Prior Authorization and Clinician Burden: Updates from ONC

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ONC’S GOAL

Ensuring that patients have their health data where and when they need it and that it is in the most usable format.
ONC “In a Nutshell”

The Office of the National Coordinator for Health Information Technology

- ONC focuses on the Administration’s priority of building a health system that delivers value and maximizes the promise of health IT.

- Specifically, we use all of our levers to accelerate individuals’ ability to access and send their health information so they can shop for and coordinate care.
Hospital EHR Adoption
Increase in Adoption Nationwide

96% Hospitals have a Certified EHR System


State Adoption rates have increased from 2008-14

Office of the National Coordinator for Health Information Technology
Ambulatory Physician EHR Adoption

Increase in Adoption Nationwide

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

% of all Physician Practices that Have Adopted Any EHR

National Average = 78%

Sources:
CDC NCHS Data Brief Number 143 http://www.cdc.gov/nchs/data/databriefs/db143.htm

Office of the National Coordinator for Health Information Technology
The percent of physicians e-prescribing using an EHR has increased in all 50 states and in the District of Columbia.
Next Phase of Evolution: ONC Priority Areas

- Interoperability
- Decreasing Clinician Burden
21st Century Cures Act
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.
• **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.
• (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.
Clinician Burden Reduction Report to Congress Workgroups

• **Health IT and User-Centered Design**
  • Workgroup Lead: Justin Cross, MD

• **EHR Reporting**
  • Workgroup Lead: Jon White, MD

• **Non-Federal Payers and Other Government Requirements**
  • Workgroup Lead: Kelly Cronin

• **Documentation and Administrative Requirements**
  Workgroup Lead: Thomas Mason, MD
Prior Authorization and Burden

• Feedback from stakeholders as 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
• 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
• Working with payers to reduce the overall volume of prior authorization
• Ensuring timely care for patients
• Increasing transparency on requirements
• Promoting automation
• Prior Authorization and Utilization Management - 21 Reform Principles
What is ONC doing?

- 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

- Payer + Provider (P2) FHIR Taskforce
P2 FHIR Taskforce Overview

**Problem:** There are ecosystem and infrastructure barriers that prevent the wide-scale adoption and deployment of FHIR for payers and providers.

**Purpose:** Through a collaborative effort, the taskforce aims to address ecosystem barriers and accelerate adoption of FIHR for production exchange of clinical information between providers and payers.

**Scope Statement:** Establish an ONC task force that leverages “tiger teams” to focus on near term, practical, approaches to overcome high priority barriers to clinical interoperability between Payers and Providers.
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 FHIR Taskforce Overview

- **ONC Taskforce Lead**: Stephen Konya, ONC Office of Technology
- **Timing**: October 2017 – Sep 2020 (estimated 3 years)

<table>
<thead>
<tr>
<th>Key Outcomes</th>
<th>Target</th>
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<tr>
<td>Development of knowledge management process to share, update, and publish best practices</td>
<td>[FY18 Q4]</td>
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<tr>
<td>Completion of use cases that will drive solution architectures</td>
<td>[FY19 Q1]</td>
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<tr>
<td>Identification of architectural, technical or process barriers that are likely to curtail wide scale FHIR deployment</td>
<td>[FY19 Q2]</td>
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<tr>
<td>Identification of regulatory barriers</td>
<td>[FY19 Q2]</td>
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<tr>
<td>Development of implementation guides that drive consistency of FHIR based data exchanges between Payers and Providers</td>
<td>[FY19 Q3]</td>
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<td>A demonstration project between EHR/HIE and payer end points that show value of the task force activities</td>
<td>[FY19 Q4]</td>
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<tr>
<td>Development of architecture to support clinical clearinghouse use cases</td>
<td>[FY19 Q4]</td>
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P2 FHIR Taskforce Ecosystem Issues and Deliverables

Issues
- Identity Management
- Security
- Directory / Scalability
- Exchange Process

Deliverables
- Architecture
- Standards
- Testing and Certification
- Best Practices / Pilots
• First task was to come to an agreement on the scope of the use cases, and the format and level of detail to be involved (i.e. methodology)

• 23 Use Cases were initially identified through a brainstorm

• Top 3 use cases were prioritized
  1. Coverage Requirements Discovery (CRD)
  2. Alert ADT
  3. Prior Authorization
# P2 Timeline - Upcoming Key Activities

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<tr>
<th>Target Date</th>
<th>Activity</th>
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<tr>
<td>End of July 2018</td>
<td>Formal invitations to go out for P2 Steering Committee (Sr. Execs)</td>
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<tr>
<td>End of July 2018</td>
<td>First use-case (CRD) ready for passing on to “architecture” Tiger Teams</td>
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<td>August 6th – 8th, 2018</td>
<td>P2 / DaVinci Members Meeting at ONC Interoperability Forum</td>
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<td>TBD, by August 2018</td>
<td>Conduct 2 remaining Tiger Team kickoff calls (Security and Testing/Certification)</td>
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<td>August 2018</td>
<td>First semi-annual public progress report expected to be released</td>
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<td>Mid-September 2018</td>
<td>First quarterly steering committee meeting anticipated</td>
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<td>September 29th – October 5th, 2018</td>
<td>Joint P2 / Da Vinci Connect-a-thon during HL7 Annual Meeting (Baltimore, MD)</td>
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The Da Vinci Project: Defining Value Based Care Standards Between Payers and Providers
The Da Vinci Project is a multi-stakeholder working group of providers, payers, and vendors. The group seeks to improve standards around common use cases using FHIR. The project is currently looking into opportunities to improve standardization around the prior authorization ecosystem.
Da Vinci use cases are involved in defining the exchange operations and content of the exchanges between provider and payer or provider and provider.

Specific standards/best practices related to the FHIR ecosystem will be addressed by the P2 FHIR Taskforce, and are considered to be out-of-scope for the Da Vinci effort.
### Relationship Between Da Vinci & P2 FHIR Taskforce

**Using FHIR to solve Payer-Provider and Provider-Provider interoperability problems**

#### Solve VBC Exchange

- **Da Vinci**
  - Define solutions for Value Based Care (VBC) use cases
  - “define the vehicles”

- **HL7**

#### Scale the Solution

- **P2 FHIR Taskforce**
  - Establish FHIR ecosystems standards and best practice to allow solutions to scale nationally
  - “define the interstate highway system”

- **ONC**

#### Stakeholder Participants

- **Convenor**

#### Convener

- **Scope**
  - Identity management
  - Security and authentication
  - API discovery
  - Scaling solutions
  - Version identification
  - Content identification and Routing
  - Testing and certification

- **Start with a VBC use case (e.g. 30-day medication reconciliation)**
- **Define the requirements (business, technical)**
- **Create implementation guide and reference implementation**
- **Pilot the solution**
Let’s Continue Building upon Progress Together

Thank you!

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