

mobile Framework for Healthcare Adoption of Short-Message Technologies (mFHAST)





Project Lead: Nathan Botts HL7 Mobile Health Workgroup May 2016 WGM

mFHAST - Project 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

mFHAST Status

- Evolved out of HL7 Mobile Health
 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
- Meeting Thursdays @ 2pm EST

Short-message Tech in Healthcare

- Smoking cessation
- Condition Management
- Disease Management
- Medication adherence
- Clinical and appointment reminders
- Adverse event reporting
- Activity/Fitness Monitors
- Community health mobilization
- Telehealth/eConsultation

- Pandemic Tracking (e.g. Ebola)
- Immunization/Vaccination
- Public Health & Emergency Response
- Health Services Coordination
- Child & Maternal Health
- Surveillance & Tracking
- Health Education
- Vital records

Short-message Basics

- "Short-Message" 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
- Currently predicted that instant messaging (MIM) carries upwards of twice the volume (50 billion per day) of messages than SMS (Deloitte 2014)

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 phones with no assumption of having sophisticated apps or services

Short Messages Example: 160 characters

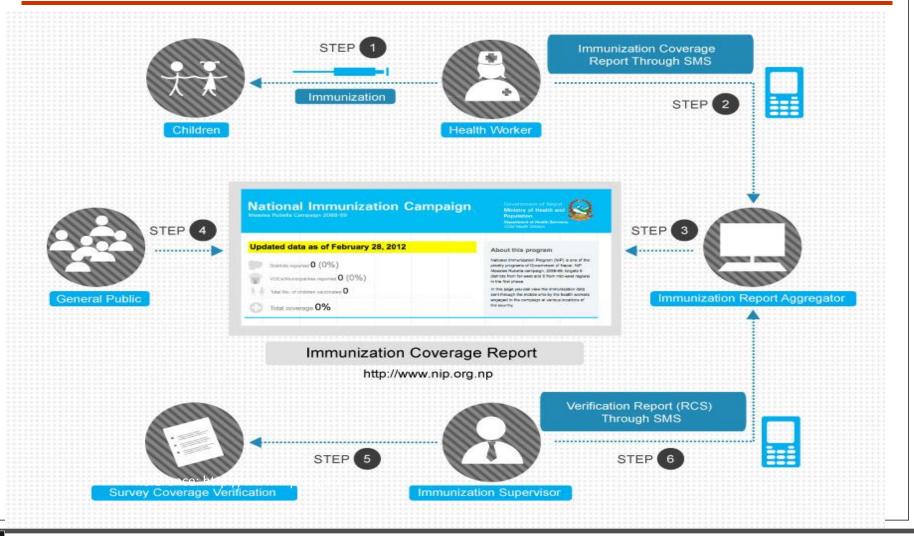
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SMT Clinical Use Illustration

Mayo Clinic Health System — Franciscan Healthcare patients can choose to receive text message reminders in place of the automated telephone reminder for upcoming clinic, lab and rehabilitation appointments that are made two or more days in advance.

Patients must provide their cell phone number and elect to participate in the service by texting "MCHS" to 622622. Patients who elect to receive this service can sign up anytime to receive reminder texts for all future appointments.

SMS Use Case - Immunization



SMS Use Case – Maternal/Child Health

Set Up Free Appointment Reminders with Text4baby

- Text REMIND (or CITA for Spanish) to 511411.
- 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.
- You can set up as many reminders as you need, at any time.

SMS Use Case -Ebola 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#

Two basic options:

- 1. Report a case
- 2. Request information

SMS Use Case - TB

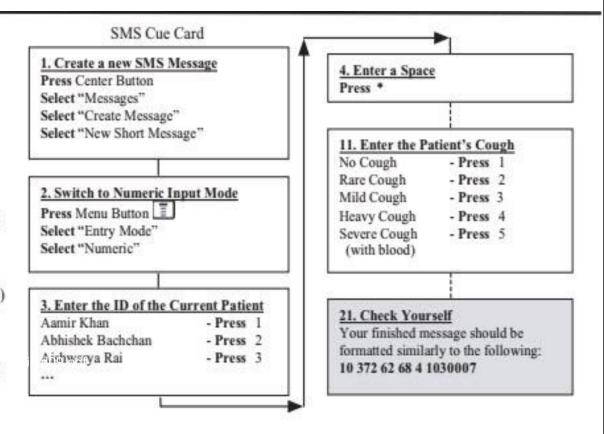
SMS + Cue Card Interface

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

General Weaknesses

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



Short-Message Guideline Examples



... 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.

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].

EXISTING NATIONAL SMS SYSTEMS

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INSTEAD, ORGANIZATIONS SHOULD WORK WITH LOCAL GOVERNMENT AS MUCH AS POSSIBLE. THIS MEANS SUPPORTING NATIONAL INSTITUTIONS AND PROCESSES WHEREVER POSSIBLE.

FOR MINOS

WHERE PRICING 6 CONCEINED, MARKE EVERY EPFORS
TO GREER TEXTUN SERVICES AT ZERO COST TO LOCAL LISERS — OR AT LOCAL SMS RATES DO NOT CHARGE PREMIUM SMS RATES FOR WISL INFORMATION UNLESS ALL OTHER PRICING OPTIONS ARE IMPOSSIBLE AT TIMES, MON DEPARTMENT REMAY EX-PRECISED BY A DISASTER, MARKETING SERVICE PMOVISION, AND STRAINING THEIR OPERATIONS.

FOR RESPONDERS

DEDIRECT CONNECTIVITY WITH MIND GATEWAYS IS NOT POSSIBLE. LITILIZE NETWORK CONNECTIVITY PROVIDERS WHICH HAVE BEEN AUTHORIZED TO PROVIDE SERVICES BY THE MINOS IN THE COUNTRY! COUNTRIES OF SERVICE DELIVERY, JUST AS FEW MIGOS HOST THEIR DWN SERVERS TOOLAY, FOR REASONS OF SCALABILITY AND MONITORING, IT IS NO LONGER AN OPENAL ARCHITECTURE FOR AN INGO TO HOST LOW-LEVEL NETWORK CONNECTIONS.

REGULAR CONTACT WITH MOBILE NETWORK

SINGLE POINT OF CONTACT

CONNECTIVITY REQUESTS IN A DISASTERIORS

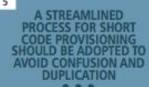
RESPONDERS SHOULD ALSO APPOINT A SINGLE POC TO COORDINATE COMMUNICATION WITH MNOS, ESPECIALLY IN CLUSTER-BASED RESPONSES.

POCS FOR BOTH PARTIES SHOULD BE TRAINED IN ADVANCE ON CONNECTIVITY AND SERVICE ROLL-OUT NEEDS.

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THE ABILITY TO MONITOR AND EVALUATE THE IMPACT AND APPROPRIATENESS OF THE SERVICE SHOULD BE CONSIDERED AND OUTLINED IN THIS STAGE



WHERE POSSIBLE, AND ACHIEVING THIS REQUIRES THAT THESE ORGANISATIONS THROUGH A COORDINATING BODY FOR SMS BROADCAST PURPOSES)

> ENSURE THAT TEXT MESSAGES ARE NOT **DUPLICATIVE OR** CONTRADICTORY

NOT INTERPLET THE OPERATIONS OF THE



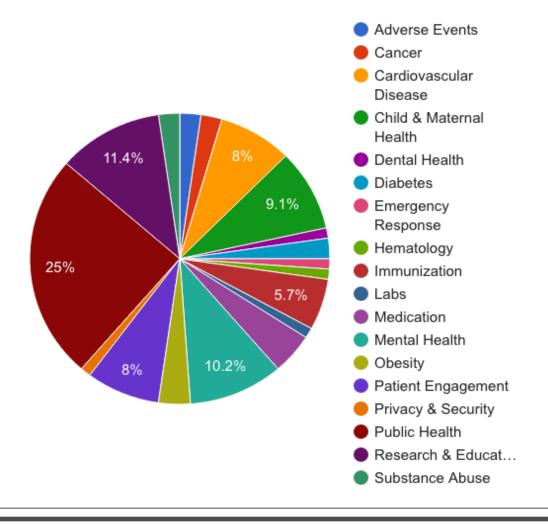
Short-Message Standards Needs

- Reducing health data silos due to ad-hoc constructs
- Increased interoperability between interventions
- Improved aggregation and processing of collected data
- Sustainability of data collection and reporting efforts
- Control cost of adoption through development of templates and guidelines
- Re-usability across various interventions and mediums

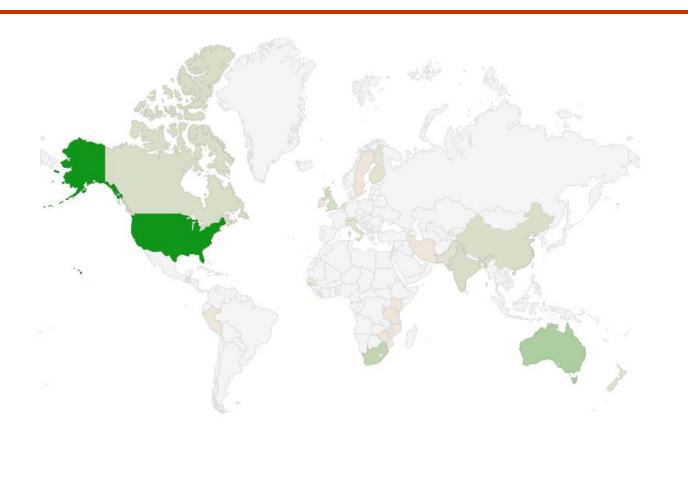
mFHAST Whitepaper Development

- Purpose: Scoping, education and feedback gathering within mFHAST Domain
- Outline:
 - SMT Background
 - SMT Workflow
 - SMT Structures
 - Methods
 - Lit review
 - Environmental scan
 - Results & Discussion
 - Current domain of SMT interventions
 - Standards development implications

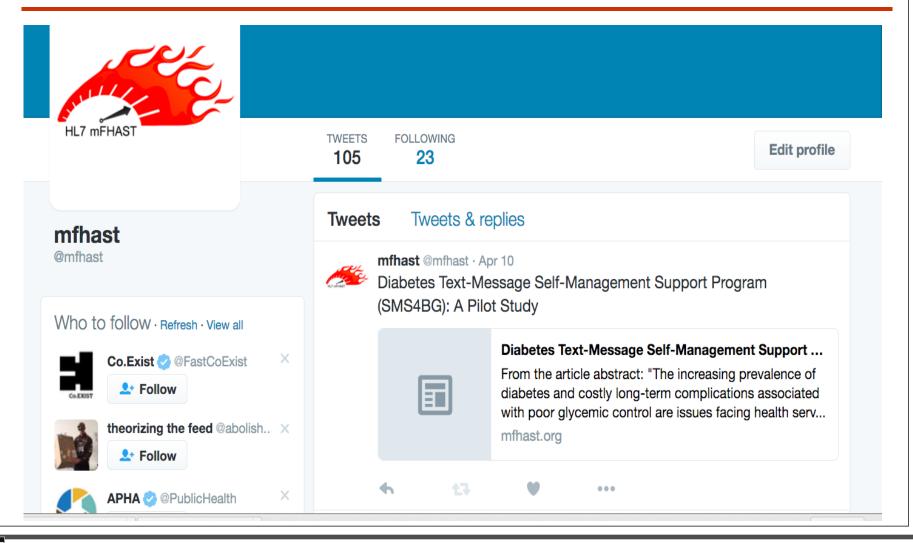
HL7 mFHAST Subgroup Preliminary Findings: Domain



mFHAST Preliminary Findings: Region



Healthcare Short-Message Technology Promotion & Dissemination



mFHAST Examples of Preliminary Implications

SMT Intervention findings suggest:

- Ability of targeted text messages to improve lifestyle decisions toward cardiovascular health
- Effectiveness of SMS mobile health methods for improving frontline health worker adherence to treatment guidelines
- Opportunity for text-message based reinforcement to increase effectiveness of a behavioral intervention (encouraging increased walking habits)
- Effectiveness of short messages for increasing adherence to malaria therapies
- Standards for insulin titration through SMS methods within underserved populations.

Short-message Barriers

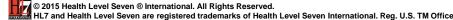
- Ad-hoc implementations
- Lack of interoperability
- Security/Privacy/Consent
- Limited Message size
- Stateless (reduced ability for threading of messages)
- Cost of message (although very cheap, can still be a barrier for LMICs depending on the region)
- Governmental and organizational policy and barriers

mFHAST Adoption Pathway of Inquiry

- What is the issue?
- What are the critical variables?(e.g., prioritization, response)
- What are the privacy/security/consent variables required?
- Who initiates/consumes/stores the message?
- What format/architectures are required?
- What are the temporal considerations?
- What are the limitations?

Short-Message Actors

- Healthcare Providers (at all levels)
- Business
- Organizations (e.g., Non-profit, NGOs)
- Governments
- People (Families, Peers, Public)
- Systems



mFHAST Communication Structures

- Coded Response
- Short codes (reference sets)
- Free Text
- Structured Response
- API Interactions & Transformations

mFHAST Future and Beyond

- Extreme remote (low-bandwidth) and boundary cases
 - Low density population areas
 - High Altitude populations
 - Oceanic and Space exploration
- Transmission speeds
 - Requirements when high throughput is paramount

mFHAST Project Timeline 2016

- Q1-Q2 2016: Environmental Scan,White paper development
- Q3 2016: Comment Only Ballot to be submitted
- Q4 2016: Ballot reconciliation
- Q1-Q3 2017: STU Development
- Q4 2017: STU Ballot to be submitted

Related and Associated Organizations & Projects

SDO/Organizations

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

Initiatives

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

Organizations

- US Centers for Disease Control
- U.S. ONCfor Health Information Technology
- World Health Organization
- United Nations Foundation
- USAID / UNICEF
- mHealth Alliance
- Johnson & Johnson
- Gates Foundation

Project / Contact Information

- Standing meetings Thursdays at 2 PM EST
- Project Site: http://mfhast.org/
- Project Lead:

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