## Vendor-Driven Standards for Interoperability



**David Hancock, the healthcare executive advisor at InterSystems, was recently elected vendor co-chair of INTEROPen, a UK collaboration that promotes open standards for interoperability in the health and care sector. HealthManagement.org spoke to David about why he wants INTEROPen to be vendor-led and how this approach will help both suppliers and the health and care ecosystem.**

**What is INTEROPen, and why has it grown so quickly?**

INTEROPen is a collaborative that was set up over three years ago to promote the development and adoption of open standards for interoperability in health and social care. There were seven founder members, of which InterSystems was one, but there are 350 organisations involved today.

I think INTEROPen has grown so quickly for two reasons.  The first because the focus of NHS policy has been to create integrated health and care organisations to shift care closer to the patient. The second is because it has long been recognised that the highest risks of poor quality care and gaps in care occurring is when care is handed over from one provider to another, or where patient care has to be delivered by a multi-disciplinary team made up of workers from different organisations, who use different systems.

Both of these drivers require IT systems that organisations use to 'talk to each other' as health and social care secretary Matt Hancock puts it.

And the way to get systems talking to each other is to make sure they use standards to code and structure and exchange data in the same way.

**Why do you want INTEROPen to become vendor driven?**

Until now, INTEROPen has tended to focus on working with NHS Digital and with NHS organisations to define standards. It still needs to do that, because it needs to make sure that the work it is doing is the work that health and care needs to be done.

But it also needs to shift its focus to both drive adoption across vendors as this is the best way to ensure take up and use across health and social care. It's not enough to define standards; we need to be able to plan for their success, so we can reduce the time it takes to get to a critical mass of adoption. The key to doing that is to make INTEROPen vendor-led, that involves working with stakeholders on priorities, the standards themselves and the accompanying resources to enable adoption.

Health and care organisations purchase a lot of commercial, off the shelf solutions, and they purchase a lot of integration engines to help them exchange information with each other. If they all support standards, that will drive adoption across the service.

**What are the benefits for suppliers of this approach?**

We need to make sure that vendors have more of a stake in the process because we need to make sure that they have new standards on their development roadmaps.

As a supplier, I know roadmaps are normally defined six to 12 months out, so if there are new standards coming along, we need to know what they are going to be, and when they are going to be released. At the same time, we need to make sure that if vendors invest in the development and support of standards those standards are going to be used.

Because if they aren't, as a supplier, you think: 'All the resources that I put into meeting this standard could have been used for something else; something that would have made a return for me and delivered a benefit for my customers'. There is an opportunity cost in the work we do, and we have to recognise that.

**Why is it important for the healthcare ecosystem to adopt this approach?**

The standards that we are working with these days, like HL7 FHIR, are much more complex than the standards we used in the past. That means that, when we define them, we do not always know how they will work in the wild.

So, we need to get them tested, for example in events that we call hackathons. INTEROPen sets these up so developers can spot issues that haven't been thought through in enough detail, or wrinkle-out things that don't work in the way we expected them to work.

Then, we need to work with organisations like NHSX and NHS Digital to take the learning from the hackathons and test it again with a small number of selected customers, in what we call first of type testing. And once that has been done, we need to work with the whole NHS so we know where the second and third wave deployments are going to be, and everybody can be ready to go.

**How will you drive this forward as vendor co-chair at INTEROPen?**

We know that NHSX is on board with this approach. It has said from the outset that interoperability is one of the biggest issues that it wants to tackle, and its chief executive, Matthew Gould, has said the future of health tech is platforms with open APIs that release data to new services, including apps for patients.

That is right in the wheelhouse of what INTEROPen is about, because without standards you cannot have platforms and services. So, over the next 12 months, I want to make sure we are supporting that really effectively. I want to introduce a new partnership model for INTEROPen.

I want to do some technical work on the latest version of these new standards, HL7 FHIR. I want to speed up the rate at which we define standards, and make sure that more standards are defined by the service itself. And I really, really, want to speed up adoption. For me, this new role is all about adoption.

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