

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:

1. Please enter the following information here:

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

General Questions:

	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.
2.	What is your level of knowledge related to HL7° FHIR° (10 being the highest)? □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10
3.	Do you authorize the use of your responses in this feasibility study to be shared within SSA in a named & unmasked fashion: Yes No a. 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:

Click or tap here to enter text.

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:
	ato patients?
	Click or tap here to enter text.
	bto providers?
	Click or tap here to enter text.
	cto payers?
	Click or tap here to enter text.
	dto technology vendors (interoperability, health record, integration, etc.)?
	Click or tap here to enter text.
2.	What is your perception of HL7° FHIR° and how it impacts the interoperability landscape? Click or tap here to enter text.
3.	What HL7° FHIR° platforms are you aware of in the marketplace? Click or tap here to enter text.
4.	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".
5.	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.
6.	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:
	a. Was development performed in-house, or outsourced to a third-party?



	b.	What vers	sions of t	he HL7®	FHIR® A	APIs hav	e you in	nplemen	ted to e ı	nable secure pati	ent access to elect	ronic	
		health inf	ormatio	n?									
		□DST	U2 (v1.0).2)									
		□STU	J3 (v3.0.:	1)									
		□R4 ((v4.0.0)										
		□Other; e.g. snapshot release: Click or tap here to enter text.											
	c.	What info	rmation	is availa	ble to t l	he patie	nt ? Plea	se selec	t all that	apply:			
		□Con	nditions/	Problem	List								
		□Me	dications	5									
		□Enc	ounters										
		□Pro	cedures										
		□Lab	Results										
		□Dias	gnostic I	maging I	nterpre	tations							
			□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.										
			Edition. Glick of tap field to effect text.										
	d.	-	-	-		e use of	HL7® FH	IIR® APIs	to allov	v patients to tran	smit electronic he	alth	
		information											
		Click or ta	p here to	o enter t	ext.								
	e.	What info	What information is available to be transmitted to a 3 rd party ? Please select all that apply:										
		□Con	nditions/	Problem	List								
		□Me	dications	6									
		□Enc	ounters										
		□Pro	cedures										
		□Lab	Results										
		□Dia	gnostic I	maging I	nterpre	tations							
		□Clin	ical Note	es If sele	cted, wl	hat type	of clinic	al notes	are avai	ilable? Click or ta	here to enter text	t.	
		□Oth				ere to en							
7	Car	a vou ovola	in any di	fficultion	or pair	nointe	in lover	odina UI	7® F⊔ID®	ADIathat a prior	question in this st	udv	
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		k or tap he	•										
	CIIC	к ог тар пе	ere to en	ter text.									
8.	Car	n you expla	in any b	enefits ir	ı levera	ging HL7	'® FHIR®	APIs tha	at a prio	r question in this	study has not alrea	dy	
	ado	dressed?											
	Clic	k or tap he	ere to en	ter text.									
9.	Wh	at level do	you and	l/or vour	organi	zation na	articipat	e in the	develop	ment of the HI 7®	FHIR® specification	n (10	
, .		ng the high	-	, or your	OI BUILL	eution pt	ai cicipac		астегор	THE TIE	Trink specification	(10	
			□3	□4	□5	□6	□7	□8	□9	□10			
		— -	•	 ·		•		•		<u> </u>			
	Ple	ase describ	e: Click	or tap he	ere to er	nter text	•						
10	11	(0.1/01: 5° =	thore in	VOLUE 0	oni=o#-	.n.aH-:	dad === !	II 7® FI !!!	D® C	actathan?			
10.	⊟Y	ve you or o 'es	uicis III	your org	amzauc	ni alleil	ieu ali F	IL/ FMII	K COIII	cciatii0ii;			



	□No		
	If yes, please d	escribe your participation: Click or tap here to enter text.	
11.	. Have you or ot □Yes □No	hers in your organization attended an HL7® Working Group Meeting?	
	If yes, please d	escribe your participation regarding HL7® FHIR®: Click or tap here to enter text.	
12.	ls your organiza □Yes □No	ation actively involved in the use and/or development of other HL7® FHIR® based specifications	s?
	□ Argonaut □ CDS Hooks □ SMART on FI	on FHIR	
	\square 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							
	a. If yes,	please answer the following:						
	i.	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						
	ii.	When do you plan on starting your HL7® FHIR® development?						
		☐Currently under development						
		☐ 1-3 months						
		□4-6 months						
		□7 months - 1 year						
		□No definite start date						
	iii.	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						
	b. If no ,	please provide any information regarding your decision to not utilize HL7® FHIR® at this time.						
	Click o	or tap here to enter text.						
2.	What trust fra	mework do you use or plan to use to secure and authorize HL7® FHIR®?						
	□SMART on F	HIR / OAuth						
	☐TLS Click or	tap here to enter text.						
	□Other Click	or tap here to enter text.						