



## Collaboration of the Health IT Policy and Standards Committees

Quality Payment Program Task Force  
Final Transcript  
May 24, 2016

---

### Presentation

#### Operator

All lines are bridged.

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

Thank you. Good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy and Health IT Standards Committee's Quality Payment Program Task Force. 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; Cris Ross?

#### Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I'm here.

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

Hi, Cris. Paul Tang?

#### Paul Tang, MD, MS – Vice President and 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. Amy Zimmerman? Anne Castro?

#### Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina

I'm here.

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

Hi, Anne. 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**

Hey.

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

Floyd Eisenberg?

**Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC**

I'm here.

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

Hi, Floyd. Ginny Meadows?

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

I'm here.

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

Hi, Ginny. 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 Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

John Travis?

**John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation**

Here.

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

Hi, John. Justin Fuller?

**Justin Fuller, RN, MSN – Program Lead, Clinical Informatics – Bon Secours Health System, Inc.**  
I'm here.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**  
Hi, Justin. 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. Mark Savage? Michael Zaroukian?

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

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**  
Hi, Mike. And from ONC do we have Gretchen Wyatt?

**Gretchen Wyatt, MA – Senior Strategic Advisor, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology**  
I'm here.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**  
Hi, Gretchen. And I think I heard Alex Baker as well?

**Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology**  
Yes, I'm here.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**  
Hey, Alex. Is there anyone else on from ONC?

**Elisabeth Myers, MBA – Office of eHealth Standards and Services – Centers for Medicare & Medicaid Services**  
Hello, this is Elisabeth Myers.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**  
Hi, Beth. And did Nania join? I think I saw her name on, but...okay, with that I will turn it back to you Paul and Cris.

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

Great, well thank you and welcome everyone to a very important and fast-paced task force we have here. Let me see, I haven't actually signed into the website yet, but I think we're going to...we were going to let ONC walk through the first introductions and get into the charge for the workgroup. The first on slide 2, we have what we're covering today.

Today we're going to sort of set ourselves up; ONC and CMS are going to introduce us to the NPRM; it's a rather lengthy document; very rich, though. And so that's where we're going to spend a majority part of our time; we'll go over the task force charge and then we'll start discussing how we're going to organize ourselves to get the work done. And what Cris and I thought we'd do is to split the six questions into two subgroups and work in parallel, sort of a divide and conquer strategy, and then get back together,

The main driver is that the comments are due back in the NPRM by...in about a month, so what our plan is, and you'll see at the end of this little presentation we have our schedule, which is fairly demanding. We'll have to meet, get some thoughts together and present it to the Joint HIT Policy and Standards Committee the second week of June, react to that, get their feedback and then refine our recommendations to go back in the latter part of June to present to them before shipping it off to CMS. Anything else...in slide three is a list of our current task force members. And then on slide 4 four, I think I'm going to turn it over to Gretchen to go over our task or Michelle.

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

Sure, do...Cris, do you have any words of wisdom before I get started on the rest of all of this...

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Well words of wisdom, that's a super high bar. But what I would say is I'd echo Paul's comments, this is going very, very fast. Thank you to everyone who's agreed to participate in this workgroup. What you've signed up for is to participate in some group sessions, but also some offline work and two teams and a little bit of policy and a little bit of standards, but they overlap between the two.

I'm really grateful for everyone who agreed to do this and for the great participation this morning. We tried to assemble kind of an all-star team. Many of you have had experience working on the advisory committees and task forces before. I'm really grateful for everyone's help. But I do think that given the complexity and speed of this topic, we're going to ask for some time spent not just in these meetings, but also in workgroups and also some individual time and I suspect there'll be a fair amount of reviewing of documents, those kinds of things.

So again thanks, we'll try and make this as effective and even enjoyable as possible, but there's a lot of work to be done. That's all I really wanted to say.

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

We couldn't have asked for something better, so thank you very much and thanks everybody for participating. This is Gretchen Wyatt; I'm your staff support for this incredibly fast moving train. We are here to look at the Nati...the NPRM for the Quality Payment Program, which is part of MACRA. There are several sections within MACRA but we are just looking at the Payment Program which I think that the

best way to sort of introduce this, if we could move to slide number four, so the folks can understand where we are.

Last week, Dr. Kate Goodrich gave a presentation to the Joint Committee that sort of gave an overview of what MACRA is and where the Quality Payment Program fits in to those activities that are currently underway with the Administration to move towards delivery system reform. That is a great resource for folks to visit again to sort of get a good feel for where things are going. Within the pre...CMS itself also has multiple presentations and information; so if anybody feels that they need a little bit more of Cliff Notes for anything, I strongly recommend that you use those resources to help familiarize yourself. They're also carrying on webinars and staff support has been fantastic getting all those materials together.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Say Gretchen?

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

So besides reading the NPRM...yes.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Sorry, this is Cris; everything you're listing sounds great. Could you distribute at the end of the meeting an e-mail with the links to those?

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

Yes.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Thank you.

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

Absolutely. Yes, they're...within this presentation there is a link to the Quality Payment Program web page where all these things are listed and to the general overview of the Quality Payment Program presentation slides. So, that's within this document, but also we'll make sure that we send those resources to the group, so that you have them, also along with direct pages within the Federal Register's listing of the NPRM for the various things that we're talking about.

So, we'll make sure that all the members have all those materials; I'm just sort of referencing them so that you know that you're not in this alone, there's lots of things to be able to help you and staff support is here as well if you have any questions, we can direct you to the various resources and places within the NPRM as well. That's what we're here for.

So for the charge itself, looking over the proposed rule, what this task force is really assigned to do is help look at how certified health IT used by the eligible clinicians is going to move beyond Meaningful Use and use for all of the Quality Payment Program; both for the Merit Incentive Payment System and in Alternative Payment Models, which are the two components of the Quality Payment Program.

The idea here is that withi...if you look within the vision and the policy directives, there is a...statement that certified EHR technology use and other health IT technologies is the vehicle to help move eligible clinicians towards value-based care. So what...within the NPRM what CMS is looking for is, you know where is a policy described correctly, where are things that, you know that more insight is needed. So those are the requests for comments that you'll see sprinkled throughout this.

And then also, you know giving feedback on the readiness of the workforce right now to be able to implement all of these various policies and to use technology effectively. So as you're reading all of this and thinking about this, where did CMS and ONC get it right within the NPRM? Where are things that need to be tweaked? And what are things that need to be thought about as the program begins to evolve in the future, we'll be revisiting this every year, what are things that need to be considered downstream that as far as maybe functionalities within certified health IT, bringing, you know other practice activities into the clinical practice activity list for folks to be able to move towards care coordination that will give them practice to move into APMs; some of those ballpark things.

Those are things to think about, but not necessarily things that we need to consider over the course of the next couple of weeks for commenting on the NPRM. So those are things that the workgroup might want to table for future discussion later on, and if there's time, we can revisit them. When we look to the questions, the final question is what...for the whole group to think about, more futuristic activities. Where...how can certified health IT prepare for that future state?

So with that said, if we can then move into the next slide, please, so we can start going over the questions. When CMS and ONC staff finished with the NPRM and decided that the task force could help weigh in, we were looking at general information, as both Paul and Cris were saying; policy and technology, what's going to be needed to make sure that this...that eligible clinicians are going to be able to participate effectively in the program?

So what we were thinking here, with a couple of these questions you'll see that they, while some of them have more of a policy focus and some of them have more of a technology focus, really there's an overlap between the two; and Cris had mentioned that as well. So while within each workgroup you'll be focused on specific questions, but even for the questions that your group isn't thinking about, there might be some insights that could help us with the recommendations that we'll prepare and present to both the Policy and the Standards Committees on June 8.

So the first question here is sort of general about the Advancing Care Information. And so folks understand that Advancing Care Information is one of those categories within MIPS and this is where it's the old eligible professional under Medicare Meaningful Use Program. So think ACI is MU; so we're really making sure that with it being integrated into the MIPS Program, what was...the first policy goal was trying to reduce the burden for folks; does this really hit the mark? And so are folks going to be able to engage effectively within this program and reduce the burden of doing so?

With question number two, it's more of working on, you know, does this reduce burden also for the policy goals that the department and ONC have for interoperability and more expansive adoption of certified health IT? So did we hit the mark there?

With question number three, it's getting at both ends of the spectrum; for folks that are brand new to using certified health IT or participating in the separate quality programs, are they going to be able to

enter effectively and be able to hit that base score? As for folks that have been doing this for quite some time, are they going to be able to by...through the structure of the performance scoring and the overall structure, will they be able to earn some of those bonus points and start advancing into more risk-based programs in the alternative payment models? So, did we structure that right?

So getting into number...the next slide if we could and it's slide six. For question number four, this is the transition between the two again; so this is, you know, are folks going to be able to, using the same certified health IT and the same requirements, be able to shift back and forth based on their practice needs between MIPS and then into the APMs? Part of this is a very challenging section, which is the APM scoring standard, and that's for folks that might not have been engaged in what are considered advanced Alternative Payment Models, but they're still doing APM work.

And so the scoring there is designed to simplify things for them so that they don't have duplicative reporting; did we get it right? You know, are there areas that could simplify this even further for folks so that they remain engaged in the program and can continue on that glide path into those Advanced Payment Models.

Then with question number five, this is getting at other certified health IT and things that are not yet certified. And so thinking about, and this is one that we could literally spend days and months on, but we're really looking more at, is this going to allow folks to be able to use other types of technology and combine that with certified health IT to get towards quality measurement. And then more futuristic thinking, what are some of those next steps that health IT will need to do to be able to support advanced clinical quality measures. So that one, as I said, could take up a lot of time, so I think that we'll have to be very careful about that one.

And then the final one is the overarching futuristic one as certified health IT evolves and the program itself evolves, how can we prepare best so that folks will be able to use technology to continue on the value-based purchasing plan that they've engaged? So again, this is something that probably will end up being tabled, but the things that are suggested by the task force can influence the way that we finalize the rule.

So the comments here will be very important both in the immediate sense and in the long term sense of how the quality payment program will evolve. In a nutshell, these are really complex questions, as Paul had sugg...had sort of surmised at the very beginning and making sure that we focus the groups to be able to provide good recommendations back to CMS is going to be, I think, our largest challenge and that's why we have this wonderful group of experts to help provide that information.

But, you know with all public comment periods, this is just one bite at the apple. CMS has said that they are very, very interested in listening and learning what's truly happening in the field so that folks are engaged, not just in the comment process, but in the evolution of this program. So while we are working on the comments that we will be providing through this task force, strongly recommend that everybody supply their own comments back to CMS.

June 27 at 5 p.m. is the deadline for that, but definitely they are looking for engagement and they actually even have a portal if you'd like to have someone speak more with you folks about what's going on here, in your individual lives as well, CMS is open and very, very much so willing to be engaged so that we get this right. And with that, I pass it back to the Chairs so we can actually get to work.

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

That was very, very, very helpful, Gretchen and picking up on your very last point, will a CMS representative be able to participate with us in the small group meetings because I'm sure we have questions.

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

We have two folks that...two staff members who have been assigned to work with us. I'm not sure if they are on the call this morning, but they are definitely engaged and we are shooting it all throughout the leadership as well. This is really a high priority issue for them as well.

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

Great. As you can tell from even the tone of Gretchen's remarks, this is something that CMS and ONC are very interested in feedback from the public and from its advisory groups, such as this one. So it's, I think they're all ears. I think we want to spend very thoughtful time trying to provide feedback, reactions including, I imagine, gosh, I don't really get that, can you explain that further; ways in which in their final rule they can be as clear and transparent and easy to understand as possible. Because it, you know nothing works if it's not well understood, despite how well intentioned it might be. So, I think they really want to make sure that they come out with something that is...that makes sense was their objective and also can be easily understood because that's how you get good implementation.

So maybe let's, umm, Cris, how about if we open it up to comments, just reaction about the overall charge and then I think what we can do is we can go through each subgroup...

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Yeah...

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

...and maybe have a little Q&A with Gretchen to make sure that we each understand our charges for the individual subgroup, because we don't have a whole lot of time for rework in this one.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Yeah, I think it would be great to pause here for comments before we dive into the subgroup work, good idea. Who's going to break the ice?

**W**

Paul this is...

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

And one more thing, there is...I believe it was distributed to everybody, there's a Word document that came out that actually had page numbers for some of these topics. So it is big. It isn't...it's not as big as it sounds because there's a lot of material developed to the...for the appendix and the lists of quality measures, etcetera. So it's not as daunting as it may sound initially and there are some pointers to pages that are specific to various works to focus on.

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

Right and Paul, I'm working with the team as well so that for each of the questions we are giving sort of a cheat sheet attached to the questions of where to go, so we are preparing that and we'll get that out to everybody today.

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

Ah, great. Great, considering our subgroup meeting is Friday, this will be very helpful.

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

Yeah. Paul, this is Joe; so in terms of sort of the deliverable at the...by the end of this process and the structures, I know that the report gets prepared but are you envisioning sort of again written report plus slides and then a report out?

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

You know, I'm going to ask Michelle. In the past we've been, especially for these short turn-around things, we've been relying on a combination of the presentation in the sense; sometimes we often have a backup slides, which contain more of the detail so that we don't have to drag everybody through detail, but the detail from our individual conversations is included in the packet to CMS. Michelle, is that the same for this one?

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

I would think so.

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

And by nature we have CMS and ONC participation in the not only the subgroups, but the overall FACA committee presentation. So there's a lot of transferring information and that's how the influence and input happen.

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

Paul, this is Amy Zimmerman; I want to let you know I just joined the call.

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

Great. Thank you. Other comments, questions for Gretchen to start out overall?

**John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation**

Paul, this is John Travis; I don't know if there's any opportunity to provide edit of the questions or suggestions but one thing that does come to mind, it probably fits under perhaps question one, could be under question two but, there's going to be a big dynamic of people trying to determine if they participate at a group level or an individual level and really understanding what that means for the measurement requirements that go with ACI. If we could somehow work that in to the question somehow, maybe just a parenthetical note under question one that would be an appropriate spot to say as groups or individuals, because I think that's where a lot of calculus goes in to, how do I participate and what does it mean for me to participate at a group level versus an individual level mechanically and from a policy perspective?

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

Gretchen is that one of the questions you'd like response from us on.

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

Well I think that it...considering that we want to encourage as many clinicians as possible to participate, is the way that the group structure set up, does it do so? Does it actually incentivize people? So I think we can weave that in. Taking up a whole virtual group aspect, because that's something that's off the table until the future, so it's just, will folks be able to participate as a group or will they just report as individuals? So we can re-edit that.

**John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation**

Yeah that's exactly what I was after; just it plants the thought for us as we think about that question.

**Elisabeth Myers, MBA – Office of eHealth Standards and Services – Centers for Medicare & Medicaid Services**

Yeah, this is Beth; that's a really, I think that's a really important addition, thank you for bringing that up because it's going...it's definitely an impacting factor and it also is part of that bridging concept of getting toward, which has been stated by CMS in this rule, getting towards individual participation and thinking about this as care teams and ACMs and with more advanced models of cooperative care that's patient centered. So I think that's a really important note.

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

Especially the way you just phrased it Beth, in terms of in the context of care team versus just group versus individual, a decision about applying as a group or an individual might be thought of as actually is it better to apply as an individual provider or as the set of providers. But the concept you just brought in which is a healthcare team is a different perspective on that and I...so it would be nice to weave that into one of these, just so one of our subgroups really spends time on that as part of care coordination, which is one of the main goals of this.

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

Paul, I would say that probably just fit into yours, so...since question two is into that subgroup, so you just assigned yourself...

**Elisabeth Myers, MBA – Office of eHealth Standards and Services – Centers for Medicare & Medicaid Services**

Yeah, I was just going to say the same thing, it seems like that conceptually fits in the barriers and/or the reward concept as well, so...

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

Yeah, why don't you just add that when you redistribute our charge and so we'll make sure that we cover it, but that's...thanks for raising that John and I really love...what really got me jazzed was that this comment that Beth made about, let's think of how CMS can even be more proactive about encouraging teams. It's part of APM, but let's figure out how that drives the thinking instead of, oh, do I want to participate as an individual or part of a bigger group of providers; think of it more broadly as teams and how that can weave its way back and motivate changes in the certification, right?

So I think we could use more support in that in our technology, so that may go...gosh, I might be drifting a little bit back to subgroup one, but I just think this is such an important topic and because it's one of the main objectives really overarching goal for MACRA, just the interoperability and I think the sort of the team-based concept; the words have been used a lot, but I don't know that we've thought them through. I...

**Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC**

And this is Floyd; just with a similar comment. I think that may be an overarching principle we want to think of in our responses for both groups because I think there are issues within the measures that are being used and the technology that we could suggest additional approaches that would incorporate the whole team, rather than just physicians and nurses; mostly physicians who are involved in the measures they have today.

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

So maybe that...the certified HIT piece could be in, I don't know what the original question is, but I'm looking under subgroup one, the first bullet point, yeah. I think that fits into...if you go up one slide, let me see if I can find where that...yeah, I think it's question number two, sort of weaving that in there.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Floyd, can you restate that a little bit in terms of how, if you look at question two, how it might modify question two? I want to make sure I'm really understanding what you're saying,

**Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC**

So I think that much of the IT adoption that's been proposed and pushed forward so far has really been for physician use and I think to try to have it address the team approach, through the measures that are created, so that they're not necessarily just physician-based, is one way to look at improving use by the entire team.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Got it; thanks Floyd.

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

And if I could add on to...so if I'm looking at question two, it says objectives interoperability; because care coordination is one of the overarching goals for MACRA, or at least, you know on the payment and IT side, I wonder if we could throw in the care coordination into that question so that sort of reminds us to consider that as part of one, certified HIT and two, widespread adoption.

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

Paul, this is Mike Zaroukian; I wonder if I could dovetail on that by also saying that within the care teams one of the keys is, who are the eligible clinicians and how do we either anticipate or even advocate for other folks such as care coordination nurses, to be eligible clinicians earlier rather than later? Things like that.

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

We got that in question three, which was assigned to our subgroup. I think that's what Beth was sort of pointing to.

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

The other question I have actually is, understanding our role in the context of what might be other task forces for the larger MACRA rule that we...may exist and we may need to be aware of? I know we're focused on ACI, is there...are there other task force focuses in other areas?

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

That's a great question.

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

Good question. So Gretchen?

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

Well, and Michelle gets to weigh in on this; you folks are pretty much it for now, but that does preclude future activities. Because MACRA is focused on value-based purchasing, care coordination and patient engagement, there is an opportunity perhaps for additional aspects of MACRA to be reviewed as the rule is finalized. But as it stands right now, this task force is the one and only that is looking at MACRA.

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

So...

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

You know, you brought up the third focus, which was patient engagement, is there...

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

I was waiting for it.

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

Yes. Would you, could you slip it in to both questions two and three looking at sort of the HIT support of, and incorporation in the efforts of the...I'm code...I'm using eligible clinicians as code for team.

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

Absolutely and I would think that Mark Savage, when he joins us, would ask for that as well, so we will weave that back in to two and three as well.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

So tell Anne Castro what ACI is again, since I'm not a clinician?

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

Sure, ACI is Advancing Care Information, which is the fourth section of the performance categories within the Merit-based Incentive Program. So that is the former Medicare eligible professionals. So

eligible clinicians, the reason they advanced that as the new terminology was to be more inclusive than the eligible professionals within the Meaningful Use Program.

So there's going to be, you know a glide path for bringing additional individuals than the ones who are identified within the statute as the professionals that will be covered under this payment program. So it is up to the Secretary's discretion to bring in additional clinicians, as Mike was referencing, in the future. That'll probably happen within a couple of years or so, by like 2019; so that's some of the future thinking that the group could be looking at.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

Okay, I think I finally have found the reason why I'm on the Standards Committee with MACRA, as a payer and I just want to just voice that this is about the value-based benefits and I've been thinking for quite some time, this isn't so much about the patient care aspect, this is about making sure that there is a measureable way to measure quality, and to bring that as an aspect of payment.

And patient care is the thing we've been working on for the past six years, seven years, trying to get care coordination and there's like this is a separate path. And I'm speaking as a payer, not as a clinician, so you have to allow for that and I think my voice is an important aspect of this MACRA discussion, and I don't want to dilute the need to be able to get clinical information limited to what is necessary to do a quality measure, to get it into the value-based payment pipeline. If it becomes too fat, in terms of measuring patient or, you know having patient interfaces, it dilutes getting the payment process done. Does that make sense to people on the phone? Because there's other pipelines that are taking care of them.

**Elisabeth Myers, MBA – Office of eHealth Standards and Services – Centers for Medicare & Medicaid Services**

So the thing about what MACRA has done is it's actually sort of combined some of these concepts. So you do have value-based purchasing within MACRA and the quality measurement within MACRA within what was defined in the law to be included. And there's also the research use category which takes a look at sort of balancing those two things. The other piece that it put in is the pieces that were formerly part of the EHR Incentive Program for Medicare eligible professionals.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

Right.

**Elisabeth Myers, MBA – Office of eHealth Standards and Services – Centers for Medicare & Medicaid Services**

So that by law is part of this program and that's sort of the balance that we're asking you guys to look at in...and take a little bit more in-depth look into it because it does include quality and quality measurement, and that's actually the largest portion of the entire performance work, 50 points in the rule right now and actually that's part of the law as well.

But there is this piece that talks about moving and leveraging health IT to support care coordination, how that plays into expanding interoperability and health information exchange and patient's engagement and patient access to medical information. So that's still going to be a part of this, and what we need from you all is to help us look at this, how it's been posed and see if that balance is supported appropriately and especially...

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

Okay.

**Elisabeth Myers, MBA – Office of eHealth Standards and Services – Centers for Medicare & Medicaid Services**

...in relation to this conversation we've just been having about the concept of care team, are there pieces of the technology now that support the care team concept? And what might be a look at that in the future and how does that play into this overall, because it is required by law to balance these two larger concepts of quality, but also the care coordination and health information exchange; MACRA does include both.

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

...so this is Joe. So what I heard Anne say though was a little bit more around sort of the alignment around, you know patient engagements, care teams, care coordination all are in the service of improving quality and the clinical care received by our patients in the population. So it's, I guess philosophically I was hearing Anne, and she can correct me if I'm wrong on this one, but it felt like it's more the alignment that there's a directionality implied of why we're doing certain things rather than just a pure balance of let's be sure we have a tool in place around patient engagement, even if it doesn't link somehow to the quality side of it. So can we add that kind of link around what we're doing, what we're incentivizing in order to be able to improve the care for the population?

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

I agree.

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

Anne and Joe, this is Gretchen and what...I couldn't agree more and that's we were struggling with how to divide out the different sections for the rule for folks to read. Getting a good flavor for where the NPRM is trying to go and how the things are aligned was really what we were hoping we'd get as an overarching principle. Yes there's different buckets of the performance categories, but are the components aligned so that folks understand that process so that they aren't just doing piecemeal work, I'm going to engage in this portal to make sure that I do things.

One of the key factors that's new in this program that nobody really knows how it's going to work is that whole clinical practice improvement activities inventory and while health IT is engaged in there, what folks are thinking about is that that's kind of like the practice test beds where folks will learn what works to get towards better engagement with individuals and with other practices. And so we were hoping folks could, you know look over that aspect and say, is...does that really help to engage folks and does that work to sort of wrap the package all up and get folks on the right pathway?

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

So this is...that's really helpful; and this is Cris. And Anne, I'm really glad you spoke up and you were a draft choice of mine to make sure we get on this group for a variety of reasons, but one is maybe to broaden your comments a little bit. You know, my hope would be that we would get a payer perspective on what kinds of things actually cause practice...move the needle within practice; what things work, what things don't work. I mean, there's an intention here, you know to...this wasn't just to fix the doc fix problem, this was to try to advance the way that we align payment and care.

And even though we have a relatively narrow focus, based on the ONCs portfolio and viewpoint of the rule as a whole, I'm hoping that all folks, but especially people with experience in the payment side will help us really discern, will this move the needle and make healthcare better? So I hope you'll continue to speak up on all those issues Anne, and other people who are likeminded.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

No, no, I will and I'm thankful for the balance of everybody else on the committee.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Yeah.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

So, I appreciate the points that have been made.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Yup.

**M**

This is...

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

Good, while we're on broader topic I think Gretchen raised the whole clinical practice improvement; could you discuss how this relates to or what you're...the intent was in this relating to maintenance of certification programs that are going on in the professional societies? Because in theory, either you could look at this as being one of...you would hope that there was some reciprocity; in other words, if...that this could be applied to mean a certification. The other would not be as desirable, in other words we'd be doing both this maintenance of certification and your professional society like ABIMs maintenance of certification. There must have been some discussion; I wonder if you could comment for us?

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

Well, I would hesitate to ca...to comment right now on some of the things that led into this. Definitely we were looking at the ABIM sections and the idea is to try to coordinate this better. And also, you know, the whole Choosing Wisely Campaign, making sure that, you know AEC is woven into this as well. So as you re...and, I hate to say this, but as you read through the NPRM, there is some of that language that there is the idea of trying to align these activities, so they aren't all one off. But this is a component package between both the Medicare payment and with the other payers; but identifying how best to do so, I think is definitely an open target.

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

Right.

**John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation**

This is John; if I can offer maybe a place to anchor that thought. I've been looking at the third question and I've probably been thinking about it in a little bit different way, but it's almost like factoring in what is the opportunity for leverage for participating? You know, it's going be CP under this program and I'm

thinking across things like many of these folks may still be Medicaid EPs, some of them are going to be participating in CPC+, the Comprehensive Primary Care Medical Home that Medicare just extended for five more years, which is laden pretty strongly with a lot of things that people will find leverage for MIPS or APM. You know, there's going to be the emergence of potentially other policies and other payment systems to encourage adoption of CHIT and post-acute, which may be eligible practice sites for something.

And I think people are, you know people that are trying to balance participation in all these things are just going to have their head swimming trying to figure out, you know we don't want to see a confusion of motivations emerge between different program requirements for the same practice relative to use of CHIT or CEHRT. And I think what Medicare is doing in CPC+ is a good model to kind of consider as an example where there's collaboration with payers to construct the very nature of the regions where that program will open up. Likewise from a policy perspective for requirements of use of CEHRT, it would be real nice if there is a good accounting for what those demands are so that leverage can be had.

I feel for the poor schlub trying to figure that out out there who doesn't have a good sense of the what are going to emerge honestly is multiple demands for use of certified software. And that may be beyond our group's ability to contend with completely, but I think from the perspective of what we can know, minimally that I might be a Medicaid participating EP, that I might be using certified EHR technology to support participation in, you know, the things already known, CPC+; I think we have a bit of a responsibility to counter those things and maybe provide some level guidance statements to people in our recommendations. And that's a policy guidance area for CMS to consider.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

You know, this is Anne; as a payer I look at this as an opportunity to look at all of our programs and to evaluate course corrections to look at changing to quality measures that are in play on these MACRA programs to change the direction. Because we were every man for himself for a number of years, in terms of which quality measures are in play and that's been a burden on us and a burden on all of our providers.

And I look at MACRA as a beacon of sorts with the...especially, hold on one second while I grab it, it's right here on my desk, the quality measure development plan, which hasn't had a lot of play in any of the documentation, so far and it passed the final rule on May 2. And I think we should discuss that a lot so that we get a lot of payers and providers getting involved in that development process so that we get...move towards a standard quality measure process so that vendors and providers and payers move towards the same process.

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

May I suggest that you add that to question number five, because it talks about the QCDRs and that seems like that's one way to weave that kind of alignment into the, well it really is part of the technology as well and...

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

So I have a secret dream that I'm going to be able to get my clinical data to satisfy the quality data I need from the QCDRs instead of having to go to every provider.

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

Right, that...so, I think that's a very appropriate addition to that question number five and wh...

**Elisabeth Myers, MBA – Office of eHealth Standards and Services – Centers for Medicare & Medicaid Services**

So this is Beth, can I...can I direct this conversation just a moment to speaking about something that we've sort of have been tossing around as well in terms of the scope of this? We sort of have a couple of challenges and while we're nailing it on what these challenges are. This is one big piece that sort of tries to push some things in the right direction we change....remember we were talking earlier and saying that MACRA does require the quality side and this health IT adoption side to come together. That's one really big piece of are they doing it right to move the needle in the right direction towards leveraging health IT adoption to quality.

But there are all these other pieces that play into this. The challenge we have is we have a very limited time to provide recommendations on this package and whether this package works to move the needle forward. So we at ONC have sort of been tossing around this idea of creating a long-term parking lot that looks at some of these other things, like CPC+ model, like the measure development plan, like what might be paired with that in terms of a long-term health IT development plan including some of that stuff that we talk about in some of the later questions saying, you know what types of health IT aren't certified now, but might be supported and we should consider to look at.

So I'm just going to toss this out there, none of you have to commit to anything. But we would like to potentially see this group, not this task force having to go on and on forever, but potentially creating a parking lot of things that could be revisited by the committee to take the next steps. Because as Gretchen mentioned, this is going to be an iterative process. This rulemaking is not the only bite at this apple and they...similar to payment rules that have been annually updating things like that measure selection process, for instance or like the value-based modifier, we are expecting that over time CMS will continue to iterate on this rule. And we obviously at ONC will continue to iterate on certification requirements.

So just tossing that out there, no one has to make a commitment, I'm not signing you up for your long term at this point, but do keep that in mind that there might be some of these broader connective pieces that we want to put in the parking lot to say, these things are really important. These need to be looked at in conjunction over the long term and maybe we create another group in the future that does that. I'm just putting that out there so it's a conversation for everyone to think about.

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

I think that's a valuable comment and...

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

Yeah.

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

...speaking as a Co-Chair for the Policy Committee, I think that is something that would be useful and there's probably nothing more relevant as far as HIT policy recommendations as how it fits into the evolving programs and value-based purchasing. I'd like to pick up a little bit on what Anne talked...about two conversations that just happened and one has to be alignment, for both parties, the two big parties

playing in this; one is the provider community and the other is the payer, and then tied to the third which is the HIT vendors.

So I think we may...we have an opportunity to talk once again, I say once again because this is a common theme that's arisen in terms of alignment. And that a lot has been talked about alignment of federal programs, but what Anne just brought up is we'd love to have alignment of, speaking as a provider, the...all of the programs cross-cutting public and private.

So if we could speak to the alignment of the measures and the incentives and implement them through certified EHRT or HIT that would be a bit of nirvana. So that would clearly go towards reducing burden and increasing...so, I think there's a way for us to weave that in to our respective subgroups and describing the goal of alignment and manifesting that through common certification.

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

And Paul, this is Amy; and that...along those lines I just want to, you know mention from a state perspective, all those states that have SIM grants are, you know required to do alignment at the state level on quality measures. So that's something we have to also think about, I mean I know the timing is not always perfect, like in our state we've already done an alignment of measures...for payment; obviously it's a work in play.

But I think we have to think about how to connect the dots there, make sure that while states may be aligning across states and then we...and federal aligns that there's an alignment between those two and I know states are very conscious of trying to do that as much as possible, with the guidance. I just want to not lose the focus about how some of the SIM initiatives relate and interrelate to what we're talking about.

**Paul Tang, MD, MS – Vice President and Chief Health Transformation Officer – IBM Watson Health**  
Gretchen, would you like to react to that in terms of adding...

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

Well yes, I would love to. I'm just looking back at the questions; I see three areas where we can do so and then, you know the supplemental areas of the rule that folks will be looking at. So if I...I'd like to propose that we look at questions number four and five for the immediacy as far as, you know the measurement and the technological alignment between the payers and the providers; I keep thinking want to call them clinicians.

So four and five would be immediate and then wrap it into number six because one of the parts of the NPRM is getting ready for the alignment with other payers and, you know so we'll need to look at the questions again and make sure that we pull out the specific areas that CMS is looking at for comment and wrapping that back into the quality measurement plan, which is part of this as well. It does fit into this; it is a subset of MACRA. The reason that they just released that rule is because it is part of the MACRA stature.

So CMS is definitely thinking about this, but we should be weighing in as well and because CEHRT is required to be named as an APM that applies to this program, how...did they get it right? So we have an easy in there.

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

If...

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

That's beautiful. So Cris, with your permission, if we could wrap the requirements as Anne was describing into the QCDR kind of comment, then the other subgroup can work on how, from the provider perspective, from the team perspective, how alignment would help us, you know improve the efficiency and effectiveness of our team; that would be great. And then as Gretchen also mentioned, then number six would be, how do we continue on to further continue aligning?

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

Hi, it's Marcy Carty; I'm a month into being a payer, but I've spent the last 15 years as a provider, so I wanted to just mention one other thing which is, I know there's a lot of efforts around aligning measures, but as we really think about taking advantage of clinical data and that ability for payers and providers to work on clinical data rather than claims-based measures, I want to make sure that we're not thinking about aligning on measures we have today but instead aligning around measures for the future. Because those should be much more clinically based, they should be patient reported outcomes; they should be future-facing rather than what we have now, because really, you know it's easy, but they don't really...to clinicians.

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

That's a wonderful point, Marcy, thank you.

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

It should, Marcy. Paul, one of the things that again, you know once we send out all of the information as far as what section of the NPRM folks will need to read, this is where I think focusing on like the programs principles and goals and where they want...where CMS wants to go with each of these sections; that's exactly where, you know, does this visionary explanation tell people where it is that we'd want to go both within the Medicare program but also within its alignment to other CMS programs and to those other payers.

So, trying to keep the scope of all of this as tight as possible, you know, do they have the vision, right? Is...and, do all these components give people enough practice to be able to move in that direction, which is hopefully what the guidance can sort of, as like the overarching principle we were talking about before, we can help them with that and with our recommendations. But then, do they get each of these specific components so somebody right off the bat is going to be able to participate in 2017.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

So, this is Cris; I think this is a really good discussion, I'm just watching the time here and Gretchen and Paul, if it makes sense to you, it feels to me as though it's probably useful for us to walk through slide

seven through 10 from a process perspective and make sure everyone understands sort of what the next steps are. We could probably talk about and will be talking about these topics for a while, but I'm feeling a need to be attentive to the mechanics here a little bit.

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

Sounds go...we do have another half hour, but right?

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Yeah, I'm just feeling like in the next half hour we're even going to...and we will need public comment on, but I'm feeling like some of the mechanical questions around how are we meeting and some kind of team expectations will probably require the full half hour; if they don't, we can come back to these issues.

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

Okay. Let me just make sure that there's no other outstanding, because I think these have been extraordinary comments and we'll weave those into the questions so that we make sure we cover them, but I think they actually touch on some of the bigger questions and I think can strengthen the final rule, if incorporated. So any other overarching questions and then we can...

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

This may be a very tiny question, but I'm struggling with how it relates which is the mandated clinical decision support for 2018 and how that plays into this or if it does at all?

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

It got removed, actually.

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

Is it not in 2000...it's not at all, we're not doing any more?

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

Not in MACRA.

**Elisabeth Myers, MBA – Office of eHealth Standards and Services – Centers for Medicare & Medicaid Services**

So it's been...right, so in this program, it has been supposed that one of the requirements to meet the CEHRT definition is that you do have clinical decision supports in place, and that would include a drug-drug and drug allergy. However, there isn't...there's no longer a, you have to have a set of five exactly for the entire year, the way there was in the EHR Incentive Program in prior years. So it's essentially that part of your technology has to have the ability for you to implement clinical decision support, because that's really what the certification test is testing, but there's no longer a check box or measurement requirement around, did you have five on for the entire period? So it's a little more flexible and hopefully should allow some more dynamic, I think...for more dynamic use of CDS within a practice.

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

Sorry, I was referring to the radiology CDS, which is outside this rule, but I think interacts a lot with...providers.

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

All right, this is Alex; you're talking about the appropriate use criteria?

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

Yes.

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

Yeah, that is still ongoing, they'll be additional work on that I think in the Physician Fee Schedule this year.

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

Okay.

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

But that's coming through that channel as opposed to the MACRA channel.

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

Okay.

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

Yeah.

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

So just another thing that we'll need to do.

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

Let's follow Cris' advice and move on to slide I think it's seven. And so Cris, we'll let you handle questions here.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Yeah, we can take, I guess we can take turns here; but as you...everyone can see we've divided into two subgroups, one to talk primary around technology implementation and the second around policy. Two of the questions have been assigned to this group and then three to the other and then one general. I think we've amended both of these questions for this subgroup, which is good. I think the additions are

really good. You know, I don't want to get in any competition but I think subgroup one looks pretty powerful; we'll see how it compares to subgroup two, but you know we've got some great contributors.

I would like to just get comments from the people on this workgroup around these questions, to make sure we're clear on them and, you know, what it is that we're supposed to answer. Our first meeting is coming up on Friday and we're going to want to make sure that we can address both of these in a pretty straightforward fashion. We can decide at that time whether we want to kind of cover both in an overall fashion and then come back and dive deep or if we want to, you know focus in on one of the questions first or whatever.

But just from a mechanical standpoint, I want to make sure that everyone is up-to-date with what the questions are, kind of ask whatever questions they want so that we can be prepared coming into the meeting on Friday so we can make some strong progress. So Justin, John, Floyd, Mark and Ginny, what comments, questions do you have.

**Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC**

This is...

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

Maybe if I could clarify just a second, because I think you only have one call, unless you schedule otherwise, before we actually, yeah.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Agreed, yeah, I'm anticipating the possibility we might have to do some additional calls, but yes, we only have one call that's currently scheduled, which is on May 27, and we need to come back with draft recommendations, thanks Paul, by Friday June 3. So, incredibly fast turnaround time that then will go to the committees on June 8. We'll have some opportunities to refine the recommendations after that. But yeah, we have one meeting to address kind of the whole landscape.

**Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC**

This is Floyd with a question; I'm assuming that our charge allows us to make recommendations and indicate gaps in existing standards and practice to achieve the goals and recommendations how they...those gaps might be filled?

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

I would think so. Do you...can you come up with an example?

**Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC**

Well, for instance when I look at QCDRs, many registries actually require manual entries because they don't trust EHR data...

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Mm-hmm.

**Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC**

...and so they want someone to read it, abstract it before entering it. So it's not technically electronic data and how mechanisms to improve that might be recommended.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Mm-hmm, yeah, makes sense.

**Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC**

That's just one, there are others.

**John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation**

Cris, this is John...

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Sounds like John has comment.

**John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation**

Yeah. There was an RFI CMS put out some months ago that was very focused on the certification of eCQMs; it might be useful, I don't know if there's any chance of getting some kind of report out. I haven't seen any, you know subsequent statement of information regarding the information CMS collected and I know it was for informing future policy making. But since the outright promulgation of certification criteria, at least on the, you know hospitals over any payment system rulemaking for IPPS, you know there might be similar policies coming with the Physician Fee Schedule rule.

But an important element to the second question is really taking stock of the efficacy of the current approach to certifying eCQMs and as we have more program demands, you know as where is the eCQM curation in all of that and, are there going to be changes to the programmatic elements of how eCQM capabilities are certified? I don't know if we can get any kind of, you know privileged preview of policy thoughts that might be in the offing that would be, to me fairly material here, especially on the second part of this question.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

I think you need to look at that CMS Quality Measure Development Plan, I think it...it's, the final one came out, if you just Google it, it'll go to the CMS website and it addresses CMS's plan for how they are going to develop quality measures, electronic quality measures. And it addresses their plans for eCQMs.

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

So this is Ginny and I agree that both those documents might be valuable, because I think the CMS Quality Measurement Development Plan has some good overarching information, but I do think it would be really interesting if we could see anything that would detail some of the more specific questions on...that and responsive for the RFI because it speaks a little bit more to some of the opportunities for improvement and to decrease the burden on both HIT vendors and providers.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

Well I think we can do both; is that another Google that we can do to get it or should...does somebody have something they can send out, so we can look at it?

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

So I wonder if some of this discussion is subgroup discussion.

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

Yeah it may might be, Paul you're right.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Yeah I think the goal here just again as we're getting ourselves organized is making sure that we just do enough reconnaissance to prepare ourselves for Friday, not necessarily have the conversation we want to have on Friday. But the issues being raised here, I think are really good. If you have links again to any materials that you think the subgroup members might benefit from reading, I would say let's share information promiscuously as we're getting ready for this. I'm curious, were there any other subgroup members have any other questions or comments around what we're addressing, how we're addressing it and getting prepared for it?

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

And did you say we made some tweaks to, changes to the words? Are you going to send that out today before the Friday meeting to our charge?

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

Yes...

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Gretchen will you be able to do that?

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

Yes.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

That would be great. I think there was wording adjustments to both questions, which they are both good.

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

This is Michelle; so what we're planning to do is put together a template for all of you to provide your feedback on these questions. So we'll revise the questions per our discussion today and send that template, which has when to the NPRM, where you can look for...hopefully it will all be in one document that you can then send back to us and we can aggregate that by Friday. I know it's a short turnaround, but, hopefully...

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Michelle, that's great. Can you say a little bit more about the template, when we'll receive it?

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

Well, we're working to refine it now; hopefully, I don't want to over...Gretchen, what do you think? But I mean certainly by the end of the day, hopefully even sooner than that, if possible.

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

Yeah...providing it today; that's today's goal is just making sure we have all the resources and the questions revised and we'll share the ques...the revisions with everybody and then work from there.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

That will be extremely helpful; I mean these things always go better when there's kind of some template and structure to get stuff in. I hate to be so process oriented, I'm not usually the process guy but given our time and scope, it feels like we really need to be attentive to being as productive as possible.

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

You can thank Michelle for that, this is...she developed this and I think it's going to keep us all sane during the next month.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Well Consolazio is always a winner, so that's a good thing. Unless there's other comments by people from this subgroup, I would turn it back over to Paul to go through subgroup two and then maybe we can go through the last sort of open question, discuss how we're going to handle that and then do a final peek at the calendar. Any last comments from subgroup one? If not Paul, do you want to do the next one?

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

Sure. Next slide, please. So these are the three questions that are going to be modified, and I think they're going to be modified in important ways to incorporate the team approach, especially as we expand eligible clinicians and alignment issues and how we can get the most out of HIT to support that. And then the third question looks like it's a really, if HIT is going to be really valuable, it should support both...it should be, according to this, seamlessly support both programs. And in a sense, I guess they're a bit artificially divided because to be an APM you really need to have the MIPS driving it, the quality of the outcomes driving it. Questions from the group?

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

So this is Mike; I'm not sure how much this is question versus comment but in the first one perhaps applies to both groups and that is, one of the things as a practicing physician I would just comment on that channel some of the other providers I've talked to was trying to make sure that everyone's on the bus, if you will with regard to this.

One key question in addition to interoperability has been usability and the proposed rule itself only uses the word a couple of times and not in any way related to the usability of certified EHRT or any of the other aspects that we might be looking at here. So it might be good to try to at least look at it briefly through that lens and see how that might influence some of the recommendations.

The other part is connecting the dots between the ACI categories and the performance scores and the base scores, trying to make sure it's extremely clear. If you lose thresholds, what does that mean to base, because I think in giving my own webinar on this last week for HIMSS, there was some challenge in trying to make sure we understood the rule correctly. So clarifying for some of that will be important.

The other part is there's a...in the set of feedback I've gotten already basically saying, how does this change from the one-size-fits all part, despite the variation we're seeing in performance score measurement and the like? And I think at least for me one of the keys is to connect the dots between the eight different ways in the three categories you can use it and the quality measures that resonate with the eligible clinicians, and even crossing outside of ACI into other things they're trying to do with practice improvement and some of the other areas; I think that will be another lens that I would like to look through as we think about whether we're reducing burden, whether we're actually encouraging interoperability, whether we're facilitating the team-based care we're talking about.

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

Sounds like we have our work cut out for us; other comments from the subgroup?

**Charlene Underwood, MBA – Independent Consultant**

Paul, this is Charlene. There's a lot of assumptions relative to the timeline like, you know the performance year 2017, which isn't far away, as well as that impacts the first reporting year. And I know there's a lot of flexibility built into the rule to account for that, but the question is, is it sufficient to get to kind of what Mike was saying, the folks on board, given how all the piece parts need to coordinate and come together, plus, you know getting the software installed; so are there any comments relative to that that are important or, as we look at this?

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

I think they certainly are important.

**Charlene Underwood, MBA – Independent Consultant**

Okay.

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

I'm getting a sense Cris and Gretchen; these are going to be length...I think we're scheduled for an hour and a half on Friday, is that correct?

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Yeah, I think we could use about five hours, but...

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

Yeah. Well let me pose almost both groups, do we think that we have flexibility to go be...make it an even two hours, just as a start? It just sounds like there's a lot of comments and they're actually right on target for even the questions posed and all can be, especially if we're the only FACA group so far being charged; want to make sure we include in our responses. Can members say whether for their respective subgroup times, could we extend that to two hours? Maybe I should check with ONC first in terms of whether the lines are available.

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

Yeah, so the problem is we need a half an hour between the calls, and for the second call, we are only able to go until 5 o'clock. So we'd have to bump both calls; if that makes sense. So we'd have to start the first call at 12:30 and go to 2:30 and then start the next call from 3 to 5.

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

What do you think, guys?

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

You're going to have to work with your calendars, obviously.

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

So let's, we'll just go in order of times, the first subgroup up for the time is subgroup two, can you all make it from 12:30 to 2:30 Eastern?

**Charlene Underwood, MBA – Independent Consultant**

Yes.

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

Yeah.

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

This is Mike; I believe so, but I'll have to try to adjust.

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

Okay, subgroup one, can you go from 2:30 what's it called?

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

It's 3 to 5.

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

Three to five?

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

Yes, Eastern; sorry Paul.

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

Right, right.

**Floyd Eisenberg, MD, MPH, FACP – President – iParsimony, LLC**

Yes.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

Anne's good.

**Justin Fuller, RN, MSN – Program Lead, Clinical Informatics – Bon Secours Health System, Inc.**

Justin's good.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

John?

**John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation**

I'm good. I'll make it work.

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

This is Ginny, I'm going to be in France and we'll be just arriving that morning, so I have a feeling since it will be 9 o'clock, I won't be able to make it, but I will definitely send anything I can beforehand.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

That is not fair.

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

Ginny we're going to try to feel for you...

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

I'm so sorry...I'll be in Provence.

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

It's not working so far.

**W**

Oh, make it work, please.

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

So Cris, do you want to do that?

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Paul, that extra half hour I think really helps; thanks to everyone.

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

Thank you. Okay, so we'll just...it'll still be...just give us a slightly more fighting chance to finish this. But each of the groups are going to have to be extremely efficient with their time.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

I'd also say, let's go back to that template just a little bit. Not having seen it, but knowing a little bit about what you might have in mind, does it make sense to distribute those and ask for people to submit sort of thoughts or comments prior to the calls on Friday, so that we might start with a semi-populated grid that combines people's comments? I know that that's really quite an ask on all of us, including most especially the ONC staff; but I'm trying to get a fighting chance at us getting...doing a good job. Gretchen and Michelle, what are your thoughts about distributing and recollecting the template in advance of Friday's discussions?

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

Yes, so Cris, this is Michelle; we...that was our wishful thinking. We know it's Friday and it's not a lot of time, but that is what we were hoping for.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

So if we were to get it out let's say sometime today, could we give an assignment to task force members to return materials something like mid-day on Thursday, so that we could turn it around and share it prior to our discussions? Or am I just engaging in pure pipedreams here?

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

No problem.

**Elisabeth Myers, MBA – Office of eHealth Standards and Services – Centers for Medicare & Medicaid Services**

I love the optimism. This is Beth, just to help; again, we understand this is a huge, huge project so really anything that you can provide will help us to get this started. So we do recognize that that's a bit of a challenge. The other thing to keep in mind as you're reading that might be helpful in this, and obviously you don't have to address every single one, but CMS has very specifically put in a number of places where they're seeking comments on something. And in my own experiences, it's always really helpful to sort of jot down ideas, as you're reading through; every time you see one of those, "We are seeking comment on how to do this," that might help you to do it. Obviously you don't need to answer every single one, but that might help to get to the point of having some ideas of the types of things you want to put back into the template.

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

So can you run the idea again so, you're going to collect responses to the questions ahead and then, replay that back?

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

Yeah, so we'll...what we'll try and do is aggregate them and put them together maybe on slides, so that there's something...what we've always found is that when there's something to react to, it spurs a better conversation. And plus a lot of the thinking has already happened before the meeting, so we have a more productive meeting if people are able to send something in advance.

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

So this is Mike, I highly endorse that. I'm going to need to take that next call entirely in the car, so it would be really helpful to be able to get stuff in and also even get by Friday noon, something back that I can have as a reference; because I won't be connected to the Internet, right?

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Something else, it also forces people to put sort of thoughts into concrete language and it's usually, you know brevity is required in sort of a template format like this. So, I'm all in favor of...

**John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation**

Oh shoot, I'm sunk then Cris...I'm kidding.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

John, you're always brief and concise.

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

So then the corollary then is people will have needed to read it before the call...

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Right.

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

...and the reason...otherwise we're going to repeat it anyway. So, if we are going to do this exercise, everybody has to read it ahead so we're not repeating ourselves.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Thanks.

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

So Paul, this is Amy and, you know a voice of practicality; we'll all do our best, I can't promise what I can and can't do by Friday, but I'll do my best.

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

Right, thanks Amy.

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

Okay, it's 11:20, did you as the Chairs want to just review the rest of the work plan so folks know the timing and go from there?

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

Can...and can I just go through the time we've moved ourselves to, because it lo...I'm wondering whether...is the first group 1 to 3 now?

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

No, the first group is 12:30 to 2:30...

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

Got it.

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

...and the second group is 3 to 5.

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

Okay, sorry.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

The other question that I'd like to address just briefly is on slide 9, this all members question. You know, my concern is that we just won't get to it because we'll focus on other stuff. What's your preference that both groups, you know address it within the context of our workgroups? Is that what you had in mind?

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

Yes and that's why we didn't want to assign it to one or the other, but that sort of gets towards the parking lot idea as well, if as reviewing the various questions, if some of the things could have implications for future development, this would be a great place to place it. What needs to happen in the future to make sure that both the technology and the policy evolves properly?

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Okay. All right, so we have to address that.

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

Okay, and then let's go to the next slide with the schedule. So here we are, we've already been talking about this; we've shifted the subgroup break-out meetings and we are coming back on the following week to present to each other our draft recommendations, reconcile them so that we can present it on June 8 to the full committee; get their feedback, rework that over the next couple of calls before presenting our final recommendations to the committees on June 23 meeting. And it looks like we've gotten a little bit of reprieve in terms of our final, with respect to turning it in.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

So this is Anne; I won't be in France, but June 23 and 30 I'll be in Alaska on a cruise, but by then I will have said everything I will need to say; Cris, I'm sure you'll be fine by then.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Anne, we'll take whatever we can get from you; thank you. But I would be surprised if we didn't reach out with our fanged claws to you all the way in Alaska.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

Well let me just say to this entire group that this is actually one of the number one topics on my list right now, at work. So I'm...I am thrilled to be working on this committee.

**Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Just what we want to hear.

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

Okay, so I think we ca...any final comments before we open it to public comment? Okay, let's go for it.

## Public Comment:

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

Lonnie, can you please open the lines?

### **Lonnie Moore – Virtual Meetings Specialist – Altarum Institute**

Sure thing. If you're 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 telephone 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**

So while we wait for public comment, we'll do our best to get templates out to you as soon as possible and we'll follow up with what all of you are expected to do. And you'll also expect an update to the invites that you have for Friday.

### **Paul Tang, MD, MS – Vice President and Chief Health Transformation Officer – IBM Watson Health**

And while we're waiting...

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

And it looks like have no public comment; sorry, Paul.

### **Paul Tang, MD, MS – Vice President and Chief Health Transformation Officer – IBM Watson Health**

...no problem. Really want to thank everybody for participating. I don't know whether we had full disclosure when we asked you about the workload, but it's really an impor...very, very important piece of legislation. It's one of the three things that's been defining our healthcare system for the future. So thank you so much for taking the time. Cris?

### **Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

I second those comments completely; thanks, Paul and Anne's enthusiasm is something I hope to match; that's outstanding.

### **Paul Tang, MD, MS – Vice President and Chief Health Transformation Officer – IBM Watson Health**

Okay, well, we'll give you a few days off and then reconvene on Friday and please look out for the templates, fill them in and then read back the consolidated version.

### **Charlene Underwood, MBA – Independent Consultant**

Thank you.

### **Cris Ross, MBA – Chief Information Officer – Mayo Clinic**

Thanks everybody.

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

Thank you everyone, have a great rest of your day.

**Anne Castro – Vice President, Chief Design Architect – BlueCross BlueShield of South Carolina**

Thank you.

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

Thank you, everybody.

**John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation**

Bye.