

**HL7[®] Updates
Da Vinci and Other
Accelerators**

eSolutions Exchange Conference

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August 25, 2025



1

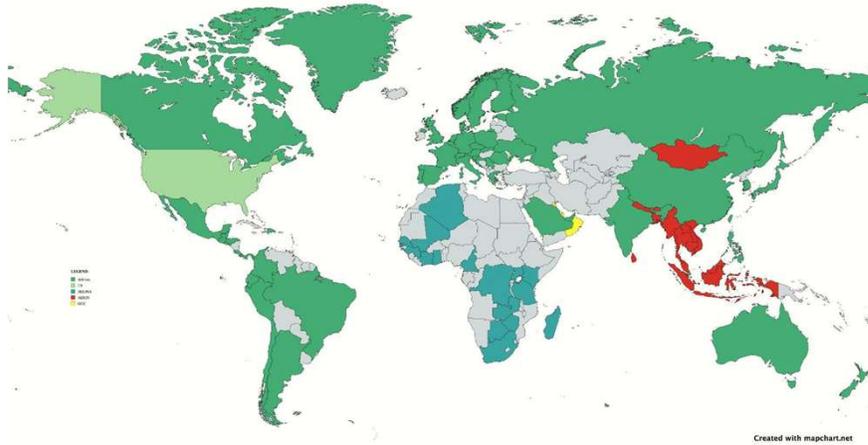
HL7 International

- A not-for-profit organization, founded in 1987
- 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
- Three Product Families: FHIR, V3/CDA, V2.x



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HL7's Global Reach



- 50+ Countries
- 500+ Corporate Members
- 1600+ Individual Members
- Thousands of contributors



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Standards Development and Implementation Lifecycle



Legend	
■	Greater standards implementation activity
■	Mixed implementation and development
■	Greater standards development activity



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HL7 FHIR ACCELERATOR PROGRAM

Begun only 7 years ago, the program assists implementers across the healthcare and research spectrum in the creation of FHIR implementation guides and critical public- and private-sector solutions.

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5

ARGONAUT PROJECT



Private sector initiative to advance industry adoption of modern, open interoperability standards.

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Argonaut Update

- **Projects**
 - [Bulk Submit \(formerly Bulk Import\)](#)
 - FHIR Write - Notes
 - US Core Argonaut Design
 - US Core FHIR R4-R6 Strategy and Transition
 - > [US Core FHIR R4 -> R6 Transition Strategy](#)
- **Mini" Projects**
 - USCDI Feedback Discussion
 - [Granular Controls - mini](#)
 - Subscriptions (Patient Data Feed/Authorizations)
- **Publication Support**
 - [Continuous Glucose Monitoring Version 1.0.0 Implementation Guide](#)
 - [Bulk Data Access Version ? Implementaion Guide](#)
 - > Add content from the [2024 Bulk Optimize project](#)



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CARIN ALLIANCE



Our vision is to rapidly advance the ability for **consumers** and their **authorized caregivers** to easily **get, use, and share their digital health information** when, where, and how they want to achieve their goals.

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CARIN Alliance Updates

- [CARIN IG for Blue Button®](#)
This implementation guide describes the CARIN for Blue Button® Framework and Common Payer Consumer Data Set (CPCDS), providing a set of resources that payers can display to consumers via a FHIR API.
- [CARIN IG for Digital Insurance Card](#)
This implementation guide describes the CARIN for Digital Insurance Card (C4DIC) Framework, providing a set of resources that payers can display to consumers via a FHIR API or SMART Health Link. This implementation guide focuses on standardizing how data elements from the physical insurance card can be transmitted in a FHIR-based exchange, leveraging the Coverage resource as well as Patient and Organization resources
- [CARIN Patient-facing Real time Pharmacy Benefit Check \(RTPBC\) FHIR IG](#)
The focus of the CARIN RTPBC project is to develop a co-branded HL7 FHIR® and NCPDP implementation guide for a consumer-facing realtime pharmacy benefit transaction that brings together a patient's pharmacy benefit information and a discount or cash price for a specific medication.

FHIR at Scale Task Force



The FHIR at Scale Taskforce (FAST) identifies Fast Healthcare Interoperability Resources (FHIR) scalability gaps, defines solutions to address current barriers, and identifies needed infrastructure for scalable FHIR solutions.

FAST Updates

- [Consent Management](#)
 - This guide details the consent management use cases as well as the required custom FHIR operations and profiles to exchange the required consent data elements both between the user and the consent management repository as well as between repositories.
 - Status - Assessed use cases and are in progress to create the IG profiles and extensions to manage federation and tracking.
- [Interoperable Digital Identity and Patient Matching](#)
 - This IG provides guidance to enhance current workflows that support person matching and digital identity and envisions a path for both providing more specific guidance and incorporating emerging identity concepts over time.
 - Status- Obtaining input from the community re: STU 2 requirements. [FAST Digital Identity STU2 Requirements for Consideration](#)



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FAST Updates

- [National Healthcare Directory](#)
 - The National Directory of Healthcare Providers and Services (NDH) Implementation Guide (IG) outlines a standardized approach for collecting, managing, and sharing accurate information about healthcare providers, organizations, and the services they offer across the U.S. healthcare system.
 - Status - Obtaining input from the community regarding STU 2.0 requirements
- [Security for Scalable Registration, Authorization, and Authentication](#)
 - This implementation guide describes how to extend OAuth 2.0 using UDAP workflows for both consumer-facing apps that implement the authorization code flow, and business-to-business (B2B) apps that implement the client credentials flow or authorization code flow.
 - Status - Reviewing text updates for unballoted update. Will begin process to create changes through STU2 ballot process
- [Testing at Scale](#)
 - FAST Testing is developing a robust testing framework that goes beyond traditional conformance testing, delivering orchestration strategies, tooling integration, and reporting metrics that support real-world interoperability at scale.
 - Status- Gathering requirements



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GRAVITY PROJECT



To create and maintain a consensus-building community to expand available SDOH core data for interoperability and accelerate standards-based information exchange by using HL7® FHIR®.

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Gravity Updates

Gravity Project Implementation Guide STU 2.3 is now available!

This release includes two major updates:

- ✓ Support for US Core versions 3.1.1, 6.1.0, and 7.0.0
- ✓ Expanded SDOHCC Category Value Set with new domains for incarceration status and language access

These updates help ensure greater alignment with national standards and improve how social risk data is documented and exchanged across health and human service systems.

Access STU 2.3 here: <https://hl7.org/fhir/us/sdoh-clinicalcare/STU2.3/>

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CodeX



Member-driven HL7 FHIR Accelerator, building a community to accelerate interoperable data modeling and applications leading to step-change improvements in cancer patient care and research

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CodeX Updates

- [Risk Evaluation and Mitigation Strategies \(REMS\) Integration](#)
 - REMS (Risk Evaluation and Mitigation Strategies) are drug safety programs that the FDA (Food and Drug Administration) can require for certain medications with potential for serious adverse side effects to help ensure the benefits of the medication outweigh its risks. REMS allows the prescribing of drugs that otherwise would not be available because of safety issues. Only a few drugs require REMS. REMS required actions vary with each drug or drug class (e.g., opioid).
- [GenomeX - FHIR Genomics Data Exchange](#)
 - Enable reporting between laboratories, EHR vendors, healthcare organizations and other interested stakeholders by leveraging the FHIR Genomic Reporting Implementation Guide to perform genomic test result data exchange.
- [Prior Authorization in Oncology](#)
 - Facilitate sharing of mCODE-based clinical data between providers and payers to reduce burden and speed authorization or requests for more information. Leverage the Da Vinci burden reduction APIs.

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NEW Devices FHIR Accelerator

The proposed HL7 FHIR Accelerator Device Interoperability program will build upon these decades of effort, including the 5-year joint HL7-IHE Gemini Device Interoperability program for Device-to-Device (D2D) plug-and-trust acute care device interoperability, and the almost 10-year Devices on FHIR initiative, to create a global implementation community that will advance the realization of this 40 year device interoperability vision of improving the lives of individuals through improved healthcare quality and innovation.



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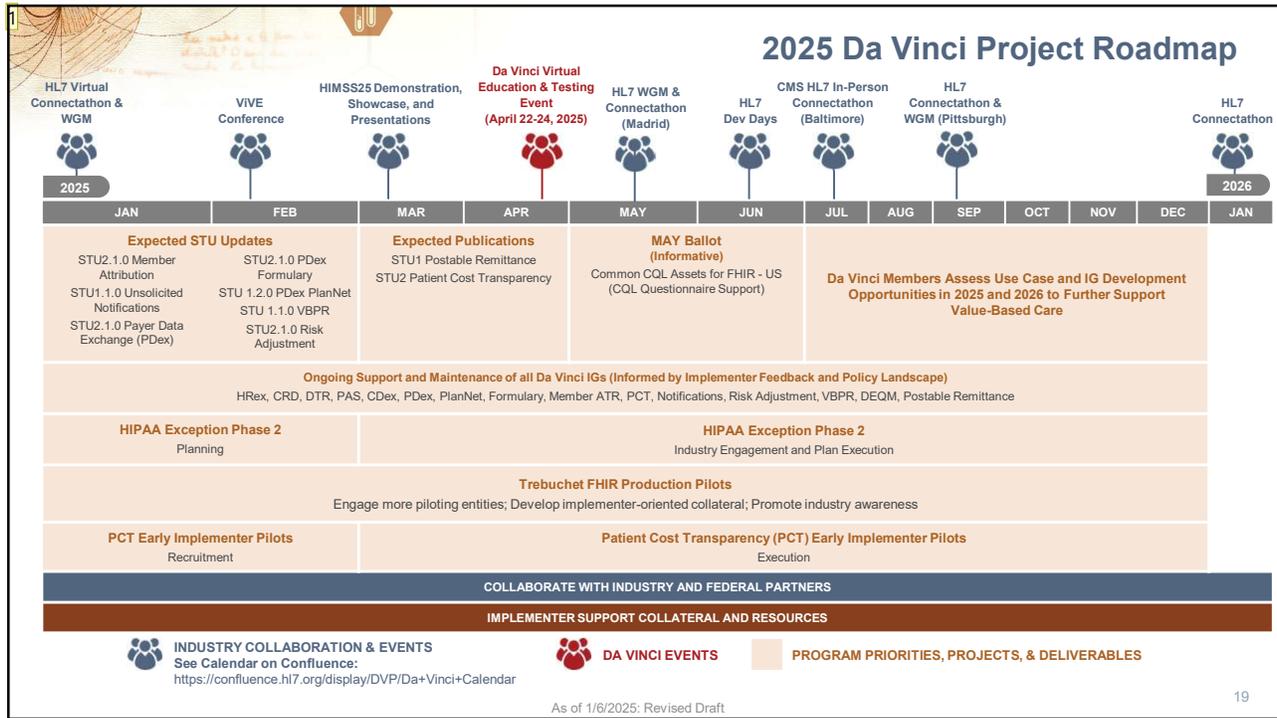
DA VINCI PROJECT



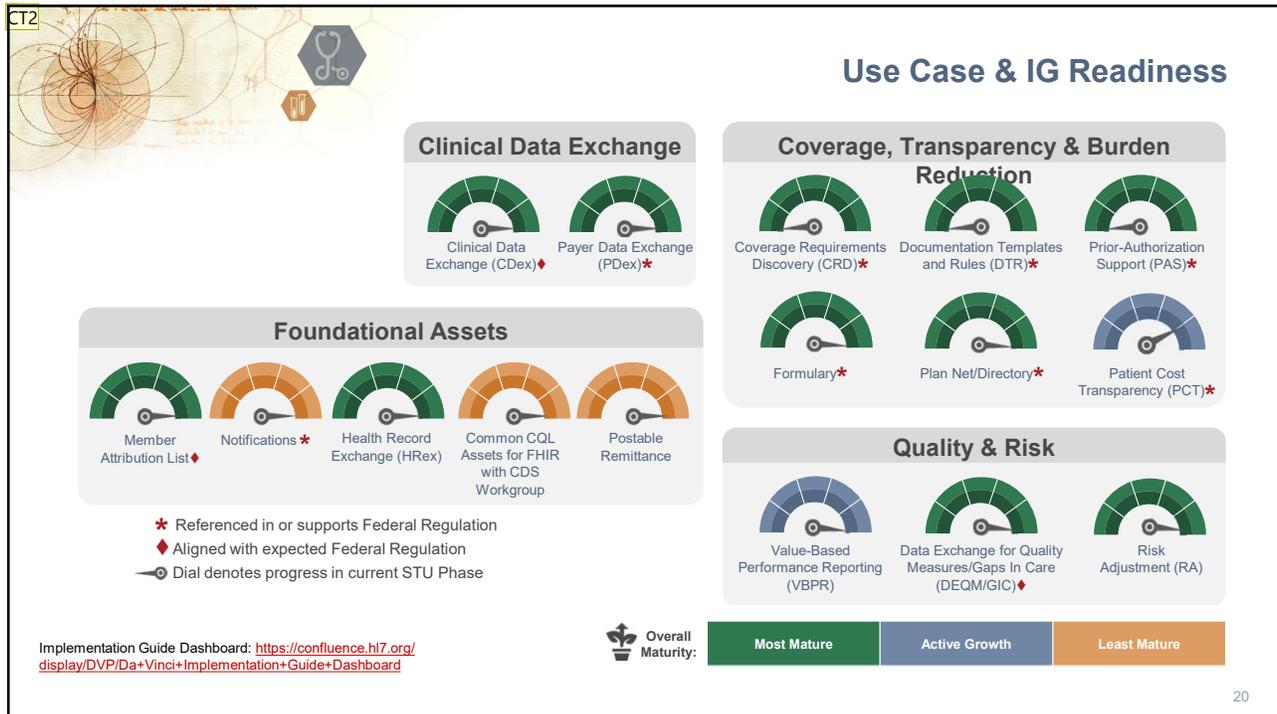
Provider, payer and vendors working together to accelerate the adoption of FHIR® as the standard to support and integrate value-based care (VBC) data exchange across communities.

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Slide 19

1 Align with Alix's Roadmap slide updates

Crystal Kallem, 2025-07-28T19:46:17.435

Slide 20

1 Need to review and update all the dials, as appropriate

Crystal Kallem, 2025-07-28T19:48:19.649

1 0 Possibly review on the PMO call on 8/5

Crystal Kallem, 2025-07-28T19:48:53.944

CT1 1 Reviewing with technical directors on 7/31 for initial feedback

Casey Thompson, 2025-07-31T18:28:11.383

1 2 PDex - move dial to far right because IG is now published

Crystal Kallem, 2025-07-31T18:51:52.877

1 3 CRD, DTR, PAS in ballot - move the dial to the far left

Crystal Kallem, 2025-07-31T18:53:29.681

1 4 Postable Remit - move dial to far right - Yan asked us to consider making this dial blue (for active growth)

Crystal Kallem, 2025-07-31T18:54:19.351

1 5 Common CQL Assets - move dial to far right

Crystal Kallem, 2025-07-31T18:54:36.611

1 6 PCT - almost ready for publication - where will we be by Sept?

Crystal Kallem, 2025-07-31T18:55:09.167

1 7 DEQM - move dial to the far right

Crystal Kallem, 2025-07-31T18:55:29.415

1 8 Risk Adjustment - move dial to the far right

Crystal Kallem, 2025-07-31T19:51:49.045

1 9 Re: Postable Remit - keep the dial orange for now until we have confirmed implementers

Crystal Kallem, 2025-08-04T19:09:26.929

CT1 10 All updates made by Kathy are confirmed. Will f/u with Crystal re: PCT

Casey Thompson, 2025-08-12T17:44:09.815

CT2 Complete

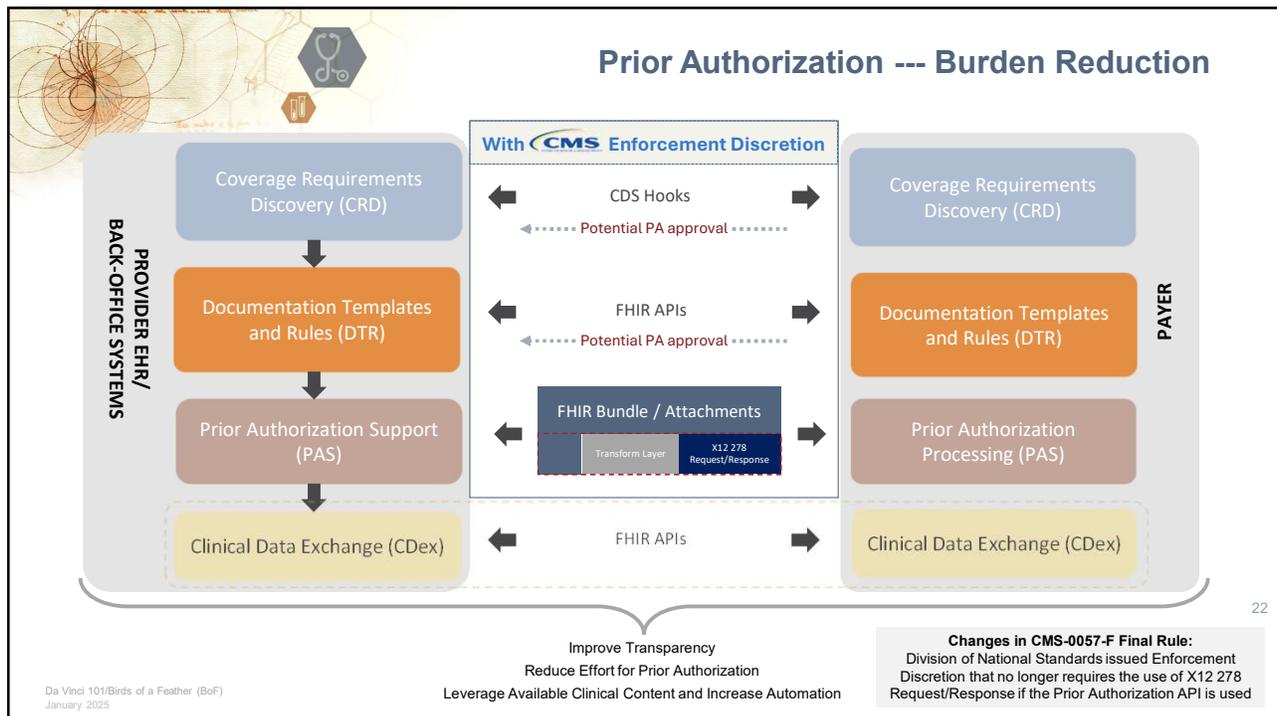
Casey Thompson, 2025-08-19T14:00:14.509

Health Record Exchange (HREx)

IG Snapshot	Get Involved
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Foundational Assets</p> <p>Health Record Exchange Framework (HREx)</p> </div> <p>Provides a foundation for all Da Vinci IGs:</p> <ul style="list-style-type: none"> • Shared profiles (including support for multiple US Core versions) • Shared conformance/security expectations • Shared Da Vinci background 	<p>Contribute (Participate in Bi-weekly Calls, Provide Implementation Feedback, Help us Improve)</p>
Recent Updates	Looking Ahead
<ul style="list-style-type: none"> • Updated to provide support for US Core 6.1.0 and 7.0.0 (USCDI 3 & 4) • Added support for a .wellknown approach to endpoint-discovery for various Da Vinci IGs • Revised dynamic registration section to point at FAST implementation guide • Migrated "exchanging FHIR" content to FHIR Core spec • Added guidance on supporting multiple profiles and/or multiple versions • Various corrections & enhancements to member-match and associated consent profile 	<ul style="list-style-type: none"> • Define shared data type profiles for references, dates, etc. • Identify places where it may make sense to migrate other profiles and artifacts shared across IGs up to HREx • Ongoing support of derived Da Vinci IGs
<p>Health Record Exchange Framework (HREx) Confluence</p>	<p>HREx STU 1.1</p>

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Coverage Requirements Discovery (CRD)

IG Snapshot	Get Involved
<p>Coverage, Transparency & Burden Reduction</p>  <p>Coverage Requirements Discovery (CRD)</p> <p>Enables exchange of coverage plan requirements from payers to providers at the time of treatment decisions. Patient-specific with a goal to increase transparency for all parties of coverage that may impact services rendered.</p> <p>Such as:</p> <ul style="list-style-type: none"> • Is the service/item covered by the plan? • Is prior authorization required? • Are there other predecessor steps? • Is specific documentation required? 	<p>Contribute (Participate in Weekly Calls, Provide Implementation Feedback, Help us Improve)</p> <p>Adopt (Pick up the IG and Implement)</p> <p>Test (Join Connectathon, Find Partners, Leverage HL7 Foundry)</p>
Recent Updates	Looking Ahead
<ul style="list-style-type: none"> • Published STU 2.1.0 (Dec 2024) • Alignment with US Core 6.1.0 and US Core 7.0.0 • Referenced in CMS-0057-F Final Rule (January 2023) • Specifications have been updated for clarity and to improve on the functionality <p>Changes in CMS-0057-F Final Rule: Division of National Standards issued Enforcement Discretion that no longer requires the use of X12 278 Request/Response if the Prior Authorization API is used</p> <p style="text-align: center;">Coverage Requirements Discovery (CRD) Confluence</p>	<ul style="list-style-type: none"> • Provide guidance to implementors • Testing !!! Testing !!! Testing !!! • Support broader adoption and implementation • Minor updates/corrections based on implementer feedback <p style="text-align: center;">CRD STU 2.1</p>

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Coverage Requirements Discovery (CRD)

Purpose

- Takes guesswork out of patient specific coverage by sharing authorization or process requirements in workflow
- Improves transparency of patient and procedure specific rules to provider and patient
- Exposes information about patient benefits when care team is most likely with or near patient, so options can be discussed and decided upon

Technology

- Takes advantage of CDS Hooks to integrate provider workflow with Payer decision support

Workflow

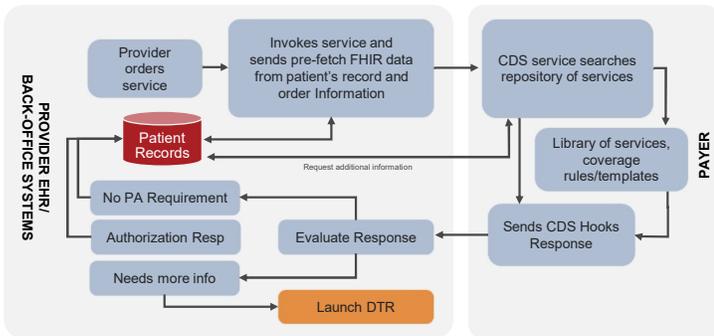
- May be triggered at scheduling time, during the order process, on demand, or at the end of an encounter

Requires (in general)

- Information relevant to the patient, provider, insurance, encounter purpose, orders placed or under consideration

Returns

- Determination of need for prior authorization and points to documentation requirements with ability to link to DTR
- May return an authorization if there is sufficient information and the payer supports early determination



The flowchart illustrates the CRD process. It starts with 'Provider orders service' in the 'PROVIDER EHR/ BACK-OFFICE SYSTEMS' box. This triggers 'Invokes service and sends pre-fetch FHIR data from patient's record and order information'. This data is sent to the 'PAYER' box, which contains 'CDS service searches repository of services' and 'Library of services, coverage rules/templates'. The Payer then sends a 'Sends CDS Hooks Response' back to the Provider. The Provider's system then evaluates the response: 'Evaluate Response' leads to 'No PA Requirement', 'Authorization Resp', or 'Needs more info'. 'Needs more info' leads to 'Request additional information' from the Payer. 'Needs more info' also leads to 'Launch DTR'. 'Request additional information' leads to 'Evaluate Response'.

- CRD is triggered by workflow and queries patient's payer to determine if PA is required (**replaces providers' need to determine PA requirements by payer**) CT2
- If PA is required and
 - sufficient information is provided, **Payer may return authorization without additional exchanges**
 - additional information is required, Payer provides link to specific templates and rules, and provides link to DTR

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Slide 24

CT1 July Connectathon Kickoff slides did not show the Needs More Info or Launch DTR boxes in the PDF (possibly due to animation). I would like to make sure it is ok to keep those two boxes here.

Casey Thompson, 2025-08-13T17:08:26.346

CT1 0 Resolved with Jeff's updates

Casey Thompson, 2025-08-19T14:17:35.316

CT2 Complete

Casey Thompson, 2025-08-19T14:17:40.981

CT1

Documentation Templates and Rules (DTR)

IG Snapshot	Get Involved
<div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>Coverage, Transparency & Burden Reduction</p>  <p>Documentation Templates and Rules (DTR)</p> </div> <p>Builds on CRD to specify how payer documentation rules can be executed in a provider context to ensure that documentation requirements are clear and met.</p> <p>Provider burden will be reduced because of reduced manual data entry, i.e., electronic questionnaires from payers, extract data to pre-populate response.</p>	 <p>Contribute (Participate in Weekly Calls, Provide Implementation Feedback, Engage in Ballot Reconciliation, Help us Improve)</p>  <p>Adopt (Pick up the IG and Implement)</p>  <p>Test (Join Connectathon, Find Partners, Leverage HL7 Foundry)</p>
Recent Updates	Looking Ahead
<ul style="list-style-type: none"> Published STU2.1.0 (December 2024) Alignment with US Core 6.1.0 and US Core 7.0.0 Referenced in CMS -0057-F Final Rule (January 2023) Specifications have been updated for clarity and to improve on the functionality <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <p>Changes in CMS-0057-F Final Rule: Division of National Standards Issued Enforcement Discretion that no longer requires use of X12 278 Request/Response if the Prior Authorization API is used</p> </div> <p style="text-align: center; color: red;">Documentation Templates and Rules (DTR) Confluence</p>	<ul style="list-style-type: none"> Ballot and publish STU 2.2.0 (September 2025) Provide guidance to implementors Testing !!! Testing !!! Testing !!! Support broader adoption and implementation Minor updates/corrections based on implementer feedback <p style="text-align: center; color: red;">DTR STU 2.1.0</p>

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CT1

Documentation Templates and Rules (DTR)

IG Snapshot	Get Involved
<div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>Coverage, Transparency & Burden Reduction</p>  <p>Documentation Templates and Rules (DTR)</p> </div> <p>Builds on CRD to specify how payer documentation rules can be executed in a provider context to ensure that documentation requirements are clear and met.</p> <p>Provider burden will be reduced because of reduced manual data entry, i.e., electronic questionnaires from payers, extract data to pre-populate response.</p>	 <p>Contribute (Participate in Weekly Calls, Provide Implementation Feedback, Engage in Ballot Reconciliation, Help us Improve)</p>  <p>Adopt (Pick up the IG and Implement)</p>  <p>Test (Join Connectathon, Find Partners, Leverage HL7 Foundry)</p>
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Slide 25

CT1 Sent to Jeff/Jean/Lloyd for review. Jeff provided his feedback and it is incorporated.

Casey Thompson, 2025-08-20T13:39:38.813

Slide 26

CT1 Sent to Jeff/Jean/Lloyd for review. Jeff provided his feedback and it is incorporated.

Casey Thompson, 2025-08-20T13:39:38.813

CT1

Prior Authorization Support (PAS)

IG Snapshot	Get Involved
<p>Coverage, Transparency & Burden Reduction</p>  <p>Prior-Authorization Support (PAS)</p> <p>Defines FHIR based services to enable provider, at point of service, to request authorization (including all necessary clinical information to support the request) and receive immediate authorization from Payer (incorporates HIPAA transaction standards).</p>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Contribute (Participate in Weekly Calls, Provide Implementation Feedback, Engage in Ballot Reconciliation, Help us Improve)</p> </div> <div style="text-align: center;">  <p>Test (Join Connectathon, Find Partners, Leverage HL7 Foundry)</p> </div> <div style="text-align: center;">  <p>Adopt (Pick up the IG and Implement)</p> </div> </div>
Recent Updates	Looking Ahead
<ul style="list-style-type: none"> Published STU 2.1.0 Alignment with US Core 6.1.0 and US Core 7.0.0 Referenced in CMS-0057-F Final Rule (January 2023) Specifications have been updated for clarity and to improve on the functionality <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p>Changes in CMS-0057-F Final Rule: Division of National Standards Issued Enforcement Discretion that no longer requires use of X12 278 Request/Response if the Prior Authorization API is used</p> </div> <p style="text-align: center; color: red; margin-top: 10px;">Prior Authorization Support (PAS) Confluence</p>	<ul style="list-style-type: none"> Ballot and publish STU 2.2.0 (September 2025) Provide guidance to implementors Testing !!! Testing !!! Testing !!! Support broader adoption and implementation Minor updates/corrections based on implementer feedback <p style="text-align: center; color: red; margin-top: 10px;">PAS STU 2.1.0</p>

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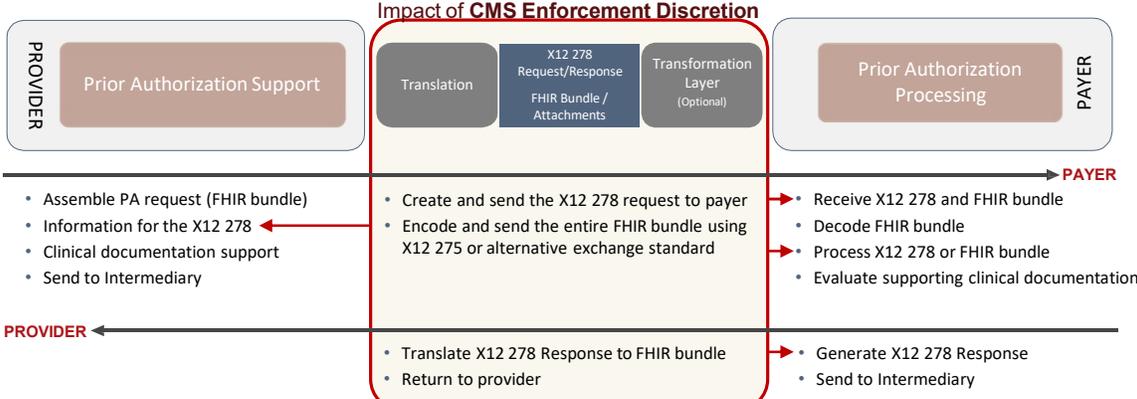
27

CT2

Prior Authorization (PAS)

PAS takes the information from CRD and DTR and submits it to the payer. If the result is pended due to manual review, the system is either notified when a change is made or automatically requests an update (no need to constantly check for completed PAs)

Impact of CMS Enforcement Discretion



```

graph LR
    subgraph PROVIDER
        PAS[Prior Authorization Support]
    end
    subgraph PAYER
        PAP[Prior Authorization Processing]
    end
    subgraph X12_278 [X12 278 Request/Response]
        Translation
        FHIR[FHIR Bundle / Attachments]
    end
    subgraph Transformation [Transformation Layer (Optional)]
        TL[Transformation Layer]
    end
    PAS --> Translation
    Translation --> FHIR
    FHIR --> TL
    TL --> PAP
    PAP --> Response[X12 278 Response]
    Response --> TL
    TL --> FHIR_Response[FHIR Bundle]
    FHIR_Response --> Translation
    Translation --> PAS
    
```

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Slide 27

CT1 Sent to Jeff/Jean/Lloyd for review. Jeff provided his feedback and it is incorporated.

Casey Thompson, 2025-08-20T13:39:49.476

Slide 28

CT1 Replaced with Jeff's slide.

Casey Thompson, 2025-08-19T14:31:01.054

CT2 Complete

Casey Thompson, 2025-08-19T14:31:12.028

Relevant (PAS) Capabilities

PRIOR AUTHORIZATION SUBSCRIPTIONS

- ✓ Requires support for the current release of R5 Subscription Backport and dropped polling requirement

PAYER REQUEST FOR ADDITIONAL DOCUMENTATION

- ✓ Includes support for CDex to satisfy request for additional documentation
- ✓ Added ability to specify FHIR questionnaires administered by DTR

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Burden Reduction Automation Who Benefits?



Patients

- **More rapid treatment approval**
- Understand options and associate costs
- Participate in their care decisions
- Increased patient satisfaction
- **Care delivered sooner to avoid unnecessary complications**
- Improve admit/discharge processing
- Giving the patient and provider the ability to see and discuss alternatives for care (that may include out of pocket cost considerations)
- Relevant data gathered during initial visit, reducing need for being called back for additional tests



Providers

- Improve workflow automation by
 - Providing real time access to payer requirements
 - Avoiding duplicate entry of information
 - Automating the collection of documentation to support authorizations
 - Standardizing multi-payer workflow
- **Reduce provider rework by having requirements at the point of service**
- Improve patient satisfaction by enabling the provider to provide:
 - Timely access to care
 - Providing patient information regarding treatment options and cost
- **Reduce/eliminate first time denials**
- **Reduce data entry errors**



Payers

- Avoid delay of services
- Improved relationships with members and providers
- **Improved PA documentation**
- workflow tailored to the specific service and member situation
- Engagement with ordering provider at time of decision making allows for more appropriate patient care – lowering long-term costs

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CT1

CQL Questionnaire Support

IG Snapshot	Get Involved
<div style="border: 1px solid #ccc; padding: 5px;"> <p>Foundational Assets</p>  <p>Common CQL Assets for FHIR - US</p> </div> <p>Provides architectural guidance and reusable libraries to facilitate the use of CQL with FHIR in the US Realm, with the initial use case of Prior Authorization Support Questionnaires.</p>	<div style="text-align: center;">  <p>Contribute (Participate in Monthly Calls, Provide Implementation Feedback, Engage in Ballot Reconciliation, Help us Improve)</p> </div> <div style="text-align: center;">  <p>Test (Join Connectathon, Find Partners, Leverage HL7 Foundry)</p> </div> <div style="text-align: center;">  <p>Adopt (Pick up the IG and Implement)</p> </div>
Recent Updates	Looking Ahead
<ul style="list-style-type: none"> • Da Vinci discovery effort completed Q2 2024 • Project launched publicly Q3 2024 • STU 1.0.0 balloted (May 2025) <p style="text-align: center;">CQL Questionnaire Support Confluence</p>	<ul style="list-style-type: none"> • Publish STU 1.0.0 (September 2025) • Support testing and implementation • Gather additional input from the community <p style="text-align: center;">Common CQL Artifacts for FHIR 1.0.0 (CI build)</p>

Da Vinci 101/Birds of a Feather (BoF)
January 2025

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Da Vinci CQL Questionnaire Support Project Goals/Objectives

Goal:

Provide architectural guidance and reusable patterns of CQL and explore tooling to support and streamline development and maintenance of questionnaires with an initial use case of Da Vinci Prior Authorization Burden Reduction workflows.

Objectives:

- Develop CQL architectural guidance and best practices for efficiency of queries (flow control and data retrieval)
- Develop standard CQL expressions and functional definitions for performing queries to simplify the process of interacting with US Core servers
- Define standardized CQL expressions to retrieve data elements referenced using standard expressions defined by US Core or referenced by US Core profiles
- Identify a prioritized list of candidate elements for which to define CQL functions and expressions, as well as the approach
- Employ CQL innovations to develop libraries that hide complexity and provide more familiar options for authoring expressions
- Identify requirements for tooling related to development and maintenance of questionnaires

Da Vinci 101/Birds of a Feather (BoF)
January 2025

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Slide 31

CT1 Finalized with Crystal

Casey Thompson, 2025-08-19T14:32:14.632

CT1 0 Need to add link to published version when Bryn sends it and move published STU from Looking Ahead to Recent Updates.

Casey Thompson, 2025-08-19T14:33:26.807

Clinical Data Exchange (CDex)

IG Snapshot	Get Involved
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; font-weight: bold;">Clinical Data Exchange</p> <p style="text-align: center;">Clinical Data Exchange (CDex)</p> </div> <p>Key Exchange Scenarios (Payers and Providers)</p> <ul style="list-style-type: none"> • Requesting documentation to support claim submission and prior authorization • Sending supporting documentation for claims & prior auth transactions • Medical necessity and other reasons for supporting documentation between payers and providers • Exchanging clinical data between referring providers • Gathering additional information for Quality programs & Risk Adjustment between payers and providers 	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>Test (Join Connectathon, Find Partners, Leverage HL7 Foundry)</p> </div> <div style="text-align: center;"> <p>Contribute (Participate in Weekly Calls, Provide Implementation Feedback, Help us Improve)</p> </div> </div> <div style="text-align: center; margin-top: 10px;"> <p>Adopt (Pick up the IG and Implement)</p> </div>
Recent Updates	Looking Ahead
<ul style="list-style-type: none"> • STU2.1 Published (Feb 2025) • Added Submit-attachment operation to support submitting attachments/supporting documentation to Payers. This includes unsolicited and solicited submissions. 	<ul style="list-style-type: none"> • STU2.1 <ul style="list-style-type: none"> • Includes use of CDex to request and return Attachments as part of the Da Vinci (Prior Authorization) Burden Reduction workflow • Aligns with US Core 6.1.0 and US Core 7.0.0 • Continue to support broader adoption and implementation
CDex Confluence	CDex STU 2.1.0 (CI Build)

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Payer Data Exchange (PDex)

IG Snapshot	Get Involved
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; font-weight: bold;">Clinical Data Exchange</p> <p style="text-align: center;">Payer Data Exchange (PDex)</p> </div> <p>Enables a health plan to share key clinical data and patient history with application of patient's choice and with other payers.</p> <p>CMS Interoperability and Patient Access final rule (CMS-9115-F) – Set initial expectations for Payer to Payer API and Patient Access API. Requirements updated in CMS-0057-F. Enforcement begins January 2027.</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>Test (Join Connectathon, Find Partners, Leverage HL7 Foundry)</p> </div> <div style="text-align: center;"> <p>Read and Review (Finalize for publication)</p> </div> <div style="text-align: center;"> <p>Adopt (Pick up the IG and Implement; Provide Implementation Feedback)</p> </div> </div>
Recent Updates	Looking Ahead
<ul style="list-style-type: none"> • Payer Data Exchange (PDex) STU2.1 Published (June 2025)! • Added Prior Authorization Profile based on EOB Resource • Payer-to-Payer Exchange business-to-business flow for Member-directed exchange • Referenced in CMS-0057-F Final Rule (January 2024) • Balloted STU2.1.0 (September 2024) <ul style="list-style-type: none"> • Payer-Provider Bulk Data Exchange "Tell me what you know about my patients," leveraging ATR-Export from Member Attribution IG • Payer-to-Payer Bulk API 	<ul style="list-style-type: none"> • Transition from mTLS + OAuth2.0 DCRP to FAST UDAP for Client Credential request and issuance • Support broader adoption and implementation • Publish STU2.1.0 (anticipated Feb 2025) <ul style="list-style-type: none"> • Align with US Core 6.1.0 and 7.0.0 • Add Provider Access API • Add Payer-to-Payer Bulk API
PDex Confluence	PDex STU2.1.0 CI Build

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Patient Cost Transparency (PCT)

IG Snapshot	Get Involved
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Coverage, Transparency & Burden Reduction</p>  <p>Patient Cost Transparency (PCT)</p> </div> <p>Provide data exchange standard in support of payers and providers to share cost information to patients in advance of services.</p> <p>Support for the Consolidated Appropriations Act HR-133 (portions of No Surprises Act) including the Good Faith Estimates (GFE) and Advanced Explanation of Benefits (AEOB).</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Test (Join Connectathon, Find Partners, Leverage HL7 Foundry)</p> </div> <div style="text-align: center;">  <p>Adopt (Pick up the IG and Implement)</p> </div> <div style="text-align: center;">  <p>Contribute (Engage in Phase 2 Activities)</p> </div> </div>
Recent Updates	Looking Ahead
<ul style="list-style-type: none"> Published STU1 in March 2023 Balloted STU2 in 2024. New content focused on supporting Good Faith Estimate data exchange via FHIR APIs when multiple providers are involved, GFE Summary, AEOB Summary enhanced approach with subscriptions for enabling AEOB delivery for patients and providers, and other fixes and improvements. 	<ul style="list-style-type: none"> Expecting regulation to support No Surprises Act law specific to GFE and AEOB for insured patients and will make IG adjustments to meet the requirements, as needed Complete STU2 ballot reconciliation and publish Align with US Core 6.1.0 and US Core 7.0.0 Continue HL7 Connectathon testing of STU1 and STU2 in 2025 Support broader adoption and implementation
Patient Cost Transparency Confluence	Patient Cost Transparency (PCT) STU2 CI Build

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Patient Cost Transparency (PCT) Pilot Opportunities

- The Da Vinci PMO is coordinating pilot opportunities
- Pilot will test Da Vinci PCT STU2 to validate:
 - The FHIR-based methodology (data input, data output, format) to support requests and responses for patient cost estimates
 - The ability to communicate GFE from provider to payer
 - The ability to communicate AEOB in advance of scheduled service or upon request from payer to patient and, optionally, to provider
- Pilot objectives:
 - Perform sufficient testing of the HL7 Da Vinci PCT IG standard to demonstrate successful implementation
 - Identify problems and summarize lessons learned to make iterative improvements through real-world testing with clinicians and administrative staff
 - Gain insights through the implementation of GFE and AEOB statutory requirements that could help guide future policy decisions
- Consider participating in the pilot, bringing your exchange partners to the pilot as well
- Contact Da Vinci PMO for more information to participate in the pilot, davincipmo@pocp.com

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Member Attribution (ATR) List

IG Snapshot	Get Involved
<div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>Foundational Assets</p>  <p style="text-align: center;">Member Attribution List</p> </div> <p>Provides ability for trading partners to validate patient/member lists to ensure secure transfer data for a population.</p> <p>Member Attribution (ATR) lists are used between Payers and Providers for implementing risk-based contracts, value-based contracts, care gap closures and quality reporting.</p> <p>Aligning on a patient list is foundational to operating in a "for a population mode" and can be applied across many FHIR APIs.</p>	 <p>Contribute (Participate in Monthly Calls, Provide Implementation Feedback, Help us Improve)</p>  <p>Test (Join Connectathon, Find Partners, Leverage HL7 Foundry)</p>  <p>Adopt (Pick up the IG and Implement)</p>
Recent Updates	Looking Ahead
<ul style="list-style-type: none"> STU2.1 Published (May 2025) Reconciliation of Patient List contents <ul style="list-style-type: none"> Group Resource changes to support other IG's such as Gaps in Care, Risk Adjustment and Payer Data Exchange Alignment with CMS DPC and BCDA programs <p style="text-align: center;">Member Attribution (ATR) List Confluence</p>	<ul style="list-style-type: none"> Seek committed participants to test at Connectathons (across IGs) Provide guidance to implementors as needed <p style="text-align: center;">Member ATR STU2</p>

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Unsolicited Notifications

IG Snapshot	Get Involved
<div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>Foundational Assets</p>  <p style="text-align: center;">Notifications</p> </div> <p>Describes a method for the communication of relevant notifications to support the real-time exchange of information that impacts patient care and value-based or risk-based services.</p> <p>It also includes notifications about changes in treatment such as a new or different medication, or changes in patient status, like diagnosis.</p>	 <p>Contribute (Participate in Quarterly Calls)</p>  <p>Adopt (Feedback from Implementers)</p>
Recent Updates	Looking Ahead
<ul style="list-style-type: none"> Published STU 1.1.0 in April 2025 <ul style="list-style-type: none"> Aligns with Direct Trust Aligns with HREx STU Update Aligns with US Core 6.1.1 and US Core 7.0.0 <p style="text-align: center;">Unsolicited Notifications Confluence</p>	<ul style="list-style-type: none"> Support testing and implementation Gather additional input from the community <p style="text-align: center;">Unsolicited Notifications STU1.1.0 CI Build</p>

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Risk Adjustment

IG Snapshot	Get Involved
<div style="background-color: #d9e1f2; padding: 10px; border: 1px solid #4a7c9c;"> <p>Quality and Risk</p>  <p>Risk Adjustment (RA)</p> </div> <p>Standardize exchange of risk adjustment coding gaps (i.e. Hierarchical Condition Category (HCC) gaps) and supporting evidence to appropriately document patient health status between payers and providers, and to improve the completeness and accuracy of risk data for insured populations.</p> <p>Ability to better inform providers of opportunities to address risk adjusted conditions, better enable payers to communicate risk adjustment information, and enhance government sponsors' ability to allocate funding accurately.</p> <p>Offers potential for reducing administrative burden experienced by providers by standardizing the reporting they receive from all payers.</p>	 <p>Test (Join Connectathon, Find Partners, Leverage HL7 Foundry)</p>  <p>Contribute (Participate in Bi-weekly Calls, Provide Implementation Feedback)</p>  <p>Review and Comment (Log RA Jira Trackers)</p>
Recent Updates	Looking Ahead
<ul style="list-style-type: none"> Published STU 2.1.0 in July 2025 <ul style="list-style-type: none"> Align with US Core 6.1.0 and US Core 7.0.0 through an STU update after STU2 publication Implemented by multiple organizations and in production 	<ul style="list-style-type: none"> Support testing and implementation Gather additional input from the community
Risk Adjustment Confluence	Risk Adjustment STU2 (CI Build)

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Value-Based Performance Reporting (VBPR)

IG Snapshot	Get Involved
<div style="background-color: #d9e1f2; padding: 10px; border: 1px solid #4a7c9c;"> <p>Quality and Risk</p>  <p>Value-Based Performance Reporting (VBPR)</p> </div> <p>Standardization of payer/provider performance reporting for quality and risk contracts is crucial for health systems and other provider organizations to receive timely interim reports to track and manage their performance on value-based contracts during the term.</p> <p>Value-based performance reports are generated by payers to summarize provider performance across different categories, including lines of business, contracts, populations, quality measures, and financial metrics and reporting periods on a scheduled and ad-hoc basis.</p> <p>This IG supports a payer sending a payer-generated value-based financial and quality performance report in a standardized format to providers. It is a framework IG that specifies the approach of defining a framework for value-based performance reporting. Standard codes are defined for a list of commonly used payment models and performance metrics. This IG also leverages the Summary Measure Report defined in the Da Vinci Data Exchange for Quality Measures (DEQM) IG.</p>	 <p>Test (Join Connectathon, Find Partners, Leverage HL7 Foundry)</p>  <p>Contribute (Participate in Monthly Calls, Engage in IG Development)</p>  <p>Review and Comment (Log VBPR Jira Trackers)</p>
Recent Updates	Looking Ahead
<ul style="list-style-type: none"> STU1 published in June 2024 STU1.1 update in progress 	<ul style="list-style-type: none"> Implementer support Align with US Core 6.1.0 and DEQM 5.0.0 through an STU update
Value-Based Performance Reporting Confluence	Value-Based Performance Reporting STU1

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Value-Based Performance Reporting (VBPR) Example Data

Shared Savings - gated on quality

Service Start Date: 01/01/2022
 Service End Date: 11/31/2022
 Paid Through: 12/31/2022

Year - Month	Member Months	Avg Risk Score	Revenue	Revenue PMPM	Medical/Rx Cost	Medical/Rx Cost PMPM	Medi
2021	300	0.70	\$10,000	\$33	\$9,000	\$30	
HMO	100	0.80	\$6,000	\$60	\$5,000	\$50	
Region 1	50	0.90	\$3,000	\$60	\$3,000	\$60	
Region 2	50	1.00	\$3,000	\$60	\$2,000	\$40	
PPQ	200	1.10	\$4,000	\$20	\$4,000	\$20	
Region 1	150	1.20	\$2,000	\$13	\$2,000	\$13	
Region 2	50	1.30	\$2,000	\$40	\$3,000	\$60	

Quality Measure Performance

HMO	Region 1							
	Numerator	Denominator	Percentage	Weight	Star 2 Threshold	Star 3 Threshold	Star 4 Threshold	Star 5 Threshold
Medication Adherence for Diabetes Medication	90	100	90%	3	85%	88%	91%	95%
Medication Adherence for Cholesterol (Statins)	20	150	13%	3	80%	85%	90%	93%
Medication Adherence for Hypertension (RAS a)	30	50	60%	3	40%	50%	60%	70%
Diabetes Care - Blood Sugar Controlled	100	400	25%	3	85%	88%	91%	95%
Diabetes Care - Eye Exam	50	80	63%	3	60%	85%	90%	93%
Colorectal Cancer Screening	70	100	70%	3	40%	50%	60%	70%
Breast Cancer Screening	50	200	25%	1	85%	88%	91%	95%
Statin Therapy for Patients with Cardiovascular	60	150	40%	1	80%	85%	90%	93%
Statin Use in Persons with Diabetes (SUPD)	100	180	56%	1	40%	50%	60%	70%

HMO	Region 2							
	Numerator	Denominator	Percentage	Weight	Star 2 Threshold	Star 3 Threshold	Star 4 Threshold	Star 5 Threshold
Medication Adherence for Diabetes Medication	30	90	33%	3	85%	88%	91%	95%
Medication Adherence for Cholesterol (Statins)	40	100	40%	3	80%	85%	90%	93%
Medication Adherence for Hypertension (RAS a)	20	140	14%	3	40%	50%	60%	70%
Diabetes Care - Blood Sugar Controlled	30	140	21%	3	85%	88%	91%	95%
Diabetes Care - Eye Exam	50	130	38%	3	60%	85%	90%	93%
Colorectal Cancer Screening	20	160	13%	3	40%	50%	60%	70%
Breast Cancer Screening	50	90	56%	1	85%	88%	91%	95%
Statin Therapy for Patients with Cardiovascular	70	170	41%	1	80%	85%	90%	93%
Statin Use in Persons with Diabetes (SUPD)	10	130	8%	1	40%	50%	60%	70%

Quality Incentive Payments

Chronic Care Management Incentive Program
 Service Start Date: 01/01/2022
 Service End Date: 09/30/2022
 Paid Through: 09/30/2022
 October STARS Composite Score: 3.8

Condition Count	>=4 STARS	<4 STARS
1	\$30	\$20
2	\$100	\$50
3	\$200	\$100
4	\$300	\$200
5+	\$400	\$300

Condition Count	Eligible Members	1 Gap Closed	2 Gaps Closed	Interim Payment Rate	Earned Incentive
1	100	20	0	\$50	\$400
2	200	30	0	\$50	\$1,000
3	50	20	0	\$100	\$2,000
4	50	10	0	\$200	\$2,000
5+	100	20	0	\$300	\$6,000
Total	500	100	0		\$11,900

Care Coordination Fee (CCF)

Service Start Date: 01/01/2022
 Service End Date: 11/31/2022
 Paid Through: 12/31/2022
 \$5.00

Contract Details

Cohort	HMO
Contract Term	1/1/2022 - 12/31/2024
Performance Period	1/1/2022 - 12/31/2022
Line of Business	Medicare
Risk Type	Upside
Quality Incentive	Yes
Care Coordination Fee	Yes
HCP LAN APM Framework	3A - Upside Risk APMs and Shared Savings

Cohort	PPQ
Contract Term	1/1/2022 - 12/31/2024
Performance Period	1/1/2022 - 12/31/2022
Line of Business	Medicare
Risk Type	Upside/Downside
Quality Incentive	Yes
Care Coordination Fee	Yes
HCP LAN APM Framework	3B - Dual Risk APMs and Shared Savings

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Data Exchange for Quality Measures (DEQM)/ Gaps in Care (GIC)

IG Snapshot

Quality and Risk

Defines how to create Individual (including Care Gaps), Summary, and Subject List Measure Reports and exchange clinical quality measure data.

Supports clinical quality improvement through gaps in care reporting that allows the payer to share the information they have on a patient's quality measure, including closed, open, and prospective gaps.

Additionally, DEQM defines how a provider can share data back to the payer using FHIR resources to close open gaps.

Recent Updates

- First Use Case to be handed back to the community for ownership
- Continues to have broad Da Vinci and community support
- DEQM discussions occur during HL7 Clinical Quality Information (CQI) WG calls
- STU5 ballot in late September 2024 Ballot Cycle
 - Supports QI-Core 6.0.0 (which aligns with US Core 6.1.0 and USCDI v3)
 - Ballot reconciliations and applying changes in progress

[CQI WG Confluence Page](#)

Get Involved



Contribute
(Participate in HL7 CQI WG calls, Provide Implementation Feedback)



Adopt
(Implement and Participate in Connectathon Testing)

Looking Ahead

- Connectathon testing
- Publication of STU5
- Potential for CMS adoption

[DEQM STU5 CI Build](#)
 Relevant IGs and Standards: [QI-Core](#), [Quality Measure](#), [Clinical Quality Language \(CQL\)](#)

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Postable Remittance

IG Snapshot	Get Involved
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Foundational Assets</p>  <p>Postable Remittance</p> </div> <p>Postable Remittance (Remit) use case supports the request for duplicate copy of a previously issued remit in real-time to allow efficient, timely, and accurate posting.</p> <p>There are times when a duplicate copy of the remittance is needed. In today's workflows, a provider can use portals or telephone calls to request a duplicate.</p> <p>This IG creates FHIR APIs to retrieve a copy of a previously issued remittance. Rather than going to a number of different payer/clearinghouse portals or making phone calls to payers, the APIs are intended to make it simpler for providers/vendors to retrieve a copy of the already issued remittance.</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Contribute (Participate in Bi-weekly Calls, Engage in Ballot Reconciliation)</p> </div> <div style="text-align: center;">  <p>Test (Join Connectathon, Find Partners, Leverage HL7 Foundry)</p> </div> </div> <div style="text-align: center; margin-top: 10px;">  <p>Adopt (Pick up the IG and Implement)</p> </div>
Recent Updates	Looking Ahead
<ul style="list-style-type: none"> Published STU 1.1.0 in April 2025 	<ul style="list-style-type: none"> Support testing and implementation Gather additional input from the community
Postable Remittance Confluence	Postable Remittance STU1 Ballot

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Postable Remittance Benefits to Payers/Providers

Reduce Administrative Burden For Payers And Providers (Including Vendors) Through Timely Remit Retrieving And Payment Posting

<p>Benefits to Payers</p> <ul style="list-style-type: none"> Fewer missing remittance related phone calls Reduced portal access related phone calls Minimize exception handling More timely reconciliation of financial settlement 	<p>Benefit to Providers</p> <ul style="list-style-type: none"> Reduced days in Accounts Receivable Lower manual cost Fewer phone calls to retrieve missing remittance Reduced need to log onto various portals to retrieve remits Reduced need to maintain user login credentials for various portals Locate remittance matched up to payments in real time Simplify missing remittance retrieval process
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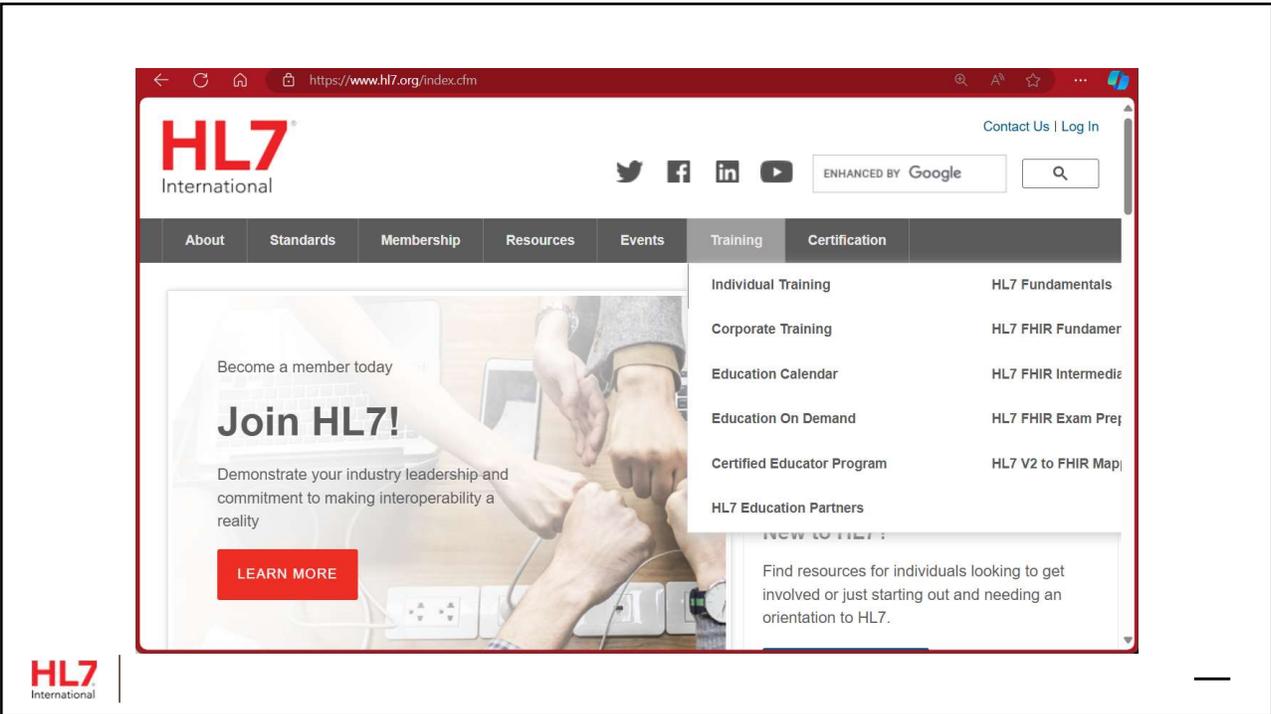
Automation opportunities present the possibility of high ROI that would remove most of the need for human interaction.

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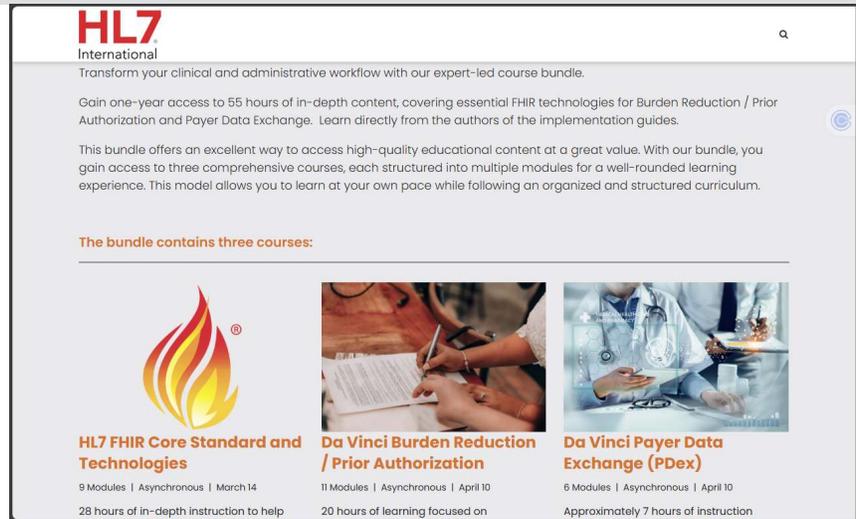


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Education on Demand



HL7
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Transform your clinical and administrative workflow with our expert-led course bundle.

Gain one-year access to 55 hours of in-depth content, covering essential FHIR technologies for Burden Reduction / Prior Authorization and Payer Data Exchange. Learn directly from the authors of the implementation guides.

This bundle offers an excellent way to access high-quality educational content at a great value. With our bundle, you gain access to three comprehensive courses, each structured into multiple modules for a well-rounded learning experience. This model allows you to learn at your own pace while following an organized and structured curriculum.

The bundle contains three courses:

Course Title	Modules	Duration	Start Date
HL7 FHIR Core Standard and Technologies	9 Modules	Asynchronous	March 14
Da Vinci Burden Reduction / Prior Authorization	11 Modules	Asynchronous	April 10
Da Vinci Payer Data Exchange (PDex)	6 Modules	Asynchronous	April 10

28 hours of in-depth instruction to help
20 hours of learning focused on
Approximately 7 hours of instruction

<https://info.hl7.org/da-vinci-subscription>

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Da Vinci Provider/Payer FHIR Implementation Guide Essentials

HL7 FHIR Core Standard and Technologies

- Introduction to FHIR
- How to Read a FHIR IG
- USCDI/US Core
- SMART on FHIR & CDS Hooks
- CQL
- Questionnaire & SDC
- FHIR Security
- FHIR Resources for Implementers
- Bulk FHIR

Da Vinci Burden Reduction / Prior Authorization

- Introduction to Da Vinci Project
- Da Vinci Health Care Record Exchange (HREx)
- Da Vinci Member Attribution (ATR)
- Introduction to Burden Reduction for Prior Authorization
- Coverage Requirements Discovery (CRD)
- Documentation and Template Rules (DTR)
- Prior Authorization Support (PAS)
- CDex for PAS
- Clinical Quality Language (CQL) for CRD and DTR
- Questionnaire & SDC for DTR
- PDex for BR/PAS

Da Vinci Payer Data Exchange (PDex)

- Introduction to Da Vinci Project
- Da Vinci Health Care Record Exchange (HREx)
- Da Vinci Member Attribution
- Overview of PDEX
- Overview of CARIN Blue Button
- PDex for Access API Support

<https://info.hl7.org/da-vinci-subscription>

HL7
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Virtual Training Events

HL7 Training and Education

Health Level Seven (HL7) is an ANSI-accredited standards development organization in the healthcare sector. HL7's mission is to provide standards that empower global health data interoperability. Our vision is a world in which everyone can securely access and use the right health data when and where they need it.

This mission and vision drive our education and training programs to provide knowledge and support to the global healthcare industry through successful implementation of HL7 standards including Version 2 (V2), Version 3 (V3), Clinical Document Architecture (CDA®) and Fast Healthcare Interoperability Resources (FHIR®).

For a list of our current offerings, see the Education Calendar or download the Education Catalog using the form on the right.

Straight From the Source

HL7 training programs give you an opportunity to learn *straight from the source*. Our instructors are HL7 subject matter experts and professionals who develop our standards and work with implementers.

Upcoming Training Events

- NEW! Build a FHIR-Powered Healthcare AI Agent**
Jul 22, 2025 to Jul 23, 2025 - Online Class
Add to Calendar
- HL7's AI Office: Making Standards the Building Blocks of Tomorrow's AI**
Jul 24, 2025 - Free Webinar
Add to Calendar
- C-CDA Authoring and Publication Bootcamp**
Aug 19, 2025 - Free Seminar
Add to Calendar
- How to Exchange Data Between Electronic Health Records (EHRs)**
Aug 20, 2025 to Aug 21, 2025 - Online Class
Add to Calendar
- HL7 Fundamentals**
Sep 4, 2025 to Nov 27, 2025 - Asynchronous Course



<https://www.hl7.org/training/>

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FHIR Implementer Forum – Chat.FHIR.org

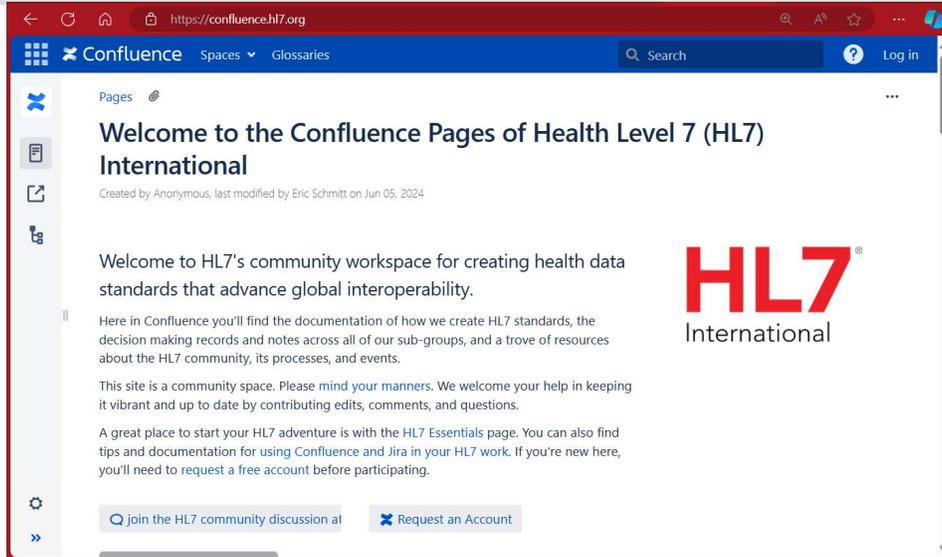
The screenshot shows the Chat.FHIR.org interface with a list of recent conversations. The interface includes a sidebar with channel lists, a main table of conversations, and a bottom navigation bar.

Channel	Topic	Participants	Time
committers/notification	ig-build	1	6 minutes ago
IG creation	unknown NamingSystemIdentifierType code ?'	2	9 minutes ago
australia	AU eRequest	2	17 minutes ago
shorthand	pattern auto-population introduces duplicates	2	40 minutes ago
implementers	Longest Observation	3	42 minutes ago
cql	function ToString(CodeableConcept)	2	46 minutes ago
implementers	OperationOutcome code/details for specific use cases	2	49 minutes ago
V2	ACK handling	2	56 minutes ago
tooling/Package Crawlers	stream events	1	An hour ago
Da Vinci	Claim Response service place	2	An hour ago
inferno	Service Base URL file validator upload option	2	2 hours ago



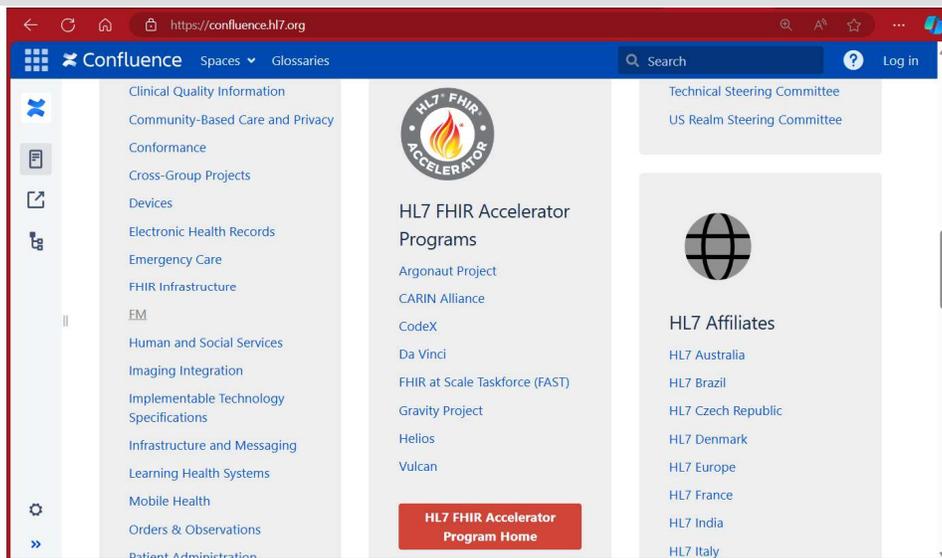
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Confluence.HL7.org



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Accelerator Communities



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Accelerator Resources

Da Vinci Implementer Support
 Created by Phung Mathews, last modified by Crystal Kallen on Apr 29, 2024

Welcome to the Da Vinci Implementer Support Page

- Da Vinci use cases are interrelated, currently with five categories that have emerged: Quality Improvement, Coverage/Burden Reduction, Member Access, Process Improvement, and Clinical Data Exchange. Early use cases create building blocks and a framework upon which incremental improvements and additional content can be added over time.
- Da Vinci adopts existing and emerging standards with broad support to create viable solutions, such as FHIR as the core, NCQA HEDIS, CDS Hooks, and SMART on FHIR (layering in OAuth security). Existing profiles are adopted where possible (e.g., Argonaut, US-Core, QI-Core)

What you need to know about FHIR	
HL7- FHIR	<p>Fast Healthcare Interoperability Resources (FHIR) - standard for exchanging healthcare information electronically</p> <ul style="list-style-type: none"> Basic FHIR- utilizing one or more Resources to build use cases. <p>Base Resources can be used alone or as building blocks into profiles. See Resource Index and Resource guide.</p> <p>FHIR defines simple framework for extending existing resources and describing their use with profiles. Implementation guides provide structure of how to use the profiles.</p> <p>Key concepts with FHIR</p> <ul style="list-style-type: none"> Information exchange Terminologies
<p>New to FHIR- Check these educational resources</p> <ul style="list-style-type: none"> HL7 FHIR Certification <ul style="list-style-type: none"> HL7 FHIR Fundamentals Course Introduction to FHIR (part 1 and 2) <ul style="list-style-type: none"> HL7 FHIR Path to certification bundle <p><i>Additional resources</i></p> <ul style="list-style-type: none"> HL7 Implementation support module FHIR 4-0-1 Basic TestScripts 	

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Da Vinci Implementation Guide Dashboard

Focus Area	Implementation Guide	Project Page	Scenarios Included	Future Enhancements	Imp Guide Status #Build #STU	Reference Imp Live	Number of Connectathons (Live/Virtual)	Detail Project Status	Sponsoring Workgroup	Project Number	PSS Link	Re
Coverage, Transparency & Burden Reduction	Documentation Templates and Payer Rules	Burden Reduction: Documentation Templates and Payer Rules (DTR)		DTR Future Enhancements	STU2 Published	<input checked="" type="checkbox"/>	16	Active WG Calls for implementer support STU1.1 early May Ballot (Feb - March 2022). Reconciliation complete. STU2 Published 11/7/23	Clinical Decision Support Co-sponsor: Attachments, Patient Care	1493	PSS Do Ten Rul	
Quality & Risk	Data Exchange for Quality Measures includes Gaps in Care (GIC)	Data Exchange for Quality Measures (DEQM) Gaps in Care	v1 Medication Reconciliation Post Discharge v2 Colorectal Cancer Screening and Venous Thromboembolism Prophylaxis Measures		STU4 Published	<input checked="" type="checkbox"/>	DEQM -11 GIC-7	ICF and MITRE leading Active WG Calls	Clinical Quality Information (CQI) Co-sponsor: Clinical Decision Support, Patient Care	1429 1427	PSS Exc Qu Me (DE) HL7 Scc Sta Gay Car	
Foundational	Da Vinci Unsolicited Notifications	Notifications (formerly known as Alerts)	Admit Discharge	Notifications Future Enhancements	STU1 - Published	<input checked="" type="checkbox"/>	7	Active WG Calls for implementer support monthly STU1 published October	Infrastructure And Messaging Work Group Co-sponsor:	1516	PSS No (for knv Ale	

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HL7 FHIR Foundry

Discover...Try...Test...IMPLEMENT!



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The HL7 FHIR FOUNDRY A place where anyone in the world can **discover, test and try** RIs for HL7 Specs

GALLERY
<https://foundry.hl7.org/>



01-DISCOVER
 Search projects by technology, role, description or category/domain **KNOW MORE!**
What can I do using FHIR in Genomics?
How can I manage provider registries?

03- TEST
 Use the RI Server
Can I try my own client against a known server?

02-TRY
 Use a client RI
Can I try an app to see what it actually MEANS to implement this for the end user?
Re-Use / Learn from the Source Code




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Discover



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Thank You!

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