



SOA and Immunizations

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Agenda

- Review the immunization registry use case
- Explain evolution of immunization registry software used by the San Diego registry into Service-Oriented Architecture
- Explain the theoretical background of Service-Oriented Architecture Return on Investment
- Show how the approach can be used by health information exchanges
- Illustrate the broader healthcare benefits that lead to sustainability



Are some things made harder than
they need to be?





US Model: immunization registries

- A single public health system performing multiple functions for immunization management
 - “EHR” for immunizations
 - Reporting server
 - HL7 Version 2 server to query and update immunization information
 - “Vaccine forecast” – aka immunization decision support

Ideal World



	V
Diphtheria/Tetanus/Pertussis (DTP) Vac	
Diphtheria/Tetanus/Pertussis (DTP) Vac	
Diphtheria/Tetanus/Pertussis (DTP) Vac	
DTaP/Hib Vaccine	
Diphtheria/Tetanus/Per	
H1N1	
Hepatitis A Vaccine, P	
Hepatitis A Vaccine, P	
Hepatitis B Vaccine, A	
Hepatitis B Vaccine, A	
Hepatitis B Vaccine, Adolescent or Pediatric	

A parent is preparing to take his child to the doctor for a Well Child visit

She views the child's immunizations **and other healthcare information** using a Personal Health Record (PHR) **that queries**

Ideal World




The patient and the parent visit their doctor

- The provider's EHR queries ... and retrieves the **same complete record the parent saw**
- The provider reviews the immunizations and administers vaccines
- The provider records the new immunizations
- The EHR updates **public health**

Diphtheria/Tetanus/Pertus
Diphtheria/Tetanus/Pertus
Diphtheria/Tetanus/Pertus
DTaP/Hib Vaccine
Diphtheria/Tetanus/Pertus
H1N1
Hepatitis A Vaccine, Pedi
Hepatitis A Vaccine, Pediatric/Adolescent, 2 Dose
Hepatitis B Vaccine, Adolescent or Pediatric
Hepatitis B Vaccine, Adolescent or Pediatric
Hepatitis B Vaccine, Adolescent or Pediatric

Ideal World

- The child is now getting ready to enter school
 - The parent uses his hand-held device **to query** ... to make sure the child is up-to-date on required vaccines
 - One shot is missing



⬆	Dose	
	Ineffective dose	T d
	Ineffective dose	T d
	Ineffective dose	Minimum age for this dose of vaccine is 6 weeks minus 4
		Minimum age for this dose of vaccine is 6 weeks minus 4
		Vaccine date.
		Next vaccine date.
	Ineffective	

Ideal World

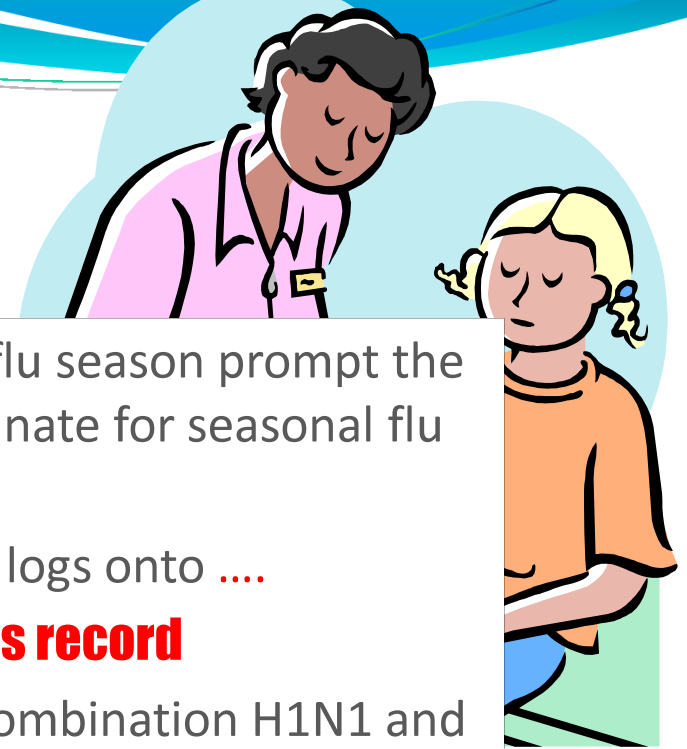
In a rush, the parent gets the missing vaccine at a different clinic

➤ The clinic EHR retrieves the child's records




- ... including the **vaccines recorded by other providers as well as his complete medical history, including any vaccine contraindications or precautions**
- ...reviews the child's records
- ...administers vaccines
- ...records the new vaccine
- The EHR updates **public health**

Ideal World



Predictions of a severe flu season prompt the child's school to vaccinate for seasonal flu as well as H1N1

- The school nurse logs onto
- ...**views the child's record**
- ...administers a combination H1N1 and seasonal flu vaccine, and....
- ...records the shot in

 2 vaccines recommended

Vaccine		
 Influenza		
 H1N1 influenza		
Tdap		
MCV4		Aug 07, 2012
HPV, quadrivalent		Aug 07, 2012

1. **VIS:** Vaccine Information Statements are documents produced by the CDC and req provides the patient with pertinent facts about risks, side-effects and other information

Ideal World

HEPATITIS A VACCINE

WHAT YOU NEED TO KNOW

1 What is hepatitis A?

Hepatitis A is a serious liver disease caused by the hepatitis A virus (HAV). HAV is found in the stool of persons with hepatitis A. It is usually spread by close personal contact and sometimes by eating food or drinking water containing HAV.

routine vaccination has been implemented because of high disease incidence.

- Men who have sex with men.
- Persons who use street drugs.
- Persons with chronic liver disease.
- Persons who are treated with clotting factor

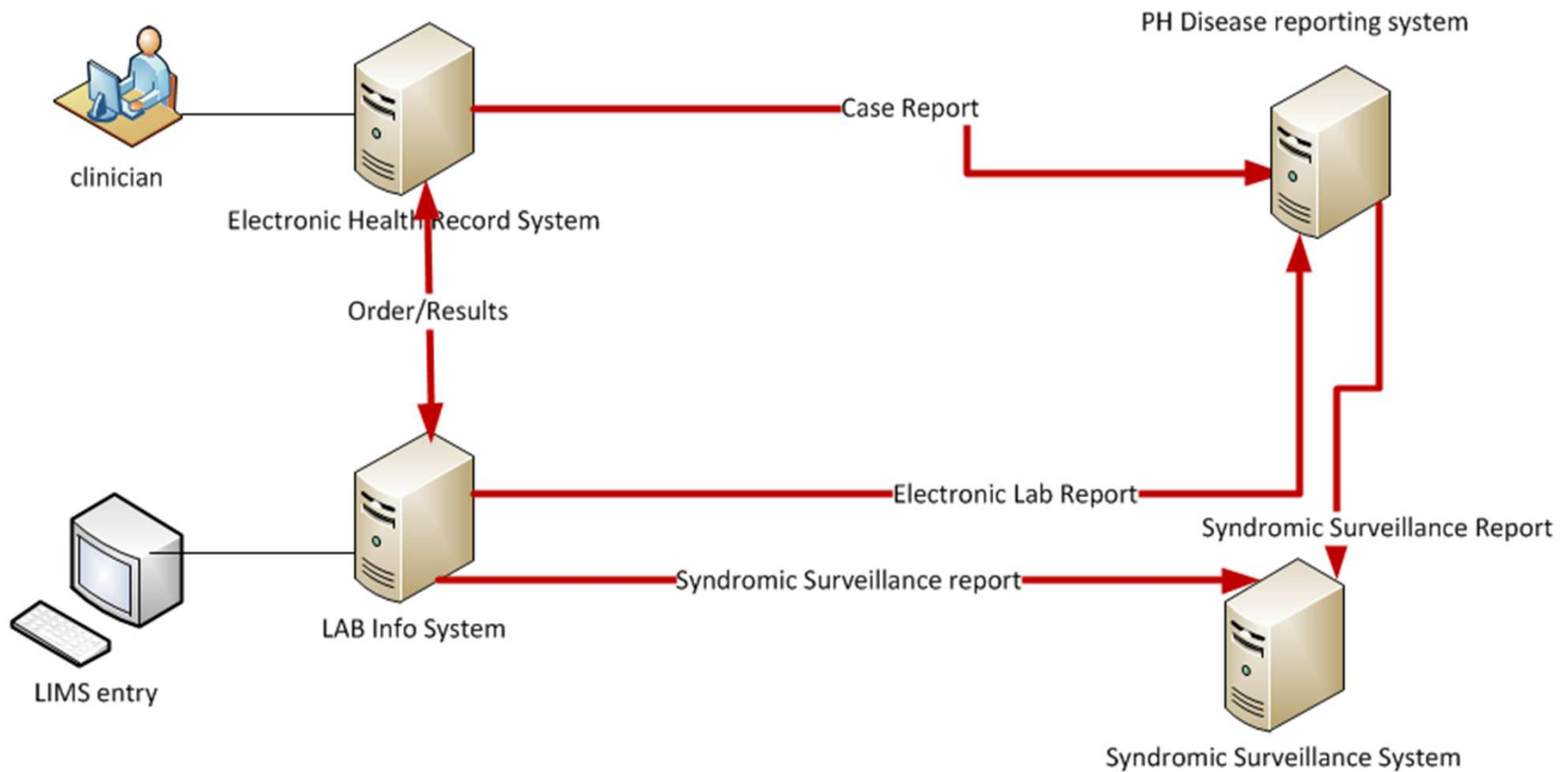
ation ⚠️ Precaution[PDI

+
+
⚠️ Thrombocytopenia,
⚠️ Gelatin
More Info
+

Epidemiologist views population or individual immunization data **in the immunization registry** to analyze pockets of under-immunization, adverse events, etc.

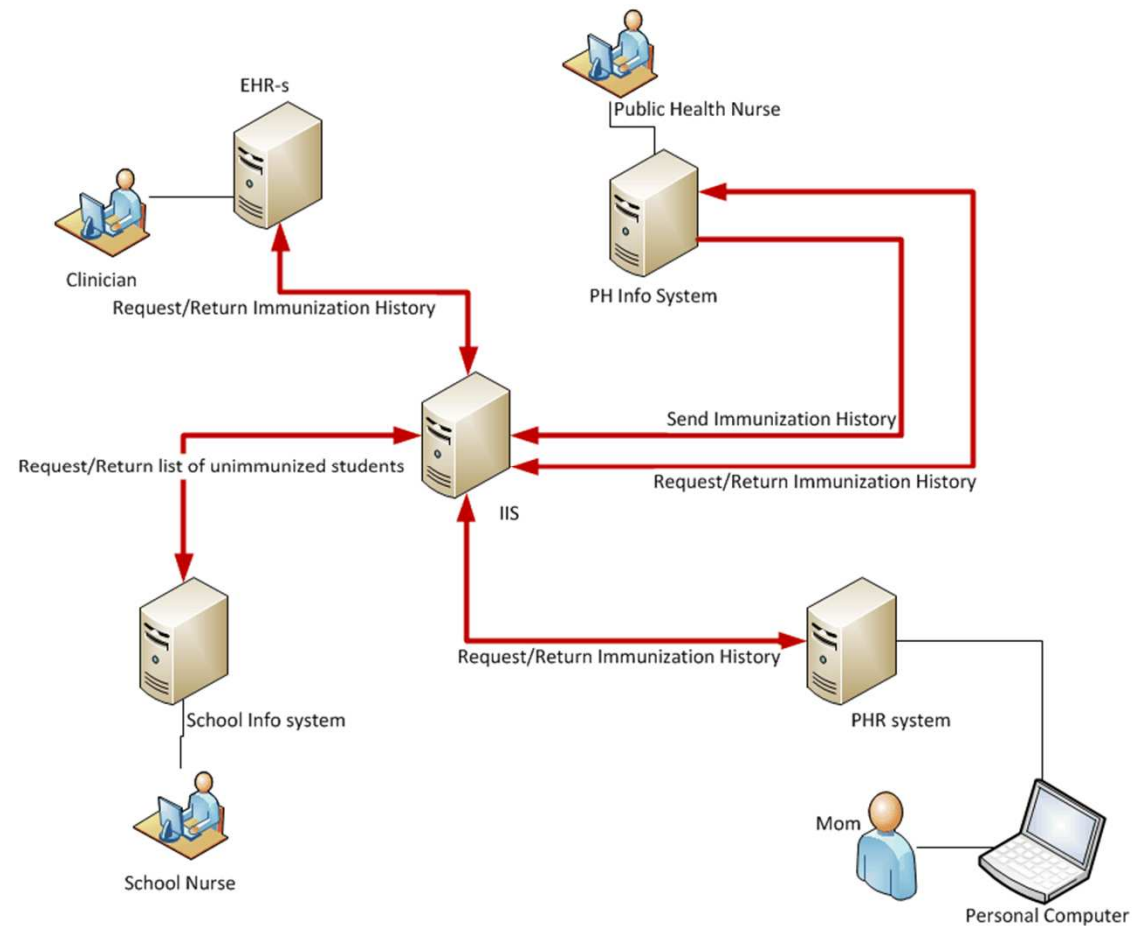
allergy to gelatin (anaphylactic)

Reporting a Case of Measles*



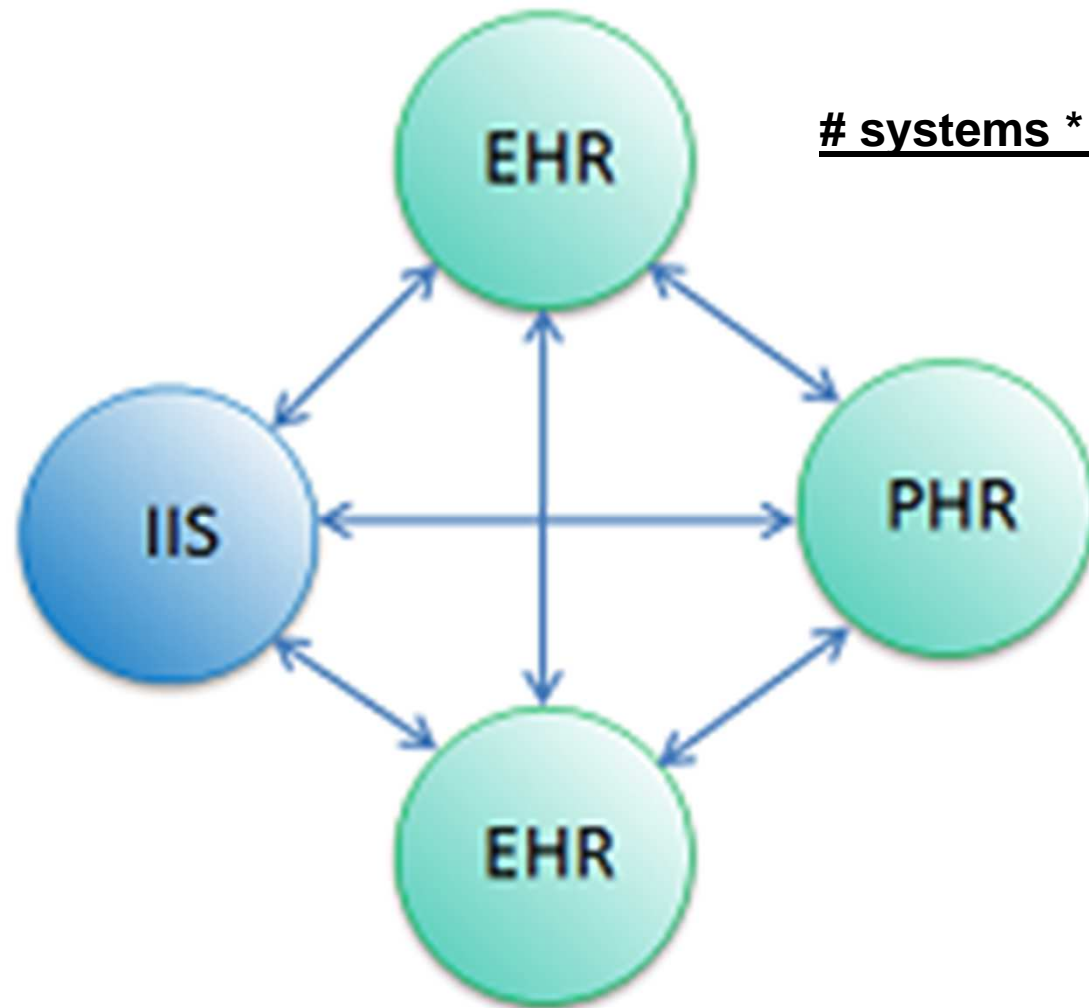
*source: HL7 Public Health and Emergency Response ambassador presentation

Case Follow-up Interactions*



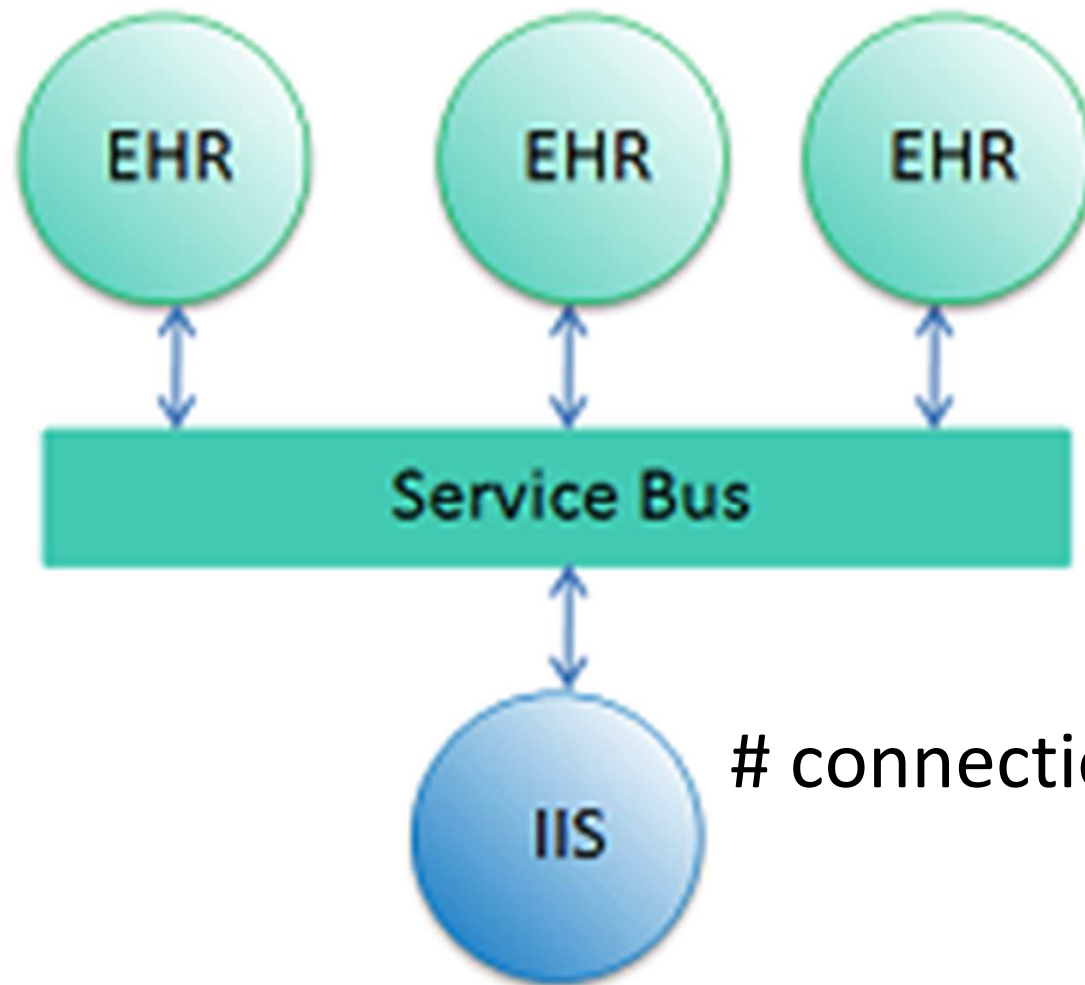
*source: HL7 Public Health and Emergency Response ambassador presentation

Point-to-point model



$$\frac{\# \text{ systems} * (\# \text{ systems} - 1)}{2}$$

Sustainability: Promise of SOA



connections * # services



Sustainability: Canada Health Infoway

- Estimated point-to-point cost of connecting 40,000 systems to be 184 T \$CDN



Sustainability: Canada Health Infoway

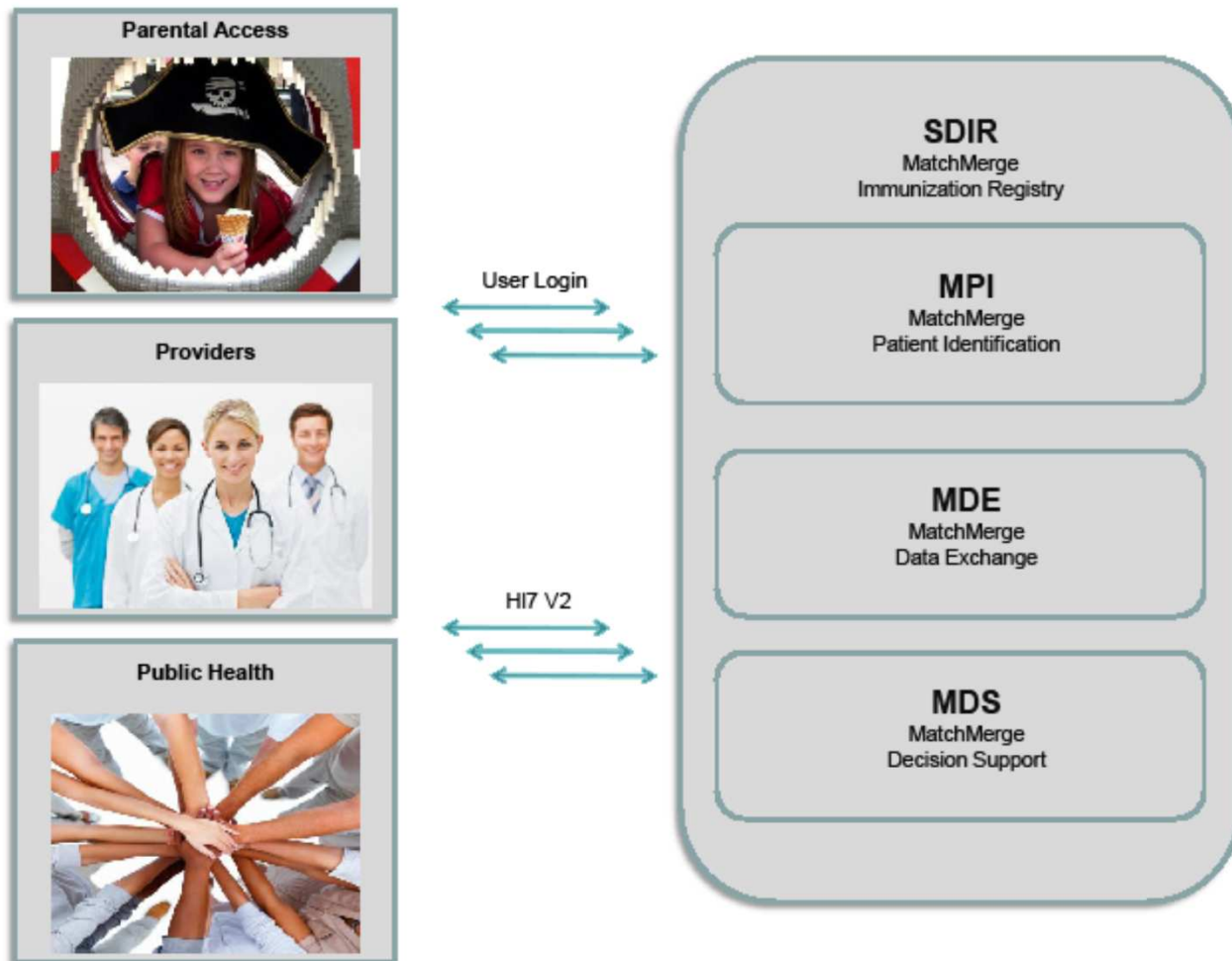
- Estimated SOA cost of connecting 20,000 integration points to be 2.2 B \$CDN



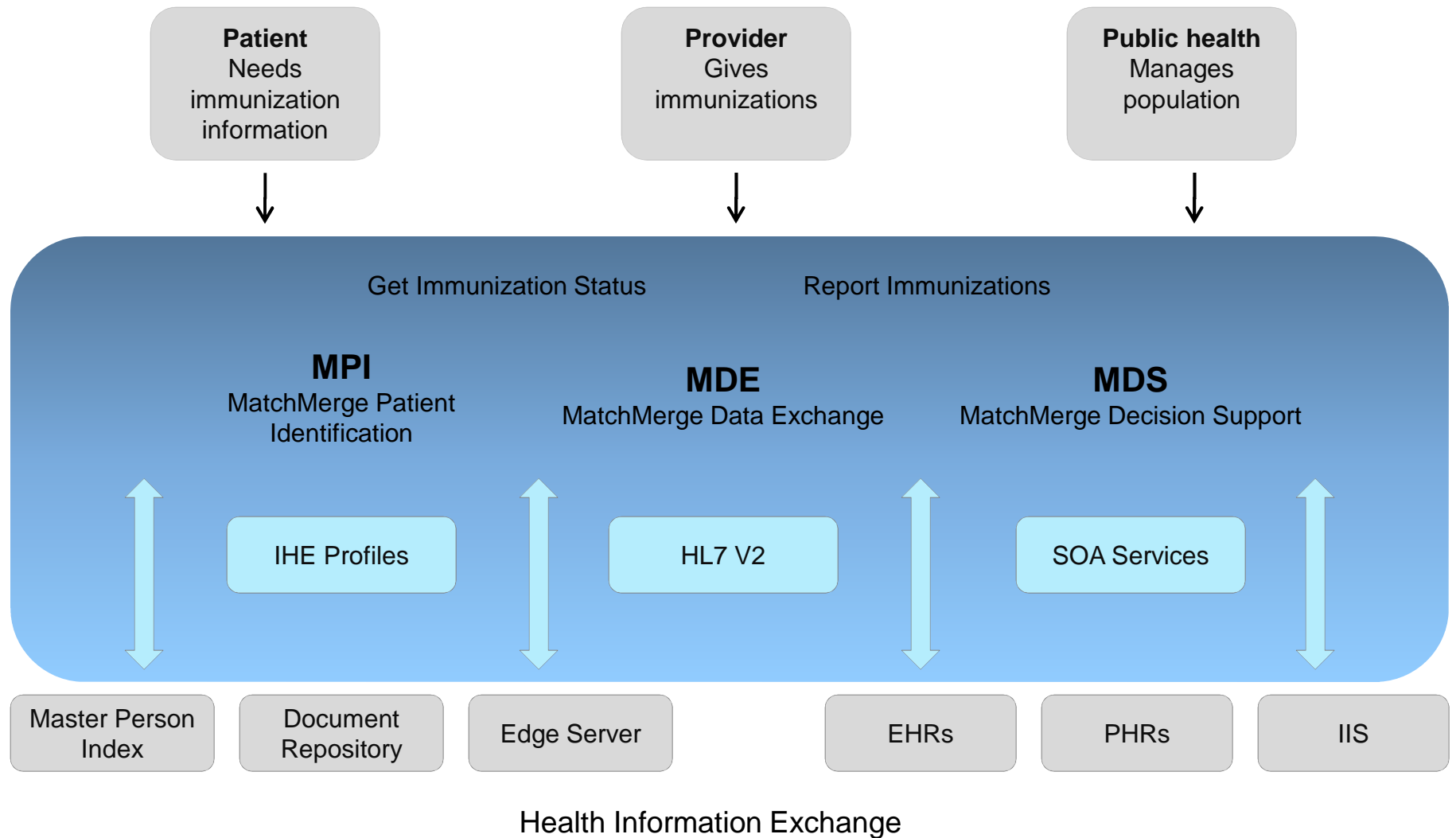
Point-Point Messaging Will Never Work

- Approximately 75 U.S. Immunization Information Systems (IISs)
- Completely connected point-to-point IIS network:
 $74 * 75 / 2 = 2775$ connections
- Assume 200 regional provider EHRs per IIS:
 $200 * 75 = 15,000$ connections
- Each connection costs \$10K-\$30K per side
- \$40K each * 17,775 = \$711,000,000

San Diego model



Immunization Registry Services Reconfigured as HIE Gateway

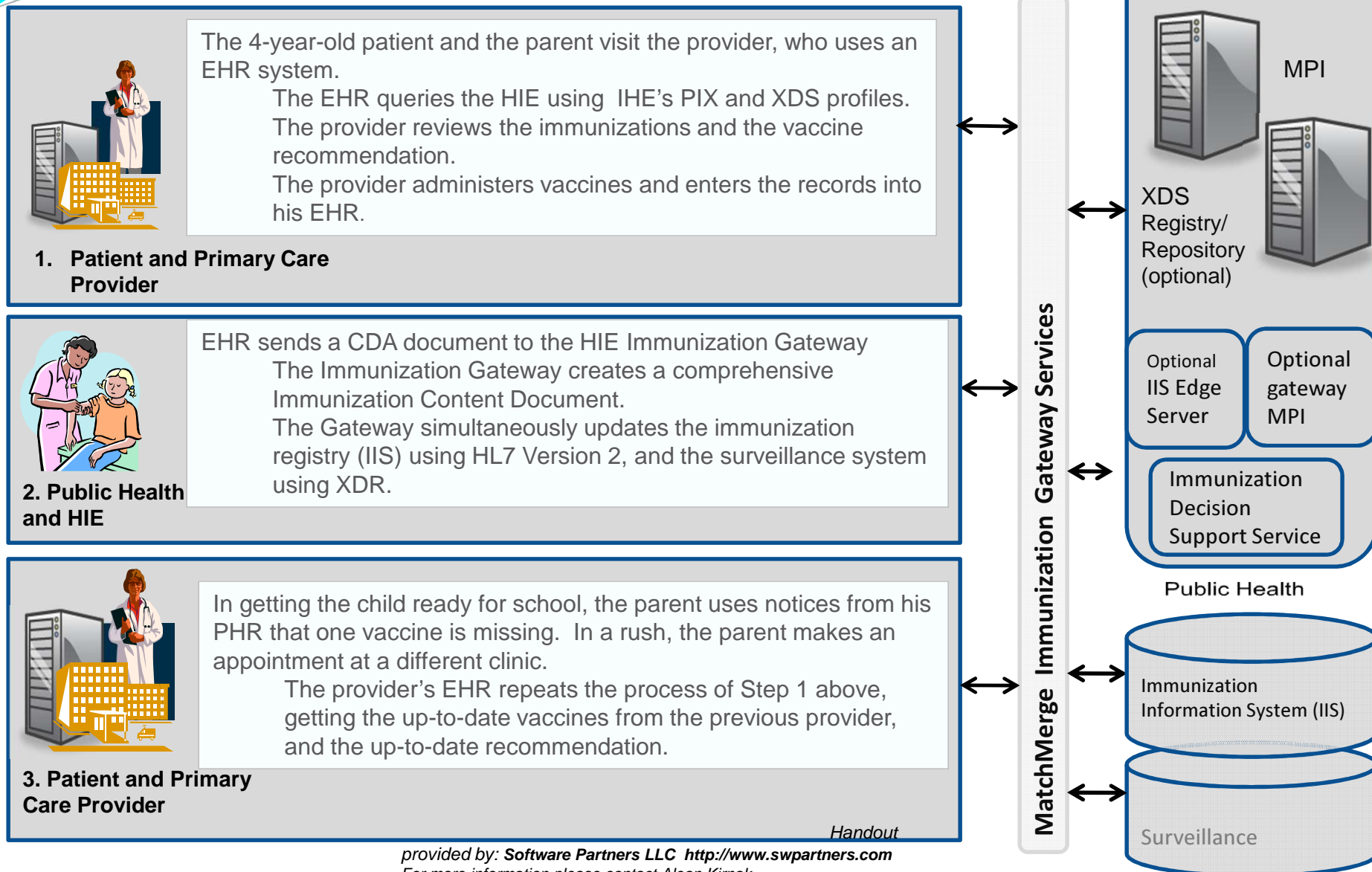


Immunization Standards & MU

#	Service	Identification		Retrieve, Locate and Update			Decision Support	
1	Standards Org	HL7						
2	Capability	Identification Service Functional Mode		Retrieve, Locate, Update SFM			Decision Support SFM	
3	Standards Org	OMG						
4	Service Definition	Identification Service Specification		Retrieve, Locate, Update Spec			Decision Support Service Spec	
5	Profile Org	IHE						
6	Interoperability Layer	PIX/PDQ				Immunization Content (IC)	Immunization Content	Request for Clinical Guidance
7	Profile Org	AIRA/CDC						
8	Interoperability Layer	2.5 Implementation Guide		2.5 Implementation Guide				
9	Interoperability Layer	2.3.1 Implementation Guide		2.3.1 Implementation Guide				
10	Standards Org	HL7						
11	Base Standard	Version 2	Version 3 Patient Admin messaging	Version 2	Version 3 Immunization (POIZ) messaging	Version 3 Care Record CDA	Version 3 Care Record CDA	Version 3 Care Record messaging

HIMSS 2011-IHE Interoperability Showcase

Public Health-Immunization Registry Updating and Utilization Scenario



Handout

provided by: **Software Partners LLC** <http://www.swpartners.com>
For more information please contact Alean Kirnak
(akirnak@swpartners.com)

Immunization Content CCD



Software Partners LLC Immunization Registry

MARK MAROSTICA - Immunization Content

Document Information

Detail:

Title: Immunization Content
Description: History of immunization (11369-6 LOINC)
Effective Date: Tuesday, February 22, 2011 at 10:22 :23 am

Patient Information

Patient Detail

Name: MARK MAROSTICA
Address: 216 Woodland Ave
 Atlanta, GA 31146
 USA
Home :
Patient Number: 12342234
Date of Birth: Tuesday, February 21, 2006
 at 12:00 :00 am
Gender: Male
Language:

Immunizations

Name	CVX Code	Date Admin	Dose #	Mfg Code	Lot Number	Route	Site
POLIO							
IPV	10	04/04/2006	1	PMC	abc10PMCswp	SC	LA
IPV	10	06/04/2006	2	PMC	abc10PMCswp	SC	LA
IPV	10	08/04/2006	3	PMC	abc10PMCswp	SC	LA
IPV	10	02/22/2010	4	NE	1231232	IM	LG
DTP							
DTaP	20	04/04/2006	1	SKB	abc20SKBswp	IM	LD
DTaP	20	06/04/2006	2	SKB	abc20SKBswp	IM	LD
DTaP	20	08/04/2006	3	SKB	abc20SKBswp	IM	LD
DTaP	20	02/21/2007	4	SKB	abc20SKBswp	IM	LD
DTaP	20	02/22/2010	5	NE	12938172	IM	LA
MMR							
MMR	3	02/21/2007	1	MSD	abc3MSDswp	SC	RA
MMR	3	02/21/2010	2	NE	128198	IM	RA



Software Partners LLC Immunization Registry

HIB

Hib	17	04/04/2006	1	PMC	abc17PMCswp	IM	RVL
Hib	17	06/04/2006	2	PMC	abc17PMCswp	IM	RVL
Hib	17	08/04/2006	3	PMC	abc17PMCswp	IM	RVL
Hib	17	02/21/2007	4	PMC	abc17PMCswp	IM	RVL

HEP B

Hep B-adol or ped	8	02/21/2006	1	SKB	abc8SKBswp	IM	LD
Hep B-adol or ped	8	03/21/2006	2	SKB	abc8SKBswp	IM	LD
Hep B-adol or ped	8	08/08/2006	3	SKB	abc8SKBswp	IM	LD

VARIC

Varicella	21	02/21/2007	1	MSD	abc21MSDswp	SC	LA
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HEP A

Hep A-child	31	02/21/2007	1	MSD	abc31MSDswp	IM	LD
Hep A-child	31	08/21/2007	2	MSD	abc31MSDswp	IM	LD

PNEUMO

PCV 7	100	04/04/2006	1	WAL	abc37WALswp	IM	RVL
PCV 7	100	06/04/2006	2	WAL	abc37WALswp	IM	RVL
PCV 7	100	08/04/2006	3	WAL	abc37WALswp	IM	RVL
PCV 7	100	02/21/2007	4	WAL	abc37WALswp	IM	RVL

Care Plan

Name	CVX Code	Min Date	Max Date	Dose #
Varicella	21	03/21/2010	02/20/2066	2
Tdap	115	02/21/2017	02/20/2071	1
MCV4	114	02/21/2017	02/20/2025	1
Zoster (shingles)	121	02/21/2066	02/21/2106	1



Benefits

- Decision support
- Integrated healthcare information
- Better outcomes
- Sustainability



Leveraging Meaningful Use

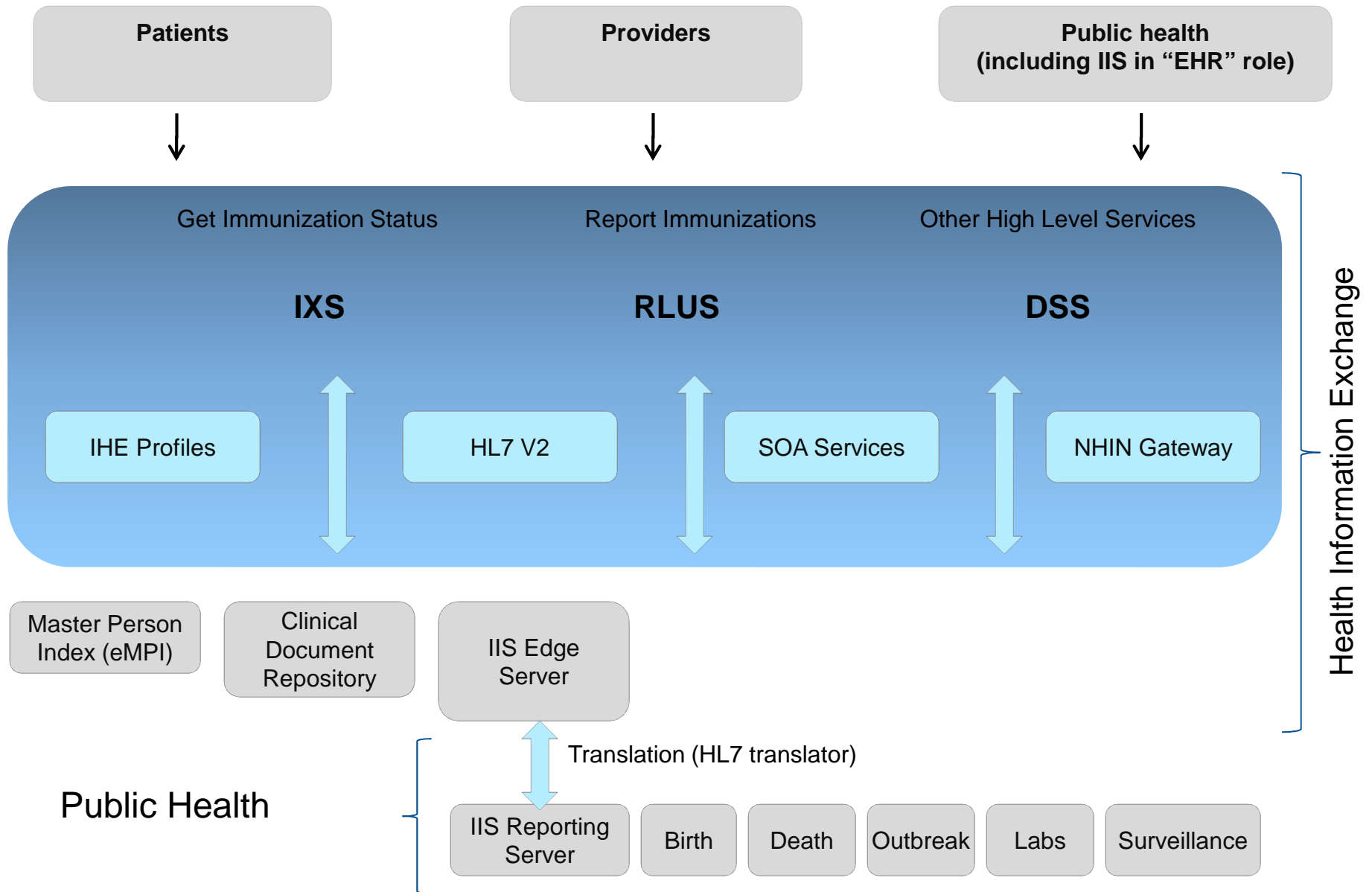
- Options for stakeholders:
 - Submit “VXU” – HL7 V2 messages
 - Pull data out of CDA (“C32” or Immunization Content) document
 - Any other method of submission that can be translated into a VXU for reporting to immunization registries



Leveraging Meaningful Use

- More provider options
- Creates a single pipe from HIE to any registry
- Leverages EHR Meaningful Use compliance (VXU) of HIE product
- Sufficient for creating HIE immunization “edge server” provided registries also send hand-entered data to HIE
- Edge server responds to provider requests

Immunization Registry SOA Design





Reporting Options

- Separate reporting and OLTP servers
- San Diego found 50% reduction in CPU usage and disk reads by creating separate reporting server
- An immunization registry reporting server mirrors the immunization registry edge server



EHR Role of immunization registries

- Immunization registry plays the same role as any other EHR in the HIE
- Creates opportunity to separate “EHR” role entirely



Large Uploads and HL7

- HL7 and Non-HL7 batches are translated into HL7 to send to immunization registries (by batch or as single messages)



Routing opportunities

- San Diego found that in-migration doubles the size of a patient database in a single age band in 18 years
- Complete immunization histories are dependent upon national (and international) routing



Cell Phones and Beyond

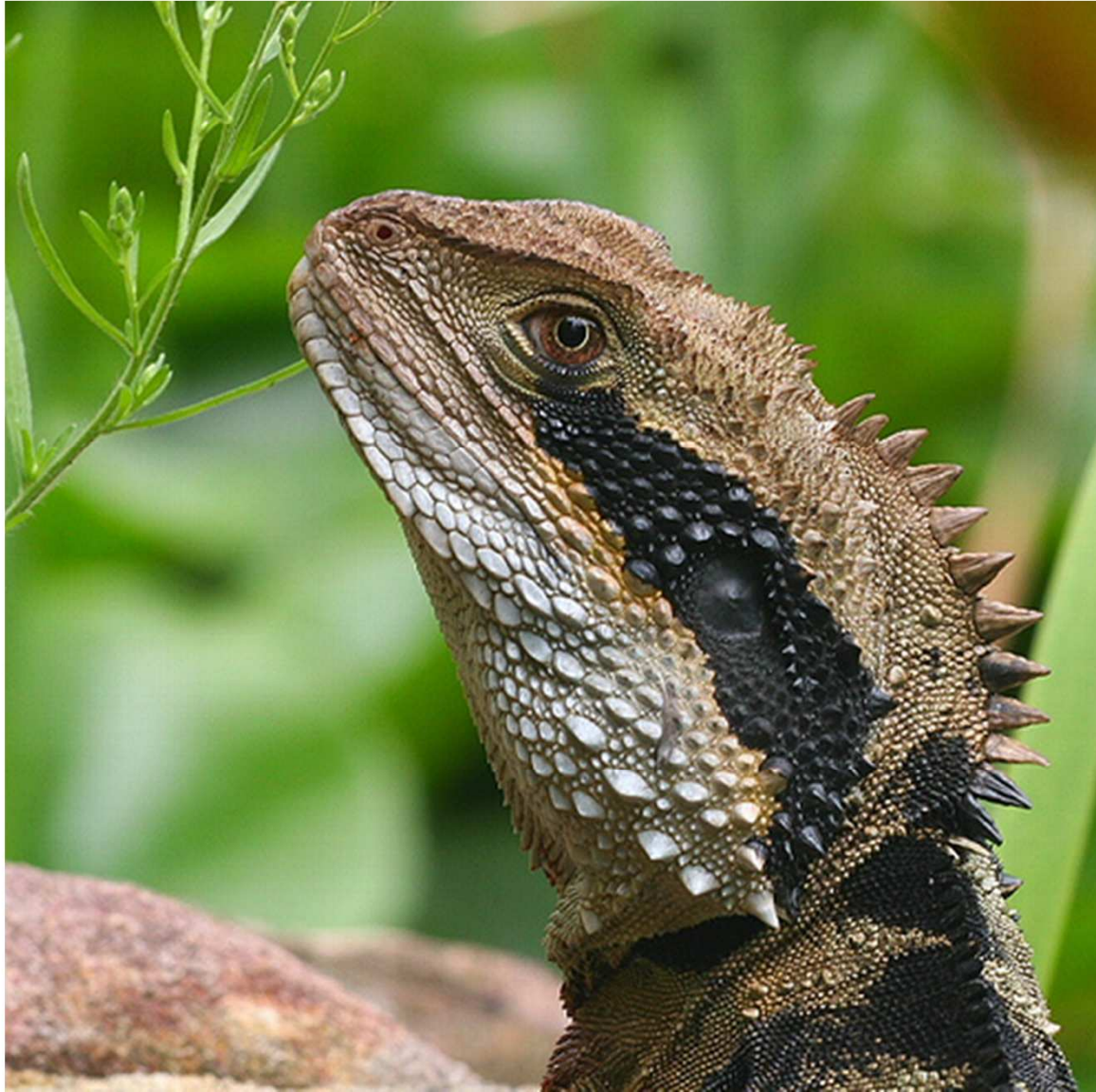
- Let individuals read immunization data from HIE edge server and save it in a PHR
- Track contraindications and precautions indicated by complete medical record elements
- Cell phone application for patients to enter IZ data
- Multiple schedule options for patients
- Coordinate with surveillance to make vaccine policy responsive to outbreaks



Summary

- SOA + immunization registries is a powerful combination
- SOA approach gets orders of magnitude better ROI
- With better information, we can tackle the challenge of better overall care, for....

Happy People!!!



And happy
lizards!!!



Thank you!

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Two scenarios:

- This patient is new to Immunization Registry
- Known to Immunization Registry

- John visits provider 1 and has id P001
- John also visits provider 2 at a later time and has id P002 for that one

