The Office of the National Coordinator for Health Information Technology

Meeting Notes

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

August 11, 2020, 3:00 p.m. – 4:30 p.m. ET

VIRTUAL

EXECUTIVE SUMMARY

Alix Goss and **Sheryl Turney**, co-chairs, welcomed members to the Intersection of Clinical and Administrative Data Task Force (ICAD TF) meeting. **Alix** summarized the agenda and the recent activities of the ICAD TF, including an overview of the last meeting. As a member of the Recommendations synthesizing small workgroup, **Rich Landen** presented the recommendations document, and **Alix** facilitated a discussion. **Sheryl Turney** and **Michael Wittie** briefly walked through a draft of the working ICAD TF final report document, after which TF members were encouraged to submit questions and comments. 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.	Presentation of Recommendations
04:10 p.m.	Walk-Through of Draft Document
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 August 11, 2020, meeting of the ICAD to order at 3:03 p.m. ET.

ROLL CALL

Alix Goss, Imprado/NCVHS, Co-Chair
Sheryl Turney, Anthem, Inc., Co-Chair
Gus Geraci, Individual
Anil K. Jain, IBM Watson Health
Jim Jirjis, Clinical Services Group of Hospital Corporation of America (HCA)
Rich Landen, Individual/NCVHS
Alexis Snyder, Individual/Patient Rep
Ram Sriram, National Institute of Standards and Technology
Debra Strickland, Conduent/NCVHS
Sasha TerMaat, Epic
Andrew Truscott, Accenture
Denise Webb, Individual

MEMBERS NOT IN ATTENDANCE

Steven Brown, U.S. Department of Veterans Affairs
Mary Greene, Centers for Medicare & Medicaid Services
Jocelyn Keegan, Point-of-Care Partners
Arien Malec, Change Healthcare
Thomas Mason, Office of the National Coordinator
Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin
Jacki Monson, Sutter Health/NCVHS
Alex Mugge, Centers for Medicare & Medicaid Services

SUMMARY AND ACTION PLAN

Alix Goss, co-chair of the ICAD TF, welcomed members reviewed the agenda for the current meeting and noted that her co-chair, **Sheryl Turney,** would be walking through a draft of the document for the HITAC with **Michael Wittie** later in the meeting. **Alix** also provided a summary of the last meeting, during which **Alexis Snyder** and **Anil Jain**, the Guiding Principles and Ideal State synthesizing team leads, walked through the draft materials describing the Guiding Principles and Ideal State, including a vision statement. TF members discussed the draft, the need for additional examples and related resources, and made related revisions. Also, at the previous meeting, the TF members discussed briefly discussed the evolving strategy to get materials drafted, revised, and finished in time, and the possibilities of timeline adjustments. Alix noted that a small workgroup has been compiling an overview of each of the presentations the TF has received.

PRESENTATION OF RECOMMENDATIONS

Introduction and Process

Alix Goss opened the presentation of the ICAD TF's draft recommendations document by explaining that **Rich Landen** would present the work that he and **Arien Malec** completed on the document. Then, **Alix** explained that she would facilitate a Q&A session with TF members. **Rich** provided background information on how he and **Arien** drafted the recommendations document from the list of strawman recommendations and Guiding Principles document that the TF worked on throughout several meetings and noted that the current recommendations document is still a work in progress. **Rich** noted that feedback notes were left within the document as guideposts for where editing still needs to be done and asked for future guidance on standardizing the terms and formatting across the TF's documents.

Overarching Recommendations:

Rich Landen discussed the introduction and overarching recommendations section of the document and asked ICAD TF members to submit feedback at any point throughout the presentation. First, he noted that the document highlighted the intersection and convergence of clinical and administrative data and noted that the standards process is supposed to be a natural byproduct of the provider and health plan workflows. Next, the document described the historical separation between the clinical and administrative workflows and discussed the evolution of the standards and work that was previously done.

Rich continued to summarize the introductory text and noted that the next paragraph talked about the different methods of adopting the standards and the standards advancement process. The document compared and contrasted the data development of the clinical regulations through ONC with the speed of development and promulgation on the Health Insurance Portability and Accountability Act of 1996 (HIPAA) side. The fourth paragraph of the introduction section discussed how standards are tied to various federal and state programs and listed examples.

Discussion:

- **Alix Goss** noted that she fixed a typo in the first paragraph that **Denise Webb** identified via the Adobe chat.
- **Anil Jain** noted the placement of some of the introductory content of the document and questioned if it belonged in the recommendations document or somewhere else.
  - **Rich Landen** responded that this draft document would need to be reviewed within the context of the ICAD TF's larger body of work for presentation to the HITAC.
  - **Alix Goss** noted that the challenge is that the TF has not yet been able to discuss the broader intersection and noted that this feedback is helpful for **Michael Wittie** as he continues his work.
- **Sheryl Turney** suggested replacing the wording "requires" with "results in" in the first sentence of the second paragraph.
  - **Alix Goss** and **Anil Jain** both noted their agreement, and **Alix** updated the sentence with **Sheryl's** suggestion, as well as information **Denise Webb** shared in the chat via Adobe.
- **Alexis Snyder** suggested adding for text to refer to patients, keeping in mind the ICAD TF's top Guiding Principle of Patient at the Center.
  - **Rich Landen** responded that this was a good contribution and noted that it would be incorporated.
- **Anil Jain** questioned how this document related back to the work that was previously presented to the ICAD TF.
  - **Alix Goss** responded that **Rich Landen** used the prior body of work that was previously created, discussed, and reviewed in TF meetings and offline. **Rich's** small workgroup has been synthesizing those documents and still has approximately 10% of those left to be reviewed and included in the recommendations document. **Rich** confirmed this statement.
  - **Anil** asked for confirmation that a future version of the recommendations document would include more key concepts from the synthesized documents.
  - **Rich** responded that the specific recommendations, which had not yet been presented, directly address the key concepts.
  - **Anil** thanked him for his response.
- **Sheryl Turney** commented that the ICAD TF should consider making a statement relative to the inability to move pilot programs forward due to the lack of a standard mechanism to link to them.
  - **Rich Landen** responded that there are references in the recommendations to piloting, based on the information presented to the TF by members of the industry, but they are not in the same sense that **Sheryl** discussed. He noted that he would add a placeholder and inquired about a natural place to include this reference.
  - **Sheryl** responded that she would need to review all of the materials for the presentation to the HITAC before she could suggest a place to include this information. She stated that one of the recommendations should include information about the industry's use of piloting and related instabilities surrounding adoption.
  - **Rich** noted that some of these topics were included and noted that the TF could review them
- **Alexis Snyder** questioned the flow of the recommendations document and suggested that this information might be redundant to the information in the draft documentation. She noted that some of this information should be reduced or moved to the draft document to avoid confusing the reader.

- **Rich Landen** responded that her point was valid and noted that this introductory information was included as a way to capture the contextual relationships. It will all be reviewed in the context of the other documents that have been created to reduce any redundancies.
- **Alix Goss** noted her agreement with **Alexis'** points and stated that she was waiting to see how all of the documentation would come together.

Then, **Rich** presented the following recommendations and asked ICAD TF members to submit questions and feedback.

Recommendation 1: Prioritize Administrative Efficiency in Relevant Federal Programs

Rich Landen presented the recommendation and noted that the boilerplate language has been used to discuss working with ONC, the Centers for Medicare and Medicaid (CMS), and the other federal agencies. He noted that this section referenced the health plan sponsors and the federal program requirements that participating payers need to conform to as part of their participation.

Alix Goss called for comments and feedback on the recommendation.

Discussion:

- **Alix Goss** noted that she made one addition that had been suggested within the chat via Adobe.
- **Gus Geraci** suggested, from a legal perspective, that the document should not attempt to include all the specific agencies. He recommended adding the phrase "including, but not limited to," which **Alix** added to the text.

Recommendation 2: Establish a Government-wide Common Standards Advancement Process

Rich Landen presented the recommendation and noted that the recommendation notes that no legislative action would be required to allow the Secretary to consolidate the rulemaking into a single process, rather than separating it across multiple divisions within HHS.

Discussion:

- **Anil Jain** inquired where clinical trials would be included and asked if the phrasing "business of healthcare" was meant to cover them.
  - **Rich Landen** suggested that this would not be included, as the examples **Anil** listed might be outside of standards for interoperability.
  - **Anil** responded that he would need to consider this further and suggested that they might not be outside of interoperability.
- **Alix Goss** reminded ICAD TF members that they would have further opportunities to review the document and submit feedback.
  - **Rich Landen** thanked all TF members for their feedback.

Recommendation 3: Converge Healthcare Standards

Rich Landen presented the recommendation, pausing intermittently to allow ICAD TF members to submit comments and suggestions.

Discussion:

- **Alix Goss** noted that she updated the text to replace "ANSI" with "ASC X12."

- **Andrew Truscott** noted that the language in the example was not clear and noted that ONC should be expected to work with HL7.
  - **Rich Landen** responded that it is a given that ONC has worked directly with HL7, so within the example listed in the document, ONC would work with the other standards developing organizations to make sure they are on board with using the HL7 model.
  - **Andrew** discussed his parallel experience working with the USCDI and suggested that the ICAD TF should be as specific as possible in its choice of language. He discussed examples.
  - **Alix Goss** added the following comment to the margin of the draft document:
    - Consider enhancing this example to include work with HL7 and be highly specific about our ask and intended next steps. Something along the lines of "we expect ONC to work with HL7, X12, and NCPDP on how HL7 FHIR is deployed and if it is correct…"
  - **Alexis Snyder** noted her agreement with the comment **Alix** added and noted that using language that implied "wishing" or "hoping" would be a better fit in the Ideal State section of a document and not the recommendations.
    - **Alix Goss** thanked **Alexis** for her feedback and noted that ONC had provided similar coaching on using language to be more concrete and consistent in the TF's documentation.
  - **Andrew** asked to note that whenever Fast Healthcare Interoperability Resources (FHIR) is mentioned, it should be stated as "HL7 FHIR."
- **Alexis Snyder** noted that the ICAD TF had a recent discussion about the statement "collect once and reuse" and noted that there is an exception to this idea that was entered into the Ideal State document. Both documents should consistently use the same language. An example was discussed concerning a patient's height and weight must be updated for safety purposes, like dosing.
  - **Rich Landen** responded that he recalled the conversation about data that is not static and the example discussed in it.
  - **Alexis** noted that the nuance was related to making sure that certain data pieces were not reused and were updated with each visit, for safety reasons.
  - **Rich** and **Alexis** discussed the language, with **Alexis** highlighting the need to use consistent language across the documents, including the recommendations.
  - **Alix Goss** noted the safety element of the feedback added the following comment to the margin of the draft document:
    - Consider incorporating "capture once and reuse" aspect also discussed during the GP/IS call last week. More specifically – the nuance of making sure certain pieces don't get reused because they must get updated for safety purposes (like body weight tied to prescribing; look to GP/IS section). Side note to make sure there is a corresponding recommendation to the GP/IS content and a cross-check needed during the writing exercise.

Recommendation 4: Provide a Clear Roadmap and Timeline for Harmonized Standards

Rich Landen presented the recommendation.

Discussion:

- **Anil Jain** inquired if the fourth recommendation should be moved up to become a part of the third recommendation because the fourth requires the third recommendation.

- **Rich Landen** responded that the fourth recommendation addresses the defect in which the current HIPAA rule promulgation process, which was laid out in the introductory paragraph, is not timely, reliable, or predictable. Therefore, the fourth recommendation refers to the rule promulgation process and the need for ONC or the federal process to be held accountable for getting the rules out in a timely fashion.
- **Anil** responded that the phrase "harmonized standards" was described in the third recommendation, so the ICAD TF should determine if it is truly a separate recommendation. He noted that he would review the section further and would provide additional feedback.
- **Rich** responded that this item would be flagged and noted that other recommendations might incur similar feedback.
- **Alix Goss** added that, due to recent work that the National Committee on Vital and Health Statistics (NCVHS) members have been involved in regarding predictability, these TF members might have more nuanced distinctions that other TF members do not. Discussing these differences will be an important step for understanding how the end audience might respond to the synthesized documents.

Recommendation 5: Harmonize Code and Value Sets

Rich Landen presented the recommendation and noted that the actual NCVHS letter, including its appendixes, would be included in the appendix of the final report to the HITAC. There were no questions or comments submitted.

Recommendation 6: Make Standards (Code Sets, Content, Services) Open to Implement Without Licensing Costs

Rich Landen presented the recommendation and discussed examples of how implementation guides could burden developers. There were no questions or comments submitted.

Recommendation 7: Develop Patient-centered Workflows and Standards

Rich Landen presented the recommendation and noted that the first part of the recommendation is to make sure that there are no designated record set barriers to the patient information inclusion. Then, he summarized the second part of the recommendation.

Discussion:

- **Alexis Snyder** commented that she would like to submit additional feedback in the future after reviewing the recommendation further. Then she submitted several comments and suggestions:
  - Change the word "involvement" in the first and second paragraphs to "engagement."
  - Consider the use of the phrase "benefit information" in the second paragraph. Benefit information is readily available from a patient's health plan, so the issue is that there is a lack of transparency in the process and for the patient to be able to provide information.
  - She noted that she thought that the ICAD TF wrote the recommendations as a group in their work on the strawman recommendations, and pieces they compiled together seem to be missing.
  - **Alix Goss** noted that this is still a draft, and the document will be updated.

- In response to a request for clarification from **Rich Landen, Alexis** explained that the use of the phrasing "benefit information" is incorrect because it is transparent and readily available to patients. She stated that what is not transparent or available is the opportunity for the patient to see the claim from the beginning through the entire process, and for the patient to have a way to be engaged in the workflow.
- **Rich** responded that there is a level of detail in the transaction that is not available to the patient coming out of the benefit handbook.
- **Alexis** responded that she disagreed and stated that benefits information is always available, though some health plans may make it more difficult to access the information. She suggested that wording could be added to make information around what is covered/is not covered more transparent and discussed examples. She stated that information about which specific pieces of care that are or are not covered is not usually included in an explanation of benefits (EOB).
- **Rich** responded that the clarification was helpful and noted that he would focus the recommendation around the concept of transparency.
- **Alix** noted the comments within the document.

- **Anil Jain** inquired if the recommendations had been sequenced, in terms of the order.
  - **Rich Landen** responded that they were roughly sequenced into groups relative to the information on hand but not relative to the final documentation outside the recommendations section.
  - **Anil** suggested that all recommendations around the patient and the concept of "Patient at the Center" be moved to the top.
  - **Rich** noted his agreement that "Patient at the Center" is a cornerstone of the ICAD TF's work.
  - **Alexis Snyder** suggested sequencing the recommendations to match the relative order of the Guiding Principles and noted that related recommendations could be listed after each Guiding Principle.
  - **Alix** noted that these comments would be provided to the editor because they are critical to allowing the end reader to get the full picture. She discussed the option to not include separate sections within the final documentation and suggested that prior authorization (PA) could be included within the document as an exemplar.

Recommendation 8: Create Standardized Member ID

Rich Landen presented the recommendation, and there were no comments or questions submitted.

Recommendation 9: Name an Attachment Standard

Rich Landen presented the recommendation and noted that the attachment standard was only recommended for the short-term, not the long-term. **Alix Goss** noted that it is the transport method and not the payload aspect and suggested that, due to time constraints, ICAD TF members could submit feedback on this item following further review.

Recommendation 10: Create Standardized Member ID

Rich Landen presented the recommendation.

Discussion:

- **Anil Jain** questioned the reasoning behind the phrasing "encourage regular review" instead of using "establish regular review" in both the title for the recommendation and the content text.
  - **Rich** and **Alix** noted the feedback.

Recommendation 11: Establish Standards for Prior Authorization Workflows

Rich Landen presented the recommendation and described the example presented within the recommendation.

Discussion:

- **Alix Goss** inquired if the recommendation could be split into sub-recommendations.
  - **Rich Landen** responded that all are components of PA, which is the unifying factor. He suggested that all of the recommendations could be included as bullets after an introductory sentence.
- **Alexis Snyder** noted that she would include a suggestion in the chatbox.
  - **Alix Goss** noted that it would be reflected within the document.

Recommendation 12: Create Renewal Mechanism for Authorizations

Rich Landen presented the recommendation, and there were no comments or feedback submitted, due to time constraints.

Recommendation 13: Include the Patient in Prior Authorization

Rich Landen presented the recommendation, and there were no comments or feedback submitted.

Conclusion

Alix Goss thanked the entire synthesizing team for their work on this document and all ICAD TF members for the robust discussion.

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

Jim Jirjis: Jim Jirjis

Jim Jirjis: Here

Denise Webb: In first para, last line--should required context be required content?

Alix Goss: TY

Denise Webb: Suggest changing Inflexibly in first line of para 2 to inflexible

Alexis Snyder: that is exactly what I was thinking-same as Anil

Denise Webb: "inflexible and redundant processes"

Denise Webb: Minor item. In para *[sic]* 3 in the 9th line, we need a comma after "Without a standards advancement process" Tripped over this sentence

Gus Geraci, MD: "including but not limited to?"

Alix Goss: Hope I got that addition in the right place Gus.

Alix Goss: Denise.. i'll *[sic]* add in the edit in a bit, I don't want to move around in document at the moment.

Gus Geraci, MD: Yup, anywhere we list involved agencies, to avoid limiting the scope.

Andy Truscott: Would we not want to work with HL7 themselves?

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

Alexis Snyder: we discussed reccommendation *[sic]* for chance *[sic]* to address missing info and correct the PA before complete denial that needs to be appealed

Alexis Snyder: you can put the doc in comment only mode and not allow edits

WALK-THROUGH OF DRAFT DOCUMENT

Sheryl Turney and **Michael Wittie** presented a working version of the ICAD TF final report document for presentation to the HITAC. **Sheryl** explained the process they used to create, synthesize, and edit the document, and **Michael** reviewed the document for the TF through the Adobe meeting application. He provided an overview of the document's structure and sections, including the history and approach, the TF's vision and charge, an examination of PA, a description of the data class work, analyzing the standards, the adoption framework analysis, findings on the standards, the Guiding Principles, the existing state, the Ideal State characteristics, considerations for broadening to the larger conversation around convergence, recommendations, and other materials. **Michael** explained that space was provided for all of the additional materials and appendices within the document and noted that a final wrap-up would be provided.

Sheryl noted that the presentation was brief but that they wanted to expose the ICAD TF to the elements of the document. She explained that they would be releasing the Google document to TF members and encouraged them to submit comments, which will be processed by the entire TF. **Sheryl** thanked everyone, including the ONC staff, for their work and provided a brief overview of the contributions. Michael noted that any comments on the structure of the documents would be very welcome and encouraged TF members to submit comments about the structure instead of attempting to rearrange it themselves.

NEXT STEPS

Sheryl Turney provided an overview of the next steps and explained that the broader intersection discussion and wrap-up would be held at the next meeting. Report writing will continue offline, and, on September 9, 2020, the ICAD TF will present the draft report and recommendations to the full HITAC. Following the HITAC meeting, the TF review the HITAC feedback and revise the report as necessary. Then, the TF will deliver the final recommendations and report to the HITAC on October 21, 2020.

ADJOURN

Alix Goss and **Sheryl Turney** thanked everyone for their participation and reminded them that the next meeting was scheduled for 3:00 p.m. ET on August 18, 2020.

The meeting was adjourned at 4:32 p.m. ET.