ONC HITAC ICAD: Intersection of Clinical and Administrative Data

Report Overview

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MANY PATHS TO ICAD

- 1996: HIPAA Law
- Early 2000s: HIPAA Regulations
- 2009: ARRA/HITECH
- 2010: ACA
- 2015: NCVHS Review Committee: hearing on adopted HIPAA standards
- 2016: 21st Century Cures Law
- 2018: Da Vinci Project

✓ Technology advancements
✓ Care delivery evolution
✓ Reimbursement model changes
✓ Patient access and empowerment
✓ Transparency advancements
✓ Reduction of friction and burden
✓ Automation to address business and operational inefficiencies
✓ Collaboration (and commenting) to problem solve while competing
ICAD TASK FORCE 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.

1. **Design and conduct research on emerging industry innovations** to:
   - validate and extend landscape analysis and opportunities
   - invite industry to present both established and emerging end-to-end solutions for accomplishing medical and pharmacy prior authorizations that support effective care delivery, reduce burden and promote efficiencies.

2. **Identify patient and process-focused solutions** that remove roadblocks to efficient medical and pharmacy electronic prior authorization and promote clinical and administrative data and standards convergence.

3. **Produce Task Force recommendations and related convergence roadmap considerations** for submission to HITAC for their consideration and action. The Task Force will share deliverables with NCVHS to inform its convergence and prior authorization activities.

4. **Make public a summary** of its findings once Task Force activities are complete, no later than Sept. 2020.
A PATH TOWARDS FURTHER CLINICAL AND ADMINISTRATIVE DATA INTEGRATION
IDEAL STATE

The ICAD Task Force has heard from various stakeholders on improving the Prior Authorization (PA) process and the opportunity for broader intersection of clinical and administrative data frameworks.

A re-imagined ideal state with particular focus on PA:

- Includes an end-to-end integrated, closed-loop process
- Reduces the burden across all stakeholders
- Accounts for the vast majority of situations
- Leverages existing investments and efforts, where appropriate, acknowledging the existing gaps
- Enables innovation and continuous improvement
GUIDING PRINCIPLES

Patient at the Center

Measureable and Meaningful

Aligned to National Standards

Transparency

Continuous Improvement

Design for the Future While Solving Needs Today

Real-Time Data Capture and Workflow Automation

Information Security and Privacy

Reduce Burden on All Stakeholders
RECOMMENDATIONS

1. Prioritize Administrative Efficiency in Relevant Federal Programs
2. Establish a Government-wide Common Standards Advancement Process
3. Converge Health Care Standards
4. Provide a Clear Roadmap and Timeline for Harmonized Standards
5. Harmonize Code and Value Sets
6. Make Standards (Code Sets, Content, Services) Open to Implement Without Licensing Costs
7. Develop Patient-centered Workflows and Standards
8. Create Standardized Member ID
9. Name an Attachment Standard
11. Establish Standards for Prior Authorization Workflows
12. Create Extension and Renewal Mechanism for Authorizations
13. Include the Patient in Prior Authorization
14. Establish Patient Authentication and Authorization to Support Consent
15. Establish Test Data Capability to Support Interoperability
IN SUM, RECOMMENDATIONS:

• Put the patient at the center of our design approaches to enhance patient care, safety and outcomes

• Ensure that patient consent, privacy and security are established and maintained throughout interoperable processes

• Use digital capabilities to automate manual, time-consuming activities

• Optimize approaches to achieve “record once and reuse”

• Address key barriers to effective information exchange

• Improve the transparency and timeliness of the prior authorization and decision-making processes for all stakeholders

• Build and extend current standards to enable maturity and evolving processes, and resolve conflicting standards which inhibit innovation and adoption

• Provide a path forward to harmonize today’s national health care policies, vocabularies, and transport standards

• Create an ecosystem that enables patients and their caregivers to focus on their well-being rather than problem-solving administrative process complexities
Draft Report available **NOW** for review:

**Comment** at ICAD or HITAC upcoming meetings:
https://www.healthit.gov/hitac/events/intersection-clinical-and-administrative-data-task-force-meeting-34

**Final Report** will be available in advance of ONC HITAC **Nov. 10th** meeting:
https://www.healthit.gov/hitac/events/health-it-advisory-committee-25

**Stay Engaged:** More to come including your opportunity **contribute & influence**!
Questions?

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