The Office of the National Coordinator for Health Information Technology

Meeting Notes

INTERSECTION OF CLINICAL AND ADMINISTRATIVE DATA TASK FORCE (ICAD TF)

March 31, 2020, 3:00 p.m. – 4:30 p.m. ET

VIRTUAL

EXECUTIVE SUMMARY

Co-chairs **Alix Goss** and **Sheryl Turney** welcomed members to the meeting of the Intersection of Clinical and Administrative Data Task Force (ICAD TF). Then, they summarized the work done in previous meetings and discussed a plan of action and approach to future work.

Sheryl Turney and **Josh Harvey** presented the Prior Authorization (PA) Data Categories live table (PA live table), which has been created to better define the data elements and requirements associated with PA workflow steps. Sheryl defined the elements in the document, and Josh entered new elements in the table as ICAD TF members shared their feedback during a robust discussion.

The co-chairs encouraged members to work on the live document outside of meetings as a homework assignment. This document will be used to create the white paper on PA that will be presented to the HITAC in September 2020.

Members discussed the cadence of the ICAD TF's meeting schedule, in light of the COVID-19 pandemic, and determined to continue meeting weekly with some work occurring offline in the live table.

There were no public comments, but there were several comments written in the public meeting chat via Adobe Connect.

AGENDA

03:00 p.m.	Call to Order/Roll Call and Welcome
03:05 p.m.	Summary, Action Plan, and Approach
03:15 p.m.	Deep Dive on PA Info Table
04:10 p.m.	Next Steps and Logistics
04:20 p.m.	Public Comment
04:30 p.m.	Adjourn

CALL TO ORDER

Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the March 31, 2020, meeting of the ICAD to order at 3:05 p.m.

ROLL CALL

Alix Goss, Imprado/NCVHS, Co-Chair
Sheryl Turney, Anthem, Inc., Co-Chair
Steven Brown, United States Department of Veterans Affairs
Gaspere C. Geraci, Individual
Anil K. Jain, IBM Watson Health
Jim Jirjis, Clinical Services Group of Hospital Corporation of America (HCA)
Jocelyn Keegan, Point-of-Care Partners
Rich Landen, Individual/NCVHS
Arien Malec, Change Healthcare
Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin
Thomas Mason, Office of the National Coordinator
Jacki Monson, Sutter Health/NCVHS
Alexis Snyder, Individual/Patient Rep
Ram Sriram, National Institute of Standards and Technology
Debra Strickland, Conduent/NCVHS
Sasha TerMaat, Epic
Andrew Truscott, Accenture
Denise Webb, Individual

MEMBERS NOT IN ATTENDANCE

Mary Greene, Centers for Medicare & Medicaid Services
Leslie Lenert, Medical University of South Carolina
James Pantelas, Individual/Patient Rep
Abby Sears, OCHIN

SUMMARY, ACTION PLAN, AND APPROACH

Co-chair **Sheryl Turney** welcomed members to the meeting of the Intersection of Clinical and Administrative Data Task Force (ICAD TF). She noted that the meeting would be very interactive and encouraged everyone to share input. Also, she informed them that they would have homework following the meeting.

Alix Goss, co-chair of the ICAD TF, presented the agenda for the meeting, including a summary of their recent work and future goals. Over the past few weeks, they have built a prior authorization (PA) process model. Through this work, they have tried to understand the various data touchpoints, workflows, and considerations involved across a variety of PA types. This will provide a shared framework to help organize their recommendations for improving the PA process. She suggested that they use it to consider the intersection of clinical and administrative data and lessons learned into the deep dive of the PA content. Then, the ICAD TF will compile and share their insights with the full HITAC for their consideration in developing future policies.

Both chairs emphasized that their Tuesday meetings will be used as interactive work sessions to maximize impact. However, they are sensitive that members may have increased workloads related to the COVID-19 pandemic response, and the co-chairs are open to making any scheduling adjustments necessary.

Alix Goss noted that they are trying to promote a better ongoing dialogue that is based upon transparency and modern technology standards, and the goal is to achieve a more patient-focused and efficient PA approach. She presented an overview of past work completed by the committee, including the creation of a simple PA workflow and the prototype of a wheelchair DME workflow. As an evolution of the work the ICAD TF has done, **Sheryl Turney** and **Josh Harvey** presented a table of PA data categories. The goals for this process were to allow the ICAD TF to avoid reinventing inadequate processes and to allow members to work more collaboratively during scheduled meetings.

Sheryl Turney gave an overview of the thought process behind the PA data categories table. She reminded everyone that they would not submit the table to the HITAC, but, rather, recommendations gathered during the process.

DEEP DIVE ON PA INFO TABLE

Alix Goss explained how they would begin to work on the live table document together, including best practices for using the various technological features.

Sheryl Turney noted that the goal for the PA Data Categories live table (live table) is to define the data elements and requirements associated with workflow steps. She noted that this is not an all-encompassing list of elements, but, rather, a starting point to work on strategies to create an ideal PA process. She noted that a volunteer would be asked to verify that the elements suggested in the live table align with the United States Core Data for Interoperability (USCDI).

She listed and described each of the PA data categories initially identified. The categories were listed in the first column of the table and included: patient identity, patient demographics, payer, plan, benefits, patient-generated, site of service, service(s) or product(s) requested, requirements to satisfy request,

status/state of request, justification for request, clinical diagnosis, functional status (of the patient), occupational status, history of past treatments, approval decision(s), request for additional information, covered alternative(s) or step therapy(ies), cost to plan, and cost to patient. She summarized the feedback that led to the inclusion of some of the categories, and gave some specific examples of what possible entries under each category might include.

Then, she summarized the other columns in the table and provided examples of how they could be used to organize information added to the table. Other column categories included: structured (data – yes or no), content standards (including coding and USCDI v1 -yes or no), transport standards (X12, NCPDP, HL7 FHIR API, HL7 CCDA, emerging standards), actors providing data, actors requiring data, comments, and recommendations. She noted that the structure of the table is not finalized, and she asked members to consider what columns and data considerations might be missing from the table.

Alix Goss began the discussion of the table by members, and **Josh Harvey** entered information into the live table, which was displayed through the Adobe meeting portal, on behalf of the group.

Discussion:

- **Anil Jain** submitted three pieces of feedback, including:
    - Add provider-specific data about the requestor, including who is making the request and what medical specialty they are, to the table under the first column of data. He based this input on his experience processing PA at his practice.
    - Add a category for the level of urgency for the PA request.
    - Add a category describing the duration of the approval or expiration date for the PA.
    - **Sheryl Turney** noted that all of these suggestions were useful and valid, so they were entered into the table.
- **Arien Malec** submitted one correction and several suggestions, including:
    - The items under the columns labeled “transport standards” should be called “content standards.”
    - Request a way to distinguish a hierarchy of needs (priority of request) within the categories listed in the table.
    - Addition of a status information category to describe the status of a PA request.
    - A space in the table for narratives/documentation, where items like clinical notes, scanned documents, could be recorded. He noted that these types of documents might not be fully captured in an electronic format now, but there should be a place where they can be added to the PA process.
- **Sheryl Turney** reminded ICAD TF members that they would have the opportunity to edit the document themselves online following the meeting.
- **Alexis Snyder** shared several categories, including:
    - A secondary insurance plan category as a place to capture information from dually insured patients.
    - A space for the DME provider to share their information on details related to the PA request.
- **Rich Landen** submitted his input, including:
    - Addition of a category that would capture routing information, including the sender, recipient, and method/format.
    - The need to describe the current state of support for a PA request.
- In response to a request from **Sheryl Turney**, **Jocelyn Keegan** elaborated on a comment she made in the Adobe chat in which she asked for a way to capture the current, possibly less than perfect, state of a PA request process. They noted that they could add a placeholder in the transport section and discuss a way of capturing this information in the future.

- **Jocelyn Keegan** seconded Arien's request for an "urgency" category.
- **Denise Webb** requested more distinction between the data categories of "patient identity" and "patient demographics." She also noted that they could call the "time sensitivity requests" category "PA priority," and the actor providing the data there would be the "provider" and the actor requiring it would be the "payer."
    - **Jim Jirjis** confirmed the overlap and explained the reasoning was in the event of fulfilling the PA request, information about their zip code or other parts of the patient's demographics that could better tailor fulfillment of the service. He noted that it might be different than the subset of data used to confirm identity of the patient.
    - **Jocelyn Keegan** gave the example that PAs that are dispensed for specialty medications that have to get shipped to the patient require specific information, like where the medications must be delivered, if somebody will be home to receive it, if the medication requires refrigeration, etc. She noted that this information is completely separate from the identity of the patient.
- **Steven Brown** noted that the table contained a good mix of characteristics and data, but, in his opinion, it was missing a category that could hold other patient-related data that is not just clinical diagnoses, functional state, and occupational status. He suggested a category for general patient information that would be specifically related to the item(s) requested. For example, an allergy to a specific medication would be added and then used to justify a request for another kind of medication.
    - **Jim Jirjis** suggested rewording "justification to convey that the specifics of what is needed to justify the service are what they need to capture.
    - **Steven Brown** responded that categorizing the patient data by subtypes might be useful in this case. However, breaking the category down this much has the potential to become too complicated. Also, he suggested including HL7 V2 under content standards.
    - **Sheryl Turney** suggested reordering or realigning the data categories following the meeting to group like items together. **Steven Brown** agreed that this would help members who did not participate to better understand their document.
- **Anil Jain** commented that he would like to see a feature that allows the clinician to tag various data categories as "essential for the transaction," in order to only share as much information as is necessary for the PA. He noted that this would become more important as the full PA process shifts from paper to electronic, and it would protect patients from data over-sharing. Also, he noted they need to limit to what is minimum and necessary for the PA approval, and this would help ensure a patient's right to privacy.
    - **Alix Goss** responded that they need to think about this process not only from a data flow perspective but also from a privacy protection perspective.
- **Jocelyn Keegan** shared some points, including:
    - By improving the PA process and giving the provider higher-quality data about the patient-specific benefits, they might reduce the overall amount of data that needs to be transferred.
    - Sharing similar work done by DaVinci and the community around FHIR around data provenance and minimal use. She offered to share the guidelines they have already developed.
    - **Sheryl Turney** noted that Jocelyn made some valid points, and the need to remember HIPPA.

NEXT STEPS AND LOGISTICS

Sheryl Turney described conditions and considerations of the work the ICAD TF is undertaking. She noted that there is a need to clearly describe their ultimate goal in order to drive work in the future, so she presented the following parking lot items:

- Guiding Principles: To keep these activities directionally sound and appropriately bound, is there a set of principles the Task Force could adopt?
- Current State: What's the best way to articulate current state for each data category for the sake of comparison when issuing recommendations?
- Privacy/Security: What's the best way to document and work on privacy/security considerations?

She noted that they will need to break up the components of their resulting white paper that will include the current state, the goal, the guiding principles, and the recommendations. She emphasized the need to organize those components based on different themes or topics. Then, she directed them to the White Paper Outline section of their live document, where members were asked to take note of the proposed sections. As a homework assignment, ICAD TF members were asked to populate these sections, using best practices, within the live document in between the ICAD meetings. At each future meeting, they will review the updated document as a group.

Alix Goss noted that ICAD TF members would receive a link to the PA Information live table document, and she reminded them to email onc-hitac@accelsolutionsllc.com if they have any trouble accessing it. When they make an edit, they were asked to highlight the edited cell in yellow and, in a comment, explain their edits and include their initials at the beginning of the comment.

She inquired about members' schedules, in light of the COVID-19 pandemic, and if they would like to continue doing some work offline and meeting weekly. She noted that they could move to a biweekly meeting schedule. Then, she discussed some potential timelines for their work and reminded them that the final product of their task force is due in September. **Sheryl Turney** noted that, in her experience, biweekly meetings might lead to a slowing down in their activities and output and might jeopardize their ability to complete their end deliverables.;

Discussion:

- **Jim Jirjis** voiced his support for continuing the weekly meeting schedule. He noted if they front-load their work schedules now, they will be prepared if the COVID-19 crisis gets worse.
- **Anil Jain** also asked to continue meeting weekly. He noted that there might be a greater need for more complex PA authorizations, in light of COVID-19, and they can be helpful in this respect.
- **Sheryl Turney** noted that they would start making the meetings shorter in the future if that is something the group would prefer.
- **Alix Goss** noted that the consensus in the Adobe chat is that they should keep the momentum going by holding weekly meetings.
- **Thomas Mason** noted that they are in the middle of standing up a new task force related to COVID-19, and he realized that some members might want to join both. This could lead to scheduling conflicts.
    - **Lauren Richie** responded that they would receive more information about the COVID-19 task force and how it might Impact the ICAD TF's activity.

Sheryl Turney summarized the discussion by stating that they would continue to meet weekly unless ONC directs them to do otherwise. Then, she asked members to pause their conversations to open the lines for the public comment period.

PUBLIC COMMENT

There were no public comments via phone.

Questions and Comments Received via Adobe Connect

Melanie Combs-Dyer: Jocelyn or Alix: Do you know if all of these data elements are in the Da Vinci Prior Auth Support Standard?

Alix Goss: Once Sheryl finishes up the overview of the table, we'll take questions. thanks!

Jocelyn Keegan: Couple observations: I'd add subcategories to specific names standards/IGs under each category, and I think there is merit to capture existing methods, portal/fax/phone or one column to share which of these steps is currently completed via these methods.

Amol Vyas (Cambia Health): Agree with Arien re: transport v/s content.

Heather McComas: Are data categories PA request? Response? In some cases both? Seems like there may be need to indicate this.

Jocelyn Keegan: I agree with everything Arien just made.

Melanie Combs-Dyer: I second Heather's comments. I suspect the answer is both, but should be divided out.

Arien Malec: Melanie - the Da Vinci work is a FHIR-based front-end over a 278/275, so much of this would likely be via attachment

Arien Malec: I think this is an area where CMS can provide better regulatory flexbility so we aren't trying to jam everything into a 278 :-)

Alix Goss: Having a published exception process to test alternatives would be quite helpful!

Amol Vyas (Cambia Health): @Alix: Does the PRA address this? Section on the opportunity to introduce "alternatives" that reduce burden under the PRA: https://www.federalregister.gov/d/00-20820/p-628

Amol Vyas (Cambia Health): ....this is also encouraged by the NCVHS last year - https://ncvhs.hhs.gov/wp-content/uploads/2019/02/Recommendation-Letter-Predictability-Roadmap.pdf

Alix Goss: It provides the basic process as envisioned in 2000. I'm quite familiar with NCVHS letter:)

Amol Vyas (Cambia Health): @Alix: Thanks. Would be interested in determining how we can mobilize/operationalize that PRA process. It seems thie DaVinci PA work (+ the IG implemnentations) can definitely benefit from it.

Alix Goss: @Amol - Happy to connect on this after the call.

Jocelyn Keegan: Aix, we should have Burden Reduction team from Da Vinci give an overview and discuss Guiding Principles. . .

Richard Landen: Agree. Temporality: not all data needed in the PA step vs. the "ordering/delivery" step.

Steve Brown: Have to drop for covid discussioni - thanks all

Denise Webb: if we use google docs it will reflect who, date, and time of each comment but this would probably need to be converted to a word table

Jim Jirjis: I vote for weekly to continue. Especially if we still need to deliver september

Jocelyn Keegan: Agreed. 10 meetings vs 20.

Jocelyn Keegan: acknowledge we'll need good offline tools

Denise Webb: stay with weekly meetings

Deb Strickland: weekly is fine

Jocelyn Keegan: We need a real solution for PA for providers, patients period.

Richard Landen: I'm OK staying with weekly.

Jim Jirjis: Especially because we can always back off later if COVID really gets worse.

Denise Webb: lends to smaller more discrete chunks of work each week

Jocelyn Keegan: I think its about momentum. . .

Jocelyn Keegan: do we have quorum guidelines/needs?

Jim Jirjis: I like momentum

Gus Geraci, MD: Agree.

Tammy Banks: Would encourage a parallel path that examines the low hanging fruit, removal of false positives. The submssion of PA, when the physician does not know if a PA is need for a specific procedure, for a specific patient, with a specific plan requires a PA. Creating front end transparency and real-time confirmation if a PA is needed crucial.

Jocelyn Keegan: Tammy, did you say people should implement CRD with the now publishd FHIR IG?

Tammy Banks: Yes, transparency of requirements is front and center to then kick off a/ trigger a prior auth submission.

Melanie Combs-Dyer: Agree with Tammy Banks!

Gus Geraci, MD: Thanks, all!

Jocelyn Keegan: Thanks!!

Richard Landen: thanks.

CLOSING REMARKS AND ADJOURN

Sheryl Turney and **Alix Goss** thanked members for their participation and feedback and reminded them to watch for the email from ONC containing the link to edit the live table document. They look forward to seeing how the members build out the components of the document, with the goal of finalizing it in the next few meetings.

Alix Goss noted that the next meeting will occur on April 7, 2020, at 3:00 p.m.

The meeting was adjourned at 4:20 p.m. ET.