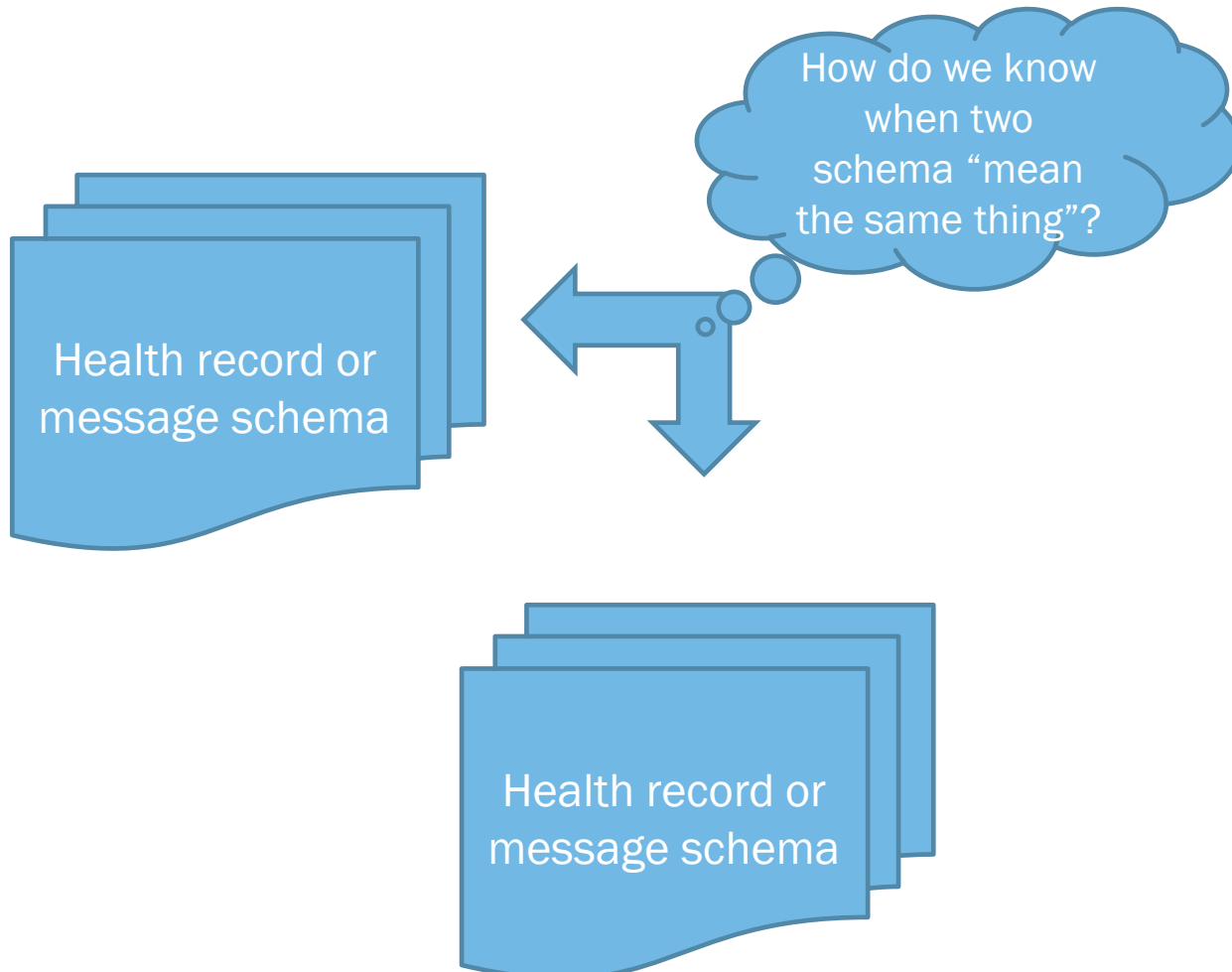




CLINICAL CONCEPTS FOR HEALTHCARE INFORMATION SHARING

THE ONTIC & EPISTEMIC
MODEL

CHALLENGE ONE – INFORMATION IS MESSY. PEOPLE COMPLICATED



- Clinical information sharing is currently defined by modeling the data as needed for a particular application or situation
- While vast effort has been expended to “connect the dots” with “pre-coordinated codes” and data mappings, the complexity of the domain shows the inherent weakness in focusing on data for a particular purpose rather than the domain – people, their conditions and healthcare.
- But, people, their conditions and healthcare are very complicated, making solutions hard to understand or to scale.

THE “REAL WORLD” AND RECORDS OF IT GET CONFLATED

Health Record

Vital sign Observation
Patient: John Snow
Time: 10:30am 3/21/2010
Taken By: Sue Miller
Topic: Body Temperature
Value: 101.5
Unit: DF
...

Related but not the
same thing



At 10:30AM 3/21/2021 John's
body temperature was 101.5
degrees Fahrenheit

But you can't understand the data without the
real-world concept and you can't communicate
the concept without data

AND IT GETS WORSE



- People and healthcare situations are extremely dynamic, change and time is critical – many data schema and ontologies do not handle time well
- Evidence is indirect, often assumed based on complex measurements
- Critical decisions have to be made on incomplete and sometimes contradictory information
- Context is critical

MDMI DEPENDS ON CONSISTENT AND UNIQUE MEANING

“Simple” question: What does this mean?

MDMI Business Element

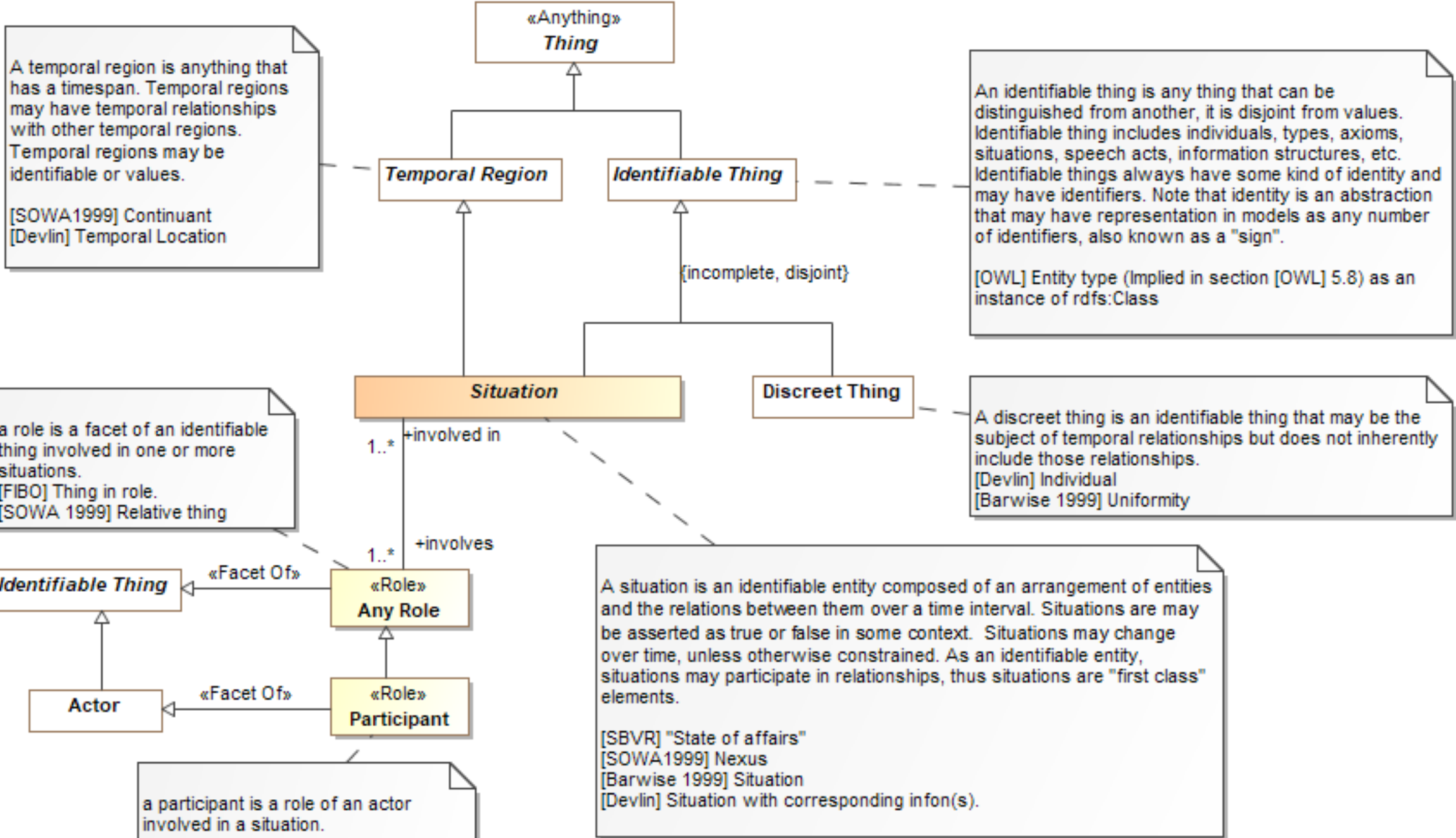
```
<componentOf>
  <encompassingEncounter>
    <id extension="11946852" root="2.16.840.1.113883.19"/>
    <effectiveTime value="20160825"/>
    <encounterParticipant typeCode="ATND">
      <assignedEntity>
        <id extension="1518349638" root="2.16.840.1.113883.4.6"/>
        <code code="207Q00000X" codeSystem="2.16.840.1.113883.6.101"
          ..
          ..
          ..
      </assignedEntity>
    </encounterParticipant>
  </encompassingEncounter>
</componentOf>
```

APPROACH TO SOLUTION

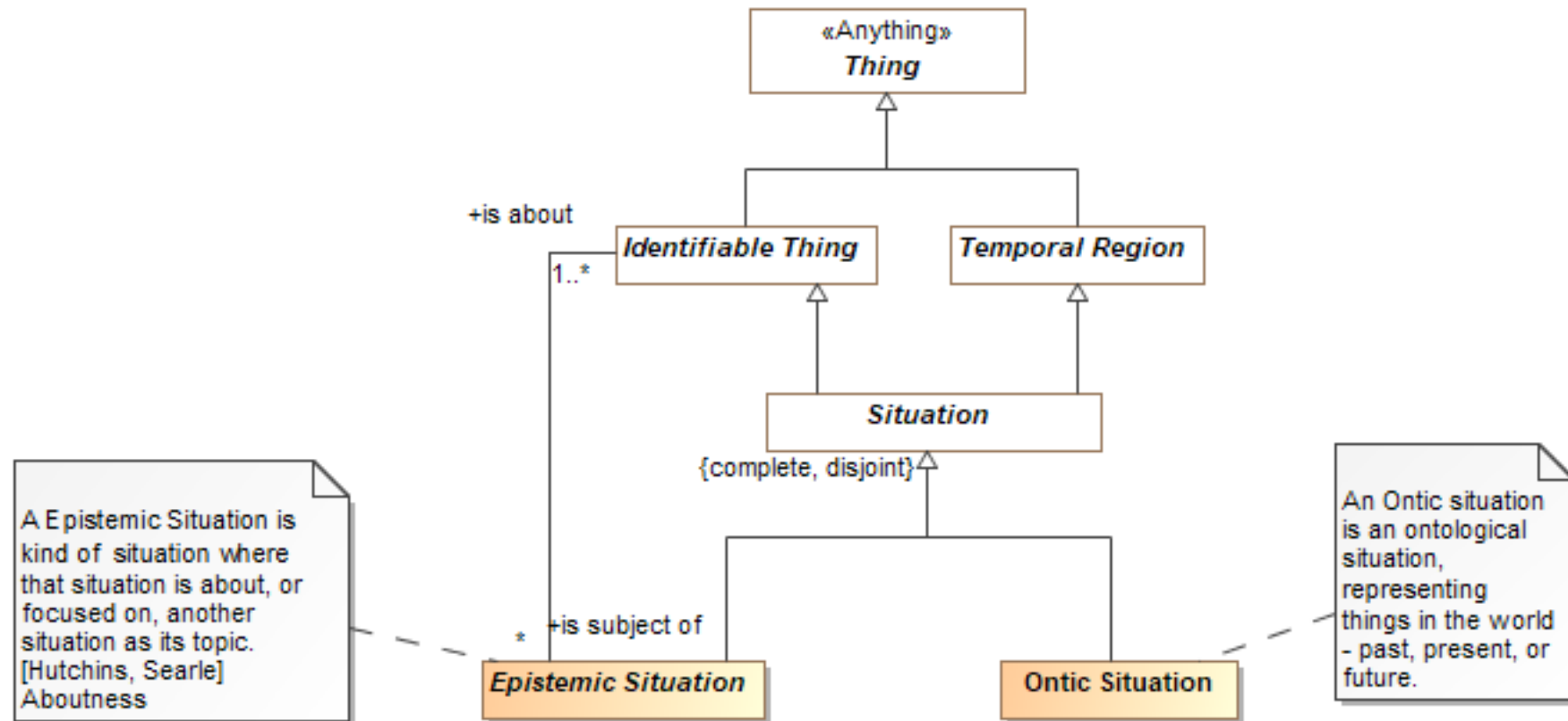
- Create a model encompassing both **Ontic** (about the “real world”) and **Epistemic** (About what we know, share and record)
 - Connect the record to what it is about
- Represent both based on **Situations** – conceptual groupings of related things and values over a time period
 - Situations can be as **granular** as John’s temperature or as large as the Corona-19 Virus
 - Situation semantics has a long history, pioneered by Jon Barwise and John Perry in the early 1980s
 - Provide the basis for **context**
- **Roles** things play V.s the things playing the roles
 - Understanding how the same thing may have different characteristics and relationships in different roles
- **Leverage** detailed concepts in other vocabularies, code lists, and models
 - Provide a unifying framework without trying to model all of biology and healthcare
- Provide a **general framework** which is then specialized to **clinical healthcare**

WHAT ARE SITUATIONS?

Situation	Not a situation
A cup falling off of a table	A cup
The Novel Corona Pandemic	Covid-19
The lifetime of George Washington	George Washington
The height of a person (or any other physical characteristic) at a particular time.	6 feet
The change of a person's temperature over a timeframe (or any other change)	2 Degrees per hour
Sue's obligation for a person to pay for a medical service	The general concept of a medical service
John's healthcare appointment at 2PM	John

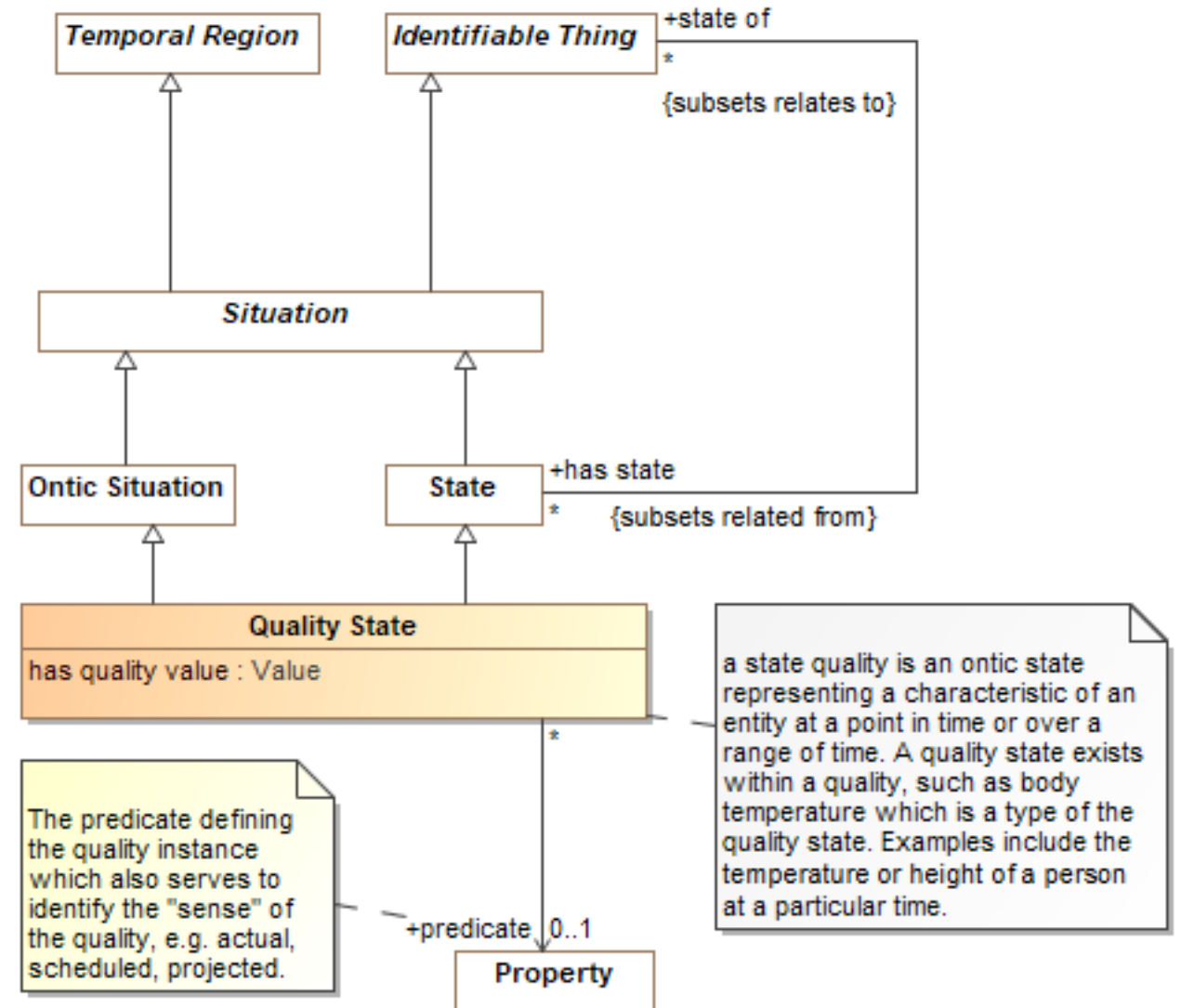


THE “ONTIC” / “EPISTEMIC PARTITION

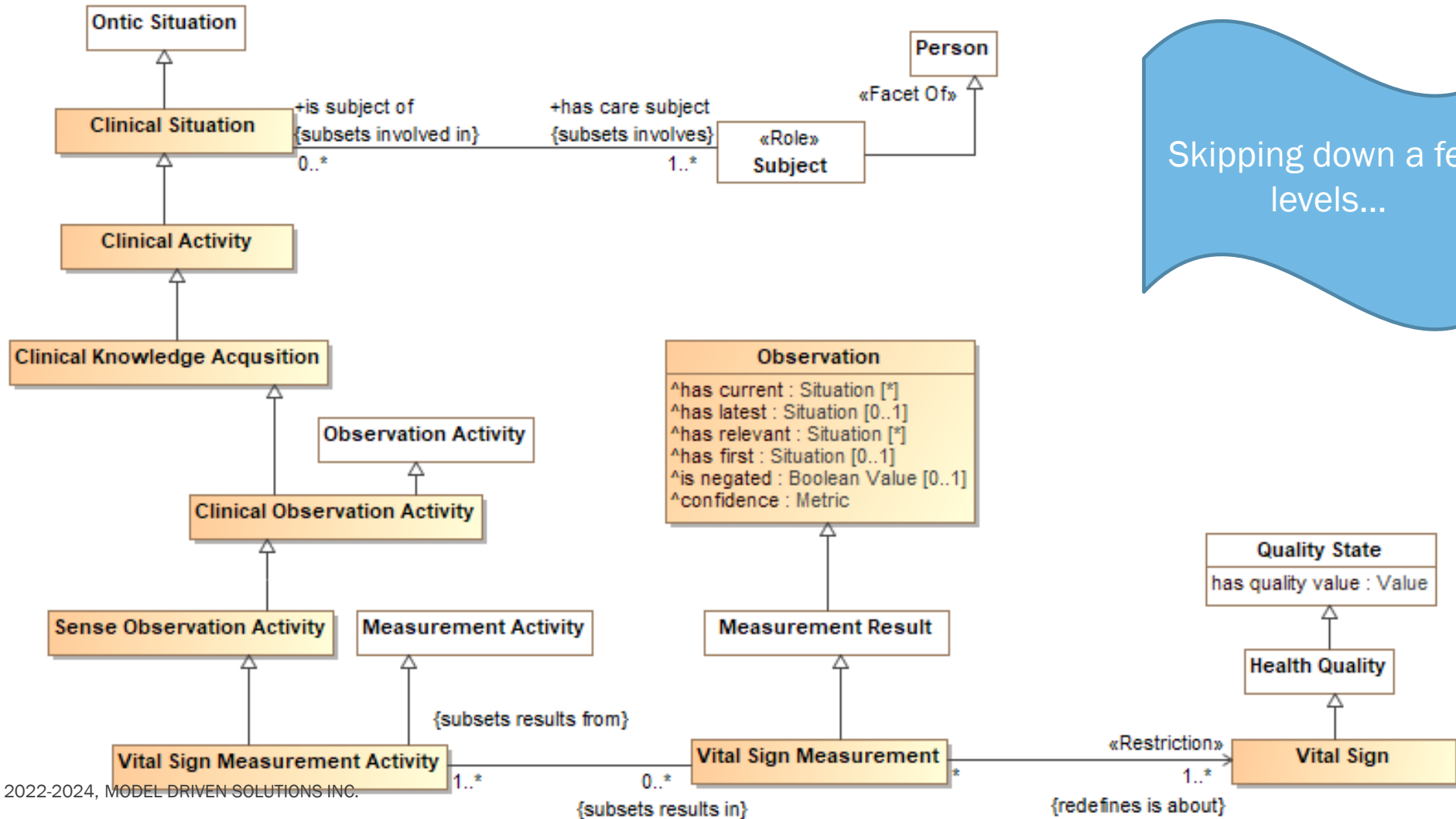


QUALITIES

- The most “atomic” situation is a “quality” of something over a timeframe
- Think of qualities as temporal attributes, like body temperature, that changes over time for a particular individual

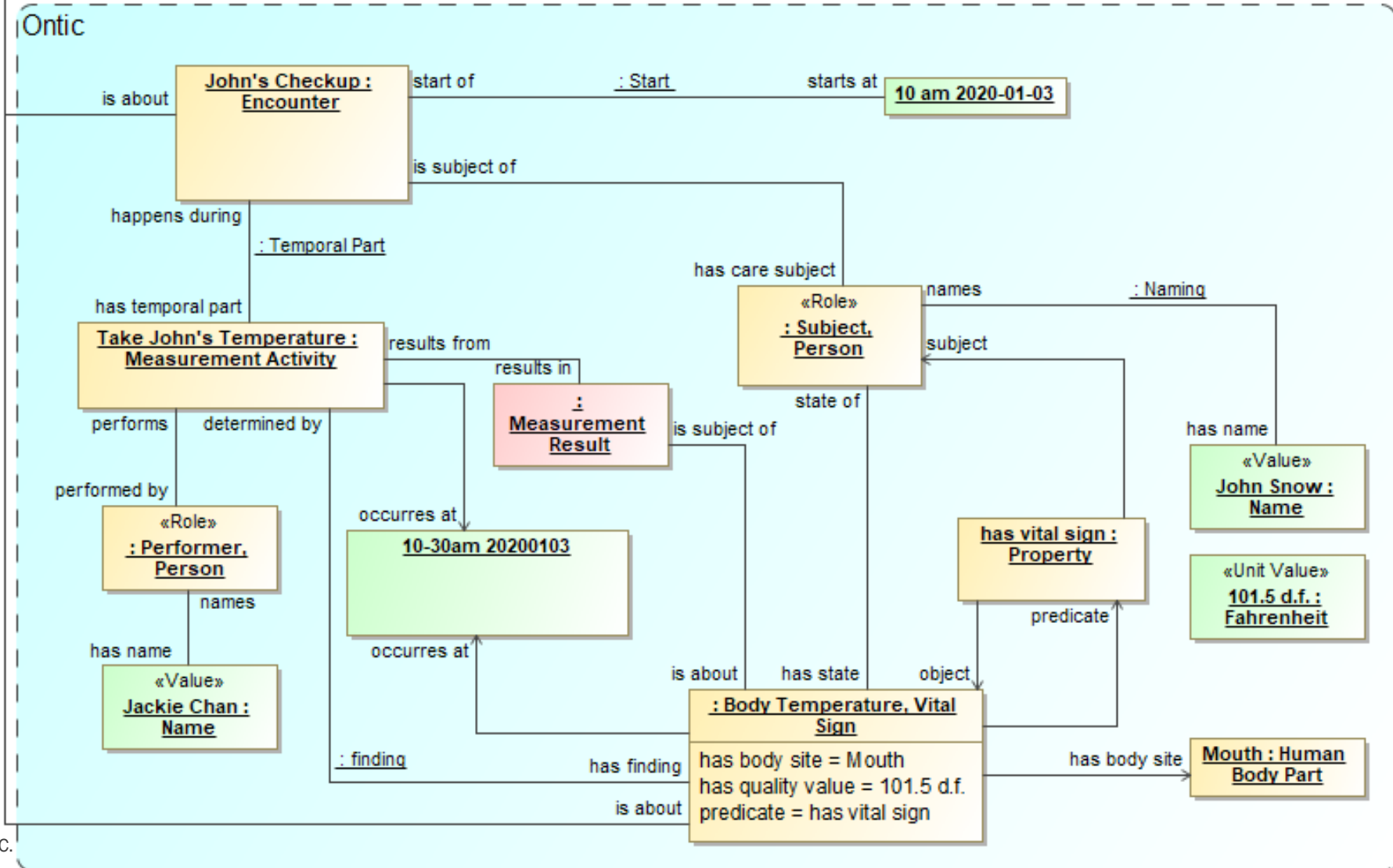
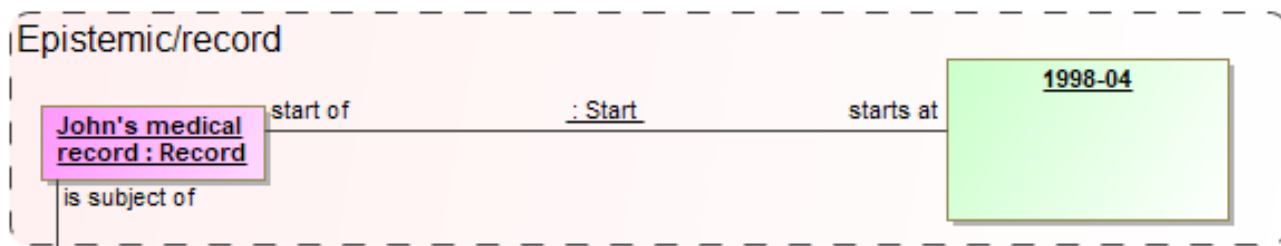


LINKING TO DOMAIN CONCEPTS



Skipping down a few levels...

AN INSTANCE EXAMPLE



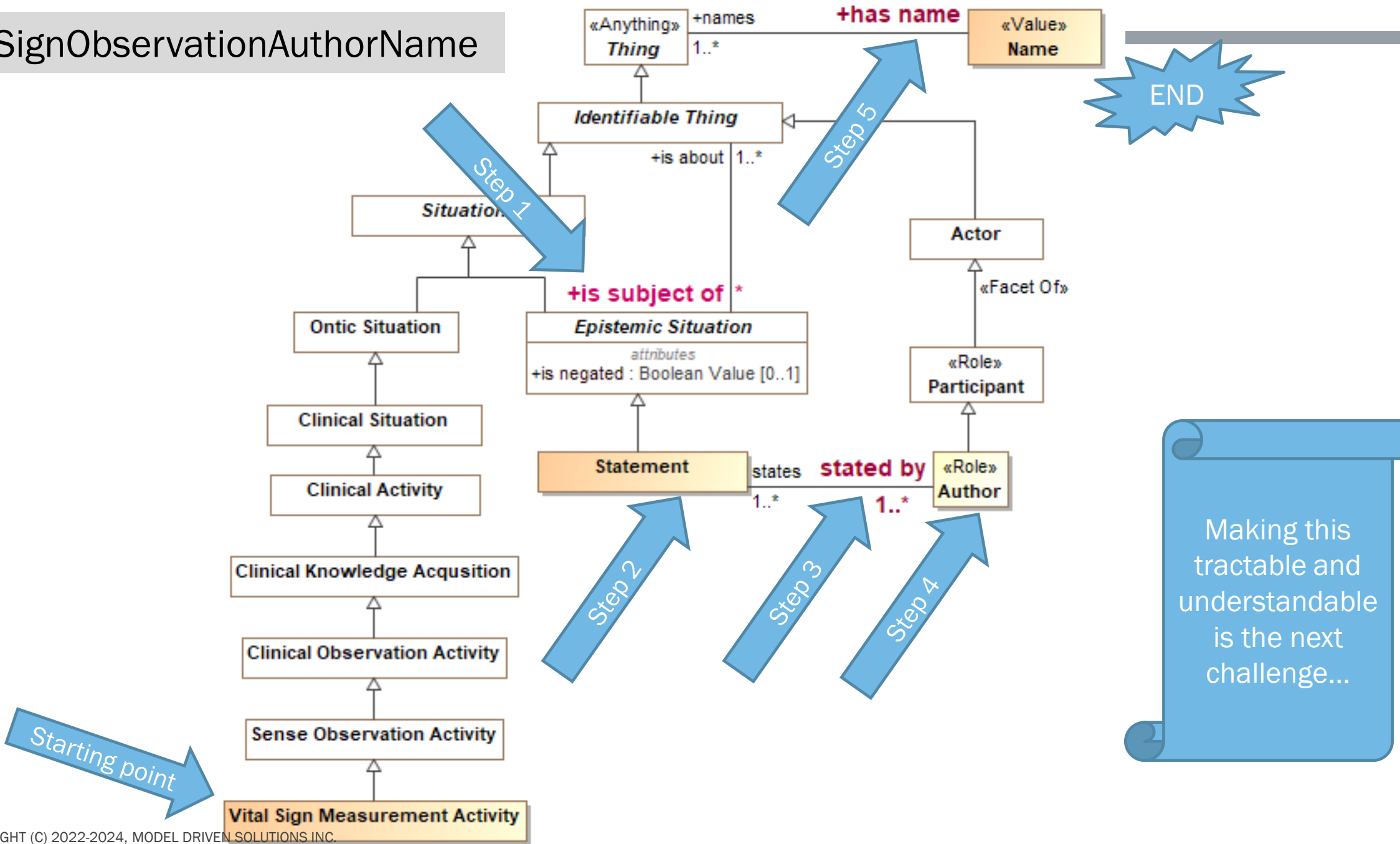
MDMI* BUSINESS ELEMENTS ARE DEFINED BY A “PATH” THROUGH THE MODEL

- MDMI uses the model as a reference for meaning, not to enable inference of actual data.
- Given a starting point, a class in the model, a “path” through that model, including relationships and constraints, ends in a particular value
- That path fully and uniquely defines a business elements meaning
- A path is like an OWL property chain, but the “chain” may be constrained at each “hop” constrained based on types and restrictions
- Lets look at:

VitalSignObservationAuthorName

* MDMI: Model Driven Message Interchange, an OMG standard.

VitalSignObservationAuthorName



Making this tractable and understandable is the next challenge...

EXPERIMENTAL TOOLING

“Flattens” the model to enable
following and restricting paths

Definition

Vital Sign Measurement Activity

Structured English Definition

Vital Sign Measurement Activity is a Entity specializing [Sense Observation Activity](#).

- defined in [Clinical Situation](#)

as topic [Vital Sign Measurement Activity](#).

- [has finding](#) any number of [[Health Quality](#), [Goal](#), [Course Of Action](#), or [Clinical Situation](#)]
- [has finding \(Measurement Activity\)](#) any number of [[Health Quality](#)]
- [has finding \(Vital Sign Measurement Activity\)](#) any number of [Vital Sign](#)
- [results in](#) any number of [[Vital Sign Measurement](#), [Inferred Value](#), [Diagnosis](#), [Risk Assesment](#), [Clinical Exclusion](#), [Clinical Opinion](#), or [Recomendation](#)]
- [results in \(Measurement Activity\)](#) any number of [[Vital Sign Measurement](#)]
- [results in \(Vital Sign Measurement Activity\)](#) any number of [Vital Sign Measurement](#)

as topic [Clinical Situation](#)

- [as basis for](#) any number of [[Vital Sign Measurement](#), [Inferred Value](#), [Diagnosis](#), [Risk Assesment](#), [Clinical Exclusion](#), [Clinical Opinion](#), or [Recomendation](#)]
- [determined by](#) any number of [[Vital Sign Measurement Activity](#), [Clinical Observation Activity](#), [Value Inference](#), or [Clinical Knowledge Acquisition](#)]
- [exhibits facet](#) any number of [[Category Type](#), [Phase Type](#), or [Situation Use](#)]
- [finish of](#) any number of [Temporal Region](#)
- [finishes at](#) at most one [Temporal Region](#)
- [happens during](#) any number of [Temporal Region](#)
- [has care subject](#) any number of [Subject](#)
- [has current](#) any number of [Situation](#)
- [has duration](#) one [Duration](#)
- [has first](#) at most one [Situation](#)
- [has latest](#) at most one [Situation](#)
- [has name](#) any number of [[Person Name](#), or [Term](#)]
- [has part](#) any number of [Identifiable Thing](#)
- [has preferred](#) at most one [Identifier](#)
- [has relevant](#) any number of [Situation](#)
- [has state](#) any number of [State](#)
- [has temporal part](#) any number of [Temporal Region](#)
- [has type](#) any number of [Type](#)
- [has type \(Process\)](#) any number of [[Composite Process](#), [When](#), or [Inference Rule](#)]
- [has type reference](#) any number of [External Type Reference](#)
- [identified by](#) any number of [Identifier](#)
- [involves](#) any number of [[Performer](#), [Author](#), [Listener](#), [Subject](#), [Specimen](#), or [Adverse Situation](#)]
- [is after](#) any number of [Temporal Region](#)
- [is before](#) any number of [Temporal Region](#)
- [is part of](#) any number of [Identifiable Thing](#)
- [is subject of](#) any number of [Epistemic Situation](#)
- [is subject of \(Activity\)](#) any number of [Approval](#)
- [is subject of \(Situation\)](#) any number of [[Vital Sign Measurement](#), [Inferred Value](#), [Diagnosis](#), [Risk Assesment](#), [Clinical Exclusion](#), [Clinical Opinion](#), or [Recomendation](#)]

Step 1