

# NCVHS PREDICABILITY ROADMAP ONC INTEROPERABILITY ROADMAP

## HATA Advocacy Opportunity

HATA to engage PMS vendors and create one voice regarding administrative and clinical data exchange needs for our clients. The NCVHS Predictability Roadmap and the ONC Interoperability Roadmap allow an opportunity for HATA to take a leadership role on this topic across the industry.

### Objectives

- ▶ Increase adoption of EDI across clients and the industry at large
- ▶ Reduce unnecessary administrative costs of manual processes by increasing actionable messaging and compliant standard transactions
- ▶ Reduce the cost of maintaining non-compliant transactions
- ▶ Reduce the cost of EDI, banking transactions significantly less than EDI
- ▶ Reduce need to go to portals, gain ability to place information within the PMS workflow



# CURRENT STATE – DATA EXCHANGE

- ▶ How much capital and staff resources do you allocate to:
  - ▶ Developing workarounds ---- accommodating incompliant standard transactions, whether X12, NCPDP or other standard transaction
  - ▶ Proprietary connections to payers, other vendors, providers
  - ▶ Developing, providing manual reports either downloadable or manual, since importing information is:
    - ▶ to costly;
    - ▶ not received from the majority of sources; or
    - ▶ other business reasons.
- ▶ How many provider complaints do you receive for incomplete or nonactionable information sent in a standard transaction that you have no or limited control over?



# WOULD YOU AGREE?

- ▶ There is no competitive advantage to:
  - ▶ Handling costly workarounds for noncompliant standards?
  - ▶ Addressing the lack of data received or consistency in usage?
- ▶ Competitive advantage is found in the unique user experience/workflow and data dashboards that make it actionable by the vendor.
- ▶ You are your provider client advocate to ensure the information needed is received, can easily be acted upon within your unique workflow at an affordable cost?



# NCVHS PREDICTABILITY ROADMAP

## **Purpose:**

Identify the current process for updating standards and operating rules, challenges with the current process and opportunities for improvement to enhance predictability, simplification and cost efficiency for covered entities.

## **Expected Outcome:**

Recommendations for SDOs, operating rule authoring entities, HHS and industry regarding opportunities to improve the update, adoption and regulatory processes.



# OFFICE OF NATIONAL COORDINATOR INTEROPERABILITY ROADMAP

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# NATIONAL QUALITY FORUM'S (NQF) 5 GUIDING PRINCIPLES:

- **Interoperability is more than EHR to EHR;**
  - “NQF pointed to various data sources, notably a Qualified Clinical Data Registry, mHealth devices, databases housing clinical trial and third-party payer information and practice management systems.”
- Various stakeholders with diverse needs are involved in the exchange and use of data;
- “Electronically exchanged information” replaces the term “outside data.”
- Interoperability needs will differ depending on the care setting; and
- All critical data elements should be included as interoperability increases access to information.

<http://www.healthcareitnews.com/news/nqf-says-interoperability-goes-far-beyond-ehr-ehr-data-exchange>



# HATA CALL TO ACTION

- What do we, as PM/EHR Vendors, need for efficient data exchange with payers, providers and others for administrative and clinical purposes?
- How do you want to receive this data in your system and leave your system (entrée and exit of data) that is cost efficient?
- What additional or inconsistently received information is needed to meet your clients business needs.
- How can the industry meet emerging business needs, without waiting for a decade for new version of the standards.

## Next step!

- Your participation on the Call to Action Workgroup is critical to ensuring HATA is heard on our behalf!
- Answer: What additional or inconsistently received information is needed to meet your clients business needs.



# NCVHS PREDICTABILITY ROADMAP

## Potential Recommendations

- Open sourced, agile, speedier delivery of standard transactions with more frequent and smaller changes.
- Ask regulation to name standard transactions as a floor and allow 2 willing trading partners to use another version, as long as content meets requirements.
- Include in regulation the ability for HIPAA TCS to be updated yearly or more frequent updates and that the base syntax would allow XML, JASON etc.
- Need for creation of a common data model/dictionary across all standard transactions. Agreement the data terminology and consistent usage across all standard transactions was key for future use. Mandate Symantec Compliance, instead of Syntactical.
- Real-time/near real-time estimation/adjudication by more payers to give clients financial information prior to or at time of care.
- Increased upfront transparency – next step actions to allow claim issues to be addressed at the front end of the revenue cycle.

