8/30/18 – P2 FHIR Directory Tiger Team

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Slack Overview (Ed Martin)

* Message channels show history of all conversations, which are searchable
* Users should set their profiles: click name and select profile/account
* List of names on the left hand screen indicate people who are online with a green dot
* Types of messages:
  + Channels - # indicates a public channel, private channels have a lock symbol
    - Threaded replies help cut down on the number of messages in a channel
  + Direct message – enable private conversations, can be with one or more people
  + Can use @ to notify specific people or an entire channel to pay attention to a message
* Auto-preview for specific links (e.g. for google docs)
* Post function enables fancier document creation within Slack (i.e. not just a plain message)
* Can upload files
* Can change notification settings under preferences
* 3 ways to access slack: browser, desktop app, mobile app
* Suggest that we use Slack to post questions/comments for feedback between meetings
* Value: cuts down on email, keeps information organized in one place
* Can add capabilities like polling
* The random channel is useful for off-topic conversations, can help cut down on clutter in other channels

Use Cases

* [Bob walked through the same use case we reviewed on the last call – patient information request, provider to plan]
* Use Cases Tiger Team has started process of combining use cases based on commonalities
  + Also developing use cases for core functionalities, e.g. endpoint discovery, authentication/authorization
* Use cases aren’t focused on functionality (e.g. the content of a message/transaction), rather they are focused on ecosystem requirements
* Use cases include:
  + Brief introduction/background about the use cases/P2 FHIR task force
  + Use case approach: barrier use cases (core functions), generic use cases, and use cases from/related to Da Vinci
  + Variations/Extensions describe the set of scenarios covered by the use case document
  + In scope/out of scope – set the boundaries of the use case. Mostly taken from Da Vinci use case in this example
  + Assumptions about the use case
  + Primary/supporting actors
  + Stakeholders/interests – frames background, e.g. providers, payer/plan, patient, caregiver, federal/state agencies, etc.
  + Preconditions – Assumptions/preconditions set requirements
  + Post conditions – also express certain requirements (i.e. the end state that the use case expresses)
    - We may have to expand on these and consider the details in our work on this Tiger Team
  + Trigger – what starts the use case
  + Requirements and main scenario – articulates a set of common requirements across the use case’s scenarios, often references core capabilities
* Karl Davis - CMS recently released an RFP for a project to build a payer-to-ACO API to share claims data on attributed beneficiaries. Contract has been awarded. [this comment should not be construed as a CMS commitment]
* Alix – how set is this use case, how much could it change?
  + Bob – still in development, not necessarily set yet, but probably close. This is an example of how they are thinking about use cases at the moment
* Karl Davis – this use case is about a provider asking a payer for data they hold directly?
  + Bob – correct. Commercial plans may hold clinical records (e.g. lab reports, information to support value-based care contracts, etc.)
* Bob – we will need to look at all of the requirements in each use case (i.e. the pre/post conditions, assumptions, requirements/scenarios, etc.) to see which ones apply to our Tiger Team
  + E.g. the requirement to send a request for data to a payer’s endpoint may involve the use of a trust framework to ensure trusted/secure authentication/authorization
* Ed – will we have a chance to review use cases?
  + Bob – yes, as soon as the Use Case Tiger Team release it
* Karl – are these use cases envisioned with some sort of timeframe in mind? (i.e. when they should be adopted by the industry)
  + Bob – part of our work will be defining when/how any standards we develop will be presented (e.g. balloting, recommending for regulation, best practice, etc). Testing through piloting to help define approach.
  + Karl – concerned about how we manage alignment with other initiatives (e.g. the CMS effort described earlier)
  + Bob – part of the reason we convened a broad group like the P2 FHIR Task Force is to help w/alignment of efforts