2007-05-30

Meeting Information

Date:	May 30, 2007
Time:	2:00 PM EDT

Attending:, Skip Bartolanzo, Peter Greene, Jeanette Harmon, Ed Kennedy, Laura Martin, Monica Quiroz, Kelly Reddick, Valerie Smothers, Toby Vandemark, Charles Willis

Agenda Items

1 Review of Baltimore meeting
Valerie provided a review of the meeting in Baltimore. The group discussed the need for Activity Report to address state CME requirements and also the process of embedding XML in PDF documents, looking at an example that Ed Chase from Adobe helped to create.

Valerie asked if there were other items from the in person meeting to discuss. Peter added that one of the fields which notes the accredited provider has an abbreviated list in the healthcare lom spec. It's a small detail that could impact the way the certificate looks. Valerie commented that in most cases the data layer can be consistent and the application can interpret the XML and change what is presented to the user. She offered to talk to Ed Chase at adobe about the presentation layer, changing ACCME to Accreditation Council for Continuing Medical Education.

Peter added that the other important issue raised at the Baltimore meeting was the need for examples of the XML and pdf files. That's an important next step. Three or four entities should try to create it and see what it looks like. You want to discover any problems now.

2 Sample CME certificates and XML/PDF representation
Valerie explained that the pdf files from adobe, which were distributed before the April meeting, are now available on the new wiki. Monica asked about the risk of someone modifying the data embedded in the xml. Valerie explained that the risk is the same as the current risk with paper and html credit certificates. Saavy users could forge or alter those, and saavy users could alter the XML in an unsigned certificate. Valerie added that there are security measures that could be taken to show whenever a pdf file has been modified. Peter added that in other industries they have used signed pdf documents with XML embedded. Signing limits what you can do. A smaller number of people can create the certificates. In earlier calls, working group members felt the additional security was not necessary.

3 Discussion of State CME requirements (Monica Quiroz and Carl Singer)
Monica explained that after the meeting, Carl distributed the link from the AMA State Medical Licensure Requirements and Statistics publication and described what the states set requirements around. She has asked the editor about the updated list, which is due out in early July. The AMA hounds the boards to verify the survey results. They have also requested copies of the statutes, the URLs. It's variable in how courses brand their meeting the requirement. Valerie asked Monica how often the requirements change. Charles commented that it may depend on the extent to which the state board interprets the legislation. Charles added that the Indiana Licensing board restricted certain schools internationally. Monica commented that there's not a lot of change from year to year and offered to research that question further.

Peter then asked if the current Activity Report covers all areas necessary for state requirments. Jeanette is gathering information on this. Jeanette and Monica can take a look at what's available to verify information. Peter commented there are two decisions: do we want to create a field to track that data, do you create a coded list to represent that. If so, what are you coding. But the requirements are fairly volatile, so controlled lists would be difficult. You could have a field that describes requirement and jurisdiction another and when that requirement was updated. Jeanette commented a couple of states require their own course, but most don't. The difficult part is knowing which courses meet the requirement. In most cases, physician keeps a record that they've done what's required. State may look at agenda to determine. Peter commented that if we think there's a need, it's not much trouble to add those elements. There's no harm in creating a placeholder. Valerie added that hours for each requirement was needed. Peter added it must be repeatable. Valerie offered to add that for the next call.

4 Update from American Board of Pediatrics
Skip summarized that new schema files allowed them to generate the web service. The ABP had a meeting with AAP this morning; they are shooting to have the service running in July. Valerie added that the schemas were revised to eliminate a duplicated datatype. The change has no effect on the resulting xml, but it will enable web serives tools to generate services from lom files. The new schemas will be distributed shortly. Toby asked if there was any transfer happening between ABP and ABMS. Kelly explained there were some other projects they are getting running.

5 Open discussion
Toby commented that she's talked with other boards about Activity report & cme certificates and received lots of good feedback. Several may decide to use it in the next 6 months to a year, including anesthesiology and radiology. Peter added that the American Board of Surgery is quite interested.

Peter asked if we want to get Ed Chase on a call to talk us through the adobe side of things. It takes 30 min to walk through how pdf is being used. Should we do that for the next call? Look at schema changes and real world XML, where it doesn't line up, and Ed. Maybe just dedicate one call to Ed Chase. Valerie offered to see if he's available for the next call.

Decisions

Action Items

- Valerie will work with Carl Singer to add elements for state requirements to the Activity Report for the next call.
- Valerie will invite Ed Chase to the next call (July 11)
- The group will upload sample CME certificates to the wiki at: http://groups.medbiq.org/medbiq/display/AR/Sample+CME+Certificates