

**HIT Policy Committee
Quality Measures Workgroup
Transcript
November 1, 2013**

Presentation

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thank you, good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Quality Measures Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder this meeting is being transcribed and recorded so please state your name before speaking. I'll now take roll. Helen Burstin?

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Terry Cullen?

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Kathleen Blake? Chris Boone? Tripp Bradd? Russ Branzell?

Russell P. Branzell, FCHIME, FACHE, FHIMSS, CHCIO – CEO – Poudre Valley Medical Group

Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Cheryl Damberg?

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Timothy Ferris? Letha Fisher? David Kendrick? Charles Kennedy? Saul Kravitz? Norma Lang?

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

David Lansky? Hi, I'm sorry Norma, Norma Lang. David Lansky? Marc Overhage?

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

Present.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Eva Powell? Sarah Scholle? Cary Sennett? Jesse Singer? Paul Tang? Kalahn Taylor-Clark? Aldo Tinoco?

Aldo Tinoco, MD, MPH – Physician Informaticist - National Committee for Quality Assurance

Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

James Walker? Paul Wallace? Mark Weiner?

Mark G. Weiner, MD – Perelman School of Medicine - University of Pennsylvania Department of Medicine

Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Olivier Bodenreider?

Olivier Bodenreider, MD, PhD – Staff Scientist – National Library of Medicine

Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Niall Brennan? Ahmed Calvo? Carolyn Clancy? Westley Clark? Kate Goodrich? Daniel Green? Peter Lee? Marsha Lillie-Blanton? Michael Rapp? Steven Solomon? Tony Trenkle? Jon White? Are there any ONC staff members on the line?

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

This is Kevin Larsen.

Lauren Wu – Policy Analyst – Office of the National Coordinator

Lauren Wu.

Heidi Bossley, MSN, MBA – Independent Healthcare Quality Consultant

Heidi Bossley.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Hi Heidi and with that we'll turn it over to Terry and Helen.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great, thanks everybody for joining us today, we really would very much welcome your input as we look towards the moving from the current recommendations to what we're going to bring to the HIT Policy Committee on, boy, Wednesday, so just in a couple of days.

So, we wanted to just walk through where we are since we last chatted and I'm glad we have a really good group of folks on today and Terry has been leading the Workgroup from the ACO perspective that has been feeding in sort of more of a population health focus and I think part of what our charge is today, as you'll see when we get to a set of questions, is how does this relate specifically to eligible providers, eligible hospitals as well as understanding the difference between population and provider level measurement.

So, with that, Terry do you want to make any opening comments or Kevin, or should we just launch into the slides and go to the –

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Well, let me make a few opening comments. So, we did have a Subcommittee of the Quality Measures Workgroup and the ACO Workgroup that worked together to take on some charges and they're in the slides so you're going to see them. This is a work that is in process is what we're hoping to present to the HIT Policy Committee is where we are, what kind of framework we've established and what do we believe we can ask them to agree on and what is the work going forward.

What we need from you today is really to help us evaluate, do you think we're on the right track, is it okay to go to the Policy Committee and are there other stones out there that we should be overturning and making sure that we recommend to them where things need to be done. Now that does not necessarily mean that it's the ACO Quality Measure Workgroup that will do that work, but just really how do we push this work as we go forward from a population health and then really, what Helen was saying, how does it relate to the EPs and the hospitals.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah. Kevin, anything you'd like to add before we –

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

No that sounds great, just a little bit about process.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great.

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

As you guys said, ACO Quality Measures Workgroup is actually a Subgroup of the Quality Measures Workgroup so it reports up through Quality Measure Workgroup to the Policy Committee. We've been given a very formal charge from the Policy Committee to talk about deeming, which we'll get into. So, we're giving our – this committee is giving it's deeming recommendations back to the Policy Committee and then Terry and Helen have helped frame up some additional questions about what the committee should tackle next both the Quality Measure Workgroup and potentially the ACO Quality Measure Workgroup.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great, all right, Kevin would you like me to walk through the slides or would you like to?

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

If you'd like Helen go to town, I'm happy to, but if you're comfortable go ahead.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay, I'm able and Terry, please jump in.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Okay.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

So, let's go the slides please. So, as was just discussed today our goal – see if we can discuss and refine the draft criteria from the Quality Measure Workgroup that has already had the input from the ACO Subgroup and develop some draft recommendations on the criteria and exemplars, and specific questions for the Policy Committee, again, recognizing it's only in two days. So, this is just in time info from all of you. So, appreciate it. Next slide, please.

Here are the charges to the group, specifically was to think about how ECQMs and specific measures could be used in place of some of the MU objective measures to deem eligible providers and hospitals as Meaningful Users. And we went through this exercise of thinking about for example the criteria that would be most appropriate and we talked about this on the last call which I think many of you were on and thinking about what those criteria and potential framework for deeming might be, as well as which measures that might currently exist would be appropriate in this role for deeming.

We were interested in specifically thinking about how the eligible professionals and group reporting option would come forward and we'll come back to this a little bit later, but specifically there are some interesting issues around attribution of providers in a group that we'll come back to as well as some other issues around who is the intended end-user of those measures that we heard from David Lansky about but we'll come back to as we go forward. So, next slide.

Some overarching thoughts and a lot of this really came from the brain power of the ACO Workgroup that Terry Co-Chaired and really very much thinking that at the end of the day we're trying to get to health here and much of the current measurement has been very focused on healthcare. There was a sense that several factors would influence how the criteria would be applied to a given measure within ACOs and here's a list of some of those specifically thinking about the ability to define a population and we'll come back to this accountability versus reporting for the organization how well it can be operationalized and then recognizing that some criteria are more important depending on whether you're looking through the lens of a population health focus or through accountability for an organization.

We'll have further discussion about the criteria themselves, are they equally applied, is it likely that only some will likely be applied for measures in use and then how might we indicate where some low ratings would still reflect work that needs to get moved forward on that concept. Next.

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

Helen, this is Kevin –

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Helen?

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yes?

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

I'm just going to intersect for a sec.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Go?

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

David Lansky sent some comments and so one thing wasn't clear I want to kind of clarify that here and that's why so much talk about ACOs, it was very intentional on Paul's part when he gave the deeming charge, he wanted to think about deeming in the context of the new care models as Meaningful Use is there to support these new kind of care models.

So, Paul was very directed about how he wanted to have the ACO and Quality Measures Team be thinking about this deeming first and foremost in this ACO context even though that is not part of the Meaningful Use Program it's tools for new care models and then secondarily to be more practical about what are the fee for service standard EH and EP providers. So, we're tackling both but that's why all the discussion about ACOs.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah and Terry did you want to jump in?

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Yeah, and this is Terry and I also want to note that when we first started this we weren't talking about deeming, I think it's important that people know that, deeming kind of came to us, to this Subgroup, because of the concern or the indication of interest from the Health IT Policy Committee to use deeming for Stage 3 and we'll make sure you all understand that by the end, but I think that what you see here is really important that because it was the ACOs and the quality measure we took it up a notch.

We said it's not about health measurement, it's not about quality indicators, it's really about health as the primary outcome and you're going to see that inform the strategic framework that we came to agreement on for how we're going to use the measures. So, I just want to remind people that –

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

That influenced the entire rest of the dialogue, especially driven by the ACOs with the recognition that the really primary outcome was health.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right and that will be an interesting challenge as we start translating some of this back to thinking about how it might apply to EPs and EHs as well.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Right.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

That really was the broader charge.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

This is Norma; can I ask a question please?

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Sure, please?

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Yeah?

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Could you help me understand – this seems like a new approach to be going to ACOs and the population-based and yet it's tied in with deemed status and usually deemed is based on something that we have quite a bit of an experience with. This seems new and exciting but no experience. Can you help me understand how these came to be together? I know you were trying to –

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

This is Kevin, I'll again try to channel Paul Tang, so the whole point of Meaningful Use was to move beyond individual programs and start thinking about patient's experience to care holistically, it's part of the reason the Meaningful Use Program is an all payer program instead of a just CMS Program, remember the quality measures report on all payer data for outcomes and so Paul wanted us to be using the deeming to help continue to build out this vision of how does the – how do we think holistically about patients and how do we think holistically about this kind of outside of the traditional care encounter support for patients and quality, so that was Paul's charge and he really, really wanted it lined up to where the industry is headed or where healthcare is headed in this accountable care framework.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

I hear what you're saying it's still very hard because it's so new and usually to put somebody into a deemed status one has experience and they meet those characteristics, but I'll just register that and let it go for now.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Norma, I want to make sure that we're actually understanding your question, I think the issue is, and maybe we'll come to it, means you would be potentially eligible for deemed status if you've already been a high achiever on the Meaningful Use objectives, is that correct Kevin? So that, that person would have experience and would already be noted to be a high level Meaningful User, highly effective Meaningful User.

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

That's right.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Yes, but not in what we're talking about going to population, going to these other, we're broadening it, we're going –

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

And I think going beyond a hospital-based and the physician office-based.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

And so these are all new territories, so I don't see how you can have a high level of achievement in those areas that we have not yet mastered and also there is very little research out there that really has demonstrated this repeatedly. So, I support it, but I just wonder how you give somebody deemed status on one kind of activity and yet ask them to move to another?

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

This is Terry, I think that that's a very good point, it's actually been discussed and we recognize the quagmire and the difficulty that some of this will present, remember we were talking about this for Stage 3 so I think the hope is that at that point some of these issues may be resolved.

And the other thing, the deeming, and Kevin correct me if I'm wrong, but the deeming concept was really related somewhat also to – well, we don't have Paul's slides, but Paul gives an example about deeming that actually from the limited example he gave I could see how it could apply to an EP. So, I don't know Kevin if it would be helpful to circulate those slides that he presented at the last HIT Policy Committee.

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

Yeah, I think we'll get into this later and so maybe we should keep moving. I think we've taken Norma's point and we really hear you Norma, but I think there is opportunity to talk about this as we dive more into the meat of today's call.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right, especially because we'll really come back to this question of applicability to EPs and EHs when we get to the questions. Okay, next please.

Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality & Informatics – University of Wisconsin

Thank you.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

So, we talked a little bit about this already that the approach to deeming would be really thinking about measures that could be used that are HIT sensitive with an outcome orientation and then specifically if we can more of a population focus that really came in from the ACO Subgroup here. And there are three examples here, exemplars as they are called of what might be the kind of measurement populations we might be considering.

The framework would support specifically here what's listed, I don't think I need to read them, but specifically the one I'll mention though is that it would encompass some aspects of the Meaningful Use Stage 2 objectives which they would already have done well on, but it doesn't necessarily need to map one to one. Is that clear Kevin or do you need to do anything further on that? I think that's a nuance for some folks.

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

Yeah, I think so, for example if the Meaningful Use Stage 2 measure is you have to routinely collect blood pressure but there is a Million Heart's Program for deeming there is no way you can achieve it without having captured blood pressure so we will no longer make you report that you captured blood pressure as an objective measure, you will have already demonstrated that for Stage 1 or Stage 2. So for Stage 3 that reporting burden is eliminated and instead because you are a high achiever on blood pressure obtained with Two Million Hearts no longer necessary to prove that you've been routinely capturing it. Other things like – that you do clinical decision support maybe subsumed into that as well.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great, as do other things here specifically around wanting to make sure we're getting to higher performance, reduced disparities and hopefully a focus on PROs as we look towards improved outcomes in Meaningful Use Stage 3. Next slide.

I'm not sure what that buzzing is, see if the operator can locate it, keep going, here there are specifically infrastructure requirements listed that would likely ensure successful implementation and, you know, it's going to be important for example to see whether in fact data exists today that could be built in and if not really I think the strategy would be to think about developing those data fields followed by the measures, so really thinking about how infrastructure will build the pathway towards the successful implementation of these measures. Next.

I may actually ask Terry or Kevin to do this one just because I think it really did come completely out of the ACO Group.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

I can start and Kevin please jump in, what we were really trying to do was a Venn diagram, as you can see here, looking at from – and you can see the blue healthcare, the red public health – and all those other factors, what contributed to the patient centered value of care. So, those are the overall measures and I think the next slide helps explain this too by putting it in a different diagrammatic space, but underneath then you have these intermediate outcomes and those are things that we normally look for expenditures, we look at those, especially from the ACO perspective, experience and outcomes.

Now some of these are pushing on current quality measures like for instance there may not be a great shared decision making outcome measure that we have at the current time, but the belief that these three components expenditures, experience and outcomes contribute to what become these overall measures, which is really the goal, patient centered value of health.

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

Yeah, this is Kevin –

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Kevin, do you want to add anything to that?

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

I'll just add this was based on the Janet Corrigan, Elliott Fisher framework for ACO measurement and this was further describing that by talking about healthcare measures versus health measures as two specific domains.

And so the red and blue are what are referred to as above the line and those are really outcomes and the gray bar is intermediate outcomes and we're quite familiar that we have a lot of this stuff in the gray right now and we don't have as much in the blue and the red.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

And unfortunately we actually still are missing quite a bit in the gray even as we look towards this, but yeah, very helpful. Okay, next slide, if you guys want to continue I think it continues.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Yeah and then the next slide I think it just focuses on, especially Helen what you just said, is that we don't really have a lot of this and what we want to go – and you'll see, remember that initial thing we talked about that we wanted health to be the outcomes, so right now we have a focus on intermediate, perhaps some healthcare outcomes and health minimal, not that we don't all want to be there but just in terms of our ability to measure it and that the focus as we move along is the health outcome becomes the overarching goal.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great, okay next slide. Next slide. There we go.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Yeah and – go ahead?

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

No go ahead, Terry.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Okay and this is then, if you look at that very – two slides back not the one where health becomes the overarching you then see this in a sense a hierarchy of needs where we're in the current state and where we really want to go is the desired future state.

So, you see health outcomes on the left, generic healthcare outcomes, generic intermediate outcomes. What we know is we have many intermediate outcomes, we have more healthcare outcomes and we have a few health outcomes the overarching one but we may or may not have them in the measurement portfolio of what we've been looking at from a Meaningful Use perspective.

The top the frail elderly, disabled under 65 years the reason why those are there are just to show that as we move through the deck we did some exemplars focusing on those two populations so we would see what they looked at, but you could just take what's on the left without what the broad subpopulations are to look at from the slide, two slides back, that molds into this and Kevin I don't know if you want to add anything here?

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

Yeah, a little bit more, this is something that Joe Kimura the Co-Chair of the ACO Quality Measure Workgroup put together that the vertical kind of grouping is to show that we also want to expand the current framework around measurement. So, currently we measure things narrowly often by disease which doesn't really capture a patient's broad experience or the multifaceted characteristics that are really important in patient centeredness.

So, if you image that what could be important in a frail elderly population both depression and total joint replacement are important to that population and not just total joint replacement. So, that was the reason that this is there to describe it that we want to think about not just moving up this hierarchy on the horizontal bands but we also want to broaden for the overall patient population to include multiple different components in measurement that are important to that patient population.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

This is Michelle, just as a reminder if you're not speaking if you can please mute your line, thank you.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Thanks, Michelle, any questions here? Otherwise we'll just keep going.

Russell P. Branzell, FCHIME, FACHE, FHIMSS, CHCIO – CEO – Poudre Valley Medical Group

Yeah, this is Russ Branzell, a quick question, I was not on the last call, are we making – are there a set of assumptions that we're making as we roll into this and the comment earlier of a whole new level with assumption of accountable care. Is there an assumption that hospitals and physicians whether in small groups or large groups, we're making an assumption by the time phase 3; Meaningful Use Stage 3 happens a certain percentage will be in an active accountable care organization?

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

So, this is Kevin, I don't think so, if you imagine and individual provider might be able to say here is my frail elderly population and here are the outcomes I as an individual provider have around the frail elderly population, but that's some of the stuff that we're going to discuss more in detail later on how we could operationalize that.

Russell P. Branzell, FCHIME, FACHE, FHIMSS, CHCIO – CEO – Poudre Valley Medical Group

Okay. I was wondering if that came out of the Accountable Care Group that there was a certain assumption as we – it seems we're shifting from the generic concept population health to more of the accountable care population health.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

This is Terry, that was not discussed, that assumption was not discussed in the group that put this together.

Russell P. Branzell, FCHIME, FACHE, FHIMSS, CHCIO – CEO – Poudre Valley Medical Group

I think at some point we may need to answer that question because I think if this were to roll out as it is I think people are going to ask us if we're making the assumption that this is a done deal for accountable care organizations and everybody will be in one.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

So, I think that's a really good point, so perhaps we want to start out by qualifying that we didn't make that assumption.

Russell P. Branzell, FCHIME, FACHE, FHIMSS, CHCIO – CEO – Poudre Valley Medical Group

I think that would be beneficial, thank you.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Yeah, I think you're right, thank you for pointing that out.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

All right and Terry, I mean, this is Helen, it seems to me that ACO was in some ways more a framing of saying a group for whom the – there would be more accountability for the population rather than necessarily as an entity itself.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Yes, I would agree it's not necessarily the construct of an ACO it was more from a population perspective. So, we should be very clear on that in the early slides though.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yes.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

I've been sensitive to that now that it was brought up.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yes, great.

Russell P. Branzell, FCHIME, FACHE, FHIMSS, CHCIO – CEO – Poudre Valley Medical Group

Thank you.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Good comment, great, okay, next slide please. So, criteria, we've talked a little bit about this for those of you that were on the call last time, we had some parallel discussions about the ACQM Workgroup and the Quality Measure's Workgroup we tried to reconcile them but we are still limited to a certain degree by this issue we've been talking a lot about so far about the fact that there are differences by level of analysis, population, ACO for example versus EHs and EPs as well as this issue of accountability payment, you know, potentially for accountability versus reporting and then further efforts to think about prioritization and waiting will potentially come back to after we've had some input from the Policy Committee. Next. Next slide, please.

Oh, there we go. So, some assumptions here, we thought it would be important to kind of put these up front. The first is that there is no expectation that all measures considered for deeming would meet all of these criteria. They are really more intended to be looking at a set of measures to see how the set of measures play out. Each measure would likely, we would think, have one or two criteria met and as you think about deeming at the ACO level obviously that's at a group level not individual reporting.

And a comment that was made, that we want to emphasize as well is that, you know, deeming in this context really means you're an effective user of HIT not necessarily that you're an effective ACO and those were just some assumptions. Kevin or Terry anything to add there? Okay, next. We're getting into the criteria I think.

So, here are some recommended criteria for deeming, the first set here are specifically ones that, at least so far, we've been thinking would apply across providers, hospitals and populations. So, certainly a preference for ECQMs or measures that leverage data from HIT systems. We want, again, the ability to think about more patient focused view of care longitudinally over time. We want to be able to support health risk status, assessment and outcomes. Next.

And some here we recognize are probably more applicable at the population level or potentially for accountability high stakes purposes. So, the first here is a preference for reporting once across programs that can aggregate data reporting. So, for example if this measure comes through and it's deemed it would also be potentially a measure used, you know, in the MSSP for ACOs for example by CMS would be a preference. It would be applicable to populations to really get at this issue of population health we've been talking about and then the idea that benefits of measuring would outweigh the burden of what would be recognized as being pretty significant for organizational data collection and implementation at a population level. Next slide.

Actually, before we jump into the exemplars any questions on the criteria? Okay, we'll have plenty of time for discussion I just wanted to see if those were clear. So, the next two slides here are what is essentially referred to as exemplars and thank you for adding the definition. So, the idea here would be looking at applications of the proposed criteria to existing quality measures and the two exemplars here are specifically for the frail elderly population, this first one is frail elderly with a population focus across the criteria there and the next one is the, next slide please, is the frail elderly exemplar with an eligible provider focus.

So the measures are much more grounded in healthcare on this page as opposed to the broader health or population concept and you can see that, at least as it's – a little hard to see without seeing these side by side, but there are different areas that are rated low or high depending on the focus, but this was to give you a sense of how that might play out. Kevin do you want to add anything on these exemplars or Heidi since you worked on these?

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

This is Kevin, only to say that this isn't a way to say these are the measures we would absolutely propose for this kind of a framework this was just to give an example about how we might use those criteria and we found it very helpful and so at any point people would like to talk through this in more detail we're happy to do that.

But, again the idea is that an eligible provider for example would pick frail elderly as their pathway to deeming, frail elderly would mean they would have a basket of measures, potentially need 6 measures, and if they scored well on these 6 measures for that frail elderly population they would get credit for everything else that's rolled up in deeming that's the idea.

So, it's to decrease a bunch of reporting burden with a lot more importance on these 6 measures for this particular population.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great, next slide please. And here are a couple of the other exemplars that were discussed as well as potential exemplars that Kevin just described. So, in Million Hearts for example might be a nice example of where you could easily see how it would be able to be used at an EP, EH level as well potentially. Okay, next slide please.

So, this is the one we're going to pause at, so these are the questions that have been teed up for the Quality Measure Workgroup today and just very briefly we've kind of covered most of these. Are these appropriate as outlined? Do you think these work for EPs and EHs? What additions or changes should be made? Are the exemplars reasonable, aligned with the criteria, other suggestions?

And how well do these criteria work on an individual measure basis or should we really be thinking about this more for example looking across the set of measures and then are the specific questions that we should pose to the HIT Policy Committee in the way that the ACO Workgroup did, which we'll show in a moment. So, Kevin I wonder if we should just finish the slides and maybe just return to this slide does that sound reasonable?

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

Certainly.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay, great, next slide please. And these were the proposed questions and discussion points from the ACO Subgroup. Terry, would you like to run through these or would you like me to?

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Sorry, I was on mute, no I can run through these.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay, great.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

So, I think that what we wanted to say to the Policy Committee or for us to discuss here are these the right criteria, how should we mature measures so there is a process of getting them out there? There was a lot of concern that we may not have that process as well defined from a framework perspective for vetting and validating of measures. To go back to the earlier question we didn't want to create something – a process that was inadequate and would allow measures to go through that might not, in the long run, be very helpful.

Are there measures that only pay for reporting? This was related to the maturity of the measures. Are there some measures that we really can't push out there for performance yet so there is really an iterative approach to looking at those measures as we know this happens already that some measures are just paying for reporting and then we move onto paying for performance?

Objective functions that are so key that we know that we have to have that access to information, should that be deemed using clinical quality outcomes with the assumptions here, and this did cause a lot of dialogue, that just because you do well on the clinical quality measure it may not mean that patient has had adequate access to the information and so there are probably some measures that we would need to keep singular, that there is no way that you could develop them into a deeming criteria and feel like the specific granular need for that measure is met by that.

And then finally, used on a set of measures not on the individual measure, I think that this kind of goes back to the one right above that, that the criteria would really have to get everything in that set and not just the individual thing.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great, thanks, okay, next slide please. And we basically are going to try to tee up the questions as you described them what we want to bring to the Policy Committee but can we go back two slides and keep the slide up that has the questions for the Quality Measures Workgroup. Perfect, thanks so much. So, unless Kevin or Terry have anything to add I think it would be great to open this up for discussion.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Helen, this is Cheryl Damberg.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yes?

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Could you guys clarify this idea of pay for performance? I mean, is this in the context of CMS's pay for performance programs or is this in the context of the EHR Incentive Program?

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

So, this is Kevin, I'll take that on, CMS has articulated in their rulemaking, in their proposed rulemaking a goal to align their measurement reporting programs which the industry has embraced wholeheartedly. When Meaningful Use aligns with other CMS measure programs that puts that alignment all of sudden you could potentially use your Meaningful Use measures for pay for performance.

So, more specifically, your Meaningful Use measures as they count for PQRS could also count for the Value Modifier Program, the Pioneer Shared Savings Program and the CPC Program.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Great, thanks.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

And so part of the question there Cheryl I think is, you know, for some – particularly what – you know, Terry's point earlier is are some of these measures going to be mature enough to be able to serve those dual purposes of feeling confident that they be acceptable for pay for performance rather than simply the ability to report them.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Right and I guess just sort of as a footnote there are measures that are currently not – so let's say hospital value-based purchasing, there are measures that are being reported as pay for reporting that are not part of the pay for reporting group and I think in large part because those measures have topped out. I think there is going to be some that are not ready and then some that will eventually top out and I think you have to be prepared for both situations.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

That's a really good point, absolutely. Okay. Other thoughts? Norma now that we've finished the presentation is this – do you want to go back to your concerns or does any of this help? Maybe we lost Norma.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

We are having...we think that feedback that we were getting was from Norma's line, so at the end of the call she is going to follow-up.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great, okay, that's helpful, thanks. Since she had a major question at the beginning I was hoping to get to loop back to her.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Can we flip back to the criteria slide because you're asking us to draft criteria program.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yes, that's a great idea. Could you do that for us Michelle?

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Yeah, thanks.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Further back I think to the actual criteria.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Yeah.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Very good, actually one more I think.

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

Yeah, there are actually two slides so it's 11 and 12 here.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, so this is the first one, we'll take a look at that. I should mention that these criteria mirror what were used in some of the thinking around selection of Meaningful Use measures to date so these aren't terribly new is that right Kevin?

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

That's correct although we did eliminate some from that list and add a couple here. So they are not exactly the same as what we used initially.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay, maybe the next one for a moment if we could.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

This is Terry; I think that that first bullet goes back to that question earlier about potential pay for performance or not paying for performance or paying for reporting only.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

And the last one was really a strong sentiment from the ACO members of the Subgroup that based on their experience up until today they have been – and I don't want to speak for them, but I will, that they felt that there had been situations where the burden of getting the data far outweighed for them what they thought would be the benefit for their population as they moved forward. So, we wanted to explicitly address that. And Kevin, I don't know if you know more about that?

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

So, a lot of them had experience in the Pioneer ACO Program and as an innovation program, you know, it has that same tension between how hard do they innovate and how much is innovation in line with their current business model and so there was some of that tension measurement. So, they've actually submitted a formal letter to CMS about some issues they have with the way that the measures for the innovation program worked.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

So, any comments?

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

I guess I'm curious how you're going about computing that the benefit outweighs the burden? So, is that based on some interviews with providers to say, you know, if we asked you to collect the following data how difficult would that be because I think part of the challenge in this space is, you know, if the tools were easier to use to capture that information maybe there would be less reluctance and we're kind of in this very difficult zone right now where, yeah, it is very burdensome, but – so I'm kind of curious about that metric. I mean, I understand it conceptually but sort of operationally how do you define or determine that?

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

This is Terry; I don't think we got to that point. Kevin, do you want to comment?

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

Yeah, I agree that we did not articulate a path there we just – we heard that this was a goal. I think Cheryl to your point the burden is going to be different based on the infrastructure of the organizations and providers and I think the benefit is going to be different based on the point-of-view of the person that is looking at the benefit.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Right, because I think one of the things I struggle with in this space is so the provider is the end user of these tools and we want the information to be useful for clinical decision making, but, you know, I guess the question is where is the provider demanding that say an EHR vendor make the tool workable so that if they're on the hook to capture things like functioning, you know, it's working in a way that makes that easy, because I think that's sort of what's in play behind this.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Kevin, you want to take that?

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

So, what we've heard from the providers is they don't feel like they have the ability to influence their vendors to get the tools to be as useful as the providers would like and what we hear from the vendors is that they have a lot of time – they don't have enough time to build out the kind of mature robust tool sets they would like in the kind of timeframes we're giving. So, we again – the value equation is different based on the audience or the person that's speaking about it.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, although thinking out loud, this is Helen, you know, if you think in the population context to a specific population with, you know, specific context around outcomes it might be easier to at least get some way of constructing it Million Hearts for example, frail elders looking at cost of hip fractures to follow or falls, but again, it's certainly not easy especially at the organizational level to understand the data collection and burden.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Well, and I think it does point out the one – one of the areas where we didn't get – where we didn't – that we didn't resolve which was related to infrastructure. So are there architectural designs in the Health IT system that have never been addressed through the Meaningful Use criteria that would help ensure that this was a more agile process if and when for instance you needed to add physical data for a patient or physical data for a panel in the system.

So, I think some of this actually could feed that other work that still needs to be done which is are there architectural and/or design and/or capabilities in Health IT systems that could decrease the burden by passive collection of data that is already being generated but not currently aligned and/or included in the Health IT process itself.

So, in this model what the ACO members talked about was being asked to collect, you know, additional data that they didn't have, that, you know, they are getting like on Excel spreadsheets and then conjoin it with other data that they have. But I think it really does point out that setting this out as a criteria will require somebody or some group to do further granular assessment about how you're going to decide whether the benefit outweighs the burden.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right, right.

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

Yeah and this is Kevin, remember this is a report from the Quality Measures Workgroup so these are just proposed criteria from the ACO Workgroup. This workgroup can modify them, eliminate, change whatever this workgroup would like.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

But Kevin one thing we...this is Terry again, one thing we want to do is be able to – can we tee up tasks or do we key up questions? Like can we say "hey, you know, we agree with this that somebody needs to do a lot of work on it?"

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

Absolutely, you can absolutely do that. You can propose what you think should be done, absolutely, but it is again a proposal to the Policy Committee who will be sure that the work here is lined up with the work that the Policy Committee wants for its purposes in the transmittal letter.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

So, this is David Kendrick, I'm sorry I came in a little bit late so I was just quickly trying to read through the slides and catch up.

So, in terms of the – so the last comment about do we propose things, I mean, what's on the table? I mean, what's available for us to propose? Are we talking only about, you know, what should happen with Meaningful Use? Are we talking about the scope of deeming?

Because it strikes me if the core principles are population-wide health management with longitudinal care you've got to start talking about health information exchanges and broader community repositories than just specific EHRs.

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

Yeah, so David, what I would say that's on the table is this one optional approach to how people get credit for Meaningful Use. So, some proportion of the people that participate in Stage 3 can get credit through this deeming option and the proposal on the table is this population-based deeming option that is longitudinal and cross setting but focused on a specific population definition such as frail elderly.

And then these are the criteria that presumably CMS would look through to say "how do we know that a certain measure population has met those characteristics, ah, I can apply these criteria."

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Is that helpful David?

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Sort of, I'm not sure – I guess I came so late to the call that I missed the centering piece that helps me plug that in. So, the – so what you're saying is that this deeming approach is an option for organizations that need to meet Meaningful Use, it's a process through which they can go to attest that they've met Meaningful Use from a measurement and quality perspective?

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

Correct, correct it's to fully commit to our – what this is about is good outcomes, good health outcomes we care about and so by doing that we're saying if you show us good health outcomes you are following these set of criteria then a lot of the rest of the reporting burden goes away for you.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Oh, so it's like it's an ultimate path, got you, you said that.

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

Yes.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

And specifically for those high performers who wouldn't need to go back and demonstrate they can meet the basic objectives.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Oh, so this takes off the table – does it take off the rest of the Meaningful Use stuff e-Prescribing and CPOE and all that stuff? I mean, is it just –

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

That's the idea that if you do really well here maybe half of those objective measures you no longer have to report.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

But Kevin just to clarify they would still have to report the e-Prescribing measures into CMS to be part of that e-Prescribing pay for performance program?

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

Presumably, yeah, we are giving – we are not the FACA for the e-Prescribing reporting program.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Right.

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

So, presumably we're focused on the Meaningful Use Program.

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

Okay.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

And so with this kind of measure, I mean is it possible that these kinds of measures could be produced at a community-wide level – organization?

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

I think that's a perfect question.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

I mean, I don't see anything in here that couldn't be done – I mean, you know, we have a CPCI for example it covers the primary care initiative and all of our practices are really struggling with producing the measures for it because what CMS wants obviously are population health measures and what their Meaningful Use reports and their EHR produce that dominate – they're all mixed together and – so this measure –

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Please mute your line if you're typing, we're getting feedback, thank you.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

So –

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

– go ahead?

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Go ahead? I was pretty much finished with that comment I just was curious –

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay, sorry.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

If this really opened the door to that as a –

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

And actually David Lansky who couldn't be on the call with us today I think sent forward a sort of similar question which it wasn't completely clear to him for example how the ACO/population health contract could work with Meaningful Use given that it has to continue to be evaluated at the eligible, at the EH, EP level.

So, his question was, is the premise that the physicians within an ACO can be deemed to satisfy MU3 if the ACO reports the kind measures suggested here or would the physician associated with, for example care frail elderly get deemed if the ACO reports frail elderly measure sets.

So, he is making the – you know, is the premise that if an ACO has an effective HIT implementation and can document performance for this population is making Meaningful Use regardless of which affiliated MD is doing so. And he makes the case this could certainly be problematic for a sort of more loose network IPAs.

So, I think this is where we are getting to some of that I think complexity around is this really about ACOs. So, Kevin or Terry I don't know if you want to take a crack at that?

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

So, this is Kevin, what I would say is this is exactly the kind of place for this group to be discussing and making a recommendation. So, I think that, you know, the ACO Workgroup talked about how they recommended that this measurement was always done at a group level not at 100 individual providers each sending an individual report but there has been no work to reconcile. So that their point-of-view as an ACO Subgroup was that this population level reporting would happen by a group of physicians reporting across the group.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

And –

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

This is Terry, I would agree with that, I think to go back to the ACO question while this was under the auspices of the ACO Workgroup it was not the belief that it would be – that the work product would be only applicable to “ACO populations” but we were really pushing into that population health metrics arena and then the deeming came along. So, I want to go back –

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

There were charges to this Workgroup that didn't include deeming and then we got into doing deeming and we spent the vast majority of our time looking at deeming because that was critical work that the HIT Policy Committee needed to address in a certain timeframe.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

This is David, this is – I think this has tremendous possibilities for solving a number of problems, one is, you know, of course the notion of what's the truth when you're being paid based on quality and especially when I, you know, as part of CPCI we work with a bunch of commercial payers as well and they looked at the specs and the methods for getting reports out of, you know, Meaningful Use numbers out of EHRs and said, we can't pay based on that because it doesn't tell us what's really going on with our patients, it's not really, you know, improvement in that practice maybe but it doesn't mean we didn't pay a lot of money in ER visits because of, you know, because they withheld something or they put something different.

And so, they're very much – the message I got from the program that we've been working on is we need a trusted third-party for measurement and we need that to happen at the community level and not buried within each organization. So, I feel like – I agree this is bigger than just an ACO and, you know, ACOs I know typically that's with Medicare, but those who are looking to do similar models with commercial probably would be well served to go through the deeming process because it gives them, at the same time, an opportunity to have an independent validation of their performance measures from the perspective –

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Very interesting.

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

So, David, this is Kevin, I'm trying to think through this in the context of these criteria, would you add any additional criteria to this something like that there is a need or desire for data to come from across various sources applicable to that patient or population? It's not well worded but I'm hearing a thread from you that just assuming that the data from the EHR alone is enough may not be the criteria we want.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Yeah and when I read a statement like, you know, population focused and longitudinal data I'm thinking that, what you just described, but I know a lot of people are very sort of focused in on their own environment, their own EHR without any sense of, you know, forget the social determinates of health just the next specialist down the line who is going to see the patient and the fact that there are records there too.

So, I would love to put in something like that and that certainly the customer here, the employer, the employee, the payer of this work product is going to be most interested in paying for something that is an accurate reflection of the actual patient's health and experience regardless of which provider gave it because their assigning responsibility to somebody but it's that somebody's responsibility to have a look at the entire experience the patient has not just what comes in my door.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah and actually David Lansky made a second comment that was sort of very similar as well about who is the user of this measurement approach, you know, on the one hand it could just be simply satisfying MU3 and then throw the data away but if it's supposed to support other purposes like CMS or commercial payer accountability as David is saying these constructs are too far removed is what he said from personal or business decisions which need to really be at the service line rather than the population level.

So, he said, you know, the total joint replacement example would be a good one to work through to address this. But it does raise this issue of, you know, again thinking about it in the context of MU3 does this work at that level if you can't attribute it back to the EHRs and EPs.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Oh, so that's kind of the other piece here is how do you assign responsibility for what you find –

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Looking at the patient's total picture and I think – I mean in my mind at least the responsibility piece has been taken care of by the notion that if you are in an ACO and the algorithm says that they are your patient then they are your patient.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

That is aquaphoresis across town with your competitor for a week, you know, you should have been aware and been doing care management and the same would happen with a bundle with a joint replacement I'm guessing.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

So, I think this sort of hits two birds with that one stone in that by creating the measure at a level of the patient, you know, being patient centric, which is, you know, mom and apple pie anyway, you make it actually useful for those who would pay for care and have that measure and you also make it useful for those who have to deliver now care beyond their own borders, beyond the borders of their own organization, because they will also have a sense of what's going on outside of their boundaries if that's where the measure is being calculated – surprised by, you know, some performance that they –

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

So, this is Terry, because I think that this is a really important discussion and it tees up some of the what else do we need to do next and focusing on what you said about interoperability and data sharing I know that has been a major concern of the Health IT Policy Committee and how to move that to – because there is increased adoption and data sharing so Helen I don't know if that's something we want to call out when we present to the Health IT Policy Committee about next steps. I mean, the interaction or the interface between population health and interoperability or something like that.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, I think that makes sense, I think also just the other point that I think both David's are raising about how this then relates to the other intended uses of the measure for accountability and how does that all work out.

Is there a way, for example, to make this win/win by creating if you are an entity with a population responsibility that, you know, you kind of let the entity with – the broader entity perhaps be able to somehow figure out who are the EPs and EHs rather than bringing the measures to that level, but I don't even know if that is possible Kevin in MU3, but it is, you know, a very different take on where we've been.

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

So, let me re-state that to make sure I understand what you were talking about. So, you're saying could there be a deeming path by which an entity let's say David Kendrick's region could submit measurement and all the providers that are part of that as long as they have the high outcome measures that are necessary. David's group would be responsible for saying we've accounted for all the EHs and EPs in this large population and CMS doesn't have to do the accountability down to the EH and EP. Is that what you're saying?

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Potentially, although it may need to be that, but I think getting to David K's earlier point about wanting to have commercial payers believe these data, I think there is an important piece of this too where I think the Policy Committee could help us understand what's acceptable at what level.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

What's acceptable to the payers?

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah and the program.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Right. I mean, they – gosh the term we use a lot with payers is trusted third-party because the other thing that involving payers in that sort of build out has created is they want to put their own data in so that it's available at the point of care, which I would put that in a third win category because suddenly they recognize they're sitting on information that would be useful and would help reduce costs. So, I think they would be very vocal and interested in helping to define, you know, what would suffice from their perspective in being sort of independent and measured well enough to be able to pay based on it.

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

This is Kevin; I want to be respectful for time because there are a number of other things that we want to tackle before we're done. I think what I've heard from this discussion is potentially further delineation on this applicable to populations criteria and that the draft sort of statement that I think I'm hearing is that to be applicable to the entire population the entire experience of the patient and population is reflected in measurement. Am I overstating? But that's to this idea of not just data from the local EHR but you're going to need other kinds of information to really do this well.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

I'm sorry, Kevin, could you just read that one more time?

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

Yes, the entire experience of the patient or population is reflected in the measurement.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Got it.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Yeah or at least as broad as possible.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

What do people think? Terry do you think that would likely be a friendly amendment to the ACO Workgroup?

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Yes, yes.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

I think so too, yeah. Is there anything else we think we might want to add specifically to the criteria? I don't think there has been much discussion about the ones for the EPs. I guess the question would be it still sounds like there is a little bit of an ask potentially back to the Policy Committee of really helping to think through when the more population – when and how the more population health level measurement could be applicable to EPs and EHs for the sake of this program and others.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

This is Marc, the other thing I might add to that question is how does this sort of play out when it's a mixed world? In other words let's imagine, I think it's highly probable, that 30% of my patients are ACO patients the other 70% are not.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah it sounds highly likely.

Russell P. Branzell, FCHIME, FACHE, FHIMSS, CHCIO – CEO – Poudre Valley Medical Group

Yeah, this is Russ, I think the issue we still have here is defining the timeline of when this all works going from usable metrics to individual wellness in health to I'm not sure which is the cart and which is the horse in this one, which is lower case accountable care versus population health, versus capital ACO and I think the other concern here is everybody uses these terms intermingling and they don't necessarily mean the same thing to everybody. I think we need to put some pretty clear context to all of this and how it all fits together as we roll this out from Stage 2 to Stage 3.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

This is Terry, I agree with that it's really easy to forget that there is a continuum here but I do think while the group – the Subcommittee was composed of members from the ACO Subcommittee we were looking at the much larger what do we need to get health, if you'll recall that first goal, by looking at it through the lens of population health which would actually be the small "a" not the large "A" of accountable care organizations.

And I think the emphasis on what do we do if 25% of your people are in an ACO and the other 75% aren't was exactly why there was this emphasis on population and to go back to what Kevin said the fact that right now people report on all their populations not just in that CMS reimbursed populations.

But, I do think it could get – I mean, this is clear in my head but it obviously must not be clear on these slides and I think it's because that the committee is composed of the big "A" in ACOs and quality measurement numbers.

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

Terry, this is Kevin, I think another tension that we face is that we are trying to work in a conceptual space and most people want to see program details for how it will be implemented and so there is sort of talking through when we're talking about conceptualization versus when we're talking about kind of detailed implementation I think will be key to keep us moving forward.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Well and Kevin I would say right now we are nowhere near the implementation right? Wouldn't you agree with that?

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

I would but I think that the goal for specifics and how does this role out and how does this apply to this particular circumstance is helpful in us continuing to work on the generalities but it can also make us focus really hard on specifics that we might not be ready for.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

So, should we frame – I mean, when we present this we probably need to frame it in light of that also, is that we recognize that even though we give some exemplars here – I mean, what we haven't defined is the denominator. I mean, kind of we have, but not really.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right, especially if we're thinking about, you know, classic MU program for EEs and EPs –

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Right.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

That are more complex.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Right.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Because it's not as if the program currently really allows this at that level, right? There is not really a population level MU.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

No. No there isn't, there is not even a group MU.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

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

There is sort of a hospital right? So, in some ways a hospital is a group but for the EP side correct.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

I mean, and I think at least we were – I think that people on the Subgroup were cognizant of that and trying to push this a little into – push this a little by proposing things that theoretically could extend into that but it's not named here.

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

So, this is Kevin, I wonder if we want to just take this time to think specifically about EHs and EPs that is really the charge for this group to wrestle with EHs and EPs in this deeming framework and to make sure our framework stands up for the majority of people that would be reporting in an EH or EP basis.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

So maybe go back one slide if you could back to the ones for EPs, I'm sorry, yeah, this is it great, thank you. So, maybe going back to the example you used earlier Kevin for example if you can demonstrate blood pressure control you would have to demonstrate that you can measure a blood pressure that is sort of, at least for me, a very helpful contextual piece for how you could imagine this.

Any other thoughts about examples or – I mean, are these the right criteria or is there something else you might add in here to really get at these – perhaps a little bit of the flavor of the population without going quite that far? All right.

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

So, is the group comfortable that this approach and this framework works for EPs?

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Yeah, I mean, you know, this is David, I could take a use case, because I agree let's talk about something specific just to test it, and, you know, my blood pressure control as a provider in this community and I have say 500 patients attributable to me and what is the current blood pressure control of those 500 patients even if 50 of them got their last prescription somewhere else their blood pressure control is, because of the attribution, is my responsibility.

So, it would be most useful to me, I think, to know where my control is for those who are attributed to me. It certainly is most useful to me because if I'm going to be paid based on it, knowing the big picture rather than just what's within my practice.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

So, does this potentially relate to another criterion perhaps that it would also help support assessment for the population attributable to EHs or EPs? It's kind of a different take but I didn't use the word accountable intentionally.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Well, yeah, if you use the word attributable then you could have lots of different attribution levels come into play.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right not just a classic ACO, right, exactly. I mean, you're accountable for your patients that you have under a particular commercial plan as well and the hope would be that you could ultimately move towards assessment at that population level for your patients.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

For me this starts to build a bridge across what I've viewed as kind of a psychological metaphorical divide in that I don't think employers or people who pay for health care have viewed Meaningful Use as anything that's, you know, part of their toolbox and they're desperately looking for some way to implement their innovative payment models but they don't have any hooks in the system to do that with. And this to me would be a nice time to start building that bridge and adding that kind of thing, you know, the ability to support attribution or to reflect measures based on attribution would be helpful.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Thoughts from the group? Terry or Kevin any thoughts?

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

So, I think what I'm hearing through the course of this conversation is that the measurement that will be required for deeming is going to – necessarily the measurement that isn't just what's available in your local EHR. Am I hearing that correctly?

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

I'm not sure.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Well that will clearly push the usability envelope. I mean the interoperability envelope.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Interoperability right it will put a business case in interoperability quickly.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay and is that really pushing far enough into what David was just saying? I mean, it seems like that's a piece of it, I'm not sure it goes far enough.

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

Yeah, no I'm with you, I wrote down Helen, as a kind of draft for another criteria, the one that you suggested, which is help support the assessment for the population attributable to the EH and EP.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

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

So, I agree with you there but I'm also calling trying to call out that I think that we're saying something that we should probably say explicitly rather than implicitly.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Agree, agree, I know I think that's helpful I'm just not sure it's the same as the other one.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

So data from beyond your own EHR agreed. If you want to get explicit about it then both the attribution piece, you know, being able to tie the results of those measures to eligible hospital or eligible provider through attribution capability and then of course having the interoperability to support it, if you want to get really explicit.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

I think we're starting to see this in the consumption of external data, the consumption of external provider data and so this just pushes out for Stage 3 into this next step which is a dependency as opposed to now it's like nice to have, but then you must have and then the attribution is actually a space that from an infrastructure perspective I think is important and its related to that being ability to tag or whatever kind of process you want to use to be able to attribute the data.

So, I think it could be two steps. I think that there is interdependency with them but I would be okay with being explicit about both of those because I think the Policy Committee has – I don't think that, I know that they've discussed both of these with a real emphasis on how do we push on interoperability. I think what gets unclear, especially with the attribution layer it's not really attribution it's responsibility, you know, which is the next step, I don't really want to go there but we could go there I guess.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Well we – yeah, I mean, we found a couple of things about making – starting to make measures available at a community-wide level one of them was that suddenly people wanted to get us good clean data it shifted their motivations because they were going to be dependent on those numbers. And then the second was we couldn't do good attribution for them if we didn't have good complete data.

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

This is Kevin, I'm looking at the time again and I just want to be sure that we are well prepared for the Policy Committee meeting on Wednesday so I'm quickly looking back at our slides 16 and 17 to see if there are any key items that we missed.

Hunt Blair – Principal Advisor on State HIT-enabled Care Transformation – Office of the National Coordinator for Health Information Technology

Okay, do you want to put those questions back up for us Kevin real quick?

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

Sure and so let's see –

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

There you go.

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

I think one of the things called out by the ACO Workgroup is this idea of alignment and measure maturity. So, those two goals are sometimes in conflict with each other that the Meaningful Use Program has been a place for measures that are newer solving some of the issues that people want solved but that makes them less mature and therefore the questions about alignment to high stakes reporting programs potentially are problematic.

So, those are kind of called out in here as deem questions and I don't know if we want to put that in this deeming framework or not. Is alignment more important; are measures that matter and new frameworks more important?

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Could we put it forward as a question for the Policy Committee as well from us? I think we've gone back and forth on it. Unless people have specific thoughts about how we would respond?

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

I think it is a question. This is Terry.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

A question for the Policy Committee?

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Yeah, yeah.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

I agree with that.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

So, I can clarify, what specifically is the question?

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

So, I'm trying to wordsmith it here but is it more important that the programs align and measures align to decrease burden or is it more important to continue to innovate to measures that matter that measure things in new ways to the Meaningful Use Program?

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

What gets us closer to the ultimate goal of program isn't it from health of the population at large and reduces costs, claims? Or are you all saying we should punt that to the Policy Committee to have them tell us – I mean, I heard those two options and just to clarify. I hear, simplify and streamline measures as we are today or push those measures to new denominators and tie them to business outcomes and business models. Maybe I – too much on those two options.

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

I'm just busy taking notes, sorry, so I would – I mean, I think our opportunity on Wednesday is to be sure that we have clear understanding of the Policy Committee what we are talking about and clear marching orders for the next set of work in November.

So, the things that this group feels like it can handle on its own we don't need to ask clarifying questions to the Policy Committee but places where you really think we need to know which direction they want us to spend our time that's when we need to ask questions of the Policy Committee because we could go down many, many pathways. So, the other question –

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Well, I think –

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

Oh, go ahead?

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

I think in this place it's not necessarily a question Kevin it's more like direction.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

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

Yes.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Like do you want us to push on interoperability? Do you want us to push on population health independent with the little "p" and the little "a" and not the big "A" or did you want us just to look at this from an ACO and what you're going to deem for ACOs? I mean, some of its clarification.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah.

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

Yes.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

So, I think that those are important things because you know what if we don't clarify them we're going to be down – I mean, it sounds like we could probably agree where we wanted to go but that might not be where they want us to go.

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

Yes.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

So, I think those are important questions. Do you want any more work done on this? Here's what we got, do you want more work done on this? If we do that work do you want it done in the context of population health little "p" and little "a" or big "A"? Do you want us to look at interoperability and the impact on interoperability? Do you want us to look at measures that we think will be dependent upon external data being consumed into the Health IT system of the reporting either individual or organization.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right and I think that also goes along with this question of alignment, you know, the tension between alignment and innovation.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Right, right, right and that's a huge question.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

How far out there do you want us to be?

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

But I think – I mean, I always try to ask larger also volunteer bodies questions like that I want to make sure that they're equipped to answer them, meaning we just went through a long conversation about those three options and will they have enough background – I mean, of those sort of philosophical positions and will they have enough background and time to consider it as we have or is there a way we should be framing it that is sort of in their language or in the rubric that they are thinking through.

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

And/or does this group want to propose one and just be sure that our proposal is in the path – is meeting the needs of the Policy Committee.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

You know what Kevin I like that because I agree we don't – I don't want to ask a question I don't want the answer to. So, maybe that's the way to do this is to say, hey, you know what we see these opportunities from the work we've done, we recognize the import of interoperability, little population, blah, blah, blah, we believe that the next steps are these.

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

So, can you get those in 3 minutes?

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

I'll vote for it whatever it says I like that approach. I mean, I think it was well said a moment ago, I mean, I think, the way you sort of framed the message which was, you know, we've come this far, we've made this progress everybody's got technology, we think we need to focus on these three things interoperability, population health and to the extent that it support business models that are in, you know, the existing CMS business model but other commercial models as well so much the better but we should pay attention to those as we put this policy in place.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yes, it sounds right to me.

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

So, this is Kevin I'm taking a bunch of notes and I'll work with some of my team to articulate it a little bit more clearly. We only have 2 minutes and I want to be sensitive to public comment.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

I thought we had until 3:00 Kevin?

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

Oh, so we have until 3:00 I'm sorry.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

I changed that, I was confused why you were rushing, okay, got it.

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

I'm sorry, I was thinking we only – I thought we only had 90 minutes, we have 2 hours, perfect so I apologize for pushing.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

That's okay.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Look how much progress we made in just –

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

Take your leisurely time then.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

We should commission a study then, no.

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

I'm sorry, keep going.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Well, let's see so we've got interoperability what's the message, I mean, what is the focus about interoperability is it interoperability that matters, right, because it's – I just have a vivid experience in my mind where we started down the road of doing sort of centralized quality measurement for the community and then when Stage 1 Meaningful Use came out and none of the measures depended at all on data outside of the EHR the oxygen just left the program immediately and everybody focused internally and so I'm hoping we get to the opposite of that which is, you know, suddenly folks are interested in interoperating with good data not that the providers aren't necessarily but the EHR vendors are really not working with us well on that front and to the extent that we can foster an environment where EHR vendor you actually are measured and rewarded by putting out good quality data for interoperable, you know, for interoperability then that would be wonderful for health I can tell you that.

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

So, this is Kevin I can for some of the group maybe put a point, an example on this, so as we looked at our measures that people wanted from Meaningful Use 1 when they described some measures one of those was, have patients that have been discharged from the hospital receive – if you're a primary care provider when your patients are discharged from the hospital are they getting care in a timely way after discharge?

That measure proved impossible for CMS or ONC to actually test or validate because primary care providers don't have access to data reliably about when their patients are hospitalized. So, we could not create a denominator for that seemingly straightforward measure. So, that is a kind of straightforward measure that could be proposed but the only people that could report it are those people that could have access to broad scale data about discharges of patients attributed to them.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Well, and, you know, just to pile on a little bit there that's one of the most important valuable things to measure and report that you can possibly do in terms of effecting cost and quality. So, a really high value measure had to be dropped because of sort of the lack of architecture I guess to support it, but now we're seeing people build those things manually because they're realizing for their ACO, big ACOs they have to know it.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay, other folks on the call any – since we do have some time left, we haven't heard from a good number of you who have been quiet, any additional thoughts?

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Well, this is David again; I'm sorry, but –

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

No that's fine, that's fine I just want to make sure others felt like they could jump in, it's a great conversation David, thank you.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

So, and you guys know how to mute my line so I'm going to assume unless I hear that I'll keep going. So, there were three, right? There was interoperability; there was data beyond your system – so what about data beyond the system and attention to the business –

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

This is Marc, I guess maybe this is captured and I don't know if this is where you were headed Kevin, we talked about the denominator thing but I think we started thinking about it the way Kevin was just talking made me think that the issues of – you know, we talked about EPs and EHs and yet one of the things that we keep struggling with is at the end of the day it's not one or the other it's both that have to sync together to make this work and I don't know if that is part of the third thing that you need here is whether it's measured at the EP, EH level or measured at the population level you've got to have that collaboration to succeed.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

That makes a lot of sense, thanks, Marc. And actually the collaboration between EPs and EHs would also go along as you think about alignment with a lot of the other federal payment programs as well and to the community. I mean, even the re-admission program for example kind of hits all three of those.

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

So, this is Kevin, when I was busy pushing the time thinking we were soon done we were kind of framing up what's our proposed next set of work, is that where we're still at or are we working more on the criteria for what we would put in?

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

That's a good question. Marc did you conceive of this collaboration as potentially work or a criteria? I could see it working as a criterion but I'd be curious what you're thinking was.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

Yeah, I was thinking as a criteria but at the same time I think there is more to flush out as to what in the heck does that mean and how do you potentially begin to measure it? So, I was thinking about it more as a criteria.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yes, agree. So, Kevin, do you feel like you have that criterion kind of, you always wordsmith it quickly?

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

I'm kind of trying to put in my head, I loved the metaphor singing together but I'm saying EHs and EPs collaborating for care and measurement maybe. It's not maybe quite exactly what we want but I'll kind of think it through a little more still.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

This isn't quite right Kevin, but this is Marc, but one of the things that's rattling through my head is this is a little bit like I want the other guy to benefit when I do well and I want to benefit when he does well so that we actually – it's sort of like shared responsibility or – I don't know what the right word is, because apparently that's how it really needs to work.

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

Yeah it's aligned to a common goal. An example of how we're working on that in measurement right now is there is under development an eligible provider measure for functional status after knee and hip surgery and there is a measure for a hospital's functional status before and after knee and hip surgery, and we're working hard to make those two be architecturally completely lined up which means that ideally there could be a partnership that the surgeon could capture that data preoperatively in their office and then send it to the hospital and the hospital could capture it postoperatively and send it back to surgeon and they each have to be responsible for only half of the measure for example or maybe it works the other way around. But by making the measures for the two be very much in sync then the reporting burden is necessarily half and we capture a longitudinal patient experience.

J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare

That's a great example I love that one.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Yes.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, I do too and actually I'm just looking at David Lansky's third comment, he is very timely about every half an hour one of his comments seems appropriate, but the last one here was specifically trying to keep an eye on the measurement capabilities as much as the value of the measures and I wonder if part of what we're also talking about here is that this collaboration also creates that national infrastructure that's capable of getting to the better kinds of measures we want.

Because he says that the program creates a national infrastructure capable of inexpensively capturing these kinds of efficiency appropriateness and outcome measures and as the user needs evolve that would be huge. So, I wonder if part of this also Marc is that through that collaboration you're also getting to the development of an infrastructure that can support the measures that matter is perhaps one way to frame it.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

This is Terry, I would agree with that, it's also that – addresses those – the handoffs, the continuum of care and the longitudinal health record which we don't do well now there are lots of not only technological challenges but policy challenges that confront that by putting this out there would enable us to push on that. I go back to the PCAST Report and the attributes of data and the granular tracking of data that we haven't quite figured out yet.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

At least we haven't figured it out yet. So, I do like that. I think it also then brings back that one question we didn't deal with which is infrastructure.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right. You know, one possibility might be just to actually potentially modify the criteria we've got so far, you know, there is one specifically about enabling this longitudinal view and maybe there is a way to build into that something about across EPs and EHs, just a thought.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Yeah. I mean, I like the –

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Or we could do – you could do it by – I mean, I know we deal with both of those groups but it's actually – remember we kind of – I thought we also wanted to really kind of push this issue of group reporting as opposed to individual criteria reporting especially in the outpatient setting. So, perhaps there is a broader way to say that, you know, across a continuum of care or something like that including EPs and hospitals.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Is this – are we – I mean, I know we're working essentially for EPs and EHs since we're talking about Meaningful Use but the – something we run into a lot is everybody left out of the EP and EH framework that are indeed touching patients and delivering care and the EPs and EHs themselves have begun to recognize they're indispensable partners are we at a point where they can be added to this as a potential player or –

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

So, this is Kevin, we're busy exploring a lot of the opportunities around what ONC terms a non-eligible provider, meaning those not eligible for the EHR Incentive Program. So, for example long-term care, behavioral health, ESRD are all groups we know that we are thinking hard about.

A number of states through their state innovation models are putting front and center both long-term care and behavioral health integration as key priorities for HIT and structure and then understanding population and health and efficiency improvement through that infrastructure.

So, the non-eligible I think are worth discussion and discussion in a measurement framework which we haven't gotten to as much as we have from an infrastructure and certification framework.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

I just wonder if you can require – I mean, if you are going to recommend that multiple EPs and EHs are exchanging data in support of meeting some quality measure goals, if you bring in a comment about the other would be helpful, because –

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

So, what I currently added to our deeming criteria under enabled patient focus longitudinal care I added three subgroups across EPs and EHs, across groups of providers and with non-eligible providers for example behavioral health.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Yeah.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

That sounds like it works.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Yeah that works great.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yes I like it.

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

So, we have about 15 minutes left, where do you want to focus the last of our time?

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Or have people just run out of steam? Any other thoughts for Kevin either on work to do or criteria. I thought the criteria edits were great.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

I just have a timing issue. Kevin are we going to be able to churn these out, back out for people to at least see what we're going to present by tomorrow?

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

Yeah my plan is to get them out tonight Terry and so ideally will get them to everybody either late tonight or early tomorrow morning so there is some chance tomorrow for people to edit before we bring them on Wednesday.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Okay.

Keith G. Larsen, RPh – Medical Informatics Director – Intermountain Healthcare

I've been editing some of them as we go but it will need some cleanup and some formatting and stuff.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Okay, I don't have anything else for right now then.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, me either.

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

So, let me write down what I have for the kind of our proposal maybe that's where we can spend the last time. So, instead of a frank queuing up a bunch of questions we really want to propose what we think should happen next and so the two kind of framing things that I've put around the proposal are that we see opportunities at the population with a little "p" as well as the ACO as a construct either a formalized construct or an aggregation of providers and that we're intent on continuing to promote the build out of a national infrastructure measures that matter.

And so the places that we would like to focus next on are on interoperability that matters and these are measures that depend on data from other organizations and then population health measures aligned with new business models and the third one I think that I've heard as a kind of thing this group wants to focus on is just specifically EH and EP measuring together for mutual benefit.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right, well said.

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

And I don't know if you want that EH and EP to also include ineligible or that could be a fourth item we could look at is now how do we do potential measurement with ineligible providers or we don't want to propose that to them?

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

I think you move – it's a small, a very small step from recognizing that you have a measure that needs comprehensive data on the patient to recognizing that you're going to have to make a partnership with your health department or with your local –

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Yeah, I agree. I think we should push it.

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

And I'll just tell you from talking with a lot of the state's innovation models, behavioral health integration is a very high priority from the states we talked to.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

You know, it's a huge – I will say I'm right in the middle of that because I've got a bunch of community health clinics, we had a grant to bring them on line, but until somebody does something about Part 2 Regs we're going to spend a bunch of money and not get anywhere that is my experience thus far, because we've brought them gold plated service and they can't use it.

I mean, I'd rather, you know, somebody needs to focus on fixing that issue because nobody – no behavioral health provider's EHR supports putting the wall in to protect, you know, the data that cannot be shared from the data or separate the data that can from the data that cannot be shared and so we've spent a lot of money, time and effort, and it just really comes down to someone in Washington needs to fix the policy, that's my only concern about behavioral health, I mean, I'm, you know, primary care so I do 90% behavioral health right?

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

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

So, do we want to – so I have our proposed next three steps are interoperability that matters, population health aligned with new business models and EH and EP measuring together for mutual benefit. Do we want to add something around the integration with non-eligible providers or is that kind of covered in this interoperability that matters?

Cheryl Damberg, MPH, PhD – Senior Policy Researcher – Rand Corporation

I think you need to make it more explicit.

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

Okay.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, I agree.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

This is Terry, I agree with that too and I also wonder if we really want to talk about group reporting, you know I've talked about this for four years now.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yes, I agree and it's kind of buried in the –

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

I think we can put it there.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, I mean, it's kind of buried in the front part in the ACO part so some of this may just be making it less Workgroup specific and more just kind of big concept, you know, more conceptual for the Policy Committee across both Workgroups.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Yes.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Because that's in there it's just kind of lost.

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

So, then the fifth one is on group reporting options.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Yes.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yes.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

So and where we – Kevin to step one step back, so we're going to say, okay, these are all the things we want you to do, do you want to tell somebody to do, do you want to –

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

No for us to, these are the things that we are proposing we will do.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Okay that we will do, okay.

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

We will do.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

As the Quality Measure Workgroup?

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

Right as the Quality Measure Workgroup.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Okay.

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

And then the Quality Measure Group could delegate work and activity to the ACO Subgroup of this.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Okay, cool.

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

We have the Date Intermediary Tiger Team, we have the Vendor Tiger Team, we could give them charges as well, hey, would you focus some thoughts and give us some input about this particular thing that we think would be helpful.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yeah, although I think some of this is also for the Policy Committee to push the policy piece of this. I don't know how much work we can do on group reporting unless the policy changes, you know?

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

Well, so the policy, right, is the Meaningful Use 3 policy.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Right.

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

And so the Policy Committee would have to decide if they want to take any time and energy to put that into the transmittal letter and if they do they could ask us for drafting specifics of how that transmittal letter might look.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yes, okay.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Yeah, I think that there is work that could be done like teasing it out, putting a nice bow around it why they should do it.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay, but I do think there needs to be a statement from the Policy Committee that they concur this is important and we can work on it.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Right.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

And that should – yeah, that's all I'm saying Terry.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Yeah and Helen I really agree with you that's why I was asking about how we're presenting it because are we going to present it and then say, oh, it's a big bucket, there's five things or, well I guess we would defer to them how they want to tee up the dialogue about these five things.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yes.

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

So, this is Kevin, as far as how I'm anticipating preparing the slides for Helen and Terry to present at the Policy Committee is paring this way down with a lot less context and getting to the meat of some of these recommendations, maybe giving you the contact slides in your back pocket in case you want them, because it's hard to get everybody through this where we've been without giving them context, but I do want to be sure that we're not giving them 45 minutes of explanation and not get any time to really discuss.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Yes.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

I think we need the context but I think we should do it really quickly but I think it's important so that they can reference it.

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

Yes.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

And then how much time – I think that they need 20 minutes to discuss, what do you think Kevin, maybe a little more?

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

Michelle, do you know how much time we have?

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

I thought we only had half an hour but I must be wrong.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

No you have an hour.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Okay.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

So typically that would be a half hour presentation and a half hour for discussion, but we can change that however you see fit.

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

So, just for kind of benchmarking today it took us about 38 minutes to get through the slides we had with a group of people that have seen many of these before. So, like I said I'll try to pare some of these down, take off some of the specificity of the ACO Workgroup discussion to the Quality Measure Workgroup and combine it into a single Quality Measure Workgroup recommendation that has discussed and incorporated the ACO components.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

But Kevin I do think it's important that they know why we got in these other spaces because the charge wasn't just about deeming.

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

Will do, Terry, absolutely.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Absolutely, yeah.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Okay.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Okay, should we do public comment before I forget guys?

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Yeah.

Public Comment

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Operator can you please open the lines?

Ashley Griffin – Management Assistant – Altarum Institute

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 have no public comments at this time.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Great, thank you so much. Okay, I will turn it back over to you Kevin for next steps?

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

So, if you can go to, I think it's slide 19, this talks through what the upcoming meetings will look like. As we've said we're presenting to the Policy Committee meeting on the 6th. We've then scheduled some more meetings of the ACO Quality Measures Workgroup and the Quality Measures Workgroup really based on these charges here and the feedback we get from the Policy Committee.

So, as long as the Policy Committee concurs with what it is we think our work plan is we will continue with that activity. They may modify this so then we'll let you know. So, the plan here is for further details to again present out at the December 4th Policy Committee. Questions about this, the schedule or the participation of the groups? Great, thank you very much and we'll see a number of you on Wednesday or at least by phone for the – it's a virtual only Policy Committee, so I'll talk to a number of you then.

Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration

Okay, thanks everybody for your time spent with us.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Thanks everybody.

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

Thank you much.

Helen Burstin, MD, MPH, FACP – Senior Vice President for Performance Measures – National Quality Forum

Bye.

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

Bye-bye.

David Kendrick, MD, MPH – Chief Executive Officer – MyHealth Access Network

Thanks all, bye-bye.