HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) INTERSECTION OF CLINICAL AND ADMINISTRATIVE DATA TASK FORCE MEETING

October 27, 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 for Health Information Technology	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 for Health Information Technology	Designated Federal Officer
Michael Wittie	Office of the National Coordinator for Health Information Technology	Staff Lead

Call to Order/Roll Call and Welcome (00:00:00)

Operator
All lines are now bridged.

Lauren Richie
Good afternoon, everyone and Happy Tuesday. Welcome to the ICAD task force meeting. Of our task force members, we have our two co-chairs Sheryl Turney and Alix Goss. We also have Alexis Snyder, Anil Jain, Denise Webb, Jacki Monson, Ram Sriram, Rich Landen, Sasha TerMaat, and Tom Mason. Are there any other members on the phone that have got in? Okay. I know we may have a few others that may not be able to make it due to other industry events today, but I will turn it over to our co-chairs to get us started.

Summary and Action Plan (00:00:43)

Sheryl Turney
Thank you so much, Lauren. Okay, this is our agenda for today. And I am not going to read it, so we can go to the next slide. All right, I'm going to talk a little bit about what we did last week. As you know, we presented the finalized deck relative to our recommendation to HITAC. We also reviewed a number of the changes that were made to the report, and we re-read the report with this group, and it did have some changes as a result of that, which, we are going to review with you later today. Then we made our presentation to HITAC and we also made a presentation to Wittie.

Just to refresh your memory, we did highlight in our presentations the addition of the guiding principles, which was to the new one, reduce burden on all stakeholders, and also changes to four of our recommendations which included No. 2, establishing a government-wide common standards advancement process where we remove some wording. And No. 7, developing the patient-centered workflows and standards where we change some wording. No. 9, name an attachment standard where we buttoned it up and made it more clear. And then we added new ones with 14 and 15. So, I think we can go to the next slide. And on this slide, I am going to talk – Oh. Sorry about…sorry.

Discussion of Draft Report Feedback (00:02:12)

Alix Goss
Oh no. Yeah. I was just going to comment there that it was appreciative that you highlighted our approach for the HITAC session where we really tried to promote as much discussion time as possible, in contrast to our approach with the Wittie presentation, where we just gave a really high- level overview front to back, which was a little bit different of an approach that we took with doing an industry update to WEDI last week.

Sheryl Turney
Right. Exactly. And then Alix also provided an update to the Da Vinci monthly work group, I think. I don't know the exact title, but –

Alix Goss
Oh. Yeah. It was an HL7 event today.

Sheryl Turney

Okay.

Alix Goss

That Dr. Rucker, Dr. Mary Green did opening remarks. And then as far as ONC and CMS interoperability rules, and then I was provided an opportunity to give a 15-minute overview of the report of this task force and our efforts. So, that was really great ability to promote the draft report and also encourage folks to not only get engaged in the draft process, but to more especially stay tuned for their ability to be engaged on the finer activities that will emerge from the acceptance of our recommendations.

Sheryl Turney

Yeah, wonderful. And then also, though, you did give an update to the Da Vinci work group last Friday. That is the one I was starting with. And I'm sorry. I apologize, I don't know the name of that formal work group, but that was the other one I was talking about. So, a lot of speaking engagements going on and there are more to come, which we will talk to you about a little bit. But I did also want to take some time to review the feedback that we got from HITAC last week. So, we did have several people speak up within the meeting. Clem was questioning the attachments standard and made some comments around that. I do not think that our take on it was we could not really clarify it, I don't think, beyond what we have already stated. But, again, attachment standard needed to be named. I think that he was looking for us to identify which attachment standard and just for this group's discussion, certainly we can discuss it more if you want to, but I think we pretty much determined it is outside of our scope to determine how things should get done. We should be determining the "what" and the "who" to engage, but not necessarily the "how."

So, that's why we left it at that point in our report. But then we had several other people from HITAC who did provide some input. Not a lot of input actually. We thought we would hear more. Arien did provide some more background for Clem as to why we addressed the attachment standard the way that we did. Carolyn spoke up about patient-centered and the wording and framework around patient-centered, and then also, offline, shared information with us. At this point, I think that the focus was to make sure that our report had specific recommendations, which we do believe it does, and I think Carolyn came back with the acknowledgment that at least some of the things she was looking for were in there. But there has been a lot of rhetoric regarding patient advocacy and patient-centered, and what does that really mean in a lot of the recommendations – not in our report, but in general – appear to be non-specific, but I do think we have a number of recommendations in our report that are very patient-specific with the specific outcomes.

So, I do think we did try as a group to address that. Certainly, if you want to have more discussion on that item in this meeting today, we can. Arien also spoke up about the patient journey, and then Robert also spoke up about that. And then, the need that our recommendations are going to highlight for potentially either a patient identifier or increase the friction and the importance of patient identification. Certainly, there are some federal legislation that has prevented various federal agencies from adopting a national patient identifier, so that's not a discussion that we really entered into here. But we do talk about developing standards for recognizing patient identification information that is exchanged. And certainly, we had a recommendation for that in our report, and certainly that would be within the scope of what we can recommend, is focusing on having a standard so patient identification information can be exchanged rather than focus on an identifier.

Steven Lane also spoke up about the importance of patient identification and matching, and the difficulties that EMR systems have today. And that certainly having more interoperability standards focusing on patient data exchange is going to make those all the more important. I do think we have addressed a lot of these concerns with our patient recommendation relative to having a credential capability with a standard attached to it, as well as consent, so that the patient credential and consent actually travel with the patient rather than the system. And then, Aaron Miri spoke up, again, about the importance of contact tracing relative to COVID that is currently going on in Austin, and all of the recommendations that we have relative to patients certainly would help support those efforts and additional efforts that may be needed as COVID vaccine administration occurs.

And then Jim Jirjis, who is on our task force, he brought up some additional information regarding providers, and collecting information, and sending them to payers to try to communicate, and really re-working the whole prior authorization, denial process, and reducing the provider burden focused in that area. The ideal state is that if we are exchanging clinical administrative data proactively and prospectively, in a way that's less burdensome on all the stake holders, then hopefully, the need for prior authorizations in general will be reduced, and the opportunity or the result of denials will be less occurrence. But also, the process for making an appeal and learning about the status if it is a denial, and being able to revisit that will hopefully be satisfied by a number of our recommendations all about workflow and the digital framework that we are envisioning.

And then in the public comment area, there was one comment that was brought forward by AHIMA, relative to emphasizing on minimum necessary data use for clinical data and administrative transaction data exchange. They did talk about the loss of specificity on how things would be achieved. Again, where we focused on the "what" and not the "how". But we did talk about that in the general meeting, so they brought it up from the perspective that they did hear that but would prefer to see more of the "how". And then, they also talked specifically about recommendation No. 2, which is the recommendation to establish a government-wide common standards attachment for advancement process. And then they talked a little bit about some concerns about invoking stakeholders outside of the federal government. So, really wanting to make sure that that recommendation included external stakeholders, and I think we tried to address that input.

And then also, where we talk about recommending incentives, but we, again, do not talk about what type of incentives. I think that they were looking for some sort of collective effort needs to engage all stakeholders who have operational impact and provide more details on those types of topics. And again, we are not in a position to be able to enumerate the "how"s of any of these things, but those were all points that were brought to mind and should be things that we are all thinking about. Any questions about the feedback that we received? All right, then. I'm going to say, "Let us move the slides," and will turn it over to Alix.

Updating the Report (00:11:36)

Alix Goss

That was a rundown of what happened last week on the call. Thank you for that, Sheryl. I believe what we want to do is provide an opportunity for us to walk through some edits that we have been working on since we last met. I am, I believe, about to have my screen shared, so thank you Katie, for doing that. And hopefully everyone can see my screen. My proposed approach for today is that we can go through the edits that we have made in this Google doc. It is no longer the master, so what we are going to do is talk about

what we are proposing for changes, see if there are any concerns. When we are all good to go with your feedback, then any accepted changes will be duly noted and those will be carried forward into the final report development. So, we are not going to be eliminating comments today, we are going to be making sure that nobody has any objections and adding any particular additional comments if we need to further edit them.

We have been working with our editor. There were a couple of hours of editing session yesterday, so it is hard to believe it is only Tuesday. I would propose that we start at the very top because the first suggestion that we got from our editor was that maybe we did not need S on the end of the word toward in our title, and so she was suggesting we delete that S. Did not know if anybody had a particular opinion or thought process on that. If you want to raise your hand, that would be great. And I think that I am not seeing any hands up. I know it takes a little time to get to the "raise hand" button, and if you can't get there quickly and you do not want me to move on, just do a shout out and I will pause. But some of these changes are pretty small, but we feel like it is extraordinarily important to be transparent with you on what we are changing. And so that as we approach our November 5th target date for sending the final report, which means that basically, next week, after next week's call, we want to be able to button this up, but we want everyone to feel comfortable with the changes that we are making along the way, whether they are small or large.

So, I am going to be scrolling today, hopefully not making everybody too nauseous as I do this, but we have edits from the first practically to the last page. I believe, all the way through. The document that I am viewing is the same link that you have access to task force members. The most notable change is that Sheryl and I have been working on a forward to include with this report, and so, we have crafted and inserted that draft text. We would encourage you to take a look at it. It is pretty straight forward and aligns with the work that we have already agreed to within the report. But this is sort of setting an initial framing for anybody who may pick up the report. I am going to suggest that folks think about commenting. If you have feedback on that, you can certainly let us know. And I want to find my comment box. I am going to propose that you guys can all review that and let us know if you have any concerns. Ultimately, we have another week and change to bring that forward home. It's pretty straight-forward.

In regards to the section on vision and charge, we did not feel that it was necessary to persist the word "overarching" in the title. We figured vision and charge was straight-forward enough, just sounded a little cleaner. And we then also added text to be very clear about the specific charges that were given to us by ONC in the beginning. So, last February, HITAC accepted the formation of the task force and the charge, and so, we have just inserted that information for consistency and completeness sake into the vision and charge section. We also did a little bit of tweaking here. We have had several representatives from CMS, so we put those, Mary and Alix, on one line. Gus, we thought we should just list you as Gaspere "Gus" Geraci, since we believe that is the way you like to be referred to, as Gus. So, let us know if that is of concern.

We also pivoted a little bit around in how we are listing affiliations. We wanted to show that we were federal advisory committee members in some cases, but thanks, Gus for confirming you are all good there. And we also wanted them to be able to clearly show the individuals that were at the table but not necessarily part of a federal advisory committee. And so, we have cleaned this up a little bit just to help clarify the hat that we wear when we play at the ICAD table. Anil, I see your hand is up.

Anil K. Jain

Yeah. My only comment would be I have seen affiliations represented in tables and this looks great, but one other possible way of doing this would be to simply have our organization, our names, and then have a post-fix after the name with either a one or a two, one being HITAC and two being the other committees so that it is cleaner. I think it is more relevant –

Alix Goss

I think you have a really good point about being clean, because I feel like it is really messy and not easy to read, and I think people like to know the point of reference you bring to the committee, whether you are a HITAC or individual industry representative, more of sort of the companies and those kind of… value of seeing the organization you work for.

Anil K. Jain

Great.

Sheryl Turney

Alix, just so I'm clear of what he is saying, I thought what he said was we would have our name and company and then a one or a two, and the one would be maybe HITAC and two is NCVHS.

Alix Goss

That's what I heard, and I was going to capture that note.

Anil K. Jain

Yep.

Alix Goss

I also think there is another way to do it, which would be member name, organization, and then a column of affiliation that says HITAC, NCVHS, or industry, because it just makes… The organization gets too busy here.

Sheryl Turney

Okay. I am happy with either one of those. So, that sounds good.

Alix Goss

Okay. I will… Okay. All right. If you have any other things that you would like to have added, Ram will certainly put the D, and I know we almost always use that when we list your name. Not sure why we took it out, but we will go ahead and list that. So, folks, this is the way you are being represented for the hard work and dedication of the last eight months. So, it is important to get you listed correctly. So, we would hope that you would let us know how best to represent you, and I am seeing some support in the chat box for making this table cleaner and the footnoting of memberships. Okay. All right, and that is what was captured. Anil, did I miss – Is your hand back up?

Anil K. Jain

No. I have a quick comment. Again, I do not have any strong feelings, although I am leaning towards this. We all bring different professional credentials, and so having our professional credentials in the member name column I think would be helpful, only to give people the right impression that it's a cross section of different perspectives. But again, not strong feelings, but I think it would be helpful.

Alix Goss

Okay. We went back and forth on that. Okay. Appreciate that perspective. Other thoughts and comments from folks? Okay. Just going to scroll down. There are a lot of comments on the right hand side that really are just because of that addition of HITAC or NCVHS, but let's scroll down to get through all of those because we have a number of pages until we have any further comments for us to consider. We will keep going for a little bit. There is a fair amount and I don't know if there is – If somebody knows the easy way to get to next comment, happy to take guidance here, because otherwise I am just going to keep scrolling until I found the next one, which is right here.

It was recognized during our editing process that we had pivoted from using electronic prior authorization to digital prior authorization during some of our work and that Susan was going to go through and try to clean up. And there were a couple of places where in the original charge, the word "electronic prior authorization" was used, and we felt it was important to not alter our original charge. However, we did think that it was less confusing to use "digital prior auth" to reflect what we were meaning, because portals do not count, faxes do not count in our world of digital, but they might in the world of electronic. Any thoughts on that?

Arien Malec

Hey. It is Arien. I have my hand raised, but since you did the pause…

Alix Goss

I am sorry. That was because I needed a drink of water. Go ahead, Arien. I apologize for missing your hand.

Arien Malec

No problem. I think, while I support the phrase "digital prior authorization" and understand why it is used, this is an area where we should, in the executive summary or someplace, carefully note that so that people don't get confused. So, it supports a gloss. And then, we also probably should have at the end, as well as that explicit gloss that we should put in the front, we should have at the end a standard glossary.

Alix Goss

I am sorry, that last point? Can you say that again? We have a glossary.

Arien Malec

Oh, we do have a glossary? Perfect. Okay.

Alix Goss

Did you want it at the beginning?

Arien Malec

So, I just think at the beginning, because this is a key term of art that people will be looking at, I think at the beginning we should say, "Throughout the document we use the term 'digital prior authorization' to encompass digital prior authorization." "To encompass taking the prior authorization process and automating it through digital means. This term is also termed 'electronic prior authorization', and our charge…" Something to that effect. Just to orient readers to, "You will see a couple of different terms. We prefer to use the term 'digital prior authorization', but the term 'electronic prior authorization' is used as well."

Alix Goss

Yes. Thank you for that. I think it will make it clearer because I think that also, this is part of the cultural dynamic that we are trying to create, the pivot and the language we use. And I think the second point that you made was around the glossary, and so, we have been able to borrow another glossary from a HITAC body of work, and right now, thanks to ONC staff, they are taking a look at the report and that glossary to see what additions or deletions might be needed because the glossary that we have is extremely thorough. We just need to make sure that it at least has all of our other… anything nuanced or specific to our body of work in it as well.

Arien Malec

Awesome.

Alix Goss

Are there any other comments on this? Although I do see Rich in the comment box – "sometimes it is referred…" Okay. So, I am going to copy this and put it in the chat box because that way we will not miss it. All right. Thank you, Rich. All right. So, now I am going to scroll to the next one. Next comment. Here we come. We are making it through the analysis, landscape section. I don't believe we had any edits there. We had a typo that was fixed, we missed a period, we missed another period. That is kind of weird, how the box… Check that our graphics are not messing up, but that is part of the clean-up work that we will get into. Oh. **[Inaudible] [00:025:59],** you're sending me a **[inaudible] [00:26:01]**. So, I can do control ALT and C. Oops. Nope, it did not like that. All right. I can do it here. Control ALT and C to take me to the next comment. Score. Thank you so very much.

All right. So, the next comment that we got to was that we had… Oh, a part of the problem that we have is the footnote – not the problem – part of the reason we have repeating at an S is because the footer of the document also had the S in it, so just to make sure everybody is clear about that. That is what that is all about. On this comment, we replaced a colon with a period, so we have some very detailed editing by our editor, so we thank you for that. That's our footer. Here is another opportunity for consistency, to, with the table labeling, to use a period instead of a colon. All right. Next comment is one of those changes for digital and electronic. A recognition that any single point in time some prior auth transactions may not be feasible using the fully digital automated prior authorization process. An example of how we are using the pivot there. I am not seeing hands up, so I am going to continue to control ALT and C to get to my next comment.

The next one is here with another pivot of electronic and digital, the measured usability and adoption metrics are used to optimize the design of an automated digital prior auth process. Okay. Going to the next comment, skipping over the footer references and we have another opportunity, however we need to spell digital correctly. We have that the ICAD task force presents the following recommendations for the purpose

of reforming digital prior authorization. Okay. The next comment, again, was the footer and then followed by something we discussed on our last call, which was that in recommendation two, we would remove a reference to the existing authorities because it was under the advice of the technical resources at ONC that the question of authorities was not at hand and we did not need to include it here because the authorities within ONC even existed to address some of these opportunities for SVAP. So, this is just affecting the change that we discussed at the last – I'm not seeing any hands up, so I am perceiving that we are all okay with that.

Again, we have a footer change. The next one is recommendation seven. Recommendation seven, we made two changes in the opening paragraph. Recommendation seven, which is to develop the patient-centered workflows and standards. We added the word "that" behind recommendations and we added the word "bidirectional", which is a more substantive change, that I want to make sure everyone is okay with. I have now highlighted that, and that we modified the recommendation to include now, that word, bidirectional. So, that we would want ONC to work with OCR as needed on the designated record set to clarify the status of administrative workflows under the access provisions of HIPAA and ensure the patients have bidirectional digital access to such data.

Anil, I am seeing your hand raised, but before you speak, allow me to just address Alexis, that I agree that we do not want to just look at the editor changes, but the way to walk through here to make sure that we are fully transparent…I am not sure how better to do that. So, we can think about that and maybe get some suggestions after Anil asks his question or makes a comment.

Anil K. Jain
Yeah. The word "bidirectional", it just appears strange in this context, so maybe… Do we mean reciprocal?

Alix Goss
Sheryl, do you want to chat about this?

Sheryl Turney
All right. Let me look at it again. **[Inaudible] [00:31:39]**

Alix Goss
I believe you made the request to add the word "bidirectional", which we did not even spell right.

Sheryl Turney
Yep. Yeah, so, we did want to have that added here, Anil, because it may be desirable in the future for patients to share specific data with their providers. And some data that we are thinking about might be pictures of a wound, or information from a wearable, and that would then be bidirectional data that the provider would be collecting from the patient. So yeah, I do think that that is what we meant here.

Anil K. Jain
Okay.

Sheryl Turney
[Inaudible – crosstalk] [00:32:37]

Alix Goss

Alexis just raised her hand in addition to supporting your comment, Sheryl, in the chat box.

Sheryl Turney

Okay.

Alix Goss

Alexis?

Alexis Snyder

Yeah, I had started to say that we talked about the bidirectional piece last week and I think it is in another area, so the word bidirectional makes sense, but then when I was just sitting here looking at it again, I think the piece that's confusing is the access piece because it's not bidirectional access. That would make it sound like a provider has access to go into a patient's personal computer and get access. So, I think that is what makes it confusing. It is more like bidirectional flow of information or what have you.

Alix Goss

So, is it ensure that patients have digital access to such data and in a bidirectional manner?

Alexis Snyder

I do not know.

Alix Goss

Okay.

Alexis Snyder

But I think the way it is sitting now, yeah, I think it is the access piece. It is not bidirectional access. It is like bidirectional use or bidirectional… It is really bidirectional workflow, but I do not know how else to say it in this sentence.

Alix Goss

But directional exchange of their data.

Alexis Snyder

Yes.

Sheryl Turney

Yes. So, maybe instead of "bidirectional digital access", it should say "bidirectional digital exchange" of such data. To such data.

Alix Goss

Bidirectional…

Alexis Snyder

That sounds really good.

Alix Goss
Digital…

Sheryl Turney
Yeah.

Alix Goss
Digital exchange…

Sheryl Turney
Of such data.

Alix Goss
Of such data.

Sheryl Turney
Yeah.

Alix Goss
Okay. Okie doke.

Sheryl Turney
Okay. I see what you are doing. Okay.

Alix Goss
We move hard and fast some days, so I need to capture as we go, otherwise I get lost. So, Anil, are you okay with this modification that we have just worked through?

Anil K. Jain
Yeah. Now, my earlier comment would not make any sense. The rewording I think is fine.

Alix Goss
Okay. All right, thank you for that. Good wordsmithing there, folks. Okay. All right. So, the next change – oh – ironically, I think where we added it was right here. We continued to describe this a little bit. The task force recommends that ONC work with other Federal actors and standards development organizations to prioritize an development admin standards that are designed for patients, bidirectional, digital, and should we make this word "exchange" and engagement or do we want "access" to persist?

Sheryl Turney
I think "exchange" is the better word. And I do not know what others think, but weigh in. But I do think "exchange" is the better word.

Alix Goss

Denise just raised her hand, and then Alexis.

Denise Webb
Yeah. Maybe we could say better design for the patient digital access, bidirectional exchange and engagement.

Alix Goss
I like that.

Denise Webb
I mean, access is different – just exchange.

Alix Goss
Yeah. Okay. Okay. Thank you. Captured that. Alexis?

Alexis Snyder
I was just going to say to keep it consistent with the change already made earlier. Just let the language run the same because we changed the access from the one above. Sorry if I am blocking it. So, the bidirectional digital exchange of such data. So, maybe just "bidirectional digital exchange and engagement" and just leave it at that. Which, I think. is basically what you just wrote that Denise said.

Alix Goss
Okay. Thank you for that last translation part.

Denise Webb
Yeah. I was distinguishing that sometimes patients just access something digitally. They are not exchanging anything. They are just accessing the digital information. And then, they also need to have the capability for bidirectional exchange, which, by default, that should be digital. That is why I was suggesting that change, but if that's not accepted, that's fine. We do, like Alexis said, I think was that we just need to be consistent throughout this. I think Alexis said that.

Alexis Snyder
Yep.

Alix Goss
Okay. I think that is the point that we need. I think what I am hearing is we are going to be consistent in recommendation seven and that we are looking to start with bidirectional exchange and engagement as replacement in this portion in the first sentence of the second paragraph. And what I also neglected to point out was that we also were going to remove ICAD in this case. We did not do it from the first one, so I do not know if we are intending there is some new norm, but I think we were trying to remove that. Remove the ICAD references because cutting out a few words would help us, we thought, with people being able to focus on the meaning.

Denise Webb
Oh –

Alix Goss
Denise?

Denise Webb
Yeah. This might be a place for me to say this. I have been holding off on mentioning this until we got to final cleaning up, but throughout the document there are several places, especially at the beginning, where we say things like ICAD invited industry and government leaders. ICAD is not a thing. The task force is. So, I think our editor needs to go through here and find every instance of ICAD and make sure that we are not saying ICAD did something versus ICAD task force did something and that where we use task force, either with ICAD or alone, that it is capitalized because there's places where we, in the same paragraph capitalize it and then we do not. So, our editor needs to clean that up.

Alix Goss
Okay. I am making myself a handwritten note here because I am not sure where to put that in here because it is actually at the top and I do not want to jump back up, but there is also the capitalization, and I know we tried to cover that on a number of place of task force. So, I am just making myself a note.

Denise Webb
Yeah. I can send you a separate email on this and just note some of the pages where I see it so that they can go be looking for this and clean it up.

Alix Goss
If you would like to do that, that is fine. I am just going to make a global comment here.

Denise Webb
Yeah. I mean, there are a few place where is it is appropriate to say ICAD task force because when we are talking about this task force and the ONC, ONC has several task forces on this HITAC, so it just depends on the context, but on these recommendations, we certainly could leave it out. We know we are talking about our task force.

Alix Goss
Yes. I agree with that and I also think that there is another way -- because ICAD is a nicer way than always saying task force. Sometimes you get a little repetitive, so I think maybe there is also a preamble section that we could do if we are going to refer to ICAD as a thing. We need to explain that when we refer to the intersection of clinical and administrative task force, we might say "ICAD "or "task force", meaning the same thing. If we just clarify that up front, it will be clear.

Denise Webb
Well, what we did in other task forces, we just added TF to the acronym. It was the ICAD TF. So, just a suggestion. I do not care which way you go with it, but we just need to be consistent.

Alix Goss
Yep. I appreciate that and I think that one of the things that I wish we had was a whole other month or so because I think just having some time to really work in the document might give us an opportunity to make

it really strong, but we cannot let the perfection be enemy of the good. We need to really get the ball rolling with this and we have already gone longer than our allotted time, so…

Arien Malec
You are truly a glutton for punishment if you want to go a whole other month.

Alix Goss
Well, I know that. The thing is, the more you read it, Arien, the more you realize we could make it tighter.

Arien Malec
No, I understand. I have been –

Alix Goss
Make it more impactful.

Arien Malec
I have been in your position and sometimes, yeah. I agree with you. Sometimes you just got to ship it.

Alix Goss
Yep, and that is where I am at.

Denise Webb
[Inaudible] [00:42:02] job to do that anyway. The editorial stuff like this. That is something ONC and their editor can clean up.

Alix Goss
Well, but here is the thing. This is a task force; this is not necessarily a full HITAC body of work. So, the rules are not equivalent. And our obligations are different because of it.

Sheryl Turney
Yep.

Alix Goss
So, what we will notice on these next couple of updates is that we have, again, just removed the ICAD in here to try to attempt to get a little cleaner as well as using digital in this case instead of electronic in regards to establishing standards for prior auth, we want to reference those as digital prior auth. Okay. So, again, we are continuing to remove ICAD in this next change and the one that follows so that we just do not repeat that unnecessarily in the recommendations.

And then we get down to recommendation 14. And 14 and 15 needed some real TLC because these are the ones that we have added in the month of September as a result of our stepping back and thinking about the broader intersection conversation, getting ourselves up above the exemplar of prior auth. And during those discussions, we captured information and what we realized is that we did not hold consistent to our formatting approach in referencing – recommends – so we have adjusted the recommendation 14 and 15 not in content or substances, meaning we have just made it consistent by using" the task force

recommends" and lead in. And that we very, on a minimal basis, updated the second paragraph for recommendation 14 to just change a couple of words just to smooth out the readability of this paragraph. But because we are proposing some "how", we left it as a "should" in paragraph two. Alexis, I see your hand is up.

Alexis Snyder
Yeah. I was just reading that pink paragraph where your cursor is now in the parentheses, the IG from all the providers should probably be to/from or from/to since we are talking about the bidirectional.

Alix Goss
I was supposed to do that. All right. Hold on a second. Okay.

Sheryl Turney
I think also, Alix, based on what we had said about in the guiding principle, we should add that third-party patient authentication that allows patients digital access and bidirectional share their data across -- somehow, yeah. The digital component is missing.

Alix Goss
Okay. Okay. All right. And I do not see any other hand up. I am going to go ahead and move on to recommendation 15. Last time, we discussed the use of "minimum" multiple times in one bullet was confusing, and so we, I believe, settled on replacing "minimum" with the word "sufficient". And the value of doing that was emphasized to me during last week's HITAC meeting when a long-term care professional associate suggested to me that also minimum data set was very much was a data set that – from MDS is a term they use in long-term post-acute care for some reporting aspects, so it really bolstered our need to stop using minimum data set in that way, and to persist our proposed revision to use the word "sufficient" data set. I am not seeing any hands up, so I am going to continue to scroll down here.

On last week's call, we were talking about some of the way we could summarize our recommendations and how we might present that, and during that discussion, we wanted to make sure that we did not miss any points related to reduced burden, and as a result of that discussion, we decided to add in a slight tweak in the conclusion so that we would say, "The goals of our recommendations to reduce burden are…" Just a slight update that seemed to track with where we were thinking last week. I am going to scroll down to also the closing part of this conclusion that we rewrote, this section, so that the final paragraph indicated some revisions to start out with realizing the recommendations within this report, make it more action oriented than attainment. And then we went on to say, "Provides the basis on which the policy standards and enabling technologies of the US healthcare system can converge to truly put the patient at the center of our modern era of information exchange."

And at the time, we wanted to end with strong call to action, that the time is right for data to move bidirectionally across the healthcare ecosystem in appropriate ways that reduce burden and improve health and care, or improve care and health. HHS and the industry stakeholders should take this opportunity to act on the recommendations in this report and bring the ideal state to life. You all feel inspired and ready to charge forward?

Sheryl Turney

I do, Alix.

Arien Malec
Let us go forth.

Sheryl Turney
I am so excited.

Alix Goss
Okay, now I have the Pointer Sisters in my head. "So ex –" Okay. Anyway. You do not want me to sing. All right. Let us see where the next comment is. I want to get past this part because… here we go. Our next comment – oh, we are going to continue down through every blipping header. Okay, so, it took me all the way back to the top and what I really wanted to do was I knew that we had made a major change at the end of the documents. I am going to go all the way down there. For those of you who may have been to the end of the document, we realize that there was a note section and what happened was that there was some technology dynamics at play that enabled footnotes become end notes, so we were going to clean that up and take care of it. So, that portion will disappear. So, the appendix of notes will be gone because with do not need it, because we will make consistent any annotations that need to be included to be presented as footnotes, not end notes. We spent a little time playing with MS Word the other day and found out the way to best address that.

So, after we get through the glossary, there where we have the recap of all the amazing presentations from industry and there were no changes in that section. And so, I just have skimmed back up just to make sure I was truthful there. And, at this point, Sheryl, I have now walked us all through the suggested changes and edits that we would like to finalize. We are just now coming into five minutes top of the hour and I do not see the agenda in front of me, so I want you to keep me honest here on what was next on our task list today.

Next Steps (00:51:08)

Sheryl Turney
So, the next thing that we had was actually going through and updating the report, which we are doing on the fly. And then public comments. So, we could talk about before public comment the timeline that remains and where we see things going. And that is on slide eight. So, if we want to advance to slide eight. There we go. We can talk about report timeline. So, next steps is really to take the material that we reviewed with you today. Alix and I, and ONC, and the Accel staff will review this with the editor and make these final changes. We also were anticipating there might be some comments in the public comment section of today's meeting that we would be considering for any final adjustments. So, we will make sure we have time for that.

And then, basically, next weeks' time, we were going to review the final report with this team, so we most likely will have shared that with you and asked for any final inputs. But the deadline for submission to ONC for the final report is basically either next Tuesday or Wednesday. So, I guess we have here on the 5th, but the hope was that we would review it with you, have really almost nothing to change, and then be able to submit it a day or two later. Then we will have our final submission to HITAC on the 10th. And hopefully, they will vote to accept it and then our task force work will be completed. I do not know if we have any final

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meeting to come back and let them know whether it got accepted or not, but I imagine we can take care of that either by a meeting or an email. Alix, did you want to add anything?

Alix Goss
Well said, Sheryl.

Sheryl Turney
All right. So…

Alix Goss
[Inaudible – crosstalk] [00:53:25]

Sheryl Turney
Do we want to – Go ahead.

Alix Goss
I think we might be ready for public comment unless we want to do one last shout out to our task force members to see if there are any thoughts, concerns. questions.

Sheryl Turney
I would say, yeah, that is a good idea. If anyone has any final comments that they would like to share. I am not seeing any. So, let us give it a few minutes and hopefully we will get some public comments.

Alix Goss
I think we are turning it over to Lauren now.

Public Comment (00:54:01)

Lauren Richie
Thank you, Sheryl and Alix. I will ask the operator to open the public line.

Operator
Thank you. If you would like to make a public comment, please press "*" 1 on your telephone keypad. A confirmation tone will indicate your line is in the queue. You may press "*2" if you would like to remove your line from the queue, and for participants using speaker equipment, it may be necessary to pick up your handset before pressing the "*" keys. And we will pause for a moment to poll for comments. There are no comments at this time.

Sheryl Turney
All right. Well, why do –

Lauren Richie
Okay. We will turn it back to Alix and if we get any additional comments in the next few minutes, we will l let you know.

Sheryl Turney

All right. Well I want to thank everybody for their hard work and input. I think that this has been a long process, and a very fruitful one. And I think that everybody's commitment and time that they have made available to this effort has been very beneficial, and the industry support that we have had has also helped to inform us so that we can provide the best possible report that the group has been able to put together, so I personally just want to make sure everybody realizes how much we appreciate your support and your efforts.

Alix Goss

Hear, hear. It has been an amazing journey, and here is the sweet spot in all of this: what we have done has helped to bring focus to conversation topics that can be advanced to influence not only national policies and standards, but also the way we as a community move forward with thinking about digitized data and information exchange in a converged ecosystem of national frameworks and standards. So, I am really very excited for the work that will come after we submit this report, because it is really helping to, in my view, to make that turn, and what I want to also acknowledge is that Heather McComas has just let us know that she is struggling on being connected, and they are working on getting you, Heather, so just hold tight a second. They are going to bring you in for public comment in a moment, once they work through your technical issues.

So, I think one of the things that we all have the opportunity to do as we move forward is to be a champion, to encourage industry to get engaged and influence early and often in the conversations that will help bring the finer details and specifics, whether it is in federal advisory committee opportunities or in public comment reviews of proposed regulations, or in national standards forums, whether they are association work or standard setting bodies, we all have the ability to make a difference from the ground floor up, and I think we all have a responsibility to include or to encourage our colleagues and professionals to play where they can when they can because everybody's voice matters. It is complex stuff, and we are trying to make it better, so let us all get engaged in the village's activity to bring our clinical and administrative frameworks together. Operator, do we have Heather yet?

Operator

No, we do not have her connected in just yet.

Sheryl Turney

Okay. Alix, I want to say that I love what you just said and I do think it is so important that we are collaborating and also participating in as many of these stakeholder groups as we are able in order to ensure that the groups that are developing the standards actually have representation from patient advocates and individuals as well as industry representatives for the various vendors and other healthcare stakeholders, because I do think that it provides a more well-rounded and a better solution capability when multiple stakeholders from all different views can participate together for those lofty goals. So, really well said.

Alix Goss

Yeah. I had this image in my head of standing on a mountain top trying to herald all of us forward because none of us have the answer, but collectively we do. I see that we now have Heather connected.

Heather McComas

Hello there, can you hear me?

Alix Goss
Hey. I can, Heather.

Heather McComas
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 –

Sheryl Turney
[Inaudible – crosstalk] [01:02:37]

Alix Goss
Hey guys?

Sheryl Turney
But it is not really –

Heather McComas
I am sorry.

Alix Goss
Yeah, go ahead.

Heather McComas
I am getting –

Alix Goss
Heather, go ahead. I do not know who that was. Go ahead.

Heather McComas
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.

Lauren Richie
Thank you, Heather. We appreciate your –

Alix Goss
Okay. Well, thank you.

Lauren Richie
Sorry. Go ahead.

Alix Goss
Unh-unh. Please, Lauren.

Lauren Richie
So, thank you for that comment, Heather. I will ask the operator, any additional comments? Thank you.

Operator
There are no comments at this time.

Lauren Richie
Okay. I think we just have a couple of wrap-up slides, and I will turn it back to Sheryl and Alix.

Sheryl Turney
Great. So –

Alix Goss
It looks like somebody just put something in the chat box. Heather Readhead? I am not sure if she was trying to make a public comment. Just want to make sure we capture that.

Lauren Richie
Well, even if she is not able to dial in, we can still capture it. It will be captured for the record since it is in the chat, but we will leave the line open in case she wants to dial in.

Alix Goss
Okay.

Sheryl Turney
Okay. Why don't we go ahead with the wrap up and then we can check again, Alix, to see if she is going to call in?

Alix Goss

Okay. Well, we had, for our wrap-up today, planned to talk about finalizing the report. We just got feedback from the AMA and I guess there is an email with input that we need to take a look at. I cannot respond to that right now because I think I need to process that information and figure out where we need to go with it. And the goal will be that Sheryl and I will meet after this call with ONC and support staff and we will figure out next best steps for addressing feedback, and that we will then produce a next version for us to talk about next week. And with, I believe, the desire that we collectively cull the question on the report. Oh, and we see that we will also be getting comments from Margaret Weiker from NCPDP, so that means we will have three public comments. Not necessarily today. But folks, if you are going to be sending us comments, we really, really, really need them as soon as possible. And hopefully, you can get us any feedback as quickly as possible, preferably within the next 24 hours.

Since we are already a little bit focused on getting toward the finalized report, we will do our best to process fully every comment that we receive, and we will just need to figure out what comes in and what that means for next week's agenda and resolution. So, of any feedback that needs to be -- which consensus needs to be brokered. So, at this point, I think it is hold onto your hat, stay tuned, and we will be sending something out to you in advance of next week's meeting. Sheryl, Lauren, other commentary here?

Sheryl Turney

Thank you very much, Alix. And again, thanks to everybody that participated today and this year. Hopefully we will be able to come back to you next week and highlight the comments that we did receive through public comment today and how we were able to process those in our final report. So again, thank you all and I really appreciate it. Our next task force meeting is next week at the same time. I would suspect it is going to go similar to today, where we may end a little bit early. So, depending on how much discussion there is with the comments that we received and how we process them. But then we will provide a little update in terms of how we are going to be updating HITAC and where we go from there. Any questions or final comments from the task force members? Thank you. I guess that is a wrap, then. Have a great week.

Arien Malec

Bye, guys.

Lauren Richie

Take care everyone. Think we will talk next week. Bye-bye.

Adjourn (01:09:48)