



## SEMANTIC WIKI AND INFORMATICS

### **Using a Semantic Wiki**

Eliciting, capturing and cataloging data element definitions in any domain are difficult tasks. The complexity of healthcare makes this process all the more difficult. The ability to provide useful *comparability* of instances of definitions is necessary for analysis. Comparability across these domains (that includes across studies as well as across contexts) is critical. Relying on standards like HL7, UMLS, and ISO 11179 requires comprehension and commitment. These standards offer more than simply a way to convert data from one format to another. Embracing these standards at a fundamental level has a liberating effect on the productivity of an overall system design effort.

When the purpose of a metadata repository is acceptance by a large audience, enterprise vetting of metadata is beneficial over a unilateral approach. Public attribution of individual contributors plays an important role in vetting the most useful (broadly applicable) metadata. This yields higher quality work than when working behind the anonymity of an organization alone. Healthcare, not individual fiefdoms within healthcare, is represented.

With I-SPY and TRANSCEND (see project descriptions, above), the semantic wiki uses a two-part process for metadata definitions: clinical and technical. That is, clinicians, researchers and informaticists are able to create highly domain-specific definitions in order to elicit the full fidelity of a clinical concept without violating the rules of the applicable standard information models and vocabularies. A technical person then transforms vetted definitions into an xml application building blocks. Each party brings particular strengths to the table. The technical person is very familiar with object concepts, HL7 and other standards, and has as well a general understanding of the required vocabularies.