



FHIR – JASON Taskforce

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Fast Health Interoperable Resources

Or make up your own FHIR joke... (Everyone else does)



Genesis of FHIR



- Existing standards not meeting market need
 - Too complex and/or too limited in scope
- Fresh Look Task Force to re-assess
- Drafted Exemplar based on RESTful interfaces (July 2011)
- This grew into FHIR
 - 1st Draft Standard January 2014
 - 2nd Draft planned mid-2015
 - Normative Version following that

Parts of FHIR



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- A set of “Resources” (JSON/XML)
 - Small independent pieces of content
 - Clinical, Administrative, Infrastructural
 - Choice of ways to exchange Resources
 - An API for interacting with an application
 - A document form for packaged exchange
 - Implementation Collateral
 - Schemas, Open Source Code & Servers, Connectathons

Dealing With Variability



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- Variability in Use Cases is a central problem
 - FHIR defines a shared base that everyone uses
 - The things everyone agrees to
 - Users can define extensions
 - Done at the level where agreement exists
 - Done within the common schema
 - Computable Profiles describe variable usage

FHIR Manifesto



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- Focus on **Implementers**
 - Target support for **common scenarios**
 - Leverage cross-industry **web technologies**
 - Require **human readability** as base level of interoperability
 - Make content **freely available**
 - Support multiple **paradigms & architectures**
 - Demonstrate best practice **governance**



- http://gforge.hl7.org/svn/fhir/trunk/presentations/2014-07-31_JASON_Taskforce_Webinar/FHIR_Jason_Taskforce.pptx
 - Use “anonymous” and email address to logon