# **An Introduction to GLIF**



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## **Outline**

- Computer-interpretable guidelines
- Sharing computer-interpretable guidelines
- Requirements for a shared guideline model
- GLIF

# Computer-interpretable quidelines

- In this talk, we address computerinterpretable guidelines that
  - -deliver patient-specific recommendations
  - -are integrated with EMRs and Health Information Systems
    - »Automated reminders/alerts
    - » Decision support and task management
    - »Order entry appropriateness, referral criteria...
    - »Background monitoring, care plans, quality

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# Benefits of computer-interpretable guidelines

- Provide automatic decision support

   Applied to individual patients
  - -Can be during the clinical encounter
- Guidelines can be better designed
  - -Software tools and guideline models used to specifying logic precisely
  - -Ambiguities reduced
- Can integrate guidelines into workflow
  - Patient-specific guideline knowledge available at point of care, to person or entity needing it

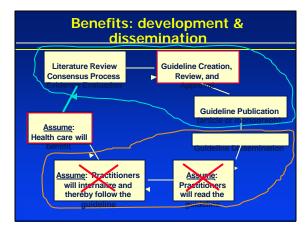
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# Benefits, cont'd

- Can be used for quality assurance
  - -Guideline defines gold-standard of care
  - -Perform retrospective analysis to test if patients were treated appropriately
- Simulations for educational purposes
- · Can aid in human visualization
  - interactive, dynamic display of guideline pathways
  - -allows one to focus on relevant sections of flowchart
  - -useful for authoring as well as for use

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# Why share computerinterpretable guidelines?

- Leverages cost of guideline development
- Provides consistency in guideline interpretation
- Can minimize misinterpretations and errors through the process of public review
- Facilitates execution rather than just read-only use
- Can provide common basis before local adaptation

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# Challenges in sharing guidelines by different institutions

- Local adaptation of guidelines
  - -Availability of resources and expertise
  - Local workflow issues
  - –Practice preferences
- Integration with information systems
  - -Match patient data in EMR to GL terms
  - -Match recommendations in guideline to actions in order entry system
- Every guideline model needs to address these issues

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- Multiplicity of:
  - -conceptual guideline models
  - -intended applications
  - -authoring tools (separate conceptual from formal, and implementationspecific models?)
  - -Dissemination formats (XML, RDF...)

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# Common shared model

- Ability to share guideline encodings across:
   –different platforms and systems (e.g., EMRs)
  - -different platforms and systems (e.g., EMRS,
  - -different guideline models
- Joint development of:
  - -shared model that incorporates features of different models
  - tools to support entire guideline life cycle
     authoring, validation, local adaptation & mappings, execution, revision and update

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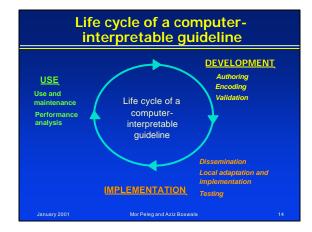
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# **Functional requirements**

- The shared model must be based on a set of functional requirements for sharable guidelines
- The functional requirements are organized according to the life-cycle of a computer-based guideline
- These requirements guide the design of GLIF, although we have not satisfied all of them yet

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# Development requirements

- Expressiveness
- Comprehensibility

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- Ability to express knowledge content of different types of guidelines
  - -Structural parts
    - »Definitions, recommendations, algorithms
  - -Decision-support guideline tasks
    - »Expressive decision model
    - »Goal setting
    - »Specifying work to be performed
    - »Data interpretation
    - »Generating alerts and reminders

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# Compressibility

- Guideline visualization and readability
- Complexity management
- Coherence facilitation (e.g., support material)

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# **Implementation Requirements**

- Ease of guideline integration into clinical environments
- Ease of sharing actual specifications

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Guideline	integration into	clinical
	environments	

- Local adaptation of guideline content
- Integration with EMR
  - Mapping references to patient data to entries in the medical record
  - -Mapping recommendations to implementable actions
    - » e.g. linking to order entry system printing a prescription
- Workflow integration

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# Ease of sharing actual specifications

- Easy to transport specifications among collaborators
  - -Text format
  - -XML/RDF
- Standard representations should not contain proprietary, applicationdependent details
  - -e.g., devoid of visualization details

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# **Use requirements**

- Support different usage modes
  - -Interactive use
  - -Batch processing
- Version control

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## **GLIF**

- GuideLine Interchange Format
- A format for sharing clinical guidelines independent of platforms and systems
- Based on an object-oriented logical model of concepts
- Has an XML-based syntax (RDF Schema)

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## **An Approach to Enhance Sharing**

- A multi-level representation
- Designed to support multiple vocabularies and medical knowledge bases
- InterMed: multi-institutional development process
- GLIF is evolving as an open standard

   Cooperation with other guideline modeling groups (Arden, USAM, GEM)

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# Object-oriented representation model for guidelines Flowchart representation of a temporal sequence of clinical steps Guideline name author Has specializations Action Decision Branch Synchronization Patient Steps Ste

## **GLIF** classes

- Action steps: recommendations for clinical actions to be performed
- e.g., Prescribe aspirin
- Decision steps: decision criteria for conditional flowchart traversal
  - $-\,e.g.,$  if patient has pain then ..
- Branch and synchronization steps allow concurrency
- Patient-state step: characterizes patient's clinical state

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# **GLIF3 Modeling Process**

- 3 Representation Levels
- A. Author/viewer level
- Conceptual flowchart of clinical actions and decisions
- Aids in human understanding
- B. Abstract machine representation
  - Can be executed by an interpreter
  - Correctness can be analyzed
- C. Integration into application environments
- Application-specific mappings and modifications
- Not yet supported

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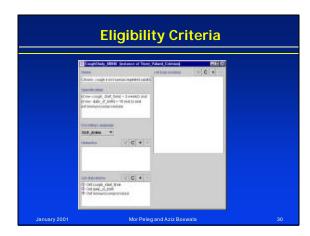
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## **Abstract Machine Representation**

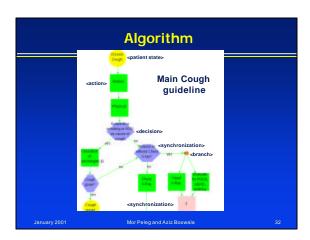
- Unambiguous syntax for logical expressions
  - -Based on Arden Syntax
- All logical expressions & actions refer to defined concepts (medical ontology)
- Allowed values, ranges, & time constraints
- Can be interpreted and analyzed for correctness
  - -syntax, type, and range checking

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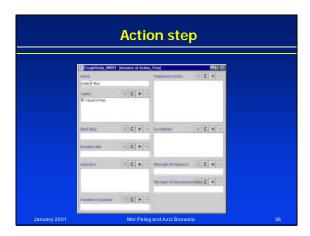












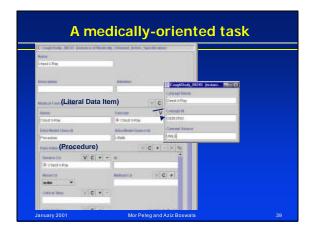
## **Action tasks**

Action tasks specify work to be performed

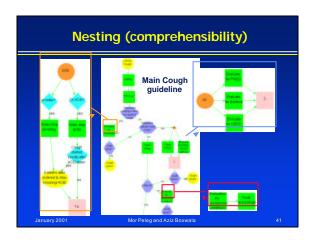
- Medically -Oriented
  - –Prescription
  - -Lab test order
- Programming-Oriented
  - -Call sub-guideline
  - -Send message
  - -Get patient data (from EMR or User)

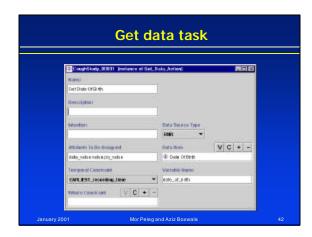
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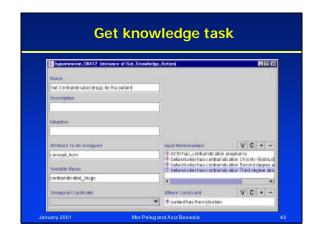
# • Refer to a medical domain ontology that supports: - Standard vocabularies - Standard data models for representing patient data e.g., HL-7's Unified Service Action Model (USAM) Patient Data Observation Medication Procedure



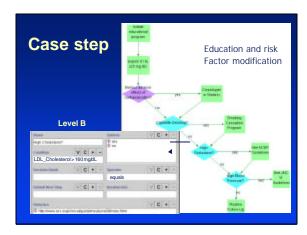


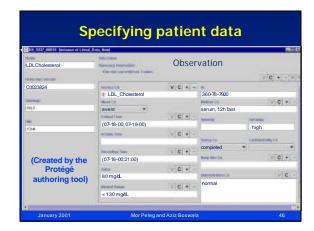


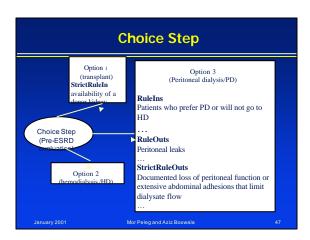




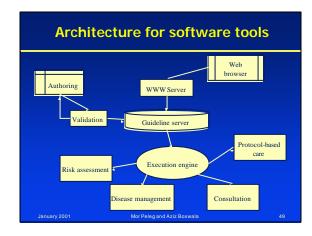
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# GLIF3: Summary GLIF3 is a language designed to allow sharing of clinical guidelines across different platforms and systems GLIF3 enables encoding of the logic of guidelines in a way that is computable Highly structured specification Formal expression syntax (based on Arden Syntax) Medical domain ontology (vocabularies, USAM) For more information see www.GLIF.org



# GLIF: a proposed basis for a shared representation

- GLIF addresses authoring & dissemination
- InterMed's major focus now is on:
- -mapping to clinical information systems
  - -tools to facilitate validation and execution
- Under the HL7 GLIF SIG:
  - -collaborative refinement and extension to support the needs of the guideline life cycle
  - reconciliation of functional requirements of different models and identification of those most important for supporting implementation

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