# P2 ONC FHIR Task Force

FHIR Ecosystem Task Force for Use Cases

06/21/2018

**Coverage Requirements Discovery Use Case**

# Feedback and Tweaks

1. Overall, the process is going in the right direction
2. Additional detail in the form of narrative requirements is desired
3. A distinction between what the use case team come up with and how this was translated into the common architecture documents is helpful

# P2 Model

## Accelerate use of FHIR

### Identify

Barriers to adoption and opportunities for synergy:

- Locator Services
- Security Approaches
- Identity Resolution
- Testing Approaches

### Why

Removing barriers and aligning consensus based adoption via the network effect accelerates adoption.

### How

- Tiger teams
- Best practices
- Leverage existing resources

# Use Case Approaches

Use cases approaches can be used exclusively or in combination to define the dimensions of the model.

✓

## Barrier UC

Align use cases directly to an identified barrier such as resource locator, security, and identity.

## Generic UC

Instead of aligning directly to a barrier, use generic ecosystem use cases which identify and spotlight barriers.

## Da Vinci UC Base

Use Da Vinci uses cases a foundation for P2.

P2 provides the highway, Da Vinci provides the cars, trucks, and busses. Use the vehicles to help define the dimensions of the highway.

# Use Case 1 – Endpoint for Coverage Requirement Discovery (CRD) Story/Epic
## (Da Vinci Base UC Approach)

A member/patient arrived at the his or her PCP for evaluation of lower back pain.  The standard administrative workflow of E & B via the HIPAA 270/271 is followed and the exam proceeds via clinical standards.
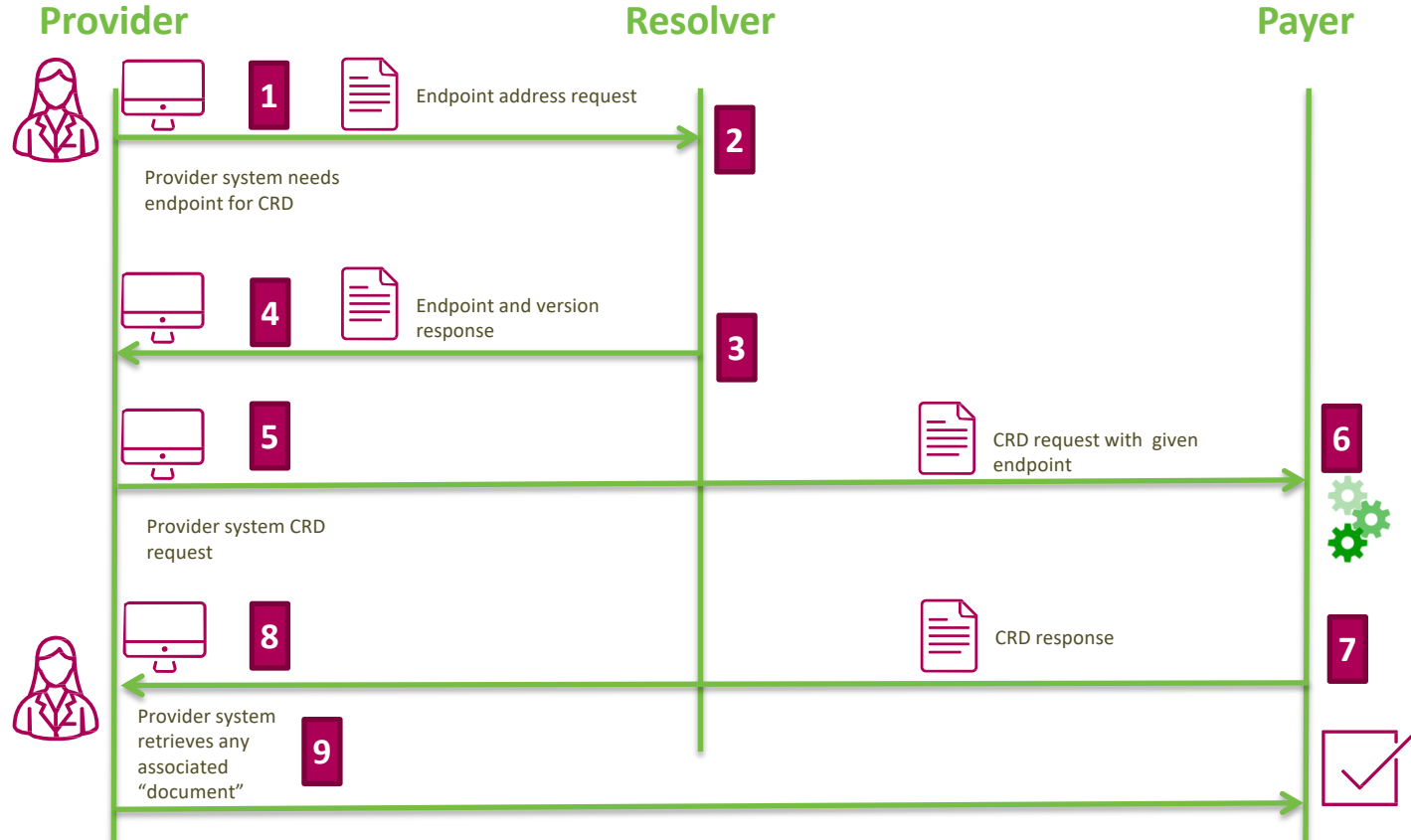
The PCP determines that specialist consult is required and moves forward with a  clinical referral.  The EMR detects that a referral is underway and recognizes that determining authorization requirements from the payer is needed [1].  The system requests [2] from the locator server the endpoint and version of the payer's coverage requirement service.  The locator service responds back [3] to the EMR with the endpoint address and version number of the payer's coverage requirement service. The EMR receives the response from the locator server [4].  The EMR requests the coverage requirements from the payer [5] using the endpoint address of the payer's coverage requirement service. The Payer's endpoint service for coverage requirements receives the request [6] and responds back to the EMR [7] with a payer coverage. [8] The EMR system processes the CRD information coming from the Payer. [9] The EMR system retrieves associated documents via payer/provider URI as appropriate.

# Major Feature/Stories - Requirements

Major Features/Stories

1. As a provider, I need my clinical workflow system to understand that when a clinical referral is underway, it should allow me to request coverage information from the respective payer to be used in administrative referral processing

2. As a provider, I need my EMR to be able to determine where the payer's information is available via a payer agnostic accessible registry without having to configure the endpoints individually

3. As a provider, I need the accessible registry to contain all the necessary information for my EMR to interact with the payer's data to be assured that the format of the data coming back to my EMR matches the expectation of my EMR and displays and functions correctly.

4. As a payer, I need to be sure the that the request for coverage information contains the appropriate information to identify the requester and the requesters authority to request this information.

5. As a provider, I need the response from the payer to be quick enough so as not to interfere with, or impeded, my clinical workflow.

6. As a provider, I need to feel comfortable that the registry is completely up to date and formatted correctly. As a provider, I need to be ensured that the communications are secure and meet industry and federal guidelines for security. Furthermore, I need to feel that participants on the network are trusted and legitimate sources of information.

7. As a payer, when I receive a request for information, I need to be sure that the entity requesting the information is authenticated and authorized and has rights to see that information.

8. As a payer, I need be able to respond back/acknowledge provider request timely.

9. As a provider, I need to feel comfortable that I will receive a response from both the registry and the payer at all times.

# Architecture Artifacts

Revisions History

# Use Case 1 – CRD (Da Vinci UC Approach)

**Provider**    **Resolver**    **Payer**

**1** Endpoint address request

**2**

Provider system needs endpoint for CRD

**4** Endpoint and version response

**3**

**5** CRD request with given endpoint

**6**

Provider system CRD request

**8** CRD response

**7**

Provider system retrieves any associated "document"

**9**

# Capability Mapping to Tiger Teams

| Cap ability # | Capability | Technical Learning Community | Identity | Security | Directory Versions Scale | Exchange Process | Testing & Certification | Pilots |
|---|---|---|---|---|---|---|---|---|
| 1 | Provider CRD endpoint and version request capability | | | | ✓ | ✓ | ✓ | ✓ |
| 2 | Resolver CRD endpoint capability | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| 3 | Resolver CRD endpoint capability | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| 4 | Provider CRD endpoint response capability | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 5 | Provider CRD request capability | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 6 | Payer CRD response capability | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 7 | Payer CRD response capability | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 8 | Provider CRD response capability | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 9 | Provider retrieves "associated documents" | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |