

# Electronic Medical Documentation Interoperability (EMDI) Initiative

# **Outline for Today's Session**







**EMDI at CMS** 

Interoperability with EMDI

Pilot Program Details

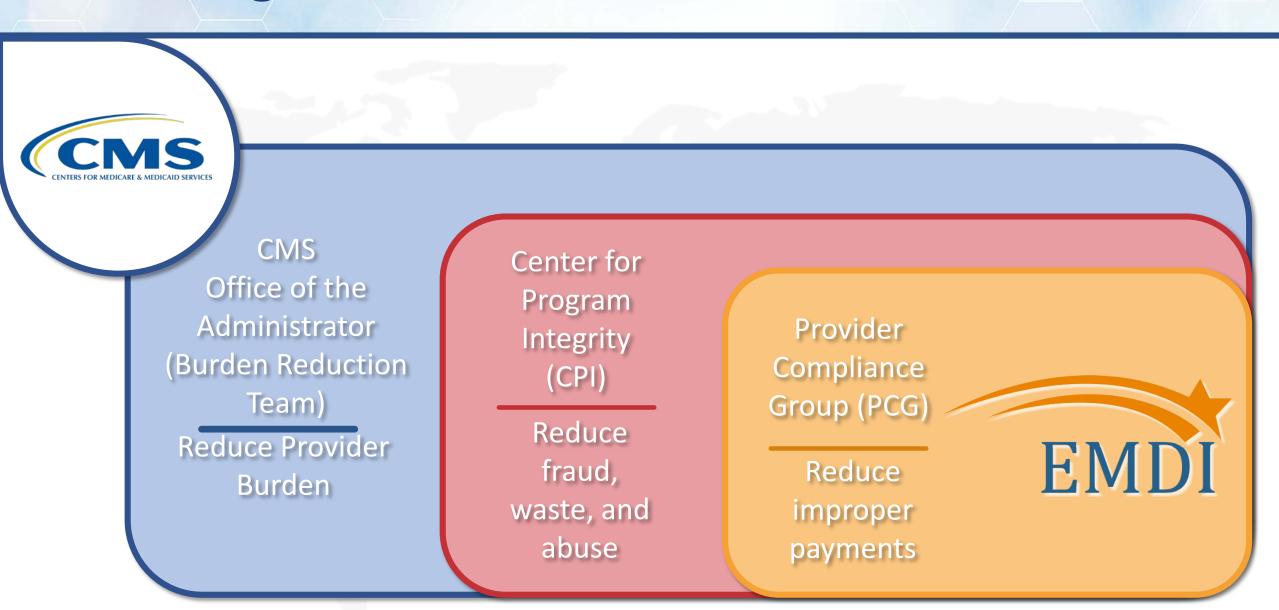
Path Forward





### **EMDI's Alignment with CMS Goals**

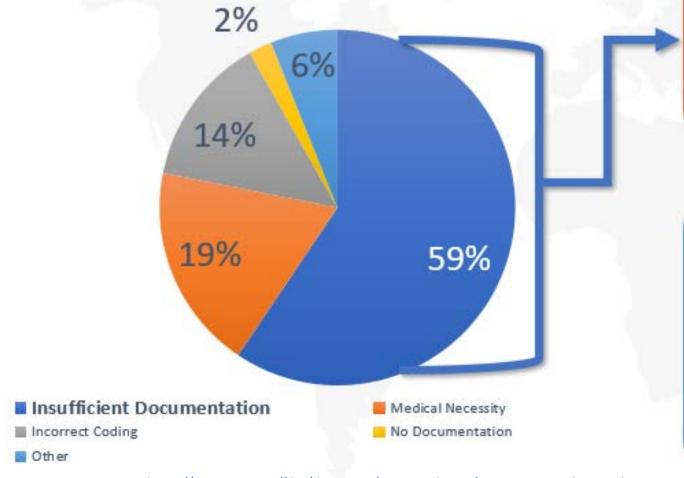




# CMS Identified the Need for Improved Provider Workflow That Can Help Reduce Provider Burden



Improper Payment Rate Error Categories by Percentage of 2019 National Improper Payments



Primary reason for Insufficient Documentation is the current noninteroperable workflow that is:

Paper-Based Burdensome Unsecure
Inefficient Unorganized

EMDI Conducts Voluntary Pilot Programs To:

- Reduce Provider Burden
- Improve Provider-to-Provider
   Workflow and Communication
- Promote the use of Health IT standards
- Contribute in achieving nationwide Interoperability

CMS CERT Report 2019: <a href="https://www.cms.gov/files/document/2019-medicare-fee-service-supplemental-improper-payment-data.pdf">https://www.cms.gov/files/document/2019-medicare-fee-service-supplemental-improper-payment-data.pdf</a>





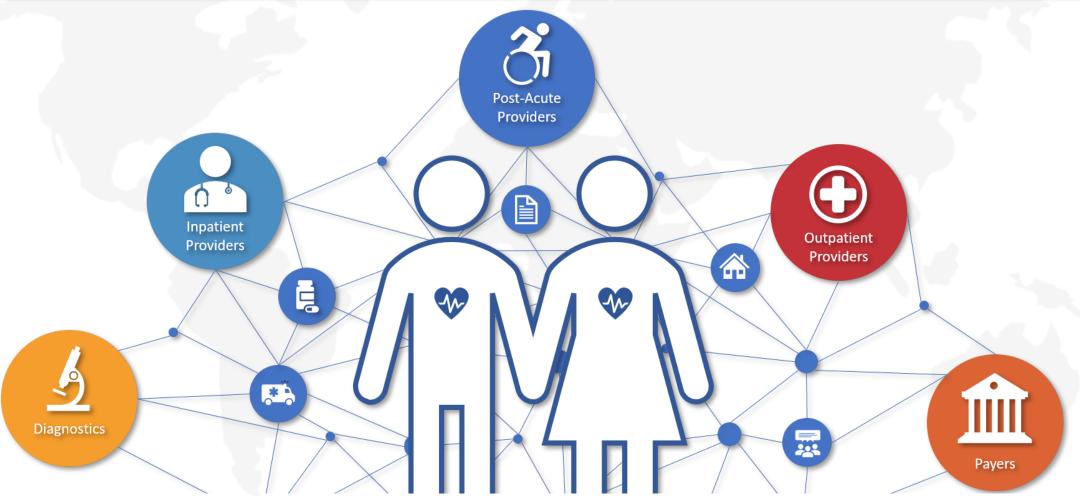
## Interoperable Healthcare Ecosystem



**Interoperability is** the ability of a system to:

**Exchange** electronic health information with another system

Use electronic health information received from another system



# Benefits of Interoperable Clinical Workflows





# EMDI Focuses on Communication between Service Ordering and Rendering Providers







- Emergency Care
- Urgent Care
- Short term Stabilization
- Per Hospital Care
- Critical Care
- Trauma care & Acute Care Surgery

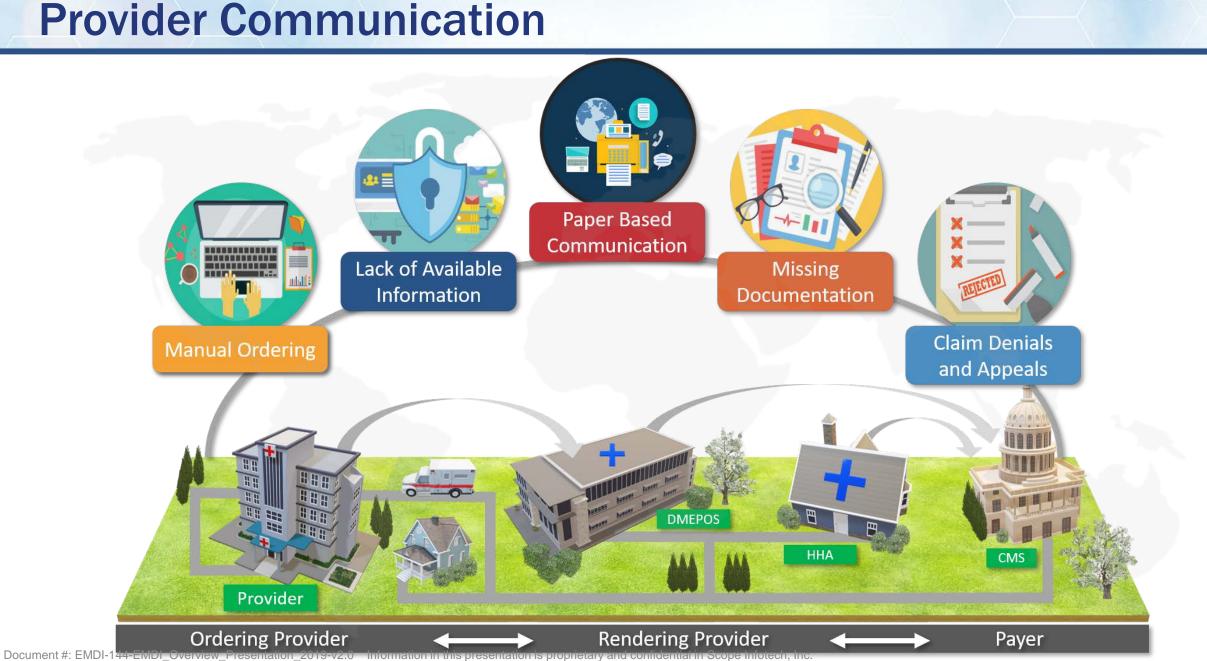


#### **Service Rendering Providers**

- Home Health Agencies
- Durable Medical Equipment Supplier
- Physical Therapy
- Long-Term Care Hospitals
- Inpatient rehabilitation facilities
- Skilled Nursing Facilities

# EMDI Identified the Burden Involved in Provider-to-





## **EMDI's Interoperable Use Cases (UC)**





**Ordering Provider** 

**UC1: Order/Referral**, with attached medical records

**UC2:** Request for Medical Documentation

**UC3: Request for Signature** 



**Rendering Provider** 

UC 1

Ordering Provider sends an order/referral to the Rendering Provider

Raco

Rendering Provider accepts/rejects the order/referral

UC 1

UC 2

Ordering Provider sends requested medical documentation to the Rendering Provider

Rendering Provider requests missing medical documentation from the Ordering Provider

UC 2

£ 7 1

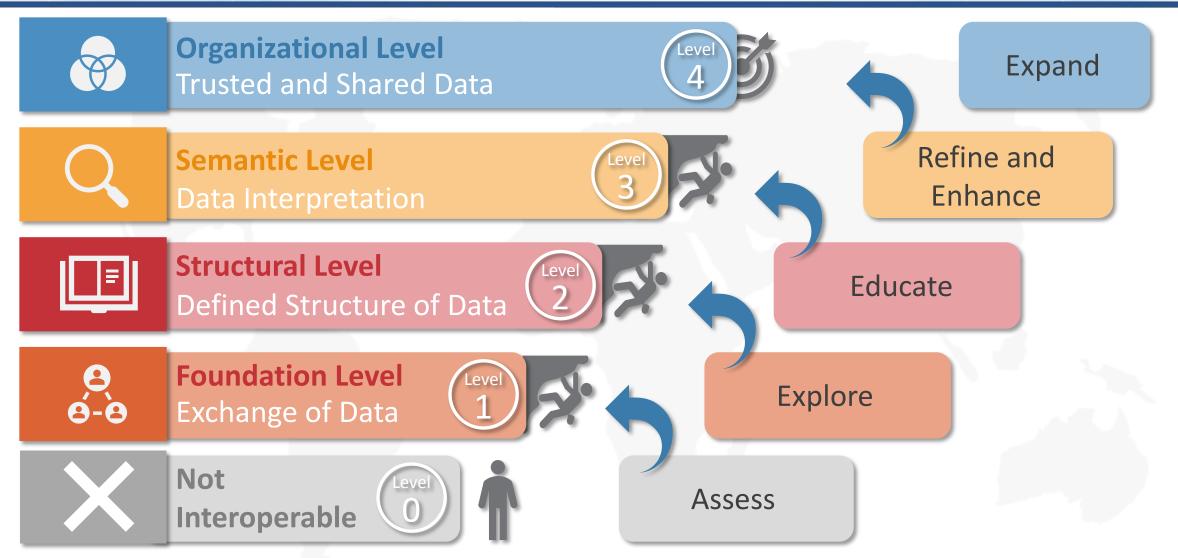
Ordering Provider sends signed/dated documentation to the Rendering Provider

Rendering Provider requests missing physician signature from the Ordering Provider

JC 3

# **EMDI Helps to Achieve Next Level of Interoperability**





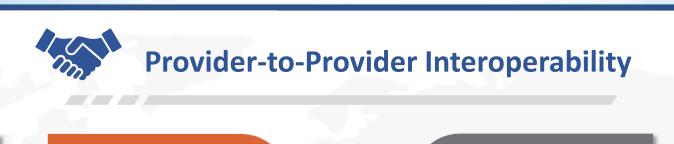
EMDI takes a tiered approach that helps pilot participants navigate through all levels of interoperability





### Pilot Programs under EMDI Initiative





EMDI Pilot Program eClinical
Template Pilot
Program

Post-Acute
Order/Referral
FHIR Pilot
Program

CDex Pilot Program

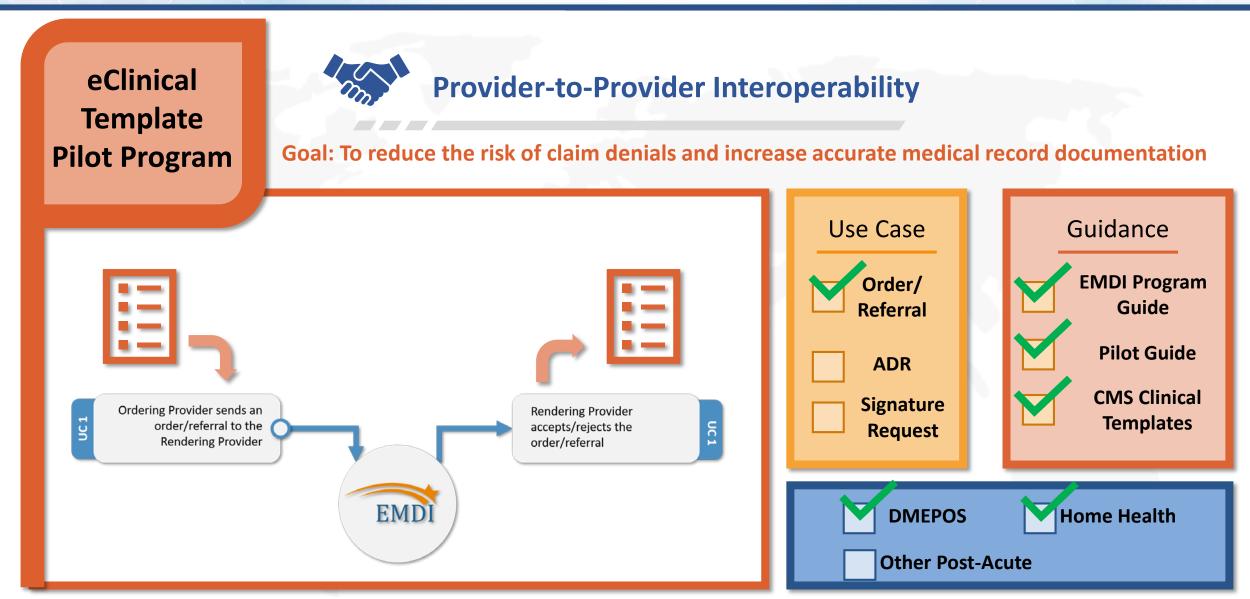
# Take Standard Agnostic Approach with EMDI Pilot





# Increase Accuracy of Medical Documentation with SCOPE Clinical Template Pilot Program





# Send FHIR-based DME Order and HHA Referral with Post-Acute FHIR Pilot Program

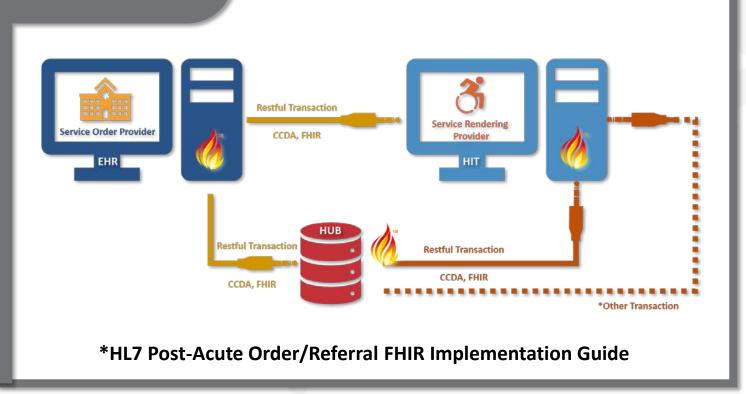


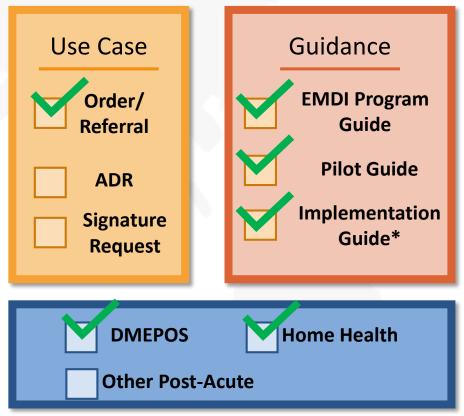
Post-Acute
Order/
Referral FHIR
Pilot Program



**Provider-to-Provider Interoperability** 

Goal: To reduce provider burden and reduce improper payment





# Send FHIR-based Additional Documentation Request with CDeX FHIR Pilot Program

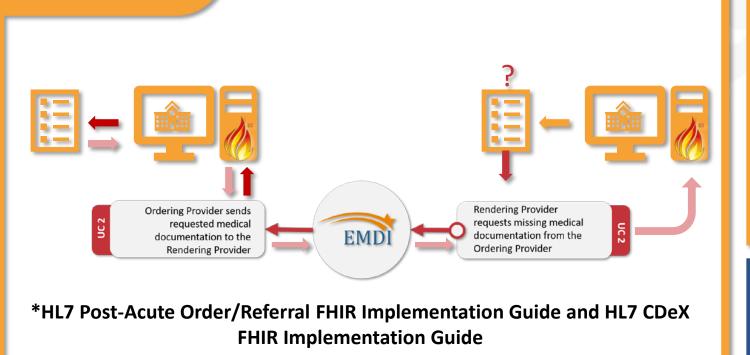


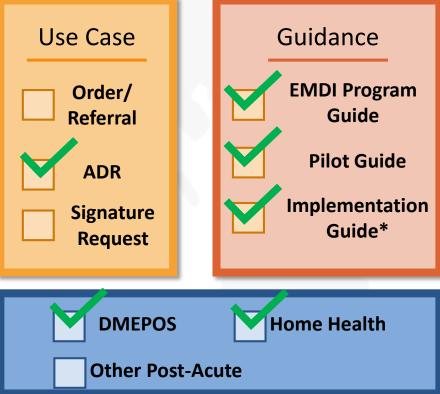




#### **Provider-to-Provider Interoperability**

Goal: To reduce the risk of claim denials, improper payments, and appeals





# Services and Opportunities Provided by EMDI





#### **Network of Stakeholders**

- Established network of 300+ stakeholders
- Offer collaboration opportunities through workgroups and virtual Connectathon to learn common practices, use cases, and lessons learned



#### **Education**

- Facilitate educational sessions and panel discussions on interoperability opportunities, standards, and regulations
- Provide a knowledge-based platform beneficial for healthcare stakeholders on CMS and ONC websites



#### **Support and Consultation**

- Provide guidance and consultation for pilots through implementation guides, alignment sessions, gap analysis, and environmental scans
- Technical guidance through focus groups and virtual Connectathon



#### **Measure Workflow Efficiency**

 Provide structured method to collect measures that demonstrate interoperability value from improved workflows

### Life Cycle of Pilots under EMDI Initiative







#### **Exploration**

- Introduction
- Alignment
- Onboarding
- Guidance



- Participate in workgroups
- Provide pilot schedule
- Identify end-to-end pilot participants



#### Execution

- Submit pre-pilot measures
- Infrastructure changes and development efforts



#### Closing

- Provide pilot completion summary
- Submit post-pilot measures

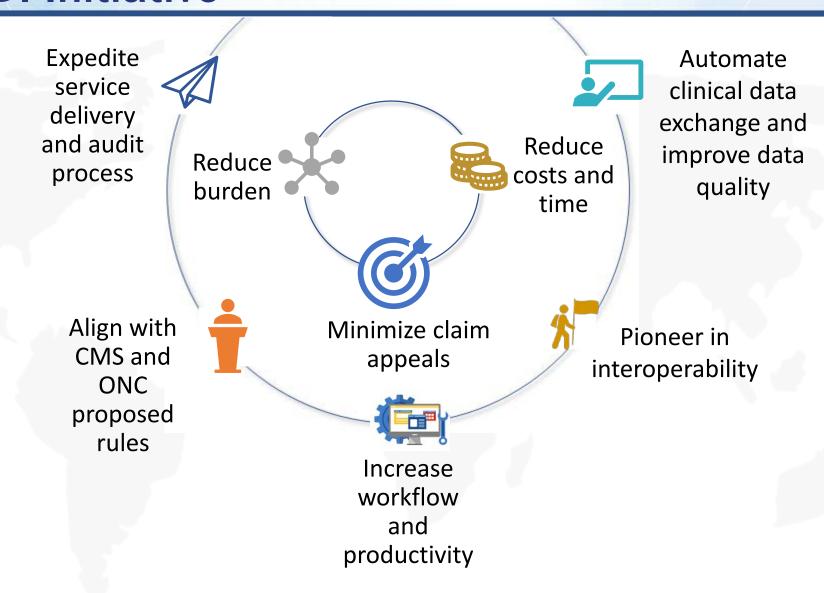
#### **Testing**

- Collect test results through: Test case document, Demo, Proof of concept
- Demonstrate success story at HIMSS interoperability showcase
- Participate in HL7 Connectathon



# Benefits of Conducting a Pilot under CMS's EMDI Initiative





### Pilot Program Progress and Findings



#### **Completed Pilot Findings**

- Saved time by several minutes per order which translated into many man-hours.
- **Decreased cost** of long-term care.
- Expedited the order and delivery of the equipment and increased financial performance.
- **Enhanced communication** between providers that resulted in better care to patients.
- Increased data accuracy which eased the burden of the claims and reimbursement process.
- Reduced risk of omission errors, cost of patient care, and the opioid remission rate to less than 2%.







### Interoperability is a MUST





### Why Interoperability?

Interoperability is a key stepping-stone to the optimization of healthcare system communication and can lead the way for predictive analytics with big data.

# CONTACT

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# QUESTIONS

