Meeting Notes

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

May 26, 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. **Alix Goss** summarized the agenda and reviewed the activities completed by the ICAD TF since the TF began meeting in early March 2020.

Alix Goss finished presenting an overview of the Guiding Principles and Future State Word document and summarized related points of consideration listed under each category. ICAD TF members continued their discussion of the new document and submitted feedback.

Josh Harvey presented an overview of the Data Classes workgroup's updates, which included definitions of the data classes. ICAD TF members discussed the updates and submitted feedback.

Alix Goss summarized a draft timeline and the next steps for the ICAD TF.

There were no public comments submitted by phone. There were several comments submitted via chat in Adobe Connect.

AGENDA

03:00 p.m.	Call to Order/Roll Call and Welcome
03:05 p.m.	Review of Activities to Date
03:15 p.m.	Ideal State/Guiding Principles Workgroup Update
03:45 p.m.	Data Classes Workgroup Update: Definitions and Added Components
04:00 p.m.	Draft Timeline Discussion
04:15 p.m.	Next Steps
04:20 p.m.	Public Comment
04:30 p.m.	Adjourn

CALL TO ORDER/ ROLL CALL

Michael Wittie, Acting Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the May 26, 2020, meeting of the ICAD TF to order at 3:03 p.m. ET.

ROLL CALL

MEMBERS IN ATTENDANCE

Alix Goss, Imprado/NCVHS, Co-Chair
Sheryl Turney, Anthem, Inc., Co-Chair
Steven Brown, United States Department of Veterans Affairs
Gaspere C. Geraci, Individual
Jim Jirjis, Clinical Services Group of Hospital Corporation of America (HCA)
Anil K. Jain, IBM Watson Health
Jocelyn Keegan, Point-of-Care Partners
Rich Landen, Individual/NCVHS
Arien Malec, Change Healthcare
Thomas Mason, Office of the National Coordinator
Jacki Monson, Sutter Health/NCVHS
Alex Mugge, Centers for Medicare & Medicaid Services
Alexis Snyder, Individual/Patient Rep
Ram Sriram, National Institute of Standards and Technology
Debra Strickland, Conduent/NCVHS
Sasha TerMaat, Epic
Denise Webb, Individual

MEMBERS NOT IN ATTENDANCE

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
Abby Sears, OCHIN
Andrew Truscott, Accenture

REVIEW OF ACTIVITIES TO DATE

Alix Goss, co-chair of the ICAD TF, reviewed the agenda for the current meeting.

Then, she reviewed the activities completed by the ICAD TF since the TF began meeting in early March 2020, which included:

- Produced and updated compendium of historical artifacts
- Examined a wheelchair order prior authorization (PA) workflow diagram
- Small groups have detailed data classes, ideal state, and guiding principles in Google workbook tabs
- Privacy and Security small group kicked off this past week
- Presentations from Surescripts, CoverMyMeds, Humana, Cambia/Regence, and American Medical Association (AMA)
- Updated HITAC on TF progress

She noted that a few more presentations might be scheduled for upcoming meetings. Also, she stated that she hoped the ICAD TF could wrap up work on the items related to the guiding principles and ideal state. She noted that feedback on their first summation work would be appreciated.

IDEAL STATE/GUIDING PRINCIPLES WORKGROUP UPDATE

Alix Goss directed ICAD TF members to the Guiding Principles and Future State document that was first presented at their May 19 meeting. She noted that it had been updated to reflect which items were discussed, which were given to the new Privacy and Security small workgroup to consider, and which categories were left for the ICAD TF's discussion. She gave a brief overview of the remaining categories and summarized related points of consideration listed under each category in the document. These included:

Category: Design for the future while solving needs today

- Perfection in every scenario is not possible, so the goal is to go for great enough, covering the vast majority of cases.
- Our approach should be sensitive to clinician burden to drive adoption and obtain desired results.
- If the floor is established, ensure corresponding operating rules and regulatory rules allow for rapid standards development and evolution to not preclude innovation.
- The operating rules should continue to raise the foundational level of adoption while encouraging/supporting organizations raising the ceiling capabilities.

Discussion:

- **Rich Landen** suggested updating the text in the first bullet point to replace "the vast majority of cases" with "significant" and voiced his concern that their work might get bogged down by instances of PA that are too complex. He estimated that trying to cover up to 80% of PA use

cases with their work might be too large of a goal.

- o **Arien Malec** responded that the ICAD TF should set goals high and then downgrade by a phased approach, if necessary. He discussed the various percentages the ICAD TF could use as a target for the amount of PA cases that could be automated.
- o **Alexis Snyder** voiced her agreement with **Arien Malec's** point. She requested that the ICAD TF not use a numerical figure to quantify their goal. She suggested adding wording about starting with the simplest use cases.
- o **Anil Jain** noted that if the ICAD TF members use a quantitative instead of a qualitative goal, it would cause complications with their work. He recommended using general language to convey that the majority of PA would be covered by their guidance.
- o **Alix Goss** noted the ICAD TF members' feedback and explained that she would adjust the wording of the bullet point for presentation/discussion at a later TF meeting.
- o **Jocelyn Keegan** noted the complexity around types of PA. She suggested that the majority of PAs, like single-use/codifiable PAs between two parties, should be automated, which would reduce burden on the system. She discussed creating a path towards automation for more complex types of PA, and she suggested that they could use lessons learned from the less complex PA scenarios.
- **Alexis Snyder** mentioned her comment from the Adobe chat and asked that the term in the second bullet be modified to be more encompassing. She suggested that "clinician burden" should be changed to incorporate burden reduction for all-clinicians, patients/caregivers, and systems.
  - o **Sheryl Turney** suggested that the ICAD TF should be mindful that unintended burdens and consequences could result from their recommendations. **Alix Goss** noted that she captured the comment.

Category: Aligned to national standards

- Accelerate industry adoption of national electronic standards for prior authorization and improve ongoing transparency of formulary information and coverage restrictions at the point-of-care and during duration of the episode.
- Our work should inform the coordination and alignment of existing efforts rather than re-invent
- Standardized data will align with United States Core Data for Interoperability (USCDI) and will be the basis of data exchanged for prior authorization.
- To that end, if key/priority data are not currently present in USCDI, then ICAD TF will prioritize feedback to the USCDI TF for consideration in subsequent versions
- Standard format and related policy adopted at a national level for additional documentation request and response to provide supplemental information needed to process the prior authorization request (aka attachments regulations)
  - o There is an attachment standard with broad ability for payers to receive provider's attachment submissions.
  - o Without an attachment standard, clarity exists on the rules for how providers supply additional info to payers to avoid denial of PA because of lack of information capable of being sent in initial PA request.
- There should be consistent standards advancement process used for administrative and clinical standards adoption
- New standards have low additional development and implementation costs relative to the benefits of using the standard.
- Standards, implementation guides and operating rules are freely available, and the development activities are funded through private and public sector investments and initiatives

Alix Goss summarized one or more bullet points at a time and then paused between them to allow for discussion by ICAD TF members. She updated the bullet points throughout the discussion to capture feedback.

Discussion:

- **Jocelyn Keegan** suggested changing the wording in the first bullet to expand on the term "formulary."
- **Rich Landen** suggested that the second bullet point be updated to reflect that the ICAD TF should work to identify recommendations to remove barriers for existing initiatives to help them succeed with opportunities.
- **Denise Webb** noted that the HITAC formed the USCDI task force with a charge to respond to making recommendations about proposed rules. As a result, she suggested that ONC should be tasked with managing the process described in the third bullet point.
  - o **Sheryl Turney** responded that this should be assigned to ONC and not the USCDI task force.

- **Jocelyn Keegan** requested more background information on the fifth bullet point.
  - o **Alix Goss** presented a summary of the method for updating HIPAA transactions. She explained how the adoption of the new standards advancement process in ONC's Interoperability Rule has created a situation where two different processes are used to advance clinical and administrative standards adoption.
  - o **Arien Malec** thanked her for her masterful summary of the landscape. He discussed how the work of the Argonaut Project and ONC rulemaking assistance has created room for innovation and standards advancement through a floor and ceiling approach. He described the steps involved, which included:
    - ▪ Making sure there was a common standards advancement process across Centers for Medicare & Medicaid Services (CMS) and ONC.
    - ▪ Maintaining flexibility of the standards advancement process.
    - ▪ Ensuring that the process allows for raising the floor and the ceiling at the same time.
    - ▪ Making Fast Healthcare Interoperability Resources (FHIR) based standards implementation guidance freely available to drive innovation.
  - o **Alix Goss** noted that **Arien Malec's** feedback was useful for informing the fifth and sixth bullet points.
  - o **Jocelyn Keegan** suggested calling out the differences in the ways the two distinct processes behave. She emphasized the concept of allowing for innovation and flexibility.
  - o **Rich Landen** thanked the other TF members for sharing their expertise. He described a rarely used but available process, in which exemptions to administrative transactions under HIPAA are allowed. So, he noted, if a group wants to use something that is not a standard, they have to make an application to the Secretary of Health and Human Services (HHS).

Category: Uncategorized

- Prior Authorization processes necessitate a point person to ensure the PA is fully resolved (quarterback role), and related coordination/follow-thru is performed.

Alix Goss noted that this item would be incorporated as either a guiding principle or an ideal state, but no ICAD TF members submitted any feedback.

DATA CLASSES WORKGROUP UPDATE: DEFINITIONS AND ADDED COMPONENTS

Josh Harvey presented an overview of updates to the Data Classes tab of the shared Google document. He described how the workgroup added context and descriptions to each of the data classes. Also, they discussed data elements that would be useful in the context of PA and rolled those into the data class level for ease of reference. He presented an overview of each new data class description in the table and provided background information.

Discussion:

- **Alexis Snyder** requested a modification to the definition under the patient-generated data class to add a mention of a patient/caregiver statement about necessity.
  - o **Sheryl Turney, Josh Harvey, and Alexis Snyder** discussed the PA examples discussed at past meetings and how to best word the definition.
- **Alexis Snyder** suggested that the "fitment for DME" part of the definition could be altered because it is already automatically part of the PA process.
- **Alexis Snyder** suggested adding the text "information provided to the provider and transparent to the patient" to the PA decision definition.
  - o **Josh Harvey** noted that he modified the document to reflect her comment.
- **Jim Jirjis** discussed how the ICAD TF could address the level of granularity that could be given about PA denials.
  - o **Sheryl Turney** suggested that they add PA Rules and Data Requirements to the table as another row. **Jim Jirjis** and **Josh Harvey** discussed the nuances of how to add this data class.
  - o **Jim Jirjis** suggested adding Reason for Denial as another data class.
- **Jocelyn Keegan** described an anecdote to illustrate the importance of the two new suggested data class categories. She noted that recording changes in the care journey that could trigger the need to reauthorize and could also trigger a denial. She stated that exposing the data rules was important. She emphasized that expanding these two data classes would be helpful.
  - o **Sheryl Turney** responded that she would work on adding definitions to the new data classes.
- **Alix Goss** inquired about where the response code sets would be captured. She explained that Medicare creates additional codes to provide greater specificity around PA responses.
  - o **Josh Harvey** asked the ICAD TF to weigh in on this topic. He suggested the PA decision data class, but **Alix Goss** noted that the topic is bigger than PA denial.
- **Jim Jirjis** noted that adding PA Rules and Data Requirements to the workflow could ultimately increase burden and not reduce it. He discussed the example of PA rules used in medical services, and he noted that the rules are often very large PDF files that differ by payer, by variation, and by updates. He suggested adding it to the principles.

- o **Sheryl Turney** noted that the recommendations of the ICAD TF should find a balance of informing without adding burden. She suggested one idea that the end solution could open capability within the EMR system to allow access to a payer-populated rules engine.
  - o **Jim Jirjis** emphasized that using multiple, separate payer portals is not a good solution.
  - o **Sheryl Turney** suggested that they continue to discuss the topic because it will need to be covered in the ICAD TF's final deliverable to the HITAC.
- **Alexis Snyder** suggested that adding additional information around the transparency of a PA denial is important. She explained that the reason is often a 999 miscellaneous code, which is not informative, and that adding greater detail would allow the patient/caregiver to understand the denial, what was missing, and how to proceed with a fix or an appeal.
  - o **Sheryl Turney** noted that the point would be captured as part of the description around reasons for denial or pend.
- **Jocelyn Keegan** emphasized the importance of the principle discussed early in the meeting about not increasing additional burden, and she noted that the ICAD TF should focus on not stopping someone in the workflow from completing their task.
  - o **Jim Jirjis** suggested updating the wording to reflect the idea of a workflow-friendly information presentation. He explained that the concept of an information flow built around a workflow is an established principle, so they should consider using it.
  - o **Alix Goss** responded that she agreed with and had captured his suggestion.
- **Jim Jirjis** submitted two pieces of feedback:
  - o He discussed the data class titled "Service Completion" and suggested that they add wording to describe that the ultimate goal of a PA is the actual payment of a claim, with a process that includes the interplay between the PA request and the approval.
  - o He discussed the metadata class and how it could be used to interface information about the status of a PA request to different entities (payers, providers, patients) throughout the lifecycle of the request. He discussed the concept of a state machine, which Arien Malec discussed at a previous meeting, and how timing could be built into it or into the PA rules to address premature PA denials.
  - o **Josh Harvey** suggested adding this to the guiding principles, but he also solicited **Alix Goss's** opinion.
  - o **Alix Goss** responded that complexities related to timing a state machine would be added to the list for the small workgroup to consider in between meetings.
  - o **Sheryl Turney** thanked ICAD TF members for their feedback and noted that she would update the Google document table to reflect the meeting's discussions.

Michael Wittie opened the meeting for public comments.

PUBLIC COMMENT

There were no public comments via the phone.

Questions and Comments Received via Adobe Connect

Katherine Campanale: Hi all- we are starting shortly.

Jim Jirjis: HOw *[sic]* about "all of the common use cases"?

Arien Malec: Apologies

Arien Malec: As a counter, perhaps we talk about a staged run-in period.

Arien Malec: Our goal is "vast majority" but we recognize that we stage achievable milestones.

Alexis Snyder: forgotto *[sic]* mention #2-"clinician burden" and change to incorporate burden reduction for all-clinicians, patients/caregivers and systems

Richard Landen: Good discussion. Thank you all.

Jocelyn Keegan: agreed with alexis!

Jocelyn Keegan: Yes. to Rich's point on barriers.

Arien Malec: Alix is a walking HIPAA transaction policy encyclopedia.

Jocelyn Keegan: Rich, good point on exceptions process. . .

Jocelyn Keegan: I'd leave response in place and add two new lines for Rules Defined

Sheryl Turney: agreed

Susan Clark: I am not on the phone for public comment but I appreciated Arien's information about the HL7 membership requirement to participate in the process and the comments to provide appropriate level of granularity on reason codes for appropriate action.

Richard Landen: Agree: need not just availability but integrated into workflow/automated.

Gus Geraci: Sorry, my power went out. backn inon. *[sic]* my phone.

DRAFT TIMELINE DISCUSSION

Sheryl Turney discussed the timeline for the ICAD TF's work, and provided the schedule for the full HITAC review, and these dates included:

- September 9, 2020: present draft ICAD TF recommendations
- October 21, 2020: present final ICAD TF recommendations for vote and approval
- November 10, 2020: participate as needed

She noted that an overview of a draft ICAD TF timeline was included in the slides.

Alix Goss explained that, due to the break in the HITAC's meeting schedule in the summer, the ICAD TF timeline required some adjustments. Now, they have two additional weeks to complete their work.

NEXT STEPS

Sheryl Turney summarized the next steps for the ICAD TF. She explained that members and smaller workgroups would continue to provide feedback on the workbook.

She stated that at their June 2 meeting, the ICAD TF would hear a presentation from CMS on the Document Retrieval Lookup Service (DRLS) Initiative, which is a Da Vinci Project use case. Another presentation will be announced pending finalization.

She explained that the TF will move from the PA example to a broader discussion of integration. Then, in the longer term, they will need to work on drafting recommendations and report, and she described a variety of the elements that would be contained in the final paper.

Alix Goss thanked **Sheryl Turney** for the overview and noted her appreciation for Sheryl's experience creating formal reports for the HITAC.

ADJOURN

Sheryl Turney thanked everyone for their participation in the meeting and noted ICAD TF members should submit additional feedback to the shared workbook before the next meeting.

Michael Wittie noted that the next meeting will be held on Tuesday, June 2, 2020. The meeting was adjourned at 4:28 p.m. ET.