

Global interoperability in a profile explosion

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International health IT differences are not mere technicalities They reflect national organization (Conway's law)



Successful cross-border exchange often relies on existing global standards Like the global use of ICD codes and SI units



Existing cross-border FHIR standards cannot guarantee full understanding MedicationStatement with free-text Esperanto instructions is valid against IPS



Structured data: language-neutral but not necessarily obvious The brain-to-brain path has many steps and hence potential error sources (e.g. different coding approaches)

so...



We will need remain pragmatic about cross-border data for a while Hard to automatically integrate, so "two-track" data management, human review, and supportive tooling will be needed



Cross-border exchange is (much) bigger than FHIR FHIR can help strengthen a global language but it cannot bring it about