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HL7 January 2016 Payer Summit Executive Summary

The third offering of the HL7 Payer Summit was held January 14 – 15, 2016 in Orlando, FL. HL7 established Payer Summit programming as part of an initiative to support the payer community and its effort to make the implementation of standards easier and more efficient.

The theme of this payer summit was “Using Interoperability Standards to Achieve Real Clinical Data Exchange.”

DAY 1

Keynote – Care Planning in the Age of Patient Engagement

The event kicked off with Leslie Kelly Hall, Senior Vice President, Policy from Healthwise and Informed Medical Decision Making Foundation, delivering the opening keynote address on how new payment models, CMS incentives and quality and Affordable Care Act (ACA) initiatives impact care planning.

Some of the highlights of Hall's presentation about the evolution of care plans included:

- Current use of care plans as reference materials (static, template-based, manually updated)
- How care plans are embedded in EHRs, which are query-based, interactive and sharable with others
- Ways that they enable closed loop communication with the EHR informing patients and other providers
- Examples of how the exchange of digital care plans and other CDA documents improves care coordination
- Introduction of emerging care plan concepts, including 360° patient data and collaborative care planning platforms from the area of population health
- Success is dependent on interoperability and standardized APIs

Consolidated Clinical Document Architecture (C-CDA[®]) Templates Release 2.1 – Raising the Bar on Interoperability

Brett Marquard, Principal of River Rock Associates, discussed the need for C-CDA R2.1 and provided a high-level introduction to the key document types, requirements from the 2015 certification rule and how payers could benefit from supporting C-CDA.

Following are some of the key takeaways from Marquard's presentation:

- The characteristics of a clinical document include: persistence, stewardship, potential for authentication, context, wholeness, and human readability
- The term “consolidated” in C-CDA refers to a single implementation guide that is the single source of truth

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- The C-CDA implementation guide defines templates used to structure the documents and defines nine different types of commonly used CDA documents
- C-CDA R2.1 is compatible with R1.1
- Vendors are skipping C-CDA R2.0 because it is not backward compatible or named in Meaningful Use Stage 3 regulation

Real World Impact of HL7 FHIR®

Dave Shaver, Healthcare Integration Expert and CTO of Corepoint Health, shared his observations on how HL7's Fast Healthcare Interoperability Resources (FHIR®) might impact hospital and payer workflows in the next five years and how FHIR might be the core of future health data exchange.

Shaver highlighted the following during his presentation:

- An overview of the Gartner Hype Cycle
- One of the biggest short-term impacts of FHIR is the ability to create a non-proprietary interface to a proprietary back-end (this is accomplished by mapping from a FHIR export module/API to a back-end database)
- Some examples of EHRs using FHIR APIs (Cerner and Epic)

Sponsored Education Sessions

The Payer Summit also featured four sessions from the event's sponsors.

Featured sessions included:

- Edifecs presented the session "Interoperability is Essential. Can you Set FHIR to Your Information Exchange?"
- The Sequoia Project shared their story in "Show Me the Data"
- NaviNet offered their successes in "Use FHIR to Extend and Sew Together Standards"
- Orion Health led the session "Evolving New Models of Medicine"

Argonauts and SMART on FHIR

The afternoon session on day one brought two major players involved in the Argonaut Project to the podium. Micky Tripathi, PhD, MPP, President and CEO of the Massachusetts eHealth Collaborative (MAeHC) who also serves as the project lead for the Argonauts, provided a background on public APIs, the status of Argonaut Project initiatives and the impact on payers. Tripathi was joined by Josh Mandel, MD, research faculty from Harvard Medical School, and one of the leads for SMART on FHIR.

Key takeaways about SMART on FHIR included:

- SMART is an open, standards-based technology platform for healthcare apps, which defines a health data layer that builds on the FHIR API and FHIR resource definitions
- SMART functions by applying a set of meaningful use oriented FHIR data "profiles" that provide developers with expectations about the vocabularies used to express medications, problems, labs and other clinical data
- The platform also outlines a robust authorization and authentication model for apps based on the OAuth 2.0 and OpenID Connect standards

- By way of the Argonaut Project, the five largest EHR vendors have partnered with SMART and HL7 to build SMART into the release of products and standardize the SMART API
- The SMART on FHIR community includes: standards developers, vendors, care providers, data networks, content and app developers as well as representatives from the pharma industry

Key takeaways about the Argonaut Project included:

- The Argonaut Project pools resources for a code and documentation sprint, the products of which will be openly available to the market
- The genesis of this project stems from the JASON Task Force call to action for public APIs
- A small group of vendors and providers founded the Argonaut Project, which has provided funds for: technical expertise and project management, general support to HL7 for FHIR standard for trial use version 2 development, narrower focus profiles and implementation guides, accelerated accompanying security specifications and documentation, and an implementation program to market test
- The primary goal of the project is to develop a first-generation FHIR-based API and Core Data Services specification that can be packaged for rapid market adoption
- Current payer use cases are based on provider use cases and include the monitoring and management of care coordination and data aggregation for performance measurement and risk modeling
- Payers will need to be proactive in building FHIR resources for payer-specific use cases related to claims attachments, prior authorization, eligibility transactions and consumer-controlled applications

Panel Discussion – The Innovative Landscape of Payer IT – Enterprise Applications, Platforms

The afternoon also featured a three-person panel discussion on how new architectures and application platforms should be important strategic priorities for payers to achieve new capabilities for big data, analytics and consumer/provider engagement.

The panel included the following speakers:

- **Brent Rosenbaum**, Clinical Solutions Advisor, Senior Principal, Dell Services, Healthcare & Life Sciences
- **Heidi Dohse**, Program Manager, Google
- **Leslie Sistla**, Director, Technology Strategy Worldwide Health Industry, Microsoft

Following are some of the highlights from Rosenbaum's presentation about the Dell patient engagement platform:

- Stakeholders include: payer partners, provider groups and hospitals, Dell and their technology partners
- The Dell patient-focused engagement platform is a health information portal with integration points for existing payer partners' systems, provider systems and HIE, and analytics systems
- This platform has improved STARS and HCC performance
- Allows for prospective and retrospective data analysis for clinical decision making
- Additional benefits include clinical coding accuracy and optimized risk adjustment

Dohse shared a powerful and personal account of a patient's perspective on healthcare data and how data collection, analysis and management can benefit personal health.

Some of the key takeaways from her presentation included:

- An overview of how the Google cloud platform enables users to apply Google's expertise to their own data problems
- The platform provides a model for interoperability that is generalizeable to any type of data that is supported by well-defined standards for CRUD (create, read, update, delete) operations that can be implemented as web APIs
- Google supports open standards and open source
- The platform also offers many healthcare security capabilities such as FISMA certification, HIPAA BAAs, etc.
- There are numerous opportunities for healthcare on the cloud, such as internet of (medical) things and patient generated data from wearable devices

Sistla rounded out the panel by sharing Microsoft's cloud platform and talking about empowering the intelligent cloud in health. The takeaways from her presentation included:

- The intelligent cloud enables application innovation for medical and clinical research, genome sequencing and fraud claim detection
- This platform will transform the data center in how it handles business applications, storage of medical images, disaster recovery of LOB apps and data, test and development, patient portals and more
- Creates the internet of your things, connecting human and ambient sensors with real-time analytics
- Unlocks insight on data which leads to business analytics on medical data
- Empowers enterprise mobility, allowing for health application access from anywhere
- Areas of opportunity for health analytics, including personalization of the health experience, population health, operational efficiency and risk mitigation

DAY 2

Keynote Address – Consumer-centric Meaningful Data in the Brave New World of Population Health: How Data, Analytics, Mobile/Wearable Devices Might Engage an Informed Member

Day two kicked off with a keynote panel about how the flood of available clinical and administrative information can merge with the power of data analytics to support meaningful, actionable population health and risk adjustment.

The speakers on this panel included:

- **Deborah G. Stewart, MD**, Medical Director Provider and Client Solutions at Florida Blue
- **Rahul Dubey**, Senior Vice President of Innovation & Solutions, AHIP
- **Harry L. Reynolds, Jr.**, Director of Health Industry Transformation for IBM Global Healthcare and Life Science Industry (IBM Watson)

Some of the highlights from Stewart's presentation on the search for clinical information exchange (CIE) included:

- A background on Florida Blue's manual processes; they have been engaged with electronic clinical information sharing since 2009 with a multi-million dollar investment in 2012 and their first HL7 connections in 2013
- An overview of Florida Blue's current e-clinical state that includes 31 facilities sending real-time ADT data with 25 of the facilities generating automated authorization requests, 5 sending real-time lab results, a cardiology group sending real-time patient encounter summaries via C-CDA and actionable triggers integrated with health analytics
- Numerous motivations for change such as latency in receipt of clinical data, accuracy of clinical data received, limited clinical data when received and changes to risk adjustments, under 65-market demands and medical loss ratio as a result of the Affordable Care Act
- Challenges they faced, including: provider resource limitations, reluctance to use despite the value, identifying appropriate provider contacts, competing priorities such as MU and EHR implementation, vendor limitations and obtaining more value added-data
- The implementation of place of delivery complex care medical management model that is regionally-based and integrated with accountability focused on achieving clinical quality outcomes through localized engagement with members and providers
- The adoption of a leading indicator dashboard that:
 - Demonstrates that as healthcare evolves, timely data analytics is key to driving proactive business decisions
 - Provides leadership with more real-time analytics to support strategic objectives
 - Enables transparency via single source which will exhibit KPIs and stretch goal performance
 - Supports new enterprise discipline for correction action planning, monitoring and measuring

Representing the AHIP Innovation Lab, Dubey shared some feedback on the stated needs collected at a Solution Working Group for health plans:

- Payer/provider collaboration for innovative care measures for specific chronic conditions (i.e. diabetes, CHF, obesity and behavioral health)
- Outcomes-based risk sharing agreements (RSAs) and value-based models between payers, providers, manufacturers (and potentially industry and employers)
- Payer/provider IT platforms to create and on-board high performing provider networks
- Remote monitoring and video-based telehealth beyond the consumer/physician consult
- Receive HL7 data and clinical textual notes to assess MA risk pool, provide better care to the population and gain higher dividends

Dubey concluded his presentation by stating that the biggest challenge they face is that there is non-existent data flow between providers and payers.

The third speaker on this panel was **Harry L. Reynolds, Jr.**, Director of Health Industry Transformation for IBM Global Healthcare and Life Science Industry (IBM Watson), who presented "Health Industry Transformation: The Consumer and their Health Data."

Reynolds posed the following issues and decisions that need resolution:

- Provider consolidation: can costs be cut and outcomes improved?
- Care models: which ones really influence care and individuals?
- Competitors: clear differences or just more choices to confuse buyers or patients?
- New places and types of care: fad or transformation for individual's health?
- Quality: can it be understood and accepted by the general public?
- Consumers: can they truly be influenced to change behaviors soon enough?

Reynolds also provided key perspectives related to data and insights:

- Transactions ----> outcomes
- Big data -----> immense data
- Analytics ----> insights
- EMR -----> wearable devices/monitors
- Structured data ----> unstructured information
- Patient/member ----> person
- All data -----> data that matters
- Standards -----> transformational exchange of data

Payers Experience the Burn at the HL7 FHIR Connectathon 11

Various payers who participated in the HL7 Connectathon held on January 9 – 10, 2016 provided an overview of their experience for the Payer Summit attendees.

Jimmy Burk of Cigna shared the following feedback about the event:

- Tested understanding of the spec and provided the opportunity to experience how it is implemented with real systems
- Confirmed the simplicity of the REST conventions on which FHIR is based
- Raised awareness of other initiatives that could help streamline processes for providers working with payers
- Moving forward, participate in use-cases such as an SDC-like use-case for HEDIS scenarios

Gregory Barnowsky, Chief Architect, Independence Blue Cross (IBC) presented “FHIR from Proof of Concept to Production”:

- FHIR is important to Independence Blue Cross (IBC) for many reasons:
 - Solves the problem of multiple proprietary EHR data access needs to EHR systems including payer data
 - Allows FHIR implementers to use extensions that allow additional differentiation and new data elements without significant effort or re-work
 - Sets the stage for the exchange of IBC and provider EHR data in a standard open format that will “future proof” integration access points, reduce long-term costs and leverage existing resources and skills

- IBC proof of concept: FHIR conformant server for bi-directional data exchange that will:
 - Deliver clinical care record (CCR) data via FHIR resources to an internal application (e.g. Blue Button)
 - Receive EMR data as FHIR resources via authorized NaviNet users to populate the IBC FHIR server
- IBC FHIR production is a health portal/ member health and clinical data repository
- In the future, Blue Button will:
 - Utilize FHIR to provide Clinical Care Reports to IBC membership
 - Provide access to clinical care records

Christol Green, EDI Consultant, Anthem Enterprise EDI Operations, shared the Anthem/Blue Cross Blue Shield Alabama team's success in setting up a FHIR server.

They successfully completed the following:

- Retrieved and completed an existing structured data capture (SDC) questionnaire form
- Downloaded and edited a blank SDC questionnaire
- Confirmed that their customized SDC questionnaire was received, completed and returned by one of the reference FHIR servers

David DeGandi, Manager, Technology Strategy for Cambia Solutions provided the following update:

- Conducted two-part FHIR tutorial for developers to prepare for the connectathon
- Announced plans to implement a FHIR pilot in 2016
- Made known that they will host a remote FHIR Connectathon for payers

Lenel James, Business Lead, Health Information Exchange, Blue Cross and Blue Shield Association shared the following perspective about payer participation:

- Confirm the need to get more payers involved in connectathons
- Need to tackle OAuth security, finance and structured data capture (SDC)
- Assess the FHIR sandbox and testing options for payer/clearinghouse/provider end-to-end testing and seek to establish a standard data set with content from virtual patient software used by MiHIN
- Explore collaboration with vendors in the payer space that are also active in HL7

Payers are encouraged to continue their involvement with HL7 by actively participating in the [Payer User Group](#). This user group is intended to provide implementation support to the payer community who work with HL7 standards. Meetings are held the first Wednesday of the month at 2:00 PM Eastern Time. Plans are also underway for a payer track at the FHIR Connectathon being held in Montreal, Quebec, Canada in May, 2016.

About Health Level Seven International (HL7)

Founded in 1987, Health Level Seven International is the global authority for healthcare

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information interoperability and standards with affiliates established in more than 30 countries. HL7 is a non-profit, ANSI accredited standards development organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. HL7's more than 2,000 members represent approximately 500 corporate members, which include more than 90 percent of the information systems vendors serving healthcare. HL7 collaborates with other standards developers and provider, payer, philanthropic and government agencies at the highest levels to ensure the development of comprehensive and reliable standards and successful interoperability efforts.