Health Information Compliance Alert

Reader Questions: Understand What the FHIR® Standard Means

Question: All the federal policies coming out for health IT reference the FHIR® acronym. We outsource our IT, so no one working directly in our small practice knows exactly what that term means. What does it stand for, how does it impact healthcare, and how does it affect our practice?

Ohio Subscriber

Answer: There are actually two-related parts to this commonly-used HIT acronym. Health Level Seven International® (HL7®) Fast Healthcare Interoperability Resources (FHIR®), or HL7® FHIR® for short, refers to a set of internationally-accepted standards for the exchange and transmission of data between healthcare providers using an application programming interface (API) to communicate.

Health data "can be exchanged between different computer systems regardless of how it is stored in those systems," according to an HHS Office of the National Coordinator for Health Information Technology (ONC) fact sheet. Plus, "it allows healthcare information, including clinical and administrative data, to be available securely to those who have a need to access it, and to those who have the right to do so for the benefit of a patient receiving care. The standards development organization HL7® (Health Level Seven®3) uses a collaborative approach to develop and upgrade FHIR," ONC explains.

The primary role of HL7® FHIR® is to enhance care coordination between providers. The technology enables more efficient data exchanges using specific APIs that effectively communicate with each other - even when the systems are different and from diverse vendors or software developers.Since its first draft in 2012 to now, the HL7® FHIR® standard has evolved exponentially, expanding and changing alongside healthcare's IT renaissance, ONC guidance says.

Now: ONC and the Centers for Medicare & Medicaid Services (CMS) released twin rules that addressed provisions and requirements set forth in the 21st Century Cures Act (Cures Act). Both rules focused on improving interoperability and enhancing health information exchanges.

According to the rules, payers such as Medicare Advantage (MA) organizations, Medicaid managed care plans, Qualified Health Plan (QHP) issuers, and others must now offer patients a secure, standards-based API. The agencies will require payers to utilize HL7® FHIR® Release 4.0.1 for APIs.

Currently, physician practices don't have any such requirements, but that may change soon.

Why? COVID pushed more providers to care for patients digitally - and CMS is considering adding the standard requirement to its Quality Payment Program measures and tying it to incentive payments, the Medicare Physician Fee Schedule proposed rule for calendar year (CY) 2022 suggests. Since the agency is "prioritizing digital quality measurement and focusing on health equity" across its broad spectrum of policies, it is issuing a Request for Information (RFI) on this digital transition, "including the use of Fast Healthcare Interoperability Resources (FHIR) in physician quality programs," a CMS fact sheet on the rule says.