Prior Authorization in Oncology

Please join our monthly Prior Authorization in Oncology Public Calls to engage in discussions, the last Tuesday of each month, at 3:00 pm EST. Please reach out to Kim Boyd (kim.boyd@pocp.com) to be added to the monthly call invitation and receive updates to modifications or cancellations.

Project Overview

Problem:

- Payers vary widely on how prior authorization for cancer therapy is accomplished. Some use a web portal for oncologists to enter data into an electronic form. Others use oncology clinical pathways to develop a proposed treatment option. Despite the method, many prior authorization processes among payers rely on manual inspection, with no automation or standard interface to health systems.
- Prior authorization imposes a burden on patients, providers and payers
- Current manual processes require duplicate data entry, are costly and may delay treatment

Description:

- There is national interest, both in industry and the federal government, for standardization of the prior authorization process. The goal is reduction of costs by automation and standardization of health system-to-payer prior authorization interaction. This has the potential to greatly reduce oncologist burden, which is a known factor in physician burnout.

Target Outcome:

- Provide a standard method to supplement the Da Vinci Coverage Requirements Discovery (CRD), Document Template Rules (DTR) and Prior Authorization Support (PAS) FHIR-based information exchange framework with cancer specific data as defined by mCODE, to enable prior authorization auto-approvals.
- Base the solution on approaches referenced in the recently released proposed CMS interoperability rules.
- Reduce clinician, health system, patient and payer burden

Value:

- Patients receive timely care without delay because prior authorization turnaround time is reduced
- Provider burden reduced with automated approvals, and real-time access to payer approval requirements and documentation rules
- Payer burden is reduced by automating manual processes using a standardized information exchange

Equity:

The CodeX Prior Authorization in Oncology are committed to supporting an equitable health care system and have committed to the Federal Moonshot initiative.
We believe that improving and automating the prior authorization process for patients, providers and payers can result in timely delivery of appropriate and high-quality care. With timely delivery of care, we can assist in curing and/or prolonging the life of a patient and optimizing the patient’s quality of life.

**Commitment #1:** Define, model and scaling an automated prior authorization process for cancer patients via the use of FHIR-based healthcare data standards to extract and exchange the necessary information to expedite the prior authorization process for cancer patients and reduce burden for providers and payers. These data standards include the clinical specialty data standards (mCODE representing oncology data, and RTTD representing radiation therapy data) as well the Da Vinci FHIR standards addressing value-based care transactions including those needed for prior authorization. Clinical specialty data standards such as mCODE are essential to ensuring accurate clinical representation for the decision support needed to ensure correlation of the right treatments to the right cancer patients.

**Commitment #2:** In alignment with industry technical and data standards, modify or create as necessary, open-source technical specification(s) documenting the workflow and criteria necessary to expedite the prior authorization in oncology process.

**Commitment #3:** Implement the Prior Authorization in Oncology FHIR driven real-time process with point-of-care decision support for stakeholders to assist in expediting care for cancer patients.

**Commitment #4:** Capture metrics through this use case in hopes of providing additional insights and learnings that can potentially be applied to informing new best practice in prior authorization in oncology as well as reduction of burden for patients, providers, and payers.

## Project Plan

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<thead>
<tr>
<th>Phase</th>
<th>Milestone</th>
<th>Timeline</th>
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<tbody>
<tr>
<td>Discovery</td>
<td>Use case identification - Breast and Prostate cancer</td>
<td>COMPLETE</td>
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<tr>
<td>Proof of</td>
<td>Breast Cancer treatment regimen proof of concept complete - demoed at DaVinci Burden Reduction examples call, and at the April 2021 DaVinci Education and FHIR Implementation Event.</td>
<td>COMPLETE</td>
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| Concept     | • Proof of concept for breast cancer and colorectal cancer prior authorization  
• Demonstration of the Da Vinci CRD/DTR/PAS IGs working in a medical oncology flow  
• Test and demonstrate use of adaptive forms in questionnaires to show variations and flexibility of trigger (encounter, order)  
• Document scenarios and open-source code for the questionnaires and CQL |                |
| Planning    | Plan out high level project plan for synthetic environment Proof-of-Concept, deliverables, success measures, high level timeline, key stakeholders, etc. The focus by use case members is on Prostate cancer PA. See Project Plan found here - PA in Oncology - Documents | IN PROGRESS    |
| Execution   | Radiation Oncology Prior Auth Proof-of-Concept for Prostate Cancer (MVP) with Synthetic Data  
• Design – Validate workflows, define process and requirements, includes demographic and patient clinical data elements  
• Build & test the exchange of prior authorization between provider and payer systems using EHR test patients  
• Evaluate lessons learned and rescope iteratively  
• Implementation into production environment  
• Use of mCODE data elements in PA transactions  
• Demonstrate PA transactions in the FHIR-based Da Vinci CRD/DTR/PAS information exchange |                |
Phase 2: Prior Authorization Pilot

- Scale
- Advance and apply lessons learned from Phase 1 (MVP)
- Add additional cancer types
- Expansion consideration into medical oncology and progress into modality sequencing
  - Potentially health equity
- Add additional participating organizations (Payer, Provider, Oncology EHR)

**Conference Call Schedule & Dial-Ins**

**CodeX: Oncology Prior Auth Use Case Public Calls**

The Last Tuesday of each month - 3:00 - 4:00 EST

**Meeting Details:**

Join Zoom Meeting

https://us02web.zoom.us/j/84464245027?pwd=dHJ3YkVOYW1sc3h4U2ZzaUJ1VVBldz09

Meeting ID: 844 6424 5027

Passcode: 451276

Dial by your location

- +1 929 436 2866 US (New York)
- +1 301 715 8592 US (Washington DC)
- +1 312 626 6799 US (Chicago)
- +1 669 900 6833 US (San Jose)
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)

Reach out to Kim Boyd (kim.boyd@pocp.com) to be added to the invitation and received updates and modifications to call schedules.

**Use Case Team**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Organization</th>
<th>Email</th>
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<tbody>
<tr>
<td>Use Case Coordinator</td>
<td>Kim Boyd</td>
<td>Point of Care Partners</td>
<td><a href="mailto:kim.boyd@pocp.com">kim.boyd@pocp.com</a></td>
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<tr>
<td>Clinical Coordinator</td>
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<td>The MITRE Corporation</td>
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</tr>
<tr>
<td>Terminology Coordinator</td>
<td>TBD</td>
<td></td>
<td></td>
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<tr>
<td>Technical Lead</td>
<td>Rob Dingwell</td>
<td>The MITRE Corporation</td>
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**Important Dates**

<table>
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<tr>
<th>Event</th>
<th>Date/Time</th>
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<tbody>
<tr>
<td>Prior Auth Public Call</td>
<td>July 26, 3-4 ET</td>
</tr>
<tr>
<td>Prior Auth August Public Call</td>
<td>Cancelled</td>
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