



The Office of the National Coordinator for
Health Information Technology

Meeting Notes

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

October 6, 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 previous meeting's activities. Then, **Alix** led a review of the report's complete draft, and TF members examined and discussed all outstanding comments and material changes. The co-chairs briefly presented the report outline and framework for moving forward and 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 Synthesis & Draft Report Task Force Feedback
04:20 p.m. Public Comment
04:25 p.m. Path to Report Submission
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 October 6, 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

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

Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin

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

Steven Brown, U.S. Department of Veterans Affairs

Mary Greene, Centers for Medicare & Medicaid Services

Jacki Monson, Sutter Health/NCVHS

Alex Mugge, Centers for Medicare & Medicaid Services

Andrew Truscott, Accenture





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** briefly reviewed the agenda for the current meeting, which will include synthesis of the broader intersection of clinical and administrative data, a review and discussion of the draft the 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 previous meeting's activities, during which the TF wrapped up its discussion of the broader intersection of clinical and administrative data and reviewed the report outline and framework for moving ahead.

BROADER INTERSECTION SYNTHESIS & DRAFT REPORT TASK FORCE FEEDBACK

Sheryl Turney explained that many items from the ICAD TF's discussion around the broader intersection were added to the draft report during offline work sessions and reminded TF members that they would have another chance to review the report. She encouraged TF members to focus on larger edits and to do additional wordsmithing during offline work.

Alix Goss led a review of the report's complete draft, and TF members were asked to examine all outstanding comments and material changes. **Alix** displayed and described the draft report, noting that another new draft would be released later in the week. She noted that comments about minor edits, standardizing terms (health care or healthcare), etc. would be noted and highlighted the following areas for discussion:

Section I: Introduction

The ICAD TF reviewed the following comments and suggestions on the section in the Introduction titled "The Problem and Its Impacts":

Discussion:

- **Alix Goss** suggested adding "provider and payer" before the word "workflows" in the section's first paragraph.
- **Arien Malec** stated that the word health care should be written as two words throughout the document.
 - **Alix** added that health care will be spelled as two words unless ONC's Style Guide suggests "healthcare."
- **Denise Webb** asked to add the word "instead" to the end of a sentence in the third paragraph.
- **Gus Geraci** commented that the wording around prior authorization (PA) was negative and suggested that good versions of PA stop unnecessary care, reduce costs, and improve quality.
- **Alexis Snyder** made several comments within the document, including:
 - She suggested including the patient/caregiver burden reduction in the third paragraph of the section and suggested the wording: "reduce burden for all stakeholders while improving patient experience and outcomes."
 - She noted that the phrasing "causing frustration" does not fully emphasize the extent to which patients and/or caregivers also spend an enormous amount of time pushing the PA process forward, and/or investigating/resolving denials for lack of information upfront. She emphasized that the TF and ONC should not lose sight of this piece of the problem.
 - **Sheryl** suggested that **Alexis** add the specific narrative she wants to convey within the document using the suggestion tool to update the text. **Alix** noted that the text will be updated to convey the full view of the impact on patients and caregivers.





- In the same section, **Jocelyn Keegan** suggested using the word “abrasion” or “friction,” instead of “burden,” when describing PA. She noted that the document was missing the rich nuances and tone of the ICAD TF’s discussions around how to bring clinical and administrative data together and suggested that the opening paragraphs should be edited to convey the idea of setting the bar higher than the current state, not just reducing the burden to do PA faster. She stated that this would remove or reduce the need for PA by creating more transparency.
- **Alix** asked **Jocelyn** to provide specific suggestions for how to change the tone of the paragraphs, and Jocelyn offered to work on wordsmithing in offline work.
- **Alix Goss** suggested adding a closing sentence for the final paragraph of the first section of the Introduction, which would tie into Jocelyn’s suggestions about the document’s tone.
- “The combination of reducing administrative cost and reducing burden in workflows leads to improved outcomes of patients benefiting individuals, caregivers and our communities.”

The ICAD TF reviewed the following comments and suggestions on the section in the Introduction titled “The Broad Context: Clinical and Administrative Data Integration Issues”:

Discussion:

- **Alix Goss** commented that the word “digital” should be used instead of “electronic” to review to the PA process throughout most of the document.
- **Alexis Snyder** noted that the word “involvement” (vs. “engagement”) should be used consistently throughout the document.
- **Denise Webb** suggested rewording the second paragraph to use the “has caused and continues to cause” instead of “may cause.”
- **Anil Jain** suggested changing the wording in the second paragraph of this section to read:
 - “Historically, standards for clinical and administrative workflows have been developed separately, resulting in misaligned and redundant processes.”
 - **Alix** noted her agreement with this suggestion.
- **Alix Goss** suggested that the TF be more specific when using the word “workflows” to clarify whose workflows are being referenced, especially around the provider electronic health records (EHRs) and systems.
- **Alexis Snyder** suggested that the third paragraph in the section be reworded because it sounds like the TF is suggesting that providers should have access to all the claims data on a patient, regardless of site of care. This is not what the TF has discussed.
 - **Alix** responded that claims data and price information were captured in the wording, but the cost transparency aspect was missed in this section.
 - **Jocelyn Keegan** discussed the need for a provider to have benefit data and noted that the provider should have a complete picture of the patient. The TF is not trying to get at the care coordination piece, and Alexis agreed with this statement.
- **Denise Webb** commented on the fourth paragraph of this section and suggested that to make this paragraph align with the previous text, it should be reworded to use the word “harmonizing” instead of “integrating.” She noted that she would work offline to reword the section.

The ICAD TF reviewed the following comments and suggestions on the section in the Introduction titled “Multi-Stakeholder Efforts Toward Data Interoperability and Integration”:

Discussion:

- **Alexis Snyder** submitted several comments:





- She suggested reversing the wording of “clinicians and patients” in the first paragraph of the section to emphasize the concept of “Patient at the Center.”
- She asked for the second paragraph to be reworded as “burden for all stakeholders” or “clinician, as well as patient/caregiver, burden.”
- **Alix Goss** noted her suggestion of a place where the ICAD TF could reference its compendium and previous work, which will be included there and in the appendices.
 - Other TF members noted their agreement.
- **Alix Goss** asked the editor or TF members to check on the correct first usage of the term fast healthcare interoperability resources (FHIR) and its trademark. Also, she noted that a closing sentence would be added to the section.

The ICAD TF reviewed the following comments and suggestions on the section in the Introduction titled “HITAC, NCVHS, and the ICAD Project and Task Force”:

Discussion:

- **Alix Goss** shared several suggestions:
 - She proposed that the title be changed to: “HITAC, NCVHS, and the ICAD Task Force Charge.”
 - She suggested adding a reference to the year that NCVHS was created (1949).
 - She drafted a new closing sentence and provided her edits to the text in the document's comment boxes.
 - The use of “Task Force” should be consistent (capitalization, etc.) through the document.
- **Sheryl Turney** noted that a paragraph was inserted.
- **Anil Jain** commented that the wording around a clinical workflow should be changed from “basic” to “a typical multi-stakeholder workflow.”

Section II: Analysis of the Current Prior Authorization Landscape

The ICAD TF reviewed the following comments and suggestions on the various areas under this section of the draft document:

Discussion:

- **Alix Goss** noted that **Jocelyn Keegan** has made several edits and suggestions within the document during offline work, which were briefly reviewed. Alix suggested that TF members review these edits. **Jocelyn** commented that she grounded her comments within the steps/activities in the current state for getting a patient treatment, over the focus on PA, and asked for input on data classes terms and generalization within the workflow.
- **Alexis Snyder** noted that she would revisit her older comments on the sections that **Jocelyn** edited in the document and would provide additional comments, if necessary.
- **Jim Jirjis** noted that he would review the table that defined participants' common workflow categories very soon after the meeting.
- **Anil Jain** suggested using “hand-off” instead of “workflow.”
- **Sheryl Turney** has completed a good amount of clean up in this section and noted that the workflow categories, table descriptions, labels, and formatting should be standardized.
- **Alix Goss** thanked **Jocelyn Keegan** for the large amount of work she completed on this section's tables during offline work. Then, **Alix** asked **Jim Jirjis** and **Jocelyn** to comment on using the word “proprietary” across the various tables.
 - **Jocelyn** noted that she would look into the wording and asked that the tables' formatting be condensed, so they could each be viewed on one page.



- In response to **Jim's** question, **Alexis** asked that TF members view the wording to ensure that it is not confusing.
- **Alix** noted that ONC would not employ outside graphics help on the tables within the next week, so **Jocelyn** explained that she would condense the tables.
- **Sheryl Turney** suggested that using the same term across multiple tables was confusing.
- **Denise Webb** noted that the text in Table 3 and Table 4 needs the addition of the word “are” across all of the sentences.
- **Jocelyn** explained that she would work on the tables to edit down the text for readability.
- **Alexis Snyder** inquired if TF members should be working on inline editing, in addition to content editing, and **Alix** responded that there is a lot of work to get through. **Alix** noted that she would let **Alexis** know if additional editing work would be needed from her, following a discussion with **Sheryl** and the editor that ONC retained.
- **Alix Goss** suggested several items, including:
 - Editing the “Finding on the State of Existing Standard” paragraph summary to segue away from “around” PA to, instead, help “show” the interplay with the rest of the transaction ecosystem under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and link to the Certified Health IT products for the EHR/ONC realm.
 - Adding additional context to the opening paragraphs.
 - Concluding the first sentence under the X12N section with the working “and cemented by the HIPAA regulations for medical-related transactions.”
- **Denise Webb** commented that the fuller names of the standards should be written out, including shortened nomenclature and acronyms, be added to the sections' headings.
 - **Alix Goss** discussed the sections' intricacies, noting that they are not all specifically “standards.”
 - **Denise** suggested that providing more information in the section headers would enable a reader to understand the context.
- **Alix Goss** suggested that the following text be included with the first introduction of the X12N 275 transaction:
 - “For context, the 275 transaction has been recommended historically as the transport mechanism for clinical data payload that aligns with Promoting Interoperability” (may need to think about adding in or tie back to Cures/FHIR)
 - **Alix** suggested moving the revised 275 paragraph below the existing X12N 278 authorization standard paragraph and then linking the 275 as the mechanism anticipated to support delivering additional clinical information (that is not contained in the HIPAA mandated text that leads to the additional information request and response, which, under HIPAA EDI framework, would be a 275.)
- **Alexis Snyder** suggested defining terms within an index or glossary.
 - **Alix Goss** responded that an extensive glossary is being developed that will leverage the HITAC Annual Report’s text, and **Sheryl Turney** confirmed this statement.
- **Denise Webb** asked that, in light of time considerations, ICAD TF members skip ahead and to review the language used in the Guiding Principles to ensure that all of them are written in the same way. For example, she noted that the Guiding Principles her group worked on were written in the present tense Ideal State, and **Anil Jain** and **Alexis Snyder** noted that some of these sections might have been rewritten already. The editor will address the Guiding Principles section.
- **Alix Goss** asked if the details under the NCPDP section be edited to be less specific but not lose the proper meaning by deleting Task Group and Workgroup references.



- **Jocelyn Keegan** noted that the names listed were specific and should be left as they are written. The Workgroup 11 is the e-Prescribing group.
- **ONC's** document editor left a comment, asking **Jocelyn Keegan** to confirm the accuracy of the phrase under the NCPDP section: "Early pilots are underway with draft solutions."
 - **Jocelyn** responded that she would reword the section to reference the separate pilots taking place.
- Under the SMART on FHIR section, **Alix Goss** noted a comment asking **Andy Truscott** for more information. He was not on the call, so the co-chairs noted they would follow up with him.

Section III: ICAD Findings and Recommendations

The ICAD TF reviewed the following comments and suggestions on the Ideal State for Clinical and Administrative Data Integration section:

Discussion:

- **Alix Goss** submitted several comments:
 - She proposed that the first PA reference be replaced with "broader intersection of clinical and administrative data," based on its visions for an ideal integrated PA workflow.
 - She noted that additional editorial work is needed in this section, as the ICAD TF spent so much time working on PA and suggested that a stronger introduction is generally needed in this section on the overall Ideal State vision. This will be addressed as part of the final cleanup and incorporation of other edits.
 - The TF has to decide how to rephrase "Guiding Principles" and standardize capitalization issues.
 - An additional Guiding Principle, "Reduce Burden on All Stakeholders at Transaction Points," has been added to the table.
 - **Alexis Snyder** noted that the wording in this item refers only to clinicians and needs to be reworded to reflect all stakeholders.
- Under the first Guiding Principle, "Patient at the Center," **Alexis Snyder** commented that this item might have been changed after she and **Anil Jain** completed their initial work. She noted that the text should emphasize that the coordination of benefits needs improvement (so that multiple payers are in sync to cover care), not that patients need to understand better how their benefits apply to coverage. **Alexis** offered to reword the text during offline work.
- **Alix Goss** briefly called out several notes in the document from prior discussions and comments about formatting issues and asked **Michael Wittie** to confirm the following comment entered by **ONC's** document editor concerning the Price Transparency Guiding Principle:
 - "Data and information about price should be available at the right time 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.) to facilitate shared decision-making."
 - **Michael** noted that the comment was an explanatory note on how editing was done and asked TF members to comment on the document's insertion. If TF members do not agree, they should comment on where to best address price transparency aspects.
- Under the Guiding Principle, "Measurable and Meaningful," **Alix Goss** noted that **ONC's** document editor suggested that, given the staging proposed in the second bullet, the goal of 95% needs to be qualified concerning timing. She suggested using the word "ultimately" of "by [target year]."





- **Alix Goss** asked TF members to comment on the potential aspect of mining data on PA responses to identify entities with better rates for analysis of best practices and identify poor rates for analysis of improvement opportunities.
- **Alix Goss** highlighted several clarifying comments she made on the document for ONC's editor and asked TF members to weigh in on her suggestions.
- **Alix Goss** noted that the "Real-Time Data Capture and Workflow Automation" Guiding Principle is dissimilar to the other Guiding Principles, as it includes a long list of 13 suggestions. She suggested that the TF discuss how to group the suggestions by higher-level characteristics with bullets as examples.
 - **Alexis Snyder** suggested adding the concepts of shared decision-making and patient as an independent thinker to the "patient decision making and/or consultation to support shared decision making" to the Guiding Principle under the 11th bullet point.
 - **Alix** accepted the suggestion for incorporation.
 - **Alix** asked TF members to submit feedback on the 13th bullet under the Guiding Principle and to decide if it is really necessary. **Gus Geraci** noted a suggestion in the comments. **Alix** stated that it appears redundant with bullet 12 in that it also mentions "single workflow," "portal," and "available without special effort..." by nature, a portal is outside of workflow, such as an EHR or practice management system. She asked if "no special effort" refers to investment or usage, meaning that a browser launch to use the portal comports with GP.
 - **Arien Malec** discussed the term "no special effort," noting that is it has historical meaning and comes from the definition of interoperability used in the Cures Act, and he encouraged the TF not to change the wording. Also, he discussed that the intent was not to say that portals could not be used, just that these functionalities should require no special effort on the part of the clinician/practitioner. **Arien** and **Alix** discussed the intricacies of the term "no special effort" and how it would apply to the TF's Guiding Principles. **Arien** discussed how the item could be wordsmithed to give the end-users a choice for integrating the functionality, and **Alix** noted that portal functionality is also available in integrated solutions for the end-user.

Alix Goss noted that the ICAD TF has discussed a large portion of the paper (through Guiding Principle G: Aligned with National Standards) and invited TF members to continue to review the document offline. She explained that **Rich Landen** has cleaned up the Recommendations section, and Anil Jain and Alexis Snyder have also weighed in on them. **Sheryl Turney** has begun to work on the Summary and Conclusion section, and TF members should provide feedback.

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

Gus Geraci, MD: Gus Geraci here. Thanks!

Lauren Richie: Hello Gus

Jim Jirjis: sorry I have not done my assignment. Houseful of relatives the last 4 days. I will attack today and tomorrow with Joslin

Arien Malec: two words

Arien Malec: TWO WORDS





Arien Malec: TWO!!! WORDS!!!!

Ram D. Sriram: @aArien: Agree

Alexis Snyder: Yes to Joclyn *[sic]*, and some places in the doc have it and some spots *[sic]* need to add

Jocelyn Keegan: agree with alexis

Alexis Snyder: agree with does or causes

Jocelyn Keegan: i really like this point denise is making. about harmonizing.

Jocelyn Keegan: HL7 (r) FHIR (R) and

Alexis Snyder: wow

Alexis Snyder: can you scroll down a drop

Alix Goss: enough?

Alexis Snyder: just trying to see editsto *[sic]* next para (roles and stakeholders)

Rich Landen: We should by policy spell out all acronyms upon first use. Applies to X12N reference.

Rich Landen: Editor can handle that.

Alexis Snyder: maybe we should define some of those terms in an index or glossary

Rich Landen: Agree with glossary; also include hyperlinks.

Alexis Snyder: and yes to Rich, always *[sic]* spell out any acronym in its first use and then ok to use acronym

Anil Jain: Didn't we already change those in prior edits

Alexis Snyder: AGREE!!! I made that same comment *[sic]* a while back and we were told editor was going to be the one to fix and keep consistent

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

Alexis Snyder: could be one to remove

Alexis Snyder: that makes more sense

Gus Geraci, MD: Agree with the revision

Rich Landen: Sounds like the right approach. Will need to re-look after new language drafted to ensure we maintain our clarity.

Alexis Snyder: I don't think I will have time to get to this in next 24 hours so the sentences you asked for may not get there by then")

Alix Goss: Thanks Alexis, We'll discuss with editor and figure out how we can sync with you.





Gus Geraci, MD: Thanks, all!

PATH TO REPORT SUBMISSION

Alix Goss provided an overview of the report timeline, noting that many of the ICAD TF's tasks have been completed. She discussed the TF's timeline for the other activities that have yet to be completed, which included:

- Review/Comment/Iterate – through October 13
- HITAC Delivery Target – Close of business, October 14
- HITAC Meeting – October 21
- Discuss Comments – October 27

Alix noted that at the TF's next meeting, it will resolve comments and undertake a final review of the draft report and submit a draft report to the HITAC. Offline work will include report integration and writing.

Sheryl Turney thanked TF members for their contributions and encouraged them to make all changes within the document's narrative text. These comments will be reviewed at the next TF meeting.

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 13, 2020.

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

