

NHII Educational Seminar Series March 25, 2004 Washington, DC



Nick Beard, MD

Vice President, Health Informatics

IDX Systems, Seattle

Nick_Beard@idx.com

Agenda for Today's Briefing

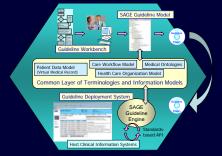
I. SAGE: A Partnership in Innovation A multi-faceted overview of the vision, objectives, and collaborative approach of the SAGE project

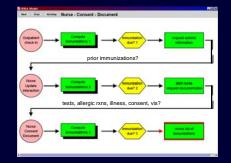
II. SAGE Technology in Action

A walk-through illustration of working SAGE prototypes – from guideline encoding to execution of guideline content via functions of a clinical information system

III. SAGE: Looking Forward

An overview of project futures and implications for delivery of health care





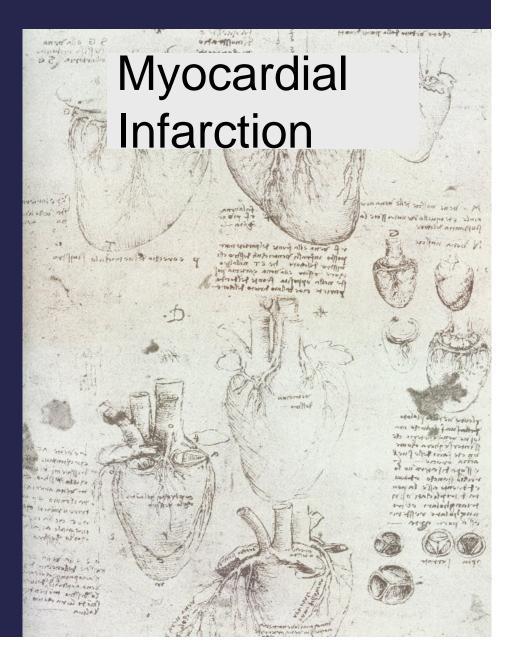


he

A knowledge-processing problem

"Current medical practice relies heavily on the unaided mind to recall a great amount of detailed knowledge – a process which, to the detriment of all stakeholders, has repeatedly been shown unreliable"

Crane and Raymond The Permanente Journal Winter 2003 Volume 7 No.1 Kaiser Permanente Institute for Health Policy



A knowledge-processing problem

"Current medical practice relies heavily on the unaided mind to recall a great amount of detailed knowledge – a process which, to the detriment of all stakeholders, has repeatedly been shown unreliable"

Crane and Raymond The Permanente Journal Winter 2003 Volume 7 No.1 Kaiser Permanente Institute for Health Policy

Myocardial Infarction

- Recent JAMA article:
 - Only ~60% of patients are receiving beta blockers post MI.
- This leaves 40% vulnerable to further cardiac events and sudden death.

A knowledge-processing problem

"Current medical practice relies heavily on the unaided mind to recall a great amount of detailed knowledge – a process which, to the detriment of all stakeholders, has repeatedly been shown unreliable"

Crane and Raymond The Permanente Journal Winter 2003 Volume 7 No.1 Kaiser Permanente Institute for Health Policy

Not just recall:

- Analysis
- Processing
- Application of knowledge to each patient

Myocardial Infarction

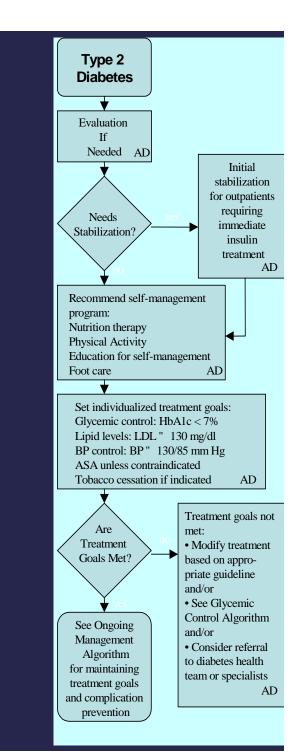
- Recent JAMA article:
 - Only ~60% of patients are receiving beta blockers post MI.
- This leaves 40% vulnerable to further cardiac events and sudden death.

What if . . . ?

Guideline content became active, offering targeted, relevant guidance at the point of care?

Patients were evaluated against proven guidelines automatically?

Key data were presented at critical decision points *automatically?*



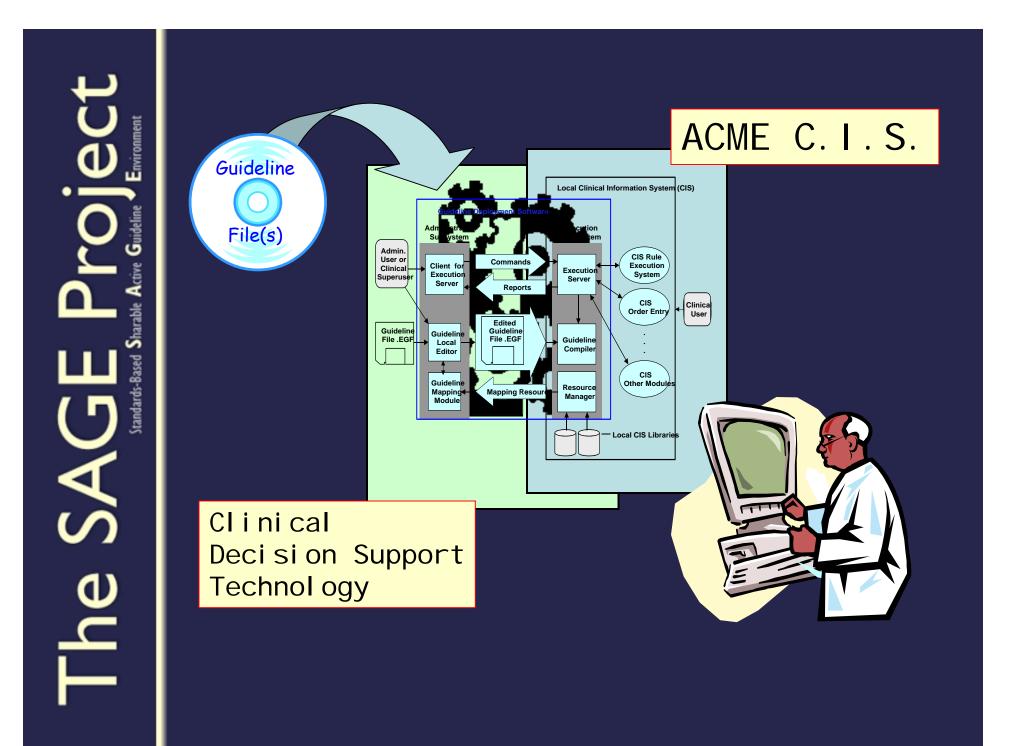


NATIONAL HEALTH INFORMATION INFRASTRUCTURE 2003 DEVELOPING A NATIONAL ACTION AGENDA FOR NHII JUNE 30-JULY 2, 2003 • WASHINGTON, DC

Sponsored by the Department of Health and Human Services (DHHS), the purpose of the conference was to develop a consensus for a national action agenda to guide the further development of NHII.

Safety and Quality Track Recommendation:

"Create central resources and processes that serve as a library of nationally vetted clinical guidelines and knowledge sources in standardized executable format using a standard guideline authoring tool consistent with the needs of patient safety and quality."

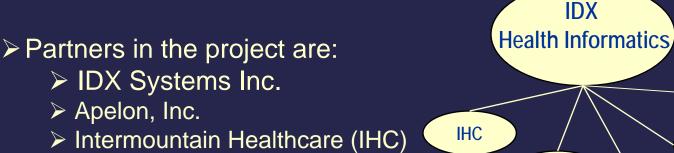


Project Overview

Standards-based Sharable Active Guideline Environment

An R&D consortium to develop the technology infrastructure to enable computable clinical guidelines, that will be shareable and interoperable across multiple clinical information system platforms

Scope: 3 year, \$18 M, multi-site, collaborative project



- Mayo Clinic
- Stanford Medical Informatics (SMI)
- University of Nebraska Medical Center (UNMC)

Funded in part by: NIST Advanced Technology Program

Cooperative Agreement Number 70NANB1H3049

UNMC

Apelon

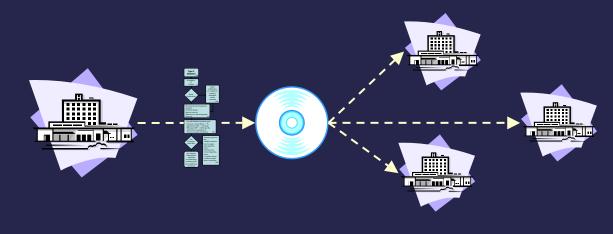
SMI

Mayo

SAGE Project Goals

The primary goal: Develop a Standards-Based Sharable Active Guideline Environment with which:

- Health experts can author and encode clinical practice guidelines in a standard computable format, and
- Health care organizations throughout the nation can deploy those guidelines easily within any standards-conforming clinical information system.

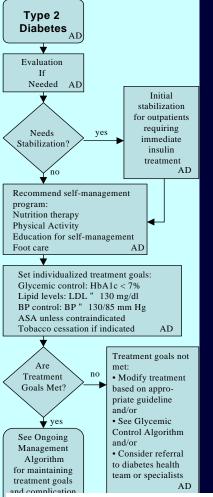


SAGE Main deliverables

- An interoperable guideline model A computable knowledge representation "format" for encoding the content and logic of executable clinical practice guidelines.
- A guideline workbench A software tool for authoring, encoding, and maintaining guidelines in the format of the SAGE guideline model.
- A guideline deployment system Software that "decodes" the content of electronic guidelines and surfaces that content via functions of the local clinical information system.
- Controlled resources -- Specification of a common layer of information models and terminologies to mediate guideline content.

SAGE Interoperable Guideline Model

A standard computable "specification" for representing and encoding the content and logic of clinical practice guidelines



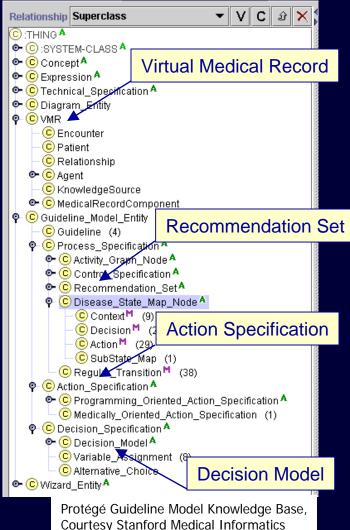
Type 2 Diabetes Guideline Flow Diagram, courtesy of Institute for Clinical Systems Improvement (ICSI)

✓ Clinical content (criteria, actions)✓ Patient status and eligibility

✓ Decision logic

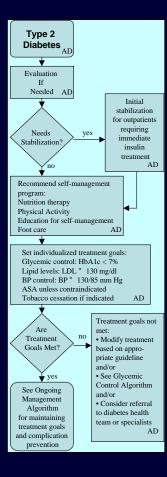
✓ Clinical sequencing and workflow✓ Guideline goals and intentions

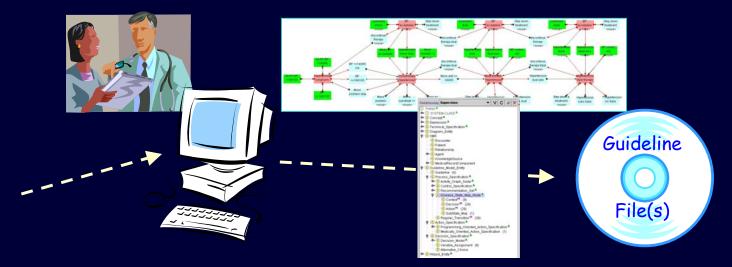
✓ Guideline evidence and references



Interoperable Guideline Workbench

A software tool for authoring, editing, encoding, and maintaining guidelines in the format of the Guideline Model



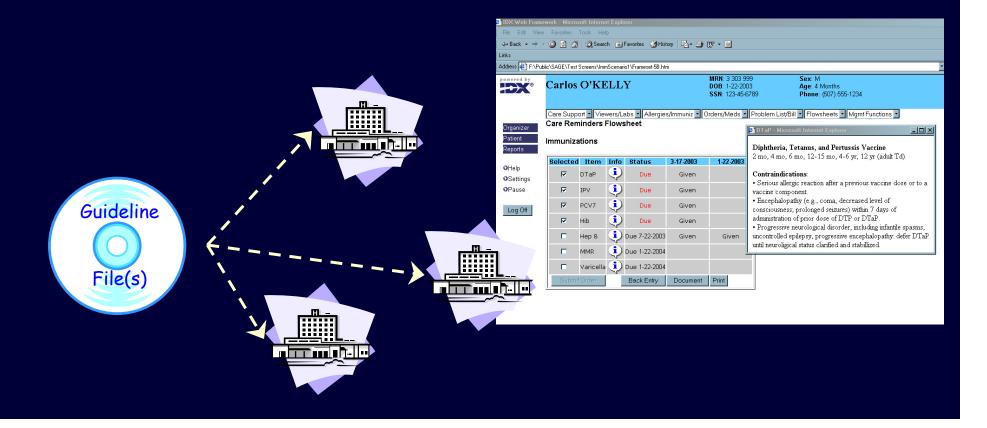


- ✓ Ensure complete *encoding* of guideline knowledge
- ✓ Support access to guideline content model
- ✓ Support access to controlled terminologies
- ✓ Support for visualization of guideline logic

Guideline Deployment System

Software that integrates electronic guidelines with the clinical information system to operationalize the guideline for clinicians

- ✓ Administer: Download, import, store
- ✓ Localize: Clinical edits, local constraints
- ✓ Set Up: Mapping to local terminologies and EMR
- ✓ Execute: Activation of guideline via CIS workflow

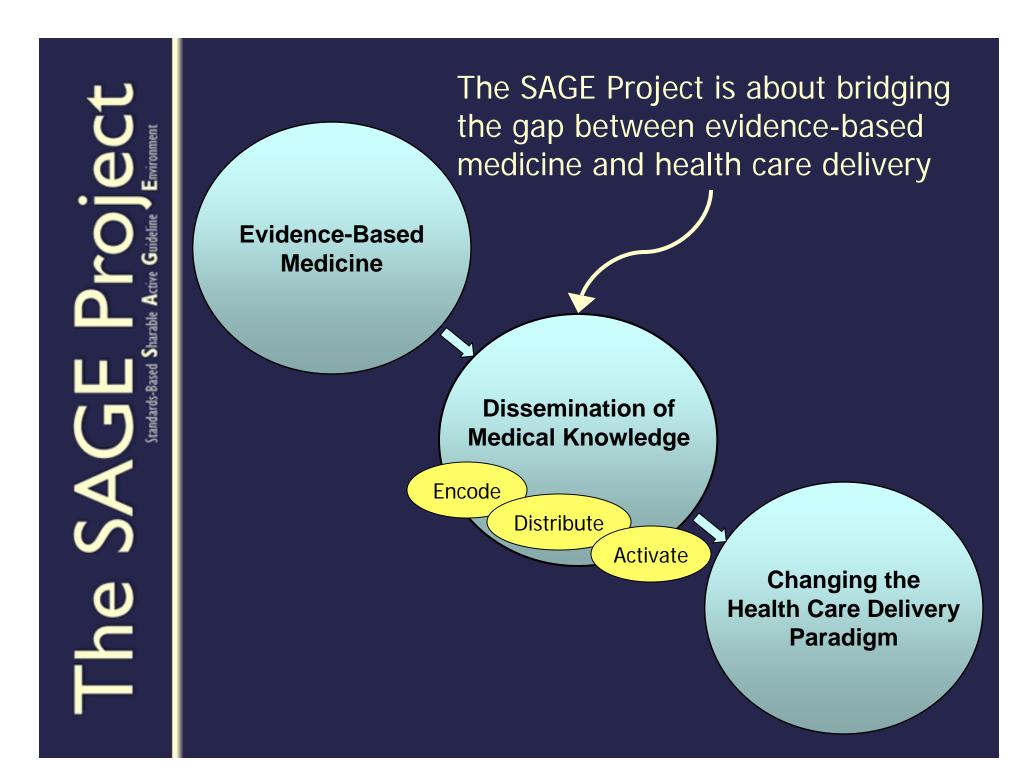


Specification of Standards

A common "layer" of terminology and information models that mediates guideline encoding and execution.

- ✓ Adoption of standard terminologies (e.g., LOINC, SNOMED CT)
- ✓ Specification of standard information models (e.g., for patient data).
- ✓ Specification of a standard for guideline knowledge representation.
- ✓ Employment of a standard expression language for guideline logic.







Robert Abarbanel, MD, PhD

Senior Director, Health Informatics

IDX Systems, Seattle

Robert_Abarbanel@idx.com

1

Key Problems to Solve:

Functionality

- Represent guideline knowledge in a manner that is both comprehensive and computable.
- > Manage complexity during encoding and deployment.
- Activate guideline content via functions of clinical information systems.

Interoperability

- > Deploy encoded guideline content widely.
- > Semantic interoperability sharing usable knowledge.
- > Install and "map" guideline content at reasonable costs.
- > Execute guideline content in multiple HIS environments.

A Key Technical Consideration:

Active Deployment of Guideline Content

- > Active use of patient EMR data by clinical decision support.
- > Patient-specific recommendations.
- > Integrate recommendations with care workflow.

SAGE Project Approach:

Build on an invaluable foundation of previous work.

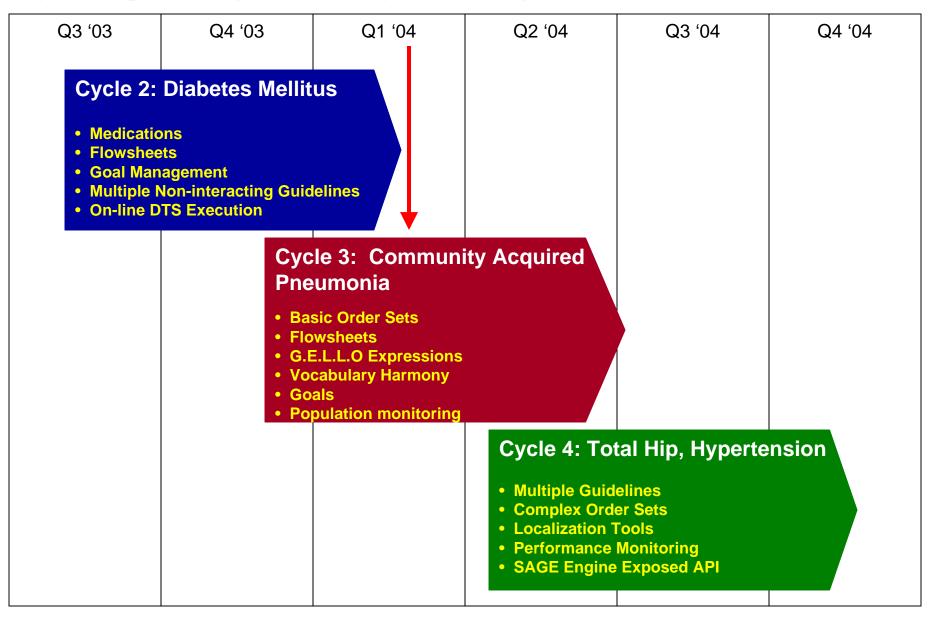
Alignment with national health information standards.

Organization into cross-partner work teams.

Iterative prototyping / development cycles

SAGE Iterative Development

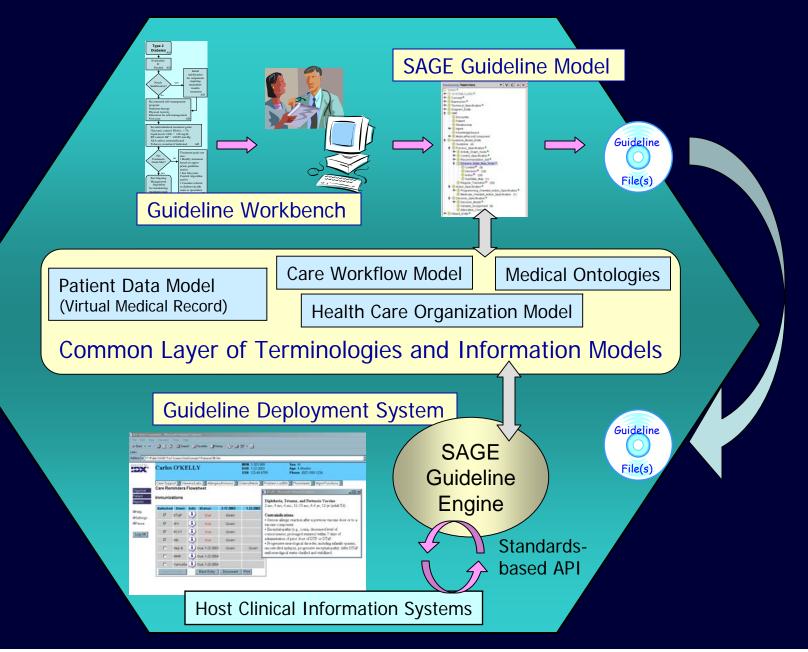
Cycle Scope and Objectives for Cycles 2 through 4

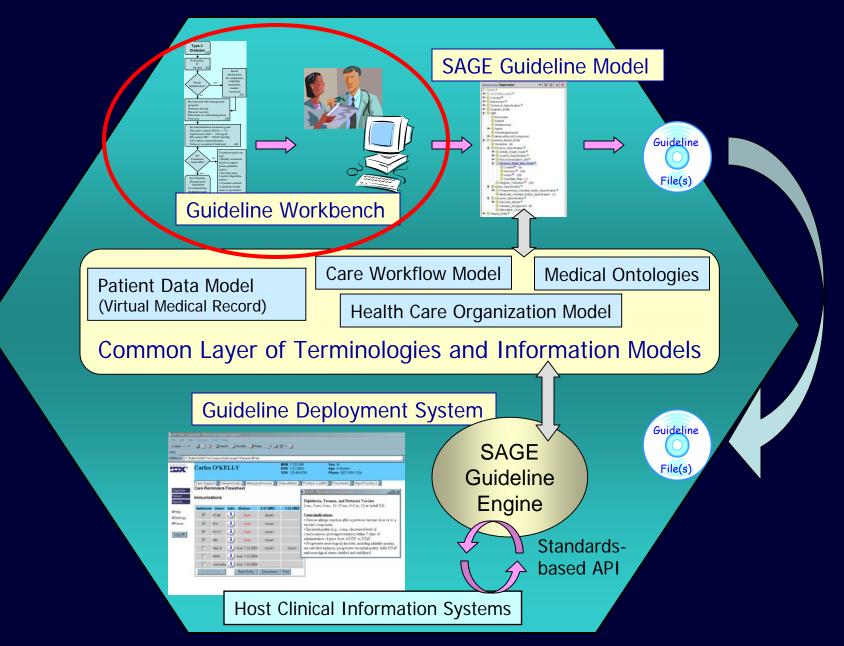


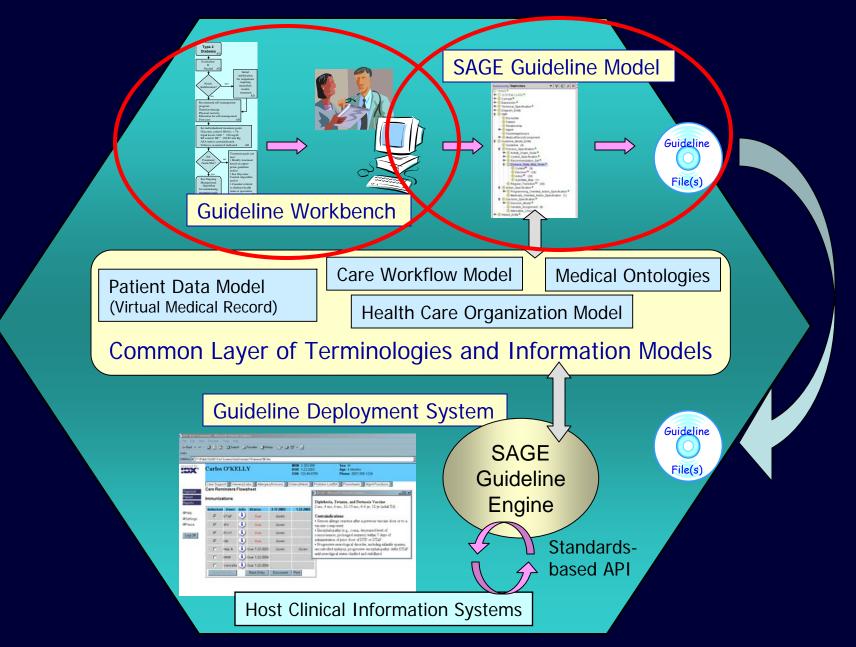
SAGE Exemplar Guidelines

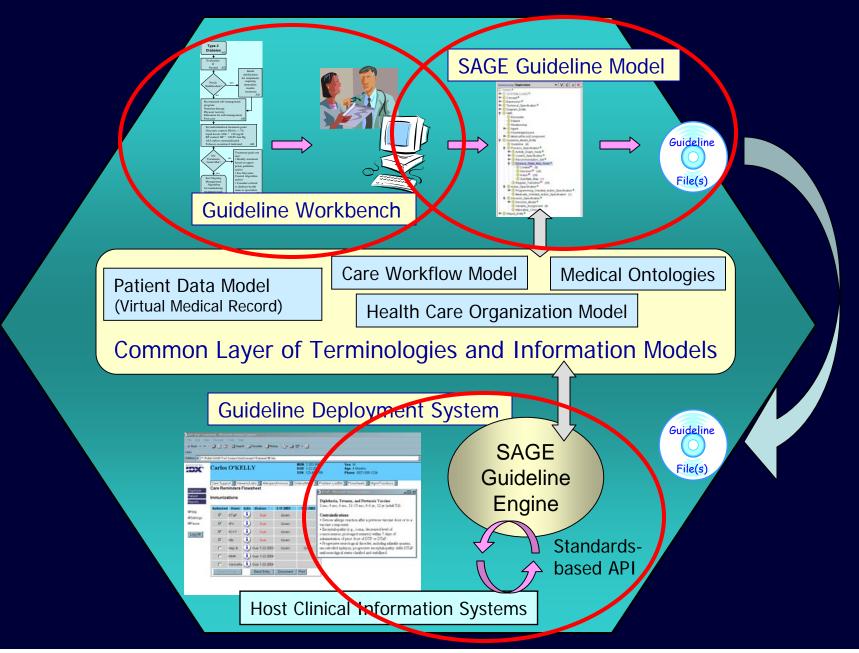
Guideline	Clinical Domain
Immunizations	Routine health maintenance, in both outpatient and inpatient settings.
Diabetes Management	Chronic disease monitoring and treatment. Acute exacerbation of chronic disease. Chronic disease as a cormorbidity.
Community Acquired Pneumonia	Emergency room evaluation and diagnosis. Outpatient treatment of acute disease. Inpatient and ICU treatment of acute disease. Follow-up of acute disease.
Total Joint Replacement	Surgical guideline. Comprehensive pre-op workup, inpatient plan of care, and post-op outpatient management.

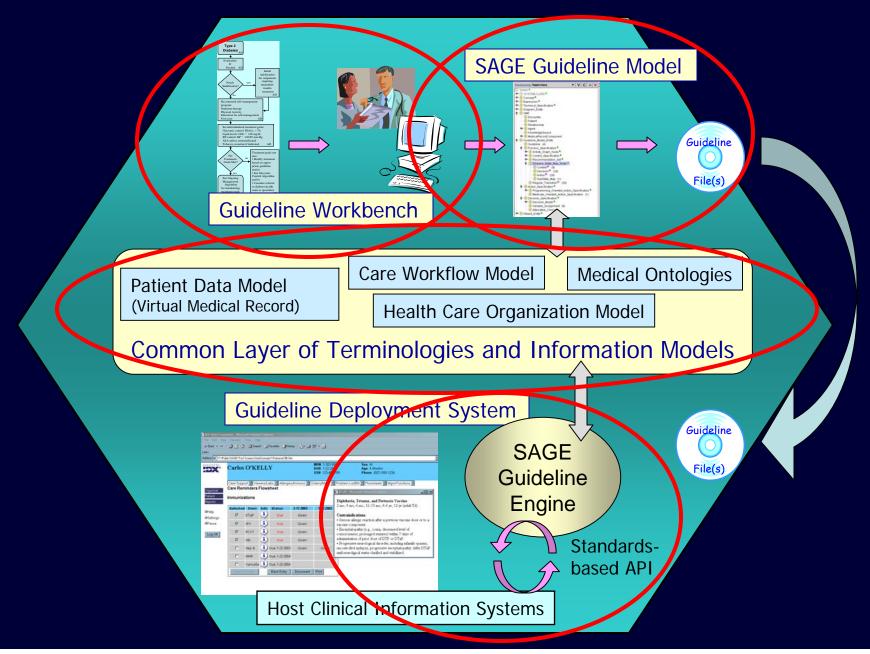






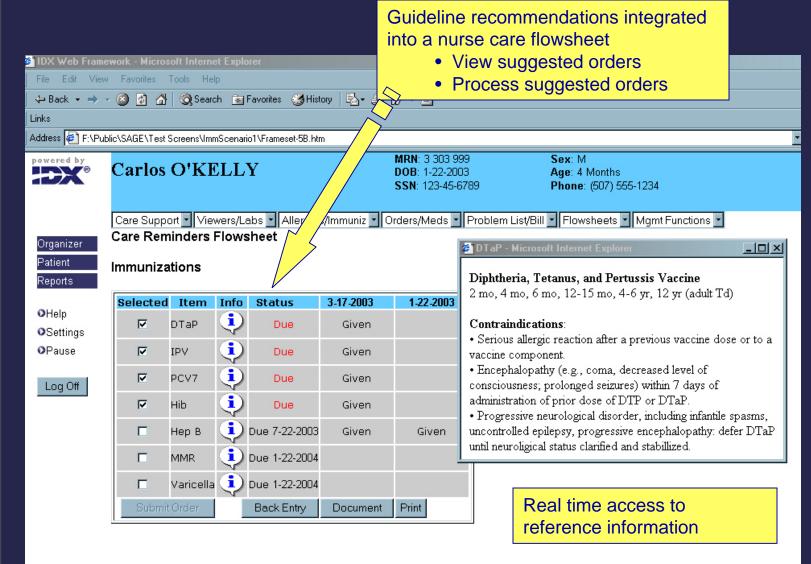








"Activating Guideline Content"



IDX Systems Corporation - Proprietary and Confidential

Guideline Modeling Overview

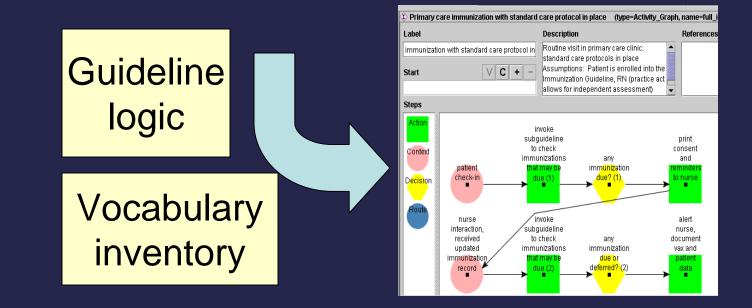
• Scenario-driven modeling

 Clinical scenario: Patient arrives for visit with primary physician. At check-in, SAGE checks for immunizations that are due and prints consents and information sheets. Nurse then reviews any other shots received, updates the record, and records immunizations given that day in CareCast

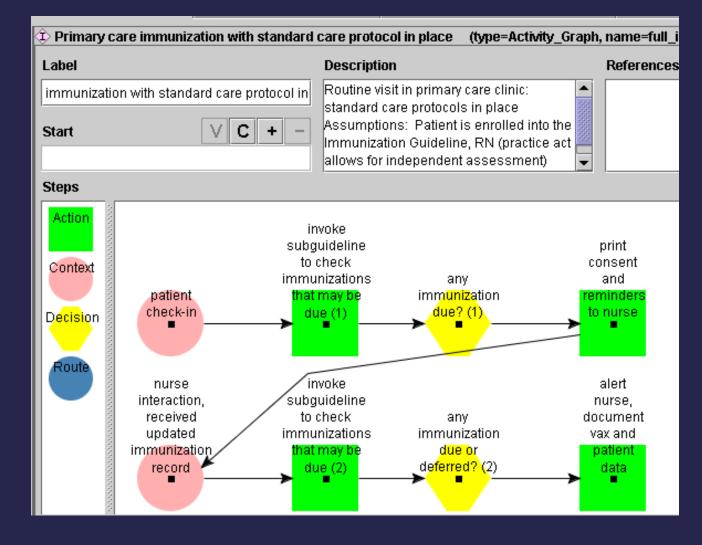
Guideline Modeling Overview

• Scenario-driven modeling

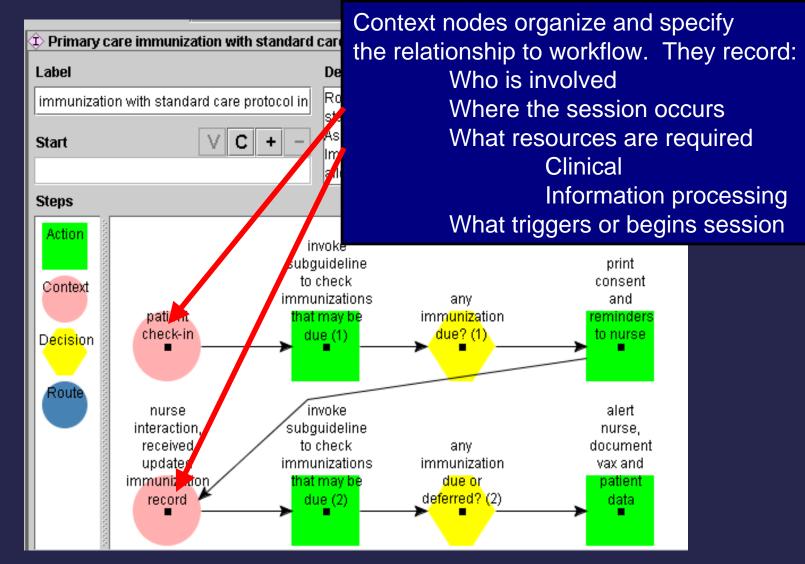
 Clinical scenario: Patient arrives for visit with primary physician. At check-in, SAGE checks for immunizations that are due and prints consents and information sheets. Nurse then reviews any other shots received, updates the record, and records immunizations given that day in CareCast



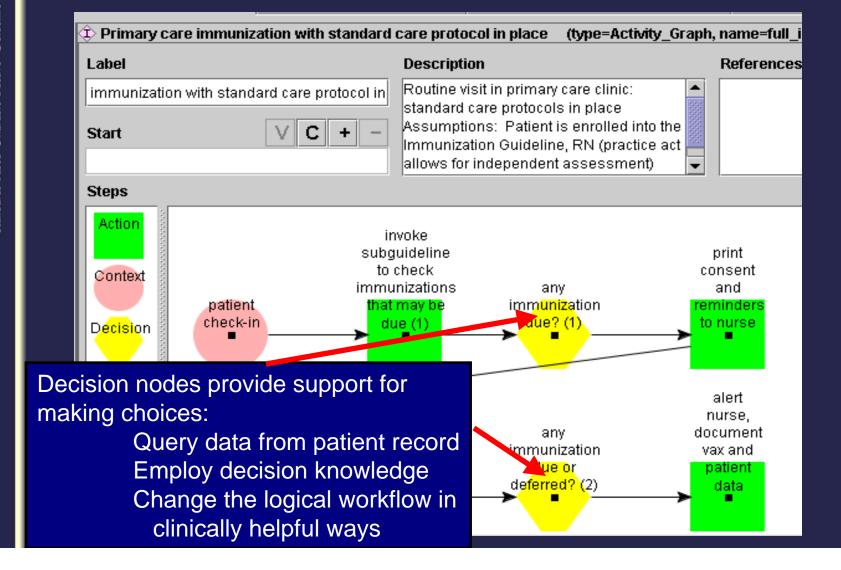
Top-Level Workflow-Aware Process



SAGE Context Model: Workflow Specification and Sharing



SAGE Decision Model: Clinical Decision Making

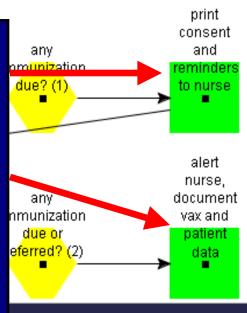


SAGE Action Model: Creating Interventions for Favorable Outcomes In the primary care immunization with standard care protocol in place. (type=Activity Graph, name=full i Description Label References Routine visit in primary care clinic: immunization with standard care protocol in standard care protocols in place Assumptions: Patient is enrolled into the Start Immunization Guideline, RN (practice act allows for independent assessment) Steps Action invoke

subquideline

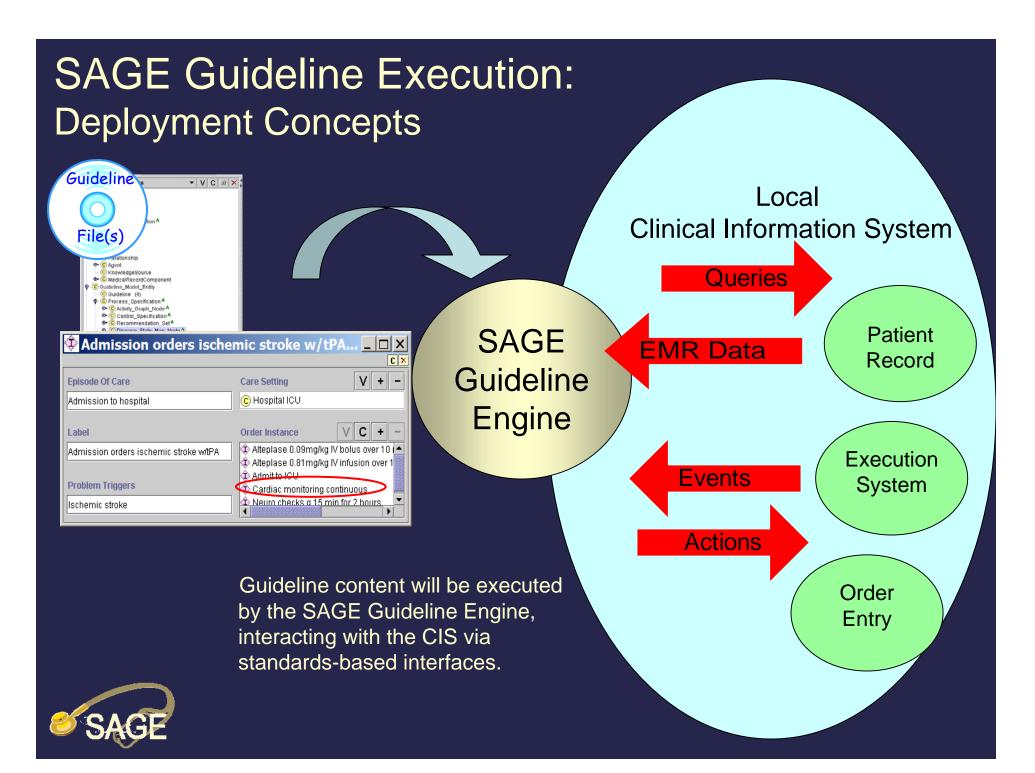
Action nodes define activity to be accomplished by clinical information system: User interaction and query Order sets Referrals Appointments and scheduling Goal setting Documentation and recording Messaging, print and paging

Sub-guidelines



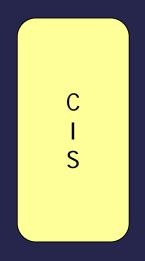
SAGE VMR

- Set of broad classes of clinical information \rightarrow generic information model
 - Classes that a decision support system would need to read and write data to/from an electronic patient record
 - Model designed to be implementation independent, but with sufficient expressiveness to allow guideline execution
- Follows "vMR" initially proposed by Johnson, Tu, Musen, and Purves
 - "A Virtual Medical Record for Guideline-Based Decision Support" – AMIA 2001

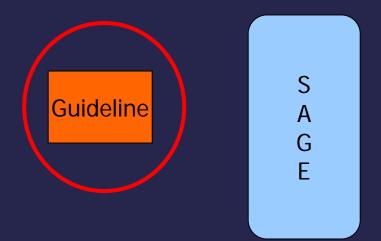




VMR Services	B	
CIS Actions	n d i	
SAGE Notif- ications	n g	

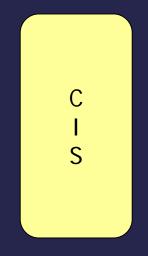




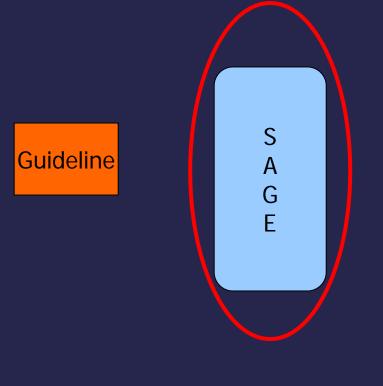


Authored in Protégé Localized using Protégé Guideline described using standard VMR classes, CIS Actions Standard Terminology

VMR Services	B	
CIS Actions	n d i	
SAGE Notif- ications	n g	





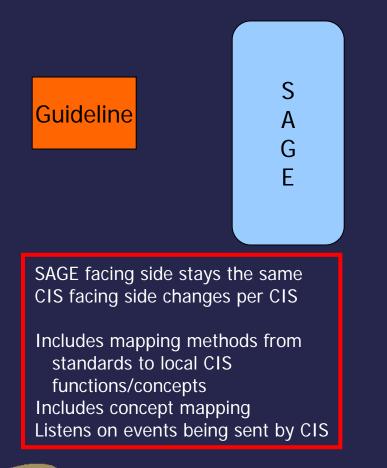


Executes the guideline

VMR Services	B
CIS Actions	n d i
SAGE Notif- ications	n g







VMR Services		
	B	
CIS	n	
Actions	d i	
	n	
SAGE Notif-	g	
ications		





"A collaborative project to develop a universal framework for encoding and disseminating electronic clinical guidelines"





II. SAGE Technology in Action



What's on the SAGE CD ?

Guideline Metadata	Information about the encoded guideline: Version, source, authors, dates, etc.	.doc (also included in .xml files)
Guideline Logic	The encoded clinical and operational logic of the clinical practice guideline. This includes pointers to references and source data as appropriate	SGPR.xml SGPR.xml
Clinician readable logic	The guideline logic in a narrative format that is readable Guideline logic and understandable by practicing clinicians	XML, XSLT
Test data	Specification (or set) of test data that can be used to validate guideline logic	SGTD.xml
Installation data and scripts	Specification of the "system" requirements (HIS/CIS). Specifications, resources/capabilities required to run this executable guideline	Text, programs
Support Tools	Tailoring, mapping, binding tools	Programs



Additional Information

Tailoring Tools

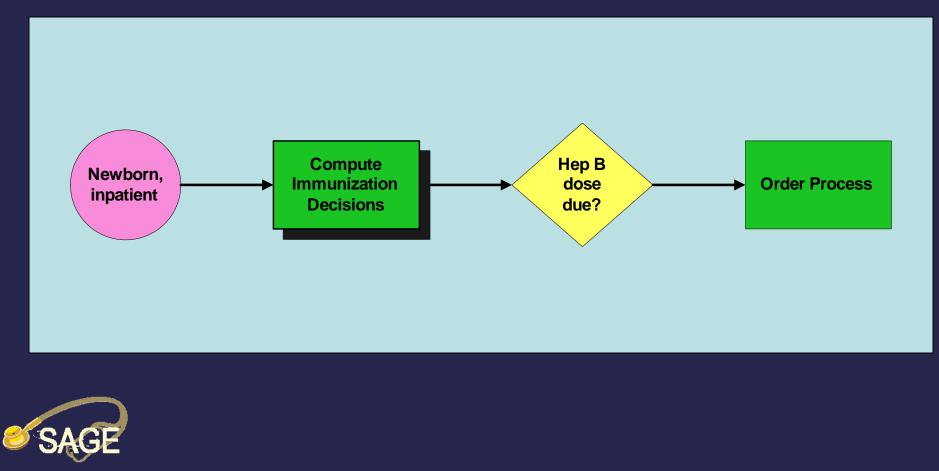
- Vocabulary mapping, Binding Assistance
- Execution Semantics
 - Order of evaluation, subsumption rules, ...
- Setup and Installation
 - Discussion, examples, tools, assistance
- vMR Specification
 - Patient data information, API, actions
- CIS Conformance
 - Capabilities needed by SAGE friendly CIS

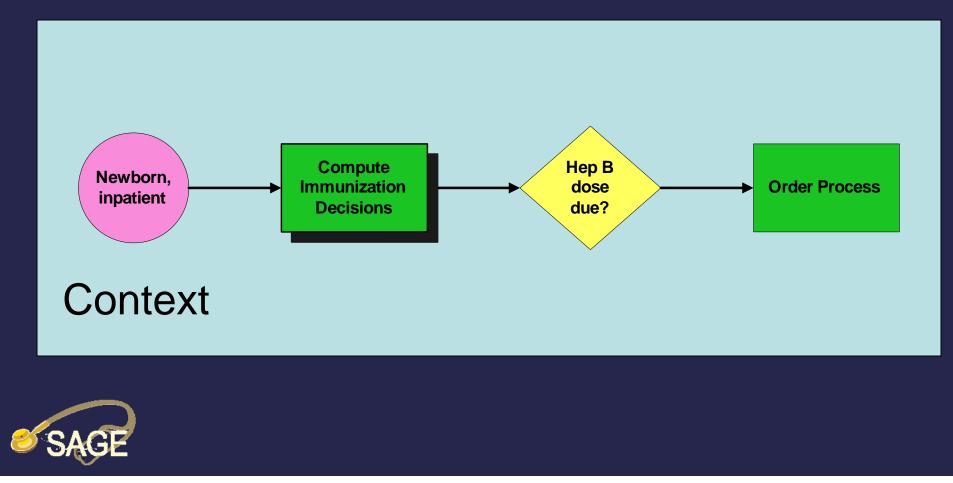


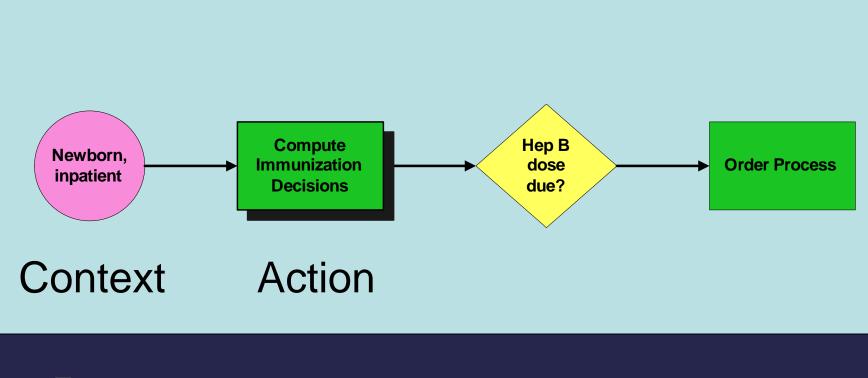
SAGE Exemplar Guidelines

Guideline	Clinical Domain
Immunizations	Routine health maintenance, in both outpatient and inpatient settings.
Diabetes Management	Chronic disease monitoring and treatment. Acute exacerbation of chronic disease. Chronic disease as a cormorbidity.
Community Acquired Pneumonia	Emergency room evaluation and diagnosis. Outpatient treatment of acute disease. Inpatient and ICU treatment of acute disease. Follow-up of acute disease.
Total Joint Replacement	Surgical guideline. Comprehensive pre-op workup, inpatient plan of care, and post-op outpatient management.

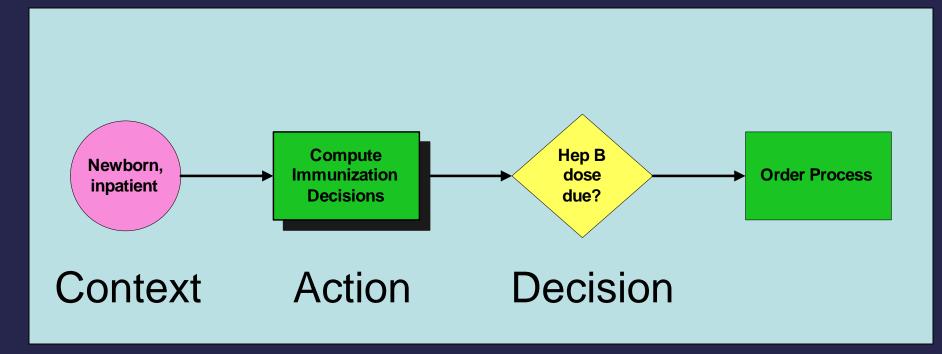




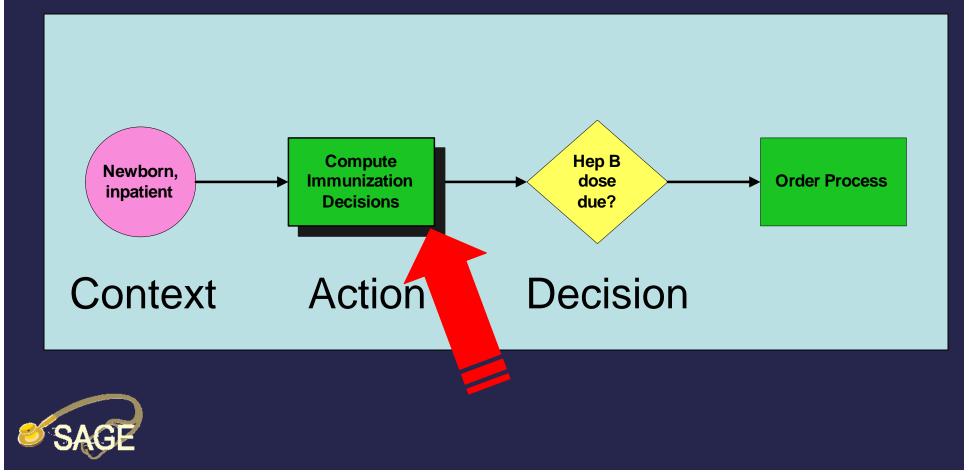


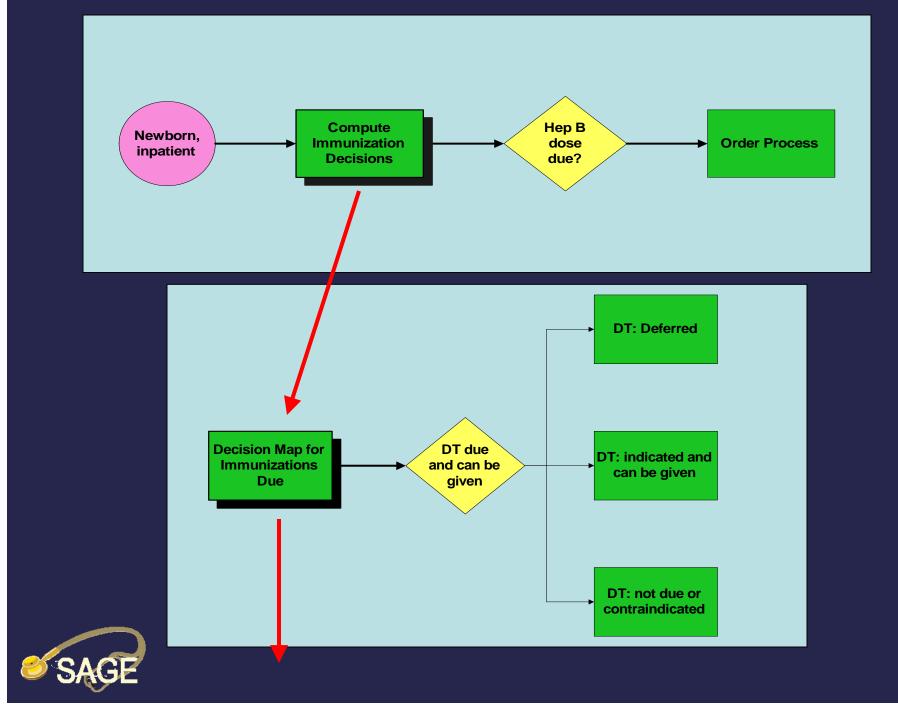




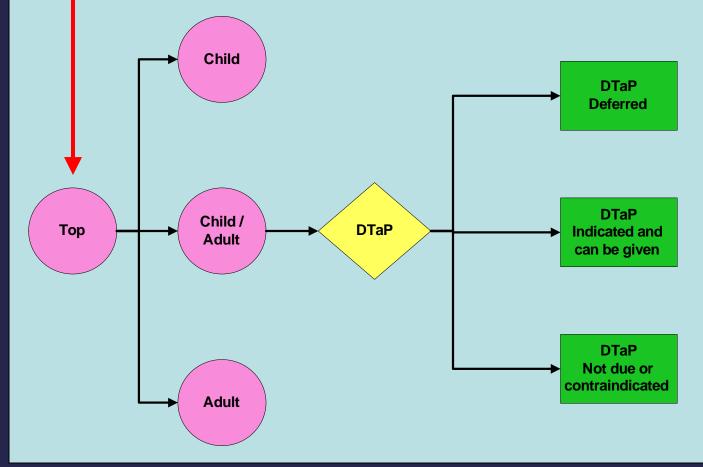








Immunization Decisions: DTaP





Neonatal Orders for Immunization

Baby Boy Jones

✓ 2229 gram

- ✓ 34 week gestation neonate
- delivered by emergency C-section due to placental abruption



- ✓ His 20 year old mother received no prenatal care.
- Mother's urine drug screen was positive for methamphetamines.
- ✓ Mother's HBsAg serology was positive.
- ✓ Problem listed: "newborn exposure to Hepatitis B"



Neonatal Orders for Immunization

Baby Boy Jones

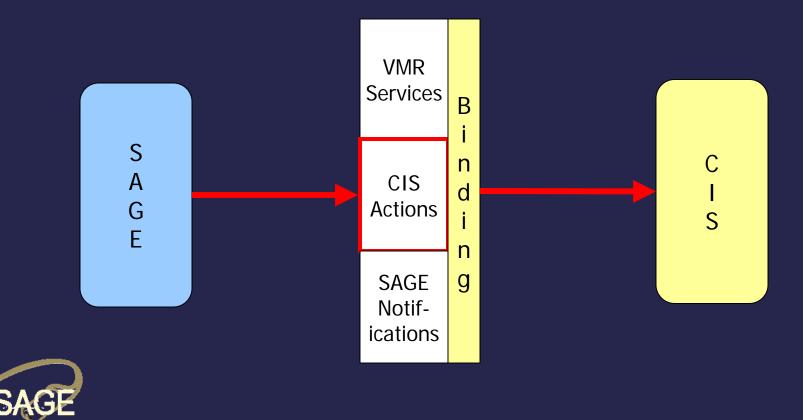
Expected SAGE Behavior (4 orders):

- 2 Substance administrations due immediately
 - Hepatitis B vaccine injection
 - Hepatitis B Immune Globulin (HBIG)
- 2 Serologic tests due 9 months in the future
 - Hepatitis B core antibody levels (anti-HBc)
 - Hepatitis B surface antigen levels (HBsAg)



Neonate w/ HepB positive mother

SAGE Actions Pending orders created in the CIS.

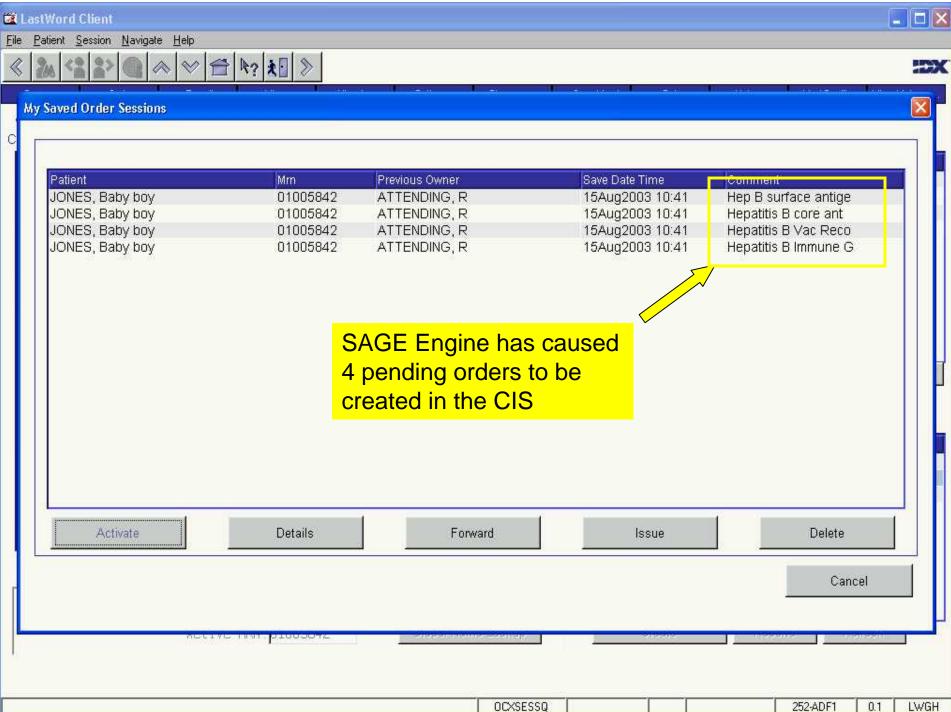


💐 01005842 JONES, Baby boy - M			
File Patient Session Navigate Help			
_< 🌺 <â â> 🚱 🗠 😪 🔂 №? 🐮 >	- 30 /100 /100 - 25/2	want 📻 wanning	EX
Demog ▼Orders ▼Results ▼Viewer Allergies ▼Pathways Pharmacy	▼ Care Mgmt ▼ Setup	Notes Med F	Profile Microbiology
Desktop	Patient List Directory	· · · · ·	
Current Patient List: PERS: Sage Testing Attending, Ray			
MRN Patient Name Other Information 01005800 ANDERSON, Paige	List Name Hotlist	Туре	Owner
01005867 CHAPMAN,Lucy	CAR Service	CNSS	
01005776 HORNER, Jack	Sage Testing 🤎	PERS	Attending,
01005842 JONES,Baby boy LWGH A401 Attending, Ray 01005784 MCCRAY,Jim	TemporaryList	PERS	Attending,
01005784 MCCRAY,Jim 01005834 SMITH,Suzy			
01005875 STOCK,Marie			
01005883 THOMAS, John			
01005826 TUCKER,Tommy 01005792 WHITE,Tristan			
STODY'S2 WWITE, ITSLAT			
		.	
	Select Make De	fault Make Fre	q Move/Remove
	InBox Messages		
	C All Mine 💿 Patient		
	Notifications		Count
	Unsolicited	dor coccione	4
	Message from SAG		2
Select Remove Add Active Find Temp List Print List Refresh			
Command Central			
Active MRN: Global Name Lookup	Create	Resolve	Refresh
,			
LSTMD	19Aug2003 Tue 1D	252-ADF	1 0.3 LWGH

🛱 01005842 JONES, Baby boy - M		
File Patient Session Navigate Help \ll \aleph \aleph \bowtie \bowtie \aleph N <		:DX
Demog ▼Orders ▼Results ▼Viewer Allergies ▼Pathways Pharmacy	▼Care Mgmt ▼Setup Notes	Med Profile Microbiology
Desktop Current Patient List: PERS: Sage Testing Attending, Ray	Patient List Directory	
MRN Patient Name Other Information 01005800 ANDERSON,Paige 01005867 CHAPMAN,Lucy 01005766 HORNER,Jack JONES,Baby boy LWGH A401 Attending, Ray 01005842 JONES,Baby boy LWGH A401 Attending, Ray 01005843 SMITH,Suzy 01005875 STOCK,Marie 01005826 TUCKER,Tommy 01005826 TUCKER,Tommy 01005792 WHITE,Tristan VHITE,Tristan	Hotlist CAR Service C Sage Testing 🎔 Pl	NALES NO.
Select Remove Add Active Find Temp List Print List Refresh		
Command Central Command: Active MRN: Global Name Lookup	Create Res	olve Refresh
LSTMD	19Aug2003 Tue 1D	252-ADF1 0.3 LWGH

💐 01005842 JONES, Baby boy - M						
<u>Eile Patient Session Navigate Help</u>						
< 🌺 <â â> 🚱 🗠 🗠 🚍 ҟ? ;	t 🖸 📎					:EX
Demog ▼Orders ▼Results ▼	/iewer Allergies ▼ Pathways	Pharmacy	▼ Care Mgmt	▼ Setup	Notes	Med Profile Microbiology
Desktop			Patient List	Directory	1.	
Current Patient List: PERS: Sage T	esting Attending, Ray		Freq	C Folde	rs C Avail	
MRN Patient Name	Other Information		List Name		Туре	Owner
01005800 ANDERSON,Paige			Hotlist		NAMES -	I polytopick
01005867 CHAPMAN,Lucy			CAR Serv		CNSS	
01005776 HORNER, Jack			Sage Test	and the second se	PERS	Attending,
01005842 JONES,Baby boy	LWGH A401 Attending, R	ау	Temporary	/List	PERS	Attending,
01005784 MCCRAY,Jim 01005834 SMITH,Suzy						
01005875 STOCK,Marie						
01005883 THOMAS,John						
01005826 TUCKER Tommy						
01005792 WHITE,Tristan						
10			-			
			Select	Make	Default Mak	e Freg Move/Remove
			A	2008	Deladit	INIOVE/IXEINOVE
			InBox Mess	ages		
			C All Mine	e 💿 Patier	nt	
	GE Engine has cau	sed	Notifications	3		Count
<u>4 n</u>	ending orders to be		E Unsoli			
	· · · · · · · · · · · · · · · · · · ·		1.4 0.000 0.000 0.000		order sessions	4
Crea	ated in the CIS		⊢Messa	ige from SA	AGE Engine	2
Select Remove Add Active F	ind Temp List Print List	Refresh				
			-			
Command Central			-			
Command:						
Active MRN:	Global Na	me Lookup	Ci	reate	Resolve	Refresh
1	5					
		.LSTMD	19Aug2003 Tue	1D	25	i2-ADF1 0.3 LWGH

💐 01005842 JONES, Baby boy	- M						
<u>File Patient Session Navigate He</u>	elp						
< 🊵 🗳 🍰 🚱 🔺	🗸 🔁 🖈 🧎 🕅						:DX
Demog 🔹 Orders 📼	Results 🔷 Viewer	Allergies 🔷 🔻 Pathw	ays Pharmacy	🔻 Care Mgmt	▼ Setup	Notes M	ed Profile 👘 Microbiology
Desktop				Patient Lis	t Directory		
Current Patient List:	PERS: Sage Testing	Attending, Ray		Freq	C Folders	o Avail	
MRN Patient Name	Othe	r Information		List Name		Туре	Owner
01005800 ANDERSON,				Hotlist			1
01005867 CHAPMAN,L 01005776 HORNER,Jac				CAR Sen		CNSS PERS	Attending
01005776 HORNER, Jan 01005842 JONES, Baby		GH A401 Attending	n Rav	Sage Tes Temporar	and the second se	PERS	Attending, Attending,
01005784 MCCRAY,Jin			3,,,,,,,	- Incomportai	yelot	1 Erro	, aconding,
01005834 SMITH,Suzy							
01005875 STOCK,Mari							
01005883 THOMAS,Jol 01005826 TUCKER,To							
01005792 WHITE,Trista							
				8.00		e n []	-
				Select	Make D	efault Make	Freq Move/Remove
				InBox Mes	sages		
				C All Min	e 💽 Patient		
	SAGE EI	ngine has ca	aused	Notification	s		Count
	4 pendin	g orders to	he	Unsol			
		—				rder sessions	4
	created I	n the CIS		- Mess	age from SA	SE Engine	2
	rr						
Select Remove Ad	d Active Find	Temp List Print	List Refresh				
	12 162	162	16-2	_			
Command Central	Command:						
	Active MRN:	Globa	l Name Lookup	C	reate	Resolve	Refresh
				-		J	
			.LSTMD	19Aug2003 Tue	1D	252-	ADF1 0.3 LWGH



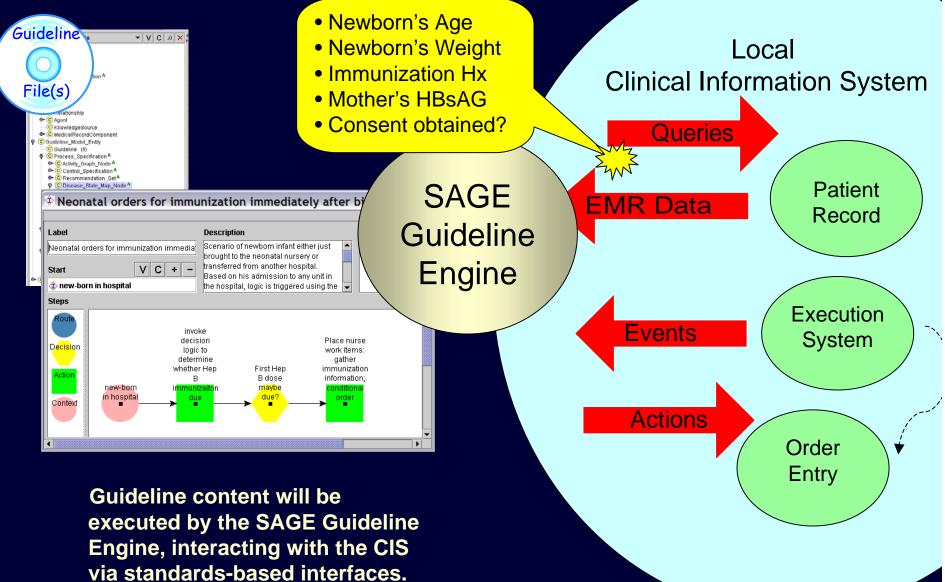
	2 2	
OCXSESSQ		252-ADF1

0.1

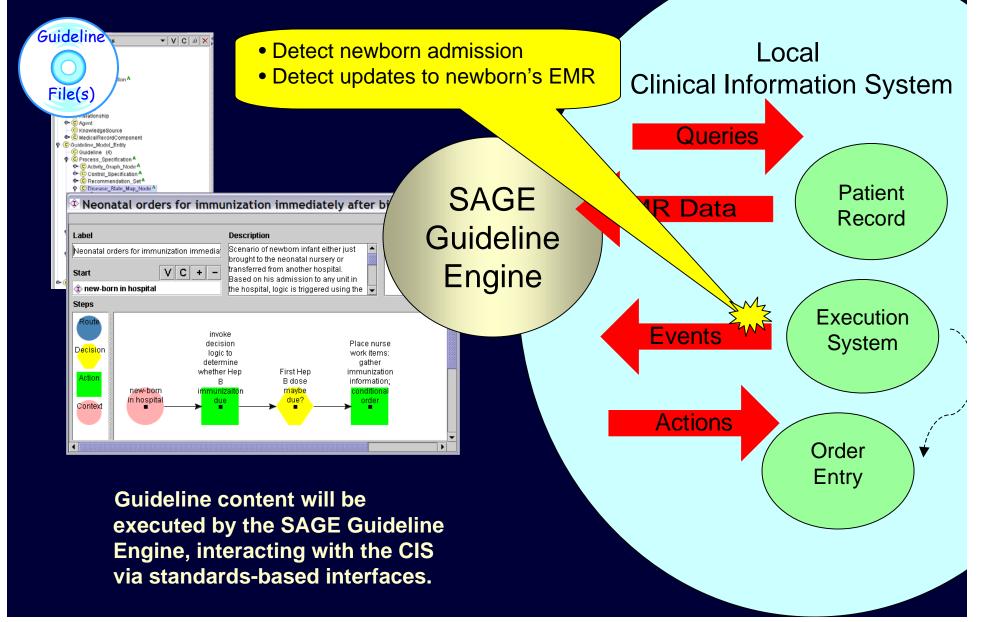
📾 01005842 JONES, Baby boy - M							
<u>Eile Batient Session Navigate H</u> elp							
< 🌺 🗳 🎥 🎯 🖍 🗸 🛨 🍖 📎							:DX
Demog ▼Orders ▼Results ▼Viewer Aller	jies ▼ Pathways	Pharmacy	🝷 Care Mgmt	✓ Setup	Notes	Med Profile	Microbiology
Patient Problem List	Patient Order List-						
			Expand	Change Con	text Prefs	Save Sessio	on 🗠 🗤
Status Problem Description Gde	Current order		ST	Sub ST	Start Date	Freblem	
A Newborn exposure to maternal h	Hepatitis B Vac Re	ecombinant In	j inj U	READY	15Aug2003		
					Low We Drokes		-
Guidelines Update Problem					Modify	D/C	Issue
Dept Buttons Common Order Sets Search	Meds Pers	onal Preso	riptions				
Common Orders	•••••				14		
					Order Selection	on	
MEDICATIONS					1		
					-		
						s Historical	
Order Tev	t Search:		_			s Prescript:	ion
Button Dept: MED					Select C	rder	
		T og som som					
		ORDER	14Aug2003 T	hu 1D		252-ADF1	3.5 LWGH

🗱 01005842 JONES, Baby boy - M							
<u>File Patient Session Navigate H</u> elp							
≪ 🌺 📽 🍰 🎯 🔺 🗸 🖆 №? 🐮 ≫							:DX
Demog ▼Orders ▼Results ▼Viewer Allerg	ies v Pathways	Pharmacy	✓ Care Mgmt	✓ Setup	Notes	Med Profile	Microbiology
	atient Order List—						
All C Active Add:			Expand C	hange Cont	ext Prefs	Save Sessi	on l
Status Problem Description Gde	Ourrent Order		ST	Sub ST	Start Date	the supplication of the su	
A Newborn exposure to maternal h	Hep B surface ant	igen level	U	READY	10May2004		
Guidelines Update Problem	20				Modify	D/C	Issue
			.07.		modily		10000
Dept Buttons Common Order Sets Search	Meds Pers	onal Pres	criptions				
Common Orders							
					Order Selectic	on	
MEDICATIONS							
						Historica	1
						Prescript	
	: Search:				Select O		
Button Dept:MED						and des	
		ORDER	14Aug2003 TI	hu 1D		252-ADF1	1.7 LWGH
		1 Onder	114Aug2003 11			232ADIT	Tr I LWGH

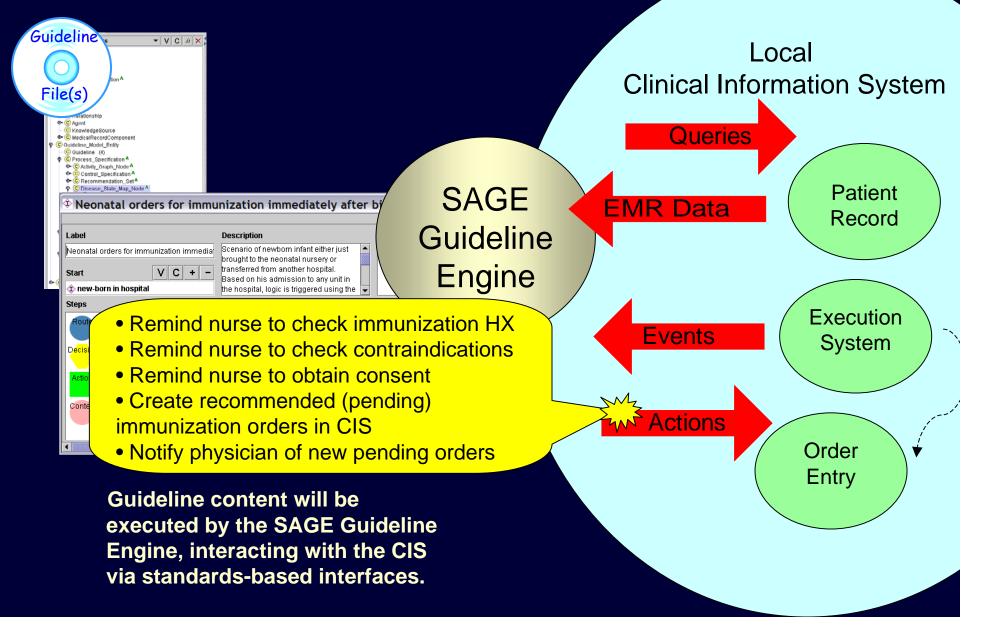
SAGE Guideline Execution: Neonatal Orders for Immunization



SAGE Guideline Execution: Neonatal Orders for Immunization



SAGE Guideline Execution: Neonatal Orders for Immunization



SAGE Flowsheet

- A user interface for viewing CIS data supplemented by SAGE recommendations: soft influence
- Ability to place <u>orders</u> into the CIS
- <u>Rationale</u> provided for recommendations
- <u>Updates</u> allowed for input of new values
- Supports care goals



bowered by	John	ANDERSON		MRN: 100 Sex: M SSN: 0	5941		gust 20, 1937 5 YEARS					
	Demog	▼ Orders	Viewer Allergie	s	✓ Pathways	Pharmacy	▼ Care I	vlgmt	 Setup 			
Home	Care Su	pport Flowsheet										
Organizer	Diabetes											
	Selecte	dItem	Ref Value	In	foStatus	Chart Now	03-16-04	11-20-0	307-20-			
Reports			Nml 💿 Goal			3-18-04						
	🗄 Gener	al Info										
		Height (CM)	150-250				117.8	177.8				
		Weight (KG)	60-90				80.7	80.7				
		Systolic BP (MMHG)	90-140				160	122				
		Diastolic BP (MMHG)	60-90				100	72				
		HR (BEATS/MIN)	50-95				76	76				
		Resp (BEATS/MIN)	15-20				20	20				
		Temp (DEGREEC)	36.1-37.8				37.0	37.0				
	Information Required											
		New CV signs/sx? ()				-						
Help Sablia as		Tobacco use status? ()				-						
5ettings Links		Foot exam ()				-						
Email	🗉 Diabet	es Mellitus					•1	1				
Pause	Assessme	ent		2.0								
Exit		Home Glucose High (mg/dl)	100-150					120				
		Home Glucose Low (mg/dl)	80-130					85				
		Smoker/Tobacco use				-						
		Foot Exam				-	I	normal	normal			
		Annual Retinal Exam				•						

powered by	John	ANDERSON		MRN: 10059 Sex: M SSN: 0	141	DOB: Au Age: 66. Phone:	gust 20, 1937 5 YEARS				
	Demog	▼ Orders	r Viewer 💦 Allergie	s 🔻	Pathways	Pharmacy	🔻 Care N	/lgmt •	 Setup 		
Home	Care Su	pport Flowsheet									
	Diabetes										
Organizer Reports	Selecte	dItem	P.I Value		Status	Chart Now 3-18-04	03-16-04	11-20-0	3 07-20-0		
	🗉 Genera	al Info	Nml 💿 Goal			10 TO 04					
		Height (CM)	150-250				117.8	177.8			
		Weight (KG)	60-90				80.7	80.7			
		Systolic BP (MMHG)	90-140				160	122			
		Diastolic BP (MMHG)	60-90				100	72			
		HR (BEATS/MIN)	50-95				76	76			
		Resp (BEATS/MIN)	15-20				20	20			
		Temp (DEGREEC)	36.1-37.8				37.0	37.0			
	🗉 Inform	ation Required									
		New CV signs/sx? ()				-					
 Help Settings 		Tobacco use status? ()				•					
D Links		Foot exam ()				-					
D Email	In Diabetes Mellitus										
Pause	Assessme	ent									
Exit		Home Glucose High (mg/dl)	100-150					120			
		Home Glucose Low (mg/dl)	80-130					85			
		Smoker/Tobacco use				-					
		Foot Exam				-		normal	normal		
		Annual Retinal Exam				•					

powered by	John	ANDERSON	S	RN: 1005941 ex: M SN: 0	DOB: Au Age: 66. Phone:	gust 20, 1937 5 YEARS						
	Demog	▼ Orders	/iewer Allergies	✓ Pathways	Pharmacy	👻 Care N	/igmt 🔹	• Setup				
Home	Care Su	pport Flowsheet										
	Diabetes											
Organizur			Ref Value		Chart			12 12 12 12 12 12 12 12 12 12 12 12 12 1				
Reports	Selected	ultem (Nml 오 Goal	InfoStatus	Now 3-18-04	03-16-04	11-20-0	307-20-0				
12	🗄 Genera	al Info	MMI - GOAL	<u> </u>								
		Height (CM)	150-250			117.8	177.8					
		Weight (KG)	60-90			80.7	80.7					
		Systolic BP (MMHG)	90-140			160	122					
		Diastolic BP (MMHG)	60-90			100	72					
		HR (BEATS/MIN)	50-95			76	76					
		Resp (BEATS/MIN)	15-20			20	20					
		Temp (DEGREEC)	36.1-37.8			37.0	37.0					
	Information Required											
		New CV signs/sx? ()			-							
 Help Settings 		Tobacco use status? ()			-							
O Links		Foot exam ()			-							
O Email O Pause	🗄 Diabetes Mellitus											
	Assessme	ent				-						
 Exit 		Home Glucose High (mg/dl)	100-150			-	120					
		Home Glucose Low (mg/dl)	80-130				85					
		Smoker/Tobacco use			-							
		Foot Exam			•		normal	normal				
		Annual Retinal Exam			•							

owered by	John	ANDERSON	S	RN: 1005941 ex: M SN: 0	DOB: Au Age: 66. Phone:	gust 20, 1937 5 YEARS		
	Demog	▼ Orders ▼ Results ▼ ^N	Viewer Allergies	✓ Pathways	Pharmacy	✓ Care I	/lgmt ·	 Setup
Home	Care Su	pport Flowsheet						
Organizer	Diabetes				Chart			
	Selected	dItem	Ref Value	InfoStatus	Now	03-16-04	11-20-0	3 07-20
Reports			Nml 오 Goal	•	3-18-04			
		Height (CM)	150-250			117.8	177.8	
		Weight (KG)	60-90			80.7	80.7	
		Systolic BP (MMHG)	90-140			160	122	
		Diastolic BP (MMHG)	60-90			100	72	
		HR (BEATS/MIN)	50-95			76	76	
		Resp (BEATS/MIN)	15-20			20	20	
		Temp (DEGREEC)	36.1-37.8			37.0	37.0	
	🗉 Inform	nation Required					1	
		New CV signs/sx? ()			-			
Help		Toktero use status? ()			-			
) Settings) Links	H	Foot exam ()			-			
Email	🗉 Diabet	es Mellitus			,	-1	1	
Pause	Assessme	ent						
> Exit		Home Glucose High (mg/dl)	100-150				120	
		Home Glucose Low (mg/dl)	80-130				85	
		Smoker/Tobacco use			-			
		Foot Exam			-	I	normal	norma
		Annual Retinal Exam			•	[

bwered by	John	ANDERSON		MRN: 100(Sex: M SSN: 0	5941	DOB: Au Age: 66. Phone:	gust 20, 1937 5 YEARS		
	Demog	▼ Orders	Viewer Allergie	s -	✓ Pathways	Pharmacy	✓ Care	Mgmt ·	• Setup
Home	Care Su	pport Flowsheet							
Organizer	Diabetes					\frown			
	Selecte	dItem	Ref Value	Inf	Status	Chart Now	03-16-04	4 11-20-0	307-20-0
Reports			Nml 💿 Goal	0		3-18-04			
	🗄 Genera	al Info					-		
		Height (CM)	150-250				117.8	177.8	
		Weight (KG)	60-90				80.7	80.7	
		Systolic BP (MMHG)	90-140				160	122	
		Diastolic BP (MMHG)	60-90				100	72	
		HR (BEATS/MIN)	50-95				76	76	
		Resp (BEATS/MIN)	15-20				20	20	
		Temp (DEGREEC)	36.1-37.8				37.0	37.0	
	🗉 Inform	ation Required							
		New CV signs/sx? ()				-			
 Help Settings 		Tobacco use status? ()				-			
O Links		Foot exam ()				-			
O Email	🗉 Diabet	es Mellitus				F			
Pause	Assessme	ent							
O Exit		Home Glucose High (mg/dl)	100-150					120	
		Home Glucose Low (mg/dl)	80-130		2			85	
		Smoker/Tobacco use				-			
		Foot Exam				_		normal	normal
		Annual Retinal Exam				•			

wered by	John	ANDERSON	MRJ Sex SSM		DOB: August Age: 66.5 YE Phone:							
	Demog	✓ Orders	Viewer Allergies	▼ Pathways	Pharmacy	▼ Care Mgmt	 Setup 					
Home	Care Su	pport Flowsheet										
Organizer	Diabetes											
	Selected	lItem	Ref Value	InfoStatus		-16-04 11-20-0	3 07-20-					
Reports			Nml 오 Goal 🤇		3-18-04							
	🗄 Genera	al Info										
		Height (CM)	150-250			17.8 177.8						
		Weight (KG)	60-90		8	0.7 80.7						
		Systolic BP (MMHG)	90-140			160 122						
		Diastolic BP (MMHG)	60-90			100 72						
		HR (BEATS/MIN)	50-95			76 76						
		Resp (BEATS/MIN)	15-20			20 20						
		Temp (DEGREEC)	36.1-37.8		3	7.0 37.0						
	🗉 Inform	ation Required										
		New CV signs/sx? ()										
ngs		Tobacco use status? ()			•							
iys		Foot exam ()			•							
	🗉 Diabetes Mellitus											
e	Assessme	nt		·								
		Home Glucose High (mg/dl)	100-150			120						
		Home Glucose Low (mg/dl)	80-130			85						
		Smoker/Tobacco use										
	μ	Foot Exam				normal	normal					
		Annual Retinal Exam										

		Nml 💿 Goal 🤇			3-18-04				
Gener	al Info								
- 🗆	Height (CM)	150-250				117.8	177.8		
- 🗆	Weight (KG)	60-90		Ĵ		80.7	80.7		
	Systolic BP (MMHG)	90-140				160	122		
- 🗆	Diastolic BP (MMHG)	60-90				100	72		
- 🗆	HR (BEATS/MIN)	50-95				76	76		
- 🗆	Resp (BEATS/MIN)	15-20		1		20	20		
	Temp (DEGREEC)	36.1-37.8				37.0	37.0		
Inform	ation Required								
- 🗆	New CV signs/sx? ()				-				
- 🗆	Tobacco use status? ()				-				
- 🗆	Foot exam ()	-			-				
Diabet	es Mellitus			1	,	1	1	1	
sessme	ent						10.		
	Home Glucose High (mg/dl)	100-150					120		130
	Home Glucose Low (mg/dl)	80-130					85		55
- 🗆	Smoker/Tobacco use				-				
- 🗆	Foot Exam				-		normal	normal	normal <u>1 of 2</u>
	Annual Retinal Exam				_				negative <u>l of 2</u>
	Cardiac Stress Test				•				
b Test	5	<i></i>							00. D2
- 🗆	HbA1c (%)	< 8	i	Due now			7.5	7.5	7.5
- 🗆	Fasting BG (mg/dl)	64-110		1			97		
	Total Cholestrol (MG/DL)	100-200							198
- 🗆	HDL (MG/DL)	40-70	i	Due now					34
	LDL (MG/DL)	< 130	i	Due now					135 1 of 2

		Nml 💿 Goal 🤇			3-18-04				
Gener	al Info								
- 🗆	Height (CM)	150-250				117.8	177.8		
-	Weight (KG)	60-90]		80.7	80.7		
- []	Systolic BP (MMHG)	90-140				160	122		
-	Diastolic BP (MMHG)	60-90				100	72		
- []	HR (BEATS/MIN)	50-95				76	76		
- []	Resp (BEATS/MIN)	15-20		1		20	20		
-	Temp (DEGREEC)	36.1-37.8				37.0	37.0		
nform	nation Required								
-	New CV signs/sx? ()				-				
- 🗆	Tobacco use status? ()				-				
-	Foot exam ()				-				
Diabet	es Mellitus			1		1	1	1	1 1
sessmo	ent								
- []	Home Glucose High (mg/dl)	100-150		0			120		130
-	Home Glucose Low (mg/dl)	80-130					85		55
- 🗆	Smoker/Tobacco use				-				
- 🗆	Foot Exam				-		normal	normal	normal <u>1 of 2</u>
- 🗆	Annual Retinal Exam				_				negative <u>l of 2</u>
	Cardiac Stress Test				-				
b Test	S	10					(A)		
- []	HbAlc (%)	< 8	i	Due now			7.5	7.5	7.5
-	Fasting BG (mg/dl)	64-110							
- 🗆	Total Cholestrol (MG/DL)	100-200							198
-	HDL (MG/DL)	40-70	i	Due now					34
- []	LDL (MG/DL)	< 130	i	Due now					135 1 of 2

		Nml 💿 Goal 🤅			3-18-04				
Gener	al Info								
- 🗆	Height (CM)	150-250				117.8	177.8		
	Weight (KG)	60-90]		80.7	80.7		
	Systolic BP (MMHG)	90-140				160	122		
	Diastolic BP (MMHG)	60-90				100	72		
- 🗆	HR (BEATS/MIN)	50-95		·		76	76		
- []	Resp (BEATS/MIN)	15-20				20	20		
	Temp (DEGREEC)	36.1-37.8				37.0	37.0		
Inform	nation Required								
- 🗆	New CV signs/sx? ()				-				
- 🗆	Tobacco use status? ()				-				
- 🗆	Foot exam ()				-				
Diabet	es Mellitus					1	- 1		
sessme	ent	101						-	
	Home Glucose High (mg/dl)	100-150					120		130
	Home Glucose Low (mg/dl)	80-130					85		55
- 🗆	Smoker/Tobacco use	-			-				
- 🗆	Foot Exam				-		normal	normal	normal <u>1 of 2</u>
	Annual Retinal Exam				•				negative <u>l of 2</u>
	Cardiac Stress Test				-				
b Test	5			\frown			(A)		
- 🗆	HbAlc (%)	< 8	i	Due now			7.5	7.5	7.5
- 🗆	Fasting BG (mg/dl)	64-110							
- 🗆	Total Cholestrol (MG/DL)	100-200							198
- 🗆	HDL (MG/DL)	40-70	i	Due now					34
- 🗆	LDL (MG/DL)	< 130	i	Due now	1				135 1 of 2

		Nml 🔍 Goal 📀			3-18-04				
ener	al Info			10					
- 🗆	Height (CM)					117.8	177.8		
- 🗆	Weight (KG)					80.7	80.7		
- 🗆	Systolic BP (MMHG)	< 130.0				160	122		
- 🗆	Diastolic BP (MMHG)	< 80.0				100	72		
- 🗆	HR (BEATS/MIN)			Î		76	76		
- 🗆	Resp (BEATS/MIN)					20	20		
- 🗆	Temp (DEGREEC)					37.0	37.0		
lforn	nation Required								
- 🗆	New CV signs/sx? ()				-				
- 🗆	Tobacco use status? ()			1	•				
- 🗆	Foot exam ()				-				
iabe	tes Mellitus	19	2			1 229			
essm	ent	vi							a
- 🗆	Home Glucose High (mg/dl)]			120		130
- 🗆	Home Glucose Low (mg/dl)						85		55
- 🗆	Smoker/Tobacco use			1	-				
- 🗆	Foot Exam				_		normal	normal	normal <u>1 of 2</u>
- 🗆	Annual Retinal Exam				•		1		negative <u>l of 2</u>
- 🗆	Cardiac Stress Test				-				
Test	S								5. X
- 🗆	HbAlc (%)	< 7.0	i	Due now			7.5	7.5	7.5
- 🗆	Fasting BG (mg/dl)			j					
- 🗆	Total Cholestrol (MG/DL)								198
- 🗆	HDL (MG/DL)	> 45.0	i	Due now					34
- 🗆	LDL (MG/DL)	< 100.0	i	Due now					135 1 of 2

		Nml 🔍 Goal 오			3-18-04				
ener	al Info					·		÷	
- 🗆	Height (CM)					117.8	177.8		
- 🗆	Weight (KG)					80.7	80.7		
- 🗆	Systolic BP (MMHG)	< 130.0				160	122		
- 🗆	Diastolic BP (MMHG)	< 80.0				100	72		
- 🗆	HR (BEATS/MIN)					76	76		
- 🗆	Resp (BEATS/MIN)					20	20		
- 🗆	Temp (DEGREEC)					37.0	37.0		
ıforn	nation Required			1					
- 🗆	New CV signs/sx? ()				-				
- 🗆	Tobacco use status? ()				-				
- 🗆	Foot exam ()				-				
iabe	tes Mellitus		/			57 27			
essm	ent			5		×.			a. a.
- 🗆	Home Glucose High (mg/dl)						120		130
- 🗆	Home Glucose Low (mg/dl)						85		55
- 🗆	Smoker/Tobacco use			1	-				
- 🗆	Foot Exam				-		normal	normal	normal <u>l of 2</u>
- 🗆	Annual Retinal Exam				•				negative <u>l of 2</u>
- 🗆	Cardiac Stress Test				-				
Test	S	······································			N::	i.			
- 🗆	HbAlc (%)	< 7.0	i	Due now			7.5	7.5	7.5
- 🗆	Fasting BG (mg/dl)			j.					
- 🗆	Total Cholestrol (MG/DL)					7			198
- 🗆	HDL (MG/DL)	> 45.0	i	Due now					34
- 🗆	LDL (MG/DL)	< 100.0	i	Due now					135 1 of 2

		Nml 🔍 Goal 📀			3-18-04				
lener	al Info			10				÷	
- 🗆	Height (CM)					117.8	177.8		
- 🗆	Weight (KG)					80.7	80.7		
- 🗆	Systolic BP (MMHG)	< 130.0				160	122		
- 🗆	Diastolic BP (MMHG)	< 80.0				100	72		
- 🗆	HR (BEATS/MIN)					76	76		
- 🗆	Resp (BEATS/MIN)					20	20		
- 🗆	Temp (DEGREEC)					37.0	37.0		
ıforn	nation Required					•	1		1
- 🗆	New CV signs/sx? ()				-				
- 🗆	Tobacco use status? ()				-				
- 🗆	Foot exam ()				-				
iabe	tes Mellitus	2	/				510		
essm	ent	v			0.1				
- 🗆	Home Glucose High (mg/dl)]			120		130
- 🗆	Home Glucose Low (mg/dl)						85		55
- 🗆	Smoker/Tobacco use			1	-				
- 🗆	Foot Exam				-		normal	normal	normal <u>1 of 2</u>
-	Annual Retinal Exam				•				negative <u>l of 2</u>
- 🗆	Cardiac Stress Test				•				
Test	S			104	10	15	20	25	
- 🗆	HbAlc (%)	< 7.0	i	Due Due			7.5	7.5	7.5
- 🗆	Fasting BG (mg/dl)								
- 🗆	Total Cholestrol (MG/DL)								198
- 🗆	HDL (MG/DL)	> 45.0	i	Due now					34
- 🗆	LDL (MG/DL)	< 100.0	i	Due now					135 1 of 2

		Nml 🔍 Goal 💿 3-18-04			
ener	al Info				
·□	Height (CM)		177.8		
-	Weight (KG)	🚈 Rationalé for patientId : 658 - Microsoft Internet Explorer 📃 🔲	×0.7		
	Systolic BP (MM	Conclude HbA1C due 3 months from last measurement Criteria Evaluated:	1 .22		
	Diastolic BP (M		72		
	HR (BEATS/MIN)	HbA1C within goal:false	76		
	Resp (BEATS/MIN	No existing order for HbA1C:true	20		
	Temp (DEGREEC)	Actions taken:	7.0		
forn	nation Required	Check when HbA1C due and whether out of goal			
·□	New CV signs/sx	Action Specs executed: Order HbA1C 3 months from last measurement			
	Tobacco use sta				
	Foot exam ()	<i>Criteria Evaluated:</i> HbA1C has not been obtained:false			
iabet	tes Mellitus	HbA1C within goal:false			
ssm	ent	No existing order for HbA1C:true			
	Home Glucose Hi	Recommendation Backing:	.20		130
	Home Glucose Lo		85		55
	Smoker/Tobacco	intervals; the interval should depend on: acceptable levels of control,			
	Foot Exam	D and stability of blood glucose control, D and/or change in levels of blood glucose, D and/or change in therapies. D Six-monthly	rmal	normal	normal <u>1 of 2</u>
	Annual Retinal	measurements should be made if the blood glucose level and blood glucose therapy are stable. D Resource: ADA Diabetes Care Guideline	_		negative <u>1 of 2</u>
	Cardiac Stress				
Test	s				
			7 5	7 5	7 5

- 🗆	HbAlc (%)	< 7.0	i	Due now	7.5	7.5	7.5	
- []	Fasting BG (mg/dl)							
- 🗆	Total Cholestrol (MG/DL)						198	
- 🗆	HDL (MG/DL)	> 45.0	i	Due now			34	
- 🗆	LDL (MG/DL)	< 100.0	i	Due now	Ţ		135 1 of 2	



Nick Beard, MD

Vice President, Health Informatics

IDX Systems, Seattle

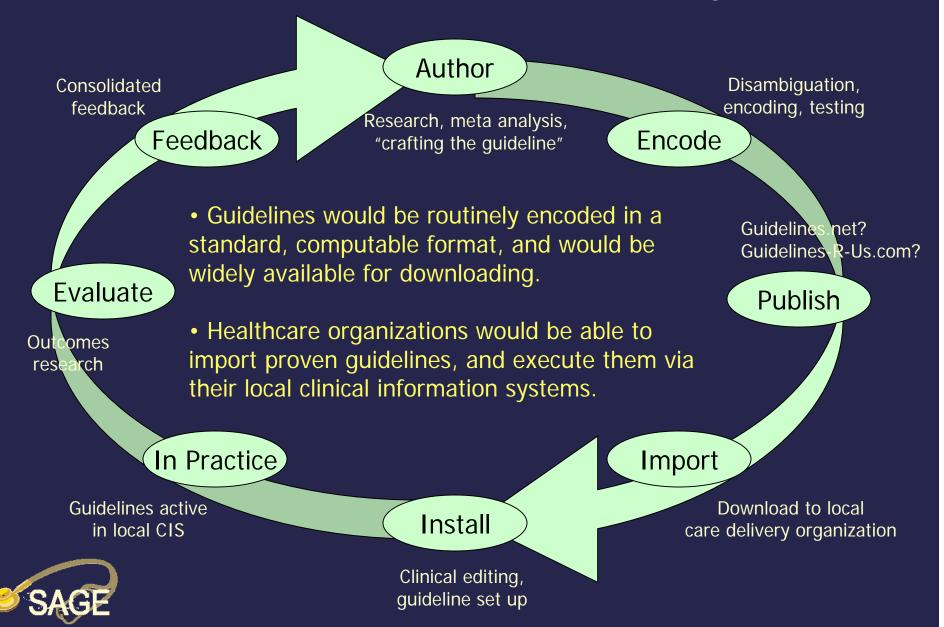
Nick_Beard@idx.com

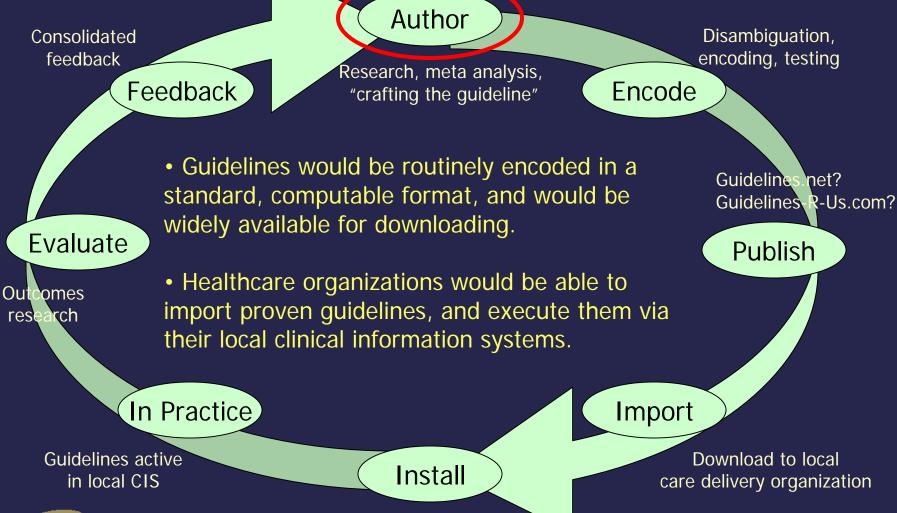
"A collaborative project to develop a universal framework for encoding and disseminating electronic clinical guidelines"





ImplicationsNext Steps







Clinical editing, quideline set up

Consolidated feedback

Evaluate

Research, meta analysis, "crafting the guideline"

Author

Disambiguation, encoding, testing

Encode

Import

• Guidelines would be routinely encoded in a standard, computable format, and would be widely available for downloading.

• Healthcare organizations would be able to import proven guidelines, and execute them via their local clinical information systems.

Guidelines.net? Guidelines-R-Us.com?

Publish

Outcomes research

In Practice

Feedback

Guidelines active in local CIS

Install



Clinical editing, guideline set up

Author

Consolidated feedback

Evaluate

Research, meta analysis, "crafting the guideline" Disambiguation, encoding, testing

• Guidelines would be routinely encoded in a standard, computable format, and would be widely available for downloading.

Guidelines.net? Guidelines-R-Us.com?

Publish

Outcomes research • Healthcare organizations would be able to import proven guidelines, and execute them via their local clinical information systems.

In Practice

Feedback

Guidelines active in local CIS

Install



Clinical editing, guideline set up

Import

Encode

Author

Consolidated feedback

Evaluate

Research, meta analysis, "crafting the guideline" Disambiguation, encoding, testing

• Guidelines would be routinely encoded in a standard, computable format, and would be widely available for downloading.

Guidelines.net? Guidelines-R-Us.com?

Publish

Outcomes research • Healthcare organizations would be able to import proven guidelines, and execute them via their local clinical information systems.

In Practice

Feedback

Guidelines active in local CIS

Install



Clinical editing, guideline set up

Import

Encode

Author

Consolidated feedback

Evaluate

Research, meta analysis, "crafting the guideline" Disambiguation, encoding, testing

Encode

Import

• Guidelines would be routinely encoded in a standard, computable format, and would be widely available for downloading.

Guidelines.net? Guidelines-R-Us.com?

Publish

Outcomes research • Healthcare organizations would be able to import proven guidelines, and execute them via their local clinical information systems.

In Practice

Feedback

Guidelines active in local CIS

Install Clinical editing,

guideline set up

Download to local

care delivery organization



Author

Consolidated feedback

Evaluate

Outcomes

research

Research, meta analysis, "crafting the guideline" Disambiguation, encoding, testing

Encode

Import

• Guidelines would be routinely encoded in a standard, computable format, and would be widely available for downloading.

• Healthcare organizations would be able to import proven guidelines, and execute them via their local clinical information systems.

Guidelines.net? Guidelines-R-Us.com?

Publish

In Practice

Feedback

Guidelines active in local CIS

Install Clinical editing,

guideline set up



Author

Consolidated feedback

Research, meta analysis, "crafting the guideline" Disambiguation, encoding, testing

Encode

Import

 Guidelines would be routinely encoded in a standard, computable format, and would be widely available for downloading.

Outcomes research

Evaluate

• Healthcare organizations would be able to import proven guidelines, and execute them via their local clinical information systems.

In Practice

Feedback

Guidelines active in local CIS

Install Clinical editing,

guideline set up

Download to local care delivery organization



Guidelines.net? Guidelines.R-Us.com?

Publish

Author

Consolidated feedback

Research, meta analysis, "crafting the guideline" Disambiguation, encoding, testing

Encode

Import

 Guidelines would be routinely encoded in a standard, computable format, and would be widely available for downloading.

Outcomes research

Evaluate

• Healthcare organizations would be able to import proven guidelines, and execute them via their local clinical information systems.

In Practice

Feedback

Guidelines active in local CIS

Install Clinical editing,

guideline set up

Guidelines.net? Guidelines-R-Us.com?

Publish



SAGE: Feasibility Now Demonstrated

We have:

- Shown that clinical guidelines can be encoded in a standardsbased, sharable, computable format.
- Demonstrated the capability to represent complex guideline content and logic for both acute and chronic care domains.
- Used standard information models and terminologies to support interoperable transfer of medical knowledge.
- Developed and tested an interoperable approach to deploying guideline-based decision support that:
 - > Activates guideline logic in response to clinical events.
 - > Retrieves patient data from the EMR.
 - > Makes patient-specific recommendations based on guideline logic.
 - > Integrates those care recommendations into the care workflow.

SAGE: The Next Steps

- Continued development and promotion of foundation informatics standards (VMR, Guideline Model, Terminologies)
 With standards initiatives and organizations (e.g., NHII, HL7)
 - With HIS vendors and medical content developers
- Seeking AHRQ funding for research on impact of SAGE guideline technology on clinician behavior and clinical outcomes.
- Plan to obtain early, widespread benefits via incremental roll out of SAGE technology

SAGE: Potential for Immediate Impact

We believe:

- Early implementations of "simple" SAGE technology can have a wide impact.
- > Encoding of basic primary care reminders:
 - Easiest to encode; lowest cost to develop.
 - Easier to disseminate on wide basis.
 - Largest impact on health care improvement.
- Implementation lower cost of "SAGE Lite" technology to "basic" hospital information systems.
 - Develop streamline SAGE technology for early, wide adoption.
 - Target implementation to "community" health care where advanced clinical information systems are not yet available, yet where much of today's basic health care is provided.

SAGE: Summary of Future Potential

- SAGE as a clinical trials automation technology?
- SAGE as a knowledge discovery platform?
- Future SAGE-related research
- Development, promotion of SAGE-related informatics standards
- Alignment with Federal informatics standard initiatives



Thank You!



www.sageproject.com