



The International Patient Summary Standard and the Extensibility Requirement

The IPS Standard and the Extensibility Requirement

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PHealth 2020

A conference, all about:

'ubiquitous', 'pervasive', 'mobile' computation and computing artefacts applied to the Healthcare domain

Terms particularly appropriate for describing the content of this conference:

- Conjure up exciting innovations and the Welcome includes, but does not exhaust, scientific topics such as:
 - micro-nano-bio smart systems
 - virtual care
 - game and gamification
 - intelligent and connected health devices
 - opportunities and challenges of AI and robots in healthcare
 - •

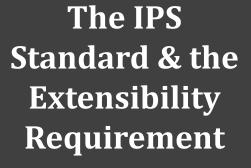
Check my invitation...

are these topics worlds apart from introducing standards and standardization?

Standards appropriate for pHealth?

- Standards are not 'rocket science' ...
 - Although, for success, 'space travel' is probably dependent upon them!
- In this conference, however, I do not expect, to convince the audience that 'standards' are exciting!
 - However, I do hope to convince you that they can be relevant!
- The descriptive terms for pHealth i.e., 'ubiquitous', 'pervasive', 'mobile', can also be directly applied to the humble Patient Summary, and the creation of a sustainable international standard, the IPS







What is it?



The Stakeholders



The Story



THE SUBSTANCE...

What the IPS is?

International

It emphasizes the need to provide generic solutions for global application beyond a particular region or country.

- Patient
- Summary

Health record <u>extract</u> comprising a standardized collection of clinical and contextual information (retrospective, concurrent, prospective) that provides a <u>snapshot</u> in time of a <u>subject</u> of care's health information and healthcare

SOURCE: ISO/TR 12773-1:2009 (en) Business requirements for health summary records — Part 1: Requirements]



The IPS: a focused PS



Provide an **healthcare summary** for a citizen at the point of care



It is minimal and non-exhaustive



It is **specialty-agnostic** and **condition- independent...**...but still **clinically relevant**



The IPS: a focused PS



Designed to be simple



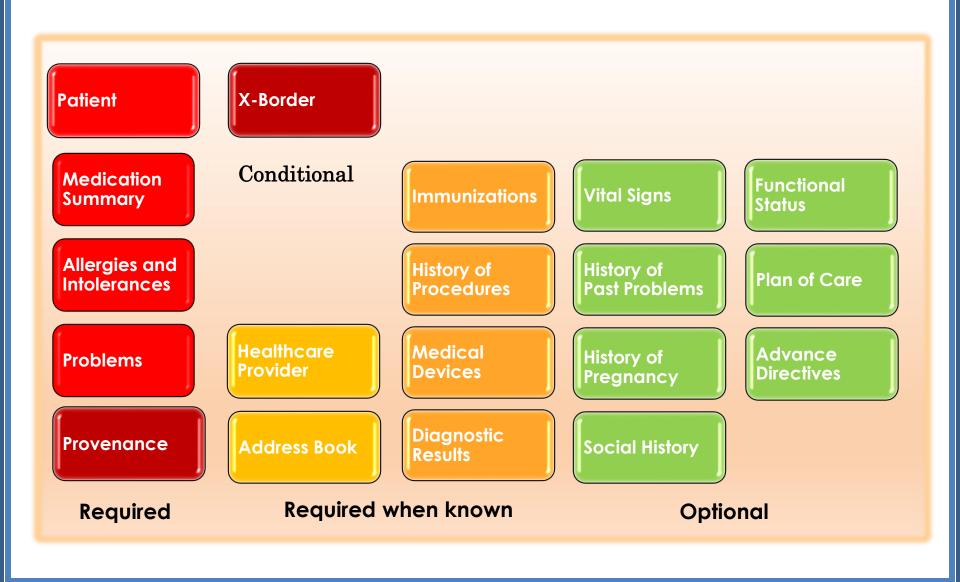
Usable any time, in any place; by any one



Multi-beneficiaries: Individuals, Healthcare Providers, Society



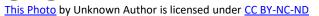
Macro IPS Data Blocks



The PS means what? To who...

- The concept of a Patient Summary (PS) is not new; arguably, it has been in existence since clinical record keeping began
- Ubiquitous, the PS is part of the fabric of healthcare
- Everyone seems to have their
 - own idea about what it is, and
 - what it should do
- The PS is simple in concept ...
- But the PS come with its own baggage







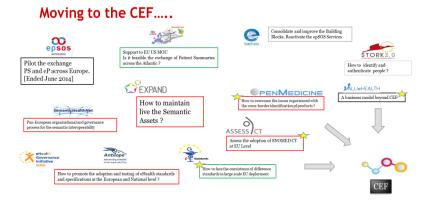


The IPS....is not a flower in a desert...



THE STAKEHOLDERS...

The more recent part of a long history ..



The **epSOS projects**, cross-border pilot for PS and eP Exchange, 2009-2014... and several others ..to the **eHDSI**



eHealth Network Guidelines 2013-2016, 2020



Transatlantic eHealth/Health IT Cooperation Roadmap



Structure of Roadmap

July 2016

This main Roadmap document sets out the vision, the main challenges, the scope and descriptions of each of the work-streams. The Roadmap Annex contains the specific actions and outcomes/deliverables with their corresponding milestones and due dates for each work-stream. The Annex (which will cover a 12 to 18 month timeframe) will be regularly updated to keep stakeholders fully informed of progress. The Roadmap activities overall will cover a longer period.

2010 EU US EU/US MoU: ONC Standards and Interoperability Framework (ONC S&I) EU/US eHealth Cooperation Initiative; EU Trillium Project; 2013 The INTERPAS Project, HL7
2015 Transatlantic eHealth/health IT

Cooperation Roadmap: enforcement of the IPS concept.





CEN IPS and Stakeholders

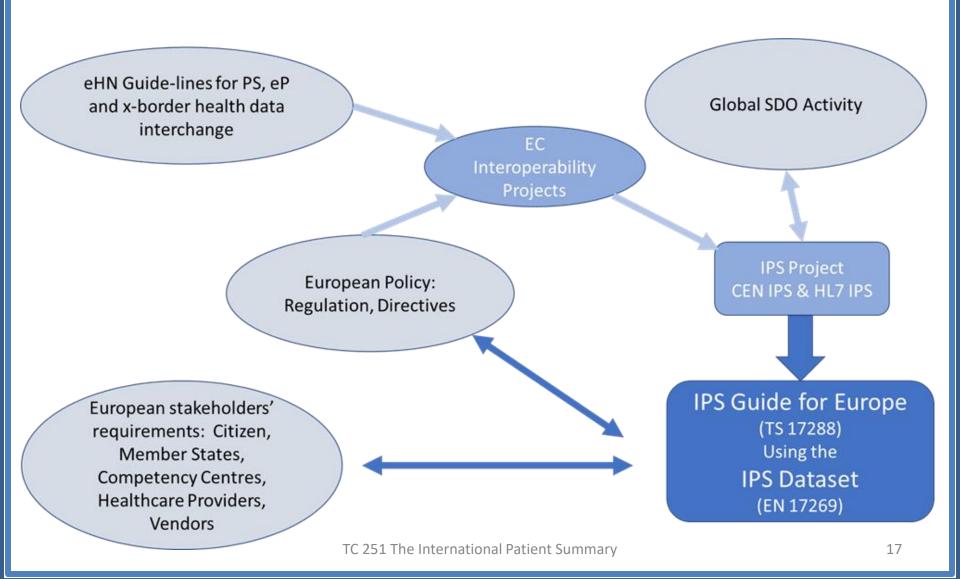
- CEN/ TC251 was unable to contribute effectively to PS activity outside of Europe ...
- Contract awarded to CEN/TC 251 from EC
 - Required tasks:
 - 1. Participate globally, particularly with HL7
 - 2. Formalise the PS dataset in the eHN Guidelines
 - 3. Deliver (1): An International PS standard
 - 4. Deliver (2): An Implementation Guide for Europe
 - 5. Socialise outputs to wider stakeholder community





.. it has not been built on a green field...

Stakeholder Influences



The IPS Use Case, 4 Scenarios, and the Subject of Care

- Original use case was to exchange a Patient Summary crossborder for unscheduled care
- User requirements suggested this was just one scenario of a broader use case to deliver a PS at the point of care. The Scope was extended:
 - IPS Scenario 1: Cross-Border, Unscheduled care
 - IPS Scenario 2: Local, Unscheduled care
 - IPS Scenario 3: Cross-border, Scheduled care
 - IPS Scenario 4: Local, Scheduled care



Stakeholder Awareness

CONTRIBUTE TO Global Collaboration

in the context of

JIC Standards Set for Patient Summary

HL₇ IPS (AKA. INTERPAS)

EU/US Memorandum of Understanding COORDINATE

European Standardisation

taking into account

eHN guidelines and their revision

eHealth Digital Services Infrastructure

> EC eHealth Projects

ENGAGE WITH Local Implementation

reaching out to

Patient Summary implementation and testing

National Contact Point for eHealth

National Competency Centre for eHealth



SDOs do not come from mars...

- SDO are communities
- Contain a
 mixture of
 academic,
 commercial,
 governmental,
 HC providers,
 researchers,
 and regulators

The IPS Standard normalizes the dataset provided by the European Guideline on cross-border exchange of a patient summary.

Network of interested parties (including the EC, and 27 European countries comprising ministries and competency centres; policy-driven in Europe) and other stakeholders from across the world.

SDO's not always stakeholder friendly and may appear alien, yet

The eHN Dataset was an obvious candidate for standardization:

The dataset is described as being both 'minimal and non-exhaustive', which required extensibility to be addressed.

THE STORY...



CEN EN 17269:2019

ContentStatus

Immunizations

Logical Model

Immunization

CodedEle

Immuniza

List

Immur	nizations	Content Status	С	Coded Element	
Immunizations list				С	List
	Immunization			R	Label Concept
		Vaccine for ty disease	rpe of	R	Coded Element

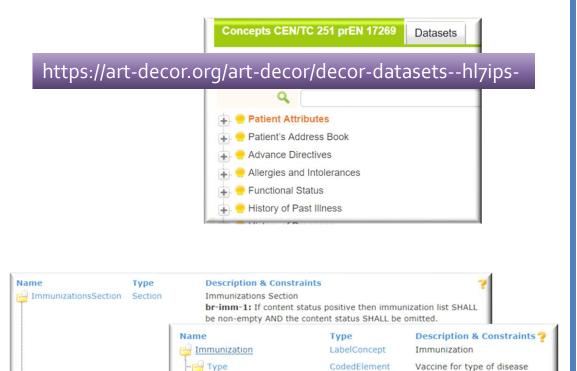
Target disease list		0	List	
		Target disease	R	Coded Element
Date of immunization		R	Date Time	
Produc	t ad	ministered	0	Label concept
		Brand name	RK	Text
Produc Process	t Administration		0	Label concept
	Performer		0	Healthcare Provider
	l .	oute of ministration	0	Coded Element

Minimal

Non-exhaustive

Specialty-agnostic

Condition-independent



List

ProductAdministrationProces:LabelConcept

CodedElement

LabelConcept

CodedElement

HealthcareProvider Performer

DateTime

TargetDiseases

- TargetDisease

DateOfImmunization

ProductAdministered

BrandName

Performer

RouteOfAdministration

Target diseases

Target disease

Brand name

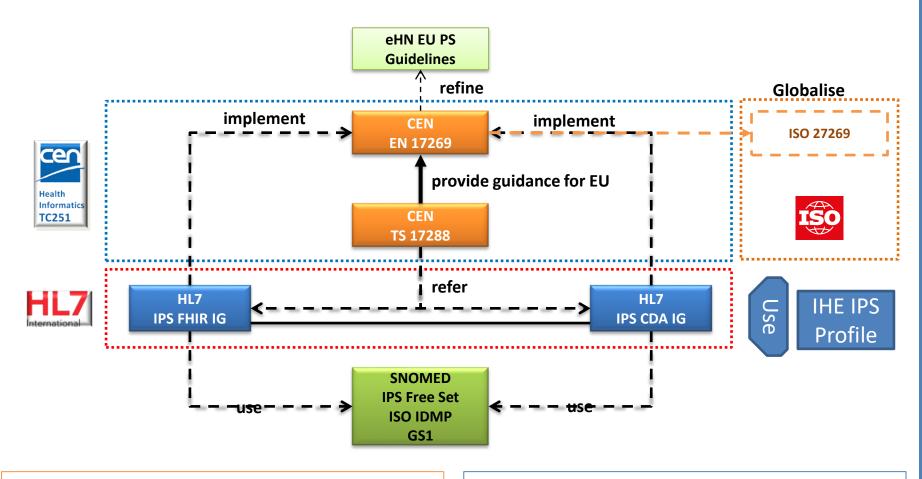
Date of immunization

Product administered

Route of administration

Product administration process

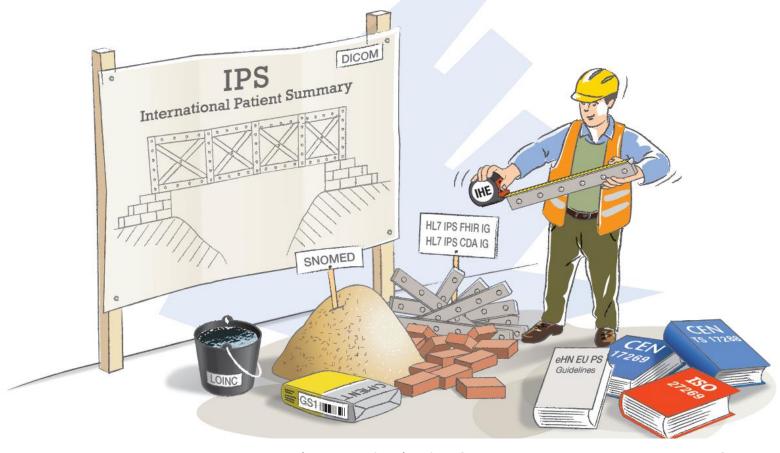
The IPS project Products



EN 17269: implementation independent content of the IPS **TS 17288**: guidelines for establishing a EU IPS service

IPS FHIR IG: how to implement the IPS using HL7 FHIR **IPS CDA IG**: how to implement the IPS using HL7 CDA

More SDO involvement <u>and</u> stakeholder interest is welcome, but necessitates clean governance particularly managing extensibility



Patient Summary as an identifiable dataset "essential and understandable"

Purpose
Qualities
Principles

Minimal
Implementable

Patient Summary
normalized by
IPS
Specialty-agnostic
Condition-independent

Clinically Relevant

Principles

Implementable

Applicable for global use

Extensible and open

Clinically Relevant

The IPS Approach

It uses a document Metaphor!



















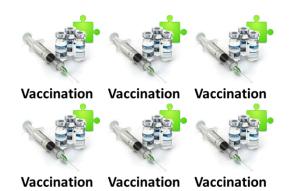
...composed by a set of reusable data blocks!



The IPS "library"







Library of reusable..

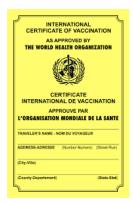
(fragments; resources; building blocks;...)

Common "core" set of data

With minimal common terminologies

Extensible





The IPS "library"

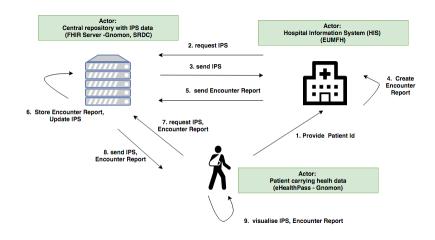




EU ModEX, Bucharest, 2018 Oct 15-17



IPSs and Mobile Field Hospital Encounter Reports were build on (HL7 FHIR) IPS resources











Why extend the IPS?

Examples include:

- Stakeholder requirements and acceptance:
 - technical developments and feedback from users
- The IPS Dataset is a starter set; it is not yet comprehensive:
 - The IPS is meant to be understandable to all clinicians, but the core should be defined by clinical consensus.
- Clinical knowledge is dynamic and what is core will also be challenged over time.
- New requirements, such as COVID-19



Extensibilty

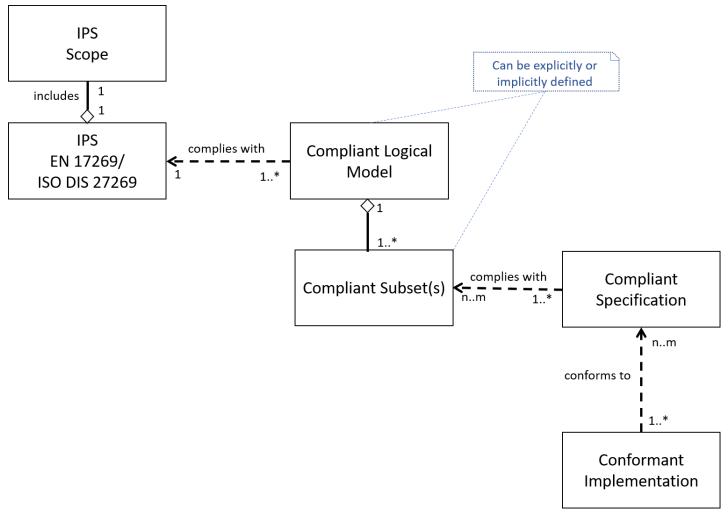
There are two broad, yet distinct ways of extending the use of the IPS:

- ➤ Refining, complementing and profiling the IPS Data Set for different health conditions and applications that relate to model derivation of IPS from the current standard, (e.g. Vaccination card, and COVID-19). Profiling also enables the IPS data blocks to be used in Computable Clinical Guidelines (CCG).
- Evolving the base or foundational IPS standard by consensus and that will require that the IPS standard be updated by new clinical and technical requirements from use (e.g. the vulnerable Subject of Care, and COVID-19).

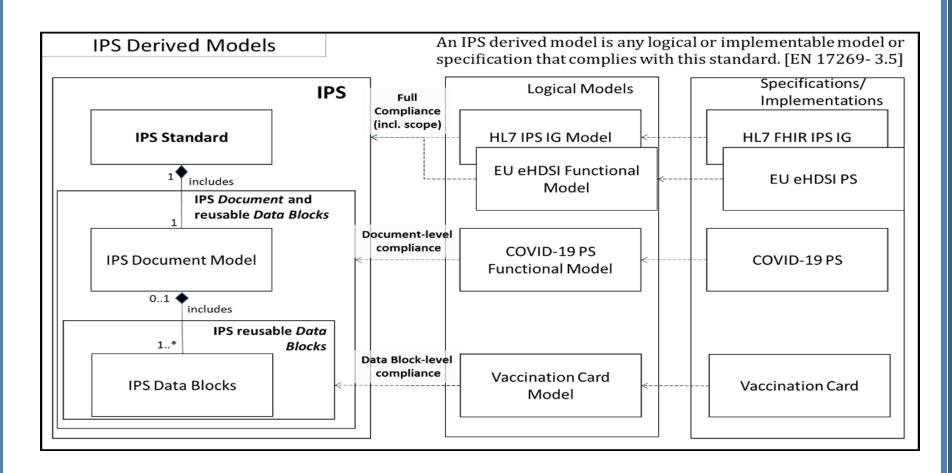
The first needs to be brought back to the IPS Reference model. From the IPS reference model it is possible to derive a number of compliant logical models that constrain it, and these lead to implementable specifications, such as the HL7 CDA Implementation Guide, the HL7 FHIR IPS IG, and the IHE IPS profile



Conformant implementations to the IPS Reference Model



Three levels of compliance



COVID-19 Example showing document level compliance

- COVID-19 is unlikely to be the last pandemic ...
- Today, Stakeholders are looking for a kind of 'COVID-19 immune flag' to be highlighted in the IPS.

Three associated facts necessary to record in the patient summary seem to be immediately available in the present IPS:

I have / had this disease... [IPS Sections: Problems / Past problems]

tests say that ... [IPS Section: Results]

I've been vaccinated against ... [IPS Section: Immunization (not

applicable for COVID-19 yet)]



Flexible IPS provides Options

- The 'flag' could be indirectly derived from the existing standard.
 This puts the onus on the user interface rather than the IPS Data
 Set. It also semantically overloads the already overloaded
 'Problem' IPS Sections.
- Creating a new Public Health/ pandemic IPS Section is another option, although it may stretch the idea of the IPS being for an individual subject of care, but this could still relate to the Immunization Section.
- Yet another option is to consider the attribute collection for Patients and to consider 'immunity' to be an aspect of a person's health state, perceived or recorded as a health matter; conversely 'lack of immunity' could be recorded as a specialization of 'problem'.



Current solution under test

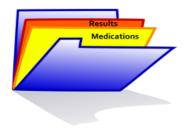
- The solution suggested for the time-being is to retain the scope of the Immunizations IPS Section to the vaccination-driven approach but allow for optional immunity data.
- In practice the conformant implementations will address the immediate need and the governance processes will ensure the reference model is updated.





The IPS product family

The IPS standards



The «IPS»

document



The IPS data blocks

library



Good candidate support for the E-EHR-XF!

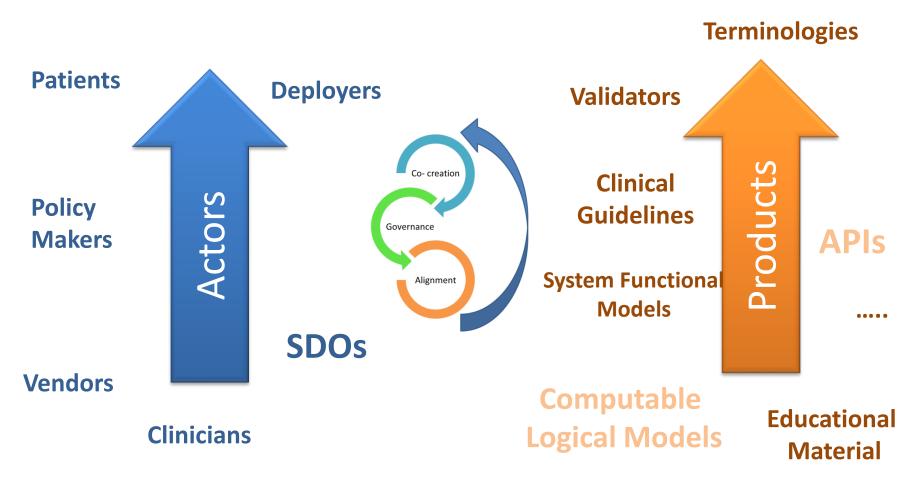


The IPS as ISO standard

- The EN17269 (IPS data set) is moving to ISO.
- June 2020: Fast-Track Process approved
- September 2020: Final Draft Ballot resolution closes on the 23rd September.
- The resulting Standard ISO 27269 will be published in 2021



Towards an «IPS ecosystem»









International Patient Summary

http://bit.ly/IPS-Story

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