# Health Internet ~ How the CMS Blue Button and FHIR APIs for EHR Data can Support Care Redesign

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The Meeting at Harvard on a

## Health Information Technology Platform

was Districtly in

**Executive Summaries** 



In a 10/09 speech, Kapor called for a "health Internet," a less complex, more open, "light federal approach" that would encourage an early critical mass of users to participate—thus reducing costs and time to market while fueling innovation.











# "All-in" Embrace of Open APIs for Data Exchange

Regulations, industry response aligned on technical capability

#### **MU3: "Access to ONC-Certified API"**

Certification Criteria (2015 Edition)

"The 2015 Edition includes "application access" criteria...to the Common Clinical Data Set via an application programming interface (API)."



"The purpose...is to rapidly develop a firstgeneration FHIR-based API and Core Data Services specification...based on Internet standards and architectural patterns and styles."

#### **Voluntary, Industry Consensus Effort**

February 2017

- 1 Consistent access to data (Common Clinical Data Set)
- 2 Consistent schema in returned data (Data Access Framework)
- 3 Open Implementation & Testing Framework (Sync for Science)

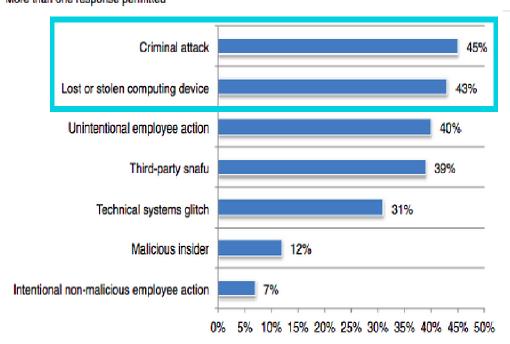
2017 Road Map includes support for scheduling, provider directory, and "CDS Hooks" (mechanism for integrating 3rd party decision support services to workflow)

## Opening Up While Locking Down

"API-First" approach adds security protection by monitoring use

What was the root cause of the healthcare organizations' data breach?

More than one response permitted



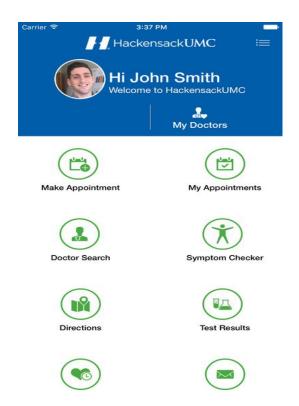
API vs. "Point to Point"

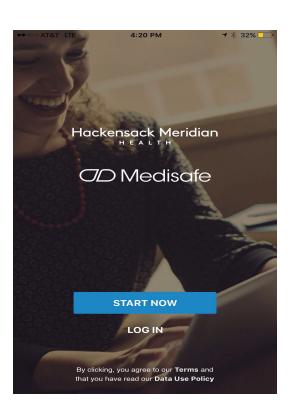
- 1 API-first approach to facilitate controlled access to data
- 2 Single point of "truth" for connected mobile, web apps
- 3 Real-time analytics to monitor use vs. shipping "blind" flat files

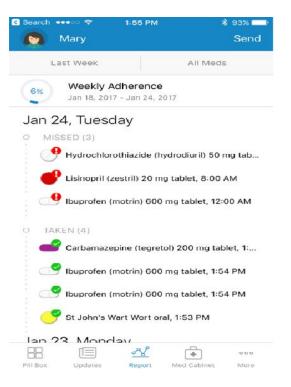
"Built-in" Security–APIs enforce a consistent protection mechanism across all channels with built-in authentication, authorization, and threat protection

## The "Connected Apps" Era

## Hackensack Meridian Health opens up many digital paths for patients







# API-First Approach Flips Integration Upside Down





FHIR/RESTful API Common Services Layer (CSL)

Public API Management: oAuth, Direct, Security, Traffic

**FHIR Library:** Resources, Object Model, Validators (Open Source & Custom)

Orchestration: Integration, Legacy Translation (Open Source & Custom)



Internal HackensackUMC

Epic Systems \* TEAM of Care

## CMS "Blue Button" on FHIR (2017 Launch?)

Application access to 2010 launch of consumer data access service



**CMS Blue Button API** 

☆ Home

? Help -

Account -

**→** Login

### Welcome

Welcome to the CMS Blue Button API

■ Beneficiary Help

Open Decementation

#### Get User's ExplanationOfBenefit Record(s)

/bluebutton/fhir/v1/ExplanationOfBenefit/?patient=[sub][\_format=json | \_format=xml]

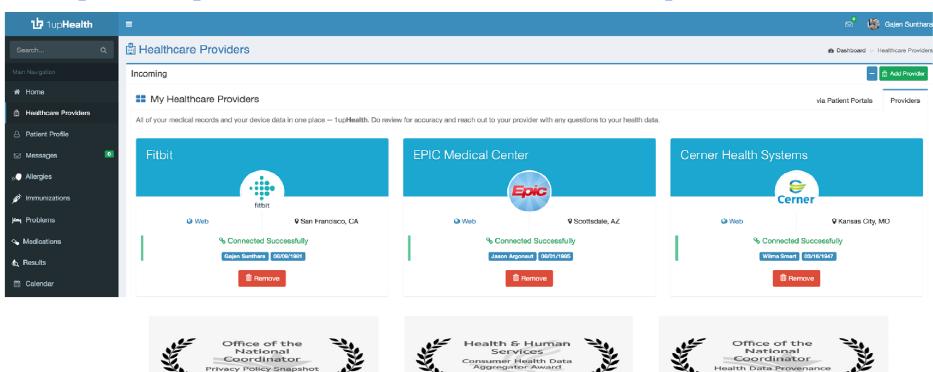
The ExplanationOfBenefit is an episode of care. The above URL returns the user's personal health information as an ExplanationOfBenefit FHIR resource according to DSTU3. The record identifier corresponding to "me" is set by the server so this value is arbitrary and therefore could be anything. As a security measure the date of birth, SSN, and HICN are not provided. If the "\_format" option is omitted, then JSON is returned by default. Below is a sample JSON response:

Source: http://transparenthealth.github.io

## Interop via Consumer Directed Exchange

2017

HHS prize competitions aims to demonstrate art of the possible



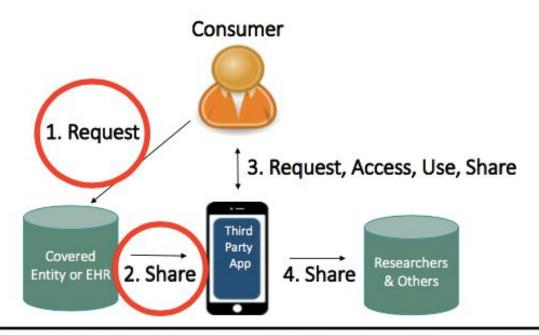
2017

Challenge

2017

## Multi-stakeholder Alliance to Accelerate Progress

CARIN Alliance launches to make consumer-directed exchange work



Eliminate the business and policy barriers associated with the implementation of the FHIR APIs

Source: carinalliance.com

## SMART "Backend Services" Draft Standards

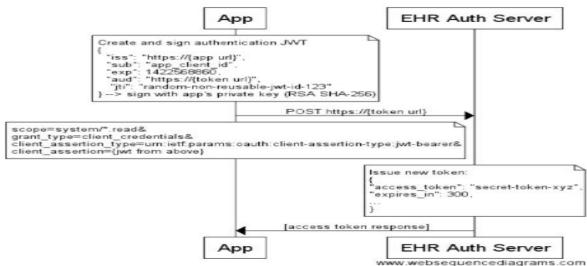
## Need "Coalition of the Willing" to test, iterate implementation guide

#### Obtaining an access token

By the time a backend service has been registered with the EHR, the key elements of organizational trust are already established. That is, the app is considered "pre-authorized" to access clinical data. Then, at runtime, the backend service must obtain an access token in order to work with clinical data. Such access tokens can be issued automatically, without need for human intervention, and they are short-lived, with a recommended expiration time of fifteen minutes.

To obtain an access token, the service uses an OAuth 2.0 client credentials flow, with a JWT assertion as its client authentication mechanism. The exchange, depicted below, allows the backend service to authenticate to the EHR and request a short-lived access token:

#### **Backend Service Authorization**



# Connecting the Dots on Care Delivery Reform

"Million Hearts" campaign invokes open data, connected apps, pmt reform

