Agenda

- Welcome and introductions

A list of meeting participants is available on request.

- Anders Klippinger
- Anette A Larsson
- Bjørn Næss
- Carina Sandell
- Carita Hirvonen
- David Wetterbro
- Elham Gholami
- Erik Sundvall
- Emilin Sebastian
- Mikkel Grønmo
- Hanna Pohjonen
- Heidi Koikkalainen
- Henri Huttunen
- Jim StClair
- Joseph Kane
- Juha Rannanheimo
- Jörgen Kuylennstierna
- Karin Nilsson
- Lasse Mäkelä
- Linda Aulin
- Liv Astrid Laugen
- Marit Venheim
- Marko Pyy
- Martin Grundberg
- Mikael Nyström
- Mikko Kaidesoja
- Persephone Doupi
- Petri Rajala
- Pirkko Kortekangas
- Sarita Lehtivuori
- Sonja Heinonen
- Tuomas Lundqvist
- Torbjörn Eles
- Vebjørn Arntzen

Hanna Pohjonen opened the meeting and presented the agenda. A short introductory tour of the participants was held.

- Pirkko Kortekangas, openEHR Finland/Una Oy: openEHR clinical modelling under the umbrella of HL7 Finland

Data Officer Pirkko Kortekangas from UNA Oy presented the reform of social and health care that is currently underway in Finland. The change is very big, and the implementation time of the change is
quite short. For this reason, the first step is to focus on survival and only then will there be time to develop.

Alongside this reform of the service system, a comprehensive reform of social and health information management legislation has just begun in Finland. At least in the first versions of the legislation, it appears that social and health care data will continue to be processed in different registers, which will certainly pose challenges to the flow and usability of the data.

So, a lot is going on in Finland and this cannot but affect the different standardization and interoperability promotion of work and, in part, the promotion the use of openEHR.

However, the organizing of the localization work of OpenEHR archetypes has been planned in Finland and it has been decided to establish an openEHR subgroup under HL7 Finland. This is to achieve the necessary control to localize and implement archetypes. The aim of the organization is to form a consensus on openEHR archetypes in Finland.

Finland has carried out a preliminary analysis of the usability of international archetypes for the vaccination information data set in Finland. The findings and conclusions are described in Pirkko’s presentation.

For decision-makers and authorities to understand the potential of openEHR, a concrete use case (a dynamic care plan?) is needed to get the development going and to achieve the necessary national commitment.

Finally, Pirkko presented a four-step development path for developing a dynamic care plan in Finland; 1. utilization of existing data, 2. introduction of decision support systems based on existing data, 3. dynamic updating of data in the national document archive through the service system, 4. sharing and compiling plan data from non-industry systems. Pirkko’s presentation will be distributed in connection with the meeting materials.

Marko Pyy commented, suppliers alone can in no way solve the dream described by Pirkko. It must be possible to create extensive cooperation networks and a national consensus on progress so that solutions do not end up with supplier-specific solutions.

- **Carita Hirvonen, TietoEVRY: openEHR-based social care IT**

Carita Hirvonen presented the backgrounds for the use of openEHR in the development of TietoEvry’s information products. The main drivers have been changing national requirements, market needs and the need to modernize customer and patient information systems to better serve customer needs. The maturity of OpenEHR also contributed to the dare to build on technology.

Carita explained the principles of social care information management in Finland. The background is a very strong regulatory guidance and an information management environment based on defined data models and structured documents. See [https://sosmeta.thl.fi/sosmeta-publish-ui](https://sosmeta.thl.fi/sosmeta-publish-ui)

The Lifecare product is entering the production phase in April 2022. OpenEHR is therefore coming into concrete use.

Lead Architect Petri Rajala presented the relationship between the openEHR and the Finnish sosmeta specification and the current level of application. In practice, the goal is to implement all defined sosmeta models as openEHR-based documents for Lifecare.
Vebjørn Arntzen asked where to find the event and objective definitions shown in the presentation. The descriptions can be found in the internal modeling tool but are based entirely on sosmeta specifications and can be found from there. The aim is to distribute the specifications openly, but there is still no procedure in Finland for distributing the outputs internationally. TietoEvry has been a kind of pioneer in Finland and the work done has also driven other Finnish market players forward.

Hanna Pohjonen stated that similar work has been started in the Netherlands, where national healthcare-related data models have been converted into openEHR.

Jim StClair from Linux Foundation asked if there is any work with the HL7 Gravity project? No-one seemed to know that, as there were no answers.

Erik Sundvall commented that they have found it easy to share ongoing archetyping work via GitHub repositories even when it is not finished. (Very easy to do with e.g., Better's tools). DIPS has also shared a lot of their internal work on GitHub. Don’t be afraid to show ongoing work if it is clearly marked as such in a "readme" file or similar.

Vebjørn Arntzen stated in chat that in his experience archetypes gets much better with broad and international input. Local development and not sharing, will only keep growing yet more silos.

Bjørn Næss, we’ve found it very useful to search other CKM’s or repos for archetypes in progress. I.e. we currently continue the work Ian Mc Nicoll did on Gleason score: https://ckm.apperta.org/ckm/archetypes/1051.32.376. We will propose this for review as part of a project with one of our customers.

There was a discussion on the role of national actors in promoting the development of openEHR. Erik Sundvall commented that it is not always worth turning the gaze towards national actors, but to implement developments with market players and healthcare organizations. It may be difficult for national actors to find a consensus on the application of international standards, as they may be afraid that some market players will benefit from that. On the other hand, there have been fewer problems on the national level in creating completely own and non-interoperable own "standards".

- Discussion about Nordic collaboration in modelling and openEHR-FHIR-openEHR mappings
  - Need for common FHIR resources? How to facilitate the collaboration?
  - Need for a subgroup for social care archetype modelling? How to facilitate the collaboration?
  - Need for common mappings?

Mikael Nyström, Modeling of social welfare on the Nordic level could be interesting. The area has not been fully modeled internationally yet, and Nordic co-operation could be beneficial here.

Marko Pyy, it can however be very difficult to find elements that are common to social care, and thus national cooperation can be difficult in the field of social care. There should be a common need and interest for cooperation to move forward.

Bjorn Naess, perhaps at this point it is best to focus on sharing information rather than starting with common definitions. HL7 Norway ongoing / previous FHIR projects https://simplifier.net/organization/hl7norway/~projects

Sarita Lehtivuori, A national consensus and a common driver are needed to promote cooperation.
Heidi Koikkalainen, described the work already done and pointed out that co-operation on the modelling of social care data should definitely be promoted. Examples can be found at https://ckm.apperta.org/ckm/projects/1051.61.50/dashboard.

Eric Sundvall, Regarding Nordic Collaboration: Some social care interventions will of course be based on different national laws and such information models will be hard to reuse in detail, but perhaps some of the things that are more of a general human nature (housing / living conditions etc.) might be an easier area to start shared (even international) work with.

Hanna Pohjonen described that the challenge may also be that in some countries there is a different interpretation of what is health care and what is social care. This can also challenge cooperation.

Vebjørn Arntzen shared how the definitions of social care have been done internationally, noting that in the end, however, the differences may be quite small. And therefore, it would be worthwhile to participate in international cooperation and then even do national localizations. It is essential that the definition and application of archetypes be distinguished.

Martin Grundberg supported the idea that archetypes / data models would be made internationally and then groupings, clusters and localizations would be done nationally or in Nordic co-operation.

Hanna asked if there should be a separate working group for the development of social care archetypes?

Vebjørn Arntzen described the principles of the international operating model, and the idea is that development is done through concrete projects and concrete actions. Implementing theoretical reflection in working groups is not effective.

Hanna asked if co-operation should be promoted to implement FHIR openEHR mappings, as this is a concrete challenge and need in Finland. According to Vebjørn Arntzen, work has been promoted in Norway to some extent, but the situation is a bit challenging at the moment. Bjørn continued that to some extent the focus has now been on developing openEHR and to some extent investing in FHIR has now been seen as resource consuming. Still FHIR is needed, it is not the question.

Juha Rannanheimo comments that the challenge in Finland is that FHIR is here and is already being applied, so in connection with the development of openEHR, it must also be taken into account.

Bjørn Næss asked regarding FHIR: Can someone share the FHIR resources / profile for NEWS2, PEWS, Stratify fall risk? –

If you are interested in the FHIR profiles Cambio are working on you can contact gunnar.ehn@cambio.se or rebecka.hansson@cambio.se. I dont know if we have done those scores but could have.

- Short updates on any current topics in Sweden, Norway and openEHR International (10 min)

Sweden

Question: Interest in archetypes for dentistry? (Region Östergötland, Sweden)
Lasse Mäkelä pointed out that the Finnish national coding services have described the whole of dental care. Bjørn Næss stated that terms related to dental care have also been defined on the work side of SNOMED-CT.

**Norway**

In Norway, a lot of work is being done to define archetypes, e.g. for imaging.

**OpenEHR International**

A working group is being set up to reform the implementation of clinical modeling. Considering how the clinical perspective can be maintained even after personnel changes.

- **Agreement on the next meeting (5 min)**
  - Proposed decision: Organized online by the Norwegian community in April 2022

  Norway received the ball; it was agreed to return to the arrangements for the upcoming meeting as soon as possible. The next meeting will be held as agreed in about two months.

Behalf The Finnish openEHR community, Henri Huttunen