Intersection of Clinical and Administrative Data Task Force

Sheryl Turney, Co-chair

Alix Goss, Co-chair

March 24, 2020

The Office of the National Coordinator for Health Information Technology

Today's Agenda:

- Roll Call and Welcome
- Summary and Action Plan
- Wheelchair DME Order Use Case Walk-through and Discussion
- Recap and Next Steps

Vision: Support the convergence of clinical and administrative data to improve data interoperability to support clinical care, reduce burden and improve efficiency—furthering implementation of "record once and reuse."

Overarching Charge: Produce information and considerations related to the merging of clinical and administrative data, its transport structures, rules and protections, for electronic prior authorizations to support work underway, or yet to be initiated, to achieve the vision.

Task Force Roster

Name	Organization
Sheryl Turney (co-chair)	**Anthem, Inc.**
Alix Goss (co-chair)	**Imprado/NCVHS**
Anil Jain	IBM Watson Health
Arien Malec	Change Healthcare
Andy Truscott	Accenture
Leslie Lenert	Medical University of South Carolina
Ram Sriram	NIST
Sasha TerMaat	Epic
Abby Sears	OCHIN
Jim Jirjis	HCA
Denise Webb	Individual

Name	Organization
James Pantelas	Individual/Patient Rep
Rich Landen	Individual/NCVHS
Debra Strickland	Conduent/NCVHS
Jacki Monson	Sutter Health/NCVHS
Gus Geraci	Individual
Jocelyn Keegan	Point of Care Partners
Tom Mason	ONC
Aaron Miri	HITAC/University of Texas Austin
Steve Brown	VA
Mary Greene	CMS
Alexis Snyder	HITAC/Patient Rep

Summary and Action Plan

Last Meeting

- The HITAC and NCVHS have distinct subject areas in their respective authorities, but the 21st Century Cures Act encourages collaboration where appropriate.
- Separation of clinical and administrative data sets and systems leads to burden, and existing standards that might help alleviate it are not fully implemented.
- Discussion of a high-level prior authorization workflow model as a base to organize and drive our work forward led to formation or a workgroup to delve deeper in one area.
- The workflows group (led by Jim Jirjis, Jim Pantelas, Alexis Snyder, and Carolyn Petersen) met, and focused on a detailed workflow for a wheelchair (DME) order.

Wheelchair (DME): Use Case and Workflow

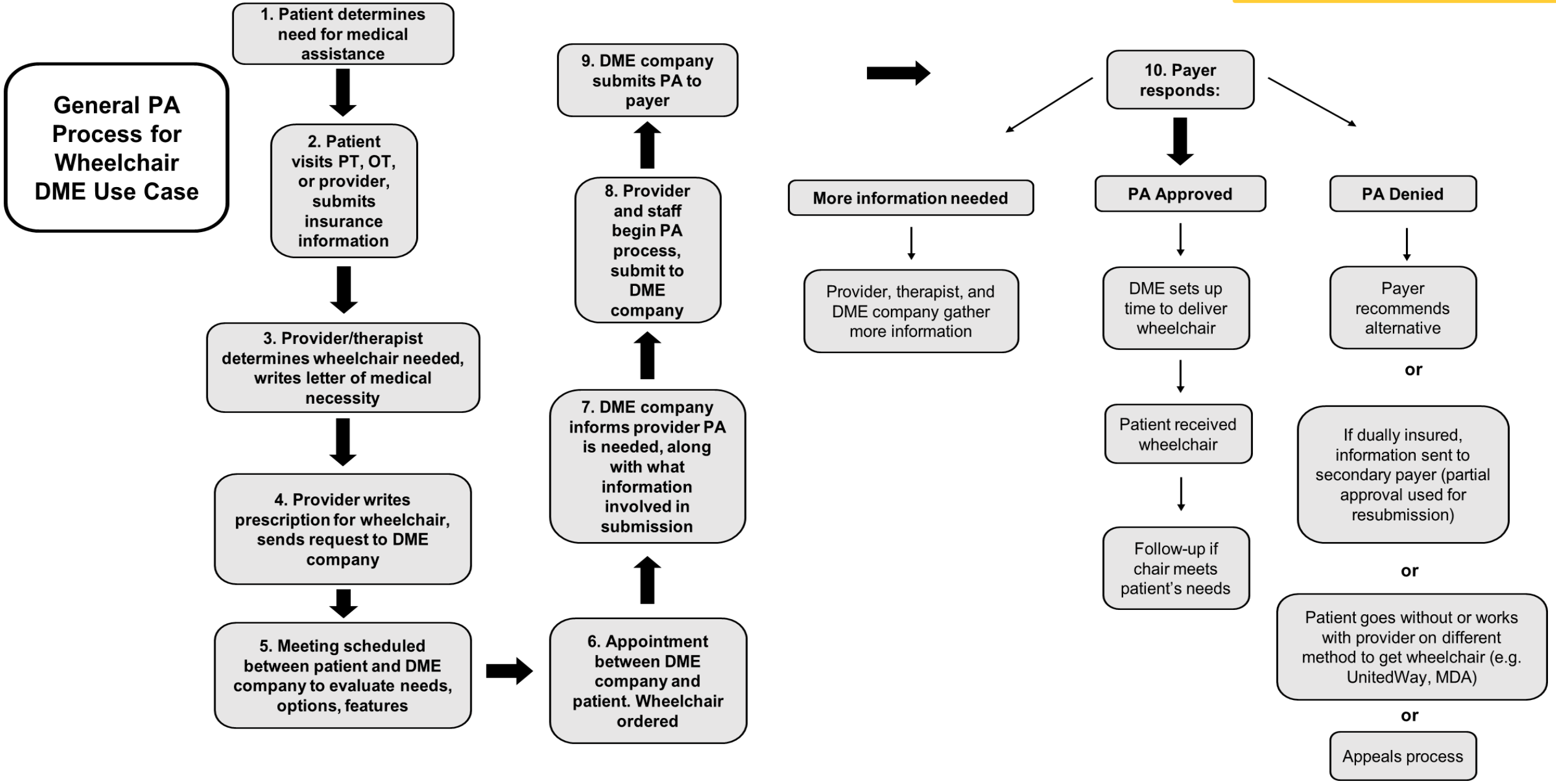
Workflow: Overall Goal

- Define the workflows in question in sufficient detail to be useful
- Identify a practical ideal state for each
- Identify opportunities to develop an approach to:
  - Standards
  - Data models
  - Workflow integrations
  - Transport methods
- Articulate organized recommendations for HITAC

Cycle Two of Prototype Work

- Based on last weeks feedback, we agreed to:
  - Take a deeper dive on the next level of detail for a particular use case'
  - Involve the patient or delegate in the process
  - Develop this use case prototype as a guide to then tackle the other use cases
  - The ultimate goal: getting to defining the workflows with enough granularity to serve as a springboard for standards, data models, workflow integrations and transport methods.

Sample Prototype



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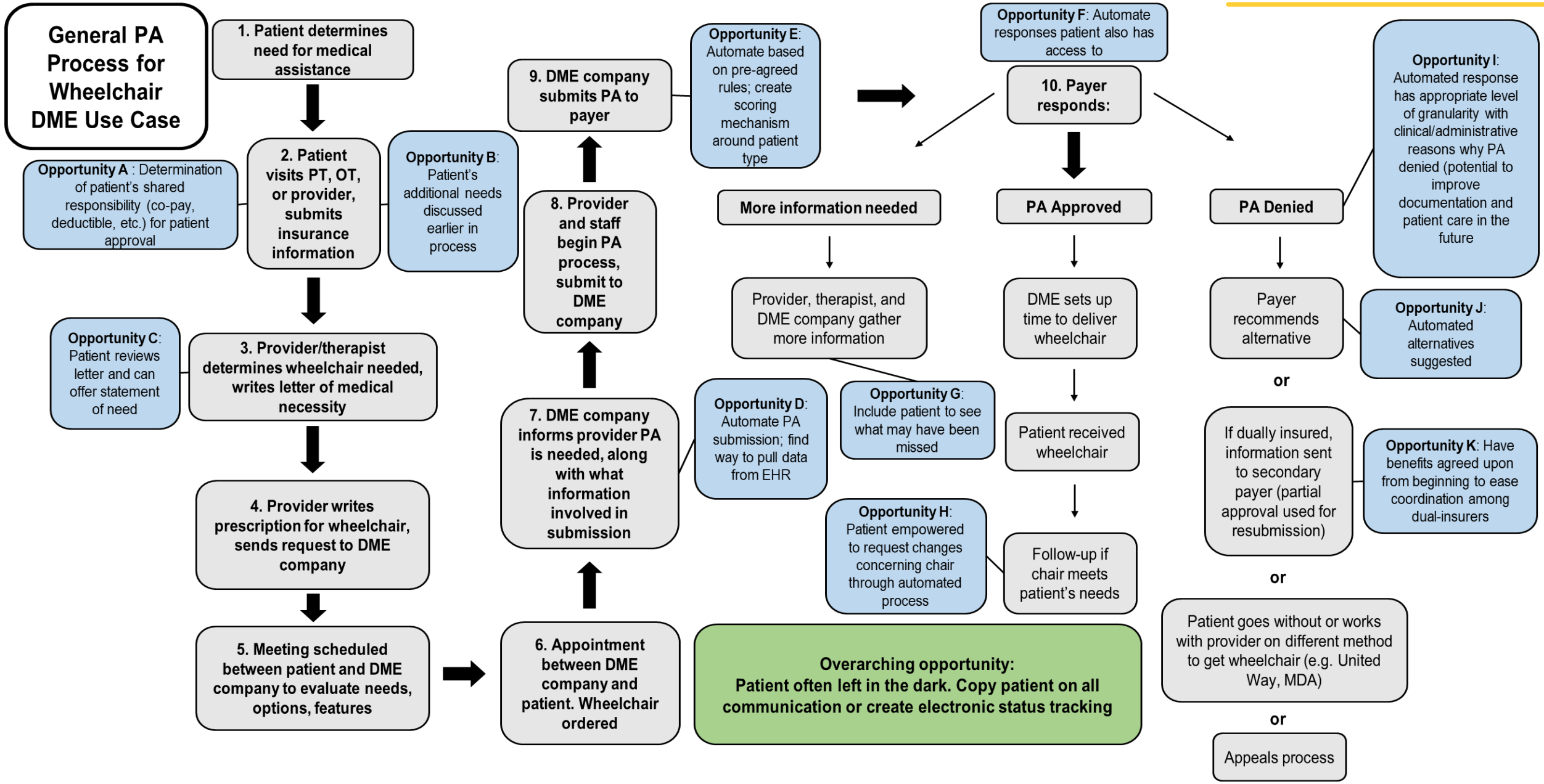

How Do We Move From Here?

- Next steps after this:
  - DME use case:
    - Develop a practical ideal state workflow for this use case
    - Develop high level opportunity matrix for standards, data models, integrations and transport methods to support this practical ideal state
  - Other use cases – Medical Services, Hospital Services, Pharmacy, Specialty Services
    - Map out other four use cases to this level of detail
- Focus on refining the current workflows, or positing an ‘ideal’ one?

Public Comment

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*(Once connected, press **"*1"** to speak)*

All public comments will be limited to three minutes.

You may enter a comment in the
"Public Comment" field below this presentation.

Or, email your public comment to onc-hitac@accelsolutionsllc.com.

Written comments will not be read at this time,
but they will be delivered to members of the Task Force and made part of the Public Record.

Next Task Force Meeting:

March 31st, 3:00PM Eastern

Meeting Adjourned