

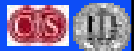
The Gap: What (Standards) We Need for Tailored Decision Support

Robert A. Jenders, MD,MS

Associate Professor, Department of Medicine
Cedars-Sinai Medical Center

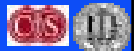
University of California, Los Angeles USA
Co-Chair, Clinical Decision Support Technical Committee, HL7

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What We Have: Standards for Data

- Messages: HL7 (or EDIFACT, etc)
- Vocabulary: SNOMED-CT, ICD9, CPT-4, LOINC, NANDA, etc
- Data Model: RIM, etc
 - Work in progress: vMR
- Documents/Reports: CDA



What We Have: Standards for Knowledge Representation

- “Simple” guidelines: Arden Syntax
 - Gap: Lacks high-level guideline model
 - Gap: Executable data references not fully shareable
- Guidelines: Many models, little agreement
 - Document/structural models (but not executable): GEM (already an ASTM standard), CPGA (not finished or used), etc
 - Executable: *Prforma*, etc
 - High-level and executable, but not used: GLIF, etc



What We Have: A Process

- HL7 Efforts
 - Standard data model
 - Work on standards for related issues (Infobutton, etc)
- HL7 Process: HDF
 - Other SDOs: ASTM, CEN, etc



What (I Think) We Need

- Clinical guideline formalism
 - “High-level” document/flowchart model
 - “Low-level” execution model
- Standardization of data references (“curly braces” problem)
 - Query language, vocabulary, data model (further development of RIM/vMR, etc)



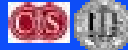
What (I Think) We Need (continued)

- Order sets
- Infobutton
- EHR (context for supplying decision support)
- Guideline for guidelines
- (KB) certification



How to Get from Here to There

- HL7 Process: HDF
 - Generating requirements: (Real-world) Use cases, story boards, etc
- Incorporating user demand
 - Guideline producers (professional organizations, government, local institutions)
 - Guideline consumers (practitioners, regulatory bodies, patients)
- Avoid reinvention of the wheel: International cross-fertilization (CEN, GIN [AHRQ, NICS, NZGG, etc])



Getting There From Here (Australian Style)

- Participate in SDOs
 - HL7, GIN, etc
 - Challenges: Geography, money
- Contribute (real-world) examples
 - Functioning guideline[s] (systems)
 - Use cases

