

Innovation: “Buzz or Action?”

Question Answered at the Intersection of Open Data, Open APIs & Payment Reform

Aneesh Chopra
Co-Founder and President at CareJourney
[@aneeshchopra](#)

eHealth Exchange
**Annual
Meeting**
2023
NOV 14
SAN DIEGO | CALIFORNIA

eHealth Exchange™

A Unified Data Model (Decade in the Making)

- 1

Consumer (Application Access) Rights to Health Data, Prices, Quality
- 2

Clinician (Application Access) Rights to EHR, Hospital ADT, Longitudinal Data
- 3

Partner (Application Access) to Certified Data Elements

HealthIT.gov



Test Suites

- At-Home In-Vitro Test Kit
- CARIN IG for Blue Button® v1.1.0
- CARIN IG for Blue Button® v2.0.0

BEHIND THE NUMBERS

Medicare Unmasked

See Medicare’s payments to over one million medical providers from 2012 to 2015, and how doctors and other providers compare with peers in their state and nationwide.

DEREK Y. KUNIMOTO MD in 2015



\$11,117,003
Total payments

Ophthalmology
1101 E MISSOURI AVE | PHOENIX, ARIZ.

Provider’s Services at a Glance, 2015

Types of services provided by DEREK Y. KUNIMOTO MD:

Category	Total reimbursed by Medicare	Percent of total reimbursements by Medicare
Drugs	\$9,058,512	81.5%
Surgeries and procedures	\$968,328	8.7%
Exams and medical services	\$883,228	7.9%
Evaluation and management	\$141,303	1.3%
Other	\$23,153	0.2%
Imaging tests	\$2,930	<0.1%

Note: Category totals may not add up to a provider’s total payments because information about a provider’s specific services to fewer than 11 Medicare patients is suppressed by Medicare.

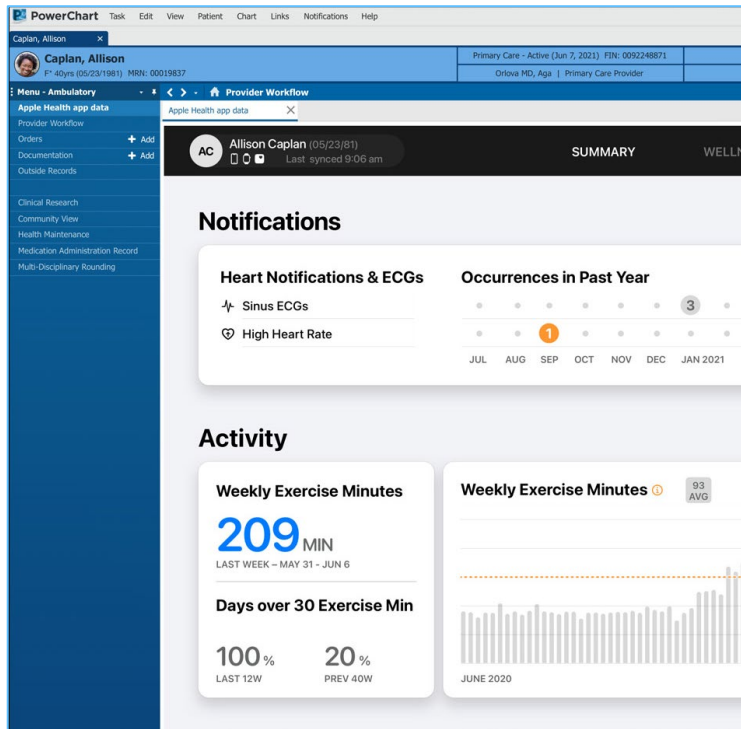
Provider’s Services in Detail, 2015

Services DEREK Y. KUNIMOTO MD performed on more than 10 patients:

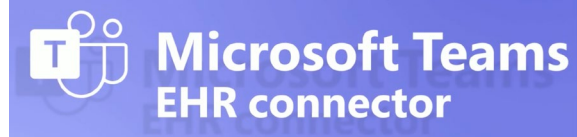
Procedure	Number performed	Number of Medicare patients	Average Medicare reimbursement per procedure	Total Medicare payments for procedure
Injection, ranibizumab, 0.1 mg <small>Drugs CODE: J2778-0</small>	28,760 <small>Top 20% nationally</small>	722	\$307.90	\$8,855,204

Era of “Physician—Designated” Apps

Right to Install Any 3rd
Party App in EHR

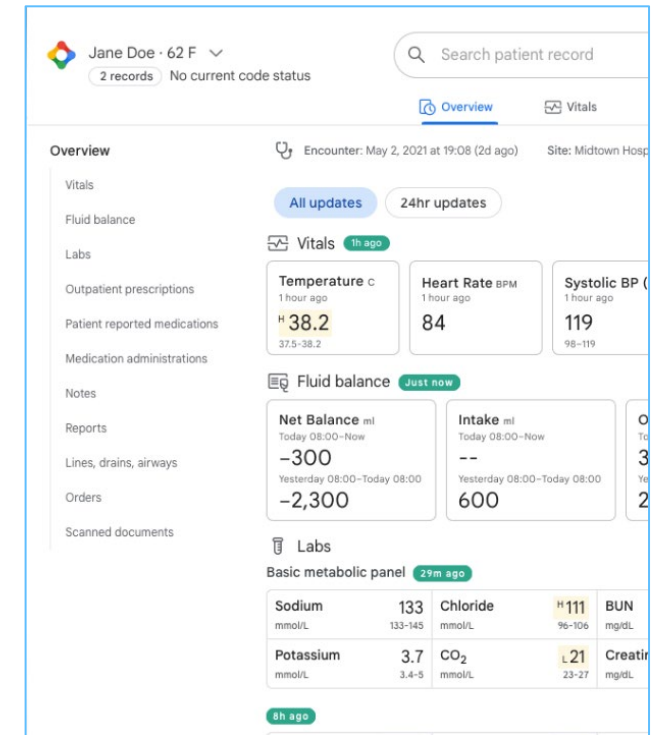


Right to Access
Hospital ADT Feeds

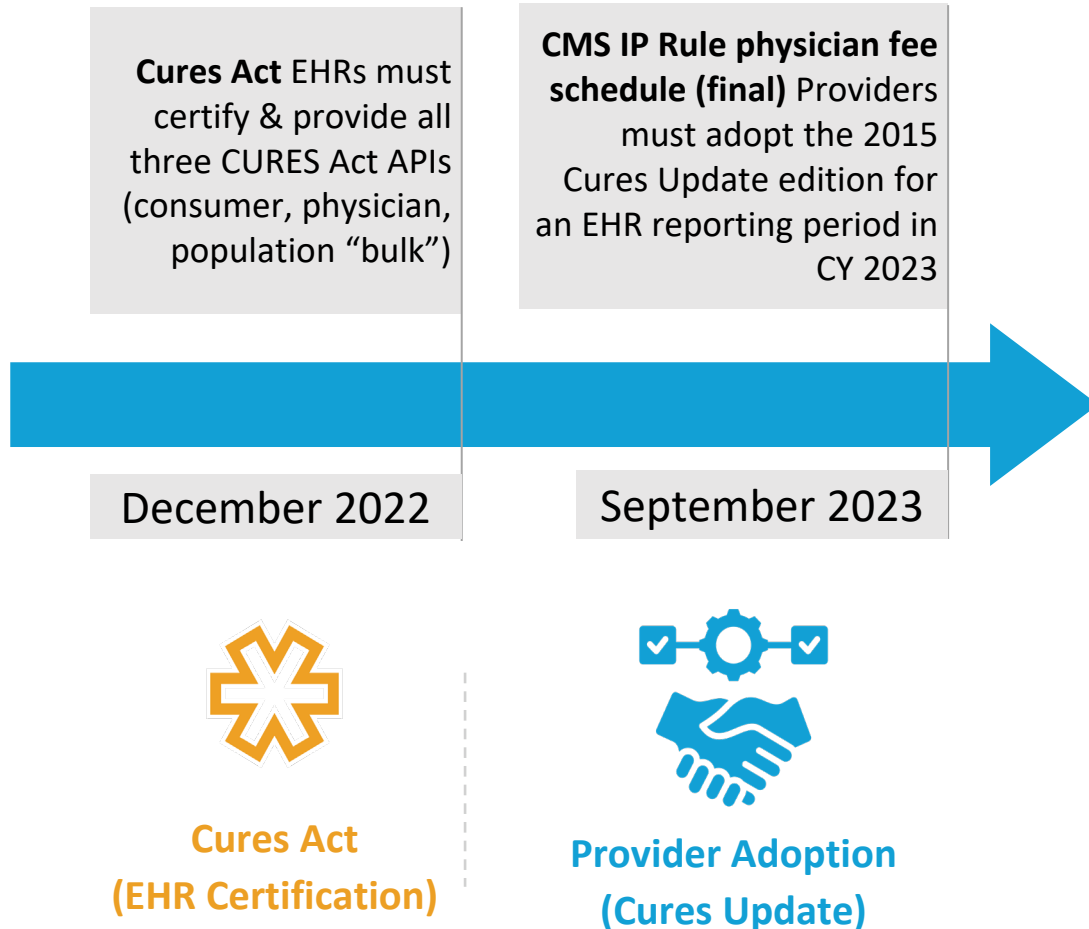
The screenshot shows the Microsoft Teams EHR connector interface. It has a sidebar with icons for Activity, Chat, Teams, Calendar, Files, Bookings, and Apps. The main area is titled "Bookings" and shows a "Queue" for "Friday, March 18, 2022" at "Contoso Healthcare".

Appt. time	Duration	Appt. type	Patient name
8:15 AM	15m	New wellness check	Corin Z
8:15 AM	15m	New patient visit	Erin Por
8:15 AM	15m	New wellness check	Arlene I
8:15 AM	15m	Annual visit	Debra F
8:30 AM	15m	New wellness check	Dacian
8:30 AM	15m	In person New patient visi...	Branda
9:00 AM	15m	New patient visit	Oscar V
9:00 AM	15m	New patient visit	Sujay W
9:00 AM	15m	In person New wellness c...	Vaska B

Right to Access
Longitudinal Records



Partner Application Access via Contracts

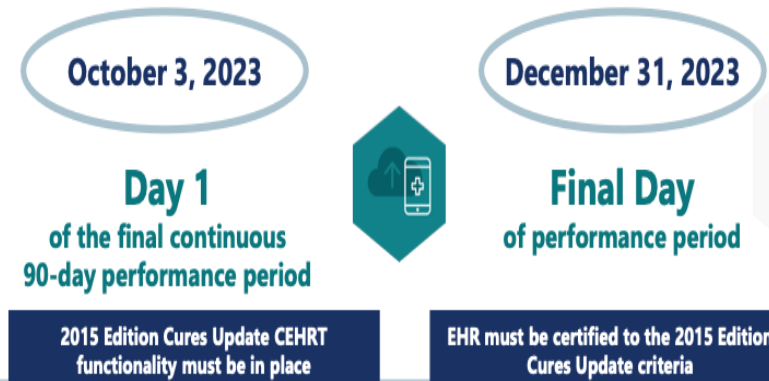


To meet the CEHRT requirements for 2023 Promoting Interoperability performance category objective and measure reporting, you'll need to:

- Have 2015 Edition Cures Update CEHRT functionality in place by the first day of your MIPS Promoting Interoperability performance period;
- Have your EHR **certified by ONC** to the 2015 Edition Cures Update CEHRT criteria by the **last day of your performance period**; and
- Provide your EHR's CMS identification code from the [Certified Health IT Product List \(CHPL\)](#), available on [HealthIT.gov](#), when you submit your data.

If you're not sure what edition your EHR is, work with your practice technology support team or contact your EHR vendor to verify that your system is on track to meet CEHRT requirements by the last day of your performance period.

90-day Performance Period Example



Bulk FHIR Networks Offer Scalable Tools

Consumer Driven Access



Physician Driven Access



Network Driven Access

Interoperability

Building TEFCA

Micky Tripathi and Mariann Yeager, CEO, The Sequoia Project (the TEF Entity) | FEBRUARY 13, 2023



Stage 2

Network-Facilitated FHIR Exchange

- ✓ QHIN-facilitated FHIR-based exchange available as an option under TEFCA.

5.1 FHIR ENDPOINTS & ENDPOINT DISCOVERY

Responding Actors SHALL use the FHIR [CapabilityStatement](#) capabilities. Implementers SHALL provide at least CapabilityStatement where CapabilityStatement.kind="ins provide a CapabilityStatement for each endpoint associated capabilities available at that endpoint. Each endpoint SHALL FHIR resource. Discovery of Endpoints shall be executed by service which will have the FHIR endpoint(s) for the Particip

Idea in Brief

- Develop the **infrastructure** and **business agreements** to centrally source regulated data across your payer/provider network
- Activate the **Bulk FHIR** payer/provider endpoints via a **Bulk FHIR client**
- Consider offering a **Physician Designated App** to providers in your network to deliver insights to the point of care

NCQA launched a “Bulk FHIR Data Quality Coalition” to evaluate the quality of real-world data sourced from regulated endpoints for the purposes of running HEDIS engines.

The VA launched an “Interoperability Pledge” with 13 initial health systems to better coordinate veteran care focused on improved utilization of eligible benefits, care coordination and quality measurement.

Value: Failed to Land the “Triple-Axle”

PROPOSED STRATEGY FOR EXECUTION OF THE HEALTH INFORMATION TECHNOLOGY INVESTMENT PROGRAM

Draft, February 24, 2009

EXECUTIVE SUMMARY

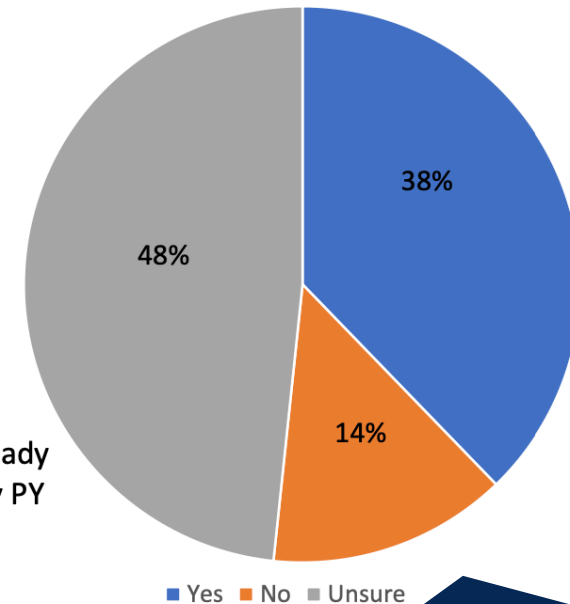
The \$19 billion health information technology (HIT) investment authorized in the American Recovery and Reinvestment Act (ARRA) represents a landmark opportunity to improve health care. In considering how best to execute on this opportunity, it is critical to understand that to treat the HIT investment program as a pure technology implementation program is to effectively guarantee its failure. HIT is not magic. In the absence of provider payment reform and care delivery innovation, it is all too easy to imagine spending \$19 billion on HIT adoption and producing little tangible social benefit. However, there is a clear path to victory:

- If we avoid focusing the HIT investment program narrowly on HIT adoption and instead focus it explicitly on the actual improvement of population health, and
- If we use the HIT investment to catalyze a “virtuous cycle” of (1) provider payment reform, (2) care delivery innovation, and (3) HIT adoption
- Then: the HIT investment can literally transform health care as we know it.

“Low HIT adoption cripples the ability to pursue provider payment reform...”

62% of respondents say they will not be ready to report eQMs or are unsure if they can report eQMs by 2025

Will your ACO be ready to report eQMs by PY



Only 17% of clinical networks have one EHR; majority >6, 32% estimate >\$500K year 1 fees

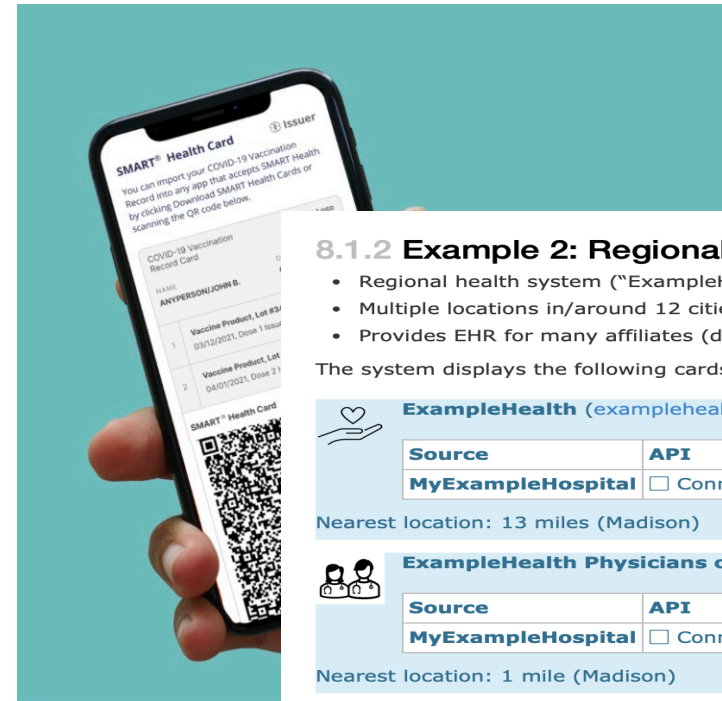
USCDI the Floor, not the Ceiling

Cancer Moonshot (CMS EOM Model)

Table 3: EOM CDE Names by Reporting Option

HDR Excel Template Data Element Name	HL7 FHIR-Based API Data Element Name (mCODE)
ICD-10 Diagnosis Code	Primary (Initial) Cancer Condition
Initial Date of Diagnosis	Primary (Initial) Cancer Diagnosis Date
Patient Deceased	Patient Deceased
Date Patient Died	Date Patient Died
Recurrence/Relapse Clinical Status	Condition Clinical Status
Current Clinical Status Trend	Current Cancer Condition's Trend
	Current Cancer Observation Status
Current or History of Metastatic Disease*	Not Available
Current Clinical Status Date	Cancer Disease Status Observation Effective Date
Primary Tumor (T) Stage	Primary Tumor Staging Observation
	Primary Tumor Staging Observation - AJCC
	Primary Tumor Staging Observation Status
Nodal Disease (N) Stage	Nodal Disease Observation
	Nodal Disease Observation - AJCC
	Nodal Disease Observation Status
Metastasis (M) Stage	Distant Metastases Observation
	Distant Metastases Observation- AJCC
	Distant Metastases Observation Status
Estrogen Receptor (ER) Test Result	Tumor Marker - Estrogen Receptor Observation Status
	Tumor Marker - Estrogen Receptor Observation Code
	Tumor Marker - Estrogen Receptor Observation Value
	Tumor Marker - Progesterone Receptor Observation Status

SMART Health Cards, Brands



8.1.2 Example 2: Regional Health System

- Regional health system ("ExampleHealth")
- Multiple locations in/around 12 cities
- Provides EHR for many affiliates (distinctly branded sites li

The system displays the following cards to a user:

ExampleHealth (examplehealth.org)

Source	API	Portal
MyExampleHospital	<input type="checkbox"/> Connect	<input type="checkbox"/> View

Nearest location: 13 miles (Madison)

ExampleHealth Physicians of Madison (ehpmadison.org)

Source	API	Portal
MyExampleHospital	<input type="checkbox"/> Connect	<input type="checkbox"/> View

Nearest location: 1 mile (Madison)

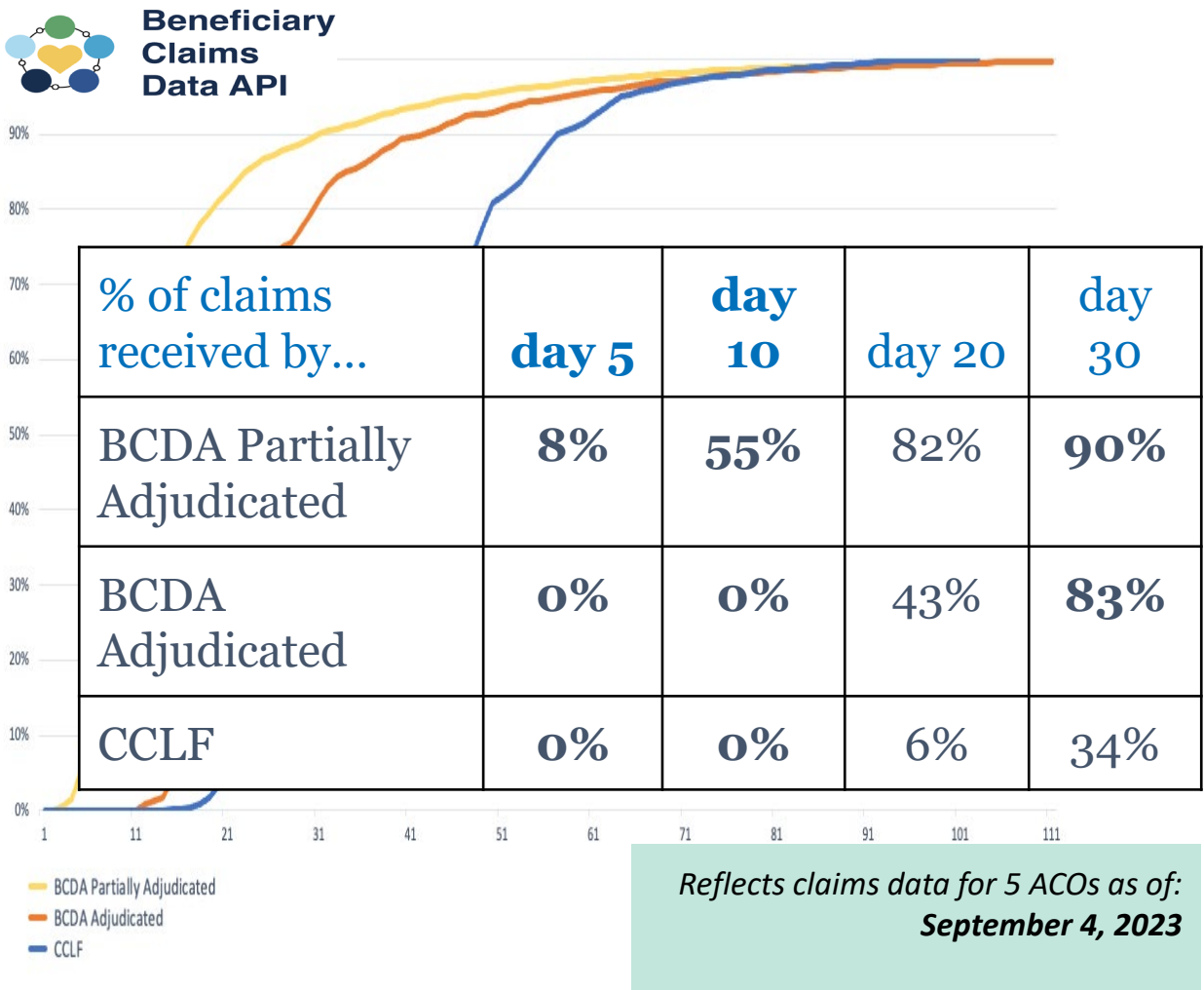
ExampleHealth Community Hospital (ehcommunityhospital.org)

Source	API	Portal
MyExampleHospital	<input type="checkbox"/> Connect	<input type="checkbox"/> View

Nearest location: 120 miles (Lake City)

(And two more cards for other affiliated brands sharing the My

Emerging “Fuel” for Payer/Provider Apps



“Does Botox for Migraines Need Prior Auth?”

Search for diagnosis (ICD-10)

G43.011: Migraine without aura, intractable, with status migrainosus

Search for procedure (CPT/HCPCS)

64615: CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FA...

Prior Authorization is Required. [Link to NGS Ways to Submit Requests](#)

Search Results

Back

NGS: Billing and Coding: Botulinum Toxins

Migraine without aura, intractable, with status migrainosus

Date of Service:

2023-07-18

Contractor:

National Government Services, Inc.

[Link to LCD](#)

[Link to LCA](#)

[FHIR Questionnaire](#)

ICD 10 Code:

G43.011

Migraine without aura, intractable, with status migrainosus

CPT Code:

64615

CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)

HCPCS Code:

TODO

TODO

Place of Service:

Outpatient Hospital

The Era of Health Information Fiduciaries

“...consumers have access to their own health data – and to the applications and services that can safely and accurately analyze it...” – President Obama (January 2015)

“We propose a major shift of primary focus away from information systems based on the hospital, clinic and medical practice, to one based on the individual. Such a system, which we call "Guardian Angel" (GA)...” – Dr. Isaac Kohane, et. al (May 1994)

“these values suggest that you may have some form of anemia or iron overload disorder. However this is not a definitive diagnosis and you should consult your doctor for further evaluation and treatment.” – GPT-4

I received this report from the medical lab on my recent physical exam. Can you explain in simple terms if there is anything I need to be concerned about?

- ✓ Searching for lab report interpretation
- ✓ Searching for lab report abnormal values
- ✓ Generating answers for you...

Hi, this is Bing. I'm glad you're taking care of your health 🧡

A lab report is a document that summarizes the results of an experiment and its interpretations¹. It usually includes a title page, an introduction, a method section, a result section, a discussion section and a reference list².

To understand your lab results, you need to compare them with the reference values that indicate what is normal or abnormal for your age, sex and health condition³. The reference values may vary depending on the laboratory that performed the test⁴.

Based on your lab report, I noticed some values that are outside the reference range:

- Your hemoglobin level is 15.5 g/L, which is slightly higher than the normal range for males (14-16 g/L)⁵.
- Your MCH level is 33.70 pg, which is higher than the normal range (28-32 pg)⁶.
- Your MCHC level is 41.01 %, which is higher than the normal range (30-34 %)⁷.
- Your RBC morphology shows hypochromia (+), microcytosis (+) and anisocytosis (+), which means your red blood cells have less color, smaller size and irregular shape than normal⁸.

These values suggest that you may have some form of anemia or iron overload disorder⁹. However, this is not a definitive diagnosis and you should consult your doctor for further evaluation and treatment.

I hope this helps you understand your lab report better. Please let me know if you have any questions or concerns. 🧡

Learn more: 1. myperfectwords.com 2. thoughtco.com 3. acuteonesting.org +8 more

1 of 8



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Thank you for your participation.

BeMyQHIN.com