

# Partners in Interoperability Workshop

March 21-22, 2017  
Georgia Institute of Technology  
Atlanta, GA



# Why Partners in Interoperability?

- An ongoing series of workshops involving stakeholder groups with the intent of:
  - Identifying desired interoperability business outcomes
  - Describing activities to accomplish these
  - Working to remove barriers and address challenges
- HL7 believes that HL7<sup>®</sup> FHIR<sup>®</sup> standard offers the best opportunity to achieve interoperability
- Collaboration among different stakeholder groups is essential to make interoperability a reality.

# Clinician Topics (Room 119B)

**Russ Leftwich, MD**, Sr. Clinical Advisor for Interoperability, InterSystems

**Stan Huff, MD**, Chief Medical Informatics Officer, Intermountain Healthcare

- Review topics discussed at the last Partners meeting, particularly the expressed need to standardize terminologies and information models across the different specialty societies and related registries
- Provide an overview of overall vision of such standardization, work accomplished to date, lessons learned, the impact this work will have on overall interoperability if accomplished, and the effort required
- Discuss impact such standardization will have on registry development
- Begin development of a plan to accomplish the work, including how to prioritize the work to move it forward, process for making the work authoritative, and proposed sources for funding the needed work

# Value-Based Care Topics (Room 119C)

**Rahul Dubey**, Senior Vice President, Innovation and Solutions, AHIP  
**Shahid Shah**, Co-Founder and CEO, Netspective Communications

- Discuss and develop actionable next steps for the following issues :
  - Gaps in care
  - Utilization management / over utilization
  - Reimbursement innovation
  - Relationship innovation (trust/alignment)
  - Workflow / training of healthcare professionals / culture
  - New administration and policies around healthcare; speculations vs. regulation

# Biopharma & Clinical Research (Room 119A)

**Wayne Kubick, CTO, HL7**

- Review current state of FHIR APIs from multiple EHR systems and progress on pre-populating CRFs with data elements from the Common Clinical Data Set.
- Discuss additional high priority use cases:
  - Applying protocol eligibility criteria against EHRs to assess protocol feasibility and indentify potential study subjects and sites
  - Use FHIR API to apply potential data clarifications against EHR data to keep in synch with EDC DB
  - Explore use of Structured Data Capture and SMART-on-FHIR to support research needs
  - Explore use of CDS-Hooks to alert for critical procedural deviations from protocol
  - Other regulatory and industry use cases as appropriate
- Discuss how to progress on policy issues, including access, consent, and data provisioning.
- Discuss how to collaborate/synergize with clinician and payer activities.

# The Fundamentals of FHIR

- FHIR: Fast Healthcare Interoperability Resources
  - The web, for healthcare
- A next generation **standards framework & platform**, built on 30 years of HL7 experience and industry best practice, with a focus on simplicity and implementation
- Advanced RESTful Services technology platform (used by Facebook, Twitter...)
  - Can Create, Read, Update and Mark Deletion
- Based on Resources: essential modular information components easily assembled into working systems
- Flexible outputs: messages, documents, data, services

# FHIR Resources

Smallest logically discrete unit of transaction “of interest” to healthcare



# The Common Clinical Data Set

INTEROPERABILITY

ACCESS

Putting the I in HealthIT   
www.HealthIT.gov

- The Common Clinical Data Set includes key health data that should be exchanged using specified vocabulary standards and code sets as applicable

Patient name	Lab values/results
Sex	Vital signs
Date of birth	Procedures
Race	Care team members
Ethnicity	Immunizations
Preferred language	Unique device identifiers for implantable devices
Problems	Assessment and plan of treatment
Medications	Goals
Medication allergies	Health concerns
Lab tests	

ONC Interoperability  
Roadmap Goal

2015-2017

Send, receive, find and use a **common clinical data set** to improve health and health care quality.

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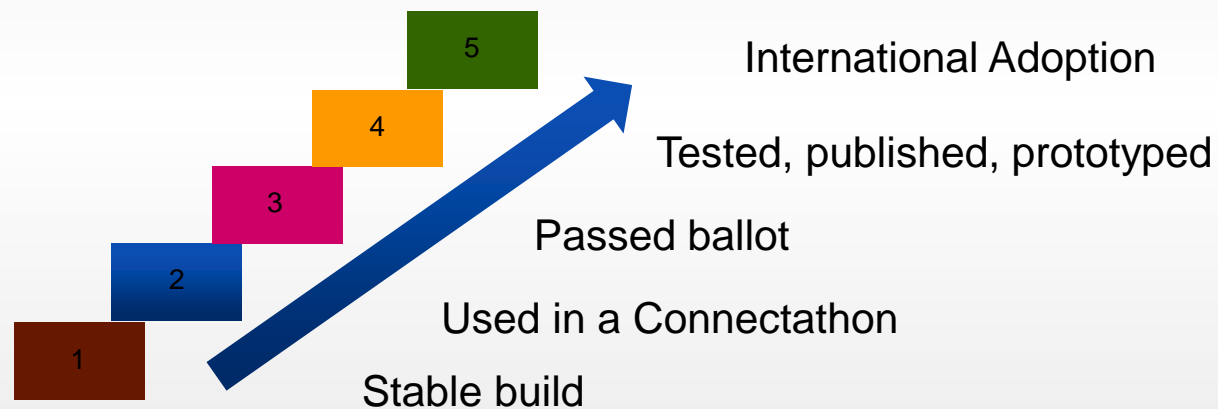
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# Principles of FHIR

- Data resides at the **source of truth**
- **APIs** access data: *pull* what you need, instead of taking what's *pushed*
- Focus on a vast, open community of **implementers**
- Include rigorous **semantics**
- Design for the common **80%**; extensions for the rest
- Off-the-shelf **security and authorization**
- **Speed, scalability**
- Human **readable**, ease of understanding
- Open source, **freely** available, open community.

The *FHIR Maturity Model* allows developers to assess the stability of FHIR components and realize the value of FHIR as it evolves



# The Current State of FHIR

- Release 3 published this week!
  - Improved stability of API, infrastructure, conformance
  - Extended clinical support & measures, decision support
- Release 4 ballot (in 2018) will include normative content (infrastructure/framework, resources)
- Argonaut, US Core and Structured Data Capture IGs now available
  - Argonaut Phase 2 underway
- Preparing credentialing program for developers
- Next Connectathons: 5/6 Madrid; 9/9 San Diego.



# Workshop Overview - Tuesday

- 8:30 Welcome, Logistics, Updates
- 9:00 ONC Update: MU3 APIs
- 9:20 HL7 FHIR in the Real World Today
- 10:20 *Break*
- 10:45 Key Considerations for Implementing FHIR
- 12:15 Overview of Breakout Sessions
- 12:30 Lunch
- 1:30 Breakout Sessions
- 3:00 *Break*
- 3:30 Breakout Sessions
- 5:00-6:30 Networking Reception



# Overview - Wednesday

- 8:45 Introductory remarks/Report-outs
- 9:00 HL7 FHIR Presentations
- 10:30 *Break*
- 11:00 Topic-based Breakout Sessions
  - Elements, Models & Profiles
  - Diabetes Quality Guidelines and Outcomes
  - Using FHIR to Power Clinical Registries
- 12:30 Lunch
- 1:30 Biopharma, Clinician, Value Care Breakouts
- 2:30 Breakout Final Reports and Discussion
- 3:00 Adjourn