HL7 Payers User Group Meeting
May FHIR Connect-a-thon Update

June 6\textsuperscript{th}, 2016
To receive an update on the process and outcomes of the May FHIR Connect-a-thon event and discuss related clinical data “use cases” from a payer’s perspective.
Basic stats from the Connect-a-thon

• Around 175 persons attended
• Most were developers but a few payers
• 17 Themes or tracks
• Saturday 8:30 – 5:00
• Sunday 8:30 – ?
Here’s what it looks like

A big room with tables set up for each track.
Payer’s Table

- Christol Green (Anthem)
- Dirk Rittenhouse (Anthem)
- Chris Johnson (BCBSAL)
- Tony Benson (BCBSAL)
- Keith Lambert (BCBSAL)
- Duane Collins (BCBSAL)
- Lenel James (BCBSA)
- Durwin Day (HCSC)
- Linda Michaelson (Optum/UHG)
- Bryn Rhodes (HarmonIQ Health Systems Corp)
FHIR Themes/Tracks

- C-CDA on FHIR
- CDS Enablement Services
- CDS Hooks
- Conditional Reference
- CQF on FHIR
- Data Access Framework
- Declarative Mapping
- FHIR Genomics
- Structured Data Capture
- Financial
- Lab Orders
- PATCH proposal
- Patient track
- Provider Directories & Scheduling
- SMART-ca on FHIR
- Terminology Services
- Workflow
Communications

https://chat.fhir.org/#narrow/stream/implementers/topic/Chronic.20Condition

implementers  Chronic Condition  stream:implementers topic:Chronic+Condition

Any suggestions?

David Hay
Wouldn’t a single instance of diabetes referenced by each encounter make more sense?

Michelle (Moseman) Miller
Some thoughts from another discussion:
https://chat.fhir.org/#narrow/stream/implementers/topic/Condition's.20Priority
Representing all billed diagnoses as a single 'chronic' Condition (e.g. diabetes) triggers the question of what the Condition.code should be? For example, problems (in the US) are most often SNOMED, but diagnoses are ICD. When we discussed the possibility of "translating" SNOMED to ICD-X codes, we intentionally didn't do that because the ICD code could add inaccurate information — like initial encounter which isn't relevant across all encounters. Keeping these conditions separated (per encounter) allowed us to maintain the accuracy of the billed diagnosis (ICD) codes in context of a specific encounter.

Yunwei Wang
But how do get all conditions for an encounter happened in 6/1/2013? I need to get certain history version of a condition.

Michelle (Moseman) Miller
Longer term, I would suggest Health Concern. Per the recently balloted Health Concern domain analysis model, use cases include:
Maintain a traceable record of a concern, for understanding, as the concern evolves. As providers investigate health
So what were the payers trying to do?

As our primary objective, we were working with Bryn Rhodes to access his FHIR test server to retrieve a patient bundle containing HEDIS measures including blood pressure. We could then execute CRUD actions against data on his server.

A secondary objective was to execute CRUD actions against multiple vendor servers.
What was the process like?

• Install a FHIR server and definitions from instructions given at the connect-a-thon. This consumed the first hour.
• Use a tool to read data from the server, update the data, and write back an updated record to the server.
• Write new records to the server using a template.
What did it look like?

For Chris, the first couple of attempts looked like this....error, error, error.
But it got better!

First part of patient bundle
<table>
<thead>
<tr>
<th>Results from the Payer’s table</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Able to install and run a local HAPI FHIR Server on our laptops</td>
</tr>
<tr>
<td>✓ Able to read/modify patient records from local host database on our laptops</td>
</tr>
<tr>
<td>✓ Able to execute CRUD functions on Bryn’s test servers</td>
</tr>
<tr>
<td>✓ Able to execute Read functions on Care Evolution’s server</td>
</tr>
<tr>
<td>✓ Able to see the individual values in the JSON returned elements</td>
</tr>
<tr>
<td>✓ Able to modify the contents of a record and update it on the server</td>
</tr>
<tr>
<td>✓ Able add fields and update the record on the server</td>
</tr>
<tr>
<td>✓ Understanding versioning a little bit</td>
</tr>
<tr>
<td>✓ Able to describe some payer use cases</td>
</tr>
</tbody>
</table>
Broader Connect-a-thon results

✓ Almost every group reached their “limited” objectives.
✓ Use Cases were highlighted for several of the tracks
  • Financial
    • Value Based Payments
    • Prior Authorization
  • CDS Hooks (similar to ADT alerts)
    • An observation is recorded for a patient
    • RX prescribed in the office
  • SDC (Structured Data Capture)
    • Questionnaire could allow for automation of manual processes related to closing gaps on care
What worked well

- Having everyone at the same physical table sharing successes and failures
- Using the chat tool to communicate updates/servers
- Being able to reserve side rooms for breakout conversations
- The energetic participation of the payers in attendance
- Lenel and Bryn had made an effort to have the payer’s prepped before the connection-a-thon began.
- The recap/feedback sessions at the end were very informative
- Attempting to tie use cases (especially for payers) to FHIR bundles/profiles/resources.
- Modifying the FHIR resource instances was as easy as cut and paste. And adding or removing JSON fields was easy using the info from the resource wiki.
Improvements

• There really was no script for the Payer’s. Once I booted up my laptop, I was not sure what to do beyond starting the FHIR server and attempting to read from the test server. I think we should continue to improve the prep process. Maybe create a script of things to try first, then more advanced things to try once the base was accomplished.

• Bigger room – it was a bit tight.