# **Use Case Summary: Request Community Based Follow-Up**

The *Community Based Follow-up* use case allows any system to make requests to a CHIS for patient follow-up. A common implementation is for Lost to Follow-Up whereby a clinic generates a list of patients who have missed appointments for follow-up through CHIS. During the follow-up, Community Health Workers (CHW) encourage the identified patients to attend their appointments and seek to understand the reason for non-attendance. The follow-up process may involve a CHW physically going to find the patient or reaching out through other communication protocols such as phone call or SMS.

#### **Useful Links**

- Interoperability workflows that add value to community health organizations
- · Real world use cases that many of the CHIS' have already implemented

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### **Definitions**

- 1. Requesting System: Any system that wants a CHW to find and follow-up a patient. The requesting system will often be an EMR like OpenMRS
- CHIS: A Community Health Information System is an information system that supports the routine and emergency health care of a patient population within community contexts in defined geographic areas.
- 3. CHW: Community Health Workers are the central users of CHIS. CHWs conduct household visits and are responsible for the health of their community.
- 4. SHR: Shared Health Record is a centralized data repository for storing patient's shared health record.

#### **Flows**

#### Workflow Overview

From a very high level perspective, the workflow is designed around having the Requesting System determine which patients need to be followed-up with and a CHW trying to find the patient and recording the outcome of their attempt(s).

- 1. Requesting System Determine patients needing follow-up
- 2. Requesting System Sends list of patients
- 3. CHIS Gives notification for patients requiring follow-up
- 4. CHW Finds patient and records the follow-up outcome
- 5. CHW Syncs results captured on CHIS
- 6. CHIS Updated with follow-up outcome

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#### Data Flow (High Level)

The flow is centered around the use of the FHIR "ServiceRequest" resource to initiate follow-ups in the community.

- 1. Requesting system determines which patients need follow-up
- 2. Requesting system creates a ServiceRequest for each patient and sends the ServiceRequest to HIE
- 3. CHIS queries the HIE to determine if there are any patients to be followed-up
- 4. Requesting system returns results of CHIS' query
- 5. CHIS determines whether or not to claim the service request
- 6. CHIS "claims" the ServiceRequest to confirm that they will be following up a patient

- CHIS alerts the appropriate CHW with finding and advising the patient through a task
   a. This step is detailed below Data Flow (CHIS / CHW Process)
- 8. CHIS records the results of the CHW's efforts
- 9. CHIS updates the ServiceRequest
- 10. Requesting system receives update
- 11. Requesting system updates itself accordingly

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### Data Flow (demonstration)

This video provides a demonstration of a CHIS fetching a service request in FHIR format (steps 3-9 outlined above).

This video goes through how to configure an application with FHIR resources (specifically for CommCare)

### Data Flow (CHIS / CHW Process)

The diagram below illustrates the data flow between the SHR / FHIR Server and CHISs.

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#### **Draft Indicators**

Based on the high level workflow mentioned above, the list of transactional indicators are below:

- 1. Count of ServiceRequests Created
- 2. Count of ServiceRequests Completed
- 3. Count of ServiceRequests Completed with Outcome of X
- 4. Count of ServiceRequests Completed with Outcome of Y
- 5. Average Time from Created to Claimed
- 6. Average Time from Claimed to Completed
- 7. Average Time from Created to Completed

The ultimate goal of these follow-ups is that the patient returns to care. One of the most important indicators to track is % of patients that have returned to care.

# **Key FHIR Resources**

The essential resources for this workflow were created and profiled with minimal fields/concepts and provide only a high level structure to get prototype the workflow. As the results of the Delphi Study become available, these can be profiled in more detail.

| Description    | Structure Definition                    | Samples   |
|----------------|---|---|
| Patient        | Patient.StructureDefinition.json        | patient_cht.fhir.json,patient_openSRP.fhir.json     |
| ServiceRequest | ServiceRequest.StructureDefinition.json | service_request.fhir.json                           |
| Encounter      | Encounter.StructureDefinition.json      | encounter_cht.fhir.json,encounter_openSRP.fhir.json |

#### **Useful Links**

• High level list of FHIR resources that are important for CHIS interoperability.

### Reference Architecture

The proof of concept uses the Instant OpenHIE architecture interacting with multiple CHIS (CommCare, OpenSRP, and CHT).

The current setup includes the following components.

- 1. OpenHIM Admin Console
- 2. OpenHIM
- 3. HAPI FHIR
- 4. CHIS

#### **Useful Links**

- Detailed technical information about the shared infrastructure used by the TWG
- High level architecture considerations
- Review of technical interoperability modifications to existing CHIS



## **Known Limitations**

This proof of concept use case was explored to learn about a number of things among others:

- 1. OpenHIE tooling
- 2. What modifications are required for CHIS' sharing data
  3. Gain experience with FHIR
- 4. Gain experience with Instant OpenHIE

Hence there are more explorations to be made.