Increasing Standardization in the Prior Authorization Process
The Room Where it Happened

Room 325A
The Hubert H. Humphery Building
200 Independence Ave., S.W.
Washington, DC 20001
“The Administrator's Office”

November 1, 2017

“We are Building With FHIR”
“The Da Vinci Project”

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Former Administrator,
Centers for Medicare & Medicaid Services (CMS)

Don Rucker, MD
Former National Coordinator
Office of the National Coordinator (ONC) for Health IT
Melanie Combs-Dyer

University of Maryland School of Nursing, B.S., Nursing, 1985

Towson University, M.S., Health Administration, 1987

Frederick Memorial Hospital
Registered Nurse

Delmarva Foundation for Medical Care (PRO)
Nurse Reviewer

Birch and Davis Consulting Firm
Researcher, Industrial Engineering Study

Health Care Financing Administration (CMS)
Health Insurance Specialist... esMD
Director, Provider Compliance Group... PA

Mettle Solutions
Director of Innovation
Agenda for Today’s Webinar

Main Agenda

1. Standards promoting standardization in PA
   a. Fast Healthcare Interoperability Resources (FHIR)
   b. The Da Vinci Project
      • Coverage Requirements Discovery (CRD)
      • Documentation Templates and Rules (DTR)
      • Prior Authorization Support (PAS)
   c. Questions about STANDARDS
   d. Demo of CRD/DTR/PAS Solution (by Sreekanth Puram)

2. CMS Actions promoting standardization in PA
   a. The Reg’s Proposed Standards
   b. SPADE*: Medicare FFS’ FHIR Server for PA Requests on FHIR
   c. Questions about CMS ACTIONS

3. Public Efforts promoting standardization in PA
   a. Uniform Elements for Prior Authorization team (by Jillian Flowers)
   b. Digitizing Medicare Coverage Determinations
   c. Questions about PUBLIC EFFORTS

If time permits

- Computer Assisted Review of Documentation (CARD)
- The CodeX Project
- Clinical Decision Support (CDS)

During the presentation, please send us questions via the chat box to either:
- “EVERYONE” or
- “JILLIAN FLOWERS”

* SPADE = Support for Prior Authorization and Documentation Exchange
Standards promoting standardization in PA

• FHIR
• The Da Vinci Project
• Demo of CRD/DTR/PAS Solution
What is a technical “standard”?

“An established norm about a technical system”

History of Railroad Tracks in the US

• As railway developed and expanded, one of the key issues was the track gauge (the distance the rails) to be used.

• Different railways used different gauges.

• Where rails of different gauge met – loads had to be unloaded from one set of rail cars and re-loaded onto another, a time-consuming and expensive process.

• The result was the adoption throughout a large part of the world of a "standard gauge" of 4 ft 8 ½ in, allowing interconnectivity and interoperability.
Standards Development Organizations

Standards are defined, updated, and maintained by SDOs through a collaborative process **involving the audience that will be using the standards.**

<table>
<thead>
<tr>
<th>SDO Name</th>
<th>Sets standards for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air-Conditioning, Heating and Refrigeration Institute</td>
<td>Air-conditioning, refrigeration, heating, ventilation, controls, boilers, furnaces</td>
</tr>
<tr>
<td>American Nuclear Society</td>
<td>Nuclear, radioactive, isotopes, criticality, neutron, fissile, plutonium, uranium, radiation, reactors</td>
</tr>
<tr>
<td>American Wood Council</td>
<td>Wood, structural design, construction, residential, commercial, engineered wood products, structural panels, framing, green building</td>
</tr>
<tr>
<td>Consumer Electronics Association</td>
<td>DTV, video, audio, mobile electronics, consumer electronics, home networks, antenna, cable</td>
</tr>
<tr>
<td>American Water Works Association</td>
<td>Drinking water, wastewater, storage tanks, water treatment, utility management, valves, water distribution, treatment chemicals, pipe, water wells</td>
</tr>
<tr>
<td>etc.</td>
<td></td>
</tr>
</tbody>
</table>
### Health Care SDOs

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>BENEFIT TYPE</th>
<th>TRANSACTION</th>
<th>ADOPTION REALITY</th>
<th>OPPORTUNITY</th>
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<tbody>
<tr>
<td>X12</td>
<td>Medical</td>
<td>270/1</td>
<td>Universal</td>
<td>Eligibility Lookup</td>
</tr>
<tr>
<td></td>
<td></td>
<td>275</td>
<td>In use for claims</td>
<td>Attachment (unstructured medical record)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>278</td>
<td>Steady at 8-10%</td>
<td>Prior Authorization Cover Sheet</td>
</tr>
<tr>
<td>NCPDP</td>
<td>Pharmacy</td>
<td>ePA</td>
<td>Universal</td>
<td>Commercial unique solutions for RTBC in market. Draft standard in process for RTBC. Accurate benefit data will increase prospective ePA; joint work on RTBC and Enrollment with HL7 FHIR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F&amp;B</td>
<td>Universal</td>
<td>Attachment (structured medical record)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RTBC</td>
<td>Proprietary, Draft Underway</td>
<td></td>
</tr>
<tr>
<td>HL7</td>
<td>Supplement</td>
<td>CCDA</td>
<td>Proven for clinical data exchange</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>FHIR</td>
<td>Growing</td>
<td>Discrete data elements (resources) --often from a medical record – that can be bundled</td>
</tr>
</tbody>
</table>

**NOTE:** An Old CMS reg states that every payer MUST accept PA Requests in **278 format**
Standards are defined, updated, and maintained by SDOs through a collaborative process involving the audience that will be using the standards.

Process Used by SDOs

How a standard is developed

- **Business Needs**
  - Providers
  - Hospital
  - Vendors
  - A need for a new standard is identified
  - Business requirements for standard submitted to SDO

- **Workgroup Collaboration**
  - Assign to SDO workgroup
  - Workgroup drafts standards / implementation guide

- **Balloting**
  - Members & non-members provide feedback on draft standard
  - Workgroup incorporates feedback

- **Piloting**
  - Vendors
  - Health Systems
  - Draft standard is piloted
  - Pilot participants provide feedback to the workgroup

- **Balloting**
  - Members & non-members vote for draft standards, ready for piloting

- **Maintenance**
  - Workgroup
  - SDO maintains standard
Structured vs Unstructured

- **Unstructured data** is information that either does not have a pre-defined data model or is **not organized in a pre-defined manner**.

- **Structured data** is stored in an **organized codified manner** with the same format in an EHR (or a file) that is consistent, so that it is machine processable and searchable.

Medication directions - Starting June 22, 2019 take Ceftriaxone 100MG/ML two times daily.
What is FHIR*?

• FHIR:
  o Is an alternative to unstructured (document-centric) approaches
  o Exposes discrete data elements

• HL7 forms workgroups to:
  o Identify “use cases” (e.g. “prior authorization”)
  o Create “Implementation Guides” (e.g. “Prior Authorization Support IG”)

* FHIR = Fast Healthcare Interoperability Resources
The DaVinci Project

▶ What is it?
  – a FHIR Accelerator
  – a community of payer and provider technical, clinical and business leaders

▶ What does it do?
  – enable value-based care
  – solve interoperability challenges between payers and providers

▶ How?
  – Identifies “use cases” (situations where payers and providers don’t communicate well today)
  – Develops implementation guides for use case
Who are the Members of the DaVinci Project?

**PROVIDERS**

<table>
<thead>
<tr>
<th>AthenaHealth</th>
<th>Cerner</th>
<th>Epic</th>
<th>Healow Insights</th>
<th>Veradigm</th>
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<tbody>
<tr>
<td>HCA Healthcare</td>
<td>MultiCare</td>
<td>CEDARS-SINAI</td>
<td>Sutter Health</td>
<td>OrthoVirginia</td>
</tr>
<tr>
<td>OHSU</td>
<td>Rush</td>
<td>Providence St. Joseph Health</td>
<td>Texas Health Resources</td>
<td>UC Davis Health</td>
</tr>
<tr>
<td>UNC Health Care</td>
<td>Weill Cornell Medicine</td>
<td></td>
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</tbody>
</table>

**EHRs**

**PAYERS**

<table>
<thead>
<tr>
<th>Anthem</th>
<th>Blue Cross of the Midwest</th>
<th>Blue Cross Blue Shield of Alabama</th>
<th>Blue Cross of Idaho</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centene Corporation</td>
<td>Cigna</td>
<td>Cambia</td>
<td>GuideWell</td>
</tr>
<tr>
<td>CVS Health</td>
<td>HCSC</td>
<td>Humana</td>
<td>Independence</td>
</tr>
<tr>
<td>Health Care Service Corporation</td>
<td>UnitedHealthcare</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DEPLOYMENT**

<table>
<thead>
<tr>
<th>Availity</th>
<th>MHIHN</th>
<th>CHANGE HEALTHCARE</th>
<th>Cognizant</th>
</tr>
</thead>
</table>

**VENDORS**

<table>
<thead>
<tr>
<th>Casenet</th>
<th>Cognosante</th>
<th>Edifice</th>
<th>Infor</th>
</tr>
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<tbody>
<tr>
<td>Juxly</td>
<td>MCG</td>
<td>Optum</td>
<td>SureScripts</td>
</tr>
</tbody>
</table>

**INDUSTRY PARTNERS**

<table>
<thead>
<tr>
<th>HIMSS</th>
<th>HL7</th>
<th>NCQA</th>
</tr>
</thead>
</table>

For current membership: [http://www.hl7.org/about/davinci/members.cfm](http://www.hl7.org/about/davinci/members.cfm)
The DaVinci Use Cases

CRD+DTR=DRLS

PAS

Use Case Maturity

Quality Improvement
- Data Exchange for Quality Measures
- Gaps in Care & Information

Member Access
- Clinical Data Exchange
- Payer Data Exchange
- Directory
- Price Cost Transparency

Clinical Data Exchange
- Payer Data Exchange
- Clinical Data Exchange

Coverage/Burden Reduction
- Coverage Requirements Discovery
- Documentation Templates and Rules
- Prior-Authorization Support

Process Improvement
- Risk Based Contract Member Identification
- Risk Based Coding

https://confluence.hl7.org/display/DVP/Da+Vinci+Implementation+Guide+Dashboard
CRD

Coverage Requirements Discovery (CRD)

1. Is there a requirement for PA or specific documentation?

2. YES or NO

FHIR-BASED EXCHANGE

API

PAYER 1

PAYER 2

PAYER 3
DTR
CRD + DTR = DRLS (Documentation Requirement Lookup Service)
Benefits of DRLS

- Takes **guesswork** out of patient specific coverage by sharing:
  - whether PA is required
  - whether coverage depends on certain data being documented in the EHR

- Exposes information **when** care team is most likely with or near patient so:
  - options can be discussed
  - informed decisions can be made
Could DRLS Pave Way for **Patient Cost Transparency**?

1. Is there a requirement for PA or specific documentation? (YES or NO)
2. Request templates/rules
3. Receive templates/rules
4. Documentation Templates and Coverage Rules (DTR)
5. What is this patient’s cost?
6. $528.14

Patient Cost Transparency?
Prior Authorization Support (with CMS’ 278 requirement)
Prior Authorization Support (without CMS’ 278 requirement)
Who Can Participate in the DaVinci Project?

Anyone Can Participate!

• To join the Da Vinci list-serve:
  o go to https://confluence.hl7.org/display/DVP/Da+Vinci+Welcome

• To join the monthly public Community Roundtable:
  o Block your calendar for the 4th Wednesday of the month from 4 - 5:30 p.m. EST
  o Visit https://confluence.hl7.org/display/DVP/Da+Vinci+2021+Calendar for details and to register!

• To join the Da Vinci Burden Reduction (CRD/DTR/PAS) Implementer Support Call:
  o Block your calendar weekly for Wednesdays from 11 - 12 EST
  o Visit http://www.hl7.org/concalls/ for details

• To join the Da Vinci Burden Reduction (CRD/DTR/PAS) Supplemental Examples Call:
  o Block your calendar weekly for Fridays from 3 - 4 EST
  o Visit http://www.hl7.org/concalls/ for details and to register
What is ONC’s role re: Prior Authorization?

- ONC requires EHRs to contain certain FHIR resources (see “USCDI”)  

- ONC produced the Intersection of Clinical and Administrative Data (ICAD) final report  
During the presentation, please send us questions via the chat box to either:

- “EVERYONE” or
- “JILLIAN FLOWERS”
Demo of a Da Vinci-compatible Prior Authorization Solution

For additional questions or information, please reach out to Melanie Combs-Dyer at melanie.combs-dyer@mettles.com
CMS Actions promoting standardization in PA

• CMS Regulations
• CMS FHIR Server for Medicare FFS: SPADE
CMS Interoperability NPRM (March 2019)

- CMS encouraged all Medicare Advantage, Medicaid and Marketplace plans to:
  1) Develop a DRLS using the CRD and DTR Da Vinci standards,
  2) Populate it with their list of items and services subject to Prior Authorization, and
  3) Populate it with the documentation rules for oxygen and CPAP
CMS proposed to require all Medicare Advantage, Medicaid and Marketplace plans to:

1) Develop a DRLS using Da Vinci standards,
2) Populate it with their list of items and services subject to Prior Authorization, and
3) Populate it with the documentation rules for items/services subject to Prior Authorization

* “Reducing Provider and Patient Burden by Improving Prior Authorization Processes” (CMS-9123-P)
CMS is recruiting volunteer providers to participate in a testing of its SPADE FHIR Server. Interested parties should contact Deepthi Reddy at deepthi.reddy@mettles.com.
Questions Thus Far?

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Public Efforts promoting standardization in PA

- HL7’s Uniform Elements for Prior Authorization Team: Jillian Flowers
- Mettle Solutions’ Team for Digitizing Medicare Coverage Determinations
What Sparked the need for a Uniform Elements for PA Team?

- **Spring 2020 Virtual FHIR Connect-athon**
  
  - Discussion about payers forming a workgroup to strive for more uniformity in Required Documentation for prior authorization
  
  - Debate:
    - Agree on every element?
    - Agree on a superset of elements?

- **Consensus:** develop a common SUPERSET of data elements for PA

- **Benefits:**
  
  - Reduced burden for providers
  
  - Faster production of DRLS repositories at payers
  
  - Faster prior authorization determinations
Participation in the Uniform Elements for Prior Authorization Team

**Payers**
- Jeff Brown *(Cigna)*
- Laurie Burckhardt *(WPS/WEDI)*
- Carla Headland *(MedMutual)*
- Deb Conklin *(MedMutual)*
- Beth Connor *(CMS)*
- Jessica Czulewicz *(CMS)*

**Providers/Prov Orgs**
- Dr. Tom Giannulli *(AMA)*
- Seth Blumenthal *(AMA)*
- Molly Malavey *(AMA)*
- Dr. Holly Miller *(Med Allies)*

**Others**
- Melanie Combs-Dyer *(Mettle Solutions)*
- Jillian Flowers *(Mettle Solutions)*
- Rachel Foerster *(Foerster Consulting)*
- Bob Dieterle *(Enable Care)*
- Paul Knapp *(Knapp Consulting)*
- Mary Kay McDaniel *(Markham)*
- Raj Godavarthi *(MCG)*
- Kelly Bowman *(MCG)*
- John Kelly *(Edifecs)*
- Julie King *(Cognizant)*
- Susan Bellile *(Availity)*

The Uniform Elements for PA team is looking for more interested parties -- especially payers -- to join the team.

Interested parties should contact Jillian Flowers at Jillian.flowers@mettles.com.
To Whom Does the Team Report?

HL7:

• Financial Management workgroup (sponsor)
• Payer/Provider Information Exchange workgroup (co-sponsor)
What is the Team Output?

- Publishing an Informative Guide
- Identifying missing USCDI data elements (and submitting requests to ONC to add the needed data elements)
- Identifying missing PAS data elements (and submitting requests to the Da Vinci PAS workgroup to add the needed data elements to PAS Implementation Guide)
Current focus: Reviewing payers’ Denial Reasons

• Lack of specificity with current denial reasons means:
  
  – providers must guess how to correct and resubmit the PA request
  
  – providers can’t learn how to improve
  
  – payers are not compliant with new CMS rule (which requires payers to inform providers of specifically why a PA Request was denied.)
Resources re: Uniform Elements

- Calendar: http://www.hl7.org/concalls/callDetails.cfm?concall=55032
- Charter: https://confluence.hl7.org/display/DVP/Uniform+Structure+and+Coding+of+Elements+for+Prior+Authorization+PSS
Digitizing LCDs and NCDs

• An open-source repository of Medicare FFS coverage/coding digitized rules
  ▪ Publicly available, for free, on Github
  ▪ Mettle has digitized 30 NCDs and 4 LCDs (and counting!)
  ▪ Mettle plans to digitize Choosing Wisely & other publicly available guidelines

• Mettle is soliciting contributions from the public. Help is need in:
  ▪ Verifying the rules,
  ▪ Validating the rules,
  ▪ Extending the rules, and
  ▪ Testing the rules

Mettle will be reaching out to the community in the next few weeks with ways to participate
Summary

Today, we discussed:

• The challenge of Prior Authorization (PA)
• Where are we today
• What is necessary to solve the problem

  o Allowing providers to understand when a PA is needed (CRD)
  o Letting providers collect the relevant information (at the time of service!) to include in the PA Request (DTR)
  o Automating the submission of a PA Request and the receipt of a PA decision (PAS)
  o Improving the consistency among payers in the PA documentation elements and denial reasons (Uniform Elements team)
  o Plans to codify the Medicare Coverage Rules (Mettle’s open-source Digitizing NCDs and LCDs project)
Questions Thus Far?

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If time permits
- Computer Assisted Review of Documentation (CARD)
- The CodeX Project
- Clinical Decision Support (CDS)
CARD (Computer Assisted Review of Documentation)

A Rules Engine that:
- Applies digitized rules to structured medical records
- Produces a recommendation of:
  - “red-light” (deny/non-affirm + a review reason code),
  - “yellow-light” (human review needed) or
  - “green-light” (approve/affirm)

A reviewer cockpit to view review results and facilitate human review

CMS/CPI/Sources Sought Notice: “Advanced Technology in Medical Review”
CodeX

- CodeX = Common Oncology Data Elements eXtensions
- HL7 FHIR Accelerator
- Launched at the end of 2019

- Oncology requires complex treatment regimens and diagnostic testing.
  - Many treatments require PA before approving drugs, procedures, or other services
  - Delay of treatment for oncology patients can be extremely problematic

- Building a community to enable interoperable cancer applications
  - A Goal: to reduce the burden of prior authorization in oncology
  - current use case: PA for a carepath

- CodeX uses:
  - Da Vinci standards (e.g. PAS)
  - mCODE Minimal Common Oncology Data Elements (cancer data elements)
Clinical Decision Support

▶ Clinical decision support (CDS) provides clinicians, patients or others with:
  – knowledge
  – person-specific information,
  – intelligently filtered (e.g., evidence-based)
  – presented at appropriate times,
  – to enhance health and health care.

▶ CDS encompasses a variety of tools to enhance decision-making in the clinical workflow.

▶ AHRQ grant for disseminating evidence-based information about non-surgical treatments of urinary incontinence
  – Mettle Solutions partnered with Massachusetts Health Data Consortium to submit a proposal
  – Proposal:
Major Workflows in the Massachusetts Interoperable CarePlan Initiative (MICI) Project

**PCP EHR**
- UI Care Plan
  - Test 1 was done
  - 1) Test 2 is scheduled
  - 2) Treatment A
  - 3) If Treatment A fails, do Treatment B

- SMART on FHIR App for CDS Guidelines (Mettle brand or any brand)

**CDS Connect**
- FHIR Enabled UI
- CDS Guideline
  - A) Diagnosis
  - B) Recommendation
    - 1) Test 1
    - 2) Test 2
    - 3) Treatment A or B
    - 4) If Treatment A/B fails, do Treatment C

- UI Action Plan
  - Suggested treatments

- Educational Material

**Specialist EHR**
- SMART on FHIR App

**Mettle Server** (in AWS cloud)

**Mettle Solutions**
- Mettle Solutions
- AHRQ
- MHDC
- Clinical Advisors
- Public

- Providers and Provider Organizations

- Patients

- Providers and Provider Organizations

- Patients

- Providers and Provider Organizations

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- Providers and Provider Organizations

- Patients

**Principal Investigator**
- AHRQ staff
- External Evaluator

**Executive Collaboration Director, Program Manager**

**Chief Clinical Advisor**

**Evaluation Liaison**

**Clinician Advisory Panel**

- Medical Advocacy Groups, Community Organizations

- FHIR Accelerators, Interoperability Organizations, Standards Development Organizations, GitHub

**Patients**
- Virtual or Onsite Visit
- Primary Care Practitioner
- Patient Input
- UI Action Plan
- Suggested treatments
- Educational Material

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- Executive Collaboration Director
- Program Manager

**Chief Clinical Advisor**
- Chief Clinical Advisor

**Clinician Advisory Panel**
- Clinician Advisory Panel

**Medical Advocacy Groups, Community Organizations**
- Medical Advocacy Groups
- Community Organizations

**FHIR Accelerators, Interoperability Organizations, Standards Development Organizations, GitHub**
- FHIR Accelerators
- Interoperability Organizations
- Standards Development Organizations
- GitHub

**SMART on FHIR App**
- SMART on FHIR App

**Specialist EHR**
- Specialist EHR

**Primary Care Practitioner**
- PT, urologist, etc

**Educational Material**
- Educational Material

**UI Action Plan**
- Suggested treatments

**SMART on FHIR App**
- SMART on FHIR App

**Mettle Server** (in AWS cloud)
- Mettle Server

**Mettle Solutions**
- Mettle Solutions

**AHRQ**
- AHRQ

**MHDC**
- MHDC

**Clinical Advisors**
- Clinical Advisors

**Public**
- Public

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**MHDC**
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**Clinical Advisors**
- Clinical Advisors

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- Public
Questions

melanie.combs-dyer@mettles.com