

How to Introduce IT at Regional or National Levels

Interoperability in ICT
Challenges and Success factors

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imagination at work

Interoperability in ICT

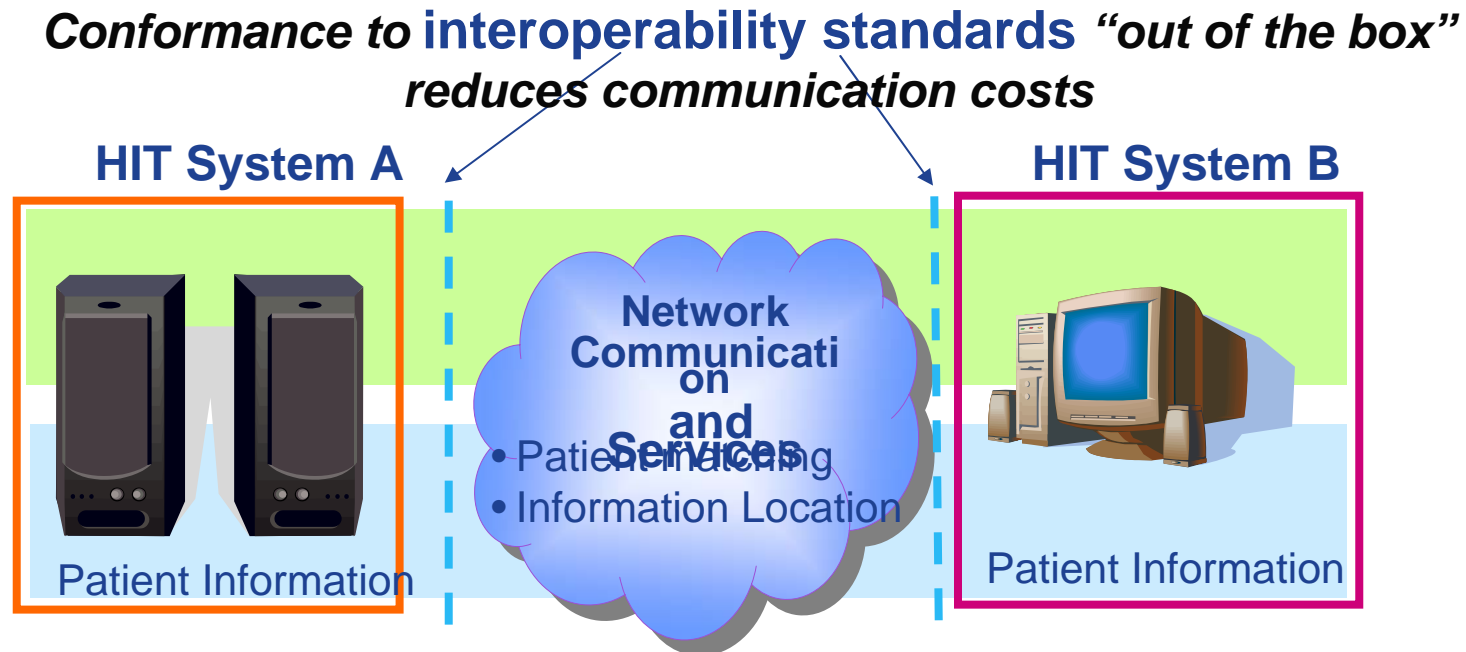
Challenges and Success factors

Why did we struggle so far ?

Are we now at a turning Point ?

- Infrastructure versus Point of Care/Edge
- Healthcare varied workflow environment
- Harmonization of Standards
- First Deployment Success: Examples

Interoperability in ICT Infrastructure versus Point of Care/Edge IT Systems



The challenge: an infrastructure to easily connect current and future care delivery systems and their healthcare professionals. Typical pitfalls:

- Heavy infrastructure: too complex and expensive to build/maintain. Connecting edge IT system and health professionals too costly/difficult.
- A Web portal: non-integrated health record is obstacle for physicians with clinical IT

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Healthcare varied workflow environment

Key success factors in health information exchange:

- Source attestation by professional required by receiving professional
- Infrastructure needs to be as transparent as possible to clinical data
- Health data ultimately belongs to citizen/society: portability, confidentiality

Focus, focus. Start with one broad benefit use case but avoid creating an information silo:

- Share healthcare summary records: support both with human readability and a first level of coded structure (includes medication).
- Share laboratory results.
- ePrescription & medication history
- Share imaging information.

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Harmonization of Standards: roadblock removing(1)

1. Harmonization of Standards:

- More than 30 different IT and healthcare interoperability standards to assemble for solving an interoperability problem.
- “Raw standards” are now available: Web Services, HL7CDA, DICOM, ebRS, LOINC/SOMED, etc. But these have many options and not aligned on specific interoperability problems.

2. The right strategy, alternative:

1. Hire consultants: generally results in a regional/national specific “interoperability specification”.
→ *Full control, but expensive, slow, not sustainable even for a rich country.*
2. Look for an “existing interoperability specification” with minor national adjustments.
→ *Shared control, cheap, rapid/reuse, sustainable. A new culture.*

3. A global marketplace for interoperability is a necessity:

- Typical healthcare IT product used on average in 3 countries and 15 regions.
- A regional health information exchange network involves 5-20 different edge systems, a national one 10-200 edge systems.

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Harmonization of Standards: roadblock removing(2)

Finding a good global interoperability specification with minor national adjustments.

Emergence of IHE (Integrating the Healthcare Enterprise) **as the credible approach:**

- Addresses interoperability specification & conformance testing
- Global collaborative of healthcare professionals (30+ societies), large and small vendors (200+). Open to any other stakeholders.
- Increased recognition by governments (Italy, Canada, France, USA, Austria, Japan, China, EU Commission).
- IHE Global standards adoption process adopted by ISO (TR28380)
- Austria MoH evaluation of IHE for national project.

→ OECD should confirm IHE direction and integrate in strategic recommendation for adoption of this global, robust, standards based, conformance tested, interoperability specifications.

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Deployment Success in Europe and World-wide

- Regional projects in **Italy** (Veneto, Genoa) in operation with 5 IHE profiles since 2006.
- Seven **Canadian** imaging information sharing projects under implementation with 5 IHE profiles (National requirement set by Canada Health Infoway).
- Dossier Medical Personnel, National **French** Project, under implementation with IHE.
- **USA** National Health Info Network-HIT Standards Panel has approved 14 IHE Profiles. Accepted by HHS Secretary in 2006, to be recognized Dec 2007. Three health information exchange projects under implementation.
- **Austria** MoH has adopted IHE interoperability profiles country-wide following success in lower Austria region (in operation since mid-2007).
- **Japan**, has one operational regional image sharing network and a MITI/MoH sponsored pilot in Kobe Region about to start operations.
- **China** MoH EHR Committee select IHE profiles for lab reports sharing in 2007. Pilot project planned to start in 2008.
- **EU Commission** just launched Large Scale eHealth Project. 12 European countries plus IHE-Europe with support of 32 vendors responded.

