The Office of the National Coordinator for Health Information Technology

Meeting Notes

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

October 13, 2020, 3:00 p.m. – 4:30 p.m. ET

VIRTUAL

EXECUTIVE SUMMARY

Sheryl Turney and **Alix Goss,** co-chairs, welcomed members to the Intersection of Clinical and Administrative Data Task Force (ICAD TF) meeting. **Sheryl** reviewed the agenda for the current meeting and provided an overview of the previous meeting's activities. Then, **Alix** led a review of the complete draft of the report, and TF members examined and discussed all outstanding comments and material changes. The co-chairs briefly presented the report outline and framework for moving forward and discussed the TF's next steps. There were no public comments submitted by phone. There were several comments submitted via chat in Adobe Connect.

AGENDA

03:00 p.m.	Call to Order/Roll Call and Welcome
03:05 p.m.	Summary and Action Plan
03:10 p.m.	Draft Report: Review Incorporation of Task Force Feedback
04:00 p.m.	Path to Report Submission
04:20 p.m.	Public Comment
04:30 p.m.	Adjourn

CALL TO ORDER/ ROLL CALL AND WELCOME

Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the October 13, 2020, meeting of the ICAD to order at 3:01 p.m. ET.

ROLL CALL

Alix Goss, Imprado/NCVHS, Co-Chair
Sheryl Turney, Anthem, Inc., Co-Chair
Gus Geraci, Individual
Anil K. Jain, IBM Watson Health
Jim Jirjis, Clinical Services Group of Hospital Corporation of America (HCA)
Jocelyn Keegan, Point-of-Care Partners
Rich Landen, Individual/NCVHS
Arien Malec, Change Healthcare
Thomas Mason, Office of the National Coordinator for Health Information Technology
Jacki Monson, Sutter Health/NCVHS
Alexis Snyder, Individual/Patient Rep
Ram Sriram, National Institute of Standards and Technology
Andrew Truscott, Accenture
Denise Webb, Individual

MEMBERS NOT IN ATTENDANCE

Steven Brown, U.S. Department of Veterans Affairs
Mary Greene, Centers for Medicare & Medicaid Services
Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin
Alex Mugge, Centers for Medicare & Medicaid Services
Debra Strickland, Conduent/NCVHS
Sasha TerMaat, Epic

SUMMARY AND ACTION PLAN

Sheryl Turney and **Alix Goss,** co-chairs, welcomed members to the Intersection of Clinical and Administrative Data Task Force (ICAD TF) meeting. **Sheryl** briefly reviewed the current meeting agenda, which will include a continued synthesis of the broader intersection of clinical and administrative data, a review and discussion of comments made on the draft the report, and an overview of the report and path for moving forward. Then, **Sheryl** provided an overview of the previous meeting's activities, during which the TF wrapped up its discussion of the broader intersection of clinical and administrative data and reviewed the report outline and framework for moving ahead.

DRAFT REPORT: REVIEW INCORPORATION OF TASK FORCE FEEDBACK

Sheryl Turney explained that two additional recommendations were added to the report as a result of the TF's conversations at the previous meeting. Offline work continued on the report, and ICAD TF members added comments to the report text. **Sheryl** noted that a complete draft of the report was available for the TF to discuss.

Alix Goss led a review of the draft report, and TF members were asked to examine all outstanding comments. **Alix** displayed and described the draft report and highlighted the following areas for discussion:

Section I: Introduction

The ICAD TF reviewed the comments on the section in the Introduction titled "The Problem and Its Impacts":

Discussion:

- **Alix Goss** explained that **Gus Geraci** sent an email to co-chairs on October 12 requesting the following replacement sentence be added to the second paragraph of the section: "Prior authorization (PA), when done ethically and with good clinical rules, stops unnecessary care, reduces cost, and improves quality."
  - **Gus** thanked **Alix** for describing the proposed change.
  - **Sheryl Turney** noted her agreement with the suggestion and asked to retain it.
  - **Arien Malec** noted that, in the past, the ICAD TF has discussed ways in which PA (when streamlined and used properly) can be a useful process, so he supported the suggested change.
  - TF members voiced their agreement, and **Alix** accepted the change.

The ICAD TF reviewed a comment on the section in the Introduction titled "The Broad Context: Clinical and Administrative Data Integration Issues":

Discussion:

- **Alix Goss** noted that **Susan Kanaan**, the editor retained by ONC, suggested changing this section's subheading to "Issues and Opportunities in Integrating Clinical and Administrative Data" because she noted that the section talks about both issues and opportunities.
- No TF members objected to the change, and it was retained.

The ICAD TF reviewed a comment on the section in the Introduction titled "The ICAD Approach and Process":

Discussion:

- **Alix Goss** explained that **Susan Kanaan** noted that this is the first mention of standards in the section, which describes the TF's approach, and asked if the fact that the landscape analysis focused on relevant standards warrants a few words in the previous paragraph and/or in an earlier section. **Alix** noted that she agreed with the comment.
- TF members noted in the chat via Adobe that they agreed with the suggestion.

Section II: Analysis of the Current Prior Authorization Landscape

The ICAD TF reviewed comments and suggestions on this section of the draft document:

Discussion:

- **Alix Goss** summarized **Susan Kanaan's** comment that this list of topics following the first paragraph of the section does not accurately represent the topics covered in the landscape analysis. The guiding principles, ideal state, and recommendations are covered in the next large section of the report; however, this section concerns the landscape analysis. **Susan** suggested deleting the highlighted content and ending the introductory section with the previous sentence ("The results of ... promote prior authorization.").
  - **Jocelyn Keegan** suggested moving the sentences to the previous section instead of deleting to set the stage for the reader within the document.
  - **Sheryl Turney** noted her agreement and explained that the text's position within the document might have changed during "cleaning-up" work on the document.
  - **Alix** noted the suggested change.
- **Alix Goss** summarized **Susan Kanaan's** comment that the last sentence under the "Roles and Stakeholders" section should be clarified by straightening out the punctuation (dashes, parentheses, and brackets) and adding a verb or two. Also, she suggested breaking the text into two sentences, with the first ending after "service type." **Alix** explained that the text described a table within the document.
  - **Jim Jirjis** noted his agreement that the section is difficult to read and that it should be refined to keep the meaning but make it more consumable.

Section III: ICAD Findings and Recommendations

The ICAD TF reviewed the comments and suggestions made within this section:

Discussion:

- **Alix Goss** summarized **Susan Kanaan's** comment, where she inquired if, in the first paragraphs of the section, "use cases" are synonymous with "situations," or are they examples? She asked whether "i.e." or "e.g." is correct here.
  - **Sheryl Turney** commented that use case is not an example of a situation and suggested that "use cases" should be defined in the appendix.
  - **Alix** suggested deleting the term.
  - **Jocelyn Keegan** suggested using "scenarios" instead of "situations" and noted that private development circles within the Fast Healthcare Interoperability Resources (FHIR) community are using "scenarios"/"exemplars" as a subset of particular use cases.
  - **Sheryl** commented that she liked the term "scenarios."
  - **Alix** noted that the direction from the chat box is to use "scenarios" and to delete the parentheses.

The ICAD TF reviewed the comments and suggestions made within the Guiding Principles section:

Discussion:

- **Alix Goss** noted that the suggestion under the "Measurable and Meaningful" GP was submitted by **Jocelyn Keegan**, who noted that, given prior research, the ICAD TF must be cautious about what it demands within the third subpoint under the second point. It is critical to capture avoided and abandoned PA if these metrics are done.
  - **Jocelyn** discussed her experiences with "soft denials" of electronic PA (ePA) and standardization within pharmacy PAs. She emphasized the ability to create transparency and discussed situations in which the provider and patient choose a path that requires no authorization, or the payer/provider opt-out of PA requirements with contracting practices. She noted that only capturing actual process PAs misses any abandoned PAs, which biases the metrics and skew numbers presented toward the negative. She suggested that inquiries must be included and noted that with the final course of therapy under analysis, the selection bias will occur statistically.
  - **Alix** asked for clarity around a specific modification, as satisfaction can be assessed in many ways.
  - **Jocelyn** discussed how the wrong thing could be measured and discussed how to capture the patient's PA process versus avoiding the PA.
  - **Alix** suggested adding "assess outcomes, process satisfaction…" to the text.
  - **Rich Landen** discussed tracking and analyzing metrics, which is a different process from using surveys, and noted that the last phrase, "impacts of the ideal-state," was confusing.
  - **Alexis Snyder** suggested adding "measuring experience and outcomes" (rather than satisfaction) to the text.
  - **Alix** noted **Alexis's** comment and captured the idea that surveys are qualitative, not quantitative, so measurements should be captured differently than the numerical targets mentioned in prior bullets.
  - **Anil Jain** commented on the unintended consequences that **Jocelyn** discussed previously and suggested that surveys could help capture the industry's experiences.
  - **Alix** also noted that the ideal state ending can be eliminated and explained that she and **Sheryl** would work with the editor to clean up the section during offline work.
  - **Jocelyn** noted that her comment about "unintended consequences" was related to the percentage goals and targets section. **Sheryl** asked if the TF could look at that section again.
  - **Andy Truscott** suggested that someone look at the phrasing of the first comment. **Alix** responded that the TF would discuss rephrasing/wordsmithing at the end of the call in the interest of time.
- **Alix Goss** noted that **Susan Kanaan,** the editor, revised the heading of the "Burden Reduction for All Stakeholders at Transaction Points" to eliminate the verb to make the GP consistent with the others. She asked if the GP should say "at ALL transaction points."
  - **Alexis Snyder** commented that she did not like the term "transaction points" and suggested that it might be confusing for a reader. She suggested wording like "throughout the trajectory/process."
  - **Sheryl Turney** suggested the phrase "burden reduction across the clinical and administrative ecosystem."
  - Several suggestions were submitted in the chat via Adobe, and **Alix** captured them in the document, noting that further wordsmithing would take place offline, considering suggestions including:
    - in workflow
    - across transactions
    - across entire process

        - across each step in the workflow
        - transaction burden reduction for stakeholders
        - across friction points
        - throughout entire process
    - **Michael Wittie** noted that he added the phrase "transaction points" to reference the larger intersection of clinical and administrative data.
- **Alix Goss** discussed rewording the second point under the Ideal State for the "Burden Reduction" Guiding Principle.
    - **Alexis Snyder** noted a typo in the bullet and suggested some alternatives, including "reducing or eliminating demand on the patient/caregiver to be the driving force to push the PA process forward."
    - **Andy Truscott** suggested that the bullet should be rewritten from scratch.
    - **Jocelyn Keegan** noted her agreement with **Sheryl Turney's** comment in the chat that the point should be stated positively, not the negative. Jocelyn suggested the wording around using automation or reducing/eliminating the PA process so that the patient does not have to drive the process.
    - **Anil Jain** noted his agreement with **Alexis's** and **Jocelyn's** points and suggested that the TF emphasize its goal to make the process more patient-centric and focus on reducing the burden on the patient/caregiver.
    - **Alexis** noted that she commented in the chat box via Adobe that there was useful and correct language for this section within the document's Conclusion section.

The ICAD TF reviewed the comments and suggestions made within the Recommendations section:

Discussion:

- **Alix Goss** invited ICAD TF members to discuss the new sentence in the second paragraph under Recommendation 1: Prioritize Administrative Efficiency in Relevant Federal Programs. **Alix** noted that it was added due to **Rich Landen's** suggestion, and he explained that it was a purple text line item that was not reviewed during previous meetings.
    - The suggestion was marked as accepted within the document.
- **Alix Goss** summarized **Sheryl Turney's** suggestion to add the following point to Recommendation 7: Develop Patient-centered Workflows and Standards:
    - "Patients should have the ability to receive paperwork from their providers to support the patient care journey, for example, surgery preparation documents, discharge summaries, operating notes, etc."
    - **Anil Jain** asked for clarification of the point and suggested that the production of business summaries for meaningful use purposes was already required.
    - **Sheryl** responded that this item came from discussions she held with patients with chronic illnesses who are coordinating care between multiple care providers. She explained that these patients told her that the paperwork for this process is not digital, and many items are not included in the electronic medical record (EMR).
    - **Anil** noted that he agreed with the TF members who commented in the chat that there are other mechanisms outside of the PA process where this same suggestion would be helpful. He suggested expanding the types of documents covered under the patient's preferred route of communication.

- **Alexis Snyder** suggested that this sounds like a broader issue that would be a better fit for an open notes task force and noted that the ability to request them electronically already exists. She suggested that there is still a transparency issue.
- **Sheryl** responded that multiple groups of patients have raised this issue, and Alexis responded that the process depends on the health care system. A patient's records, which have been entered into an EMR, must be made available by law, and she suggested that patients not knowing how to access this information might be the greater issue. She explained that the burden should not be on the patient to push requests forward, so transparency is the issue.
- **Alix** suggested that clean-up work needs to be done.
- **Jocelyn Keegan** responded that there is greater clarity and portability around clinical data for patients on the provider and payer sides. However, she noted that patients and caregivers have unique viewpoints on the process, which gives them the ability to highlight pain points.
- **Anil** stated that, in an ideal world, all documents would be available to stakeholders but noted that there are problems with the documents, which are provided in "medical speak." He noted that the asymmetry should be addressed by adding a medical literacy component to the documents: patients/caregivers should be provided with documents/notes that they can comprehend.

- Under Recommendation 9: Name an Attachment Standard, **Alix Goss** noted that the ICAD TF should discuss the standard listed, as the suggested version aligns with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) X12 version of the standard, which is in play today. However, she stated that the version 275 5010 of the electronic data interchange (EDI) standard does not track with the NCVHS's or industry's recommendations, which have focused on version 275 6020 of the standard and the use of newer technology solutions and related standards (FHIR, Da Vinci). She noted that TF discussions and presentations have included suggestions to advance other/different attachment standards and asked TF members to comment on whether they can provide any additional clarity and would recommend a specific attachment standard.
  - **Rich Landen** noted that the TF had good reasons for their suggestions, as version 5010 is the install base, but he noted that **Alix** raised a good point about NCVHS's recommendation of the 6020 version. He suggested that the TF stay generic in its recommendations to adopt an attachment standard, or, noting that the process takes four years, he suggested that the TF could suggest adopting whatever version is most appropriate at the point in time at which the adoption is made final.
  - **Alix** noted that several TF members were sharing feedback in the chat via Adobe and asked if they could verbally contribute to the discussion.
  - **Andy Truscott** suggested that the TF should recommend FHIR-based resources to act in parallel to the X12s and that moving to modern standards should be the goal. He recommended using FHIR as the goal, which can work with and build on EDI investments.
  - **Jocelyn Keegan** discussed how the Da Vinci Project is mapping between the two attachment standards and suggested that the 278 could be used as a container for the structured data using FHIR. She noted her agreement with **Andy** and **Arien** and explained work has been done to make data available to be used in real-time workflows.

- **Arien Malec** noted in the chat via Adobe that he agreed with the concept of "adopt a standard" and align to the future direction. He clarified that "align to the future direction" means "align to the harmonized clinical and administrative standard the TF recommends," which would be FHIR. The default should be to choose the standard that is as fast as possible and then align with FHIR, and if FHIR is the fastest, that is good; however, if version 5010 is fastest, the TF should recommend that the industry do that and then align later.
- **Andy** stated that his opinion differed from **Arien's** and suggested that the TF should promote FHIR as a goal. **Andy** and **Alix** discussed the specific phrasing of the topic.
- **Jocelyn** discussed **Andy's** points and suggested that the TF recommend using FHIR, where possible, but appreciate the investment and impact of 278. She stated that FHIR can act as a bridge, and there should be a minimum baseline attachment capability adopted for the industry. She discussed the need for clinical data to be exchanged and described how EDI currently works in the real world.
- **Alix** asked if the TF should respect work put into this field in the past and questioned if this conversation is really about whether this is an "and" or "or" situation when it comes to the attachment standards. She asked if the TF should allow the industry to weigh in via a rulemaking process.
- **Andy** suggested that the TF was getting overly prescriptive and should support the concept of information being supported by EDI standards, as augmented, and FHIR.
- **Jocelyn** suggested that the TF's recommendation should be that clinical needs to flow and should not recommend one transaction standard over the other. Rather, the TF should acknowledge investments in existing technology and the promise of using automation to reduce burden. She suggested that the clinical data should be made portable, and this process goes beyond the attachment standard.
- **Alix** emphasized the importance of the attachment discussion and explained that the concept and use of the attachment has evolved. She summarized some of the viewpoints that TF members shared and discussed how the TF could come to a consensus on how to address the need for the adoption of a minimum baseline for whatever attachment capability supports automation in order to best exchange clinical data. **Alix** called for a proposal from the TF on how to address the text in this section.
- **Jocelyn** noted her support for **Andy's** comments in the chat box and noted that the TF is set on the concept of an attachment but should look beyond, to focus on the missing clinical data.
- **Andy** suggested that the TF discuss information and information exchange and noted that an example of this would be the inclusion of an attachment in EDI.
- **Anil** noted that the TF's language was initially meant to be used in a minimal way and suggested that the TF could choose not to identify a specific attachment standard, noting that another group could choose the standard.
- **Alix** thanked the TF members for their robust feedback on the topic, noting her surprise that many of these comments were not shared earlier, and explained that the TF would continue work on crafting this section. She noted that further discussion of the topic would continue later due to time constraints.

- **Alix Goss** explained that **Jocelyn Keegan** noted a comment under Recommendation 11: Establish Standards for Prior Authorization Workflows, in which she suggested that the last sentence of the section should emphasize that more support for electronic appeals should be required. Alix noted that this was a completely new topic, and further discussion on this would occur later due to time constraints.
- **Alix Goss** explained that Recommendation 14: Establish Patient Authentication and Authorization to Support Consent, came from the ICAD TF's previous discussions and asked if all TF members supported the concept and text.
  - **Rich Landen** commented in the chat via Adobe that someone should ensure that this section is tied to the Future State section.
  - **Sheryl Turney** responded to **Rich's** comment that this work was completed.
- **Alix Goss** explained that Recommendation 15: Establish Test Data Capability to Support Interoperability, had a revised heading and new bullets added since the ICAD TF's previous meeting and asked TF members to review the contents of the section.
  - No TF members shared comments.

Alix Goss noted that the ICAD TF completed its review of all outstanding comments on the draft report document and invited TF members to discuss the sections highlighted during the TF's current meeting as needing further wordsmithing/review.

Discussion:

- **Alix Goss** invited ICAD TF members to discuss comments made by the editor on Ideal State characteristic bullet points 4 and 5 under the TF's Guiding Principle of Realtime Data Capture and Workflow Automation. She reviewed the two bullet points and asked the TF to submit input on potentially missing/unclear text.
  - **Denise Webb** suggested replacing "utilized" with "used" and insert the verb "auto-generate" under bullet 4.
  - **Alix** suggested that the example listed under bullet five could be separated into two examples and asked TF members to suggest clarification methods.
  - **Sheryl Turney** commented that point of the comment that **Alexis Snyder** originally submitted was that the patient should understand how the coordination of their benefits works before they receive care, not after. **Sheryl** discussed ways in which coordination between multiple policies could confuse patients.

Lauren Richie opened the meeting for public comment.

PUBLIC COMMENT

There were no public comments via the phone.

Questions and Comments Received via Adobe Connect

Alexis Snyder: Well worded-that change would be nice

Alix Goss: TY

Rich Landen: I'm good with the change.

Jocelyn Keegan: HI. Jocelyn is here tardy :)

Lauren Richie: hi Jocelyn

Gus Geraci, MD: Go, Alix!

Gus Geraci, MD: Go, Alix!

Jim Jirjis 2: Jirjis on

Jocelyn Keegan: I think that makes senses.

Rich Landen: Good catch.

Andy Truscott: No concern

Jocelyn Keegan: I tihnk *[sic]* it would be good to share that we evaluated current state of adoption and maturity and emerging standards.

Arien Malec: I am having phone issues...

Alexis Snyder: Makes sense

Jim Jirjis 2: agree

Gus Geraci, MD: Agree

Rich Landen: OK.

Jocelyn Keegan: Not that as humans we ever presuppose what's coming later ;)

Rich Landen: Go with editor's recommendation.

Alexis Snyder: no concern

Jocelyn Keegan: makes sense, maybe make it bullets of two types of examples by plan design and second part by service type.

Jocelyn Keegan: we use the phrase scenarios and exemplars synonously *[sic]* and are a subset of use cases.

Sheryl Turney: I like scenarios

Denise Webb: Agree, I was going to suggest scenarios too:-)

Rich Landen: I agree with 'scenarios' or 'situations' and deleting the parens. *[sic]*

Alexis Snyder: scenerios *[sic]* makes sense

Gus Geraci, MD: agree

Rich Landen: Juicy? Can't wait.

Jocelyn Keegan: lol. channeling my recovering product management inner soul here ;)

Alix Goss: juicy as in the version of Attachments we should propose:)

Alexis Snyder: measuring experience as it relates to outcomes

Jocelyn Keegan: I'm thinking holistically, i don't think my google docs skills were good enough to target the entire section.

Jocelyn Keegan: agree with rich

Gus Geraci, MD: I think it's an excellent point, but I think rewording the prior paragraph, not the survey paragraph is better.

Jocelyn Keegan: Did patient get service/success/adherence that is desired

Jocelyn Keegan: yes, gus that is the place i was targeting.

Jocelyn Keegan: did we reduce burden and overhead for all stakeholders. . .

Andy Truscott: If we have time - could we quickly look at the first commont *[sic]* again? (sorry, just the phrasing not the sentiment)

Rich Landen: Either way.

Gus Geraci, MD: Not sure "All" adds anything.

Andy Truscott: maybe "across transactions" ?

Jocelyn Keegan: do we need to say "in workflow"

Jocelyn Keegan: "Across Entire Process"

Andy Truscott: ^^^ agree with Gus

Arien Malec: across each step in the workflow.

Andy Truscott: "Transaction burden reduction for stakeholders" ?

Alexis Snyder: throughout the entire process

Jocelyn Keegan: Across Friction Points

Andy Truscott: (Us wordsmiths did actually ready the document too!)

Andy Truscott: *read

Alexis Snyder: adminstrative *[sic]* ecosystem feels lke *[sic]* it leaves out patients

Jocelyn Keegan: to reduce, remove or automate the PA process forward...

Sheryl Turney: We need to state it in the positive instead of the negative

Andy Truscott: Agree with Sheryl. ... need to make it flow from the precedining *[sic]* introductory sentence too

Rich Landen: The Obligations of PA must fall on the professional actors, i.e., health plan and providers. Not on patients and their surrogates.

Andy Truscott: Maybe: "Ensure that PA takes place without an onus being placed upon the patient/caregiver." ??

Alexis Snyder: Alix: We wrote a piece of this into the fonclusion, *[sic]* could use that wording

Alexis Snyder: *conclusion

Jocelyn Keegan: i like that idea

Jocelyn Keegan: state, restate

Rich Landen: This was one of the "purple" line items that we had not included in the first drafts. FYI.

Jocelyn Keegan: Nice Rich!

Alexis Snyder: Seems like its *[sic]* more about transparency section. Its *[sic]* can be delivered electronically today

Alexis Snyder: This seesm *[sic]* like an open notes task force not PA

Rich Landen: We need to take a final look at what we said a couple comments ago that patients should not be burdened with or bear the brunt of getting PA done; on the other hande *[sic]* here we are clearly saying patients must have the ability to engage if they choose to do so. I don't see a conflict in our drafting, but we should be sure someone takes a final look at both sections.

Jocelyn Keegan: Agree with Rich. Its *[sic]* clear that patients have a role and should have transparency to process and be able to provide input/impact data being shared.

Alexis Snyder: yes to Jocelyn adn *[sic]* we have that in the transparency piece
Sheryl Turney: i think the issue is that in most cases patients are being told that these documents are not part of their EMR systems and are only available *[sic]* outside of same

Jocelyn Keegan: Anil's point is important big picture. we're dealing with this on Patient Cost Transparency. The data needs to be specific and human readable to ensure patient gets what they need and its *[sic]* understandable.

Sheryl Turney: at least for hte *[sic]* groups I have met with this was a broad concern

Arien Malec: 7030?

Arien Malec: Ideally, we should align to FHIR, but tbh *[sic]* the difference between 5010 & 6xxxx and 7xxxx is so minor...

Andy Truscott: Why wouldn't we recommend creation and adoption of appropriate FHIR resources to act in parallel to the X12s?

Arien Malec: agree with "adopt a standard" and align to the future direction.

Arien Malec: "and then align"

Jocelyn Keegan: i think it is important to say clinical data needs to be exchanged, not tie our ultimate workflows, attachment might be a payload for transport.

Jocelyn Keegan: i agree with arien and andy here.

Arien Malec: we should use whatever is fastest.

Arien Malec: and then align to FHIR.

Andy Truscott: FHIR ... what's the first letter of the acronym stand for? ;)

Jocelyn Keegan: haha.

Arien Malec: having phone issues.

Arien Malec: "align to the future direction" means "align to the harmonized clinical and admin standard we recommend" == FHIR.

Rich Landen: Yes. Need ability to support emerging standards like FHIR as well as protecting/extending the installed base of X12 EDI standards.

Arien Malec: To be clear, my default is as fast as possible and then align with FHIR, and if fast = FHIR great & if fast = 5010, do that and then align iw *[sic]*

Arien Malec: My goal is as fast as possible, but there's a ton of confusion currently relative to attachments standard adoption.

Arien Malec: So my hierarchy is therefore 1) Name an damn standard, 2) ideally FHIR 3) but if that's slower than 5010, do 5010

Arien Malec: But generally agree with name a standard.

Andy Truscott: But let implementors say how to leverage that standard (damned or otherwise)

Rich Landen: Note that an attachment standard adopted under HIPAA would cover many types of attachments. Think claims attachments. Not just PA or clinical. So FHIR alone would not serve as a national attachment standard.

Andy Truscott: I was trying to pull away from discussing an "attachment" and to focus upon "information" however that would be conveyed

Jocelyn Keegan: I agree with andy. its about clinical data and supporting information, an attachment is a old concept *[sic]*

Arien Malec: y'all aren't living in the real world.

Jocelyn Keegan: haha. . .

Arien Malec: Just getting a standard way to attach information is a good thing.

Alexis Snyder: aren't we talking about an ideal world Arien? :)

Arien Malec: (BTW, FHIR has a document wrapper, so this isn't FHIR vs EDI)

Andy Truscott: Shhh.

Andy Truscott: That's a good point though!

Arien Malec: When we say name a damn standard, we are defining a point to ideal state, and stating that the lack of even a basic attachment stndard *[sic]* is an obstacle.

Jocelyn Keegan: i think the concept of payload of add'l information is critical. the way the document reads is "adopt the 275" now

Andy Truscott: ... and I'm making a note that Arien has just told me to get less academic and into the real world.

Andy Truscott: Agree with Arien.

Arien Malec: Yes, I agree with name a standard.

Rich Landen: One way I look at this is how can we wean people away from fax and phone for PA 'further information'? An attachment standard is simply a way to move data/information electronically.

Sheryl Turney: I don't think digital appeals is anew topic. We describe that as part of our ideal state

Jocelyn Keegan: for what its *[sic]* worth, appeal is pain point in existing pharmacy ePA adoption :)

Andy Truscott: Yes - why are we moving through appeals?

Rich Landen: Assuming we've tied this in the Future State section, I'm fine with adding Rec 14.

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

Jocelyn Keegan: Arien, would love to talk more offline, I've spent the last 6 years trying to wean people off attachments and to actually share fielded data vs. user entered text on the ePA side of the world :) as TG lead, ePA consultant and implementer :)

Rich Landen: add an "s" onto auto-generate
Michael Wittie (ONC): Thank you Denise! "Use" :-)

Alexis Snyder: missing will or auto generates

Rich Landen: Maybe add a new introductory sentence: 'Patient has full visibility into coverage requirements and benefits across all of the patients;s *[sic]* coverage plans'

Alexis Snyder: sure to Alix. Its not about visibility, its about actual coordination *[sic]*

Alix Goss: thank you.

Rich Landen: Deter?

Andy Truscott: Deter ... that's a good one.

Jocelyn Keegan: Agreed. Hats off to Sheryl and Alix and team!

Jocelyn Keegan: Thanks!

Gus Geraci, MD: Thanks, all!

Rich Landen: Bye

Following the public comment period, the discussion by ICAD TF members continued.

Discussion:

- **Alexis Snyder** noted that she did not comment on this particular section but stated that the section she did edit during offline work referred to ensuring alignment between plans in the coordination of benefits, not patient education.
  - **Alix Goss** noted that **Rich Landen** suggested (via the chat in Adobe) that the following sentence should be added: "The patient has full visibility into coverage requirements and benefits across all of the patient's coverage plans."
  - **Alix** told **Alexis** that she would be contacted should the bullet points require further clarification from her.
- **Andy Truscott** suggested that the TF discuss ways to fix the grammar in the second paragraph of the Introduction section. He suggested that the word "stop" could be replaced with "inhibit," "delay," or "prevent."
  - **Gus Geraci** noted that he sent an email during offline work requesting that the TF update this section, so the sentence, as it appeared in the document, reflected his suggestions.
  - **Andy** requested that the TF continue to wordsmith the suggestion that **Gus** submitted.
  - Various TF members, including **Sheryl Turney, Gus, Andy,** and others, discussed the various wording options, and members suggested "prevents unnecessary care" and "reduces unnecessary care."
  - **Alix Goss** updated the text and noted that the TF could discuss other wordsmithing opportunities during a future meeting.

PATH TO REPORT SUBMISSION

Alix Goss provided an overview of the report timeline, noting that many of the ICAD TF's tasks have been completed. She discussed the TF's timeline for the other activities that have yet to be completed, which included:

- HITAC Delivery Target – Close of business, October 14
- Maturing draft report, executive summary, appendices, etc. – October 20 ICAD meeting
- HITAC Meeting – October 21
- Discuss HITAC feedback from October 21 meeting, identify report revisions and assignments, and advance plans for final report submission – October 27 ICAD meeting

Alix noted that the co-chairs would continue to work with the document editor to update the report and prepare it for submission to the HITAC. **Sheryl Turney** thanked TF members for their contributions.

ADJOURN

Sheryl Turney and **Alix Goss** noted that they were looking forward to releasing the complete report and thanked everyone for their participation. **Lauren Richie** reminded members that the next meeting of the ICAD TF was scheduled for 3:00 p.m. ET on October 20, 2020. Final editorial changes and comments will be reviewed at that meeting.

The meeting was adjourned at 4:30 p.m. ET.