



The Office of the National Coordinator for  
Health Information Technology

# Meeting Notes

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

October 27, 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** briefly reviewed the current meeting agenda and provided an overview of the previous meeting's activities. **Alix** led a review and discussion of draft report feedback, and the TF updated the report document during the discussion. The co-chairs provided an overview of the next steps for the TF. There was one public comment 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. Discussion of Draft Report Feedback  
03:20 p.m. Updating the Report  
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 27, 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

Rich Landen, Individual/NCVHS

Arien Malec, Change Healthcare

Thomas Mason, Office of the National Coordinator for Health Information Technology

Jacki Monson, Sutter Health/NCVHS

Jim Jirjis, Clinical Services Group of Hospital Corporation of America (HCA)

Alex Mugge, Centers for Medicare & Medicaid Services

Alexis Snyder, Individual/Patient Rep

Ram D. Sriram, National Institute of Standards and Technology

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

Jocelyn Keegan, Point-of-Care Partners Arien Malec, Change Healthcare

Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin

Debra Strickland, Conduent/NCVHS

Andrew Truscott, Accenture





## SUMMARY AND ACTION PLAN

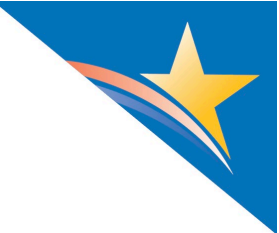
**Sheryl Turney** and **Alix Goss**, co-chairs, welcomed members to the Intersection of Clinical and Administrative Data Task Force (ICAD TF) meeting. **Sheryl** briefly reviewed the current meeting agenda, which will include a discussion of and updating the draft report. Then, she provided an overview of the previous meeting's activities, during which TF members reviewed and discussed the draft report and reviewed the finalized talking points and slide deck for the co-chairs' presentation to the HITAC. **Sheryl** reminded TF members that, in addition to the presentation made to the HITAC, the co-chairs also presented an update on the TF's work to WEDI. **Alix** shared that she also gave a 15-minute overview of the draft report at a recent HL7 event and a brief update at a Da Vinci Workgroup meeting.

## DISCUSSION OF DRAFT REPORT FEEDBACK

**Sheryl Turney** gave a summary of the feedback that the ICAD TF co-chairs received during the discussion session following their presentation of the draft report and recommendations to the full HITAC at its October 21, 2020 meeting. She explained that HITAC members submitted the following comments:

- **Clem McDonald** shared comments and questions related to "Recommendation 9: Name an Attachment Standard."
  - **Sheryl** explained that the conversation's outcome was that the Recommendations should indicate what should be done and who should be engaged. However, she stated that the TF's Recommendations would not say how they should be done.
- **Arien Malec** provided additional background for **Clem**'s comments.
- **Carolyn Petersen** discussed the wording and framework around patient-centeredness and what it means, specifically, and then she shared offline information with the TF on the topic.
- **Arien Malec** and **Robert Wah** discussed the patient journey, while **Robert** suggested that the TF's recommendations would increase the need for the development of unique patient identifiers or would increase the friction surrounding the issue of patient identification.
  - **Sheryl** noted that the TF has included "Recommendation 8: Create Standardized Member ID" to focus on the issue with regards to exchanging patient identification information.
- **Steven Lane** discussed the importance of patient identification, related difficulties with electronic medical record (EMR) systems today, and the need to create more interoperability standards for patient data exchange.
  - **Sheryl** suggested that the TF has already addressed these concerns with several of its Recommendations.
- **Aaron Miri** commented on the importance of contact tracing for COVID-19 cases and his work at UT-Austin, Texas, and discussed all of how the TF's recommendations could be used to support COVID-19 patients and relief efforts, including vaccine administration.
- **Jim Jirjis** discussed ways to rework the denial portion of the prior authorization (PA) process to reduce the related provider burden.
  - **Sheryl** explained that the TF's Ideal State for PA would lead to a better process for exchanging clinical and administrative data, which would reduce the burden for all stakeholders. She suggested that this could reduce the need for PA and would reduce the number of denials and appeals.
- During the public comment period, a commenter from American Health Information Management Association (AHIMA) discussed the concept of the "minimum necessary" use of data and stated that the TF's Recommendations were not specific enough on this topic. The AHIMA commenter also discussed "Recommendation 2: Establish a Government-wide Common Standards Advancement Process" and shared concerns about invoking stakeholders outside of the Federal government.





- **Sheryl** explained that, though the AHIMA commenter asked the TF to provide examples of incentives for engaging stakeholders, the TF would only suggest that incentives should be provided and would not prescribe any specific examples.

## UPDATING THE REPORT

**Alix Goss** displayed a working version of the draft report and asked the ICAD TF to review potential edits and comments. She explained that the TF would discuss possible changes, which would then be added to the master report, and noted that a great deal of offline work has continued on the draft report to prepare it for submission to the HITAC on November 5, 2020. Some of the changes were small, but **Alix** emphasized that the co-chairs and document editor are trying to maintain transparency concerning their offline work.

### Discussion:

- **Alix Goss** explained that **Susan Kanaan**, the document editor retained by ONC, suggested removing the “s” in the word “towards” in the report’s title, which was “A Path Towards Further Clinical and Administrative Data Integration.” She asked for feedback on this change.
  - TF members did not comment on the edit.
- **Alix Goss** explained that she and **Sheryl Turney** crafted a Foreword section for the report. The draft text for the Foreword has been inserted, and **Alix** invited ICAD TF members to review and comment on this section before the TF’s next meeting.
- **Alix Goss** explained that the word “overarching” was removed from the sub-heading of the “Vision and Charge” section of the document. A list of specific charges given to the ICAD TF from ONC has been added to the section for the sake of consistency and completeness.
- **Alix Goss** provided an overview of how the ICAD TF member roll and organization information have been updated to reflect better members’ affiliations, Federal advisory committee memberships, and preferred names/spellings.
  - **Anil Jain** suggested adding numbers after members’ names to indicate HITAC or NCVHS membership to make the table look cleaner.
  - **Alix** commented on the value of noting the organization of affiliation for each member. She suggested that a new column could be added to reflect the choice of “HITAC, NCVHS, or Industry.”
  - TF members were asked to review the membership listing to ensure that it is accurate, and some TF members submitted comments in the public comment chat via Adobe.
  - **Anil** suggested adding professional credentials to the membership chart to illustrate the cross-section of professionals included on the TF.
- **Alix Goss** explained that **Susan Kanaan** noticed that the phrasing used within the report for “electronic prior authorization” had pivoted to “digital prior authorization” and asked TF members to comment on this change. She stated that the TF’s original charge included “electronic” but that the writers of the report considered “digital” to be a more accurate reflection of the TF’s Recommendations, given the fact that faxes, portals, and other “electronic” means of exchanging data do not count.
  - **Arien Malec** commented that he supports the use of the word “digital” but suggested that this choice of wording should be explained in the document’s executive summary to orient the reader. The term should also be included within the glossary.



- **Alix** responded that ONC staff is currently examining an extremely thorough glossary borrowed from another body of the HITAC's work to see if it could be used for this report.
- **Rich Landen** commented in the chat via Adobe that he agreed with **Arien** about the use of "digital" throughout, but he stated that the TF should be sure to define the term and include a remark that it is also referred to as "electronic" PA.
- **Alix Goss** reviewed some detailed edits, mainly related to punctuation that **Susan Kanaan** noted throughout the report.
  - **Alix** stated that the document's headers and footers need to be updated to reflect the name change.
  - Also, she highlighted several areas within the report's various sections where "electronic PA" was changed to "digital PA," as per the TF's earlier discussion.
- **Alix Goss** explained that a change was made within the text for "Recommendation 2: Establish a Government-wide Common Standards Advancement Process":
  - Remove the reference to the existing authorities because ONC advised that it did not need to be included. The TF discussed this topic at its last meeting.
- **Alix Goss** explained that two changes were made within the text for "Recommendation 7: Develop Patient-centered Workflows and Standards":
  - Update the wording of the first part of the Recommendation to include the word "that."
  - Add "bidirectional" to both parts of the Recommendation to refer to the access for patients.
  - **Alexis Snyder** commented in the chat via Adobe that the TF should not just go with the line edits of an editor and only look at content edits as a group. Alix asked for further clarification around this comment and suggested that the TF consider how to best review the document.
  - **Anil Jain** suggested using "reciprocal" instead of "bidirectional" in Recommendation 7.
  - **Sheryl Turney** explained that sharing data, like pictures of a wound or data from a wearable, would be shared from a patient to a provider and would then be available to the patient.
  - **Alexis** responded that the word "bidirectional" works in this context, but she asked that the word "access" be replaced with something else for clarity. TF members discussed the wording, and Sheryl suggested "bidirectional digital exchange of such data."
  - **Anil** voiced his agreement with the changes made to the Recommendation and withdrew his earlier comment.
  - **Alix** asked if she should replace "access" with "exchange" throughout the Recommendation.
  - **Denise Webb** suggested, "by bidirectional exchange and engagement," which would require removing "digital."
  - **Alexis** asked **Alix** to keep the changes to the wording consistent with each other.
  - **Alix** noted the changes within the document.
- **Alix Goss** explained that the word "ICAD" would be removed before mentions of the "Task Force."
  - **Denise Webb** suggested using "Task Force" (capitalized) instead of "ICAD" when the document describes an actor within the recommendations of the document.



- **Alix** suggested clarifying that “ICAD” means “Task Force” of “ICAD TF” within the glossary and/or preamble of the document. TF members discussed these wording choices and decided that, given the amount of time left to complete the report and submit it to the HITAC, editing should be done efficiently.
- **Alix Goss** explained that Recommendations 14 and 15 were added in September and that because they were newer, they have been adjusted to be more consistent with language used earlier in the document. The second paragraph of Recommendation 14 was updated for readability, not content.
  - **Alexis Snyder** suggested adding “from/to” in the example listed in the second paragraph of recommendation 14, due to the bidirectional nature of the data.
  - **Sheryl Turney** asked to add “digital” before access in the same paragraph.
  - **Alix** explained that the word “minimum” was replaced with “sufficient” in the bullets under Recommendation 15 due to the overuse of the same term in this section. Also, she noted that a HITAC member reinforced this wording choice via a comment made during the October HITAC meeting.
- **Alix Goss** pointed out a slight update in the conclusion of the document around the wording referring to “burden.” The final paragraph of the conclusion was rewritten, and **Alix** emphasized the need to end the report with a strong call to action. She drew attention to the updated text and asked TF members to review it.
  - **Sheryl Turney** and **Arien Malec** responded that they agreed with the updates.
- **Alix Goss** highlighted the “Notes” section at the end of the document, which is where the appendix of notes was added in the style of endnotes. For consistency, this section will be removed, and all notes in the document will be captured as footnotes on each relevant page, not endnotes.

## NEXT STEPS

**Sheryl Turney** suggested that the ICAD TF discuss the report timeline, as the TF was running early on the meeting’s agenda. She 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:

- Discuss Comments – October 27 ICAD TF meeting
- Finalize Report Based on Comments – By November 3
- Submit Final Report to HITAC – November 5
- Anticipated HITAC Vote to Approve Final Report – November 10 HITAC meeting

**Sheryl** thanked all members for their time and commitment to the TF’s work and the industry for its support. **Alix Goss** noted that the TF brought focus to topics that can influence national policies and standards and how the community moves forward with work on digitizing data and exchanging information in a converged ecosystem of national frameworks and standards. The co-chairs emphasized their excitement about the impending submission of the TF’s report and encouraged TF members to continue to be involved in moving work forward and engaging their colleagues and industry stakeholders. Then, they placed a call for final comments from TF members.

TF members submitted no additional comments, and **Lauren Richie** opened the meeting for public comment.

## PUBLIC COMMENT

There was one public comment submitted via the phone.





**Heather McComas, American Medical Association:** Hey, there. It is Heather McComas from the AMA. Glad I got through. Sorry about the issue there. Thank you so much, first of all, to task force for all your work on this monumental report. It certainly reflects the months and months of hard work that you have all put in, and my colleague Matt Reeds and Amy did submit more detailed comments in writing just a little earlier this afternoon, but I am just going to highlight four main points captured in our written comments from task force's consideration.

So, one main theme running through a lot of our comments is the critical need for thorough testing and piloting, and analysis of pilot results before analyzing any decisions on standard or code set mandates. For example, there is a recommendation about adopting a standard for electronic attachments, and we certainly could not agree more with that Recommendation as I am sure you are not surprised to hear. However, the current standard environment makes it difficult to reach an informed decision about the best path forward in terms of which standards to recommend, and we, therefore urge the task force to make item more immediately actionable by recommending that HHS conduct a robust, well-designed research initiative to fully evaluate a viability of competing standards and make an informed decision regarding what should be mandated.

We also note that recommendations three and five, which involve harmonizing standards and code sets for both clinical and administrative uses would represent a major change for our industry and a big overhaul for the healthcare system because this model is completely untested and may have unforeseen consequences, including breaking our highly successful electronic claims submission system. We recommend that these recommendations be rephrased to be more exploratory in nature and also include this critical testing and piloting protection so that we know for sure what's going to happen when we adopt the new standards and code sets.

Also, second kind of thing I would like to highlight, the task force might want to consider reordering your recommendations. And, for example, we would suggest putting the attachment recommendation first because we think it is so important, and it is something that we have been waiting for as an industry for such a long period of time. And then also, we would suggest that the recommendations be ordered in a way that is a little bit more sequential in terms of priority and how things would go be implemented and in order. For example, recommendation 15 about testing. Again, we think that would go much further up on the list because we think that testing is so important. And we recognize the fact that that might just be placed at the end because it was one of the later additions of the task force, but possibly thinking about priority might be good in ordering the recommendations.

We also wanted to indicate our strong support for the task force ethos and approach to having a patient-centric prior authorization process, however we do have some cautions about this. We are concerned that pulling the patient into this time-consuming process could lead to unforeseen –

I am so sorry. So, we just would – and I think this came up during the HITAC meeting last week – we, first of all, think the task force should be really clear in all the recommendations about patients being involved with the process. This should always be voluntary. If patients want to be involved in this process, that is fine, and they should be able to engage, but they should not be required to participate in this process. We have concerns that this could lead to care delays or denials that they are required to be engaged in the process.

We also would note that on recommendation 13, there is mention of patient-generated data being involved in prior authorization approvals, and we would highly urge the task force to reword this. That patients that they would like to submit data for the prior authorization or correct an error, that that go through the provider so there are not two streams of data going to the payer that could lead to confusion and prior authorization denials or delays. The payer might not know which set of data to believe, you know, what the provider submitted or the patient. So, we think that could be confusing. And then, finally, on the patient-centered recommendations, we also urge the task force to add safeguards to recommendation 14 to ensure that patients really understand what they are consenting to when they are granting permission to access their health information.





Finally, on Recommendation six about code set licensing, we would just like to highlight the fact that the integrity of code sets necessitates a really rigorous development process that involves direct input from practicing physicians and other highly skilled clinicians and health professionals, and that that really valuable work leads to a common language to describe medical, surgical, and diagnostic services, and because that work is so intensive, it does come at a cost, which is offset through licensing. So, we don't support recommendation No. 6 that code sets be open without licensing costs, but we do encourage all standards developed organizations to implement new technology such as API to promote timely access and delivery of content. Investments should also be made to reduce the friction of submitting code changes and new code applications that make this process work as easily and efficiently as possible. That is all I have. Thank you.

## Questions and Comments Received via Adobe Connect

**Jim Jirjis:** Jim Jirjis Here

**Rich Landen:** My recollection is that Clem was satisfied with the explanations of what we were recommending on attachments and why. His concern, I think, was that our Recommendation might have adversely affecting some of the HL7 work; but he seemed to agree that the way we frame the Recommendation did not impact the HL7 work adversely. I don't need to discuss today.

**Alix Goss:** Agree and appreciate your note Rich.

**Arien Malec:** Arien Here.

**Lauren Richie:** hello Arien

**Lauren Richie:** hello Jim

**Gus Geraci, MD:** No concerns.

**Alexis Snyder:** agree with Anil, would be cleaner

**Rich Landen:** I agree with footnoting HITAC and NCVHS memberships.

**Rich Landen:** I agree with Arien: use "digital" throughout; but be sure to define and include remark that is sometimes referred to as 'electronic' prior auth.

**Alexis Snyder:** should we not just go with the line edits of an editor and only look at content edits as a group

**Alexis Snyder:** we have used bidirectional areas in other areas so makes sense

**Alexis Snyder:** does that sit with Anil?

**Rich Landen:** Tally Ho!

**Alexis Snyder:** and may the force be with us







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

**Heather McComas:** I am on line *[sic]* to make public comment -- having issue being connected.

**Katherine Campanale:** Heather, please call 1-877-407-7192, and press \*1 once connected

**Denise Webb:** i have to drop off for another mtg

**Heather Readhead, MD MPH 2:** From the perspective of both public health, population health management and quality improvement initiatives, please make sure that you consider access to EHR/clinical data and use of an HIE. Ideally, the capacity to share EHR/clinical data is not just for exchange of health records/med lists with the larger medical system, but also for the purposes of sharing clinical outcomes data with health plans and purchasers of health care. From my basic physician and public health informatics viewpoint, this means that the HIE ensures the capacity to exchange the CCD/CDA with other EHRs for individual-level patient care, the capacity to exchange a flat file of pre-determined discrete data elements on a population of patients for case management purposes that will ultimately still be used for individual-level patient care, and the capacity to exchange a flat file of pre-determined discrete data elements on a population of patients for program evaluation, quality assurance and QI work. - Heather Readhead, MD MPH

**Heather Readhead, MD MPH 2:** Yes, public comment

**Heather Readhead, MD MPH 2:** I am not able to call in. My apologies. - Heather Readhead, MD MPH  
CalPERS - California Public Employees Retirement System, purchases health care for approximately 1.5 million active and retired public employees

**Margaret Weiker:** I will also be submitting comments via an email

**Margaret Weiker:** I will send them to you today

**Alix Goss:** Thank you Margaret. Happy Trails.

## ADJOURN

**Alix Goss** provided a summary of the next steps, including reviewing and addressing feedback from the AMA. She encouraged anyone who would like to submit comments on the report to submit them as soon as possible so that the co-chairs have time to process and include them on the final version of the report before its submission to the HITAC. **Sheryl Turney** thanked all of the ICAD TF members for their work and informed them that the next meeting's format would be similar to the current meeting.

**Lauren Richie** thanked everyone and reminded them that the next meeting of the ICAD TF was scheduled for 3:00 p.m. ET on November 3, 2020.

The meeting was adjourned at 4:12 p.m. ET.

