HL7 Da Vinci Project
Community Roundtable

November 18, 2020
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Approved by the ANSI Board of Directors May 22, 2014
Welcome and Housekeeping

NOTE: Session to be recorded and posted, along with slides, to Da Vinci’s Calendar: https://confluence.hl7.org/display/DVP/Da+Vinci+2020+Calendar

Today’s Presentations:

A Silver Lining of 2020: Community Roundtable and Industry Engagement

• Jocelyn Keegan, Program Manager, Da Vinci Project
• Alix Goss, Program Support, Da Vinci Project

Humana: Achieving Integrated Care Delivery Using FHIR: “Why, How, and Yes it’s a Big Deal”

• Lisa Stephens – Senior Vice President, Clinical Operations
• Mike Funk - Vice President, Office of Health Affairs and Advocacy
• Todd Soderquist – Vice President, Health Care Services Technology
• Bryan Thomas – Director, Interoperability Product Management
• Patrick Murta – Chief Interoperability Architect and Fellow, Enterprise Architecture
• Sonja Boyes – Product Manager, Rapid FHIR
• Jeffrey Kinnison – Principal, Enterprise Interoperability
• Phil Britt – Director, Technology Solution Implementation
Da Vinci Community Roundtable Schedule:

Join us again in 2021 on the 4th Wednesday of each month!

(December cancelled)

Upcoming Events:

Da Vinci Calendar: https://confluence.hl7.org/display/DVP/Da+Vinci+2020+Calendar

HL7 events calendar: https://www.hl7.org/events/index.cfm?showallevents&ref=nav

Select your tracks and register now for HL7’s Virtual FHIR Connectathon 26!

- January 13-15, featuring three days of hands-on FHIR development and testing
- Implementers and developers can gain hands-on experience developing FHIR-based solutions
- Review event details and register now! Early Bird Registration is available until December 30, 2020
• Lines muted
• Use Questions panel to submit questions for presenters
• Q&A session after each presentation
• Audio issues? Consider dialing into session via number provided in your registration link if encountering sound issues with computer audio
• Survey will launch at end of webinar, please help us by completing

Session to be recorded and posted to Da Vinci’s Calendar. Calendar will also contain upcoming session details: https://confluence.hl7.org/display/DVP/Da+Vinci+2020+Calendar
HL7 Da Vinci Project:

**A Silver Lining of 2020: Community Roundtable and Industry Engagement**

Jocelyn Keegan, Program Manager, Da Vinci Project
Alix Goss, Program Support, Da Vinci Project
Q1 2020: *New realities taking hold*

- ✓ COVID pandemic expanding
- ✓ Conferences cancelling
- ✓ Federal (final) rules arriving
- ✓ Member proof of concepts and deployment projects emerging
- ✓ Industry seeking to learn and eager for collaborating and problem solving

Community Roundtable to:

- Increase public awareness among payers, providers and vendors of resources and progress coming out of Da Vinci’s efforts
- Establish a standing 90-minute virtual session, open to all, to highlight how members leverage the Da Vinci use cases and FHIR implementation guides (IGs) in workflow
- Foster learning and interoperability
Program By the Numbers*

- **2 Education & Implementations Events**
- **5 Connectathons**
- **8 Community Roundtables**
- **49 Members**
- **6 Member Forums**
- **100’s of Community Implementers**
- **15 Active Use Cases**
- **Over 450 Attendees to Oct HL7 & Member Events**
- **DOZENS OF DEMOS, PILOTS AND GO LIVES**

*As of 11/16/2020*
Members showcased leadership and commitment to transform value-based care (VBC)

- Demonstrated implementation progress
- Showcased benefit of IGs and importance of VBC standards for scalable interoperability
- Shared lessons learned

8 Community Roundtables: March – Nov 2020

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35 Presenters

- 18 Members
- 7 Partners
- 3 PMO
• 4 Focus Areas Showcased:
  – Quality Improvement
  – Burden Reduction
  – Member Access
  – Clinical Data Exchange

• 9 Implementation Guides

• 15 Implementation Projects

• Federal Collaboration:
  – CMS Patient Access API
  – ONC FAST
  – CMS DRLS

• 3 Program Updates

1. Data Exchange for Quality Measures (DEQM)
2. Clinical Data Exchange (CDex)
3. Directory
4. Formulary
5. Payer Coverage Decision Exchange
6. Notifications
7. Coverage Requirements Discovery (CRD)
8. Document Templates and Rules (DTR)
## Implementation Demonstrations

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Missed a session? Learn from recordings:  [https://confluence.hl7.org/display/DVP/Da+Vinci+Video+Presentations](https://confluence.hl7.org/display/DVP/Da+Vinci+Video+Presentations)
To ask a question:
- Submit via “question” box

Session recording will be available on Da Vinci’s Calendar: [https://confluence.hl7.org/display/DVP/Da+Vinci+2020+Calendar](https://confluence.hl7.org/display/DVP/Da+Vinci+2020+Calendar)

Interested in promoting your Da Vinci use case successes at an upcoming Community Roundtable:
Contact Alix Goss: [alix@imprado.com](mailto:alix@imprado.com)
Humana presents:

Achieving Integrated Care Delivery Using FHIR: “Why, How, and Yes it’s a Big Deal”
Achieving Integrated Care Delivery with FHIR®

Why, how, and yes, it’s a big deal

Humana
Humana Team

- Lisa Stephens – Senior Vice President, Clinical Operations
- Mike Funk - Vice President, Office of Health Affairs and Advocacy
- Todd Soderquist – Vice President, Health Care Services Technology
- Bryan Thomas – Director, Interoperability Product Management
- Patrick Murta – Chief Interoperability Architect and Fellow, Enterprise Architecture
- Sonja Boyes – Product Manager, Rapid FHIR
- Jeffrey Kinnison – Principal, Enterprise Interoperability
- Phil Britt – Director, Technology Solution Implementation
Topics

01 | Perspective & why is this important

02 | Quick review on healthcare interoperability

03 | API overview & demystification

04 | FHIR® overview

05 | Humana’s perspective

06 | Discussion & Q/A
Up to $935B in U.S. healthcare spending wasted, says study from Humana, University of Pittsburgh

by Tina Reed | Oct 7, 2019 11:00am

The authors also found estimates of the potential to cut waste—for instance, through insurer-clinician collaboration and data interoperability—ranged from $191 billion to $282 billion, or 25% of the total cost of waste.
Interoperability

Ability of different information systems, devices, and applications to **access, exchange, integrate and cooperatively use data in a coordinated manner** across organizational boundaries. This ability is predicated on and enabled by **industry adopted standards**.

**MACRO FORCES DRIVING THE INFLECTION POINT**
- Recognized need for integrated care delivery
- Regulatory mandates around data sharing
- Industry consortia setting standards
- Increasingly empowered consumers
Exchange vs Interoperability
Theme: Create **Simple** and **Easy** Experiences

- Empowers member access to and control over their data and usage
- Strengthens provider integration and alignment
- Improves savings for members, providers and payers
- Supports coordinated care experiences

More engaged providers and members
Healthcare Integration

Administrative
- HIPAA & X12
- Claims, Prior Authorization, Eligibility & Benefits, etc.

Clinical
- HL7 V2 and V3
- ADTs, CCDs, & etc.

Contemporary
- FHIR & Complimentary Approaches

Today's Discussion
Integrated Care Delivery with FHIR®
The healthcare ecosystem is undergoing an evolution to expand past traditional Health Plan data and integrate deeper with Providers and Consumers for a more robust data set and more integrated experiences.

**Provider**
As the quarterback for a patient’s care, providers contribute clinical data from patient interactions captured in the EMR

**Consumer**
With increasing abilities to generate, aggregate, and manage their own health data, we increasingly look to consumers for mediated and generated health data

**Health Plan**
Traditionally the key financiers of health, health plans are playing a larger role in the actually delivery of health and are a rich source of claims, authorizations, and care management data

Providers, Health Plan and Consumers are key, active interoperability stakeholders
Enabling **Seamless Data Exchange and Connections**

### API
*Application Programming Interface*

- A **software intermediary** that allows applications to seamlessly access another application’s capabilities or data, regardless of underlying technologies.
- Enables developers to simply “plug in” their apps and data.

### FHIR
*Fast Healthcare Interoperability Resources*

- Contemporary industry standard API and data model that supports common exchange methods (e.g., mobile phone apps, EHR-based data sharing, institutional solutions).
- Ensures standardization and reusability.

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**DEVELOPERS**
Access assets through API to build Mobile Apps and Web Apps based on the data and software shared.

**THE API**
Provides universal access to shared assets. Developers can “plug in” apps and data.

**ASSETS**
Data and software become more valuable by being leveraged by partners, developers, and third-party services.

**END USERS**
Access apps that provide richer experiences by leveraging the data and services of other apps.

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**Provider**
Healthcare Directory
Patient Medical Record
Referral / Consult
Research
Public Health
Social Determinants of Health
Clinical Decision Support

**PM**
What is FHIR® and Why it is Different?

FHIR® — Fast Healthcare Interoperability Resources
- An HL7 next generation standard
- Helps two computer systems talk to each other

FHIR® "resources" are standardized & reusable
- Patient, practitioner, organization, deviceRequest

FHIR® supports common exchange methods
- REST*, messaging, documents and services

FHIR® supports the spectrum of integration
- Mobile phone apps, in workflow EHR-based data sharing, institutional solutions

FHIR® helps with existing use cases & provides for future innovation

*Representational State Transfer (REST) defines a set of constraints used for creating web services

Data available in-workflow supports value-based care and population health management
FHIRE® & the Healthcare Ecosystem

Technical Connectivity

- Provider
- Healthcare Directory
- Patient Medical Record
- Referral/Consult

Payers
CDS
Services (e.g., DME, Imaging)
Public Health
Research

Community Connectivity

- Payers
- Health Systems
- Patients
- Research
- Providers
- Public Health

ARGONAUT PROJECT
DA VINCI
CARIN
gravity PROJECT
CodeX

Why FHIR® Now?

**Inflection Point**

**inflec tion point**

*noun*

1. Mathematics
   a point of a curve at which a change in the direction of curvature occurs.
2. US
   (in business) a time of significant change in a situation; a turning point.

**Key Forcing Functions**

- Enables integrated care delivery across the spectrum
- Shift to value based care
- Adoption is increasing as FHIR is becoming the standard
- Industry initiatives
- CMS & ONC support and final rule mandates
- Patient Access API & Blue Button 2.0 momentum
- Less expensive to build and maintain
- Helps with long standing issues as well as new innovation
- Enables data liberation, democratization, and data liquidity
Our Approach

❖ Evangelize the transformative nature of contemporary interoperability and industry use cases

❖ Recognize that interoperability is a strategic organization asset

❖ Discover, prototype, test/learn, iterate

❖ Using a product focused agile mindset, create standards-based enablers which align to ecosystem value

❖ Prioritize and sequence deliverables for optimal time-bound value

❖ Coordinate at an enterprise level

❖ Interoperability as a ‘platform,’ not an application
Guiding Principles to Inform our Interoperability Strategy

“ALL IN” FOR CONSUMER DATA SHARING
Liberate data to make information available to stakeholders in an easy and effective way for more integrated care and better outcomes

OPEN STANDARDS-BASED ARCHITECTURE
Pioneer and promote secure, open standards-based architecture to improve ease and cost of connectivity (e.g., Fast Healthcare Interoperability Resource – FHIR APIs)

THOUGHT LEADERSHIP & COMMITMENT TO LEADING STANDARDS
Perform leadership roles within industry consortiums, EMR partnerships, and consumer Blue Button adoption to shape industry’s future interoperability advancements

INTEROPERABILITY POWERED BY PLATFORMS
Create innovative, foundational internal infrastructure to enable data sharing across the enterprise and external stakeholders
Humana’s Interoperability Journey

### Early Standards, Industry Influence and Data Exchange

2001 – 2014

- Pioneers first payer agnostic clearinghouse (Availity) for administrative transactions with Florida Blue (2001)
- Implements payer based health record for use by providers (early version of blue button) with Availity (2008)
- Provides AHIP feedback for the use of contemporary interoperability to mitigate abrasions in healthcare – recognized value of contemporary interoperability (2011)
- Makes first connection with a provider for medical records (2011)
- Implements Member Summary, the first payer based health record to integrate directly into an EHR (2014)
- Signs first EMR contract for Medical Record Retrieval (2014)

### FHIR Introduction Driving CMS Engagement

2015 – 2018

- Implements a FHIR-like API for pharmacy gaps in care/care alerts and continues progressing with individual use cases which FHIR can enable (2015)
- CMS/VA/Humana/Other payers implement Blue Button 1.0 to allow patients to download clinical data in a file or take to their provider (2015)
- Launches first IntelligentRx integration (2016)
- CMS implements Blue Button 2.0, to allow patients to access traditional Medicare and Part D information to share with app developers (2018)
- Launches Blue Button 2.0 app (2018)
- Begins first Workflow integration pilot (2018)

### Adoption and Scaling

2019 & Beyond

- Begins foundational investments in tech modernization, platform, DH&I and data governance (2019)
- CMS/ONC proposed rules which advance interoperability and by proxy (2019)
- Focuses on interoperability as strategy to achieve integrated care delivery (2019)
- Implements an internal demonstrator project for the proposed Patient Access API (2019)
- Implements first ever Epic Payer Exchange (2019)
- Implements leading FHIR initiatives for medication profile which wins a CIO 100 award (2019)
- CMS/ONC rules finalized (2020)

Humana continues to be focused on improving data accessibility and promoting industry innovation.
Interoperability **Product** Model

**Product**

We are fans of experimentation, insights-based learning, and moving with agility. When we fail, we fail fast, and rise to the challenge of creating a better product. Our strategy is to iterate, iterate, iterate which allows us to continuously improve our outcomes and focus on value.

**Planning**

We believe cross-functional collaboration is key for a well-planned product. We empower all team members to take part in the decision-making process, which promotes team accountability. We aim to exemplify servant leadership which encourages personal development & growth.

**People**

We value a human-centered approach not only when it comes to the people on our team, but the solutions we create. We design products and structure teams based on customer needs and desires and make it our mission to continuously learn how we can better cater our products to the end-user.
Focus on the User – Shifting team focus toward end users

Research

Our team engaged in a variety of qualitative and quantitative user research methods, including interviews, comparative analysis, personas, and card sorting exercises in order to inform the design of our platforms, validate our assumptions, and—ultimately—reduce the cost of delivering a successful product.

KEY DELIVERABLES

• Established best design practices
• Collected data to inform design decisions

Workshops

Throughout 2019 and 2020, our team facilitated several workshops including proto-persona workshops, strategy workshops, and black hat sessions. These sessions helped define our vision for the ideal user experience, identifying and prioritizing what steps we needed to take to bring that unique experience to life.

KEY DELIVERABLES

• Provisional user personas
• Feature matrix
• Design feedback on prototypes

Design

With the insights from our research and various workshops, we produced sitemaps, wireframes, and high-fidelity prototypes demonstrating a realistic UI experience which we will later use for continued usability testing and iteration.

KEY DELIVERABLES

• Sitemaps
• Wireframes
• Interactive Prototypes
Rapid FHIR®: Path the way to integrated care delivery with standards-based discovery, prototyping, & test/learn.
Our Strategy Focuses on Enabling Key “Value Streams”

**CONSUMER JOURNEY**
- **LEARN, SHOP & CHOOSE**
- **ENROLL & ONBOARD**
- **RENEW OR SWITCH**
  - **CONSENT & PERSONALIZATION**
    - Members can grant consent to share data and allow Humana to personalize their enrollment, onboarding, and service experiences

**PROVIDER WORKFLOW**
- **PRE-VISIT**
- **PATIENT ASSESSMENT**
- **DOCUMENTATION & PRESCRIBING**
- **CARE PLANNING & MGMT**
  - **CARE EXPERIENCE**
    - Providers can maximize the patient visit by leveraging existing EMR workflows to manage e.g., HEDIS/Stars, Gaps in Care, and un-submitted and clinically-inferred conditions
  - **ADMINISTRATIVE EASE**
    - Providers can experience reduced time and effort from the automated retrieval of medical records and submission of authorizations
  - **PATIENT ENGAGEMENT**
    - Providers can support increased patient engagement through, e.g., leveraging of the provider portal, managing of scheduled appointments, and telehealth

**PAYER BENEFITS**
- **QUALITY of CARE**
- **FINANCIAL**
- **EXPERIENCE**
  - **DATA SHARING TO SUPPORT CARE EXPERIENCE**
    - Members can easily manage sharing of data Humana maintains with providers and others (e.g., third party app developers) supporting their care
  - **HEALTH PLAN SUPPORT**
    - Members can easily access data and tools for cost, coverage and network transparency
  - **CARE COLLABORATION**
    - Members can easily access data and tools to collaborate in their care
Tying to **Reality** and Making **Practical** via **CMS & ONC Rules**

Mandating FHIR and consumer mediation as foundations of an integrated, competitive, and innovation friendly ecosystem.

**CMS Rule (CMS-9115-P)**
- Patient access through standards based FHIR APIs
- Information exchange and care coordination across payers
- API based provider directories
- Care coordination through trusted exchange networks

**ONC Rule (RIN 0955-AA01)**
- Implements information blocking provision of Cures Act (and 7 exceptions)
- Standards based APIs
- Certification criteria
- Content specifications

**CMS/ONC rules** align with **market forces** and reflect **industry trends**. They provide yet another dimension to the interoperability **inflection point**.
CMS Blue Button 2.0 Data in Humana Applications

- Consumers have been importing their CMS Blue Button 2.0 data into Humana applications since Fall 2018

- Includes information about consumers’ medical visits, prescription medications, and demographics

- Employed by two Humana consumer-facing applications, VIPR and Rx Calculator, which help consumers make informed Humana plan choices based on their medication lists

- 51,000 unique user entries on Humana’s central platform for managing Blue Button 2.0 data, since January 2020
Consumer Experiences Powered by the Humana FHIR Server

• Ability to **source data from Common Core and Longitudinal Human Record**, making them available according to industry-standards

• **9 FHIR APIs currently available** of the those required by CMS regulations

• Third-party developers interact with the **external gateway fhir.humana.com** which manages request routing and orchestration

• Enables **both external and Humana-owned consumer applications**
Auth Questionnaires (Auth Q&A) were made available to providers using Availity in December 2016.

This allowed providers to complete questionnaires and, in some instances, receive approvals based on their answers.

We began with 5 questionnaires for commercial membership and over the past 4 years have since expanded to 236 questionnaires for both commercial and Medicare membership in both the physical and behavioral health spaces.
Humana’s Prior Authorization Questionnaire on Availity
Humana’s Da Vinci DTR App in EHR (Production 2020 Q4)
Utilization Management | Industry Challenges

Varying rules and disjointed workflows have created broken steps in the process leading to inefficiencies and longer than needed processing time.

Reference: Gartner, UM Challenges 2019
Providers are unable to easily determine a member’s prior authorization requirements and often submit unnecessary prior auth requests due to uncertainty, causing frustration for Providers, as well as the Clinical Intake Team who must void unnecessary prior auth requests.

Member visits provider and is referred to a specialist.

Provider is unsure if order requires a prior auth.

Provider logs into Availity.

Availity unable to determine if prior auth required.

Provider decides to submit.

If not required, unnecessary work for internal Clinical Operations - voids, additional calls.

If required and missing information, Medical Record requests often managed through phone/fax.

Provider calls Humana via IBM Watson IVR.

IBM Watson may be unable to determine if prior auth required.

Provider is transferred to Clinical Intake Team.
Da Vinci prior authorization support

EHR automatically does ‘is auth required’ when the order is created

Requests for additional information is enabled directly in the EHR interactively

The auth is submitted directly from the EHR and decision returned

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

EHR / Provider Back-Office Systems

1. Coverage Requirements Discovery (Is Auth Required)
2. Documentation Template & Rules (Auth Questionnaires)
3. Prior Authorization Response

Payer

1. Coverage Requirements Discovery
2. CQL / Questionnaire
3. Prior Authorization Support

CDS Hooks

X12 278
X12 275

Transformation Layer

Transformation Layer (optional)

Coverage Requirements Discovery

Documentation Templates and Coverage Rules

Prior Authorization Support

Coverage Requirements Discovery

Documentation Templates and Coverage Rules

Prior Authorization Support

Transformation Layer

Transformation Layer (optional)

Coverage Requirements Discovery

Documentation Templates and Coverage Rules

Prior Authorization Support

Transformation Layer

Transformation Layer (optional)
Providers quickly and easily determine prior auth requirements through Coverage Requirements link (Is Auth Required?) through Availity, IBM Watson, or their EHR system.

Member visits provider and is referred to a specialist.

Provider logs into Availity.

Provider is unsure if order requires a prior auth.

Provider calls Humana via IBM Watson IVR.

EHR/Humana integration checks auth requirements on behalf of provider and facilitates auto auth Q&A and submission.

UC 1: Prior auth is checked via “Is Auth Required”

UC 2: Documentation Template and Rules

UC 3: Automated Auth Submission

Prior auth is submitted with confidence and ease.
Other *In Process* & On Deck

**Da Vinci Risk Based Contract Member Attribution (ATR)**
- Priority: 2020 Q4/2021 Q1
- Alignment: VBC Patient Roster

**Da Vinci Payer Data Exchange (PDex)**
- Priority: 2020 Q4/2021 Q1
- Alignment: Payer held/generated data and insights to provider during encounter (Humana Member Summary ++)

**Da Vinci Clinical Data Exchange (CDex)**
- Priority: 2021 Q2/Q3
- Alignment: Clinical document retrieval for specific purposes

**Da Vinci Data Exchange for Quality Measure (DEQM)**
- Priority: 2021 Q4
- Alignment: Quality reporting

**Da Vinci Payer Coverage Decision Exchange (PCDE)**
- Priority: 2021 Q3
- Alignment: CMS mandated payer to payer exchange
Complimentary FHIR Successes

Medication Profile
Using CDS hooks and FHIR medication resources, provided 830,000 curated medication lists to clinicians visiting our members.

Member Task Profile
Using FHIR, impacted 182,000 inpatient members to ensure appropriate post-discharge assessments.

Virtual Care
In development to receive virtual care encounter data via FHIR.
Health Information Exchange (HIE) Powered by FHIR® Standards

**FHIR® Ecosystem**

**FHIREcosystem**

**Health Information Exchange (HIE) supported by FHIR standards, DAF Profiles, Security & REST APIs**

**FHIR at Scale Taskforce (FAST)**

**Da Vinci Use Case Repository**
Hyper-connectedness - Enabling Interoperability Platforms

Key Stakeholders
- Citizen Analysts
- Data Scientists
- Patients
- Providers
- Payers
- Platform Users

Consumer Journey

Provider Workflow

Engaged Partners

Experience Channels

Standards Based Interoperability Platform

Core Capabilities Available
- FHIR
- Identity
- Consent
- Publication Service
- API Marketplace
- Pipelines
- API Management
- Cloud Elasticity
- Subscription Service
- Optimized Data

Analytics and Operating Platforms
- Claims/Benefits
- Analytics
- Pharmacy
- Care Delivery
- UM/CM/Clinical

Standards based data available for use in the consumer journey and provider workflow, ensuring access to the right data, at the right time, by the right person.

Governed by consent and security, data is ubiquitous and is available via channels best suited and personalized to the consumer. Standards based hyper-connectedness enables interaction with data on the consumer's terms.

Central interoperability platform that orchestrates a timely and holistic view of consumer and business capabilities like longitudinal human record, integrated care plan to independent external/internal capabilities, enabling a simplified and contextualized clinical experience for consumers, providers and health plans at every health touchpoint.

Provide business segments with direct and seamless access to data to support operational and analytics needs. Platforms interact with each other via the interoperability fabric.
Common Core **Technical Capabilities**

**API Platform**
Provides capabilities to **enable secure, governed integration** across platform boundaries, and **enables developers to discover, explore, and subscribe to APIs** based upon defined usage parameters with support for FHIR standards, where available and applicable.

**Event Management** *(future state)*
Enables Operating Platforms and Platforms-as-a-Service to **publish and react to events**, **data**, and insights being shared across the Hyper-connected Ecosystem.

**Knowledge Graph** *(future state)*
Combines the events and related data in a way that **facilitates searching and exploring connected data** and its relationships.

**Data Persistence / Optimization**
Stores data long enough to ensure **guaranteed processing** or consistent, **high performance data access**, and stages in the way best-suited to the intended use.

Common Core capabilities are based on a contemporary distributed micro-services based architecture and will be developed incrementally with use cases, including those from ECOM, DH&A and the Healthcare Industry.
Platform Agile Response to COVID-19

Interoperability platform’s **reusable components** were quickly and easily deployable for COVID-19 integrations.

Interoperability platform’s **connectivity to the data and external destinations is leveraged daily to support the ongoing initiatives and the partnerships** across the organization, to quickly deliver solutions to the COVID-19 initiative.

Interoperability platform is leveraged by the **our advanced analytics team** for critical COVID19 analysis.

50M COVID-19 transactions from 3/1 – 11/18
CONFORMANCE & CERTIFICATION (Testing & Certification Program)

PILOTS (FAST Capability Vetting with Existing HL7 Accelerators)

Functional + Scale Testing – Conceptual Architecture

Security (Authenticate/Authorize)
- UDAP Trusted Dynamic Client Registration
- UDAP Tiered OAuth User Authentication
- UDAP JWT-Based Client Authentication
- UDAP JWT-Based Authorization Assertions

Exchange Routing Meta Data
- RESTful Headers – FHIR Meta Tags

Identity
- Collaborative/Mediated Patient Matching
- Collaborative/Mediated Identity Management

National Directory
- Endpoints – Profiles – Versioning – Trust – Conformance

1/2021 Connectathon

Current & 1/2021 Connectathon
Enterprise coordination as part of an overall enterprise interoperability strategy works!

Data required the most focus and effort
  • Mapping
  • Optimized data going back to 1/1/2016

FHIR technology and implementation guides are still maturing
  • Façade vs FHIR repository
  • IG interpretation

Consumer mediation is a paradigm shift

Don’t overlook Federal and State privacy laws (i.e., 42 CFR 2)

Plan for operational readiness

Recognize value
Thank you!
Please complete brief survey that will launch at end of webinar.

Thank you for your participation and feedback!

2021 Community Roundtable Scheduling:
Interested in promoting your Da Vinci use case successes during a Community Roundtable?

Contact Alix Goss:
alix@imprado.com

Access Da Vinci’s calendar for recordings and future session details: https://confluence.hl7.org/display/DVP/Da+Vinci+2020+Calendar

To ask a question:
- Submit via “question” box
Da Vinci Program Support for Member Onboarding, Training and Use Case Implementations:

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