



**ISO/TC 215,
HEALTH INFORMATICS
3RD GHITS SUMMIT
«CONNECTING HITS WITH
CLINICIANS»**

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ISO/TC 215

New Paradigm of Health Informatics

“Connection and Integration”

NEW PARADIGM

- Consumer focused healthcare
 - connect for healthcare: integrated records
 - safety and risk management
- Individual Based Medicine (PHC)
- Evidence Based Medicine
- Networking Healthcare Organizations

NEW PARADIGM (2)

- Health Information Technology

- lifelong secure health/care records : interoperable
- clinical decision support system
- knowledge management system
- care process enhancement : workflow

quality and

reimbursement

NEW SYSTEMS NEEDED

- Integrated and comprehensive EHR/EHRS
 - data capture : documents, bio-signals, images, sounds, etc
 - data integration, filing, viewing, sharing
 - messaging and communication
 - workflow and process management
 - security and terminology

NEW SYSTEMS NEEDED (2)

- eHealth, uHealth and Telehealth
 - Anytime, anywhere, any line, any device
- Clinical decision support
- Knowledge management
- EBM (Evidence based medicine)
- Personalized Medicine [IBM (Individual based medicine)]

STANDARDS NEEDED FOR

- Interoperability – functional and semantic
- Architecture – information, domain, service
- Security
- Business model
- Functionality
- Quality of services

***International Organization
for Standardization (ISO)
ISO TC 215,
Health Informatics***

ISO

- 157 member bodies (countries)
- 177 Technical Committees (TC)
- Approximately 38,000 stds
- 3.5 years to make IS (International Std)
 - Fast track <1.5 years
- TC 215, Health Informatics

ISO TC 215, HEALTH INFORMATICS

Chair : Yun Sik Kwak (Rep. of Korea)

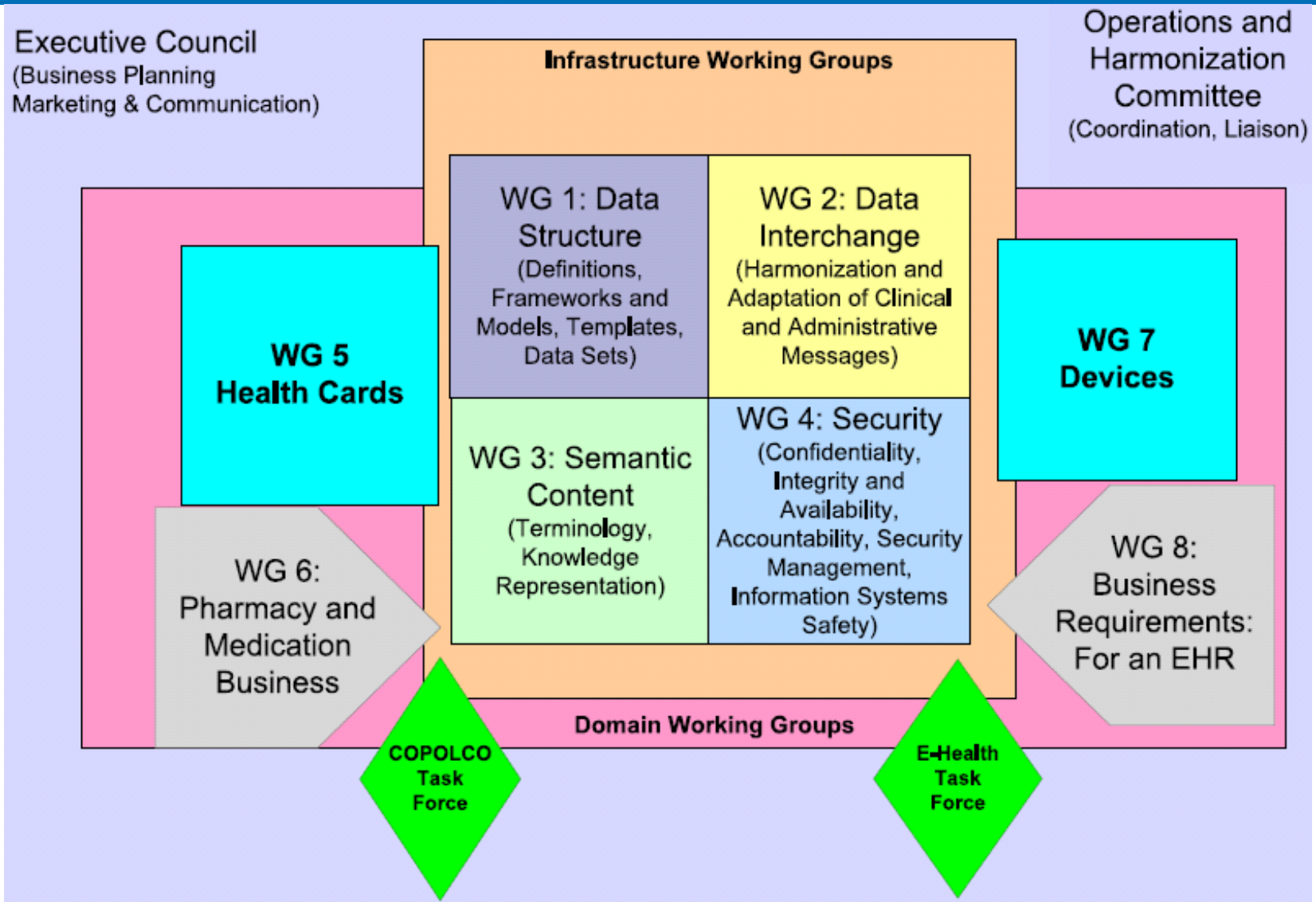
Secretariat : ANSI (USA)

Secretary : Audrey Dickerson, RN, MS (HIMSS, USA)

Scope : Standardization in field of information for health, health ICT to achieve **compatibility and interoperability** between independent systems.

Also to ensure **compatibility of data for comparative statistical purpose** (eg, classifications), and to reduce duplication of effort and redundancies.

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ISO/TC 215

Infrastructure Work Groups

WG 1, Data structure (EHR architecture, etc)

Convenor : Don Newsham (Canada)

WG 2, Data interchange (Messaging and Communication)

Convenor : Michael Glickman (U.S.A.)

WG 3, Semantic content (Terminology, Ontology)

Convenor : Chris Chute (U.S.A.)

WG 4, Security

Convenor : Ross Fraser (Canada)

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Domain Work Groups

WG 5, Health Card

Convenor : Frans Von Bommel (Netherlands)

WG 7, Device (Medical device informatics)

Convenor : Todd Cooper (U.S.A.)

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Business Requirement Work Groups

WG 6, Pharmacy and medication related business

Convenor : Ian Shepherd (U.K.)

WG 8, EHR requirements

Convenor : David Rowland (Australia)

HOW IS NEW WORK ITEM ACCEPTED?

- Experts in TC 215 can propose.
- National member bodies (NMB) can propose.
“Use case analysis and balloting by NMBs; adopting item by majority vote”
- HL7, CEN, IEEE, DICOM, may propose.
“When items are forwarded by the above SDOs, balloting by NMBs; adopting item by majority vote. Item will then go thru Fast Track”
- IHE, ICH, CDISC may also bring NWIPs, but goes through regular ISO process.

Connecting with Clinicians

ISSUE : CLINICAL REQUIREMENTS

- Clinicians' needs should be reflected on development of standards in terms of documents content, format, workflow, terminology, functionality, etc.
 - There is not enough formal conduit for clinical requirements into the ISO process

SOLUTION :

1. Active engagement of liaison groups in ISO/TC215 processes such as WHO, ICH, CDISC, IMIA WG16, NI SIG, etc.
2. Organize Global HIT Clinical Requirements Group (GHITCRG) to interact periodically with ISO/TC215

ISSUE : CLINICAL REQUIREMENTS

- Clinicians' needs should be reflected on development of standards in terms of documents content, format, workflow, terminology, functionality, etc.
 - There is not enough formal conduit for clinical requirements into the ISO process

SOLUTION :

3. Actively liaised with HL7 and CEN/TC251 for their clinical and clinician engagements
4. Establish a WG, Clinical requirements in ISO/TC215.

ISSUE : AWARENESS AND APPLICATION OF STANDARDS

- Clinicians may not be aware of global HIT standards and benefits of their applications into health information systems

SOLUTION :

1. In conjunction with NMBs, business promotion of global HIT standards programs should be developed.

ISSUE : CONSUMER NEEDS

- Consumers' needs and awareness of HIT Standards should be connected to the SDO process.

SOLUTION :

1. ISO/TC 215 COPOLCO Task Force maybe realistically aligned with existing WG processes.
2. Next GHITS Summit should be focused on the consumer issue together with others.

CONCLUSIONS

- ISO/TC 215 is committed to collaborate and coordinate with SDOs, industry, national coordinators and clinical users.
- ISO/TC 215 should develop necessary standards and guidelines in a timely manner.
- Clinician HIT experts should join ISO/TC 215 activities.
- ISO/TC 215 and NMBs should promote and educate use of published relevant standards.

ACKNOWLEDGEMENT

• We very much appreciate :

Speakers

Moderators

OC members

Canadian Health *Infoway*

COACH, IHE-Canada, HIMSS and

Participants



CONTACT INFORMATION

For additional information or to become involved in any of the standards activities, contact:

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