Presentation of Current Approaches and Solutions

Expanding eConsent: Advance Care Planning in the 21st Century
Lightning Round - What to Expect

This will be a fast-moving session. Fasten your seatbelts!
1. Introduction (Ken Rubin)
2. BPM+ Presentation (Ben Cushing)
3. IOI/Trisotech Presentation (Denis Gagne)
4. Transition (Matt Rose)
5. Lightning Round presentations (about 5 minutes each)
Lightning Round
Rapid Review of eConsent and Advance Care Planning Case Studies

Ken Rubin
Executive Director
BPM+ Health

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Obtaining consent prior to surgery using business models

An Trisotech/IOI Collaboration

Dr. John Svibely, MD
Chief Medical Informatics Officer (CMIO),
jsvibely@Trisotech.com

Denis Gagne
Chief Executive Officer (CEO),
dgagne@Trisotech.com
Our Goals today is to Showcase:


2. BPM+ Health **Visual Process and Decision Models** as a way to capture guideline knowledge via the Trisotech Digital Enterprise Suite (DES)

3. A synthetic but realistic **Healthcare Ecosystem** via the Interoperability Land (IOL) from the Interoperability Institute (IOI)
“Cloudpletely” based on International Open Standards
BPM+ Guideline Models

Created by clinicians for clinicians

- The model is the guideline specification
- The model is the guideline logic
- The model is the guideline documentation
- The model is the guideline automation code

** A single visual Knowledge Artefact for clinicians and for automation
Demo Scenario

1. Evaluation of patient for a Total Knee Arthroplasty (TKA)
2. Obtain preauthorization
3. Obtain consent for surgery
4. Prehabilitation
5. Prep for the surgery

Unattended Service

Attended Service
TKA Preauthorization

**TKA preauthorization is an unattended workflow, it will straight through without human intervention.**
**Consent is an attended workflow, it will require human entries to move forward**

Consent Process diagram with the following steps:

1. Prepare for surgery
2. Check for Advance Directives
3. Query decision maker on ready to consent
4. Consent Signature
5. Proceed with surgery
6. Review and sign consent
7. Enter consent into medical record
8. Uncertain
9. Schedule information session
10. Procedure canceled
11. Cancel procedure

Each step is connected by decision points and process flows to illustrate the consent process workflow.
Demo
TRISOTECH DEMO SANDBOX EMULATES AN EHR
BPM+ MODELS CAN BE PUBLISHED AS SERVICES USING A SINGLE CLICK
VARIOUS SERVICE ENDPOINTS ARE GENERATED INCLUDING CDS HOOKS
CDS HOOKS END POINT CAN BE ADDED TO THE DEMO SANDBOX
**TKA preauthorization is an unattended workflow, so its run automatically**

**Patient not approved for TKA surgery, so consent workflow not triggered**
SWITCH TO A PATIENT APPROVED FOR TKA LEADS TO CONSENT WORKFLOW

** TKA surgery approved so Consent workflow is triggered
STEP TO THROUGH CONSENT WORKFLOW

Query decision maker on ready to consent

- Ready to consent: Yes
- Consent Signatory: Patient

Continue service

Review and sign consent

- Procedure Name: Total Knee Arthroplasty (TKA)
- Patient Name: Rose Reynolds
- Document Ref: Choose file, General Consent For Surgery.pdf

**Consent is an attended workflow, so entries are required**
CONSENT DOCUMENT NOW ADDED TO PATIENT AS A FHIR RESOURCE
Any questions?

THANKS!
SAAVHA Inc.

Dr. Mathew Rose
*SAAVHA Inc. Founder & CEO*
New Technology = Future Promise

BUT

Realization Requires Needs of

Regulation & Implementation

https://www.bpm-plus.org/healthcare-and-bpmn.htm
PACIO Project

Maria Moen
Use Case Lead
The PACIO Project employs a consensus-based approach to advance interoperable health data exchange between post-acute care (PAC) and other providers, patients, and key stakeholders across health care to promote health data exchange in collaboration with policy makers, standards organizations, and industry.

- PACIO Leadership is made up of CMS, ONC, and MITRE.
- The PACIO Community is comprised of industry experts, trade associations, EMR developers, innovators, and thought leaders.

January 2021 HL7 Connectathon: PACIO Systems Design Related to the Interoperable Exchange of ADI w/FHIR
Touchstone Life Care

Dr. Merran Cooper
CEO
70% of Australians don't have an ACP

**Doubt**

↓

**Delay**

↓

**Inefficiency**

**PATIENTS & FAMILIES**

- Treatment is delayed.
- Patients suffer more and for longer.
- Families forced into difficult decisions.

**GOVERNMENT & INSURERS**

- Waste of resources
- > $A 153.1 million pa

**AGED CARE PROVIDERS**

- Lack systems and products

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1. Prevalence report
FHIR econsent

David Pyke
Director, Strategic Consulting
Senior Standards and Interoperability Architect
FHIR Consent is part of the core Fast Health Interoperability Resources specification created and managed by HL7.

The FHIR Consent Resource was added to the FHIR Specification for STU3 to manage interoperability of patient consent for information sharing.
- Expanded in R4 for treatment, research and DNR or other treatment based directives

Uses a complex model that allows for indicating all related parties, overarching policy and nested exceptions

A project within the HL7 Patient Engagement Workgroup to handle Directives beyond treatment, such as: personal advance care plan, portable medical order (POLST, MOLST, etc.), living wills, etc.

The largest issue has been to get an appropriate model that can be used internationally and adapted to local systems. For the draft R5 version, see http://build.fhir.org/consent.html
Pat Russell, MSN, RN, PMP
*eHealth Exchange Director*
What is eHealth Exchange?

A health data-sharing network providing a single connection to the country!

- Facilitates electronic exchange of patients’ medical information, including advance care plans
- Improves the speed, quality, safety, and cost of patient care
- Informs clinical decisions when seconds and minutes matter
ADVault

Mike Munoz
Director of Product Management
The Conversation Project

Kate DeBartolo
Helping people share their wishes for care through the end of life.
US Living Will Registry

Joseph T. Barmakian, MD
Founder and C.O.O.
U.S. Advance Care Plan Registry

Powered by U.S. Living Will Registry®

JOSEPH T. BARMAKIAN, MD
Founder and C.O.O.
Vynca

Michael Kersten
Director of Client Success
Vynca’s Impact on Hospital Utilization and Place of Death

**BACKGROUND**
- Oregon death data
- Acute and ambulatory

**STUDY**
- Reviewed one year of data (2018)
- 3,029 decedents 65 years and older
  - 1,754 (57.2%) had a POLST in Vynca
  - 1,275 (42.8%) had no POLST
- Natural deaths only
- Patients affiliated with health system (per ADT feed)
- POLSTs created by health system or uploaded at Oregon POLST Registry (>98% confidence match)

**Impact on Place of Death: Scanned vs Digitally Created POLST**
- 13% higher home deaths
- 62% higher hospice facility deaths
- 29% lower hospital deaths

**Impact on Place of Death: POLST vs no POLST**
- 75% lower in-hospital deaths
- 53% Higher hospice facility deaths

**Impact on Hospital Utilization: Last 30 Days of Life**
- 31% less bed days
- 25% less hospital admissions
- 25% less ED visits
- $3,337 per person savings
HL7 econsent

Jerry Goodnough
Engineering, Platform Architecture and Product Solutions

Lorraine Constable
Standards Architect
HL7 Consent Management Service Functional Model

• Sponsored by HL7 Service Oriented Architecture Group
  • Develop Conceptual and Logical Service Model for Consent Management
  • Integrate Consent Decision support into an orchestrated process that encompasses multiple content types over a broad set of use cases

• Participation by
  • ONC Leap Grant Consent Pilot, Telstra Health in Australia, Other US and international participants

• In Scope
  • Consent Decision, Consent Discovery, Consent Enforcement

• Current Status
  • Balloted as STU in January Cycle; Reconciliation underway

Project at: https://confluence.hl7.org/display/SOA/Consent+Management+Service+Project