What is Burden Reduction?
Burden Reduction

- Coverage Requirements Discovery
- Documentation Templates and Coverage Rules
- Prior Authorization Support

CDS Hooks

FHIR APIs

- Coverage Requirements Discovery
- Documentation Templates and Coverage Rules

Prior Authorization Processing

X12 278 Request/Response

Transformation Layer (Optional)

Translation

FHIR Bundle / Attachments

Improve Transparency
Reduce Effort for Prior Authorization
Leverage Available Clinical Content and Increase Automation
Burden Reduction

Coverage Requirements Discovery (CRD)

Documentation, Templates & Rules (DTR)

Prior Authorization Support (PAS)

https://build.fhir.org/ig/HL7/davinci-crd/

http://www.hl7.org/fhir/us/davinci-dtr/

http://hl7.org/fhir/us/davinci-pas/STU1/
**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 support early determination

**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)**

- 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
Coverage Requirements Discovery (CRD)

- Implementation Guide
  - http://build.fhir.org/ig/HL7/davinci-crd/

- Hosted Reference Implementation
  - https://davinci-crd.logicahealth.org/

- Reference Implementation Code (Apache 2.0 license)
  - https://github.com/HL7-DaVinci/CRD

- Confluence
  - https://confluence.hl7.org/display/FHIR/CMS+2022+-07+Da+Vinci+Burden+Reduction+%28BR%29+Track
**Documentation Templates and Rules (DTR)**

**Purpose**
- Automates the process of assembling clinical documentation to support a prior authorization request for a specific payer.
- Based on the payer’s rules regarding required documentation.
- Allows automatic population of the template from the patient’s record and only request missing documentation.
- Allows documentation to be captured during the patient encounter to minimize the delay associated with PA.

**Technology**
- Takes advantage of SDC Questionnaire and Clinical Quality Language (CQL) to assemble documentation required to support a prior authorization request.
- Supports both traditional FHIR questionnaires and adaptive forms to navigate complex guidelines with minimal user interaction.

**Workflow**
- May be triggered from CRD or manually.

**Requires (in general)**
- Information relevant to the patient, provider, insurance, encounter purpose, orders placed or under consideration.

**Returns**
- A completed documentation template and specific FHIR resources required to support the medical necessity of the service that is the target of the prior authorization request.

- DTR uses context of CRD (provider, patient, orders, ...) and retrieves template(s) and rules from payer (no need to reenter information)
- Retrieves information from patient’s medical record and prepopulates the template (eliminates duplicate entry)
- Queries for missing information (specific to the service requested)
- Complex guidelines can be handled with adaptive forms that solicit (from the patient’s record or provider) relevant information based on prior answers. (dramatically reduces need for large amount of clinical information)
- Option exists for Payer (using adaptive forms) to provide authorization as part of DTR
- This process replaces the need to request, gather, and submit documentation.
Documentation Templates and Rules (DTR)

• Implementation Guide
  • http://build.fhir.org/ig/HL7/davinci-dtr/

• Hosted Reference Implementation
  • https://davinci-dtr.logicahealth.org/smart/launch.html

• Reference Implementation Code (Apache 2.0 license)
  • SMART on FHIR App: https://github.com/HL7-DaVinci/dtr

• Confluence
  • https://confluence.hl7.org/display/FHIR/CMS+2022+-+07+Da+Vinci+Burden+Reduction+%28BR%29+Track
Prior Authorization Support

PAS takes the information from CRD and DTR and submits it to the payer. If 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)

- Assemble PA request (FHIR bundle)
- Information for the X12 278
- Clinical documentation support
- Send to Intermediary

- Create and send the X12 278 request to payer
- Encode and send the entire FHIR bundle using X12 275 or alternative exchange standard

- Receive X12 278 and FHIR bundle
- Decode FHIR bundle
- Process X12 278 or FHIR bundle
- Evaluate supporting clinical documentation

- Translate X12 278 Response to FHIR bundle
- Return to provider

- Generate X12 278 Response
- Send to Intermediary
Prior Authorization Support

• Implementation Guide (STU1)
  • http://hl7.org/fhir/us/davinci-pas/

• Hosted Reference Implementation
  • https://davinci-prior-auth.logicahealth.org/

• Reference Implementation Code (Apache 2.0 license)
  • https://github.com/HL7-DaVinci/prior-auth

• Confluence
  • https://confluence.hl7.org/display/FHIR/CMS+2022+-+07+Da+Vinci+Burden+Reduction+%28BR%29+Track
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