



The Office of the National Coordinator for
Health Information Technology

Meeting Notes

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

August 25, 2020, 3:00 p.m. – 4:30 p.m. ET

VIRTUAL



EXECUTIVE SUMMARY

Sheryl Turney, co-chair, welcomed members to the Intersection of Clinical and Administrative Data Task Force (ICAD TF) meeting and noted that her co-chair, **Alix Goss**, would not be present, as she was attending the NCVHS Standards Subcommittee meeting. **Sheryl Turney** reviewed the activities of the previous meeting. Then, she and **Michael Wittie** walked through a draft of the paper for presentation to the HITAC. TF members reviewed the document, submitted feedback, and a robust discussion was held. **Sheryl** and **Michael** also presented a draft of the PowerPoint presentation for the September HITAC meeting. Finally, **Sheryl** briefly reviewed the TF's plans for moving forward and the next steps. 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.	Review Draft Paper and Comments
04:00 p.m.	HITAC Draft Presentation
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 25, 2020, meeting of the ICAD to order at 3:02 p.m. ET.

ROLL CALL

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)
Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin
Alexis Snyder, Individual/Patient Rep
Ram Sriram, National Institute of Standards and Technology
Sasha TerMaat, Epic
Denise Webb, Individual

MEMBERS NOT IN ATTENDANCE

Alix Goss, Imprado/NCVHS, Co-Chair

Steven Brown, U.S. Department of Veterans Affairs
Mary Greene, Centers for Medicare & Medicaid Services
Jocelyn Keegan, Point-of-Care Partners
Rich Landen, Individual/NCVHS
Thomas Mason, Office of the National Coordinator
Arien Malec, Change Healthcare
Jacki Monson, Sutter Health/NCVHS
Alex Mugge, Centers for Medicare & Medicaid Services
Debra Strickland, Conduent/NCVHS
Andrew Truscott, Accenture





SUMMARY AND ACTION PLAN

Sheryl Turney, co-chair of the ICAD TF, welcomed members and reviewed the agenda for the current meeting, noting that her co-chair, **Alix Goss**, had a scheduled absence from the meeting, as she was attending the NCVHS Standards Subcommittee meeting. At the last meeting of the TF, **Sheryl** explained that she and **Alix** led the group through an analysis of the draft recommendations, gaps identified, and recommendations presented by others to the TF. The group discussed these topics at length while denoting edits and additional items for further discussion. **Sheryl** also described plans to update the draft further and encouraged all TF members to review the Google document and enter their comments.

REVIEW DRAFT PAPER AND COMMENTS

Sheryl Turney opened the presentation of the ICAD TF's draft recommendations documents by explaining that **Michael Wittie** would share the work completed on each of the ICAD TF's documents via the Adobe Connect. **Sheryl** noted that all of the previously submitted comments and recommendations were processed and added to the current draft of the document, which is available to all TF members through the shared Google document but will also be shared as a PDF. TF members were encouraged to share further suggestions either by email or within the Google document as a comment. Instructions were included within the Working ICAD Final Report document.

Sheryl Turney summarized each of the sections of the revised document and noted that the ICAD TF would review the Background section first. She provided a brief overview of the subsections within the Background, including Context, Defining the Problem, and Crafting Solutions. **Sheryl** asked if TF members would like to review the wording within the Crafting Solutions section and submit additional feedback.

Discussion:

- **Alexis Snyder** noted that the section that discusses the ICAD TF's vision made it sound like it was only applicable to clinicians, and she asked that it be reworded to include everyone in the clinical care space.
 - **Sheryl Turney** noted her agreement.
 - **Alexis** also discussed adding text to the "record once and reuse" section to note that there are times when this is not possible.
 - **Sheryl** and **Michael Wittie** noted that **Alexis'** comments were added to the document.
 - **Alexis** refined the language to read: "support all stakeholders to reduce burden and improve efficiency."
 - **Sheryl** responded that the editors would finish refining the language.
- **Jim Jirjis** commented that other elements from the charge from the 21st Century Cures Act should be added to the section that **Alexis Snyder** had mentioned, including language around increasing patient access and data engagement.
 - **Alexis** agreed.
 - **Sheryl Turney** noted that the section was updated.
- **Sheryl Turney** asked the TF to examine the section that mentioned the specific case of electronic prior authorization (PA) and to discuss if the TF's work on durable medical equipment (DME) examples should be added here or elsewhere. This information could be placed in the section of the document that talks about data classes.
 - **Jim Jirjis** suggested discussing the DME examples in the introduction to the data classes section, and **Sheryl** agreed with him.
 - **Michael Wittie** noted the suggestion within the document.





Sheryl Turney asked the ICAD TF to examine the Examining PA section and provided a brief overview of the section. She explained that this section encapsulated the work that the small group did on PA, the Guiding Principles and Ideal state, and the data classes exercise. She noted that there were several outstanding comments and questions and asked if the TF would like to address them.

Discussion:

- **Sheryl Turney** discussed the end of the first paragraph in this section and suggested eliminating the last phrase, as it is redundant.
 - **Jim Jirjis** agreed that this phrase was unnecessary.
 - **Sheryl** noted that the paragraph would be deleted.
- **Sheryl Turney** suggested that the TF had previously agreed to use the phrasing “patient or patient representative” whenever the patient was mentioned, so this change was added to the next paragraph. She asked TF members to confirm that this edit was correct.
 - **Alexis Snyder** responded that she had meant to highlight a different issue with her comment in the document, and she explained that she was making a statement that the patient and patient representatives/caregivers are not usually involved in the process in the Current State.
 - **Sheryl** suggested that the patient and caregiver should be involved. A discussion ensued in which **Alexis** noted that they are not currently included. **Sheryl** suggested that the caregiver is only involved when there is a problem, and **Jim Jirjis** agreed. **Alexis** noted that the actual process does not include a place for the patient/caregiver to be involved, even though they do get into the process. **Sheryl** and **Alexis** mentioned examples from their personal experience.
- **Denise Webb** responded to the discussion with the suggestion that the text be reworded to note that the Current State of the PA process involves the provider/staff and the insurance company/fulfillment services but does not, in most cases, involve the patient/patient representative, though they should be included.
 - **Alexis Snyder** responded that this is exactly the point she wanted to make.
 - **Sheryl** updated the text to note that the patient/patient representative is not directly involved but may need to get involved in escalating issues with the PA process approval. Then, **Sheryl** posed several other suggestions for the wording for this section and discussed them with **Alexis** and **Jim Jirjis**.
 - **Jim** explained his thought process when he originally drafted the section, noting that he was trying to highlight that some PA processes are simple. In contrast, others have many more stakeholders that are impacted. He suggested using “impacted” instead of “involved.”
 - **Alexis** noted that she agreed but also suggested that this section could also be reworded to note that there are
 - **Jim** noted that the language could note that there are some use cases in which a limited number of stakeholders are impacted, while in others, there is a large number.
 - **Alexis** responded that the second sentence of the paragraph should be updated with the word “impacted.”
 - **Jim** and **Alexis** discussed how the language throughout the paragraph could be updated, and **Sheryl** noted within the document that **Jim** would continue to wordsmith the section later to include the new language.
- **Sheryl Turney** noted that **Anil Jain** had left a comment in the next paragraph down.
 - **Anil** explained that he rephrased the section to read: “enhance the quality of care and improve patient engagement while reducing the unnecessary burden among stakeholders.”





- **Sheryl** responded that she agreed with the suggestion and added it to the document.
- **Sheryl Turney** explained that the next comment involved highlighting sections for the editor to add footnotes to the regulations.

Sheryl Turney directed ICAD TF members to the next section of the document, the Roles and Stakeholders in PA, and explained that **Jim Jirjis** and his team built a chart to map stakeholders and transactions impacted by the PA process. **Jim** and his team also included tables with the information from the data class work that the TF completed; the first table included descriptions of each of the data classes and definitions. The next section highlighted was a Standards Capability Legend, the Standards Adoption Legend, and the actual Data Classes document was also included. Sheryl noted that all TF members had reviewed this information at past meetings, but asked TF members to review them now and to submit feedback within the Google document.

Sheryl noted that the next section of the draft document was an overview of the Findings on the Current State of Standards, and she explained the sources for the various pieces of information. These included X12, the Council for Affordable Quality Healthcare, Inc. (CAQH) CORE (Committee on Operating Rules for Information Exchange) and NCVHS hearing recommendations, HL7, the National Council for Prescription Drug Programs (NCPDP) Current State, and the SMART on fast healthcare interoperability resources (FHIR) application programming interface (API). She noted that there were approximately 20 groups that gave testimony at the recent National Committee on Vital and Health Statistics (NCVHS) hearing and asked if the ICAD TF should include links to the NCVHS testimony.

Sheryl noted that there were outstanding comments on the Recommendations/Observations section and asked **Alexis Snyder** if she would like to readdress her comment that there were specific recommendations in this section that were not included in the later Recommendations section. Sheryl suggested that this section be removed and requested that **Michael Wittie** pull this section out as a separate document for her to review and incorporate within the later Recommendations section.

Next, **Sheryl** reviewed the Guiding Principles section of the document, which included text and a table with the ICAD TF's nine Guiding Principles. She highlighted several small changes that were made to the Guiding Principles and noted that terms would have to be defined.

Discussion:

- **Anil Jain** commented that this was previously presented, and the TF agreed to define the terms.
 - **Alexis Snyder** noted that **Sheryl Turney** did not attend that meeting and proposed that **Anil** complete some work on this suggestion.
 - **Anil** noted that some of his suggestions were not captured, and **Sheryl, Alexis, and Anil** discussed the proposed changes. **Sheryl** and **Michael Wittie** noted the various pieces of feedback within the document.
 - **Anil** also noted that the table should be changed to a list within the final document, and TF members discussed whether the information should be included as a list, a table, or some sort of visual block.
 - **Sheryl Turney** asked **Michael** to ensure that each of the labels in the data model matches the narrative included in the text. She noted that some of the changes might not have been added to the draft Google document and explained that they would be included before the TF members review the document.
- **Sheryl Turney** noted that there was a comment from **Alexis Snyder** that one of the supporting characteristics under the Patient at the Center guiding principle was removed and readded.
 - **Alexis** noted that the comment should remain, as it was in the original document.





- **Sheryl Turney** noted that there was a comment that examples are needed to incorporate resources and a suggestion that the word “tools” should replace “barriers.” **Sheryl** suggested that the editors could update this item.
- **Sheryl Turney** noted that there was an alternate phrasing option for the first supporting characteristic under the Design for the Future While Solving Needs Today guiding principle. **Sheryl** shared some suggestions.
 - **Anil Jain** noted that this point came from his original edits, and he noted that it seemed like this characteristic seemed redundant.
 - **Alexis Snyder** explained the origin of the comments on this section.
 - TF members discussed the supporting characteristics and determined that the first supporting characteristic was redundant. It was removed.
 - **Sheryl** presented the other supporting characteristics and asked if information about piloting should be added to the characteristic about innovation.
 - **Anil** noted that almost all innovation starts with a pilot and asked if further phrasing was required.
 - **Sheryl** discussed some real-world examples of piloting that she had encountered but noted that, though some piloting has happened, it is burdensome for providers to participate. She suggested wording about creating a utility network that would make piloting easier and more accessible within the Ideal State to allow more providers to participate. She suggested that she would like this included in the Ideal State and asked if other TF members would agree.
 - **Jim Jirjis** suggested that that the data would have to be included in the USCDI, so that would require that the development is done with a pilot program. He asked if a pilot program would have to be called out within the PA work.
 - **Sheryl** responded that she did not know.
 - **Anil** suggested writing a paragraph about this topic during offline work. The TF does not want to preclude pilots from happening with the language they are using, and the TF should heed the fact that the groups already have robust mechanisms for piloting.
 - **Jim** suggested that, in calling for a pilot program, the TF could emphasize the importance of ONC being supportive of, incentivizing, and encouraging pilots. This would be done instead of trying to create a program.
 - **Sheryl** noted the suggestion and asked if the comment on the title of the guiding principle still needed to be resolved. TF members responded that it did.
 - **Anil** noted that the title sounded odd, especially the use of the word “today.”
 - **Sheryl** noted that the title could be “Design for the Future with an Iterative Process.”
 - **Anil** suggested that the wording could be left alone while TF members submit suggestions.
- **Sheryl Turney** noted that there were several comments under the various guiding principles that noted that additional explanations might be needed.
 - **Anil Jain** noted that these comments were outdated and were addressed in the rewrite of the bullets. The question is to make sure for those who had the original query if their concerns were faithfully incorporated.
 - **Alexis Snyder** noted that many of these points were discussed and resolved at a previous meeting.



- **Anil** provided explanations of where these items were incorporated but also noted that **Rich** and **Arien** had commented at a previous meeting that they would rewrite sections. **Anil** noted that both **Rich** and **Arien** should be consulted to make sure they had finished their work, and **Sheryl** explained that, as neither was in attendance, she would check with them.
 - **Alexis** suggested that **Michael Wittie** could review all materials to make sure that everything has been incorporated, as the TF seemed to be reviewing the same comments multiple times.
- **Sheryl Turney** asked ICAD TF members to review the 11th supporting characteristic under Real-Time Data Capture and Workflow Automation and explained that there was a note to revisit the wording.
 - **Anil Jain** explained the comments that he left on the document, in which he recommended that in an Ideal State, there should be a minimal number of PA transactions in the clinical decision support (CDS) process, provided the right level of evidence-based and patient-centric guidance during the care process. His other comment noted that the PA process should not be the result of inadequate use of existing health IT, such as CDS tools, electronically accessible practice guidelines, patient decision aids, etc., all of which, when implemented appropriately, can reduce the need for electronic PA.
 - **Alexis Snyder** and **Sheryl** both agreed with these suggestions, so **Sheryl** asked **Michael Wittie** to reword the characteristics offline and add an Ideal State. The TF members will provide additional feedback when they review the document.
- **Sheryl Turney** directed the ICAD TF members to review the Aligned to National Standards guiding principle and highlighted two comments within the document:
 - Under the second supporting characteristic, there was a comment that asked the TF to ensure that the characteristic adequately referred to the X12 275 Attachment, rather than the clinical data payload within a transport.
 - **Anil Jain** noted that this comment was resolved, and **Michael Wittie** updated the text.
 - The third supporting characteristic should be revisited to determine if specific recommendations for standards are needed and if it is supported by current state description to aid readers.
 - **Sheryl** suggested that recommendations for standards have already been included in Appendix R, in the data class work, and footnotes.
 - **Anil** noted that those references should suffice.
- **Sheryl Turney** asked **Michael Wittie** to delete the Data Model guiding principle because the information will be included under the Recommendations section of the document.
- **Sheryl Turney** directed the TF members to review the Information Security and Privacy guiding principle and noted the remaining comments:
 - **Sheryl** asked if the comment about using the word “proactively” was still necessary.
 - **Alexis Snyder** responded that the comment was hers and that it had been resolved.
 - **Anil Jain** noted that the concept intended was to get the patient to engage earlier in the process, rather than after the fact.
 - **Sheryl** suggested the phrasing “the patient has a role from inception to conclusion.”
 - TF members noted their agreement, and the item was updated in the document.
 - **Sheryl** asked for clarification on the fifth supporting characteristic.
 - **Alexis** responded that this was her comment from the previous discussion.



- **Sheryl** suggested that the point of the characteristic was that whatever the TF recommends must comply with state rules, which will continue to exist.
- **Anil** suggested that the conversation was that whatever mechanism the TF suggests would have to address variations between states and in the regulatory process in an automated way, as opposed to manual processes. He thought that the comment was to add this as a recommendation on the way to an Ideal State.
- **Denise Webb** noted that this concept came from the workgroup on privacy and security and was meant to address how automation could drive rules around different policies across the states and the federal government. She remembered that it was **Sasha TerMaat's** idea, initially.
- **Sheryl** asked if the ideal state would provide automation support for any state legislation and regulation variances.
- **Sasha** clarified that if this information was presented in a machine-readable way, then that would permit things like automation. She discussed an example of automating sensitive information across states. She noted that without the initial knowledge and the expression of this information in a way that facilitates automation, they are not able to automate. This issue has created burdensome manual steps, which are challenges in the current state.
- **Sheryl** and **Michael** suggested several wording options, and **Sasha** and **Anil** provided feedback. The following wording was added: "Variations between regulations in states and between states are communicated in a machine-readable fashion." The note to direct TF members to continue to review and wordsmith this section was left in the document.
- **Sheryl Turney** noted that the ICAD TF had reached the Recommendations section of the document during their current review but proposed that they push the discussion of this section to the next meeting. This way, TF members will have a chance to review and comment.

HITAC DRAFT PRESENTATION

Sheryl Turney and **Michael Wittie** provided a brief overview of the deck of presentation slides for the presentation to the HITAC. Items in the presentation included:

- An agenda
- A list of ICAD TF Members
- The ICAD TF Charge
- An Overview of the Ideal State, Guiding Principles, and Recommendations
- A Review of Draft Recommendations
- Time for Questions and Feedback

Sheryl reminded TF members that all of the new modifications to the Recommendations submitted at the current meeting would be added to the presentation deck.

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

Gus Geraci, MD: Sorry, late. Gus Geraci, here.





Lauren Richie: Hello Gus

Alexis: I agree too

Alexis: Yes, thank you Denise

Alexis: I agree with Anil on the reword

Jim Jirjis: can someone send me the link to the google document *[sic]* so i can edit

Alexis: What about meaningful measurements?

NEXT STEPS

Sheryl Turney provided an overview of the next steps and explained that all ICAD TF members would receive the PowerPoint of the draft of the HITAC presentation and report documents. TF members are encouraged to provide input on these documents, and, at their next meeting, the TF will review the documents and any comments or feedback before resolving work on the documents. Offline work will include report comments from all ICAD TF members and refining a draft of the presentation for the HITAC. 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

Sheryl Turney thanked everyone for their participation and reminded them that the next meeting was scheduled for 3:00 p.m. ET on September 1, 2020.

The meeting was adjourned at 4:23 p.m. ET.

