



Intersection of Clinical and Administrative Data Task Force

Sheryl Turney, Co-chair

Alix Goss, Co-chair

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The Office of the National Coordinator for
Health Information Technology



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
Ram Sriram	NIST
Sasha TerMaat	Epic
Jim Jirjis	HCA
Denise Webb	Individual
Rich Landen	Individual/NCVHS

Name	Organization
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/ Alex Mugge	CMS
Alexis Snyder	HITAC/Patient Rep

Today's Agenda:

- Roll Call and Welcome
- Summary and Action Plan
- Cures Act Priority Areas for HITAC
- Broader Intersection Discussion: Interoperability
- Public Comment
- 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. Leverage existing information from HITAC and NCVHS prior authorization hearings, and other sources, to inform the Task Force’s information acquisition and analysis efforts.

A large, abstract graphic on the left side of the page, composed of various colored triangles and polygons in shades of blue, green, yellow, and orange, creating a complex, layered geometric pattern.

Summary and Action Plan

Last Meeting

- Recommendations Discussion
 - Discussed aspects of the recommendations straw-man, including the possibility of a ‘star rating,’ other mechanisms reflect sharing of policy ‘born on’ dates, and requirements (including gaps in standards) for making data interoperable.
 - Discussed the need for a common data model, and current models in existence, including FHIR and FHIM, and their relative strengths and weaknesses for serving ICAD’s goals.
- Report Drafting Plans
 - Walked through a draft timeline and cadence for achieving a draft report in time to present at the September 9 HITAC meeting.
 - Described the concept of using the HITAC’s 3 priority areas – Interoperability, Privacy + Security, and Patient Access to frame the convergence conversation.
 - Discussed parallel writing/synthesizing teams approach, with an editor coming onboard later in August to put everything more smoothly together.

ICAD Task Force

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.

Leverage existing information from HITAC and NCVHS prior authorization hearings, and other sources, to inform the Task Force’s information acquisition and analysis efforts.



Cures Act Priority Areas for HITAC

8 Cures Act Sec. 3002: Health Information Technology Advisory Committee

- “(B) PRIORITY TARGET AREAS.—For purposes of this section, the HIT Advisory Committee shall make recommendations under subparagraph (A) with respect to at least each of the following target areas:
- “(i) Achieving a health information technology infrastructure, nationally and locally, that allows for the electronic access, exchange, and use of health information, including through technology that provides accurate patient information for the correct patient, including exchanging such information, and avoids the duplication of patient records.
- “(ii) The promotion and protection of privacy and security of health information in health information technology, including technologies that allow for an accounting of disclosures and protections against disclosures of individually identifiable health information made by a covered entity for purposes of treatment, payment, and health care operations (as such terms are defined for purposes of the regulation promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996), including for the segmentation and protection from disclosure of specific and sensitive individually identifiable health information with the goal of minimizing the reluctance of patients to seek care.
- “(iii) The facilitation of secure access by an individual to such individual’s protected health information and access to such information by a family member, caregiver, or guardian acting on behalf of a patient, including due to age-related and other disability, cognitive impairment, or dementia.
- “(iv) Subject to subparagraph (D), any other target area that the HIT Advisory Committee identifies as an appropriate target area to be considered under this subparagraph.

9 Cures Act Sec. 3002: Health Information Technology Advisory Committee

- “(C) ADDITIONAL TARGET AREAS.—For purposes of this section, the HIT Advisory Committee may make recommendations under subparagraph (A), in addition to areas described in subparagraph (B), with respect to any of the following areas:
- “(i) The use of health information technology to improve the quality of health care, such as by promoting the coordination of health care and improving continuity of health care among health care providers, reducing medical errors, improving population health, reducing chronic disease, and advancing research and education.
- “(iii) The use of electronic systems to ensure the comprehensive collection of patient demographic data, including at a minimum, race, ethnicity, primary language, and gender information.
- “(vi) The use of technologies that support—
- “(I) data for use in quality and public reporting programs;
- “(II) public health; or
- “(III) drug safety.



Broader Intersection Discussion: Interoperability

Interoperability

“Interoperability”, with respect to health information technology, means such health information technology that—

- (A) enables the secure exchange of electronic health information with, and use of electronic health information from, other health information technology without special effort on the part of the user;
- (B) allows for complete access, exchange, and use of all electronically accessible health information for authorized use under applicable State or Federal law; and
- (C) does not constitute information blocking as defined in section 300jj–52(a) of this title.

(Section 3000 of the Public Health Service Act (PHSA) (42 U.S.C. 300jj))

ICAD Guiding Principles

- Continuous Improvement
- Data Model
- Design for the Future While Solving Needs Today
- Real-Time Data Capture and Workflow Automation
- Information Security and Privacy
- Patient at the Center
- Measurable and Significant Improvement
- Transparency
- Aligned to National Standards

- What is missing?
- Are more Guiding Principles needed to address interoperability?
- How would additions impact the Ideal State statements?

Public Comment

To make a comment please call:
Dial: 1-877-407-7192

*(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 Steps

- Next Week:
 - Broader intersection Discussion: Privacy + Security
- Offline:
 - Report Writing
 - Creating content for the broader intersection
- September 9:
 - Present draft report and recommendations to HITAC

ICAD TF Agenda

Month/Date	Deliverables/Action Items
August 4, 2020	Broader intersection Discussion: <u>Privacy + Security</u>
August 7	Write-up of Prior Authorization Material Due
August 11, 2020	Broader intersection Discussion: <u>Patient Access</u>
August 18, 2020	Broader intersection Discussion: <u>Wrap-Up</u> ONC Editor expected to join team
August 25, 2020	HITAC Draft Presentation Discussion
August 31	First Complete Draft Report Due HITAC Slides Due
September 1, 2020	Draft Report Review
September 8, 2020	Share Final HITAC Materials
September 9, 2020	Present Draft Recommendations to HITAC for Feedback
September 10 – October 20	Review HITAC feedback and revise report as necessary
October 21, 2020	Deliver Final Recommendations and Report to HITAC

ICAD TF Agendas and Draft Report Timeline



Month/Date	Deliverables/Action Items	Month/Date	Deliverables/Action Items
August 4, 2020	Broader intersection Discussion: <u>Privacy + Security</u>	September 1, 2020	Draft Report Review
[Offline]	<ul style="list-style-type: none"> - Draft Privacy + Security Materials - Full Task force review of Background - Full Task force review of initial draft of Interoperability material - 8/7: Presentations Summaries / Key Points Due - 8/7: Write-up of Prior Authorization Material Due 	[Offline]	- Editing and finishing touches for HITAC
August 11, 2020	Broader intersection Discussion: <u>Patient Access</u>	September 8, 2020	Share Final HITAC Materials
[Offline]	<ul style="list-style-type: none"> - Full Task force review of initial draft of Presentations Summaries / Key Points - Full Task Force Review of Prior Authorization Materials - Full Task force review of initial draft of Privacy + Security material - Draft Patient Access Materials 	September 9, 2020	Present Draft Recommendations to HITAC for Feedback
August 18, 2020	Broader intersection Discussion: <u>Wrap-Up</u>	September 15 – October 6	Review HITAC feedback and revise report as necessary
[Offline]	<ul style="list-style-type: none"> - Full Task force review of initial draft of Patient Access material - ONC Editor expected to join 	October 21, 2020	Deliver Final Recommendations and Report to HITAC
August 25, 2020	HITAC Draft Presentation Discussion		
[Offline]	<ul style="list-style-type: none"> - Develop Slides for 9/9 HITAC presentation <ul style="list-style-type: none"> - Due 8/31 - 8/31: Complete First Draft Due 		

Next Task Force Meeting:

**August 4th, 2020
3:00PM Eastern**



**Meeting
Adjourned**