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Promoting the Art and Science of Medicine  
and the Betterment of Public Health  
by Integrating Standards

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*Your* MISSION is *Our* MISSION

# The American Medical Association

## MEDICINE & PUBLIC HEALTH

We promote the art and science of medicine and the betterment of public health.

## PHYSICIAN ADVOCACY

We are the largest physician advocacy organization in the United States

- Voice of the physician since 1847
- Membership organization that represents more than 190 state/national & specialty medical associations

## BUSINESS SOLUTIONS

We address the most pressing health care industry needs through innovative data solutions, products, and services.



# CPT Code Set Overview

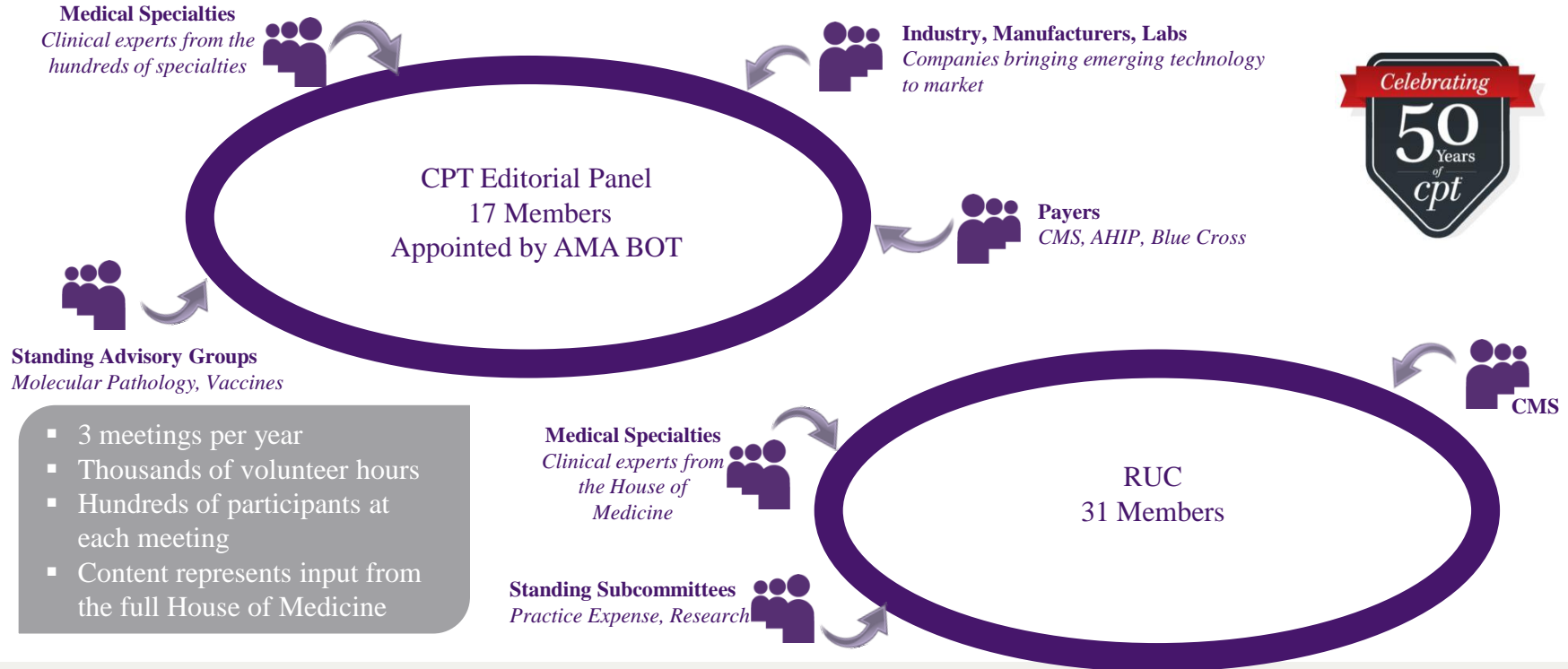
## Current Procedural Terminology (CPT®)

- Uniform language that accurately describes medical, surgical, and diagnostic services
- Widely accepted nomenclature in use for fifty years to report procedures and services
- Provides a means for harmonized communication among clinicians and others in the healthcare ecosystem
- Standard for U.S. providers, payers, clearing houses
- Technology neutral

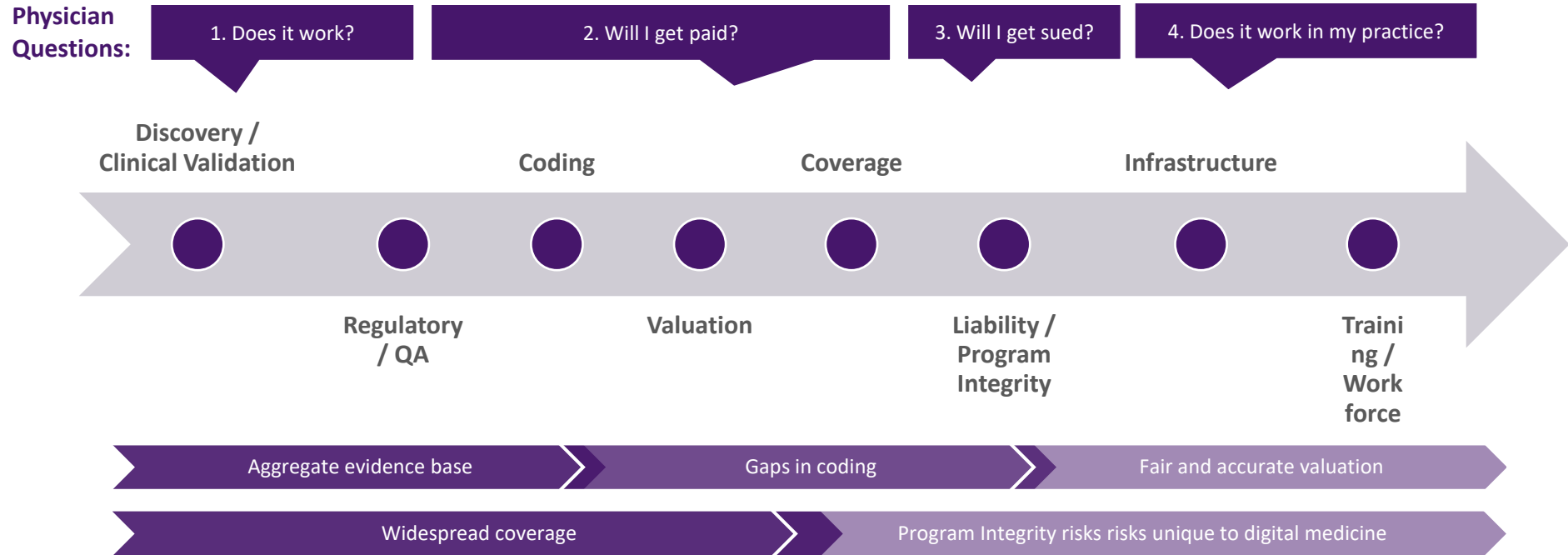
## Resource Based Relative Value Scale Update Committee (RUC)

- Unique multispecialty committee dedicated to describing the resources required to provide physician services
- For each CPT procedure, detailed information about physician work and practice expense
  - Time, skill, and effort it takes to perform the service
  - Supplies, equipment, and staff needed to perform a procedure

# CPT / RUC: Multi-stakeholder and Transparent Processes Difficult to Replicate



# AMA's Enterprise Digital Health Strategy: From Innovation to Clinical Integration



The background of the slide is a dark purple color. It features a faint, semi-transparent image of a medical chart. On the chart, there is a stethoscope with a black chest piece and a silver binaural. To the right of the stethoscope, a pair of round, clear-rimmed glasses is visible. Below the glasses, there is a white ECG (heart rate) line on a grid. The text is overlaid on this background in a white, serif font.

Terminology is at the foundation of AMA's Digital Health Strategy. International expansion and providing a common data model further AMA's mission to promote the art and science of medicine and the betterment of public health.

In October 2016, AMA entered into a collaboration with SNOMED International to improve our respective content and better support existing and emerging uses of health data.

In 2017, we successfully conducted concept testing with partners in New Zealand:

- Confirmed complementary nature of code sets
- Confirmed AMA's SCT/CPT maps provide a starting point for integration
- Confirmed value of CPT/RUC to support health system management where SCT is implemented

We are prepared to conduct a limited number of pilots  
within the next few months.



## Problem Definition

SCT is the global leader in clinical coded documentation, and represents most aspects of health care.

SCT supports a granular view of health care for data analytics, research, and service delivery, but is challenging to use for health care system management.

Users must group data using custom tools and terminology, which do not allow compatibility with other jurisdictions or clinical standards for care delivery.



# Integration Opportunity

In countries where SCT is used to record clinical events, integrating with CPT enables secondary use of data for health care system management

Clinical  
documentation in  
SCT

Granular clinical  
documentation for analytics,  
research and service delivery

Crosswalk to CPT

Lump granular concepts into  
groups that allow care to be  
benchmarked, valued and  
paid

Unpack CPT with  
RUC data

Enable views into the time,  
cost, complexity, supplies and  
equipment required to perform  
lumped procedures

# CPT + SCT Integration First Steps: Proof of Concept

Proof of concept with AMA, SNOMED International and the New Zealand Ministry of Health to set requirements for integration that enables clinical data coded in SCT to be used for utilization review with CPT.

All workshop participants found value in deriving RUC data from SCT coded procedures, indicating the workload and utilization benefits are real.

# SCT + CPT Proof of Concept Participants

## AGENCY AND OBJECTIVE

### **Ministry of Health - sets IT standards**

Further objectives of effectively and efficiently delivering healthcare

### **NZ Health Partnerships - GPO for NZ health**

Support strategic goal of balancing clinical effectiveness and costs in decision making

### **Accident Comp. Corp. - sets disability benefits**

Provide data that enables a dialog between health providers and payers at

### **PHARMAC - sets fees for devices and meds**

Understand impact of spending on medicine and devices, and aid in setting fees

## USE CASE IDENTIFIED

Create dashboards that predict diagnostic imaging workload in District Health Boards

Predict operating room utilization

Understand resources, validate cost and identify outliers

Predict cost savings when procedures are no longer performed because a drug or device was introduced

## Next step: Pilot Projects

**In 2018, AMA and SNOMED International will pilot SCT + CPT integration for specific use cases and we need your help!**

We plan to engage with organizations who are coding in SCT, and are interested in exploring ways primary-source clinical reporting can be repurposed for health care system management.

### **A CALL FOR PILOT PROPOSALS**

**Organizing Vital Health Data with CPT and SNOMED CT**

**Contact Matt Menning at [Matt.Menning@ama-assn.org](mailto:Matt.Menning@ama-assn.org)  
or Richard Wile at [rwi@snomed.org](mailto:rwi@snomed.org)**

## Potential Pilot Projects

Users of SCT can leverage CPT integration to support many use cases, including:

- Group granular clinical concepts coded in SCT to represent the full view of procedures needed to provide care for a specific diagnosis
- Understand resources required to provide services to guide purchasing and planning
- Validate the cost of resources, time and work
- Predict cost savings from introduction of new procedures, drugs or devices
- Identify costly or inefficient clinical outliers and revise strategic approach



*A collaborative health data initiative that will  
unleash a new era of better, more effective patient care*

Launched October 2017

Join us at [www.ama-assn.org/ihmi](http://www.ama-assn.org/ihmi)

# Data is the Problem

- Healthcare data is fragmented, incomplete, incompatible, variable by system and not always machine readable
- Critical information on patient function, state, goals, as well as patient and device generated data is inaccessible
- Current technical standards specify how to exchange data, but not what to exchange
- Other industries have solved their data problems
- Why not healthcare?

*Which outcome do we want?*



**BEFORE  
PIH treatment**

**6 months AFTER  
PIH treatment**

Source: WHO



*Which outcome do we want to reimburse?*

# A Common Data Model Solution

A medical information model and master coding system that:

- Adds function, state, patient goals, descriptors and other critical data elements;
- Integrates existing code sets;
- Organizes data in a shared context;
- Supports expression of wellness and population health;
- Enables semantically interoperable technical solutions and care models; and
- Evolves based on real world use and feedback.





# Inform, Share and Learn Together

## Continuous Learning

### COLLABORATIVE PLATFORM

Focus on costly & burdensome areas

### CLINICAL REVIEW

Evaluate clinical applicability of submitted content

### MODEL SPECIFICATION

Encode in a common data model

Build communities & expertise

Identify best science & practices

Specify data elements & relationships

Validate with peer review panel

Configure model & reference value set

Distribute model & collect usage data

## Feedback Loops

# Collaborating Organizations



*The IHM initiative complements the approach that SNOMED International embodies regarding continuous learning and collaboration. Committed to the unambiguous exchange of clinical information across all health systems, services and products through terminology, SNOMED International is excited to contribute to IHM's collaborative community and its pursuit of safe, effective and patient-driven healthcare.*

- Don Sweete, Chief Executive Officer  
SNOMED International

XX Collaborators in the Queue within 48 hours of launch

# A Long Journey

- Understand meaningful change requires resources and stamina
- Engage all stakeholders to address costly and burdensome diseases
- Focus on market problems and white space opportunities
- Find quick wins to deliver benefits and proof points
- Iterate using real world experience and feedback



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