HL7’s Vision for 2016 & Beyond

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Interoperability Requires “5 things we need to standardize”

• Meaning
• Content structure
• Transport
• Security
• Services
John Halamka’s 5 requirements

1. Patient matching/identification
2. Provider directory support
3. Constrained CCDA payload with little to no optionality
4. Data-level FHIR API for MU common data elements & Document-level FHIR API for CCDA
5. OAuth/OpenID Trust fabric supported by uniform HIPAA/state/local policies
A standard is not used because we created it. It is a standard because people use it.
Government regulation only codifies standards. Standards bring value when they are adopted in the marketplace.
The only standard that never changes is the standard you never use.
The principles underlying FHIR development are meant to address the challenges learned in 30 years of standards development.
Fast Healthcare Interoperability Resources
“You can accomplish anything in life, if you don’t mind who gets the credit.”

Harry Truman
What makes FHIR fast?

Faster to learn
Faster to develop
Faster to implement
“Perfection is achieved, not when there is nothing more to add, but when there is nothing left to take away.”

Antoine de Saint-Exupery
FHIR supports leading specifications* for Privacy & Security

* OAuth2 & OpenID
FHIR solutions are human-readable
FHIR supports EHR Lookup and Queries
FHIR enables an evolutionary development path with other HL7 standards*

* Many are embedded in Federal regulation
FHIR focuses on implementation*

* and implementers
FHIR also supports application development for

- Mobility & Mobile Health
- Social Media
- Personal Health Records
- Public Health
- Payment Systems
- Clinical Research
FHIR development is global*

FHIR development workshops in UK, Canada, Australia, Netherlands, Argentina, and Japan…as of Monday.
* The FHIR name and logo are trademarked, but the specification is licensed without restriction or royalty.
A gentle word of caution about FHIR

The Gartner Hype Cycle

Current Status

Argonaut Project

2016-2017
The success of FHIR has been achieved by one critical factor. Collaboration.
JASON Task Force & the Argonauts
Argonaut Project Origins

* JASON Task Force recommendations on market-based interoperability governance and coordination, and call to action on “public APIs”

* Market experience with MU 2 and associated certification
Argonaut Project Members

Accenture
athenahealth
Beth Israel Deaconess Medical Center
Cerner
Epic
Intermountain Healthcare
Mayo Clinic
Meditech
McKesson
Partners HealthCare System
SMART at the Boston Children’s Hospital
Surescripts
The Advisory Board Company
Argonaut Phase I

* Accelerate the development of the FHIR specification for the balloting of the Draft Standard for Trial Use (DSTU) Release 2

* Support the creation of a community of FHIR implementers
“If I had asked my customers what they wanted, they would have asked for a faster horse.”

Henry Ford
Argonaut Phase II

* Support the development of resources for a FHIR implementation registry, FHIR conformance testing, and a robust source of stable resources and artifacts.

* Complete the development of reliable specifications for security and authorization
Argonaut Phase II
Implementation Program

* Formalize implementation program
* Develop focused sprint initiatives
* Implement testing tooling & artifacts
* Publish test results for internal and external audiences
Argonaut Implementation Program

To date, there are over 150 healthcare systems, vendor corporations, academic institutions, government agencies, pharmaceutical companies, payer organizations, and independent developers committed to supporting and implementing solutions based upon FHIR specifications.
Some of the HL7 FHIR Partners

SMART at the Boston Children’s Hospital

CIMI (Clinical Information Modeling Initiative)

HSPC (Health Services Platform Consortium)
HL7 FHIR Foundation
FHIR.ORG Web Site

- Home for the Implementation Community
- Implementation & Best Practices Registries
- Reference implementations & Task tracking
- Community Forum
- Resources for conformance testing and public reference implementations
• Partners: a diverse coalition of stakeholders collaborating on a single goal.

• Driven by a need to exchange data for use and reuse among many communities.

• Supported by technologies defined by the needs of the users, for the betterment of our patients.

• Inaugural meeting: April 26-27 in Washington
Looking Ahead
Special Thanks

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Micky Tripathi
Grahame Grieve
Russ Leftwich
John Halamka
Thank you

JUST COUGH FOR OLD TIME'S SAKE.

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