

# Partners in Interoperability Workshop

December 5-6, 2017  
LSU Health Sciences Center  
New Orleans, LA



# First Things First

- Connecting to the Internet
  - Select LSUUHSC-Visitor
  - Username LSUV015
  - Password: Tiger\$1234



# Gold Sponsors (Solution Sessions at

Lunch



Datica



# Silver Sponsors (Tables in Foyer during breaks)



# Why Partners in Interoperability?

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



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# Clinician Topics: Classroom 133

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

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

- Report on the outcomes of the July meeting and briefly review activities since then
- Review initial drafts of the mission and vision statements for CIIC
- Review the current draft of the value proposition
- Describe how "logical" information models are used in the development of applications, decision support modules and other software
- Discuss plans for the January meeting in Salt Lake City, UT



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# Value-Based Care Topics: Classroom 126

**Jocelyn Keegan**, Senior Consultant, Point-of-Care Partners

- Continue work from our last session on care coordination discharge productivity use case which include attribution/attestation, medication reconciliation/management, referrals/loss of data among players in the ecosystem
- Discuss how FHIR can help us with patient attribution and enrollment of patients to value-based care plans across institutions in a digital-first manner. As patients are enrolled into value-based care plans across the health systems, we need to identify them, attribute them properly, enroll them, and track their program.
- Update on the new Da Vinci project

# Biopharma/Clinical Research: Classroom 239

**Wayne Kubick, CTO, HL7**

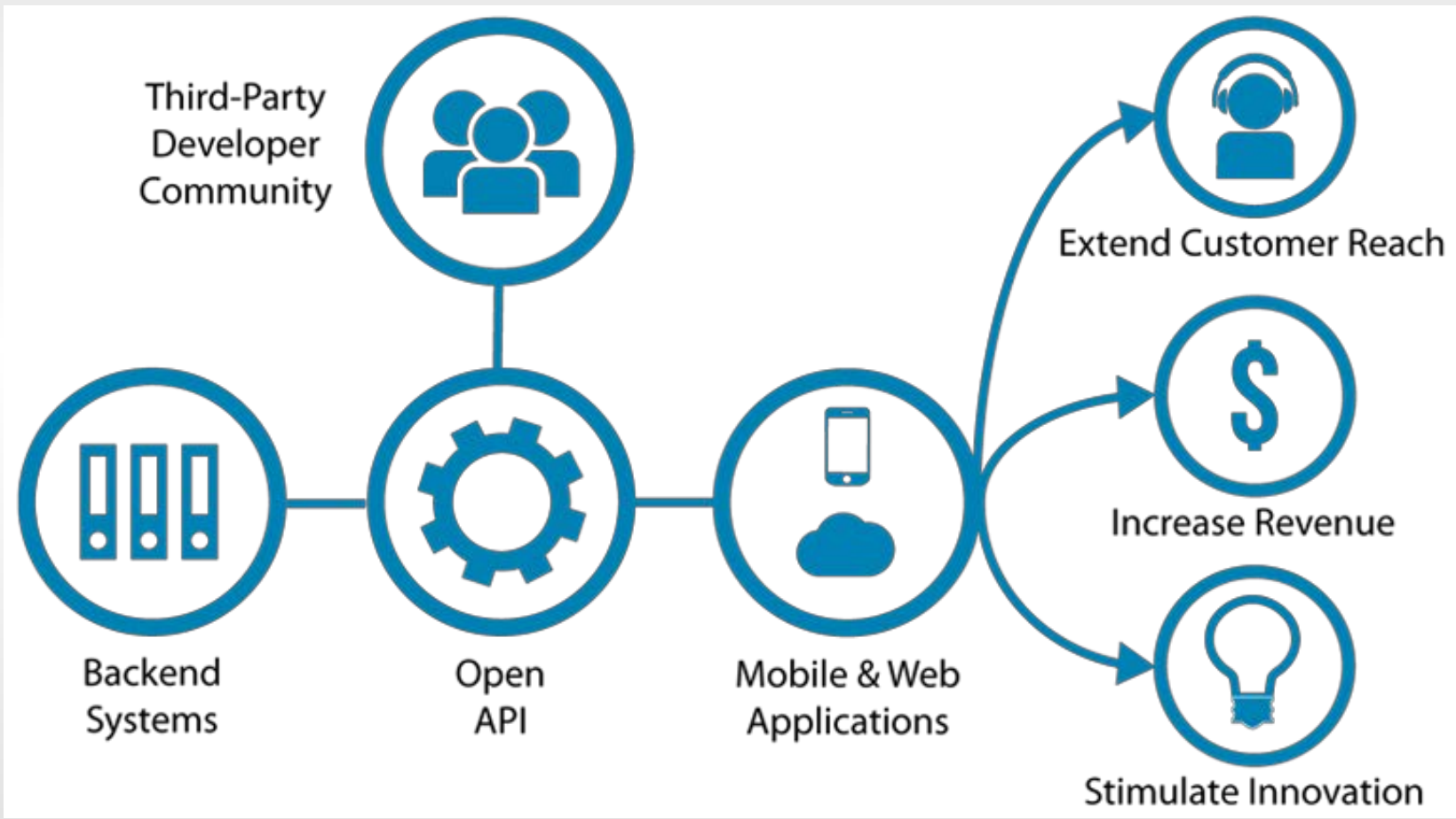
- Review current state and recent accomplishments in using FHIR for Biopharma research
- Review current and potential use cases
- Discuss how to improve collaborations with HL7 work groups, clinicians, value-based care, government, academia, SDOs and other stakeholder groups
- Discuss policies for consent, security, access, data sharing
- Discuss how to leverage FHIR Apps such as Patient Aggregators, and how to establish and manage an endpoints directory (of available FHIR API servers) associated with research sites, investigators, or direct patient data
- Discuss potential of FHIR Bulk Data Access Approach and R on FHIR to support analytics of real world data accessed through FHIR

# 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, designed for implementation
- Based on REST, a pattern for using web technologies to manage information (used by Facebook, Twitter, eBay...)
  - Can Create, Read, Update and Mark Deletion
- Content built as Resources: essential modular information components easily assembled into working systems
  - Like web pages, fast and scalable, directed toward computers
- Flexible outputs: messages, documents, data, services



# Restful Services: From Shared Files to APIs



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# FHIR Resources

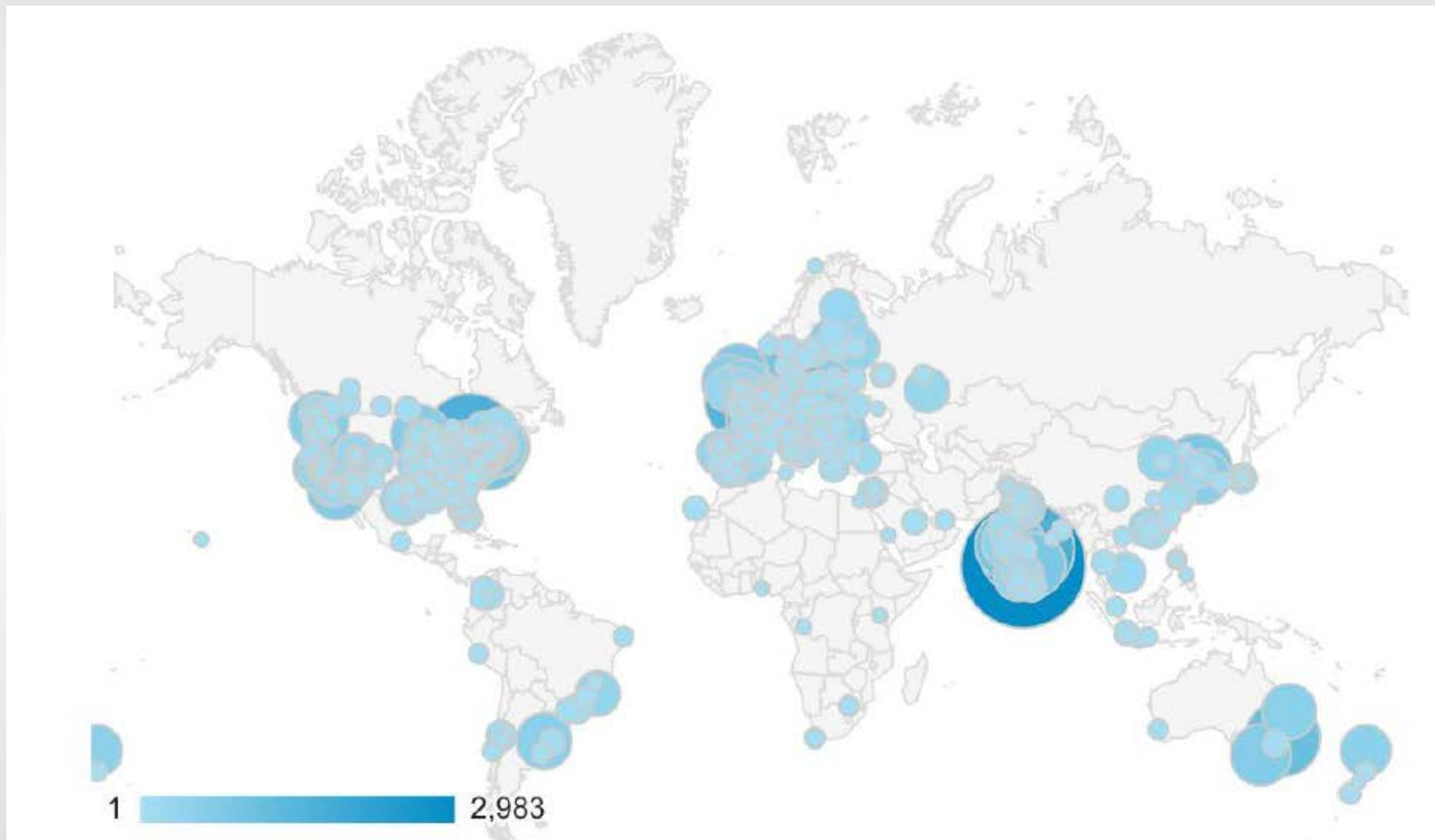
Smallest logically discrete unit of transaction “of interest” to healthcare



# Principles of FHIR

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

# Who's Using FHIR: Systems Accessing HAPI Server in 2017



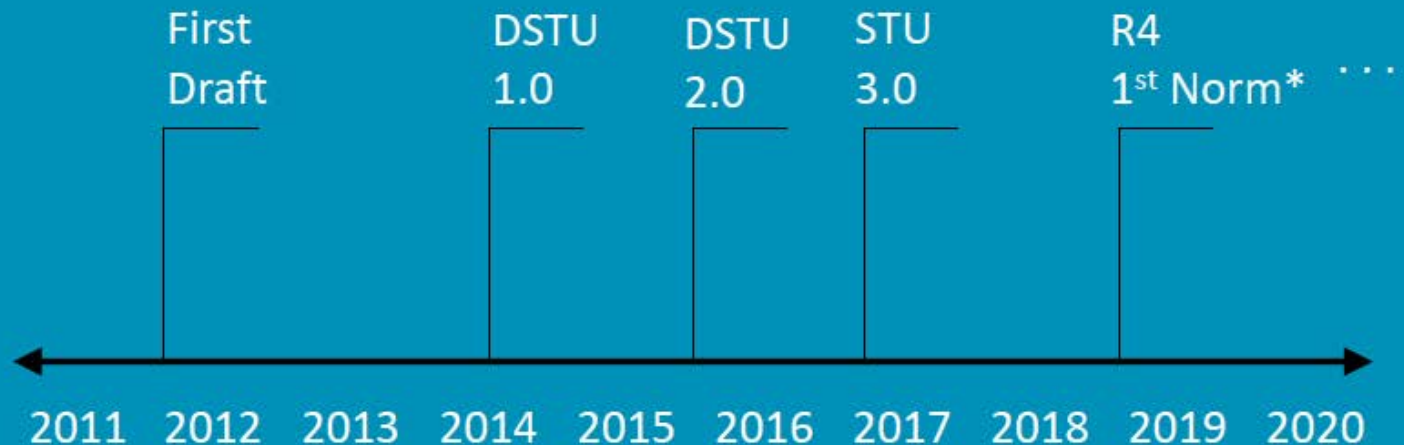
# What's New in R4

- R4 to include Normative (no breaking changes) and STU content:
  - Definition Infrastructure, Data types, XML and JSON formats, RESTful API, CodeSystem, ValueSet
  - Patient, Observation
- SMART App Launch
- GraphQL support for FHIR Queries
- Bulk Data Extract Support (nd-json)
- New content: public health, occupational data, device nomenclature service, lab catalog, insurance, subscription
- Expanded content: CDS Hooks, Subscription, logical models, end point discovery, terminology services, inter-version support
- Proficiency and Credentialing programs
- Next Connectathons: 1/27 New Orleans; 5/12 Cologne, Germany

# The Path to FHIR

## FHIR Timeline

- The first normative content is scheduled for FHIR R4 late next year (2018).



# Workshop Overview - Tuesday

- 8:30 Welcome, Logistics, FHIR Update
- 9:00 Keynote (Micky Tripathi)
- 9:20 Implementers Panel
- 10:20 Overview of Breakout Sessions
- *10:30 Break*
- 11:00 Breakout 1
- 12:30 *Lunch and Sponsor Solution Sessions*
- 1:45 FHIR's Industry Impact Panel
- 3:00 *Break*
- 3:30 Breakout Sessions
- 5:00 Adjourn



# Overview - Wednesday

- 9:00 Introductory remarks/Report-outs
- 9:30 Keynote (Donald Rucker. MD)
- 10:30 *Break*
- 11:00 Breakout Sessions
- 12:00 *Lunch and Sponsor Solution Sessions*
- 1:15 FHIR Applications Roundtable – Opening remarks
- 1:30-5:00 Roundtable Presentations
- 5:30 Reception – Ile de France Ballroom, JW Marriott Hotel



# Gold Sponsor Solution

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**Pitfalls and Best Practices of SMART and FHIR  
Classroom 126**



**How the Digital Health Success Framework Warp Speeds Innovation  
Classroom 133**



**Enabling a Community Health Record via a FHIR Resource Repository  
Wednesday**

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