



openEHR *and* FHIR

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INTRODUCTION

The openEHR community is often asked about the relationship between openEHR and HL7 FHIR, often around, *'Should we choose openEHR or FHIR'*.

Like any community, there are a range of views inside openEHR but from both industry and clinical perspectives, the following opinions emerged.

OPENEHR OR FHIR?

So, should we choose openEHR or FHIR?

In fact, we believe that the question(s) should really be:-

where should we use FHIR

and

where should we use openEHR

We regard openEHR and FHIR as complementary approaches to ensuring the maximum sharing of patient information between digital health applications.

FHIR

FHIR has had a significant positive global impact in helping existing systems exchange high-value clinical information, in a modern developer-friendly way along with other helpful innovations such as vendor-neutral terminology service interfaces.

The openEHR development community is actively adopting FHIR standards, over openEHR-based datastores and tooling, in line with other more traditionally engineered systems, using FHIR 'as intended', to support information exchange between applications.

OPENEHR

In contrast, openEHR supports a world where applications increasingly coalesce around communal, vendor-neutral structured clinical data repositories (CDRs).

The 'controller' of the CDR (not the vendor) can upload new openEHR clinical model definitions without further engineering or recourse to the vendor and patient records can then immediately be created and fully-queried using those new definitions - essentially a 'no-code' vendor-neutral data management environment.

The '[clinical model](#)' [archetype](#) and template definitions e.g. for Allergy or Pulse oximetry, are created by care professionals using dedicated tooling, and shared under open-source licenses. Several hundred such resources are curated by openEHR, all free to use, and in use by many systems around the world.

NATURAL ALIGNMENT

openEHR, differently to FHIR, is purpose-designed and proven to support this new breed of enterprise-grade, vendor-neutral structured data repository, where new content can be developed and implemented in an evolutionary way by care professionals themselves, at the level of detail required to support applications fully, not just for more limited data exchange.

There are a number of areas where FHIR and openEHR data models overlap, but we see steady convergence, whether by pro-active joint development or natural alignment.

We believe that together openEHR and FHIR will expedite the convergence of standards which will reduce the friction and improve safety and efficiency for health and care systems.

CONCLUSION

openEHR and FHIR, not openEHR or FHIR!!