

Comments on Semantic HEALTH reports

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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?

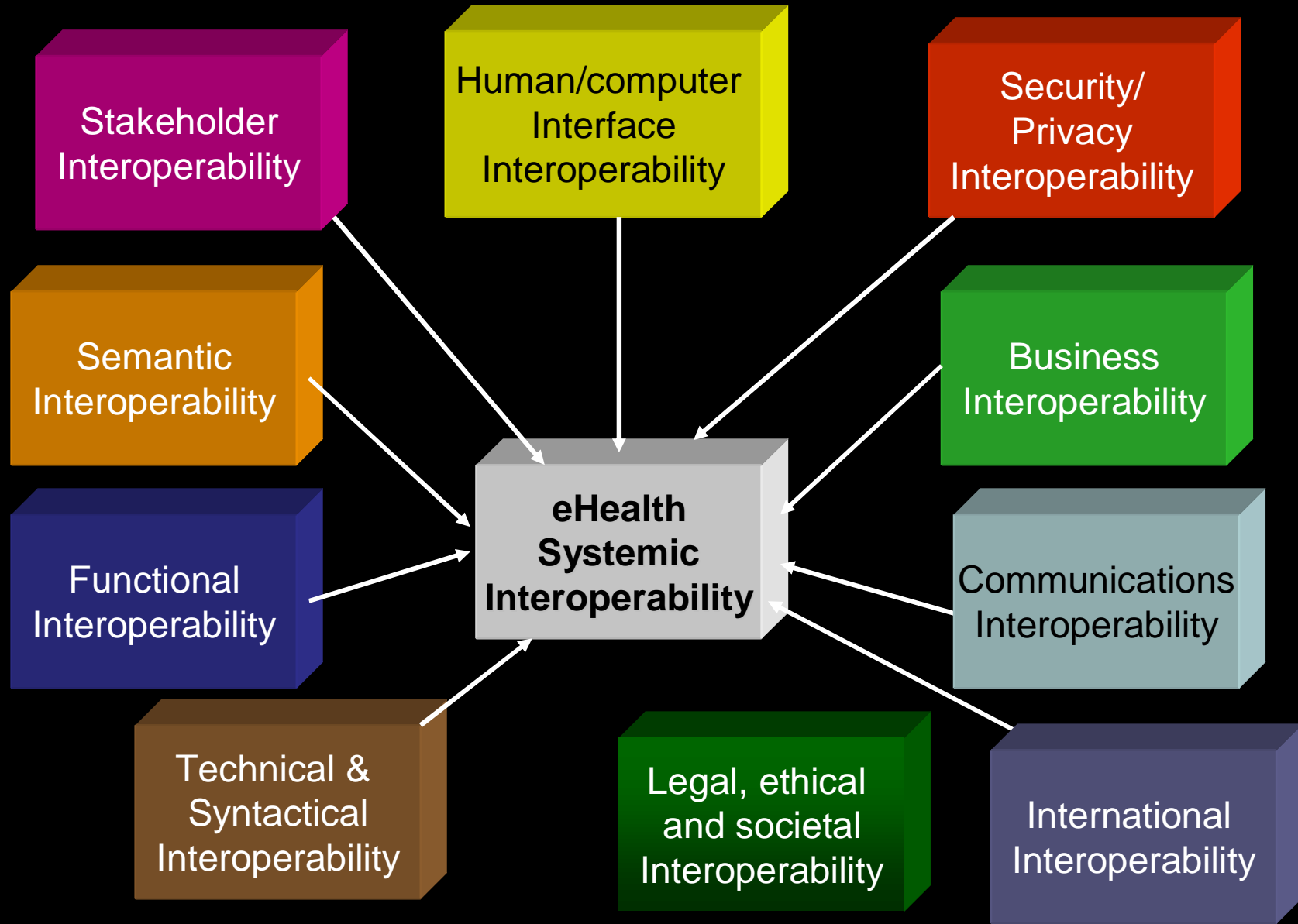


Interoperability

- The ability to share data whose meaning is unambiguously clear, its context understood, 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

