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

- 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

- 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

- 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
  - Use “anonymous” and email address to logon