Use Case Title: Unlocking Payer Data

Short Description: Dara, a 78-year-old, seeks care that spans across primary care, specialty care and hospitalization. The Da Vinci Project supports the ability to exchange information between payers and providers and allows seamless exchanges, including payer-scheduled appointments, retrieving benefit information and incorporating it into the patient’s clinical record, integrating coverage requirements in the provider’s clinical workflow, and support for automatic reporting of quality measures.

Value: Historically, information exchange between clinical care providers and payers has been through the claims process which resides outside the direct clinical care workflow. In this series of interactions, Da Vinci Project members will demonstrate the benefits of real-time provider-payer data exchange based on the HL7 FHIR® standard.

Scheduled times: This demonstration occurs 15 minutes past the hour.

Participating Organizations: CMS, Da Vinci, HL7, RUSH

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Vendor</th>
<th>Products</th>
<th>Standards</th>
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<td>Dara is a 78-year-old woman with a history of chronic obstructive pulmonary disease (COPD) who sees her primary care provider (PCP) with stable chest pain. Her PCP determines that she should be seen promptly by a cardiologist, but she does not require urgent or emergent evaluation. A referral to a cardiologist is made.</td>
<td>Provider Side -- Cerner</td>
<td>FHIR</td>
<td>Anthem/CareEvolution</td>
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<td>Cardiologist Scheduling</td>
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<td>BCBS Alabama/Zeomega</td>
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<td>Via a payer application, Dara identifies a cardiologist in her network. The payer application connects to the cardiologist EHR via a Electronic Clinical Data Exchange (eCDx) and searches for any open appointment slots. Dara selects an appointment time. The payer application writes the appointment into the cardiologist’s schedule.</td>
<td>Provider Side - CareEvolution</td>
<td>Argonaut</td>
<td>Scheduling IG</td>
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Cardiologist Visit
During the appointment, the cardiologist opens Dara’s EHR chart. The EHR triggers a payer clinical decision support system (CDS) via an Electronic Payer Data Exchange (ePDx) interaction, which writes payer sourced clinical data on Dara (conditions, medications, allergies, and clinical documents) into the EHR. The cardiologist determines that Dara should be admitted to the hospital for further evaluation.

Hospitalization and Discharge
Dara is evaluated and treated at the hospital. During her hospitalization, Dara develops a stable oxygen requirement due to a progression of her COPD. At discharge, the hospitalist orders home oxygen for Dara, which initiates a Coverage Requirements Discovery (CRD) interaction between the EHR and a payer system. The real-time data exchange determines if a prior authorization or additional documentation is required. The payer systems sends documentation requirements (e.g. O2 saturation) to the EHR, which displays the information directly in the EHR ordering interface. This information can be a narrative, a link to payer information or a form.
Post-Discharge Follow-Up Appointment

Dara returns to her PCP for a follow-up appointment 7 days after her hospital discharge. Her PCP performs a medication reconciliation post-discharge (MRP) comparing her most recent outpatient medication list prior to hospitalization along with her hospital discharge medication list. Her PCP attests to the medication reconciliation. The EHR initiates a Data Exchange for Quality Measure interaction that immediately informs the payer that the MRP quality measure has been completed.

References:

