

# Services Directory (ServD)

Response to OMG RFP

Healthcare Community Services  
Provider Directory

# HSSP context

- HSSP a collaboration between OMG and HL7
- Service Functional Model for HCSPDIR documented by HL7
- RFP for a SOA specification issued by OMG in March 2011
- DCA responds with draft specification Feb 2012
- Intent to finalise specification by September 2012 for OMG ratification
- Subsequent ratification by HL7

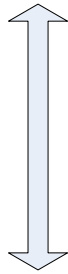
# SrvD Scope of Work

- Specification of Interfaces to a directory conforming to the HCSPDIR SFM
- Object model that describes data elements and relationships that are used by those interfaces
- Use cases and interaction diagrams
- Platform dependent implementation based on Web Services SOAP
- Informative content relating to use of a Service Directory and relevance to prior work in this area

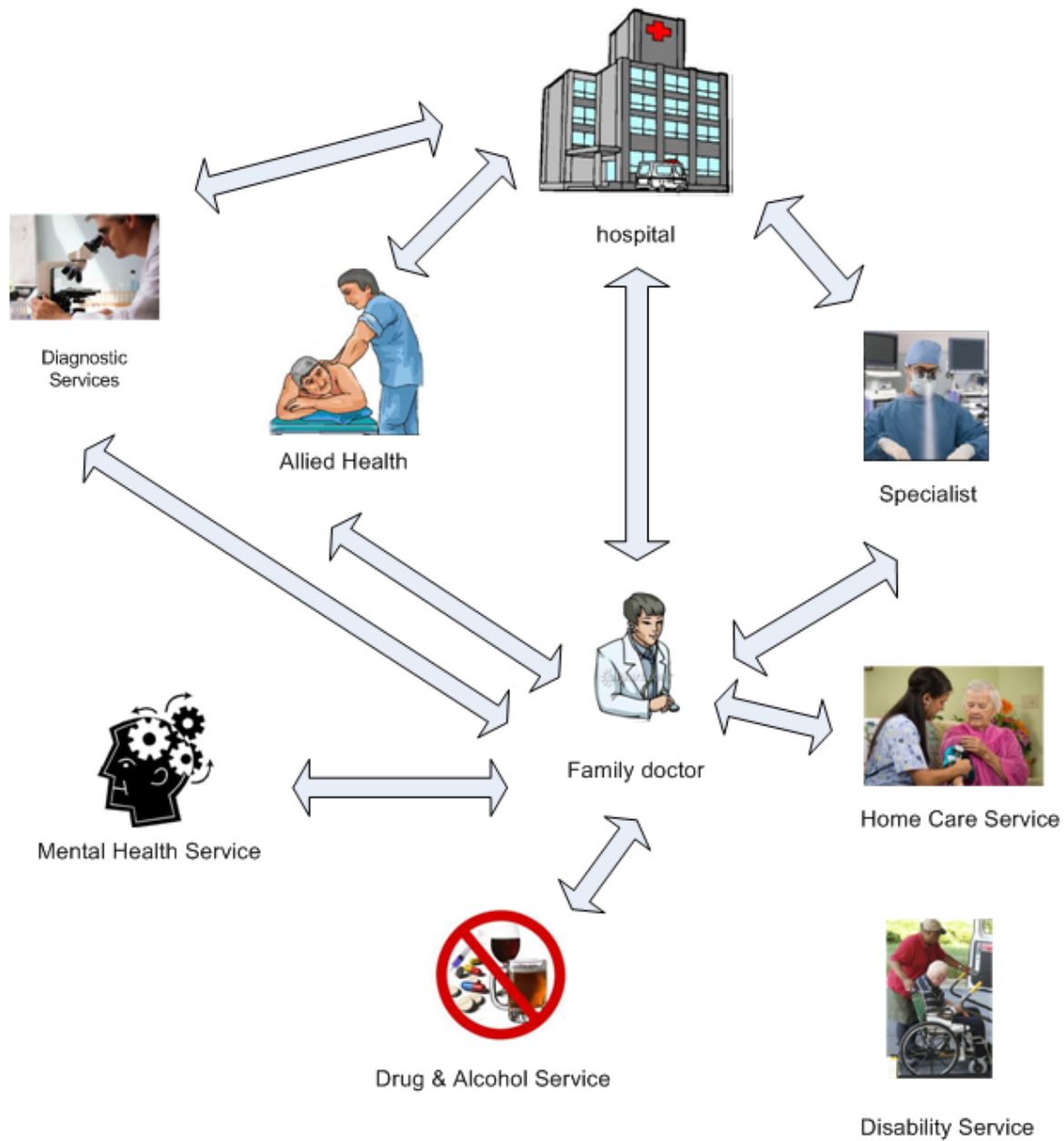
# Service Co-ordination

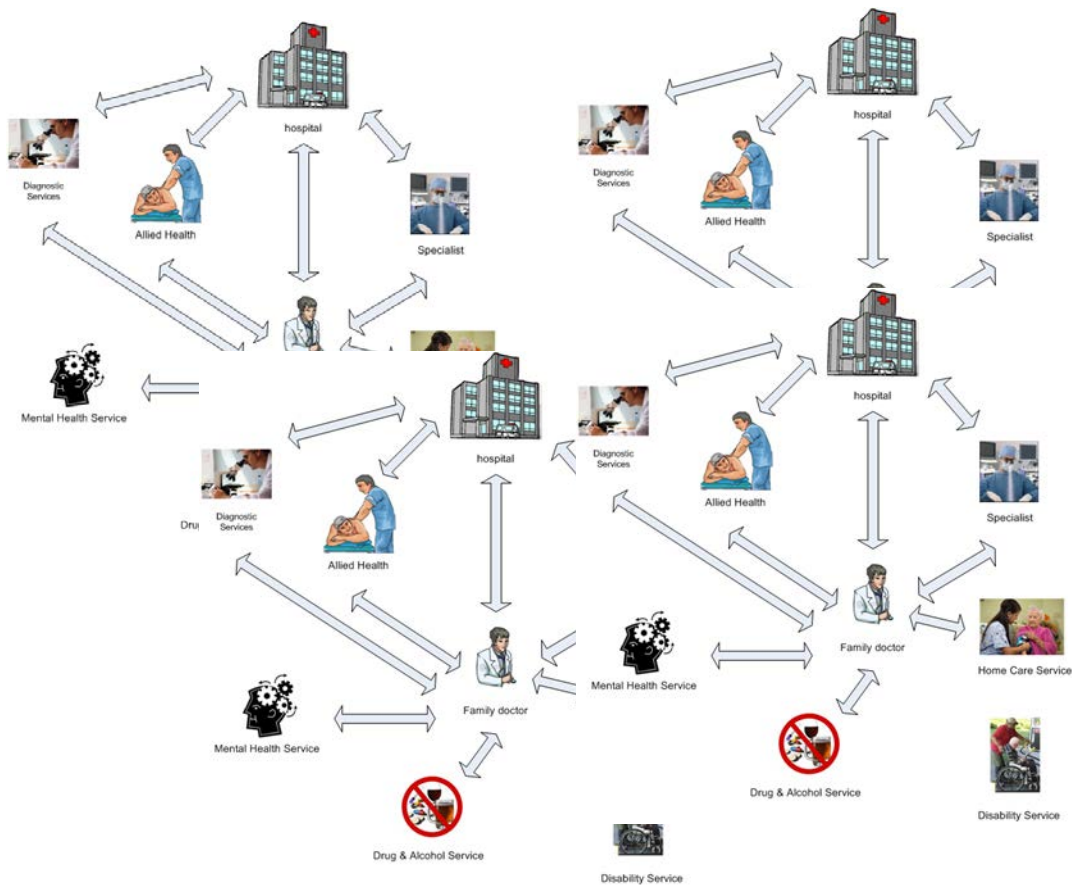


hospital



Family doctor





Complexity of the system is a barrier to service access

# ServD objectives

- Enable the discovery of health and community services and practitioners (unsecured interfaces)
- Support B2B secure exchange of health consumer information (secured interfaces)
- Support policy and processes to manage the integrity of organisation & provider information.
- Implement open standards to accelerate adoption


# ServD

- Platform independent model:
  - Interfaces
  - Data definitions
  - Conformance points
- Platform specific model:
  - SOAP/WSDLs
  - SQL schema
  - Services Directory reference information



# ServD is based on the Human Services Directory

Single physical data base with published APIs:

- Victorian state directory  National directory (Aug 2012)

Used by:

- National GP after hours service
- National rollout of electronic messaging services
- Source for hospital patient system provider directories
- Consumer information portal (300,000 UV/mth)
- Android & IPAD “service finder apps”



**healthdirect**  
AUSTRALIA  
1800 022 222

1. DMC MEDICAL CENTRE, DRUMMOYNE

Medical

Distance: 1.8km

159-167 VICTORIA Road, DRUMMOYNE, 2047, NSW

Ph:  02 98196666 

Available Hours:	Monday	07:30 AM - 08:00 PM
	Tuesday	07:30 AM - 08:00 PM
	Wednesday	07:30 AM - 08:00 PM
	Thursday	07:30 AM - 08:00 PM
	Friday	07:30 AM - 08:00 PM
	Saturday	09:00 AM - 04:00 PM
	Sunday	09:00 AM - 04:00 PM
	Open	

Open

## 2. ENHANCE ORTHODONICS DRUMMOYNE

Medical

Distance: 2.04km

Suite 19, Level 1, 38-50 LYONS Road, DRUMMOYNE, 2047,  
NSW

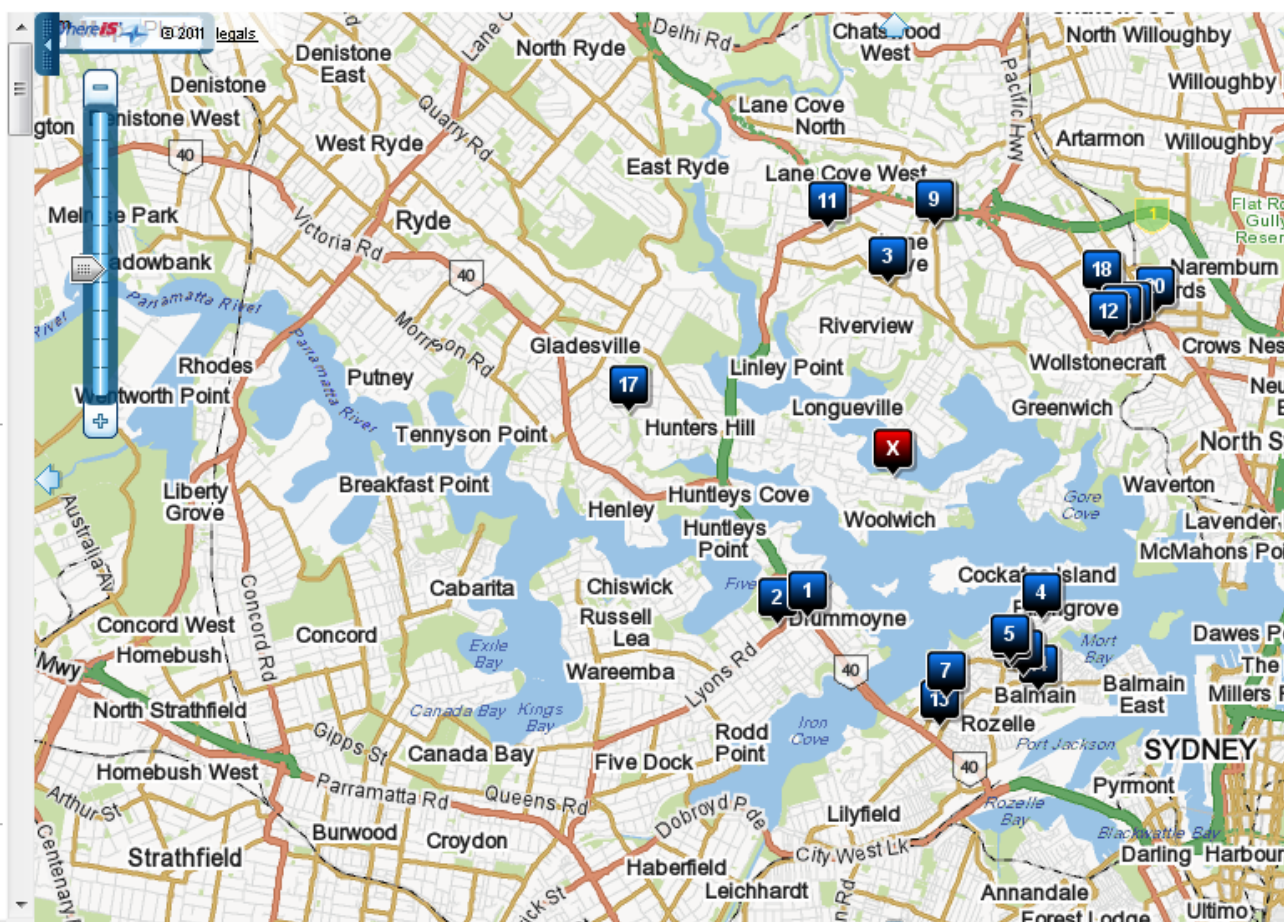
Ph:  02 97198820 

Available Hours:	Monday	08:30 AM - 05:00 PM
	Tuesday	08:30 AM - 05:00 PM
Open	Wednesday	08:30 AM - 05:00 PM
	Thursday	08:30 AM - 05:00 PM
	Friday	08:30 AM - 05:00 PM

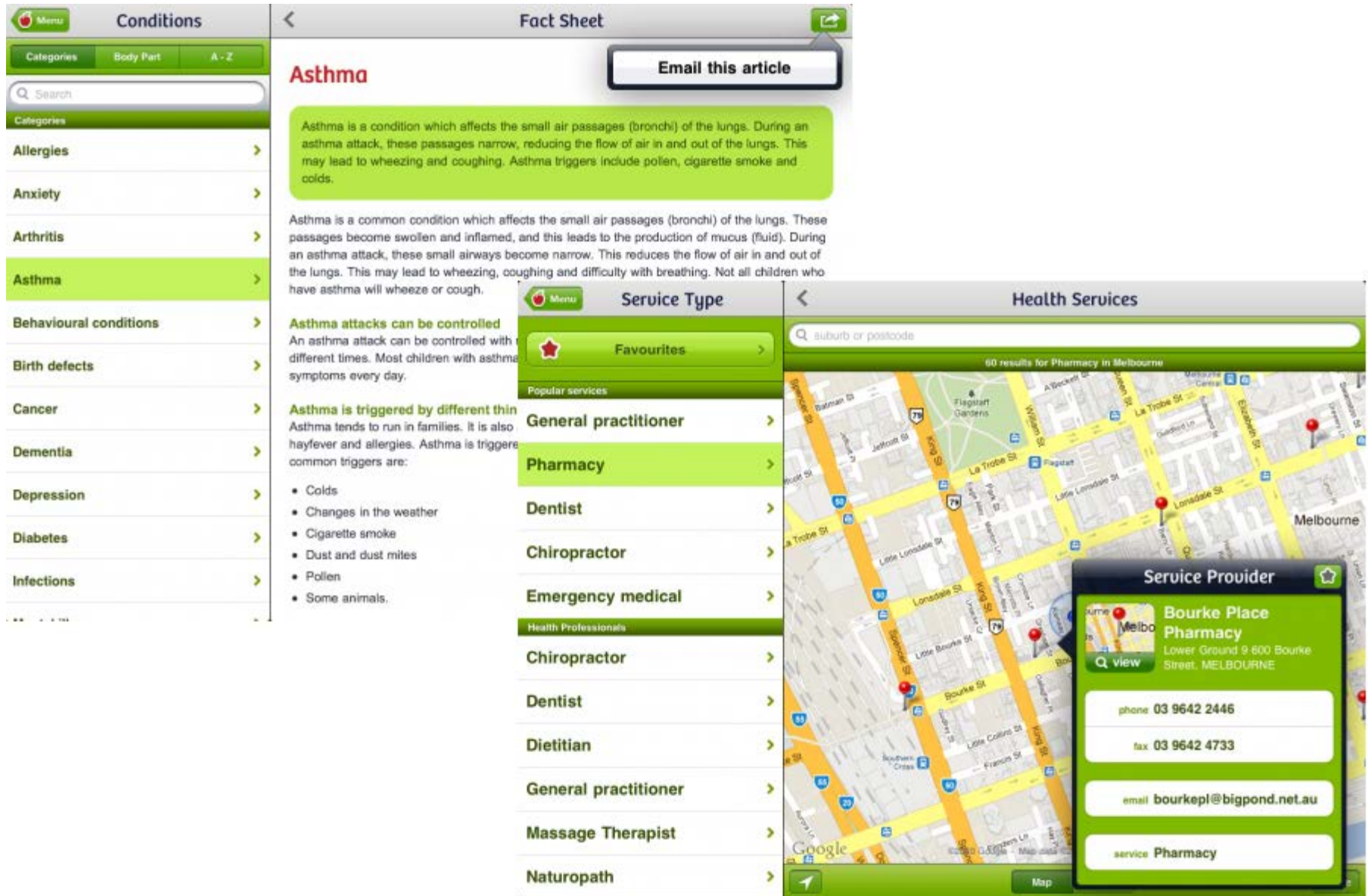
Open

### 3. LANE COVE FAMILY MEDICAL PRACTICE

Medical

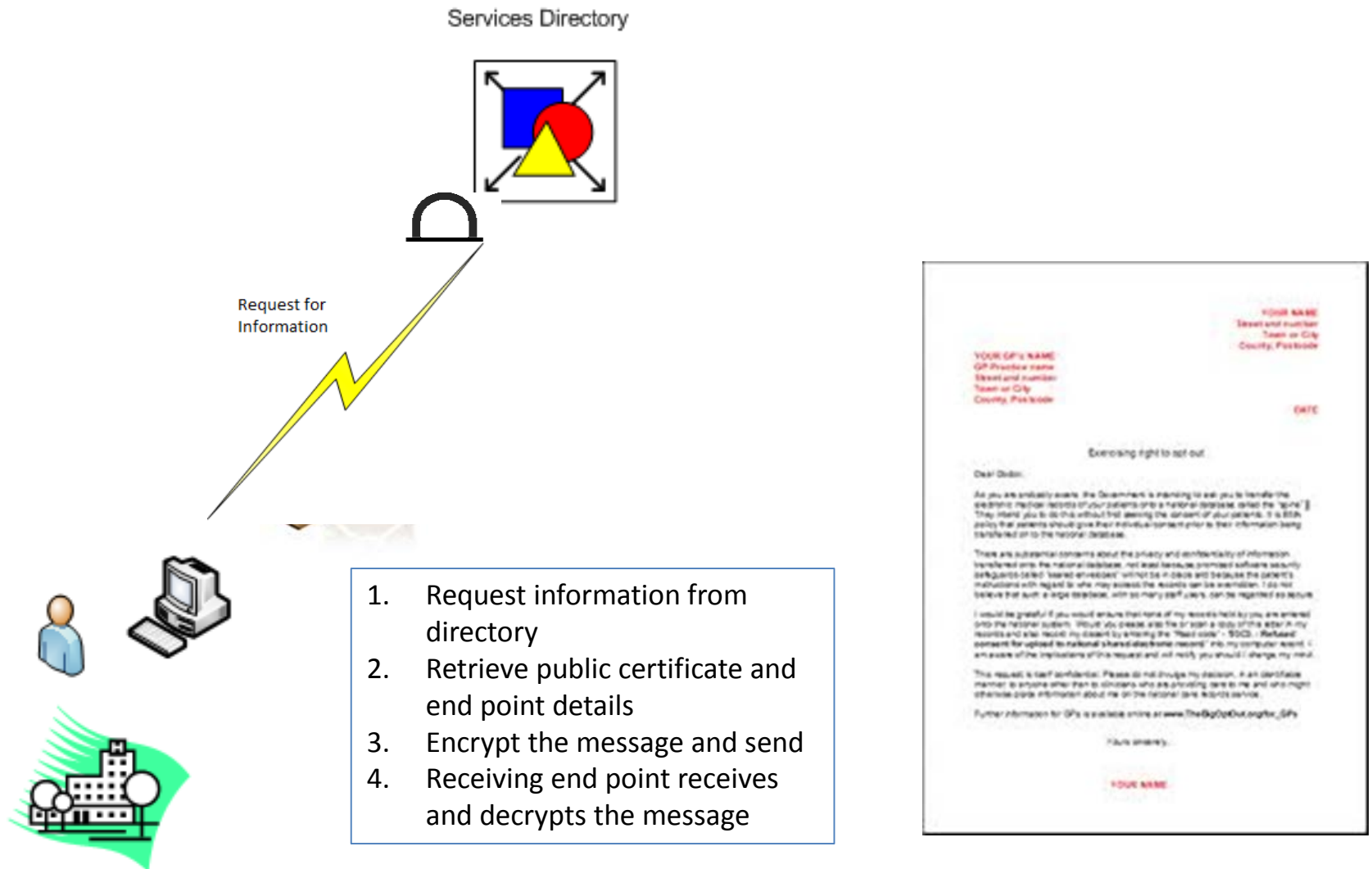


# Better Health iPad App





# B2B Scenario: Secure message



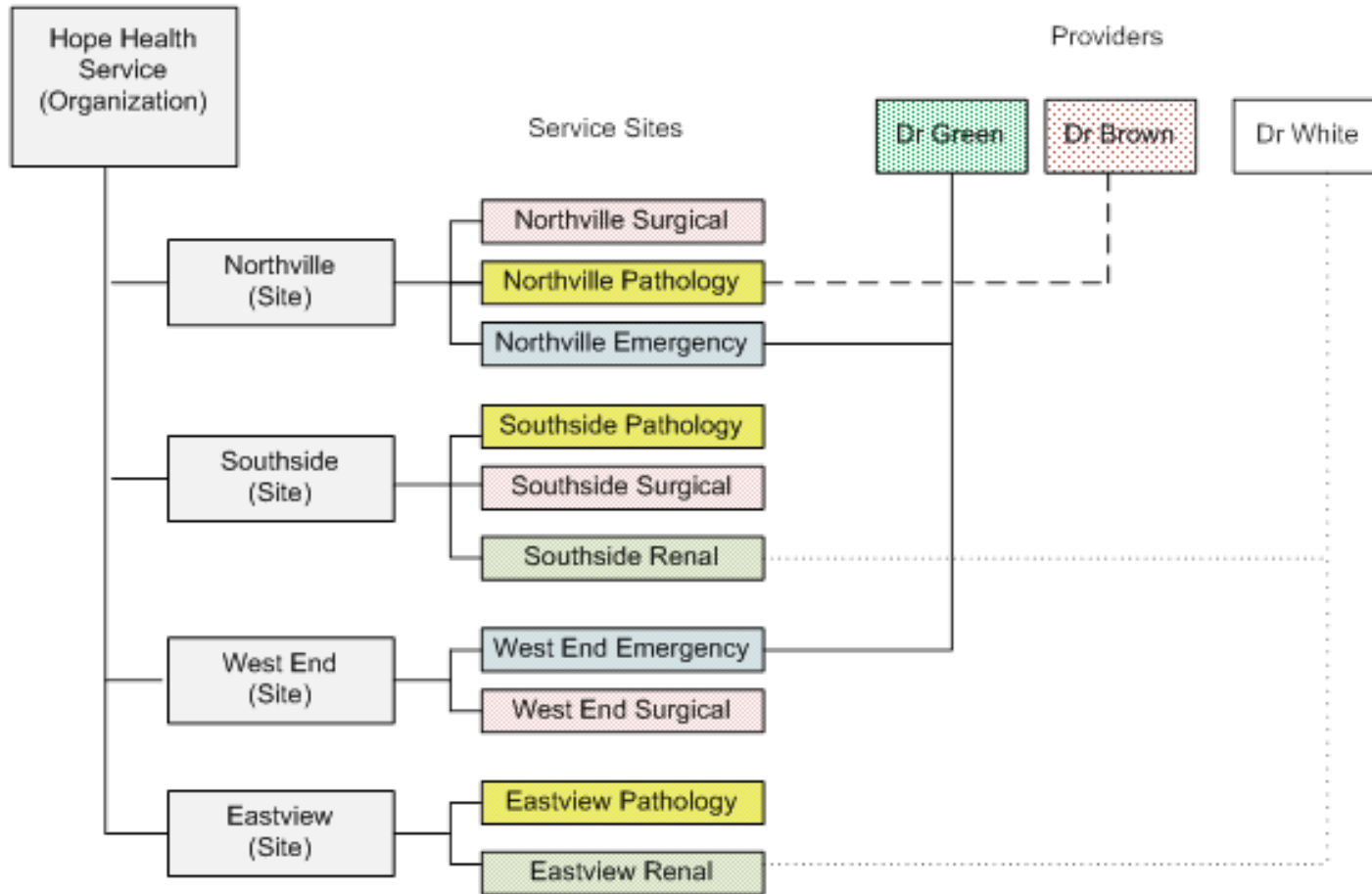
# Service(s) Paradigm

- Maybe we require information about an individual provider who is known to us.
- But often we are *searching* for a *place* where there are *individuals we don't yet know* who can *deliver a service that we need*.
- The service needs to be accessible (location, facilities, opening hours, eligibility, funding etc)

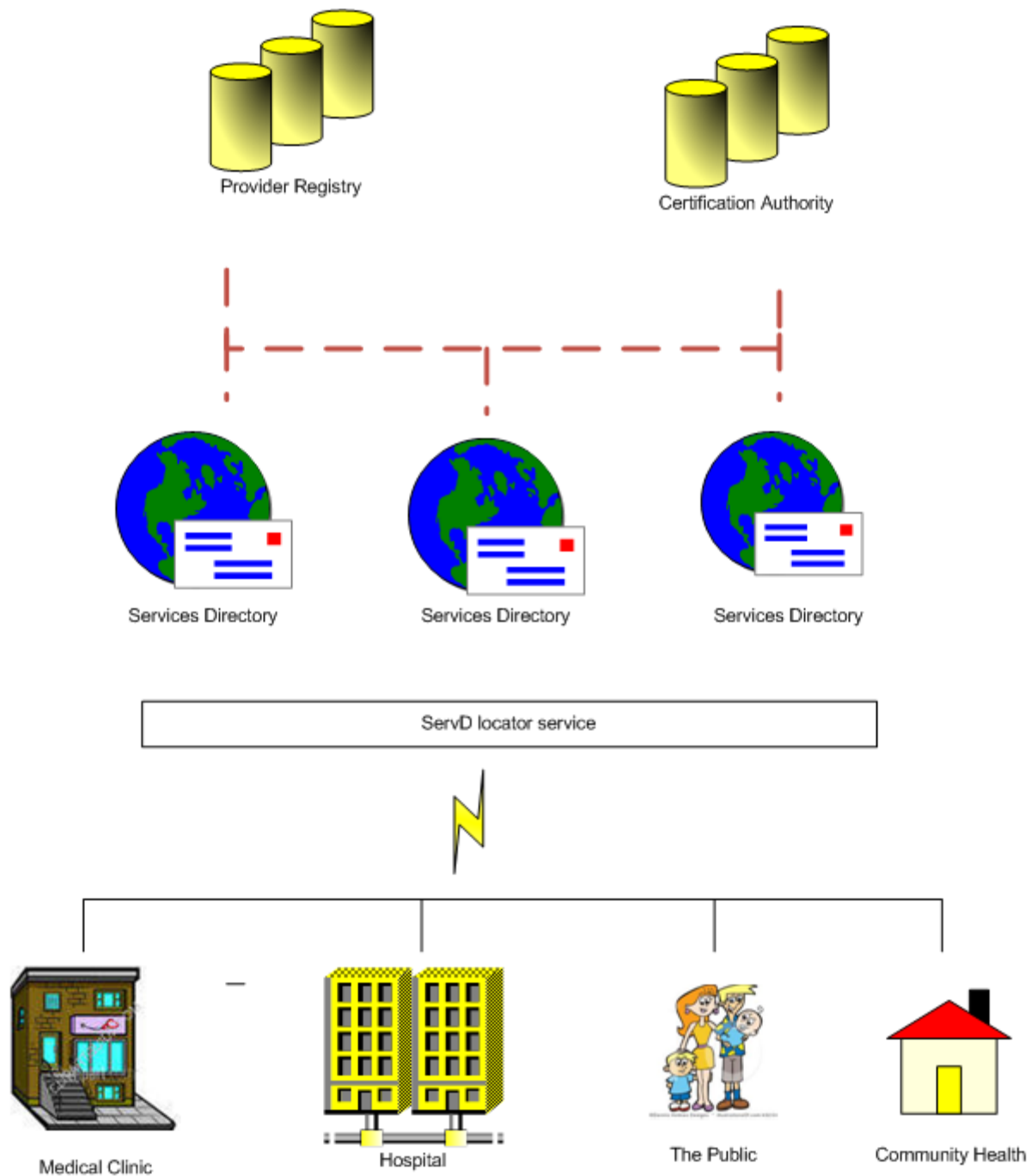
# Issues

- Health service or health provider?
- Trusted information
- Managing certificates
- Securing access
- Access mechanism:
  - Public facing
  - Application to application

# Service site concept

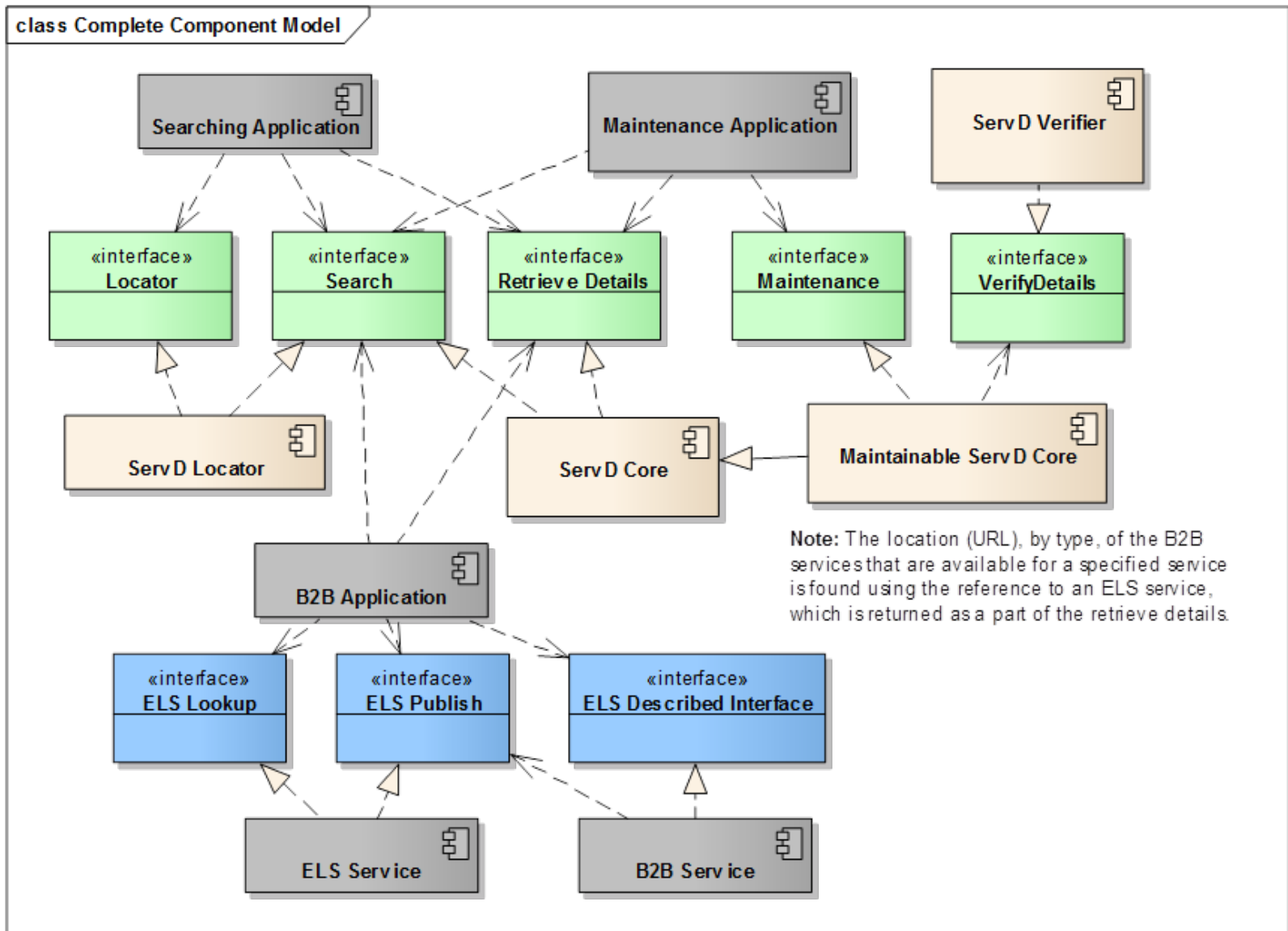


# ServD Model



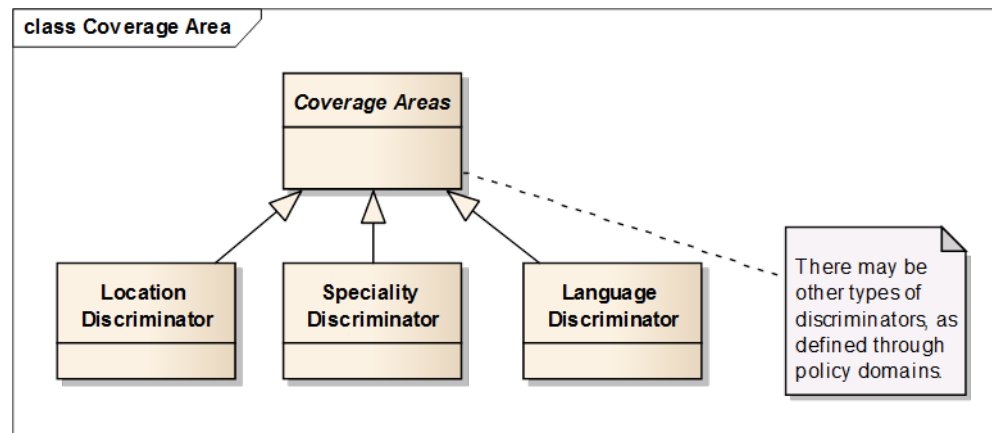


# Component Model

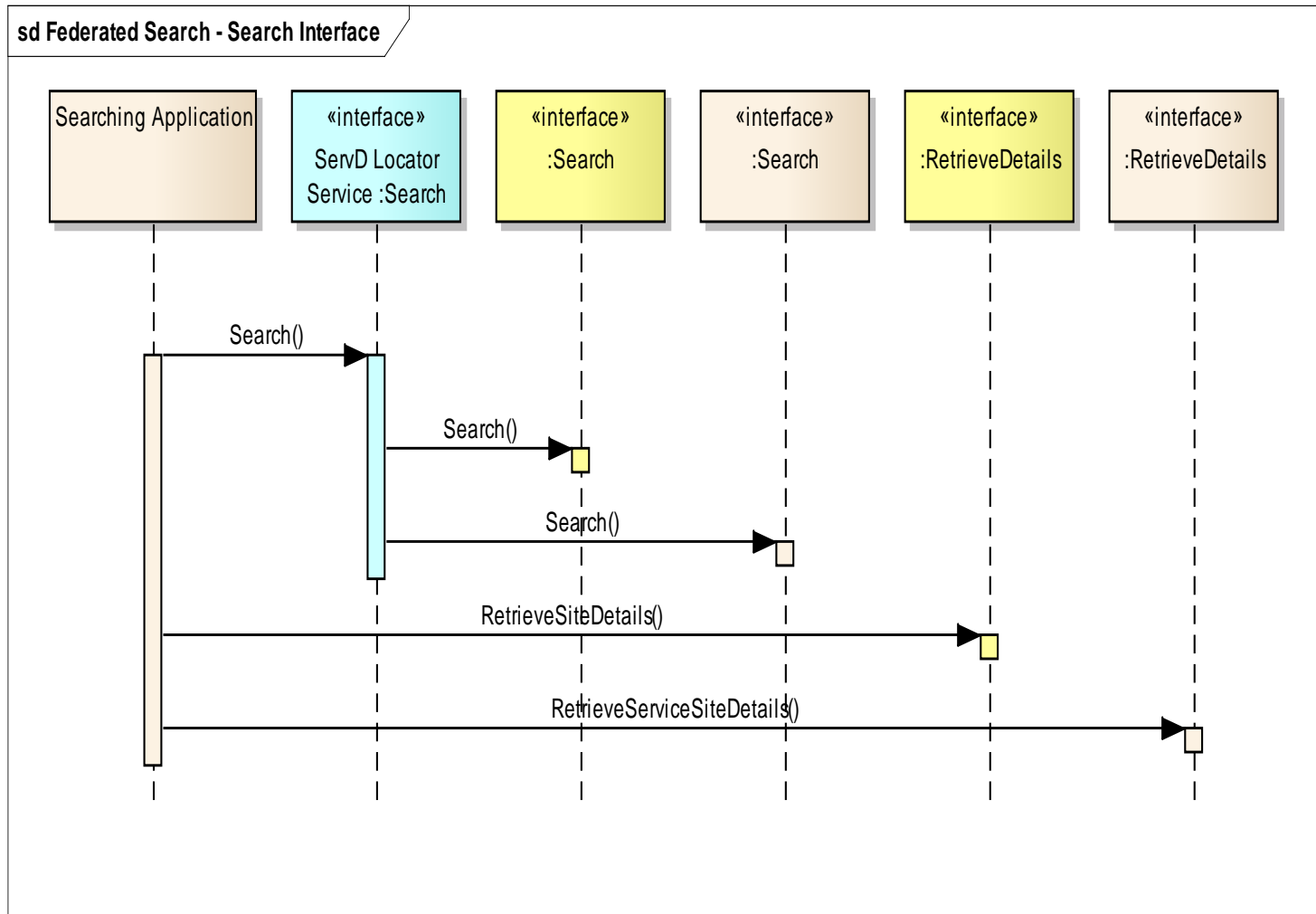


# Federation – ServD Locator

- Multiple ServD instances linked via a ServD Locator
- Each instance is associated with *Coverage Areas*, defined by *Discriminators* such as location or specialty.



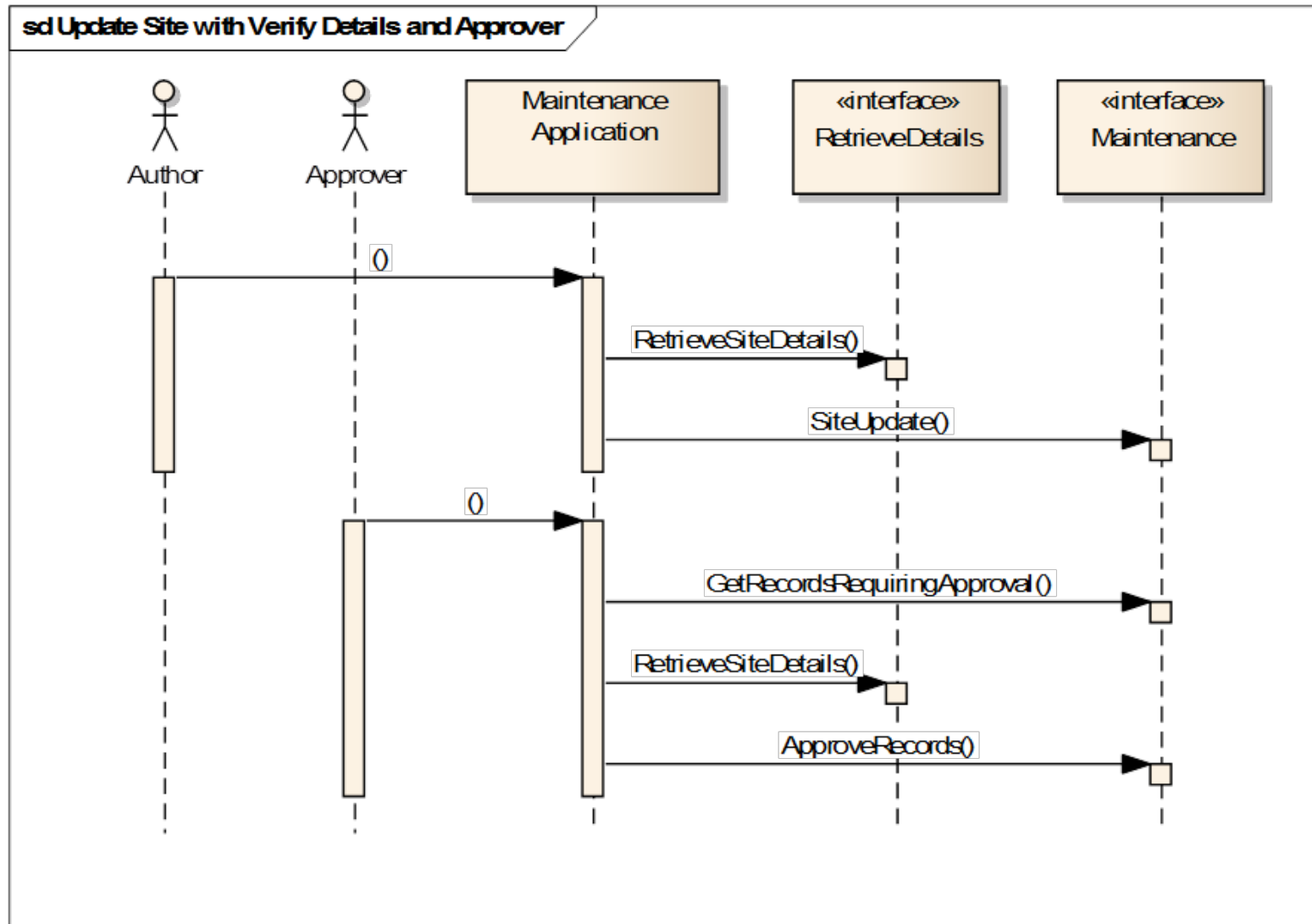
# Federated Search & Retrieve Details



# Maintenance Management

- “Opt in” model assumes that providers and organizations must consent for their data to be updated
- Two maintenance roles:
  - Author: may enter data that is marked provisional until verified
  - Approver: responsible for verifying changes at their source and accepting the change
- Author/approver roles may be assigned to unique users and B2B applications

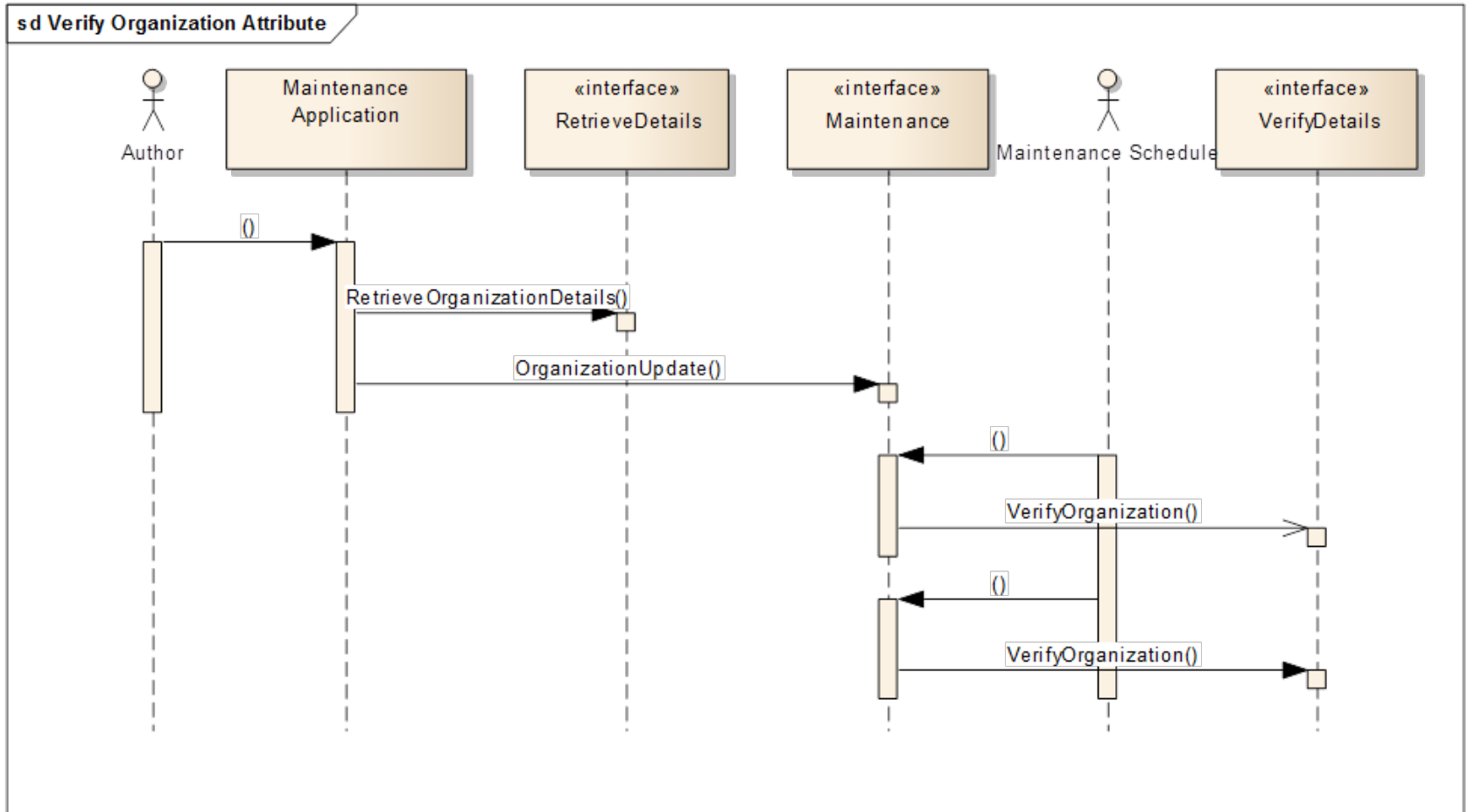
# Maintain Site Record – Author & Approver



# Data validation & credentialing

- Services Directory can initiate calls to external databases to validate data:
  - organization registration
  - individual provider credentials & renewal dates
  - site and provider identifiers
  - certificate revocation lists
- Enables objects to *validate themselves* on an a parameter specified interval.

# External Verification



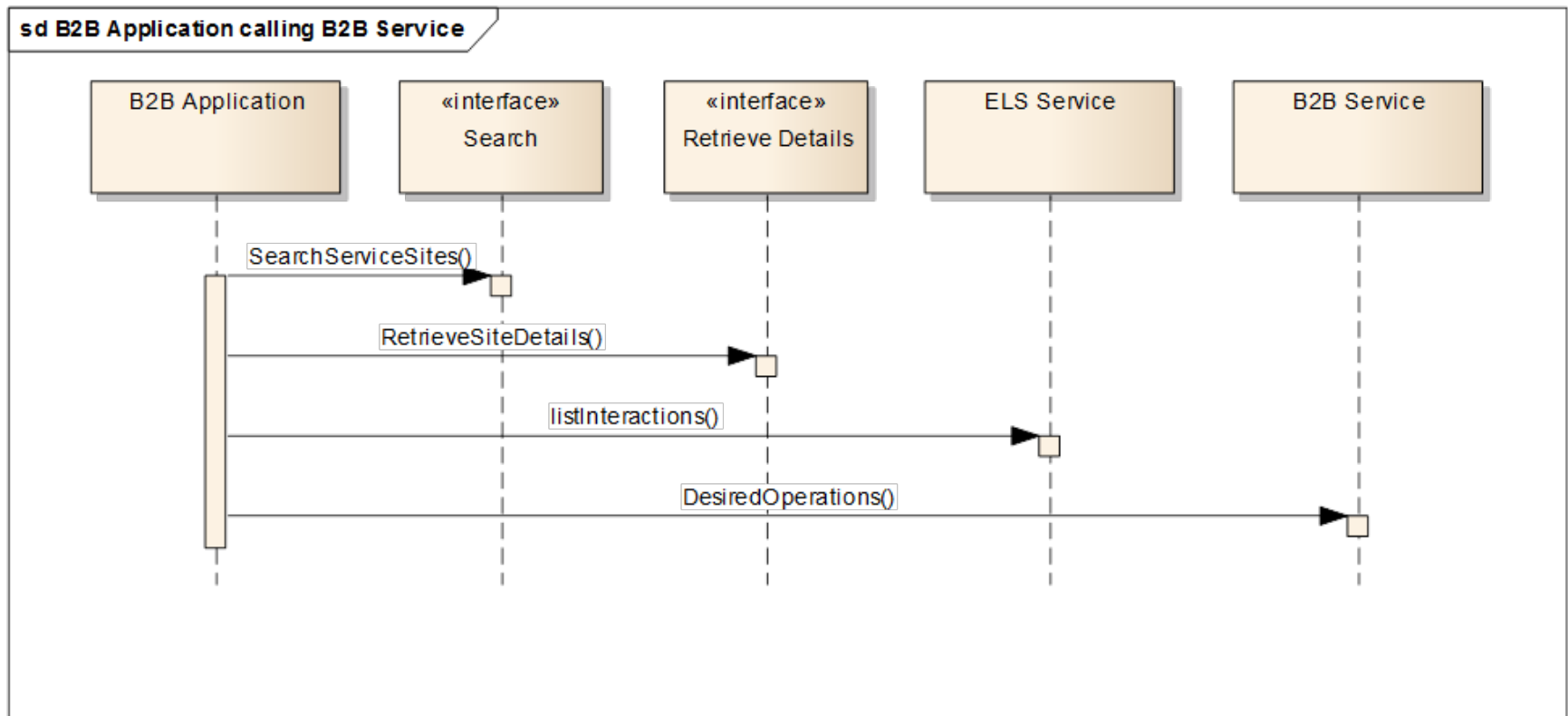
# Facilitating B2B communication using the Endpoint Locator Service (ELS)

Secure electronic health record transfer requires:

- Unique identifiers for providers and service sites
- Service site end point network address location
- Public certificates for encrypting messages (sender) and authentication (receiver)
- Information about the capabilities of the receiving end point to consume payloads.



# B2B interaction using the ELS



# Services Ontology - Issues

- Competing views on a standard for health and related services – leading to multiple implementations of service terminology
- Discovery process not suited to a hierarchical code based search, e.g.
  - Dentist
  - Dental surgeon
  - Oral surgeon
  - Orthodontist
  - Periodontist; etc..

# Services Ontology - approach

- Need to dynamically translate between different codesets for search/retrieve purposes
- Discovery useability requirements
  - Incremental search
  - Fuzzy search
  - Codeset translation for similies
  - Results of a search return a list of suggested codes.
  - Browser integration (e.g Google, Bing )

# Use of CTS2 with ServD

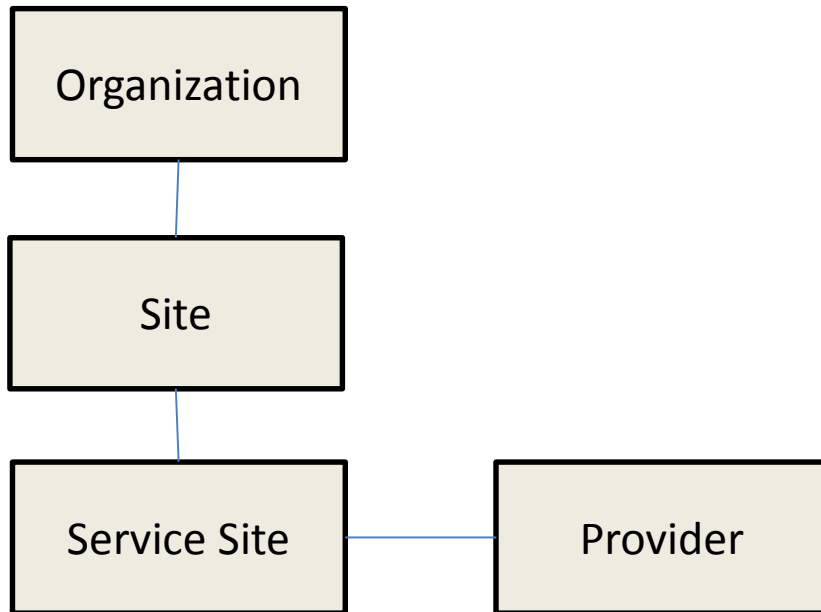
- OMG standard “Common Terminology Services v2”
- Supports mapping between code sets across multiple domains
- Enables different service terminologies to co-exist across a federated ServD network.
- Enables code translations to support interoperability between clinical applications using ServD services.
- Simplifies implementation by supporting multiple services terminologies

# Service Directory vs Provider Directory

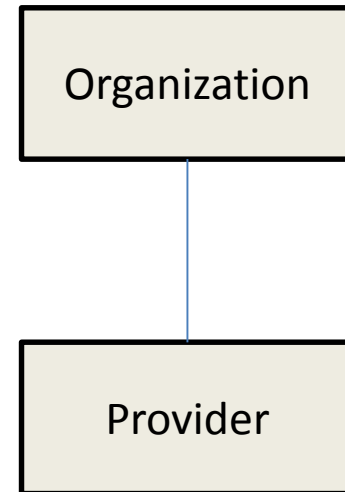
- LDAP is commonly used mechanism to manage directories
- Provides a fast and effective mechanism to store information indexed by a provider within an organization (e.g a white pages service)
- Adopted for the IHE Healthcare Provider Directory (HPD) specification
- Useful when the provider is known. (e.g a directory of staff within departments of an organization)

# ServD vs LDAP

## ServD



## LDAP



# Issues using LDAP/HPD

- Organization specialities may not reflect individual specialities e.g aged care hostel vs geriatrician.
- No mechanism to describe the services a provider supports at a site, or availability
  - E.g Dr Smith provides obstetrics at Clinic A on Wednesdays and a gynaecology at Clinic B on Thursdays
- Organization hierarchy often does not reflect the service delivery structure (particularly in large organizations with multiple locations) which leads to implementation complexities and irregularities
- Does not support:
  - Federation
  - Secure vs non secure access
  - Author/approver process
  - Verification

# SrvD vs HPD

- HPD works for single enterprise or small regional groups where entities are known
- HPD less useful for discovery and service related searches
- SrvD resolves issues of data security and federation
- SrvD more readily reflects the real world view of service delivery
- SrvD Services oriented object model is easier to use and implement at regional, state or national scale



# For more info on ServD

- Wiki site:

<http://hssp-provider-services-directory.wikispaces.com/>

- Issues register:

<https://github.com/servd>