





Payers on FHIR® Opportunities to Advance Value-Based Care

December 4th, 2019



Webinar Speakers



Aneesh Chopra President, CareJourney Former Chief Technology Officer of the United States

- Aneesh Chopra is the President of CareJourney, an open data membership service
- He served as the first U.S. Chief Technology Officer under President Obama and authored, "Innovative State: How New Technologies can Transform Government."
- He serves on the Board of the Health Care Cost Institute, the New Jersey Innovation Institute, and earned his MPP from Harvard Kennedy School and BA from The Johns Hopkins University.



Wayne Kubick Chief Technology Officer, HL7 International

- Wayne R. Kubick is Chief Technology Officer for Health Level Seven International, an ANSI-accredited Standards Development Organization (SDO).
- He was formerly Chief Technology Officer for CDISC, the leading SDO for pharmaceutical clinical research, and has held many senior executive roles with BBN Software Products, Parexel International, Lincoln Technologies and Oracle Health Sciences.



Swanand P. Sr. Vice President for Data Management, CitiusTech

- Heads CitiusTech's Healthcare Interoperability, BI-DW & Big Data practices
- 20+ years of experience across healthcare regulatory reporting, standards and frameworks including HL7
- Earlier worked with Epic Systems on development of the EpicCare product
- Holds a Master's degree in Information Technology from IIT Mumbai

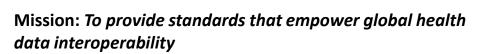
About Health Level Seven, International



ANSI-accredited healthcare standards development organization

- > 4000 volunteers and members in >50 countries
- > 300 standards products
- Major product families: v2, v3, CDA, FHIR

Vision: A world in which everyone can securely access and use the right health data when and where they need it







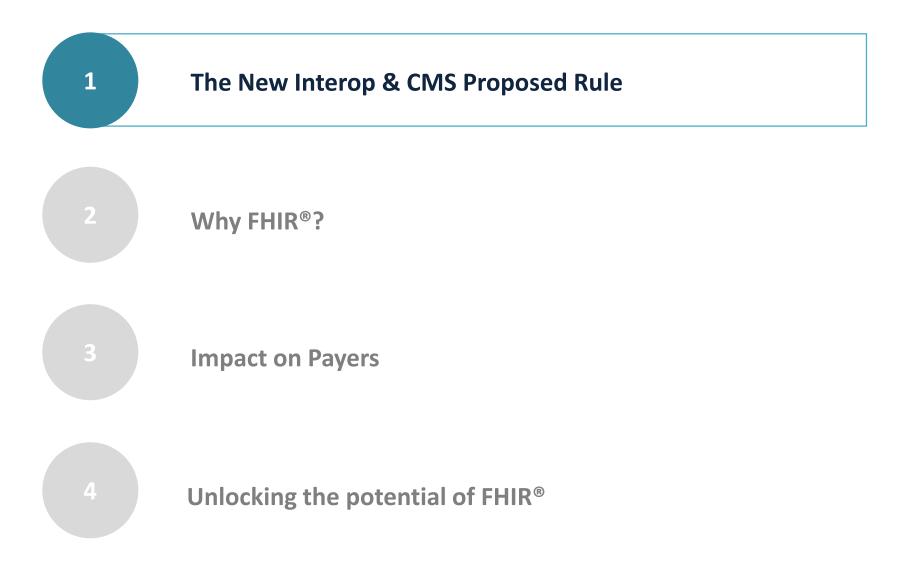
Webinar Objectives

Use FHIR[®] as a catalyst to drive technology transformation

- Understand different opportunities to accelerate the shift to value-based care
- Understand how payers can advance the shift to value-based care model with the development and deployment of interoperable solutions
- Strategies to spread interoperability using FHIR[®]
 - FHIR[®] for HEDIS[®] Supplemental Data Exchange
 - Closing Gaps in Care using FHIR[®] enabled Gaps Engine
 - FHIR[®] for Consumer and Provider Engagement

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Webinar Agenda



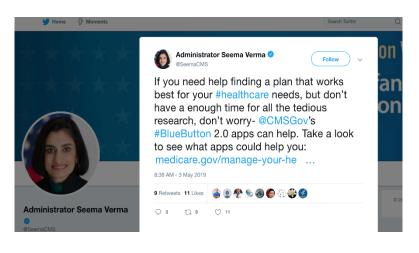
Progress @ the Pace of Standards Development



After dramatic reduction in aircraft manufacturing following WWI, then-Secretary Hoover encourages industry collaboration on engine, wing standards, commercialized on popular DC-3, Boeing 247

Source: <u>http://argonautwiki.hl7.org/index.php?title=Main_Page</u>

Summary of ONC, CMS Proposed Rules



Institutions that support health records on iPhone (beta)

A growing list of healthcare institutions support health records on iPhone, enabling you to view important data such as immunizations, lab results, medications, and vitals directly in the Health app.

We're working with more hospitals and clinics to support health records. Health institutions might have multiple hospitals and clinics that support health records, which are listed in the Health app.

Richard M. Adams, DPM - Family Foot Care (Texas) https://www.richardadamsdpm.com



- 1. Consumer Directed Exchange the preferred "HIE" method
- 2. "Net Neutrality"- like approach to "B2B" data access pricing
- 3. Government-sponsored Plans under new obligations to share data
- 4. Hospitals under new obligations to share discharge notifications
- 5. FHIR "Accelerators" to set pace of meeting CMS challenge to API-enable HIPAA "designated record set"

CMS Engages HL7 on Priority Payer Use Cases



FEB - 5 2019

Charles Jaffee, MD PhD Chief Executive Officer Health Level Seven International (HL7) 3300 Washtenaw Avenue, Suite 227 Ann Arbor, MI 48104

Dear Dr. Jaffee:

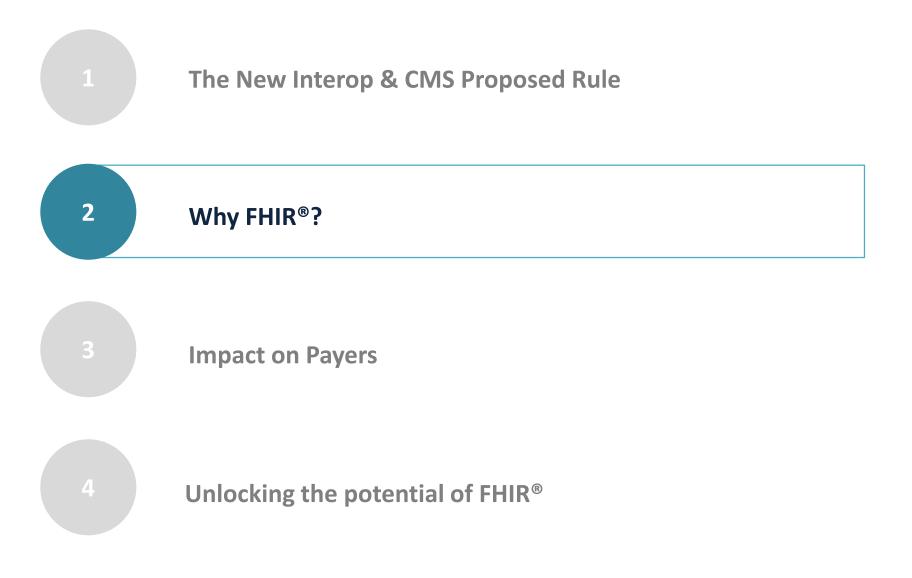
Thank you for collaborating in accelerating standards. Recognizing the importance of your work in moving forward to a truly collaborative, interoperable health system that supports patients in seeking low cost, high quality care, the Centers for Medicare & Medicaid Services (CMS) is excited to contribute our priorities for the upcoming year. Top of mind for CMS is ensuring the seamless flow of data, not only from provider to provider, but also including payers, beneficiaries and the opportunity to facilitate innovation by unleashing data for use by researchers, application developers and others. The CMS priorities that will continue to be highlighted in our work this year are: **1. ADT for Patient and Physician** Notification

2. Claims Data from Payers Payer to Provider Use Cases

3. Real-time Benefit Check (RTBC) Point of prescribing or enrollment Prior Authorization using CDS Hooks

- 4. Provider Directories
- 5. Bulk Data Access
- 6. Price Data from Payers and Providers
- 7. Quality Data FHIR-enabling eCQMs
- 8. Access to Expanded Clinical Data

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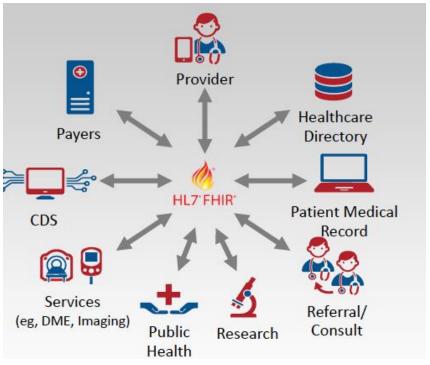




The Fundamentals of FHIR: Fast Healthcare Interoperability Resources

- A next generation, open source standards framework & platform, built on 30 years of HL7 experience, designed for simplicity and implementation
 - o R4, with normative content now available
- Built on REST, a pattern for using web technologies to manage information (the platform used by Facebook, Twitter...) and APIs
 - Availability of Patient-focused APIs required by 21st Century Cures
- Content based on Resources: essential, portable modular information building blocks easily assembled into working systems
 - Like web pages directed toward computers; fast and scalable
 - Concepts like patient, practitioner, observation, problem
- Flexible outputs: web, messages, documents, services
- A *technology*, a *data model*, and an active, global *community*

"The Web, for Healthcare" – Grahame Grieve



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Diagram Source: ONC Fast Task Force

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Argonaut IGs Ready for Testing, Use

Published Argonaut IGs

Data Query Implementation Guide

Provider Directory Implementation Guide

Scheduling Implementation Guide

CDS Hooks

Clinical Notes Implementation Guide

Bulk Data Access Implementation Guide

Questionnaire Implementation Guide

Only "Data Query" implemented at scale (due to regulation)

2019 Argonaut Projects

- <u>R4 update</u>: Add Encounter resource and clinical notes. Update existing resources to R4. Develop 'write' capabilities for selected resources
- FHIR Clinical Data Subscriptions: Develop FHIR Subscriptions resource to push updates of medical record information to authorized recipients. Eliminates need to continuously poll FHIR servers for updates. Supports 'push' use cases such event notifications
- 3. <u>Provenance</u>: Define expectations on what provenance information is retained when information is imported into a FHIR server. Test round trip write, update, retrieve
- 4. <u>Web Messaging and CDS Hooks for Radiology</u> <u>Ordering</u>: Create <u>CDS Hooks profile</u> to support radiology ordering (to support Protecting Access to <u>Medicare Act requirements</u>), add <u>web messaging</u> channel to allow apps to functionally communicate with EHR sessions

HL7[®]FHIR[®] Accelerator Program



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About Standards Membership Resources Events Training Certification

HL7® FHIR® Accelerator Program

The HL7 FHIR Accelerator Program is designed to assist communities and collaborative groups across the global health care spectrum in the creation and adoption of high quality FHIR Implementation Guides or other standard artifacts to move toward the realization of global health data interoperability.

Vision

HL7 FHIR has gained rapid acceptance on a global scale as an unprecedented, innovative platform standard that can truly enable health data interoperability. Since its inception, FHIR standards development has focused on practical implementation and adoption. As an increasing array of use cases emerges, end users and implementers across the health care spectrum are eager to apply the robust capabilities of FHIR to address discrete business needs in their own business areas. HL7 has served as a global convener for standards development to advance effective use of FHIR in meeting the needs of stakeholders in the global healthcare ecosystem.

Strategy

HL7 will help convene and work with communities and implementers with an interest in using FHIR to address common use cases. HL7's Accelerator service will help such communities initiate and efficiently navigate through the standards development process by providing guidance on how to navigate and work with HL7 work groups, product families and project teams. The program also provides basic team collaboration infrastructure tools and a range of other optional support services for Accelerator groups based on their own needs, ranging from self-service guidelines, to contracted project and/or financial management, contracting with SMEs, and other project and infrastructure services.

Accelerator Projects

- The Argonaut Project
- The CARIN Alliance

HL7 FHIR Accelerators



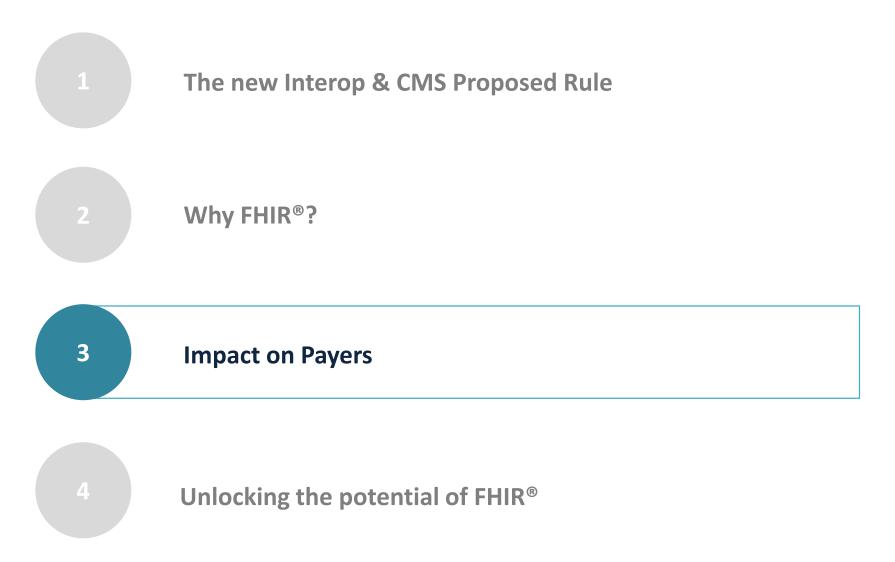








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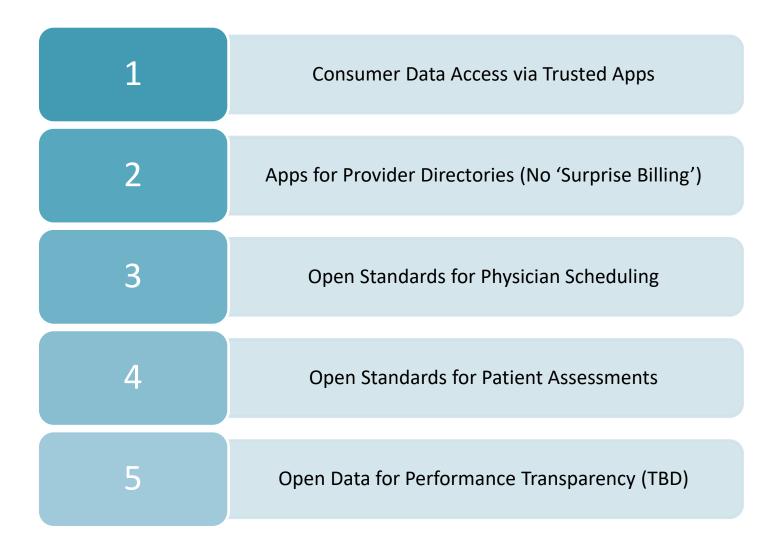
DaVinci Project on Path to Production

EMR FHIR Payers SMART DB FHIR Coverage Discovery **Documentation Templates and Rules** Orders (FHIR Svc Request) for Prior Auth Insurance (FHIR Coverage) Attachments Provider (Argo Practitioner) **PDFs** Location (Argo Location) QuestionnaireResponse **Prior Auth Request** ***Document Reference Resources Coverage as attachments. Claim **Document Reference**

Assumptions: EHRs run Argonaut R4; Payers run "CPCDS"; Prior Auth as an "app" can reuse the US Core Document Reference profile

(Attachments) SoF Apps will guery the EMR for DocumentReference resource

An App Developer's FHIR Toolkit



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Defining "Shoppable Services" in the Open

		Column A		Column B		Column C	1	Column D
Colectomy Services	Medicare Prices			Median Provider Prices				
	25	th percentile	75	th percentile		Medicare	¦ c	commercial
Preoperative			1				1	
Pre-Surgical E/M	\$	175	\$	316	\$	233	\$	350
Pre-Surgical Imaging/Lab	\$	218	; \$	202	\$	201	; \$	543
Pre-Surgical Other	\$	309	\$	209	\$	312	\$	780
Subtotal	\$	702	\$	727	\$	746	\$	1,672
Operative Stay			i i				i	
Facility	\$	17,384	\$	22,818	\$	17,516	\$	40,286
Operating Clinician	\$	1,900	\$	1,725	\$	1,821	\$	5,463
Anesthesia	\$	549	\$	339	\$	478	\$	1,912
Imaging/Lab Professional Fee	\$	125	\$	139	\$	167	\$	668
Other Professional	\$	58	\$	58	\$	45	\$	79
Subtotal	\$	20,016	¦\$	25,069	\$	20,027	¦\$	48,408
Post-Discharge							1	
Readmissions	\$	649	\$	888	\$	715	\$	1,573
PAC-SNF/IRF/LTAC	\$	556	¦\$	669	\$	602	¦\$	1,144
Sequelae	\$	1,402	\$	1,511	\$	1,454	\$	3,490
PAC Other	\$	2,361	\$	2,578	\$	2,494	\$	4,988
Subtotal	\$	1 968	¢	5,646	\$	5 265	¢	11.194
TOTAL	\$	25,686	\$	31,442	\$	26,038	\$	61,274

CMS awarded Brandeis ~\$40M "EGM" contract to develop an open-source grouper; potential foundation for "shoppable" services

The Era of "Substitutable" Apps

"Bulk" FHIR Standards



The Standard The Official Blog of Health Level Seven® International

Leading Healthcare Stakeholders Commit to Real-World Testing of HL7's FHIR Bulk Data Implementation Guide

Health Systems
Intermountain
Healthcare
Jefferson Health
Marshfield Clinic
MUSC
Mount Sinai (NY)
MultiCare
OCHIN
OrthoVirginia
Rush University MC
Trinity Health
U.S. Department of VA

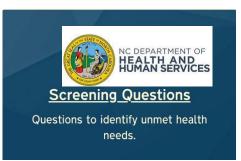
Health Plans Anthem BCBS of North Carolina BCBS of South Carolina BCBS of Tennessee Cambia Florida Blue Humana Manifest MedEx Medigold Oscar Health Security Health Plan

Payer "Data @ Point of Care"



Patient Summary	Data at the Point of Care: Williamso	n, James DOB:11/12/1940 HICN	1:9876543A
CMS DPC	MEDICAL TIMELINE	MEDICATIONS	CHRONIC CONDITIONS
Encounters	TRANSITIONAL CARE CONSULT 30/31/2009 - Rush University Hospital	OMERPRAZOLE (omegrazole 20 mg oral)	CANCER - COLORECTAL
Problem List	10/24/2019 – Rush University Hospital	10/04/2019 - Rush University Hospital	21/24/2019 - Rush University Hospital
Medications	MERGENCY 10/10/2019 - Northwestern Memorial Hospital		DEPRESSION 20/30/2029 - Northwestern Memorial Hospital
Procedures	AMBULATORY 07/05/2019 - Midwest Orthopaedics		05TEDPORO58 07/05/2019 - Midwest Orthopaedics
Care Team	NPATIENT 05/22/2019 - Northwestern Memorial Hospital	CAPTOPRIL (captopril 25 mg oral) 05/22/2029 - Northwestern Memorial Hospital	CHRONIC OBSTRUCTIVE PULMONARY DISEASE 05/22/2019 - Northwestern Memorial Hospital
Allergies	ANNUAL WELLNESS VISIT 08/17/2019 – Rush University Hospital	VASOTEC (eralapri 2.5 mg oral) 08/17/2018 – Rush University Primary Care	ASTHMA 03/17/2019 – Rush University Primary Care
Vaccines			T I
Family History	AMBULATORY 00/05/2009 - Rush University Hospital		
Preventative Maintenance	BMERGENCY 12/09/2018 – Northwestern Memorial Hospital Potencially Avoidable	AIMOVIG (erenumab-acoe 140 mg auto-injector) 12/09/2018 - Northwestern Memorial Hospital	ARTHRITIS 12/09/2019 - Northwestern Memorial Hospital
Quality Measures			

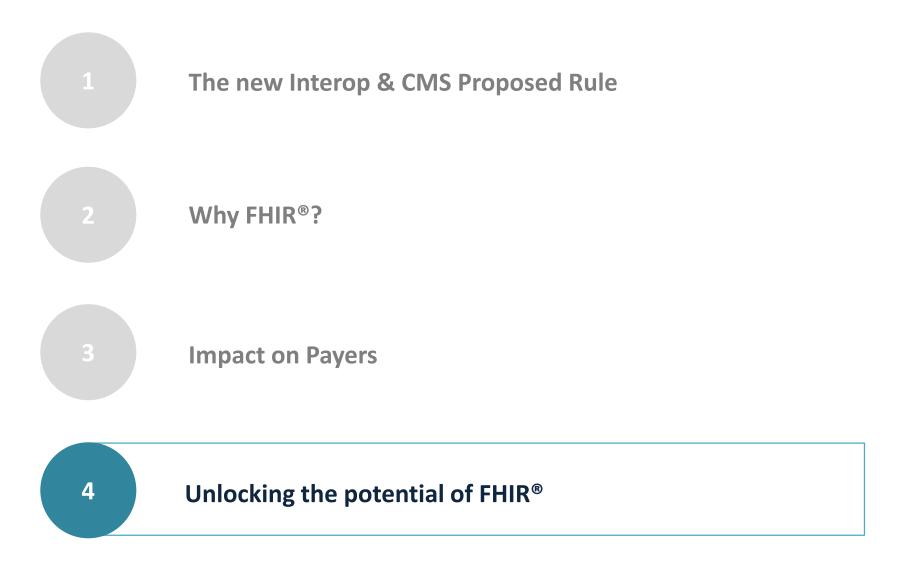
SDOH Screening Assessment



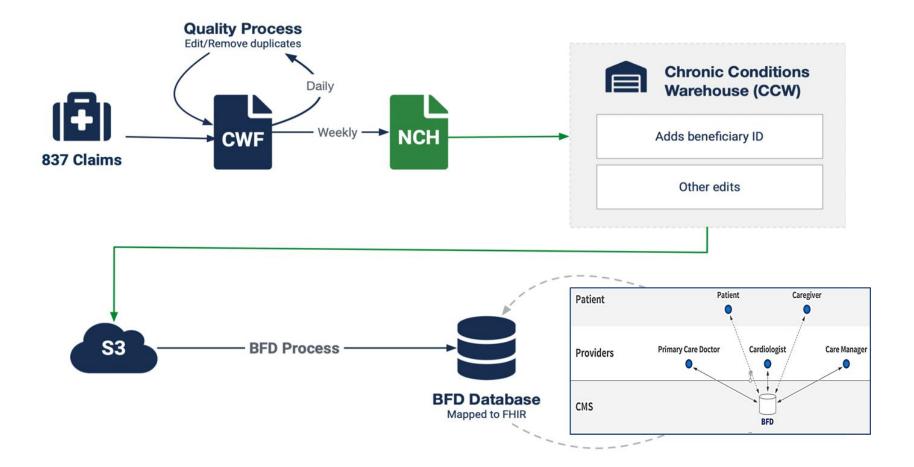
lisplay Question Code	Show Help/Description	Keyboard Navigation On Input	Fields Total # of Questions: 11	_
ealth Screening				
Name		Value	Units	1
			tation or a safe place to live can make it hand to be healthy. Ind resources for all of your needs, but we will try and help as	
Food				
1. Within the past 12 months, do money to buy more?	I you wony that your food would run out before	e you got 🛞 Yes 💿 No		
 Within the past 12 months, do money to get more? 	t the food you bought just not last and you did	ithave @ Yes O No		
Housing/UtiliSes				
	we you ever stayed: outside, in a car, in a tent, in someone else's home (i.e. couch-surfing)?	in an 0 Yes 8 No		
- 4. Are you worried about losing y	our housing?	8 Yes 0 No		
 Within the past 12 months, ha when it was really needed? 	we you been unable to get utilities (heat, electr	icity) 🔅 Yes 🔾 No		
Transportation				
6. Within the past 12 months, ha appointments or from doing thing	s a lack of transportation kept you from medica gs needed for daily living?	al O Yes O No		
Interpersonal Safety				
- 7 Do you feel physically or emot	ionally unsafe where you currently live?	0 Yes 0 No		
 Within the past 12 months, ha hurt by anyone? 	we you been hit, slapped, kicked or otherwise (physically © Yes © No		
-9. Within the past 12 months, ha anyone?	we you been humiliated or emotionally abused	by O Yes O No		
Optional: Immediate Need				
	17 For example, you don't have food for tonight ht, you are afraid you will get hurt if you go how			
- 11. Would you like help with any	of the needs that you have identified?	0 Yes 0 No		

Source: https://nlmdirector.nlm.nih.gov/2019/10/22/addressing-social-determinants-of-health-with-fhir-technology/; https://dpc.cms.gov; http://blog.hl7.org/leading-healthcare-stakeholders-commit-to-real-world-testing-of-hl7-fhir-bulk-data-implementation-guide

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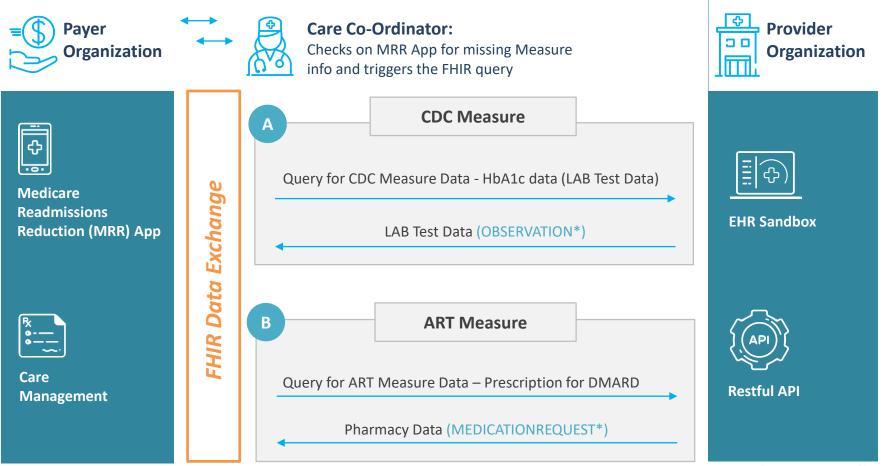


Case Study: CMS "BFD" Infrastructure



FHIR® for HEDIS® Supplemental Data Exchange

Measure A : Comprehensive Diabetes Care (CDC) - Diabetes type 1 and type 2 with HbA1c <7.0 and BP <140/90 Measure B : Rheumatoid Arthritis (ART) -Diagnosed with rheumatoid arthritis and with one Rx of DMARD



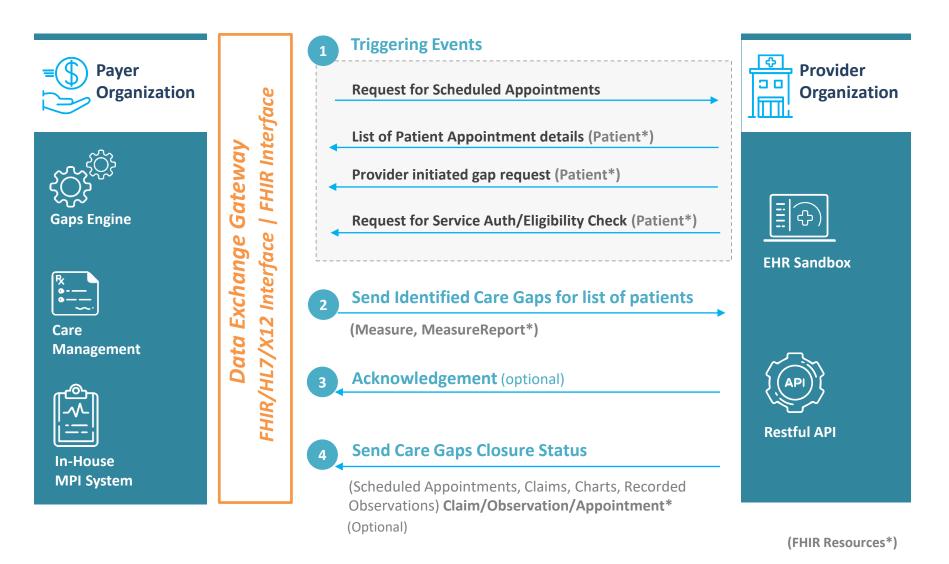
⁽FHIR Resources*)

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Closing Gaps in Care using FHIR® enabled Gaps Engine



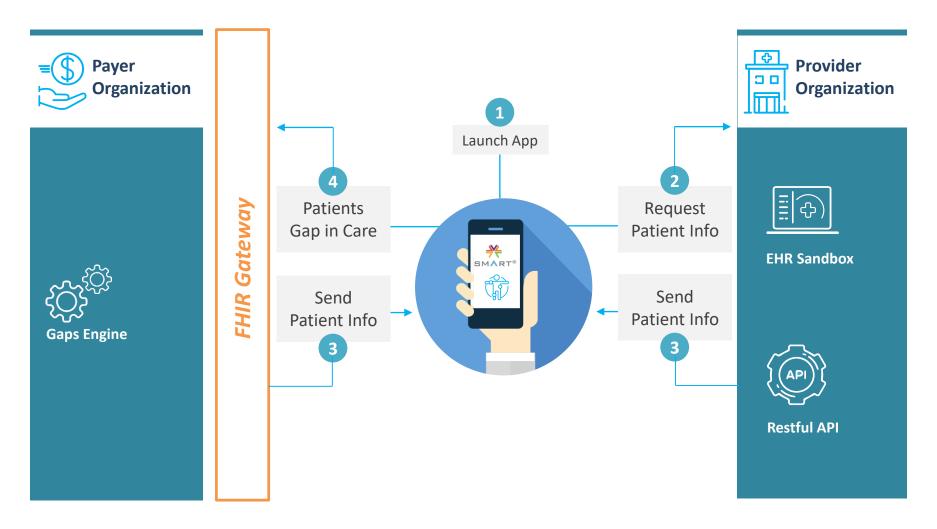
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FHIR® for Provider Engagement

SMART on FHIR app for Provider Engagement for showing patient's gaps in at Point of Care

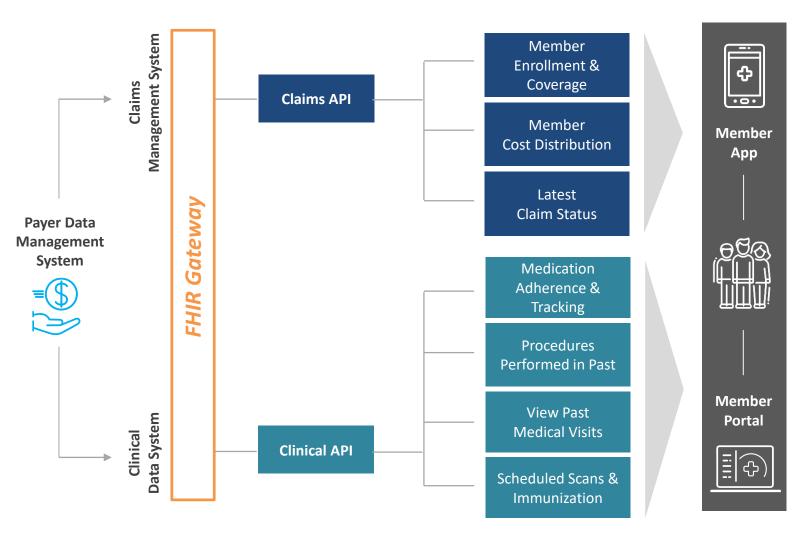


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FHIR® for Member Engagement

Member Engagement with near to Real time info /updates



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Thank You

CitiusTech

Key CitiusTech Stats

4,800+ payer/provider locations 4,000+ healthcare technology professionals 400+ FHIR[®] & HL7[®] certified professionals 110 Mn+ patient lives impacted with our solutions 69 NPS - highest in the industry

Visit the CitiusTech Knowledge Hub for on-demand webinars & more: <u>www.citiustech.com/knowledgehub</u> Let's talk about achieving digital transformation: <u>info@citiustech.com</u>