

# 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](#)
2. **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

7. 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	<a href="#">Patient.StructureDefinition.json</a>	<a href="#">patient_cht.fhir.json</a> , <a href="#">patient_openSRP.fhir.json</a>
ServiceRequest	<a href="#">ServiceRequest.StructureDefinition.json</a>	<a href="#">service_request.fhir.json</a>
Encounter	<a href="#">Encounter.StructureDefinition.json</a>	<a href="#">encounter_cht.fhir.json</a> , <a href="#">encounter_openSRP.fhir.json</a>

### Useful Links

- [High level list of FHIR resources that are important for CHIS interoperability.](#)

## Reference Architecture

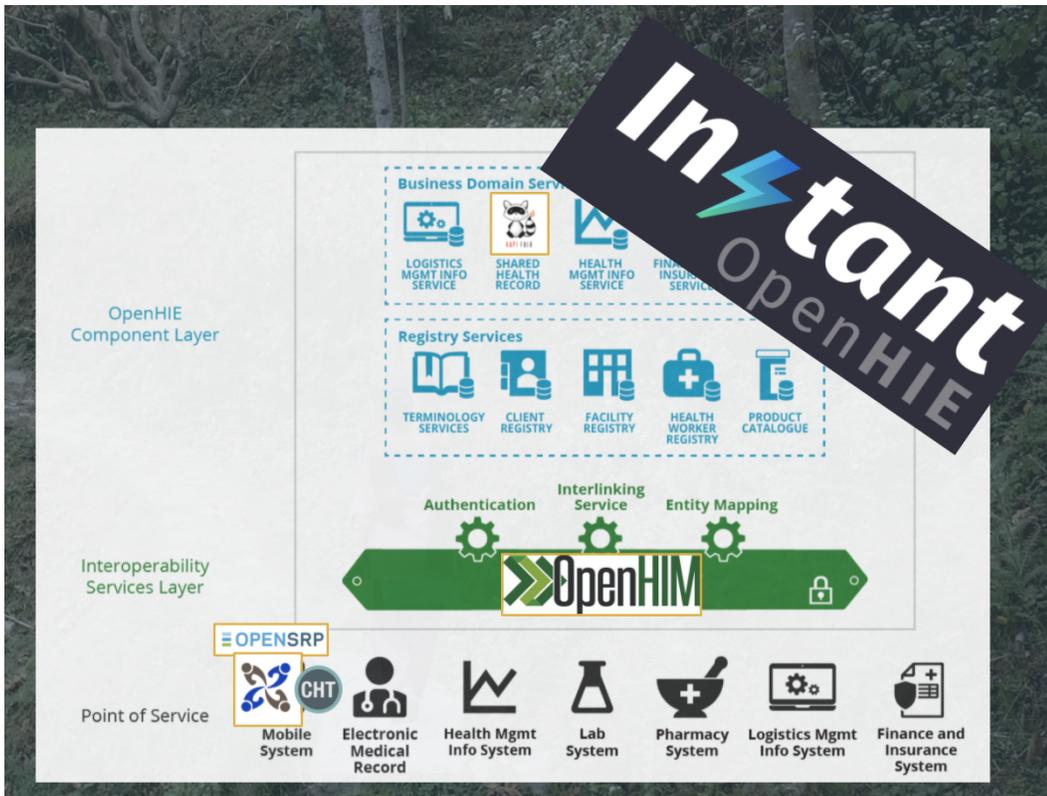
The proof of concept uses the [Instant OpenHIE architecture](#) interacting with multiple CHIS (CommCare, OpenSRP, and CHT).

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.