

## Questions and Answers

**Sherrilynne Fuller, University of Washington**—When are we going to begin trying to support international relationships? Many of our academic health science centers already have them.

**Don Detmer**—I would think that a part of our strategy should address international linkages. The AHCPR and the Johnson Foundation are funding a one-day meeting on the data dictionary/vocabulary server that will bring together a small group of people to begin laying out strategies that would be both national and international. We need to be fairly targeted in terms of global connections because we must be able to sell the effort to those in our country.

**Bill Stead, Vanderbilt University**—What you are proposing needs clarification. I understand how we could lay out a plan that identifies the components—architecture, standards, maybe actual modules that we want to build. Components would then be off-the-shelf for organizations to use in constructing their infrastructures, but the expenditures for local implementation would come from local budgets. Alternatively, you could be suggesting that we need to centralize the funding to increase the expenditure on IT from 3% to 10% of the health care budget.

**Don Detmer**—Business tax incentives could be a piece of this initiative—grants, contracts, or loans. In fact, a lot of these instruments are already available, but we have not previously turned them to this kind of use. Funding mechanisms are there for construction

and, in some instances, for education. We have not developed a plan that would articulate this kind of strategy to those kinds of instruments. We need to build the strategy, and public/private partnerships will allow things to be done. Research and development is another part of the equation. Academic health centers would play a role in designing the regional resources for their areas. There would also be R & D tasks for informatics, and there would be system-development dimensions. For this strategy to fly, we will need to tie in with the other kinds of interests that will see it as beneficial. Finally, we would need a very good public communication strategy.

**Joyce Niland, City of Hope**—An international effort between the FDA in this country and its counterparts in the European community and Japan has been ongoing for four or five years. The goal is to standardize the drug-submission process internationally so that drug companies would have a smoother path and more uniform submission in all of the areas. The effort has focused on identifying a single medical dictionary and then customizing it for this purpose. The UK dictionary “Medra” has been chosen as the basis for standardization. This type of ongoing activity should be coordinated with any new international effort.

**Don Detmer**—The European Union has an excellent security-and-privacy policy that is Europe-wide. We can learn major things from what other parts of the world are doing.