

openEHR Architecture Review Board (ARB) - April 2004

David Ingram, Chairman of the openEHR Foundation on behalf also of Sam Heard, Dipak Kalra and Cengiz Tarhan, Directors

openEHR takes an important step forward here today with the announcement of the formation of the *openEHR* Architecture Review Board (ARB).

This is accompanied by the launch of a new, much enhanced web site, on which Version 0.9 of the *openEHR* Architecture is released, under open-source license, housed on the Bitkeeper web site and subject to formal change review process under the supervision of the ARB. The Terms of Reference and founding membership of the ARB are available on this site.

I would like to acknowledge and thank Stig Anderson, Gunnar Hartwigsen, Tim Cook, David Rowlands, along with founding *openEHR* members, Tom Beale, Sam Heard, Dipak Kalra and David Lloyd, for accepting my invitation, on behalf of the Foundation Board, to establish the first ARB. We are very fortunate indeed to have such a wide range of clinical, technical and organisational expertise to draw on, from Europe, Australia and the USA. Tom Beale has accepted my invitation to be the founding chairman of the ARB. Tom, Sam, David and Dipak have worked with me, both close by, here in London, and across continents, to my immense good fortune, since the GEHR project, some twelve years ago. That was the start and the heart of what has now become *openEHR*. They have become a strong and formidable team, at the centre of the Foundation, and I pay tribute to them all for their immense commitments and contributions over all that time.

openEHR is an expression of personal commitment. The quality of that commitment is recognised by the fact that, in our founding members, we have key contributors to CEN, ISO and HL7 standards committees, moving forward standards in the health informatics domain. Peter Schloeffel has done great work in getting the *openEHR* clinical requirements base firmly onto the ISO agenda.

The Foundation makes no distinction among the uses to which the *openEHR* Architecture and its open-source components are put, all being subject to the same open-source licensing arrangement. We want to keep the Foundation simple – none of us have time, or, truth be said, inclination, for complex managerial arrangements. Through simplicity of interface with the world of its users, we hope to make it possible to sustain clarity and focus on the Foundation's goal, which is the achievement of truly interoperable, generic electronic health records, internationally.

So we want people, everywhere, to understand *openEHR* and its motivation, contribute to its development, use it, make money from it, all in the spirit of delivering and sustaining quality in interoperable health care records. We believe the not-for-profit Foundation approach, with open-source licensing, to be the best and most sound way to approach our goal in health care. If there proves a better, more rigorous and effective way, we will be supporting it.

We know we have to attract resources to make *openEHR* sustainable, but we won't do this by taxing commercial use – rather we will seek health care community support at a governmental level and sponsorship from people or organisations who share our vision. We know that we have to prove our point that *openEHR* is a viable approach before any such people or groups will be in a position to help us. Clearly we're not quite there yet!

The key to success in proving our point and achieving our goal remains threefold – implementation, implementation, implementation! That's implementation clinically (we need archetype development tools in use throughout health care communities), implementation technically (realisations of the architecture in many technologies and in many products), and implementation organisationally (we need *openEHR* servers deployed and evaluated in routine health services, in research and development, in education and serving patients' needs and patients' communities as well as health care provider organisations).

We expect that there will be a lot more on show along this pathway over the coming year. From where we sit, we can see *openEHR* integrating straightforwardly and, in principle, uncontentiously, with current CEN and HL7 developments, offering distinctive discipline and simplicity into the emerging EHR domain. Our greatest hope is to see the *openEHR* community of users now progressively making the pace in pulling and pushing implementation. There are many signs of that, throughout the world, including on the *openEHR* discussion lists. Only two weeks ago, at a meeting of EU Accession States in Krakow, which I co- chaired, I joined a session in the middle of a presentation by a young and enthusiastic system developer from Hungary, who was speaking about his experience of using *openEHR*! That's the kind of surprise one really enjoys! In the ARB, we hope we have a good way of supporting these next stages of endeavour.

Where we are now, with the release of Version 0.9, is a tangible next iteration on a road of expansion; n fold, n -squared fold and then n -squared-squared fold (for those who follow the Lionel Penrose law of squares about the requirements for gaining influence). We won't be able to dictate the pace of expansion – we can't, given the kind of group we have set ourselves to be. It has to be demand-led and demand-resourced, over time. We've resourced the Foundation's progress to this point. We will be seeking support for the next stages in creating and funding a small central support unit, to enable it to continue to grow.

Thank you, all of you, who are helping us by implementing, by questioning, by sharing ideas, and in so many other ways. It was, perhaps, a rather rash idea that we set out to pursue in all this. But reading the lively exchanges on the *openEHR* lists, and seeing the extent of work now represented in the new web site, it does seem, more and more, now, an idea whose time has come. We will be doing our best, with you, to nurture it through to success and self-generating sustainability.