



# Da Vinci

## Program Overview

August 15, 2018




# Interim Antitrust Policy

## ANSI Antitrust Policy

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

# Objective



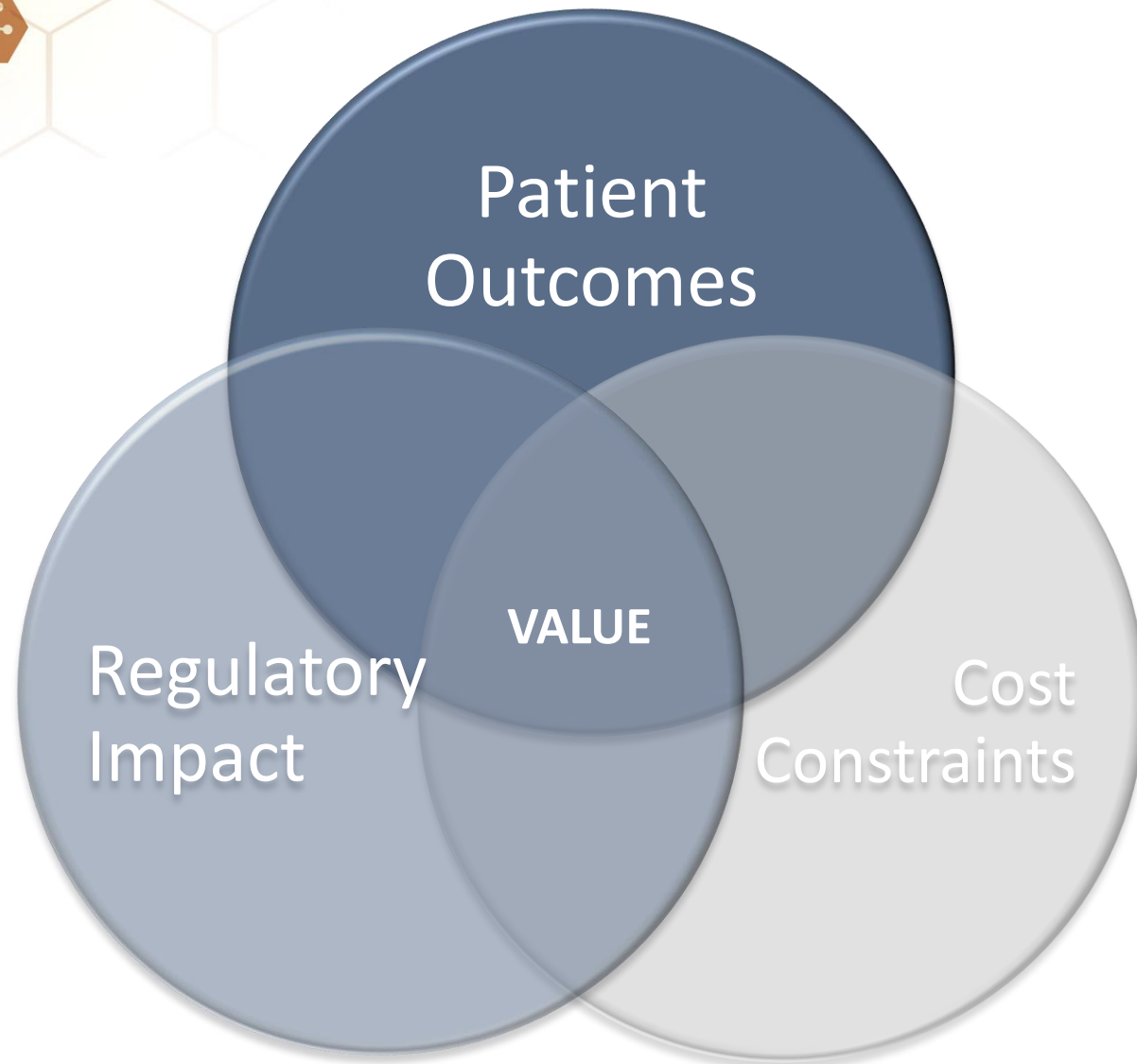
To ensure the success of the industry's **shift to Value Based Care** there is a need to establish a ***rapid multi-stakeholder*** process to identify, exercise and implement initial use cases between payers and provider organizations.

The objective is **to minimize** the development and deployment of **unique solutions with focus on reference architectures that will promote industry wide standards and adoption.**

Components for success include (and where needed, create extensions to or craft revisions for) common:

1. Standards (HL7 FHIR®),
2. Implementation guides, and
3. Reference implementations and pilot projects to guide the development and deployment of interoperable solutions on a national scale.

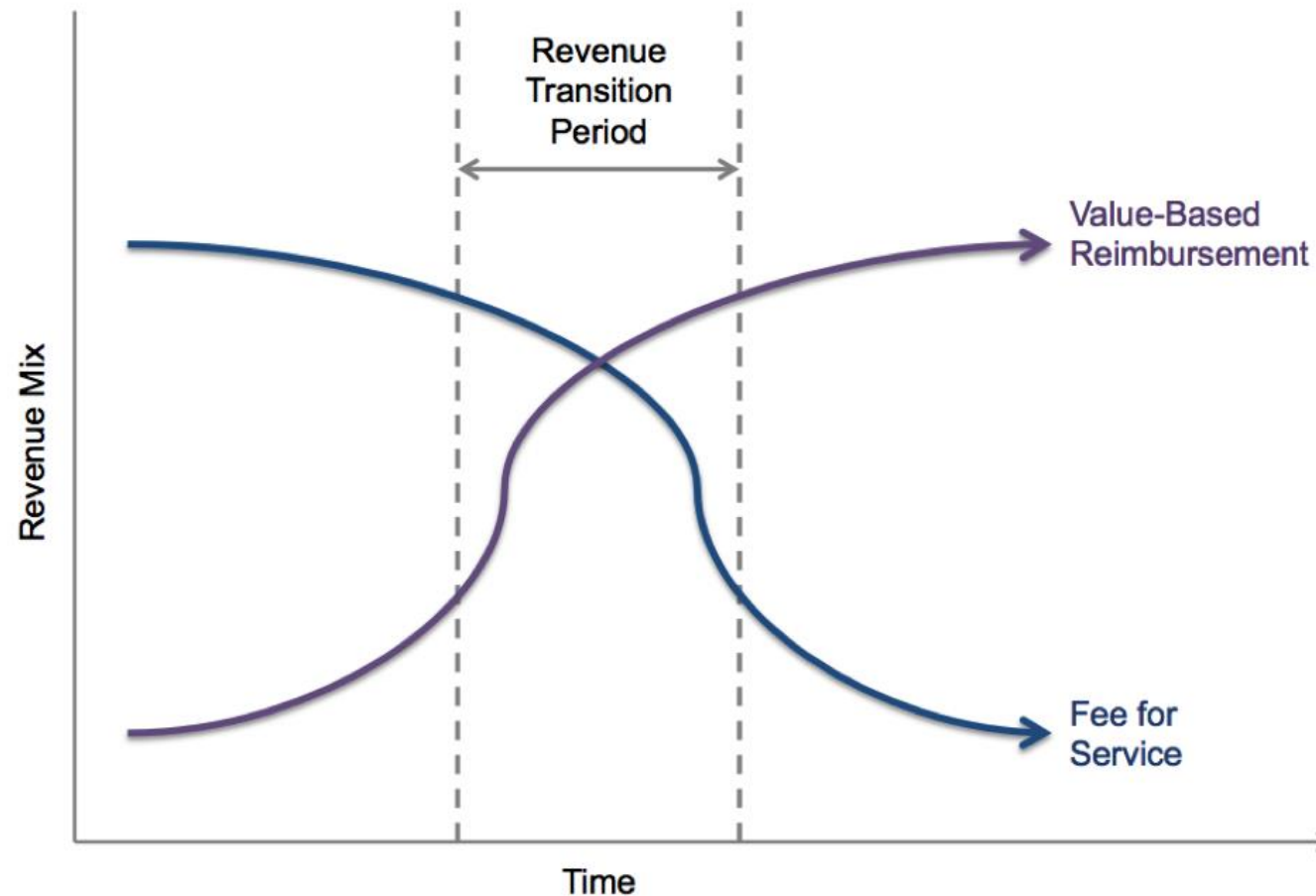
# VBC Programs Drive Focus to Patient Outcomes



Enable provider to see right data at right time for specific patient coverage, benefits and care coordination

Historically, payment and coverage data completely separate from care

# 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®



# Founding Members



Work Underway to Identify Initial Sites by Use Case

# 2018 Use Case Inventory and Project Deliverables

30 Day Medication Reconciliation\*

Coverage Requirements Discovery\*

Documentation Templates and Coverage Rules\*\*

eHealth Record Exchange: HEDIS/Stars & Clinician Exchange\*\*

Notification (ADT): Transitions in Care, ER admit/discharge

Risk Based Contract Member Identification

Authorization Support

Quality Measure Reporting

Laboratory Results

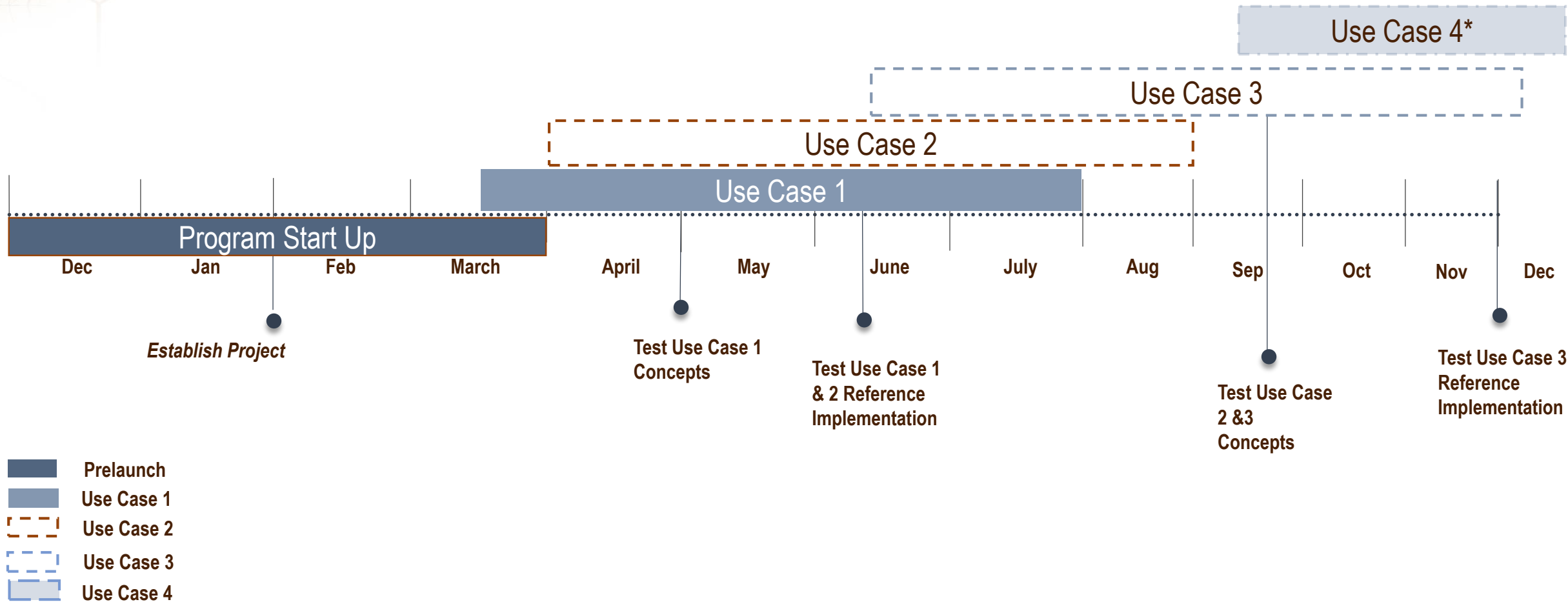
## Project Deliverables

- Define requirements (technical, business and testing)
- Create Implementation Guide
- Create and test Reference Implementation ( prove the guide works)
- Pilot the solution
- Deploy the solution

\* In active development

\*\* Discovery and requirements underway

# Da Vinci 2018 Use Cases – Phase 1





# Project Deliverables

## Implementation Guide (IG)

A specification that defines how the capabilities defined by the FHIR specification are used in particular data exchanges, or to solve particular problems (adapted from the HL7 FHIR Foundation Implementation Guide Registry (<http://www.fhir.org/guides/registry>))

## Reference Implementation (RI)

A reference implementation is, in general, an implementation of a specification to be used as a definitive interpretation for that specification . During the development of the conformance test suite, at least one relatively trusted implementation of each interface is necessary to

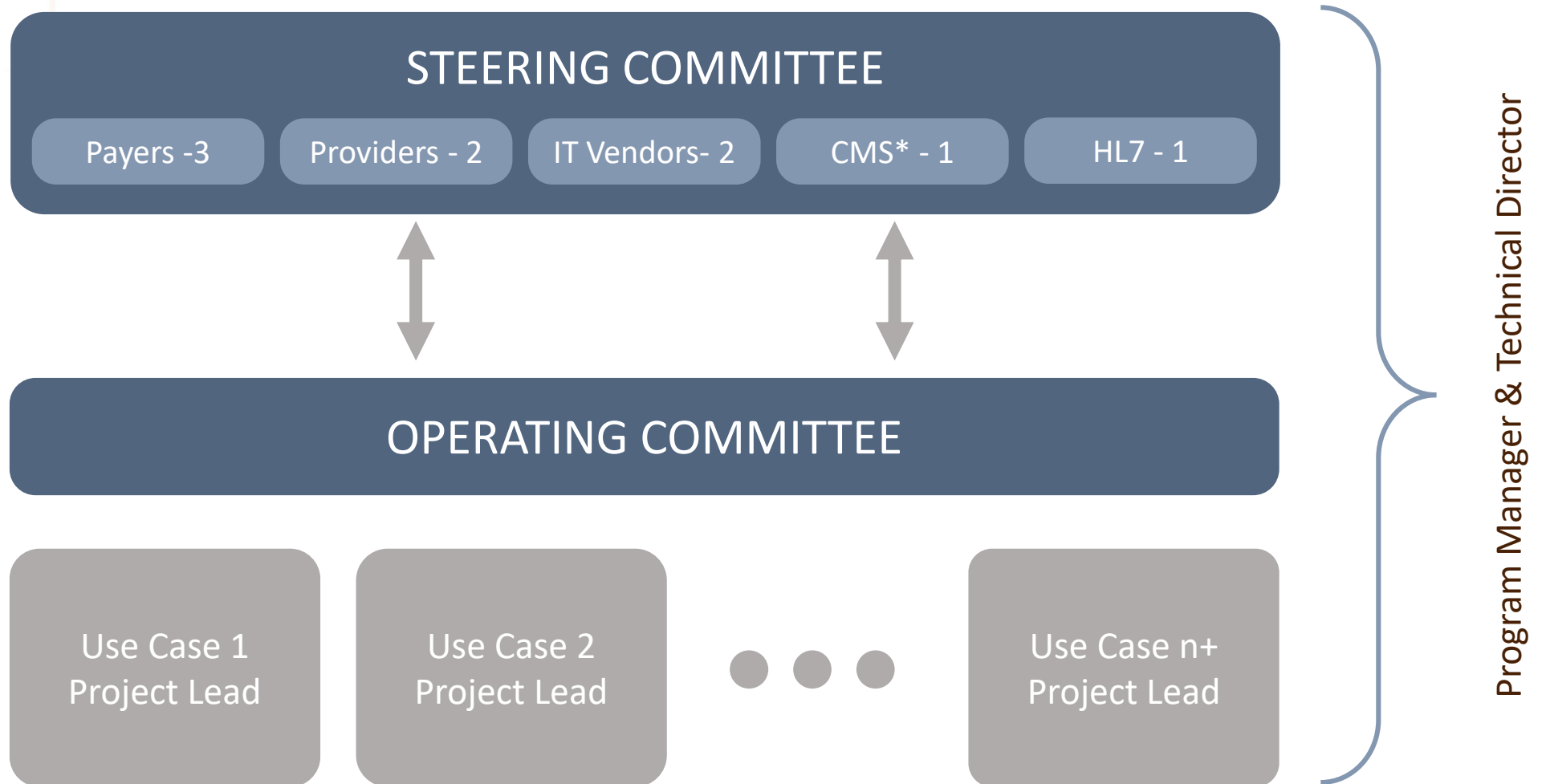
- (1) discover errors or ambiguities in the specification
- (2) validate the correct functioning of the test suite.

Goal is to develop repeatable production focused projects



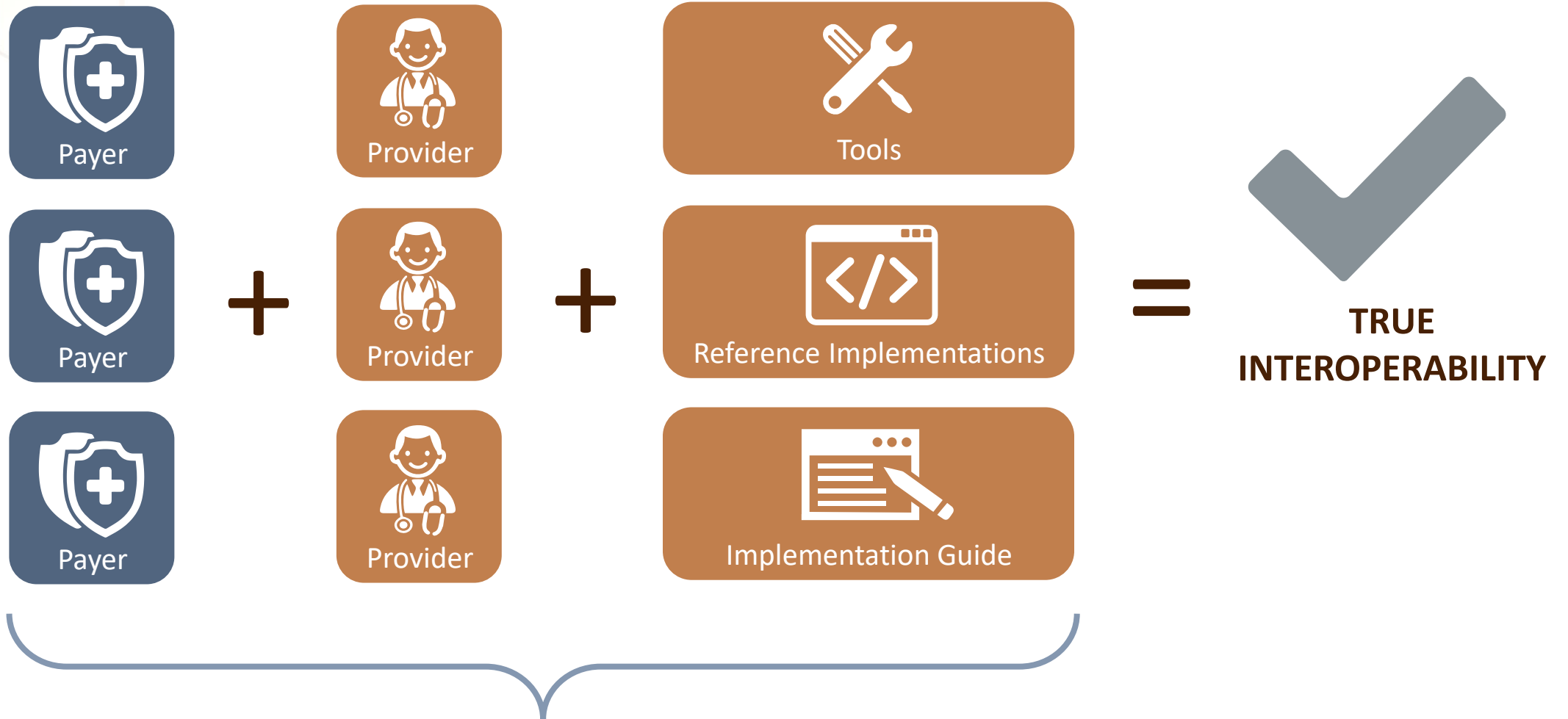
# Program Construct

# Governance Structure



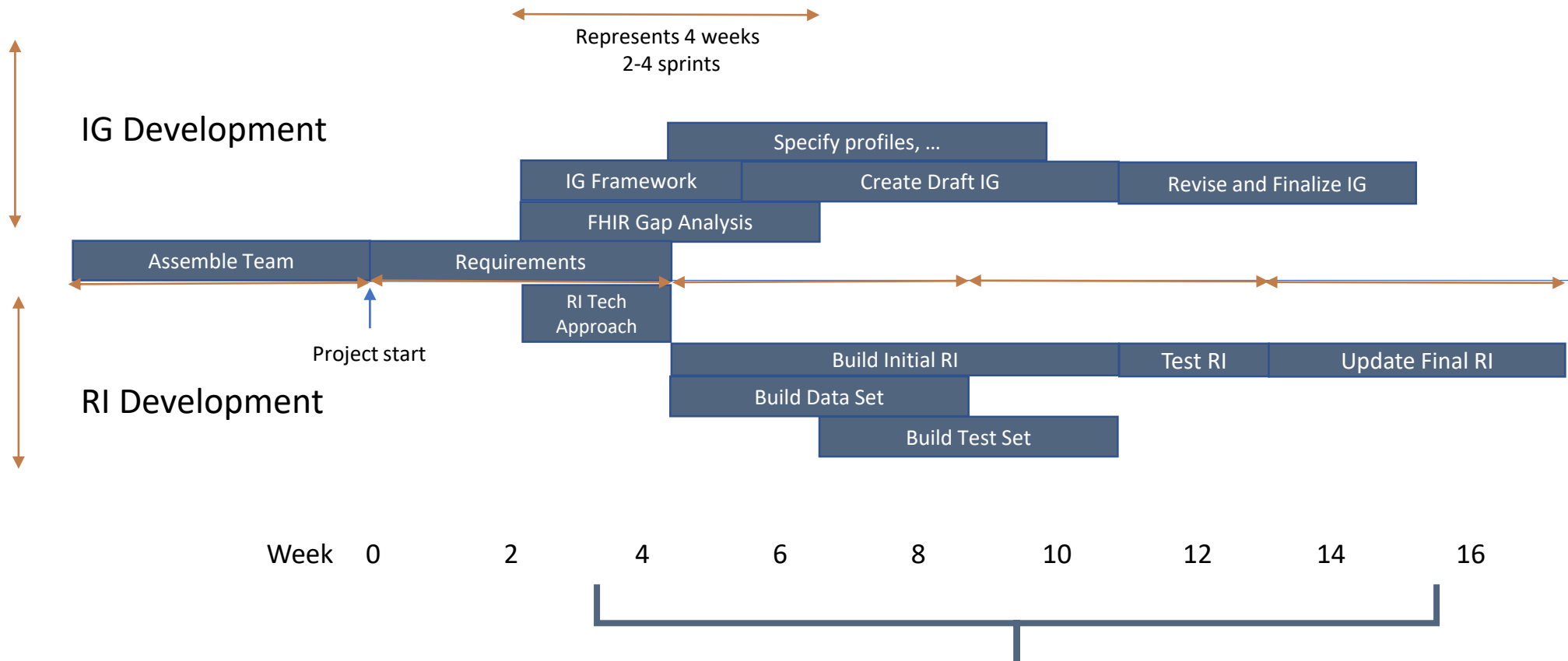


# Pilot Use Cases - Recommend



Build Your Organization

# Project Structure & Timeline



Work with appropriate HL7 workgroup for IG sponsorship and input



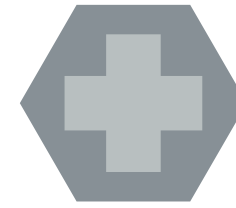
## Use Case 1: 30 Day Medication Reconciliation



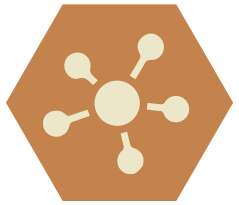
# 30 Day Medication Reconciliation

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

Acute Care



1. Discharge Notification



Payer



Provider

2. Med Rec Need

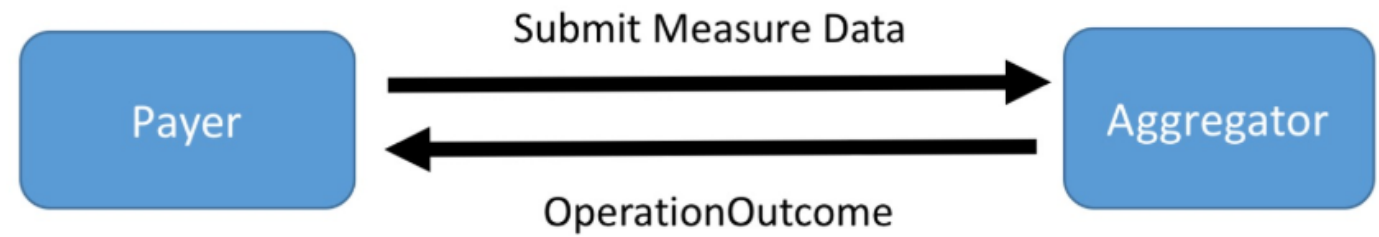
Today's manual and ad hoc processes are costly and will not scale. Using FHIR to unlock silos of this critical

# Quality Data Exchange Implementation Guide

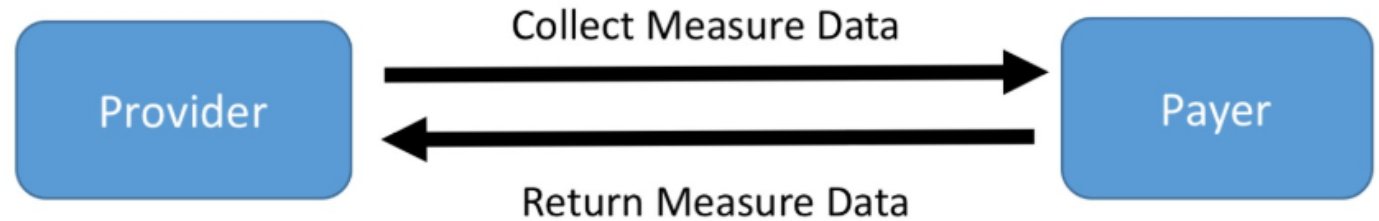
Use case creates a common framework for quality data exchange

- 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
- Future work will incorporate additional use cases

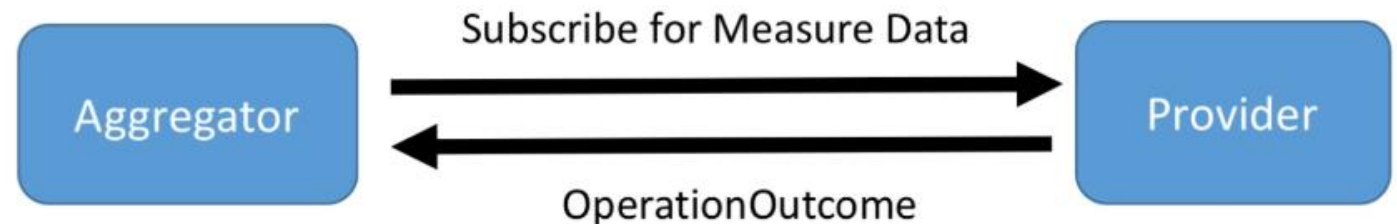
## 1. Submit



## 2. Collect



## 3. Subscribe





## Use Case 2: Coverage Requirements Discovery



# 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)

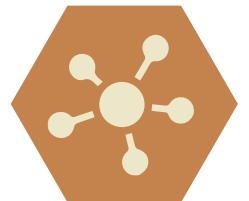
Provider



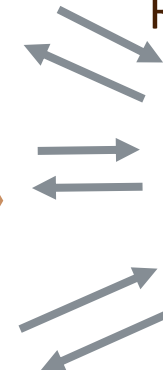
Order Procedure,  
Lab or Referral



Discover Any  
Requirements



Payer



# Coverage Requirements Discovery Implementation Guide

## 1) Based on a specific clinical workflow event:

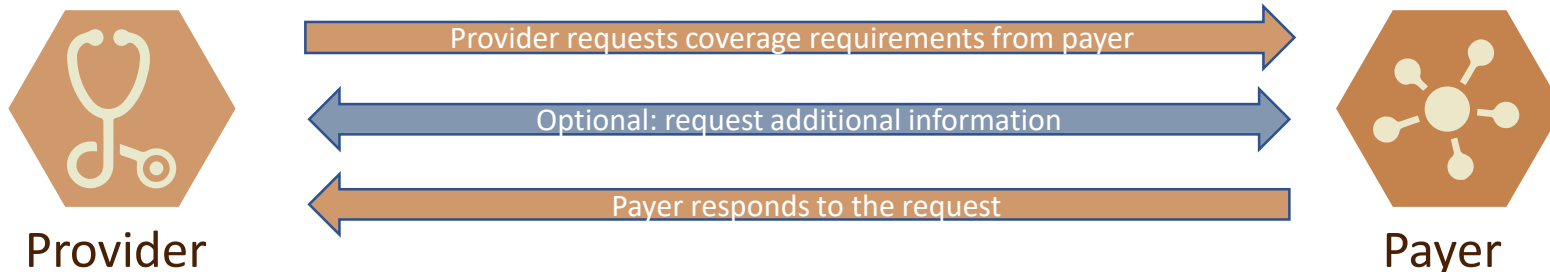
scheduling,  
start of encounter,  
planning treatment,  
ordering,  
discharge

Provider's send FHIR based request, with appropriate clinical context to the responsible payer

## 2) Payer may request additional information from the provider EHR using existing FHIR APIs

## 3) 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.

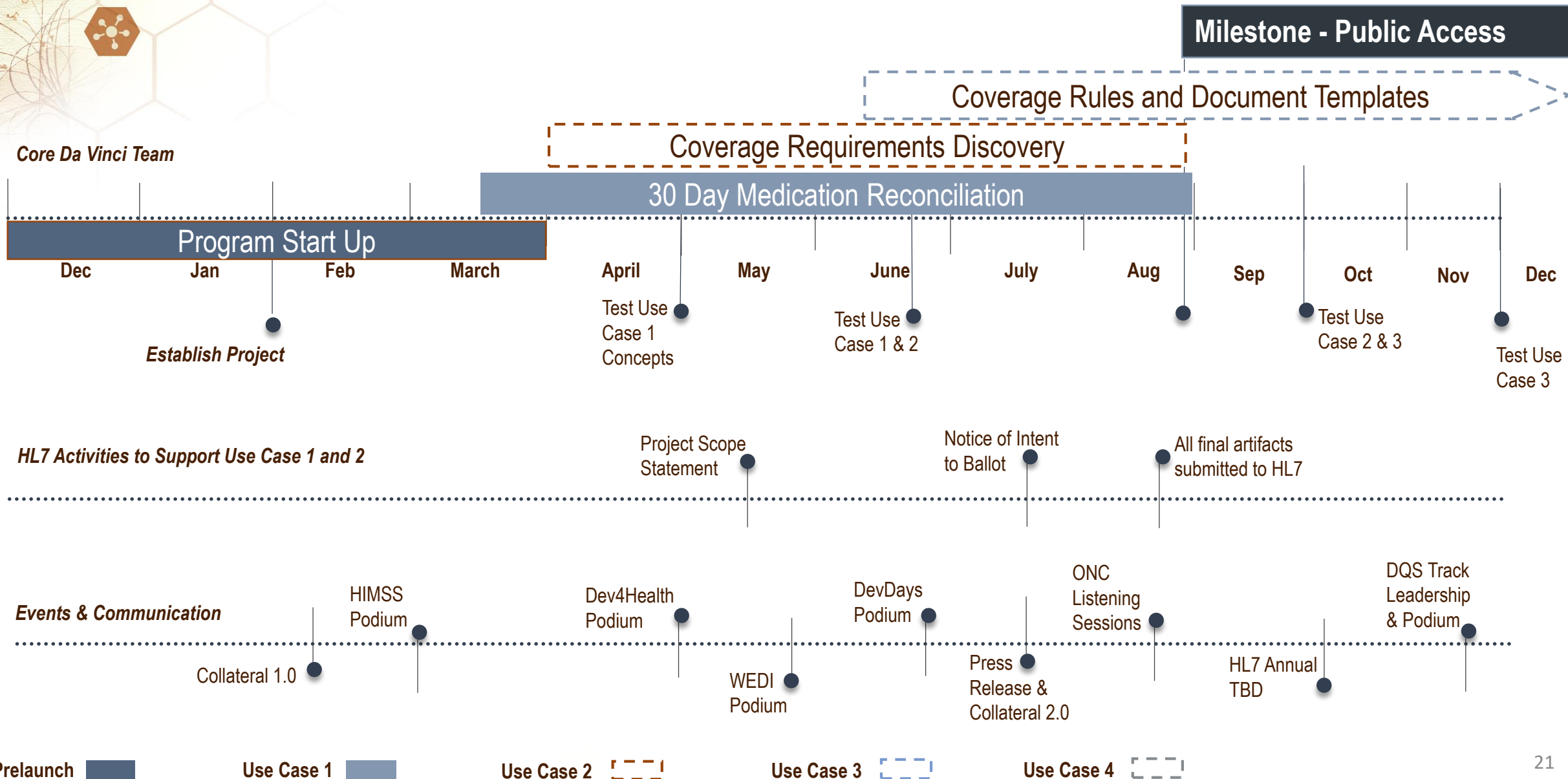




# Project Milestones



# Da Vinci 2018 Program View Actual



## Da Vinci Public Site

- Background collateral
- Implementation Guide
  - Published 8/24 through HL7 balloting process
- Reference Implementation –
  - Available at Sept 29 & 30<sup>th</sup> to HL7 Connectathon participants
  - Revised version publicly available post HL7

## Follow Progress, Test, Implement

30 Day Med Rec:

<http://confluence.hl7.org/display/DVP/30+Day+Medical+Reconciliation>

Coverage Discovery Requirements :

<http://confluence.hl7.org/display/DVP/Coverage+Discovery+Requirements>



# Upcoming Use Cases



# Documentation Templates and Payer Rules

- Providers need to easily incorporate payer requirements into their clinical workflow
  - Specific documentation requirements,
  - Rules for determining need for specific treatments/services
  - Requirement for Prior Authorization (PA) or other approvals
  - Specific guidance.
- Use a FHIR based standard for representing payer “rules” to communicate, in real-time, payer medical necessity and best clinical practice requirements that may affect the ability to have certain services or devices covered by the responsible payer.
- The template/rules may (examples, not complete list)
  - Specify provider documentation requirements for coverage, medical necessity
  - Provide guidance / documentation requirements regarding social determinates that are antecedents for specific care
  - Collect information for some purpose (e.g. authorizations)
  - Indicate clinical requirements including appropriate use
  - Collect specific documentation for Quality Measures
  - Respond with specific information as requested/documented in the template/rules





# eHealth Record Exchange

## Potential Scenarios

- HEDIS/STARS – exchange for quality measures
- Gaps in Care – exchange to facilitate determination of gaps in care
- Care Planning – exchanges to facilitate the management of care plans across multiple contributors
  - Support for chronic and acute conditions
  - Support for home health services (e.g. Home Health Plan of Care)
- Orders and Medical Record Exchange (or specific subsets)
  - Laboratory orders and results

# Program Contacts

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