HISA Webinar – Enabling the Ecosystem with FHIR, ensuring healthcare info is there when you need it

Can you speak more about your view of having a single place for curated medicines list please? What do you mean by this and how might that be achieved?

For many 'types' of information, it doesn't really matter if the data is in multiple places (setting aside issues like finding it and performance) – an application can collect the data, normalize and de-duplicate it and then display it to a user and/or do other useful things. This would work for information like Encounters, Observations, Conditions, Immunizations – even allergies. (Of course, normalizing and de-duping are not a trivial exercise – but it's do-able).

But the medication list represents all the medications that a person is taking at a point in time (and, depending on how the resources are represented can also express when a medication is due to be discontinued, unless repeated). I just don't understand how this list can safely be algorithmically generated from multiple independent lists – there should ideally be one per person. And – the person (or their representative) should be able to look at that list and confirm (or otherwise) that it represents the correct list at that time. The safety improvements that would result are very significant.

Note that I'm not saying that there is only one source in the ecosystem – just one per person, which is updated by any system where a change is made to the list. Of course, there are many architectural /design approaches to achieve this. Imagine, for example, a patient being admitted to the hospital. On admission, the hospital PMS is updated with the list. On discharge the list is updated by the hospital.

In this slide (23) why is the Endpoint not related to any other entities?

I mucked this up on the day (I blame my cold). Of course, the purpose of the endpoint is to provide the technical details of how an app can connect to a location to get data, and as such is actually related to most of them – it would clutter the picture to draw all the links in. As I mentioned on the day, I pilfered the picture from Brian Postlethwaite - and am grateful to him for reminding me of this!

How is something as complicated and ever-changing as clinical decision support going to be maintained with 'FHIR' (guidelines and recommendation changes, depends on individual patient risk factors etc.) and whose responsibility is it?

Well, this is a governance issue, and not defined by FHIR. It's a good example of both the value and the limitations of FHIR, which can describe the way in which this information can be represented, shared, versioned etc but not the actual contents which will be very country and domain specific.

So the answer is ‘it depends’. Not all that satisfactory I guess, but shows that what FHIR does is to resolve some of the ‘platform’ issues, but the content and governance still need to be worked on and resolved. But at least with FHIR – and more importantly the community around FHIR – these can be discussed in an open forum.

Are there any groups in Australia working on device on FHIR?

Note that I’m aware of. The best way to find out would be to post the question on the Australian stream of the FHIR chat - https://chat.fhir.org/#narrow/stream/18-australia - where people much more familiar with the Australian community will be able to help.

Again, you see the community in action – we should have called the standard ‘FHIRAC’ – Fast Healthcare Interoperability Resources And Community !