

# Clinicians on FHIR

## Conference Call Details

Weekly - Tuesday 5:00pm US Eastern time

Join **Zoom** Meeting

<https://zoom.us/j/5328571160>

Meeting ID: 532 857 1160

One tap mobile

+16699006833,,5328571160# US (San Jose)

+19294362866,,5328571160# US (New York)

Dial by your location

+1 669 900 6833 US (San Jose)

+1 929 436 2866 US (New York)

+1 253 215 8782 US

+1 301 715 8592 US

+1 312 626 6799 US (Chicago)

+1 346 248 7799 US (Houston)

Meeting ID: 532 857 1160

Find your local number: <https://zoom.us/u/aemmW715Zo>

## FHIR Planning and Scheduling

[Scheduling landing page](#)

## Leadership

- *Clinical Leaders*

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## Objectives

**Clinicians on FHIR have three main activities. These are:**

1. [Clinically validate FHIR Resources](#)
2. [Provide Clinical Expertise to the Technical Connectathon](#)
3. [Educate and evangelize to other clinicians about FHIR](#)

### **FHIR QA Activities - Resources**

Patient Care has initiated activities as part of Clinician-on-FHIR agenda to review FHIR patterns and Resources with a key objective to promote consistency across related FHIR resources.

The following documents provides useful background and document working progress activities on the QA and harmonisation efforts:

- [FHIR pattern and resources QA review](#) document
- [A logical model for clinical quality](#): challenges and proposed approach (slide deck - thank you to Claude Nanjo for making the slides available to HL7 community)

## FHIR QA related information

As FHIR Resources are developed by different HL7 technical and clinical groups, it is understandable that inconsistency and other quality issues exist within and across various FHIR Resources. PCWG is working with technical and clinical experts to identify and address FHIR Resources quality issues. The following documents represent efforts of this group - analysing and identifying FHIR resource quality issues, and recommendations for improvement:

- [FHIR QA - recommendations](#)
- [FHIR QA - analysis document](#)
- [FHIR CareTeam resource vs CIMI CareTeam](#) conceptual model comparative analysis

## Events

[Fall 2018 Baltimore- Friday Validation of FHIR Resources](#)

[Fall 2019 - Atlanta - Clinician-on-FHIR](#)

[Clinicians on FHIR - AMIA CIC 2019 Workshop](#)

## Tutorials and Workshops

[AMIA Fall Symposium 2019 Tutorial](#)

[MedInfo Tutorial August 2019](#)

[AMIA CIC Workshop Spring 2019](#)

[AMIA Fall 2018 Symposium Half Day Workshop](#)

[AMIA CIC 2018 Workshop](#)

[AMIA Fall 2017 Symposium Tutorial](#)

## Key links for Clinicians on FHIR

[clinFHIR tool](#)  
[Hay on FHIR blog](#)

- \* [Referral and Transition/Transfer of Care](#)
- \* [Clinical Assessment](#)

Topics of Interest:

- \* [Observation vs Condition](#)
- \* [Observation, Clinical Assessment and Clinical Annotation](#)

## Storyboards

- [Clinician Connectathon Storyboards and Clinical Scripts](#)

## Other Information

## Background and Evolution

### History

In 2013, a set of FHIR clinical resources were developed by the FHIR team with some inputs from the Patient Care WG members

At the time the FHIR team desired to create the resources without input relying only on an 80/20 rule - creating what was interpreted as needed to accommodate 80% of the needs.

Consequently, extensive debates had taken place during and after the first FHIR DSTU ballot. There are obvious harmonization issues between the technical and clinical view points/perspectives

In addition to the commitments by both the FHIR team and PCWG members to review and enhance/improve the FHIR DSTU1 Clinical Resources, it is agreed that better clinical engagements are highly desirable and beneficial to progressing the FHIR clinical resources toward DSTU2

At the May 2014 (Phoenix) WGM, the FHIR team approached PCWG leadership team to discuss the idea of a clinical connectathon. It was emphasized that this would be very different from the technical connectathon in which the participants focus solely on the technical aspect of interoperability. The clinical connectathon will be focused on validating the FHIR resources clinically.

### Name

#### Post May 2015 Paris WGM Decision

The use of the term *Clinician Connectathon* was revisited during the May 2015 WGM.

Based on the re-examination of the purposes, it was agreed that a more appropriate concept should replace the current *clinician connectathon* concept moving forward.

The consensus was that these events were not actually *connectathon* in the similar way to the technical FHIR connectathon events. Multiple other names were considered.

The consensus was that **Clinicians on FHIR** is best suited to the intended purposes. The name **Clinicians on FHIR** was adopted.