

# EN13606

Notes of the meeting are in  
the presenters notes



## Association

# Board meeting the (potential) members

Friday 28-1-2011

Dublin



## 1. Opening (9:00)

## 2. Updates (9:10-10:00)

- |                          |           |
|--------------------------|-----------|
| 1. News from the Board   | (Rene)    |
| 2. Madrid                | (David)   |
| 3. CEN/ISO               | (Adolfo)  |
| 4. DCM                   | (William) |
| 5. FP7 SemanticHealthNet | (Gerard)  |
| 6. FP7 EHR4RU            | (Gerard)  |

## 3. EN13606 Association organisational matters (10:00 - 12:00)

- |                                               |          |
|-----------------------------------------------|----------|
| 1. Cooperations: liaisons, appointments       | (Rene)   |
| 2. Membership                                 | (Gerard) |
| 3. EN13606 RM XML-Schema                      | (Rene)   |
| 4. Organisational Governance                  | (Gerard) |
| 5. Public relations / education / Logo's, etc | (David)  |
| 6. Working groups                             | (David)  |
| 7. Next meeting                               | (Gerard) |
| 8. Any other business                         | (Rene)   |

## Present

1. Gerard Freriks [gerard.freriks@en13606.org](mailto:gerard.freriks@en13606.org)
2. René Schippers [rene.schippers@en13606.org](mailto:rene.schippers@en13606.org)
3. Damon Berry [damon.berry@dit.ie](mailto:damon.berry@dit.ie)
4. Melanie Späth [melanie.spath@gmail.com](mailto:melanie.spath@gmail.com) Trinity College
5. David Moner [damoca@upv.es](mailto:damoca@upv.es)
6. Alberto Moreno [alberto.moreno.exts@juntadeandalucia.es](mailto:alberto.moreno.exts@juntadeandalucia.es)
7. Iciar Abad Acebedo: [iciar.abad@salud.madrid.org](mailto:iciar.abad@salud.madrid.org)
8. Ricardo Sánchez de Madariaga: [ricardo.sanchez@isciii.es](mailto:ricardo.sanchez@isciii.es)
9. Jesús Cáceres Tello: [jesus.caceres@isciii.es](mailto:jesus.caceres@isciii.es)
10. Adolfo Munoz [adolfo.munoz@isciii.es](mailto:adolfo.munoz@isciii.es)
11. William Goossen [wgoossen@results4care.nl](mailto:wgoossen@results4care.nl)

## List of agreements / Action points

1. EN13606 Association will form an Support/Advisory Board to assist in the execution of the EU FP7 projects (SemanticHealthNet and EHR4RU)
2. Reservation for Support Group= 20k
3. Gerard Freriks, Rene Schippers, Jose Maldonado and Jesualdo Breis will be the primary representatives in the NoE: Semantic HealthNet
4. Association receives 20% of EU grant for Overhead costs
5. Slide 22 lists all (potential) members that will help establish relationships with other organisations
6. Slide 23 lists the status of present liaison officers
7. Slide 24 list the Membership fees
8. The UPV XML-Schema based on CEN/ISO 13606 part1: 2008 is the accepted version for implementation of this standard

**List of agreements/ Action points**

- 9. Governance (Organisational and for the artefacts) need to be discussed and accepted. Board will send a draft document based on desk top research**
- 10. EN13606 Association will be present during the MIE2011 in Norway  
David Moner will be in charge: Tutorial/Panel/Workshop/Presentations  
Gerard Freriks and William Goossen will prepare a presentation**
- 11. Preferred name: CEN/ISO 13606. And optionally CEN/ISO 13606 EHRcom**
- 12. Logo, Presentation Template will be revised by Gerard Freriks and sent for comments**
- 13. Structure of working groups as proposed by David Moner were accepted. Leaders in charge were indicated in the slides 32-36**

## 1 - Opening

**Goal of this session is to:**

- **update those present  
in an informal information session**
- **discuss**
- **decide**
- **and prepare the future of the Association  
and  
the EN13606 EHRcom standard**



## **the EN13606 Association:**

- **organisation with a clear goal**
- **future natural role(s) are being secured**
- **organisational sustainability is being created**
- **young and in gestation**
- **slowly becoming a full membership organisation**



## 2.1 News from the Board

- **Supporting e-Mail from EU-Commission**
- **IHTSDO**
- **Brazil**
- **Agreement with GE/Intermountain to produce EN13606 Archetype Library**

## 2.2 – 2.4 Updates

- **Madrid: Fuenlabrada received a price, excellence award, by the government for its work on CEN/ISO13606**
- **CEN: Old data type standard is withdrawn**
- **DCM: 2 part standard. One on process (creation and governance) and one on content and model specification. DCM's need to be mapped to different RM's.**



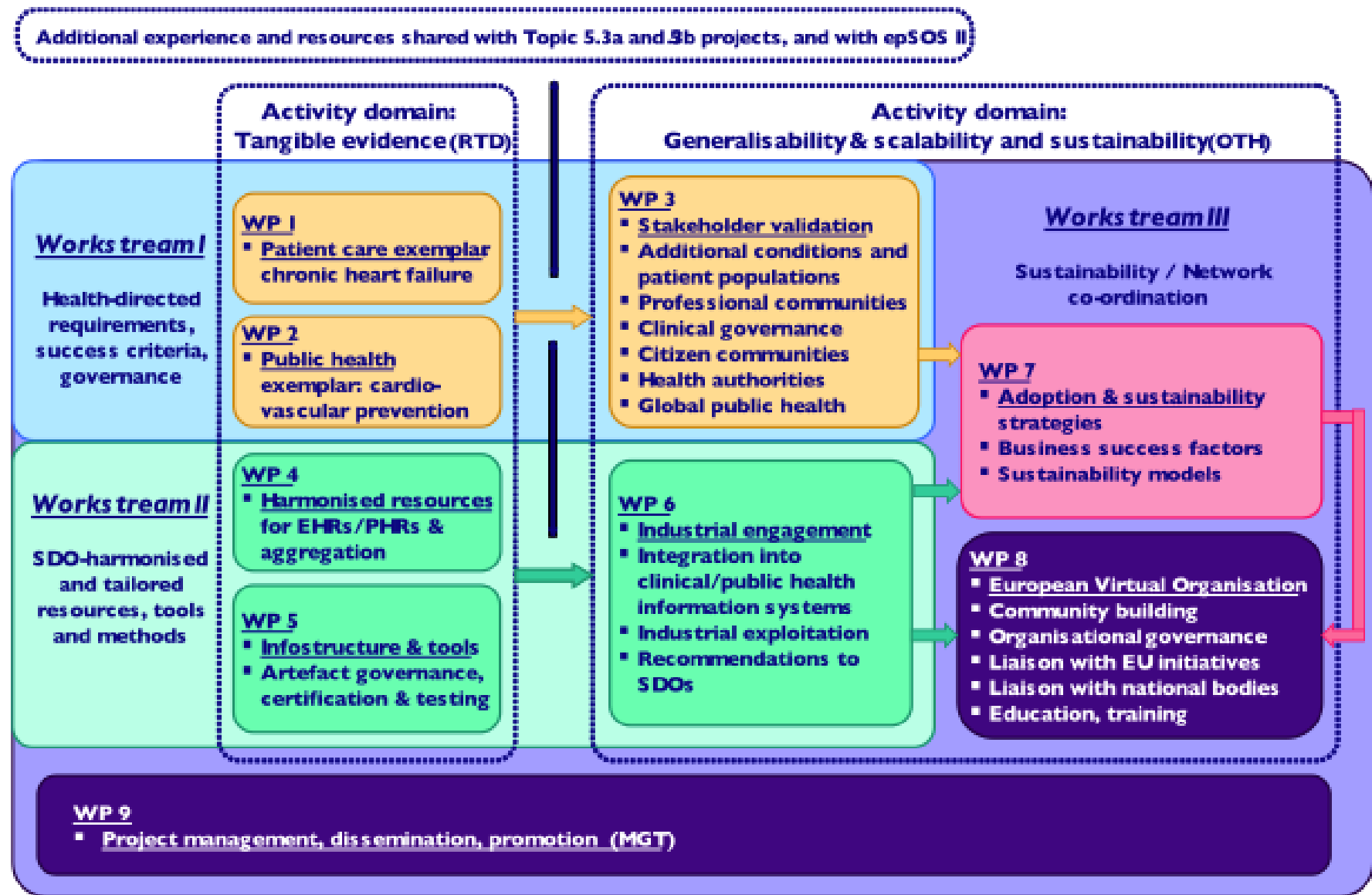
### **c) A Network of Excellence on semantic interoperability and European Health Infostructure.**

The aim is to engage leaders and organisations, including professional organisations, national competence centres, industrial associations and standards development organisations to define and implement a research agenda on the semantic interoperability of health information systems and particularly electronic health records. European and international organisations in the domains of medical terminology, record architecture, medical logic and workflow are expected to participate. The work will also include set up of the governance of a European virtual organisation for multilingual, multicultural adaptation of international classifications and terminology and propose means for the sustainability and governance of health information info-structure.

## 2.4 NoE SemanticHealthNet

### 1.3.1 Overall strategy of the work plan

Figure 4: Overall workplan





## 2.4 NoE SemanticHealthNet

### 1.3.6 Summary of effort

Figure 8: Summary of effort

Partic. no.	Partic. short name	WP1	WP2	WP3	WP4	WP5	WP6	WP7	WP8	WP9	Total person months
1	EuroRec	1	1	3	3	8	6	4	8	2	36
2	IC	4.5		1				0.5			6
3	Hull	4		0.5				0.5			5
4	HUG	1	1	7	1			1.5			11.5
5	WHO		6	0.5	2	0.5		0.5	0.5		10
6	UoM		6	2							8
7	MUG	2	2	2	10		2				18
8	IHTSDO				2	0.5		0.5	0.3		3.3
9	INSERM				13,6					1	14,6
10	OCIN				6	1.8					7.8
11	HL7 International				6	1.5					7.5
12	EN13606				7	2.5					9.5
13	EMPIRICA			4		2	3	10	6	2	27
14	CPME			1				0.5	5		6.5
15	COCIR					1	3.5	1	1		6.5
16	WHIT	5		1				0.5			6.5
17	RAMIT									11	11
<b>Total</b>		<b>17.5</b>	<b>16</b>	<b>22</b>	<b>50.6</b>	<b>17.8</b>	<b>14.5</b>	<b>19.5</b>	<b>20.8</b>	<b>16</b>	<b>183.7</b>



- **EN13606 is one of the Key partners**
- **Budget 93K for three years**
  - **20% to EN13606 association as overhead**
  - **50 Journeys (travel, subsistence: 650 euro. Allowance: 450 euro)**
  - **20k for Support Group / Advisory board**



- **Representation:**
  - Gerard Freriks: DCM**
  - Jose Maldonado: EN13606 technical**
  - Jesulado Breis: Ontologies, coding systems**
  - René Schippers: Political**
  
- **Support group Formation**
  - ...
  - ...

## 2.5 IP EHR4RU

### **b) Tools and environments enabling the re-use of electronic health records.**

Development of an advanced environment for clinical research that enables seamless, secure and consistent integration or linking of clinical care information in electronic health records (EHR/PHR) with information in clinical trial systems. Results are expected to help health professionals avoid double data entry, assist in identification of patients for clinical trials and enable early detection of potential patient safety issues. Research will focus on the areas of improving semantic interoperability between EHR and clinical research systems. This will include the definition and validation of core data sets that enable scalable and standardised linking with EHR repositories. Proposals will address data protection and security needs and be fully compliant with all applicable legislation as well as best practice. Research results should be validated in use cases with a high potential for improving patient safety in the clinical research and epidemiology fields.

A significant part of proposals a) and b) will address semantic interoperability. Resources are to be targeted to use and complete the common shared info-structure (terminologies, health care record structures, and medical logic representations) that will be established by the PCP under the governance of the Network of Excellence described below.

## 2.5 IP EHR4RU

<b>Participant no. *</b>	<b>Participant organisation name</b>	<b>Part. short name</b>	<b>Country</b>
1 Coordinator	Pharma Quality Europe SRL	PQE	IT
2	Vereniging EN13606 Consortium	EN13606	NL
3	World Health Organization	WHO	CH
4	Institut National de le Santé et de la Récherche Médicale	INSERM	FR
5	Universidad Politecnica de Valencia	UPVLC	SP
6	Dublin Institute of Technology	DIT	IE
7	Health Intelligence, Health Service Executive	HSE	IE
8	University College of London	UCL	UK
9	Department of Health	NHS	UK
10	Uiniversitätsklinikum Freiburg	UKLFR	GE
11	Heinrich-Heine-Unniversität Düsseldorf	UDUS	GE

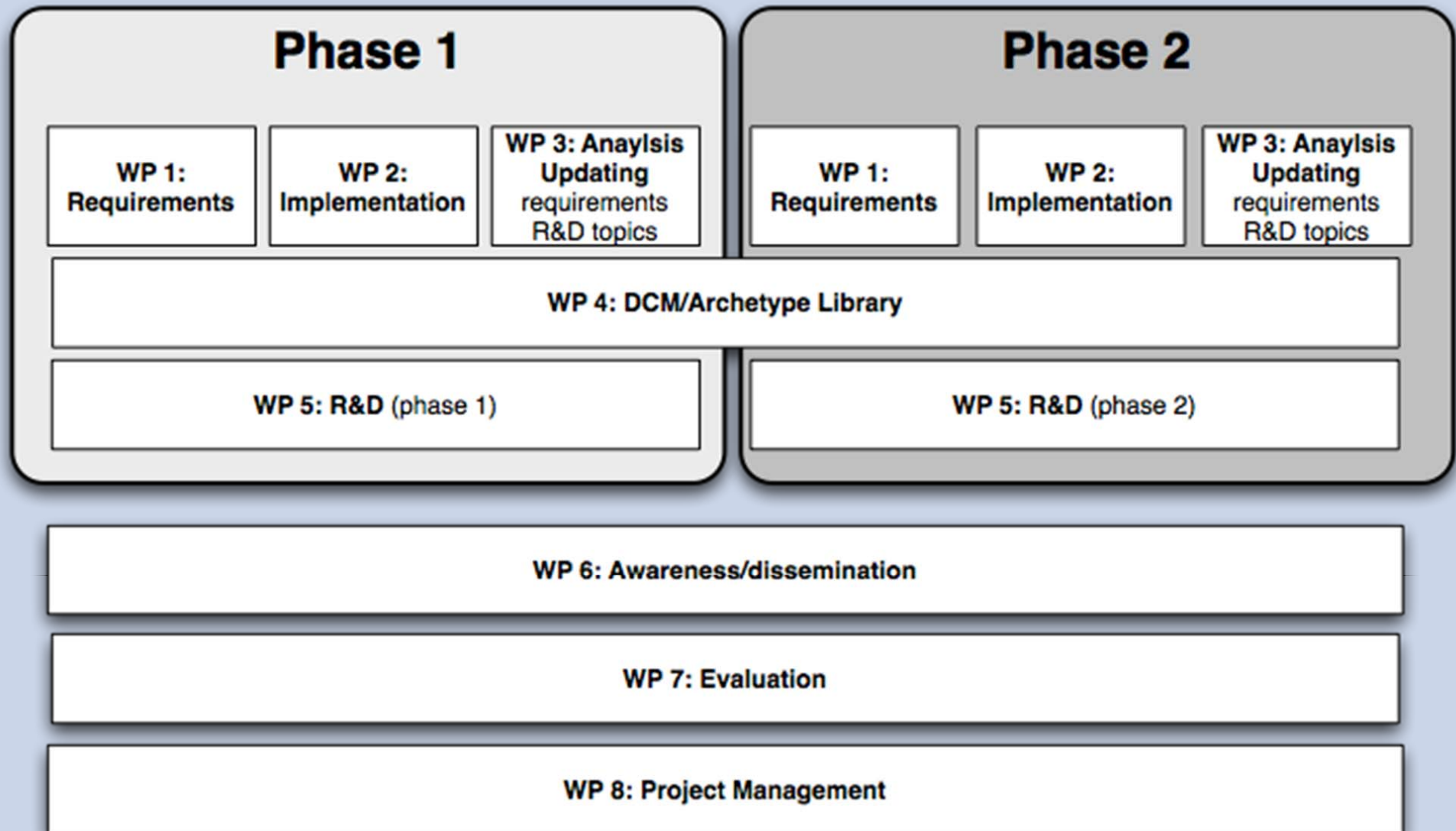
## 2.5 IP EHR4RU

12	Hospital de Fuenlabrada	HUF	SP
13	Universidad de Murcia	UM	SP
14	Region Hovedstaden Copenhagen	REGIONH	DK
15	Universiteit Maastricht	UMA	NL
16	Splošna bolnišnica Novo mesto	SBNM	SI
17	Electronic Record Services BV	ERS	NL
18	Assero Limited	CDISC	UK
19	Zdravstveni centar Valjevo	ZCV	RS
20	Univerzitetni Klinikni Center Ljubljana	KCLJ	SI
21	Instituto de Saud CARLOS III	ISCIII	SP
22	Karolinska Institutet	KI	SE
23	Snow Cloud	SnowCloud	UK
24	Academisch Ziekenhuis Maastricht	AZM	NL

And supported by: Roche, ECDC, Ross Anderson



## 2.5 IP EHR4RU



**Wp4:**

- **European Clinical Statements (archetype) Library**  
**(basis: Clinical Statements produced by Intermountain and GE)**
- **Populated with WHO-, SNOMED-, CDISC-codes, ...**
- **Mappings to HL7 CDA and CDISC**
- **European Health Ontology**

## 2.5 IP EHR4RU

WP5 objective is to provide an ICT infrastructure based on the latest generation of **EHR standards, biomedical ontologies and semantic technologies** for **linking distributed and heterogeneous EHRs with clinical research system**. All these technologies will be put into work for the secure and consistent integration of clinical care information in EHRs and clinical research information by means of a **standard-based customizable Virtual Health Record (VHR)**. A knowledge representation model will be developed taking the standardized VHR and a set of core archetypes (semantically rich data sets) as a starting point. This knowledge model will be capable of performing abstraction and reasoning over temporal patient data. The high level reasoning offered by this model will be the basis for the development of an **active support system for patient recruitment and safety provision of care**, aimed to optimize the accessibility to the clinical knowledge and data for efficient patient recruitment and safe provision of care to patients involved in clinical trials.

This Work Package comprises four sub-work packages each one of them dealing with one aspect of R&D. It covers the management of core data sets (modeled as archetypes) used to link clinical research systems with EHR repositories (WP5.1), the description of health data by means of semantically rich and standard-based artifacts (archetypes) that constitute the data set used to make public the data held by EHR repositories (WP5.2), The querying of the available data using high-level constructs (WP5.3) and value- added services for clinical research such as patient safety or alerts (WP5.4).

## 2.5 IP EHR4RU

Partic. no.	Partic. short name	WP1	WP2	WP3	WP4	WP5	WP6	WP7	WP8	Total per-son months
1	PQE	1	0	2	0	0	3	10	56	72
2	EN13606	0.5	0	0.5	8	13	17	3	4	46
3	WHO	1	1	1	33.5	5	3.5	3	0	48
4	INSERM	0.5	20	0.5	0	0	2.5	3	0	26.5
5	UPVLC	2	31.5	2	0	107	2.5	5	0	150
6	DIT	1	1	1	0	24	2.5	1	0	30.5
7	HSE	0.5	24	0.5	0	0	2.5	3	0	30.5
8	UCL	0.5	0	0.5	2	25	3.5	1	0	32.5
9	NHS	0.5	0	0.5	30	18	3.5	5	0	57.5
10	UKLFR	0.5	0	0.5	48	60	2.5	5	0	116.5
11	UDUS	15	28	12	0	0	3.5	5	0	63.5
12	HUF	0.5	32	0.5	0	0	2.5	5	0	40.5
13	UM	0.5	0	0.5	48	43	2.5	0	0	94.5
14	REGIONH	0.5	20	0.5	0	0	2.5	3	0	26.5
15	UMA	0.5	3	0.5	2	5	3.5	18	0	32.5
16	SBNM	0.5	20	0.5	0	0	2.5	3	0	26.5
17	ERS	1	78	1	48	20	3.5	5	4	160.5
18	CDISC	0.5	0	0.5	10	2	2.5	3	0	18.5
19	ZCV	0.5	20	0.5	0	0	2.5	3	0	26.5
20	KCLJ	0.5	20	0.5	0	0	2.5	3	0	26.5
21	ISCHH	0.5	0	0.5	18	27	2.5	0	0	48.5
22	KI	0.5	24	0.5	0	0	2.5	3	0	30.5
23	SnowCloud	0.5	0	0.5	10	15	2.5	0	0	28.5
24	AZM	0.5	24	0.5	0	0	2.5	3	0	30.5
<b>TOTAL</b>		<b>30.0</b>	<b>346.5</b>	<b>28.0</b>	<b>257.5</b>	<b>364.0</b>	<b>81.0</b>	<b>93.0</b>	<b>64.0</b>	<b>1264</b>



## 2.5 IP EHR4RU

### - **WP5 Lead: UPV**

- Several (potential) members of EN13606 Association are involved in WP5 (WHO, UTC, UPV, ERS, SnowCloud, Murcia, Freiburg, UCL)

### - **WP6 Lead: EN13606**

- Yearly conference
- Summer School Semantic Interoperability
- Tutorials, awareness sessions
- Articles, presentations
- Website, maintenance
- Liaisons
- External Advisory Team: members to be selected
- EN13606 Support Team



## 3.1 Cooperations Priorities

- **IHTSDO** - Gerard Freriks/René Schippers
- **WHO** - Gerard Freriks/René Schippers
- **HL7** -Gerard Freriks/René Schippers
- **IHE** -Alberto Moreno
- **Continua** -Gerard Freriks
- **EuroRec** -Gerard Freriks, Dipak Kalra
- **ETSI** - ?
- **CEN** -Adolfo Munoz is our liaison. Dipak is active
- **ISO** -Adolfo Munoz is our liaison. Dipak is active
- **CDISC** -Gerard Freriks/René Schippers have contacts



## 3.1 Liaisons - Responsibilities

**Adolfo Munoz:** CEN/ISO

**William Goossen:** DCM (CEN/ISO/HL7)

**David Moner** Education (EFMI/IMIA)

...

...



## 3.2 Membership fees

Type of member	Fee 2011
Individual:	
Academic personal	€ 80
Non academic personal	€ 120
Organisation:	
Academic	€ 400
Public: not being academic or national project	€ 800
Commercial: micro (headcount < 10, turnover < €2 million or balance sheet < € 2 million)	€ 500
Commercial: small (headcount < 50, turnover < €10 million or balance sheet < € 10 million)	€ 1.000
Commercial: medium-sized (headcount < 250, turnover < €50 million or balance sheet < € 43 million)	€ 1.800
Commercial: Large-sized (headcount < 1000, turnover < €250 million or balance sheet < 200 million)	€ 4.800
Others	€ 12.000
Beneficiaries:	
The same fees are applicable as for members, following the same categories and with the same package as for members, but with no voting right on General Assembly	
Package 2011 per member	
Attendance and voting right on General Assembly	
Individual members have 40% discount on fees for scientific meetings and fees for training courses	
Organisations have 20% discount on fees for scientific meetings and fees for training courses	
Discounts are not accumulative	



**Board made the decision  
to propose:**

- **UPV EN13606 Reference Model XML-  
Schema**
- **as EN13606 recognised Reference XML-  
Schema**
- **for the present CEN/ISO 13606 part 1 :  
2008**



## 3.4 Governance

### **Organisational governance** **Artefact governance**

- **GF will send a document to be discussed**
- **and to be decided up-on in the first Membership Assembly (Q1-Q2 2012)**
- **Volunteers: ...**



### **MIE 2011 Oslo: David Moner in charge**

- **Extension of dead lines**
- **Tutorial**
- **Panel**
- **Short communication**
- **Workshop**
- **Presentations**

# Next Board meets members



# MIE 2011

## User Centred Networked Health Care

Oslo, Norway  
August 28<sup>th</sup> – 31<sup>st</sup>  
www.MIE2011.org

XXIII International Conference of the European Federation for Medical Informatics

- Home
- Welcome
- Call for participation
- Submission
- Registration
- Programme
- Venue, hotels
- Dates, downloads
- Exhibition, sponsorship
- General information
- Travel to Oslo
- The fjords
- Contacts, committees

### Paper submission deadline extended

The deadline for submitting full scientific papers to MIE2011 is extended to:

**February 6, 2011, 23:59**

Please read the [call for participation](#) carefully and follow the instructions at the [submission site](#).

We hope this extension will encourage you even more to submit contributions and are looking forward to receive paper from you. We also want to remind you of the next MIE 2011 deadline for short communication, workshops, panels and posters coming up March 15th.



MIE2011 is the 23rd International Conference of EFMI - the European Federation for Medical Informatics, and takes place in Oslo August 28.-31. 2011. The conference will cover various topics in the area of e-health, health informatics, telemedicine etc. There will also be commercial and scientific exhibitions.

The opening day will be at Akershus University Hospital, one of the technologically most advanced hospitals in Europe.



**Logo for the association**

**Also a template for  
presentations, letters, etc.**

*This presentation is using a new EN13606  
Template and Logo*



**Several forms are used to refer to the standard.**

**- EHRCom, CEN EN13606, EN 13606, EN13606, ISO/CEN EN13606, CEN/ISO 13606, ISO 13606, UNE-EN 13606 (Spain)...**

**We need to use one standard unique format**



## 3.6 - Work Areas

**Area A. Association services**

**Area B. EN13606 standard**

**Area C. Special interest groups**



### **Area A. Association services**

- **WG A.1. Technical infrastructure  
(Board)**
- **WG A.2. Archetype library  
(Board)**
- **WG A.3. Educational programme  
(David Moner)**
- **WG A.4. Liaisons  
(Board)**



### **Area B. EN13606 standard**

- **WG B.1. EN13606 tooling and resources (UPV)**
- **WG B.2. EN13606 implementation guide (Damon Berry)**
- **WG B.3. EN13606 harmonization and evolution (Adolfo Muñoz)**
- **WG B.4. Clinical models (Gerard Freriks)**



## 3.6 - Work Groups

### Area C. Special interest groups

- **WG C.1. Coordination** (Board)
- **WG C.2. Data types** (Adolfo Muñoz)
- **WG C.3. OIDs** (Damon Berry)
- **WG C.4. Archetypes and terminologies**  
(Nicholas Oughtibridge?)
- **WG C.5. Detailed Clinical Models**  
(William Goossen?)
- **WG C.6. Demographics** (Damon Berry)
- **WG C.7. Information Retrieval** (Ricardo Sánchez)
- **WG C.8. CDA Archetypes** (Alberto Moreno)
- ...



## 3.6 - Work groups management

One responsible per group

One description of objectives per group

Must prepare an activity summary for each board/annual association meeting

Wiki+forum or Wiki+mail list

## 3.7 - Next meeting

### **Date for the next meeting is uncertain**

At least one meeting will be held during the MIE2011 in Norway lats week of August.

Depending on need and developments sooner.

## 3.8 – Any other business

### **No other business brought forward**

All are thanked for being present and contributing in such positive mode and wished a safe trip home.