

Payer Provider (P2) FHIR  
Task Force

Directory, Versions and Scale  
Tiger Team

# Agenda

1. Welcome and Antitrust statement – Alix Goss
2. Introductions - All
3. P2 Task Force Goals – Bob Dieterle
4. P2 Task Force versus Da Vinci Project– Bob
5. Directory, Versions and Scale Tiger Team: Scope and Deliverables – Bob
6. Tiger Team Logistics – Alix and Alex Kontur
7. Focus for July: Defining the Three Scope Areas and Issues – Alix
8. Wrap Up – Bob

# P2 FHIR Task Force Antitrust Notice

The ONC Payer-Provider (P2) FHIR Task Force (Hereinafter “Task Force”) is committed to full compliance with existing federal and state antitrust laws.

All members involved in the Task Force effort, including its advisory groups, will comply with all applicable antitrust laws during the course of their activities. During Task Force meetings and other associated activities, including all informal or social discussions, each member shall refrain from discussing or exchanging competitively sensitive information with any other member. Such information includes, but may not be limited to:

- Price, premiums, or reimbursement charged or paid for products or services
- Allocation of customers, enrollees, sales territories, sales of any products or contracts with providers
- Any other competitively sensitive information that is proprietary to a member company

If you have any specific questions or concerns, seek guidance from your own legal counsel.

Members should not bring confidential information or intellectual property (hereinafter “Intellectual Property”) owned by their respective member companies into Task Force meetings. To the extent such Intellectual Property is shared with the Task Force that shall not be construed as a waiver of member company’s rights to, or ownership in, the Intellectual Property.

# Introductions

- Name
- Organization
- 2 sentences describing your tiger team interest and related expertise

# P2 FHIR Taskforce Overview

**Problem:** There are ecosystem and infrastructure barriers that prevent the wide-scale adoption and deployment of FHIR for payers and providers.

**Purpose:** Through a collaborative effort, the taskforce aims to address ecosystem barriers and accelerate adoption of FHIR for production exchange of clinical information between providers and payers.

**Need:** While Connectathons and demonstration projects are promising, the need exists to establish a national architecture for the standardized exchange of information using FHIR. This includes addressing identity, authentication security, messaging and information standards (e.g. profiles and data sets) to enable adoption by large payers and providers to address challenges such as value based care.

**Scope Statement:** Establish an ONC task force that leverages “tiger teams” to focus on near term, practical, approaches to overcome high priority barriers to clinical interoperability between Payers and Providers

# Goals and Objectives

## **The through a Tiger Team approach, the task force aims to:**

- Identify and prioritize a list of broad-based architectural, technical or process barriers that are likely to curtail wide scale FHIR deployment.
- Develop practical, consensus based, solutions to these barriers that could accelerate adoption, including a set of consensus-based implementation guides that drive consistency of FHIR based data exchanges between Payers and Providers.
- Create a knowledge sharing process to share, update and publish consensus best practice.
- Identify a list of barriers that need regulatory solutions and document same for consideration to regulatory process.
- Successfully conduct/coordinate/share demonstration projects (or projects) between EHR/HIE and payer end points that show value, will scale, and will not require fundamental new standards development.
- Design of a national architecture to enable FHIR based clinical clearinghouse solutions.

# FHIR Adoption Barriers



**Directory- resource locator for FHIR endpoints**



**Identity- confirming the participants in and subjects of the exchange**

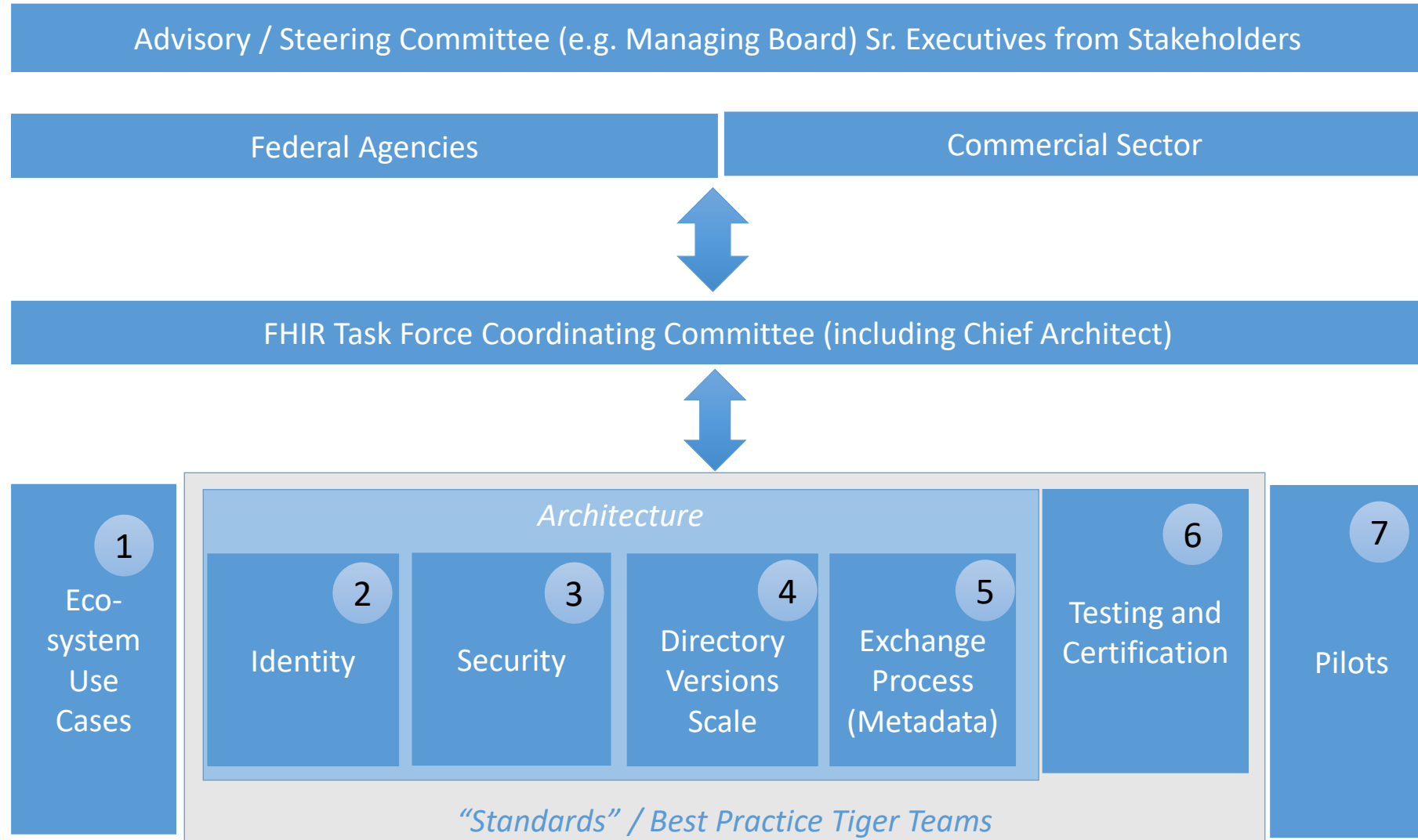


**Security – ensuring compliance**

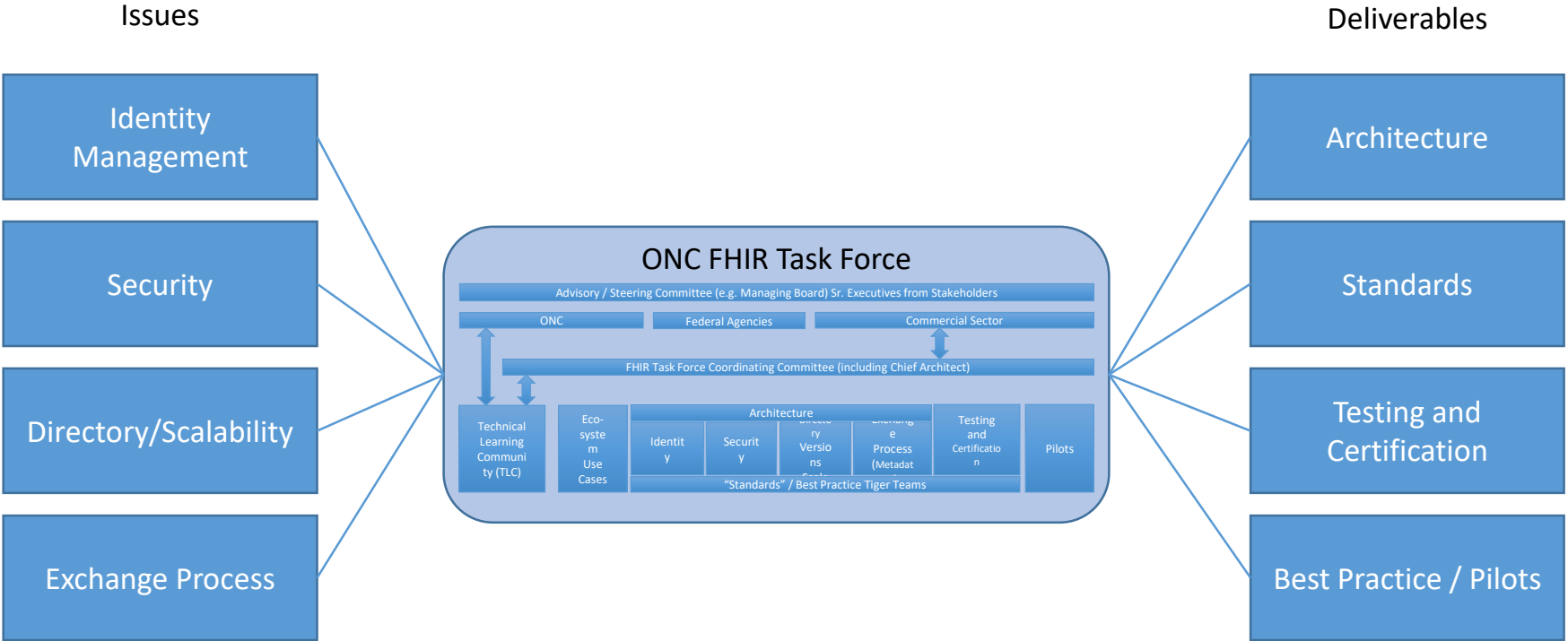


**Testing, conformance, and certification**

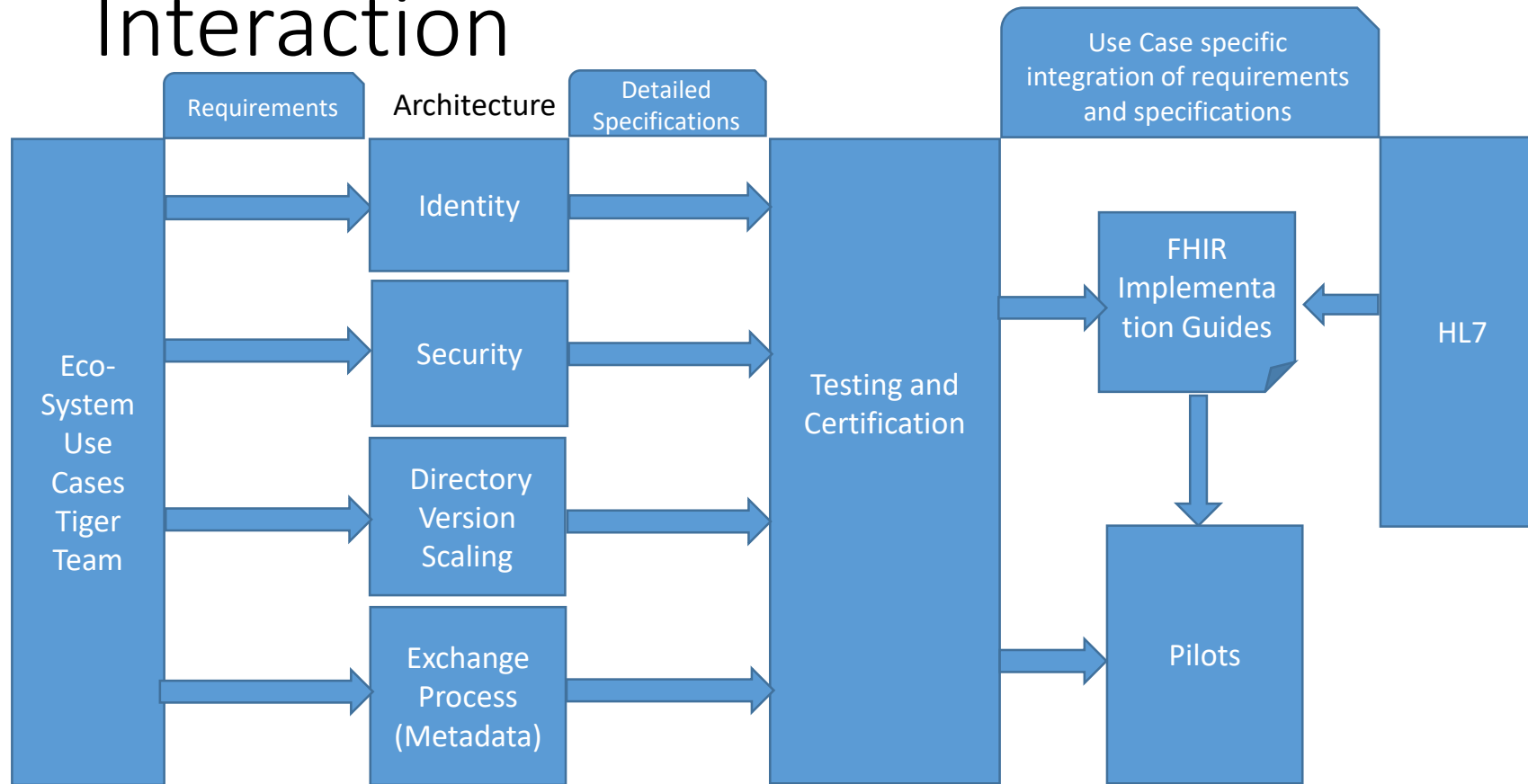
# FHIR Task Force Structure







# FHIR Task Force Tiger Team Interaction

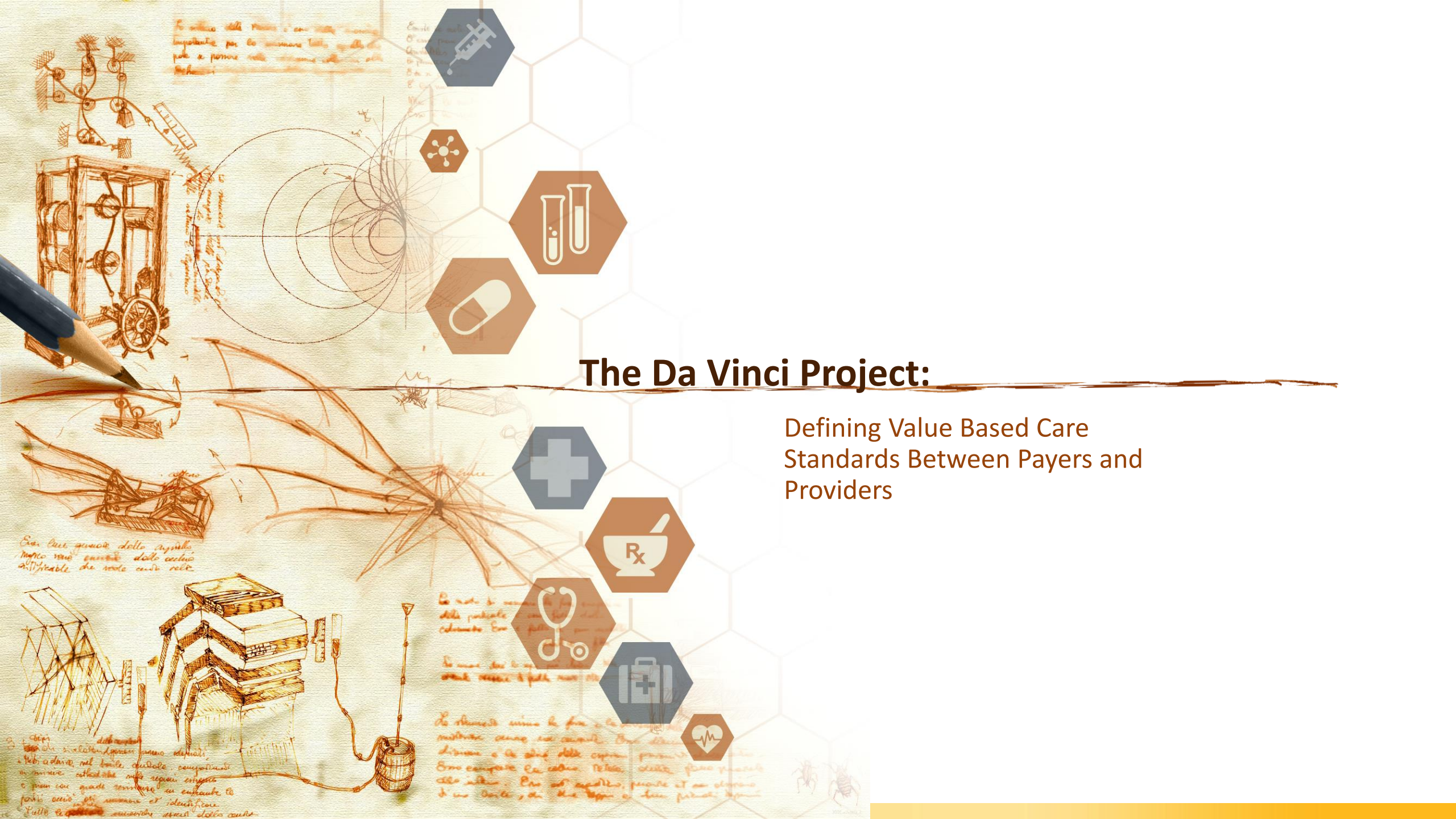


# Tiger Team Summaries

1. **Ecosystem Use Cases**- This Tiger Team will work on creating use cases that will assist the rest of the tiger teams in directing their efforts and driving their solutions.
2. **Identity** - This Tiger Team will focus on identifying identity-proofing and patient-matching solutions across multiple types of users.
3. **Security** - This Tiger Team will focus on identifying scalable solutions for security authorization and authentication processes.
4. **Directory, Versions, and Scale** - This Tiger Team will focus on resource directory solutions and ensuring a process to handle versioning and the anticipated scale of resources.
5. **Exchange Process (metadata)** - This Tiger Team will focus on common metadata and process conventions.
6. **Testing and Certification** - This Tiger Team will focus on specification for testing and certification of the requirements defined for identity, security, Endpoint discovery, scaling and exchange process.
7. **Pilots** - This Tiger Team will identify the pilot models, technology, and participants needed to demonstrate the efficacy of the documentation and approaches created by other tiger teams.

# Tiger Team Structure and Timeline

- Each Tiger Team will:
  - Consist of 6-8 members
  - Have a lead and 1 to 2 co-leads
  - Have an assigned ONC staff support member
- Timelines differ for each tiger team:
  - March 2018 – December 2019: Ecosystem Use Case
  - April 2018 – March 2020: Identity, Security
  - July 2018 – March 2020: Directory, Exchange
  - August 2018 – June 2020: Testing and Certification
  - September 2018 – June 2020: Pilots

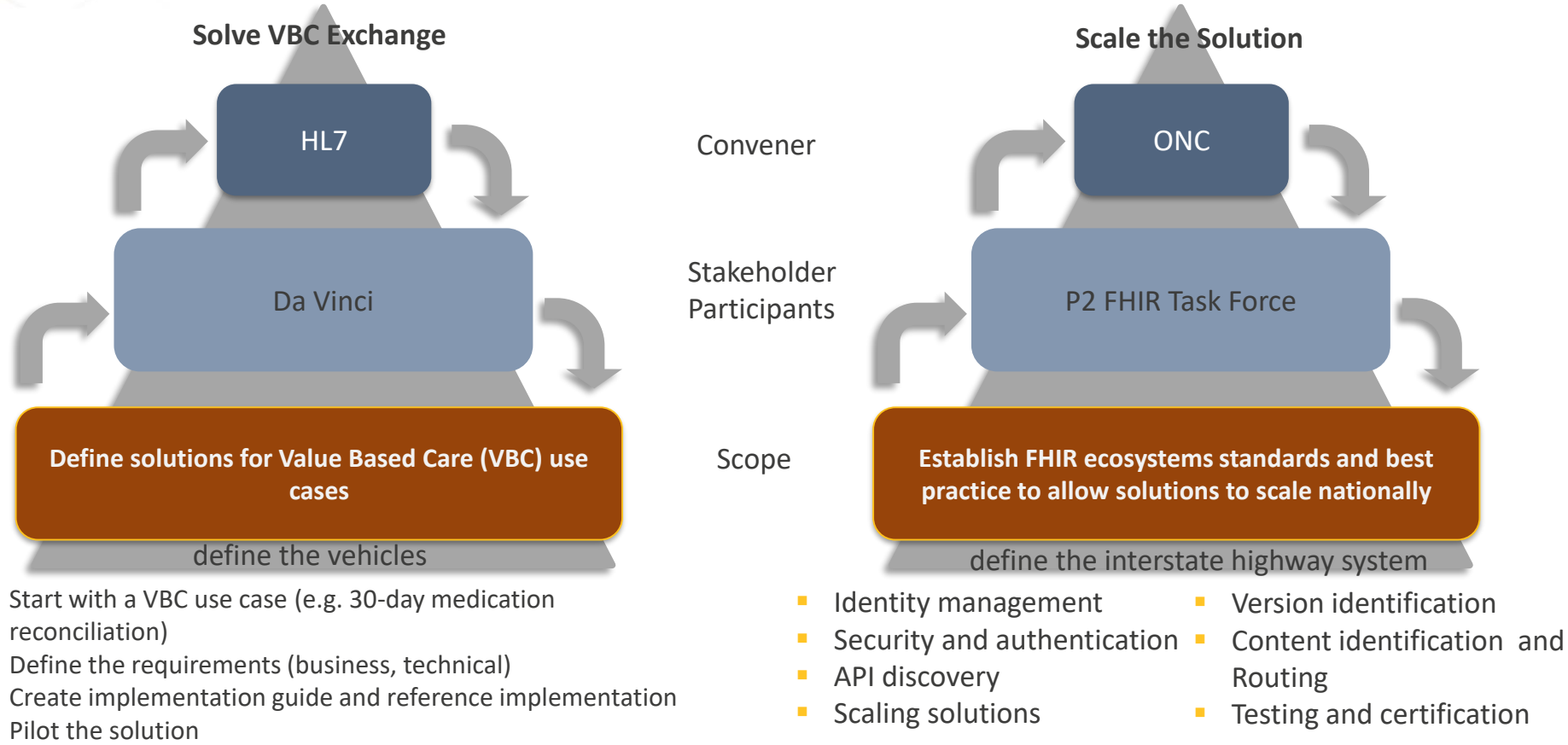


# The Da Vinci Project:

Defining Value Based Care Standards Between Payers and Providers

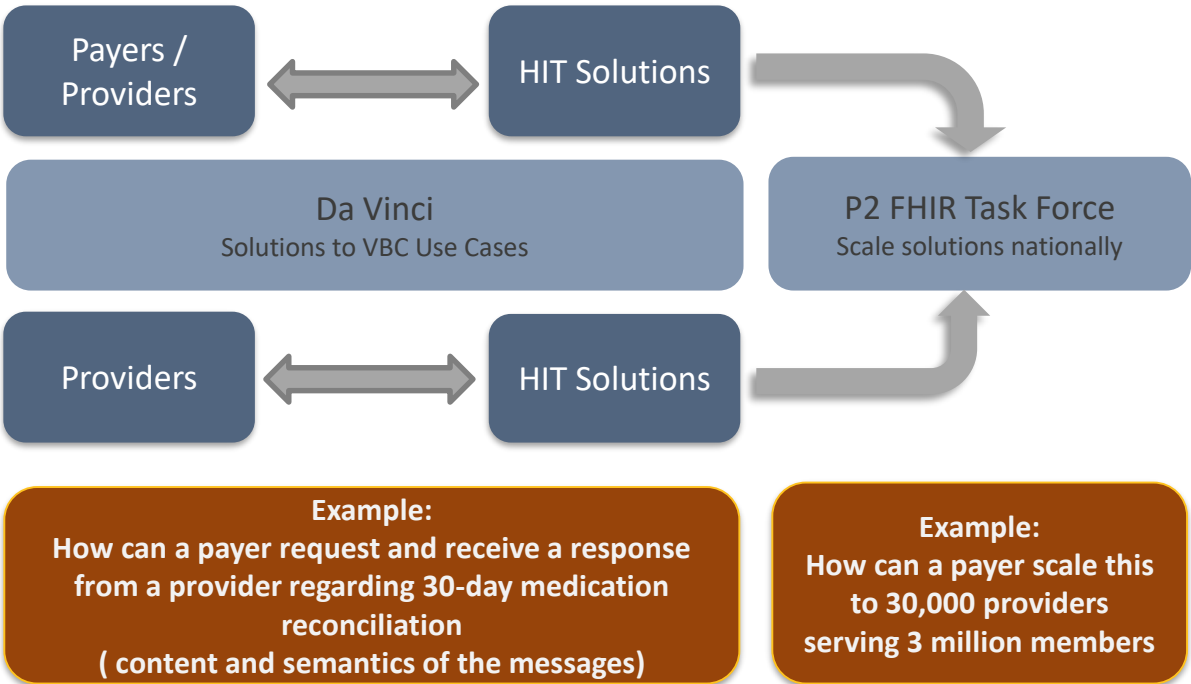
# Relationship between Da Vinci & P2 FHIR Task Force

Using FHIR to solve Payer-Provider and Provider-Provider interoperability problems



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Using FHIR to solve Payer-Provider and Provider-Provider interoperability problems



# Identifying FHIR Endpoints and Services

- Problem:** How can a provider or payer identify appropriate FHIR endpoints and the specific “services” they support for P-P exchanges in a scalable fashion
- Research:** What is currently available (scope, availability, capabilities)
- Standards:** Relevant standards (are there gaps that need to be addressed?)  
Best Practice
- Vision:** Where do we want to wind up?
- Direction:** Short term (now)  
Mid-term (2-x years)  
Long-term (>x years)



# Managing Multiple Versions of FHIR

**Problem:** How do we manage multiple versions of FHIR endpoints and FHIR artifacts

**Research:** How is this currently managed?

**Standards:** Relevant standards (are there gaps that need to be addressed?)

Best Practice

**Vision:** Where do we want to wind up?

**Direction:** Short term (now)

Mid-term (2-x years)

Long-term (>x years)

# Scaling the Ecosystem

**Problem:** How do we take FHIR based exchanges that work with a limited number of endpoints and/or participants (e.g. pilots) to a national scale (tens of thousands of endpoints and millions of providers)

**Research:** What are current options for scaling (in any industry or specifically for healthcare and/or with existing FHIR exchanges)?

**Standards:** Are there relevant standards (are there gaps that need to be addressed?)

Best Practice?

**Vision:** Where do we want to wind up?

**Direction:** Short term (now)

Mid-term (2-x years)

Long-term (>x years)

# Tiger Team Logistics

- Standing meeting: Thursday's 1 to 2 pm eastern
- P2 FHIR Task Force Project Page:

<https://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/P2+FHIR+Task+Force+Home>

- Confluence
- Between meeting efforts

# Detail Deliverable Scoping

- July 12<sup>th</sup>: General Discussion and Brainstorming
- July 19<sup>th</sup> and 26<sup>th</sup>: Deliverable Focused
  1. Directory of FHIR endpoints and services.
  2. Dealing with multiple versions of FHIR artifacts.
  3. Scaling FHIR.
- August 2<sup>nd</sup>: Confirm Scope and Issues/Deliverable
- August 6<sup>th</sup>: P2 Working Session (9-12) at ONC Interoperability Forum
- August 9<sup>th</sup>: Report out from attendees at Interoperability Forum

Wrap Up