The Office of the National Coordinator for Health Information Technology

Transcript

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) INTERSECTION OF CLINICAL AND ADMINISTRATIVE DATA TASK FORCE MEETING

October 20, 2020, 3:00 p.m. – 4:30 p.m. ET

VIRTUAL

Speakers

Name	Organization	Role
Alix Goss	Imprado Consulting, a division of DynaVet Solutions	Co-Chair
Sheryl Turney	Anthem, Inc.	Co-Chair
Steven Brown	United States Department of Veterans Affairs	Member
Gaspere C. Geraci	Individual	Member
Mary Greene	Centers for Medicare & Medicaid Services	Member
Alex Mugge	Centers for Medicare & Medicaid Services	Member
Jim Jirjis	Clinical Services Group of Hospital Corporation of America	Member
Anil K. Jain	IBM Watson Health	Member
Jocelyn Keegan	Point-of-Care Partners	Member
Rich Landen	Individual/NCVHS	Member
Arien Malec	Change Healthcare	Member
Thomas Mason	Office of the National Coordinator for Health Information Technology	Member
Aaron Miri	The University of Texas at Austin, Dell Medical School and UT Health Austin	Member
Jacki Monson	Sutter Health/NCVHS	Member
Alexis Snyder	Individual	Member
Ram Sriram	National Institute of Standards and Technology	Member
Debra Strickland	Conduent/NCVHS	Member
Sasha TerMaat	Epic	Member
Andrew Truscott	Accenture	Member
Denise Webb	Individual	Member
Lauren Richie	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Michael Wittie	Office of the National Coordinator for Health Information Technology	Staff Lead

Call to Order/Roll Call and Welcome (00:00:00)

Operator
All lines are now bridged.

Lauren Richie
Good afternoon, everyone. Welcome to our ICAD Task Force meeting. We are getting very, very close to the finish line here. A quick roll call and we will dive right into our report discussion. On the member list I have Sheryl Turney and Alix Goss, our co-chairs, Aaron Miri, Anil Jain, Deb Strickland, Gus Geraci, Jocelyn Keegan, Alex Mugge, Ram Sriram, Rich Landen, Sasha TerMaat, and Tom Mason. Any other members on the phone that I missed?

Alix Goss
Alexis – there's like – oh –

Alexis Snyder
Alexis Snyder.

Alix Goss
Alexis is –

Lauren Richie
Alexis and someone else?

Alix Goss
I think we were just – three of us were saying Alexis's name at once.

Lauren Richie
Three Alexis's, got it. Okay.

Alexis Snyder
It's just that good of a name.

Lauren Richie
I'll turn it over to Alix and Sheryl to get us started.

Summary and Action Plan (00:01:00)

Alix Goss
Why, thank you, everyone. This is Alix Goss. I'm going to kick us off today. Thank you, Lauren, for completing roll call. Hold on a second. So, today I will give you a brief recap on the summary and action plan from the last meeting. We're going to jump into the final review of the draft reports We are going to talk about the HITAC deck that we plan to present tomorrow, and of course, we'll have a public comment period today followed by a wrap up with next steps. If we can go to the next slide, one more, please? So, last meeting, we had a really active, vibrant meeting. We did I hands-on editing and discussion of our draft report.

As you may recall we have been compiling various pieces of our journey since March and encapsulating that into synthesized information and then, with the support of an editor, as well as your Task Force member feedback, we were able to advance the efforts into a compiled report. And we walked through a few topics on the last call that we felt needed Task Force guidance.

We captured comments and edits along the way, enabling Sheryl and I to work with the editor to produce a new draft. And so, we will talk a little about that in a moment. But also on the last call, we did talk about the process for getting the report draft to HITAC in advance of their upcoming meeting to give them a week review period so we could have a fruitful discussion, and ultimately, leading us to be able to come back to the Task Force and integrate any necessary changes or discuss any issues that result in changes so we can finalize report with the goal that we can submit the final report for acceptance on November 10th.

So, we had a very productive meeting, which enabled us to finalize the reports. So, thank you for everybody's feedback, especially around the attachment's topic. I would like to move on to next slide, please.

Final Review of Draft Report (00:03:27)

Alix Goss
So, we want to move into the review of the draft reports. So, I think what we are going to do, at this point, is to pivot over to screen share so we can show you that report. We know that we have received one technical feedback item from ONC. I'm not sure if other folks within the Task Force have actually had a chance to take a look at the document. One of the things I wanted to showcase for people, especially those in the public viewing mode, the HITAC calendar for tomorrow's meeting, for the advisory committee meeting, the draft report, "Intersection of Clinical and Administrative Data" Task Force draft report is available for any and all to review, and they have their public comment period tomorrow, as well.
So, what we'd like to do is to just walk to the document, looking for Task Force members who may have had a chance to look at this to raise any questions, or comments, or things that they have observed in their review so we could make sure you were aware that the draft eagle has landed, so to speak.

To set some context and get our creative juices flowing today, we have produced this draft report recognizing there are a few things we need to fill in, like the forward. Sheryl and I are going to put the preamble into the report once we get a little bit further down on finalizing it, but following an opening and launch directly into the vision and overarching charge of the Task Force followed by the roster of the members, providing an executive summary that gives, in three pages, a snapshot and overview landscape efforts, our findings and recommendations, and a conclusion.

That three-page or four-page executive summary, it really enables us to get into more extensive detail on our efforts. We first start out with framing the problem and its impacts, the stakeholders we've engaged, and addressed some of the authorities and perspectives of how we have got here and how we are working together as federal advisory committees, along with the industry to really give thoughtful feedback to our federal partners. That introduction led us into a recap of our prior authorization analysis and the deep dive the team did on that area. Then we can go into the ICAD findings and recommendations, which really kick off with really discussing the ideal state and guiding principles, and then getting into detailed recommendations, before concluding with a summary.

That gets us about 45, 40-some pages into the document. The appendices include an acronym list, glossary list. We were most appreciative of the extensive input that we received from our industry partners.

Thank you to Andrew on the ONC staff, produced a summary of each one of those presentations, and almost equal to the report size, you can find those summaries and key points in the Appendix Three. We also, as you may recall, a very long time ago when we first launched this Task Force, started out with a compendium of artifacts, and Andrew helped us with that as well. This compendium reflects a tremendous number of intersection-related references and a lot of prior authorization, especially related concepts and documents. So, Appendix Four provides that and then we wrap it up with just dutiful notes and citations.

That provides an overview hopefully for everyone of how the final report is shaping up. I don't want to make anybody dizzy, but I do need to scroll down to see if there are any comments beyond the one that is been submitted by ONC, but as I'm scrolling down a little bit, I would ask if any of our members have any questions, or comments, or observations they would like to make on the report?

I'm not seeing any hands.

Lauren Richie
I'm not seeing any hands raised yet.

Alix Goss
Thank you.

Sheryl Turney
The report does have a forward that needs to be added. Alix and I have been working on a draft, and I think it is about ready to add, which we will do after the HITAC meeting tomorrow.

Alix Goss
We also know that once we get feedback from HITAC that we're going to need to do so by final cleanup formatting. I really want to applaud the ONC staff and the editor in going down to the wire on trying to make this report as clean and as well laid out as possible, but we know that there was a lot to get done as a delivery time approached. So, we will also be taking a look at that, but I am hoping that Michael Wittie has audio.

Michael Wittie
He does. Can you hear me?

Alix Goss
I can hear you, Michael.

Michael Wittie
Wonderful.

Alix Goss

Great. So, I believe that you said you would be willing to speak to the request that you have received and the comment that you inserted related to recommendation two.

Michael Wittie
Sure. I mean, you can all read it. Basically, the gist is that the Task Force, it is not necessary for the Task Force to identify the authorities. That's something that the Office of General Counsel essentially will help us do. You tell the HITAC, and the HITAC tells ONC what we should figure out how to do, and then we have to figure out how to do it. And just as a note, there's actually an authority in the HITEC Act, which came later than HIPAA, that will actually do this much more easily than attempting to do it under HIPAA.

So, instead of trying to contort with that, that being, of course, only my opinion and not the opinion of general counsel, our suggestion and request is we just remove this because it is not needed.

Alix Goss
So, the suggestion is that we could just delete the one sentence that is highlighted on the screen and leave the rest of the content there. So, what we would do is, moving forth with the recommendations, to establish a government-wide common standards advancement process, and that we would stick to what we'd like to see, but not have to get into how it could be done. Are there any concerns with this request? Hi, Rich.

Sheryl Turney
We have one hand that is up.

Rich Landen
I'm going to need to think about this a little bit and digest the comment from ONC. I understand what it's about, but I'm wondering if it still might not be worth it to -- Michael mentioned ONC has authority under both HIPAA and HITAC. So, I think we can take out the specificity there. That doesn't concern me, but I'm wondering if we should still leave in the sentence because I think part of the objective of the sentence is to say we don't think any new legislative authorities are needed.

Alix Goss
Yeah, I think --

Rich Landen
We don't need to say which authorities, but I think it is important we get in our concept of, we don't need new authority.

Alix Goss
I remember that discussion, Rich, and I think the point being that we really did not want to have to go to the mat to get some kind of new permission to do this. We wanted to keep moving forward. And so, maybe a compromise could be just to remove the specific citation in the sentence.

Rich Landen
And add HITAC as well as HIPAA. So, the existing authorities, plural, granted under HIPAA and HITAC. Take out the USC reference.

Michael Wittie
This is Michael again. I appreciate the challenge and the need, or the desire, to point that out, but I think for me and Lauren, or if Tom Mason is on, please jump in. But I think it would be better, not to mention statute at all, and you say something like "the Task Force believes that the HHS already has this authority" just because, like I said, I am not a lawyer and I don't think any of our lawyers are on the phone. And whether it is HIPAA or HITAC or something else that we don't know about, because it sure could be, I think if something is going to be left in, I think the comfort level from ONC leadership would be higher if it wasn't specified.

Alix Goss
Do we have others who would like to weigh in on the topic?

Rich Landen
Alix, it's Rich again. I'm getting more comfortable with Michael's suggestion that we just say we don't think anything new is required, however we want to phrase that.

Alix Goss
Okay. I'm not seeing any other hands up or comments at this point, Sheryl. I just want to acknowledge that Jim Jirjis did join us, so welcome. I'm going to capture that comment. And I'm going to continue scrolling down in the document to see if there are any other comments that were added. I don't believe so. I checked about an hour ago. I think that means that we may be all good to go.

Well, with that said, I believe our agenda had us discussing the final review of the draft report. I'm not seeing any comments or further questions so I believe that means we could pivot to the HITAC deck review, which I think, Sheryl, you may have up.

HITAC Deck Review (00:15:38)

Sheryl Turney
Yes, and I have slides and we can move it over too now, Katherine. Since we have the time, we might as well review the slide deck going to HITAC that has already been shared. That is not the first slide. Can we pivot it over to Sheryl's screen share?

Alix Goss
I think they are working on it from what I can see from my side.

Sheryl Turney
Okay. I just cannot see them yet.

Alix Goss
Yes. Sheryl, it looks like it is grayed out, which might mean that you --

Sheryl Turney
All right. So, I will try it again.

Alix Goss
It looks like Katie's asking you to maximize your slide deck.

Sheryl Turney
Okay. Is that working now?

Alix Goss
You might want to switch your display settings because we're seeing the presenter display, not your -- if you have two monitors -- if you go to display settings in the middle, at the top, you can flip it so you don't have to switch your screens around. At the very top of the screen, display settings.

Sheryl Turney
Okay. Is that better?

Alix Goss
It is. It is a full screen now.

Sheryl Turney
Okay, perfect. All right. So, this is the deck that Alix and I will be presenting tomorrow to HITAC. I will stop after each slide to see if anybody has questions. I won't be able to see, Alix, who has their hand raised so, hopefully, you can let me know that.

Alix Goss
Will do.

Sheryl Turney
Essentially, we are going to go over our chart. Again, we will refresh their memory with who is a member of the Task Force, identify what the draft outline report looks like. We already had presented some information on ideal state, guiding principles, and recommendations, and so, the thought was we are going to focus on our updates. And I actually will update these slides now based on the change we are making to recommendation two because I'll make a note, Alix, after today's meeting that we removed that statement. So, that will be in here, but it's not in here now. Then we are going to talk about the new recommendations that we have made since the prior update, open for questions and feedback, and then talk about the next steps. So, I'm not going to go over the chart here. It is the exact same when we used last time, and you guys have seen this multiple times. And then the list of Task Force members and again, we'll thank you all for all of your participation, which we really, heartily appreciate every moment that you've spent on this. I know it has been a lot of work, and it has been a lot of time, and your ability to be persistent and constant through the pandemic, it really needs to be noted. So, thank you.

Then we are going to review the outline of the report, and this outline is still the same as the current setup that you just saw. We are going to review the ideal state again, and this is important because this sets up essentially the guiding principles, and the new guiding principle that we added, which is to focus on reducing the burden on all stakeholders. And this particular one really talks about how we have identified this through the transition to the broader intersection conversation, and that reducing burden on all

stakeholders is really to look at this converged ecosystem, enable the stakeholders to cross the continuum to continue to operate, but in a new and different way, and to focus on that mechanism to allow healthcare, public policy, primary and specialty care, vital records, research, payers, policymakers, and patients, all operate within this same ecosystem more on a common footing.

And then the idea to support this principle is that we have a single workflow that is ideally a single standard for all transactions at the intersection of clinical administrative data, regardless of the payor or the plan with capabilities available and workflow without special effort on behalf of the provider. And this is going to be no easy feat because we have providers who have multiple systems with different capabilities and different levels of maturity and sophistication. So, this is not something that is going to be easy out of the gate. We have defined portals of use. They are to be integrated into workflows with no special effort. Patients have the ability to utilize a third-party patient credential consent management service, which would support the seamless authorization and access functions to their data across the landscape.

And this is going to be particularly important for all of the providers, payers, and actors, such as clearinghouses and others, in order to utilize that data with minimal additional effort by the patient, and then ability for patients to have bidirectional data sharing with providers electronically, from an app of their choice, without special effort. And hopefully, the CVS process provides the right level of evidence-based and patient-centered guidance during the care process. And the prior authorization process should not be the result of inadequate use of existing HIT. So, in essence, that is what this guiding principle supports. Are there questions or comments on the guiding principles?

Alix Goss
There are none.

Sheryl Turney
Okay. Then, I'm going to move over to the new ideal state for guiding principles, and really here, it is a restatement of what I just read about the guiding principle for reducing burden on all stakeholders that you just heard. And then we are going to focus on the overarching recommendations, and here, what we have done is we have highlighted the recommendations. We reworded a lot of these, but we haven't made material changes to all of them since our last meeting at HITAC. Now we have made a material change to two, so we will update that in red as well, and then we will highlight that. As I said, it is not here today, but I will add it and then we will highlight, essentially, what is changed in each of the other recommendations. And in some cases, because we rewrote these, it is almost easier to just discuss the entire recommendation than what was different from the last time because of the way that we did this.

So, then we focus on each individual recommendation that changed. We did materially change recommendation No. 7, and here, we rewrote this one based on the patient-centered workflows, and we really tried to focus, here, on the recommendations that would emphasize the need for the patient's interaction to be supported in this digital ecosystem, in a way that is going to support the patient's needs for information throughout the workflow and also remove the patient from the burden of having to marshal through, if you will, the questions that come up, or when prior authorizations get stuck, or something gets denied and then an appeal has to be made. And the hope is that the patient is a participant in the process, but the patient doesn't have to have the burden of, basically, leaving it or managing it through

the process. It really should be the initiator of the request that marshals us through the process, and the patient should be having information available to them so they know where it is. Any questions on recommendation seven?

Alix Goss
There are none.

Sheryl Turney
Okay. Recommendation nine. This one got reworded because, again, of the coordination between us and the other federal agencies that weigh in. So, we wanted it to be clear, more of the "what" and less of the "wow." So, we focused, here, on the fact that there needs to be an attachment standard, and it needs to focus on consistency with previous NCVHS recommendations and this report, and an attachment standard really needs to evolve that reduces the burden by harmonizing the standards and again, focusing on the "what" and not the "how."

Alix Goss
I also think, to add onto to that overview, we are looking to stay out of what version to adopt. We just want to see something adopted, and we know that the industry will have to weigh in on that. And so, that was a major change that was affected as a result of last week's Task Force discussion.

Sheryl Turney
All right.

Alix Goss
There are no hands up.

Sheryl Turney
All right. Hold on. Because I got my screens up, I can't make a note of that, Alix, so I will try to capture that after.

Alix Goss
I will not forget that.

Sheryl Turney
You are going to present this tomorrow, so yeah. Okay.

Alix Goss
Okay. I will do this one, no problem. It is near and dear to my heart. Let's change the world in the way we look at attachments.

Sheryl Turney
Okay. Thank you. All right, no questions. So, then we go over to one of our new recommendations, which is the established patient authentication and authorization to support consent. And this is one where we are really focused on creating standards that will enable the patient or the caregiver to authorize sharing of their data with a tool of their choice, to interface with the corresponding provider and payer systems.

And the idea behind this, as we discussed before, just so that you are aware, is really to be able to get at the problem that patients have where they send the records to one provider and find out, maybe due to urgency needs or whatever, that provider cannot do it, and then be able to, more quickly, redirect that authorization to another provider if that is the case.

And there were some use cases and examples that we talked about this. But having this established standard for third party use is really going to be valuable to the patient. It's going to reduce their turnaround time, if you will, and it is also going to enable their capabilities to really control where their data goes and when it goes there, in a more bi-directional way, and also in a way that is going to be more expedient. And then, the other part of this is really focusing on that bi-directional data sharing that will allow a patient to be able to share pertinent data that may be required to support their caregiving. In some cases, depending on what it is -- it might be a picture of a wound or something from a wearable -- that would be helpful for the provider to have, and this would allow them to share that in some way that the system would be able to accept it. Any questions on recommendation 14?

Alix Goss
I am not seeing any hands raised, but I am observing that we may have an opportunity on recommendation 14 and 15 to update our presentation of our thoughts, to be more consistent with how we have written and framed the prior recommendations. And this one we don't say "we recommend." We just say "should" and I think we need to potentially think about that as a cleanup opportunity.

Sheryl Turney
That is exactly -- Yes, that's perfect. So, I will make sure we update this, but I --

Alix Goss
I will put a comment into the document to that effect.

Sheryl Turney
Yes. Yes, because it is not in the document **[inaudible] [00:28:45]**. Perfect.

Alix Goss
But you did get a chat from Rich Landen indicating he thinks this looks fine. So, I think you are good to move on to No. 15. There are no other hands up.

Sheryl Turney
Okay, and I think we went through and made sure the recommends were all there before we added these, so these two, obviously, will need to be updated. Okay, and then the last one, No. 15, and this is a really fabulous timing. I just got some notice today of a group that actually is making some test facility available. So, you must have been reading minds, Alix, when you suggested this. But establishing a test data capability to support interoperability, so in this one, it should be "HHS should recommend the development, or we recommend the development of a national approach to have test data beds to drive innovation and ensure real-world functionality and interoperability." And to accomplish this, some actions are needed.

One is reviewing current administrative transactions and associated value code sets to ensure USCDI supports the data concepts and elements needed for downstream to support clinical administrative functions, establish illustrative information models, and this is really going to be important to align clinical administrative data for secondary use, and then establish a minimum data set for transactions at the intersection of clinical administrative data. And this is really necessary, especially because a lot of the data within administrative and clinical is referential and it has to be connected. And so, actually getting accurate test beds is a very time-consuming and onerous process, so establishing this type of standard and capability is really going to, I think, exponentially allow the advancement of some of the work that's going on now with APIs and the ability to more quickly test in a real-life type of environment because you will actually be able to see, when data is connected together, how it is going to behave.

And today, as everyone may be aware, within the da Vinci framework, there is a lot of forced data that is going through, but it's not all connected. And it is not all looking at how things have to be set up in order to make things work. And so, there are a lot of opportunities for gaps and problems that have to be solved after the fact, which a lot of us are doing right now with updating the implementation guides, as we speak, for the current role that is effective in two months.
So, questions on No. 15?

Alix Goss
Rich Landen has his hand up.

Sheryl Turney
Rich?

Rich Landen
Yeah. On the second last bullet, we use the minimum, the word "minimum," in two different definitions there. I am presuming that the second "minimum", the one in quotes, "minimum" necessary, refers to the HIPAA privacy, but we have a minimum data set. So, I am not sure if we are saying that we need to do minimum necessary, as per HIPAA privacy or with setting up something that restricts use of data to those elements in the minimum data set.

Sheryl Turney
Yeah. I actually think you hit on a really good point here, and maybe we should reword that, Alix, so it doesn't say minimum data set, but it establishes a -- I think we should go with a test bed for transactions instead of even a data set because we are already having some issues with interoperability, where some of the vendors are adding data elements to things that don't require them to be there. And so, I do think the use of minimum necessary is important to show that the data flowing through needs to adhere minimum necessary, but I don't know -- I do think it is confusing, having both of those reference "minimum."

Alix Goss
Yes, and I think Jocelyn Keegan would possibly like to make a comment. She is not in the app, but she is texting me that she would like to make a comment. I do not know if you are in a place where you can do that, Jocelyn.

Jocelyn Keegan
Thanks, Alix. I am. Sorry. I'm just offline today. Yeah, I think that if we talked about the data set as being minimally viable, that that might be a way to get at the two types of minimal we're talking about here.

Sheryl Turney
So, perhaps --

Alix Goss
Viable data sets or test beds -- minimally viable test bed for testing of transactions. And so, the point in the sentence that we're talking about, establish a minimum data set for transactions at the intersection of clinical admin data that adheres to minimum necessary requirements. I think this was related to our privacy and security, as a part of the initial overall design, like we have with patient-centered aspect. And so, I think if we're thinking about minimum necessary, that sort of scales to the situation at hand. So, are we really saying that we want a minimally viable testbed for testing of end transactions that adheres to minimum necessary requirements?

Sheryl Turney
Yeah, I don't like the wording of minimally viable. I like the word viable.

Jocelyn Keegan
So, is sufficient data set or a sufficiently viable data set?

Sheryl Turney
Yes, I like that better.

Alix Goss
Test bed for testing transactions, blah, blah, blah. Okay. Awesome. So, we were able to also come up with a proposed revision. That'll make things smoother. Thank you.

Sheryl Turney
Right. And we --

Alix Goss
I'm seeing no further hands raised.

Sheryl Turney
We can update that in the paper, too, because I think that's going to be really important.

Alix Goss
I've been adding comments as you've been getting this feedback, into the document.

Sheryl Turney
Thank you.

Alix Goss
You're welcome.

Sheryl Turney
All right. Then, we basically ask for questions and feedback, and then talked about what the submission of the final report in the November 10th meeting. And so, that's our update.

Alix Goss
So, I know there's been a number of individuals and organizations that are interested in this report. So, I suspect the approach that we've designed is going to provide the maximum opportunity for public comment and discussion, or discussion with HITAC and to also support the public comment period, which I am not sure of all the rules about that, but I think people have a certain amount of time they're able to make remarks. That should be a pretty exciting meeting tomorrow. It's a big opportunity for feedback and to enable us to move forward with finalizing the report.

And so, thank you for going to the report timeline. So, tomorrow is the 21st of October. We'll bring the feedback to this committee for processing on the 27th. Katie, I think you're on the right slide, so thank you. Our goal will be to finalize the report based on comments for November 3rd and then to submit that final report to HITAC November 5th, and anticipating their approval and acceptance of the final report on the 10th.

In addition to presenting to HITAC this week, Sheryl and I have the opportunity to present at WEDI. And so, if maybe can share my screen, that would be great, Katie. We will be presenting highlights and a discussion of this Task Force's report during a 2:20 p.m. to 3:05 p.m. Eastern Time session, so it's going to move pretty quickly for us, to make folks aware of the reports. It's a more extensive dive than we've just done for you here today. And so, our session will be pretty straightforward, maybe a few questions at the end, but they will be having a separate session after we conclude to enable WEDI to have an industry reaction session and discussion of the report for about 20, 25 minutes.

We have developed a slide deck similar to the one that Sheryl just reviewed for you, that provides us with the ability to give them the story from front to back, whereas the ICAD presentation tomorrow will be more of updates because we are most interested in having a dialogue and really hearing from the HITAC members on the body of work that they've had the opportunity to review over the last week.

With that said, Sheryl, I am not sure how much more we have for today. You've gotten us through the deck for tomorrow. We've talked about the opportunity for -- or our timeline for the next three weeks, since we are in the three-week countdown. I'm questioning if we are looking at moving to public comment early. That's way early.

Sheryl Turney
I agree. Let's move to public comment early, and maybe we can put up the slide that allows people to make public comments. And if we have any, we can let it go on a little bit longer if we need to.

Public Comment (00:39:22)

Lauren Richie

Thanks, Sheryl, and I'll just, this is Lauren, I'll just take the opportunity to remind folks to please, please participate during our public comment period, both at the Task Force level as well as the HITAC meeting tomorrow. This will be a key opportunity to hear from our stakeholders, so hopefully, you had an opportunity to review the report and come prepared with your comments. So, with that, I'll ask the operator to open our public line.

Operator
Thank you. If you would like to make a public comment, please press star one on your telephone keypad and a confirmation code will indicate your line is in the queue. If you would like to remove your comment from the queue, please press star two. And for participants using speaker equipment, it may be necessary to pick up the handset before pressing the star keys. One moment while we poll for comments.

There are no comments at this time.

Lauren Richie
Okay. We'll leave the line open for the next few minutes while we turn back to the cochairs for any next steps or closing remarks.

Alix Goss
There is a request from a Task Force member, Sheryl. I don't know if you can see it, if you still have your screen sharing going on, but Alexis is inquiring if we could look at those slides again. Something was skipped over, and it would be helpful to see the text. She just wants to check something. Do you have a particular slide that you want us to hone in on or just want us to run through it again, Alexis?

Alexis Snyder
Yeah. I don't -- if you flip through them, I'll be able to say stop on that one, because there was one, it wasn't up there and Sheryl was kind of talking about what she was going to say. And then, it went to the next slide, and then, she said, "Oh, well, I just talked about this." So, she skipped over it. I just kind of wanted to see what that text was.

Sheryl Turney
Okay, yeah. I know which one you're talking about. It was in the guiding principles, the reduced burden on all stakeholders. Because of the screen share splitting, I had actually pretty much read this from the prior slide, but I know what one you're talking about. I'll maximize it and can you see my screen now?

Alexis Snyder
Mostly. There's something in the corner that's blocking it.

Sheryl Turney
Hold on. I have to put the slideshow on. I'm not good at this double screen thing, so.

Alexis Snyder
There you go. Yes.

Sheryl Turney

Can you see it better now?

Alexis Snyder
Yeah.

Alix Goss
Yeah, if you can go to your switch at the top menu, not the -- there you go.

Sheryl Turney
There you go. Okay. This was the slide, Alexis, and I really pretty much read this when I was talking about the ideal state … on the prior slide.

Alexis Snyder
Yeah, sounds good. Looks good.

Alix Goss
All right, awesome. Thank you, Alexis.

Sheryl Turney
Thank you for your question.

Alexis Snyder
Thanks for resharing.

Sheryl Turney
No worries. One other --

Alix Goss
Do we have any public comments that might have come in the queue, just to be mindful that --?

Operator
There are none at this time.

Alix Goss
Thanks, Sheri.

Sheryl Turney
I mean, I have one thing we could share that in the WEDI deck, because they have actually not seen any of the recommendations, we'll be giving them a paragraph on each of the recommendations.

Alix Goss
I'd be happy to share that because I wonder if there are going to be other Task Force members who may be asked to provide a deck and if they can --

Sheryl Turney

All right. We'll have to update that one as well, Alix, for the changes that we're talking about today. But the one additional slide that's in the WEDI deck, which might be helpful for them to see, is the last one that you added, which we don't have in this HITAC deck. But it might be helpful in this deck, also.

Alix Goss
So, would it be possible for Katie, that you share my screen? Because I have it. Yes, please. Okay. All right. So, this slide deck has 21 slides. It is on the WEDI template. As you can tell, it's very similar and we're going to kind of walk through all of the pieces of the puzzle. There's a link to the actual report, provided very similar content as to the charge, our members, the outline that you've probably now heard three times today. We've discussed the ideal state. Pieces have been pulled out and sort of attempted to be synthesized into a handful of bullets. We are going to cover the nine guiding principles. There are the 15 recommendations.

And then, they are somewhat grouped on the next set of slides, so recommendation one and two are together. Recommendation three is all by itself. Four and five, together. Six by itself. Seven, eight, and ironically, because I knew that this request was coming in from ONC, I already fixed recommendation nine. Sheryl, I left that stuff out of the HIPAA authorities, so it is already gone. And then, there is recommendation 10. We provide 11, 12, 13, 14, and 15. So, we're going to have to fix slide 19 for the --

Sheryl Turney
Yes. Also, can you go back to recommendation two? I think we need to fix two. Yeah, that one has the authority's statement in it, too, that we also have to remove. The existing authority granted to the secretary, that -- yeah, we have to take that out.

Alix Goss
Oh, okay. Sorry. I was looking in the wrong place. You are spot on. Thank you for catching that. I was mistaken. Slide nine --

Sheryl Turney
So, which slide that --

Alix Goss
So, we have to do slide 19 for the sufficient instead of the minimal.

Sheryl Turney
Yeah.

Alix Goss
And then remove authorities.

Sheryl Turney
That's nine, okay. Slide nine. Okay, perfect. All right.

Alix Goss
And then, you wanted me to show the final slide. There it is.

Sheryl Turney
Yeah, I love this slide, actually, that you synthesized and highlighted, and maybe that's a good one that we should even add to HITAC that we didn't add. I really like this slide. **[Inaudible -- crosstalk] [00:47:06]**.

Alix Goss
This is really reflective --

Sheryl Turney
Yeah.

Alix Goss
I'm sorry. I was going to say, this really is reflective of the iterative work that we did for the conclusion write-up, which started with some thoughts from Alexis, that you built on, and then I added too. So, it was a group effort on this one. And so, are you suggesting that we copy slide 20 into the HITAC deck?

Sheryl Turney
Yes.

Alix Goss
Okay. We can take care of these in our debrief meeting after today's call. And then the last slide is just literally -- takes it to a question feedback -- kind of explains things to folks. But this is the deck that we plan to share, tomorrow -- I'm sorry -- Thursday with WEDI. It's a lot to go through. We're not going to be able to get into a lot of details, considering we've got like 50 minutes for this, including Q&A.

Sheryl Turney
Yeah. Any questions or comments on either of those decks?

Alix Goss
I'm not seeing any hands up.

Sheryl Turney
All right. Any new public comments come in?

Operator
There are no comments.

Sheryl Turney
Well, I think -- oh, we do have a hand up, Alexis.

Alexis Snyder
Hi. Yeah, sorry. I was going to ask before. I just couldn't get out of the enlarged screen on my side to get to the hand raising. As far as adding the in sum, this slide, slide 20, recommendations to the other one, the only thing is I would just compare it with the conclusion and our recommendations because you don't

want to have in the summary, before the actual written summary, and miss pieces. So, I think the burden piece probably isn't listed here, so we just don't want to make it confusing and leave out some of the key pieces, especially where you're going to be talking about having added a guiding principle for reducing burden. So, I think it's a great summary for the WEDI presentation. I just don't know if you want to add it to the presentation for HITAC without making sure that all of the summary pieces are there.

Sheryl Turney
Alexis, I think that's a good point. We'll just leave it the way it is for right now. Any other questions or comments?

Alix Goss
I'm not seeing any hands raised.

Sheryl Turney
This will be a first. It looks like we can give people time back in their calendar, and they won't be unhappy about that. Any other public comments?

Operator
There are no comments.

Next Steps (00:50:15)

Sheryl Turney
All right. Looks like Gus was typing something, but it went away, so. All right. Well, I guess, why don't we wrap up then. So, as you can see, we have a lot that's going on in the next week. We've got HITAC tomorrow. We've got WEDI on Thursday. Then we'll be back here next Tuesday. What we will be doing is bringing back the feedback that we got from the HITAC and also give you additional opportunity to review the drop paper that's out there. If you do have any questions or comments on the paper, please send them to Alix and myself. Take more time, consider it. Send that up, and then, essentially, we'll come back and review for you all of the comments that were shared with us on HITAC next week and talk about how we make one last pass to update the paper.

We've allotted about a week in order to do that, and then we, essentially, have to shut it down and finalize the paper and submit it to HITAC. So, the goal, as of today, is to have all of the comments completed by next week and then have a final paper submitted to HITAC by November 3rd or 4th at the latest, which is a week before the meeting because the meeting is November 10th. So, we have, on the schedule, two more meetings. And then the next week is the HITAC meeting, and, hopefully, with that, they'll accept our report and our work will be done. I really appreciate, again, everybody's time and efforts that they put into this so far. There's no way that we could have come out with a product without everyone working together in a collaborative fashion as we have and reaching across the isle of stakeholders and working on this together. So, I think this is a wonderful example of what can happen when stakeholders from various different groups all make a commitment to focus on a goal and achieve it.

Alix, do you have anything else you'd like to add?

Alix Goss

Just my deep appreciation of all the smart people on this Task Force, and all of the industry input, and time and attention that they've put into our deliberations, made this report truly advance us further down the path of converging administrative and clinical data and improving the US healthcare system and, more especially, the experience that all of us and our families receive through their healthcare journey.

Sheryl Turney
Yes. I absolutely agree with 100% of that. And the support we have gotten from the ONC staff, the Accel staff has been unbelievable, and the editor, so really, we could not have come here without all of that work, and support, and guidance, so really, really appreciate it. And I know for me, I had left healthcare for a while. This epitomizes the reason why got back into this work. It makes me emotional, but I really do feel like if what we are submitting here today could actually be implemented and make changes, this is going to catapult our industry in a new direction, in one that we really need to embark on. So, I am really, really happy to be part of this work.

Alix Goss
I echo your sentiment and the heartfelt emotions that you have because part of the reason I'm in healthcare, and I'm so passionate and persistent, and I drive some of you all so crazy is because I want to make it better because I felt the downside of healthcare in too many ways, in too many aspects of my own family. And I think --

Sheryl Turney
Well, we'll turn it over to Lauren to wrap us up and close.

Lauren Richie
Well, I think that just about sums everything up perfectly. Again, thank you to our cochairs and to the ONC staff who have been working diligently behind the scenes. I'm excited for the presentation and discussion tomorrow. And for those joining us in the public, I hope you are able to tune in tomorrow, as well. Think you everyone and have a lovely Tuesday afternoon. Bye-bye.

Sheryl Turney
Thank you.

Adjourn (00:55:19)