

Value Based Care

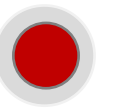


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Value Based Care - Outputs



Value Based Care Summary



Who

- Provider Orgs, Payers, Vendors, App Dev, Strategists, ONC
- Active FHIR users, newbies,

FHIR Opportunities

- Getting in provider workflow
- Big lists/bulk data
- Adoption challenges
- Data exchange for VBC, care plans, patient reported
- Write, not just read

Project Update

- DaVinci – Payer – Provider value base use case driven
- FHIR Ecosystem Task Force – ensure components, tools and services ready

Use Case Development – Business Drivers

- ADT Notifications
- Document Templates & Coverage Rules aka “Administrative” CDS Hooks

Next

- Identify champions
- Document business case discovery
- Fold into DaVinci priorities

VBC Draft Use Cases



Underway

- Quality Measures
- Opioid Guidelines
- Provider Directory

Short Term

- Prior Authorization Discovery
- ADT Notifications
- Laboratory Testing
- Attribution (NEW)

Complex

- Attachments: Risk Adjustment & Provider Exchange
- Documentation Templates and Coverage Rules
- Authorization Process

ADT Notifications



- Current ADT exchange approaches typically use an HL7 V2 ADT message.
- This is a legacy EDI-style technology that uses HL7 specific protocols over ports that are not typically exposed to the internet.
- While HL7 V2 works well within the confines of a hospital system's intranet, it is not particularly well suited to cross-enterprise data exchange.

Documentation Templates and Coverage Rules



- Providers are challenged to deal with the diversity of administrative and clinical requirements that impact documenting the need for treatment and selecting the appropriate best path for care.
- The current environment is made more complex by the large number of payer based requirements that must be met to document that covered services and devices are medically necessary and appropriate.
- The goal of this use case is to reduce provider burden and simplify process by establishing electronic versions of administrative and clinical requirements that can become part of the providers daily workflow.

- Address coverage requirements, documentation compliance, and detect misuse / abuse
- Provide value based care requirements at point of service
- Collect, in real-time, patient information to alert provider or care team

An exemplar for this use case is to follow the approach taken to incorporate formulary requirements interactively into the medication selection process. Proposal includes the ability to inject payer coverage criteria into provider workflows akin to clinical decision support (CDS Hooks), to expose rules prospectively while providers are making care decisions. A limited reference implementation on a limited use case (e.g. Home Oxygen Therapy)

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