

HL7[®] Da Vinci Project Burden Reduction (CRD/DTR/PAS) and Clinical Data Exchange (CDex) Implementation Guides

Overview for ONC HITAC
ePrior Authorization RFI
Task Force Meeting

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Da Vinci 2021 Multi-Stakeholder Membership

PROVIDERS



EHRs



DEPLOYMENT



PAYERS



VENDORS



INDUSTRY PARTNERS



*Indicates a founding member of the Da Vinci Project. Organization shown in primary Da Vinci role. Many members participate across categories.

Use Case Readiness

Clinical Data Exchange



Clinical Data Exchange (CDex) ♦

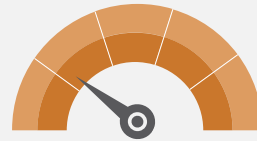


Payer Data Exchange (PDex) *

Quality & Risk



Data Exchange for Quality Measures inc. Gaps In Care (DEQM/GIC)

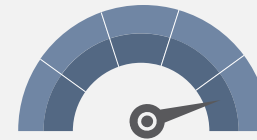


Risk Adjustment (RA)

Coverage, Transparency & Burden Reduction



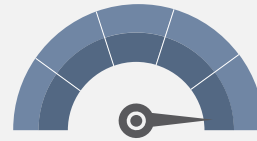
Coverage Requirements Discovery (CRD) ♦



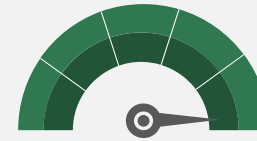
Documentation Templates and Rules (DTR) ♦



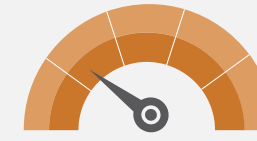
Prior-Authorization Support (PAS) ♦



Formulary *

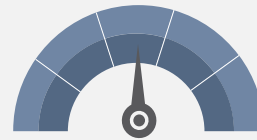


Plan Net/Directory *

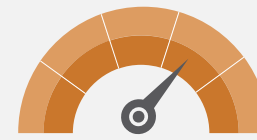


Patient Cost Transparency (PCT) ♦

Foundational Assets



Member Attribution List



Notifications *



Health Record Exchange (HREx)

* Referenced in or supports Federal Regulation

♦ Aligned with expected Federal Regulation

☛ Dial denotes progress in current STU Phase






Overall Maturity:

Most Mature

Active Growth

Least Mature

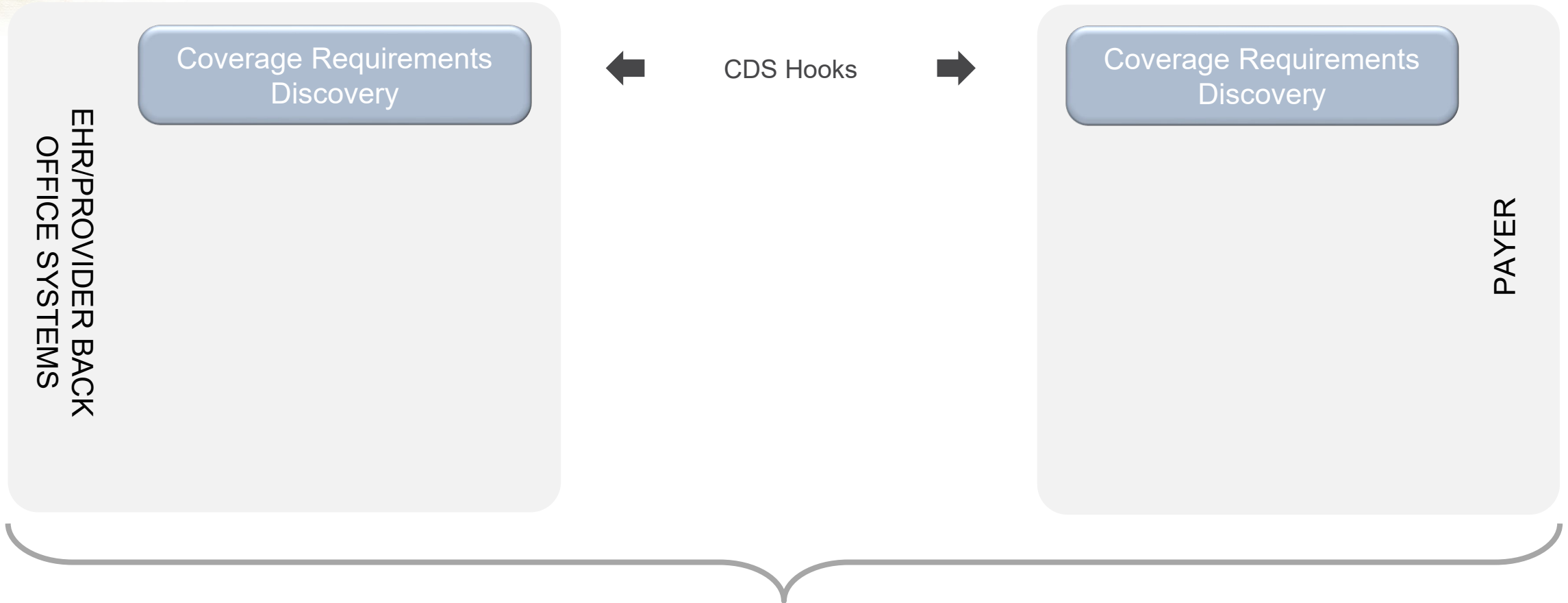
Business Challenge: Reducing Burden of Prior Authorization

Use Case	Status	Core Capabilities	Regulatory Impacts	Implementer Progress
 <p>Coverage Requirements Discovery</p>	<p>STU1 Published</p> <p>STU2 Ballot 2022Q1</p>	<p>Enables exchange of coverage plan requirements from payers to providers at the time of treatment decisions, patient specific with a goal to increase transparency for all parties of coverage that may impact services rendered i.e., is prior authorization required, are there other predecessor steps; lab tests required, physical therapy</p>	<p>Named in the rescinded NPRM CMS Interoperability and Prior Authorization (CMS-9123-P)</p>	<p>Connectathons x 3 years Early adopters and pilots underway</p>
 <p>Documentation Templates and Rules</p>	<p>STU1 Published</p> <p>STU2 Ballot 2022Q1</p>	<p>Builds on CRD to specify how payer rules can be executed in a provider context to ensure that documentation requirements are met. Provider burden will be reduced because of reduced manual data entry, i.e., from payers, extract data to pre-populate response</p>	<p>Named in the rescinded NPRM CMS Interoperability and Prior Authorization (CMS-9123-P)</p>	<p>Connectathons x 3 years Early adopters and pilots underway</p>
 <p>Prior-Authorization Support</p>	<p>STU1 Published</p> <p>STU2 Ballot 2022Q1</p>	<p>Defines FHIR based services to enable provider, at point of service, to request authorization (including all necessary clinical information to support the request) and receive immediate authorization from Payer (incorporates HIPAA Tx standards)</p>	<p>Named in the rescinded NPRM CMS Interoperability and Prior Authorization (CMS-9123-P)</p>	<p>Connectathons x 3 years Early adopters and pilots underway</p>

DRLS = Document Requirements Lookup Service (DRLS) is CMS' name for the combination of CRD + DTR.

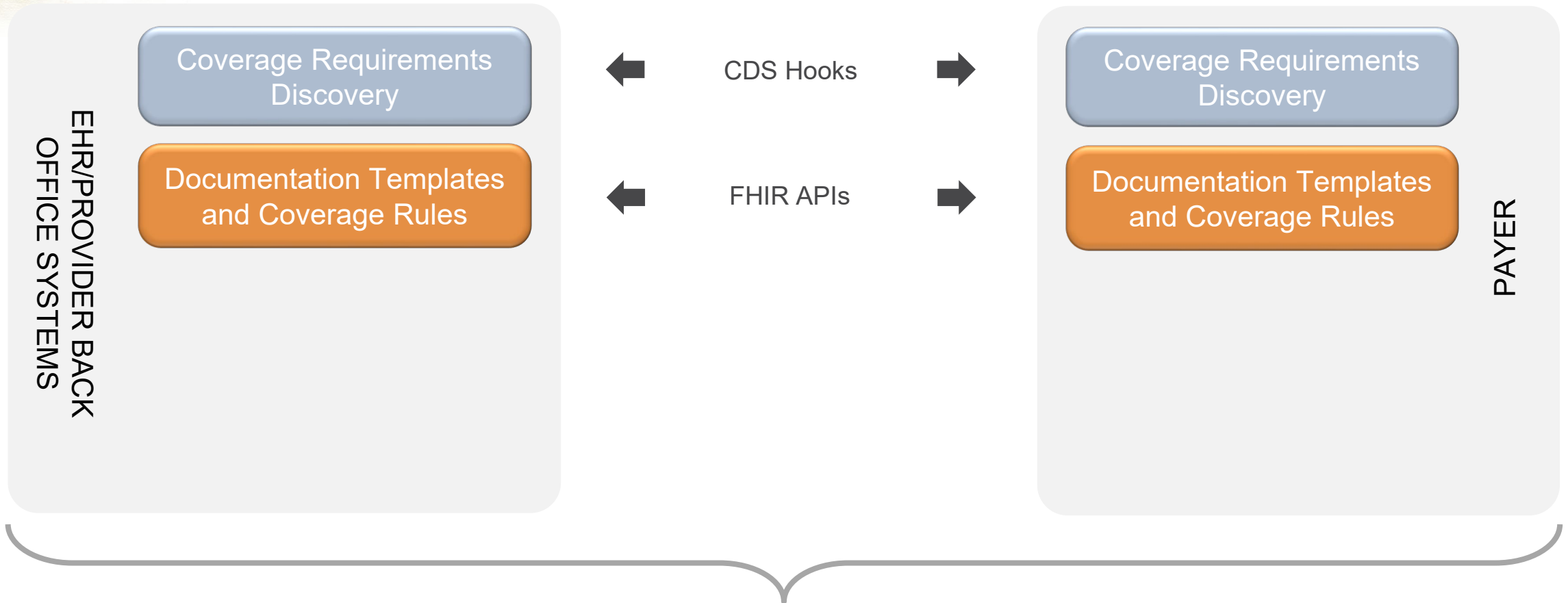
Notice of Proposed Rulemaking (NPRM) Press Release found [here](#). Note: [Final](#) CMS' Interoperability and Prior Authorization Rule links are unavailable pending HHS review.

Coverage Requirements Discovery, Documentation Templates & Rules, & Prior Authorization Support



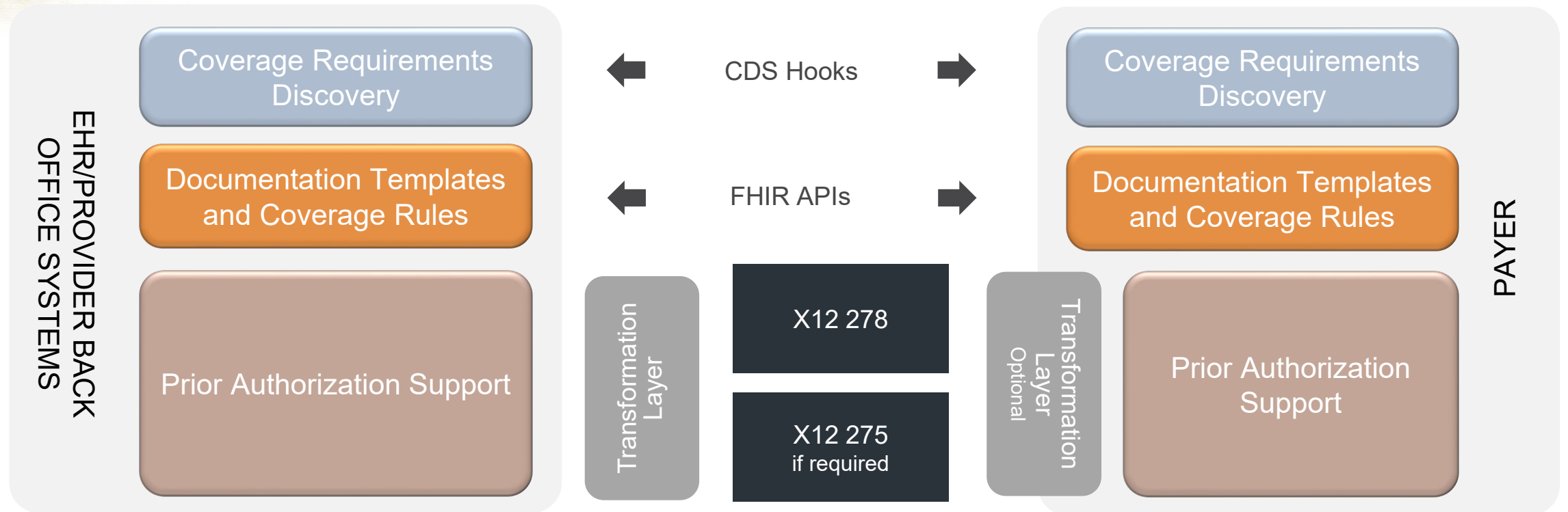
- Improve transparency
- Reduce effort for prior authorization
- Leverage available clinical content and increase automation

Coverage Requirements Discovery, Documentation Templates & Rules, & Prior Authorization Support



- Improve transparency
- Reduce effort for prior authorization
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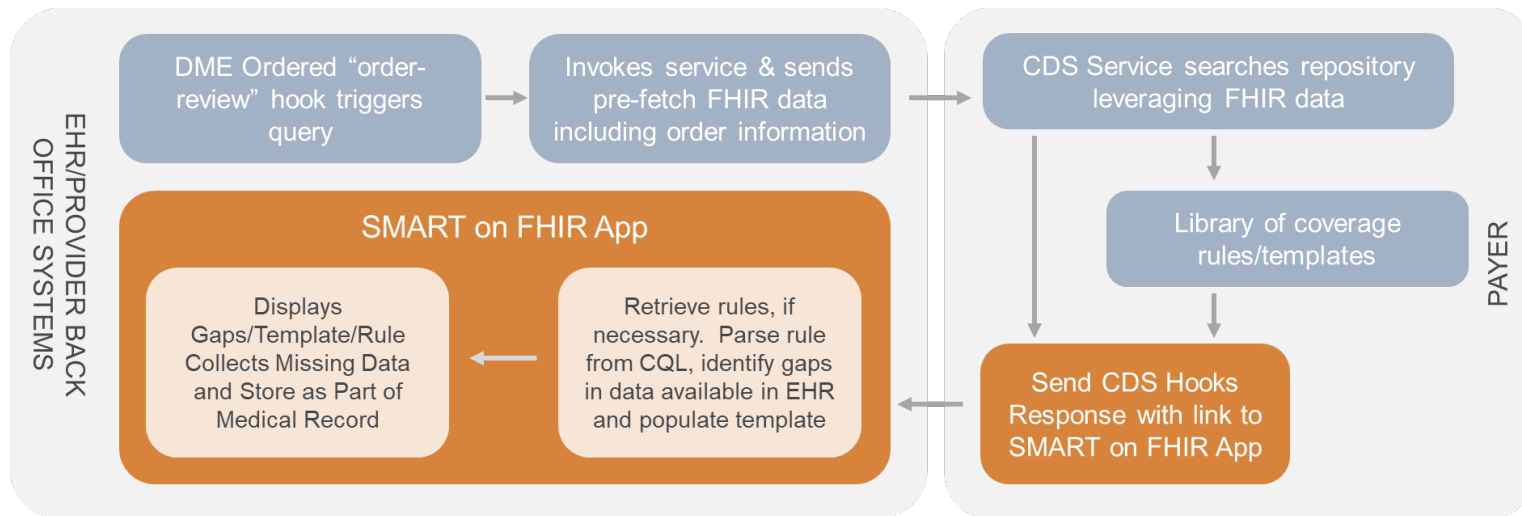
Coverage Requirements Discovery, Documentation Templates & Rules, & Prior Authorization Support



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- Reduce effort for prior authorization
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Coverage Requirements Discovery (CRD)/ Documentation Templates & Rules (DTR)



Benefits

Takes guesswork out of patient specific coverage by sharing authorization or process requirements in workflow
Improves transparency of patient and procedure specific rules to provider and patient

Exposes information about patient benefits when care team is most likely with or near patient, so options can be discussed and decided upon



Coverage Requirements Discovery Base FHIR Technologies

- CDS Hooks support

- EHR triggering
- Payer CDS Service Response
- Hooks
 - Order-select
 - Order-sign
- CDS Card Response
- SMART Launch from CDS

- FHIR Resources and Profiles

- US Core
- Patient, Practitioner, Encounter, Location
- Coverage
- DeviceRequest, NutritionOrder, Medication Request

- Terminologies(examples)

- Builds upon US Core 3.1.1 profiles
- Service Request Codes (CPT, SNOMED CT, HCPCS Level II, LOINC)



Documentation Template Rules

Base FHIR Technologies

- SMART on FHIR App Launch
- CDS Hooks
- Structured Data Capture
- Clinical Quality Language
- FHIR Resources and Profiles
 - US Core FHIR Profiles
 - Questionnaire
 - QuestionnaireResponse
 - Task



Prior Authorization Support Base FHIR Technologies

- FHIR Operations
 - ClaimSubmitOperation
 - ClaimInquiryOperaton
- FHIR Resources and Profiles (Examples)
 - Patient (Beneficiary)
 - Claim, Claim Inquiry, Claim Inquiry Response
 - Coverage
 - Device Request, Medication Request
 - Subscriber
- Value Sets
 - AHA NUBC
 - X12 278 Diagnosis Codes
 - X12 278 Health Care Service Location
 - X12 Reject Reason Value Set

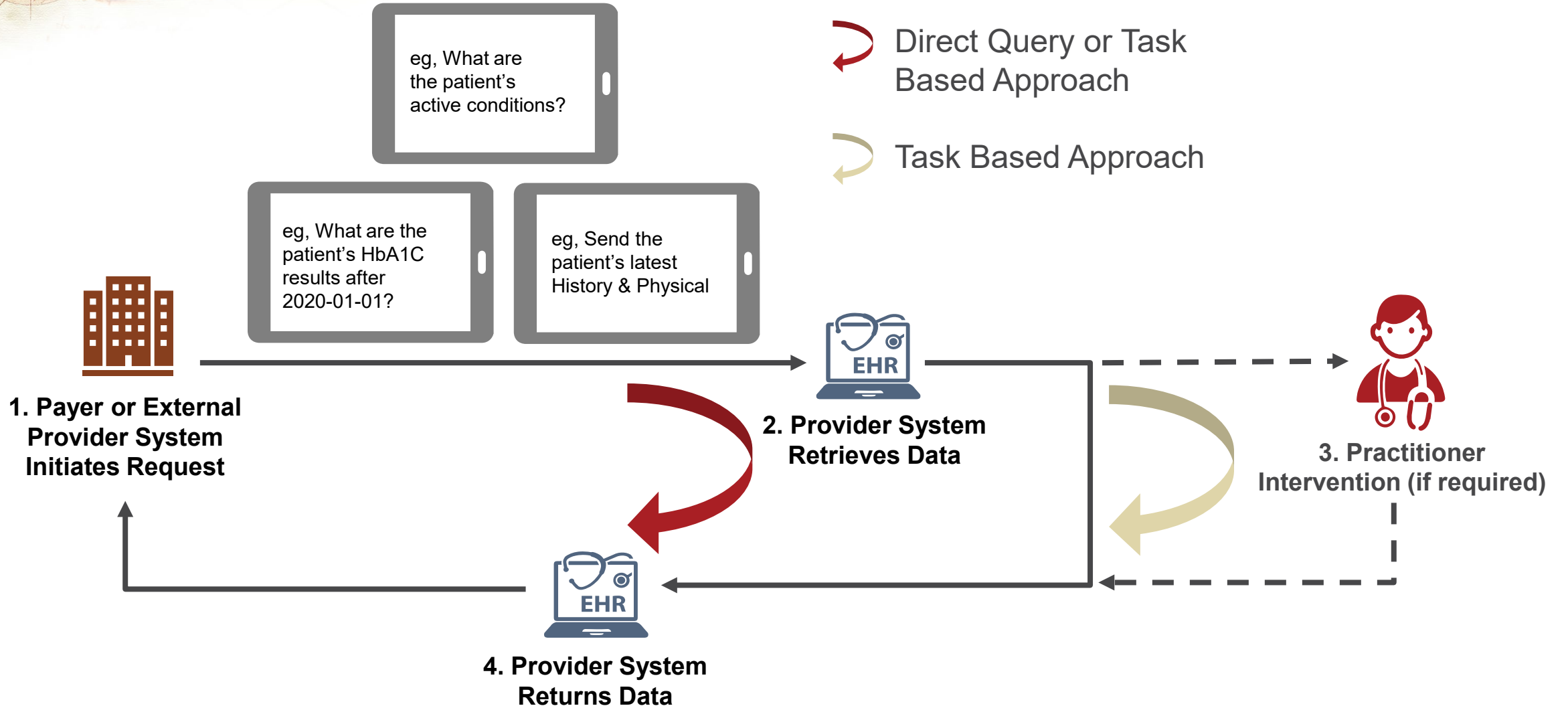


Clinical Data Exchange IG Implementation Guide

Automates Processes for Provider-Payer and Provider-Provider Clinical Data Exchange

- Workflows supported
 - Referrals
 - Attachments for claim submission
 - Documentation to support medical necessity, coverage rules, claims audits, etc.
 - Supplemental data for Prior Auth, Risk Adjustment and Quality Measures
- Requested data is pre-defined by requestor
- Task-based and direct query approaches executed via FHIR with optional review
- Supports all available FHIR data
 - Documents (e.g. C-CDAs)
 - Laboratory
 - Medications
 - Vital Signs

Clinical Data Exchange (CDex)





Clinical Data Exchange (CDex)

Base FHIR Technologies

- FHIR Operations (Clients and Servers)
 - Request and respond to data via FHIR RESTful queries
 - Posting and response of Task and Subscription resources
 - Request, response and polling of Task resource
 - Responding to CommunicationRequest and Service Request
 - Post & response to **\$submit-attachment** operation
- Generating and verifying signed resources
- Value Sets
 - Purpose of Use
 - Attachment Reason
 - Work Queue



Upcoming Activities

CRD/DTR/PAS

- Ballot in 2022Q1
- Anticipated reconciliation and publishing by 2022Q4


CDex

- Publish STU1 in 2022Q1
- Ongoing testing and feedback of STU1
- Testing of draft content
 - Unsolicited push



References

- Da Vinci Confluence Page - <https://confluence.hl7.org/display/DVP>
- Da Vinci Coverage Requirements Discovery - <http://hl7.org/fhir/us/davinci-crd/>
- Da Vinci Documentation Templates and Rules - <https://build.fhir.org/ig/HL7/davinci-dtr/>
- Da Vinci Prior Authorization Support - <https://build.fhir.org/ig/HL7/davinci-pas/>
- Da Vinci Clinical Data Exchange - <https://build.fhir.org/ig/HL7/davinci-ecdex/>
- CDS Hooks - <https://cds-hooks.org/>
- SMART App Launch - <http://hl7.org/fhir/smart-app-launch/>
- Clinical Quality Language - <https://cql.hl7.org/>
- FHIR US Core - <http://hl7.org/fhir/us/core/>

The background features a collage of Leonardo da Vinci's sketches, including a Vitruvian Man figure, a mechanical device, and various anatomical drawings. Overlaid on this are several hexagonal icons: a stethoscope, two test tubes, a medical cross, and a heart with an ECG line. The text is centered in a bold, dark blue font.

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