2023 ONC Tech Forum: Accelerating FHIR Adoption and Improving Scalability

November 30, 2023

Agenda

- Background
  - Alex Kontur, ONC

- Introductions
  - Anna Taylor, MultiCare
  - Jason Vogt, Meditech
  - Steven Lane, Health Gorilla

- Panel Discussion

- Q&A

Key Moments

- 2012: Initial presentation of FHIR at HL7 Workgroup Meeting

- 2013: JASON report "A Robust Health Data Infrastructure" calls for use of public APIs

- 2014: First official publication of FHIR as an HL7 standard

- 2015: ONC Certification Program 2015 Edition Final Rule published; includes API certification criteria for the first time

- 2016: 21st Century Cures Act signed into law; prohibits information blocking, defines interoperability, requires availability of APIs accessible "without special effort"

- 2017: FHIR Release 3 published by HL7

- 2020: ONC Certification Program Cures Act Final Rule published; includes §170.315(g)(10) "Standardized API for patient and population services" certification criteria

ONC FHIR API Requirements: Access "without special effort"

- **Open "application programming interfaces" (APIs) and apps are what make it easy to check your bank account or buy stocks or order meal delivery on your smartphone**
  - We want providers and patients to have that same experience the health care system

- **21st Century Cures Act requires availability of APIs that can be accessed "without special effort"**
  - ONC rule takes steps to prevent business and technical barriers to information-sharing

- **By December 31, 2022, all certified technology developers required to deploy a standard FHIR API (individual and bulk) across their entire customer base**
  - Will create a climate for innovation as apps can now be developed that will work across all EHR systems

- **Looking ahead to interactive functions: questionnaires, scheduling, FHIR links, subscriptions, FHIR hooks**

A Foundation for FHIR-based Exchange

- ONC Cures Act Rule (2020): Base FHIR API for individual-level and bulk access to USCDI data elements

- CMS Interoperability Rules:
    - Interoperability and Patient Access Final Rule (2020) – Patient Access API, Provider Directory API, Payer-to-Payer Data Exchange
    - Advancing Interoperability and Improving Prior Authorization Processes Proposed Rule (2022) – Patient Access API, Provider Access API, Payer-to-Payer Data Exchange on FHIR, Prior Authorization Requirements, Documentation and Decision (PARDD) API,

- ONC HTI-1 and HTI-2: Expand FHIR capabilities

- TEFCA: Facilitated FHIR exchange go-live tentatively 2024

HHS FHIR Initiatives

ONC — TEFCA FHIR Support
2024

Bulk FHIR APIs for
FQHC UDS+ reporting
TBD*

Multi-use
APIs
2023

BCDA

DPC

Payer-Patient
APIs
2022

Payer-Provider
APIs

Payer-Payer
APIs
2026*

PARDD
API
2026*

Situational
awareness reporting
from Providers
TBD*

Bulk FHIR APIs
for IIS access
TBD*

Provider APIs

CMS APIs

Payer APIs

HRSA

CMS

CDC/STLTs

CEHRT FHIR APIs
2022

USCDI

ONC

** HRSA-ONC currently building FHIR
reporting infrastructure*

* Current CMS NPRM date
* Current Helios projects – no further plans specified yet
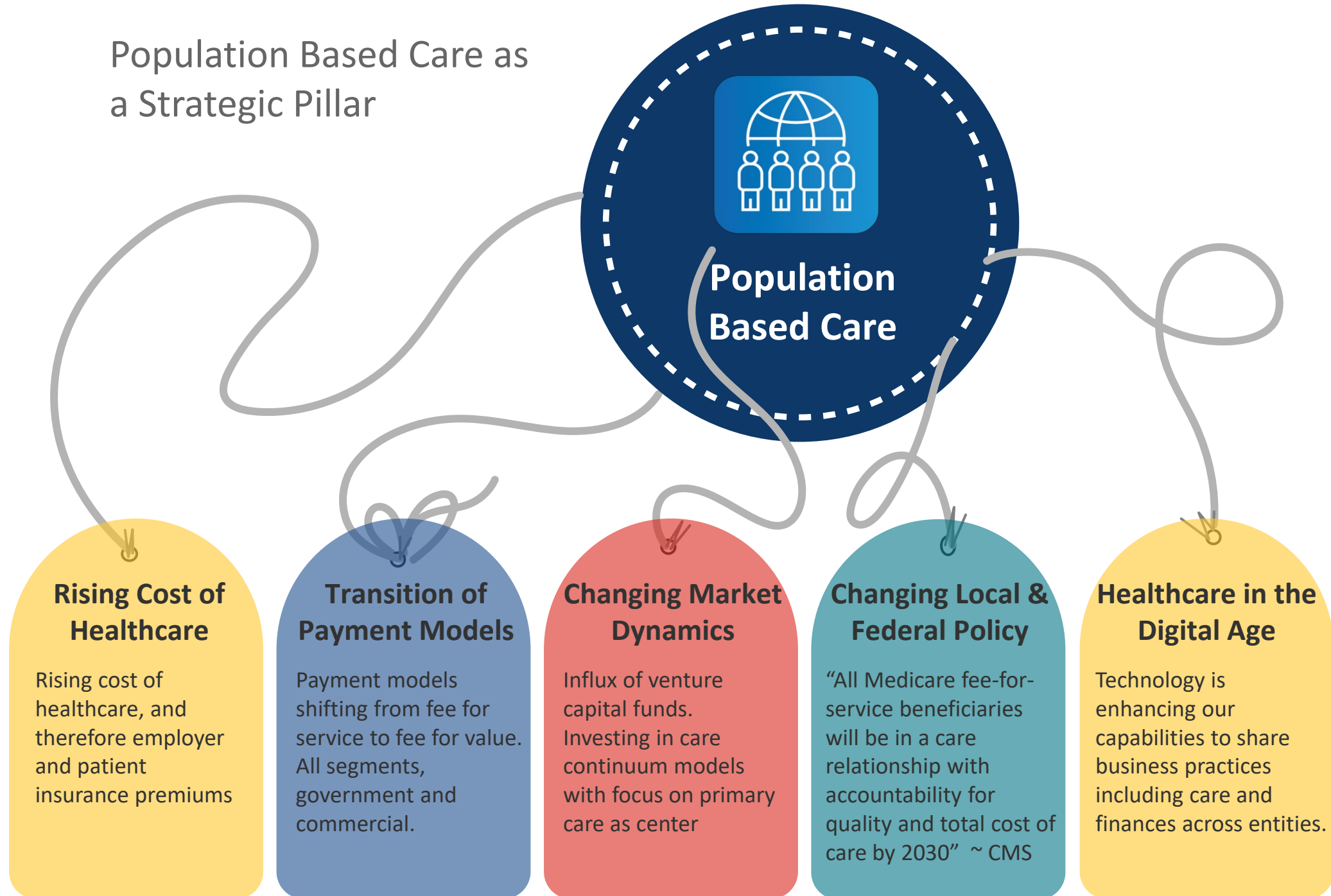
Introducing our Panelists

- Anna Taylor, Associate VP of Population Health and Value Based Care, MultiCare Connected Care

- Steven Lane, MD, Chief Medical Officer, Health Gorilla

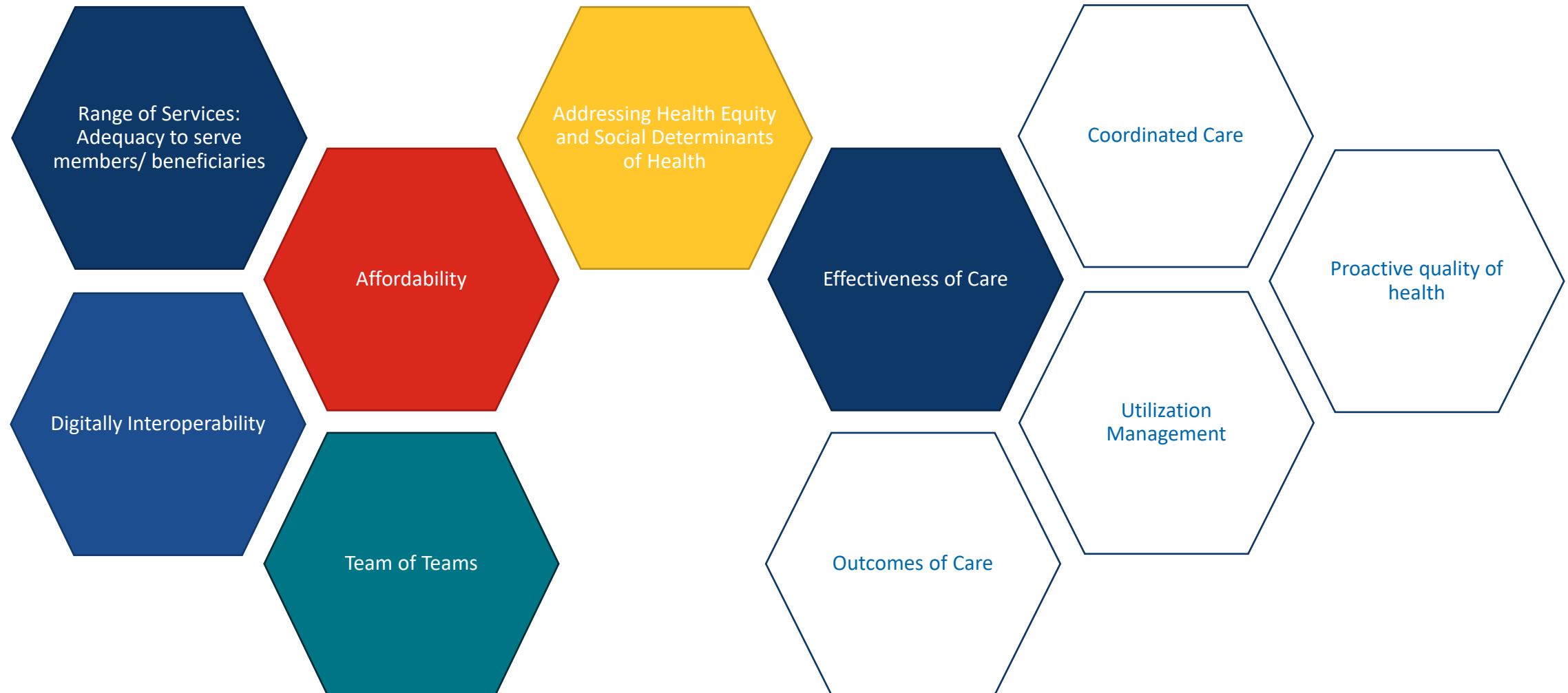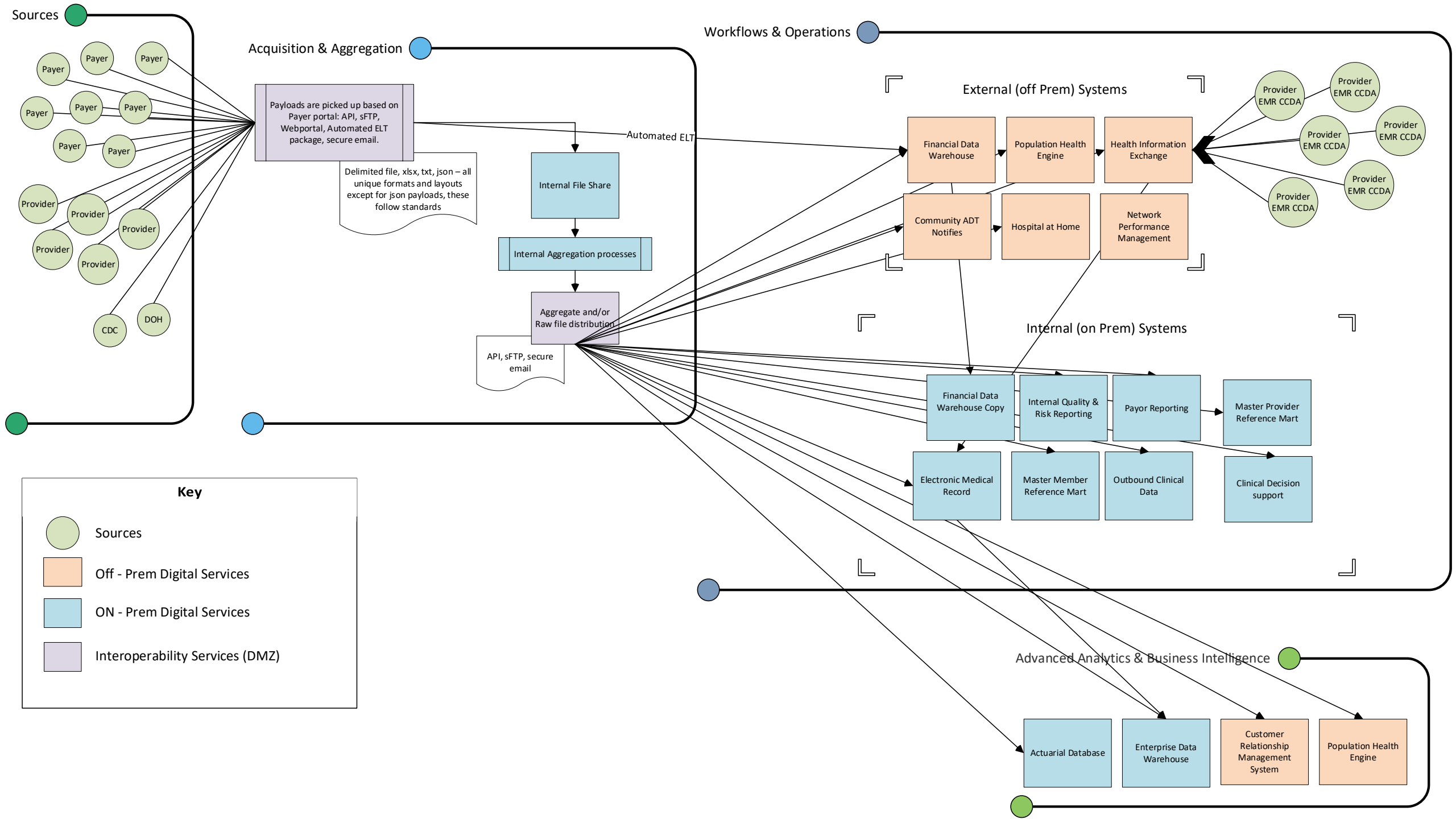- Jason Vogt, Senior Technical Product Manager, APIs & Structured Documents, Meditech

MultiCare Journey

Population Based Care as a Strategic Pillar

Population Based Care

Rising Cost of Healthcare

Rising cost of healthcare, and therefore employer and patient insurance premiums

Transition of Payment Models

Payment models shifting from fee for service to fee for value. All segments, government and commercial.

Changing Market Dynamics

Influx of venture capital funds. Investing in care continuum models with focus on primary care as center

Changing Local & Federal Policy

"All Medicare fee-for-service beneficiaries will be in a care relationship with accountability for quality and total cost of care by 2030" ~ CMS

Healthcare in the Digital Age

Technology is enhancing our capabilities to share business practices including care and finances across entities.

Value Creation

- Range of Services: Adequacy to serve members/ beneficiaries
- Affordability
- Addressing Health Equity and Social Determinants of Health
- Effectiveness of Care
- Coordinated Care
- Proactive quality of health
- Digitally Interoperability
- Team of Teams
- Outcomes of Care
- Utilization Management

MultiCare

Sources

Acquisition & Aggregation

Workflows & Operations

Payloads are picked up based on Payer portal: API, sFTP, Webportal, Automated ELT package, secure email.

Delimited file, xlsx, txt, json – all unique formats and layouts except for json payloads, these follow standards

Internal File Share

Internal Aggregation processes

Aggregate and/or Raw file distribution

API, sFTP, secure email

Automated ELT

Payer

Provider

CDC

DOH

Provider EMR CCDA

External (off Prem) Systems

Financial Data Warehouse

Population Health Engine

Health Information Exchange

Community ADT Notifies

Hospital at Home

Network Performance Management

Internal (on Prem) Systems

Financial Data Warehouse Copy

Internal Quality & Risk Reporting

Payor Reporting

Master Provider Reference Mart

Electronic Medical Record

Master Member Reference Mart

Outbound Clinical Data

Clinical Decision support

Advanced Analytics & Business Intelligence

Actuarial Database

Enterprise Data Warehouse

Customer Relationship Management System

Population Health Engine

Key

Sources

Off - Prem Digital Services

ON - Prem Digital Services

Interoperability Services (DMZ)

MultiCare's FHIR Journey

» **2018 –** Joined DaVinci with sponsorship through Cambia

» **2019 –** Proof of concept for quality measures reporting – MHS internal development, returns development investment in year 1.

» **2020 –** Proof of concept for eligibility

» **2021 –** Prior Authorization Trading Agreements

» **2022**

- April: Formal approval from CMS for Waiver Exception to utilize FHIR for Prior Authorization

- Oct: Go Live for Smart Authorization and Azure proof of concept for scalable FHIR services

- DaVinci Steering Committee representation

- Dec: scalable FHIR ecosystem (Azure based),

» **2023**

- Eligibility scaled to multiple payers, creating 97% or higher match rates

- In-progress – scaling Data Exchange for Quality Measures to multiple payers

- In-progress – Azure full scale API Management ecosystem

Measuring the Value – Risked Based Membership (ATR)

60%
Decrease in Error Rate

Decrease in Patient
Matching Error Rates

5-10 min
Per Error

Burden reduction from
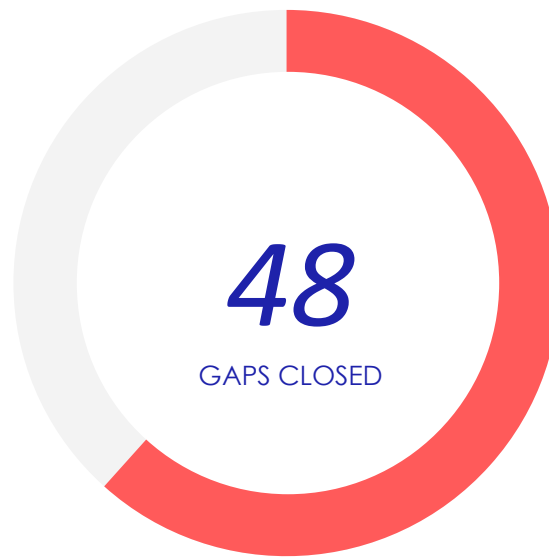processing matching errors

67.5%
Time saved per FTE
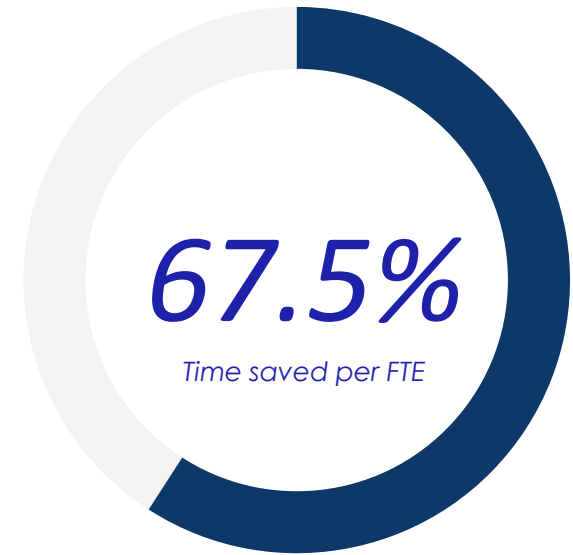
Efficiency gains to be
redirected to other activities

Measuring the Value – Quality Reporting (Data Exchange for Quality Measures - DEQM)

175%
IMPROVEMENT

MultiCare MRP performance improvement

48
GAPS CLOSED

Additional Gaps Closed

$50
PER CHART
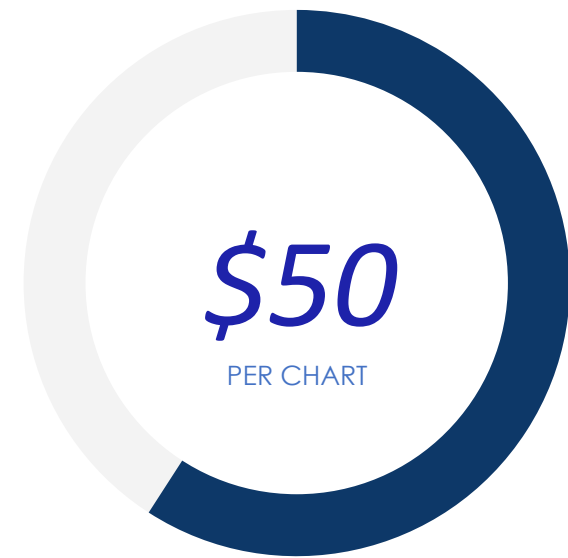
Reduction in Chart Chasing

Automating Prior Authorization with Standard Interoperability

After 90 days of usage at MultiCare…

BEFORE

3 to 5
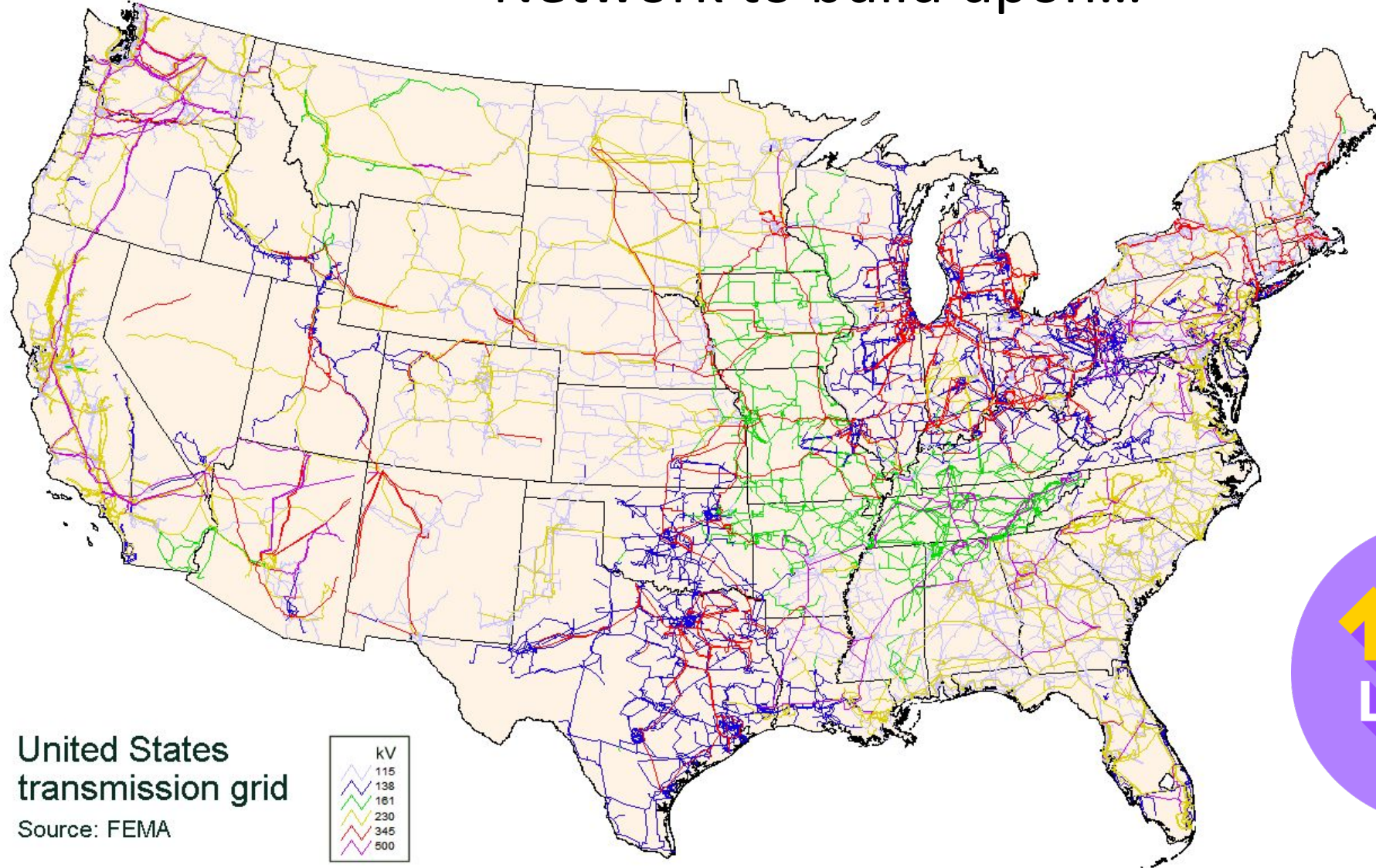Prior Auth Requests Processed per Hour

AFTER

10 to 12 Prior Auth Requests Processed per Hour

140% to 233% Increase in PA Productivity

Network to build upon…

United States
transmission grid
Source: FEMA

kV	
115	
138	
161	
230	
345	
500	

LEVEL
UP

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Panel Discussion and Q&A

Thank you!

📞 **Phone:** 202-690-7151

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