

Brief Introduction to FHIR & Walkthrough to FHIR Implementation Guide for ABDM

National Resource Centre for EHR Standards (NRCeS)

C-DAC Pune

Agenda

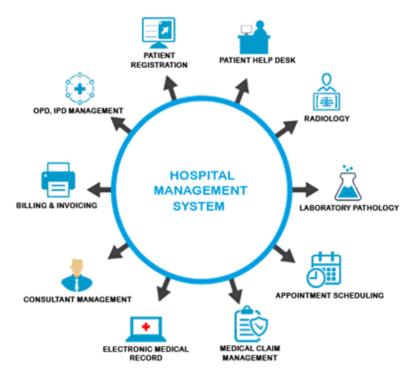


- Background
- Introduction to Fast Healthcare Interoperability Resource (FHIR)
- Key Concepts of FHIR: Resources, Data Types, Bundle
- FHIR Interoperability Paradigm
- Available Reference Implementations
- Profiles & Extensions
- FHIR Implementation Guide
- Adoption of FHIR in India (FHIR Profiles & Implementation Guide for ABDM & walkthrough)

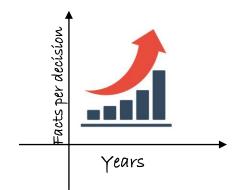
The necessity of a modern approach & goals



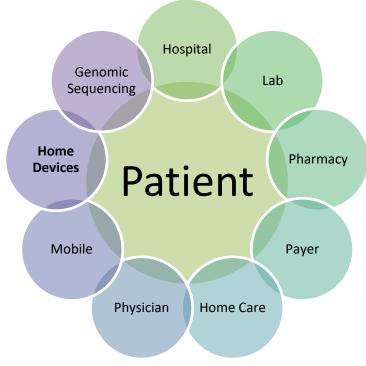
Data Exchange Scenario

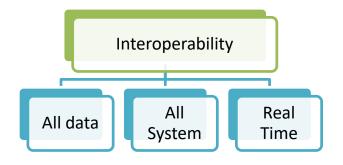


More data is available



Data not limited to Hospital



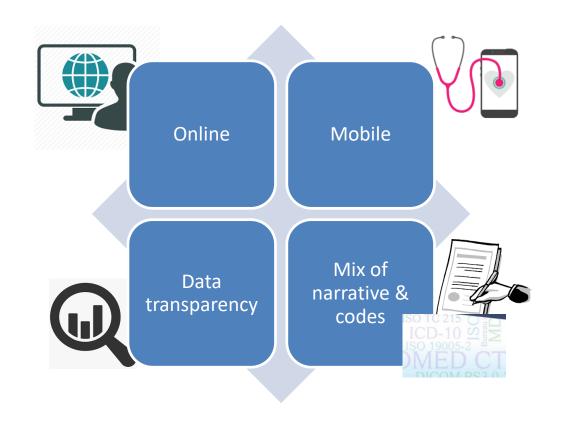


Goal:

- Easy to develop: shallow learning curve and minimal custom tooling requirements
- Easy to implement
- Semantically Robust: can be mapped back to other standards
- Implementer friendly: uses common tools and formats, and web-based technologies for the specification
- The artifacts should be able to be validated electronically - as far as that is possible
- Integrates well with and leverages modern web-based communication technologies (HTTP, XML, JSON, etc.).

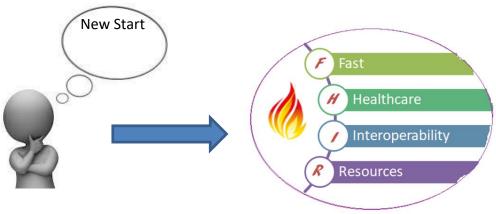
Evolution of FHIR





Current Data Scenarios





Fast Healthcare Interoperability Resources (FHIR)

Fast Healthcare Interoperability Resource (FHIR)



- Health Data exchange standard developed and nurtured by HL7 International
- Internet-based approach to connecting different discrete elements
- Aims to build a base set of resources that, either by themselves or when combined, satisfy the majority of common use cases
- FHIR has around <u>150 resource types</u> covering several categories including Entities, Clinical, and Financial types
- Representable in XML, JSON, or RDF formats
- Provides Restful CRUD specifications for common operations
- Extensible by design allows usecase specific customization
- Terminology binding to popular code sets

Healthcare-related interoperability

Administration

Clinical Care

Research

Other

Scope

Why FHIR?



Implementation focused standard with implementation libraries and examples for reference

Support human-readable serialization formats

Specification is free for use with no restrictions

Uses web standards: XML, JSON, HTTP, OAuth, etc.

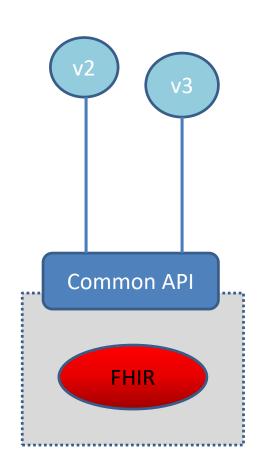
Multiple Exchange Paradigms: REST, Messaging, Documents, Services

Extensible by design - allows use case specific customization

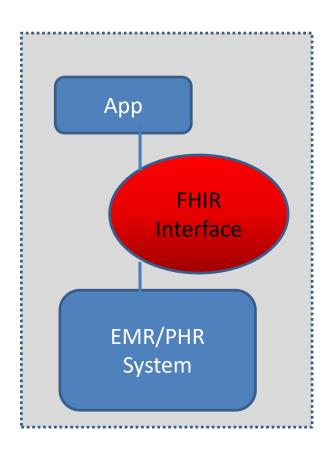
Terminology binding to popular code sets

FHIR Usage Scenarios

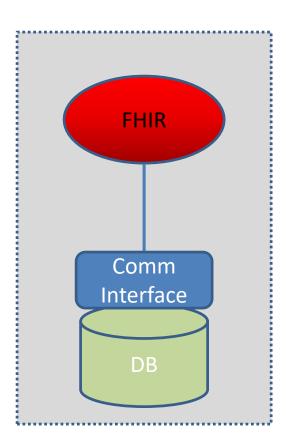




Message broker + FHIR engine



FHIR server with existing back end

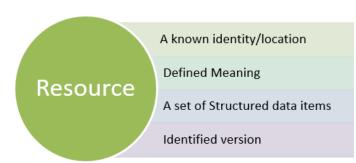


FHIR server and FHIR back end (FHIR objects storage)

FHIR Resource



- Resources represent a unit of exchange of data that can be justifiable in interoperability
- A resource is made up of elements, each of which is a particular data type
- A resource has a known identity (a URL) by which it can be addressed
- Resources combine both computer processable and human-understandable data
 - Metadata to aid in searches and cataloging
 - Structural specification
 - Defined value sets for any enumerators
 - A display element for direct print or display of simplified text
 - Links to other resources
- Example of resources: <u>Patient</u>; <u>Practitioner</u>; <u>Observation</u>; <u>Organization</u>



Key Parts of a Resource



```
<Patient xmlns="http://hl7.org/fhir">
   <id value="example-01"/>
   <meta>
       <versionId value="1"/>
       <lastUpdated value="2020-07-09T14:58:58.181+05:30"/>
       file value="http://nrces.in/ndhm/fhir/r4/StructureDefinition/Patient"/>
   </meta>
   <text>
       <status value="generated"/>
       <div xmlns="http://www.w3.org/1999/xhtml">Patient name - ABC, Age- 41 year, Gender- Male</div>
   </text>
   <extension url="https://nrces.in/ndhm/fhir/r4/StructureDefinition/someExtension">
       <valueCode value="someValue"/>
   </extension>
   <identifier>
       <type>
           <coding>
               <system value="http://terminology.h17.org/CodeSystem/v2-0203"/>
               <code value="MR"/>
               <display value="Medical record number"/>
            </coding>
       </type>
       <system value="https://healthid.ndhm.gov.in"/>
       <value value="22-7225-4829-5255"/>
   </identifier>
   <name>
       <text value="ABC"/>
   </name>
   <telecom>
       <system value="phone"/>
       <value value="+919818512600"/>
       <use value="home"/>
   </telecom>
   <gender value="male"/>
   <birthDate value="1981-01-12"/>
(/Patient>)
```

Resource Identity & Metadata

Human Readable Text

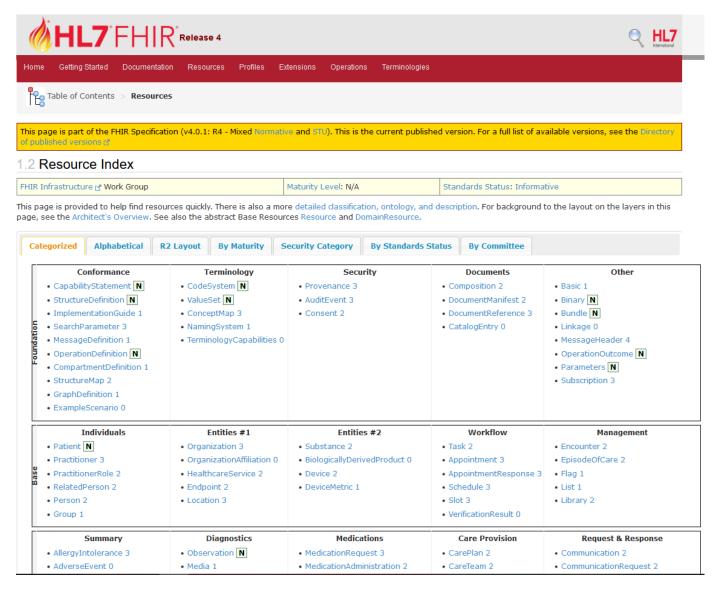
Extension with URL to Definition

Standard & Structured Data:

- Identifier
- Name
- Telecom
- Gender
- DOB

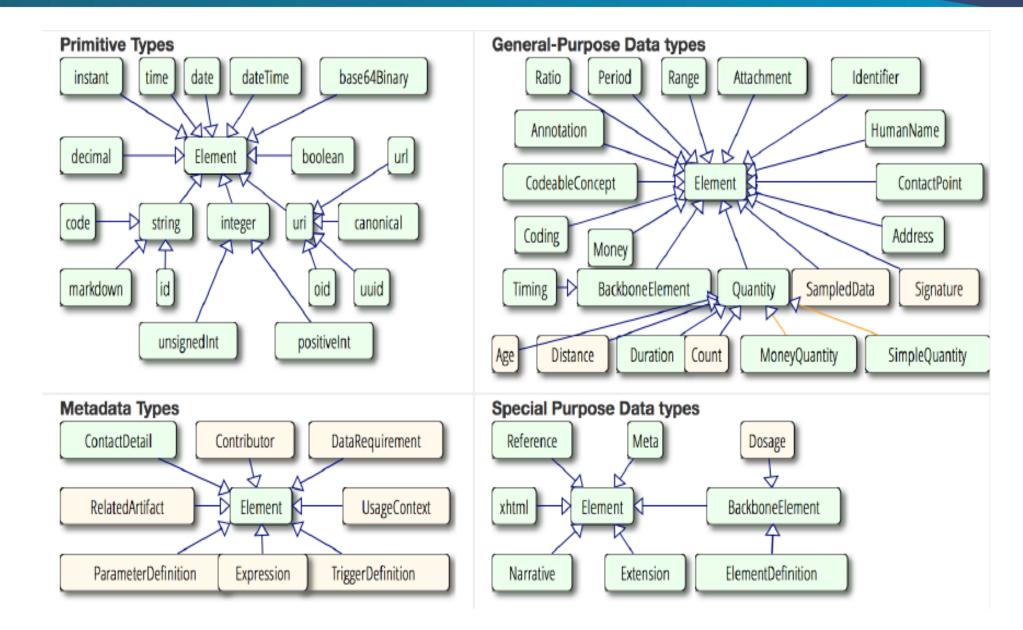
Resource list in FHIR





Data Types

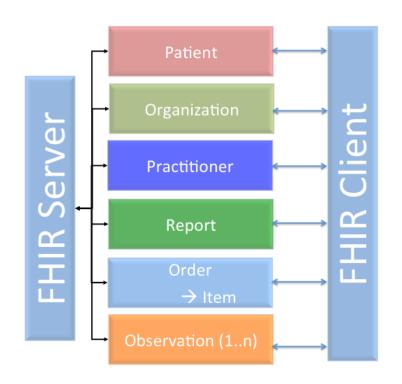




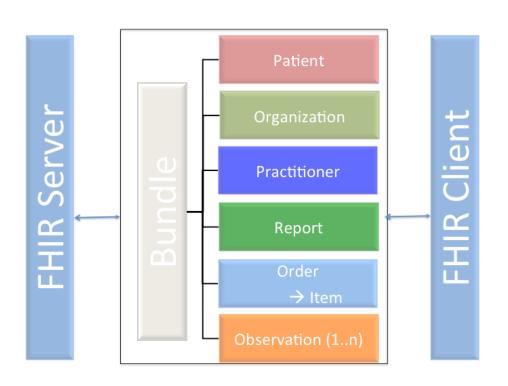
Bundles



A lab report in FHIR can be represented as a set of related resources:
 patient, requesting physician, observations, report in PDF format, order.



Individual resources can be transmitted as multiple transactions

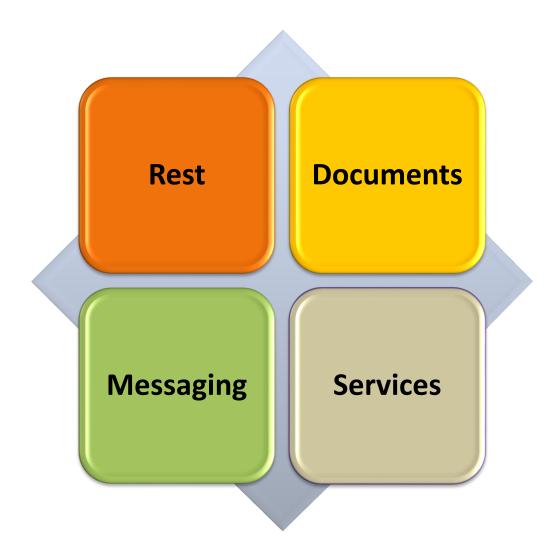


Multiple resources bundled for a logical purpose as a transaction

FHIR Interoperability Paradigms



FHIR supports interoperability via 4 paradigms



FHIR Interoperability Paradigms



REST:

- Simple, out-of-the-box interoperability
- Leverage HTTP: GET, POST, etc.
- Pre-defined operations
 - Create, Read, Update, Delete
 - Also: Read Version, Search (resource/type/server),
 History (resource/type/server), Capabilities, Patch,
 Batch & Transaction

Messages:

- Similar to v2 and v3 messaging
- Also a collection of resources as a Bundle resource
- Allows request/response behaviour with bundles for both request and response
- Event-driven
 - E.g. Send lab order, get back the result
- Can be asynchronous and/or indirect



Rest

Documents:

- Similar to CDA
- Collection of resources bound together
 - Root is a "Composition" resource
 - Just like CDA header
- Sent as a Bundle resource
- One context
- Can be signed, authenticated, etc.

• Service:

- Do whatever you like
- Based on SOA principles
- Ultra complex/simple workflows
- Individual resources or collections (in Bundles or other formats)
- Use HTTP or use something else
- Only constraint is that you're passing around FHIR resources in some shape or manner





Available Reference Implementations



Java <u>HAPI-FHIR</u>: Object Models, Parsers, Client + Server Framework, FHIR

Validator, & Utilities. The specification is built with this Java code

C# <u>HL7.FHIR</u>: Object models, Parsers/Serializers, Utilities, and a Client. Source

code on GitHub at http://github.com/ewoutkramer/fhir-net-api

Pascal <u>FhirServer</u>: Object models, Parsers/Serializers, Validator, Utilities, Client, and

the FHIR Reference server. Requires **Delphi** (Unicode versions)

XML XML Tools: Document Rendering Stylesheet, supplementary implementation

schemas and transforms

Javascript See the <u>HL7 wiki for Javascript libraries</u> (Clients and Utilities for both servers

and clients)

Swift Swift-FHIR: Object Model, Client and Utilities

Downloads - Schemas, Code, Tools: http://hl7.org/fhir/R4/downloads.html

Profiles & Extensions



- FHIR specification satisfies the majority of common use cases
 - Provides flexibility to extend and adapt it according to local needs
 - Almost every element in the base FHIR specification is optional
- Resources can be modified for:
 - Constraining existing elements and fixing value sets for coded elements
 - Addition of new data elements/datatypes to existing resources (called Extensions)
- Such definitions are called **Profiles**.
- FHIR profiles describe a set of rules about how a resource is used to meet a general use case, so that the rules can be shared and published, compared with each other, and used as the basis for implementation.
- Profiling allows:
 - Defining required and optional resource elements
 - Defining additional resource elements
 - Binding terminology and value sets to be used
 - Deciding which API features are used, and how
- Extensions and Profiles require a formal published definition

FHIR Implementation Guide



- An implementation guide (IG) defines how a particular interoperability or standards problem is solved - typically through the use of FHIR resources.
- It is a set of rules about how FHIR resources. are used (or should be used)
- Covers associated documentation to support and clarify the usage
- FHIR implementation guides are published on the web after they are generated



FHIR Implementation Guide for ABDM CI Build v2.0.1





Table of Contents Home

This Implementation guide is published and maintained by NRCeS& for NHA&. This version is based on the ABDM Health Data Interchange Specifications 1.0 and updated periodically.

1.1 Implementation Guide HomePage

Contents:

- Background
- Introduction
- Purpose and Scope
- ABDM Actors
- . How to read this Guide
- ABDM Profiles

1.1.1 Background

Enduring with the vision of National Health Policy (NHP) 2017, 'Health and wellbeing for all at all ages', Ministry of Health and Family Welfare (MoHFW) &, Government of India recognized the need for creating a framework for the evolution of a National Digital Health Eco-system (NDHE), which will support 'Continuum of care' for an individual.

To create and enable digital health ecosystem and prioritize digital health in India, and to develop an implementation framework for the National Health Stack, the committee constituted by MoHFW Government of India produced the National Digital Health Blueprint (NDHB) &, laying out the building blocks and an action plan to comprehensively and holistically implement digital health.

The Government has established the Ayushman Bharat Digital Mission (ABDM) &, with The Ministry of Health and Family Welfare defining the policy and regulatory frameworks with implementation by the National Health Authority (NHA) &.

The vision of ABDM is, to create a national digital health ecosystem that supports universal health coverage in an efficient, accessible, inclusive, affordable, timely and safe manner, that provides a wide-range of data, information and infrastructure services, duly leveraging open, interoperable, standards-based digital systems, and ensures the security, confidentiality and privacy of health-related personal information. This will include adoption of open standards by all the actors in the National Digital Health Eco-system.

1.1.2 Introduction



Adoption of FHIR in India & Implementation Guide for ABDM

FHIR Profiles for ABDM



- Clinical Artifacts considered for continuity of care scenario:
 - Diagnostic Report Record
 - Discharge Summary Record
 - OP Consult Record
 - Prescription Record
 - Wellness Record
 - Health Document Record
 - Immunization Record
- Aims to cover most of the health record document sharing in a care setting
- Total 07 Clinical Artifacts, 31 Resource Profiles, 19 Terminology ValueSets, and 35 examples.



ABDM HI Types



Diagnostic Report Record

Header (Patient Demographics, Care Provider Details, Encounter Details)

Diagnostic Laboratory Report (Specimen, Collection related information, Results, Conclusion)

Diagnostic Imaging Report (Imaging Details, Results, Interpretations)

DocumentReference (DocumentReference)

Discharge Summary Record

Header (Patient Demographics, Care Provider Details, Encounter Details)

Chief Complaints

Physical Examination

Allergies

Medical History

Family History

Investigations (Laboratory | Imaging)

Medications

Procedures

Care Plan

OP Consult Record

Header (Patient Demographics, Care Provider Details, Encounter Details)

Chief Complaints (Condition)

Physical Examination (Observation)

Allergies (Allergy Intolerance)

Medical History (Condition | Procedure)

Family History

Investigation Advice (ServiceRequest)

Medications (MedicationStatement | MedicationRequest)

Procedures

Follow Up (Appointment)

DocumentReference (DocumentReference)

Prescription Record

Header (Patient
Demographics, Care
Provider Details, Encounter
Details)

Medications

Binary

ABDM HI Types



Immunization Record

Header (Patient Demographics, Care Provider Details, Encounter Details)

Immunization Details (Vaccine name, Manufacturer, lot number, date)

Immunization Recommendation

Wellness Record

Header (Patient Demographics, Care Provider Details, Encounter Details)

Vital Signs (Heart rate, Respiratory rate, SPO2, temperature, blood pressure, etc.)

Body Measurement (Weight, Height, etc.)

Physical Activity (steps count, sleep duration, calories burned, etc.)

General Assessment (blood glucose, fluid intake, general well being, mental status, etc.)

Women Health (LMP, menopause, menarche, etc.)

Life Style (diet type, alcohol drinking, smoking, etc.)

Any other observations

Health Document Record

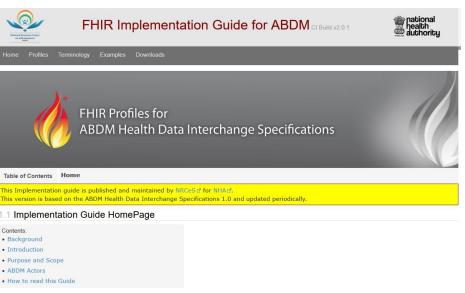
Header (Patient Demographics, Care Provider Details, Encounter Details)

DocumentReference

FHIR Implementation Guide for ABDM



- An implementation guide (IG) is a set of rules about how FHIR resources are used (or should be used) to solve a particular problem, with associated documentation to support and clarify the usage.
- Defines the scope of usage
- Describes requirements for FHIR implementation
- Provide structured access to profiles and examples
- IG for ABDM: https://nrces.in/ndhm



Reading FHIR Profiles for ABDM



- **Text Summary**: provides human-readable summary of changes that we have made. **It refers to the Differential View of a profile**.
- Differential View: mentions the elements that are changed while profiling
- Mandatory Element: Element with cardinality 1..1, 1..*
- **S** : element that must be supported.
- MUST Support: implementations that produce or consume resources SHALL provide "support" for the element in some meaningful way
- MUST Support for ABDM: The Receiver (HIU) MUST have the capacity to read the element though it is optional. The Sender (HIP) may opt not to fill the element while sending (when data is not available)

IG and Profiles walkthrough



Text Summary

Differential View

Full View

All Views

Summary

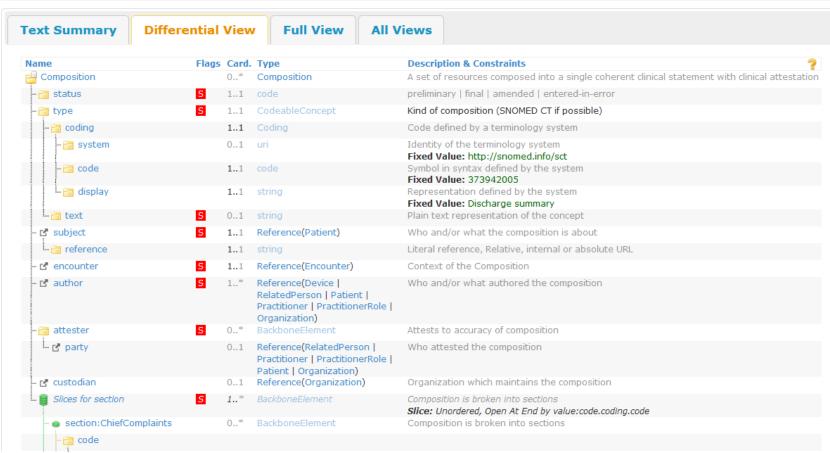
Mandatory: 7 elements (30 nested mandatory elements)

Must-Support: 38 elements Fixed Value: 33 elements

Structures

This structure refers to these other structures:

- Patient (https://nrces.in/ndhm/fhir/r4/StructureDefinition/Patient)
- Encounter (https://nrces.in/ndhm/fhir/r4/StructureDefinition/Encor
- Practitioner (https://nrces.in/ndhm/fhir/r4/StructureDefinition/Pra
- PractitionerRole (https://nrces.in/ndhm/fhir/r4/StructureDefinit
- Organization (https://nrces.in/ndhm/fhir/r4/StructureDefinition/C
- Condition (https://nrces.in/ndhm/fhir/r4/StructureDefinition/Condit
- Observation (https://nrces.in/ndhm/fhir/r4/StructureDefinition/Ol
- AllergyIntolerance (https://nrces.in/ndhm/fhir/r4/StructureDe
- Procedure (https://nrces.in/ndhm/fhir/r4/StructureDefinition/Proce



https://nrces.in/ndhm

Approach used for Data sharing



FHIR standard based data sharing for all HI Types, supporting data in 03 formats:

- Scanned Documents
 - Helps uploading historic data
 - Allows quick on-boarding
- Structured data without standard terminology
 - Structured data sharing with flexibility to include free text
 - Better understanding of context
 - Tools like Natural Language Processing can be used for analytics in future
- Fully structured data with Coding / Terminology
 - Better understanding of data (interoperable and processable data)
 - Data accuracy is guaranteed to the maximum
 - Data ready for analytics which can help in real time decision support



```
],
   "text" : "Abdominal pain"
},
   "subject" : {
    "reference" : "Patient/1"
}
```

Walkthrough



FHIR Implementation Guide for ABDM

ABDM FHIR R4 Usage Samples



- Sample Codes that Demonstrate:
 - Creating clinical artifacts against ABDM profiles
 - Validating the created/received objects against ABDM profiles
 - Reading and Writing ABDM clinical artifacts programmatically
- Helps in quick onboarding of implementors





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