The Office of the National Coordinator for
Health Information Technology

Meeting Notes

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

October 20, 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. **Alix** reviewed the agenda for the current meeting and provided an overview of the previous meeting's activities. **Sheryl** provided an overview of the slide deck created to support the ICAD TF co-chairs' presentation to the HITAC at its October 21, 2020, meeting, and TF members examined and discussed the slides. **Alix** briefly presented the slide deck summarizing the TF's work that the co-chairs would present at WEDI's upcoming meeting. Then, **Alix** discussed the TF's framework for moving forward and the next steps. There were no public comments submitted by phone. There were several comments submitted via chat in Adobe Connect.

AGENDA

03:00 p.m.	Call to Order/Roll Call and Welcome
03:05 p.m.	Summary and Action Plan
03:10 p.m.	Final Review of Draft Report
04:05 p.m.	HITAC Deck Review
04:20 p.m.	Public Comment
04:25 p.m.	Next Steps
04:30 p.m.	Adjourn

CALL TO ORDER/ ROLL CALL AND WELCOME

Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the October 20, 2020, meeting of the ICAD to order at 3:02 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
Thomas Mason, Office of the National Coordinator for Health Information Technology
Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin
Alex Mugge, Centers for Medicare & Medicaid Services
Alexis Snyder, Individual/Patient Rep
Ram Sriram, National Institute of Standards and Technology
Debra Strickland, Conduent/NCVHS
Sasha TerMaat, Epic
Denise Webb, Individual

MEMBERS NOT IN ATTENDANCE

Steven Brown, U.S. Department of Veterans Affairs
Mary Greene, Centers for Medicare & Medicaid Services
Arien Malec, Change Healthcare
Jacki Monson, Sutter Health/NCVHS
Andrew Truscott, Accenture

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. **Alix** briefly reviewed the current meeting agenda, including a final review of the draft report, a preview of the slide deck for the presentation to the HITAC, and an overview of the path for moving forward and the next steps. Then, **Alix** provided an overview of the previous meeting's activities, during which TF members reviewed and discussed the draft report content in detail and provided comments and edits during a hands-on editing session. Also, the TF reviewed the process necessary to complete the report, deliver it to the HITAC, and finalize it by incorporating HITAC feedback.

FINAL REVIEW OF DRAFT REPORT

Alix Goss presented the draft report and recommendations, which were submitted on October 15, 2020, to the full HITAC by the ICAD TF, and noted that one piece of feedback was received from ONC. **Alix** explained that the Draft Report is available for public comment opportunities at
https://www.healthit.gov/hitac/events/health-it-advisory-committee-24

Alix encouraged stakeholders to provide verbal comments during the Public Comment period held during every ICAD TF meeting call and all HITAC meetings. Then, she provided an overview of the draft report, and TF members were asked to examine all areas of the report and share feedback. **Alix** displayed and described the organizational sections of the draft report and highlighted several areas for discussion.

Discussion:

- **Alix Goss** explained that the co-chairs would continue to add information to the Foreword section. She thanked industry partners and ONC staff for their contributions to the appendices materials and compendium of landscape artifacts.
  - o **Sheryl Turney** noted that the Foreword's draft version would be added to the report following the October HITAC meeting.
  - o **Alix** noted that additional clean-up work needs to be done on the document and thanked ONC staff and **Susan Kanaan**, the document editor, for their work on the draft.
- **Michael Wittie** described the comment added by ONC on Recommendation 2: Establish a Government-wide Common Standards Advancement Process, which included a reference to ONC authorities that should be deleted because it is not needed. He explained that the HITAC makes recommendations it deems appropriate, and HHS relies on the HHS Office of the General Counsel to determine the best authorities.
  - o **Alix Goss** noted that the ICAD TF's recommendation would describe the TF's intent to establish a government-wide common standards process but would not prescribe a way to achieve this.
  - o **Rich Landen** asked to have more time to think about ONC's comment and noted that the specificity of the authority could be removed while still leaving the existing intent of the sentence in place (that no new authorities are needed).
  - o **Alix** summarized the previous discussions the TF held on the topic, and she and **Rich** discussed removing the specific reference to the authorities while leaving the rest of the sentence.
  - o **Michael** responded that, though he is not a lawyer, he would recommend that the TF remove the mention of the statute.
  - o **Rich** responded that he understood the reasoning behind **Michael's** suggestion but asked that the recommendation be reworded for clarity.
  - o **Alix** noted the TF's suggestions within the draft document.

HITAC DECK REVIEW

Sheryl Turney provided an overview of the slide deck created to support the ICAD TF co-chairs' presentation to the HITAC at its October 21, 2020, meeting. She noted that the presentation would cover the following areas and gave a summary of each item:

- Task Force Charge
- Task Force Members
- ICAD Draft Report Outline
- Ideal State, Guiding Principles, and Recommendations – Focus on Updates
- Review Draft Recommendation – Focus on Updates
- Questions and Feedback
- Next Steps: Final Report Submission

Sheryl Turney described each slide as she displayed them via the Adobe meeting software. She thanked ICAD TF members for their work, especially due to the challenging circumstances of the COVID-19 pandemic, and she invited them to provide comments and feedback at any point in her presentation.

Then, **Sheryl** informed ICAD TF members that a new Guiding Principle for achieving the Ideal State, "Reduce Burden on All Stakeholders," was added. She explained that this Guiding Principle was added as a result of the TF's discussions on the broader intersection of clinical and administrative data and described the Guiding Principle, which stated:

- A converged ecosystem should enable all stakeholders across the continuum -- including patients and caregivers, primary and specialty care, public health, vital records, research, payors, and policymakers -- to have the information they need, without creating additional data capture or burdens on providers and patients, by supporting seamless exchange across the continuum of care. This has great potential to reduce burden by furthering the implementation of "record once and reuse." To support the principle of burden reduction for all stakeholders, the Ideal State must include the following characteristics:
  - o Clinical decision support (CDS) processes provide the right level of evidence-based and patient-centric guidance during the care process. CDS tools such as digitally accessible practice guidelines and patient decision aids, when integrated with administrative processes and implemented appropriately, improve the efficiency of or reduce the need for PA.
  - o Patients and caregivers are able to focus on their well-being, rather than having to problem-solve administrative process complexities.

Sheryl shared a list of the ICAD TF's Recommendations for the HITAC and explained that material changes and updates to the wording of some of the overarching Recommendations have been noted within the presentation slides and will be highlighted during the presentation the TF co-chairs will give to the HITAC. **Sheryl** briefly described the new and updated Recommendations from the list, which included:

- Recommendation 1: Prioritize Administrative Efficiency in Relevant Federal Programs
- Recommendation 2: Establish a Government-wide Common Standards Advancement Process – New Material Changes (see text below)
  - o "The Task Force recommends that ONC, working in concert with CMS and other relevant Federal Agencies (including, but not limited to, Department of Defense and Tricare, Department of Veterans Affairs, and the Office of Personnel Management/Federal Employee Health Benefits Program) establish a single consistent process for standards advancement for relevant standards for health care interoperability, including transactions, code sets, terminologies/vocabularies, privacy and security used for conducting the business of health care, irrespective of whether that business is clinical or

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administrative. The existing authority granted to the Secretary under HIPAA (42 U.S. Code § 1320d) for evolution of standards should be sufficient to create an appropriate process that is responsive, reliably predictable, and imposes minimal burden relative to benefit received. The Task Force recommends that the standards advancement process incorporate multiple rounds of development testing and production pilot use prior to adoption as national standards."

- Recommendation 3: Converge Health Care Standards
- Recommendation 4: Provide a Clear Roadmap and Timeline for Harmonized Standards
- Recommendation 5: Harmonize Code and Value Sets
- Recommendation 6: Make Standards (Code Sets, Content, Services) Open to Implement Without Licensing Costs
- Recommendation 7: Develop Patient-centered Workflows and Standards – New Material Changes (see text below)
  - "The ICAD Task Force discussed the critical importance of patient access and the engagement of the patient into key administrative workflows. These workflows define access to and reimbursement for care, and delays in these workflows are a key source of care delays and suboptimal outcomes within the health care system. Accordingly, "Patient at the Center" must be a system-design philosophy and built in from the ground up. The patient and caregivers must be at the center of administrative workflows, and standards must be developed that engage the patient as a key actor. The Task Force believes such "administrative" information is part of the Designated Record Set (DRS) (as it is patient-specific information used for decision-making). If there is uncertainty on the inclusion of administrative workflows in the DRS, the Task Force recommends ONC work with OCR to clarify the status of administrative workflows under the access provisions of HIPAA and ensure that patients have digital access to such data."
  - "The ICAD Task Force recommends that ONC work with other federal actors and standards development organizations to prioritize and develop administrative standards that are designed for patients' digital access and engagement. Even "workhorse" administrative standards like eligibility, claiming, and electronic EOB/remittance that are traditionally considered provider to-payer should allow access through the same API frameworks already supporting API access. Converged clinical and administrative workflows, including prior authorization, should be designed to support API access and patient engagement as a matter of course. As an example, benefits information provided to the provider via eligibility transactions should also be available to the patient via APIs; the content and status of claiming/remittance should be available to the patient not only at the end of the process through the current EOB API, but throughout the process of claiming and adjudication. As another example, the patient should have the ability to bi-directionally share health data (including patient generated data) with providers and other third parties from their applications of choice without special effort."
- Recommendation 8: Create Standardized Member ID
- Recommendation 9: Name an Attachment Standard – New Material Changes (see text below)
  - "The ICAD Task Force recommends that ONC work with CMS and other federal actors to establish a national approach to exchanging clinical data needed to support clinical information exchange, whether for care delivery or for administrative processes. Consistent with previous NCVHS recommendations and this report, an attachment standard must be evolved that reduces burden by harmonizing standards to ensure granularity of data to achieve automation."
- Recommendation 10: Establish Regular Review of Prior Authorization Rules
- Recommendation 11: Establish Standards for Prior Authorization Workflows
- Recommendation 12: Create Extension and Renewal Mechanism for Authorizations
- Recommendation 13: Include the Patient in Prior Authorization

- Recommendation 14: Establish Patient Authentication and Authorization to Support Consent – New Recommendation (see text below)
  - o "Create standards that will enable patients/caregivers to authorize sharing of their data with the tool of their choice to interface with their corresponding provider and payer systems."
  - o "HHS should establish a standard for 3rd party patient authentication that allows patients to access and bidirectionally share their data across the landscape (i.e., from all their providers, payors, and actors such as clearinghouses, HIEs, and Public Health), utilizing a consistent authentication and authorization token allowing them easier integration with their health data application."
- Recommendation 15: Establish Test Data Capability to Support Interoperability – New Recommendation (see text below)
  - o "HHS should lead development of a national approach to have test data beds to drive innovation and ensure real-world functionality and interoperability. To accomplish this, the following actions are needed:
    - ▪ Review the current administrative transactions and associated value/code sets to ensure USCDI supports data concepts and elements needed downstream to support clinical and administrative functions.
    - ▪ Establish (illustrative) information models, in stages, to align clinical and administrative data for secondary use in stages based on the highest societal priorities.
    - ▪ Establish a Minimum Data Set for transactions at the intersection of clinical and administrative data that adheres to "minimum necessary" requirements.
    - ▪ Advance an appropriately constrained implementation guide as a standard."

Sheryl noted that Recommendations 2, 7, and 9 had material changes made to them since they were previously presented to the HITAC, and Recommendations 14 and 15 were new. The new, rewritten text of each of these Recommendations was included within the meeting slides, and **Sheryl** displayed each of the Recommendations and asked TF members to submit comments/feedback.

Discussion:

- **Alix Goss** noted that the ICAD TF has decided not to call out a specific attachment standard within Recommendation 9 due to feedback received during the discussion held at the TF's previous meeting.
- **Alix Goss** suggested that the wording for Recommendations 14 and 15 should be updated to reflect the use of the wording "recommend" (instead of "should") to match the TF's previous Recommendations.
  - o **Rich Landen** noted in the chat via Adobe that the new Recommendation 14 looks fine.
- **Sheryl Turney** noted that, regarding Recommendation 15, getting accurate test data beds is a time-consuming and difficult process, so establishing this standard will allow for the advancement of faster testing within a real-life type of environment. She stated that when data is connected, it is easier to see how it will behave. She noted that there will be opportunities to resolve gaps and opportunities connected to updating implementation guides.
- **Rich Landen** noted that "minimum" was used in two places in Recommendation 15 and suggested updating the text for greater clarity.
  - o **Sheryl Turney** responded that the wording "minimum data set" could be changed to "a test bed for transactions." She discussed issues observed due to increased interoperability.

- o **Jocelyn Keegan** suggested using the wording referring to the data set or test bed as being "minimally viable."
- o **Alix Goss** discussed the wording's nuances and asked for additional feedback, and **Jocelyn** suggested "sufficiently viable" data set. **Alix** added the updated wording.

Alix Goss noted that several individuals and organizations have been requesting information about this report, so she predicted that the TF should receive a good amount of feedback on the report following the presentation to the HITAC.

WEDI REPORT

Alix Goss explained that she and **Sheryl Turney** would also present highlights of the ICAD TF's Recommendations to the HITAC to the Workgroup for Electronic Data Exchange (WEDI) and briefly previewed the slide deck for that presentation, which will be shared with TF members. **Alix** noted that an industry reaction session would be held following the presentation of the ICAD TF's report to WEDI.

Lauren Richie reminded all stakeholders to review the report and participate in either the ICAD TF's public comment periods during TF meetings or the upcoming HITAC meeting. She opened the meeting for public comment.

PUBLIC COMMENT

There were no public comments submitted via the phone.

Questions and Comments Received via Adobe Connect

Lauren Richie: Link to draft ICAD TF report that Alix just mentioned:

Lauren Richie: https://www.healthit.gov/hitac/events/health-it-advisory-committee-24

Denise Webb: Lauren, I am on and joined a few minutes late

Lauren Richie: ok

Alix Goss (Imprado): Well said Sheryl!

Rich Landen: Rec 14 looks fine.

Sheryl Turney: Thank you

Alexis Snyder: After public comment could we see Sheryl's slides for tomorrow again-once was skipped over and it would be helpful to see the text

Rich Landen: Kudos to our chairs!

Alexis Snyder: hear hear!

Alexis Snyder: to Alix's hopes...

Gus Geraci, MD: Thanks! Ditto!

Rebecca Hines: Congratulations!

Following the public comment period, the ICAD TF continued its discussion:

Discussion:

- In response to a request by **Alexis Snyder**, the co-chairs displayed their slide deck for the upcoming presentation to the HITAC and discussed the new Ideal State Guiding Principle.
  - o **Sheryl Turney** explained that she read the Guiding Principle "Reduce Burden on All Stakeholders" and supporting Ideal State characteristics on the record during her presentation but gave TF members another chance to review the text.
  - o **Alexis** thanked **Sheryl** for the opportunity to review the text and noted that it looked fine.
- **Sheryl Turney** noted that there is one slide within the WEDI deck that was not included in the HITAC deck, so **Alix Goss** displayed and discussed the WEDI deck, noting that, though it is on the WEDI template, it contained most of the same information as the HITAC deck.
  - o **Sheryl** and **Alix** noted several places where the WEDI deck would need to be updated to mirror the information within the HITAC deck.
  - o **Sheryl** suggested that the final slide of the WEDI deck, a summary of the TF's recommendations, should be copied and added to the HITAC deck.

- o **Alix** thanked **Alexis** for her help on the summary slide, and **Alexis** asked the co-chairs to compare the WEDI slide to the ICAD TF's "Conclusion" information and slide. She noted that it might not fit properly within the HITAC's presentation, so the co-chairs noted that they would examine the slides.
- o TF members did not submit any further feedback on the WEDI slide deck.

NEXT STEPS

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 Meeting – October 21
- Discuss Comments – October 27 ICAD TF meeting
- Finalize Report Based on Comments – By November 3
- Submit Final Report to HITAC – November 5
- Anticipated HOTAC Approval of Final Report – November 10 HITAC meeting

ADJOURN

Sheryl Turney and **Alix Goss** noted that they were looking forward to releasing the complete report and thanked all of the ICAD TF members, industry presenters, ONC staff, the document editor, and Accel Solutions staff for their work on the report and support and guidance during the process. They emphasized the importance of advancing the industry in a new direction and further down the path of merging administrative and clinical data. They noted the importance of working to improve the health care system for all patients.

Lauren Richie thanked everyone and reminded them that the presentation to the HITAC would be held the following day. The next meeting of the ICAD TF was scheduled for 3:00 p.m. ET on October 27, 2020.

The meeting was adjourned at 3:58 p.m. ET.