

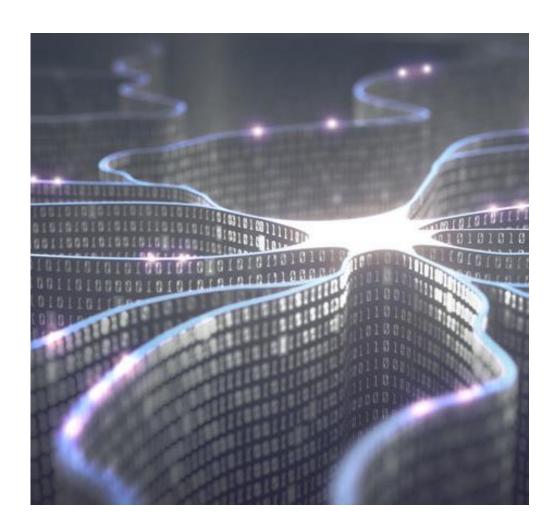
The unseen bomb

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We map to get a common format

- The Data Supply Chain
 - Clinical use
 - Share for clinical use
 - Collect for knowledge acquisition and feedback clinical decision support
 - Research from existing data
 - Other uses
 - Aggregation when you don't need the detail
 - Reporting
 - Billing
 - Trend analysis





Mapping ...

- Can change the meaning of the data
- Is expensive
- Requires maintenance
- Requires special skills
- Is increasing.....
- Is a mechanism to support vendor dependence
- Can be safety issue in clinical care

ISO 21564 Terminology Resource Map Quality Measures (MapQual)



PROCESS

- Country experts present problems,
 - What works and what doesn't
 - Often reflects experiences that have not been published
- Gather expert evidence
- Identify what is needed
- Develop the standard
- Nations contribute and vote
 - Update and publish
- Tested and used for 4 years
 - being tightened for clinical use cases

Determinants of map quality

Terminology resource capacity – impacts ability to produce a map

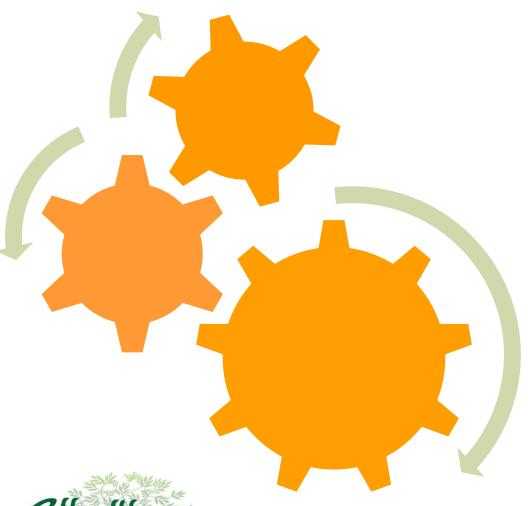
code system scope

Equivalence of the individual map - impacts safety of use and quality

- Equivalence of individual items as well as the map as a whole
- Identify the level of equivalence for each individual code map
- Understand outliers and how you manage them
- Published with the map



Determinants... 3: Building a map set



Single purposeSingle use (unless 100% equivalence)

Currency

• Each time the code system changes – so does the map

Business Arrangements

• Third parties – quality assurance required

Methodology documentation

- For repeatability
- For quality assurance
- For validation

Workforce

- Skills in mapping
- Skills in each code system

Determinant 4 Maintenance and Governance



- Establish minimum requirements for the use case
 - Which are the essential determinants to be met
- Regular quality assurance independent
- Maintenance of process
- Retention of skills
- Consider contractual requirements

Issues.... What are the costs and safety issues

- Do you know who created the maps you use?
- Have the maps been quality assessed?
- Do they have a maintenance schedule when are they updated?
- Where the maps built for your purpose?
- Is the map build repeatable can you update it efficiently and effectively





Is mapping the best option?

- Benefits old systems (don't need to change them)
- Benefits software vendors (keeps us using their non-standard systems)
- Logical for data aggregation but....

If the source data were more standardised, we could automate more aggregation by using maps to reduce costs and improve quality.











Semantic Interoperability Impact

- Instead of getting your data ready when you in the middle of the healthcare race
- Get consistent from the start and reduce maps
- Get your shoes on before you start the race......

Move to federated health data and systems....

Accounting systems all use this approach – the chart of accounts!



The changing world of EMR

1st Generation - best of breed Cheapest solution, tactical, limited interoperability

2nd generation – monolithic Centralized – one large acute EMR attempting to do everything for everyone with a bespoke data model

3rd generation – federated Data focused, engineered for all care settings, longevity of standardized data, supports value-based care, citizen focused, modular, adaptive and additive, AI ready, communication ready

To avoid the bomb

- Assess your risk and costs
- Quality assurance for your purpose
 - Checked by a person with the skills (know the skills)
 - Build skills inhouse
 - Establish quality check points and contractual agreements
- Reduce map use over time, standardise early
- Understand how data is changing the supply chain impact.





Actions – what next....

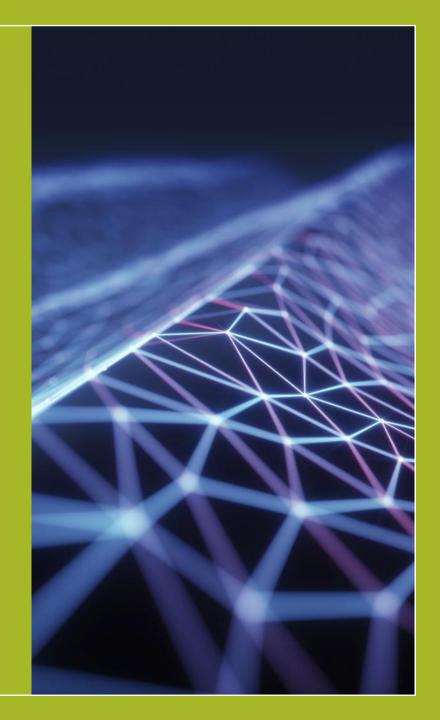
ISO TC249 is updating and extending the conformance requirements

Make sure you know what is needed

Contribute

Learn (see ehe.edu.au for information on courses to build mapping skills)

Have a plan....



More info...

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