

## Yesterday

All my troubles seemed so far  
away

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  - 4 Complex knowledge management and inference models. Self-learning capabilities, fuzzy set formalism, similarity measures, confidence level computation.
- 1/2 DSS are data/information driven 3/4 are knowledge driven.

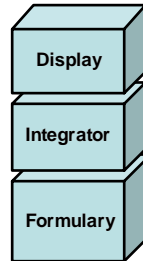
## Yesterday

- Improved Clinical Outcomes !
- Open standards for what parts
- 6 Repository Products Demonstrated with major overlap
- High quality control
- Problematic Integration

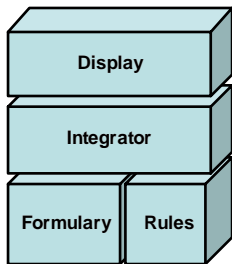
## Therapeutics

- Therapeutic Guidelines
- Australian Medicines Handbook
- AusDI
- Adverse Drug Reactions
- MIMS

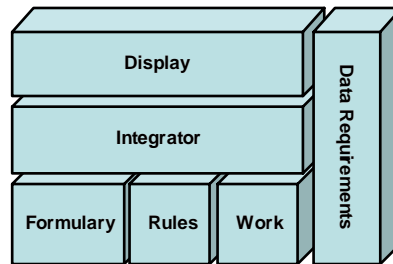
## Commonality (Type 1 DS)



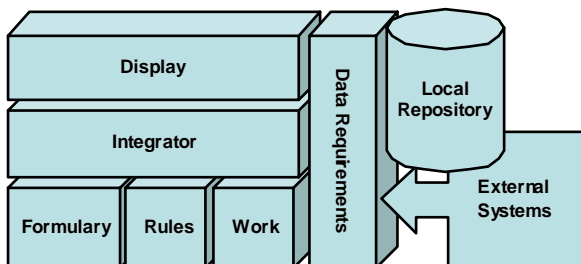
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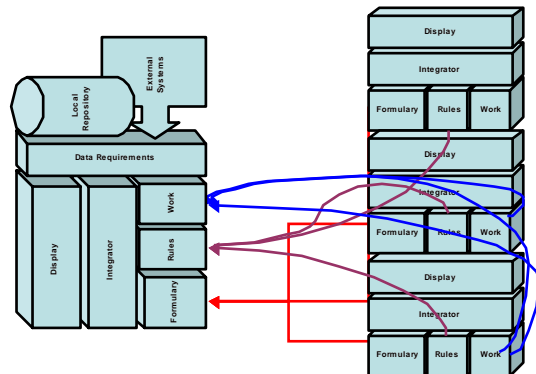
## Commonality (Type 2 DS)



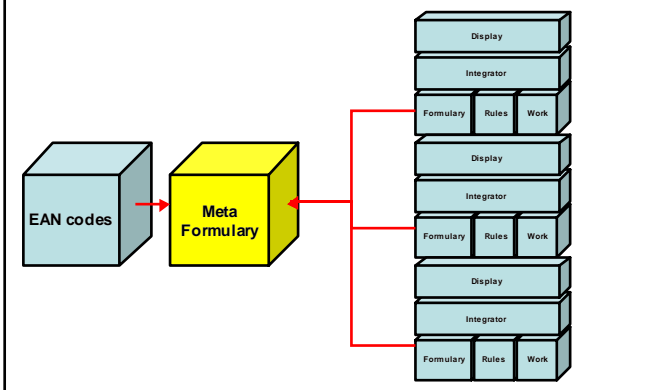
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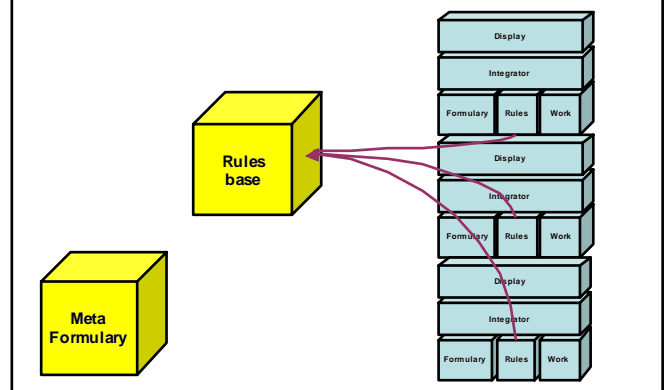
## Integrators



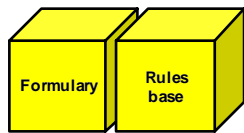
## The Formulary



## The Rules



## At least do this



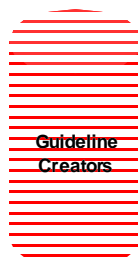
- Agreed Data Models (likely ER -> XML)
- Agreed Rules model, perhaps limited subset
- Drug – Disease remains local implementation

## NIKE philosophy

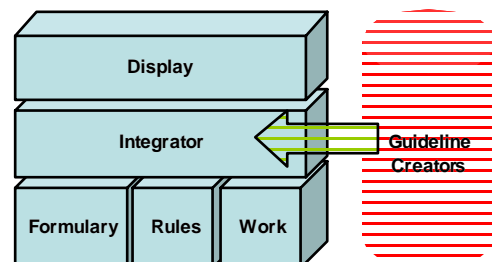
- Agreed formulary (mapped to EAN)
- Agreed set of Rules (Drug Drug)
- Issues
  - Maintenance
  - Validation
  - Ownership
  - Access
  - Who pays ?

## Clinical Guidelines (Type 3 DS)

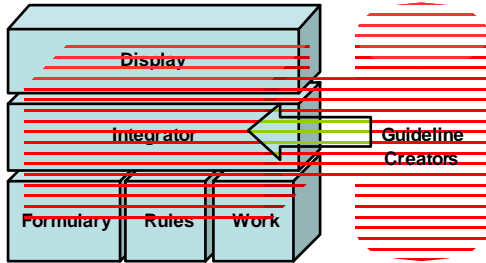
- Ongoing, different origins and purpose
- Mixed collection of Data, Information and Knowledge
- Includes sometimes 'fuzzy' algorithmic knowledge



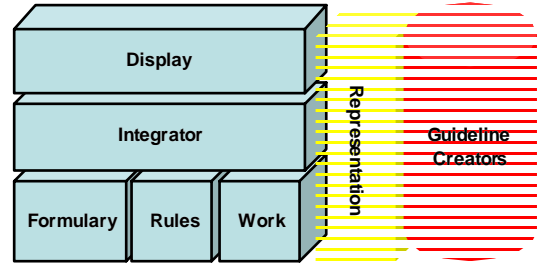
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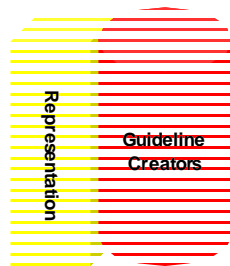


## Clinical Guidelines (Type 3 DS)



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- GEM, GLIF, DSML, ARDEN etc
- Knowledge domain is diverse
- Knowledge not yet defined
- Broader stakeholder audience



## Clinical Guidelines (Type 3 DS)

- GEM is the current contender (like it or not) but not exclusive
- Necessary work
  - Applicability
  - Culture change
  - Extension of model required
  - Understanding Rules modeling
  - Larger than Therapeutic scope

## Today

- Choose the do-able targets
- Clarify the debate
- Decide on achievable tasks
- Who does the work
- Who will let go of their own knowledge