The Office of the National Coordinator for Health Information Technology

ONC & Prior Authorization

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A Focus on 21st Century Cures

ONC is fully focused on the two 21st Century Cures Act's priorities of increasing nationwide interoperability and improving usability/reducing clinician burden.

- Our work on interoperability includes:
  - Rulemaking to advance proposals for open, accessible application programming interfaces (APIs).
  - Rulemaking will also identify behaviors *not* considered to be information blocking to support OIG's enforcement of Cures' information blocking provisions.
  - Advancement of a Trusted Exchange Framework & Common Agreement to set common principles, terms, and conditions that facilitate trust between disparate health information networks.
- Our work on usability includes:
  - Working closely with the Centers for Medicare and Medicaid Services (CMS) to reduce administrative and reporting burden among clinicians.

21st Century Cures Act - Section 4001. (a)
Clinician Burden Reduction Report to Congress

- **Reduction in Burdens Goal**--The Secretary of Health and Human Services, in consultation with providers of health services, health care payers, health professional societies, health information technology developers, public health entities, States, and other appropriate entities, shall:

  1) establish a goal with respect to the reduction of regulatory or administrative burdens (such as documentation requirements) relating to the use of electronic health records;

  2) develop a strategy for meeting the goal established; and

  3) develop recommendations for meeting the goal established.

21st Century Cures Act - Section 4001. (a)
Clinician Burden Reduction Report to Congress

- (1)(b)(3) Recommendations.--The recommendations developed under paragraph shall address--
  - actions that improve the clinical documentation experience;
  - actions that improve patient care;
  - actions to be taken by the Secretary and by other entities; and
  - other areas, as the Secretary determines appropriate, to reduce the reporting burden required of health care providers.

4 Current Workgroups: Clinician Burden Reduction Report to Congress

1. Clinical Documentation and Administrative Requirements
   - » Includes Prior Auth
2. EHR Reporting
3. Health IT and User-Centered Design
4. Non-Federal Payers and Other Government Requirements

American Medical Association

- Survey with sample of 1000 practicing physicians – Dec 2017
  - Average of **29 prior authorizations** per physician per week
  - Average of **15 hours** for the physician/staff to complete PA activities per week
  - 34% of physicians who have staff who exclusively work on prior authorizations

Prior Authorization and Burden

- HHS has been working to fulfill 21st Century Cures related mandates
  - Listening sessions
  - Literature review
- Prior Authorization identified as a large burden driver
  - Fits into Documentation workgroup

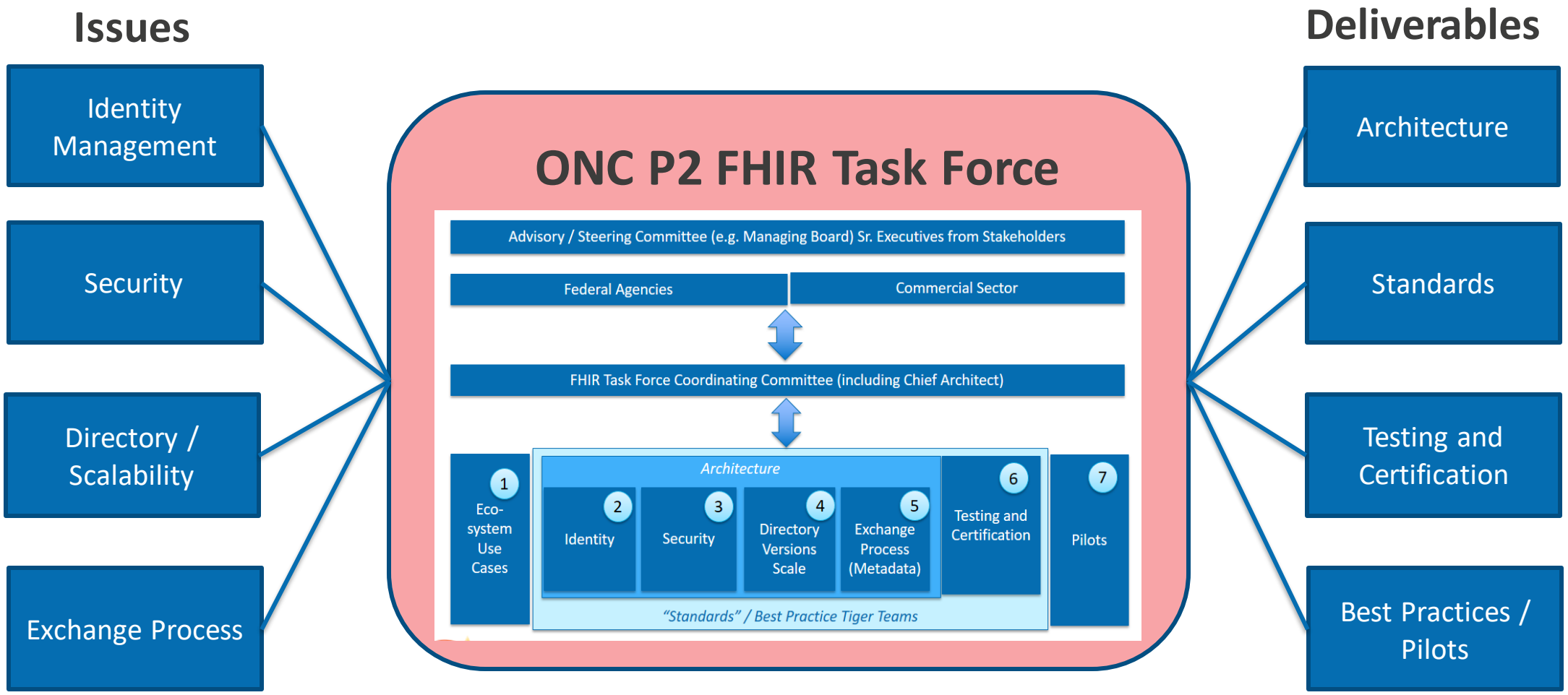
Prior Authorization Burdens

- Burden to patients – delay in treatment, denial of treatment
- Clinician and staff time
- Lost revenue due to time requirements
- Clinician and staff paperwork
- Disparate types of prior authorization – medication, supplies, DME, imaging
- Lack of automated / technical solutions

What is ONC doing?

- The ONC Payer + Provider (P2) FHIR Taskforce
- 21st Century Cures Act – Report on Reduction in Clinician Burden
  - ONC is working closely with CMS to analyze PA issues and make recommendations to reduce this burden associated with health IT
- Working group with CMS
  - ONC has initiated a working group with key staff from ONC and CMS to continue investigation into the PA ecosystem and identify areas for potential solutions
- Future Considerations

ONC P2 FHIR Taskforce Ecosystem Issues and Deliverables



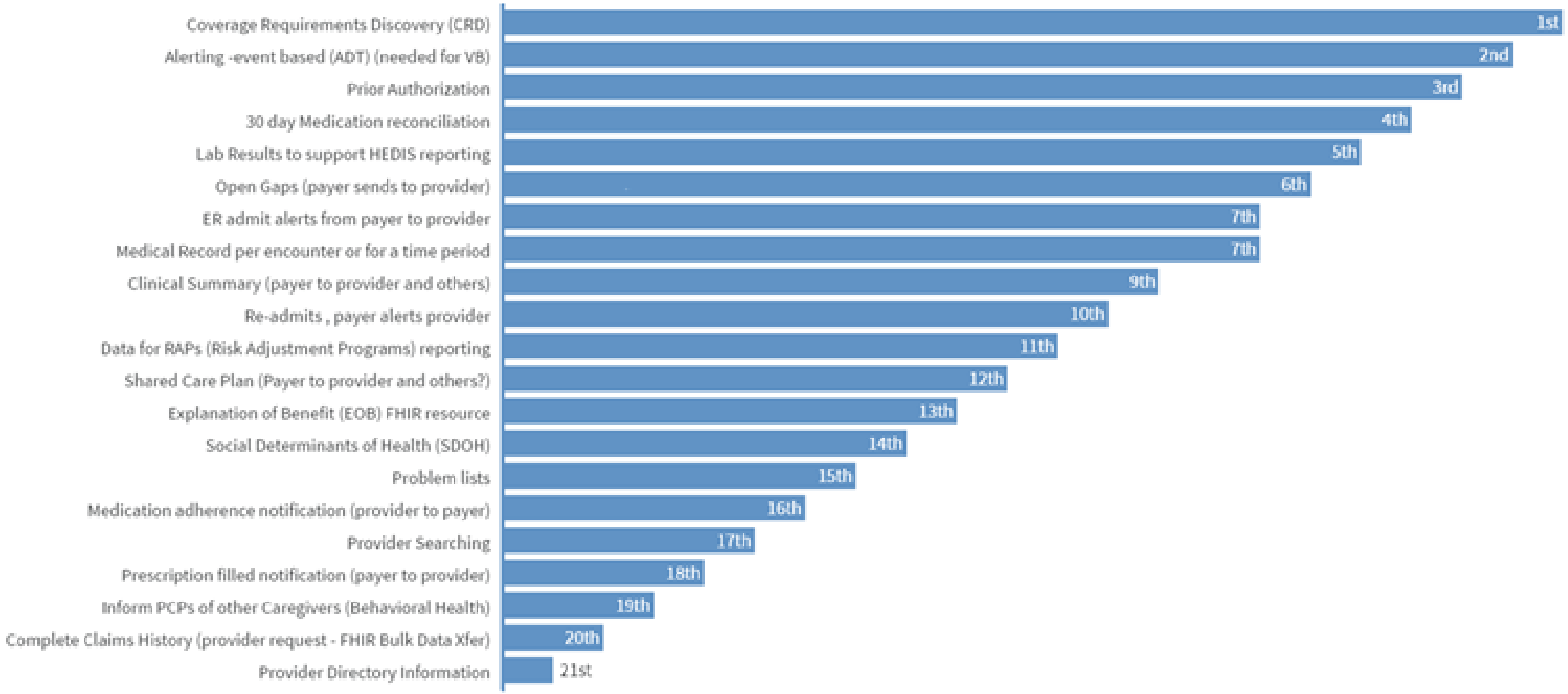
P2 FHIR Taskforce – Coordinating Committee Members

- Anthem
- Blue Cross Blue Shield Alabama
- Blue Cross Blue Shield Association
- Cigna
- HCSC
- Humana
- Optum
- United Health
- Boston Children's Hospital
- HIMSS
- CMS
- EnableCare
- Imprado
- Aegis
- EHNAC
- Security Risk Solutions

P2 Tiger Teams

1. **Ecosystem Use Cases** - Create use cases that will assist the rest of the tiger teams in directing their efforts and driving their solutions
2. **Identity** - Identify identity-proofing and patient-matching solutions across multiple types of users
3. **Security** - Identify scalable solutions for security authorization and authentication processes
4. **Directory, Versions, and Scale** - Focus on resource directory solutions and ensuring a process to handle versioning and the anticipated scale of resources
5. **Exchange Process (metadata)** - Focus on common metadata and process conventions
6. **Testing and Certification** - Focus on specification for testing and certification of the requirements defined for identity, security, Endpoint discovery, scaling and exchange process
7. **Pilots -** Identify the pilot models, technology, and participants needed to demonstrate the efficacy of the documentation and approaches created by other tiger teams

P2 Use Case Tiger Team - Brainstorm and Prioritization Results



P2 Technical Learning Community (TLC)

- Key component to a broader communications / engagement strategy
- To include the following;
  - Bi-monthly “newsletter” sent to subscribers of the P2 FHIR TF public list serve
  - Quarterly public webinars for P2 FHIR TF updates (with Q&A), and community engagement
  - Notifications of opportunities to attend/participate in P2 / Da Vinci related events (i.e. connectathons, hackathons, meetups, workshops, etc.)

The Office of the National Coordinator for Health Information Technology

Thank you!

For latest information on the P2 FHIR Taskforce,

Please visit the official P2 FHIR Taskforce Project Page.

Have any further questions/suggestions?

Please contact Stephen Konya (Stephen.Konya@hhs.gov)

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The HL7 Da Vinci Project:

Defining Value Based Care Standards Between Payers and Providers

Founding Members

11 Payers

10 HIT Vendors

3 EHRs

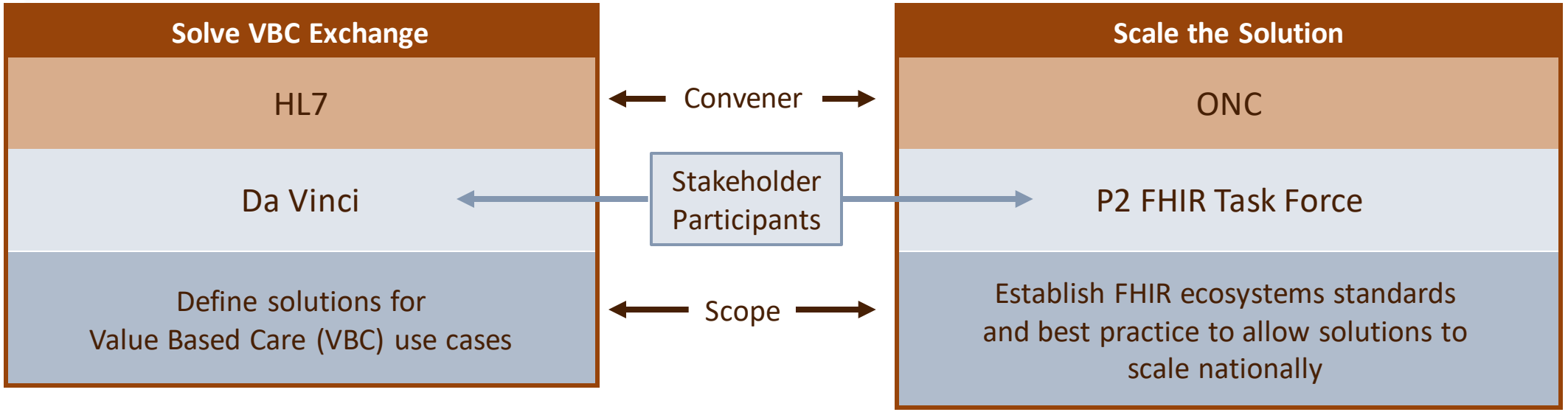
9 Use Cases

½ DOZEN PROVIDERS

Work Underway to Identify Initial Sites by Use Case

Relationship Between Da Vinci & P2 FHIR Task Force

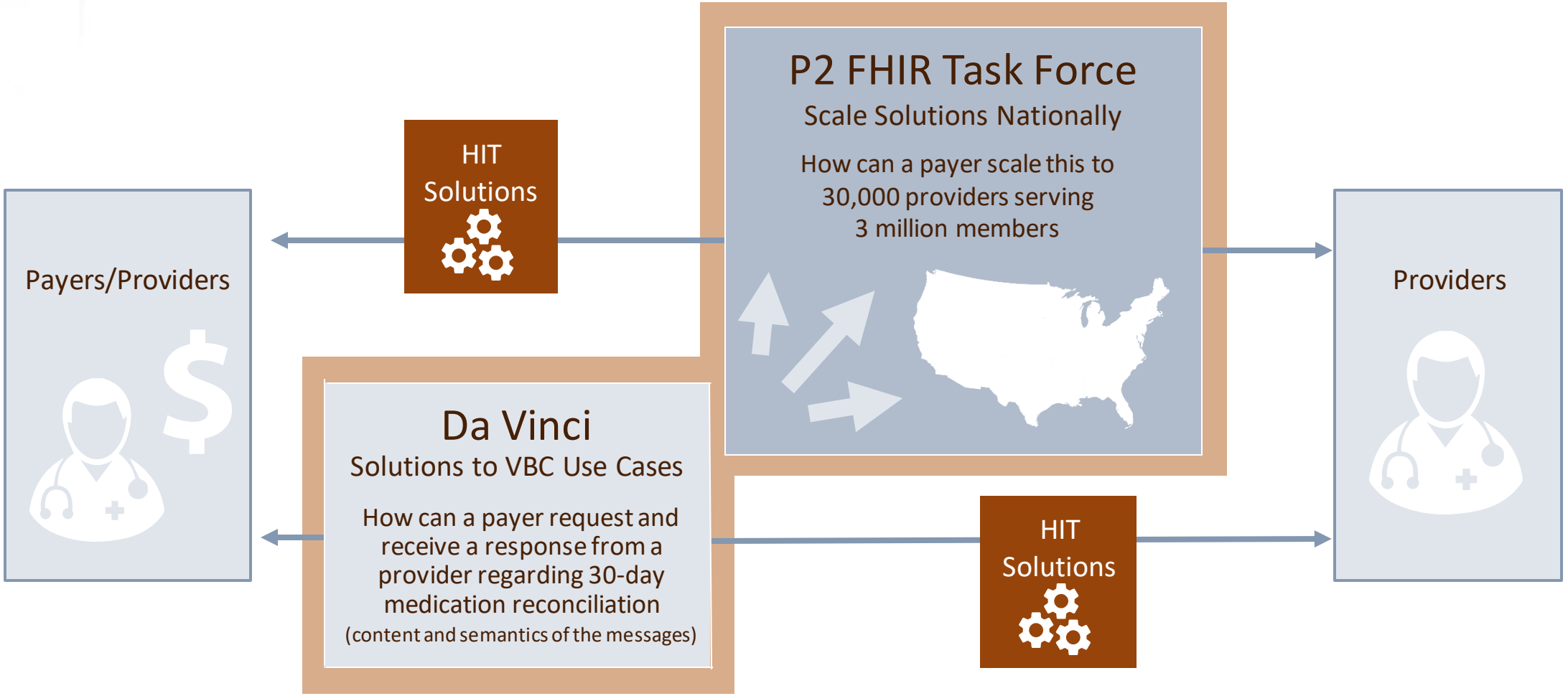
Using FHIR to Solve Payer-Provider and Provider-Provider Interoperability Problems



- Focus on narrow use case (e.g. 30-day medication reconciliation)
- Define the requirements (business, technical)
- Create implementation guide and reference implementation
- Members, Partners and Public pilot the solution

- Identity management
- Security and authentication
- Endpoint determination
- Scaling interactions
- Exhange of information between end points supporting different versions of FHIR
- Testing and certification

Using FHIR to Solve Payer-Provider and Provider-Provider Interoperability Problems



Da Vinci “Cars” and the P2 “Highway”

Program Contacts

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Thank you!

eHI Prior Authorization Workshop 2
October 31st, 2018