The Office of the National Coordinator for Health Information Technology

Meeting Notes

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

June 2, 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 at their previous meeting.

Presenters from the Centers for Medicare and Medicaid Services (CMS) and MITRE presented information on their Documentation Requirement Lookup Service (DRLS), including a demonstration. ICAD TF members discussed the presentation and submitted questions for the presenters.

Sheryl Turney presented an overview of the Data Classes workgroup's updates, which included additional work on the 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. Several TF members volunteered to be part of a new, small workgroup that will focus on policy levers and the production of the final recommendations document for presentation to the HITAC.

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

AGENDA

03:00 p.m.	Call to Order/Roll Call and Welcome
03:05 p.m.	Summary and Action Plan
03:10 p.m.	Centers for Medicare and Medicaid Services: Documentation Requirement Lookup Service Demonstration and Discussion
03:40 p.m.	Data Classes Update
04:00 p.m.	Next Steps
04:20 p.m.	Public Comment
04:30 p.m.	Adjourn

CALL TO ORDER/ ROLL CALL

Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the June 2, 2020, meeting of the ICAD TF to order at 3:05 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
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
Rich Landen, Individual/NCVHS
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

SUMMARY AND ACTION PLAN

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 at their last meeting. She noted that they discussed the Guiding Principles and Ideal State work in the shared document, including the design for Future State. The ICAD TF considered how to focus on the highest value areas and 'create a pathway to automation' for prior authorization (PA). Then, the TF took a detailed look at the Data Classes and Data Elements workbook tabs, discussing overall code disposition needs, burden considerations, and updated schedules. Finally, she noted that they discussed the timelines required for the ICAD TF to finish work, and she emphasized the need for a solid draft recommendations document by July 2020 in preparation for their presentation at the September 9 Health Information Technology Advisory Committee (HITAC) meeting.

Sheryl Turney, co-chair of the ICAD TF, welcomed the presenters from CMS and MITRE.

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS): DOCUMENTATION REQUIREMENT LOOKUP SERVICE (DRLS) DEMONSTRATION AND DISCUSSION

Ashley Stedding, DRLS Government Lead, CMS, introduced herself and the other presenters, **Nalini Ambrose**, DRLS Project Lead, MITRE Health Federally Funded Research and Development Center (FFRDC), and **Larry Decelles**, DRLS Technical Lead, MITRE Health FFRDC.

Ashley Stedding presented an overview of the agenda for the meeting, and she explained that the presentation would provide information on the Documentation Requirement Lookup Service (DRLS), which is a precursor related to items and services for patients. She stated that, following the presentation, ICAD TF members would have a better understanding of the reasoning behind the development of DRLS, how clinicians are expected to use it, what technologies enable it. She noted that lessons learned would be shared, as well as the current status of the DRLS prototype development and next steps.

She explained that CMS is interested in DRLS because they have heard from providers and clinicians that documentation requirements are too hard to find, and this places the burden on providers to find the coverage requirements, including both documentation and prior authorization requirements. She noted that they are aiming to meet the American Medical Association (AMA): Prior Authorization and Utilization Management Reform Principles, which stated that utilization review entities should publicly disclose, in a searchable electronic format, patient-specific utilization management requirements, including PA, applied to individual drugs and medical services. Additionally, utilization review entities should clearly communicate to prescribing/ordering providers what supporting documentation is needed to complete every prior authorization and step therapy override request.

She directed ICAD TF members to the presentation slides for more in-depth information on the development and objectives of the DRLS. She noted that the Medicare Fee-for-Service (FFS) DRLS

prototype is software that will allow healthcare providers to discover PA and documentation requirements at the time of service in their electronic health record (EHR) or integrated practice management system through electronic data exchange with a payer system. She provided an overview of how the Da Vinci Project use case of coverage requirement discovery (CRD) makes up part of the DRLS prototype and explained how DRLS works in the clinical workflow.

Larry Decelles continued the presentation by explaining the technical view of the DRLS workflow for an order. He noted that the workflow depicted in the presentation slides is an example meant to show the technology used in the process, and he cautioned that it might not directly map to a particular workflow. He described each of the steps depicted in the workflow, including any technologies involved, by using the example of OEM oxygen therapy.

Next, he described the connection between the current PA process and DRLS, and he noted that the DRLS prototype is based on two HL7 DaVinci use cases. He explained that DaVinci is a FHIR accelerator, which is designed to assist communities across the global healthcare spectrum in the creation and adoption of high-quality standard artifacts to move towards the realization of global health data interoperability. Then, he further explained that the two Da Vinci use cases are:

- The CRD, which allows the provider's EHR to ask the payer's system if there are PA and/or documentation requirements, receiving a "yes" or "no" response.
- The Documentation Templates and Rules (DTR), which enables the EHR to request and receive documents, templates, and rules from the payer's system. It then pre-populates the required documentation.

He noted that Prior Authorization Support (PAS), which enables the provider, at point of service, to request and receive authorization directly, is an ancillary use case dependent on CRD or DTR.

He presented a brief overview of the DRLS in the clinician workflow, followed by a more in-depth overview of the development and testing of DRLS standards. He noted that, as a part of the Da Vinci accelerator, they have participated in connectathons and showcases, where they tested and piloted CRD and DTR reference documentation. He described their work related to these activities and directed ICAD TF members to a timeline of DRLS implementation guides and connectathons in the presentation slides. Then, he noted that both use cases, CRD and DTR, have their own implementation guides, and he explained that weblinks to these, along with reference implementation and confluence artifacts, were provided in the presentation slides.

Then, he discussed DRLS rule sets for pilot testing and explained that rule sets are specific sets of data requirements for what needs to be documented in the medical record to support coverage for a given item or service. The DRLS team is developing Medicare FFS rule sets for select topics based on improper payment rates and other factors, and he directed the TF members' attention to the list of rule sets in the slides. He presented a brief overview of the three kinds of DRLS pilot testing used, which included: point-to-point, multi-payer, and provider acceptance and EHR testing.

Nalini Ambrose presented an overview of the DRLS stakeholder engagement efforts, and she explained that they convene a quarterly DRLS Stakeholder Leadership Group (SLG) with 50+ members from state and federal government, commercial payers, healthcare providers, EHR vendors, DME suppliers, and associations. She noted that the SLG identifies DRLS challenges and provides feedback, builds industry awareness of and buy-in for DRLS, provides input on DRLS prototype and rule set development, and supports pilot participation. Additionally, she explained that a smaller monthly DRLS Work Group (WG) holds focused working sessions, including conducting deeper dives into priority areas and recommending actions.

She discussed a list of key lessons learned in the past two years, both from a CMS engagement perspective as well as from a stakeholder engagement perspective, and they included:

- DRLS is an important first step in building interoperability between provider and Medicare FFS systems to improve identification of coverage and PA requirements.
  - CMS could achieve data interoperability goals through DRLS, which could be leveraged across multiple CMS programs for better alignment with the standards being used
- As a FHIR Accelerator, the HL7 Da Vinci project acts as a vehicle to help interoperability progress faster.
  - Early and ongoing industry stakeholder feedback is vital to help build and test the standards in a collaborative manner.
- Establishing strong, sustained governance for the DRLS initiative is imperative to maintain momentum through industry adoption and implementation.
  - Clinician input is central to tailoring and fine-tuning DRLS to meet their needs, improve usability within their workflows, and increase their efficiency.
- Iterative development of the DRLS prototype (i.e., Agile philosophy and methods) allows for continuous adjustments and improvements.
  - Clinicians who understand how DRLS works in the EHR can influence their EHR vendors to develop the right user environment for easy adoption and use.

She explained that continued work on the DRLS initiative toward establishing a "solid state" would achieve the following:

- Establish a solid foundation for the standards being developed to a degree of maturity before the industry can take it forward
- Maintain momentum and interest in the industry to adopt DRLS and similar digital solutions
- Obtain early and ongoing stakeholder input and buy-in to help build and test the standards in a collaborative manner

In conclusion, she summarized the four main components for continued DRLS development, which included:

- Standards Development: continue developing CRD and DTR IGs and RIs through 2021
- Rule Set Development: identify, develop, test additional rule sets
- Pilot Testing: demonstrate the capability and readiness to deploy DRLS and pursue end-to-end testing
- Stakeholder Engagement: continue to engage stakeholders to drive DRLS awareness and buy-in

Ashley Stedding asked ICAD TF members to submit questions for the presenter, and she also noted that the CMS mailbox was listed in the presentation slides, as well as the link to the CMS.gov webpage.

Discussion:

- **Jocelyn Keegan** thanked the presenters and congratulated them on the progress they have made on the Da Vinci use cases. She inquired if they were in the pilot planning phase or if they were doing the actual piloting now.
  - **Larry Decelles** responded that they were running a pilot with Rush Medical University in Chicago, but it was put on hold due to the COVID-19 crisis. He noted that they have pilot plans with a few vendors that have not launched.
  - **Jocelyn Keegan** inquired if they are leveraging the existing testing tools to certify the API. She also inquired if they, as the project team but also implementers, have been exercising people's compliance with the emerging standards.
  - **Larry Decelles** responded that they try to leverage the newer tools wherever possible and discussed several of them. He noted that they are building many rule sets and discussed the tools they are using to give the rule sets a consistent look and feel. He

noted that common pieces of the rule sets could be reused.

- **Arien Malec** requested more information on the pilot program that was paused due to the COVID-19 crisis and the next steps for the process. Also, he inquired if the pilot programs would involve an end-to-end mock simulation.
  - **Larry Decelles** responded that their pilots are in development environments and are very close to being ready but are not in production yet. He explained that they are working with real EHRs now and hope to work with real protected health information (PHI) in the future.
  - **Arien Malec** noted that the presentation conveyed that their work has been in R4, but the majority of the deployed world is in R2. He inquired if they see R4 as the ecosystem on which they will depend in the future.
  - **Larry Decelles** explained that they built two rule sets in R3, but the rest of the new development will be in R4.01. He discussed the integration they are working on with Cerner.
  - **Arien Malec** discussed the background of the Argonaut Project, and he explained that they began by using R2 but are currently upgrading to R4. He inquired about the preconditions and if they support clinical decision support (CDS) hooks or if there are other foundational preconditions.
  - **Larry Decelles** responded that this is part of CRD and discussed the CDS hooks they support.
  - **Arien Malec** summarized the discussion and noted that there are some preconditions for implementing CDS hooks and some preconditions for the triggers that are supported. He asked for more information about how they are assembling the network of health systems and EHR vendors that are involved, and he inquired if they were all volunteers.
  - **Larry Decelles** asked **Nalini Ambrose** to discuss the pilot research. She explained that they began to build their list of potential pilot participants from the HL7 vendors and associations that they had surveyed about their current functionality and interest in potential pilot participation. She noted that they also conducted special open-door forums or responses by CMS and found other participants in this manner. They focused on HL7 DaVinci members and used the members to connect with other healthcare systems, focusing on pulling together a wide range of participants based on size, location, and other factors.
- A **Public Commenter** inquired via the chat in Adobe if they are planning to share the rulesets for 10.
  - **Larry Decelles** responded that the rulesets are open source, and he explained that they are available on GitHub. He referenced the weblinks that were provided in the presentation slides.
- **Alix Goss** thanked the presenters and noted that another view of how the marketplace is advancing has been helpful as the ICAD TF examines PA, medical necessity, coverage requirements, and emerging technologies. She noted that the TF would see several more presentations at upcoming meetings.

DATA CLASSES UPDATE

Sheryl Turney presented an overview of updates and additions to the definitions of the data classes in the shared Google document. She described how the workgroup added context and descriptions based on the discussion held at the last meeting of the ICAD TF. She presented an overview of each data class description in the table that was updated, including background information, and these included: patient identity, PA response, PA rules, PA data requirements, the reason for denial, PA status, and PA appeal. She discussed the rationale behind some of the updates, and she noted that an HL7-focused group met

to discuss these data classes. She drew parallels to related items from the presentation given earlier in the meeting by CMS, including the Da Vinci use cases. She invited ICAD TF members to comment with suggestions or questions.

Discussion:

- **Alexis Snyder** commented that she did not see the items they discussed at their previous meeting. These included the topic of patient transparency and information as a data class and the need for a requirement to have a complete explanation and not just a general code across the board.
  - **Sheryl Turney** responded that she would add those items before the next meeting of the ICAD TF.
  - **Alexis Snyder** inquired if items had been moved or removed from the data classes tab.
  - **Alix Goss** noted that ICAD TF members should focus on the Data Classes tab of the shared Google document and explained that the Ideal State section was moved to a separate document. She explained that the confusion is likely due to the fact that some items might be included in the Word document instead of the data classes tab, and she suggested that concerned TF members should discuss the topic with her offline.
- **Jim Jirjis** requested that the wording related to PA denials be changed to be more explicit regarding the precision of denial codes. He suggested that miscellaneous codes not be allowed and that any missing data and/or the name of the rule that was violated by the PA request be listed instead.
  - **Sheryl Turney** responded that she would add those items before the next meeting of the ICAD TF.

NEXT STEPS AND DRAFT TIMELINE DISCUSSION

Alix Goss discussed the next steps for the ICAD TF and presented the draft timeline for the summer and early fall. She noted that, due to HITAC's meeting schedule, the TF gains two extra weeks of working time. She suggested that, during this time, they have gained the ability to add more presentations from the marketplace to assist the TF's broader thinking around PA activities and to think about workflows, EHR integration, operating rules, the granularity of their message, and other topics. She encouraged TF members to discuss the draft timeline and to submit any feedback. The draft timeline presented was as follows:

- June 2, 2020:
  - CMS/DRLS Presentation and Discussion
  - Data Classes Update
- June 9, 2020:
  - AHIP Presentation
  - TBD Presentation
- June 16, 2020:
  - TBD Presentation
  - Privacy and Security Ideal State and Guiding Principles Discussion
- June 23, 2020:
  - American Health Information Management Association (AHIMA) Presentation
  - CAQH CORE Presentation
- June 30, 2020:
  - Process Mapping Discussion (BPM+ work)
  - Integrated Federal Data Model Discussion

- July 7, 2020:
  - Data Classes Wrap-up
  - Ideal State/Guiding Principles Wrap-up
  - Prior Authorization Recommendations Brainstorming
- July 14, 2020:
  - Convergence of Clinical and Administrative Data: Deep Dive
- July-August 2020:
  - Develop Draft Recommendations and Report Outline
- August 4, 2020:
  - Full TF Review and Discussion of Initial Draft Recommendations
- September 9, 2020:
  - Present Draft Recommendations to HITAC for feedback
- October 21, 2020:
  - Finalize Recommendations and Report

Alix Goss noted that all ICAD TF members would be encouraged to continue to contribute and to give feedback on the workbook. She explained that they would begin taking volunteers for the next steps of their offline work, which she emphasized has been extremely useful in advancing their efforts. She noted that the co-chairs would be understanding of TF members' need for flexibility for scheduling during the continued COVID-19 response efforts and in light of summer vacations.

Sheryl Turney called for volunteers to create groups to address the specific sections of information that will be covered in the final report.

Discussion:

- **Arien Malec** volunteered to work on the End State and suggested that the ICAD TF discuss policy levers at a future meeting.
  - **Sheryl Turney** and **Alix Goss** noted that this topic would be added to a future agenda.
- **Jocelyn Keegan** volunteered to work on the appearance and content for the final document.
  - **Sheryl Turney** and **Alix Goss** thanked her for offering to volunteer.

Lauren Richie opened the meeting for public comments.

PUBLIC COMMENT

There were no public comments via phone.

Questions and Comments Received via Adobe Connect

Gus Geraci: Are we running a bit late, still hearing music?

Lauren Richie: starting now

Gus Geraci: ok. sorry

lorraine doo: can the operators add Alex Mugge back? she just got dropped and sent me a text

Katherine Campanale: Hi Lorraine, we are working with the operator to get Alex back. Thank you.

Jocelyn Keegan: it updated larry

Alix Goss: TF members, we'll take Q&A shortly, please raise your hand to get in the queue

Raj: Kudos! Great progress and presentation.

Raj: Question: Are you planning to share the rulesets for 10

Jocelyn Keegan: Nalini, you should connect with newest members at OrthoVirginia, drop me a note and I'll intro you.

Raj: Thanks, Larry. Yes, we are aware of the git location.

Jocelyn Keegan:
https://confluence.hl7.org/display/DVP/Da+Vinci+Implementation+Guide+Dashboard

Jocelyn Keegan: Good surfer page for all the links to IGs, scroll all way right for GIT hub links

Alexis Snyder: Yes to Jim's point

Alexis Snyder: we see your notes Sheryl

Jim Jirjis: thank you Alexis. That level of detail benefits the providers as well as patients and families

Alexis Snyder: Yes, my point was for clarity for all parties around the codes

Barbara Kramer-Zarins: Are the PA slides available for download?

Lauren Richie: Today's slides are available for download here:
https://www.healthit.gov/hitac/events/intersection-clinical-and-administrative-data-task-force-meeting-12

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

Gus Geraci: thanks

ADJOURN

Sheryl Turney thanked everyone for their participation in the meeting. She thanked the volunteers who had already stepped forward and encouraged others to participate. Then, she discussed the slight disconnect between items discussed and noted during meetings, work done offline, and the materials captured in the shared documents. She emphasized the upcoming deadlines listed in the draft timeline and the need to continue the ongoing work of the ICAD TF.

Alix Goss thanked ICAD TF members for their efforts and noted that a new workgroup would be created to discuss policy levers and begin focusing on the final document. She encouraged TF members to volunteer and to email her with any additional feedback.

Lauren Richie noted that the next meeting will be held on Tuesday, June 9, 2020. The meeting was adjourned at 4:22 p.m. ET.