

# The Da Vinci Approach to Value-Based Care Patient Engagement

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Point-of-Care Partners

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- Approved by the ANSI Board of Directors May 22, 2014

# THE CHALLENGE

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.

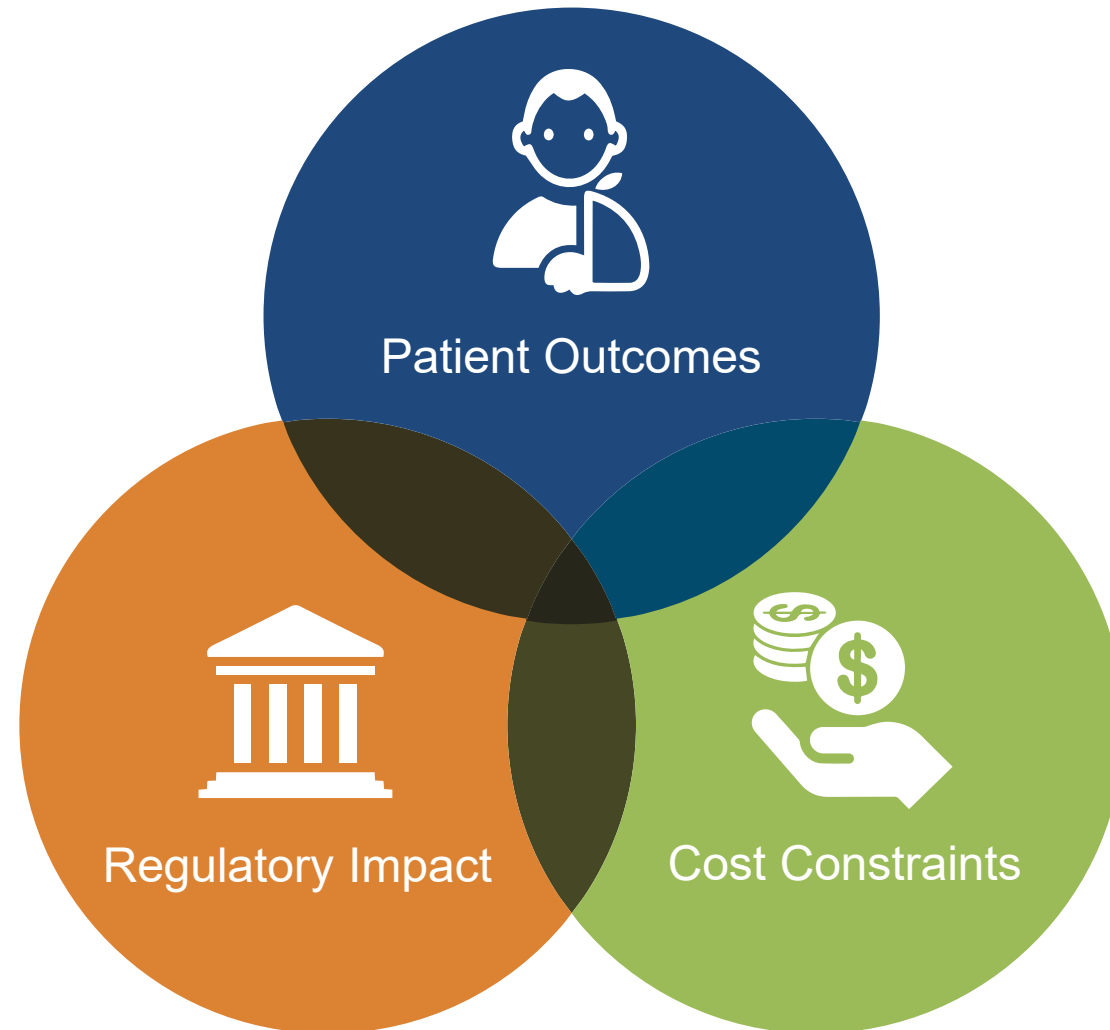


## Success Measures:

Use of FHIR®, implementation guides and pilot projects.

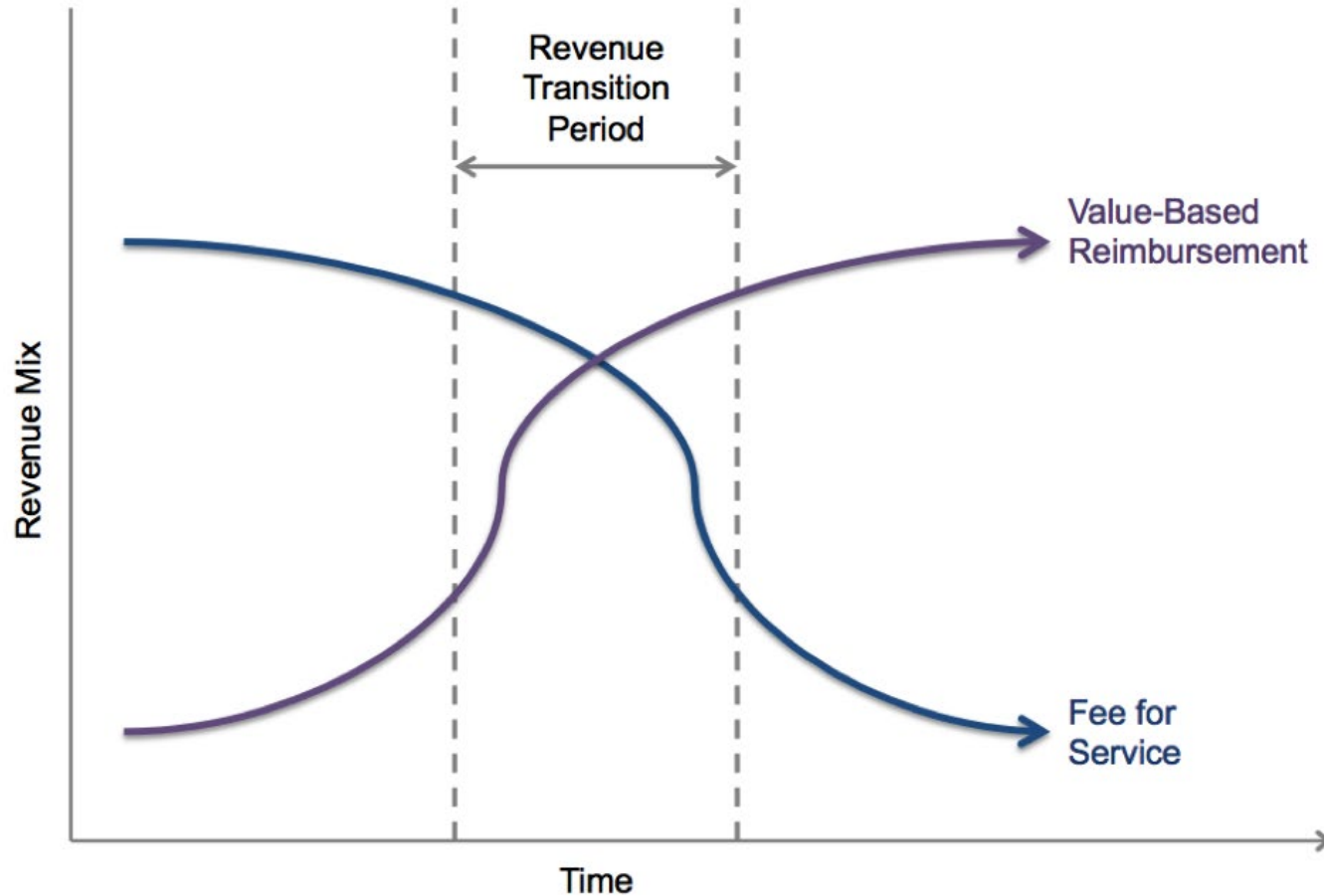
# OUR APPROACH

Deliver the right data at the right time and drive focus to patient outcomes.



# OUR APPROACH

Empower Users to Shift to Value-Based Care



*Unleash critical data  
between payers and  
providers leveraging  
HL7<sup>®</sup> FHIR<sup>®</sup>*

Source: © 2018 Health Catalyst

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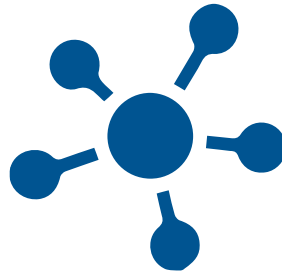


# OUR FINDINGS: 30 Day Medication Reconciliation

ACUTE CARE



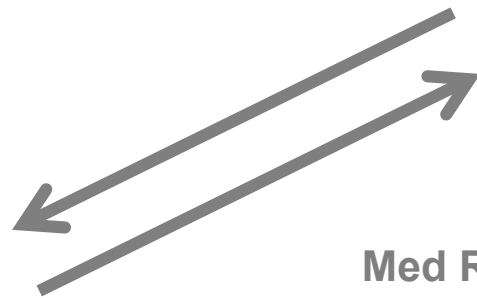
1.  
Discharge  
Notification



PAYER



PROVIDER

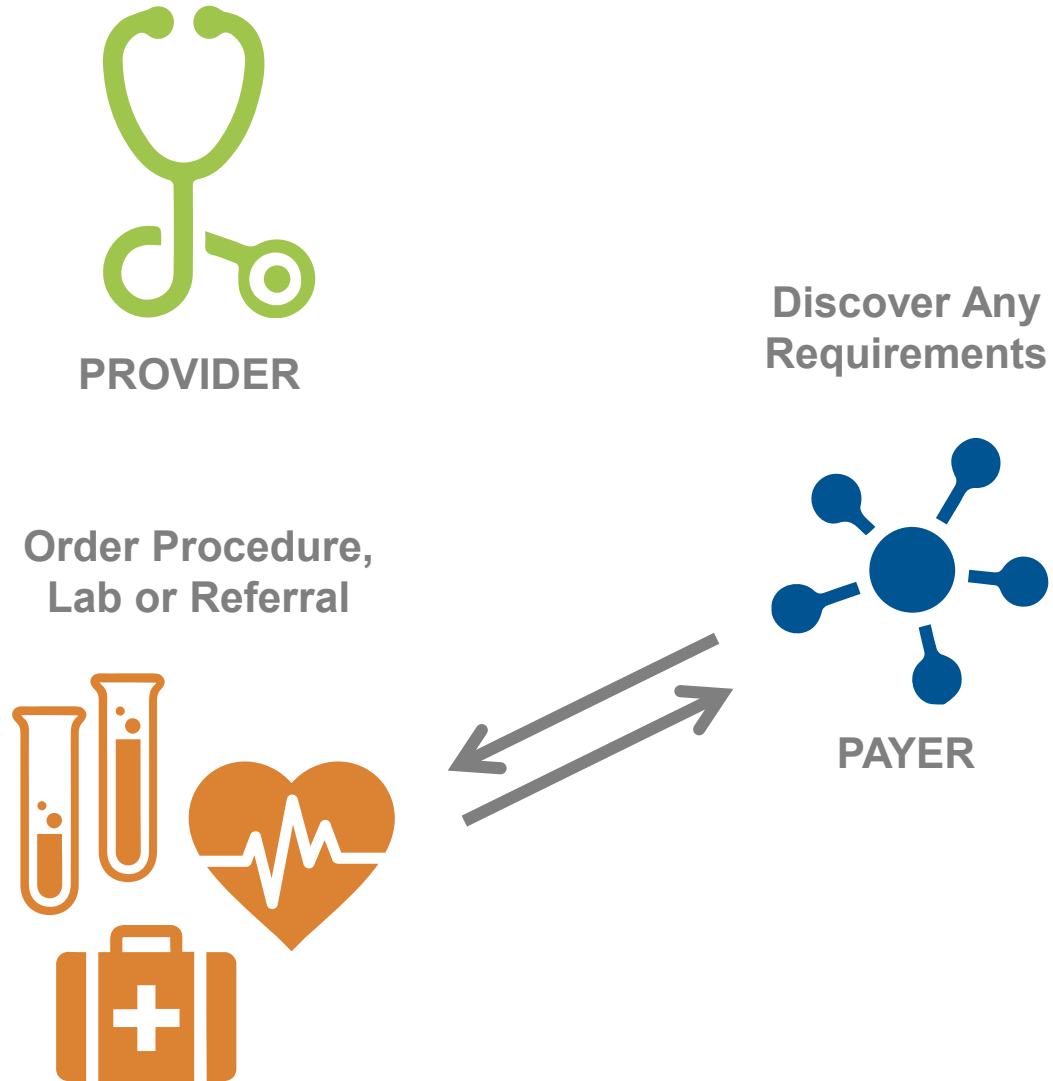


2.  
Med Rec Need

- Provider attests Med Rec has been completed post-discharge
- Focus is to compare pre/post medication lists to avoid errors
- Med Rec required for many HEDIS and commercial at-risk contracts
- Today done through claims processing or manual review of lists

*Today's manual and ad hoc processes are costly and will not scale. Using FHIR to unlock silos of this critical.*

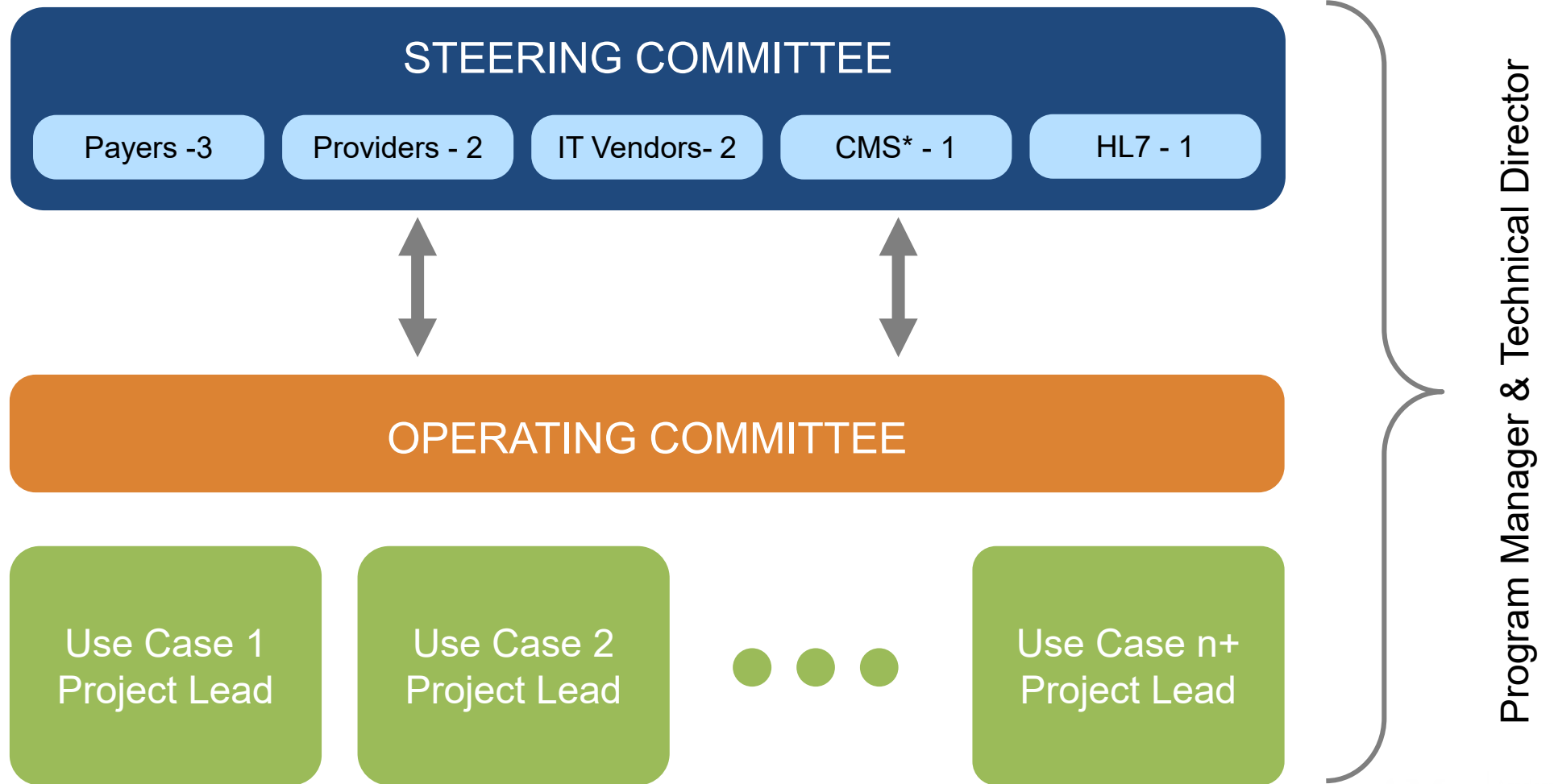
# OUR FINDINGS: Coverage Requirements Discovery



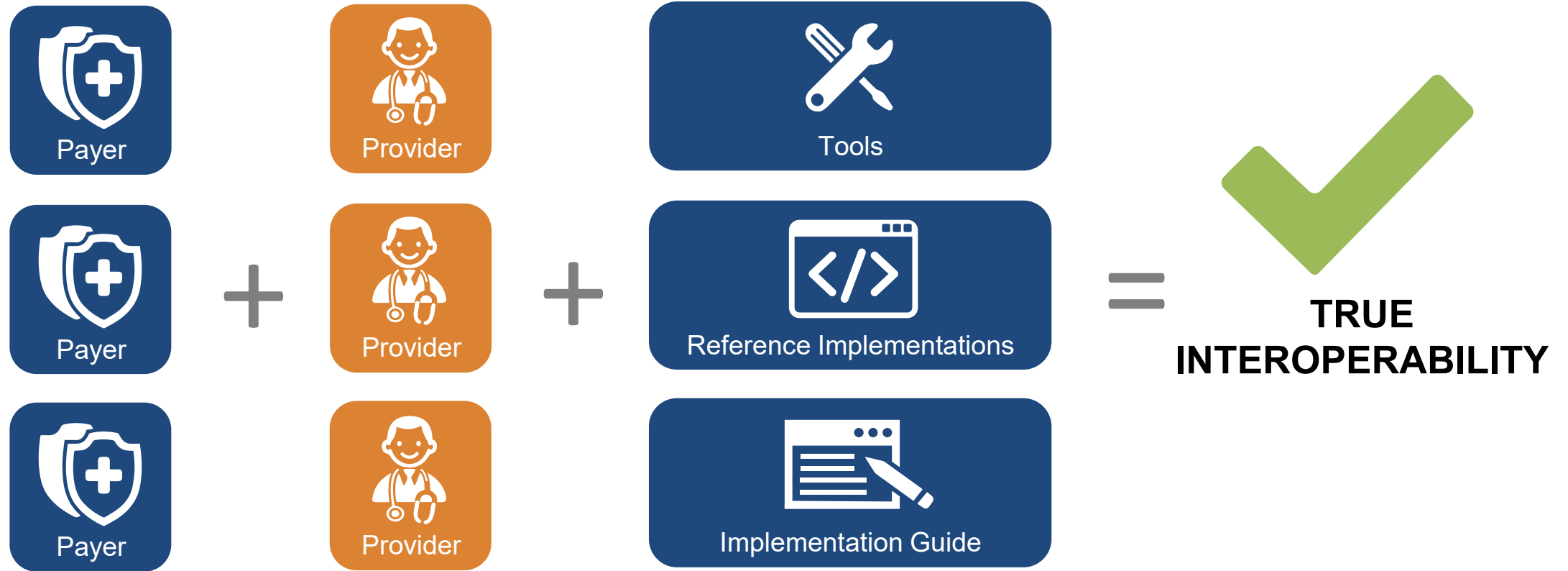
- Providers need to easily discover which payer covered services or devices have
  - Specific documentation requirements or guidance,
  - Rules for determining need for specific treatments/services
  - Requirement for Prior Authorization (PA) or other approvals
- FHIR based API enables providers to discover payer-specific coverage requirements in **real-time**
  - Answer to discovery request
  - A list of services, templates, documents, rules
  - URL to retrieve specific items (e.g. template)



# LESSONS WE LEARNED



# OUR RECOMENDATION: Pilot Use Cases



**Build Your Organization**

To learn more or get started, visit <http://confluence.hl7.org/>

# DOCUMENTATION TEMPLATES AND PAYER RULES

- Providers need:
  - Specific documentation requirements,
  - Rules for determining need for specific treatments/services
  - Requirement for Prior Authorization (PA) or other approvals
  - Specific guidance

- Delivery Method:
  - FHIR based standard for representing payer “rules” to communicate, in real-time, payer medical necessity and best clinical practice requirements

- Templates/Rules should:
  - Specify provider documentation requirements for coverage, medical necessity
  - Encompass social determinates that are antecedents for specific care
  - Collect information and respond with specific template data (e.g. authorizations)
  - Indicate clinical requirements including appropriate use
  - Collect specific documentation for Quality Measures