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## Background

- Clinical Decision Support (CDS) tools important to support surveillance
- Software can be costly, hard to configure, test, and maintain
- Open source solutions becoming available
- Distinct advantages to Open Source



## SWOT Analysis: Open Source

### **Strengths**

**Opportunities** 

- No license fee to use
- No loss of access to source code if developer stops work
- Freedom to make/share changes
- Transparency in governance
- Enables more modular deployment
- "Joint development" can reduce cost of enhancements & support
- Commercial vendors often provide solid support
- More modular systems might enable more Open Source component use

#### Weaknesses

- Risk of *detrimental* source code "forking"
- Burden of enhancements may fall to individual users/organizations
- Software support may be harder to secure

#### **Threats**

- Public health community will not financially support product development
- Public health community expects open source market to behave like commercial market
- Commercial vendor reactions





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







## 1: Immunization Calculation Engine (ICE)

- Service-oriented, standards-based immunization forecasting software system
- Evaluates a patient's immunization history 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)



Immunization Calculation Engine



# 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





# 3: Decision Support for Data Segmentation (DS2)

- Part of ONC HITECH SHARP research project in a state-level HIE environment
- Uses CDS 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





# Strategies for Success with Open Source in Public Health

- Begin to move systems to modularity and SOA
- Leverage widely-used Open Source products where feasible (e.g., Linux, PostgreSQL, HAPI, Mirth)
- Jointly develop/support more specialized products when necessary (e.g., examples cited earlier)
- Look beyond public health community for collaboration (e.g., EHRs, PHRs)
- Encourage one organization to maintain stewardship over and support each product to prevent "detrimental" forking (Managed Open Source)
- Recognize and manage any turbulence this may cause in the commercial product marketplace



## Open Source Resources

- Open Source Initiative <u>http://opensource.org/</u>
- Open Source Electronic Health Record Alliance
  - http://osehra.org/
- OSEHRA License Terms Document <u>https://www.osehra.org/sites/default/files/osehra.org/sites/default/fil</u>
- Draft Federal Source Code Policy <u>https://sourcecode.cio.gov/</u>





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