



OPEN APIs AND HEALTH INNOVATION

VIDEO TRANSCRIPT

Speaker name: Guy Player
Title: Technology Consulting Senior Manager, Health & Public Service, UK

Screen text: The challenge

One of the long-standing problems that we have in healthcare is the way the data is siloed and held by local organizations. There has been a real need for some time to be able to connect that up. Traditional mechanisms of integrating systems tend to be point-to-point. If you tie two systems together tightly, it's quite efficient in terms of managing that information. But, if you want to change it, you need to change it at both ends. It becomes an overhead in terms of cost and complexity of maintaining all these different integration points.

Screen text: How open APIs facilitate innovation

Application Programming Interface (API) is a more contemporary way of sharing data between systems and opening your source systems to external parties. It becomes less about defining what needs to be sent from point A to point B, and more about point A saying here's the data I

have got and here are the conditions under which you can access it. Provided you pass all the accreditations and the right checks and balances, you can use that data to innovate, and develop new products and services. It is a way of promoting innovation rather than just tying data very tightly between two systems.

Screen text: Barriers to accessing data at scale

Today, one of the big barriers is the adoption and the introduction of big monolithic applications provider systems in the general practitioner (GP) sector and in the acute care sector. Getting access to the data, which is held within those systems, is quite challenging, and the introduction of new guidelines for the use of open standards by the Department of Health and NHS is all part of this story. It is about saying to healthcare providers and technology providers that if you want to operate within the NHS and do business in the UK, you need to open your platforms and black boxes to enable other organizations can get access to the data and start to develop services around those black boxes.

Screen text: Overcoming the obstacles

I think right noises are being made now at the top levels of the government. The framework for open standards does set the bar in terms of expectations from vendors. And, it talks about interoperability standards, clinical information



standards, security standards, privacy standards and all of that is important in this debate.

Screen text: Vendors' role in APIs

You've seen in the last nine months, a change of rhetoric by government in health around their expectations from the providers—both existing and calling out to non-traditional providers. The market is opening and the use of standards, and forcing vendors to take on those standards, which then, levels out the playing field. In fact, we don't really care what happens under the bonnet of the black box solution, we really care about the edge and the data that can be generated and provided from those solutions. Keep your proprietary IP, we are not looking for source code. But if you conform to these standards around clinical terminology, the way you hold your information, around APIs, interoperability, and the use of firewall specifications in how you exchange health data, then that kind of opens the market.

Screen text: Opportunity and benefits

The healthcare technology market will change and you will see non-traditional providers getting more uptake. You will see technology-enabled care being delivered in different ways, services being provided in different ways, there is a change in direction as to how healthcare will deliver care closer to the patient and at the patient's convenience, rather than the current situation, where it is all about where the clinician is located, typically. You will also see new ways of medication distribution, you're already seeing new ways of GP services being accessed. For a

patient, the convenience it is around me being able to access the information and care at my convenience. For me—as a patient—being able to contribute toward my record and access my record—it is my data and I should be able to access it. I see this being of huge benefit to the way the citizens access health services in the UK.