CalHHS Data Exchange Framework
Technical Advisory Subcommittee (TASC) Recommendations

Date(s): November 8, 2024 – November 19, 2024

Topic: Potential DxF FHIR Roadmap

Attendance

Facilitators: Rim Cothren, Cindy Bero

Committee Members (in attendance): Hans Buitendijk, John Helvey, Michael Marchant, Chris Muir, Marc Overhage, Ken Riomales, James Shalaby

Recommendation(s)

The following recommendations were summarized by the Facilitators as the consensus of Committee Members. This summary may not reflect HCAI recommendations or intended actions.

1. **Do not define a detailed FHIR roadmap for DxF at this time.**

   Members recommended that DxF focus on exploration and education before establishing a timeline for Participant compliance with FHIR standards.

2. **Take an iterative approach toward the adoption of FHIR for the DxF.**

   Members preferred that DxF adopt an incremental approach to defining and implementing FHIR, starting with baseline use cases and refining next steps based on Participant feedback and evolving maturity of FHIR standards and implementation guidance.

3. **Focus on specific use cases.**

   Members recommended that DxF begin exploring FHIR for DxF through targeted use cases where FHIR standards and the use of FHIR in other areas is mature enough to add significant value. Members identified patient access to their health information and care coordination as examples of such use cases.

4. **Align FHIR standards with existing State programs.**

   Members felt that CDII should ensure that adoption of FHIR within DxF remains compatible with and can be integrated into other state initiatives. Members

specifically mentioned Authorization to Share Confidential Member Information (ASCMI) as an example of an applicable state initiative.

5. **Consider federal guidelines and timelines.**

   Members encouraged CDII to recognize financial and staffing concerns as significant barriers to FHIR adoption and provide guidance or resources to mitigate these concerns.

6. **Define priorities for individual access.**

   Members also encouraged CDII to consider incorporating Individual Access requirements for DxF, keeping in mind the growing importance of patient-centric applications in healthcare interoperability.