Clinical Information Interoperability Council (CIIC) – Providing a Shared Repository of Detailed Clinical Models for all of Health and Healthcare

HIMSS
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Why?

“To help people live the healthiest lives possible.”
Core Assumptions

‘The complexity of modern medicine exceeds the inherent limitations of the unaided human mind.’
~ David M. Eddy, MD, Ph.D.

‘... man is not perfectible. There are limits to man’s capabilities as an information processor that assure the occurrence of random errors in his activities.’
~ Clement J. McDonald, MD
Why?

• We need to
  • Provide better care
    • By sharing executable clinical decision support modules
  • Decrease cost
    • By providing better care
    • By eliminating point-to-point mapping of data elements
  • Make clinicians and patients happier
  • Provide accurate computable data as the foundation of a learning health system (LHS)
What we want to do
Logical Model Development Lifecycle

Initial Loading of Repository

Standards Infusion

Core Reference Model

SNOMED CT
LOINC
RxNorm

CEMs
DCMs
CDA Templates
openEHR Archetypes
ISO EN 13606 Archetypes

Model Review
Repository of Shared Models in an approved Formalism

Model Dissemination

Translators
HL7 FHIR
CDISC
HL7 CDA
X12
NCPDP
HL7 V2

LOINC or SNOMED Observable
What

• We want to create ubiquitous sharing of standardized data across the breadth of medicine for:
  • Direct patient care
  • Patient entered data and outcomes
  • Research and learning
  • Public health
  • Clinical trials
  • Data from devices
  • Post market surveillance
  • Quality and disease specific registries
  • Billing and health administration
• Any where that we share health related data and information .....

HSPC | healthcare services platform consortium™
THE HEALTHCARE INNOVATION ECOSYSTEM
What

The models are used during software development, which makes the process much faster and more efficient, and it insures that the references to data in the software adhere to the agreed standards.
How it looks to one organization

Standards Infusion
- Core Reference Model
- SNOMED CT
- LOINC
- RxNorm

Model Review
Repository of Shared Models in an approved Formalism

ACOG – OPA modeling

Practicing Clinical Subject Matter Experts

Model Dissemination

HL7 FHIR

Translators

FPAR Application Development

FPAR Application
The ultimate value of detailed information models

• Software is developed much faster
  • Clinical knowledge is contained in the models
  • Much easier for software engineers
• The data used in the applications is completely conformant to standards, leading to semantic interoperability
• If you follow the SMART on FHIR development strategy, your software can be shared with any system that supports the approved standards
Three related but very different questions

• What data should be collected? (part of domain analysis)
  • It will be different for different situations
• How should the data be modelled?
  • Two fields or one (the degree of pre and post coordination)
• What does the data mean?
  • How do we make computable definitions for diabetes mellitus, myocardial infarction, heart failure, chronic renal failure, etc.
How

- All stakeholders agree to work together
- Have practicing front-line clinicians direct the work
- Capitalize on the work in existing projects
- Agree to use a common format for representing the models
- Use and share common tools to create the models
- Share the models through an open internet accessible repository
- Approve one preferred model for a given kind of data in a given situation
- Use existing models whenever possible
Summary of the July 13th meeting in Bethesda

- Keynote speaker – Don Rucker, MD (National Coordinator for HIT)
- About 120 attendees
  - Representing – AAN, AAO, ACOG, ACS, ACC, ACP, APTA, ANA, FDA, CDC, NCI, AHRQ, NIAID, DoD, VA, PCPI, AMIA, SPM, HIMSS and many other organizations
- Meeting outcomes
  - CIIC should continue
    - Create mission, vision, a plan for initial governance
    - Develop a mailing list and a discussion forum
  - Projects
    - ACOG – OPA – FPAR, Cancer Interoperability, MDEpiNet RAPID, Vital Signs, Skin and Wound Assessment, PCPI Registries on FHIR, Imaging …
- Upcoming meetings
  - December 5-7 in New Orleans with HL7 Partners in Interoperability
  - January 10-12 at LDS Hospital in Salt Lake City
CIIC Planning Committee Members

- Russ Leftwich
- Frank Opelka
- Steve Hasley
- Jimmy Tcheng
- Seth Blumenthal
- Charles Jaffe
- Ed Hammond
- Steve Bratt
- Julia Skapik
- Virginia Riehl
- Anita Walden
- Susan Matney
- Laura Heermann Langford
- Stan Huff
- HL7 Staff - Mark McDougal, Karen Van Hentenryck, Melanie Hilliard, Andrea Ribick
The END

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