The Office of the National Coordinator for
Health Information Technology

Meeting Notes

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

September 1, 2020, 3:00 p.m. – 4:30 p.m. ET

VIRTUAL

EXECUTIVE SUMMARY

Sheryl Turney, co-chair, welcomed members to the Intersection of Clinical and Administrative Data Task Force (ICAD TF) meeting and reviewed the activities of the previous meeting. Then, **Alix Goss,** co-chair, **Sheryl,** and **Michael Wittie** walked through a draft of the paper for presentation to the HITAC, and TF members resolved existing comments and held a robust discussion. Finally, **Alix** briefly reviewed the TF's plans for moving forward and the next steps. 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.	Review Draft Paper and Comments
04:20 p.m.	Public Comment
04:25 p.m.	Next Steps
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 September 1, 2020, meeting of the ICAD to order at 3:05 p.m. ET.

ROLL CALL

Alix Goss, Imprado/NCVHS, Co-Chair
Sheryl Turney, Anthem, Inc., Co-Chair
Gus Geraci, Individual
Mary Greene, Centers for Medicare & Medicaid Services
Anil K. Jain, IBM Watson Health
Jim Jirjis, Clinical Services Group of Hospital Corporation of America (HCA)
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
Sasha TerMaat, Epic
Denise Webb, Individual

MEMBERS NOT IN ATTENDANCE

Steven Brown, U.S. Department of Veterans Affairs
Thomas Mason, Office of the National Coordinator
Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin
Alex Mugge, Centers for Medicare & Medicaid Services
Debra Strickland, Conduent/NCVHS
Andrew Truscott, Accenture

SUMMARY AND ACTION PLAN

Sheryl Turney, co-chair, welcomed members to the Intersection of Clinical and Administrative Data Task Force (ICAD TF) meeting and reviewed the activities of the previous meeting, during which she and **Michael Wittie** walked through a draft of the paper for presentation to the HITAC. TF members reviewed the structure of the document, submitted feedback, resolved existing comments, and reviewed standards mapping and recommendations during a robust discussion. **Sheryl** and **Michael** also presented a draft of the PowerPoint presentation for the September HITAC meeting, and **Sheryl** described plans to update the draft further. All TF members were asked to review the Google document or a PDF of the draft and enter their comments offline.

REVIEW DRAFT PAPER AND COMMENTS

Sheryl Turney opened the presentation of the ICAD TF's draft recommendations documents by explaining that **Michael Wittie** would share the ICAD TF's documents via the Adobe Connect. **Sheryl** noted that all of the previously submitted comments and recommendations were processed and added to the current draft of the document. TF members were reminded that they could continue to share additional suggestions either by email or within the Google document as a comment. However, **Sheryl** noted that the document, itself, had changed, so the previous methods of editing were about to be discontinued.

Sheryl Turney explained that the current presentation would begin at the Recommendations section and pointed out that several of the existing comments were left on the margin of the document for the TF to review, even though many had been resolved within the text. **Alix Goss,** co-chair of the ICAD TF, noted that she was sharing the document through the Adobe meeting client and would try to capture updates, feedback, and comments.

Discussion:

- **Sheryl Turney** suggested that the TF discuss a way to reword the final sentence in the Guiding Principles section that discusses the state legislation and regulation variances needing to be communicated in a machine-readable fashion. She tried to modify the sentence during the past meeting but noted that it still needs work.
  - o **Arien Malec** explained that he wrote the recommendation but did not write the sentence in the text.
  - o **Michael Wittie** explained that suggested rewording came from the discussion held at the past meeting.
  - o **Sheryl, Michael,** and **Alix Goss** discussed how to best view the document. Then, **Sheryl** read the comment to the TF and asked members if they would agree to insert this suggestion in place of the text in the document.
  - o **Alix** asked **Michael** to ensure that all edits are captured in the final document.
- **Sheryl Turney** discussed how to address a comment about piloting but noted that the comment should have been addressed during the previous meeting.
  - o **Arien Malec** noted that he added language to address this suggestion.
- **Sheryl Turney** called for clarification around comments made by **Arien Malec** and **Alexis Snyder** about clinical interoperability in the Overarching Recommendations section.
  - o TF members noted that many of the comments had been addressed within the document but remained in the margins to draw attention to changes that were made to the text. The controlling editor will accept the suggestions.

The TF reviewed several other comments and edits added by various TF members, including **Arien Malec** and **Alexis Snyder,** within the Recommendations section. **Sheryl Turney** briefly reviewed each

suggestion and highlighted places in which the text had been updated, while **Alix Goss** marked the edits/comments as accepted within the draft document. Michael Wittie noted that some of his comments might have been reconciled within the document, but the edits/comments were left in the margin, pending a final review by the editor. TF members were able to view the draft document within the Adobe meeting client and submitted feedback on the following edits:

Discussion:

- **Sheryl Turney** discussed the comment she added under Recommendation 3: Converge Healthcare Standards, which asked, "Should we ask the Centers for Medicare & Medicaid Services (CMS) to reduce the proof required for early adopters of technology? Would this go here in the previous recommendation?"
  - o **Alix Goss** asked ICAD TF members to discuss **Sheryl's** comment.
  - o **Sheryl** explained that the TF has discussed that if something is an improvement that significantly helps at least one party and does not harm any others, the TF should put it forward. She explained that she posed this question because, currently, some of the standards require that multiple parties exhibit improvements. This becomes a hindrance, so she proposed making adjustments to the proof required.
  - o **Arien Malec** noted that he assumed that the TF would align with ONC's process that does not have the requirements for proof of improvement for all parties. However, if CMS has more burdensome requirements, the TF should define the requirements for the "going forward" part of the process.
  - o **Sheryl** suggested that the TF should discuss the disconnect between ONC's and CMS's standards.
  - o **Anil Jain** noted that this idea is supported by language in the Guiding Principles and Ideal State sections of the document and asked why the TF would require CMS to reduce the proof required for early adopters of technology.
  - o **Sheryl** responded that she questioned the TF's language after reviewing the full document. She asked for clarification from other TF members.
  - o **Anil** stated that the language was changed in the Guiding Principles and Ideal State sections and questioned if anything else needed to be updated.
  - o **Jocelyn Keegan** explained that there might not be proof of improvements by all parties during the piloting and evaluation period, and the focus is on improvements on the provider's side/therapy for the patient, rather than focusing on consistency from a payer perspective. She suggested that the TF follow ONC's lead.
  - o **Alix** asked **Sheryl** if she was talking about the reduction in the proof from early adopters from the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or a payer's perspective. **Alix** noted that there are different answers, depending on which set of piloting standards is being discussed.
  - o **Sheryl** responded that it was not related to HIPAA and explained that she would review her notes again to determine if the comment should be addressed again.

Several items from previous rounds of revisions remained highlighted within the document, and **Sheryl** and **Alix** briefly reviewed them and accepted the changes to the text. TF members continued to discuss comments that were not resolved and worked on wordsmithing the text as a group.

Discussion:

- **Anil Jain** explained a comment that he made on Recommendation 3 and noted that he highlighted the sentence because he was confused by the wording.

- o **Sheryl Turney** noted that the text was edited in between the time that **Anil** added his comment and the current meeting. Some of the comments were transported over from the first draft of the document that the synthesizing workgroup created.
- o **Anil** responded that he would add another comment, if necessary, following another review of the document.
- **Alexis Snyder** noted that there was a comment on Recommendation 4 that it should be moved to be a sub-point of Recommendation 3 and asked the TF members to share their opinions on this suggestion.
  - o **Alix Goss** noted that she supports leaving the Recommendation 4 as a separate recommendation because converging standards and providing a roadmap that lets everybody know how things are going to proceed with harmonized standards are two different processes.
- **Alix Goss** reviewed the comment from **Michael Wittie** that suggested adding definitions, explanations, and examples of all three examples of standards for Code Sets, Content, and Services.
  - o **Denise Webb** and **Sheryl Turney** noted that the document's editor should complete this work, and this information should be added to the comment itself.
  - o **Alix** suggested that the editor might need contextual support in creating the footnotes.
  - o TF members voiced their agreement.
- **Alix Goss** explained the comment she submitted that asked the TF to consider enhancing the example (highlighted in Recommendation 3) to include work with HL7 FHIR (Fast Healthcare Interoperability Resources) and be highly specific about the ask and intended next steps. She noted that, because she initially added the comment, she would update the text accordingly.
  - o **Arien Malec** noted that he has been trying to assume in his editing that HL7 FHIR is not the selected standard, even though it might be chosen, so he has been trying to write in more general terms. He noted that **Alix** could propose language around that topic.
- **Alexis Snyder** noted that her comment on Recommendation 3, which was, "Consider incorporating 'capture once and reuse" aspect and include the nuance of making sure certain pieces don't get reused because they must get updated for safety purposes." She stated that this comment was from an older draft, and, though it was addressed in the Guiding Principles, the Recommendations need to be cleaned up to match the rest of the document.
  - o **Alix Goss** suggested that this comment would naturally be addressed during the editing process.
  - o **Alexis** explained that the text in the Recommendations still needed to be updated, and she posed several suggestions.
  - o **Sheryl** suggested the following wording: "whenever appropriate, the data should be recaptured and reused." She noted that capturing the data connected to the patient's most recent visit and keeping this information current is the most important factor.
  - o **Alexis** responded that keeping the patient's clinical data current with seems obvious but often does not happen, so this requirement should be built into the wording of the recommendation.
  - o **Rich Landen** discussed how to adjust the wording to capture the principle that refers to keeping and reusing data that remains clinically applicable while continuing to capture new data, as necessary.

- o   TF members discussed the wording to emphasize that not all data should be reused downstream, and the text in the recommendation was updated.
- o   **Alix** noted that the TF had not identified the method for reconciling or ensuring that there is alignment between the Guiding Principles and Recommendations. Still, **Alexis** noted that the language most likely does match. A note was added for the editor to check on the language in both sections.
- o   **Sheryl** noted that a cross-check is underway to ensure that the Guiding Principles and Recommendations use the same language.
- **Alix Goss** and **Sheryl Turney** addressed **Anil Jain's** comment on Recommendation 4 about replacing "working in concert" with "convene," and all TF members agreed to the change.
- **Rich Landen** and **Arien Malec** discussed their comments on Recommendation 5 and asked the TF to provide input on the examples that were provided.
  - o   **Arien** noted that more general examples for electronic health record (EHR) underlying terminology should be added, in addition to the more specialized terminology.
  - o   **Rich** agreed with **Arien's** examples but asked to remove the wording "underlying" from the text.
  - o   **Sheryl Turney** and **Arien** discussed how SNOMED and LOINC are used in the EHR, and **Arien** emphasized the need to reconcile the universal clinical code set to the specific, payment-based code set.
  - o   **Rich** suggested that there should be one map for the code set.
  - o   A note was added to the document that **Sheryl** would reword this section and then would forward the new text to **Arien** and **Rich**.
  - o   **Arien** recommended getting a clean copy of the document from a single editor out to TF members.
- TF members discussed the origins of several comments on Recommendation 6 and determined that they were either old or could be accepted. There was no TF discussion other than to confirm the changes.
- **Sheryl Turney** discussed the following comments she made on Recommendation 7- Develop Patient-center Workflows and Standards, to be more specific to add:
  - o   Integrating payer prior authorization (PA) requirements into the electronic medical record (EMR) workflow to reduce providers burden and ensure required data can be captured by the EMR.
  - o   Adopting standardized templates, data elements, and real-time standards-based electronic transactions for PA and clinical attachments.
  - o   Incentivizing use and implementation of technology that streamlines PA processes and reduces provider burden.
    - ▪   **Alexis Snyder** agreed with **Sheryl's** suggested changes and noted that the recommendation, as it was written, was written more like an Ideal State than a recommendation.
    - ▪   **Arien Malec** explained that he wrote this recommendation and discussed the reasoning that he used while writing each section. He suggested that recommendation that in any government-coordinated work, the patient should be included as a first-class actor, relative to requirements. Potentially, this would also be a recommendation that ONC works with CMS to make sure that any standard that is chosen includes the patient as a first-class actor.
    - ▪   **Sheryl** responded that she envisioned this recommendation as having three parts:

- ONC should work with OCR to clarify the status of administrative workflows under the access provisions of HIPAA.
- ONC should work with either federal actors and standards development organizations to prioritize and develop administrative standards designed for patient access and engagement.
- There are more patient-centric capabilities within the whole process.

  - **Arien** noted his agreement and suggested updating the language for clarity while adding a third paragraph. He offered to make these edits.
  - **Alexis** emphasized that the first paragraph sounds more like an ideal state description than a recommendation and suggested that Arien and the document editor go back to the ICAD TF's previously written strawman recommendations to get the language that the TF worked on in great detail at an earlier meeting.
  - **Arien** noted his agreement with **Alexis'** comment and described how he would edit the section to revamp the preamble paragraph to avoid duplication with the Guiding Principles and change recommendation to the three-part structure the TF discussed.
  - **Sheryl** agreed that these changes would satisfy the questions posed in the comments.

- **Alexis Snyder** noted that one of her comments listed under Recommendation 7 had been addressed and highlighted the need to address her second comment about rewording the phrase "individual frustration," as it is a burden, not a frustration. Also, she noted that the recommendation should point out that delays in treatment lead to poor outcomes.
  - **Arien Malec** noted that every patient is a voter and agreed with Alexis' suggestion.
  - **Michael Wittie** suggested that "care delays and suboptimal outcomes within" could be added as a replacement.
  - **Alexis** agreed with the suggestion.

Lauren Richie opened the meeting for public comment.

PUBLIC COMMENT

There were no public comments via the phone.

Questions and Comments Received via Adobe Connect

Alexis Snyder: I did not get the slide deck to comment on

Alexis Snyder: It's large when you click full screen

Alexis Snyder: I didn't get anything to update Adobe? It seems to be working.......

Alexis Snyder: Can you scroll down to 10?

Denise Webb: I need to drop off for another meeting.

Alix Goss: Thanks Denise. Alexis - am showing 10, can you see it now?

Alexis Snyder: yes but not earlier when commented

Gus Geraci, MD: Thanks, everyone!

Following the public comment period, the ICAD TF resumed the discussion of the Recommendations section of the document.

Discussion:

- **Sheryl Turney** explained a comment that was made on Creating Standardized Member ID cards was old and would be accepted.
- **Alix Goss** asked to address a comment on Recommendation 7, but **Sheryl Turney** noted that Arien Malec would rewrite this part during offline work.
- **Sheryl Turney** listed several comments that were more editorial:
  o Spell out all acronyms throughout the document.
  o Utilize the glossary from the HITAC's Annual Report document.
- **Sheryl Turney** discussed the comment she added to Recommendation 10 that more detail was needed related to PA data requirements, which must be shared electronically. The capability to deliver the data requirements electronically must be enabled. She noted that this information might be inherent to another recommendation and asked if the TF members would
  o **Michael Wittie** noted that he rewrote some language in the Guiding Principles and Ideal State section and suggested copying that language, as the TF had already accepted it.
  o **Sheryl** noted that it might be implied that the rulesets must be shared electronically but noted that it was not explicitly stated in this section of the text.
  o **Arien** responded that this point was captured separately elsewhere.

Due to time constraints, the ICAD TF ended their discussion of the comments in the document, and **Sheryl Turney** noted that the TF would finish this work at the next meeting.

NEXT STEPS

Alix Goss noted that several federal colleagues were accidentally blocked from attending the meeting due to an Adobe update, so they will be engaged in the editing process offline. She will provide them with contextual information.

Then, **Alix** provided an overview of the next steps and explained that all ICAD TF members would receive the PowerPoint of the draft of the HITAC presentation and report documents. The co-chairs will continue to review the documents and any comments or feedback before resolving work on the documents during offline work before the next meeting. On September 9, 2020, on behalf of the ICAD TF, **Alix** and **Sheryl** will present the draft report and recommendations to the full HITAC. Following the HITAC meeting, on September 15, the TF review the HITAC feedback and reconcile all final comments and will also continue the broader intersection conversation. Then, the TF will deliver the final recommendations and report to the HITAC on October 21, 2020. **Alix** noted that additional invitations for meetings to be held between the September and November HITAC meetings were sent to all TF members.

ADJOURN

Sheryl Turney and **Alix Goss** thanked everyone for their participation and reminded them that the next meeting was scheduled for 3:00 p.m. ET on September 8, 2020.

The meeting was adjourned at 4:30 p.m. ET.