Bridging the Payer - Provider Data Divide

Da Vinci Project
Interim Antitrust Policy

ANSI Antitrust Policy

ANSI neither develops standards nor conducts certification programs but instead accredits standards developers and certification bodies under programs requiring adherence to principles of openness, voluntariness, due process and non-discrimination. ANSI, therefore, brings significant, procompetitive benefits to the standards and conformity assessment community.

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Approved by the ANSI Board of Directors
May 22, 2014
To ensure the success of the industry’s **shift to Value Based Care** there is a need to establish a **rapid multi-stakeholder** process to identify, exercise and implement initial use cases between payers and provider organizations.

The objective is **to minimize** the development and deployment of **unique solutions with focus on reference architectures** that will promote industry wide standards and adoption.

Components for success include (and where needed, create extensions to or craft revisions for) common:

1. Standards (HL7 FHIR®),
2. Implementation guides, and
3. Reference implementations and pilot projects to guide the development and deployment of interoperable solutions on a national scale.
VBC Programs Drive Focus to Patient Outcomes

Enable provider to see right data at right time for specific patient coverage, benefits and care coordination

Historically, payment and coverage data completely separate from care
Empower End Users to Shift to Value

As a private industry project under HL7 International, Da Vinci will unleash critical data between payers and providers required for VBC workflows leveraging HL7® FHIR®

Source: © 2018 Health Catalyst
<table>
<thead>
<tr>
<th>Founding Members</th>
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</thead>
<tbody>
<tr>
<td><strong>12 Payers</strong></td>
</tr>
<tr>
<td><strong>10 HIT Vendors</strong></td>
</tr>
<tr>
<td><strong>EHRs</strong></td>
</tr>
<tr>
<td><strong>½ Dozen Providers</strong></td>
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<tr>
<td><strong>3</strong></td>
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<tr>
<td><strong>9 Use Cases</strong></td>
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Work Underway to Identify Initial Sites by Use Case
2018 Use Case Inventory and Project Deliverables

**Project Deliverables**
- Define requirements (technical, business and testing)
- Create Implementation Guide
- Create and test Reference Implementation (prove the guide works)
- Pilot the solution
- Deploy the solution

- Data Exchange for Quality Measures
- Coverage Requirements Discovery
- Documentation Templates and Coverage Rules
- eHealth Record Exchange: HEDIS/Stars & Clinician Exchange
- Authorization Support
- Gaps in Care
- Laboratory Results
- Risk Based Contract Member Identification
- Alerts: Notification (ADT), Transitions in Care, ER admit/discharge

- In HL7 ballot reconciliation as draft standard
- Discovery and requirements underway
- Proposed 2019 Use Cases
## Use Case Alignment

<table>
<thead>
<tr>
<th>Quality Measure Collection</th>
<th>Clinical Data Exchange</th>
<th>Pre Order Burden Reduction</th>
</tr>
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<tbody>
<tr>
<td>Data Exchange for Quality Measures</td>
<td>eHealth Record Exchange: HEDIS/Stars &amp; Clinician Exchange</td>
<td>Coverage Requirements Discovery</td>
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<td>Risk Based Contract Member Identification</td>
<td>Laboratory Results</td>
<td>Authorization Support</td>
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### Observations

- Relationships emerging around use cases
- Early use cases create building blocks, incremental improvements
- Currently three categories with expectations others will emerge as we advance and mature existing and add new use cases
2018-19 Membership
Premier Members

Anthem
BlueCross
BlueShield
Association
Blue Cross of Idaho
CAMBIA

OPTUM
UnitedHealthcare

Associates

Allscripts
Humana
Cerner
Epic

of Tennessee

For current membership: http://www.hl7.org/about/davinci/members.cfm
Active Use Cases
## 2018 Initial Delivered Use Cases

<table>
<thead>
<tr>
<th>Stage</th>
<th>Q4 2018 Priorities</th>
<th>2019 Min Investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Day Medication Reconciliation via DEQM</td>
<td>• Publish</td>
<td>• v2: sync with FHIR STU4</td>
</tr>
<tr>
<td></td>
<td>• Identify Early Implementers</td>
<td>• Incorporate feedback</td>
</tr>
<tr>
<td></td>
<td>• Test</td>
<td>• Extend DEQM for next set of Measures</td>
</tr>
<tr>
<td>Coverage Requirements Discovery</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td>• Incorporate feedback</td>
</tr>
<tr>
<td></td>
<td>• Test</td>
<td>• Add pricing by location functionality</td>
</tr>
<tr>
<td></td>
<td>• CMS Test late Fall</td>
<td></td>
</tr>
</tbody>
</table>

**Ballot Reconciliation & Connectathons**

- Publish
- Identify Early Implementers
- Test
<table>
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<tr>
<th>Stage</th>
<th>Q4 2018 Priorities</th>
<th>2019 Min Investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>• Finalize scope&lt;br&gt;• Submit Project Scope Statement&lt;br&gt;• Identify Implementers</td>
<td>• Ballot first draft IG&lt;br&gt;• Connectathons&lt;br&gt;• Member Reference Implementations&lt;br&gt;• March 2019 CMS Testing</td>
</tr>
<tr>
<td>Discovery</td>
<td>• Identify scenarios and architectural approach&lt;br&gt;• Get IG work underway&lt;br&gt;• Identify Implementers</td>
<td>• Ballot first draft for 3 current IGs&lt;br&gt;• Connectathons&lt;br&gt;• Member Reference Implementations</td>
</tr>
</tbody>
</table>
Project Construct
Sample Project Structure & Timeline

Assemble Team
FHIR Gap Analysis
Build Initial RI
IG Framework
Specify profiles, ...
Create Draft IG
Revise and Finalize IG

RI Tech Approach
Build Data Set
Build Test Set
Test RI
Update Final RI

IG Development

Week 0 2 4 6 8 10 12 14 16

RI Development

Represents 4 weeks
2-4 sprints

Work with appropriate HL7 workgroup for IG sponsorship and input
Demonstration Projects Recommendation

Build Your Implementation Organization

Payer

Provider

Tools

Reference Implementations

Implementation Guide

= TRUE INTEROPERABILITY
DaVinci Data Exchange For Quality

This is the Continuous Integration Build of the Data Exchange for Quality (1.1.0). See the Directory of published versions.

Contents:
- Summary
- Background
- How to read this Guide

1 Summary

The purpose of this implementation guide is to support the use of the Data Exchange for Quality Measures Implementation Guide. It can be used for multiple use cases in the U.S. Realm.

Interoperability challenges have limited many stakeholders. The dual challenges of data standardization and easy interpretation create efficient care delivery solutions and effective care coordination.

This specification is currently undergoing ballot and conformance testing. It is expected to evolve, possibly significantly, as part of that process.

Feedback is welcome and may be submitted through the FHIR gForge tracker indicating "US Da Vinci CRD" as the specification. If balloting on this IG, please submit your comments via the tracker and just reference them in your ballot submission implementation guide.

This implementation guide is dependent on other specifications. Please submit any comments you have on these base specifications as follows:
- Feedback on CDS Hooks should be posted to the CDS Hooks GitHub Issue List
- Feedback on the FHIR core specification should be submitted to the FHIR gForge tracker with "FHIR Core" as the specification.
- Feedback on the US core profiles should be submitted to the FHIR gForge tracker with "US Core" as the specification.

Individuals interested in participating in the Coverage Requirements Discovery or other HL7 Da Vinci projects can find information about Da Vinci here.

There are a few places in this implementation guide marked as 'ToDo'. All such areas represent supplementary content such as examples, additional background or context or other non-definitive content. They do not change any of the conformance expectations on implementers. Where ToDo appears, such content will be created and included in the implementation guide prior to publication as a Standard for Trial Use.
Follow Progress, Test, Implement

- HL7 Da Vinci Wiki & Listserv signup -
  http://www.hl7.org/about/davinci/index.cfm

- HL7 Confluence Site -
  https://confluence.hl7.org/display/DVP/

- Data Exchange For Quality Measures (DEQM) Implementation Guide STU1 Ballot 1

- Coverage Requirements Discovery (CRD) Implementation Guide STU1 Ballot 1

- Reference Implementation Code Repository -
  https://github.com/HL7-DaVinci

Find

- Background collateral
- Implementation Guide
  - Balloted Sept ’18, reconciliation underway
- Reference Implementation
  - HL7 Connectathon participants
  - Publicly available
Program Contacts

Da Vinci Program Manager:
Jocelyn Keegan, Point of Care Partners
jocelyn.keegan@pocp.com

Da Vinci Technical Lead:
Dr. Viet Nguyen, Stratametrics LLC
vietnguyen@stratametrics.com
Industry Role
Relationship Between Da Vinci & P2 FHIR Task Force

Using FHIR to Solve Payer-Provider and Provider-Provider Interoperability Problems

- Start with a VBC use case (e.g. 30-day medication reconciliation)
- Define the requirements (business, technical)
- Create implementation guide and reference implementation
- Pilot the solution

- Identity management
- Security and authentication
- API discovery
- Scaling solutions
- Content identification and Routing
- Testing and certification
Da Vinci and P2 FHIR Task Force Payer, Provider and HIT vendors

Using FHIR to Solve Payer-Provider and Provider-Provider Interoperability Problems

P2 FHIR Task Force
Scale Solutions Nationally
How can a payer scale this to 30,000 providers serving 3 million members

Da Vinci
Solutions to VBC Use Cases
How can a payer request and receive a response from a provider regarding 30-day medication reconciliation (content and semantics of the messages)

HIT Solutions

Payers/Providers

Providers

HIT Solutions
30 Day Medication Reconciliation

- Need for provider to attest that Med Rec has been completed post-discharge
- Increasingly required for HEDIS and commercial at risk contracts
- Focus is to compare pre/post medication lists to avoid errors
- Today done through claims processing or manual review of lists

Implementation Guide Shifted to Framework to Support Wider Set of Data for Quality
Use case creates a common framework for quality data exchange

- Enables the exchange of raw quality measure data between quality measurement teams and care teams that provide patient care
- Timely exchange of key data is critical to evaluate and capture quality
- Future work will incorporate additional use cases

1. Submit

   ![Diagram of the submit process]
   - Submit Measure Data
   - OperationOutcome
   - Payer
   - Aggregator

2. Collect

   ![Diagram of the collect process]
   - Collect Measure Data
   - Return Measure Data
   - Provider
   - Payer

3. Subscribe

   ![Diagram of the subscribe process]
   - Subscribe for Measure Data
   - OperationOutcome
   - Aggregator
   - Provider
• Providers need to easily discover which payer covered services or devices have
  • Specific documentation requirements,
  • Rules for determining need for specific treatments/services
  • Requirement for Prior Authorization (PA) or other approvals
  • Specific guidance.

• With a FHIR based API, providers can discover in real-time specific payer requirements that may affect the ability to have certain services or devices covered by the responsible payer.

• Response may be
  • The answer to the discovery request
  • A list of services, templates, documents, rules
  • URL to retrieve specific items (e.g. template)
Coverage Requirements Discovery Implementation Guide

1) Based on a specific clinical workflow event:
   - scheduling,
   - start of encounter,
   - planning treatment,
   - ordering,
   - discharge

   Provider’s send FHIR based request, with appropriate clinical context to the responsible payer

2) Payer may request additional information from the provider EHR using existing FHIR APIs

3) Payer responds to the EHR with any specific requirements that may impact the clinical decisions or coverage

Provider utilizes this information to make treatment decisions while considering specific payer coverage requirements.
Documentation Templates and Payer Rules

• Providers need to easily incorporate payer requirements into their clinical workflow
  • Specific documentation requirements,
  • Rules for determining need for specific treatments/services
  • Requirement for Prior Authorization (PA) or other approvals
  • Specific guidance.

• Use a FHIR based standard for representing payer “rules” to communicate, in real-time, payer medical necessity and best clinical practice requirements that may affect the ability to have certain services or devices covered by the responsible payer.

• The template/rules may (examples, not complete list)
  • Specify provider documentation requirements for coverage, medical necessity
  • Provide guidance / documentation requirements regarding social determinates that are antecedents for specific care
  • Collect information for some purpose (e.g. authorizations)
  • Indicate clinical requirements including appropriate use
  • Collect specific documentation for Quality Measures
  • Respond with specific information as requested/documented in the template/rules
eHealth Record Exchange

eHRx
**electronic Health Record exchange** Framework
Interactions and Profiles

DEQM
Data Exchange for Quality Measures
Framework

eQDx
**electronic Quality Data exchange**
Additional Measures for DEQM IG

eCDx
**electronic Clinical Data exchange**

ePDx
**electronic Payer Data exchange**
P2 Architecture
Use Case/Architecture Model

Use Case Sources
- Da Vinci UC Base
- Existing Workflow (i.e., PA)
- Known Barrier to Scalability

Architecture Team
- P2 use case refinement
- P2 use case document via template
- Cross use case core / common capabilities identification / recognition
- Use cases, core/common capabilities and team mapping, architecture blueprints
- Core Capabilities Example
  - End User Discovery
  - Identity Management
  - Authentication/Authorization

Use Case Team

Tiger Teams
- Identity
- Directory/Versioning/Scale
- Testing/Certification
- Exchange
- Security
- Pilots
- Technical Learning Center