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 25, 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
Lauren Richie	Office of the National Coordinator	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.

Lauren Richie
Good afternoon, everyone. Welcome again to the ICAD Task Force weekly meeting. I just wanted to acknowledge that one of our co-chairs, Alix Goss, is attending the NCVHS standards subcommittee today, so we may not have the full team, but I'll go ahead and do the roll call for who we have so far: Sheryl Turney, Aaron Miri, Alexis Snyder, Anil Jain, Denise Webb, Jim Jirjis, Ram Sriram, and Sasha TerMaat. Are there any others on the phone? With that, I am going to turn it over to Sheryl to get us started for today.

Summary and Action Plan (00:00:51)

Sheryl Turney
Thank you so much. I really appreciate it. Thanks, everybody, for attending today. So, on our action plan for today, we have a brief review of what we did last week. We're going to look at the draft paper and some of the comments that have been posted as a result of folks taking a look at the draft paper and making updates. Also, there were a couple of questions that I had when I went through, so we're going to review all of that. If we have time, we're also going to do a beginning review of the HITAC draft presentation, which is just a slide deck that we anticipate submitting to HITAC, and we know that may require some additional modifications based on how we tweak the recommendations between now and then. Then, we'll go to public comment and next steps. We can go to the next slide.

So, to briefly recap what we reviewed last week, last week, we reviewed the gap analysis that was completed by Deb Strickland and me, where we basically compared the ideal state and guiding principles against the recommendations that we had seen so far and identified areas where we either had some questions or saw some gaps and discussed with the team, which was a really fruitful discussion relative to some things that needed to be modified, and so, we made some notes and were able to get those notes embedded into the final draft document – it's not final, but the draft document that's updated now.

In addition, we also looked at all of the recommendations that had been culled out of the third parties that came to either do a presentation or shared information with the ICAD group since our inception earlier this year, and many of the presentations had suggestions, and they had recommendations, and so, we just wanted to review those with you as a group and make sure that, again, our resulting recommendations took into account all the things that we had seen and heard from other third parties – not that we were going to adopt all of those recommendations, but we wanted to make sure we had discussed and at least considered them. So, all of those comments have been processed and updated into the current draft of the paper that is now out on the Google document. Any questions on what we did last week?

All right. With that, we're going to move right into reviewing the draft paper, and Michael, please share the document. I know that a few folks are still having some issues viewing the Google document, and what we had discussed was after we step through our review today, we're going to try to make that draft paper available in PDF form so that anybody in the ICAD member group who has difficulty accessing the

Google doc can at least review the current state of the paper and then provide their email comments back to us at Accel and ONC so that we can incorporate those into the Google doc for anyone who is actually having issues with that process, so we want to be sensitive to that. So, Michael, as you're presenting it, I'm going to need you to – I'm going to bring it up on my side screen here, so hold on a second so I can actually read it, but I just need you to show the –

Review Draft Paper and Comments (00:05:01)

Michael Wittie
For some reason, I have to log in again if we're going to view that.

Sheryl Turney
No worries. That will give me time to bring it up on my other computer because like some people, I can't actually get to it from my work computer – I have to get to it from my personal computer – but I also want to be able to read it.

Lauren Richie
Michael, could you zoom in on the document a little bit once you pull it over?

Michael Wittie
I will do it once I've got the correct… Is that better?

Sheryl Turney
Much better. That's perfect. So, the first section is the instructions that are out there for everybody on how to make the updates in the document. Michael's going to skip over that and go to the background. It has been a while since we showed you this paper, so I – wait a minute, Michael – again, as we're stepping through it, I just want to explain each of the sections so that folks see what's there, even though we don't have any comments on it.

So, in the first section, we have the context as part of the background, and then, we have "Defining the problem," and again, there is narrative related to how we define the problem, and then we talk about essentially crafting the solutions – and, I'll wait for him to catch up to me. There we go. He's quicker than I am – essentially crafting the solutions to really outline what our initial challenge was, and also somewhat about our process. So, here is where we started getting comments, and in the paragraph that specifically starts with "The ICAD vision is to support the convergence of clinical and administrative data, to improve data interoperability, to support clinical care, reduce burden, and improve efficiency, furthering the implementation of 'record once and reuse.' To achieve this, ONC charged ICAD to produce information and considerations related to the merging of clinical and administrative data."

So, the comments that we have related to this are all regarding whether we should add qualifiers for all stakeholders and things like that. The only reason why I would – and, Alexis was the one who brought this up, and I just want to be sure Alexis is on the meeting today – was that since this is the charge that came from the ONC, if we want to add it, we can. It wasn't actually in the charge that came from ONC, although we defined it to be for all stakeholders, and we do say that in multiple places throughout the paper, but Alexis, I guess I just wanted to check with you – you can respond if you want to – on if you're

okay with leaving it the way it is because really, we were just trying to reflect the charge the way it came to us.

Alexis Snyder
Sure. I think where it's coming from is when it says, "…to support clinical care, reduce burden, and improve efficiency," it just makes it sound like it's for clinicians only, and since it's about all stakeholders through the rest of the paper, that for better flow, it's better if it's for everybody in that clinical care space. It's not going to kill me one way or the other.

Sheryl Turney
No, I absolutely agree with that.

Alexis Snyder
Okay. So, the next one is mine, so since I know you're going to ask again, while you already have me, it was the comment about "where able" being for "record once and reuse" because in our recommendations, we have where we can do that because there are places where you cannot.

Sheryl Turney
We definitely had that as a part, so we want to keep that in with "record once and reuse," so I do think we're just going to take that out. We're going to say, "For all stakeholders, reduce burden and improve efficiency, furthering implementation of 'record once and reuse.'" So, the way it is currently framed – and, Michael, are you seeing what I just changed?

Michael Wittie
Yes.

Sheryl Turney
Oh, I love this. It is working. Alexis, would that satisfy your comment?

Alexis Snyder
Yeah. I think just to make it sound better – I know you'll have editors – you could put, "…to support all stakeholders, to reduce burden and improve efficiency."

Sheryl Turney
Okay, I like that. And yes, we are actually going to get some other editors who will be working with us. We haven't started yet, but hopefully, that will be coming on board soon. I also see that Jim had his hand raised. Jim, did you have a question?

Jim Jirjis
Yeah, I wanted to make a comment about this same section. When you look at 21st Century CURES, there's "reduce provider burden, promote interoperability," but there's also "improve patient access and engagement," and I'm wondering if because this is a charge openly from 21st Century CURES, we ought to be more overt about adding… Because with prior auth, increasing efficiency doesn't improve patient access. So, Alexis, to me, it seems like it's important to add that in there because the patient having

access, knowing status, and getting the approval so they can get their care faster is part of patient engagement and access.

Alexis Snyder
I agree.

Sheryl Turney
I absolutely agree, and I think I heard that Alexis agrees. Now, we have "Furthering implementation of 'record once and reuse' and improving patient access."

Jim Jirjis
Love it.

Sheryl Turney
All right. Let's drop down to the next section, where we had some comments, but again, I'm just going to highlight what's here for those who have not had the opportunity to get into the paper. Then, we talked about designing it, conducting research, inviting industry to present, identifying patient- and process-focused solutions, producing task force recommendations – all the things that we've been working on. Then, it talks about what ICAD is comprised of, beginning the system, and envisioning a systemwide improvement.

Now, here, this is the wording that I believe Andrew had inserted, but it was "To begin envisioning systemwide improvement, the ICAD Task Force examined the specific case of electronic prior authorization." So, we have to decide whether we want to embellish the durable medical equipment example that we utilized to begin with, or we just want to cover that in the section that talks about data classes. Based on the way that we're reading this, I'm not sure whether we should add it here or there, but we're going to leave this note in here until more people actually get to review the document and provide their input.

Jim Jirjis
Hey, it's Jim Jirjis here. I worked on the data classes section. The introduction to that section may accomplish this.

Sheryl Turney
Right. That's why I'm thinking we might not need it here, because that's what I think also, and when Andrew put this comment in, those sections hadn't been inserted yet.

Michael Wittie
I'll just make a note.

Sheryl Turney
Thank you, Michael. You make the note. It's easier for me, and thank you so much because I'm still working with a wounded wing. That's what I call my carpal tunnel hands. Okay, I'll give him time to do that. So, then, the next section is on examining the prior authorization, where we talked about the current landscape. So, here, again, it restates the fact that we – and embellishes more on inviting industry and

government leaders, and then it talks about the small group where we talked about a clinical workflow diagram, and here is where we're actually adding that verbiage, Jim, which is why I agree; I don't think we need it up above. I'm almost thinking now that we can just eliminate it. But then, how we utilize this small-group exercise to begin outlining data classes, guiding principles, the ideal state, other considerations and recommendations. And actually, here, we don't actually say – oh yeah, we do – "and reimagined ideal states" – so, we do say that.

Then, we go into the prior authorization data classes, and so, there are a lot of comments here we might want to take a look at. To begin with, we start with "Administrative authorization for clinical services adds to the considerable burden," and then it goes on to say – and, I'll just read the last sentence – "Within each of these areas, workflows are highly variable, with multiple stakeholders each contributing information at different steps depending on which of the four categories and what services, drugs, or equipment are ordered within each category."

I think this is a little bit where we talked about the four classes being pharmacy, durable medical equipment, outpatient medical services, and inpatient medical services, so we've labeled those above, but here, Anil made a comment. "This appears redundant, as we already said that each of these workflows are highly variable." So, it sounds like we might be able to eliminate this last phrase. Does anybody object to us just eliminating it? Because we do actually say that **[inaudible – crosstalk] [00:16:07]**.

Jim Jirjis
Yeah, I agree. Having written this paragraph, I completely agree it's unnecessary.

Sheryl Turney
Okay. So, we're just going to delete this, and then, we'll just end with the different specs. Then, in the next paragraph, we said, "In some instances, the authorization process involves the provider and staff, the insurance company, the patient or patient representative, and the fulfillment service," so we already made a modification to that, and I think what we said was wherever we mention patients, Alexis, we're going to try to make sure we have added "patient or patient representative" wherever it makes sense so that one of the editors – when we get them, we'll have them look at that all through the paper and make sure we're consistent, and I think that will resolve your comment.

Alexis Snyder
That's great. I think my comment – I can see how you could take it that way, but that's not what my comment was meant to be. I was making a statement that patients and patient representatives, such as caregivers, are not usually involved in the process. We end up having to be involved to be the go-between, but to say that the actual process involves provider, staff, insurance company, patient, or patient rep – that isn't really what happens. That's what I was highlighting.

Sheryl Turney
Yeah. It should involve that, but today –

Alexis Snyder
Well, it should, but it's not current state, right.

Sheryl Turney
Right, but the current state is that they get involved when there's a problem because –

Jim Jirjis
Exactly.

Sheryl Turney
– that's when the patient rep gets involved.

Alexis Snyder
Right, if they can. The way the system is set up does not have a place for it, so it does create a burden, obviously, because you do have to try to get involved and be the go-between, but I'm just saying that the sentence makes it sound like it's designed to include patients, and it's not.

Sheryl Turney
Right, and I didn't want to take it out because I can't tell you the number of times I've had to personally get involved on my daughter's behalf in order to get a prior authorization approved by calling her company, having them call the insurance company, and all of this stuff, and those aren't the right steps, but that has happened numerous times. Again, I know I'm not –

Alexis Snyder
Preaching to the choir, for sure. That's three to five days a week out of my life.

Jim Jirjis
Hey, it's Jim Jirjis –

Lauren Richie
Sorry, guys. This is Lauren. I just want to acknowledge we have Denise Webb in the queue with her hand up, so I just want to make sure we're capturing thoughts from everyone.

Sheryl Turney
Okay. How about we go to Denise, and then we'll come to you, Jim.

Denise Webb
Lauren, I'm just listening to what everybody's saying, and if I understand… If you reworded this, I think what she's trying to say is the current state is that the authorization process involves the provider and staff, the insurance company, and the fulfillment services – probably in most cases – but typically, not the patient or the patient representative, but it should.

Sheryl Turney
Yeah, and typically –

Denise Webb

So, leave it in there, but I think it should be reworded to say that in most instances, it involves these, but typically not the patient or patient representative, but it should involve them.

Alexis Snyder
That's exactly what I was getting at – rewording it.

Sheryl Turney
Hold on. "…is not directly involved, but may get involved to resolve barriers or to escalate."

Alexis Snyder
I would say "may need to get involved."

Sheryl Turney
Okay, "…may need to get involved to escalate issues with the prior authorization process approval." How is that?

Alexis Snyder
Yeah, that's better. I would think about it as we go forward because I just feel like it doesn't reflect what Denise was just saying too. There should be a formal process for them to be engaged, but there isn't.

Denise Webb
It's very ad hoc.

Jim Jirjis
Hey, it's Jim. Can I comment on this quickly?

Sheryl Turney
Yes.

Jim Jirjis
Maybe a simple wording – because when we wrote this, I was trying to do a couple things, and maybe instead of saying "…the current process involves" – because that's where we're getting hung up. We're saying it doesn't, and it should. Maybe it impacts. So, I was trying to point out a couple things. First, some of the processes are simple, and just have the provider, patient, pharmacy, and insurance company, but others have a bunch of different stakeholders who are impacted, so perhaps we say – where's the beginning of that paragraph? – perhaps we say, "Some processes impact… In some instances, the authorization process impacts providers, staff, insurance company, and fulfillment service. In other situations, such as durable medical equipment, there may be additional stakeholders who are impacted." "Involves" sounds like it's working ideally, which was part of your objection, Alexis, right? But, "impacts" –

Alexis Snyder
Yeah, I think that sounds great. Then you wouldn't even need the add-on.

Jim Jirjis

In the prior paragraph, we already said we want to improve efficiency and patient access, so we don't have to retry that in this paragraph. Let's just change it to "impact."

Alexis Snyder
I like that. I was going to suggest that either what you're saying sounds good or to reword it to just say that it's not what it reflects. Instead of saying, "In some instances, the process involves…", it's more like "The process usually only involves…" That's not the right language, but you know what I'm getting at.

Jim Jirjis
What we're trying to accomplish – if there are too many messages in two sentences, it can get – the main thing was that there are some use cases where there are a limited number of stakeholders impacted, and there are some that have an enormous number, like the fulfillment service, but that's the only point of this. So, maybe just by saying "impact," we're just pointing out that there are different stakeholders for different use cases.

Alexis Snyder
If you're going to do that, then –

Jim Jirjis
We should say "should have" somewhere, but probably not in that sentence, or maybe even this section.

Alexis Snyder
Right. If you're going to do this, you need to change the second sentence. "In other situations, such as durable medical equipment, there may be additional stakeholders impacted."

Jim Jirjis
Yeah, "…who are impacted," and then don't talk about shoulda-woulda-coulda. That's a key message. We want the patient to be engaged, and we want each of these stakeholders to be more efficient, but that's a later section.

Sheryl Turney
All right. So, Jim, I'm going to leave it the way it is because I did not get all of what you just said, so I'm going to put a note here that you're going to go in there, take what's currently there, and wordsmith it because you seem to understand what Alexis was just saying, and I didn't reword it, but I think there are still some additional changes that need to be made.

Jim Jirjis
I'm happy to do that.

Alexis Snyder
I think you got it, Sheryl, except for that second "impacted" and removing that last line in the paragraph that you added originally.

Sheryl Turney

Right, but I don't want to take out the patient interaction at all because today, most likely, when patients do get involved, it's to escalate things that are not working, and you don't think –

Jim Jirjis
Oh, we should leave it –

Alexis Snyder
Right, so it has to be re-added to the "impacted" sentence – the first sentence. Jim's got it. He can fix it.

Jim Jirjis
Yeah, I'm happy to.

Sheryl Turney
I added, "In many cases, the patient or patient representative is not directly involved in the PA process, but they need to get involved to escalate issues with a prior authorization approval."

Alexis Snyder
Right. What Jim is saying is that he can incorporate that into the beginning with the way we were just talking about, so he can just take that out and fix it.

Sheryl Turney
Okay. Hold on, let me just put a note here. "Jim will wordsmith." All right, Jim. I'm leaving it to you.

Jim Jirjis
Absolutely.

Sheryl Turney
Perfect. Okay, then, we go to the next statement, which I believe, Anil, this – oh, Jim, did you have something else? I see you still have your hand up.

Jim Jirjis
No, that's a residual arm, which is losing blood.

Sheryl Turney
Okay. The next paragraph starts with "By identifying and standardizing," and in this one, I believe Anil had a question. Go ahead, Anil.

Anil K. Jain
Sure. So, right now, the way that's written, it seems as though our priority is to reduce provider burden, improve patient access, and reduce improper decision, and all I did was rephrase it with what I think the priorities should be – to include the quality of care, and then improve patient engagement while reducing unnecessary burden among stakeholders so that we're serving up the most important goals first. From a clinical perspective, it makes more sense to try to ramp up quality before we try to reduce burden, but it's just a little bit of wordsmithing, that's all.

Sheryl Turney
Yeah, I like that. "While reducing…" Just tell me if you – "…unnecessary burden among stakeholders."

Anil K. Jain
Yeah, I don't think we can reduce all burden, but it's the unnecessary burden we're reducing.

Sheryl Turney
I like that a lot. I hope others like it as well. **[Inaudible] [00:27:22]** We've taken care of that one. Michael, on this tool, I don't know how to show that we addressed he comment on the side, so if you know how to do that…

Michael Wittie
I think we click "check box," and then try it. Yup, there we go.

Sheryl Turney
Okay, it went away. Perfect. All right, then, the next one that we had was – I think the highlight there is just to ensure that when the editor comes, they're going to add a footnote to the regulations. Then, we go down to the roles and stakeholders. These are not really new. We did review the roles and stakeholders when we talked about the data classes, but you may not have seen the chart that Jim, Josh, and their team actually put together. This just takes the stakeholder map that we actually already had, but we had it linked to each individual type of transaction, and they translated it into a stakeholder map, and this is to show the folks that are reading the paper who all the stakeholders are that are currently engaged in the process.

Jim Jirjis
Impacted, not engaged.

Sheryl Turney
Any questions on this section before we move to the next one? I just didn't want you to be wondering where that came from. That's where it came from, and they did a great job pulling that out. Then, they did do the standards mapping with the data classes, and these are referred to by the tables that were added, so now, in the paper, we actually have the tables that we referred to when we previously looked at this, but the tables weren't in here. So, the first one is a description of each of the data classes and the data class definition, which we all went through multiple times, so I'm not going to go through those today, but if anyone has any additional input into that, feel free to add it to the comments in the Google doc, and we'll add those as we go in the future when we review this again.

Then, we had a standards capability legend, and again, this is defining what we saw in the data classes spreadsheet that you're going to see in Table 5, so again, we already discussed these as a group. Then, again, this is additional description for the adoption analysis, and that's really about what we meant by "unclear," "proprietary," "draft standards" – and again, we reviewed all of these as a group separately when we had the data classes work. And then, finally, in Table 5, here is the actual data classes document. Now, we'll have to clean this up so words are not hopefully – the "g" in "emerging" isn't dangling on the second line, but we'll fix this up in a future version when we get the editor, and essentially, none of this has changed, so this should be good to go, and we've gotten no comments on it.

And then, we talked a little bit about the findings on the current state of the existing standards, so there is a section here on X12, and there are some things that need to be added, like here, the percentage and mature standards – we will have to get that from a third-party paper which I believe does exist, but I don't know what the percentage is, so we're going to reference that document. We had referenced the CAQH CORE. I felt like we couldn't ignore it, since that hearing is going on right now at NCVHS, which is why we lack some of our participants, so we do talk about what they're bringing forward for the recommendations, and again, we're not evaluating it, we just brought forward what they had – a summary of what they had recommended for this current NCVHS hearing process. But, if you have comments on any of that, please let me know.

Then, we presented an overview of the NCPDP, which is the current state. Now, since this is in a current state, it's probably a little bit more familiar than what you will see in the CAQH CORE. So, here, we were talking about whether we should include testimony from multiple entities, and my suggestion to this group would be not to because there are about 20 groups giving testimony in those hearings this week, and I don't think we want to take the entire paper to discuss all of that. However, because of the timing of where we are, we may want to comment overall if there is anything from that testimony that we believe we would want to put forward. Maybe there's something that we feel like we didn't cover. I put the question in here, but I don't know if this is something we'd want to do here, so I think because I moved the CAQH stuff, this question is still valid, but we may just eliminate it. Like I said, I don't know if we need it or not, but I'll highlight it so we know that it's a question of whether or not it stays in the paper.

Okay. So then, we get down to HL7, and we talk about those standards and what that process is, and then we talk about SMART on FHIR, and again, nobody made comments on any of this stuff so far. And then, we get down to Recommendations, and these are comments, some of which came – this prep work was done before the real recommendations had been written, so these comments are still valid because the recommendations were popped in after, and Alexis, I think you had a comment. "It's confusing as to why there are specific recommendations here not within the Recommendations section." So, we agreed with you, Alexis. I think at the time that this draft paper was put together, it wasn't entirely clear how the recommendations were going to be inserted into this paper. So, Michael, you and I talked about it offline. If there's anything here that isn't already good in our recommendations, then we should address it, but this whole section should probably be pulled out and moved.

Alexis Snyder
Yeah, I agree. If anything is missing, then it should be incorporated into the recommendations later.

Sheryl Turney
Yeah. Michael, could you pull this out into a separate document and send it to me?

Michael Wittie
Sure.

Sheryl Turney

I'll make sure that whatever is in here is incorporated later in the recommendations, but when I first reviewed it, it looked to me like everything that was here was already addressed by us, but I just want to double-check so we don't lose it. And then, we'll just pull it out of here.

Michael Wittie
Yeah, all the way down to here.

Sheryl Turney
Right there, yup. So, let's just give Michael a minute. He's copying it into another document.

Michael Wittie
Yeah, the whole thing – oh, rats. Comments don't transfer.

Sheryl Turney
There was nothing in the comments. The comment really was just whether this should be moved, so don't worry about it. It's just that the narrative itself needs to be in a blank document so we don't use it.

Michael Wittie
All right. It's now in a blank document that's not screen-shared. Can you still see the guiding principles?

Sheryl Turney
Yes, we can, and my document looks good there too. So, now, we're back into guiding principles. There was a header there when we saw this paper before, and now there's actually material after it, which is great, and this was a little chart that was made up of the guiding principles that just basically lists them by title, and that's all that's in this chart. But, there is the one comment here by Anil, which was "Are we okay if we change to 'measurable and meaningful' instead of 'measurable and significant'?" I think that's a good change. I don't know the – with the definitions, we're going to have to define the terms that we're using. What do you think about that change? Go ahead, Anil.

Anil K. Jain
I was going to say that this is something that we had presented previously, and my recollection was that we all agreed that it was probably okay to do that. I just didn't see it reflected here, which is what my comment was. Correct me if I'm wrong, but I think we discussed it.

Alexis Snyder
Yeah, I think that was the day Sheryl wasn't on the call. I don't remember everybody agreeing, but I remember we did ask Anil if we should change it, so then the comment was moved over by Michael because we hadn't actually changed anything. It's the same thing with the second one, for F.

Anil K. Jain
Oh, okay. That makes sense, then. Just to be clear, I don't think I had suggested the word "improvement" after "meaningful." It's just "measurable and meaningful."

Sheryl Turney
Okay. Michael got rid of it.

Anil K. Jain
If anyone has any issues, they could comment on that later.

Sheryl Turney
And then, you had another one, Anil, about data models. There was a comment about removing that elsewhere.

Anil K. Jain
In the same meeting that you missed, I think we presented as a group the guiding principles and ideal state, and it didn't make sense for the data model discussion to be there. In fact, it was more of an overriding principle.

Sheryl Turney
You're right, and we agreed to delete it, so, Michael, let's delete that one too.

Alexis Snyder
And then, we'll just have to be aware that we need to reletter as we go down the list.

Sheryl Turney
I'll make a note that we need to reletter and reformat.

Anil K. Jain
And Sheryl, also, the table that has the eight guiding principles was just a placeholder. I don't think we'll need it, depending on the final editors and writers.

Sheryl Turney
We can make it a list.

Anil K. Jain
Yeah, exactly.

Sheryl Turney
Well, the thing of it is, though, sometimes in a document, it's actually good to have a block or something like this because it helps the reader because it can get quite hard to just read all narrative.

Alexis Snyder
I agree, Sheryl. I think it always looks nice because it breaks it up and it draws your eye to what these principles are.

Sheryl Turney
I like the block myself. As long as we were not – right now, they're a little funky in terms of spacing, but we'll fix that. So, then, in here, hopefully, this wording – I'm just going to go down for a minute to see this – I do think we need to label each one of these items, Michael, because "data model" is still in here, and we had said we would delete it, so we need to make sure the labels for each one of these, not just what's

in the… "Ensure" – ooh, wait a minute. I didn't mean to do that. It moved my cursor on me. "Ensure that each maps to narrative below."

Alexis Snyder
We can't see your screen now. Okay, now we can.

Sheryl Turney
Michael, you're in a different spot. Okay, there you go – you see my new note. So, "Need to letter and format. Ensure that each maps to narrative below." Michael, it looks like maybe some modifications to this didn't make it because when I look through, the data model is still there, and I do recall Al telling me that it was removed, so it's down there, down below also. We'll have to remove it when we get to that one.

Let's start with "patient at the center" so we don't jump around. But here, we have a paragraph that talks about upfront cost transparency, and this was added for ICAD discussion on August 11th, and this was in the original document, so I'm not sure why it was removed. I don't know why it was removed either. That might have been done when I wasn't here, but we added it back, Alexis. Can you just take a quick review and make sure it matches what your recollection was?

Alexis Snyder
Yeah, it's just the same. It was there when I made the comment because there was a comment before that it was taken out – or, put in, added. It wasn't added; it was always there.

Sheryl Turney
Okay. So, we can check that one off, Michael, and Alexis's comment. We're good. Now, the next one is "barriers." "Examples needed, incorporate resources, accessible and readily available." All right, so, this one was examples for tools, and so, we wanted to add a few examples, but we'll leave that to the editing component. We'll leave that one in, Michael.

Then, let's go down to "design for the future, needs today." So, someone suggested that we have an alternate phrase option. Iterative with a goal – so, we have "In order to support the principle, the ideal state must include the following characteristics: Iterative with a goal of striving for meaningful improvement (see below) from which we will learn and apply to the more complex scenarios." So, it needs to be an iterative process. I think it's missing a word. Rather than a specific achievement, instead of saying it's going to be FHIR Version 4, we're going to say it's an iterative process.

Anil K. Jain
I think the point I was making here – I think this was one of my original comments from the prior edits – was that it's kind of what we already say in the ideal state/guiding principle bullet above it. It talks about how it's going to be extensible and resilient to support the evolving nature. Isn't this saying the same thing? That's all I was trying to say – whether we even need the bullet.

Alexis Snyder
We didn't get answers to all of the questions that day when we presented it, so Michael moved over the comment that Anil put on the original document saying that we needed to revisit with the group, so that's what those are.

Sheryl Turney
Yeah, I don't think we do need it because No. 3 below says the same thing in different words.

Anil K. Jain
Yeah, and the above alludes to it as well.

Sheryl Turney
Okay. So, I think we can eliminate that one, Michael – that whole No. 1. So, we're going to start with "The approach should be sensitive to all potential burden by the various stakeholders to optimally drive adoption and attain the desired impact of improving the PA process. While a floor of standards implementation is required to promote rapid adoption through common implementations, we must allow for corresponding operating rules and regulatory pathways that allow for standards development and evolution, so as not to preclude innovation." This is exactly what you were stating previous, and it's stated really well right there. So, I think we finish with "The innovation must be done in a nondiscriminatory manner to include broad participation among stakeholders, but also not imposing unnecessary barriers to those who would wish to innovate." I think you're right.

And then, the third one is "Operating rules should continue to raise the foundation level of adoption while encouraging supporting organizations to raise the ceiling of enhanced capabilities." Did we want to add anything in this one about pilots, or not? I know I keep coming back to that, and I probably shouldn't, but…I'm just throwing it out there.

Anil K. Jain
Sheryl, this is Anil. What do you mean by carving that out separately? Because if you take a broad brush around innovation, almost all innovation starts with a pilot. Are you suggesting something specific around pilots that the word "innovation" may not capture?

Sheryl Turney
So, in the USCDI process – I know you're probably as familiar with it as I am – there is a process where there is a pilot period where things that are up for adoption have had to go through certain requirements for a pilot. In the HL7 process, there are these abilities to test things, and then there are the voting blocks, but there is no similar requirement for pilots, and that's why I keep bringing it up, because in our organization, we have been trying to pilot a number of the HL7 use cases under Da Vinci, and I just think it's very burdensome for the providers to participate. They want to, but it requires so much work, and I brought this up before with data use agreements and other types of things.

I just don't know if there's something we can say to create a utility network that would make piloting easier. Is that something that we're envisioning in our ideal state? Because it certainly would be something I'd want to have in my ideal state, and I know maybe a lot of you guys – Anil, I know you get involved in it because you know how hard it is to create these data use agreements, but not everybody participates, and I know that there are a few other provider people I've worked with who also know how painful it is, but not everybody's really aware that all that work is going on in the background while we're trying to get a pilot done in the foreground.

Jim Jirjis
Wouldn't the pilots be – because we're focusing on the data classes, because that data would have to be included in USCDI, wouldn't that necessitate the use of that data being done in pilots, or do we have to call out a pilot program within the prior auth work?

Sheryl Turney
Well, that's what I'm asking, because I don't know. That's what I don't know. That's the part of it I just don't know. I don't know if we should have a statement about pilots in our ideal state if there was – the operating rules should support some sort of utility network for conducting pilots that would allow a common set of principles that could be applied against multiple types of pilots, and people will obviously select what they'll participate in, but at least then, we wouldn't have to go through this laborious process each time we want to do it.

Anil K. Jain
Sheryl, this is Anil. What if we – you could probably write a paragraph offline, but what if we were to simply make sure that we don't preclude pilots from happening with the language we're using, and then, to Jim's point earlier, since we're already pointing to the various groups that we're leaning on and they all have relatively robust mechanisms for piloting, just point to that. Point to that structure, and then make sure that we don't preclude pilots, but you're bringing up the data use agreements, which makes me start to think that what we're really talking about is if we can start to carve out some of the information security things to make pilots easier, and I'm not sure that's a good idea.

Sheryl Turney
I understand. Okay, I will –

Jim Jirjis
Can I make one other suggestion? Instead of calling for a pilot program, maybe we can just emphasize the importance of ONC being supportive and encouraging and incentivizing pilots because that's not –

Anil K. Jain
Yes.

Jim Jirjis
That's been an approach that's been used elsewhere. We should call that out as important, but not try to create a program.

Sheryl Turney
Right, "…and encourage pilots." Okay, I will definitely – okay, I think I know where we can add a comment about it that won't get in the way of everything else and try to do what we just said we wanted to accomplish. All right, I'm just going to do a time check. It's almost 4:00, so we have a little bit more time to spend, and this is very helpful. The next section was talking about measurable – okay, Michael had a question. "Do we need more explanation here trying to refer back to interoperability language that prevents anticompetitive behavior and also try to capture the following comment made on our 8/4 call? 'Two sides don't leave folks behind that need to innovate.'"

Anil K. Jain
Sheryl, this is Anil. That was a comment that I had made on a prior version of the document that Michael moved forward, and it's been addressed in the rewrite of the second bullet.

Sheryl Turney
Okay. So, I'm going to get –

Anil K. Jain
And, the question was simply to make sure – for those who had the original query – as to whether it faithfully did it, and I think it did.

Sheryl Turney
Okay. I think the other one you talked about, Michael, was looking for an alternate phrase for the word "today" up above, and I might have skipped over that. I didn't mean to.

Alexis Snyder
That was also a discussion we had on that call, that Anil was suggesting that we change the title.

Sheryl Turney
Okay. Has this been resolved? Is this what you finalized it to?

Alexis Snyder
No. That's the original.

Anil K. Jain
No. We weren't happy – I shouldn't say "we." I just think it sounds a little odd, so someone who is better at wordsmithing should title this section to get across the point that we want it to be future proof, but practical.

Sheryl Turney
Weren't we just saying, "Design for the future with an iterative process"? That's what we're describing here. What do you think about that?

Anil K. Jain
I don't know. Maybe we should leave it in for now and let people make some additional suggestions because we have time to get the title of this part right.

Sheryl Turney
"Ask for suggestions." All right. That's what we're going to do. Thank you. All right, the next section was on the 8/4 call – "I'm struggling a bit with what sounds like a prohibition on an improvement that benefits only one party." Anil, I don't know whether it was you or Jim who said this, but I thought about it, and I agree with the comment that was made because as long as no party is harmed and improvement helps, whether it's the patient, the provider, the medical equipment, or the pharmacy, then what is the harm in implementing it?

Jim Jirjis
This was covered. This was incorporated already in that edit we just went through – the second bullet – so both of these comments were from the section above.

Sheryl Turney
Okay, so I can get rid of them.

Alexis Snyder
Yeah, they just didn't get checked off.

Sheryl Turney
Okay. Then, we have coming down here… "Michael, please review above to ensure the following sentiment is captured. Consider aspect and complexity. Need to mature industry workflows, incorporate" – again, was that from above? It doesn't…

Jim Jirjis
It's there.

Alexis Snyder
It looks like it was already resolved.

Jim Jirjis
It's already incorporated on the second sentence of the first bullet there.

Alexis Snyder
Again, those are comments from the original document that just got moved, even though we edited live together.

Sheryl Turney
Okay. This is great, then, because we have fewer things we have to address. All right, then, down here, we've got "Could this be moved into a recommendation?" So, this one was referring back to payers – let's see. "Payers have an established process for regularly reviewing and communicating the services that are going to be covered." So, all of this section is really talking about payers establishing a process to communicate what requires prior auth, what data is required for that prior auth, and then reviewing that on a yearly basis, eliminating prior auths for things that always get approved.

Jim Jirjis
Sheryl, I'm sorry to interrupt. I think that this particular comment was again a moved-forward comment from the last bullet, No. 4, and if you scroll down on the screen right now – there you go – so that was already – higher up – no, not –

Alexis Snyder
No. 4 in the previous section.

Jim Jirjis

No. 4 in the previous section – right there, yeah.

Alexis Snyder
With the highlight.

Jim Jirjis
Yeah, so, this was already incorporated into the recommendations that I heard from Arien and Rich, but my comment below the other comment you see off to the side says that Rich and Arien should make sure that their recommendations cover it. Even though I think it does, they wrote that section, and I want to make sure they're good with it.

Sheryl Turney
All right. So, I'm highlighting that, and we'll keep that in because neither Rich nor Arien are on the phone today. Rich is in the NCVHS hearing, and Arien might be as well. It won't let me –

Alexis Snyder
This is Alexis. I think that after the call, Michael could probably look down farther and make sure that's literally in the recommendations, and if it is, you can just take it out. I fear we're going to be revisiting the same comments over and over again.

Jim Jirjis
Yeah. I can tell you, Alexis, that it's not literally written like this, but I think the spirit of it is captured. That's the only reason why I wasn't willing to say yes, remove it or delete it.

Sheryl Turney
All right. The next one was down at No. 11, Michael. There you go. "Greater use of clinical decision support tools, accountable care models, and consensus-based guidelines to reduce the volume of prior authorization requests while increasing the value of responses. Provider and payer systems can supply procedural, pharmacy, or device-specific requirements and information needs to complete prior authorization processes." So, there was a note to revisit this wording. "Here's what I would recommend."

Jim Jirjis
So, on our review call as a group, I had suggested what you see under Michael's comment here. "In an ideal state, we should have a minimal number of PA transactions if the clinical decision support process provides the right level of evidence-based and patient-centric guidance during the care process." And then, I made another suggestion that we should be even stronger and try to talk about how the PA process – if you look right below it, "The PA process should not be the result of inadequate use of existing HIT such as clinical decision support tools, electronically accessible practice guidelines, and patient decision aids, all of which, when implemented appropriately, can reduce the need for electronic prior auth." My point here is simply to say we can't fall back on prior auth to help out the IT department who didn't implement their EMR correctly.

Sheryl Turney
Right. I agree. So, we need to reword this one, Michael. Can you do that offline, and we'll bring it back edited?

Michael Wittie
It should be done now.

Sheryl Turney
"…should not be the result of inadequate use of existing HIT, clinical decision support tools… When implemented, can reduce the need for PA." But, I didn't think he wanted – I think he wanted to add "in an ideal state." That first sentence needed to be added first, and then the other – yeah.

Jim Jirjis
You've got it.

Sheryl Turney
Add the first comment first, and then – yeah, there we go.

Jim Jirjis
And now, we can get some feedback from the group when they review that document.

Sheryl Turney
Perfect, all right. So, we modified both of those. Okay. Now, we go down to "aligned to national standards." So, here, we had a comment referring to "X12 275 attachment rather than the clinical data payload within transport and the rules on how providers supply additional information to payers to avoid denial. There will be consistent standards of advancement processes for administrators. In addition, there would be" whatever. So, the comment that was made on the call was someone was wondering if we should refer to the X12 275 standard, and I don't know –

Jim Jirjis
It was already added. We've already addressed this comment. It's in the first line.

Sheryl Turney
Oh yeah, I see it here.

Michael Wittie
So, we'll resolve that, and we need to rephrase the second one.

Sheryl Turney
Right. And somehow, that attachment standard also then needs to be applied to – it shouldn't matter the method of delivery. So, whether it comes in an X12 275 or an API CDS Hook, the bottom line of it is the standard should apply regardless of the manner of delivery. The next one was "There will be consistent standards of advancement processes for administrative and clinical data. Where multiple legacy standards exist that are in widespread use, efforts to harmonize the standards, including mapping, are undertaken to simplify implementation." So, you're wondering if we need an appendix to reference all the existing standards.

Jim Jirjis

Yeah, I think –

Sheryl Turney
We reference these standards. I think they should be in the appendix, but we also do it in the data classes work, so there should be footnotes related to the standards.

Anil K. Jain
This is Anil. I think that would suffice for the comment that was moved forward from the prior edits.

Sheryl Turney
Michael, was there something else that was meant by the comment that you have in here right now?

Michael Wittie
Not that I know of.

Sheryl Turney
Okay. We just need to make sure for the editors that they're doing those footnotes and stuff. The whole next section for data model should be taken out because we said we don't need that. That's going to be part of the recommendations. I think you just need to delete it.

Michael Wittie
Delete all of it?

Sheryl Turney
Yeah, all of that – the whole data model section – and then the comments will go away. There you go. Now, we have "information security," and down here, under "patient caregiver," there was a word added called "…proactively providing and expediting." Do we need that word? Right now, it says, "Patient caregiver is empowered and able to have a role in proactively providing and expediting." Can we just say "…in providing and expediting their consent when required to share information necessary for prior auth"?

Alexis Snyder
Yeah, I think we resolved that during those conversations also. That was my comment that got moved forward.

Jim Jirjis
Just to be clear, you'll see my comment to that comment right underneath it, and I just wanted to – I don't remember what the consensus was, but I think the word "proactively" was there because we wanted to make sure that patients were involved earlier in the process rather than after the fact when something went wrong, and so, that's what my comment to Michael's comment –

Alexis Snyder
So, maybe, rather than "proactively," it's "able to have a role from the beginning of the process" or "at the start of the process."

Sheryl Turney

How about “have a role from inception to conclusion”?

Alexis Snyder
That’s great.

Jim Jirjis
That’s good.

Sheryl Turney
“…conclusion in providing.” And then, the “in” before the “from” can go away. There you go. Fabulous. Then, we have one on No. 5 that says, “Instate legislation and regulation variances, as well as variations between states, are addressed through automation.” I don’t really know what this means, and Michael had a question about it also.

Alexis Snyder
That was my comment moved forward, too, when we had the discussion. We haven’t really visited it yet.

Sheryl Turney
I think the point was that whatever we do needs to comply with state rules, and obviously, those are going to exist and won’t go away.

Alexis Snyder
Right. I was saying it didn’t feel clear, in a way. It just needs a reword.

Anil K. Jain
This is Anil again. I’m not sure what – so, what we were trying to say in prior conversations was that yes, we know there are variations between states and the regulatory process is going to vary, but whatever mechanism we come up with, those variations need to be addressed in an automated way as opposed to the manual processes that one might be forced to do if we don’t build a system that handles 56 different variations of doing something. I think this was meant to be a comment that was split between an ideal state, where there are no differences, which is obviously not practical, and a recommendation that the mechanisms to automatically capture policy differences are done in an automated way. This needs to be in a recommendation too.

Sheryl Turney
I agree. Sorry, because I’ve been working on my other computer, my work computer just signed me off.

Denise Webb
This is Denise. Can I jump in too? This was a large discussion in our little workgroup on privacy and security about having some sort of way in automation to drive rules around the varying policies across the states and the federal government – so, what you all were talking about, but I don’t think No. 5 captures it quite as well. I think that originated in our – I think Sasha’s on too. She’s the one who originally proposed this in the ideal state.

Sheryl Turney

Yeah. So, what we're really saying here is that we envision that the ideal state will provide automation support for any state legislation and regulation variances.

Sasha TerMaat
I think it's a little bit the opposite, actually, in our original discussion. If state legislation and regulation variances were expressed in a machine-readable way – we kept saying "machine-readable," not "automated" – then that would permit things like automation. For example, if you knew that certain types of information were sensitive in one state, but not in another state, then that can be automated, but without that initial knowledge and the expression of this information in a way that facilitates automation, we aren't able to do that, and then, that had led to a number of the more burdensome manual steps that we had discussed as being challenges in the current state.

Denise Webb
Thank you for clarifying, Sasha.

Michael Wittie
How does this new phrasing, highlighted in blue right now, suit folks?

Sasha TerMaat
I don't know that we're going to capture variations. It's more like the state would have to publish their policy in a machine-readable fashion. You could probably just say "communicated," right? "State regulations are communicated in a machine-readable fashion."

Anil K. Jain
But, don't we also want to say that once they're in a machine-readable fashion, it's more likely that they can then be automated? Otherwise, what's the point of having them in a machine-readable fashion?

Sasha TerMaat
Yeah, I think that's the first sentence, right, Anil? You can sort of chronologically –

Anil K. Jain
Oh, okay. I was just saying – I wasn't sure if the first sentence was staying, or if we were replacing it.

Sasha TerMaat
No. I think chronologically, the second sentence is a prerequisite to the first, right? The prerequisite is that states would publish their regulations in a machine-readable fashion, and the reason we hope for that is because variances could be addressed through automation.

Sheryl Turney
Okay, that makes sense.

Denise Webb
That's definitely a rewrite there.

Sheryl Turney

All right, so, Michael, leave the note in here. I think you modified it a little bit, but let's leave it here so that folks can comment on it because this is going to be an area that probably requires a little bit more wordsmithing. So, we're in a good place right now where we're at the start of the Recommendations section, so I'm going to suggest that for today, we leave the paper in this spot because we did want to take a look at the deck so I could send that out to you after the meeting today, and I wanted to at least show you the deck for what we had anticipated presenting next. So, let's bring that up because we have to go to public comment in a few minutes.

Michael Wittie
Do you see?

HITAC Draft Presentation (01:12:23)

Sheryl Turney
Not yet. Oh yes, now I see it. "HITAC draft presentation." So, what we did was put together just a high level of what we were going to present. There'll be a paper as well as a presentation deck, so you can go to the next slide, Michael. This is just the agenda that we have for the HITAC meeting, and this meeting is the one that we have in September. I think it's on the 9th. So, we can go to the next slide. We start by telling them who these task force members are, and then – go to the next slide – we'll provide a reminder of what the charge was that we got from ONC and HITAC. Go to the next slide.

Then, we have – this was also part of our charge – the focus area of prior authorization. Then, we can go to the next slide. Just so I can read it, I'm going to look at it separately. Then, we had the ideal state and guiding principles, and again – go back there – "data model" is on here. It needs to be deleted because we deleted that one. And so, there will be a narrative that will go along with this where we'll talk about what the ideal state and guiding principles are, and then we go to the next section, which talks about the recommendations. And so, what we did was we took each recommendation, and we have a summary, and then, after that, we have some more comments, and there will be a lot of narrative related to each recommendation that we included here in the proposal. Now, if we modify these recommendations, of course, before we go, this deck will be updated, but they have the recommendations in the state from last meeting, so that's what should be in here.

What we wanted to do was to share with you after today's meeting the draft presentation, and that way, if you have any comments, you can let us know, and we will incorporate them into an update, which we will review with you next week, but next week, we will go over the draft presentation again, we will pick up the draft paper at the Recommendations area, and we'll start working through the Recommendations section just like we did today with the remainder of the paper, and I think today's meeting actually went really well.

What we're going to ask all of you to do, again, is go to the Google doc if you're able and make your comments per the instructions. If you don't have access to the Google doc, we are going to send it out in PDF form, and you can send your comments back to me, Alix, ONC, and Accel, and we will incorporate those into the updates that we present to you next week, but we would need your comments by the end of the day on Friday so we can bring them back into the document and have that day and the weekend to incorporate them for anything that needs to be there so we can walk it through for next week. Does that make sense?

Alexis Snyder
It does to me.

Sheryl Turney
Does anybody have any questions? All right, so, I'm going to ask if we can put up the slide for public comment. We'll just take a pause here, and then I'm going to reiterate what our next steps are after that anyway, but I don't want to rush through this.

Public Comment (01:16:30)

Lauren Richie
Thanks, Sheryl. Operator, could we please open the public line?

Operator
Yes. 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, and for participants using speaker equipment, it may be necessary to pick up your handset before pressing *. One moment while we poll for comments. There are no comments at this time.

Next Steps (01:17:05)

Sheryl Turney
All right. Thank you so much. So, we'll leave that slide up for a moment just in case anyone does have any public comment. I'm just going to speak again to what I just stated. So, you're going to get two documents this week. You're going to get the PowerPoint with a request for any comments or input, and then you'll get a PDF of the draft document with a request for any comments or input, and then, next week, we will pick up again reviewing the recommendations, and then we'll review any changes that are made or recommended for the deck that's going to HITAC.

And, we have two more chances to look at it. We have next week, which is the 1st of September, and then we've got a week after that, which is the 8th, and then, I believe we go to HITAC on the 9th, and I believe they want us to provide our presentation deck to HITAC by the weekend before so that people would have the opportunity to review the deck prior to the meeting, so if we have material changes, it would really be important to get those implemented into the final version for the presentation deck by next week. Any questions on what our next steps look like here? All right. So, if we can move to Slide 10 of the deck, this is what our overall timeline looks like moving forward, and as you can see, what we tried to incorporate is the fact that offline, more ICAD stakeholders will provide input. We'll refine the draft presentation. Next week, again, we'll review more comments and try to resolve all those issues.

As of the 8th, we actually did want to start having broader conversations related to the intersection of clinical and administrative data, so the hope was now that we have our draft paper, we'll be able to take that draft paper and be able to utilize that as the basis, if you will, to jump off and have these broader conversations. Any questions on where we go from here? Our anticipation is we're going to get feedback from HITAC in September, we are probably going to provide another update to them in October, and we

may actually have to wait until September for our final based on where things go with the broader intersection conversation, so we have been told we can go up to that point, but we would really like to finish it before then. We'll just have to see where our conversations with the broader intersection go. Any other questions or comments that we have today? Do we have anyone from the public line who's requested to speak?

Operator
There are no comments at this time.

Sheryl Turney
All right. Then, Lauren, I think that's a wrap if nobody has anything else to add.

Lauren Richie
No, I think that is it, and we'll see everyone next month on the 1st.

Sheryl Turney
Thank you, everybody.

Lauren Richie
Have a great day.

Anil K. Jain
Thanks, bye-bye.

Adjourn (01:20:54)