Meeting Notes

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

September 29, 2020, 3:00 p.m. – 4:30 p.m. ET

VIRTUAL

EXECUTIVE SUMMARY

Sheryl Turney and **Alix Goss,** co-chairs, welcomed members to the Intersection of Clinical and Administrative Data Task Force (ICAD TF) meeting. **Sheryl** reviewed the agenda for the current meeting and provided an overview of the activities of the previous meeting. Then, **Alix** facilitated a wrap-up of the ICAD TF's discussion of the broader intersection of clinical and administrative data, and TF members held a robust discussion. **Sheryl** briefly presented the report outline and framework for moving forward. Finally, the co-chairs discussed the TF's 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.	Broader Intersection Discussion Wrap-Up
04:00 p.m.	Report Outline and Framework for Moving Ahead
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 29, 2020, meeting of the ICAD to order at 3:02 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
Thomas Mason, Office of the National Coordinator for Health Information Technology
Alexis Snyder, Individual/Patient Rep
Ram Sriram, National Institute of Standards and Technology
Debra Strickland, Conduent/NCVHS
Sasha TerMaat, Epic
Andrew Truscott, Accenture

MEMBERS NOT IN ATTENDANCE

Steven Brown, U.S. Department of Veterans Affairs
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
Denise Webb, Individual

SUMMARY AND ACTION PLAN

Sheryl Turney and **Alix Goss,** co-chairs, welcomed members to the Intersection of Clinical and Administrative Data Task Force (ICAD TF) meeting. **Sheryl** reviewed the agenda for the current meeting, which will include a continuation of the TF's discussion of the broader intersection of clinical and administrative data and a review of comments on the synthesized draft report, which will be delivered to the HITAC on October 21, 2020, and an overview of the report outline and framework for moving forward. Then, **Sheryl** provided an overview of the activities of the previous meeting, during which **Alix Goss** led the TF to discuss the broader intersection of clinical and administrative data and how to integrate these new ideas into the draft paper. Particular topics included synthetic data for testing, price transparency, policy and regulatory barriers, and third-party credentialing, as it relates to supporting the patient.

BROADER INTERSECTION DISCUSSION WRAP-UP

Alix Goss lead a continuation of the ICAD TF's discussion from the prior meeting of the broader intersection of clinical and administrative data. She thanked **Michael Wittie** for his work on synthesizing the TF's previously submitted feedback and described the approach the TF would take at the current meeting. She noted that the TF would build on results of their September 8, 15, and 22 discussions and would focus on the following topics:

- Use previous discussions to synthesize new guiding principles, ideal state, and recommendations content
- Finish up third party credentialing in support of patient at the center
- Call for additional areas of consideration

Alix displayed and described a document that synthesized the major themes from the ICAD TF's previous conversation on the broader intersection of clinical and administrative data and noted that the TF could consider adding the following items:

Guiding Principle: Level Playing Field

Description: An on-ramp such that players at all levels of maturity for technology/standards use can integrate data at the individual patient and population levels.

Guiding Principle: In Workflow

Description: No portals – all work should happen within the natural workflow of a given stakeholder. Information should be available in the system that the relevant actor normally uses in regular workflow (e.g., electronic health record (EHR) for provider, management for practice staff, claims for payors, ideally a single portal or point of access for patients).

Discussion:

- **Alix Goss** proposed that, for the "In Workflow" guiding principle, the ICAD TF should carefully consider the alignment with or difference from the prior authorization (PA) generated guiding principle of "Real-Time Data Capture and Workflow Automation."

- **Sheryl Turney** commented that both suggested guiding principles were supported by the ICAD TF's various conversations and should be added. She discussed her experiences at a recent meeting, which highlighted the need for an easy-to-use workflow for patients.
  - o **Rich Landen** voiced his support for adding both as new guiding principles, especially the second one.
  - o **Sheryl** thanked him and noted that other meeting participants who have clinical experience could share valuable feedback. She suggested that smaller providers might have a greater burden.

- **Anil Jain** asked for clarification around the use of the term "portals" in the guiding principle and suggested that the TF should not limit technologies that are embedded within the workflow, like single sign-on portals, that help the provider.
  - o **Sheryl Turney** noted her agreement and asked **Alix** to change the wording to reflect **Anil's** suggestion.
    - ▪ **Alix Goss** replied that she captured the feedback.
  - o **Andy Truscott** noted his agreement and suggested that the wording be changed to reflect that no portal is mandated, but that portals could be used. **Alix** and **Andy** discussed portals, with **Alix** noting that portals are permitted under HIPAA. **Andy** briefly noted that APIs may or may not be utilized by a portal without additional constraints.
  - o **Sheryl** suggested the following wording: "If portals are used, they need to be integrated within the natural workflow and need to use single sign-on."
    - ▪ **Anil** noted his agreement with **Sheryl's** summary.
  - o **Rich Landen** commented that there were several issues:
    - ▪ There is a need to use a single sign-on within the workflow.
    - ▪ The alternatives, like manual data entry and many ways of submitting the same transaction in many different portals that are used where there are adopted federal standards for transactions, should go away.
    - ▪ **Alix Goss** responded that these comments were a good summary of comments made during previous meetings and noted that, if the TF has differing opinions, members should discuss them now before authoring the final report.
  - o **Arien Malec** noted that the TF is not split. There is a point of consensus around the objective of accessing capability in the workflow without any special effort but also that, if portals are used, they should not require a separate login or exiting the workflow.
    - ▪ **Alix** noted that she captured the comments from the chat feature in Adobe and the TF's discussion and asked members to move on to other topic areas.
  - o **Andy Truscott** commented that he agreed with **Arien's** and **Jocelyn's** comments that if portals are used, they must be accessed via no extra or special effort of the user and advised against using the term "single sign-on."
    - ▪ **Jocelyn** noted her agreement.

Ideal State: Related to Stakeholders Across the Continuum

Alix Goss noted that the ICAD TF could consider this ideal state suggestion as a broader vision statement that precedes PA and asked members to discuss if any of the TF's guiding principle(s) ground the recommendations or if a new guiding principle is needed.

Description: included several pieces:

- A converged ecosystem that includes stakeholders across the continuum – including public health, vital records, research, and policymakers – without creating additional data capture or other burdens on patients and providers. It can also support specialty and long-term care settings and identifying care gaps at multiple points (e.g., by providers or payors).
- Capturing and exchanging data across all these functions seamlessly will require consistency, and that has real potential to reduce burden. This leads to the TF's overall objective of furthering "record once and reuse."

Potential recommendation (s) related to Stakeholders Across the Continuum:

- Establish a minimum data set that allows a refined way of looking at an aligned clinical-administrative picture for these "downstream" stakeholders to see what they can do as a baseline that may need to be expanded later (but again, not based on additional data collection by clinical providers).
- Establish information models, in stages, to align clinical and administrative data for secondary use in stages based on the highest societal priorities.
  - "Minimum necessary" requirements and considerations must be included.
  - What data concepts and elements does the United States Core Data for Interoperability (USCDI) need to reflect administrative data to achieve integrations?
- Review the current administrative transactions and associated value/code sets to ensure USCDI supports downstream clinical and administrative functions.

Discussion:

- **Alix Goss** reviewed the new Ideal State and Recommendations suggestions and asked ICAD TF members to comment on them.
  - **Andy Truscott** noted his agreement and suggested updating the wording around information models by adding the word "illustrative."
    - **Alix** thanked him for the suggestion and noted that the new Ideal State/Recommendations would be distributed to TF members shortly for their review. Wordsmithing suggestions can be submitted then.
  - **Anil Jain** submitted three comments:
    - Add "and innovation" after the word "research" to convey the importance of allowing space for innovation.
    - Consider the various governance models and regulatory aspects stakeholders face as a barrier to research.
    - Make data capture more efficient and be realistic about the realities of sharing data.
  - **Jocelyn Keegan** suggested that community and caregivers should be added to the list of stakeholders, which should be defined. There is a need for the right data at the right time, which is tied to the right "hooks." She discussed the concepts of connectedness, reusability, and standards that enable this.
  - **Anil Jain** discussed the importance of a patient-centric approach for all stakeholders and noted that this aspect of exchange must be ensured related to consent.

Recommendation: Price Transparency

Alix Goss provided an overview of the ICAD TF's previous discussion on the topic of price transparency, which lead to the possible recommendation that the HITAC should look at price transparency unto itself in a separate Task Force. Considerations/narrative related to price transparency include:

- Embedding and sharing data to ensure that the patient (and everyone) knows what charges to expect, likely add-ons (e.g., polyp removal in the case of colonoscopy), and how much who will pay (i.e., copay, etc.).
  - Having this information available helps providers engage patients in shared decisions about, e.g., which test to have and where to go for it.
- Revealing the hidden pieces to the patient is a challenge that goes back to the transparency guiding principle. Start with payer transparency; testing along the way is key; ideally establish a contract and don't put it on patient if a mistake or gap in details shared for estimated costs.
  - Tie all of this into the EHR data flow – back to record once and reuse.

- Need to have a consistent way of reflecting differences across state lines.
  - o Is "supporting/enabling shared decision making" a new Guiding Principle, or a modifier to transparency?

Discussion:

- **Alix Goss** reviewed the possible new recommendation and asked ICAD TF to submit comments.
- **Andy Truscott** noted that the principle should focus on the outcomes and not implementation approaches.
  - o **Jocelyn Keegan** voiced her agreement.
  - o **Alix Goss** noted that the TF would return to these comments later and asked if the final bullet point warrants a new guiding principle or just a modifier.
- **Arien Malec** responded that the TF should not mandate a price transparency service but suggested that patients should have access to any pricing or reimbursement data that is regularly available to business partners involved in the patient's care.

Ideal State: Related to Test Data

Description: A national approach for an ecosystem with a synthetic test data bed (including the great complexity of these data and transactions) that allows app developers and partners to go in and test against it without every participant having to create their own data, to aid initial validation that can support piloting.

Alix Goss noted that there could be a test data related Recommendation, which was: The test bed should be supported as a public service at the national level and account for variances in state laws. She asked if this could tie to the Continuous Improvement guiding principle (and potentially others).

Discussion:

- **Jocelyn Keegan** discussed her experiences with the Da Vinci Project and noted that, though test data is very important, there should be more than one test data bed. She highlighted the need for flexibility.
  - o **Alix Goss** thanked her for her response and noted that there could be multiple schools of thought around the topic of having a test bed of synthetic data that could be leveraged. She asked for feedback on whether the government should intervene to make it an overarching public service.
    - ▪ **Andy Truscott** responded that platforms exist with synthetic test data, and the TF could make a recommendation around collecting test data sets that could be utilized.
    - ▪ **Anil Jain** commented that he favored having the government set up guardrails and asks that would guide the public and private industries, noting that the TF should not reinvent a system of test beds that are already set up. He highlighted the differences between synthetic and de-identified data and noted that there are difficulties related to fully anonymizing data.
    - ▪ **Jocelyn** discussed the lack of test data available for the healthcare/medical industry and noted that there is a role for the industry to supply services. She discussed the pros and cons of and roles for using de-identified data versus synthetic data, noting that the point of the lifecycle of the testing should determine the data needed. She stated that they should convene around how and where data is used for innovation, because the lack of test data is a blocker, especially for patient-centric applications and new entrants to the model.

- Arien Malec responded that the TF should not mandate a price transparency service. He suggested that the TF pivot their recommendations to state that ONC should require tight conformance and test data requirements for the advancement of implementation specifications such as an adopted standard.
- Alix noted that she captured Jocelyn's and Arien's points.

Guiding Principle: Patients should have a third-party credential to support authorization and access functions to their data.

Alix Goss noted that this potential guiding principle was related to a discussion the ICAD TF had at a previous meeting and asked if a recommendation is needed. Also, she asked Sheryl Turney to provide a recap of her previous statements and any additional insight on the topic. Sheryl explained how the suggestion would relieve the burden placed on patients under the current framework, which forces patients to connect through many points to access all of their health data. She highlighted the importance of reducing patient burden and improving the patient journey through the use of apps. This recommendation from the TF would provide the pathway to allow patients to elect to use third-party credential services, which would create efficiencies downstream. It would also encourage all of the necessary systems to adopt the proper credentialing.

Discussion:

- Alexis Snyder noted her agreement with Sheryl's points but noted that stated that all patients have issues with using many portals is an overgeneralization. She suggested that ideas that have been included under the "Transparency" guiding principle could be pulled out for inclusion under a new "Patient Access" guiding principle, along with a corresponding Recommendation. The text that was suggested here is more of an Ideal State.
- Arien Malec noted that there should be a robust ecosystem for patient-controlled identities that can be used against multiple settings is important but questioned if the topic of high assurance identities belongs in the TF's document. He suggested that a guiding principle related to the implementation guide specifications and certification requirements should be designed to ensure a high assurance identity. He suggested that the TF discuss a potential ideal state where patients get access to high assurance credential and authentication services to use that across multiple channels.
  - o Alix Goss noted that she captured his suggestions and asked TF members for input.
  - o Sheryl Turney suggested rewording the guiding principle to reflect that patients should be enabled to have a third-party credential.
  - o Anil Jain commented that the industry could put these initiatives out on its own and asked what the barrier is that needs to be resolved. He suggested that the industry could work with consumers to allow for this efficiency to take place and discussed possible correlations with actions that have taken place in the financial industry.
  - o Sheryl described complexities in the current system that need to be overcome to allow for the convergence of data to focus on the patient, to allow systems to enable this capability via updates, and to make it easier for data to be integrated with a third-party app. She noted that technical and policy standards need to be developed to meet consumer needs and related efficiencies. In response to a request from Anil for more clarification, she described her experiences with payer and provider systems, noting that there are differences in the way systems work based on entry and access. She stated that the playing field is not level.
  - o Anil thanked her for the clarification.
- Sheryl Turney discussed complications under the current Interoperability Rule, especially those related to patient access and HIPAA-related confidentially aspects related to subscriber/family versus the individual. It is difficult to know who should get confidential communications.

- **Alix Goss** discussed her experiences with getting X.509 digital certificates issued and drew links to the current conversation, highlighting the need to suggest best practices for linking data to specific individuals, as well as policy frameworks.
  - o **Sheryl Turney** responded that there are complexities with payers being subscriber-based and discussed the interplay with issues and laws related to minors/families with credentialing and consent. This process should be made as simple as possible for patients, and **Sheryl** described an example of how electronic consent could have sped up the process of credentialing for a specific patient.
- **Arien Malec** discussed the technical aspects of the topic and referenced his past history working on the National Strategy for Trusted Identities in Cyberspace (NSTIC). He stated that his recommendation is that the ICAD TF focus on the Ideal State and make sure to separate identity assurance and authentication from consent management. There are business and policy issues that can be addressed.

The co-chairs thanked everyone for their feedback and noted that the outline would be shared with all ICAD TF members following the meeting. Then, Alix Goss asked **Andy Truscott** to discuss a new guiding principle.

Guiding Principle: Focus on Outcomes, Not Implementation Approaches

Andy Truscott explained that this potential guiding principle would allow the ICAD TF to focus its recommendations on the end-state/outcomes than should be achieved and not inadvertently trip into implementation or create unintended consequences.

Discussion:

- **Sheryl Turney** noted her agreement and stated that the TF should use clear language that implies a recommendation of a policy or standard, rather than a prescription of a specific solution. The reduction of additional burden should be emphasized.
- **Andy Truscott** commented that the TF should not recommend a specific implementation approach and referenced their conversation on types of data models.
- **Alix Goss** responded that she would like to review all of the recommendations before continuing to work on this guiding principle.
- **Anil Jain** noted that he gave the example of single sign-on as a tangible way that the TF's goals would be achieved and noted that it was not meant to be prescriptive. However, he suggested that tangible examples are necessary in the TF's document.
- **Andy Truscott** voiced his agreement with **Anil,** noting that any examples listed should be clearly denoted as examples and not directions.
- **Jocelyn Keegan** noted her appreciation for the others' points and emphasized the importance of including exemplars in the TF's final report. She stated that, generally, the TF should focus on outcomes without being prescriptive, unless an example warrants it.
- **Alix Goss** thanked **Andy** for how his suggestions have allowed the TF to hone its suggestions, especially in preparation for the initial review of the ICAD report outline.

REPORT OUTLINE AND FRAMEWORK FOR MOVING AHEAD

Alix Goss and **Sheryl Turney** presented the report outline and framework for future work via the Abode meeting client. **Sheryl** asked for ICAD TF members to hold their comments until after she completed her brief overview of the one-page report outline. She explained that the thought process behind the document was to work on interoperability at the intersection of integration and improvement and noted that clinical and administrative data are not currently interoperable, which leads to burden at points where the data need to intersect in support of healthcare, such as authorization. Making the data and related

policy frameworks interoperable will allow integration at these points of intersection and will allow more effective and efficient use of data and resources to improve care delivery and health outcomes. She explained that the ONC charge, a foreword by the ICAD TF co-chairs, and TF membership would be included at the beginning of the report. Then, she provided a brief overview of the sections in the executive summary and structure of the report, including the introduction, a landscape analysis and overview of the current PA landscape, the ICAD TF's findings –including ideal state and guiding principles—and recommendations, and a final summary and conclusions.

Alix Goss noted that one of the appendices will include the meeting presentation summaries the TF reviewed and complete summaries from all presentations given to the TF.

The discussion of the outline was paused, and **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

Jim Jirjis: Jim Jirjis here

Lauren Richie: confirmed for Mary, Arien and Jim

Andy Truscott: I'm here - apologies for lateness

Andy Truscott: Jocelyn also enroute *[sic]*

Lauren Richie: confirmed for Andy and Jocelyn

Alexis Snyder: Good point Andy

Andy Truscott: They happen from time to time ;)

Alexis Snyder: :)

Jocelyn Keegan: Jocelyn joined a few minutes ago. Will pause need to extend this. Today's portal is tomorrow's SMART application. :) I think integration in workflow is the important part.

Jocelyn Keegan: Diff participants have different workflows, EHR is not end all be all for many users...

Jocelyn Keegan: VIA API, in workflow with no special effort. . .

Andy Truscott: Agree. My basic premise is that we should be defining functional outcomes vs implementation directions.

Jocelyn Keegan: agreed

Alexis Snyder: reduce need for rather than without?

Andy Truscott: I guess "illustrative" didn't make it in ;)

Jocelyn Keegan: is Anil breaking up for others?

Alix Goss: It will Andy:) Was hoping to encourage your wordsmithing talents in the upcoming draft review:)

Jocelyn Keegan: exactly on patient centric and why getting all stakeholders important

Andy Truscott: Alix: Yes - and I will - it's a principle though.... focus on outcomes not implementation approaches. That's all.

Jocelyn Keegan: i really like this point.

Jocelyn Keegan: alix, i like what you did with PCT

Jocelyn Keegan: i'm fairly certain there will be active public comment on this topic :)

Jocelyn Keegan: focus on content creation and curation of data and financial support to maintain it.

Jocelyn Keegan: agree with arien

Jocelyn Keegan: i think arien is cutting at my point a different way, early standards need test data, stuff in wide, not so much

Andy Truscott: We all seem to be saying that a set of curated test data (synthetic, & anonymized) would have utility for different purposes.

Andy Truscott: ... and a recommendation to set up that repository as a central, cross industry, cross party resource would be a Good Thing?

Jocelyn Keegan: osm *[sic]*

Lauren Richie: To make a comment please call: 1-877-407-7192 (once connected, press "*1" to speak)

Jocelyn Keegan: Thank you Alix, Sheryl, Lauren and ONC team

Gus Geraci, MD: Thanks, all!

Andy Truscott: Great job all.

NEXT STEPS

Sheryl Turney and **Alix Goss** explained that they would work with the editor after the meeting. They provided an overview of the report timeline, noting that the PA synthesis, meeting presentation summaries, and report outline were completed. **Alix** noted that specific content might be needed to complete the report and explained the process that would be used to pull this additional information together. Then, they explained that the process of incorporating the broader intersection discussion content is underway and the timeline for the other activities is:

- Distribute Complete Initial Draft – October 2 target date
- Review/Comment/Iterate – next two weeks
- HITAC Delivery Target – October 14
- HITAC Meeting – October 21
- Discuss Comments – October 27

ADJOURN

Sheryl Turney and **Alix Goss** noted that they were looking forward to releasing the complete report and thanked everyone for their participation. **Lauren Richie** reminded members that the next meeting of the

ICAD TF was scheduled for 3:00 p.m. ET on October 6, 2020.

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