

# Big Data in Medical Informatics Assignment #2

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# Submitted by:

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## Problem 1

#### Solution

The Grammar of the given HL7 message is as follows:

MSH EVN PID {NK1} PV1 [PV2] ROL {OBX} DG1 GT1 IN1

# Problem 2

#### Solution

The HL7 message can be constructed as follows:

```
MSH|^~\&|LIS|GOODHEALTHHOSPITAL|HIS|GENERALHOSPITAL|201603101230|
|ORU^R01|||2.3

PID|||111222||BLACK^JOE|BROWN|19800126|M||||||English|||
30934|982493||||SOUTHDAYTON^BUFFALO|||UK|

OBR||2495|49034|^55399-0^^^D01^DiabetMonitor|||201603281700||
|||||201603290800||
3439^KLEIN^JANE^M^^^DR||||||||||||
OBX|1||CE^4548-4^^^A334^AICTest||6.7|||H|||F|
```

# Problem 3

#### Solution

- Message Structure
  The Message Structure of the CDA message is illustrated in **Figure 1**:
- Applied Template

  The templates applied in this CDA message are given below in **Table 1**.
- Applied Constraints
   Some of the applied contraints in this CDA document are shown in Figure 2 and Figure 3. The full list of constraints applied in this template on this website: http://ccda.art-decor.org/ by searching for the desired Template ID.

Template Code	Name of Template	Type
2.16.840.1.113883.10.20.22.1.1	US Realm Header Template	Document Level
2.16.840.1.113883.10.20.22.1.2	ContinuityofCareDocumentCCD	Document Level
2.16.840.1.113883.10.20.22.2.1	MedicationsSectionentriesoptional	Section Level
2.16.840.1.113883.10.20.22.2.1.1	MedicationsSectionentriesrequired	Section Level
2.16.840.1.113883.10.20.22.4.16	MedicationActivity	Entry Level
2.16.840.1.113883.10.20.22.4.23	MedicationInformation	Entry Level
2.16.840.1.113883.10.20.22.4.24	DrugVehicle	Entry Level
2.16.840.1.113883.10.20.22.4.19	Indication	Entry Level
2.16.840.1.113883.10.20.22.4.17	Medication Activity	Entry Level
2.16.840.1.113883.10.20.22.4.20	Instructions	Entry Level
2.16.840.1.113883.10.20.22.4.18	MedicationDispense	Entry Level
2.16.840.1.113883.10.20.22.4.25	PreconditionforSubstanceAdministration	Entry Level

Table 1: Templates Used in the CDA Document

## Problem 4

#### Solution

- 1. A simplified data exchange model is illustrated in **Figure 4**. The basic concept idea behind the model is to have a centralized server and data storage facility for the hospital to coordinate the data exchange among the different departments. The server should in turn have access to the internet in order to facilitate data exchange over the network with other hospitals, payers and continuity of care providers.
  - (a) **Telephone Call to Care Team:** The care team needs to quickly get access to summarized medical continuity-of-care data from the hospital that the patient currently gets treatment from. This should be in a human-readable format.
  - (b) Within the work group: Within the work group (e.g. Orthopedic Department or Radiology Department), the communication should be facilitated by the server of the work group or the centralized server. This data exchange should be in a machine-readable format.
  - (c) Requests (orders) and reports between clinicians and diagnostic and treatment departments: When the Emergency department needs to order a Radiology report, it should be able to make a request with the centralized server, which can then pass on the request to the Radiology Department. This communication should be in a machine-readable format.
  - (d) Across organization boundaries between hospital, GP, and community staff, to ensure continuity of care: This should be facilitated by the the

- central server, using the internet and firewall security. The data exchange format should be machine-readable and interoperable, e.g HL7. E.g. The endocrine department of Hospital Y will be able to communicate with the Emergency department of Hospital X via their respective Central Servers over the internet.
- (e) From the care provider to payers and regulatory agencies, for revenue and accountability: This includes the insurance company, employer(s), and/or government bodies. This should also be facilitated by the central server, and the final data should be human-readable. A standard such as CDA can be used for this.
- 2. Following Health Data Exchange Standards can be utilized in this use case:
  - (a) Central Repository and PACS System: HL7, DICOM, LOINC, SNOMED-CT compliant
  - (b) Continuity of Care Record: HL7, CDA compliance
  - (c) Radiology Department: HL7, DICOM compliance
  - (d) Ambulance/Emergency Care Team: HL7, CDA compliance

- CDA HEADER
- CDA BODY
  - SECTIONS
    - ADVANCE DIRECTIVES
      - Entries
    - ALLERGIES, ADVERSE REACTIONS, ALERTS
      - Entries
    - ASSESSMENT
      - Entries
    - ENCOUNTERS
      - Entries
    - FAMILY HISTORY
      - Entries
    - FUNCTIONAL STATUS
      - Entries
    - IMMUNIZATIONS
      - Entries
    - INTERVENTIONS
      - Entries
    - MEDICATIONS
      - Entries
    - PAYERS
      - Entries
    - PLAN OF CARE
      - Entries
    - PROBLEM LIST
      - Entries
    - PROCEDURES
      - Entries
    - RESULTS
      - Entries
    - SOCIAL HISTORY
      - Entries
    - VITAL SIGNS
      - Entries

Figure 1: Message Structure of the CDA Document



Figure 2: Applied Constraints for the CDA Message - Part 1

Sanchit Alekh Assignment #2 Problem 5

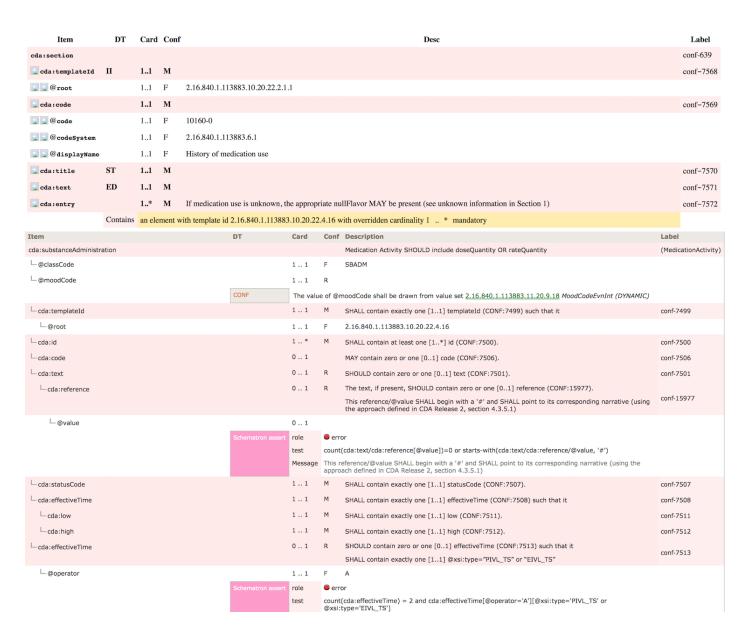


Figure 3: Applied Constraints for the CDA Message - Part 2

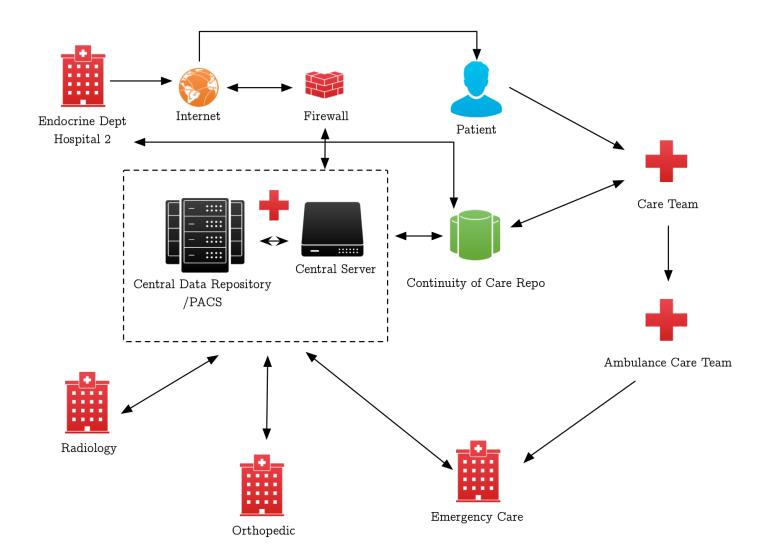


Figure 4: Concept Diagram Data Exchange Model