

# State of the Healthcare API Economy

An Innovation Forum Session

**Session 217, February 14, 2019** 

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# **Today's Speakers**



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## **Conflict of Interest**

### **Grahame Grieve**

Has no real or apparent conflicts of interest to report.

### Rasu B. Shrestha, MD, MBA

Has no real or apparent conflicts of interest to report.

### Santosh Mohan, MMCi, CPHIMS, FHIMSS

Has no real or apparent conflicts of interest to report.



# **Learning Objectives**

- Discuss the value of open APIs and networks and review the opportunities and challenges represented by them
- Explore need to build future API touch-points that can allow tighter workflow integration and a more open ecosystem of applications
- Identify sustainable approaches and examine a maturity model with essential, nice to have, and future need capabilities to nurture and scale API-led innovation
- Describe critical issues facing health innovation developers and identify ways to foster a thriving ecosystem of partners



### **Acknowledgements**

### **Allscripts**

Chicago, IL

### **The Argonaut Project Community**

#### athenahealth

Watertown, MA
Michael Palantoni
Executive Director, Platform Strategy and Operations
Hunter Johnstone
Associate, Platform Strategy and Operations

### CareJourney

Arlington, VA

### **Cerner Corporation**

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#### **Chilmark Research**

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### **Epic Systems**

Verona, WI

### **Health Level Seven International**

Ann Arbor, MI

### **Jefferson Health**

Philadelphia, PA

#### Redox

Madison, WI

#### **Rush University Medical Center**

Chicago, IL

### The Health Care Blog

San Rafael, CA Matthew Holt Founder & Publisher

### **Trinity Health**

Livonia, MI

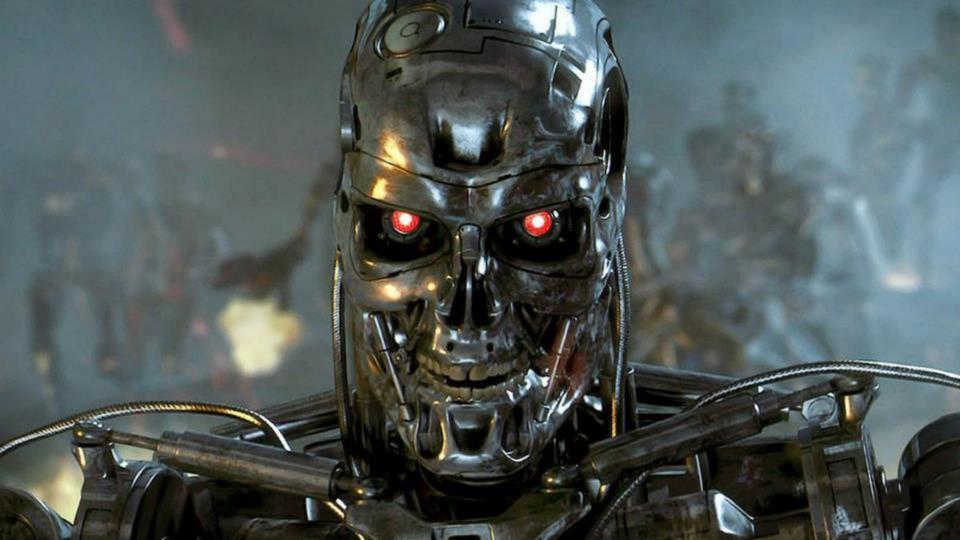
### **VCU Health**

Richmond, VA

#### Xealth

Seattle, WA

# APIs are the future of healthcare.





# **Forbes**

34,973 views | Jan 29, 2017, 09:37pm

# 2017 Is Quickly Becoming The Year Of The API Economy



Louis Columbus Contributor (i)



# **Application Programming Interface**





business models

+

business channels

+

secure access

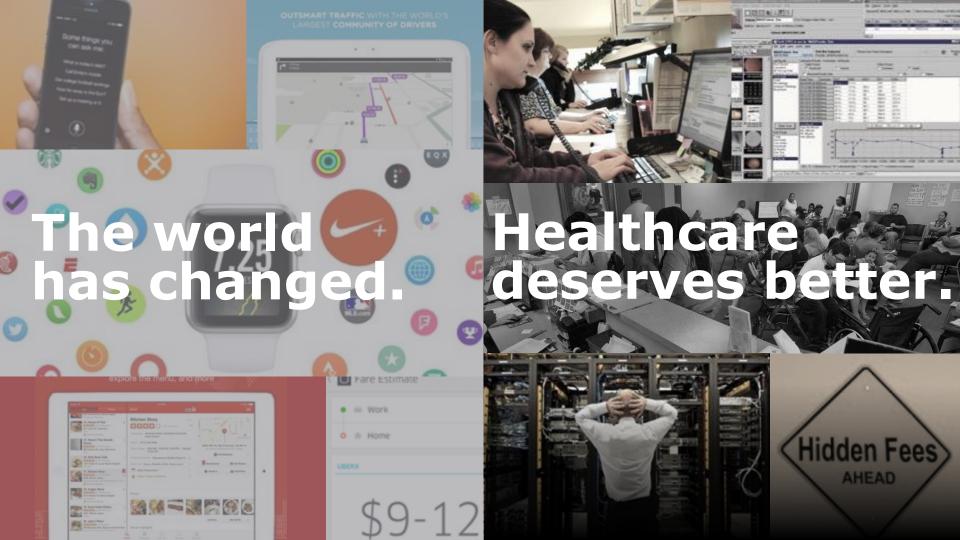
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exchange of data

**API Economy** 

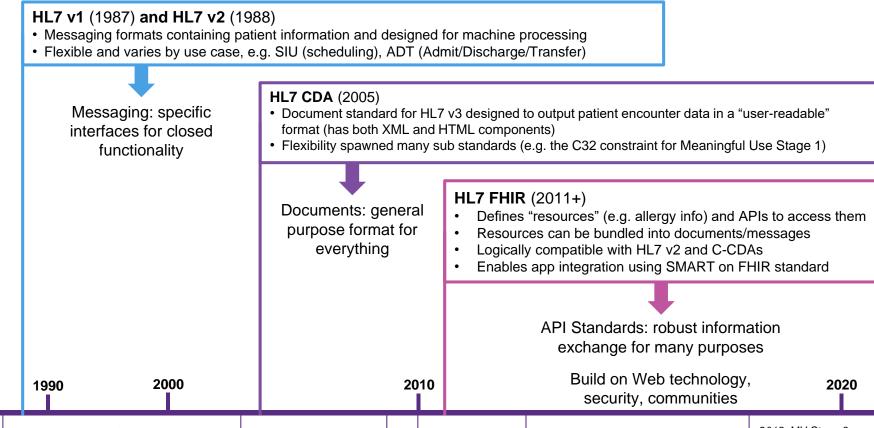








### APIs are the latest in a long road to healthcare interoperability



1987: First meeting of HL7

1980

2004: Office of the National Coordinator (ONC) created

2010: MU Stage 1 2009: HITECH Act passed

2012: MU Stage 2 2018: MU Stage 3 mandatory for all providers



### **APIs drive costs down**



Stable / robust information handling techniques

Wide availability of developers, Libraries

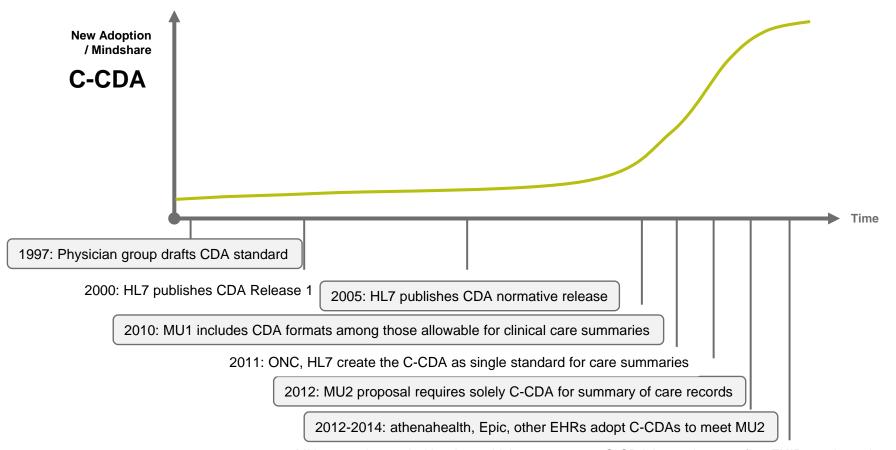
Deep debugging / testing frameworks

Re-use existing security approaches and arrangements

Proven solid methods of developing communities

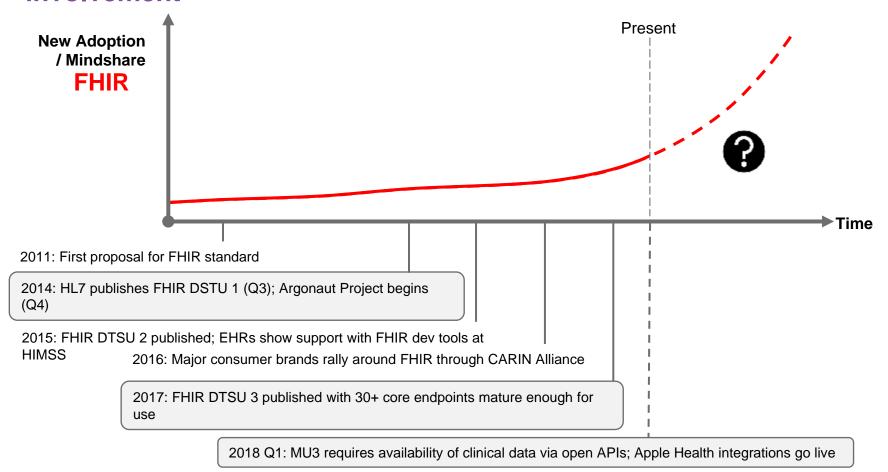
# But... Health is still hard!

# Entrenchment has historically required time, critical mass, and gov't involvement



2014: MU2 reporting period begins; criticism mounts on C-CDA inconsistency; first FHIR version released

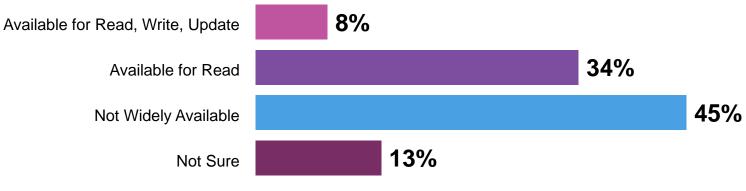
# Entrenchment has historically required time, critical mass, and gov't involvement





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# How available would you say the FHIR standard is these days?









# **FHIR Goals were always economic**

- Interoperability is about economics (cost shifting)
- Develop a general purpose healthcare API standard
- Use PHR as an exemplar for economic impact
  - TCO for Personal Health Repository: \$150k is not a sustainable cost
  - Develop PHR specification (Argonaut)
  - Goal: 90% reduction in TCO probably achieved

### **Applications of open APIs and FHIR**



### **Personal Health Managers**

 Apps that pull in clinical data from EHRs, health apps, and medical devices/wearables (e.g. Apple Health)



### **Application Extensibility**

Patient- or provider-facing apps that access clinical data to/from an EHRs & provide new services



### **Health Care Process Improvements**

- Integration of new workflows between provider and payor
- Seamless transitions of care on an ongoing basis



### **Data Analytics & Reporting**

- Granular access to clinical data across EHRs (e.g. for pop. health, payers)
- Easily building Clinical Data Repositories



### **FHIR Based Applications**

Build entire applications from scratch using FHIR as internal API

## FHIR has all the characteristics of a nextgeneration standard

Sample C-CDA: Summary of Care 931 lines

### **Positives**

- Access to relevant, granular data vs. large, redundant flat files
- Mobile-friendly
- Standard access to data elements across EHRs
- Uses familiar web standards (XML, JSON, HTTP, SSL, OAuth 2.0)
- Internal standardization for multiple products/workflows
- Backwards compatible (e.g. FHIR resources can be compiled into C-CDAs)
- Open source libraries (e.g. HAPI-FHIR, SMART on FHIR)

### **Negatives**

• Standardization is not yet complete

FHIR adoption still low and standard not fully mature

Sample FHIR Resource: Medication Order

63 lines





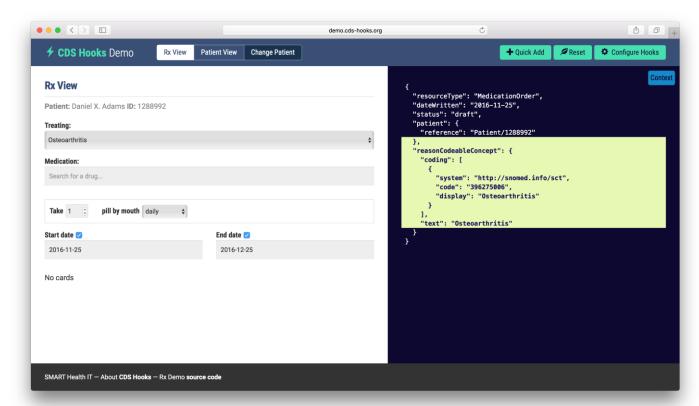
### **Limits of FHIR**

- HL7 standardizes exchanges
  - ~1000 vendors understand how standards work
  - Highly configurable systems - limit what can be standardized

- The dream: fully standardized content
  - Requires consistent configuration, work practices
  - ~100,000k care providers, no(?) interest in standards



# CDS Hooks aims to give external services a way to plug into the EHR

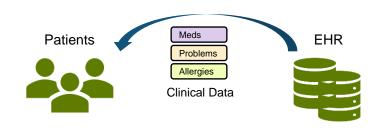


# Consumer-driven exchange may expedite adoption of a shared standard

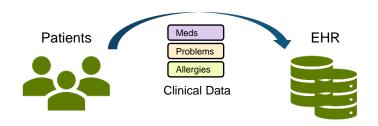
### **Consumer Access**

### **Consumer Initiated Exchange**

Mobile health apps that send data to EHRs/clinical research, such as Apple Health and Sync for Science



- Apple Health uses FHIR to import clinical data from EHRs of select providers
- iBlueButton uses Direct on FHIR to access health data through government payers
- WebMD Health Manager (and related apps) access a patient's clinical data through an employer in C-CDA format



### Consumers also drive interoperability through:

- <u>Consumer-directed exchange</u> (CDEx) of clinical data between EHRs at a patient's request
- Personal health records (PHRs) like Apple Health, Microsoft
  HealthVault, and Google Fit aggregate data from fitness, diet, and
  disease management apps (and now vying for EHR data as well)

"We share the common quest to unlock the potential in healthcare data, to deliver better outcomes at lower costs. Open standards, open specifications, and open source tools are essential to facilitate frictionless data exchange. This requires a variety of technical strategies and ongoing collaboration for the industry to converge and embrace emerging standards for healthcare data



Available at: https://cloudblogs.microsoft.com/industry-blog/health/2018/08/13/microsoft-amazon-google-and-ibm-issue-joint-st

### Large consumer brands are becoming a driving force behind FHIR

Brand	Initiatives
Apple	FHIR implementation in Apple Health as part of iOS 11.3  Member of Argonaut Project and CARIN Alliance
Google	Google Cloud for Healthcare includes Cloud Healthcare API for developers; supports FHIR Provides API layers for health system data via Apigee; supports FHIR Partnered with HL7 FHIR Foundation and member of CARIN Alliance
Microsoft	Published HL7 FHIR on Azure guide for implementation of FHIR-based servers Ongoing project creating a FHIR library for Microsoft HealthVault mobile app
23andMe	Subject of proof of concept using FHIR for reading/writing genomics data to/from EHRs Member of CARIN Alliance
Verizon	Member of CARIN Alliance advocating secure PHI transfer using FHIR and OAUTH 2.0
IBM	IBM Watson Platform for Health supports access and analysis of data via FHIR endpoints Member of HL7 Partners in Interoperability & HL7 FHIR Applications Roundtable

# So where are we now?

# CMS EHR Incentive Program: Meaningful Use Stage 3 (MU3)

"Any application chosen by a patient would enable the patient to gain access to their individual health information provided that the application is configured to meet the technical specifications of the API.

Providers may not prohibit patients from using any application, including third-party applications, which meet the technical specifications of the API, including the security requirements of the API."

Center for Medicare & Medicaid Services, "Medicaid EHR
 Incentive Program Stage 3 - Patient Electronic Access to Health
 Information"

Note: For 2019 and beyond, "MU3 – Patient Electronic Access to Health Information" becomes "Promoting Interoperability Programs – Provider to Patient Exchange"

### 21st Century Cures Act: Trusted Exchange Framework (TEFCA)

- Proposes nationwide HIE to be managed by a single Recognized Coordinating Entity (RCE)
  - Participation is voluntary
  - RCE to be chosen via competitive bidding, must have history of "multi-stakeholder collaborations and implementing governing principles"
  - RCE will add provisions and technical requirements (with ONC approval) to cover unaddressed policies
- TEFCA requires qualified entities (i.e. EHRs) to:
  - ...use a MPI, record locator, and query service
  - ...be participant neutral (not withhold data)
  - ...meet standard core data classes
- Recommends use of ISA standards: C-CDA, HL7 v2 messaging, FHIR
- Data Blocking New rules Proposed this week!

Source: Monica, K. (2018). APIs, TEFCA Expected to Boost EHR Interoperability Industry-Wide. [online] EHRIntelligence. Available at: https://ehrintelligence.com/news/apis-tefca-expected-to-boost-ehr-interoperability-industry-wide [Accessed 8 Feb. 2019].



Seeing the EHR as a platform.

# Leading EHRs have all enabled some API integration (including FHIR)...



- 15+ FHIR resources (DTSU2); proprietary APIs for other use cases
- App integrations available through Allscripts Developer Program, including SMART on FHIR
   API docs and sandbox publicly available through Allscripts Developer Program: <a href="developer:allscripts.com">developer:allscripts.com</a>



- 20+ FHIR resources (DTSU2); proprietary APIs for other use cases including pop. health
- App integrations available through MDP, including SMART on FHIR
- Member of the HL7 Argonaut Project; FHIR integration with Apple Health
- API docs and sandbox publicly available on athenahealth Developer Portal: developer.athenahealth.com



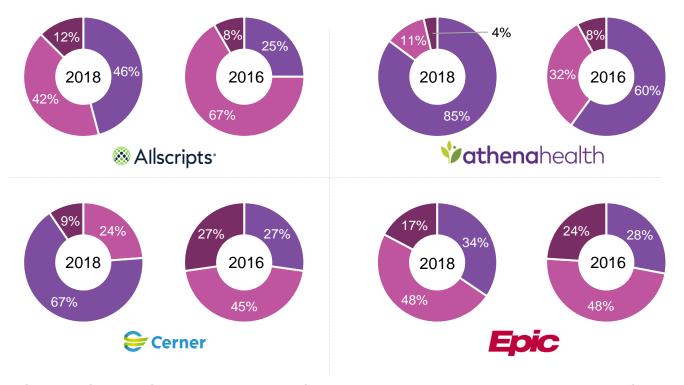
- 25+ FHIR resources; proprietary APIs for other use cases including pop. health
- All new app integrations through SMART on FHIR (legacy apps may still use proprietary APIs)
- Member of the HL7 Argonaut Project; FHIR integration with Apple Health
- API docs and sandbox publicly available on Cerner | CODE: <a href="code.cerner.com">code.cerner.com</a>



- 20+ FHIR resources (DTSU2); proprietary APIs for other use cases
- App integrations available through App Orchard, including SMART on FHIR
- Member of the HL7 Argonaut Project; FHIR integration with Apple Health
- API docs and sandbox publicly available on open.epic: <u>open.epic.com</u>

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### In general, the big 4's APIs are getting better



■ High technical quality, relatively easy to work with ■ Not great, but workable ■ Poorly designed APIs

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IP-IU

### Rise of the app stores of the EHRs



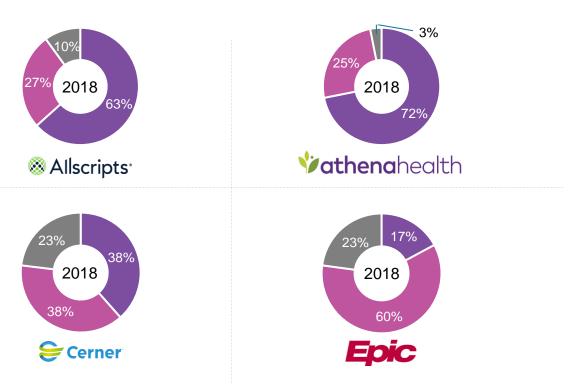


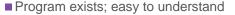




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# **Big 4 becoming much better partners**





<sup>■</sup> Program exists; easy to understand ■ Program exists; enrolling somewhat complicated ■ Non-existent programs; difficult to enroll



# App stores enable a nascent ecosystem for apps using these APIs



**110** apps

**Cerner** code

28 apps



**225** apps



**117 apps** 



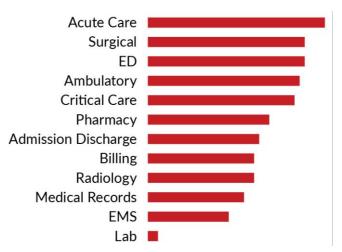
#### Relative availability of apps by use case



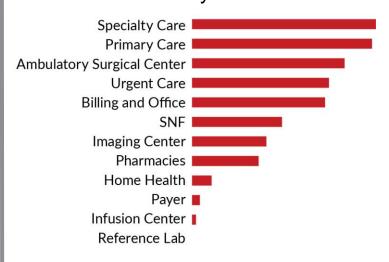


## Across care venues, hospitals and physician offices have the most apprepresentation

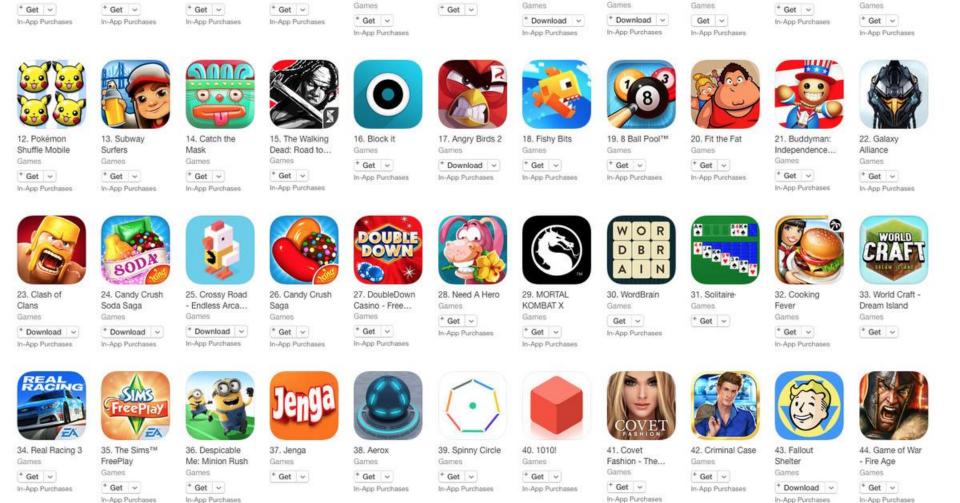
#### Relative Availability of Apps in Hospital Venues



#### Relative Availability of Apps in Community Venues







- Engless Arca...

Ninja Nick 2

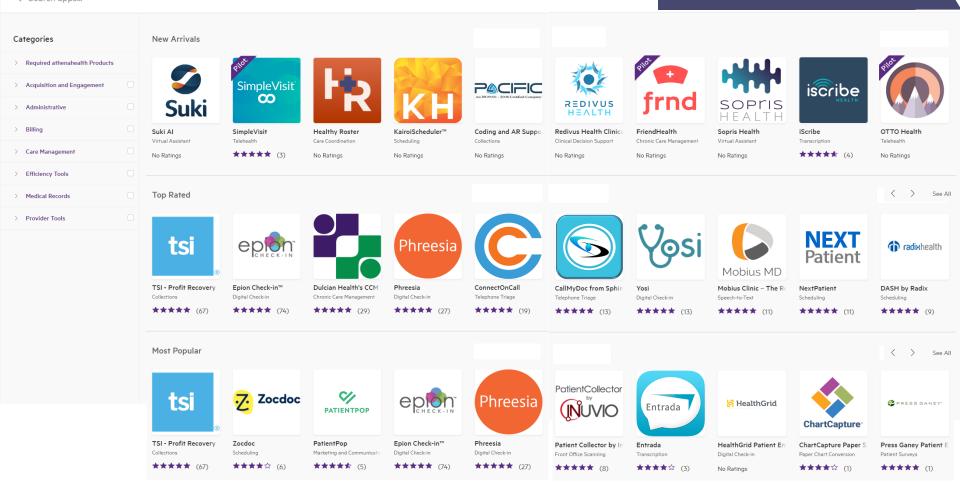
rootball

With Budgles

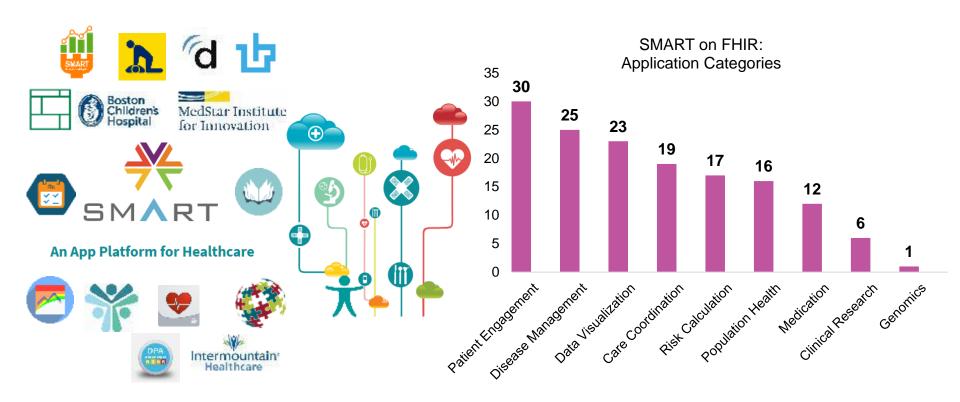


<del>Vathena</del>health marketplace

Q Search apps...



#### 65+ apps in SMART App Gallery



#### **Benefits of app stores**



Eliminate RFP process



Agile pilots – try before you buy



Cut down integration costs and implementation time



Lower investment and risk



Filter signal from noise – glean from peer reviews and best practices



Shopping experience – choice of similar functionality within category

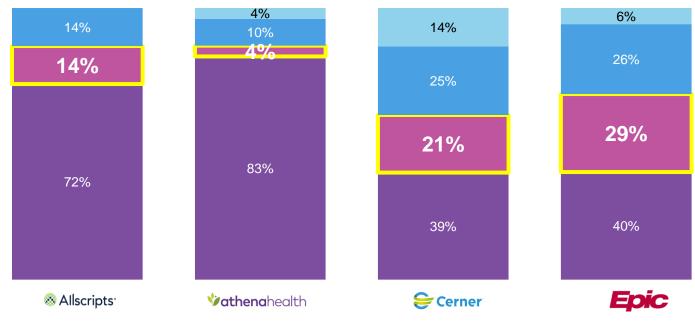
## Hurdles on the track to substitutable apps

- Thousands of software developers need more confidence to invest in this technology
- Physicians need to "remember" to launch an app at the right point during a workflow
- Apps are more focused on read than write
- There is variation in business rules for connecting apps
- There is variation in API implementations

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#### Use of 3<sup>rd</sup> party integrators growing

#### Data access method, the big 4 compared in 2018



<sup>■</sup> Accessed Vendor API

44

<sup>■</sup> Used Batch or Non-API Data Exchange

Used 3rd Party Integration EngineUsed Direct or Other Protocol



#### Rise of the "API Connectors"

















## Providers and the API economy























#### OUR ROOTS DATE BACK TO A HUMBLE BEGINNING.

In 1940, we opened our doors as Charlotte Memorial Hospital.

Over the years, our mission to care **for all** has remained the same.

But our reach, our scope and even our name have changed.



#### **Atrium Health**

- Headquartered in Charlotte, North Carolina
- 50+ hospitals in North Carolina, South Carolina and Georgia
- 8 Nationally Ranked Clinical Programs
- **3,000**+ physicians
- **16,000**+ nurses
- **65,000**+ teammates
- 7<sup>th</sup> largest Medical Group in the U.S.
- 12 million patient interactions each year
- \$2.03 billion each year in uncompensated care and other community benefits









A PLACE FILLED WITH LIGHT.
WHERE EACH AND EVERY HEARTBEAT BEGINS.
WHERE CONNECTIONS ARE MADE –
BRINGING HEALTH, HOPE AND HEALING FOR ALL.



## HEALTH HOPE HEALING

FOR ALL





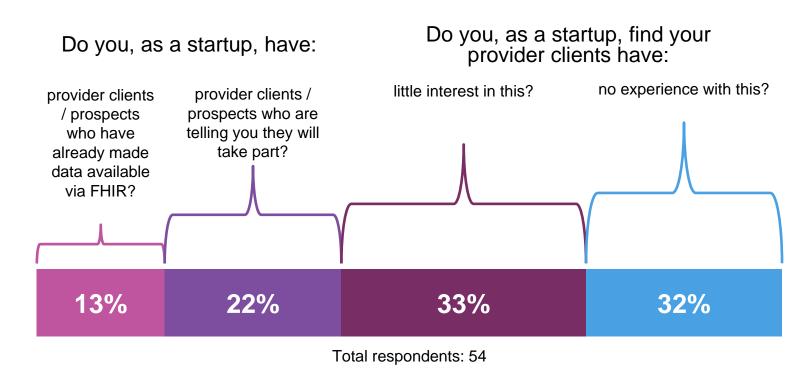






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#### Providers may be the biggest hurdle







#### Why should providers do this?

#### Modern software development and deployment ideas are knocking on HCO doors

- Cloud deployment, agile development, social/mobile, microservices, REST/JSON, NoSQL databases have changed IT
- APIs are revenue source for many companies in many industries

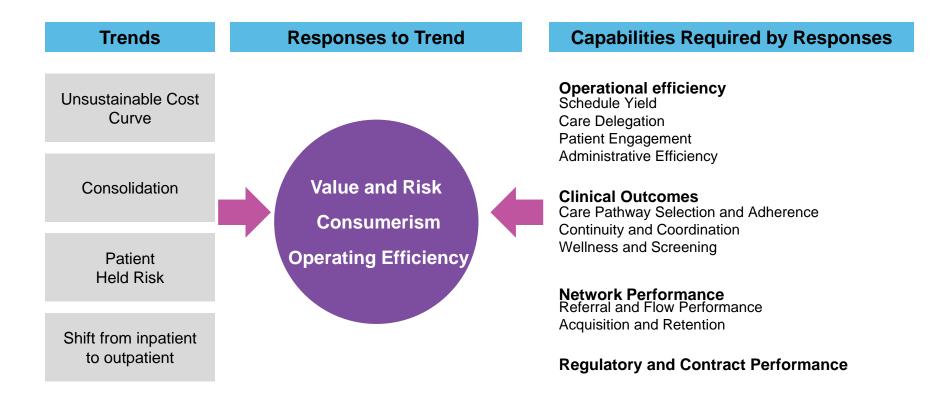
#### New models of care need:

- Broader distribution of clinical expertise
- Delivery in lower cost venues and in different channels

#### Opportunities to reduce inefficiencies

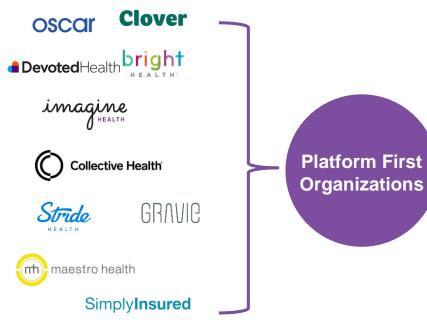
- Reusable clinical alerts, quality metrics
- New approaches to care coordination

#### As providers, payers, and patients react to these forces, data and analytics become a daily need of most medical practices



#### **Disruptive Care Delivery Organizations**





**Provider Services** 

**Payer Services** 



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#### Open data models will help you to...



Foster a culture of innovation

Respond with agility to market demands



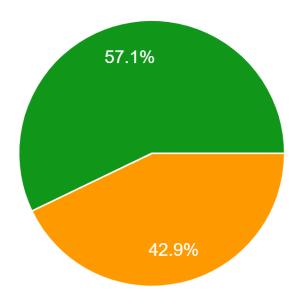
Be flexible in vendor choice







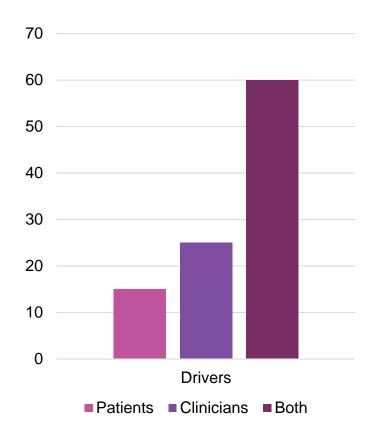
## Are you actively utilizing/working on utilizing APIs in any of your applications?



- No APIs
- Thinking about utilizing APIs
- Actively working on utilizing APIs
- Have APIs live in production

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#### Is the demand and usage of API-based apps being driven mainly by patients or clinicians?



#### What are your pioneer API-based applications?

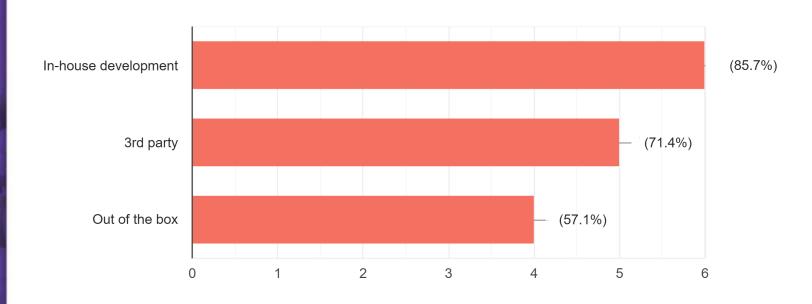
- We have several in the works, including integration with Amazon's Alexa.
- Apple Health, Video Visit
- Apps, claims, health insurance
- Apple Health / Visual Dx / a Cerner developed one for heart risk
- Find a Doc, JeffDocs, myJeffHealth, and more internal apps. Epic, ECW, AllScripts, Cerner, etc. as external apps.
- all epic related. IoT
- Medical Year in Review





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### For any work you're doing on APIs, is this:







## Who is paying for apps and what cost considerations (if any) are driving your efforts?

The business models are still being worked out. Definitely an area of focus.

Health system

The health system

Using the free ones currently

We have our own budget and cost has so far not been an issue as we do a lot of internal development at lower cost.

our organization

ACOs



## Which of your existing data sources will be most valuable for API-driven applications?

Freeing the clinical data and allowing patients to actively engage and interact.

EMR's and Data Warehouse

Research

EMR (Millenium)

EMRs, Data Warehouse, Clinical Intelligence Systems, ERP, Supply Chain, IoT systems, Building Automation Systems, Messaging Systems, Workflow Systems, BPM tools, etc.

all things clinical

Claims and Clinical



## What role does your IT department play with API-based applications? What are some essential skill sets and processes to build into the IT department?

IT helps manage day to day operations, which is critical. Would be great to have IT interact more with developers and the startup ecosystem.

Define the API design patterns, security, monitoring, Mobile developers

We build and get it approved

We don't possess yet

The Digital Group I founded does most of the API-based application work and development. You need software developers, data scientists, and designers.

drivers of API. Previous API experience helpful. We leverage Agile for DevOps

IT maintains the API server.



## Do you have specific governance around APIs? Please explain your model.

This is an area of opportunity. Currently, governance around APIs is tied to overall governance around access to data and resources within the org.

Enterprise Architecture team - Facilitates the Architecture Review Board

Yes cybersecurity and value for the institution

We don't - but models I've seen presented previously were similar to how a P&T committee does its work (ie - show us the evidence, cost, etc. etc.) I could probably dig up the presentation - it was given at AMDIS 2 or 3 years ago

Yes. We have data governance around APIs.

Follow Agile and ITSM processes but fairly open

Yes. Governance is needed to ensure that as APIs evolve they do not impacting other applications





## What's the one thing you'd want your EMR vendor to do more of around APIs?

Make available more FHIR based resources with dev toolkits etc.

Support Bulk Access to data vs.1:1

FHIR server at least first 30 resources read and write

Go faster, make the tie ins on their end infinitely faster

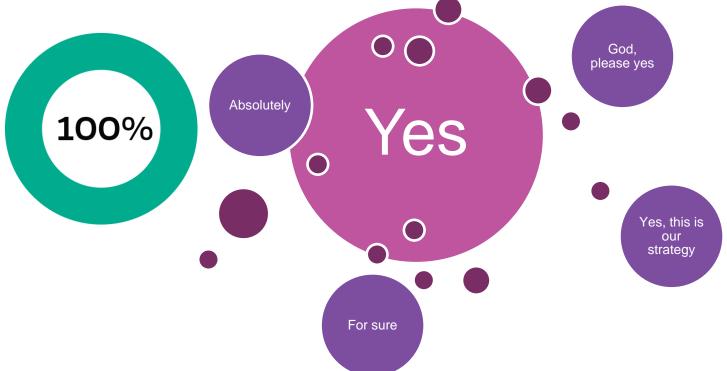
Actually create useful aggregated conduits.

increased openness, not limited to what they are comfortable with but all the data sources we require

Expose more of the patient record



Can open APIs and an app-based ecosystem accelerate your organization's response to changing market dynamics?





#### **Provider action items**

Press EHR vendors – "Coalition of the willing"

Upgrade your EHR and integration technology platforms to versions that support FHIR

Begin API governance discussions

Concentrate on EHR UX issues before functional enhancements

Plan your first FHIR projects based on vendor and staff readiness

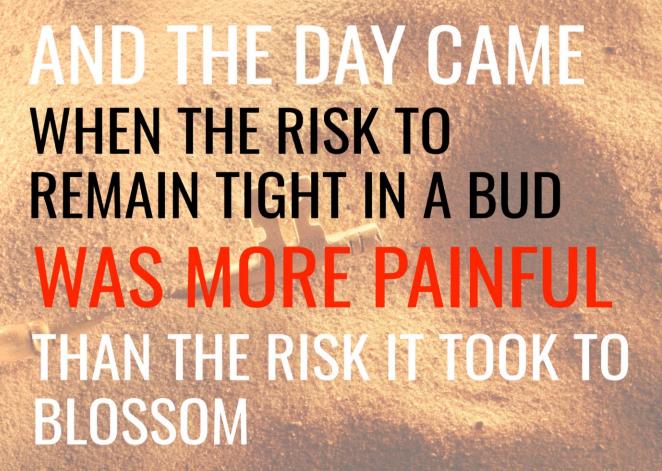
Encourage your integration and technology teams to experiment with the technologies underlying FHIR, including JSON and RESTful APIs

Educate key interface and application development staff on FHIR essentials









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#### **Q&A** and Contact Information



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