
Connectivity Industry Consortium

CIC

Summary of 1st CIC Meeting

October 20, 1999 Redwood City, California

And

Next Steps



This memo summarizes the essential details of the Point of Care Connectivity Industry Consortium (CIC) business plan. It reflects the input gathered at the first Consortium meeting on October 20, 1999. This plan includes a modified version of the Consortium's decision and voting process, and it also contains a new budget calculation.

In order to hold to the Consortium's timeline, we will need to receive the signed 'letter of intent' indicating your organization's level of interest in participation via FAX on your company's letterhead by Nov 8, 1999. We urge all recipients of this memo to promptly initiate their organization's decision process to meet this deadline.



...connecting the industry

1 EXECUTIVE SUMMARY

At the request of the POC division of the AACC, Hewlett-Packard (Agilent Technologies) organized an open meeting attended by the POC/IVD industry, LIS/HIS suppliers, health care providers and consultants. The meeting was held in Redwood City, California, October 20 1999, and attended by more than 120 people, representing 60 organizations.

The intent of this meeting was to assemble an open, industry-wide forum to address problems and outline practical solutions for POC connectivity. At this meeting, the objectives, organizational structure, and timeline for a new Connectivity Industry Consortium (CIC) were presented.

Over the next 12-15 months, the CIC will prepare a base-level standard for POC connectivity and transfer the results to an established industry standards-setting organization. The goal of this standard is to provide a technical solution for POC connectivity that meets worldwide user community requirements, while enabling vendors to build differentiating features, functions, and applications. The Consortium will utilize existing standards and commercial implementations where possible. Both a multi-vendor connectivity demonstration and preliminary pilot study results are planned for late fall 2000.

In general, attendees at the October 20th meeting responded positively to the CIC concept presented. In summary, the major objectives of the meeting were accomplished. The participants endorsed the mission of the Consortium, and they provided valuable input for the organizational structure and roles and responsibilities of each of the proposed committees. A survey taken at the end of the meeting captured attendees' reactions to the meeting, as well as their views of the Consortium (see results below). The survey identified several issues that require further definition:

- (1) Scope of work/standard
'Scope should not contradict aggressive timeline and must be clearly defined'
- (2) Voting process
'Voting process must allow for smaller companies to have a voice'
- (3) Financing
'Fees for membership must be affordable'
- (4) Technical areas to be addressed
'We should concentrate on the pressing issues first'

A comprehensive plan, including the input gathered during the various breakout sessions, will be posted on the web site www.poc.hpl.hp.com/poc/ and incorporated into the plans for the Consortium.

The next version of the CIC business plan will be available by October 29, 1999 for all potential consortium members to review. All interested parties will be expected to sign a 'letter of intent' expressing their organization's desire to participate in the CIC. This letter must be faxed on the company letterhead to Dirk Boecker, MD, PhD, (FAX +1 650 236 0282).

Contingent upon receipt of a sufficient number of 'letters of intent', we intend to formally launch the Connectivity Industry Consortium on Nov 9, 1999. This launch event could be held at the Chicago Hilton at O'Hare airport, or at some other location to be determined. In the weeks following this event, the Consortium's formal legal structure, organization model, and funding

models will be finalized. The goal is for the CIC to have a final business plan in December 1999. This final version of the CIC business plan will be the basis for members' final commitment to the endeavor. The CIC should be operational in January 2000.

2 PARTICIPANTS

Attendance at the POC Connectivity Industry Consortium (CIC) meeting totaled 122 individuals representing 63 different organizations from 21 states and 5 foreign countries. The participants and their organizations are summarized below; detailed listings may be found on the CIC web site at www.poc.hpl.hp.com/poc/.

	PARTICIPANTS	ORGANIZATIONS
POC/IVD companies	83	38
IS/IT companies	12	6
POC Users	14	12
Consulting firms	13	7
Total	122	63

3 ACTION PLAN

Participants are to present the results of the Consortium meeting to their company executives as soon as possible.

- November 8, 1999 - Commit to join the Consortium by returning a Letter of Intent (attached) to Dr. Dirk Boecker
- November 10, 1999 – Launch of CIC (perhaps Chicago Hilton at O’Hare, around RSNA)
- November 18, 1999, Meeting with international users and vendors (Medica)
- December, 1999 - Formation of Industry Advisory and User Review Committees
- December, 1999 - Assignments to Technical Committees
- January, 1999 - Initial meetings of Technical Committees

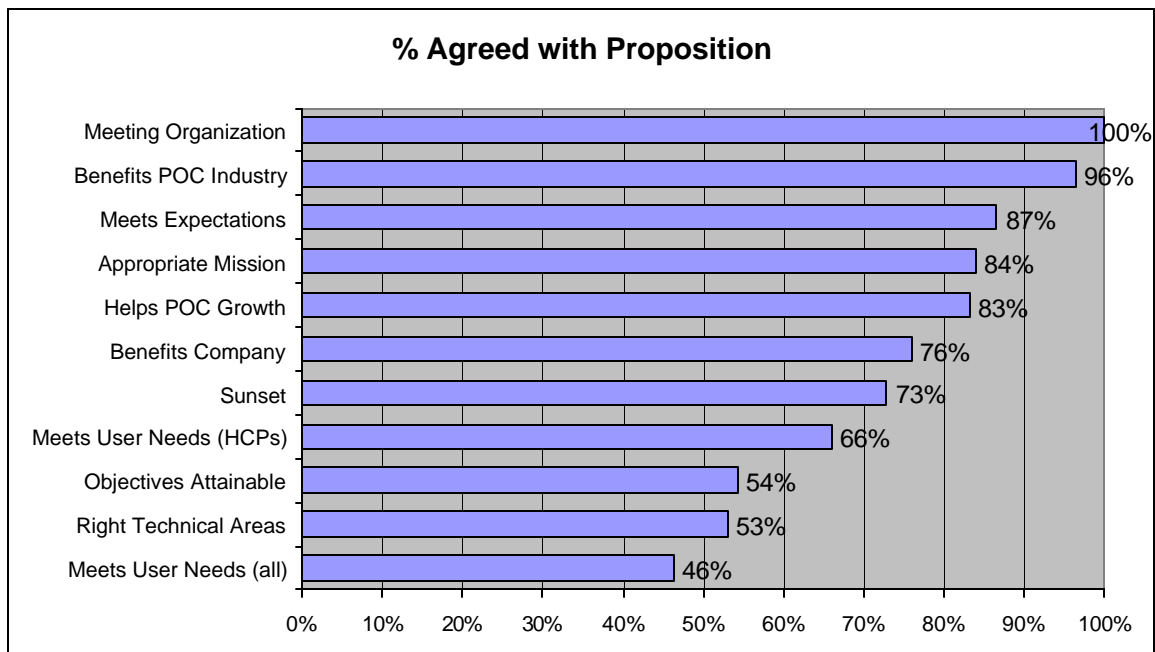
4 SURVEY

The meeting attendees were asked to fill out a survey their level of agreement or disagreement with the following statements.

- The meeting was well organized and informative
- The meeting met my expectations
- The proposed mission for the Consortium is appropriate
- The Consortium’s objectives are aggressive but attainable
- The five technical areas are the correct focus areas

- The Consortium’s plan to sunset and transfer work to a standards organization is a good plan
- Key user needs are well addressed
- The Consortium’s work will benefit the POC industry
- The proposed standards will enable the growth of POC applications
- The proposed standards will directly benefit my organization

The following figure shows the percentage of respondents who agreed with each proposition.



77% of the attendees responded to the survey. Attendees strongly agreed that the Consortium has the correct mission, that the Consortium’s work will benefit the entire POC industry, and that the Consortium’s standards will enable the growth of the POC application market. Attendees also felt strongly that the meeting was very informative and met their expectations (100%).

Approximately half of all respondents felt that the Consortium’s proposal well addressed key user needs. Interestingly, however, two-thirds of the health care providers (HCPs) who answered this question felt that the proposal did indeed address their key needs. Slightly less than half of the attendees felt that the focus for the technical work areas could be improved.

5 PROPOSED BUDGET

Based on recommendations received at the Consortium meeting, the number of major meetings as well as the number of technical subcommittees has been reduced. This change reduces the Consortium budget from \$1,200,000 to \$840,000.

ITEM	TOTAL (\$K)
Major Meetings (2 at \$110K ea.)	\$220
Technical Subcommittee meetings (4 at \$80K ea.)	\$320
Coordinating Committee meetings (1 at \$60K ea.)	\$60
Administrative expenses	\$100
Subtotal	\$700
20% overrun contingency	\$140
Total	\$840

6 MEMBERSHIP FEES AND VOTING RIGHTS

The Consortium’s fee structure and voting rights have been modified, based on feedback from the October meetings. All classes of participants now have voting rights, which are proportional to the funding obligations.

Each \$5,000 of funding obligation purchases one vote (with a maximum of 10 votes possible for any one organization). Core Users, who are expected to contribute technical and clinical expertise instead of funding, will also receive 10 votes each. Supporting members will contribute either \$10,000 or \$5,000, depending on the total revenues of the member’s organization.

TYPE	FEE	VOTES
Core Vendor	\$50K	10
Core User	-	10
Supporting (A)	\$10	2
Supporting (B)	\$5	1

The following table outlines the distribution of fees and votes for a 65-member scenario.

MEMBER TYPE	NUMBER	FEES (\$K)		VOTES		
		Fee	Total	Votes (each)	Total	Relative
Core Vendor	10	\$50	\$500	10	100	45%
Core User	5	-	-	10	50	23%
Supporting (A)	20	\$10	\$200	2	40	18%
Supporting (B)	30	\$5	\$150	1	30	14%
Total	65		\$850		220	

7 CONSORTIUM SCHEDULE

The Consortium's schedule lasts for 12 to 15 months. At the end of this period, the Consortium will have produced a working multi-vendor demonstration of core POC interoperability. The Consortium plans a 'sunset' phase at the end of the schedule, during which time the Consortium will transfer its work to one (or more) formal standards setting bodies (e.g. IEEE, HL7, ASTM).

The milestones and deliverables for the Consortium will coincide with major industry meetings. The following dates illustrate the Consortium's major milestones and the associated industry meetings. When appropriate, Consortium meetings may be scheduled immediately prior to these industry events:

October 20, 1999: CIC Meeting, Redwood City, CA

- Review structure of consortium
- Preliminary industry buy-in and commitment
- IVD Vendors, IS companies, and Users in alignment on structure, objectives and timeline

November 10, 1999: Chicago Hilton (proposed)

- Launch the Consortium
- Publicly introduce initial members, objectives, structure, process and timeline

November 17/18, 1999: Medica (Dusseldorf, Germany)

- Recruit European and Asian POC users and suppliers
- Presentation to international community: "Connectivity Industry Consortium: Current Status, Plans and International Aspects"

April 2000: Milestone #1 – HIMSS (Dallas, Texas)

- Publish preliminary architecture
- Present detailed concept for review

July 2000: Milestone #2 – AACC (San Francisco, CA)

- Demonstrate preliminary interoperability solution
- Announce certification of concept
- Publish detailed architecture
- Start pilot studies

November 2000: Milestone #3 – Medica (Germany) and/or AMIA (Los Angeles)

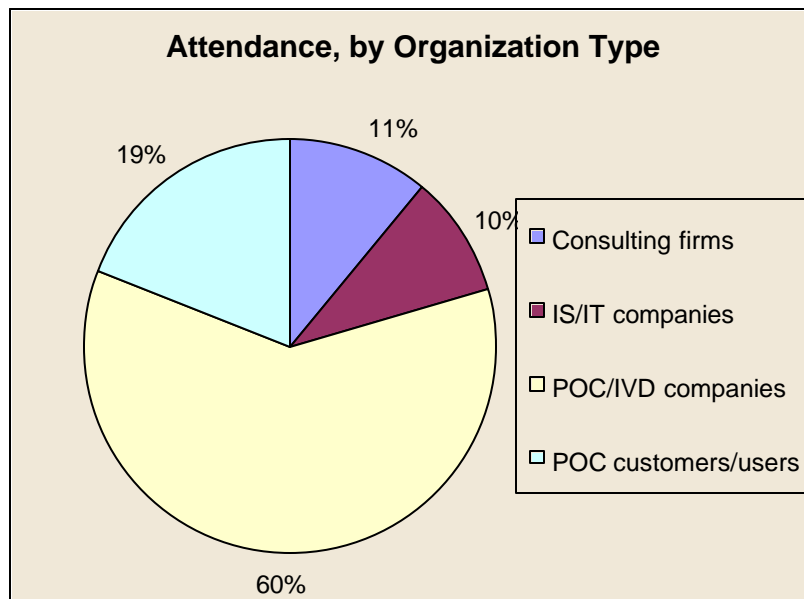
- Display operating multi-vendor demo
- Product announcements
- Show first results from pilot studies

8 OCT 20TH MEETING ATTENDEES

8.1 Attendance Summary

Total Attendance: **122 individuals,**
63 organizations

Geographic Distribution: **21 states,**
5 countries



	Participants	Organizations
Consulting firms	13	7
POC Users	14	12
IS/IT companies	12	6
POC/IVD companies	83	38
Total:	122	63

8.2 Attendees, by Organization

ABAXIS

Ostoich	Vladimir	Sunnyvale	CA
Wong	Daniel	Sunnyvale	CA

ABBOTT DIAGNOSTICS			
Carayannopoulos	Leonidas	Bedford	MA
Karkantis	Peter	Bedford	MA
ADVANCED MEDICAL INFORMATION TECHNOLOGIES, INC.			
Rieger	Dennis	San Pedro	CA
AVL SCIENTIFIC			
Field	Sean	Roswell	GA
Lundy	Steve	Roswell	GA
AVOCET MEDICAL, INCORPORATED			
Downey	Thomas	San Jose	CA
BAYER DIAGNOSTICS			
Allen	Bryan	Medfield	MA
Prego	Teresa	Medfield	MA
Wietstock	Tim	Elkhart	IN
BECTON DICKINSON			
Cosgrove	Michael	San Jose	CA
BIO-RAD LABORATORIES			
Berke	Bennett	Hercules	CA
BIOSITE DIAGNOSTICS, INC.			
Burch	Peter	San Diego	CA
Palmer	Dana	Walnut Creek	CA
Posard	Matt	San Diego	CA
CERNER CORPORATION			
Kaltefleiter	Roger	Kansas City	MO
CHOLESTECH CORP			
Nugent	Tony	Hayward	CA
CITATION COMPUTER SYSTEMS, INC.			
Barker	Candi	Chesterfield	MO
COMPUCYTE CORPORATION			
Fernandes	Paul	Cambridge	MA
CRS CONSULTING			
Rode	Christina	Heidelberg	Germany

DIAMETRICS MEDICAL, INC.			
Robinson	Angela	Saint Paul	MN
EAC ENTERPRISE ANALYSIS CORPORATION			
Byrdy	Paula	Stamford	CT
Green	Michael R.	Stamford	CT
Keane	Michelle	Stamford	CT
Stephans	Emery J.	Stamford	CT
EL CAMINO HOSPITAL CLINICAL LABORATORY			
Medeiros	Robyn	Mountain View	CA
FLUORRX, INC.			
Sebire	Fabienne	Carmel	IN
Uleski	Robert	Carmel	IN
GDS DIAGNOSTICS			
Berg	Michael	Laguna Niguel	CA
GE MARQUETTE MEDICAL SYSTEMS			
Schluter	Paul	Milwaukee	WI
GEISINGER MEDICAL CENTER			
Jones	Jay B.	Danville	PA
HEMOCUE, INC.			
Girvan	Roy	Mission Viejo	CA
Moore	Angela	Mission Viejo	CA
Wright	Roy	Mission Viejo	CA
HEMOSENSE INC.			
Cohen	Larry	Milpitas	CA
HEWLETT-PACKARD - AGILENT TECHNOLOGIES			
Boecker	Dirk	Palo Alto	CA
Freeman	Dominique	Palo Alto	CA
Harrington	Jack	Andover	MA
Higgins	Mike	Palo Alto	CA
King	David	Palo Alto	CA
Koninger	Joachim	Andover	MA

Krammer	Gerhard	Boeblingen	Germany
Le	Cuong	Houston	TX
Leonard	Leslie	Palo Alto	CA
Lindauer	Jim		
Melo	Chris	Andover	MA
Perry	Jeff	Palo Alto	CA
Pittaro	Rick	Palo Alto	CA
Sampson	Sharon	Palo Alto	CA
Schembri	Carol	Palo Alto	CA
Stawitcke	Fritz	Palo Alto	CA
Willis	Barry	Palo Alto	CA
HORIZON PERFORMANCE GROUP, INC.			
Hayhurst	Tom	Pleasanton	CA
IGEN INTERNATIONAL			
Vock	Michael	Gaithersburg	MD
INSTRUMENTATION LABORATORY			
Fannon	Bill	Lexington	MA
INTERNATIONAL TECHNIDYNE CORPORATION			
Balas	Charles	Edison	NJ
Gavin	Mike	Edison	NJ
INVITRO DIAGNOSTIC SYSTEMS			
Boren	Arthur	Santa Barbara	CA
ISCRIBE			
Holloway	Bryan	San Mateo	CA
I-STAT CORPORATION			
Rogers	Joseph	East Windsor	PA
Tirinato	Jody	East Windsor	NJ
IVD SYSTEMS			
McNeela	Marty	Salt Lake City	UT
KAISER PERMANENTE			

Higgins	Stephanie	Santa Clara	CA
LENA CHOW ADVERTISING			
Hammels	Deb	Palo Alto	CA
Kirsch	Henry	Palo Alto	CA
Phan	Randy	Palo Alto	CA
LIFESCAN, INC.			
Bautista	Nonato	Milpitas	CA
Dunka	Louis J.	Milpitas	CA
Knorr	Robert J.	Milpitas	CA
Kugizaki	Rodney	Milpitas	CA
Matian	Greg	Milpitas	CA
Patel	Harshad	Milpitas	CA
Sullinger	Elizabeth	Milpitas	CA
Woodrow	Mark	Milpitas	CA
Yobs	Donna	Milpitas	CA
LIFESTREAM TECHNOLOGIES, INC.			
Clegg	Ken	Post Falls	ID
Maus	Christopher	Post Falls	ID
MDS INC.			
Ciraco	Alex	Etubicoke, Ontario	Canada
MDS LABORATORY SERVICES US			
Aller	Raymond	Brentwood	TN
MEDICAL AUTOMATION SYSTEMS, INC.			
Andersen	Marcy	Harrisburg	PA
Fetters	Christopher	Harrisburg	PA
Menke	Greg	Charlottesville	VA
Mullins	Wayne	Harrisburg	PA
MEDTRONIC, INC.			
Cheek	Daniel	Parker	CO

METRIKA			
Allen	Michael P.	Sunnyvale	CA
MICRONICS			
Merselis	James D.	Redmond	WA
MIRA MEDICAL			
Paladin	Gary	Scotts Valley Drive	CA
ORTHO-CLINICAL DIAGNOSTICS, INC.			
McPartland	Richard P.	Raritan	NJ
Robinson	James E.	Rochester	NY
Cross	Suzanne	Raritan	NJ
PLAN AHEAD			
Knight	Pat	Cupertino	CA
Nelson	Linda	Cupertino	CA
PRONTO PRODUCT DEVELOPMENT			
Moschella	David	Boston	MA
RADIOMETER MEDICAL			
Kjoller	Klaus	Bronshoj	Denmark
ROCHE DIAGNOSTICS CORPORATION			
Brand	Joachim	Mannheim	Germany
Essenpreis	Matthias	Berkeley	CA
Greenburg	Alan	Indianapolis	IN
Levy	Ken	Indianapolis	IN
SENDX MEDICAL INC.			
Pham	Trung Quang	Carlsbad	CA
Pham	Courtney T.	Carlsbad	CA
Seewald	Scott	Carlsbad	CA
SMITH WHITTIER CONSULTING SERVICES			
Whittier	Joseph	San Jose	CA
SPACELABS MEDICAL			
Morten	Glenn	Redmond	WA
STANFORD UNIVERSITY SCHOOL OF MEDICINE			

Popp	Richard	Stanford	CA
SUNQUEST INFORMATION SYSTEMS			
Casciato	Julie A.	Tucson	AZ
Noon	Bruce	Tucson	AZ
TELCOR INC.			
Cederdahl	Mark	Lincoln	NE
Lesar	Bill	Lincoln	NE
Terrano	Jim	Lincoln	NE
TEXAS INSTRUMENTS, INC.			
Ibnabdeljalil	Mhamed	Dallas	MS
UCSF STANFORD HEALTH CARE			
Kerrins	David	Stanford	CA
Lu	Susie	Stanford	CA
UCSF STANFORD, CLINICAL LABORATORIES			
Foung	Steven	Stanford	CA
UCSF/SF GENERAL HOSPITAL			
Khayam-Bashi	H.	San Francisco	CA
UNIVERSITY OF CALIFORNIA - DAVIS MEDICAL CENTER			
Kost	Gerald J.	Davis	CA
Shelby	David	Sacramento	CA
UNIVERSITY OF CALIFORNIA, GEN. HOSPITAL CLINICAL LAB.			
Gross	Susan	San Francisco	CA
UNIVERSITY OF WASHINGTON			
Yager	Paul	Seattle	WA
VIA MEDICAL CORP			
Butler	L. Allan	San Diego	CA
Macemon	Jim	San Diego	CA
YALE-NEW HAVEN HOSPITAL			
Rainey	Petrie	New Haven	CT