# Proposed Work Item: FHIR-based Patient Administration Management

Proposal Editor: Derek Ritz

Work item Editors: Shaun Grannis (executive lead, OpenHIE Client Registry Community)

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Version: 0.1

Domain: IT Infrastructure (ITI)

# The Problem

<Summarize the integration problem. What doesn’t work, or what needs to work?>

Client Registry (CR) / Enterprise Master Patient Index (EMPI) projects, in both OECD and LMIC settings, are favouring FHIR as their underlying digital health standards framework. IHE profiles exist for FHIR-based patient identity exchange (PIXm) and for FHIR-based patient demographic query (PDQm) – but there is a gap regarding FHIR support for the key transactions covered by the IHE Patient Administration Management (PAM) profile. This work item would develop a FHIR-based PAM profile to address that gap.

<Describe the Value Statement: What is the underlying cost incurred by the problem and what is to be gained by solving it? If possible provide quantifiable costs, or data to demonstrate the scale of the problem.>

The key value that will accrue from closing this gap is that the current momentum behind HL7 FHIR can be harnessed to address the foundational challenges of patient identity management. This is an important benefit in all contexts, but is especially appreciated in low-resource settings where lowering the barriers to digital health adoption is a key factor in being able to go to scale with impactful solutions. FHIR is, quite simply, easier to use and less expensive to adopt than many of the legacy health informatics specifications.

# Key Use Case

<Describe a short use case scenario from the user perspective. The use case should demonstrate the integration/workflow problem. Feel free to add a second use case scenario demonstrating how it “should” work. Try to indicate the people/systems, the tasks they are doing, the information they need, and where the information should come from.>

The key target use case for the FHIR-based exchange of person-centric demographic information would be informed by the Patient Identify Feed transaction defined in PAM:

1. Patient Identity Management Use Case is covered by Transaction Patient Identity Feed, which supports the following notifications both in acute care and ambulatory environment:

* Creation of a new patient demographic record with patient identifier assigned, full identity, related actors (doctor, guarantor, next of kin), qualification of the reliability of the patient identity (e.g. unknown/default date of birth).
* Creation of a temporary identification and record for an unknown patient.
* Update patient demographic record.
* Merge two patient demographic records into one.
* Link or Unlink two patient demographic records.

# Standards & Systems

<List existing systems that are/could be involved in the problem/solution.>

<If known, list specific components of standards which might be relevant to the solution.>

Content specs: FHIR

Coding specs: TBD – generally, as defined in corresponding HL7 FHIR resources

Transport specs: FHIR (RESTful HTTP)

# Discussion

<If possible, indicate why IHE would be a good venue to solve the problem and what you think IHE should do to solve it.>

IHE’s ITI committee has already developed and published FHIR-based versions of the two companion patient identify profiles (PIX and PDQ). To publish a FHIR-based profile of the PAM transactions will support the necessary *full suite* of client registry-related transactions using the new HL7 FHIR specification.