

HL7 FHIR Foundation Board Call
Sunday, January 15, 2017
Hyatt on the Riverwalk, San Antonio
Mesquite Room
3:30 – 5:00 pm CT

Participants: Stan Huff, MD; Pat Van Dyke; Russ Leftwich, MD; Ed Hammond, PhD; Chuck Jaffe, MD, PhD; Wayne Kubick; Grahame Grieve; Paul Biondich (via phone); Ewout Kramer; Viet Nguyen, Todd Cooper; Dave Shaver; Karen Van Hentenryck (scribe)

Agenda

1. **Roll call/agenda review** – Huff called the meeting to order at 3:35 pm CT. Two additions to the agenda were suggested: Cooper will provide an update on the use of FHIR in the Olympics and Van Dyke would like to discuss issues from the morning's International Council meeting
2. **Approval of the minutes from 11/21/2016** –Van Dyke sent Van Hentenryck a few corrections to the minutes, which have been made. **MOTION** by Hammond; seconded by Leftwich to approve the minutes as corrected. The motion carried unanimously.
3. **Report from business model task force** – Shaver reported that the committee met last week. Three areas where we could gain income are grants, membership and services. Grants tend to fall into two areas: sustaining or project specific. Argonaut is an example of the latter. In terms of membership, it comes in 3 basic flavors: individual, corporate and benefactors (sustaining grants). In terms of services, we envision a community with access to:
 - Curated profiles, standards and related documents
 - Prior implementers of same interface/workflow
 - Standards developers that can vet implementations

Huff noted that some of these may be a benefit of membership or we might just offer them as a service that people can pay for without becoming a member. Biondich indicated that the money collected would normally be used to pay people. We could collect the money but ask workers to volunteer their time. We need enough income to pay the legal and accounting fees for the organization. We will likely have a better chance of raising funds if we can point contributors to how the funds will be used.

The following areas are likely to be unsuccessful for raising funds:

- Training
- Consulting
- Software products
- Certification of implementations (instance testing like ONC testing ala Drummond or FHIR testing like AEGIS Touchstone)
- Certification of people (HL7.org is studying extending existing program, but this an HQ activity)

Historic HL7 V2 implementer/integrator friction

- V2 specs are proprietary and confidential
- Conformance testing came late to standard
- Machine-processable profiles very late
- Implementer (vendor) communities and support application-focused
- Finding integration peers as integrator (provider) difficult

There are several organizations that measure technical compliance but there is currently no Good Housekeeping-like organization that is providing guidance or certification on the process of building an interface.

Players in the standards process

- End users (application users)
- Beneficiaries – insurance companies, health plans, governmental bodies/departments, pharma developers; don't collect data nor buy clinical software but greatly benefit from standardization
- Implementers – software vendors (or in-house development team) that adds or maintains the import/export functionality of a clinical application used by End Users
- Integrators – a hospital, lab, outpatient clinic, etc (collectively providers) who buys, configures, and maintains interfaces
- Creators – an active participant in the creation of the standard itself.

The business models lies at the intersection of implementers (vendors) and creators. The second opportunity is at the intersection between Implementers (vendors) and integrators (providers).

Challenges

- Gaining momentum vs. paying the bills
 - We can offer series on a 24 month free basis
 - Could a grant pay for such a process
- Large number of small fees vs. small number of big fees
- Competition with hL7.org and community members.

Initial steps

- Develop a list of individual members benefits – done
- Create individual plan @ US \$250/yr
 - Goal of 200 members in 2017=\$50k gross
 - Would this be enough to sustain FHIR.org overhead?
- Create framework to seek specific projects grants

Other ideas: Ewout noted that we might have FHIR.org run the connectathon to connect you with others in the FHIR community you want to be connected with. Hammond suggested requiring membership at HL7.org to be eligible for membership of FHIR.org. You could make it another \$20 or something to join FHIR.org. Jaffe is concerned that this will confuse benefactors. Shaver noted that we might want to give our creators a discounted price to join the FHIR foundation.

MOTION by Hammond that we create a formal program to join FHIR.org for \$250/yr that translates to an individual membership with limited benefits . Same price for everyone; seconded by Cooper. Paul suggested we call them patrons. Have different name for member and then have another name for those who just give money. Wayne suggested offering blocks of memberships for organizations with multiple members. Wayne’s suggestion is not part of the motion. Ewout also suggested that we develop a corporate sponsorship program. The motion carried unanimously

4. **Google hosted services for the FHIR Foundation** - Grieve reported that he is currently paying for FHIR.org services from his own pocket. Google has now agreed to provide services to us free of charge. They would need to execute an agreement with one of the FHIR Foundation officers. In return they would like public recognition that they are providing this service. They would seek to develop additional FHIR based services to offer. Grahame is working with Josh on that but the agreement is not based on executing those additional services.

MOTION by Grahame; seconded by Van Dyke. To authorize and executive of the FHIR Foundation (like Kubick) to sign the agreement with Google regarding hosting of FHIR.org services Engage HL7.org legal to review and approved agreement. Part of agreement will likely include “limited” public recognition that Google is providing hosting. The motion carried unanimously.

5. **Update on Devices on FHIR initiative** – Cooper reported that he kicked of devices on FHIR this summer. Lots of people have joined and are participating in the weekly calls, etc. The challenge is getting engineering engagement on the application development side. Many device vendors have done prototypes in their labs. They are seeing a lack of user demand. Jaffe suggested that Cooper sell this at the Thurs/Friday registry meeting here at the WGM. Grieve noted Continua might be a good partner in this area. .
6. **Bringing FHIR to ISO** - Kubick reported that this is about the FHIR standard so more an hl7 topic than a foundation topic. There is an interest in the ISO community in having FHIR becoming an ISO standard. We will consider this once FHIR has been successfully balloted at the normative level a couple of tiems. They have to ensure that the standard remains open and we need to work out a change management agreement.
7. **Update on registry/repository** - Kubick reported that over the holidays he drafted a request for information. They want to see what comes back, how much \$\$ will be needed, etc. We need an evaluation committee other than Kubick and Grieve. We hope to get the RFI out and responses back before HIMSS (give people a month to respond). Grieve reminded folks that we have a little \$\$ from ONC to help create the registry. FHIR Foundation members interested in being on the RFI committee should send email to Grieve.
8. **Policies for hosting implementation guides and other third party artifacts on the FHIR.org website** - Grieve articulated the following guidelines for hosting on FHIR.org (for non HL7-published IGs that we host for other parties)

- Open license

- Maintenance and ownership process (management process)
- Process to request changes to content in IP
- Must be members of FHIR Foundation

Those in attendance at the Foundation meeting agreed in principle to these policies. Grahame will bring this back the formal written policy for approval.

- 9. Update on FHIR certification test/credentialing** – Grieve reported they are continuing to work on this project and are planning to roll this out after STU 3. HL7 will run the certification test, although the FHIR Foundation may publish the list of people with FHIR credentials on FHIR.org. Grieve noted that the credential test is difficult. We want to be confident that people who are credentialed really do represent the standard well. Credentialing requires you to demonstrate (1) practical experience in healthcare IT over sustained period of time, (2) involvement in FHIR (3) ability to produce FHIR resources. Once you demonstrate those items, you can sit for the exam. Once you pass the test you are credentialed and have a set of letters to use after your name. Once credentialed you need to maintain your involvement through a CME process that includes training, connectathons, or with taking the test (how many years, etc is still being discussed). Van Dyke asked if a requirement for credentialing is that you maintain membership in HL7. That is under consideration.
- 10. Update on membership processing through HQ** – Grahame met with HQ we agreed it was possible. Van Hentenryck will get the work moving at HQ.
- 11. Update on Olympics Health Interoperability (OHI) initiative**– Cooper has been in discussion with the IOC. If you look at how healthcare is handled at the Olympics there is an opportunity for FHIR. Cooper will send out a summary to the rest of the group. If there is something to show, this would be great at the FHIR Roundtable.
- 12. International issues** – Van Dyke walked the group through a series of questions that were raised during the morning’s International Council meeting:

 - URL – EC issue
 - Trademark policy – This is an EC issue
 - Extensions and identifiers – need consistency around that. We have some policies explicit in the standard. Will refer to FHIR Infrastructure
 - Profiles and IGs – they afraid this will become like V2. Referred to FHIR Infrastructure
 - Validation and compliance testing – assigned to Grieve
 - Individual certification – in process
 - Line in the sand (DSTU 1-2) –referred to FHIR Infrastructure. Core thing we need for this is the registry.
- 13. Housekeeping (1 minute) - Huff**

 - Next meeting
 - Agenda items for next call