



Making FHIR work at the National Level

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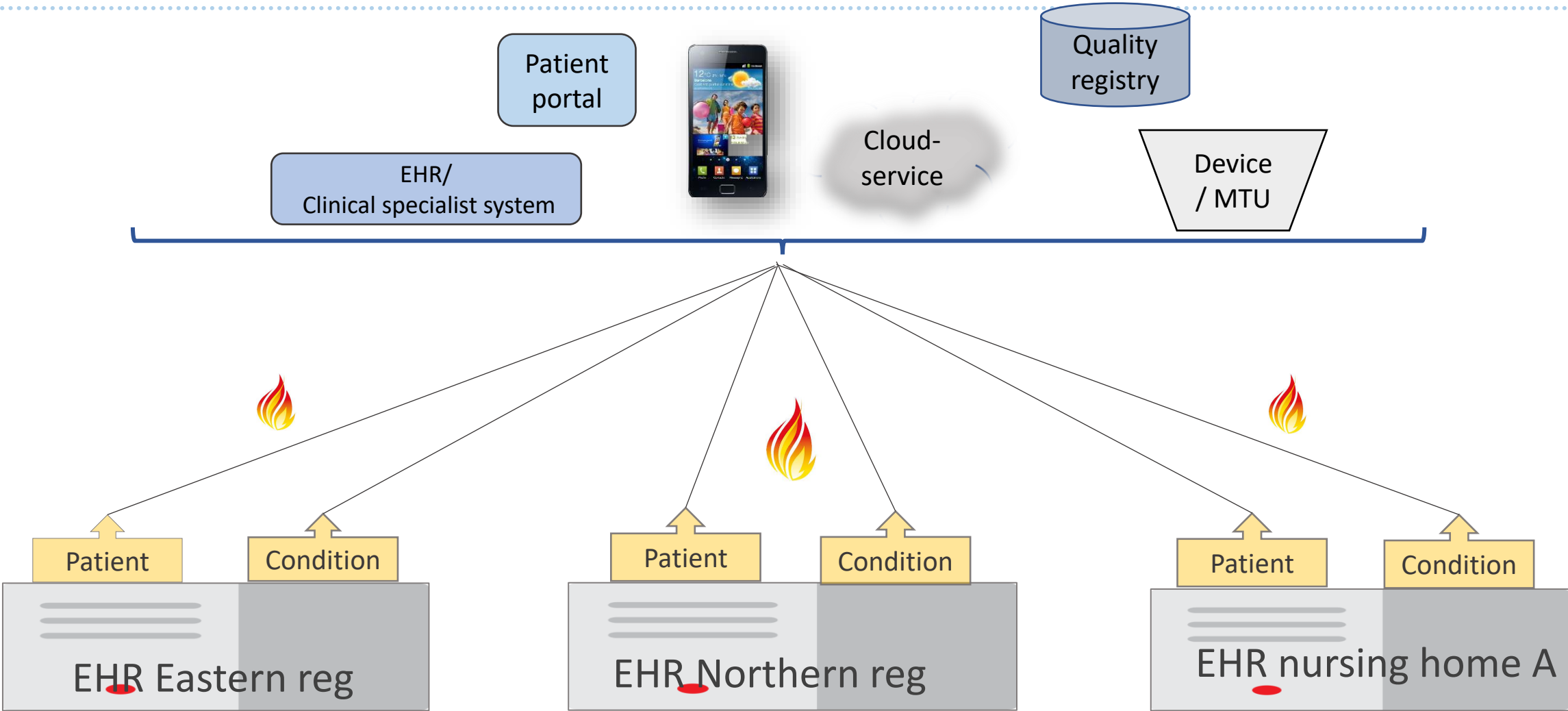
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Who am I?

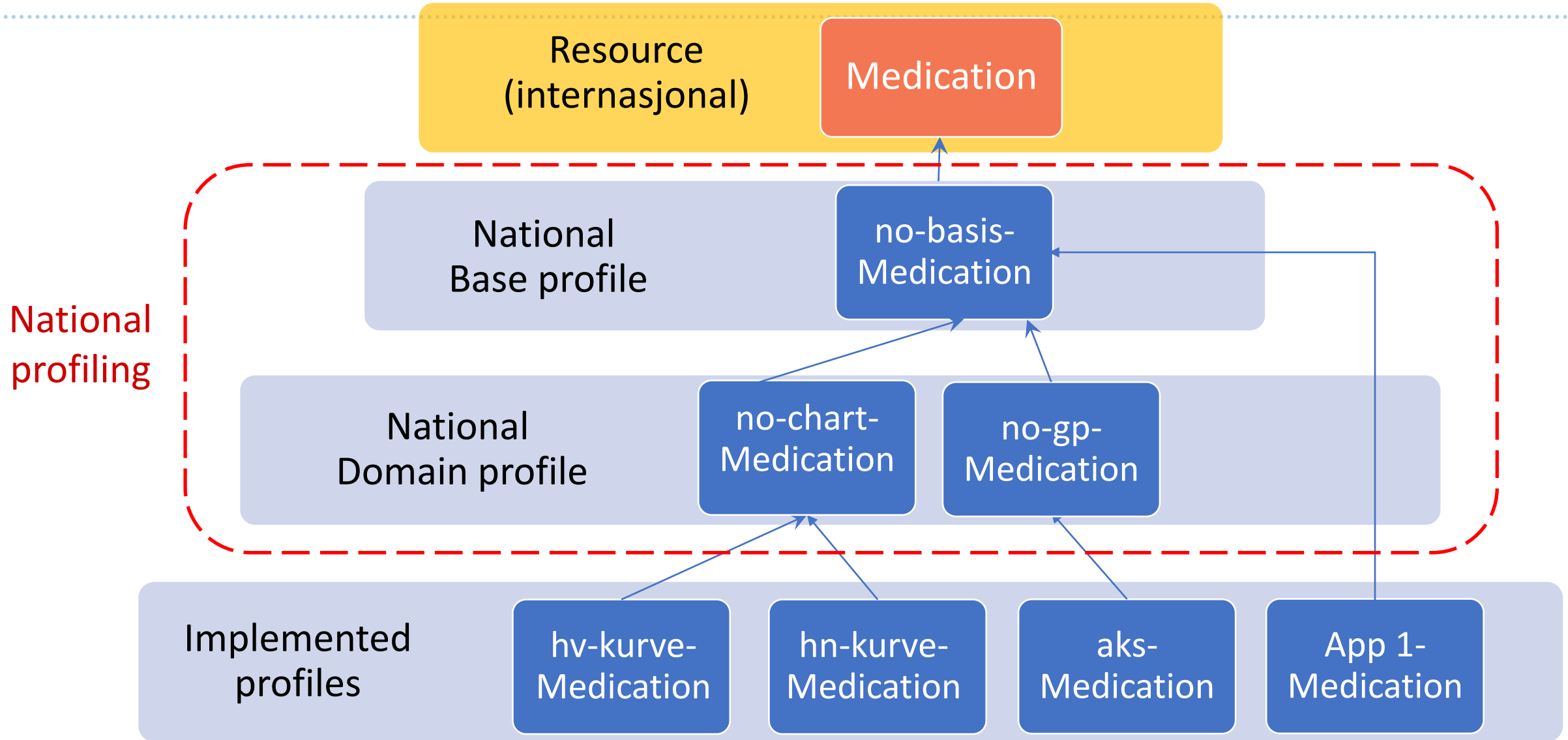


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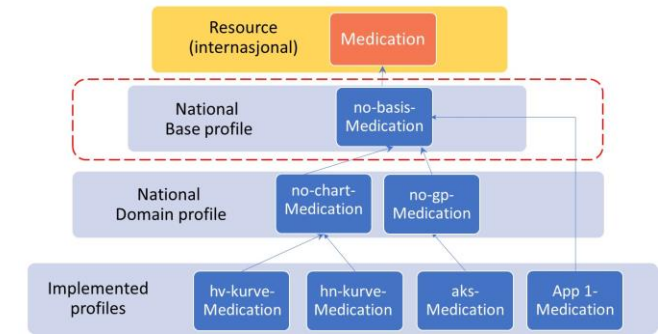
Standardized open APIs – consumer perspective



National framework for FHIR profiling



National base profiles (no-basis)



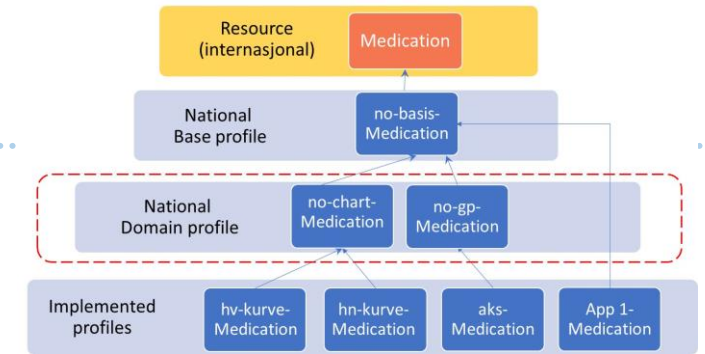
- Fundamental adaptations of international resources to national context
 - independent of use case
 - National identifiers and coding requirements
 - Common national extensions
- No use of «must-support»

Approved National base profiles (nov 2020)

- AllergyIntolerance
- Composition
- DocumentReference
- Endpoint
- HealthCareService
- Location
- Medication
- MedicationStatement
- Organization
- Patient
- Person
- Practitioner
- PractitionerRole
- RelatedPerson
- Substance

Prioritization driven by needs in actual projects

National domain profiles (no-domain)



Definition:

A national domain profile adapts international resources for a specific use case. A national domain profile shall represent information structures that can be reused across implementations for the defined use case. A national domain profile can be used directly or profiled further for use in specific implementations.

Signals from HL7 International

- Time come for more coordinated adoption in order to secure large-scale interoperability (flexibility vs interoperability)
- Focus on international Implementation guides for central areas (ref FHIR Accelerator programs).
- HL7 International will expand focus on implementation guidance

Building an ecosystem

Vendor oriented?



National oriented?



International oriented?



If possible, domain profiles derived from international IGs:

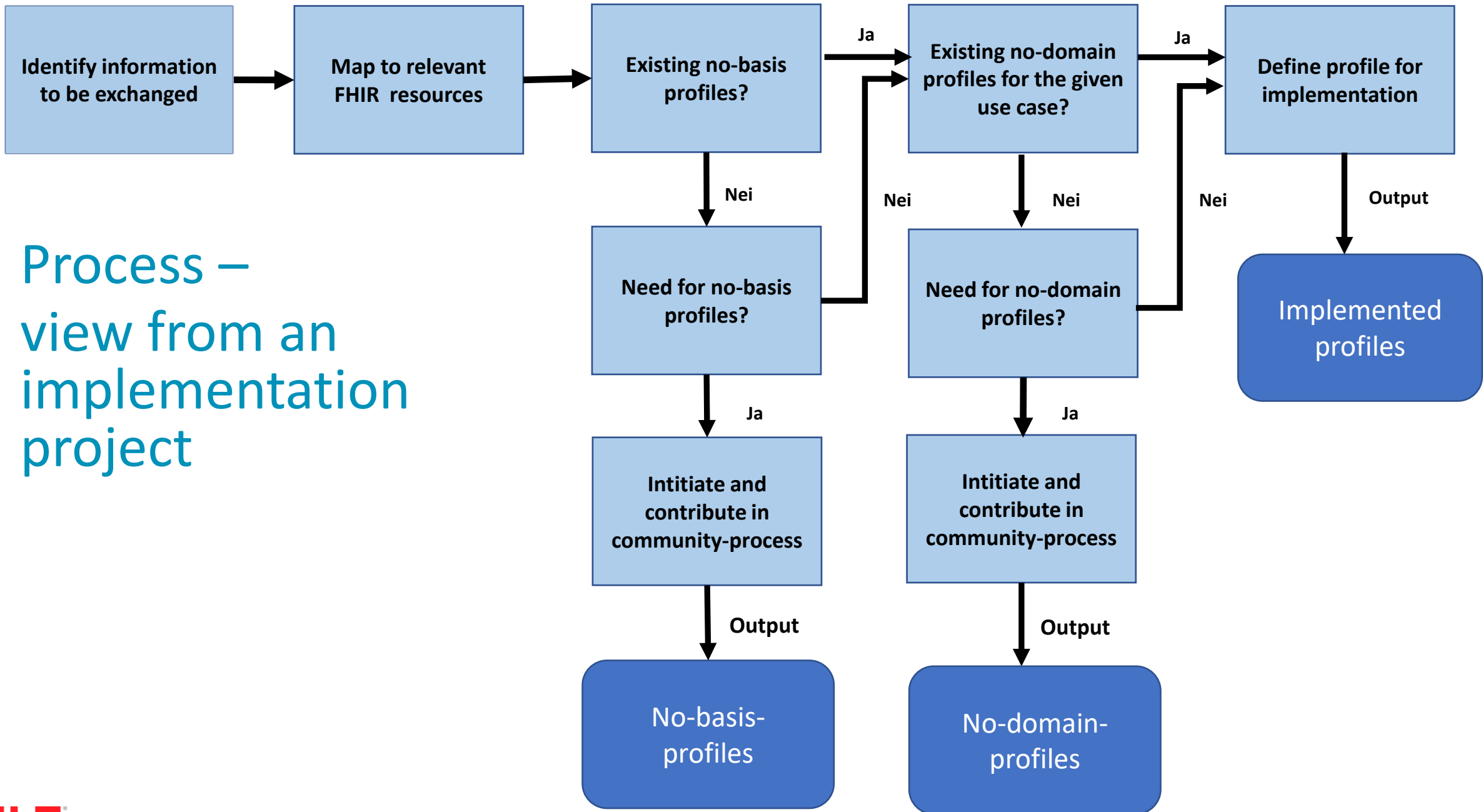
- Clinical interoperability needs not particular to Norway
- Resource effective (draw on international efforts, experience and expertise)
- Facilitate interoperability with international vendor market
- Facilitate interoperability across national borders

International orientation – the «smorgåsbord»

- FHIR-specification (for example Vital Signs)
- Argonaut/ US Core (US vendor market)
- International Patient Summary (cross-border exchange)
- HL7 accelerator programs
 - mCode/ CodeX
 - Gravity
 - Vulcan
- Integrating the Health Enterprise (IHE)
- openEHR (basis for some extensions)

The 10 principles for national domain profiles

1. The use-case for the domain profile should be clearly defined
2. Domain profiles should be based on national base profiles where they exist
3. Profiles should describe requirements for reuse for the use-case
4. Domain profiles should follow national method for domain profile development
5. Domain profiles are independent of integration architecture (API, message, document)
6. Domain profiles should be based on relevant international references
7. Use of «must-support» should be explained in each profile
8. Domain profiles can describe optional national extensions
9. Domain profiles names should have a no-domain- prefix
10. Domain profiles should be published with an Implementation guide



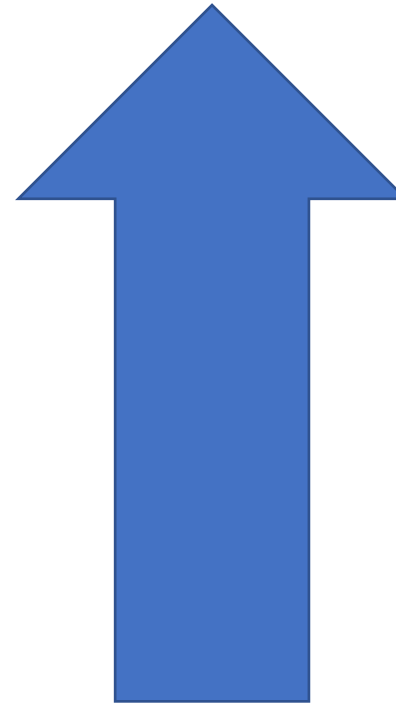
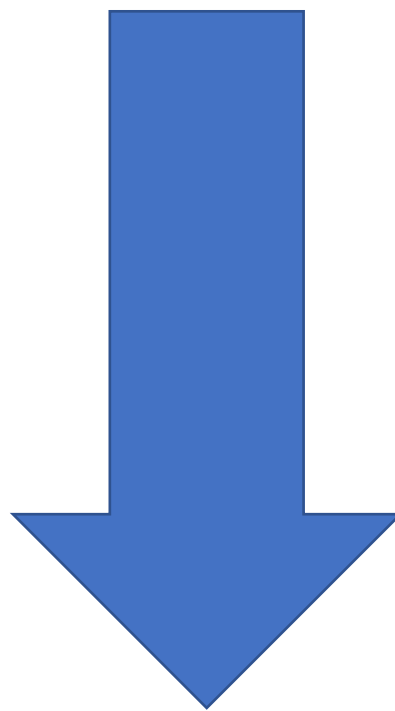
Process –
view from an
implementation
project

Experience needed

How reach the optimal interoperability effects on national level?

- What domains – and how broad?
- What international implementation guides to apply for a given use-case?
- How to standardize value sets at national level.

Wrap-up



... and importantly, dont do it alone!

Links

HL7 Norway – publication of no-basis og no-domain profiler:

<https://simplifier.net/organization/hl7norway/~projects>

HL7 Norway - GitHub – master og issues

<https://github.com/HL7Norway>

HL7 Norway – best practice wiki:

<https://hl7norway.github.io/best-practice/>

Contact

- During DevDays, you can find / reach me here:
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Q&A