Da Vinci Update

Defining Value Based Care Standards Between Payers and Providers

March 6, 2018
Opportunity to Enable

- Providers
- Payers
- HIT vendors
  • Industry Cooperation

- Lead the first significant initiative with payers and providers working together with their HIT vendors to solve interoperability problems
- Empower providers teams to make the best clinical, quality or administrative decision at point of service, in context of their day to day workflows
- Increase opportunity got provider and payers to do it right the first time -- eliminate rework where possible
- Leverage HIT vendors to implement *one* solution for each use case --- reduces cost, complexity, deployment and support

Payers, providers and HIT vendors solving interoperability problems to improve patient care
# Value-Based Programs

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**Legislation**
- **ACA**: Affordable Care Act
- **MACRA**: Medicare Access & CHIP Reauthorization Act of 2015
- **MIPPA**: Medicare Improvements for Patients & Providers Act
- **PAMA**: Protecting Access to Medicare Act

**Program**
- **APMs**: Alternative Payment Models
- **ESRD-QIP**: End-Stage Renal Disease Quality Incentive Program
- **HACRP**: Hospital-Acquired Condition Reduction Program
- **HRBP**: Hospital Readmissions Reduction Program
- **HVBP**: Hospital Value-Based Purchasing Program
- **MIPS**: Merit-Based Incentive Payment System
- **VM**: Value Modifier or Physician Value-Based Modifier (PVBM)
- **SNFVBP**: Skilled Nursing Facility Value-Based Purchasing Program

Source: [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs.html)
VBC Provides Necessary Alignment of Priorities

- Cost Control
- Regulatory Impact
- Patient Outcomes
Vision & Goal

- Multi-stakeholder
- Utilize best talent
- High impact
- Focus on implementable solutions
- Agile model: learn and deliver fast

- **Open participation:** Payers, Providers, HIT vendors and industry
- **Led by experts:** Staffed by members and stakeholders
- **Promotes FHIR for VBC:** Use cases selected by impact and effort
- **Simplify broad adoption:** Concurrent development of reference implementation and implementation guide
- **Creatively flexible & innovative:** Identify barriers early, reprioritize as necessary, minimize cycle from requirements to reference implementation

Payers, providers and HIT vendors solving interoperability problems to improve patient care
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.
Founding Members

Working with Founders to Identify Initial Sites by Use Case

- 10 Payers
- 3 EHRs
- 7 use cases
- ½ dozen providers
Relationship Between Da Vinci & P2 FHIR Task Force

Using FHIR to Solve Payer-Provider and Provider-Provider Interoperability Problems

- **Solve VBC Exchange**
  - HL7
  - Da Vinci
  - Define solutions for Value Based Care (VBC) use cases

- **Scope**
  - Convener

- **Scale the Solution**
  - ONC
  - P2 FHIR Task Force
  - Establish FHIR ecosystems standards and best practice to allow solutions to scale nationally

### Solve VBC Exchange
- Start with a VBC use case (e.g. 30-day medication reconciliation)
- Define the requirements (business, technical)
- Create implementation guide and reference implementation
- Pilot the solution

### Scale the Solution
- Identity management
- Security and Authentication
- API discovery
- Scaling solutions
- Content identification and Routing
- Testing and certification
Using FHIR to Solve Payer-Provider and Provider-Provider Interoperability Problems

P2 FHIR Task Force
Scale Solutions Nationally
How can a payer scale this to 30,000 providers serving 3 million members

HIT Solutions

Da Vinci
Solutions to VBC Use Cases
How can a payer request and receive a response from a provider regarding 30-day medication reconciliation (content and semantics of the messages)

HIT Solutions

Payers/Providers

Providers
can you separate this out?
Jocelyn Keegan, 3/5/2018
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

* Initial use cases
• Targets “Payer – Provider” and “Provider – Provider” exchanges
• Leverage existing FHIR resources and identify gaps for concurrent standards development
• Enable improved patient care outcomes
• Empower better clinical decision making by integrating historical “administrative” decisions into the provider workflow
• Open Source- Da Vinci specifications and artifacts will be made available to the community and where relevant brought into standards process at HL7 for balloting.

INITIAL FOCUS AREAS:
• Agree upon short and long term use cases to support VBC workflows
• Business case priorities established by Steering Committee
• Ideal phase one includes one simple and one complex use case to demonstrate value of using FHIR to establish ecosystem standards vs. one-off solutions
• NOTE: High membership interest and related resources could mean TWO simple use cases and initiation of a complex use case.
**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](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, and (2) validate the correct functioning of the test suite.[1]

Characteristics of a Reference Implementation:

- Developed concurrently with the specification and test suite;
- Verifies that specification is implementable;
- Enables the test suite to be tested;
- Serves as a Gold Standard against which other implementations can be measured;
- Helps to clarify the intent of the specification in situations where conformance tests are inadequate

**Goal is to develop repeatable production focused projects**
Draft Timeline Phase 1*

* Pending use case approval and SOU agreement/funding
Project Timeline (small fast project)

IG Development

Assemble Team

Requirements

FHIR Gap Analysis

IG Framework

Create Draft IG

Specify profiles, ...

Revise and Finalize IG

RI Tech Approach

Build Initial RI

Test RI

Update Final RI

RI Development

Build Data Set

Build Test Set

Week
0 2 4 6 8 10 12 14 16

Plan on 2 week sprint cycles

Represents 4 weeks 2-4 sprints

Project start
## HIMSS18 Events

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<tr>
<td>Da Vinci: The Art of Value-Based Care</td>
<td>HL7 Booth #5623</td>
<td>Tuesday, March 6 9:40 -10:10 am</td>
<td>Viet Nguyen, MD</td>
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<td>Payer Provider Panel Discussion</td>
<td>HIMS18 Interoperability Showcase</td>
<td>Wednesday, March 8 11:30-12:30pm</td>
<td>Lenel James, BCBSA moderator Dr. Rab, CMIO, Kirk Anderson, CTO, Cambia Health Mark Gingrich, CTO, Surescripts</td>
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<tr>
<td>Da Vinci: The Art of Value-Based Care</td>
<td>HL7 Booth #5623</td>
<td>Thursday, March 8 3:00 – 3:30 pm</td>
<td>Jocelyn Keegan</td>
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