



**Health Level Seven® International**  
***For Immediate Release***

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**HL7® Launches FHIR® Accelerator Program**

*Offers formalized program to fast track development and adoption of FHIR standard;  
The CARIN Alliance joins HL7 Argonaut and Da Vinci Projects to accelerate FHIR*

**Orlando, Fla. – Feb. 11, 2019** – Health Level Seven® International (HL7®), the global authority for interoperability in health care information technology with affiliates in more than 30 countries, is pleased to announce the launch of the **HL7 FHIR® Accelerator Program**.

The program is based on an innovative model piloted by the HL7 Argonaut Project and, more recently, the HL7 Da Vinci Project. The goal is to strengthen the FHIR (Fast Healthcare Interoperability Resources) standard and enhance market adoption through a programmatic approach available to myriad stakeholders.

“HL7 FHIR has achieved remarkable adoption on a global scale,” said Dr. Charles Jaffe, CEO of HL7. “An ever-growing community of implementers has emerged across a broad spectrum of health care, eager to participate in an agile onramp for FHIR adoption and implementation. The HL7 FHIR Accelerator Program provides the framework for that community to leverage the technical capability, management expertise and experience gained during the creation and growth of the Argonaut and Da Vinci Projects.”

Building on the success of current projects – Argonaut (provider-provider and provider-patient) and Da Vinci (payer-provider) – The CARIN Alliance has recently been approved as an HL7 FHIR Accelerator project (payer-patient). The three projects are complementary initiatives.

“On behalf of the CARIN Alliance, its board and membership, we are grateful for the opportunity to work more closely with HL7 as part of the FHIR Accelerator Program as we work to develop additional

FHIR implementation guides so consumers can get access to more of their health information,” stated Ryan Howells, CARIN Alliance Project Manager and Principal at Leavitt Partners. “Consumers and their authorized caregivers are requesting more access to health care data with less friction to empower them to become more informed, shared decision-makers in the care they receive.”

The original concept behind accelerating HL7 FHIR began approximately four years ago with the advent of the Argonaut Project.

“In 2015, HL7 and the Argonaut Project successfully established a new model for engaging implementers to accelerate FHIR maturity and adoption to support emerging market needs for provider-provider and provider-patient clinical information exchange,” said Micky Tripathi, Project Manager of the Argonaut Project. “We are excited to see the HL7 FHIR Accelerator Program institutionalizing this model to support other FHIR adoption initiatives working on complementary use cases.”

The Da Vinci Project began September 2018 to accelerate the standards required to advance value-based care through the use of HL7 FHIR.

“Through Da Vinci, we have worked with HL7, CMS and other stakeholders from the private sector to bring together the best and brightest minds in the FHIR community to create an 'industry first' environment that not only values innovation but drives forward-thinking momentum to promote standards,” said Jocelyn Keegan, Da Vinci Program Manager. “It's this collaborative environment that has made it possible for Da Vinci to accelerate the development of multiple balloted standards in just one year. We look forward to collaborating on best practices, tools, and lessons learned with other organizations so we can work to fuel interoperability.”

Additional impetus for the introduction of the HL7 FHIR® Accelerator Program initiative comes in the form of shared priorities with The Centers for Medicare & Medicaid Services (CMS).

Seema Verma, Administrator of CMS within the Department of Health and Human Services [outlined the Centers' priorities for the upcoming year in a letter](#) she sent to HL7 on February 7, 2019.

“It's more apparent than ever that HL7 will play a critical role in furthering CMS's objectives this year and well into the future,” said Jaffe. “We're delighted that CMS has clearly acknowledged HL7's contribution and integral role in creating a more interoperable health system that supports patients, providers, payers and many others.

“Through collaboration with many other contributors, HL7 will promote the acceleration and implementation of the FHIR platform with the new HL7 FHIR® Accelerator Program initiative,” Jaffe added.

Implementation communities will be able to select a range of solutions based on their own needs and resources, ranging from self-service templates and tools, to contracted project management, SME and infrastructure services.

Certain minimum program requirements for implementation communities seeking to become HL7 FHIR Accelerator Projects include the following:

- Maintaining HL7 brand and trust in the community
- Covering the cost of HL7 activities and not imposing additional work on volunteers and working groups

Applicants must also demonstrate clear goals, governance, commitment to creating balloted artifacts, access to adequate resources, and HL7 member representation.

A baseline project package is available for an initial setup fee and annual fees thereafter. Additional fees vary depending on services selected beyond the base package.

For more information about the HL7® FHIR® Accelerator Program, visit [www.hl7.org/about/fhiraccelerator](http://www.hl7.org/about/fhiraccelerator).

### **About Health Level Seven International (HL7)**

Founded in 1987, [Health Level Seven International](http://www.hl7.org) is the global authority for health care information interoperability and standards with affiliates established in more than 30 countries. HL7 is a nonprofit, ANSI accredited standards development organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. HL7's more than 2,000 members represent approximately 500 corporate members, which include more than 90 percent of the information systems vendors serving health care. HL7 collaborates with other standards developers and provider, payer, philanthropic and government agencies at the highest levels to ensure the development of comprehensive and reliable standards and successful interoperability efforts. For more information, please visit: [www.HL7.org](http://www.HL7.org).

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See attached addendum for project highlights.

## **Project Highlights**

### The Argonaut Project

- 1.** R4 update: Add Encounter resource and clinical notes. Update existing resources to R4. Develop 'write' capabilities for selected resources
- 2.** FHIR Clinical Data Subscriptions: Develop FHIR Subscriptions resource to push updates of medical record information to authorized recipients. Eliminates need to continuously poll FHIR servers for updates. Supports 'push' use cases such event notifications.
- 3.** Provenance: Define expectations on what provenance information is retained when information is imported into a FHIR server. Test round trip write, update, retrieve
- 4.** Web Messaging and CDS Hooks for Radiology Ordering – Create CDS Hooks profile to support radiology ordering (to support Protecting Access to Medicare Act requirements), add web messaging channel to allow apps to functionally communicate with EHR sessions.

### The DaVinci Project

- 1.** Data Exchange for Quality Measures – In HL7 ballot reconciliation as draft standard
- 2.** Coverage Requirements Discovery – In HL7 ballot reconciliation as draft standard
- 3.** Documentation Templates and Coverage Rules – Under Active Development
- 4.** Health Record Exchange: Clinical Data Exchange – Under Active Development
- 5.** Health Record Exchange: Payer Data Exchange – Under Active Development
- 6.** Prior Authorization Support – Under Active Development
- 7.** Gaps in Care and Information – 2019 Use Case
- 8.** Risk Based Contract Member Identification – 2019 Use Case
- 9.** Alerts: Notification (ADT), Transitions in Care, ER Admit/Discharge – 2019 Use Case
- 10.** Performing Laboratory Reporting – Use Case Awaiting Resourcing
- 11.** Chronic Illness Documentation for Risk Adjustment – Use Case Awaiting Resourcing
- 12.** Patient Cost Transparency – Use Case Awaiting Resourcing

### The CARIN Alliance

- 1.** Blue Button 2.0 for Commercial health plans – Under Active Development  
*Focus:* Develop a common consumer payer data set (similar to Blue Button 2.0) and corresponding implementation guide for the set of resources that payers can display to consumers via a FHIR API
- 2.** Real-time Pharmacy Benefit Check – Under Active Development  
*Focus:* Develop a consumer-facing API version of real-time pharmacy benefit check to enable consumers to access their drug formulary and benefit information, financial responsibility, therapeutic alternatives, and cash price in accordance with the 'Patient Right to Know Drug Prices Act' (Gag Clause legislation; 10/10/2018).
- 3.** Post-Acute Care / Data Element Library – Under Active Development  
*Focus:* Develop a consumer-facing API related to the post-acute care assessment information that is found in the [CMS data element library](#).
- 4.** Consumer ID and Authentication – Under Active Development  
*Focus:* Develop a set of best practices and a framework for implementing the NIST Identity Assurance Level 2 (IAL2) and Authenticator Assurance Level 2 (AAL2) [guidelines](#) in health care
- 5.** Application Endorsement Framework using Open APIs – Under Consideration  
*Focus:* Using [UDAP](#) and [POET](#), develop a portable, digital certification and endorsement framework to send verified attributes about a client application to an OAuth server.