

New Landscape, New Opportunities for HL7 UK

Dr Philip Scott

Centre for Healthcare Modelling & Informatics,
University of Portsmouth
Chair, HL7 UK

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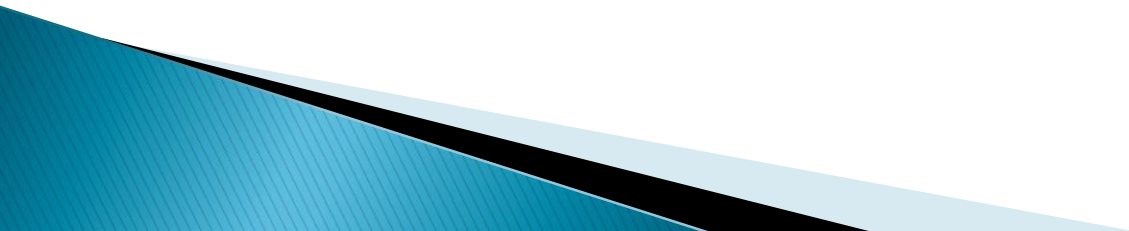
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- What do you think of the analysis and the proposed approach?
 - Are there other opportunities?
 - Should we take more initiative in other areas?
- Where should HL7 UK best direct its efforts?

What is the new landscape?



NHS changes in England

- ▶ Termination of CFH/DHID, creation of NHS England and HSCIC
 - New coordinating bodies: ISCG, ISP
- ▶ Termination of PCTs and SHAs, creation of CSUs and CCGs
- ▶ Transition of public health function into LAs
- ▶ Creation of Public Health England
- ▶ Changes have been very protracted and massive NHS uncertainties have resulted
- ▶ Even more than usual planning blight...
- ▶ ... plus no-one's got much money

NHS changes in England

- ▶ Health & Social Care Act 2012
- ▶ Secretary of State and NHS Commissioning Board (NHS England) have powers to publish information standards for the NHS and adult social care
- ▶ Act requires that providers of care “give due regard” to these published standards
- ▶ *The Power of Information* argued for a new approach to the adoption of standards: “**clinical and professional buy-in**” and promoting “**adoption by the market**”

Open Standards

▶ Background

◦ Ghosh, 2005 (EU FP6):

- “open standards, properly defined, can have the particular economic effect of allowing ‘natural’ monopolies to form in a given technology, while ensuring full competition among suppliers of that technology”
- “open standards must allow all possible competitors to operate on a basis of equal access to the ability to implement the standard”

▶ European Interoperability Framework...?

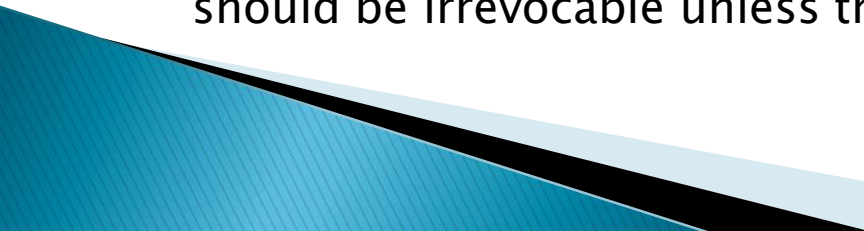
Open Standards

- ▶ Government ICT Strategy (Mar 2011)
 - “a common and secure IT infrastructure based on a suite of agreed, open standards”
- ▶ Cabinet Office consultation, Feb–June 2012
- ▶ HL7 UK argued that key issues are:
 - full lifecycle costs
 - information complexity in specialist sectors
 - co-operation between existing standards bodies
 - market scope: larger than UK & Europe

Open Standards

- ▶ Open Data white paper (June 2012)
- ▶ HMG Open Standards Principles (Nov 2012):
 - 1. We place the needs of our users at the heart of our standards choices
 - 2. Our selected open standards will enable suppliers to compete on a level playing field
 - 3. Our standards choices support flexibility and change
 - 4. We adopt open standards that support sustainable cost
 - 5. Our decisions on standards selection are well informed
 - 6. We select open standards using fair and transparent processes
 - 7. We are fair and transparent in the specification and implementation of open standards

Open Standards: Definition

- ▶ **Collaboration** – the standard is maintained through a collaborative decision-making process that is consensus based and independent of any individual supplier. Involvement in the development and maintenance of the standard is accessible to all interested parties.
 - ▶ **Transparency** – the decision-making process is transparent and a publicly accessible review by subject matter experts is part of the process.
 - ▶ **Due process** – the standard is adopted by a specification or standardisation organisation, or a forum or consortium with a feedback and ratification process to ensure quality.
 - ▶ **Fair access** – the standard is published, thoroughly documented and publicly available at zero or low cost.
 - ▶ **Market support** – other than in the context of creating innovative solutions, the standard is mature, supported by the market and demonstrates platform, application and vendor independence.
 - ▶ **Rights** – rights essential to implementation of the standard, and for interfacing with other implementations which have adopted that same standard, are licensed on a royalty free basis that is compatible with both open source and proprietary licensed solutions. These rights should be irrevocable unless there is a breach of licence conditions.
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EU-US collaboration

- ▶ Digital Agenda for Europe – “Action 77: Foster EU-wide standards, interoperability testing and certification of eHealth systems by 2015 through stakeholder dialogue.”
- ▶ Dec 2010: MoU between US DHHS and EC Directorate General for Communications Networks, Content and Technology (DG-CONNECT)
- ▶ March 2013: agreed “cooperation roadmap”
 - “accelerate progress towards the widespread deployment and routine use of internationally recognized standards that would support transnational interoperability”
- ▶ May 2013: ONC visit to NHS/HSCIC

HL7 International IP policy

- HL7 International Board decided in Sept 2012 to release “standards” free of charge – scope and terms very unclear
- Normative editions freely licensed from April 2013
 - Includes balloted implementation guides (IGs), EHR functional profiles and draft standards (DSTUs)
 - Freely available 3 months after publication
 - Members have immediate access

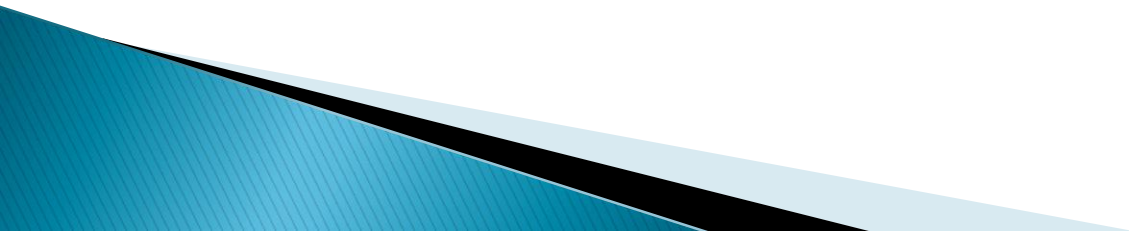
HL7 International IP policy

- ▶ Some issues remain to be resolved
 - Non-members and individual members are prohibited from creating IGs
 - Open source implementation and mobile app distribution are not clearly defined
 - “Machine processable artefacts” to be defined
- ▶ Board agreed to form IP subgroup of Membership Committee
 - Issues discussed at European affiliate chairs’ meeting
 - Subgroup telcon this week, full discussion with Membership Committee on 25 June
 - Proposals to Board retreat in July for decision

What is the new landscape?

- ▶ New HL7 approach: FHIR
 - See www.hl7.org/fhir

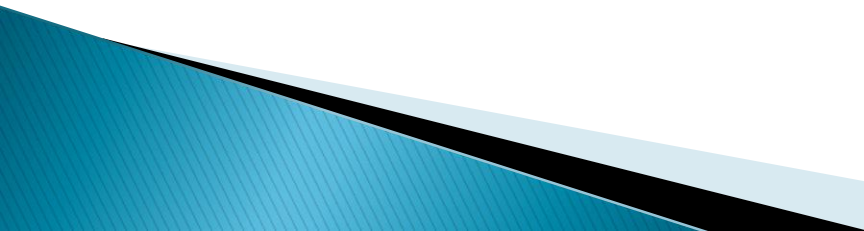
What are the new opportunities?



Re-think the purpose of HL7 UK

- ▶ What is our function in a world of “free” HL7 standards?
 - ▶ Used a ‘business canvas’ model to map our position
 - ▶ Developed a value proposition model
 - ▶ Identified where further work needed to develop new services
 - ▶ One purpose of today is to get your feedback

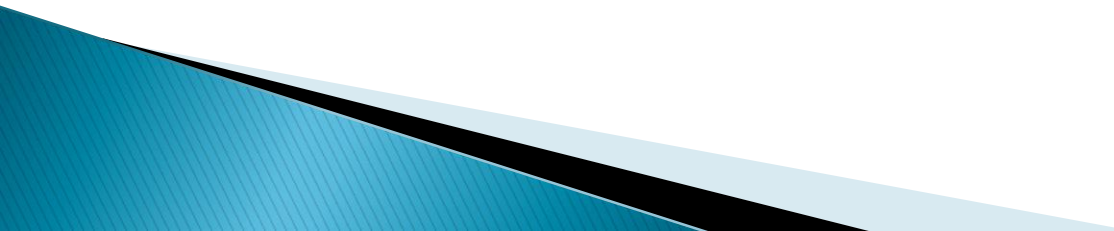
Re-think the purpose of HL7 UK

- ▶ Formulate new membership benefits
 - ▶ Reach out to new stakeholder groups
 - ▶ Summary of operational strategy proposals
 - WP1: Regional and more frequent interoperability forum meetings/roadshows
 - WP2: Webinars for members, record for re-use
 - WP3: Explore 'help desk' options
 - WP4: Plan an initial 'hack day' event
 - WP5: Plan a 'connectathon' for ITK/CDA/FHIR
 - WP7: Strategic outreach: Pharma, HERCs, AHSNs
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Build new collaborations

- ▶ EU–US cooperation:
 - ▶ Identify how HL7 UK and its members can contribute to and influence the EU–US eHealth collaboration (20 June webinar)
 - ▶ “The Standards Development action plan is aimed at identifying common vocabularies, message structures and tools suitable for the international exchange of electronic health records”
 - ▶ HL7 Foundation (Europe) leading Trillium Bridge consortium on exchanging patient summaries: UK participation is invited
 - ▶ Opportunity to share/converge CDA practice?
Demonstrate use of FHIR DSTU?

Build new collaborations

- ▶ UK initiatives
 - ▶ Build on BCS Health workshop on standards collaborative
 - ▶ Use the Intellect argument for “platform standards” collaboration
 - ▶ Influence the nascent PRSB to align implementation standards with professional standards development
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Summary of 2013–14 proposals

- Focus on **implementation** support
- Regional and more frequent meetings
- Webinars for members, record for re-use
- Explore ‘help desk’ options
- Plan a FHIR ‘hack day’ event
- Plan a ‘connectathon’ (ITK/CDA/FHIR?)
- Strategic outreach: Pharma, HERCs, AHSNs
- Seek participation in Trillium Bridge
- Continue work on standards collaborative
- Some business development work will require paid work funded from reserves

Discussion

- ▶ What do you think of the proposed approach?
 - Are there other opportunities?
 - Should we take more initiative in other areas?
- ▶ Where should HL7 UK best direct its efforts?