



HL7 mFHAST Standard

Mobile Framework for Healthcare Adoption of Short-Message Technologies

Project of the HL7 Mobile Health Workgroup



HL7 mFHAST Goal

- To provide standards for communicating health services through short message technologies (SMTs) (e.g. SMS, Instant Message, Twitter, etc.)
- To increase opportunities for consumer / patient engagement and timely communication
- To improve communication and response time among providers of health services



HL7 mFHAST Importance

- Brevity of message for bandwidth sensitive settings (e.g. LMIC, Rural Health)
- Brevity of message for increasing human processing and response
- Increased opportunities for low infrastructure settings



mFHAST Status

- Evolved out of mHealth Low & Middle Income Countries (LMIC) sub-workgroup activities
- HL7 project/product (normative standard) in development
- Project approved by HL7 SD April 2015
- Approved by TSC September 2015
- Comment-only ballot submitted Dec 2016
- Meeting Thursdays @ 2pm EST



mFHAST Short-message Concept

- Short messages within the mFHAST standard are meant to be
 - Brief
 - Low Payload
 - Easily Processed by Humans at its endpoint
 - Orientation is for fast, meaningful communication between people and care providers using garden variety technologies with no assumption of having sophisticated apps or services



Message Size Research

 Creativity loves constraints and simplicity is at our core. Tweets are limited to 140 characters so they can be consumed easily anywhere, even via mobile text messages. There's no magical length for a Tweet, but a recent report by Buddy Media revealed that Tweets shorter than 100 characters get a 17% higher engagement rate.



Short-message Technology Basics

- "Short-Message Technology" encompasses the realm of technologies related to SMS, text messages, instant messages (e.g., iMessage, FaceBook Message, Twitter, WhatsApp, Google Chat, Unstructured Supplementary Service Data (USSD) messages etc..)
- Emphasizing brief messages of approximately 160+/- characters
- Low-cost, low infrastructure, low learning-curve



OTT vs SMS

- OTT over-the-top messaging is third parties providing instant messaging services as an alternative to text messaging services provided by a mobile network operator, particularly WhatsApp, which is narrowly focused to replace text messaging on Internet connected smartphones.
- Traditional SMS Cellular network based data transmission limited to approximately 145-160 characters.



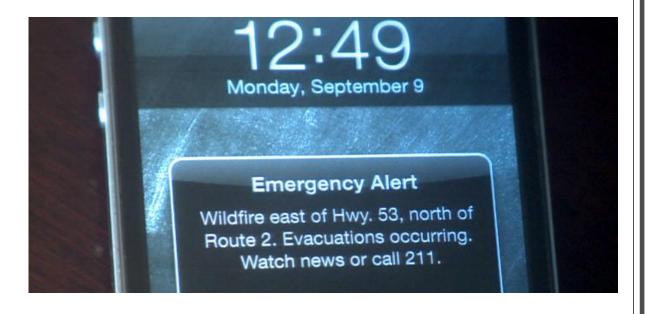
mFHAST Business Cases

- Public Broadcast
- Private Broadcast
- B2P/P2B
- P2P



Public Broadcast

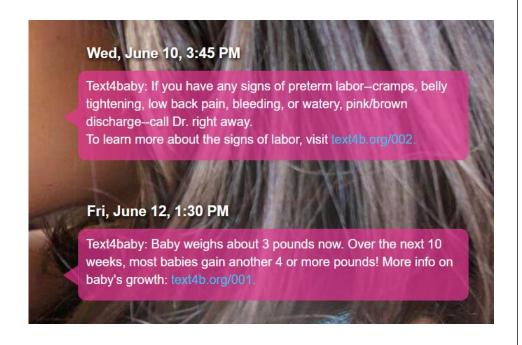
- Sent to all subscribers of a specific short message service (e.g., Amber Alert)
- No PII,PHI





Private Broadcast

- More personalized messages according to a particular cohort (e.g. CDC Text4Baby
- Assumed that no PII/PHI is transmitted, but subscription to the cohort increases exposure



B2P/P2B Messaging

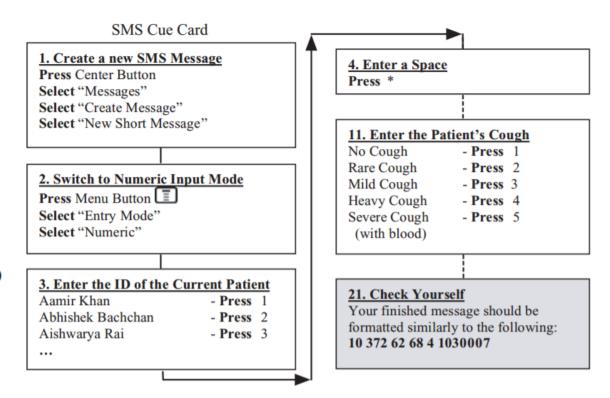
 Directed messaging between a person and an organization (e.g., appointment reminders, field survey)

SMS + Cue Card Interface

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

General Weaknesses
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

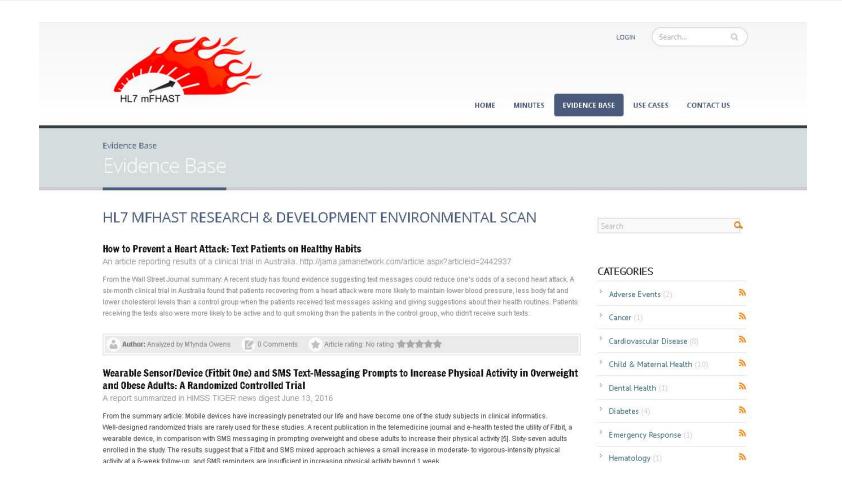


P2P Messaging

P2P SMT messages represent unique instances in which a personal exchange occurs between two individuals to discuss healthcare.

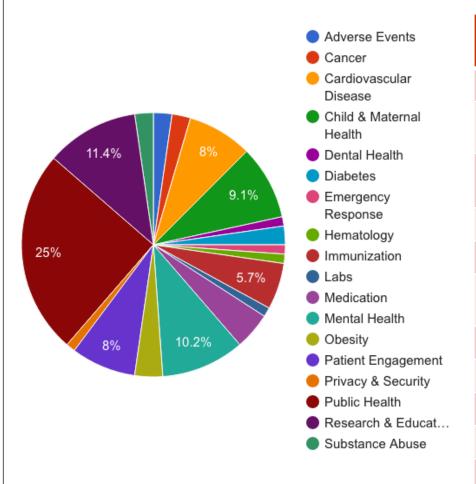


mFHAST.org Evidence-Base





HL7 mFHAST Workgroup Preliminary Findings: Domain



% of Total (n=75)	Healthcare Domain
24%	Public Health
12%	Research & Education
10%	Child & Maternal Health
9%	Mental Health
9%	Patient Engagment
8%	CardiovascularDisease
5%	Immunizations
4%	Diabetes
4%	Medication
3%	Substance Abuse



mFHAST Comment-Only Ballot

- Ballot submitted for comment-only review 12/5/2016
- Ballot status Approved (13 lucky votes)
- Total of 7 comments



mFHAST Message Requirements - Context

mFHAST Message Context

- SHALL either mobile human originate or mobile human terminate.
- SHOULD constrain textual message length to 140 to 160 characters.
- SHOULD constrain message package size to achieve average latency levels depending on available network bandwidth (e.g., 3G vs 4G).
- SHOULD utilize secure mobile device access and storage practices where applicable to the implementation.



mFHAST Message Requirements - Content

mFHAST Message Content

- SHALL have a unique id identifying the sender of the message.
- SHALL include an identifier type, and an id that is unique within that type.
- SHALL have a unique message identifier.
- SHALL include the date and time the message was sent.
- SHALL have one or more recipient identifier(s).
- SHALL designate message criticality.
- SHALL be composed of a documented structure.
- SHALL have a concatenation ID for message chaining.
- SHOULD have a designation as to the activity type (e.g. domain such as immunization) message.
- SHOULD have a specification for multiplicity (e.g. 1:1 or 1:N) (broadcast, duplex, single-channel)



mFHAST Message Requirements - Transport

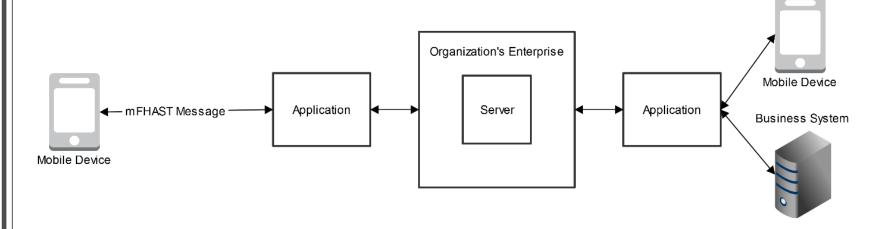
mFHAST Message Transport

- SHALL provide system acknowledgement of successful receipt
- SHALL [IF] utilize secure transport channels where applicable to the implementation.
- SHOULD have the ability to address a large number of endpoints.
- SHOULD utilize multiple paths between the sources and destination in order to improve the probability of successfully transmitting a message.



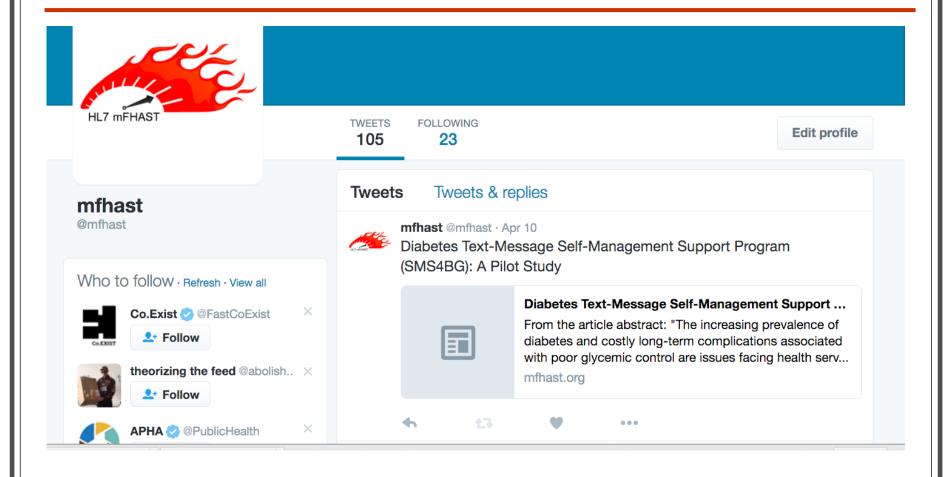
mFHAST Implementation Use Case

Insert some descriptive bullets
Should the server block be at the top with branches to the devices
Change the lines so that there is a parallel for the different flows of communication





Healthcare Short-Message Technology Promotion & Dissemination





mFHAST Project Timeline 2017

- Q4 2016: Comment Only Ballot submitted!
- Q1 2017: Ballot reconciliation
- Q2-Q3 2017: STU Development
- Q4 2017: STU Ballot to be submitted



Project and contact information

- Standing meetings are on Thursdays at 2 PM Eastern
- Project Evidence Base: http://mfhast.org/
- Project Lead: Nathan Botts, Westat Center for Health IT, nathanbotts@westat.com

