SETTING THE WORLD ON FHIR®

Published by HL7® International, a not-for-profit organization, Fast Healthcare Interoperability Resources (FHIR®) is a standard for exchanging healthcare information electronically.

A series of case studies illuminating how HIT professionals are using HL7®FHIR® to improve and advance modern healthcare

CASE STUDY

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MULTICARE CONNECTED CARE AND REGENCE

MultiCare Connected Care is an accountable care organization (ACO) established in Washington, USA in 2014 as a wholly independent business entity by MultiCare Health System. Its comprehensive Clinically Integrated Network (CIN) is comprised of doctors and other healthcare providers, as well as hospitals, clinics and other health care services, such as imaging, labs and pharmacies.

Regence serves more than 3.1 million people through its Regence health plans in Idaho, Oregon, Utah and Washington. Each Regence health plan is a nonprofit independent licensee of the Blue Cross and Blue Shield Association. Regence is part of a family of companies dedicated to transforming health care by delivering innovative products and services that change the way consumers nationwide experience healthcare.

Goal

- To improve medication reconciliation data sharing between provider and payer organizations

Opportunity

- To use an HL7®FHIR® implementation guide standard developed by the Da Vinci Project to definitively ascertain that medication reconciliation has been completed
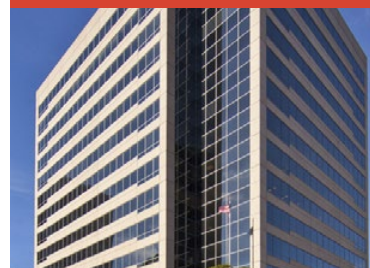
Project

> The use case implementation guide standards being created by the Da Vinci Project are the best option in the healthcare industry for scalable solutions to improve payer-provider interoperability.
>
> — Dave DeGandi, senior interoperability strategist, DTS CTO Organization, Regence Health Solutions

Payers and providers need common transport tools to share the data required to complete medication reconciliation at all transitions of care, for care management plans, and during medication changes. Also, proof of 30-day medication reconciliation post-discharge is increasingly required for value-based care incentives.

Ascertaining completion of medication reconciliation between provider MultiCare and Regence, its chief payer, had been difficult because it involved multiple manual steps by both organizations. MultiCare had to deploy staff to delve into its electronic medical records (EMR) system to find the information it needed.

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The organizations sought to use the HL7 FHIR implementation guide standard developed by the Da Vinci Project, an accelerator program of HL7 that is developing use cases and implementation guides to facilitate data sharing in value-based care settings. Implementing FHIR use cases for Data Exchange for Quality Measures (DEQM): Medication Reconciliation Post-Discharge (MRP) required regular meetings between bo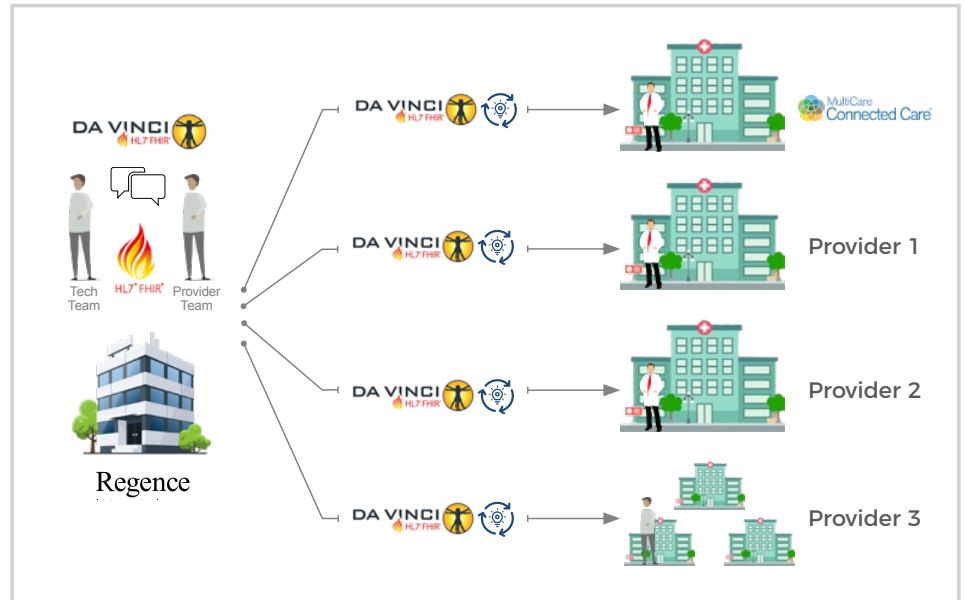th staffs. Gaining support from leadership in both organizations for the resources required was key to success. Additionally, buy-in from front-line providers was vital, as they needed assurances that improving medication reconciliation would not require extra time or workflow changes.

Results

The hard work paid off. After implementing the FHIR use case, MultiCare was able to demonstrate successful medication reconciliation on from 62% to 66% of patients, compared with only 24% prior, with the potential for even greater improvement.

For MultiCare's part, pulling information automatically from patients' records reduces staff time chasing charts, resulting in saving 5 to 10 minutes per patient. Regence receives the information in a form that can be electronically integrated into its systems, rather than in a spreadsheet that requires manual intervention.

The improvements resulted in significant dollar savings for both organizations. For both MultiCare and Regence, that means the organizations can invest those savings into patient care initiatives and other efficiency efforts.

> **We are proud medication reconciliation is in production. It has enabled us to move away from the manual processes, and now Regence and MultiCare can be on the same data page in a more "real-time" spirit. This type of interoperability allows us to embrace the partnership more deeply and work toward optimizing the value-based contract that we're in, as well as, ultimately delivering on the societal health that we promised this population.**
>
> —— Anna Taylor, director of operations for population health, MultiCare Connected Care

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