DA VINCI PROJECT UPDATE

HIMSS19

ANSI Antitrust Policy

- ANSI neither develops standards nor conducts certification programs but instead accredits standards developers and certification bodies under programs requiring adherence to principles of openness, voluntariness, due process and non-discrimination. ANSI, therefore, brings significant, procompetitive benefits to the standards and conformity assessment community.
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- Approved by the ANSI Board of Directors May 22, 2014

Project Challenge

To ensure the success of the industry's **shift to Value Based Care**

Pre-Collaboration / Controlled Chaos:

Develop ***rapid multi-stakeholder*** process to identify, exercise and implement initial use cases.

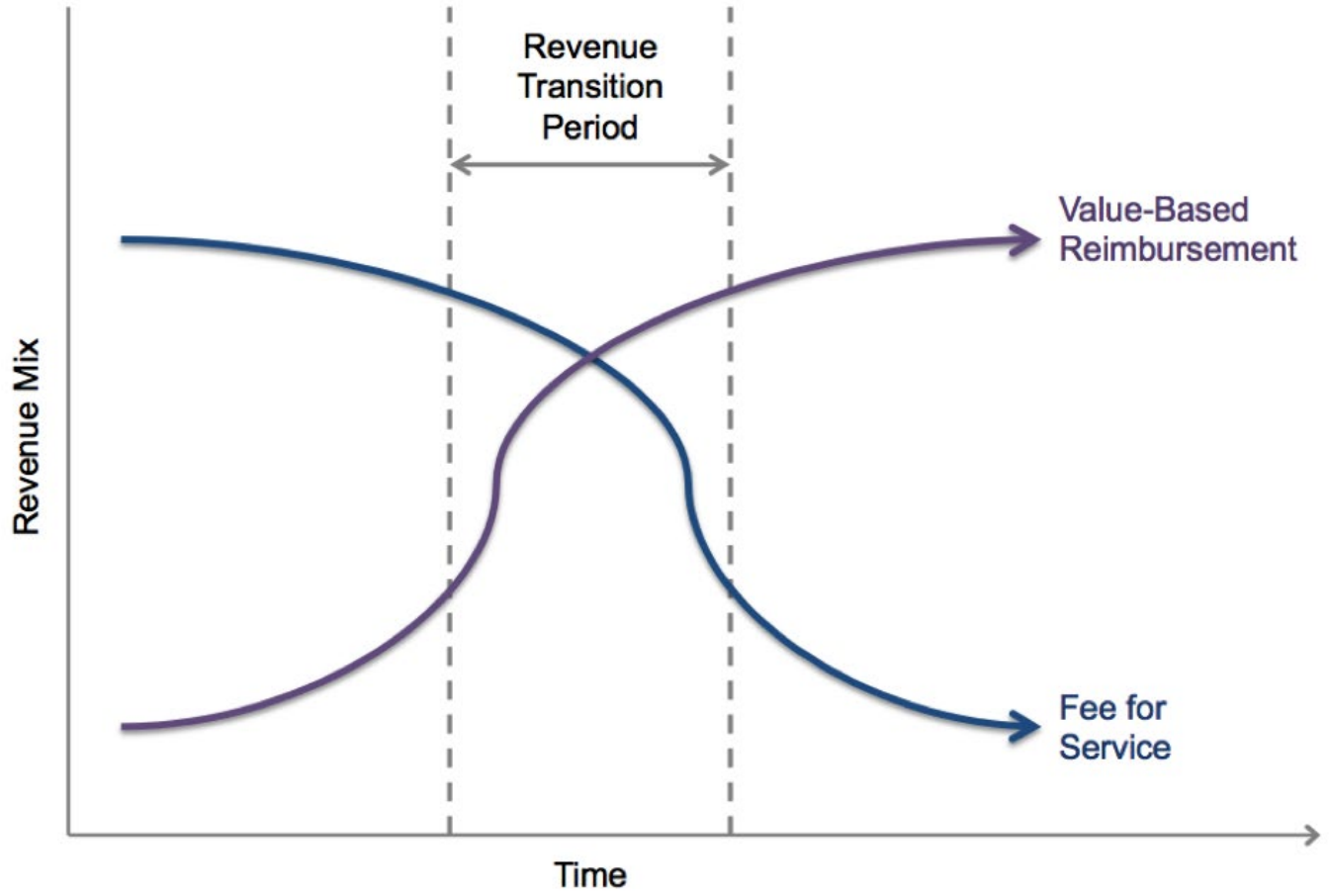
Collaboration:

Minimize the development and deployment of ***unique solutions.*** ***Promote*** industry wide ***standards*** and adoption.

Success Measures:

Use of FHIR®, implementation guides and pilot projects.

Empower End Users to Shift to Value



As a private industry project under HL7 International, Da Vinci will unleash critical data between payers and providers required for VBC workflows leveraging HL7® FHIR®

Source: © 2018 Health Catalyst

Focus

In Less Than Two Years, Da Vinci Efforts Will Drive Standards for the Exchange of Information Critical to Patient Care

2019 MEMBERSHIP

Founding Members

Members have begin to implementing use cases.

Da Vinci Members

Premier Members

Anthem

BlueCross BlueShield Association
An association of independent Blue Cross and Blue Shield companies

Blue Cross of Idaho
An Independent Licensee of the Blue Cross and Blue Shield Association

CAMBIA HEALTH SOLUTIONS

Blue Cross Blue Shield Blue Care Network of Michigan

OPTUM®

UnitedHealthcare®

Associates

Allscripts®

of Tennessee

Cerner

Epic

GUIDEWELL

Humana

virence

For current membership: http://www.hl7.org/about/davinci/members.cfm

Da Vinci Members

Sponsors

HCSC Health Care Service Corporation

HL7 INTERNATIONAL

Cigna

InterSystems Health | Business | Government

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zeomega

ACTIVE USE CASES

Use Case Alignment

Data Exchange for Quality Measures	Coverage Requirements Discovery	Documentation Templates and Coverage Rules
Health Record Exchange: Clinical Data Exchange	Health Record Exchange: Payer Data Exchange	Prior-Authorization Support
Gaps in Care & Information	Risk Based Contract Member Identification	Alerts: Notification (ADT), Transitions in Care, ER admit/discharge
Performing Laboratory Reporting	Chronic Illness Documentation for Risk Adjustment	Patient Cost Transparency

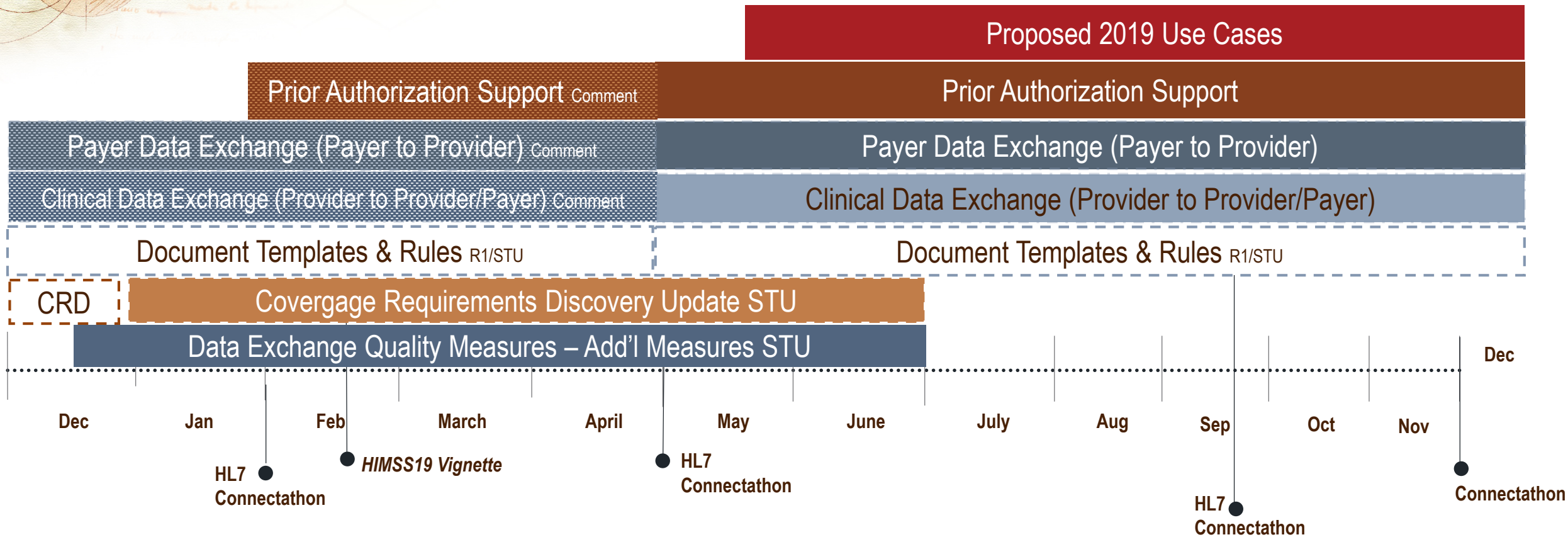
Project Outputs

- ❑ Define requirements (technical, business and testing)
- ❑ Create Implementation Guide
- ❑ Create and test Reference Implementation (prove the guide works)
- ❑ Pilot the solution
- ❑ Deploy the solution

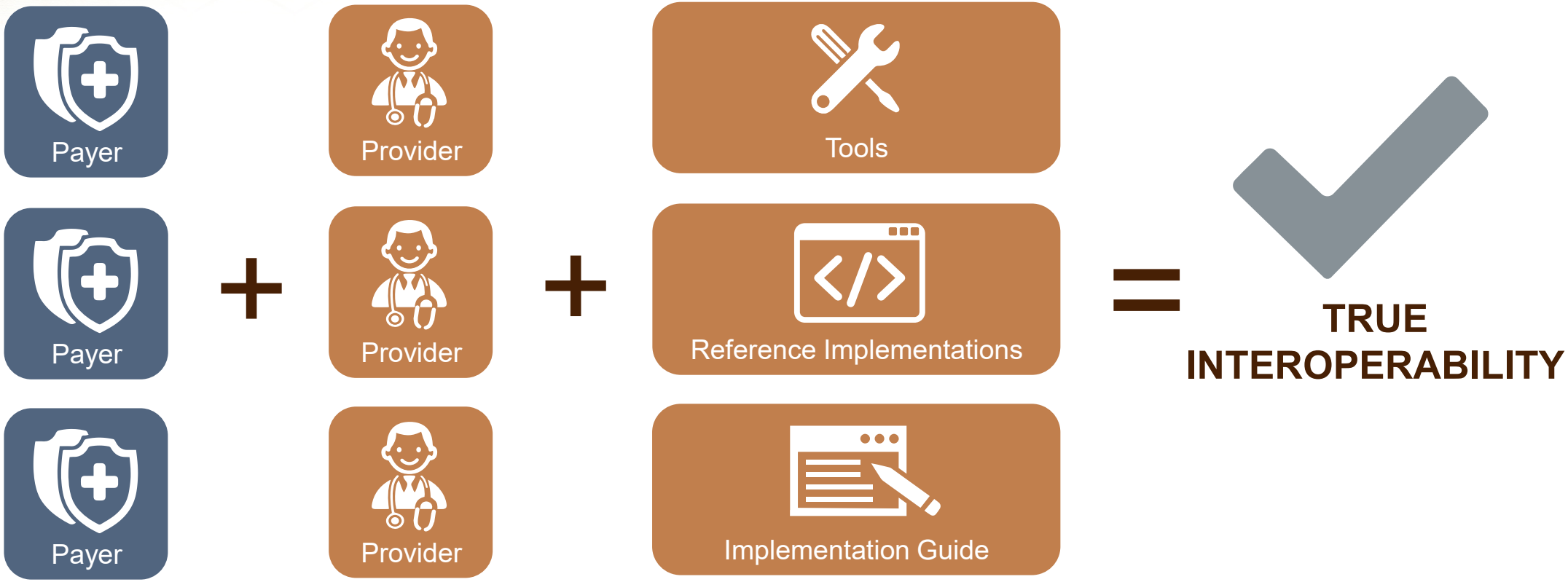
Use Case Status

- In HL7 ballot reconciliation as draft standard
- Under active development
- Planned 2019 Use Cases
- Future Use Case

Da Vinci 2019 Use Cases –Year 2



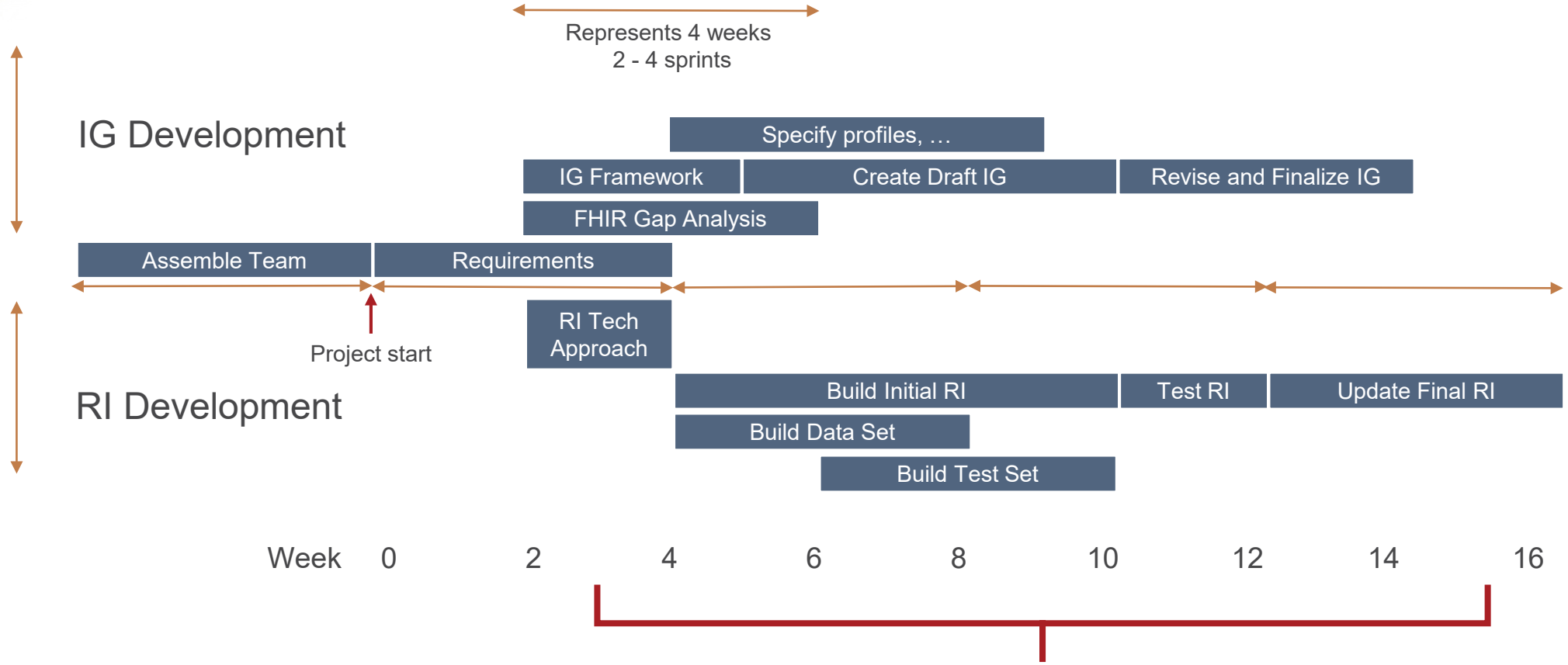
Progress Toward End Goal



Build Your Implementation Success Story

Use Case Details

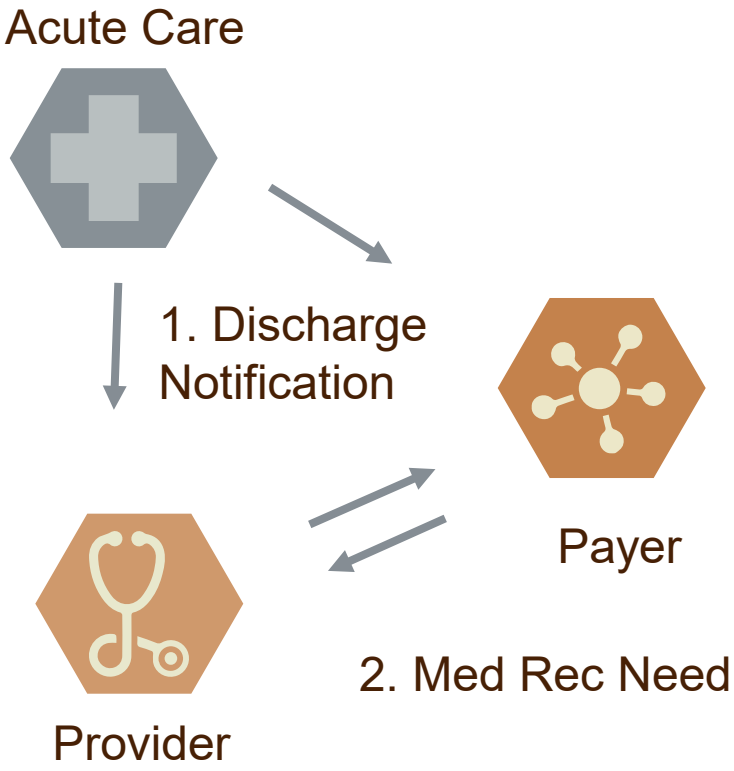
Sample Project Timeline



Work with appropriate HL7 workgroup for IG sponsorship and input

30 Day Medication Reconciliation

- Need for provider to attest that Med Rec has been completed post-discharge
- Increasingly required for HEDIS and commercial at risk contracts
- Focus is to compare pre/post medication lists to avoid errors
- Today done through claims processing or manual review of lists



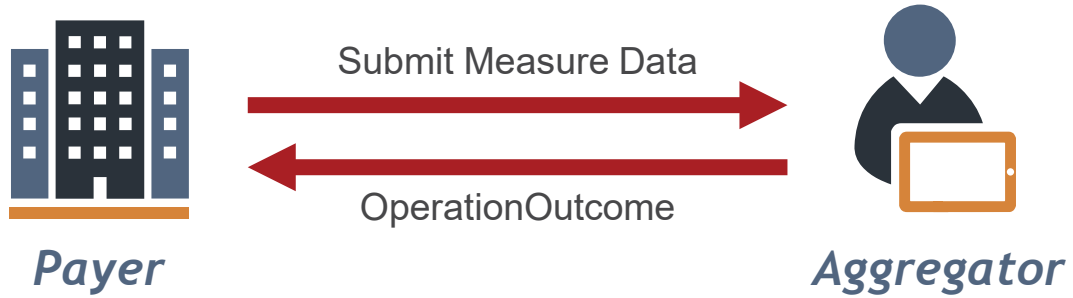
Implementation Guide Shifted to Framework to Support Wider Set of Data for Quality

Quality Data Exchange Implementation Guide

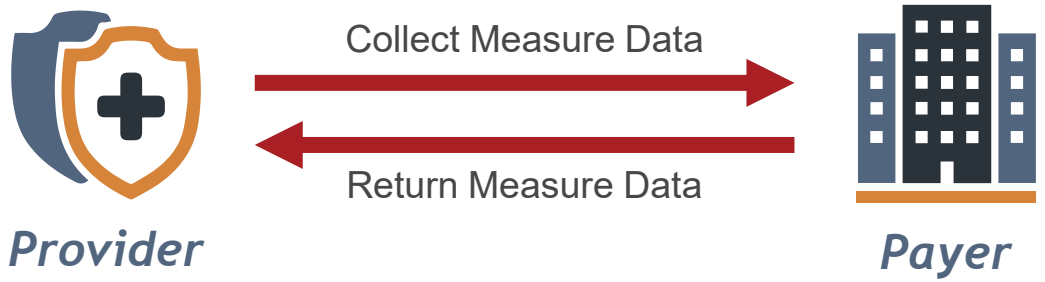
Use case creates a common framework for quality data exchange

- Enables the exchange of raw quality measure data between quality measurement Teams and Care teams that provide patient care
- Timely exchange of key data is critical to evaluate and capture quality
- Future work will incorporate additional use cases

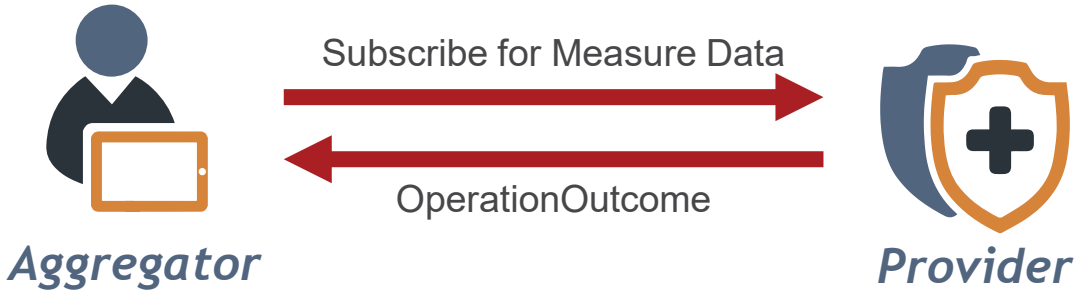
1. Submit



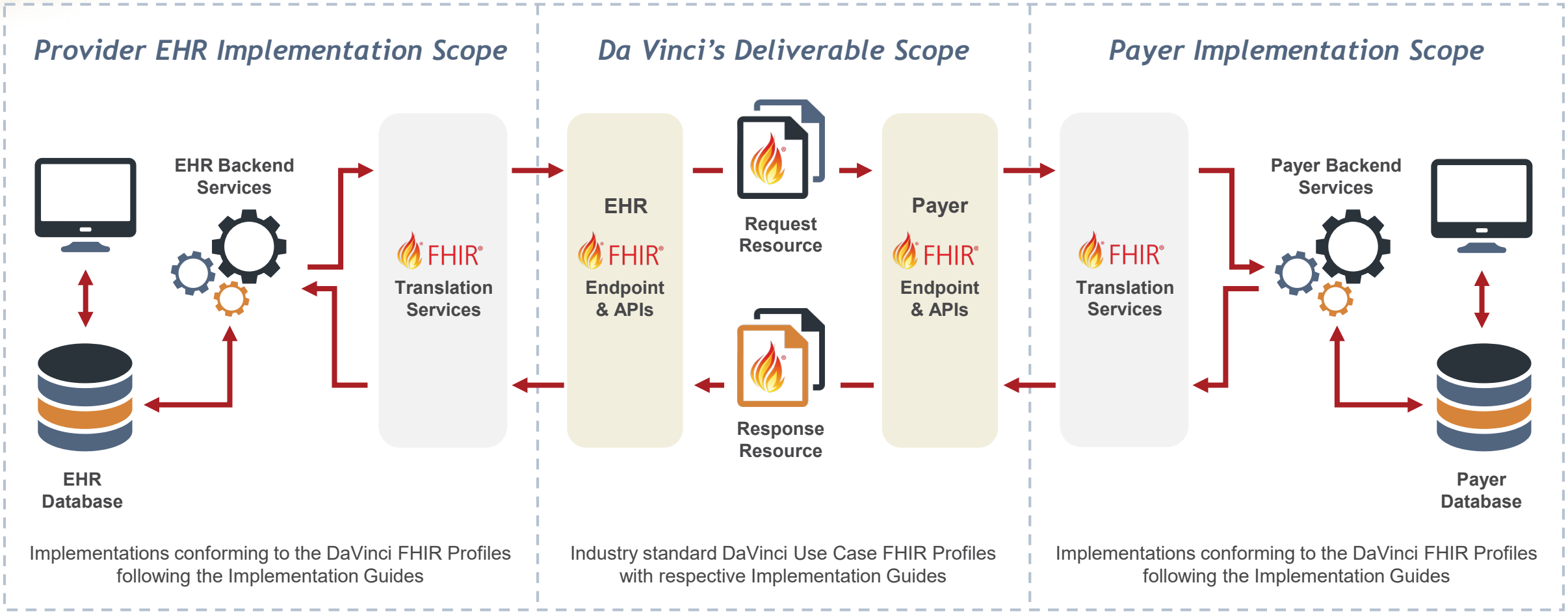
2. Collect



3. Subscribe

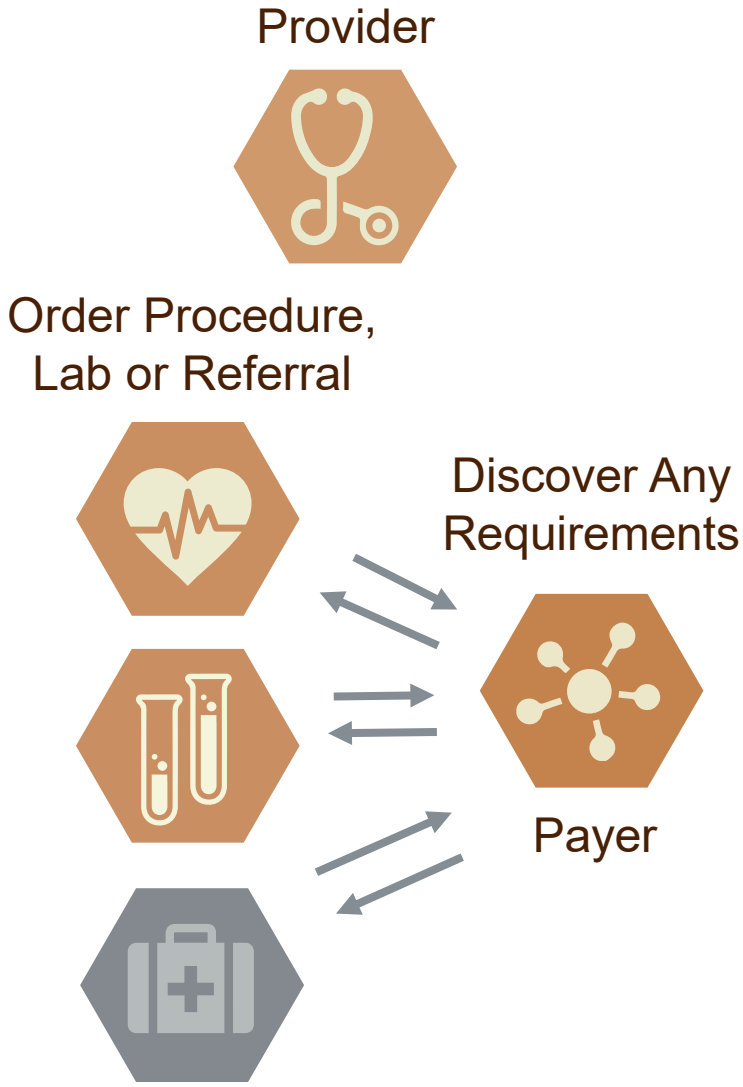


Pilot Implementation REST Architecture Model



Coverage Requirements Discovery

- Providers need to easily discover which payer covered services or devices have
  - Specific documentation requirements,
  - Rules for determining need for specific treatments/services
  - Requirement for Prior Authorization (PA) or other approvals
  - Specific guidance.
- With a FHIR based API, providers can discover in real-time specific payer requirements that may affect the ability to have certain services or devices covered by the responsible payer.
- Response may be
  - The answer to the discovery request
  - A list of services, templates, documents, rules
  - URL to retrieve specific items (e.g. template)

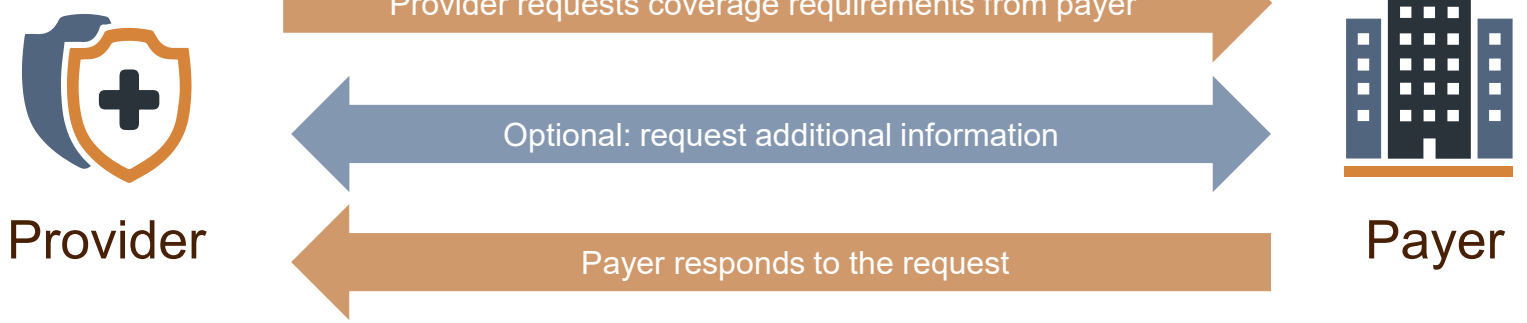


Coverage Requirements Discovery Implementation Guide

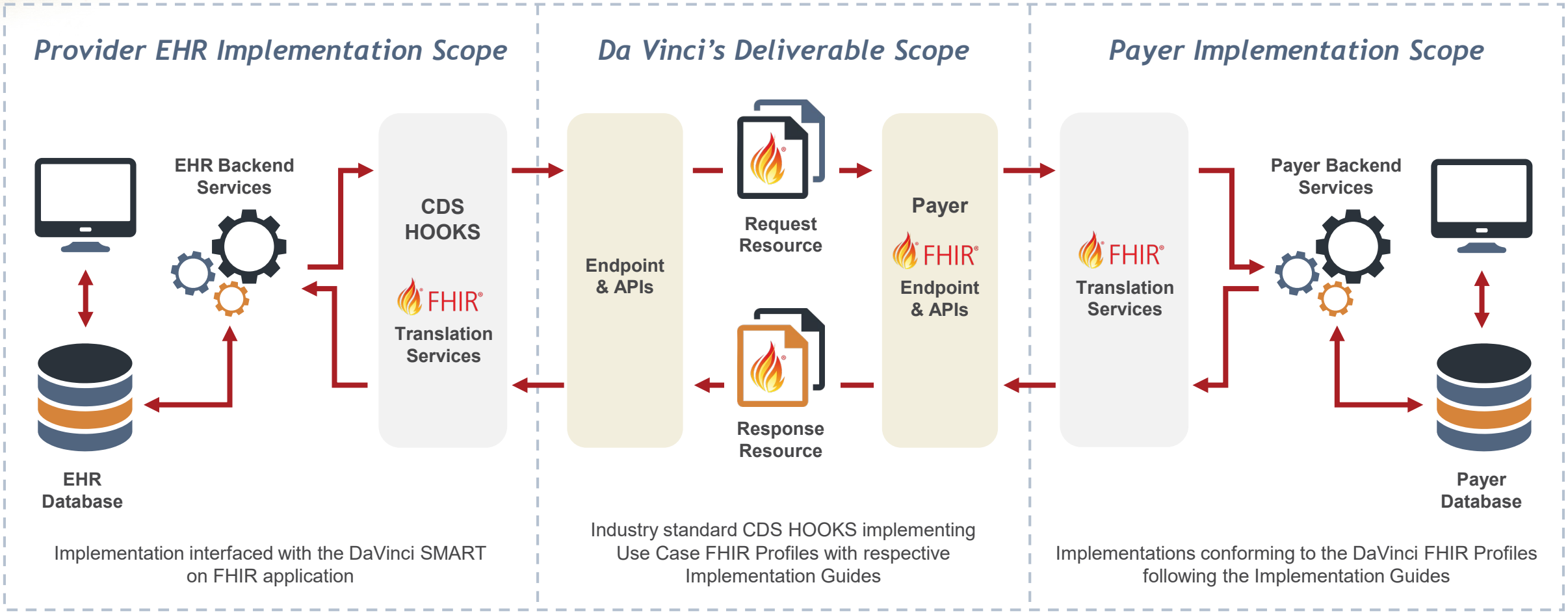
1. Based on a specific clinical workflow event:
   scheduling,
   start of encounter,
   planning treatment,
   ordering,
   discharge

   Provider's send FHIR based request, with appropriate clinical context to the responsible payer
1. Payer may request additional information from the provider EHR using existing FHIR APIs
2. Payer responds to the EHR with any specific requirements that may impact the clinical decisions or coverage

Provider utilizes this information to make treatment decisions while considering specific payer coverage requirements.



Pilot Implementation CDS Hooks/REST Architecture Model



Available Use Cases

	Stage	Q1 2019 Activies	2019 Min Investment
Data Exchange for Quality Measures	Ballot Reconciliation & Connectathons	• Publish • Identify Implementers • Test • Finalize next measure sets	• v2: sync with FHIR STU4 • Incorporate feedback • Further define pattern
Coverage Requirements Discovery	Ballot Reconciliation & Connectathons	• Publish • Identify Implementers • CMS drive Pilot Test	• v2: sync with FHIR STU4 • Incorporate feedback • Add pricing by location functionality

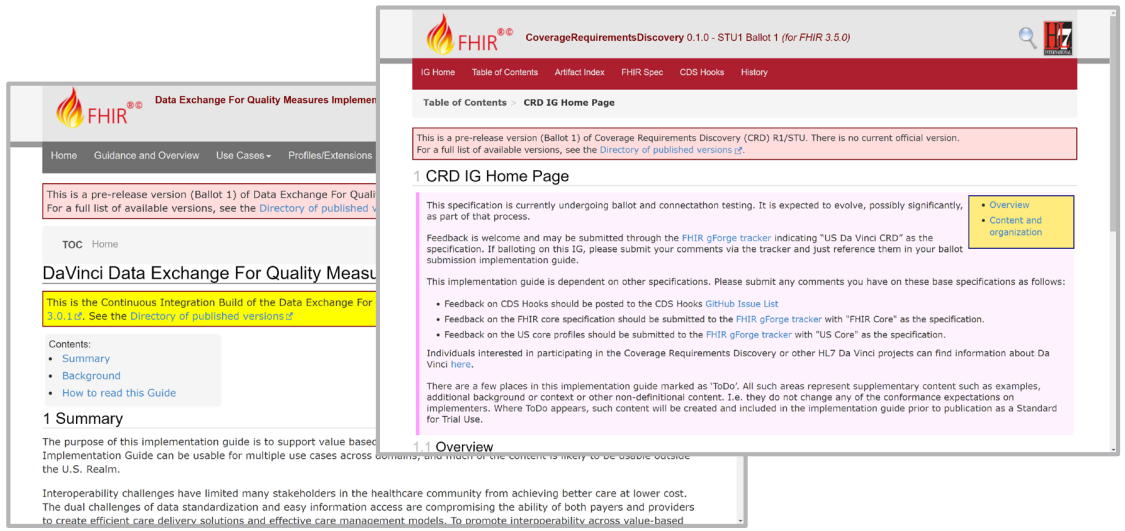
2019 In Flight Use Cases

	Stage	Q12018 Activities	2019 Min Investment
Documentation Templates and Coverage Rules	Definition	• Finalize scope • Gain support for Project Scope Statement • Identify Implementers	• Ballot initial IG • Connectathons • Implementations • CMS Testing
eHealth Record Exchange: HEDIS/Stars & Clinician Exchange	Discovery	• Drive architectural approach • Get IG work underway • Identify Implementers	• Ballot initial IG for payer to provider, provider to payer & eHRx framework • Connectathons • Implementations

Follow Progress, Test, Implement

FIND

- Background collateral
- Implementation Guide
  - Balloted Sept ‘18, reconciliation underway
- Reference Implementation
  - HL7 Connectathon participants
  - Publicly available



RESOURCES

- HL7 Da Vinci Wiki & Listserv signup - http://www.hl7.org/about/davinci/index.cfm
- HL7 Confluence Site - https://confluence.hl7.org/display/DVP/
- Data Exchange For Quality Measures (DEQM) Implementation Guide STU1 Ballot 1
  - http://hl7.org/fhir/us/davinci-deqm/2018Sep/STU3/index.html
- Coverage Requirements Discovery (CRD) Implementation Guide STU1 Ballot 1
  - http://hl7.org/fhir/us/davinci-crd/2018Sep/index.html
- Reference Implementation Code Repository - https://github.com/HL7-DaVinci

Follow Progress, Develop, Test, Implement

Da Vinci Resources

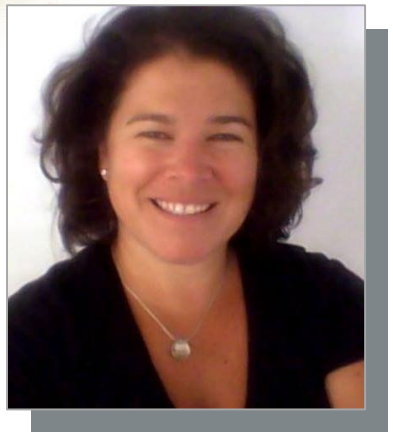
- Listserv signups
- Background collateral
- Draft Implementation Guides
- Reference Implementation links

HL7 Public Confluence Site - https://confluence.hl7.org/display/DVP/

General Comments or Recommendations on CMS Document Requirement Lookup Service?

- Monitor DRLS progress or for information on upcoming SODF calls: go.cms.gov/MedicareRequirementsLookup
- Send feedback and suggestions on the Documentation Requirement Lookup Service - MedicareDRLS@cms.hhs.gov

Panelists



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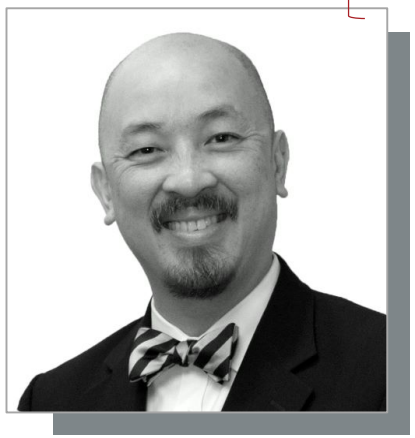
Da Vinci Program Manager, Payer Practice Lead, Point of Care Partners



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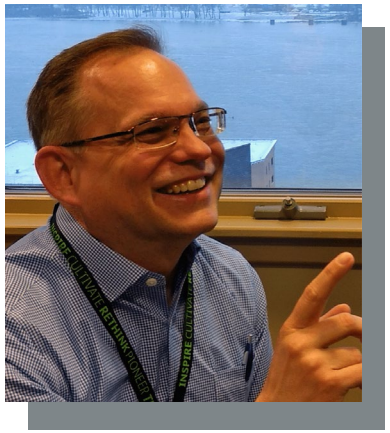

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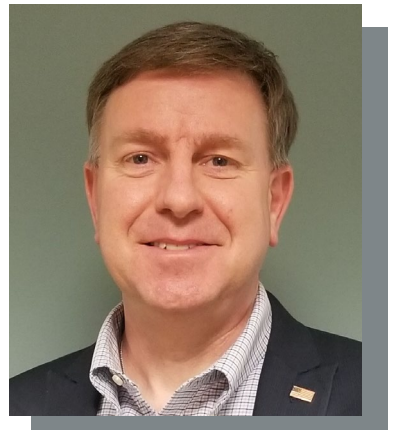
FAST Architecture Team

Da Vinci Operating Committee Member

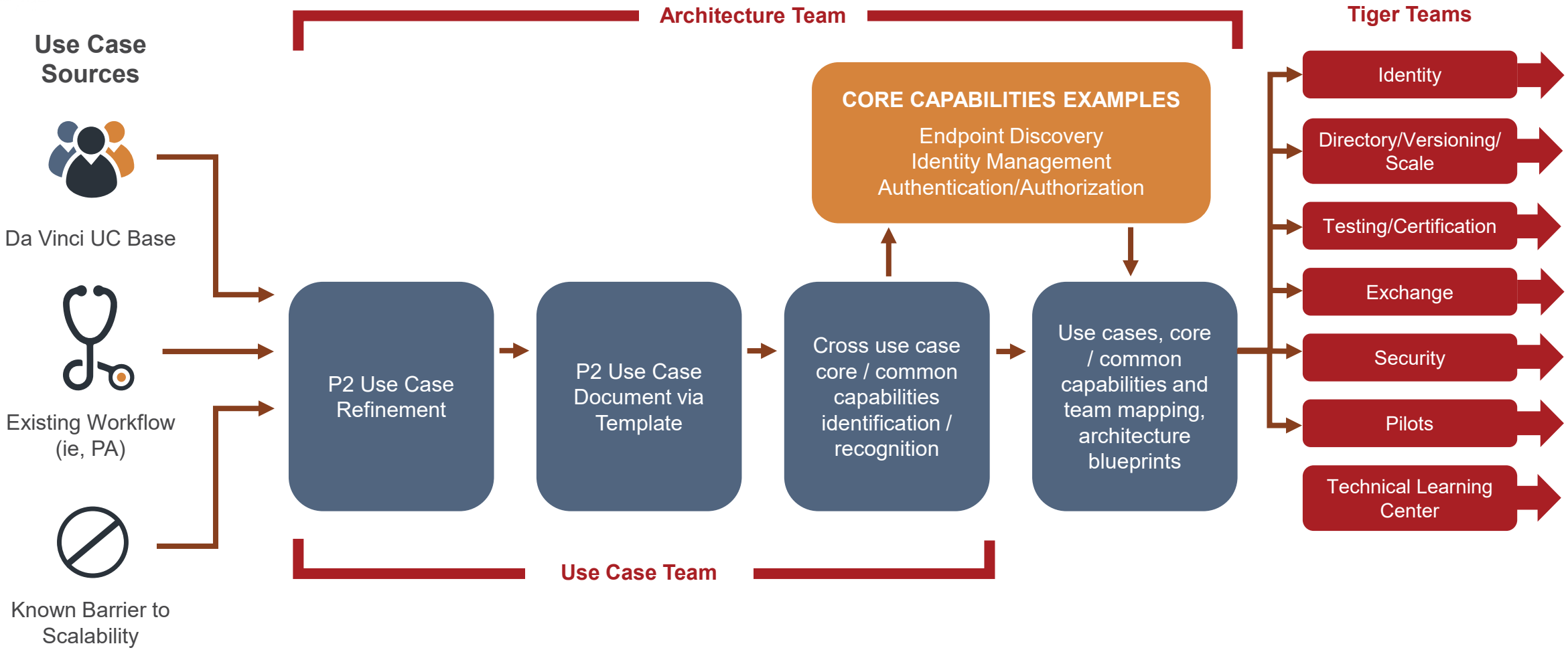


Michael Gould

Architect, Independence Blue Cross,

Da Vinci Operating Committee

Use Case/Architectural Model



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