

**The 8th
Working
Conference of
the IMIA WG4**

Overview

Wed.	Thursday		Friday		Saturday		Sunday
	8:00	Welcome	8:00	Keynote 2	8:30	Plenary 5 Summary	Departure
	8:30	Keynote 1					
	9:00	Plenary 1 Policy	8:30	Plenary 3 Technical	9:00	Discussion Groups 5	
	10:15	Break	9:45	Break	10:30	Break	
	10:30	Discussion Groups 1	10:00	Discussion Groups 3	11:00	Plenary 6 Draft Guidelines	
	12:15	Lunch	11:15	Feedback 3	12:30	Lunch	
	13:15	Feedback 1	11:45	Lunch	Free for Excursion & Entertainment		
	13:45	Plenary 2 Training & Awareness	12:45	Plenary 4 Organizational			
	15:00	Break	14:00	Break			
	15:30	Discussion Groups 2	14:15	Discussion Groups 4			
	16:45	Feedback 2	15:30	Feedback 4			
	17:30	Dinner	16:00	West Coast Evening			
Informal Reception 17:30	19:00- 22:00	Poster Session					

PRELIMINARY PROGRAM (Status as of: June 16, 2000)

KEYNOTE 1 *Charles Safran*, USA : Electronic Patient Records and the Impact of the Internet

KEYNOTE 2 *Eike Kluge*, Canada : Data Protection Differences: Ethical, Legal, and Economic Issues

1 POLICY

Speaker	Inst./Co., Country	Subject/Remarks
<i>Francois Allaert</i> Professor	Dijon U. Hospital, France	Law and Standards in Data Protection
<i>Alistair Donaldson</i> Info Security Policy & Standards Manager	NHS Executive, UK	Policy for Cryptography in Healthcare – A view from the NHS
<i>James Anderson</i> Prof, Director, Social Research Unit	Purdue U., USA	Security of the Distributed Electronic Patient Record: A Case-Based Approach to Identifying Policy Issues
<i>Kiyomu Ishikawa</i> Prof, Chief, Dept of Medical Systems Management	Hiroshima U. Hospital, Japan	Health Data Use and Protection Policy; Based on Differences by Cultural and Social Environment

2 EDUCATION, TRAINING AND AWARENESS

Speaker	Inst./Co., Country	Subject/Remarks
<i>Jack Smith</i> Prof, Chair, Health Informatics	U. of Texas Health Science Center, USA	Towards a Secure EPR; Cultural and Educational Issues
<i>Vimla Patel</i> Prof, Director, Centre, Med. Ed.	McGill U., Canada	Cognitive Models in Training Health Professionals to Protect Patients' Confidential Information
<i>Nick Gaunt</i> Cons Microbiologist PHLS	Plymouth Hospitals NHS Trust, UK	Practical Approaches to creating a Security Culture
<i>Sokratis Katsikas</i> Prof, Informatics, Dept of Info and Communic. Sys.	U. of the Aegean, Greece	Health Care Management and Information Systems Security: Awareness, Training or Education?

3 TECHNICAL ISSUES

Speaker	Inst./Co., Country	Subject/Remarks
<i>Anne Gugel</i>	Baltimore Technologies, Ireland	title : tbd
<i>Hiroshi Takeda</i> Prof, Director, Dept of Medical Info Science	Osaka U. Medical Hospital, Japan	Architecture for Networked EPR
<i>Bernd Blobel</i> Head of Medical Informatics	Otto-von-Guericke U., Germany	Advanced Toolkits for EPR Security
<i>Catherine Quantin</i> Professor	Dijon U. Hospital, France	Anonymous Statistical Methods versus Cryptographic Methods in Epidemiology
<i>Roderick Neame</i> Managing Director	Health Information Consulting Ltd, UK	Communications and EHR: Authenticating Who's Who is Vital

4 ORGANIZATIONAL ISSUES

Speaker	Inst./Co., Country	Subject/Remarks
<i>Bernd Blobel</i> Head of Medical Informatics	Otto-von-Guericke U., Germany	Case 1: Organisational and Practical Experiences with Implementing a Security Infrastructure
<i>Francesco Pincioli</i> Prof, Chair, Dept of Biomed. Engineering	Politecnico di Milano, Italy	Security Plan in "MyAngelWeb ®", A Web Site for the Individual Patient at Risk of Emergency
<i>Pirkko Kouri</i> Project Manager, Sr. Lecturer	North Savo Polytechnic School, Finland	Case: The Implementation of Security in a Distributed Infant and Maternity Care IS
<i>Gunnar Klein</i> Chair, CENTC251, ISO TC215	Swedish Healthcare Standards Institution, Sweden	The implementation of a Security Infrastructure
<i>Koji Yamamoto</i> Director, Medical Informatics Dept	Mie U. Hospital, School of Medicine, Japan	Structuring WAN and LAN for EPR Use in Community Health Care

5/6 SUMMARY and DRAFT GUIDELINES/RECOMMENDATIONS

The structure and organization of this session was subject to considerable discussion as it was felt desirable that the output of previous plenary and discussion sessions provide input to productive working sessions with the aim of producing useful and focused recommendations which could serve as a basis for further development of guidelines or input for further working conferences. In particular, it was felt desirable to complement rather than duplicate existing work on guideline development.

In order to achieve this, it was seen as valuable to have in each discussion group a "Guideline Preprocessor" (GPP), a person who is assigned to summarize the discussions in a sequence of four working group sessions in addition to, and independently of the rapporteurs, with the specific goal of identifying issues and ideas deserving attention in the context of guideline development.