School Healthcare Information Framework utilizing Technology (SHIFT)

HL7 May WGM Birds of a Feather Session
School Healthcare Information Framework utilizing Technology (SHIFT)

- New Mobile Health Project White Paper /PSS
- Birds of a Feather Session – Tuesday 5:15 PM - Salon 8
- SHIFT Project (HL7 Confluence)
SHIFT - SCOPE

- The scope of the SHIFT Project is to create a Framework that addresses the needs of various stakeholders who are involved in the health and well-being of students to facilitate learning and activities in the school environment. The White Paper envisions the set of healthcare standards that will support the Framework.
Meetings / Questions

- Mobile Health Fridays – Weekly Meeting
  - Every Friday at 11 am EST
- cMHAFF Project – Weekly Meeting
  - Every Thursday at 3 pm EST
- SHIFT Project – Weekly Meeting
  - TBD
School Health Advancement Interest Group

HL7 WGM May 2019, Montreal

2019-05-07

Mobile Health Work Group co-chair
- Matt Graham
  - graham.matthew@mayo.edu

EHR Work Group co-chair
- John Ritter
  - JohnRitter1@verizon.net
Agenda

- Background
- Market Drivers
- Concerns
- Possible Next Steps
- Q&A
Facilitators’ background

- **John Ritter:**
  - School Board member and (named) Advocate
  - Pennsylvania School Board Association (named) Liaison
  - Western PA HIMSS Board Member (Advocacy Chair)
  - HIMSS Chapter Advocate Roundtable (Vice-Chair)
  - HL7 EHR WG co-chair; PHR WG co-facilitator
  - School Health Advancement leader (this session’s effort)

- **Matt Graham:**
  - Mobile Health Work Group leader
  - School Health Advancement contributor
Our Vision

- “A standards-based framework that promotes advancements in School Health Technology and Services”
Parents and students desire good health services

Schools are mandated/expected to offer certain health services (such as School Nurse / Doctor / Dentist / Athletic Trainer / Social Worker), but do not specify information requirements or technology

Schools’ funding is sometimes inadequate

Vendors desire to make money
Concerns from School Board leaders

- Since schools are not prohibited from offering advanced school health services, there’s no need to explicitly include the concept in a School Board Association’s annual Legislative-Advocacy blueprint.
- Advocacy resources are scarce; other School issues take precedence over health IT.
- The use of Telehealth in schools is an invitation to a HIPAA violation.
Concerns from School Health leaders

- If a nurse is conducting a telehealth service and a single student walks by and overhears the encounter, the school district could be sued.
- Existing Statewide Plans don’t prohibit future-looking “alternative health services”, so specific solutions do not need to be codified (such as telehealth, PHRs, mobile health solutions).
Concerns from School Health leaders

- Some schools are opening “health centers” (in the schools) for the benefit of the community. Problem: Not Education-related.

- Example of School Health Advancement: A certain (named) school district is trying to place a physician, a dentist, and a complete healthcare service in a single room in one school (not in the entire school district).
Approved Action Items (per San Antonio JAN 2019 WGM)

- Create an HL7 Project Scope Statement -Lite for School Health (though Mobile Health WG)
- Create an HL7 “School Health Information Framework utilizing Technology (SHIFT) Whitepaper”
“SHIFT” White Paper Outline

- Create a Use Case
- Create a list of all stakeholders (see Health Affairs' telehealth issue 20181207)
- Collect samples of policies, stories, models, testimonials, legislation
Recent Action Items

- Small-team, meet in February-April 2019:
  - *Brainstorm the White Paper’s ingredients*
  - *Brainstorm the PSS-Lite*
  - *Receive progress reports and garner support for any incomplete tasks*
Proposed a future HIMSS Interoperability Showcase™ that illustrates possible School Health Advancements (workflows and/or gaps). (HIMSS Advocacy leaders will float the idea to Showcase leaders)
Recent Steps: Engagements

- Reviewed/Edited the List of (proposed) Policies:
  - Athletic Trainer
  - Transportation Director
  - PA School Nursing association

- Presented “Asks” to PA legislators
  - Ask for Telehealth
  - Ask for Student PHR
  - Ask for Workforce Training
Possible Next Steps: Outreaches

- Brainstorm/leverage parallels/synergies with existing Immunization Systems?
- Identify any Integrating the Health Exchange (IHE) School Health resources?
Ask1: Support for the [new] Telehealth Bill

- Telehealth has the potential for advancing health services to patients with chronic conditions and offers benefits to students in school settings. For instance, remote services can reduce student absenteeism and provide instantaneous support for school nurses – addressing issues such as diabetes, asthma, behavioral and mental health, speech therapy, dental, vision, and auditory screening, nutritional counseling, health education and preventative measures.
Ask2: Interoperable health records for students by 2025

- Support for crafting of new legislation that would require by 2025 that all students in Pennsylvania shall have an interoperable, standards-based, minimal health record easily accessible through health information exchange capabilities.

- Legislators can serve their constituents by supporting advanced electronic school health records that include Immunization, Oral, Vision, and other health concerns. Having the record in an electronic format upon graduation will benefit students as they transition between different schools and/or across state boundaries, in having more continuity of care through better data sharing practices.
Ask3: HIT workforce initiatives

- Engage in Health Information Technology Workforce Development Initiatives in your district to keep Pennsylvania employed and competitive by supporting academic programs and related funding for science, technology and internships.
- Pennsylvania’s competitiveness and workforce vitality necessitates training in emerging technologies. Training areas include: Mobile health devices, telehealth devices and operations, in-home electronic devices, the use of advanced health information exchanges, and patient-centered care coordination initiatives. Research areas include: Data analytics, Artificial Intelligence, and information science.
Possible Next Steps: Research

- List existing standards (Immunization registries; CDA; FHIR; PHR; NASN’s “National School Health Data Set: Every Student Counts!”)?
- Create a Statewide registry of Advanced School Health efforts / pilot programs / solutions / business models / requirements / polices / consents-and-authorizations?
- Survey the pool of existing State Legislation (see American Telehealth Association website)?
Next Meeting

- **September 2019 HL7 WGM Atlanta:**
  - Recap
  - Receive progress reports (from all)
  - Garner support for any incomplete tasks
  - Calls-To-Action

- **Contact:** [JohnRitter1@Verizon.net](mailto:JohnRitter1@Verizon.net)
Thank You!

- Contact: JohnRitter1@Verizon.net
(Backup Slides)
EHR-S / PHR-S FM Background

- HL7’s Electronic Health Record System Functional Model, Release 2 (EHR-S FM R2) and the Personal Health Record System Functional Model (PHR-S FM) standard define what an EHR or PHR system should be able to “do” in an architecturally neutral-and realm-neutral manner.
- Yes, but are EHR or PHR systems integrated with School Health systems?
- No EHR, PHR, or Mobile Health Functional Standard exists for Schools.
EHR-S Functional Model Sections

- Overarching (O)
- Care Provision (CP)
- Care Provision Support (CPS)
- Population Health Support (POP)
- Administrative Support (AS)
- Record Infrastructure (RI)
- Trust Infrastructure (TI)
# EHR-S Functional Model Sections

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Care Provision and Care Provision Support