

Payer Provider (P2) FHIR
Taskforce

Directory, Versions and Scale
Tiger Team

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.

Agenda – August 16, 2018

1. Antitrust statement - Alix
2. Welcome & Introductions – Bob Dieterle & All
3. Tiger Team Logistics/Resources Update – Alex Kontur
4. Directory, Versions and Scale Tiger Team: Scope and Deliverables – Bob
5. Focus for August: Continue Defining Three Scope Areas and Issues – Alix / All
 - Today's focus: Continued vetting of characteristics or elements of an endpoint
6. Wrap Up – Bob

Please note that Tiger Team calls are recorded in support of summary creation and will not be publicly posted

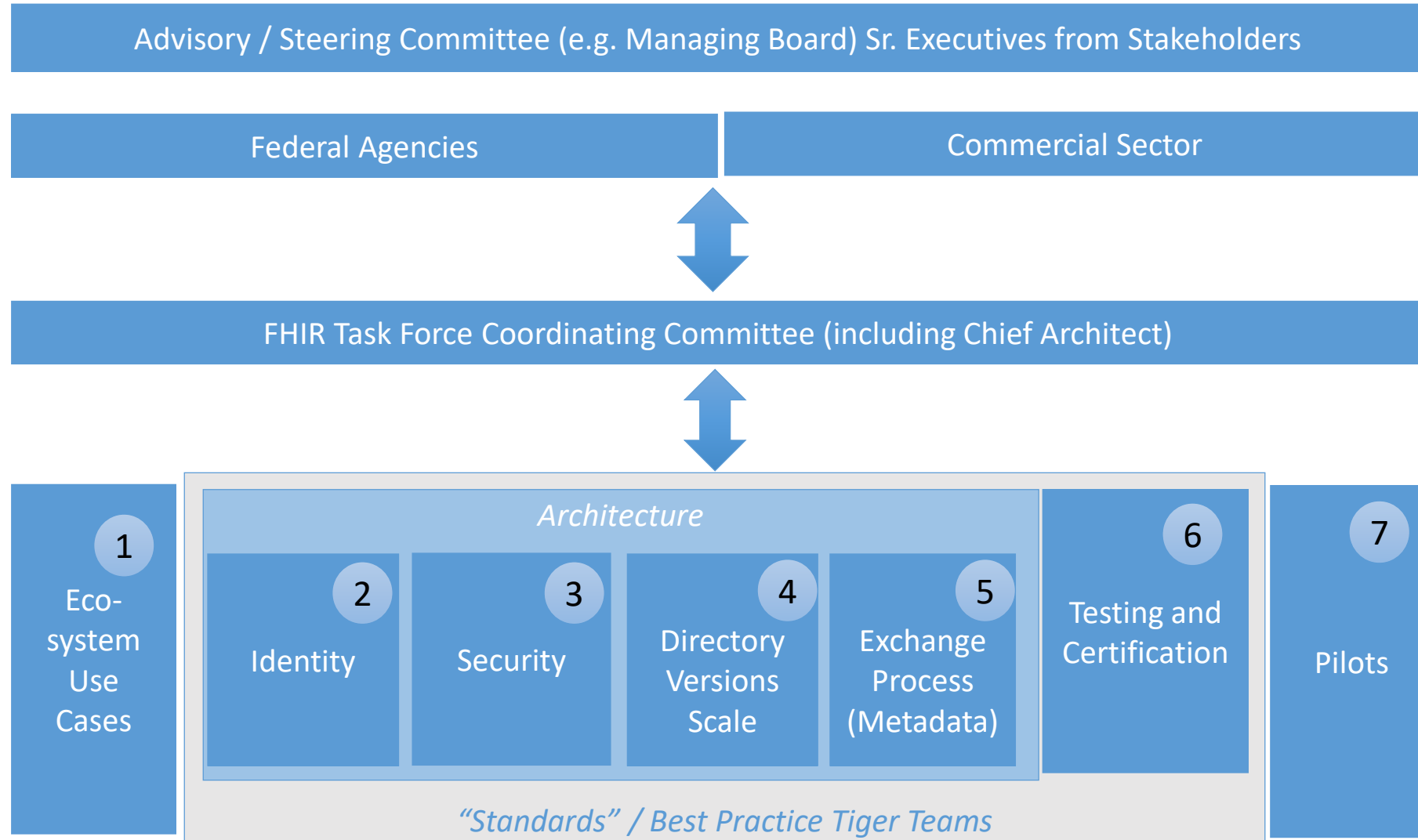
Tiger Team Logistics

- Standing meeting: Thursday's 1 to 2 pm eastern
- Calls recorded to aid meeting summary creation, but not posted
- P2 FHIR Taskforce Project Page:

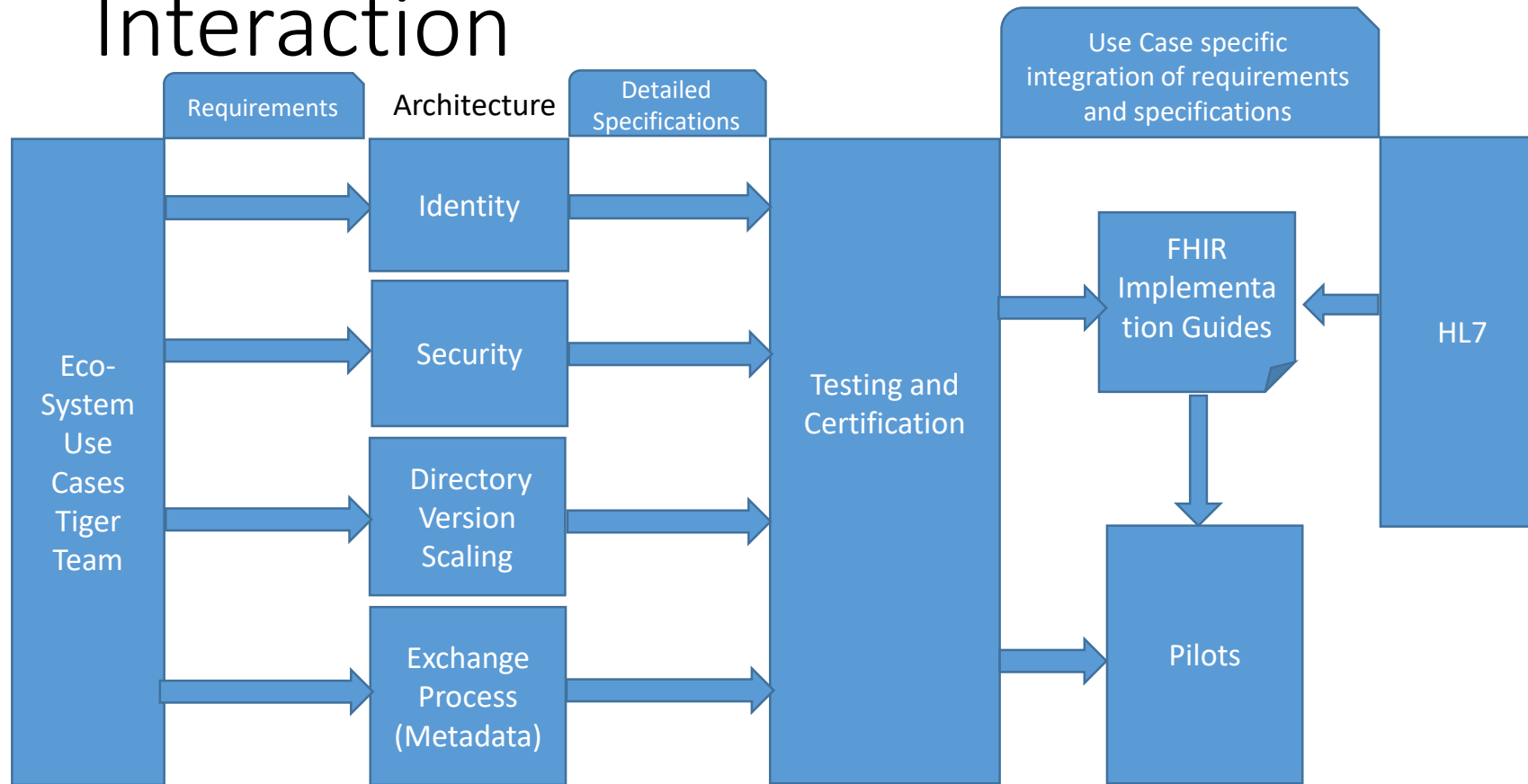
<https://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/P2+FHIR+Task+Force+Home>

- Confluence
 - Public facing documents
 - Work Zone (Slack and Confluence)

FHIR Task Force Structure



FHIR Task Force Tiger Team Interaction



Tiger Team Deliverables

1. Identify appropriate national standards for directory of FHIR endpoints and services.
2. Propose approach to dealing with multiple versions of FHIR artifacts.
3. Propose solutions to scaling FHIR.

Brainstorming Approach

- General Discussion and Brainstorming
 - Create Shared Understanding and Document
 - Framework for Incorporating Use Case and Architecture Requirements
- August Deliverable Brainstorming
 1. Directory of FHIR endpoints and services
 2. Dealing with multiple versions of FHIR artifacts
 3. Scaling FHIR
- September: Brainstorming Done? Results Summarized?

	Directory Endpoints	Versioning	Scalability
Vision / Outcome Desired			
Challenges to Address			
Research Needs			
Standards			
Other Considerations			

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)

Wrap Up