The Role of Interoperability in Value-based Payment

Perspective of the Office of the National Coordinator for Health Information Technology (ONC)

June 26, 2018
2:00 – 3:00 PM ET

Logistics
Presentation Slides and How to Participate in Today's Session

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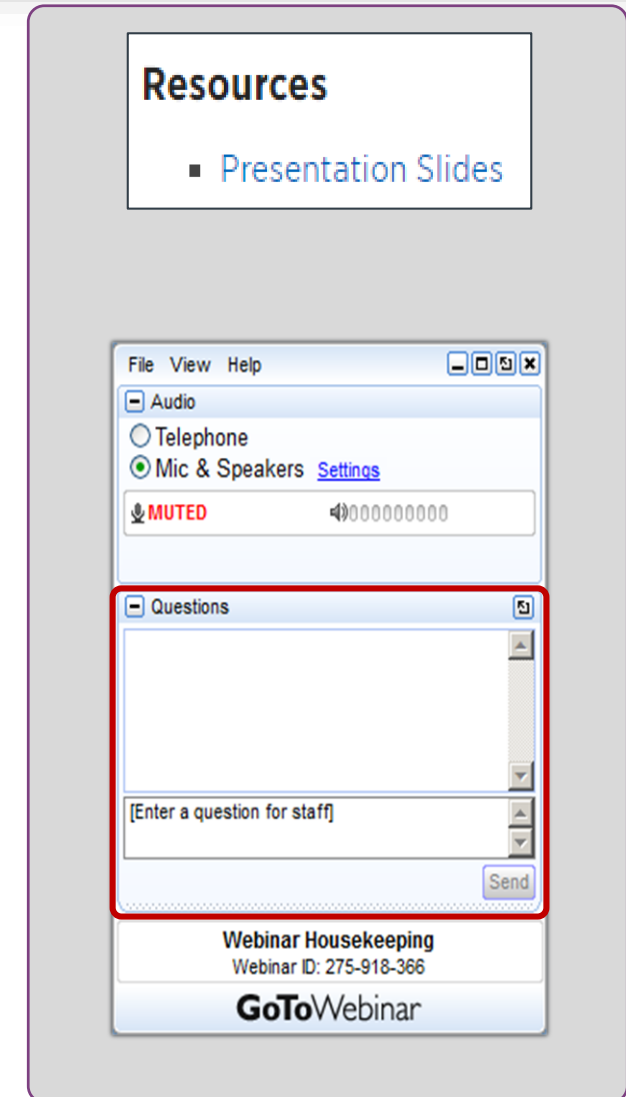
CAQH CORE Series on Value-based Payments

This webinar is the sixth in an ongoing educational series from CAQH CORE on industry adoption of value-based payments and the operational challenges inherent in this transition.

We would like to thank our speakers:

Kelly Cronin
Director, Interoperability for Health Care Transformation, ONC

Aparna Higgins
Consultant, CAQH CORE

Session Outline

- Industry Collaboration: Critical Component of Interoperability Success

- Featured Presentation: The Role of Interoperability in Value-based Payment, ONC Perspective

- Audience Q&A

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Industry Collaboration: Critical Component of Interoperability Success

Aparna Higgins
Consultant, CAQH CORE

Value-based Payment Goals: From Triple to Quadruple Aim

Industry Challenge: CAQH CORE research participants overwhelmingly called for improvements in interoperability – specifically technical and process interoperability.

- **Value-based care** is a healthcare delivery model in which providers are paid based on patient health outcomes.

- **Value-based payment** is a strategy used by purchasers to promote quality and value of health care services.

Value-based payment has the potential to improve U.S. mortality/morbidity rates and change the trajectory of national health expenditures.

Lower Cost

Better Care

Healthier People

The Quadruple Aim

"Improving the work life of health care providers…"
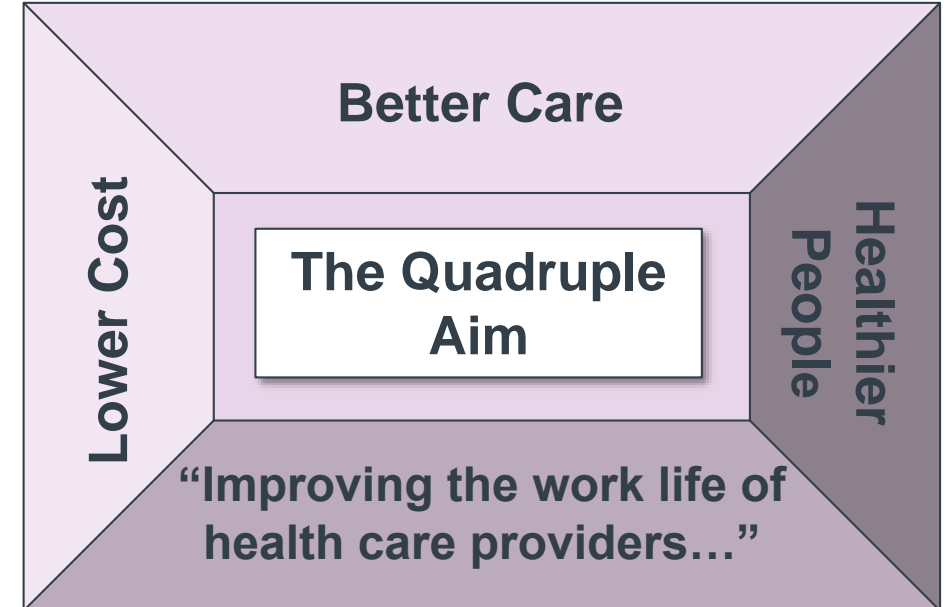
Source: "From triple to quadruple aim: care of the patient requires care of the provider"; Bodenheimer T[1], Sinsky C[2].Ann Fam Med. 2014 Nov-Dec;12(6):573-6. doi: 10.1370/afm.1713.

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Current Industry Adoption of Value-based Payments

HFMA found that from 2015 to 2017 commercial payers using value-based mechanisms increased from 12% to 24%.

Overall percentage of payments from health plans that incorporate value-based mechanisms.

Category	Percentage
Medicare	21%
Medicaid	14%
Negotiated Government	26%
Traditional Commercial	24%
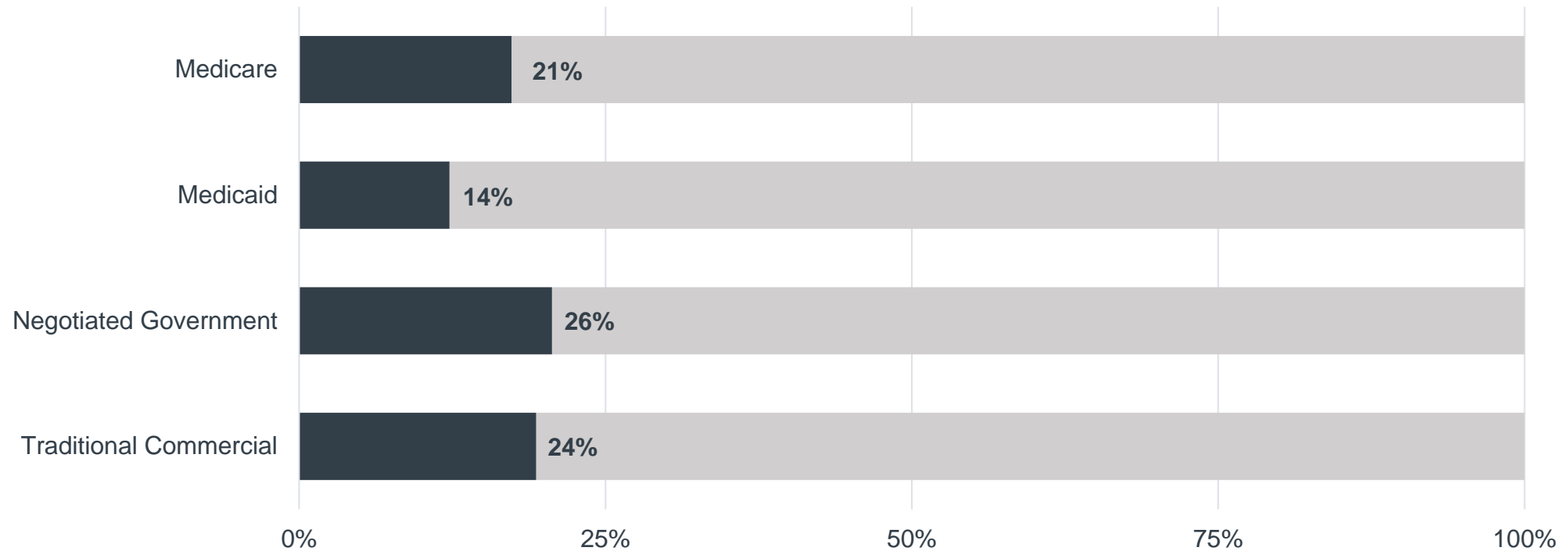
Source: HFMA's Executive Survey; "Value-Based Payment Readiness Sponsored by Humana," 2018.

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CAQH CORE Report: All Together Now

The report found there is a need for industry collaboration to minimize variations and identified opportunity areas that, if improved, would smooth Value-based Payment (VBP) implementation.

Contents of Report

5 Opportunity Areas

Unique operational challenges associated with VBP.
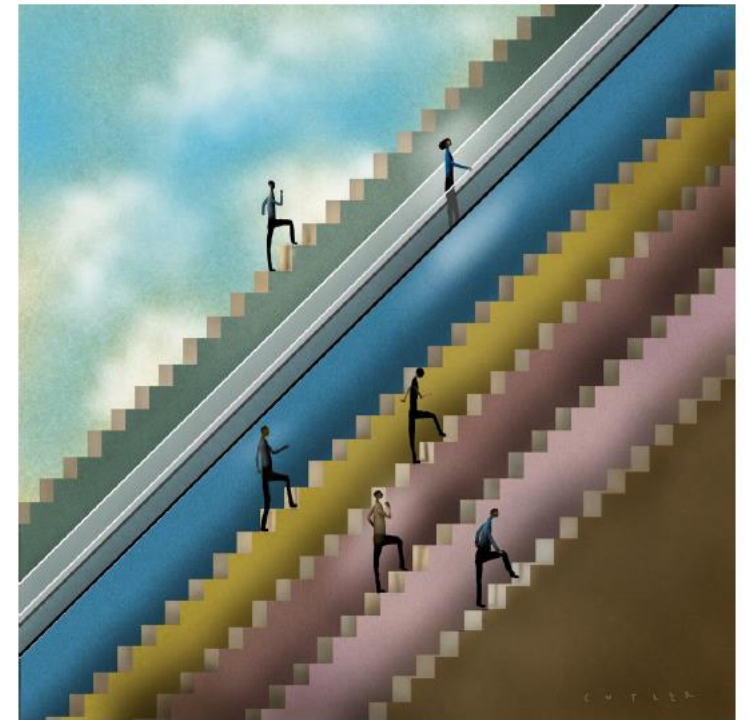
9 Recommendations

Address challenges and may be implemented by CAQH CORE/others.

Candidate Organizations

Identifies over a dozen industry organizations and leaders to successfully propel VBP operations forward.

CAQH CORE | All Together Now: Applying the Lessons of Fee-for-Service to Streamline Adoption of Value-Based Payments

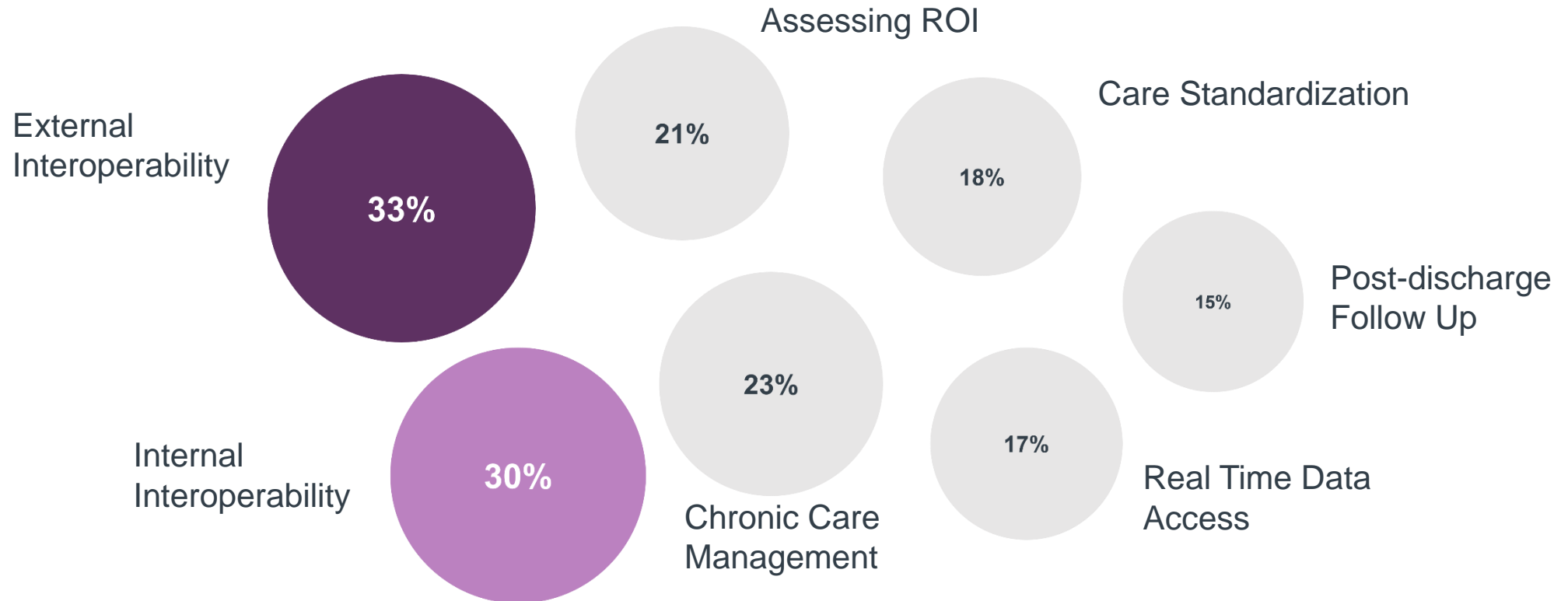CAQH CORE

CAQH CORE Vision for Value-based Payment

Our vision is a uniform, efficient operational system that drives adoption of evolving VBP models by reducing administrative burden, improving information exchange and enhancing transparency.
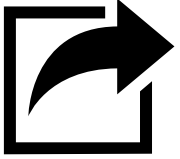
Value-based Payment Opportunity Areas

1 Data Quality & Standardization

2 Interoperability

3 Patient Risk Stratification

4 Provider Attribution

5 Quality Measurement

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Interoperability is Critical for Value-based Payment Success

Anticipated Industry Gaps in Value-based Payment Readiness

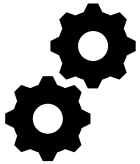External Interoperability — **33%**

Assessing ROI — **21%**

Care Standardization — **18%**

Post-discharge Follow Up — **15%**

Internal Interoperability — **30%**

Chronic Care Management — **23%**

Real Time Data Access — **17%**

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Three Types of Interoperability Challenges

Process Interoperability: Common expectations for operational processes and workflows – infrastructure.
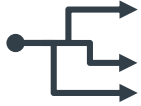
Technical Interoperability: Ability to pass data from one information system to another while maintaining accuracy and validity.

Semantic Interoperability: Agreement on shared meaning of data – vocabulary standards.

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Process Interoperability

Types of Process Interoperability

Workflows must be adapted to accommodate the changes in approaches to achieve quality improvement and cost effectiveness.

Business models that improve the experience of care for patients as consumers need to be widely understood.

Model contracts for use as a common starting point for health plans and providers to reduce variation in contracts.

Patient consent management tools, such as model agreements, to achieve commonality across states.

Total costs of care definitions and efforts for determining the cost effectiveness component of VBP.

Administrative Burden
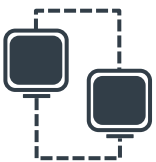
Data sharing agreements to promote the level of exchange necessary for successful VBP.

Timeliness of data provision, reporting, and response to inquiries.

Connectivity and security practices and standards for data sharing that protect and assure the confidentiality, including minimum necessary use, of health information.

Provision of data and assistance with analytics to make valid comparisons is critical.

Data Sharing

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Technical Interoperability

Current standards in healthcare are largely grounded in electronic data interchange (EDI), where there are a limited set of pre-defined data between known trading partners.

Today's expectations of how data should be exchanged – same way as data are exchanged on the web – require different standards and technology.
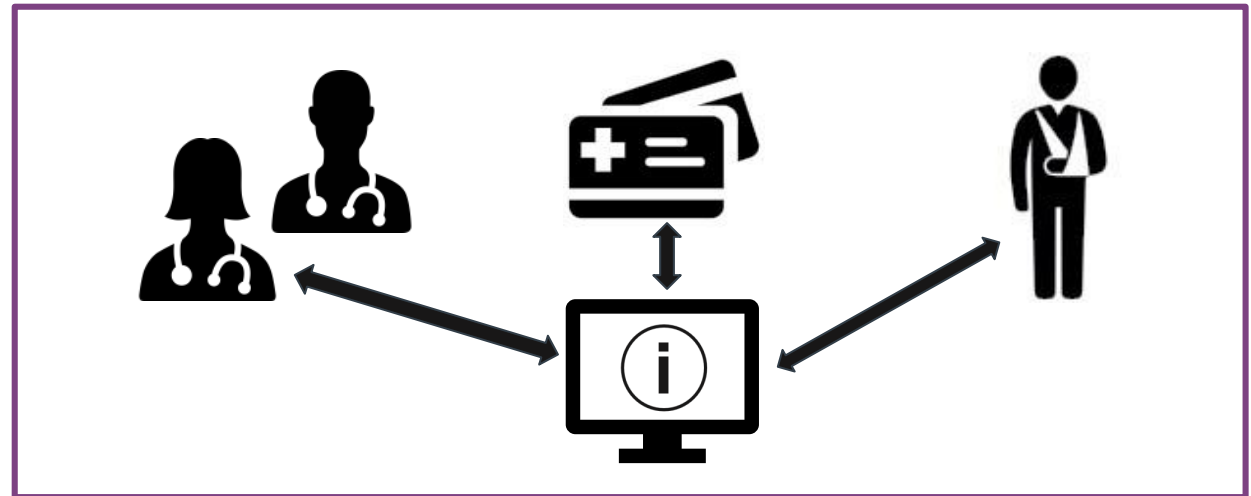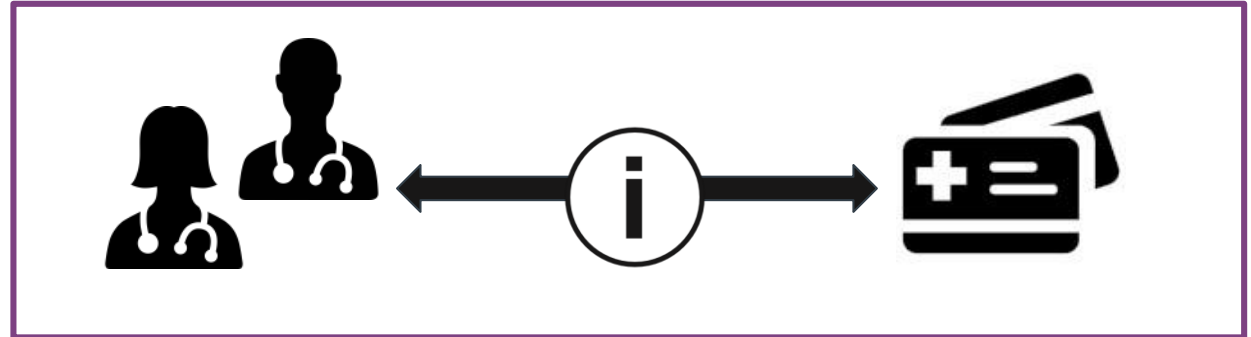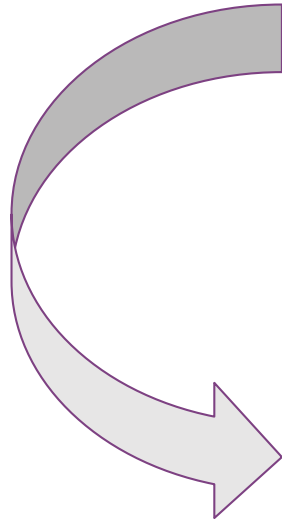
The value of data increases if it is accessible and useful.

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Semantic Interoperability

Ensuring common meaning for the data being exchanged is essential to the success of value-based payment and necessary for data integrity and validity.

Opportunities to Improve Semantic Interoperability
The common meaning of various data elements in code sets -- lack of coding standards.
The extent of variation in provider attribution models.
The degree of variation and lack of transparency in patient risk stratification methodologies.
The number of similar, yet slightly different, clinical quality measures.

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Polling Question #1

Which type of interoperability poses the largest challenge in your organization? (Check all that apply)

- Process Interoperability

- Technical Interoperability

- Semantic Interoperability

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CAQH CORE Webinar:

Advancing Interoperability for Value Based Health Care

Kelly Cronin, ONC
June 26, 2018

Overview

- HHS Priorities

- Advancing Interoperability

  » My HealthEData

  » ONC Regulation: open APIs and Info Blocking

  » Public-Private Partnership for a Network of Networks

  » US Core Data for Interoperability

  » CMS Actions

- Reducing Provider Burden

  » Partnerships with CMS and key stakeholders

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HHS Priorities

- Value-based transformation of the US healthcare system

- Combating the opioid crisis

- Bringing down the high price of prescription drugs

- Addressing the cost and availability of insurance, especially in the individual market

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HHS Priorities – Value Based Transformation

- **Four areas of emphasis:**

    » giving consumers greater control over health information through interoperable and accessible health information technology;

    » encouraging transparency from providers and payers;

    » using experimental models in Medicare and Medicaid to drive value and quality throughout the entire system;

    » and removing government burdens that impede this value-based transformation.

96% Hospitals have a Certified EHR System

Figure 1: Percent of non-Federal acute care hospitals with adoption of at least a Basic EHR with notes system and possession of a certified EHR: 2008-2014
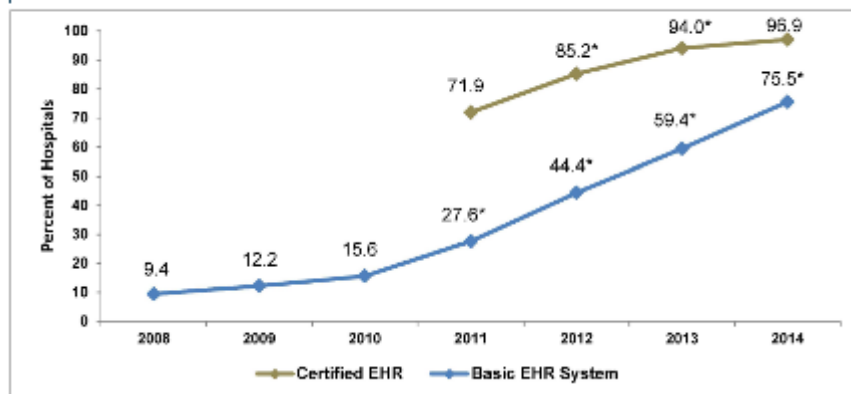
State Adoption rates have increased
from 2008-14

Figure 2: State percent of non-federal acute care hospitals with adoption of at least a Basic EHR system compared with prior years.
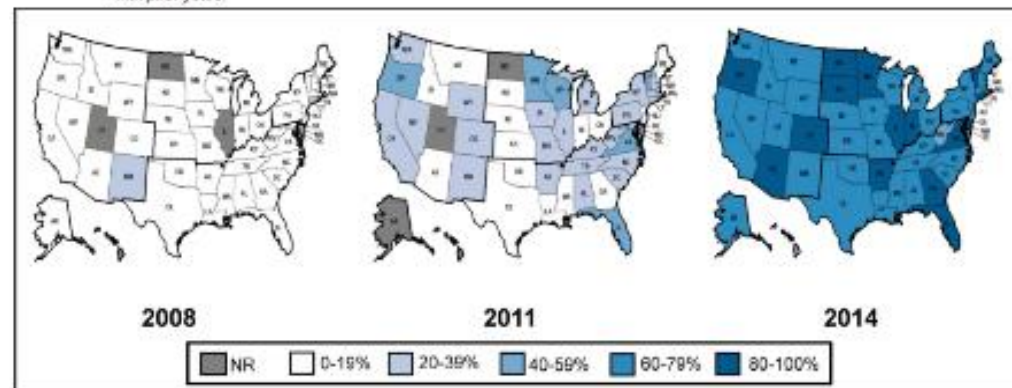
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Source: ONC Data Brief No 23 April 2015: http://healthit.gov/sites/default/files/data-brief/2014HospitalAdoptionDataBrief.pdf

Increase between of
adoption of EHR systems by Office-based
Physicians

Figure 1. Percentage of office-based physicians with EHR systems: United States, 2001–2013
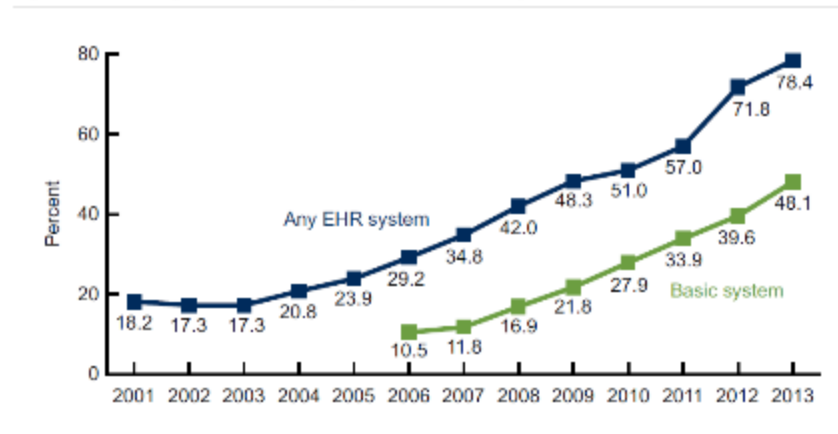
% of all Physician Practices that Have Adopted Any
EHR

National Average = **78%**

0 - 25 %   26 - 50 %   51 - 75 %   76 - 100 %

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Federal Agencies Advancing Interoperability

- **Government-wide MyHealthEData initiative launched** to advance interoperability and give individuals more access and control over their health data:

  » **ONC implementing new policies in the 21st Century Cures Act** that will advance interoperability including open APIs and create a network of networks across the US.

  » **Using all CMS levers and authority to move towards interoperability and the sharing of healthcare data with patients.**

  » **VA Open API pledge** – providing API access to developers for Veteran designated mobile and web-based apps, clinician designated apps and Choice Act partners.

  » **VA signed contract with Cerner with interoperability requirements.**

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- Implement certain provisions of the 21st Century Cures Act, including provisions related to:

  » conditions of certification and maintenance of certification for a health information technology developer or entity;

    – i.e., Has published application programming interfaces (APIs) and allows information to be **accessed, exchanged, and used without special effort**

  » the voluntary certification of health IT for use by pediatric health providers;

  » health information networks voluntary attestation to their adoption of a trusted exchange framework and common agreement in support of network-to-network exchange.

APIs: A Path to Putting Patients at the Center

- ONC will specify in rule making what it means for an API to access, exchange and use information is **WITHOUT SPECIAL EFFORT – to allow for far greater access to information.**

- **F**ast **H**ealthcare **I**nteroperability **R**esource (FHIR) focuses on ease of implementability, leverages the best features for content interoperability and uses modern internet technologies such as REST and JSON.

- What is the status of FHIR standard?

  » FHIR standard has gone through 3 rounds of implementation and balloting since it was first released in 2013, and a new one is planned for end of 2018.

  » FHIR is already implemented by over 55% of EHR technologies that have been certified to ONC's 2015 EHR Certification, including most of the leading health IT developers.

- Apple recently announced that it will use FHIR in their new Health App targeted for iPhone.

  » https://www.apple.com/newsroom/2018/01/apple-announces-effortless-solution-bringing-health-records-to-iPhone/

  » https://www.apple.com/newsroom/2018/06/apple-opens-health-records-api-to-developers/

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21st Century Cures Act Section 4004: Information Blocking

- Section 4004(a) provides a definition of information blocking:

  » In this section, the term 'information blocking' means a practice that—

    – ''(A) except as required by law or specified by the Secretary pursuant to rulemaking under paragraph (3), is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information; and

    – "(B)(i) if conducted by a health information technology developer, exchange, or network, such developer, exchange, or network knows, or should know, that such practice is likely to interfere with, prevent, or materially discourage the access, exchange, or use of electronic health information; or (ii) if conducted by a health care provider, such provider knows that such practice is unreasonable and is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information.

Share health IT-related feedback or concerns with ONC through the Health IT Feedback Form at https://www.healthit.gov/form/healthit-feedback-form.

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Trusted Exchange Framework and Common Agreement

21st Century Cures Act - Section 4003(b)

"Not later than 6 months after the date of enactment of the 21st Century Cures Act, the National Coordinator shall convene appropriate public and private stakeholders to develop or support a trusted exchange framework for trust policies and practices and for a common agreement for exchange between health information networks. The common agreement may include—

"(I) a common method for authenticating trusted health information network participants;

"(II) a common set of rules for trusted exchange;

"(III) organizational and operational policies to enable the exchange of health information among networks, including minimum conditions for such exchange to occur; and

"(IV) a process for filing and adjudicating noncompliance with the terms of the common agreement."

21st Century Cures Act - Section 4003(c)

"Not later than 1 year after convening stakeholders...the National Coordinator shall publish on its public Internet website, and in the Federal register, the trusted exchange framework and common agreement developed or supported under paragraph B..."

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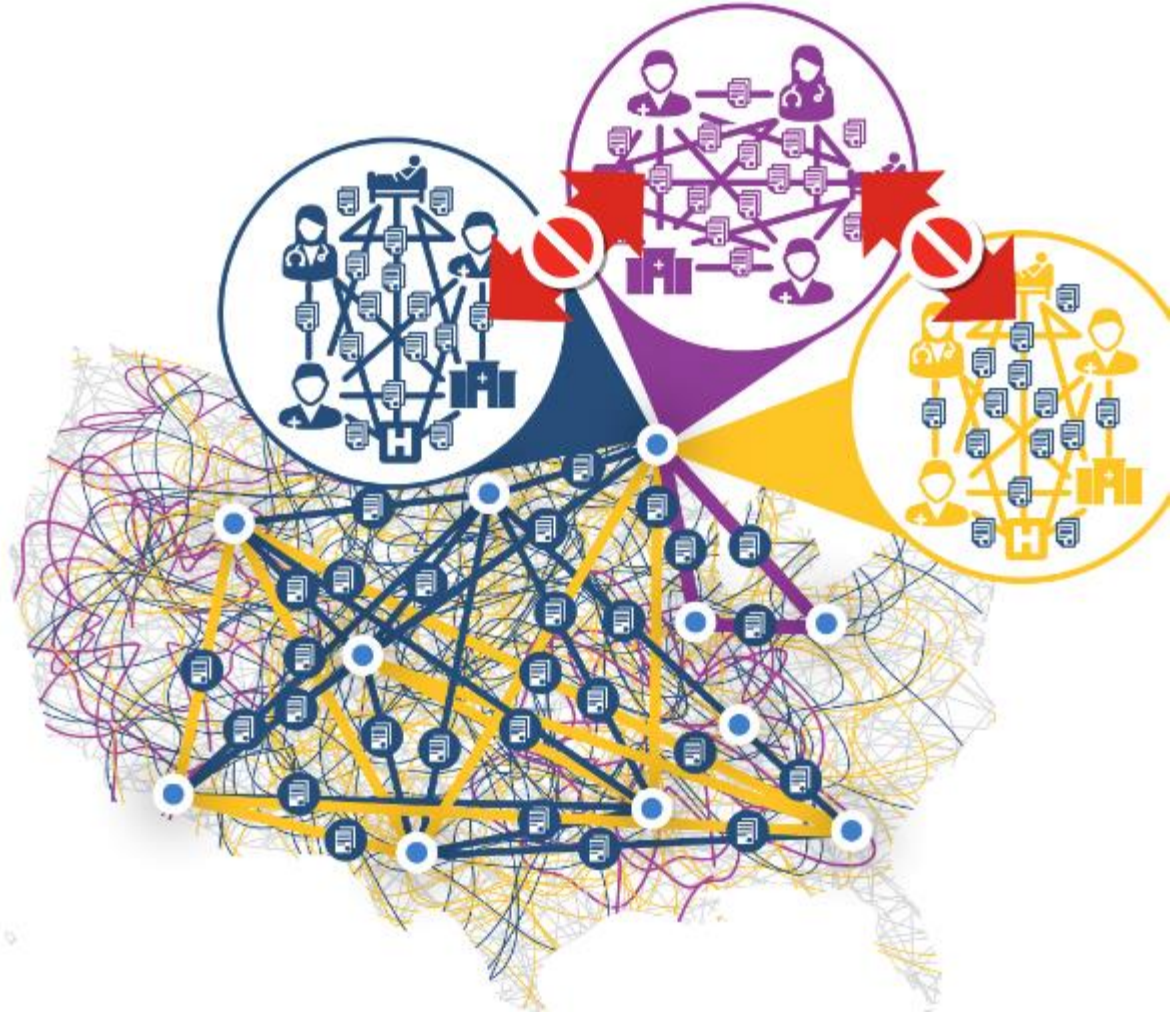
Need for the Trusted Exchange Framework – Complexity

CURRENT PROLIFERATION OF AGREEMENTS

Many organizations have to join multiple Health Information Networks, and the HINs do not share data with each other.

Trusted exchange must be simplified in order to scale.

Each line color on the map represents a different network. There are well over 100 networks in the U.S.

Costs to healthcare providers due to lack of Trusted Exchange Framework

Healthcare organizations are currently burdened with creating many costly, point-to-point interfaces between organizations.

The Trusted Exchange Framework will significantly reduce the need for individual interfaces, which are costly, complex to create and maintain, and an inefficient use of provider and health IT developer resources.

Proliferation of Interoperability Methods

Based on a pilot survey of roughly 70 hospitals:

Few hospitals used only one interoperability method.
- A majority of hospitals required three or more methods
- About three in 10 used five or more methods

Rated their own Interoperability as…
63% Not or a little bit interoperable
17% Somewhat interoperable
19% Largely or Fully interoperable

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How Will the Trusted Exchange Framework Work?
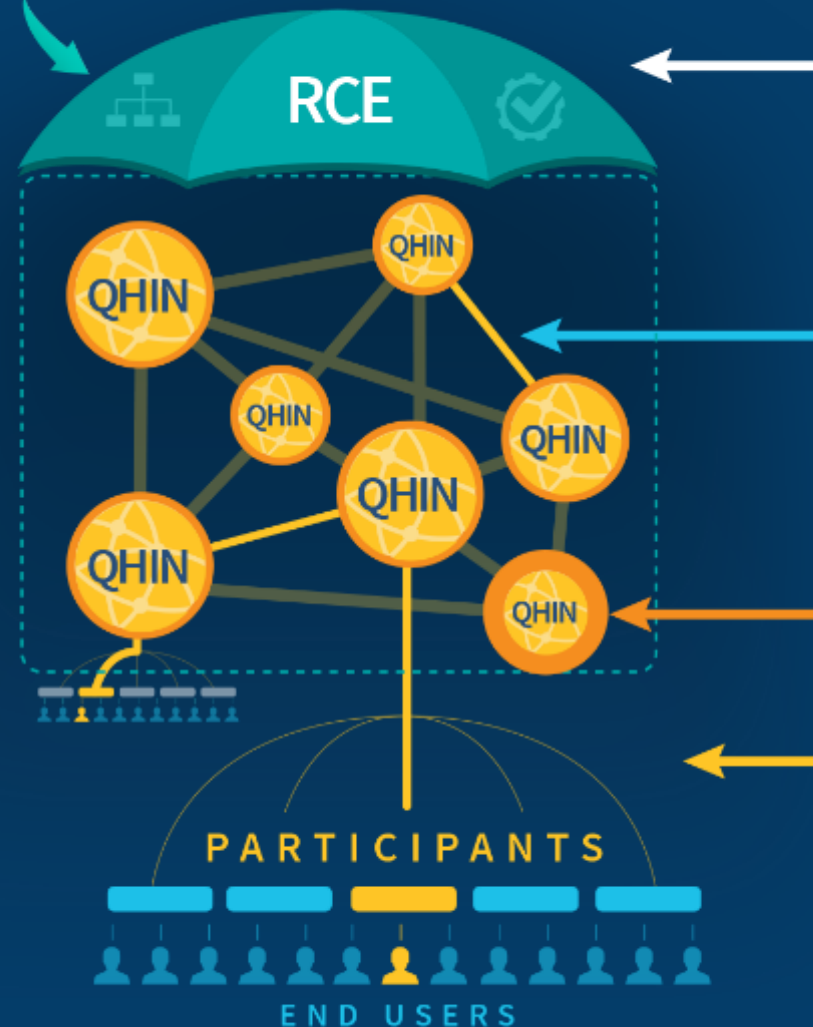
Recognized Coordinating Entity provides oversight and governance for Qualified HINS.

Qualified HINs connect directly to each other to serve as the core for nationwide interoperability.

QHINs connect via connectivity brokers.

Each Qualified HIN represents a variety of networks and participants that they connect together, serving a wide range of end users.

READ MORE: QHINs in Part B, Section 2

READ MORE: Connectivity Broker Capabilities in Part B, Section 3

Recognized Coordinating Entity

The RCE is the entity selected by ONC that will enter into agreements with HINs that qualify and elect to become Qualified HINs in order to impose, at a minimum, the requirements of the Common Agreement set forth herein on the Qualified HINs and administer such requirements on an ongoing basis as described herein.

The RCE will act as a governance body that will operationalize the Trusted Exchange Framework by incorporating it into a single, all-encompassing Common Agreement to which Qualified HINs will agree to abide. In its capacity as a governance body, the RCE will be expected to monitor Qualified HINs compliance with the final TEFCA and take actions to remediate non-conformity and non-compliance by Qualified HINs, up to and including the removal of a Qualified HIN from the final TEFCA and subsequent reporting of its removal to ONC.

The RCE will also be expected to work collaboratively with stakeholders from across the industry to build and implement new use cases that can use the final TEFCA as their foundation, and appropriately update the TEFCA over time to account for new technologies, policies, and use cases.

Recognized Coordinating Entity (RCE)

Process for Recognizing Entity

ONC will release an open, competitive Funding Opportunity Announcement (FOA) in 2018 to award a single multi-year Cooperative Agreement to a private sector organization or entity. The RCE will need to have experience with building multi-stakeholder collaborations and implementing governance principles in order to be eligible to apply for the Cooperative Agreement.

Expectations for Entity

ONC will work with the RCE to incorporate the Trusted Exchange Framework into a single Common Agreement to which Qualified HINs and their participants voluntarily agree to adhere.

The RCE will **have oversight, enforcement, and governance responsibilities for each of the Qualified HINs** who voluntarily adopt the final TEFCA.

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The Trusted Exchange Framework aims to create a technical and governance infrastructure that connects

Health Information Networks

together through a core of

Qualified Health Information Networks.

Stakeholders who can use the Trusted Exchange Framework

HEALTH INFORMATION NETWORKS

FEDERAL AGENCIES
Federal, state, tribal, and local governments

PUBLIC HEALTH
Public and private organizations and agencies working collectively to prevent, promote and protect the health of communities by supporting efforts around essential public health services

INDIVIDUALS
Patients, caregivers, authorized representatives, and family members serving in a non-professional role

PAYERS
Private payers, employers, and public payers that pay for programs like Medicare, Medicaid, and TRICARE

PROVIDERS
Professional care providers who deliver care across the continuum, not limited to but including ambulatory, inpatient, long-term and post-acute care (LTPAC), emergency medical services (EMS), behavioral health, and home and community based services

TECHNOLOGY DEVELOPERS
Organizations that provide health IT capabilities, including but not limited to electronic health records, health information exchange (HIE) technology, analytics products, laboratory information systems, personal health records, Qualified Clinical Data Registries (QCDRs), registries, pharmacy systems, mobile technology, and other technology that provides health IT capabilities and services

For Qualified HINs and HINs the Trusted Exchange Framework will:

Give HINs and their participants access to more data on the patients they currently serve.

- This will enhance care coordination and care delivery use cases.

The Trusted Exchange Framework ensures that there is no limitation to the aggregation of data that is exchanged among Participants.

- This will allow organizations, including Health IT Developers, HINs, and clinical data registries to use the Trusted Exchange Framework to obtain clinical data from providers and provide analytics services. (Note that appropriate BAs must be in place between the healthcare provider and analytics provider.)

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Trusted Exchange Framework Benefits for Providers

For Health Systems and Ambulatory Providers the Trusted Exchange Framework will:

Enable them to join one network and have access to data on the patients they serve regardless of where the patient went for care.

- This enables safer, more effective care, and better care coordination.

Enable them to eliminate one off and point-to –point interfaces

- This will allow providers and health systems to more easily work with third parties, such as analytics products, care coordination services, HINs, Qualified Clinical Data Registries (QCDRs), and other registries. (Note that appropriate BAs must be in place between the healthcare provider and analytics provider.)

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**For Patients and Their Caregivers, the
Trusted Exchange Framework will:**

Enable them to find all of their health information from across the care continuum, even if they don't remember the name of the provider they saw.

- This enables patients and their caregivers to participate in their care and manage their health information.

U.S. Core Data for Interoperability (USCDI)

Draft USCDI v1 Data Classes

Draft USCDI Version 1 Data Classes	
Patient name	Sex (birth sex)
Patient Date of Birth	Preferred Language
Race	Ethnicity
Smoking Status	Laboratory tests
Laboratory values/results	Vital signs
Problems	Medications
Medication Allergies	Health concerns
Care Team members	Assessment and plan of treatment
Immunizations	Procedures
Unique device identifier(s) for a patient's implantable device(s)	Goals
Provenance	Clinical Notes

US Core Data for Interoperability (USCDI) Glide Path

The USCDI establishes a minimum set of data classes that are required to be interoperable nationwide and is designed to be expanded in an iterative and predictable way over time. Data classes listed in the USCDI are represented in a technically agnostic manner.

1. **USCDI v1— Required—CCDS plus Clinical Notes and Provenance**

2. **Candidate Data Classes—Under consideration for USCDI v2**

3. **Emerging Data Classes– Begin evaluating for candidate status**

U.S. CORE DATA FOR INTEROPERABILITY

USCDI v1
REQUIRED

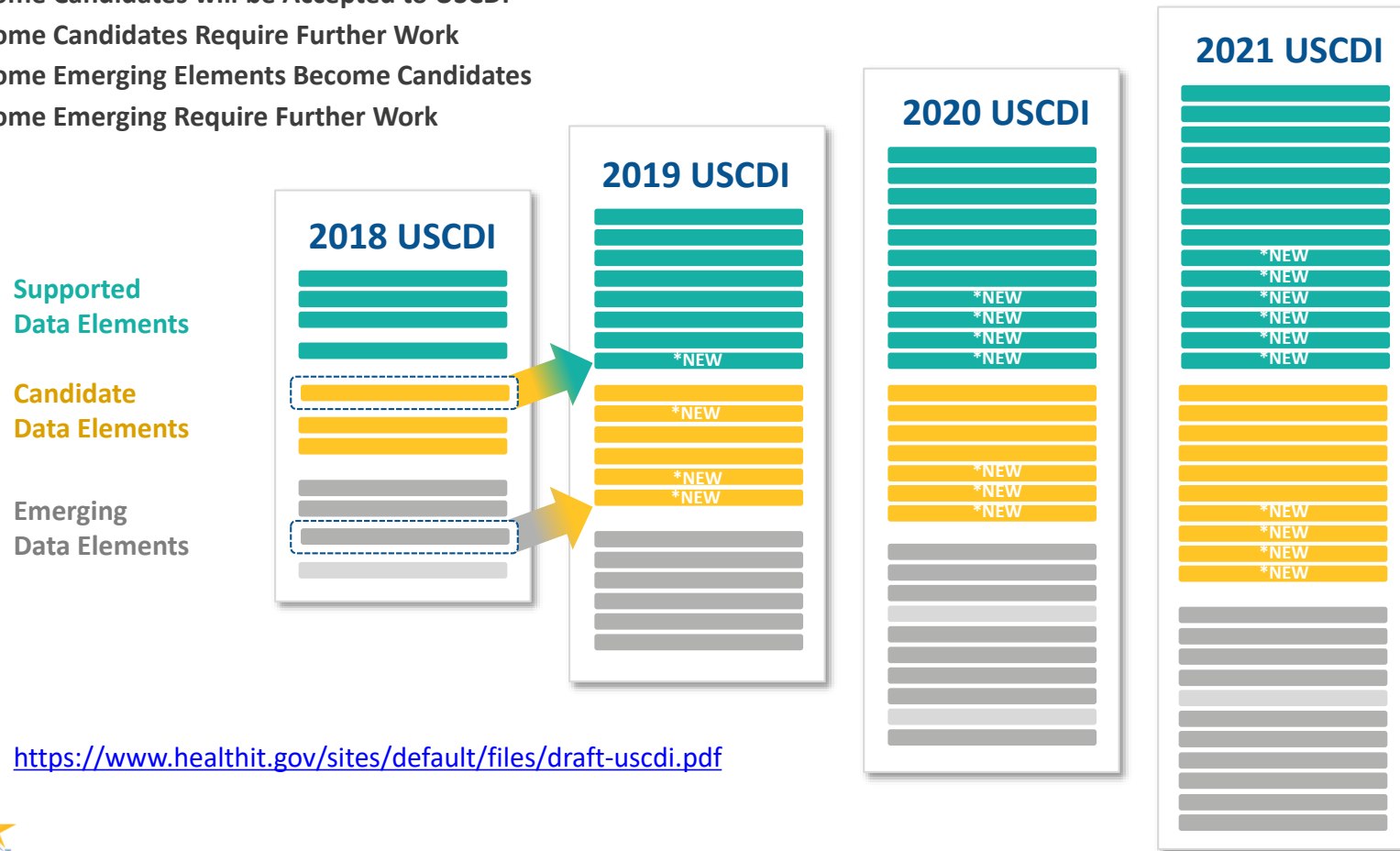**Candidate Data Classes**
UNDER CONSIDERATION

Emerging Data Classes
BEGIN EVALUATING

As the USCDI expands, Qualified HINs and their Participants will be required to upgrade their technology to support the data specified in the USCDI.

Some Candidates will be Accepted to USCDI

Some Candidates Require Further Work

Some Emerging Elements Become Candidates

Some Emerging Require Further Work

Supported Data Elements

Candidate Data Elements

Emerging Data Elements

2018 USCDI

2019 USCDI
*NEW
*NEW
*NEW
*NEW

2020 USCDI
*NEW
*NEW
*NEW
*NEW
*NEW
*NEW
*NEW

2021 USCDI
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https://www.healthit.gov/sites/default/files/draft-uscdi.pdf
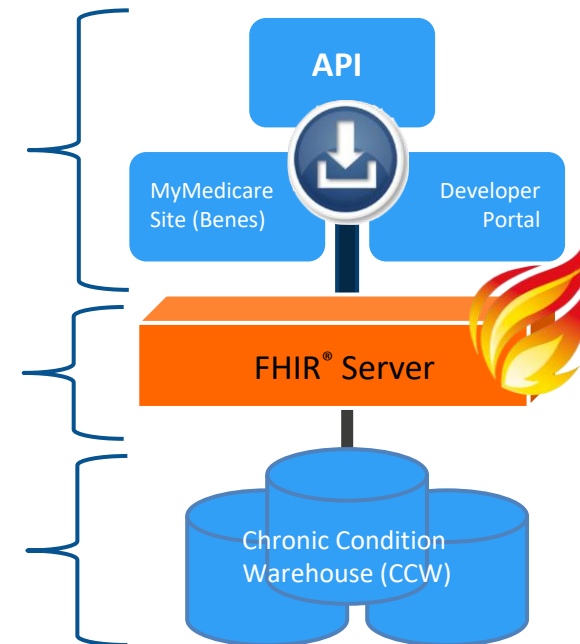
CMS Actions to Advance Interoperability

- **Overhaul of Meaningful Use and Advancing Care Information in Quality Payment Program.**

  » Strong emphasis on interoperability, flexibility and reduced burden.

  » Require 2015 edition Certified EHR Technology.

- **Require HIE to participate in Medicare?**

- **Blue Button 2.0**

  » Developer-friendly, standards-based API.

  » Developer preview program – open now (over 100 developers so far).

CMS IPPS Proposed Rule: Promoting Interoperability Program

- Focus on measures that require interoperability and sharing of health data with patients.

- Reduced and modified measures to reduce burden.

- Improve alignment between Hospitals and Eligible Professionals/QPP.

- EHR 90 day reporting period in 2019 and 2020.

- Requires 2015 edition CEHRT in 2019.

- Scoring Methodology Proposal:

  » Removes "all or none" aspect of the program.

  » Scores are based on performance across 6 measures.

  » Reduced the number of required measures.

  » Security risk analysis is a "gateway" measure.

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Blue Button 2.0 Design

- Open source front-end application that manages developer and beneficiary access. Beneficiary access is integrated with MyMedicare.gov.

- Standard open source reference implementation of Fast Healthcare Interoperability Resource (FHIR®) server.

- Claims data for 53M Medicare beneficiaries sourced from the CCW.

- More secure for beneficiaries.

- More granular management of connected applications.

- Data is presented in a structured form for easier processing.

API

MyMedicare Site (Benes)

Developer Portal

FHIR® Server

Chronic Condition Warehouse (CCW)

Leveraging Partnerships to Realize Progress

ONC Payer to Provider Task Force and Da Vinci Project – brings health plan leaders and HIT experts together to accelerate adoption of FHIR as the standard to support value based care data exchange.

- Improve "Provider to Payer" information exchange:

  - At the time of service and Integrated into the provider's workflow.

  - Examples: Is **prior authorization** required by my patient's insurance company for the item I'm about to order?

- Improve "Provider to Provider" interoperability:

  - Allow electronic sending of orders, plans of care and other medical records.

- Pilot and scale implementation of FHIR for priority use cases – create the cars (Da Vinci project) and highway (P2 Task Force).

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Advancing Adoption of FHIR through Payers: How, Who and What?

- **Da Vinci Project will:**
  - Create **implementation guides** based on **FHIR standards** and **sample code** to prove it works.
  - Launch **pilots**.
  - Prioritize Documentation Requirements Discovery and 30-day Medication Reconciliation.

- <u>ONC P2 Task Force</u> focuses on the <u>national architecture</u> for exchange using FHIR including identity, authentication, messaging and information standards:
  - Enable FHIR based clinical clearinghouse solutions.
  - Address barriers to FHIR adoption:
    1. Directory- resource locator for FHIR endpoints.
    2. Identity- confirming the participants in and subjects of the exchange.
    3. Security – ensuring compliance.
    4. Testing, conformance, and certification.

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What's Next?

- More policy changes to advance interoperability and reduce provider burden through ONC and CMS regulations and guidance.

- A Recognized Coordinating Entity identified and funded to govern qualified health information networks.

- Draft Trusted Exchange Framework Common Agreement 1st Quarter 2019.

- Report to Congress on Provider Burden Reduction.

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Q&A

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HealthIT.gov

Polling Question #2

Which webinar topics would be of most interest for the upcoming webinars in the series? (Check all that apply.)
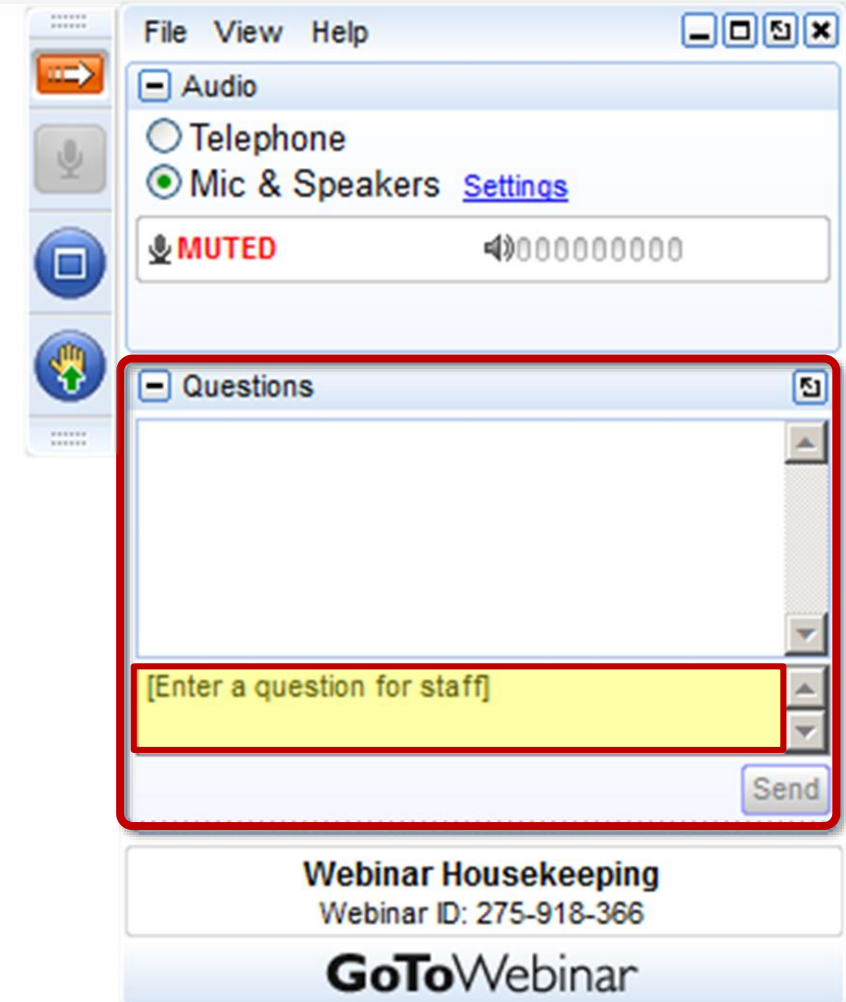
- Quality Measurement

- Data Quality & Standardization

- Patient Risk Stratification

- Provider/Patient Attribution

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CAQH CORE Q&A

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CAQH CORE

CAQH CORE Value-based Payments Education Series

CAQH CORE and eHI Webinar: Data Needs for Successful VBP Outcomes
MONDAY, NOVEMBER 20TH, 2017

Implementing Successful VBP: Alternative Payment Models with CMMI
THURSDAY, JANUARY 11TH, 2018

VBP Overview: What Have We Learned & Where Are We Headed?
TUESDAY, MARCH 13TH, 2018

CAQH CORE Report: Applying Lessons of FFS to Streamline VBP Adoption
TUESDAY, APRIL 10TH, 2018

Role of Interoperability in VBP with CCSQ Director, Dr. Kate Goodrich
THURSDAY, MAY 3RD, 2018

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CAQH CORE

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The CAQH CORE Mission
Drive the creation and adoption of healthcare operating rules that support standards, accelerate interoperability, and align administrative and clinical activities among providers, payers and consumers.

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