



Collaboration of the Health IT Policy and Standards Committees

Quality Payment Program Task Force
Subgroup 2 - Policy
Final Transcript
May 27, 2016

Presentation

Operator

All lines are now joined.

Michelle Consolazio, MPA – 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 Joint meeting of the Health IT Policy and Health IT Standards Committee's Quality Payment Program Task Force and this is a Subgroup of that Task Force which is the Policy Subgroup. This is a public call and there will be time for public comment at the end of today's call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Paul Tang?

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health Here.

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

Hi, Paul. Marcy Carty?

Marcy Carty, MD, MPH – Vice President, Network Performance – Blue Cross, Blue Shield of Massachusetts

I'm here.

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

Hi, Marcy. Joe Kimura?

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

I'm here.

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

Hi, Joe.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Hi, Michelle.

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

Brent Snyder? Charlene Underwood?

Charlene Underwood, MBA – Independent Consultant

I'm here.

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

Hi, Charlene.

Charlene Underwood, MBA – Independent Consultant

Hi.

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

Wendy Wright? Mike Zaroukian? And Amy Zimmerman? And from ONC we have Gretchen Wyatt.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Here.

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

I think Alex Baker may have just come in too, Alex did you come in?

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

Yeah, this is Alex, yes.

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

Yes. Beth Myers you are on as well?

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

Yes, I am.

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

Anyone else from ONC on the line? Okay, with that I'll turn it back to you Paul.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Great, thank you very much Michelle and I want to thank the Subgroup members for a couple of things,

one, turning around the responses so quickly and then participating on this call and I want to thank Gretchen for her shepherding of this group, the bigger group and this group and turning around these comments so quickly. We are on a fast timeline and everybody helping out is just really, really helpful.

I think what we'll do is we'll walk through the themes, there's quite a bit here actually, and go over and try to consolidate into themes about each question and to the extent we can, pinpoint what it is that both are some of the direct answers to the questions. If possible we'd like to have some constructive suggestions and that doesn't mean doing all the work but perhaps getting, you know, giving ONC and CMS an idea of what would help in understanding.

And with that I think I might even start out...I think we'll go through question by question, but I might start out with an overarching because there is one that is sort of really glaring that just cross cuts almost all of the questions and that is the complexity.

So, I think it's a couple of comments, one, it's very complex and furthermore it's not...sometimes it is not even possible to understand. It's one thing to be understandable but complex it's another to be complex and actually people still have a lot of questions of understanding what's meant and I certainly experienced that as well but many of these comments here are in that regard.

So, one of the things we'll need to approach is are we recommending a less complex rule or can it simply be more understandable and a more accessible rule. So, we'll have to tease that out because I think that can be part of the recommendation.

And if we have ideas on how to make the rule either more understandable or less complex, which might mean a different approach, then I think we can feel free to offer that both through the Subgroup and then bubbling up to the overall committee or Task Force.

All right, any other overarching comments?

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Paul, this is Gretchen, one of the things that crossed both with this Subgroup and the other one from the comments that I saw was a request for CMS and ONC to really think about the transparency for how things are reported, where the program is going, how folks will advance through everything and sharing of information about how all these things are set up so that both public and private payers can build stronger programs.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

So, transparency is sort of a proposal, I mean, sorry, purpose, strategy and I like what you also said at the end, which is in relationship with the private payers. So, I think that speaks to sort of overall orientation and it is sort of preamble. I think the preamble that was said is, yes, we're moving from volume to value but the overarching linkage between...and alignment between the entire healthcare space would be helpful is what I heard you say. Is that right?

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Yes, I think so and maybe Marcy can sort of speak to that effect as well from across the board like with measure development...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

And the reporting it seemed that there is a real interest in making sure that this occurred.

Marcy Carty, MD, MPH – Vice President, Network Performance – Blue Cross, Blue Shield of Massachusetts

Yeah.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

I might interject, I am visually oriented, if there could be a visual on the entire healthcare space, so that does have multiple stakeholders, it's the person/patient, it's the provider systems, it's the payers and in a sense it's the quality measurement enterprise, if we had a picture of just what that is and then how does pulling on one piece, let's say it is CMS a payer, how does that interact with the others so everybody can see how they relate and what's the big picture and then we can drill down on and what does this particular policy do to preserve this space and how does that make it move in a more desirable direction that kind of framework would be helpful.

And I actually think also down to the actual policy itself with the APMs and MIPS how do those fit inside of the payer space.

Marcy Carty, MD, MPH – Vice President, Network Performance – Blue Cross, Blue Shield of Massachusetts

Yeah, and Paul when we think about payers I think we talk about private payers, I think there is...but in the space for about five weeks there is that complication of self-insured employers.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yes.

Marcy Carty, MD, MPH – Vice President, Network Performance – Blue Cross, Blue Shield of Massachusetts

And how much they're driving in terms of measurement, performance guarantees. So, there is a whole other layer of measurement that is happening that is from a provider perspective often not transparent and there probably should be.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

And that was Marcy, presumably.

Marcy Carty, MD, MPH – Vice President, Network Performance – Blue Cross, Blue Shield of Massachusetts

It was, sorry.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yes, other comments?

Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services

Paul, this is Amy and I just want to let you know I joined, I'm sorry I was late.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah, thanks, Amy.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

So, Paul, this is Joe, so I would echo sort of that aspect of transparency and methods, measures and process honestly for both planning purposes and knowing...and I know we've had discussions like this in the past before of saying sort of the cycle times to build the infrastructure to try to be successful not only in terms of the care that patients are getting but to be able to meet the requirements of these payment models, it's a long cycle time so I think that's the...knowing that and seeing it gives I think each stakeholder enough time to be able to make the appropriate changes.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

And Joe are you specifically talking about the 2017 start or is that a broader comment? I know it's a broad comment, is that also a specific comment maybe...

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

I mean, I expect, right, so, as we go through, right, and quality measurement, I mean, we've dreamed about it and talked about it in different settings too that says quality measurement will evolve, get more sophisticated, get more relevant as that conversation evolves throughout the process of MACRA here I would expect that process to be transparent and allow people to change and evolve with that and I think that line of sight sometimes is opaque which makes it challenging when things shift.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Okay, let's dive down into the first question about, you know, they're asking, does it...a couple of their goals is does it reduce the burden and does it increase the flexibility, how does it work and then does it also drive some of the main foci the main priorities like interoperability, care coordination and patient engagement.

I'll start out by highlighting a few words from the many bullet points regarding complexity and difficulty. I think one of the...on the third bullet for example, talked about overall burden in attempting to understand the rule. I think that's actually a pretty good way of putting it because I think there's a lot just in trying to understand it. I'm not sure any of us, I'll certainly say I don't fully understand the rule even trying to read it.

And the next bullet talks about the complexity as being off putting to many ECs who essentially want to engage. So, it's in some sense...it's been a great attempt and really good faith effort but I think in terms of being assessable to everybody including people used to policies it may be a long reach. Other comments along those lines? How...either put your finger on what's the problem to solve here or some suggestions on how can we make it better? Is it the way to present it or is it the complexity itself?

Marcy Carty, MD, MPH – Vice President, Network Performance – Blue Cross, Blue Shield of Massachusetts

So, just, I'm relatively new and I tried to read it last night which was probably not a good thing, I probably got halfway through, this is Marcy Carty, so I think there is actually a big gap between the summary, which looks relatively straightforward and easy to digest and then when you get into the specifics of the rule and how an EP needs to, for example, pick quality measures with only one type of data exchange, right, so there are particulars that actually make the rule a lot harder to comply with and I think loosening up some of that or being able to present it in chunkable ways is probably the important piece.

I think people are now used to be graded across a number of different categories and so forth. So, I'm not as concerned about the four different areas as the specifics and how that actually changes I think some of the way you would go about complying and how you would plan.

I think the timelines are another piece and Joe just talked to that, but moving forward and really thinking about identifying quality measures in a November timeline and then being able to implement them as of January 1st is...it's absurd.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Okay, there's a word that's come up. Other comments?

Charlene Underwood, MBA – Independent Consultant

This is Charlene, I just wanted to add onto that one a little bit. I think, you know, often these projects in practices and all are kind of done piecemeal and people like to try and take a holistic approach toward this because they...you know, you could see how they could all connect, but that takes time and effort so that's the other piece that I think makes it complex is by the time you sort out what you have to do and then come up with a more holistic approach so that you can get it done, which is kind of the intent, that timeframe is really short.

So, you know, that's kind of like, you know, you can kind of take one project as another, but really, you'd like to have quality improvement linked to your measures, linked to what's happening in interoperability and that takes a lot of time and effort as well as some funding which the timeline doesn't give you much time to get in place.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Other comments? Let me pick up on then what both Marcy and Charlene just said, I think it's very...I think Marcy said it very well in the sense of you can read this summary and the summary puts out the really good intent, this is what we're trying to do, we're trying to orient people in a different direction at the same time we're trying to streamline and reduce the burden and align different programs.

And then the whole devil in detail comes up and it's really hard even to understand the devil in details but I think people don't have a navigator to help them get through this. So, for example, it says, people understand the notion of well let's get...let's almost sunset the PQRS, VM and MU Programs and make it into this new MIPS Program, which sounds like a good idea. Perhaps they could...I think somebody alluded to, let's see it in pictures, how does PQRS go into MU as an...I mean, go into MIPS for example and the same thing with the other two programs.

If people could see, one see the proof of that statement which is, it is less and aligned that would be sort of orienting and if they could do the mapping instead of trying to figure it out on their own, which I think is partly what Charlene was saying, that would also be helpful.

I just think there is so much more that could be done pictorially so you could even start delving into the details. Right now it is really all pros and it's the whole going from the summary approach, you know, philosophy down to the detailed policy was really pretty much a stretch is what I'm reading here and also feel.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

And Paul, this is Joe, so part of that I think too is that...so I think each stakeholder view digests this in a slightly different way too. So, I do think sort of from the provider perspective, you know, a lot of how does this help me, you know, in terms of direct patient care activities and then here's how the accounting will work around payment and financing, measurement, etcetera along those lines, sort of...I think there is a slightly different narrative thread that will help decrease that complexity but it kind of depends on where you're sitting that...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

I know.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

You know you're looking for a slightly different sequence of that narrative to be sure that it's easier to digest. Does that make sense?

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

It does. I'm going to restate that and summarize. So, you're looking...I think you enumerated some really helpful principles. So, for each major stakeholder that has to play a role in this how does it help "me" and then how can accounting, I like your word, how can accounting be a byproduct of how this helps me deliver better care for example? Instead of, how do I focus only on the accounting or only on the process?

I think what people were trying to...are being excited about is, gosh, it's nice to move away from a lot of some of the process work that we did in Meaningful Use as an example, moving more towards, can I just demonstrate how well I'm doing by patients and people, and then have the accounting fall by the wayside.

So, one nice piece is CMS was saying, okay, if you give us the elements, the data elements we'll do some of the calculation which I presume is part of their "simplification" but...and that's in the same spirit, like let the accounting be a byproduct, but I think we're all saying that we'd like to better understand how what you're trying to measure helps me whether I'm the provider, I'm the patient or the payer for example. Is that another way of saying what you said Joe?

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Yeah, no, I think so, I think it's this...ultimately it's the same story but it's sort of the aspect of how you tell that story based on what sort of the pain points are for each different stakeholder.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Maybe just make the story less complex because you're digesting it in the way that you're used to seeing it.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Or your used to thinking about it I should say maybe not seeing it.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Other comments?

W

And...

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Paul, I have a question for you folks. As far as, you know, this visual and telling the story is that something that you're recommending is within the final rule so folks can see there is progress or is it something that you would like CMS to consider for its education and outreach that will go...will be implemented after the rule is finalized?

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

I think it's in the final rule. People do regard that as sort of the manual and you want as many people who have to touch it to be illuminated by it. So, I think you'd be doing...you know this is personal, I think you'd be doing everybody a great favor by helping to orient us to the approach and answer some of these questions like, okay, I see how it sort of reduces and streamlines now can you point out in the details, and I can sort of see this in this picture, of how it consolidates PQRS into MIPS.

And I guess I'd say the same thing about the relationship between MIPS and APMs it's fairly dense and opaque right now and it seems like pictures might even help you think it through in terms of, okay, well what is...because one of the things you asked us later on is, can you see how people seamlessly transition between one and another, I'm not sure it's that easy to see how, one, even the transition let alone being seamless.

And often times when you make a picture, make a graphic you start seeing where there could be improvements and where the words would help annotate the graphics instead of relying on the words. Is that helpful? Does that answer your question? Was that Gretchen?

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Absolutely, yes.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Okay. Would others agree with that sort of answer?

Charlene Underwood, MBA – Independent Consultant

This is Charlene, I think the other thing that would be valuable, because as you read the text you'll say, I think there's an implicit assumption you knew how it was before, you know, to say, here's the three things that we're doing to decrease the burden 1, 2, 3 or whatever, just...you know rather than having to weed through because if I tried to look at all the different ways you're trying to accomplish this I think there's lots, but I couldn't categorize them.

So, I'm sure someone's out there probably categorizing them, but, you know, if that's one of your objectives make it simple right up front here's the four things that we're doing, comment, did we achieve them, blah, blah, blah and just to clarify more.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah and that's talking from somebody who has, you know, read these things a lot.

Charlene Underwood, MBA – Independent Consultant

Yes.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

So, another way to look at it, have you...you've seen those where you graph out and you have flow diagrams of the current workflow and then you go, here's the before and here's the after, that kind of approach may help people see how what they used to do, and this is part of Joe's point, what they used to do and how is that going to be in the new world and hopefully, just like before and after a process improvement kind of things, it's going to look much better but you're going to be provably so, right?

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Okay, got those notes.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

All right.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Well, it's going to be tough to try to get all this stuff...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

To circulate back to all you folks, but this is really, really helpful. So, it sounds, from what folks are saying, is that the complexity itself of the program might not be what's really the crux of the issue it's explaining what's happening and where everyone fits within it, so being more clear about the programs to reduce the confusion. Is that correct?

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

So, I think...I think you got the later part right, in other words, at the very top we do need to understand this better. I don't know that we've yet, and I think that's the next topic, whether actually it is too complex after you get to know it.

So, I think, for example, when you start drawing these flow diagrams and what's the new world look like maybe you'll see more opportunities for actually streamlining it because I think once we do understand it, and that was one of the biggest challenges for all of us and this group actually reads this stuff, then we might still think it's too complex. So, we haven't answered that first question yet Gretchen I guess is what I'm trying to say.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Dang, okay.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Sorry. Well, let's go on...so one of the things that was mentioned is, it might have been Mike, but this whole clinical practice improvement activities that's new, it strikes me, now I'm going back to the global, right, we have this whole ecosystem of both stakeholders and people contributing into it, this clinical practice improvement activity really sounds like, you know, I'm an Internist in the ABIM world, it sounds like MOC which stands for...

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Maintenance of Certification.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Maintenance of Certification, all of a sudden, you know, I can't...Maintenance of Certification. And in some sense it sort of makes sense, right, we're trying to test your ability to keep up with the literature and the new knowledge, but we also like to see you improving...have a method of improving your practice, so it seems to fit into a "certification" bucket.

It's a little...while it seems like a good idea to have that happen it seems to me, this is just a personal opinion, that this actually belongs in the professional accreditation sphere and one way that this could play a role here is there maybe multiple ways, as you do have in actually the APM, multiple ways for you to qualify to get credit for doing things.

Well it seems sort of more logical to have the maintenance and certification, like clinical practice improvement, in the professional domain and you get credit for doing that as part of APM let's say or MIPS. And so that's one suggestion. How do other people feel? I mean, what are other suggestions and how do other people feel about that?

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

So, this is Joe, Paul, so, I mean, I guess for me in terms...I do agree with you that this is sort of part of...it's part of sort of the general sort of, what's the right way of saying this, I mean, measures in and of themselves, right for performance accountability versus measures being used to really be helpful in practice and care improvement and process improvement, I do believe that we want to be sure that people are using data, the HIT capabilities to be able to constantly try to make things better because

experimentation and iteration we know are going to be the foundation of moving the delivery system forward.

So, I like the fact that we moved towards trying to say that we want to incentivize learning and performance improvement, that to me is an evolution away from specific structural measures, but I do...I like what you said around the fact it seems like it maybe conflating into a whole other sphere of activities that may or may not be sort of appropriate to be in this ruling.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Thanks. And so as a byproduct...so if that were to play out, as a byproduct you essentially, you somewhat declutter what's in MIPS, right, so you remove a category...

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Yes.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Somebody else is sort of doing that and now we can concentrate on, as Joe was saying, really what CMS is leading with, we want to have much more pay for outcome and if what the world turns to from a payer point-of-view is, we're going to pay you for outcomes you figure out how to do that. In addition, we've spec'd out some capabilities we'd like...we think should be in EHRs on your behalf and the professional societies say, and this is how you should continuously improve your own practice, it sort of all fits in the ecosystem that big graphic that I was referring to earlier and you can see how people play different roles, but it seems a little funny, a little out of place, the whole Sesame Street thing, to have practice and process improvement in the payer space.

Marcy Carty, MD, MPH – Vice President, Network Performance – Blue Cross, Blue Shield of Massachusetts

Paul?

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah?

Marcy Carty, MD, MPH – Vice President, Network Performance – Blue Cross, Blue Shield of Massachusetts

It's Marcy Carty, so I'm sitting here and I'm trying to digest, I re-boarded last year and got out of doing my MOCs because they had stopped that just for last year.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

...

Marcy Carty, MD, MPH – Vice President, Network Performance – Blue Cross, Blue Shield of Massachusetts

And I'm looking at some of the sub-categories and activities that are in this rule as opposed to MOC and it just strikes me there is a little bit of a difference and if one of these...if one of the reasons for MIPS is to help enable physicians and physicians to then come together as groups and for those groups to move towards an APM, right, the things I would do for an MOC for myself might be very different than I would do as a small group of physicians and some of the things around expanded practice access like use of

telehealth and use of patient experience and PROMs data and that kind of thing seem to be built into this clinical practice improvement area, which are not things that from a specialty or a sub-specialty kind of MOC would be things...one very specific, just your specialty and the other is specific to kind of as we think about pop health and the way we want to bring value-based care.

So, I agree with you that physicians are not going to like having too many MOC type activities. I just see the intent of these MOC activities to be different than specialty specific ones.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

That's a really good point. The question is where does it belong...

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Although, so this is Joe again, Marcy, so when you think about that, I mean, can we think...obviously maintenance certification is a big, big fun challenge for everyone as they're thinking about how to do that. I mean, to be in a practice where the infrastructure makes that as easy as possible, I agree many folks choose and...for sure people are picking projects of MOC that are, you know, the least resistant pathway possible to be able to demonstrate the activities that they did along those lines not always for the best reasons but thinking about how do you direct even the specialty services, maintenance of certification activities into a more meaningful space.

I mean, it sort of pulls the specialty function towards this ruling a little bit too to try to make those activities more meaningful, which I think is what the specialty societies and definitely ABIM is struggling with right now.

Marcy Carty, MD, MPH – Vice President, Network Performance – Blue Cross, Blue Shield of Massachusetts

Yeah, if we are able to do that more power to us. I just think some of these are things we want to incent are things that through PCMH or other things we are already incenting and so it's not clear to me how as a small group of one or two clinicians we incent if it's not in here. One might argue that this helps with total cost of care and efficiency, but that's such a small part at 10% of this kind of total measure that I'm not sure it incents me to invest in that right now.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Yes.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

So, this is a great discussion. Here's another cut at this, I do think the CPIA is basically process oriented and another process oriented score or accreditation I think is like the PCMH medical home most of its process oriented. In the...following the philosophy of moving much more to paying for outcomes I wonder if reintroducing different process measures is consistent with that.

So, let's say if you are...so, again, if you take this out what happens is you're weighting the process measure, I'm sorry, weighting the outcomes measure more heavily. So, if we could put more and more weighting on "are you getting the job done" it seems to me that people whether it's through their organizational structure or their professional structure are going to figure out what does it take to produce better cars, the whole Toyota lean thing, and I think we will get onto whatever your flavor is, how do we improve our processes to achieve the outcome against which I'm being paid instead of trying

to get, you know, move from one process measure that we talked about in Meaningful Use, to another set of process measures.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Right.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

I think it's...I'm not sure we still want more...I don't know whether we want to substitute process measures so much as...

Charlene Underwood, MBA – Independent Consultant

Yeah.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Really heavily weighting the outcomes, measures that matter to consumers.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Yeah, this is Joe...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

That's sort of...

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

I would philosophically strongly agree with that.

Charlene Underwood, MBA – Independent Consultant

I agree.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah, that's a philosophical point. Is that something we want to put on our feedback/recommendations?

Charlene Underwood, MBA – Independent Consultant

Yeah, I think, Paul, this is Charlene, I think that's a great theme, you know, one of those overarching ones.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Okay.

Marcy Carty, MD, MPH – Vice President, Network Performance – Blue Cross, Blue Shield of Massachusetts

It's Marcy, I agree.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

It sounds like we...okay, that's good. Is that clear Gretchen?

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Yes and going back to the NPRM if I could just for a second...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yes?

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

I know that with the CPIA category they're looking overall, you know, do we have things right with the inventory and the process for adding new activities to the list, they want it to map pretty much so to the way that they're doing for quality measures so there will be like a request for input every year. I don't know if we want to use that as our vehicle for the recommendations here for, you know, like revisiting the whole MOC Part 4 and all of that, but that's the area where I think we'll attach it.

So, I think we can think about it globally as far as moving from process towards is this actually going to move the needle and then specifically within the inventory what might be beneficial. So, there might be two chances at the apple there.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Well, I think, let me try to state something for the group that agreed and have them correct me. I think we're saying, creating inventories and even a process for expanding the inventories is probably not the right way we'd like to go it's just a substitution for other process measures that we've had with other programs. It's much better...and now I'm giving a personal opinion, if we...if CMS were to spend most of its funds in measure development towards outcomes that matter to individuals, consumers that would be the much better beacon for us all to chase after and less of a growing inventory of process things that we could do.

So, I would almost see the recommendation as sort of a...taking ACI out and its inventory and spending the resources, time and attention on the outcomes measures that matter. Other people weigh in please?

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

I think, if I could as a staff person make one suggestion, I'm going to re-read the original statute to make sure that we can make that type of a recommendation.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Right, right.

Brent G. Snyder, MBA, Esq. – Chief Information Officer – Adventist Health System

This is Brent, I guess a question I have Paul is, there is obviously more than one way to get to the outcomes so if we focus...I like the theme of getting to the outcome but does that ensure utilization or adoption of, you know, the electronic means to achieve those outcomes?

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health
I guess my answer to that Brent would be we're in Stage 3 of that swoosh rather than Stage 1. So, Stage 1 was make sure that the software could do it and that you used the software. Stage 3 is, here's where the money is, it's really improving outcomes and we're going to be less pushing than pulling. And so there still may still be a little push in the sense of what they put into certification for EHRs, but it's all driven, hopefully, by our, you know, health system demand for what we need in order to deliver better outcomes.

Brent G. Snyder, MBA, Esq. – Chief Information Officer – Adventist Health System

So, what I'm hearing you say is that effectively you've got the underlying requirement that they are utilizing...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yes.

Brent G. Snyder, MBA, Esq. – Chief Information Officer – Adventist Health System

The current version of the Meaningful Use certified software and then with that as a base then driving for the outcomes?

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yes. Other people please weigh in on, you know, that, Brent's question and response.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

This is Joe, so, I agree with that because I do think if you're using the certification technology that sort of provides the safety nets around the technology how you use that technology and the workflows and the creativity that we've seen for people to try to achieve those outcomes that we ultimately do care about I think can be very robust and we learn a lot from that variation that's out there and I think where we are right now it feels like we do want to allow that to be the space that people are learning. So, it feels like we're anchoring in on the right spots and allowing the flexibility in the right spot.

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

So, this is Beth, just to offer a clarification on Gretchen's point a minute ago, sorry, not to derail the conversation, but MACRA doesn't change the requirements if there are certain pieces of HITECH that are required.

So, the taking out of the ACI category entirely, I just want to take that off the table for a recommendation because the HITECH Act pieces that are still in place like those requirements for certain...that our process in certified technology usage functions are still in place and required to be incorporated under the MACRA law.

However, going back to the broader conversation about outcomes focus I think that's absolutely a fantastic conversation. I just wanted to give that clarity on what the law does require.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah, we understand that, so we weren't abandoning ACI so much as moving everything else to a pull and as part of our rationale for trying to see if the law allows...I don't remember it requiring ACI, but

whether...not ACI, CPI, whether we can get away from it things that impose process prescriptions which is I think where we got into trouble.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Well, I will say, Paul, this is Gretchen, CPIA is one of the categories within MIPS that was outlined in the statute.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Okay...

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

And they had specific areas including like greater access to facilities by, you know, increasing your hours. They weren't real clear on how they expected CPIA to evolve. So, this is really a swamp that we need some guidance on.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Okay. Well, for example, access could be an outcome measure, right?

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

If it's structured right, yes.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah, right. Okay. Any other comments on that theme of thought? There is a lot written collectively on this particular question. I'm going to move to another area that's under ACI category, there's a couple of big bullets, two and three, where I think the point is that there's a claim that it's no longer all or nothing and I believe this is Mike's writing, and actually if you read the details it's still sort of an all or nothing because you have to do the base for example.

So, I think bullets two and three actually pretty much say, hey, the wording, the promise wasn't precisely right in the sense that it didn't precisely match what was actually spelled out in the rule. So, I think my reading of that is it's sort of a wording, I'm not sure promising that it's no longer "x" when it sort of still is underlying that, that maybe where that, you know, if you are a little more careful on the wording could avoid the contradiction as is explained by whoever wrote that and I think that was Mike.

Charlene Underwood, MBA – Independent Consultant

Yeah, this is Charlene, I can clarify that one if we're going to talk...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Okay.

Charlene Underwood, MBA – Independent Consultant

Are we going to...I don't know whether this is coming sooner or later, but, under ACI, you know, it was like we want to reduce the burden we're adding flexibility, but if you look at the requirements to achieve the base you have to do all of them.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah.

Charlene Underwood, MBA – Independent Consultant

So, and there are some of them that are brand new so it's a pretty steep climb to actually accomplish some of them. So, I actually made some recommendations that we put some of those actually...we move them out of the base and put them into the incentive area if it's brand new.

So it still to a provider it would look as like an all or nothing, because to get the base you've got to do things that are not only pretty well instantiated but kind of brand new. So, it's just...it's a contradiction there.

So, for instance, I'll give you a real concrete one, reconciling clinical information is one and the requirement is only to do one of those, but even to be able to do that today you're dependent on pretty good quality data, actually excellent quality data, you're also dependent on making sure that the systems that are deployed can make sure that they are able to integrate that data appropriately and then you've got to make sure that the physicians will trust that data once it gets in and this is really complicated stuff and they've got to trust that flow.

So that's one of those newer features that probably should be considered as a performance objective as opposed to part of the base because to get that base accomplishment is a pretty steep climb and you really want them to do more than one, you want them to do them for everybody.

So, that's kind of where the base...you've got to get the base and, you know, it's flexible, that's kind of a contradiction in how it's written.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

I wonder if this is where if you did have that sort of mapping graphic, if you go from MU as an example and map it into these two buckets base and performance we will better be able to see what really did happen and then you might see how Charlene's suggestion might make sense.

So, if you see, MU going into base but then new things added then it doesn't seem so much as a reduced burden, right, but if you move it in performance then it can have...it can be more consistent with the whole notion of base versus performance.

Brent G. Snyder, MBA, Esq. – Chief Information Officer – Adventist Health System

But even in the performance part if I understand that's all based on a percentage of all of your activities that are actually utilizing that and so effectively I know you only have to get 5/8 but still given some of the stuff that's new...

Charlene Underwood, MBA – Independent Consultant

Yeah.

Brent G. Snyder, MBA, Esq. – Chief Information Officer – Adventist Health System

Some of the measures and the others that effectively sounds like you're getting a lot but really it's actually setting a higher bar than many of the Meaningful Use standards were when you only had to get

30 or 50%. So, it's really quite a high bar that is being required. Yes, it can be percentages across but once you really realize what's required...

Charlene Underwood, MBA – Independent Consultant

Right.

Brent G. Snyder, MBA, Esq. – Chief Information Officer – Adventist Health System

Unless I'm misunderstanding it, it's really a fairly high bar.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

So, this is under the theme of...

Brent G. Snyder, MBA, Esq. – Chief Information Officer – Adventist Health System

It's like the reconciliation if you're going to do reconciliation at any time, I mean, you need one to get in the base but if you had to...if you're going to...if I understand right you've got to count how many patients you did get reconciled, the incoming information, that's going to be...that's a significant amount of work effort and you're measuring basically against 100%.

Charlene Underwood, MBA – Independent Consultant

Yeah and this is Charlene, and the other problem is it's going to be rocky for a while, you know, when you reconcile a medication you'd really like the full prescription, the standard doesn't do that, you know, so it's going to be...it's a hard one. It's a really hard one. So, not only getting it in place and then the software is going to vary and the standards are going to be a little different and it's just going to take a while.

So, these are brand new things, patient generated data and I think the other one was even the ability to be able to request information rather than have it sent starts to depend on infrastructure being there.

So, they're all good things but, you know, to get to accomplish the base to even get your 50% it's not an all or nothing I don't think. You're advance users might get there but you'll leave a lot behind in the early stages.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

So, this again, if we did have this mapping I think these details would fall out and actually I think it may help CMS to understand what points Charlene and Brent are raising. When you do see it you're going to find out that it's actually higher.

Charlene Underwood, MBA – Independent Consultant

Right.

Brent G. Snyder, MBA, Esq. – Chief Information Officer – Adventist Health System

Correct.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

A lower number but the way...so they're saying, not only is it new stuff, the categorization of base and then you get zero points for performance if you can't meet your base is actually a different way of prescribing some things that are hard.

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

So, that's interesting, can I flush that out a little bit more?

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah.

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

Because I think that in the proposal for scoring for the performance score for instance they were trying to have a scaling system so that the base is just one and then a scaling system so you didn't necessarily have to hit 80% on medication reconciliation because over each of those you might hit 30% and earn 3 points in each one which would get you to a good score as well. I think that that's what they were looking at and if that's not clear and that...or if that's flawed I think that's the difference there, is it not clear or is it flawed and that would be really helpful for CMS I think to be able to expand that section and make it actually do what they're trying to accomplish.

Charlene Underwood, MBA – Independent Consultant

So, this is Charlene, let me give...the issue is, for me...I get 50 points for the base, right? And to get my 50 points I have to meet, for instance let's look at the clinical reconciliation, I at least have to do one of those to meet the base. The same thing, I have to do one patient generated data, I have to do one request to transaction those are all brand new capabilities that I have to build in. So, if I get those done then I get my 50 points.

What I'm saying is those are pretty significant efforts and to get those accomplished is a pretty high bar therefore they won't even get the 50 points let alone get the performance points on those.

If instead you would take those brand new things and make them part of performance, because they're brand new, then those that they accomplish...I'm less concerned about the percentages once the infrastructure is in place and more concerned about just getting it in place so they can do one.

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

Right, right.

Charlene Underwood, MBA – Independent Consultant

And get...you want them to get their 50 points, right?

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

Right. So, they are doing that...you don't have to do the new things in 2017, you wouldn't have to do it for 2018. So, it might be also helpful to think about what...from your perspective is that feasible would the infrastructure be in place by 2018, you know, is that cushion for 2017 to not have to do the new pieces enough time, those types of things too would I think help them to be able to better understand the challenge of that all or nothing base piece.

Charlene Underwood, MBA – Independent Consultant

And, you know, again, that's because we're relating back to the old rule that's probably where we get...this mapping stuff we probably get confused because...

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

Yeah.

Charlene Underwood, MBA – Independent Consultant

Right? So, what's not...but even 2018...I mean, that gives you some more runway so it would be harder to argue it, but it's not clear, you know, to look at it.

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

That's helpful, thank you.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Very helpful. There's another part to this, another different approach was brought up in one of the bullet points at the bottom of page 2 and that is...so right now you have 80 out of a possible 50, in other words you have ways of making up where you don't meet the full threshold for the performance group. An alternative, you still could end up avoiding things obviously and it was designed to give you that flexibility, but one of the proposals says, look if you're after exchange, care coordination, patient engagement why don't you instead give them bonus points for those instead of ways to wiggle out of doing any one or multiple?

Charlene Underwood, MBA – Independent Consultant

Yes.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

That seems like a decent both philosophical approach but also you'll probably get closer to your desired effect which is to focus in on those three things that you consider top priorities. Does that seem like a good suggestion?

Charlene Underwood, MBA – Independent Consultant

Yeah, this is...I think you want to incent those as much as you can.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah.

Charlene Underwood, MBA – Independent Consultant

To say you get some...

Brent G. Snyder, MBA, Esq. – Chief Information Officer – Adventist Health System

Right.

Charlene Underwood, MBA – Independent Consultant

Bonus points or something for the...because they're hard, right, and then it will actually stabilize the world out there to get those things resolved so we could actually do them.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

So, in one of the following bullets after that was the whole notion of the multiple, it's really, how does it come across, how easy is it to understand this stuff and I think it speaks, again, so this commenter was saying the multiple tables actually gets in the...you know makes it disjointed unless the different tables had a specific view.

In other words, as Joe pointed out there are different stakeholders. If I came in looking for "well, how does this affect me as a payer or a provider" and I had my own table that might be useful but to cascade a particular point like a scoring mechanism across multiple tables was disorienting for some I guess.

So, this is still part of the theme of how can you give the viewer, the reader a more overarching view and a navigation and then a perspective specific way of getting into the rules in detail. I think...so we've almost exhausted the first hour but then that's where most of our comments came in.

I'm going to try to summarize a little bit. One, is complexity and I think we are answering the question, Gretchen, I think we're saying two things, one is it's not easy to understand in the first place and then as we drill down, which is what people have been saying, as they look into the details, it actually was either internally inconsistent, let's say some of the wording and so complex that it had all these unintended side-effects which of course go hand-in-hand with the complexity.

So, part of our suggestion is not only to have much more graphical output and showing the mapping going from this to this that will help both with the clarity but probably one would guess that you'd see, oh, wow that really...you know, once you see it that really is complex and maybe you'd look for ways to reduce the complexity.

And one way we proposed was to take out or in some way shift the emphasis of, for example, CPIA, into greater weighting for the outcomes that you want to achieve and less weighting by not including yet more process measures into the overall scoring and some examples of process measures, CPIA was an example of a process measure, sort of some of these certification like PCMH are mostly process measures. The more we weight for the outcomes then both the simpler and the more consistent the message is with your stated priority goals. What have I missed?

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Well, no that's great...this is Gretchen again, just a clarification on the CPIA to make sure that I've got that right. So, right now the way that the category is structured is that they do have this high/low bifurcation on the list of activities.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

But it's more on like how hard it is to implement it I think than it is for what the outcome is.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yes.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

So, the suggestion that we'd like to present is think...we like the bifurcation but think of what it is that you're weighting high and low not on how hard it is but where it is actually going to get you, correct?

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Well, that would be a way of addressing some of the issues with the current inventory but I think many of us would be happier if we didn't even have the inventory, if there was a way to include the concept that is prescribed by law without having people face an inventory of things to pick from which are mostly process measures.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

So, maybe that's a three-step piece then. I'll see if we can...I'll revisit the conversation...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

And see if I can draft it up for everybody to review to make sure that I get it correctly.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Did we...is there anything that we wanted to say as far as in the future to align better with the MOC or just even the process of selection? I think that might have been Joe who was thinking about that so that even, you know, as you're looking at engaging in all these things that it becomes easier to select your activities, so is that something that we wanted to suggest as well?

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Well, one way, picking off what Joe said...well, actually I think it was Marcy as well, if you're going...so, if you were able to get rid of CPIA in a sense, because it's process, then it would be good to do so because then you could put more weight on the outcomes.

If you can't or there is not a way around it, you know, then certainly emphasize the things that are more in the process to move towards team-base as Marcy was saying. So, each professional MOC is more like how can I be a better cardiologist versus what you might think of in terms of this activity is how can you

ensure that you really are having a team-based approach to working with patients. It is something not covered by a professional MOC.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Got it.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

And it can cross specialties, right?

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Right, right, so, okay.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

It's hard, but, you know, I think some of these ideas are pretty nice overarching things and who knows it might even help you simplify this.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Thank you, I appreciate it.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Easier said than done, right? So, group do we want to move onto the second question?

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Sure.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Are we on question...I think we just finished up with question two, correct? So, are we moving onto question three?

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

No, I thought we finished...I was still working on the notes that we had in question one.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Oh, gosh, all right. We were kind of...I mean, a lot of the discussion that we were just talking about as far as the complexity and everything addressed...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Right.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Question number two. We've been trying to figure out exactly where we are in the conversation.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah, so...

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

So, how about we just...if you don't mind, if we just revisit the themes that are mentioned here and is there anything...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yes.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

We haven't covered and then move into question three.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yes, sounds good. Anything folks...so question two talks about flexibility and then I think Charlene addressed this, what happens as you move in as a new player, well actually it's going to be pretty daunting. Okay, any other comments on that? Okay, three...

Marcy Carty, MD, MPH – Vice President, Network Performance – Blue Cross, Blue Shield of Massachusetts

Hey Paul?

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yes?

Marcy Carty, MD, MPH – Vice President, Network Performance – Blue Cross, Blue Shield of Massachusetts

It's Marcy Carty and I just don't...I don't know where my comment fits because it's probably very payer focused, but there are a host of things in the ACI measurement which are all about interoperability...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah.

Marcy Carty, MD, MPH – Vice President, Network Performance – Blue Cross, Blue Shield of Massachusetts

I can't even say it.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

IO.

Marcy Carty, MD, MPH – Vice President, Network Performance – Blue Cross, Blue Shield of Massachusetts

But, there is a mention of, it's clinician to clinician focused on patient care and I think from the payer perspective one of the things that we've been really working on is really how to inject clinical data into our quality measurement as part of our value-based contracts and so thinking about transparency

around some of these data repositories or the ability to be interoperable between a health plan and a provider isn't mentioned in here and specifically called out but I think it's a really important part if the goal really is over time for the quality measurement to move towards each other.

We're just not going to be able to do that if we don't have access and it's not going to be on someone's roadmap if it's not part of MACRA legislation.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

It's a fair point, would you accept a friendly amendment to say, and would you mind, payer, sharing some of those claims data with us in a timely way.

Marcy Carty, MD, MPH – Vice President, Network Performance – Blue Cross, Blue Shield of Massachusetts

We can. Joe don't we share with you?

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Yes, you do Marcy. To Marcy's point I think it is important. I mean, it's one of the big barriers we talk about. If we are really going to support building more meaningful quality measures and the infrastructure...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

To figure out how to use that stuff it is this aspect where we're still holding onto the data that we have within each one of our silos...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

And one by one developing the relationships of exchange.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah, fair point. So, Gretchen can help us find the right bucket. I don't know that we need a bucket if that's a hard thing. I think so far we've had some pretty global comments and I think that's just as useful to check that against. Gretchen what do you think?

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Absolutely.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

I mean...

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

That's one of the things that I was talking about in the beginning the other Subgroup several folks were mentioning the same sort of thing so I think that's one of those overarching issues that we'll need to finesse for the final comments.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Okay. So, now we're looking at the phrases, transition smoothly between MIPS and APMs, and it re-emphasized about the APM scoring now and reduced burden. So, comments about that? I think...

Brent G. Snyder, MBA, Esq. – Chief Information Officer – Adventist Health System

A question is the threshold of amount of business required to be in the APMs are so significantly high and rise at such a quick level that I'm not sure that they are going to be viewed as that attainable by many physician groups. I guess what I'm trying to understand is CMS really desiring to encourage a lot of adoption of APM or just because...the requirements are too high, too fast I think your default people are going to view that it's not worth the effort to try to get there.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

This is Gretchen, if I could sort of go back again to the original statute, they had set up requirements for what qualified as what is I guess being called an advanced APM and I'm going to ask Alex to weigh in if I mess this up, and that bar was pretty high, which said, you know, certain levels of both patient lives that are covered and the risk that you're taking on. So, that was the bar that was set by the law for how folks could be moving near this.

So, CMS I think, as they were reviewing this was, okay, knowing that that's the bar that's been set by the law, what do we need to do to help people get better practice in some of those activities that will guide them that way.

The law itself also says, you know...and I think it was somebody in the policy group that was saying, look folks in rural, you know, rural providers and folks that are just coming onboard and small practices don't have that same opportunity to get involved in an APM so the law was like, we want to incentivize that moving forward and they're going to be looking at ways...that's another part I don't remember if it was Section 107 or some other part of MACRA that says, you know, we want this to occur. So, you know, there's this whole over...another aspect that's not really even addressed within this section of MACRA, they just say "yes, this needs to happen."

So, if, when you're reading through all of this, the NPRM you'll see sort of placeholders for how they're going to change the scoring methodology for folks that are in those areas so that they're not completely, you know, disenfranchised from the program altogether. They want to make it an easier on ramp for them.

But, I guess what we're looking for here and what CMS was asking is, have we done enough there? You know especially knowing that this is such a huge program to get engaged with how can we make sure that we don't, you know, stop people from entering into MIPS and then once they're in MIPS think that there is no way that they're going to get into APMs.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

So, I guess what I heard Brent saying is, it's so hard to understand APM I don't know if people are going to get there either hard to understand or hard to achieve.

When I read the original sort of short form about the MACRA itself it sounded like we wanted to move people, as much as possible, to help people get into APMs in a sense. And one of the things I thought I read, and it turns out not to be true, is if you were in an APM you were essentially excused from MIPS. I know that's no longer true, but there is some of the simplicity of, hey, if this is where we want everybody to go why don't we make it, one, easy to understand what "it" is and two, help us get there and in some...and make it to our best advantage.

I think some of that simplicity of goals, let me put it that way, gets lost in the stages of how you have to get there and to Brent's point, in what you have to understand and what you have to...what bars you have to meet in order to get there. It seems a little contradictory to what I thought the original purpose was. So, am I reading it wrong or is it much easier than that?

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

I don't think that's reading it wrong. I think, you know, as a staff person we struggled with this as well just, you know, my reading of the NPRM and, you know, I've been engaged in this for how many months now, was like "wait, what, I don't get it."

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Right, right.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

So, therefore, you know, I think this is an issue where clarity might be the biggest problem much more so than just the complexity of this. I think the APM scoring standard is supposed to be like the bridge between the two as far as explaining things and maybe that's...maybe it's not the APM aspect itself that's really the crux of the problem reading it, it's that scoring standard that needs to be clarified a bit.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Exactly. So, it's more than clarifying it I think it probably needs to be simpler. So, one initial thought was, gosh, APM, please teach me about the APM and how do I do well in it. If you want to teach someone how to do well in it you really need a simple scoring mechanism that comes right from grade school and through college.

And then because MIPS still has quite a bit of process in it...that's why this...what I thought I read into the initial description of MACRA was it sounded very elegant and slick and if you are in the space where you're really optimizing patient outcomes then we don't need to measure all your processes. So, I was hoping that you could escape the process measures because everybody knows that's very burdensome to the provider and doesn't contribute a whole lot especially if you're all intent in working on the achieving outcome space.

And something I think Joe mentioned earlier, one of the things we were hoping by this time is really to be allowed to innovate. So, that was one of the original goals I think certainly of the later stage of Meaningful Use and it didn't come through as strongly in the MACRA proposed rule.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

And I think, again, this is Gretchen, I think that makes great sense that, you know, focus on the clarity. I think one of the challenges here why the APM is so confusing...because you're absolutely right, I believe that the intent from the word "go" and this is just, you know, a personal statement, was to make sure that folks didn't...had duplicative reporting and they could participate more easily.

There are still requirements from HITECH, you know, as far as what you need to report that was not...that doesn't go away unfortunately, they didn't just, you know, wave a magic wand, they being congress, in saying "by the way this all disappears now" you know like the SGR they've just sort of said, you know, parts of HITECH are going to be changed not the whole thing. And so making sure that you can meet both statutory requirements for MACRA and for HITECH are what's muddying the waters here.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

But HITECH says you have eCQMs, it didn't say you had to keep the old eProcess measures, right?

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Fair point.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

It seems like there is some latitude. If you move APMs and more...and that's what I'm saying, put the money you were going to do to go figure out what CPIA really means and maintain its inventory, put that money into getting us contracting for outcomes that matter to consumers and then make that the new eCQMs and that would be...

Charlene Underwood, MBA – Independent Consultant

And this Charlene...this kind of ties back to the last question in the first paragraph. If you can get alignment of that with the private payers too then you're going to get multiple bonuses because then the vendors have to develop once, the customers have to or the providers have to report it using the same capability many times that type of thing. So, you get you know...so you can build on that to move your program faster.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

It sounds like we're...other voices on this?

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Yeah, I'd piggyback on what Charlene just said I think that would be great if it does...if we are able to focus more on the outcomes and we can get alignment in the entire market around that's what we're trying to get to, it pulls us away from the intermediate process kind of stuff that's so unique and sometimes relevant and sometimes not. So, I like that.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

And is it even possible, modulo us having to create new measures, but, you know, I think HITECH specified that we have measures but not which, is it so far off base to say, if you are in a bona fide APM that's well described and does have outcomes that matter, some of which have to be created, then could we get relief from reporting on these process measures of MIPS.

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

This is Beth; I think that's a really interesting question and this may get back to some of our discussion about now, next, next after that and so forth...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Right.

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

Because measure development timeline is probably...you're probably right that probably is a challenge here but you're also right that the overall focus of the measure development plan for CMS is to move toward those type of measures. At present the specified eQMs none of them are outcome measures.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Right.

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

But there are outcomes measures that are available. So, it would be interesting to provide a...if you're focusing this way here's the next step...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah.

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

Maybe it doesn't happen in 2017, maybe it happens, you know, when the next step happens, but that's an interesting point and I think does align with the overall CQM measure development strategy.

Charlene Underwood, MBA – Independent Consultant

Right, right.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Great.

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

Hey, this is Alex, I just wanted to...sorry, slight digression, I just wanted to throw in for the earlier question about APM revenue thresholds that those numbers in the NPRM are from the statute so that's sort of why they're setting those thresholds and I think in the NPRM they actually do talk about the

challenges that they think will occur because of those based on some of the analysis they've tried to do about how much revenue people would likely have in APMs over the time period.

Brent G. Snyder, MBA, Esq. – Chief Information Officer – Adventist Health System

That's helpful, thank you for the clarification.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Let me see if there's any thought on question...so I think we have talked about...so question four has to...it deals with the evolve over time things and I think we've sort of woven that in. I for one really like the direction our conversation has taken and I think could really be a positive step for...considering these comments could be a positive step for updating the proposed rule.

And I think, you know, we have a few providers on the call, would be cheered as far as actually moving to where we want to go and simplifying as one of the goals, and with the clarity, you know, with some of the stuff that we've talked about. If I could understand...I think we really understand outcomes for patients and the closer we just focus there and get a chance to dismiss some of the process stuff I think that is sort of an overall win with the provider's space. Joe, I don't know whether Mike's on yet, what do you think?

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Thinking from the provider I would...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Marcy?

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Definitely say "yes."

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah.

Brent G. Snyder, MBA, Esq. – Chief Information Officer – Adventist Health System

Yes.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System

So, hi, everybody, this is Mike can you hear me?

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System

Yeah, hi, so I've been on since about 1 o'clock so I didn't hear the initial part of the conversation but I do resonate with a lot of what I've heard. This specific point on APMs, I was at a large board of boards meeting last night with lots of different stakeholders and I think as we talked a little bit about this topic,

and then channeling back to the provider level, because there were a fair number of providers in the room as well, I think Paul's point is a really important one.

A lot of folks, even some of these board members, are very unclear on what is the definition of an alternative payment model, how does an advanced one differ, why would I want to join one, how would I join one, will I trust who I join with and if this entity is something that decides for itself how it's going to distribute the positive and negative payments that trust phenomenon becomes even higher.

So, the more we can simplify and the more we can show, if you will, the glide path from what I think will be the default, which is the MIPS Program, to APMs almost like the RECs were designed to try to help people with Meaningful Use they're going to need significant help understanding what constitutes an alternative payment model that qualifies and how do I become one and the smaller the practice and the less help they have at an enterprise level the more critical that is going to be.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

So, I think we...

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Mike, this is Gretchen, can I sort of build off of what you're saying, I hope...I'm not sure if you're driving, so, you know, you might just want to think about this. What you just said about the RECs like on ramping the providers into Meaningful Use, do we want to focus on the language of how that happens, saying, you know, in the past this is the way it worked? So, that would be something that we would be working into the NPRM. And then signaling also that here's some opportunities for some of the technical assistance that MACRA is supposed to be doing, showing folks like what the glide path is to get into APMs.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System

Yes, I do think that would help. The other comment, if I could make, just based on the issue of outcomes, so again, driving I can't really obviously look at anything, but to truly resonate with the outcomes measures I just want to make sure that part of how we think of that is, in terms of outcomes that matter to patients, are processes that matter to patients.

So, we had a big thing on consumer health as well last night and it's amazing how people's priorities change when 100% of the first \$5,000.00 are theirs and so at that point some things like...and depending on the context of the care, safety may be number one for the highest risk issue, cost may be the most important thing for a different issue and the relative ease of access is yet another one that, again, it needs to be context specific.

So, I would just caution us to do what I think I heard, which is the processes that basically show that you're adopting what you need to adopt and there's already pretty good evidence that people are doing that, those kinds of process measures we would do well to have go away.

The process measures that are short-term outcomes for patients like, I got an appointment when I needed one, I was able to do telehealth with my provider if I wanted to, I could securely communicate all of those types things. Those aren't really outcomes in the traditional sense they're processes that tie

to some of the process measures that we're considering for the rule and those I think are the ones that we probably want to highlight.

So, I think Charlene mentioned earlier the issue of, you know, either information reconciliation whether medication or other, I think we really have a tightrope to walk with regard to being able to have the data that we would like to reconcile and then having certified HIT that's useful enough to make that work...

Charlene Underwood, MBA – Independent Consultant

Right.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System

And ways of providing feedback to the people who are giving us still histories over and over for example that are not respective of the current state with medications that have been cancelled on our end but look as though they're still alive on the pharmacy end.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

It's hard.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

That's a...so Mike said a number of things, one, if we're looking to fill the CPIA process bucket, then it would be much better to fill it with, and I'm going to use another term, processes that matter to consumers and he listed some, can I get an appointment today, can I do it online rather than in the office, those would be some things that would be useful, again, across the board that would be process changes that are valuable. I'm just nervous about having an inventory of 90 things that are just like processes we've done before and making it mandatory and make it document and all that kind of stuff.

It's pretty measurable to figure out whether, one, you have telehealth that's being used, two, you have access, good access. So, those are ways to fold some of this stuff into the existing framework that maybe prescribed by law.

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

But, so Paul and Michael, when you think about that access question, I guess I'm still...I agree in the sense that we need to incentivize folks to use as many different channels as possible and to define access as when the patient wants care or some kind of contact with the delivery system however we define that they need to have it within the specified time usually when the patient actually wants it, but then to prescribe the channel that this contact happens in, do you feel like that is necessary to get to that spot? It's hard to imagine you're going to be able to do on demand care if you don't have utilization of these new kinds of technologies. I'm kind of torn on that.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

No, no that's an excellent question Joe. What if...I guess the access I was thinking of, do you have access to the information you need at the time you need it that's independent of media, right?

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Yeah, yeah.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

And in today's world if I want to know whether I should send my kid to school with "x" that's my need, I don't need to go to the office, I certainly don't need to drag my sick kid, I want just to know...and I think in today's world people understand that concept so they would understand, hey, I can always get this help from my doctor's office, they would, you know, score that office high. So, I think Joe you bring up a...

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Yes, I would...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Great point but that's exactly the new CE eCQM that we need to design, right?

Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health

Yeah.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System

Yes.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Okay, so, I'm...okay, how far...how close are we to closure in the sense of trying to take the information, the feedback we've had, and I'm almost thinking that it's feedback across...it's just sort of independent of questions because it's a little hard to decipher the questions and because we've talked about very global things and very philosophical and policy oriented things if Gretchen and I work to get this captured for your review, hopefully before we have to present it to the rest of the group. I think we've had a number of substantive comments, let me check with the group and check with Gretchen on that statement?

Charlene Underwood, MBA – Independent Consultant

Hey, Paul, this is Charlene, I just wanted to add in one more element and this was for question four, again, if you get this outcomes oriented approach then there should be a flourish of software to help support these things. Given that, you know, you're going to have software that's out there that's not certified and you probably don't want it certified because, you know, that just puts a time gap in. So...made the recommendation, make sure that we keep what's certified very narrow to those things like interoperability, privacy and security, measurements as opposed to getting it broad and expansive because therefore the infrastructure and the innovation will flourish, you know, given that you've got this focus on outcomes. So, it links to that but have the certification process follow if you will.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

That's really well stated. Do other people agree? Going once?

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System

So this is...yeah, so this is Mike I agree, I think maybe somewhat related to that but if I could go back again to the very early part, I remember hearing when I was joining the discussion between base and performance scores and whether we need to keep all the base scores, and again, a lot of it was our

processes, was there a discussion early on with interoperability being a good example of what we believe is already true versus what we're hoping will be true by the time this starts to take effect, which again, some of the measurement period is scheduled to begin in January.

But in the world that I live in at least trying to get providers to exchange information has two barriers, one is the technical setup and usability if it is it and trust issues related to that, and the other is once the opportunity is available are people using it because using it does entail additional work...

Charlene Underwood, MBA – Independent Consultant

Right.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System

And incenting them to do that to achieve their goals may well be something that we can achieve only by asking for outcomes. I just wonder if we're close enough there yet to not also feel the need to see more pervasive use of it before it no longer is measured.

Charlene Underwood, MBA – Independent Consultant

This is Charlene, I don't think I was suggesting that we take the focus off interoperability at this point except that I think the focus of certification should remain narrow in the sense that it's focused on those critical path kinds of things.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Other...

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System

So, could I just ask...could I just ask then about, could somebody summarize what you were thinking of doing with the base score?

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Charlene may have...

Charlene Underwood, MBA – Independent Consultant

Okay, this was...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Had the most specific recommendation there.

Charlene Underwood, MBA – Independent Consultant

So, one of my recommendations was, you know, those things that are in the base that, you know, have been standardized, like prescription writing and clinical decision support, the things that have been stabilized and that are not new should remain in the base. Those things that are new that tend...most of them depend on interoperability should be treated differently either give them bonus points for it as Paul suggested and/or just put into performance so that people know that's the direction, but some sort of a staging concept because those new things, number one, make the fact that achieving the base is going to be really hard and they're going to lose their 50 points.

And then secondly, make a lot of sense to have incentives built around so that people know that's the direction as well as, you know, they need to...if they get it done they get some reward. So, that was kind of...that was my recommendation.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System

Okay, so, thank you for that, that actually is a perfect fit for what I was thinking. I just wanted to make sure I heard it, but the basic philosophy then from my perspective is for your base we're basically going to measuring all the things you have been able to do and should be able to continue to do as part of the base functionality of your EMR, there are no stretch goals in it, the stretch goals are all in performance.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Correct that's...

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System

And it's not just based on percentages it's based on some activities that are new. Okay. Thank you.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Any other comments about this set of questions or the NPRM related to policies? Gretchen, is there any chance...what was your expected time table on this in terms of trying to summarize some of this stuff?

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Well, in a delusional fashion I'd like to have something to everybody by Tuesday and sort of just as a rough draft of did I capture this right, is this the direction we want to go and then sort of refine that and have something that we could then share with everybody before we meet again next Friday for both Subgroups so that, you know, we can switch back and forth and see where folks were going and see if we need to riff off of either group.

So, in all honestly, I expect, you know, at the very latest I would have everything to everybody by late Tuesday or Wednesday and then, you know, do the switch over so that we could have something built out for everybody, the same as what we did here so that when we meet again next Friday everybody could focus on what are the key areas that we really want to put into the recommendations then build those out before the following Wednesday I think is when the draft recommendations have to be put out.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Do you...you mean our next combined call is this Friday?

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Yes, next Friday which I believe is the 3rd.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

What's the chance, if you've recorded...have you recorded stuff electronically?

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Yes.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

If you want to send that to me before you leave then I can try to build and supplement that because it sounds like what you want to do for Tuesday was actually to have some pros or at least some, yeah, some pros, some whatever, bullets, whatever it is more flushed out. If we exchange notes maybe we can at least get the bullets down...

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Okay.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Before you try to...would that help?

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Yes.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

I'm just worried about forgetting. I thought this was a very rich discussion and some really good guiding principles to try to construct the principles to try to help inform the revision.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

I couldn't agree more. I think, you know, first the comments that we received from everybody, you know, by paper or, you know, electronically...

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Yeah.

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Started a lot of this, but I think just this discussion itself has been fantastic and I have to say thank goodness that we record this because I'm going to be revisiting that quite a bit.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Oh, that's a good point, okay, that's great. Yeah, so if you send me...send me your cleaned up notes and I'll sort of annotate that and add some of this stuff and then that can be input to whatever you do Tuesday. How does that sound?

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

That sounds good.

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

Can I add one more thing, this is Michelle, I'm sorry, so I know Kim and Doug are also taking notes, so we asked them to turn them around within 24 hours, so that might not make it before Gretchen leaves today, but...

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Thanks, Michelle, I was hoping that I was going to be able to look at Kim and Doug's comments and notes too, so we could do it like a triangulation to make sure we got everything right.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

So, give me whatever you've got before you leave because I want to work on it before I forget this conversation and get that back out to you...

Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Thank you, appreciate it.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

If you wouldn't mind. And then, so, yeah, so thank you, one, thank you Gretchen. And Kim and you said Doug?

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

Yes.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

At any rate, all the people...okay, and thank you Michelle and thanks to the small workgroup that... the small and mighty workgroup that put your time into getting us written comments ahead of time and this wonderful discussion, I think it was very...it was a great discussion, it had multiple perspectives and I think we're heading down the right track to help make this better. And I wish everybody...and we're going to open for public comment, I wish everybody a Happy Memorial Day weekend.

Charlene Underwood, MBA – Independent Consultant

Yeah, you too.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

So, let's open it up to public comment please?

Public Comment

Jaclyn Fontanella – Digital Project Manager – Altarum Institute

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. If you are on the phone and would like to make a public comment, please press *1 at this time.

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

It looks like we have no public comment so I just want to echo Paul's thanks to all of you for all the extra work that you've put in, we really appreciate it and have an awesome holiday weekend. Thank you so much.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Thanks, everybody.

Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System

Thanks, all.

Elisabeth Myers, MBA – Office of E-Health Standards and Services – Centers for Medicare & Medicaid Services

Thanks, everyone.

Charlene Underwood, MBA – Independent Consultant

Bye-bye.

Paul Tang, MD, MS – Vice President & Chief Health Transformation Officer – IBM Watson Health

Bye-bye.