The Office of the National Coordinator for Health Information Technology

Meeting Notes

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

November 3, 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. The TF co-chairs led a presentation of the last round of comments and discussion to finalize the report, before its transmittal to the HITAC. **Alix** discussed the next steps, and both co-chairs thanked everyone for their contributions to the TF's work. There was one public comment submitted by phone, and 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.	Finalize Report
04:20 p.m.	Public Comment
04:25 p.m.	Next Steps
04:30 p.m.	Adjourn

CALL TO ORDER/ ROLL CALL AND WELCOME

Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the November 3, 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)
Rich Landen, Individual/NCVHS
Arien Malec, Change Healthcare
Jacki Monson, Sutter Health/NCVHS
Alex Mugge, Centers for Medicare & Medicaid Services
Alexis Snyder, Individual/Patient Rep
Ram Sriram, National Institute of Standards and Technology
Sasha TerMaat, Epic
Andrew Truscott, Accenture
Denise Webb, Individual

MEMBERS NOT IN ATTENDANCE

Steven Brown, U.S. Department of Veterans Affairs
Mary Greene, Centers for Medicare & Medicaid Services
Jocelyn Keegan, Point-of-Care Partners
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
Debra Strickland, Conduent/NCVHS

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 current meeting agenda, which will include a final review of the report. Then, **Sheryl** provided an overview of the previous meeting's activities, during which TF members reviewed and discussed the feedback received on the draft report and made revision to move toward a final version.

FINALIZE REPORT

Sheryl Turney explained that some comments have come from external stakeholders and listed some of these commenters. They included the American Medical Association (AMA), the American Hospital Association (AHA), the Medical Group Management Association (MGMA), the American Health Information Management Association (AHIMA), California Public Employees' Retirement System (CalPERS), National Council for Prescription Drug Programs (NCPDP), CoverMyMeds, the Health Innovation Alliance, and the Council for Affordable Quality Healthcare's Committee on Operating Rules for Information Exchange (CAQH CORE). **Alix Goss** stated that the ICAD TF received over 50 pages of written and spoken feedback on the report and described the process that ICAD TF members used to review and consider all comments. She explained that some changes were made to the final report in response to the feedback received and presented an overview of these changes.

Sheryl displayed the ICAD TF's Final Report, including a list of revisions to the October 15 version of the report, and she highlighted several areas where material changes were made. **Sheryl** asked for TF members to submit feedback and to discuss the material changes.

Discussion:

- Under the ICAD Task Force Recommendations section, **Sheryl Turney** explained that the introductory paragraph was reworded and described the new, descriptive text. This was added in response to comments that asked the TF to prioritize its recommendations, so this section explains that the Recommendations are not listed in order of priority; rather, that ordering will need to be clarified by federal leadership in the future.
  - **Anil Jain** mentioned the TF's previously described theme of focusing on the "what" and leaving the "how" to others.
  - **Sheryl** suggested that this wording was already used in the Introduction section of the document but noted that it could also be added to this section.
  - **Alix Goss** responded the section would be rewritten to reflect **Anil's** feedback and to be clearer.
- **Sheryl Turney** explained that the following statement was added to the Foreword section of the document:
  - "Realization of the recommendations in this report would provide the basis on which policies, standards, and enabling technologies of the US healthcare system can converge to truly put the patient at the center of our modern era of information exchange. The time is right for data to move bidirectionally across the healthcare ecosystem, in appropriate ways that reduce burden, and improve care and health. HHS and industry stakeholders should take this opportunity to act on the recommendations in this report and bring the ideal state to life."
- **Sheryl Turney** explained that several footnotes were added, including:
  - In the section describing the ICAD Approach and Process, a footnote stated that digital prior authorization (PA) is also called "electronic prior authorization" in places in the report.
  - In the X12 Insurance Subcommittee section, a footnote was added referencing operating rules authored by CAQH CORE.

- **Sheryl Turney** described a correction added to the paragraph on the Real-Time Prescription Benefit (RTPB) Standard Version 11, which was based on input given by NCPDP.
- In the Ideal State section of the report, **Sheryl Turney** explained that wording was added to clarify that the ICAD TF has focused on patient experience. It stated: "The overarching goal is to enhance patient health experiences and outcomes by reducing burden across the ecosystem and enabling innovation and continuous improvement without necessitating special effort on a part on the ecosystem participants."
  - **Alexis Snyder** asked if the wording should say "enhance patient experience and health outcomes" rather than just "patient experiences."
  - **Anil Jain, Alix Goss,** and **Sheryl** expressed their agreement with the change in the wording.
- **Sheryl Turney** explained that the ICAD TF received several comments about the Patient at the Center Guiding Principle, and many commenters expressed confusion about the concept the TF was trying to convey. She described how the Ideal State characteristics were divided and reworded for clarity while highlighting the changes to the text.
  - **Alix Goss** emphasized that the bullets were about the Ideal State (where things should be), so it is important to note that the patient should never have to realize the burden of being the go-between for providers and payers.
  - **Anil Jain** commented that the language was still unclear. He explained that patients are not the default communication channel between providers and payers, but they should be engaged when they need to be.
  - **Sheryl** explained that patients currently are the go-between today.
  - **Anil** suggested changing the wording to state that the patients should not have to be involved in the administrative processes. Rather, they could be involved in clinical processes.
  - **Alexis Snyder** commented on several of the bullets:
    - The first and second bullets are confusing because the wording was changed several times after the TF discussed these topics in-depth, so she suggested saying, "There should be a reduction of the burden on the patient/caregiver to be the driving force."
      - Several TF members discussed the exact wordsmithing options and shared suggestions.
      - **Arien Malec** and **Andy Truscott** shared several wording options in the chat via Adobe.
      - **Rich Landen** suggested the wording, "Patients are not expected to be the go-between for payers and providers."
      - The first bullet was updated.
    - The second bullet is confusing to the reader because it says that there should not be a point-person, which is something that is not required at this time. The TF should come up with a different way to express this point.
      - **Sheryl** explained that the digital workflow process will be based on rules and alerts, which will manage the approach in an automated fashion.
      - **Alexis** responded that **Sheryl's** explanation makes sense but highlighted the need to remove the "point-person" reference.
      - **Alix** drew the TF members' attention to **Andy's** suggestion in the chat via Adobe. Other TF members also submitted suggestions in the chat.

- **Sheryl** summarized her comment as, "Workflows are designed to provide the appropriate triggers and alerts to support the PA process within the workflow." She emphasized that the TF's recommendation on workflows notes that there does not need to be a person at the center to drive the process, and she discussed previous comments submitted to the TF that the burden was simply being transferred.
- **Alexis** suggested either combing the bullets or moving the second bullet to the Workflow Guiding Principle.
- **Alix** deferred to the TF members responding in the chat and noted that several agreed with **Alexis's** recent suggestion.

- **Sheryl Turney** explained that she wrote bullet nine to convey that the patient does not have to be involved in the administrative process but could be involved on the clinical side. She suggested that TF members submit feedback on wordsmithing the bullet.
  - **Alexis Snyder** commented that the TF should use "engagement" instead of "involvement" and also suggested replacing the wording with the following: "The patient is engaged to the degree desired but engagement is not a requirement to move the workflow forward."
  - **Alix Goss** noted that **Anil Jain** and **Andy Truscott** suggested various wordsmithing options in the chat via Adobe. Various TF members chimed in on the discussion.
  - The suggested wording options were, "Patient should be involved in the clinical processes and not required in the administrative side," or, "Patient/caregiver engagement in the administrative process should be transparent and empowering and not required."
  - **Anil** voiced his agreement and noted that adding the piece about transparency is a nice transition to the next Guiding Principle.
  - **Alexis** and **Andy** suggested further edits to the wording, and **Sheryl** kept updating the wording in real-time while allowing TF members to examine the text and submit comments. A wording suggestion stated, "The patient/caregiver is empowered and engaged in the workflow process."
  - TF members noted that the section needed to be reworded during the TF's next working session, and **Alexis** volunteered to help.

- **Sheryl Turney** discussed how the introductory paragraph to the Recommendations section had been reworded and suggested that additional comments from page nine of the executive summary edition and page 38 of the report should be examined before the TF signs off on this text.
  - **Alix Goss** summarized **Anil Jain's** previous comment on a section of the report that the TF discussed earlier, noting that the TF is focusing on the "what" in its document and not a prescriptive "how." She explained that changes would be made to pages nine and 38 and discussed how the TF's Recommendations would be moved forward, following the report's approval.
  - **Sheryl** noted that the changes would be made. She explained that comments have been submitted to the TF from groups asking for additional details on the "how" piece to move toward achieving the Ideal State, but she explained that the TF was not given that task as part of its charge. This work will need to be completed in the future, following the approval of the TF's Report.
- **Sheryl Turney** explained that a portion of the text was deleted from Recommendation 2: Establish a Government-wide Common Standards Advancement Process.

- **Anil Jain** asked if the wording should be "government-wide" or "cross-agency" and discussed how the TF's work has a wide coverage span. TF members discussed Anil's comment
- **Arien Malec** explained that the TF's report is limited to healthcare but does cross many government agencies and departments, while he and **Michael Wittie** listed many of them. **Arien** suggested that the current wording was sufficient.
- **Rich Landen** asked to keep the wording "government-wide" and noted that many of the TF's report topics apply to government entities beyond those that are directly in healthcare.
- TF members agreed to leave the language as it was written.

- **Sheryl Turney** described comments made on Recommendation 6: Make Standards (Code Sets, Content, Services) Open to Implement Without Licensing Costs, which included:
  - **Susan Kanaan,** the document editor, asked if a statement about defunding should be added.
  - **Rich Landen** synthesized several pieces of feedback submitted into the following comment: "Clarify Recommendation 6 that we don't mean to deprive developing organizations their revenue. We just need to find a simple-to-administer "public good" alternative funding mechanism to replace the individual end-user licensing mechanisms that are the current model."
  - **Sheryl** noted that these comments are more related to "how" but asked the TF to consider them because several similar comments were submitted that emphasized these points.
  - **Alix Goss** explained that there is still a concern that ongoing curation cannot be supported.
  - **Arien Malec** emphasized that the TF should not backtrack from the goal of the Recommendation, which is to make converged standards available to implementers without licensing costs for developers in fair, reasonable, and nondiscriminatory ways while acknowledging the need to fund the business models that support standards development. He emphasized the need for flexibility. He suggested adding wording that there is a cost to create and maintain code sets and that nothing in the Recommendation would undermine that business model.
  - **Anil Jain** suggested referring and aligning to the language that already exists within the Information Blocking Rule around code sets, standards, and terminologies instead of coming up with the TF's own language.
  - **Sheryl** voiced her agreement, related to **Rich's, Arien's,** and **Anil's** comments, and asked if an additional statement was needed.
  - **Rich** noted his agreement with **Arien's** suggestions for updating the language.
  - **Anil** suggested referring back to the existing model, and **Sheryl** asked if adding a footnote to reference a Rule. **Anil** responded that information exists within the Information Blocking Rule.
- **Sheryl Turney** discussed two statements added to Recommendation 7: Patient-Centric Workflows, which included:
  - The rewording around the "bidirectional digital exchange of such data" and the addition of the sentence, "Patient engagement should be at the patient's discretion, and not a requirement of the process."
  - TF members did not object to the updates.
- **Sheryl Turney** explained that the word "cards" was added after "standard ID" under Recommendation 8: Create Standardized Member ID as a point of clarification.
  - **Alix Goss** suggested changing the title to include the word "card."

- **Sheryl** noted that these "cards" are usually digital now, so the wording is tricky.
- TF members submitted the suggestion to change the title to "Create Member ID Standard" in the chat.
- **Anil Jain** discussed how the concept of a standard member identity is more important today than an ID.
- **Alix** commented that the TF would not recommend creating a standard but rather adopting one that exists.
- **Sheryl** suggested the wording "adopt member ID standard" and could discuss whether the standard would be virtual or not in the Recommendation's text.
- **Alexis Snyder** emphasized the need to use the word "adopt" and then suggested member ID standardization
- **Anil** asked if this Recommendation is talking about an ID card or a member's identity, and **Sheryl** responded that this specific recommendation references the "ID card." Another recommendation references the member's identity.
- **Alix** summarized comments shared in the chat that the title and text need to be cleaned up to match each other.
- **Sheryl** noted the comments submitted and updated the wording in the report.

- **Sheryl Turney** discussed the updates to the wording of Recommendations 14 and 15 to use "the Task Force recommends" and some additional clarifying text.
  - **Anil Jain** asked how identity was encompassed within Recommendation 14: Establish Patient Authentication and Authorization to Support Consent and explained that he was looking for a more explicit statement about a minimum set of fields that would be required to be harmonized in order to show that two patients are actually identical.
  - **Sheryl** and **Alix** explained that the TF did not fully flesh that explanation out in explicit terms because the TF should not be prescriptive in suggesting how these recommendations should be acted upon but is just pointing out what needs to be done. **Alix** noted that the text purposely refers to work being done without requiring a unique patient identifier.
  - **Anil** responded that there are issues with unique patient identifiers but emphasized that he supports having a minimum set of data fields.
  - **Alix** asked if he was referring to probabilistic and deterministic work currently being done on algorithms related to authentication, and he confirmed that he was. **Alix** explained that the TF avoided mentioning specific kinds of work that are being untaken in its Recommendations, so **Anil** asked that a sentence be added to explain that the TF was aware of additional work being done but was not calling out each group and topic. TF members discussed various groups working on related topics. **Alix** voiced her concern about being too descriptive in this section, as the TF has not done enough work on these specific topics to say more than what is always noted in the text.
  - **Arien** agreed with the suggestion to tread lightly.
  - **Sheryl** noted that two of the recommended actions were updated under Recommendation 15: Establish Test Data Capability to Support Interoperability and described them and asked if the final action should be kept in the list.
    - **Rich Landen** voiced his support for keeping the addition to offer incentives.
- **Sheryl Turney** summarized **Rich Landen's** recommendations for a new closing paragraph and displayed the updated text through the meeting client. She asked ICAD TF members to comment on it.

- It stated, "The Task Force believes that these recommendations, if adopted, will form a solid basis on which to develop the future policies, standards and enabling technologies to truly put the patient at the center of an efficient health care information ecosystem. That ecosystem would seamlessly and multi-directionally move appropriate data from the point of initial capture to the point(s) of use without any special effort by those capturing or consuming the data. Those data flows would be protected by robust security practices and privacy policies. Overall burden would be reduced while clinical care and health outcomes would be improved. HHS and industry stakeholders should take this opportunity to act on the recommendations in this report and initiate the process of bringing the described Ideal State to life."
    - **Alexis Snyder** thanked **Rich** for the additional text, noting that it was great, and asked to add "…clinical care, patient experience, and health outcomes…" to the second to last sentence.
    - **Anil Jain** noted his support for the new text but asked that the wording be updated to say that the TF has created the environment for other groups to take and use the Recommendations. He stated that the ecosystem that will use the Recommendations needs to be mentioned or described, and a note added that the report is just the start of the work.
    - **Sheryl** and **Rich** discussed possible choices for updating the wording, like adding "industry partners." **Rich** discussed how to strengthen the text to indicate that the stakeholders should take the TF's Recommendations as a basis for initiating future work and noted that, though the overall intent is good, stakeholders need to roll up their sleeves to work. **Sheryl** updated the text.

Lauren Richie opened the meeting up for public comment:

PUBLIC COMMENT

There was one public comment submitted via the telephone.

Kim Boyd, CoverMyMeds: Thank you very much. Good afternoon, task force. This is Kim Boyd with CoverMyMeds, and I want to thank you again for convening this task force to look at an opportunity to improve the prior authorization process. The task force was very open to having CoverMyMeds come in and present early on in the process to inform about what we're seeing through our network regarding the electronic prior authorization process and means with which to improve it. I would like to say that we've also – as noted by the chair, we did submit comments last week regarding the draft report, and again, are very thankful for the opportunity to be part of this process.

Unfortunately, I was not able to be on the bulk of this call, so you have my apologies if what I'm speaking to here is regurgitative, but from our perspective, I would like to offer that it is truly about the data that informs the process, and that data being transparent and being provided in real-time, and it is patient-specific benefit coverage eligibility information being provided at the point of prescribing in real-time and patient-specific. Without this data, which the task force participants called workhorse data – and, we agree with that, but without this data being pushed upstream into the prescriber's workflow in real-time, the opportunity to truly inform the prior authorization process is minimized, and therefore, the burden reduction for providers is also minimized. I would like to encourage the task force to continue to lean into that data and inform the HITAC committee about its importance of improving the prior authorization process in hopes that this information can be opened up more fluidly for the provider and for the patient.

I would also like to recommend to the task force that we definitely move away from attachments, PDFs, and documents. I do believe our industry is ready to move forward with data fluidity and interoperability using codified information, so I'd like to encourage the task force to continue to lean into that. Thank you

again for the opportunity to comment. I hope everyone has a great Election Day.

Questions and Comments Received via Adobe Connect

Arien Malec: Arien joining late.

Lauren Richie: hi Arien

Alexis Snyder: that's great

Denise Webb: Lauren I joined late--was voting and there was a line.

Lauren Richie: hi Denise

Arien Malec: There are two issues here:

Arien Malec: 1) Patient & providers are *required* to move PA forward rather than an automated process that can occur on behalf of the patient

Arien Malec: 2) burden is too high.

Andy Truscott: "by default"

Rich Landen: ... not expected to be the go-between...

Arien Malec: We never want to say that patients are not part of the process.

Arien Malec: That's good.

Andy Truscott: By default, patients are not expected to be the go-between between providers and payers

Andy Truscott: (apart from my not liking "point person")

Andy Truscott: Wrapping the sentence around: Workflow is designed to automatically address prior authorizations within workflow, based on value-based or other clinical rules, without human intervention unless by exception.

Alexis Snyder: yes....

Alexis Snyder: maybe needs to move to workflow area

Anil Jain, MD: Prior Auth Workflows need to be patient-centric but not patient dependent.

Alexis Snyder: or its *[sic]* attached to #1

Andy Truscott: Agree on moving.

Andy Truscott: I like Anil's suggestion on #1

Andy Truscott: ?? 1) Reducing patient/caregiver burden with priori *[sic]* authorization being patient-centric and not patient dependent.

Andy Truscott: ^^^^ Anil?

Anil Jain, MD: Yeo *[sic]*

Anil Jain, MD: Yes

Michael Wittie (ONC): Is it about the process and status of a request within it being *transparent* to patients?

Anil Jain, MD: Patient/caregiver engagement in the administrative process should be transparent and empowering but not required

Andy Truscott: AND not required

Andy Truscott: But me no buts

Alexis Snyder: I like that too but we talk about transparency in next IS

Andy Truscott: and the first "and" is a comma

Andy Truscott: Alexis makes a good point. Maybe just say empowering and not required?

Andy Truscott: ?? Patients are empowered within the prior authorization processes and can engage as they decide. ??

Alexis Snyder: Happy to help reword offline

Alexis Snyder: sounds good

Alix Goss: thank you alexis.

Andy Truscott: Agree with Arien

Rich Landen: I like Ariens 'disclaimer' language approach - could even be a footnote.

Andy Truscott: No disagreement

Jim Jirjis: JJ here late

Denise Webb: No objections

Beth Connor: Create member ID Standard

Rich Landen: of ID "token, e.g., card, biometric, etc."

Rich Landen: Yes to Adopt member ID standard.

Denise Webb: Agree, change to create to adopt in body of rec too

Alexis Snyder: Yes becasuse *[sic]* many skim and not read fully

Denise Webb: I have another meeting and have to hop off.

Arien Malec: +1 on tread lightly and recommend outcomes.

Rich Landen: I agree with leaving in the Offer Incentives addition

Alexis Snyder: looks good

Terrence Cunningham: Several people pointed out that people often only read or reference the titles/headings of each recommendation. and may skim the remainder. Even if this is annoying, it is true. As a result, it is essential that the titles of each accurately reflect their recommendation. Several of the current titles are not optimal (e.g. "Patient at the center" details a discussion about how patients should be empowered but should not be at the center of the PA administrative processes; Make standards opento *[sic]* implement without licensing costs" is only intended for developers, etc.). I think aan *[sic]* additional review to ensure clarity in recommendation titles and guiding principle headers would be important for industry comprehension of the report.

Alexis Snyder: Agree with Terrance. After reviewing all commetnsthat *[sic]* we were sent I sent thoughts about rewording several areas that refernce *[sic]* patient at the center as it was being misuderstood. *[sic]* I suggest we change Patient at the center to Patien tCentered *[sic]* Design and Focus

Anil Jain, MD: I like it

Rich Landen: No objection

Alexis Snyder: 9:30

Gus Geraci, MD: Thanks all.

Anil Jain, MD: Alix and Sheryl - thanks for leading us through this!

Rich Landen: Thanks all

Following the public comment period, the ICAD TF continued its discussion:

NEXT STEPS

Alix Goss provided an overview of the report timeline, noting that the majority 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:

- Finalize Report Based on Comments – By November 3
- Deliver Advance Copy of Final Report to HITAC – November 5
- Anticipated HITAC Approval of Final Report – Tuesday, November 10

Alix explained that all of the comments submitted at the current meeting would be added to the report during a multi-hour work session the next day. Also, she thanked **Alexis Snyder** for volunteering to finish adding the patient aspect to the report.

Sheryl Turney discussed how bullets under several of the Recommendations would be reworded and, potentially, moved around. **Alix** responded that these were good ideas and noted that two comments in the chat via Adobe suggested renaming the Recommendation "Patient-center Design and Focus" for clarification and better inform readers who might simply skim the headers in the report. Several TF members noted their agreement, and **Alexis** asked that all mentions be changed to match throughout the report.

The co-chairs noted that, following the delivery and anticipated approval of the Final Report to the HITAC, the ICAD TF will conclude its efforts. A final version of the report will be distributed to all TF members prior to the presentation of the report to the HITAC.

ADJOURN

Sheryl Turney and **Alix Goss** expressed their deep appreciation for all who contributed to the Final Report, especially those who contributed constructive criticism. **Sheryl** explained that the ICAD TF's work was meaningful and that she looks forward to how it will bring about material changes to the process of sharing data, ultimately improving patients' healthcare outcomes.

Lauren Richie thanked everyone. She reminded all TF members and the public that the Final Report would be submitted to the HITAC at its November 10, 2020, meeting and that the TF's Report would also be shared via the posting of the HITAC's meeting materials on its website, linked through the meeting calendar page.

The meeting was adjourned at 4:31 p.m. ET.