



#### **CareConnect Profile Curation**

March 17th 2017



This call will be recorded and published publicly in the future.



Feedback via Ryver: https://interopen.ryver.com/index.html#forums/1057501



Profile Curation is a team effort. Get involved...

### Agenda

- Profile Curation the story so far
- Maturing the profiles for maximal use
- FHIR STU3 The impact on Profiles
- HL7 Ballot for CareConnect Profiles
- Putting the Profiles to work

#### **Profile Curation the story so far**

INTEROPen members have already created numerous profiles via thanks to the community.

The profiles are published on the INTEROPen website and also GitHub.

http://www.interopen.org/candidate-profiles/care-connect/ https://github.com/INTEROPen/CareConnect-profiles

A lot of the hard work is done....

#### Maturing the profiles for maximal use

- CareConnect profiles now underpin many national interoperability projects.
- Profiles need to be high quality, complete and managed via a robust configuration management process.
- This takes expertise, time and resources. Volunteers working in the margins only gets you so far.

## Maturing the profiles for maximal use

Quality does not come for free and does not "just happen"

We need to define both clinical and technical quality criteria, agree it and as a community then enforce it.

More structured development cycles required with defined review cycles.

#### **FHIR STU3 The impact on Profiles**

All work to date have been based around the DSTU2 version FHIR.

This will have impact:

- FHIR Profiles will need to change
- FHIR Resources have changes
- FHIR ValueSets/CodeSysems will change
- FHIR Tools will change

We will need to deal with these but its not going to happen over night.

We will need to have DSTU2 & STU3 profiles for a while as systems transition between versions.

#### **HL7 Ballot for CareConnect Profiles**

HL7UK will host the CareConnect profiles currently this is via a GitHub repository.

https://github.com/HL7-UK/CareConnect-profiles

HL7 develop standards using a "Balloting" process. It's a rigorous that help ensure that products are created that are thoroughly critiqued via "Subject Matter Experts".

Does INTEROPen want to "Ballot" the CareConnect Profiles via HL7?

#### **HL7 Ballot for CareConnect Profiles**

Assuming we do...

When is the right time to do this?

- Before of after applying quality criteria?
- Before of after STU3 versions?

The Balloting process requires a lot of time and effort we need to be careful of "Ballot fatigue".

## **Putting the Profiles to work**

NHS Digital are initially focussing on the following profiles

Clinical
Medications
Allergies
Problems / Conditions
Procedures
Immunizations
Observations
Vital Signs
Encounter

Adminstrative
Patient
Organization
Location
Practitioner

This is just a starting point...

### **Putting the Profiles to work**

The Profiles are now being used in multiple projects:

- GP Connect
- CareConnect API
- Digital Child Health
- ADW (Social Care)
- FHIR Documents (Transfer of Care)
- End of Life Care
- Digital Diagnostic Services

Where else are they being used?

## **Putting the Profiles to work**

Not quite plain sailing..

We needed to "correct" the profiles before they could be used.

We often "specialise" the projects to meet defined use cases

We used our own "quality criteria", it will not necessarily be the same as INTEROPen's

We want to get these back into INTEROPen and baseline.

### Creating a work plan...

NHS Digital will help with Curation but clearly we cant do this alone. We propose creating a work plan to encompass the following work stream.

- Creating Technical Quality Criteria
- Implementing STU3 FHIR Profiles
- Preparing for HL7 UK Ballot
- Development Process & Configuration Management

Anyone putting their hands up to lead on these work streams?

## Creating a level playing field...

If we are going to work together we need to use consistent approaches and consistent tools.

- Profiling tools Furore Forge
- Publishing tools
- Automated Quality Tools

Tools are great but use them carefully they are not always your friend....

# **Starting next week....**

- Identify the tooling stack
- Start the technical quality criteria
- Establish the baseline

#### **Questions**



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