Why is eHealth so hard?

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About me

Hildegard Franke

- Health informatician
 - Director freshEHR Clinical Informatics
- GP system supplier background
 - Training
 - Clinical Modelling
 - Product Management
 - Terminology















Is it so hard?

- The banks can do it
- why not healthcare?













Health information is "Nasty"







Health information is "Nasty"

- Healthcare data is highly complex and ever changing
 - Biological
 - Cultural
 - Political
 - Huge and segmented populations
 - Safety-critical
 - Poor infrastructure
- Getting good requirements from clinicians is hard





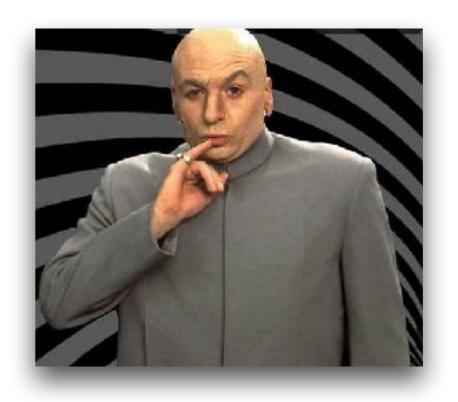




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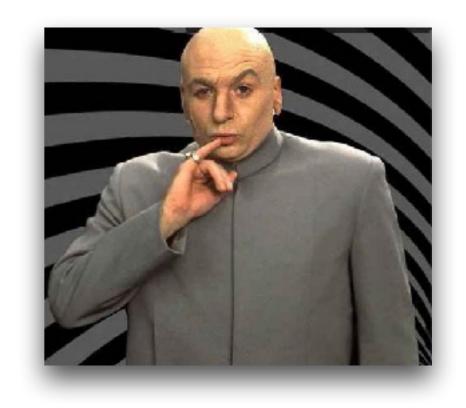






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Healthcare is powered by information

- To facilitate immediate care
 - Aide-memoire for clinician
 - Automate business processes
 - Trigger decision support
- To facilitate review of care quality
 - Quality registers / audit
- To inform healthcare management
- To inform research
 - 'Big data', analytics
 - Clinical trials















Why is health information so hard?

- Very different kinds of information
 - Biological concepts
 - Documentation of care
- Compressed, summarised information
 - Reporting
 - Making sense of complex care
- Large number of complex datatypes
 - not just string, numeric, url, date















Health information

- Biological 'real world' concepts
 - Symptoms, examinations
 - Lab tests, imaging results
 - Illnesses, procedures
 - Medications, devices



- Point of care (Diagnosis name, date of onset, date diagnosed, grade/stage)
- Medico-legal context (who, when, why, what, how)









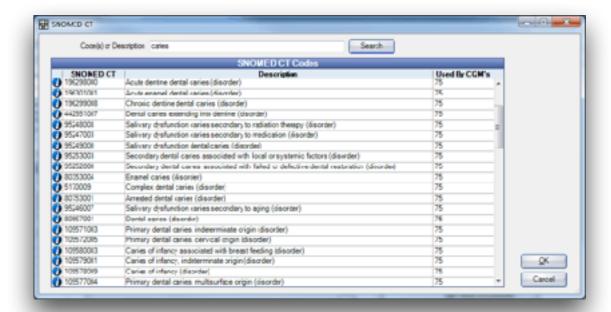


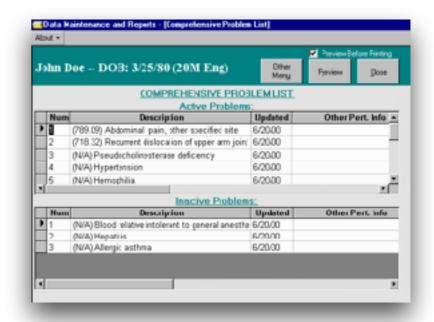




Health information

- Compression and processing of health information
 - Registries
 - Research
- Handling 'health status'
 - 'Curated' problem lists















Complex datatypes

- Plain text
- Coded terms
 - external 'reference' terminologies
 - local codes and mappings
- Dates and times
- Durations
- Quantities
- Interpretations













Medication 'dose syntax'











Medication 'dose syntax'

Paracetamol liquid oral 125mg/5mls 5-10mls up to every 4-6 hours as required for pain or fever, maximum 40mls in 24 hrs

```
"Medication Name": "Paracetamol liquid 125mg/5mls"
"Route": "oral"
"Parsable dose direction": " 5-10ml ^4h/6h prn [40ml h24]
"Additional instruction": "for pain or fever"
}
```

Enalapril – oral - 2.5mg once daily for 2 days, then 5mg once daily for 7 days, then 10 mg once daily indefinitely

```
{
"Medication Name": "Enalapril"
"Route": "oral"
"Parsable dose direction": "2.5mg od:2d;5mg od:7d;10mg od:ind"
}
```









Medication 'dose syntax'



```
paracetamol 500 mg tablets - oral - Dose take 2 - four times a day
VMP from Drug Dictionary
                                      Dose Syntax compliant coded data
...can be determined by a computer as equivalent to:
paracetamol - oral - tablets - DOSE 1000 mg - four times a day
VTM from Drug Dictionary
                                   Dose Syntax compliant coded data
```



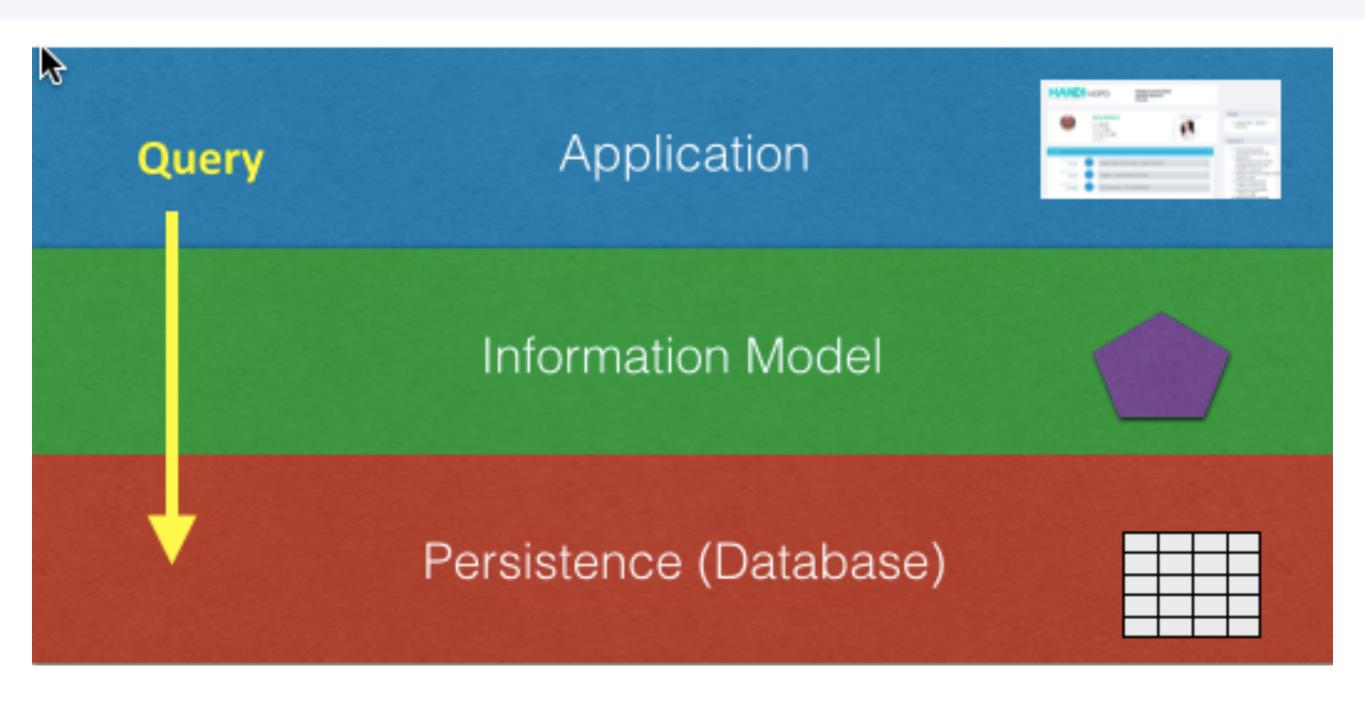








Information model is critical





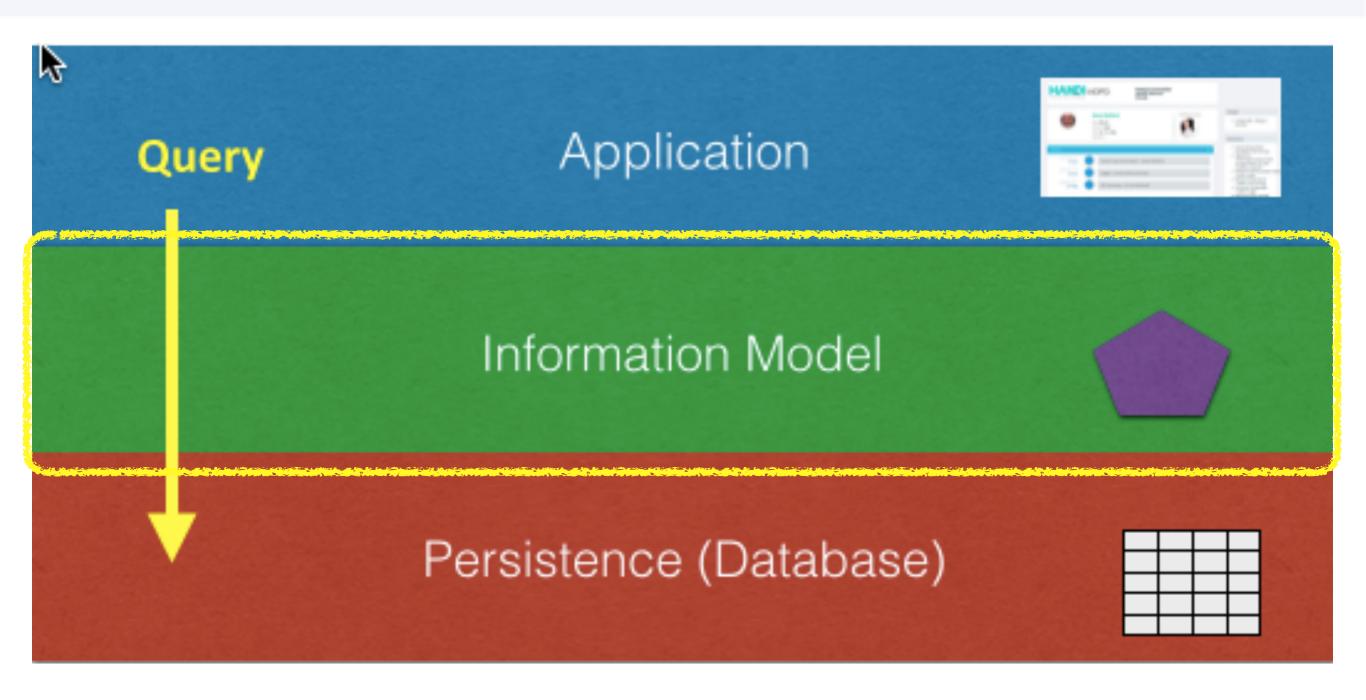








Information model is critical













Health terminologies

- Needed to represent biological and scientific concepts
 - 500,000+ SNOMED CT concepts
 - even more relationships which support 'inferencing'
 - e.g. Diabetes Mellitus Type 1
 is_a metabolic disease AND is_a
 disease of the pancreas



dictionary of medicines + devices









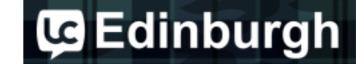






A mixed economy

- In reality we need
 - 'Clinical content' models
 - underpin persistence
 - underpin API / messaging
 - + Terminologies
 - label/ classify biological concepts
 - power inferencing
 - Blended approach
 - no 'one true way'













Over to lan ...







