Interoperability, critical element for an eHealth Strategy

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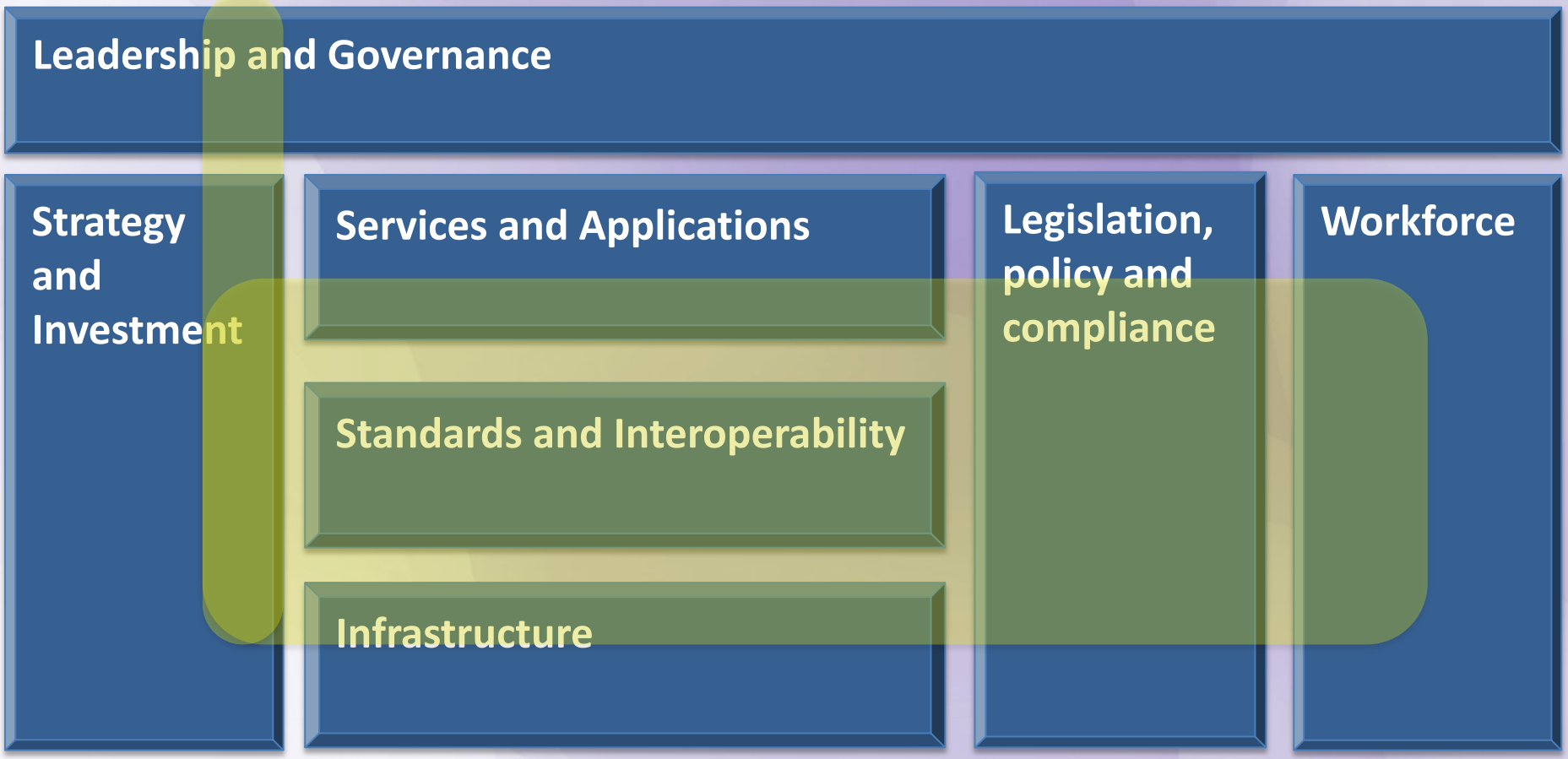
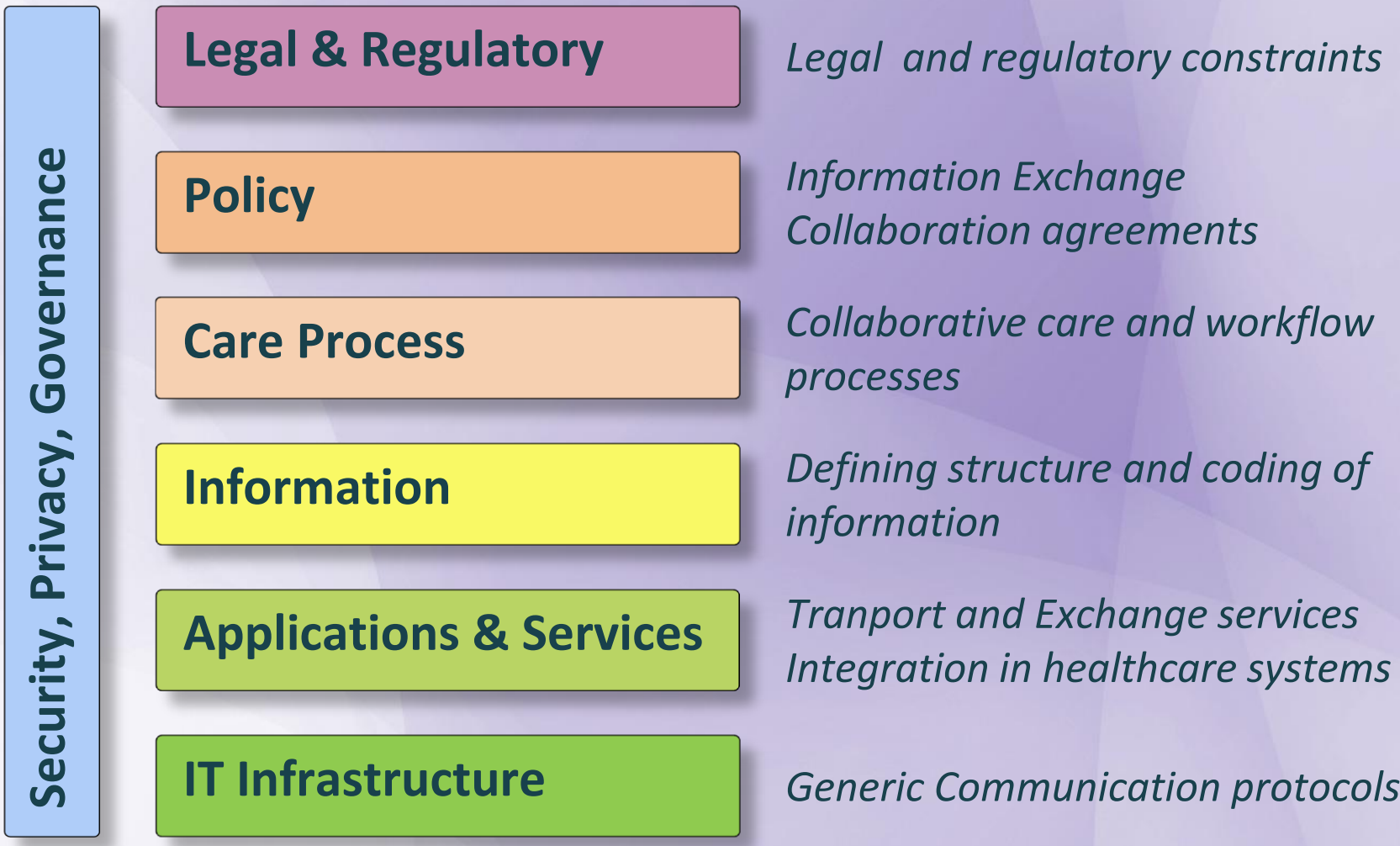
Components of a National ehealth Strategy

What components contribute to **interoperability** ?



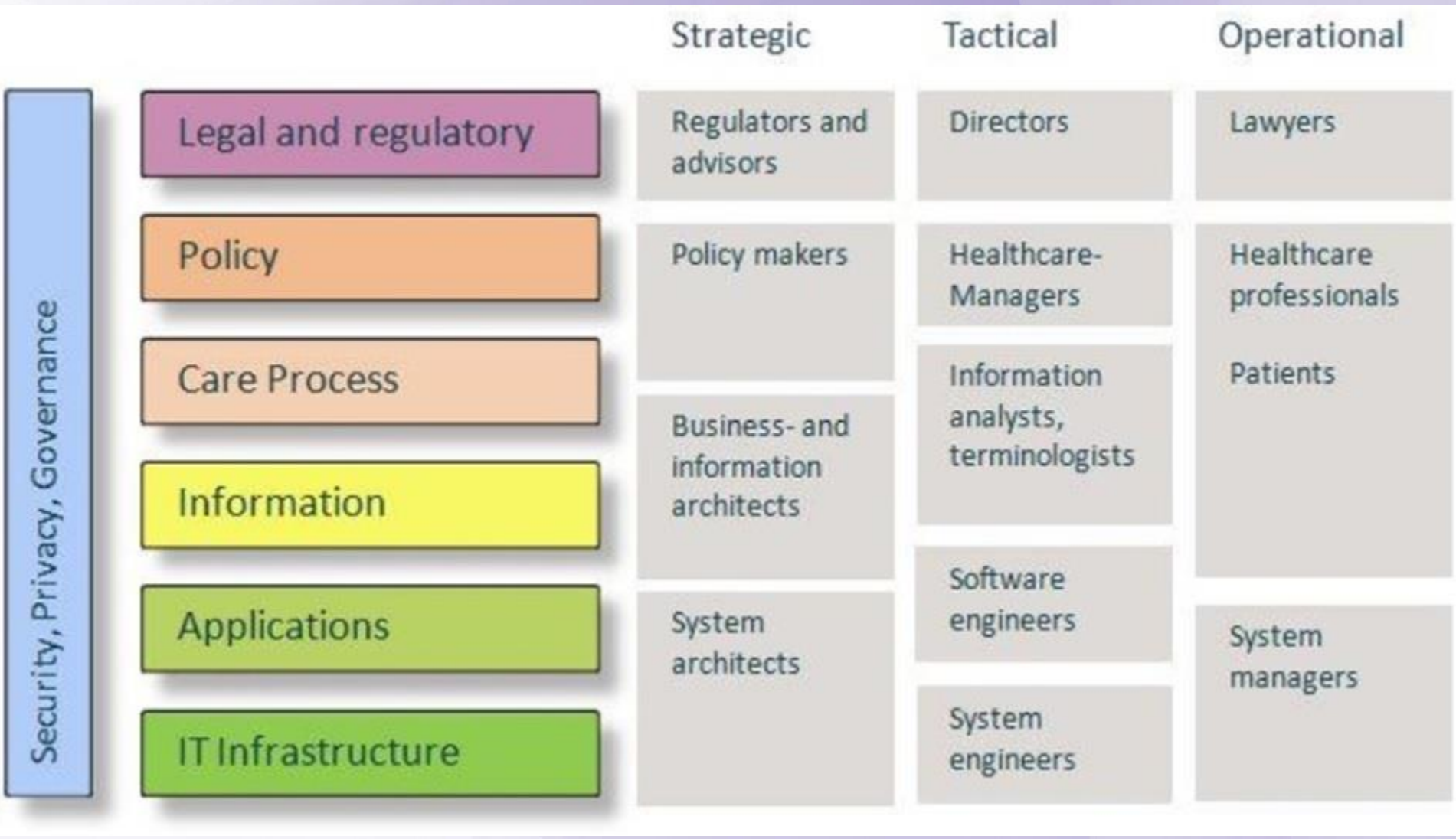
From National ehealth Strategy Toolkit – WHO – ITU - 2012

The many dimensions of Interoperability



From Refined ehealth European Interoperability Framework
EU eHealth Network, 23/10/2015

Interoperability has far reaching impacts among many stakeholders



From Refined ehealth European Interoperability Framework
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What leads ehealth programs to not control interoperability ?

- Specification of the technical details of the flow of information between different ehealth systems is very technical, complex, with standards difficult to chose.

  ➔ Correct, but there are ways to simplify

- This is a technical problem, not important for policy setting. The vendors of systems will figure it out working with the IT deployment staff .

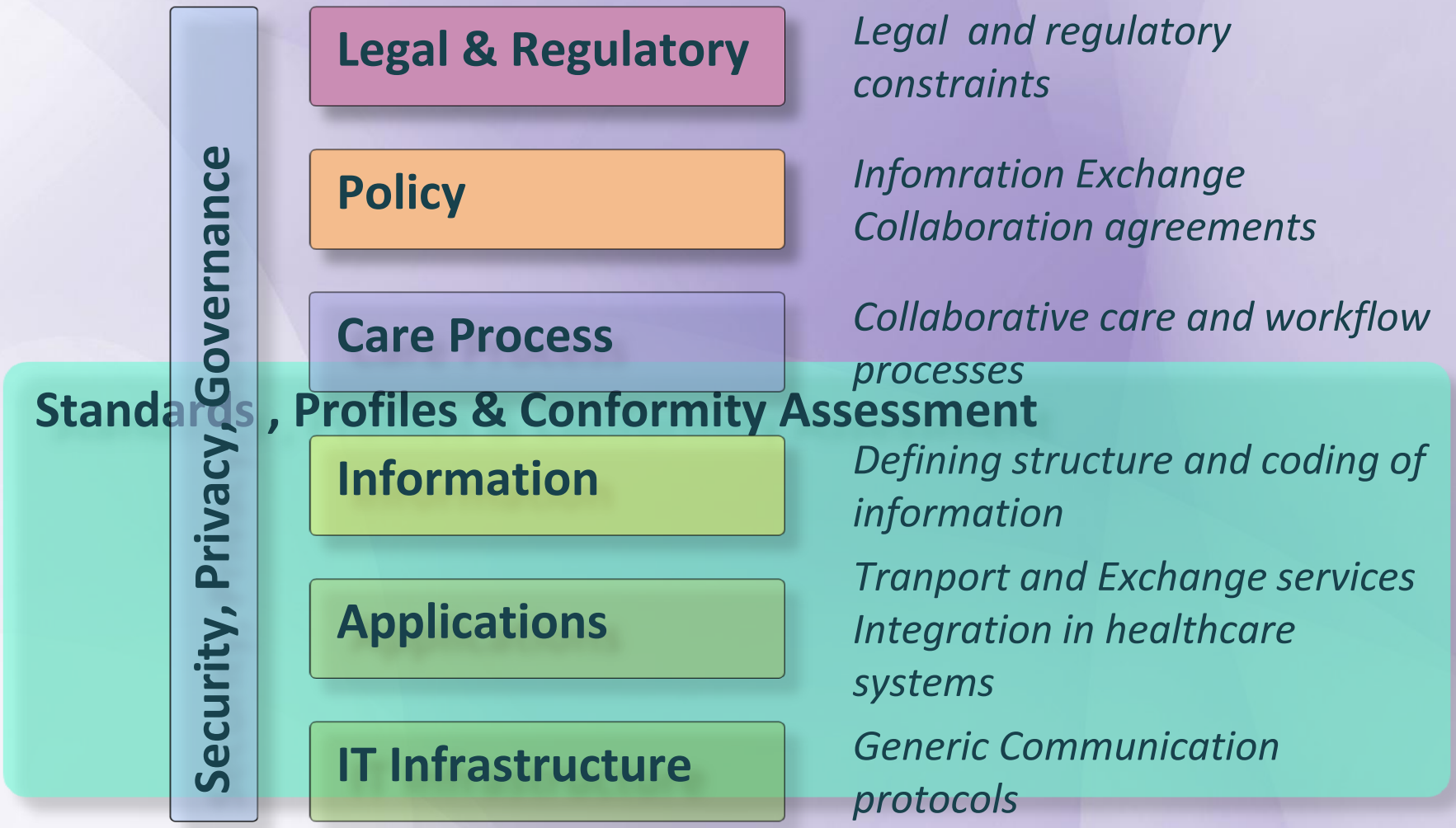
  ➔There are policies implications and….

  ➔You may likely be blamed

What reasons ehealth programs give for controlling interoperability ?

- ***Solution choice:*** Enables procurement of the IT systems from different vendors or open source, initially and over time (replacement, future proofing).
- ***Consistent Security and Privacy:*** Policies are simpler to deploy when relying on same interoperability technical measures.
- ***Quality in exchange and information:*** Reduces finger pointing between:
  - care providers and health policy makers
  - systems buyers and vendors
- ***Reduce Costs and Project Risks:*** Building gateways is complex and needs constant investments to implement proprietary/ad-hoc interoperability specifications and maintain competences.

Primary contribution of interoperability profiles and standards



IHE EUROPE Integrating the Healthcare Enterprise

Practical Approach to interoperability

- Acknowledge the current Standards that exist (and widely used) and their value
- Don’t be afraid to draw a line in the sand and mandate profiles and standards
- Understand the ownership and sustainability of those standards both internally and externally
- Start small with contained use cases to demonstrate the value and build a culture of interoperability

Gain control of Interoperability (1)

- Reduce complexity to master the detailed flow of information between ehealth systems through selection of Use Cases:
  - ➔ Use Case = Description of an interoperability problem
  - ➔ Select Use Cases based on constraints and strategic goals (e.g. integrated care)

- Simplify choices of Standards using Profiles when available. Otherwise profile them yourself (e.g. terminology value sets).

Gain control of Interoperability(2)

- Mandate profiles and standards in the context of each use cases:

  ➔ Develop national "interoperability specifications" to record the use cases and corresponding supporting profiles/standards and national extensions, if needed

- Ensure ownership and sustainability to demonstrate value and build culture of interoperability.

  ➔ Establish a "neutral" National Interoperability Center to:

  – Turn each use cases into National Interoperability Specifications based on profiles.
  – Bring innovation as extensions of existing use cases or new use cases
  – offer test tools and organize conformity assessment

Thank-you for listening