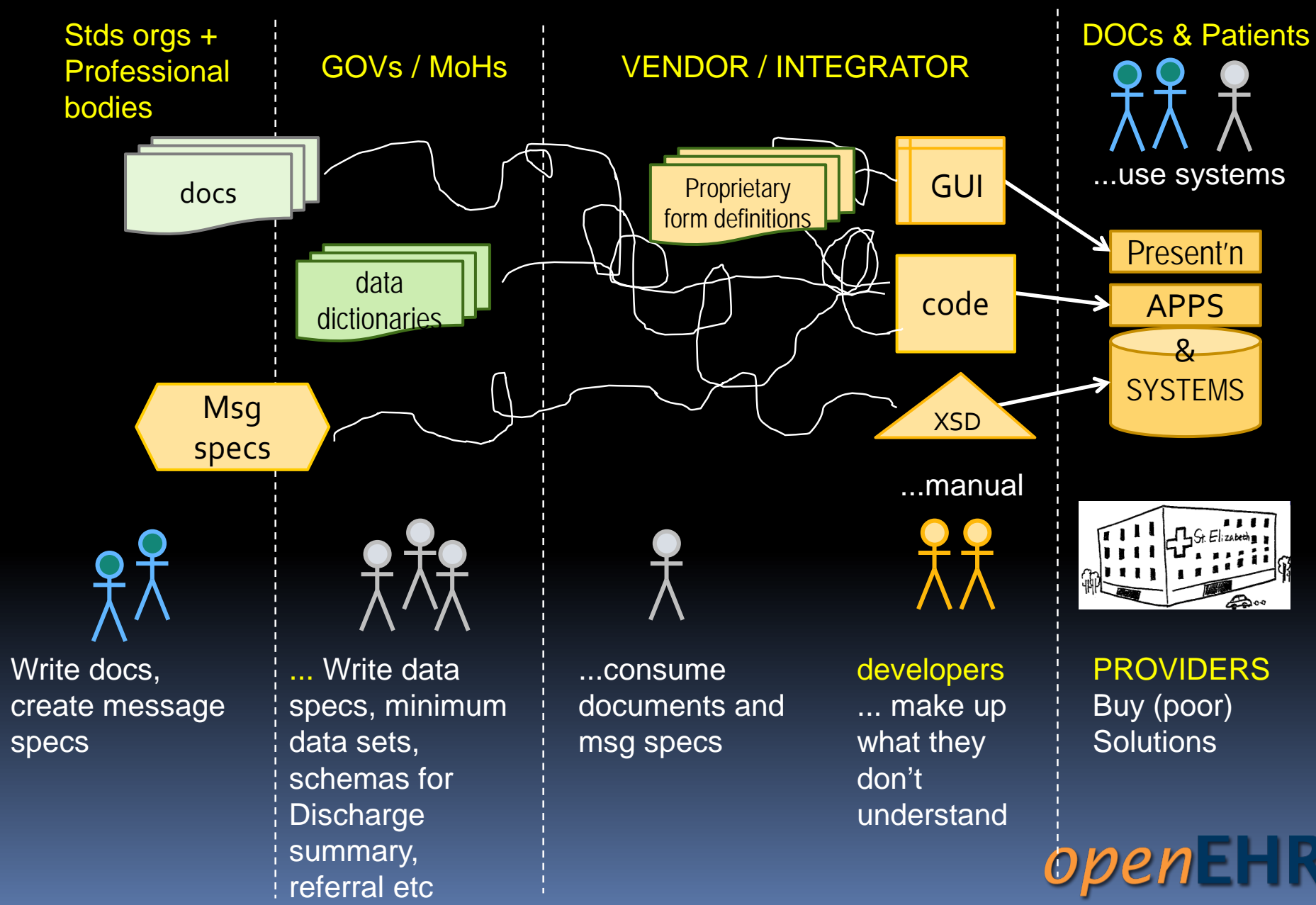




**THE OPENEHR KNOWLEDGE  
DEVELOPMENT TOOLCHAIN**

<http://www.openEHR.org>

# Current Industry Structure



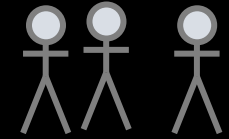
# Current Industry Structure

Std's orgs +  
Professional  
bodies

GOVs / MoHs

VENDOR / INTEGRATOR

DOCs & Patients



...use systems



...manual



**Chaotic,  
Expensive,  
non-computable**

**Lock-in  
Ad hoc**

**Poor  
interoperability**

**Expensive,  
low reuse**

Write docs,  
create message  
specs

... Write data  
specs, minimum  
data sets,  
schemas for DS,  
referral etc

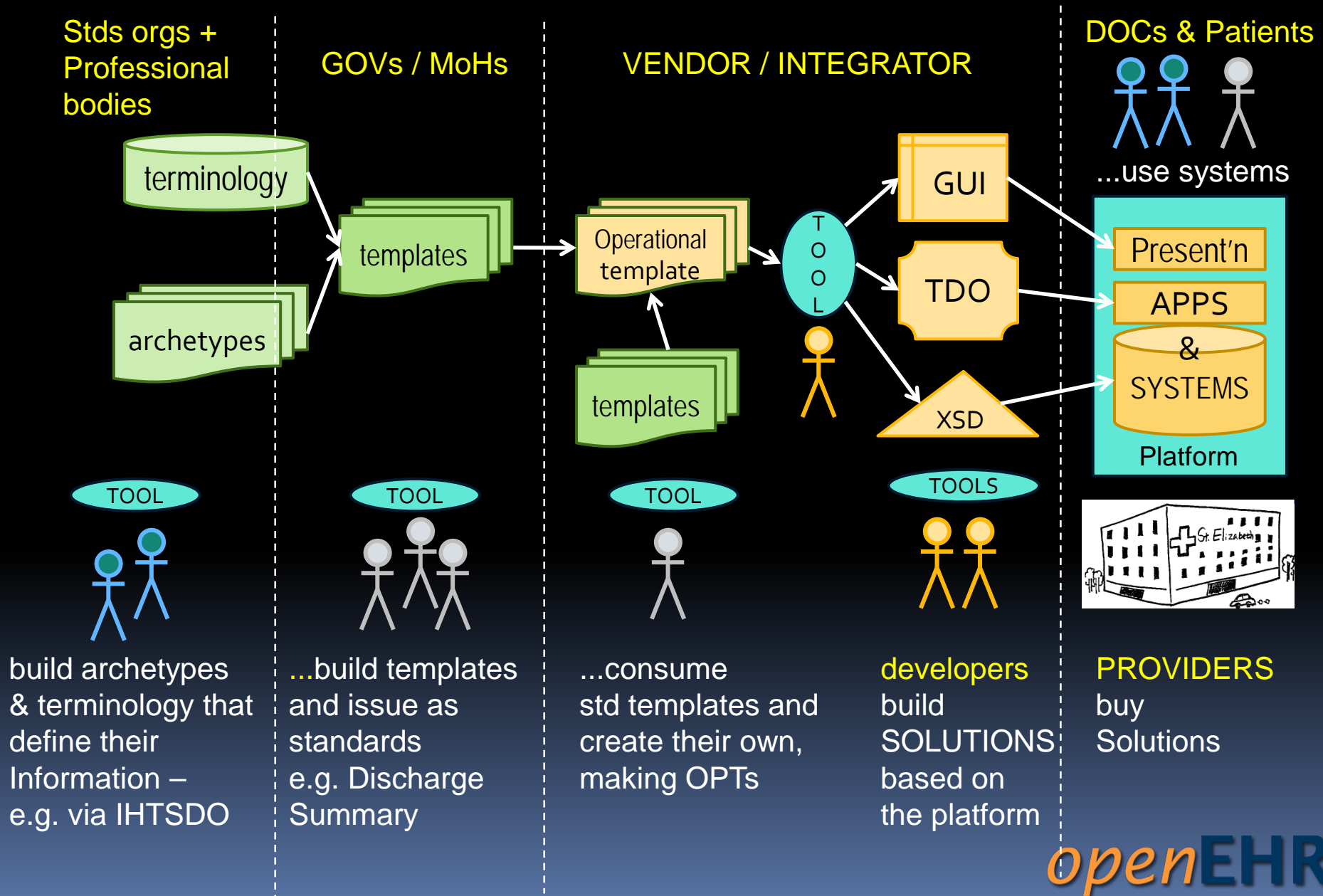
...consume  
documents and  
msg specs

... make up  
what they  
don't  
understand

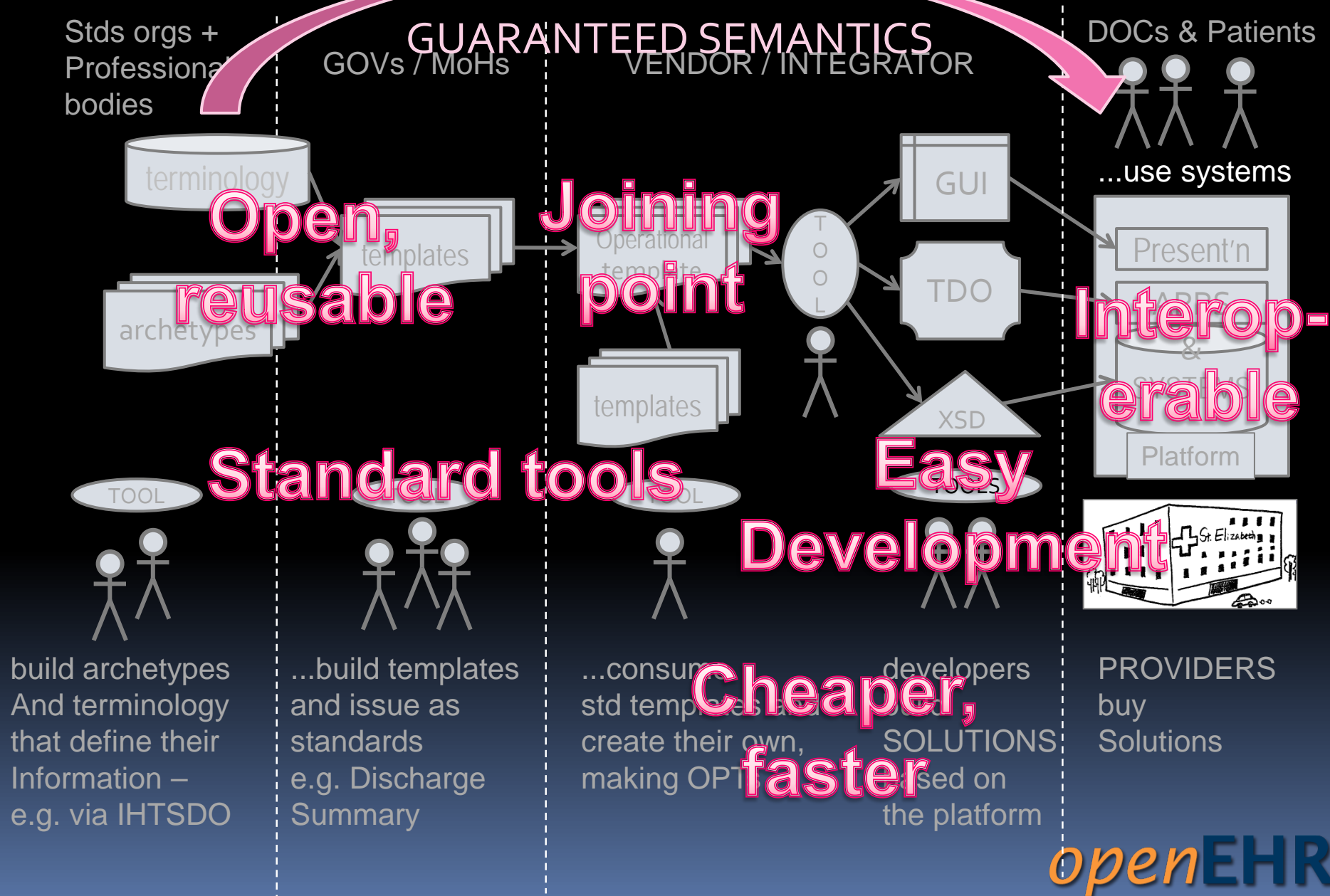
PROVIDERS  
Buy (poor)  
Solutions

*open***EHR**

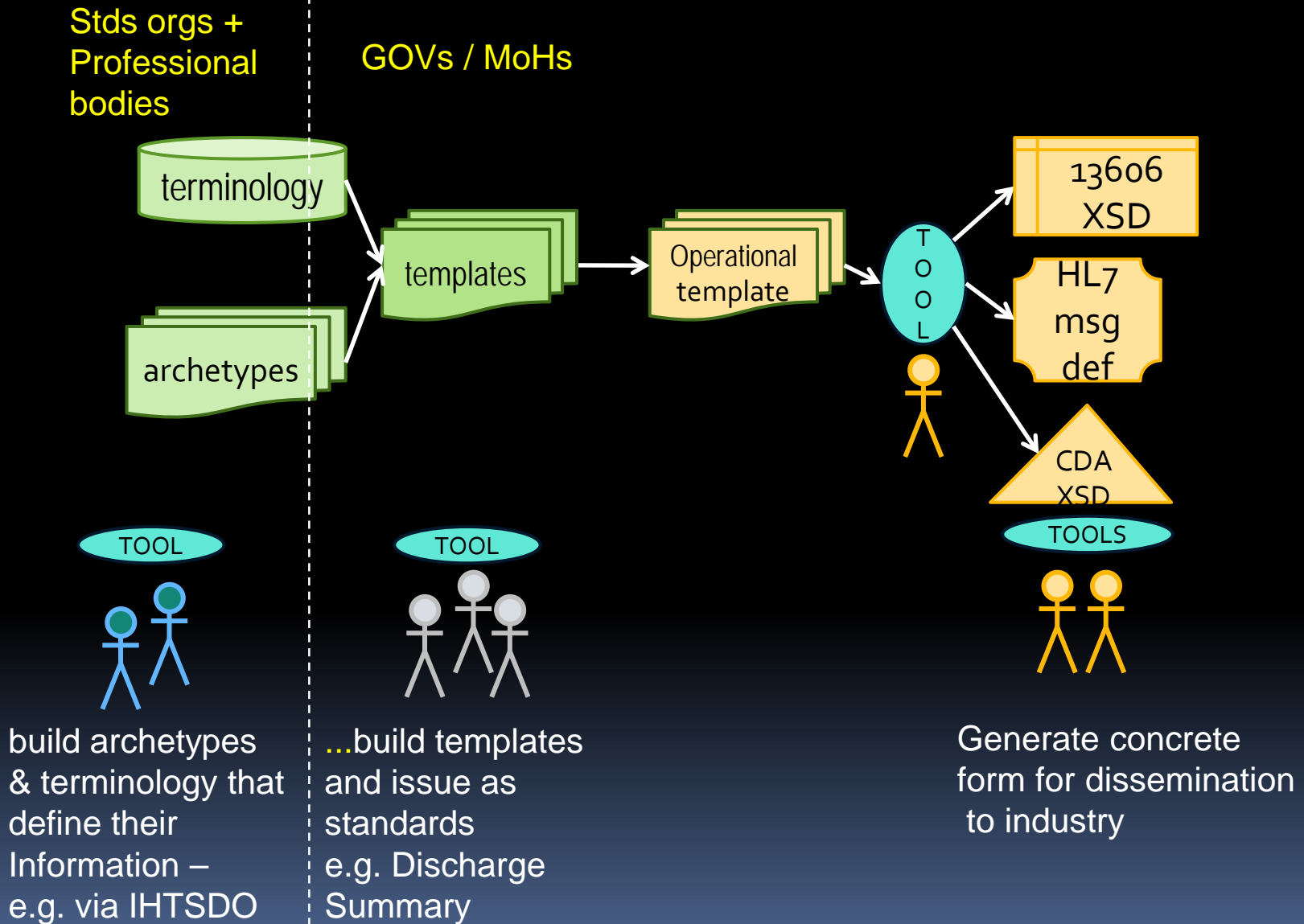
# openEHR approach



# openEHR approach



# Approach to standards



# Key Outcomes

- *Normal* developers can engage – *openEHR* + Snomed become economic and ~quick
- Semantic connection exists between definitions and implementations
  - → now we know what the meaning of data are, and Decision Support and Business Intelligence can work...
- Concrete standards like HL7 message definitions, CDA schemas, standard UI formats are **DOWNSTREAM** generations of operational templates

# Key Requirements

- Operational Template is joining point
- Tooling is key
- Portable querying language is available; also needs more tooling



# openEHR tools

