

THE GREAT RACE TO CLOSE GAPS IN CARE

Multi-Stakeholder Initiatives Striving to Create Real-World Tools to Bridge Administrative & Policy Data to Support Better Clinical Care



Speaker

Kim Boyd

Senior Advisor/Consultant

Boyd Consulting Group, LLC, with Point-of-Care Partners sponsorship for this session

Kim Boyd is a Sr. Advisor/Consultant with Boyd Consulting Group, with over 25 years of experience in healthcare specializing in strategic planning, healthcare policy, interoperability, HIT and standards. She is a long-standing NCPDP member, NCPDP Board of Trustee and Strategic Planning Committee Co-Chair. Kim serves as coordinator of the HL7 CodeX Prior Authorization in Oncology Use Case.



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Speaker

Kyle Tucker

Senior Manager, Physician Innovation, Evernorth

Kyle Tucker is Senior Manager, Physician Innovation at Evernorth. Kyle has nearly 20 years of experience in healthcare, focusing on the implementation of industry standards and operational strategies regarding regulatory requirements, technology alignment and interoperability. Kyle has been a member of NCPDP for almost 20 years, including co-chairing several Task Groups and Committees.



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Disclosures

- Kim Boyd has no relevant financial relationships to report.
- Kyle Tucker is an employee of Evernorth. All relevant financial relationships have been mitigated.



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Learning Objectives

Upon successful completion of this course learners should be able to:

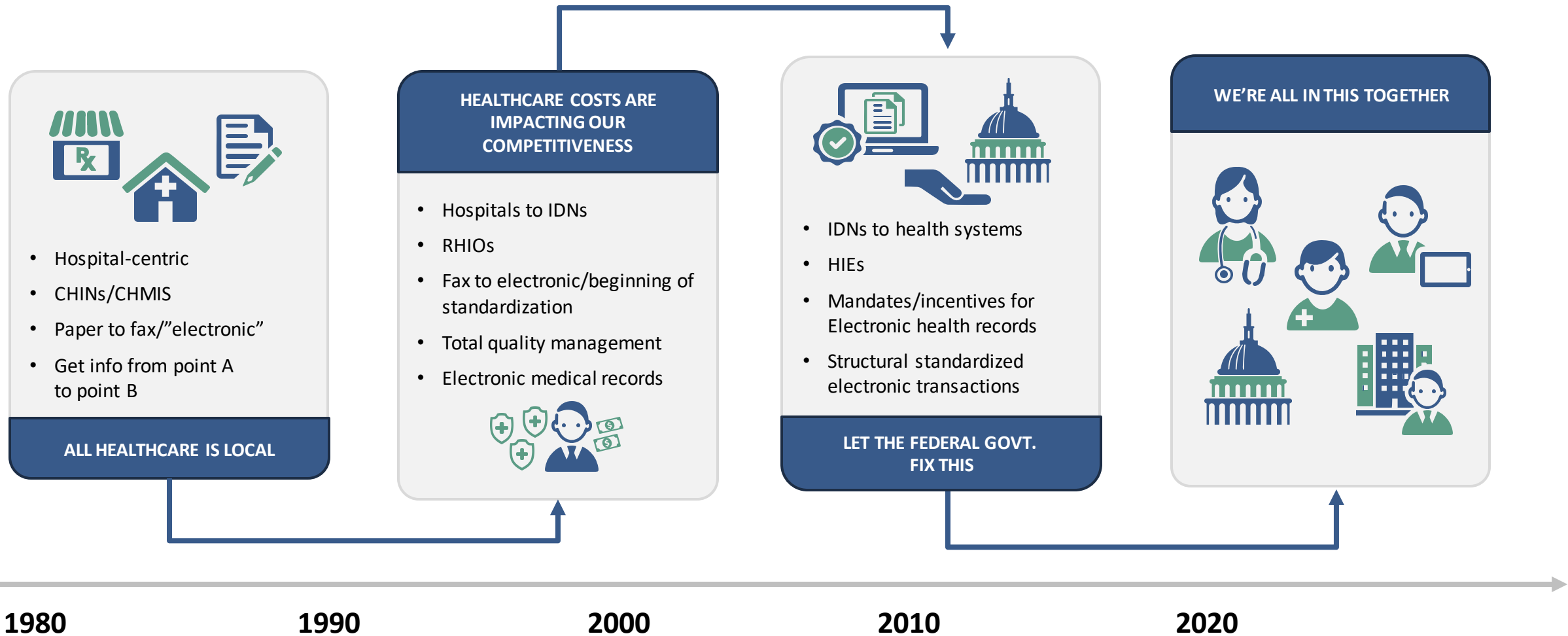
1. Discuss the relationship of policy-making and NCPDP standards development and testing
2. Describe examples of policy coordination between Health and Human Services (HHS) agencies
3. Identify the standards across NCPDP and Health Level 7 (HL7) that can be implemented to support electronic prior authorization
4. Describe key HL7 CodeX use cases that align with NCPDP standards efforts
5. List which federal agencies and other multi-stakeholder collaboratives are involved in HL7 CodeX



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Eras of Attempting to "Fix" Healthcare



1980

1990

2000

2010

2020

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What Is an MSI?

MSIs are collaborations between businesses, civil society and other stakeholders that seek to address issues of mutual concern

- Found across almost every industry
- Allows for competitors to put aside competition to solve big underlying issues that negatively impact all stakeholders
- Can be structured in a myriad of ways
- Can augment the strength of policy levers and influence future policy
 - CMS, ONC, FDA and other federal agencies generally participate on some level with existing MSIs

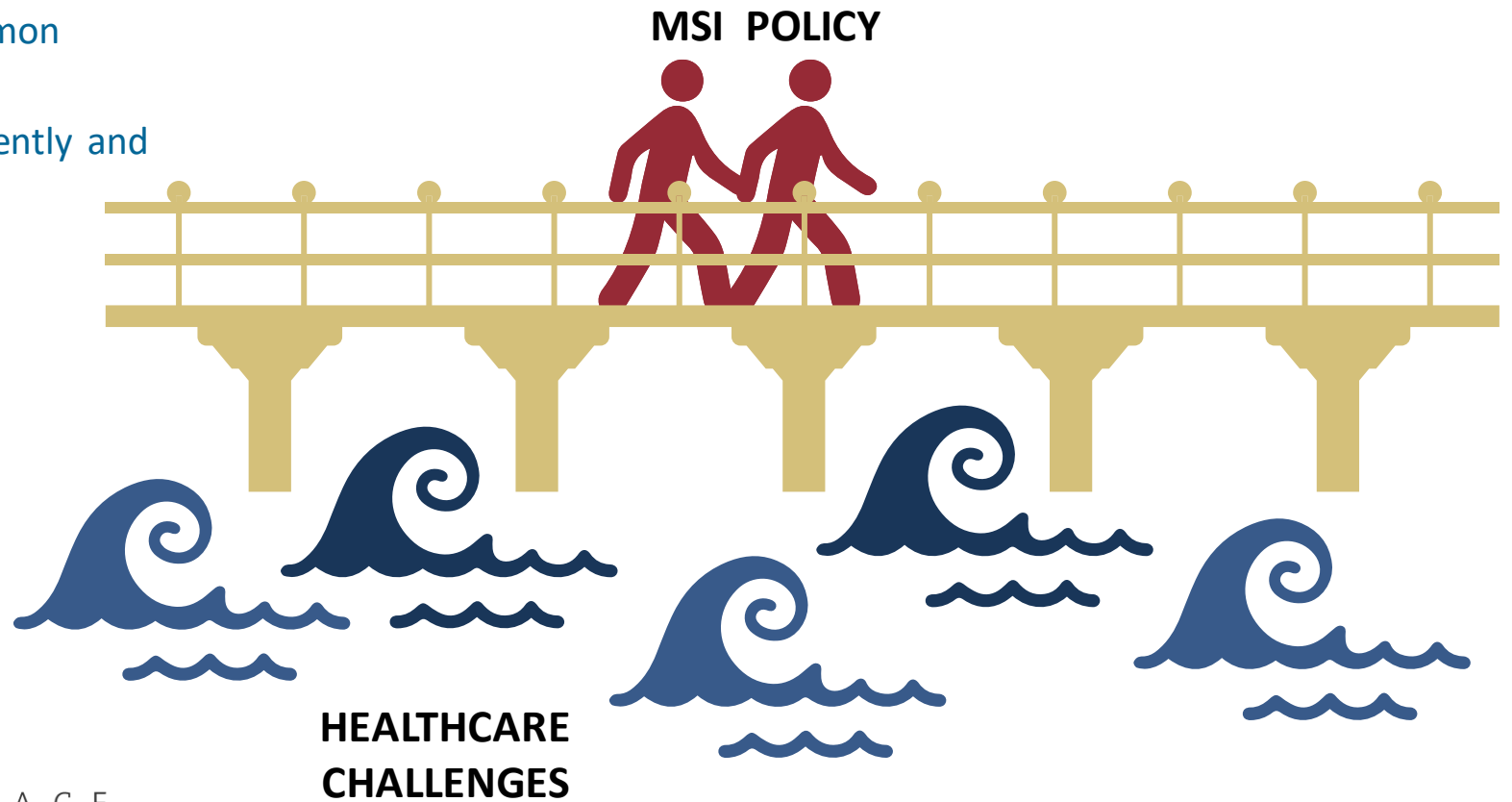


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Why Are MSIs Important?

- Bring multiple perspectives and skill sets together
- They identify and solve complex problems
- Solutions developed can help solve common business problems
- Help all stakeholders operate more efficiently and with more analytical power
- Better data at the point-of-care
- Improved patient care
- Assist policymakers in understanding
 - where policy can play a role in solving issues
 - Standards readiness for adoption and should they be named in relevant policies



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GROUP DISCUSSION

What value or importance do you find in
multistakeholder initiatives?



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How Are MSIs Improving Standards Development?

Traditional Standards Development Process

Workgroups of volunteers fit this work into their normal day-to-day responsibilities.

Individuals carve out time from their personal and work schedules to contribute intermittently and unpredictably.

Progress is made, but slowly.

Individual writers or SMEs focus full time on a specific area, funded by interested organizations.

Often challenged to be all things for all people.

Work can happen offline without debate and may be delivered back without reaching consensus or handling objections.

No or minimal member fees.

New Standards Development Process

Volunteers are paired with fractional paid staff. Members agree to prioritize and pay for specific work.

One or two recognized leaders (“Champions”) are among stakeholders who advocate for the work and for the changes that will occur as a result. These leaders also contribute in-kind services and funding.

A committed team with diverse perspectives creates the work’s focus, moves the work forward during lulls, and drives decisions despite challenges.

Dedicated resources support an effective cadence of project and public calls that allow the community to process feedback ahead of standards or decision-making processes.

Focus can be sharpened to address/surmount specific business or technical challenges.

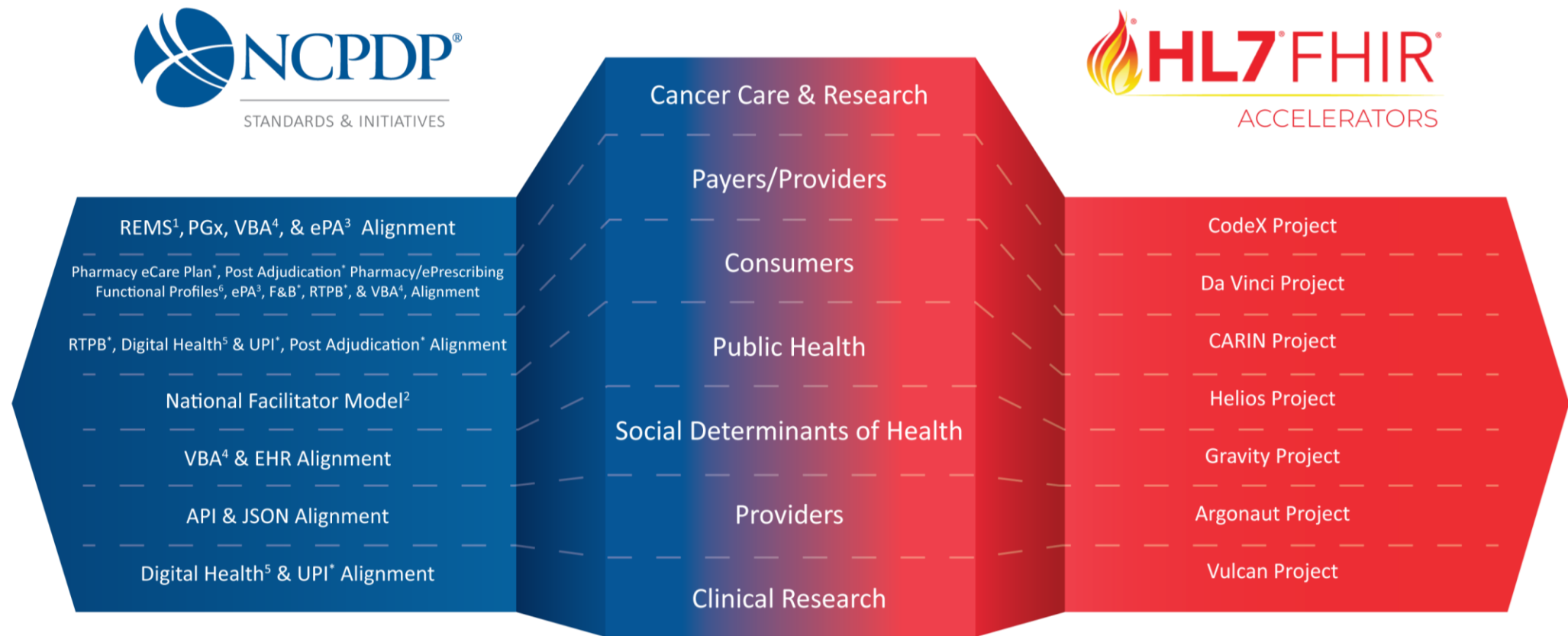
An open process and use of testing enable feedback to occur during the writing process and ensuring feedback is provided earlier in the build process.

Member fees are sufficient to procure necessary resources to deliver quality artifacts and to maintain momentum.

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NCPDP Standards Development and MSI Cross-Pollination

Legend		
*Existing NCPDP Standard	³ Supported by SCRIPT Standard	⁵ Supported by Billing Unit, Product Identifiers, SCRIPT, Telecom, F&B, RTPB, & Benefit Integration Standards
¹ Supported by Telecom & SCRIPT	⁴ Supported by SCRIPT, Telecom, & Pharmacist eCare Plan Standards	⁶ Separate standards developed jointly between NCPDP and HL7
² Supported by SCRIPT, Telecom, & UPI Standards		



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PATIENT ACCESS

Empowering patients by giving them access to their health information so they can make the best-informed decisions about their care, all while keeping that information safe and secure.

CONNECTING HEALTHCARE THROUGH DATA EXCHANGE

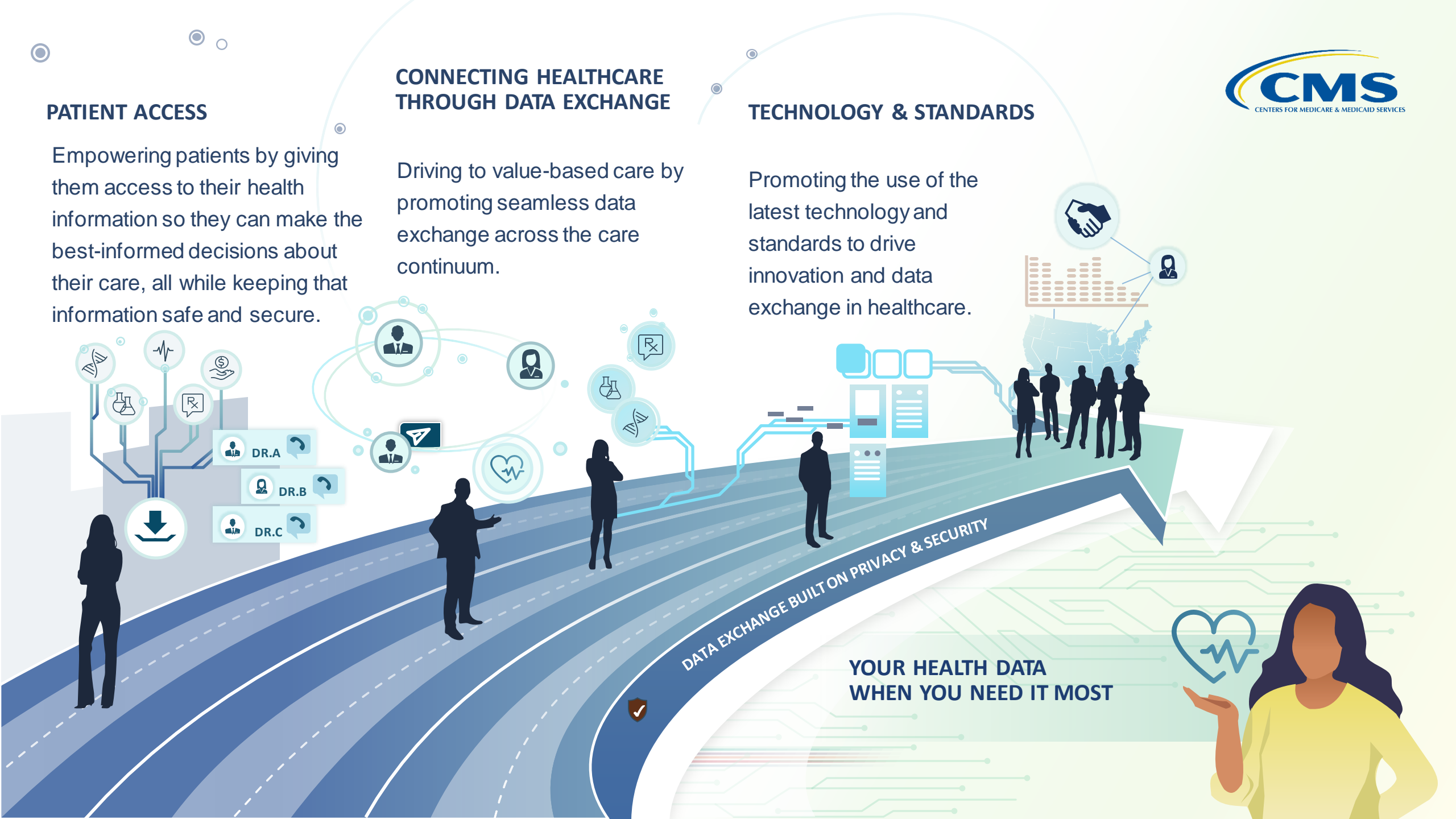
Driving to value-based care by promoting seamless data exchange across the care continuum.

TECHNOLOGY & STANDARDS

Promoting the use of the latest technology and standards to drive innovation and data exchange in healthcare.

DATA EXCHANGE BUILT ON PRIVACY & SECURITY

**YOUR HEALTH DATA
WHEN YOU NEED IT MOST**



CMS Interoperability

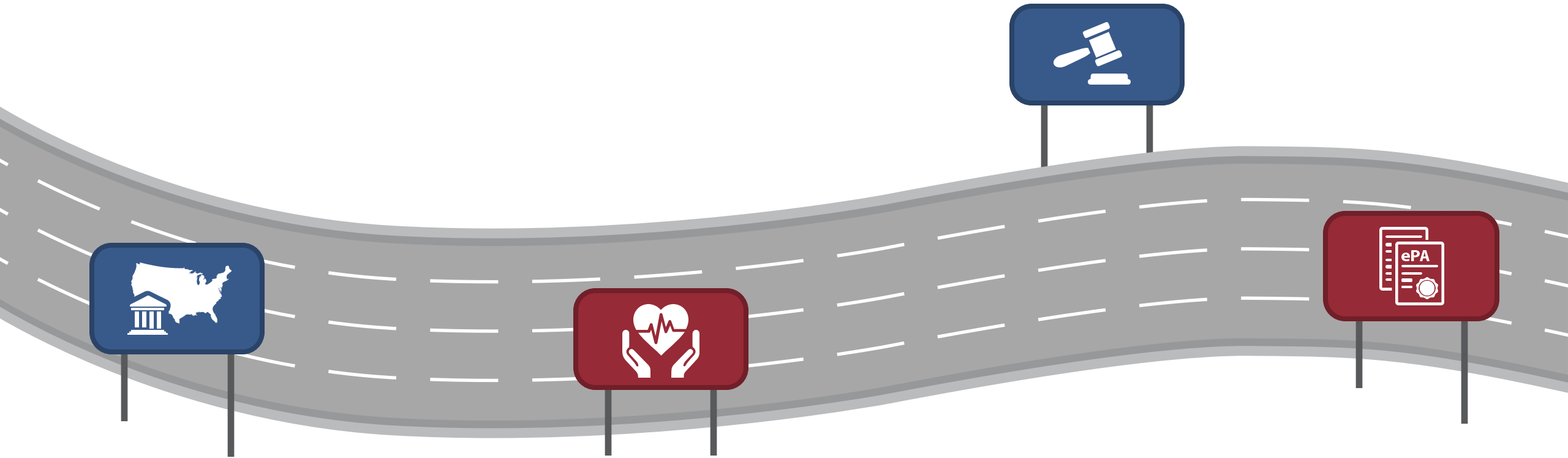


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THE PATH

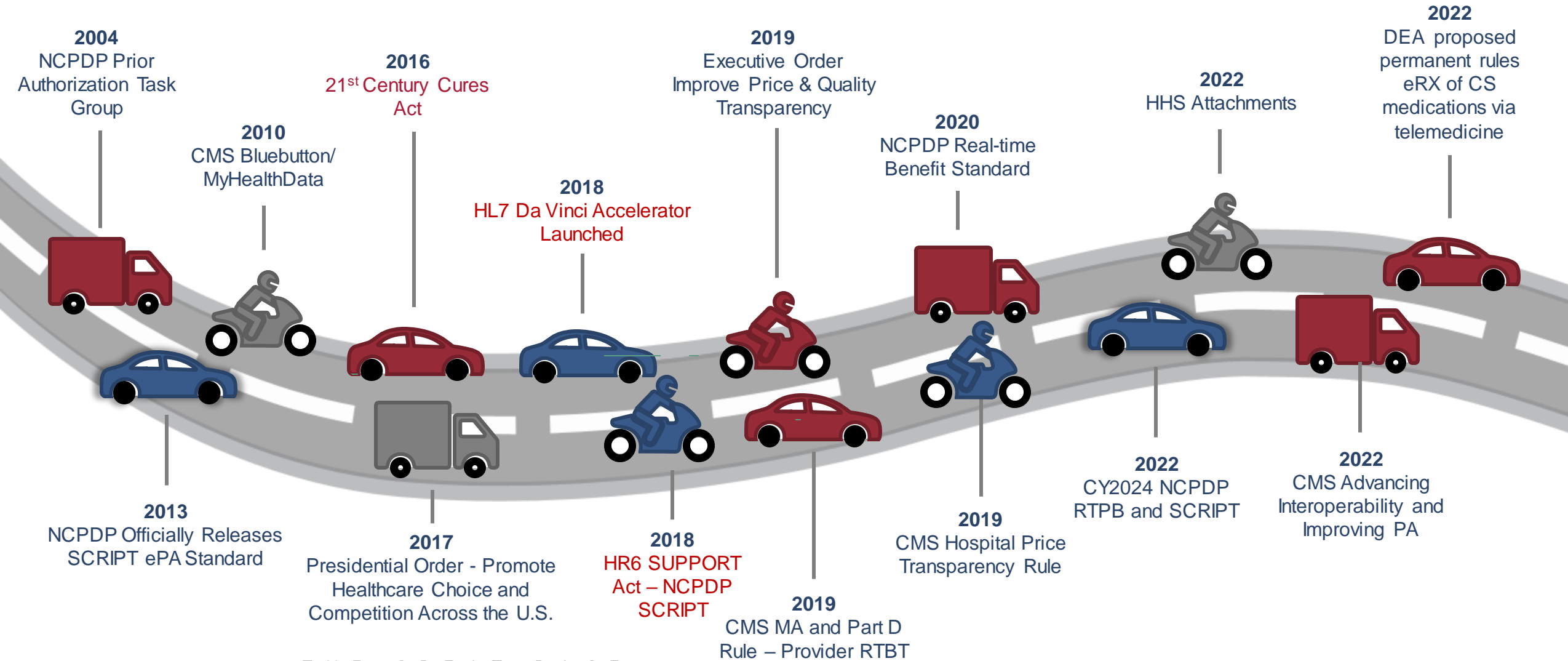
Legislation, Regulations, Industry and Standards



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The Path – Zoom, Zoom, Zoom



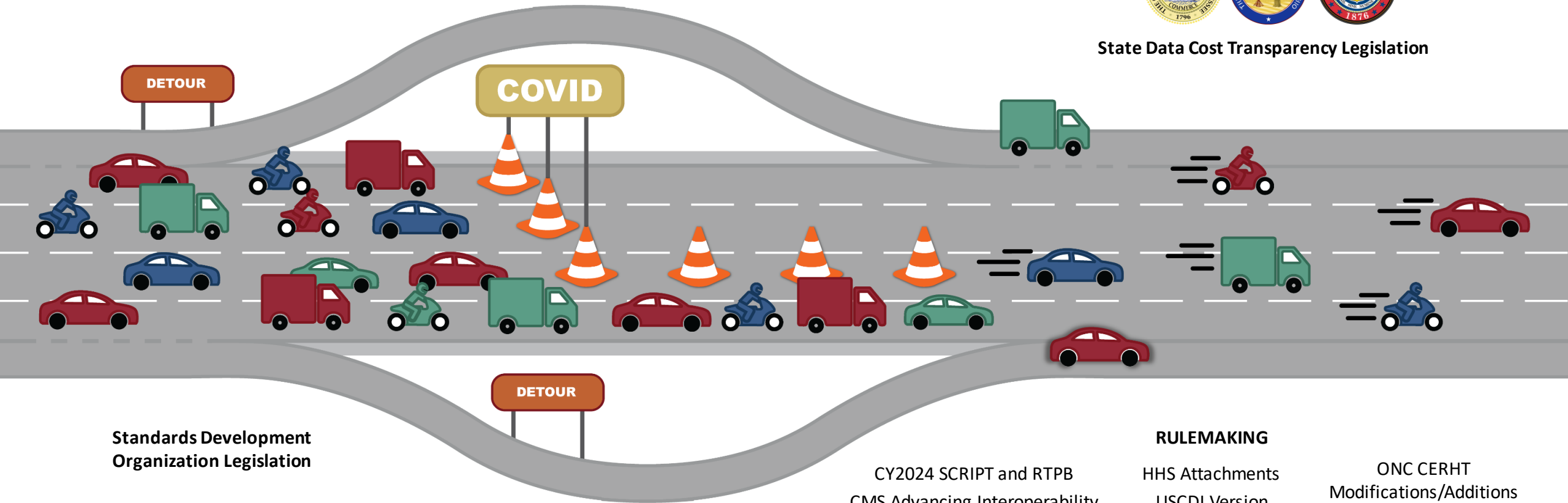
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Standards and Interoperability Regulatory Progression



State Data Cost Transparency Legislation



Standards Development
Organization Legislation

CY2024 SCRIPT and RTPB
CMS Advancing Interoperability
and Prior Authorization (FHIR)

RULEMAKING
HHS Attachments
USCDI Version
Advancement

ONC CERHT
Modifications/Additions
State Legislation Data
Sharing

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Cross-Agency Coordination is the New Norm

It is now common for agencies to coordinate on new policy to avoid conflicting policies and to improve harmonization of efforts. Some examples of this are:

- CDC and ONC working together on the current Data Modernization Initiative
- CMS and ONC coordinating on interoperability policy to ensure named standards are consistent across rules and certification requirements



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GROUP DISCUSSION

What part does policy play in your organization's overarching strategy?



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Why Are Standards So Important?

- Standards are agreed-upon methods for connecting systems together and may pertain to:
 - security
 - data transport
 - data format or structure
 - the meanings of codes or terms
- Standards are defined, updated, and maintained by standards development organizations (SDOs) through a collaborative process involving the audience that will be using the standards.
- Standards are frequently named in policy. (for example, the NCPDP SCRIPT Standard was named in the recent CMS NPRM on interoperability and PA modernization.)



Saves Money



Saves Time



Removes Barriers



**Required By Policy
& Regulation**

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Better Data Better Health

The CodeX community is singularly focused on bringing standards to healthcare data so patients have the care and research journey they deserve and should expect.



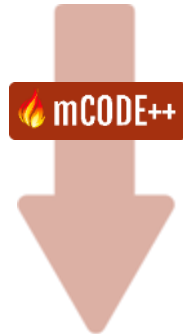
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CodeX

A growing, active community of oncology stakeholders prioritizing, building and executing use case pilots to demonstrate real world feasibility and value

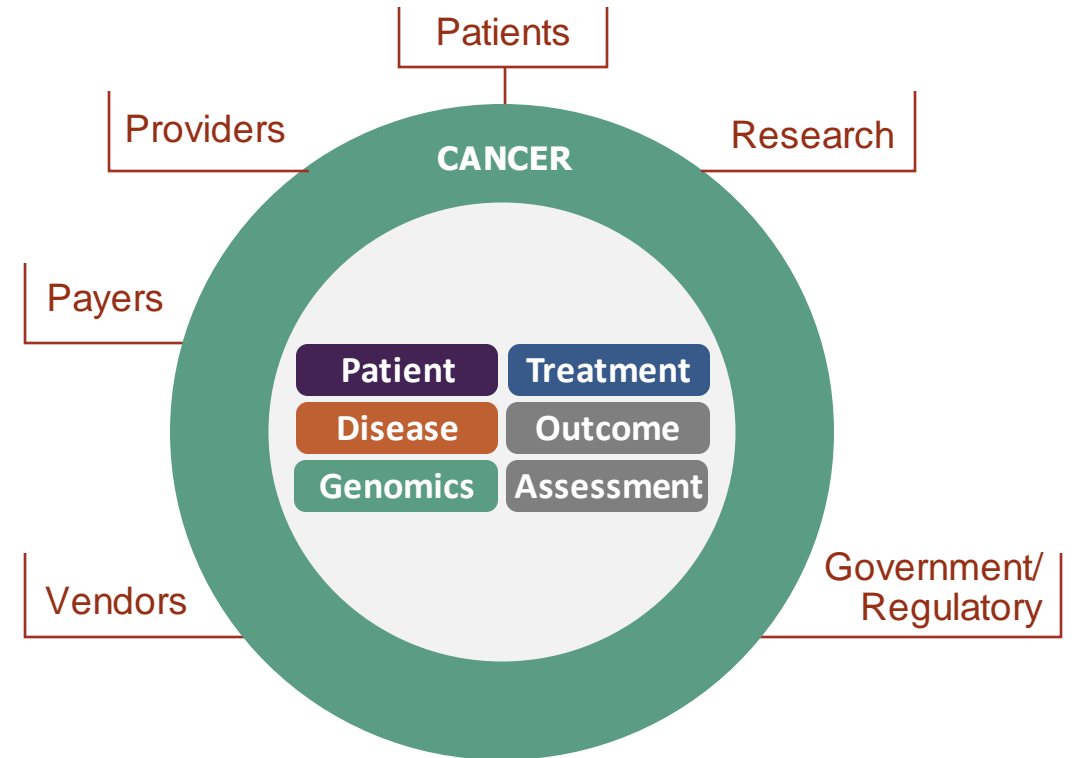
Collect patient data once.



Reuse for multiple use cases.

mCode

Minimal Common Oncology
Data Elements



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mCODE STU2: <http://hl7.org/fhir/us/mcode/>



1 Accelerator = Multiple Clinical Specialties

HL7 FHIR Accelerator

CodeX

*Oncology
Domain*

mCode

*Cardiovascular
Domain*

CardX

*Genomics
Domain*

GenomX

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CodeX™ Community of Practice

<https://confluence.hl7.org/display/COD/mCODE+Community+of+Practice>

A growing group of health systems and other key stakeholders, learning together in a monthly public forum focused on real-world applications of CodeX FHIR standards across cancer, radiation oncology, cardiovascular health, and genomics.



Latest developments on
mCODE, CodeX, and
cancer data exchange



Ask questions and learn from
the experience of other
community participants



Develop and share best
practices for clinical workflows,
data modeling, and exchange



70
Health Systems



6
Payers



11
Pharma



111
EHRs and
other tech
companies



20
Medical
Societies and
Consortia



16
Government
Agencies



16
Research
Organizations



3
Nonprofits/
Foundations



4
Patient Advocacy
Organizations

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Use Cases

The CodeX framework spurs community-driven use case development and demonstration, piloted in-the-field by stakeholders expected to benefit in the future.



Each CodeX Use Case progresses through three stages of development.



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Real World Examples

Prior Authorization in Oncology

Problem

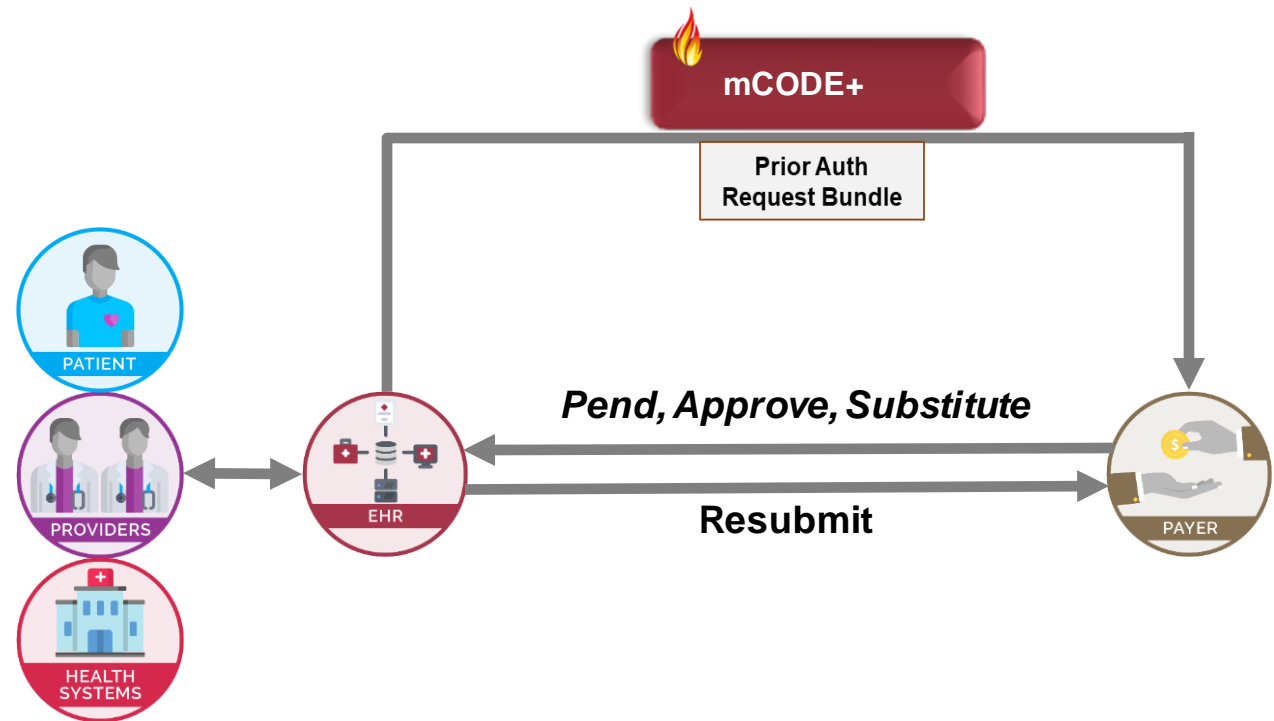
- Prior authorization imposes a burden on patients, providers, and payers
- Prior authorization documentation requirements vary by payer plan
- Current manual processes are costly and may delay treatment

Solution

Reduce clinical burden when requesting oncology treatment regimens by building on Da Vinci CRD/DTR/PAS specifications to supplement prior authorization request with mCODE data elements.

Desired Impact

Develop automated prior authorization capability in which 80% of approvals do not require manual inspection



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Priorities and Drivers

SOLUTION

- **Automate**
 - Consume demographic and clinical data from EHR/EMR
- **Incorporate PA process within current clinician workflow requiring minimal effort**
- **Scalable solution**
 - Industry Standard
 - Multiple stakeholders
 - Health Plan/Utilization Management Vendor
 - Provider
 - EHR/EMR Vendor



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Prostate Use Case – Latest Planning Advances

- Workflow has been determined
- EHR has set up test environment
 - eviCore has been able to successfully connect to the test environment
 - Identification of bugs and fixes
- Scenarios for the Proof of Concept (POC) have been determined
- Smart on FHIR app integration – 3rd party
 - Capability to execute eviCore Pathways in the EMR workflow
 - Extraction of answers to pathway questions directly from EMR data without having to ask EMR user to answer them
 - Opportunity to render a user interface in the clinician EMR session where we can surface any question that cannot be answered through data extraction
 - Integration between eviCore and App continues
 - Integration between App and Varian has begun
- Patient and Clinical Data needs further work
 - Potential gaps in data that might not be available in the EHR vs. data from mCODE, USCDI, EHI
 - Likely manual entry to be required



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POC - What Has Been Learned So Far

- Radiation Therapy space is not highly represented in the FHIR and IG development space
 - CodeX is providing the opportunity to grow engagement and knowledge in this space for interoperability
- Systems are not “plug and play”
 - All entities have and will need to do internal development work
 - There is complexity in creating connections and a SMART-on-FHIR app
 - FHIR and Da Vinci IG process is important
- Members committed to future POC work
 - Expand to other cancer types for POC - breast is presently next
 - Expand to different “ologies”
 - Expand engagement – other EHRs, Payers, Vendors
- Members committed to future live pilot




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FHIR Questionnaire: SMART-on-FHIR Application


- EHR launches trigger in EHR to call the payers SMART-on-FHIR App
- FHIR questionnaire auto-populates the Questionnaire from EHR data
 - The remaining fields are entered by the oncologist and staff
- mCODE eliminates the challenge of populating proprietary data elements into a FHIR questionnaire


FHIR Questionnaire: Prior Authorization for Oncology Regimen


 **Maureen21 McOde090**
 DOB: 1968-10-30 (Age: 52)
 Admin. Sex: female
 Location: Lexington, Massachusetts



 pulled from patient record



PRIMARY CANCER CONDITION
 Intraductal Carcinoma of Breast 



SECONDARY CANCER CONDITION
 None 

DISEASE STATUS 

LINE OF THERAPY 

STAGING
 TNM-T1p TNM-N0p TNM-M0p  

TUMOR MARKERS
 Estrogen Receptor: POS Progesteron Receptor: POS HER2: POS  

GENOMICS
 Pathologic Variant: BRCA 1 Pathologic Variant: BRCA 2  

ADDITIONAL INFORMATION

SUBMIT

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Source: <https://confluence.hl7.org/display/COD>



High-Level Test Scenario Overview

ROUND 1

Happy Path Testing

- All required data elements available
- Approvable treatment regimen selected
- Auto-approved

ROUND 2

Adaptive Testing

- Missing demographic data element
- Missing clinical data element
- Modify/edit request
- Off-pathway treatment regimen selected

ROUND 3

Regression Testing

- Member/physician/site not found
- Member found, but termed
- Member found, but out-of-scope
- Pediatric member
- Out-of-network site
- Urgent request

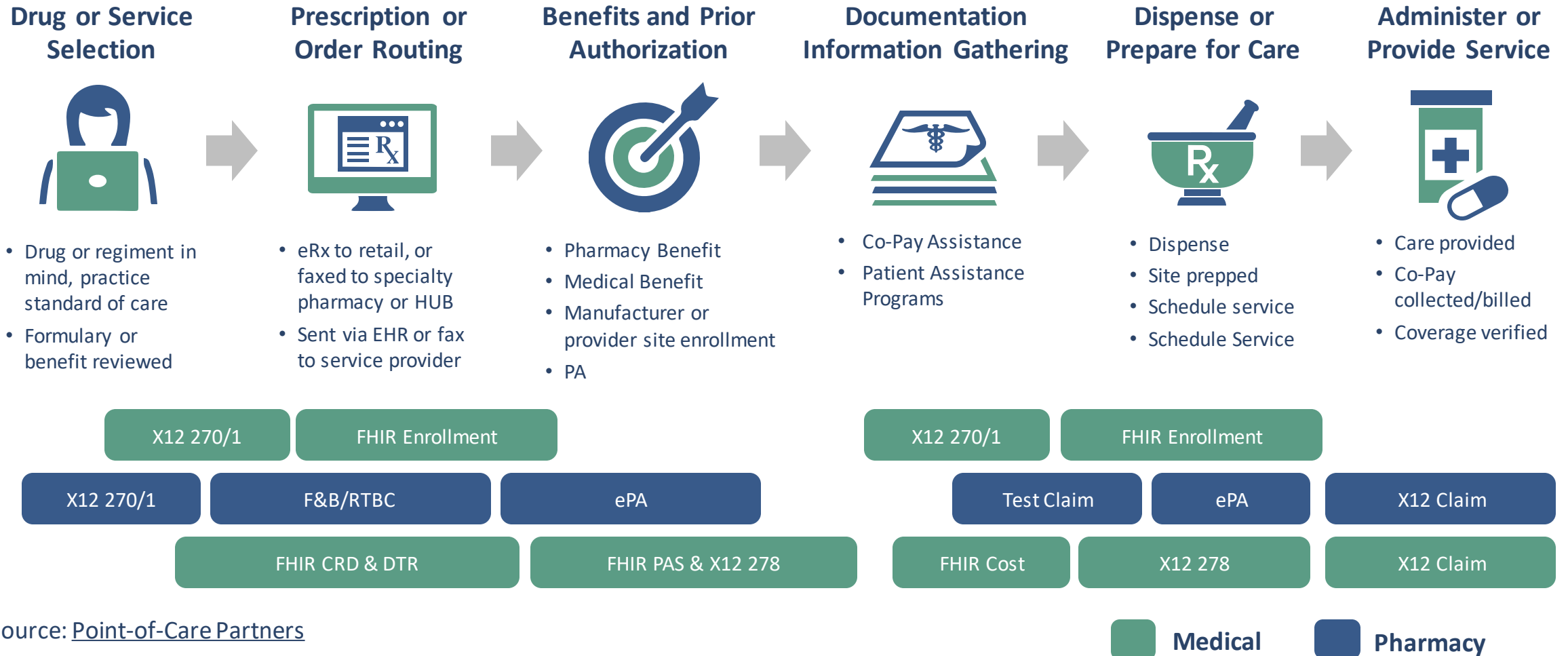
Testing Scope:

Cancer Type	Prostate
Health Plan	Example
Total Test Scenarios	22
Total Test Members	2-5
Total Test Providers	2-5

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Specialty Medication Workflow – Standards Landscape



Source: [Point-of-Care Partners](#)

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Questions



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Thank you