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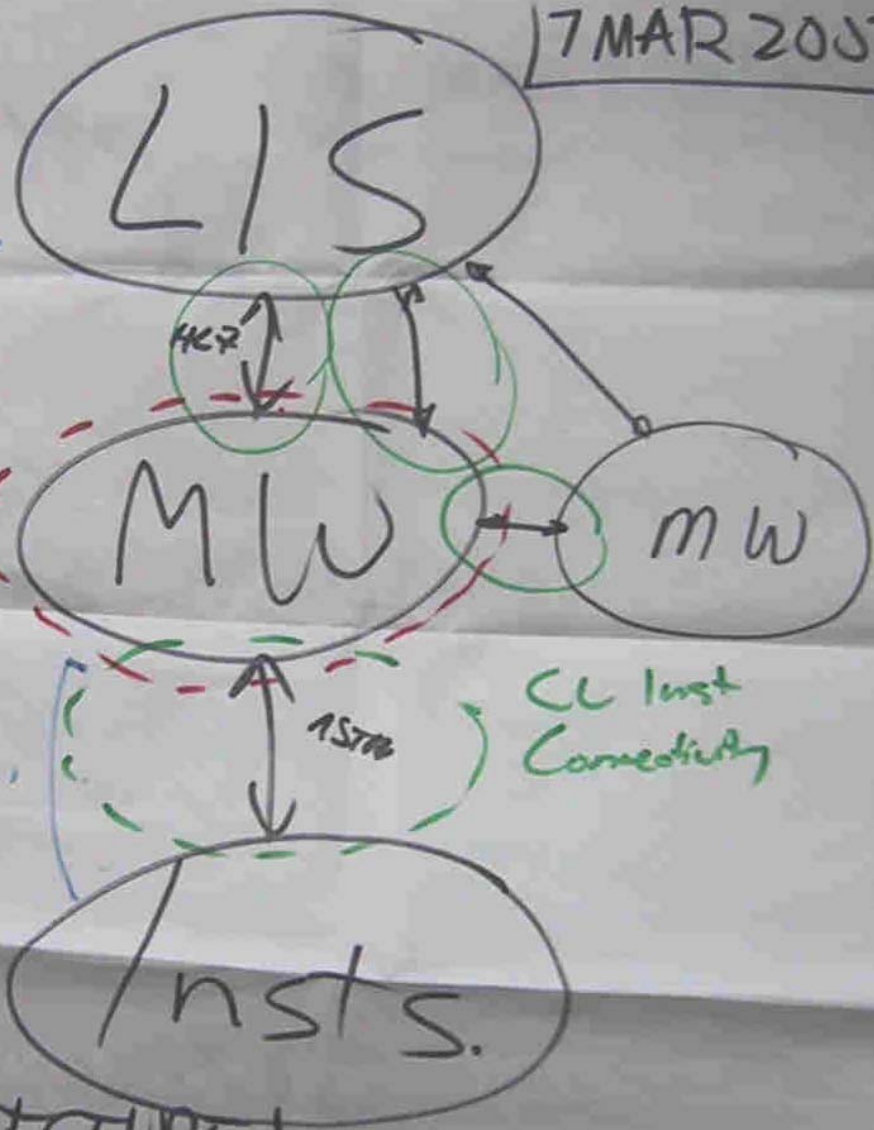
Highlights of 3rd Middleware Meeting Las Vegas, Wednesday March 7, 2007

March 13, 2007

The following subjects were covered at the meeting (all presentation referenced are available on the AACC website):

1. Emery Stephans, EAC, started by reaffirming that we could finish the session on Wednesday and not need the next morning's session. In an effort to achieve this objective, Emery had distributed advance copies that: summarized the two earlier Middleware Committee meetings; the presentation on the recent AACC sponsored EAC Middleware survey; and a brief review of the Point of Care "Connectivity Industry Consortium". This review could possibly serve as a model for a prospective "Middleware Industry Consortium".
2. Emery briefly covered the agenda and the objective for today's meeting; the objective being a decision to proceed with a Middleware Industry Consortium or to abandon the effort.
3. Joe Keane, EAC, presented the results of the Middleware survey that had been sent to the 12,050 AACC clinicians. The survey received N=315 responses. Joe made the point that responsibility for the analysis, findings, and observations for this research rests with EAC (the AACC handled only the mechanics of distributing the survey form and collecting responses.)
4. Jay Jones, Geisinger Health Systems, then presented two charts to help visualize and organize middleware functionality and process control into "buckets" of information.
5. Emery Stephans, EAC, presented a chart that addressed the earlier CIC organization, in order to acquaint the group with the level of commitment that would be required to proceed with a consortium. He then presented a Next Steps' chart that requested an informal position to proceed during today's meeting and a formal statement by March 30, 2007.
6. The group was then canvassed as to the feasibility of the Scope of Work. Representative comments included:
 - a. Replacement of the middleware that interfaces instruments to LIS software would present a great deal of difficulty. A more reasonable approach might be to interface to the existing middleware for only the functionality and standards the group wants to implement (see attached picture of chart).
 - b. To be successful, the group really needs LIS vendor participation in the standards implementation.
 - c. In order to assemble the right group to be effective, the group needs to discuss skills and funding.
 - d. Provider microbiology functions should be included in the process.
 - e. The group needs a strong mission statement.
 - f. The group needs to include additional providers, to order to adequately represent their perspective.
7. Eric Olson, Siemens Medical Systems Diagnostics, volunteered to draft a mission statement and an implementation guide (already distributed within group).
8. Emery Stephans, as moderator, then asked for official company responses by March 30, 2007 to three questions (see attached picture of chart):
 - a. A yes/no decision (to participate in a consortium).
 - b. Willingness to contribute skilled people and undertake a fair share of the funding.
 - c. Comments or specific desires for a potential consortium mission.

7 MAR 2007



ARCHITECTURE!

I YES / NO

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II. CONTRIBUTION
- SKILLED PEOPLE
- FUNDING

III. ~~CONDITIONS~~ - IF ANY
- DESIRES...

IV. PROPOSED MISSION

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