

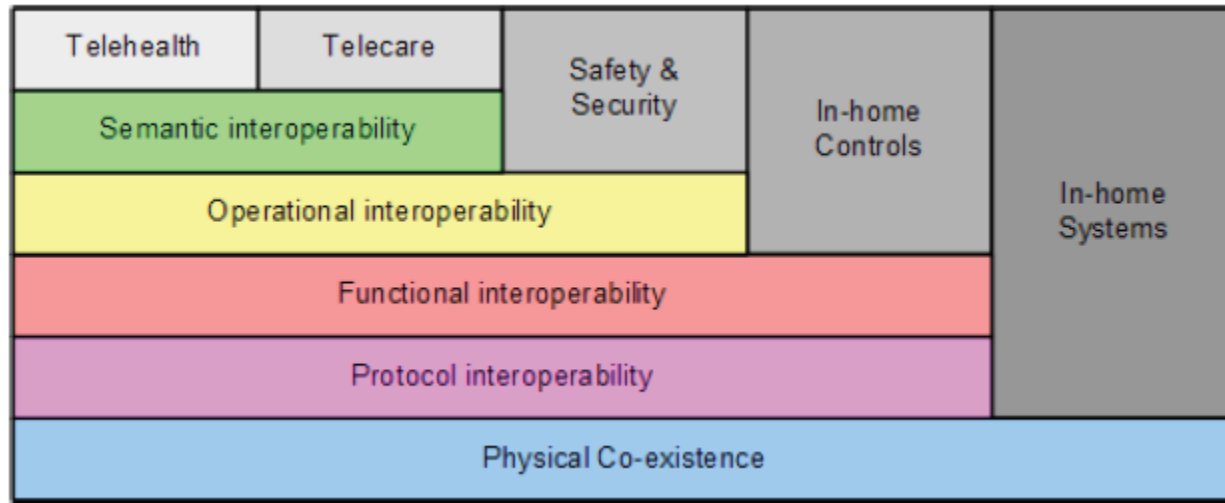
ADI

John Eaglesham

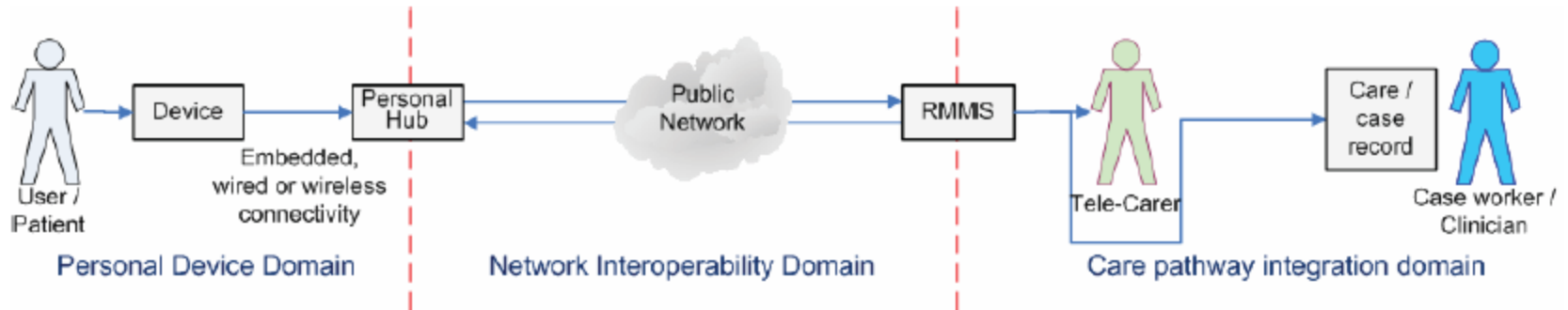
I-Focus

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# DALLAS Interop Task Force Context



# DALLAS ITF Context – the “three hop” model



**Figure 3: Interoperability landscape**

# DALLAS ITF Context - Classifications

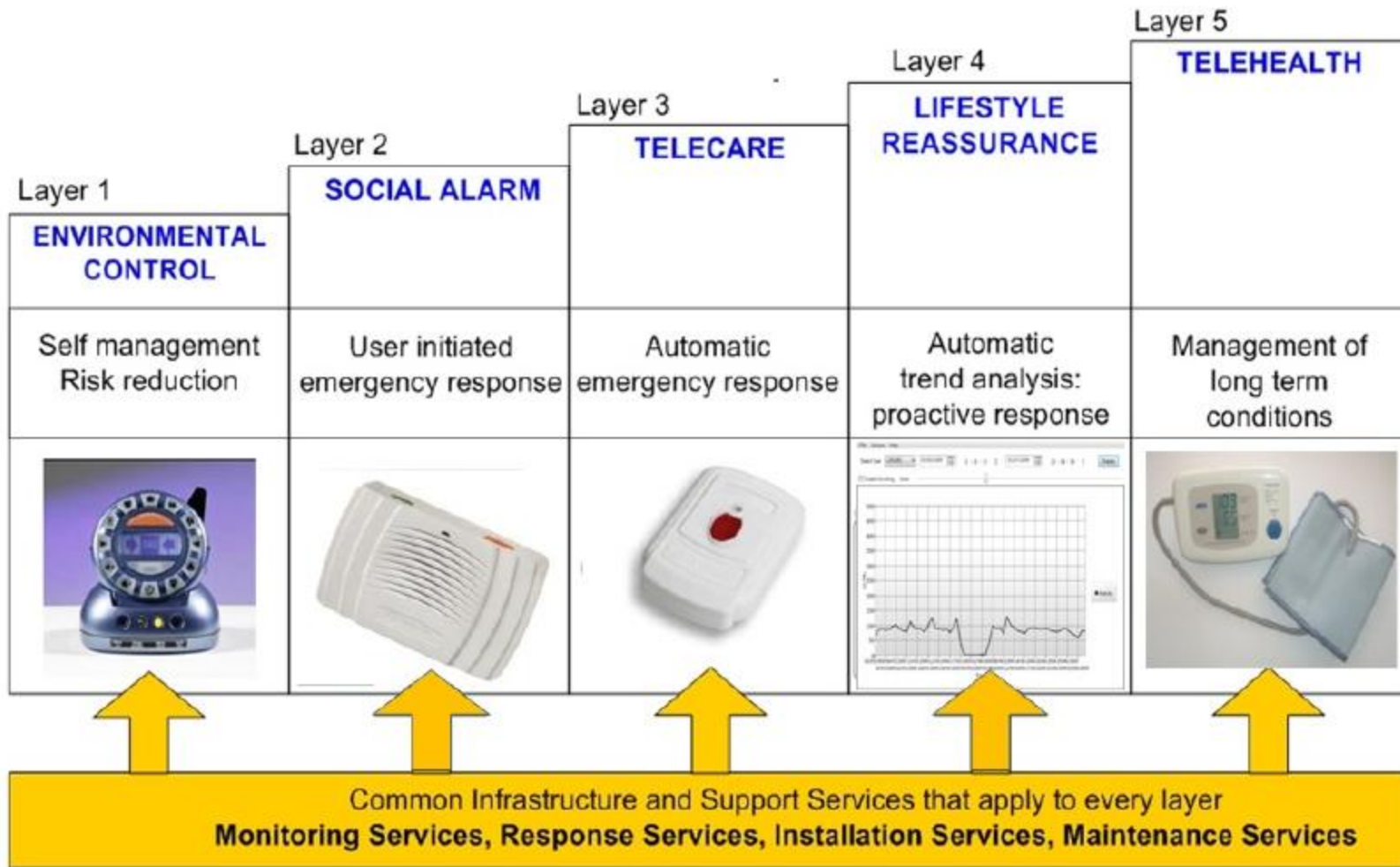


Figure 4: Layered service provision building upon self-managed care.

# ITF Device – Hub “First Hop”

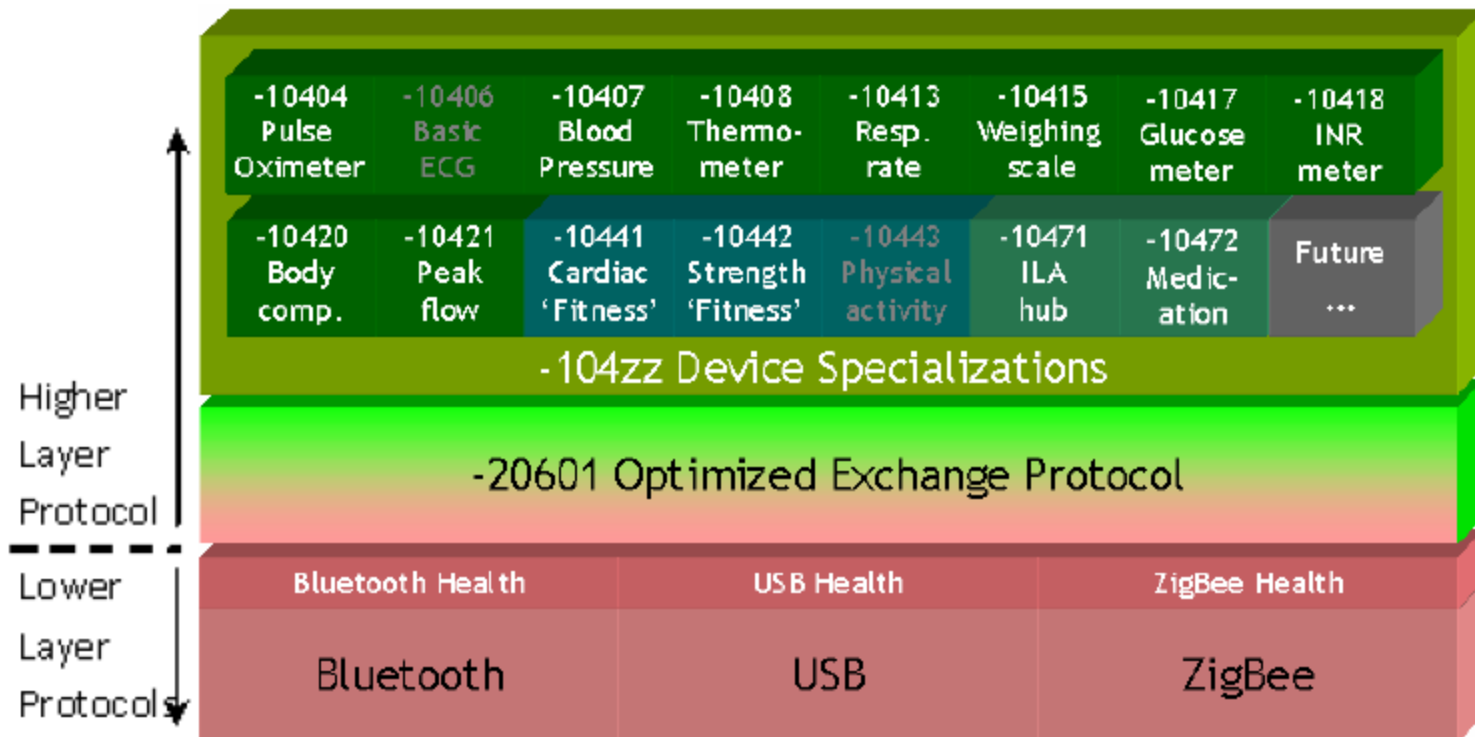
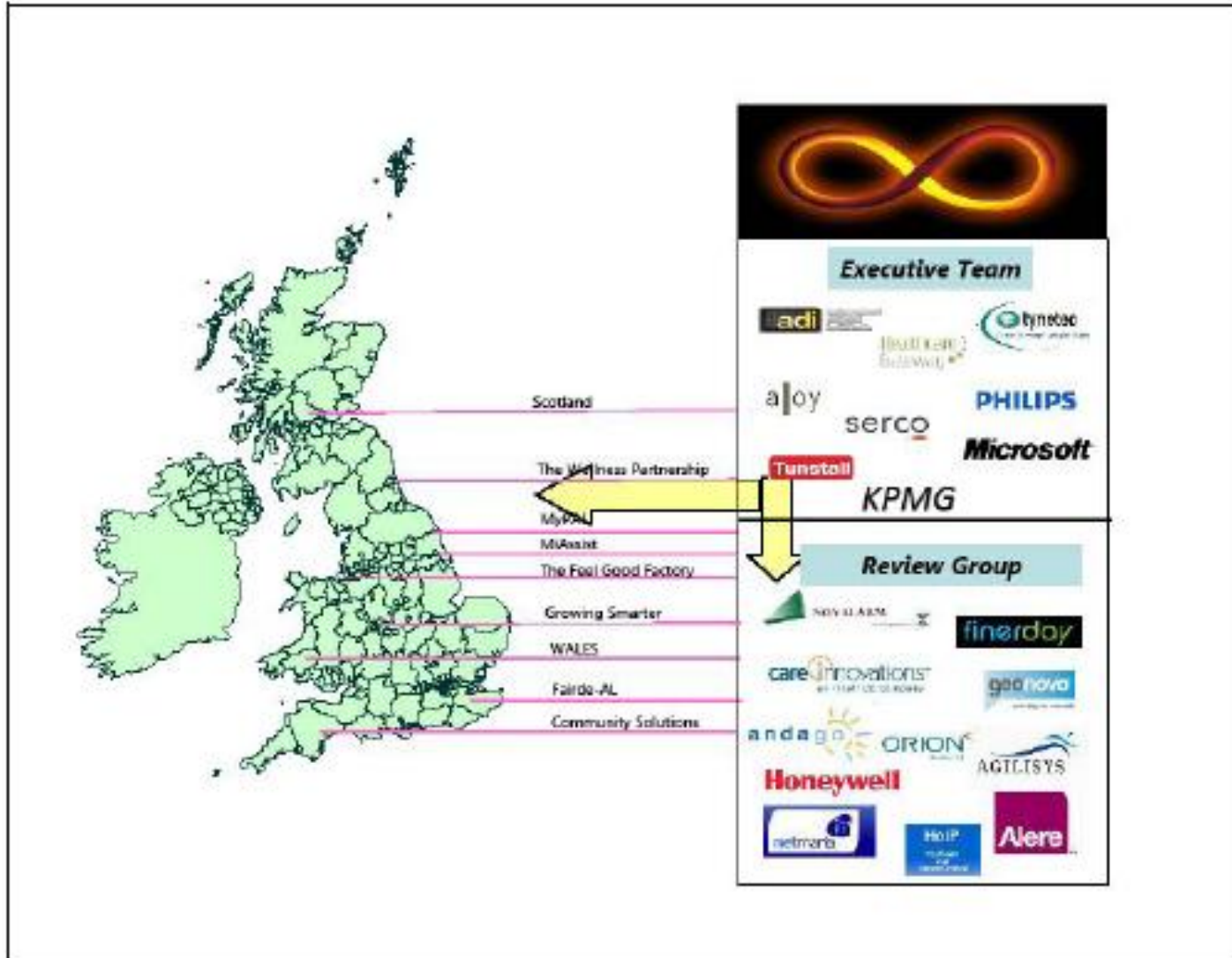
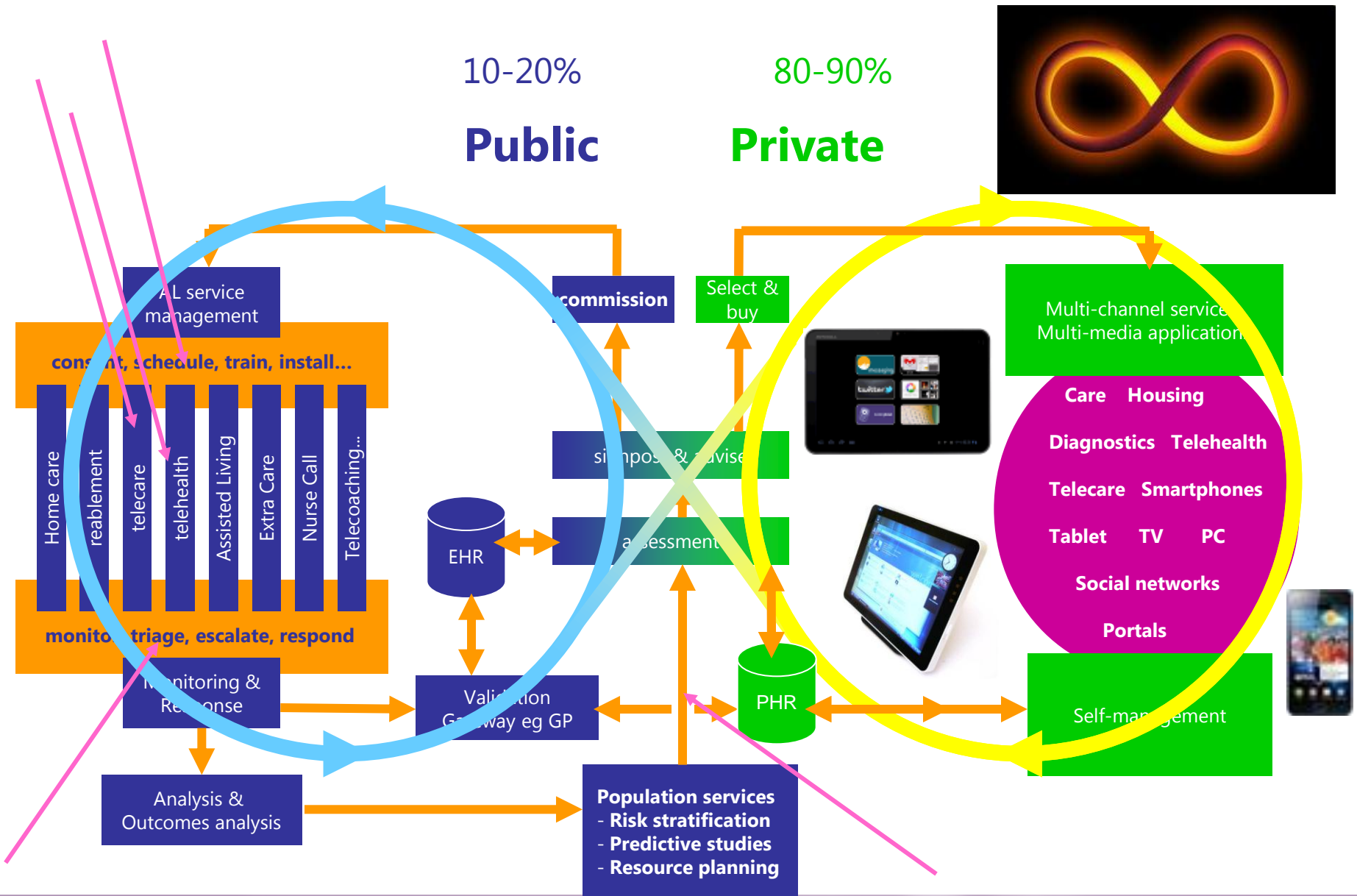


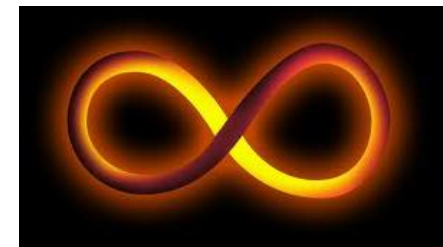
Figure 6: ISO/IEEE 11073 Personal Health Devices architecture

# I-Focus – Realising the DALLAS Vision



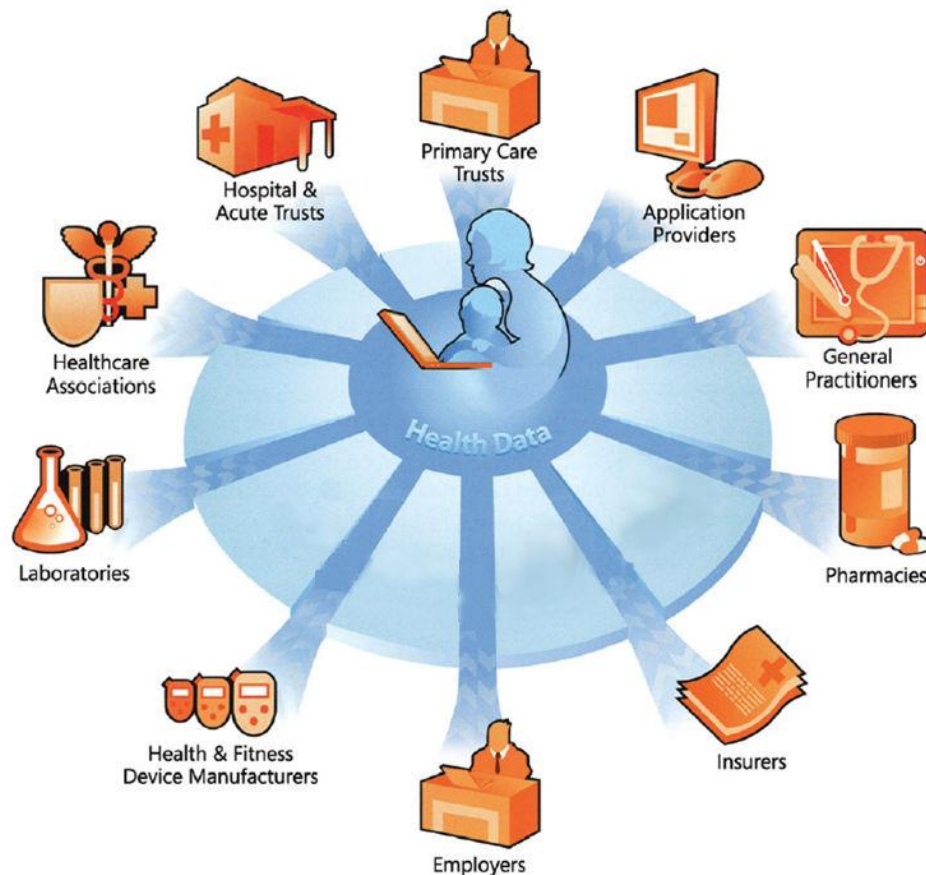


**Interoperability: where different application functions are able to use shared information in a consistent way.** (From the Dallas Guidance)

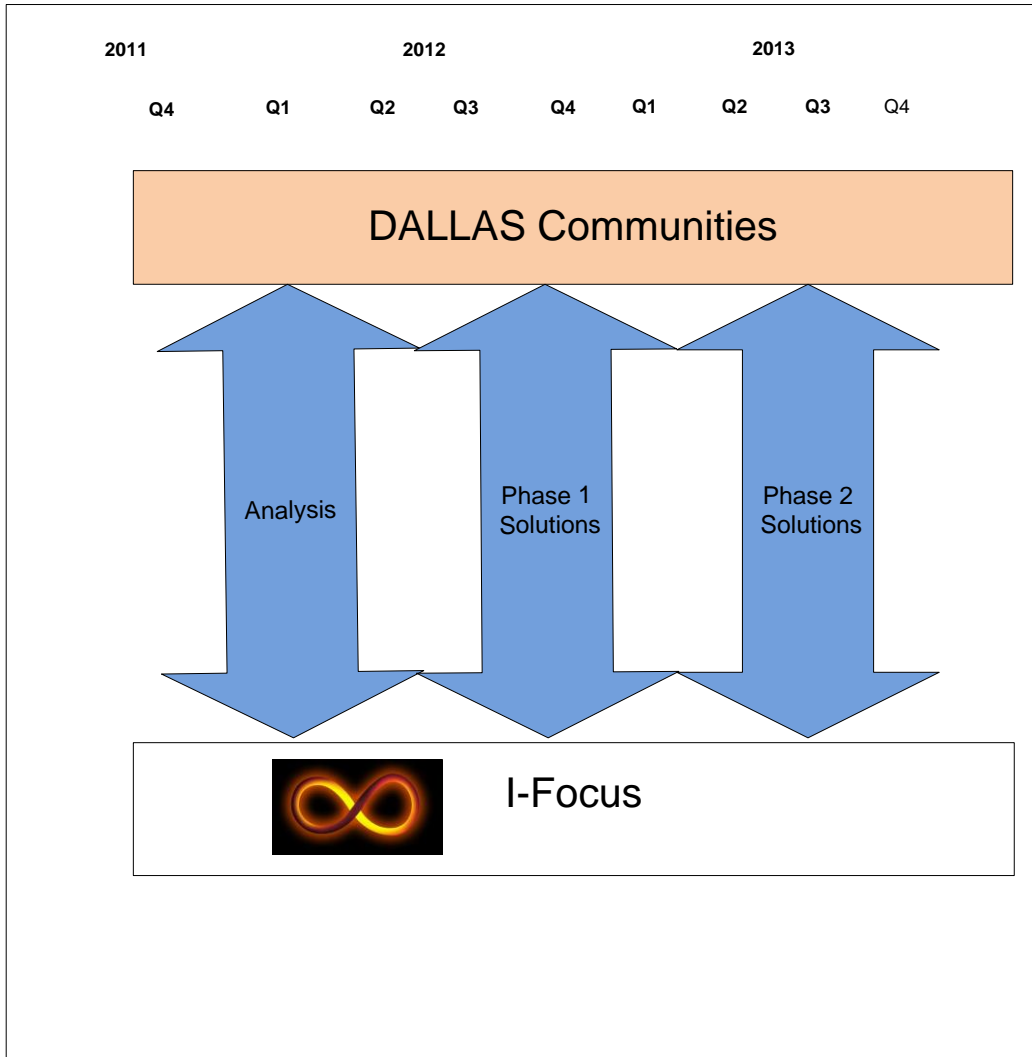


## How will I-Focus provide this?

- **Shared data platform** for personal health information
- **Person-centred**, controlled and shared
- **Integration with clinical systems through HL7 and the ITK**
- **Support for Continua Alliance devices**
- Enables **application providers** and **device manufactures** to build diverse, innovative, consumer-focused applications
- **Security** and **privacy** enhanced – data resides in UK N3-connected data centre
- **Identity framework** based on Cabinet Office IDA principles and ready-made links to **social networking** (Facebook, Google, Live, Yahoo!)



# I-Focus – From Aspiration to Implementation



The “Infinity” model is ***fundamental*** to enabling self-care – giving individuals **control**, and ability to access services via **consumer** products of their **choice**

Engagement with “**natural communities of care**” facilitates **collaboration** between individuals, informal carers and the statutory systems.

The I-Focus infinity model focuses on making the **connection** between the self-care, consumer domain and the trusted statutory sector.

