Intersection of Clinical and Administrative Data (ICAD) Task Force: Draft Recommendations to the HITAC

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The Office of the National Coordinator for Health Information Technology

Agenda

- Task Force Charge
- Task Force Members
- ICAD Draft Report Outline
- Ideal State, Guiding Principles, and Recommendations – Updates
- Review Draft Recommendation – Updates
- Questions and Feedback
- Next Steps: Final Report Submission

ICAD Task Force Charge

Overarching charge: Produce information and considerations related to the merging of clinical and administrative data, its transport structures, rules and protections, for electronic prior authorizations to support work underway, or yet to be initiated, to achieve the vision.

Detailed charge: The ICAD Task Force will:

1. Design and conduct research on emerging industry innovations to:
    - validate and extend landscape analysis and opportunities
    - invite industry to present both established and emerging end-to-end solutions for accomplishing medical and pharmacy prior authorizations that support effective care delivery, reduce burden and promote efficiencies.
2. Identify patient and process-focused solutions that remove roadblocks to efficient medical and pharmacy electronic prior authorization and promote clinical and administrative data and standards convergence.
3. Produce Task Force recommendations and related convergence roadmap considerations for submission to HITAC for their consideration and action. The Task Force will share deliverables with NCVHS to inform its convergence and prior authorization activities.
4. Make public a summary of its findings once Task Force activities are complete, no later than September 2020.

ICAD: List of Task Force Members

Sheryl Turney, Co-Chair - Anthem	Alix Goss, Co-Chair - Imprado/NCVHS
Steve Brown – VA	Gus Geraci – Individual
Mary Greene/Alex Mugge – CMS	Anil Jain - IBM Watson Health
Jim Jirjis – HCA	Jocelyn Keegan – Point-of-Care Partners
Rich Landen – Individual/NCVHS	Arien Malec – Change Healthcare
Tom Mason – ONC	Aaron Miri – University of Texas Austin
Jacki Monson – Sutter Health/ NCVHS	Alexis Snyder – Patient Representative
Ram Sriram – NIST	Sasha TerMaat – Epic
Debra Strickland – Conduent/NCVHS	Denise Webb - Individual
Andy Truscott – Accenture	

ICAD Draft Report Outline

Front Matter:

- Foreword by Co-Chairs
- Task Force Vision and Charge
- Task Force Membership List

EXECUTIVE SUMMARY

I. INTRODUCTION

II. ANALYSIS: THE CURRENT PRIOR AUTHORIZAITON LANDSCAPE

III. ICAD FINDINGS AND RECOMMENDATIONS

IV. SUMMARY AND CONCLUSION:TOWARD FURTHER INTEGRATION OF CLINICAL AND ADMINISTRATIVE DATA

APPENDICES

- List of Acronyms
- Glossary
- Presentation summaries
- Artifact compendium
- Notes

Ideal State

The ICAD Task Force has heard from various stakeholders on improving the Prior Authorization (PA) process and the opportunity for broader intersection of clinical and administrative data frameworks.

A re-imagined ideal state with particular focus on PA includes:

- An end-to-end integrated, closed-loop process
- Reduces the burden across all stakeholders
- Accounts for the vast majority of situations
- Leverages existing investments and efforts, where appropriate, acknowledging the existing gaps
- Enable innovation and continuous improvement

Achieving the Ideal State: Guiding Principles

*material updates

Patient at the Center	Measureable and Meaningful	Aligned to National Standards
Transparency	Continuous Improvement	Design for the Future While Solving Needs Today
Real-Time Data Capture and Workflow Automation	Information Security and Privacy	Reduce Burden on All Stakeholders

New Ideal State Guiding Principle:

I. Reduce Burden on All Stakeholders

A converged ecosystem should enable all stakeholders across the continuum -- including patients and caregivers, primary and specialty care, public health, vital records, research, payors, and policymakers -- to have the information they need, without creating additional data capture or burdens on providers and patients, by supporting seamless exchange across the continuum of care. This has great potential to reduce burden by furthering the implementation of ‘record once and reuse.’

To support the principle of burden reduction for all stakeholders, the ideal state must include the following characteristics:

1. CDS processes provide the right level of evidence-based and patient-centric guidance during the care process. CDS tools such as digitally accessible practice guidelines and patient decision aids, when integrated with administrative processes and implemented appropriately, improve the efficiency of or reduce the need for PA.

2. Patients and caregivers are able to focus on their well-being rather than having to problem-solve administrative process complexities.

Overarching Recommendations: Updates

Recommendations

*material updates

1. Prioritize Administrative Efficiency in Relevant Federal Programs
2. Establish a Government-wide Common Standards Advancement Process
3. Converge Health Care Standards
4. Provide a Clear Roadmap and Timeline for Harmonized Standards
5. Harmonize Code and Value Sets
6. Make Standards (Code Sets, Content, Services) Open to Implement Without Licensing Costs
7. Develop Patient-centered Workflows and Standards
8. Create Standardized Member ID
9. Name an Attachment Standard
10. Establish Regular Review of Prior Authorization Rules
11. Establish Standards for Prior Authorization Workflows
12. Create Extension and Renewal Mechanism for Authorizations
13. Include the Patient in Prior Authorization
14. (New) Establish Patient Authentication and Authorization to Support Consent
15. (New) Establish Test Data Capability to Support Interoperability

Materially updated Overarching Recommendations:

Recommendation 2: Establish a Government-wide Common Standards Advancement Process

The Task Force **recommends** that ONC, working in concert with CMS and other relevant Federal Agencies (including, but not limited to, Department of Defense and Tricare, Department of Veterans Affairs, and the Office of Personnel Management/Federal Employee Health Benefits Program) establish a single consistent process for standards advancement for relevant standards for health care interoperability, including transactions, code sets, terminologies/vocabularies, privacy and security used for conducting the business of health care, irrespective of whether that business is clinical or administrative. The Task Force **recommends** that the standards advancement process incorporate multiple rounds of development testing and production pilot use prior to adoption as national standards.

Materially updated Overarching Recommendations:

Recommendation 7: Develop Patient-centered Workflows and Standards

The ICAD Task Force discussed the critical importance of patient access and the engagement of the patient into key administrative workflows. These workflows define access to and reimbursement for care, and delays in these workflows are a key source of care delays and sub-optimal outcomes within the health care system. Accordingly, “Patient at the Center” must be a system-design philosophy and built in from the ground up. The patient and caregivers must be at the center of administrative workflows, and standards must be developed that engage the patient as a key actor. The Task Force believes such “administrative” information is part of the Designated Record Set (DRS) (as it is patient-specific information used for decision making). If there is uncertainty on the inclusion of administrative workflows in the DRS, the Task Force **recommends** ONC work with OCR to clarify the status of administrative workflows under the access provisions of HIPAA and ensure that patients have digital access to such data.

The ICAD Task Force **recommends** that ONC work with other federal actors and standards development organizations to prioritize and develop administrative standards that are designed for patients’ digital access and engagement. Even “workhorse” administrative standards like eligibility, claiming, and electronic EOB/remittance that are traditionally considered provider-to-payer should allow access through the same API frameworks already supporting API access. Converged clinical and administrative workflows, including prior authorization, should be designed to support API access and patient engagement as a matter of course. As an example, benefits information provided to the provider via eligibility transactions should also be available to the patient via APIs; the content and status of claiming/remittance should be available to the patient not only at the end of the process through the current EOB API, but throughout the process of claiming and adjudication. As another example, the patient should have the ability to bi-directionally share health data (including patient generated data) with providers and other third parties from their applications of choice without special effort.

Materially updated Overarching Recommendations:

Recommendation 9: Name an Attachment Standard

The ICAD Task Force **recommends** that ONC work with CMS and other federal actors to establish a national approach to exchanging clinical data needed to support clinical information exchange, whether for care delivery or for administrative processes. Consistent with previous NCVHS recommendations and this report, an attachment standard must be evolved that reduces burden by harmonizing standards to ensure granularity of data to achieve automation.

New Overarching Recommendations:

Recommendation 14: Establish Patient Authentication and Authorization to Support Consent

Create standards that will enable patients/caregivers to authorize sharing of their data with the tool of their choice to interface with their corresponding provider and payer systems.

HHS should establish a standard for 3rd party patient authentication that allows patients to access and bidirectionally share their data across the landscape (i.e., from all their providers, payors, and actors such as clearinghouses, HIEs, and Public Health) utilizing a consistent authentication and authorization token allowing them easier integration with their health data application.

New Overarching Recommendations:

Recommendation 15: Establish Test Data Capability to support interoperability

HHS should lead development of a national approach to have test data beds to drive innovation and ensure real-world functionality and interoperability. To accomplish this, the following actions are needed:

- Review the current administrative transactions and associated value/code sets to ensure USCDI supports data concepts and elements needed downstream to support clinical and administrative functions.
- Establish (illustrative) information models, in stages, to align clinical and administrative data for secondary use in stages based on the highest societal priorities.
- Establish a Minimum Data Set for transactions at the intersection of clinical and administrative data that adheres to “minimum necessary” requirements.
- Advance an appropriately constrained implementation guide as a standard.

Questions and Feedback

Next Steps: Final Report Submission