

# IHE<sup>®</sup> | EXPERIENCE EUROPE | DAY | 13 SEPTEMBER 2022

## Methodology for defining and specifying an e-health interoperability framework based on a “big picture”

Charles PARISOT / Alain RIBAUT



To understand IHE process to define and maintain IHE integration profiles

To understand the process to define and maintain a NeHIF

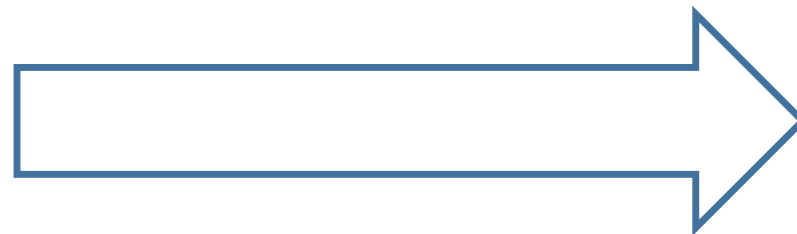
To understand why it is important to have a “big picture”

- IHE Methodology to design and maintain its technical frameworks
- Methodology and best practices to design and maintain a NeHIF at project level

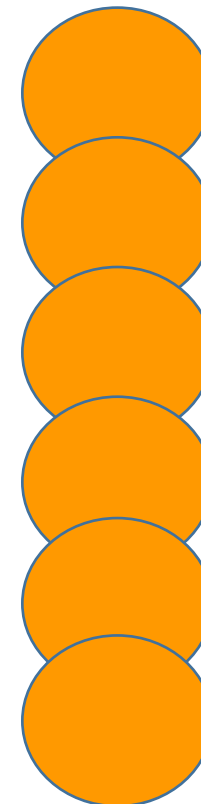
# Introduction



## Base standards



## E-Health projects



**Health Interoperability Standards: Ignore & Face Consequences**

**Lack of interop. !!!**

## Base standards

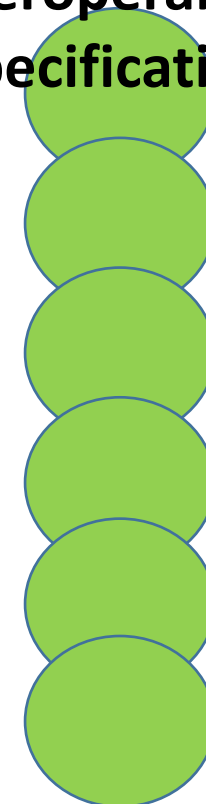


## Profiles Development Bodies



## Project specific extensions

## E-Health projects Interoperability Specifications



Profiling Organizations have emerged

## Other issues during the definition, maintenance and evolution of a National e-Health Interoperability Framework

- Lack of global national e-Health strategy
- Lack of global national e-Health roadmap
- How to handle legacy hand-processes with the objective to digitalize them including interoperability?
- How to handle “properly\*” national specific interoperability needs?

\* Be careful not to include interoperability issues

# IHE at a glance

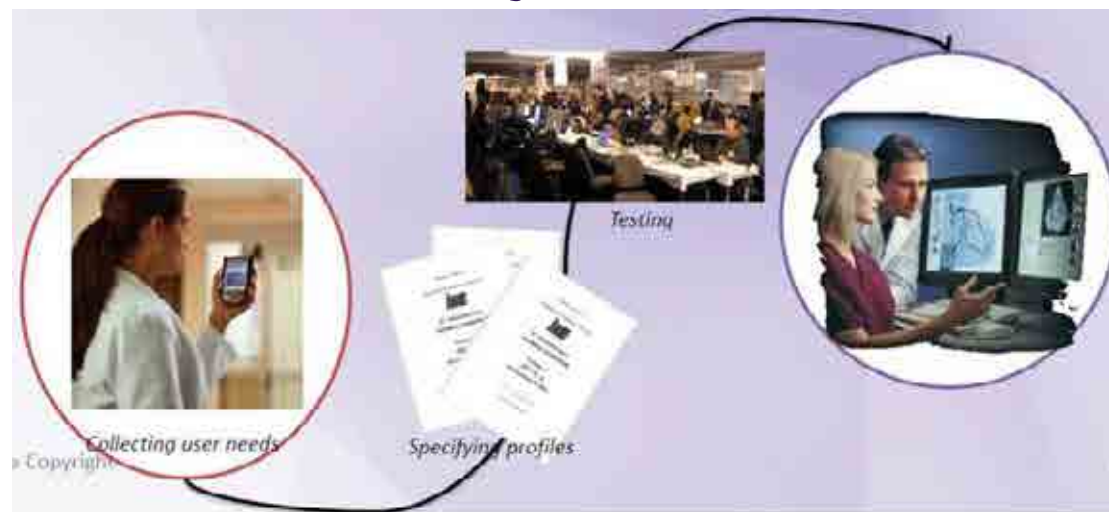
## IHE methodology



## What is IHE ?

*International, Regional and National profiling bodies involving  
End Users and Vendors*

*Promoting e-Health interoperability by deploying profiles in  
Projects*





*IHE defined a methodology for the development, the validation and the deployment of profiles (ISO TR 28380 – 1/2/3)*

*Methodology: development of profiles based on interoperability use cases (requirements driven)*

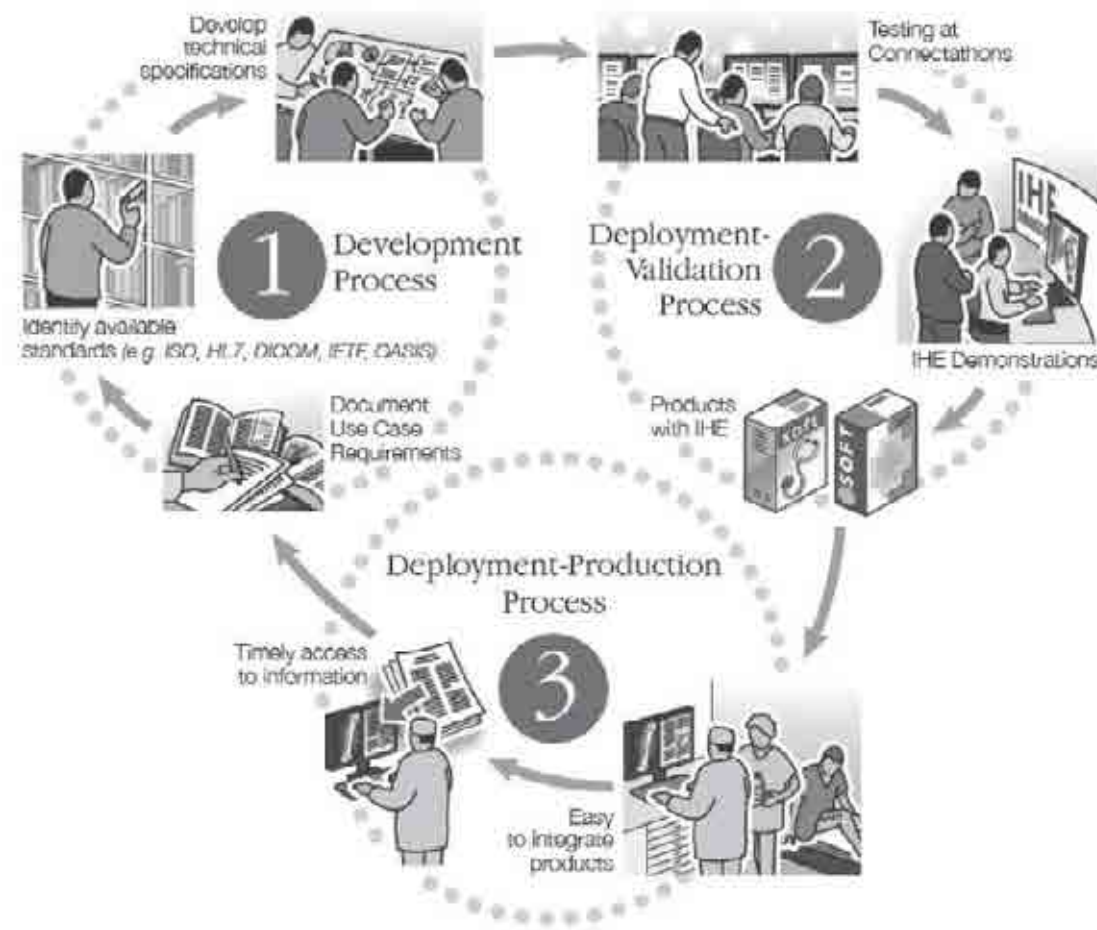


Figure 1 — IHE development and deployment process

Source: ISO/TR 28380-1:2014(E)



## Interoperability use case

***“Textual and graphical depiction of the actors and operations that address information exchange in the context of a set of specific tasks for a workflow performed by different systems or devices”** (definition from ISO TR 28380 glossary)*

***“A depiction of the actors and services that address information exchange in the context of a set of specific tasks performed by different systems or devices in support of its users”** (5.1 Concept of an interoperability Use Case ISO TR 28380-3)*



## Profile or Integration Profile

*“IHE Integration Profile specifies the information exchanges to support a specific business process”* (definition from ISO TR 28380 glossary)

*A specific business process is divided in different use cases.*

A profile is based on underlying norms and standards (HL7, DICOM, IETF, etc.).

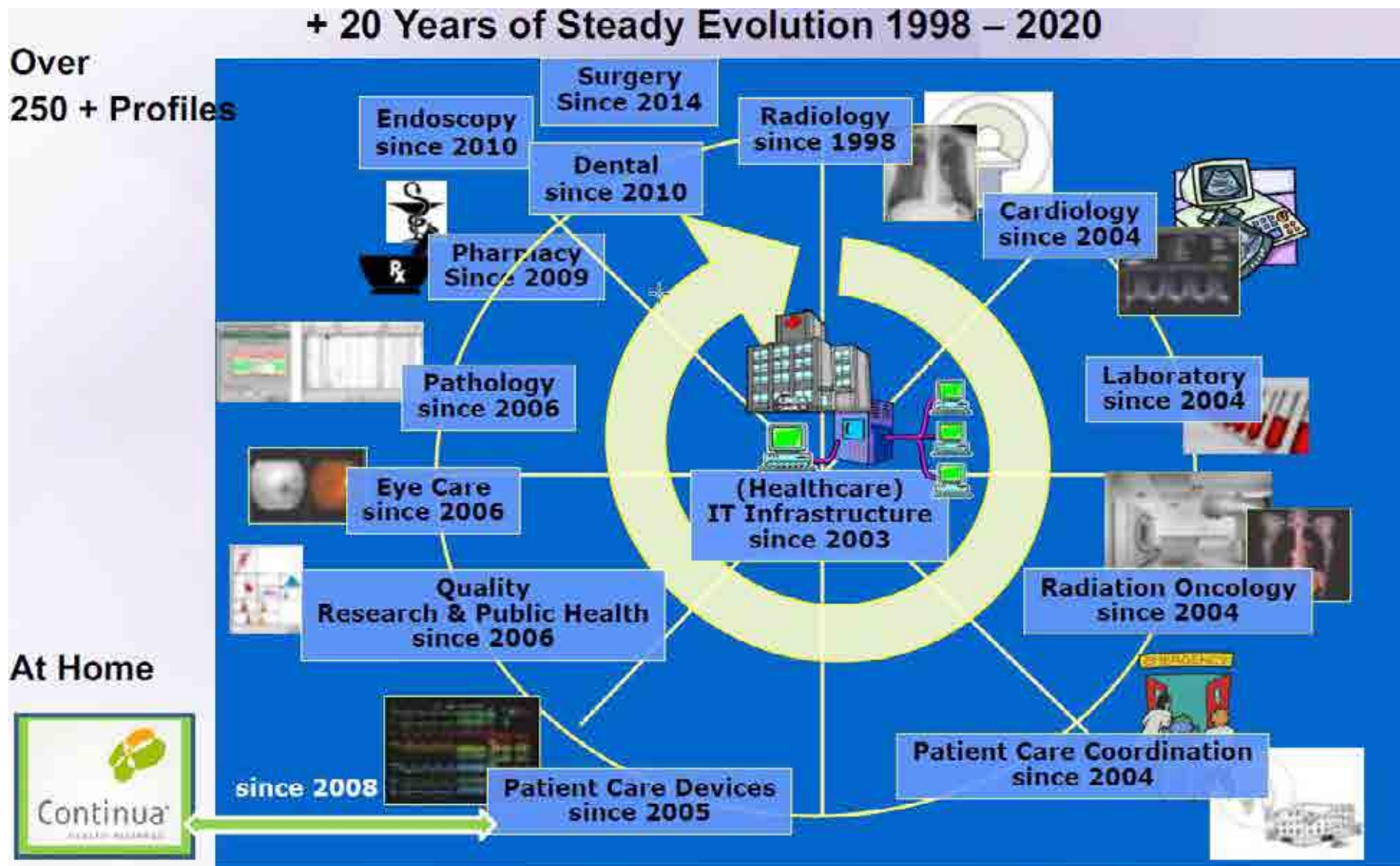


## PDQm Profile (*business needs*)

“The following list provides a few examples of how PDQm might be leveraged by implementers:

- A health portal securely exposing demographics data to browser-based plugins
- Medical devices which need to access patient demographic information
- Mobile devices used by physicians (example bedside eCharts) which need to establish patient context by scanning a bracelet
- Web based EHR/EMR applications which wish to provide dynamic updates of patient demographic information such as a non-postback search, additional demographic detail, etc.
- Any low resource application which exposes patient demographic search functionality
- Any application using the MHD Profile to access documents may use PDQm to find an appropriate patient identifier”







## Pharmacy

### Domain

Comments and implementer feedback on all documents can be submitted at [Pharmacy Public Comments](#).

## Current Technical Framework – To Be Developed

### Technical Framework

### Supplements for Trial Implementation

The IHE Pharmacy Technical Committee invites organizations to begin development work based on the following supplements to the forthcoming Pharmacy Technical Framework. These trial implementation profiles will be available for testing at subsequent IHE Connectathons.

- Common Parts Document – Revised 2014-09-29
- Community Dispense (DIS) – Revised 2022-02-17
- Community Medication Administration (CMA) – Revised 2022-02-17
- Community Medication List (PMI) – Revised 2022-02-17
- Community Medication Prescription and Dispense (CMPD) – Revised 2022-02-17
- Community Medication Treatment Plan (MTP) – Revised 2022-02-17
- Community Pharmaceutical Advice (PADV) – Revised 2022-02-17
- Community Prescription (PRE) – Revised 2022-02-17
- Hospital Medication Workflow (HMW) – Revised 2013-10-11
- Mobile Medication Administration (MMA) – Published 2017-12-04
- Uniform Barcode Processing (UBP) – Published 2017-12-04

### Profiles

## Pharmacy White Papers

The IHE Pharmacy Technical Committee has published the following white papers.

- Supply of Products for Healthcare – Published 2020-03-11



## Each domain contains its own technical framework

### Technical Frameworks

- IHE Technical Frameworks General Introduction and Shared Appendices
- Anatomic Pathology
- Cardiology
- Dental
- Devices
- Endoscopy
- Eye Care
- IT Infrastructure
- Laboratory
- Pathology and Laboratory Medicine
- Patient Care Coordination
- Pharmacy
- Quality, Research and Public Health
- Radiation Oncology
- Radiology

The IHE Technical Frameworks, available for download below, are a resource for users, developers and implementers of healthcare imaging and information systems. They define specific implementations of established standards to achieve effective systems integration, facilitate appropriate sharing of medical information and support optimal patient care. Technical Framework documents are maintained regularly by the IHE Technical Committees through the identification and correction of errata.

### Patient Care Coordination Technical Framework

Comments and implementer feedback on all documents can be submitted ([PCC Public Comments](#))

#### Current Technical Framework – Revision 11.0

November 11, 2016

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- Volume 1 (PCC-TF-1) Integration Profiles
- Volume 2 (PCC-TF-2) Transactions and Content Models

These Technical Framework Volumes provide specification of the following profiles:

- Cross Enterprise Sharing of Medical Summaries Integration Profile (XDS-MS), including Medical Summary Document Content (MS) specification
- Emergency Department Referral (EDR)
- Exchange of Personal Health Record Content (XPHR)
- Immunization Content (IC) – Incorporated into the TF 2013-10-04

Brief descriptions of these profiles are available [here](#).

#### Supplements for Trial Implementation

The IHE Patient Care Coordination Technical Committee invites organizations to begin development work based on the following supplements to the PCC Technical Framework. These trial implementation profiles are eligible for testing at subsequent IHE Conferences.

- [IHE Exchange Closed Loop Referral \(XCLR\) – Revised 2021-04-14](#)
- [Antepartum Profiles \(includes the following profiles\) – Revised 2011-05-09](#)
  - Antepartum Education (APE)
  - Antepartum Laboratory (APL)
  - Antepartum History and Physical (APHIP)
  - Antepartum Summary (APS)
- [Appointment Curation and Data Collection \(ACDC\) – Revised 2020-03-24](#)



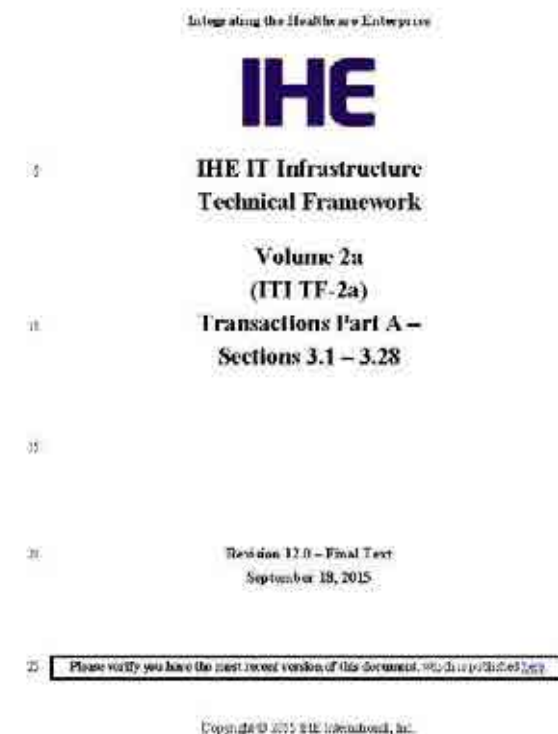


## Technical Framework

- Volume 1: **Integration Profiles**
  - Use case, Actors/Transaction and Process Flow descriptions
- Volume 2: Transactions
  - Detailed description of the transactions
- Volume 3: Cross-Transaction and Content-Specifications
- Volume 4: National Extensions

## Integration Profiles

- Cover a specific use-case
- Divides the use-case into ...
  - **Actors**, later implemented as software modules, and
  - **Transactions** between them
- Cover the 80% which are common
- Stages of maturity
  - Trial Implementation
  - Final text

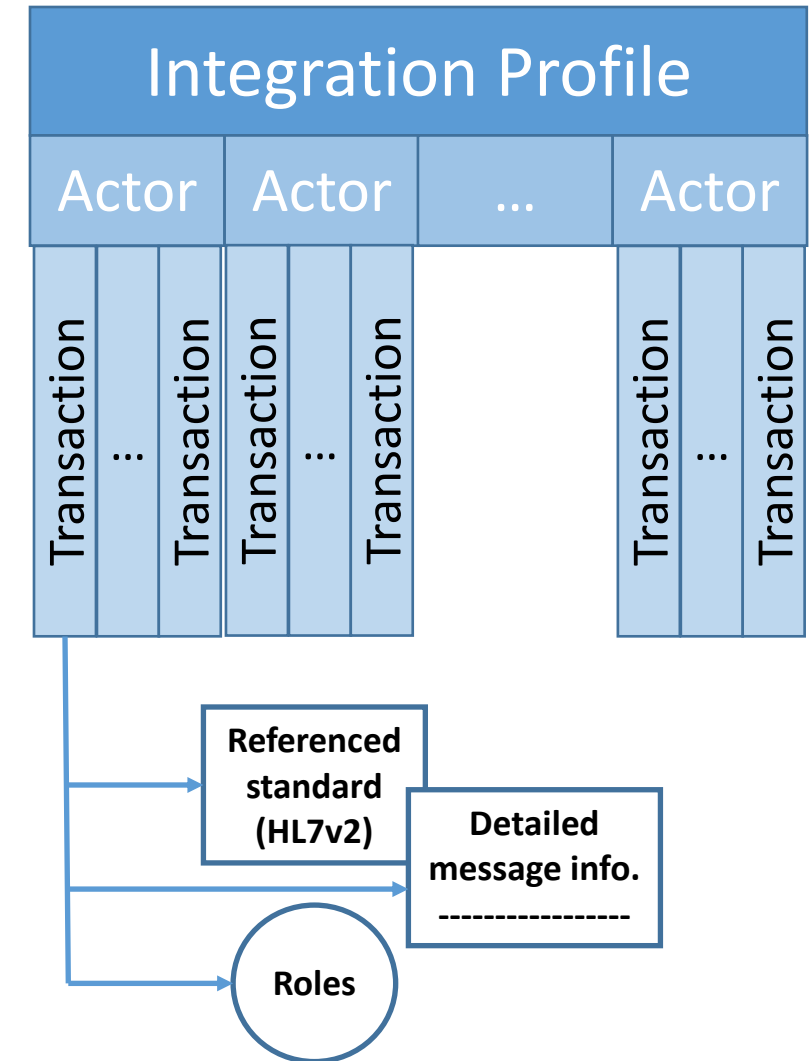




## What is an integration profile?

An **integration profile** describes workflow that support a given health process:

- **Actors**: “functional component of a system that exchanges transactions with other actors as defined in an IHE integration profile”
- **Transactions**: “specification for a set of messages exchanged between pairs of actors in support of an integration profile”
- **Message**: standard based specifications





## An “integration profile” is the fundamental concept in IHE

- ... it **resolves** a very particular **interoperability use-case** of the user
- ... it uses a mechanism to resolve the problem
  - **IHE methodology**
- ... but is yet flexible and **allows project-specific specialties**
- ... it may have dependencies or may be grouped to other profiles
- ... shall be seen as “sellable unit”
  - *“if software is installed on different systems based on the same IHE profile, there should be some basic interoperability”*



## IHE offers a broad range of integration profiles

Technical/syntactical  
/semantical aspects  
are addressed by a  
profile

Profiles are specified  
based on robust,  
accepted and  
evolutionary  
standards in series of  
technical frameworks

Different classes of profiles:

- **Transport / integration**  
(how to move the data)
- **Content** (what the data  
conveys) and  
terminologies / value sets
- **Security / Privacy**
- **Workflow**

Complete list on: [https://www.ihe.net/resources/technical\\_frameworks](https://www.ihe.net/resources/technical_frameworks)



## Transport / integration profile

- Cross-Enterprise Document Media interchange (XDM)
- Mobile access to Health Document (MHD)

## Content profile

- Sharing Laboratory Reports (XD-LAB)
- International Patient Summary (IPS)

## Security profile

- Internet User Authorization (IUA)
- Audit Trail and Node Authentication (ATNA)

## Workflow profile

- Cross Enterprise Document Workflow (XDW)
- Inter-Laboratory Workflow (ILW)

## IHE has set up a repository of reusable use cases with the links to the profiles

**Use Case Repository**

**Welcome !**

This use case repository provides an easy access to the use cases and their related scenarios that were defined in the **refined eHealth Interoperability Framework (eEIF)** developed in Antelope project ([www.antelope-project.eu](http://www.antelope-project.eu)) and its extension developed in eStandards project ([www.eStandards-project.eu](http://www.eStandards-project.eu)).

The framework describes an initial set of interoperability use cases that can be used as the basis for European/national/regional deployment. Whenever applicable and useful, several variants of these use cases are given, to support the different deployment scales. Also, concrete realisation scenarios, based on available profiles and standards, are specified for each of these use cases. The linking to standards and profiles in these realisation scenarios provides guidance upon which to build localisation and interoperable implementations.

The framework increases consistency where possible, across eHealth projects in Europe, reducing project risks, giving higher quality with reused best practice, and offering a broader choice of compatible solutions.

| Use Case Domain | Description                     | Scope  |
|-----------------|---------------------------------|--|
| Application     | E-Prescription and E-Dispensing | 1a) Cross-border<br>1b) National/Regional<br>1c) Intra-organisational<br>1d) Clinical workflow |

<https://usecase-repository.ihe-europe.net/>

### E-Prescription And E-Dispensing On A National/Regional Scale

**Purpose:** Nationwide access to the current medication of a patient.

**Relevance:** Healthcare professionals need an accurate and actual overview of the patient's medication.

**Domain:** Medication

**Scale(s):** National/Regional

**Content:**

Information about the current medication should be accessible by all participants that are involved in a healthcare setting. Besides a list of the medication the patient is currently using (or has used in the last period), extra information can be of interest regarding contraindications and relevant laboratory testing results. The list of current medication can consist of the following medication information:

- Pharmaceutical
- Dosage
- Administration

These lists can be shown separately, or in an integrated view.

**Information:** List of current medication

**Participants:** Healthcare professional (HCP)

Pharmacist  
Patient

**Functional process flow:** 1. Patient visits HCP

2. HCP requests the current medication list

3. HCP views the list of current medication from the IHE

**Related realisation scenario:** e-Prescription and e-Dispensing on a national/regional scale with a

**Source:** Antelope

### E-Prescription And E-Dispensing On A National/Regional Scale With A National Medication Register

**Related Use Case:** E-Prescription and E-Dispensing on a national/regional scale

**scenario context:** There is a central national/regional location where the current medication is maintained and updated.

**Actors:** HCP/HIS System (Healthcare Provider)

Medication Vendors

**Transactions:** (HCP login)

Lookup of patient

Request current medication list from another system

Obtain current medication list

**Technical process flow:** 1. Patient visits HCP

2. HIS/HIS system selects the patient

3. HIS/HIS System requests the current medication from the Medication Data Source, which is an external system

4. HIS/HIS System obtains the list of current medication from the HIS/HIS System

5. HIS/HIS System generates the current medication from the HIS/HIS System

**Associated profiles and standards:** ATNA - Audit Trail and Node Authentication

CHC - Community Healthcare Interoperability (CHI) Profiles

HLS - Healthcare Worker Directory

XCA - Cross-Community Access

XUA - Cross-Enterprise User Authentication

**Content profiles:** BPCC - Basic Patient Privacy Consent

DIS - Dispensation

PRE - Prescription

**Possible issues:**

- When medication information is stored centrally, where should the information about contraindications be stored?
- When medication is stored in distributed systems, identity or access management, a standardised definition of the data elements and their relationship of medication information is needed, as information from different systems have to be brought together.
- Often, the alerts (interactions, contraindications and allergies) information is not a part of the prescription system. In that case, the information will have to be distributed separately, or the software that creates the medication list will have to work with information from other systems (such as an EMR).

**Source:** Antelope

**IHE Profiles**

*From use case to profiles*



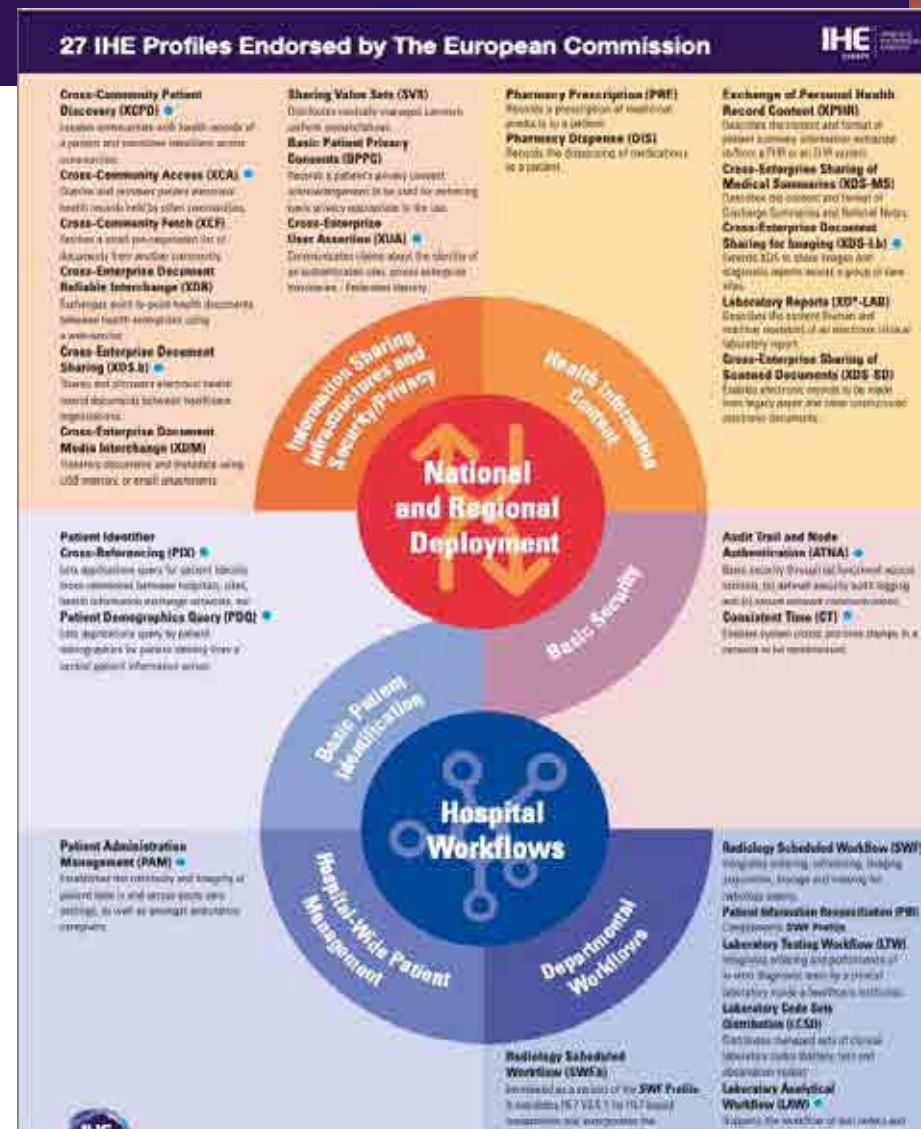
## Recognition

### ISO:

- ISO TC15: TR 28380 Global Interoperability Standards Adoption – IHE profiles
  - Part 1: Process
  - Part 2: Profiles
  - Part 3: Deployment

### EU commission:

- 27 IHE profiles identified for public procurement (July 2015)
- Recommendations for EHR exchange format (February 2019)



# National e-Health Interoperability Framework - NeHIF



## Now, we have all the basis to work on a National e-Health Interoperability Framework – NeHIF

- IHE methodology
- Set of reusable and integrable use cases
- Set of “reusable / sellable” IHE integration profiles
- Norms and Standards if needed
  - Specific needs not address by IHE integration profiles



## What is a NeHIF?

- National e-Health Interoperability Framework
- National Specific health interoperability needs / business cases
- Business case / Use case driven methodology (“Inspired IHE”)



## Why a NeHIF?

- Technical specifications to support digitalization of health use cases
  - Supported by e-Health National Initiatives / MOH
  - Defined in collaboration with end-users / vendors
  - Implemented by vendors
  - Tested / validated by independent entities (testing tools implemented regarding the NeHIF)
  - Implementations are deployed on the end-users side



## Point of attention:

- Interoperability use cases can share same concepts and/or overlap needs
  - Similar actors
  - Similar exchanged information

Be careful not to duplicate concepts (interoperability problems) but **reuse** them

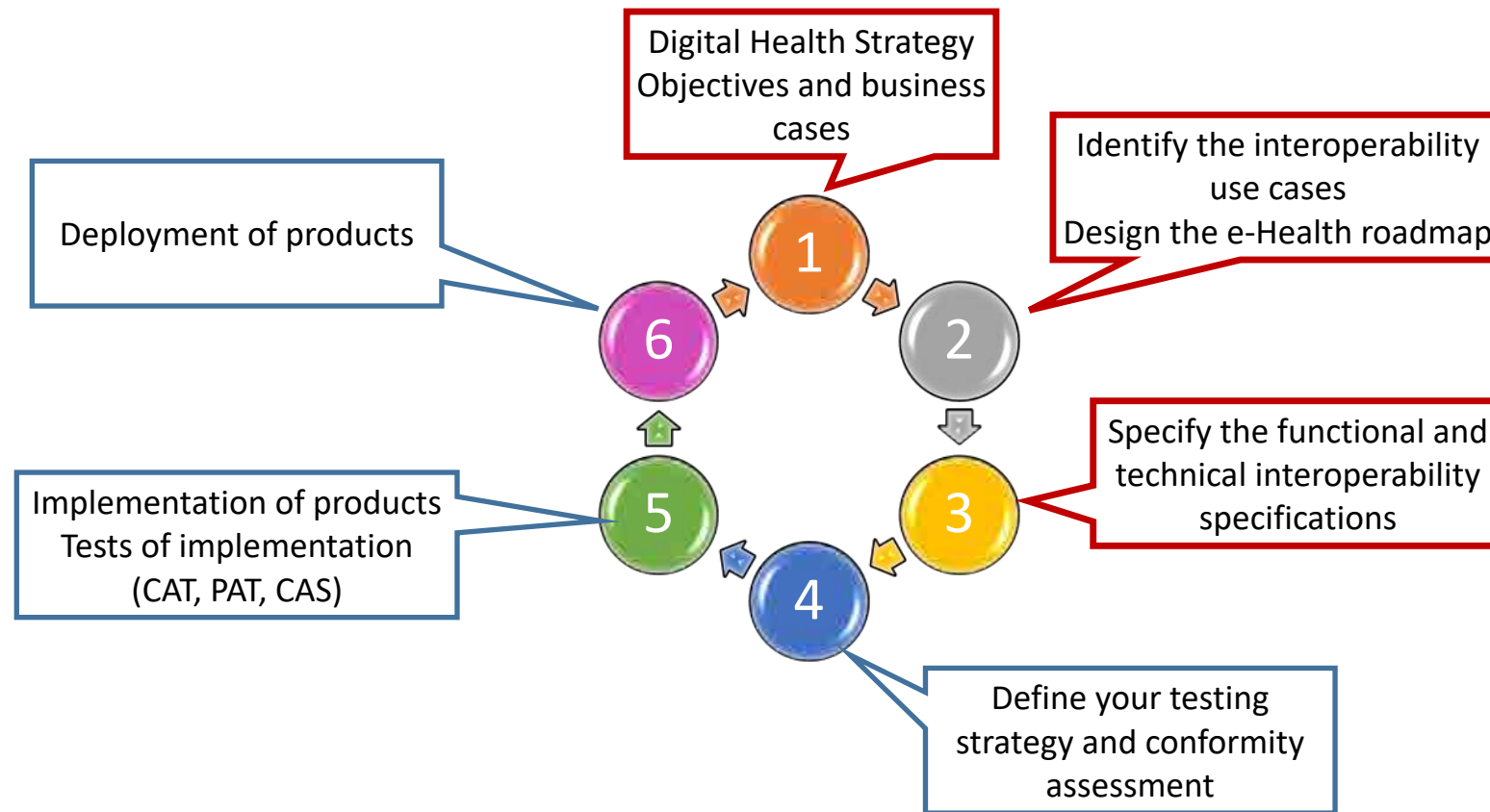
- Example: FHIR patient resource profiled within a national project, answering different business needs / use cases (different versions of the profiled resource)

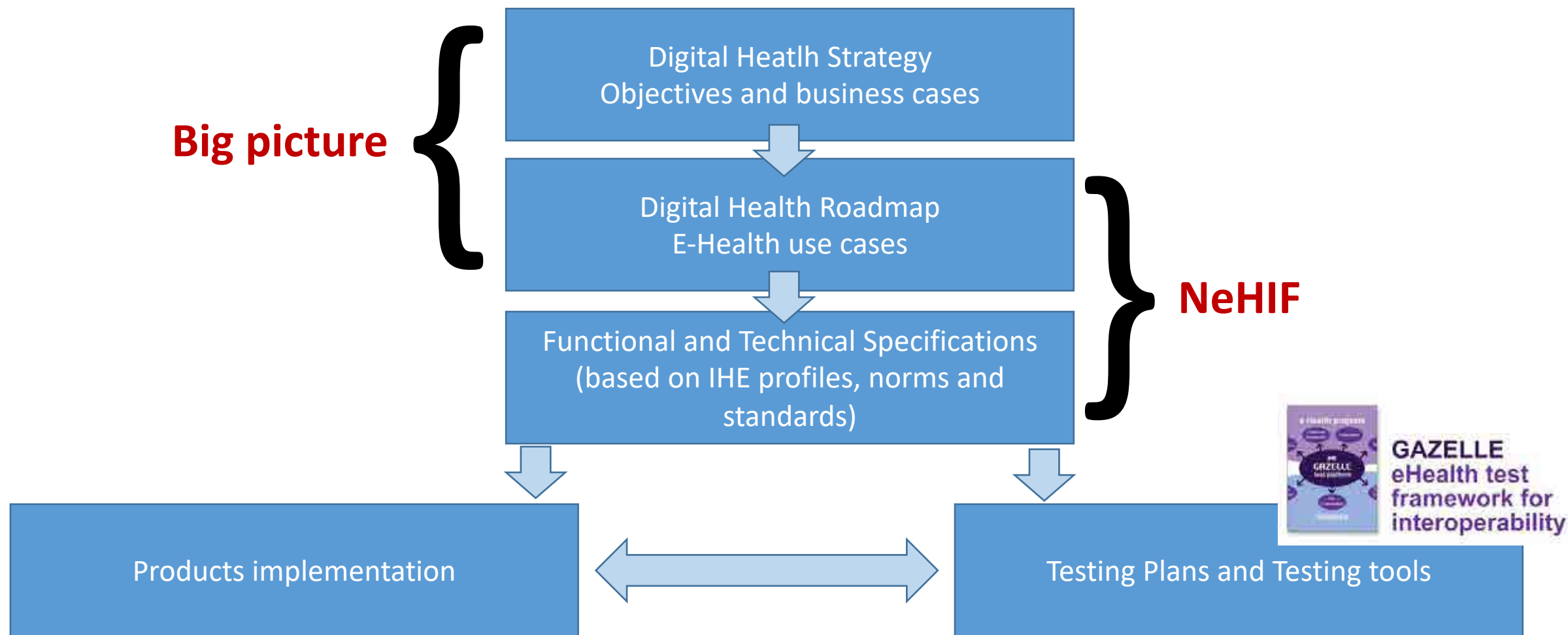


## Methodology: should follow IHE methodology

1. Define national e-Health strategy and business needs
2. Identify interoperability use cases and define e-Health roadmap
3. Functional and technical specification for use cases
  1. Identify IHE profiles to answer national interoperability use cases
    - Write national profiles if needed (profiling of IHE profiles based on existing extensions, e.g. PAM-FR, CH-PIXm)
  2. If not, identify norms and standards that could answer national use cases
    - Write national profiles based on identified norms and standards (profiling of norms and standards, e.g. FHIR resource FR-Patient)

## *Methodology proposed by IHE to produce a National e-Health Interoperability Framework*





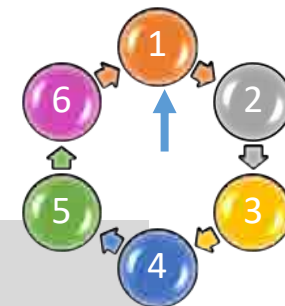


## National digital health strategy **Big picture**

- The national digital health strategy has the goal to improve the quality of health (quality of patient care). To reach this main goal, several objectives must be identified, and they are supported by concrete activities that can be implemented such as business cases.
- Business case: high level description of a domain that illustrates the business need for the use of health information technology (HIT) in an organisation including the cost-effectiveness analysis of health IT and interoperability solutions use.

### **Business cases:**

- Patient care pathways
- ePrescription (in hospitals, community, cross border, etc.)
- Home care
- Patient monitoring at home
- Patient summary for unplanned care
- Chronic diseases care: diabetes or heart failures
- Workflows in hospitals (radiology, laboratory, pharmacy, ...)
- Telemedicine







## Business cases

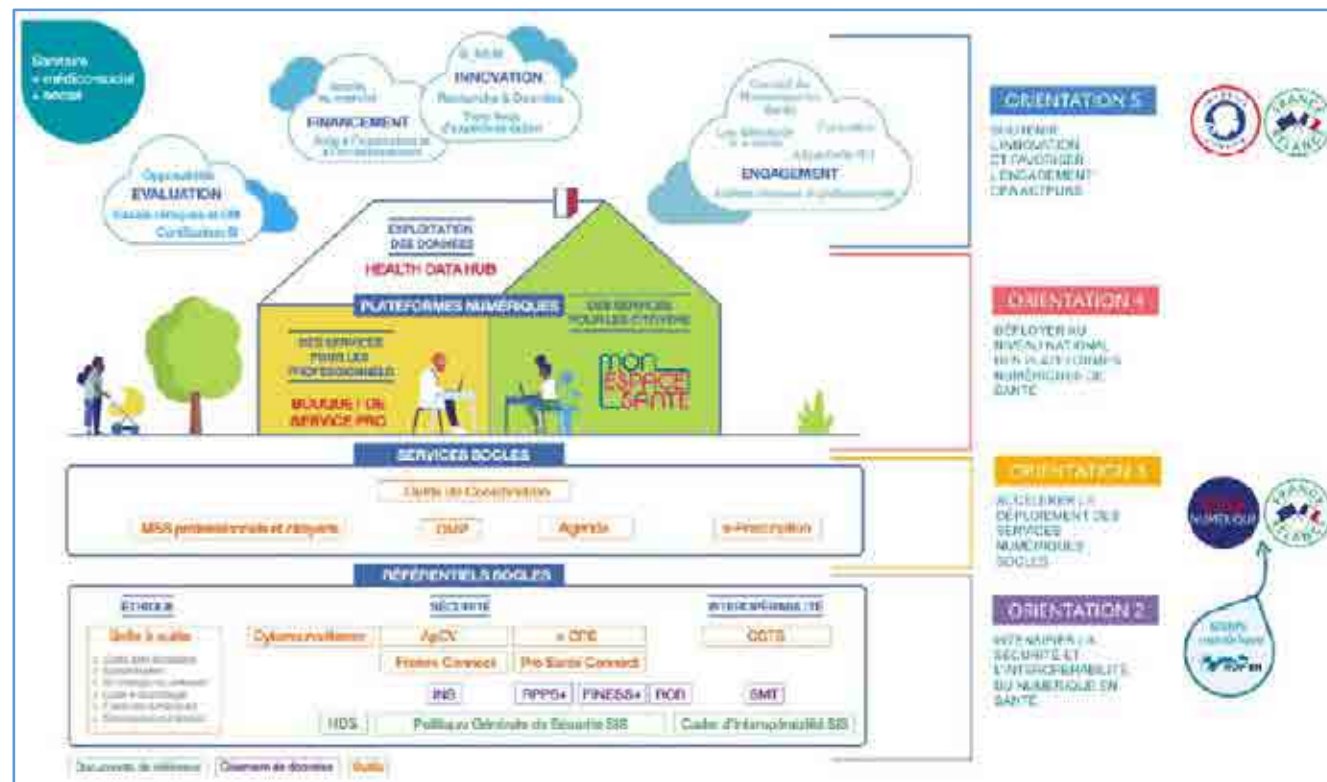
- e-Prescription
- Electronic Patient Record

## Five orientations / main objectives

- Orientation 2: enforce cybsersecurity & interoperability

## Twenty-six actions

- Action 4: Generalisation of the digital identification of health system actors





## National digital health interoperability roadmap

- Strategic high-level plan for the implementation and deployment of the interoperability use cases
- The criteria support the selection of the use cases, and their deep analysis provides justification for the definition of a transparent and consensual e-Health roadmap
- The plan will provide an overview on “what will be implemented in short (1-2 years), mid (3-5 years) and long term (>+ 5 years), major steps and milestones

The plan will serve to define projects, activities and tasks

### Benefits

- Consensual and pragmatic approach
- Progressive education for all type of stakeholders
- Management for future improvement and development of the quality in healthcare
- Guidance for the involved stakeholders and help the coordination

At the end, satisfaction for all ; it's a matter of timing !

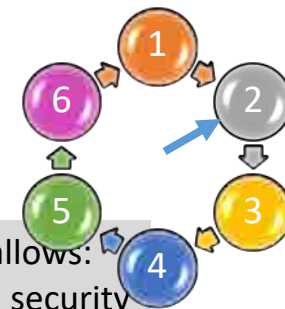
Building a coherent and consistent e-Health ecosystem. It allows:

- To increase the governance of the interoperability and security
- To develop electronic exchanges from healthcare organization, national level and cross-border

### In practical

- Assemble building blocks (➔ interoperability framework)
- Start by what will be useful for other use cases
- Identify dependencies between use cases
- Be realistic in term of timeline, budget, resources and identified risks for each of the milestones

Plan and define indicators to follow the progress of the roadmap



The e-Health interoperability roadmap is a communication tool aligned with the strategic goal !!!

FEUILLE DE ROUTE  
DU NUMÉRIQUE EN SANTÉ

Doctrine du  
numérique en santé

Version 2021

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|                            | 2021                           | 2022   |   |   |   | 2023  |         | 2024    |         |
|----------------------------|--------------------------------|--|---|---|---|---|---------|---------|---------|
|                            | T4 2021                        | T1 2022  | T2 2022   | T3 2022   | T4 2022   | S1 2023   | S2 2023 | S1 2024 | S2 2024 |
| <b>GOUVERNANCE</b>         | Publication de la version 2021 | Transposition réglementaire après la vague 1 du séquençage et publication des projets de révision des articles L.1111-13 et L.1470-6 | Fixe la période de réception des demandes d'inscription au registre de l'ANRS sur les conseils médicaux de ville, radiologie et hôpital |   | Ouverture du guichet ANRS pour le secteur de la ville                         | Ouverture du guichet ANRS pour le secteur de la ville |         |         |         |
| <b>INTERFACES</b>          |                                | Mise à disposition des terminologies dans un format standard (DIT/DITL via le DIT)   | Mise à disposition d'un espace partagé pour le corpus documentaire de la PSSI-S   | Publication des instances et certificats de personnes médicales, médicales    |   |   |         |         |         |
| <b>REPÉRTOIRES SOCIAUX</b> |                                | Publication du nouveau référentiel d'identification numérique des patients et des professionnels de santé                            | Publication de nouveaux référentiels d'identification numérique des professionnels de santé   | Publication d'une nouvelle version du référentiel sur l'interopérabilité      | Publication d'une nouvelle version du référentiel sur l'interopérabilité      |   |         |         |         |
| <b>SECURITE</b>            |                                | Publication de la nouvelle version de la PSSI-S  | Publication de la nouvelle version de la PSSI-S   | Publication de la nouvelle version de la PSSI-S                               | Publication de la nouvelle version de la PSSI-S                               |   |         |         |         |
| <b>FINANCE</b>             |                                | Publication des référentiels relatifs à la prise en charge des soins de santé  | Publication des référentiels relatifs à la prise en charge des soins de santé   | Publication des référentiels relatifs à la prise en charge des soins de santé | Publication des référentiels relatifs à la prise en charge des soins de santé |   |         |         |         |
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| <b>SECURITE</b> | Centraliser l'ensemble des référentiels et guides de bonnes pratiques portant sur la sécurité des systèmes d'information de santé et faciliter l'accès à ces documents | Mise en conformité avec le référentiel nécessaire | Ajout de documents relatifs d'information sur le statut des SI de santé externes à la PSSI-S | Actualisation de la PSSI-S                      |
| <b>FINANCE</b>  | Publication de la nouvelle version de la PSSI-S  | Publication de la nouvelle version de la PSSI-S   | Publication de la nouvelle version de la PSSI-S  | Publication de la nouvelle version de la PSSI-S |
| <b>DMP</b>      | Publication de la nouvelle version de la PSSI-S  | Publication de la nouvelle version de la PSSI-S   | Publication de la nouvelle version de la PSSI-S  | Publication de la nouvelle version de la PSSI-S |





Architectural view

Cross Europe view



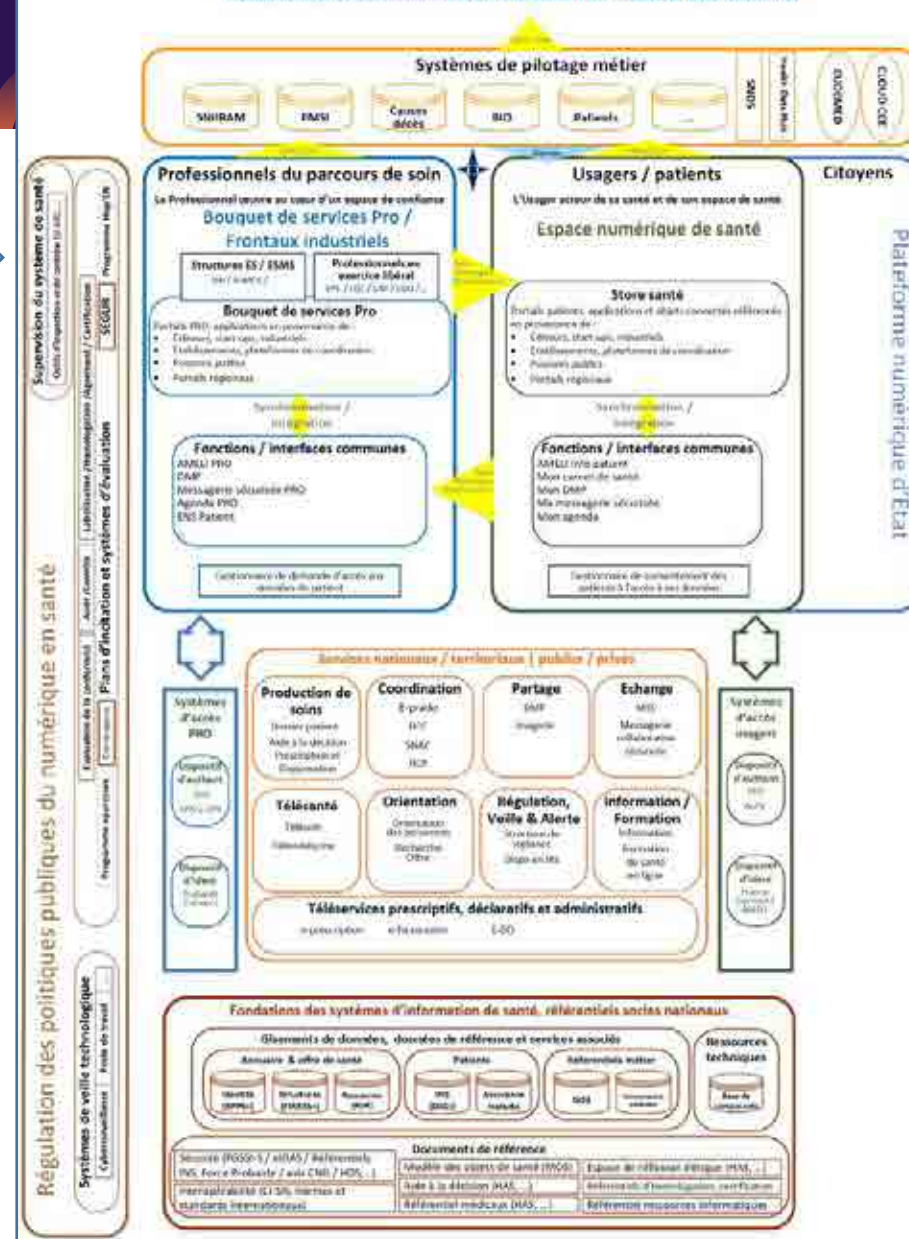
## Doctrine du numérique en santé

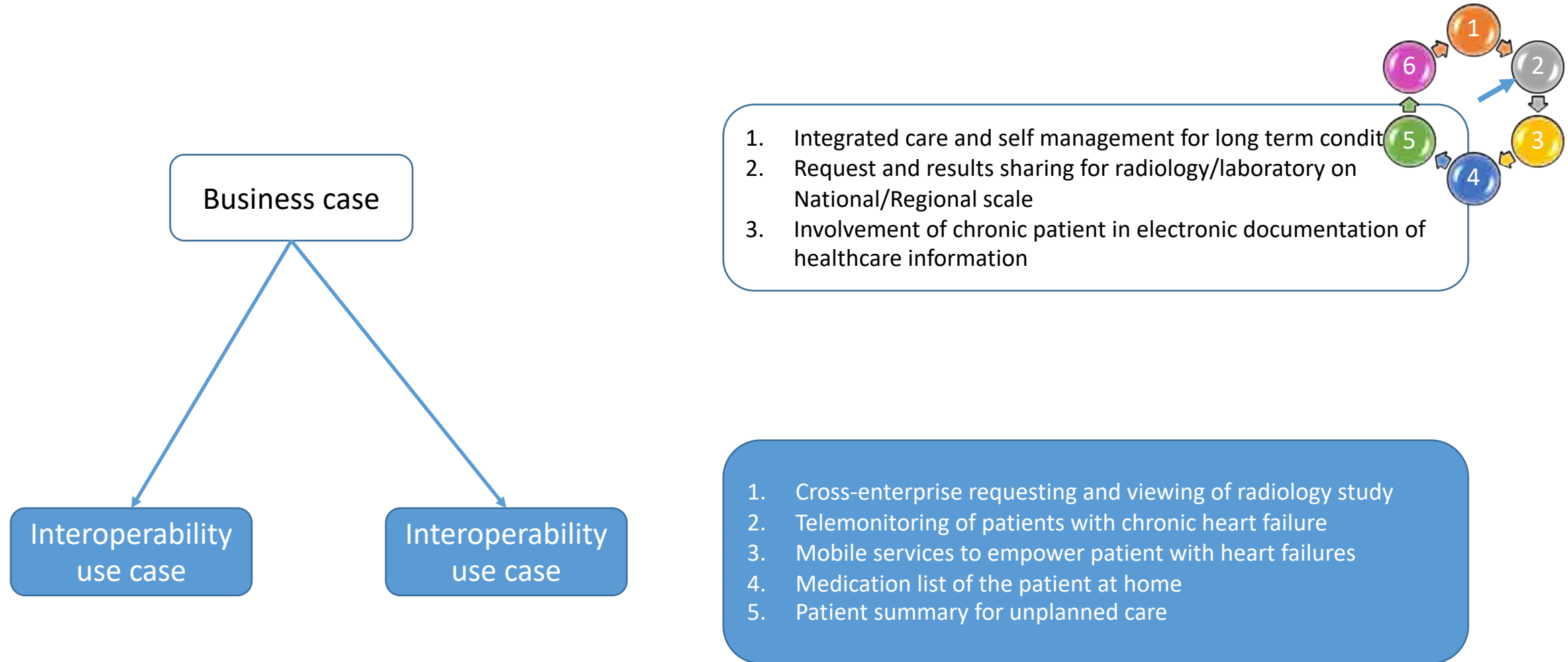
Vision 2021

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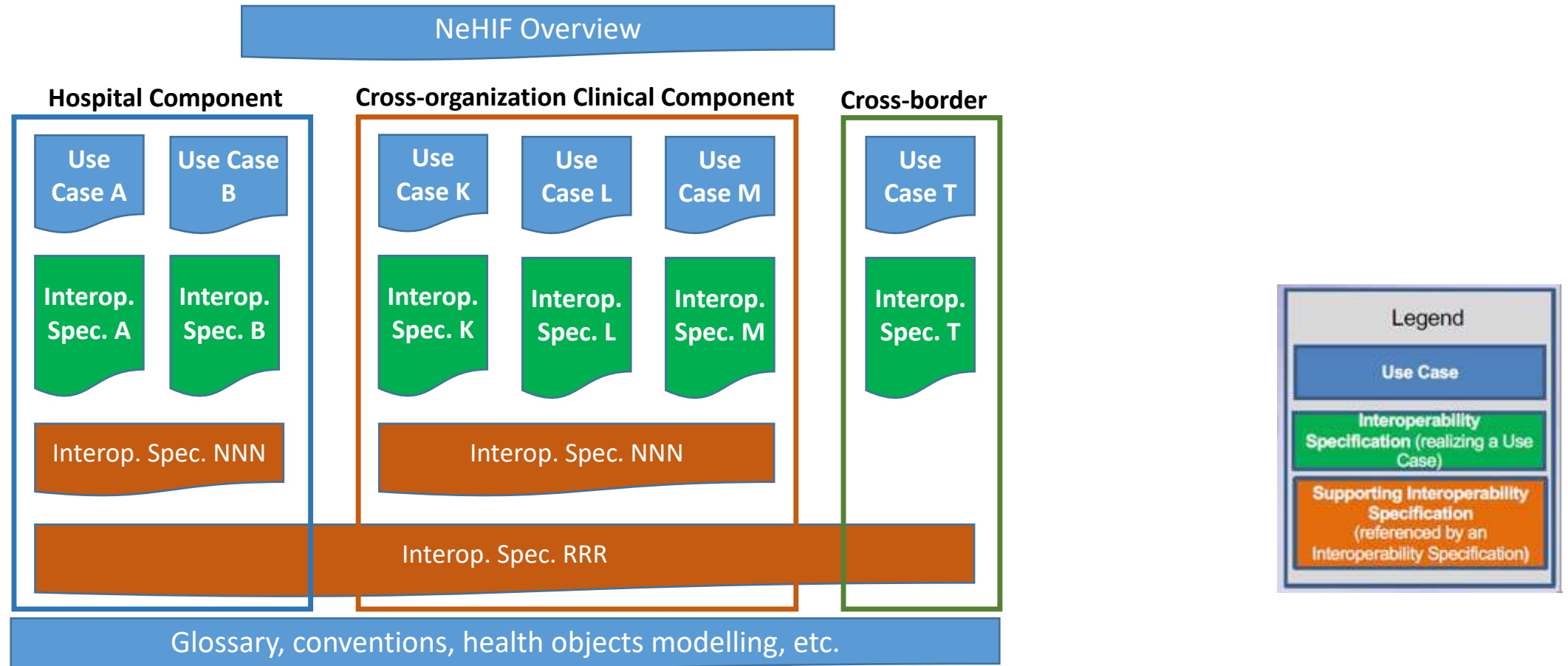
## CIBLE DE L'URBANISATION SECTORIELLE DE SANTE







## Overview of a National e-Health Interoperability Framework





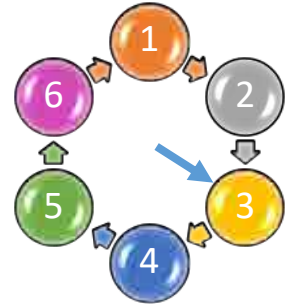
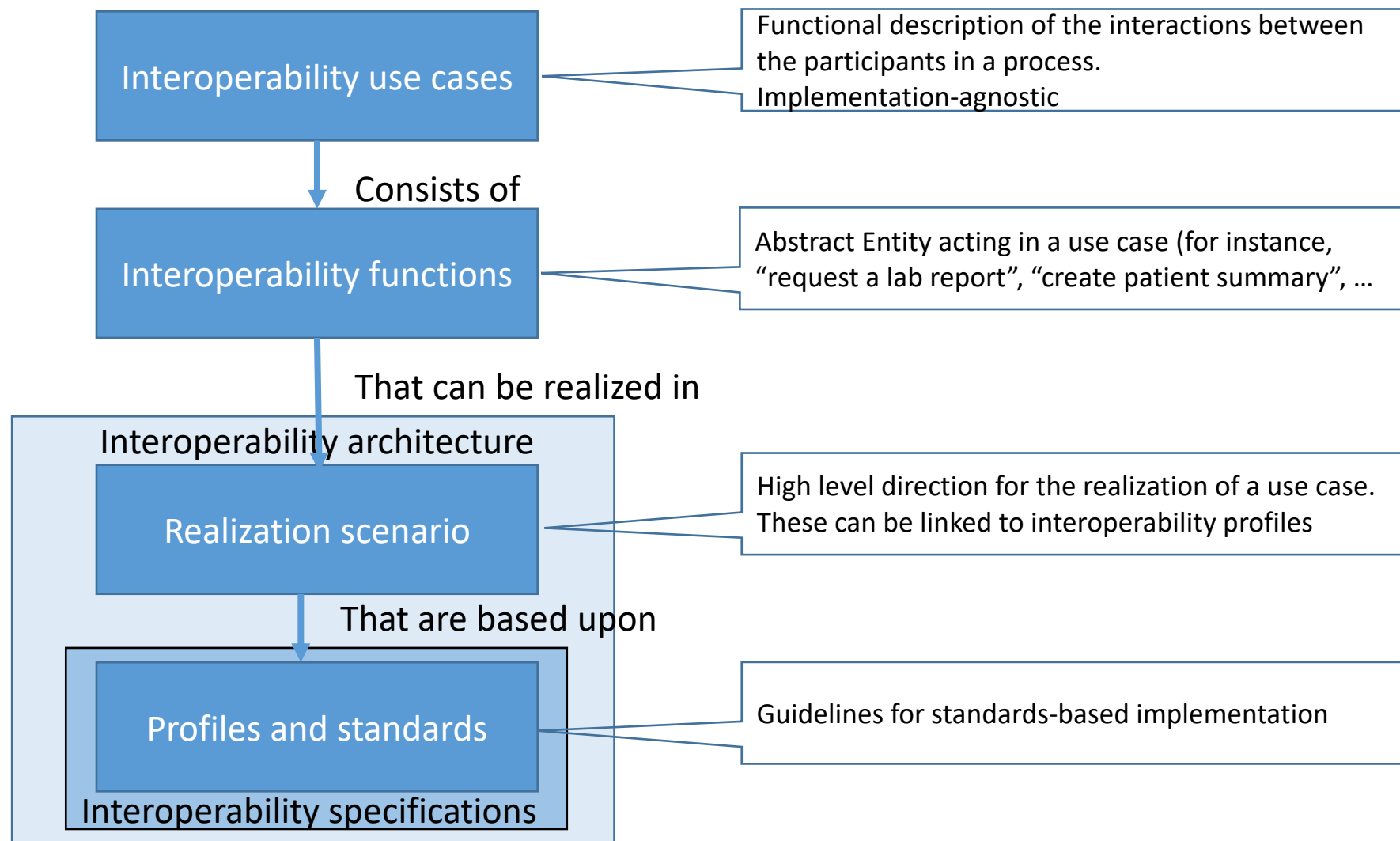
Interoperability use cases: firstly, use IHE use cases repository

| IHE <sup>®</sup> Examples of Interoperability Use Cases |   |  |
|---|---|--|
| Medical domain  | Description   | Scale  |
| 1 Medication  | e-Prescription and e-Dispensing   | 1a) Cross-border                                       |
|   |   | 1b) National/Regional                                  |
|   |   | 1c) Intra-organisational                               |
|   |   | 1d) Citizens at home                                   |
| 2 Radiology   | Request and results sharing workflow for radiology                                    | 2a) National/Regional                                  |
|   |   | 2b) Intra-organisational                               |
| 3 Laboratory  | Request and results sharing workflow for laboratory                                   | 3a) National/Regional                                  |
|   |   | 3b) Intra-organisational                               |
| 4 Patient Summary                                       | Patient Summary sharing   | 4a) Cross-border/International                         |
|   |   | 4b) National/regional                                  |
|   |   | 4c) Citizens at home                                   |
| 5 Referral and Discharge reporting                      | Cross-enterprise Referral and Discharge Reporting                                     | National /Regional                                     |
|   |   | 5a) Referral of patient from primary to secondary care |
|   |   | 5b) Discharge report from secondary care               |
| 6 Participatory healthcare                              | Involvement by chronic patients in electronic documentation of healthcare information | Citizens at home                                       |
| 7 Telemonitoring  | Remote monitoring and care of people at home or on the move using sensor devices      | Citizens at home                                       |
| 8 Multidisciplinary consultation                        | Medical Board Review  | National/Regional                                      |
| 9 Public Health   | Immunization  | National/regional                                      |
|   |   | Intra-Organisational                                   |
| 10 Antenatal care                                       | Antenatal care  | National/Regional                                      |

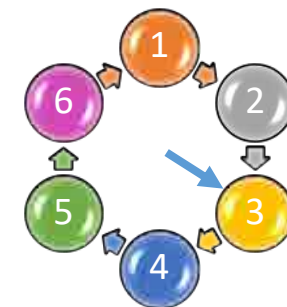
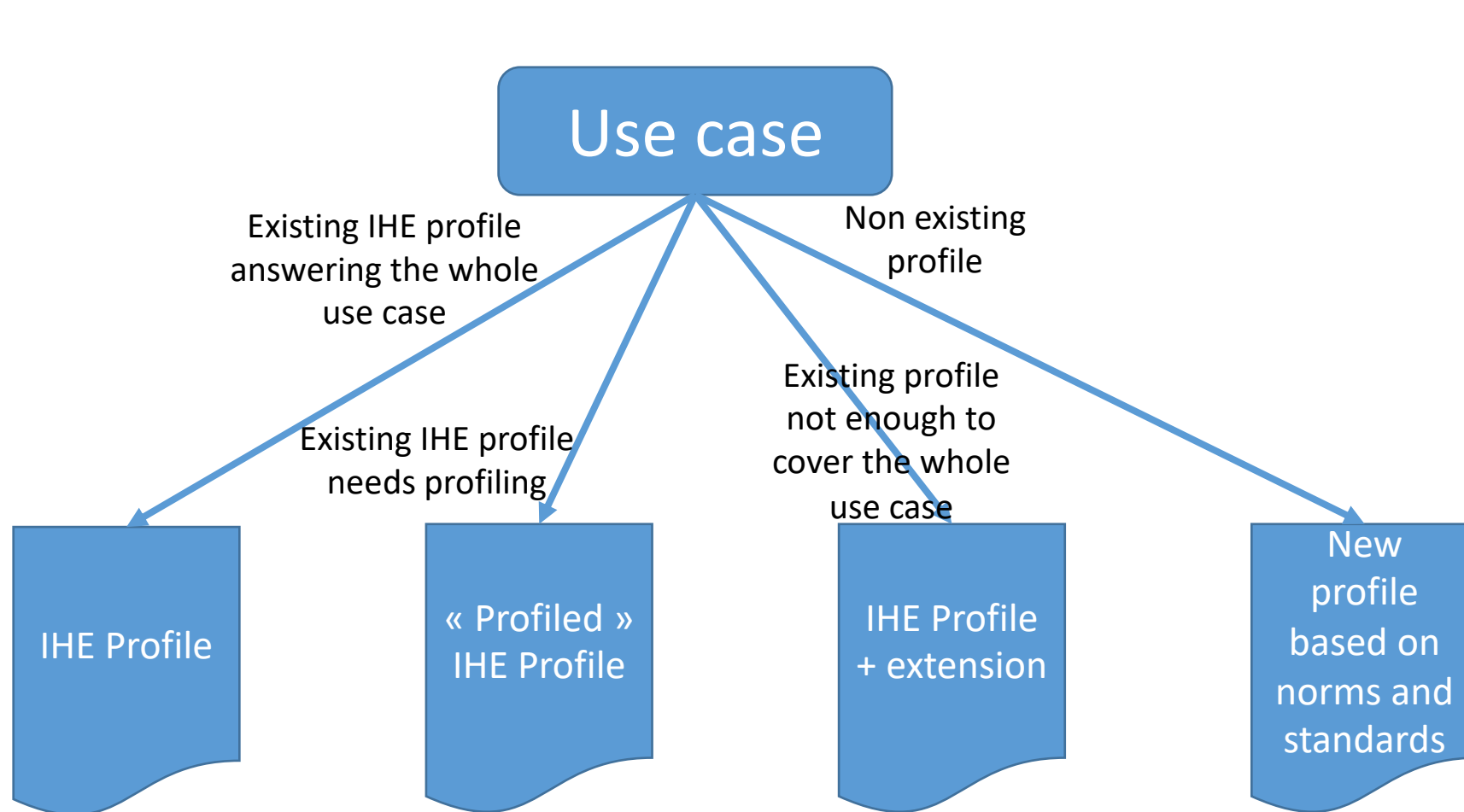
From Antelope Refined European Interoperability Framework adopted



# From use cases to interoperability specifications









## Use case: relay of patient documents received by secured messaging

Functional specifications answering the use case



Norms & Standards Study: *which profile / standard better answers the use case?*

- Standard HL7 FHIR – messaging (profiling)
- IHE MHD profile + extension
- Standard HL7 FHIR R4 – RESTful API (profiling)
- IHE XDR profile
- HL7 V2 Standard (profiling)



Profiling is necessary to address specific national needs BUT be careful not to profile too much

- If the profile becomes too specific, he will not be reusable
- Not possible to propose this new profile at IHE level to benefit feedbacks of the IHE community (technical committees) including other National initiatives

From feedbacks, if we use IHE integration profiles, no more than 20% of profiling / national specific interoperability needs is necessary.

“Profiling activities” could be a good way / opportunity to work / be involved in IHE technical committees.



The choice about the best architecture to answer business needs / interoperability use cases should be a consensus between:

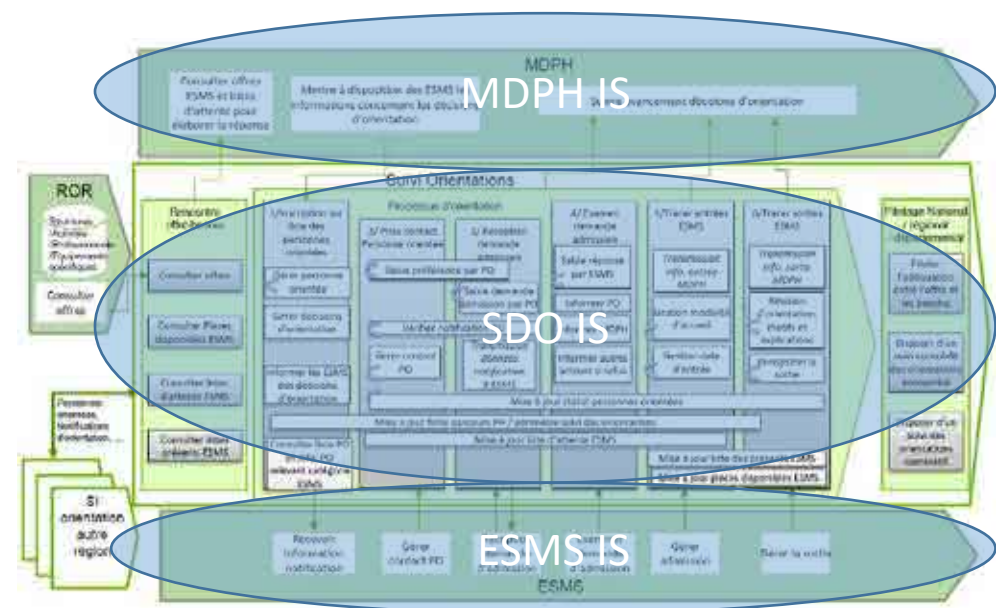
- MoH, end-users, vendors
- Interoperability requirements and added-values
- Already deployed business processes (either manual or digitalized)
- Already deployed products (legacy)



Business case: management of disabled persons requests (from the request to the placement of the patient in the right structure) → need of digitalization

Use cases:

- Disabled person request
- Decision of orientation
- Placement of the patient in the structure

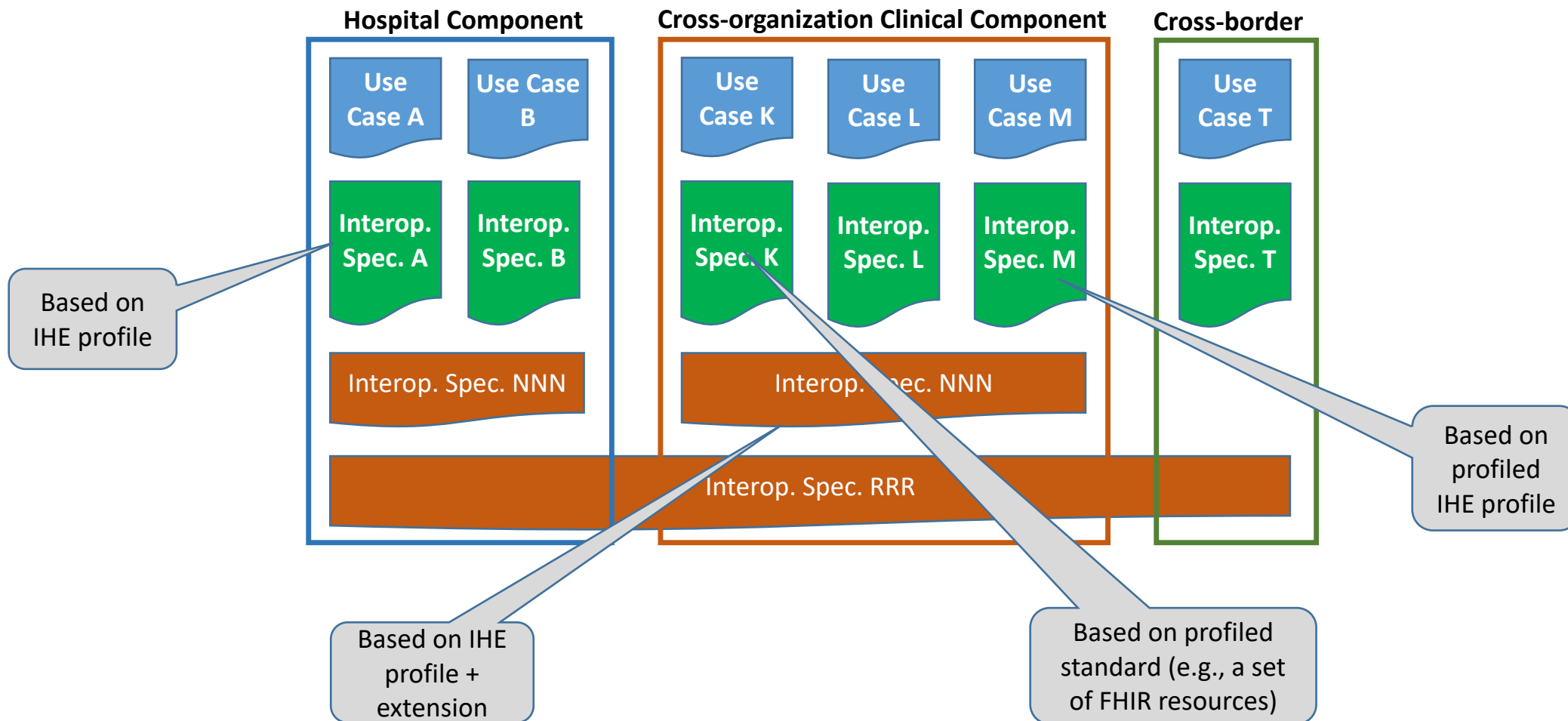


## Two choices:

- Choice 1: each Information system has its own Electronic Patient Record with specific information and point to point communication to exchange information about the status of patient orientation
  - Choice 2: SDO IS as a document registry and MDPH IS and ESMS IS request documents and documents status to know the status of patient orientation
- Need workshops with all stakeholders



## Here is the first version of our NeHIF



# Maintenance and evolution of a NeHIF



Maintenance and evolution of a NeHIF will occur in any case. A NeHIF is constructed iteratively (according to the roadmap / big picture) and must evolve:

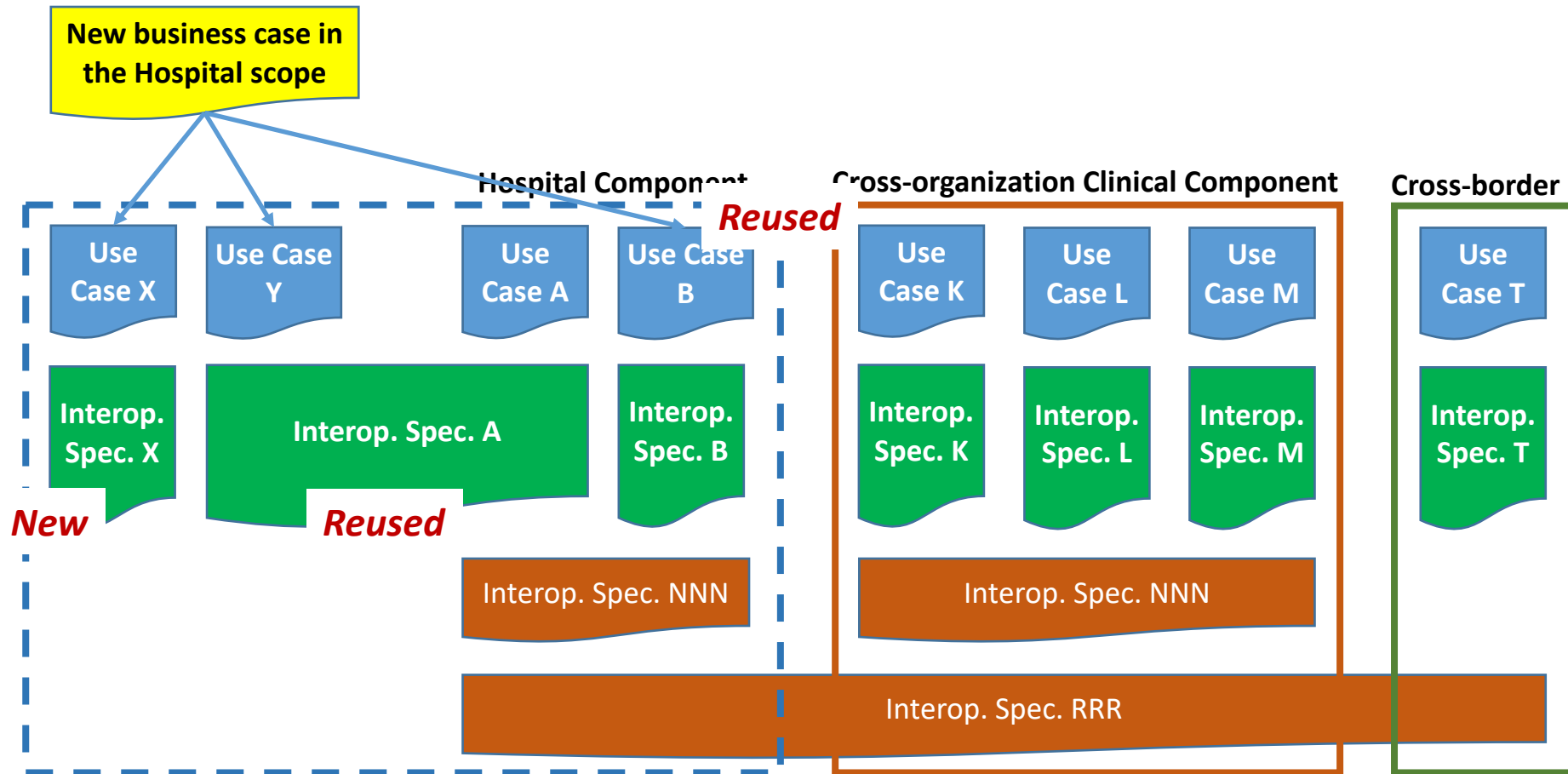
- At business case level
- At interoperability use cases level
- At IHE profiles level
- At national profiles level
- At norms & standards (e.g., FHIR resources) level





## New business case

- 1) Analyze if existing use cases can be reused
- 2) Analyze if existing functional / technical specifications (profiles) can be used





Update of business case / use cases could impact:

- Functional and technical specifications
- Interoperability implementation already deployed
  - Impact on the vendors / end-users side

➔ Need gap analysis & cost estimation



## New profile

- Come from new IHE business need / use case
  - Reusable for future national business need / use case
- Come from new National business need / use case
  - Pay attention at its formalization to propose it at IHE level



## New version of a profile

- Analysis of the gap between both versions
- Is it necessary to update functional and technical specifications based on this profile?
  - Impact on interoperability? → gap analysis
- Use of this new profile to answer new business need / interoperability use case
  - Impact on existing functional and technical specifications and deployed implementation? → gap analysis
- For example, new version of MHD profile



## New version of a standard

- Analysis of the gap analysis between both versions
  - Impact on interoperability if use of the new version
  - Cohabitation of the old and the new versions?
- Update of current NeHIF content
  - Cost?
  - Impacts on NeHIF content, implementations, deployed products
  - Return on investment? (interoperability and business)



### Benefits of the use of IHE Methodology:

- Reduce costs and risks by using existing mature materials and guidelines
- Facilitate the training of new-comers and increase the knowledge and expertise on the use case driven approach
- Standardize the way to describe use cases and save time and effort in communication
- Allow the definition of the e-Health interoperability roadmap
- Drive the adoption and reuse of profiles and standards (use of best practices)
- Facilitate access to IHE resources with one single entry point
- Share experiences and feedbacks with other projects

**Maintainer of the Gazelle interoperability platform as IHE-Catalyst sub-contractor**

- Maintenance
- Evolution
- Deployment
- Support
- Training



**Conformity Testing Lab (ISO 17025 accredited)**

- Regarding CAS: IHE Conformity Assessment Scheme
- Regarding National Scheme (SIAS) : Swiss Interoperability conformity Assessment Scheme in Switzerland

**Consultant in e-Health Interoperability**

Support of the e-Health French Ministry in the development and maintenance of the French National e-Health Interoperability Framework

Support of different other needs (testing strategy, IHE profiles trainings, etc.)

**Support during Interoperability tests events**

- Connectathons (twice a year)
- Projectathons (Canada, DG Santé, France, Gabon, Greece, Ireland, Lacpass, Switzerland, etc.)



- IHE international website  
[www.ihe.net](http://www.ihe.net)
- IHE Profiles in technical frameworks  
[wiki.ihe.net/index.php/Frameworks](http://wiki.ihe.net/index.php/Frameworks)
- IHE Europe website  
[www.ihe-Europe.net](http://www.ihe-Europe.net)
- Antilope use cases  
<https://usecase-repository.ihe-europe.net/use-cases>

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Thanks for your attention !!!  
Any questions?

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