The FHIM product suite (FHIM + MDHT + MDMI) provides many benefits that can help agencies develop and implement faster, better and cheaper information exchanges. Examples include:

* The FHIM product suite includes robust information and terminology models and a set of standards-based open source tooling to manage and automate interoperability implementation for automatically generating implementation guides, for standardizing data across disparate interoperability paradigms (e.g. FHIR or CCDA), and for run-time data mapping and transformation between these paradigms
* The FHIM associates all coded attributes (e.g. vital signs) with a code system (e.g. LOINC) and a value set. This serves as a starting point for finalizing each value set depending on the target interoperability standard (e.g., FHIR). No other information model or standards provides this exceptionally helpful and powerful feature
* The FHIM provides a foundation to ensure healthcare information semantic consistency, supporting analytics, quality improvement, and decision support
* The FHIM serves as a healthcare information knowledge source that is objective, non-proprietary, trusted, and truth-driven
* The FHIM provides a consolidated model of information to be explicitly or implicitly leveraged for agency process models and functional requirements and enables agencies to more quickly meet changing health IT sharing requirements and be more agile in their delivery of new capabilities
* The FHIM provides a single point of reference to ensure consistent updating of healthcare information requirements based on changes in healthcare laws, regulations, policies, and standards. The FHIM is updated for the benefit of all so that, in the face of endless changes and new requirements, no agency has to go it alone and costs are shared across all agencies
* The FHIM stakeholders include HHS, DoD, VA, SSA, ONC, CDC, NIST, and over 30 other FHA participating agencies, which helps to ensure broad and diverse input and buy in to the FHIM
* The FHIM and its associated suite of tooling, can be leveraged to accurately and automatically generate FHIR API's facilitating development of a versatile and agile core clinician experience, 3rd party open source application development, and clinical information interoperability
* The FHIM serves as the primary foundational component to achieve automated, repeatable, and accurate generation of healthcare interoperability solutions and as the FHIM and supporting products mature it will become relatively easy to specify and generate interoperability, with little or no data mapping required
* The FHIM product suite provides the foundation for consistent healthcare information exchange and, when combined with agency information models, the foundation for consistent healthcare information persistence. The two together provide much of the solution to the problem in healthcare interoperability, i.e., inconsistent data
* The FHIM provides a comprehensive and robust information reference model to support intra-agency, inter-agency, and healthcare industry interoperability
* The FHIM is the flagship component of an emerging interoperability initiative that will produce a tool-enabled Common Logical Information Model (CLIM) that will be paired with the FHIR standard to support full health interoperability

The table below shows the major project lifecycle steps involved in a typical inter-agency data-sharing project. Notional traditional time represents the traditional “start from a blank sheet of paper” approach, while notional FHIM time represents an approach leveraging the FHIM suite. The difference in efficiency and effectiveness can produce a significant cost savings of 50% or more by using the model driven architecture (MDA) approach that is the foundation of the FHIM suite.

|  |  |  |
| --- | --- | --- |
| **Step** | **Notional Traditional Time** | **Notional FHIM Time** |
| 1. information Exchange Requirements (IERs) analysis    1. Identify data modules, elements, dictionary, provenance and meta-data    2. Identify terminologies, value sets, additional info for coded data attributes    3. Define best terminologies and value sets for coded data attributes | 1-4 weeks by SME team | 1-2 weeks by a SME |
| 1. Interoperability Specification (IS) production    1. Identify specific use cases for information exchange implementation    2. Constrain the IER data and terminology to support the use cases    3. Generate the implementation specific model (CDA, FHIR, etc.) | 1-4 weeks by analyst | 4-8 hours by analyst |
| 1. IS Implementation Guides (IGs) (e.g., CDA/FHIR profiles) production | 1-4 weeks by SME/analyst | 1-4 hours by analyst |
| 1. IS IG profile testing | 1-2 weeks | 2-4 days |
| 1. IS IG ballot/standardization at an SDO | 1-2 months | 1-4 weeks |

The addition of 1.5 FTE to the existing FHIM team (which consists of 1.55 FTE) will support pilot testing and enhancement of the FHIM suite to:

* fully support health interoperability
* develop and implement information exchanges faster and cheaper, resulting in cost savings of 50% or more
* while significantly improving the quality of information that is exchanged.