



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

September 1, 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 to the ICAD Task Force meeting. We are officially in September here, getting close to the finish line. We have Alix Goss, Sheryl Turney, Anil Jain, Jim Jirjis, Alexis Snyder, Gus Geraci, Rich Landen, Mary Greene, Ram Sriram, and Sasha TerMaat. I believe Dr. Mason said he may be a little late. Did I miss anyone?

Jocelyn Keegan

Jocelyn Keegan is out here.

Lauren Richie

Jocelyn. Anyone else?

Arien Malec

Did you get me, Arien?

Lauren Richie

Hi, Arien. Sorry I missed you. Okay, we'll turn it over to our co-chairs to get us started.

Summary and Action Plan (00:00:52)

Sheryl Turney

Thank you so much. This is Sheryl, and today, we're going to continue working in the document and reviewing the comments and suggestions that people have made, so thank you for those folks that have gone and done that. I'll just do a little summary of what we accomplished last week, and then we have public comment, and then we will talk about next steps. Next slide.

So, last week, we went through the document. Most of the sections up to Recommendations – we didn't get to the Recommendations section, so that's where we're going to start today, and we're going to review the comments and questions that people had. We did that last week. We tried to resolve the comments that were made so that we could resolve. We actually processed in the document, and we'll do the same thing as we're reviewing the deck today.

We also did a walkthrough of the HITAC deck, and then of what we're presenting to that group, and we requested comments from folks offline. And then, we sent out a PDF as well as the updated link to the Google doc so people could make comments. We didn't receive any written comments from folks on the PDF, and at this point, we'd like to close down that option because the document has changed, and so, if there are future changes to the document, you still have the capability to go and put comments into the document itself, but what we're hoping to do today is actually start with the Recommendation section, try to process all of those comments for that section, and then we will go back and look at some additional comments that were made on the other sections if we have time, and that's the plan. Any questions on the summary from last meeting or what our expectations are for today?





All right, I guess we're going to share the document. We have had a few challenges with the Adobe upgrade, so we're pivoting at the last minute, and as you may recall from last week, in order to manage this, I am looking at the document offline so that I can actually read it, and then, if there's anything as we go through, I will review that with you, and then we will review each section. So, we have a number of comments, and then, Michael, just refresh my memory – your comments that you have here with the check marks – are those already satisfied, or do we still need to review those again?

Review Draft Paper and Comments (00:04:02)

Michael Wittie

I would review those briefly. I think most of them were notes to people. In a lot of cases, like the one you have there, Arien has replied to it and addressed it, but I didn't go through and get rid of it last night because I wanted the group to see it.

Sheryl Turney

Okay. I thought so, but again, when I looked at it, I forgot that was a question I was going to ask you, and then I couldn't. So, today, what we should do – and, Arien is not on the call, so I don't want to –

Arien Malec

I'm here.

Sheryl Turney

Oh, you are there, okay. I just didn't see you in the list. So, Arien, this was regarding the comment that Michael made about – and, it actually was the last sentence of the guiding principles, but there was a comment about safe legislation, and we actually did rewrite it a little bit last week. I still think, though, it doesn't read correctly because the beginning part of it says, "In order to support the principle, the ideal state must include the following characteristic." And here, we have "In-state regulation and legislation variances as well as variances between states are addressed through automation," so I think it needs to say – the word "in" has to be removed because that just doesn't make sense.

Alix Goss

I'm sorry to interrupt. This is Alix, and I'm the one pinch hitting on trying to run the document that everyone is viewing on the web, and I'm a little disconnected from where you're at potentially, so I'm in the Recommendations section –

Sheryl Turney

Go up to the prior paragraph, Alix.

Alix Goss

Oh, this one. Thank you, Sheryl. I appreciate that. Okay, this one tracks with you, so I'm displaying right.

Sheryl Turney

Right, that's the one that we left off at, and I tried to modify it in the meeting last week. I thought I fixed it, but then, when I reread it over the last week, this sentence didn't make sense because we're looking for – it needs to start with – it can't start with an "in" because it doesn't make any sense.





Arien Malec

By the way, the reason you can't see me is because my browser's locked up because Adobe Connect uses Flash, but I don't think I wrote that sentence. I wrote the recommendations, but I didn't write any of the preamble to the recommendations.

Sheryl Turney

Okay, so, I think Michael originally – oh, you were – well, I don't know where that came from. So, we need to just reword that.

Jocelyn Keegan

This came from the –

Michael Wittie

I put a suggestion – there was a suggestion of rewording in my comment. It's the third comment down below, where it says "rewrite and resign." I did some poking and thought about a way to take what it seemed like we were trying to say.

Sheryl Turney

Yes. "Harmonize federal regulation, primary" – hold on, I don't know why I can't read the whole thing here. It's not showing up on my screen.

Alix Goss

I can read it for you if you'd like.

Lauren Richie

Is it possible to zoom in a little bit, Alix?

Alix Goss

Yes. The problem is when I start to zoom in, you lose the comments in totality, so we're going to have a balancing act for being able to show the body versus the comments, so if I zoom in to make it bigger, I'm not sure if I can slide – I might make you a little dizzy, but I will do my best not to do that. Sheryl, can you read it? Is it clearer now?

Michael Wittie

Sorry, Alix. For folks on the phone, on your Adobe Connect, there's a button above the display that says "request control," but two buttons over from that is the "zoom in" button. It's hard to read, but you can zoom in quickly.

Sheryl Turney

Okay, Alix, I can read it. It says, "Harmonize federal regulations, primarily govern PA in the ideal state. Minimizing variation of requirements between states. Where variation exists, variations are available in standards-based machine-readable and interpretable fashion." I do believe that appropriately captures what we wanted to say, so we could cut and paste that in and replace the wording unless anyone objects.





Yes, I think that says it, and then it flows. Then, we move down to the next section, and here is another one, Michael, where I thought we already –

Alix Goss

I just want to make sure, Michael, that you'll be able to make sure that if there's any note cleanup that I'm missing, please help me close that loop after the meeting so I don't get wrapped around that axle in the middle of editing. Thank you, Sheryl.

Sheryl Turney

Okay. And then, on the next section – you might want to go up a little bit, Alix, so people can see Michael's comment. Keep going. There you go. I thought we solved the piloting one already, but again, this comment was still here. It went away –

Alix Goss

I didn't do that. Somebody else must be in the document and editing at the moment.

Sheryl Turney

I was reading it, and I moved my hand, and it went away, and I don't know how to get rid of it. Oh, here, I can go back – “undo.” Oh, I can't undo it. Let's see if it will come back. Hold on a minute. I have to scroll all the way back. I have to catch up with you, Alix, because –

Alix Goss

I'm not doing anything, Sheryl. I am in a holding pattern. My fingers are off the keyboard. I'm touching nothing right now.

Sheryl Turney

All right, here we go. It just was – we removed so many of these, and now, when I'm looking at the document again, it looks like some of them came back, and I don't know how they got back here, but that's why we were reviewing them again. So, even though I undid whatever my finger just did, it's not coming back, so we lost that comment, but it had to do with piloting, and I do believe we already decided how we were going to address this in the last meeting, so unless we have another question as we come up – and, it was my question that caused the comment in the first place, so I'll keep it if we need to address it again. The next –

Alix Goss

So, although I was not here last week, my understanding is that we agree that pilots are something we need and that we're going to create a recommendation related to that, correct?

Sheryl Turney

No, I think –

Arien Malec

I believe I put language in to address that.

Sheryl Turney





You did. It's in a different recommendation, but it's not going to be on its own because we were just thinking that there might be some incentives or something that could be made available for piloting. Okay, so, the next one has to do here where Arien made a comment to add "Where clinical interoperability has evolved, to include patient access and participation as a design," and then, Alexis had a comment about the previous comment on this paragraph, but I don't know if she's talking about Arien's comment or a prior comment that was made, so...

Alix Goss

I believe she's on the call.

Alexis Snyder

I am. I have no idea. Whatever I was commenting on is not there now because I wrote the same thing. It was probably talking about engaging instead of participating. I'll have to sit here, reread it, and let you know if there's something that I think should be changed.

Sheryl Turney

Okay. And, Arien, where did you want to add "Where clinical interoperability has evolved..."?

Alexis Snyder

He did. It's in red. I think he was answering whatever I had commented on earlier that we can't see.

Sheryl Turney

So, this one –

Arien Malec

Yeah, I think the way that I did all my edits, they're showing up as comments as opposed to – so, I think whoever controls the document needs to review and confirm them.

Alix Goss

Yeah, I think that what we are also aware of is that Michael was doing cleanup last night, and I'm not sure whether he cleaned this up and handled this issue and he's leaving us here for us to check the box that we've done it...

Arien Malec

Yeah, so I think structurally, when I went in and did my edits over the weekend – two weekends ago – they all got done as comment adds, and I think the master editor – the controlling editor – needs to go in and either accept or reject them. I think that's the way it works.

Sheryl Turney

Okay. We'll go through these and accept them as we go, then. So, I don't know who's highlighting it, but...

Alix Goss

Michael, may I ask if you're actually editing the document while we're displaying?





Michael Wittie

I'm looking at it to try to make sure I'm following everything.

Alix Goss

Cool beans, because it just shows up that you're in there, and I'm trying to figure out whether you're just looking around or actually doing something because I'm not touching the screen, and I'm trying to mitigate any dynamic of things disappearing unintentionally.

Sheryl Turney

Okay. So, I do think – yeah, because when Michael was doing it last week, as we were reviewing things, he was able to check them off and say, “Okay, we accepted that,” so it obviously recognizes him as the editor.

Alix Goss

Well, I can accept suggestions. It'll let me do that, as an editor would.

Sheryl Turney

Okay, so, let's just accept this one, and then we'll go forward because we already looked at this wording, and the only comment Alexis made was to change the wording for the patient.

Alexis Snyder

I can't see it.

Alix Goss

Folks, I just lost my internet connection. I'm rebooting. It's relaunching. I'm locked up in Adobe. There, it's coming back now.

Michael Wittie

Would you like me to hit the check box?

Alix Goss

Please do. That'd be great.

Sheryl Turney

I did it.

Michael Wittie

Okay.

Sheryl Turney

All right. When they can see it, then we'll go to the next one. The next one is also a comment you made, Michael, and I think Arien replied to it and already made the add.

Michael Wittie

Are we okay checking it off?





Sheryl Turney

I'm okay with it.

Arien Malec

I can't see it.

Sheryl Turney

I was just waiting for Alix to be able to share it with everybody.

Alix Goss

Yeah, I was actually launching – it was all coming back, and then it just hosed and closed again and is relaunching my Adobe screens for the third time. It just came back on, and let me ask if you are – Excel can enable the screen sharing to happen again. Could somebody let me know if they can actually see the screen now?

Sheryl Turney

Yes, we can see the screen.

Alix Goss

Yay! All right, one small step forward. I have not changed the location of my cursor, so I am on the next comment.

Sheryl Turney

Right, so, this is the one where I do believe between Michael and Arien, they've already taken care of this. It was the discussion of this particular comment, which was to the overall flow in the linkage between the guiding principles and the ideal state because there was some comment about redundancy, and I believe this might have already been addressed.

Alix Goss

So, can I check the box of this Michael Wittie comment about the historic separation and move on?

Sheryl Turney

Yes.

Alix Goss

And, the next comment was from Arien. Is this the one to which you refer, and may I select that as well?

Sheryl Turney

Yes, and it says, "While not perfect, clinical interoperability evolution has preceded –"

Arien Malec

Yeah, I think that structurally, all my comments should mostly be edits.

Sheryl Turney





Yeah, and it's in there. I think it's fine. I don't know if anyone else wants to make a comment about it, but if not, we're just going to accept it.

Arien Malec

Cool.

Sheryl Turney

Okay. Then, the next one is down on Recommendation No. 1. That was just the overview. "Prioritize administrative efficiency and relevant federal programs." Here, Michael said, "Make sure this is aligning CMS programs, language, and recommendations to address incentives to use effective health IT – both ePA and CBS – that reduce burden and provide value to clinicians and patients. It's implied in some of this, but we need to make it more explicit." I think Arien did actually add some wording which talked about reducing clinician burden and improving patient experience, and if we're good with that, then we can accept it. Some of this may be edited for non – what I would say would be non-material changes because at the end of the day, we do want to flow properly, but we may have to make some editorial changes as we're going. I think this one – does anyone have any objection to accepting this one?

Denise Webb

It looks good.

Sheryl Turney

Okay, we're going to accept it.

Alix Goss

Thanks, Denise.

Sheryl Turney

Oh, Denise? Yes?

Alix Goss

No, I just said thanks to Denise.

Sheryl Turney

This one was just a –

Alix Goss

Is this all a part of the same one? He tweaked this, so I'm just going to accept it because that's the red that he made, and you just already mitigated those, so I'm just catching up in the comments.

Sheryl Turney

Okay. Then, the next one is "Establish a government-wide common standards advancement process," and some additional wording was added that "The task force recommends that the standards advancement process incorporate multiple rounds of development, testing, and production pilot used prior to adoption as national standards," and that's exactly what we were just talking about, so I think we can accept that wording if everybody agrees. Any comments on that? Okay. And then –





Alix Goss

I'm not deleting the Michael comments because I feel that those are still things that we need to address. Is that correct, Michael – about the language on exceptions, about exceptions to exceptions and the general ask?

Michael Wittie

I believe so. They both appear elsewhere in the document, but as I recall, last time, these were things that I added from comments in the last meeting.

Alix Goss

Oh, so, they've already been reconciled, so I can check-mark these and get rid of them?

Michael Wittie

I don't...

Alix Goss

If we're not sure, we'll leave them and clean it up later.

Michael Wittie

Yeah, I'm not sure.

Sheryl Turney

Okay, let's leave them, then. Let's go down to my comment, which is on Recommendation No. 3, "Convergence of healthcare standards." I'm asking, "Should we ask CMS to reduce the proof required for early adopters of technology? Would this go here, or in a previous recommendation?" So, I wasn't exactly sure where it should go.

Alix Goss

The first is generally, do people agree, and second, where should we place it?

Sheryl Turney

Yeah, because in some cases, the standards have requirements that impact multiple parties, and I think Gus and Jim both – and, if I'm calling you out incorrectly, I apologize, but I think they both have brought up multiple times that as long as something is an improvement, even if it doesn't help multiple parties, but significantly helps one party, and it doesn't harm anyone, why wouldn't we put that forward? Some of the standards require that multiple parties are able to exhibit improvement, and that becomes a hindrance, so that's why I was asking here if we need to make some adjustments to the proof required.

Arien Malec

I don't know what process we're using for comments. I'll raise my hand since I have access, but since I've started speaking, I think my assumption here was that we would align with the ONC process that doesn't have the requirements of proof of improvement of all parties in order to go forward, but I – so that's why it doesn't say anything, but if the current process on the CMS side requires onerous hoops, then I think we want to state the requirements for the going-forward process.





Sheryl Turney

Yeah, I think that's where I saw a disconnect, and again, I appreciate that, Arien. I think it's something that maybe we should address. I see there are also a few other people with their hands raised. Anil?

Anil K. Jain

Yeah, I think Arien may have addressed this, but I'm not entirely sure why – so, we have had language in the Guiding Principles and Ideal State that not every party needs to benefit, maybe even if one party benefits, but help me understand why we need to ask CMS to reduce the proof required for early adopters of technology. What are we trying to avoid there? Maybe I'm missing something.

Sheryl Turney

I think somewhere, when I was reviewing this, it popped out at me that the current early adopter program requires proof by multiple parties, and I think that was the reason why I was questioning it, was because of what we were saying last week, that it doesn't necessarily have to benefit multiple parties if it doesn't harm anyone, and whether that means that we need to ask for a recommendation to reduce that proof burden.

Anil K. Jain

Okay. I'm not entirely following, but I think when we discussed this point last time, I think we all changed the language in the Guiding Principles and Ideal State to remove the supposed requirement that it benefit all parties, and so, do we still need it if we go back to the Guiding Principles and Ideal State? Is there something that's there that we could change? Does CMS currently require proof for early adopters?

Sheryl Turney

I believe that's what I had found, and that's why I was asking. Again, I'm not intimately familiar with the process, so that's why I'm asking, because I really wanted clarification from others that might be more familiar. Jocelyn has her hand up, so she might be closer to this. Jocelyn, do you want to weigh in?

Jocelyn Keegan

I think that the point that Arien made is really important. I think that frequently, there have been systemic improvements by one party prior to new innovation being launched, and so, you might not see the proof during the evaluation period from all parties because people have basically gotten into **[inaudible]** **[00:25:33]** to a point.

We saw this on ePA a lot – a lot of back-end improvements in processing and automation happened on the payer side, but the providers didn't necessarily see all that benefit when they launched ePA because of a number of reasons that we talked through over the last few months, but if we went to actually pilot something with ePA on the pharmacy side again, there's been a lot of efficiency taken out of the payer side of the CDM transaction, so we'd likely be looking for improvement on the provider side and the kind of therapy for a patient more so than focusing on efficiency from a payer perspective because that's where a lot of the existing investment has already gone. I don't know if that helps clarify. I think Arien's right. I think that if we can follow ONC's lead here, then it's really about what the qualitative improvements are for each pilot that we expect to see, not that all people need to see benefit equally if those are the current CMS requirements, and I don't – I'm not aware of the current CMS requirements.





Sheryl Turney

Okay. Again, I'm happy. I'll review this again and see if there's anything that jumps out relative to that, but like I said, it was something that somewhere, in reading this over multiple times, it popped out at me as a question, so I thought I should ask it.

Alix Goss

Sheryl, this is Alix. I'm listening to this conversation and wondering if you're asking about the reduction in the proof required for early adopters from HIPAA or a CURES perspective because there are different answers depending on which set of piloting standards you're talking about under the concurrent landscape.

Sheryl Turney

I don't think it was related to HIPAA, but again, I'll have to go back and look at my notes to see where I got this point from as to why I was questioning it, and I do have at least a history of my reviews, so I'll see if I can figure out where I got this from. But, okay, let's leave it there, but we'll move on. I think there were some minor changes made, Gus made some, and then Michael made some. He talked about a footnote. We should leave that in there. When we get down to the paragraph about the intent, it's for a patient-centered model. I have to go back here. I don't know why it keeps jumping off the Adobe thing since I don't have the little icon.

And then, there was some wording added at the end. "The harmonized clinical and administrative standards should take into account the differences in data and workflow needs required by clinical and administrative processes." And, I think that was the point we were getting to, so does anyone have any objections to accepting that wording? All right, it looks like we can accept that, Alix.

Alix Goss

This one right here?

Sheryl Turney

Yeah. No, not the comment, the red. No, no, the red. And then, the next one down, which is – yeah, there we go. And then, the next one comes into place...a complete thought here with this sentence abruptly truncated after the word "data." I'm trying to see what that applies to.

Alix Goss

I think what this replies to is the preliminary work that was done by the synthesizing teams in that there was some early commenting that would have been ported over into the master document and may not have been completely eliminated, but I suspect what we just walked through might have resolved that incomplete thought from half a month ago.

Rich Landen

This is Rich. That abrupt end after "data" is something we fixed on our call on August 11th.

Alix Goss





Okay, so I'm going to accept that and move on because this is not the last bite of the apple of proofing. So then, this is also...

Sheryl Turney

Anil's comment, which is half blocked – go up a little bit, Alix – that's it. So, I think we can accept Anil's comment too.

Anil K. Jain

I'm sorry, before we accept my comment, what was the change that was made? I'm not following. When I made my comments, I did not make any edits in the master document. I simply put comments off to the right, so what was changed to accept the comment?

Sheryl Turney

If we want to accept your wording, we would cut and paste it in. That's how we would have to do it, Anil.

Alix Goss

I think what he's saying is that he made a comment he didn't wordsmith, so we would need to go back and incorporate revisions. We need to tweak it.

Sheryl Turney

Right. It'd need to be cut and pasted into the document, Alix.

Alix Goss

Which portion of his comment would you like me to copy?

Jocelyn Keegan

He didn't rewrite it in the comments.

Anil K. Jain

All right, I'm... So, I have some language in my – sorry, go ahead, Sheryl.

Sheryl Turney

I'm sorry, I thought you suggested wording in here.

Anil K. Jain

No, when I – I highlighted a sentence that I was concerned about, and I put some comments as to why I was concerned, and so, if everyone else is okay with the current verbiage on there, that's fine, but I couldn't follow what we were trying to say there.

Sheryl Turney

Yeah, and I think what your comment was speaking to was it needs to be clearer that it needs to move back and forth in a patient-centered manner.

Anil K. Jain





Right. Again, I'm going back two weeks now, when I first made the edit, so I apologize if I'm thinking out loud here, but when I read this, it says, "From wherever data are first originated in the interoperable system, they should flow to wherever they are needed without having to be manually recaptured or reentered." But, I think we are really trying to figure out – actually, it looks like it was already edited. Was this already edited afterwards?

Sheryl Turney

Yes. This is where Michael did some edits afterwards.

Anil K. Jain

Okay.

Sheryl Turney

Again, that's what we're trying to work through here.

Anil K. Jain

All right. Well, I don't know how to make sense of my comment now, so you can remove it if you'd like, and I'll put it in again if it still doesn't make sense later. It's hard for me to tell what was already changed, though, to be honest. Okay, that's fine. We can just accept it, and I'll look at it again later and put another comment if I need to.

Alix Goss

Thank you.

Sheryl Turney

Okay, that was a little confusing. All right, if we go down to Recommendation No. 4... Oh, you have another one up there.

Alix Goss

I think these are comments from earlier, and I'm not clear, and I need Michael to chime in here on – these were ported over when he created the new document from the synthesizing draft document that we were using, Sheryl, so I'm unclear what Michael would have done here.

Sheryl Turney

Michael, are you still stuck?

Michael Wittie

Yeah, I'm looking at – so, on Recommendation 4 –

Sheryl Turney

No, Recommendation 3 is what she's talking about.

Michael Wittie

Okay. So, the "4 example" comment –





Alix Goss

Actually, it's not, I'm sorry. Let me figure out where – I thought we were on this one here.

Sheryl Turney

Yeah, it's Recommendation 3.

Alix Goss

It's Recommendation 4, a subpoint.

Sheryl Turney

Oh, okay, I thought it was going back to Recommendation 3.

Jocelyn Keegan

We talked about that last week. Somebody had said that this really needs to be a subpoint of 3 rather than stand on its own, and so, I think Michael typed the comment in there so that when people reviewed it, they would chime in as to what we should do or not do.

Michael Wittie

Yes.

Alix Goss

So, we should leave it until we can all review it and think about it. Is that what I'm hearing?

Jocelyn Keegan

I think that was what the intent was a while back. We probably need to address it at this point. Otherwise, we're never going to fix it.

Alix Goss

Okay, so, the question – and, I think I was the one that started this whole thing – the convergence of healthcare standards, whether we feel... I'm going to leave it as is for right now because here's the thing: It's one thing to converge standards; it's another thing to actually have a roadmap that lets everybody know how things are going to proceed with harmonized standards, so since I started the rabble-rousing, I'm happy to delete this and move on, and if we get back to it in the review and think it can be moved, we can do it then. Any concerns?

Sheryl Turney

No.

Anil K. Jain

No. This is Anil. Could you just move up a little bit and look at Recommendation 3 again? I thought there were more comments. For some reason, I remember...

Alix Goss

You're right, there are more comments.





Sheryl Turney

That's why I was getting confused, because I thought we were still on 3. I don't know where all these comments came from because I thought we addressed a lot of them, and they're back.

Alix Goss

Heaven help me, but Michael, did I pull up the wrong version? I don't know how I would because I think it's just one URL that we're using, so I'm not sure if it's something that we introduced in the cleanup work that was done late last night, or if...

Anil K. Jain

This is Anil. We actually didn't cover this section last week, so I don't know how we would have resolved these.

Sheryl Turney

We didn't cover any of this last week. This is where we started. But, today, there were a couple things that we cleared, and they're back, so I don't know whether it's because the three of us are in the document at the same time, but something weird is going on.

Jocelyn Keegan

It's probably because you didn't check it off when you were done, because wouldn't you have left it and not checked it off until we all looked at it together to say it's all set and that we should check it off? It's not that they're back, it's just that they're waiting for everyone to agree before you click on the check box, I would think.

Alix Goss

Sheryl, navigate us. Do you want us to work through these comments one by one just to check them off and decide yes, it's a placeholder, we all need to look at it, or is it something we should discuss?

Sheryl Turney

I think we should look at them so we can either get them addressed or resolved, or that we need to discuss them.

Alix Goss

Okay. So, this would be the first comment that we scrolled over, regarding the footnote definition example of all three categories. So, I think that is an editing effort that needs to be undertaken. Are there any objections to defining code sets, content, and services somehow, either as a footnote or in the document?

Jocelyn Keegan

No.

Denise Webb

No, I don't think so, but instead of saying we should footnote, change that to say "Who is going to do it?" just so we know it's been addressed and that somebody still has an action to take to rewrite that footnote.

Sheryl Turney





Right. This is what we said the editors were going to do, Alix, when they come on board – do all the footnotes and know what things to call out for footnotes.

Denise Webb

So then, you should say “Assign to editor.”

Alix Goss

I disagree with that because I don’t know that an editor is going to understand – they’re probably going to look to us to give them definitions of that unless we get a healthcare-savvy editor, so I will make a note – “Assign to editor, but may need to provide contextual support depending on background of editor” – and then we can move on. All right, the next comment is this one. It’s still in the same sections, it’s just in the second paragraph, and this was – I made an initial comment, Sheryl concurred with it...

Although this is dated August 11th, I’m going to let you guys know this is probably more like from mid-July. I was making a comment to consider enhancing the example to include work with HL7 and be highly specific about our ask and intended next steps, something along the lines that we expect ONC to work with HL7, X12, and NCPDP on how HL7 FHIR is deployed and if it is correct. There was also support from Sheryl on this in that we need to reference the VRLS work which has been used as the basis for Da Vinci on prior authorizations as something to consider. I made the comment – I’ll take it on to fix it, and then, hopefully, that’ll get us off that point. That presumes that there are not concerns with the comment. If there are, please let us know.

Arien Malec

I raised my hand, but I’ll lower it. I’ve been trying in all my editing not to assume that HL7 FHIR is the selected and chosen standard, although I think everyone suspects it will be, so however we write the comment – and, I think it’s fine for you to go and propose language in that area, and I agree with your comment – however the comment – I’ve been trying to write all those things as “For instance” to a general policy point.

Sheryl Turney

Thank you.

Alix Goss

Okay, I think the next comment...

Sheryl Turney

This one was one that you brought up, Alix, about –

Alix Goss

Yeah, please – I’m trying to read these, but understand, I made these comments six weeks ago on your initial draft, Sheryl, so I was not prepared to discuss all this today, so I’m trying to work on the fly here, and this one was about capture and reuse...

Alexis Snyder

That was actually mine and Michael’s – well, he copied it. It’s Alexis.





Alix Goss

Okay, thanks, Alexis.

Alexis Snyder

But, it's very old, so I'd have to reread it and see if – I think we talked about something last week about the "capture once and reuse."

Sheryl Turney

We did. That was on the Ideal States and Guiding Principles, and all these comments – just to restate – came from when we reviewed the recommendations as a separate paper. Michael incorporated all those comments and brought them into this paper. That's where they came from.

Alexis Snyder

Right, so it's hard to see because nothing is highlighted. That's where the comments are.

Alix Goss

So, Alexis, I think we're going to naturally pick up on this point of "capture once and reuse," which I understand there was some discussion about last week from reading the transcript, but I think we're going to naturally – if there's an issue here, we're going to get to it through our editing exercise. The point is I don't think we need to call this out as an item at this point in time because when I made the comment or you made the comment six weeks ago, it sort of – I think we've moved far from that point of time.

Alexis Snyder

Well, I don't think it ever got addressed in the recommendations. It got addressed in the Guiding Principles and Ideal State, and so, since it's being mentioned here again with the note that Michael made, it says it should look to the other section, so it matches.

Alix Goss

So, we still need to clean that up.

Alexis Snyder

I think so. What I was saying is it's getting hard to follow along with the comments on the right as to where the reference is in the paper because it's not highlighting it.

Alix Goss

Yeah. If I go to here versus come back up to here, it doesn't necessarily tell you what –

Alexis Snyder

If you click on the comment, it should highlight what we're discussing.

Sheryl Turney

No, it doesn't, unfortunately, but this particular comment is addressed in the third paragraph of the third recommendation, where it talks about that from wherever data are first originated in the interoperable





system, they should flow to wherever they are needed without having to be manually recaptured or reentered. That specifically speaks to the comment.

Alexis Snyder

Right, so I think that we still have an issue with that because we've talked about it in the earlier sections in the paper that there are instances where it shouldn't be reused from where it was first originated for safety reasons, because some data – like height and weight – those pieces need to be updated.

Sheryl Turney

So, maybe what we should say, though, is whenever appropriate, the data should be captured once and reused. Obviously, the blood pressure and the clinical state of the patient, which could change every visit, needs to be most current, so if we need to say that example, then I think we need to describe that example, but we're talking about data – not about the clinical state of the patient, we're talking about data that generally remains the same unless someone reports it as different.

Alexis Snyder

Right, but that's what I'm getting at. You would think it's obvious, but it doesn't happen. Somebody has to go in and update those pieces, and that doesn't happen.

Sheryl Turney

No, I agree. I'm asking how we can change the wording so it can speak to the clinical state versus the other data. I don't know the appropriate words to come up with – what the difference is, but our –

Alix Goss

So, I just want to acknowledge that Rich has put his hand up, put it down, and back up, so I'm not sure if he's trying to weigh in on this particular topic because he might have a wordsmithing suggestion.

Rich Landen

I am trying to weigh on this, but no, I don't have wordsmithing. I'm struggling a bit here because I've had conflicts the last two weeks, and you guys have done so much work since I went through these on the call three or four weeks ago, but in this example, we were talking about how the principle is if it's already electronically captured somewhere, you don't have to recreate it, but the language that we use – Arien and I use – in that draft really didn't get to the point that we're talking about now, is that the data get stale, and once it's captured, the data should be reused if it remains applicable.

If it's the latest reading for blood pressure or if it's the blood pressure associated with the date of the examination that's providing the justification for the prior authorization, there's a lot more going on around here than our simple statement "capture once and reuse," and we have to go back and flesh that out a little bit to make sure there's some sanity there and people don't just follow an oversimplified rubric, saying, "If it's in the EHR, we should reuse it," even though it's bad to reuse it when it's stale data.

Sheryl Turney

So, if we said something like what you just said – "If the data remains applicable" – okay.

Alexis Snyder





Should it say “clinically applicable”?

Sheryl Turney

Yes, I'll add that. How's that?

Rich Landen

Good.

Sheryl Turney

I don't know why it's not changing the color because anything we put in should be doing that, but it's not highlighting it for you guys, so I don't know why.

Alexis Snyder

Yeah, but we can see the cursor with your name on it while you're typing.

Alix Goss

Yeah, it's all live. We're watching you edit. So, I feel like we've addressed part of the feedback, but I do not feel that we've incorporated the – we've not identified the method for reconciling or ensuring that there's an alignment between the GP and the recommendations. Alexis, I've heard the other part of the discussion mitigate the – you shouldn't always use stuff downstream – so I just want to see if we still have that one disconnect between GP and recommendations to work out.

Alexis Snyder

I think you'd have to look back at it later. I think it is there, and that's what Michael had written in during the meeting here, was saying that we had had a discussion that followed the language that's in the Guiding Principles and Ideal State section relating to the reuse here and updated it here. It most likely is; I would just go back up and look at it.

Alix Goss

Okay. I'm just going to put a note that you're going to take a look at that because I think we fixed the other part of the comment. If I heard that there were two main issues correctly, I may have missed the point.

Sheryl Turney

Yeah. And, we did – and, maybe when the comment was originally captured, they weren't aware of the cross-check that Deb had already done between the Ideal State and Guiding Principles and Recommendations, but that has been done, so – and, if there were any, then we called them out in the comments, so those will come up.

Alix Goss

So, the way I'm going to navigate now moving forward is that the highlighting gives us the direct linkage to the comment, so that helps pull it out slightly on the right-hand side of my screen, so if you noticed – so, what I'll do is that's the way I'm going to march forward if that's okay. If you want to mitigate each comment, that's the easiest way to make sure we're not skipping something. So, you've finished up Section 3, and now this is your next comment.





Sheryl Turney

Yeah, for Section 4. And, that's going down to Anil's comment, which was "Consider some stronger language that" –

Alix Goss

Oh, you want – I'm sorry, we agreed to leave this first edit up here, so you want to come down to the second one. Okay.

Sheryl Turney

I don't know what the first edit was for Standards.

Alix Goss

It was a comment.

Alexis Snyder

We were going to leave it there. Actually, Alix, didn't you just say that that was yours and you were just going to check it off before, and it wasn't the problem anymore? So, the combining of 3 and 4 – you were letting that go.

Sheryl Turney

Whether it's a sub-bullet or not, that's the one you said you were going to take offline, Alix.

Alix Goss

Okay.

Sheryl Turney

About the roadmap and whether or not the roadmap should be a separate recommendation or a sub-bullet of something else – we had already talked about that today.

Alix Goss

Understood, but I believe that was a comment up above, not this one. That was my confusion. So, it says "leave." I will edit – I will look at it.

Sheryl Turney

Yeah. When I click on Standards, that's the comment that comes up – the one about whether it should be a sub-bullet or its own recommendation.

Alix Goss

Understood. Move on to your next comment, please.

Sheryl Turney

The next one, which is the "working in concert" – this was Anil's about "Consider some stronger language. 'The ONC convened the aforementioned organizations to establish.'" I actually like his wording. I think we should utilize that instead of "working in concert." So, he's asking us to replace those words with "convene."





Alix Goss

Any disagreement?

Sheryl Turney

I don't hear any. I don't see any hands raised. So, can we change that to "convene"?

Alix Goss

I'm not going to spend time on that right now. I'd like to move on to the next comment to help you get through as many as you can.

Sheryl Turney

The next one was "Where specialized code and value sets are needed, they must be mapped to more general underlying code and value sets." And here, this was Rich and Arien weighing in that basically says kind of a circular thing, and so, Arien –

Arien Malec

I am willing to – I am asking for people to help me make the – because this has been an issue a couple of times. So, the examples that I provided are my best attempt to clarify the language. The point here is that oftentimes, we use special-purpose terminology that's fit for a particular purpose where we also require more generalized underlying terminology. So, the classic example is SNOMED as our generalized technology, but we may require DRGs for payment, and so, we may be looking for a procedure for ePA listed under a DRG, but SNOMED is the actual SCT – is the actual underlying EHR clinical terminology. So, that's the general point. We have a lot of places in healthcare where we have very specific code sets that are fit for purpose, but that's not usable for clinicians who need to use a single underlying master comprehensive code set.

Sheryl Turney

Yes. And so, Rich, do you want to comment? I think you originally had the comment. Would you be happy with the examples, or do we need to recraft the wording?

Rich Landen

I think the example is a good one. When I first read "specialized code set" and "general underlying code set," I think the troubling word is "underlying."

Arien Malec

Yeah, maybe we should just remove the word "underlying" and have specialized code sets and generalized code sets.

Rich Landen

Yeah, because we were talking about –

Arien Malec

More universal.





Rich Landen

[Inaudible – crosstalk] [00:55:54]

Arien Malec

I don't have a great, amazing way of disambiguating this in language, so I'm more than willing to accept other folks' suggestions as long as the basic point is understood.

Sheryl Turney

So, Arien, just so I'm getting the point that you were making because I've heard the same thing about SNOMED and LOINC codes, and again, I'm not a code expert, but would they often need to be translated – the example you used was for payment, obviously, SNOMED to DRG, but also, they would need to be translated – if it was SNOMED and LOINC – into one uniform understanding of what the data is representing because if you're sending the data from one source one way, from a different source another way, then someone needs to normalize it before they can use it.

Arien Malec

That's exactly right, and when we are asking clinicians – as we are – to use SNOMED in the EHR, to use one code set as the clinical code set, and then, effectively, the same department of the federal government is asking clinicians to submit using a different code set, we need to make sure that we reconcile the universal clinical code set to the specific payment-based code set.

Rich Landen

And, we should have one map to do that.

Arien Malec

Yup.

Alix Goss

One map to rule them all?

Sheryl Turney

Yeah. So, we need to reword this one, Alix. Can we put in a note to reword it? At least now, I understand what the point is –

Alix Goss

Okay, so, Sheryl, who am I assigning this to? Because I think that was the request earlier – let's start to get down to concrete assignments for who's going to pick up the code. To me, it makes complete sense, so I'm really struggling to weigh in here on what modifications are needed because I think I'm too close to it. So, what rewording are we looking for, and to whom are we making this assignment?

Sheryl Turney

Okay. Put me down, and I think I can reword it simply so that it doesn't go into the loop because now that I understand exactly what he's saying, I'll give it a whirl and then send it back out to you, Mary and Rich, and see if you guys agree.





Arien Malec

And, I would generally recommend that we have a single – that we get down to the point where we have a single editor and we get down to a clean copy.

Sheryl Turney

Yes. This is a struggle because of the way we did the recommendations in a separate paper. I think once we go through this and process all these comments, it's not going to be as hard as it was this first time through.

Alix Goss

The next comment is with double Xs, so I think we can – this is just highlighted, so I think Recommendation 6 may be the next location, Sheryl. Is that where you're tracking to?

Sheryl Turney

Yes. And, on 6, I need to see what it goes to. I'm not actually seeing what the – oh, "How can modifying this or 9 to include definition of terms that are common" – so, "Add new recommendations, standardize terminology..." I don't know who this one came from.

Alix Goss

Maybe Michael can shed some light on it because I don't remember this one. Is it something from his own review as a comment or a member? I'm not sure.

Sheryl Turney

I think so because it doesn't have any initials next to it.

Michael Wittie

Yeah, I guess these are notes from a couple weeks ago. I'm not sure what it was, though. I don't remember it.

Alix Goss

Yeah, this would have been two weeks ago if it was the 18th. It was from a task force call, or some effort on the 18th.

Michael Wittie

I remember we had a discussion somewhere about the – and, I think this is more or less if not the same, at least in the same gist of what we were just talking about in terms of SNOMED versus billing terminology versus harmonization of the two, or at least translation of the two. I think that's basically what that conversation was, if I'm remembering correctly, is the idea that there are two disparate terminology sets that have to be bridged somehow, and maybe it should just be one terminology set.

Alix Goss

Okay, so, there are a couple things here. This recommendation is specifically about the licensing implications – the burden, the barrier of the costs – so I think somewhere along the line, we've talked about – actually, data model, almost – definitions of terms are what I'm hearing you talk about.





Michael Wittie

Actually, yes.

Alix Goss

Don't we have a recommendation related to data models? I can't scroll because I'll make everybody dizzy.

Sheryl Turney

The data model recommendation was recommended to be removed, and it was, so it is not a recommendation on its own. It was thought to be handled based on the way we required harmonization of data to support both clinical and administrative, so it's inherent, but it wasn't specific, and maybe that comment originally did apply to that, and that recommendation is not here anymore because I deleted it myself. I was the one that was asked to review it, and when I looked at it and looked the comments, I said, "Yeah, that doesn't make sense anymore," so I deleted it.

Alix Goss

Is this a hanging chad?

Sheryl Turney

Yeah, a hanging chad. I didn't know how to work that, so I didn't even realize that that happened, so, sorry about that. The next one is still part of Recommendation 6, which is a requirement, and Anil suggested we change that to "impose," and I'm happy with that wording, so I think we should change it. Does everybody agree?

Arien Malec

Yeah, it was just for readability. It was a simple wordsmithing.

Sheryl Turney

I'm changing it right now, but it's not changing. Hold on, let me get rid of it. There we go, I just did that, so Anil's is gone. All right, the next one was on Recommendation 7, and again, this was my comment. "We may want to be more specific to add integrating payer PA requirements into EMR workflow to reduce provider burden and ensure required data can be captured by the EMR, adopting standardized templates, data elements, and real-time standards-based electronic transactions for prior authorization and clinical attachments, incentivizing use and implementation of technology, and streamlines prior authorization process and reduces provider burden."

I think the comment here was I do believe that the recommendation is focusing on the patient-centered workflows, but I just didn't know if they were specific enough, and that was the question that I had, and it came after we had discussions on the Ideal State and Guiding Principles, so that's where those questions came from, and also, again, I don't know...from the perspective of who needs to adopt what from a standards perspective, and then, I don't want to impose unrealistic requirements on any one party, but at the end of the day, if the data is exchanged and not available at the member level, then it's not usable in the clinical environment, and that's really the key.

Alix Goss





So, are there edits we need to make?

Sheryl Turney

I'm asking if we need to be more specific in this recommendation because it doesn't really say how we're looking for this to change, other than to create administrative standards, and I guess that's what I'm asking. Is that clear enough to everyone else?

Jocelyn Keegan

Yeah, I agree with Sheryl. It's almost reading more like an ideal state than it is a recommendation.

Sheryl Turney

Yeah, I think it just needs to be more specific. What we're really talking about is recommending some sort of standard within every EMR system so administrative data can be integrated at the member level. That's what we're asking for.

Arien Malec

My apologies, since I wrote this – or, at least, a part of this – I'm a little lost as to where we are right now. What's the specific objection? So, there's the first paragraph, which – where the – so, there's a first paragraph, which is preamble, and maybe it should go up into the heading section. The first recommendation was related to some uncertainty that this task force had about whether ePA and other administrative workflows are part of the designated record set, and so, a recommendation that that ONC work with OCR to clarify the status of administrative workflows under HIPAA and the DRS, and then, the second portion of this recommendation is the recommendation that every administrative standard that's developed is developed from the perspective of the patient as a primary actor, and I think it is a recommendation.

It's not a specific recommendation of "Implement this thing this way," it's a recommendation that in any government-funded work or government-coordinated work that the patient as an actor be included as a first-class citizen relative to requirements. It potentially would also be a recommendation that ONC work with CMS to make sure that any standard chosen by the secretary includes the patient as a first-class actor.

Sheryl Turney

So, I actually saw this, Arien – maybe it was my interpretation – as three things. The first is the OCR thing, the second is the workhorse, which is where I thought there needed to be some clarity, and I actually saw a third part, which was more – and again, maybe it's not part of this, but more patient-centric capabilities within the whole process.

Arien Malec

Yes, I completely agree with all of that, and if that's not clear, then we should edit the language to make it clearer.

Sheryl Turney

Then, I think it needs to be at least three paragraphs, and each one focuses on each specific thing so it's not combined – the second two points –





Arien Malec

Totally fair.

Sheryl Turney

– and then, I keep using the word “transparency,” but as far as I can see, the third thing with “patient-centric” needs to be able to provide that ability for the patient to have that line of sight into what’s happening between administrative and clinical.

Arien Malec

Correct. So, if that’s the appropriate process, I’m more than happy to take a pass at editing or defer to somebody else to take a pass for editing, but I agree with the recommendation to have a tripartite recommendation.

Sheryl Turney

There are some hands up. Alexis?

Alexis Snyder

Before you get a little bit farther into saying you’re going to edit it, I was going to say that the first paragraph just seems more like a repeat of the ideal state versus a recommendation, and toward the end of that paragraph and the second paragraph come the recommendations that could be edited and rewritten, but my overarching question about that is that we already had all those straw man recommendations, so again – and, I think I’ve made this comment before – I’m just confused on all the rewrites or recommendations that we already went through numerous times as a group that we were trying to pull together and move from one document into this document, so perhaps when Arien goes to edit it, he should look back at some of the languages we already used so we don’t have to keep rewriting it and rediscussing it.

Alix Goss

I think there’s simply an overlapping dynamic. Sometimes, the ability to incorporate some of these changes is in the queue; it hasn’t been necessarily completed, but I like the idea of looking back at the section of guiding principles to avoid duplication of content.

Arien Malec

Yup, and relative to these recommendations, what I’m understanding is 1). We want to take the preamble and make sure that it’s not duplicative of their overall ideal state preamble because that up-front section is not really a recommendation, and 2). We want to change the actual recommendations to a tripartite structure to address all the components of the recommendations.

Sheryl Turney

Yeah. I think that will satisfy it for me, and then we can come back and review the final draft, but I think that will make it a little clearer what we’re exactly recommending.

Alix Goss





I hope I just captured the notes appropriately to give you the right trigger mechanism when you look at this, Arien. If not, please let me know. I'm not even sure I spelled "tripartite" right. Obviously not.

Arien Malec

So, you do want me to take a pass at this? I wanted to make sure we were clear on that.

Sheryl Turney

Yes.

Alix Goss

I would love that. Thank you. We're about two minutes away, Sheryl, just as a heads up for public comment, but I also saw Alexis put her hand back up.

Alexis Snyder

You might be scrolling to it in a second, so if it's down farther, I think you can check off the engagement comment because that's already been changed by somebody. And then, my other comment, as Arien goes – no, don't check that. That's what I was just going to mention. As he goes to do the rewrite, I wanted to make sure he had this and was able to take it into account because I don't think we're talking about individual frustration with the healthcare system. Again, we're talking about burdens and delays that prevent good outcomes – delays in care – rather than saying it's an individual frustration with the health system, which just pooh-poohs the whole thing.

Arien Malec

Yeah, I guess every patient is a voter.

Michael Wittie

There's a suggestion in the comment box below that to reword.

Alix Goss

This one from you, Michael? "Care delays and suboptimal outcomes" to replace that "individual frustration" statement?

Michael Wittie

Yes.

Alix Goss

Alexis, would you be okay with that?

Alexis Snyder

Yes. I think that was me.

Alix Goss

Okay. We're at 4:20. Do we want to go to public comment before we move on?

Sheryl Turney





Yeah, I think we should.

Public Comment (01:13:56)

Lauren Richie

Great. Operator, please open the 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 to remove your comment from the queue, and for participants using speaker equipment, it may be necessary to pick up your handset before pressing *. We'll pause for a brief moment.

Alix Goss

While we're waiting for public comments to come in, Sheryl, I wanted to let you know that it appears that some of our federal colleagues are also challenged with the Adobe update, and that's contributing to some of our members not being here today. I've gotten a separate text thread indicating that they've been trying, but they're blocked, and they weren't able to make the call, and we're seeking to get actively engaged, and I'll loop them in. They're going to pull down the document, and I offered to give them a couple contextual remarks about our comment boxes. It appears we have no public comments, correct, Lauren?

Lauren Richie

Just a quick check with the operator.

Operator

No comments at this time.

Sheryl Turney

So, while we're leaving this up for a minute, the next thing in the paper, Alix, was just a comment about the placement of the recommendations for "patient at the center" and creating a standardized member ID card, and it was –

Alix Goss

I'm sorry, do you want me to scroll down? Please guide me as to what you want me to be displaying because I had another comment between that and Recommendation 8.

Sheryl Turney

Oh, you did?

Alix Goss

Maybe this was already taken care of. There was a comment about the workhorse highlight that it looks like your cursor's near right now. I haven't read all the comments, so I'm not sure if this actually got addressed or not. Maybe Michael can clarify that. It looks like there was –

Sheryl Turney





It's going to be addressed when Arien rewrites it because it's part of what we just talked about him rewriting, so that's why I didn't call it out, because that was exactly what I was talking about.

Alix Goss

Thank you. I will move on now that you're here.

Sheryl Turney

Can we reshare the document now? Since we left up the public comment phone number, people should have been able to get it if they wanted to call in. I'll just say the next one is more editorial in nature. It's not really a comment. It was talking about how we structure the solutions.

Alix Goss

Yeah, it's a month old – six weeks old – so I'm going to accept that because it was my comment. Thank you.

Sheryl Turney

Okay. The next one was, again, spelling out acronyms, and again, that's for the editor. I'd leave that one in because if we get the editor, we want to make sure they do that.

Alix Goss

And also, we have that super glossary that we had from the annual report from HITAC that we might be able to leverage as well.

Sheryl Turney

Yeah. This was mine, and I'm thinking this one was already taken care of, but –

Alix Goss

You're on Recommendation 10?

Sheryl Turney

Yes, "Establish regularly the use of prior authorization tools."

Alexis Snyder

Can we scroll down?

Sheryl Turney

I had made a comment that I think we need to add more detail here related to "Prior authorization data requirements must be shared electronically, and the capability to deliver the data requirements must be enabled." So, if that's inherent to some other recommendation, then I'm fine with it, but we discussed this when we had the recommendation paper, and I thought this one was going to be rewritten for this, but I don't who was going to do it.

Michael Wittie





I rewrote some language [inaudible] [01:18:17] Guiding Principles Ideal State [inaudible] the same thing in terms of [inaudible] plans that we reviewed a minute ago. We can copy that down, or do you think that needs to go deeper? You accepted that change.

Alix Goss

This is Alix –

Sheryl Turney

I guess the thing that is missing is the rule sets being available electronically, and again, I believe it's implied, but we don't actually say that, so I'm just asking if we need to state that here because we say, "Actors to establish consistent processes and guidelines for prior authorization rule sets," and then we go on to say, "Such processes should simplify rules, remove rules that have been a burden, and review should take place less frequently than annually."

Arien Malec

That point is captured separately in the standards for ePA, and it defines that the standards should expose the content in ways that allow all the actors to know what to do.

Sheryl Turney

Okay, then I'm just going to accept this one because I just wanted to make sure it was somewhere. Where are we? Okay, I think we need to stop here. We only have one more if people are willing to go forward, I guess.

Alexis Snyder

I say let's do it if people have time.

Sheryl Turney

Yeah. I think we're going to have to stop here and pick up at the next meeting to finish the last two paragraphs. Alix, maybe we should move to next steps.

Next Steps (01:20:37)

Alix Goss

Sure. I believe I'm on the docket for that. If we could stop sharing and return to the slide deck, that'd be fabulous. So, as you can tell, we are working our way through the messy wordsmithing process of this initial compilation of our work since March. We will continue to advance reviews offline. We hope that everyone in the membership of the task force will be looking online at the comments and the documentation itself. That will then enable us to bring back discussion points as needed at subsequent meetings, but we would hope that next week, we really can start to pivot into the broader intersection discussion. Since we were not able to get through the recommendations today, I suspect that Sheryl and I will elect to start there with finishing up the recommendations and then launch into the broader intersection, and that would be on our September 8th call.

On September 9th, Sheryl and I will be presenting an update to HITAC, and the slide deck looks like it may not to have actually gone out to everyone, Sheryl, from an earlier comment in the chat box, so we'll make sure to circle back on that. We did review it last week on the call, and received no revisions that I'm





aware of, but we will send out the new final deck to everyone just to close the loop on that, and after we go to HITAC next Wednesday, September 9th, we are likely to have feedback from that interaction, and so, we would expect that we would be discussing that feedback, reconciling additional comments that may have come in on our report development, and continuing the discussion of the broader intersection opportunities and recommendations that we may want to advance into our final report.

Our goal will be to wrap up our work by the end of October. Members may have seen that we've sent out additional meeting invitations to fill the gap between now and the final report submission to HITAC, which we intend to happen at the end of October. I believe that may be the last slide. I would open it up for additional comments from you, Sheryl, or any comments from our attendees.

Sheryl Turney

No, I have no comment. Thanks, everybody, for your work. I know this is not an easy process, and I really appreciate you working with us as we deal with technology and multiple editors contributing to the same paper, so thank you.

Alix Goss

All right. Well, I think that's a wrap for today. Thank you, everybody –

Lauren Richie

Well, thanks everyone. We'll adjourn for today and meet again next week, and I'll remind you of the HITAC meeting on the 9th. Thanks again, everyone. Have a good day.

Arien Malec

Bye-bye.

Sheryl Turney

Thank you.

Adjourn (01:24:02)

