The Office of the National Coordinator for Health Information Technology

Meeting Notes

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

July 14, 2020, 3:00 p.m. – 4:30 p.m. ET

VIRTUAL

EXECUTIVE SUMMARY

Co-chair **Alix Goss** welcomed members to the Intersection of Clinical and Administrative Data Task Force (ICAD TF) meeting and noted that Sheryl Turney, co-chair, had a scheduled absence for the meeting. **Alix** summarized the agenda and the recent activities of the ICAD TF, including an overview of the last meeting when TF members, **Jim Jirjis** and **Josh Harvey** presented a wrap-up of the data classes table work. **Alix** facilitated a brainstorming session for TF members on prior authorization recommendations and discussed the next steps for the TF. There were no public comments submitted by phone. There were several comments submitted via chat in Adobe Connect.

AGENDA

03:00 p.m.	Call to Order/Roll Call and Welcome
03:05 p.m.	Summary and Action Plan
03:10 p.m.	Data Classes Wrap-Up
03:40 p.m.	Prior Authorization Recommendations Brainstorming
04:20 p.m.	Public Comment
04:25 p.m.	Next Steps
04:30 p.m.	Adjourn

CALL TO ORDER/ ROLL CALL AND WELCOME

Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the July 14, 2020, meeting of the ICAD to order at 3:02 p.m. ET.

ROLL CALL

Alix Goss, Imprado/NCVHS, Co-Chair
Steven Brown, U.S. Department of Veterans Affairs
Gus Geraci, Individual
Mary Greene, Centers for Medicare & Medicaid Services
Jim Jirjis, Clinical Services Group of Hospital Corporation of America (HCA)
Anil K. Jain, IBM Watson Health
Jocelyn Keegan, Point-of-Care Partners
Rich Landen, Individual/NCVHS
Arien Malec, Change Healthcare
Thomas Mason, Office of the National Coordinator
Jacki Monson, Sutter Health/NCVHS
Debra Strickland, Conduent/NCVHS
Sasha TerMaat, Epic
Andrew Truscott, Accenture
Denise Webb, Individual

MEMBERS NOT IN ATTENDANCE

Sheryl Turney, Anthem, Inc., Co-Chair
Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin
Alex Mugge, Centers for Medicare & Medicaid Services
Alexis Snyder, Individual/Patient Rep
Ram Sriram, National Institute of Standards and Technology

SUMMARY AND ACTION PLAN

Alix Goss, co-chair of the ICAD TF, welcomed members and noted that her co-chair, **Sheryl Turney**, would not be present at the meeting due to a planned absence. She reviewed the agenda for the current meeting and provided a brief summary of the last meeting, at which the Electronic Health Record Association (EHRA) presented the vendor and electronic health record (EHR) perspective. EHRA provided some framework around pharmacy versus medical prior authorization (PA) maturity levels and spoke about payer variability of when data are needed, and which data are necessary in the PA process. TF members submitted questions and comments and engaged in a robust discussion, which was followed by a PA recommendations brainstorming session. TF members worked on the master Google document that documents the TF's Guiding Principles and Ideal State/Recommendations. The co-chairs continued to leverage the interplay between TF discussions and the small workgroup efforts to further work on the final report for presentation to the HITAC in September.

DATA CLASSES WRAP-UP

Jim Jirjis summarized the work that the ICAD TF and the small workgroup have completed on the data classes, beginning with their focus on workflows. He noted that the table that he and **Josh Harvey** would present was a culmination of weeks of work, focusing on how to best make recommendations to ONC and the HITAC on how to reduce inefficiencies, costs, and provider burdens while increasing interoperability around clinical and administrative data.

Josh Harvey presented an overview of the key data classes and the status of related content standards. He thanked the ICAD TF members who provided contributions, including **Jim Jirjis**, **Jocelyn Keegan,** and **Ram Sriram**. Then, **Josh** displayed the final draft version of the table of data classes and content standards and described its formatting, contents, and legend/color coding. The legend captured information around PA capability and PA adoption, per ONC's Interoperability Standards Advisory (ISA). Data classes were described succinctly with a name, and then a lengthier description of what constitutes that particular data class provided within the table. **Josh** walked through each of the data classes in greater detail, which included patient identity, patient demographics, insurance plan (primary, secondary, tertiary), patient benefits transparency, patient-generated, PA request, PA rules and requirements, PA justification, PA follow-up, PA determination, PA appeal, PA status, service completion, and metadata. **Josh** also described the standards evaluated, which included the X12 standards (broken into the three main transactions used in PA), the National Council for Prescription Drug Programs (NCPDP) for the pharmacy, the HL7 Fast Healthcare Interoperability Resources (FHIR) guides that the Da Vinci Project has developed to date that have applicability for PA, and HL7 CCDA and HL7 v2. The small workgroup that completed the table wanted to ensure that they were evaluating anything that was currently in use.

Josh noted that the document was reformatted as a Word document since the ICAD TF last examined it. The idea behind this change was to prepare the document to be part of the supplemental materials that would be included with the final report to the HITAC, as it would be referenced throughout the report. **Josh** asked the TF to submit any final feedback on the document.

Discussion:

- **Alix Goss** thanked **Josh Harvey** for the presentation and the other members of the small workgroup for their contribution. She noted that this version of the document had already been sent out to ICAD TF members as a working document for their review.
- **Jocelyn Keegan** submitted a comment and a request:
  - She thanked **Josh Harvey** for the presentation and noted, while there has already been a lively debate around the document, she is looking forward to hearing additional feedback from ICAD TF members.
  - Update the color-coded status boxes under the X12 278 column.
  - **Josh** added the requested update.

- **Alix Goss** highlighted **Rich Landen's** request via the Adobe chat to add "test results" under the PA justification data class.
  - **Josh Harvey** added the suggestion and noted that it was a good example to include.
- **Alix Goss** submitted a comment and a question:
  - She thanked **Josh Harvey** and the small workgroup for the wrap-up and the visual representation of the extensive work completed over the last few months.
  - In light of the upcoming PA recommendations brainstorming session and other work on the Guiding Principles/Ideal State document, could **Josh** or other members of the small workgroup identify additional recommendations, opportunities, or gaps for the master document, based on their recent work?
  - **Josh** agreed that the data classes workgroup should liaise with the Guiding Principles group and suggested that some recommendations could come from the patient-generated data class.
- **Jim Jirjis** asked for more information around the process of identifying gaps and recommendations, based on existing standards from ONC and the HITAC.
- **Jocelyn Keegan** described the steps that were taken by the ICAD TF over the past few months that culminated in the identification of the current state and the creation of the data classes table document. She noted that the document highlights the panoply of standards in use currently and that none of them do everything necessary. The TF must decide on how to make recommendations to ONC and CMS, if there is a blend of options across standard capabilities, and if the industry should be allowed to fill the gaps with the existing standards.
- **Alix Goss** noted that, in light of the data class work, the co-chairs would pause their writing process on the report for the HITAC while the ICAD TF revisits their list of recommendations.
- **Jim Jirjis** discussed the coding as "proprietary" under the PA adoption section for the metadata data class and questioned how the ICAD TF would be able to make a recommendation in this area, given that the information is not transparent.
  - **Alix Goss** responded that ONC has sponsored a collaborative initiative been the public and private spheres that is trying to scale the use of the FHIR standard across the country. This initiative is looking at the metadata area, and she discussed how this group's work might intersect with the TF's work.
  - **Jocelyn Keegan** explained there have been movements happening across the different standard bodies to try to determine how to move from big interactions to point-to-point API-based or on-demand increase response-based interactions. She confirmed that ONC is holding discussions around how to best share and transport data as an industry.
- **Alix Goss** noted that there were no further questions for the presenters and thanked them for their work. The Guiding Principles workgroup will circle back to help identify any gaps from the data classes document that would extend their recommendations work.

PRIOR AUTHORIZATION RECOMMENDATIONS BRAINSTORMING

Alix Goss presented the Guiding Principles/Ideal State small workgroup's updated recommendations for the Guiding Principles and Future/Ideal State. The ICAD TF has worked on these items on a shared Google document several times at their previous meetings, and offline work has also occurred. Some of the recent updates included color-coded text from the strawman development work and small workgroup efforts to brainstorm policy and industry levers. Color was also used to denote areas that require further feedback from the TF. There are several areas that the ICAD TF has not examined, so they will discuss these areas during their current brainstorming session.

Alix provided an overview of new additions the following categories, and ICAD TF members submitted

comments and questions:

Category: Design for the Future While Solving Needs Today

Alix provided an overview of four points of consideration in this category, which included:

- Strive for dramatic improvement from which we will learn and apply to the more complex scenarios.
- Our approach should be sensitive to all potential burden (all-clinician types, patients/caregivers, systems) to drive adoption and obtain desired results.
- If floor established, ensure corresponding operating rules and regulatory rules allow for rapid standards development and evolution so as to not preclude innovation.
- The operating rules should continue to raise the foundational level of adoption while encouraging/supporting organizations raising the ceiling capabilities.

Alix summarized the new, draft strawman recommendations in this category. The ICAD TF was invited to discuss these topics, and they included:

- Establish a single, national coordination function across administrative and clinical standards. This may involve syncing the authorities of CMS' Office of Burden Reduction and HHS' Office of National Coordinator.
- Establish a unified process for standards advancement for clinical and administrative data. This would permit organizations to innovate on administrative functions as will now be permitted for clinical standards under Standards Versions Advancement Process (SVAP) once a standard has been formally adopted.
- Advance framework of Interoperability Standards Advisory (ISA) to aid convergence efforts and advancing standard versions. (Here is the ontology of standards in the ISA. (www.healthit.gov/isa/isa-structure)
  - Vocabulary/Code Sets/Terminology Standards and Implementation Specifications (i.e., "semantics")
  - Content/Structure Standards and Implementation Specifications (i.e., "syntax")
  - Standards and Implementation Specifications for Services (i.e., the infrastructure components deployed and used to address specific interoperability needs)
- Align national frameworks to a single standards platform inclusive of content specification, terminology and transport. For example, FHIR as content standard; terminology addressed by NLM and establish crosswalks.
  - Clinical encounters capture data that feeds administrative and other functions downstream. Therefore, we need one set of standards that support current and emerging use cases and there should not be an artificial separation between clinical/admin standards.
  - The standards should be friendly to innovators in licensing and acquisition aspects.
  - In other words, for all standards, both content (structure and transport aspects) and terminology, we need to address at nationwide level the ability to establish an appropriate, sustainable process while providing open content licenses for all to use to enable, support interoperability, and reduce burden.
- Establish a lightweight and feasible exception process to achieve the spirit of 162.940.
  - Exception process for national standards - is burdensome for innovation and requires a level of orchestration that leads to a non-starter - history shows this by the lack of requests. (NCPDP ask: rule to permit script example).
- Promote/develop/implement a national piloting process?
- Other topics?

Discussion:

- **Anil Jain** inquired how the second point is different (in terms of establishing a unified process) than the United States Core Data for Interoperability (USCDI) and the work that the full HITAC has done.
  - **Alix Goss** discussed how the Standards Versions Advancement Process (SVAP) will allow ONC to advance and adopt standards but noted that there is no similar functionality for administrative data.
  - **Arien Malec** explained that the ICAD TF is proposing that administrative standards align with the same process that is used to standardize the USCDI and discussed how administrative standards had a completely separate process with separate workflows and IT systems. The TF is working to align the processes, rather than the current state, where they are separate.
  - **Anil** thanked them for their feedback, and **Alix** noted that she added the words "aligns with" to the sentence to strengthen the point.
  - **Jocelyn Keegan** commented that work related to the USCDI has not yet focused on administrative data and commended ONC for their work on developing a process that will allow for the USCDI to mature. Input will be needed when new items will be added to the process.
  - **Alix** asked **Jocelyn** if a new recommendation is needed or if the text around the ISA recommendation should be updated.
  - **Jocelyn** discussed how the mention of the crosswalk under the fourth point is important to allowing data to flow across the standards and for this process to not be completed manually.
  - **Alix** noted that she updated the text under the fourth point with the following, "…terminology addressed by NLM and establishing crosswalks with particular consideration of USCDI adoption."
- **Anil Jain** discussed the unnecessary/artificial separation of clinical and administrative data mentioned under the fourth point and suggested that the ICAD TF should think about how to harmonize them to remove unnecessary burdens. The way the point is phrased makes it sound like a technical issue when it is not.
  - **Jocelyn Keegan** reiterated **Anil's** point and asked to call out the differences in uses and purposes between clinical and admin data. In response to Alix Goss's request for more specificity, **Anil** discussed adding phrasing using the words distinction or difference. TF members discussed the nuances of the wording.
  - **Alix Goss** added the following text: "Therefore we need one set of standards that support current and emerging use cases while respecting the inherent differences in the business needs for administrative and clinical operations dependent on data."
- **Rich Landen** submitted several comments:
  - He strongly supports both the first and second strawman points, which referenced aligning the regulatory process.
  - Where are the hooks to incorporate from the ICAD TF's recent work on recommendations around data classes and modeling?
    - **Alix Goss** responded that the ICAD TF will discuss the federal health architectural data model as soon as Sheryl Turney is able to attend the meeting. Once the data class work is completed, the data model aspects will be added.
  - **Rich** asked what happened to the plans to choose and develop a pilot program that would then be expanded and made scalable across the wider body of PA.
    - **Alix** responded that this recommendation needs to be built out but will be included. She added a placeholder to the document.

- There is a certain amount of financial burden for providers, particularly the small ones, implicit in the recommendations in terms of better integrating their disparate IT systems. The ICAD TF should consider solutions to this challenge.
  - **Alix** noted that the work of the TF might create some burden while trying to remove other types of burden in the industry. She suggested adding a new recommendation to address the burden for providers.
  - **Rich** responded that, because small providers would be shouldering more of the burden than large ones, it is important to socialize that implication of the TF's recommendations and to work with organizations that have been supportive of the TF's work.
  - **Alix** responded that she added a placeholder for these ideas.

- **Arien Malec** discussed the differences in the types of PA processes and workflows and emphasized that the ICAD TF should acknowledge the differences and highlight that they are striving toward harmonization, not building duplicative processes. The language could be updated to reflect that the workflows are different and represent the clinical and administrative processes, but what happens to the patient is the same.
  - **Alix Goss** agreed with **Arien's** points and discussed how the foundational approach to clinical and administrative data might have to change.
  - **Arien** responded that **Alix** was correct and reemphasized his point that though the workflows are different, what happens to the patient is the same and is the ground truth. Framing this perspective can lead to a more integrated process.
  - **Alix** added **Arien's** feedback to the document and discussed the best way to capture the idea that the source of truth is the patient's encounter, experience, and document and noted that this ties into the ICAD TF's idea of "record once and reuse." She inquired if this concept is something the other members want to pursue.
  - **Arien** responded that the TF's work on DME, value-based care, and other concepts has pushed them toward that perspective. Trying to solve problems from the perspective of the examples being very different processes with different standards creates a burden.
  - **Anil Jain** seconded **Arien's** point that the various types of models across different types of providers has pushed the TF's work in a specific direction, but he also noted that they should attempt to understand the unintended consequences. Trying to focus on administrative data and thinking about the minimum data necessary to carry on a business transaction flies in the face of trying to create a world where clinical data can be used. He suggested creating a guiding principle around using the minimal information needed to get a business transaction done, but standards should not force distinct business practices together.
  - **Arien** clarified the statement and noted his concern that the TF is saying that the data needs to 100% flow across all settings. Context is important because business needs differ, and the TF has the minimum necessary requirement.
  - **Anil** responded that consideration needs to be taken when choosing what information should be sent.

- **Alix Goss** thanked everyone for their feedback and asked if there were any other comments on the idea of standardization and burden. She inquired about how much the ICAD TF wants to push the envelope on these topics.
- **Jocelyn Keegan** described her extensive experience with product development and emphasized the need for the ICAD TF to choose its level of focus and to be mindful of their recommendations. The TF might create unintentional consequences by adding burdens without relief, so they should understand the cost of new systems and maintaining current systems.
- **Rich Landen** responded to **Alix's** question that the ICAD TF should push the envelope as far as possible because the industry is not capable of doing that without major investment in its systems integrations. Also, the models that the TF is building include a major role for the patient, which has to be clearly defined and built from scratch by both the providers and the payers. Meaningful patient engagement does not currently exist, so the TF will have to push the envelope to create it.
- **Alix Goss** reiterated **Rich's** points and inquired if any ICAD TF members were uncomfortable with the strawman recommendations. She noted that the TF will have to be effective in managing change along the way to minimizing burden. **Jocelyn Keegan** responded that they are there to push the envelope. **Alix** thanked everyone for their input so far.
- **Denise Webb** echoed Rich's comments related to the patient and described the burden on the patient when they need to get the status on their PA. She stated that the ICAD TF should push the envelope and try to make the process as seamless as checking on a package ordered through Amazon or some similar process.
  - **Alix** clarified the statement about the need to have as much transparency around PA as tracking the progress of a shipped package.
  - **Denise** noted that this ties back to **Rich's** comments about prioritizing patient interactions in the PA process, which was blank in the data classes table. She reinforced **Rich's** points.

Due to time constraints, the discussion was paused, and **Lauren Richie** opened the meeting for public comments.

PUBLIC COMMENT

There were no public comments via the phone.

Questions and Comments Received via Adobe Connect

Deb Strickland: Deb Strickland

Andy Truscott: Truscott is on.

Lauren Richie: Thanks Andy

Jocelyn Keegan: Lauren, confirming Jocelyn on as well.

Jocelyn Keegan: Great job Josh!

Andy Truscott: Btw... I think I'm stuck in the public room. No major worries - I'll just ping any questions into this window! :D

Lauren Richie: confirmed Jocelyn

Arien Malec: Arien's here.

Lauren Richie: Hello Arien

Jill DeGraff: Will the table being displayed right now be shared with the public?

Rich Landen: PA justification: add "test results"

Lauren Richie: Hello Jill. This is only a draft working document for the TF members at this time.

Jill DeGraff: Thank you. Looks like a strong contribution to your work

Denise Webb: Very nice work!

Mary Kay McDaniel: It's the 278 - Inquiry. the same functionality will be in PAS...

Rich Landen: Cant *[sic]* unmute

Rich Landen: Yes, that's a major item.

Mary Kay McDaniel: Need to reflect which 278 was referenced.

Jim Jirjis: Panopoly *[sic]*

Andy Truscott: I'm good

Jocelyn Keegan: LOL. its *[sic]* my new favorite word JIm :)

Jim Jirjis: :)

Jocelyn Keegan: Thanks to Jim and Josh for getting us to this point.

Rich Landen: Well done. Thank you.

Jim Jirjis: Josh did a great job

Rich Landen: Good answer. Thanks. I'd had the same concern about B.

Deb Strickland: I have to jump to another call at 4 great stuff so far

Rich Landen: That 'truly integrated' is kind of where I was headed in the capital investment to align/interface/integrate disparate systems within a provider organization. Need major investment to enable 'capture once, reuse many'

Lauren Richie: To members of the public: to make a comment please call: 1-877-407-7192(once connected, press “*1” to speak)

Andy Truscott: No heartburn

Andy Truscott: ;)

Arien Malec: thumbs up!

Andy Truscott: I don't understand how a standard can be "friendly" for licensing / acquisition? Have we not based our thinking here on top of industry standard ern, standards already?

Rich Landen: 80/20 rule. Let not the perfect be the enemy of the good.

Andy Truscott: Aye. "Friendly" is subjective... I'd just drop that point :)

Andy Truscott: c) is good.

Andy Truscott: That I can't speak is a blessing for you all

Andy Truscott: Yes ;)

Jocelyn Keegan: LOL

Arien Malec: I think the point is that the patient doens't *[sic]* see a difference in the processes :-)

Andy Truscott: Do we care about an integrated data model, so much as an Interoperable Data Model?

Andy Truscott: I'll find some decent Cell Phone coverage for the next call.

Jocelyn Keegan: I think Andy is spot on. I think we need a concrete path with incremental milestones to validate success.

Discussion, continued:

- **Alix Goss** summarized **Andy Truscott's** comments from the Adobe chat and noted that she would remove the second subpoint, which referred to making standards "friendly to innovators," under the fourth strawman point.
- **Jocelyn Keegan** referenced **Denise's** comments and discussed her experiences with electronic PA, standards, and intense discussions held years ago with providers, who controlled the PA process at the time. **Jocelyn** noted that there were changes to the PA process in the past several years, including retrospective PAs, due to the recent involvement of pharmacists as more major role players in the process. Transparency has increased, but expectations still have to be managed. She asked why this delay and disconnect is tolerated when it comes to a patient's health and possibly life-saving measures and advocated for raising the bar so that a patient can always know the status of their PA.
- **Alix Goss** noted that she included the ICAD TF members' feedback in the recommendations document. **Denise Webb** provided feedback on the appropriate section of the document to include the information.
- **Anil Jain** noted that as the industry moves toward the integrated data model, sharing becomes easier, and transparency increases, the ICAD TF has to be sure that policy is aligned to the new developments. Privacy and security were discussed by the TF, but they need to focus on the concept of trust. He discussed his experiences as a clinician and noted that they need to consider policy implications, recommendations around standards for an integrated data model, and ideas for fostering widespread adoption.
  - **Alix Goss** responded that his comments, along with **Andy's** chat comments, were the perfect set-up for a summary of the TF's next steps. There will be a discussion at the next TF meeting around data models and alignment with the federal health model, which **Michael Wittie** will help plan. There is a link between the current data class conversation and data modeling exploration and integrated/interoperable data models, and the TF will discuss these topics soon.

NEXT STEPS

Alix Goss provided an overview of the next steps and indicated that additional volunteers are being recruited to help write the draft report. Currently, work from the small workgroups and ICAD TF discussions is being organized and synthesized during offline work sessions by the reporting writing small group for use in the report to the HITAC. **Lauren Richie** and the team at ONC have provided benchmarks and recommendations to the report writing small workgroup to help them craft the report in a way that fit with the overarching database and the norms of the structures for reports to the HITAC.

Next week, the TF will move from the PA example to a broader discussion on an integrated federal data model and a deep dive into the convergence of clinical and administrative data. Writing work will continue on the recommendations and report over the next month.

ADJOURN

Alix Goss thanked everyone for their time and input and reminded them that the next meeting was scheduled for 3:00 p.m. ET on July 21, 2020.

The meeting was adjourned at 4:30 p.m. ET.