

V-Tim

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How to apply the business model in the IT-systems?

Different types of models at the reference level:

- models like EN13606, openEHR RM and HL7 v3 RIM
- we can “put” almost any information within these reference models
- ... and get different messages/archetypes for the same domain using the same standard
- ... not based on the business model

The standards are not enough

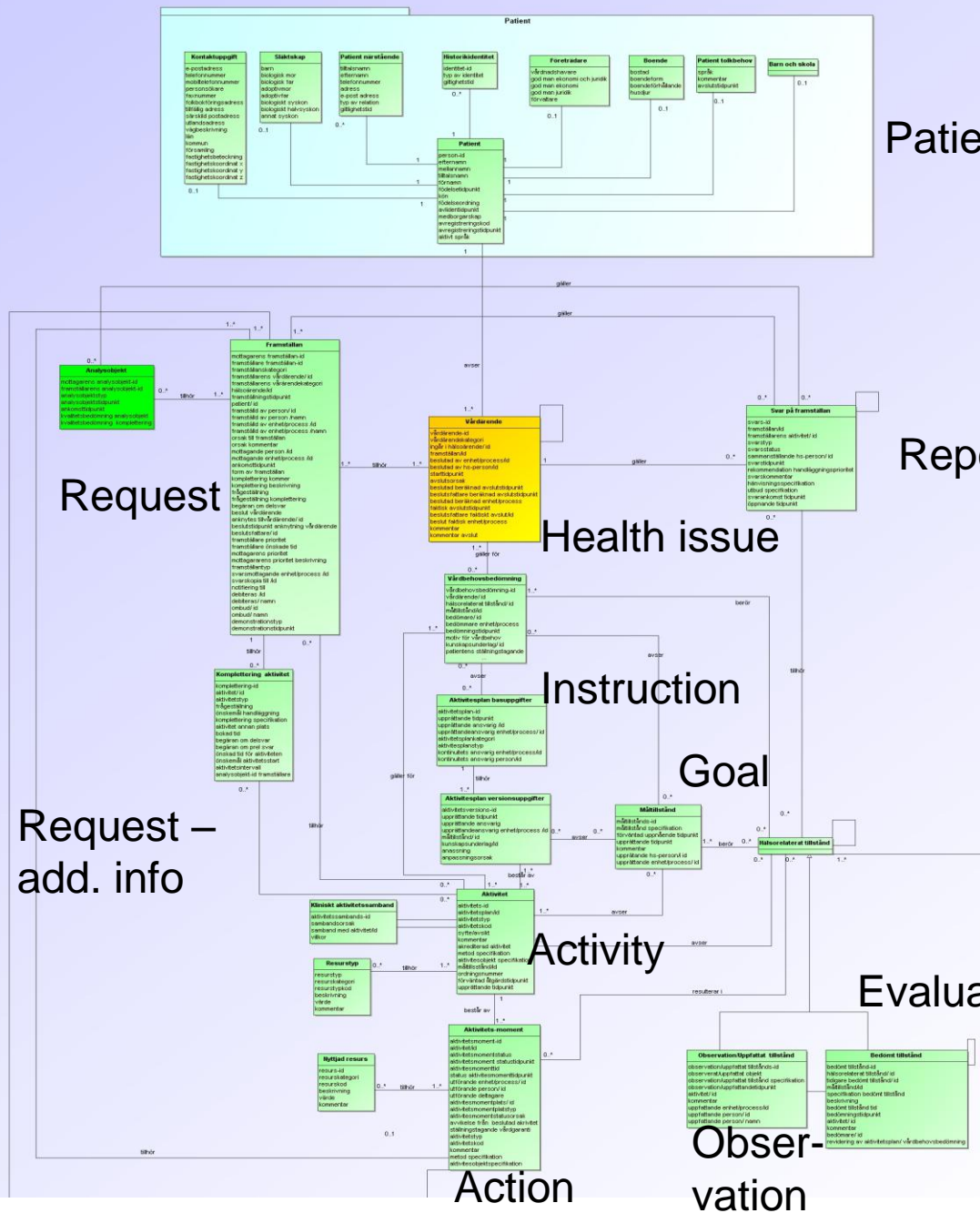
- ...we need a reference model for the information itself - a framework for the “content and context” specified according to our business model
- ... a framework/”maximum data set” for creating subsets from (messages/archetypes) to achieve “clinical interoperability” according to the clinical process – not only semantic interoperability

V-TIM – the applied information model – is a framework for the “content and context” described for a clinical perspective; is the result of national and regional projects

In 2007 the Swedish county council directors decided that the V-TIM is the framework for national projects

V-TIM 2.0 is now based on results from the NI-project (the business model) - a specified and applied model





Patient

Report

Request

Health issue

Instruction

Goal

Request - add. info

Activity

Evaluation

Action

Observation

Description of V-TIM

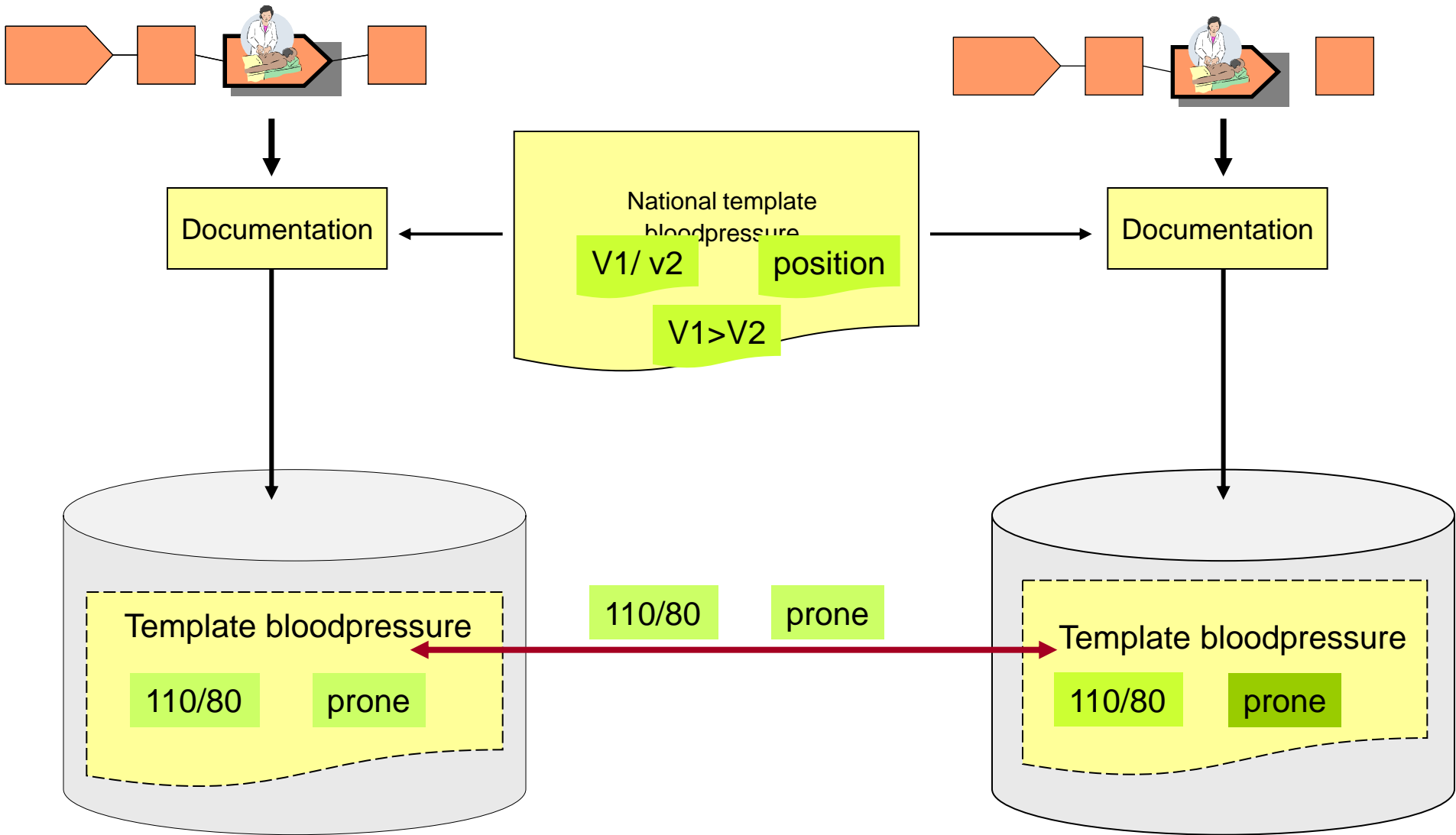
Attribut	Description	Format	Mult	Termonology	Rules, comments
<i>ATC-kod</i>	ATC-code and description for the drug that is causing the alert	KTOV	0..1	ATC	At least the 3 first numbers in the ATC-code must be given
<i>activ substans</i> <i>ATC</i>	Description of the activ substans in the drug	TXT	0..1	ATC	

V-TIM is used for harmonization of national projects in order to achieve clinical interoperability

But ...how to make sure that the content and context **realy** will be applied within the IT-systems?

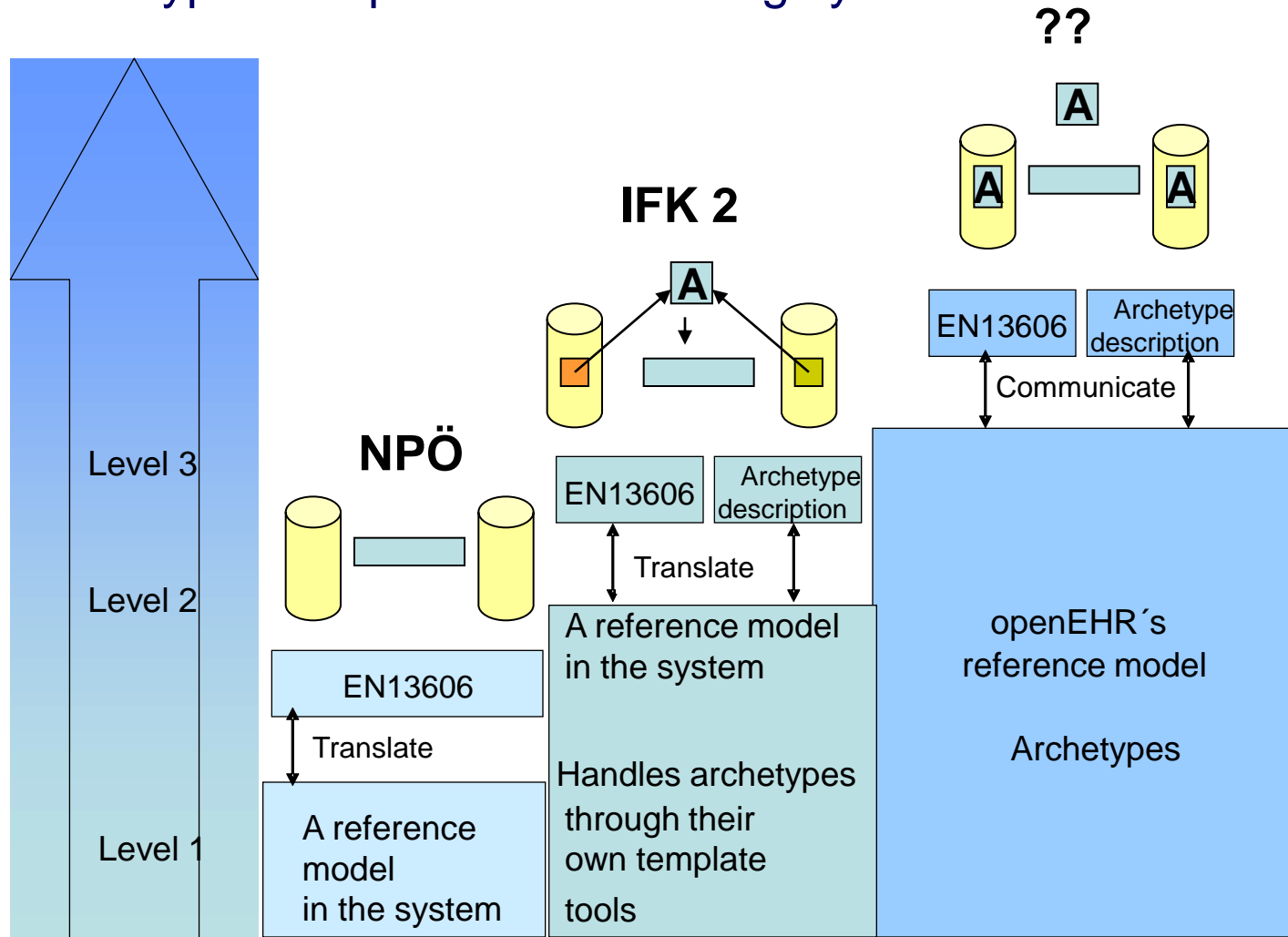


Today - the Swedish systems are using templates....



Swedish national decision – standards with focus on the information and not the communication only

Archetypes/templates and existing systems



Using V-TIM and archetypes/templates

Level 1 NPÖ – National patient summary

- the information in our different county councils are very different, and there is to a large extent no common structures or concepts - information created “pre-VTIM time”
- structure according to V-TIM – but most of the datatypes are text - very few codes
- each of these information structures are put in the EN13606-1-structure for communication

Level 2 IFK 2 – Information structure for quality register

- pilot with two healthcare organisations and one quality register
- using existing systems
 - capturing information in 2 EHR-systems using archetypes/templates
 - sending information as templates to the Quality register
 - validating the information in the Quality register according to the archetypes/templates
- international archetypes/templates from openEHR and some special developed archetypes/templates
- Snomed CT

But the existing archetypes are not build for V-TIM, the NI-process and SNOMED CT?



Archetypes for clinical interoperability

We need

- archetypes according to NI-process and V-TIM
- terminology binding with SNOMED CT and handling legacy terminology

We have

- For the "demographic part" of V-TIM
 - archetypes which specialize different classes in the openEHR's demographic reference model
- For the "clinical part" of V-TIM
 - archetypes according to openEHR's RM but with "empty spots" for clinical specifications
 - a first proposal for some clinical specifications

More about this tomorrow.....

