California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Technical Advisory Subcommittee (TASC) Meeting
Transcript (1:00 PM – 2:00 PM PT, November 8, 2024)

The following text is a transcript of the November 8, 2024, meeting of the California Health and Human Services Agency and Center for Data Insights and Innovation Data Exchange Framework TASC. The transcript was produced using Zoom's transcription feature. It should be reviewed concurrently with the recording – which may be found on the CalHHS Data Exchange Framework webpage to ensure accuracy.

[Alice K - Events] 16:01:07

Hello and welcome. My name is Alice and I'll be in the background answering any Zoom technical questions.

[Alice K - Events] 16:01:13

If you experience difficulties during this session, please type your question into the Q&A.

[Alice K - Events] 16:01:18

Individuals in the public audience who have a comment may insert it in the Zoom Q&A at any time.

[Alice K - Events] 16:01:24

Public comment will also be taken towards the end of the meeting.

[Alice K - Events] 16:01:28

Live closed captioning will be available. Please click on the CC button to enable or disable.

[Alice K - Events] 16:01:32

And with that, I'd like to introduce from Catherine.

[Rim Cothren] 16:01:35

Great. Thank you, Alice.

[Rim Cothren] 16:01:38

Thank you for joining us on this Friday afternoon. For some of you a little late in the day on Friday, appreciate it.

[Rim Cothren] 16:01:47

This is the first meeting in our fourth series in 2024 on the technical advisory subcommittee. And it's been a little while since we've met. Let's go on to the next slide, please.

[Rim Cothren] 16:02:00

We always open up our meetings with a vision for the data exchange frameworks since many of you are engaged with the work that we're doing here. This is a slide that you see often.

[Rim Cothren] 16:02:11

But as we continue to try to

[Rim Cothren] 16:02:14

push data exchange in California, what we're going to start talking about

[Rim Cothren] 16:02:19

Today is how we include fire standards in the exchange.

[Rim Cothren] 16:02:26

It hasn't been in our early policies and procedures to require the use of fire.

[Rim Cothren] 16:02:33

And there's a lot of discussion about fire in the community as well as in the

[Rim Cothren] 16:02:39

federal space. And so we want to begin to start talking about how we might incorporate fire as part of the exchange on DXF.

[Rim Cothren] 16:02:47

Let's go on to the next slide, please.

[Rim Cothren] 16:02:49

Real quick, our agenda today, this is a public meeting. We have a couple of people that are joining us new today.

[Rim Cothren] 16:02:57

But we continue to keep things informal. I encourage everybody to keep their cameras on. I see most of you have your cameras on.

[Rim Cothren] 16:03:05

And we have very few slides today. It's mostly going to be a conversation.

[Rim Cothren] 16:03:11

We'll be pulling the slides down here pretty quickly.

[Rim Cothren] 16:03:13

We're in the welcome part now. I'll wrap this up in a couple of minutes.

[Rim Cothren] 16:03:18

We'll spend most of our time today hearing from some of the task members, including a couple of the new members.

[Rim Cothren] 16:03:25

really trying to give us a picture of fire adoption in their various stakeholder groups.

[Rim Cothren] 16:03:32

We will hold time for public comment in about 10 minutes before the top of the hour.

[Rim Cothren] 16:03:37

And then wrap up with any closing remarks. We do have five speakers planned for today, and I'll just warn people in advance.

[Rim Cothren] 16:03:47

This is meant to be a discussion.

[Rim Cothren] 16:03:48

So if we don't get to all five people, if we didn't get to you, I apologize and we'll find time in the next meeting, but I don't want to cut

[Rim Cothren] 16:03:57

a time off if discussion on any particular stakeholder group is continuing.

[Rim Cothren] 16:04:02

Let's go on to the next slide, please.

[Rim Cothren] 16:04:05

We do, as a public meeting, we do have opportunities for the public to make comment

[Rim Cothren] 16:04:10

Public comment will be taken 10 minutes before the hour is listed on the agenda. We do plan on limiting public comment to the time that's allocated on the agenda, so that would be just a little bit under 10 minutes.

[Rim Cothren] 16:04:22

Members of the public may also use Zoom's Q&A feature to ask questions or make comments. Any questions or comments that you put there.

[Rim Cothren] 16:04:30

are visible to anybody that's on the meeting, including the task members.

[Rim Cothren] 16:04:36

If you are on the task.

[Rim Cothren] 16:04:38

In general, I ask that you make your comments verbally. I prefer discussion.

[Rim Cothren] 16:04:42

But if you do put things in the chat, please be sure to chat to everyone so that members of the public see that as well.

[Rim Cothren] 16:04:50

Also, members of the public, you can send any questions or comments you have by email.

[Rim Cothren] 16:04:55

to us at CDI,

[Rim Cothren] 16:04:57

by using the email address listed here, that's dxf

[Rim Cothren] 16:05:02

at chhs.ca.

[Rim Cothren] 16:05:06

Let's go on to the next slide, please.

[Rim Cothren] 16:05:09

And I'm not going to call roll today.

[Rim Cothren] 16:05:12

We'll leave this up here, but we do have two new members that are joining us today, and I'm going to give them just a second.

[Rim Cothren] 16:05:18

to say hi, list the organization that they're with, and a little bit about their position at that organization.

[Rim Cothren] 16:05:25

Mark, if you don't mind, we'll start off with you.

[Marc Overhage] 16:05:32

Good afternoon, or I think it's good afternoon for everybody. Mark OverHage. I work with

[Rim Cothren] 16:05:40

You just popped back on mute there at the end of

[Rim Cothren] 16:05:44

your sentence there, Mark, sorry.

[Marc Overhage] 16:05:47

Sorry, I just said that Mark Overhaage and a lead I um

[Marc Overhage] 16:05:52

health informatics for Elevance Health.

[Rim Cothren] 16:05:54

Thanks, Mark. And Jim.

[James Shalaby] 16:05:59

I'm James Chalabi. I'm the CEO of Alimu Informatics. I'm also

[James Shalaby] 16:06:04

the lead consultant for Gravity Project.

[James Shalaby] 16:06:07

for technical chat.

[Rim Cothren] 16:06:10

Thank you to both of you. I appreciate you both joining us here. For people that are used to the members on the task.

[Rim Cothren] 16:06:20

I don't see Michael Merchant on our attendance list today. Michael, as you may know, oh, Mike, I do see you out there.

[Michael Marchant] 16:06:28

Are you? I'm here.

[Rim Cothren] 16:06:28

Mike has moved from UC Davis over to Sutter Health.

[Michael Marchant] 16:06:35

Correct. I am.

[Rim Cothren] 16:06:35

Good to see you and glad that you can continue to find time for us here. Thank you, Michael.

[Michael Marchant] 16:06:40

Yep. And I continue in the interoperability space as well as the Sutter Community Connect program.

[Michael Marchant] 16:06:45

Happy to be here and I'm glad you didn't miss me, Rem.

[Rim Cothren] 16:06:51

And…

[Rim Cothren] 16:06:52

Also, people may see that Mohit from Elevance is not able to

[Rim Cothren] 16:07:00

be here on the task anymore. And so Mark is filling in his slot there.

[Rim Cothren] 16:07:06

I don't think we have anybody else new here today.

[Rim Cothren] 16:07:10

Great. So let's go on to the next slide, please.

[Rim Cothren] 16:07:14

As I said, we're going to spend our time here really talking about how we might

[Rim Cothren] 16:07:21

advanced fire within DXF. I will keep my mouth shut most of the time. I'm really interested in you folks talking among yourselves.

[Rim Cothren] 16:07:30

And I have reached out and asked five people in particular to

[Rim Cothren] 16:07:37

To lead discussion of

[Rim Cothren] 16:07:39

how things are going in and adoption of fire in your particular stakeholder area.

[Rim Cothren] 16:07:46

Let's go on to the next slide.

[Rim Cothren] 16:07:48

And the next one

[Rim Cothren] 16:07:51

And so these are who we're planning on hearing from today. We'll be taking people in this order unless that turns out to not be a good order to take.

[Rim Cothren] 16:07:59

And Hans, I know I saw you out there. Do you want to go ahead and kick us off with talking a little bit about FHIR adoption in the EHR space?

[Hans Buitendijk] 16:08:08

Sure, happy to.

[Rim Cothren] 16:08:09

And Alice, you can go ahead and bring down the slides. Yes, thank you.

[Hans Buitendijk] 16:08:13

Right, so basically, and no slides, so I'm just going to talk. I'm going to try to avoid alphabet soup, but particularly version numbers. That's confusing.

[Hans Buitendijk] 16:08:24

But basically from where we are in EHR space, and I'm going to sketch the path

[Hans Buitendijk] 16:08:31

around certified software because that has some more clarity. And then those that are not certified or are not in that progression

[Hans Buitendijk] 16:08:39

may have adopted, they could adopt, but it is unclear how many of those. So that gets a little bit harder.

[Hans Buitendijk] 16:08:45

So we just have to have that consideration around that.

[Hans Buitendijk] 16:08:50

So when we're talking about adoption of fire in the EHR space, we very much talk about the adoption of the certification criteria, the infamous G10.

[Hans Buitendijk] 16:09:01

Where we are providing API, value-based APIs capability so

[Hans Buitendijk] 16:09:06

Adoption as a result of FHIR R4.

[Hans Buitendijk] 16:09:09

As the base standards, fire US core to have a series of more tailored capabilities

[Hans Buitendijk] 16:09:16

bulk data, smart, OS, OpenID, they're all available as a result of supporting that criterion.

[Hans Buitendijk] 16:09:25

There are opportunities for implementers to vary what exactly they have implemented. So it's fairly clear with R4.

[Hans Buitendijk] 16:09:35

That's the base for everything. Bulk data smart, typically also very fixed at this point in time.

[Hans Buitendijk] 16:09:42

But when you look at five years core, as a result of the ONC ASAP program, the standard version adoption program, is where it's possible to have a more current version than what is called out in regulation.

[Hans Buitendijk] 16:09:55

So in regulation version 3.1.1 is called out, but there are a number of queries that have already jumped to 400, which is permitted.

[Hans Buitendijk] 16:10:06

610, skipping five.

[Hans Buitendijk] 16:10:09

That has nothing to do with the fire artifacts. That's just independent, that there already might be some that are with

[Hans Buitendijk] 16:10:15

dipping into that. And then 7.0 is the latest one that we can pre-adopt as well if we want to.

[Hans Buitendijk] 16:10:22

That's independent of HTI 2 coming up, but it's already permitted to use that. So you could see

[Hans Buitendijk] 16:10:28

different variations of implementations there.

[Hans Buitendijk] 16:10:31

And given that not always everything is backwards compatible, we have to live with the reality that there are some sort of variations in implementations there.

[Hans Buitendijk] 16:10:42

When you look at that, okay, that's out there, that's available in a deployed certified software.

[Hans Buitendijk] 16:10:49

The kinds of capabilities that we then see being used, clearly there are patient apps that are interacting with that.

[Hans Buitendijk] 16:10:56

There are provider apps that are interacting with that.

[Hans Buitendijk] 16:11:01

And there are a variety of B2B capabilities that are interacting with that, be it on the virtual APIs

[Hans Buitendijk] 16:11:12

Mostly, it is possible to do bulk data

[Hans Buitendijk] 16:11:15

Rarely. The adoption is just a very nascent in that space at this point.

[Hans Buitendijk] 16:11:22

So when we look at the actual adoption and put a little bit more perspective.

[Hans Buitendijk] 16:11:28

Primarily queries. There are rights. It's not required for certification.

[Hans Buitendijk] 16:11:33

But you see a wide variety of EHRs that have, depending on who they interact with, their market, their provider apps particularly.

[Hans Buitendijk] 16:11:43

that they will support a variety of rights. So there could be appointments, could be encounters, could be patients, et cetera. There is not a uniform set that everybody supports, but it's certainly out there.

[Hans Buitendijk] 16:11:55

Provider apps in particular have probably the highest utilization of the APIs.

[Hans Buitendijk] 16:12:02

B2B, depending on how you look at that, that we personally see that or personally with Oracle, we see that in the case reporting, for example, high utilization

[Hans Buitendijk] 16:12:13

that may vary, but it is not patient. Patient apps are adopted

[Hans Buitendijk] 16:12:18

But the actual adoption by patients and using it is not as high as in the provider.

[Hans Buitendijk] 16:12:23

and the B2B space.

[Hans Buitendijk] 16:12:26

There are individual apps as you look at them and you look at that, that have in itself high utilization, but overall it's just a very small portion of patients that use them.

[Hans Buitendijk] 16:12:37

As I said, limited bulk data.

[Hans Buitendijk] 16:12:39

health cards was rolled out. A number of EHRs have it available.

[Hans Buitendijk] 16:12:44

But the utilization is very low at this point in time when we look at around some, particularly in vaccine cards.

[Hans Buitendijk] 16:12:51

there's an interest in it, but when I look at a little bit into the future.

[Hans Buitendijk] 16:12:56

I have a comment around that.

[Hans Buitendijk] 16:12:58

Public health, we see some initial adoption

[Hans Buitendijk] 16:13:03

Payers, we see initial adoption. So those are areas where we are going to find either whether it's case reporting with some of those capabilities.

[Hans Buitendijk] 16:13:12

There's heel's work going on on queries to do follow-up investigative queries

[Hans Buitendijk] 16:13:17

And clearly right now also in the payer space.

[Hans Buitendijk] 16:13:22

a series around HEDIS measures, around gaps in care, et cetera, where there is adoption of capability. So that's where those

[Hans Buitendijk] 16:13:32

B2B, depending on what you want to define it, but it's not the provider apps, but it's really across those partners where that occurs.

[Hans Buitendijk] 16:13:40

And that's increasing.

[Hans Buitendijk] 16:13:42

The challenges that we have with it, it is partly the maturation

[Hans Buitendijk] 16:13:49

And expectations, how much can we do with it? There is a part of the development, USCDI and translating into PHY US Core.

[Hans Buitendijk] 16:13:58

Are we all aligned on what that means? Are we sitting there? But once we have five US score.

[Hans Buitendijk] 16:14:04

Then at that point in time, it's maturity. Where are the use cases? So if we look at queries, a lot of maturity there, a lot of use of it, a variety of use.

[Hans Buitendijk] 16:14:14

If you look at some of the workflows, payer interactions, lower maturity from a scaling and experience perspective.

[Hans Buitendijk] 16:14:24

Keys that we need to look at as well is the

[Hans Buitendijk] 16:14:31

them would like to check the box. A block data is a little bit more of a check the box.

[Hans Buitendijk] 16:14:36

Because the actual user has not followed the availability of that.

[Hans Buitendijk] 16:14:40

And it requires a little bit more work to really take a good advantage of that.

[Hans Buitendijk] 16:14:46

their needs and challenges when we look at connecting. And now we're particularly done talking in a patient space.

[Hans Buitendijk] 16:14:53

getting to dynamic registration, how can you scale it? There has been in the regulation some

[Hans Buitendijk] 16:15:00

capabilities that have been put in place to make it easier to connect so that entire connectivity to click in easily

[Hans Buitendijk] 16:15:08

And then have to write patient matching and identity is still a challenge to make it work at scale.

[Hans Buitendijk] 16:15:13

And to also have the trust

[Hans Buitendijk] 16:15:15

that we are comfortable sharing data from that perspective.

[Hans Buitendijk] 16:15:21

So that's roughly where we are.

[Hans Buitendijk] 16:15:24

And then next, obviously, we have HCI1, we have HDI2 that are continuing to build on that. And one of the key elements that we see in there in our feedback

[Hans Buitendijk] 16:15:34

It's that focus on use cases, prescribing, for example, if we're thinking about subscriptions or otherwise.

[Hans Buitendijk] 16:15:41

One is really the use case that we're trying to follow? What's the workflow that is there?

[Hans Buitendijk] 16:15:46

So if we look at the interaction with payers, they are clear use cases around EPA.

[Hans Buitendijk] 16:15:53

And around provider API. So there's more clarity. But if we talk subscriptions or we talk CDS hooks or things like that.

[Hans Buitendijk] 16:16:02

then that becomes challenging if they are not clear. And I did not mention CGS hooks yet. That is at the various stages, but it's not a requirement

[Hans Buitendijk] 16:16:11

yet until HCI 2 takes really effect if adopted as proposed.

[Hans Buitendijk] 16:16:17

that will start to pull in a more required utilization of CDS hooks.

[Hans Buitendijk] 16:16:23

We are moving, not moving as in instead of, but we are expanding. It's probably better from a very query focused

[Hans Buitendijk] 16:16:31

to now also then looking at workflow focused

[Hans Buitendijk] 16:16:34

Which is going to be more complex because there are now also then multiple systems that are going to be involved. So there's a lot of learning we have to do in how we use

[Hans Buitendijk] 16:16:42

a fire in the optimal way.

[Hans Buitendijk] 16:16:45

We are continuing to use R4.

[Hans Buitendijk] 16:16:48

R6 is the target, and there is no interest to go R4B or 5, so any interest in those, we generally try to dissuade that.

[Hans Buitendijk] 16:16:58

It has to be something very unique.

[Hans Buitendijk] 16:17:00

For any clarification, anybody listening.

[Hans Buitendijk] 16:17:03

buy a subscription R5 backport is not R5.

[Hans Buitendijk] 16:17:07

It is R4. It is all based on what we currently have in place. So there's really not a pre-adoption in terms of technically what's happening.

[Hans Buitendijk] 16:17:17

And then we just continue to align with federal and industry requirements that are out there. So it is growing.

[Hans Buitendijk] 16:17:23

There's continue to be a strong interest in it.

[Hans Buitendijk] 16:17:26

Still a lot to be learned and particularly on how we can scale some of the connectivity that we need to do. So that's a

[Hans Buitendijk] 16:17:32

Just a starting point and happy to address any questions or discussion.

[Rim Cothren] 16:17:36

Well, Hans, I've got a couple of questions for you real quick, and then anybody else on the task that has questions for Hans, please.

[Rim Cothren] 16:17:42

please feel free to ask them. If you were to choose

[Rim Cothren] 16:17:46

one stakeholder type that you're doing most of your exchange with, who would you say that is? Is it other providers? Is it patients? Is it plans?

[Rim Cothren] 16:17:55

that are using FHIR.

[Hans Buitendijk] 16:17:57

providers provide a

[Rim Cothren] 16:17:59

Shot.

[Hans Buitendijk] 16:18:00

Perhaps, yes, that's currently still the predominant one.

[Rim Cothren] 16:18:04

Okay. And if you're to choose a top use case, what would you say is probably most used?

[Rim Cothren] 16:18:09

what type of information is being requested.

[Hans Buitendijk] 16:18:11

that's going to be harder because it depends on the provider, but you will have patients observations. You have diagnostic reports, et cetera, et cetera.

[Hans Buitendijk] 16:18:20

So it is really the core set of clinical data that there's interest to interact with.

[Hans Buitendijk] 16:18:25

some extent than some rights. You will have scheduling capabilities that are out there. So at that point in time, it's going to be all over the place. But all around that core set of

[Hans Buitendijk] 16:18:36

of the patient's key resources.

[Rim Cothren] 16:18:40

Okay. And is most of that within an enterprise or is that cross enterprise too?

[Hans Buitendijk] 16:18:45

Mostly, I would say, and you will now have variations surely.

[Hans Buitendijk] 16:18:49

But mostly I would say it's within the enterprise provider apps inside B2B, obviously you're going to go outside, but I'm not convinced that the volume there is exceeding

[Hans Buitendijk] 16:19:01

The combination of the two is clearly outperforming in terms of volume

[Hans Buitendijk] 16:19:07

while championing of patients. There is a lot going on there. Don't get me wrong. It's just not as it's not as far as people would like it to be.

[Hans Buitendijk] 16:19:15

And where it could be.

[Rim Cothren] 16:19:17

Great, thanks. Anybody else have questions or thoughts for Hans?

[Rim Cothren] 16:19:27

You're on mute, John.

[John Helvey] 16:19:30

Hans, what is the top two apps that you guys see utilization with

[Hans Buitendijk] 16:19:37

Good question.

[Hans Buitendijk] 16:19:39

Since I wear an EHRA hat, I would not have an answer across the board.

[Hans Buitendijk] 16:19:46

I don't.

[Hans Buitendijk] 16:19:48

I would have to really look and see which two are the top two

[Hans Buitendijk] 16:19:53

If that's of interest, but then I would classify it as the kind of app.

[Hans Buitendijk] 16:20:01

Happy to give just a general sense of that, but I have to look it up.

[Hans Buitendijk] 16:20:07

might be able to do it right as we're talking.

[Hans Buitendijk] 16:20:10

Got that.

[Rim Cothren] 16:20:13

Any other questions or

[Rim Cothren] 16:20:15

thoughts for Hans?

[Rim Cothren] 16:20:20

Michael, just because we have…

[Rim Cothren] 16:20:22

presenters here today doesn't mean that you can't come off mute.

[Rim Cothren] 16:20:25

chime in with your own

[Rim Cothren] 16:20:28

experience, please do.

[Michael Marchant] 16:20:30

Sure, yes. So we have a significant volume of fire resource

[Michael Marchant] 16:20:35

connections based on a number of different implementation methodologies. So with Epic, we have the open APIs. So we see

[Michael Marchant] 16:20:42

A significant volume of traffic on a monthly basis from those apps.

[Michael Marchant] 16:20:45

As well as internal Smart On Fire applications we've deployed for specific business purposes that

[Michael Marchant] 16:20:51

have traffic across our fire API infrastructure. And then Epic has deployed a document-based exchange in Care of Aware leveraging FHIR. So we see

[Michael Marchant] 16:21:03

significant volumes there as well.

[Michael Marchant] 16:21:07

We have millions of resource calls on a monthly basis. I think the big one is there's not a ton of inter-organizational exchange.

[Rim Cothren] 16:21:15

So interesting, Michael, that you're seeing a lot of fire used for document exchange. Do you have any feeling at all about what percentage of the documents on Care Everywhere go via fire

[Rim Cothren] 16:21:30

Versus other mechanisms.

[Michael Marchant] 16:21:34

I mean, the IHE pieces through eHealth Exchange and Care Quality and Commonwealth

[Michael Marchant] 16:21:39

It's probably the majority of that volume. I think the epic to epic stuff internal

[Rim Cothren] 16:21:40

Okay.

[Michael Marchant] 16:21:44

has moved mostly to Firebase Exchange, probably because of the discreteness there but um

[Michael Marchant] 16:21:48

I don't have a sense of it. Again, I haven't seen the Sutter reports yet. I've only been here a couple of months.

[Michael Marchant] 16:21:54

But I know that it's similar. I've seen some screenshots of the reports, but for Davis, that was for sure the case.

[Michael Marchant] 16:22:02

But I probably make something up, but I'd have to look again. I'm sorry.

[Hans Buitendijk] 16:22:03

Yeah.

[Rim Cothren] 16:22:07

That's funny.

[Hans Buitendijk] 16:22:07

And that type of use of Firebase Document Exchange actually has been around for a little while already.

[Hans Buitendijk] 16:22:13

in different networks and places. Commonwealth has been doing that for quite a few years

[Hans Buitendijk] 16:22:18

Hey, it's not the only one. It's a combination of IT and document and Firebase that's happening.

[Rim Cothren] 16:22:24

Thanks, Hans. Any other questions or thoughts on the EHR space?

[Rim Cothren] 16:22:32

If not, Mark, I'd hand things over to you and you can talk a little bit about what plans are seeing.

[Marc Overhage] 16:22:38

And it's always, I'll try not to duplicate things that my good friend Hans covered here.

[Marc Overhage] 16:22:45

So a couple of things to highlight. I think, first of all, on the consumer facing exchange, which is where many plans, of course, started because they had to.

[Marc Overhage] 16:22:57

Like many people's experience, while there's a modest number of registrations, a minuscule amount of utilization.

[Marc Overhage] 16:23:07

Through that channel, which may not surprise some of the people here because you've been around for a long time on that, but it's certainly not

[Marc Overhage] 16:23:15

not blowing our socks off in terms of the consumer utilization.

[Marc Overhage] 16:23:20

The second thing is I'd say that

[Marc Overhage] 16:23:24

while plans are aware and thinking about both the

[Marc Overhage] 16:23:28

you know we're large regulated organizations

[Marc Overhage] 16:23:33

Because the regulations don't require adoption until 2027,

[Marc Overhage] 16:23:38

And most plans have many other fish to fry, they're not in any hurry.

[Marc Overhage] 16:23:44

So I would say there's more dabbling

[Marc Overhage] 16:23:47

Now, for example, Elevance will

[Marc Overhage] 16:23:49

you know, Jude our horn a little bit, you know, we do expose a fire endpoint for providers

[Marc Overhage] 16:23:56

Partly because of support for DXF.

[Marc Overhage] 16:23:59

And again, a pretty modest interest to date.

[Marc Overhage] 16:24:05

In terms of providers connecting. I think part of that is, and Hans alluded to this a little bit, is I think the

[Marc Overhage] 16:24:14

sort of query point to point

[Marc Overhage] 16:24:16

kind of nature of

[Marc Overhage] 16:24:19

an API model

[Marc Overhage] 16:24:23

slows people down a lot. You know, if you have to go set up a connection with every plan, with every, you know, so I think the

[Marc Overhage] 16:24:32

dynamic registration and things like that that Hans alluded to are going to be really critical. But even there

[Marc Overhage] 16:24:38

in our toe in the water, I'd say pilot work that we're doing with fire

[Marc Overhage] 16:24:44

the entire, what are our domain IDs? How do we think about domains as a plan?

[Marc Overhage] 16:24:51

It's every plan, you know, a Medicare Advantage plan in eight counties in Northern California, is that

[Marc Overhage] 16:24:57

its own endpoint or is it

[Marc Overhage] 16:25:00

something broader and more generic. I think there's a lot of

[Marc Overhage] 16:25:04

questions about that connectivity and identification that are still a struggle for folks.

[Marc Overhage] 16:25:12

Certainly for us to understand how best to do that. Then the other thing

[Marc Overhage] 16:25:19

I will spend a second on, and again, Hans touched on this but

[Marc Overhage] 16:25:24

Because so many of plans use cases are more in the vein of population health rather than

[Marc Overhage] 16:25:31

an episode of care. Query models get challenging.

[Marc Overhage] 16:25:37

And even bulk queries, you know, bulk fire doesn't help that much because it's only a handful, you know, 5,000 or something.

[Marc Overhage] 16:25:46

I think today's limitations, which doesn't get you very far.

[Marc Overhage] 16:25:51

Just to put that in context for the committee, folks will appreciate this, and this is not fire, but HL7 v2

[Marc Overhage] 16:25:58

In order to ask the California Immunization Registry

[Marc Overhage] 16:26:03

for immunization data about our membership, we query them every 52 milliseconds.

[Marc Overhage] 16:26:10

That gets us through our population California one time a month.

[Marc Overhage] 16:26:15

you know, very long time lags, you know, and so

[Marc Overhage] 16:26:19

scale, as Hans talked about, I think, is a really big issue for plans. Now, we may have that worse than other plans.

[Marc Overhage] 16:26:27

But I think plans in general will continue to struggle

[Marc Overhage] 16:26:32

with the scale until we get some of the more sophisticated tools available that I know are being contemplated and evolved.

[Marc Overhage] 16:26:41

but aren't there yet.

[Marc Overhage] 16:26:43

So I think that that's going to be a key aspect before we really see plans heavily adopted. And then the last thing that I'll throw out is that

[Marc Overhage] 16:26:55

I think driven by HEDIS and other things, plans have begun to do more clinical data exchange.

[Marc Overhage] 16:27:04

But because of the timing and where they are, most of that exchange is happening today through, if we're lucky, CDA.

[Marc Overhage] 16:27:11

And the push model, which is wonderful and is progress

[Marc Overhage] 16:27:16

But it also creates an interesting challenge because now as we think about fire, which is more of a pull

[Marc Overhage] 16:27:22

How do you blend these worlds to make things work? And obviously it's never going to be a day where you flip the switch and everything flips over to fire.

[Marc Overhage] 16:27:34

that finding pathways to deal with the highly varied

[Marc Overhage] 16:27:40

options for interoperability is going to continue to challenge people because it's just so hard to operate with multiple

[Marc Overhage] 16:27:49

different approaches in place.

[Marc Overhage] 16:27:51

So that's kind of the few things I wanted to highlight in addition to all the great stuff that Hans brought up.

[Rim Cothren] 16:28:01

Thanks, Mark. Does anyone have questions for Mark?

[Rim Cothren] 16:28:05

the plan space.

[Rim Cothren] 16:28:11

Mark, if you were to choose one thing that you'd say is probably biggest barrier to more adoption, what would you point to?

[Marc Overhage] 16:28:19

Mm-hmm.

[Marc Overhage] 16:28:21

And I should have said, I think about adoption with two sides. There's one side, which is health plans adopting fire as a way to bring clinical data in.

[Marc Overhage] 16:28:30

And I think the biggest challenge there really is the

[Marc Overhage] 16:28:36

the evolution of TEFCA and the Q hands and the ability to do queries that are not point to point and require that

[Marc Overhage] 16:28:45

you know that that huge infrastructure. So I'd say that's the number one

[Marc Overhage] 16:28:50

barrier there.

[Marc Overhage] 16:28:52

I think on the flip side, which is plans exposing things as fire, I don't know they'd say so much there's a barrier other than competing priorities. I mean, obviously it depends on the scale of the plan. Larger plans have a little more technical capability. Smaller ones might have some challenges with technical implementations, but

[Marc Overhage] 16:29:13

there's great consultants and others out there to help with that. I think the biggest thing on that side is just priorities and frankly.

[Marc Overhage] 16:29:22

the regulatory timeline is

[Marc Overhage] 16:29:25

January 1st, 2027. So people will deliver on December 31st or January 2nd.

[Marc Overhage] 16:29:32

2027.

[Rim Cothren] 16:29:34

Thanks, Mark. Hans, I see your hand up.

[Hans Buitendijk] 16:29:37

Yeah, just that's a question for Mark. I said, if you look from the payer's perspective

[Hans Buitendijk] 16:29:44

What will be the sweet spot of fire in the interactions, particularly with providers? What is the space where you say

[Hans Buitendijk] 16:29:51

that's really the biggest need that where fire would be most beneficial.

[Marc Overhage] 16:29:58

So I'd say, and there are many potential, lots of ways to create value, both sides, I think, out of that.

[Marc Overhage] 16:30:07

one of the easiest places to draw a value proposition is in HEDIS clinical data as NCQA continues to push in that direction.

[Marc Overhage] 16:30:16

You know, it is still a challenge to get clinical data from across the entire spectrum of providers.

[Marc Overhage] 16:30:24

And so I think that's the

[Marc Overhage] 16:30:26

lowest hanging fruit for most plans. The second area I think, though, that's probably close behind it, but it's

[Marc Overhage] 16:30:34

more complicated for a lot of reasons. And obviously there's some upcoming requirements here

[Marc Overhage] 16:30:39

is in the utilization management prior authorization space. A lot of time and effort spent trying to obtain the data needed for those processes. It's a hassle for providers.

[Marc Overhage] 16:30:49

It's a hassle for payers. If we can streamline that and

[Marc Overhage] 16:30:55

This is probably heresy, but I often think about, you know, you don't even have to do the full Da Vinci

[Marc Overhage] 16:31:01

complicated suite

[Marc Overhage] 16:31:03

Even if you could just do a fire query and get what's needed. And that's an application where I think query does work.

[Marc Overhage] 16:31:11

phenomenal win for everybody. So I think that's the, you know, it doesn't have the same

[Marc Overhage] 16:31:17

scale of impact as HEDIS does, but I think that's close behind it in terms of opportunity.

[Hans Buitendijk] 16:31:25

Yep.

[Rim Cothren] 16:31:26

Thanks, Mark. Any other questions for Mark?

[Rim Cothren] 16:31:33

If not, Jim, I think you're up next. Talk us through a little bit about what Gravity is doing and about social services.

[James Shalaby] 16:31:41

Sure. My audio okay?

[James Shalaby] 16:31:42

You guys hear me? Okay, great.

[James Shalaby] 16:31:45

So I'm actually happy that Hans and Mark went because I can now build right on

[James Shalaby] 16:31:50

what they have discussed. So a lot of what we're doing in gravity is really enabling

[James Shalaby] 16:31:56

the exchange of information, social care related information

[James Shalaby] 16:32:02

to integrate with healthcare information. So gravity is really focused on that.

[James Shalaby] 16:32:07

And in the gravity Project, we focus a lot of our use cases are focused on

[James Shalaby] 16:32:13

Closed loop referral between

[James Shalaby] 16:32:15

completely different sectors of the industry. So there's a healthcare industry which is

[James Shalaby] 16:32:19

EMRs and HIEs and fairly sophisticated technology

[James Shalaby] 16:32:25

And the sector of industry, that's social care

[James Shalaby] 16:32:28

where there's a fax machine, a phone maybe some

[James Shalaby] 16:32:31

not islands or siloed systems

[James Shalaby] 16:32:33

And then they're supported by

[James Shalaby] 16:32:35

by an industry that has

[James Shalaby] 16:32:39

is somewhat siloized, but basically social care networks and referral management systems

[James Shalaby] 16:32:44

Some of them are advanced, some of them are not so advanced

[James Shalaby] 16:32:47

One thing they have in common is that they generally

[James Shalaby] 16:32:50

are not as sophisticated in their implementation of fire

[James Shalaby] 16:32:53

as we see EMRs are in the healthcare sector. So gravity for the last five years or so.

[James Shalaby] 16:33:01

been working on standards to be able to bridge

[James Shalaby] 16:33:05

that gap and be able to communicate social care data

[James Shalaby] 16:33:09

with healthcare and to also let

[James Shalaby] 16:33:11

Social care access certain health care information

[James Shalaby] 16:33:14

When I say, and this gets a little bit

[James Shalaby] 16:33:17

makes people a little bit nervous because HIPAA applies very strongly in the

[James Shalaby] 16:33:22

And healthcare sector, but

[James Shalaby] 16:33:24

It's not necessarily applicable in all areas of social care.

[James Shalaby] 16:33:28

However, there is a need, especially programs like wic and

[James Shalaby] 16:33:34

um you know snap where they're food services, but they need to understand what the patient's weight is and

[James Shalaby] 16:33:40

how old they are and what some of their conditions are they diabetic

[James Shalaby] 16:33:44

you know so so it's really it really is really important to have

[James Shalaby] 16:33:49

to support this type of exchange.

[James Shalaby] 16:33:52

We, we've only started to see the rubber hit the road

[James Shalaby] 16:33:56

This year, meaning that

[James Shalaby] 16:33:59

implementers starting to use gravity this year okay

[James Shalaby] 16:34:03
It took us a while to get gravity developed to a point where

[James Shalaby] 16:34:07
implementers could use it.

[James Shalaby] 16:34:10
That was one factor. The other factor was funding so

[James Shalaby] 16:34:14
One of the things that became a really great source of funding to subsidize these projects

[James Shalaby] 16:34:20
that states started to use the 1115 waiver, the CMS 1115 waivers

[James Shalaby] 16:34:24
to be able to fund some of the technology needed to communicate with

[James Shalaby] 16:34:29
social care networks and social

[James Shalaby] 16:34:30
and bridge that gap between healthcare and social care.

[James Shalaby] 16:34:34
So under the 1115 waiver

[James Shalaby] 16:34:37

A few states have been able to start to build this.

[James Shalaby] 16:34:41

The most successful has been New York. I've been very closely involved with the new york

[James Shalaby] 16:34:46

SHINee program, the Social Health Information Network.

[James Shalaby] 16:34:49

New York. And I spent the last year and a half with my gravity hat on

[James Shalaby] 16:34:55

but supporting them in enabling fire

[James Shalaby] 16:34:58

When we first started the project a year ago.

[James Shalaby] 16:35:02

We assumed that the best they can do is adopt terminology. We set up gravity so that you have three tiers of adoption.

[James Shalaby] 16:35:10

you can adopt the lowest level which is

[James Shalaby] 16:35:13

common terminologies to represent the services that are going to be provided, the referrals, and so on.

[James Shalaby] 16:35:18

The next tier was being able to message these standardized codes between systems.

[James Shalaby] 16:35:23

with any means you want. You can use direct, you can use V2, you can use cd

[James Shalaby] 16:35:29

Then the third tier is full enabled gravity adherence gravity ig

[James Shalaby] 16:35:34

compliance, meaning you can use FHIR to communicate the information between the endpoints.

[James Shalaby] 16:35:39

At that time, New York and its six major HIEs are called qualified entities, but they're

[James Shalaby] 16:35:47

essentially HIEs felt the best they could do is exchange

[James Shalaby] 16:35:53

Flat file formats of information. And the only place I was going to use prior

[James Shalaby] 16:35:59

was essentially the shiny data repository, the statewide repository okay

[James Shalaby] 16:36:04

However.

[James Shalaby] 16:36:06

six months into the project, we were pretty surprised.

[James Shalaby] 16:36:11

many of the stakeholders had stepped their game up quite a bit and started using full gravity adoption.

[James Shalaby] 16:36:18

Meaning that the

[James Shalaby] 16:36:20

the HIEs, the architecture is a four-tier kind of framework

[James Shalaby] 16:36:25

basically in the state, there's a data lake that contains all of the information in fire format

[James Shalaby] 16:36:30

that conforms to the gravity implementation guide

[James Shalaby] 16:36:33

the qualified entities or HIEs, the six of them

[James Shalaby] 16:36:36

feed that data in FHIR format to shiny

[James Shalaby] 16:36:40

But then the sources, the EMR sources and the social care networks

[James Shalaby] 16:36:44

feed their data in various formats to the qualified entities. So basically the sources feed it to the HIEs and HIEs

[James Shalaby] 16:36:52

propagate that data to the shiny data lake

[James Shalaby] 16:36:55

And at each stage, it becomes more fireized okay

[James Shalaby] 16:37:00

So today, um.

[James Shalaby] 16:37:02

The plan is to go live with the

[James Shalaby] 16:37:06

the whole shiny framework in New York by January 1st.

[James Shalaby] 16:37:11

Today, I finished looking at some of the testing. It's looking pretty good.

[James Shalaby] 16:37:15

They're completing testing, they're trying to complete testing by December, December 6, I think, is

[James Shalaby] 16:37:22

We're seeing everybody kind of target

[James Shalaby] 16:37:25

This is also, keep in mind, the first time they've ever implemented fire or introduced to FHIR.

[James Shalaby] 16:37:31

we had to do a lot of training and teaching of not just how to use the implementation guide.

[James Shalaby] 16:37:35

But what is fire enough so that they can make progress?

[James Shalaby] 16:37:40

At this point, the

[James Shalaby] 16:37:43

The social care networks who are intermediaries between the community-based organizations

[James Shalaby] 16:37:48

And the patient and the

[James Shalaby] 16:37:51

and coordinate with the healthcare organizations.

[James Shalaby] 16:37:55

They are fly rice. So the contracted community-based organizations

[James Shalaby] 16:38:01

are going to be easy fire, gravity fire too.

[James Shalaby] 16:38:04

message information. The testing is looking pretty promising.

[James Shalaby] 16:38:10

Okay.

[James Shalaby] 16:38:12

Communication between the sources, the EMRs and the community-based organizations and

[James Shalaby] 16:38:19

various other sources of service providers, social care service providers.

[James Shalaby] 16:38:24

are not high rise okay so they communicate

[James Shalaby] 16:38:26

through the social care networks, through these intermediaries

[James Shalaby] 16:38:30

directly to the QEs.

[James Shalaby] 16:38:33

So it's really those intermediaries that actually are fire rise. They fireize the data

[James Shalaby] 16:38:37

And send it to the QEs. Once it's in the QE's hands.

[James Shalaby] 16:38:41

they actually will further ornament the data

[James Shalaby] 16:38:44

So that they can actually require gravity implementation guide compliant.

[James Shalaby] 16:38:49

And that goes to the new york data lake

[James Shalaby] 16:38:52

So that implementation is probably

[James Shalaby] 16:38:55

the most sophisticated and a very pleasant surprise we didn't think

[James Shalaby] 16:39:00

they would make it that far in such a short time.

[James Shalaby] 16:39:03

But somehow they managed to pull it through.

[James Shalaby] 16:39:05

And so it wasn't easy. There's a lot of

[James Shalaby] 16:39:09

There are a lot of questions, a lot of the things that Hans brought up, a lot of things that Mark brought up are

[James Shalaby] 16:39:15

the same concerns I would have after go live okay

[James Shalaby] 16:39:18

How are they going to do bulk queries? Are they going to be able to

[James Shalaby] 16:39:22

The main use case is really around

[James Shalaby] 16:39:24

being able to screen for

[James Shalaby] 16:39:27

for targeted social needs using a cms

[James Shalaby] 16:39:31

instrument called an HCHRSn

[James Shalaby] 16:39:34

assessment form. It's basically

[James Shalaby] 16:39:38

health social needs in the healthcare context.

[James Shalaby] 16:39:43

That then leads to identification of patients who potentially are at risk.

[James Shalaby] 16:39:48

Which then requires a workflow which is

[James Shalaby] 16:39:51

referrals, closed loop referrals. So the healthcare organization or the referral source is not always healthcare can be

[James Shalaby] 16:39:58

community-based organization or a patient-based organization

[James Shalaby] 16:40:01

will basically

[James Shalaby] 16:40:04

send the request for services.

[James Shalaby] 16:40:07

The services then are typically provided by the contracted community-based organizations through these social care networks.

[James Shalaby] 16:40:14

The social care networks are the intermediary, so they fireize that information

[James Shalaby] 16:40:19

And they echo it back to the qualified entities

[James Shalaby] 16:40:22

The qualified entities who are the HIEs echo that data back

[James Shalaby] 16:40:26

the shiny data leak, which then is accessible to the department of health

[James Shalaby] 16:40:29

as well as CMS for doing out population level

[James Shalaby] 16:40:32

outcomes analysis. And it's also available in the fire ice form

[James Shalaby] 16:40:37

back to the submitting social care networks so that they can have

[James Shalaby] 16:40:41

full access of the of the

[James Shalaby] 16:40:43

members, the families, or the patients who are being provided services

[James Shalaby] 16:40:47

for continuity and longitudinal view

[James Shalaby] 16:40:50

So it's a lot. So if you think about it, that's actually quite an achievement.

[James Shalaby] 16:40:55

given that they only had a year and a half to do this.

[James Shalaby] 16:40:59

So that's really the current state i'd say that

[James Shalaby] 16:41:04

It was surprising, a pleasant surprise. We do have some

[James Shalaby] 16:41:09

bumps in the road, you know, both at the

[James Shalaby] 16:41:11

at the fire level as well as adoption level, and we can certainly talk about that if you'd like.

[James Shalaby] 16:41:17

There are some risks that I see that are going to happen after

[James Shalaby] 16:41:20

January and probably hit those risks will

[James Shalaby] 16:41:23

we'll probably kind of peak around mid-year next year.

[James Shalaby] 16:41:27

But there are things that can be mitigated if we understand them ahead of time.

[James Shalaby] 16:41:32

And my thoughts are that

[James Shalaby] 16:41:35

This is one of the fringe cases. So when Hans started

[James Shalaby] 16:41:38

Describing the maturity of fire

[James Shalaby] 16:41:40

Absolutely right. Provider scenarios were primarily it and uh you know

[James Shalaby] 16:41:46

transactions that were you know individual around health care provision

[James Shalaby] 16:41:51

And Mark, you're right, Volk, you know, it's really hard. We haven't hit that New York yet, but we will.

[James Shalaby] 16:41:58

But the

[James Shalaby] 16:42:00

use of fire in this case was very different because it's bridging

[James Shalaby] 16:42:04

two large sectors of the industry.

[James Shalaby] 16:42:07

that typically are not in the EMR or even in the same ecosystem.

[James Shalaby] 16:42:13

So I'll just stop here if any.

[James Shalaby] 16:42:16

Questions?

[James Shalaby] 16:42:19

And Rim, you're on mute, by the way.

[Rim Cothren] 16:42:20

Of course I am. Thanks for…

[Rim Cothren] 16:42:23

It sounds like that there's a good experience in New York perhaps to build on there.

[Rim Cothren] 16:42:28

Are there any quick questions for Jim? I want to see if we can get some time for John and Chris to speak also.

[James Shalaby] 16:42:30

Mm-hmm.

[Rim Cothren] 16:42:37

John, you want to talk a little bit about HIOs and fire adoption there in that space?

[John Helvey] 16:42:44

Yeah, I was…

[John Helvey] 16:42:46

Great, great input from the folks so far.

[John Helvey] 16:42:50

I think what I see in our world and other HIOs world is that we're preparing.

[John Helvey] 16:42:59

The big use case for us is that

[John Helvey] 16:43:03

getting data into the workflow of

[John Helvey] 16:43:06

the people that need it, right? And so the complexities are

[John Helvey] 16:43:11

you know fire apis

[John Helvey] 16:43:13

into EMRs. Well.

[John Helvey] 16:43:17

That's a broad scope, right? Standardizing that or doing anything in that arena

[John Helvey] 16:43:22

I think that's a challenge. I think that's an opportunity, you know, primarily focusing on data exchange so

[John Helvey] 16:43:31

information flowing from us to

[John Helvey] 16:43:34

providers and getting that in their workflow.

[John Helvey] 16:43:38

That's the key thing. Care coordination.

[John Helvey] 16:43:41

is one, going back into we're bridging in folks that aren't

[John Helvey] 16:43:47

Typically, you know, a part of the

[John Helvey] 16:43:51

health information exchange. Now we're dealing with social

[John Helvey] 16:43:54

SDOH, whole person care

[John Helvey] 16:43:56

they do need a subset of data. So delivering a subset of data, the easiest way to do that

[John Helvey] 16:44:02

is through fire, so preparing for that so we either

[John Helvey] 16:44:07

have to display that subset for them within a portal or something like that or we got to

[John Helvey] 16:44:13

deliver that out in the best use case for that is around fire as well.

[John Helvey] 16:44:18

You know, public health reporting and syndromic surveillance

[John Helvey] 16:44:22

data flow and reporting, I think that's a focus

[John Helvey] 16:44:27

that is exploratory.

[John Helvey] 16:44:29

And then I think a good one for us in California from a use case perspective is

[John Helvey] 16:44:35

the notifications, alerts, notifications.

[John Helvey] 16:44:39

And ensuring…

[John Helvey] 16:44:41

that the alert notifications are going out, but also those alert notifications contain

[John Helvey] 16:44:46

the appropriate amount of data per the user role in that person's care.

[John Helvey] 16:44:50

And I think the best way for us to do that

[John Helvey] 16:44:53

would be through fire notifications so

[John Helvey] 16:44:57

I think that's really kind of

[John Helvey] 16:44:59

the focus that I see.

[John Helvey] 16:45:03

And then going back to what Hans was talking about is, you know, the apps, right? So building apps that make it easy

[John Helvey] 16:45:11

for consumers to work with us, for providers to work with us, and CBOs to work with us is

[John Helvey] 16:45:19

Developing that.

[John Helvey] 16:45:22

for ease of deployment.

[John Helvey] 16:45:25

And an easy starting point.

[John Helvey] 16:45:27

But it really kind of, and consent management is definitely, you know, California is starting to

[John Helvey] 16:45:32

Talk about consent management, I think the only way consent management is achievable in California

[John Helvey] 16:45:39

would be through a fire model. I don't think that it's going to be successful any other way.

[John Helvey] 16:45:45

So really kind of trying to figure that out.

[Rim Cothren] 16:45:53

Thanks, John.

[Rim Cothren] 16:45:55

So what I heard is a lot of the HIOs are preparing. Do you have

[Rim Cothren] 16:46:01

If you were to use your crystal ball, do you have a use case that you think might be first?

[John Helvey] 16:46:07

Yeah, ours is the WIC program.

[John Helvey] 16:46:11

So getting data to WIC,

[John Helvey] 16:46:15

is the first use case that I really kind of see for my organization.

[John Helvey] 16:46:21

But others, I think that the event notifications and streamlining that and making that easier and better.

[John Helvey] 16:46:28

In the near future, I really kind of think that's

[John Helvey] 16:46:31

Kind of next in line.

[Rim Cothren] 16:46:33

And so I'm curious why event notifications, is it because FHIR is lighter weight or

[Rim Cothren] 16:46:39

Because there isn't a lot of work

[Rim Cothren] 16:46:43

legacy work there already or

[Rim Cothren] 16:46:44

something else.

[John Helvey] 16:46:46

I think, I mean, for me, it's around getting the data in a way in which the consumers

[John Helvey] 16:46:53

of the data can use it, whether it's an app or whether

[John Helvey] 16:46:59

you know it's something within their EMR or

[John Helvey] 16:47:01

you know whatever solution that they're using, it's really about getting the data into their workflow.

[John Helvey] 16:47:07

And so people do not want

[John Helvey] 16:47:11

their inboxes flooded with direct messages around alerts.

[John Helvey] 16:47:16

People don't like logging into other systems and dashboards people

[John Helvey] 16:47:21

People like to have things into their workflow. I think the key thing around that for getting things into people's workflow

[John Helvey] 16:47:27

is really kind of fire.

[Rim Cothren] 16:47:29

Okay. Thanks, Sean. Does anybody else have any other questions for John real quick?

[Rim Cothren] 16:47:40

Don't see any. Chris, I think you're up next. You want to take us home?

[Chris Muir] 16:47:47

Yeah, yeah, absolutely. And thank you very much for having me share

[Chris Muir] 16:47:51

some of what's happening at the federal government, but also with TEFCA. And I just dropped into the chat a couple of documents I'll be referring to.

[Chris Muir] 16:48:00

These are really um

[Chris Muir] 16:48:02

the artifact set spells out ASTP's direction as it relates to fire

[Chris Muir] 16:48:07

And the documents are the draft federal fire action plan

[Chris Muir] 16:48:11

And that talks about, you know, the plans that are taking place within federal government in relation to fire.

[Chris Muir] 16:48:15

And then also the fire roadmap for TEFCA Exchange, I think probably most of you have heard about that one.

[Chris Muir] 16:48:22

So first, addressing the fire action plan, the federal fire action plan

[Chris Muir] 16:48:28

It's really intended to help federal

[Chris Muir] 16:48:31

To guide federal adoption of the HL7 fire standard

[Chris Muir] 16:48:35

It was developed by ASTP with significant input from our federal partners through the

[Chris Muir] 16:48:40

federal health IT Coordinating Council.

[Chris Muir] 16:48:43

The primary goal for this effort is to align federal agencies adoption and use of fire around a set of fire components and capabilities that have

[Chris Muir] 16:48:52

been determined by the council that would um

[Chris Muir] 16:48:56

help agencies consistently implement the fire standard to support a great many of the federal use cases.

[Chris Muir] 16:49:02

And when I use the term components, what I'm also referring to are HL7 fire IGs.

[Chris Muir] 16:49:09

We also identified components and capabilities in which additional development and investment are needed to address some additional federal use cases.

[Chris Muir] 16:49:17

So those are the forward looking things.

[Chris Muir] 16:49:20

that we want to try to go and help

[Chris Muir] 16:49:23

Resolve, I guess is a word to use

[Chris Muir] 16:49:26

There are six categories of these groups of components.

[Chris Muir] 16:49:30

I won't go, I'll touch on each one of them with just a

[Chris Muir] 16:49:35

with just a brief definition, but I won't go through all the IGs and stuff that are listed under each one.

[Chris Muir] 16:49:39

But the core components are um

[Chris Muir] 16:49:43

The fire specifications are most foundational and have the broadest applicability across healthcare services.

[Chris Muir] 16:49:49

And this would include things like fire r4

[Chris Muir] 16:49:52

And US core and smart app launch and those kinds of things.

[Chris Muir] 16:49:57

The next group is network components.

[Chris Muir] 16:50:00

And these are the components of fire to help fire work on a network basis.

[Chris Muir] 16:50:07

And includes things like the fire fast UDAP security

[Chris Muir] 16:50:14

IG. And another one we have is payment and health quality components

[Chris Muir] 16:50:21

You know, they have their specifications that have been identified to reduce reporting burden for clinicians and caregivers.

[Chris Muir] 16:50:29

Includes things like the suite of DaVinci igs

[Chris Muir] 16:50:33

the care delivery engagement components, another group.

[Chris Muir] 16:50:39

Which are used for patients to access their health data and also to reduce provider burden again and

[Chris Muir] 16:50:45

also assist providers in such areas as decision support.

[Chris Muir] 16:50:50

Another group is the Public Health and Emergency Response.

[Chris Muir] 16:50:53

And this is really to help modernize the public health infrastructure. And it has a really long list of, I choose in that category.

[Chris Muir] 16:51:02

And then last but not least, we also have research components

[Chris Muir] 16:51:08

Which are intended to support research activities.

[Chris Muir] 16:51:12

And those include, it's right now very small M code and genomics reporting IGs.

[Chris Muir] 16:51:20

And so, as I mentioned earlier, the report also identifies some of the early stage capabilities that the federal government is interested in pursuing to help them fulfill other use cases.

[Chris Muir] 16:51:30

These are things like fire right and smart health links.

[Chris Muir] 16:51:35

And the exchange between public health and provider organizations

[Chris Muir] 16:51:39

You know, we see further work needing to be done on research capabilities.

[Chris Muir] 16:51:46

And then kind of a newer area for us is, you know, somewhat.

[Chris Muir] 16:51:50

is interoperability between health and human services.

[Chris Muir] 16:51:54

And so in summary, the federal agencies and their implementation partners are encouraged to use this draft action plan to really identify

[Chris Muir] 16:52:01

And address common needs and to coordinate asks of the fire standards community

[Chris Muir] 16:52:08

And to reuse components that have widespread adoption across industry.

[Chris Muir] 16:52:12

And finally, the last thing I want to say about this is that

[Chris Muir] 16:52:17

The draft action plan is out there and it's available for public feedback.

[Chris Muir] 16:52:24

And we will consider all comments on this document by 1159 Eastern Standard Time.

[Chris Muir] 16:52:31

On Monday, November 25th.

[Chris Muir] 16:52:34

And so please, if you have the time and the inclination, we would really love to get feedback on that.

[Chris Muir] 16:52:39

And then just really quickly, I just want to touch on the fire roadmap for Tufka Exchange.

[Chris Muir] 16:52:44

I think probably a lot of you are already familiar with this, but just to hit it really quick at a high level.

[Chris Muir] 16:52:50

And just for a little background, again, I think you all know, we started TEFCA

[Chris Muir] 16:52:56

Using IHE, document-based profiles

[Chris Muir] 16:53:00

Because that's what most of the health information networks are currently using. And in fact, yeah, you know, that's what they were using at the time and still are.

[Chris Muir] 16:53:09

And, um, but, but, you know, we see

[Chris Muir] 16:53:12

the need to move to the modern internet standards such as Rustful FHIR APIs.

[Chris Muir] 16:53:18

As that's the future of health information exchange and so

[Chris Muir] 16:53:21

ASTP and the RCE wanted to message our plans for including fire within TEFCA. And so we developed a roadmap.

[Chris Muir] 16:53:28

We've actually released two versions of it to this point.

[Chris Muir] 16:53:34

And so, uh.

[Chris Muir] 16:53:35

The way we see fire rolling out is really

[Chris Muir] 16:53:39

in four stages.

[Chris Muir] 16:53:41

And while the first stage was the initial launch of Tufka with the document-based exchange.

[Chris Muir] 16:53:47

Entities were also allowed to exchange fire payloads using the IHE infrastructure.

[Chris Muir] 16:53:52

As I'm sure many of you know, the IHE profiles like XCA are content agnostic.

[Chris Muir] 16:53:58

But in stage two, and that's a stage that we're currently in, we released the common agreement version 2

[Chris Muir] 16:54:04

The QHIN technical framework um

[Chris Muir] 16:54:07

the QTF version 2 and also the facilitated fire implementation sop

[Chris Muir] 16:54:13

And these three documents contain the policies and technical specifications

[Chris Muir] 16:54:16

to enable what we call facilitated fire exchange.

[Chris Muir] 16:54:20

And facilitated fire exchanges, you know, really point to point fire using some QHIN facilitation for things like patient discovery

[Chris Muir] 16:54:28

And fire endpoint retrieval.

[Chris Muir] 16:54:32

And in stage three, which we anticipate being in calendar year

[Chris Muir] 16:54:37

2026.

[Chris Muir] 16:54:40

We will provide specifications for enabling QHIN to QHIN FHIR API Exchange. So FHIR just between the queue hins

[Chris Muir] 16:54:48

That capability will enable use cases such as using fire calls between queue hens to do things like patient discovery and fire endpoint retrieval.

[Chris Muir] 16:54:56

You know, as a couple examples.

[Chris Muir] 16:54:58

And then stage four

[Chris Muir] 16:55:01

FHIR API Exchange will be available following the same

[Chris Muir] 16:55:04

exchange patterns, you might say, or this same routing maybe is a better way of describing it.

[Chris Muir] 16:55:10

that the IHE profiles provide today. So the data gets routed up and through the, you know.

[Chris Muir] 16:55:16

participants and across the Q hands and back down to

[Chris Muir] 16:55:21

the intended target of that data exchange.

[Chris Muir] 16:55:26

And so anyway, so I did really quick because I know we're almost out of time. I know there's a lot more that we could discuss on both of these and we'll probably have further opportunities to do so.

[Chris Muir] 16:55:37

I'll conclude there. But thank you very much.

[Rim Cothren] 16:55:40

Thanks, Chris. And yes, there was a lot for you to cover there. I appreciate you going through things quickly and sorry to squeeze you on time here.

[Rim Cothren] 16:55:47

Let's go ahead and turn to public comment. Alice, if you can take us to public comment real quickly.

[Chris Muir] 16:55:48

No problem.

[Alice K - Events] 16:55:55

Absolutely. Thanks, Rem.

[Alice K - Events] 16:55:56

Participants may submit written comments and questions through the Zoom Q&A box. All comments will be recorded and reviewed by CDAI staff.

[Alice K - Events] 16:56:04

To make a verbal comment, members of the public must raise their hand for Zoom facilitators to unmute them.

[Alice K - Events] 16:56:10

If you've joined via Zoom interface, you can click raise hand at the bottom of your screen. And if you've dialed in by phone only, press star nine to raise your hand and listen for your number to be called.

[Alice K - Events] 16:56:21

All individuals will be given two minutes. Please state your name and organizational affiliation when you begin.

[Alice K - Events] 16:56:27

And at this time, we do not have any hands raised from the audience.

[Rim Cothren] 16:56:32

All right.

[Rim Cothren] 16:56:34

We'll get people just a minute. Since I was kind of short with Jim and Chris, if people do have any

[Rim Cothren] 16:56:40

questions for either of them that you want to drop in the chat, we'll save those for our next meeting to make sure that we

[Rim Cothren] 16:56:46

come back to them.

[Rim Cothren] 16:56:48

Alice, do we have any hands?

[Alice K - Events] 16:56:52

Still no hands raised at this time.

[Rim Cothren] 16:56:55

All right. Well, let's go on to the next slide. I always want to make sure, and the next slide, I want to make sure that we really give our, that we end these meetings on time. I really appreciate everybody spending some time to put together some content for today.

[Rim Cothren] 16:57:10

made my job easier, but I think it was a richer discussion as a result of that anyway. So I really do appreciate everybody's

[Rim Cothren] 16:57:16

participation there. We'll be trying to summarize some of this material for folks.

[Rim Cothren] 16:57:22

But, um.

[Rim Cothren] 16:57:24

The next meeting, I really want us to start thinking about, are there things that we could really do to advance fire within DXF and what would be those necessary steps? What are the things that we would need to

[Rim Cothren] 16:57:38

develop, decide on use cases we might promote, etc.

[Rim Cothren] 16:57:43

So given the time between now and the next time that we meet.

[Rim Cothren] 16:57:47

I would encourage you all to think on that a little bit.

[Rim Cothren] 16:57:52

And with that, unless there are any other final comments anyone wants to make.

[Rim Cothren] 16:58:02

I will go ahead and give you two minutes back. Thank you all for your participation today.