

Role of Interoperability Standards in Enabling Healthcare Digital Twins

From Data Silos to a Role-Based Semantic Framework

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The Problem: Beyond Data Persistence

- Current Healthcare Information Systems focus on "data at rest" leading to **Semantic Fragmentation**.
- Pilot DTs often fail in real-world environments due to a **lack of scalable data infrastructure**.
- The Challenge: How to maintain **high-fidelity digital representations** in fragmented ecosystems?.



Defining Digital Twins (DT) in Healthcare

Reference-based

- A digital twin will follow the life **journey of each person** and harness both data collected by wearable sensors and lifestyle information that patients may register, shifting the clinical approach towards preventive **healthcare**... (The 'Digital Twin' to enable the vision of precision cardiology, European Heart Journal, <https://doi.org/10.1093/eurheartj/ehaa159>)
- A **virtual representation of a patient** is constructed and receives **real-time updates** of a range of data variables in order to predict disease and **optimise treatment selection for the real-life patient**.. (Definitions and Characteristics of Patient Digital Twins Being Developed for Clinical Use: <https://www.jmir.org/2024/1/e58504>)

Defining Digital Twins (DT) in Healthcare

- A DT is not just a high-fidelity simulation or a dashboard.
- It is a digital construct that evolves alongside the patient or clinical process.
- **Requirement:** Ability to incorporate new observations while preserving clinical meaning and temporal context



Interoperability as a Structural Determinant

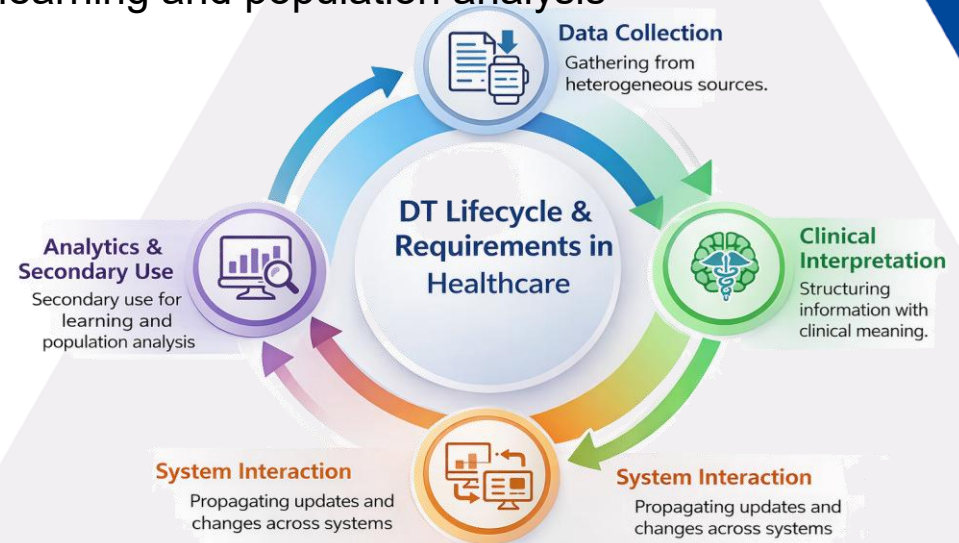
- Interoperability is not a "backend utility" but a **Structural Determinant** of DT viability.
- Essential for preventing **Semantic Drift** over the DT lifecycle.
- DTs must reconcile event-driven updates with long-term semantic stability.



The DT Lifecycle & Requirements in Healthcare

Our analysis examines interoperability across four key phases:

- 1.Data Acquisition:** Gathering from heterogeneous sources.
- 2.Clinical Interpretation:** Structuring information with clinical meaning.
- 3.System Interaction:** Propagating updates and changes across systems
- 4.Analytical Reuse:** Secondary use for learning and population analysis



Strategic Standards Mapping (The Core)

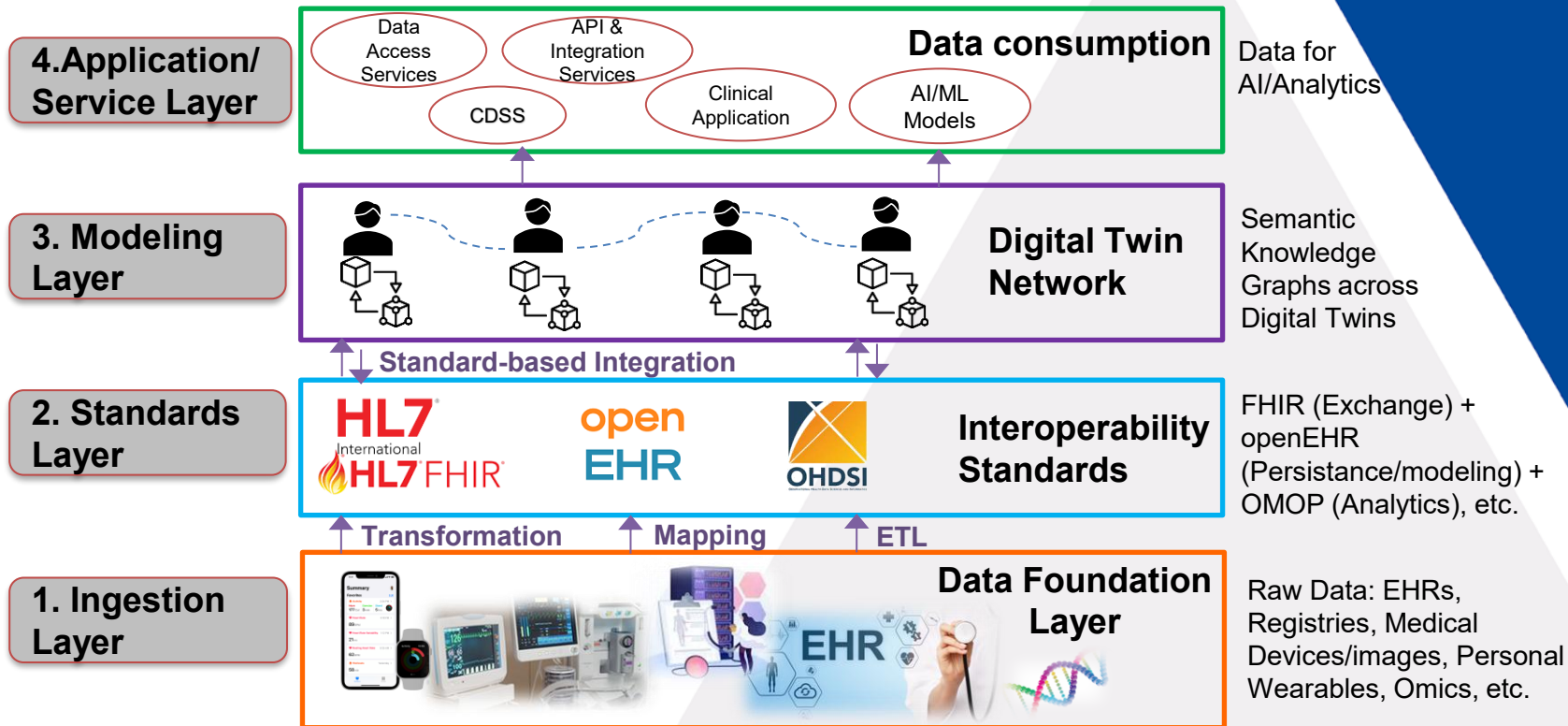
HL7 FHIR: The engine for timely interaction and event-driven updates.

openEHR: The guardian of longitudinal clinical meaning through Archetypes.

OMOP: The foundation for evidence-based interpretation and analytical reuse.

| Dimension | openEHR | HL7 FHIR | OMOP |
|----------------------|--------------------------------|---------------------------------|-------------------------------|
| Primary Role | Clinical concept modelling | System interaction | Analytical reuse |
| Core strength | Semantic consistency over time | Timely data exchange | Population-level analysis |
| Temporal orientation | Longitudinal | Event-based | Cohort-oriented |
| Typical use context | Persistent clinical records | Integration of clinical systems | Observational research |
| Contribution to DTs | Stable state representation | Update propagation | Evidence-based interpretation |

Building Digital Twins: From Raw Data to Clinical Intelligence



Use Case: Conceptual illustration of a diabetes digital twin architecture

Use Case: Diabetes Digital Twin for Personalized Management

A STANDARDS-BASED INTEROPERABILITY FRAMEWORK IN ACTION

From Continuous Monitoring to Predictive, Personalized Care



Enabling the Shift from *Glucose Monitoring* to *Glucose Foresight*

Clinical Applications:

- Hypoglycemia Risk Alerts
- Personalized Insulin Optimization
- Predictive Glucose Forecasting
- Lifestyle Recommendations

Conclusion: Coordinated Interoperability

- Healthcare DTs are products of coordinated interoperability, not standalone artifacts.
- Shifting focus from isolated tools to the underlying data ecosystem is essential.

•Future Goal:

Enabling **resilient, interoperable digital health systems** through **semantic multi-standard integration**



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