



2014 ROADMAP  
MEETING – OPENING  
REMARKS

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# Who are we?

- ▶ Vendor companies creating clinical IT solutions
- ▶ Academics, building and/or using openEHR as a basis for research in health informatics
- ▶ Clinical professionals and health informaticians contributing to openEHR to support better healthcare delivery
- ▶ Government / public bodies wanting 'standards' that are investible in e-health

# What is 'openEHR' today?

- ▶ A basis for a health computing platform
  - Information model(s)
  - Content models
  - Process definitions
  - Query language
  - Service interfaces / APIs
- ▶ Usable stuff
  - Archetypes
  - Open source software
  - ...

# What do we care about?

- ▶ Vendors:
  - business, innovation, reliability, scalability
- ▶ Clinical professionals:
  - Quality data, sharing, inferencing, automation
- ▶ Industry & public health:
  - Big data
- ▶ Academia:
  - Reliable foundations for next innovations
- ▶ Government:
  - Usable standards that guide industry

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# Why are we here?

- ▶ Build a roadmap to make openEHR the kind of platform we want
- ▶ Criteria:
  - Platform–friendly
  - Semantically sustainable and scalable
  - Developer–friendly
  - Implementable
  - Governance
    - Open
    - Stable specifications – release management etc
  - Commercially acceptable
  - In use

# Could we achieve it differently?

- ▶ Go it alone commercially?
- ▶ Spend a lot of time in standards meetings?
- ▶ DIY inside government?
- ▶ Join an open source project?
- ▶ Forget everything and just do HL7 FHIR?
- ▶ Forget everything and take up sailing?
  
- ▶ openEHR needs to be a better option than these (except sailing)

# Making openEHR work

- ▶ What the community effort required?
- ▶ How to organise ourselves?
- ▶ Vendors: how to balance competition with collaboration
- ▶ How to be efficient?
- ▶ What resources?