



The Office of the National Coordinator for
Health Information Technology

Meeting Notes

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

July 28, 2020, 3:00 p.m. – 4:30 p.m. ET

VIRTUAL



EXECUTIVE SUMMARY

Co-chair **Sheryl Turney** welcomed members to the Intersection of Clinical and Administrative Data Task Force (ICAD TF) meeting and noted that **Alix Goss**, co-chair, had a scheduled absence for the meeting. **Sheryl** summarized the agenda and the recent activities of the ICAD TF, including an overview of the last meeting when **Alix** facilitated a discussion of aspects of strawman recommendations, and the TF discussed the data model's relative strengths and weaknesses for serving the TF's goals. Also, at the previous meeting, **Alix** walked through a draft timeline and cadence for achieving a draft report in time to present the TF's recommendations at the September 9, 2020, HITAC meeting. Then, **Sheryl** presented the Cures Act Priority Areas for the HITAC and facilitated a discussion of the TF's Guiding Principles within the context of interoperability and the broader intersection 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.	Cures Act Priority Areas for HITAC
03:40 p.m.	Broader Intersection Discussion: Interoperability
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 28, 2020, meeting of the ICAD to order at 3:02 p.m. ET.

ROLL CALL

Sheryl Turney, Anthem, Inc., Co-Chair

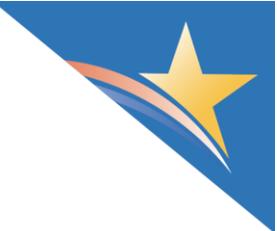
Gus Geraci, Individual
Mary Greene, Centers for Medicare & Medicaid Services
Jim Jirjis, Clinical Services Group of Hospital Corporation of America (HCA)
Anil K. Jain, IBM Watson Health
Jocelyn Keegan, Point-of-Care Partners
Rich Landen, Individual/NCVHS
Arien Malec, Change Healthcare
Thomas Mason, Office of the National Coordinator
Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin
Jacki Monson, Sutter Health/NCVHS
Alexis Snyder, Individual/Patient Rep
Ram Sriram, National Institute of Standards and Technology
Sasha TerMaat, Epic
Andrew Truscott, Accenture
Denise Webb, Individual

MEMBERS NOT IN ATTENDANCE

Alix Goss, Imprado/NCVHS, Co-Chair

Steven Brown, U.S. Department of Veterans Affairs
Alex Mugge, Centers for Medicare & Medicaid Services
Debra Strickland, Conduent/NCVHS





SUMMARY AND ACTION PLAN

Sheryl Turney, co-chair of the ICAD TF, welcomed members and noted that her co-chair, **Alix Goss**, would not be present at the meeting. **Sheryl** reviewed the agenda for the current meeting and provided a summary of the last meeting, during which **Alix** facilitated a discussion of aspects of strawman recommendations. These recommendations included the possibility of a “star rating,” other mechanisms to reflect sharing of policy “born on’ dates,” and requirements, including gaps in standards, for making data interoperable. The TF discussed the need for a common data model and reviewed current models in existence, including Fast Healthcare Interoperability Resources (FHIR) and Federal Health Information Model (FHIM). The TF discussed the models’ relative strengths and weaknesses for serving the ICAD TF’s goals. Also, at the previous meeting, **Alix** walked through a draft timeline and cadence for achieving a draft report in time to present at the September 9, 2020, HITAC meeting. She described the concept of using the HITAC’s three priority areas of interoperability, privacy and security, and patient access to frame the convergence conversation. The TF discussed an approach that uses parallel writing and synthesizing teams, with an editor coming on board later in August to pull everything together.

Sheryl directed ICAD TF members to the presentation slides, which included the TF’s vision and overarching charge and highlighted the need for the TF’s final deliverable, including their final paper and presentation, to meet the charge of the TF. She asked the TF to revisit the vision and charge to ensure that all components were covered. The vision and charge included:

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.

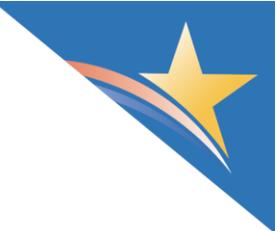
Leverage existing information from HITAC and NCVHS prior authorization hearings, and other sources, to inform the Task Force’s information acquisition and analysis efforts.

CURES ACT PRIORITY AREAS FOR HITAC

Sheryl Turney presented the Cures Act Priority Areas for the HITAC, which were included in the presentation slides. **Sheryl** defined and discussed the Priority Target Areas as defined within the Cures Act Section 3002: Health Information Technology Advisory Committee, which included:

- (B) PRIORITY TARGET AREAS. —For purposes of this section, the HIT Advisory Committee shall make recommendations under subparagraph (A) with respect to at least each of the following target areas:
 - (i) Achieving a health information technology infrastructure, nationally and locally, that allows for the electronic access, exchange, and use of health information, including through technology that provides accurate patient information for the correct patient, including exchanging such information, and avoids the duplication of patient records.
 - (ii) The promotion and protection of privacy and security of health information in health information technology, including technologies that allow for an accounting of disclosures and protections against disclosures of individually identifiable health information made by a covered entity for purposes of treatment, payment, and health care operations (as such terms are defined for purposes of the regulation promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996), including for the segmentation and protection from disclosure of specific and sensitive individually identifiable health information with the goal of minimizing the reluctance of patients to





seek care.

- (iii) The facilitation of secure access by an individual to such individual's protected health information and access to such information by a family member, caregiver, or guardian acting on behalf of a patient, including due to age-related and other disability, cognitive impairment, or dementia.
- (iv) Subject to subparagraph (D), any other target area that the HIT Advisory Committee identifies as an appropriate target area to be considered under this subparagraph.

Discussion:

- **Sheryl Turney** inquired if ICAD TF members had any questions on the target area.
- **Jim Jirjis** noted that subsection (ii) allows their work to assist with any HIPAA-approved use and inquired about the context of the work the ICAD TF is doing concerning prior authorization (PA).
 - **Sheryl Turney** responded that the TF will ensure that HIPAA approved requests and disclosures would occur in the least burdensome way possible.
 - **Lauren Richie** responded that it is not within the purview of this committee to address or implement HIPAA. Still, the TF will make sure to highlight locations for HIPAA in their recommendations and discussion so that if they can engage with the Office for Civil Rights (OCR) and/or ensure that their recommendations specifically address that need.
 - **Jim** inquired about the reason for reviewing the Priority Target areas.
 - **Sheryl** responded that the goal was to frame the TF's work and to make sure that all TF members were fully aware of the Priority Target areas before they continue their work over the next few meetings, including a deep dive on completed work. The TF must ensure that all of the Priority Target Areas have been addressed.
 - **Jim** thanked her for the response.
- Sheryl Turney reminded ICAD TF members that not all of them sit on the full HITAC, so this presentation is meant to serve as a refresher to inform members and prepare them for their future work.

Sheryl continued to define and discuss the Priority Target Areas, which included:

- "(C) ADDITIONAL TARGET AREAS. —For purposes of this section, the HIT Advisory Committee may make recommendations under subparagraph (A), in addition to areas described in subparagraph (B), with respect to any of the following areas:
 - (i) The use of health information technology to improve the quality of health care, such as by promoting the coordination of health care and improving continuity of health care among health care providers, reducing medical errors, improving population health, reducing chronic disease, and advancing research and education.
 - (iii) The use of electronic systems to ensure the comprehensive collection of patient demographic data, including at a minimum, race, ethnicity, primary language, and gender information.
 - (vi) The use of technologies that support—
 - (I) data for use in quality and public reporting programs;
 - (II) public health; or
 - (III) drug safety.

There was no further discussion of the Priority Target Areas, so **Sheryl** asked TF members to keep these definitions in mind during the following discussion as they moved to discuss interoperability.





BROADER INTERSECTION DISCUSSION: INTEROPERABILITY

Sheryl Turney asked TF members to consider the broader intersection of clinical and administrative data and noted that the HITAC has had spirited debates on the topic of interoperability in the past. Due to these debates, she asked TF members to adhere to the following definition:

Interoperability

“Interoperability”, with respect to health information technology, means such health information technology that—

- (A) enables the secure exchange of electronic health information with, and use of electronic health information from, other health information technology without special effort on the part of the user;
- (B) allows for complete access, exchange, and use of all electronically accessible health information for authorized use under applicable State or Federal law; and
- (C) does not constitute information blocking as defined in section 300jj–52(a) of this title. (Section 3000 of the Public Health Service Act (PHSA) (42 U.S.C. 300jj))

ICAD Guiding Principles

Sheryl noted that the ICAD TF has completed a deep dive on Guiding Principles and presented the titles of the Guiding Principles. She asked ICAD TF members to consider the following questions while examining the list of Guiding Principles:

- What is missing?
- Are more Guiding Principles needed to address interoperability?
- How would additions impact the Ideal State statements?

The list of titles of the Guiding Principles included:

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

Discussion:

- **Anil Jain** noted that he and **Alexis Snyder** had already begun work on synthesizing the Guiding Principles around the PA work completed by the ICAD TF and inquired if the purpose of the current discussion was to add new Guiding Principles or to change the existing ones.
 - **Sheryl Turney** responded that the plan was to examine the existing list of Guiding Principles to determine if anything is missing or requires further development, based on the TF’s review of the vision, charge, and Priority Target Areas.
 - **Anil** clarified that the list of Guiding Principles referred to PA, and **Sheryl** confirmed that they did. **Anil** inquired if and how they would be expanded to encompass the larger intersection of clinical and administrative data.
 - **Sheryl** responded that the idea was to examine the Guiding Principles to identify how they might be expanded to fit the broadened scope. Also, the TF might determine that additional Guiding Principles are necessary to fit the expanded spectrum of the intersection of clinical and administrative data.



- **Anil** confirmed that as the TF broadens the scope beyond PA, there might be some commonalities of the work that has been completed, and there might be a need to develop additional Guiding Principles. The synthesizing small workgroup will bring the work they have completed offline before the TF at a future meeting, and he noted that it would be more helpful to freeze the Guiding Principles work.
- **Sheryl** responded that applying the same Guiding Principles to the broader scope might lead to different discussions under each topic than the TF had about PA.
- **Sheryl Turney** asked ICAD TF members, as a starting point to the discussion, to comment on how the Guiding Principle topic of Real-Time Data Capture and Workflow Automation could be broadened beyond the scope of PA.
 - **Alexis Snyder** described the approach that she and **Anil Jain** have taken so far in their synthesizing work and inquired if they should focus on defining the Guiding Principles for PA or a broader scope.
 - **Sheryl** responded that she would have to confirm the approach with **Alix Goss** but suggested that the documentation could include the broader approach for each Guiding Principle with a section that focuses on PA. She noted that the TF has not had discussions on the broader approaches yet, so there is no material for the synthesizing small workgroup.
 - **Alexis** noted that the two approaches go hand in hand and agreed with **Sheryl's** suggestion to document the broader approach. **Alexis** inquired if the language of PA should be included in the broader definitions.
 - **Sheryl** suggested using specific examples from PA, when applicable but advocated for keeping the definitions less granular.
 - **Alexis** suggested leaving the writing in the report in a broader style
 - **Anil Jain** requested to retain the work that he and **Alexis** had already completed as part of the synthesizing small workgroup and not to edit the work to make it more or less broad until the full TF has an opportunity to review it. He noted that the context of the PA examples matters.
 - **Sheryl** responded that her interpretation of **Alix Goss's** goals for the meeting was to discuss the broader principles without having the write-up. Still, she also noted that the feedback indicated that the current write-up should be displayed during the TF's conversation to clarify what the broader principles might be missing.
 - **Anil** noted that the full TF was not privy to the discussions around the nine Guiding Principles held by the smaller workgroups. He and **Alexis** were tasked with describing and building context around the Guiding Principles, so they would prefer to share their work within the proper context.
 - **Sheryl** responded that she supports **Anil's** suggestion to give the TF something to react to that is in writing, to preserve the context.
 - **Jocelyn Keegan** noted that she would like to have the context and focus around the Guiding Principles that have been created available during the TF's discussion. She raised the question of how to examine the Guiding Principles that are more specific to PA to determine how they might constrain the work of the TF. She highlighted the need to ensure that they are not missing any Guiding Principles as they move toward the broader intersection discussion.
 - **Sheryl** agreed with **Jocelyn's** statement and noted that the intent was not to delay the synthesizing workgroup's efforts. However, she stated that the original intent was for the meeting discussions to happen parallel to the offline work.
- **Jim Jirjis** noted that the charge and scope seem complete but inquired if the ICAD TF also needs to address an incentive for ONC, CMS, and others to foster adoption of the TF's framework.

- **Sheryl Turney** voiced her agreement with **Jim's** concerns and noted that the TF has not discussed incentives, pilot projects, or use cases or whether or not existing work by the Da Vinci Project or other covers the full scope of the TF's recommendations. The TF should think about policy levers and other incentives to get the bulk of the ecosystem to adopt their interoperability principles.
- **Jim** suggested that the TF's document could address this issue with the following policy levers:
 - Make the recommendations usable so that people are compelled to adopt them.
 - Ensure that elements of the TF's work become requirements for certification for covered entities/certified technology companies.
 - CMS should use its authority over insurance company programs to compel use, using a similar process to the one they have utilized with their regulations that were released in May 2020.
- **Sheryl** noted that she understood his comment and inquired about the other TF members' opinions.
- **Anil Jain** voiced his agreement with **Jim's** approach and noted that the policy levers will depend on how much TF's work fits the natural evolution of interoperability and related standards. He noted that incentives recommended by the TF should be compared to the feedback that has been gathered at stakeholder briefings and should be placed in the context of the TF's purview.
- **Sheryl** agreed with Anil and suggested including a stakeholder impact statement that shows who would likely be impacted and where levers would be applied. This approach would allow the TF to better evaluate suggestions for levers and incentives. She stated that recommendations for the expansion/acceleration of the adoption of standards should fit with any potential pilot programs and noted that Premier has already proposed one to the TF.
- **Anil** agreed with **Sheryl's** statement.
- **Jocelyn** suggested incorporating the sentiment of raising the ceiling in the industry (from a standards perspective) to allow for greater innovation, which is connected with pilot projects and testing new methods.
- **Sheryl** inquired if this topic was included under the Continuous Improvement and Align to National Standards Guiding Principles, and **Anil** confirmed that it was discussed in those sections.
- **Sheryl Turney** discussed ways in which the ICAD TF could broaden their focus on the other Guiding Principles to meet the current health, information, and patient's rights laws and regulations. She stated that the TF should provide the resources necessary so that all of stakeholders have an understanding of the authorizations that have been provided and summarized some of the related challenges of broadening the scope beyond PA to the intersection of clinical and administrative data. She discussed the Guiding Principle of Patient at the Center, noted that there are some existing use cases, and asked the TF to analyze the topic, while focusing on how to broaden the topic beyond PA.
- **Alexis Snyder** summarized the thoughts that she, **Anil Jain**, and **Jocelyn Keegan** all submitted in the Adobe chat feature and asked to clarify that, though Patient at the Center and Transparency are connected, they are different Guiding Principles. She noted that the focal points of Patient at the Center are lessening the burden on the patient and facilitating ease of access to care, especially with regard to the PA process.



- **Sheryl** discussed the following Guiding Principle asked ICAD TF members to submit feedback on how to broaden them beyond the scope of PA:
 - Measurement and Significant Improvement
 - Transparency
 - Aligned to National Standards
 - No feedback was submitted at the time of the meeting.
- **Anil Jain** noted that he and **Alexis Snyder** are still working on the synthesizing work within an offline document and explained that they plan to add this information to the shared Google document.
 - ICAD TF members requested more time to review the Google document after information is added from the synthesizing small workgroup.

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

Arien: Arien is here, joining to the phone.

Lauren Richie: hi Arien

Jocelyn Keegan: Jocelyn here.

Lauren Richie: hi Jocelyn

Jim Jirjis: Jim Jirjis here

Lauren Richie: hi Jim

Alexis Snyder: agree. I thought these 9 were set in stone at this point to start writing for draft

Andy Truscott: I agree with Anil and Sheryl

Jocelyn Keegan: Anil, thinking about more generic use of emerging standards vs kitchen sink EDI standards, does the continuous improvement section also take into consideration ability to get simple eligibility and coverage data outside of existing 270/1, so the "sound byte, smaller scope API that is fit for purpose" vs expertise and deep chops to play with bigger, specialized standards.

Alexis Snyder: Pt at center and transparency are two different yet connected GP's

Jocelyn Keegan: Agreed, Alexis.

Anil Jain: I don't think it goes into that much detail Jocelyn. The innovation theme is in a couple of areas and also is in the Recs which Alexis and I are not synthesizing

Anil Jain: The Recommendation section does go into details and several recs will cover one or more Guiding Principles

Jocelyn Keegan: I think as we look beyond PA that will be an important point. . .





NEXT STEPS

Sheryl Turney provided an overview of the next steps. Next week, the ICAD TF will hold a broader discussion about the intersection of Privacy + Security, taking into account the comments and suggestions made at the current meeting around the writing of the report for the HITAC. Offline work will continue, including the report writing and creating content for the broader intersection. The TF's goal is to have some recommendations and a draft prepared for presentation to the HITAC at its September 9, 2020 meeting.

Agendas and a draft report timeline for the ICAD TF were included in the meeting materials. **Sheryl** reviewed the updated schedule of deliverables and action items related to drafting the report for the HITAC and noted that a substantial portion of the TF's work would take place offline.

ADJOURN

Sheryl Turney thanked everyone for their participation and reminded them that the next meeting was scheduled for 3:00 p.m. ET on August 4, 2020.

The meeting was adjourned at 4:06 p.m. ET.

