September 2023 Connectathon

Burden Reduction Track Kick-Off

August 25, 2023

Jeff Brown – Healthcare Standards Advisor
Lantana Consulting Group
September 2023 HL7 Connectathon Format

- September 9 - 10, 2023 - Phoenix, AZ
- 9:00 am to 5:00 pm Local Time
- Each track has a table or set of tables in the main Connectathon room.
- Each table will be labeled as to which track is represented there for easy navigation throughout.
- **Break out sessions** occur in separate reserved rooms:
  - Sunday 9:00 am - **CQL and questionnaire in Da Vinci use cases** (Breakout Room 2)
  - Sunday 1:00 pm - **Burden Reduction Demonstrations** (Breakout Room 1)
Burden Reduction

Burden Reduction Connectathon Planning Calls

- Wednesday’s at 12:00 pm (ET)
- Any active testers are welcome (and encouraged) to join!
- Continues in between every Connectathon
- Coordinates and organizes testing details…
  - Documents capabilities of the testing participants
  - Identifies potential use case scenarios
  - Coordinates testing scenarios between exchange partners
  - Enables the group to “Hit the ground running” at Connectathon!
What is Burden Reduction?
Burden Reduction

- Coverage Requirements Discovery
- Documentation Templates and Coverage Rules
- Prior Authorization Support
- CDS Hooks
- FHIR APIs
- X12 278 Request/Response FHIR Bundle / Attachments
- Translation
- Transformation Layer (Optional)
- Prior Authorization Processing

Improve Transparency
Reduce Effort for Prior Authorization
Leverage Available Clinical Content and Increase Automation
**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/](http://build.fhir.org/ig/HL7/davinci-crd/)

❖ Hosted Reference Implementation
  • [https://crd.davinci.hl7.org/](https://crd.davinci.hl7.org/)

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

❖ Confluence
  • September 2023 Connectathon - Burden Reduction 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://dtr.davinci.hl7.org/

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

❖ Confluence
   • September 2023 Connectathon - Burden Reduction Track
Prior Authorization Support

PAS takes the information from CRD and/or 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)

**PROVIDER**

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

**Translation**

- 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

**X12 278 Request/Response**

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

**PAYER**

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

❖ Implementation Guide
  • http://hl7.org/fhir/us/davinci-pas/

❖ Hosted Reference Implementation
  • https://prior-auth.davinci.hl7.org/

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

❖ Confluence
  • September 2023 Connectathon - Burden Reduction Track
Focus Areas for Connectathon Testing

**CRD:**
- System actions ([https://build.fhir.org/ig/HL7/davinci-crd/hooks.html](https://build.fhir.org/ig/HL7/davinci-crd/hooks.html), [https://build.fhir.org/ig/HL7/davinci-crd/index.html#systems](https://build.fhir.org/ig/HL7/davinci-crd/index.html#systems))
- Card configuration (i.e., ability to control which cards come back)
- Order dispatch hook
- Linking cards and system actions to requests ([https://cds-hooks.org/cheat-sheet/cheat-sheet/#link](https://cds-hooks.org/cheat-sheet/cheat-sheet/#link))

**DTR:**
- Launch and use of Adaptive Forms
- Launch process from CRD (initial, deferred, relaunch)
- Launch process from CDex with task context and return QR to CDex
- Capture source of information (CQL, modified, manual) with user

**PAS:**
- Subscriptions (leveraging latest Subscriptions R5 Backport version which supports R4 compatibility)
- Additional Documentation Request
- Inquiry
- Error Handling
Prior Authorization Subscriptions

PROVIDER

Prior Authorization Support

PAYER

Prior Authorization Processing

Prior Authorization Submission

Payer Response: Pended

POST Subscription to Payer

Payer Response: Approval/Denial
Additional Feature Testing

Payer Request for Additional Documentation

- **PROVIDER**
  - Documentation Templates and Rules
  - Clinical Data Exchange (CDex)

- **PAYER**
  - Prior Authorization Processing

Launch

Request Additional Documentation
Da Vinci Burden Reduction Team

Jeff Brown
Healthcare Standards Advisor
Burden Reduction Track Lead
(jeff.brown@lantanagroup.com)

Daniel Vargas
Software Architect
RI Development (CRD/DTR/PAS)