

The IPS today and tomorrow

Where it is, where it is going, how is it getting there ...

Stephen Kay

EN ISO 27269: 2021

The international 1st edition of IPS

Advantages

- ▶ EN 17269:2019 became socialised
 - ▶ By that, we mean that more people are aware of IPS and its potential significance for care, and for interoperability
- ▶ EN ISO 27269:2021 from CEN to ISO
 - ▶ A wider set of requirements, and the reach to a wider audience as a direct result of the fast-track process of a regional standard to an international one, e.g., G7, GDHP, WHO, and +++
 - ▶ Plus the SDO's and their X-SDO activity ... & JIC
 - ▶ New Artefacts:
 - ▶ ISO 27269
 - ▶ HL7 FHIR Implementation Guide(s)
 - ▶ HL7 CDA Implementation Guide
 - ▶ IHE IPS Profile
 - ▶ SNOMED IPS Free Set and IPS Terminology
- ▶ Easy to understand, simple to explain, but only now raises complex issues that have yet to be addressed by Digital Health, policy-makers and consideration of new use cases

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Challenges

- ▶ The 1st edition of is 4 years old (*Where we are*)
 - ▶ the ‘fast-track’ process meant that substantive change requests were deferred to the next edition.
 - ▶ The new ISO AHG activity that looks at the process side, amongst other things. It has changed the time from 18 months to 24 months to address the 2nd edition.
 - ▶ New and emergent requirements, clinical and technical, as the eHN guidelines predicted that such changes would require the dataset to be ‘extensible’!
- ▶ Governance, integrity, and resilience (*Where it is going*)
 - ▶ It is not just the dataset that is required to manage change. There are a number of important, complementary initiatives that are committed to the IPS vision of a single solution.
- ▶ The IPS standard needs to stand-up to its central place in a vibrant ecosystem.
 - ▶ It is The definitive framework of IPS data for use and reuse for healthcare
 - ▶ Who provides the Maintenance Agency/ trusted authority for subsequent editions.

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- ▶ Governance, integrity, and resilience (*Where it is going*)
 - ▶ The 'advantages' lead to further challenges.
 - ▶ It is not just the dataset that is required to manage change. There are a number of important, complementary initiatives that are committed to the IPS vision of a single solution.
- ▶ The IPS standard needs to stand-up to its central place in a vibrant ecosystem.
 - ▶ The definitive framework of IPS data blocks for reuse
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Europe (& the UK;) ... where are they?

- ▶ The new artefacts do not mention CEN or CEN TC 251 explicitly.
- ▶ A well-meaning comment from the X-SDO team said “we need to bring CEN in”.. I **replied that we never left!** But history is often a casualty in such circumstances.... But only if we let it!
- ▶ Do not forget that we supplied the original requirements, courtesy of eHN, and subsequent requirements that have enriched the standard.
- ▶ We have a considerable investment in eHDSI and CDA experience, and whilst FHIR is very popular we can not forget the large community that are receptive to the IPS inputs from X-eHealth etc... and JIC
- ▶ A principle of 17269/27269 is that IPS will remain implementation-independent.
- ▶ Implementation guidance for Europe (TS 17288) will be critical as a source of new requirements, and CEN TC251 must be there and be seen to be there.
- ▶ IPS is still a work in progress, but it is getting there! One more thing to consider...

A summary is almost always an extract, however ...

an extract is not always a 'summary' ...

Thank you

Stephen Kay... IPS Co-lead with Rob Hausam