Keeping the 'patient' at the centre in the age of interoperability

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Exciting times recently as we welcomed the release of the long-awaited National Healthcare Interoperability Plan from the Australian Digital Health Agency. What is the most exciting perhaps is that although it is focussed on technology and standards, the consumer of healthcare is very much at the heart of the priorities and actions that have been called out.

The statement that interoperability supports safe, secure, efficient and quality care by enabling a more connected digital health system and harnessing the power of health information to drive whole-of-person care, is powerful and ambitious. The detail of the plan is even more exciting for those who have been working to try to enable a connected health system for many years.

Building solid foundations
Healthcare often uses the word 'Interoperability' closely followed by the reference to 'Standards'. Given how many 'standards' there are that apply to health and care in Australia it is often incredibly confusing. People might become proficient with one type of standard and think it can solve all challenges but struggle to understand how the other standards fit into their work, projects, ICT infrastructure investment, workflows or elsewhere. Some of the priority areas from the new plan will help to build an understanding not only of the standards that should be used but also of how they knit together to create the interoperability we crave.

Bridging the digital and physical
When we start to chart the digital ecosystem surrounding the patient or consumer and the idea of interoperability, the focus has tended to be on data within systems and how it is shared once created. As previously sharing has largely been in the form of whole files (digital, digitised or paper) as we move to greater sharing of data the semantics become more important. So too, how data is captured during interactions with patients or by consumers themselves is now crucial. Layers of identity and terminology are critical to enabling data to be captured in a consistent way so that it can then be used in real-time where needed.

The semantic standards that are in focus for ensuring interoperability in Australian healthcare include SNOMED (Systemised Nomenclature of Medicine), LOINC (Logical Observation Identifiers and Codes), UNSPSC (United Nationals Standard Products and Services Code), ICCBBA (International Council for Commonality in Blood Banking Automation) and GS1.
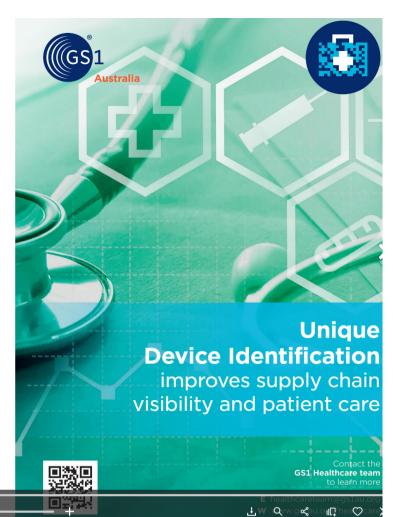
Amongst the defined set of data standards from GS1 are unambiguous identifiers and data capture standards. Though most commonly used in the supply chain to identify products, shipments, supply locations and trading partners, additional sets of identifiers support the capturing of interactions with patients by identifying people, relationships, medical equipment, locations of care and products at point of care. The embedding of these identity standards helps to bridge the gaps between digital identity or terminological concepts and physical interactions or actions.

Clinically Integrated Supply Chain
Whilst typically the supply chain in health organisations has been seen as a back-room function, the ability to provide care relies upon an efficiently run value chain. Ensuring that the two are effectively linked at the relevant points in the care process is critical. This again is where standards play a central role, in ensuring that people have access to care when it is needed.

Viewing the clinical needs of the patient or consumer and the value chain as interdependent streams of activity or as concentric circles surrounding the patient with multiple linkages helps focus organisations and the wider health system on delivering the best experience for the patient. It also helps ensure that clinicians have what they need when they need it. Data standards and interoperability of data help build effective linkages and help the system work most effectively.

Staying focused on the patient
As we finally move beyond the questions of 'What is 'interoperability'' and debate around 'Why it is important' it is great to see the future of health and care focussing firmly on the patient and consumer. We have acknowledged that we need data to help ensure the best patient outcomes. We know that data is needed in order to measure the value of treatment, support analytics and underpin future technologies that will help manage increasingly complex requirements in a health system under pressure. We know we must have a system where the data must be accessible so it can be used throughout the care of a person not just at one point in time. All this means that data and information must be interoperable.

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