The Office of the National Coordinator for Health Information Technology

Meeting Notes

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

May 19, 2020, 3:00 p.m. – 4:30 p.m. ET

VIRTUAL

EXECUTIVE SUMMARY

Co-chairs **Alix Goss** and **Sheryl Turney** welcomed members to the Intersection of Clinical and Administrative Data Task Force (ICAD TF) meeting. **Alix Goss** summarized the agenda and the recent activities of the ICAD TF.

Sheryl Turney summarized the update on the ICAD TF's work that was presented to the Health Information Technology Advisory Committee (HITAC) at their May 13 meeting. She outlined the items that were presented, including the task force charge, vision, approach, and a list of questions that was used to spur discussion and to guide feedback from HITAC members.

Josh Harvey presented an overview of the Data Classes workgroup's updates. He noted that the workgroup has begun to consider how to best use the document to drive work on their final deliverable for the HITAC and ONC. ICAD TF members discussed the updates and submitted feedback.

Alix Goss presented an overview of the Ideal State//Guiding Principles workgroup updates, and she summarized a new document created by the workgroup to synthesize and consolidate all related ICAD TF documents, workbooks, and feedback from TF members. ICAD TF members discussed the new document and submitted feedback.

Alix Goss summarized the next steps for the ICAD TF, which included offline work to be completed by four smaller workgroups. Several TF members volunteered to be subject matter experts (SMEs) who would work with **Steve Brown's** contact to conduct medical and pharmacy workflow modeling.

There were no public comments submitted by phone. There were several comments submitted via chat in Adobe Connect.

AGENDA

03:00 p.m.	Call to Order/Roll Call and Welcome
03:05 p.m.	Summary and Action Plan
03:10 p.m.	HITAC Update Follow-Up Discussion
03:25 p.m.	Data Classes Workgroup Update
03:45 p.m.	Ideal State/Guiding Principles Workgroup Update
04:05 p.m.	Next Steps
04:20 p.m.	Public Comment
04:30 p.m.	Adjourn

CALL TO ORDER/ ROLL CALL AND WELCOME

Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the May 19, 2020, meeting of the ICAD to order at 3:02 p.m. ET.

ROLL CALL

Alix Goss, Imprado/NCVHS, Co-Chair
Sheryl Turney, Anthem, Inc., Co-Chair
Steven Brown, United States Department of Veterans Affairs
Gaspere C. Geraci, Individual
Jim Jirjis, Clinical Services Group of Hospital Corporation of America (HCA)
Anil K. Jain, IBM Watson Health
Jocelyn Keegan, Point-of-Care Partners
Rich Landen, Individual/NCVHS
Arien Malec, Change Healthcare

Thomas Mason, Office of the National Coordinator
Jacki Monson, Sutter Health/NCVHS
Alex Mugge, Centers for Medicare & Medicaid Services
Alexis Snyder, Individual/Patient Rep
Ram Sriram, National Institute of Standards and Technology
Debra Strickland, Conduent/NCVHS
Sasha TerMaat, Epic
Andrew Truscott, Accenture
Denise Webb, Individual

MEMBERS NOT IN ATTENDANCE

Mary Greene, Centers for Medicare & Medicaid Services
Leslie Lenert, Medical University of South Carolina
Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin
Abby Sears, OCHIN

SUMMARY AND ACTION PLAN

Alix Goss, co-chair of the ICAD TF, reviewed the agenda for the current meeting. She noted that the ICAD TF has heard presentations over the past several meetings that were meant to help expand their understanding of the current landscape and emerging standards. At the May 12 meeting, the ICAD TF heard a presentation from the American Medical Association (AMA), and the presentation was followed by a fruitful discussion. The AMA provided an overview of their work on prior authorization (PA), including burden estimates, costs, and their consensus statement. She noted that their consensus statement was included in the ICAD TF compendium. She described the AMA's "layers of a cake" model, which they used as a way to consider integrating clinical and administrative data. The AMA presenters discussed needs and options from the AMA's perspective. Then, the ICAD TF discussed scalability needs, both to large and small settings, and of pilot ideas. Finally, the ICAD TF reviewed the planned presentation to the full HITAC for their May 13 meeting, including discussion of broader questions and possible follow-on activities.

HITAC UPDATE FOLLOW-UP DISCUSSION

Sheryl Turney presented a general overview of the presentation given to the HITAC about the progress of the ICAD TF to date. She gave a description of the recurring themes mentioned at that meeting, including:

- **Ken Kawamoto** discussed the inability of clinical systems to be able to integrate with the administrative data.
- **Clem McDonald** discussed the lack of standards that exist in the administrative data.
  - **Sheryl Turney** noted that the ICAD TF discussed this topic with regard to how simple inputs, like weights and measures, are not consistent from various sources.
- **John Kansky** discussed the need to include the role of health information exchanges (HIEs) in the ICAD TF's work.
- **Arien Malec** discussed the current state of portals that are not integrated, which was aligned with **Ken Kawamoto's** comment.
- **Sasha TerMaat** discussed the standard coding. She noted the example that both LOINC and SNOMED are standards used in reporting for pharmacy PA, so, because there is not a set standard, she indicated that some data normalization has to occur before the receiving systems can utilize that data. Some distortion occurs in this process.
- **Jonathan Nebeker** discussed the need to get the data right and shared some examples of various initiatives that are happening related to normalization.
  - **Sheryl Turney** noted that the HITAC discussed this topic at length.

She summarized the HITAC's discussion to the ICAD TF, which was that they should recommend a federal health data model that incorporates both clinical and administrative data. Such a model could inform priorities, standards, certifications, and work done in the United States Core Data for Interoperability (USCDI) that encompasses both clinical and administrative data. She described some challenges for the ICAD TF as they work on the ideal state of PA. She noted that, from her perspective as a payer, large amounts of data are shared with many provider systems, but because the data are not actionable in the receiving systems, they are not interoperable. Another challenge is to make a response to an actionable administrative query a requirement instead of optional in that trusted exchange framework.

Alix Goss noted that the ICAD TF would continue their work on the Data Classes and Ideal State/Guiding Principles tabs of the shared Google document. The two smaller workgroups have advanced these tabs in between meetings. She also described a new small workgroup that she and **Jacki Monson** formed to focus on privacy and security and noted that they were still finalizing the workgroup's membership and meeting schedule.

She explained that the discussions held by the ICAD TF would help to guide their next steps for extrapolating the work on PA to the larger focus on the intersection of clinical and administrative data.

DATA CLASSES WORKGROUP UPDATE

Sheryl Turney noted that the current diagram of the data classes in the shared Google document was updated since it was last used in a meeting of the ICAD TF. **Josh Harvey** presented an overview of the updates. He noted that the workgroup has begun to consider how to best use the document to drive work on their final deliverable for the HITAC and ONC.

He gave a recap of the work the ICAD TF completed over the past several weeks on the PA data classes tab of the shared Google document. He noted that the way in which it was laid out and color-coded allowed it to serve as a heat map for the different standards that are being used, as well as their levels of adoption. He noted that this document provides a foundation of shared knowledge, so the ICAD TF can use it to pivot their focus from the work that was completed to the next steps in the process. Moving forward, he laid out two paths that the ICAD TF might consider:

- Conduct a secondary inventory of the standards and data classes that have already been discussed, but also include the different constituents throughout the process and their particular data needs at different points in a given lifecycle of a PA request.
    - He directed the ICAD TF to review the new example that had been added in several columns in the table. He noted that the columns are meant to delineate between providers, payers, pharmacy benefit managers, electronic health records (EHRs), and other intermediaries that could be recognized as having different data needs at different points in the PA workflow.
- Map out the ideal PA workflow and use it as a guide as the ICAD TF works toward the ideal state of PA.
    - He noted that this might be "putting the cart before the horse," but by working from both ends of the spectrum, they might now be able to return to sketching out a pictorial version of the ideal state of PA.
    - He suggested that a new workgroup could be created to use the data elements tab to create a visualization.
    - He thanked **Jocelyn Keegan** and **Ram Sriram** for their work on the shared document and invited them to contribute feedback.

Discussion:

- **Jocelyn Keegan** thanked Josh Harvey for his overview, and she highlighted commentary she added to the data classes, in which she noted the importance of acknowledging that multiple parties are involved in the PA process, which might repeat many times as the patient moves through a care journey. She emphasized that PA approval is not the end of the process, and she highlighted the dispensing and payment part of the workflow, which she thought they had neglected in past depictions.
- **Sheryl Turney** inquired if "patient generated" under "data class" indicated patient generated input.
  - **Josh Harvey** responded that they left the category for patient generated data in the table because it was mentioned in the ICAD TF's earliest conversations about data element needs. He noted that they did not find anything meaningful in the standards that would provide an opportunity for patients to share data throughout the process.
  - **Ram Sriram** explained that the category was entered into the table as a placeholder for the future, and he highlighted the role that this patient-centric approach could become more important with the rise of telemedicine.
  - **Jocelyn Keegan** explained that the type of procedure involved in the PA process would drive how patient-centric the necessary data would be, and she emphasized that patient involvement in the PA process will increase in the future.
  - **Sheryl Turney** noted that this category was initially included as a place to enter more information about the patient as a way of capturing justification for the PA, and the example of the wheelchair was the driving force.
    - She noted that the ICAD TF should create supporting definitions for all of the data classes, as they will be used in the final deliverable for presentation to the HITAC.
    - **Josh Harvey, Ram Sriram,** and other TF members agreed with her proposal to create definitions.
- **Steve Brown** discussed the organization of the data classes table and voiced his opinion that any organizational issues with it could be attributed to the mix of items that have been included. He noted that some of the items in the table have standards attributed to them, and others, like patient generated data, do not; he asserted that metadata is the origin for data in the "patient generated" category. He suggested separating the layers using process models, information models, and data models, and he referred to the work done on information models, including the Federal Health Information Model (FHIM).
  - **Ram Sriram** agreed with **Steve Brown's** points and responded that he, Jocelyn, and Josh discussed these types of models but did not have a scenario chosen to build out in a model. He suggested asking ONC for their assistance.
  - **Sheryl Turney** responded that the FHIM would be examined for potential use.
- **Jim Jirjis** submitted two comments:
  - He noted that the ICAD TF's first discussion around the patient-generated data class was related to their early work on the PA process, and many of the examples included were based on the specific example of a wheelchair durable medical equipment (DME) PA request. The workgroup discussed where the rules might be exposed in each data class so that people entering data understand what they need to insert and why.
  - He noted that the ICAD TF discussed that the process is iterative and that there may be multiple cycles for the same PA request, due to denials of requests. He suggested that they examine if deeper justification is needed in the PA request or if more granularity is needed at the data class level.

- **Sheryl Turney** responded that the ICAD TF decided to incorporate the PA rules regarding when PA is required and how to submit data. Also, they noted that there might be PA data requirements, and they questioned the possibility that all payers could require the same data, which would result in consistency for all providers, even if their decisions regarding PAs might be different. She noted that the ICAD TF previously suggested identifying and adding the following three items:
  - PA requirements
  - PA submission rules
  - PA data requirements
- **Jim Jirjis** responded that these changes would affect the front end and would expose the PA rules. He noted that when a denial occurs, there is not enough information to find out why the denial occurred or to document it. He suggested that creating the distinction would reduce the number of times the PA is reviewed.
  - **Sheryl Turney** noted her agreement and suggested that PA feedback be added. She discussed adding the process of "gold-carding" various providers (allowing them to forgo the advanced PA process based on their trusted history) to the PA process loop.
  - **Jim Jirjis** requested that gold-carding be added as a data class.
- **Steve Brown** offered a time-limited engagement one or more experts who could assist the ICAD TF with process modeling. He suggested that a subject matter expert (SME) could take on one small process to deliver a process model that the workgroup could use as an example.
  - **Ram Sriram** and **Jocelyn Keegan** agreed that this would be helpful. They asked that the expert(s) be put in touch with the smaller workgroup, and **Jocelyn Keegan** suggested that they work together to model examples of pharmacy PA and medical PA.
  - **Jim Jirjis** suggested that inpatient observation versus inpatient status would be a good option for the medical PA model.
  - **Sheryl Turney** voiced her agreement with suggestions to model medical and pharmacy PA.
  - **Gus Geraci** responded that **Jim Jirjis'** suggestion is not easy but is a popular yet controversial PA, and it would be very useful to model it.
  - **Steve Brown** responded that he can only offer so many resources, but he would be willing to get the group started with a tangible, rather than abstract, model. It would tie everything together to show data flows and to model types of decision-making. He asked that someone volunteer as a SME, and then he stated that he could provide someone to drive the modeling tools.
  - **Gus Geraci** volunteered to help with the inpatient observation/medical PA model, as he has experience with medical PA and working with the Da Vinci Project.
  - **Jim Jirjis** volunteered to help with expertise from the insurer side.
- **Alexis Snyder** submitted several comments:
  - She noted that the Guiding Principles/Ideal State small workgroup has used their offline work to discuss the model of the wheelchair DME PA, and they have addressed the questions of how to keep the process centered on the patient from the beginning to the end, how to avoid PA denials, and how to lessen the burdens on all participants. They discussed which models to use for the DME example.
  - The workgroup recently discussed options for models for pharmacy and medical PA, and she asked **Alix Goss** to provide further input.

- She noted that, with regard to the earlier discussion about the patient-generated data class, this item originated in the earliest meetings of the ICAD TF. She noted that TF members on the patient and caregiver side who were not present at the current meeting had requested a space to include patient-generated justification and attachments. She emphasized that justification from the primary and specialist care providers would also be included but does not always paint the entire picture.
- **Alix Goss** responded that she missed some of the discussion due to technical issues, but she noted that there are similarities between the summary presented by the Data Classes workgroup and information that the Ideal State/Guiding Principles workgroup will present later in the meeting. She suggested evolving the use cases beyond the initial wheelchair DME example and seconded **Jocelyn Keegan's** suggestion to create a visual model.

Sheryl Turney provided a summary of the discussion around the Data Classes workgroup's update. She noted that any ICAD TF members who might be interested in working offline with the smaller workgroups should contact her. She noted that there is a process model that is available as part of the TF artifacts on the ICAD TF section of ONC's website.

Alix Goss thanked **Steve Brown** for volunteering 20 hours of an expert to help the ICAD TF with modeling and for his other offers of resources and guidance.

IDEAL STATE/GUIDING PRINCIPLES WORKGROUP UPDATE

Alix Goss noted that the members of the workgroup, including **Alexis Snyder**, **Anil Jain**, **Arien Malec,** and **Tom Mason**, would join her in giving an update on the work they have done on the guiding principles and ideal state section of the shared Google document. They have been meeting weekly for about 90 minutes a session, and they have synthesized and consolidated TF member feedback, information from the "Other Considerations" and "Recommendations" tabs, information from items in the ICAD TF's compendium, and work from earlier meetings. She noted that ONC's Burden Report was used, and the workgroup also considered the principles for upgrading the Health Insurance Portability and Accountability Act of 1996 (HIPAA) transaction standard.

She noted that the "Guiding Principles" tab has been renamed "Work Zone GP and IS" and a new "Guiding Principles and Ideal State" tab was created. She reminded ICAD TF members that the workgroup created a new Word document to contain their recent work, which was emailed to all members recently. She summarized the high-level categories in the new document, and she noted that more than 60 rows of information in the shared Google document were distilled into a five-page working document that reflects principles and future state aspects related to the following categories:

- Patient at the Center
- Measurable and Significant Improvement
- Continuous Improvement
- Real-Time Data Capture and Workflow Automation
- Transparency
- Security and Privacy Protecting
- Design for the Future While Solving Needs Today
- Aligned to National Standards
- Uncategorized

She gave a brief overview of each of these categories and summarized related points of consideration listed under each category in the document. She noted that there will be an additional body of work that

the ICAD TF will use to consider how these categories or summary statements apply not just to PA, but how they meet the TF's larger body of work on the intersection of clinical and administrative data.

Discussion:

- **Arien Malec** noted that this document was their first effort at dividing information from a wide variety of sources into summary buckets. He asked that the document be treated as a draft and encouraged ICAD TF members to submit feedback.
- **Denise Webb** inquired why both the second and third bullets refer to improvement. She asked if they could be combined to describe measurable, significant, and continuous improvement.
  - **Arien Malec** responded that the name of either category could be changed and explained the thought process behind the two bullets.
  - **Denise Webb** suggested changing "Privacy Protecting" to "Protecting Privacy."
  - **Arien Malec** reiterated that this document is a first draft and noted that any wording change requests would be helpful.
  - **Alix Goss** invited **Denise Webb** to be part of the workgroup in the future to provide expertise on privacy and security.
  - **Anil Jain** thanked **Arien Malec** for his work on the first draft. He noted that it is a high-level summary, and he encouraged detailed feedback with background context.
- **Jocelyn Keegan** asked for clarification on what was meant by "reusing data that's collected once" in point eight under "Real-time Data Capture." She asked if this was inside the PA practice itself and noted that the wording could cause controversy.
  - **Arien Malec** responded that this item came from a discussion that was related to COVID-19 responses and came from the notion that administrator processes can also be used again in the point of process improvement. He noted that the metadata flowing off these processes are valuable data assets.
  - **Jocelyn Keegan** voiced her agreement but inquired if the language could be made more specific.
  - **Alix Goss** noted that they are discussing PA, but the notion of "capture once and reuse" could have broader implications for the workflow. She asked **Jocelyn Keegan** to share more information on this topic.
  - **Jocelyn Keegan** gave an overview of related work done by the Da Vinci Project**.** She noted that they created a Clinical Advisory Council, and discussion there reflected a positive attitude toward the ability to reuse data. They noted that the agreement should be made at the contract level, not at the data provisioning level.
  - **Anil Jain** added that the context of the initial discussion was around the presentation on the electronic report form, and he noted their reluctance to recreate standards for getting additional data within the workflow. The workgroup's objective was to reuse any existing standards for collecting additional data PA so that they could leverage existing standards.
    - He noted that the issue of reusing data is controversial, and it could change the way clinicians enter data if they think it would be used for additional purposes.
    - He reiterated that the conversations with the Center for Disease Control (CD) were related to COVID-19 response measures, like how the electronic report form would be injected into the electronic health record (EHR).
  - **Alix Goss** confirmed that this was specifically discussed with regard to COVID-

19 relief measures but that it was also mentioned during previous ICAD TF work. She noted that there are USCDI and data provenance considerations. She encouraged further discussion and noted that the ICAD TF had expressed two different opinions on the topic.

- **Anil Jain** responded that he would like to continue the discussion offline, as he believes that it is a broader issue than PA in the context of public health and research. He noted that data collected in routine clinical care could be reused for public health and research, but PA is a different case.

- **Rich Landen** discussed the wording of the point that stated that "95% of PAs have a clear and unambiguous approval within the encounter or workflow." He noted that it sets up only two legitimate answers: approve and deny.
  - **Arien Malec** responded that the discussion behind that point was that there would be a rapid determination of a clear PA result, not a rapid approval.
  - **Rich Landen** responded that he supports that ideal but asked for clarification in the wording.
  - **Alix Goss** noted that she would capture the update in the document, which was displayed as part of the Adobe meeting client.
  - **Alexis Snyder** noted that the workgroup discussed clear and unambiguous denials and emphasized that information about why PA is denied would be important for the patient and appeals processes.
  - **Jim Jirjis** noted that the reason for denial is usually too generic, and more granularity in the information about the denial would be useful.
- **Alix Goss** noted that she wanted to request more information from **Jim Jirjis** and/or **Debra Strickland** about the standard code values used to respond to an Authorization and Referral Request (278) transaction to electronically submit authorization and referral requests. She inquired about which standards body owns the code set used to respond to provide responses on approvals, pends, or denials. She discussed the history of how specific their responses should be with regard to various code sets, and she noted that they could work on this offline.
  - **Jim Jirjis** voiced his agreement and discussed the ways in which the medical PA process related to inpatient observation is affected by the decisions made between the payer and provider. He noted that a rule set could be driven by the right level of granular data to avoid being put into a manual appeal process. He suggested generating if-then statements on the payer and provider sides to assess the level of granularity. He noted that an automatic conversion process would decrease the burden on both the payer and the provider for the appeal process.
  - **Alix Goss** noted that the appeal process is costly for all parties involved. She made additional notes on the new Word document.

Alix Goss discussed the categories in the new Word document through "Transparency," and then, due to time constraints, requested that ICAD TF members continue to review the document offline as homework. She requested that they send their feedback and edits to her before the next meeting for inclusion in another draft of the document.

Lauren Richie opened the meeting for public comments.

PUBLIC COMMENT

There were no public comments via the phone.

Questions and Comments Received via Adobe Connect

Jim Jirjis: Jim JIrjis Joined

Arien Malec: I'm in now...

debra strickland: Deb strickland joined

Jocelyn Keegan: I love the idea of a coordinated data model. THIS is increasingly more important in value base care as we meld EHR/clinical warehourse *[sic]* to claims systems

Lauren Richie: Noted Jim, Arien and Deb. thanks

Alex Mugge: Apparently folks didn't hear me earlier so just letting you know Alex Mugge is here. :)

Lauren Richie: hi Alex

steve brown: In general tasks like this require data models, information models and process models

Jocelyn Keegan: who's speaking?

Sheryl Turney: who is speaking?

Alexis Snyder: raise hands so all can talk????

Sheryl Turney: i *[sic]* will remind everyone that they need to raise their hands

Alix Goss: I think it's Steve Brown, he had his hand raised...

steve brown: fhim.org

Jocelyn Keegan: Steve, we were discussing the back/forth discovery nature of this kind of exercise and agree moving to more fornal *[sic]* modeling exercises makes sense as we gain agreement.

steve brown: also see: bpm-plus.org

Alix Goss: Please proceed. I'll call back in

Sheryl Turney: ok

Alix Goss: I'm back...

Alexis Snyder: I give up on trying tp *[sic]* talk, so frustrated that I am goingto *[sic]* leave the meeting soon

Jocelyn Keegan: This is a really important point Alexis is making about patient reported data.

steve brown: At the end of the meeting can somene *[sic]* provide an email connection to process topic sme?

Jocelyn Keegan: I'd clarify that are many FHIR based IGs in flight to transport data between patients, their apps and care teams. Just not any that we know are targeted for PA specifically

Sheryl Turney: yes we will Steve, sorry miss spoke *[sic]* I don't know everyones' *[sic]* voice yet.

Sheryl Turney: JOceyln *[sic]* lets recap that when ALix *[sic]* is done

Rich Landen: 95% approval is a good measure for immediately after implementation, but it is not a good long-term measure, since we would expect over time those PA requests which get routinely approved to "top out" and be removed by health plans.

Jocelyn Keegan: I thiink *[sic]* it is important to also understand when something about journey changes enough to change PA status

Jocelyn Keegan: determination is key. also understanding abandons are important again

Lauren Richie: To members of the public audience, To make a comment please call: 1-877-407-7192(once connected, press "*1" to speak)

Michelle Barry: Appeals and grievance on the provider and member side is extremely costly

NEXT STEPS

Alix Goss summarized the next steps of the Guiding Principle/Ideal State workgroup. The smaller workgroup members will incorporate feedback from the current meeting, and then **Alix Goss**, **Jacki Monson**, and other volunteers will work on the Privacy and Security section before presenting it to the ICAD TF. She noted that they will await direction from the full TF before moving forward from the PA example to a broader discussion of integration.

Jim Jirjis, Josh Harvey, Jocelyn Keegan, and **Gus Geraci** volunteered to be the SMEs who would work with **Steve Brown's** resource to do the medical and pharmacy workflow modeling. **Steve Brown** requested that all members who are interested should contact him. **Sheryl Turney** requested to participate in their initial meeting.

Sheryl Turney noted that she would work with **Josh Harvey** and **Jim Jirjis** to make some adjustments to the data classes work and definitions before the next meeting.

ADJOURN

Sheryl Turney thanked everyone for their participation in the meeting and noted that there would be four small workgroups meeting offline in between meetings.

She noted that the next meeting will be held on Tuesday, May 26, 2020. The meeting was adjourned at 4:25 p.m. ET.