General thoughts

• A very excellent report
• Comprehensive
• Opening needs to set context; is this one of several reports?
• What is the follow-up to this report?
• Focus is largely on one component – semantic interoperability
• Time lines seem longer than acceptable
• Public Health includes infections, immunizations, other reporting
• What can you learn from others?
What’s missing?

• Business plan for all the countries
• Evaluation strategies
• Evidence of value of what is proposed
  – How often does a causal visitor become ill?
  – What is frequency of illness of foreign worker
  – Is there a better reason for doing this among EU countries?
• What are assumptions (and facts) and can they be changed?
Interoperability

• The ability to share data whose meaning is unambiguously clear, its context understand, and it can be used for whatever purpose – and – the receiver is not previously known to the sender; i.e., an open-loop process.
All impact patient safety and quality.
Goals

• Perfect – probably never obtainable
• Ideal – you know what is necessary and try to achieve it. If you don’t, it still remains a problem.
• Workable – a compromise with attached costs and problems
• Failure
Levels of Interoperability

• Level 2 – seems confusing
• What do you get with each level?
• What is minimum requirements for semantic interoperability to be useful?
• How will you approach the problem?
  – Leave it to the users?
  – Pick a class of data, e.g. labs or meds
  – Is some classes easier than others
  – Which gives the greatest value?
EHR

• To me, EHR is a data container. It contains all data that has immediate and future value.

• EHR Architecture – independence of
  – Collection
  – Storage
  – Presentation