

# Workshop 2 Forms

## Form 2.1 Data Sharing Architecture & Standards

This form captures anonymous feedback regarding the existing data sharing infrastructure and the degree of standards adoption in our care delivery network.

What **architectural** elements of the OpenHIE data sharing **infrastructure** do we **have already**? \*  
[Select all that apply]

- ☐ SHR - Shared Health Records repository
- ☐ HMIS - Health Management Information System
- ☐ TS - Terminology Server
- ☐ CR - Client Registry
- ☐ FR - Facility Registry
- ☐ HWR - Health Worker Registry
- ☐ IL - Interoperability Layer (including security, etc.)
- ☐ POS:EMR - Electronic Medical Records
- ☐ POS:mHealth - mobile phone health apps
- ☐ POS:LMIS - Lab Information Management System
- ☐ POS:Pharm - Pharmacy System
- ☐ POS:HMIS - HMIS client
- ☐ Other: \_\_\_\_\_

If you wish, please comment on our **existing OpenHIE infrastructure**.

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What **proportion** of our existing digital health solutions would you estimate have implemented the HL7 **FHIR** standard? \* [Select only one]

☐ <20%

☐ 20-40%

☐ 40-60%

☐ 60-80%

☐ 80-100%

☐ Other: \_\_\_\_\_

If you wish, please comment on your estimate regarding our **present adoption** of the HL7 **FHIR** Standard

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What norms and standards are we using, now, related to person-centric, "coded", health data?  
\*[Select all that apply.]

☐ ICD-10 - International Classification of Diseases v10

☐ ICD-11 - International Classification of Diseases v11

☐ ICHI - International Classification of Health Interventions

☐ ICF - International Classification of Functioning, Disability, and Health

☐ SNOMED - Systematized Nomenclature of Medicine (diagnoses & procedures)

☐ LOINC - Logical Observation Identifiers, Names, and Codes (lab test codes)

☐ IPS - International Patient Summary (health document)

☐ HL7 CDA - Clinical Document Architecture (health document)

☐ ATC - Anatomical Therapeutic Chemical classification (drug codes)

☐ Other: \_\_\_\_\_

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If you wish, please comment on your **assessment** of person-centric health data **norms and standards**.

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# Workshop 2 Forms

## Form 2.2 Cloud Readiness

This form captures **anonymous feedback** regarding our readiness to adopt (and adapt to) a **cloud-hosted** HIE architecture.

What is the current thinking regarding the potential **RISK vs REWARD** of adopting a **cloud-hosted** HIE infrastructure deployment? \* [Select only one]

- ☐ Much more RISK than reward
- ☐ Somewhat more RISK than reward
- ☐ About the same RISK as REWARD
- ☐ Somewhat more REWARD than risk
- ☐ Much more REWARD than risk
- ☐ Other: \_\_\_\_\_

If you wish, please comment on your **assessment of RISK vs REWARD** for cloud-hosting our HIE.

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Are there **examples**, today, of government departments leveraging **cloud-hosted** solutions? \* [Select only one]

- ☐ YES, with POSITIVE results
- ☐ YES, with MIXED results
- ☐ YES, with NEGATIVE results
- ☐ NO, there are no examples
- ☐ I don't know
- ☐ Other: \_\_\_\_\_

If you wish, please comment on the current **examples of cloud-hosted** government solutions.

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Are there **examples**, today, where a software **façade** has been used to add a **standards-based interface** to proprietary digital health solutions? \* [Select only one]

☐ YES, with POSITIVE results

☐ YES, with MIXED results

☐ YES, with NEGATIVE results

☐ NO, there are no examples

☐ I don't know

☐ Other: \_\_\_\_\_

If you wish, please comment on the idea of using of a software **façade** approach.

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## Form 2.3 CCG Approach

This form captures **anonymous feedback** regarding a **CCG-centric strategy** for addressing the country's current **burden** of disease.

Are there **national care guidelines** (not *necessarily* CCGs) for the **top-10 burden of disease** conditions identified by **IHME**? \* [Enter those for which you believe a guideline exists]

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

Other: \_\_\_\_\_

If you wish, please comment on the existing **national care guidelines**.

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What **mix** of digital health solution **types** would be most **successful** for us? \* [Select only one]

☐ Care providers should use a different single-purpose app for every individual CCG.

☐ Care providers' EMR should be a platform that can run multiple CCGs.

☐ Other: \_\_\_\_\_

If you wish, please add clarifying comments related to your recommendation regarding the **mix** of digital health solution **types**.

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What do you believe is the **value** of collecting relevant person-centric **data** at the point of care? \*  
[Select only one]

- ☐ The collected data represents a HIGH VALUE for the effort.
- ☐ The collected data represents a MEDIUM VALUE for the effort.
- ☐ The collected data represents a LOW VALUE for the effort.
- ☐ Other: \_\_\_\_\_

If you wish, please comment on the relative **EFFORT vs BENEFIT** associated with capturing person-centric data at the point of care.

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How **many different** digital health solutions should a **care provider** need to use to manage a **single** care encounter? \* [Select only one]

- ☐ Only ONE
- ☐ TWO (e.g. if a new patient needs to be added to the CR)
- ☐ THREE
- ☐ More than THREE
- ☐ Other: \_\_\_\_\_

Do you believe **AI** and **machine learning** innovations can significantly **improve** our healthcare system? \* [Select only one]

- ☐ Yes
- ☐ No

If you wish, please comment on the ways **AI** and **machine learning** can **improve** our healthcare.

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