"The following public statement has been released by the Clinical Information Modelling Initiative today [14 December 2011]:

Public release

The Clinical Information Modeling Initiative is an international collaboration that is dedicated to providing a common format for detailed specifications for the representation of health information content so that semantically interoperable information may be created and shared in health records, messages and documents. CIMI has been holding meetings in various locations around the world since July, 2011. All funding and resources for these meetings have been provided by the participants. At its most recent meeting in London, 29 November – 1 December 2011, the group agreed on the following principles and approach.

Principles

1. *CIMI specifications will be freely available to all. The initial use cases will focus on the requirements of organisations involved in providing, funding, monitoring or governing healthcare and to providers of healthcare IT and healthcare IT standards as well as to national eHealth programs, professional organisations, health providers and clinical system developers.*
2. *CIMI is committed to making these specifications available in a number of formats, beginning with the Archetype Definition Language (ADL) from the openEHR Foundation (ISO 13606.2) and the Unified Modeling Language (UML) from the Object Management Group (OMG) with the intent that the users of these specifications can convert them into their local formats.*
3. *CIMI is committed to transparency in its work product and process.*

Approach
- *ADL 1.5 will be the initial formalism for representing clinical models in the repository.*
    - *CIMI will use the openEHR constraint model (Archetype Object Model:AOM).*
    - *Modifications will be required and will be delivered by CIMI members on a frequent basis.*
- *A set of UML stereotypes, XMI specifications and transformations will be concurrently developed using UML 2.0 and OCL as the constraint language.*
- *A Work Plan for how the AOM and target reference models will be maintained and updated will be developed and approved by the end of January 2012.*
    - *Lessons learned from the development and implementation of the HL7 Clinical Statement Pattern and HL7 RIM as well as from the Entry models of 13606, openEHR and the SMART (Substitutable Medical Apps, Reusable Technologies) initiative will inform baseline inputs into this process.*
- *A plan for establishing a repository to maintain these models will continue to be developed by the group at its meeting in January.*

Representatives from the following organizations participated in the construction of this statement of principles and plan:
- *B2i Healthcare www.B2international.com*
- *Cambio Healthcare Systems www.cambio.se*
- *Canada Health Infoway/Inforoute Santé Canadawww.infoway-inforoute.ca*
- *CDISC www.cdisc.org*
- *Electronic Record Services www.e-recordservices.eu*
- *EN 13606 Association www.en13606.org*
- *GE Healthcare www.gehealthcare.com*
- *HL7 www.hl7.org*
- *IHTSDO www.ihtsdo.org*
- *Intermountain Healthcare www.ihc.com*
- *JP Systems www.jpsys.com*
- *Kaiser Permanente www.kp.org*
- *Mayo Clinic www.mayoclinic.com*
- *MOH Holdings Singapore www.mohh.com.sg*
- *National Institutes of Health (USA) www.nih.gov*
- *NHS Connecting for Healthwww.connectingforhealth.nhs.uk*
- *Ocean Informatics www.oceaninformatics.com*
- *OpenEHR www.openehr.rog*
- *Results4Care www.results4care.nl*
- *SMART www.smartplatforms.org*
- *South Korea Yonsei University www.yonsei.ac.kr/eng*
- *Tolven www.tolven.org*
- *Veterans Health Administration (USA)www.va.gov/health*

Further Information:
In the future CIMI will provide information publicly on the Internet. For immediate further information, contact Stan Huff (stan.huff@imail.org)"