

Modernising digital health architectures with openEHR



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How has healthcare architecture changed?

- Closed to open architectures
- Productisation
- Shift from secondary use data to primary
- The document paradigm has morphed
- Data lakes grown from puddles
- Low code is more feasible / sustainable
- Routes for the clinical voice into Digital



The Open Platform



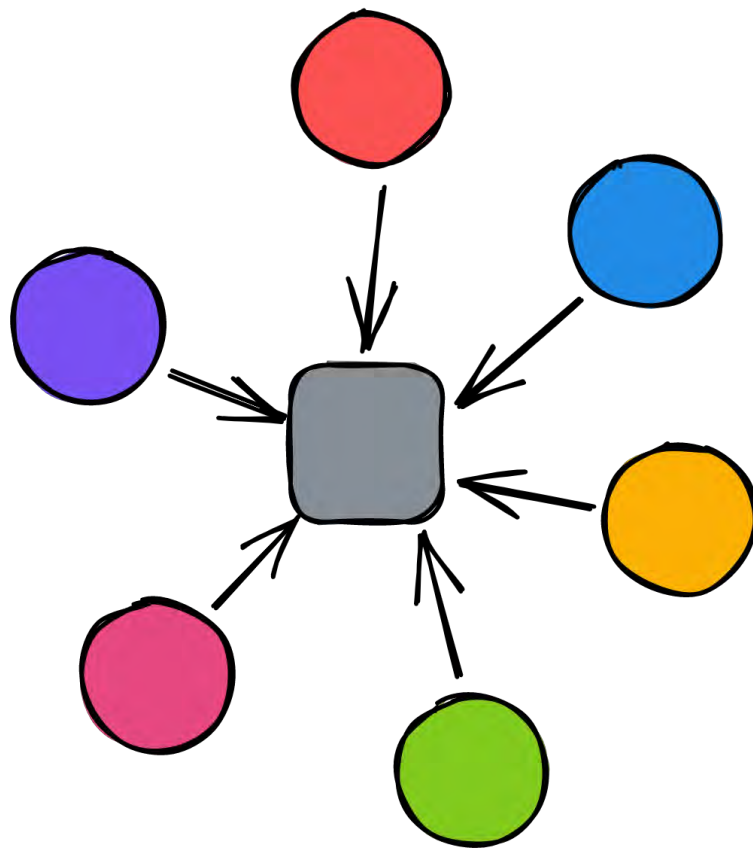
Photo by [Alex Knight](#) on [Unsplash](#)

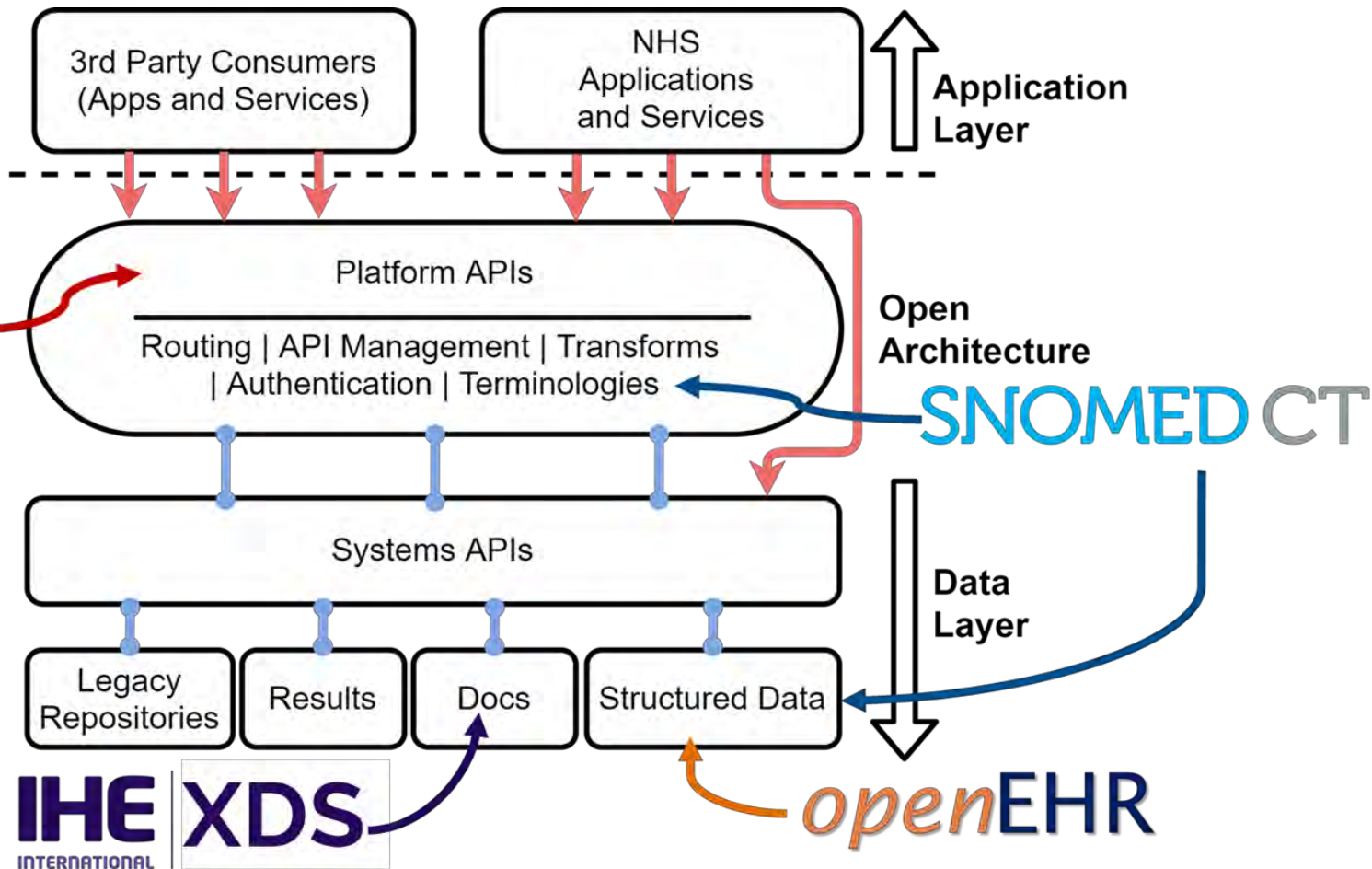
- Standards based persistence.
- Standard, published APIs e.g. native, openEHR or FHIR depending on use case,
- Support a persistent data model that outlives the application,
- Technology neutral,
- Data stored and managed in a secure, auditable way at scale,
- Reusable; release design and development resource over time.

Convergence: the FOXS Stack

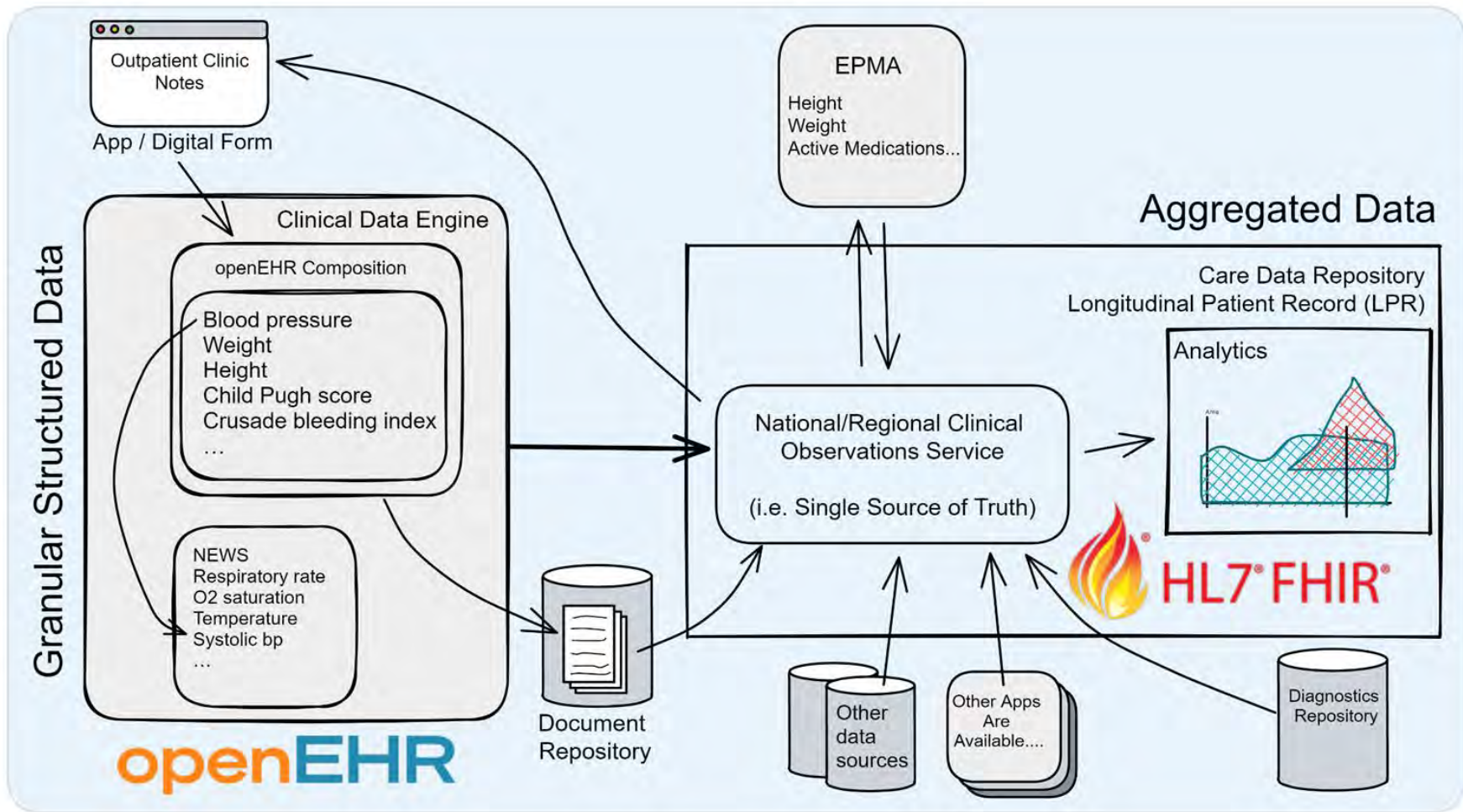
The pattern of common
standards or components:

- FHIR (Interoperability)
- openEHR(Structured Data, EHR building)
- IHE XDS (Documents)
- SNOMED CT (terminology)





Meredith et al (2023) Aligning Semantic Interoperability Frameworks with the FOXS Stack for FAIR Health Data, <https://t.co/sfCevJjDcF>

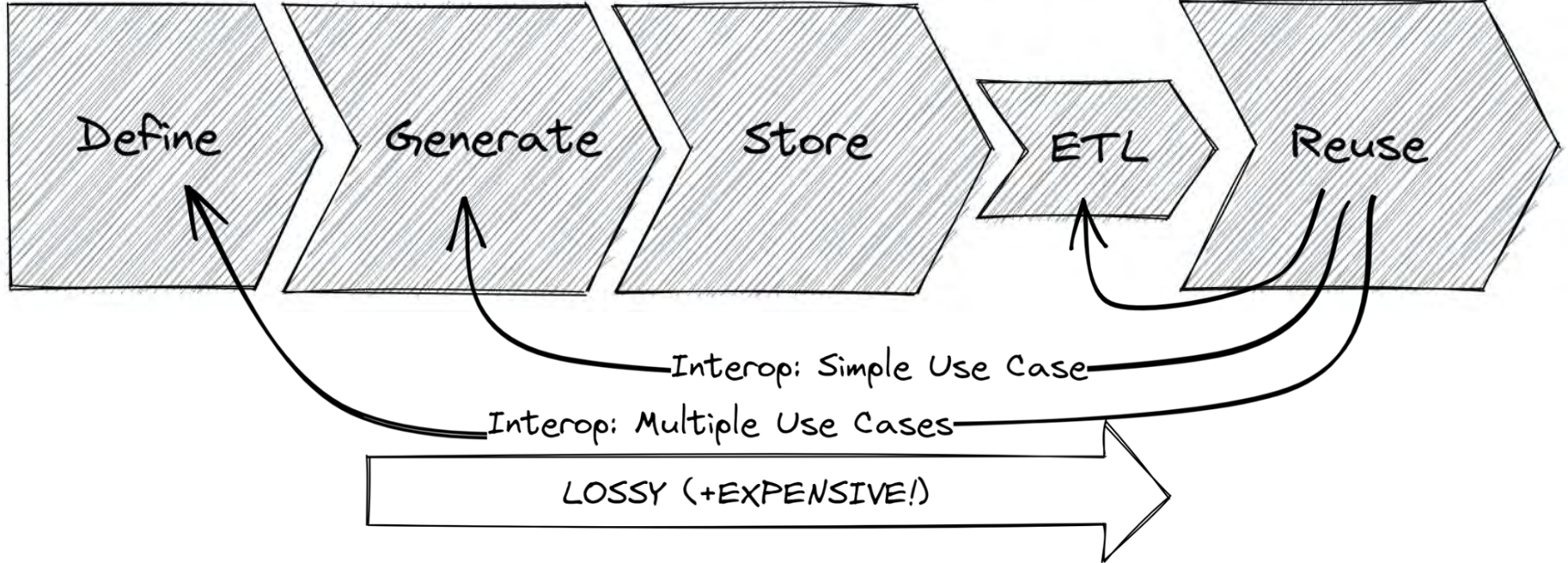


Informaticist

Clinician

Engineer

Data Scientist / Researcher



**It's the
data,
Stupid!!**



Thank you