National governance of archetypes in Norway

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Norwegian public hospital system

- Four Regional Health Authorities (RHAs)
  - 24 Hospital Trusts
  - 100% EHR adoption
  - No primary care!
- Two main EHR vendors
- One strategic coordinating health trust for IT (Nasjonal IKT)
openEHR in Norway

• Basic clinical use at Oslo University Hospital (DIPS)
• Several vendors are implementing openEHR
• Nasjonal IKT archetype governance aims for
  • high quality archetypes
  • semantic interoperability through use of identical archetypes
Real semantic interoperability requires identical data models.
Clinical data modelling is difficult and expensive, and should be done once.

⇒ Archetypes should be shared and strictly governed.
(We can be a bit less strict with the templates...)
Early 2013: National ICT asks the Western Norway RHA to develop a governance scheme for archetypes

Mid 2013: Bergen Hospital Trust develops the governance scheme

Late 2013: Governance scheme is approved by National ICT

Late 2013/Early 2014: Tools are procured. Scheme is deployed. arketyper.no goes live.
Define review requirements
Approve reviews

Represent RHAs in the editorial committee

Recruit representatives
Support local initiatives

Participate in reviews
Start local initiatives

Edit archetypes
Organise reviews
Manage arketyper.no

Make sure archetypes are technically sound
Conformance with other standards/formalisms

Implement archetypes in software
Suggest/contribute archetypes
Processes and tools

• Formalised processes for development, review and approval
  • Archetype development is a “do-o-cracy” (Sw: “görokrati”); not centrally prioritised

• Online collaboration through two tools
  • Clinical Knowledge Manager (CKM) arketyper.no (@arketyper_no)
  • Documentation wiki wiki.arketyper.no

• Both tools are critical for transparent online collaboration
Reviews and approval

• National editorial committee defines review requirements
• Review rounds last one week, several rounds per archetype
• Until clinicians reach consensus... 😊
• If requirements are met, the archetype is «Published» on arketyper.no
• Unpublished archetypes are unstable and should not be used
Approach

• Supporting efforts by healthcare providers and vendors
  • Reviewing and approving specific archetypes
• Reviewing and approving basic concept archetypes
  • Observations, diagnoses, symptoms, procedures, ...
• Spreading the word
  • Presentations, training, workshops
Status

• During 2014 we only managed to publish 6 archetypes, 5 of them in December
  • Clinician participation is crucial, and hadn’t reached a critical level until late in the year
• As of November 9 2015 there are 27 published archetypes, 11 more under review
Simple statistics, arketyper.no

Number of registered users

Recorded profession in user profile

- Agreed to review: 56%
- No: 38%
- Yes: 62%
- Didn't agree to review: 6%
More simple statistics

- Clinical MD: 28%
- Other clinical: 11%
- Technical: [Prosent]
- RN/IT: 14%
- Other technical: 26%
- MD/IT: 5%
- Other: 14%

Professions
Success factors

• Clinician participation
• Good tooling
• Resourcing for coordinators
• Resourcing for training and consulting
• Collaboration with international community
• Vendor participation
Anticipated problems

• Standardisation takes longer than non-standardisation
  • Project planning must account for this (but isn’t)
  • Some unpublished archetypes are being deployed 😞
• Several specialties/professions are not represented
  • This slows down the review process
• We’re only two coordinators
  • Bottleneck, little redundancy
Unanticipated problems

• Translation is difficult and time-consuming
• Development projects don’t take into account the time needed to review and approve archetypes
• Regional resource groups are hard to get going