AGENDA

8:00 am – 8:45 am  
CMSS Opening Plenary: Employed Physician Trends: Implications for Specialty Societies *
Jerry Penso, MD, MBA, President and CEO, AMGA

8:45 am – 9:00 am  
Coffee Break

9:00 am – 9:15 am  
Call to Order and Introductions
Hon Pak, Chair, PEHRC

9:15 am – 10:00 am  
Opening Speaker – AMA EHR Initiatives and collaborations
Michael Hodgkins, MD, MPH, CMIO, American Medical Association (AMA)

10:00 am – 10:10 am  
Break

10:10 am – 11:15 am  
Work Group & Policy Updates
- CPG Work Group - Steve Waldren, VP & Chief Medical Informatics Officer, AAFP
- Direct Trust Work Group - Hon Pak, Chair, PEHRC
- Policy Work Group & Industry Updates - Hon Pak and Lisa Miller, Sr. Director of Regulatory Affairs, American Osteopathic Association (AOA)

11:15 am – 11:30 am  
Break

11:30 am – 12:00 pm  
Streamline Medication Reconciliation and Insurance Authorization Processes
Jocelyn Keegan, Program Manager, Da Vinci Project

12:00 pm – 1:00 pm  
Luncheon Plenary with CMSS: Achieving Gender Equity in Medicine: Role of Specialty Societies *

1:00 pm – 1:45 pm  
Member Update Presentations
- AAFP Update
  Steve Waldren, VP & Chief Medical Informatics Officer, AAFP

  Prior Authorization
  Hon Pak, Chair, PEHRC & Jim Taylor, American Academy of Dermatology (AAD)

1:45 pm – 2:00 pm  
Break

2:00 pm - 2:45 pm  
Proposed Rule Discussion: Next Steps for PEHRC & EHRA
Sasha TerMaat, EHR Association Vice Chair

2:45 pm – 3:00 pm  
Closing Remarks
Hon Pak, Chair, PEHRC

3:00 pm – 3:15 pm  
Break

3:15 pm - 4:00 pm  
CMSS Closing Plenary Session: Open Access and Plan S: Impact on Specialty Societies *
Michael Clarke, Managing Partner, Clarke & Esposito
AMA EHR Initiatives

May 10, 2019
The AMA’s Strategic Approach

Mission: To promote the art and science of medicine and the betterment of public health.

1. The AMA is attacking the dysfunction in health care by removing the obstacles and burdens that interfere with patient care.

2. The AMA is reimagining medical education, training, and lifelong learning for the digital age to help physicians adapt and grow at every stage of their careers.

3. The AMA is improving the health of the nation by confronting the increasing chronic disease burden.
Aligning AMA efforts to address key requirements

- **Physician Innovation Network**
- **Xcertia**
- **Health2047**
- **Sling Health**
- **Matter**

**Digital Medicine Payment Advisory Group Results**

AMA Model State Legislation for Telemedicine Coverage & Payment

**Digital Medicine Payment Advisory Group**

**EHR & Digital Health Research and Principles**

**Integrated Health Model (IHMI)**

**Advocacy & Policy Initiatives**

**Practice Transformation Initiatives**

**Provider Adoption PCH Research & Advisory MtG**

**SMART Initiative Partnership**

**Interoperability Efforts (Carequality, Sequoia Project)**

**Collaborations: Omada, Lucro**
AMA Digital Health & Technology Strategy

A focus on continuous improvement—learning from the EHR experience

Improving the quality of digital health solutions

Advancing the adoption of proven digital health solutions
Establishing and Promoting EHR Principles

Improving Care: Priorities to Improve Electronic Health Record Usability

EXECUTIVE SUMMARY

The American Medical Association (AMA) recognizes the potential value of electronic health records (EHRs). Effective use of EHRs is a key element in achieving the Triple Aim—improving the patient experience of care (including quality and satisfaction), improving the health of populations and reducing the per capita cost of health care. Adoption and effective use of EHRs has been slow, however, in large part due to its shortcomings with early generation EHRs that were, and frequently remain, poorly optimized to support efficient and effective clinical work provided by physicians and other clinicians.

Although EHR adoption has increased over the past decade due to market and government incentives, including the federal Meaningful Use (MU) program, how to effectively use EHR products is an ongoing concern for physicians. Research suggests that this is because of the challenges physicians face interacting with the EHR to safely and effectively deliver care. These challenges can be classified as usability issues—i.e., the design and implementation of EHRs do not align with the cognitive and/or workflow requirements and preferences of physicians within and across specialties and settings.

have identified this national priority and have made recommendations to improve usability. The AMA adds its voice to this call and believes that it is imperative to step back and reframe the discussion around the desired future capabilities of the EHR, making clinical care improvements the primary focus.

It is within this framework that the AMA identified key challenges physicians face with current EHRs and recommends eight EHR usability priorities to be urgently addressed. Additionally, AMA urges continued research to advance EHR usability through understanding and measuring its effectiveness for physicians and other health care professional users who increasingly rely on this technology.

The AMA recognizes that many of the recommendations can only be implemented in the long term due to vendor product development life cycles, limitations of current legacy systems and existing contracts, regulations and institutional policies. However, there is a great sense of urgency to improve EHRs because every patient encounter and the physician’s ability to provide high-quality care are affected by the current state of
Research and Viewpoints

EHR Usability Study (JAMIA)

- Looked at types of errors and rates, number of clicks and total time spent performing common EHR tasks
- Significant variation across vendors and between sites
- [https://ehrseewhatwemean.org/](https://ehrseewhatwemean.org/)
Building Collaborations & Delivering Solutions

• EHR Voluntary Framework/Test Cases
• Participation from 5 EHR vendors and industry experts

• EHR Connect Hub with participation from physicians, EHR vendors, researchers, and more!

• Practical ideas, strategies, and success stories for optimizing the EHR shared by health systems and practices.
EHR Advocacy

• Reducing administrative burden through MIPS program improvements

• Improving usability and interoperability

• Increasing transparency
Prior Authorization
Agenda

• Practice Management Center Resources
• Advocacy Overview
• State Resources: Pharmaceutical Access
Practice Management Center Resources

Prior authorization assistance tools

- **Learn about prior authorization**
  Find a wealth of information and tools to help you understand prior authorization and assist you in getting medications for your patients.

- **Prior authorization letter generator (interactive tool)**
  Easily create appeal letters to help overturn denials for prior authorizations.

- **Prior authorization resources for patients**
  Access resources designed to help patients navigate prior authorization, drug pricing, and step therapy issues.

- **State by state guidance**
  Find information about existing and pending step therapy laws and learn how you can advocate for change in your state.
What is the Problem?

• Most physicians consider prior authorization to be an expensive and time-consuming process that questions their clinical judgment and siphons resources away from patient care.
• Treatment delays and negative patient health outcomes that can also be caused by prior authorization.
• Necessary administrative issues (EHR, prior auth, regulatory burden, MIPS/MACRA) that take time away from patients and are “required” to practice are considered the top challenges by dermatologists.
## Most Common Prior Authorization Drugs

**(N=178)**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Respondents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tretinoin® (N=159)</td>
<td>89%</td>
</tr>
<tr>
<td>Humira® (N=153)</td>
<td>85%</td>
</tr>
<tr>
<td>Stelara® (N=142)</td>
<td>80%</td>
</tr>
<tr>
<td>Enbrel® (N=140)</td>
<td>79%</td>
</tr>
<tr>
<td>Otezla® (N=134)</td>
<td>75%</td>
</tr>
<tr>
<td>Isotretinoin® (N=119)</td>
<td>67%</td>
</tr>
<tr>
<td>Protopic® (N=116)</td>
<td>65%</td>
</tr>
<tr>
<td>Solodyn® (N=92)</td>
<td>52%</td>
</tr>
<tr>
<td>Doryx® (N=73)</td>
<td>41%</td>
</tr>
<tr>
<td>Remicade® (N=46)</td>
<td>26%</td>
</tr>
<tr>
<td>Xolair® (N=47)</td>
<td>26%</td>
</tr>
<tr>
<td>Monodox® (N=24)</td>
<td>13%</td>
</tr>
<tr>
<td>Other (N=51)</td>
<td>29%</td>
</tr>
</tbody>
</table>

(Respondents selected ~8 drugs in response)

### Other Drugs

**(N=49)**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Respondents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acne medications (N=10)</td>
<td>20%</td>
</tr>
<tr>
<td>Elidel (N=10)</td>
<td>20%</td>
</tr>
<tr>
<td>Aczone (N=8)</td>
<td>16%</td>
</tr>
<tr>
<td>Epiduo (N=8)</td>
<td>16%</td>
</tr>
<tr>
<td>Cosentyx (N=7)</td>
<td>14%</td>
</tr>
<tr>
<td>Jublia (N=7)</td>
<td>14%</td>
</tr>
<tr>
<td>Tazorac (N=7)</td>
<td>14%</td>
</tr>
<tr>
<td>Topical steroids (N=6)</td>
<td>12%</td>
</tr>
<tr>
<td>Botox (N=6)</td>
<td>12%</td>
</tr>
<tr>
<td>Clobetasol (N=6)</td>
<td>12%</td>
</tr>
</tbody>
</table>

**2016 Survey:** 70 Academy members and 106 members of the Association of Dermatology Administrator’s & Managers completed a survey about prior authorizations in practice.

The table to the right shows which drugs AAD survey respondents felt most commonly had prior authorization requirements.

65 individual medications mentioned
4 Types of medications mentioned
From a 2017 Practice Profile Survey, the AAD found that 6 in 10 Dermats spend time on insurance appeals and prior authorizations.
Prior Authorization Letter Generator
Prior authorization assistance tools

Learn about prior authorization
Find a wealth of information and tools to help you understand prior authorization and assist you in getting medications for your patients.

Prior authorization letter generator (interactive tool)
Easily create appeal letters to help overturn denials for prior authorizations.
Prior authorization appeal letter

Prior Authorization
Drug Denial Letter
Template

Complete the following steps to create an individualized letter appealing a denial for a prescribed treatment for your patient.
Prior authorization appeal letter

TREATMENT INFORMATION

Select the disease for which your patient is being treated and the prescribed drug below.

Dermatologic disease with ICD-10 diagnosis code

Name of drug

PREVIOUS NEXT
### Full list of drugs located in letter generator

<table>
<thead>
<tr>
<th>Dermatologic diseases in the tool</th>
<th>Drugs in the tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acne vulgaris</td>
<td>Absorica</td>
</tr>
<tr>
<td>Actinic keratoses</td>
<td>Aczone</td>
</tr>
<tr>
<td>Atopic dermatitis</td>
<td>Botox</td>
</tr>
<tr>
<td>Pemphigus vulgaris</td>
<td>Cimzia</td>
</tr>
<tr>
<td>Primary focal hyperhidrosis</td>
<td>Class 1 Steroid</td>
</tr>
<tr>
<td>Psoriasis vulgaris</td>
<td>Class 2 Steroid</td>
</tr>
<tr>
<td>Rosacea</td>
<td>Corticosteroid spray or foam</td>
</tr>
<tr>
<td>Tinea unguinum</td>
<td>Cosentyx</td>
</tr>
<tr>
<td>Urticaria</td>
<td>Doryx</td>
</tr>
<tr>
<td></td>
<td>Dupixent</td>
</tr>
<tr>
<td></td>
<td>Elidel</td>
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<td></td>
<td>Enbrel</td>
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<td></td>
<td>Epiduo</td>
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<tr>
<td></td>
<td>Eucrisa</td>
</tr>
<tr>
<td></td>
<td>Finacea Foam</td>
</tr>
<tr>
<td></td>
<td>Humira</td>
</tr>
<tr>
<td></td>
<td>Isotretinoin</td>
</tr>
<tr>
<td></td>
<td>Ilumya</td>
</tr>
<tr>
<td></td>
<td>Jublia</td>
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<tr>
<td></td>
<td>Kerydin</td>
</tr>
<tr>
<td></td>
<td>Mirvaso</td>
</tr>
<tr>
<td></td>
<td>Otezla</td>
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<tr>
<td></td>
<td>Picato</td>
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<tr>
<td></td>
<td>Protopic</td>
</tr>
<tr>
<td></td>
<td>Remicade</td>
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<tr>
<td></td>
<td>Rhofade</td>
</tr>
<tr>
<td></td>
<td>Rituximab</td>
</tr>
<tr>
<td></td>
<td>Siliq</td>
</tr>
<tr>
<td></td>
<td>Solody</td>
</tr>
<tr>
<td></td>
<td>Soolantra</td>
</tr>
<tr>
<td></td>
<td>Stelara</td>
</tr>
<tr>
<td></td>
<td>Taltz</td>
</tr>
<tr>
<td></td>
<td>Tazorac</td>
</tr>
<tr>
<td></td>
<td>Tretinoin</td>
</tr>
<tr>
<td></td>
<td>Xolair</td>
</tr>
</tbody>
</table>
Prior authorization appeal letter

INSURANCE INFORMATION

Name of medical director
Medical director

Insurance company name
Insurance company name

Insurance company address
Insurance company street address

Insurance company city, state, zip
City
State
Zip

Step 2 of 4
**PATIENT INFORMATION**

Step 3 of 4

Patient name

Patient health insurance identification number

Patient date of birth

Date of prior authorization

I have previously prescribed this patient the following therapies (optional)

Name of medication

Start date

End date

List reason for stopping medication

ADD ITEM
Prior authorization appeal letter

TEMPLATE COMPLETE

Click the button below to download your prior-authorization letter template.

DOWNLOAD DOCUMENT

Click here

START OVER PREVIOUS NEXT
Example of AAD Letter

Depending on which drug is chosen, the letter generator will fill in fields accordingly.
Success Rates on Letter Generator

• Since launch in March 2017, 38,109 letters have been downloaded by almost 4,000 members.
• The most utilized letters are for the following drugs (mainly to treat psoriasis):
  – Otezla
  – Dupixent
  – Cosentyx
  – Taltz
  – Humira
More Resources on the PMC

Prior authorization patient resources

The resources below are designed to help physicians and patients navigate prior authorization, drug pricing, and step therapy issues.

Tools and resources

- Downloadable troubleshooting card for patients
- Did you know fact sheet on reducing drug costs for patients
- Key terms and concepts
- Prior authorization contacts for individual insurers
- Overview on drug pricing
Troubleshooting card for patients

If you have trouble accessing your medication or the price is unaffordable, please contact our office at ________________

• When a drug is prescribed in the office we do not know what your copay or coinsurance will be in advance.

• Insurance plans can change cost sharing levels in the middle of your plan for drugs which can lead to increased costs for you.

• Drug prices often vary based on where it is filled.

• We are happy to discuss additional treatment options with you that may be more cost-effective.

Use this patient card if you’re having trouble accessing medication or the price is unaffordable.
Advocacy Overview

• AADA supported language in the recently enacted SUPPORT for Patient and Communities Act, which authorized HHS to create a standard prior authorization form for Medicare Advantage
• The AADA supports state legislation that would increase patient access to their prescription medications. This includes legislation that would streamline the prior authorization process
• AADA was a member of the workgroup that helped develop the AMA’s 21 prior authorization reform principles that address:
  – Clinical validity
  – Continuity of care
  – Transparency and fairness
  – Timely access and administrative efficiency
  – Alternatives and exemptions
State Resources

Pharmaceutical Access

• PBM Transparency
• Step Therapy
• Prior Authorization
• Non-Medical Switching
Pharmacy Benefit Managers

States are introducing legislation:

• Prohibiting use of gag clauses in contracts between PBMs and pharmacies
• Increasing transparency in entire PBM structure

AADA is member of Alliance for Transparent & Affordable Prescriptions (ATAP)
Step Therapy
Prior Authorization

Advocacy efforts include findings from AAD’s 2016 survey to members demonstrating impact on patients and immense burdens on administrative staff

• Six or more prior authorizations daily

AADA advocated for PA reform legislation in 2019 through letters of support in Kentucky, Missouri, Texas, & Colorado.
Non-medical Switching

Legislation prohibits health plans from making negative mid-year formulary changes:

- Removing Rx
- Moving prescriptions to more restrictive tier; or
- Increasing out-of-pocket costs
Take action

Have you experienced step therapy? Has it delayed you from accessing a necessary treatment? If so, the AADA wants to hear from you!

The AADA state policy team advocates all year long for states to enact step therapy laws. View state by state guidance on step therapy legislation.

Each legislative session, several states consider step therapy legislation, and the state policy team needs your help to ensure the states adopt these bills. By writing about your own personal experience with step therapy in the form below, it will help us advocate for your state to enact step therapy legislation.

Email or phone

Insurer

Drug you lost access to and/or would like to gain access to

Experience with drug coverage changes, Prior Authorization and/or step therapy

Note: If you would like information on the step therapy law in your respective state please contact the AADA state policy team at VPasko@aad.org and LAlbany@aad.org.

Are you a healthcare provider or a patient?
  - Provider
  - Patient

Submit
Thank you!
Committee Hearings and Bills

• Electronic Health Records
• MACRA
• Medicare Expansion
• Prescription Drug Cost
• Administrative Burden
Regulatory Updates

• CMS/ONC Interoperability and Information Blocking Proposed Rules

• IPPS/LTCH Proposed Rule for FY 2020

• Primary Cares Initiative

• Drug Pricing Transparency Final Rule
DA VINCI PROJECT UPDATE

May 6, 2019
• 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.

• ANSI nevertheless recognizes that it must not be a vehicle for individuals or organizations to reach unlawful agreements regarding prices, terms of sale, customers, or markets or engage in other aspects of anti-competitive behavior. ANSI's policy, therefore, is to take all appropriate measures to comply with U.S. antitrust laws and foreign competition laws and ANSI expects the same from its members and volunteers when acting on behalf of ANSI.

• Approved by the ANSI Board of Directors May 22, 2014
To ensure the success of the industry’s shift to Value Based Care

Pre-Collaboration / Controlled Chaos:
Develop rapid multi-stakeholder process to identify, exercise and implement initial use cases.

Collaboration:
Minimize the development and deployment of unique solutions. Promote industry wide standards and adoption.

Success Measures:
Use of FHIR®, implementation guides and pilot projects.
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®.
In Less Than Two Years, Da Vinci Efforts Will Drive Standards for the Exchange of Information Critical to Patient Care

- Prior Auth and Documentation Requirements
- Payer Clinical Data Exchange
- Gaps in Care Attribution (Patient Panel)
- Medical Records for Value-Based Care
- Quality Measure Reporting
- Encounter Notifications

Focus
2019 MEMBERSHIP
Founding Members

16 Payers
9 HIT Vendors
14 Use Cases

Members are building initial implementations.
Da Vinci Members

Premier Members

- Anthem
- Blue Cross Blue Shield Association
- Blue Cross of Idaho
- Blue Cross Blue Shield of Michigan
- BCBSA
- Cambia Health Solutions
- Optum
- UnitedHealthcare

Associates

- Allscripts
- BCBS of Tennessee
- Cerner
- Epic
- GuideWell
- Humana
- virence

For current membership: http://www.hl7.org/about/davinci/members.cfm
# New Membership Categories

**Sponsored Members**

- ATI Physical Therapy
- MultiCare Connected Care
- Sutter Health
- Weill Cornell Medicine
- OHSU

**Contributors**

- Texas Health Resources

**Partners**

- HIMSS
- NCQA
Program Status
2019 Implementation Guide Schedule

Use Case Status
- In HL7 May ballot as STU or ballot for comment
- Planned for HL7 July ballot as STU
- Planned for HL7 September ballot as STU
- Use cases in discovery (some may be balloted in January 2020)

Project Process
- Define requirements (clinical, business, technical and testing)
- Create Implementation Guide (IG)
- Create and test Reference Implementation (RI) (prove the IG works)
- Pilot the solution
- Deploy the Solution
2019 Ballots and Connectathons

MAY BALLOT -- Mar 29 – Apr 29
STU Data Exchange for Quality Measures (DEQM)
STU Coverage Requirements Discovery (CRD)
Comment Documentation Templates & Rules (DTR)

EARY SEPTEMBER BALLOT – July 1 - 30
STU Health Record Exchange (HReX)
STU Payer Data Exchange (PDex)
STU PDex Payer Directory
STU PDex Formulary
STU Clinical Data Exchange (CDex)
STU Prior Authorization Support (Prior Auth)

SEPTEMBER BALLOT – Aug 9 - Sept 9
STU Documentation Templates and Rules (DTR)
STU Alerts / Notifications
STU Payer Coverage Decision Exchange

DELIVERABLE - HL7 Ballots are for STU with the exception of DTR in May

Event – See confluence.hl7.org
Activities by the Numbers

<table>
<thead>
<tr>
<th>Stats</th>
<th>Activities by the Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total practice runs</td>
<td>3</td>
</tr>
<tr>
<td>Total public runs</td>
<td>23</td>
</tr>
<tr>
<td>Filming runs</td>
<td>1</td>
</tr>
<tr>
<td>Total variations</td>
<td>14</td>
</tr>
<tr>
<td>Total roles</td>
<td>96</td>
</tr>
<tr>
<td>Total role system issues</td>
<td>7</td>
</tr>
<tr>
<td>Role availability</td>
<td>92.7%</td>
</tr>
</tbody>
</table>

AEGIS Touchstone available 100%
Total MCs 6
Total EHRs 2
Total Payer/Partner 4
Total Payer only 5
Total Sponsors 16
Number of visitors (approx.) 500
Percent that left during vignette < 10%

CLINICAL SUMMARY

Da Vinci is demonstrating the ability to exchange information between payers and providers using HL7® FHIR® and CDS Hooks® as part of the Interoperability Showcase.

The vignette describes a clinical encounter for 78-year-old Asian women named Dara that starts with her primary care physician, proceeds to a cardiologist who admits Dara to the hospital for an angiogram and observation where it is determined that her chronic obstructive pulmonary disease has progressed to the point that she needs supplemental oxygen.

As Dara returns to her primary care physician, her previous medications are reconciled with those prescribed at discharge, the PCP reports the medication reconciliation, in support of a quality measure the Medicare Advantage program is following for its members.

The visual describes the interactions demonstrated at HIMSS Interoperability Showcase, direction of each exchange, the FHIR standards used, the setting where the interaction is occurring and the participants.

Each step represents a provider – payer exchange using FHIR IG.
Summary of Active Use Cases & Resources
Sample Project Timeline

**IG Development**
- Assemble Team
- Requirements
- RI Tech Approach
- Specify profiles, ...
- IG Framework
- Create Draft IG
- Revise and Finalize IG
- FHIR Gap Analysis
- Build Initial RI
- Test RI
- Update Final RI
- Build Data Set
- Build Test Set
- Work with appropriate HL7 workgroup for IG sponsorship and input

**RI Development**
- Project start
- Represents 4 weeks
- 2 - 4 sprints

Week 0 2 4 6 8 10 12 14 16
Follow Progress, Test, Implement

FIND

• Background collateral
• Implementation Guide(s)
  – 2 Balloted Sept ’18
  – 3 May Ballot Underway
  – 4 Early Ballot July In Development
• Reference Implementation
  – HL7 Connectathon participants
  – Publicly available

RESOURCES

• HL7 Da Vinci Wiki & Listserv signup - http://www.hl7.org/about/davinci/index.cfm
• HL7 Confluence Site - https://confluence.hl7.org/display/DVP/
• Where to find Da Vinci in Industry - https://confluence.hl7.org/display/DVP/DaVinci+2019+Calendar
• Use Case Summary and Links to Call In & Artifacts - https://confluence.hl7.org/display/DVP/DaVinci+Use+Cases
• Reference Implementation Code Repository - https://github.com/HL7-DaVinci
• Guidewell Hosting
• Open to Public, will close at 80 attendees
• Da Vinci Led, May 29-30th
• Da Vinci Tracks
  – Data Exchange for Quality Measures
  – Prior Auth Support (including CRD/DTR)
  – Clinical Data Exchange (CDex) Combined with Attachments
  – Payer Data Exchange (PDex)
• Tell us YOU ARE COMING
• https://confluence.hl7.org/display/DVP/May+Onsite+Connectathon+++Guidewell#

SAVE THE DATE: May 29-30th
Da Vinci Member Home Page

Created by Dave Johnson, last modified by Joshua Pubbly yesterday at 11:30 PM

Objective:

Da Vinci is a private sector initiative that addresses the needs of the Value Based Care Community by leveraging the HL7 FHIR platform. Learn more.

Da Vinci Public Page Resources

Member Onboarding Resources

Summary View of Da Vinci Implementation Guides

Conference and Meeting Calendar

Da Vinci Overview

Da Vinci Progress Update 11-2018.pdf

Program Status:

<table>
<thead>
<tr>
<th>Area</th>
<th>Workstream</th>
<th>Status</th>
<th>Open Issues or Next Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use</td>
<td>UI/UX</td>
<td>GREEN</td>
<td>Ballot Recconciliation continued</td>
</tr>
</tbody>
</table>

Team:

- Viet Nguyen
  vietnguyen@stratametrics.com

- Jocelyn Keegan
  jocelyn.keegan@pcp.com

- Robert Dieterle
  rcdieterle@enablecare.us

- Lenel James
  lenel.james@bcbss.com

- Dana Marcelonis
  dana.marcelonis@pcp.com

- Alexandra Goss
  alex@imprado.com
### Available Use Cases

<table>
<thead>
<tr>
<th>Stage</th>
<th>Q1 2019 Activities</th>
<th>2019 Min Investment</th>
</tr>
</thead>
</table>
| **Ballot Reconciliation & Connectathons** | • Publish  
• Identify Implementers  
• Test  
• Two new measures in flight: colon cancer screen (COL) and deep vein thrombosis (DVT) | • v2: sync with FHIR STU4  
• Incorporate feedback  
• Further define patterns and add measures |
| **Ballot Reconciliation & Connectathons** | • Publish  
• Identify Implementers  
• CMS drive Pilot Test | • v2: sync with FHIR STU4  
• Incorporate feedback  
• Add pricing by location functionality |
# 2019 In Flight Use Cases

<table>
<thead>
<tr>
<th>Stage</th>
<th>Q12019 Activities</th>
<th>2019 Min Investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ballot</td>
<td>• Finalize scope</td>
<td>• Ballot initial IG</td>
</tr>
<tr>
<td></td>
<td>• Build Implementation Guide &amp; Reference Implementation</td>
<td>• Connectathons</td>
</tr>
<tr>
<td></td>
<td>• Identify Implementers</td>
<td>• Implementations</td>
</tr>
<tr>
<td>Build IG and Reference Implementation</td>
<td>• Finalize architectural</td>
<td>• CMS Testing</td>
</tr>
<tr>
<td></td>
<td>• Get IG work underway</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Identify Implementers</td>
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</tbody>
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Active Use Case Details
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
- Additional Scenarios underway to expand measure patterns in framework
Emerging DEQM Patterns

- Initial example of how Da Vinci funding expandable framework
- Multiple groups providing resources to build out measures beyond Da Vinci
- Evaluating missing components to expand types of measures that could leverage framework i.e., public health

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pattern</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Day Medication Reconciliation</td>
<td>Attestation</td>
<td>STU</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>Screening</td>
<td>May Ballot</td>
</tr>
<tr>
<td>Venous Thromboembolism Prophylaxis</td>
<td>Process</td>
<td>May Ballot</td>
</tr>
</tbody>
</table>
Health Record Exchange Simplified

Provider to Payer Exchange (CDex)

Provider can receive relevant Payer Sourced Data about a patient

Payer to Provider Data Exchange (PDex)

Provider can share relevant Provider Sourced Data to Payer and/or other Providers
Pilot Implementation REST Architecture Model

Provider EHR Implementation Scope

Da Vinci’s Deliverable Scope

Payer Implementation Scope

Implementations conforming to the DaVinci FHIR Profiles following the Implementation Guides

Industry standard DaVinci Use Case FHIR Profiles with respective Implementation Guides

Implementations conforming to the DaVinci FHIR Profiles following the Implementation Guides

EHR

EHR Backend Services

Translation Services

EHR Database

EHR

Endpoint & APIs

Request Resource

Response Resource

Payer

Translation Services

Payer Database

Payer Backend Services
Coverage Requirements Discovery

• 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)
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

1. Payer may request additional information from the provider EHR using existing FHIR APIs

2. 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.
CRD and Document Templates & Rules

DME Ordered “order-review” hook triggers query

Invokes service & sends pre-fetch FHIR data including order information

SMART on FHIR App

- Displays Gaps/Template/Rule
  Collects Missing Data and Store as Part of Medical Record
- Retrieve rules, if necessary. Parse rule from CQL, identify gaps in data available in EHR and populate template

CDS Service searches repository leveraging FHIR data

Library of coverage rules/templates

Send CDS Hooks Response with link to SMART on FHIR App

PAYER

EHR/PROVIDER BACK OFFICE SYSTEMS

29
Prior Authorization Support Abstraction/Transform for HIPAA Compliance

Clearinghouse or Integration Required to Meet HIPAA Regulations
Power to Reduce, Inform and Delegate Prior Authorization Support

Improve transparency
Reduce effort for prior authorization
Leverage available clinical content and increase automation

Coverage Requirements Discovery
Documentation Templates and Coverage Rules
Prior Authorization Support

CDS Hooks
FHIR APIs

Coverage Requirements Discovery
Documentation Templates and Coverage Rules
Prior Authorization Support

Transformation Layer
X12 278
X12 275 if required
Transformation Layer Optional

EHR/PROVIDER BACK OFFICE SYSTEMS
PAYER
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Save the Dates
August/September 2019  November 22, 2019
Washington D.C. Area  Arlington, VA

About PEHRC
The Physicians’ Electronic Health Record Coalition (PEHRC) is comprised of more than 20 medical societies representing more than 600,000 physicians, who share information to support the use of health information technology (IT).

The PEHRC helps physicians—particularly those in small- and medium-sized ambulatory care medical practice—acquire and use affordable, standards-based electronic health records (EHRs) and other health IT to improve quality, enhance patient safety, and increase efficiency. PEHRC is committed to taking practical steps to educate physicians about the value and best use of EHRs, help them select systems, and focus the market on high-quality and affordable products.