



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

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

VIRTUAL



Speakers

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





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

Operator

All lines are now bridged.

Lauren Richie

Good afternoon, everyone. Happy Tuesday. We are down to the wire here with our ICAD task force meetings. A quick roll call, and then we'll jump right into it. We have our two co-chairs, Sheryl Turney and Alix Goss, Alexis Snyder, Andy Truscott, Anil Jain, Gus Geraci, Jacki Monson, Alex Mugge, Ram Sriram, Rich Landen, and Sasha TerMaat. Are there any other members that I have not announced? Okay. Hearing none, I will turn it over to our co-chairs to get us started for today. Alix or Sheryl?

Summary and Action Plan (00:00:50)

Alix Goss

Thank you. Sheryl, I think you were going to kick us off today and then run us into the report review, or would you like me to go ahead and do the setup slides?

Sheryl Turney

No, I'll go ahead. No worries. So, welcome. Today, the agenda is that we are going to go over the final revisions of the report, we'll do a little summary of what we've been working on over the past week and what we did last week, then we will have a public comment, and then we'll go over next steps, and we're really winding down and getting ready to submit that report to HITAC for approval. We can go to the next slide.

So, in the last meeting, we reviewed the feedback that had come from HITAC, as well as feedback that we had gotten from the task force. We also discussed some additional areas that we felt needed to be changed in the report. We walked through the report, and then we spent much of last week offline, updating the report with the comments that we received. We have also received a significant number of comments from external stakeholders as a result of publishing the final report, and so, we've reviewed all of those comments as well. Alix, I don't know if you want me to list them. I just need a moment and I can do that because I did make a list of them all.

Alix Goss

While you pull up that list, let's go ahead and just acknowledge that also, in addition to the feedback that we discussed on last week's call that we worked on incorporating last week, we did receive comments throughout last week, even until the end of the day on Friday night – I want to do a shout-out to our task force members who took their time to review all that feedback. We got well over 50 pages' worth of comments, and we distributed those to our task force members and had them do an offline review and send their feedback so that Sheryl and I could work with the core team in reviewing all the feedback from offline and then figure out next steps. We've been able to review all of the thoughtful commentary that we've received in verbal and written remarks. Sheryl?

Sheryl Turney

Thank you. So, to that end, we received comments from the American Medical Association, AHA – the hospital association – also MGMA, which is the Medical Group Management Association. We've received





comments from AHIMA as well as CalPERS, which is an HIE-type organization in California, NCPDP, CoverMyMeds, the Health Innovation Alliance, and then – let’s see, who am I missing?

Alix Goss

CAQH CORE.

Sheryl Turney

Oh, I mentioned them. CAQH CORE, and...that’s it. That’s the list. And, we really appreciate everyone’s thoughtful review and input into our work. We have carefully considered all of the comments we got in addition to the work that was done by the task force, as Alix mentioned, reviewing those comments and providing their input. So, now, can we go to the next slide? Okay, we can go to the next slide. I think this is the draft – right – which we’ve already talked about, so let’s go ahead, and we can share my screen. We’re going to go into updating the report, and what we’re going to do is review a couple things. The first thing is just – I’m going to display a Word document that will actually have the list of summary changes. Let me know if you can see that.

Alix Goss

I can see it now.

Finalize Report (00:05:28)

Sheryl Turney

Okay. So, we had a lot of updates made to the document by our editor and others, so we’ve actually put a list together of all of these changes because we will be providing this list to HITAC with our updated document, so what we normally present to them is a final document and then a red-lined, if you will, of all the things that have changed since they saw it last in there, which allowed them a little bit of help as they were reviewing the document to pay attention to it. So, we’re not going to go through this list today, but we’re actually going to look at the document itself, and what I’m going to step you through is basically all the areas where we’ve made any material changes.

So, a material change would be something like this sentence that we added here, which is a notation that we all agreed upon in our meeting last week, but this is the wording that we worked on for this version, which is “digital prior authorization,” which is also sometimes called “electric prior authorization,” and that more historical terminology appears in some places in this report when appropriate to the context. So, that would be an example of a material change, and we’ll go over all those today. A nonmaterial change would be if you look down here and see my cursor, there’s a registered trademark. Those would be nonmaterial. We’re not going to go over those. Does that meet with everybody’s understanding? Can I go forward? Any questions.

Alix Goss

There are no questions.

Andrew Truscott

No questions.

Sheryl Turney





All right. So, it may take me a little bit of time as we go through this, but wherever – because of the way that we edited it also, the red lines to the right are not coming out for all of the narrative changes, so I am going to go over everything that shows up in red. So, here, in terms of recommendations, there was a little bit of rewording, and basically, what it now said is that “The task force developed the following recommendations for achieving data integration, each of which is discussed in the full report. These recommendations, which are not listed in priority order, identify the specific areas in which resources and energies must be focused to bring about the desired ideal state. Federal leadership and broad coordination will be needed to clarify and carry out the details needed to accomplish each one.”

This was really responding to a number of comments we had where they wanted us to prioritize the recommendations in priority order, and of course, different input had different priorities of what should come first, so we decided that rather than try to apply that at this late hour of the process, we would speak to the fact that there was no priority in the order, and that a considerably greater amount of work will need to be done once ONC accepts these recommendations and then works toward whatever the next steps in the process are. Any questions, comments, or conversation?

Alix Goss

You got a “That’s great” in the chat box, and Anil has just raised his hand.

Anil K. Jain

Hey. I think this is written pretty well, except one of the things that we’ve heard as a theme that has been magnified by several of us is that our focus is on the what and not the how. How do we incorporate that into this sentence, where it’s clear to folks that we’re not going to get at the details in this? That’s going to be up to the collaborative work that follows, and our focus was really on the what and not the how. I’m not going to wordsmith it right now, but that’s sort of –

Sheryl Turney

Right. I thought we did – Anil, I’m going to take that note here, but I do think we said something about that in another area, like right in the preamble to the recommendations. I think we did actually add that.

Anil K. Jain

Right, but bringing –

Alix Goss

To your point, Sheryl, you are in the executive summary section, so things are a little bit streamlined here in comparison. We tried, in some ways, to not come out and say it so forthrightly in the narrative, but what I’m hearing is it might be better to just be that clear, so we’ll take that feedback.

Sheryl Turney

Okay, I think that’s perfect. Anybody else, before we move on?

Alix Goss

Nope.

Sheryl Turney





Okay. So, here we go. All right. So, here – again, this is in the introductory area, part of the foreword. We talked about adding a statement here, and we added “The realization of recommendations in this report would provide the basis on which policies, standards, and enabling technologies of the U.S. 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 to take this opportunity to act on the recommendations in this report and bring the ideal state to life.” Any questions or comments on that addition?

Alix Goss

I’m seeing nothing in the chat box, nor any hands raised.

Sheryl Turney

Okay, let’s move on. I think the next is a few pages. Here was a reference to the 21st Century CURES Act – not material. Here, we did add a footnote about how digital prior authorization is sometimes called electronic prior auth, which we spoke to in the foreword. That’s also not material. Okay, here’s where we added the footnote for CAQH CORE. This speaks to some of their comments, which include operating rules authored by CAQH CORE Committee on Operating Rules for Information Exchange, and this was added as a footnote with the X12 reference. Keep going.

Okay, so, this is part of the current landscape that we’re still talking about in here. This needed to be reworded, which we discussed last time, and we added a correction based on input from NCPDP. The real-time prescription benefits standard Version 11 was approved per ballot at the August workgroup meeting. This standard supports XML and EDI syntaxes. They had just asked us to create or to rectify the reference to the workgroup meeting, which we did.

Then, further down in the report – okay, this is when we started talking about the ideal state, and here, we added “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 the part of the ecosystem participants.” This was just to clarify what we’re focusing on with the patient experience. Questions?

Alix Goss

Alexis has just raised her hand.

Alexis Snyder

Hi. I think that the saying “enhance patient health experiences” rather than just “enhance patient experiences” – maybe move “health” before “outcome,” so we’re enhancing the experience, which is the process of intersecting the data and the prior authorization process, which then affects your health outcomes.

Sheryl Turney

“Health outcomes.” Is everybody in agreement with that if we were to make that change?

Alix Goss





Anil's hand is raised.

Anil K. Jain

I was just going to say that I think it sounds great.

Alix Goss

Thank you. You can probably take the S off of “experiences” – “to enhance patient experience and health outcomes.”

Sheryl Turney

Okay. So, “enhance patient experience and health outcomes by reducing burden.” I like that better. Okay. Any other comments before I move on?

Alix Goss

None.

Sheryl Turney

I'm just trying to highlight these for Susan, our editor. Okay, so – all right. Then, here, again, this is part of the patient at the center, and I think there was some confusion that came forward from some of the commenters, so we did attempt to reword a few things, and the first one is we split up No. 1 into 1 and 2 because they do seem to be a little bit different. They're not all supporting the same idea. So, the first one was about the reduction of burden on the patient and caregiver, and we modified it so it says, “Patients are not the go-between for providers and payers.” Before, it had “Patients become the go-between,” and I think that was an incorrect statement because we've been trying to avoid that. We've been trying to get them out of the go-between business, so I think there were some words added in an edit or something that changed the meaning, so I wanted to clarify with all of you that what we're focusing on here is that patients are not the go-between for providers and payers. Do we have agreement on that?

Alix Goss

And, this is because – right. I think what's really important to understand is that these bullets are about the ideal state – where we should be – and even though we want to have transparency so the patient can resolve things when needed, in the ideal state, they never have to be sucked into the vortex of being the go-between, so I think Sheryl's giving us a set of edits for review that will hopefully bring a little bit more clarity. This is not the last place we may be making changes with patient at the center, but this is a theme of our feedback, and so, I think it's really important to take a moment, read the edits that are there, and make sure that you're okay with them and that you think we've gone far enough in addressing the feedback and potential confusion that might exist.

Sheryl Turney

Right.

Alix Goss

Anil's hand is up. Anil, you may be on mute.

Anil K. Jain





I'm sorry about that. I've got the double-mute thing going on. So, I'm not entirely in love with the language because it – I think we do want patients involved at whatever level they need to be involved, and I think what we're trying to say is that the patients are not the default communication channel between the providers and payers, but by all means, they should be engage when and if they need to be. It's ultimately for the patient that the payer and provider are doing this, right? So, I don't know how to say that, but the "go-between" is kind of a strange way of making that point.

Sheryl Turney

Right. I think we made that point because currently today, in many cases, they are the go-between, but the statement we added was No. 9, which was "The patient and caregiver involvement in clinical processes is voluntary and not required."

Anil K. Jain

Yeah, but it's not the clinical process. What I'm saying is the patients should not be involved in the administrative overhead or administrative communication that needs to happen. They should be involved in the clinical process. Ultimately, they're going to make sure that the right thing is being done in conjunction with the provider and their plan, but I think the administrative side – the burden that patients feel where they're becoming the communication channel for dysfunctional systems is what we're trying to get at, I think.

Alix Goss

I'm going to suggest – Alexis also has her hand up, so maybe what we should do is hear from people and their reactions before we figure out where we're going to go. Anil, I think you were done. I hope that was a natural segue.

Anil K. Jain

Yes, that's fine. It's good to hear from others.

Alix Goss

Alexis?

Alexis Snyder

I think I have something to say about No. 9 now also, but if you could go back up to the first two areas of red, I think the very first one – I think I mentioned this a while back on one of the edits – I think the confusion with No. 1 was because the sentence got changed at some point. It was "reduction of burden" – it wasn't "reducing the burden is our driving force," it was that we were reducing the burden of patient and caregivers to be the driving force. Right now, you need the patient and the caregivers to be the driving force a good percentage of the time to push it forward or it doesn't get completed. So, it was "reducing the burden of the patient and caregivers needs to be the driving force," not that that was our driving force. Does that make sense? I think that's why the second piece gets confusing now. "Patients should not be" or "Patients will not be" or "will not need to be the go-between" – the PA forward piece.

Sheryl Turney





So, instead of “is,” it should be “reduction of burden on the patient and caregiver should be the driving force for removing prior authorization” – but then, that ended up being an incomplete sentence. “Reduction of burden on the patient and caregiver to be the driving force for moving prior authorization forward.”

Alexis Snyder

“To move the prior authorization forward.” Then, it doesn’t sound like an incomplete sentence. I don’t want to get too ahead of you while you’re typing that one, but I know you hadn’t gone to the second one before you scrolled down to No. 9 when Anil was commenting, so I’ll let you read this one first, but then I have a comment about this one.

Sheryl Turney

Okay. So, now, let’s go back and just reread. “Reduction of burden on the patient and caregiver to be the driving force to move the prior authorization forward. Patients are not the go-between for providers and payers.”

Alexis Snyder

“The patients do not need to be” or “should not be.”

Alix Goss

Maybe “patients are not the default go-between.”

Sheryl Turney

“...are not required to be” –

Alexis Snyder

No, no, no. Don’t use the word “required.” That’s what I was going to say about No. 9. That makes it sound like you should, but it’s not mandatory, and we think it shouldn’t have to happen this way.

Andrew Truscott

Why not “patients are not the go-between”?

Alexis Snyder

Right, if that’s our ideal state –

Anil K. Jain

We don’t want to say that either because we want the patients to be able to be involved in the process. I drafted some stuff in the chat.

Alexis Snyder

They can be involved in the process without having to be the go-between. You shouldn’t have to get caught up between the provider and the insurance.

Sheryl Turney

So, how about this? “Patients are not the default go-between for providers and payers in the administrative approval process.” Is that what you’re saying?





Alix Goss

There's another suggestion that came in the chat box that says "are not expected to be the go-between." Rich was suggesting that. "Patients are not expected to be the go-between." So, Alexis – okay, Arien is cranking out a bunch of comments, so I'm not sure where to put you in the queue here. Are you good now? I know Alexis still has something on No. 9, but I don't want to go down there until –

Arien Malec

I'm good.

Alix Goss

Okay, thank you, Arien.

Alexis Snyder

I'll raise my hand when you get to it again.

Sheryl Turney

Well, No. 2 is going to be like No. 1, so we'll stay on this topic for a minute. So, now, let's go. "Reduction to burden on the patient and caregiver to be the driving force of – to move the prior authorization forward. Patients are not expected to be the go-between for providers and payers. That's what we ended up with." So, that make sense.

The next one was "Prior authorization processes do not necessitate a point person at each site of care to ensure that prior authorization is fully resolved and related coordination/follow-through is performed. Instead, the workflow is designed to address prior authorizations within the workflow based on value-based or other clinical roles."

Alix Goss

Alexis?

Alexis Snyder

I'm confused. If I hadn't been a part of this task force for all these weeks and I had just read this, I wouldn't be able to figure out what you were trying to say because we started out with this piece of the ideal state in saying that we needed to necessitate a point person for exactly what we said in No. 1, so that it doesn't fall on the patient or caregiver. They have to be **[inaudible] [00:24:52]**. So, I don't know if it sits right to say that the process shouldn't necessitate a point person. There should be one person championing it through from the beginning to the end, and I don't know how that second new sentence takes care of that.

Sheryl Turney

I think, though, that the idea is that – because that just transfers the burden from the patient and caregiver to the provider. So, the idea was in the ideal state, hopefully no one will have to be the gatekeeper because the process that's built in itself based on rules and alerts will manifest that. If it doesn't, obviously, there still needs to be a person who's going to be monitoring this and managing it, but at the end of the day, that's what we're trying to say here, is that the overall digital process should support more of an automated approach to this, and not require a person.





Alexis Snyder

When you put it like that –

Alix Goss

I see Andy also has his hand up – I'm sorry, I apologize.

Alexis Snyder

When you put it like that, it makes sense if current state [inaudible] [00:26:06] pointed out a point person, but they don't, so it sounds funny to say, "You don't need to necessitate someone; this is what should happen." No one's necessitating a point person. No one's making anybody responsible for that right now, so maybe you need to reword what you were just saying and include starting off with "Workflows are designed" – with that new sentence. So, with that sentence, and add what you just said about somebody managing that if need be.

Alix Goss

Alexis, do me a favor and look at what Andy Truscott just typed in the chat box. I'm not sure if that's – you have your hand raised, Andy.

Andrew Truscott

I was suggesting that, although I did notice that we're in the section called "Patient at the center," and I'm not sure how this entire sentence matches to that.

Alix Goss

Okay. So, let's first take this first thing, which is the – you are able to capture it. So, Andy's suggesting "Workflow is designed to automatically address prior authorization within workflow based on value-based or other clinical rules without human intervention, unless by exception."

Sheryl Turney

I like that. To me, that's what we're saying, but again, that's just to explain why there doesn't need to be a person who's at the center, and at the end, it would still need to be covered in another area, which I think we do because when we talk about the recommendation on workflows, we don't say it exactly that way, but that's exactly what we're trying to say, and I think the way this was originally set up, there was some feedback where some of the feedback providers who reviewed it thought we were just transferring the burden from one person to another rather than fixing the burden in the workflow.

Alix Goss

So, we have Andy's hand up again.

Andrew Truscott

Sorry, that was the thing I just said.

Alix Goss

Oh, the hanging chad. Okay, no worries. Alexis, you're next.





Alexis Snyder

So, if we're wording it this way, maybe this comes out and moves to the ideal state for workflow automation, but if we really want to push the points on No. 1, then maybe this can be combined into one piece, so we're saying that patients aren't expected to be this person, and therefore, we're not going to necessitate – nobody should have to be this person, and workflows are designed to blah blah blah. That would be my suggestion – either combining it or moving it to workflow.

Sheryl Turney

"Move to workflow." Yeah, I think that's the appropriate place to move it. What do other people think? Alix, what do you think?

Alix Goss

I'm going to defer to the team because I'm trying to watch – everybody is rapidly chatting in the chat box, and so, I'm going to defer because I think you've got folks – Andy and Alexis – agreeing with it. No other comments at this time.

Sheryl Turney

All right. Well, we can come back to it if we need to, but that's what we'll look at here, is moving this whole thing to "workflow." I'm going to highlight it, just so we don't lose it. Okay, then. No. 9 becomes "Patient/caregiver involvement" – and again, I may not have worded this properly because I worded it "clinical processes," but I wanted to say more than just prior authorization. "The degree to which they are involved is voluntary, and not required." And of course, they're involved because the process is about them, but I meant in order to move the process forward, so it's awkwardly worded, and that's my fault.

Alix Goss

So, Alexis may have a suggestion. Your hand is up.

Alexis Snyder

I have to think about the wordsmithing, but my first suggestion is that we have to be consistent and not use "involvement" in place of "engagement," and my second piece is that I agree with what Anil said before. We shouldn't be saying that they're not engaged in the clinical process. Take out the word "clinical" and reword it. And, I get what Sheryl's trying to get at. I'm trying to think of how to clearly say it instead of just – we don't want to say that it's voluntary and not required. We want something along the lines of "Patients should be able to be engaged to the extent that they wish to be."

Alix Goss

It's about choice.

Alexis Snyder

"But, it shouldn't be a requirement to push this process forward." Something like that.

Sheryl Turney

"...should be able to be engaged..."

Alix Goss





To the degree that they elect.

Sheryl Turney

“...in the process...” How about – okay.

Alexis Snyder

Well, it should be “patient is” if we’re talking about ideal states. “Patient is engaged.” Take out the engagement.

Sheryl Turney

“...is engaged to the degree desired.”

Alexis Snyder

But, engagement is not a requirement to move the process forward, the authorization forward, or however you want to put it.

Sheryl Turney

“...the workflow forward.” How about that?

Alexis Snyder

Yup.

Alix Goss

We also have a suggestion from Anil that says something along the lines of “Patient/caregiver engagement in the administrative process should be transparent and empowering, but not required.”

Sheryl Turney

I like that too.

Alix Goss

Okay. So, maybe I can re – Andy has a friendly amendment, so maybe I should reread it with the friendly amendment. “Patient/caregiver engagement in the administrative process should be transparent and empowering, and not required.”

Sheryl Turney

How do we like that? I think that’s really clear.

Denise Webb

What about changing “should” to “is”? Not “should.” We need to say “is.”

Alix Goss

“Is.” Thank you, Denise.

Denise Webb

Sorry I didn’t raise my hand.





Alix Goss

It's all right. That was a good catch. "...is transparent and empowering, and not required."

Sheryl Turney

Okay. I like that. Does everyone like that?

Andrew Truscott

The first "and" is a comma.

Alix Goss

I'll say we'll leave it up to our editor to make it consistent with our comma – whether we're using Oxford commas or whatever version we like to use.

Andrew Truscott

It's not an Oxford comma.

Alix Goss

I'm just teasing. Anyway, Anil Jain has his hand up. Anil?

Anil K. Jain

Yeah, I don't remember why I pressed the button, to be honest, but I will say that including "transparent" in there is probably a good thing as a transition to the next section anyway, but yeah, I'm good with the edits and revisions.

Alix Goss

That's how I – I thought it was a nice transitional because the next one goes into making it – well, we'll fix No. 9, no worries.

Sheryl Turney

Okay. I don't know how to delete all that. It's messed it up, so I just rewrote it. "...patient/caregiver is transparent and empowering, but not required."

Alexis Snyder

I have my hand up. I don't know if Alix –

Alix Goss

I do. I was pausing to let Sheryl get control of the Word help. Okay, Alexis?

Alexis Snyder

So, I was about to say it didn't make sense, but now I see her changing it. But, talking about the administrative process again, and that being transparent empowering...we're going to confuse folks again about patients and caregivers being a part of the administrative process.

Sheryl Turney





How about if we just say “patient and caregiver in the workflow is transparent and empowering, but not required”?

Alexis Snyder

How about “patient engagement” –

Alix Goss

Well, if the workflow is transparent to the patient –

Alexis Snyder

– “patient engagement in the process” or “patient/caregiver is empowered and engaged to be a part of the process, but not a requirement to move the workflow forward”?

Andrew Truscott

Is this where you want to talk about transparency in that the patient doesn’t have visibility of the workflow, whereas the next section is trying to say “and that the decisions that are being made are transparent to the patient so they understand”? Is that what we’re trying to distinguish between, or am I off-kilter here?

Sheryl Turney

I think what you just said is what we’re trying to do, and I just reworded it based on Alexis’s comment. I changed it a little bit. Is this better? “Patient/caregiver engagement in the workflow process is transparent and empowering, but not required.”

Alexis Snyder

Because it sounds like the patient – like that has to be transparent to someone else. It’s just backwards. You need to be empowered and engaged in the process. The process itself has to be transparent, which is what we get into in the next section. I think you had it good before.

Sheryl Turney

“The patient is empowered and engaged in the workflow process.” Yeah, I messed it up.

Alexis Snyder

“To the extent that they want to be” is the piece that’s missing again because the folks that sent over comments about – that they’ve said our report was making it sound like it was a requirement.

Sheryl Turney

Okay. I need some help to reword this, then.

Alix Goss

Yeah. I think we’ve gotten to the point that we’ve wordsmithed it so many times that it’s completely mangled at this point, and I just want to do a time check. It is 3:40.

Sheryl Turney

So, we have the notes to the side; we have something here. I’m going to leave this in yellow for right now. Maybe we’ll come back to it, but this needs to be reworded for clarity.





Alix Goss

And, I think we've got the transcript; we've got the notes from today. I think we can take a stab at it at a separate time, and we've also got a friendly offer to help reword that, so, Alexis, tomorrow, we may be in touch. We have a several-hour working session. I think you might be a good litmus test to make sure that you're hitting the mark. We will be in touch.

Sheryl Turney

Perfect, thank you. All right, let's go to the next one, and I don't want to lose this, so I'll save it now before I go just in case I get a freeze. Uh-oh. Maybe I shouldn't have said that. No, I'm okay. I thought it saved and then froze.

Alix Goss

You have no further questions in the queue, so I would say you're good to go the next one. I do have a question for Gus Geraci. You have a green check mark up. I'm hoping that means you've been supportive, but I'm not exactly sure on what, so if there's something we need to capture, please let us know.

Gaspere C. Geraci

No, nothing to capture. It was a check mark on something that happened a while ago.

Alix Goss

Okay, thanks, Gus.

Sheryl Turney

So, here is the rewording of the intro paragraph to the recommendations. We added "These recommendations, which are not listed in priority order, outline necessary steps on the path toward clinical and administrative data integration. They clarify the areas in which resources and energy should be focused and solidify the details needed to fulfill them. Federal leadership is essential to ensure that the process of moving forward on this path includes robust interagency coordination, industry and federal advisory committee engagement, and alignment with other relevant initiatives." I think this is where we thought we added that other comment from before, Alix, but I don't think that we did now that I'm rereading it.

Alix Goss

Are you referring to the executive summary addition around Page 9 –

Sheryl Turney

Yes.

Alix Goss

– in contrast to Page 38? So, do you feel the need to look at Page 9 real quickly just to keep us in sync?

Sheryl Turney

Yeah. I just want to go back and see the note we had on 9.

Alix Goss





Don't get dizzy, everybody.

Sheryl Turney

Sorry.

Alix Goss

No, it's okay. Right there, you just passed it. My page number was off.

Sheryl Turney

The how, okay. So, the how. We need to add a comment about the how because I thought we had something on it, but it looks like we didn't have anything on it.

Alix Goss

So, back to Page 38, the idea that we got from Anil earlier is that we want to be very clear about the how versus the what, and that means that we'll make a change to Page 9 and Page 38. And, there are no...

Sheryl Turney

I thought I added this wording, so that's why I'm confused.

Alix Goss

Well, we've wordsmithed our wordsmithing upon occasion in the last couple days, so maybe it – I don't think we've been as clear as saying this document focuses on the what, not the how. We tried to explain that in these other words, but maybe we should really call it out. For me, I would hope that everybody understands that these recommendations help us turn a corner in that we can now be more focused on the areas we want to advance and specific details for achieving the ideal state, but that would take a lot of other processes after approval of the report.

Sheryl Turney

Yeah, and a lot of the groups that are particularly focused on the how are interested in seeing more of that now, but we really are not in – we weren't charged with that, and we've been specifically asked to stay out of it. Okay, we'll take that note for the follow-on and go to the next one if no one has any questions or comments.

Alix Goss

No hands. I think you're good.

Sheryl Turney

Okay. So, the next one was Recommendation 2. This is just the confirmation that we eliminated that reference which we talked about last meeting. This is just a manifestation of that, and it was just a deletion, so that's a material change. Are we okay to move on?

Alix Goss

Yes.

Sheryl Turney





Okay. And then, the next one –

Alix Goss

Pause, please. Anil has raised his hand. Anil?

Anil K. Jain

Just a quick comment. There are people on the call that know more about this than I, so I'll defer to them, but is it "government-wide," or do we mean "cross-agency"? "Government-wide" is pretty –

Alix Goss

Are you referring to the opening text?

Anil K. Jain

The prior one that you were just on.

Alix Goss

No. 2 – Recommendation 2.

Anil K. Jain

Yes.

Sheryl Turney

We have "interagency coordination."

Anil K. Jain

Wait, I just saw "government-wide" somewhere.

Alix Goss

He wants you to go down to Recommendation 2.

Sheryl Turney

Here we talked about the wordsmithing – right, "other agencies."

Anil K. Jain

If you guys are all okay with "establish a government-wide common standards advancement process" as opposed to "cross-agency" – the word "government" is throwing me off a little bit as being somewhat generic and expansive. I don't know. I'll defer to you guys.

Alix Goss

Arien, you raised your hand.

Arien Malec

It's hard because it's healthcare-limited, so it's not government-wide from the standpoint of literally every arm of the federal government, but it's hard to draw a circle around it because we talk about SEP, we talk about DOD, we talk about VHA, so we're already across GSA, which is part of the Office of the White





House, we're across at least three different departments of the U.S. federal government. I think IHS may well be in the Department of the Interior, so maybe that's four. It gets big pretty quickly.

Michael Wittie

IHS is within HHS, but there are prisons –

Arien Malec

Prisons, that's right, as part of DOJ.

Michael Wittie

– Homeland Security, and NASA, et cetera.

Arien Malec

Right. It gets big pretty quickly. That's the basic point. It gets hard to cast a line around it that is otherwise other than across U.S. federal government healthcare-specific.

Alix Goss

Thank you for that feedback. We also had Rich's hand raised, I think on the same topic.

Rich Landen

Yes. I'd like to stick with "government-wide" because there are instances, some of which we've mentioned already, that regulations in Education, in Homeland Security, in Banking and Finance – we talk about identifiers, we talk about rules for privacy disclosure information, the issue with the security standards – that's well beyond healthcare, and I don't think just saying "cross-agency coordination" is sufficient.

Sheryl Turney

Okay. So, can we get a consensus from the group? Can we leave it at "government-wide"?

Arien Malec

I think the motion on the table is to leave it at "government-wide" unless there's a compelling alternative.

Alix Goss

There are no hands up or comments at this point.

Sheryl Turney

Okay, then I vote that we leave it the way it is. Can I move on to the next point?

Alix Goss

I think so.

Sheryl Turney

Okay. Let's see. In Recommendation No. 6, there was a recommendation from a couple different sources which synthesized into wanting to know if we could clarify that we don't mean to deprive developing organizations of their revenue; we're just looking to find a simpler-to-administer public good alternative funding mechanism to replace the individual end user licensing mechanisms that are our current model.





Again, that's more of a how, but it was – I think it does merit discussing because all of the groups that are impacted did comment about this fact.

So, awareness – being aware – and No. 2, does that mean we need to reread this and determine if our wording is exactly the way we meant it? What we said was “Make standards open to implement without licensing costs. End user licensing of adopted standards codes has some vocabulary that is burdensome. In order to drive innovation and make standards-based capabilities available to the widest set of actors, the task force recommends that converged standards and their included component code sets named in certification programs be available to implementers without licensing costs for developers implementing the main standards,” and then it goes on, so –

Alix Goss

And, it also does – I think it's important to – even though we had “Alternatively, fair, reasonable, and nondiscriminatory licensing may be imposed,” it's still of concern that we can't support ongoing curation. Arien's hand is up.

Arien Malec

Yeah, I think it's important on this one not to backtrack from the goal, which is to make converged standards available to implementers without licensing costs for developers. So, again, I think we narrowly targeted here that we want to make it easy to use for developers, that we want to make it available for license in fair, reasonable, and nondiscriminatory ways, that we acknowledge that there is a need to fund the business model of – we need to fund business models that support standards development, and we're providing flexibility, so I don't think anybody should read this statement as saying your organization should suddenly give everything away for free with no compensating business model and no ability to maintain the code sets.

Sheryl Turney

I don't think we're saying that.

Arien Malec

If we want to say that – if we want to be explicit that there is a cost to develop and maintain code sets, and nothing in this recommendation should be interpreted as undermining the business model associated with that, I think that's a fair thing to say.

Alix Goss

So, you're supporting Rich's addition, and we do have one more in the queue. It's Anil.

Anil K. Jain

I was just going to say that in the information-blocking rule, there is specific language, and in our recommendation, we can just refer back to that because a lot of people spent a lot of time – Arien, you remember – trying to clarify – **[background noise]** I'm sorry?

Sheryl Turney

I don't know. Somebody's talking in the background.





Anil K. Jain

So, I was saying that in this recommendation, we should basically try to harmonize what already exists in the information-blocking rule around code sets, standards, and terminologies, and just say that it should be aligned. There's a chance there, of course, to have reasonable profit, there's language about being nondiscriminatory – I don't think we need to come up with our own mechanism here, but just to align it with what has already been out there.

Sheryl Turney

Yes, I definitely agree with that because we spent a lot of time with that on the interoperability rule itself, as did ONC, so do we think we need to add one additional statement to this that speaks to what Arien just mentioned and what Rich is getting to, that there is a cost to create and maintain code sets, and nothing in this recommendation disputes that? Because that's – we're not saying that they wouldn't get funded anyway, it's just that it needs to be fair and equitable.

Alix Goss

Rich Landen has commented that he likes Arien's disclaimer language approach. It could even be a footnote. I think what I'm hearing from the discussion so far, Sheryl – I think maybe the way we can say this so we can move on is asking if anyone is in disagreement on our ability to enhance this section with a related note or sentence to – if there's any objections to what we've discussed, please speak up.

Anil K. Jain

This is Anil. I just think that putting anything in here wouldn't be enough, right? I just think we've already got a model that we're pro-competition, we're pro-business, we're not trying to deprive anyone of a profit, and we've already got a model. Just refer back to that model. Why come up with our own here? Maybe I'm misunderstanding.

Sheryl Turney

Right. So, can we just add a footnote to reference the interoperability rule and their correlation to that?

Anil K. Jain

I would be specific about the information-blocking aspect of it where the language is in there, if I remember correctly, but it makes it a little bit easier for us, and that language has already been vetted. That's all I'm getting at.

Alix Goss

I think we can take a look at the content and see what we want to address there. I'm not sure how many more items you have to go over, Sheryl.

Sheryl Turney

There aren't a lot. There are a couple more. Let's take this, and then we'll move to the next item, and then, if we have time, we'll come back to those that we felt we needed to discuss more. Any final comments before we move on?

Alix Goss

I'm not seeing any.





Sheryl Turney

Okay. There was a statement added for Recommendation No. 7, which was patient-centered workflows and standards, and here, it was added, “Patient engagement should be at the patient’s discretion, and not a requirement of the process.” This, again, speaks to what we put in the ideal state. Are we okay with this? We did make an addition of bidirectional digital exchange of data, which we had discussed in our meeting last week.

Alix Goss

No hands, no comments.

Sheryl Turney

All right, I’m going to take that and move on, then. Here, as a result of also one of the industry groups, we are recommending we add the words “standard ID card” because there does seem to be some confusion because of the title whether we were talking about a national payer identifier, and we’re not. We’re talking about a standard for an ID card, and so, we thought that by adding this, it would just clarify it. Again, maybe this gets to how some people read the headlines and not the detail. I don’t know, but let’s add it. We added it here.

Alix Goss

Then, to that point, we need to possibly change the title to create “standardized member ID card.” It struck me when you were speaking that maybe that would further alleviate some concerns.

Sheryl Turney

Yeah. I hate the word “card” because now, they’re all digital, so it’s not really a card, so it’s just why I didn’t put it in there in the first place, but maybe it’s “create a standardized member ID.” We can add “card,” and then say that it could be digital.

Alix Goss

Well, we have a friendly suggestion from the community that says “create member ID standard.”

Sheryl Turney

There you go. That works.

Alix Goss

It would take out “standardize.” So, you could take – if we did that – and Anil has his hand up.

Anil K. Jain

I was just going to say I think what I’m seeing these days is more about identity rather than ID. It goes back to the comment about digital versus physical ID and the idea that your identity is what we’re really trying to get it. So, if we could somehow convert some of the language to “standard identity,” whether it’s physical or digital, I think that’s what we’re trying to get at here.

Alix Goss





And, we wouldn't be creating the standard, we would actually be adopting a standard because one has existed, as was shared.

Sheryl Turney

Right. And, we already referenced that standard, and every – all of the people that commented on this endorsed and agreed with adopting that standard. So, should we change this to “adopt member ID standard”? And, we could say “virtual,” or not. We talk about that in the details because we say, “Alternatively, a virtual ID card could be permissible.”

Alix Goss

Alexis has her hand up.

Alexis Snyder

Sheryl just hit what I was going to say, that “create” doesn't make sense now as we talk about adopting something that's already out there, so I would say “adoption of standardized...”

Alix Goss

I think “adopt member ID standard...” You don't want to say “card,” but...

Alexis Snyder

Maybe “standardization” instead of just “standard.”

Anil K. Jain

This is Anil. I think we're talking about two different things, guys. If I understand this, what I thought we were talking about in our task force meetings was identity, to know that Mr. John Smith is the same person as Mr. John Smith in another transaction, that they're the exact same individual. I think having an ID construct and aspects around it is what I think this is getting at, and that's not what we're referring to, right? We're talking about –

Sheryl Turney

So, there are two recommendations. This one talks about the standard ID card. We have 14 that talk about the identity, so it's two separate ones –

Anil K. Jain

I apologize. It's been a while. Sorry about that.

Sheryl Turney

That's okay. And, this one, with all the feedback we got, was speaking to the ID card standard, so I think it's okay to put “card” in the title because right here, we talk about how a virtual ID card could be permissible provided it complies, so I think it's fine if you guys are okay with it. “Adopt member ID card standard.”

Alix Goss

And, to your point, I think it will be clearer if somebody just reads the title by having that word here because I think they'll go naturally to how we're talking about identity, and you're getting support in the chat box.





Sheryl Turney

Okay. I'm just going to add a note here.

Alix Goss

There's a suggestion that we need – we also want to make sure that we clean up the change to “adopt” in the body of the recommendation, so we say – thank you, Denise, for catching that. It would be in the second line, right behind “DOD Tricare,” “to create.”

Sheryl Turney

“To adopt.”

Alix Goss

Yes, please. And, it wouldn't be “standards.” I think it would just be “standard.” Maybe I'm wrong.

Sheryl Turney

I'm just rereading it to make sure the rest of it makes sense. Okay, I think the rest of it is good. I do think it should be “standard.”

Alix Goss

Okay.

Sheryl Turney

Perfect, thanks. All right. Are we okay to move on?

Alix Goss

Yes.

Sheryl Turney

Okay. We had some changes here – again, to align to what we had in the ideal state, I think. Oh, no, this was just the rewording from “should” to “recommend,” so it was “The task force recommends the creation of 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 that supports an efficient third-party patient authentication.” Anil, this is the ID that allows patients to access and bidirectionally share their data across the landscape from all of their providers, payers, and actors, such as clearinghouses, HIEs, and public health, using a consistent authentication and authorization token, allowing them easier integration with their health data application. Does that make sense?

Alix Goss

Anil's hand is raised.

Sheryl Turney

Go ahead.

Anil K. Jain





I'm not sure I fully understand how identity is being encompassed in this one. I see authentication and authorization, but what I was referring to earlier was if there is a minimum set of fields that are going to be required to be harmonized in order to show that two people are identical when we have this crossed communication with the information exchange. That's what I was getting at. I'll reread it; I don't want to spend time here now. I'll reread it and see the suggestions, but I don't see –

Sheryl Turney

Yeah, I don't think we went there because that was more how that would be happening versus what would be happening, but I see where you're going with that, but I think there were reasons why we specifically actually didn't go to that, and now I forget what they were, but that –

Alix Goss

Well, actually meaning to get into an individual identifier. Is that what you're referring to?

Sheryl Turney

Yeah.

Alix Goss

And, Anil – so, I think we purposely said there's stuff happening there. We don't need to take that on, but these are things that are separate from having an individual identifier that we felt we could do –

Anil K. Jain

Just to be clear, I'm not referring to a unique identifier. I think there are lots of reasons why we shouldn't go there. I'm referring to the ability to have a minimum set of data fields that will allow me to identify an individual as being the same person as another without having a unique identifier. It's the ability to catch a – anyways, I don't think –

Alix Goss

Oh, you're talking about probabilistic and deterministic matching algorithms related to individual identification.

Anil K. Jain

Yes.

Alix Goss

Yes, and I do believe that there is also work in relation to that. At least in the health information exchange world, they have substantially come to agreement around the core data elements for appropriate matching.

Anil K. Jain

Do we refer to that as –

Alix Goss

That is not what this – no, not in here because that was a part of the same other conversation I think we had historically around "individual identifier" led into understanding that there was also work going on, I believe, on the matching algorithm capabilities, so we decided – we just avoided that altogether.





Sheryl Turney

Yeah, there's a tiger team on that because other people from Anthem are even participating, but I think we decided to scope it out because of that.

Anil K. Jain

Okay, but my recommendation would be that you guys decide what to do, but just have a sentence or two referring to that work and saying that we intentionally did not address this. Otherwise, to me, at least, reading this again, it would be amiss. But, just referring to that work in this document, saying that others are working on it and that we're watching it.

Sheryl Turney

"Patient matching" – that's really what it is – "and identity."

Alix Goss

And, when you're talking about the tiger team, are you referring to the FHIR At Scale tiger team addressing identity as a part of scalability for ONC?

Sheryl Turney

Yes.

Alix Goss

Okay, yeah, I'm actually thinking that there's a separate body of work that is looking at increasing algorithm capacities and matching best practices. Anil, I get your point; this is a longstanding thorny issue. However, there are a lot of things we have not had the time to write about in this report that we might like to, and I'm personally a little bit concerned about even wading into these waters, but I think we should definitely – we'll take the note. We can certainly think about it. I'm curious how others are feeling about the idea to even wade into this pool. I'm not seeing hands raised or comments, so it looks like some people may be typing.

Sheryl Turney

Okay. Well, then, let's move on to the next point, and we'll take this for a discussion after this meeting, Alix. For whatever various reasons, I think this is something we had decided not to discuss, and I think taking it on at this point in time would be problematic.

Alix Goss

We got a plus-one on "tread lightly and recommend outcomes."

Sheryl Turney

Okay. So, let's go to the next one, which was the rewording for Recommendation 15. Here, again, we did discuss this in the last meeting. We changed it from "should" to "recommend that." We also discussed this in the last meeting – we changed "minimum dataset" to "sufficient dataset" because we didn't want to be confused with the HIPAA minimum dataset, and as a result of a couple of different stakeholder groups, we also added "offer incentives for stakeholders to pilot and test innovative solutions," which was a suggestion. Now, does the task force agree that we should add that one or leave it off? That was what was recommended by a couple different groups. Any comments, Alix?





Alix Goss

No, but one person is typing. We have support agreeing with leaving in the “offer incentives” addition. There are no other hands raised.

Sheryl Turney

All right. Well, you can think about it more if you want to. Let’s go on to the next one. We did add to our recommendations that “the goal of our recommendations to reduce burden are,” and that was because specifically, our charge calls out reduced burden, so I don’t think that’s really a material change, so I’m going to move forward, but there were some changes.

Here, we had written a new closing paragraph, and Rich actually had recommended an alternative paragraph, which some of us liked, so I’m bringing it forward, and Rich’s recommendation – and, I’ll put it over here so you can see it a little bit better and delete it if you don’t like it – is basically to – “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 should truly put the patient at the center of an efficient healthcare information ecosystem. That ecosystem would seamlessly and multidirectionally move appropriate data from the point of initial capture to the points 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 and 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.” Thoughts?

Alix Goss

Alexis?

Alexis Snyder

I think that’s great. Kudos to Rich for pulling together pretty much everything in the report into that paragraph. I think it’s great. The only thing that I would add is toward the bottom, when it goes into overall burden, as we had earlier, I would have “overall burden would be reduced while clinical care, patient experience, and health outcomes...”

Sheryl Turney

That’s a great addition.

Alix Goss

Anil?

Anil K. Jain

Yeah, I think this is awesome. The only thing I would add would be to say that it’s not the task force having the recommendations adopted that will do this, it’s that we’ve created the environment for other groups to do this. It’s to give them some guard rails and some policy way of looking at this that’s going to make all this happen, and conveying that in here would be important, but this is a really good summary.

Sheryl Turney





So, help me out –

Alix Goss

This is Alix, and I'm struggling – go ahead, Sheryl. I think you're going the same place I am.

Sheryl Turney

I am. I'm struggling with where I would modify it for that, Anil.

Alix Goss

And, we said "if adopted" in the opening sentence.

Anil K. Jain

Yeah, but who's adopting it? I think what we need to make sure we talk about is that there's an ecosystem. It's industry working with the standard-setting bodies collaborating together to take the what that we put together and actually start to form the details. That's what I'm sort of trying to make sure – that we give the impression that it's not done with these recommendations. This is a start.

Alix Goss

Agreed, and that's been a big struggle.

Sheryl Turney

If I remove "if adopted," will that work?

Anil K. Jain

Yeah, I think – there's a comment that Rich made here that that ecosystem would seamlessly and multidirectionally move appropriate data. Maybe we can strengthen that and say something about industry partners, but it's great by itself. I guess I'm just wordsmithing at this point. It looks pretty good.

Sheryl Turney

No, that's what we want. So, "Add something about industry partners" – because he does talk about industry stakeholders right here, which is "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." So, you want that to be stronger.

Anil K. Jain

Yeah. Well, I don't want them to act on it, I want them to get involved in fleshing out the details. These are just the whats. We haven't – they can't act on the recommendations as they are. They now need to be rolling up their sleeves and jumping into this, right?

Sheryl Turney

"...should take these recommendations" – how about – let me just write "...these recommendations as a basis for initiating follow-on activities to bring the ideal state to life."

Anil K. Jain





Yeah, the analogy would be in football. You want to move the ball further along the field, right? And, this is just getting it so far, and we need them to actually – yeah. So, we can maybe have the editor take a quick look at decluttering the words now that we've added, but I think the overall intent is good. I just want to make sure we don't lose sight of the fact that this isn't going to do anything by itself. We need to let people know that they need to roll up their sleeves.

Alix Goss

Yeah, that's a really important point.

Sheryl Turney

Okay. What do you think about the way I reworded it? Is that stronger?

Anil K. Jain

Yeah, it is.

Sheryl Turney

Any other – this is the last component of change, Alix, so are there any other comments on this or any of the others that we need to go back to? I know we have public comment in two minutes.

Alix Goss

That's correct. I did momentarily lose internet connection, but I don't believe I've missed anybody's comments or hand-raising, so I think you've got it, although your screen just grayed out on us.

Sheryl Turney

It's because I went to check for you. That's all.

Alix Goss

Oh, thank you. So, I think we're good to pivot over to Lauren to do public comment at this point.

Public Comment (01:14:52)

Lauren Richie

Sure, thanks, Alix. And, we'll take a second to transition to get the phone number pulled up, but at this point, we'll ask the operator to open the call for public comment.

Operator

Thank you. If you would like to make a comment, please press *1 on the telephone keypad. A confirmation tone will indicate your line is in the queue. You may press *2 if you would like to remove your comment from the queue, and for participants using speaker equipment, it may be necessary to pick up the handset before pressing *. Our first comment is from Kim Boyd with CoverMyMeds. Kim, please proceed.

Kim Boyd

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.

Lauren Richie

All right, thank you, Kim. Operator, do we have any additional comments?

Operator

There are no comments at this time.

Lauren Richie

Okay. Alix and Sheryl, I'll let you know if any other comments come in. We'll leave the line open.

Next Steps (01:18:40)

Alix Goss

Thanks very much. We do have a few minutes left of our meeting today, Sheryl, so we have a choice. We can talk a little bit about next steps, and then, I'm not sure how much time we'll have to go back and actually dive into the areas where we want to do some more wordsmithing, but let's go ahead and advance to the next slide so that we can at least paint the picture of where we're headed, address any questions around that, and circle back.

So, as you've seen today, Sheryl's been materially walking us through the substantial edits that we've been making in the last week and a half or so. Our plan is to take the feedback from today's discussion and, tomorrow, in a multi-hour work session, work through incorporating those edits so that we can fine-tune the report for final submission. HITAC is meeting next Tuesday, the 10th – they usually meet on Wednesdays, but note that is a Tuesday – and at that point, they will hopefully be formally approving our report. But, in order for them to do that, we need to give them an advance copy, so we will plan to release the final report on Thursday, and presuming that they have accepted our report on the 10th, we would then call our work completed so that the next set of efforts can move forward.





So, the game plan is that hopefully, we'll be able to pull all this together. Thank you to Alexis for being a sounding board for us on the patient aspect tomorrow, and we'd let you all know that we've released the final report, and then we would transmit it to them, and upon their approval, we could call the question for ourselves and move forward. Are there any questions about the next steps and the timeline for the next week?

Lauren Richie

Alix, this is Lauren. I don't think we have any additional public comments either.

Alix Goss

Thank you, I appreciate that.

Sheryl Turney

So, Alix, I'm thinking that at this point in time, we're in a position to bring everything back to the group for our wordsmithing tomorrow. I know there was one that we were trying to decide whether we were going to move it to the workflow recommendations, and that would be Recommendation F versus Recommendation A for the patient-centered, and I just want to make sure that we don't do it in a rush and we look at all of the – because that one has 11 or 12 items already in the list, and it may be that what we've put in the patient-centered just rewords something that we already have in the list, so I think we just need to take a little bit more time with it to make sure that we don't already have it reworded and in the list already.

Alix Goss

I think that makes a lot of sense. I also think that based on the thread I'm seeing, thanks to Terrence Cunningham's comment and Alexis's add-on, we may want to change "patient at the center" to "patient-centered design and focus," and I'm doing a shout-out to see if anyone is having any concerns with "patient-centered design and focus" being the revised title for "patient at the center." I'm not seeing any – Anil likes it, and I'm not seeing any hands raised or any other comments coming in, but I think that if there are any other ones that folks feel that we should particularly change because it may be confusing because the reality, as Terry so aptly put it, is that folks will do what they think they'll do, which is to skim the titles. People are very busy, so that's why we've included an executive summary in the report as well. Alexis, I see your hand is up.

Alexis Snyder

I just wanted to add that if we do change the title – or even if we didn't – I think there are other places throughout the report where we reference "patient at the center" and it's also being misunderstood to mean being at the center of administrative workflows, so I think there are other spots where we should change it to "patient-centered design" or "patient-centered focus" rather than "patient at the center."

Sheryl Turney

Yeah, you're absolutely right. There are at least eight places where we mention it, so we'll have to update it everywhere.

Alix Goss





What I'm also hearing is that "patient-centered design" or "patient-centered focus" could be a nice replacement for "patient at the center," and we can certainly go through and double-check those. I'm not seeing any further comments or hands raised, Sheryl.

Sheryl Turney

Okay. All right, then I think we're – I want to thank everybody for their input today. This has been really helpful. We're getting very close. Of course, we do have one more meeting before the HITAC – no, we don't because –

Alix Goss

No, we don't. It's after.

Sheryl Turney

– the meeting is next week, right, so this is the end. I don't know if we discussed, but are we going to send out a final paper to the task force? How is that going to work?

Alix Goss

Oh, I think we would absolutely want to send out whatever our final version is that we're going to transmit to the HITAC, and I'm not clear what time they're meeting – I need to double-check myself for November 10th – the time is 9:30, so we need to receive guidance from Lauren on what kind of support we need to provide next week, or we may just be transmitting it on this Thursday, and we will make sure that the task force is fully aware, and hopefully everyone on this call is aware that the transmittal of the final report will be a part of the meeting materials on HITAC's website. Lauren, do you want to add any commentary to that?

Lauren Richie

No, that is correct. Once it is sent to the full committee, it will be posted on the meeting calendar page for the HITAC meeting on the 10th. I think that's just about it. So, if there are no other comments, which I don't think there are, Alix or Sheryl, is there anything else from you before we adjourn?

Sheryl Turney

Just deep appreciation for all the smart and talented people and their contributions to bring us to this point. I'm sure we'd all like to do far more, but I think we have delivered, as reflected by the feedback and the level of support and positive constructive criticism that we've received to even strengthen it further, so, thank you.

Alix Goss

Yeah, and I just want to say thank you from the bottom of my heart for everything that you guys have brought forward. It's very meaningful to all of us, and hopefully this is going to result in some very material changes to the way in which we share data with one another and also help to enable patients' health outcomes.

Lauren Richie

Great. Well, thank you all again. Thanks to the task force members and to the members of the public. I hope you are able to join the full HITAC meeting next week, and with that, we will stand adjourned for today.





Alix Goss

Thanks very much.

Lauren Richie

Thank you, everyone. Bye-bye.

Sheryl Turney

Thank you.

Adjourn (01:27:20)

