

Quality Measures Workgroup
Draft Transcript
June 1, 2012

Presentation

MacKenzie Robertson – Office of the National Coordinator

Good afternoon, everyone. This is MacKenzie Robertson in the Office of the National Coordinator. This is a meeting of the HIT Policy Committee's Quality Measures Workgroup. It is a public call and there will be time for public comment. The call is also being transcribed, so please make sure you identify yourself before speaking. I'll go through roll call quickly and then ask any staff members on the line to also identify themselves. David Lansky?

David Lansky – Pacific Business Group on Health – President & Chief Executive Officer

Yes, here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, David. Tripp Bradd? Russ Branzell? Helen Burstin? Neil Calman? Carol Diamond? Timothy Ferris? Patrick Gordon? David Kendrick? Charles Kennedy? Karen Kmetik? Robert Kocher? Marc Overhage? Laura Petersen? Eva Powell? Sarah Scholle? Cary Sennett? Sally Turbyville, are you there?

Sally Turbyville – IMPAQ International

Yes, I'm here.

MacKenzie Robertson – Office of the National Coordinator

Thank you. Jesse Singer? Paul Tang? Kalahn Taylor-Clark? James Walker? Paul Wallace? Mark Weiner? Kate Goodrich? Daniel Green? Ahmed Calvo? Steven Solomon? Peter Lee? Marsha Lillie-Blanton? Jon White? Westley Clark? Carolyn Clancy? Niall Brennan? Tony Trenkle? Michael Rapp? Are there any ONC staff members on the line?

Josh Seidman – Office of the National Coordinator

Josh Seidman.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Josh.

Kevin Larsen – Office of the National Coordinator

Kevin Larsen.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Kevin.

Eva Powell – National Partnership for Women & Families

This is Eva Powell. I just joined.

MacKenzie Robertson – Office of the National Coordinator

Great. Thanks, Eva. Okay, David, I'll turn it to you.

David Lansky – Pacific Business Group on Health – President & Chief Executive Officer

Thanks, everybody. Thanks for making time. As Kevin said, it will be a pretty brief call. We just wanted to touch base before the hearing next week and make sure you all were aware of what's pending and have a chance to provide some suggestions on how we conduct the hearing. And then I think Kevin may have another item or two just to run by us. Hopefully you saw in the e-mail that MacKenzie put out the draft agenda for next Thursday, June 7th, Clinical Quality hearing, and as you can see, it's not per se a clinical quality measures hearing, although the quality measures are going to be implied by much of the discussion, and we'll certainly want to be listening for what we hear with regard to how the quality measures have been used, what influence they have on practice and on IT implementation, and what can we learn from recent experience that will inform the Stage 3 thinking that we're just about to get serious about. That's the context for the meeting on Thursday.

Just so you're all aware, there's also a separate hearing on Friday the 8th which will be on the subject of patient generated data, and it's structured the same way, and I'm sure if you're interested we can share the draft agenda for that hearing as well, and both of these of course, given the timeline now, are pretty well cooked. But we as a committee will have a chance to use the time for raising questions with the panelists for discussing issues among ourselves that are surfaced by the panelists. So while the list of who's coming to present and the topics they're presenting on is pretty well set, I do hope you'll feel very free to use this time to our collective benefit to figure out where we're going from here.

So with that, I don't know, Kevin, do you want to walk through the agenda as planned and get any input from the committee at this stage about discussion questions or probes we want to use with the panel?

Kevin Larsen – Office of the National Coordinator

Absolutely. There are a couple of things that I think would be helpful to figure out over this call are, first of all, who can moderate each of the four panels. Historically, committee members, workgroup members have been moderators, and it's not been the person chairing the whole meeting that moderates it but rather an individual moderator for each panel, so that's one item. And then we did supply them with some questions, but they're only going to be giving us five minutes of shared testimony, so that's going to leave, ideally, 45 minutes to an hour for discussion for each of the panels. So during that time, David, you and I had talked that potentially the committee could come up with its own set of general themes or ideas and that we could use as much or as little of this call to do that work as you'd like.

Panel one is really setting the stage, and this is high performing healthcare improvement organizations, as well as the analytic support for them. We have three different points of view around healthcare improvement organizations. Cathie Furman, who's the Chief Quality and Safety Officer at Virginia Mason in Seattle, will be coming and talking about how they view quality and safety, and what I've asked her and the others to do is what do you want from IT. How can IT support you in your quality agenda, and really with a forward-thinking look, not with a "what do you hate about things as they currently stand."

After her we have Dr. Greg Maynard, who is a Quality and Innovation Specialist with UC San Diego, really focusing on inpatient quality improvement. His work has been around all different types of inpatient care improvement, and notably he talks about this concept called "measurevention," where measurement is part of the intervention to achieve improvement. Joe Komura is going to come and speak from the ACO point of view. He's in Boston.

And then we have three different groups that help many, many providers achieve quality. The first is Forward Health Group, who helps build dashboards and registries based on EHR data. Michael Barbouche, who's there, also led the development of the data infrastructure for the Wisconsin Community Measurements Program, so I've asked them to speak on their customers' behalf across a wide range of customers, how their customers are leveraging IT and what we can do to improve that. Healthcare Quality Catalyst is a company that's grown out of the Intermountain Healthcare organization. They focus on inpatient analytics to support quality. And then i2i is a registry tool deployed across hundreds of clinical practices across the U.S., and they will speak on the small practice point of view of leveraging data for care improvement.

Do you want me to just run through all of these and then come back?

David Lansky – Pacific Business Group on Health – President & Chief Executive Officer

Maybe it would be better to stop on this one and see if people, now that they have their heads around who's presenting, react to this and see if there's any themes or discussion probes that people want to make sure we address and use this panel for.

Ahmed Calvo – Department of Health and Human Services/Health Resources and Services Administration – Senior Medical Officer

This is Ahmed Calvo. Can I add one correction, though?

David Lansky – Pacific Business Group on Health – President & Chief Executive Officer

Yes.

Ahmed Calvo – Department of Health and Human Services/Health Resources and Services Administration – Senior Medical Officer

Did you mean UCSD, UC San Diego, or University of San Diego? There are multiple San Diego type universities, but it's really critical to have the right name there.

Kevin Larsen – Office of the National Coordinator

I think it's University of California, San Diego. I maybe made a typo on that.

Ahmed Calvo – Department of Health and Human Services/Health Resources and Services Administration – Senior Medical Officer

Then we should say UC San Diego.

Kevin Larsen – Office of the National Coordinator

Okay, we will do that. UC San Diego is what it is. Thank you.

Ahmed Calvo – Department of Health and Human Services/Health Resources and Services Administration – Senior Medical Officer

That's very helpful. Separate from that, I would like to applaud the mix and the variety and the fact that you've got small practices in the safety net, because I know that i2i is involved in that, but the hospital and the mix, it just comes across very well. So that's my feedback. Thanks.

Kevin Larsen – Office of the National Coordinator

Good, thank you. Are there questions that the group would like us to pose as a group?

David Lansky – Pacific Business Group on Health – President & Chief Executive Officer

Is there anyone who's interested in moderating this session? Given the small group on the phone today, Kevin will probe some other people who are not on the phone to see if we can get somebody appropriate to moderate it.

Ahmed Calvo – Department of Health and Human Services/Health Resources and Services Administration – Senior Medical Officer

This is Ahmed. I actually would like to but I may be locked out with another meeting earlier in the morning.

David Lansky – Pacific Business Group on Health – President & Chief Executive Officer

Okay. Is that something that may be resolved? Do you want to let us know, or do you think it's just not likely?

Ahmed Calvo – Department of Health and Human Services/Health Resources and Services Administration – Senior Medical Officer

I have to check.

David Lansky – Pacific Business Group on Health – President & Chief Executive Officer

Okay. We'll continue to look at other possible moderators. Any other comments about this first one, or if not we can go on to the next. Kevin?

Kevin Larsen – Office of the National Coordinator

The second panel is clinical decision support, and we subtitled this, "The Improvement Arm of Quality Improvement," and here again we looked for a mix. We have Blackford Middleton, who's been building under a contract some tools for clinical decision support and thinking about it at a conceptual level. Mary Goldstein works at the VA in San Francisco and she has been building some clinical decision support tools from a practical standpoint that can be reused across her system at the VA and has quite a bit of opinions about how to build decision support tools that can be leveraged multiple times over and over again. Then we have two vendors who are building decision support tools to be adjunctive aids to EHRs, and the point of view we're interested in there is how can this be a feature or function that isn't only native to EHR but that's also a service that can be linked from outside, and then Patrick Yoder is coming, who is the lead for deploying clinical decision support in a safety net hospital, so how do you do this in a non-academic environment, the boots on the ground experience.

David Lansky – Pacific Business Group on Health – President & Chief Executive Officer

Kevin, the one question I think we should ask these folks that wasn't already in the previous invitation to them is the link between the quality measures, either as currently published or as they would prefer it, that enables the clinical decision support to be motivated, what should we be thinking about as a quality measures group and as a Policy Committee to make sure that the quality measures that we promulgate do leverage the right clinical decision support activity within the health system.

Kevin Larsen – Office of the National Coordinator

I'll draft that into a question. That's a great one. Do we have anyone that would like to moderate the clinical decision support panel?

Ahmed Calvo – Department of Health and Human Services/Health Resources and Services Administration – Senior Medical Officer

This is Ahmed. I can do the earlier one. I just got a ping.

Kevin Larsen – Office of the National Coordinator

We'll put you down. Questions about this clinical decision support panel or other suggestions for questions?

David Lansky – Pacific Business Group on Health – President & Chief Executive Officer

Okay, we'll go on to the next one.

Kevin Larsen – Office of the National Coordinator

The third panel is the Measures Group, and for the Measures panel we have two groups that are talking from the perspective of a federation of eMeasure developers. Floyd Eisenberg is a Physician Informaticist at the National Quality Forum, and he leads the eMeasures Interest Group for the National Quality Forum, and they've recently been having a series of meetings about how can we improve the eMeasure landscape, and so he is coming representing that group's point of view. Ferdinand Velasco is CMIO at Texas Health Resources in Texas, but is also the chair of the HIMSS Safety and Quality Committee. And if you remember HIMSS sent out a letter telling us how they think that measures could be improved, so Ferdinand is going to bring that letter and the point of view of his committee's work around how the measures could be improved. Actually, it's not Steve Brown, there's a guy named Keith from the VA who's going to call in from Oregon. They've been building a set of measure components that can be used interoperably across the VA and they've named that system LEGO. So they're going to describe to us this LEGO system that is being deployed as a way to do interoperable measurement. Rich Elmore is now at Allscripts. He was previously at ONC. He's going to speak about how queries across systems can leverage the measurement. There is a measure developer that I'm hoping will be able to call in by phone from Yale, Susanna Bernheim. I have not confirmed that she can call in. If not, I'm going to get another of the on the ground measure developers to speak. And then we have an innovator who uses measurement components from the Rock Health group in San Francisco to really tell us how could the measure world better foster through this innovation from the ground.

Any moderators who would like to moderate that group?

Eva Powell – National Partnership for Women & Families

This is Eva. I am happy to do that.

Kevin Larsen – Office of the National Coordinator

That would be great.

Eva Powell – National Partnership for Women & Families

And just one thing, I think about this group as well as the first group, obviously all of them are interconnected, but one of my concerns about the eMeasures group is to make sure that it doesn't get stuck talking about the retooling of existing measures. And it seems like, particularly from the last few panelists, that we won't go there because we've got the innovators and the notion of queries health, I'm wondering, though, I feel like it's important to ask someone, and my guess is that it's panel one, something along the lines of what information do you need to collect to know about performance and improve your performance that you aren't able to get?

I know from having a conversation with some folks at Careoregon about particularly measures that are important to consumers and that would give a better indication of those kinds of quality, when I was asking about how they go about quality measurement, she said we really want to be able to collect that, but there's no place to put this information in our EHR. And those are the kinds of things that seem to me to be very critical for moving forward with measures that actually stretch the EHRs and the capabilities of EHRs. So perhaps asking the question about what data do you need, or what information do you need that you would either have to program into your EHR on your own or that you simply don't have, and then somehow couple it with a question on panel three about maybe what's the best way to go about doing that, or I don't know. I'm curious as to other thoughts on that.

Ahmed Calvo – Department of Health and Human Services/Health Resources and Services Administration – Senior Medical Officer

This is Ahmed. That's a really insightful question, I believe, well, I guess a two part question: What kind of data or information do you need, and then how to address it, how to go about it.

Eva Powell – National Partnership for Women & Families

The third group also seems like it might be a good way to explore a little bit the alternative measurement strategy that the Policy Committee advanced in its comments to ONC about Stage 2, and then the notion of using meaningful use and the requirement to submit data through meaningful use as a measure development tool, and that would seem maybe to fit in with the innovation, leaving out some platform of measures, that that's a concept that seems pretty well received but obviously there's a lot of detail that needs to come together around that, and this hearing seems like a good time to restart that process.

Kevin Larsen – Office of the National Coordinator

Great. So I heard, for that panel, a question around what kind of data/information do you need, and especially what is the best way about ... collecting that information.

Eva Powell – National Partnership for Women & Families

Right.

Kevin Larsen – Office of the National Coordinator

And then asking them about this: How do we use the meaningful use program to incentivize or encourage innovation around measurement?

Eva Powell – National Partnership for Women & Families

Right, exactly.

Norma Lang, RN – University of Wisconsin

I have a question about the consumer issue. The next day there's a hearing on patient generated data, so is there going to be a relationship between the two topics?

Kevin Larsen – Office of the National Coordinator

We had talked about finding a consumer voice in this clinical quality day, and we had so much on the plate that we felt like that was being handled so much the next day.

Norma Lang, RN – University of Wisconsin

Okay.

Kevin Larsen – Office of the National Coordinator

We didn't prioritize that for the 7th, but we certainly could prioritize it through questions.

Josh Seidman – Office of the National Coordinator

This is Josh. I'll just add, a portion of the hearing on the 8th is related to patient reported measurement, so it's certainly a piece of what we're interested in, in that hearing.

Norma Lang, RN – University of Wisconsin

That's fine.

Kevin Larsen – Office of the National Coordinator

Any other ideas for questions for panel three? Then I'll move to panel four. This is really the vendors' opportunity, hopefully they will have been there hearing about what everyone else is talking about, and this is their opportunity to tell us what their perspective is on the measurement landscape. And again, I've asked them to focus on how do they see us moving ... to improvement, what's their vision for the future and how do we get there?

Ahmed Calvo – Department of Health and Human Services/Health Resources and Services Administration – Senior Medical Officer

This is Ahmed. I do have one question for consideration for panel three, and that is, how do you see evolution of eMeasures beyond measurement of healthcare to the notion of health? Because remember, we're working with the National Quality Strategy's frame of reference, which is in essence, at least our group here at HRSA, a broader construct of health as a national framework of discussion, and we are obviously starting perhaps with hospitals and inpatient experiences, as well as healthcare systems, but ultimately we have to get to population health, which is really a broader set of other things that are in play. And I'd like to hear essentially what NQF's point of view is and others around the evolution of other measures, or maybe the fact that they exist in other sectors, but how can we anticipate combining that in the future as the measures of health, not just healthcare, because we have to get there at some point, and it might be wise for us to start that discussion soon.

Kevin Larsen – Office of the National Coordinator

Great, I wrote that down, and I'll, again, summarize these and send them around and make sure that the moderators are especially comfortable with those questions. Panel four is the vendors. We specifically chose a mixture of vendors, small and large. The only one that I asked for specific points of view is McKesson. They have a tool called their "visibility" tool, which does real time reporting of issues, and so I was interested in them telling us about their strategy for real time measurement, as opposed to retrospective measurement. The Epic representative is a guy named Tom Yosek. The rest of them you can see, it's Jason Kolpek from Greenway, Diane Browsic from Allscripts, Michael Stern from EMV, and then Connie Moser from McKesson. Any volunteers to moderate the vendor panel?

David Lansky – Pacific Business Group on Health – President & Chief Executive Officer

Kevin, I can be the backup moderator if we don't identify someone else. But we can work off line to see if someone else from the group that would be appropriate to do that.

Kevin Larsen – Office of the National Coordinator

Okay. And questions for the vendors?

Ahmed Calvo – Department of Health and Human Services/Health Resources and Services Administration – Senior Medical Officer

This is Ahmed again. I would encourage the repeat of the broader question of health and not just healthcare. Some of these places already have some thoughts about that, I believe.

Kevin Larsen – Office of the National Coordinator

All right.

Norma Lang, RN – University of Wisconsin

This is Norma Lang. Is there any possibility of asking them about how far along they are with standardization and interoperability and some of their problems and barriers and successes?

Kevin Larsen – Office of the National Coordinator

We sure can.

Norma Lang, RN – University of Wisconsin

Thank you.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President and Chief Medical Information Officer

This is Paul Tang. Maybe questions about leading up to the patient generated data or patient reported data outcomes, how can we capture those and accommodate, sometimes they're individually identifiable and actually contribute to care and sometimes they're aggregate, for example, experience of care. While they may be authenticated to enter the data, they wouldn't want to be identifiable to the health system or provider.

H. Westley Clark – Substance Abuse and Mental Health Services Administration – Director, Center for Substance Abuse Treatment

This is Wes Clark. I'd also like to mention the issue of behavioral health quality measures as a part of the general discussion.

Kevin Larsen – Office of the National Coordinator

Do you have a specific question about the behavioral health?

H. Westley Clark – Substance Abuse and Mental Health Services Administration – Director, Center for Substance Abuse Treatment

I'd like to explore what kind of experience they're having with some of the behavioral health quality measures ...

David Lansky – Pacific Business Group on Health – President & Chief Executive Officer

I think that's a natural extension to Paul's comment about using these kinds of data both for clinical use and for evaluation and given the sensitivity, especially for behavioral health, about identification to the clinician. This is a good discussion to have with a couple of these panels.

Joachim Roski – Booz Allen Hamilton

This is Joachim Roski. One of the things that might be of interest to hear more about is with some of these forward-looking measures that we discussed on this call, if they could speculate, if you will, or share their experiences in what the technical challenges may be relative to fitting such measures into an EHR, and B) what experiences they have had with integrating these measures and their tools into practice workflow issues and what needs to be thought about in that regard.

Norma Lang, RN – University of Wisconsin

That's a great question.

Kevin Larsen – Office of the National Coordinator

A suggestion, I've heard from this group a number of times this question about the platform for rapidly taking in new measures for improvement and new decision support. Is that the kind of question that someone wants to pose to them?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President and Chief Medical Information Officer

Absolutely. In fact, David Lansky's done some pre-work with them in terms of how do we get a flexible platform to accept measure definitions. So it's a combination of accepting evolving measure definitions as well as customizing it to your own organization. So the measure definition defines the data concept that needs to be accessed, and the individual organization knows best where in the workflow they capture their ... data, and that's something they have not been able to configure in today's world.

Ahmed Calvo – Department of Health and Human Services/Health Resources and Services Administration – Senior Medical Officer

This is Ahmed again. Not only that, but we can guarantee that there will be future measures and new evolutions so you have to anticipate how are you going to approach a new measure that comes up in the future.

Kevin Larsen – Office of the National Coordinator

That's the standardized measure definition that evolves over time.

Ahmed Calvo – Department of Health and Human Services/Health Resources and Services Administration – Senior Medical Officer

Exactly.

David Lansky – Pacific Business Group on Health – President & Chief Executive Officer

Kevin, since we had the notes that you compiled from the vendor call a month or so ago it may be worth sharing those notes back with this panel so that they're prepared to follow up on the themes that the group previously had identified about this question of plug-and-play and standards and value sets.

Kevin Larsen – Office of the National Coordinator

I will do that.

Mark Weiner – University of Pennsylvania Department of Medicine

This is Mark Weiner – University of Pennsylvania Department of Medicine. Is there any interest in getting vendor perspectives on patient reported outcomes and incorporating those into the quality measures?

Kevin Larsen – Office of the National Coordinator

I think that's a great idea. It's kind of a caveat to the patient generated data, so we will certainly be sure that we ask about what they think about that or their approach.

Mark Weiner – University of Pennsylvania Department of Medicine

And I'll take it even a step further and talk about adherence measures.

Kevin Larsen – Office of the National Coordinator

It sounds like we have a couple of new people on the call. We're still looking for moderators for the second panel, which is a decision support panel, and the fourth panel, which is the vendor panel. Any volunteers?

Norma Lang, RN – University of Wisconsin

This is Norma Lang. If I can be helpful, I would be interested in clinical decision support.

Kevin Larsen – Office of the National Coordinator

We will put you down.

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This is the Thursday meeting, unfortunately, my clinic day, so I'm not going to be able to make it.

Sally Turbyville – IMPAQ International

This is Sally Turbyville. I was just listening to the questions about the various panels. It seems to me that some of the themes and questions that have been directed for panel one and panel three would be of interest, and panel two, so when the presentations were being described for panel two I heard a lot about the interaction with existing EHR, and it might be interesting to see how they're thinking about interacting for measurement, what they collect through their clinical decision support tools.

Kevin Larsen – Office of the National Coordinator

How did the decision support tool collect data that can be used for measurement?

Sally Turbyville – IMPAQ International

Right, if at all, and how might that inform quality improvement more rapidly.

Kevin Larsen – Office of the National Coordinator

Other thoughts, comments, questions?

Norma Lang, RN – University of Wisconsin

Yes, this is Norma Lang again. I do have a question about, will we go beyond the eligible, and I've asked this question before, and focus on only hospital and physician offices? There's so much discussion now about longitudinal plans, coordination of care, and at what point do we raise questions about other care providers, care settings and make it more patient centered, who have a huge problem with coordinating themselves this care among many providers in many organizations, such as home care, such as primary care. And of course I would also speak from the perspective of the multitude of nurses who really have to manage many of the patients as well as the IT systems. Is there a time when that can be brought in as factors of concern and opportunity?

Kevin Larsen – Office of the National Coordinator

I wonder if the first panel might be a good group to talk that through with. I can imagine all three of our healthcare organizations, especially the ACO, could tell us what their vision is from a care model standpoint about how they are thinking in a patient centered care model ... and what they need IT to do to support that.

Ahmed Calvo – Department of Health and Human Services/Health Resources and Services Administration – Senior Medical Officer

This is Ahmed. I agree, and I'd be happy to bring that up.

David Lansky – Pacific Business Group on Health – President & Chief Executive Officer

I think the same question could be posed to the last panel, the vendors, as they think about, we've talked about the question of whether there's a longitudinal platform or registry that aggregates data from multiple data collection systems and how they're thinking about standards to permit an intermediary layer that would be more of a computational function across those settings of care.

Joachim Roski – Booz Allen Hamilton

This is Joachim Roski. One of the things that I think might be of interest to hear a little bit more about, particularly from panel one, is the ramp up issue. We've identified a fair number of forward leaning measures, if you will, that are certainly not routine in terms of data collection, and I wonder if it might be useful to collect some perspectives on, assuming that you can't have everything at the exact time, how you would prioritize and how you would sequence some of these innovative measurement concepts.

Kevin Larsen – Office of the National Coordinator

That is a great question. In my discussion with Janice Nicholson from i2i I think one of the themes she's going to bring is, as they've gone live in over 1,000 small practices they find that even one vendor to another they have to totally re-map all of their data elements in order for them to build an analytics tool, so they're going to talk about the inside of the vendor inconsistencies. Other ideas, questions, thoughts, volunteer to moderate the vendor panel? David, that's all I have for an agenda, unless you have other items.

David Lansky – Pacific Business Group on Health – President & Chief Executive Officer

No, I think, as everyone knows, we're going to turn our attention after these hearings to Stage 3 and start thinking about where we're at, what we've learned, what we've heard, and how we take all this input we just discussed and move it into our next stage of work. That's to come, but we have a little breather now after all the Stage 2 work. I think that's it for now, unless anyone on the phone has other topics or questions or suggestions. We'll allow a minute for public comment when we're done as well.

Ahmed Calvo – Department of Health and Human Services/Health Resources and Services Administration – Senior Medical Officer

This is Ahmed. Just a brief question, is the 8th essentially in the same stage of program and agenda evolution? I see them, I guess, as flip sides of the same conversation, but I'm just wondering whether you're set on that one in terms of the types of questions you want to ask and all that

David Lansky – Pacific Business Group on Health – President & Chief Executive Officer

Kevin or Josh, do you want to speak to that?

Josh Seidman – Office of the National Coordinator

Yes, it's Josh. We have a pretty good sense of the set of questions and we have a number of the panelists in a similar stage in terms of nailing down, actually, I think we're pretty close to nailing down the panel chairs, but we're still trying to iron out some of the details around the organization of things. It's pretty close.

Ahmed Calvo – Department of Health and Human Services/Health Resources and Services Administration – Senior Medical Officer

Thank you very much. Again, from my perspective I'm very impressed with how they feel and the mix of this combination on the 7th. I think it's a very thoughtfully put together set of people, and that's very interesting to see because it's not just the details of what's said but the variety comes across either well or not well, and in this case it's coming across very, very well to me. Thank you.

Kevin Larsen – Office of the National Coordinator

Thank you. I'll just make a brief summary. I have Ahmed, who volunteered for panel one. I've got Norma who volunteered for panel two. Eva volunteered for panel three. Do I have that correct?

Eva Powell – National Partnership for Women & Families

Yes.

Kevin Larsen – Office of the National Coordinator

And then I will send out to the fourth panel the summary of the Vendor Tiger Team comments so that they are prepared with those questions, and then I will type up these ideas for questions and then I'll send them around to the group to see if anyone has any edits or changes to make. And then I'll be sure that the moderators for each panel have these questions we've come up with as a group.

David Lansky – Pacific Business Group on Health – President & Chief Executive Officer

All right, thanks, Kevin. Thank you all for your time today and creativity. And I'm sure we'll have even more of the latter during the meeting on Thursday and Friday. So thanks again for your time, and I hope to see you or hear from you on Thursday.

MacKenzie Robertson – Office of the National Coordinator

David, before we go, would you like to do public comment briefly?

David Lansky – Pacific Business Group on Health – President & Chief Executive Officer

Yes, that's right. Thank you.

MacKenzie Robertson – Office of the National Coordinator

Operator, can you please open the line to see if there's any public comment.

Public Comment

Operator

If you are on the phone and would like to make a public comment, please press *1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. We do not have any comments at this time.

David Lansky – Pacific Business Group on Health – President & Chief Executive Officer

Okay, thanks very much. Thank you all, and we'll see you next week.

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Thanks, David.

W

Thanks.

MacKenzie Robertson – Office of the National Coordinator

Thanks, everybody.

W

Bye.