

# openEHR Clinical Strategic Directions 2008

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The Clinical Review Board has developed the following key strategic directions for 2008.

## Archetype authoring

### Archetype Editorial Group

The Archetype Editorial Group, an expert clinical group from a range of countries working with *openEHR*, has been established to lead the authoring of archetypes within the *openEHR* community. This group will provide the 'Lead team' in the new Knowledge Management environment.

### Clinical Knowledge Manager (CKM)

The [Clinical Knowledge Manager \(CKM\)](http://www.openEHR.org/knowledge)<sup>1</sup> has been established as a web portal for those who wish to participate at any level in the authoring of clinical archetypes. This will formalise the authoring, review and release process and provide an environment where interested clinicians can learn, participate and contribute to the collective effort. Development will be overseen by the CRB.

## EHR behaviours when data is not available

The CRB will provide a framework for consideration of important behaviours in EHR services and systems when information is known to be incomplete in terms of the *openEHR* specifications providing, for the first time, a concrete statement of what is required for safe care, suitable accountability and patient protection in a way that can actually be formally implemented.

The clinical community is only one of those using the EHR which is often procured and established to support administrative processes, cost savings and accountability. The citizen using the health system is represented in this context by various groups lobbying for suitable protections. For a useful shared electronic health record we need a solution that meets the various requirements to the extent that care is not compromised and practitioners and others are unaware of possible risks.

Clinicians need to trust that the health record is complete if it presents as such; just saying that 'no clinician should ever presume the health record is complete' is a truism that does not address the reality in an electronic world. The problem is that a clinician can be presented with what appears to be a complete list but where one or more items on this list has been withheld on the basis of privacy concerns. In such situations clinicians feel they should be accountable for the information to which they have access. The diverse and reasonable concerns of different parties can easily coexist in conversation and policy documents. The *openEHR* platform provides a concrete means of specifying behaviours of EHR systems when there is missing data or data is not available due to access controls. Such a specification will be of considerable value and warrants a collaborative and inclusive process on the lists.

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1. <http://www.openEHR.org/knowledge>