

Data at the Point of Care Pilot Application

Please do not plan to fill out the application unless your organization has tested your solution in sandbox and is able to share security documentation with CMS.

Questions marked with a red asterisk (*) must be completed in order to submit the form.

Your name *

(First, last; ie Amelia Earhardt)

Your email address *

Name of provider organization *

Location of provider organization

City, state

Name of practitioner who will represent the organization to DPC

*

A doctor, clinician, etc. with an NPI. If this is you, please write your name again here.

Name of MD, DO, PA or NP representative for clinic

What does this practitioner do? *

Type of practitioner (MD, NP, PA, etc.), area of specialization, years with the provider organization, etc.

Practitioner's email address *

Number of practitioners at your organization *

What is the approximate number of practitioners (individuals with unique NPIs) for whom your organization anticipates requesting data?

Include MD, DO, PA and NP

Number of beneficiaries *

What is the approximate number of unique Medicare beneficiaries with appointments or inpatient stays at your organization annually?

Total Medicare patients in clinic

Other information about your organization

What other information would you like to share about your organization?

Leave blank or enter information about ACO or other value-based care program experience

Name of technical contact *

The name of the person that will be implementing your organization's DPC solution.

Ron Gowen

Technical contact's email address *

ron@healthendeavors.com

Is this contact within your organization? *

Yes

No

What interface will your practitioners use to view DPC data? *

For example, which EHR will the practitioners use?

Enter EHR Name

Please tell us about your experience in the sandbox environment. *

Some questions to prompt your thinking: What did you learn as you were working with the sandbox API? How did you iterate on your code over time? What recommendations do you have for future updates to the synthetic data and sandbox documentation? What would you tell someone using the sandbox API for the first time about what they should expect?

Use any of the points below

Sandbox Experience

- Health Endeavors' experience:
 - Our experience interacting with the DPC API was mostly a pleasant one. A few issues arose breaking changes along the way, but that is to be expected with any large-scale project in the development phase. Support was mostly good with lulls where DPC team would not answer questions (mainly during COVID crisis). Eventually all issues were resolved. The documentation has matured throughout the process and is very clear and easy to follow in its current state.
 - Critical feedback of testing process: The data leaves much to be desired
 - Our experience with the Blue Button data since 2018 was significant factor
 - The NPIs are always 99999999. Again, a little too fake for end-to-end testing. Not to mention, due to the random nature of synthetic data generation, the patterns of claims do not represent plausible/realistic care scenarios.
 - Use of synthetic claims with very old dates (ex. 1999, 2000) which are not useful with end-to-end testing.

I will provide workflow documentation. *

By completing this form, you agree that your organization will provide documentation explaining the workflows implemented in your DPC solution for attribution and the clinical display of data. This can be satisfied with workflow diagrams or written procedures sent to dpcinfo@cms.hhs.gov and will include:

1. Attribution (what is your system/user's selection criteria in identifying the patients to be included in requests for data, how do you determine if a patient has an active treatment relationship with the assigned provider, etc.)
2. Data Security processes (who makes the requests, how is that process protected, etc.)

I will provide security documentation. *

Please select the security certification or requirements that your DPC solution meets. The organization must send proof of documentation to dpcinfo@cms.hhs.gov.

I will provide a demo to the CMS team. *

Select the earliest month in which your organization will be prepared to virtually demonstrate your DPC solution to the DPC engineering and research team. While we will do our best to support your preferred timeframe, if there is a high volume of requests for a given month we may reach out to schedule for a later date.

I will participate in research sessions with the CMS team. *

By completing this form, you agree that your organization is willing and able to participate in at least two research sessions outside of the onboarding session within the first two months after onboarding.