# HL7 mHealth- mFHAST Project Meeting

**Subject:** Mobile Frameworks for Healthcare Adoption of Short-Message Technologies
**When:** 04/30/2015 – Thursdays, 2:00 PM-3:00 PM EDT
**Where:**

* **Conference Line**:
	+ 1-866-469-3239 Call-in toll-free number (US/Canada)
	+ 1-650-429-3300 Call-in toll number (US/Canada)
* **WebConference:**
	+ <https://westat.webex.com/westat/j.php?MTID=m72c5e417e0dcc1ca7b6252a48ca9e677>
	+ Meeting number: 650 446 181
	+ Meeting password: Aloha123!

**Attending:**

* Nathan Botts
* Kwekour Quaynor
* Rob Savage

**Regrets:**

* Harry Rhodes
* Gora Datta

**Minutes:**

1. Introductions
2. Review of Updates from Last Week
3. Short Discussion on Use Case posed by Rob Savage
4. Plans to have follow-up meeting next week

**Discussion Notes:**

mFHAST Immunization Registry Use Case

* **Vaccine Type**
	+ The vaccine used to vaccinate needs to be known at the trade name level.
	+ Vaccination date is needed.
	+ Birth date must be known.
	+ Person needs to be unambiguously identified in the message .
		- In the US, with no national identifier, this would be a problem.
	+ The health worker recording should be identified.
	+ Do you send only currently administered vaccine or do you fill in historical doses?
* **Patient Matching**
	+ When it gets to the aggregator, patient matching is a huge issue. If historical doses are also sent, then event deduplication becomes a real issue.

**If you are trying to do registry work need to ensure that:**

* The person is not duplicated
* Ability to review
* American Immunization Registry Conference findings:
	+ Looked at registry results for kids and ehr results for kids.
	+ When looking at consolidated registry it is better than EHR
	+ Message is that if you really want to have a useful registry need to have successful matching
* Pandemic situation
	+ Might not be as problematic
	+ Pulse immunization – just addresses whatever population is present
* Product Discussion
	+ Inventory aspect
		- Short-message that gives NDC to a kid (Hepatitus B Vaccines)
	+ Forecasting
		- Need to also be able to
* From work as a city epidemiologist
	+ Disease surveillance
	+ You are out in the public and when you see lots of people with the same.
* With the Emphasis of co-sponsors putting energy

**Immunization Use Case as posted by Rob Savage via Email:**

Gentlemen

I was reviewing the power point presentation on the wiki (Overview) and thought that the immunization use case raised some questions for me.

It looks like a clinician administers a vaccine and “reports” it vis SMS to an aggregator. Based on the experience of the US immunization information world, I thought I should raise some issues/questions. I will follow the flow.

If we send an currently administered vaccine that can be unambiguously linked to a unique person, then the immunization coverage report can indicate how many people got immunized with what and when. Going much beyond this may be very challenging. Without a complete history, one can’t make recommendations for next dose due nor evaluate if the dose was given appropriately.

One area missing in this picture is how the health worker knows what to give and when. This is a typical output of a CDS engine. Even without this, if the clinician can’t see a complete history for the patient, they can’t make a judgment on what to give. The problem with this is that over immunization is a common outcome. When looking at the hep B coverage in the juvenile prison system of a state, I found that prior to the jail nurses having access to the IIS, many kids had 5 doses of Hep B. They would often arrive a month or two before their records were available. As soon as the IIS was available to the jail nurses, the practice ceased.

I think that the scope of this paradigm needs to be narrower than implied by this diagram, since it seems to promise more than I think it can deliver.