

# Introduction to FHIR Sep 9, 2017 HL7 FHIR Connectathon 16

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# This presentation



- Can be downloaded at:
  - https://github.com/FHIR/documents/tree/master/connectathons/SanDiegoSep2017/FHIR%20Overview.pptx
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  - Creative Commons Attribution 3.0 Unported License
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# The acronym



- F Fast (to design & to implement)
  - Relative No technology can make integration as fast as we'd like
- H Healthcare
  - That's why we're here
- I Interoperable
  - Ditto
- R Resources
  - Building blocks more on these next





### Resources



#### Defined Structured Data

- ➤ The logical, *common* contents of the resource
- Mapped to formal definitions/RIM & other formats
- Syntax XML, JSON and Turtle (TTL)

#### Extensions

- Local requirements, but everyone can use
- Published and managed

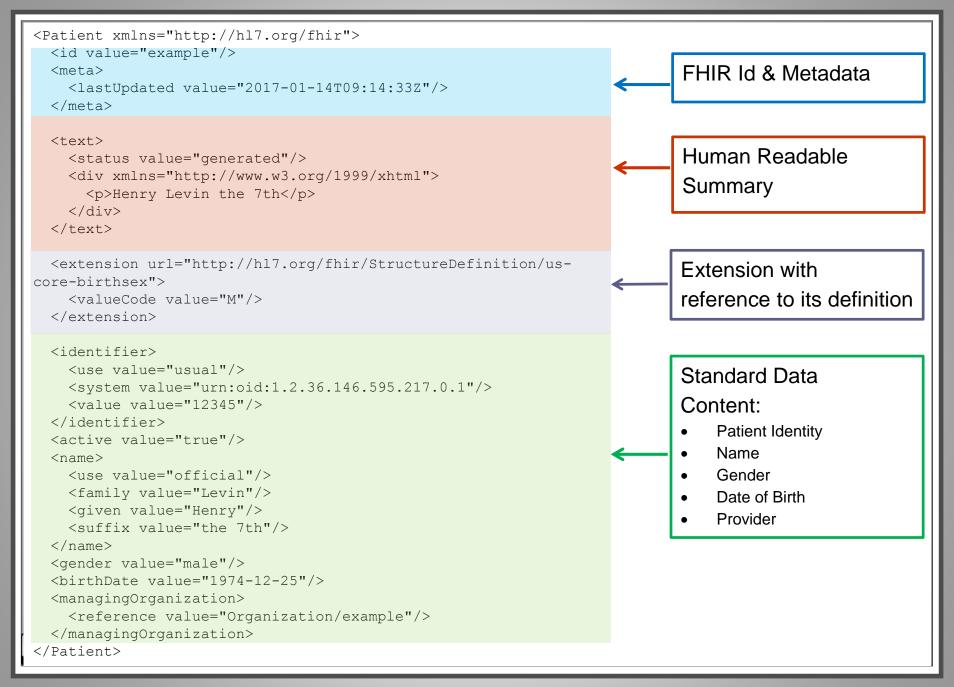
#### Narrative

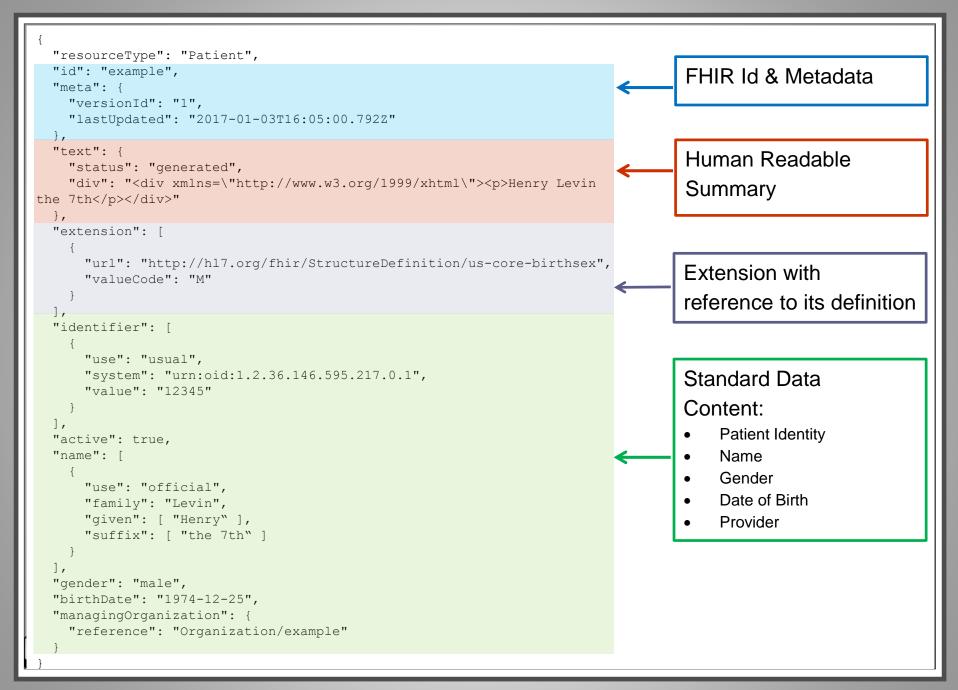
Human readable











# It's all about the resources . . .



Building blocks... Location Diagnostic Related Patient Person Report **Practitioner** 0



## What is a Resource?



#### **Examples**

- Administrative
  - Patient, Practitioner,
     Organization, Location,
     Coverage, Invoice
- Clinical Concepts
  - Allergy, Condition, Family History, Care Plan
- Infrastructure
  - Document, Message, Profile, Conformance\*

### Non-examples

- Gender
  - Too small
- Electronic Health Record
  - Too big
- Blood Pressure
  - Too specific
- Intervention
  - Too broad





# Capability\*



- There's a resource for documenting the capabilities of a FHIR client and server.
- Can be used for:
  - Stating how a specific system instance behaves
  - Defining how a software system is capable of behaving (including configuration options)
  - Identifying a desired set of behavior(s)
- To declare themselves "FHIR Conformant", a system must publish a CapabilityStatement.





## Human Readable



- CDA taught HL7 a very important lesson
  - Even if the computers don't understand 99% of what you're sending, that's ok if they can properly render it to a human clinician
- This doesn't just hold for documents
- Important for messages, services, etc.
- Resources SHOULD always contain narrative to support human-consumption as a fallback.





# **Paradigms**



FHIR supports 4 interoperability paradigms







## REST



RES<sup>\*</sup>

- Simple, out-of-the-box interoperability
- Leverage HTTP: GET, POST, etc.
- Pre-defined operations
  - Create, Read, Update, Delete
  - Also: Patch, History, Read Version, Search, Validate, Conformance, Batch & Transaction
- Works best where control resides on client side and trust relationship exists





## Documents



- Similar to CDA
- Collection of resources bound together
  - Root is a "Composition" resource
  - Just like CDA header
- Sent as a Bundle (FHIR Resource)
- One context
- Can be signed, authenticated, etc.







## Messages



- Similar to v2 and v3 messaging
- Also a collection of resources as a Bundle (FHIR Resource)
- Allows request/response behavior for both request and response payloads
- Event-driven
  - e.g. Send lab order, get back result
- Can be asynchronous





# Service Oriented Architecture (SOA)



- Combination of previous paradigms
  - (based on SOA principles)
  - Ultra complex workflows
  - Ultra simple workflows
  - Individual resources or collections (in Bundle, contained resources or other formats)
  - Use HTTP or use something else
  - Only constraint is that you're passing around FHIR resources in some way, shape or manner

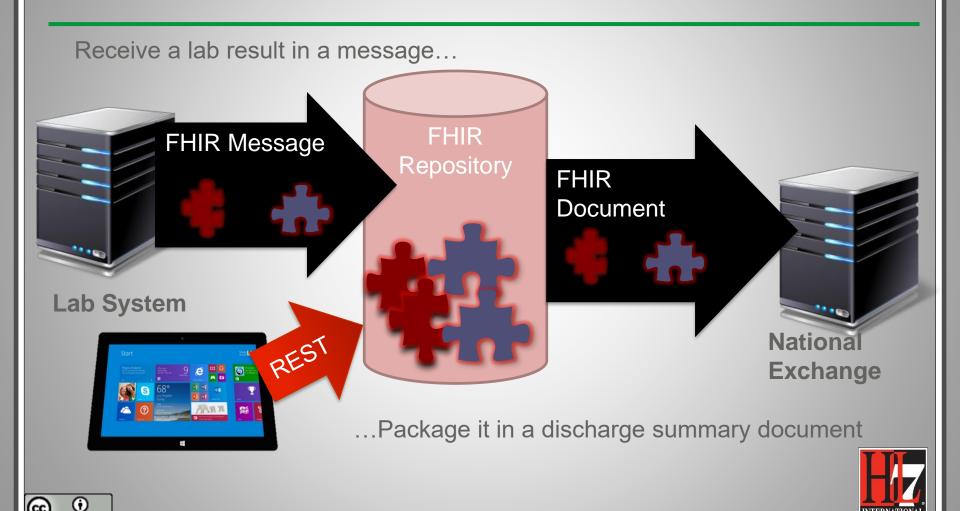






# Regardless of **paradigm** the content **is the same**





## FHIR & other SDOs





#### IHE

Using FHIR for MHD (mobile XDS) and PDQm (mobile Patient Query)
<a href="http://www.ihe.net/uploadedFiles/Documents/ITI/IHE\_ITI\_Suppl\_MHD.pdf">http://www.ihe.net/uploadedFiles/Documents/ITI/IHE\_ITI\_Suppl\_PDQm.pdf</a>

#### ONC

Structured Data Capture Initiative to facilitate the collection of supplemental EHR-derived data

http://wiki.siframework.org/Structured+Data+Capture+Initiative

 Because FHIR is free and because of how it's structured, use by other SDOs is expected





# Recap: What does FHIR provide?



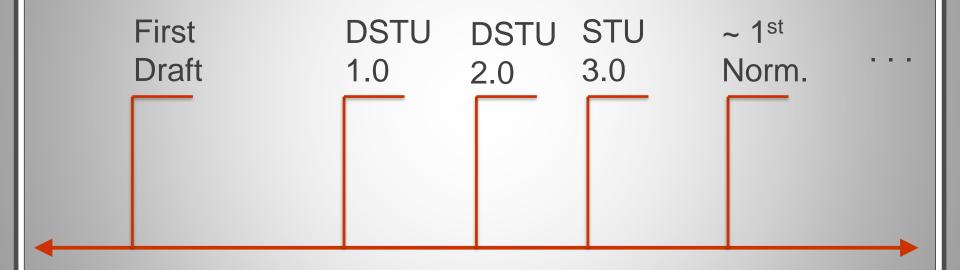
- Resources (building blocks)
- Extensions (part of the spec)
- Methodology
  - Bundles, Profiles, Conformance
- Syntax XML, JSON and RDF (JSON-LD)
- Human readability
- Support for multiple Paradigms
  - > REST, Messaging, Documents, Services





# FHIR Timeline (planned)





2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

# FHIR Specification





**FHIR Publication Directory** 



#### All Published Versions of FHIR

This table provides a list of all the versions of FHIR (Fast Health Interoperability Resources) that are available. See also the directory of FHIR Implementation Guides.

Date	Version	Description
Current Versions		
Apr 19, 2017	3.0.1	Current Official Published Version (Currently: Release 3 with 1 technical errata)
(current)	(last commit)	Current Development build (about 30min behind version control, may be incoherent and change rapidly)
STU 3 sequence		
Apr 19, 2017	3.0.1	FHIR Release 3 (STU) with 1 technical errata (Permanent Home) Technical Errata Archive (zip): v3.0.0
Dec 6, 2016	1.8.0	FHIR STU3 Candidate + Connectathon 14 (San Antonio)
Aug 11, 2016	1.6.0	FHIR STU3 Ballot + Connectathon 13 (Baltimore)
Mar 30, 2016	1.4.0	CQF on FHIR Ballot + Connectathon 12 (Montreal)
Dec 3, 2015	1.1.0	GAO Ballot + draft changes to main FHIR standard

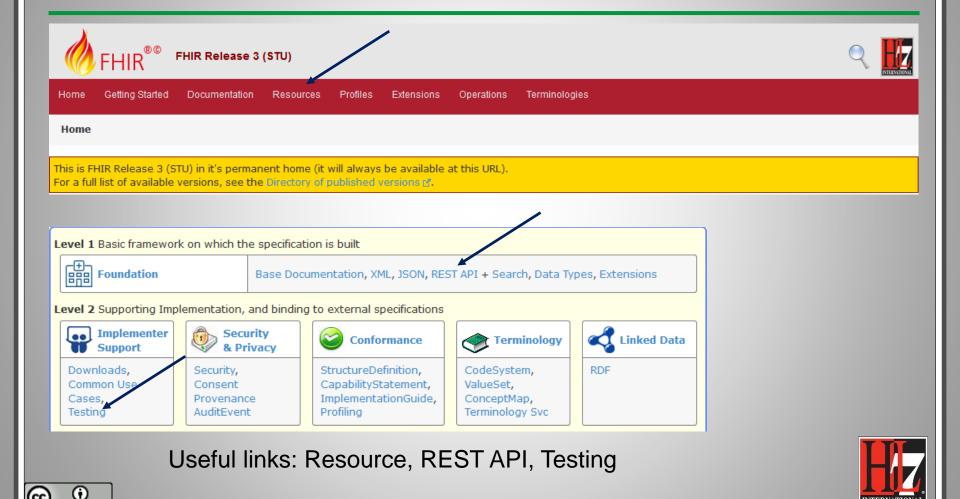
Directory to all FHIR versions: <a href="http://hl7.org/fhir/directory.html">http://hl7.org/fhir/directory.html</a>





# FHIR Specification





# Discussion (Q & A)







