# Social Security Administration

# Feasibility Study Questionnaire

## Introduction:

Social Security Administration (SSA) is conducting a feasibility study for internal use only. This study’s intent is to explore the marketplace adoption, integration and use of the Health Level-7 (HL7®) Fast Healthcare Interoperability Resources (FHIR®) specification to enable access to clinical information that would assist in processing Social Security disability claims. SSA is interested in identifying the state of the industry along with benefits to all stakeholders involved in leveraging FHIR as a data definition and transport protocol.

## Background:

Health and Human Services (HHS) has started to shift at a national level from current interoperability standards (IHE, HL7 V2.x) towards HL7® FHIR® standards. SSA would like to evaluate the integration of HL7® FHIR® into their business process to achieve efficiencies with a broad range of EHR vendors.

## Estimated Time to Complete:

The estimated time needed to complete this questionnaire is approximately 25 minutes.

## General Questions:

1. Please enter the following information here:

Name: Click or tap here to enter text.

Title / Role: Click or tap here to enter text.

Organization: Click or tap here to enter text.

1. What is your level of knowledge related to HL7® FHIR® (10 being the highest)?

[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10

1. Do you authorize the use of your responses in this feasibility study to be shared **within** SSA in a named & unmasked fashion: [ ] Yes [ ] No
	1. If No, do you authorize the use of your responses in this feasibility study to be shared **within** SSA in an anonymous & masked fashion: [ ] Yes [ ] No

## Survey Instructions:

Please review the questions below and respond to all applicable to your knowledge and who you are representing. If you do not feel informed or qualified to answer all of the questions, please provide responses to as many questions as possible and feel free to elaborate as you see fit.

## Feasibility Study Questionnaire:

1. Based on your knowledge, what is the level of adoption and trajectory (awareness, use, usefulness) of HL7® FHIR® in the healthcare industry with regard…:
	1. …to **patients**?

Click or tap here to enter text.

* 1. …to **providers**?

Click or tap here to enter text.

* 1. …to **payers**?

Click or tap here to enter text.

* 1. …to **technology vendors (interoperability, health record, integration, etc.)**?

Click or tap here to enter text.

1. What is your perception of HL7® FHIR® and how it impacts the interoperability landscape?

Click or tap here to enter text.

1. What HL7® FHIR® platforms are you aware of in the marketplace?

Click or tap here to enter text.

1. Does your organization utilize and/or participate in the standards development of HL7® FHIR®?

[ ] Yes

[ ] No

**If no to #4, please continue with the next section “Additional Questions”.**

1. Please describe to what degree and what are the realized benefits your organization has seen from utilizing HL7® FHIR®.

Click or tap here to enter text.

1. Please describe the types of applications your organization provide that utilize HL7® FHIR® APIs for patients to access their health records?

[ ] User Portal

[ ] Web Application

[ ] Mobile App

[ ] Other: Click or tap here to enter text.

**Additional details regarding your applications:**

* 1. Was development performed in-house, or outsourced to a third-party?

Click or tap here to enter text.

* 1. What versions of the HL7® FHIR® APIs have you implemented to **enable secure patient access to electronic health information**?

[ ] DSTU2 (v1.0.2)

[ ] STU3 (v3.0.1)

[ ] R4 (v4.0.0)

[ ] Other; e.g. snapshot release: Click or tap here to enter text.

* 1. What information is available **to the patient**? Please select all that apply:

[ ] Conditions/Problem List

[ ] Medications

[ ] Encounters

[ ] Procedures

[ ] Lab Results

[ ] Diagnostic Imaging Interpretations

[ ] Clinical Notes If selected, what type of clinical notes are available? Click or tap here to enter text.

[ ] Other: Click or tap here to enter text.

* 1. Does your platform implement the use of HL7® FHIR® APIs to **allow patients to transmit electronic health information to a 3rd party**?

Click or tap here to enter text.

* 1. What information is available **to be transmitted to a 3rd party**? Please select all that apply:

[ ] Conditions/Problem List

[ ] Medications

[ ] Encounters

[ ] Procedures

[ ] Lab Results

[ ] Diagnostic Imaging Interpretations

[ ] Clinical Notes If selected, what type of clinical notes are available? Click or tap here to enter text.

[ ] Other: Click or tap here to enter text.

1. Can you explain any difficulties or pain-points in leveraging HL7® FHIR® APIs that a prior question in this study has not already addressed?

Click or tap here to enter text.

1. Can you explain any benefits in leveraging HL7® FHIR® APIs that a prior question in this study has not already addressed?

Click or tap here to enter text.

1. What level do you and/or your organization participate in the development of the HL7® FHIR® specification (10 being the highest)?

[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10

Please describe: Click or tap here to enter text.

1. Have you or others in your organization attended an HL7® FHIR® Connectathon?

[ ] Yes

[ ] No

**If yes**, please describe your participation: Click or tap here to enter text.

1. Have you or others in your organization attended an HL7® Working Group Meeting?

[ ] Yes

[ ] No

**If yes**, please describe your participation regarding HL7® FHIR®: Click or tap here to enter text.

1. Is your organization actively involved in the use and/or development of other HL7® FHIR® based specifications?

[ ] Yes

[ ] No

**If yes**, please select and/or describe:

[ ] Argonaut

[ ] CDS Hooks

[ ] SMART on FHIR

[ ] IHE Profiles on FHIR

[ ] Other: Click or tap here to enter text.

## Additional Questions (Please answer if applicable to your organization and information is available):

1. Regardless of whether your organization currently utilizes HL7® FHIR® APIs, does your organization plan to utilize HL7® FHIR® APIs in the future?

[ ] Yes

[ ] No

* 1. **If yes,** please answer the following:
		1. What versions of the HL7® FHIR® APIs will you utilize?

[ ] DSTU2 (v1.0.2)

[ ] STU3 (v3.0.1)

[ ] R4 (v4.0.0)

[ ] R5 (v5.0.0)

[ ] Other future version

* + 1. When do you plan on starting your HL7® FHIR® development?

[ ] Currently under development

[ ] 1-3 months

[ ] 4-6 months

[ ] 7 months – 1 year

[x] 1-2 years

[ ] No definite start date

* + 1. When do you plan on deploying your HL7® FHIR® enabled applications to production?

[ ] <1 month

[ ] 1-3 months

[ ] 4-6 months

[ ] 7 months – 1 year

[ ] 1-2 years

[ ] No definite deployment date

* 1. **If no,** please provide any information regarding your decision to not utilize HL7® FHIR® at this time.

Click or tap here to enter text.

1. What trust framework do you use or plan to use to secure and authorize HL7® FHIR®?

[ ] SMART on FHIR / OAuth

[ ] TLS Click or tap here to enter text.

[ ] Other Click or tap here to enter text.