

## CDA generation and integration for health information exchange based on cloud computing system

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### ABSTRACT:-

Successful deployment of Electronic Health Record helps improve patient safety and quality of care, but it has the prerequisite of interoperability between Health Information Exchange at different hospitals. The Clinical Document Architecture (CDA) developed by HL7 is a core document standard to ensure such interoperability, and propagation of this document format is critical for interoperability. Unfortunately, hospitals are reluctant to adopt interoperable HIS due to its deployment cost except for in a handful countries. A problem arises even when more hospitals start using the CDA document format because the data scattered in different documents are hard to manage. In this paper, we describe our CDA document generation and integration Open API service based on cloud computing, through which hospitals are enabled to conveniently generate CDA documents without having to purchase proprietary software. Our CDA document integration system integrates multiple CDA documents per patient into a single CDA document and physicians and patients can browse the clinical data in chronological order. Our system of CDA document generation and integration is based on cloud computing and the service is offered in Open API. Developers using different platforms thus can use our system to enhance interoperability.

**Keywords:** CDA, HIS, API

## 1. INTRODUCTION

### 1.1 WHAT IS CLOUD COMPUTING?

**Cloud computing** is the use of computing resources (hardware and software) that are delivered as a service over a network (typically the Internet). The name comes from the common use of a cloud-shaped symbol as an abstraction for the complex infrastructure it contains in system diagrams. Cloud computing entrusts remote services with a user's data, software and computation. Cloud computing consists of hardware and software resources made available on the Internet as managed third-party services. These services typically provide access to advanced software applications and high-end networks of server computers.

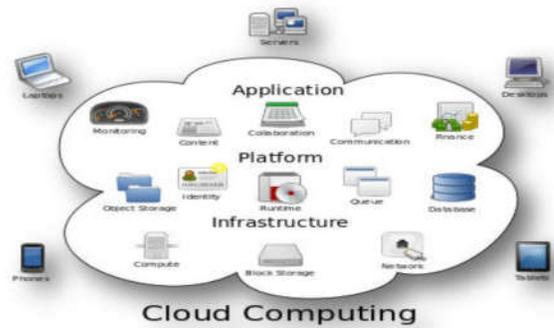


Fig 1.1 Structure of cloud computing

### 1.2 HOW CLOUD COMPUTING WORKS?

The goal of cloud computing is to apply traditional supercomputing, or high-performance computing power, normally used by military and research facilities, to perform tens of trillions of computations per second, in consumer-oriented applications such as financial portfolios, to deliver personalized information, to provide data storage or to power large, immersive computer games.

The cloud computing uses networks of large groups of servers typically running low-cost consumer PC technology with specialized connections to spread data-processing chores across them. This shared IT infrastructure contains large pools of systems that are linked together. Often, virtualization techniques are used to maximize the power of cloud computing.

### 1.3 CHARACTERISTICS AND SERVICES MODELS

The salient characteristics of cloud computing based on the definitions provided by the National Institute of Standards and Terminology (NIST) are outlined below:

- **On-demand self-service:** A consumer can unilaterally provision computing capabilities, such as server time and network storage, as needed automatically without requiring human interaction with each service's provider.
- **Broad network access:** Capabilities are available over the network and accessed through standard mechanisms that promote use by heterogeneous thin or thick client platforms (e.g., mobile phones, laptops, and PDAs).
- **Resource pooling:** The provider's computing resources are pooled to serve multiple consumers using a multi-tenant model, with different physical and virtual resources dynamically assigned and reassigned according to consumer demand. There is a sense of location-independence in that the customer generally has no control or knowledge over the exact location of the provided resources but may be able to specify location at a higher level of abstraction (e.g., country, state, or data center). Examples of resources include storage, processing, memory, network bandwidth, and virtual machines.

- **Rapid elasticity:** Capabilities can be rapidly and elastically provisioned, in some cases automatically, to quickly scale out and rapidly released to quickly scale in. To the consumer, the capabilities available for provisioning often appear to be unlimited and can be purchased in any quantity at any time.
- **Measured service:** Cloud systems automatically control and optimize resource use by leveraging a metering capability at some level of abstraction appropriate to the type of service (e.g., storage, processing, bandwidth, and active user accounts). Resource usage can be managed, controlled, and reported providing transparency for both the provider and consumer of the utilized service.

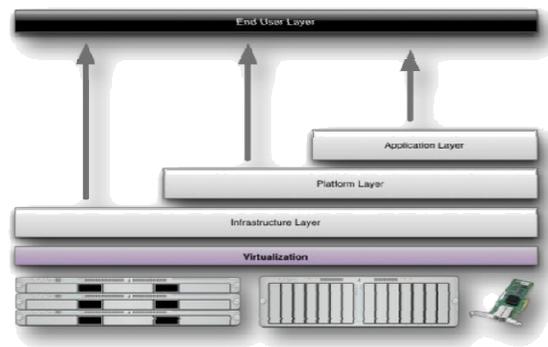


**Fig 1.3 Characteristics of Cloud Computing**

## 1.4 CHARACTERISTICS OF CLOUD COMPUTING

### Services Models:

Cloud Computing comprises three different service models, namely Infrastructure-as-a-Service (IaaS), Platform-as-a-Service (PaaS), and Software-as-a-Service (SaaS). The three service models or layer are completed by an end user layer that encapsulates the end user perspective on cloud services. The model is shown in figure below. If a cloud user accesses services on the infrastructure layer, for instance, she can run her own applications on the resources of a cloud infrastructure and remain responsible for the support, maintenance, and security of these applications herself. If she accesses a service on the application layer, these tasks are normally taken care of by the cloud service provider.



**Fig 1.4 Structure of service models**

### 1.5 BENEFITS OF CLOUD COMPUTING

1. **Achieve economies of scale** – increase volume output or productivity with fewer people. Your cost per unit, project or product plummets.
2. **Reduce spending on technology infrastructure.** Maintain easy access to your information with minimal upfront spending. Pay as you go (weekly, quarterly or yearly), based on demand.
3. **Globalize your workforce on the cheap.** People worldwide can access the cloud, provided they have an Internet connection.
4. **Streamline processes.** Get more work done in less time with less people.
5. **Reduce capital costs.** There's no need to spend big money on hardware, software or licensing fees.
6. **Improve accessibility.** You have access anytime, anywhere, making your life so much easier!
7. **Monitor projects more effectively.** Stay within budget and ahead of completion cycle times.
8. **Less personnel training is needed.** It takes fewer people to do more work on a cloud, with a minimal learning curve on hardware and software issues.
9. **Minimize licensing new software.** Stretch and grow without the need to buy expensive software licenses or programs.
10. **Improve flexibility.** You can change direction without serious “people” or “financial” issues at stake.

#### Advantages:

1. **Price:** Pay for only the resources used.
2. **Security:** Cloud instances are isolated in the network from other instances for improved security.
3. **Performance:** Instances can be added instantly for improved performance. Clients have access to the total resources of the Cloud's core hardware.
4. **Scalability:** Auto-dploy cloud instances when needed.
5. **Uptime:** Uses multiple servers for maximum redundancies. In case of server failure, instances can be automatically created on another server.
6. **Control:** Able to login from any location. Server snapshot and a software library lets you deploy custom instances.
7. **Traffic:** Deals with spike in traffic with quick deployment of additional instances to handle the load.

## 2. SYSTEM STUDY

### 2.1 FEASIBILITY STUDY

The feasibility of the project is analyzed in this phase and business proposal is put forth with a very general plan for the project and some cost estimates. During system analysis the feasibility study of the proposed system is to be carried out. This is to ensure that the proposed system is not a burden to the company. For feasibility analysis, some understanding of the major requirements for the system is essential. Three key considerations involved in the feasibility analysis are

- ECONOMICAL FEASIBILITY
- TECHNICAL FEASIBILITY
- SOCIAL FEASIBILITY

## 2.2 ECONOMICAL FEASIBILITY

This study is carried out to check the economic impact that the system will have on the organization. The amount of fund that the company can pour into the research and development of the system is limited. The expenditures must be justified. Thus the developed system as well within the budget and this was achieved because most of the technologies used are freely available. Only the customized products had to be purchased.

## 2.3 TECHNICAL FEASIBILITY

This study is carried out to check the technical feasibility, that is, the technical requirements of the system. Any system developed must not have a high demand on the available technical resources. This will lead to high demands on the available technical resources. This will lead to high demands being placed on the client. The developed system must have a modest requirement, as only minimal or null changes are required for implementing this system.

## 2.4 SOCIAL FEASIBILITY

The aspect of study is to check the level of acceptance of the system by the user. This includes the process of training the user to use the system efficiently. The user must not feel threatened by the system, instead must accept it as a necessity. The level of acceptance by the users solely depends on the methods that are employed to educate the user about the system and to make him familiar with it. His level of confidence must be raised so that he is also able to make some constructive criticism, which is welcomed, as he is the final user of the system.

# 3. LITERATURE SURVEY

## 3.1 INTEROPERABILITY OF PERSONAL HEALTH RECORDS

**AUTHORS: J. Lahteenmäki, J. Leppänen, and H. Kaijanranta,**

The establishment of the Meaningful Use criteria has created a critical need for robust interoperability of health records. A universal definition of a personal health record (PHR) has not been agreed upon. Standardized code sets have been built for specific entities, but integration between them has not been supported. The purpose of this research study was to explore the hindrance and promotion of interoperability standards in relationship to PHRs to describe interoperability progress in this area. The study was conducted following the basic principles of a systematic review, with 61 articles used in the study. Lagging interoperability has stemmed from slow adoption by patients, creation of disparate systems due to rapid development to meet requirements for the Meaningful Use stages, and rapid early development of PHRs prior to the mandate for integration among multiple systems. Findings of this study suggest that deadlines for implementation to capture Meaningful Use incentive payments are supporting the creation of PHR data silos, thereby hindering the goal of high-level interoperability.

## 3.2 APPLYING CLOUD COMPUTING MODEL IN PHR ARCHITECTURE

**AUTHORS: S. Kikuchi, S. Sachdeva, and S. Bhalla,**

In recent years, some practical and commercial Personal Health Records and some related services such as Google Health [1] and Microsoft HealthVault [2] have been launched. On the other hand, Cloud Computing has matured more and become the major streams to realize a more effective operational environment. However so far, there have been few studies in regards to applying Cloud architecture in the PHR explicitly despite generating volume data. In this paper, we review our trial on

the general architecture design by applying the Cloud components for supporting healthcare record areas and clarify the required conditions to realize it.

### **3.3 HEALTH INFORMATION PRIVACY, SECURITY, AND YOUR EHR**

**AUTHORS:** M. Bellare

If your patients lack trust in Electronic Health Records (EHRs) and Health Information Exchanges (HIEs), feeling that the confidentiality and accuracy of their electronic health information is at risk, they may not want to disclose health information to you. Withholding their health information could have life-threatening consequences. To reap the promise of digital health information to achieve better health outcomes, smarter spending, and healthier people, providers and individuals alike must trust that an individual's health information is private and secure.

Your practice, not your EHR developer, is responsible for taking the steps needed to protect the confidentiality, integrity, and availability of health information in your EHR system.

### **3.4 A SECURE ANTI-COLLUSION DATA SHARING SCHEME FOR DYNAMIC GROUPS IN THE CLOUD**

**AUTHORS:** C. Ng and P. Lee. Revdedup

Benefited from cloud computing, users can achieve an effective and economical approach for data sharing among group members in the cloud with the characters of low maintenance and little management cost. Meanwhile, we must provide security guarantees for the sharing data files since they are outsourced. Unfortunately, because of the frequent change of the membership, sharing data while providing privacy-preserving is still a challenging issue, especially for an untrusted cloud due to the collusion attack. Moreover, for existing schemes, the security of key distribution is based on the secure communication channel, however, to have such channel is a strong assumption and is difficult for practice. In this paper, we propose a secure data sharing scheme for dynamic members. Firstly, we propose a secure way for key distribution without any secure communication channels, and the users can securely obtain their private keys from group manager. Secondly, our scheme can achieve fine-grained access control, any user in the group can use the source in the cloud and revoked users cannot access the cloud again after they are revoked. Thirdly, we can protect the scheme from collusion attack, which means that revoked users cannot get the original data file even if they conspire with the untrusted cloud. In our approach, by leveraging polynomial function, we can achieve a secure user revocation scheme. Finally, our scheme can achieve fine efficiency, which means previous users need not to update their private keys for the situation either a new user joins in the group or a user is revoked from the group

### **3.5 ADVANCE SECURITY TO CLOUD DATA STORAGE**

**AUTHORS:** P. Lee, and W. Lou

The proposed system is an effective and flexible distributed Scheme with explicit dynamic data support to ensure the correctness of user's data in the cloud. To fully ensure the data integrity and save the cloud users computation it is of critical importance to enable public auditing service for cloud data storage, so that users may depend on independent third party auditor to audit the outsourced data. The Third party auditor can periodically check the integrity of all the data stored in the cloud .which provides easier way for the users to ensure their storage correctness in the cloud.

## 4. INPUT DESIGN AND OUTPUT DESIGN

### 4.1 INPUT DESIGN

The input design is the link between the information system and the user. It comprises the developing specification and procedures for data preparation and those steps are necessary to put transaction data in to a usable form for processing can be achieved by inspecting the computer to read data from a written or printed document or it can occur by having people keying the data directly into the system. The design of input focuses on controlling the amount of input required, controlling the errors, avoiding delay, avoiding extra steps and keeping the process simple. The input is designed in such a way so that it provides security and ease of use with retaining the privacy. Input Design considered the following things:

- What data should be given as input?
- How the data should be arranged or coded?
- The dialog to guide the operating personnel in providing input.
- Methods for preparing input validations and steps to follow when error occur.

### 4.2 OBJECTIVES

1. Input Design is the process of converting a user-oriented description of the input into a computer-based system. This design is important to avoid errors in the data input process and show the correct direction to the management for getting correct information from the computerized system.
2. It is achieved by creating user-friendly screens for the data entry to handle large volume of data. The goal of designing input is to make data entry easier and to be free from errors. The data entry screen is designed in such a way that all the data manipulates can be performed. It also provides record viewing facilities.
3. When the data is entered it will check for its validity. Data can be entered with the help of screens. Appropriate messages are provided as when needed so that the user will not be in maize of instant. Thus the objective of input design is to create an input layout that is easy to follow

### 4.3 OUTPUT DESIGN

A quality output is one, which meets the requirements of the end user and presents the information clearly. In any system results of processing are communicated to the users and to other system through outputs. In output design it is determined how the information is to be displaced for immediate need and also the hard copy output. It is the most important and direct source information to the user. Efficient and intelligent output design improves the system's relationship to help user decision-making.

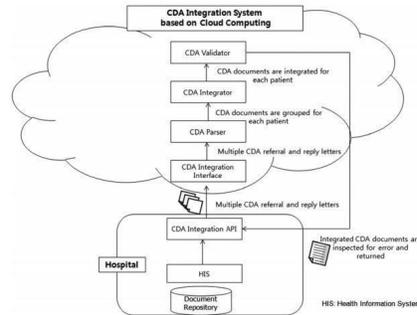
1. Designing computer output should proceed in an organized, well thought out manner; the right output must be developed while ensuring that each output element is designed so that people will find the system can use easily and effectively. When analysis design computer output, they should Identify the specific output that is needed to meet the requirements.
2. Select methods for presenting information.
3. Create document, report, or other formats that contain information produced by the system.

The output form of an information system should accomplish one or more of the following objectives.

- Convey information about past activities, current status or projections of the
- Future.
- Signal important events, opportunities, problems, or warnings.
- Trigger an action.
- Confirm an action.

## 5. SYSTEM DESIGN

### 5.1 SYSTEM ARCHITECTURE



**Fig. 5.1 CDA Integrated system based on cloud Computing architecture**

### 5.2 DATA FLOW DIAGRAM

1. The DFD is also called as bubble chart. It is a simple graphical formalism that can be used to represent a system in terms of input data to the system, various processing carried out on this data, and the output data is generated by this system.
2. The data flow diagram (DFD) is one of the most important modeling tools. It is used to model the system components. These components are the system process, the data used by the process, an external entity that interacts with the system and the information flows in the system.
3. DFD shows how the information moves through the system and how it is modified by a series of transformations. It is a graphical technique that depicts information flow and the transformations that are applied as data moves from input to output.
4. DFD is also known as bubble chart. A DFD may be used to represent a system at any level of abstraction. DFD may be partitioned into levels that represent increasing information flow and functional detail.

## 6. SYSTEM ANALYSIS

### 6.1 EXISTING SYSTEM

- Effective health information exchange needs to be standardized for interoperable health information exchange between hospitals. Especially, clinical document standardization lies at the core of guaranteeing interoperability.
- It takes increasing amount of time for the medical personnel as the amount of exchanged CDA document increases because more documents means that data are distributed in different documents. This significantly delays the medical personnel in
- making decisions. Hence, when all of the CDA documents are integrated into a single document, the medical personnel is empowered to review the patient's clinical history conveniently in chronological order per clinical section and the follow-up care service can be delivered more effectively. Unfortunately for now, a solution that integrates multiple CDA documents into one does not exist yet to the best of our knowledge and there is a practical limitation for individual hospitals to develop and implement a CDA document integration technology.

**DISADVANTAGES OF EXISTING SYSTEM**

- The HIS development platforms for hospitals vary so greatly that generation of CDA documents in each hospital invariably requires a separate CDA generation system. Also, hospitals are very reluctant to adopt a new system unless it is absolutely necessary for provision of care. As a result, the adoption rate of EHR is very low except for in a few handful countries.
- Unfortunately for now, a solution that integrates multiple CDA documents into one does not exist yet to the best of our knowledge and there is a practical limitation for individual hospitals to develop and implement a CDA document integration technology.
- To establish confidence in HIE interoperability, more HIS's need to support CDA. However, the structure of CDA is very complex and the production of correct CDA document is hard to achieve without deep understanding of the CDA standard and sufficient experience with it.

**6.2 PROPOSED SYSTEM**

- In this paper we present (1) a CDA document generation system that generates CDA documents on different developing platforms and (2) a CDA document integration system that integrates multiple CDA documents scattered in different hospitals for each patient.
- CDA Generation API generates CDA documents on cloud.
- CDA Generation Interface uses the API provided by the cloud and relays the input data and receives
- CDA documents generated in the cloud.
- Template Manager is responsible for managing the CDA documents generated in the cloud server. Our system uses CCD document templates.
- CDA Generator collects patient data from hospitals and generates CDA documents in the template formats as suggested by the Template Manager.
- CDA Validator inspects whether the generated CDA document complies with the CDA schema standard.

**ADVANTAGES OF PROPOSED SYSTEM**

- Hospital systems can simply extend their existing system rather than completely replacing it with a new system. Second, it becomes unnecessary for hospitals to train their personnel to generate, integrate, and view standard-compliant CDA documents.  
The cloud CDA generation service produces documents in the CDA format approved by the National Institute of Standards and Technology (NIST).
- If this service is provided for free at low price to hospitals, existing EHR are more likely to consider adoption of CDA in their practices.
- Interoperability between hospitals not only helps improve patient safety and quality of care but also reduce time and resources spent on data format conversion.

## SCREENSHOTS



Fig 11.1 Clinical Document Architect Home Screen

Fig 11.4 CDA Hospital A Information Page

## CONCLUSION

As the number of HIE based on CDA documents increases, interoperability is achieved, but it also brings a problem where managing various CDA documents per patient becomes inconvenient as the clinical information for each patient is scattered in different documents. The CDA document integration service from our cloud server adequately addresses this issue by integrating multiple CDA documents that have been generated for individual patients. The clinical data for the patient in question is provided to his/her doctor in chronological order per section so that it helps physicians to practice evidence-based medicine. In the field of document-based health information exchange, the IHE XDS profile is predominant and our cloud computing system can be readily linked with the IHE XDS profile. The approach employed in this paper is applicable in adopting other standards, too, such as the EHR Extract based on open EHR. If a hospital sends the content archetype, admin archetype, and demographic archetype to the cloud server, then the server extracts necessary information from each archetype. Next, it generates an Extract containment structure that fits with a designated template and returns the structure to the requested hospital.

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