

↳ FHIR R4 NATIVE · HIPAA · AI-NATIVE DATA INFRASTRUCTURE

# Healthcare AI starts *here.*

50+

Clinical system connectors — Epic, Cerner, MEDITECH, Athenahealth

78

Pre-built clinical agents on clean, structured data

FHIR

R4 native — same standard as every certified EHR in the US

Hours

Not months, to connect a health system

## THE PROBLEM

# Your EHR has FHIR. *Your hospital doesn't.*

- 01 Most US health systems run 18–22 disconnected clinical systems. The 21st Century Cures Act mandated FHIR R4 APIs on certified EHRs. It didn't mandate that everything else connects to them.
- 02 AI is being deployed 3× faster than data infrastructure is being built. Health systems deploying ambient documentation, prior auth AI, and predictive tools are reasoning on 40–60% of the data they should have.
- 03 Health systems that invested in integration architecture first are reporting 40–60% reductions in manual data reconciliation. The gap between connected and disconnected health systems is widening fast.

The mandate created the standard. Nobody built the infrastructure.

THE AI GAP – PROVEN

# Google AMIE. 90% diagnostic accuracy. *Still lost on practicality.*

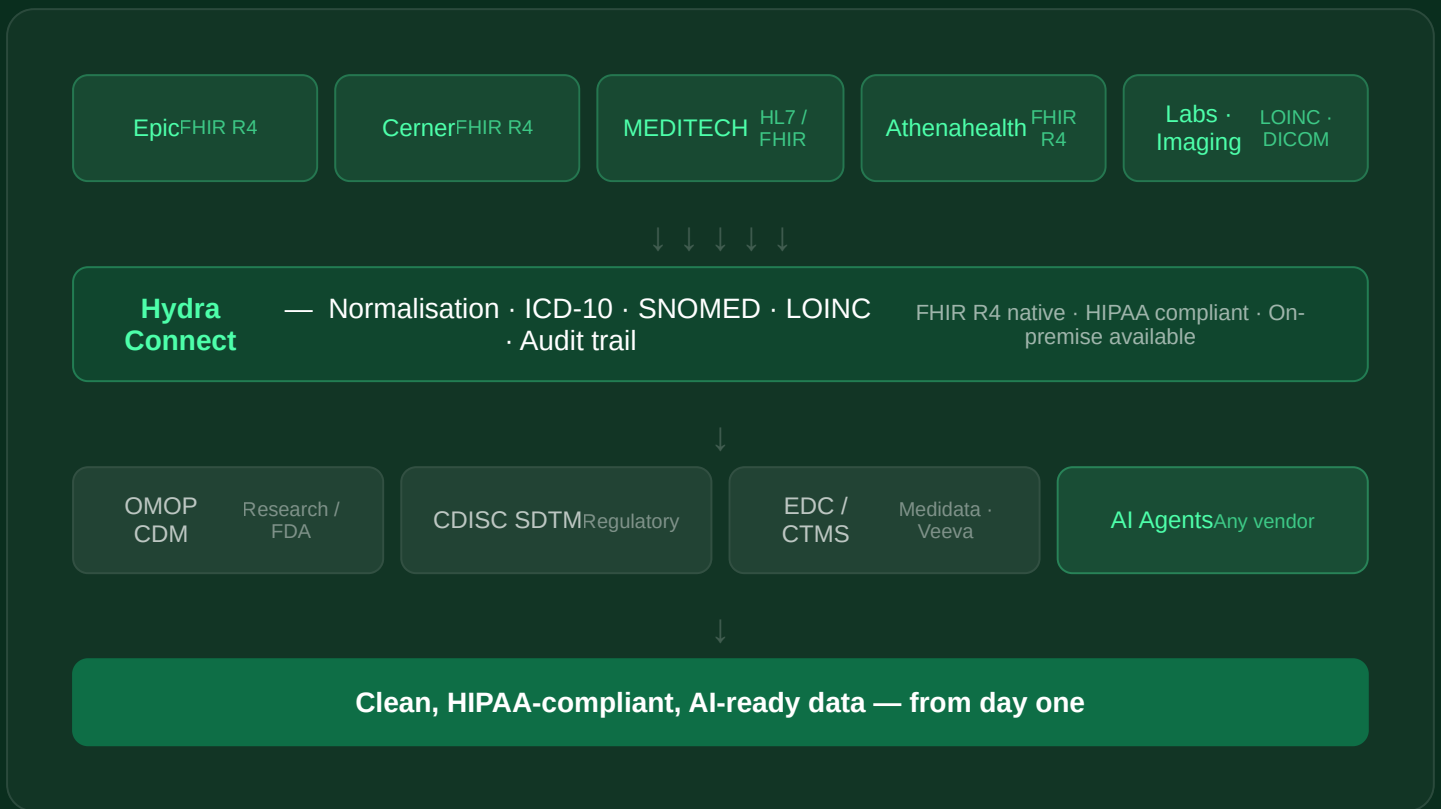
The March 2026 Beth Israel Deaconess Medical Center study: 100 real patients, zero safety stops, diagnostic accuracy equivalent to PCPs. But physicians outperformed on practicality ( $p=0.003$ ) and cost-effectiveness ( $p=0.004$ ).

The study authors named the reason explicitly: **no EHR access, no local formulary, no care pathway data**. Not a model problem. A data infrastructure problem.

The reasoning ceiling is already higher than most health systems can operationalise. The bottleneck is the data layer beneath the AI — not the AI itself. **That is Hydra's market.**

THE PLATFORM

One pipeline.  
*Every system.*



## WHO WE SERVE

# Same problem. *Three markets.*

## HEALTH SYSTEMS

## Epic. Cerner. *20 other systems.*

You have FHIR-compliant EHRs. The lab system, imaging platform, and care management tool don't connect to them. Hydra closes that gap — without custom integration per system.

## PHARMA / CLINICAL TRIALS

## From patient *to FDA dossier.*

Trial data sits in 12 hospital EHRs, a central lab, and a wearable platform. Hydra normalises to OMOP CDM and CDISC SDTM automatically. Full audit trail from source.

## CLINICAL AI COMPANIES

## Stop rebuilding *per hospital.*

Your agents need EHR history, lab results, formulary data, and care pathways before they can reason correctly. Hydra is that context layer — FHIR R4, HIPAA-ready, MCP-compatible.

## REVENUE CYCLE

## Prior auth. *CMS mandated.*

CMS mandates FHIR-based prior authorization APIs. Hydra connects payer and provider systems automatically — reducing denial rates and eliminating manual reconciliation.

## THE FACTS

# What we deliver *from day one.*

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- FHIR R4** Native — not adapted. Hydra was built on FHIR R4 from day one. Same standard as Epic, Cerner, Athenahealth. No translation layer, no version mapping required.
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- HIPAA** Compliant from deployment. End-to-end encryption, RBAC, full audit trails, BAA available. On-premise deployment for air-gapped environments.
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- 50+** Connectors deployed. Epic, Cerner, MEDITECH, Athenahealth, NextGen, labs, imaging systems, wearables. MLLP, REST, SOAP, HL7, FHIR, OMOP.
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- Hours** Not months to go live. No upfront investment. Pay as you go. Full API access — MCP-compatible and agent-friendly from the start.

BY THE NUMBERS

Everything you need.  
*Nothing to rebuild.*

50+

CONNECTORS – EPIC, CERNER, MEDITECH,  
ATHENAHEALTH, LABS, WEARABLES, DEVICES

78

PRE-BUILT CLINICAL AGENTS  
ON CLEAN, NORMALISED DATA

*Hours*

NOT MONTHS TO CONNECT  
A NEW HEALTH SYSTEM

HIPAA

COMPLIANT · ON-PREMISE AVAILABLE

FHIR R4 · HL7 · OMOP CDM · CDISC SDTM · ICD-10 · SNOMED · LOINC · DICOM

THE QUESTION

# Your EHR speaks FHIR. *Does everything else in your health system?*

The mandate created the standard.  
Hydra creates the infrastructure.

[See how Hydra works →](#)