Implementing Standards

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The US National Committee on Vital and Health Statistics

Implementing Standards: A view from the UK and IHTSDO

- Presentation 4 parts over 20 minutes
    - Context setting
    - Perspective from the 'Information Standards Board for Health and Social Care' [ISB HaSC]
    - Perspective from International Health Terminology Standards Development Organisation [IHTSDO]
    - Personal conclusions
- Time for discussion [~20 minutes]

Context: Types Of Standard

- Framework - A high level, over arching structure from within which standards at other levels can be derived and developed

- Fundamental - A standard that supports many operational standards and will therefore have multiple instantiations. It is approved at full standard once operational instantiations have been demonstrated as agreed at draft standard stage in line with its purposes

- Operational Standards - Detailed and precisely defined standard for operational use within specific areas of the NHS

Context: Parts of an Operational Standard
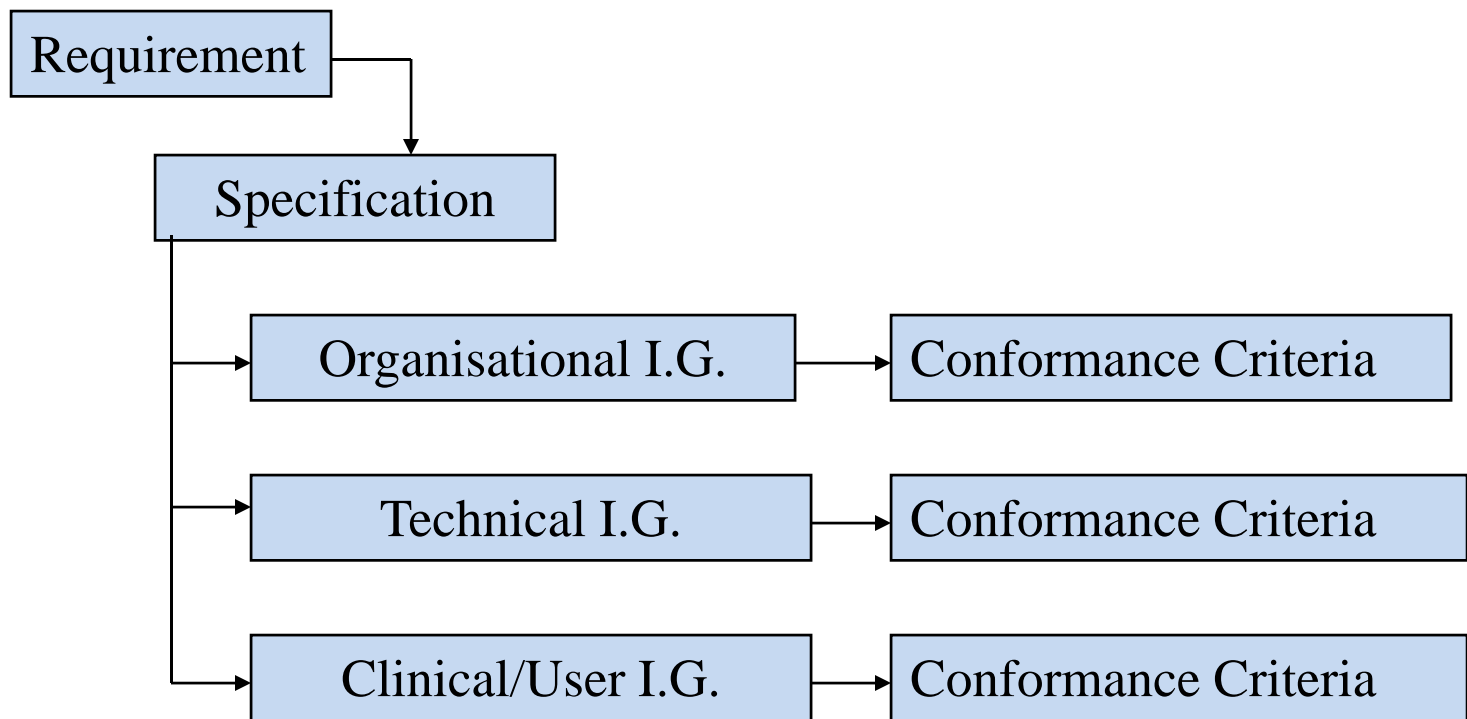
ISB HaSC: Key Points

- Set up in 2000: Independent; Advisory
  - Structurally evolved over that period
- Information Standards Approval body [only] for the NHS and Social Care in England
  - Approves via appraisal of evidence inc. implementation evaluation
  - Appraisers from 6 domains: clinical; managerial; public health & statistics; information governance; social care; & technical
- Focus on:
  - Implementation; Interoperability; and Safety
- Internally manages the tension between major stakeholders
  - Clinical; Technical and Organisational communities
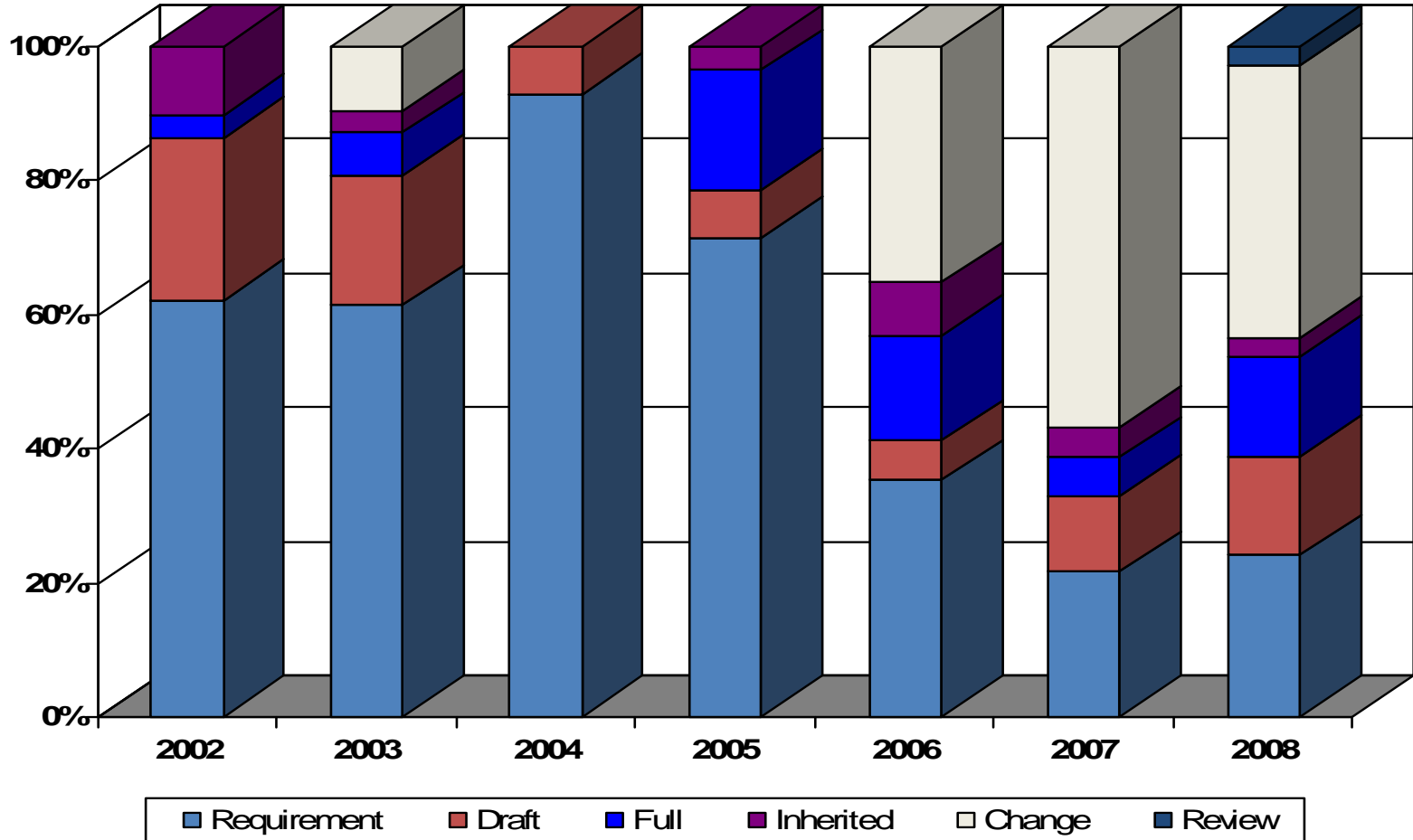
What is the ISB HaSC perspective on standards?

- The value of the standard lies only in effective implementation [Swann, 2000]
- A standard is a document specifying the nationally or internationally agreed properties of a good
  - A standards developer view
- A standard is the quality or measure serving as a basis or principle to which others conform or should conform or by which the quality of others is judged
  - A standards approver perspective

The ISB view is the same as the NHS view: ref National Standards: Local Implementation

Volume of Standards Assessed by ISB HaSC, 2002-2008
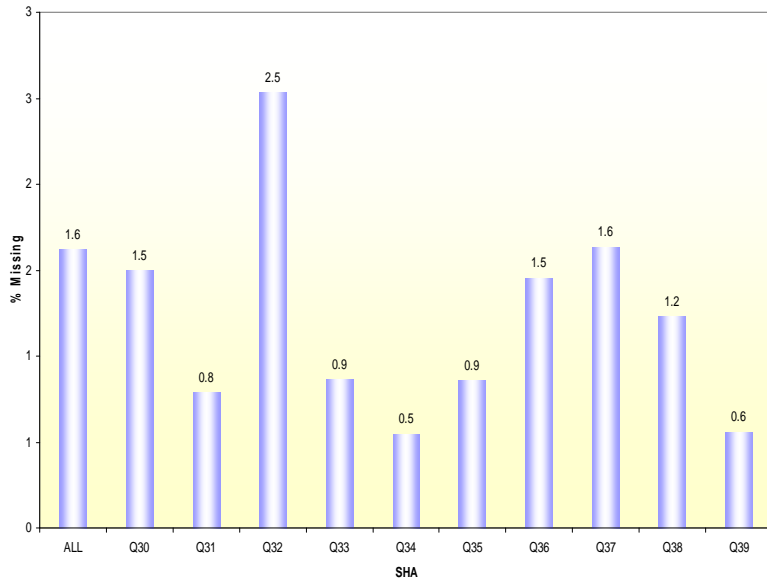
Legend:
- ◆ Standards Assessed
- ■ Standards (minus CDS v6 elements)
- — Linear (Standards Assessed)
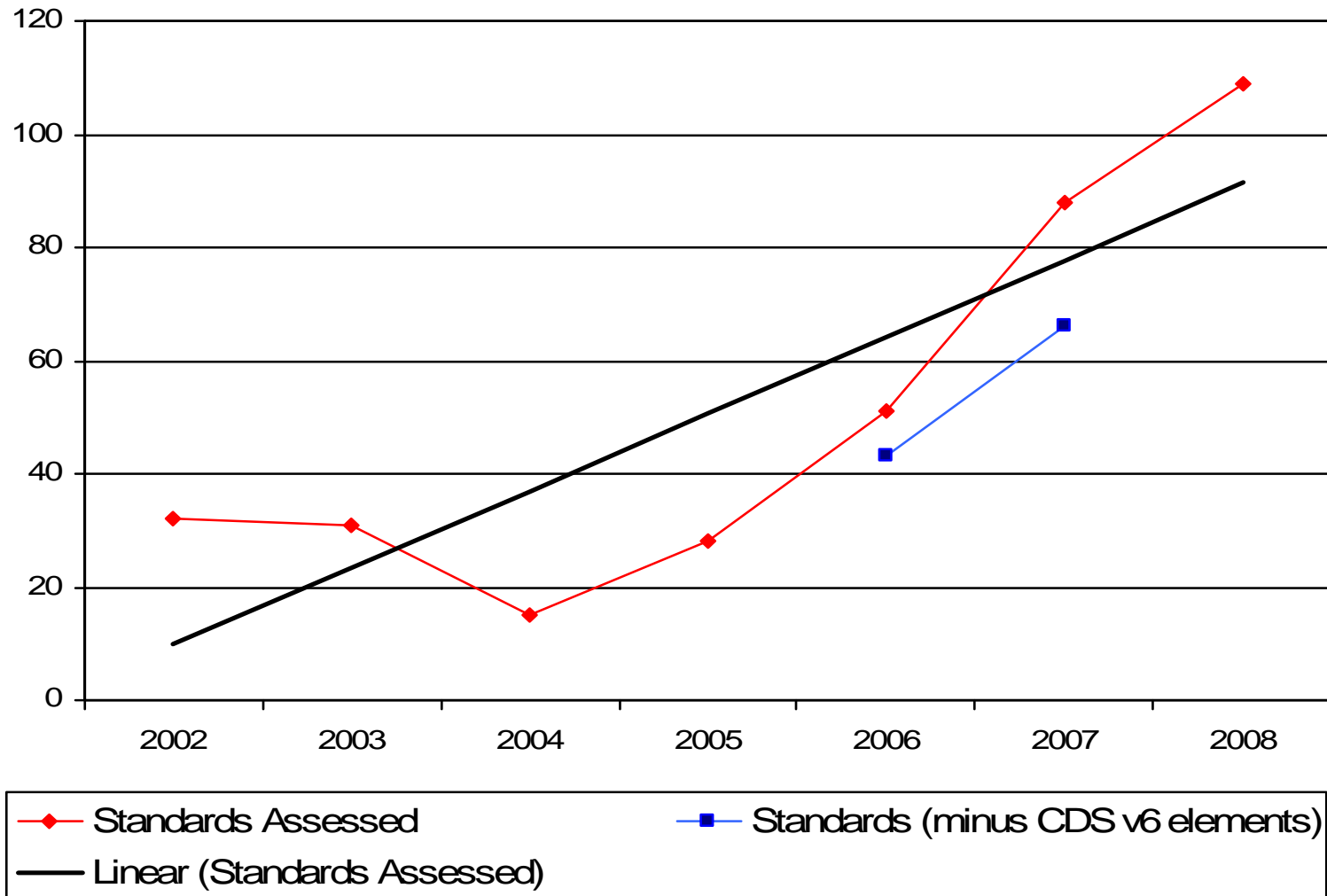
Volume of Standards Assessed by ISB HaSC, 2002-2008, by Stage

Legend: Requirement, Draft, Full, Inherited, Change, Review

Examples - Implementation of Datasets for Payment by Results

SHA Summary to show % missing primary diagnosis. If there is no primary diagnosis then the payment tariff can not be calculated thus … no payment can be made

- The first priority for SUS was the implementation PBR to provide a transparent, rules-based system for paying NHS Trusts for the activity they undertake using a national tariff.

- Based on activity and adjusted for Casemix it ensures a fair and consistent basis for hospital funding rather than being reliant principally on historic budgets and the negotiating skills of individual managers

- Providers and Commissioners are given access to this information on line providing a consistent basis for negotiation and additional analysis facilities to be made available to providers and commissioners

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Examples: Implementation of Datasets for Practice Based Comparators

Provides access to information on:

- Commissioning activity, Referral patterns, Outcomes, Prescribing and Quality and Outcomes Framework (QOF)
- Accessible to all GP practices, Primary Care Trusts (PCTs), Strategic Health Authorities (SHAs), other trusts and Public Health Observatories (PHOs)

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What is the IHTSDO?

- The IHTSDO is a Danish Association
- The Association is a registered not-for-profit entity in Denmark [23rd March 2007]
- Articles of Association detail the who, what, where and how of the Association
- The Association owns the intellectual property
- Intellectual property in SNOMED CT and antecedent works (SNOMED 3.5, RT etc.) transferred to the IHTSDO [26th April 2007]
- The Association maintains and distributes the International Release of SNOMED CT [currently through a support service contract with CAP STS]

Note: NCVHS Committee Report Dec. 23rd 2002 on Patient Medical Record Information Terminology Analysis Reports was very helpful

IHTSDO: Key things to understand (1)

- The Association owns SNOMED CT®, <u>not the Members</u>.

- Members govern the Association through the Articles of Association.

- All authority resides with/is derived from the General Assembly (GA).

- Most management decision-making delegated to the Management Board (and executive officers).

- Some decisions stay with GA (fees, business plans, strategy etc).

- Management Board is accountable to GA for all its decisions.

Intent:

- Members do not have a property right in SNOMED CT® that they could exert or exploit to the disadvantage of others.

- IHTSDO decision-making arrangements are effective, responsive, agile and accountable.

- The Vision and Values are part of the explicit governance of the Association

IHTSDO: Key things to understand (2)

- Members are countries; through their designated agents
- Members pay Fees that are calculated based on a trusted third party metric namely the World Bank GNI Atlas
- Single form of end-user license (Affiliate License); started May 2007
- Affiliate License: Permits world-wide use of SNOMED CT
- Affiliates pay:
  - **NO fees** to IHTSDO for use in any Member nation. [Note: Cost-recovery is permitted by Members]
  - **Charges** as set by the IHTSDO for use in non-member nations

Note: The Articles have provisions to help the poorest countries without distorting the fundamental principle of a fair share funding model & support research

IHTSDO: What has it achieved in <2years?

- Maintain the timely release of SNOMED CT twice per year
  - Ensure a smooth transition from old to new owners and management arrangements
- Set up the IHTSDO as a Danish Association
  - Recruit & independently fund a set of senior officers
- Design, acquire and implement a replacement tooling infrastructure for design and build[1] [22nd January 2009]
- Focus support service effort at improving the quality of SNOMED CT

1 Translation and RefSet Modules due in 2009; Tooling implementation ongoing

IHTSDO: What has it achieved in <2years?

- Demonstrate a [primary] citizen focus
  - Broad-based license fee exemption in 49 low income countries & working with Health Metrics Network [14th January 2009]
- Attract new Members
  - Singapore and Cyprus are new Members
- Demonstrate a commitment to harmonisation
  - Active liaison 8 organisations & practical work with 6 organisations
- Maintain financial balance
- Demonstrate openness, transparency and fairness

E.g. Use in Electronic Health Records

- Used as the core terminology for electronic health records
  - Primary care
  - Acute care
  - Health systems

"SNOMED Inside"

Personal Conclusions

Data Quality & Information Standards

- What processes are in place to ensure a country has confidence in its own data. {ref. Kennedy Report for NHS}

- Does variation data reflect differences in practice or is it related to the information standards or both[1]?
  - Poor individual use (human)
  - Poor organisational Implementation
  - Poor incorporation into applications
  - Poor product including maintenance
  - Poor specification
  - Poor requirement.

1. How would <u>you</u> know?

Fundamental Standards

- Ideally International & internationally controlled
- As few of them as possible
- 'Owners' should have certain attributes
- WHY?
  - Risk sharing; risks should decrease over time
  - Cost sharing; cost reduction per country
  - Benefit sharing; utilise the operational standards of others

Duties of Owners of [International] Fundamental Standards

- There must be a governance process that ensures that it is safely maintained and remains fit for purpose and in line with registration.*

- Must be an explicit funding stream that ensures continuity of service. *

- Must have a management process and resources that deliver timely, safe, culturally sensitive, quality assured products that meet business needs.*

- It must respond to business needs in a timely & accountable manner.

- There must be a support mechanism that advises on the use of the standard and that can respond to issues with the standard.

- There should be an open and transparent requirements process, and a fair prioritisation process. [One or more countries or indeed the managers cannot dominate or dictate] *

- There should be an electronic distribution service that allows for controlled access to [all parts of] the standard. *

- The distribution process should log all distributions and enforce license agreements electronically.

- There may, and often is, an international version of the standard; the local standard will conform to the rules of the international standard.

Duties of Owners of [International] Fundamental Standards

- There should be engagement with any international standards body that influences the local standard. *

- Overlaps in fundamental standards should be actively discouraged, and contradictions proactively removed. *

- Relationships between fundamental standards should be maintained in line with the standards, using mapping techniques, bindings or other forms of relationship.*

- There should be some means of ensuring deployment of the standard through legislation, contractual terms, or other mechanism.

- There should be a machine-readable form of the standard that can easily be assimilated by software.

- There should be a backwards-compatibility mechanism that means that changes to the standard can be assimilated into software systems easily, safely and effectively.

- Fundamental standards (except those in development) must have an operational instantiation (see below).

- National mandation of a standard should normally only be in areas where there is a proven operational instantiation.

There is a need for an end to end[1] national information description

National or International Context	Professional Practice	Professional Practice Information	Organisational or management Information	Policy
Fundamental Technical	**Record Keeping** standards & definitns.	Fundamental [**record content**] standards	Fundamental [**record classification**]; standards	Policy based information strategies
Operational Technical	Datasets, electronic guidelines, care pathways, clinical communications, registers, log-books, etc			
Approval	Ideally a single point of approval			

1 End to End means not only horizontal but also vertical integration

Summary

- The benefits from information standards only accrue from appropriate and effective implementation

- Implementation has technical, organisational and user[1] dimensions

- Attention to acknowledging these dimensions in current information standards activities could be improved, in particular the absence of clinical governance is of significant concern

1. Patient, clinician, social worker, pharmacist etc