The Office of the National Coordinator for Health Information Technology

Healthcare Directory Technology Learning Community

TLC Meeting – December 8, 2017

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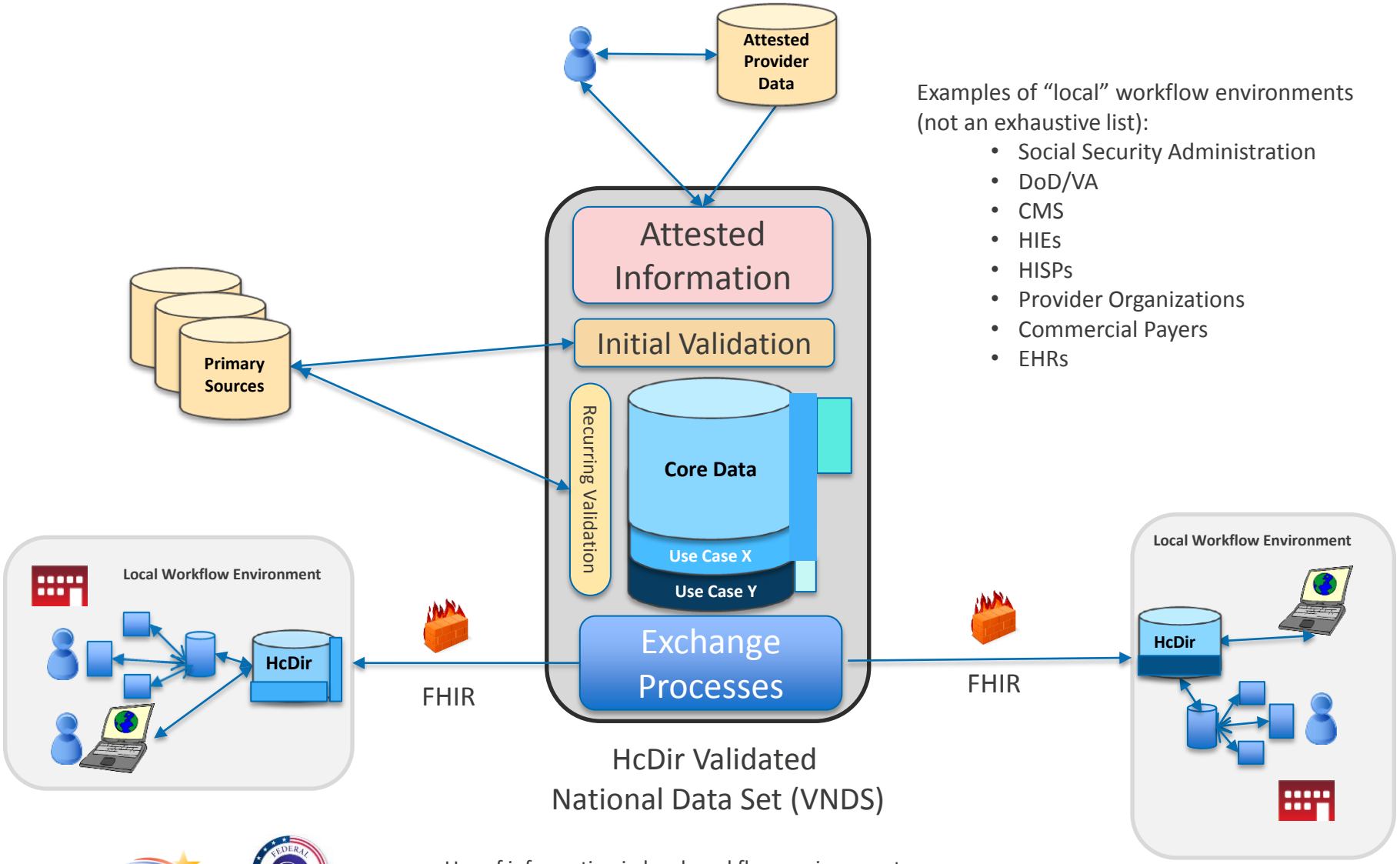
Agenda

- Welcome and Housekeeping
- FHIR Ballot Updates
- Dialogue
  - » Proposed Product / Plan resource
  - » Use cases for submitting attested data
  - » Use cases for primary source validation

HcDir Conceptual Architecture -- Draft

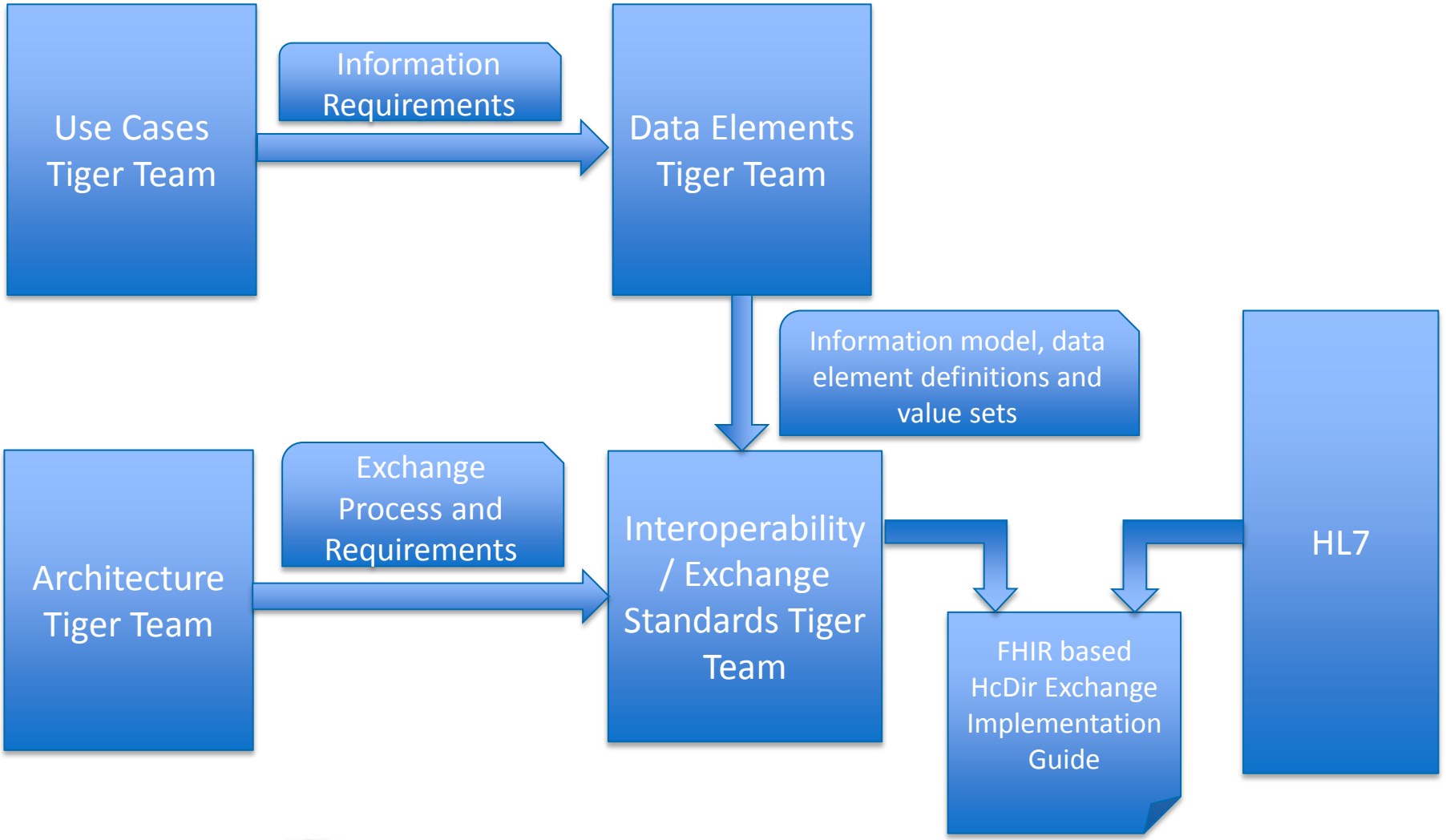


Examples of "local" workflow environments (not an exhaustive list):

- Social Security Administration
- DoD/VA
- CMS
- HIEs
- HISPs
- Provider Organizations
- Commercial Payers
- EHRs

Use of information in local workflow environments may be affected by local requirement and regulations

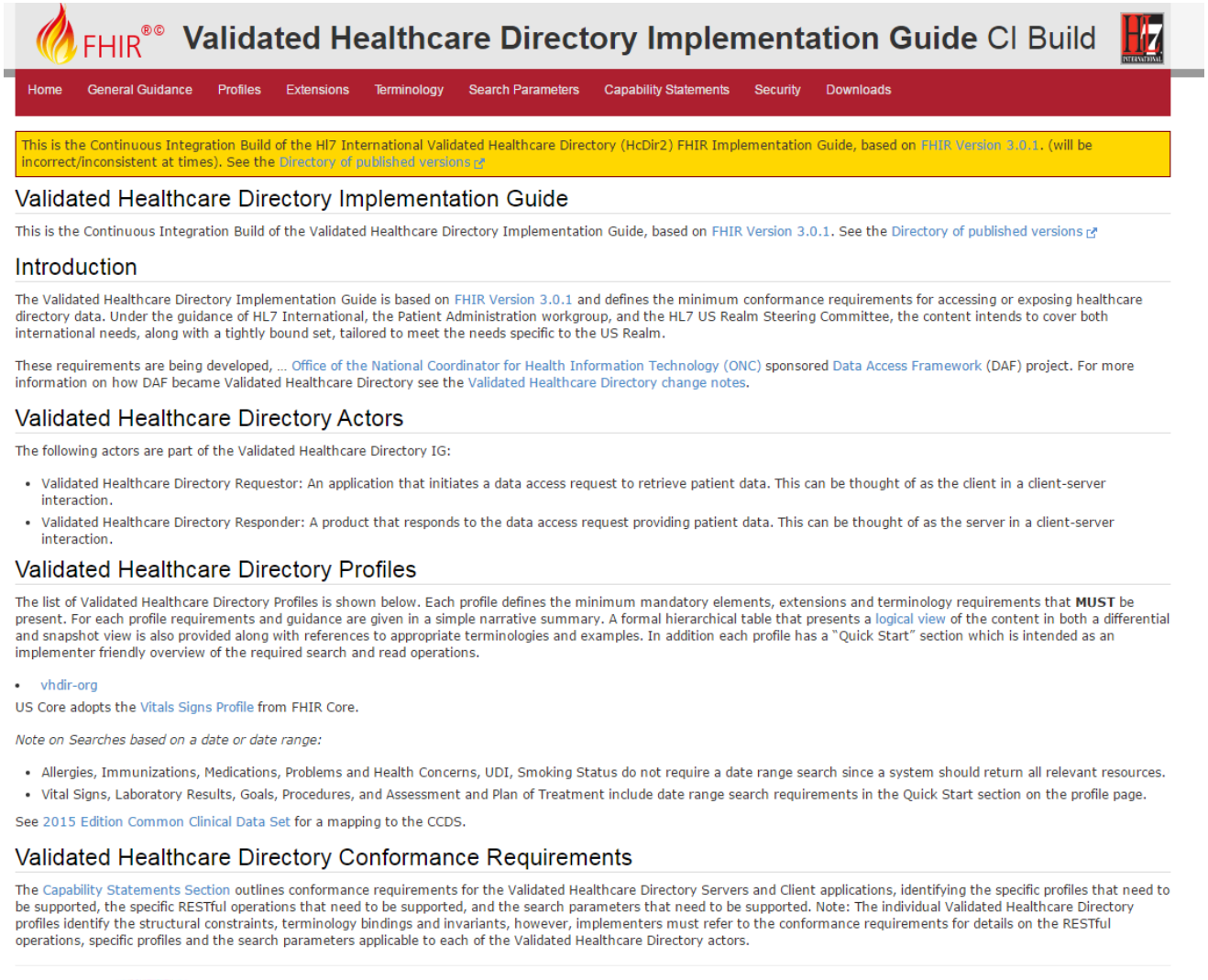
ONC-FHA Healthcare Directory Tiger Team Dependencies



Tiger Team Status

- Use Cases
  - » Tiger Team has finished meeting
  - » Final drafts of completed use cases are available on Basecamp
- Data Elements
  - » Finalizing data element definitions (accessibility, education/credentialing, location in progress)
- Architecture
  - » Tiger Team has finished meeting. Discussions will inform the implementation guide (e.g. determining the “bundle” of FHIR resources returned to a query)
- Interoperability
  - » Preparing FHIR-based exchange implementation guide, including proposed changes to existing FHIR resource and new resources

Implementation Guide (an initial draft for illustration)



FHIR®© **Validated Healthcare Directory Implementation Guide** CI Build

Home | General Guidance | Profiles | Extensions | Terminology | Search Parameters | Capability Statements | Security | Downloads

This is the Continuous Integration Build of the Hl7 International Validated Healthcare Directory (HcDir2) FHIR Implementation Guide, based on FHIR Version 3.0.1. (will be incorrect/inconsistent at times). See the Directory of published versions

Validated Healthcare Directory Implementation Guide

This is the Continuous Integration Build of the Validated Healthcare Directory Implementation Guide, based on FHIR Version 3.0.1. See the Directory of published versions

Introduction

The Validated Healthcare Directory Implementation Guide is based on FHIR Version 3.0.1 and defines the minimum conformance requirements for accessing or exposing healthcare directory data. Under the guidance of HL7 International, the Patient Administration workgroup, and the HL7 US Realm Steering Committee, the content intends to cover both international needs, along with a tightly bound set, tailored to meet the needs specific to the US Realm.

These requirements are being developed, ... Office of the National Coordinator for Health Information Technology (ONC) sponsored Data Access Framework (DAF) project. For more information on how DAF became Validated Healthcare Directory see the Validated Healthcare Directory change notes.

Validated Healthcare Directory Actors

The following actors are part of the Validated Healthcare Directory IG:

- Validated Healthcare Directory Requestor: An application that initiates a data access request to retrieve patient data. This can be thought of as the client in a client-server interaction.
- Validated Healthcare Directory Responder: A product that responds to the data access request providing patient data. This can be thought of as the server in a client-server interaction.

Validated Healthcare Directory Profiles

The list of Validated Healthcare Directory Profiles is shown below. Each profile defines the minimum mandatory elements, extensions and terminology requirements that **MUST** be present. For each profile requirements and guidance are given in a simple narrative summary. A formal hierarchical table that presents a logical view of the content in both a differential and snapshot view is also provided along with references to appropriate terminologies and examples. In addition each profile has a "Quick Start" section which is intended as an implementer friendly overview of the required search and read operations.

- vhdir-org

US Core adopts the Vitals Signs Profile from FHIR Core.

Note on Searches based on a date or date range:

- Allergies, Immunizations, Medications, Problems and Health Concerns, UDI, Smoking Status do not require a date range search since a system should return all relevant resources.
- Vital Signs, Laboratory Results, Goals, Procedures, and Assessment and Plan of Treatment include date range search requirements in the Quick Start section on the profile page.

See 2015 Edition Common Clinical Data Set for a mapping to the CCDS.

Validated Healthcare Directory Conformance Requirements

The Capability Statements Section outlines conformance requirements for the Validated Healthcare Directory Servers and Client applications, identifying the specific profiles that need to be supported, the specific RESTful operations that need to be supported, and the search parameters that need to be supported. Note: The individual Validated Healthcare Directory profiles identify the structural constraints, terminology bindings and invariants, however, implementers must refer to the conformance requirements for details on the RESTful operations, specific profiles and the search parameters applicable to each of the Validated Healthcare Directory actors.

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FHIR Ballots/Implementation Guide

- January Ballot – Informational Ballot
  - December 22, 2017 – January 22, 2018 Ballot open/close dates
  - January 27-February 2 - HL7 Workgroup Meeting (New Orleans)
- May Ballot - Implementation Guide
  - April 6, 2018 - May 7, 2018 Ballot open/close dates
  - May 12-18, 2018 - HL7 Workgroup Meeting (Cologne)
- September Ballot – Implementation Guide (updates)
- December 15, 2018 - Publication of R4
- Additional details at http://wiki.hl7.org/index.php?title=FHIR_Ballot_Prep

Proposed Product / Plan resource

- Dialogue

Dialogue – Use cases for submitting attested data

- Provider attestation
- Provider attestation via representative
- Organization attestation
- Payer/Plan attestation
- Attestation submission via intermediary

Dialogue – Use cases for primary source validation

- Certification (e.g. Qualifications such as license)
- Addresses
- Plan Information
- Accessibility Information

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Additional Info – Use Cases Tiger Team

- Basic Information Exchange
  - A1. Enable electronic exchange (e.g. discovery of electronic end points such as IHE/EHR endpoints, FHIR server URLs, Direct addresses)
  - A2. Find an individual and/or organization (even if no electronic end point is available)
- Patient/Payer focused
  - B1. Find provider accessibility information (specialty, office hours, languages spoken, taking patients)
  - B2. Relationship between provider and insurance plan (insurance accepted) or plan and provider (network)
  - B3. Plan selection and enrollment
  - B4. Claims management (adjudication, prior authorization, payment)

Additional Info – Use Cases Tiger Team

- Care Delivery / Value Based Care
  - » C1. Provider relationship with a patient (e.g. for alerts)
  - » C2. Provider relationship with other providers in context of a patient (e.g. care team communications)
- Other
  - » D1. Provider credentialing
  - » D2. Quality or regulatory reporting (e.g. aggregate data, plan networks)
  - » D3. Detection of fraud; inappropriate approval of services and/or payment for services

Additional Info – Data Elements Tiger Team

- Logical Groupings:
  - » Demographics (e.g. name, gender, DOB, type)
  - » Contact information (e.g. phone, email, fax, purpose of each)
  - » Location (e.g. addresses, hours, contact info, purpose)
  - » Identification (e.g. unique ID/type)
  - » Education/license (e.g. education, license information, tax ID)
  - » Relationships (e.g. parent-child, individual-org, role)
  - » ESI/electronic end point
  - » Validation

Additional Info – Architecture Tiger Team

- Describe how various actors interact with a healthcare directory
  - » E.g. information exchange, payer, provider, EHR, state/federal government, etc.
- Define scope of populations (i.e. what are they searching for?)
  - » Is the population geography or state-based? Is the population defined by a relationship? Is the population defined by some attribute?
- Identify appropriate exchange mechanisms
  - » Pull (real-time), pull (batch), sub/pub (push), sub/pub (queue), sub/pub (batch)
- Define scope of data accessed
  - » Full data, delta data, urgent data