Da Vinci Community Roundtable Discussion
Lessons learned from the deployment of PDEX Plan-Net

March 2021
Michigan Health Information Network Shared Services (MiHIN) is one of the few financially sustainable statewide HIEs in the nation. MiHIN’s successful business model incorporates providers, health plans, and public agencies in a public-private collaborative.

Interoperability Institute LLC (IOI) develops technology solutions and the next-generation workforce required to enable organizations and communities to harness the benefits of interoperability at scale.
InterOp Station

A modular, cloud-native platform that serves as the one-stop-shop for current and future API needs.
How We See The Evolution

Advance Care Coordination for Members & Reduce Burden on Providers

Provider Directory API

Patient Access API

CMS compliance

Payer-to-Payer API

Other Da Vinci:
- TPL and Coverage Support
- Value based Care
- Med Rec

Phase 2 Interoperability:
- Patient Access API
  - Data Expansion (Prior Auth)
  - DRLS API
  - PAS API
- Provider Access API (Bulk Data Provider Access API)

Engage Community to Population Health and Consumer Driven Care

SDoH (Gravity)

Public Health

Copyright 2021 - Michigan Health Information Network Shared Services
March 9, 2020 - The Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare & Medicaid Services (CMS) released related final rules designed to modernize data exchange and transparency in health care.

The ONC Health IT Final Rule
Prevents information blocking and stipulates patient access to personal health information

The CMS Interoperability and Patient Access Final Rule
Assist patients in finding providers for care and treatment and clinicians in finding other providers for care coordination
Provides beneficiaries with access to their claims and EOB data
Allow patients to move their information from payer to payer over time
Provider Directory API

Provider directory information available via a public-facing digital endpoint on the payer’s website.

Fast Healthcare Interoperability Resource (FHIR) standard required.

Includes practitioner, organization, network, healthcare services, health plans, FHIR endpoints.
Patient Access API

The patient may utilize an application of their choice. The data must be served in FHIR format to assure compatibility with the applications.

Claims and Encounter data
Patient have access to adjudicated electronic claims.

Clinical data
This applies to clinical data that the payer holds, such as hospital admission and discharge and lab results.

Plan Coverage and Formularies
These are the drugs that are covered as part of the plan. Only Part D Medicare Advantage plans, Medicaid, and CHIP FFS and managed care must make drug lists available.
Da Vinci PDex Plan Net - Overview

- Consistent subset of the FHIR resource portfolio that addresses provider directory use cases from a payer perspective, employing 9 of the 140+ FHIR R4 resource types
- Built on top of the Validated Health Directory VhDir and the Argonaut provider directory IGs
- Powerful representational model of healthcare systems and their relationships to Practitioners and Patients
Da Vinci PDex Plan Net - Overview

• Practitioners are related to the Organizations in which they practice, the HealthcareServices which they provide and the insurance Networks in which they participate

• Patients are indirectly related to the InsurancePlans by the insurance Coverages they possess that are offered and administered by the payer Organizations in the model
PDex Plan Net – Third Party App Queries
PDex Plan Net – Implementation challenges

• The exact relationship between Insurance Coverages and InsurancePlans is not specified by PDex Plan Net nor by FHIR itself
• Coverages, Claims, ClaimResponse & ExplanationOfBenefit resources also pertain to the payer Organizations but are not addressed by PDex Plan Net
• Neither PDex Plan Net nor PDex Drug Formulary defines how CoveragePlans and FormularyDrugs are related to Plan Net Organizations, InsurancePlans & Networks or to Coverages
• Client IT departments struggle with understanding the IG and with FHIR implementation
• No simple file format is specified for payers to transmit Provider Directory information for translation to FHIR
Problem: Neither PDex Plan Net nor PDex Drug Formulary IGs define how CoveragePlans and FormularyDrugs are related to Plan Net Organizations, InsurancePlans & Networks or to Coverages

Solution: IOStation assigns relevant CoveragePlan identifiers to InsurancePlans and to Coverages
### Problem: Steep learning curve for FHIR JSON

### Solution: Excel spreadsheet for data transfer with tab for each FHIR resource with DATA ELEMENT, TYPE, DESCRIPTION, REQUIRED FLAG, VALUE SET

<table>
<thead>
<tr>
<th>Practitioner DATA ELEMENT</th>
<th>Organization DATA ELEMENT</th>
<th>Location DATA ELEMENT</th>
<th>PractitionerRole DATA ELEMENT</th>
<th>OrganizationAffiliation DATA ELEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID</td>
<td>ID</td>
<td>ID</td>
<td>ID</td>
<td>ID</td>
</tr>
<tr>
<td>Identifiers</td>
<td>Identifiers</td>
<td>Identifiers</td>
<td>Practitioner</td>
<td>Organization</td>
</tr>
<tr>
<td>First Name</td>
<td>Part-of</td>
<td>Part-of</td>
<td>Organization</td>
<td>Participating Organization</td>
</tr>
<tr>
<td>Last Name</td>
<td>Name</td>
<td>Name</td>
<td>Unique ID</td>
<td>Location</td>
</tr>
<tr>
<td>Middle Name</td>
<td>Address Line 1</td>
<td>Address Line 1</td>
<td>HealthcareService</td>
<td>HealthcareService</td>
</tr>
<tr>
<td>Suffix</td>
<td>Address Line 2</td>
<td>Address Line 2</td>
<td>Identifiers</td>
<td>Location</td>
</tr>
<tr>
<td>Address Line 1</td>
<td>Address Line 3</td>
<td>Address Line 3</td>
<td>Practitioner Specialty Code</td>
<td>Location</td>
</tr>
<tr>
<td>Address Line 2</td>
<td>City</td>
<td>City</td>
<td>Practitioner Role Code</td>
<td>HealthcareService</td>
</tr>
<tr>
<td>Address Line 3</td>
<td>County</td>
<td>County</td>
<td>Start Date</td>
<td>Location</td>
</tr>
<tr>
<td>City</td>
<td>Zip</td>
<td>Zip</td>
<td>End Date</td>
<td>HealthcareService</td>
</tr>
<tr>
<td>County</td>
<td>State</td>
<td>State</td>
<td>Telephone</td>
<td>Network</td>
</tr>
<tr>
<td>Zip</td>
<td>Telephone</td>
<td>Telephone</td>
<td>Direct Address</td>
<td>Specialty Code</td>
</tr>
<tr>
<td>State</td>
<td>Direct Address</td>
<td>Direct Address</td>
<td>Direct Address</td>
<td>Role Code</td>
</tr>
<tr>
<td>Qualification</td>
<td>Web URL</td>
<td>Web URL</td>
<td>Available Days</td>
<td>Start Date</td>
</tr>
<tr>
<td>Direct Address</td>
<td></td>
<td></td>
<td>Available Start Time</td>
<td>End Date</td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td>Available End Time</td>
<td>Telephone</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Accepting New Patients</td>
<td>Direct Address</td>
</tr>
</tbody>
</table>

Copyright 2021 - Michigan Health Information Network Shared Services
Questions?
Thank you!

Tim Pletcher, DHA
Executive Director
pletcher@mihin.org

Wendy Umbriac, MS
Manager, Digital Services Team
wendy.umbriac@interoperabilityinstitute.org

Jeff Eastman, PhD
Senior Developer
Jeff.Eastman@mihin.org