

Health Informatics

Health care Integration

How to integrate healthcare data?

<Revision>

Why is sharing or exchanging of Clinical Data needed ?

- Patients moves!?
 - When a patient moves to another location, their Patient Record should go with them and be immediately useable.
 - Ability to Transfer EMR between independent sites, to allow new clinicians abilities to append to the record
- Care at multiple sites
 - typical in healthcare, patient uses multiple sites
 - A real (or virtual) summary record with real time remote access to patient records
 - for patient referrals
 - Access to specialised consultancy or special healthcare centres
- For health management purposes at organizational or national levels.

EHR data interoperability

- To achieve level (7) of shareable EHR adoption model, EHR data must be *interoperable*.
- EHR *data interoperability* refers to the ability of HISs (that create, exchange and consume EHR data) to have clear shared expectations or understanding about:
 - the contents (its structure and data-model)
 - the context (the circumstances of how it was taken), and
 - the meaning of that data.

What does Interoperability mean?

- Interoperability
 - Ability of two or more systems or components to **exchange** information [*functional interoperability*] and to **use** the information that has been exchanged [*semantic interoperability*]

[IEEE and HL7]

- Two main types of interoperability:
 - *Syntactic interoperability*: two systems can interoperate at technical levels, i.e. the two systems can communicate information or knowledge at technical details, including data structure or model.
 - *Semantic interoperability*: two systems can interoperate at content levels: i.e. the two systems have the same meaning of content (i.e. information) being shared.

EHR data interoperability

- Sharing can occur at multiple levels
 - Human readable form (e.g. free text)
 - Document level sharing (e.g. a structured document)
 - Messages (e.g. a message about specific medical issue, e.g. a lab test/pathology item)
 - Content
 - Document images
 - Free form data
 - Structured data
- Interoperability, to be efficient, should occur in a **machine readable form**, where machines can communicate without human intervention.

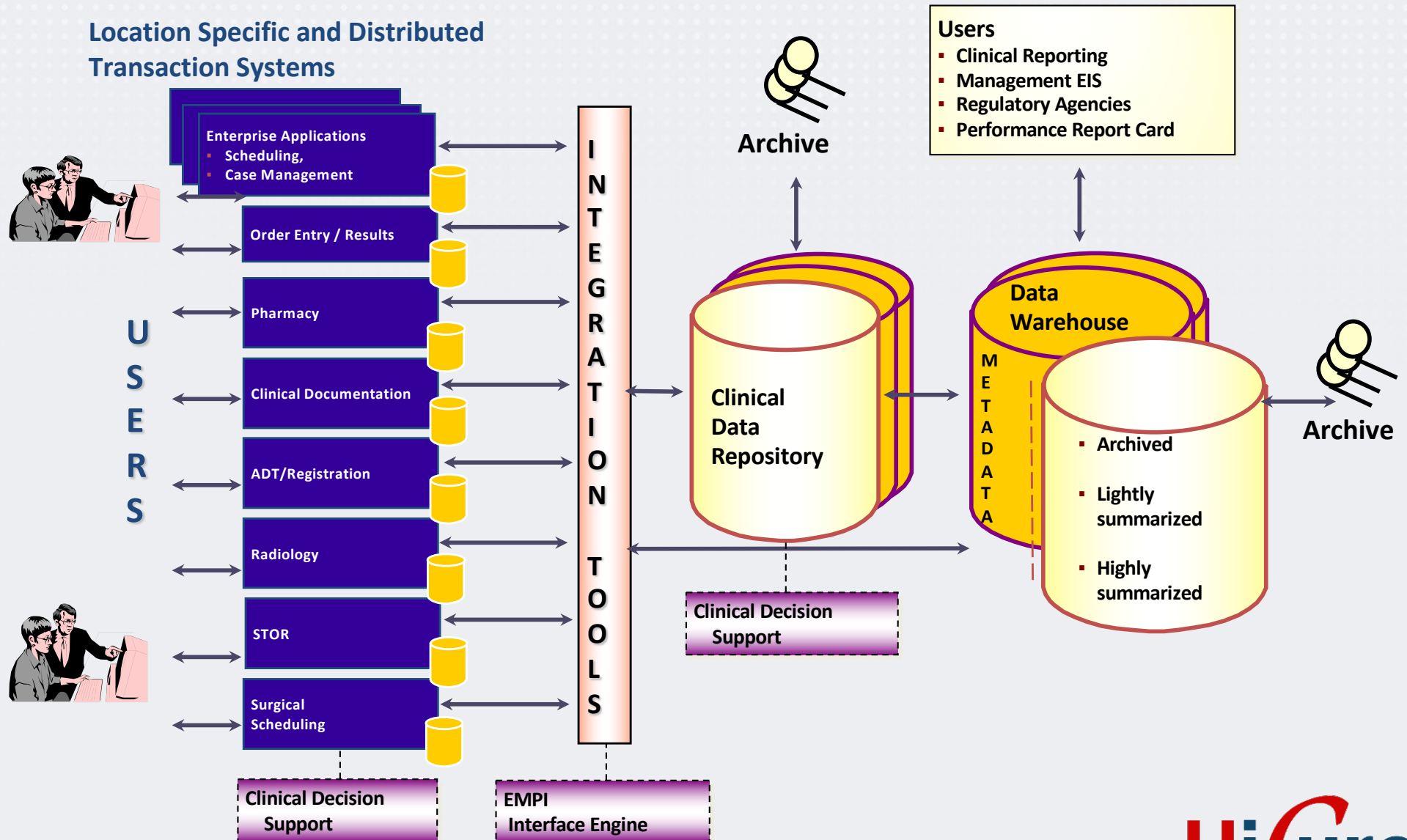
EHR data interoperability

- To achieve a **machine readable form**
 - Health information systems should have a **common repository**
 - Health information systems should communicate using a **common language & terminologies.**
- To achieve, a number of *Health standards* (HS) have been developed and used to achieve EHR data interoperability.
- To automate sharing or exchange of data, health Standards should be represented in a **machine readable form**, i.e. in a form machines or computers can read, process and act upon/make decisions about.

How to achieved Integrated Healthcare?

- To achieve Integrated Healthcare, in which HISs seamlessly communication, standards must be developed to address both types of interoperability:
 - **Syntactic interoperability**: to address, we require standards developed that define an agreeable structure (or representation) of health data,
 - i.e. for health record/data-model, health data exchange/messaging, system/document architecture
 - **Semantic interoperability**: to address, we require standards developed that define the meaning of health content:
 - i.e. for health terminology, vocabulary or coding standards.

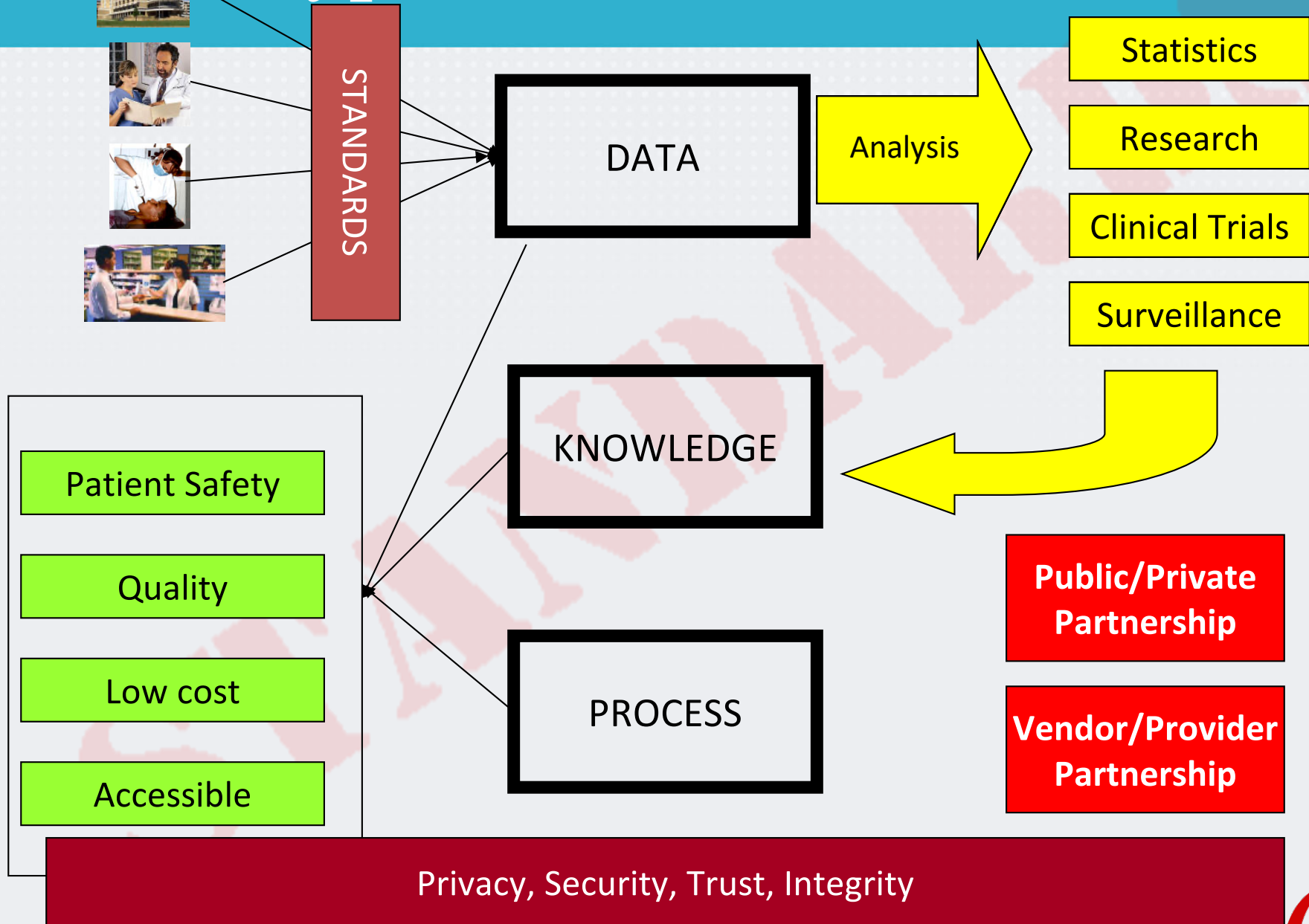
Clinical Systems: Integration



Purpose of Standards

- Maintaining long term, **meaningful**, comparable, and compatible information on both patient health and care
- Maintaining well defined **information structure**
 - which allows modular development and expandability of the health information systems
- Achieving flexibility and cost-effective evolution of information systems
 - Both in their design and development and with no information loss
- Can achieve integrated health information environment
- Ensuring security of data and information handling procedures in the systems
- Compatibility of hardware and software applications

Types of health standards



Types of Health Standards

1. Medical terminology/vocabulary or coding standards

- Define standard code-sets for generally used concepts, terms, entity names, disease names, procedures, laboratory tests, observations, clinical findings, body structure names, etc.
- e.g. ICD9/10, SNOMED-CT etc.

2. Electronic Health record or Data–model standards

- Define system modules and module structures, the interfaces between modules, and operations/processes
- openEHR/CEN 13606, etc.

3. Health data exchange or messaging standards

- Provide a comprehensive framework for **exchange, integration, sharing, and retrieval** of electronic health information
- HL7 v2.x/v3.0,
- ISO/HL7 27931 etc.

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partly

Types of Health Standards

4. Architecture or Model-oriented System standards

- Define elements of a health system architecture to support different health functions
- e.g. CDA: Clinical Document Architecture
- e.g. ISO 12967, ISO 10781, ENV 12443, etc.

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5. Data formats standards

- Define data formats for different types of health data for laboratory data, medical images
- e.g. DICOM etc.

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6. Workflows and Process-oriented standards

- describe the semantics of **clinical concepts & processes** to support **continuous care** of an individual within an organisation and across organisations
- CEN 13940 etc.

Health Standard Organizations

Many **Not-for-profit organisations** are involved in Health Informatics standardisation process including:

- American Society for Testing and Materials (ASTM),
- Healthcare Information and Management Systems Society (HIMSS)
- CEN (European Committee for Standardisation) (e.g. CEN/TC215, CEN 13606)
- ISO (International Standard Organisation) (e.g. ISO/TC215)
- Health Level Seven International (HL7)
- ANSI (American National Standards Institute)
- Institute of Electrical and Electronic Engineers (IEEE)
- World Health Organisation (WHO)
- European Patients Smart Open Services (epSOS)
- GS1 Healthcare
- Digital Imaging and Communications in Medicine (DICOM)



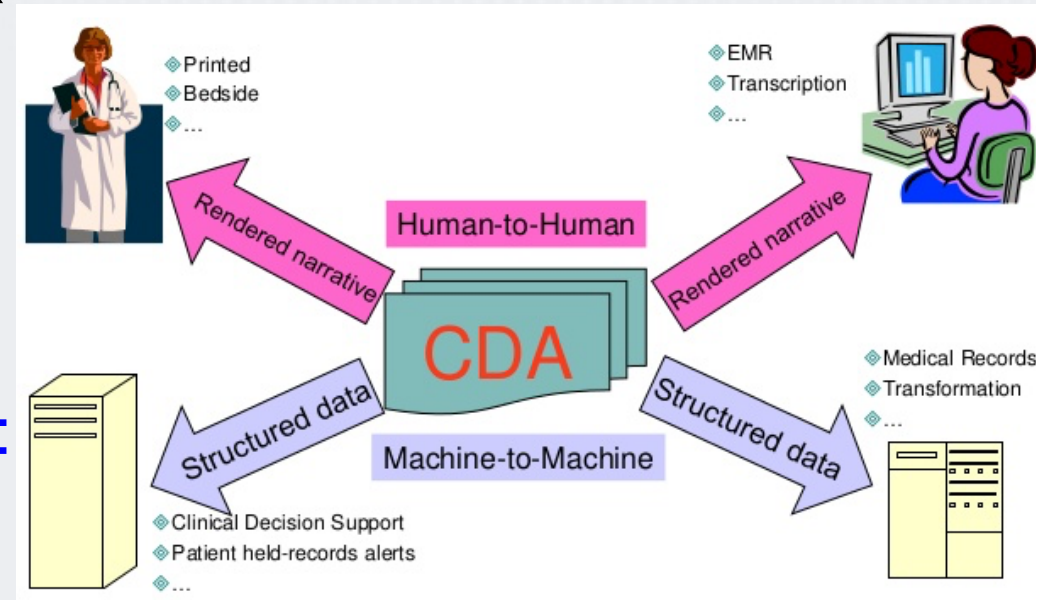
Clinical Data Terminology/Vocabulary/Coding Standards

- **Controlled Medical Terminology/Vocabulary:**
 - **ICD9/ICD10** (International Classification of Diseases, ver. 9/ver. 10)
 - **SNOMED -CT** (Standardized Nomenclature of Medicine, Clinical Terms)
 - **LOINC** (Logical Observation, Identifiers, Names and Codes) – Lab results
 - **RxNorm** (normalized naming system for generic and branded drugs)
 - **RCT** (Read Codes Terms, ver. 2.x, ver. 3.x) – specific to the UK
 - **NLM UMLS** (Unified Medical Language System): inclusive of all coding systems, and mapping between them



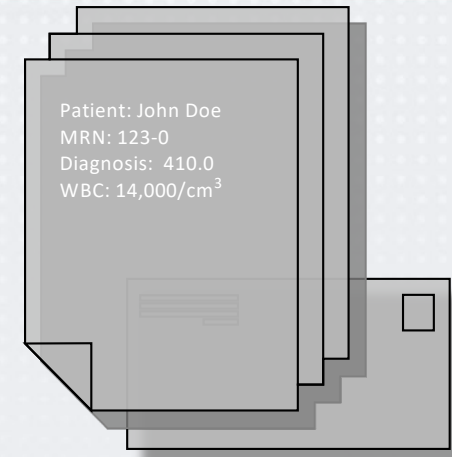
Clinical Data model and exchange Standards

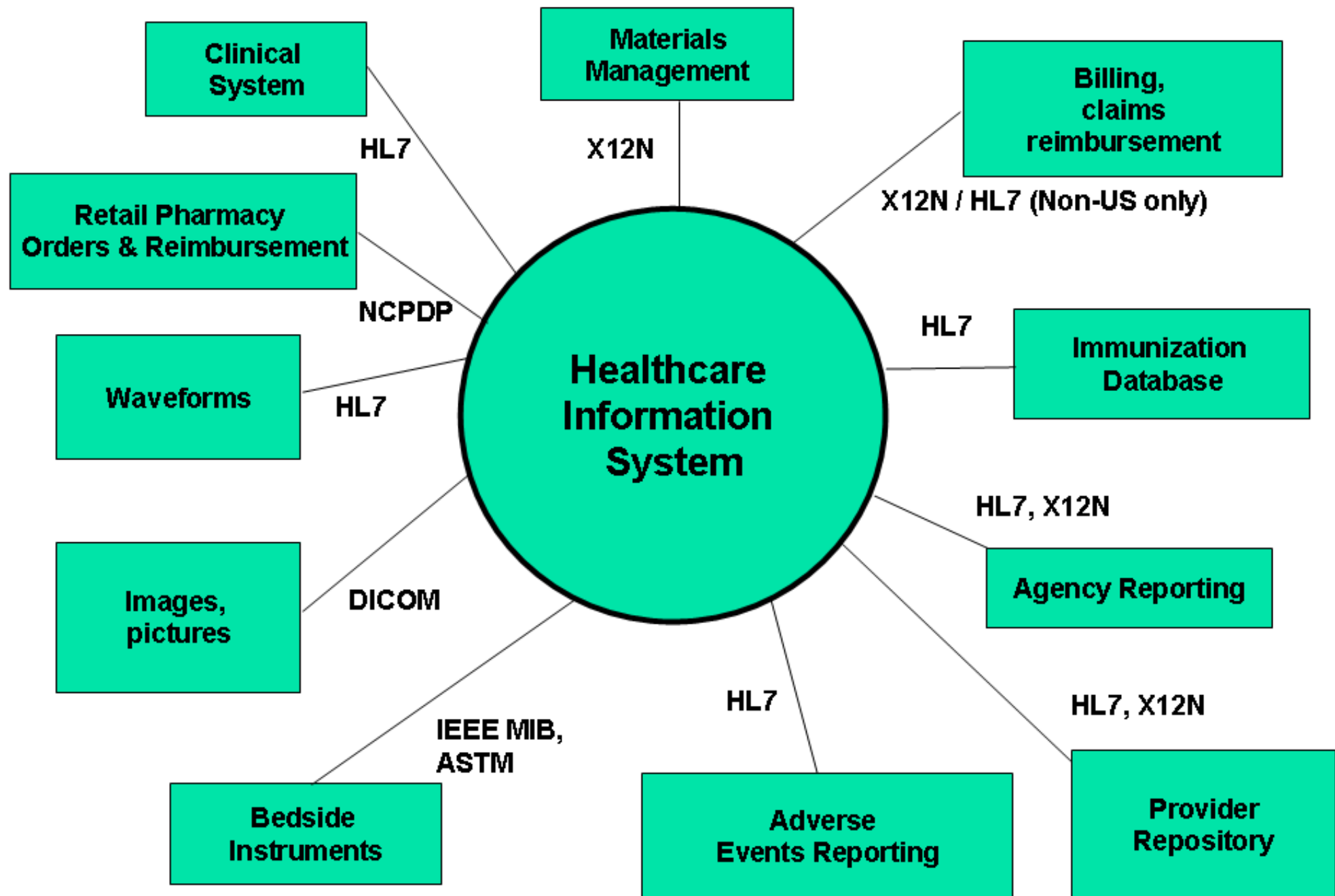
- Data-model and Architectural standards:
 - **openEHR/ CEN 13606** (EHR Model standard)
 - **CDA** (Clinical Document Architecture)
 - CCR (Continuity Care Records)
- Data Exchange standards:
 - **HL7** (Health Level 7, v 2.x, v 3.x)



Clinical Data format and Privacy Standards

- **Data Format standards:**
 - DICOM (Digital Imaging and Communications in Medicine)- messages for images
- **Privacy and Confidentiality:**
 - **HIPPA** (Health Insurance Portability and Accountability Act)





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Thanks!

Any questions?

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