The Office of the National Coordinator for Health Information Technology

Transcript

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) INTERSECTION OF CLINICAL AND ADMINISTRATIVE DATA TASK FORCE MEETING

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

VIRTUAL

Speakers

Name	Organization	Role
Alix Goss	Imprado Consulting, a division of DynaVet Solutions	Co-Chair
Sheryl Turney	Anthem, Inc.	Co-Chair
Steven Brown	United States Department of Veterans Affairs	Member
Gaspere C. Geraci	Individual	Member
Mary Greene	Centers for Medicare & Medicaid Services	Member
Alex Mugge	Centers for Medicare & Medicaid Services	Member
Jim Jirjis	Clinical Services Group of Hospital Corporation of America	Member
Anil K. Jain	IBM Watson Health	Member
Jocelyn Keegan	Point-of-Care Partners	Member
Rich Landen	Individual/NCVHS	Member
Arien Malec	Change Healthcare	Member
Thomas Mason	Office of the National Coordinator	Member
Aaron Miri	The University of Texas at Austin, Dell Medical School and UT Health Austin	Member
Jacki Monson	Sutter Health/NCVHS	Member
Alexis Snyder	Individual	Member
Ram Sriram	National Institute of Standards and Technology	Member
Debra Strickland	Conduent/NCVHS	Member
Sasha TerMaat	Epic	Member
Andrew Truscott	Accenture	Member
Denise Webb	Individual	Member
Cassandra Hadley	Office of the National Coordinator	Acting Designated Federal Officer
Michael Wittie	Office of the National Coordinator	Staff Lead

Call to Order/Roll Call and Welcome (00:00:00)

Operator
All lines are now bridged.

Cassandra Hadley
Great, thank you. Good afternoon, everyone, and welcome to the intersection of clinical and administrative data or ICAD Task Force meeting. So, let us get the meeting called to order now, and I will begin first by taking roll so we can officially start. And then I will hand it over to your cochairs. Sheryl Turney?

Sheryl Turney
Sorry. Sheryl's here.

Cassandra Hadley
Thank you. Alix Goss?

Alix Goss
Present.

Cassandra Hadley
Aaron Miri? All right. Alexis Snyder?

Alexis Snyder
I am here.

Cassandra Hadley
Great. Andy Truscott? Anil Jain?

Anil Jain
I am here.

Cassandra Hadley
Thank you. Arien Malec? Debra Strickland? Denise Webb?

Denise Webb
Present.

Cassandra Hadley
Thank you. Gus Geraci?

Gus Geraci
Here.

Cassandra Hadley

Thank you. Jacki Monson? Jim Jirjis?

Jim Jirjis
Here.

Cassandra Hadley
Thank you. Jocelyn Keegan?

Alix Goss
She has chatted that she is on waiting to be bridged into the call, but she is here per the chatbox.

Cassandra Hadley
Okay, great. Thanks.

Alix Goss
You're welcome, Cassandra.

Cassandra Hadley
Mary Greene? Or Alex Mugge? Okay. Ram Sriram?

Ram Sriram
I am here.

Cassandra Hadley
Thank you. Rich Landen?

Rich Landen
I am here.

Cassandra Hadley
Thank you. Sasha TerMaat?

Sasha TerMaat
Hello.

Cassandra Hadley
Steve Brown?

Steve Brown
Here.

Cassandra Hadley
Hi. Tom Mason? And Carolyn Peterson? All right. Thanks, everyone. Sheryl, –

Arien Malec

By the way, Arien is here.

Cassandra Hadley
Oh, hey, Arien. Thank you.

Arien Malec
Thank you.

Cassandra Hadley
Sheryl?

Summary and Action Plan (00:02:00)

Sheryl Turney
Thank you, everybody. All right. We can go to the next slide. So, on today's agenda, we are going to talk a little bit about the guiding principles and ideal states synthesization action that has been going on, and this is the heavy lifting that Anil and Alexis have been working on very diligently offline that they are bringing back to the group. Of course, we have a summary of what we had last meeting, and then we are going to talk about our next few weeks out in terms of how we are going to finish and go to public comment and next steps.

So, we can move on to the next slide. Okay. So, what we did in the last meeting is we provided a reset for everyone. And this was a way to do a couple of things, make sure that we are **[inaudible] [00:02:52]**. So, we reviewed the Cures Act relative to priorities that they charged HITAC to focus on and accommodate, and we wanted to make sure that as we are looking at broadening our scope from prior authorization to the greater scope of the intersection of clinical administrative data, that we are considering these priority areas which basically include patient focus, privacy, and security and interoperability.

And last week we talked a little bit more about interoperability, and then we also had some good discussion from the folks that are going to be presenting to us today. We looked at and discussed some of the work that is going on in by all of the report writers, and then we just had a brief discussion in terms of process, terms of the best way to move forward to make sure that we are leveraging everybody's efforts in the best way possible. And we talked about ensuring that we keep that focused as we are moving forward.

And I think with that we are going to get right into the conversation today that we have on the agenda which would be the next topic which is the guiding principles and ideal state synthesizing discussion. I know Alix, I will turn it over to you. I think you are going to run the materials to share, and then Anil and Alexis will do the presenting.

Guiding Principles and Ideal State Synthesizing Discussion (00:04:33)

Alix Goss
Thank you, Sheryl. Yes, I will be a support mechanism to Anil and Alexis walking through the document today, and then I will also help support, facilitate the Q&A after they have had a chance to walk through

the document. But hopefully, everyone can see the Achieving the Ideal State Guiding Principle Document Synthesis by Alexis and Anil. And we are at your disposal. Take it away.

Alexis Snyder
Thanks, Alix. It is Alexis. I am going to start us off, and Anil and I, we are going to tag-team back and forth to review and get everybody's feedback on the various pieces. So, basically, as everyone knows we were tasked with synthesizing, Anil and I, the guiding principles, and ideal state piece for the draft. We tackled this by first organizing and sequencing the nine guiding principles that we have all come to know and love. And we figured we would start to order them in a way that kind of made best-sense moving from one to nine starting with Patient at the Center, and so forth moving on.

And if you scroll down just a bit, Alix, you will be able to see the nine in the categories where we – yes, there we go. So, starting from left to right, top to bottom, each column. So, we kind of put them in an order that seemed to make the most sense. And then we started, as Alix had suggested on one of our last calls, with a brief Vision Statement that would lead us into the guiding principles, and in a couple of minutes, Anil is going to go over that because he wrote most of the Vision Statement. And then from there, we added also Alix had suggested that perhaps we add a definition, a couple of sentences about what each guiding principle was. And so, we have done that in each section, captured in the blue.

And all that said as we run through it, you will see that we have black text which is pulled right from the worksheet and nothing has been changed. The blue is the additional pieces that I just spoke about and some additions and re-words throughout the document that we would love your feedback on. And then the red pieces throughout the document are either strikeout pieces that we went through and took from the workbook and incorporated them into the various bullet points under each ideal state and guiding principle. Or they are places that we pulled from the workbook, but we needed to revisit as a group and look at some of the language there.

So, lastly, we added at the very end of the document, we will get to as we go through it all today, a brief lead-in statement for the recommendations piece that Arien and Rich will be working on. And we thought that perhaps then that they would add a more personalized on their side piece to this as well. So, all that said, if we go back to the top, I will hand it over to Anil to talk about the Vision Statement that we created.

Anil Jain
Right. Thank you, Alexis. So, there are two things that are coming to come out right away. One is that I am pretty verbose when I write. And so, my thinking there was that it is much easier for us to remove and strikeout things than to add them. And the whole idea was that with these nine guiding principles that we sequenced, what was the vision around what we were trying to achieve. And some of this may be folded into other parts of the document and into the preamble and into the background material. But I thought I would just leave this here for now and get your guys' reaction to it.

And as Alexis mentioned, the blue writing is, essentially, things that we have added that you folks may not have seen before. But my hope is that we both, what Alexis and I wrote, that the blue lends itself pretty well from the comments that were made in our bigger meetings. So, if you scroll down from the Vision, you will see the Table of the nine guiding principles and just a couple of things I want to point out. We do have some recommendations on rewording some of the guiding principles, and where there is a question

for the group as Alexis mentioned, it is going to be called out. It will be pretty obvious that we are asking the group for that, and in the time we have today, we will go through some of those.

The other thing I want to mention briefly before we go on to the first guiding principle with Alexis is that I am not convinced based on having synthesized some of these that we need all nine guiding principles. And there is some content that could be folded into a simplified set of guiding principles, and that is also called out in the text where we are making recommendations. The guiding principles, the nine of them, were split into two groups. One group Alexis managed, and the other group, I managed.

And in parentheses after each section of the guiding principle, you will see the initials and the only reason being even though we have reviewed both of them collectively if you have specific comments, that is probably the person who is going to review it even though, again, we have been working together. So, I think, if there are not any questions about the way we approached it, we can have Alexis go right into the first guiding principle. But let us pause here just a – yes.

Alix Goss
This is Alix, I am not seeing any hands up at this point. The one thing I have a question about is just maybe if we talk a little bit about a process perspective for those of us who have not maybe been in some the Synthesizing Team discussions, it might be helpful to just add that the goal is to present some content today, get feedback so that the two of you can finish up the synthesizing of this portion. And then we can use that as a major launch off point into our draft document work zone, and that will also help with the recommendations work that is being done by Arien and Rich. And the goal will be that next week we will come back with something that is a pretty solid draft to talk to folks about the synthesized work to date.

Alexis Snyder
I think that is a perfect explanation and definitely, specifically to the work for Arien and Rick because as we go through it, you will see that we have a couple of spots where we thought we did not really have an ideal statement that should be included here and might go into their recommendation list instead. So, with all of that said if we scroll down a little bit, Alix, to the Patient at the Center. I guess we will read off how we defined each of these guiding principles and ask for some feedback and changes that need to be made or not.

And so, redefining the patient at the center as this guiding principle places the patient at the center of care and focuses on process solutions that remove roadblocks and supports the coordination of timely care while reducing burdens and improving the patient experience and ultimately outcomes. And I guess I would stop after we read each piece and see if anybody has anything they would like to change or add to this definition. And I think we planned to share this as well, Alix, after the meeting so people can mark up with comments and get it back to us additionally because there is a lot as we go through it.

Alix Goss
Absolutely. This is the first task to help you get some input so that you can get it to a more solid-state, and this is just the beginning of many reviews, I think. And I am not seeing any hands up, Alexis.

Alexis Snyder

Okay, great. So, moving on from there, No. 1 we pulled right from the workbook so we are going to skim over that. No. 2, right from the workbook except highlighted in red, we had this example. So, the upfront cost transparency and to the extent possible the variations in cost specific to the site of care provider, identifying an accurate cost for the patient will require sharing of additional data that is currently lacking in price transparency tools. And so, then in the workbook or the worksheets, we had this very specific example, and we were wondering do we want to leave it just as it is or try to incorporate that example in a more text-worthy, so to speak, way. And I guess I can run through them and people can give us feedback at the end of each one.

No. 3 has remained the same except for adding that self-pay restriction pieces to it that are stricken out has now been included at the end of No. 3. No. 4, multiple insurance plans are accounted for and coordination of benefits is recognized and consolidated as they apply to coverage. And we had it down from the workbook a very basic ideal state bullet that just said accounting for coordination benefits. So, I tried to expand this a bit to incorporate what we have talked about continually about coordinating benefits and happy to hear more from folks about whether this captures that, or we need to add to it or change it in any way.

No. 5, we just added lessen burden into tools exist for all patients that lessen the burden and provide a solution to overcome the digital divide, access socioeconomic, and literacy barriers. And my question to the larger group is if we should be putting an example at the end of this or just leaving it as is, or do we want to put in an example? And then right underneath that are some cross-outs of pieces that were actually already added to No. 1. So, they were moved up to top about somebody quarterbacking and following through from the beginning to the end. So, No. 1 incorporated that piece. Just scroll down a little bit, Alix. I think that is it for this section. The rest of the strike-outs were notes in the workbook, and I have consolidated them all into the five pieces above. So, that is just a quick overview of the Patient at the Center piece. Any questions?

Alix Goss
I am not seeing any questions raised, but I am seeing a comment from Jim indicating that he agrees with the idea of more examples are better. I perceive that as being related to No. 5.

Alexis Snyder
Okay. Any particular example, brainstorming that anybody would like to provide?

Alix Goss
I see Rich Landen's hand up. I am not sure if his line is muted, or if he is available to chat. Rich? Yes, we are getting some background noise so I think they may have muted your line. I am not sure if you are still muted.

Operator
Rich, your line is live.

Rich Landen
Okay. Thank you. Also, on 5, I agree we need some examples. I am particularly concerned that we talked about tools, and I think we should use the word "should" in there, should be made, should be created. But

I think we need examples because I cannot think of a tool particularly a digital tool that would reduce burden and yet be able to address the digital divide and some of the other concepts there. So, I think that would benefit from examples. But no, unfortunately, I do not have one on the top of my head. Thanks.

Alexis Snyder
Okay. And my only concern about trying to come up with some specifics of what to put here, and people can comment later on as well on the document when it goes out, is making sure that we are not actually making a recommendation statement instead since that is going into the next piece that you guys are working on. And then I would quickly say that Anil and I tried very consciously in the ideal state to stay away from words like should or will because we were not making a recommendation but making more of an ideal state bullet point saying that if this ideal state existed, this is what it would be. So, that is why we have tools exist, but obviously, we can revisit and change that as a group as well, just so you are familiar with where the wording is coming from.

Rich Landen
Okay. Thanks. That does make sense, and I withdraw my concern about the "should".

Alexis Snyder
Okay.

Alix Goss
Your next in the queue is Denise then Jocelyn.

Denise Webb
Hi, this is Denise. Building on to some of the things that Rich said, I struggled with the tools exist from the perspective that right now I am working with a Medicaid beneficiary who has cognitive deficits. And when I think about what she needs to understand what is going on and for us to overcome the digital divide and access divide and all these other things, it is really having resources which might include tools readily available for all patients that lessen the burden and really help them navigate the healthcare system.

Alexis Snyder
I like that.

Denise Webb
[Inaudible – crosstalk] [00:19:15] resources readily available would be ideal and accessible, yes.

Alexis Snyder
And I wonder if we should say accessible, accessible, and readily available would be great. And then perhaps the tools is the recommendation list for Rich and Arien to consider.

Denise Webb
Yes, I do not think, for all of us who are in healthcare and have the advantage of being in healthcare, even for us it is complex. In this particular situation, I mentioned this young lady was actually, she was on Medicaid and had coverage on her father's plan and did not even know or understand that. So, she did not even know to tell them she had health coverage other than Medicaid, very complicated. I just had

trouble working through all of it, and I thought, "Oh, my God. How do these people do this?" I do not know.

Alix Goss
Good additions. You also have an in addition to Jocelyn, Sheryl is in the queue.

Jocelyn Keegan
So, when we are talking about the concept of tools, are we looking for examples like what we are looking at is the concept is having open APIs that are accessible, right or are we looking at the ability to have different types of services available to the different stakeholder groups? I guess I am having trouble visualizing in my head what we are proposing because I think that if we go down the path which I think makes sense around resources, the ability of leveling the field by making everything available via open API in standard-based ways, is something that would give people the resources for innovation to happen and for anyone to be able to get access without specialized knowledge which is the current world that we live in, that you need to have very specific relationships and specific knowledge to be able to unleash this data to be able to use it.

Alexis Snyder
Good point. And I would say – this is Alexis again. I would say that we literally pulled this from when we all worked through and came up with what the ideal states were. It literally said, "tools exist". And so, that is why I was asking if we should incorporate some examples. And when I say examples, I do not mean examples of specific tools because I think that is more recommendation. I mean more like No. 2 where we say, for example, mail order versus brick-and-mortar pharmacy was kind of the same thing. Do we need to have people understand with an example like that about some sort of an example of where the problem is with the digital divide or access?

Jocelyn Keegan
Right. So, in that case, I think I would say something like, for example, open standard-based APIs versus proprietary closed systems, right. Yes, and I am so glad that we have Alex as a note-taker.

Alix Goss
If I am interpreting what you are saying that I think puts it out in the right place. But I could be off the farm on this one. I just want to make sure I am following what you guys are thinking about for this line item.

Alexis Snyder
No, I think you are right. Yes.

Sheryl Turney
And this is Sheryl. I was on the same line of thinking as to the point that Jocelyn brought up. So, I think for tools, I was thinking that we were not only talking about things like open standards-based API, but also innovative applications that would allow the patient to see information that they cannot see today. So, if you had an application where you can look and estimate your costs, you would want to be able to also know that maybe there are two different procedures that could be had, and if there is a prior authorization that is required for one and maybe not for the other, and you can make a choice and be able to understand what the process is as it goes through whatever the approval mechanism is. I thought that is

what we were talking about when we were talking about tools is really – and I know it gets into transparency, but I think we need to be a little more descriptive in terms of what the tool is that we are looking for.

Alix Goss
Yes, and I was just going to say you touched on it. I think a lot of what you just said you will see in the next section in transparency. So, we will have to decide how we better define the tools piece here.

Sheryl Turney
Yes, but I think maybe even just to say it is not just the APIs or the service, but it is also some application that you are able to utilize to support what you are looking to support.

Alexis Snyder
Yes, and I think that is what I had got out of our prior meetings with the tools, too, that it was more – or not more, but that it is both. But that it also includes what you are saying third-party apps, and things to able to access things. But then how do we overcome it in a way that is accessible to everybody? It was a challenge here writing this one though.

Sheryl Turney
It is a challenge. It is a challenge. All right. Thank you. That is my…

Alix Goss
Okay. It looks like Anil.

Alexis Snyder
Anybody else?

Alix Goss
Just Anil.

Anil Jain
Yes. This is Anil. I was just going to say that I think when you start to see some of the other sections, you will start to see that some of the questions that are being raised could be already addressed in other sections, that's No. 1. No. 2, this as we have been discussing, is synthesized from the workbook that we all worked on earlier. And so, one of the things that we could run into is we could end up revising that while we are reviewing the synthesis of the materials. So, I think we do need to do that for sure and revisit some of these themes.

But if you look at this particular bullet, I think the point was that from a patient-centric perspective, whatever solutions we come up with should not be contributing to the digital divide or the access issues or dealing with some of the barriers that exist today. It should not make things worse than they are today. The solutions to those, you all may see some sprinkling of those in other sections, but also I think what Arien and Rich are going to have to do is make recommendations on how we would come up with solutions that do not make things worse when it comes to a digital divide or literacy, for example. Does that make sense?

Arien Malec
Easy-peasy.

Alix Goss
Yes, easy-peasy. And also recognize that they are going to do a similar effort of taking the work we have already done to produce recommendations. And so, this is going to be – I think the next week we are going to see some clean text that is going to have all of us as a community, really the Task Force members are going to be able to start to see how all the pieces connect from the data classes and categories to guiding principles to ideal state to recommendations for the prior authorization piece. And that is just a part of the larger story, but I think having that is going to help us really have a better view of what is missing and how you do we need to maybe tighten up some of the gaps. Easy-peasy may be our new phrase. Thank you, Arien.

Alexis Snyder
Yes, so I suggest we move to the next guiding principle so we do not run out of time because there is a lot more in some of the other ones. So, transparency defined as increased patient and provider access to real-time information on the status of prior authorization requests to minimize delays, provide clarity, and ensure the patient is – should say the patient, is able to manage care, and follow through with treatment or service and then the following ideal state bullets, again, remember that the black text is pulled directly from what we all came up within the workbook for ideal state.

And then we have just tweaked some wording or consolidated pieces. So, in No. 1, same definition, same ideal state from the workbook except we have added at the end of the status of the PA transaction each step in the process, there will be a common source of truth to the prior authorization status, and that came out of the crossed-out bullet No. 4 and got added up there. Some of them seemed a bit redundant, and it seemed to make more sense to put it in this one. No. 2 is the same, and No. 3 is the same. So, hopefully, this is a quick section that we might be able to breeze through at this point. Questions or comments?

Alix Goss
No hands are raised.

Alexis Snyder
Cool, so let us move on to Anil's section **[inaudible – crosstalk] [00:29:11]**.

Anil Jain
All right, awesome. Okay, so, the third guiding principle, and I am not going to rehash what the different colors mean. The only difference here is you see some highlights. Those are specific questions for the team that we would love to go over. Let me read out the definition of this Design for the Future While Solving Needs Today. The PA process will support today's comprehensive requirements while being extensible and resilient to support the evolving nature of the PA process by encouraging adoption and ongoing innovation. And again, the sentence was meant to define the guiding principle.

I am personally not that fond of Design for the Future While Solving Needs Today as the phrase for guiding principle. That is what we currently have. But if there is a different, shorter phrase that we can – we will take recommendations for what that guiding principle might sort of be rephrased. And that, I think, that goes for any of the guiding principles. We should all look at them as a whole and then say, "Are these the right words to be used?" Okay. The first bullet appeared to be redundant with other sections. So, I have strike-out there. You can review it and make sure that it is indeed the case that we have captured that in subsequent sections. No. 2 and No. 3 pretty much come from the text.

I did make minor adjustments from the workbook and kept it in black if it was simply to clarify grammar or things like that. Otherwise, it is the same intent as previously. There is a sentence here around the innovation that might occur. I know we have discussed this as a team a number of times, but I did write that the innovation must be done in a non-discriminatory manner to include broad participation among stakeholders.

And again, what I am trying to get at here is some of the things we have discussed as a team, just how do we make sure that people are allowed to innovate, but that we do not leave anyone behind, at least not intentionally. And so, you can let us know whether we need further verbiage here. Let us know now in terms of making sure that it is clear. And I tried to use the language that we have used in other parts of the interoperability rights. Not being an expert, you guys tell me if I captured that correctly.

Alix Goss
You have one. Do you want to continue, or **[inaudible – crosstalk] [00:31:55]**?

Anil Jain
Okay. Let us take the question. Yes, let us take the question.

Alix Goss
Okay, you have one from Jocelyn.

Anil Jain
Okay.

Jocelyn Keegan
So, we actually brought the topic up while we were working offline, Jim and Josh and I, around the idea. I am at the opposite which is, right now the burden for people to innovate is actually very heavy to actually go through an exception process. And so, I feel I like what you are saying here. I think that we need to hit both sides of it. We cannot leave people behind, but we also need to make sure that the innovators actually have the opportunity to innovate, and that we do not create an undue burden for people who want to put out new technology.

Anil Jain
Yes, I completely agree. So, if there is a good way for us to say exactly what you have just described, it would be good. What I am trying to avoid is the following –

Jocelyn Keegan

Not that way, but yes. I think we wrote something. I will have to look at what we put in our sections, and we have some things I think that probably do not live in our long-term. But we just wanted to capture them while we were writing so we might be able to lift that language.

Anil Jain
Perfect, awesome. Okay.

Alix Goss
No other hands.

Anil Jain
I am sorry?

Alix Goss
There are no other hands raised.

Anil Jain
Okay. And then No. 4 comes from our text again. It might have one or two words that are slightly different, but it is the same functionally it is the same meaning as what was in our workbook. If you continue to scroll, okay, any other questions about that third guiding principle before we get to the next one?

Alix Goss
There are no hands raised.

Anil Jain
Okay. So, the fourth guiding principle is written as Measurable and Significant Improvement. Again, just my own perspective is that we should have it rephrased, maybe measurable, and meaningful. And meaningful because it is not just about improvement that is significant, but as you will see in some of the things that I have written, that it is -- the progress will be – oops, that should be blue, yes. Oh, thank you.

Alexis Snyder
Yes, I know. I was trying to do that, but for some reason, it decided to shrink my document be…

Anil Jain
I have had because of the review changes, the Track Changes is on. So, it just added something to the sof – anyway.

Alexis Snyder
Right. Because I tried to get rid of that.

Anil Jain
Okay, so the progress will be measurable so we can track progress, and it should be meaningful for all stakeholders. That is, it should have a significant impact across the entire process rather than having a marginally incremental impact or significant impact for just a single stakeholder. We do not want it to be marginal or where only one group gets a significant benefit. It should be across the board. And so, that is

why I was suggesting meaningful, get some feedback from you guys in terms of the right verbiage for that guiding principle. You will recognize most of the text below. I think I have just put in bullets and reorganized them a little bit and in some cases reordered the bullets of the ideal state.

I am not going to go through and read everything. I did add one in blue, one thing about that it might take time to get to the 95%. And so, in blue it is written that maybe the 95% goal can be phased in with annual targets, for example. Again, I added that. That was not specifically in the workbook, but we can react to it as a group. No. 3, the only thing I added there is that we have to recognize that some PA transactions may not be feasible by fully electronically automated PA process. The rest of the black writing is right from our workbook, but I wanted to describe why the black writing was even there. So, in the ideal state, we have to accept the fact that there will be some PA transactions that will be the edge cases. Any questions, concerns?

Alix Goss
There, Rich typed something in the chatbox, but Jocelyn raised her hand. So, go ahead, Jocelyn.

Jocelyn Keegan
So, I think that target idea is a great one, and I really support us moving there. I think that there is so much variation, and we have seen this on the pharmacy side of checking the box to automate the things that are very easily automated and then being able to examine should we even be putting this thing under PA. That something that I get to spend a lot of time on. Why are you PA-ing it if you are approving 99.5% of them all the time anyway? That is based on everybody things that can be approved just based on an ICD-10 code, or the right disease state just being checked in somebody's medical history. I guess what I am really struggling with is I feel there is a maturity curve that has more to do with just PA automation but really a specific area.

So, just this morning the Da Vinci Team and the CodeX Team were meeting to talk about how to work on automating prior authorization for oncology which has layers of complexity that has nothing to do with prior authorization beyond what approving a single med PA for something that is on **[inaudible] [00:37:39]**, right. So, I almost feel, and I am doing a little bit of soliloquy here, so I apologize. I think acknowledging the complexity of different types of prior authorization might be more important than just phasing in overall percentages. Because there are places where we could get to 95% easy, right, using the button that Arien is going to make us. But I think that acknowledging that we are going to have to mature the industry on that whole workflow, not just the actual prior authorization, so setting targets by focus area or something like that seems more realistic to me.

Anil Jain
Right. Yes, I agree. Again, there were multiple areas where I wanted to add stuff, and you can change stuff. But what I tried to do very hard was just to synthesize what existed.

Jocelyn Keegan
Yes, totally, I get that.

Anil Jain

And then the blue, yes, was to explain what was already in black. So, what was already in black was perhaps having goals over time, and so, that is the blue. But you are right; I completely agree with you. I think it should be based on the type of PA. It should be based on the stakeholder. And then just to quickly reflect on Rich's comment that is in the chatbox, I think it is not about prohibiting one group from innovating rapidly. But I do think that as an industry or as the entire PA process, we cannot have – let us see what is in my head here.

What I am worried about is where the patient is left behind because the other stakeholders are rapidly innovating and not thinking about the patient, or where the provider is left behind. But it does not mean that the health plan cannot move at lightning speed or warp speed as long as they are thinking about the other stakeholders in terms of what their experience is going to be. That is all I meant. I think that is what we meant when we actually put that in there in some ways. Does that make sense?

Jocelyn Keegan
I think so.

Alix Goss
Okay, Rich, yes. He has agreed, and we have Jim Jirjis, too, who raised his hand.

Jim Jirjis
Yes, I just want to agree with what you are saying because I think the situation now, we have done pilots has been that there is a lopsidedness where one group may move ahead, but the needs of the provider or patients have been left behind. And so, I just wanted to – I mean, in the real world, that is happening today. And if we are not careful with following what you are saying, we will end up with very lopsided technologies that support one stakeholder and do not really help the whole industry **[inaudible] [00:40:30]**.

Anil Jain
So, when you guys look at this later on, if there is a different way for us to say that in a very clarifying way, that is the goal of once Alexis and I are done resynthesizing this we will turn it back over to you all, and you can write that or make the suggestions in there. And we can review them as a team. Any other…?

Alix Goss
Alexis has raised her hand.

Alexis Snyder
I was basically just going to say what Anil just ended up saying that just as I listen to everybody, and I listen to Anil explain it, we want to make sure that we reword things that capture what he is explaining so that the reader in the end who is not part of this group understands it without someone having to explain it to them, so definitely need feedback on ways to add those pieces.

Anil Jain
All right. If you – oh, I will give you a chance to finish.

Jocelyn Keegan
There we go; I just wanted to capture it.

Anil Jain
Yes, and I assume that the transcript will be made available to Alexis and I as well in terms of the comments. Is that the case?

Alix Goss
I think it could be. I see no reason why it could not be. We will just ask the powers that be.

Anil Jain
Okay, yes, just as we synthesize the final version for the team to review, it would be good to double-check to make sure we did not miss any comments. Okay. All right. So, the next one is Continuous Improvement. Again, that is what the guiding principles are written for now. We defined it as the PA process should embrace the concepts of evidence-based, data-driven continuous improvement akin to learning healthcare systems among stakeholders with metrics and goals.

Just the definition, I think a lot of us would accept as continuous improvement. And many of the bullets that are here are just synthesized from the workbook. I think if you scroll down, they might be reordered and reorganized. There is one, the very fourth bullet that talks about how the metrics would be used. And I think the question for the team is some of these could actually be recommendations, meaning when Arien and Rich have a review of this, they could simply think of this as a way to guide their synthesis. So, you will see that here in a few places. But otherwise, I think most of this is almost verbatim from the workbook, in some cases reworded. Sorry.

Alix Goss
Are you looking – are you looking for feedback specifically on No. 4 now?

Anil Jain
No, just the general concept of differentiating some of the ideal state bullets that are really about what the ideal state should look like versus what needs to happen for us to get there, and so, I would just recommend for the entire team when they are reviewing this, to keep an eye out for things that may be beyond the ideal state but really things that should happen as recommendations. And I have called them out in the places where I have noticed them. I know that Alexis has done the same, but I am sure there are other places as well.

Alexis Snyder
Yes, I am just going to agree.

Alix Goss
Okay. I see no hands up for comments.

Anil Jain
Awesome. I think the next one is back to Alexis.

Alexis Snyder

Yes. Okay. So, Real-Time Data Capture and Work Flow Automation we defined as support clinical care to reduce the time and effort used to document information for prior authorization with automated processes that are updated in real-time rather than processes that operate in the background to improve usability and efficiency of all stakeholders. And then everything again is moved from the workbook. Scrolling down to No. 2, regardless of the venue of care, the prior authorization process mechanically should be similar for both the clinician and the patient regardless of health plan, since patients move across the health ecosystem and providers should not be burdened with disparate workflows depending upon the venue. So, I had this highlighted in red just because I was having a hard time with the wordiness of it and wondering if the way that we had this written in the workbook actually makes sense to the reader.

So, feedback on that either now at the end of this section or offline when you all review the document, would be great. The other pieces, No. 5, just added for clarification and fixing up some of the wording, scroll, yes, there we go. All insurance coverage will be identified and verified, we added, on or before the point of service, related supports provided for ongoing coordination of benefits. We then added that allows for efficient and expensive coverage as allowed, and that was to capture the information in the strike-out there. And my question to the group was is that captured, or do we need the specifics of putting in the 270/271, etc., pieces there? No, 6, information required for recommendations and decision-making should be provided one time by the source whenever possible. And when I read that back from the workbook, it did not make sense to me.

So, I had it as a highlight for us to reconsider as a group what we were trying to say with that ideal state or if it is clear and we leave it. No. 7 sounded like it perhaps could go up into our definition of what this guiding principle is in that blue statement versus listing it as a bullet here, so open to what folks think about that. Automating prior authorization through health IT and focus on what information can be exchanged to make any coverage decision better, faster, and more transparent, we can either leave it here or incorporate it above. And then No. 8, just expanded upon and took notes in red, took notes from the workbook to expand upon what was just once – just said collect once and reuse.

So, we expanded that here with data will be collected once and reused for additional permissible purposes when feasible and clinically meaningful to reduce undue burden on stakeholders and then again wondering, as in some of the guiding principles earlier where I mentioned, are we missing examples in this area perhaps about red-flagging an area that would stand out as to not be collected once and be updated such as weight, height, etc. if we are talking about something like pharmaceuticals. And I think if you scroll down a bit that might be the – oh, there is one more, okay, let us see, two more. Okay. So, there was a note under No. 12 in the workbook to revisit this wording, and I was not sure what that meant. So, as a group, I think we need to just revisit this paragraph of ideal state.

I will not read it out loud right now and then a couple more, the last two. No. 13, looks as if it might be better, again, up in the statement rather than leaving it as an ideal state so that we could perhaps condense this long list since there is 14. So, that is just another thought for the group. And then lastly, this last one, No. 14, was sitting in the workbook in this area for ideal state under this principle, but it seems it might be redundant here because there are pieces of it almost worded identically in privacy and security, so just as folks are reviewing perhaps offline seeing if we can just strike this one out because it is

captured in privacy and security, or if you feel that there is a way that we need to reword it and keep it here. I know that was a lot, but I am trying to run through since I am conscious of how late it is getting. So, questions or comments?

Alix Goss
You have Arien in the queue. Arien?

Arien Malec
Hey, I think the comment for the recommendation or I guess the target state on providing the information once was related to, one time by the source was – this is a vague and dim memory, so if this is **[inaudible] [00:50:24]**, or it is not relevant feel free to disregard this. But the notion that sometimes any prior authorization process you get rejected, for one thing, you fix it, and then you get rejected for another thing where it would be more efficient to say, "Hey, here are all the things that you need to address in order for this prior auth to be approved." But again, that may just be me retrofitting – yes.

Alix Goss
No. It makes sense to me.

Alexis Snyder
And any – no, go ahead, Rich.

Alix Goss
And Rich Landen has his hand up. I am sorry. I was going to capture **[inaudible – crosstalk] [00:51:07]**. Go ahead.

Alexis Snyder
Rich?

Rich Landen
Yes, also on No. 6, since we are talking about ideal state, I believe the term whenever possible, we are talking about the ideal that just whenever possible leaves a loophole that has been exploited under the current system many times, so better to take it out. Also, we went through this fast, but I am getting the sense there is a number of these that have concepts that are either the same or closely related. So, after we get done with this, we may want to take a look through it again and look for some of that redundancy and cull it out a little bit more.

Alexis Snyder
Yes, for sure, and as Arien and I read through our sections again, we will make sure that some of them do not look like they can be synthesized together or two different thoughts saying the same thing because there do seem to be a lot of bullets in this section from the workbook.

Alix Goss
This was the biggest section we had, and it started to feel to me in the development process like the kitchen sink. And that sometimes is necessary because it gives you the full picture in the pod, but at the

same time, it can be too much to absorb. So, I think this is so much cleaner work. It is really going to be a lot easier to do a review, a thoughtful review. Thank you, Anil, and, Alexis.

Alexis Snyder
Well, good, we hope so.

Rich Laden
I agree. **[Inaudible – crosstalk] [00:52:47]** my comment as to disparage the work. The first lift is the heaviest, and we can do the refining later. But it is a really tough job to get it this far, and you have really moved it forward, so thank you.

Alix Goss
Very well said. I see no further hands in the queue.

Alexis Snyder
Okay, so let us scroll down.

Anil Jain
Okay. All right, the next one is Align to National Standards. So, the prior authorization process will leverage and align to existing national standards and contribute to the community development of additional national standards where gaps are identified rather than reinvent new methods. And I probably, again, it is probably not – it could be wordsmithed to be a little bit more meaningful. But the idea being here that we are not going to try to create yet another set of standards for something that we are all trying to march towards a harmonized state where administrative and clinical worlds intersect.

So, essentially did lifting and shifting over from the workbook into this synthesized, reordered, and put some bullets for a few, some that might have some questions. So, there was a discussion around the attachment standards, and I know there are folks on the call who are much more of experts than I am on this. So, review the language to see whether I synthesized it correctly and whether I rephrased what was in bullets in the workbook into sentences that we could react to. And we could do that quickly now, or we could wait until all review.

Alix Goss
I propose since it is 4:00, and we effectively have a maximum of 20 minutes left because Sheryl and I, we talked last night, guys. We thought this is such an important effort, we are going to be really flexible with the agenda today, so, except for we do need to do public comments. So, the rest of the time is really dedicated to this, so not too much pressure. You have got a little bit more breathing room than you maybe thought.

Anil Jain
Oh, okay. All right. Well, so again, the main point here is that you have someone here like me in some cases who does not fully understand what it means synthesizing some bullets. So, just review and make sure that we did not, I did not screw something up on the synthesis of it. And then again, if we need examples to clarify, folks who are experts on that could throw the examples in so that we can provide some clarity for the other readers. On the next one, on No. 3, there was something in the workbook

around revisiting specific recommendations, and so, something about adding stuff to the appendix, just have a look at that and see what we meant by that because I do not recall and –

Alix Goss
I think I did this. This is Alix, and I think this was a place holder many moons ago, and we had not gotten to the recommendation status in some of our iterative development small working group efforts. And there was also this thought about how much does everybody know about HIPAA, and do we need to provide any additional context on that? So, this second part was more about thinking about who our readers might be and whether they had – yes, I am not sure how they got to black in all of this. But I will certainly –

Anil Jain
Yes, I know that I have had some issues with copy/paste where some colors have been screwed up, so the black is probably – I am not sure. But it could be just my copy/paste skills.

Alix Goss
No, I think – I will try my best, but I do not want to burn time. So, I do think this needs to be commented upon and reviewed because I think there are a couple of themes here. One was about the recommendations. The other one was about the context and the readers and whether they had the admin-simp expertise when it came down to the standards advancement process for administrative and clinical standards.

There was as some of you may recall we had a robust discussion around the ability to request an exception, and I probably referred it to affectionately as § 162.940 which is the ability for under the initial regulations to how one would go about upgrading a promulgated standard. And we were getting into a little bit of the dynamic with understanding that world of HIPAA with what it might mean to the new standards version advancement process, SVAP, which was adopted under the most recently promulgated interoperability rules from ONC. That is what those were about. Does that help, Anil, or does it muddy the water?

Anil Jain
I think if there is a specific recommendation on how the text should read, I would love to get that. Otherwise, the way I understand this is that we are basically, you are basically identifying that there might be a need for additional material in the appendix, but also, we may want to have cross-references between certain sections where additional background is needed. And I think that is going to be important.

Alix Goss
Yes, and I think that is really about where the – this is a placeholder comment for where the report ends up. When we started to build a draft, Sheryl started with the annual report from HITAC. So, we have a really robust appendix compendium of references, etc., but it is more brief descriptions or definitions. This may be better actually cross-referenced for the final report and aiding clarity – reader clarity or references to underpinning regulations or federal processes. Okay.

Anil Jain

Okay. The next one –

Alix Goss
I am not seeing any other hands up, but I did see Jocelyn had a comment about the attachments where you asked if we were talking about the 275 attachments or more broadly the concept of clinical data payload. And that to me is a little bit of a loaded question, Jocelyn, because that really speaks to the fact that we do not have an attachment standard today and that what we thought might be the recommended attachment standard based upon the, dare I say numerous, recommendations NCVHS has made, times are a-changing.

And I think we need to revisit that all the way around. So, I think here it has been more of the traditional concept of attachment which is the 275 as opposed to the more elegant ability to exchange information agnostic of certain transports and have a very important payload delivered. Would you like something added to the document reflecting that? Okay, thank you for telling me I am perfect, but tell me what you want to with the document.

Jocelyn Keegan
So, I think maybe I would probably call out specifically that we are referring to the X12 275 here because I think that I would word No. 2 much differently if it was not called out that we are talking about the narrow constraints of what the 275 can do versus more broadly, to your point, some other solutions that might give us more flexibility to share less data and get more precise about what only needs to be exchanged for this particular workflow. Thanks.

Alix Goss
You are welcome. I see no other hands up.

Anil Jain
Okay. Let us keep going. If you scroll down a little bit, No. 4 is from the workbook. No. 5, this should have been blue. I synthesized a bunch of different notes. And No. 5 is by the f – yes. It is taking into consideration a couple of different comments that were made, and I took the liberty of redoing it and including a bunch of different concepts. So, have a look at it and see if it captured some of the notes that were being made in the workbook.

Alix Goss
This is a juicy one. I remember debating this with Arien. All right.

Anil Jain
So, if there are not any other comments, we will move on to the next one, but have a look because that was one where I spent a little bit of time trying to digest what was being written in the notes. Okay. Data Model I struggled with. I do not know if others feel the same, but I do not understand how we could have data model as a concept be a guiding principle. I think the whole point of thinking about how clinical and administrative data intersect and how we are using prior auth as a poster child for why we need to harmonize and make those worlds interoperable is the entire crux of what we are working on.

So, having data model called out separately as a guiding principle to me, it just did not make a lot of sense. And instead what – and I regurgitated what was in the workbook; you can see below. That purple down there is right from the workbook. I am thinking that perhaps we sort of either rephrase this into the aligning to national standards or in the preamble and intro of this entire work. We talk about why there needs to be a harmonized data strategy between clinical and administrative data. I am not sure you need a single data model because perhaps you just need crosswalks and ways of making those worlds intersect, but I am struggling with this one.

Alix Goss
Jocelyn's hand is up. And that **[Inaudible – crosstalk] [01:03:42]**.

Alexis Snyder
And I would agree. **[Inaudible – crosstalk] [01:03:43]**. Yes, sorry. I was just really quickly going to say Anil and talked a lot of about this offline, and I fully agree with what he is saying. And I feel as if and wondering and what the group is thinking that is more the pieces within this guiding principle and in the ideal state bullets are all ideal states. And perhaps we move them into one of the other eight principles and end up just with eight guiding principles. And so, I am not sure where, but off the top of my head, I feel maybe that is the one that we were talking about possibly renaming which is the Designing the Future, aligning with today. That is my two cents.

Alix Goss
Jocelyn has her hand up. So, Jocelyn?

Jocelyn Keegan
As we were going through the data class conversation, I have this existential crisis in my head about, well, what we are defining really is not the data classes. What we are really defining is the different steps of workflow, and I feel the data model is intrinsically intertwined here because there are a number of different standards that are used across all of the existing workflows. And what we need to do is synthesize them. So, I think your point around this ability to able to think about this maybe simply as there is a part of data modeling which is how do we better synthesize across all of these currently invested technologies, how do we acknowledge that where you are in workflow is going to influence which one of these tools you pick up to use, right, to solve the problem I think is really at the heart of really what we are trying to do here.

I think the breaking down walls between this is CMS and this is ONC is what is critically important here to say all of these things need to talk to each other, and back to Arien's pointed comments in the previous open questions around really where are we getting stuck because we can't get a crosswalk done because of IP issues or because of business model issues I think is important, so. I could completely, if this content went and lived someplace else, I think it would okay to not talk about data model. But I think that, and I do not know if we have gotten to it yet, I think this concept is workflow being king here for the work that we are trying to do I think is really important.

Alix Goss
Jim just raised his hand. Jim Jirjis? And then Rich.

Jim Jirjis
Yes. **[Inaudible – crosstalk] [01:06:10]**. Yes, it seems, I do not know. The question about whether the word data model is the right word or whether we need in the guiding principles the notion of what the USCDI is all about and to what has happened in the clinical space with the third-party APIs, clarifying standardization of the data meaning creates an opportunity for all these different tools and workflows to have less barriers. And so, it seems not having any guiding principle addressing the meaning of the data as Jocelyn was just saying, it seems it is missing – oh, go ahead. I am sorry.

Anil Jain
Yes, no, Jim, I was going to say that it is in there under aligning to national standards. We do refer to the USDCI there. And so, I am not suggesting that the content of why this is important be removed entirely, but I am just thinking that it probably, is a broader thing that applies to almost everything we are doing in this. So, having as a **[inaudible] [01:07:20]** I think it **[inaudible] [01:07:21]** the importance of a harmonized data strategy for how the workflow gets captured and optimized.

Jim Jirjis
I understand.

Alix Goss
So, maybe we need to move into the automation and workflow, the real-time section, and then pull out – add it that as ideal state there. And then maybe Rich and Arien could pull out the pieces that become recommendations.

Jim Jirjis
Just one more comment from Jim, and it is not just defining the standards and aligning. It is compelling their use, right, because a lot of these just do not a lot of adoption. And we have talked a little bit about, in one of our sub-groups, about addressing incentives in some way. And so, there are standards. It is just now that people are not using, and so, one of the principles is that we identify and align with standards. But we also have incentive for their use. I do not if that is captured enough by just referring to the standards, aligning with standards. What are your thoughts?

Anil Jain
Well, this is Anil. I mean, I think that was a – in a prior meeting, I think we identified that the incentives and the discussion around the incentives as to what is going to propel folks to actually do this was missing in a sense, I mean. But I was not sure whether that would be part of the guiding principles or whether that would be in our introduction and what levers we have from a policy point of view, the different stakeholders and what they have all told us in the briefing. And then using that to identify in the recommendations section that Arien and Rich would do, what are the recommendations that we would make to create those levers that will foster the adoption, the accelerated adoption of existing standards, and adoption of anything new. I would think that would be in the recommendations. But that is what I recall from prior meetings.

Alix Goss
I see Rich's hand up. Okay. Sorry. Go ahead, Jim. And then Rich, then Arien, and I am going to –

Jim Jirjis
Yes, I am just wondering if – oh, no. Go ahead, I am sorry.

Alix Goss
I am just going to scroll ahead while you are doing that. I am just trying to do time check because we have 5 minutes to public comments. So, just, Jim, round yourself out with any comments, then Rich, then Arien.

Jim Jirjis
I am yielding my time to the Senator on the floor.

Alix Goss
All right. We do not have that much more. Okay. Rich? You may be on mute, my friend. You may still be on mute, and while you address that, if it is okay with you, I am going to go and yield to Arien.

Arien Malec
Hey. So, yes, and I think we do have recommendations here. So, we may want to go back to the guiding principles after we hammer out the recommendations, but I think this has been really useful to just look at our harmonized statement of guiding principles or future state.

Alix Goss
Rich? Are we –?

Alexis Snyder
Well, should I try to – oh, I am sorry. I was going to say speed read through the next section, but I forgot we had to get back to Rich.

Alix Goss
Yes, I am still trying to see if – oh, there he is.

Rich Landen
You can hear me now? Yes, I am not a data modeling guy, **[inaudible] [01:11:12]**.

Alix Goss
You are breaking up.

Rich Landen
Sorry, a lot of the nuances may be above my head, but I cannot conceive that the interoperable world where we are managing floors and ceiling without some sort of reference that people can use to figure out what they need to build and that reference would need to be updated over time. So, I am not concerned whether we call it a data model or not, and I am not concerned where we include this. But I think the concept of some sort of reference is critical somewhere in the final paper.

Alix Goss

Thank you. All right, so, information security I think is the next aspect.

Alexis Snyder
Yes, so, I think that is our last one, although there I will **[inaudible] [01:12:08]** since we only have 4 minutes before public comment this was very lengthy and has a lot of review needed. And so, rather than I guess trying to fix it now, people comment offline when they review the document. But of course, we could quickly answer any questions.

So, defining this, just since there is a couple of different colors, the black was the only piece that we had there, and then we pulled or I pulled from a couple of different places in the workbook and the documents to expand to this and pulled two different pieces together. So, the blue was a second half of a definition from the workbook, and so, you can read that later and see what we think about that piece. The strike-outs right below that are where we pulled and added into that definition for guiding principle rather than making it an ideal state except for one piece below, no changes to 1. No. 2, we wanted to just revisit with the group the pieces that we had broken out into A, B, and C here and make sure that we are clear about what we are defining for ideal state here.

No. 3, just taking from some of the pieces and stricken later on below, added in blue some of the pieces to this definition when we had some discussion in regards to the transparency as well. And so, some of it might overlap a bit, but I tried to write it in a way that it was different for this area to apply to privacy and security because they certainly go hand-in-hand. So, we could revisit if we have any redundancy somewhere but important to leave it here. You guys could review the strike-outs offline. I believe that they have all been incorporated in the ideal state and in the definition of the guiding principle. And so, we just need to renumber that when we fix it up was my note there.

And No. 5, I am not sure why there is some stuff underlined and in purple now. But we can look at that offline as well. Okay.

Alix Goss
I can tell you that. That would have just been an editing exercise when I was -- when we were actually doing recommendations work. That purple was the color I used for that, and there was a very different work, a small group process for privacy and security than was the tasks of the other small groups. So, that was a little bit of you tripped into.

Alexis Snyder
Got you. Oh, okay, because I do not remember seeing the purple before. And the greens with the strike-outs I believe were comments on an earlier call that Sheryl was adding for us to revisit and get into the ideal state. So, I am hoping that those strike-outs I have included well-incorporated into the ideal state. So, folks could revisit that as well. And I do not know if you want me to stop here because it is 4:20.

Alix Goss
Well, it looks like you got to the end of it, and so, maybe what I think we should do is let us go to – I will stop sharing, I believe, or Excel. I do not know if you can take control, thank you, and we will go to public comment.

Public Comment (01:15:37)

Cassandra Hadley
Thank you. Operator, can you open the lines for public comment, please?

Operator
Thank you. If you would like to make a public comment, please press *1 on your telephone keypad. A confirmation tone will indicate your line is in the queue. You may press *2 if you would like to remove your comment from the queue. For participants using speaker equipment, it may be necessary to pick up your handset before pressing the star keys.

Cassandra Hadley
And do we have any comments in the queue?

Operator
We currently have no comments.

Cassandra Hadley
All right. Thank you. Alix?

Next Steps (01:16:11)

Alix Goss
Thank you, Cassandra. Well, I guess we can wait. Let us know if there is any that come in. So, what I am thinking is at this point, guys, terrific job, Anil, and, Alexis. You have gotten us, I think, 99% through all of your edits in the time we had today, and I think the next step with all of this is that you have gotten some feedback today. I think you are going to do another run-through maybe a little bit of a cleanup, and I think we have got a very strong audit trail from our initial Excel workbook to our Word documents and through the color coding and the way you have edited this. And that took a lot of extra effort on your part, and I think that was tremendously helpful and very transparent for us today. And I think that we will have to make choices about how we merge this into a working document, and we are going to be addressing that over the next couple of days.

We have several teams that are going to be doing similar synthesizing efforts, and so we will talk a little bit more about that timeline here in a second. I think I am going to do a check-in to see if there are any other comments, and it looks like we did not get any public comments at this point in time. So, maybe it is time for us to go back to the slide deck and talk a little about the next steps. So, Sheryl, I think am I doing wrap-up today?

Sheryl Turney
Yes.

Alix Goss
Okay, cool. All right, so as you may have noticed that we have deviated from the plan that we forecasted two weeks ago, and that is really indicative of the diving into the deep end of the pool by the synthesizing team and helping us to really understand what the lift was going to look like and how the pieces might

need to come together. It is one thing to forecast a process. It is another thing to make it actually work, and I really want to do a shout-out to so many like Jim and Jocelyn and Deb and Anil and Alexis and Rich and Arien and Gus who have been working alongside with Sheryl, myself, and Michael Wittie and Andrew to really pull all this together with the support from our designated federal official and acting AKA Lauren and Cassandra. And so, what we are doing right now is today getting a really critical touchpoint with the full Task Force to get feedback on these guiding principles and ideal state.

We can then now take this work, make it much more of a solid draft. We have gotten some input with the help of the Recommendations Team, and then what we are going to do is receive a number of the draft synthesis work by the end of Friday. and then we are going put it into a draft document, and what we are thinking is that likely next week we will present that to you as a template to get your brain around what a report might look like and to start to be able to actually do a review and comment on the drafted sections from the Synthesizing Teams. That will also provide us opportunities to potentially discuss some gap areas, some stakeholder input, stakeholder chart that is being developed by the Data Classes Group, and that will also then help us with getting our arms squarely around all the work to date and having that in one draft document we believe will give us a better launch off point for some of the broader considerations that we need to get into over the next couple of weeks.

Writing is a Herculean lift. The first part is always the hardest as Rich duly noted, and I think the effort the last couple of weeks will enable us to refine our timeline process for the next month or so. But we need to get through the next week and change, to really have a clearer picture to really help us achieve that September 9th presentation to the HITAC about the work to date and our draft recommendations. Ideally, we wanted to also give them a report at this point, and I think we are going to have to adjust some of our around that expectations right now.

So, that is a heads-up to everybody that maybe tweaking this timeline as we move forward over the next week or two, but hopefully, everybody is pretty clear that the time to get your red pens, so to speak, out, and schedule yourself some quiet time to do detailed reviews, that is something that hopefully you have done for the next couple of weeks to give yourself some time and space to look at the summary work that is being done. And then also to not only think about that for the accuracy of what the pen to paper exercise is to reflect what we have intended, but it will also give you the opportunity to think about what we are missing. And that may be another way to more effectively go to the broader intersection conversation. Sheryl, I would love it if you would add color commentary to all that.

Sheryl Turney
Thank you, Alix. Great job everybody today in what was presented and also your summary review. The one point I would like to make too is that we do have access to the Google Docs offline that is what Alix is referring to. If you do not have access for any reason, please go out and check, and let us know and someone from Excel will make that access available. The other thing is I just think in terms of process, if there are any comments that you have relative to what is written there, if you would add the comment, I think the best way, Alix, for the folks on the task force would be to add their comments through Insert Comment, the comment paragraph versus changing all the words that are already there until we have actually gone through it and gone through each section that we are talking about. So, that way your comments will be preserved, and we can review those in a future meeting.

Alix Goss
Thank you. All right, well, I want to thank everybody for their participation and feedback. Alex, and, Anil, I think we accomplished the task that we defined last night, so thank you for all that work. And I look forward to seeing all the Synthesizing Teams' contributions to next week's call. Without further ado, I hope you all have a great rest of your week and stay healthy and safe.

Speaker
Thank you.

Anil Jain
Thanks, everyone.

Alexis Snyder
Thanks, you, too.

Jocelyn Keegan
Thank you.

Sheryl Turney
Thank you.

Adjourn (01:23:37)