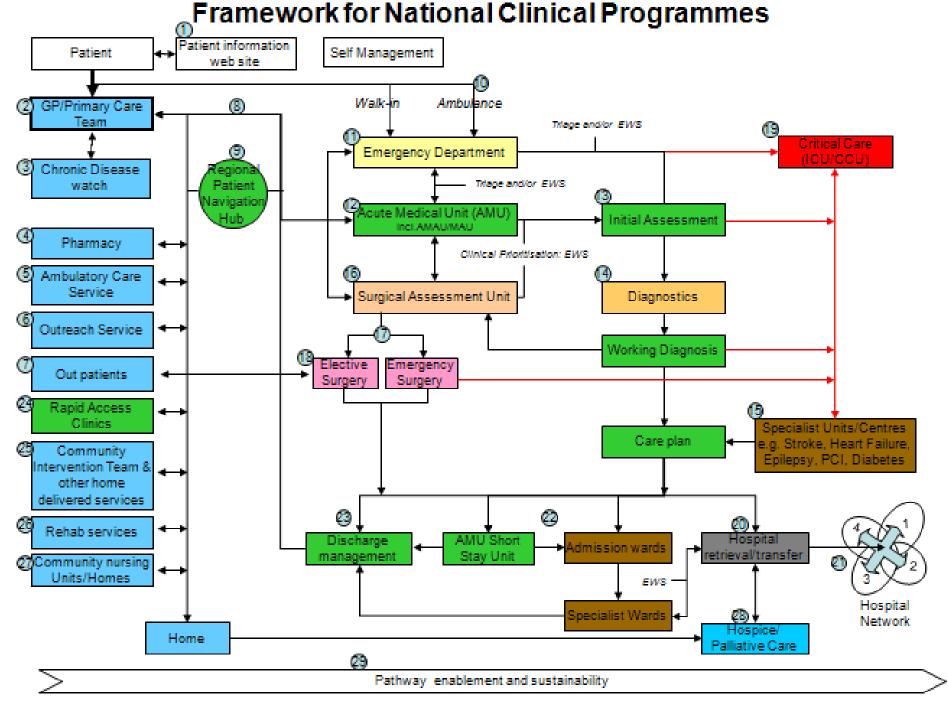
STANDARDS, INFORMATION MODELS & CLINICAL PROGRAMMES



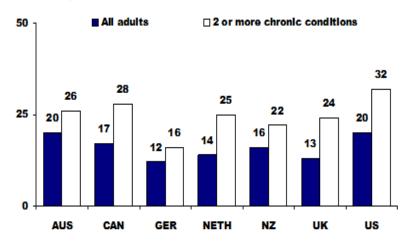


DATA SHARING REQUIREMENTS

Co-morbidity patients experience more medical errors

Figure 37. Any Error in Past Two Years

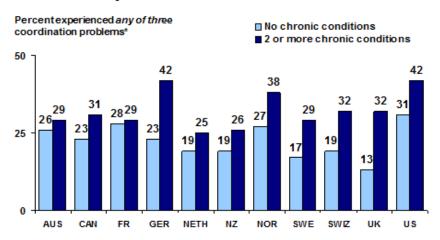
Percent any error



Note: Errors include medical mistake, wrong doselmedication, or lab test error. Source: 2007 Commonwealth Fund International Health Policy Survey. Data collection: Harris interactive, Inc.

Co-morbidity greater coordination problems

Coordination Problems in the Past Two Years, by Number of Chronic Conditions

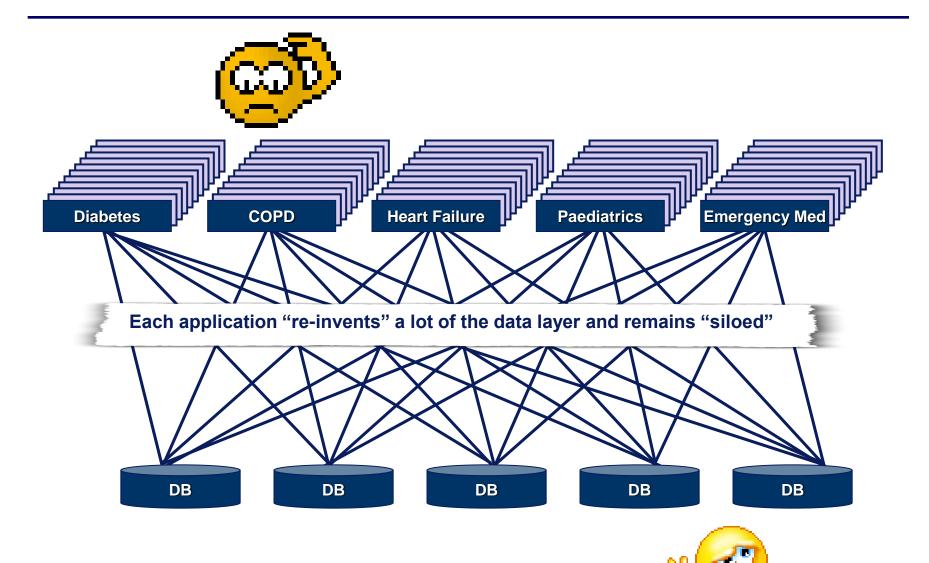


[&]quot;Test results/records not available at time of appointment, received conflicting information from different health professionals, and/or doctors ordered test that had already been done.

Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

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DATA CHALLENGE



WHY STANDARDS

- Information systems are only as good as their data.
- Without a mutually agreed-upon set of data elements with clearly defined names and definitions, the validity and reliability of the data contained in a system are suspect at best and must be discounted at worst.
- The data model, data dictionary, and its relationship with the metadata registry are the foundation of an information system and the central building block that supports communication across business processes.
- The purpose of the data dictionary is to standardise definitions and ensure consistency of use.
- Standardisation of data enhances interoperability across systems.
- Standardisation also improves data validity and reliability within, across, and outside the organisation.
- Standardisation provides a common understanding of terms. Standardisation provides a common road map for information consistency, across shared national applications.

Standards ensure that data recorded by different clinicians in different care settings using different ICT systems can be brought together in an integrated form whilst fully maintaining the integrity of the data.

The adoption of national standards lays the foundation for a future national EHR

INTEROPERABILITY

The systems used by individual clinical programmes will need to be able to predictably compute on the exchanged information based on an agreed set of specifications defining the structure and meaning of the exchanged information

Syntactical;

- Understanding of structure and rules of the language eg. Sentence construction

Semantic;

- Understanding of the meaning of the information

WHO- differing levels of interoperability

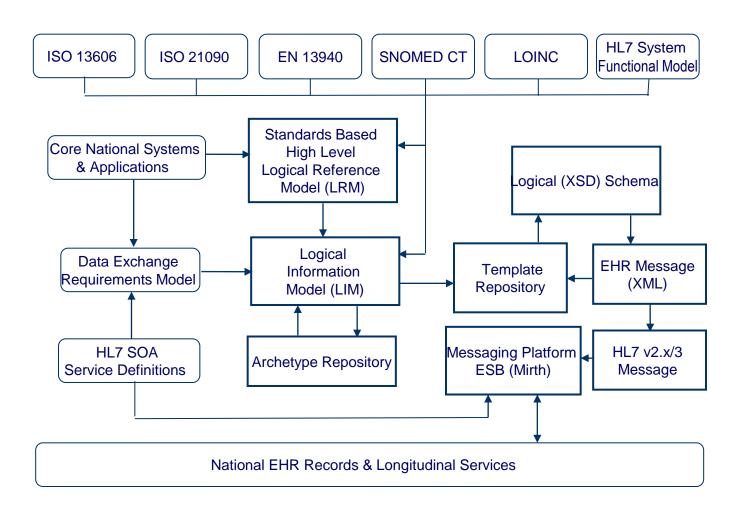
- Level 0: no technical interoperability
- Level 1: technical and syntactical interoperability
- Level 2: technical, syntactical and some semantic interoperability
- Level 3: technical, syntactical with full semantic interoperability

The ultimate goal for HSE ICT platforms and clinical programmes is syntactical and semantic bidirectional interoperability

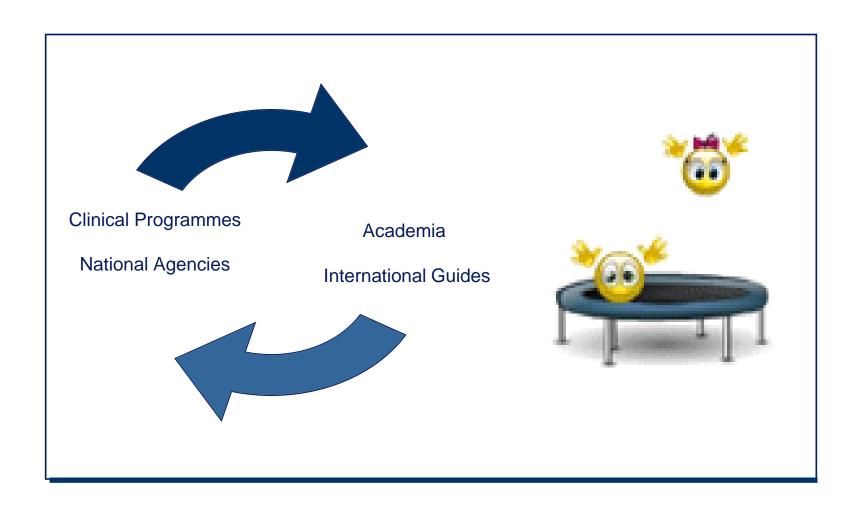
STANDARDS ANALYSIS FRAMEWORK

	HL7 v2	HL7v3	CEN 13606	OpenEHR	CDA/CCD	XML/Web Service
Durath of Occurrent	କ ର	10 10	70 70	19 TO TO	10 TO	
Breath of Coverage to realise full EHR	1		(A) (B)	(A) (B) (B)	(a) (b)	¥
Expressive power for clinical data	-	70 70 70	The weaker (weaker RM)	あめも	্ৰজ্জ (as per v3)	*
Intelligent Querying	*	The state of the s	there are problems with it)	535	1	⊸ (Xpath)
Support for decision support	କ୍ତି	888	77	70 70	the NHS are doing)	A
Accessibility standards and specs	あるも	® ®	10	ももも	57	999
Tools and components	ももも	19 19	¥	70 70	କ୍ତି	かかも
Vendor interest and support	₽₽		▼ (no implementations)	•	40 40	(widespread use across IT)
Reference implementations	77	100		1	555	333
RIM stability & consistency	¥	€9 €9	もも	₹ 9	₹ 9 €9	Ā
Support for knowledge management	*	888	40 40	ももも	6	¥
Embedded security	ももも	ももも	1	ももも	1	କ ୍ଚ
Institutionalisation & governance	あるも	ももも	4040	1	555	ももも
Support messaging	7979	®®®	⊕ ⊕	(no messaging support beyond content)	70 70	•
EHR persistence	¥	▼ (neither v2 nor v3 are persistence specs)	& \$	555	9 9	*
Terminology/Ontology bindings	କ୍ତ କ	v3 has richer structured datatypes than better support post-	\$\$\$	***	esp CD datatype)	●●● (using RDF and OWL)

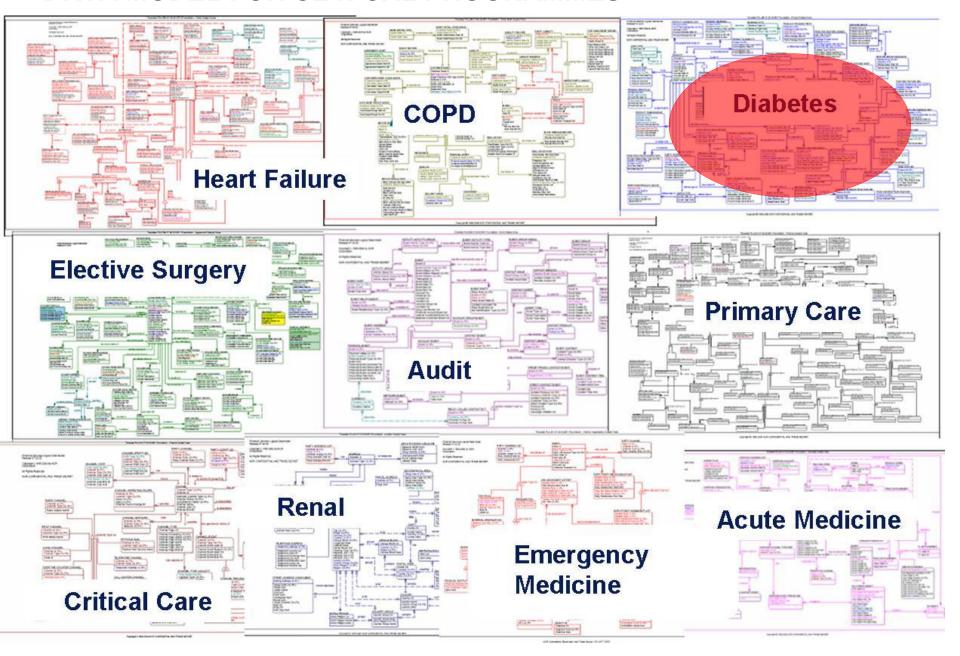
LOGICAL INFORMATION REFERNCE MODEL



COLLABORATION



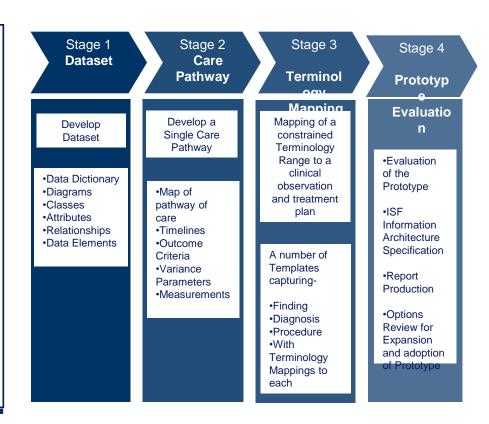
DATA MODEL FOR CLINICAL PROGRAMMES



INITIAL COLLABORATION - DIABETES

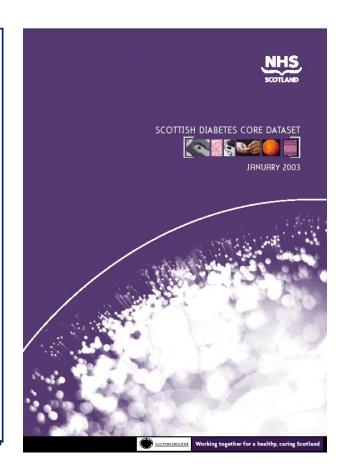
Activities

- The work to be undertaken has four stages.
- The project will map a constrained number of Snomed CT terminologies to a clinical observation and treatment plan.
- The outcome of this phase will inform the Integrated Services Framework (ISF) as to the value and practicality of including Snomed as a preferred terminology.

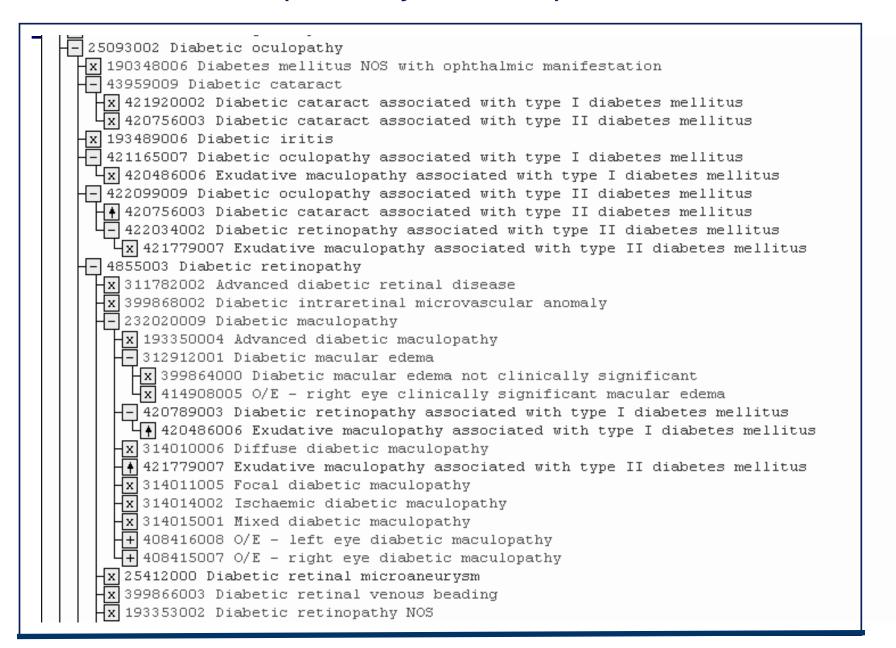


DIABETES

- Collaborative group visited Tayside
- Reviewed sci-dc model
- Decided upon a constrained set of data elements with localisations
- SNOMED & LOINC codes applicable
- SDU/DOH/HSE advancing the programmes business case



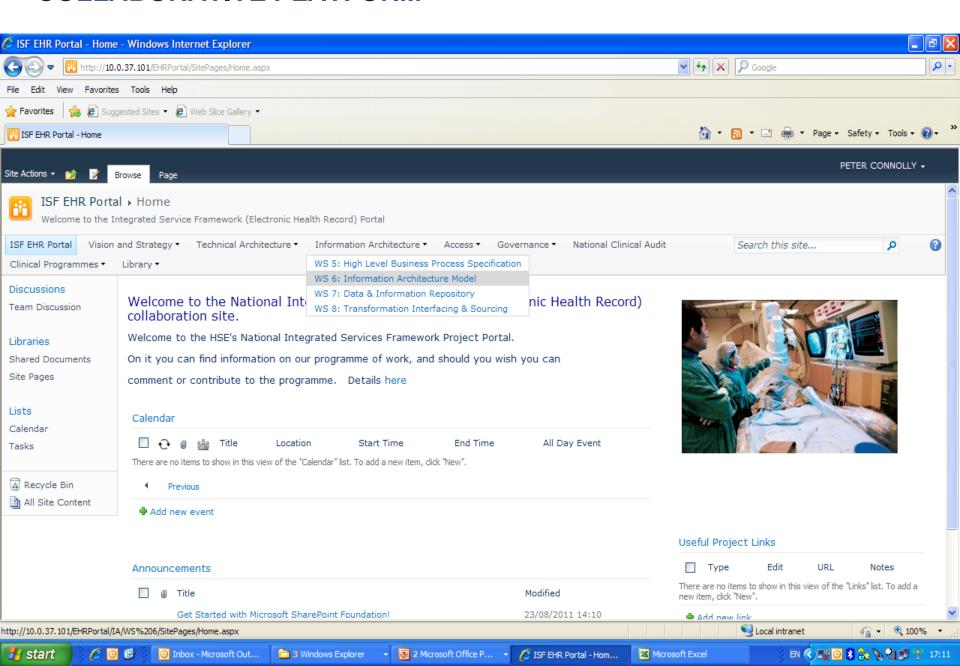
SNOMED CODES (not in Tayside model)



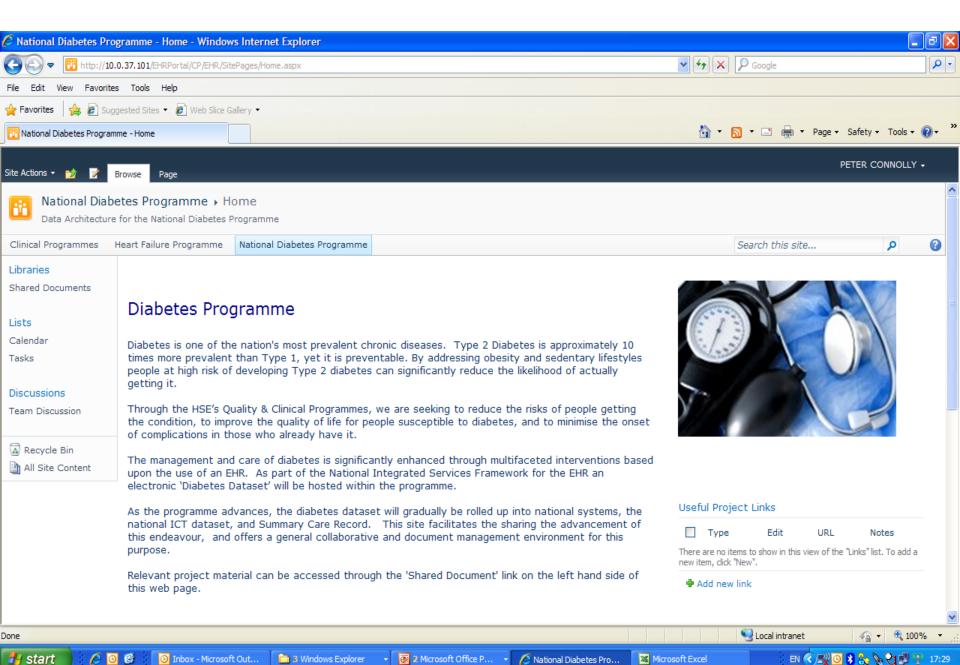
NEXT STEPS

- Tender Framework Appointments
- Run mini-tenders
- Make awards and commence workstreams
- Build, test and refine a prototype
- Expand Collaboration
- Establish a governance structure for clinical programme datasets

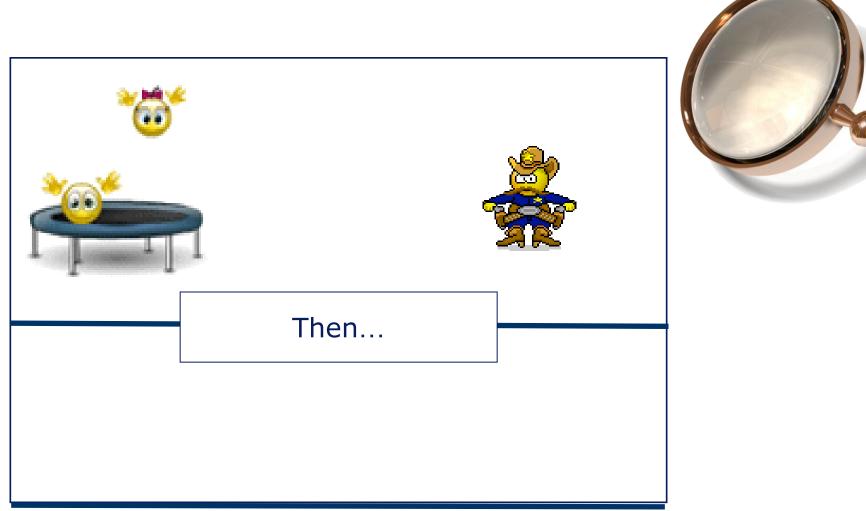
COLLABORATIVE PLATFORM



COLLABORATIVE PLATFORM



WHEN FIRST PROPOSED





WHEN FIRST PROPOSED

