Interoperability: Where are we now and where are we going?

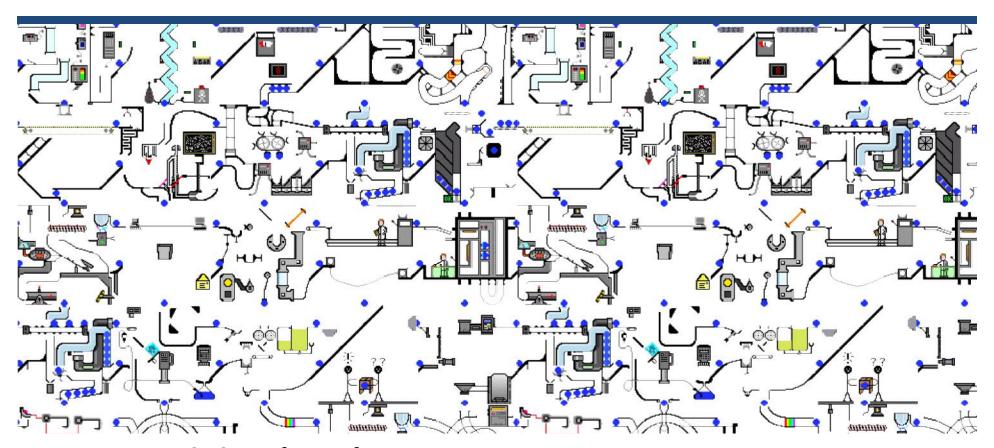


STANDARDS AND INTEROPERABILITY: HARD IN THE CONCRETE, IMPOSSIBLE IN THE ABSTRACT



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Interoperability only makes sense in the context of what you want to DO



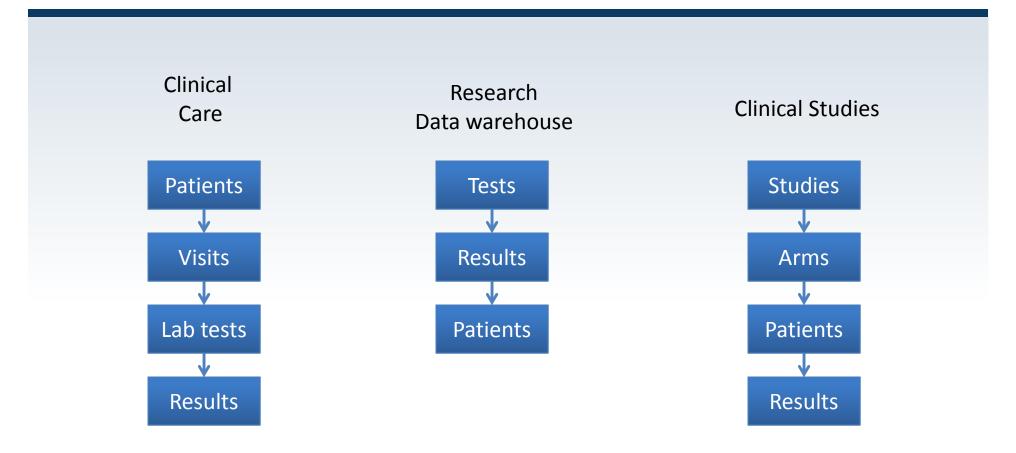
Interoperability (IEEE)

- Ability of two or more systems to exchange information
- Ability of those systems to use the information that has been exchanged

THERE WILL NEVER BE ONE MODEL TO RULE THEM ALL



Different information models of the same information





Technical stack

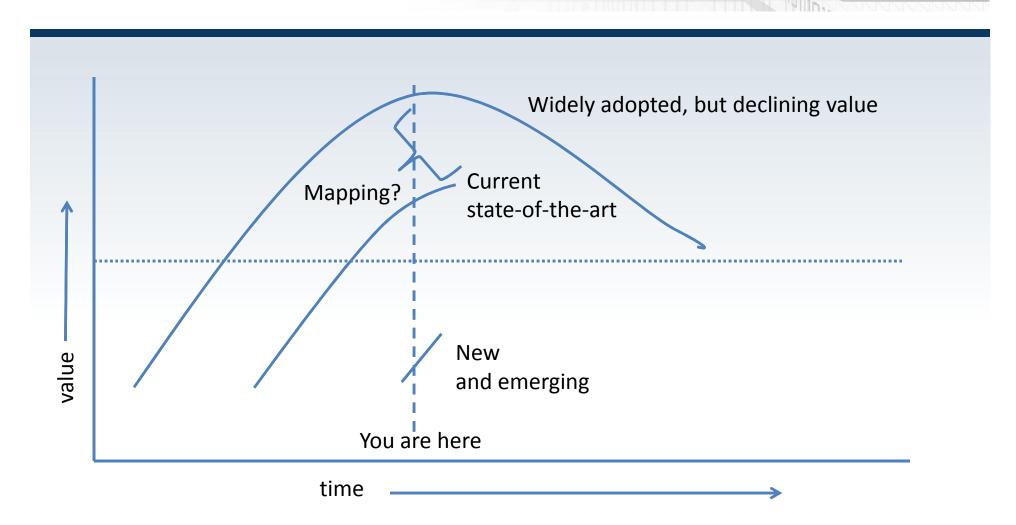
How should well-defined values be coded so that Meaning they are universally understood? Content How should the message be formatted so that it **Structure** is computable? **Transport** How does the message move from A to B? How do we ensure that messages are secure and Security private? Purpose-specific APIs and services that leverage Services the 4 other building blocks



THE ONLY STANDARD YOU NEVER CHANGE, IS A STANDARD YOU NEVER USE



Standards life cycle





A PATH OF LEAST REGRET: THREE THINGS WE NEED



BUILD DOCUMENTS FROM DATA, NOT THE OTHER WAY AROUND



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What is needed: A common format for granular data

- Quality Measures
- Clinical Decision Support
- Registries
- Common data formats for
 - Text data
 - Categorical data
 - Numerical data
 - More...



FULL EXPORT OF THE PATIENT RECORD (AND NARRATIVE)



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Restore the importance of the narrative and unstructured text

- Move patient between vendor "ecosystems"
- Precision medicine
- Restore the balance of power for access to data
- Maintain the importance of the narrative in the medical record



TEST BOTH SIDES OF EXCHANGE



Postel's principle

- When you send, conform to the standard
 - Pick a set of options and make sure it conforms to a valid instance of the standard
- When you receive, accept ANY version that conforms to the standard
 - Any variation that is valid
- Create the conditions of interoperability when you create the standard, rather than when you implement it

