Clinical Decision Support Tools for Public Health

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Definitions

Clinical Decision Support (CDS) tools important to support surveillance:

"Computer-based clinical decision support (CDS) can be defines as 'the use of information and communication technologies to bring relevant knowledge to bear on the health care and well-being of a patient."

Greenes RA. Definition, scope and challenges. In: Greenes RA, ed. *Clinical Decision Support: The Road to Broad Adoption*. 2nd ed. Waltham, MA: Elsevier, 2014.



A Common Foundation

- Three use cases described here all use common framework and underlying CDS foundation and products
 - OpenCDS (<u>http://www.opencds.org/</u>)
 - HLN CDS Technical Framework (<u>http://www.cdsframework.org</u>)
 - CDS Administration Tool (CAT) for:
 - Rule authoring
 - Testing
 - Terminology maintenance





CAT Software Characteristics

- Framework for developing middle tier services and web-based front ends
- Plugin architecture for adding/removing features
 - Core module \rightarrow administrative functions
 - User management, security, auditing, etc.
 - CDS module \rightarrow clinical decision support features
 - Custom modules \rightarrow
 - A means to add additional functionality, if desired
 - May be built on top of/supplement CDS module, or exclude it
 - Example custom modules: ICE, RCKMS Authoring Tool, HL7 QA Tool, Patient Administration



Overview of CAT CDS Functionality

- Value Set Editor \rightarrow importing, managing value sets
- Concepts Editor → entering concepts and mapping to codes
- Data Model Editor → configure knowledge authoring data model
- List Editor \rightarrow Context-specific values and dropdowns
- Rule Editor \rightarrow authoring & deployment of rules
- Test Manager → Validate logic and create/execute test cases





Three Software Systems Using CAT/OpenCDS

- 1. Immunization Calculation Engine (ICE)
- 2. Reportable Condition Knowledge Management System (RCKMS)
- Decision Support for Data Segmentation (DS2)



Use Case 1: Immunization Calculation Engine (ICE)

- Service-oriented, standards-based immunization forecasting software system
- Evaluates a patient's immunization history Immunization Calculation Engine and generates the appropriate immunization recommendations
- Can be deployed in diverse technical environments, centrally or distributed
- Designed to easily integrate with registries, surveillance systems, clinical systems (EHRs, PHRs)













ICE Client – Sample Screen

Patient Info Name: John Smith DOB: 20140801 Gender: M Evaluation Date: 20140904 Age @Evaluation: 0y 1m 3d Patient Output Grid Recommendations **Evaluations** Vaccine Group HepB Date: 20140802 Date: 20141001 ₿ Status: FUTURE_RECOMMENDED Age: 0y 0m 1d Valid: true Message: DUE_IN_FUTURE Vaccine Group: HepB Vaccine: Hep B, adolescent/high risk infant (42)



Test Case Summary (ICE custom module)

Test Reference View:

Show Date Calculator

Test #: 125

Name: Minimum interval minus one day (51 days) between Dose 2 and Dose 3.

Test Execution Date: 10/21/2011

Patient DOB: 04/01/2011

Age @ Execution Date: 6 months 20 days (203 days)

| Admi | nistered Immunization C | omponents | | | | |
|------|-------------------------------|-------------------------------|------------|--------------------------------|------------|------------------------|
| ID | Admin Vaccine Code | Comp Vaccine Code | Admin Date | Age @ Admin Date | Evaluation | Reason(s) |
| 263 | HepB peds < 20yrs (CVX 08) | HepB peds < 20yrs (CVX 08) | 04/29/2011 | 28 days (28 days) | VALID | |
| 264 | HepB peds < 20yrs (CVX 08) | HepB peds < 20yrs (CVX 08) | 07/23/2011 | 3 months 22 days (113 days) | VALID | |
| 265 | HepB peds < 20yrs (CVX 08) | HepB peds < 20yrs (CVX 08) | 09/12/2011 | 5 months 11 days (164 days) | INVALID | Below Minimum Interval |

| Shot Component Intervals | |
|---|-----------------------------|
| Interval Between | Interval |
| Shot 1 (Group HepB/CVX 08) and Shot 2 (Group HepB/CVX 08) | 2 months 24 days (85 days) |
| Shot 1 (Group HepB/CVX 08) and Shot 3 (Group HepB/CVX 08) | 4 months 14 days (136 days) |
| Shot 2 (Group HepB/CVX 08) and Shot 3 (Group HepB/CVX 08) | 1 months 20 days (51 days) |

| Proof of Immunity/Documented Disease | | | | | | |
|--|--|--|--|--|--|--|
| Antigen Immunity Date Age @ Imm Date Immunity Reason | | | | | | |
| No records found. | | | | | | |

| Recommendations | | | | |
|---------------------------|------------|-------------------------------|-----------------------|---------------|
| Recommended Vaccine/Group | Date Due | Age @ Rec Date | Recommendation | Reason |
| НерВ | 11/07/2011 | 7 months 6 days (220 days) | Future Recommendation | Due in Future |



Test Suite "Run" (ICE custom module)



Suite Details Suite Test Results

Suite Test Results for: HepB Tests

| and rows | s to see detailed information | | | | |
|----------|--|---|---|--|--|
| ID 🔺 | Name 🗘 | Duration (ms) | Eval. Passed? | Rec. Passed? | Passed? 🗘 |
| 72 | Minimum interval minus one day (23 days) between Dose 1 and Dose 2. | 97 | 1 | * | ~ |
| 73 | Minimum interval (24 days) between Dose 1 and Dose 2. | 115.39 | 1 | * | ~ |
| 74 | Minimum interval plus one day (25 days) between Dose 1 and Dose 2. | 93.18 | ~ | 0 | 0 |
| erences | | | | i da | |
| nmendati | on Date Due date values do not match: ICE=10/01/2011; I | EXPECTED=10/10/20 | 011 | | |
| 75 | Minimum interval minus one day (51 days) between Dose 2 and Dose 3. | 96.92 | 1 | ~ | ~ |
| | ID A 72 73 74 Ferences nmendati 75 | ID • Name Image: Constraint of the second seco | ID +NameDuration1D +NameDuration (ms)72Minimum interval minus one day (23 days) between Dose 1 and Dose 2.9773Minimum interval (24 days) between Dose 1 and Dose 2.115.3974Minimum interval plus one day (25 days) between Dose 1 and Dose 2.93.18rerencesmmendation Date Due date values do not match: ICE=10/01/2011; EXPECTED=10/10/2075Minimum interval minus one day (51 days) between Dose 2 and Dose 3.96.92 | ID +NameDuration (ms)Eval. Passed?72Minimum interval minus one day (23 days) between Dose 1 and Dose 2.9773Minimum interval (24 days) between Dose 1 and Dose 2.115.3974Minimum interval plus one day (25 days) between Dose 1 and Dose 2.93.18rerencesrerencesThe Due date values do not match: ICE=10/01/2011; EXPECTED=10/10/201175Minimum interval minus one day (51 days) between Dose 2 and Dose 3.96.92 | IDNameDuration (ms)Eval. Passed?Rec. Passed?72Minimum interval minus one day (23 days) between Dose 1 and Dose 2.97✓✓73Minimum interval (24 days) between Dose 1 and Dose 2.115.39✓✓74Minimum interval plus one day (25 days) between Dose 1 and Dose 2.93.18✓✓mmendationUter to the date values do not match: ICE=10/01/2011; EXPECTED=10/10/2011✓75Minimum interval minus one day (51 days) between |



Use Case 2: Reportable Condition Knowledge Management System (RCKMS)

- Service-oriented, standards-based which allows EHR systems to submit initial electronic case reports to public health based on "triggering" event
- Evaluates conditions for reportability to a state/local jurisdiction and returns decision and instructions
- Expected to be deployed nationally on a shared platform with authoring tool for local jurisdictions to configure their rules



eCR Process Flow







RCKMS Authoring Tool (custom module)

| KCKM3 | Main Menu 🗸 | | | | | R Hollie S About KCr | |
|--|------------------|-----------------------------------|---------------|-----------------------|----------------------|----------------------|------------|
| porting Sp | pecification | | | - | | | |
| Show 10 🔻 | entries | | | | | Search: | |
| Nationally Notifiable? \downarrow 🕇 | Condition Name 🎼 | Category | Status 👫 | Assigned To 👫 | Created By 🕼 | Last Updated 🅼 | |
| Υ | Chlamydia | Sexually Transmitted Infections | Not Published | | daryl | 06/03/2017 10:13 AM | c î |
| Y | Gonorrhea | Sexually Transmitted Infections | Not Published | | daryl | 06/03/2017 10:15 AM | C 🖻 |
| Υ | Pertussis | Vaccine Preventable Conditions | Not Published | | daryl | 06/03/2017 10:10 AM | C 🛍 |
| γ | Salmonellosis | Enteric Diseases | Not Published | | dar <mark>y</mark> l | 06/03/2017 10:15 AM | C 🛍 |
| Υ | Zika | Zoonotic and Vectorborne Diseases | Not Published | | janet.hui | 06/03/2017 10:17 AM | C 🛍 |
| Nationally Notifiable? | Condition Name | Category | Status | Assigned To | Created By | Last Updated | |
| | | | | | | Previous 1 | Next |
| | | I ALL PLANT CALLER | | porting Coosification | | | |

Reusable Criteria Templates (set up by Administrator)

| Reporting Specification | / | | | |
|--|-----------------------------------|---|-------------------------------------|--------------------------------------|
| Edit Reporting Specification | | | | |
| Details Criteria / Logic Sets Specifications Inter | nal References External Reference | es | | |
| Reporting Specifications | Lab Reporting (Lab2) | Provider/Facility Reporting (CLIN+EPI) | Provider/Facility Reporting (DX) | Provider/Facility Reporting (Lab) |
| Reporting Timeframe | 1 day(s) • | 1 day(s) 🔹 | 1 day(s) • | 1 day(s) • |
| Diarrhea | • | Necessary | Ţ | |
| Salmonellosis (Diagnosis or active problem) | | | Sufficient | |
| Laboratory Detection of Salmonella (except S. typhi and S. paratyphi) nucleic acid by any method in a clinical specimen | Sufficient | Ţ | Ţ | Sufficient |
| Identification of Salmonella (except S. typhi and S. paratyphi) by culture method in a clinical specimen, including identification tests performed on an isolate | Sufficient | • | | Sufficient |
| Epidemiologic Contact of a person with Salmonellosis (Not Yet Implemented) | T | Optional | | |



Use Case 3: Decision Support for Data Segmentation (DS2)

- Part of ONC HITECH SHARP research project in a statelevel HIE environment
- Uses OpenCDS to identify and redact selected sensitive conditions from clinical summary documents
- Includes a web-based "inference analyzer" for visualizing the effectiveness and the impact of probabilistic redaction
- Includes a suite of related tools for creating, importing, and editing Continuity of Care (CCD) documents; testing redacted CCDs



DS2 Research Objectives

- Analyze (de-identified) patient problem lists to determine which conditions that may reveal information deemed "sensitive" (*e.g.* -STDs, mental health conditions, substance abuse)
- For HIV: explored ways to remove as little data as possible to not reveal sensitive condition while retaining as much of the medical record as possible
 - Deterministic "Level 1" predicates written using Drools
 - Probabilistic "Level 2" and "Level 3" predicates incorporated using Weka machine learning toolkit
 - By combining a classifier with established deterministic rules, the system could "learn" how "guessable" a condition might be after redacting specific medical data from the patient's record



DS2 Workflow





DS2: Sample Output from Predicate/Reducer

| redicate Reducer |
|---|
| ect ILHIE classifications to disclose:(leave blank to redact all classifications) HV (ILHIE_HIV) Wental Health (ILHIE_MentalHealth) Substance Abuse (ILHIE_SubstanceAbuse) |
| load file for reducing: |
| Choose a CCD file: |
| |
| Problems 1. Human immunodeficiency virus [HIV] disease (SNOMED-CT 86406008) [LHIE_HIV |
| Candidiasis of lung (SNOMED-CT 3487004) ILHEERING Other specified bacterial infections in conditions classified elsewhere and of unspecified site, mycoplasma (SNOMED-CT 95889002) Acute maxillary sinusitis (SNOMED-CT 68272006) |
| Substance Administration |
| 1. combivir (RxNorm 192254) LHE File 2. norvir (RxNorm 196479) LHE File 3. procrit (RxNorm 227303) 4. azithromycin (RxNorm 18631) 5. fluconazole (RxNorm 4450) |
| Encounters |
| Procedures |
| 1. Laparoscopic appendectomy (SNOMED-CT 470.1) |
| |
| |



DS2: Redacted Output/Consent Document

Predicate Reducer



<id root="2.16.840.1.113883.3.933" extension="6fc36ff3-6fe4-4529-a3bb-56e87c0b5965"/>

nsuiting...

Version: 1.0

-

<patientRole> <patient>

</patient>

Download

Resources

- HLN CDS Framework (ICE, CAT, SHARPS) <u>https://www.cdsframework.org/</u>
- OpenCDS

http://www.opencds.org

RCKMS

http://www.cste.org/group/RCKMS



Contact Information

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