



Collaboration of the Health IT Policy and Standards Committees

Quality Payment Program Task Force
Final Transcript
June 3, 2016

Presentation

Operator

Thank you. All lines are now bridged.

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

Thank you. Good afternoon everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the...this is a joint 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

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. Floyd Eisenberg?

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

Here.

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

Hi, Floyd. Ginny Meadows? Joe Kimura? 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? Marcy Carty? Mark Savage?

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Here.

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

Hi, Mark. Michael Zaroukian?

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Hi.

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. Wendy Wright? And from ONC I know Gretchen Wyatt is on the phone, are there others from ONC on the line?

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

Elisabeth Myers.

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

Hi, Beth.

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

Alex Baker.

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

Hey, Alex. Okay, with that I'll turn it over to you Paul and Cris.

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

All righty, umm, we'll I'll open up...this is Paul Tang, and thank you everyone for joining and, you know we're on this short timeline. And thank you all for participating, in terms of contributing your comments. It's been very helpful and a lot of things came in, even at the last minute, so again thanks to ONC staff and especially Gretchen for somehow keeping us all organized and getting things up-to-date so, really appreciate that. We are going to switch over to the Word document that has been edited and trying to incorporate, as you all know, the submitted comments, tried to keep those comments, put those back into the draft. Some came in very late this morning and so, those are coming in as some comments.

So we're going to switch over to the Word document and be scrolling through that and try to keep people informed who may not have access to the document. Cris?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Second comments about the ONC staff; thank you very, very much. I thought we had good calls last week; I know that there's a lot more depth that we would like to go into, but I'm looking forward to today's conversation to combine the comments from the two teams and see where we go from here.

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

Super. What we're building up towards is the presentation of our initial findings, comments, draft recommendations to the Policy Committee next week on Monday I think it is and then we'll be getting back some of their comments, feedback; we'll be taking those in and incorporating. We'll have I think...I believe we have two calls before the later in the month call meeting with the combined committees to finalize our recommendations so that we can meet the time table for getting the response to the NPRM in. Any comments about that and then we'll move over to the actual feedback on our...on the NPRM.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Just for clarity, Paul; this is Cris; I think the joint meeting is next Wednesday, is that correct, Michelle?

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

Yes, June 8. Yes, thank you, Cris.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah. I wanted to make sure I had it right.

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

No, you're right, I just have too many meetings between now...okay, wrong meeting, right; wrong city, wrong...okay, yes, in the morning of June 8, sorry. Thank you. Okay, are we able to switch over to the Word document then? And there it goes, like magic.

All right, so this is going to be quite a long call; we've got like 75 minutes or 80 minutes and we...we're going to try to get through all of this, so let's try to be parsimonious with our comments and we'll try to drive ourselves towards consensus as much as we can. And remember, this is just our first bite at this apple in the sense of, we're going to give the committee...we want to do our best...present our best work or best combined work and...but it's not the final. All right, so why don't I concentrate on...let's just go from point to point and I guess I'll just enumer...I'll call out numbers; is that okay Cris, so I just sort of call out numbers...

M

Yes.

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

...and we'll see if we get any comments and then keep moving through.

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

Paul, this is Gretchen; one other suggestion. Because there's so much content here; if there's anything that the group feels we might be able to put in a parking lot where it's not supercritical that we include that in the comments that are sent back on the NPRM, that might be useful, too, so that we can try to narrow things down a bit.

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

Also a great suggestion, thank you. Okay...

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Paul, this is Mark; so are...does this process envision us reading each of the points as we go through, and I'm asking because I'm not sure what we can do in 75 minutes, but just checking that that's what we should be doing.

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

I think we're...so we're...I'm going to call out numbers and try to read silently, so that we don't have to read everything; how's that?

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Okay.

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

Okay, so I'll just read a number and then do a little bit of pause; so number one...or maybe what I'll do is I'll just paraphrase. Basically we felt that the NPRM was very responsive and thank you for doing that. Number two, it's a bit unwieldy...it's...it is complex to both understand and to implement and that actually can be a big barrier. Number three...

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

And here I had a suggestion...

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

Okay.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

...and it's not a big one, but it's not all stakeholders but, and the word I suggested was "some."

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

Okay. Okay, number three; it's going to be especially difficult for smaller providers, they don't have the same amount of access to HIT resources or the ability to just digest and change their workflows, so...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

That's number four, right?

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

...might be easier...that's three.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

What?

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

Yeah, I've noticed we seem to have a different version of the document than what we reviewed earlier in the week; I'm running into that, too.

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

I think it's changed multiple times, yeah.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Oh boy.

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

I tried...one, it's gone out...it went out I think in emails so that's...and then two, it's in fron...it's on the screen. It's going to be challenging, but...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah that's...so this is Cris, I would suggest the comment that was in the version as distributed that says, however, in the process of increasing flexibility, the proposed rule is too complex to understand and to implement. There was a lot of conversation about that, at least in our workgroup. I think we need to have some flavor of that in our overarching comments, somewhere.

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

Meaning...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

It doesn't have to be exactly that language, but it's important.

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

Yeah. Yes, okay so the emphasis there was all good intent, it turns out that it's turned out to be too complex, that was the background to that comment.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yup, yup.

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

I wrote that, so I know that well.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well then, let's put it back in as written.

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

So folks do you want to go...I think we're going to...I think we'll have to go off what's on the screen.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yup, we have to, sorry Paul; I didn't mean to take us off that. I'm going to keep the paper version open...

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

No...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

...for myself and I'll bet others will, too, just in case we want to pull something in.

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

And then, so what you just did Cris is say, hey I would like to include this thought and that's totally appropriate, so that's...that was proposed and agreed to, okay?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Old comment three, yup.

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

Old comment three. Okay...

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

Yeah this...

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

...number four...

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

...is John on old comment three, well what's new comment three. I think we're pretty good on that comment of "especially difficult." This might be controversial to include and maybe too bald faced to

include, but I think a statement to the effect that you fairly well are going to have to be either affiliated with a larger provider or system or with a larger multispecialty group in order to really be able to afford the HIT and the infrastructure to meet this program. That may be an opinion, we don't, you know too much opinion and not much statement of fairly well acknowledged general agreement to put in there, but that's kind of speaking the unspoken in that statement.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

John, this is Cris; I might like a...I hear the spirit of that comment; I think it makes sense. We might word it in a diplomatic sort of fashion to say that, you know, this might be, you know achievable for large complex organizations, but less so for smaller; which I think is what the next comment is to some degree.

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

Yeah, yeah; I'm good with that.

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

And I don't...well, let me make a comment here, umm, this isn't a comment about let's say EHR adoption that...so, that comment applies no matter whether you have MACRA or not, I think.

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

Right, yeah, I think it...

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

So I'm not sure that's MACRA specific is, I guess my comment on it.

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

Well, I would offer that I don't think you're going to be able to perform very well under MIPS if you are a small group and just be that plain. I think you're going to be challenged, highly challenged.

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

Okay.

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

And maybe we've already got that in here.

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

I think that's a new three, yeah. Any other comment on the old/new three? Okay, number four is that one of the...in the preamble, it said that MACRA's trying to fix the all or nothing requirement and offered...but a comment that we have is that actually achieving the base score sort of becomes an all or nothing. In other words, if you don't achieve the base score, you lose out on the ACI, all of ACI. Umm, and somebody disagreed with that.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

That would be me, Mark.

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

Okay and your basis for disagreement with that?

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Well, it...there's been a lot of discussion about all or nothing, but it's been in a different context. This is...it's true that you have to meet each of the measures, but it's you have to have one patient in the measures; that's not the same kind of all or nothing thing, so it seemed to be umm, it's a strong statement and it didn't seem accurate given how people are normally taking all or nothing. I'll also note that that was that the earlier version five started off with, "It is internally inconsistent," which was a stronger than saying, "while advertised as being more flexible." But I still think it's not correct to say that this is all or nothing, for the base score.

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

Okay, I think I see what you're saying; so there's two ways of all or nothing. One is you have to have...you have to fulfill all of the objectives or you don't get credit and the other all or nothing is you have to meet the threshold or you don't get credit. And you're saying it doesn't...the threshold has been lowered so much that the second all or nothing doesn't apply.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Yeah.

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

And I think the other person who stated...raised this point was saying the first one is still an all or nothing.

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

Right; so this is Mike, I'll just speak up to that issue. Again in talking to other physicians, they're basically looking at the issues that said, so is it possible that I don't implement and use any of a certain number of categories of the functionality using patient portal was the example? I may only have to have one patient who views, downloads, transmits, but that means I actually have to implement the technology I have to have in place; if I don't, then I don't have any score either for base or performance score. So it's not really an option; the only question is, how easy or hard is the threshold? Are there any categories I can skip and focus on other areas? The answer my view and other physicians views that I talked to is no, you must have all these in place. And that's fine, but it's different than saying that you no longer have a set of "must dos."

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

Yeah, moderated perhaps, but it's still there.

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

Work with...to figure that out?

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

So, could I offer a way of...

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

...his portal...

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

Is somebody else trying to talk?

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

It's not too...

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

May...could I try to reconcile these comments and then actually draw...and actually split up the all or nothing label into those two components, the all objectives and the full threshold and then try to explain what one of...that the all objectives is still there, but not the full threshold? Does that help satisfy people's obj...

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

So this is Mike; I would say sure, but the biggest thing I don't want to see happen is physicians to get a big surprise. And that is to say, oh great, there's no all or nothing threshold, I see what the base is...

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

Got it.

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

...and I somehow get a sense that if I didn't do, for example ePrescribing, I would just get a lower base, not a zero for everything. And that's not at all clear in the regulation unless you're careful how...

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

Okay, so I think you're objection would be satisfied by breaking it out, and yours too, Mark?

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

I was waiting to hear what the language was that you were thinking about, so I'm...I guess so, but I'd love to hear what your thought is.

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

So there are two all or nothing kin...implicit all or nothing requirements in the original EHR Meaningful Use Program; one is, you must meet all objectives or else you aren't eligible at all for the incentives or subject to adjustment. And the other is that even if you meet the objectives, you must meet them at the full threshold. And while MACRA may reduce the threshold to a very small amount, like one, you still...it is still true that you must meet all the objectives in the base score. And that, I think helps state

descriptively what's really changed and also I think to Mike's point also is transparent about what is still true.

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

Right and just to not split hairs, but there is still a threshold; the threshold may be very low, but if you don't meet that threshold, even if you have the technology in place, you don't get any base score.

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

I understand, but...so we would be saying...

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

Yeah, so I would be careful about splitting those hairs and trying to make it therefore look like it's still...it's therefore somehow not all or nothing.

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

Okay, is that okay?

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Sounds good Paul, it sounds factually accurate.

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

Thank...okay, tha...I mean I think that we just want to be more transparent; I think that's exact...that's what I hear from your...both of your comments. Okay, number five, umm, the rule would discourage new participation in this ACI category; and I don't know exactly where that came from, but...so if somebody wants to clarify.

Charlene Underwood, MBA – Independent Consultant

The previous se...

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

Is it because of the complexity?

Charlene Underwood, MBA – Independent Consultant

Because new requirements are included in these objectives, the bar is high for meeting them, as a result will discourage new participants...umm, new participa...

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

Ahh, right.

Charlene Underwood, MBA – Independent Consultant

...so it's supposed to say because we've got these new advanced kind of requirements in there, it's not a starting set, it's a more mature set to be able to accomplish. So it's just another thing that...one of the goals is to, you know get these new clinicians onboard and if you've got some of those advanced

capabilities and they're even at one, it's a pretty big stretch for them; so that was kind of the point. Maybe there's a better way, but that's the point.

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

Thanks for clarifying. So we'll work on the wording there...

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

And this is Mike again; if I could try to do that as the balance. So the good news that does encourage new participants is that there's a greater range of participants who are now eligible, and I think we want to underscore that that's a good thing. But Charlene's other point is spot on with regards to those who would like to might find it harder that if those...were there.

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

Okay.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

This might be a good place to raise a question with that, but don't want to sidetrack a conversation. I have wondered about the exclusion for the first year clinicians in the program and how that might reduce concern for them, because they've got a year to get up and running. Sometimes some statements that I've seen seem to suggest that even...that the burden is really around the newer participants, and I'm not sure how the...I just wanted to check on the intersection of those...of that exclusion. I'm not sure that it's necessary to do that for this particular number, but just raising the question.

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

I'm sorry, this is Michelle; we have a lot of background noise today, so if you aren't speaking, if you could mute your line, that would be appreciated. Thank you.

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

Okay. Number six probably could use a bit more clarity, too; it's saying with MACRA we have an unprecedented opportunity to achieve widespread interoperability but it might not be completely exploited in the proposed rule. Does someone want to expand on that?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

This is Cris...

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

Well, this is Anne...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, go Anne. I was going to prompt Anne because I think she's got a great viewpoint from the payer perspective then I'd like to piggyback on that when she's done.

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

Okay, that was mine and I sent over a couple pages of notes that I think were broken out and put in the suggestion section; because what I'm suggesting is that there's an opportunity to have CMS be a little more explicit in and throughout MACRA to put in more clearly that other payers could formulate their value-based programs like CMS's value-based programs and collect their clinical data like CMS does and even incent...build incentives for providers to submit electronically clinical data so that that creates a pathway for providers to have a single way for all their payers and value-based programs to have clinical data come through the system. Maybe through QPRS or I forget the initials.

But you know what's happening is we're all trying to get clinical data our own way and CMS has a way, but they're allowing for manual submission through some organizations of clinical data, and that's not really creating an opportunity for interoperability, that's just extending the way the data comes in today and the quality is not that great. So if they use this opportunity, which really needs electronic quality measures the eQMs and they use the quality development plan that was just passed as a way to do that, then there's really an opportunity to, you know have...to achieve widespread interoperability for the purpose of value-based payments. And we're all moving in that direction right now and MACRAs just pushing it along that much faster. Cris?

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

Okay.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well Anne, I think that was really good and we probably want to go with the comments as is. I would say from my perspective, I heard you say in our earlier conversation two things, one of which was making sure that interoperability was a big part of the criteria in general was important for care and payment. And then the second was, to the extent to which the regulations and the direction, I don't know exactly what recommendations you would make, but could they be used as a template that private payers could build upon, mimicking CMS's direction as a way of getting interoperability broadly across all payers; and I thought that piece was really interesting.

And then I was going to piggyback on a third piece which is just the general comment that amongst the many things that this is trying to accomplish, we need to make sure that interoperability is a high priority, because it aligns with a bunch of other objectives both embedded in this regulation and more broadly articulated by ONC and HHS.

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

Yeah, if you look down, some of the comments that I made in my missive...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

...overarching suggestions that's on further screens that you're going to present, item number two, to increase effectiveness in achieving the transition from volume to value the final rule should increase alignment of requirements across MIPS and APMs with the private payers. Umm, to advance...this is number three, to advance the use of data and knowledge to drive improvements in quality and cost

reduction. And what we're doing is we're measuring quality with specific data elements, CMSs and private payers are...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Mm-hmm.

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

It's the same hospitals we're talking to; it's the same collection of the same data. I would like to see CMS be more proscriptive about that in that they're saying pick six measures; I would like to see that a little more proscriptive in what the data elements are and where they submit them and how they do it electronically so that we can all capitalize on that instead of we're all solving that problem differently. Because that's what's happening today; every payer is solving that problem differently and it's costing money, a different set of money every time.

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

Okay, so let me, umm, we were about to make a transition to suggestions anyway, so might as well take advantage of this...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Mm-hmm.

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

So actually Paul, before we that...this is Beth; could we step back one second; I actually really appreciate this conversation, I didn't want to interrupt it earlier. But if we can pause back to number...the number five and the second part of number four that says new requirements under the ACI category. I asked this question last week to try and get to a little more clarity, and we can talk about this more obviously when we get to the recommendations part, but I just want to set the stage.

Because the 2017 year does not have new requirements that are required, they're optional; so the new measures, those Stage 3 measures that we talked about are optional in 2017, not required. So I think that for that one, it would be really, really helpful for everyone to understand when you're talking about the concern about new participants in those years, there really aren't new requirements beyond what's in the program this year, for instance, until 2018. So the recommendation of is that not clear enough or is that a timeline issue of, and I think we talked about this a little bit, the time to implement, you know if they're optional in 2017 but they'd be required in 2018; so just which way is your recommendation to resolve that going? I just want to make sure we're keeping that on the forefront because I think it's an oversimplification of the statement that it says new requirements, because there aren't in 2017, there are in 2018.

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

Well it is at least your former hypothesis which is, it's not clear, so that's point one. Point two is, is it okay that it is new in 2018? So people's comments on that?

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

It'll take until 2018 to address them.

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

So one way of potentially answering the question for people's comments is, if people actually didn't get it that it was optional, then did CMS accomplish anything by making it optional versus just saying what it is going to be in 2018?

M

Right.

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

Is there a gain that is worth the cost of the complexity and the ambiguity or certainly the misunderstanding? People's comments about that?

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

It's not too soon for a 2018 requirement to be talking about it today because of the time it takes to address it systematically. Or even if I have to create a new business arrangement in order to be able to participate.

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

So other people's comments; so the hypothesis on the table is that it is probably ironically less complex if you just say this is going to be required in 2018, rather than add the flexibility of making it optional.

M

It definitely...

Elise Sweeney Anthony, Esq – Acting Director, Office of Policy – Office of the National Coordinator for Health Information Technology

And hi, this is Elise, I'm sorry, this is Elise. I was just going to ask also whether it is clarity in explaining it in the rule as well in terms of how the optionality would work so that that would give enough kind of understanding to those involved, all stakeholders in terms of how to plan for it? So I just want to raise that question as well.

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

I agree with that; this is Anne.

Charlene Underwood, MBA – Independent Consultant

Yeah, and Beth this is Charlene. I think as you look at like for instance clinical integration and you only have to do one, it's really unclear whether it's 2017 or 2018. But, even in doing that, because there's variation among how the many different vendors do clinical integration and there's variation in data, it's just really hard to do. So, you know you're going to want your early adopters to kind of create the runway for being able to do that; that's happening now. But it's going to take effort on everyone's part to be able to do that. So we're looking at these, either physicians who have not moved forward and/or new entrants into the program; it's a high bar. It's a high bar, you know you just want them to start with some of the basic exchange stuff and then, you know move to some of the more sophisticated stuff as it hardens in the market and 2018 isn't that far away.

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

Let me try to capitalize on the suggestions, you know probably our number one comment about the NPRM is it is too complex in both understanding and in implementation and so it would be really nice if we could propose things that would reduce complexity and yet do better at accessibility, etcetera. So one hypothesis, and I think I've heard some support for this is, one way of reducing complexity is actually don't add this optionality of 2017. It's probably not achievable anyway and you can't achieve it by yourself; so it's not optional if both parties have to play, as an example; so one recommendation would be, make it just effective in 2018 rather than offering the optionality. Have I said that correctly for everybody on the call?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

This is Cris; yes and I support that.

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

Okay, thank you.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

That was...that's very helpful Paul, actually; thanks for cutting through that, for my opinion; others may disagree.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Paul, this is Mark...

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

Okay, so that's one...

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

I'm pausing a bit because I'm trying to...this may be outside the scope, but I'm trying to think about the intersection with that with the fact that we're talking about something that applies to eligible clinicians, we've still got a program that's applying to hospitals and to Medicaid. And so anyway, I'm not sure.

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

Okay. So I am looking for ways that we can constructively suggest ways because I know we have the critique about being too complex, but it would be useful if we could give some suggestions, so here is one opportunity.

Okay, I'm going to move on to the suggestions, and I'll start with the one we just ended on as far as comment six and that was where Anne was going. So what I heard, I heard two suggestions, possibly three. One is, take the advantage to simplify and align everybody not just the government. Now it may or may not be within the scope, but they certainly can make suggestions and one suggestion is do it with the private payers, too. And two, if you allow Med...and two is, advance it to make it electronic so that it can be distributed to all the other people requesting information. And three, be prescriptive so that you...one size does fit all in the sense of report once and use many. Did I catch your...the drift of your comments, Anne? Check that first.

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

Excellently; yes.

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

Okay, so let's put it on the floor and see how people respond.

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

So this is Mike; I would just say if we're going to move to all electronic, are we convinced that that's...and will we leave anyone behind who's not able to do it electronically.

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

Can I just modify that a tad and just say it another way, because I agree some of them might not be right away. Can you just say an incremental incentive in some way or a high...or an additional reimbursement percent or something of that nature if it is all electronic? Because if it isn't, then there's somebody who has to do some work and it, you know so make it worth somebody's while to try to get it electronic instead of making it all be equal.

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

Let me comment on that, Anne. Once it's incremental, then it's still everybody has to bear the cost, all the payers, all the providers, and all the vendors. I wonder of the three things that you proposed could we pick one would be ideal, two but not all three because one, it is revenue neutral so we can't add more money. Are there ways we can reduce it to get the flavor of the alignment? And this is open to everybody; so is it to be prescriptive? Is it to encourage the private payers? Or is it to mandate electronic or close to that?

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

So the...just to...just a little payer perspective; it's the prescriptive I felt like I had the least chance of ever getting. The using the same method CMS collects the quality data I thought was the most efficient for everybody, through the organizations they collect quality data; if we all worked on getting that value-based quality data through them and getting it to be clean and electronic. That would be the most efficient because that's one pipe instead of 5,000 pipes; that would be the highest value proposition for everybody I would think.

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

Okay. Comments?

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

Paul, this is John. I would agree with that; I think about the example of CPC Plus and a lot of the things that CMS is trying to do there are kind of principles it sounds like you would want to apply here and there's the quality measure one's already been stated. Probably on top of that, establishing common base, as much as possible, whether it's encouragement or establishment, common bases of measurement; I know CMMI is looking for private payers and state Medicaid fee-for-service plans with CPC Plus to have really similar portfolios of quality measures that they would actually require for reporting because they really want the practice to be able to do like things across all their panels of patients.

Probably the other things might be to share in common methods of, oh how do I want to say it, for the practice requirement side of what MIPS would ask a practice to do, as much as possible collaborate on those being coherent, common thoughts with private payers as well. They have outright...

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

And I think, I think there's collab...more collaboration will go on, it's just that it's not...they just don't have any strength in any of the statements in MACRA.

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

Right; they're very much stronger in CPC Plus because they outright are gearing that to define the program for where it'll be open for registration, but in this case, yeah I think, is there any way to develop something that makes that a more explicit statement? I don't recall that the statute really is it's mostly mum on that.

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

And the thing that I noticed, the regulation, the quality development plan, the quality metric development plan had a lot more about multi-payer, you know constituency developing that. But then MACRA didn't have anything in there like that. And MACRA should really be an extension of that.

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

Okay, so let me...let me try to draft some wording and get other people's feelings about this. What I heard was to incentivize as strongly as possible the building of a common infrastructure for data submission that could be leveraged by the...that could also be leveraged by the private payers.

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

Yes.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah and this is Cris, Paul I thought the three categories that you laid out before, you were kind of asking, forgive me if I'm putting words in your mouth, but I think it presented a little bit of an either/or and I guess my question is, are they really mutually exclusive? And do we want to make a choice...

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

You have a bigger problem...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

What's that?

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

No, I was saying you have a floor and then you have additives, they're not exclusive of each other.

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

Right.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So...

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

They weren't meant to be exclusive, but where I'm trying to go with this draft is I don't know that they can achieve all three, and even Anne said that.

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

Right.

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

And that really what we're trying to do is, and you can't force any...force everybody, so the...

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

Right.

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

...it's the attractor; it's building the common infrastructure that makes it as easy for everybody, including the private payers, as possible to take advantage of it. So to the extent...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Thanks for being explicit, yeah, I'm not sure I would have agreed up front that they are in fact mutually exclusive in the way that you and John just described it, but I agree. And I think where you're trying to go...again, this is Cris, makes a lot of sense.

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

So, other people on the call want to weigh in, because this would turn into a recommendation if people agree.

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

This is Brent; I'm supportive, I was just trying to figure out how you're going to get the buy-in from the payers and I think what you've done is you're providing it so it makes it...their incentivized because it's easier for them to get access...

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

Right.

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

...and it makes it easier for the physician so I think that's absolutely the right...a good recommendation.

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

Anybody else want to weigh in?

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

This is Mike; I agree.

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

Thank you. Okay, let's...

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

You guys have made my day.

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

Okay, one down...

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

You've made my whole career.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Anne, this is why you were drafted to this committee for exactly that reason, so you know, we gave you a nice softball and you hit it hard. Good.

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

Okay, thanks.

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

Okay, I'll move to suggestion one which is, in order...so remember, one of our biggest criti...well, our biggest barrier is the complexity both to the understanding of the rule and its implementation. So a couple of our suggestions have been; one, a visual diagram for just how this stuff comes together and you could come at it from various stakeholder perspective to see, what is going, you know, how is this...what's the framework look like?

And the second point is to map the current world to that new world. There are claims made about how it simplifies or that it reduces burden, it's not easy from reading all the text to see how that happens. So a visual diagram that shows the framework and how the current world maps into that would be one step in helping the understanding of the rule. And so that it can answer those two things; one is, reduce burden and increase the alignment. How does that sound?

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

I couldn't agree more, but I don't think there's ever been a picture made out of any regulatory process. I've tried to do this from the beginning of my tenure on this committee and they have rejected it...

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

Okay. Other comments?

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

...you know, from a concept standpoint. Sorry.

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

Other comments, please?

Charlene Underwood, MBA – Independent Consultant

Well then, this is Charlene; maybe you don't say visual diagrams, you know it's like, if that's a rejection or an equivalent, you know, you could say or an equivalent, you know and let them have the flexibility.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

This is Mark; I'll just say, I'm being intentionally quiet only when needed because we've got so much to go through but here, I found the tables on calculating the score for the ACI category to help a lot to understand what was going on and I wished that there were similar tables in other areas to provide, to at least help me understand. So I think the idea of alternative ways is a good one.

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

Okay.

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

And this is Floyd, I'll weigh in, too that I do think visuals are extremely helpful. I like the approach; I fully support Anne's comments as well.

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

Okay. As Mark said, we do have to make...okay, so I don't think people are going to complain about, and I guess there's a question about visual versus non-visual but a complaint about we need other techniques of clarifying what's in the rule.

Okay number three, to advance the use of data knowledge to drive improvements, we need to connect integrate it across healthcare, which is public and private, well, it's across all the stakeholders in healthcare and develop constructive partnerships between payers and providers that facilitate...

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

I think we talked about this.

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

Yeah, so you know what, I almost want to...I think less is more. So I don't know that we need this number three; is that okay with folks in terms of a "suggestion?" It's sort of a little...

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

It was kind of sort of the whole topic we've already talked about.

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

Okay.

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

My, you know my concern.

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

Okay. Number four...

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Paul, do we need to look at number two or did...?

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

I thought we did number two that was...

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Yeah I think...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

We started number two. Paul, wasn't your lan...this is Cris. Wasn't your language kind of aimed at number two?

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

Yeah, it was targeted to number two, what we started with.

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

Yeah.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

All right. Okay.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

If that's the case then I agree with Anne that it also obviates number three, if she's okay with it.

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

Okay.

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

Right. Right, I agree.

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

All right, less is more. Okay, number four is basically trying to give a bit more of the rationale; one is to reinforce the outcomes, but also outcomes that matter to patients and consumers more than just traditional medical outcomes, and make sure most of the incentives are driven toward things that are most important to them. It's really to make this person-centered.

A second piece is, umm, reinforcing; I mean it was pretty clear how let's say Meaningful Use was going in terms of we want...it's now time to allow innovation to occur towards a certain goal, but not to be prescriptive on process. It seems to me that kind of message meaning let's have more innovation and allow more and reward more innovation gets...has not been as forceful in this NPRM, and that process has come up as, you know additional processes let's say AC...advan...it's clinical...CPI section and it just moves people towards the check the box mentality. And the third part was I think what we talked about, too which is making a nice on-ramp to include even more people we saw that were missing from MU, for example.

One, have I captured the intent of this suggestion? I think it's more on the points one and two...things that matter to people and consumers and that we move more toward...and that we clarify and emphasize the opening for innovation.

Charlene Underwood, MBA – Independent Consultant

And, this is Charlene; oh, I wanted to make one comment on the last one. I kind of thought, Paul you made a recommendation that's kind of buried in the later recommendations that they consider perhaps dropping the continuous improvement scoring.

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

Mm-hmm.

Charlene Underwood, MBA – Independent Consultant

So I really thought maybe a point could be called out which would say get the scoring right. So kind of look at the ACI stuff and continue dropping...I thought it was a really big point, the continuous quality improvement scoring.

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

Uh huh.

Charlene Underwood, MBA – Independent Consultant

So I would have broken out like to point five taken to point three and made it in point four, I'd kind of say, get the scoring right, you know and then added your point from later on in the detail and pulled it up. So that was kind of my thought on that one, because I thought it was...

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

Okay...

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

This is Beth; we weren't there yet, but I...a place to bring it up. We...the CPIA, each of the categories that's included is required by law, so they can't actually drop CPIA from the program.

Charlene Underwood, MBA – Independent Consultant

Okay.

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

So that's why some of this focus, if we ask you questions to say, well, you can't quite do that, that's because it's in the law a lot of times. So focusing on getting it right is what we need to try and zero in on.

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

One of the suggestions that was made along those lines was to deem fulfillment of ACI...CPI...I can't get it, the improvement process section and deem MOC, maintenance of certification, as fulfillment of that. An advantage would be it's determined by the individual professional society which means that's what's important to that group, etcetera. Is that okay? That would keep the CPIA section, but it would allow a fulfillment in ways other than prescribed by federal regulation.

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

So I think that's one of those that we would have to, and we do have representation from CMS on the line, but that may be one of those that would depend on what their general counsel actually said was allowable under what the law requires. But certainly thinking about things like that could be part of recommendations. But again, that...the law has some specifics that would probably require CMS working with their GC in order to see if such an implementation were even possible.

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

Okay.

M

And...

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

Paul, this is Gretchen. If I could just interject for a second; I know that we're on page two, that whole CPI section I think is on page three, I'm not sure; but Mark had some comments about that there were certain categories in the legislation under the Clinical Practice Improvement activities and there...the NPRM did ask, did we get these sub-categories correct? And some of the categories were getting at more longer thinking, getting towards social determinants and better integration with Community Health Centers and things like that. So Mark I know had some comments about that.

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

Let me hold that until we get to there...

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

This is Floyd...

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

...wishful thinking that we will get to there, but...

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

Yeah, just try a quick comment. I addressed it more or later when we, in a comment dealing with eQMs, but I think this issue of trying to ensure clinicians move forward using patient and consumer...patient-centered care and data, it might be helpful to say across all aspects of the program. Because later the suggestion was even in eQMs and in measures they're not necessarily addressing the interoperable components that are necessary to manage the interoperability for care coordination and patient-centered care. And so maybe some wording that just says across all aspects of the program.

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

Where would you put that wording?

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

I thought it was the third bullet, but I might be off...enables new eligible...maybe it's in the second bullet. Um, rather than process and accounting, I don't know, maybe it doesn't fit; I just...maybe it's the first bullet it fits better.

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

So you would put what to the first bullet?

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

Across all aspects of the program. Maybe it's too subtle anyway, but I just thought I'd ask.

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

Okay. Maybe it can go like in the preamble?

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

Yeah.

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

Okay, other comments on the first two bullets under four? Do you want to move forward with this as one of the overarching suggestions?

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

So Paul, this is Mike; I just wanted to make sure we didn't lose your comment on trying to see if we can get synergy with MOC programs for the Clinical Practice Improvement; I think providers would see that as a clear effort to try to simplify things and allow them to...specialists...

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

This is Mark; I'm not hearing what Mike is saying very well unfortunately; I'm sorry.

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

I'll try to repeat it. He was wanting to make sure we don't lose the suggestion that we use MOC as a possible...deeming MOC as a possible fulfillment for CPIA. So I think that comes up, I think Beth said it or Gretchen said this comes up in one of our questions, so we'll revisit it then.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Okay.

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

Are people okay with the first two bullets under four being part of our overarching suggestions, to focus on outcomes that matter to patients and re-emphasizing innovation?

Charlene Underwood, MBA – Independent Consultant

Yes.

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

Okay.

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

Paul, this is Brent; I'm supportive of that but how do you...how do we ensure that in achieving that that they are leveraging electronic tools and no other means accomplishing that?

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

Not sure I understand your question.

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

Well, in some of the new models of patient care, how do...you move focus on that rather than the processes, which I understood in our discussion last Friday; then some approaches to achieve those outcomes may be done through a more...means not leveraging the technology. And so how do you build those outcomes in a manner that's still...is it trying to ensure that the use of the technology which I think is what CMS is trying to achieve?

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

Well I don't think MACRA specifi...there is a component, the ACI component of MACRA that does look at the use of technology, but overall MACRA is moving towards a payment for outcomes and value. And I don't know that it prescribes a special way.

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

No, but I was thinking in repo...you're suggesting rather than some of the processes that were denoted in the scoring for the use of Meaningful Use replacement that those be more focused on outcomes rather than on the actual electronic processes.

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

Umm, I think correct.

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

And that's where I was...I like going to the outcomes, I'm just...clear in my mind how you do that and go and ensure you're trying to be sure that technol...the IT platforms are being used to achieve that. That's just a question; I like the concept, I just wasn't...I'm not clear in my mind how you achieve the objective by doing that.

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

At least in my mind, the suggestion I would have is that it isn't tied to use of technology. There's a section that does ask you to use technology to the A...advancing care information the replacement for MU...

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

Mm-hmm.

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

...but my...the suggestion in these bullets are really that the program rewards through its payment system outcomes that matter to consumers, not so much that you must use electronics. I think most people will, find the use of technology to be supportive of that...

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

Okay, then I misunderstood what...your reference; I thought it was trying to tie some of the...replacing some of the initiative under the ACI categories with outcome measures rather than process measures. So...

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

Okay.

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

I think I understand better what you're trying to convey.

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

Okay. Umm, you know what, who had question one? We're moving on to the questions, the answers to specific questions now. Which...

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Are we covering the third bullet on four, Paul? Or is...did that get dropped.

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

I thought we did because we talked about, no maybe we talked about it in the con...no, we talked about it in the comments. So, you're...okay, you're right, yeah we talked about it in the comments and that was implied. So yes, so...

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

But my only concern here is that the all or nothing phrase has become rhetorical and I liked your approach earlier about sort of looking at things in a more factual way that didn't require that.

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

Okay.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

And in the previous instance and here, I don't see the reason for those...the need for the words; I think the fact...focusing on what's factual is fine.

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

Okay, that makes sense. Anybody object to that? Okay, so Gretchen, who...which subgroup had question one?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Paul that...this is Cris; that's yours Paul.

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

Yup, originally I had them divided up, but that's you Paul.

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

All right, thank you.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Keep rolling; I'll grab the other one.

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

So I'll keep going, okay right, I'm just sort of looking for...okay, let's just...well, we've got to do this really quickly. So this is the, is it reducing the burden? So our point was the scoring and policy is pretty complex and we were asking for simplification. And again I think in our second half of our work, if we get buy in from the committee, I think we should come up with some examples of what we mean by simplifying it while achieving their goals. And I think there are those opportunities.

The second bullet is focused on the three things that they said they were focusing on, interoperability, health information exchange and patient engagement, and is it really doing that, is it...is there enough in there that's rewarding clinicians for doing that? The next point is that the timeline is very fast and we actually made one suggestion is let's try to move things in 2018. The next point is about making the group decisions something you can decide ahead of time.

The next point is it's a whole which edition of MU do you use for accomplishing the goals of MACRA. And the final point is, it's well, I think it's a point we just made in our overarching which is, how do we clearly tie what's available in the certified EHRs to the clinicians goal of improving the quality and value.

Some of these I'm reading for the first time, too because these are submitted since our drafts were around, so let me...what are people's feelings about some of these? Anything that we can eliminate, for example? I think one of our strongest points was the first bullet about its being...it's too complex and if we...the more compelling the story of how if you followed these rules you would do a better job of delivering things that are important to your patients that would be great. And to simplify the rule so that you focused in on those things that support that story would strengthen the understanding, would strengthen the support, and hopefully strengthen the implementation of this. So that's sort of what's in that first bullet. People agree with that?

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Sounds good; this is Mark.

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

Okay.

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

I'll be good because I don't know what that means; it's Anne.

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

Okay, I'll try to explain it a little better. So right now there's 900 pages of explanation about a regulation; it doesn't form a compelling story of, if I participate in this program, how am I doing a better job with patients I serve? The closer the thing...the simpler the rule that you must follow follows that story line,

the better I think people are going to be motivated to achieve that. They're going to understand the reasons and they're probably more likely to implement it in the spirit with which it was written.

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

Whew, okay.

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

Is that better?

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

Better.

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

Okay.

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

I think I'm...

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

Hopefully somebody recorded that because I won't be able to say that again. And the second major point is that 2017 and the third is the group comment.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

So Paul, can I check? On the 2017 was your earlier point, maybe I misunderstood it that the look back for performance should be from 2019 to 2018, not back to 2017?

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

Uhh, that's an interesting point. They need to...

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

You know, I thought we were already active on MACRA, you know and it's just smaller group doctors being effective; I don't see how this is relevant.

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

So this is Mike; I'll say at least from my perspective it becomes relevant if I tell all the providers in my enterprise they're going to start getting measured on January 1, 2017 for all of these things that are new, not yet finalized, need to be in place and hardwired for your performance to be good as opposed to a later time period or less a than 365 days performance period.

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

And didn't they do that last year with groups of over 100 docs?

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

So all I'm responding to, again this is Mike, is what the current proposed rule looks like and that it's a full performance year, 365 days starting January, 2017. If that stayed in...then there's very little time to get ready.

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

So a general statement saying the timeline is too aggressive, we say that every time there's a new rule out, so I'm okay with saying that.

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

Yeah.

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

Somethings...agree.

Multiple speakers

(Indiscernible)

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

Is the corollary that we're saying, I don't know that we have a choice. So...

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

Right.

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

...Beth, it has to go, the first adjustment has to be in 2019, correct?

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

Yes, that's...

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

This is Gretchen; yes, the program itself starts in, you know with the first payment year in 2019. What I think what Mark was asking is, are we suggesting that the performance period begin in 2018, rather than in 2017 which would negate the issue of whether we have Meaningful Use Stage 2 and the 2014 certification edition.

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

But...

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

So, are we saying just start in 2018 with everything moving forward and use 2017 as the preparation year.

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

Well is that...

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

And just to be cl...

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

Is that permissible?

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

So this is Beth. The way the law works, as Gretchen mentioned, is that it takes over the payment adjustment year. So it's not prohibited by the law, however, the other task that CMS is always tasked with in these programs which was in HITECH, it's in the PQRS Program, is that they are supposed to limit or reduce things that create additional burden.

So the reason that the payment adjustment year has been always for EHR Incentive Program, for PQRS, been offset by two years is because that gives you that middle year to process the payment adjustment, which will be even more complicated under MACRA, and that actually allows for that you don't end up having hundreds of thousands of providers for whom you are reprocessing claims. Because the payment adjustment by law has to begin on the claims submitted at the beginning of the year, so essentially January 1, every claim that you start submitting in that payment adjustment year has to be individually adjusted, because it's done on each claim, it's not done as a lump sum.

So because of that, you...if you push the years together, you're essentially saying that by law you'd have to payment adjust everybody and then take them back off, which would mean claims reprocessing. So historically that's why the EHR Incentive Program was offset by two years; that's also why PQRS was...

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

Right.

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

...to try and meet that dual burden of reducing burden and not reprocessing claims, but also ensuring that you're by law meeting your duty to apply the payment adjustments.

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

The fo...

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

This is Mark, I was not making a recommendation for 2018, I was trying...I thought maybe I had misunderstood your earlier comment about 2017.

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

Right. No. So the law as written must go into effect, the payment side must go in effect by January 1, 2019. It seems infeasible to have a performance year other than 2017 and it is this group's opinion that 2017 doesn't allow enough time to prepare. There all statement of facts, they just happen to be contradictory.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

So Paul, this is Mark; that...there are people who are closer to the implementation than I am, I will...I won't say that I know that not to be true, but I can't say that I know that it's too soon to implement. So I'll just be...I'll abstain on that part.

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

Okay.

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

This is John Travis; the other thing that maybe is possible, and I tried to make this in a few comments is, why not have the first performance year largely absorb what current state PQRS and modified Stage 2 already are, that people are already having to do and build a transition off of that to do other things a little further down the line.

So for ACI, perhaps rather than have so much optionality to what you do, roll over modified Stage 2 if you want to credit it based on a base of doing one thing. You know, anywhere you deal with performance points, retain the measure titles as they are, that they're already doing, you know leverage every opportunity to affirm the starting point being what people are familiar with and then transition them from there rather than trying to transition in the first year.

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

So I hear that as saying something like Charlene proposed which is...

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

Yeah.

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

...let's make ACI the same as MU...literally the same as MU2 so there's no transition from that point of view.

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

Right.

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

And that's the only feasible way of meeting both constraints. Okay. Other...

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

Yeah, and you, yeah.

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

...people agree with that?

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Can...this is Mark; can somebody remind me, there's a...at least in the ACI category there's a discussion of the modified Stage2 regula...ah, measures as well as the Stage...

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

Yeah you can...yeah, I think you can in essence stay at modified Stage 2 as an option, if I recall, I may not have that exactly right. This would be a suggestion that you really just are...affirming keep doing what you're doing. If you want to moderate it, all you do it within that framework; you don't introduce anything new or change measure titles or anything like that.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

In other words I thought that as drafted the NPRM allowed in 2017 for that option.

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

That's correct, it does.

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

It does and it simplifies it, you just make that the only option.

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

Right. Right.

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

The downside of that is if some entities go ahead and start working on what will be the new ACI that everyone will require in 2018, it may very well identify issues and get clarifications and resolve things in 2017, based upon those that elect to go down that road. That's where I see the benefit of the option, even though it adds complexity, it allows potentially some issues to get resolved before the entire...everyone is required to be on it.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

And it also has some outcomes that are desirable, things that we've focused on like patient-generated health data.

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

You in essence would be retaining what's been proposed for 2017 use then, where you would have, in 2017 current state it would be a potential for a quarter based Stage 3 for ACI that would incorporate some of those things. That again, that might not be a bad thing, but that might be the way to structure it because then you'd be...at least be building again off of what people already know and those who would have shot for that in 2017 anyway might still. I understand. I think that would be...that still would be akin

to rolling over what was proposed for EP, or adopted for EPs under what would be in place in 2017 prior to MACRA and prior to MIPS.

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

Okay, so why don't I propose the following. First, got to give Cris some time, and it's hard to do justice. The second is, maybe what we could each do is try to consolidate, as you know, some of these comments came in just fresh, consolidate these comments, take the spirit of our discussion today and try to come up with bullets under these comments, you know these question-specific comments and feed that back to you by email. And if you would offer your comments back to us, we'll try to be as true to them as possible during the presentation to the full committee on June 8. And then we'll have another chance to revise them. I want to give Cris some time of the time remaining to go over any questions that he wants to, but how is that as a proposal, given our limited time?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Makes sense.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

It sounds like a no option proposal.

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

Yeah, no option; I understand.

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

I accept.

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

Thank you. So Cris, what other questions do you...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

You know, I think you're proposal about how to approach this is exactly right. I think we are going to have to do some offline work here. I guess the question from a process standpoint, given our time here, Paul I think we could either go now into topic two and try to do a walk-through like you did on topic one; that's option one.

Option two would be if people have had the documents and want to read in advance if there's anything that they feel extremely strongly about on two, three, four or five, that they believe needs discussion, we should raise that; that would be option number two.

Option number three is, Paul do you think we need to have kind of a process comment about, you know, where are we going to go from here before we open for public comment? I don't feel too strong a need for option three, to do coordination discussion before we go to open call. But if you disagree, happy to do that; otherwise I'd say let's see if we can make a, you know lightning round through number two or open it up for people to make comments about any area where they feel that, you know we're off the rails or have said something incorrectly or we've omitted something crucial. So, Paul, do you have any preference between those two?

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

No, I think that sounds great, Cris.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Does anyone in the group have a...I guess I would go to number two, does anyone have anything across the document as were shared before, and I know everybody's getting these a little bit fresh, where they just feel that there's a huge omission or a significant misrepresentation or error or, you know something that really should be discussed that couldn't be handled in written comments. If not, then I think we should walk through number two very quickly. So going once, going twice, let's go to number two.

So just to walk through this quickly, the first one suggests, you know focus on use, not just adoption with more stringent measures. The second is somewhat of a, oh let's see, did these get reorganized, okay they got reorganized from what I was looking at, so any comments on number o...on the first bullet point; that's a pretty bold statement. Anyone disagree with it? If not, then the number...the second comment, Mark do you want to speak up a little bit on this to say how you think we should clarify this? This is Mark Savage, right, MS?

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

I'm not sure...well, MS is me, but I'm not sure that that's...I'm not sure that's me.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Oh, okay, well then it's GPW4, whoever that is.

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

I call it; I think I put Mark accidentally on this.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Okay.

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

We had had a conversation, it was fro, you know when Anne was saying interoperability means different things for each of these areas and flagging which is the most important that folks should be focused on first, came through with the call but when I started putting this together as one sentence, I was like, wait, I lost all the rest of it. So I was hoping you could flesh it...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So I wonder if...

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

But I do, I do see what, but I did have an...just not to interrupt, I do have a comment on this one when it's appropriate.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Go.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

I did insert something about the phrase “met first; goals need to be met first,” and my concern is that when we start stacking things up and thinking that one follows the other, we miss the opportunity to actually think ahead and design them to be met together so that the capacity exists together, even though...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

...we implement perhaps one after the other. And so I had suggested the phrase, while designing to meet all goals without impediments to some, sort of at the design phase. So, that is my com...that was my comment and maybe that’s why it says, not sure what this means.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well Mark that comment is a good one. I guess the question I’ve got is, should we try to make this language somewhat congruent with our earlier conversation about the precedent and the order, where we had that conversation about the mutual exclusivity and the floor and the ceiling on requirements related to interoperability.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Right.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Do we want to simply parallel the language here, not repeat it, but address the issues as raised here parallel with what we say up above? It feels to me as though fewer recommendations is better than more. Anyone object to asking the ONC team to try and clarify and coordinate these, perhaps including the phrase that Mark just listed?

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

No.

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

No.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Hearing no objection; so maybe we have time here to do just a couple more bullet points, Michelle, before we go to public comment. The next one relates to CEHRT availability and eCQM reporting being a challenge for certain eligible clinicians. I’m wondering if this comment also relates to the earlier

comment we made about scale and scope of organizations, that maybe the sophisticated can do this, but the smaller organizations can't. Whoever came up with this recommendation, would you object if we tried to make this language parallel to what we said earlier around the scale and scope of organizations and that it's easy for some and not for others? Is that the issue here?

Charlene Underwood, MBA – Independent Consultant

There's one more piece to this; it's also the roll out timeline. So again...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Ohh.

Charlene Underwood, MBA – Independent Consultant

...dependent on what the trajectory is to get to Stage 2 advanced versus Stage 3, and I think we talked about that earlier. Again, there's a lot of software that has to be moved, as well as updates to the measures and those types of things. All of those pieces, vendors have to coordinate the updates to the measures, coordinate the update to...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

Charlene Underwood, MBA – Independent Consultant

...so it's an ongoing process. And then get them to the customers, let them test them; so, there's a big effort to migrate in this direction.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Who was just speaking, that was brilliant?

Charlene Underwood, MBA – Independent Consultant

Thank you, this is Charlene. I'll take that.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Nice Charlene, absolutely. Well, I should have figured. So I take that point, I guess I'm...I feel like we should improve on the language of certain eligible clinicians and we ought to say which ones. And the issues about scale and scope plus the timeline and other issues that Charlene just raised; I think we should include otherwise certain eligible clinicians sounds a little bit like he who must not be named.

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

Right, so I also wanted to...this is Floyd; I also had in the comment that in our discussion we talked about the fact that eQMs are far too complex in themselves and is there a way...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

...to align them with what's needed for care coordination so that you're actually encouraging use of care plans and care coordination elements and patient specific element...patient engagement elements as part of the measures and simplify the measures early on and evolve them as time goes on.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So this is Cris, I would support that we include Floyd's comments but...and also, it feels like they might be paralleled in the answer to question five, which Paul I know is one of the questions you're workgroup looked at. But it's addressing there the issue about CQMs as well. Floyd, if you didn't disag...unless you disagree, it feels like again we should be consistent in our comments across a couple of these questions.

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

I agree, I...so if we could align between the two. But I do think we need to start that simplifying and having eCQMs that really address the goal for outcomes as opposed to just repeating what we have today.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yup, yup, yup. So maybe last issue, I'm going to skip past the rural health providers and telehealth for just a moment because the bullets that follow, number five, six and seven each have some really specific comments about making, you know increasing feasibility and reducing burden. Does anyone have any ways that they want to improve these comments?

I think they're pretty good and I think the other one around interoperability that's embedded in the last one, six also matches what we said, and we want to make sure that language is congruent. I thought those three comments were pretty important and frankly I would move them up a little bit in the order of bullets. Sorry to be directive, any other comments, especially from whoever offered these comments?

Hearing none, I think Paul and Michelle; I think I'm hearing the bell ringing here on time to end and go to public comment. So I think our instructions are submit comments via email and we'll attempt to rationalize them prior to the meeting next Wednesday. Correct? Paul, do you have anything else to add or clarify?

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

So Cris do you think we could put together a consolidated version of this and send that out and people comment on that version? It would be a little bit closer to what...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah. If Gretchen and Beth and others are onboard with that, I would love it if we could do one more turn, based on this discussion, then get comments then finalize for Wednesday. Is that too much?

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

No.

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

I think we can, yeah, we can do that.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Oh, A-Team, go A-Team.

W

We can weigh in.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Holy smokes, you guys are amazing.

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

So, but does that mean today, does that mean today folks, because I think we would want to, Cris and I would want to turn this back to the group by the end of the weekend, so the group has a chance.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yup. Yup.

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

So can you get us whatever you can today?

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

Well, considering I made that promise last week and didn't meet it, I'll say you've got an 80% chance, but we'll do everything we can.

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

That's good, that's good. For that we don't even have to bring out the umbrella, yeah; when that happens, I don't even bring my umbrella.

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

Essentially we're asking you to forgive...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Nice. That's good.

Elise Sweeney Anthony, Esq – Acting Director, Office of Policy – Office of the National Coordinator for Health Information Technology

So this is Elise and just on behalf of Gretchen and Beth who actually do the work on this, let us coordinate on our end and see how quickly we can get this back to you. It is almost 4, just want to make sure that we actually have time to actually put this together; but you know that we will do everything we can to get this to you as quickly as possible.

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

Thanks folks.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Fair intention.

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

I have to put in an extra plug for Gretchen because it's mostly been Gretchen; she's amazing.

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

She is amazing, no, I really thank you.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Speaking of amazing, Michelle?

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. If you're listening via your computer speakers, you may dial 1-877-705-2976 and press *1 to be placed in the queue. If you are on the telephone and would like to make a public comment at this moment, please press *1. Thank you.

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

So, it looks like we have no public comment. Thank you to Cris and Paul and Gretchen and Beth and everyone for all your dedicated work. We've asked you to send us stuff; you know really last minute and you've turned around and given us a lot of thoughtful comments, so we just want to thank everybody for your continued participation and your dedication to this group. We're getting closer to the draft recommendations, so thank you. And I hope you all have a wonderful weekend.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Can I just jump in for a sec, this is Mark?

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

Yes.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

I didn't realize I was on mute for all this time. Cris, you asked about the six, what you called the sixth bullet point on interoperability and I just wanted to flag that the reference to HIE measures, I suggested a sentence that also focused on the other objective that was critical which was patient engagement. It can be looked at later, just wanted to make sure I said it...your question.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Thank you. Be sure and submit that comment back again when we do the next turn.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Will do, very good.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

That's super; thank you.

Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families

Okay. Yup.

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

Everybody on the call real...

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

Okay, thank you everyone.

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

Thank you. Bye, bye. Have a nice weekend.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Thanks, bye.