

**HIT Policy Committee  
Accountable Care Workgroup  
Transcript  
March 18, 2014**

**Presentation**

**Operator**

All lines are bridged with the public.

**Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

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 Accountable Care Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Charles Kennedy? Grace Terrell?

**Grace Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Here.

**Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi Grace.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Hi.

**Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Alex – Craig Brammer? David Kendrick? Eun-Shim Nahm?

**Eun-Shim Nahm, RN, PhD, FAAN – Associate Professor & Program Director for Health Informatics Specialty Program – University of Maryland School of Nursing**

Here.

**Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Frank Ross?

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Here.

**Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi Frank. Westley Clark? Hal Baker? Heather Jelonek? Irene Koch? Joe Kimura? John Pilotte? Karen Bell?

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

I'm here.

**Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi Karen. Mai Pham? Sam VanNorman? Scott Gottlieb?

**Scott Gottlieb, MD – Resident Fellow & Practicing Physician – American Enterprise Institute**

Here.

**Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi Scott. Shaun Alfreds?

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

Here.

**Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi Shaun. And are there any ONC staff members on the line?

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

This is Alex Baker.

**Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

And with that I'll turn it back to you, Grace.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

All right, well good afternoon everybody and we are at our last meeting before we have a draft report that we need to go ahead and submit as a result of all the work that we've had done over the last, gosh, almost soon to be 9-10 months now I think, we've really been getting a lot of work done.

But, if you'll go to the first slide, what we hope to get done this afternoon is to go through the rest of the recommendations and get some commentary on that, end up with discussing any of them based on our previous conversation about that we might want to remove or revise and I'm hoping that we can do that as we're going through and then go ahead and discuss our next steps. So, if you'll go to the next slide.

Okay, the next slide after that I guess. Just remember one more time that what we're trying to do is to, you know, in terms of our recommendations, to have the sweet spot where the policy recommendations that we are trying to put forth have both business imperative and are clinically important, that we actually can do something with regulation to get it done and then market forces themselves would not necessarily do on their own. I think we've been over this every time, but it really is not a bad way to think about, as we move forward the five principles as we move forward and discuss this.

Let's get on quickly to the next slide and this is, again the principles that the previous slide showed which is to have some impact. Next slide, please, we've gone through this every time. Next slide.

Okay, here's where I want to be, which basically is where we left off last time with the recommendations and there are the data liquidity for accountable care, we didn't quite finish that we were at number C measures for cross vendor exchange and there is a comment about considering to remove this, because the idea being is that the vendors themselves may not be the right place to make Meaningful Use changes as its really related to the providers rather than the vendors. So, let's get some commentary on that.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Grace, this is Karen, maybe I'll start the ball rolling by saying that really what I think everyone is really looking for here are two things, number one is data portability and I think we have some other recommendations that address that.

And then the other piece of it could be related to encouraging providers to exchange but that this is a little bit different, you know, we have other levers for that as well. So, I would agree that it's maybe duplicative and not really focused on what we need to do today.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

Grace I would agree with Karen, this is Shaun Alfreds. You know I think at the last meeting that we had we discussed a number of recommendations dealing directly with data liquidity, dealing with the ADT messages, but also interoperability and liquidity and so I do think that this recommendation as currently stated is redundant.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**  
Okay. Does anybody disagree, because I would also agree with that?

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**  
I'm in agreement, this is Frank.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**  
Okay, is that – are we the only ones of the ones who have spoken that are actually committee members on there or just everybody?

Okay, well, let's strike this one and go to the next one which was related to remote monitoring devices and the recommendation, as you can see on the slides is that they should remove barriers and issues related that where the remote patient focus monitoring devices can essentially be linked in with the rest of what's going on in terms of the goals for accountable care.

And there was – this was, as I'm understanding, an added recommendation and then the HITPC had recently done work on this topic and so the real issue is putting this in is really to highlight its importance more than actually adding something that was otherwise already being recommended to the ONC.

Let me stop here and say that yesterday we had a brief meeting as chairman with staff to talk about how we might think through certain types of recommendations that are based on their importance even if it's actually not a new recommendation or others are doing this work and so as we go through this we might find several comments and I just want to make sure everybody agrees with number one that this is one of those things and number two that that's an appropriate way of making our recommendations by actually just emphasizing, you know, putting things that are already getting done possibly or being recommended, or there is other work being done, but just to emphasize their importance within the context of ACOs.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**  
I would definitely second that Grace, this is Karen, this is true a lot of work is going on here, but it is such a critical element in the ACO environment that if we didn't call it out in some size, shape or form I think it would look like we were remise.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**  
Any other comments? Well, let's move on then. Next slide. Okay, so this is where we get into a lot of the previous discussion we were having at the end of the last time about vendor accountability and –

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**  
Grace, this is Frank –

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**  
Yes?

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**  
This may be insignificant but I'm looking at the outline that we got today and it's just not jiving.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**  
It's not?

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**  
No.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**  
Okay, let me pull it up because I'm looking at the –

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**  
Can you go back to the last slide?

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**  
Okay.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**  
We're off a letter.

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

Sorry about that that's probably my fault. If we can just be clear, I was trying to align all these pieces yesterday, but if we can just be clear about the – that the language should be the same.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Okay, which one disappeared?

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

All right.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

One of the ones on the handout obviously disappeared in the slide presentation. Can you point out which one it is Alex?

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

Sorry just a second.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Okay, sorry guys.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

That's okay, thank you, I'm actually pulling up, I was just going straight off the what was off the slide that we're presenting.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Right.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

So, let me go back to it and see where we are. So, this is number five, data liquidity is four rather than five, I see what you're saying.

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

We should be on increase effectiveness of certification tools right? We've just talked about remote monitoring devices.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Right.

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

Can we go to the – yeah, the vendor accountability as it has on here but the language is still the same, the headline has just changed.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Okay.

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

But so that should be our headline. Okay, sorry, we'll just make sure that we're referring to the actual subject so that people can find each other.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Okay, good.

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

Thanks.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Okay. So, we're on the outline that says increase effectiveness of certification tools, what we have here is vendor accountability, am I making sure I'm understanding of that is correct, they're otherwise equivalent, is that correct?

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

Right.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Okay. All right. So, as we look at the vendor accountability which is the slide version of this and there are multiple comments about moving beyond the certification about potentially eliminating the concept of accreditation or recognition considering eliminating the recommendation solely to transparency for part of it and it's quite a lot of comments here.

So, I'm going to stop and see if we can actually have a much more extensive conversation about this so that we can get to some conclusion as to what we might move forward on for our draft.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Hi, this is Frank, in the first item there when we talk about accreditation and recognition I guess the question I would have for the group is, is there an existing body that we should recommend or do we just kind of leave it wide open?

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Well, this is Karen, I mean, I think there is also, you know, actually I'm responsible for that comment over on the side. You know there is NCAQ, there is ONC cert, there is KLAS recognition, there are a lot of other bodies that really talk about data portability.

So, that's where I'm thinking that – and data portability is such a huge driver in the market right now that, particularly in the ACO environment, there is a huge push to move it forward so there are things like CommonWell and other organizations that other vendors that are coming up with ways to address data portability that they never did before and I do think that payment reform the ACO environment is driving a lot of that in the market.

And while I'm on in, I'm wondering if we might actually want to call this vendor data portability as opposed to accountability, because they're accountable for so many different things but what we're really asking them to do is around this portability issue.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Yeah, portability is probably a more operative word, but I guess at the same time when I look at all the – in the notes on the right, number two there, when I read those notes and I see those bodies in particular NCQA, ONC I don't see any specific focus.

I mean, those organizations are involved in so many different things and it's not that they can't potentially focus on strictly on ACOs, but at the same time the ACOs have a set of measures and regulations that they have to adhere to.

So, I guess I was just wondering if we shouldn't put something a little bit more specific about, you know, the portability, accountability whatever you want to call it, in regard to ACOs exclusively.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

Right, this is Shaun Alfreds responding that, one of the things that I was struggling with in looking at this recommendation is that we're stating here that we've got to hold the vendors accountable and again look at, you know, look at some kind of program that holds the vendors accountable and yet the vendors aren't running the ACOs it's the ACOs are coming up in very different shapes and flavors and those ACOs are now contracting with vendors.

And my struggle is one of marketplace dynamics here whereby who is accountable for the ACO functioning properly is it the ACO itself or is it the vendors that they're contracting with and the contractual arrangement that those ACOs have with their vendor, you know, we do – all of us do different vendor contracting and part of our negotiation is what are we buying.

And my challenge is, is that if we put too much burden on the vendors and not – rather than using the policy levers that the government has to guide the ACOs forming then we might run the risk of stifling innovation by those vendors in trying to build new products and new services to meet the marketplace need. So, I guess –

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

The other side of that is – although I actually probably favor your opinion quite a bit, but the other side of that is that what we heard in the public hearing was how little the vendors right now were actually meeting the needs of the ACOs, at least there was a fair amount of rhetoric to that effect from the provider community.

And part of it of course was once you had the vendor capture it was very difficult for providers to move to somebody else who might have a better market solution and that ended up being a lot of that hearing that day, but how would you see this?

Should we just eliminate this as a vendor thing for the very reason you're saying that it's really the ACOs we're talking about or is it going to be another accreditation/certification type of discussion like Meaningful Use tended to be when it came to EHRs or is there another way that we can actually talk about the problem that we've heard with the providers not feeling like that the market was responding to their needs?

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

I guess I agree –

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Well, I would vote –

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

Go ahead Karen.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

I would vote to go with one of our existing programs because to add another program on top of everything that's already out there just seems to be an administrative burden that won't bring us the kind of additional value that we want.

So, if we've already got, for instance the ONC Certification Program going and we know we need data portability at some point that can be folded into the certification program which now has been uncoupled from Meaningful Use anyway.

So, that, you know, data portability could be another one of the criterion that someone develops testing criteria for and it becomes a certification criterion.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

Grace, this is Shaun again, I would agree with Karen there. I think it – you know, adding another program would be administratively burdensome and again we already have the framework here so why not leverage what we have.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

So, come up – so let me move us on relatively quickly by challenging somebody to say, so what do we do with this particular recommendation in a way that we can cogently clarify it? Do we eliminate it or do we simply talk about taking our current programs and declaring that there needs to be more vendor accountability?

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

I would vote for eliminating it but making sure that we have something, because we have lots of other recommendations around data liquidity and interoperability that we have some very clear recommendation that basically moves the vendor community towards interoperability through the certification program, I mean, to portability through the certification program.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Hi, this is Frank, I wouldn't be in favor of removing it, because, you know, quite honestly it's the only bullet that actually addresses the accreditation issue and even though I think it's fairly weak by simply waving a hand at the rest of the organizations and saying that ultimately they're going to come up with something.

You know, as a person who is negotiated from a perspective of an ACO to acquire HIT products to achieve, you know, what ACOs are supposed to be achieving, which by the way from a CMS perspective is gathering and reporting information, there is nothing out there right now that really gives the vendors any sort of guidance and certainly not any responsibility for providing a product that's going to meet ACO requirements.

So, it's pretty much a wild west right now if we take this out then there is no guidance from us regarding accreditation and recognition.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

But if we include portability in ONC's certification wouldn't that meet your needs too Frank?

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Portability is part – is the target I think, but to just simply say portability doesn't satisfy the requirement.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Well, my only concern is that an ACO requires a lot of different types of technologies and when we start getting into accreditation, which is what NCQA did around its ACO accreditation program then you have to start addressing all of that, that whole entire gamut and given the dynamic in the market right now if we start recommending an accreditation program for ACO technology I think that we would have major problems because so much of that technology is not in EHRs, so much of that technology is being created outside of the rubric of EHRs and it becomes a very, very slippery slope.

**Scott Gottlieb, MD – Resident Fellow & Practicing Physician – American Enterprise Institute**

Yeah, I agree.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

So, I'd be very, very nervous about the word accreditation. Certification, yes, accreditation I really have a problem with.

**Scott Gottlieb, MD – Resident Fellow & Practicing Physician – American Enterprise Institute**

I agree with that, I mean, I just – this is Scott, I just think that there is so much heterogeneity right now in terms of what the ACOs are and what they're doing that it's hard to come up with a rubric that we would tie accreditation to.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

This is Frank again and I don't want to drag this out, but to be honest with you there is really only one thing that ACOs have to do, they have to collect and they have to report. Now what they do beyond that is what I think the experiment is all about, but at the most basic level there is – there are functions that can be replicated across the spectrum for every ACO and quite honestly when you talk to a dozen vendors, major vendors who a year and a half ago didn't have a clue as to how to do that, I think the wandering around out there is still taking place and there has to be some base, there has to be a floor here somewhere.

And again, if we just leave it and it says NCQA, ONC, I'm not a big KLAS fan, but that's okay, at least it says that there has to be – there has to be some models put in place that the vendors have to adhere to and if they don't do that, if they can't produce 22 quality measures for an SSP ACO then they can't say that they're an ACO vendor it's that simple.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

So, how is everybody with Frank's comments or shall we keep this in there in that form or is there some sort of compromise we need to make, because I'm clearly hearing two different points of view here?

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

I'm okay with the accreditation going away.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**  
Okay.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

You know what's the best word, Karen, what would you say?

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

I would include this in the certification; I would include portability in the certification program.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Yes.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

And that's simply because an ACO has to do a whole lot more than report data it has to maintain financial liability, it has to be able to service its patients well in terms of satisfaction, there is a gamut of things an ACO is going to have to do in order to remain viable.

So, simply reporting, everybody has got to do, you don't have to be an ACO to do reporting. An ACO has to do a lot more than that.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

I'm thinking that what we need to do at this point is, after we get the next draft that comes out, that we're all going to make some final comments on is maybe do some wordsmithing off line where we can get this right.

It sounds like accreditation is something there is a consensus we don't want in, certification is acceptable to everybody, but there seems – it sounds like there is a fair amount of wordsmithing that still needs to be done.

Shall we go onto the next one and let this be wordsmithed through some e-mails, subsequently, is that okay with everybody?

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Yes.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Yes.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

Yes.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

All right, let's go to the next slide then. The next one is using the use of data and information at the point of care with an incentivized care plan usage, coverage and eligibility data at the point of care and claims data at the point of care.

There was a comment made off line earlier that if there is – there is a fair amount of concern on CMS's part that eligibility data at the point of care or claims data at the point of care is not possible.

We were thinking about considering removing some of this and also removing the recommendation for eligibility to the administrative data section. Let me hear some comments based on what you see as the original text in the comment revisions that are there please.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

I'm just a little bit confused because we're looking at the one on shared care plans on the screen at the moment.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Okay, well that means that what I've done is, I'm looking at two versions at the same time, I apologize. I've got the slide version that was sent as well as the one in front, okay, so let's go to A, point A then, I was actually talking about point B, the next slide.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Oh, okay, sorry.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

So, let me go to that. Point A is accelerate progress on shared care plans and there was a recommendation there to consider additional recommendations promoting granting agencies and test pilots of this and the recommendation should meet the more immediate need for share care planning. Okay? Comments on this? And I got ahead of myself, sorry.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

Grace, this is Shaun Alfreds, I think I was one of the ones that recommended this additional recommendation. I think one of the things that we've seen out there is that HL7 is balloting shared care planning, but, you know, that process is going to take quite a long time and we can't expect that that's going to be available soon and yet what we see on the ground when it comes to patient centered medical home implementation and ACO implementation is that there is a need for shared care planning activities.

And so one of the things that I think this group can have some influence on is understanding what that shared care plan looks like in the community by promoting granting agencies like CMMI, AHRQ, HRSA and others to support best practices and pilots so that we can have better information as a government to recommend how the shared care planning processes are integrated into ACO and care management operations.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

This is Karen, I like that Shaun, my concern with this one was also that it seemed like a very long drawn out academic process and people need this now.

So, the idea of promoting granting agencies to do testing and piloting I think is probably the best way to go because again this is something the market really needs and wants, and will probably get there much quicker than anything that can be done within the federal space.

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

This is Alex, I just want to mention, definitely agree that the language here is getting a little wooly and we'll focus on tightening that up before the draft, you know, the conversation, the parallel conversations that we have had about this one, I think that really the core idea is that, you know, we now have evolving standards in this space, the more detailed care plan standards in the 2015 NPRM, but we need to do more to connect the dots between actual models that are working in the field and some of the policy issues that are going to enable these things actually happening with different federal partners who have care plan requirements that are now on paper and helping to sort of bring those in line with how they can develop electronic shared care plan requirements.

So, both spelling that out and then working with the federal partners to try to evolve to, you know, using that lever to get deeper into electronic shared care plans.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Hi, this is Frank, I just wanted to add to that, I think what Shaun has said is spot on if you are an ACO, you know, sharing care plan information is definitely top of the list.

I guess the question I'd have is do we need to make a strong recommendation that the SCP, if we want to call it that, get carved out as a subset of HL7?

I think it's a fantastic thing to do and I think what Alex just said is there are a lot of different agencies possibly working on that maybe it's time to bring all that into focus and actually say, let's get serious about this from an ACO perspective.

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**

This is Kelly Cronin with ONC, just to build on this discussion. There is a draft standard for trial use being piloted and fully implemented by some vendors which is based on the C-CDA. So, that could be scaled, it may not work for everybody but it is something that, you know, from the implementation so far is working in the field.

And if our goal is to really get to an interoperable care plan that is the most mature standard. It's been balloted by HL7 already.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

I've looked at this, this is Frank again, I've looked at that C-CDA recommendation or at least the latest one that I've taken a look of and it would need some tweaking I think and I don't want to get into details on that today, because that's something that in my discussion with IT vendors they're just kind of throwing their hands up in the air over the whole CCD thing in the first place, because they feel like that it's kind of spinning off in different directions, kind of like the results of a kaleidoscope or something like that, you know, we've blown it into many pieces to try to satisfy many players and that's okay if it takes many pieces to satisfy many players but again, we're talking about ACOs and specifically from an ACO perspectives its very focused, it's very focused.

And I guess I would say, if the C-CDA is going to be the solution than there needs to be maybe a subset of that as well or simply, you know, let's call something an SCP for ACOs and move forward with it.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

This is Shaun, I'd agree with Frank there, I mean, I think the C-CDA is a more mature standard than the CCD C32 and I think there is movement there but we're not seeing our vendors move that fast and I think the challenge is that there are still a lot of flexibility in that standard to be interoperable enough or at least integrated enough for some of the ACOs that are operating, certainly in our marketplace.

And that's why I think, you know, at this point I think there has been a lot of academic work on trying to create a standard that would fit but what I think we need is some real world examples of this operating in action.

And I don't think we can – I think from a policy lever perspective I don't think just saying here's a standard go run with it is the best way to go about this at this point, because certainly I've seen a lot of care summaries and a lot of these types of documents being shared and they all look a little different and they're all being used for a little different purposes –

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**

Yes.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

Whether it's for a specialty practice for behavioral health or whether it's primary care and so I think pilots are a good way to start to get some real world experience and examples out there to support the broader community.

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**

Well, one thing that might be helpful, because there's an awful lot of internal discussion around now how do we get to a better summary record of care and obviously care plan, as everyone is saying, is so essential for accountable care, I mean, it's great to think about, you know, how ACOs and, you know, a variety of approaches can be used in the field to meet immediate needs.

But, I wanted to challenge us then if we have – if there are 10 different standards developed to address this issue or is it just being implemented differently across the country then we real aren't advancing interoperability and, you know, so it's sort of challenging situation, you know, how do you make some incremental changes that can scale over the next 3-5 years.

And it might be helpful just to hit home in the recommendations about needing a more constrained standard that not only has more structured data in a summary record, let's say it's a C-CDA, because that's where there is traction, at least nationally or that will be over the next two years, and as a part of that, it's a more structured care plan.

So, it's pared down maybe minimum data set of sorts within the C-CDA that is more structured that would encompass structured fields for the care plan and I mean that is the – when I say C-CDA it is a different draft standard for trial use that was – that went through balloting in the fall specifically for care plans. So, that might be different from the C-CDA you're thinking about that's in 2014 products, but it's still being implemented by some vendors.

So, I mean, if there is an interest in sort of taking it over the next few years to something that would be scalable we could do it through certification but it wouldn't necessarily be certification of EHRs because, you know, it would be community-based HIEs and a variety of solutions where they, you know, could be cloud-based.

So, I just encourage us to think about while it's important to not – to problem solve and figure out how this can work across different, you know, in the short-term, in a lot of different challenging environments, we do need to think about how to scale something that's interoperable nationally.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**  
So, where do we go guys?

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**  
Kelly, it's Karen, if we were to go with Shaun's recommendation to promote testing and piloting and include in that the very clear objectives to get to national scale would that be helpful?

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**  
Yeah, I think, yeah, I think we just need to maybe specify what are we testing and piloting and, you know, going to scale means incorporating in certification is it a separate certification program that would be tied to accountable care or, you know, if it's Meaningful Use Stage 3 then it's a little ways off and that only addresses EHRs.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**  
And –

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**  
Hi this is Frank –

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**  
Oh, I'm sorry Frank, go ahead.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**  
Okay, I think at some point we've got to target it at ACOs. I mean, we've got to build an ACO model because if we talk about Meaningful Use, Meaningful Use is a supporting mechanism but it is not intended to solve problems that ACOs are dealing with and, you know, we run into this every single day and, you know, we're dealing with 14 different EHR vendors today and only one of those have even given us a CCD that has anything in it that's even worth looking at.

So, you know, I find it very lax, what's taking place today, I think maybe Shaun said it was an academic effort, I agree it's academic so far on the ground it's pretty well meaningless and if we don't put some teeth into this to say ACO Shared Care Plan as a document then we haven't really pushed the bubble at all.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**  
And Frank, this is Shaun, I'd agree with that statement a lot. I think what we're recognizing and it's tough to get to a granular point in these recommendations because we're trying to make policy recommendations at such a high level, but the reality is that care plans are used for different purposes and an ACO care plan maybe be different than my behavioral health care plan.

And I think it's very hard to just package all that into one single standards, at least at this point, because we're so nascent in rolling these types of care plans out at a community level.

And so unless we're specifying at that granular level such as ACOs, such as behavioral health, such as primary care I don't think I could agree with saying that we've got to just package, we've got to agree that a C-CDA is the right path forward because it hasn't been tested yet.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

And I would support both of those comments, its Karen, just from the perspective that, you know, when you think about shared care plans you can think of lots of different things, a shared care plan that approaches end-of-life is going to be very different than a shared care plan that is based on or is the support for integrated behavioral health and primary care is very different than dealing with someone with a very complex medical issue and 10 different referrals, and 10 different specialists engaged.

So, I think it really is going to be something that we're going to have to be very careful about not being too specified early on with the idea that ultimately architecture may be something we want to look at, but I would agree with everything that's been said so far.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

We've got 10 minutes to go through the rest of these recommendations so that we can then have time to discuss the issues with what we may want to eliminate so I'm going to move us on to the next portion. Next slide, please.

So, again, this is what I was trying to get to earlier but did not, got out of order here, which is there was some feeling that we might want to remove the stuff about claims data at point of care, eligibility at point of care or moving that.

I'm going to stop and let the conversation commence again, but part of it seemed to be related to what was feasible right now particularly with the CMS feedback and part of it was what's actually needed at the point of care. So, let me stop and get some comments.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Well to keep the ball rolling I think coverage and eligibility data really is important at point of care but it doesn't necessarily belong here, it might belong a little bit further up in our other recommendations where we talk about making administrative data available. So, I would basically say we just move it not eliminate it.

But I would suggest that while claims data are absolutely critical for ACO in terms of managing finances they're not critical at point of care, the earliest you can get good claims data is about 3 months after the fact and if you can get good clinical data, which is what we're pushing for in other places the claims data is important for the ACO but not for the person who is doing patient care at the process so that's why I would suggest removing.

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

Well, this is Charles, I would echo some of that I think the data is very important especially when you get into how private health plans are designing ACO networks meaning concentric networks so the network complexity is going up, having, you know, that kind of information so you know who to refer where and how you take care of the patient in terms of maximizing their benefit structure all that information is pretty critical to have in a delivery system environment.

In terms of the actual clinical data itself derived from claims, you know, I would agree it's not what you want to manage a patient for but it can have meaningful components in certain situations and so I wouldn't want to kind of just say it has no value in clinical care delivery there are certain circumstances where it can have clinical value but I would agree that point of care value in terms of managing the patient is just an order of magnitude less valuable than clinical data.

**H. Westley Clark, MD, JD, MPH, CAS, FASAM – Substance Abuse & Mental Health Services Administration**

This is Westley, there's been a tremendous push to get, in the behavioral health context, data including claims data, so I think I'm halfway on this issue, because we are looking at making sure that ACOs have access to the claims data from CMS for the stated purpose of enhancing clinical care. So, if that's the stated purpose then we need to keep that in mind because that's what some of the ACOs have claimed they need access to the claims data as well as the clinical data.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

This is Joe Kimura from Atrius just to chime in on that, I think a lot of the analytic products that are coming out particularly around risk stratification methods, etcetera for trying to use third-party algorithms that rely on claims data, but the output of that analysis is what's getting put in the front line in the workflow.

So, that data itself, raw format, may not be as important but having the information to present at the point of care I think is important.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

So, I'm not hearing that people are necessarily wanting to remove that so much as they're talking about having the language right about having access to it.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Grace, this is Karen, we actually have a recommendation I think a little bit up the line that we talked about last time about making sure claims data were available to the ACOs and that's where we talked about the importance of claims data what they could do with it and the value of having integrated claims data available to ACOs particularly if they are contracting with multiple payers and Medicare, and Medicaid.

So, I think that this may not be the place for this and I think we might need to go back and make sure that our other recommendation on claims data availability and access gets to the points that we need to have in them.

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

Yeah, this is –

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Including when that access is made possible, yes.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Yes.

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

Sorry, this is Alex, just to be clear, right, this is specifically about whether there is something that we need to do within Meaningful Use or certification levers around having that information available at the point of care as opposed to some of the, you know, broader having information feeds available in whatever formats.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Right, which is why I think it was recommended that we remove it because as a practicing clinician it's not going to be very helpful at the point of care.

**R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health**

Grace, this is Hal Baker, I would add that I would support what Karen just said. I think if you've got only a certain amount of things you can ask people to work on at the same time the chances of this being helpful enough to distract from the other things that are more helpful above it is high enough that I'd add least one vote for removing it for fear of distraction.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Okay. Okay.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Are we, this is Frank, are we considering removing or moving to a different place?

**R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health**

Just claims data at the point of care part of the requirement, I certainly see an ACO having access to it for population management but putting it right up front in the exam room is what I saw D as indicating.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Yeah, you know, I saw patients this morning in my ACO and the last thing I wanted was claims data on it, what I did want though was the ability that if there was more information out there that needed to be shot to me about other providers or whatever that could be at some point, you know, communicated that would have been helpful, but certainly at the point of care it's not necessarily – at least in the way this is worded what's normally needed.

So, I think I'm hearing a relative consensus to strike this out making sure that when we talk in the other portion about availability of claims data that we talk about it being available at the point that it's necessary and needed and most useful.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Agree.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

All right, well I'm going to move us to the next slide then which is reporting simplification, which is, you know, apple pie to me.

The comments that were made earlier about how so much of ACOs is about the ability to report and the functionality necessary to do that I think is pretty relevant in this in that, you know, almost everything that we're doing and reporting on right now in our ACOs there is a relative amount of complexity to it and one of the things that the providers often will question is "is it actually helping care." In the short run I think the answer is "no" because we're pretty immature in the development of all this.

So, obviously we're going to have to make reporting easy enough for people to do it but it's also got to be relevant enough that it actually is meaningful.

So, I agree with whoever made the comment about this is a scope issue and does it extend beyond the HITPC scope?

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**

I don't think so, I mean, this is actually very consistent with a lot of work that's already underway to align measures across HHS, across CMS but really even more broadly across HHS and have, you know, similar specifications for these measures, but also have the authority, a value center, value set authority center that National Library of Medicine maintains with sort of all the relevant codes and specifications that all the measures have to use consistently. So, I think a lot of the pieces are in place for this.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Okay, good. Other comments?

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**

I would say the thing that is less clear is the latter part of the submitted once by a given provider through an intermediary which could be sort of, you know, the clinical, qualified clinical data registry or qualified entity that's reporting on behalf of the provider. Right now it has to be sort of a recognized mechanism through, you know, PQRS or the MSSP Program.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Yeah.

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**

And I think there is a recognition that this needs to be more clear and streamlined and there is a lot of interest across the purchasers and regional health improvement collaboratives that some of our members are involved with to really flush this out on how does this work across, you know, states that are pursuing these types of intermediaries, how does it work across payers and then how do we scale it nationally since if we really want to move to multi-payer evaluates payment arrangements or accountable care arrangements this kind of infrastructure is going to need to be scaled.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

I would agree Kelly which is why I think just having the recommendation out there and then I suspect, you know, there will be a lot of discussion about how to make it happen.

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**

Yeah.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

But I think this is going to be critical because the more administrative burden we put on the delivery system the less they're going to be inclined to use their HIT in a way that's really going to be – reach the objectives that we all want them to meet.

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**

Yeah I think the other piece of this beyond reporting simplification is that it's the infrastructure to actual drive consolidated or comprehensive feedback for improvement purposes. So, it really does provide more responsive feedback if you have a comprehensive view of, you know, an entire patient population for a given provider.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Right.

**M**

And it really interferes with the ability to improve if you have multiple different measures ostensibly evaluating the same thing coming to different conclusions that really distracts and interferes with the ability to improve where this is ultimately trying to drive everything.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Okay, let's move on, I'm hearing sort of some relative consistency here relative to some of the others. Next slide, please.

So, this is, you know, to get into more details about the whole concept of administrative simplification, we're looking at some administrative procedures, there is some discussion here about removing the review regulatory burden as it might be overreaching and then a comment about clinical decision support efficacy from basically a stand-point of making sure these things are simple.

This is the last of the slides before we go back and look at just sort of in general what we've removed or might want to remove, so I'm going to stop and see where people are on the rest of this here.

**R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health**

Hal Baker, one point on E, at least when I was in my general medicine fellowship efficacy was theoretical effectiveness with perfect users and effectiveness was real world. Do we want efficacy or effectiveness?

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Probably effectiveness I would think.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

I sounds like we want effectiveness.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

I vote for effectiveness.

**M**

I vote for effectiveness.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

I second that.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

And I have to thank you Hal because I think this idea came from you to begin with, so absolutely.

**R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health**

Okay.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Other comments here?

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

This is Karen, in terms of the reviewing the regulatory burden I would just simply restate what I said a little bit earlier, the more regulatory burden that comes, particularly with documentation, the less likely the HIT systems are going to be used effectively, getting back to the effective/efficacy issue.

And you know there are such things that are going on now such as cut and paste some of which is appropriate, some of which is being done strictly to meet documentation requirements that aren't very useful for either patient care or for anything else.

So, I think that there might be some good rationale for the Policy Committee to recognize that there is a huge amount of administrative burden that comes primarily from CMS and that CMS maybe in a position to review those documentation requirements in such a way that the whole system works a little bit better.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Hi, this is Frank, I want to, you know, say I'm in total agreement with that because the documentation is getting worse it's not getting better and if somebody doesn't raise a red flag pretty soon, you know, we're back to typewriters almost in regard to what CMS requires us to document to justify a wheelchair, you know, it's just unbelievable.

And there has to be a way, if we're going to promote HIT as a solution to the burden, to the information burden then CMS has got to get on board with that, they can't just keep throwing more documentation required at the providers and saying, okay, you've got to – you can't fill out a form anymore you have to write something in your own verbiage, your own language that has to be separate, distinct and unique every time you make a recommendation for a different patient. So, you know, it's something that's got to definitely be reviewed.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Other comments? Okay, well, I think we finally after 3 or 4 meetings, I can't remember what, and multiple hours of contemplation we've gotten through this version of things. Let us now, let me look over my stuff, is Charles still on the call? Did I hear Charles.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

I think he did a drive by.

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

Grace, I'm here.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Oh, there he is.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Okay, Charles, welcome back after your absence, I actually have a hard stop in a few minutes because of my – I've got to get on the road in a minute and I'm wondering – I'm getting ready to go over to the part about highlighting a series of items that may need to be removed, I think we went through most of that as we were going through here, Alex were you keeping up with it, are there other parts of that that we need to go back through or not? Did we get through it all?

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

Yes, so we had hit a number of the suggestions of removal in the last third, but now we have a couple in the previous material that we've gone through so –

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Okay.

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

There are questions that came up on previous calls or sort of lingering lack of unanimity that we wanted to raise.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Okay.

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

And then ask people if they have other suggestions.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Well, as I'm looking over my preview of the slides I think that we have the draft recommendations outlined and if we go forward to the next couple of slides we'll see where those draft recommendations are is that correct? Yes, I see it now. So, let's move forward then and see if everybody is in consensus with that. Next slide. Next slide.

Okay, on the first portion HIT adoption and access to administrative encounter data we did not have anything that was listed under that portion about removing. Does everybody want to take a quick look at that and make sure that we agree with – not with the verbiage, but with just the – that all that looks appropriate.

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

And again, you know, we don't need to go into a detailed discussion if folks don't want to, but if there are things that you want to flag right now we can make sure we highlight those when we send out for comment.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

Hey, Alex, one of the pieces, this is Shaun Alfreds, one of the pieces that I see on access to administrative encounter data that might be challenging is access to behavioral health claims data for Accountable Care Organizations. Are we going to run into a 42 CFR Part 2 problem here?

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**

Is Wes still on the call?

**H. Westley Clark, MD, JD, MPH, CAS, FASAM – Substance Abuse & Mental Health Services Administration**

Yeah, I am, I think we're looking at addressing that as an issue both at the agency and the department level. So, I would suggest leaving that there as a recommendation and SAMHSA is working with the department on the specifics of addressing that. So, I see nothing wrong with the recommendation.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**  
Okay.

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**

And Wes would it be helpful to have context on why it's particularly important either for risk stratification or really improving care delivery for high risk patients?

**H. Westley Clark, MD, JD, MPH, CAS, FASAM – Substance Abuse & Mental Health Services Administration**

Yeah, you can do sort of a subparagraph on that but I think, you know, as it's currently written in terms of summary form it fits very nicely and appreciate the fact that we recognize that there are some unique issues.

I don't want to dismiss the unique issues, in fact we are working with the Office of Civil Rights on behavioral health and HIPAA issues so it's not just 42 CRF Part 2 there are mental health issues associated with this, but I think in order to enhance care our position is that we should find a solution to the issue and so we're working on that with CMS and the department.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

That's terrific.

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**

Yeah, thanks.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Let's go to the next slide where we are going to see some recommendations for considering removal.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Before we do that could we just go back to the access administrative encounter data again?

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Okay.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

The encounter data with the ADT feeds, so we'll probably talk about those later, but the very first one about a strategy and vision for scalable data architecture for integrated claims and clinical data, you know, we've had a lot of discussion around that and it's a stepwise process. So, really the strategy here is what we were talking about maybe about 20 minutes ago with respect to the fact that ACOs need access to integrated claims data.

And we'll need some recommendations around integrated claims data and then ultimately it's going to be research that will – you know, we're going to have to support research to find out how best to do the integration of claims and clinical, but right now claims data is out there and there are a lot of places where it is being integrated and it needs to be made available to ACOs now and then this integration of claims and clinical can come down the line.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

I agree.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Absolutely. All right, let's move onto the next then, next slide. Okay, so here is when we get into some considerate removing under exchanging data across the healthcare neighborhood and we've touched on a lot of this briefly, one was increase public transparency around institutional participation, the other was including patient event notifications as part of Meaningful Use and the third was develop a scalable model for patient event notifications. We mentioned these briefly earlier. Is there a consensus that we should remove these three or shall we take it one at a time?

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

Grace, sorry, just to be clear, if we want to go through, this is maybe not organized perfectly, but we have slides on these that, you know, kind of tee up some of the issues we talked about the other day for each of those if that would be helpful?

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Oh, have you got them – you've got them further on?

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

Yeah.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Okay.

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

After the outline.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

After the outline, well let me go through the outline right quick then and we'll get to that then. Okay, I'm looking at the, yeah, you're confusing me all right Alex, okay.

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

All right, it was a snow day.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Yeah, yeah, yeah we've had snow here too. All right, so let's then go to the next slide for the outline right quick. So, under four there was strength in Meaningful Use measures for cross vendor exchange, we talked about that significantly earlier.

And then down under five, incentivize care plan usage and claims data at the point of care, we've just reviewed that. If you go to the next slide, administrative simplification there was no recommendations under that to remove things.

So, the next slide is where Alex actually tees up some of the detail again and Charles are you in a position where you could take over the rest of the meeting so I can get on the road to Raleigh or do you need me to stay on for a while here?

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

Give me just 5 minutes and then I'll be ready –

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Okay, I can do that.

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

Okay.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

I can do that, okay, all right, so then let's – we're on slide number 17 which is the increase public transparency around institutional participation in health information exchange and there was not a – the comment was may not have sufficient impact to warrant inclusion. Is there an agreement with that comment?

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Hi, this is Frank, I disagree with the comment, I think that if you look at an ACO the burden that they're under in regard to quality measures, if the institutions that actually control many of those quality measures have no obligation whatsoever to report to anyone what they're doing to help ACOs and their market achieve those quality measures.

**R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health**

So, Frank, this is Hal, you're looking here to push the laggards and hold them to a spotlight. I was thinking on the other side that if you do this certainly you're going to publicize that you do it. But are you more focused on the people who aren't?

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Yeah, I do, I really think that, you know, the ACOs are – everything that we do is being – you know, we have to bare ourselves to the public and the hospitals, again, who are driving many of the measures that we're getting graded on even though we don't have any direct control over them we're getting graded on those. Those hospitals have no responsibility at all.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Well, I think that's a very good point, Frank, it's Karen again. I'm wondering though is public transparency about whether or not your partners are sharing data through health information exchange or sharing data in other ways as a way to meet your needs.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

I think, and again, let me say this, I think hospitals are very sensitive to anything that they have to provide to the public.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Yes.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Because they are by nature, you know, public institutions and if the hospitals in our network, in our ACO coverage area had to post their discharge rates or their re-admit rates in detail not so much the people but in detail I think that would be a strong incentive for them to come looking for us. Because right now we can't get past their front door in many situations.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

No, I would agree I'm just not sure that publicizing whether or not they're on whatever health information exchange is available will get you what you want, which I think is what this recommendation is about and I could be wrong.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

I think it maybe broader than just, you know, what exchanges they're on, because some of these hospitals in our area again aren't on any exchanges other than what they chose to participate in with other hospitals.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

So, Frank would it be more appropriate instead of removing the recommendation to say that they should publish their results on the Meaningful Use transitions of care measure?

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Yeah and all ACO measures applicable ACO measures as well.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

I'm fine with that.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Okay. Well, let's go to the – let's see is this, the next one include patient event notifications in the objectives as part of Meaningful Use Program and there was a comment about considering removing that. Is there a consensus on that or not?

**Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

This is Michelle, that was included in the Meaningful Use Workgroup's recommendation that was approved by the Policy Committee last week so you probably don't need that anymore.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**  
Okay.

**R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health**

This is admissions, discharges, transfer notification type events?

**Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Yes.

**R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health**

Okay, because that was clearly important in our meeting we had in presence with the testimony but it sounds like it's already covered, that's great.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

We can certainly put it in there to emphasize importance if people feel that that's appropriate.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

This is Frank, I think it probably is the number one carrot that we're going after and I applaud the Meaningful Use, you know, being put into the Meaningful Use recommendations. I'm glad to hear that I hadn't heard that.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

You know –

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

So, but at the same time if we withdraw this from our recommendations down the road people may forget that we were so strongly in favor of it.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Since the Meaningful Use stuff is still in, you know, the NPRM it's not law yet, I think there is a very important principle here and that is whether or not it's the ACO that's responsible for ADTs or whether it's an individual physician or clinician that's responsible for ADT feeds and the way Meaningful Use is set up it's an individual provider.

And I think when it comes to this kind of a situation it's really the ACO that needs to have the information on the ADT feeds because very frequently a provider can be on vacation and might not get the information that's necessary right away.

So, I think that we need to be a little bit careful about this particular recommendation and we might want to think about making that differentiation about where that information goes and how it gets there because I'm not sure it should be a Meaningful Use requirement.

And, you know, I understand that the Policy Committee has already gone there, but there's a big difference between an ACO and an EP or an EH.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Well, perhaps the wording Meaningful Use Program should be Accountable Care Program.

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**

So, this is more – this would be an MSSP requirement to do ADT alerts?

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Yes.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Yes.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

I would think so.

**W**

Yeah.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Yes.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

I'd agree with that.

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**

Okay, well that really takes another direction but I understand it is a really good point Karen.

I guess the other thing that we heard, I think during the hearing and we've also had some reports from our beacon communities that actually sending the alert to a case manager or a care coordinator works often better for workflow because you can't inundate a family physician with a lot of alerts and expect, you know, one clinician to do all the follow-up.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Exactly.

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**

Yeah.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

Yes, that's absolutely correct in Maine we do, as the HIE, we do ADT alerts, we're at 25+ thousand a month at this point and most of those are going to care managers rather than the providers themselves.

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

Yeah, that echo's our experience at Aetna as well.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Let's move on. So, we are now at, let's see where we are, next slide, please.

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

Hey, Grace?

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Yes?

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

This is Charles, I can run if you need to run or I can move forward with the meeting if you need to run.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

That would be very helpful I've got to get to Raleigh and there's toll roads, so thank you very much and I apologize for ducking out early but everybody continue on and, you know, carry forth, mind the gap all that. Okay.

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

All right, thanks a bunch Grace.

**Grace E. Terrell, MD, MMM – President & Chief Executive Officer – Cornerstone Health Care, PA**

Bye-bye.

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

All right, you may hear some airport information and noise in the background I apologize for that. Next recommendation that was there for consideration or removal is developing a scalable model for patient event notification.

And I guess the rationale here is if you have a robust HIE infrastructure ONC should continue its efforts at developing a scalable architecture and implementation guide using HL7 that allows the appropriate provider or ACO to be notified when a patient is admitted or discharged from the hospital and I guess the reason we're thinking about removing that is this is already something that's ongoing.

I think we – I mean, I think we all think this is important, right? I don't think there is any question around the importance of this. Well, let me ask that first. Does everyone agree this is an important component for an ACO?

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**

Yeah, can I also just ask when folks respond to that let us know if you think federal funding is needed for this.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

I think it's very important. I can't speak to the federal funding issue since we don't have any in our area.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Well, I would just basically, this is Karen, I would basically say that this whole issue of getting ADT feeds out there we've talked about in lots of different ways and we've got lots of different recommendations.

So, I think we just need one recommendation with multiple pieces in it that really talk about the importance of getting ADT feeds out there and if they have HIEs and obviously the HIEs can perhaps develop that and it could be a sustainable business model, but there may be other ways getting this information out as well.

So, I would leave the funding piece to maybe Shaun I'll tip this one to you in terms of whether you think more federal funding would be important to do this, but these ADT feeds are so critical that we need to find some way to get them to everyone that's in an ACO environment.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

Okay, well I –

**R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health**

This is Hal –

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

Oh, go ahead.

**R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health**

I was going to say that I think federal incentives either positive or negative would help move this along though certainly there are plenty of other reasons why it would move along.

My only question to Charles is whether a concurring opinion from this group is more helpful or distracting if the only reason for removing is that we think other people are already working on it?

Should we add our voice to the choir or should we let them run with it?

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**

Well, you know, it would be helpful to know if you – if anyone feels like there needs to be some grant funding to get this sort of infrastructure scaled beyond, you know, incentives that might be built into MSSP which is what the other recommendation was that we discussed.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

Kelly, this is Shaun, I think you've seen pockets around the country where this infrastructure is in place and working.

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**

Yeah.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

But I think there is, to use ONC's parlance, a lot of white space too where it is not. And I think the reason why is that a lot of the money coming out of the HIE grants from the stimulus package were focused on getting Direct up and running in some of those states that didn't have an HIE architecture and the ADT concept was not introduced.

So, I think to cover some of that white space I think there will be some needed funding, because it just hasn't been a focus and now it's just a recognized need with very little resource to support it.

**Kelly Cronin, MS, MPH – Health Reform Coordinator – Office of the National Coordinator for Health Information Technology**

Thank you.

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

All right, very good, well, I think adding our voice has a low chance of being distracting and, you know, probably doesn't create a great value, but probably creates some value in terms of its applicability for ACOs. So, if no one is opposed I think we could just continue having this one on our list.

The next one though I think is a very interesting topic that probably will spawn some more conversation, which is strength in measures for cross vendor exchange, you know, if you look at some of the biggest complaints I think we heard at our panel it was getting the vendors to work together to support, you know, some level of interoperability and I think what we're recommending here is strengthening measures that would incentivize vendors to support cross vendor exchange, maybe I guess we're referring to things like CommonWell and some of the other initiatives you've seen launched by the vendors themselves.

And I guess why we might remove this is cross vendor exchange might not be the right way to approach this given problem and that it's not part of MU Stage 3. So, I'll just pause there and open it up to comment.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

And Charles, this is Karen, I think while you were traveling we had a very long discussion around this and I think we came to agreement that data portability is absolutely critical and we have that in some of our other recommendations, but that it's really a vendor issue and not part of what providers would be responsible for as a Meaningful Use measure. Would everyone – did I just sum that up appropriately, everyone else on the group?

**R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health**

Yes.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

Yes.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Yes.

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

My apologies, we – this is a little bit of overlap from the very start of the deck.

**R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health**

This is –

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

I see, so where does that leave us? Does that mean that we're taking it off altogether and making no statement about data portability or what statement are we making regarding data portability?

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

We have some recommendations on data portability, matter of fact we're even calling it data portability instead of data liquidity in some of our other recommendations and since this was very specifically around Meaningful Use measures we decided to eliminate this and then really focus more on the data portability in some of the other recommendations we made.

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

Okay, got it.

**R. Hal Baker, MD – Vice President & Chief Medical Officer – WellSpan Health**

In an ideal world we might want measures that tracked effectiveness of exchange versus efficacy and testing, but it would be pretty hard to think of how those measures would actually work to incentivize true high volume flow.

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

Well, I don't want to waste people's time, but did we at all talk about the need, I mean how do you make vendors change it through, you know, getting their customers or the voice of the customer as one of the most powerful levers you have to get vendors to do anything, did we contemplate that in the discussion? Or how do we see kind of data portability happening through our recommendation?

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Well, this is Karen, I think just to sum up there are two ways of doing this, you're absolutely right that the ACO environment is truly and all of payment reform is truly demanding that data portability be front and center and many of the vendors are responding to that and CommonWell is just one way of doing it.

Having said that, there is a strong emphasis on data portability and data liquidity under the interoperability standards. So, I think that's how we were approaching it in terms of those recommendations.

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

Okay.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

It was certification obviously driving a lot of the interoperability.

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

Okay, very good, thank you. Next slide. I'm showing the same slide.

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

All right, one more slide.

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

Yes. That looks like we're done.

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

I think one more slide and we'll be at next steps.

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

Okay, well now I'm seeing an agenda slide for next steps.

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

So, Charles maybe I can just chime in here and we can just confirm a path forward with the group. I think what we've been thinking is that we will consolidate the comments we've gotten today very quickly into the draft that you all received with these materials and then send that out to you for a final chance at written comments before we need to consolidate this for draft recommendations on April 8<sup>th</sup>.

So, hopefully, we'll be able to give folks about a week to get around to this and just do another round of commenting in the document as folks did before which was so extremely helpful for helping us evolve this language and make sure that we're getting to what folks want to say here.

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

Very good, thank you Alex, so should we go to public comment?

## **Public Comment**

**Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Operator can you please open the lines?

**Caitlin Collins – Project Coordinator – 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 do not have any comment at this time.

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

Very good, thank you. Well with that let me thank everybody for your participation and your thoughts on these very important recommendations. Alex do we know when the next meeting is?

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator for Health Information Technology**

So, we won't be having another meeting before the April 8<sup>th</sup> meeting, but there should be an invite going out very soon for a meeting in mid to late April in which we'll hopefully be able to talk about the response that the draft recommendations received from the Policy Committee and what kinds of changes we want to make to a final set. So, look for another meeting in April.

**Charles Kennedy, MD, MBA – Chief Executive Officer – Accountable Care Solutions – Aetna**

Very good, well thank you everyone for dialing in, thanks for your thoughts and I will see how the April meeting goes to the HIT Policy Committee and I'll look forward to speaking to you all on our next call.

**Frank Ross, MSSP, AP, ACO – IS/IT Steward – Cumberland Center for Healthcare Innovation**

Thanks, everyone.

**Shaun T. Alfreds, MBA, CPHIT – Chief Operating Officer – HealthInfoNet**

Bye.

**Karen M. Bell, MD, MMS – Chair – Certification Commission for Health Information Technology**

Thank you all, bye everyone.