

Catching FHIR: Lessons Learned from Achieving the First Prior Authorization Automation via HL7® FHIR®

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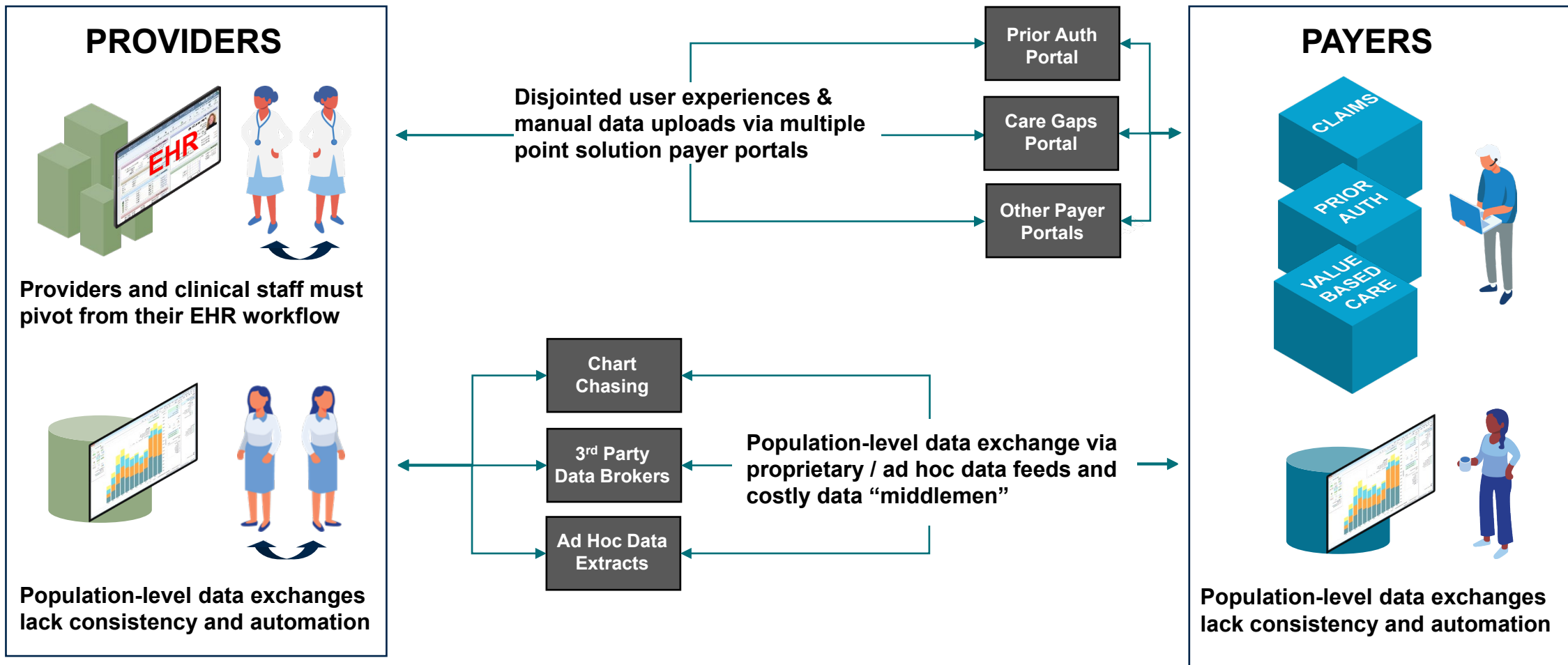
Prior Authorization Burden Reduction

Is electronic prior authorization a priority?

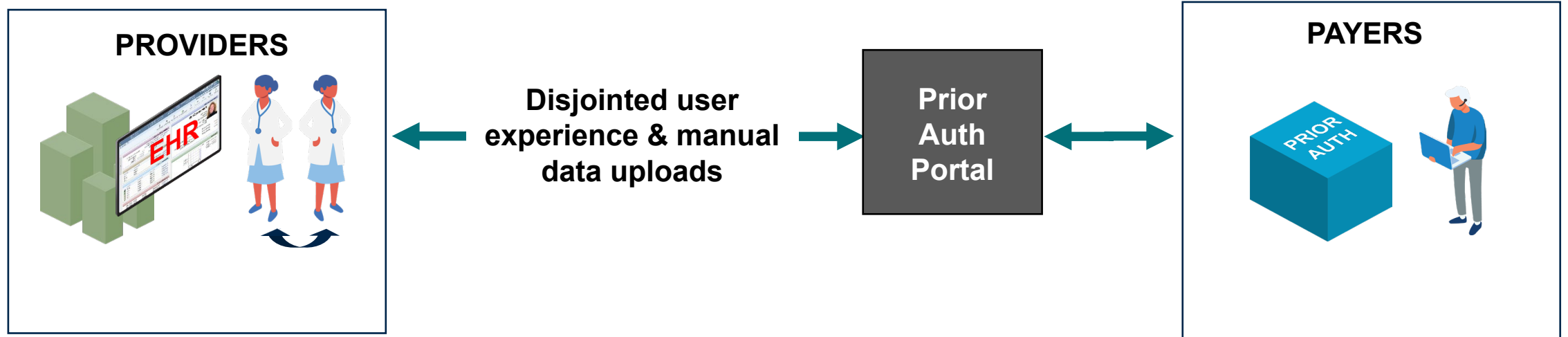


Source: Nelson, Hannah, *Understanding Electronic Prior Authorization EHR Integrations*. EHR Intelligence, July 28, 2021

No Standard APIs in Health Care = \$30B in Waste



Prior Authorization without FHIR APIs



- ✗ Providers and clinical staff must pivot from their EHR workflow**
- ✗ Clinical staff must track down required clinical data and upload manually**
- ✗ Payer sorts through incorrect, inconsistent data delaying response time**
- ✗ Patients can wait days for a resolution, delaying care**

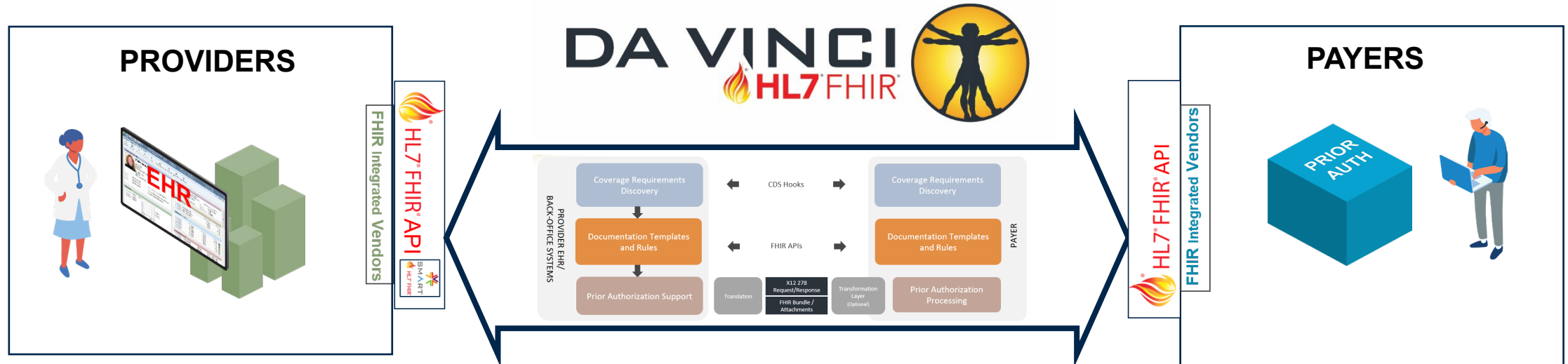
Membership



- The HL7® Da Vinci Project is a national consortium bringing payers, EHRs, and providers together across the U.S.
- Collaborated to create the HL7 Da Vinci Implementation Guides (IGs)
- Working to accelerate adoption of the HL7 Da Vinci standard to support value-based care data exchange

FHIR-Powered Prior Auth

In Production serving real patients and real providers since October 2022



- ✓ Provider EHR is “Digital Front Door” to payer
- ✓ Exact data required by payer is automatically pulled from EHR
- ✓ Reducing provider burden by decreasing time spent processing PAs
- ✓ Reducing patient time waiting for a resolution with real-time responses

SmartAuth App in Epic

Like the Apple App Store, the [Epic Connection Hub](#) allows Epic customers to use our app

← Connection Hub page

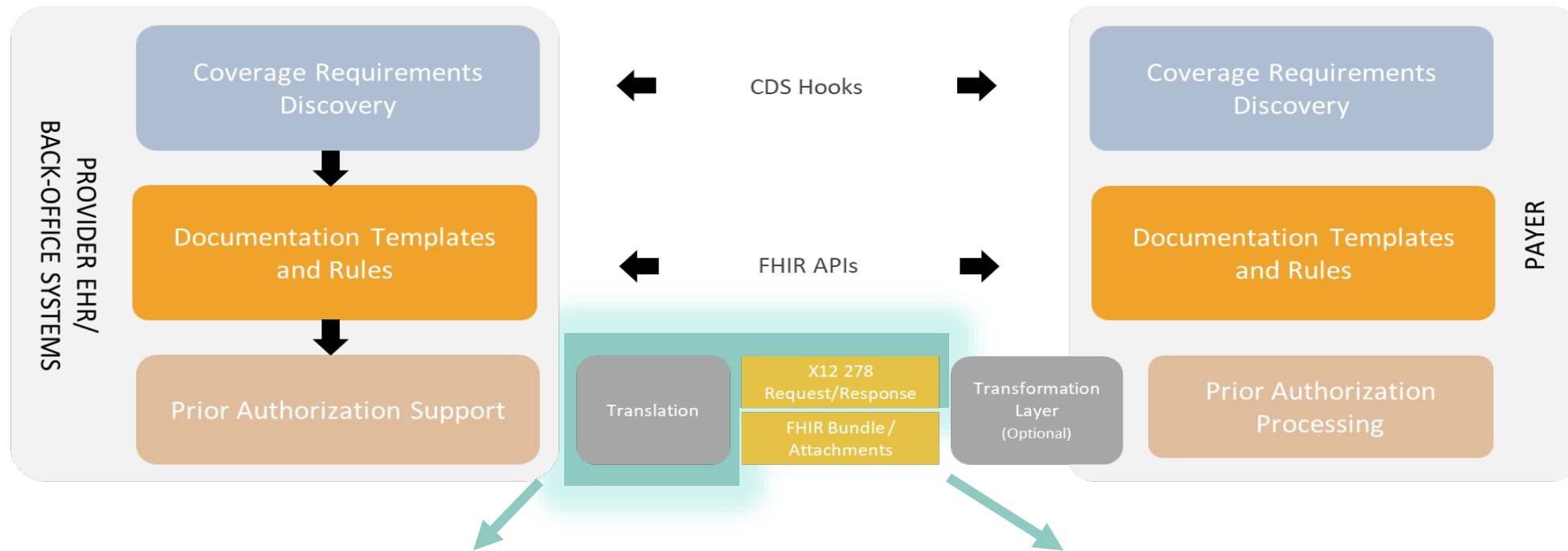
SmartAuth
Version: 2.0 (Newest Version)
Listed in Connection Hub on: 2/14/2023
Created by: Regence BCBS of Oregon (your organization) (<https://www.regence.com>)
Vendor's Summary: SmartAuth efficiently enables a provider organization to check coverage and determine if a prior authorization is required for the specific patient service.

Integration Technologies Used
Incoming APIs: Coverage.Read (R4), Coverage.Search (R4), Patient.Read (R4)

Available for use with Regence by any Epic customer

- Direct FHIR to FHIR messaging
- Centers for Medicare & Medicaid Services (CMS) granted exception for the X12 278 regulation
- Next: publish app in Oracle/Cerner EHR

CMS/Da Vinci exception for the X12 278 transaction



- ✓ CMS granted HL7 Da Vinci members an exception to test pure FHIR solution
- ✓ A Trading Partner Agreement must be established per provider
- ✓ Simplifies the Prior Authorization Support implementation
- ✓ Improves data quality by removing an unnecessary translation

Regence Business Approach



Point of care
conversations and
decisions

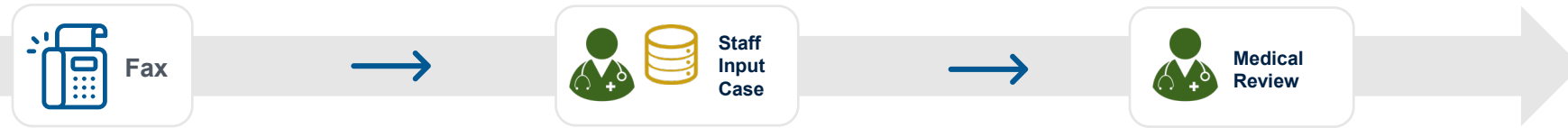
**Prior authorization
(PA) transformation**

Vision

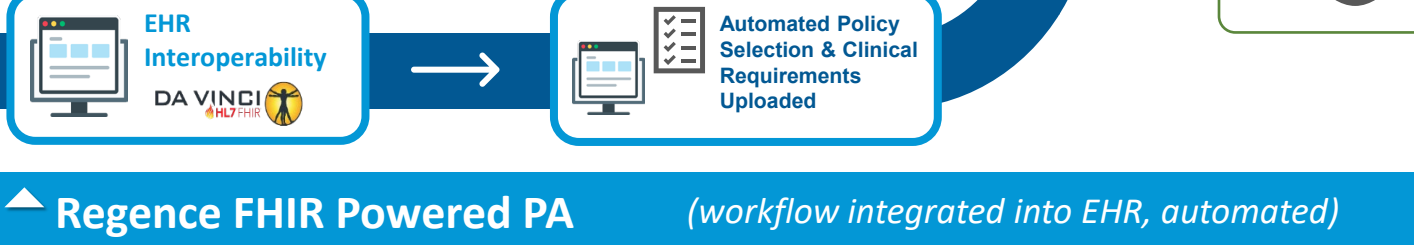
Effectively transform prior authorization to **reduce administrative burden** while **increasing transparency** by utilizing **technology and data automation** to promote **timely, evidence-based care** for your Regence patients

Prior Authorization Transformation

Yesterday *(human powered, time intensive, unstructured data, slow)*

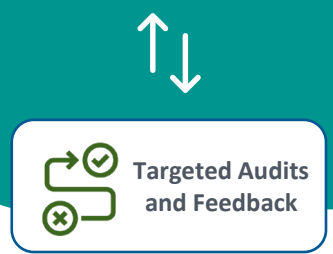


Current *(portal based, outside of EHR, requires manual entry)*



Regence FHIR Powered PA *(workflow integrated into EHR, automated)*

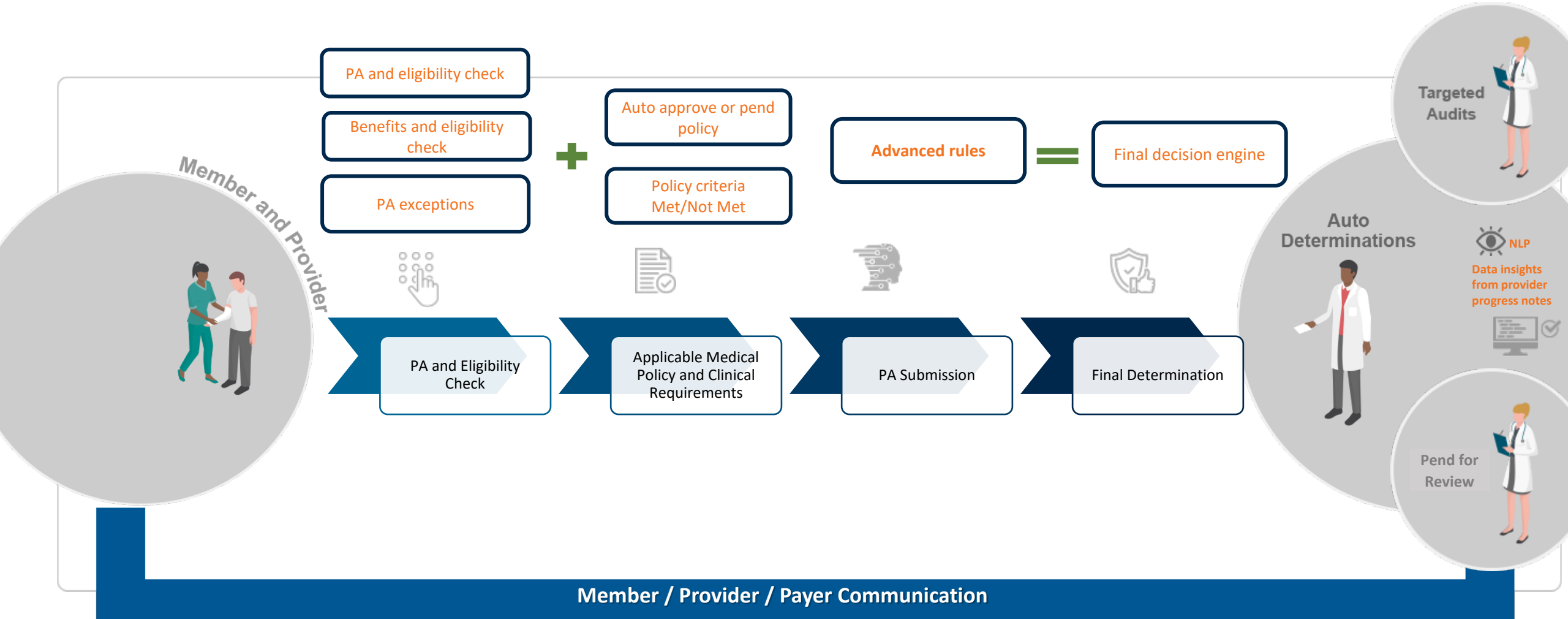
Provider & Member Notified



Provider PA Check

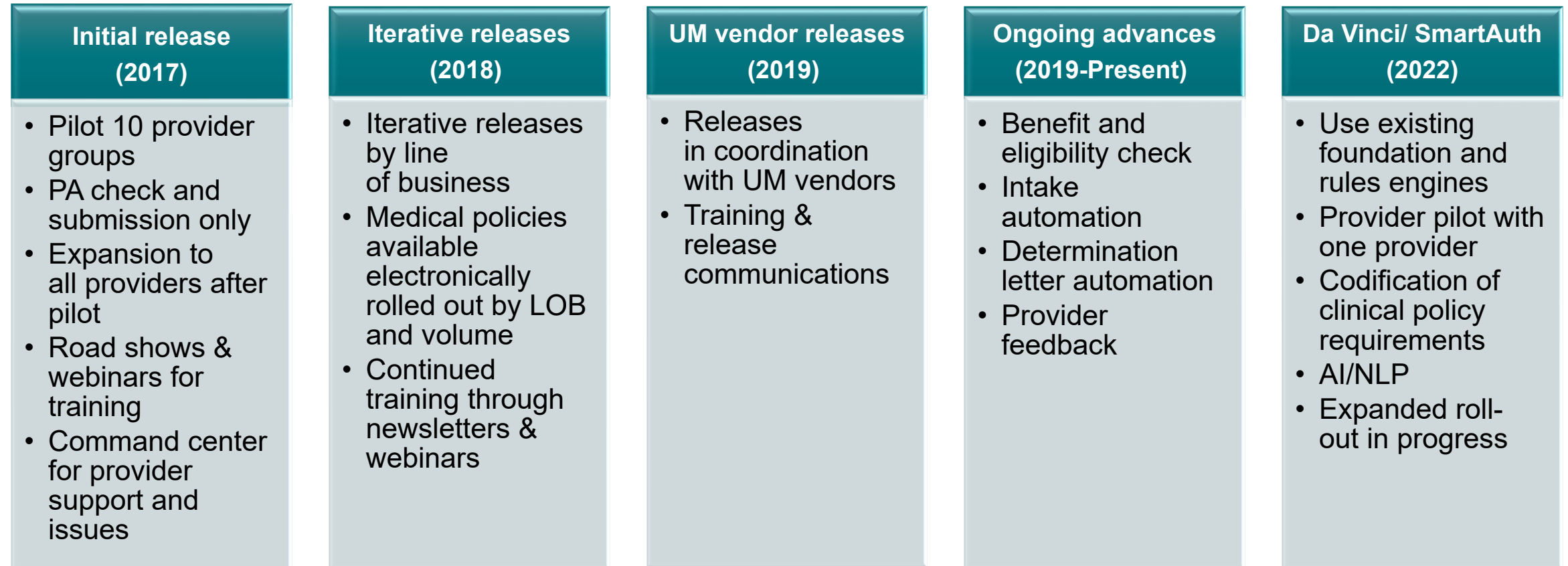


Prior Auth Workflow Tools and Rules



Health Plan Execution

Successful roll out in phased approach over time



Electronic authorization outside the EHR to interoperable authorization moving towards vision

Automation thinking...

Payer & Provider Collaboration

- 1 Understand PA workflows & future requirements
- 2 Match the best workflows/tools to the desired provider outcomes
- 3 Develop wireframes and sign-off
- 4 Solution availability in Epic
- 5 Build, test & go live
- 6 Provider Workflow Implementation



Codification of policy requirements

The screenshot shows a web interface for reviewing clinical guidelines. At the top, there are tabs for 'Guideline List', 'Review Indications', and 'Preview'. A 'Continue' button is in the top right. A disclaimer states: 'Disclaimer: This guideline may contain custom content that has been modified from the MCG care guideline and has not been reviewed or approved by MCG Health, LLC.' The main heading is 'Commercial Endometrial Ablation December 1, 2022'. The left pane contains a checklist of criteria for the procedure, with the last item highlighted: 'Cervical stenosis documented in the clinical record precludes endometrial sampling, and D&C is planned concomitantly with ablation procedure.' Below this, a table shows 'Cervical stenosis (uterine cervix)' with a date of '3/4/2022, 12:00 AM'. The right pane lists various clinical data categories: Problems, Procedures, Recent Vitals, Lab Results, Medications, Diagnostic Reports, Clinical Notes, and Attachments. A table under 'Problems' lists 'Breakthrough bleeding' and 'Cervical stenosis (uterine cervix)', both with 'Include in Auth Request' checkboxes checked. A red arrow points from the 'Auto extract clinicals from EMR' callout to the 'Cervical stenosis' row in the table. Another red arrow points from the 'Auto populate policy criteria' callout to the highlighted policy criterion. A third callout, 'Provider can deselect clinicals', points to the 'Include in Auth Request' checkbox for 'Cervical stenosis (uterine cervix)'.

Guideline List | Review Indications | Preview | Continue

Disclaimer: This guideline may contain custom content that has been modified from the MCG care guideline and has not been reviewed or approved by MCG Health, LLC.

Commercial Endometrial Ablation December 1, 2022

The healthcare resource is/was needed for appropriate care of the patient because of

- I. Endometrial ablation, with or without hysteroscopic guidance, may be considered medically necessary when the clinical records document criteria (I.A-D) are met:
 - A. There is a diagnosis of abnormally heavy uterine bleeding in a patient who is not post-menopausal; and
 - B. Hysteroscopy, sonohysterography (SIS), pelvic ultrasound, or other pelvic imaging (e.g. pelvic MRI, pelvic CT) has been performed and report is provided; and
 - C. Clinical documentation confirms counseling regarding hormonal treatment options has been addressed (see Policy Guidelines); and
 - D. Endometrial sampling or dilation and curettage (D&C) has been performed or is planned according to either of the following:
 - 1. Endometrial sampling or D&C has been performed and the histopathology report is provided, either showing absence of endometrial hyperplasia or uterine cancer OR inadequate tissue was obtained for diagnosis; or
 - 2. Cervical stenosis documented in the clinical record precludes endometrial sampling, and D&C is planned concomitantly with ablation procedure.

Cervical stenosis (uterine cervix)	3/4/2022, 12:00 AM
------------------------------------	--------------------

Problems

Search by problem name | matches only

Problem	Date	Include in Auth Request
Breakthrough bleeding	9/15/2022	<input checked="" type="checkbox"/>
Cervical stenosis (uterine cervix)	3/4/2022	<input checked="" type="checkbox"/>

Procedures

Recent Vitals

Lab Results

Medications

Diagnostic Reports

Clinical Notes

Attachments

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Auto populate policy criteria

Provider can deselect clinicals

Auto extract clinicals from EMR

Clinical Context Data Elements



- What data elements does the payer policy need?
- Where do they exist in the EMR?
- Solving for non-discrete data requirements critical

Prior Authorization Dashboard

Prior Authorization Check

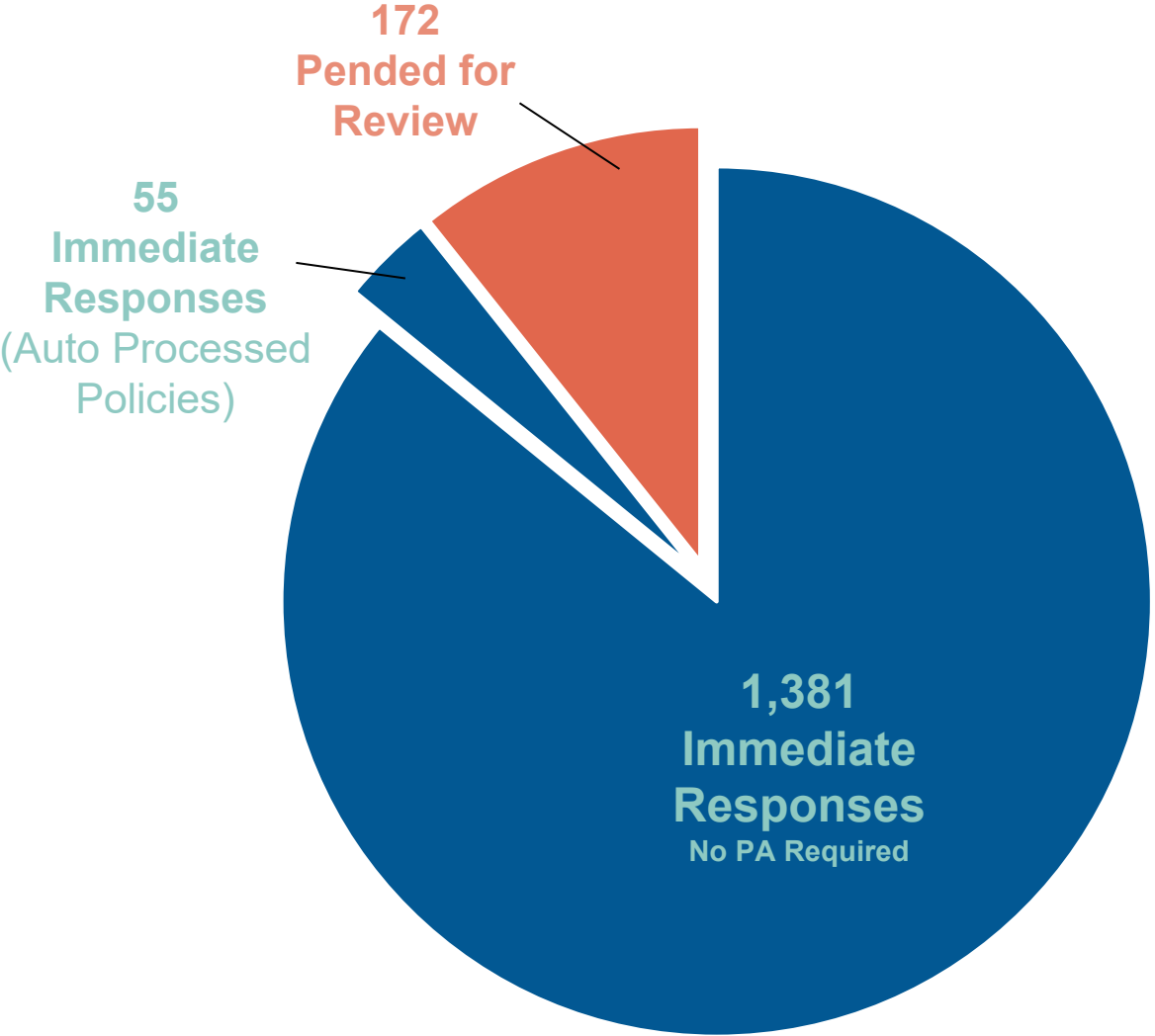
Search By *

Sort by: Last Updated

Prior Authorization Dashboard

Type	Cert #	Patient	Payer	Submitted	Last Updated	Service Info	Status	View/Action
Authorization Outpatient	005459811	Abby Anesthesia	Regence Blueshield	3/9/2022, 10:26:05 PM	3/9/2022, 10:26:05 PM	3/9/2022, 12:00:00 AM	APPROVED	<input type="button" value="Details"/>
Authorization Outpatient	005459810	Abby Anesthesia	Regence Blueshield	3/9/2022, 10:16:23 PM	3/9/2022, 10:16:23 PM	3/9/2022, 12:00:00 AM	APPROVED	<input type="button" value="Details"/>
Authorization Outpatient	005459806	Abby Anesthesia	Regence Blueshield	3/9/2022, 9:18:52 PM	3/9/2022, 9:18:52 PM	3/9/2022, 12:00:00 AM	NOTCERTIFIED	<input type="button" value="Details"/>
Authorization Outpatient	005459797	Abby Anesthesia	Regence Blueshield	3/9/2022, 7:32:45 PM	3/9/2022, 7:32:45 PM	3/9/2022, 12:00:00 AM	APPROVED	<input type="button" value="Details"/>
Authorization Outpatient	005459766	Abby Anesthesia	Regence Blueshield	3/8/2022, 8:19:49 PM	3/8/2022, 8:19:49 PM	3/8/2022, 12:00:00 AM	APPROVED	<input type="button" value="Details"/>
Authorization Outpatient	005459755	Abby Anesthesia	Regence Blueshield	3/8/2022, 4:56:10 PM	3/8/2022, 4:56:10 PM	3/8/2022, 12:00:00 AM	PENDED	<input type="button" value="Details"/>

Reducing Provider and Patient Wait Times



89%
Immediate
Provider
Response

**Based on data through 6/30/23*



MultiCare Journey and Outcomes

Population Based Care as a Strategic Pillar



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

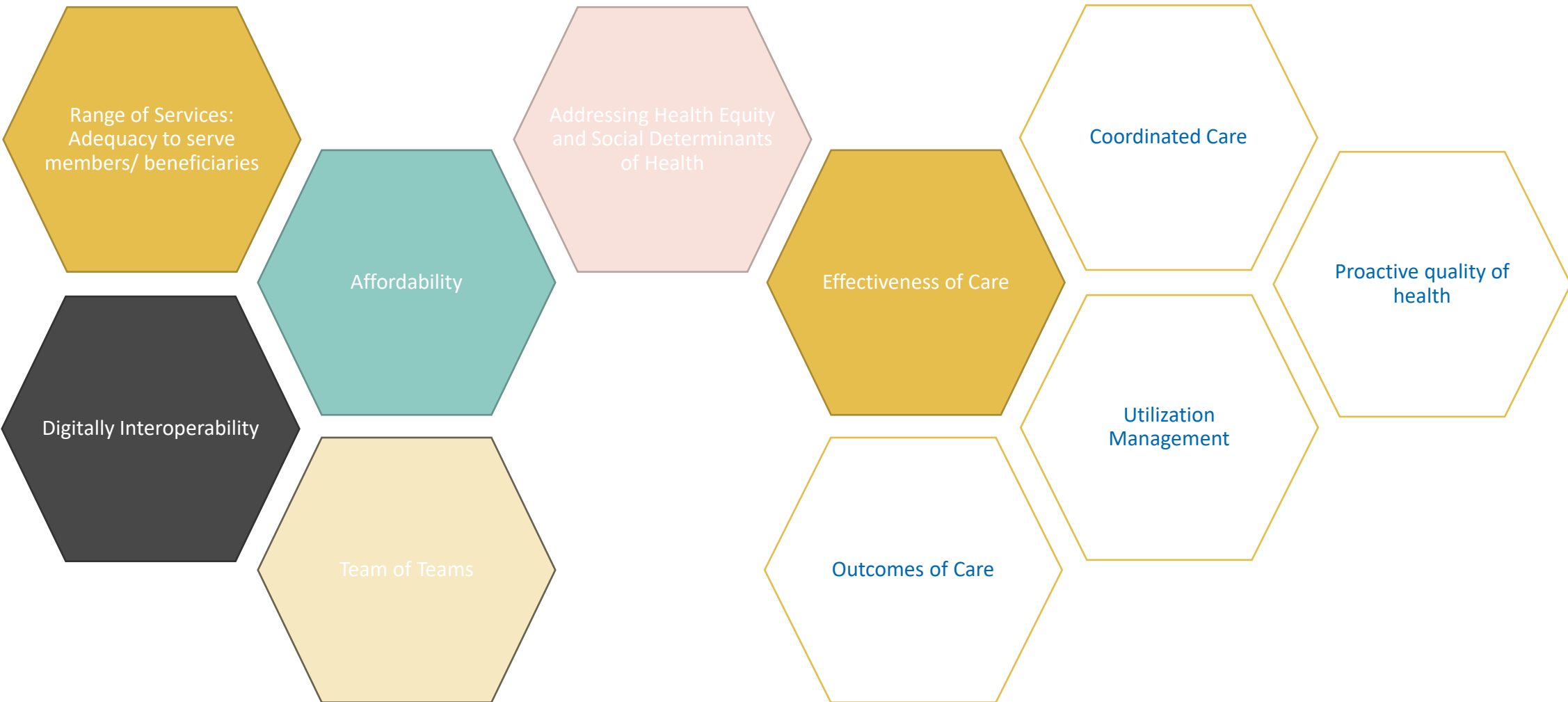
Changing Local & Federal Policy

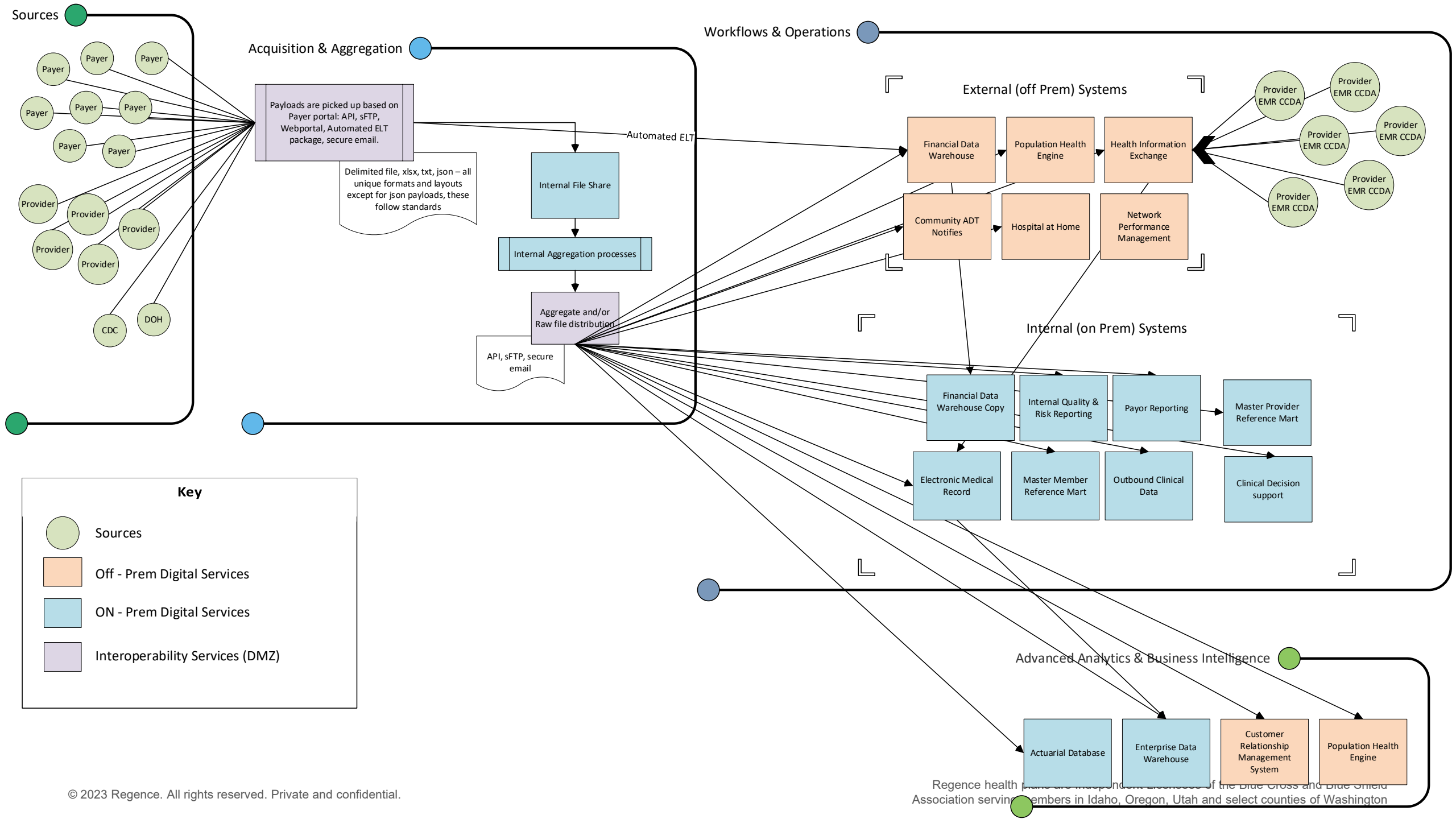
“All Medicare fee-for-service beneficiaries will be in a care relationship with accountability for quality and total cost of care by 2030” ~ CMS

Healthcare in the Digital Age

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

Value Creation





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

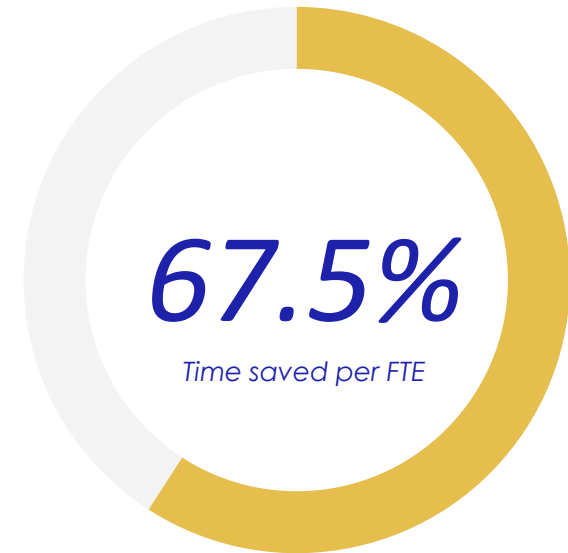
Measuring the Value – Risked Based Membership (ATR)



Decrease in Patient Matching Error Rates



Burden reduction from processing matching errors

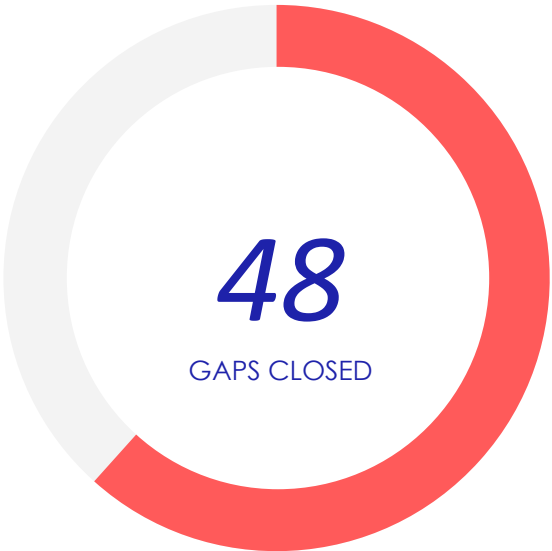


Efficiency gains to be redirected to other activities

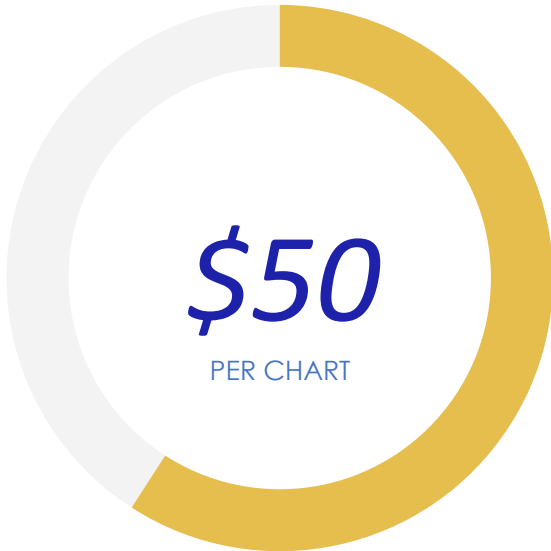
Measuring the Value – Quality Reporting (Data Exchange for Quality Measures - DEQM)



MultiCare MRP performance improvement



Additional Gaps Closed



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

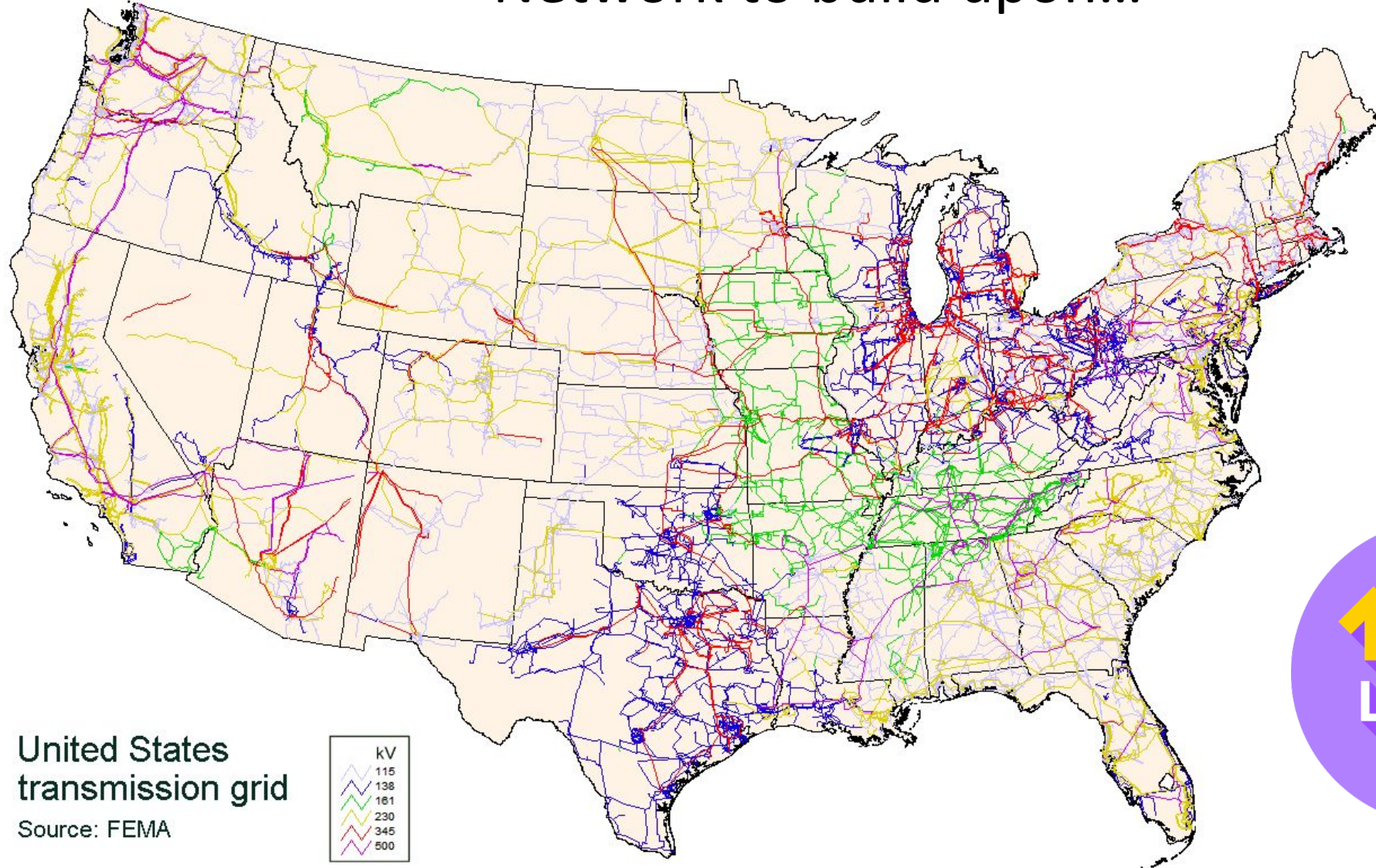
AFTER

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



Lessons Learned and Next Steps



This is just the beginning...

What's next?

- Expansion!
 - Publish SmartAuth app in other EHRs
 - More automation and better user experience
 - Integration with UM vendors
 - Codified policies to automatically populate clinicals to criteria
- *On Deck:*
 - Ingest provider order to automatically process PA request
 - Additional use cases to app (Risk Adjustment, Care Gaps, etc.)
 - ONC TEFCA pilot with QHIN?

Thank you

Contact Nancy Kylo if you have additional questions about the materials presented today

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