



The Office of the National Coordinator for  
Health Information Technology

# Meeting Notes

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

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

VIRTUAL



## EXECUTIVE SUMMARY

Co-chair **Sheryl Turney** welcomed members to the Intersection of Clinical and Administrative Data Task Force (ICAD TF) meeting and summarized the agenda and the recent activities of the ICAD TF, including an overview of the last meeting. As members of the synthesizing small workgroup, **Alexis Snyder** and **Anil Jain** presented the Guiding Principles and Ideal State document, and **Alix Goss**, ICAD TF co-chair, facilitated a discussion during which TF members submitted questions and comments. The Detailed Plan to Reach the Finish Line work was pushed back to the agenda of a future meeting to create time for the Guiding Principles discussion. 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. Guiding Principles and Ideal State Synthesizing Discussion  
04:10 p.m. Detailed Plan to Reach the Finish Line  
04:20 p.m. Public Comment  
04:25 p.m. Next Steps  
04:30 p.m. Adjourn

## CALL TO ORDER/ ROLL CALL AND WELCOME

**Cassandra Hadley**, Acting Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the August 4, 2020, meeting of the ICAD to order at 3:04 p.m. ET.

## ROLL CALL

**Alix Goss, Imprado/NCVHS, Co-Chair**  
**Sheryl Turney, Anthem, Inc., Co-Chair**  
Steven Brown, U.S. Department of Veterans Affairs  
Gus 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  
Alexis Snyder, Individual/Patient Rep  
Ram Sriram, National Institute of Standards and Technology  
Sasha TerMaat, Epic  
Denise Webb, Individual

## MEMBERS NOT IN ATTENDANCE

Mary Greene, Centers for Medicare & Medicaid Services  
Thomas Mason, Office of the National Coordinator  
Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin  
Jacki Monson, Sutter Health/NCVHS  
Alex Mugge, Centers for Medicare & Medicaid Services  
Debra Strickland, Conduent/NCVHS  
Andrew Truscott, Accenture





## SUMMARY AND ACTION PLAN

**Sheryl Turney**, co-chair of the ICAD TF, welcomed members, reviewed the agenda for the current meeting, and provided a summary of the last meeting, during which **Sheryl** described the Cures Act Priorities for HITAC through a review of the Cures Act language that directs HITAC activities and a discussion of how they relate to ICAD TF goals and recommendations. Also, at the previous meeting, the TF discussed how to take the progress and work done with prior authorization (PA) to the next level of the broader intersection of clinical and administrative data and the structure of achieving these goals in the report. **Sheryl** also led a discussion of how to transform the TF's materials into a draft report following the three Cures Act target areas of interoperability, privacy and security, and patient access. The TF discussed ways to incorporate stakeholder needs and incentives into their recommendations to ensure they can and will be acted upon.

## GUIDING PRINCIPLES AND IDEAL STATE SYNTHESIZING DISCUSSION

### Synthesizing Introduction and Process

**Alix Goss** opened the presentation of the ICAD TF's Guiding Principles and Ideal State by explaining that **Anil Jain** and **Alexis Snyder** would present the small synthesizing workgroup's recent work. Then, **Alix** explained that she would facilitate a Q&A session with TF members on the new Guiding Principles and Ideal State document.

**Alexis Snyder** described the steps she and **Anil Jain** completed as members of the synthesizing small workgroup. They began by organizing and sequencing the TF's nine Guiding Principles, ordering them by beginning with Patient at the Center, and moving from there. The draft document, which was titled "Achieving the Ideal State: Guiding Principles," was displayed through the meeting software, and **Alexis** noted that it began with a brief vision statement. **Alexis** explained that **Anil** would discuss it in further detail later in the presentation and noted that they added several descriptive sentences to each of the Guiding Principles. Then, she explained how the workgroup used color-coded text to denote which items were new (blue text), which were pulled directly from the shared Google worksheet (black text), and which items were revisions (strikethroughs and/or red text).

**Anil** explained that he wrote the majority of the Vision Statement and then reviewed the overall structure of the new document. He noted that several recommendations and questions were posed by the small workgroup throughout the document, including whether all nine Guiding Principles were necessary or if several could be combined. **Anil** explained that he completed the synthesizing and writing work for half of the Guiding Principles, and **Alexis** completed the other half; their work was denoted with their initials, and they offered to field questions on their sections. TF members were encouraged to submit feedback following the presentation.

**Alix Goss** reminded TF members that the goal for the current work session was to present the content created by **Anil** and **Alexis** and to submit feedback for them to use as a launching point for the draft recommendations document for the HITAC. Also, **Alix** explained that the TF feedback and Guiding Principles documentation would be added to the recommendations work that **Arien Malec** and **Rich Landen** have drafted. At the TF's next meeting, all synthesized work to date will be reviewed and discussed. **Alexis** explained that she and **Anil** would each present their work on the Guiding Principles document to the TF, and TF members could review each Guiding Principle and submit feedback.

### Guiding Principle 1: Patient at Center

**Alexis Snyder** presented the Guiding Principle and the five characteristics the Ideal State must include to support this principle, which were shown via the meeting software in draft form. **Alexis** explained that revisions to the Ideal State characteristics were denoted with color-coded and strikethrough text and





assured TF members that the draft document would be shared after the meeting. The definition of the Guiding Principle was:

- This guiding principle places the patient at the center of care and focuses on process solutions that remove roadblocks and supports the coordination of timely care, while reducing burdens and improving the patient experience, and ultimately outcomes.

**Alix Goss** called for comments and feedback on Guiding Principle 1: Patient at Center and supporting Ideal State characteristics.

#### Discussion:

- **Rich Landen** suggested that they add examples of tools that would reduce burden to the fifth Ideal State supporting characteristics. He also asked to add the word “should” to the characteristic.
  - **Alexis Snyder** responded that she and **Anil Jain** made a conscious effort not to use wording in the Ideal State characteristics that would make them sound like recommendation statements.
  - **Rich** responded that her reasoning made sense and asked to withdraw the request to add “should.”
- **Denise Webb** asked to build on **Rich’s** statement about the existing tools and suggested that revised wording could use the phrase “resources readily available and accessible.” She discussed some examples from her personal experience in the industry and suggested that the tools may be more of a recommendations aspect.
  - **Alix Goss** responded that **Rich Landen** and **Arien Malec** could use the suggestions **Denise** made about tools for their recommendations documentation.
- **Jocelyn Keegan** inquired about what was meant by the mention of the concept of tools. She asked if the ICAD TF is looking for examples like having open, accessible APIs as a standard base to level the field or if they Ideal State characteristic referred to the ability to have different types of services available to different stakeholder groups.
  - **Alexis Snyder** responded that the synthesizing workgroup pulled the text directly from the Ideal State shared document that the full TF created during the working meetings. She discussed adding examples of where the problem exists within the digital divide and noted that a more appropriate place to reference specific examples of tools would be the recommendations document.
  - **Jocelyn** suggested adding language discussing open standards APIs versus proprietary closed systems, as examples.
  - **Sheryl Turney** noted her agreement with **Jocelyn’s** suggestion and asked to add wording to note that innovative applications would allow patients to expose content currently hidden. TF members discussed if this point would fit better under Transparency, but it was noted under the fifth Ideal State characteristic.
- **Anil Jain** submitted several pieces of feedback:
  - As the ICAD TF examines the various sections of the document, members will see that some questions raised might already be addressed in other sections.
  - The new document has been synthesized from the workbook the TF worked on for the past several months, so the TF might have to reexamine their work on that document before the final presentation materials for the HITAC are completed.
  - The point encapsulated in the fifth Ideal State characteristic is from a patient-centric perspective, and possible solutions mentioned would be scattered throughout the document. **Arien Malec** and **Rich Landen** are working to bring these together in the recommendations document they are creating.





- **Alix Goss** noted that the recommendations document will be presented to the TF at their next meeting and will show the connections between the data classes and categories work to the Guiding Principles and Ideal State document to PA recommendations and the larger picture.

### Guiding Principle 2: Transparency

**Alexis Snyder** presented the Guiding Principle and the three characteristics the Ideal State must include to support this principle. The definition of the Guiding Principle was:

- Increase patient and provider access to real-time information on the status of a prior authorization request to minimize delays, provide clarity and ensure patient is able to manage care and follow through with treatment or service.

There was no discussion or feedback on Guiding Principle 2 submitted by the ICAD TF.

### Guiding Principle 3: Design for the Future While Solving Needs Today

**Anil Jain** presented the Guiding Principle and the three characteristics the Ideal State must include to support this principle. The definition of the Guiding Principle was:

- The PA process will support today's comprehensive requirements while being extensible and resilient to support the evolving nature of the PA process by encouraging adoption and ongoing innovation.

#### Discussion:

- **Anil Jain** noted that there might be a better title or phrase to capture the sentiment of this Guiding Principle and asked for recommendations on the Ideal State characteristics, especially the ones that referenced reducing burdens and allowing for broad participation for all stakeholders.
- **Jocelyn Keegan** suggested that wording should be added to emphasize that the Ideal State would not leave people behind. Also, it should ensure that the innovators have the opportunity to innovate freely without facing undue burdens.
  - **Anil Jain** voiced his agreement and asked if she had specific wording in mind.
  - **Jocelyn** responded that she would need to consult the materials she created in offline work for the right language.
  - **Anil** thanked her for her input.

### Guiding Principle 4: Measurable and Significant Improvement

**Anil Jain** presented the Guiding Principle and the three characteristics and several sub-characteristics the Ideal State must include to support this principle. The definition of the Guiding Principle was:

- Process will be *measurable* so we can track progress, and it should be *meaningful* for **all** stakeholders, i.e., it should have a significant impact across the entire process rather than having marginally incremental impact or significant impact for just a *single* stakeholder.

#### Discussion:

- **Anil Jain** noted that, again, there might be a better title or phrase to capture the sentiment of this Guiding Principle and asked for recommendations.





- **Jocelyn Keegan** noted her support for using a phased approach over several years, as discussed in a subpoint of the second Ideal State characteristic, to achieve the goal of 95% of PA's having clear decision and related determination specifics communicated to applicable stakeholders, but asked to add another nuance to the phased process. She discussed variations across types of PAs and noted that there is a maturity curve connected to PA automation. She stated that acknowledging the complexity of different types of PA is more important than phasing in overall percentages and suggested that targets could be set by focus area, instead of across the industry.
  - **Anil Jain** noted his agreement with **Jocelyn's** suggestions and noted these targets should be based on the stakeholder. This approach, plus a focus on patient and stakeholder experience, will ensure that some will not be left behind and while others will not be prohibited from innovating at a faster pace, as **Rich Landen** commented in the Adobe chat feature. **Anil** noted that he could reword the Ideal State characteristics as needed to communicate these viewpoints.
  - **Rich Landen** noted his agreement in the chat feature in Adobe.
- **Jim Jirjis** noted his agreement and discussed how technologies can be lopsided in their support for one stakeholder over another.
  - **Anil Jain** responded that the ICAD TF members will be invited to clarify the wording in the document once he and **Alexis** are finished with their synthesizing work.
  - **Alexis Snyder** agreed with **Anil** and noted that the wording in the document should capture concepts so that the outside readers understand everything without needing any additional explanations.
  - **Jocelyn Keegan** noted that she wanted her feedback to be captured, and **Anil** and **Alexis** noted that they would use the meeting transcript as well as notes to ensure that they do not miss any comments.

### Guiding Principle 5: Continuous Improvement

**Anil Jain** presented the Guiding Principle and the four characteristics and several sub-characteristics the Ideal State must include to support this principle. The definition of the Guiding Principle was:

- The PA process should embrace the concepts of evidence-based, data-driven continuous improvement (akin to learning healthcare systems) among stakeholders with metrics and goals.

#### Discussion:

- **Anil Jain** highlighted the fact that some of the Ideal State characteristics show how the ideal state would look, rather than what needs to happen to achieve the ideal state. He asked the team drafting the recommendations document to look for changes to move items from the ideal state to the recommendations.

### Guiding Principle 6: Real-Time Data Capture and Workflow Automation

**Alexis Snyder** presented the Guiding Principle and the 14 characteristics the Ideal State must include to support this principle. She discussed the origins of the information in each of the various characteristics and shared a few ideas to guide feedback and questions. The definition of the Guiding Principle was:

- Support clinical care to reduce the time and effort used to document information for prior authorization with automated processes that are updated in real-time, rather than processes that operate in the background, to improve usability and efficiency of all stakeholders.

#### Discussion:





- **Arien Malec** asked for clarification on the sixth Ideal State characteristic and discussed how rejections occur in the PA process. He inquired if text could be added to address PAs that are rejected multiple times.
  - **Alix Goss** noted her agreement with his point and text reading “avoids an initial rejection followed by a secondary rejection” was added to the
- **Rich Landen** also commented on the sixth Ideal State characteristic and asked to remove the text “whenever possible.” He suggested that several characteristics should be examined for redundancy with the potential to be combined.
  - **Alexis Snyder** responded that she and **Anil** would read through the sections again to determine if they could be combined.
  - **Alix Goss** noted that this was the largest section in the workbook. Though it could seem like the ICAD TF treated it as a “kitchen sink,” it is important to provide a full picture.
  - **Rich** noted that he was not trying to disparage the work and thanked the synthesizing team.

### Guiding Principle 7: Aligned to National Standards

**Anil Jain** presented the Guiding Principle and the five characteristics and several sub-characteristics the Ideal State must include to support this principle. The definition of the Guiding Principle was:

- The prior authorization process will leverage and align to existing national standards and contribute to the community development of additional national standards where gaps are identified rather than re-invent new methods.

#### Discussion:

- **Anil Jain** asked the experts present to examine and review the language used in this Guiding Principle to make sure that he paraphrased the bullet points properly when he transferred them from the shared Google workbook. He also placed a call for others to submit examples for additional clarity.
- **Alix Goss** proposed to move the other agenda items, other than the public comment, to the next meeting to make time to continue the current presentation and discussion.
- **Anil Jain** asked ICAD TF members to examine the third Ideal State and to provide clarity.
  - **Alix Goss** responded that this characteristic was a place holder from past discussions before the recommendations were developed. It was meant to inform readers about HIPAA nuances. Parts of the characteristic could be moved to the recommendations document. She discussed the origins of the themes in the characteristic and referenced the discussions the TF had at past meetings that informed the current text, which included the standards advancement process, HIPAA, and ONC’s interoperability rules.
  - **Anil** asked for specific recommendations on the wording of the text and noted that there might be content needs for additional background and material in the appendix.
  - **Alix** responded that this document could be cross-referenced with the final report and the appendix for reader clarity or references to underpin the regulations or federal processes. She added the note that this was a placeholder comment for the final report to aid reader clarity or to call for references to underpin regulations or federal processes.
- **Alix Goss** noted that **Jocelyn Keegan** commented in the Adobe chat feature that she wanted more clarity around if the ICAD TF was talking about X275 attachments, or if the Ideal State referred more broadly to the concept of clinical data payload. **Alix** responded that the question is loaded, and it speaks to the fact that there is no existing attachment standard and discussed how to revisit this issue. She inquired if any TF members could provide feedback on rewording the characteristic.
  - **Jocelyn** responded that the characteristic should call out that that the TF is referring specifically to the X275 and its narrow constraints.





- **Anil Jain** discussed the fifth Ideal State characteristic and asked for feedback on his wording at some point. **Alix Goss** commented that this item generated a lively discussion when it was added.

## Guiding Principle 8: Data Model

**Anil Jain** presented the Guiding Principle and the five characteristics and several sub-characteristics the Ideal State must include to support this principle. The definition of the Guiding Principle was:

- Harmonizing clinical and administrative data towards a common data model or at minimum, providing a framework for making such data interoperable without significant effort is necessary for efficient PA processes.

### Discussion:

- **Anil Jain** suggested that the ICAD TF must decide if this is truly a Guiding Principle or if it belongs in a different section and shared several suggestions for where this information could be moved.
  - **Jocelyn Keegan** agreed.
  - **Alexis Snyder** also registered her agreement with Anil's comments and suggested that it could possibly be included in another guiding principle. She did not provide a suggestion for where to move it and asked for feedback.
  - **Jocelyn** responded that she has been considering how the TF has approached the data class work and noted that she has worried that the TF has actually defined the steps of a workflow, not data classes. She noted that different standards have been used across all existing workflows and suggested that the TF continue to synthesize them across all currently invested technologies. She discussed ways in which the TF might approach this issue and explained the reasons why it exists.
  - **Jim Jirjis** suggested that the question is whether the wording "data model" is correct or if deeper explanations of the United States Core Data for Interoperability (USCDI), third-party application programming interfaces (APIs) in the clinical space, and clarifying standardization of data creates opportunities for fewer barriers are needed. He noted that the list of Guiding Principles might look like it is missing something if there is not one addressing the meaning of data.
    - **Anil Jain** noted that the reference to the USCDI is included under the Aligning to National Standards Guiding Principle and suggested that the concept applies, more broadly, to all of the ICAD TF's work, which is why it was included here.
    - **Alexis Snyder** suggested moving this characteristic to the real-time section and pull some parts out into the recommendations documentation.
    - **Jim** commented that compelling the use of standards and alignment through incentives should be referenced.
    - **Anil** noted that the discussion around incentives was missing at previous meetings, but he recalled from a previous discussion that policy levers should be included in the recommendations documentation.
- **Arien Malec** suggested reviewing the Guiding Principles again after the ICAD TF has a chance to review and discuss the recommendations to ensure continuity and harmonization.
- **Rich Landen** stated that a reference to managing floors and ceilings, whether or not it is called a data model, should be referenced in the final paper.

## Guiding Principle 8: Data Model







**Anil Jain** presented the Guiding Principle and the six characteristics and several sub-characteristics the Ideal State must include to support this principle. The definition of the Guiding Principle was:

- TF recommendations are grounded in foundational security and privacy considerations, which are intended to benefit the subsequent design of processes and technologies.) As such, the guiding principle will advance and maintain trust in interoperability to support exchange of information via health IT. Solutions should meet current health information and patient rights, laws and regulations to promote the privacy and security of health information and protect against disclosures of identifiable health information.

#### Discussion:

- **Anil Jain** suggested that the ICAD TF review this section, as it was a lengthy piece of text in the TF's shared Google document workbook and needs a good deal of review. He suggested that feedback on the section could be submitted by TF members offline but also called for feedback during the meeting. He suggested that several sections overlapped, in terms of content, and could be rewritten.
- **Alix Goss** thanked **Anil** and **Alexis Snyder** for their work and presentations and asked them to continue their synthesizing work using the feedback submitted at the current meeting and any offline. She noted that several other synthesizing teams will continue working offline.

Due to time constraints, the discussion was paused, and **Cassandra Hadley** opened the meeting for public comments.

## PUBLIC COMMENT

There were no public comments via the phone.

### Questions and Comments Received via Adobe Connect

**Jocelyn Keegan:** Jocelyn's here, just waiting to be bridged in.

**Cheri - Op:** just joined

**Cassandra Hadley:** Thanks I have you down

**Jim Jirjis:** I think the more examples the better

**Jim Jirjis 2:** I agree with Jocelyn. The focus should be on making *[sic]* the information/data and its meaning available to support innovation

**Richard Landen:** I managed to disconnect myself. Waiting for the conference operator to re-join my phone.

**Jim Jirjis 2:** IT developers should be able to innovate by creating technical tools for each stakeholder

**Richard Landen:** I'm back in.

**Jocelyn Keegan:** Great!

**Jocelyn Keegan:** I like what Anil is saying here. . .

**Jocelyn Keegan:** had to take myself off mute to hear you laughing at Arien's eezypeezy :)





**Jocelyn Keegan:** Looks good

**Richard Landen:** I'm struggling a bit with what sounds like a prohibition on an improvement that benefits only one party. Why prohibit that as long as no other party is disadvantaged *[sic]*

**Richard Landen:** I agree with Jocelyn's point on the metrics.

**Richard Landen:** yes.

**sheryl Turney:** i agree with your comment Rich.

**Jocelyn Keegan:** I think this is an important point. We've also significantly *[sic]* matured individual payers, but not brought the same relief to providers across board.

**Jocelyn Keegan:** Thank you Rich!

**Jocelyn Keegan:** Agreed!

**Jocelyn Keegan:** Can you change the color on black/red?

**sheryl Turney:** yes hard to read

**Ram D. Sriram:** @Jocelyn: Agree, one needs metrics to determine success

**Jocelyn Keegan:** I'm not clear if we are only talking about X275 attachments here, or more broadly the concept of clinical data payload?

**Jocelyn Keegan:** Perfect

**Alexis Snyder:** agree, as we discussed I think its *[sic]* more an ideal state and then recommendation *[sic]*

**Denise Webb:** I agree this should not be a separate guiding principle.

**Alexis Snyder:** so maybe it goes into IS of the work flow *[sic]* GP

## NEXT STEPS

**Alix Goss** provided an overview of the next steps and noted that the ICAD TF has deviated, somewhat, from their timelines for the next two weeks, which she attributed to the realities of the process. She thanked all of the TF members who have provided substantial contributions to the synthesizing efforts and ONC staff for their support. Next week, the TF will begin to create a draft version of the report for the HITAC using work from the synthesizing groups. Offline work will continue, including the report writing and creating content for the broader intersection. The TF's goal is to have some recommendations and a draft prepared for presentation to the HITAC at its September 9, 2020 meeting. Alix asked TF members to prepare to give detailed reviews of all written drafts in the near future to be fully prepared for the September HITAC meeting.

**Sheryl Turney** thanked all ICAD TF members for their input and noted that if anyone lacked access to the shared Google documents and TF workbooks, they should reach out to her or the ONC staff. Also, she asked TF members to submit comments directly into the appropriate sections of the documents, while tracking them in order to more easily facilitate future TF discussions.





## ADJOURN

**Alix Goss** thanked everyone for their participation and reminded them that the next meeting was scheduled for 3:00 p.m. ET on August 11, 2020.

The meeting was adjourned at 4:28 p.m. ET.

