**ALERTS**

The HL7 Da Vinci Project has recognized a need for communication of Alerts between payers, providers and other actors in the healthcare space. Alerts are defined as a need to notify another party of an event that would affect one or more patient’s care. Alerts allow actors in the patient’s healthcare to take actions and intervene earlier to assure the patient is better cared for. This can also result in reduced costs

It is important that the framework allow for only appropriate alerts to be sent at the appropriate time and with just the right amount of information. This will serve to reduce alert fatigue. Because FHIR is a web standard, the burden of communicating the alert is also reduced.

The work of this Implementation Guide is to define a FHIR framework for

1. Identifying that an event/trigger has occurred
2. Using a FHIR bundle to relay the alert to an interested actor

While an alert may generate workflow on the receiver’s part, the Alert is not a part of that workflow. As such, the sender of an Alert, should not expect any additional response outside of the standard FHIR functionality.

**What is considered in scope for the initial version of Alert Implementation Guide**

There must be an event that drives the generation of the Alert

The event can be for one or more patients but the Alert will be generated for each patient separately

The Alert will be based on FHIR R4 and where possible US Core Implementation of FHIR R4

**What is considered out of scope for the Alert Implementation Guide**

Creation of the FHIR equivalent of v2 Messaging

Bidirectional Work, such as Gaps in Care

Alerts without an event

Any notification that requires workflow management such as Task

Complex content?

**Scenarios**

Alerts can be generated for many scenarios. The 2019 CMS (need full name)NPRM focuses on hospitalization due to significant issues that can occur if a patient is not followed appropriately after acute care. The initial version of the Alert Implementation Guide will focus on the Admission and Discharge Scenarios. The framework as defined may support the other scenarios as listed below and work will continue on this in future versions of the Implementation Guide.

* Emergency and Inpatient Admissions
* Emergency and Inpatient Discharges
* Lab Results
* Problem with Treatment – such as drug recall, device recall/issue
* Encounter/Visit Notification
* Public Health Notification
* Scheduled Appointment/Pre-Admit
* Referral
* Ordered Device/Biometric/Patient (i.e. Fit Bit)
* Treatment Start/End
* Change in Social Determinants of Health
* Birth/Death
* Coverage Start/End
* Notification of Prior Authorization (Pended to Approved/Denied)
* Pharmacy (Pickup, Restock, Dispense)
* Notification of New Condition
* Work Comp Initial/Visits/Services
* Changes in Care Team

**Alert Actors**

There are many potential actors that can generate or receive alerts in the healthcare space. Some of those potential actors are listed below:

* Patient/Caregivers
* Care Team - Provider defined treatment relationship
* Post-Acute Care Facilities
  + -Inpatient
  + -Outpatient
* Pharmacy
* Payer/Payer Partners
* Hospitals
* Ambulatory Care
  + -Primary Care Provider
  + -Specialty Provider
* Labs
* HIE/HIN
* Social Services
* Community Care