use existing?
- HIMSS - source to talk to?
- AAMC facilitate?
- AMIA? AAMC bridge to them...
- Many academic med ctrs may not be aware they are members of Internet2?
- No single umbrella org, good to promote continuous outreach to various parts of the community
- Seek early wins - low-hanging fruit
- Need to work to bridge silos
- Med environment poses significant scaling challenges

6. Near term steps for your campus?

- Architects workshop
- Communication with your peers - try to learn from each other and avoid repeating mistakes or re-inventing the wheel
- Webinars or similar? Sponsored by AAMC?
- How to work better with vendors - influence their direction? Work with some of their larger customers?
- **Emory:** separate directories. Research/clinical gap. Need to integrate environments. Directory roadmap needed.
- **Tufts:** How to address resource poor and risk averse communities. Need to get into clinical products very quickly (selling open source runs into risk averse piece).
- Hospital focus on patient safety/patient care. ROI can't be built on that basis. Also, need to be careful of overselling technology. But, M&A (mergers and acquisitions) barrier to success is merging information systems----standards-based approaches ease everything from cooperative ventures to full mergers. So, how do you "sell" this idea of federations, etc. to medical centers? Problem is that the need isn't always visible. So, look for opportunities.
- People don't appreciate cultural difference between "the university" and "the hospital". Same gap with professional practice corp.
- Education/engagement: cherry pick the people most likely to understand. Point to what the competition is doing.
- Build exemplar installations that establish reference models.
- How to present things in clear enough way that upper mgmt and IT staff can get it? How to impress on them it's a different world.
- Machine-to-machine trust (e.g., web svcs-based) also emerging as an issue and needs to be understood.
- Understand role of standards and open systems.
- Vendor issue: set up standards but then have to create exception cases for a vendor "whose software you really have to have". Need to collaborate among ourselves to affect vendor offerings.
- Work with pharma -- see e.g. Secure Access For Everyone (SAFE) <http://www.safe-biopharma.org/>
- Collaboration is still immature. True peers are difficult to find in interdisciplinary research. Where are the opportunities for do truly new science?

7. What are our priorities for next activities/steps?

- Articulate business case/ROI that we can use on our own campuses. (Both solve problems and create new opportunities.)
- Figure out how to engage Internet2 architects with academic medical center architects and vendor architects. Hold a working workshop on this. How to recruit participants? Cast a wide net and be specific about expectations for participation.
- Ensure there's adequate time for discussion/spontaneously generated breakout topics. Keep people together.
- Make sure standards will scale for the future (not just solve current problems).Pre-web conferences could help bring people up-to-speed before the face-to-face meeting.
- Educational materials to help foster awareness back home. (See examples from other schools. Videotape presentations.)
- Demonstrations for Council of Deans, AAMC annual meeting.
- Expand audience for next CAMP. Include hospital CIOs, independent hospitals, practice plans, etc. who will have perspectives we don't have.
- Homeland security scenarios: if a hospital goes offline, how do you credential the physicians at other hospitals?

8. What do we need help accomplishing? Who could help us with that?

- Draw from those who have built successful cases within their institutions.
- Yes, we need help with IdM (coordination above campus level--up to interstate/national levels).

9. Supplemental References

- Revolutionizing Science and Engineering Through Cyberinfrastructure - Report of the NSF Blue Ribbon Advisory Panel on Cyberinfrastructure (courtesy Ted Hanss, U. Michigan)
 - http://www.communitytechnology.org/nsf_ci_report/
 - This is the 2003 report by the NSF committee defining cyberinfrastructure. I was making the point that a similar effort for the NIH-funded community would be appropriate.
- *Pasteur's Quadrant* by Donald Stokes (courtesy Ted Hanss, U. Michigan)
 - http://www.amazon.com/exec/obidos/ASIN/0815781776/qid=1108422833/sr=2-1/ref=pd_ka_b_2_1/002-7402544-3700803
 - This book addresses use-inspired research (using Pasteur as the model, naturally). I use it as an argument for why a common infrastructure, from bench to bedside, is of value to the academic medical center.
- *Many Wireless Security Breaches Reported At Security Conference* (courtesy Keith Hazelton, U. Wisconsin - Madison)
 - <http://www.mobilepipeline.com/60401970>