

Collaboration through Cerner Open Developer Experience

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**TOMORROW,
TODAY.**
Cerner code Learning Lab 2017



Collaboration



Access

Open

Open is the attitude that drives our collaborative business approach focused on speeding up innovation to advance health care.



Trust

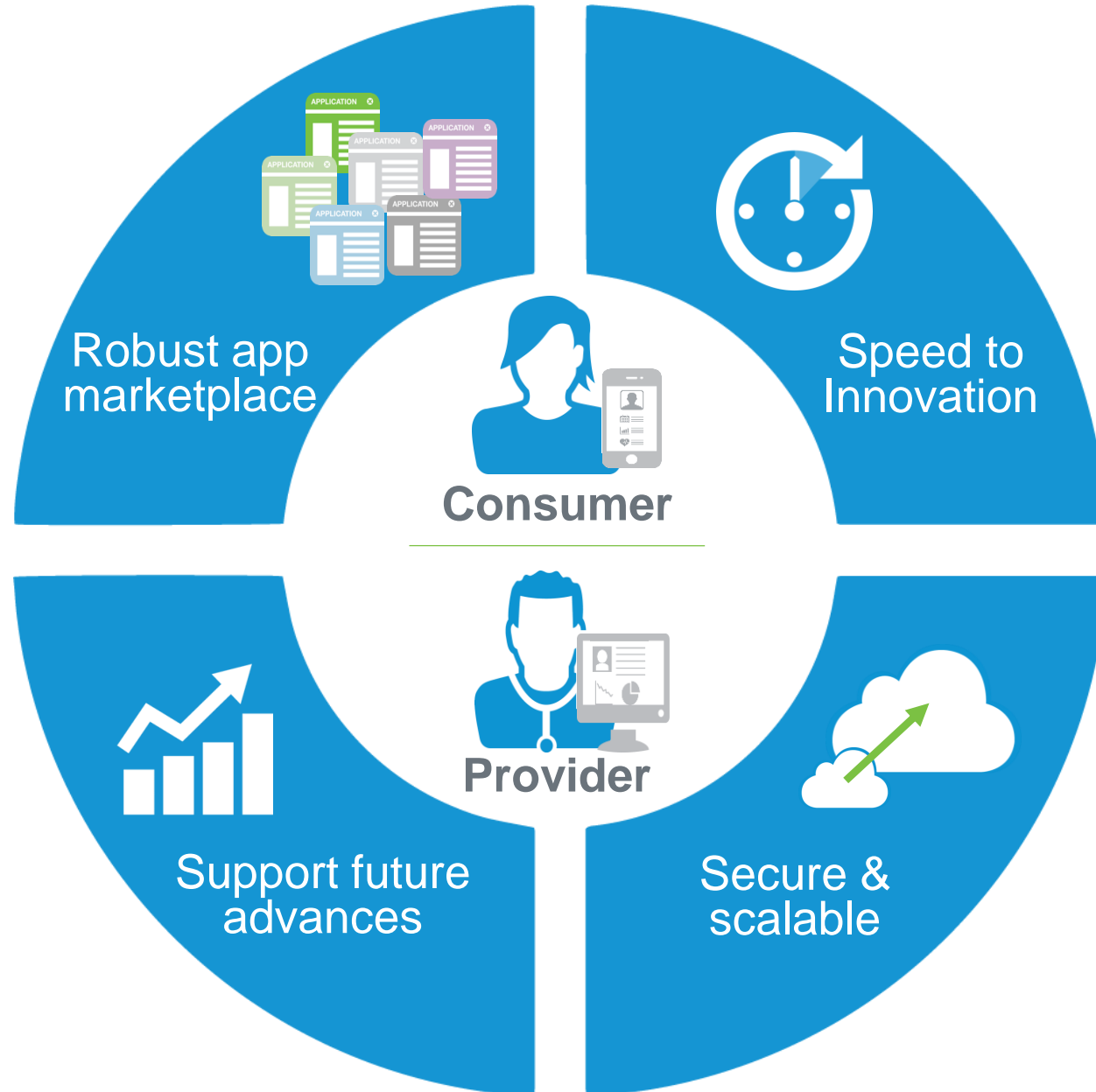


Opportunity

Enabling innovation – wherever it comes from



code ecosystem value



Cerner's ecosystem enable apps for providers and consumers



Provider-facing apps

- Fill workflow gaps
- Deliver intelligence directly into the clinical workflow
- Speed to innovation in a fraction of the time required for regular implementations



Consumer-directed access apps

- Place the consumer in the center of their care by empowering them to access and manage their own health information
- Enable truly portable health data
- Encourage consumer engagement

APIs enable apps for providers and consumers



Provider-facing apps can be developed that leverage the Millennium Platform using APIs



Government regulation requires more choices for consumer-facing apps via APIs



Plan to attest for Meaningful Use Stage 3?

The Ignite API for Millennium addresses *Objective 5, Measure 1*

Emerging standards are making “apps” a reality



- FHIR = “Fast Health Interoperability Resources”
- A standard for accessing health care data (“Resources”)
- ReSTful API design leverages Internet standards (HTTP, etc.)
- Created by Health Level 7 International (HL7)
- Emerging support by most major HIT providers (e.g., Argonaut Project)
- Meets EHR Certification for MU3



- SMART = “Substitutable Medical Applications and Reusable Technology”
- A SMART App is a Web App
 - HTML5 + JavaScript
 - Typically embedded in EHR
- EHR Data Access is via FHIR
- OAuth2 for security and context passing
- Also supports smart-phone and patient-controlled apps

Why implement Cerner Ignite APIs?

Meaningful Use Stage 3

requirements for consumer API access

App Ecosystem

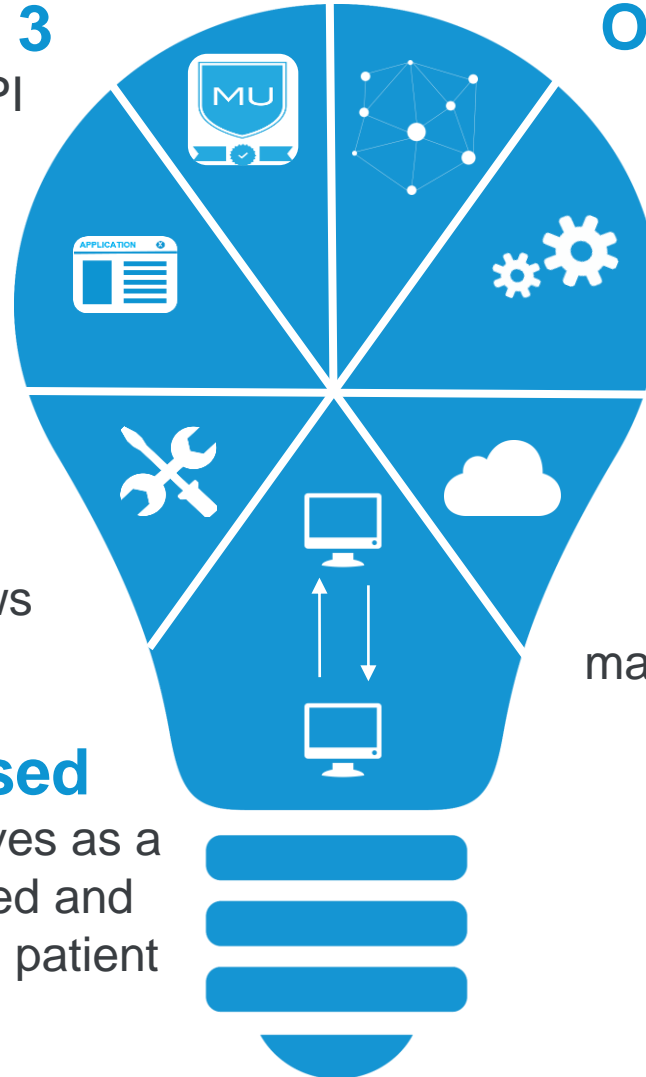
Take advantage of the growing app ecosystem

Build Apps

Fill niche workflows

Standards-Based

Cross-vendor utility serves as a foundation for integrated and repeatable provider and patient workflows.



Open & Trusted Network

No barriers for access.

EHR Infrastructure

Ensure your EHR infrastructure is able to support future advancements that open standards will enable

Cloud-Based

Secure and scalable environment managed as a service and kept up to date

Cerner's Ignite API (MU3, Client and Developer Build)

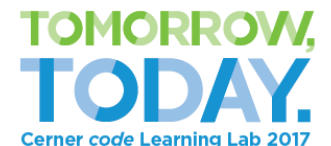
Why a cloud-based API?

- Industry compliant security architecture for internet facing applications
 - Centrally Managed Security (connection to internet, authentication and authorization)
 - Data management
- Agile deployment of updates and enhancements of FHIR standard
- Centralized ontology mapping
- Flexibility – scale capacity to meet application demand (predictable costs)

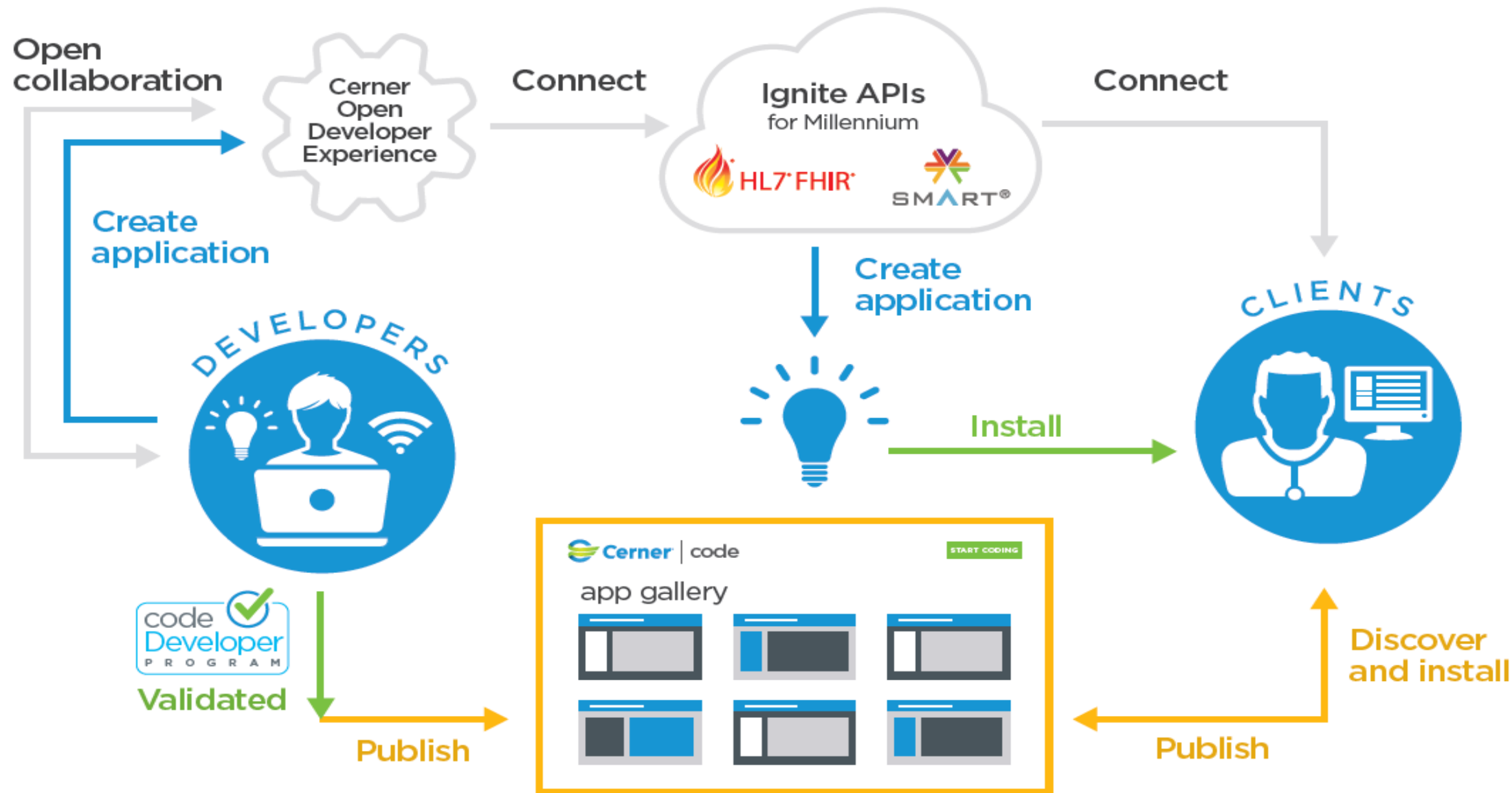


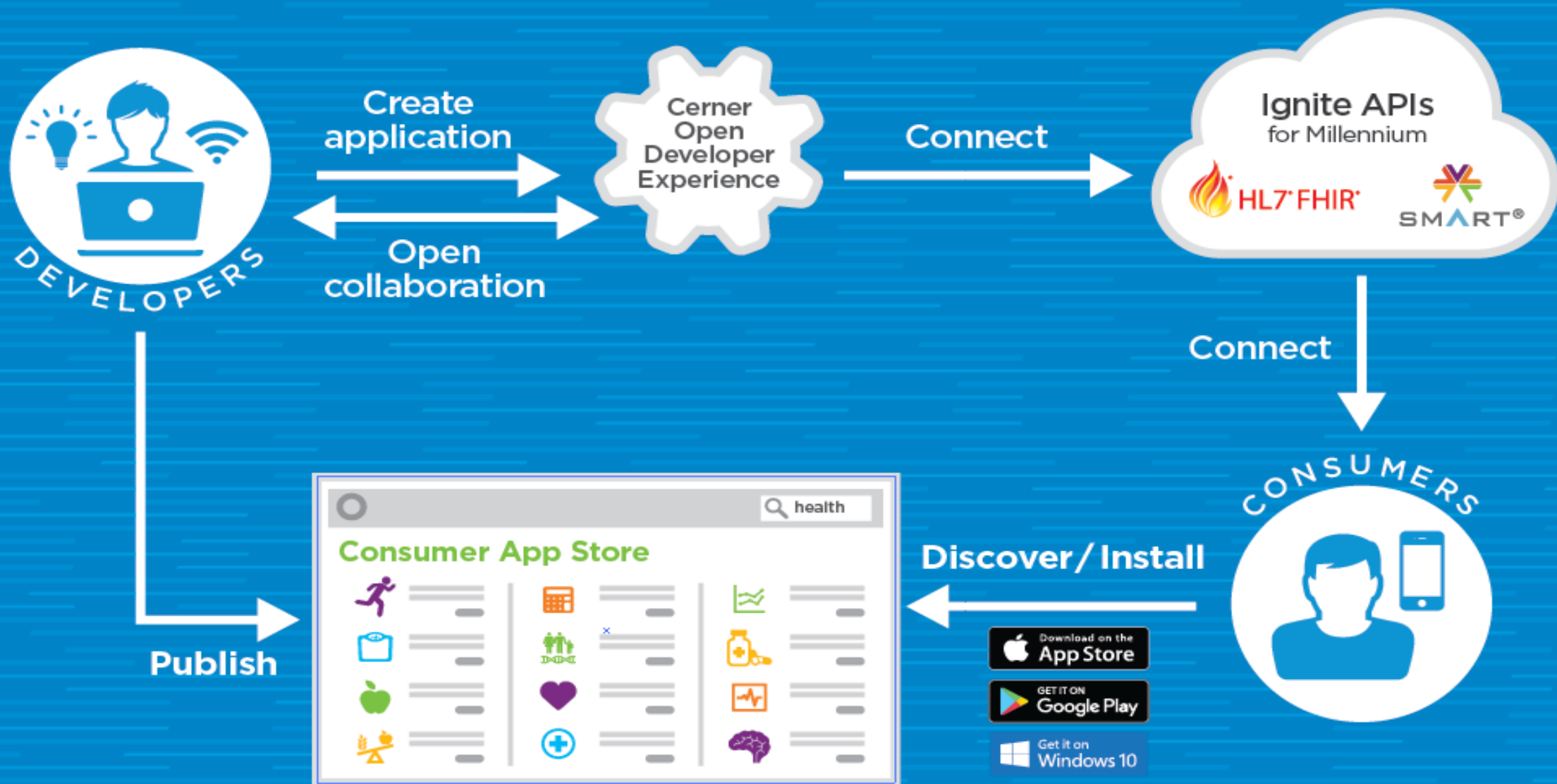
Why FHIR?

- Standards-based API accelerates development community adoption
 - Common, web-based technology (REST, JSON, XML, OAuth)
 - Standardized data models (common, human readable set of data elements, “resources”)
 - Built in authentication and authorization model
 - ONC has suggested that FHIR may eventually be required



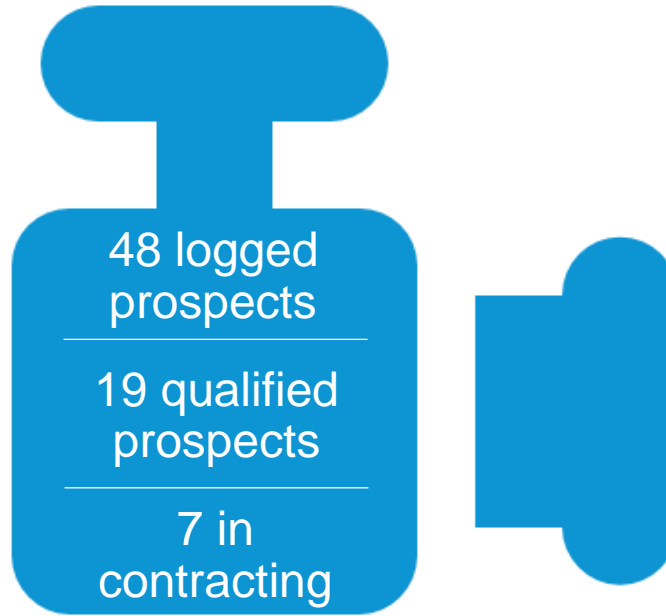
Developer ecosystem





Growing the innovation pipeline

1,200 apps
registered in sandbox



12,500
unique app users

[Cerner](#) [code](#) [Start Coding](#) [About](#) [App Gallery](#) [Submit an App](#) [FAQs](#)

App gallery

Browse currently validated applications and connect with developers

Join Cerner and explore infinite possibilities innovate at the intersection of health care and information technology. Browse our currently validated applications below and connect with developers. All validated applications have been approved by Cerner Corporation for integration and distribution. Visit our [FAQs](#) page for more information about the validation process.



Cardiac Risk

Cardiac Risk presents relevant patient vitals and lab measurements and the calculated Reynolds Risk Score, along with a succinct, patient-friendly explanation for each result.

[View App](#)



Healthwise SMART on FHIR

The Healthwise SMART on FHIR app gives organizations a way to easily implement and seamlessly integrate patient education into their Cerner Millennium EHR.

[View App](#)



Juxly Timeline

Juxly Timeline integrates with PowerChart to display the right information in the right context to help you provide the best possible care. Display a patient's entire record on a single screen. Expand details, filter results, and easily find all of the data you need to easily make fully informed health care recommendations.

[View App](#)



Juxly Vault

The intuitive interface guides physicians as they identify codes appropriate for their patients. From there, providers can fully document conditions to meet CMS standards quickly and accurately with just a few mouse clicks. Supporting data such as social history, vitals, and lab results are readily accessible, giving providers

[View App](#)



Krames on FHIR

Krames On FHIR® is a flexible solution suite for physician offices, hospitals, and health systems for delivering patient education materials at the point of care. Using SMART on FHIR® technologies, Krames On FHIR seamlessly integrates directly into the clinician's workflow, enabling them to provide recommended, trusted

[View App](#)



Medication

Medication® makes understanding how to take medications intuitive and simple, to improve patient health outcomes, as well as healthcare providers' financial performance through enhanced patient experience (HCAHPS scores) and 30-day readmission rate reductions.

[View App](#)



Pediatric Growth Chart

Pediatric Growth Chart provides a concise, minimal-click, interactive view of a child's growth over time. The application includes traditional growth curve charts, data tables, and a novel parent-facing summary view. Many graphical features assist in communication with the patient and family. Ambulatory and NICU users are

[View App](#)



RxCheck

RxCheck is the world's first Prescription Decision Support (PDS) platform. Integrated directly into the prescribing workflow, RxCheck surfaces patient-specific costs, adherence data, and P&T-approved medication protocols.

[View App](#)



Surgical Valet

ePreop, Inc. offers a wide range of software and workflow tools dedicated to simplifying the surgical experience for patients, RNs, administrators, and physicians. SurgicalValet™ is a modular software suite that places clinicians at the center of the Perioperative Surgical Home (PSH) and drives patient engagement, surgical

[View App](#)

Ignite innovation



Open source collaboration

Collaborated to improve a cardiovascular disease risk app



Speed to innovation

Deployed a surgical support app in 1/3 the time of traditional methods



Supporting clinical workflows

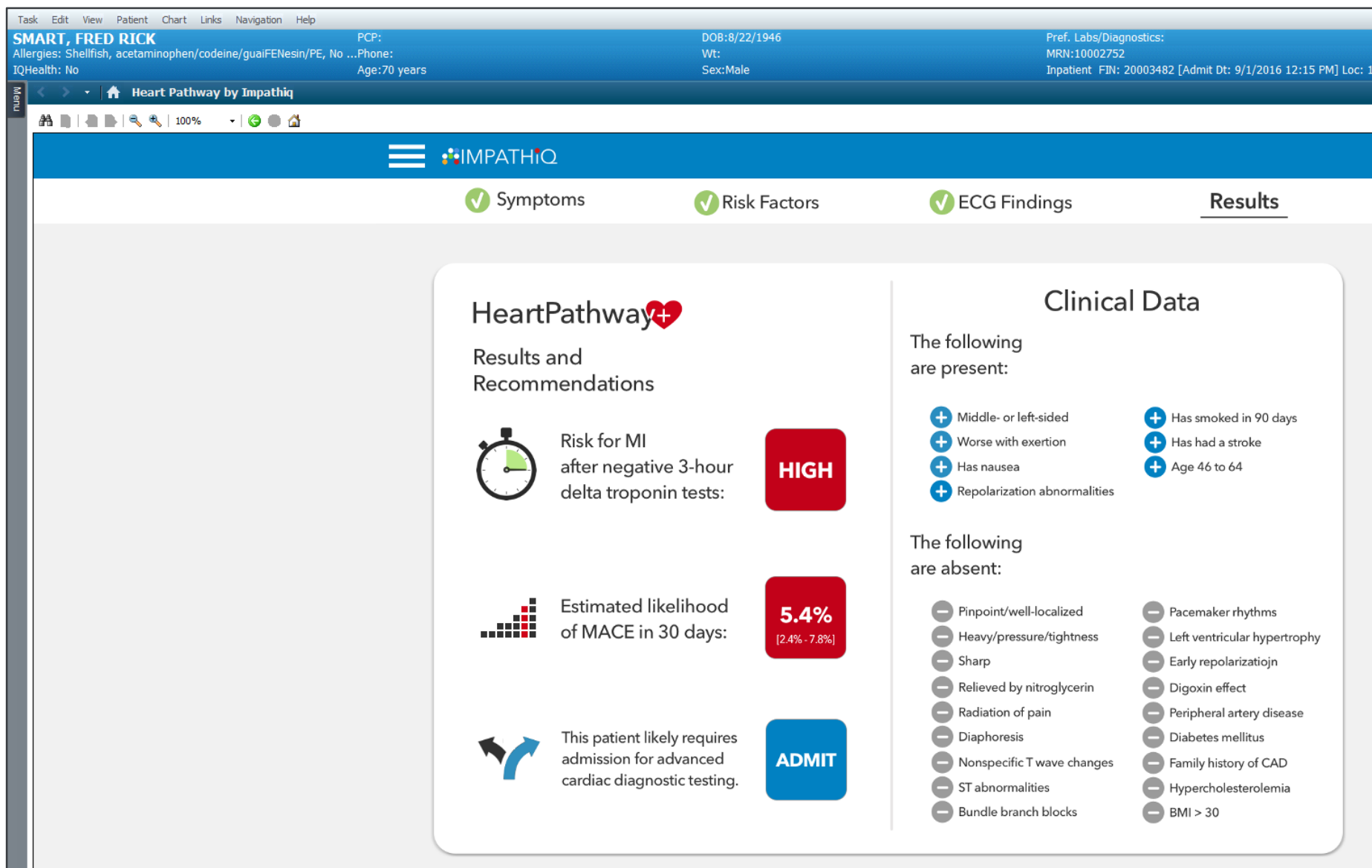
Partnered to integrate mobile technology to measure and chart wounds



Consume innovation

Enhanced specialized workflows through the marketplace

- Streamlined chest pain management
- Powered by Cerner Ignite API
- Triggers intelligently inside Millennium
- Utilizes patient history in CDS:
 - Symptoms
 - Risk Factors
 - ECG Findings
- Standardizes care, reduces risk and improves outcomes



The screenshot displays the HEART Pathway CDS for Chest Pain interface within a patient's chart. The patient is identified as SMART, FRED RICK, with a date of birth of 8/22/1946 and a sex of Male. The interface is titled "Heart Pathway by Impathiq" and shows a progress bar with four steps: Symptoms, Risk Factors, ECG Findings, and Results. The Results tab is currently active, showing the following information:

HeartPathway+
Results and Recommendations

- Risk for MI after negative 3-hour delta troponin tests:** HIGH
- Estimated likelihood of MACE in 30 days:** 5.4% [2.4% - 7.8%]
- This patient likely requires admission for advanced cardiac diagnostic testing.** ADMIT

Clinical Data

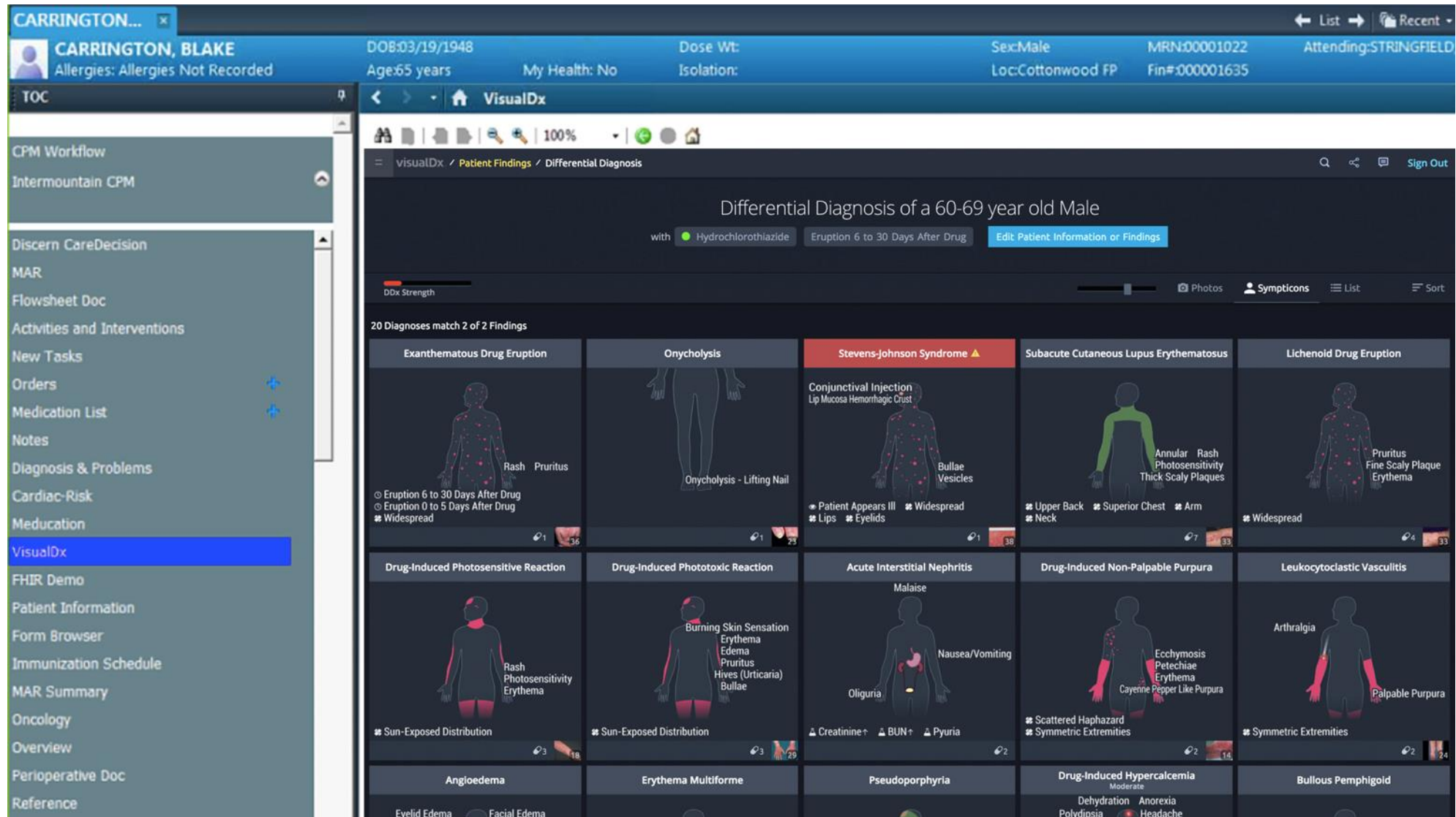
The following are present:

- ✓ Middle- or left-sided
- ✓ Worse with exertion
- ✓ Has nausea
- ✓ Repolarization abnormalities
- ✓ Has smoked in 90 days
- ✓ Has had a stroke
- ✓ Age 46 to 64

The following are absent:

- ✗ Pinpoint/well-localized
- ✗ Heavy/pressure/tightness
- ✗ Sharp
- ✗ Relieved by nitroglycerin
- ✗ Radiation of pain
- ✗ Diaphoresis
- ✗ Nonspecific T wave changes
- ✗ ST abnormalities
- ✗ Bundle branch blocks
- ✗ Pacemaker rhythms
- ✗ Left ventricular hypertrophy
- ✗ Early repolarization
- ✗ Digoxin effect
- ✗ Peripheral artery disease
- ✗ Diabetes mellitus
- ✗ Family history of CAD
- ✗ Hypercholesterolemia
- ✗ BMI > 30

- Developed by VisualDx
- Provides image-driven differential diagnosis
- Uses SMART for launching within PowerChart
- Uses FHIR to curate a tailored sub-set of images based on patient age, sex, and medication Rx.



CARRINGTON, BLAKE
Allergies: Allergies Not Recorded

DOB: 03/19/1948
Age: 65 years

Dose Wt: My Health: No
Isolation:

Sex: Male
Loc: Cottonwood FP

MRN: 00001022
Fin#: 000001635

Attending: STRINGFIELD











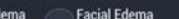




VisualDx

Differential Diagnosis of a 60-69 year old Male

with **Hydrochlorothiazide** Eruption 6 to 30 Days After Drug

DDx Strength

20 Diagnoses match 2 of 2 Findings

Exanthematous Drug Eruption  Rash Pruritus Eruption 6 to 30 Days After Drug Eruption 0 to 5 Days After Drug Widespread	Onycholysis  Onycholysis - Lifting Nail	Stevens-Johnson Syndrome ⚠️  Conjunctival Injection Lip Mucosa Hemorrhagic Crust Bullae Vesicles Patient Appears Ill Widespread Lips Eyelids	Subacute Cutaneous Lupus Erythematosus  Annular Rash Photosensitivity Thick Scaly Plaques Upper Back Superior Chest Arm Neck	Lichenoid Drug Eruption  Pruritus Fine Scaly Plaque Erythema Widespread
Drug-Induced Photosensitive Reaction  Rash Photosensitivity Erythema Sun-Exposed Distribution	Drug-Induced Phototoxic Reaction  Burning Skin Sensation Erythema Edema Pruritus Hives (Urticaria) Bullae Sun-Exposed Distribution	Acute Interstitial Nephritis  Malaise Nausea/Vomiting Oliguria Creatinine+ BUN+ Pyuria	Drug-Induced Non-Palpable Purpura  Ecchymosis Petechiae Erythema Cayenne Pepper Like Purpura Scattered Haphazard Symmetric Extremities	Leukocytoclastic Vasculitis  Arthralgia Palpable Purpura Symmetric Extremities
Angioedema  Eyelid Edema Facial Edema	Erythema Multiforme 	Pseudoporphyria 	Drug-Induced Hypercalcemia Moderate  Dehydration Anorexia Polydipsia Headache	Bullous Pemphigoid 

Krames on FHIR – Patient Education App

- Using SMART and launching in PowerChart
- EHR data broken out by category – Diagnosis, Meds, Procedures
- Documents can be printed or sent electronically
- Favorites and folders features
- Free text search available
- Advanced filtering
- Article preview
- Documentation of handouts recorded back in EHR

The screenshot displays the Krames Patient Education app interface. At the top, a patient header for John Smith (DOB: 12/10/1960, Age: 57 years, Sex: Male, Allergies: Penicillins) is shown. Below this is a navigation menu with options like Patient Information, Data Reconciliation, and SMART App. The main content area is titled 'KRAMES Patient Education' and features tabs for Diagnosis (3), Medications (5), and Procedures (1). Under the 'Diagnosis' tab, there are sub-tabs for Acid Reflux, Asthma, and Low Back Pain. The 'Low Back Pain' sub-tab is active, showing a list of 23 titles. The list includes items like 'Self-care for Low Back Pain', 'Possible Causes of Low Back or Leg Pain', 'Exercises for a Healthy Back', and various back exercises. Each item has a preview image and icons for actions like print, share, and favorite. A 'Filter and sort' sidebar on the right allows users to sort by relevance, recency, or file name, and filter by gender and age.

An introduction to Cerner Open Developer Experience – how to get started

- If you're not familiar with the FHIR or SMART specifications, start by accessing the documentation for SMART at <http://docs.smarthealthit.org>. The Tutorials section provides an overview of the basics
- Visit HL7 FHIR documentation site at <https://www.hl7.org/fhir/dstu2/>. The executive, developer, and clinical introductions are recommended.
 - Note that this page indicates that a newer version of the spec is available, however Cerner has not done the uplift just yet, so for the time being DSTU2 is the relevant section
- Browse the documentation about our implementation @ <http://fhir.cerner.com/millennium/dstu2/>. We have recently added specific documentation for our SMART service implementation at <http://fhir.cerner.com/smart/>.
- New tools, documentation and resources are added regularly, so also sign up for updates on our mailing list on <http://code.cerner.com>.
- You can access our sandbox without authentication. You can learn more about accessing the open end point here: <http://fhir.cerner.com/millennium/dstu2/>.
- You can ask questions to our Cerner FHIR development team on our Google Group: <https://groups.google.com/forum/#!forum/cerner-fhir-developers>
- Once you are ready to test your app against our authenticated endpoint, review documentation on the Authorization page <http://fhir.cerner.com/authorization/>, then use the code console to register and test your app at <https://code.cerner.com/developer/smart-on-fhir/>.
- You can also access our tutorial page for SMART apps built with Cerner Ignite APIs here - <http://engineering.cerner.com/smart-on-fhir-tutorial/>

Cerner Open Developer Experience (code_): <http://code.cerner.com>

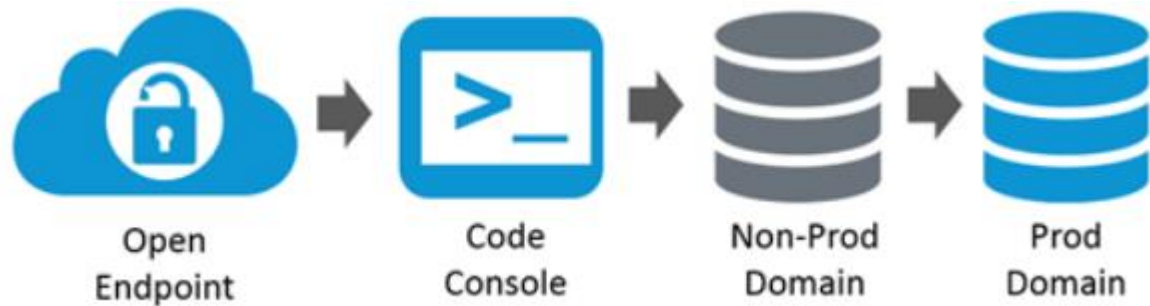
 **code** [Start Coding](#) [About](#) [App Gallery](#) [Submit an App](#) [FAQs](#)

Welcome to code

Cerner Open Developer Experience (code) encourages innovators to build apps that advance the health care industry through improved interoperability capabilities.

What do you want your App to be when it grows up?

- Determine – is this an app purely for internal use or do you intend to commercialize it and make it available to all Cerner clients?
 - If internal – follow step by step overview @ <https://connect.ucern.com/docs/DOC-662825>

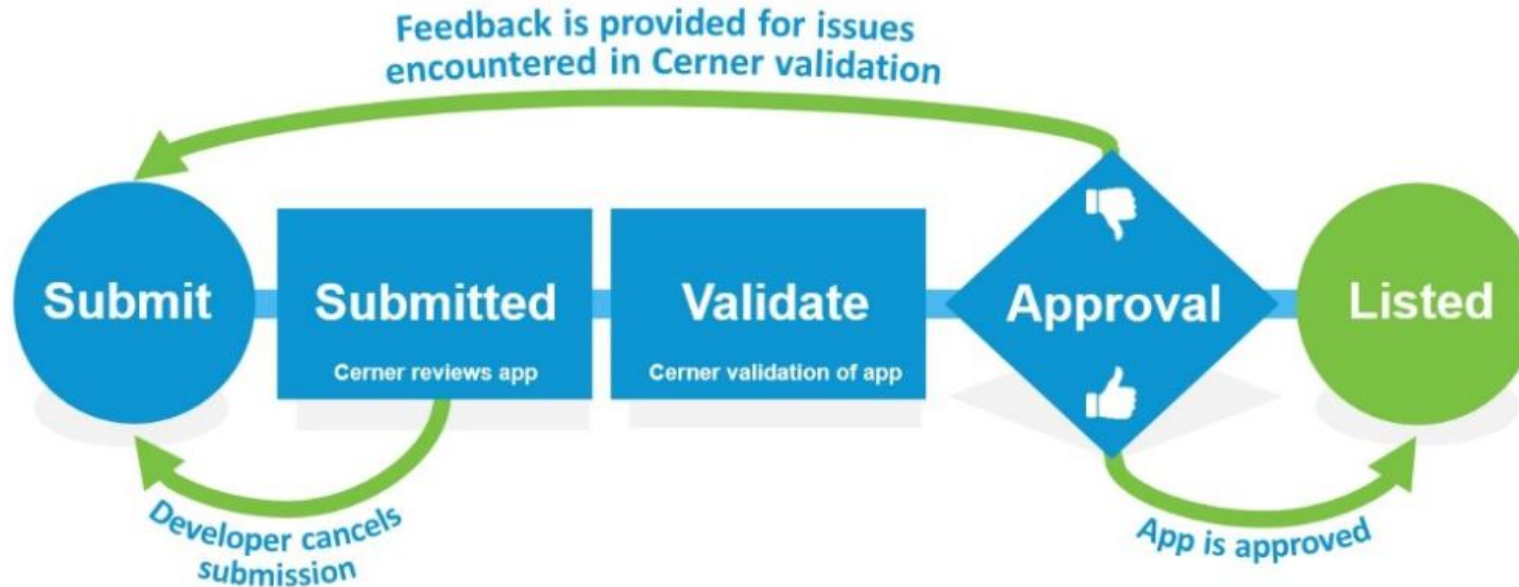


- Resources to consider:
 - SMART on FHIR Coaching Services to help development teams get started
 - App Validation Services that mirror the validation services that we offer to third party developers
 - Integration Services to get your built or bought application live in Production

App Validation Process

- The App Validation Process is required for Apps showcased in the App Gallery and Optional for Client developed internal apps
- The Validation Step of Cerner's App Developer Program ensures that:
 - Apps are production ready
 - Apps integrate well with the data set provided by the API
 - Apps fit within the EMR workflow
 - Apps are documented for support and implementation
- As developers complete the steps of the program, the goal is to ensure that the app can be integrated quickly and easily into client domains and works consistently

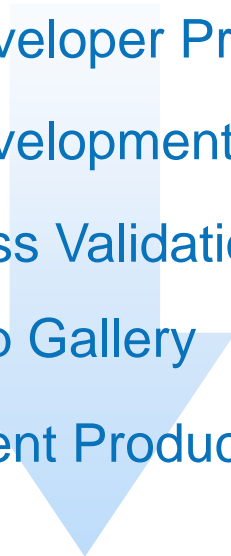
Validation Components



- Security Review
- Technical Review
- Functional Review
- Operational Review
- User Experience Review
- Concept Mappings Review

Broad enablement of your application?

- Is my organization's strategy to broadly commercialize this app as a core strategy?
- Before submitting an App:
 - Ensure that a robust gap analysis is performed against App goals and what's actually available
 - Review FAQs on code to fully understand the App development and submission process as well as security, technical, and validation requirements
 - Develop a working application demo, integrating directly with Cerner's Open Sandbox

- 
1. Developer Program
 2. Development
 3. Pass Validation
 4. App Gallery
 5. Client Production

Application Commercialization Considerations

- The core elements of sustainable application commercialization:
 - Pricing and Packaging
 - Contracting and Legal
 - Sales and Business Development
 - Hosting
 - Ongoing development and versioning/update strategy
 - Customer Service and Support
- Cerner won't be able to consume/license the vast majority of innovations
- Consider selling/licensing out IP to software developers

The Regulatory Components of API enablement

- Objective 5 (Patient Electronic Access to Health Information) requires that for a percentage of all unique patients seen, the provider ensures that the patient's health information is available for the patient (or a patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the API in the provider's CEHRT
- Objective 6 (Coordination of Care through Patient Engagement) requires that patients (or patient-authorized representatives) actively engage with the electronic health record made accessible by the provider and access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's CEHRT (or other access methods)

“

To implement an API, the provider would need to fully enable the API functionality such that 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.

Providers are expected to provide patients with detailed instructions on how to authenticate their access through the API and provide the patient with supplemental information on available applications that leverage the API.

”

From CMS Stage 3
Patient Access Spec Sheet
<http://goo.gl/FsJiSg>

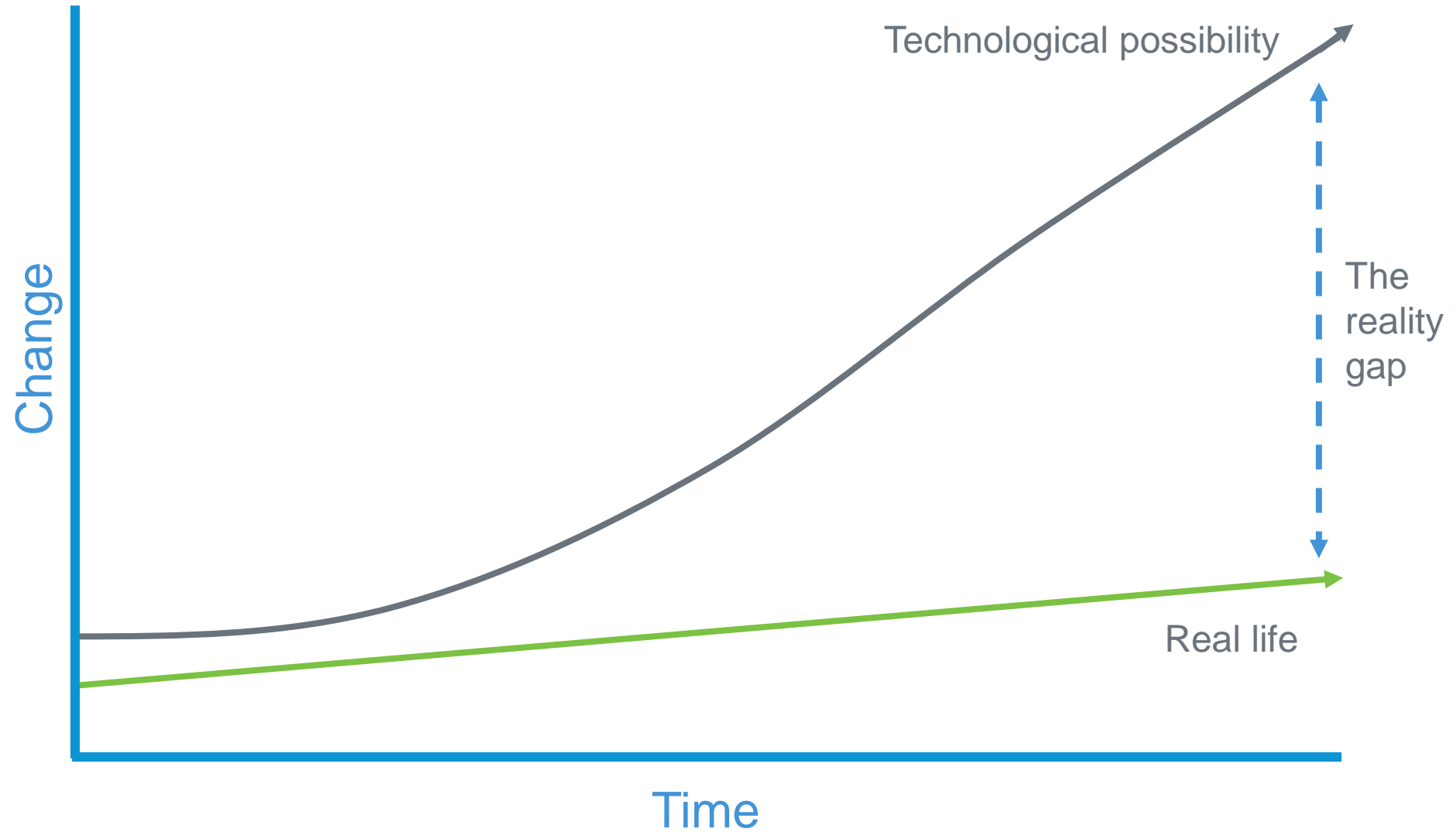
Bottom Line on Recent Regulatory Updates

- Previously, health system clients had to be ready to have 2015 CEHRT in place by Jan 1 2018 (2015 CEHRT includes APIs)
- Recent regulatory guidance gives health systems a flex year in 2018 to leverage 2014 CEHRT
- Recent guidance on CPC+ clarified that this program also will not require 2015 CEHRT in 2018
- In essence, APIs are not required for regulatory programs until 2019

A primer on 21st Century Cures Act

- The intent of the Act is ultimately to facilitate broad information exchange
- Particularly, much of the attention is focused on “information blocking”
 - Information blocking is defined in the law as, with respect to a health information technology developer, exchange, or network, business, technical, or organizational practices that, “except as required by law or specified by the Secretary, interferes with, prevents, or materially discourages access, exchange, or use of electronic health information; and the developer, exchange, or network knows, or should know, are likely to interfere with or prevent or materially discourage the access, exchange, or use of electronic health information.”
 - And with respect to a healthcare provider, “such provider knows that such practice is unreasonable and is likely to interfere with, prevent or materially discourage access, exchange or use of electronic health information.”
- Fines are \$1M for actions that are deemed to fall with unreasonable information blocking
- ONC under Don Rucker is focused heavily on advanced API functionality to drive more open and transparent consumer access to APIs and patient mediated data to applications of their choice.

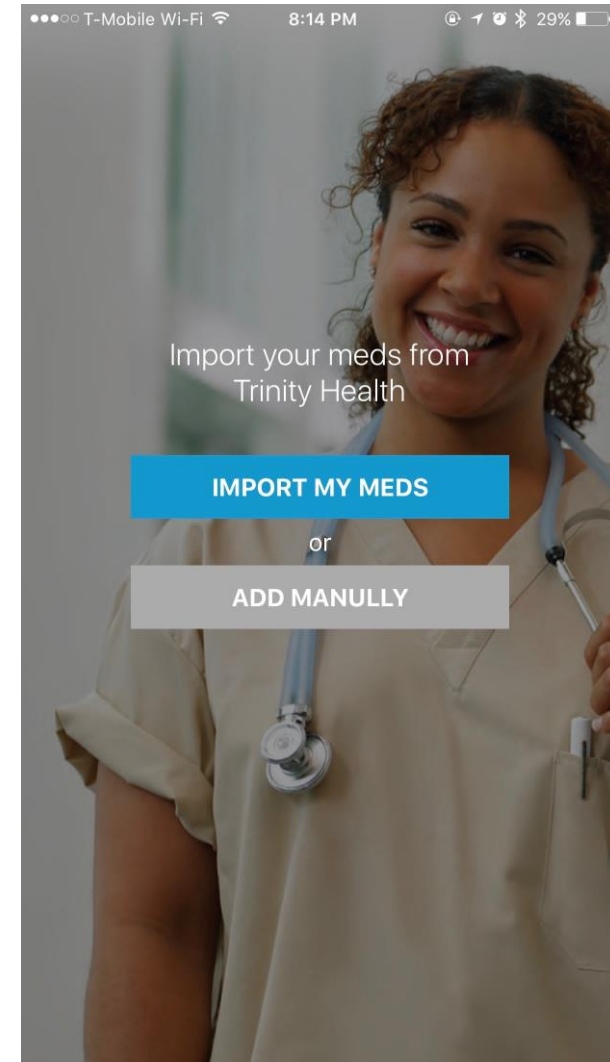
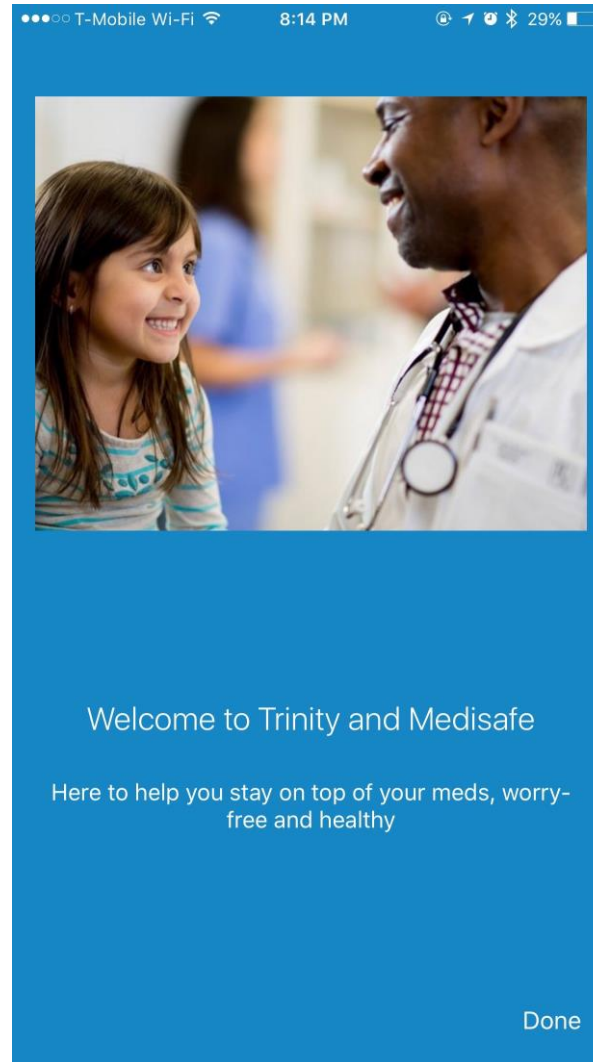
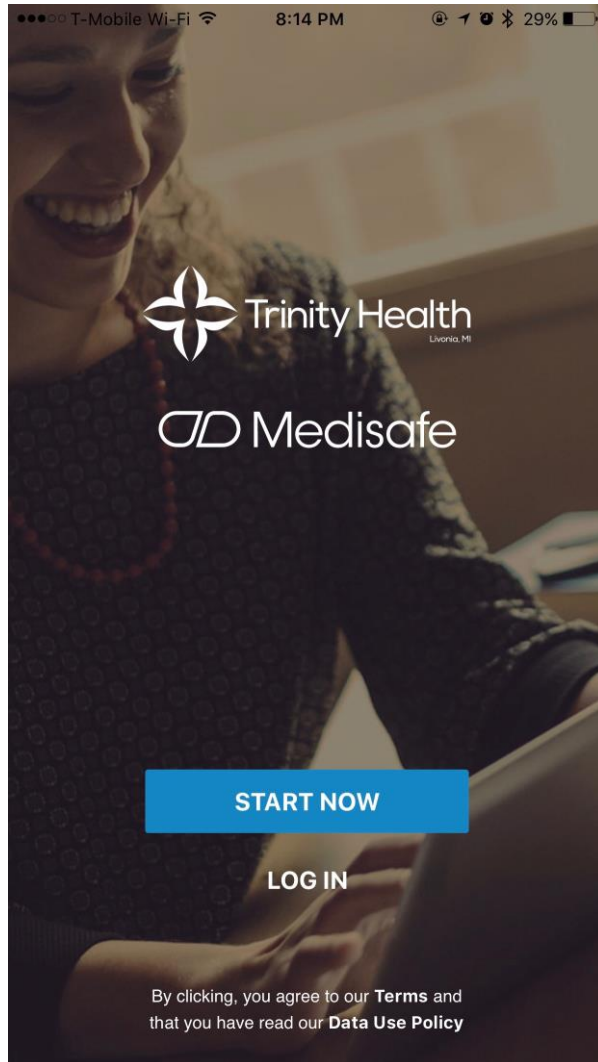
WHY NOW?



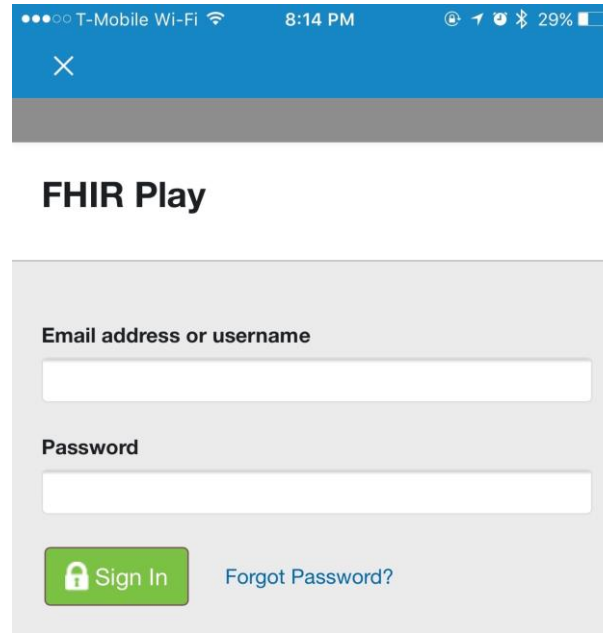
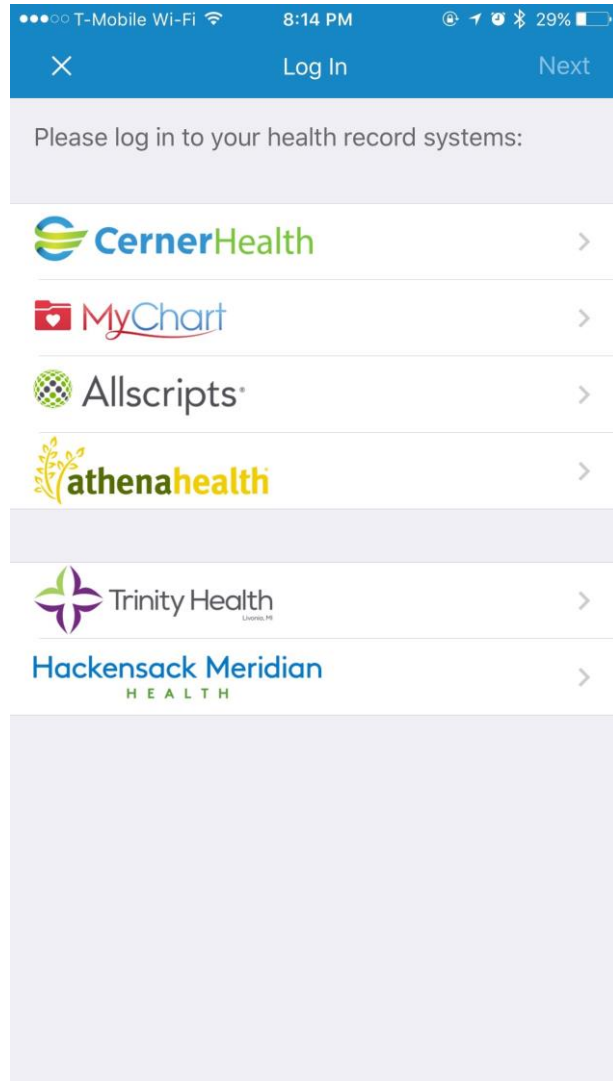
WHY NOW?



Example App – Consumer Engagement



Example App – Consumer Engagement

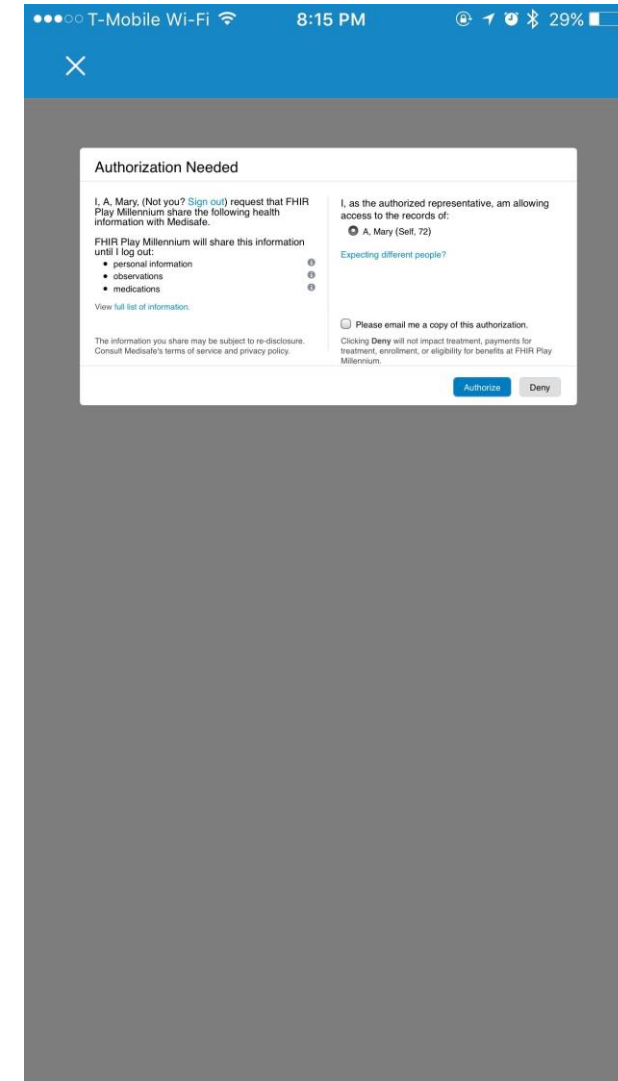


Secure health identity provided by:

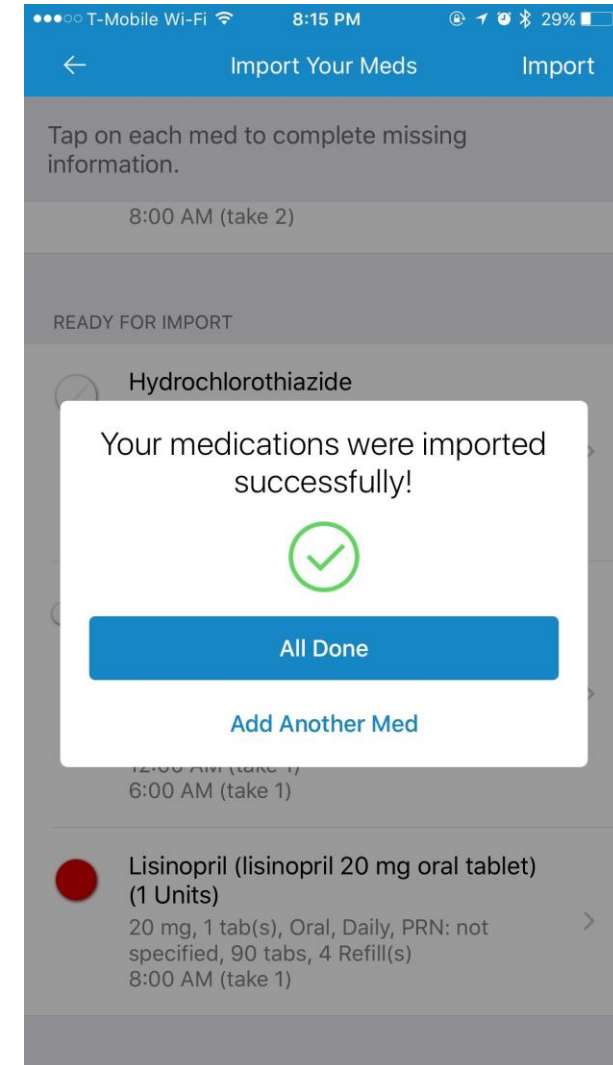
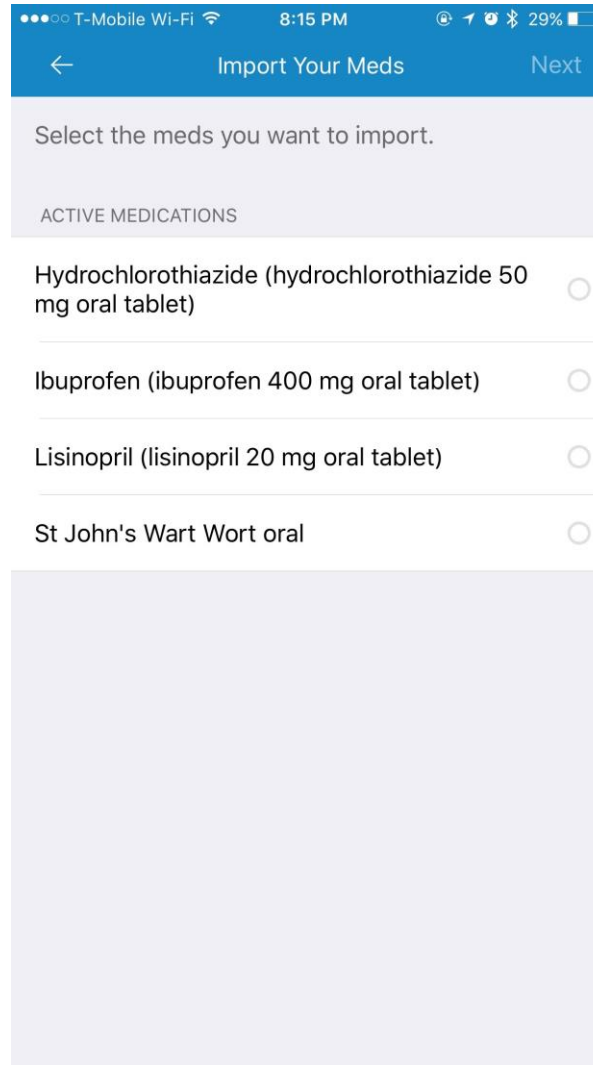
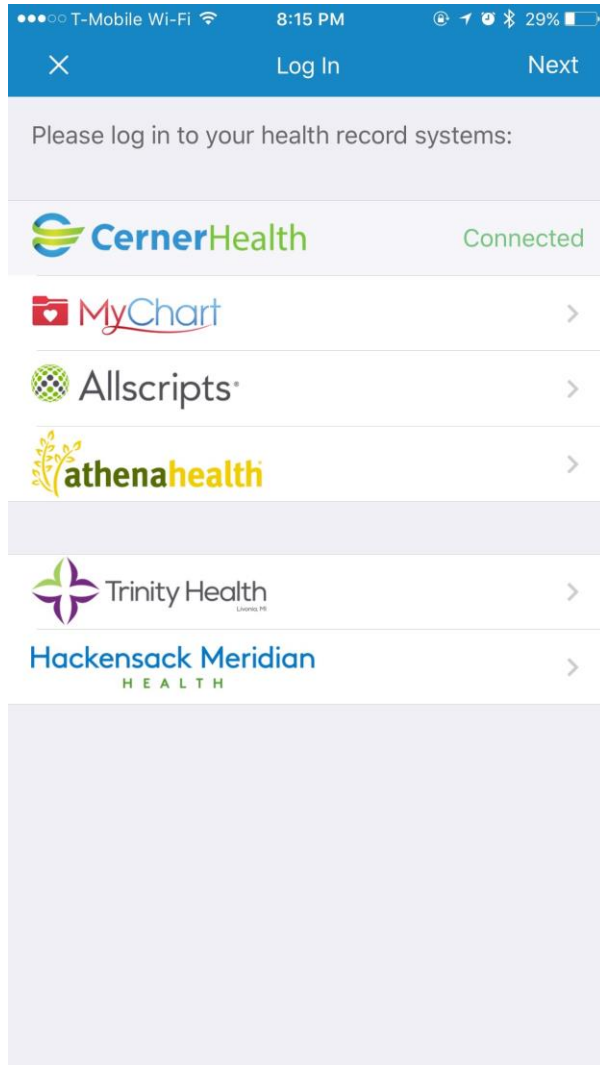


FHIR Play uses *Cerner Health* to provide a secure username and password used to access your patient record information. Use this account to sign in whenever you see the *Cerner Health* logo.

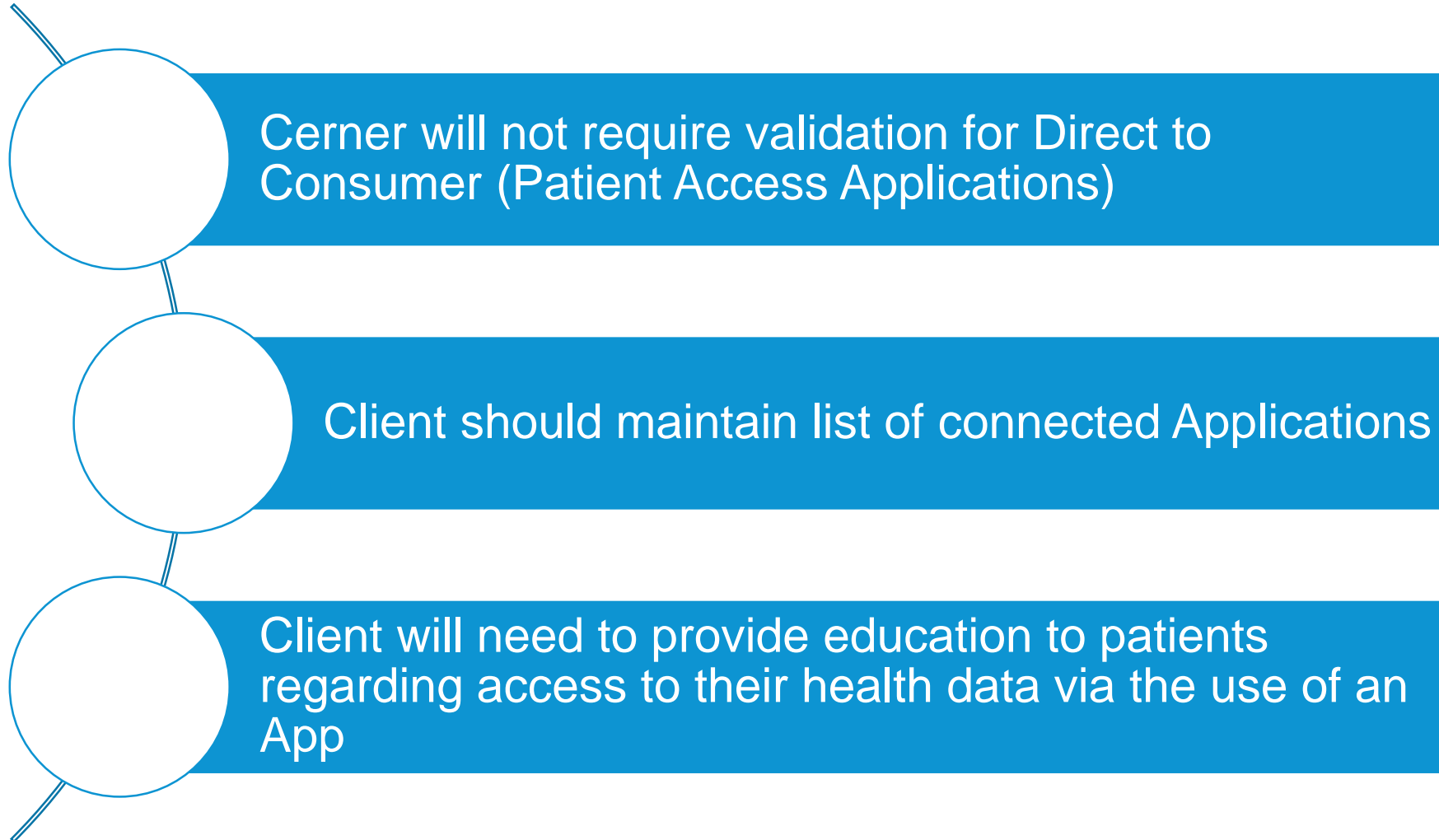
If you don't own or control the computer you're using, turn on "private browsing" to protect your personal health information.



Example App – Consumer Engagement



Key Considerations for MU3 Patient Access



Summary of Call to Action

- Continue to move forward with Ignite contracts and implementations (including prerequisite 2015.19 upgrades)
- Engage and collaborate: implement, buy, build, and promote
- Take the gift of time and use it wisely:
 - Develop SMART on FHIR development experience while the technology is still relatively young and manageable (plant a tree!)
 - Establish a consumer engagement strategy
 - Establish an Application Governance Structure to define people, process, technology approaches to application build, selection, and management
 - Regulatory guidance provides some flexibility, but the fact remains, that work still needs to be done

FHIR Governance Considerations

MU3 – Patient Access

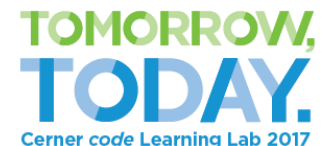
- Process for accommodating patient requests
- Process for interfacing with Cerner
- Security monitoring and performance

Enterprise App Build

- Process for evaluation/escalation of ideas
- Workflow assessments
- Build team engagement
- Commercial scaling?

Commercial App Procurement

- Evaluation of available apps
- Non-FHIR app migration to FHIR
- Developer engagement with client



Client Governance - Open Application Ecosystem

