Enabling the Right Care Decision at the Right Time

PHRASE

Team

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Clinical Informatics Fellow Interest: Software Design

Emergency Physician

Clinical Informatics Fellow Interest: Decision Support

General Internist and Pediatrician



Philadelphia Department of Public Health

Division of Disease Control

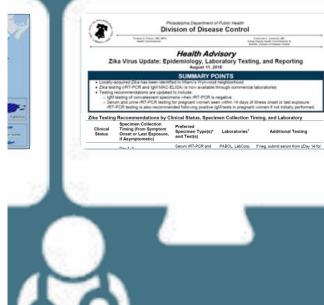
Trosso A. Fivour, IIID, MPH Health Commissioner Calcurat C Joveson, 900 Ading Deputy Health Commissioner & Director, Delater of Disease-Control

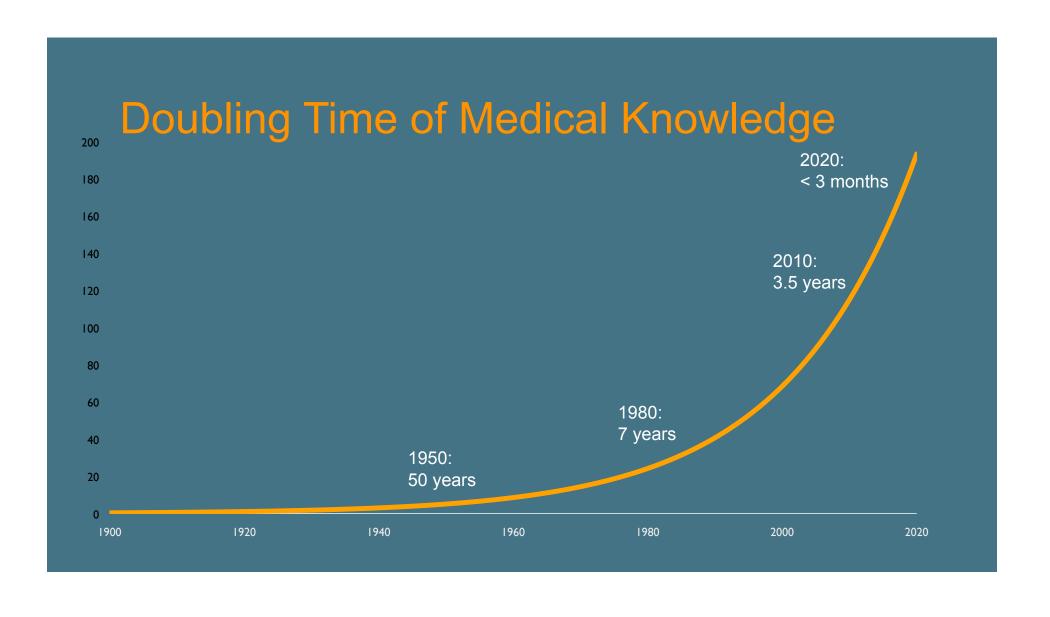
Health Advisory

Zika Virus Update: Epidemiology, Laboratory Testing, and Reporting August 11, 2016

Zika Testing Recommendations by Clinical Status, Specimen Collection Timing, and Laboratory

Clinical Status	Specimen Collection Timing (from Symptom Onset or Last Exposure, if Asymptomatic)	Preferred Specimen Type(s)* and Test(s)	Laboratories [†]	Additional Testing
Exposed, symptomatic, non-pregnant, patients	Day 1-3	Serum rRT-PCR and Urine rRT-PCR	PABOL, LabCorp. ViraCor, Quest*	If neg, submit serum from ≥Day 14 for IgN testing
	Day 4-7	Serum rRT-PCR, Serum IgM, and Urine rRT-PCR	PABOL, LabCorp	If neg, submit serum from ≥Dey 14 for light testing. If light pos, laboratory to forward for PRIVIT testing
	Day 8-13	Serum IgM and Urine rRT-PCR	PABOL, LabCorp	If neg, submit serum from ≥Dey 14 for IgM testing. If IgM pos, laboratory to forward for PRIVIT testing
	Day 14–12 weeks	Serum IgM	PABOL, LabCorp	If IgNI pos, laboratory to forward for PRNT testing
Exposed, pregnant, patients	Day 1-14	Serum rRT-PCR and Urine PCR	PABOL, LabCorp. ViraCor, Quest [®]	If neg, submit serum from ≥Day 14 for IgM testing. If IgM pos, laboratory to forward for PRNT testing.
(asymptomatic and symptomatic)	Day 14-12 weeks	Serum IgM	PABOL, LabCorp	If IgNI pos, reflex to rRT-PCR; subsequent negative rRT-PCR should be forwarded for PRNT testing





Knowledge is already rapidly changing

Zika guidelines have had three major and multiple minor revisions in the past year alone



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We try to be agile about these changes by using decision support but we're doing it at an immense cost in resources.

CMIO of a Mid-Atlantic Hospital

Institutions are trying, but struggling to keep up

We started with goal of everyone having an electronic health record and we succeeded – now everyone has ten >> electronic health records.



Karen DeSalvoFormer head of the ONC

New Standards and Frameworks

Fast Healthcare Interoperability Resources





- Modules of health care defined as a resource
 - Observation
 - Patient
 - Medication
 - MedicationOrder
- Incorporates modern web standards like JSON, XML, REST

Patient Resource - XML

1.7 Introducing HL7 FHIR. From http://www.hl7.org/fhir/summary.html

New Standards and Frameworks

SMART on FHIR

Substitutable Medical Apps, Reusable Technology

 Funded by \$15m grant through Boston Children's Hospital to create an "app store" for the EHR



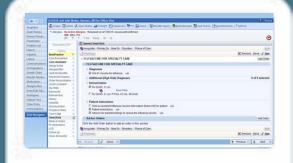
Framework built on the FHIR messaging standard

New Standards and Frameworks



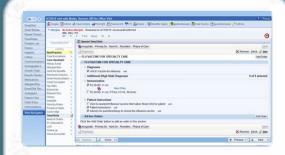


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Expert Guidelines

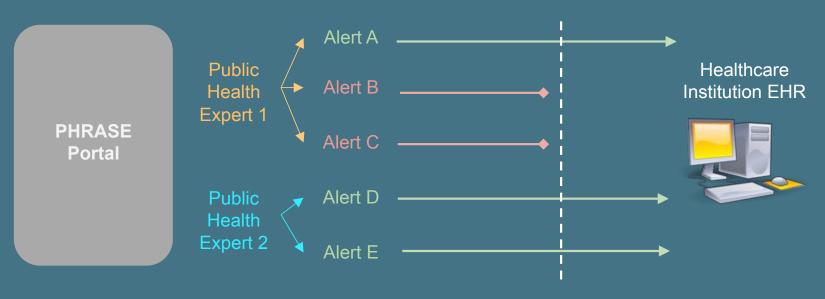
Actionable Knowledge



Patient Data

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Hospitals subscribe to current knowledge



Institution subscribes and customizes workflow

Milestones

- January 2016: Phase I Finalist Closing the Data Divide Challenge
- February 2016: Proof of concept integrated into Epic environment at Children's Hospital of Philadelphia
- May 2016: Winner Closing the Data Divide Challenge
- July 2016: Phase I Winner
 – HHS/ONC Provider User Experience
 Challenge
- Ongoing: Validation and refinement of platform for pilot sites