



Health Information Technology Advisory Committee Interoperability Standards Priorities Task Force 2021 Virtual Meeting

Meeting Notes | April 29, 2021, 2:00 p.m. – 3:30 p.m. ET

Executive Summary

The focus of the Interoperability Standards Priorities Task Force 2021 (ISP TF 2021) meeting was to identify opportunities to update the ONC Interoperability Standards Advisory (ISA) to address the HITAC priority uses of health IT including related standards and implementation specifications. Alix Goss presented findings and recommendations from the Intersection of Clinical and Administrative Data Task Force (ICAD TF), and ISP TF 2021 members discussed the presentation. Arien announced that the ISP TF 2021 will hand work related to some of its priority areas over to the newly convened Public Health Data Systems Task Force (PHDS TF), and the co-chairs discussed the next steps necessary in the ISP TF 2021's timeline and framework for making recommendations to the HITAC at its June 9, 2021 meeting.

There were no public comments submitted by phone, but there were several comments submitted via the chat feature in Adobe Connect.

Agenda

02:00 p.m.	Call to Order/Roll Call
02:05 p.m.	Introductions
02:10 p.m.	ICAD Task Force Findings & Recommendations
02:55 p.m.	Considerations Public Health Standards
03:05 p.m.	Framework and Timeline for Recommendations and Discussion
03:25 p.m.	Public Comment
03:30 p.m.	Adjourn

Call to Order

Seth Pazinski, Acting Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 2:01 p.m. and welcomed members to the meeting of the ISP TF 2021.

Roll Call

MEMBERS IN ATTENDANCE

Arien Malec, Change Healthcare, Co-Chair
David McCallie, Individual, Co-Chair
Ricky Bloomfield, Apple
Jim Jirjis, HCA Healthcare
Edward Juhn, Blue Shield of California
Clem McDonald, National Library of Medicine
Ram Sriram, National Institute of Standards and Technology
Sasha TerMaat, Epic



MEMBERS NOT IN ATTENDANCE

Cynthia Fisher, PatientRightsAdvocate.org
Valerie Grey, New York eHealth Collaborative
Ken Kawamoto, University of Utah Health
Victor Lee, Clinical Architecture
Les Lenert, Medical University of South Carolina
Ming Jack Po, Ansible Health
Raj Ratwani, MedStar Health
Andrew Truscott, Accenture

ONC STAFF

Seth Pazinski, Director, Strategic Planning & Coordination Division (ONC); Acting Designated Federal Officer

General Themes

TOPIC: EXPERT INPUT PRESENTATION

The ISP TF 2021 continued to receive expert input via a presentation by the co-chair of the ICAD TF. TF members discussed the presentation and submitted feedback.

TOPIC: ISP TF 2021 TIMELINE & FRAMEWORK FOR RECOMMENDATIONS AND PUBLIC HEALTH CONSIDERATIONS

The ISP TF 2021 will hand work related to some of its priority areas over to the newly convened Public Health Data Systems Task Force (PHDS TF), and the co-chairs discussed the next steps necessary in the timeline and framework for making recommendations to the HITAC at its June 9, 2021 meeting.

Key Specific Points of Discussion

TOPIC: WELCOME AND ISP TF 2021 OVERVIEW

David and Arien welcomed ISP TF 2021 members and briefly reviewed the agenda, noting that the TF is set to conclude its work in June 2021. They welcomed the presenters.

TOPIC: ICAD TASK FORCE FINDINGS & RECOMMENDATIONS

Alix Goss, co-chair of the Intersection of Clinical and Administrative Data Task Force (ICAD TF) and Vice President & Senior Consultant at Imprado, Consulting Division of DynaVet Solutions, presented an overview of the ICAD TF's recent report to the HITAC, which was over 100 pages long, and discussed implications for the ISP TF 2021.

Alix provided context for the ICAD TF's work, which was a joint effort between ONC/the HITAC and the National Committee on Vital Health Statistics (NCVHS). She explained that NCVHS has been on the jury to implement the Health Insurance Portability and Accountability Act (HIPAA) transactions since 2003, and the 21st Century Cures Act (the Cures Act) encouraged ONC/HITAC and NCVHS to engage in developing relevant policies. She stated that some HIPAA transaction standards have low utilization rates, despite the 2003 mandate, so the formation of the ICAD TF was an opportunity to leverage the work of the NCVHS Standards Subcommittee with the framework developed in coordination with ONC to bring together the clinical and administrative data standards and policy. Alix explained that Electronic Health Record (EHR) capabilities notably advanced over the past decade, but this was parallel to care delivery and payment reimbursement models. The lack of harmonized clinical and administrative data standards and policy resulted in ecosystem burdens, such as inefficient workflows impacting patient outcomes, time-consuming discovery of payer specific requirements, and technical barriers related to vendor support and integrated platforms. Alix emphasized that all these factors impact patient safety and the quality of health care delivery.



Alix described how the standards rulemaking authorities are separated across programs and stated that their collaboration on the ICAD TF allowed its members to place opportunities to advance prior authorization (PA) at the center of its work. The landscape of technology standards is quickly advancing, along with HL7® Fast Healthcare Interoperability Resources, so the ICAD TF had an opportunity to affect changes.

Alix discussed the ICAD TF's overarching charge and specific charges, which were detailed on slide #5 in the presentation materials. She gave an overview of the ICAD TF's process, which included establishing a foundation of understanding, engaging the industry, analyzing the PA landscape, considering standards alignment, describing an ideal state, defining guiding principles, creating recommendations, and synthesizing its work into a report, which the HITAC ultimately approved in November 2020. ICAD TF members were included in the presentation materials and a list of presentations that members of the healthcare industry gave to the ICAD TF. There was a period of public review and comment on the ICAD TF's recommendations and report.

Alix directed ISP TF 2021 members to an outline of the ICAD TF's report, which was included in the presentation materials. She thanked ONC staff for preparing summaries of all presentations given to the TF and noted that a compendium of landscape artifacts was included in the report. She described the ideal state the ICAD TF developed to describe an improved PA process and opportunities for a broader intersection of clinical and administrative data frameworks. To achieve the ideal state, the ICAD TF developed a list of nine guiding principles discussed in depth in the report. Alix gave an overview of each of the guiding principles, which included Patient-Centered Design and Focus, Transparency, Design for the Future While Solving Today's Needs, Creating a Measurable and Meaningful Process, Continuous Improvement, Real-Time Capture and Workflow Automation, Aligned to National Standard, Information Security and Privacy, and Reduce Burden on All Stakeholders.

Alix described the ICAD TF's recommendations, noting that they focused on what needs to change and not how it will happen. She emphasized that most of the recommendations were standards-related and have implications for the ISP TF 2021. She presented the ICAD TF's overarching recommendations, detailed in full in the presentation slides and listed in no particular order. They included:

- Prioritize Administrative Efficiency in Relevant Federal Programs
- Establish a Government-Wide Common Standards Advancement Process
- Converge Health Care Standards
- Provide a Clear Roadmap and Timeline for Harmonized Standards
- Harmonize Code and Value Sets
- Make Standards (Code Sets, Content, Services) Open to Implement Without Licensing Costs
- Develop Patient-Centered Workflows and Standards
- Adopt a Member ID Card Standard
- Name an Attachment Standard
- Establish Regular Review of Prior Authorization Rules
- Establish Standards for Prior Authorization Workflows
- Create Extension and Renewal Mechanism for Authorizations
- Include the Patient in Prior Authorization
- Establish Patient Authentication and Authorization to Support Consent
- Establish Test Data Capability to Support Interoperability

Alix summarized the ICAD TF's recommendations and discussed opportunities she has proposed for the ISP TF 2021 to align and advance their work in concordance with the ICAD TF recommendations. The areas she highlighted in her recommendations were detailed in the presentation materials and included:



- Standards Version Advancement Process (SVAP), Convergence, and Roadmap & Access to Harmonized Standards
- Member ID Card Standard
- Attachment and PA Workflows
- Explore Implementation Guide (IG) Opportunities with HL7

Alix thanked the ISP TF 2021 for the opportunity to present and invited members to provide feedback on her suggestions.

DISCUSSION:

- Arien thanked Alix for the presentation, noted that he was a member of the ICAD TF, and submitted the following comments:
 - Reducing the administrative burden should be a national priority and should be a main point of focus for the ISP TF 2021 and the HITAC.
 - Seeking to align clinical and administrative transactions and delivering work as far upstream as possible will help deliver the end-stage vision for administrative workflows.
 - The common source of truth should be the same for both clinical and administrative workflows.
 - The ISP TF should seek to line up the SVAP and the Common Data Model.
 - He stated that HIPAA, in the case of this presentation, is being used in reference to HIPAA-authorized administrative transactions (authorized with administrative workflows).
- David thanked Alix for the presentation and asked about whether policy levers exist that could be used to address the ICAD TF's recommendations.
 - Alix responded that, as a result of directives given to them under the Affordable Care Act, the NCVHS Standards Subcommittee was already working to address a number of the recommendations raised by the ICAD TF. Alix explained that she was the co-chair of the Standards Subcommittee at the time and described the process NCVHS has developed to meet industry standards, remove barriers, and apply lessons learned in updating HIPAA transaction standards. Language in the Cures Act had already increased dialogue between NCVHS and ONC, and the Cures Act ensured that recommendations made by the National Coordinator would be considered for policy. The because the ICAD TF included members from NCVHS, the HITAC, and the industry, it created the next steps for HITAC and NCVHS; there will likely be another ICAD TF through the HITAC (necessary to make updates to the Interoperability Standards Advisory (ISA) and EHR certification platform), and the TF's report will inform NCVHS's upcoming projects (including any changes to HIPAA regulations for transactions, code sets, etc.). CMS also plays a role. HHS oversees them all, and they have separate authorities under the law currently.
 - Arien suggested that NCVHS and HITAC might be interlaced, and administrative transaction will likely be moved upstream in the workflows to increase administrative efficiency and cut costs. He stated that the work of NCVHS and HITAC should be seen as two different workstreams, not two different worlds.
- Clem commented that, like Alix, he has been waiting a long time for an attachment standard to be named. He asked Alix to comment on NCVHS's perspective on the potential use of ICD-11 for unifying/simplifying administrative and clinical content.
 - Alix responded that extensive work was done to understand the migration away from ICD-10 and the implementation to ICD-11 (especially because the World Health Organization approved its use), and the resulting resources are located on the NCVHS website.
- David asked if they should skip focusing on a claims attachment entirely and focus on attaching access to information to the health record itself. The payer could get the necessary information and reduce burden on the care provider to try to determine what information is needed.



- Alix responded that the new term is just attachment, not claims attachment, and there is a need to harness the power of EHR capabilities to exchange information and extend automation. She stated that, though they are ready, a rule needs to come out to enable the clinical data exchange to happen in an automated, effective way that is enabled by Application Programming Interface (API) frameworks. She explained that the 2016 NCVHS letter detailed in her presentation is already outdated in terms of what it expressed.
- Arien discussed the ICAD TF's idea of "harmonizing standards" and asserted that FHIR-based standards should be available for both clinical and administrative interoperability.
- Alix commented that this more modern view and work is necessary to create the necessary efficiencies. The ISP TF 2021 can help, and there is new thinking at NCVHS.
- Clem stated that some sort of member ID and reports for adjudication will be required in the recommendations, but they have not gotten final approval.
- Arien commented on the point in Alix's first recommendation about mapping would create great progress towards convergence. This overlaps with the guidance the TF received from Observational Medical Outcomes Partnership (OMOP) that getting to a common upstream model allows clinical and administrative data to drive research needs and workflows. He suggested that ONC help drive mapping work in the future.
 - David and Arien noted that concerns about licensing costs for proprietary terminology sets were raised by other presenters and ICAD TF commenters.
- David asked about activities that the Da Vinci Project has underway that are worthy of support but that were not called out in Alix's recommendations.
 - Alix disclosed that she is a consultant to the Da Vinci Project (page 10) and discussed the framework they have provided for value-based care (from fee-for-service methodologies). They have many resources and implementation guides that would be useful, and they were listed on slide #30 in the ICAD TF presentation. The Payer Coverage Decision Exchange (PCDE) would be helpful for burden reduction at the point of enrollment, and she discussed suggestions for how the PCDE IG could be formally enrolled.
 - David suggested that ISP TF 2021 develop a list of areas for standard enumeration.
 - Arien stated that data model mapping is an area of foundational importance, and it would have a set of related workstreams.

TOPIC: PUBLIC HEALTH WORK PLAN & PRIORITIZATION

Arien reminded ISP TF 2021 members that the Public Health Data System Task Force (PHDS TF) has been announced by the HITAC. The ISP TF 2021 co-chairs and the co-chairs for the new PHDS met recently to discuss potential overlap, and the ISP co-chairs passed on the TF's recommendations for expert input/testimony presenters. The PHDS TF will then pass any relevant work back to the ISP TF, if necessary.

No concerns with the proposed approaches of the two TFs were noted by ISP TF 2021 members.

TOPIC: FRAMEWORK RECOMMENDATIONS

Arien discussed the timeline the ISP TF 2021 must meet in order to be prepared to submit its recommendations to the HITAC at its June 9, 2021 meeting. It was broken down in the presentation slides by TF meeting dates and inter-meeting work.

Arien stated that the final results of the ISP TF 2021 priority voting process have been completed and were included in the TF's presentation slides. The top two priorities for this iteration of the TF are Health Equity Standards, and Real-World Evidence (RWE)/Comparative Effectiveness/RECOVERY EHR data use. He explained that the TF will pass Vaccine Immunization Registry Reporting, Syndromic Surveillance, and Contact and Exposure Notification priority areas to the PHDS TF, and it will focus on the top two priority areas, in addition to the Clinical/Administrative Data and Standards Harm/Burden Reduction priority area. The ISP TF 2021 will consider making recommendations on the Consider Recommendations on: PH Situational Awareness, Care Plans/Chronic Disease



Management (pending experts or TF deliberation), and Data Sharing Federal & Commercial Entities (have experts, but timing issues) priority areas.

Arien emphasized the growing importance of homework (between meetings) for TF members.

Action Items

As their homework, ISP TF 2021 members were asked to send three to five high-level recommendations on the priority areas to the TF co-chairs before 12 p.m. Eastern/9 a.m. Pacific, Monday, May 3, 2021. Recommendations should be provided at the “bullet point” level for the TF to consider at its next meeting. This will be discussed and consolidated for presentation to the HITAC at its May 13 meeting.

TF members may provide more detailed considerations for later TF consideration but should prioritize high-level recommendations in the following ISP TF areas:

- Health Equity Standards
- RWE/Comparative Effectiveness/RECOVERY-type EHR data use
- Clinical/Administrative Data & Standards Harmonization and Burden Reduction

Secondarily, TF members may provide recommendations for:

- PH Situational Awareness
- Care Plans/Chronic Disease Management
- Data Sharing Federal & Commercial Entities

Public Comment

QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no public comments received via phone.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT

Jim Jirjis: Jim Jirjis Joining late

Clem McDonald: Hear hear [*sic*] dave. Look like most of the reports that could be needed will be part of the next round of required content

Clem McDonald: hear hear re pay for code systems required

Resources

[ISP TF 2021 Webpage](#)

[ISP TF 2021 – April 29, 2021 Meeting Agenda](#)

[ISP TF 2021 – April 29, 2021 Meeting Slides](#)

[ISP TF 2021 – April 29, 2021 Meeting Webpage](#) (including all expert input presentation materials)

[HITAC Calendar Webpage](#)

Adjournment

David and Arien thanked everyone for their participation. The next ISP TF 2021 meeting will be held on Thursday, May 6, 2021, from 2 p.m. to 3:30 p.m. E.T.

The meeting was adjourned at 3:20 p.m. E.T.