

Health IT Standards Jazz: Free-form, improvised, multiperson, multimodal

Wes Rishel
Distinguished Curmudgeon

This presentation, including any supporting materials, is owned by Gartner, Inc. and/or its affiliates and is for the sole use of the intended Gartner audience or other authorized recipients. This presentation may contain information that is confidential, proprietary or otherwise legally protected, and it may not be further copied, distributed or publicly displayed without the express written permission of Gartner, Inc. or its affiliates.
© 2010 Gartner, Inc. and/or its affiliates. All rights reserved.

Gartner[®]

Background

- My History
 - HL7 v.2
 - I invented the Z-segment
 - HL7 v.3/RIM/V3 messages
 - CDA
 - CCD
 - Incremental Interoperability
 - HIE
 - “NHIN” Architecture
 - Direct
 - Advocating for “simpler XML”, detailed clinical models

Some Statements To Discuss

- Current healthcare standards are both too complex and too simple to ensure semantic interoperability
 - Too complex – forbiddingly difficult for programmers that are not academic programmers or don't work for companies that send people to SDOs
 - Too simple, incomplete for semantic interoperability as discussed by Mike Stearns and Bill Lober today

(continued)

- Application integration among clinical systems in different stages of their life cycle is particularly problematic
- Achieving interoperability on a time schedule requires working with existing systems
- Standard codes are still rocket science
 - LOINC degree of specificity
 - SNOMED precoordination with information formats