

## Migrating Clinical Knowledge Artifacts to FHIR

Navigating gaps between structured clinical decision support artifacts representations and real-world implementations.

## Today's presentation



VHA office of Knowledge Based Systems (KBS) has created a library of semi-structured and structured clinical decision support (CDS) knowledge artifacts for prior HIT initiatives using a combination of lesser-used standards and local conventions. We are piloting migration of a small set of the existing artifacts into native, executable FHIR representations and CQL libraries, aiming to reduce complexity of integration into VA's new, standards-based CDS systems.



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Statements are solely opinions of the speaker and not representative of other authors, entities, or affiliates.

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### **Environment Driving Factors**

- Multiple EHRs can exponentially increase complexity
- Cost reduction in heterogeneous infrastructure implies conventions and automation
- Measuring value of care, e.g. digital quality measures (dQM)
- Identifier gaps in care
- Agility to contracting and vendor changes, national priorities

# More Value of CDS Beyond "5 Rights"

- Reproducibility of actionable knowledge
  - → standards and interoperability
- Lower time-to-value
  - ✓ dependency pre-coordination
- Local burden reduction
  - ∨ centralized SME stewardship
- Investment longevity
  - ▶ better tooling and migration resources

### Gaps in moving to FHIR

#### XML KNARTS

- Standard for Documentation Templates, Order Sets, and ECA Rules
- Includes basic, general metadata for citations, evidence, contributors
- Standard not adopted in practice
- No known runtime implementations
- "Composite" and related artifacts not fully baked.
- Data retrieval and collection logic structured, but effectively VA-specific data model

#### FHIR & CQL

- FHIR Questionnaire and PlanDefinition
- Structured Data Capture (SDC)
   Implementation Guide (IG)
- CQL general patient and population logic
- "Citation" resource in FHIR R4B+.
- Advanced "Evidence" representation IG based on R6.
- CQL generally only available in R4 in practice
- CQL with FHIR IG uses R4.

```
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                            </code>
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                    </item>
                        codes
722 V
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                            </code>
                        </codes>
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```

Data queries like this are well suited for CQL because:

- Concepts directly map to clinical ideas
- Time windows are a core CQL concept
- Individual elements likely use standard terminology coding/value sets.
- Query reuse needed in other clinical contexts.

### **Going to FHIR**

#### **Pros**

- U.S. regulatory drivers, widespread implementations, worldwide adoptions
- Solutions available for most knowledge representation elements
- Questionnaire and SDC have many working examples and utility over KNART XML
- PlanDefinition and ActivityDefinition is at least more powerful over KNART XML
- Clearer reuse of resources. Less redundancy.
- ECA patterns more realistic to implement.

#### Cons

- Not a knowledge management system
- Varied and disjointed resource maturity
- Potentially more complex than having consolidated documents
- Production data availability constraints
- CDS Hooks integration points limited
- CQL implementations limited and largely R4

#### **Current Project**

#### Clinical Topic Foci

Suicide Screening
Opioid and Non-Cancer Pain
Closed-Loop Hypertension Management

https://github.com/preston/vha-kbs-fhir

We aim to show line-of-sight adoptability of FHIR-based CDS to patient care in multi-EHR

