The background of the slide is a grayscale photograph of a mountain valley. A prominent waterfall cascades down a rocky cliff in the center. The valley floor is covered with dense green forest, and the surrounding mountains are rugged and rocky. The sky is a pale blue.

The Yosemite Project

A Roadmap for Healthcare Information Interoperability

David Booth, Hawaii Resource Group

Conor Dowling, Caregraf

Michel Dumontier, Stanford University

Josh Mandel, Harvard University

Claude Nanjo, Cognitive Medical Systems

Rafael Richards, Veterans Affairs

**Semantic Technology and Business Conference
21-Aug-2014**

SEE LATEST VERSION:

<http://tinyurl.com/YosemiteRoadmap20150709slides>

Outline

- Mission and strategy
- Semantic interoperability
 - Standards
 - Translations
- Roadmap for interoperability
- Cost

MISSION:

*Semantic interoperability
of
all structured healthcare information*

MISSION:

POSSIBLE

*semantic interoperability
of
all structured healthcare information*

STRATEGY:

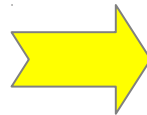
*RDF as a
universal information representation*

Universal information representation

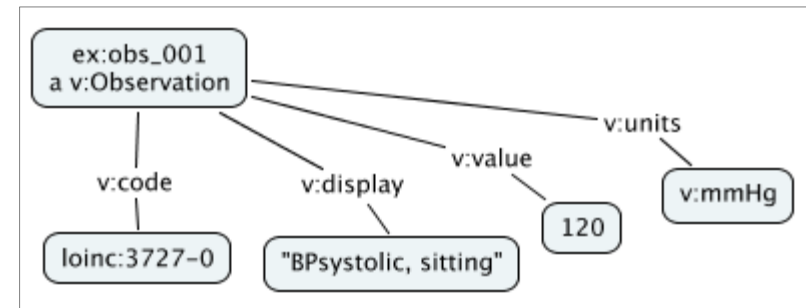
- Q: What does instance data X mean?
- A: Determine its RDF information content

Instance data

```
<Observation
  xmlns="http://hl7.org/fhir">
  <system value="http://loinc.org"/>
  <code value="3727-0"/>
  <display value="BPsystolic, sitting"/>
  <value value="120"/>
  <units value="mmHg"/>
</Observation>
```



RDF



Why RDF?

"Captures information content, not syntax"

"Multi-schema friendly"

"Allows diverse data to be connected and harmonized"

"Allows data models and vocabularies to evolve"

"Good for model transformation"

"Supports inference"

Why RDF as a Universal Healthcare Exchange Language?

David Booth, Ph.D.
Hawaii Resource Group
david@dbooth.org

Semantic Technology and Business Conference
21-Aug-2014

Latest version of these slides:
<http://dbooth.org/2014/why-rdf/>

Relational data model in RDF

ID	City	State
18	Concord	NH
19	Boston	MA

Hierarchical data model in RDF

Why RDF (in general)?

RDF graph

Formats, same RDF

Multi-schema friendly

Models peacefully co-exist

<http://dbooth.org/2014/why-rdf/>

- Endorsed by over 100 thought leaders in healthcare and technology as the *best available candidate* for a universal healthcare exchange language
 - See <http://YosemiteManifesto.org/>

Semantic interoperability:

*The ability of computer systems
to exchange data
with unambiguous, shared meaning.*

– Wikipedia

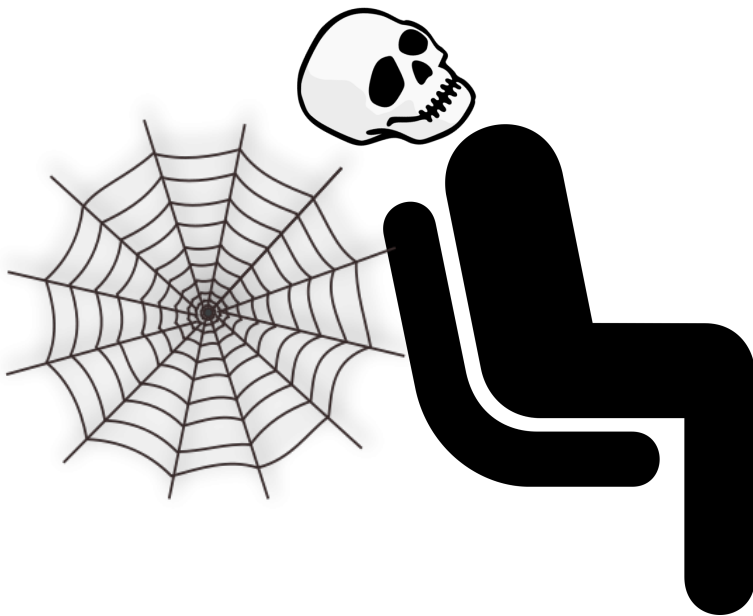
Two ways to achieve interoperability

- Standards:
 - Make everyone speak the same language
 - I.e., same data models and vocabularies
- Translations:
 - Translate between languages
 - I.e., translate between data models and vocabularies

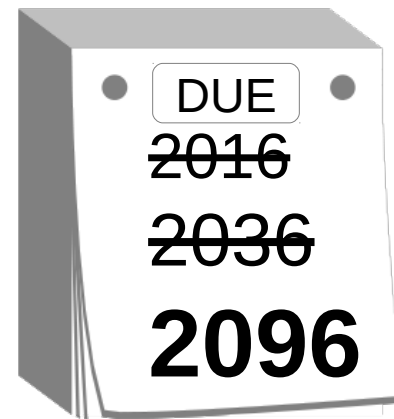
Obviously we prefer
standards.

But

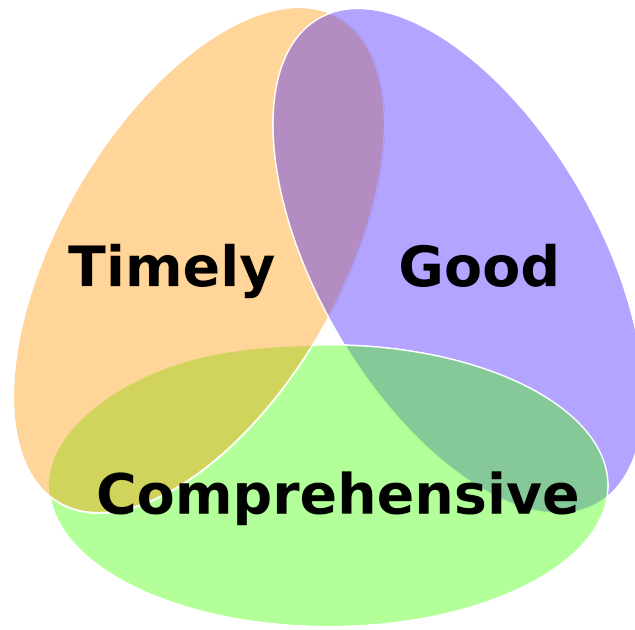
Standardization takes time



COMING SOON!
**COMPREHENSIVE
STANDARD**

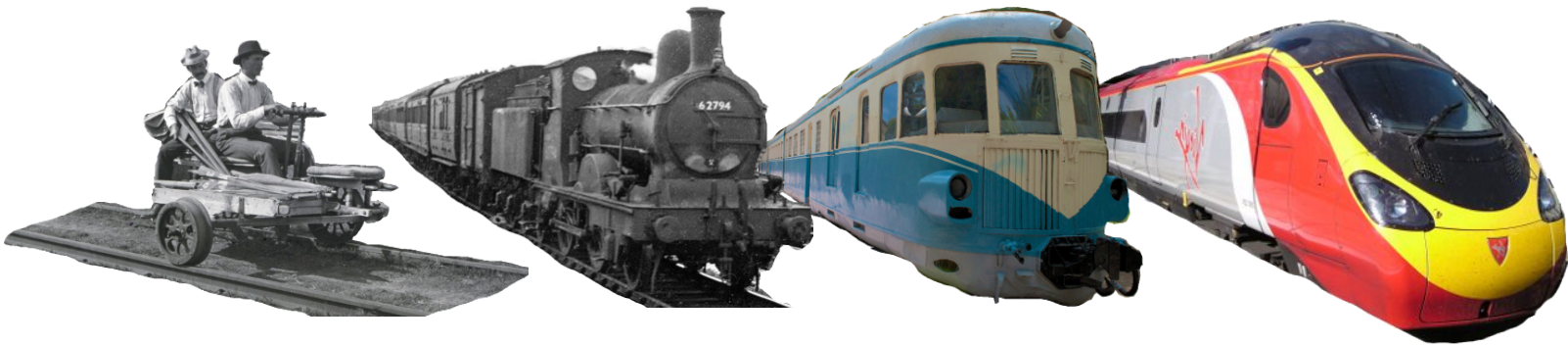


Standards trilemma: Pick any two



- **Timely:** Completed quickly
- **Good:** High quality
- **Comprehensive:** Handles all use cases

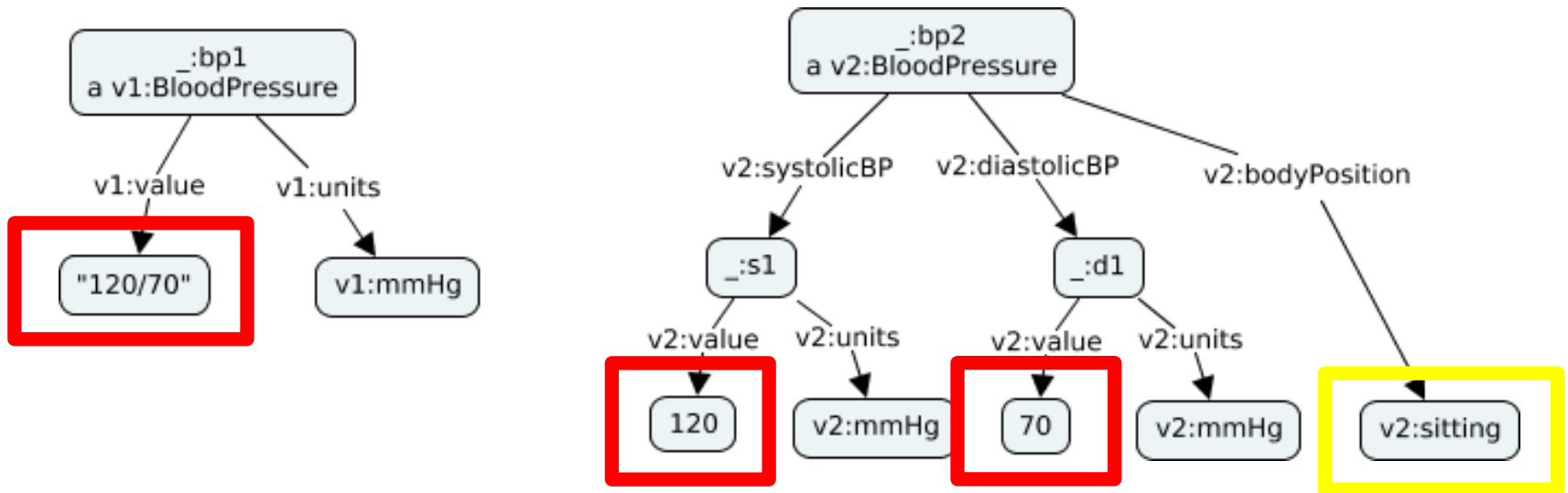
Modernization takes time



- Existing systems cannot be updated all at once

Diverse use cases

- Different use cases need different data, granularity and representations



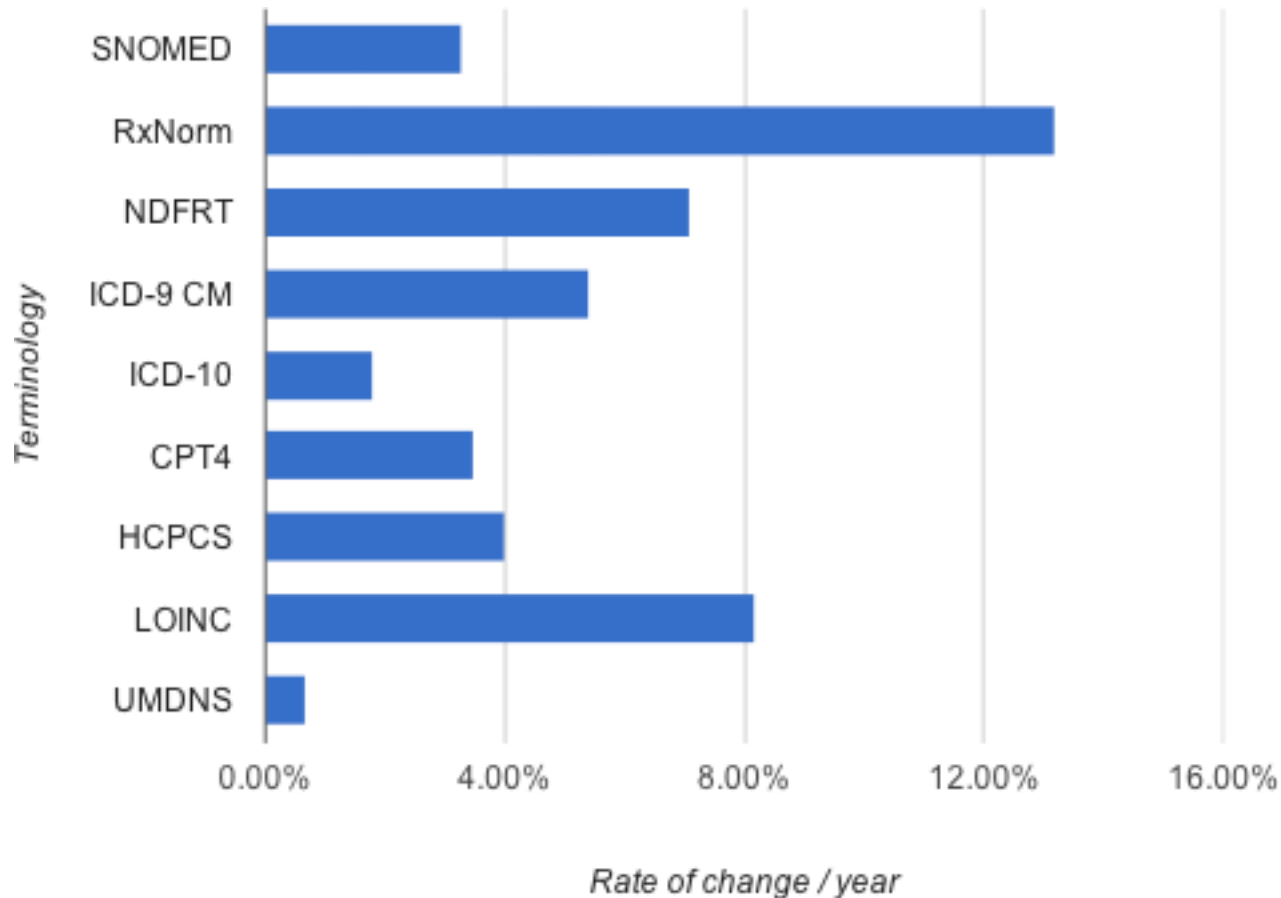
*One standard does **not** fit all!*

Standards evolve

- Version $n+1$ improves on version n



Healthcare terminologies rate of change



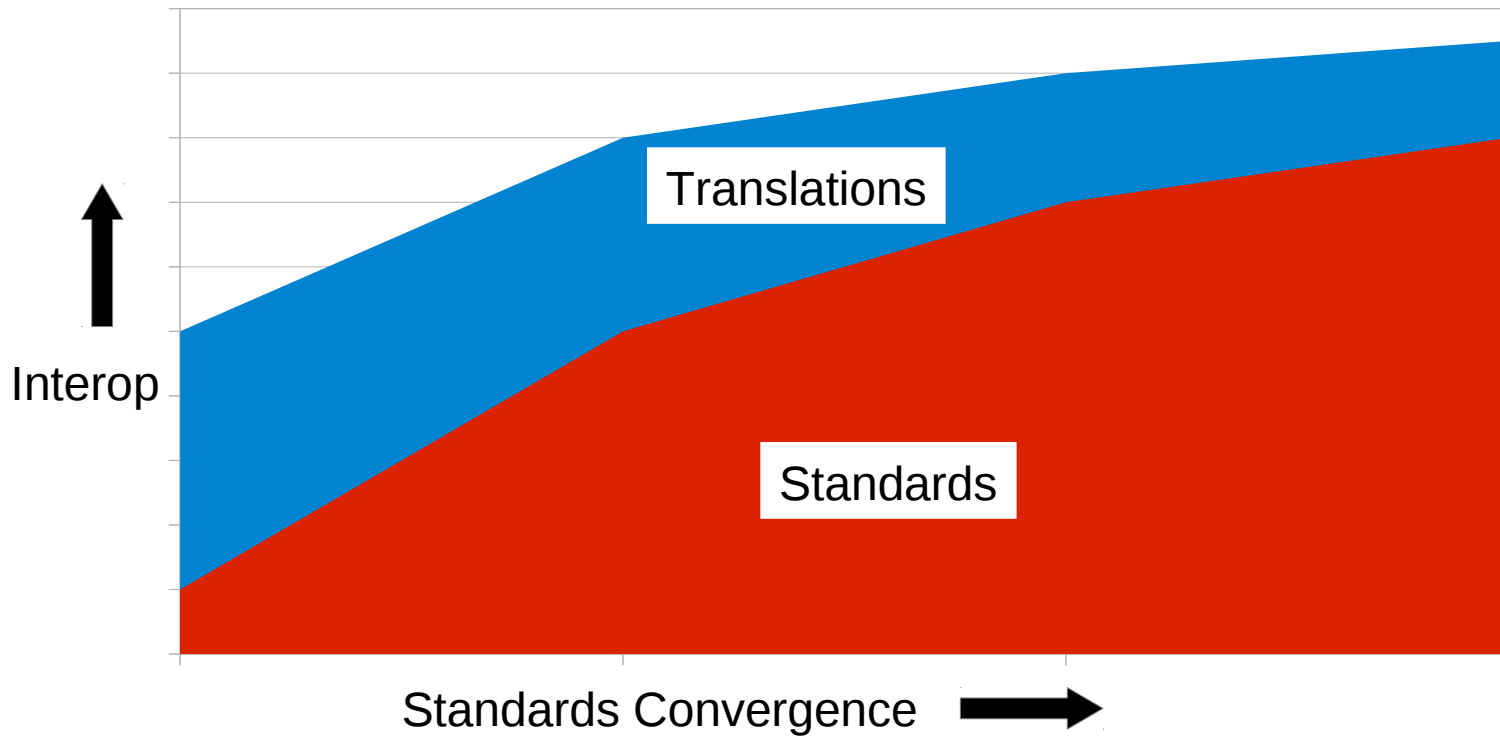
Slide credit: Rafael Richards (VA)

Translation is unavoidable!

- Standardization takes time
- Modernization takes time
- Diverse use cases
- Standards evolve

A realistic strategy for semantic interoperability must address both **standards and translations.**

Interoperability achieved by standards vs. translations





How RDF Helps Standards

Standard Vocabularies in UMLS

AIR ALT AOD AOT BI CCC CCPSS CCS CDT CHV COSTAR CPM
CPT CPTSP CSP CST DDB DMDICD10 DMDUMD DSM3R DSM4 DXP
FMA HCDDT HCPCS HCPT HL7V2.5 HL7V3.0 HLREL ICD10 ICD10AE
ICD10AM ICD10AMAE ICD10CM ICD10DUT ICD10PCS ICD9CM ICF
ICF-CY ICPC ICPC2EDUT ICPC2EENG ICPC2ICD10DUT
ICPC2ICD10ENG ICPC2P ICPCBAQ ICPCDAN ICPCDUT ICPCFIN
ICPCFRE ICPCG ICPCHE ICPCHE ICPCITA ICPCNOR ICPCPOR
ICPCSPA ICPCW ICPCWABE ICPC5 LCH LNC LNCAD LNCMMS30 MCM
MEDLINEPLUS MSHOE MSHDUT MSHIN MSHFRE MSHGER MSHITA
MSHJPN MSHLAV MSHNOR MSHPOL MSHPOR MSHRUS MSHSCR
MSHSPA MSHSWE MTH MTHCH MTHHH MTHICD9 MTHICPC2EAE
MTHICPC2ICD10AE MTHMST MTHMSTFRE MTHMSTITA NAN NCISEER
NIC NOC OMS PCDS PDQ PNDS PPAC PSY QMR RAM RCD
RCDAE RCDSA RCDSY SNM SNMI SOP SPN SRC TKMT ULT UMD
USPMG UWDA WHO WHOFRE WHOGER WHOPOR WHOSPA

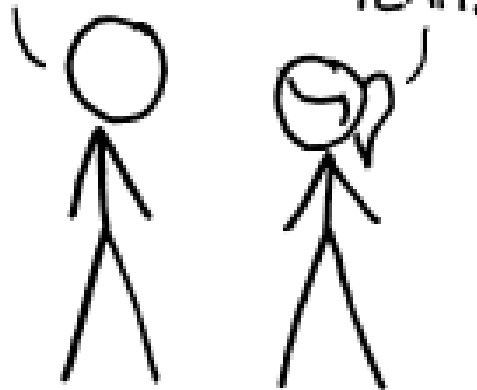
Over 100!

HOW STANDARDS PROLIFERATE:

(SEE: A/C CHARGERS, CHARACTER ENCODINGS, INSTANT MESSAGING, ETC.)

SITUATION:
THERE ARE
14 COMPETING
STANDARDS.

14?! RIDICULOUS!
WE NEED TO DEVELOP
ONE UNIVERSAL STANDARD
THAT COVERS EVERYONE'S
USE CASES.

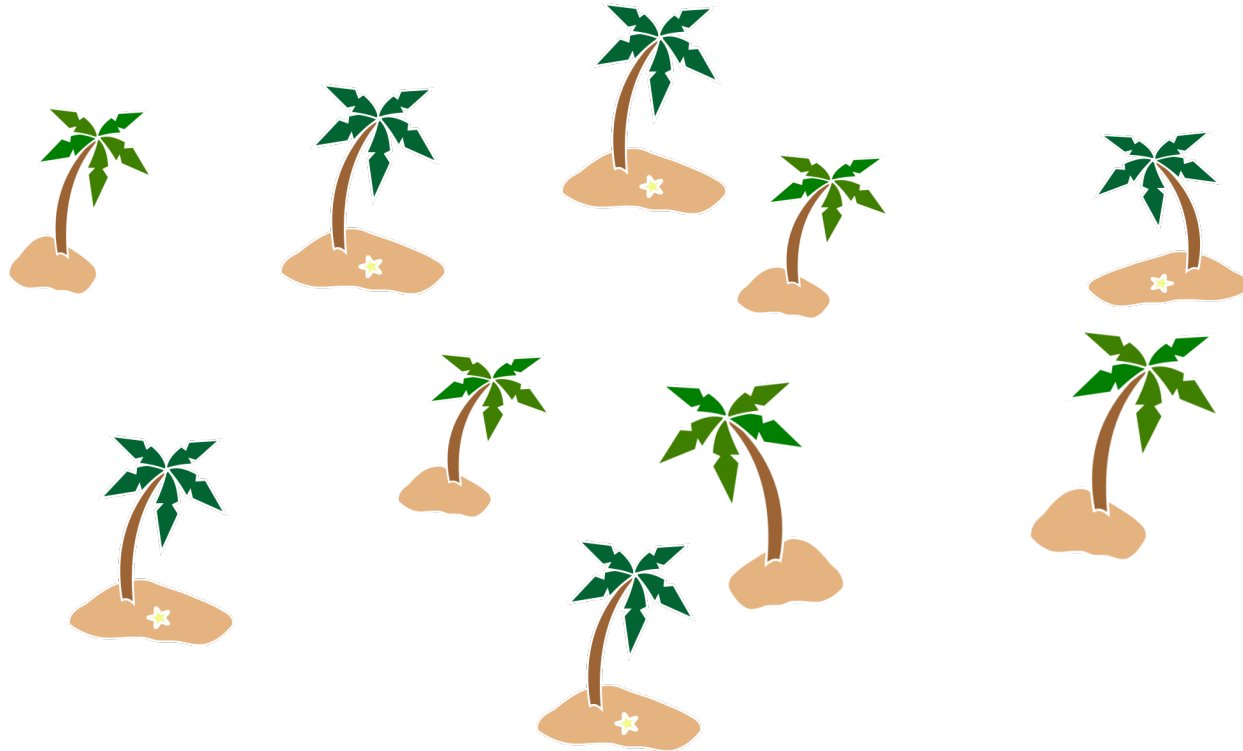


SOON:

SITUATION:
THERE ARE
15 COMPETING
STANDARDS.

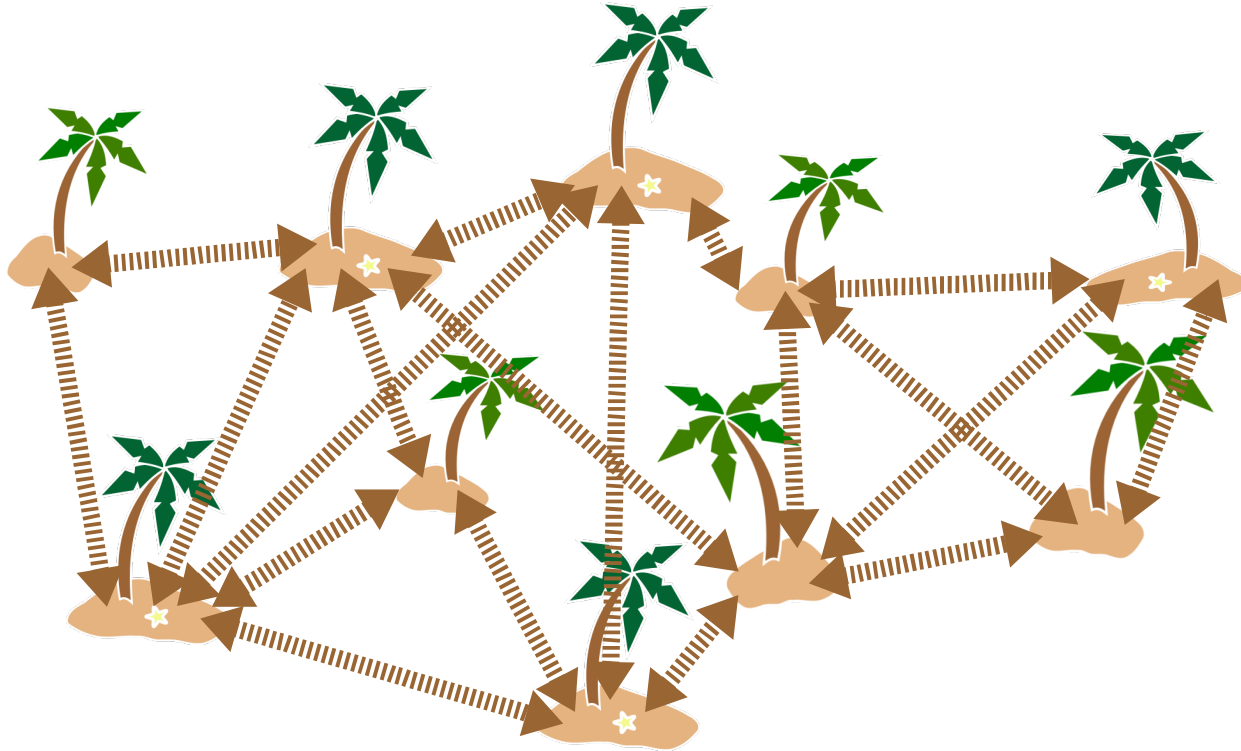
<http://xkcd.com/927/>
Used by permission

Each standard is an island



- Each has its "sweet spot" of use
- Lots of duplication

RDF and OWL enable semantic bridges between standards



- Goal: a cohesive mesh of standards that act as a single comprehensive standard
- RDF also helps avoid the bike shed effect . . .

Bike shed effect

a/k/a Parkinson's Law of Triviality

Organizations spend disproportionate time on trivial issues. -- C.N. Parkinson, 1957

1. Nuclear Plant

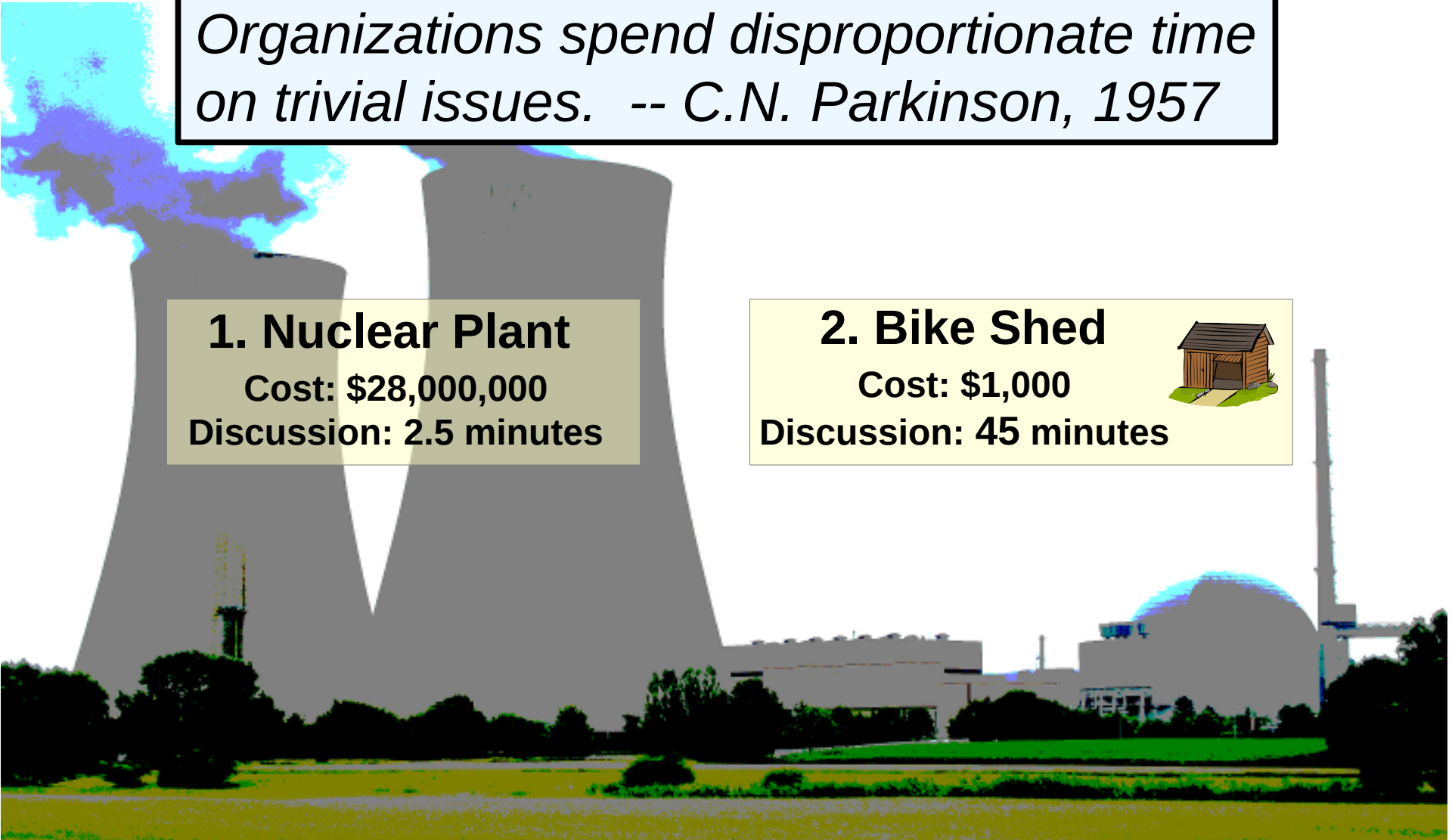
Cost: \$28,000,000

Discussion: 2.5 minutes

2. Bike Shed

Cost: \$1,000

Discussion: 45 minutes

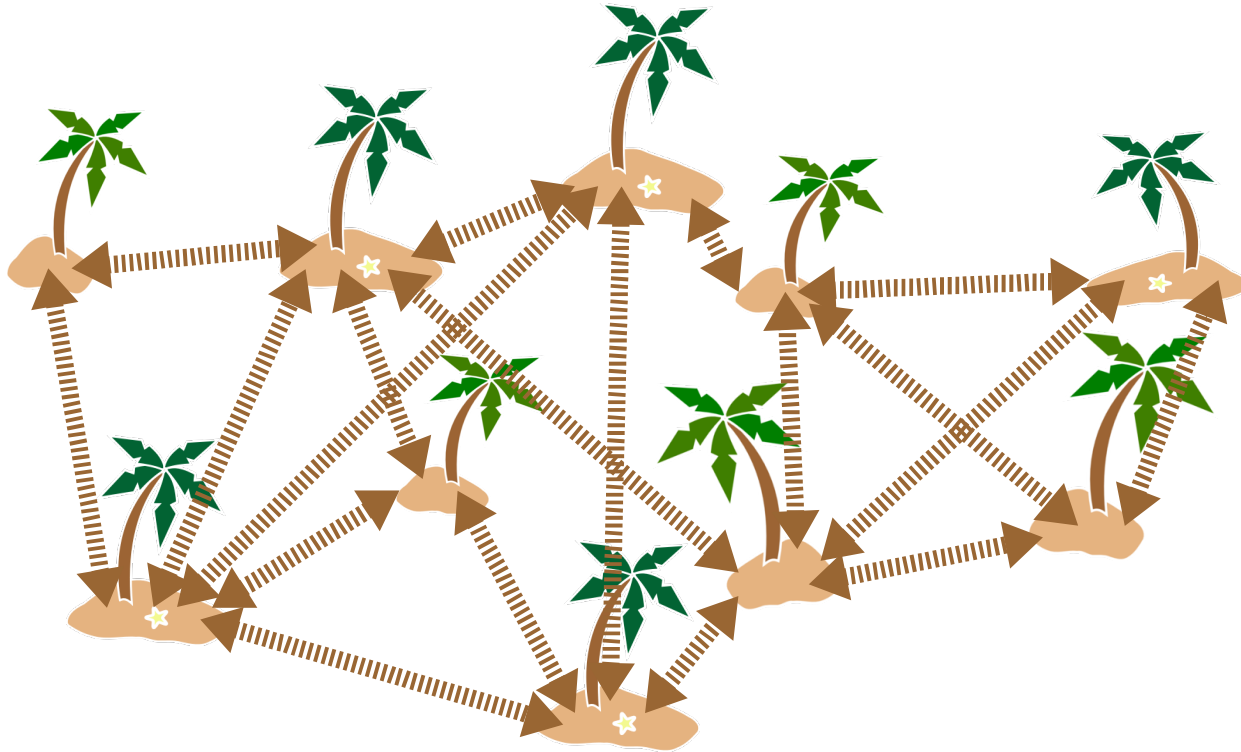


Standards committees and the bike shed effect



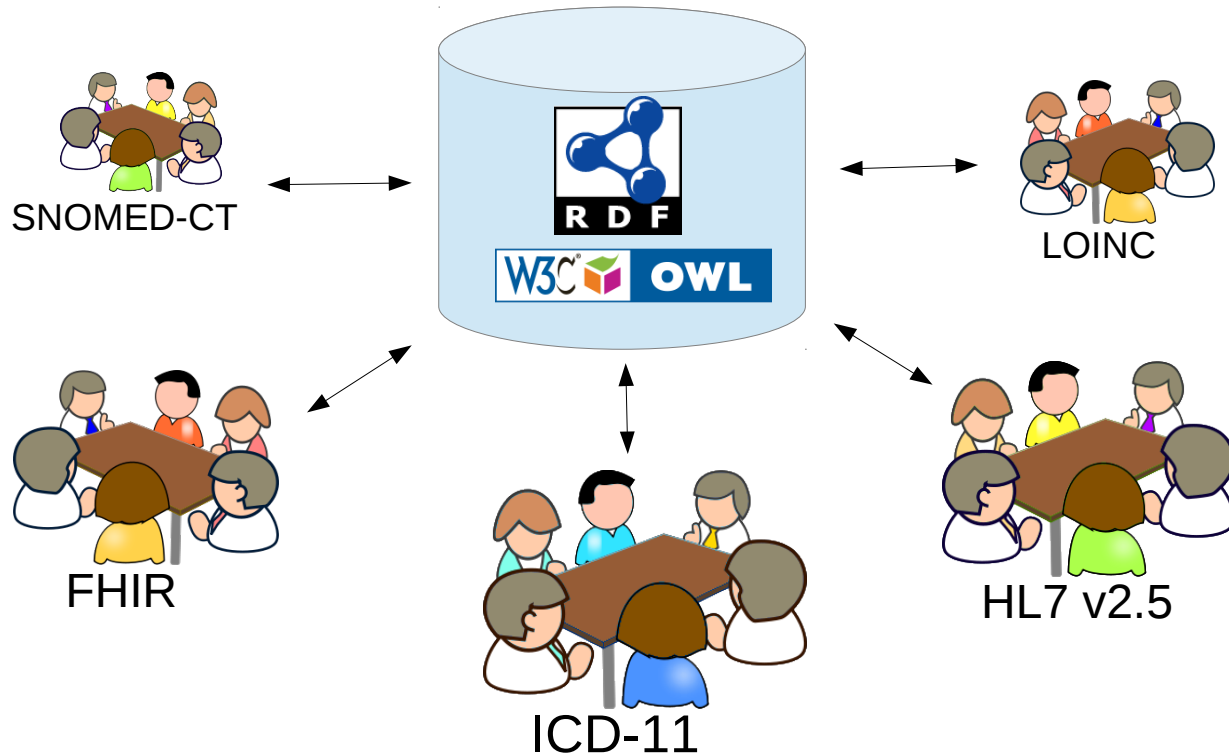
- Committees spend hours deciding on data formats, syntax and naming
 - Irrelevant to the computable information content

RDF helps avoid the bike shed effect



- Each group can use its favorite data format, syntax and names
- RDF can uniformly capture the information content

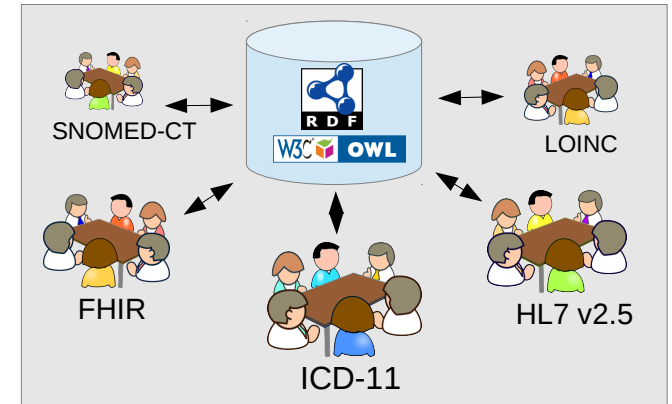
Needed: Collaborative Standards Hub



- A cross between BioPortal, GitHub, WikiData, Web Protege, CIMI repository, HL7 model forge, UMLS Semantic Network and Metathesaurus
 - Next generation BioPortal?

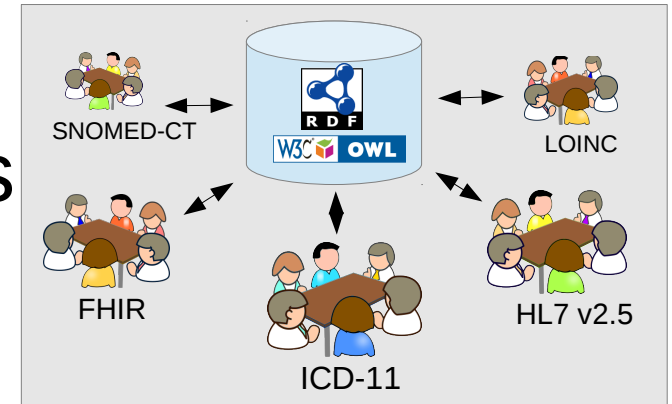
Collaborative Standards Hub

- Repository of healthcare information standards
- Supports standards groups and implementers
- Holds RDF/OWL definitions of data models, vocabularies and terms
- Encourages:
 - Semantic linkage
 - Standards convergence



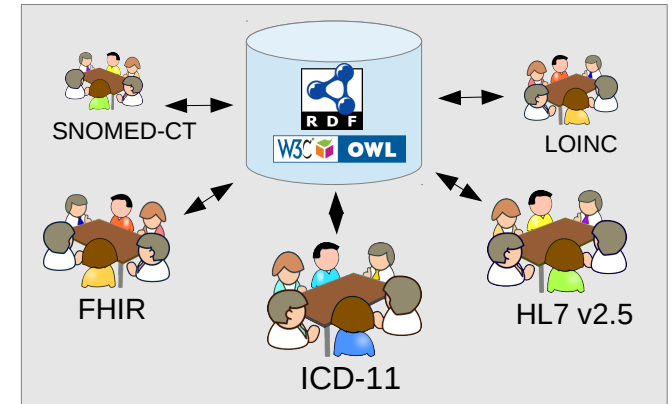
Collaborative Standards Hub

- Suggests related concepts
- Checks and notifies of inconsistencies – within and across standards
- Can be accessed by browser or RESTful API




Collaborative Standards Hub

- Can scrape or reference definitions held elsewhere
- Provides metrics:
 - Objective (e.g., size, number of views, linkage degree)
 - Subjective (ratings)
- Uses RDF and OWL under the hood
 - Users should not need to know RDF or OWL



iCat: Web Protege tool for ICD-11


ICD Collaborative Authoring Tool

Csongor Nyulas | [Sign Out](#) | [Options](#)

My ICD | **ICD Content** | Category Notes and Discussions | Reviews | Change History | Manage Hierarchy | Export and Import

ICD Categories

Create Watch Branch Search: '29E' 'Roseola infantum'

- 07 VII Diseases of the eye and adnexa 9 2773
- 08 VIII Diseases of the ear and mastoid process 7
- 09 IX Diseases of the circulatory system 4 2285
- 10 X Diseases of the respiratory system 3 1385
- 11 XI Diseases of the digestive system 4 4381
- 12 XII Diseases of the skin 10 6775
- LA Infections and infestations affecting the skin
 - LA0 Viral infections affecting the skin 2 2
 - LA00 Pox virus infections of the skin 2
 - LA01 Herpes virus infection of skin and mucous membranes
 - 29A0 Herpes simplex infection of skin and mucous membranes
 - LA011 Varicella zoster infection of skin
 - LA018 Other human herpes virus infections
 - 29E Roseola infantum 4
 - LA02 Human papilloma virus infection of skin
 - LA05 Skin disorders related to HIV and other immunodeficiencies
 - LA07 Viral exanthems 1 17
 - LA08 Miscellaneous skin disorders resulting from infections
 - LA09 Miscellaneous dermatoses with suspected infectious etiology

Details for 29E Roseola infantum

Title & Definition | Classification Properties | Terms | Clinical Description

Manifestation Properties | Causal Properties | Temporal Properties | Severity Properties

Functioning Properties | Specific Condition Properties | Treatment | Diagnostic Criteria

ICD-10 Notes and Hints | ICD-10 Linearizations | **Editorial Information**

ICD-10 Code B08.2

Sorting label 29E

ICD Title Roseola infantum

Short Definition

Text

An acute, short-lived, viral disease of infants and young children characterized by a high fever at onset that drops to normal after 3-4 days and the concomitant appearance of a macular or maculopapular rash that appears first on the trunk

External Definitions

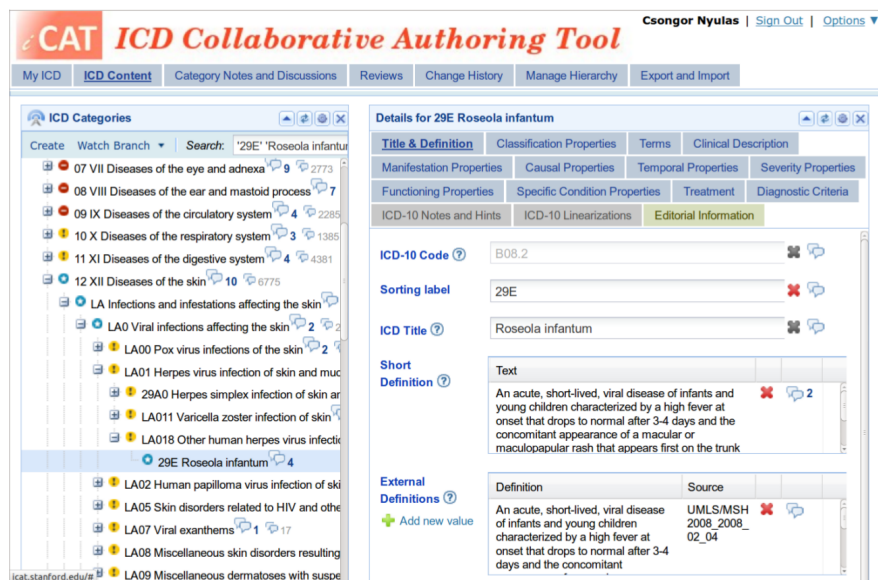
Add new value

Definition	Source
An acute, short-lived, viral disease of infants and young children characterized by a high fever at onset that drops to normal after 3-4 days and the concomitant	UMLS/MSH 2008_2008_02_04

iCat development of ICD-11

In three years:

- 270 domain experts around the world
- 45,000+ classes
- 260,000+ changes
- 17,000 links to external terminologies



FIBO development process

- Financial @@@ (FIBO) standards are developed in RDF/OWL
-

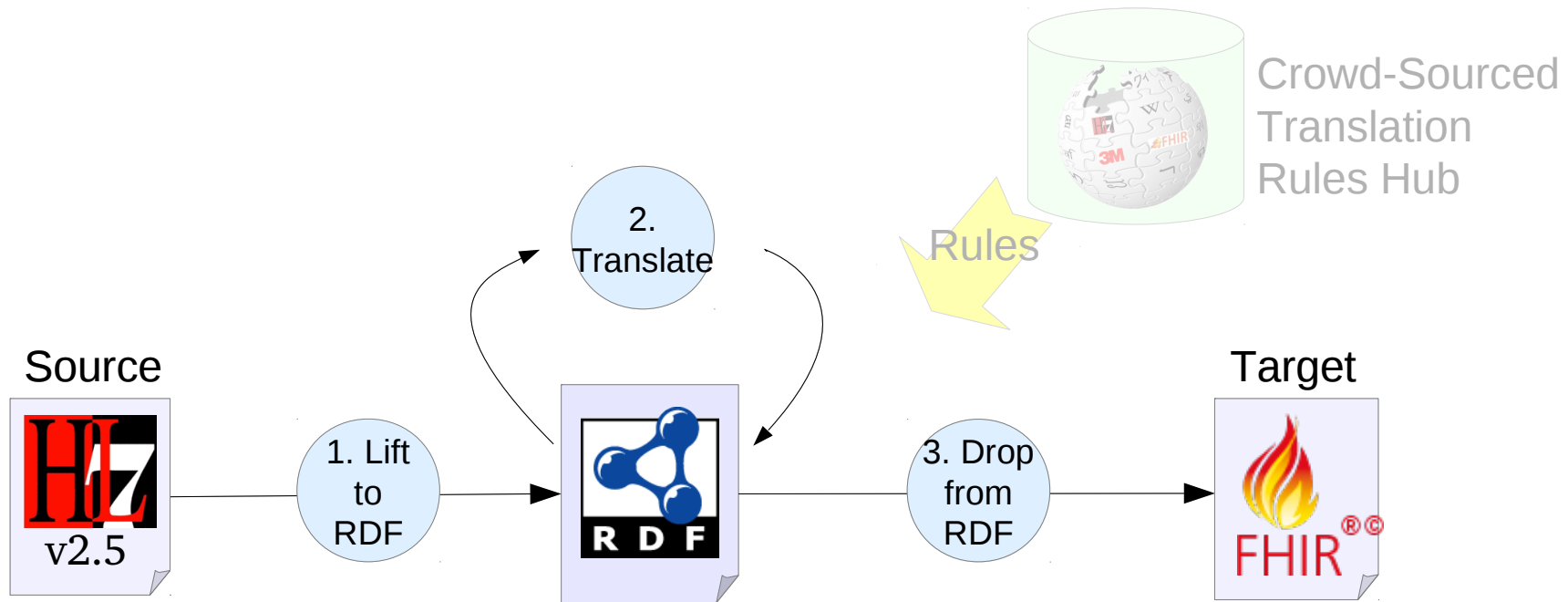


How RDF Helps Translation

How RDF helps translation

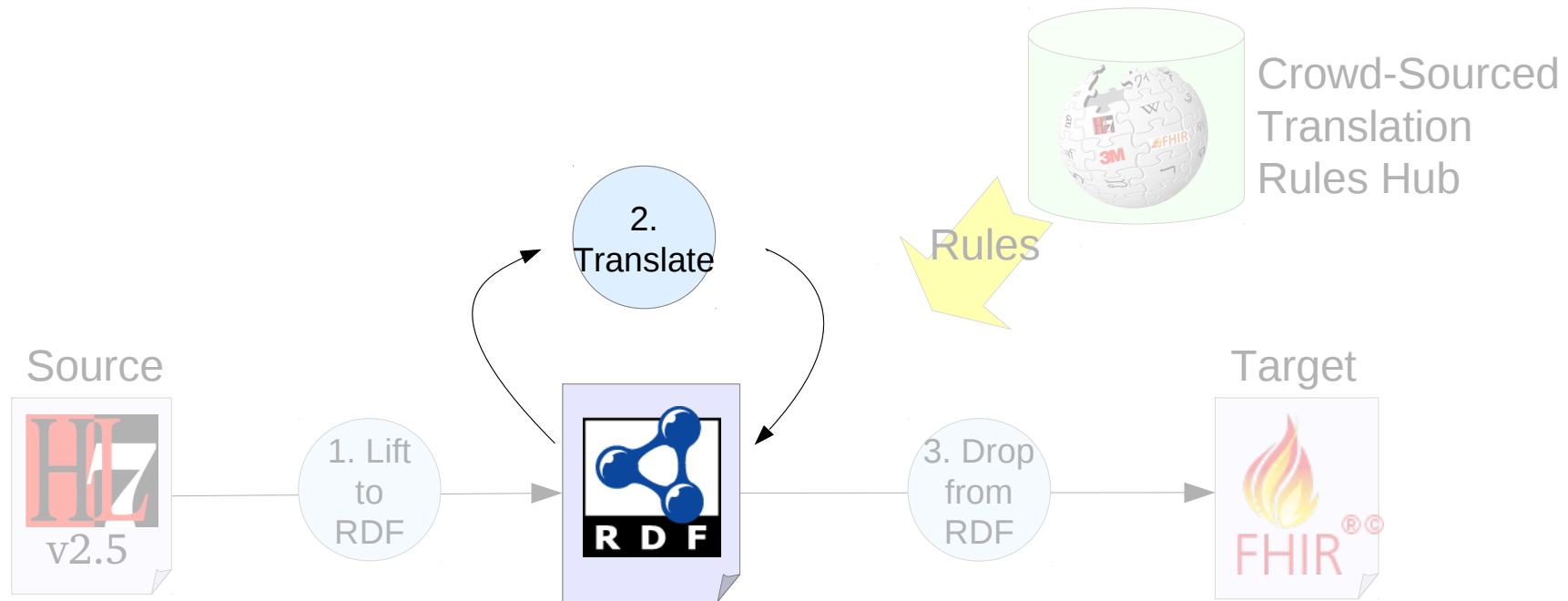
- RDF supports **inference**
 - Can be used for translation
- RDF acts as a **universal information representation**
- Enables data model and vocabulary translations to be **shared**

Translating patient data



- Steps 1 & 3 map between source/target syntax and RDF
- Step 2 translates instance data between data models and vocabularies (RDF-to-RDF)
 - A/k/a semantic alignment, model alignment

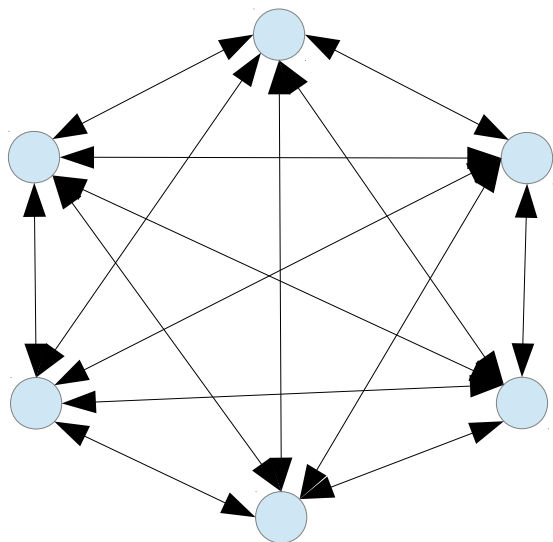
How should this translation be done?



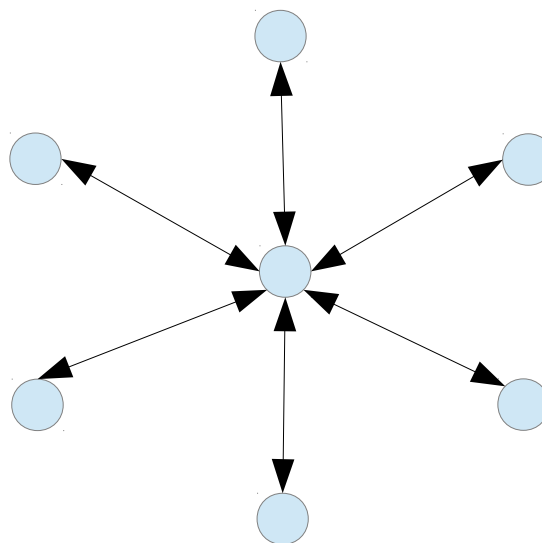
- Translation is hard!
- Many different models and vocabularies
- Currently done in proprietary, black-box integration engines

Translation strategies

Point-to-Point

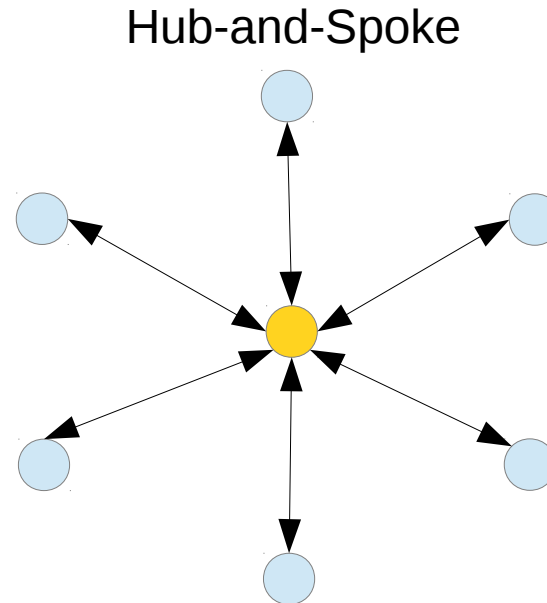


Hub-and-Spoke



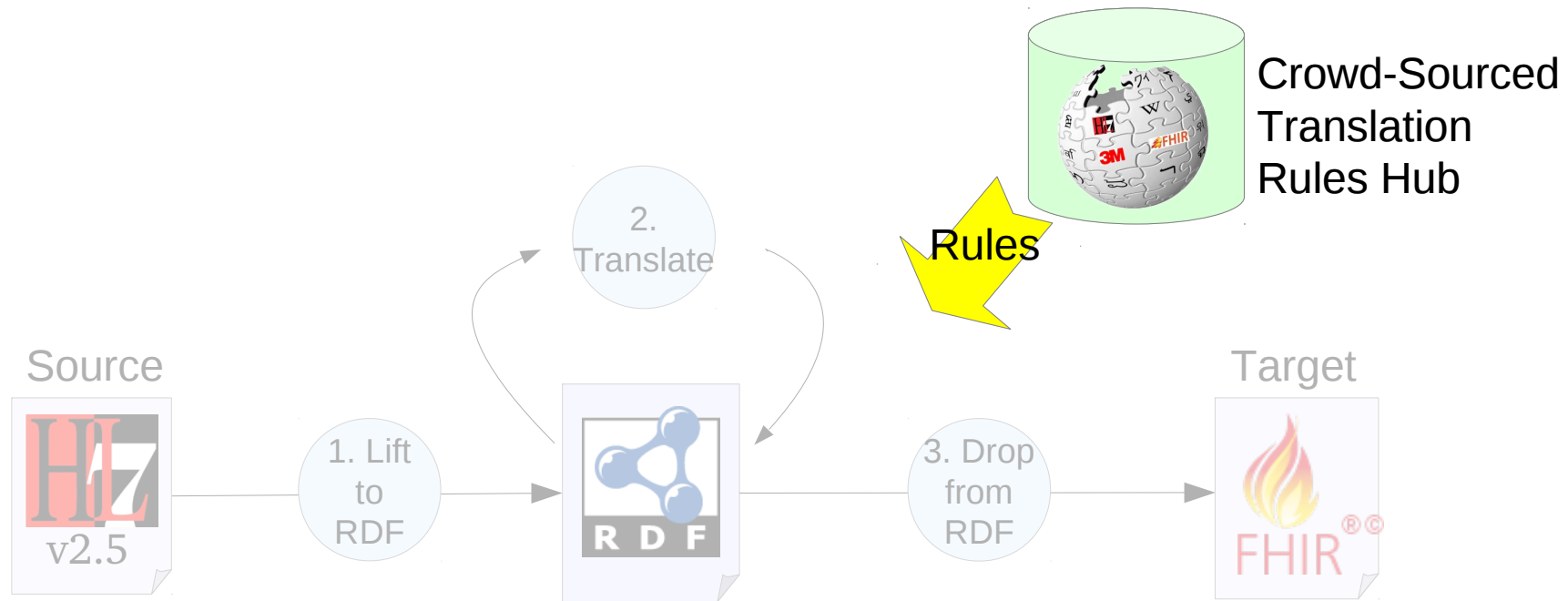
- Point-to-point is easier/faster for each translation
- Hub-and-spoke requires fewer translations: $O(n)$ instead of $O(n^2)$
- Hub-and-spoke requires a common data model
- Both strategies can be used!

Which common data model?



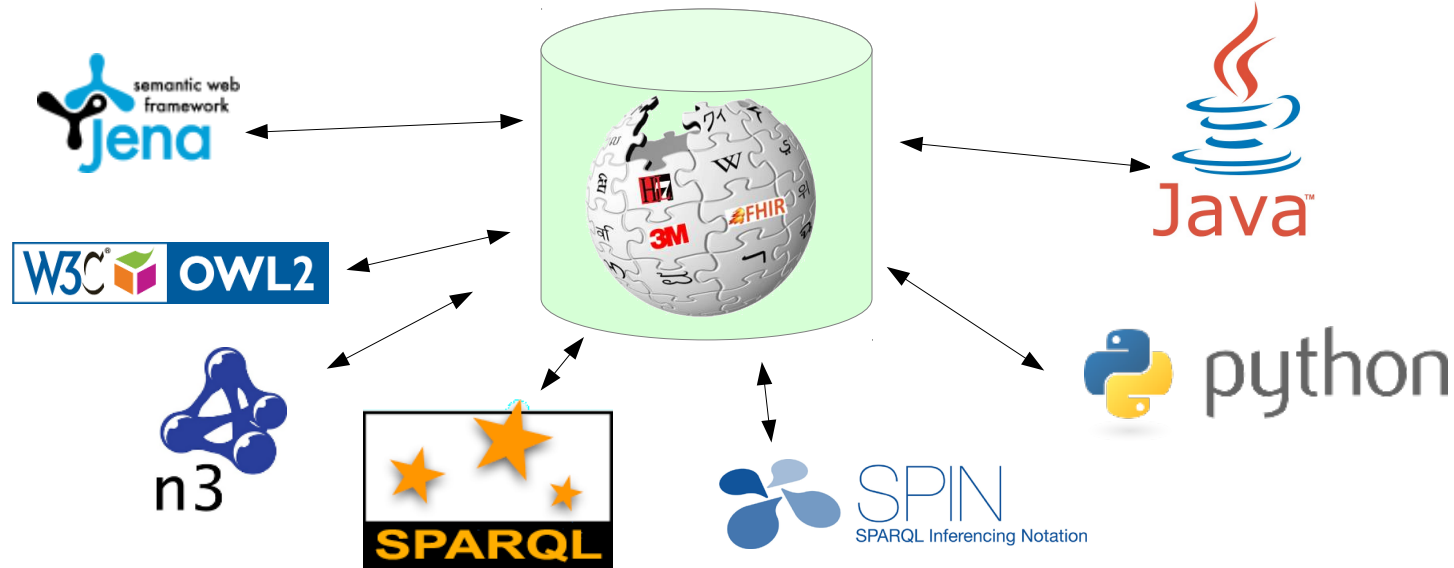
- Standardization may choose a common data model:
 - Moving target
 - Must be able to represent (but not require) the finest granularity needed by any use case
- Different use cases may use other data models, mapped to/from the common data model
 - Speeds standardization of common data model – **Avoids bike shed effect**

Where are these translation rules?



- By manipulating RDF data, rules can be mixed, matched and shared

Needed: Crowd-Sourced Translation Rules Hub

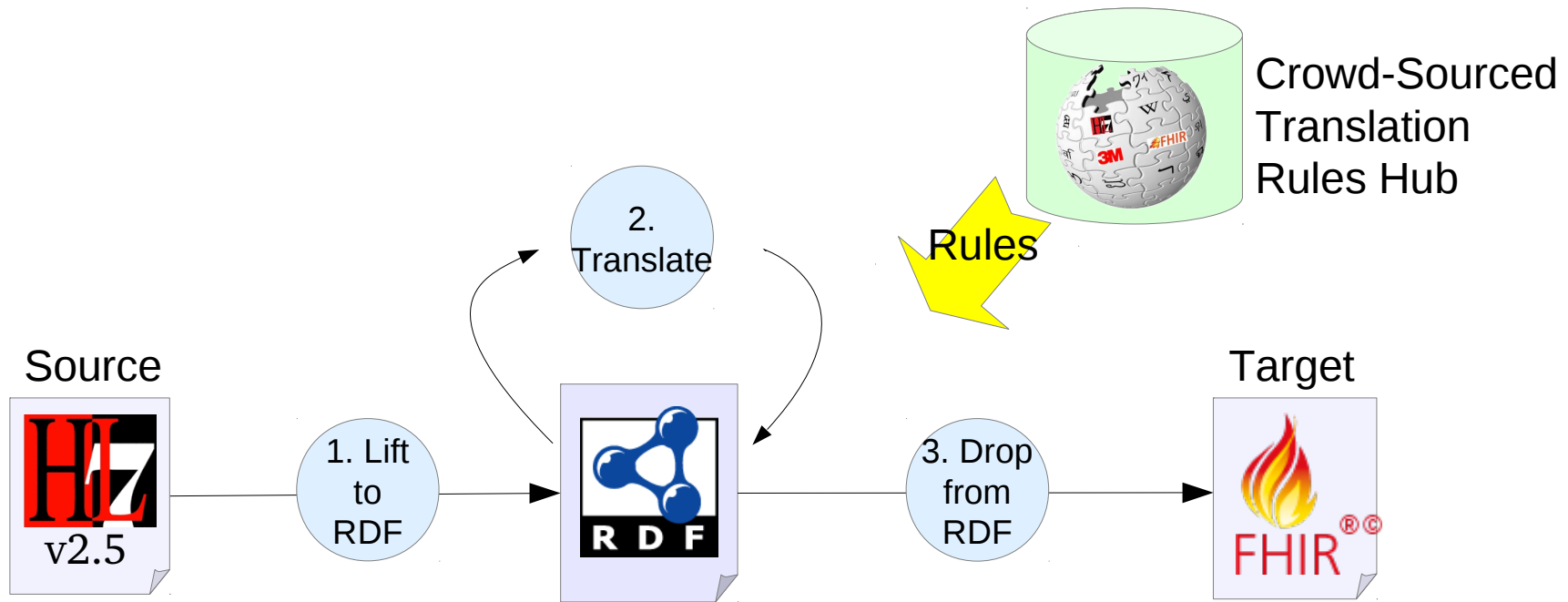


- Based on GitHub, WikiData, BioPortal, Web Protege or other
- Hosts translation rules
- Agnostic about "rules" language:
 - Any executable language that translates RDF-to-RDF (or between RDF and source/target syntax)

Translation rules metadata

- Source and target language / class
- Rules language
 - E.g. SPARQL/SPIN, N3, JenaRules, Java, Shell, etc.
- Dependencies
- Test data / validation
- License (free and open source)
- Maintainer
- Usage metrics/ratings
 - Objective: Number of downloads, Author, Date, etc.
 - Subjective: Who/how many like it, reviews, etc.
 - Digital signatures of endorsers?

Patient data privacy

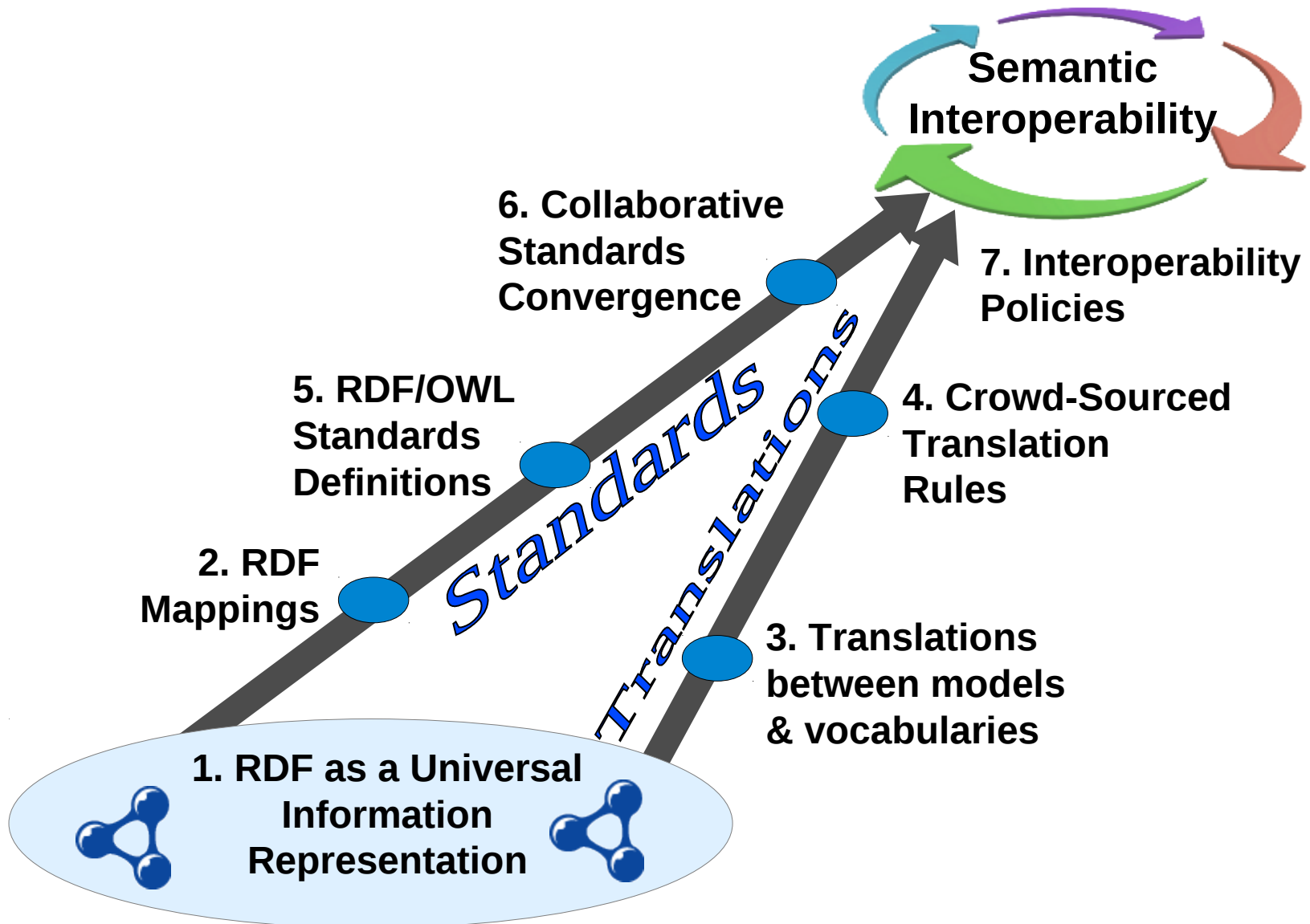


- Download translation rules as needed – plug-and-play
- Run rules locally
 - Patient data is not sent to the rules hub

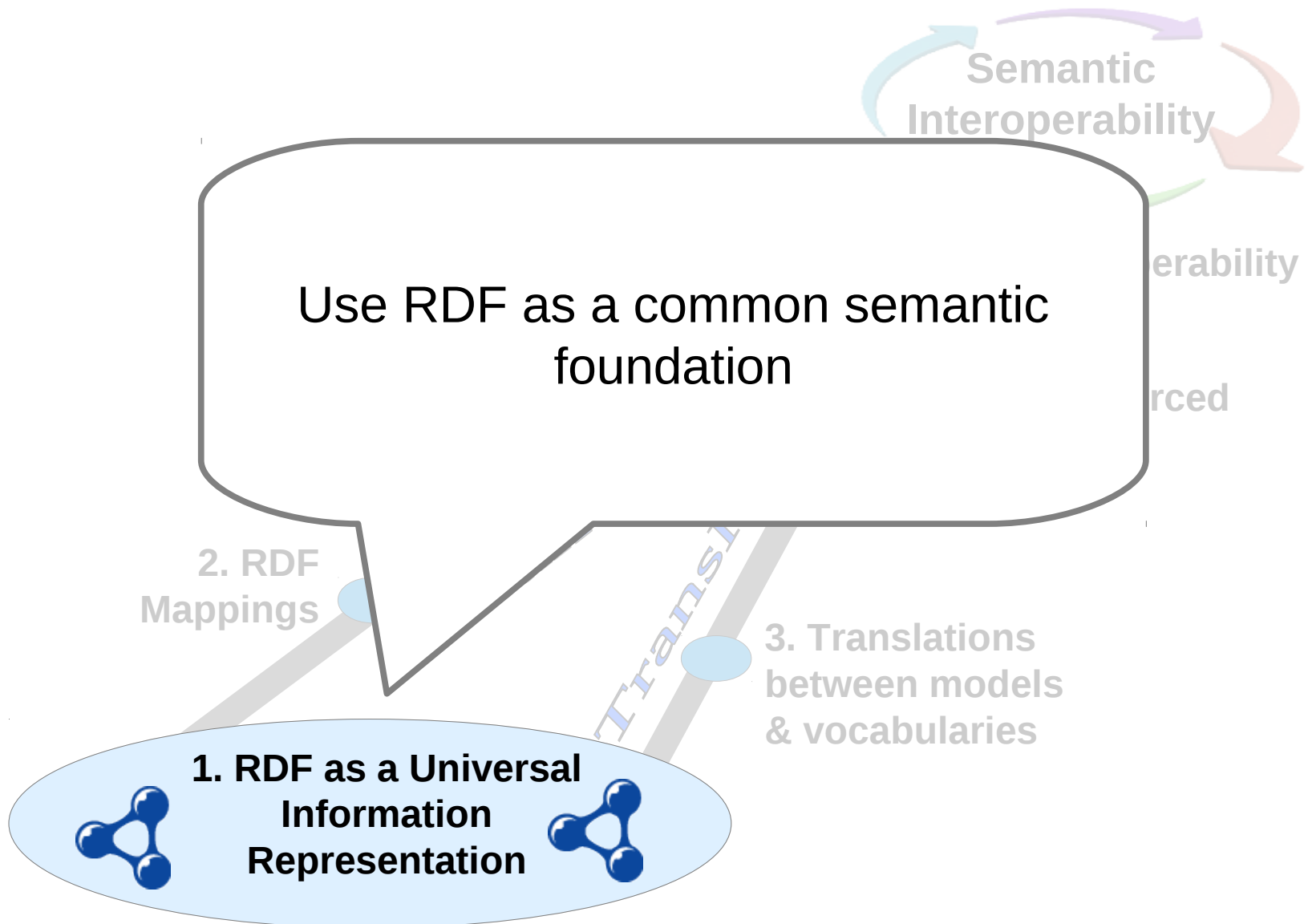


Roadmap for Interoperability

Roadmap



Roadmap - 1



Roadmap - 2

For common healthcare information representations*, define an **RDF mapping** to/from each format, data model and vocabulary – "lift" and "drop".

*Both standard and proprietary

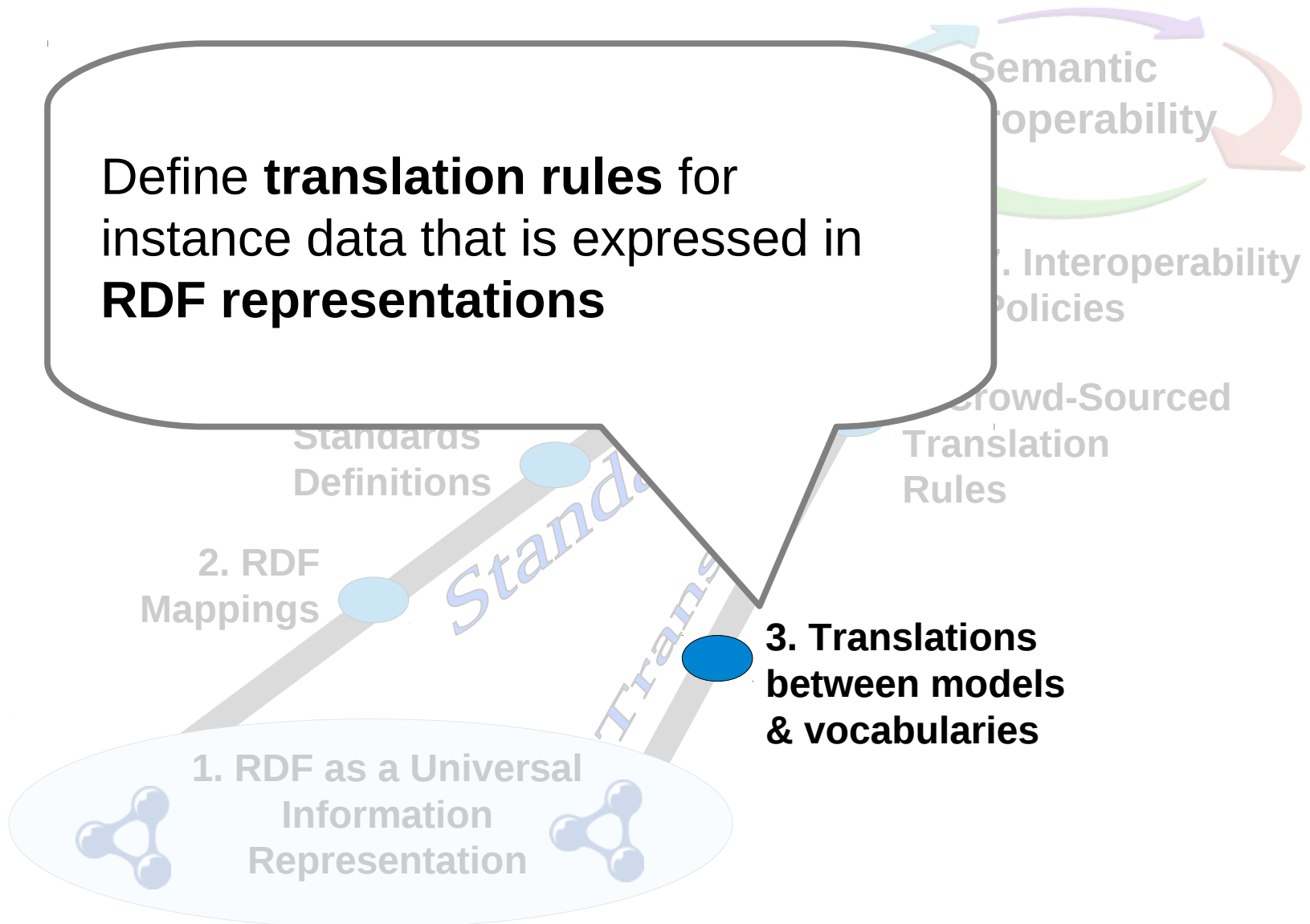
2. RDF Mappings

3. Translations between models & vocabularies

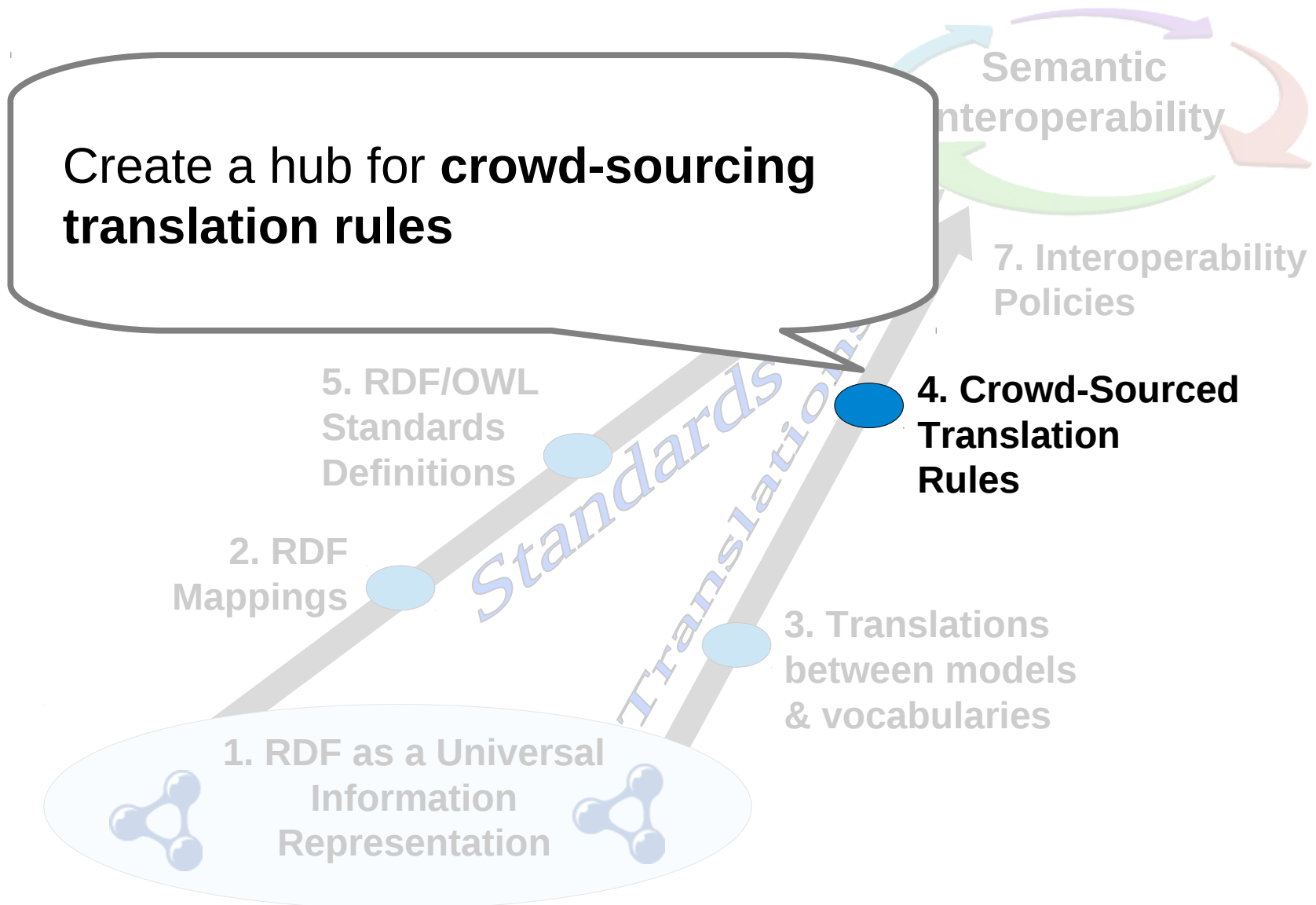
1. RDF as a Universal Information Representation

Roadmap - 3

Define **translation rules** for instance data that is expressed in **RDF representations**

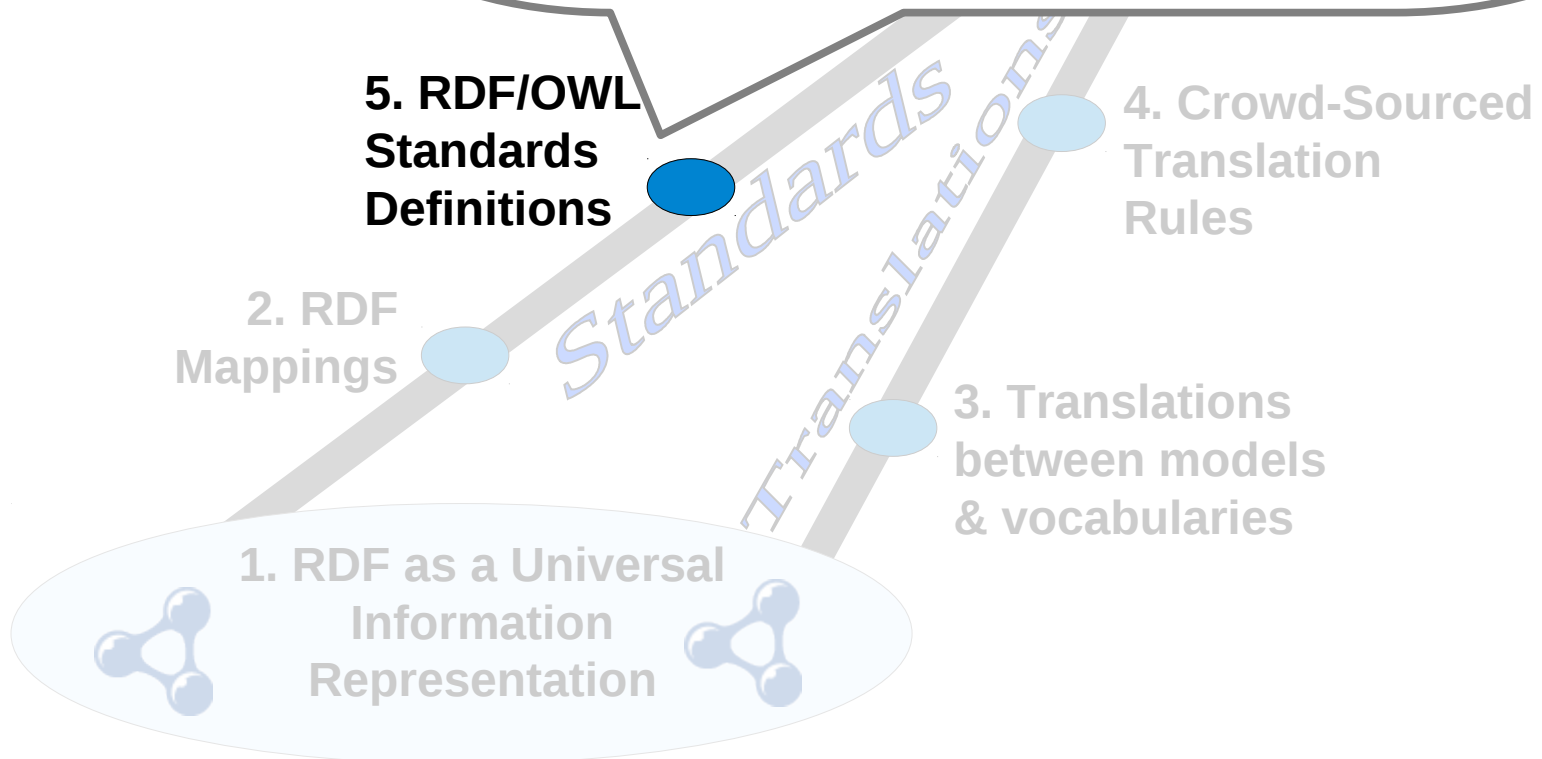


Roadmap - 4

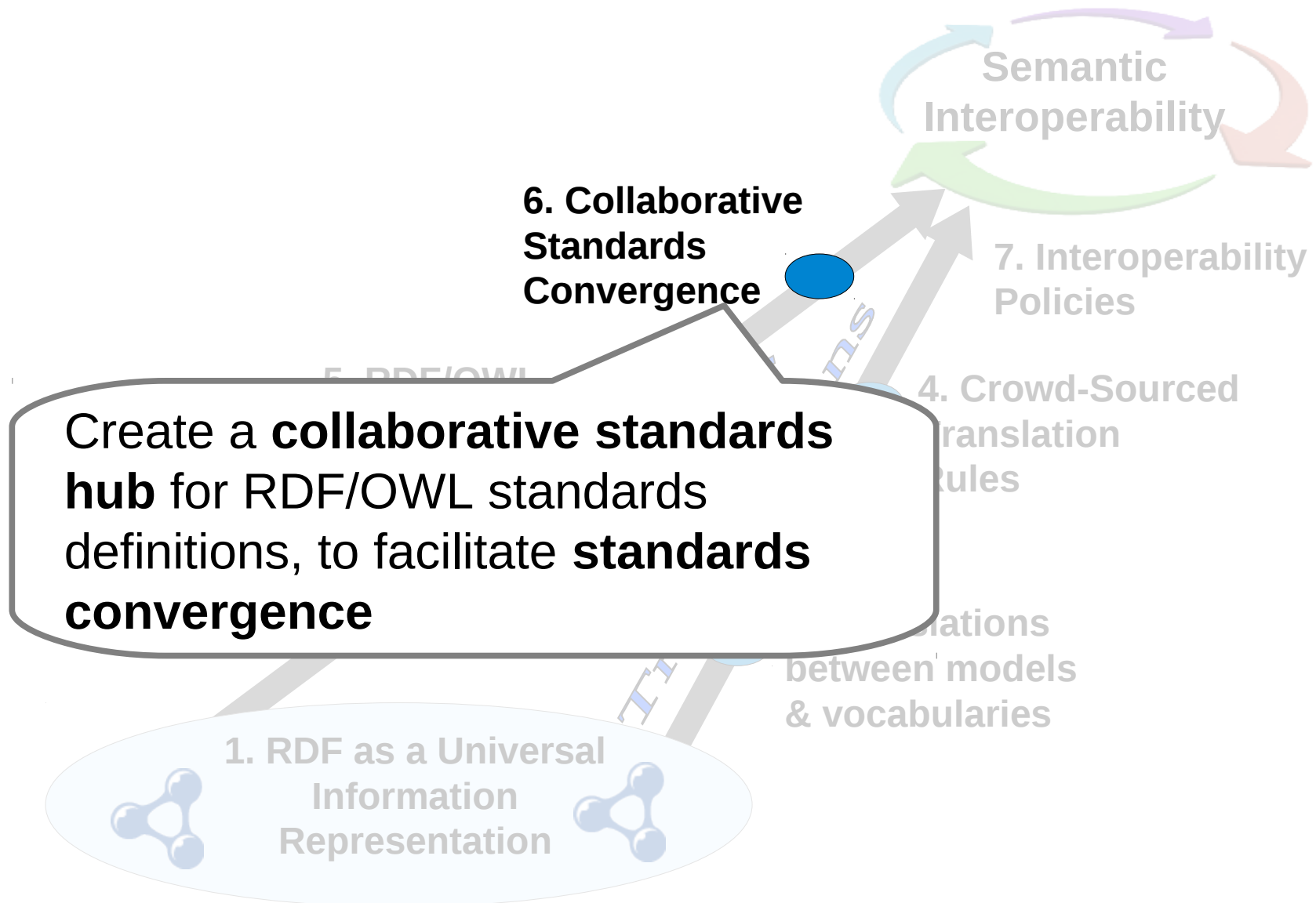


Roadmap - 5

Create **RDF / OWL definitions** of the data models and vocabularies defined by healthcare standards

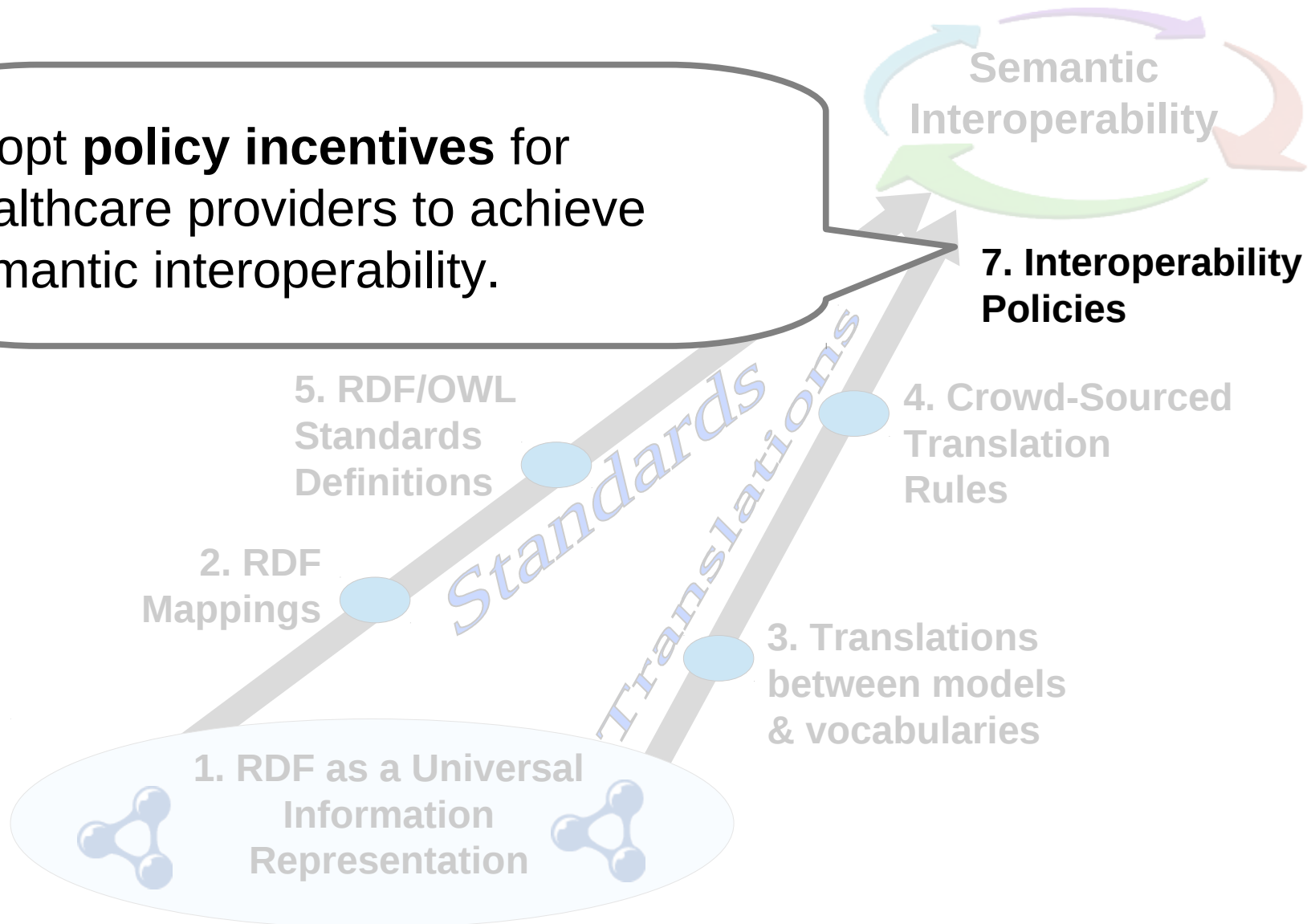


Roadmap - 6



Roadmap - 7

Adopt **policy incentives** for healthcare providers to achieve semantic interoperability.



Roadmap - 7

(a) Adopt **free and open interoperability standards.**

Why?
Eliminate **IP barriers to interoperability.**

1. RDF as a Universal
Information
Representation

3. Translations
between models
& vocabularies

4. Crowd-Sourced
Translation
Rules

7. Interoperability
Policies

Semantic
Interoperability

Roadmap - 7

(b) Adopt **policy incentives** for healthcare providers to achieve semantic interoperability.

Why?

A healthcare provider has **no natural business incentive** to make its data interoperable with competitors.

Semantic Interoperability

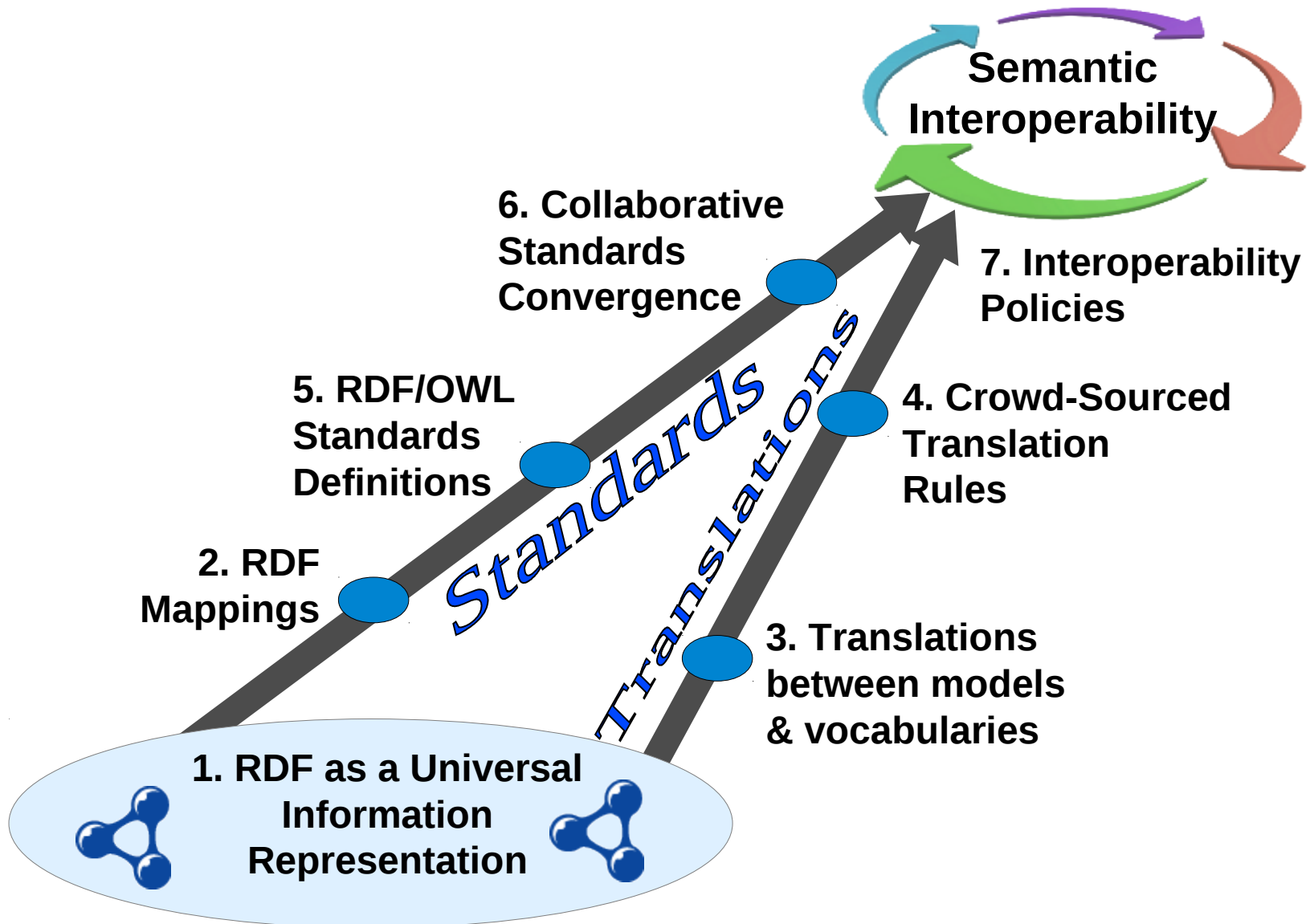
7. Interoperability Policies

4. Crowd-Sourced translation rules

3. Mappings between models & vocabularies

1. RDF as a Universal Information Representation

Roadmap



What will semantic interoperability cost?

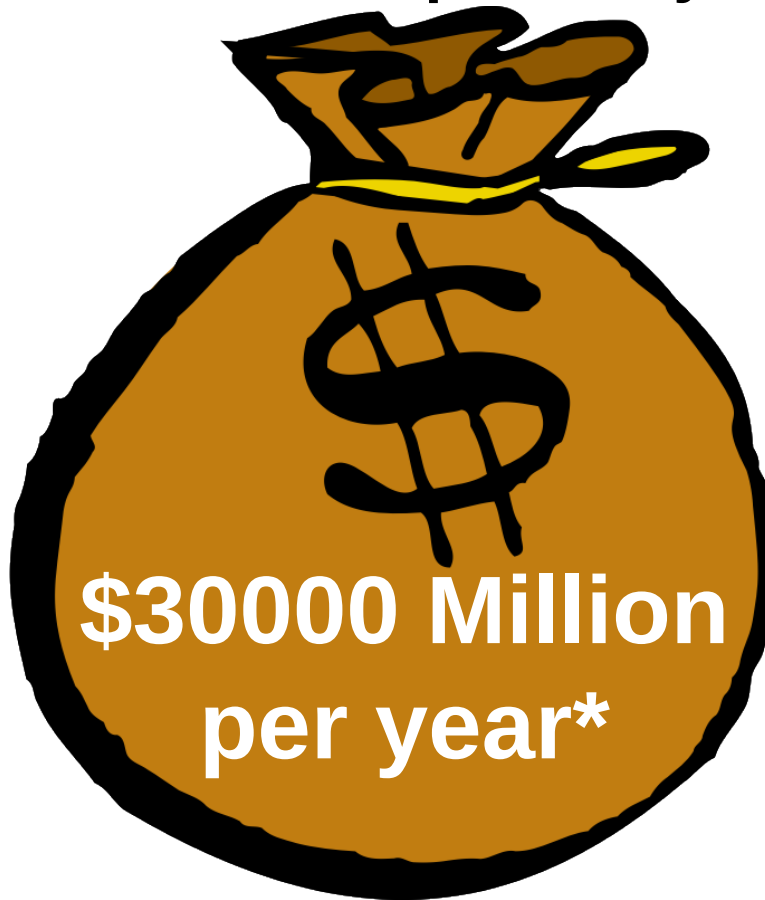
My guesses . . .

	Initial	Ongoing
Standards	\$40-500M	+ \$30-400M / year
Translations	\$30-400M	+ \$20-300M / year
Total	\$60-900M	+ \$50-700M / year

What are yours?

Opportunity cost

Non-interoperability



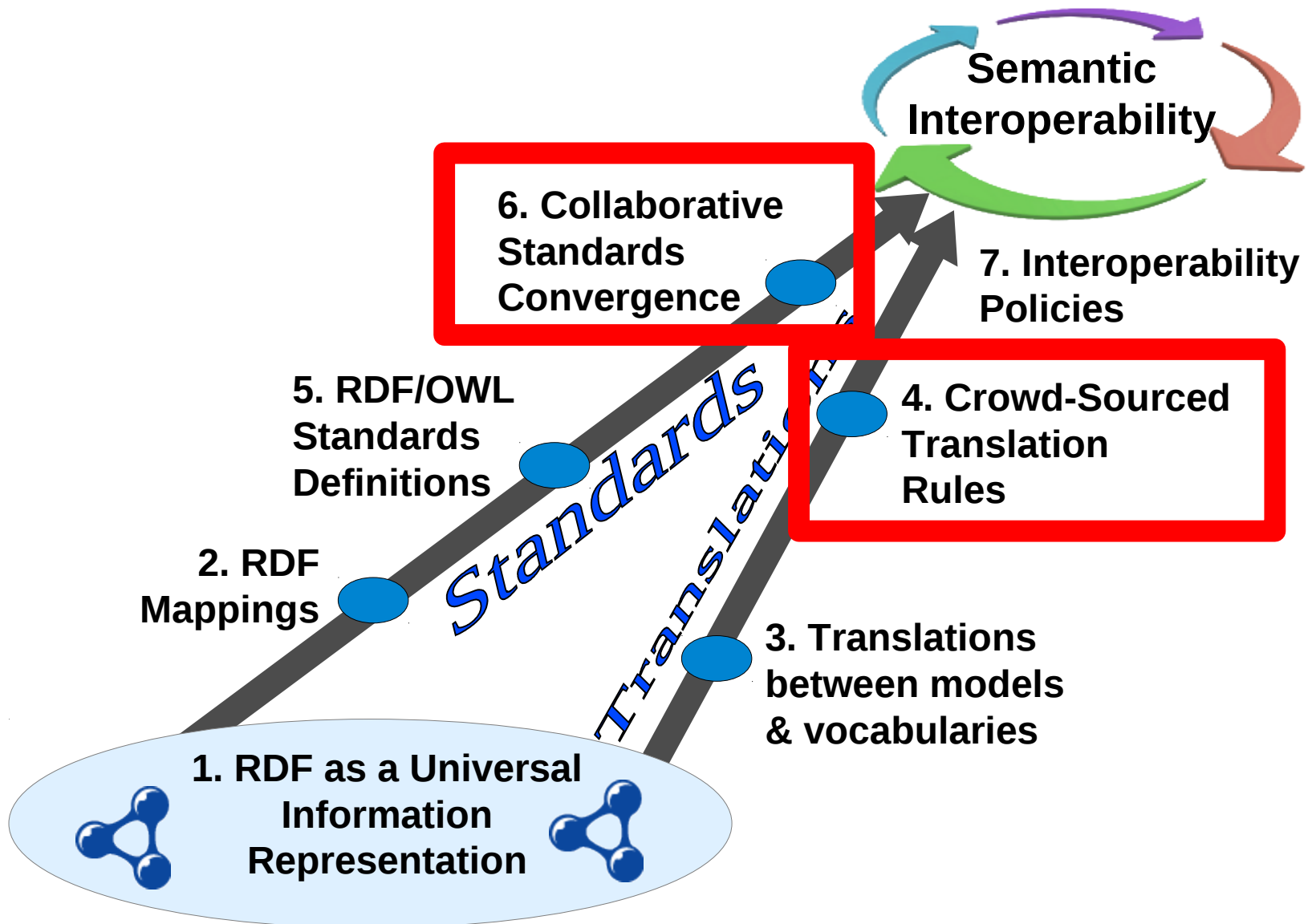
Interoperability



**\$700 Million
per year?**

*Source: <http://www.calgaryscientific.com/blog/bid/284224/Interoperability-Could-Reduce-U-S-Healthcare-Costs-by-Thirty-Billion>

Biggest payoff opportunities



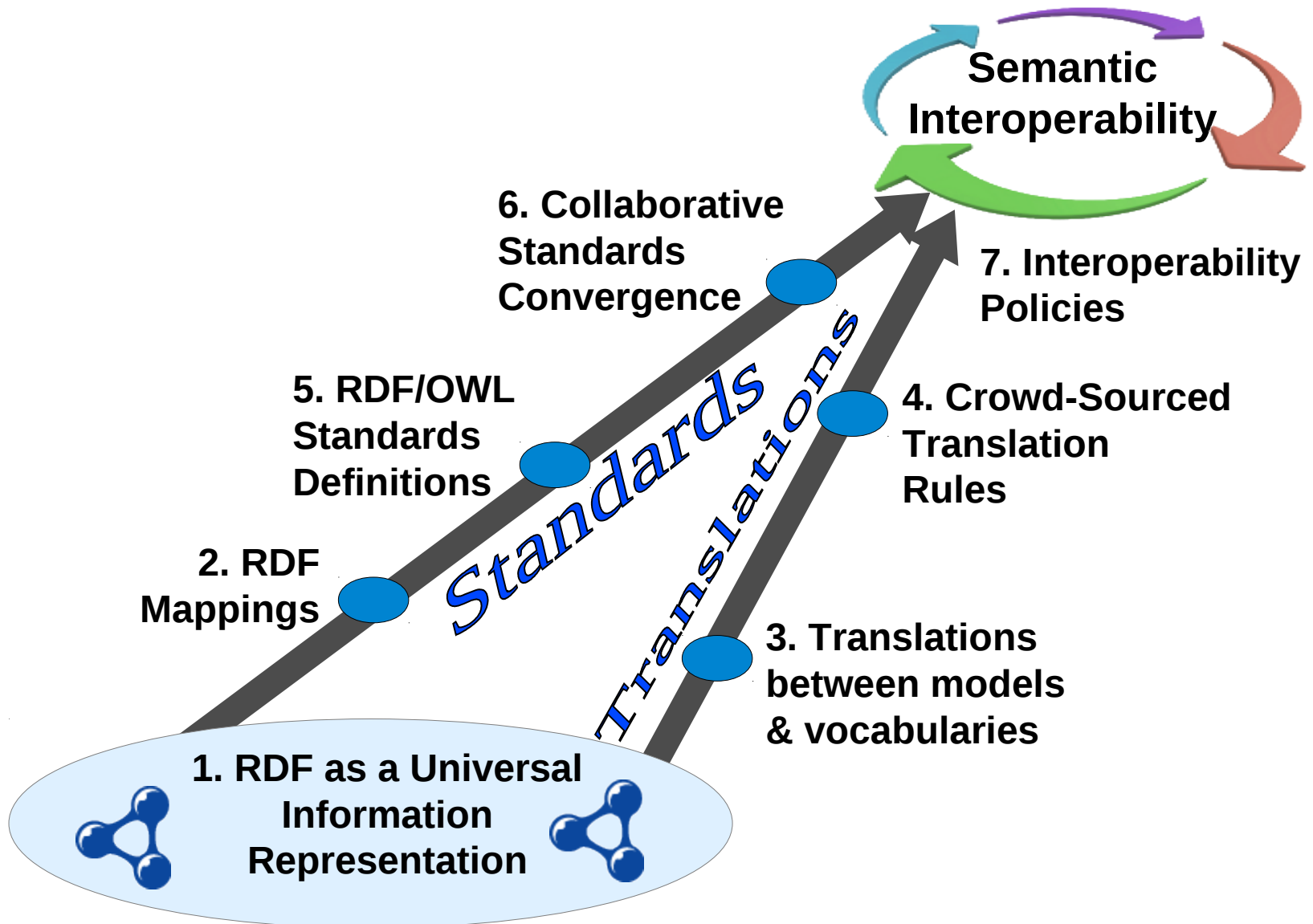
Questions?

BACKUP SLIDES

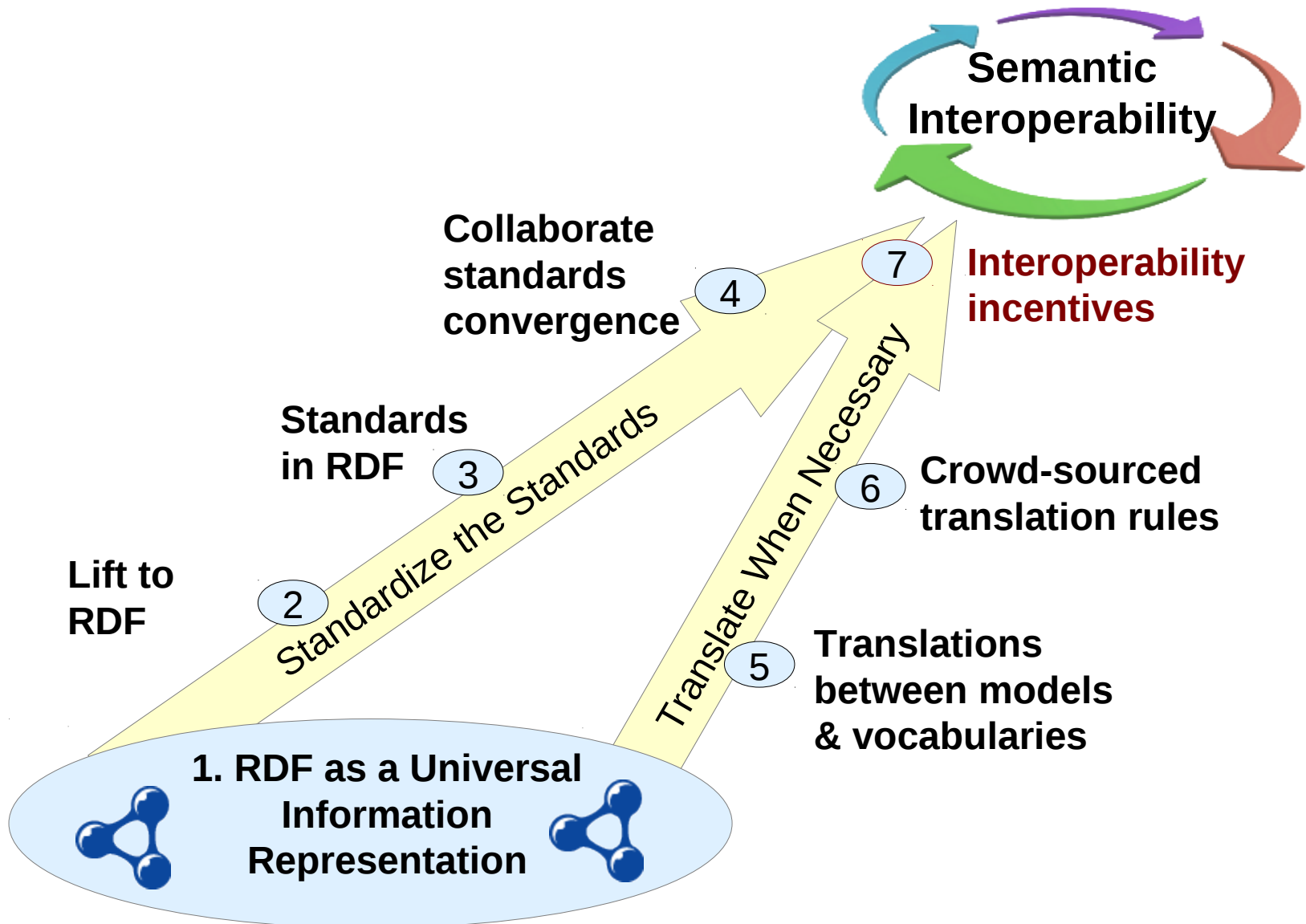
Related Activities

- New HL7 group on "RDF for Semantic Interoperability":
http://wiki.hl7.org/index.php?title=ITS_RDF_ConCall_Agenda
- ONC's "Interoperability Roadmap" (draft):
<http://tinyurl.com/mgtwwr8>

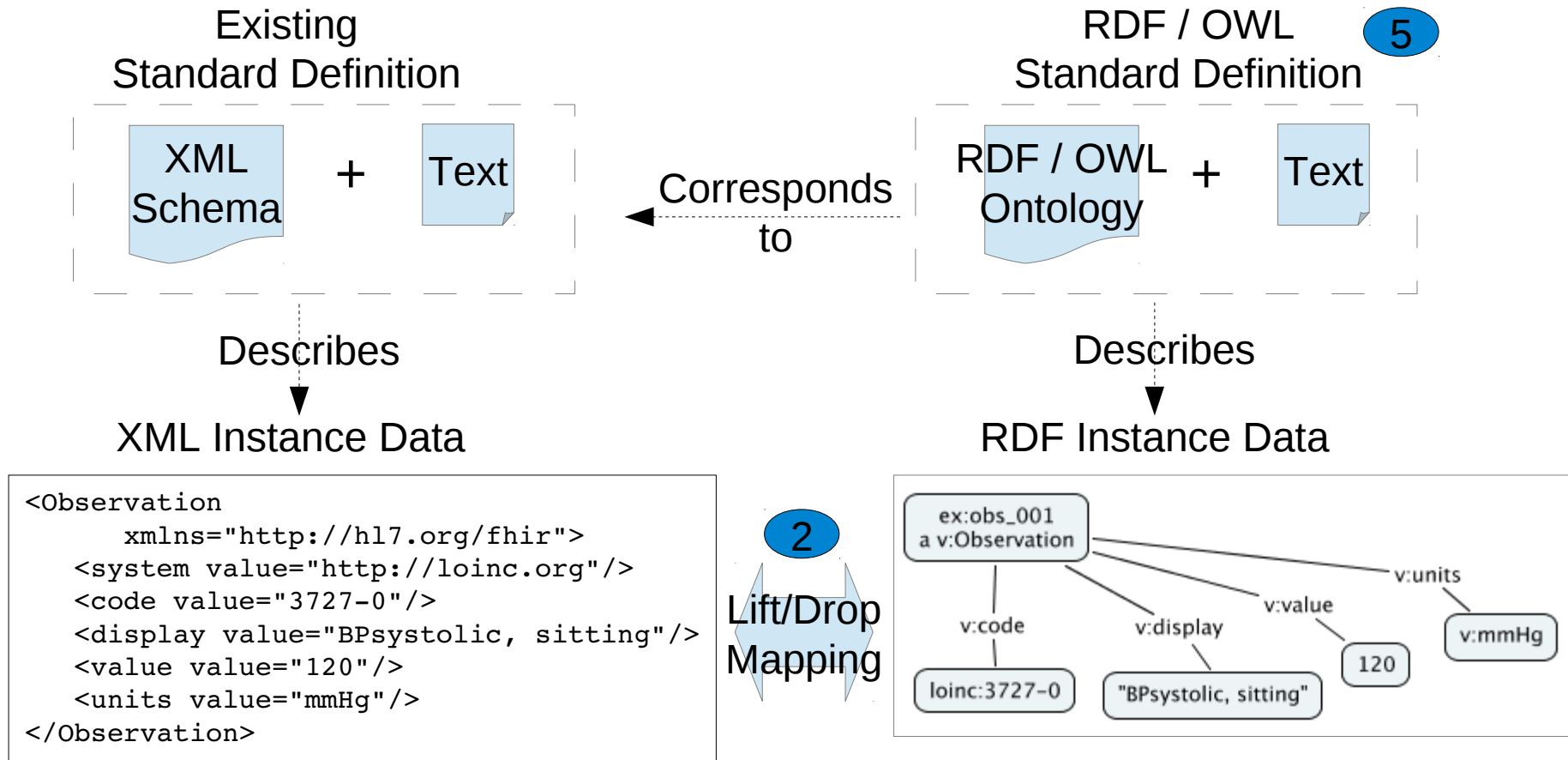
A Roadmap for Healthcare Information Interoperability



A Roadmap for Healthcare Information Interoperability



Steps 2 and 5



Roadmap

