

# FHA NHIN ADAPTOR

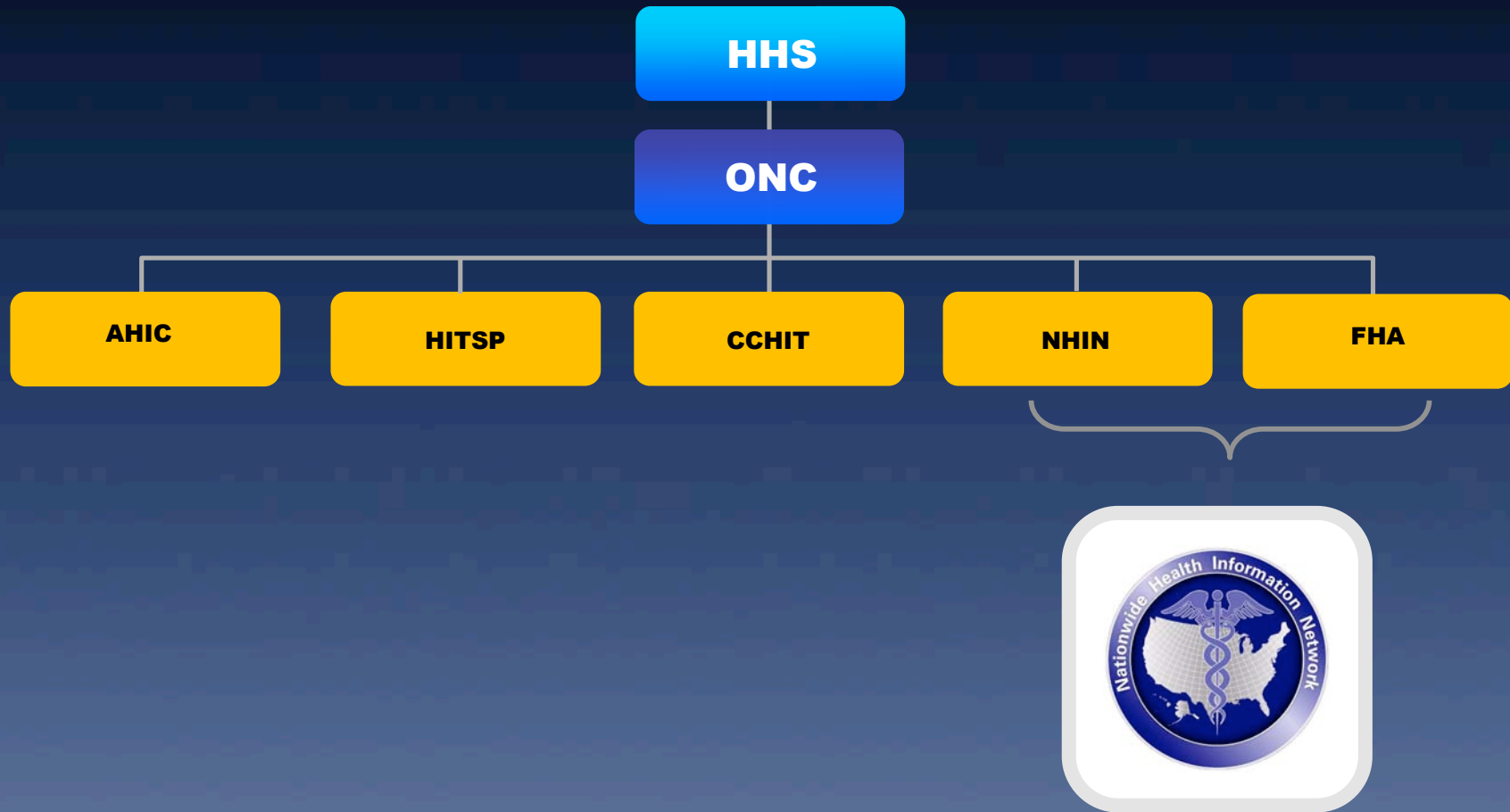
Simple Connector or SOA For Healthcare?

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# Office of the National Coordinator



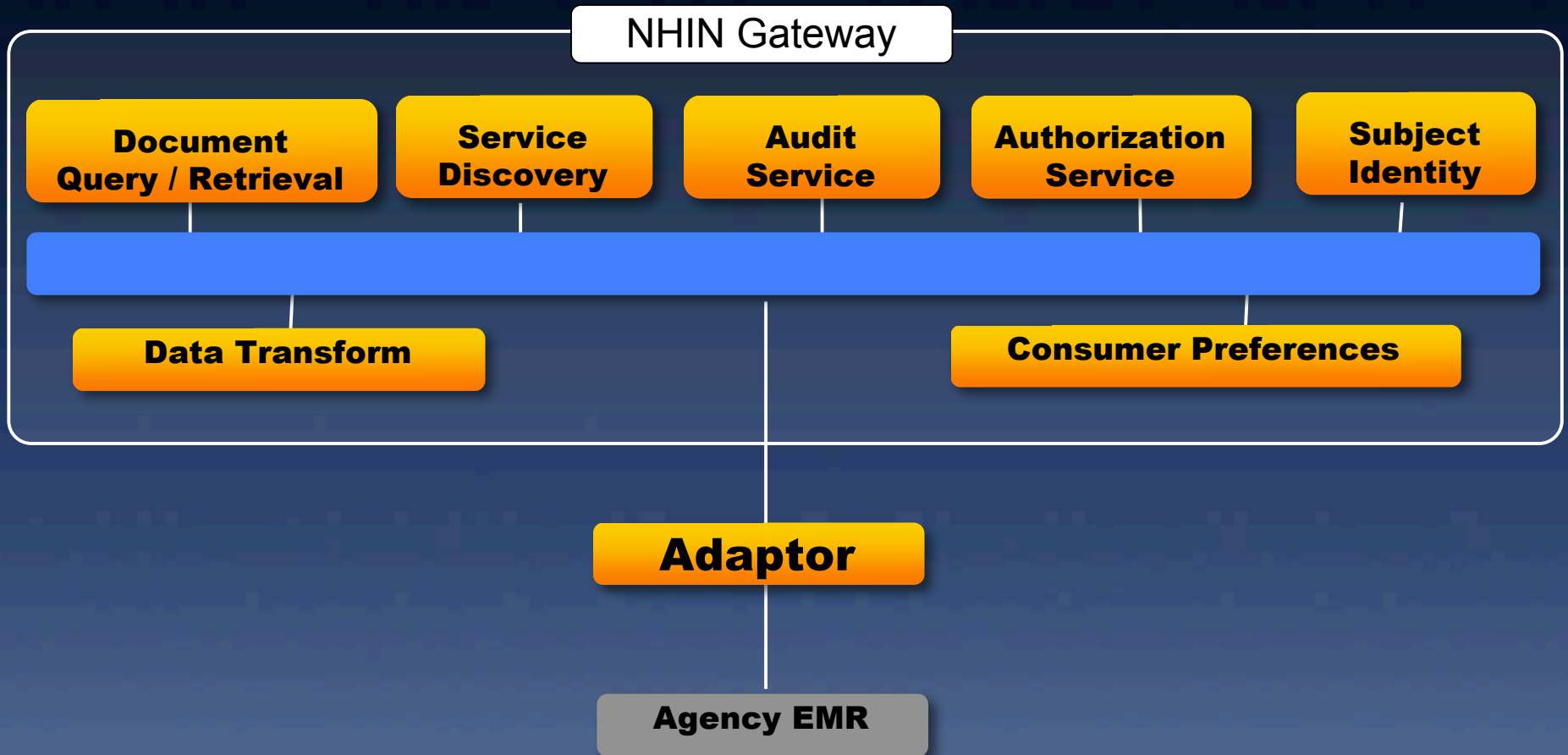
*Nationwide Health Information Network*

# NHIN

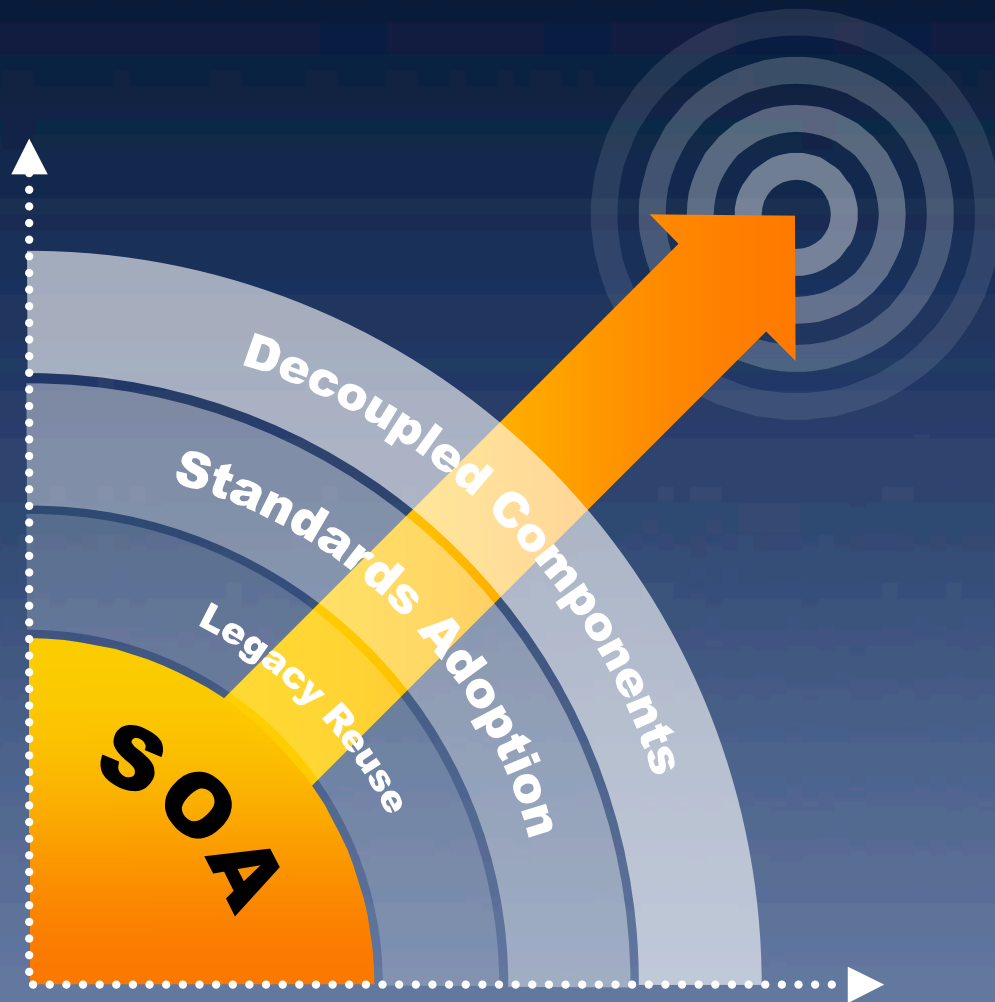
*Decoupled standards-based common infrastructure*



# Gateway Centric Implementation



# The SOA Value Proposition



## **Decoupling**

Decoupled system components help organizations react and adapt to rapidly changing operational conditions

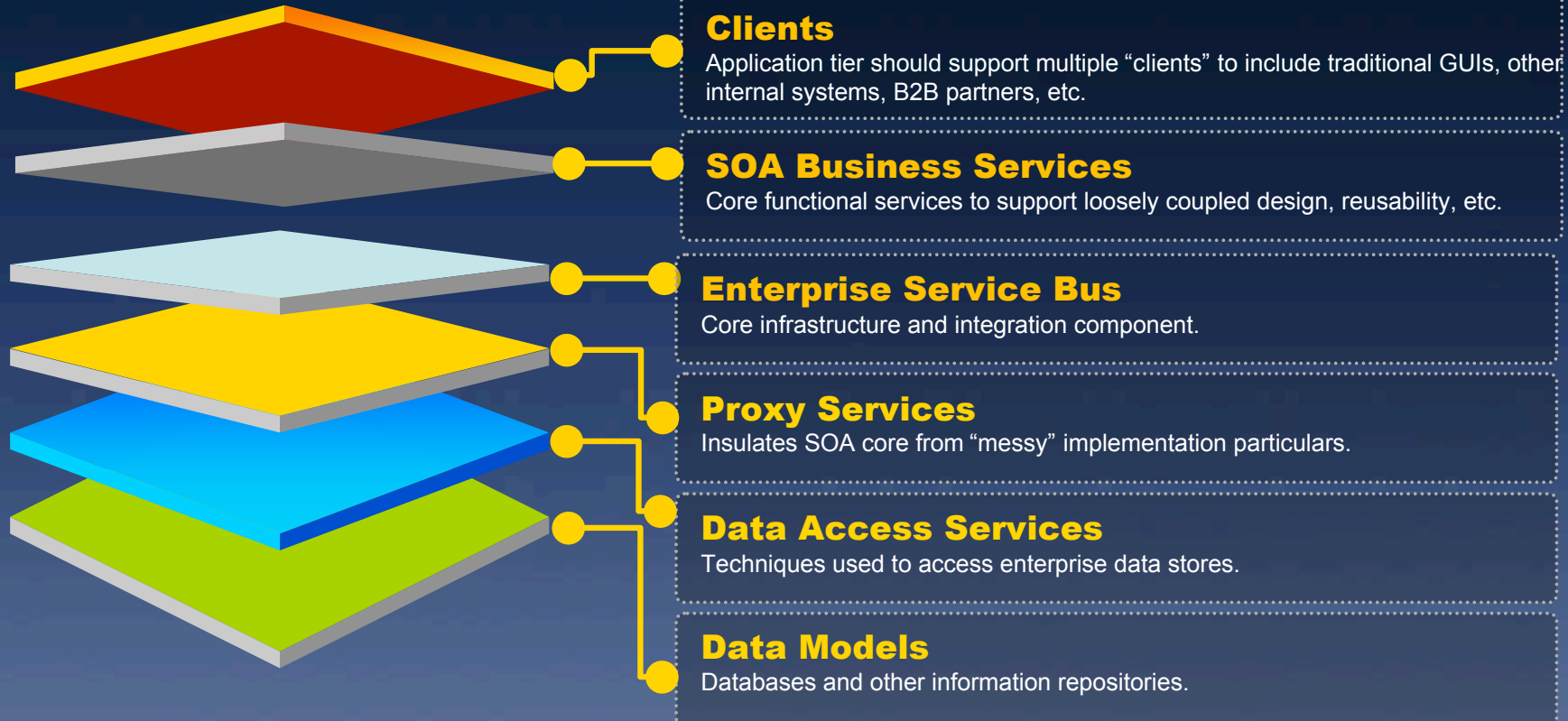
## **Standards Adoption**

Use of standard based interfaces facilitates interoperability

## **Legacy System Reuse**

Reuse of legacy systems preserves prior capital investments and may reduce future costs

# SOA Approach



# NHIN Reconsidered

## Service Organization

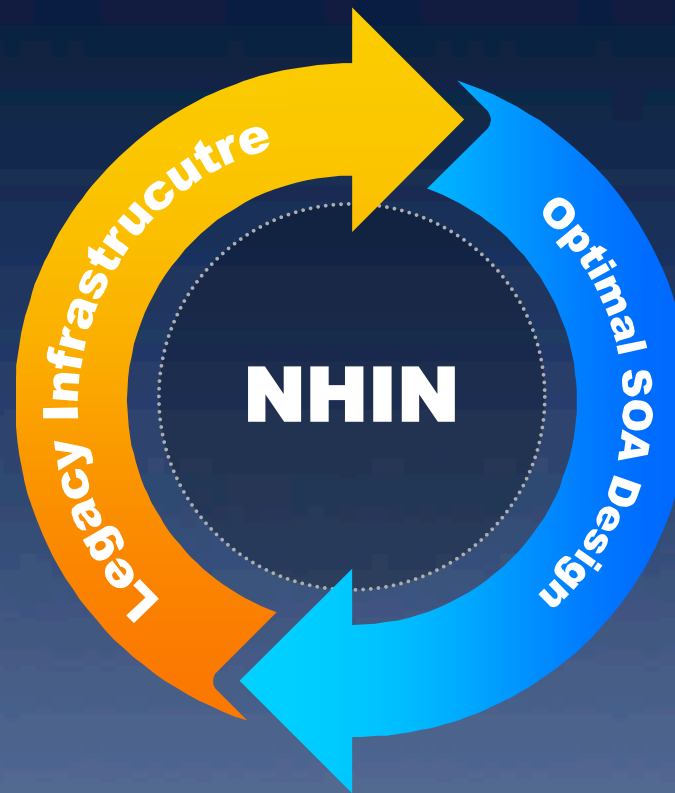
Where should certain components reside for maximum flexibility? Are NHIN requirements applicable to other use cases?

## Document Delivery

Implied need for dynamic assembly. What other documents might be exchanged in future? What other standards might need to be supported?

## Semantic Support

What translation services are available or needed to ensure that required semantic constraints are supportable?



## Clinical Workflow

How best to integrate NHIN document exchange into provider / patient workflow? Can service be hosted within AHLTA?

## Medical - Legal

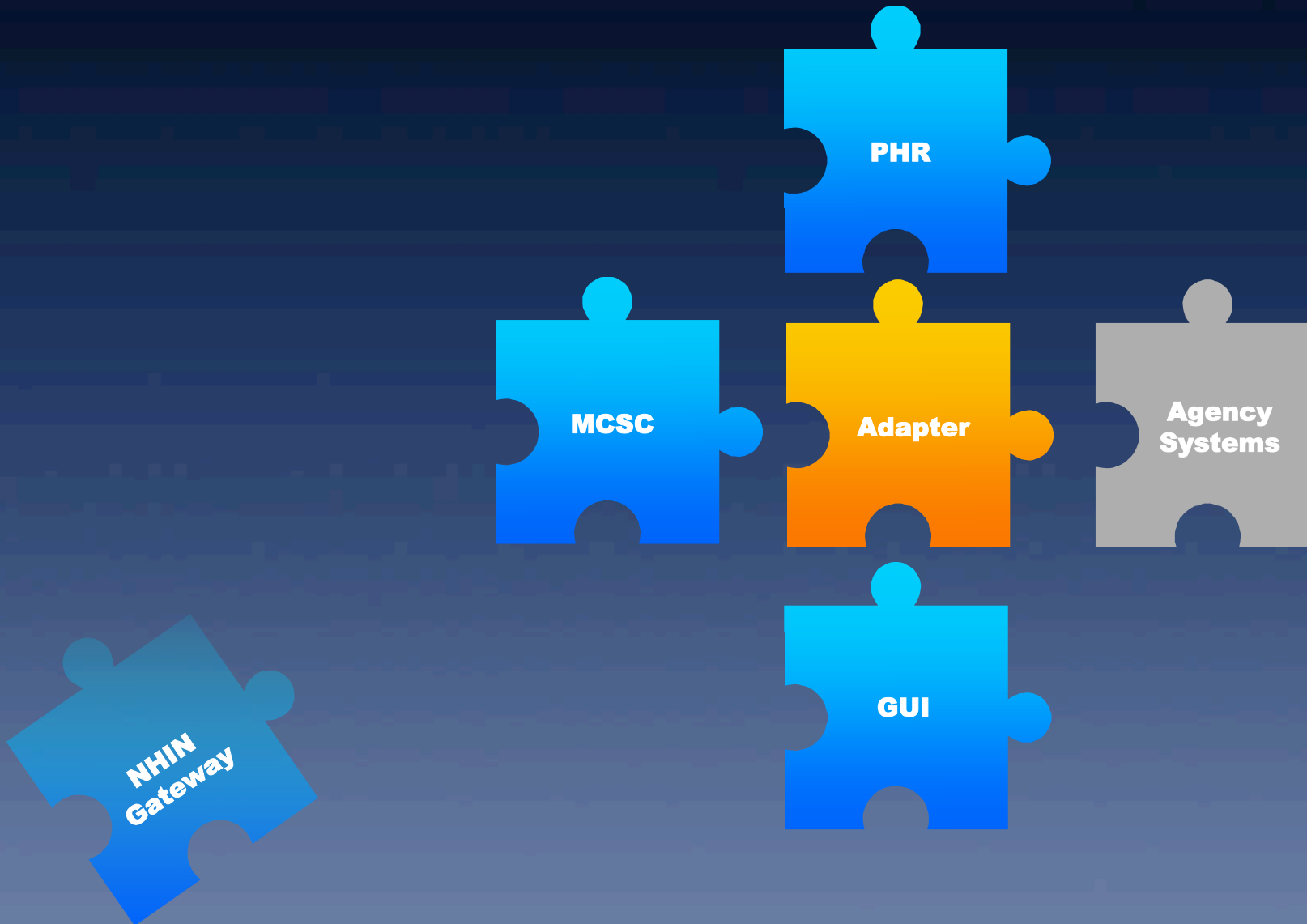
Are NHIN audit requirements sufficient? Are they clinically sufficient? Can we persist NHIN documents directly into the CDR?

## Reusability

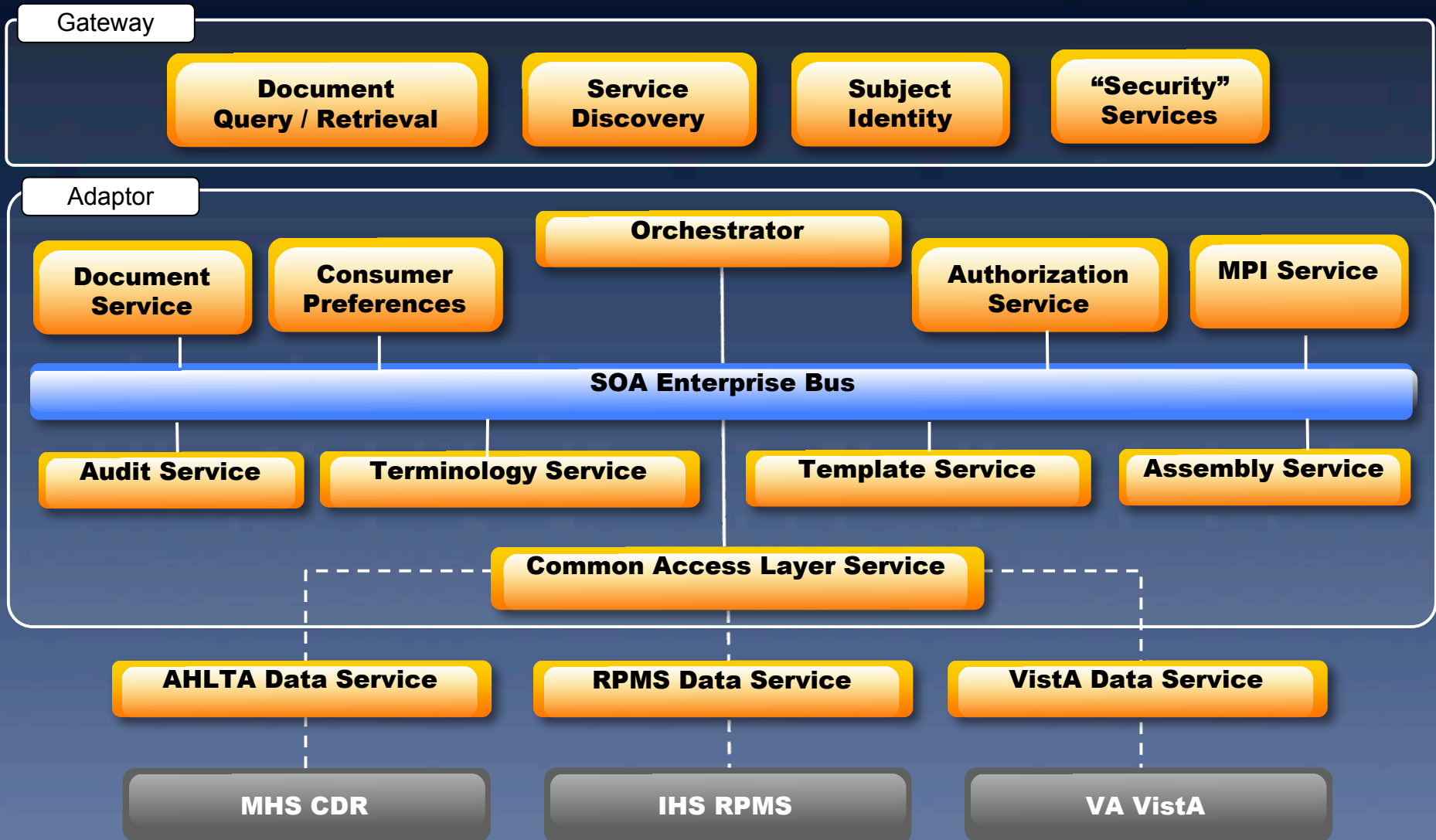
Can we build reusable SOA components applicable to all Federal partners? Can we build a Federal Adaptor as well as a Federal Gateway?



# Federal SOA Bus For Healthcare?



# DoD "Federal" Adaptor Approach



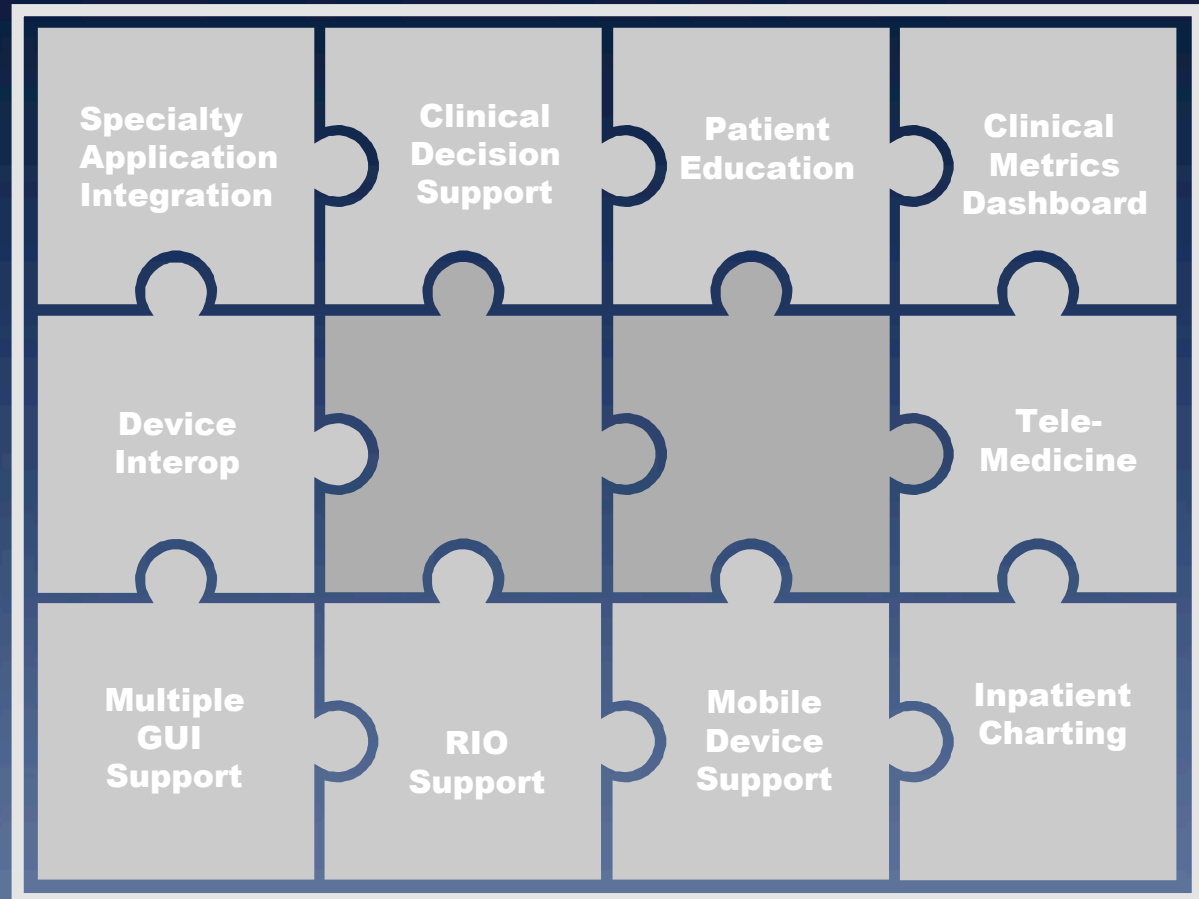
# National Demonstration Outcomes

- Successful demonstration Dec 2008
- Only three participants were dynamically generating required C32 document
- Only one NHIN participant was fully compliant with all semantic requirements

# Future SOA Components

## *Desirable Services*

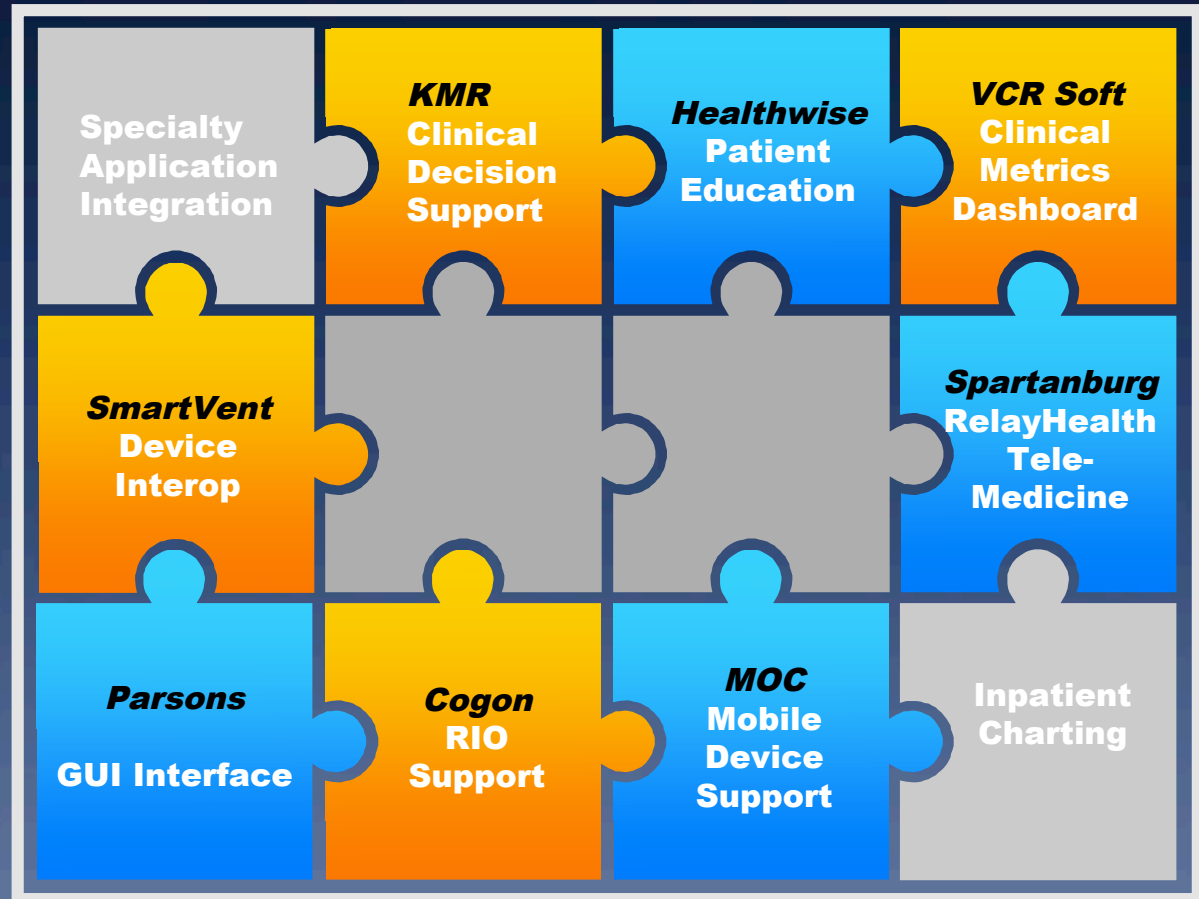
Future SOA services can be developed to support non-NHIN use cases. The components simply plug into the bus to rapidly provide new functionality..



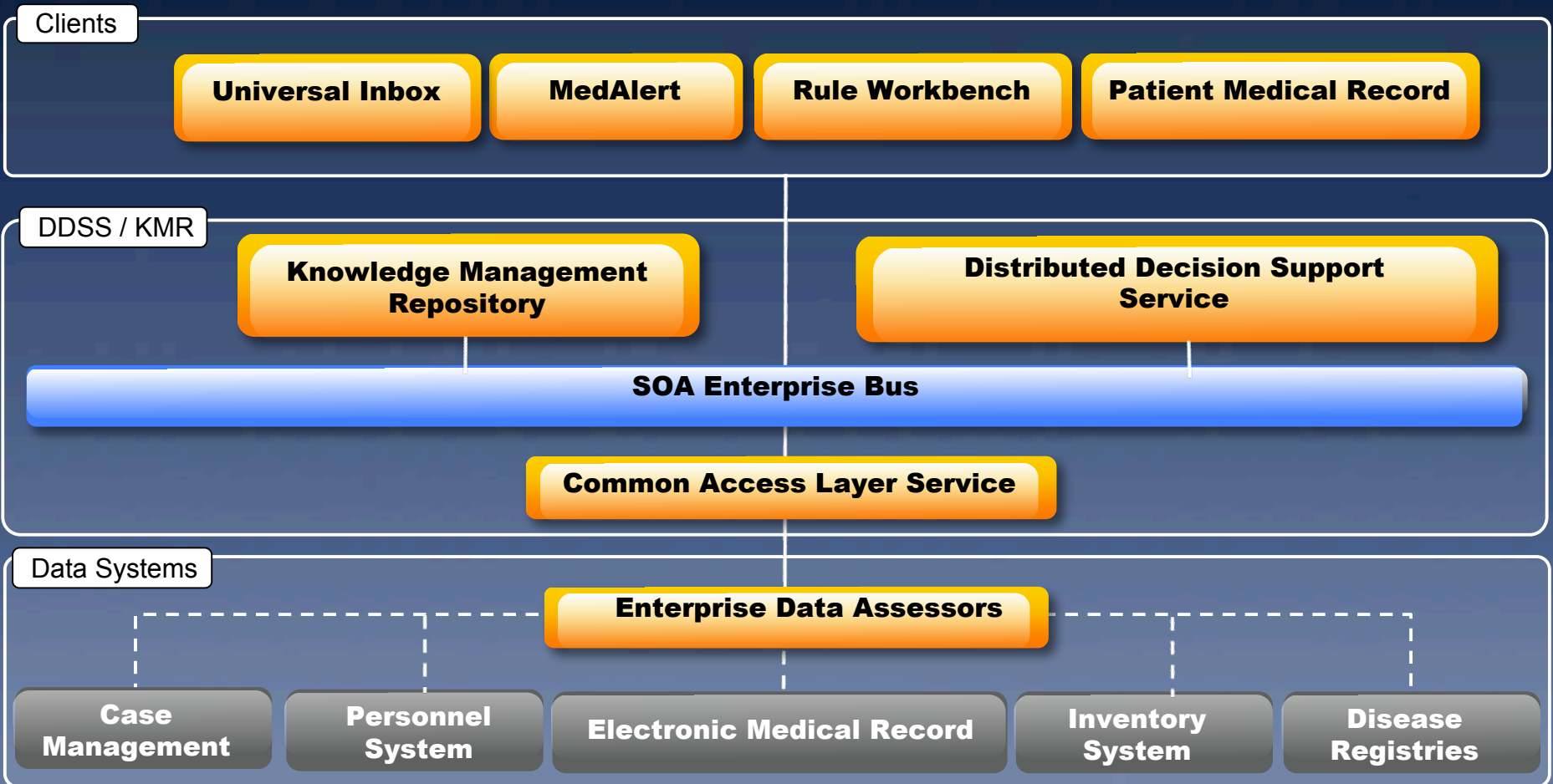
# Leveraging Opportunities

## *Desirable Services*

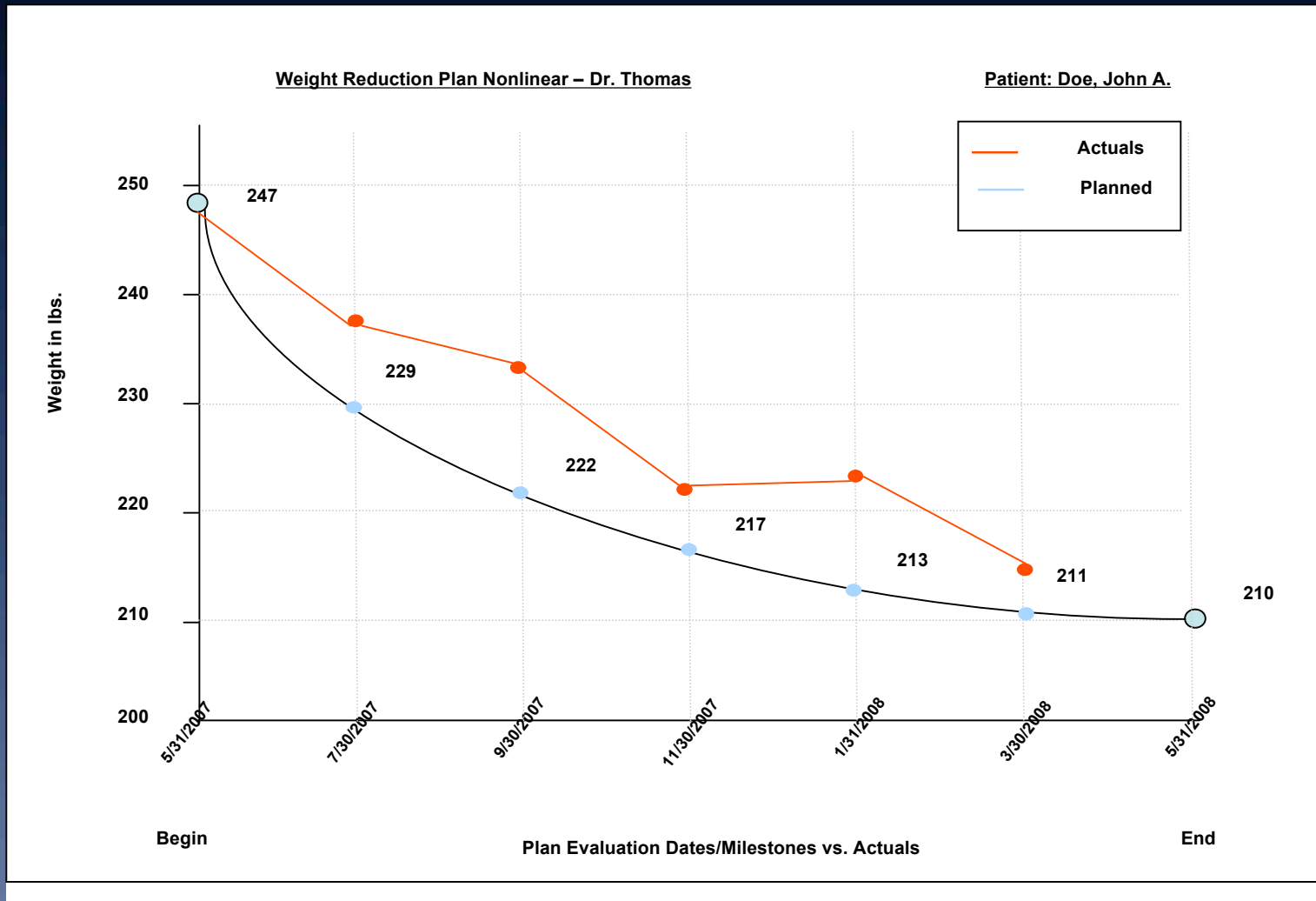
Potential alignment of Congressional set asides to SOA services.



# DDSS / KMR System Overview



# Careplan Runtime Engine



# NHIN-Connect: Significance

- Reference infrastructure for seeding NHIN standards, policies, and objectives
- Platform for iterative refinement of those standards
- Birth of a multi-agency collaborative process
- Creative of a new “vertical market” open source collaboration



# NHIN-Connect: Challenges

- How to facilitate the dialog between vendors, OSS projects, and Federal interests regarding governance, intellectual property, business models and philosophical (religious?) sensibilities?
- How to leverage this infrastructure for quality management, process improvement, and regulatory compliance?
- How to engage patient, family and community into the infrastructure discussion now?
- How can we use this reference architecture to explore the possible rather than commoditize the current?

# Questions?