



The Office of the National Coordinator for  
Health Information Technology

# Transcript

## **HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) INTERSECTION OF CLINICAL AND ADMINISTRATIVE DATA TASK FORCE MEETING**

October 6, 2020, 3:00 p.m. – 4:30 p.m. ET

VIRTUAL



# Speakers

Name	Organization	Role
<b>Alix Goss</b>	Imprado Consulting, a division of DynaVet Solutions	Co-Chair
<b>Sheryl Turney</b>	Anthem, Inc.	Co-Chair
<b>Steven Brown</b>	United States Department of Veterans Affairs	Member
<b>Gaspere C. Geraci</b>	Individual	Member
<b>Mary Greene</b>	Centers for Medicare & Medicaid Services	Member
<b>Alex Mugge</b>	Centers for Medicare & Medicaid Services	Member
<b>Jim Jirjis</b>	Clinical Services Group of Hospital Corporation of America	Member
<b>Anil K. Jain</b>	IBM Watson Health	Member
<b>Jocelyn Keegan</b>	Point-of-Care Partners	Member
<b>Rich Landen</b>	Individual/NCVHS	Member
<b>Arien Malec</b>	Change Healthcare	Member
<b>Thomas Mason</b>	Office of the National Coordinator for Health Information Technology	Member
<b>Aaron Miri</b>	The University of Texas at Austin, Dell Medical School and UT Health Austin	Member
<b>Jacki Monson</b>	Sutter Health/NCVHS	Member
<b>Alexis Snyder</b>	Individual	Member
<b>Ram Sriram</b>	National Institute of Standards and Technology	Member
<b>Debra Strickland</b>	Conduent/NCVHS	Member
<b>Sasha TerMaat</b>	Epic	Member
<b>Andrew Truscott</b>	Accenture	Member
<b>Denise Webb</b>	Individual	Member
<b>Lauren Richie</b>	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
<b>Michael Wittie</b>	Office of the National Coordinator for Health Information Technology	Staff Lead





## Call to Order/Roll Call and Welcome (00:00:00)

### **Operator**

Thank you. All lines are now bridged.

### **Lauren Richie**

Hello, everyone. Happy Tuesday. Welcome to our ICAD task force meeting. I'm getting a little bit of feedback. If we could ask everyone to mute their lines, please. Thank you. Of the task force members, we have Sheryl Turney, Alix Goss, Aaron Miri, Alexis Snyder, Anil Jain, Denise Webb, Jim Jirjis, Ram Sriram, Rich Landen, and Sasha TerMaat. Are there any other members on the phone I haven't announced yet?

### **Jocelyn Keegan**

Jocelyn's here, Lauren. I'm sorry, I don't know if I heard you say my name.

### **Lauren Richie**

Okay, thank you, Jocelyn. Okay, Alix and Sheryl, I'll let you know if others join, but I'll turn it over to you. Just a reminder, if we can have everyone mute their lines if they're not speaking, thank you.

## Summary and Action Plan (00:01:00)

### **Sheryl Turney**

Thank you very much, Lauren. This is Sheryl Turney. Thanks, everybody, for attending today. We really appreciate it. Today, we're going to do a very brief summary and action plan of what we talked about last week, and then we're going to go right into the document and review the report draft, and also, as we're doing that, we'll focus on the synthesis that's been done to the broader intersection conversation that we finished up last week. Then, we have public comment and the path to report submission, so let's go to the next slide.

So, last week, we finished up our conversation on the broader intersection, and I think we had some great discussion. We had a lot of good material that came out of that meeting, and we have put that together in a narrative and added it to the document. For those of you that were able to go into the Google document, add your comments, and make some edits, we totally appreciate it. That's what we're going to be walking through today. If you have not had that opportunity yet, don't worry. You'll have another opportunity. Once we complete the work that we have today, we will be asking you again to take a second look at that document and make your edit.

We have had multiple sessions offline in reviewing the document, adding narrative where there was narrative missing, adding an introduction, and Susan, our editor, as well as others have done quite a lot of work in terms of bringing that document to that current state that we find it in. So, with that, I'm going to go ahead and move it over to our review of the document. Alix is going to bring the document up, and then we are going to begin our review.

What we would ask you for today is to comment on material changes. Now, what we're going to review is review all of the comments that we have found as we have reviewed the document and made the edits and updates, but due to timing and the amount of time we have in this session, we may have to edit the amount of time we spend on wordsmithing. So, don't worry if something's not expressed the way that you would





like it. You will have the opportunity to go in and make those edits after the meeting if we do not have the agreement or opportunity to finish those edits while we're meeting today. So, with that as a setup, Alix, would you like to add any additional comments before we get started?

**Alix Goss**

No, I really appreciate you framing up that the goal here is to process the comments that the task force has submitted since we released a complete draft on Friday, and to be able to know how to then further update the document before the next version will come out, which I hope might be Friday of this week. So, I appreciate that Sheryl and I will have to tag-team on keeping all of us from going down the natural slope of wordsmithing. So, we'll capture notes, as we've done before. I have the document displayed. We have added some comments initially to try to queue up a few people to take a look at a couple sections. I think we made some assignments to Jim, Jocelyn, and Andy in particular; others may have gotten them as well. We will start working through these comments. I think that's what we're going to do now, and then Sheryl and I are going to tag team on answering any questions that may come in.

And so, last week, we did share the outline of the report. That is the outline in which this draft is produced, so I'm not going to spend time going over that, but what I will do is start to go down to the first set of comments, and since there'll be some that will be just like, "Hey, we need to fix – there are some opportunities for making things consistent," I think we can skip those, and if it's okay with everybody – we all know that we need to make sure that "healthcare" is either one or two words, for instance, and there may be some other similar comments that we can quickly glide over for final editorial resolution.

However, there are some things that might have actual text changes, and we want to make sure that we're not unnecessarily impacting a meaning of something, so we want to make sure people are okay with what we're suggesting throughout the comments. And so, for a lot of us, this will actually be the first time we've seen other people's comments, so we're going to take an interesting journey here today. So, the first –

**Sheryl Turney**

Well – go ahead, Alix. Sorry.

**Alix Goss**

Please, go ahead, Sheryl.

**Sheryl Turney**

Go ahead. Sorry.

**Broader Intersection Synthesis & Draft Report Task Force Feedback (00:06:33)**

**Alix Goss**

I was just going to dive in. That's all. I was going to ask if we should do the first comment. Are there any questions about what I was saying? I'm not seeing any hands up. So, the first suggestion was actually something that I inserted here, and it's easier to jump in to know where the comments are, that we have an opportunity to insert payer and provider before workflows, and that we really – and, I provided the example. I think this is a pretty small addition, and what I'm going to say is I'm going to work through comments. If they seem straightforward, we're going to think they're okay and move on unless somebody – if there's





discussion, then that'll be triggered by the co-chairs or one of the task force members. So, as an approach, hopefully that works for everybody.

**Sheryl Turney**

I agree, and I think that's a good approach. And, the one comment that I made – we need to standardize throughout the paper whether “healthcare” is one word or two because it was in two different ways, so I originally put it together, and then I thought we should take it apart. So, I don't care which it is. Denise has her hand up.

**Alix Goss**

Thank you. Also, Arien is saying, “Two words, two words!” Denise?

**Denise Webb**

Hi. I just had one thing on this page. I think a word is missing in the third paragraph, fifth line, where it says, “Navigating the prior authorization process.” Third paragraph.

**Alix Goss**

I'm sorry, I was just trying to edit something, and the comment disappeared on me altogether, so if any of the task force members are in the document, please take your fingers off the keyboard as I'm editing. Third paragraph here. Is that the one you want me to be in?

**Sheryl Turney**

That was me, I'm sorry.

**Alix Goss**

Well, snap your fingers, Sheryl. [Laughs]

**Denise Webb**

Are you ready?

**Alix Goss**

I am, Denise. Go for it.

**Denise Webb**

Okay. In the fourth line, where it says, “Clinicians spend a tremendous amount of time that could be spent caring for patients navigating the prior authorization process,” I thought “instead” should be at the end of the sentence. So, they're doing that instead –

**Alix Goss**

Okay, so, add to the end of the sentence. Okay.

**Denise Webb**

Just add the word “instead” at the end of the sentence.

**Alix Goss**





Oh, I apologize. Okay, add “instead” to the end of the sentence. Is that what you said?

**Denise Webb**

Yeah.

**Alix Goss**

Okay. Gus?

**Gaspere Geraci**

Thanks, Alix. I did comment. I’m afraid it might not have taken, but that entire paragraph is very negative about prior auth, and I just want to provide a comment in one sentence on the fact that prior auth does have a positive effect – when done correctly, prior auth has a positive effect on both quality, cost, and narrative, and also stops unnecessary care, reduces cost, and improves quality.

**Alix Goss**

So, generally, Gus, we’re looking to be a bit more positive about PA.

**Gaspere Geraci**

Yeah. The entire paragraph implies that we should just get rid of it, but there is a reason it exists.

**Alix Goss**

Okay, thank you. I’m not seeing any other hands up. I think what we’re going to – I’m going to add a comment here that says, “‘Healthcare’ as two words to be the suggested norm.” I will suggest that we would be trumped in that decision by the ONC style guide if they should have one, so, stay tuned. So, in the next comment we had, Alexis is suggesting that when we’re working in this opening paragraph, we should be including references to patient/caregiver burden reduction, and it gives us a little bit of how we can do that, so it seems reasonable, especially with our patient-at-the-center focus. There were also some suggestions from Alexis about – and, I think she’s on the call, yes – Alexis, do you want to chime in here with me on what you’re looking for as a modification here?

**Alexis Snyder**

Sure. Are you looking at the highlights of “causing frustration and worry”?

**Alix Goss**

I am.

**Alexis Snyder**

Yeah, and I think I commented on this same spot a while back in a draft, and maybe it got lost, but it just doesn’t seem to be conveying the – just causing frustration. It’s really a lot more than frustration. It’s just as much time spent being the go-between and all those pieces that we’ve talked about a lot on this task force, and so, I’m just rereading my comment to see exactly what I was saying. I just feel like it’s missing that enormous piece of how much the patient and/or caregiver are involved in pushing the PA process forward and how much time is spent, and I just don’t want this task force or ONC overall to lose sight of that throughout the document, like with this thing – “Oh, it’s clinician burden, and then it causes frustration for patients.” It’s more than that.





**Sheryl Turney**

Alexis, may I ask you, then, to go back into the document and add the narrative that you're looking to have added? Instead of just having it in the comments, put it in the document itself, and that way, we'll be able to send that out to everybody for them to comment on. That way, we'll capture just the way you'd like to see it.

**Alexis Snyder**

Oh, sure. I thought we were only supposed to put comments, and not actually edit.

**Alix Goss**

Both of you are spot on. Here's what I discovered today, folks. There is the Suggesting tool, and so, we thought we were only able to do comment boxes, Alexis, and what I think we've all – well, several creative people – I think Jocelyn broke the initial egg on this one – you can actually go in and edit words in here, which I didn't know that we were going to be able to do, so that is an enhanced opportunity to make sure we get the language as you think it should be presented, so if you could come back in, Alexis, to update that text...

**Alexis Snyder**

All right.

**Alix Goss**

Thank you. I apologize for a little bit of that confusion. I know I was tripped up a little bit this morning myself when I was looking at things. So, then, Jocelyn is encouraging us to use "abrasion" or "friction" in contrast to "burden" to give us a little bit of an easier word selection, so I think those are nice choices, and I'm going to say thank you and move on unless there's any discussion. Jocelyn, I see your hand is up.

**Jocelyn Keegan**

I actually raised my hand when Alexis was talking. I think this point that she makes is a really important one, and I may have a little bit of a rant on five columns further down. I sort of went through, read the first part, and got to my editing job that I was responsible for, and I appreciate your kind words, but it's more that I just don't follow instructions very well and didn't know I wasn't supposed to be editing the document.

So, what became clear to me as I got into the meat of the section that I was supposed to be editing was that to Alexis's point, I think we've missed some of the really rich nuance of the conversation that we've been having, and that the way that the entry point – I think it says some of the right things, but it's missing the tone of our conversation while we were in the meat about what we can do to help things, and it's really about bringing the two sides of the world together, not the transactions. How do we bring administrative data and create transparency about patient benefits in workflow so that we can literally just take a ton of this waste out? Because the data will become real, accurate, and relevant to the care team and to the patient while they're actually going through their care journey versus being this activity that happens outside of the mainstream.

And so, I'd really like us to look at those first couple opening paragraphs, and really, I feel like that's our opportunity to get people's attention to talk about setting the bar higher. It's not about just reducing and





putting the two things together so we can do prior auth faster; it's really about transparency, education, understanding about patient-specific benefits so that we can remove or reduce the need for prior authorization overall by creating better transparency between all the parties. I'm going to stop my rant now.

**Alix Goss**

Okay, good, because I think I caught up to that and made a statement there. So, what you're looking for is edit – so, what I hear is that in general, you feel like we're missing something in this opening section that hits the mark of the tone of what we're really trying to get at. As you were – we may come back on that to ask you to maybe –

**Jocelyn Keegan**

I just think the opening paragraph should be where we set the bar higher than what the current state is on all of this. What is it that we should be doing? We should be –

**Alix Goss**

I understand. I'm in action mode, Jocelyn, about how to get it done. I think I get your opinion or what you're getting at, and I bit the apple. I was trying to figure out how to fix it, knowing that we're trying to get a whole new draft out by next Friday, so we're looking for people to say, "Hey, this could be better, and here's how to do it, and how do we do that?" What I heard from you is that there's a general tone that there's something that's just not hitting the mark. One of the things I've said in the past is how is this going to be different? This opening needs to have that oomph, and that's what I hear you speaking to.

**Jocelyn Keegan**

Yes, and I'm sure a lot of work has gone into making sure – there are multiple talking points, and I don't want to minimize that. I just think it's about the structure of the organization of it, and Alix, I'm more than happy to work offline to wordsmith with you if you want. I just don't want to undo somebody else's good work.

**Alix Goss**

Thank you. So, that's why we're not going to get into wordsmithing today as much as we can avoid it. We're going to stay focused at the high level, so what I'm going to say is I'm going to take this note, and we'll figure out about what to do about. I'm not going to get wrapped around that axle right now, but thank you for that. I'm not seeing any other hands up, so I'm taking that as task force agreement with what she's just offered – that we can bolster the tone about raising the bar. Thank you on that. I'm going to move down to what I perceive as being the next comment, and Jocelyn, is this part of what you were getting at in your remark?

**Jocelyn Keegan**

Yes, I think it gets to that. It's just context and language while you're wordsmithing.

**Alix Goss**

Okay, we'll just leverage it because we got at the concept of what you were doing. All right. I think we're all commenting on the one word, so I'm just going to delete this because we've already gotten to that thread that healthcare is – oh, two words. All right. So, I was probably channeling a little bit of your tone concern







in that I was proposing that maybe we needed to bolster the closing of the sentence so this could tie into enhancing the tone of Y and Z – downstream value from the work we've done.

So, the next – at times, we have used the word “electronic.” I'm going to propose that when we talk about prior authorizations generally that we might use “digital” over “electronic” to help when we're talking about prior authorizations because I think of ePA as more of a pharmacy prior auth effort, and I've been struggling with “electronic” and trying to say not a phone, not a fax, not a paper, so I think we can use “digital.”

But, I think in this particular scenario or comment, there's a suggestion to modify the text, and I think that it's pretty straightforward. I jumped my comment in too early because it's this sentence down here that I was trying to get at, and I overlapped comments about the use of “electronic” versus “digital.” There are a few editing nats I'm going to skip over, and I'm going to go to the next comment that I see, which is from Alexis. However, I apologize because I was looking down and did not see that Denise raised her hand. Yes, Denise?

**Denise Webb**

Oh, I think Alexis is next with her involvement comment, and then I have one on the next paragraph.

**Alix Goss**

Not for this one, but you were getting yourself in the queue. Alexis, do we want to talk about your comment about suggesting avoiding the use of “involvement,” where “involvement” can merely mean informing someone, so, “enhancement,” “engagement,” or “active participation”?

**Alexis Snyder**

Yeah, and I think we've actually changed that in a couple other places, so, just consistency to not use “involvement” because “involvement” is really more like you can just be telling somebody something, and that's involving them. It's not really actively engaging somebody. So, that's all – just to be consistent because we've changed it in a few other places.

**Alix Goss**

Thank you, Alexis. Denise?

**Denise Webb**

I'll go ahead, and I actually think Anil has a comment on the first sentence of the next paragraph, but on the second sentence, I got tripped up on that because it said “separation of these data may cause inefficient workflows,” and it's not “may cause,” it does cause, or it has and continues to, so I'm suggesting that instead of saying “may,” say “has and continues to cause.”

**Alix Goss**

All right. The Google doc is not always my friend. I'll change “may cause” to “has and continues to cause.” Okay, awesome. Got it. All right, so, at the beginning of the sentence, Anil had made a comment. “The historical separation between standards of clinical and admin workflow has resulted in inflexible, redundant processes. I'm suggestion we make it ‘Historically, standards for clinical admin workflows have been developed separately, resulting in misaligned and redundant processes.’” That looks okay to me. Any





concern? Seeing none... That was Denise's comment. We've got a little word selection changed, and I'm going to skip over that.

I was proposing that when we're talking about workflows, we may need to be a little bit clearer about the workflows that we're referring to, and I was thinking that we could add clarity around provider EHRs and systems. It might help explain what we're thinking about in this final sentence. I'm not seeing any hands up. Alexis's next comment is in the following paragraph. "Accessing administrative data can improve providers' understanding of the care their patients have received in other places," and there's a note that you're not quite following it, Alexis, and a reword might be needed.

### **Alexis Snyder**

I think it's more – I think I understand what we wanted to say. I think it just needs to be reworded for somebody reading it the first time. So, as we said before, I'm pretty sure we're just trying to be transparent with price information up front so that those shared decisions during the appointment can be made based on price factor as well, but when I read this sentence, it just sounds like we're saying that the provider should have all the claims data no matter where a patient is seen to understand what's going on with their care elsewhere. I don't think that's what we're saying, so I think we just need to fix it so it doesn't sound like that, and of course, the end of my sentence should say "regardless of site," not "sight" as in vision.

### **Alix Goss**

Got it. I really feel like the cost transparency aspect should be mixed in the second part of the sentence because when I read the first part of the sentence, it is about how your care can be improved because that provider could learn that you had a test or something else from another provider and that can make a difference for an EHR environment to know that those things have happened, and I thought it was more about – truly, when I read that, I thought it was just about the care coordination aspect of it because you knew something had happened, so as you brought up the point, I'm hearing that we've got claims data and price information, but we don't really close the loop and get at that transparency aspect, so that's where I'm seeing a gap, and I saw Jocelyn's hand come up. I'm not sure if that's on this particular point.

### **Jocelyn Keegan**

It is, and I think this gets at the heart of what I was talking about earlier. I think we talked about administrative data here, but what we're really talking about is data that is clinical, but could be inferred from a claim. But, from Alexis's point, I think the key point here is I want my provider to know enough about my benefits – not my claims data, but my benefit information – and to your point, I read it the same way you did. After I was like, "Why are we talking about claims here?", I did think it was important to ensure that the provider has a complete picture of the patients, either through other clinical data provided by the payer or clinically inferred data through claims, and that that would be invaluable, but I feel like the intent of this whole paragraph was to get at telling me enough about my stuff up front so we can have a real discussion about what my options are before you go into a prior auth, not about care coordination. While that's important, I don't really think that was the intent we were trying to get at here.

### **Alix Goss**

Alexis? Oh, up, down. You don't want to make a comment?

### **Alexis Snyder**





No. I was just going to say – because Jocelyn started to say it – that that care coordination piece could be really great, but then she said it wasn't what we were trying to get at, so I put my hand down because I agree. I don't think that's what we're trying to get at, and if it is, then I think we need to change something.

**Alix Goss**

Got it, thank you. Denise?

**Denise Webb**

If we're done with this paragraph, I have a comment on the next paragraph.

**Alix Goss**

This one?

**Denise Webb**

Right. So, as I read this paragraph, it struck me that integrating clinical and administrative data is not really what enables interoperable exchange, and to make the paragraph align with the second paragraph that's in the next section, I would like to suggest we say "Harmonizing clinical and administrative data standards and policies can enable interoperable electronic exchange" and so forth.

**Alix Goss**

I could not follow that. I couldn't type all that.

**Denise Webb**

So, what I can do is type that up in the document so it gets added as a comment, but the big thing is integrating clinical and administrative data is not what enables interoperable exchange. In my mind, it's harmonizing – using the word "harmonizing" at the beginning of that sentence. "Harmonizing clinical and administrative data standards and policy can enable exchange" – that's the rest of that phrase – "and data integration" at the end of that phrase. The way this is worded doesn't even align with the second paragraph in the next section, which basically reiterates that point that I just made.

**Alix Goss**

Yes, I'm tracking with you. What you just said you will give us as far as suggested edits will go a long way in bolstering that.

**Denise Webb**

Sure. I'll go ahead and write it up. I just didn't have time to go in. I wrote this all in a hard copy.

**Alix Goss**

I appreciate that you were able to find the time to do the review. I know this is a pretty tight turnaround for everybody, and for those of you who haven't, please remember you're going to get another chance to look at it before it goes to HITAC.

So, the next comment – I think Alexis is the next one. I was just looking to see if anybody had their hands up. This is a revision if we're talking – I think there's a sequencing flow that we're suggesting.





**Alexis Snyder**

I was suggesting easily flipping “patients” and “clinicians.” We’ve talked so much about patient-centeredness – and it’s our first GP – that it just makes sense to say “patients and clinicians.”

**Alix Goss**

I’m just going to say okay and move on. The next one... So, in the next paragraph, what we’re talking about are steps to implement the strategy, and you have a comment on burden.

**Alexis Snyder**

Yeah, it just says “clinician burden,” and in a couple other places, we’ve corrected that to either “all stakeholders” or “clinician and patient burden.” We’re just missing that patient/caregiver burden piece. I’m just being consistent.

**Alix Goss**

Cool beans. This is exactly why we need everybody looking at it, so, thank you. Any hands up? I made a suggestion that when we talk about previous work, here’s a place where we could reference the compendium. There is a tremendous amount of work that we have stood on the shoulders of coming into this task force, and so, I thought it might make sense to add a reference to the compendium that we all started out with, and I’m most appreciative to Andrew, who’s been maintaining that throughout our journey, including the addition of all the presentations from industry, so I’m going to suggest that we do a nod to that compendium in this early front matter. I’m hoping that’s okay with folks.

**Sheryl Turney**

I agree, Alix.

**Alix Goss**

Thank you. I think that sometimes, when you reference trademark things, you have to make sure you’ve got it right, and I think we need to double-check on the usage of how you can reference FHIR and the trademark, so I just wanted to come out that we need to do that because I think there are different rules, and I don’t know all of them. So, we can clean that up in editorial land. I think I was looking to possibly close out this final paragraph with bringing back in the patient experience to end it. We’re going to make some changes above, so I think this is okay, but we need to factor in other edits and be consistent. If we’ve made other edits above what I was getting at, they may have already been addressed, so we’ll make sure to take a look at that.

I’m suggesting that this section that was labeled “HITAC/NCVHS/ICAD project and task force” could be slightly revamped to say “HITAC, NCVHS, and task force charge” to link those all together. I think we can consider that to be in editorial land if nobody has any objections. I think suggesting we’re including a reference to a year that the NCVHS was created because it was created in 1949, and it’s had a long history, and I’ve always thought that was an important context to give, especially in parallel to how we’ve referenced a few other things.

I’m going down. I had suggested – okay, let me orient us to where we’re all at in this point. I’ve moved into some of the preamble setting of the stage. We’re now really getting into the establishment of the project and the task force, and talking about how we were composed, and I’ve drafted a few edits and a new closing





sentence and provided my suggested text in the comment box to just bolster this sentence or paragraph a bit. I'm not going to read everybody... When I'm saying okay, it means that I'm not hearing an objection and we'll work through it in editorial review. Sheryl and I have about four to five hours' worth of editing and comment resolution with Susan and staff that we're going to work through later this week in support of the draft coming out.

Task force – we like “healthcare” as one word. I think sometimes you capitalize “task force” and sometimes you don't. I just want to make sure we were being consistent and accurate in how we're using that. I'm going to leave that to the editor if that's okay with everybody. Sheryl, there's a comment about adding a paragraph. Did you insert a paragraph?

**Sheryl Turney**

Yeah.

**Alix Goss**

Is that how I'm breaking this apart? You already inserted it.

**Sheryl Turney**

Yeah, I inserted it.

**Alix Goss**

All right. Anil is up next with a comment. So, this is talking about the task force creating a basic clinical workflow diagram. And, your comment?

**Anil Jain**

I just think that it's not a basic or a clinical workflow. It's really a typical multi-stakeholder workflow.

**Alix Goss**

Okay, I like that.

**Anil Jain**

The word “clinical” [inaudible] [00:37:14], and it's not really basic. We spent a lot of time on that.

**Alix Goss**

Okay. You're right, it's more than clinical, so I think that's a really good revision to make. Thank you. A couple in-line suggestions for using Jocelyn's carrying forward with “friction” over “burden,” and we discussed this a little bit earlier, so I'm going to keep moving. It's pretty straightforward. So, now, we had asked Jim and Jocelyn to do a bit of wordsmithing here. I know Jim had a comment box, and he's going to be getting into more of his homework assignment on that one shortly, and it looks like Jocelyn has been busy editing in-line, making suggestions.

Jocelyn, would you – any general comments about this? I think you have actually – because you discovered or broke the rules and were able to actually edit in line, what I'm believing is that the work you had previously done in synthesizing with Jim – and probably with Joss Harvey's support – you've gone in and done a rework or cleanup of this whole section and embedded all your edits. So, is there anything globally you'd





like to offer us about that or to queue us in on something you want us to look at? Otherwise, what I'm going to suggest is task force members can all review your edits, and we can take those forward into our wordsmithing exercise over the next two days.

**Jocelyn Keegan**

I think there are probably two observations I would make as people rethink the edits, especially you, Jim. I think I was grounding it in where it fits in the document, and I think that one of the things that is important for us to look at is really grounding that what we're describing in these tables and the analysis of what's already out there in the market is more based more on what the steps are that somebody needs to go through to actually make a clinical order recommendation, a passive care plan – it's not about the prior authorization, but really, the steps we're talking about are the activities that need to happen to get somebody on therapy, and so, I reworded it with that vein.

And then, the second piece was we used this for data classes that came up in one of our early calls where we were looking at this as more tabular data, and I would – I'm not sure what the right answer is, but if folks are editing, I might challenge – I feel like "data class" might be too technical a modeling language terminology when that's not what we're really doing. We're sort of a level above that, so I'd like input from folks to understand how you would describe this sort of generalization we're doing around the steps of workflow and the role of how to alleviate and reduce the need for prior authorization by getting better in each of these steps about making the data more transparent. Thanks, Alix.

**Alix Goss**

Okay. I hope I captured that enough to try to give –

**Jocelyn Keegan**

[Inaudible] [00:40:55] any of it.

**Alix Goss**

Okay, all right. I know that sometimes with the editing, the comment boxes make the document jump around, so I apologize to everybody. Alexis, I think you're looking to look at the Roles and Stakeholders section here. She's reading as we're going. So, Jocelyn made a number of edits in here, so I'm going to continue. I'm probably going to make you dizzy, Alexis, because I'm going to keep scrolling.

**Alexis Snyder**

That's okay. While you were talking about the other one, I just wanted to read what it was saying. I'll look at all of them later.

**Alix Goss**

Thank you. Sheryl has added some other edits in there in line. I believe the rest are all from Jocelyn, so what I'm hoping is that Jim, when you have an opportunity to have some quality time with the Google doc, you can focus here, especially because I want to make sure you and Jocelyn are very aligned. She's really been doing the yeoman's lift on this section.

**Jim Jirjis**

Yeah, I have a date with the document tomorrow.





**Alix Goss**

Awesome. Okay, so, I'm seeing the next one – next comment that I got in there is not from Jocelyn, but from Anil, and he's just offering a further wordsmithing exercise about “handoff” rather than reusing “workflow,” and I think that's a nice pivot for us to consider. Hopefully, that's okay with everybody else. I'll keep scrolling down. She's got lots of edits in here. Sheryl is also fixing a few typos and doing some further cleanup in that section. Those all look to me like pretty straightforward edits, so I'm now moving to the next one about the need to standardize the table descriptions, top, bottom, and some formatting, and I think that's a great comment that that's final cleanup work that we could possibly do, but I do think we have to have at least some preliminary – at least making it stable before we can go to HITAC, so I think that's something that we can take a look at over the next couple of days.

Jocelyn's got some further comments in the section, which appear to track with the two themes of overview that she gave us a few moments ago, editing documents, okay...hopefully you're not all getting queasy. She's cleaning up some repetitive work again, and overall, strengthening the tables, so, Jocelyn, you look like you spent a lot of quality time in here yesterday. Thank you. Oh, I knew I wanted to ask a question of you, Jocelyn and Jim. One of the things that I noticed is that in Table 3, we used the word “proprietary,” and then in Table 4, a separate thing, we used “proprietary.” Are we all okay with multiple uses of those words in this section? We're not going to confuse people that weren't in our conversations?

**Jocelyn Keegan**

Alix, you can just tag it, and I'll take a look at it when I go back. I think the tables themselves – you know me. I love data to be visualized. I think the tables themselves need a lot of work, and we had decided not to do any work on the tables, figuring that the ONC team has graphics folks who do a good job with that, but when I go back in, I might try and simplify them so they're easier to read on a single page and condense them formatting-wise so we can hone in on where we've got discrepancies across three or four tables.

**Jim Jirjis**

Is the concern about the use of the word “proprietary” that people won't know what we mean by that?

**Alix Goss**

Or that you're using it in Table 4 as defining the solutions, and I just want to make sure we're not going to – I think they're all synced; I just realized there were multiple words and we're using them in different tables. I just want to make sure I look at it – “...to ensure we won't create any confusion...”

**Jocelyn Keegan**

I think we're being consistent, but we need to me-see ourselves, make sure that we're not nesting correctly.

**Alix Goss**

So, Jocelyn, the other thing you said, which I want to come back to, is that you were talking about cleaning this up, and we really don't have the ability to go out to get a graphics team to come in in the next week and get that done. We might for the final report. So, these tables need to be stable by Thursday, I would say, if you're looking at monkeying with them. We need to think about how that works with the editing exercise and getting a new version out, so maybe you should start to look at –





**Jocelyn Keegan**

So, we're not going to have anybody doing design work, Alix. I will actually work to make them look better. I didn't actually want to spend time on them if somebody else is going to come to do that, but I'll try and work to make sure that we can better condense the information so you can get to what's important in the table. We just got the data in, figuring that somebody else is going to be doing formatting initially.

**Alix Goss**

I've got these. I'm really appreciative of having you make these look more graphically –

**Jocelyn Keegan**

It'll be skill-building to see how good my table skills are in Google.

**Alix Goss**

Okay, thank you.

**Sheryl Turney**

Alix, we do have a couple people with their hands up. I do think that we shouldn't be using the same term in two tables because it's confusing, and that was a good pickup.

**Alix Goss**

Thank you. So, Jim and Josh can look at that in their final edits, just looking at it one last time. I think Denise is up next.

**Denise Webb**

Yeah. I have a question. So, when you said these have to be stabilized by Thursday, I wasn't going to say anything about this, but if you're trying to stabilize the texts in here, on Table 3 and Table 4 – oh, I'll just give you one example. We say that on "emerging" in Table 3, "The task force deems the information needs described in a particular data class met by a given" – is it "are met"? I feel like there's something missing there on all of these, like the word A-R-E in front of "met" on the next three cells, as well as in Table 4, or am I just not reading this correctly?

**Alix Goss**

I apologize, I was trying –

**Jim Jirjis**

I think you are.

**Denise Webb**

It just seems like the words "are met" on "urging available and in use." And then, the same thing on Table 4. I don't know if we're keeping them clear in there, but it's in there. And, all of them in Table 4 – all those need the words "are met."

**Alix Goss**

I'm going to put a comment in here.







**Denise Webb**

I read it several times to see if I was missing something. Sometimes when you read it...

**Jocelyn Keegan**

Denise, I think you're totally right, and when I went back to read this last night, I stopped myself from ripping the table apart because I wanted to reduce the repetitive words and just slim down the text so it became more readable, and I think that we have a first attempt at that, and I think we just need to spend some time on it, but I went back and I was like, "What were we doing here two months ago?"

**Denise Webb**

That's okay. I just wanted to mention that in case you're trying to finalize this by Thursday – the text.

**Alix Goss**

To the best of our ability to get us –

**Sheryl Turney**

I'm sorry, my VPN went down, so I'm trying to get back in.

**Alix Goss**

Oh, I'm so sorry. I feel your pain there. So, Alexis, I think your hand is up.

**Alexis Snyder**

Yeah, just a quick question as far as cleaning up and the conversations we're having now. Did you want us spending time line editing rather than just content editing as we went through the document? Because there are a lot of spots like that. Editing is part of what I do on a regular basis, but I didn't put any line edits or change anything because I thought we had an editor that was going to do that. There are a lot of typos and unclear wording here and there.

**Alix Goss**

Yeah, because we had a lot to try to blend together and build out to get a cohesive draft report, so this is about the next round of plugging the big holes and smoothing it out. So, I'm wondering, then, Alexis, if what you do as part of your day job and fun with pencils – perhaps maybe we can put that in the queue, and we're going to have a debrief, as we normally do after the task force call, and then, like I said, we have several meetings of several hours in duration to get through a detailed review of all these comments and figure out what it means in line, so maybe if we need someone to help us, we can tap into you. I also think that your suggestion about – if you want me to in-line edit, I can do that. We were trying to figure out how best to keep people focused and not get ourselves too far afield from the master source document and how we manage incorporating all these edits –

**Alexis Snyder**

Yeah, that was my question. As I read through it, I saw lots of things that needed line edits, but I just skipped over them because we're supposed to look at the content, and there's a lot to get through.

**Alix Goss**





It is, so what I'm going to do is queue up a discussion with Sheryl and our editor Susan for 4:30 to figure out how we can not only tap into your expertise, but other people who might have the ability to do that kind of support because we're moving so hard and fast. We would have hoped we would have had a few more iteration cycles before we...

**Alexis Snyder**

So, just let me know before I do the next readthrough to add the sentence editing you wanted me to add because I'll go through it again and change typos and stuff if you really want me to. I just didn't do it, like I see lots of people saying that "healthcare" is two words and this and that. It just makes it hard, and of course, we end up spending a lot of time on that.

**Alix Goss**

Yes, and we don't need to do that, so I will follow up – one of us will follow up with you, whether it's me or Sheryl, after we have a chance to confer. Thank you for that level of support there. I'm just making myself a separate note. Okay, let's scroll down now. Jocelyn is still making some edits there. We know that tables are going to get smushed, especially when we're working in the comment boxes. We've got a couple word choice selections. I'm going to pick those up as we move forward. I think the next – there's a suggestion that I'd like to make about the work on this paragraph and finding summary.

It could be that we need to segue from around PA – and, I think, really within PA now, with Sheryl's edits – to what follows to help show the interplay with the rest of the transaction ecosystem under HIPAA and link to the certified health IT products, so I feel like there's a way – this introduction on the finding from the state of existing standards needs to have a little bit more of a buildout, and I think I've created the concepts of what needs to be built out. I'm looking to see what helps for others, and if you think that my suggestion on where we would head is valid, that the opening two paragraphs here could be bolstered a little bit to give more context, and so, link it to the HIPAA and health IT product world. Are there any concerns where that is generally headed? All right.

I made a suggestion about ending the X12 opening sentence about cementing the industry investment through HIPAA regulations for medical transactions because I also think it was important to set some context about where X12 plays in the standards ecosystem. Denise?

**Denise Webb**

I just have a minor suggestion. On our headline, like where it says X12N, and then NCPDP, and then we have HL7, it might be nicer to state the full name of that standard, and then the typical nomenclature they use for that category of standards – so, Health Level 7, "HL7" in parentheses, standard. Say the word "standard," and then that introduces that the next section is going to talk about that. It's just a suggestion.

**Alix Goss**

So, how does that – so, X12 is not like HL7. It's just "X12." Nobody really knows what the N is for unless you're in that world and know that's the insurance subcommittee –

**Denise Webb**

Well, maybe just add the word "standard" after that one.





**Alix Goss**

“X12 standard” – see, but here – this is where we’re getting into a little bit of the nit and the nat, and I probably know too much.

**Denise Webb**

I don’t, I know...

**Alix Goss**

Well, X12 has a base standard from which implementation guides are written, so the technical reports that are implementation guides are separate from the base X12 standard, so the technical report is the standard in this case, not X12, so I’m going to wrap us around an axle – I’m not going to go there, the point being, Denise, is the idea is to enable a reader to understand –

**Denise Webb**

Just a headline, because when you read the first sentence, “The industry has a longstanding investment in X12N standards” – so, isn’t that what the discussion is in those sections, on those standards and transaction sets? It just helps the reader; it guides them to sections.

**Alix Goss**

I’m just making a couple notes so we can talk about it later.

**Denise Webb**

Thank you.

**Alix Goss**

I’m not seeing any hands up, but I see that Rich is typing. I notice that we introduced the 275 in here, but we really hadn’t explained what that was, so I suggested actual text for providing context about what 275 is and how it’s – and then, some subsequent revisions in this section. I think we need to be a little bit clearer about explaining attachments and the linkage with X12 because it sets up some of the recommendations that we have later on, and so, I just tried to strengthen that section and crafted the text, so you guys can all take a look at that if you would like. And, further, just tying things together a little bit tighter on authorities, back to our laws... I see that Alexis is typing a comment about index or glossary. There is going to be a very extensive glossary that we’ve actually started working on. So far, we’ve been able to leverage the – keep me honest here, Sheryl – there was another report that we started, which is the basis of the HITAC group. Is it annual report?

**Sheryl Turney**

That’s correct, Alix – the annual report.

**Alix Goss**

So, we’re going to have a very extensive glossary, and that will be part of the cleanup work that we need to do, so you guys can stay tuned for seeing that artifact as it gets cleaned up, but we’re starting with a prior art. So, this is a note of cleanup work. I wanted to clarify that the NC – oh, I’m sorry.

**Denise Webb**





I apologize for interrupting. This is Denise, and I do have to hop off. I just wanted to ask one thing of my fellow committee members. If you get to the section on guiding principles before the end of the call, we wrote those all in the tense – everything is “should be” this, “should be” that. If you all look at the Privacy and Security section, we wrote it in ideal state language, meaning “this is.” We use the present tense to describe ideal state. So, you all might consider that we rephrased all of our contributions in that. So, for instance, “reduction of burden on the patient and caregiver should be.” Well, if you’re describing ideal state, you should say “is the driving force,” not “should be.” So, for an example of that, if you look at the principle under Privacy and Security, we wrote it as present-tense ideal state, as in this is where we want to be – it actually is the state of affairs. Are you following me?

**Alix Goss**

I think we have. We may – so, I’m watching the chat box, and I’m seeing Anil say, “Didn’t we already change all those in prior edits?” Then, Alexis is saying, “Agreed. I made that same comment a while back, and we were told the editor was going to be the one to fix and keep consistent.” I think we’ve been trying to, so we may have some stylistic differences, and we may also have some crunch time dynamics happen, so we’ve made the comment – I’ve captured the comment here.

**Denise Webb**

I just wanted to mention that because I did notice – I was on that workgroup on privacy and security, and we wrote them so that they were in the ideal state format, as this is what the world looks like if we’re in the ideal state. Rather than saying it “should be” this, we should say “it is.” Okay, I have to hop off. I just wanted to be sure I contributed that, and I’ll shoot some comments over to you all as well. Thanks.

**Alix Goss**

Thank you, I look forward to that. Have a good rest of your day. Now, where were we? Sorry, folks I have to go back to where we were. We were up here. Oh, okay. I have a question, and I don’t know if this is feasible because I know some things are very specific, and they’re written the way they are for lots of good reasons. In the NCPDP draft, there was a section about the ePA Workflow to Transaction task group under Workgroup 11. I was wondering if there was any – I’m not an NCPDP person, so I wondered if there was a way to maybe elevate that a little bit in its representation without losing meaning. I know Jocelyn is on NCPDP. I’m not sure if there are other task force members that have that interaction and experience to know if we could make this a little bit easier for a reader to absorb.

**Jocelyn Keegan**

That’s a specific name, amazing as that might seem, for the actual task group that deals with ePA. Just because of the way that NCPDP is structured, there are about 10 named workgroups, and then, there are pretty robust task groups that work on specific transactions under those workgroups, so Workgroup 11 is e-prescribing, and then, under e-prescribing is the actual set. I say that at the beginning of every one of my task group calls, over and over again.

**Alix Goss**

So, what I’m saying is it is accurate. There is no monkey – there is no stripping it down.

**Jocelyn Keegan**





Actually, the name – you could call out that it is Workgroup 11, which is the e-prescribing workgroup, but I didn't include it because it wasn't relevant for this audience. That's where the action happens.

**Alix Goss**

Well, I'm sure the happy trails of the world will lead us to the right answer on that, so I'm going to leave that as is right now and move on.

**Jocelyn Keegan**

And, I can ping Margaret, or Margaret, if you're listening, send me an email if there's a better way to say it.

**Alix Goss**

I don't think she's on the call, so we'll have to follow up with her. Oh, Jocelyn, there was a request put out to you down below here that's NCPDP-related, and I don't know if you actually got there because you were doing so much editing above. There was a question about the phrase "with draft solutions, early pilots, draft solutions, or pilots that have produced draft solutions." We wanted to make sure that it was accurate. Does anybody have any information about the early pilots?

**Jocelyn Keegan**

Can you just – am I tagged there? I'll go in and reword. What I did is mush together that there are pilots happening both in NCPDP – well, actively in use with NCPDP and pilots in HL7 – so I'll probably just break it into two separate sentences for clarity.

**Alix Goss**

Got it.

**Jocelyn Keegan**

Oh, that's about the specialty. Yeah, I'll clean it up. It's a good point, and to your point, I probably know more than I should. I can probably simplify it to just talk about NCPDP. They just happen to be leveraging FHIR for that particular pilot.

**Alix Goss**

Okay, so, maybe phone a friend in the task force that isn't so close to it than can help you. Let's think about that, too, because sometimes, if we're too close, we're not the right person to do that when we're trying to write for an audience that may not be as in the weeds as we are, so if you need support there, please let us know. Okay, so, we were actually looking – is Andy on the call today? We had done a shoutout for Andy and his role within HL7. We thought he might be a useful resource to help enhance the section, so hopefully, he'll be able to give us some input on that.

I'm going to move forward to Findings and Recommendations. We're going to get into this section. I'm mindful that we do have public comment period at 4:20, so let's see what we can do in the next 12 minutes. I made some editorial suggestions about – one of the things in this section that we're struggling with and will probably continue to struggle with over the next couple of days is that so much of the work that we did was prior-authorization-focused, and as we took over a month's worth of conference calls to look at the broader intersection discussion and look at the synthesized data from the prior authorization work, it became pretty clear that we had actually addressed a number of the broader intersection areas, so I think





we just have a little bit of cleanup work to get this section to flow more smoothly when we're telling the bigger-picture story and using prior authorization as an exemplar.

And so, my opening remark was to try to set the stage for that bigger picture and tying it to prior authorization as we move forward. I'm hoping everybody's okay with that, meaning that we can start to work to try to incorporate that with the editor. That's all an okay means. I'm not seeing any comments or hands up. I think this is a part of my other comment about the stronger – this is another – this is a discrete comment to a verbal remark that I've just provided to you, so I'm going to move on.

"We may benefit from a new section header, Guiding Principles." I think I'm going to skip over this because I think that's an editorial cleanup work that we don't need to discuss now. We've got to think about how we capitalize "principles," and also, I think we probably don't want to use the word "guide" when we talk about guiding principles. It gets a little confusing, and I'm going to suggest that we use the word "steer" or some other word to bolster the front matter and lead-in section to the ideal state, which precedes the guiding principles. Okay, I'm not seeing comments or hands raised. During prior discussions, we had talked about an additional principle, so we've added it into the table here, formatting –

**Sheryl Turney**

You do have a hand up, just to let you know.

**Alix Goss**

Thank you. Alexis?

**Alexis Snyder**

No, my hand was up for this next piece that you were just talking about, so, later on – and, if at another point, when we get down towards the bottom of the document and get to that guiding principle – I made some comments, but I'll just say overall here, if we are going to keep this as a ninth guiding principle, all of the language that's currently in it is not about all stakeholders. It's all clinicians, so we just really need to revisit that if we're going to keep it because it certainly doesn't go with "reduce burden for all." And, like I said, the comments are in that section when we get there.

**Alix Goss**

Okay, got it, thank you. Jill is suggesting some additional – she actually added the text. We already got Denise's comments about consistent language, and so, now, the next comment is from Alexis, and we are in patient-at-the-center in the fourth bullet. "The bulk of insurance plans should be accounted for in COB, made available to the patient so they better understand the benefits and how they apply."

**Alexis Snyder**

I can't see it. Can you scroll down?

**Alix Goss**

Is that better? Sorry.

**Alexis Snyder**





Oh, I think it's me. I think my computer just got stuck with where you... Oh, now I see it. I just wanted to see – I had to think about what it was I commented on. So, like I was saying, I wasn't sure if this got added or changed recently because Anil and I had spent a lot of time in this area, and I didn't catch it if it was there in the beginning, but I think it somehow got changed, so it doesn't seem to capture what we keep talking about with how multiple benefits and multiple payers don't really talk to each other or aren't transparent, so that can actually sync up the coordination, like when one company says it's covered and another doesn't cover it, so you can actually get it multi-covered, or even get it approved, so this just doesn't say that. This just says that the patient can understand how their benefits work, and it's not that the patient needs to understand that. The patient knows how it works, they're just not working together, if that makes sense. And, if you want me to go in and actually try to change language and edit, I can look at that one too.

**Sheryl Turney**

I think that would be great because I don't understand where you're going with it.

**Alix Goss**

Yeah, I would appreciate –

**Alexis Snyder**

So, it basically – not to take up too much time, but it says that patients need to understand how their benefits work, and that's not the problem. They don't need to understand how it works. The coverage – they don't line up. They don't coordinate with each other. So, you can have one company saying that it needs a PA and that it's covered if you get it, and the other saying they don't cover it at all, so you can't get it – they just don't work together, and we've spent a lot of time talking about coordination of benefits.

**Alix Goss**

Thank you for being willing to edit that. There has been discussion around – this is a comment for you all to review. I don't need to cover it. Formatting spacing fixes, some additional – we're just calling out notes in regard to some of our prior discussion. I'm not sure if you're online, Michael.

**Michael Wittie**

Yes, I am.

**Alix Goss**

Okay, I'm thinking this is just a calling out of a point that you've made from our incorporation of the broader intersection discussions, and Susan captured it in here just to make sure that people are aware of how we had done some things from incorporating the broader intersection into the guiding principles work we did under prior auth.

**Michael Wittie**

Yeah, I think this – that comment doesn't really – was more explanatory for how I moved things around in the editing, and if folks find it useful, keep it. If they don't, drop it.

**Alix Goss**

Okay. So, you're looking for feedback, so, task force, please let us know if this insertion is okay, and if not, where might we better address price transparency aspects?





**Michael Wittie**

That's a good translation.

**Alix Goss**

Thank you. Oh, there was an opportunity – this is a consistency thing. Sometimes, we actually restate the principle, and in this one, for some reason, we didn't. We just said "this principle," unlike what we were doing above, where we'd say "the principle of transparency" in this case. So, I'm just going to move on from that. That's an opportunity for the editor to address. There was a suggestion about the staging of the proposal in the top of this, so we're now in Measurable and Meaningful. In our second bullet, we start out saying 95%, but then, in the sub-bullets, we really address an iterative approach. I think we need to do some qualifying of that, and that was a suggestion that was by our editor, and I'm encouraging that to occur. If you disagree, please speak up.

One of the things that we haven't talked about that I wanted to get some reaction to was when we're discussing that the PA responses – we're talking about this efficiency now of clear decisions, related determinations, and having this communicated to applicable stakeholders, and that we're looking in this ideal of state of tracking them so we can provide metrics on approvals/denials, and so that this can also be made available to stakeholders. I wondered if there was an aspect of mining the data to identify entities with better rates that will give us an analysis basis for best practices and opportunities for improvement, and we didn't talk about the mining aspect in here, so I'm not sure if I've gone too far on that suggestion, but I am looking for specific feedback, and nobody would have seen that because it was an epiphany I had and added 15 minutes before the start of this call. So, task force, please weigh in on the suggestion.

There are some comments here – Lauren do you want me to stop and go to public comment now, or do you want me to keep going for two more minutes?

**Lauren Richie**

Why don't you keep going?

**Alix Goss**

Okay. We can move on. This is a clarifying comment I made to an editor question to help her understand the nature of what we were getting at in that paragraph. You can all weigh in on whether you agree with my input to her or not. One of the things that we've struggled with is that real-time data capture and workflow automation is a really long list, and it is not like the other guiding principles in that it has now 13 – a baker's dozen – suggestions in it, and I'm going to suggest that we leave it there for now, but if we get the chance, we might be able to come back and group these into higher-level characteristics, and then, these bullets might become more like examples, and so, time permitting, I think that's something we'll try to do, but for now, I'm going to move on to the next comment.

This was a note to let folks know how we've been moving some stuff around. Alexis had made a comment in this section on real-time automation and workflows about adding shared decision-making, as well as patient as an independent thinker. I think this goes with a lot of the other comments that we've been discussing today, so I'm going to suggest that we accept that for incorporation unless there are any concerns with that.







To close out the section, I struggled with No. 13, “If portals are used, they should integrate the workflows,” and I kept tripping over this because by nature, a portal is outside of a workflow. “Does no special effort refer to investment overusage, meaning that a browser launched to use the portal comports with the guiding principle?” And, Gus has given us some feedback that “No, it’s not really desirable, but is this really even achievable?” So, maybe it’s little or no special effort, which is what he is suggesting. I think I’m out of time because it’s time for public comment period.

### **Public Comment (01:19:22)**

#### **Lauren Richie**

Great. I’ll get the phone number pulled up. We’ll ask the operator to open the public line.

#### **Operator**

If you would like to make a public comment, please press \*1 on your telephone keypad. A confirmation tone will indicate your line is in the queue. You may press \*2 to remove your comment from the queue. For participants using speaker equipment, it may be necessary to pick up your handset before pressing the star keys.

#### **Lauren Richie**

Thank you. Hopefully, folks have had time to dial in, but I’ll ask if there are any comments in the queue so far.

#### **Operator**

There are no comments at this time.

#### **Lauren Richie**

Okay, I’ll hand it back to you, Alix.

#### **Arien Malec**

Hey, this is Arien. I’d like to insert myself in the queue relative to special effort.

#### **Alix Goss**

Hi. You have the floor, Arien.

#### **Arien Malec**

Awesome. So, the term “no special effort” comes from the IEEE definition of interoperability, which is picked up in the CURES Act, and I would encourage us not to change the word “no special effort.” And then, with respect to integrating a portal, there are all kinds of ways via single sign-in in context where one could imagine a portal that could use FHIR-based activity, yada yada yada, but the meta intent here was to say, “Well, we didn’t want to say you can’t use portals, we didn’t want to say you can’t go out of your way in workflow, but we wanted to say that if you have a portal, you also need to deploy the same capability in ways that require no special effort by the clinician, practitioner, or extender.”

#### **Alix Goss**

So, Arien, do you think you could go in and make a suggested revision to that?





**Arien Malec**

I don't know that it needs a revision. I guess that's all I'm saying.

**Alix Goss**

Okay, because I'm getting a little... I understand your comment about how "no special effort" has a very historical meaning to it, but I don't understand how – if you use a portal and they integrated the workflow, what does that really mean? Does that mean that it launches from your EHR? Is it acceptable that you have to leave your EHR to go to a browser to –

**Arien Malec**

The answer to the second question would be no, and again, I think we're just getting into details where we should state the principle that we're not – the principle here is that we're not saying to burn all your portals, we're saying to make sure that any functionality, any data, anything that you have in a portal is also available in ways that require no special effort. Does that make sense? I'm more than happy to go in and do everything.

**Alix Goss**

No, I'm sorry, it actually does not make sense to me. It doesn't make sense to me because if you're not integrating – why would –

**Arien Malec**

So, let me give you –

**Alix Goss**

I think what you're going to say – I think the challenge for me here is direct data entry here is not actually no special effort. It is effort, so I'm a little – I don't want to get wrapped around this.

**Arien Malec**

Let me give you an analogy to make sure that you and I are at least saying the same thing, but maybe using different words. So, if I list the PTA agenda on the PTA's webpage – this is going to be a super convoluted example. I'm going to withdraw my example and say if I've got a calendar and it requires me to go someplace to get my calendar information, that's a pain in the butt, but if I also make exactly the same information available via standards so that it can get integrated into my calendar app, then we're not saying to burn your calendar, we're saying to make the same information available in a way that requires no special effort, and I think this is a wordsmithing, not an intent. Hopefully, that was –

**Alix Goss**

Let me interrupt you. Let me say it's really about giving the end user the choice.

**Arien Malec**

Correct.

**Alix Goss**





Portal functionality is also available in an integrated solution. Get out of telling people how to do it, but give them the flexibility to pick, and they can do it. If they want to do the portal, let them do the portal, but if you're going to have the portal capability, you've better have an integratable – AKA use FHIR or something to integrate.

**Arien Malec**

Correct.

**Alix Goss**

Now, you have helped me not be confused. Thank you, Arien. “Portal functionality must be available in integrated solutions. Need to do both, not just have the portal.” Okay, I can buy into that. All right, we have four minutes left. Sheryl is continuing to have some hiccups with her technology. This seems to be her week. I had it last week. So, I think where I'm at is we got down to Principle G, and so, there's plenty more for folks to take a look at.

Surprisingly, we've gotten at least two thirds of the way through the paper. We've nearly finished up the guiding principles, and the section that's left is the recommendations, and as you can tell, they're pretty solid for what you've seen before. What is different is that there were a few tweaks that Rich had made, and we just made sure that people were aware what those tweaks were. He did some cleanup work from our prior discussions, and what we would see is that Recommendations 14 and 15 have been added – Anil has weighed in on those as well, and he's clearly gone through the document – and that thanks to a comment by Alexis, but more specially, a buildout by Sheryl, we have a start of a conclusion. With that said, I believe that we need to go back to the slide deck, please.

**Sheryl Turney**

Thank you, Alix.

**Alix Goss**

Thank you, Sheryl. I think you need to go back up one slide.

**Sheryl Turney**

Yeah, I can't see the slides either, so I apologize.

**Path to Report Submission (01:25:50)**

**Alix Goss**

No, I apologize. Actually, I was wrong. The one that follows is the one I was thinking about. The slide that's up now is talking about next week, and the goal will be that folks can weigh in with their comments and edits. Hopefully, you can do that within the next 24 hours. We'll be working over the next couple of days to try to get a new version of this out. I don't know if it's by Friday or not, but that might be a goal that we take on after we debrief after today's call. The key thing is that we need to submit a report to HITAC next week. That draft report submission will provide the ability for us to give them an update the following week and to receive some thoughtful input because they'll have the chance to actually look at the draft report. So, if we can go to the next slide, please...





Then, what that means is that we would have the ability for the task force to have a discussion on Tuesday, October 13<sup>th</sup>, and finalize anything that we needed to so that within the following 24 to 48 hours, we can make the necessary critical changes to submit the report, hopefully by the close of business on the 14<sup>th</sup>, 15<sup>th</sup> at the latest. Sheryl and I will present that on the 21<sup>st</sup>. We will discuss it with the HITAC members, and then we will bring back their feedback here on the 27<sup>th</sup>, and that will enable us to figure out how to tie all of this up with a bow and formally submit it. Sheryl, I know you were going to go over those slides, but you couldn't see the slides' content. Would you like to add any narrative or encouraging words to the task force?

**Sheryl Turney**

I would like to say thank you to everybody who's participated in providing comments. For those of you who have not or for anyone who wants additional comments, please go to the document and make the changes you're requesting in the narrative itself, not just in the comments, because then they might not actually make it into the version that we have to bring to HITAC. And then, we would like to have all of those by the end of the day on Thursday so that we can work on our updated draft on Friday, and then have that back to you for a final review next Tuesday, but don't – make those comments in the narrative, and it will highlight your name, and if you'd like to add a few words about why you made a change, we'd be happy to do those as well, but we'll review those next week.

**Alix Goss**

So, I think that brings us to a conclusion. We're moving hard and fast. Thanks for all your efforts. Lauren, do you want to close us out?

**Lauren Richie**

Nothing else from me. Thank you, Alix. We'll meet again next week on the 13<sup>th</sup>. Thanks, everyone.

**Alix Goss**

Thank you.

**Adjourn (01:29:12)**

