

# openEHR Vision

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May 2008

The *openEHR* Foundation is proceeding on the basis of three principles: rigour, engagement and trust. They have arisen from consideration of the key aspects of the Foundation's work: the specifications of the EHR computing platform, archetype development by clinicians and ensuring that we achieve real benefit to the community through implementation trials.

## Specifications: rigorous and proven through implementation

Managed by the [Architecture Review Board](#)<sup>1</sup> (ARB), these are the fundamental output of the organisation providing the rigorous platform on which the archetypes and other clinical artefacts are based. The ARB has determined their [strategic directions](#)<sup>2</sup> and published a delivery [roadmap for 2008](#)<sup>3</sup>. This group will be finalising the Template model, which is key to using openEHR in real systems, and amongst other things ensuring correct integration with SNOMED and other complex terminologies. Implementation, the critical step in the design process, is proceeding with Java, .Net, Eiffel, Python and Ruby.

## Archetype Development: engaging clinicians and other experts

The [Clinical Review Board](#)<sup>4</sup> (CRB) has a proposed set of [strategic directions](#)<sup>5</sup> the suitable governance of clinical artefacts that are used across EHR systems as these provide the basis for international interoperability and as the foundation for generic decision support systems and other added value. The [Archetype Editorial Group](#)<sup>6</sup> has commenced authoring in the *openEHR* knowledge management system and will migrate the *openEHR.org* archetypes into this environment with appropriate review. A 3 monthly release of archetypes will begin from mid 2008.

## Developing Trust: patients and citizens at the centre

As we develop the specifications and engage clinicians, it is increasingly important to ensure that the platform benefits people using the health service. At this point the *openEHR* architecture ensures:

- that information (rather than just authorisation data) can be kept in personal storage such as a memory key or phone;
- that information can be stored with no identifying information within the EHR;
- that information does not have to be centralised, being stored and/or made available only where it is

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1. <http://www.openehr.org/about/arb.html>

2. daisy:230-OE (openEHR Specifications Strategic Directions 2008)

3. daisy:233-OE (openEHR Specifications Roadmap 2008)

4. <http://www.openehr.org/about/crb.html>

5. daisy:235-OE (openEHR Clinical Strategic Directions 2008)

6. <http://www.openehr.org/clinicalmodels/archedgroup.html>

required;

- accountability of users and providers; and
- that the owner of the record can partition the information and control access if required.

The next phase of uptake and implementation will require careful scrutiny by those using the health service and providers of personal health record services.

## ***openEHR* as a standard**

The success of *openEHR* is in no small part due to the formal acceptance of CEN 13606 as a European and ISO standard. This standard is based on many aspects of the *openEHR* design approach. *openEHR* implementations can easily generate and consume 13606 communication extracts should this standard be widely adopted. Many see *openEHR* as a more suitable environment for carrying this work forward due to its lean and more appropriate processes for technology advancement. Whatever the future holds, the *openEHR* Foundation will seek to work very closely with CEN, ISO and other standards organisations. We will, however, seek to develop the standards in a suitable technical environment with implementation testing and then put these to the formal organisations rather than attempt to develop standards by committee.

As terminology is a key-stone component of semantic interoperability, the specifications need to include the binding of clinical models to terminology subsets. There are a few proposals for how to make this work efficiently and, to ensure the solution will support future EHR environments, the *openEHR* Foundation is seeking a formal relationship with IHTSDO, the international SNOMED group.

## **Finally...**

The *openEHR* Foundation will continue to proceed based on its usual 3 key activities ... implementation, implementation, implementation.