

open EHR

Next Frontier:
Archetypes for social
care and genomics

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Archetype adventures in Genomics-land

- **Frontline Phenotypics data**
 - 100K Genomes project
- **Genetic variants**
 - CSR4 / HighMed
- **GA4GH 'Phenopackets'**



Genomics England - 100K Genomes project

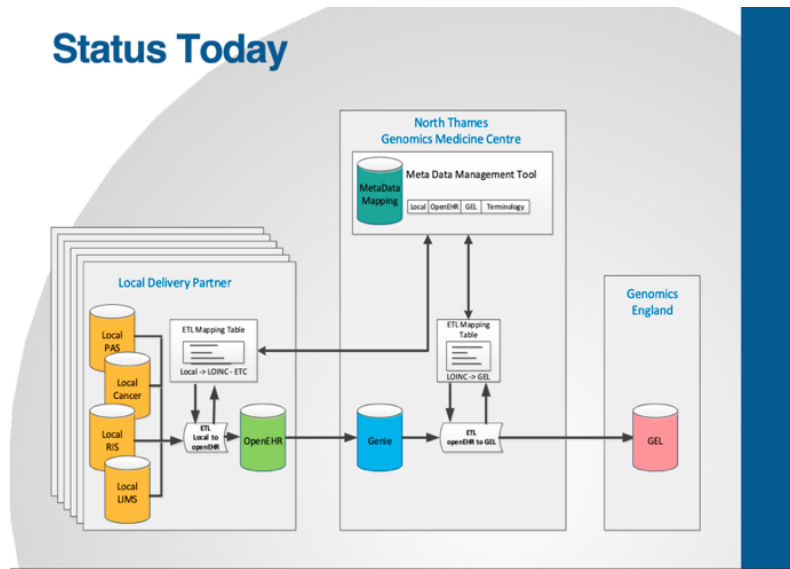
- Launched 2012 – kick start UK genomics industry
- Enable breakthroughs in medical research, diagnosis and treatment
- Sequence 100,000 genomes of patients with cancer and rare diseases
- Established Genomics England Limited
- 13 Genomics Medicine Centres (GMCs) collect gene samples and accompanying clinical data from participating NHS trusts
- North Thames responsible for over 25,000 Genomes

The 100,000 Genomes Project

Genomics England & Partners

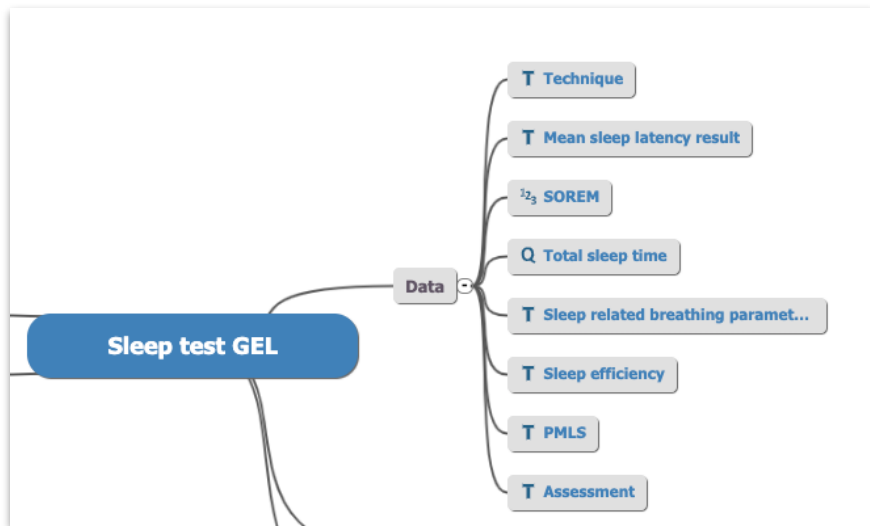


Status Today



Genomics England phenotypics

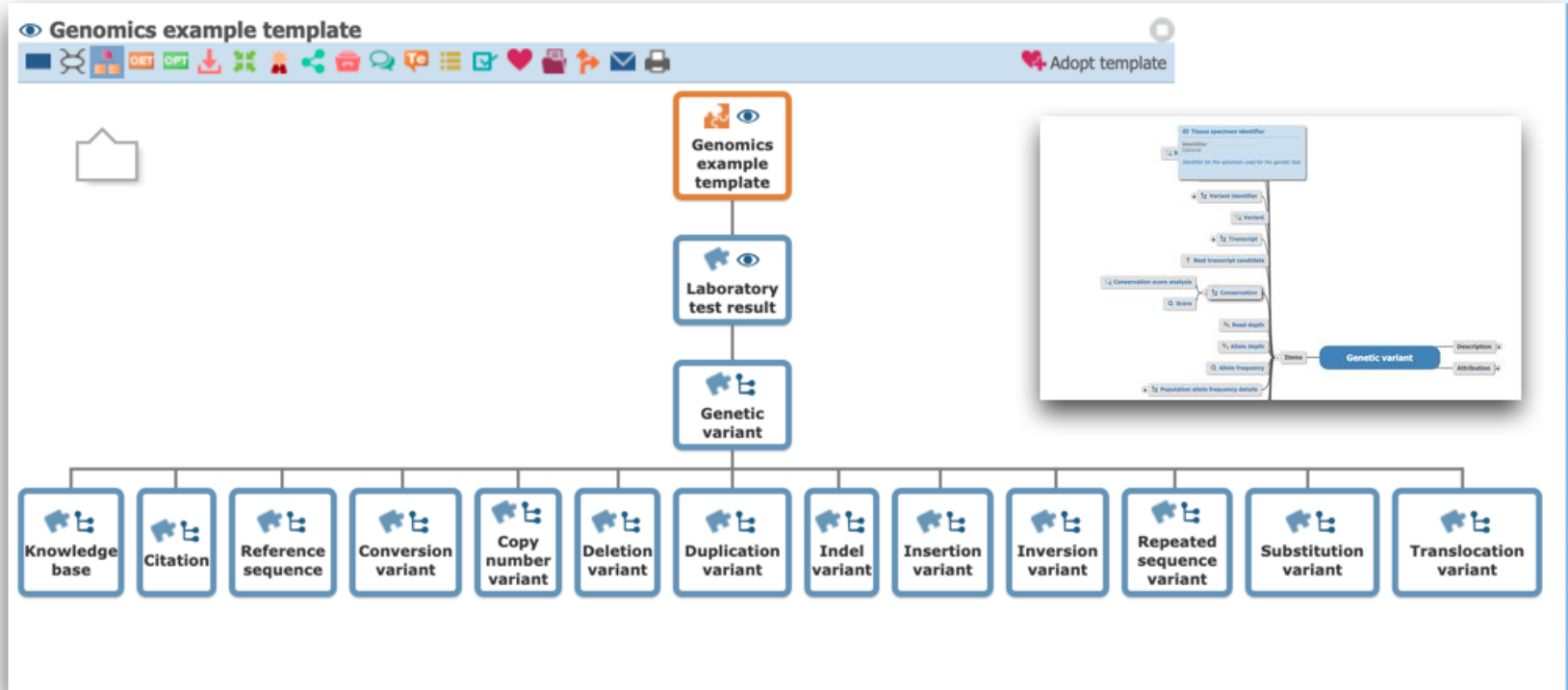
- 26 templates
 - 13 Rare disease 'output'
 - 11 Cancer 'output'
 - 2 'input'
- 99 archetypes
 - 44 international
 - 27 localised
 - 28 purely local



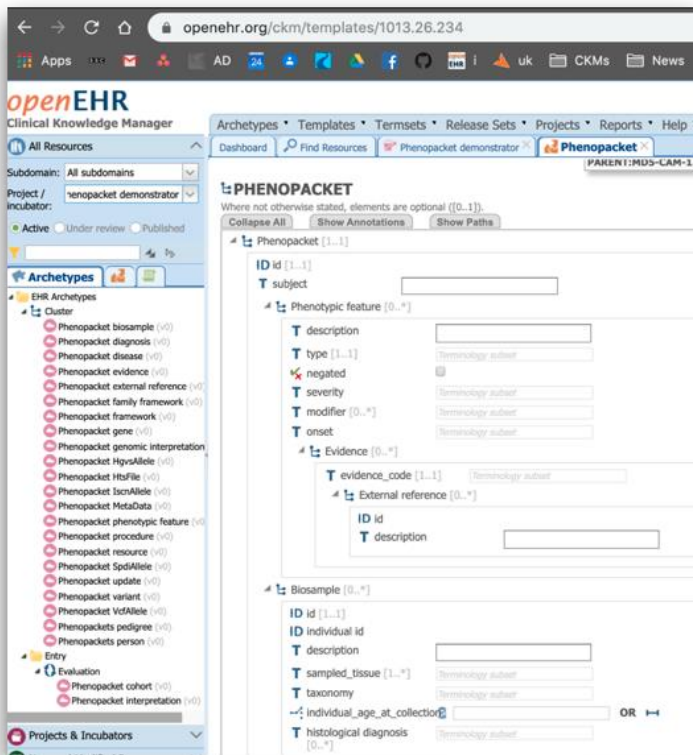
http://ckm.apperta.org/ckm/#showProject_1051.61.28



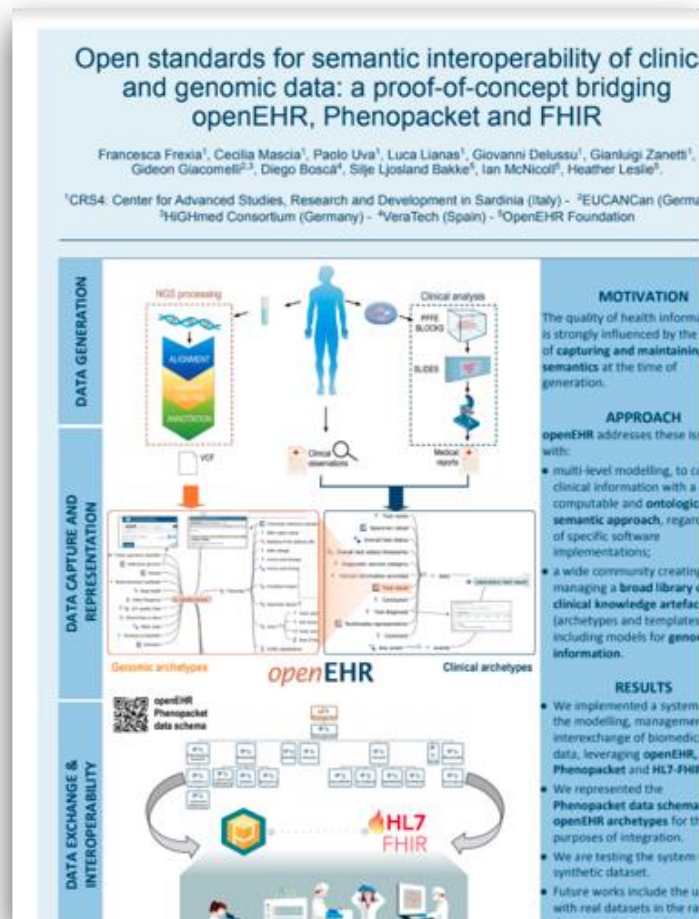
CSR4/HighMed Genetic variants



GA4GH and Phenopackets



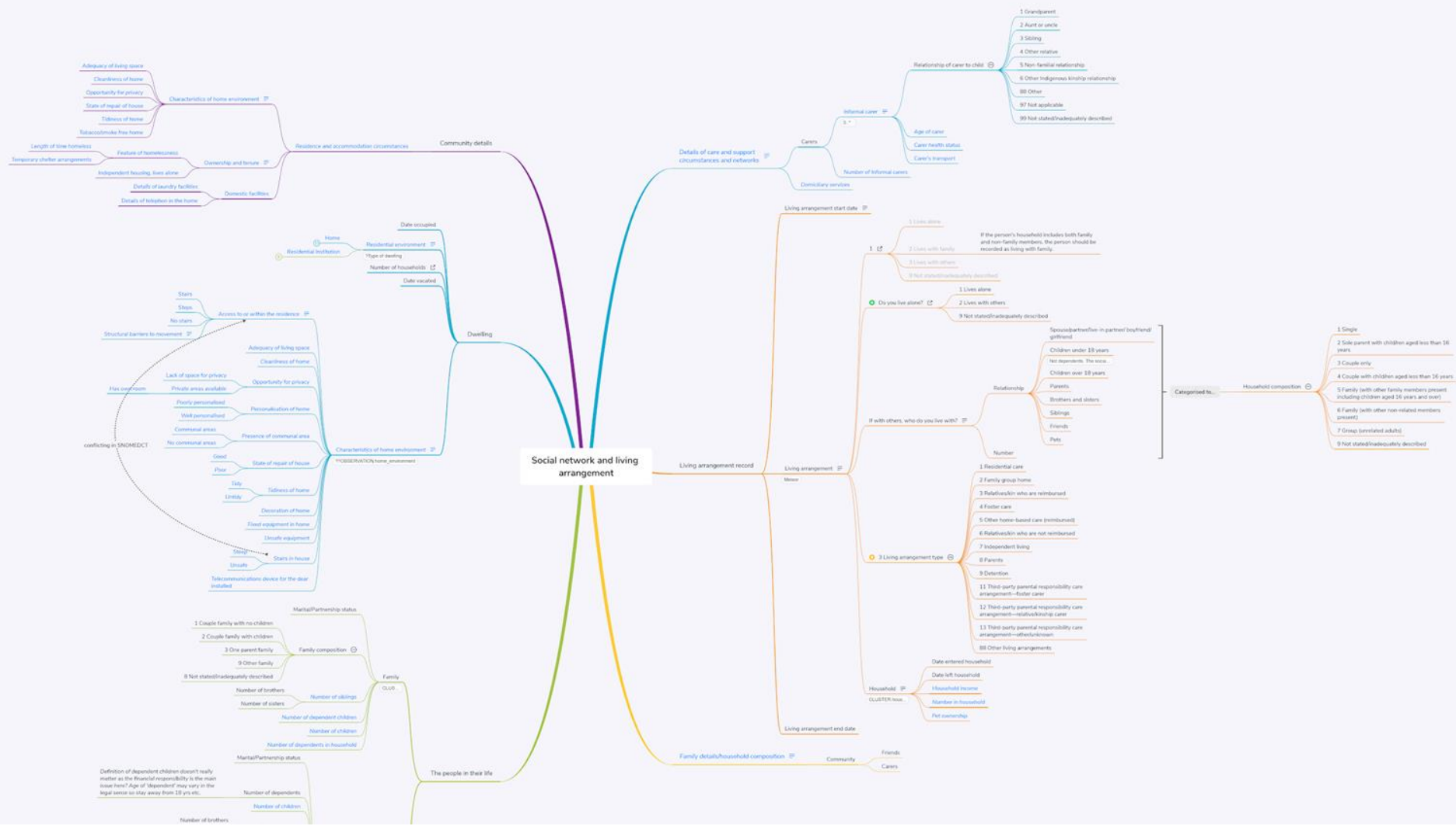
The screenshot shows the openEHR Clinical Knowledge Manager (CKM) interface. The left sidebar lists various archetypes under 'All Resources' and 'Archetypes'. The main area displays the 'PHENOPACKET' template editor for the template 'PARENT:MUS-CAM-1.0'. The editor shows fields for 'ID id [1..1]', 'T subject', 'Phenotypic feature [0..*]', 'Evidence [0..*]', and 'Biosample [0..*]'. Each field has a 'Terminology subset' dropdown menu. The interface includes navigation tabs like 'Archetypes', 'Templates', 'Termsets', 'Release Sets', 'Projects', 'Reports', and 'Help'.




An aerial photograph showing a stark contrast between two types of urban development. On the left, a dense, sprawling informal settlement (slum) is visible, characterized by tightly packed, small, makeshift structures with corrugated metal roofs. A dirt road winds through this area. On the right, a well-planned suburban neighborhood is shown, featuring larger, modern houses with red-tiled roofs, green lawns, and mature trees. A paved road with a white line runs vertically between the two areas, symbolizing social and economic inequality.

SOCIAL INFORMATION





- 
- ✓ Social summary
 - ✓ Housing summary
 - ✓ Housing record
 - ✓ Occupation summary
 - ✓ Occupation record
 - ✓ Communication capability
 - ✓ Interpreter request
 - ✓ Translation requirement
 - ✓ Language

- ✓ Religious affiliation
- ✓ Gender
- 🗨 Education summary
- 🗨 Education record
- ✎ Income
- ✎ Social network
- ✎ Dwelling
- ✎ Living arrangements
- ✎ Nutrition

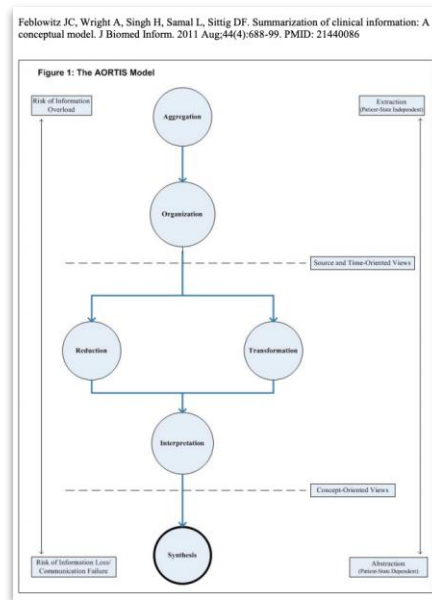
CHALLENGES GOING FORWARD



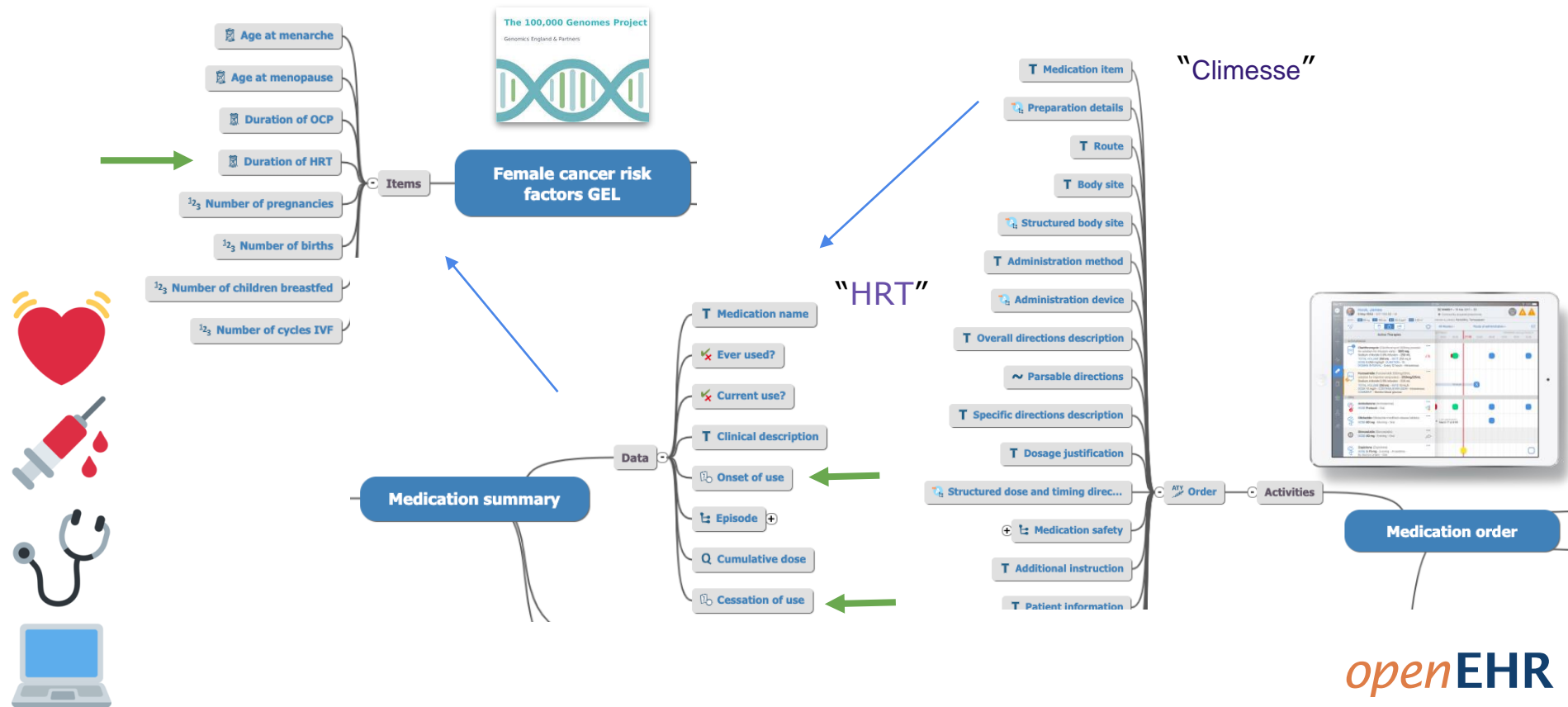
From frontline to analytics

Frontline data formats \Rightarrow
analytics/research/registry formats

- open vs. closed questions
 - questionnaires
 - "Diagnosis": Diabetes
 - "Diabetes" : "yes"; "no"
- AORTIS
 - Feblowitz: Summarization of clinical information: a conceptual model
- Need for quality curation



100K Genomics: "Duration of HRT"



LHCRE and Data lakes?





How many children under 18 years of age live in the same dwelling unit as the patient?

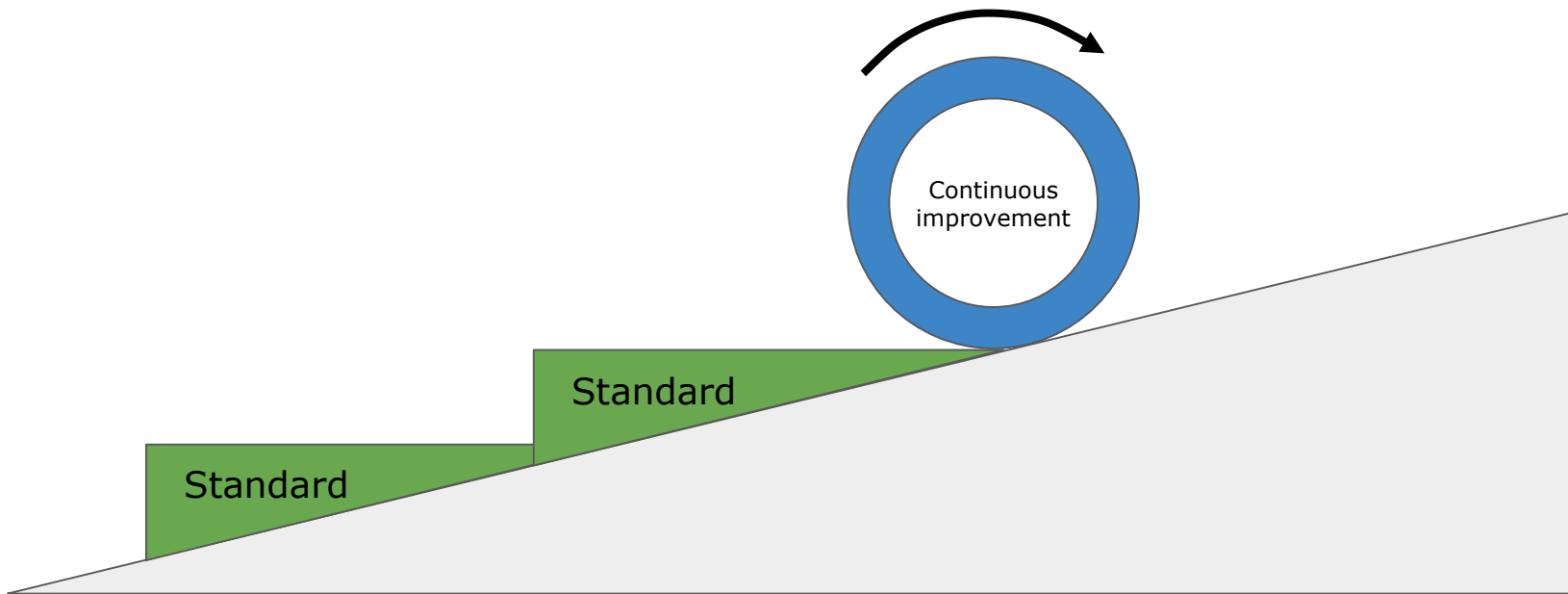
Number of own children

0-6 years 7-12 years 13-17 years

Number of others' children

0-6 years 7-12 years 13-17 years







Principles for modelling the clinical world

- Low participation threshold
- Changeability
- Governance
- Vendor independence
- Sharing and free licences
- Use case independence



Pragmatic standardisation

- Gradually and step by step instead of all in one go
- Constant maintenance instead of 5 year revision cycles
- Careful selection of what to standardise and what not to
- Some standardisation is infinitely better than no standardisation





Oh Glasgow...

Revisions [edit]

- Glasgow Coma Scale: While the 15-point scale is the predominant one in use, this is in fact a modification of the original scale which was a 14-point scale, omitting the category of "abnormal flexion". Some centres (such as the Glasgow Royal Infirmary) have adopted the modified one.
- The [Rappaport Coma/Near Coma Scale](#) made other changes.
- Meredith W., Rutledge R, Fakhry SM, EMery S, Kromhout-Schiro S have proposed calculating the Glasgow Coma Scale differently.
- The most widespread revision has been the Simplified Motor and Verbal Scales which shorten the verbal component.
- The GCS for intubated people is scored out of 10 as the verbal component falls away

test Reset

openEHR-EHR-OBSERVATION.clydebank_coma_scale.v0

openEHR-EHR-OBSERVATION.clydebank_coma_scale.v0

Specialize en

Tree Mindmap Tabbed ADL Terminology

Analytics
Any event > data > Inebriation (I)

T Clydebank coma scale

- data
 - Any event
 - data
 - Best eye response (E)
 - Best verbal response (V)
 - Best motor response (M)
 - Inebriation (I)
 - Gubbed (G)
 - Total score
 - EVM profile
 - Comment
 - state
 - Confounding factors
 - protocol

Constraints Details Annotations Rm Attributes

TypeORDINAL


Runtime constraintsNot set (Click to edit)

Available typesOrdinal

TypesOrdinal

Value	Text	Description
0	Stony-cold sober	Seems sober (at least compared to his doctor)
1	Tiddly	Probably has had a wee swallie (possibly just a Prosecco)
2	Pished	You are his best pal / he hates you but knows a good song.
3	Bladdered	Out of it. Expect a call to the big white telephone imminently

Edit



The Borg CR10 Scale: 'Spinal tap' edition

Borg CR10 Scale (1982)¹²

0	Nothing at all
0.5	Extremely weak (just noticeable)
1	Very weak
2	Weak (light)
3	Moderate
4	Somewhat strong
5	Strong (heavy)
6	
7	Very strong
8	
9	
10	Extremely strong (almost max)
•	Maximal

Borg CR10 Scale® (2010)²⁰

0	Nothing at all	
0.3		
0.5	Extremely weak	Just noticeable
0.7		
1	Very weak	
1.5		
2	Weak	Light
2.5		
3	Moderate	
4		
5	Strong	Heavy
6		
7	Very strong	
8		
9		
10	Extremely strong	"Maximal"
11		
∫		
•	Absolute maximum	Highest possible

