

5 August 2015

HIT Policy Committee
JASON Task Force - Listening Session
Panel 5: Vendor Developers Dependent
Upon APIs
George Cole

Vendor Developers Dependent upon APIs

- Specific Questions
- General Questions
- Recommendations

Specific Questions

- How do you, or would you, define a "public" API (attributes and utility)?
 - An API that is openly available to clients & 3rd party developers (maybe approved 3rd party developers)
 - “public” also implies
 - Open: to change, collaboration, innovation
 - Evolving based upon Public and 3rd Party Request
- Have you deployed, are developing, or are planning any of these types of API's and for what purpose (e.g., CCDA, basic MU content, PACS, medications, referrals, billing..)?
 - Absolutely: since 2007 we began deploying APIs
 - For all above purposes plus others, and we continue to evolve
 - To more than 9,000 client servers

Specific Questions (cont.)

- Do these API's affect push or pull functionality?
 - Pull exists now, push is planned
- Are your API's bidirectional?
 - Of course: updates are essential to usefulness of an open program
- What type of business agreements were developed prior to initiating the build?
 - Clients: a restatement of parts of the existing client license
 - 3rd Party: coverage of intellectual property rights, confidentiality, and revenue sharing

Specific Questions (cont.)

- If you have an API, how do you manage patient identification across entities?
 - We provide various patient lookups (MRN, name, DOB, zip)
 - With find access controlled by user permissions
- Does your API affect data extraction from discrete fields and the placing of that data into similar discrete fields in the receiving application?
 - Discrete data elements are managed in separate API fields
 - Often there is also a field of text combining human readable content from multiple discrete elements
 - Ex: the number of refills is available as a discrete data element, and the entire prescription including the refills, SIG, med, etc. is available as a string for display purposes

Specific Questions (cont.)

- Does your API affect specific available data to be actively selected by the sender? By the requester?
 - Yes, some content is constrained to well defined value sets
 - Ex: We make code values available to the 3rd parties, in various lookup calls, and those code values are expected when data is saved



Why "Open" Matters



The changes underway in health care require provider organizations to be Open...Open to change. Open to collaboration. Open to innovation. And Open to the information and insights that lead to improved outcomes.

Our unique Open architecture connects both clinical and financial data across every setting: from the provider to the hospital to post-acute settings and even the patient's home. This openness brings us closer to our vision of a Connected Community of Health.



This means we always say "yes" — we can help clients develop the technology they need and want. With our open approach, Health IT is becoming a team sport where everyone wins.

In fact, many third-party developers have successfully integrated their technology with our open platform. The Allscripts Developer Store features dozens of available apps that connect with Allscripts EHRs. For more information on how to acquire these apps, or participate in the Allscripts Developer Program, [click here](#).

Open Resources

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"Allscripts is leading innovation by enabling us to work together in the market." - Nancy

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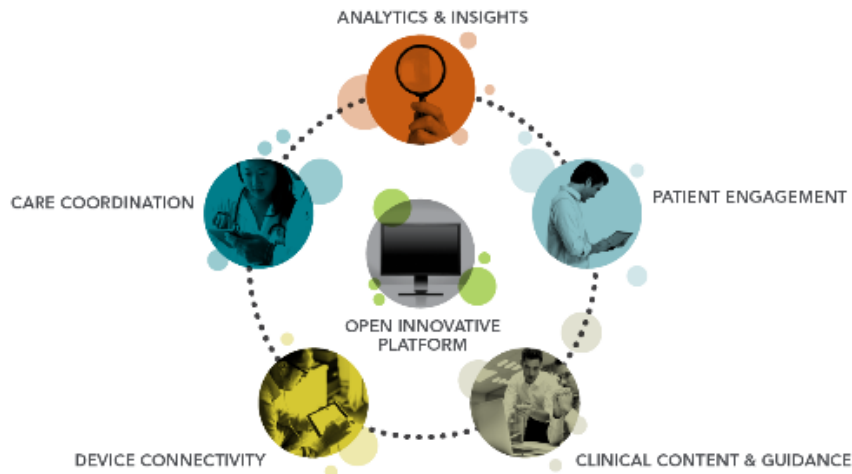
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[Read a Q&A with Stanley](#) about Open to learn more.



Open Metrics

- ▶ 35,000 Allscripts users utilizing Open powered apps!
- ▶ 95 million unity calls YTD (50 million Unity calls in Q2 2014 alone)
- ▶ 118 ADP Partners
- ▶ 81 applications certified (from 57 partners) and marketed on the [Allscripts Application Store](#)
- ▶ 151 third-party apps deployed at Allscripts client sites as of June 30, 2014
- ▶ More than 36,000 visitors to the app store from November 2013 - June 2014

General Questions

- Given currently implemented information technology (IT) architectures and enterprises, what challenges will the industry face with respect to transitioning to a JASON like architecture? What challenges will your organization face?
 - JASON presents an opportunity for discussion that might not otherwise exist
 - Challenges often come from isolation
 - Establishing community dialog is important
 - EHR meet Biomedical Research; Bio Research, meet EHR
 - Some of the architectural goals are, or should be, met today
 - Data locality independence
 - Public APIs
 - Encrypted data
 - Postel's Law (aka Robustness Principle)

General Questions(cont.)

- Do you see an evolutionary path for the industry to move from currently implemented approaches to a JASON like architecture?
 - With emphasis on evolutionary
 - Incremental Interoperability (II) follows from Robustness Principle
 - As noted in the report, there is a proposed architecture for discussion
 - The pathway forward begins with more open discussion
 - Requires community socialization
 - Biomedical / clinical research community: meet EHR
 - EHR: meet the research community

Recommendations

- Continue these discussions
- Leverage the existing; incrementally update
- Review the Institute of Medicine, May 30, 2014 Roundtable on Value & Science-Driven Health Care discussions and results
 - Developer-friendly standards
 - Explore requirement of standards use for:
 - Grants and Demonstration Projects
 - Use in publications
 - FDA approval of submitted content
 - Make research a priority
 - Meaningful Use requirements are power marketplace motivators