openEHR Workshop
Day 1

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MoH Slovenia
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Programme: Day 1

Introductions 20 mins ALL
Why is the EHR so hard? 30 mins IM
openEHR architecture overview 40 mins TB

----- Break 20 mins -----

Archetypes & templates introduction 45 mins IM
openEHR Reference model introduction 45 mins TB/IM

==== LUNCH ====

Terminology binding 60 mins TB/IM
Slovene terminology discussion 30 mins TB/IM

----- Break 20 mins -----

Paths, Queries and AQL 30 mins TB
Example Queries 15 mins IM
Clinical Knowledge Manager 30 mins IM
Discussion 15 mins ALL
# Technical stream: Day 2

**Joint session: Strategy overview**
- eHealth strategy overview 30 mins TB
- Managing clinical diversity 15 mins IM
- Slovenian vendor experience 15 mins MND
- What’s next for openEHR? 15 mins TB
- Discussion 15 mins ALL

----- Break 20 mins -----

- Under the hood – how archetypes really work 30 mins TB
- The reference model in detail 60 mins TB

==== LUNCH ====

- XML documents, data, and schemas 30 mins TB
- SOA perspective 30 mins TB
- Technical issues for artefact governance 30 mins TB

----- Break 20 mins -----

- Querying using AQL 30 mins TB
- Data integration strategies 30 mins TB
- Discussion 30 mins TB
# Clinical stream: Day 2

## Joint session: Strategy overview
- eHealth strategy and standards overview: 15 mins, TB
- Managing clinical diversity: 15 mins, IM
- Slovenian vendor experience: 15 mins, MND
- What’s next for openEHR?: 30 mins, TB
- Discussion: 15 mins, ALL

--- Break 20 mins ---

## Archetypes and Templates in Depth
- openEHR modelling principles: 30 mins, IM

==== LUNCH ====

## epSoS Patient Summary Practical
- Initial analysis / mindmapping: 60 mins, IM
- Building and reviewing archetypes: 30 mins, IM

--- Break 20 mins ---

- Building the epSOS Summary template: 30 mins, IM
- Slovenian Chronic Disease registries: 30 mins, IM
- Discussion: 30 mins, IM
# Programme: Day 3

<table>
<thead>
<tr>
<th>Session</th>
<th>Duration</th>
<th>Facilitator</th>
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<tbody>
<tr>
<td>Practical terminology subsetting</td>
<td>30 mins</td>
<td>IM</td>
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<tr>
<td>Querying for secondary uses</td>
<td>30 mins</td>
<td>IM/TB</td>
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<tr>
<td>Approaches to CDA integration</td>
<td>30 mins</td>
<td>TB</td>
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<td>----- Break 20 mins -----</td>
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<tr>
<td>Artefact management and governance</td>
<td>45 mins</td>
<td>IM/TB</td>
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<td>Real world modelling issues</td>
<td>30 mins</td>
<td>IM</td>
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<tr>
<td>Discussion</td>
<td>15 mins</td>
<td>ALL</td>
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<td>==== LUNCH ====</td>
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<tr>
<td>Slovenian experience with openEHR</td>
<td>60 mins</td>
<td>MND</td>
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<td>openEHR in other national programs</td>
<td>30 mins</td>
<td>IM</td>
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<td>----- Break 20 mins -----</td>
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<td>Discussion inc.</td>
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<tr>
<td>Next steps for Slovenia</td>
<td>60 mins+</td>
<td>ALL</td>
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Introduction

About the presentations:

• If you don’t understand, or we speak too fast PLEASE TELL US, we don’t mind!
• All slides will be available afterward from MOH
News flash - CIMI forum

• International forum to decide shared clinical model format
• Four Meetings between May 2011, Nov 2011
• Process: initial vote for 2 out of 5 candidates
  • ADL 1.4,
  • ADL 1.5,
  • HL7 RIM,
  • OWL,
  • UML (various forms) –
• voted on 20 Nov ➔ ADL 1.5, UML
CIMI forum members

• Providers
  • Intermountain Health, Utah
  • Mayo Clinic
  • US Department of Defence
  • Kaiser Permanente
  • US Veterans Health Administration (VHA)

• Vendors
  • GE
  • Harvard / Smarthealth

• National programmes
  • UK NHS,
  • Singapore MOH, Canada Infoway,
  • Nehta,
  • Sweden

• Organisations
  • openEHR
  • IHTSDO
  • HL7
International CIMI forum

- Outcome of London meeting
  - **openEHR ADL / AOM 1.5** chosen as starting point formalism for internationally shareable clinical models
  - UML 2.0 profile will be created based on openEHR AOM 1.5
  - This will connect major UML-based tooling efforts to openEHR semantics
  - **all shared models will be archetypes**
  - Bridges to generate HL7 clinical statement pattern and other concrete formats
Introduction

Key Slovenian priorities:

• to standardize the elements of EHR to support:
  • continuity of care for chronic patients
  • ePrescription
  • Teleradiology
  • IS for vaccinations
  • epSOS for cross-border
Introduction

Key Slovenian priorities:

• The first step is to define how we will manage the standardization process