



Intersection of Clinical and Administrative Data Task Force

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The Office of the National Coordinator for
Health Information Technology



Today's Agenda:

- Roll Call and Welcome
- Review of FACA and ONC Authorities
- Landscape Analysis and Discussion
- Workflow Examples and Discussion
- Discussion and Next Steps

Vision: Support the convergence of clinical and administrative data to improve data interoperability to support clinical care, reduce burden and improve efficiency—furthering implementation of “record once and reuse.”

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

Task Force Roster

Name	Organization
Sheryl Turney (co-chair)	Anthem, Inc.
Alix Goss (co-chair)	Imprado/NCVHS
Anil Jain	IBM Watson Health
Arien Malec	Change Healthcare
Andy Truscott	Accenture
Leslie Lenert	Medical University of South Carolina
Ram Sriram	NIST
Sasha TerMaat	Epic
Abby Sears	OCHIN
Jim Jirjis	HCA
Denise Webb	Individual

Name	Organization
James Pantelas	Individual/Patient Rep
Rich Landen	Individual/NCVHS
Debra Strickland	Conduent/NCVHS
Jacki Monson	Sutter Health/NCVHS
Gus Geraci	Individual
Jocelyn Keegan	Point of Care Partners
Tom Mason	ONC
Aaron Miri	HITAC/University of Texas Austin
Steve Brown	VA
Mary Greene	CMS
Alexis Snyder	HITAC/Patient Rep

HITAC Authorities

- The HITAC was established under the 21st Century Cures Act to *“recommend to the National Coordinator...policies,...standards, implementation specifications, and certification criteria, relating to the implementation of a health information technology infrastructure, nationally and locally, that advances the electronic access, exchange, and use of health information.”*
- *“Such recommendations shall include recommended standards, architectures, and software schemes for access to electronic individually identifiable health information across disparate systems including user vetting, authentication, privilege management, and access control.”*
- HITAC priority target areas:
 - Information Exchange
 - Privacy and Security
 - Patient Access
 - Other target areas as appropriate

NCVHS Authority

- Charged by Congress with advising the federal government on the information needs underlying national health policy.
 - Section 306(k) of the Public Health Service Act, as amended, and codified at 42 U.S. Code § 242k(k)
- Scope expanded in 1996 when HIPAA called on the Committee to serve HHS as a key advisor in the implementation of the law's administrative simplification and privacy protection provisions
- Provides advice and recommendations regarding health data and statistics, privacy, administrative simplification, data standards and health information policy to the Secretary of Health and Human Services (HHS)
- HHS Assistant Secretary for Planning and Evaluation provides oversight – staffed by the National Center for Health Statistics (NCHS)
- NCVHS Charter: <https://ncvhs.hhs.gov/about/charter/>

21st Century Cures Call for ONC Coordination with NCVHS

Legislation: “The National Coordinator shall ensure that the relevant and available recommendations and comments from the National Committee on Vital and Health Statistics are considered in the development of policies.”

Benefit: Coordination and collaboration mutually benefits the respective work of both FACAs—enabling identification of opportunities for convergence or coordination of committee activities and deliverables, especially in the development of recommendations.

ONC Role in Clinician Burden Reduction

21st Century Cures Act - Section 4001. (a): Clinician Burden Reduction Report to Congress

- **Reduction in Burdens Goal**--The Secretary of Health and Human Services shall establish a goal, strategy and recommendations with respect to the reduction of regulatory or administrative burdens (such as documentation requirements) relating to the use of electronic health records
- In consultation with providers of health services, health care payers, health professional societies, health information technology developers, public health entities, States, and other appropriate entities.

ONC Role in Clinician Burden Reduction

21st Century Cures Act and Decreasing Clinician Burden

- (1)(b)(3) Recommendations.--The recommendations developed shall address--
 - actions that improve the clinical documentation experience;
 - actions that improve patient care;
 - actions to be taken by the Secretary and by other entities; and
 - other areas, as the Secretary determines appropriate, to reduce the reporting burden required of health care providers.

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Landscape Analysis and Discussion

Current Landscape

- Separation of clinical and administrative data sets and systems leads to burden
- Existing standards are not fully implemented

Percent Industry Implementation of Seven Transaction Standards ¹	2013	2018	2019 ²
Health Care Claim Submission	90%	96%	96%
Eligibility for a Health Plan	65%	85%	84%
Coordination of Benefits	NR	80%	86%
Health Care Claim Status	48%	71%	70%
Claim Payment	50%	63%	70%
Remittance Advice	43%	48%	51%
Prior Authorization	NR	12%	13%

Source(s): 2018 CAQH Index, 2019 CAQH Index

¹Table original included six transaction standards; table above added prior authorization standard

²Added 2019 CAQH data

- Emerging FHIR-based standards and market-based solutions offer promise
 - HL7 Da Vinci Project
 - CMS Documentation Requirements Lookup Service (DRLS) development and pilots
 - CDS Hooks and CQL
- Industry groups working to try to address the burden related to PA include:
 - AMA, AHA, WEDI, AHIP, CAQH CORE
- HITAC and NCVHS have held hearings to help elucidate barriers and opportunities to convergence
- A compendium included in meeting materials lists artifacts in this area: if something is missing, please share with the Task Force.

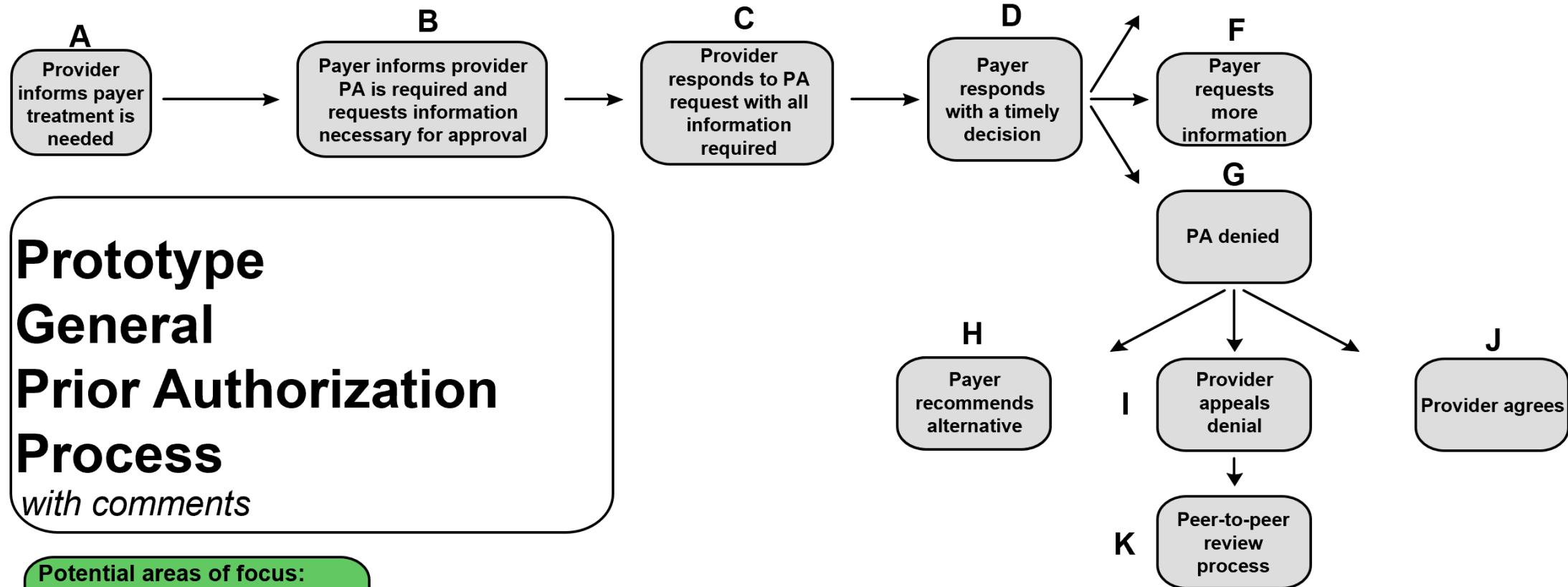


Workflows

The Value of a Model for Shared Understanding

- It is important that we have a shared understanding expressed through a **simplified high-level model** from which we can organize and drive our work.
- We have developed a **general prototype** that can be **used as a base** and then tweaked for the nuances of each type of authorization (medical services, inpatient services, durable medical equipment, pharmacy).
- Our goal is to review the high level model and then discuss how it can be **leveraged to define and drive the work**.

Sample Prototype

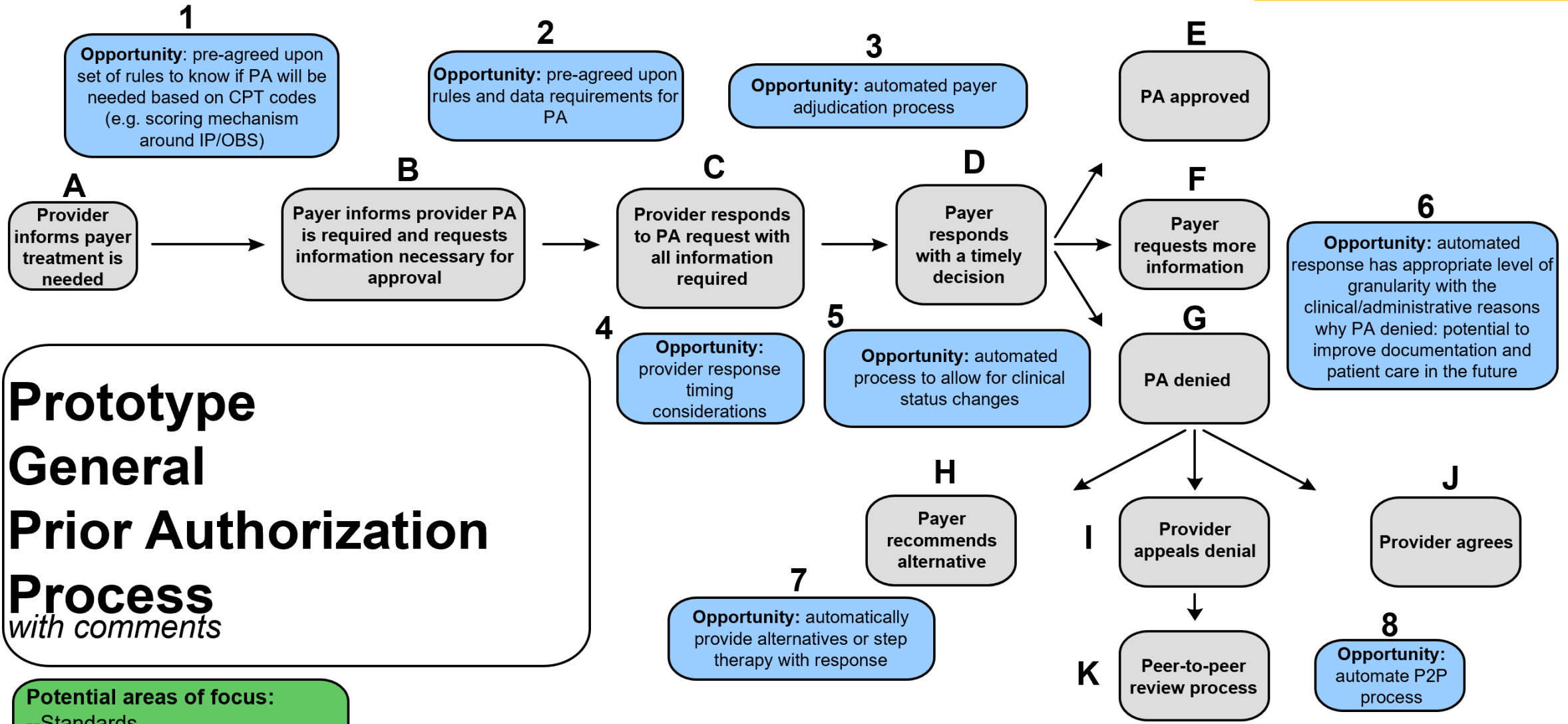


Hospital, Medical, Pharmacy, Durable Medical Equipment

Workflows: Questions to Consider

- Missing elements: are there any high-level components that are **missing from the model**?
- How can we use the model to establish a 'north star' or **ideal state** result?
- How can we use the model to reflect **benefit to providers, patients and payers at each step**?
- Who are the **major actors that should be considered/consulted** that are currently impacted or would be impacted by alterations to the sample workflow presented here?
- How do we **represent the work that has already been done** within the model?
- How can we use the model to **define and drive workstreams to accomplish our deliverable**?

Sample Prototype



**Prototype
General
Prior Authorization
Process
*with comments***

- Potential areas of focus:**
- Standards
 - Data models
 - Workflow integration
 - Transport methods

Hospital, Medical, Pharmacy, Durable Medical Equipment

Workflows: Questions and Discussion

- How do we ensure no major step is missing?
- How do we begin to add a more exhaustive set of opportunities at each step?
- How do we represent the work that has already been done (HL7 Da Vinci Project, etc.) on this model?
- How do we process those opportunities and organize them into action items for HITAC?

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Other Questions?

Public Comment

To make a comment please call:
Dial: 1-877-407-7192

*(Once connected, press “*1” to speak)*

All public comments will be limited to three minutes.

You may enter a comment in the
“Public Comment” field below this presentation.

Or, email your public comment to onc-hitac@accelsolutionsllc.com.

*Written comments will not be read at this time,
but they will be delivered to members of the Workgroup and made part of the Public Record.*

Next Task Force Meeting:

**March 24th,
3:00PM Eastern**



**Meeting
Adjourned**