

Payer Provider (P2) FHIR
Taskforce

Directory, Versions and Scale
Tiger Team

Agenda - July 12, 2018

1. Welcome & Introductions – Bob Dieterle & All
2. Antitrust statement - Bob
3. Tiger Team Logistics/Resources Update – Alex Kontur
4. Directory, Versions and Scale Tiger Team: Scope and Deliverables – Bob
5. Focus for July: Defining the Three Scope Areas and Issues – Alix / All
6. 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.

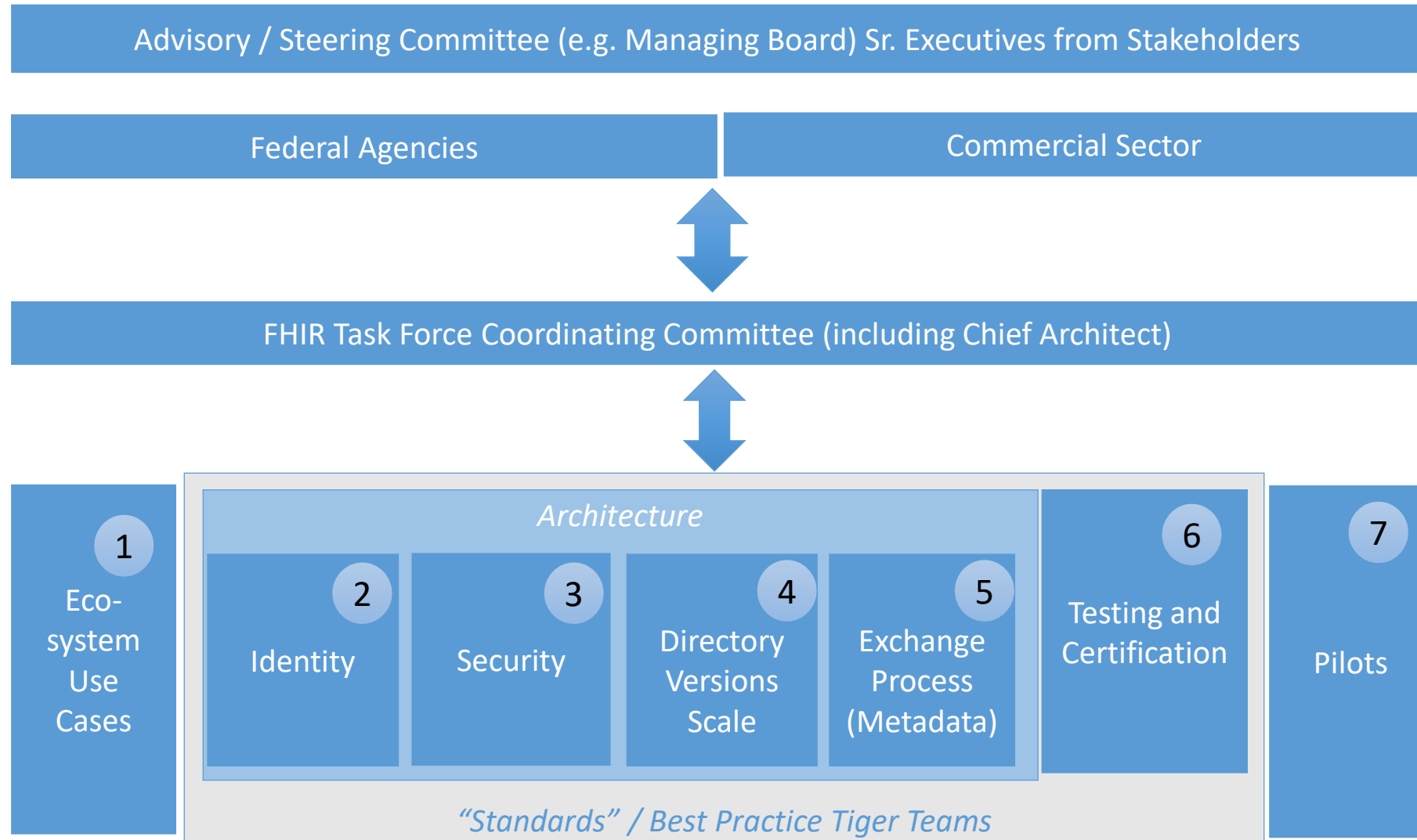
Tiger Team Logistics

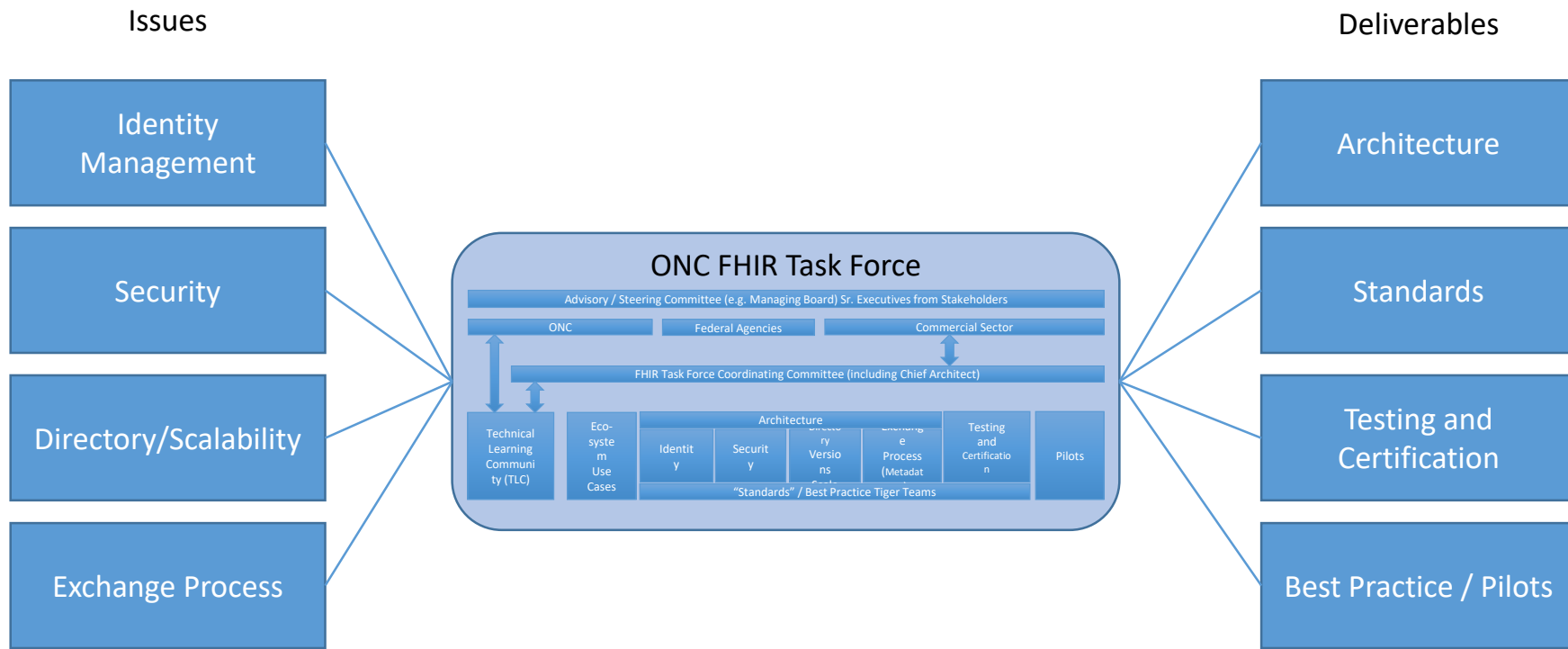
- Standing meeting: Thursday's 1 to 2 pm eastern
- P2 FHIR Taskforce Project Page:

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

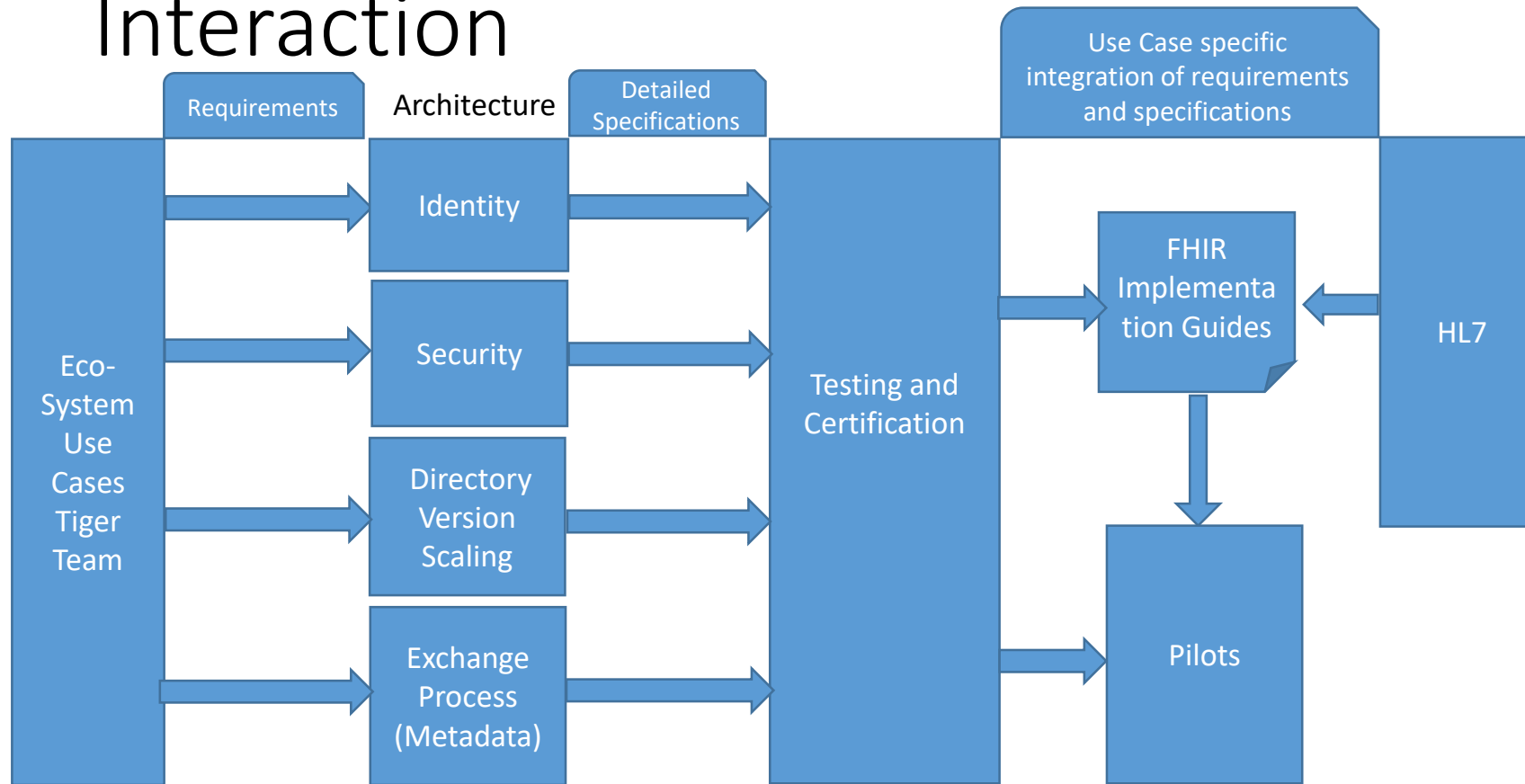
- Confluence
 - Public facing documents
 - Work Zone

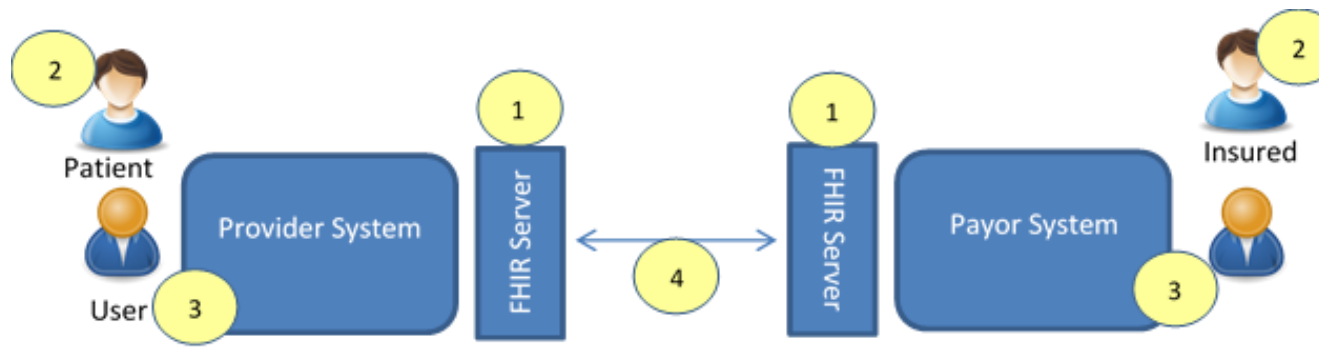
FHIR Task Force Structure





FHIR Task Force Tiger Team Interaction





1 Directory aka resource locator for a FHIR endpoints

There is no place to look up a FHIR end point for a given physician / organization nor address the sheer number of endpoints that may eventually number in the 1000's. How does a payer know where to find the FHIR endpoints for a given patient's records? How does a provider know how to find the FHIR endpoint for a patient / insured information outside of their organization?

← Our tiger team focus

2 Identity – confirming the participants in and subject of the exchange

There is no consistent way to cross-walk patient identity during a FHIR exchange. A payer likely identifies a person with an insurance ID. A provider identifies a person with some variation of medical record number. How do we crosswalk the two identities in realtime and how do we manage the risk of mis-identification?

4 Testing, conformance and certification

How do we handle versioning of FHIR artifacts in a scalable environment? How do we test / validate consistently? How do we manage the problem across multiple stakeholders with varying degrees of maturity? And, most importantly how do we do so across hundreds of thousands of endpoints?

3 Security – ensuring compliance

Today, we have limitations on our ability to ensure, in a scalable way, that the requestor of information using a FHIR based information exchange is appropriately authenticated and has the authorization to see the data requested. How do we know the FHIR consumer has permission to ask or see? We need a scalable solution that works for hundreds of millions of patients/insured and millions of requesting organizations and individual providers.

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

- July 12th: General Discussion and Brainstorming
 - Create Shared Understanding and Document
 - Framework for Incorporating Use Case and Architecture Requirements
- July 19th and 26th: Deliverable Focused Brainstorming
 1. Directory of FHIR endpoints and services
 2. Dealing with multiple versions of FHIR artifacts
 3. Scaling FHIR
- August: 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