

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

MULTICARE CONNECTED CARE

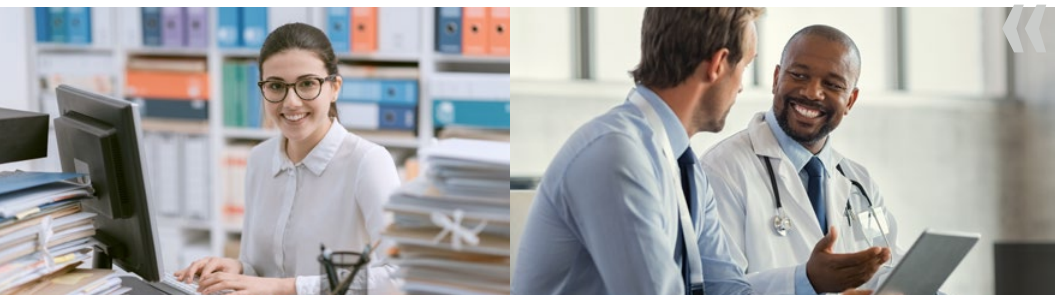
MultiCare Connected Care is an accountable care organization (ACO) established in Washington state as a wholly independent business entity by MultiCare Health System. Its comprehensive Clinically Integrated Network (CIN) is comprised of doctors and other healthcare providers, as well as hospitals, clinics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

REGENCE

Regence serves more than 3.4 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.

MCG HEALTH

MCG, part of the Hearst Health network, provides unbiased clinical guidance that gives healthcare organizations confidence in delivering patient-centered care. MCG's artificial intelligence and technology, infused with clinical expertise, enable its clients to prioritize and simplify their work.



Embedding pre-authorization in our native EHR system is a gamechanger. When providers can spend more time collaborating with their patients on treatment plans, they have a better chance of improving outcomes.

— Anna Taylor, associate vice president of Population Health and Value Based Care, MultiCare Connected Care

Goal

To improve the pre-authorization process between provider and payer organizations to enable faster determinations, reduce administrative burden, and support better experiences for patients

Opportunity

To develop an EHR-embedded prior authorization automation solution using HL7®FHIR® standards, making the process faster, more efficient and more convenient

Project

Prior authorization is a process commonly used by payer organizations to manage healthcare costs. Historically, the process of requesting and receiving pre-authorizations has been slow and labor-intensive. Pre-authorization requests are often submitted by fax or through health plan-specific portals where re-keying clinical information is necessary and can result in data entry errors and delays in treatment.

Driven by the desire to improve the pre-authorization process and the need to comply with the Administrative Simplification provisions of HIPAA, the [HL7 Da Vinci Project](#) developed the [HL7 FHIR Prior Authorization Support Standard](#) Implementation Guide (IG).

In October 2022, Regence, MultiCare Connected Care and MCG successfully partnered on the nation's first implementation of the HL7 FHIR Prior Authorization Support Standard. This application programming interface (API) allowed Regence to create a workflow that embeds the pre-authorization process in MultiCare's electronic health record (EHR), with MCG's app surfacing the clinical criteria. This workflow enables providers to submit authorization requests without leaving their native EHR at the point of care, eliminating the need for costly, proprietary applications. Pre-authorization at the point of care also reduces the burden on health systems managing patient data, supports faster determinations and better outcomes for patients.

HL7 FHIR is widely supported by most electronic health records and will enable providers to submit authorization requests, including all necessary clinical information, and receive near real-time determinations within their existing workflow.

Progress

Regence found that the majority of pre-authorization requests submitted were for services that did not require pre-authorization. The automated workflow enables Regence to return this feedback to providers in seconds versus the typical 3-5 days through a traditional workflow. The automated workflow also significantly reduces the manual labor and time providers spend processing authorization requests.

With real-time data exchange and communications, the solution is expected to significantly reduce authorization decision times to support timely patient treatment, alleviate administrative burden for both hospitals and health plan staff, and decrease the overall costs of care delivery.



Through this innovative approach, Regence, MultiCare, and MCG can automate evidence-based decision-making within the existing clinical workflow. The results of this endeavor will provide far-reaching benefits to hospitals, health plans, and most importantly, the patient.

— Jon Shreve, president and CEO, MCG

