



The Office of the National Coordinator for
Health Information Technology

Meeting Notes

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

June 30, 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. **Sheryl Turney** summarized the agenda and the recent activities of the ICAD TF. **Sheryl Turney** and **Robert Lario** presented a draft process model that was created by a small workgroup to demonstrate the possibilities of using BPM+ to organize and validate recent TF work on the Ideal State and Guiding Principles against use case workflows. TF members held a robust discussion and submitted questions. Due to time constraints, **Alix Goss** noted that the brainstorming session for recommendations on prior authorization (PA) was moved to a future meeting and provided an overview of the next steps of the TF.

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.	Process Mapping Discussion (BPM+ work)
03:50 p.m.	Prior Authorization Recommendations Brainstorming
04:20 p.m.	Public Comment
04:25 p.m.	Next Steps
04:30 p.m.	Adjourn

CALL TO ORDER/ ROLL CALL AND WELCOME

Lauren Richie, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the June 30, 2020, meeting of the ICAD to order at 3:03 p.m. ET.

ROLL CALL

Alix Goss, Imprado/NCVHS, Co-Chair

Sheryl Turney, Anthem, Inc., Co-Chair

Steven Brown, U.S. Department of Veterans Affairs

Gus Geraci, Individual

Mary Greene, Centers for Medicare & Medicaid Services

Jim Jirjis, Clinical Services Group of Hospital Corporation of America (HCA)

Anil K. Jain, IBM Watson Health

Rich Landen, Individual/NCVHS

Thomas Mason, Office of the National Coordinator for Health Information Technology

Alexis Snyder, Individual/Patient Rep

Ram Sriram, National Institute of Standards and Technology

Debra Strickland, Conduent/NCVHS

Sasha TerMaat, Epic

Denise Webb, Individual

MEMBERS NOT IN ATTENDANCE

Jocelyn Keegan, Point-of-Care Partners

Leslie Lenert, Medical University of South Carolina

Arien Malec, Change Healthcare

Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin

Jacki Monson, Sutter Health/NCVHS

Alex Mugge, Centers for Medicare & Medicaid Services

Abby Sears, OCHIN

Andrew Truscott, Accenture





SUMMARY AND ACTION PLAN

Sheryl Turney, co-chair of the ICAD TF, welcomed members and briefly reviewed the agenda for the current meeting. She provided a summary of the last meeting, at which the American Health Information Management Association (AHIMA) presented an overview of the trigger events that drive the sharing of clinical data as well as some of the issues beyond automation. Also, at the previous meeting, the Council for Affordable Quality Healthcare's Committee on Operating Rules for Information Exchange (CAQH CORE) presented a detailed overview of the new operating rules that apply to PA transactions and the process used to identify and close automation gaps through the use of the operating rules.

PROCESS MAPPING DISCUSSION (BPM+ WORK)

BPM+ Work Background

Sheryl Turney provided an overview of the process modeling work, which will be used to test and validate the ICAD TF's Guiding Principles and Ideal State work to eventually develop recommendations for presentation to the HITAC. The overall goal is to determine how to best enable interoperability and interoperability rules in order to have the greatest benefit to the entire landscape. The process model will work within the parameters of the landscape and will not be beholden to one specific electronic medical record (EMR) or administrative system; rather, the ICAD TF's model will work across the industry for three types of systems with different parameters, which include:

- EHR systems with Clinical Decision Support (CDS) Hooks (utilizing APIs)
- EHR systems that do not use CDS Hooks
- Providers that do not use EHR systems but that use systems that support specific aspects (billing, X12 transactions)

Alix Goss discussed the link between the process mapping presentation and the broader goals of the ICAD TF. The BPM+ work will serve as a solid foundation for pivoting from PA to the larger goals of the ICAD TF. She asked the TF to use the presentation as a jumping-off point for their later discussion and brainstorming session.

Steve Brown provided background information on the project work and noted that the small workgroup tried to create a representative model. His hopes were that the ICAD TF would gain a basic familiarity with a variety of modeling methods and the information requirements necessary at various stages of the overall process. The ICAD TF can use the presentation as a framework to further organize their work.

BPM+ Overview & Documentation

Robert Lario, Research Associate in the Department of Biomedical Informatics at the University of Utah, introduced himself and noted that he is **Dr. Steve Brown's** colleague at the VA. He displayed the business process modeling notation created by the small workgroup, described the visuals, and provided the following overview of Business Process Management (BPM+):

- BPM+, a term coined to the Object Management Group, is a visual notion method that uses free, open standards and a variety of tools from different vendors for implementation.
- BPM+ has three different methods: process modeling, decision modeling, and case modeling.
 - The method used by the small workgroup focuses on process knowledge.
- The primary work in the notation occurs in a series of "tasks," "gateways," and "events."
 - Tasks are where work occurs/"things happen."
 - Gateways are used to express the branching as a result of something that happened upstream.
 - Events denote things that occur or are caught to help a process move forward.





- “Pulls” in the notation are an entity, system, or actor performing an activity and interacting with other pulls. Pulls are represented by long, rectangular boxes.

Draft Inpatient Authorization Visual Notation Demonstration

Robert explained that he worked with the small workgroup to create a first draft of the visual notation for inpatient authorization and encouraged the ICAD TF to examine the notation and submit feedback. He provided an overview of the various possible outcomes of the process workflows and described important elements of the draft visual notation, which included:

- There are three pulls in the draft visual notation, and these pulls represent the provider, the authorization system (API), and the payer.
- The “start event” is the registration of the patient and the capturing/validation of insurance information.
- A chain of events transpires, driven by the movement of data through the workflows and pulls, and the outcomes are determined by rulesets that are fed into the tasks.
 - Ultimately, a decision about whether to admit the patient or not is made as a result of the admissions document.
- Several potential paths to different outcomes, from denial to approval, were depicted and discussed.
 - Two other paths were included that depicted pending states. In one, the data is pending because the payer has decided that the information is incomplete, and in the other, it is pending because an internal process needs to be validated, approved, or completed.
- Certain tasks were marked with indicators to note that human intervention, additional documentation, remediation, timers, and other elements could be involved.
- The payer’s optional audit process was denoted with a special symbol, and the related workflow was depicted and explained.
- The decision task is represented by a small image of a spreadsheet; it is where data is entered, and an output is generated.
 - Demographic data was entered at this step.
 - Encounter information, including health information, was also entered at this step.
 - Blood pressure rating and associated rules were explained as an example of this step.
 - When clicking through the elements in the modeler, various new windows opened to display additional, related information.
- To calculate a range or value set, the way in which the rules should be run must first be articulated. Then, all of the rules can be run, and a collection of results will be returned.

Discussion:

- **Sheryl Turney** thanked **Robert Lario** for the presentation and encouraged ICAD TF members to submit feedback and questions. She noted that many questions were submitted during the previous presentation of the process model to the small workgroup.
- **Alix Goss** asked Sheryl Turney to provide an overview of the discussion held by the small workgroup. She noted that the top level of the model, representing the patient, seemed very empty and inquired if it would be built out more thoroughly in a future draft.
 - **Sheryl Turney** submitted several responses:
 - The patient characteristic at the top of the model has not been added because the small workgroup would like a patient representative member of the ICAD TF to share feedback.





- The small workgroup has been working on adding more detail to the denial/appeal section.
 - The model is in draft form, and ICAD TF feedback is necessary.
- **Alix Goss** described how the process model would be used by the ICAD TF with the current state and other data classes and categories in the ideal state. The goal for the current meeting is to get enough feedback to build both a master model for PA and a more discrete model.
 - **Sheryl Turney** described how the small workgroup discussed the interactions between the patient and the process, which lead to a collection of questions, and raised several issues:
 - Gaps that still need to be closed in the process model included patient access and the data necessary to move through the bigger question of the intersection of clinical and administrative data.
 - The question exhibited in the model was meant to be generic and was chosen because it could have the possible results of approval, denial, and appeal.
 - The process was not meant to be exhaustive. A generic version was used and not specific types of PA.
 - **Alix Goss** noted her thanks for the explanation and requested that an updated version of the process model be submitted to the ICAD TF as a PDF following the meeting.
- **Robert Lario** noted that the document requires further review by experts before it can be distributed, and several areas require further discussion and work by the ICAD TF.
- **Steve Brown** submitted several comments:
 - The “person pool” in the original scenario was fairly empty because there was not engagement with the patient in the model depicted.
 - ICAD TF members can help model the section depicting the narrative from the patient’s perspective, and this information will be added to a future draft.
 - **Robert Lario** was brought on to assist the ICAD TF in creating the model based on his modeling expertise, not his knowledge of PA.
- **Alexis Snyder** submitted several comments and a question:
 - Several sections of the process model confused her.
 - The patient and caregiver burden information she developed in past small workgroups was not referenced or included.
 - Is the current state depicted, or is this a model for an ideal state?
 - **Robert Lario** responded that the representation of the flow was a draft meant to spur discussion.
 - **Jim Jirjis** submitted several comments and responses:
 - The ICAD TF has done a lot of work on PA workflows, data categories, and standards for open interfaces, and now this model is meant to be used to test the data and standards.
 - The data model is meant to validate and test the current state and multiple, different future states, including the movement of data and the exchange of information
 - Validation is a keyword, and the model could support a variety of workflows to suit the focus of the ICAD TF’s work.
 - **Sheryl Turney** agreed with the previous commenters’ assessments of the model and submitted several comments:





- This model represents the desired future state, but it is not a redesigned process, as that is not the role of the ICAD TF.
 - The ICAD TF's role is to influence data standards, data classes, and to provide recommendations for automation that do not exist or are not integrated, which is why the TF heard recent presentations from X12, CAQH CORE, and others.
 - There is no hook for the ICAD TF to engage with a specific group to reinvent the process, but innovation may occur by EMR vendors and app developers as a result of the TF's work.
 - A world where all clinical and administrative data is available through one system would be ideal but is not currently the case, so it is not realistic for the ICAD TF to make related recommendations until an integrated data model is in place to serve as a basis for discussion.
 - The process modeling small workgroup tried to utilize the ICAD TF's workbook in the shared Google document to create their model, but the model is not complete. Information from the workbook might have been missed during the creation of the process model.
 - **Alexis Snyder** and any other ICAD TF members are invited to attend future process modeling small workgroup meetings to contribute to the work.
- **Alexis Snyder** noted that she was not invited to the small workgroup and was still waiting for more information on her initial question.
 - **Sheryl Turney** responded that the group was open to all participants.
 - **Alix Goss** submitted several comments:
 - It was decided that **Alexis** would take a hiatus from her other small workgroup obligations to participate, so the process modeling workgroup will be sure to include her at future meetings.
 - The process model is the identification for the current state that gives the ICAD TF the ability to then apply its ideal state in order to further validate any gaps or opportunities.
 - **Alexis Snyder** submitted several questions and comments:
 - The process does not need to be completely changed or reinvented. The ICAD TF is working to find the current state in order to determine where to make the best recommendations.
 - Is this model trying to map the current state in order to allow the ICAD TF to visually see where there are issues and, therefore, room for recommendations for improvement?
 - Or, is it an ideal state model, should the ICAD TF's work lead to improvements?
 - Whether it is the current state or the ideal state, a great deal of information about patient/caregiver burden is missing from many points in the entire process depicted in the workflows in the model.
 - **Steve Brown** responded that the model represents a narrative.
 - **Robert Lario** provided an overview of the process typically used to create a draft of this type of model and noted that subject matter experts (SMEs) are usually brought in to review the model to submit feedback about what is missing, illogical, and/or incorrect. As the work continues and the model matures, more feedback is gathered. It should be an iterative, living process. There is the potential to use a system of governance and policies to manage process models.
 - **Alexis Snyder** inquired if it is an iterative process of the current state or the ideal state.





- **Robert** responded that the authors of the source material, which was the shared Google document, should make the decision.
- **Jim Jirjis** responded that the small workgroup created the process model as a simple narrative and a demonstration of what the tool could create. It was a first attempt at the current state, despite its inaccuracies.
- **Alexis** responded that she was glad to have the answer that it is the current state and that the patient pieces need to be added.
- **Rich Landen** submitted several comments and questions:
 - The power of the model is intriguing, but it is also hard to digest upon first viewing and difficult to view on a computer screen. The flows are difficult to flow, so more navigation markers would be helpful.
 - What entity is being referred to at each point in the pool?
 - For example, what is the provider pool? Is it referring to the primary care physician (PCP)?
 - Does this model cover PAs or just clinical decision support (CDS)?
 - If it is meant to cover PA, the structure needs to be amended to include the potential for multiple providers, the admitting hospital, the owner of the authorization system, and more.
 - Work on updating the provider flow section.
 - Please be clearer about the entities in the next iteration.
 - **Jim Jirjis** discussed the intent of the narrative in his response and explained the following points:
 - The small workgroup discussed modeling a variety of different use cases, like durable medical equipment (DME), pharmacy personal protective equipment (PPE), out-patient medical services, and others.
 - The workgroup chose the simplest use case (i.e., deciding if a patient needs to be admitted to the hospital) in order to demonstrate the model. The model looks complex, even with the simplest case.
 - **Rich** asked if the provider referenced is the hospital or the PCP?
 - **Jim** responded that the workgroup meant for the hospital to be the provider.
 - **Rich** noted that he would reexamine the model with that information in mind but requested that the workgroup make the labels more specific to avoid confusion.
- **Sheryl Turney** noted that **Robert Lario** provided his contact information on the presentation screen.
- **Alix Goss** submitted several comments, including:
 - The ICAD TF could consider continuing the process modeling discussion and delay the scheduled PA brainstorming session until a future meeting.
 - Business modeling is important to the TF's work.
 - There would be notable differences in the model if the point of view is from the PCP versus the hospital.
 - **Robert Lario** responded that the intent and purpose of the discussion were to present a clear and concise method of documenting and sharing artifacts, based on open standards and tools, and not to present a final answer to the TF's work and questions.





- **Sheryl Turney** described the online/offline working methods of the ICAD TF and noted that the process model is a draft that needs additional work on the patient, denial, and potentially other portions. She asked the ICAD TF to create written feedback to be submitted to the modeling workgroup.
 - **Alix Goss** suggested sending out the initial draft of the model and noted that her initial vision had been for the current state to be mapped. ICAD TF members might need time to review the draft because it depicts a version of the ideal state.
 - **Steve Brown** asked to share the documentation the small workgroup used to create the process model and shared some information in the Adobe chat box. ICAD TF members were encouraged to submit feedback on the draft.
 - **Sheryl** noted that the ICAD TF members would receive the narrative the small workgroup used as well as the process model. Input should be submitted by Monday, July 6, to allow **Robert Lario** to include it in the next draft.
- **Alexis Snyder** suggested revising the overall scenario to be clearer about the roles of the patient and the provider and timing of the events. For example, the situation differs depending on whether the hospital admission is preplanned or not.
- **Steve Brown** requested SMEs to build a revised narrative that is approved by the full ICAD TF, and then the modeling workgroup will devote the rest of their allocated hours to modeling that revised and approved narrative. The workgroup has time constraints on the hours they can devote to the project, and this was noted to the TF going into the modeling process.
 - **Sheryl Turney** suggested agreeing on the scenario depicted first, then focusing on finalizing the narrative. She noted the following items:
 - The process modeled differs based on the provider (PCP, emergency room, etc.), so this needs to be determined before further modeling work occurs.
 - **Jocelyn Keegan** and others could be used as SMEs.
 - **Steve** allocated 20 hours of work on process modeling to the ICAD TF, and the TF needs to be considerate of this time.
 - Work will occur offline before the next TF meeting, and the narrative use case will be amended and approved before being resubmitted to the process modeling small workgroup.
 - **Steve Brown** agreed with **Sheryl's** suggestions and proposed actions/timeline.
- **Jim Jirjis** requested clarification on the agreement of what problem is being addressed by the exercise. He submitted the following feedback:
 - Is the intent to take a simple workflow and validate how the workflows support the current and future states?
 - Mapping more than one possible future state will take more than the allotted 20 hours. Unless they want to hire **Robert Lario** and others, the ICAD TF needs to agree on how the exercise will contribute to their final recommendations to the HITAC.
 - **Sheryl Turney** responded that the goal of the exercise was not to create an ideal PA process, but, rather, it was to utilize the model as a test mechanism against the recommendations the TF is making. Also, it was done in order to help TF members better visualize the process and to identify gaps.
- **Denise Webb** noted the breakdown in the ICAD TF's hopes for the modeling process and described the intent behind Steve Brown's offer to demonstrate the power of process modeling. She agreed with and summarized the next steps **Sheryl Turney** proposed for the narrative.





- **Rich Landen** suggested that the ICAD TF choose a level for the narrative of how generic or not to be while examining the workflow. The small workgroup should not mix levels for the example narrative and should choose a mid-level of specificity.
 - **Sheryl Turney** thanked him for his suggestion while noting that the time limits for the discussion period were up.
 - **Alix Goss** noted that the conversation was critical, so it was permissible for the ICAD TF to postpone the other scheduled agenda item.

Due to time constraints, the ICAD TF paused their discussion, and **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

Ram D. Sriram: Robert: Are there tools which map your BPM model to an implementation? How do you test the implementation?

Alexis Snyder: agree with Alex about patient

Alexis Snyder: this is not what I am asking

Robert Lario: if I can be of further assistance please reach out at your convenience. My Email address is robert.lario@utah.edu

steven brown: here is the initial narrative we worked from --

steven brown: --Inpatient Authorization

Current State:

1. Provider writes admission order for patient
 - a. Provider's determination of patient's status drive authorization process
2. Provider gathers patient information
 - a. Clinical data, insurance information
3. Provider sends information to payer
 - a. Includes relevant forms and process of phone calls, faxing
4. Payer evaluates information and responds with:
 - a. Authorization approved
 - b. Authorization pending
 - c. Authorization denied
 - i. Potential to appeal

Possible Future State:

1. Patient is registered and insurance information is collected/validated
 - a. Provider is able to understand payer's coverage rules for the patient under their current insurance plan





2. Provider makes decision to admit patient
3. Provider enters admission order for patient into EHR
 - a. Provider's determination of patient's status drive authorization process
 - i. Provider knows rules around inpatient vs. observation statuses
 - b. Provider knows predefined rules and which explicit data fields are needed for authorization *[sic]*

steven brown: ugly sorry

Alexis Snyder: we need a scenario *[sic]* first to create the narrative bc it will be different for patient *[sic]* and provider

Alix Goss: I agree with Denise. Get current state modeled first.

Alexis Snyder: it is very difficult *[sic]* to come up with ideal state without knowing what current state is

Alexis Snyder: we can't *[sic]* look at current state for DME and then write up ideal state for admission

BPM+ Work Discussion, continued:

- Following the public comment period, **Alix Goss** asked the ICAD TF to resume their discussion. She summarized the major action points related to the previous discussions, which include:
 - Address a two-fold use case narrative, including the inpatient admission dynamic in a hospital and primary care and its related complexities. Think about if other flavors of use cases are necessary.
 - Simplify the current state buildout, review it, and approve it before handing it back to the process modeling small workgroup.
 - Thank the small workgroup for their work on the draft visualization, which may now be used as a pivot point for the TF's future work.
 - Submit all TF member feedback to the small workgroup by next Monday for inclusion in the next draft of the process model.
 - Discuss all new work as a full TF at the next meeting.
- **Sheryl Turney** suggested that a re-reading of the process model shows that it is closer to depicting an automated version of the ideal state than an accurate depiction of the current state. The ICAD TF should focus the next version of the narrative on depicting an ideal state that can be used to test recommendations; a current state was already completed in the TF's previous creation of the DME workflows.
 - **Alix Goss** asked Sheryl to clarify her statements about the ideal state and suggested that the process model might be depicting an automated mechanism.
 - **Sheryl** responded that her suggestion was based on a review of information that was provided to the small workgroup.

NEXT STEPS

Alix Goss thanked ICAD TF members for their feedback during the discussion periods and provided a brief overview of the next steps, which include:



- The TF will focus on refining the narrative, and clarifications will be added to the narrative to allow TF members to better understand the goals and limitations of it.
- The TF will work with Steve Brown to manage his resource allocation in order to prioritize the artifact they are developing, which will be very important when the TF develops the final recommendations for submission to the HITAC.
- The process modeling group will distribute a PDF of the draft model to TF members for their review.
- Feedback will be submitted and then discussed at the next meeting, which will occur on July 7, 2020.
- The Prior Authorization Recommendations Brainstorming session will be moved to another meeting of the TF.

Other timeline items and longer-term steps were listed in the meeting slides.

ADJOURN

Sheryl Turney and **Alix Goss** thanked everyone for their participation in the meeting.

The meeting was adjourned at 4:26 p.m. ET.