

Open Health Tools

Standards Vision

Motivation

Interoperability is an increasingly important goal in the delivery of effective healthcare IT solutions

Standards bodies are developing fast to facilitate interoperability

Standards bodies do not take a full holistic view of the application domain

OHT will enhance interoperability by facilitating standards, driving standards integration, and building infrastructure components based on standards that will ease integration of standards

The role of Standards

Standards underpin interoperability

They can be formal, agreed international standards

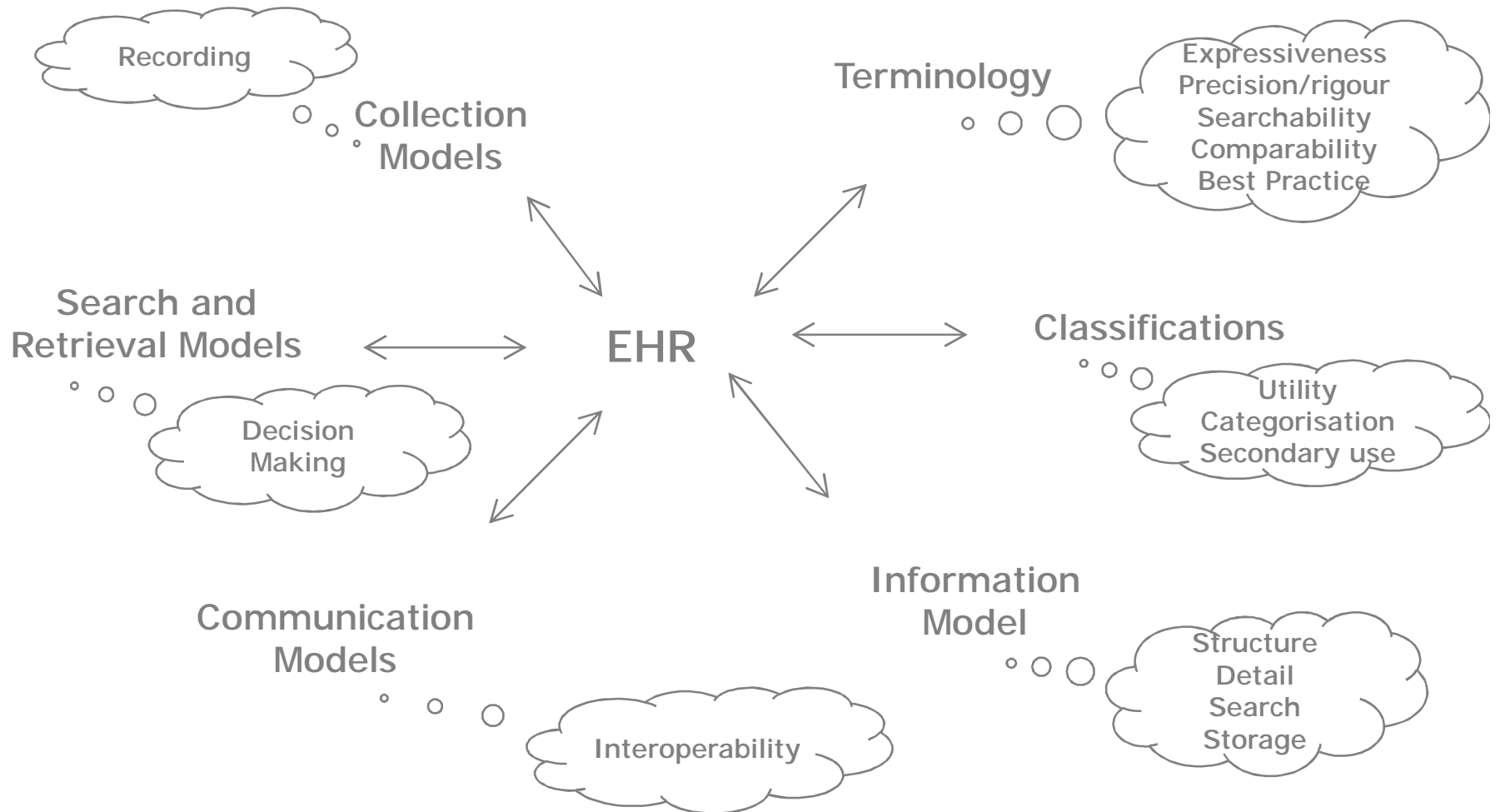
They can be de facto

To be effective, OHT tools must be built on a range of standards

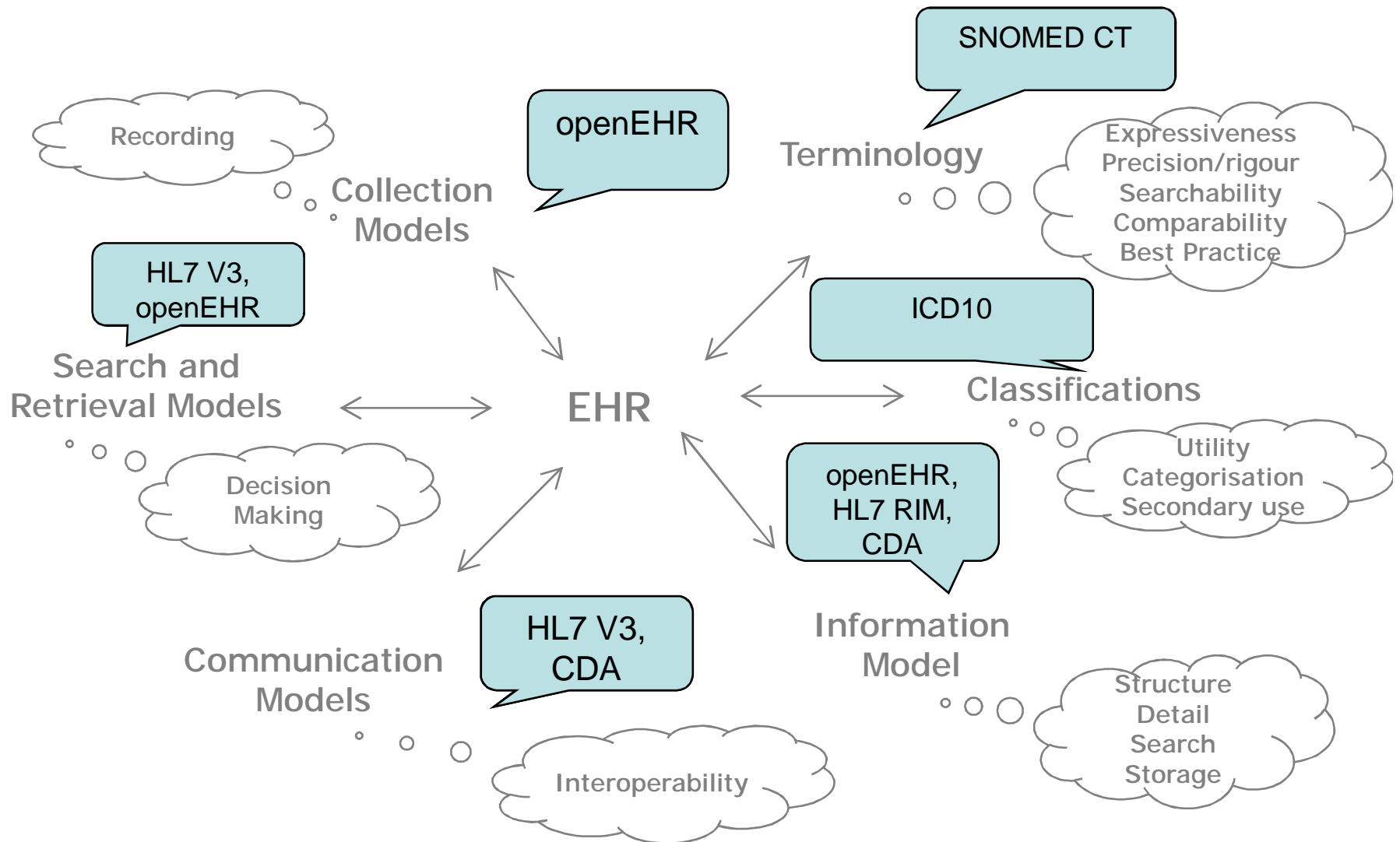
As standards are not complete, then OHT must integrate standards

To facilitate interoperability, OHT must integrate overlapping and competing standards into its technical architecture

Standards in the context of an EHR



Standards in the context of an EHR



Standards Principles

OHT will base its architecture on proven implementable standards

OHT will enhance standards effectiveness by delivering tools to allow for the development, implementation and assurance of standards

OHT will work with standards organisations to achieve integrated solutions that achieve maximum interoperability at least cost with maximum quality and ease of use

Representative Standards

HSSP (services)

HL7 (messaging)

CEN 13606 (content modelling)

openEHR (EHR)

SNOMED CT (terminology)

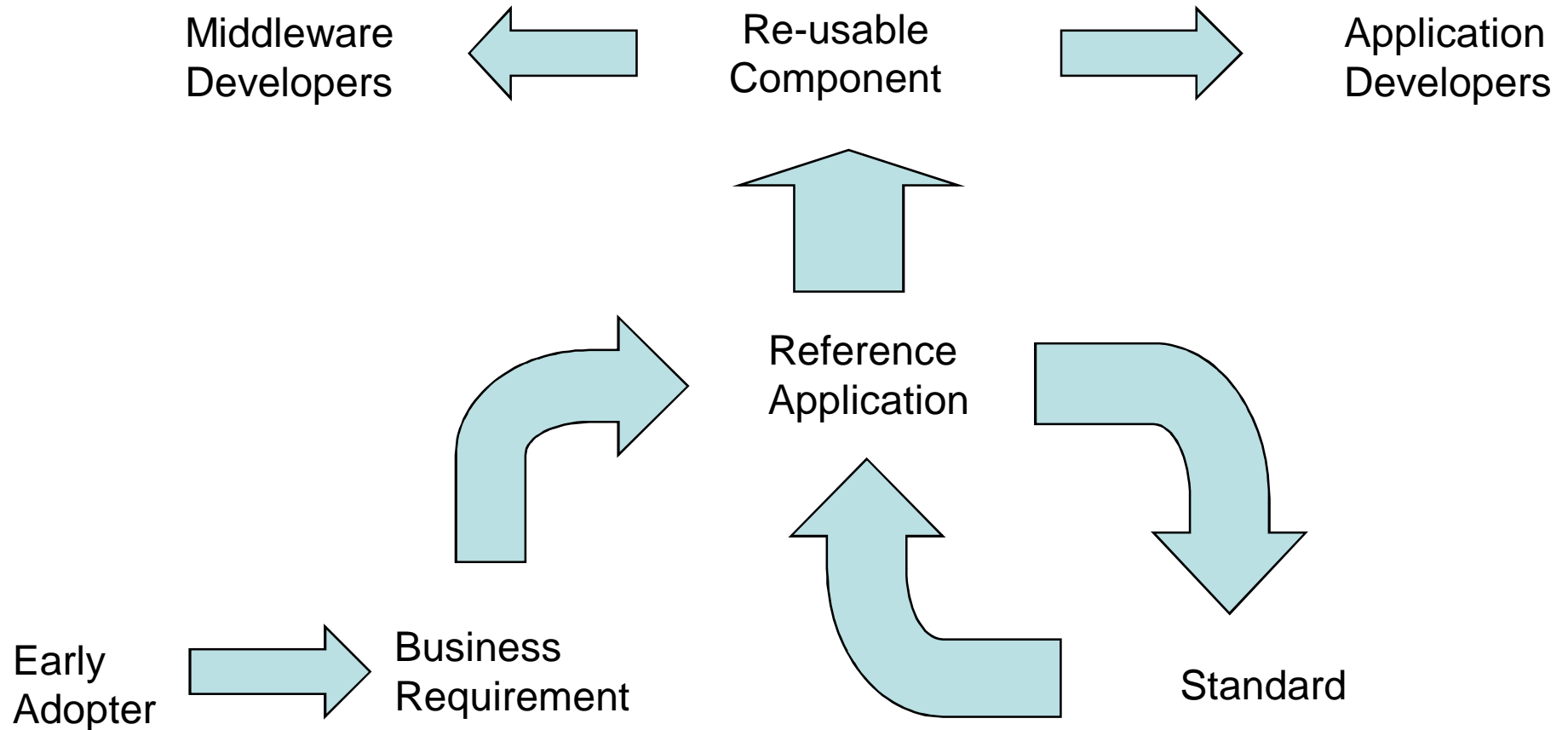
The standards challenge

Standards Tooling impoverished

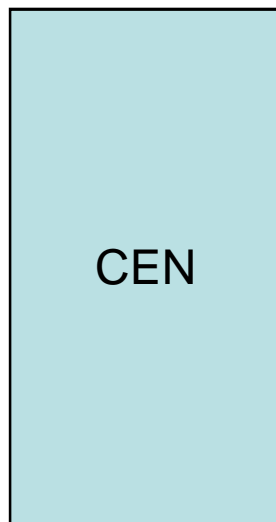
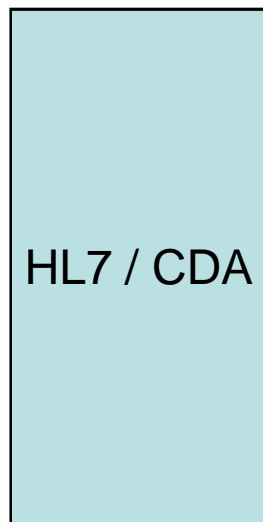
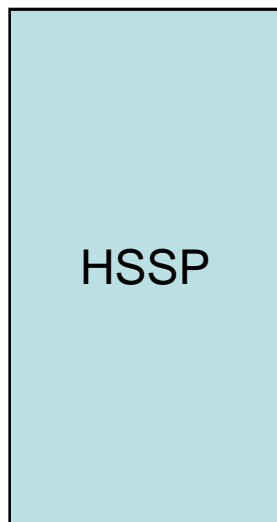
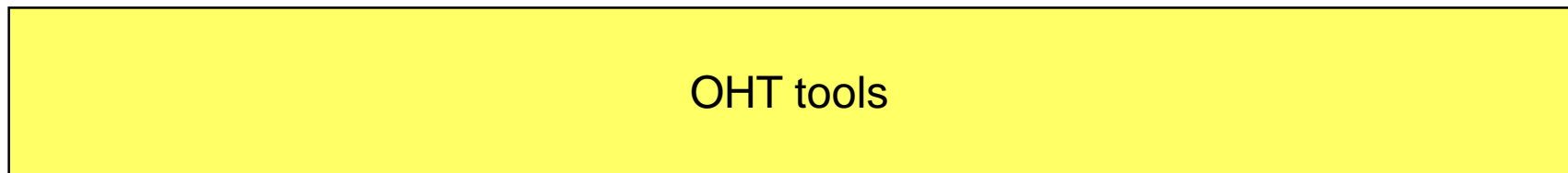
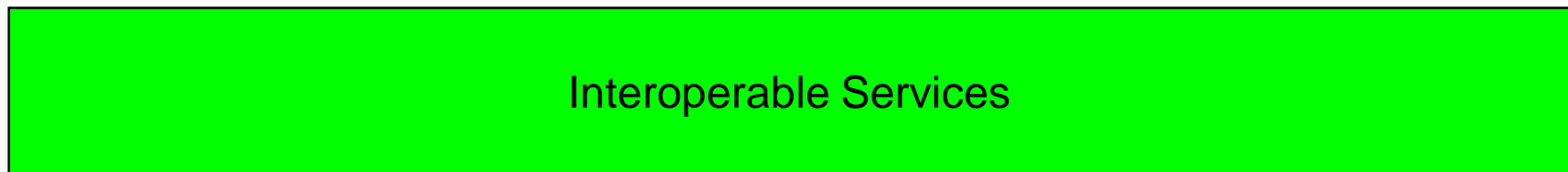
Siloed SDO's

OHT can operate alongside SDO frameworks to drive true interoperability and facilitate the development of those standards in a complementary and harmonised way

Driving the standards through implementation experience



Integrating the standards



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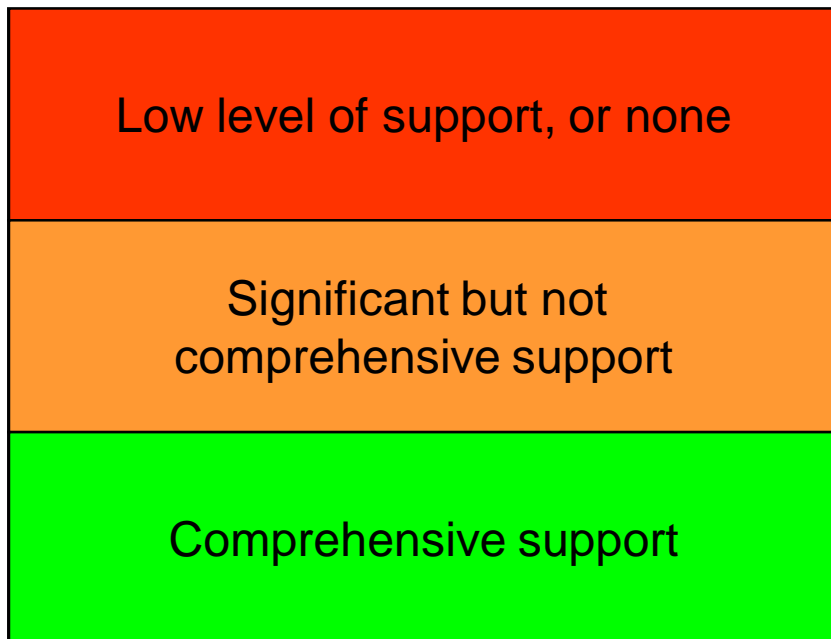
Standards overlap

Standards do not address the full application stack

Standards that work together have integration requirements (e.g. Terminfo for HL7 V3 and SNOMED CT)

We need to understand where standards impact the logical architecture

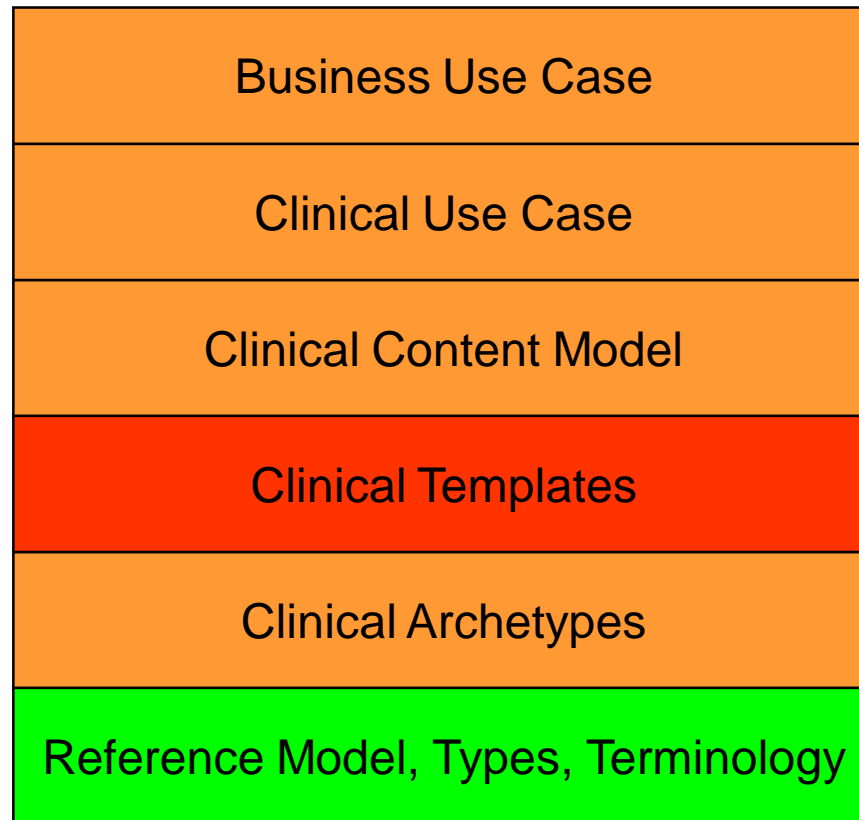
Key – scope of standards



The following rating is subjective and not meant as a rigorous comparison of standards.

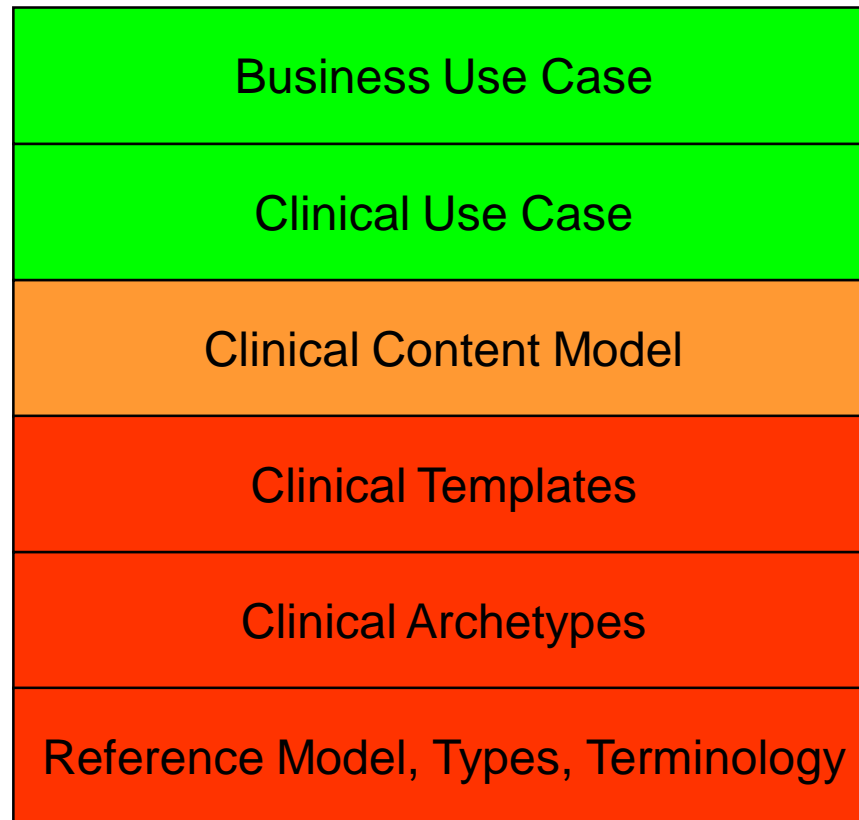
HL7 scope

Logical View



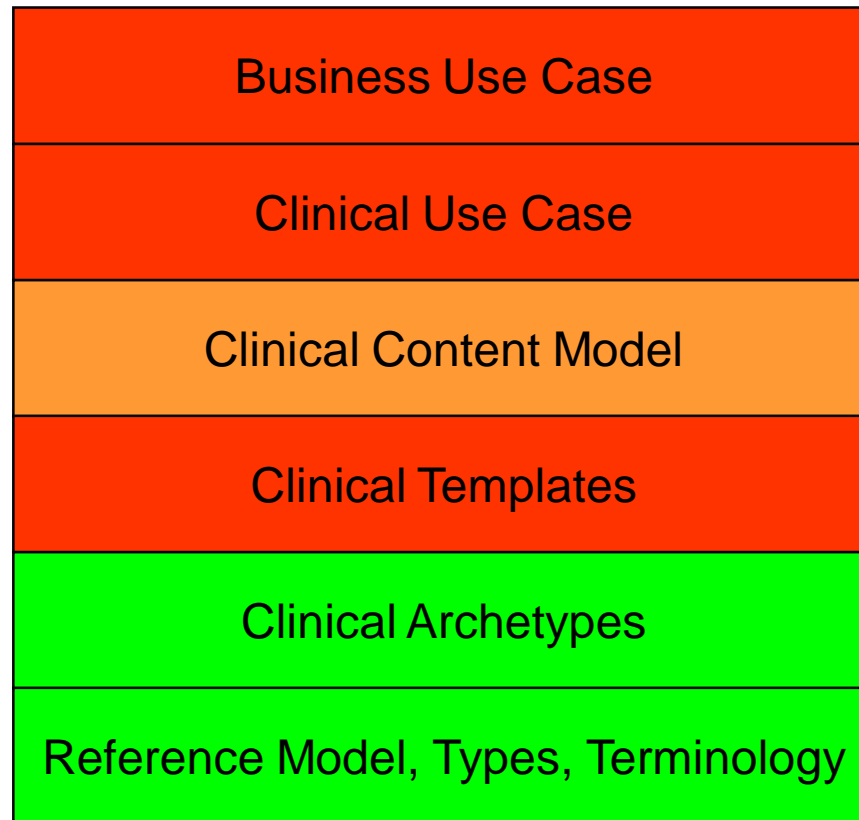
HSSP scope

Logical View



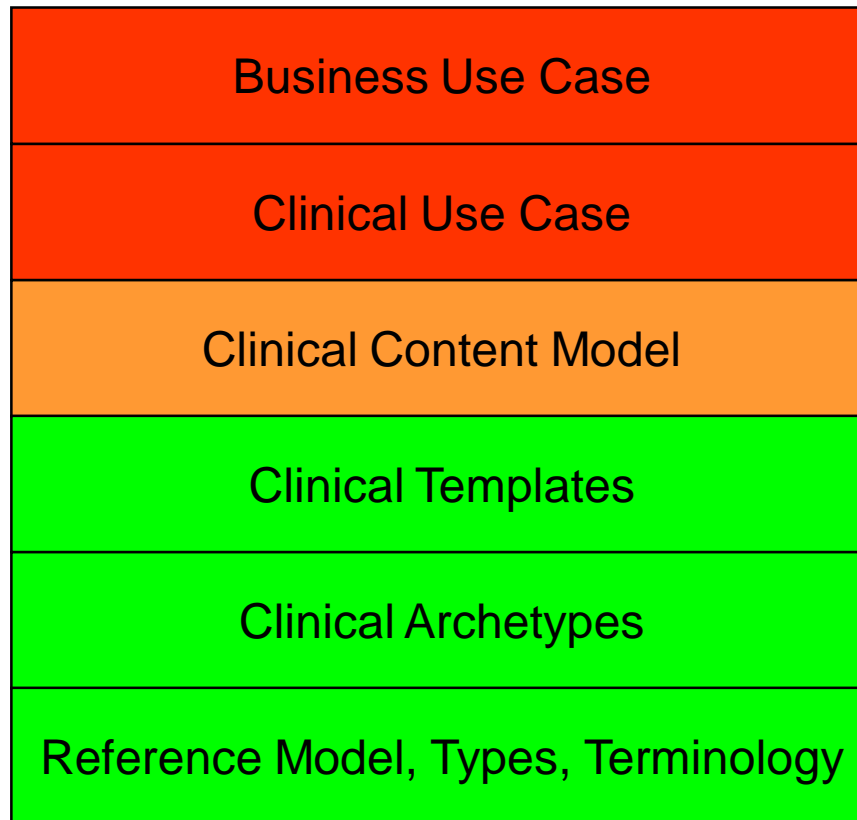
CEN 13606 scope

Logical View



openEHR scope

Logical View



SNOMED CT scope

Logical View

Business Use Case
Clinical Use Case
Clinical Content Model
Clinical Templates
Clinical Archetypes
Reference Model, Types, Terminology

Standards compatibility / interference

openEHR

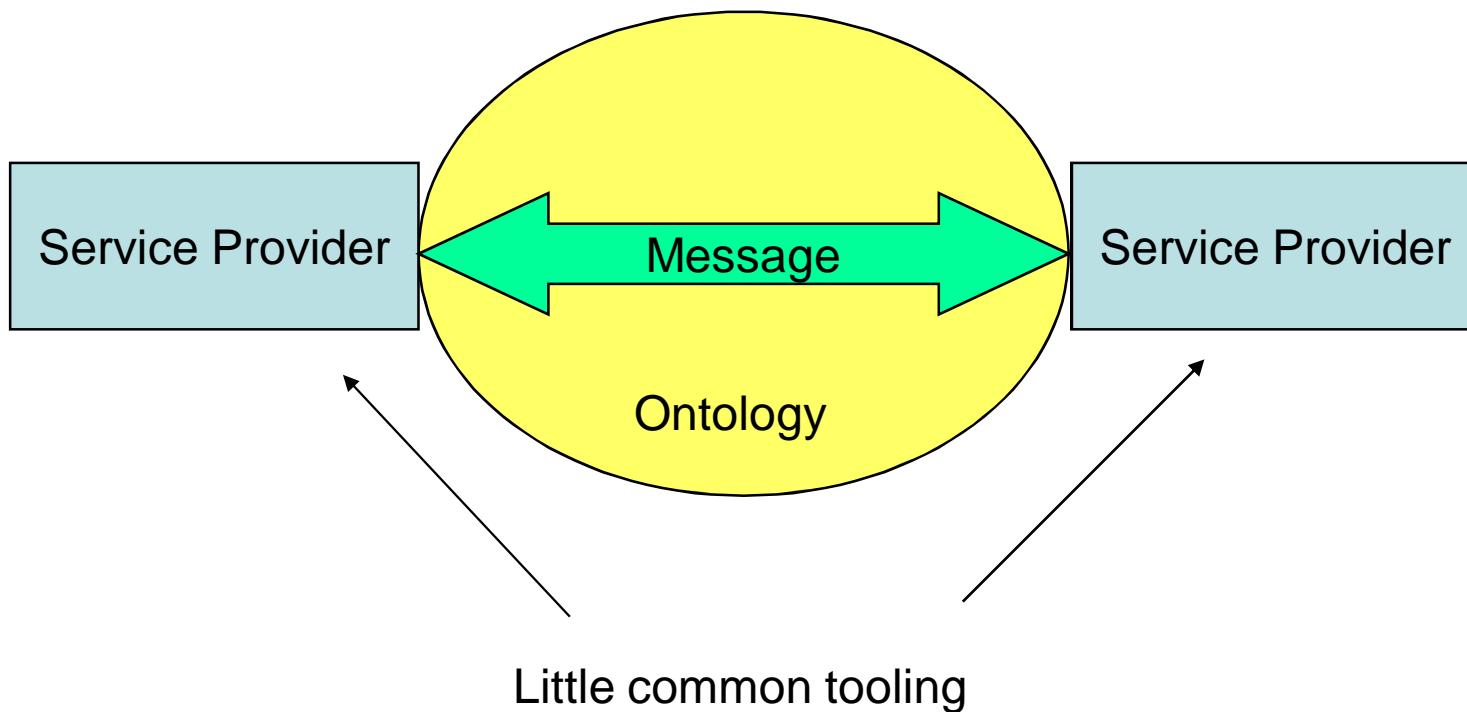
HL7 V3

HSSP

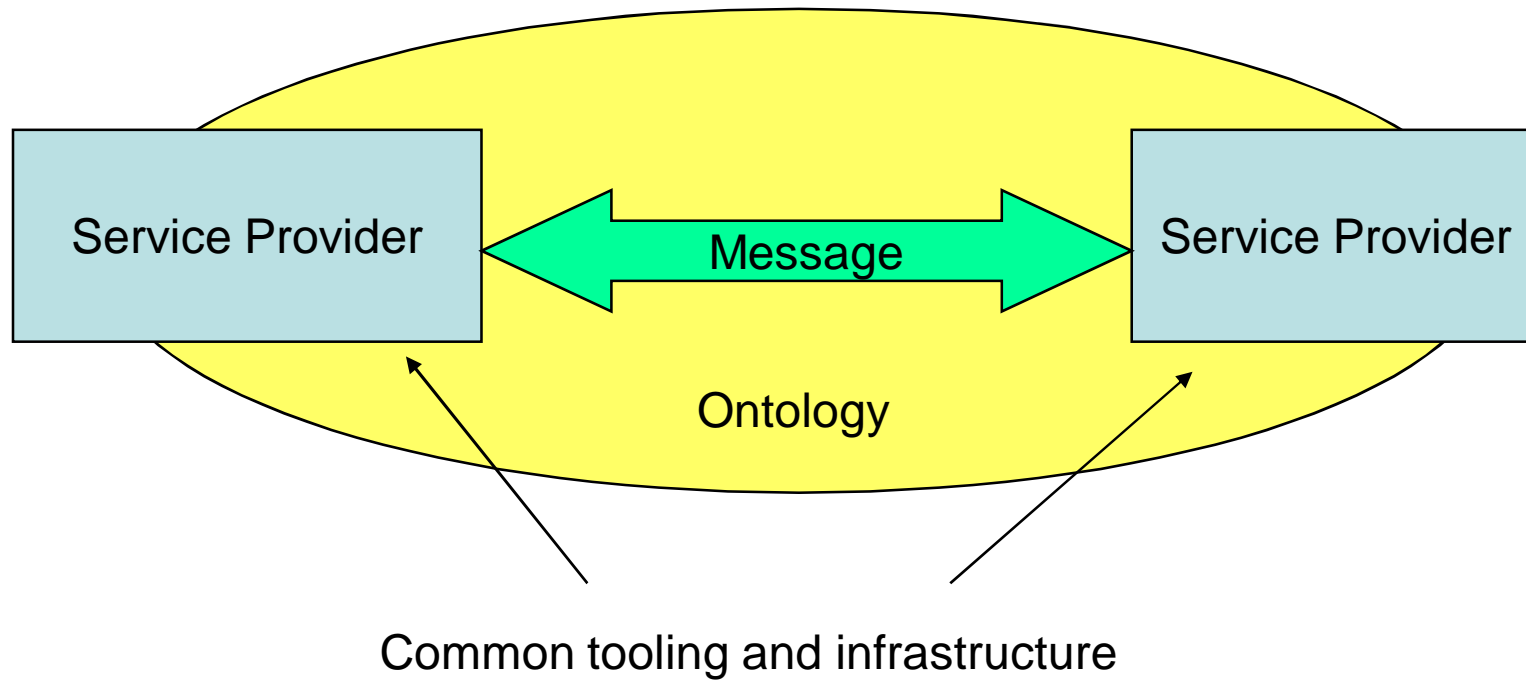
SNOMED CT

Business Use Case	Business Use Case	Business Use Case	Business Use Case
Clinical Use Case	Clinical Use Case	Clinical Use Case	Clinical Use Case
Clinical Content Model	Clinical Content Model	Clinical Content Model	Clinical Content Model
Clinical Templates	Clinical Templates	Clinical Templates	Clinical Templates
Clinical Archetypes	Clinical Archetypes	Clinical Archetypes	Clinical Archetypes
Reference Model, Types, Terminology	Reference Model, Types, Terminology	Reference Model, Types, Terminology	Reference Model, Types, Terminology

Clinical Interoperability today



Interoperability tomorrow



Conclusion

Standards alone will not drive full semantic interoperability

A common ontology is needed that spans not just the communication space, but also the application space

The ontology and standards need common tools to develop them

Applications providers need common re-usable components to implement interoperability

OHT's Vision is to provide an SDO independent (but standards dependent) framework within which all stakeholders (SDOs, Providers, Vendors) can collaborate