

Update on openEHR Governance

Message from the Board Chair, *openEHR* Foundation

Sam Heard, 20/10/2011

I am writing having taken on the role of Chair of the Board for the *openEHR* Foundation. The new board has met on four occasions and I want to keep you informed of, and get your feedback on, the directions we are setting for the Foundation.

First, I would like to acknowledge and thank Prof. David Ingram who has lead the organisation through its formative years with care and attention to detail, always ensuring that the community was open and that all we put forward was based on implementation, implementation, implementation. He has taken up a new position as President of the Foundation and remains on the Foundation Board during our transition to the new governance arrangements. On behalf of the *openEHR* community I would like to express our gratitude for all he has done and hope that he will remain involved for some years yet.

IP Assignments

The final act of his leadership of the Board has been to get formal IP assignments from Ocean and University College of all the *openEHR* assets including all archetypes. Software developed and promoted by the Foundation will be issued from now on under the Apache 2 license with ownership retained by those developing it. This will ensure it can be used confidently by industry.

Clinical Information Modelling Initiative

The main topic I want to address is the international initiative to develop a standardised clinical modelling methodology. This has some IHTSDO secretarial support and is led by Dr Stan Huff of Intermountain Healthcare, a former HL7 Chairperson and co-founder of LOINC, who has been advocating a model-based approach for many years. The current approach at Intermountain has been influenced by *openEHR* and uses a two-level modelling approach.

Stan has established a leadership group through trust and reputation, which includes a variety of agencies who have been working in the area and national eHealth programs or major initiatives who are interested in consuming the models. It has grown out of an HL7 Fresh Look initiative and is currently known as the Clinical Information Modelling Initiative (CIMI).

The group has committed to determining a single formalism for clinical modelling and ADL and *openEHR* are on the list of alternatives which is as follows:

- Archetype Object Model/ADL 1.5 *openEHR*
- CEN/ISO 13606 AOM ADL 1.4
- UML 2.x + OCL + healthcare extensions
- OWL 2.0 + healthcare profiles and extensions
- MIF 2 + tools HL7 RIM – static model designer

Proponents of the five different approaches have been presenting to members of the group, who have a variety of experience in these matters. Fourteen organisations will cast a vote on the formalism to use

including *openEHR*, Singapore, Eng NHS, Results 4 Care, HL7, Canada Infoway, 13606 Assoc, Tolven, CDISC, GE/Intermountain, US Departments, CDISC, SMARt and Mitre.

The group has also been looking at Governance and IP and coming to much the same conclusions as the *openEHR* Foundation has. Our new governance proposal is pretty much in tune with this group's views.

I would like to make a frank and open proposal to this group and seek support from the *openEHR* community to do so. It goes something like this:

“If the CIMI group chooses to use ADL as the formalism then the openEHR community is prepared to explore the Foundation governance arrangements with the CIMI group and align the two efforts using the structures that are mutually agreed.”

Changes to ADL and the openEHR Reference Model may be part of the process to meet the collective needs, and alignment of the shared RM and a reviewed RM for ISO 13606 would also be a major goal. ADL 1.5 would be submitted to ISO as part of this alignment.”

Although some will have doubts, there are compelling arguments to use *openEHR*, particularly from our implementation experience. *openEHR* supports a platform approach and a Service Oriented Architecture. The models can be used to specify the same content in service interfaces, messages and documents. Terminology suppliers are finding it difficult to provide generic terminology with no knowledge of the information model and other approaches to post-coordination are fraught with uncertainty. Serialisation of *openEHR* models can be used to support CDA, greenCDA and other messaging formats.

It is a moment of opportunity for growth. I value your feedback.

Yours sincerely,

Sam Heard
Chairperson

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