



# The Da Vinci Project:

Defining Value Based Care  
Standards Between Payers and  
Providers

ONC P2/Da Vinci Joint Working Session

To ensure the success of the industry's **shift to Value Based Care** there is a need to establish a **rapid multi-stakeholder** process to identify, exercise and implement initial use cases between payers and provider organizations.

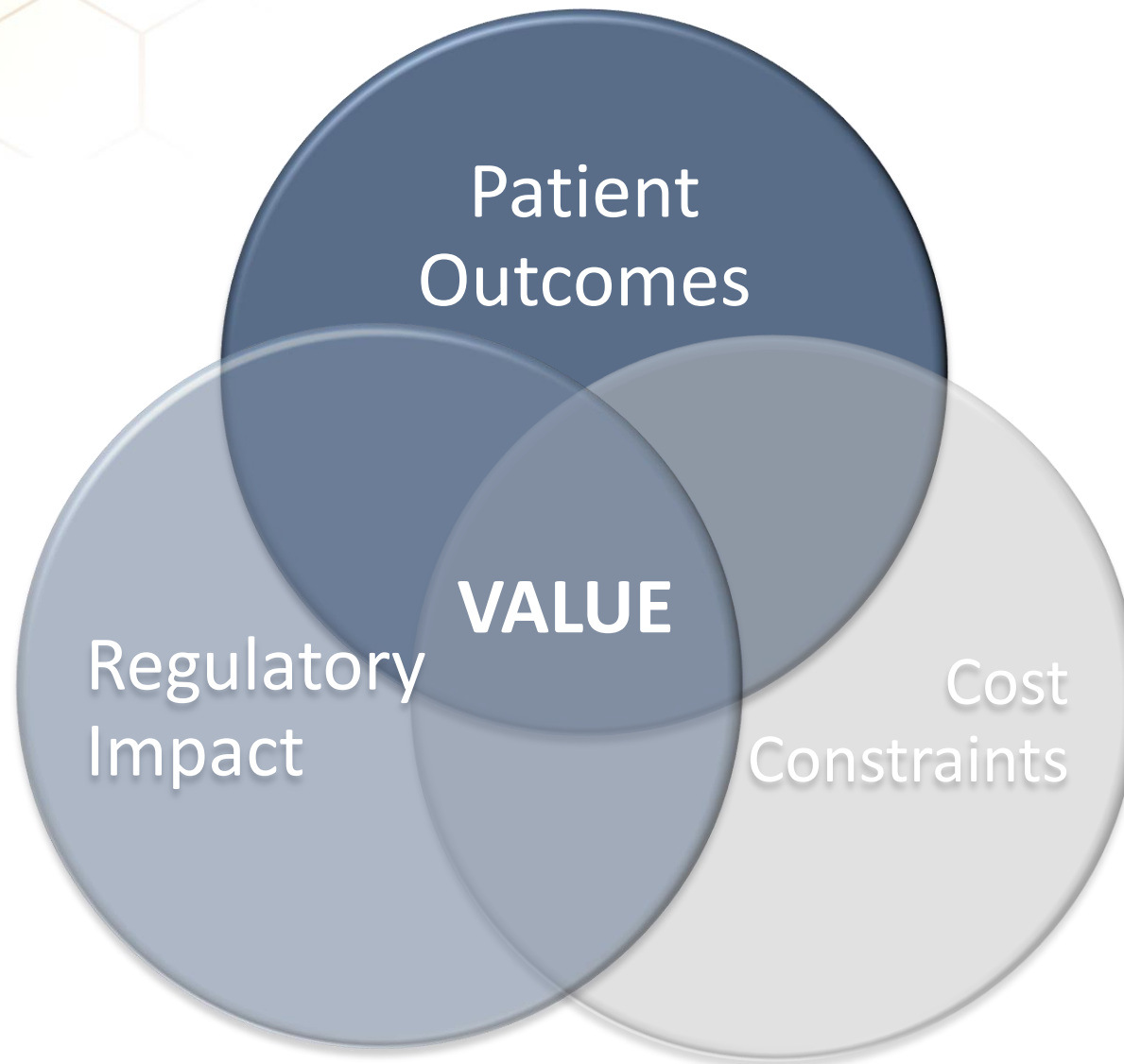
The objective is **to minimize** the development and deployment of **unique solutions with focus on reference architectures that will promote industry wide standards and adoption.**

Components for success include (and where needed, create extensions to or craft revisions for) common:

1. Standards (HL7 FHIR®),
2. Implementation guides, and
3. Reference implementations and pilot projects to guide the development and deployment of interoperable solutions on a national scale.



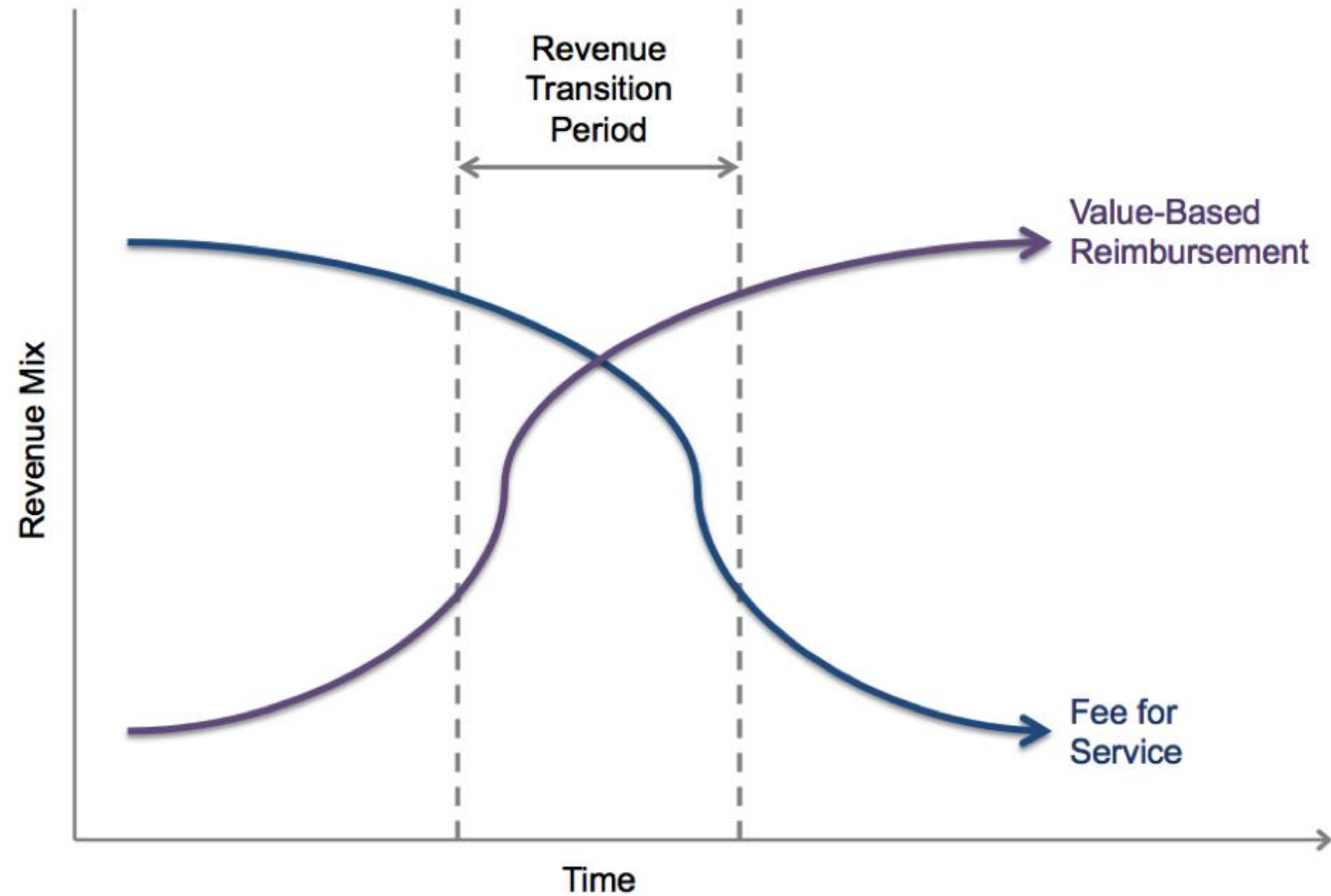
# VBC Programs Drive Focus to Patient Outcomes



Enable provider to see right data at right time for specific patient coverage, benefits and care coordination

Historically, payment and coverage data completely separate from care

# Empower End Users to Shift to Value



As a private industry project under HL7 International, Da Vinci will unleash critical data between payers and providers required for VBC workflows leveraging HL7<sup>®</sup> FHIR<sup>®</sup>



# 2018 Use Case Inventory and Project Deliverables

1: 30 Day Medication Reconciliation\*

2: Coverage Requirements Discovery\*

3: Documentation Templates and Coverage Rules\*\*

4: eHealth Record Exchange: HEDIS/Stars & Clinician Exchange\*\*

Notification (ADT): Transitions in Care, ER admit/discharge

Risk Based Contract Member Identification

Authorization Support

Quality Measure Reporting

Laboratory Results

\* Imp Guide and Reference Implementation publish Aug 15, 2018

\*\* Discovery and requirements underway

## PHASE: BUILD

Available after 8/15

1. 30 Day Medication Reconciliation (MRD)
2. Coverage Requirements Discovery (CRD)

## PHASE: DISCOVERY & REQUIREMENTS:

Available End of Q1'19

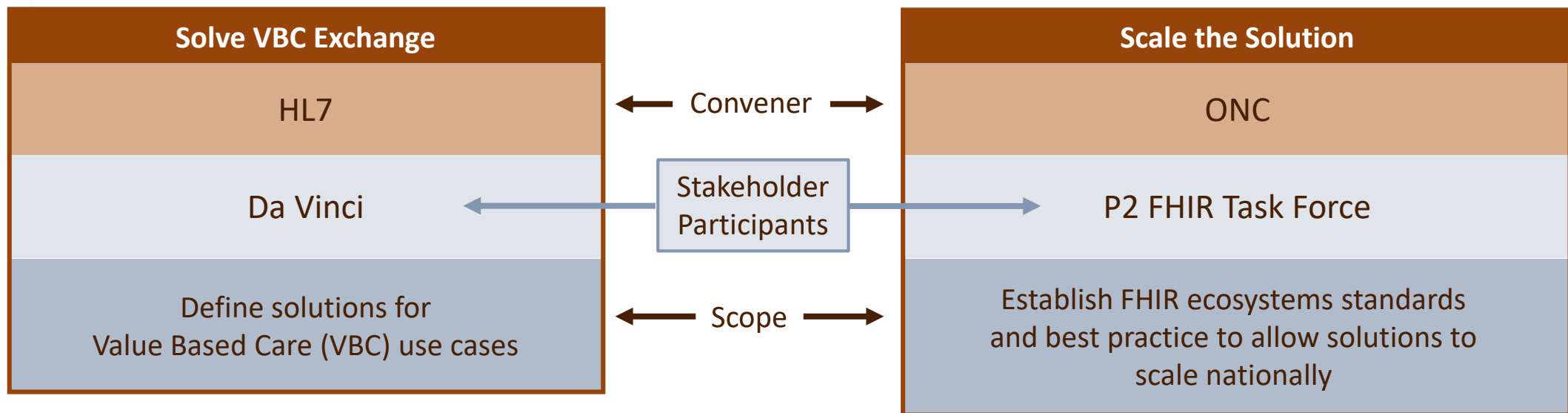
3. Document Templates and Coverage Rules (DTCR)

Schedule TBD

4. eHealth Record Exchange (eHealth) – Awaiting further definition, final funding approval

# Relationship Between Da Vinci & P2 FHIR Task Force

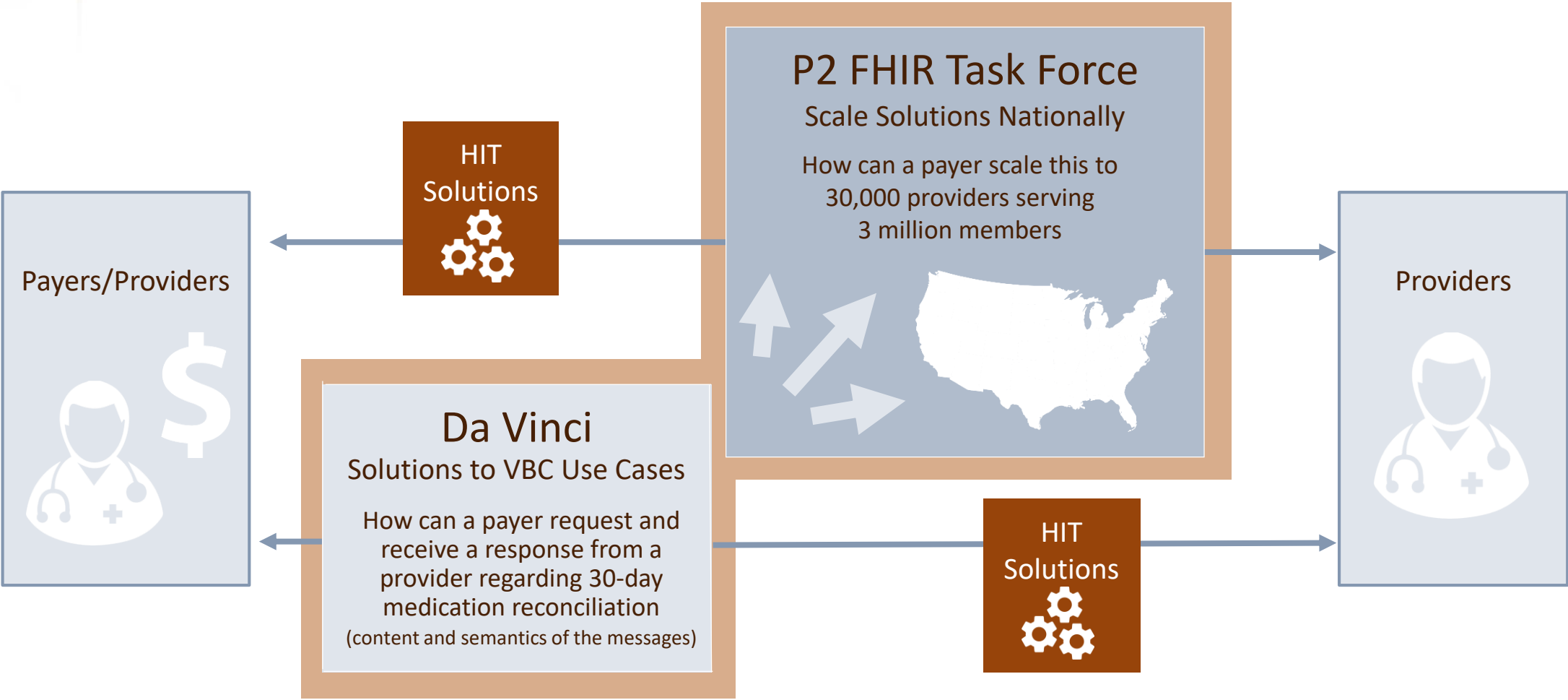
Using FHIR to Solve Payer-Provider and Provider-Provider Interoperability Problems



- 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

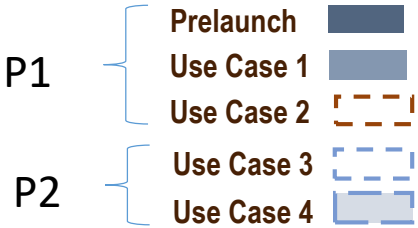
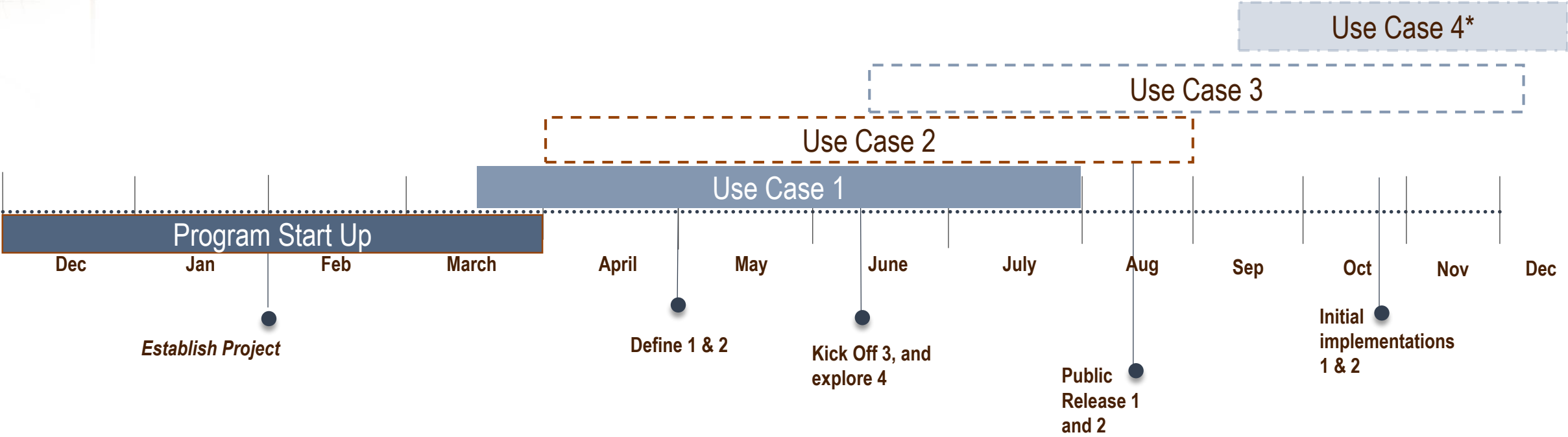
- Identity management
- Security and authentication
- Endpoint determination
- Scaling interactions
- Exchange of information between end points supporting different versions of FHIR
- Testing and certification

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





# Da Vinci 2018 Use Cases – Phase 1 & 2



\* Discovery and Project Definition Approved

# Da Vinci Key Milestones & Events

## August

- Public status call [August 15th](#), 2pm ET
- Press Release with founding members – Mid August
- Initial Use Case 1 & 2 collateral released to [public](#)
- Virtual connectathon – TBD

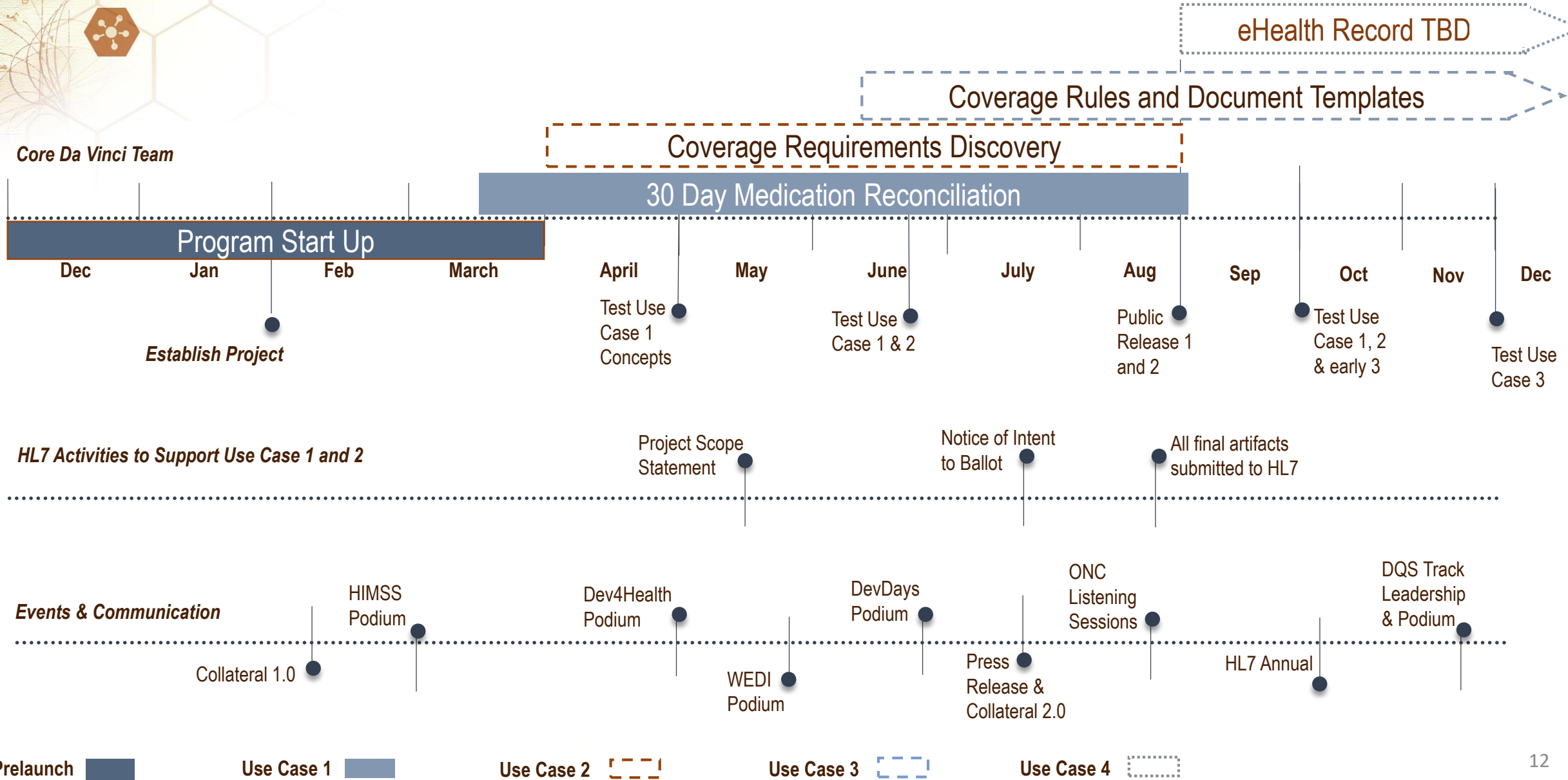
## Upcoming in-person connect-a-thons / meetings;

- ONC Interoperability Forum, Aug 6<sup>th</sup> – 8<sup>th</sup>, 2018 (Washington, D.C.)
- HL7 Annual Workgroup Meeting, Use Case 1 & 2 at Connectathon Sep 29<sup>th</sup> & 30<sup>th</sup> (Baltimore, MD)
- NCQA Data Quality Summit, Nov 10<sup>th</sup> – 11<sup>th</sup>, 2018 (Washington, D.C.)



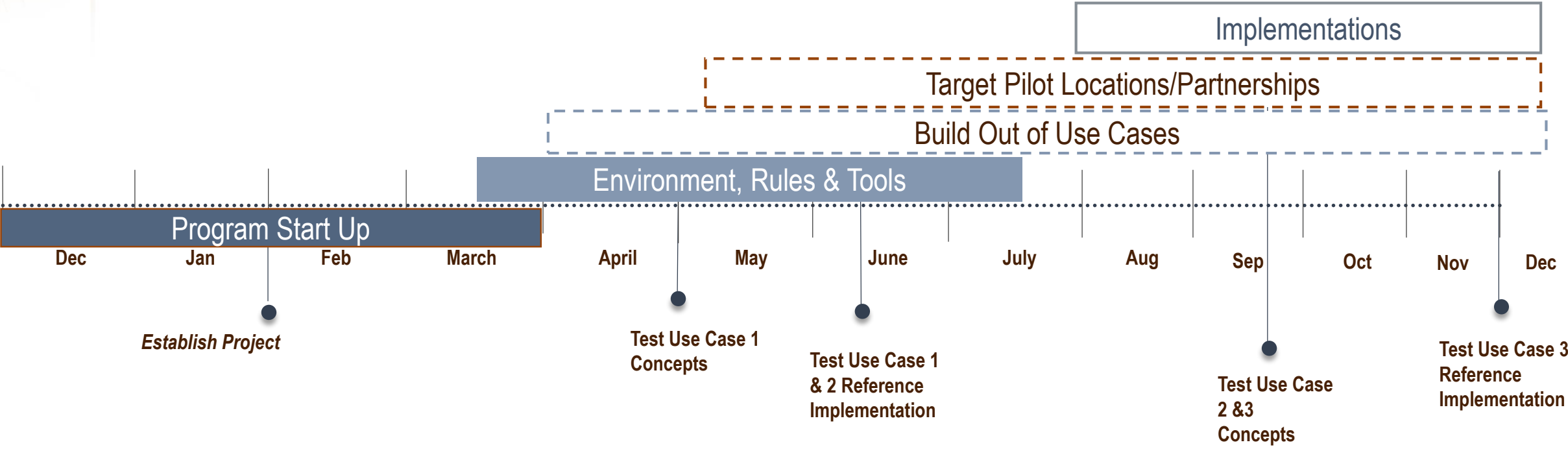
## Supporting Details

# Da Vinci 2018 Program View Detailed

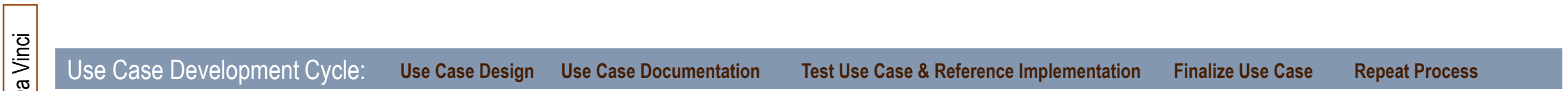
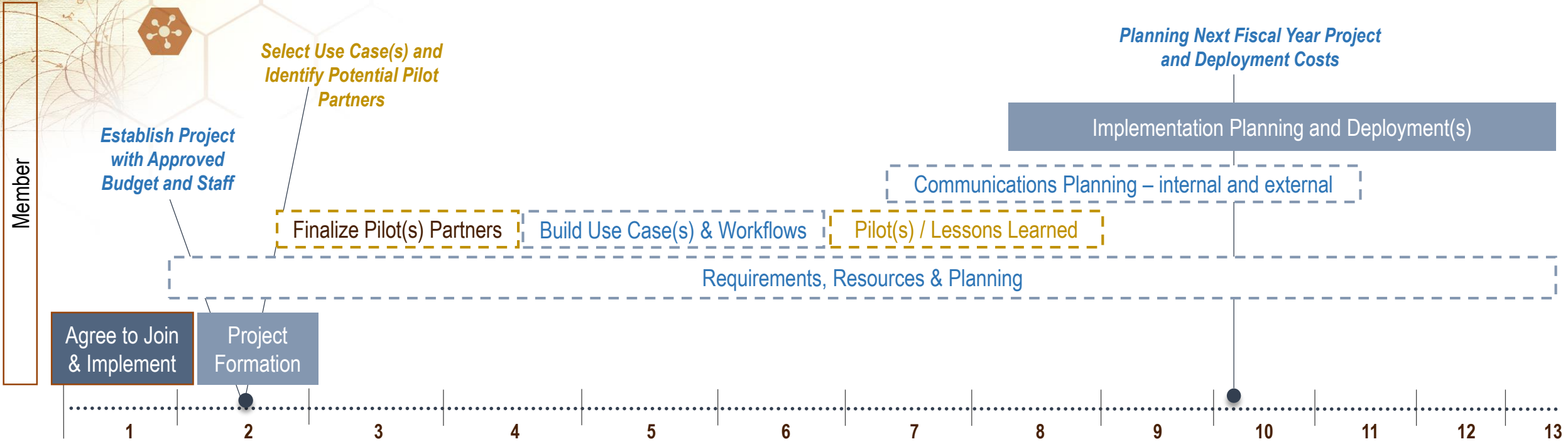


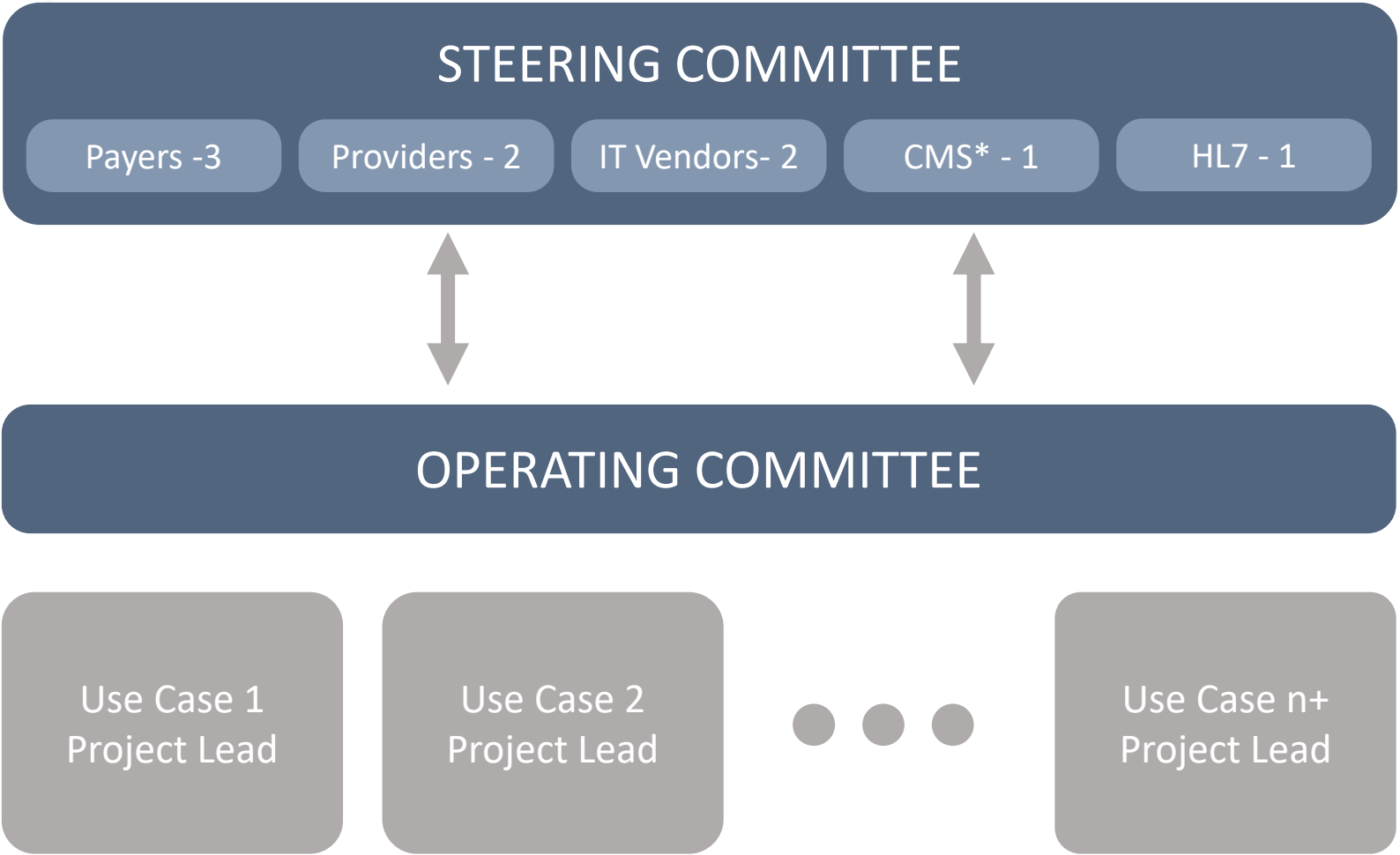


# Da Vinci 2018 Project Workstreams



# Partner/Member 2018 *Sample* Project





Program Manager & Technical Director

\*CMS (Medicare Fee Service)



# P2 FHIR Taskforce Impact on Da Vinci Use Cases

**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.**

## **Examples of out-of-scope items for DaVinci include:**

- Identity management for Providers, Payers, and Patients
- Security for exchanges (including those with PHI)
- Authentication and Authorization (right to information)
- Endpoint determination (e.g. via healthcare directory)
- Scaling interactions from pilot level to thousands of endpoints and millions of transactions
- Exchange of information between endpoints supporting different versions of FHIR
- Testing and certification of endpoint capabilities at scale



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