

HL7 mFHAST

mobile Frameworks for Healthcare Adoption
of Short-Message Technologies



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mFHASt Goal

- To develop standardized techniques and formats for use of Short-Message technologies within healthcare settings

mFHASt Status

- Evolved out of mHealth LMIC sub-workgroup activities
- New HL7 project/product in development
- Meeting Thursdays @ 4pm EST beginning 1/29/2015

Short-message Basics

- “Short-Message” encompasses the realm of technologies related to SMS, text messages, instant messages, Twitter, iMessage, etc
- Messages composed of approximately 140-160 characters
- Estimated that upwards of 200,000 SMS messages are sent every second
- Low-cost, low infrastructure, low learning-curve

Short-message Tech in Healthcare

Global short-message studies have reported success in improving health outcomes and activities related to:

- Smoking cessation
- Diabetes
- Weight management
- HIV
- Medication adherence
- Appointment attendance

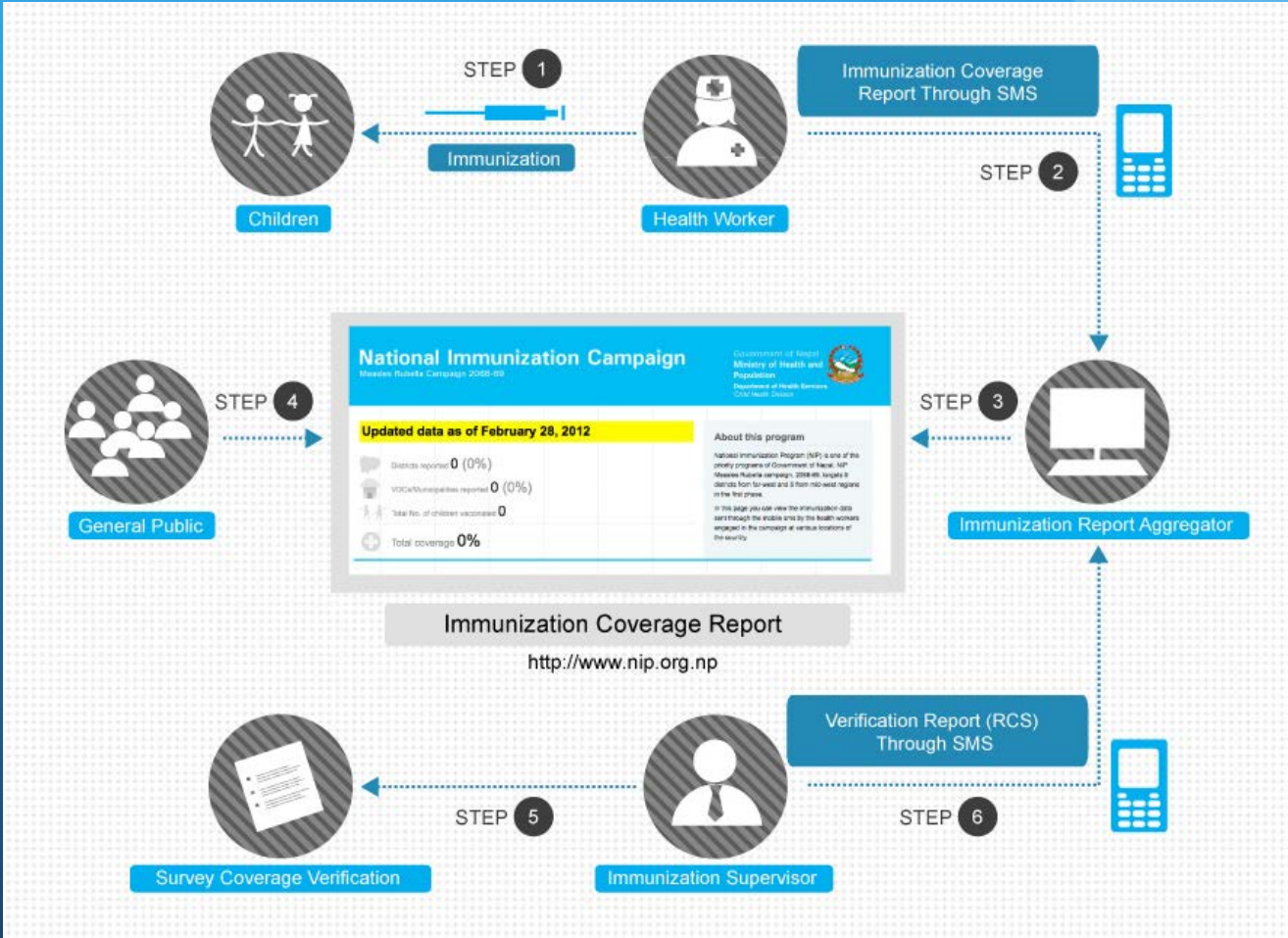
mFHASt Domains

- Clinical reminders (e.g., appointments, treatments)
- Community health mobilization
- Health Education
- Public Health and Emergency Response
- Surveillance and Tracking

Short-message Barriers

- Ad-hoc implementations
- Lack of interoperability
- Security/Privacy/Consent
- Message size
- Stateless (at its most basic implementation)

SMS Use Case - Immunization

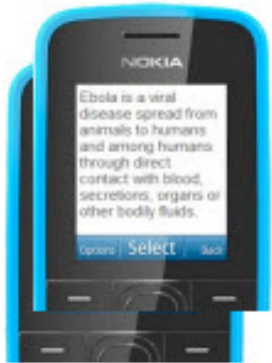


SMS Use Case - Maternal/Child Health

Set Up Free **Appointment Reminders** with Text4baby

1. Text REMIND (or CITA for Spanish) to 511411.
2. Enter appointment date. Enter 7/7/2014 as 07072014.
3. Enter appointment description with time, place and purpose (ex. 3pm apt w Dr Parker).
4. Reminder text will be sent three days before and the morning of appointment.
5. You can set up as many reminders as you need, at any time.

SMS Use Case - Disease Management



Initial set of key Ebola messages is broadcast to all subscribers

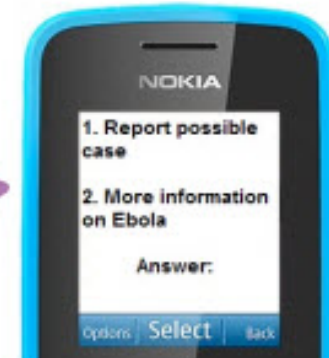


An individual dials *112# from their mobile phone. The service is marketed via mobile, TV, radio and other channels



A USSD or IVR service is triggered in response to *112#

5



Two basic options:
1. Report a case
2. Request information

SMS Use Case - TB

SMS + Cue Card Interface

General Strengths

Can be used with any phone
Ongoing cost is low (SMS)
Many workers familiar with SMS

General Weaknesses

- b)** Requires basic literacy skills
Changing survey requires new cue card
Hard to enter in free-form notes
No confirmed receipt of data delivery
Worker can forget or lose cue card
Quite easy to fake visits (copy old SMS)

Our Results: Accuracy & Efficiency


We measured 4.5 errors per 100 entries
The average interaction was 97 seconds

SMS Cue Card

1. Create a new SMS Message

Press Center Button
Select "Messages"
Select "Create Message"
Select "New Short Message"

2. Switch to Numeric Input Mode

Press Menu Button 
Select "Entry Mode"
Select "Numeric"

3. Enter the ID of the Current Patient

Aamir Khan - Press 1
Abhishek Bachchan - Press 2
Aishwarya Rai - Press 3
...

4. Enter a Space

Press *

11. Enter the Patient's Cough

No Cough - Press 1
Rare Cough - Press 2
Mild Cough - Press 3
Heavy Cough - Press 4
Severe Cough - Press 5
(with blood)

21. Check Yourself

Your finished message should be formatted similarly to the following:
10 372 62 68 4 1030007

Short-Message Standards Development

<p>1</p> <p>IN DETERMINING WHETHER AN SMS PLATFORM IS APPROPRIATE FOR DISASTER RESPONSE ACTIVITIES,</p> <p>••••</p> <p>ORGANISATIONS SHOULD CONSIDER THE BROADER LOCAL MEDIA ENVIRONMENT AND CONTEXT, MOBILE PHONE OWNERSHIP AND DISTRIBUTION (ESPECIALLY IN REGARDS TO ACCESS BASED ON GENDER AND AGE), LITERACY LEVELS AND THE COVERAGE AND RELIABILITY OF THE NETWORK.</p>	<p>2</p> <p>SMS PLATFORMS SHOULD IDEALLY BE SET UP PRIOR TO MAJOR DISASTERS.</p> <p>••••</p> <p>THESE SYSTEMS SHOULD BE HIGHLY ROBUST AND RELIABLE. BACKUP SYSTEMS SHOULD ALWAYS BE AVAILABLE SHOULD THE PRIMARY SYSTEM CRASH, MAKING IT OPTIMAL THAT PROFESSIONAL ORGANIZATIONS HOST THE SERVERS AND CRITICAL NETWORK CONNECTIONS (PREFERABLY IN SITES LOCATED OUTSIDE OF THE DISASTER ZONE).</p>	<p>3</p> <p>EXISTING NATIONAL SMS SYSTEMS SHOULD NOT BE DUPLICATED</p> <p>[UNLESS THERE ARE COMPELLING REASONS TO DO SO].</p> <p>••••</p> <p>INSTEAD, ORGANIZATIONS SHOULD WORK WITH LOCAL GOVERNMENT AS MUCH AS POSSIBLE. THIS MEANS SUPPORTING NATIONAL INSTITUTIONS AND PROCESSES WHEREVER POSSIBLE.</p>	<p>4</p> <p>ORGANIZATIONS SHOULD PLAN REGULAR CONTACT WITH MOBILE NETWORK OPERATORS</p> <p>TO AVOID SWAMPING THEM WITH AD-HOC REQUESTS.</p> <p>••••</p> <p>MINOS SHOULD APPOINT A SINGLE POINT OF CONTACT (POC) FOR HANDLING SHORT CODE AND CONNECTIVITY REQUESTS IN A DISASTER OR IS EVENT, WHEREVER POSSIBLE.</p> <p>••••</p> <p>RESPONDERS SHOULD ALSO APPOINT A SINGLE POC TO COORDINATE COMMUNICATION WITH MINOS, ESPECIALLY IN CLUSTER-BASED RESPONSES.</p> <p>••••</p> <p>POCS FOR BOTH PARTIES SHOULD BE TRAINED IN ADVANCE ON CONNECTIVITY AND SERVICE ROLL-OUT NEEDS, TO MINIMIZE COORDINATION CHALLENGES DURING DISASTERS.</p>
<p>5</p> <p>A STREAMLINED PROCESS FOR SHORT CODE PROVISIONING SHOULD BE ADOPTED TO AVOID CONFUSION AND DUPLICATION</p> <p>••••</p> <p>SHORT CODE SHARING BY MULTIPLE ORGANISATIONS SHOULD BE CONSIDERED WHERE POSSIBLE, AND ACHIEVING THIS REQUIRES THAT THESE ORGANISATIONS PARTNER WITH EACH OTHER, PREFERABLY THROUGH A COORDINATING BODY (FOR SMS BROADCAST PURPOSES) AT A SYSTEMIC LEVEL.</p> <p>••••</p> <p>THE LATTER WOULD ENSURE THAT TEXT MESSAGES ARE NOT DUPLICATIVE OR CONTRADICTORY, AND THAT ANY PARALLEL SERVICES DO NOT INTERRUPT THE OPERATIONS OF THE OTHER. IT WOULD ALSO ENSURE THAT THE CAPACITY AND PROCESSES FOR RESPONSE</p>	<p>6</p>  <p>ALTHOUGH POTENTIALLY CHALLENGING TO ACHIEVE, MANY ACTORS AGREE THAT A CENTRALISED COORDINATING BODY SHOULD BE IDENTIFIED TO STREAMLINE SMS SERVICES IN AN EMERGENCY.</p> <p><small>Created by HL7 Mobile Health Workgroup</small></p>	<p>7</p> <p>FOR MINOS</p> <p>WHERE PRICING IS CONCERNED, MAKE EVERY EFFORT TO OFFER TEXT IN SERVICES AT ZERO COST TO LOCAL USERS – OR AT LOCAL SMS RATES. DO NOT CHARGE PREMIUM SMS RATES FOR VITAL INFORMATION UNLESS ALL OTHER PRICING OPTIONS ARE IMPOSSIBLE. AT TIMES, MINO INFRASTRUCTURE MAY BE AFFECTED BY A DISASTER, IMPACTING SERVICE PROVISION, AND SWAMPING THEIR OPERATIONS.</p> <p>8</p> <p>FOR RESPONDERS</p> <p>IF DIRECT CONNECTIVITY WITH MINO GATEWAYS IS NOT POSSIBLE, UTILISE NETWORK CONNECTIVITY PROVIDERS WHICH HAVE BEEN AUTHORIZED TO PROVIDE SERVICES BY THE MINOS IN THE COUNTRY/ COUNTRIES OF SERVICE DELIVERY. JUST AS HOW NGOs HOST THEIR OWN SERVERS TODAY FOR REASONS OF SCALABILITY AND MONITORING, IT IS NO LONGER AN OPTIMAL ARCHITECTURE FOR AN NGO TO HOST LOW-LEVEL NETWORK CONNECTIONS.</p> <p>9</p> <p>FOR RESPONDERS</p> <p>CONSIDER THAT MOBILE NETWORK OPERATORS ARE BOUND BY LICENSING, LEGAL AND REGULATORY REALITIES THAT WILL VARY BY COUNTRY, AND INFORM THE WAYS IN WHICH INFORMATION CAN BE SENT OVER THE MOBILE NETWORK WHICH MAY IMPACT SERVICE DESIGN. PREPARING FOR THIS TO LIMIT NEGATIVE IMPACT OR DELAY IN SERVICE ROLL-OUT MAY BE ACHIEVED BY CONSIDERING LOCAL INFORMATION ECOLOGIES, CULTURAL CONTEXT AND THE TELECOMMUNICATIONS AND MEDIA LANDSCAPE TO ENSURE THAT THE SERVICE IS RELEVANT TO THE INTENDED AUDIENCE, AND COMPLIANT WITH PRE-EXISTING PRIORITY AND POLICY REGULATIONS AS MUCH AS POSSIBLE (FOR EXAMPLE, SEE TOOLS SUCH AS INFO-SAND'S MEDIA AND TELECOMS GUIDES).</p>	<p>10</p> <p>THE ABILITY TO MONITOR AND EVALUATE THE IMPACT AND APPROPRIATENESS OF THE SERVICE SHOULD BE CONSIDERED AND OUTLINED IN THIS STAGE</p>

mFHASt Pathway of Inquiry

- What is the issue?
- What are the critical variables?
- Who initiates/consumes the message?
- What format is required?
- What are the limitations?

Short-Message Actors

- Companies, Organizations
- Governments
- Public
- Families
- Peers
- Person
- Systems

Short-Message Communication Methods

- Reminders
- Broadcasts
- Education/Decision Support
- Structured Data Collection
- Interactive Health Communication

Short-Message Communication Structures

- Coded
- Short codes
- Free Text
- Structured Response
- Structured Data Collection
- Interactive Health Communication

mFHASt Next Steps

- HL7 January Working Group Meeting 01/19/2015
 - 2nd presentation of mFHASt project
 - Finalization and voting on mFHASt PSS
- Q1 2015 - PSS submission, Documentation, education, use case development and requirements gathering
- Q2 2015 - Harmonization and specifications development
- Q3 2015 - Piloting and testing
- Q4 2015 - 1st Product draft submitted

Great work proceeds us!

Standards Development

- HL7 EHR/PHR/FHIR/Medical Devices/PHR
- WHO eHealth Standardization and Interoperability Recommendations
- ISO/AHIMA/OASIS/IEEE/HIMSS

Initiatives

- Mobile Alliance for Maternal Action (MAMA) in Bangladesh and South Africa
- Millenium Development Goals
- mPowering Frontline Health Workers
- Saving One Million Lives initiative
- Asia e-Health Information Network

Organizations

- US Centers for Disease Control
- World Health Organization
- United Nations Foundation
- USAID / UNICEF
- mHealth Alliance
- Johnson & Johnson
- Gates Foundation