

**HIT Policy Committee  
Quality Measures Workgroup  
Vendor Tiger Team  
Transcript  
June 21, 2013**

**Presentation**

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Good afternoon everybody. This is MacKenzie Robertson in the Office of the National Coordinator for Health IT. This is a meeting of the HIT Policy Committee's Quality Measures – Vendor Tiger Team of the Quality Measures Workgroup. This is a public call; there is public comment on the agenda. And for the transcript, I'll just remind everyone to please identify themselves. So I'll now take the roll call. Ginny Meadows?

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Here.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Thanks Ginny. Jim Walker? Mike Aswell? Could I just ask everyone to mute your lines please? Chris Bontempi? Annette Edmonds? Joe Geretz? David Lansky? Kip LeCrone? Margaret Lohnes? Stirling Martin? Jon Morrow? Karen Nielsen? Lynn Scheps? Melissa Swanfeldt?

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Melissa's here.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Thank you Melissa. Any ONC staff members on the line?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

This is Kevin Larsen.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Great. Thanks Kevin. And with that Ginny, I'll turn it back to you.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Thank you so much MacKenzie. We have a very light turnout today, I think everybody's enjoying this weather and the summer vacation, the first day of summer today, so, everybody's kicking it off well. But here we are so we're going to go ahead and start this discussion. I think everybody got the spreadsheet that really has the details of what we're going to go through today and get some feedback from everyone on. And as you can see from – if you read the preamble, this is a continuation of the discussion we actually had in our last meeting, when we talked a little bit about how data intermediaries may play a role in quality measurement and quality improvement with the Meaningful Use Program. And a lot of this was started, as we probably remember from the American Tax Payer Relief Act that talked about being – allowing an eligible professional to actually meet some of the reporting requirements for PQRS if they were submitting data satisfactorily to a registry. So, this is kind of a continuation of some of the different areas that would be important to look at and some of the feedback that folks have given in the Data Intermediary Tiger Team on what would be necessary in order to move forward with that, especially in light of the Meaningful Use Program. Kevin, do you want to add anything to that, you probably have a lot more background, as you, I know, were on the last Data Intermediary Tiger Team meeting.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Certainly. So the, and Maria, feel free to chime in as well. There is an express goal by CMS, as well as a number of private and states to align measurement as much as possible. And so that means aligning around certain measures and also means aligning around programs that report measures. And so as this new requirement came, or the new legislation, the Taxpayer Relief Act came, allowing for registries to be utilized for PQRS reporting. Because there is a commitment to align Meaningful Use and PQRS Programs, there is some discussion about what that means in the particular focus of the Data Intermediary Tiger Team.

There's also been some ongoing discussion at the Quality Measures Workgroup and through our hearings as well as with this group, about what do we mean by a registry and what do we mean by a data intermediary. And trying to describe that, both how they're currently functioning, but for this group I think, and as well as the Data Intermediary Tiger Team, also into the future what might it mean as far as the certification. And so we have the current certification standards for capture, calculate and report the clinical quality measures, we know that many registries and data intermediaries are actually planning to certify or have already certified to the calculate and report components of the Meaningful Use 2 certification. So, this is looking both at what currently exists, as well as what the recommendations might be for what should come in the future. And the goal for this meeting today is to really for this team to review the work of the Data Intermediary Tiger Team as it goes on to the Quality Measures Workgroup and ultimately to the Health IT – for a series of recommendations around data intermediaries and registries. Maria, do you have anything else to add?

**Maria Michaels, MBA, CCRP, PMP – Program Manager/Policy Analyst - Centers for Medicare & Medicaid Services**

The only thing I would add to that, I think that was – thank you Kevin that was a good summary. One of the items that we would like to think through is sort of for the longer term, so beyond Stage 2 for example, if the qualified clinical data registries were to create innovative or additional clinical quality measures and then electronically specify them, what kinds of requirements can CMS have and likewise, ONC could include in certification, so that it would work really well in the process.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Okay, that sounds great. Thanks both of you guys for the good explanation. Does anybody on the phone have any questions that they thought of as this discussion was happening or as you looked at the preamble on the spreadsheet, before we get started at looking at the recommendations?

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

No questions from me Ginny.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

And Karen, are you actually there? But Karen said she was on the phone, but I don't hear her.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

And Elise, are you there? I'm going to check with Elise around the corner to see if she needs help getting logged in, I'll be right back.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yeah, she said she was actually dialed in –

**Karen Nielsen – R&D, Analytics and Business Intelligence – Siemens Medical Solutions**

Interesting. Hi, I'm here now.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Oh, there you are. All right, good.

**Karen Nielsen – R&D, Analytics and Business Intelligence – Siemens Medical Solutions**

Sorry.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

We're just checking and making sure that there were no technical difficulties.

**Karen Nielsen – R&D, Analytics and Business Intelligence – Siemens Medical Solutions**

Thank you.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Okay, great. Okay, so Kevin, are we going to go through this PDF then, is that where the recommendations are? Okay and you guys already saw this in the spreadsheet that Jesse sent yesterday, so this really just goes along. As you can see, this is the preamble that we just talked about; I think I gave a good review, along with Kevin's thorough explanation and Maria's additional information on really what we're trying to do with this whole effort. And one question I had is there a timeline of when these recommendations are going to go actually to the Policy Committee? Will it be the next meeting of the Policy Committee?

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Kevin do you want to go over this, I can probably give some insight into that.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Go ahead MacKenzie.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

I was going to say, based on my conversations with Jesse, the recommendations will be presented to the Quality Measures Workgroup and then it is slated for the July 9<sup>th</sup> virtual Policy Committee meeting.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Okay great, that's helpful to know.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

This is Kevin. I'm going to introduce a new member to the ONC team as well, this is Elise Anthony, and she's a senior policy advisor working on Meaningful Use with us, and we're really excited to have her here. So, it's one of her first FACA calls, I think.

**Elise Anthony – Senior Policy Advisor for Meaningful Use – Office of the National Coordinator for Health Information Technology**

It is it is. Actually, it is my first one. Thanks for the introduction, I really appreciate that. Sorry that you guys couldn't hear me before. I'm joining the team, so I'm listening in and looking forward to working with all of you guys in the coming weeks and months.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Oh great, welcome Elise, we're glad to have you.

**W**

Welcome.

**Elise Anthony – Senior Policy Advisor for Meaningful Use – Office of the National Coordinator**

Thank you.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Absolutely. So I think we can go on to the next slide because I think we talked – unless there's anything else you think needs to be mentioned about the preamble, Kevin. Okay, so this gets into what we saw on the actual spreadsheet that was sent to us. And it goes through the different recommendations for each area. So the first area is around accepting the EHR data for clinical quality measure calculation. And there are some short-term recommendations, as well as some long-term recommendations for that. So for short term, they're talking about the fact and recommending that these would function as certified EHR modules, that they would accept QRDA category 1, consistent with the current certification standards. And then the next item was around looking at what the standards and certification criteria were for Meaningful Use 2 with what we all know very well, what we're having to do to certify our systems for Meaningful Use 2.

Long term they're discussing the fact that intermediaries would accept quality data that conforms to potential of any future standards in addition to proprietary quality reporting formats. Do we have any feedback on that – those recommendations, anybody?

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

This is Melissa. When I look at the proprietary quality reporting formats, it makes me a little nervous that we could end up with many masters and too many standards and proprietary things to report to. So wherever we can minimize, and I know that we've had this on many calls before, minimize the number of standards that we have to conform to as a vendor, it's easier on us and much easier on our customer base.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

This is Jim Walker, I'd agree. I think it would make sense to say they're required to accept and transmit information in standard formats and let them compete in the market if they want to be able to manage proprietary formats, also. That could be a basis on which they compete with each other.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Sure. I think again, if there are new future requirements of future standards, we'll work with those as they come out, but if we're trying to meet many masters, I think it'll be difficult.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yeah, I agree with both comments that were made. I think that in thinking about the fact that we as vendors would want to definitely accommodate our customers, but we could have multiple customers wanting to report to multiple different registries that all have proprietary formats. That would potentially become rather burdensome on trying to address all of those different formats. So I think the way to view it is exactly what Jim said in that for the accepted program and for certification, they would need to follow standards. There could potentially be some capabilities outside of that process that they could choose to participate in, but it would really be more of a competitive advantage piece and it would have to have, obviously, buy-in from all stakeholders. Does anybody have anything else on that piece?

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Ginny, I'm going to read back what I'm taking as notes.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Okay.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

So that for certification and accepted programs, data intermediaries would follow national standards.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yes.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

There could be additional proprietary standards that could be used as well, but – is that correct, with that, right?

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

But that would be optional, not –

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

That would be optional.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

– not mandated.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yeah, absolutely.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

There could be optional additional requirements –

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

No just – they could manage – they could accept proprietary formats as an option, just as a business decision.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Okay – proprietary formats could be used optionally for business decisions, but not for national programs or – does that –

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Well I guess in my imagination, they might receive a proprietary format, convert it into an acceptable submission format and that could be part of their value proposition.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Okay.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

But the point is, they wouldn't be required to do that, they would do that based on their location, their customer base, the demand, all the appropriate things.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

And I think the other important piece of that is that the EHR that was sending the data would not be required to be able to send it in the proprietary format, but may choose to do that –

**W**

Yeah.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Right.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

– if they wanted to work with that particular registry.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

I mean the whole point of these standards is to simplify and make things more efficient.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

And having too many is not a standard.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

No, I think I caught it, that's great.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Okay. So let's go on to the next item. So the next part is ensuring the quality of data transferred and stored. And for the short-term recommendations, they've got require import and export testing for certification as in Meaningful Use 2. Provider's will attest that data reported in the EHR is consistent with clinical care that occurred and intermediaries would attest to having a data validation plan that will be available to federal stakeholders on request. They would also attest that the data they report to HHS is truthfully described clinical care and is faithful to the data received from the providers. And then long-term recommendations, the attestations as above in addition to federal regulators or representatives will be responsible for random or periodic audits of intermediaries to prove compliance with entity data management and maintenance of data quality. Comments on those recommendations?

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

This is Kevin. First of all, is it clear to this group, I mean that's one of the nice things about bringing these through more than one group is that first I want to be sure everyone – they're clearly worded and understandable.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Okay, that's a great point Kevin. Thank you.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Well this is Jim. I don't know what is envisaged with a data validation plan that the intermediary would attest to.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

So the discussion at the Data Intermediary Tiger Team is, that instead of mandating a single way that data validation would occur, that there instead would be as the kind of an interim stage or maybe forever, that the data intermediary has to be able to articulate what is their plan that they validate data.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

But they don't validate the honesty of the provider, they validate – what are they validating, that they keep the data integrity that they keep –

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Correct, that they have a process around data governance and they have process around how they're assuring that data doesn't degrade through their intermediary status.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Yeah, I think it would be more clear if we said something like that a validated plan for data security and confidentiality or whatever specific things we mean there.

**W**

Governance, integrity, security, etcetera.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Yeah.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yup. I think that would make it much clearer.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Validated plans for data security, data integrity –

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

My guess is that's probably pretty much, what was meant, although I don't know.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Okay.

**Karen Nielsen – R&D, Analytics and Business Intelligence – Siemens Medical Solutions**

This is Karen, I have a quick question, do we all agree what data integrity is defined as?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

Could you speak up, we could barely hear?

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Yeah, somebody's breaking up.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

You have a lot of static in your line again. I'm sorry.

**Karen Nielsen – R&D, Analytics and Business Intelligence – Siemens Medical Solutions**

I'm going to call back on a different phone.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Okay. All right, Karen had that problem on the last call we were on, so unfortunately, hopefully she'll call back and be able to add her comment in. How about for the long-term recommendation? So random periodic audits of intermediaries, I mean that sounds like a valid request.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Yeah, I agree with that. I think that if they're going to be the intermediary and the keepers of data, then they should have to have some type of an auditing process to ensure their complying with what they said they would do, again, whether it's their data governance or their integrity.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

I guess one of my questions when I look at this, especially for the long term is how this fits into certification, and thinking about the tools that we're using today to certify that the data we have is accurate and that we are able to create an accurate QRDA from that data. Would that be something that should be included here, that they would have some kind of a certification process to validate the data itself?

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

What about the data?

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Well the fact that the data could appropriately represent a QRDA for the meaningful use measure or whatever measures they're reporting on. I guess I didn't see that in anything on these recommendations, even further along, where they actually validate that.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Yeah, that's back to my question. I mean, if the intermediaries are responsible for receiving information in standard form for maintaining its integrity and security, for processing it appropriately and for transmitting it with its integrity intact and in standard formats, then yeah, I would agree. It's just when we say validate the data that could be read three years from now as saying they somehow are responsible for the provider having –

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yeah, and that would be a concern for sure. But yeah, there seems to be that middle step of where they have to ensure that what they're – they can't validate what the provider's sending them, but they should be able to validate that what they get can then create the right information to create a QRDA for those measures that they're going to be transmitting to HHS.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Oh, I see, so sort of validate that it's appropriate information to be processed.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yeah, because I don't see that anywhere else where we're kind of validating the transmission of the data and that it's correct – that what they got is what they send, basically. Does that make sense?

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Yeah, I think we need to say it carefully so that the intent remains clear through time.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yeah.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

So I can read back what I've written so far, so I'm still in the validation plan and I said they will have a validation plan that will include data security, data integrity, but will not validate the truthfulness of the provider data.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yes.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

They will validate what they get from providers as appropriate in a format and in submission. I've got to reword that a little bit. And then I kind of paraphrased that what they got is what they sent.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yes, exactly, that's what I meant anyway. So, I don't know if anybody has any other comments to that.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

So would it be appropriate for submission format, is there more than that?

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

I think maybe we'd want to say for processing.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

For processing, okay.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Or do we not see them processing what they receive to achieve the report.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

So – we – with the people that have been on the Data Intermediary Tiger Team calls, have – some vendors but also people that work in health information exchanges and a number of people that work at specialty society registries –

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Uh hmm.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

– and they tell us that they do a fair bit of processing, both in calculation of rates as well as building dashboards and comparisons. So we would assume, at least from the Data Intermediary Tiger Team that there will be processing.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Yeah, and so I'm sorry, I don't know the name of the person who I'm conversing with –

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

This is Kevin Larsen, sorry about that.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

No, the woman with the lovely low voice –

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Ginny.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

– but anyway –

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

That's Ginny Meadows –

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Hey Jim, this is Ginny.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Hi Ginny, I'm sorry. So I think that's what Ginny was getting at that they would also validate that the information was appropriate for processing. Is that what you were saying Ginny or did I miss that?

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Umm, appropriate for processing –

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

No, okay.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

– I'm trying to figure out what that means.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Well, I mean, if I recei – I'm an intermediary and I receive the telephone book, I'm going to say, well but I can't process this and come up with e – quality measures out of this.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Right.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

That's not what you were – well, if that's not what you were talking about, I don't think we need to add it in.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Well, yeah, no I wasn't really talking about that. I think more what I was talking about is the fact that if they're receiving data from a provider, and then they're taking that data and they're going to send it – they're going to transmit it to HHS based upon the format that we've defined, which today the transmission format is QRDA, that they are doing that process correctly. So in other words, there would be a certification process similar to what we go through today with EHRs where they would actually have to validate C2 and C3. Which I don't know how – if you're engrained into the certification process, you kind of understand what C2 and C3 is, but really making sure that what I sent – what I get sent I can turn it around and correctly resend it to the other entity that I'm transmitting to.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

So they'd be validating their processing scheme then.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yeah. Yeah.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Oh, okay.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Does that make sense?

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Yeah, I think it does. I think that's worth saying, that they – that would be part of their data governance, I assume, would be sort of integrity, security and processing schemes, and they would have a plan for doing all of that and if they were audited, they'd be responsible to show that they followed their plan.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Well, and would that not be included as part of what they would have to certify to, as part of the certification program as well.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

I would think so, yeah.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Yeah, I mean, I think if the vendors go through that certification process for the C1 and the C2, there should be a similar process for what the certification requirements are for these entities.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Right.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

It might be slightly different, but I think it would be in the same vein.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

This is Kevin Larsen. I think that what you're talking about is in the short term, there's a validation plan and in the long term, there is a certification plan...

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yes.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

– that is similar to the certification of C2 and C3, is that correct?

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

That's what I meant.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Yes.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yeah. And that would actually assure the providers that were contributing data that their data was being handled correctly – it would be another – that they go through a certification process as well.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions** right.

Right.

**Karen Nielsen – R&D, Analytics and Business Intelligence – Siemens Medical Solutions**

So we've been using the word integrity –

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Um hmm.

**Karen Nielsen – R&D, Analytics and Business Intelligence – Siemens Medical Solutions**

– have we all agreed to what that definition is? The only reason I'm bringing this up is as we bounce between one Tiger Team and another Tiger Team, and we provide new terminology, I think it would be important for us to ensure that there's definitions put against any new terms we introduce. Even though I think everybody would think we are agreeing on what the definition is, I think a year from now; we want to make sure whoever reads this understands clearly, what we're saying. So, Kevin, is there a process for that?

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

I –

**Karen Nielsen – R&D, Analytics and Business Intelligence – Siemens Medical Solutions**

– integrity?

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

I think the process is for you guys to sort of give it a stab and we can move it – we could review it with the data intermediaries if you'd like. Also, this will go through the Quality Measures Workgroup and ultimately to the Policy Committee, so your recommendation could also just move forward. So, you can help give it a draft, as well as help say where else you'd like to be reviewed.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

So this is Jim, I introduced the word. I thought it was standard in data processing, this term of art for just having practices in place that the information doesn't just degrade in the process of being received and the process to transmit it.

**Karen Nielsen – R&D, Analytics and Business Intelligence – Siemens Medical Solutions**

I think that's a good way to put it.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Hi everybody, this is MacKenzie, I'm sorry, I have to apologize. I was thinking this was the Data Intermediary Tiger Team, so the trajectory for recommendations, I'm not 100% sure on, it's the DITT, the Data Intermediary Tiger Team that was presenting next month, so I'll have to get with Jesse to see the exact time frame for any possible recommendations from here.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

So MacKenzie, this is Kevin. My understanding from Jesse is that the DITT and the Vendor Tiger Team will likely present this information together; we'll consolidate this to try – because the work of the two groups is so similar.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Okay.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

And so I think that if there's considerable disagreement that we will present the two – the disagreements, but for the most part, we will, Jesse and I, will work on a kind of consolidated presentation and maybe present some nuance differences. But for the most part, there have been a lot of vendors involved in the data intermediary, so we're at least at this early point, assuming there will likely be convergence of the two opinions.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Okay, thanks Kevin.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

That makes sense. Thank you. So Kevin, do you need anything else then around the definition or did you think that that captured it. I thought that captured it well.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

This is what I put down, the data processing – that information does not degrade in the process of being received and transmitted.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

And processed.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

And processed. So we will add that to this presentation.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Great. Thank you.

**Karen Nielsen – R&D, Analytics and Business Intelligence – Siemens Medical Solutions**

Thank you.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Any other comments on this area, anything else from the team?

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

So, this is Kevin. Just to clarify, you're in agreement with the short term recommendation that they have a plan to – that's available about their data validation – additional components and that be recommended that I took down, that it's really more about data security and data integrity, but it's not about truthfulness. And then you also agree with the long-term plan around some periodic audits, but you further would like to see a certification program for these intermediaries in the long term.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Correct, that's – I think that's what we all agreed to.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Yes.

**W**

Um hmm.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Okay.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Okay. So the next area is under ensuring privacy and security of data transferred and stored. This is fairly simple, this area. The short term and long term are the same here, and that would be that intermediaries would attest to auditable data privacy and security plan, policies and procedures. Comments?

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

So this is Jim, why wouldn't they submit the plans in the long term?

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

This is Kevin. I don't remember that particular nuance from the Data Intermediary Tiger Team call; it could be that that's just a transcription error.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Yeah.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Also, when you think of like the data and security, privacy plan for hospitals or EPs going through meaningful use, they attest to – that they have a – that they do the plan and audit and whatever, I'm not –

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Oh, so this is the way JC does requirements?

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Yes.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yeah, and there is no requirement today in meaningful use for providers to actually have to submit that plan.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Right, they just attest that they have a plan.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Great. I'll withdraw that. Great.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Okay. So you agree to both of these, that's what I am hearing?

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Yes.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Yes.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Okay. The next area is under patient and provider attribution. So this also is the same for short term and long term and basically, intermediaries may develop proprietary attribution logic, but must disclose the attribution method employed to providers and federal stakeholders. So yeah, so this is definitely an interesting area. I know just my own kind of thinking, it would be great if we had some way to standardize attributions, but knowing how complex it is and what you get into trying to do that, I'm not sure that that's a goal that would be achievable. I don't know if anybody has any other thoughts or comments around that.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

I kind of – I agree with you Ginny that it would be great to have some type of a standard for that, but, it is not something that easy fits into a calculable algorithm.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

This is Jim with another ignorant question. There are no non-federal stakeholders, states or anyone else, private payers, anyone else who would have a reason – sort of a reason to access these?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator**

This is Kevin Larsen. I guess the – that's not ours to speak to, although the group could consider whether they wanted these to be publically available.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

So are you thinking Jim in terms of the fact that some of those folks might have their own attribution logic, I know most payers have some kind of attribution logic for sure.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

I'm just thinking of like state Medicaid Programs or –

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Um hmm.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

– others like that who might have an appropriate interest in understanding how their Medicaid contractors were –

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yup.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

– it seem – it strikes me as one of those narrowings that may not be – down the road we'd end up identifying a few use cases where some non-federal stakeholder had an appropriate interest, particularly state Medicaid programs I think is probably one that is true.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Well and in just my experience, I think some of the difficulty too is both with Medicaid and with private payers, they might have their own way of thinking or own proprietary method of thinking how attribution needs to be done, which could conflict with both the registries logic and with other entities that this registry was reporting to, so I'm not sure how to reconcile that. But –

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Well I guess my idea is if they knew what the attribution logic was, they'd be in a position to at least have a conversation.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Right, good point.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Yeah, I'm not talking about forcing anyone to do anything; it just seems like sort of appropriate transparency.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yup. Yup. No, I agree.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

So how do you want to modify this statement to reflect that?

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Well I guess we're really saying publically available, aren't we – or I am.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yeah, I think so. So I think what we wanted to do is broaden that last part. It says to provide it in federal stakeholders it would be maybe we just change that to being publically available.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Yeah.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

That the attribution method employed must be publically available.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

I think that would cover it.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Yeah, I think that's right. It can't be part of their value proposition if providers and federal stakeholders know it anyway, so I don't think we're affecting them substantially.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

And is that the same for the short and long term?

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

I'm not sure I'd see a reason for it not to be, unless anybody –

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

It doesn't seem to need to be different.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

I agree. Are these going out for public comment?

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Well so this phone is public – the call is public and then this all becomes part of the transmittal letter, eventually, that the HIT Policy Committee will make to CMS.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

But there's nothing like a comment period or anything like that?

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

So presumably, and Maria maybe speak to this, presumably there will be a proposed rule that comes out in response to the Taxpayer Relief Act. And so at some point there will be an opportunity to respond to CMS's proposed rule.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Oh good. Okay. So if they could make a case that it should be narrower in the short term and broader in the long term, they could make that case in the comment period.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Correct.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Okay. Then I think we should just recommend that they are the same.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

And to be clear, the work that we're doing here isn't necessarily informing the proposed rule at CMS, although we know that people like Maria are on the phone, but we don't really know where those rules are in their process.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Okay, fair enough. Okay, ready to move on? I think this next area will have some lively discussion on. So the next area is design innovative, eClinical Quality Measures that providers use for Meaningful Use credit. And that gets into short term; providers would only get credit for measures that are part of the EHR Incentive Program. Long term there should be a minimal set of standardized quality measures that approximate the core measures for the EHR Incentive Program, allow intermediaries to develop proprietary measures and providers to be deemed for reporting on intermediary-developed measures using a future standard reporting document QRDA cat II or something like that. And then also requiring some review of proprietary innovative measures that is less extensive than current requirements for national endorsement. And I'm not going to read the rest of all this, but I think if we get into it, it really talks about how you would actually conform – what constraints you would put around those innovative measures and what you could constrain them with and what you couldn't. So comments on this area.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Oh Ginny, this is Melissa. What I would say is – the first – the short term is fine for me, I don't have any problem with that statement, 5.2 long term I'm fine with that statement. It's when we start getting into 5.3 and such, I get a little bit nervous about sort of again. I think it kind of comes back to our earlier conversation about sort of the number of standards and the number of measures and the number of things that we're working towards. And the fewer that we have, the easier it is for the customer base, both the providers and the hospitals, to be able to push information, because again they're not going by many masters, but that's sort of my two cents on that. And I guess on the 5.4, having a less extensive requirement for national endorsement makes me a little worried that something will get missed in a shorter process. It's not that they agree that the process can be lengthy, I want to make sure they're not creating all these new value sets, they're not creating a whole new process that the vendors are going to have to spend a lot of time working towards. That's my two cents to start the conversation.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yeah and – go ahead Kevin.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

I'll just give a little bit of context. The first is that this is a pathway for things like the surgery – the Cardiovascular Surgery Registry to potentially be a part of the PQRS program, and so there has been discussion at the Policy Committee and the Quality Measures Workgroup that these registries may serve two functions. One is this kind of potential as a parallel pathway for quality measurement, which is – what's being discussed here where the data comes in and they do the processing and there are measures that are much narrower because of specialization or special use cases. And the other thing that's been talked about that's the context here is that this might become the proving grounds for the zone to identify measures into more standardized programs and processes. So that's the context.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Okay, well that helps clarify that a little bit.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

So this is Jim. My concern has more to do with population health improvement. I think it's a mistake to create pathways for measures to be developed that aren't – for which one of the criteria is not that they address significant population level need. And the second – my second concern is that the process – the sort of standard process for quality measure development should be as parsimonious as possible, which means that having a more parsimonious process it produces quality results that will actually benefit the population is not possible by definition. We've got to make sure that the core process is as simple and quick as possible, and then why would we accept measures developed on some quicker, simpler method.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yeah, one of my thoughts around that too is there really would need to be some kind of a process developed – to validate those measures. And not to say that we would want them to go through the current endorsement process, but there would really need to be some way, as we think about it, for those measures to go through feasibility testing. And it may be some streamlined part of feasibility testing, we're working on some of that today of the National Test Bed but, I think we really need to think about how that streamlined process could work and put some kind of structure around it. Because we wouldn't, as vendors, we've really struggled with wanting to be able to be nimble and quickly be able to incorporate new quality measures. And the best way we have of being able to do that is to know that there are certain standards put around us and that they will be accepted by the providers, etcetera, and that they've been tested and have gone through that process. So, it would be critical to really think about what that streamlined process could look like in order to make sure that we have some of those components built into it.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

This is Jim. To try to say it differently, all standards ought to be the same quality, whatever their source. And so if there's a way of streamlining the process that results in the same quality or higher quality standards, then everybody ought to adopt that streamlined process. But it's illogical to have two different processes or more than that, I guess, presumably, processes for creating standards and to expect that we'll have equally effective, in terms of benefitting similar numbers of the population and equally high quality, equally executable, equally accepted by clinicians and patients. It just – if there's a better way to do it; we ought to do the better way to do it for the national standards.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

This is Kevin. Thank you, I think I have that down; I want to be sure we have time to get through the rest of this, and we have nine minutes left.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yup, all right. So the next area, unless anybody has anything burning to say about that last piece, don't want to cut anybody off. All right, reporting to public. For short term, no reporting of Meaningful Use CQM scores and long term it will mimic the reporting for – by HHS for Meaningful Use. Comments on that, anything? Is everybody in agreement? I mean to me that looks okay.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

I don't know that it impacts us as a vendor community that much anyhow.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Does this mean that they're not allowed to report or they're not required to report or both?

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

I think it is not required, they're always allowed because they can always come through the C2, C3 pathway now, so they can be part of the standard EHR certification modules today, and many of them already are.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

I'd just say that then, I'd just say no required reporting.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

That's a good point.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

And then long term, they would be required to report, is that what that says?

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

The requirements will mimic whatever HHS requirements are.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

So they will be required to report publically and they will use the same scheme that HHS uses, is that what we're saying – or what's being said here?

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Well that's a good point and –

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

– I'm reading it –

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Why would they be required to report?

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

I was going to say, looking at this I would kind of think that maybe the Meaningful Use piece too might be a little bit misleading because when I think about what the ITPS rule is proposing for the IQR Program, which will be aligning with the Meaningful Use Program. So it may be that it would – public report requirements would mimic the reporting required for Meaningful Use and other aligned programs?

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

But if they transmit the information to whomever, CMS or whomever, and CMS has a policy of publically reporting results, I assume they would, it just – it seems to me that to require intermediaries to do that requires them to have a legal and communications and PR apparatus that may be fairly extraneous to their responsib – to their core job.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

This is Melissa, can I maybe make one comment. As a – thinking of it as you – from a vendor Tiger Team perspective, as a vendor do we really care one way or the other on this, if it's something that the intermediaries are responsible for?

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Well I mean that's a good point. I mean, as a vendor, this doesn't really affect us, right, what they have to do for –

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

And – to me if you handed the results of an intermediary, that might be different, but as a vendor community, I don't know about that.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Well maybe just as a friendly advice, we could suggest to the other Tiger Team that they first of all, just clarify what they mean and then really think about what they seem to be saying.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Good point.

**Karen Nielsen – R&D, Analytics and Business Intelligence – Siemens Medical Solutions**

All right, one final thought. CMS has a policy for, for instance Hospital Compare that measures have to be collected for two years prior to a public reporting. And to Ginny's point, there is a methodol – well, there's a methodology, a system that is set for that; however, at this point in time, there – if we are going to expect an intermediary to go through all of this extra work, there is financial consequences to the provider community as a result of this. And so I would just caution to make sure that we understand where and how the cost associated with this requirement would fall.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Absolutely.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Karen, that's a good point.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Yup.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Okay, anything else on this? Kevin, do you have any clarifications needed or are you good?

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

No I'm just – what I said is that in general there is agreement, you're worried about the language requiring the data intermediary to do the reporting, however, the vendor community – we do want to caution about where and how the cost associated with the public reporting by the intermediaries is borne or who would bear those costs.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Sounds good.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Great.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

All right, the next area is reporting to HHS, short term consistent with the current certification criteria, intermediaries that are certified modules will report on Meaningful Use measures via QRDA category III, that's an interesting statement. Requirement for reporting to HHS for innovative measures should mimic those for the legacy Meaningful Use measures. So I guess the first one, the short term, it's interesting that they call out QRDA category III because the IPPS Rule actually says that CMS will not be able to accept category III QRDAs.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

And when you look at the item 1.1, their short-term function is for accept fewer – they will be accepting QRDA category I, okay, forget that. That is interesting.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

This is Kevin. I think that the discussion here was that numerators and denominators of a wide variety of measures would be less burden for the system overall than lots of data elements for lots of brand new measures.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

I guess this goes back to when would this be enacted Kevin, because I believe the IPPS stated that in 2014, CMS would not be able to take in category III. So if this is going to be enacted after 2014, then that apparently wouldn't be a problem.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Why would we just not say both short term and long term, they shall follow the same requirements as legacy MU measures? Then whatever the requirements are, they have to follow them and we don't have to worry about when –

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

I think that's a good point, I –

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Very good point.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Good point, yup. And then long term would be the same –

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Right.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

– so really they should both be consistent with how we're already reporting.

**W**

Um hmm.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

Right.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Absolutely.

**Karen Nielsen – R&D, Analytics and Business Intelligence – Siemens Medical Solutions**

I agree with that.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Okay, so we have two more minutes. Report data to providers; intermediaries will be expected to create reports on performance scores and rates of data errors to providers both for short term and long term.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

I'm reading this; results of what they submit in to this intermediary will be calculated and then provided to those providers, so they know how they're doing and maybe what their benchmarks are.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Correct.

**Maria Michaels, MBA, CCRP, PMP – Program Manager/Policy Analyst – Centers for Medicare & Medicaid Services**

This is Maria. I just wanted to point out that the short-term one says expected and the long-term one says required.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Oh, good point Maria. Thank you. I didn't get that nuance.

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

What does expected mean?

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yeah, really.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

I would assume that it means it's expected that they'll do it, but –

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Not required.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

– not required.

(Multiple people speaking over one another)

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

– provider I don't know that I would want to submit my data in if I'm not getting it back out.

**W**

I would agree. I think if I was a provider, I would want to know what is going into CMS on my behalf.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Sure, and if I'm using that as part of my attestation process to say, okay, I submit my data to the registry, if they're – they might want that returning information in case they're audited or whatever it might be for –

**W**

And for quality assurance to ensure that whatever kind of calculation they're generating at their end, the registry is do – is able to produce the same.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Do you have any particular language or clarifications or comments about these? Do you agree, agree with some kind of additional –

**James M. Walker, MD, FACP – Principal Health Informatician – Siemens Medical Solutions**

This is Jim, I'd just say short term and long term it says required.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Absolutely, agreed.

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

Um hmm. Agree.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yeah, I agree with that. Okay, we're a little bit over, but let's get this last one out there. Achieve scale and viability. For short term, intermediaries are required to disclose their commitment to continued services and participation agreements with providers and they're also – they must have enrolled no fewer than 30 providers in a specialty. So they have to have at least 30 providers. I'm not sure I have a lot of skin in this one, so –

**Melissa Swanfeldt – Associate Vice President, Marketing – Meditech**

I don't have a lot of skin in this one either; I don't know that it really impacts us as a vendor community; although it is interesting that they just have to disclose their commitment. I don't – again, I don't that it really impacts my – the vendors.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

MacKenzie this is Kevin. Can you open this for public comment?

**W**

It also says short term for both –

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Yeah, it does. That is true.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Yup, it's short term for both, which is probably valuable for both of those.

**W**

Uh huh.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Okay, so I guess we need – if nobody else has anything else, we do need to go to public comment, right?

**Public Comment**

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Yes. Operator can you please open the lines for public comment?

**Rebecca Armendariz – Altarum Institute**

If you would like to make a public comment and you are listening via your computer speakers, please dial 1-877-705-2976 and press \*1. Or if you are listening via your telephone, you may press \*1 at this time to be entered into the queue. We have no comment at this time.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Okay. Thank you so much, and thanks everybody for participating today, good conversation. And we'll look forward hopefully to seeing these notes, Kevin.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Yup. Thank you so much, we'll send out some notes and I'll work with Jesse on a consolidated presentation to give to the Quality Measures Workgroup.

**Ginny Meadows, RN – Executive Director, Program Office – McKesson**

Great. All right everybody, have a good week.

**MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Thanks everybody.