

Information Standards CHASCIS



Collaborative for Health And Social Care
Information Standards

Charlie@ramseysystems.co.uk

Intro – Charlie McCay

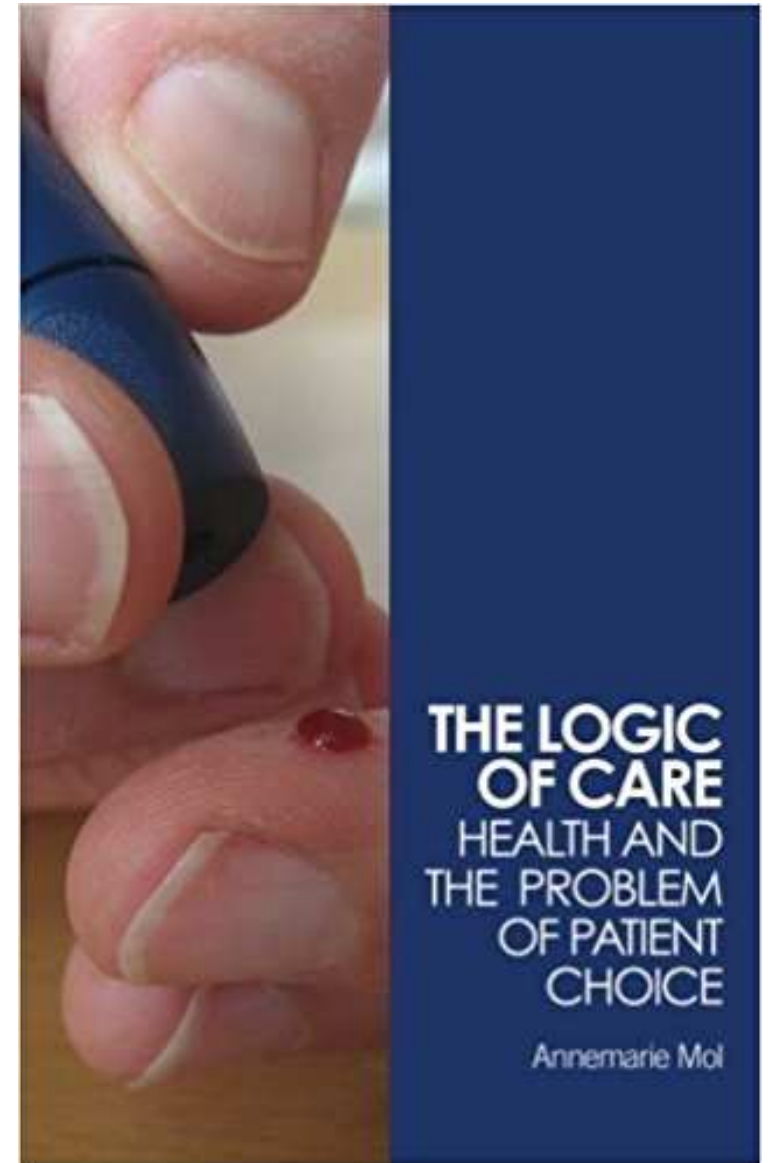
- Past
 - GP and Hospital software, GP2GP, Electronic Prescribing
 - Chair of HL7 International Technical Steering Committee
 - Health Apps: Lead for ISO/IEC TS 82304-2 Label2Enable Certification Scheme
- Agent Based Modelling for Data Strategy
- MT of ISO/IEC JWG7 Safe and Effective Health Software
- Board member HL7UK, Co-chair CHASCIS
- Technical Advisor to PRSB
 - Collaboration with NICE and others
 - Tooling, Templates, Diabetes, Board Advisor, Medicines Standards

Storytelling



The Logic of Care

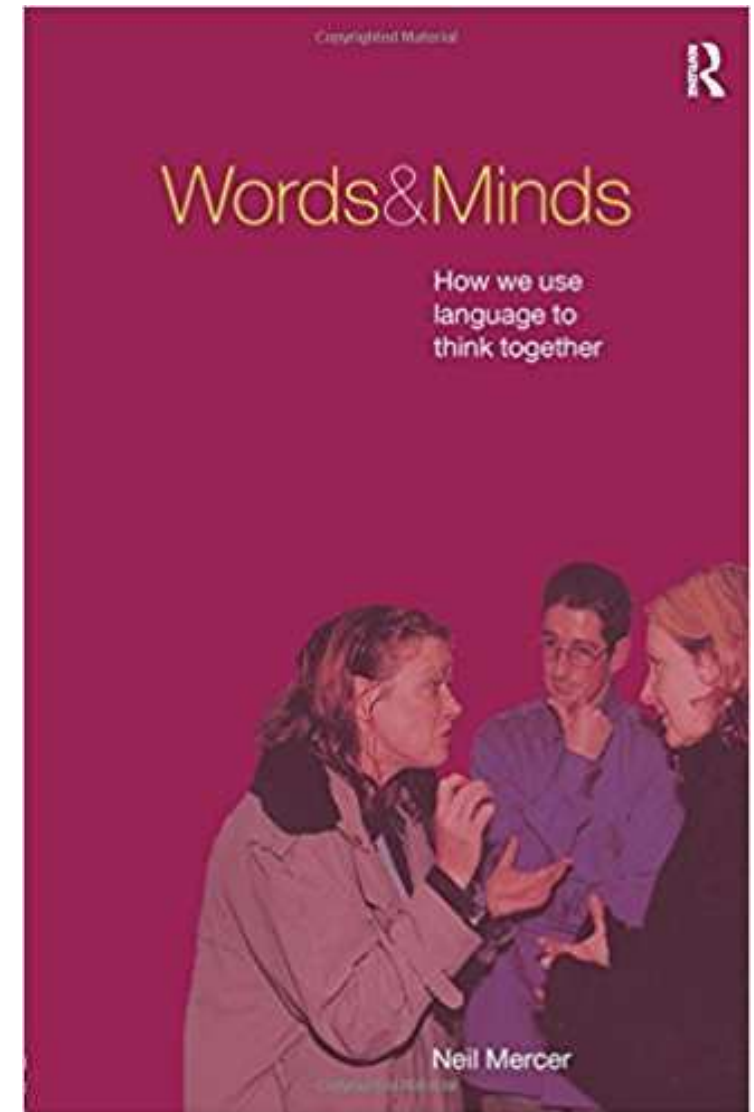
“good care is not a matter of making well argued individual choices but is something that grows out of collaborative and continuing attempts to attune knowledge and technologies to diseased bodies and complex lives”



Words and Minds

Language is for thinking and doing things together with words, expressions and gestures.

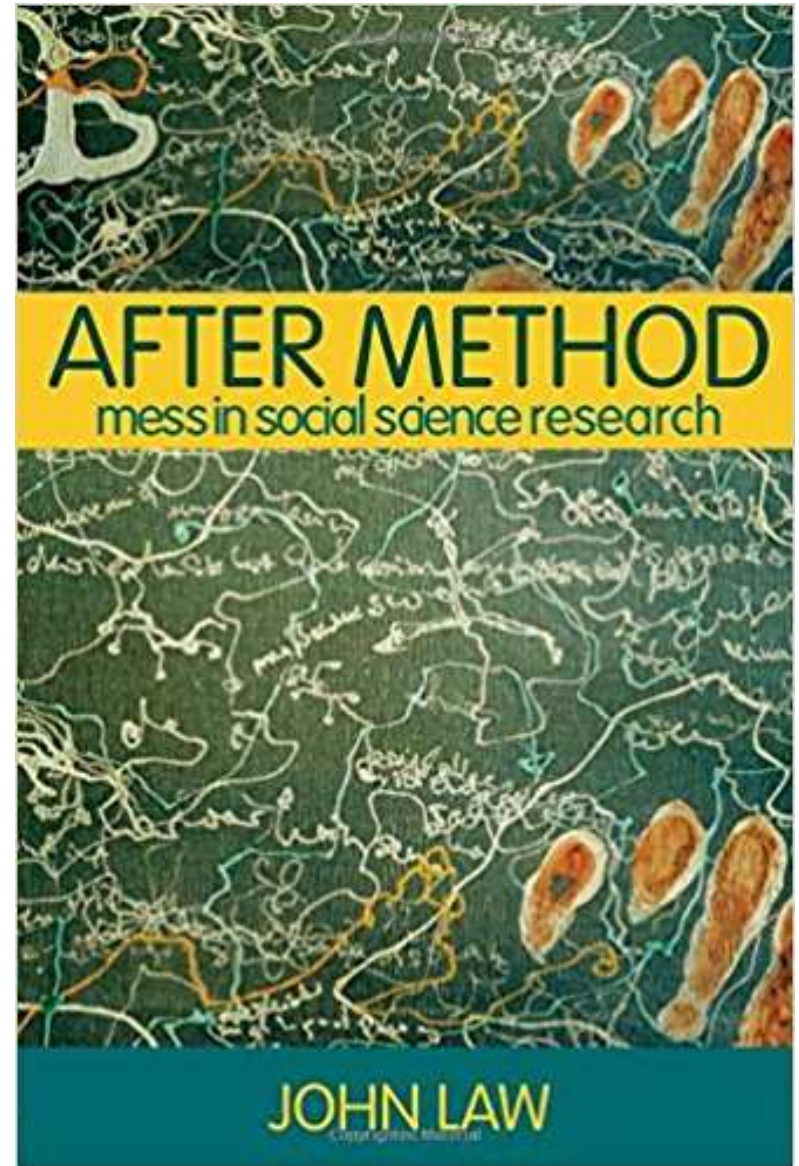
“Language has not been designed as a means for transmitting ideas in a precise unchanged form from one individual brain to another”



After Method – Mess in Social Science

Agency is imagined as emotive and embodied, rather than as cognitive.

...methods, their rules, and even more methods' practices, not only describe but also help to produce the reality that they understand.

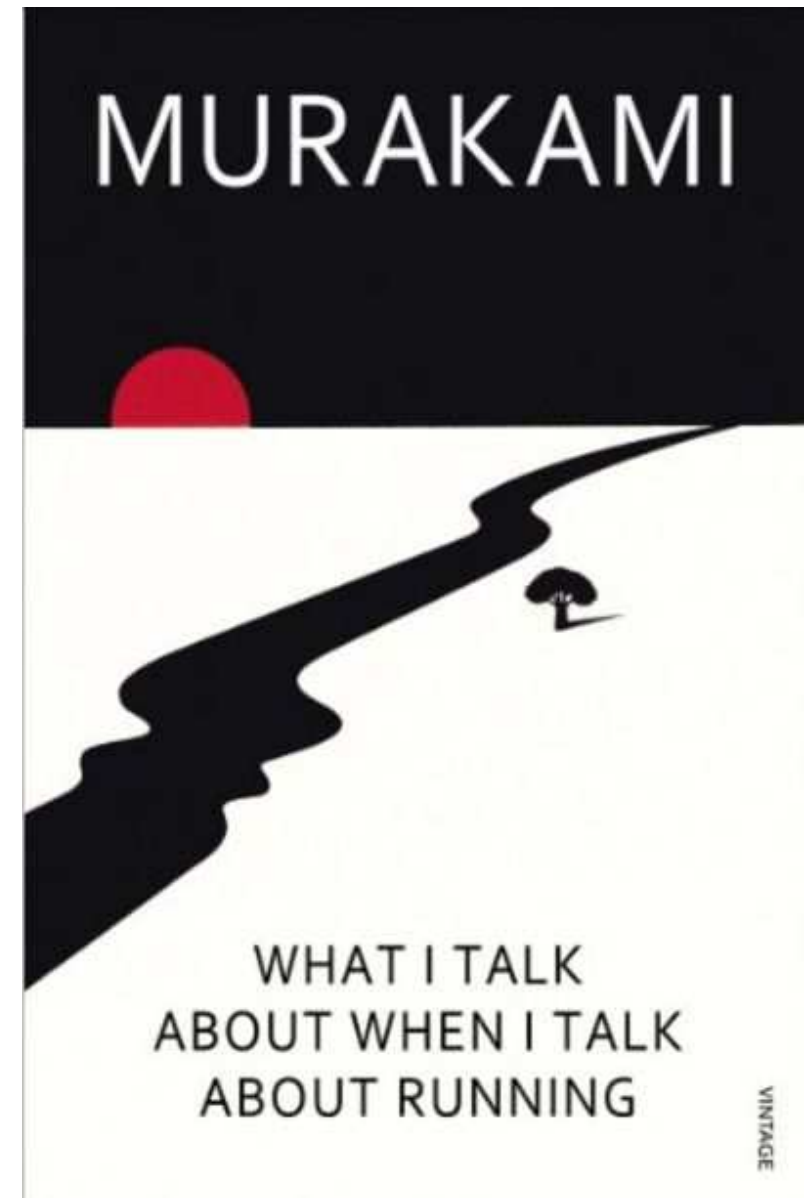


What I Talk About When I Talk About Running

There is nothing about training programs, heart rate, or strava segments.

This is about what makes running worthwhile.

He is not speaking the language of a sports coach



How Big Things Get Done

Planning is cheap, but do things fast

Reference Sets – where similar things have been done before

Find things that repeat, and repeat them

Learn – feedback loops



Why record Information

- To do stuff
 - To structure an activity – completing checklists helps compliance
 - To help the thinking process - active listening
 - As a substitute for spoken word for ephemeral talk
- To communicate
 - To share information with many people or across time
- To Agree
 - Contracts, handovers,
- To cover your back
 - As a record of what was done
 - As a record of what was said

Language Games – see where rules help

- Don't get a person to do a machine's job
- Automated Warfrin Dosing calculations – best left to machines
- Medicines Identification – Scan4Saftey – barcodes save lives and time

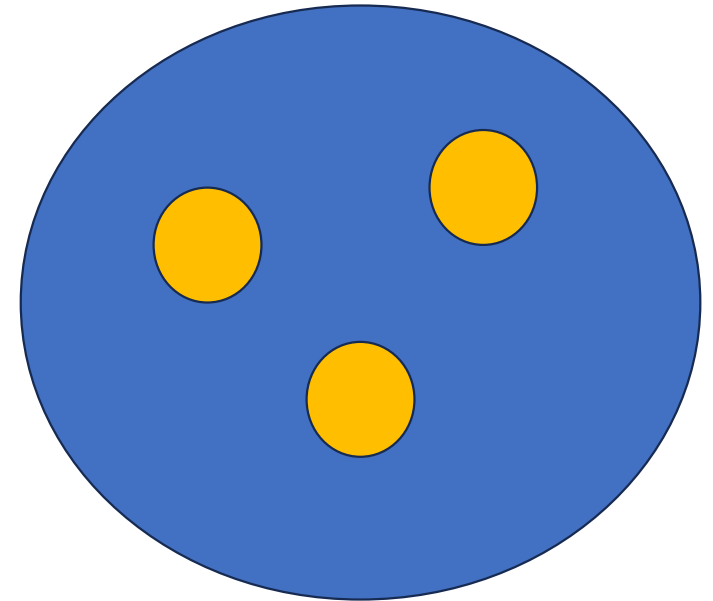


Views of Health Information

- Identity - Ownership, liability, location, lineage
- Property
 - Costs – to create, maintain, protect, dispose of
 - Value – financial, personal, emotional
- Medical Device
 - Intended Use - or off-label, mis-use
 - Testable – safety, effectiveness, reliability, identifiable
- Living
 - Lifecycle – created, maintained, used, combined, destroyed
 - Effective – triggers decision support, automations, agentic AI

How to Achieve Identity

- Has a Label: Name / Identifier
 - Belongs to a Category
 - what is in and out of scope for this object
 - Context: Collaborating Community
-
- The Person: Charlie McCay
 - The Child: Charlie McCay
 - The Memory: Charlie McCay



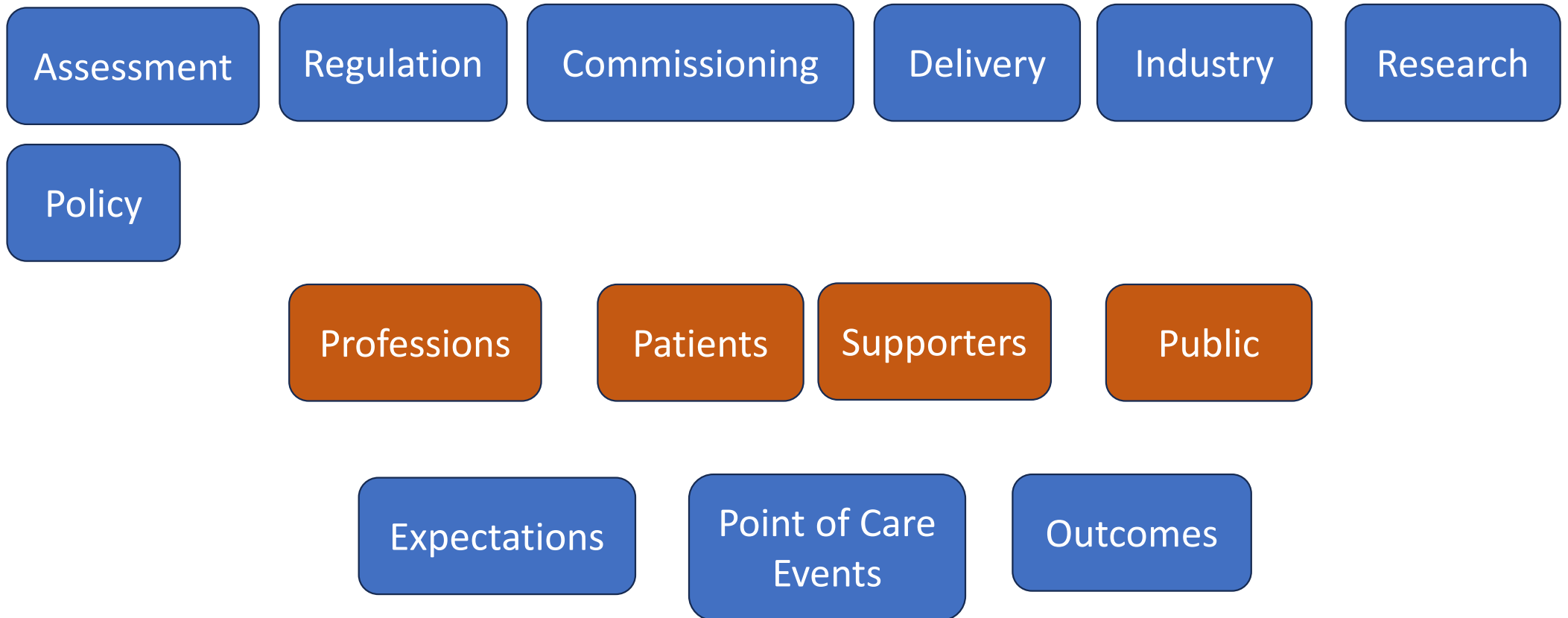
Identifying Health Information

- The Categories
 - Intended Use - Letter, Discharge Letter, Encounter Note, Prescription
 - Language – Natural Language, data items, terminology, identifiers, schema
- The Context
 - Shared Care, Care Pathways, Personal Record, Medico Legal
- Information Standards define Languages
- A Prescription – bit of paper, set of information, a transaction...

Identifying a Prescription

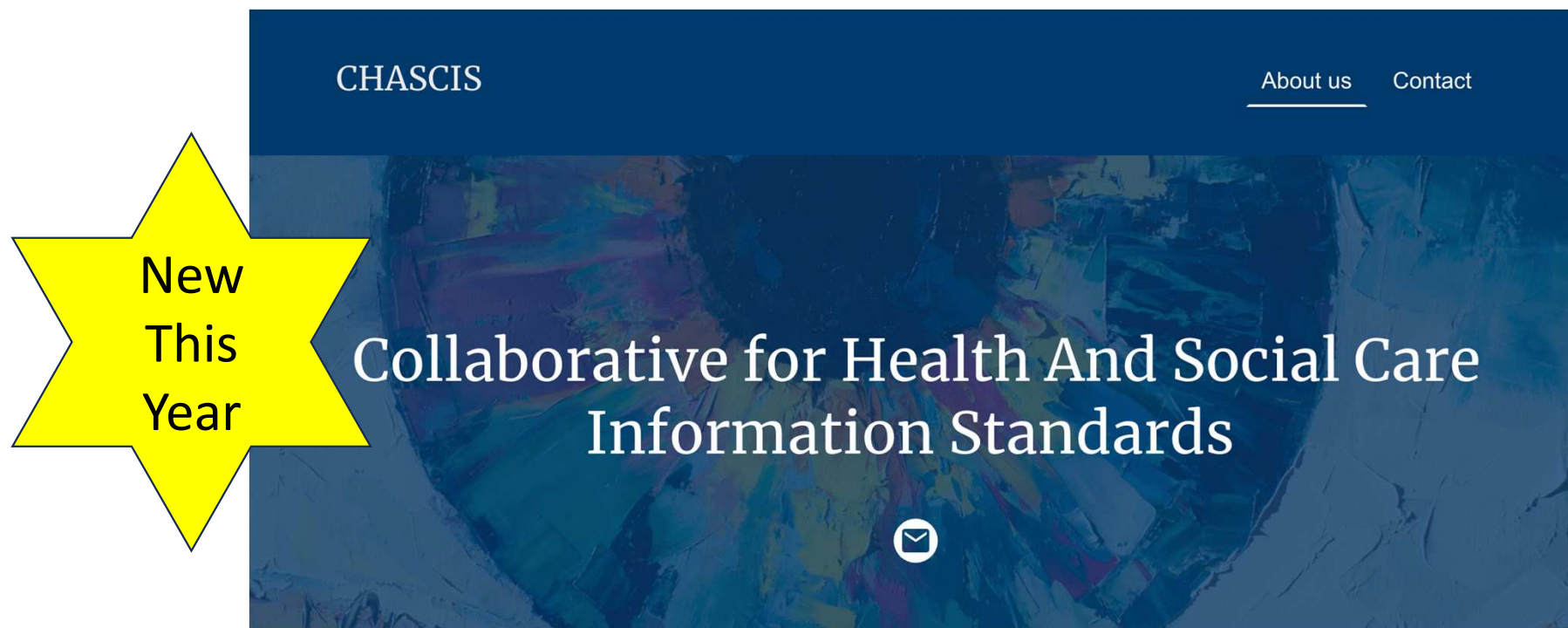
- A bit of paper – has text of drug, quantity, patient name, etc
- A set of Information
 - Data Elements - ISO / HL7 / PRSB
 - Identifier for prescription – barcode from GS1
 - Identifiers for drugs – SNOMED / DM&D
 - Dose Syntax – HL7
- A transaction in context
 - Workflow – IHE, BPM+, WHO SMART Guidelines, NHSE Modern Service Framework
 - Contractual Terms – NHS, ...

Shared Objectives, Different Responsibilities



Information Standards for Collaboration

CHASCIS – Standards Collaborative



www.chascis.org

Standards Collaboration

- Strategy – everyone says they want to use international standards
 - What does that mean? How is that done?
 - How to approach Standards Organisations
 - Standards Engagement at a 30 year low
- How do standards (and their organisations) work together
- Barriers Document – how standard things get done...
- Communication...
- Exemplars, Policies and Programs....

Barriers to success

- Consultation – right people, done meaningfully
- Change Readiness – agree glossary before sharing data
- Understanding dependencies – process, information and interop
- Requirements setting – clearly defined scope / success
- Lessons Learnt – lets have a learning health system
- Maintenance – standards need people and community

Communication

- Knowledge Hub – internal sharing
- Website – public face
- Making the Case for Standards Engagement
- Amplifying Standards Organisations – that is where the work is
- Collaborative is a collection of liaison people – building bridges between the Standards Organisations

Exemplars, Policies and Programs

Where could / should standards be being used?

- Encourage Communication between Programs and Standards Groups
- How can Standards Organisations add value
- How can UK experience feed into International Standards
 - So UK needs are met – Health And Care – and Economy
 - Make Standards Engagement Worthwhile

Exemplars, Policies and Programs

- Diabetes
 - Maternity
 - Discharge Summary / Transfers of Care
 - Imaging / metadata
-
- Canonical Data Model
 - Single Patient Record
 - 10-year Plan
 - HealthTech Quality Criteria: DTAC and ISO 82304-2
 - Legislation (England / Wales, Scotland, ...)

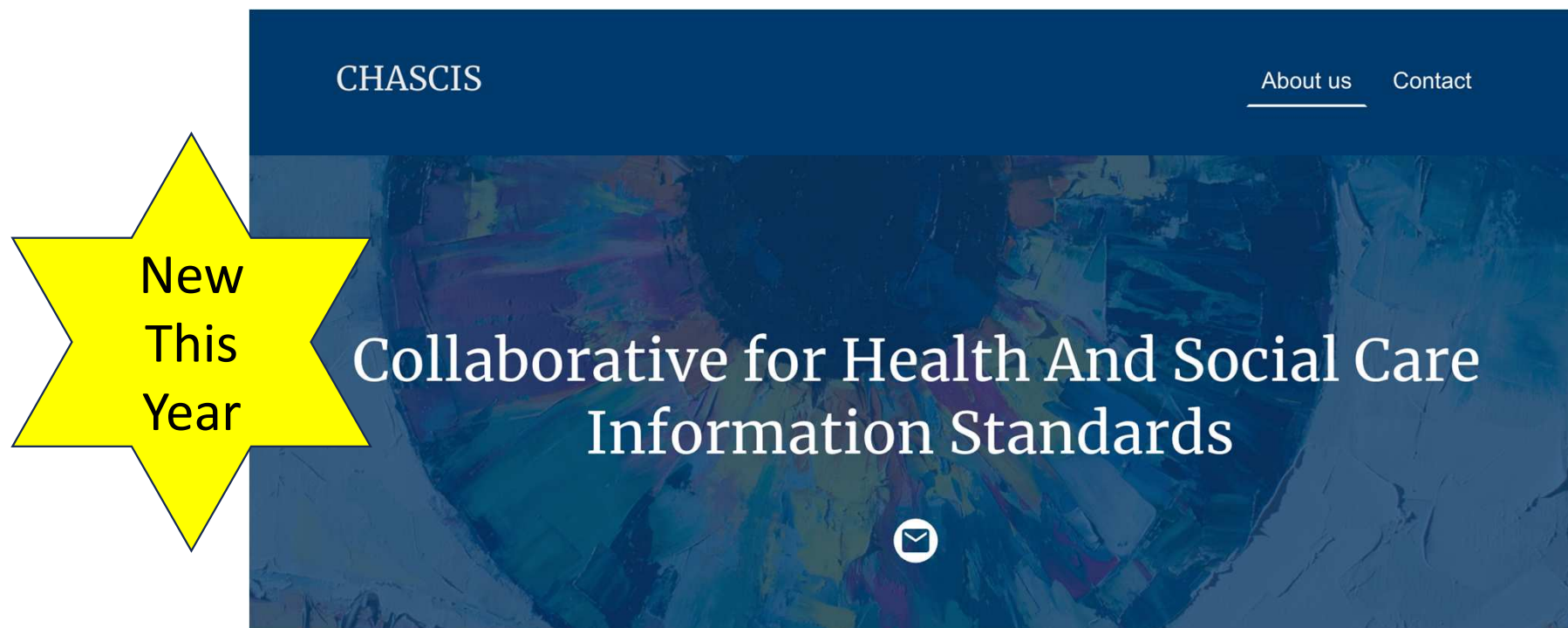
Exemplar: Diabetes – closed loop

- 5 different portals, not linked to Clinical Notes
 - 15 minutes wasted at start of every clinic
 - Going to the carpark to see data on a patients phone
- Data changes practice
 - Patient Initiated FollowUp (PIFU)
 - Virtual Wards
 - Population Health
- Identifiers for Glucose Monitors, Pumps and Control Software
- Does someone arriving in hospital have Diabetes?

Exemplar: Maternity

- PRSB Record Standard – a start-stop project
- Many Valuesets still undefined
- Gestational Diabetes
 - Not communicated to GP consistently
 - Candidate for standardised mini pathway
- Changing Care Context – Shared Care, Multiple Conditions
- Information Standards and Interoperability – need to work together
 - Maybe linked through Modern Service Frameworks / WHO SMART Guidelines

CHASCIS – Standards Collaborative



www.chascis.org