Interoperability and Burden Reduction: Emerging Opportunities for Collaborative Care

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September 21, 2020
Today’s Presentation

• Role of the Office of Burden Reduction and Health Informatics and how we engage the medical community

• CMS initiatives to reduce administrative burden and improve care coordination through interoperability
CMS Office of Burden Reduction and Health Informatics

- Reduce administrative burden
- Advance interoperability and nationals standards
- Engage beneficiaries and medical community to inform solutions
- Infuse customer-focused mindset throughout CMS
Joined Three Existing Bodies of Work

Customer Experience

Interoperability

Data Accessibility and Usability

Patients over Paperwork

National Standards

Administrative Simplification
Comprised of Five Groups

• Customer-Focused Research
• Governance & Impact Analysis
• Health Informatics & Interoperability
• Emerging Innovations
• National Standards
We use human-centered design to explore burdens and spend time at the “front line”
CMS Initiatives to Reduce Burden through Interoperability

- MyHealthEData
- Interoperability and Patient Access Final Rule
- Interoperability Pilot Projects to Reduce Burden
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.

YOUR HEALTH DATA
WHEN YOU NEED IT MOST
CMS INTEROPERABILITY & PATIENT ACCESS FINAL RULE

Blue Button 2.0 and Promoting Interoperability

• With Blue Button 2.0, nearly 3,600 developers are building user-friendly apps to help beneficiaries understand and access their data and 63 applications are in production (Learn more: developers and beneficiaries)

• Overhaul of Meaningful Use program and requirement for clinicians and hospitals to adopt the 2015 edition of certified EHR technology (CEHRT)
Prior Auth and Documentation Requirements

Prior Authorization

“I hate to say it, but…prior authorization is unseating electronic health records as the top source of burden for clinicians and providers…”

- Medical community stakeholder

Documentation Requirements

“…even if you can find the instructions, there is no guarantee that it is right”

“From a physician standpoint, I want to know what I need to do while the patient is here.”
Information Maze Unintended Consequences

This contributes to:

- Clinician burden / burnout
- CMS burden and rework
- Inconsistent requirements
- Delayed services to beneficiaries
- Errors in claims processing
- Improper payments
- Barriers to interoperability
- Customer dissatisfaction
Documentation Requirements Look-up Service

Coverage Requirements Discovery (CRD)
- Are there PA or documentation requirements?
  - “YES” or “NO”

Documentation Templates and Rules (DTR)
- Give me the PA and/or documentation requirements and/or rules
  - Here are the requirements and/or rules

API – Application Programming Interface
FHIR – Fast Healthcare Interoperability Resources
Prior Authorization Builds on DRLS Use Case

Here is my PA Request – Required Documentation/Forms

Here is the PA Decision
EMDI: Ordering and Referring

- Improve Exchange of Medical Documentation
- Promote the Use of Interoperability Standards
- Reduce Improper Payment Rate
- Reduce Provider Burden
- Minimize Claim Appeals

Order/Referral Sources

Service Providers

Use Cases
- Submit Order/Referral, with attachments
- Request for Medical Documentation
- Request for Signature

Interoperability Standards Approach

Electronic Medical Documentation Interoperability (EMDI): Provider-to-Provider Pilot Programs
Post-Acute Care Interoperability (PACIO) Project

- Launched in February 2019 in response to 2014 IMPACT Act
- Consensus-based approach to advance interoperable health data exchange between post-acute care providers, patients, and other key stakeholders
- Data Element Library (DEL): Centralized resource for CMS assessment data elements (e.g. questions and response options), and their related mappings to nationally accepted health IT standards

IMPACT Act: Improving Medicare Post-acute Care Transformation Act requires use of standardized Medicare quality measures and assessment data in PAC setting
PACIO Project: https://github.com/paciowg/PACIO-Project
DEL: https://del.cms.gov
Advancing Digital Quality Measurement

• Commitment to All Digital quality measures by 2030

• Goals
  ▪ Reduces burden
  ▪ Ability to provide rapid feedback which can be used at point of care
  ▪ Provides more robust clinical information
  ▪ Ability to leverage for advanced analytics

• Vision: Seamless connection between quality measures, clinical workflow, clinical decision support and feedback
Blueprint for Advancing Digital Quality Measures

• The Blueprint will focus on multiple actions

  1. Utilizing appropriate policy levers
  2. Advancing data quality
  3. Advancing technology
  4. Quality data aggregation, analysis and attribution
  5. Alignment across agencies and payers

• Each action demands a multipronged strategy: Engaging stakeholders, leveraging policy, evolving technical components
Current Activities: 1-3. Policy, Data and Technology

1. Policy Levers: Cures Act mandates, strategic selection of measures, consensus process, and vendor certification

2. Data Quality: Leveraging USCDI with initial focus on Core Clinical Data Elements (CCDE) – labs, vital signs

3. Advancing Technology: FHIR API, FHIR pilot testing, CMS/HL7 Joint FHIR Connectathon January 7-8, 2020
eCQM Data Element Repository

• Now includes information for eCQMs used in CMS Quality Programs for the 2021 Performance and Reporting Periods

• Aids in data mapping activities by providing measure information and data element definitions for all the available CMS program eligible hospital/critical access hospital and eligible professional/eligible clinician measures

• Centralizes information from:
  ▪ Value Set Authority Center (VSAC)
  ▪ eCQM specification
  ▪ Quality Data Model

4. Quality Data Aggregation

**Current State**
Aggregation limited due to
- Lack of interoperability
- Limited platforms for aggregation
- Lack of governance or authority
- HIPAA restrictions
- Patient identification

**Future State**
Aggregate patient-level data to
- Apply risk adjustment for accountability
- Integrate data from multiple sources for various uses
  - Social determinants of health
  - Patient generated data
- Repurpose siloed data for broad use
  - Measurement & Accountability
  - National surveillance
  - Cross-setting care coordination
  - Multi-site and multi-sector research
  - Systemic continuous quality improvement
5. Stakeholder Alignment

- Alignment within CMS
- Alignment across Federal Government
- Alignment through consensus (NQF)
- Alignment with other payers and others – Core Quality Measures Collaborative (AHIP/NQF/CMS)
- Alignment with measure developers – Some already piloting their measures as electronic (NCQA)
Today’s Presentation: Key Takeaways

• Your engagement with the Office of Burden Reduction and Health Informatics is important and valued

• CMS is actively working to reduce administrative burden and improve care coordination through interoperability
Thank you!

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