The Office of the National Coordinator for Health Information Technology

Meeting Notes

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

April 7, 2020, 3:00 p.m. – 4:30 p.m. ET

VIRTUAL

EXECUTIVE SUMMARY

Co-chairs **Alix Goss** and **Sheryl Turney** welcomed members to the Intersection of Clinical and Administrative Data Task Force (ICAD TF) meeting.

Sheryl Turney reviewed a shared Google document created to capture the prior authorization (PA) workflow process. During the review of the document, ICAD TF members identified alternative sources that could provide much of the detailed information included in the document. Through the discussion, ICAD TF members began to formulate guiding principles, a need for an ideal future state, and a transition process for getting there.

Due to the size of the group and the diverse subject matter expertise, two groups were formed to inform next week's meeting. A group was formed to define the data categories and another was formed to identify guiding principles and an ideal future state.

There were no public comments. There were several comments from ICAD TF members in the public meeting chat via 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.	Edit Prior Authorization (PA) Info Table
03:45 p.m.	Discussion: Guiding Principles and Ideal State
04:10 p.m.	Next Steps and Logistics
04:20 p.m.	Public Comment
04:30 p.m.	Adjourn

CALL TO ORDER/ ROLL CALL AND WELCOME

Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the April 7, 2020, meeting of the ICAD to order at 3:00 p.m.

ROLL CALL

Alix Goss, Imprado/NCVHS, Co-Chair
Sheryl Turney, Anthem, Inc., Co-Chair
Anil K. Jain, IBM Watson Health
Jim Jirjis, Clinical Services Group of Hospital Corporation of America (HCA)
Gaspere C. Geraci, Individual
Jocelyn Keegan, Point-of-Care Partners
Rich Landen, Individual/NCVHS
Arien Malec, Change Healthcare
Jacki Monson, Sutter Health/NCVHS
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, United States Department of Veterans Affairs

Mary Greene, Centers for Medicare & Medicaid Services
Leslie Lenert, Medical University of South Carolina
Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin
Thomas Mason, Office of the National Coordinator
James Pantelas, Individual/Patient Rep
Abby Sears, OCHIN
Andrew Truscott, Accenture

SUMMARY AND ACTION PLAN

Alix Goss, co-chair of the ICAD TF, reviewed the agenda and summarized their recent work describing details of the PA process. At the last meeting, the ICAD TF reviewed a shared Google document used to determine how to improve the PA workflow burden. The end goal is to produce documentation that will support recommendations that will be reviewed with the HITAC in September.

EDIT PRIOR AUTHORIZATION INFO TABLE

Sheryl Turney reviewed the layout of the shared Google document used to collect feedback on the PA process. The document identifies the information needed for delivery of the service, ordering service, and for the patient to receive the service with expectations of the outcome. She asked the ICAD TF to consider if the appropriate data categories are being defined and collected.

Discussion:

- **Gus Geraci** commented that all of the broad categories were captured, but noted that there could be dozens of more categories related to patient data and specific data fields (e.g., patient identity demographics) that should be defined. He asked if there are standards for patient identity and demographics.
  - **Sheryl Turney** responded that the United States Core Data for Interoperability (USCDI) lists some details, but they might not be complete for what is required for PA. She suggested they list different sets of details for different kinds of PA.
  - **Jocelyn Keegan** reinforced **Jim Jirjis'** comment in the chat suggesting that subject matter experts can help complete the document. She also noted that there is a need to see if there are gaps in the standards or if a hybrid of multiple standards should be used.
- **Sasha TerMaat** commented that it would be useful to have descriptions of the categories so that they are completed with a consistent expectation.
  - **Alix Goss** noted the need to be clear about the scope of the data category and its definition. She asked if the ICAD TF should also consider maturity levels.
  - **Sasha TerMaat** stated that maturity levels should be out-of-scope for the ICAD TF; they should defer to established sources (e.g., Interoperability Standards Advisory (ISA)) for the assessment of maturity or adoption of standards.
    - She also noted that some items in the spreadsheet are more explicit than others. Within patient demographics, as an example, there are multiple items included that need to be broken out with different standards identified for each item.
- **Denise Webb** commented that the USCDI is a standard of standards. She noted her agreement with **Sasha TerMaat's** comment around patient demographics, as the patient demographics data class has 15 data elements under it
  - She suggested breaking down the ICAD TF into smaller groups to divide up the work of the group.
- **Rich Landen** commented that he was also struggling with the level of detail that is being

captured. He suggested keeping in mind that they are mapping a transaction from the provider to the health plan. He suggested that they assume that the provider has done a Health Insurance Portability and Accountability Act (HIPAA) standard eligibility transaction; therefore, the provider will have already obtained patient identification information required by the primary and secondary payer (if there is one). He suggested logic be built in based assuming that ASC X12N 278 is used.

- **Sheryl Turney** supported this idea because it is already done and does not add additional burden.

- **Arien Malec** commented that ASC X12N 278 is the prior authorization standard, ASC X12N 271 is the eligibility request response, which he agreed should be a precondition for the rest of the workflows. He also added the following comments in regards to the ICAD TF's review process:
  - The work already done on the shared document might be sufficient.
  - The ICAD TF should be aligning with USCDI to the extent possible.
  - The ICAD TF is not going to be defining the details of conducting PA electronically. He suggested hearing from other groups who have already done a lot of the work (e.g., Da Vinci), evaluating the work already done, identifying policy enablers and hooks, and identifying what is required to establish a pilot.
  - He suggested looking at best success patterns in rolling out electronic transactions.
  - By digging into the details of the shared document, the ICAD TF is doing work that has already been completed by others.
    - **Sheryl Turney** responded that Arien Malec made fair points. She asked where to begin their work related to the policy and standards recommendations mentioned.
- **Jocelyn Keegan** agreed with Arien Malec. She suggested gathering industry feedback that identifies the blockers. She also suggested looking at policies, not just transactions.
- **Alix Goss** summarized the discussion:
  - Let the standards governing bodies do the more detailed work.
  - Break specific areas of work apart and assign to small groups of members with specific areas of expertise.
  - Leverage the work of others for detailed standards work. Defer to other resources for maturity level (e.g., ISA).
  - Feedback from stakeholders can help build out the policy framework and ideal state.
- **Sheryl Turney** drew their attention to the guiding principles. She suggested that it would be helpful if the TF could add additional suggestions. She also commented that it might be helpful to have a pictorial representation.
  - She asked what it would look like if eligibility occurs, reviewing as an example of how to complete the table.
  - **Arien Malec** noted that there are transactions that are capable of sending more information than they are currently. He detailed the example of an ASC X12N 271.
    - All that is required to come back is that the person is eligible.
    - He suggested identifying the ideal state and answering questions about what should come back.
      - Identifying whether the patient is covered for this benefit? For this procedure?
  - Following the ideal state, an environment survey can be done to identify what information is returned, what isn't, and what can be done for improvement to move to a more electronic world.

- **Jocelyn Keegan** agreed with Arien Malec**.** She suggested identifying what is done and what isn't done. The notes provided can create a picture to identify where policy decisions could be made or find places where they can challenge the conventional wisdom of the PA process.
- **Sheryl Turney** asked the ICAD TF transitioned to the shared Google document attempting to capture the information, but the complexity of the different transaction types was quickly revealed.
  - **Jocelyn Keegan** suggested understanding the process today and what standards already exist. This will help identify stakeholders the ICAD TF needs to hear from to help level set across the task force.
- **Arien Malec** suggested identifying a current state and a transitional state, identifying the work already done, and what is need to make progress. He again suggested hearing from Da Vinci.
  - **Jocelyn Keegan** noted that she would help identify the appropriate person from Da Vinci to provide an update to the ICAD TF
- **Jocelyn Keegan** suggested continuing to move forward with current tools while creating a space to innovate and do better. She noted that it is important to understand the technical reasons and business drivers that impact current state, which will impact real-world recommendations.

DISCUSSION: GUIDING PRINCIPLES AND IDEAL STATE

Alix Goss commented that the ICAD TF has been identifying guiding principles throughout the discussion. An understanding of what exists today can be obtained by understanding the data categories where standards exist, populating guiding principles, identifying what is aspirational, and identifying what the transition needs to be.

Discussion:

- **Arien Malec** recommended articulating the ideal future state or "happy path". He suggested using the spreadsheet to articulate what has to be assumed true for the information to flow, without going into too much detail.
  - A view of informational assumptions can inform a current state survey that is informed by stakeholders and provides an understanding of business, technology, and policy obstacles, which can inform draft recommendations.
  - **Rich Landen** supported identifying the ideal state while also looking for projects in the industry that might solve or provide solutions.

NEXT STEPS AND LOGISTICS

Sheryl Turney asked the team to break out into groups, conducting their work by either meeting or working in the shared Google document.

- Guiding principles and ideal state (happy path)
  - Arien Malec
  - Anil Jain
  - Alexis Snyder
  - Alix Goss
  - Dr. Thomas Mason was volunteered

- Definitions of data categories
  - Jocelyn Keegan
  - Ram Sriram
  - Sheryl Turney
  - Josh Harvey
  - Jim Jirjis

Alix Goss asked the groups to be prepared to review their work during the next meeting.

Sheryl Turney noted that they would discuss potential work on additional use cases at the next meeting.

PUBLIC COMMENT

There were no public comments.

Questions and Comments Received via Adobe Connect

Sasha TerMaat: What does "patient identity" mean? Are we referring to a particular identifier?

Jim JIrjis: Would we recommend a minimum standard for identity and demographics

Jim JIrjis: would we not recommend a base standard for patient identification and Demographics?

Sasha TerMaat: USCDI does offer further specificity on demographics. There is not a category in USCDI for "identity" and it's less clear to me what that means.

Sasha TerMaat: https://www.healthit.gov/isa/sites/isa/files/2020-03/USCDI-Version1-2020-Final-Standard.pdf

Arien Malec: Typically, "identity" would mean MRN, benefit identifier, etc.

Jocelyn Keegan: I think we need level of which standard/transaction. . .exactly where Sasha is headed

Jocelyn Keegan: I think capability, maturity, adoption. . .is readily available from previous NCVHS hearings

Sasha TerMaat: Arien, that make sense, but then I don't think we would say it is covered in USCDIv1 (though I would expect it to be widely captured).

Jocelyn Keegan: I completely agree with everything arien is saying.

Richard Landen: Agree: can/should assume rows 8 - 13 (exception 9) should rely on X12 270/271 completions

Mary Kay McDaniel: it is in there...

Mary Kay McDaniel: Place of service.

Alix Goss: To clarify - Pharmacy does use the 270/271.

Arien Malec: #actually, prescribers use 270/271 to get PBM eligibility, but pharmacies use the NCPDP E1 transaction

Arien Malec: #itscomplicated

Arien Malec: 270/271 endorsed by NCPDP in the SCRIPT standard

Richard Landen: Well stated, Arien. Be cognizant of what is in place now, but don't constrain our vision to yesterday's technology and processes.

Jocelyn Keegan: I'll do breakdown of X12/NCPDP standards, FHIR IGs across the categories. . .and happy to work on future state given current ePA and mPA

Alexis Snyder: I can build out the happy place from patient

Anil Jain: I can work on future state

Anil Jain: Or guiding principals

Alexis Snyder: Ha!-That's voluntelling :)

Ram D. Sriram: Useful to have a diagram showing current state and future state and how we are going to get to the future (ideal) state from the current state. Use cases are a useful mechanism to do this.

Jocelyn Keegan: i can share some of the existing DV slides. . .

Alexis Snyder: We had a smaller group that diagramed the current state...

Alexis Snyder: I think Jim J had to leave call and may want to work in that group....

Denise Webb: I assume the rest of us can be reviewers / reactors to provide feedback on what is presented.

Jocelyn Keegan: we should have ePA demo with pharmacy too

CLOSING REMARKS AND ADJOURN

Alix Goss summarized the next steps, which include:

- The two groups will populate the shared document in preparation for sharing during next week's meeting
- The definitions of data categories group will build out the other sections related to standard information. They will assume that the deep dive work is being done by other SMEs.
- The team will work on scheduling demonstrations and presentations (e.g., Da Vinci, electronic prior authorization (ePA) demo with a pharmacy focus)

Sheryl Turney noted that she added another tab to the spreadsheet to build out guiding principles and happy path. She encouraged all ICAD TF members to continue to share comments in the document.

Lauren Richie thanked everyone for their input and noted that the next meeting will occur on April 14, 2020, at 3:00 p.m.

The meeting was adjourned at 4:22 p.m. ET.