Industry Initiatives

ONC P2 FHIR Ecosystem Task Force

January 2018

Let's talk about:

Industry collaboration to remove barriers and accelerate FHIR adoption

Where we last left off.....

- FHIR should accelerate interoperability by reducing the "heaviness" of traditional interoperability approaches. Connectathons and demonstration projects are promising. APIs=Good

- There are still barriers to adoption – many of the same barriers that have plagued interoperability for years

- Giving the growth in value based reimbursement and acceleration of population health processes that require data exchange, now is the time to add ecosystem accelerants to the FHIR

FHIR Adoption Technical Challenges

- Directory
  - How does physician know which payor?
  - How does payor know which physician?
- Security
  - Authorization & Authentication
  - How do we know the service consumer has permission to ask or see?
- Identity
  - How do we know who the patient is? The payor? The Physician?
- Technical variation
  - How do we know if the endpoint is available and ready to exchange? Is the "last mile" connected?
- Testing and Certification
  - How do we know a transaction is "good"
  - How do we test and version across multiple stakeholders?

Last year, the Payer Summit at HL7 put these issues on the table
What started as an idea for a workshop blossomed into an industry initiative…..

Fast Forward to Today….

- ONC agreed to be a convenor of a cross industry group to address ecosystem challenges

- A group of payor-provider stakeholders has formed up the work, supported by ONC

- We're now ready to begin work

PROGRESS !

- But we will need help…..

The Proposal:
Create a Payer-Provider Adoption Task Force

Purpose: Accelerate adoption of FHIR for production exchange of clinical information between providers and payers. 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, FHA, & Commercial sector 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:

- Directory (knowing FHIR endpoints for individuals and organizations – ONC/FHA solutions in progress)
- Identity (reliable provider, payer & patient identity linking)
- Security (client authentication and authorization)
- National exchange standards for intermediaries (e.g. clearing houses)
- Testing & Validation (how scale testing and validate transactions)

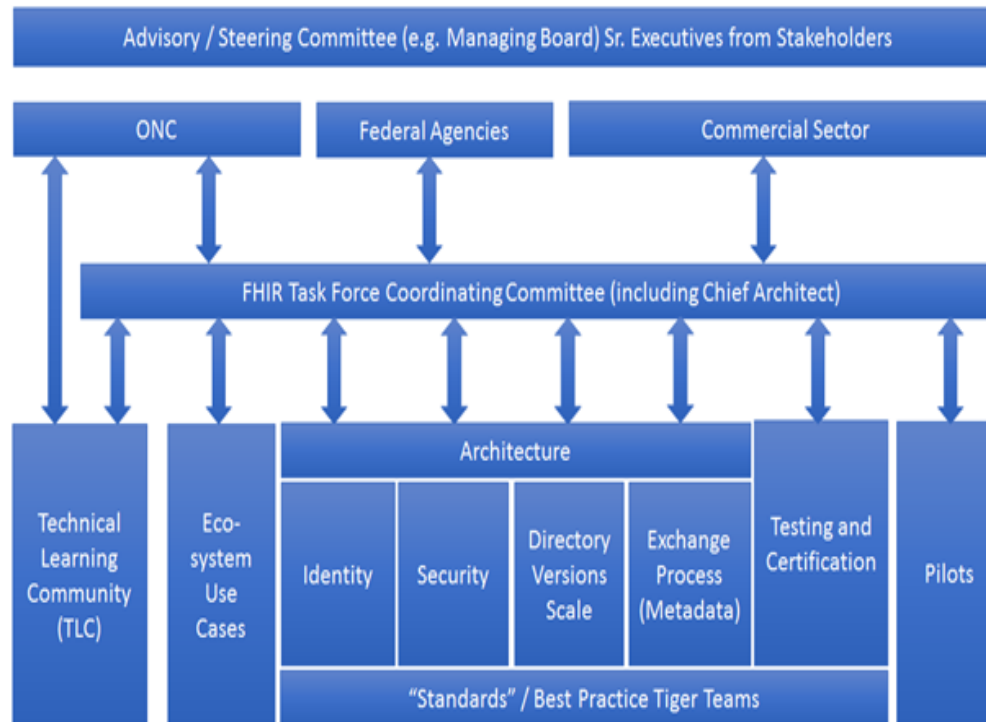# FHIR Ecosystem Task Force: Structure and Deliverables

Issues

- Identity Management
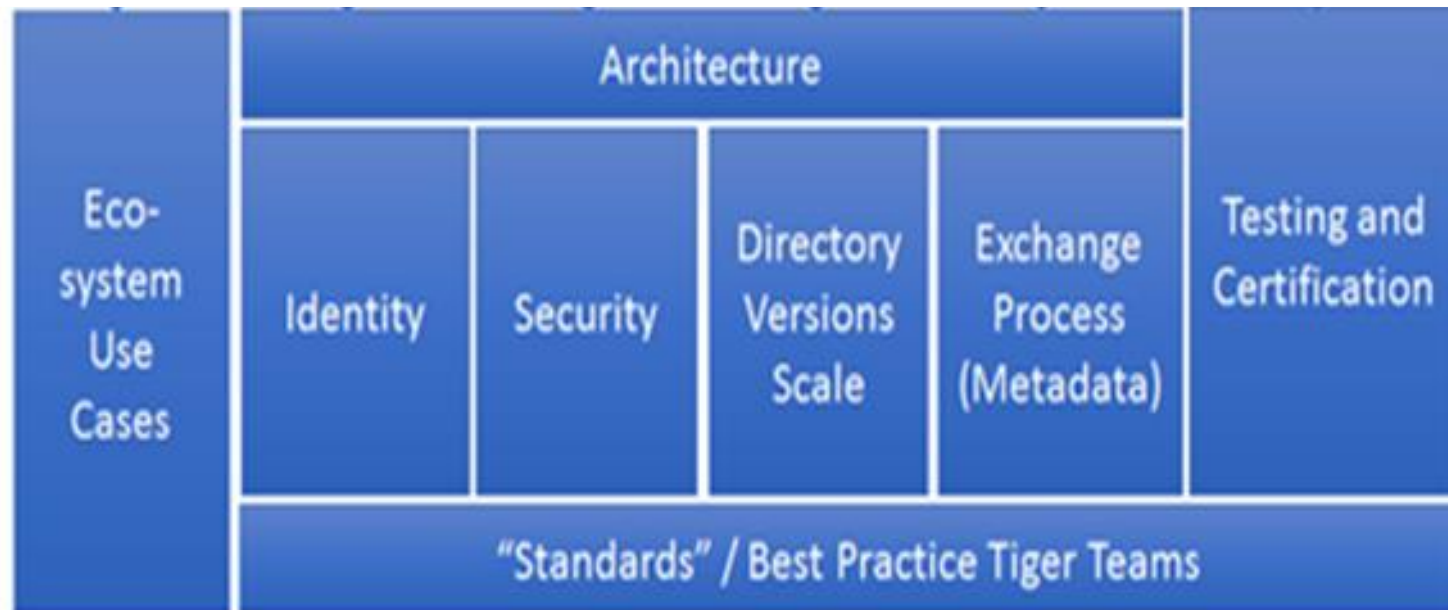- Security
- Scalability
- Exchange Standards

Deliverables

- Architecture
- Standards
- Testing and Certification
- Best Practice / Pilots

Advisory / Steering Committee (e.g. Managing Board) Sr. Executives from Stakeholders

| ONC | Federal Agencies | Commercial Sector |

FHIR Task Force Coordinating Committee (including Chief Architect)

Technical Learning Community (TLC)

Eco-system Use Cases

Architecture

| Identity | Security | Directory Versions Scale | Exchange Process (Metadata) | Testing and Certification | Pilots |

"Standards" / Best Practice Tiger Teams

The Tiger Teams

Complementing Existing Work….

FHIR Definition and Development (HL7)

Test and Learn FHIR projects (e.g. Davinci)

FHIR Adoption Programs (many e.g. Sequoia)

FHIR Ecosystem Taskforce (new)

Cross-industry communication and knowledge sharing
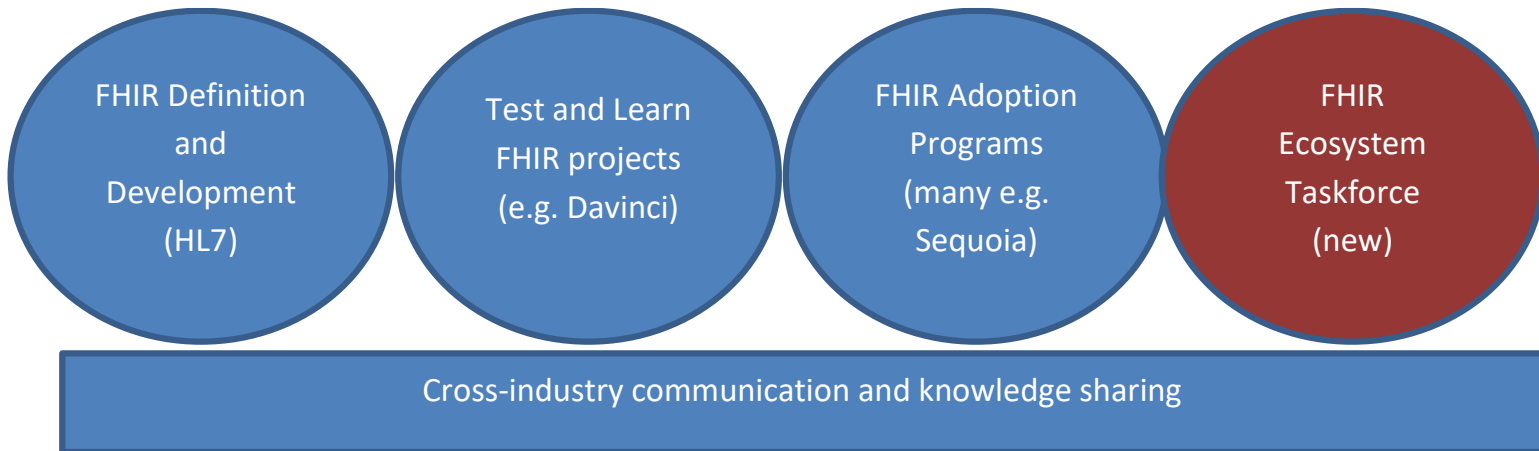
Timeline

Fall 2017	Structure
January – February 2018	Tiger Teams
March – December 2018	Artifacts
Early 2019	Possible Pilots

We will be agile
And we will adjust as we learn more
We expect to work over a 2 year time horizon

How to Get Involved…..

Details at:
https://oncprojectracking.healthit.gov/wiki/display/TechLabSC/P2+FHIR+Task+Force+Home

Send interest and subject matter background to: ONC.TechLab@hhs.gov

Additional Material

ONC Payor/Provider Ecosystem Task Force

Why is the Industry doing this	How Industry will do this	What are the Benefits
By solving common ecosystem barriers, payers and providers can acclerate interoperability via the effective use of FHIR	Form a task force with tiger team and focus on leveraging existing resources and best practices	Removing barriers and aligning consensus based adoption via a network effect will accelerate adoption
- Lack of **directory services, security approaches, identity resolution**, **and testing** approaches, will likely slow FHIR adoption - Our industry has past learnings from cross-stakeholder, co-operative, data exchange solutions: the **NEIC, administrative transactions clearinghouse approach** - Given the growth in value based reimbursement and acceleration of population health processes that require **data exchange between payers and providers**, now is the time to focus on addressing ecosystem issues that impact FHIR	- Assemble **tiger** teams - Invite successful example thought leaders **Payors** are now at the table - Harvest **best practices** integration patterns and align with existing development activities **Consensus based** approach; minimal to no standards development activity **Agile** approaches with a bias to speed - Stay within compliance guardrails - Leverage non-healthcare best practice	- Pathway to FHIR adoption to enable interoperability accleration **Less friction between incalcitrant partners** - Data, process, and functional quality gaps exposed

The project will be successful when we deliver

- A set of consensus-based implementation guides that drive consistency of FHIR based data exchanges between Payers and Providers
- A knowledge management process to share, update and publish consensus best practice
- A list of barriers that need regulatory solutions
- A demonstration project between EHR/HIE and payor end points that show value, will scale, and will not require fundamental new standards development
- Architecture that could enable progress on clinical clearinghouse solutions long term