



## IMIA Health Record Banking - IMIA HRB WG09 2021 Report

### **Dr. Amnon Shabo (Shvo), Chair: (2014-2019)**

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### **1. Brief Background- current mandate, historical background, etc.**

- **Mission:** Studying sustainability models of health records (patient/individual-centric, longitudinal, cross-institutional and interoperable), with an emphasis on the health record banking model
- **Vision:** The health record banking model is focused on the following key principles: 1. independent/trusted organizations that curate and manage the records on behalf of patients and make it available to all authorized parties  
2. the records of each patient are logically aggregated in one place (but not all patient records are in the same place thanks to multiple & independent banks)  
3. Greater control for patients over their own records with no need for globally unique patient's id
- **Objective:** Promote legislation change that will give rise to HRB establishment Promote international collaboration on HRB, especially between existing HRB experiences in Europe and the US Foster HRB initiatives around the globe Work with the HRB Alliance (<http://www.healthbanking.org>)

### **2. Achievements - Events and projects conducted and publications completed**

#### **Health Record Banking Alliance (HRBA)**

HRBA Update made by Richard Gibson:

- In the US, providers and their Electronic Health Record vendors prepare to implement Fast Healthcare Interoperability Resources (FHIR) v4 as required by the US Office of the National Coordinator of Health Information Technology to send clinical data to third party apps chosen by patients.
- The Health Record Banking Alliance believes that this HL7 standard will make it easier for patients to acquire their data.
- With the current version of the US Core Data for Interoperability (USCDI) enabled by corresponding Fast Healthcare Interoperability Resources, patients can download the most important clinical data elements, including text documents, to inform themselves, their families, and their providers.
- Concerns remain about the security of FHIR Application Programming Interfaces (APIs): successful API cracking would threaten patients' privacy and impair the reputation of health data bank organizations. Some people are concerned that FHIR v4 does not fully map to Consolidated Clinical Document Architecture (C-CDA) v2.1, although over time these two standards should align.
- Providers are already overwhelmed with patient data received from outside their organizations. Health data banks can ease clinician burden by organizing the data acquired from FHIR APIs into a Problem-Oriented Health Record (POHR), although at this point, significant clinician involvement is still required to build a POHR.

### **3. Describe WG/SIG Participation - Engagement and participation in IMIA and health informatics events and activities in the past year**

None.

### **4. Provide details of the WG/SIG's Outreach - Recruitment and engagement of new members and target communities, publicity, and representation at major events and/or on social media.**

#### **4.a Current number of members:**

Our LinkedIn group has 143 members (<https://www.linkedin.com/groups/7300138> ).

#### **4.b. List of WG/SIG members:**

See LinkedIn group member list printouts enclosed.