The Office of the National Coordinator for Health Information Technology

Meeting Notes

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

July 21, 2020, 3:00 p.m. – 4:30 p.m. ET

VIRTUAL

EXECUTIVE SUMMARY

Co-chair **Alix Goss** welcomed members to the Intersection of Clinical and Administrative Data Task Force (ICAD TF) meeting and noted that Sheryl Turney, co-chair, had a scheduled absence for the meeting. **Alix** summarized the agenda and the recent activities of the ICAD TF, including an overview of the last meeting when **Jim Jirjis** and **Josh Harvey** presented a wrap-up of the data classes table work. **Alix** facilitated another brainstorming session for TF members on strawman recommendations added to the Guiding Principles and Future/Ideal State document. **Michael Wittie, Lauren Richie,** and **Alix Goss** presented a draft agenda and timelines for the process that the TF will follow while drafting the report for the HITAC. Finally, **Alix** discussed the framing for future discussions by the ICAD TF around the convergence of clinical and administrative data. 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.	Recommendations Discussion
03:45 p.m.	Report Draft Writing Plans
04:00 p.m.	Convergence Conversation Framing
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 July 21, 2020, meeting of the ICAD to order at 3:01 p.m. ET.

ROLL CALL

Alix Goss, Imprado/NCVHS, 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
Jocelyn Keegan, Point-of-Care Partners
Rich Landen, Individual/NCVHS
Thomas Mason, Office of the National Coordinator
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

Sheryl Turney, Anthem, Inc., Co-Chair
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
Andrew Truscott, Accenture

SUMMARY AND ACTION PLAN

Alix Goss, co-chair of the ICAD TF, welcomed members and noted that her co-chair, **Sheryl Turney**, would not be present at the meeting. She reviewed the agenda for the current meeting and provided a summary of the last meeting, at which **Jim Jirjis** and **Josh Harvey** presented a wrap-up of the Data Classes and Standards Document. **Jim** and **Josh** walked through the document, showing each data class and related content standards in terms of availability, adoption rates, and usefulness, and the TF discussed gaps in standards, variation in coverage of data classes and adoption, and implications for the final recommendations to the HITAC. Also, during the previous meeting, **Alix** facilitated a brainstorming session for TF members on strawman recommendations, which included discussions around a standards floor, a unified process for standard advancement and advancement of the ISA framework towards convergence, and an aligned national standards framework to support clinical and administrative needs. The TF discussed the need for real-world separation between clinical and administrative data while also focusing on how to reduce burden going forward.

RECOMMENDATIONS DISCUSSION

Alix Goss presented the Guiding Principles/Ideal State small workgroup's updated recommendations for the Guiding Principles and Future/Ideal State document. The ICAD TF has worked on these items on a shared Google document several times at their previous meetings, and offline work has also occurred. Some of the recent updates from the small workgroup's additional work focused on new content added to two key areas.

Category: Continuous Improvement

The ideal state for this key area is: Payers have an established process for regularly reviewing and communicating the services and medications that require prior authorization and eliminate requirements for therapies that no longer warrant them. Payer review/communication processes will have established, predictable cadence such as the CPT annual update process.

Alix summarized draft strawman recommendations for this key area. The ICAD TF was invited to discuss these topics, and they included:

- Leverage HEDIS/STAR ratings and other industry vehicles to expand yearly review to be industry wide and related sharing of policy 'born date'. The expectation is that the last review date should not exceed a year review periodicity which is the norm for plans that are accredited.
- Establish, through CMS and ONC authorities, a deadline for industry to build in codification into health IT tools (such as order management, PMS, Case Management).
  - [force codification in data capture tools (such as order mgmt., e-prescribing, EHR, PMS, Case Management) that support clinical and administrative data purposes downstream
  - Evolve codification of data to enable automation – how to capture the needs for codification? Trust and friction consideration – of requiring proof today

Discussion:

- **Sasha TerMaat** asked what was meant by the phrase "build in codification" in the second point.
  - **Jocelyn Keegan** responded that she had suggested this to address the concern that those who have converted their existing question sets into an electronic format for the PA process have simply created digitized forms and have not taken advantage of the field data in the electronic health record (EHR). By "codified," she explained that the individual data points should be more interactive.

- **Sasha** explained how the strawman recommendation, as it was drafted, is already an expectation of the ONC Certification Program, so the point should be reworded to be clearer about what data and code sets are lacking in the current program.
- **Jocelyn** responded that the bar is higher for the data in the EHR, but the data that are based on the existing administrative transactions are not held to the same level of expectations.
- **Sasha** suggested adjusting the list of systems in the subpoint under the strawman recommendation.
    - **Alix Goss** commented that she edited the strawman recommendations to include the feedback.
- **Sasha** discussed how ONC's Certification Program often has a detrimental effect on usability because the requirement is written in an unintentionally over-prescriptive way. The recommendation should be that the data will be accessible for interoperability purposes and not that it dictates how the data will be captured. She explained how ONC's certification requirements for smoking status served as an example of the importance of having ways to express the data across systems standardly. She also noted that the system that supports the more granular capture matters less than being able to map that standard expectation when data are exchanged.
    - **Alix** clarified that **Sasha** was describing a balancing act between data capture dynamics and systems capabilities.
- **Sasha** and **Alix** discussed the nuances of the phrasing of the points, and **Sasha** suggested the following wording: "to support interoperable exchange," not "build in codification."
    - **Alix** noted that the goal is to ensure that as much data as possible gets captured and translated into the codification that underpins interoperable exchange.
    - **Sasha** responded that past certification has included policies that are overly prescriptive about how data are captured, which has had a detrimental effect on usability across specialties and settings in different use cases.
    - **Alix** noted the need to retain the mention of codifying data to make sure it can be interoperable and suggested the following rephrasing: "to ensure interoperable exchange based on codification of data." She updated the second strawman recommendation and related subpoints accordingly.
    - **Sasha** responded that the revisions encompassed the points she wanted to express.

- **Steve Brown** cautioned the ICAD TF to be careful about overestimating the coverage of standards for real semantic interoperability and discussed ways in which standards often fail to cover lab tests, which hinders the transmission of data. He stated that a close assessment of medication orders would reveal that standards for data elements have significant gaps in the adequacy of their coverage.
    - **Alix Goss** asked **Steve** to clarify his statement but also suggested that there might be issues with the terminology/vocabulary and related standards that cause issues for interoperability.
    - **Steve** responded that there are gaps in necessary related standards and explained the example of a medication order/dispensation in which the lab results are returned but are then expressed irregularly.
    - **Alix** noted that several other TF members had voiced their support in the Adobe chat and inquired if a new strawman recommendation should be created.

- **Steve** suggested that additional analysis of gaps in standards necessary for semantic interoperability in a specific use case or domain of data be undertaken.
- **Alix** suggested adding a point to the strawman recommendations about advancing work around terminologies/vocabularies to get to codification, but **Steve** cautioned that demanding codification is not useful when the standards are incomplete.
- **Alix** added several subpoints and updated the language in the second strawman recommendations.

- **Rich Landen** submitted several comments:
  - He voiced his support for **Steve's** and **Sasha's** points that the ICAD TF's recommendations must specify what codified data are needed, rather than just saying that the data must be interoperable, and the TF should not specify how the data are entered or how/where the industry creates codified data.
  - There are innumerable gaps in data and standards, but this is beyond the scope of the TF. The TF should recommend to the HITAC that ONC is tasked with looking at the feasibility of which codified data elements have standards and which do not. This glide path can be applied directly to PA and also to the larger convergence of administrative and clinical data.
    - **Alix Goss** updated the strawman recommendations to reflect his suggestions.
- **Jocelyn Keegan** voiced her agreement with **Rich's** statements and submitted several comments:
  - The ICAD TF should acknowledge that work must be done but that it is out of the TF's scope.
  - An investment of expertise from specialists in particular healthcare fields will be necessary to determine what is necessary to achieve the desired end state in which the standards properly fit the work they are expected to do.
  - A challenge of the 278 transaction is that it is broad and flexible but that the rules it uses are not sufficient to ensure enough consistency for the automated sharing of data.
    - **Alix Goss** discussed the example of the 278 transaction in PA and the internal code sets that are used. She noted that this is a good place to point out that there can be cost implications and accessibility barriers to code sets and added another strawman recommendation.
- **Anil Jain** summarized other ICAD TF members' points and submitted several comments:
  - The TF should place a call to leverage existing code sets, expand them to a specific use case, identify existing gaps, and ask ONC to analyze and invest in the identified gaps.
  - Recognize the semantic challenges that existing code sets have in use cases.
  - There might be advantages for clinicians to manually adjudicate a decision rather than relying on the automated technical exchange of information between systems, which may have semantic limitations.
  - The TF should focus on the 80/20 rule, under which about 20% of PA cases will require deviation from automation. Even if code sets are perfect, semantic limitations exist and can introduce unintended consequences in the move toward automation.
  - The push for codified standards is fine, but do not forget the semantic aspect.
    - **Alix Goss** responded that his comments were captured in updated language under the third strawman recommendation.

- In response to a request from **Steve Brown, Anil** discussed the example of a complicated patient who has rheumatoid arthritis and who has tried several different medications and stated the following points:
  - The information on which types of medications the patient has tried could already be codified, but the clinician might need to do more than rely solely on data and make a manual decision based on the full semantic understanding of a patient's condition.
  - His work informs his point of view as a primary care doctor, but he noted that specialists can provide additional examples where the data do not capture all of the criteria required to do auto-adjudication.
  - ICD-10 is not granular enough in some areas and is too granular in others to be used for this purpose.
  - PA is a good example of where semantic challenges with code sets occur.
- **Steve Brown** confirmed that ICD-10 is not granular enough and noted that it is a classification system. He discussed how drug classes are inadequate, which might be a standards problem, and another instance, in which the case is too complicated to express using reasonably understandable information. **Anil** agreed with him.
- **Alix** and **Alexis Snyder** noted their agreement, and **Alix** suggested adding a new recommendation or subpoint to encapsulate the commentary.
- **Anil** discussed the challenge of capturing the decision-making and branching logic process used by a clinician in a codified form and suggested that this flaw creates gaps in an automated system.

Category: Data Model

Alix Goss noted that **Sheryl Turney** suggested this concept previously as a way to bring clinical and administrative data together. The ICAD TF discussed the topic recently, and while the ideal state has not been defined yet, the TF came to the potential conclusion that HL7's United States Core Data for Interoperability (USCDI) version of Fast Healthcare Interoperability Resources (FHIR) could have the capacity to handle the clinical and administrative data. She discussed some of its strengths and weaknesses.

Alix noted that the category would give the TF a place to work out how to get the clinical and administrative data models to come together logically and inquired if other ICAD TF members would propose that FHIR should be the grounding model for data.

Discussion:

- **Steve Brown** submitted several comments:
  - The data model is essential for exchanging data in a consistent and interpretable way.
  - There is the intersection of the terminology model and information model, so there should be an acknowledgment that the two belong together, and neither can stand alone.
  - Though FHIR's popularity and adoption is rising, it is problematic as a data model, because it is not strongly tied to the terminology model. Also, it is not internally consistent across FHIR resources.
    - In response to queries from **Alix, Steve** discussed several weaknesses of FHIR as a data model but also requested that experts on the topic share their perspectives.

- The TF could consider using a statement model, which is a type of small information model used to make statements about the occurrence of an event tied to a patient.
  - HL7 has examples of statement models that are not inconsistent with FHIR.
  - One example of an information model is the Federal Health Information Model (FHIM), which is a UML information model that describes and interrelates different important nouns, verbs, and relationships in healthcare.
  - FHIR cannot solve everything that FHIM can.
  - Other modeling work has been done; the TF should examine some other models.

- **Alix** summarized some of the work done on this topic and noted that a higher-level conversation about recommendations is needed. She suggested that the TF work on a data model, which might be at the FHIR level.
  - **Steve Brown** responded that FHIR could be used, but the TF must understand its limitations.
  - **Alix** updated the strawman recommendations with the suggestion that the TF evolve a recommendation at a higher level of thinking for a data model that aids the convergence aspect.

REPORT DRAFT WRITING PLANS

Michael Wittie, Lauren Richie, and **Alix Goss** presented an outline of the work the ICAD TF will undertake during the next several months before the TF presents its draft report to the HITAC. A report synthesizing small workgroup will begin meeting on Thursday, July 23, to synthesize work from the other small workgroups into content suggestions for the full report.

Alix presented a draft agenda and timelines for discussion and described how an editor would begin the process of smoothing the content suggestions into the final draft report while the TF pivots to the broader discussion about the intersection of clinical and administrative data. The TF will use the three categories defined by the 21st Century Cures Act (the Cures Act) of interoperability, privacy and security, and patient access as points of discussion during upcoming meetings of the TF to pivot from their more PA-focused conversations. A draft of the detailed plan, including dates and deliverables/action items, was presented to the TF for discussion.

Discussion:

- **Rich Landen** thanked the team for the agenda and timelines and noted that they are ambitious. He commented that there is a National Committee on Vital and Health Statistics (NCVHS) hearing on the date of the August 25 meeting data and noted that this could cause scheduling conflicts for several ICAD TF members.
  - **Alix Goss** responded that her co-chair, **Sheryl Turney,** would facilitate that meeting, and the ICAD TF would have to make do without several of the members for that meeting. Also, Alix will not be present at the July 28 meeting of the TF.

- **Alix Goss** thanked **Rich Landen, Alexis Snyder, Anil Jain, Jocelyn Keegan**, **Deb Strickland,** and others for the work they have already done and noted that the smaller workgroups have looked to others, who have provided additional prospectives. The timelines and agenda will be distributed by email to TF members.

CONVERGENCE CONVERSATION FRAMING

Alix Goss discussed how the three Cures Act categories of privacy and security, interoperability, and patient access would be used to frame future discussions by the ICAD TF around the convergence of clinical and administrative data. Then, these categories would provide a structure for the report to the HITAC. She requested that TF members submit any feedback or questions about this framing technique before any subsequent agendas are developed.

Discussion:

- **Alexis Snyder** described how the ICAD TF's planning and problem-solving had surrounded the three areas, so this framing technique makes sense to her and would be helpful.
- **Alix Goss** noted that several framing techniques could be used when the ICAD TF drafts its report to the HITAC, and she discussed how the three areas could be used to create the structure of the report, in addition to the more specific example of PA.
  - **Alexis** agreed with the idea to frame the report around the three areas, including correlations to PA the TF found during its work.
  - **Alix** raised the question of how to combine the PA section with the intersection of clinical and administrative data section, while still maintaining a separate section for the Guiding Principles/Ideal State work.
  - **Alexis** suggested that the Guiding Principles work could be used as the background information that leads to the TF's recommendations for the Ideal State. The report does not have to be broken down into further categories.
- **Denise Webb** commented that the bulk of the ICAD TF's work around the intersection of clinical and administrative data has focused on PA as a use case, which indicates its connection to the three categories from the Cures Act. She noted that she did not have a solution for how to achieves the next step but stated that the TF should raise their level of focus in the report beyond the specific need of PA.
  - **Alix Goss** responded that this affirms the need for the TF to create a lens to allow for a pivot in their work to the broader conversation of convergence.

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

Jocelyn Keegan: Lauren, jocelyn is here. And I think someone else joined when i did.

Gus Geraci, MD: Sorry for late, Here.

Jim Jirjis: Jim Jirjis signing on

steve brown: am I muted?

Jocelyn Keegan: Great points Sasha.

steve brown: I think I am muted.

steve brown: will try to dial in

steve brown: aGAIN

steve brown: iI have concerns to express and seem to be on mute

Alix Goss: steve- up next...

steve brown: can you hear me?

Alexis Snyder: cannot see your screen just the slide for recommendations discussion

Lauren Richie: we are working on reconnecting view

Jocelyn Keegan: i love this point by steve.

Alexis Snyder: agree

Jocelyn Keegan: maybe a caveat that time will need to be invested in getting to approprate [sic] level of data standard support for symantic [sic] interop, not magic.

Mary Kay McDaniel: you need not just the code sets, but the mapping between one code set and another

Alix Goss: TY

steve brown: give an example please

Alexis Snyder: very much agree I have similar real example

Alexis Snyder: many EHR's have branching logic for jsut [sic] that and are used during visit

steve brown: That is in part accomplished by BPM and Case manaegemtnh [sic] notation

steve brown: but only in part

steve brown: FHIM

Alexis Snyder: we all lost it

Richard Landen: So generous!

Gus Geraci, MD: Thanks!

Alexis Snyder: yay!

NEXT STEPS

Alix Goss provided an overview of the next steps. Next week, the ICAD TF will pivot to the convergence of the clinical and administrative data deep dive. In August, the TF will focus on writing the main body of the report and creating content for the broader intersection discussion. On September 9, 2020, the TF will present the draft report and recommendations to HITAC.

ADJOURN

Alix Goss thanked everyone for their time and input and reminded them that the next meeting was scheduled for 3:00 p.m. ET on July 28, 2020.

The meeting was adjourned at 4:14 p.m. ET.