**“Standards” Used in the Federal Health Information Model (FHIM)**

Following is a listing of those standards (which may include both proposed and balloted standards) and other artifacts endorsed by regulation that were used to inform the content of the FHIM:

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| **Standard** | **Version** | **Reason** |
| ASAP Standard for PDMP | n/a | This standard is mandated by Meaningful Use for Prescription Drug Monitoring |
| HL7 Behavioral Health Record DAM | R2 | This Domain Analysis Model provides use-case analyses of the domain and is a precursor to future HL7 standards |
| HL7 Care Plan DAM | R1 | This Domain Analysis Model provides use-case analyses of the domain and is a precursor to future HL7 standards |
| HL7 CDA | R2 | This standard is used to convey clinical documents |
| HL7 CIMI | n/a | The Clinical Information Modeling Initiative (CIMI) creates Detail Clinical Models (DCMs) that will become HL7 standards (to be expressed in the form of FHIR profiles, among others) |
| HL7 FHIR | R4 | This standard is the premier standard for interoperability specification development. FHIM alignment with FHIR allows enterprises to incorporate FHIR concepts in their Enterprise Architecture and prepares them to be able to interoperate using FHIR |
| HL7 Version 2 | 2.8 | This standard is widely implemented and is required by HIPAA and Meaningful Use as well as many public health reporting regulations. |
| International Conference on Harmonisation (ICH) E2B Electronic Transmission of Individual Case Safety Reports (ICSR) | R3 | This standard is used to transmit Adverse Events, primarily for drug and medical devices, but can be used to transmit other adverse events as well. The FDA’s MedWatch and VAERS reports, which are mandated for reporting in the U.S. are now based on ICH. |
| NCPDP Script | 10.6 | This standard is used for e-Prescribing. |
| NCPDP Telecommunications | D.6 | This standard is used for retail pharmacy insurance claims |
| ONC Clinical Element Data Dictionary (CEDD) | March 2012 | This artifact is a precursor to the USCDI. Many of the CEDD elements were also utilized in the US Core FHIR Profile |
| PCORnet Common Data Model | 4.1 | The National Patient-Centered Clinical Research Network produced a common data model for the use of the Clinical Research Community to describe in a common manner those data elements used in EHRs that are needed for research. |
| U.S. Core Data for Interoperability (USCDI) | 2019 | The USCDI is standardized set of clinical data elements for nationwide, interoperable health information exchange. The USCDI is expected to influence standards such as FHIR and US Core in the near future, and is expected to be included or referenced in future regulations. |
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| LOINC | 2.66 | LOINC (Logical Observation Identifiers Names and Codes) is a terminology standard used to identify clinical information in electronic messages and reports. FHIM binds to value-sets containing LOINC codes, and also uses LOINC codes to identify FHIM Detail Clinical Models (DCMs) |
| SNOMED-CT | July 2019 | SNOMED (Structured Nomenclature for Medicine) - Clinical Terms is a terminology standard (an ontology) used to convey clinical conditions and observations in electronic messages and reports, and to reason across concepts using Clinical Decision Support (CDS). FHIM binds to value-sets containing SNOMED-CT codes. |