



Collaboration of the Health IT Policy and Standards Committees

Quality Payment Program Task Force
Final Transcript
June 9, 2016

Presentation

Operator

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 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; 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. 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. Amy Zimmerman?

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

Here.

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

Hi, Amy. Anne Castro? Brent Snyder? Charlene Underwood?

Charlene Underwood, MBA – Independent Consultant

Here.

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

Hey, 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?

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

I'm here.

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

Hey, Ginny. Joe Kimura? John Travis? Justin Fuller?

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

Here.

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

Hi, Justin. Marcy Carty? Mark Savage? Mike Zaroukian? And Wendy Wright? And from ONC I know we have Gretchen Wyatt, Alex Baker, Elisabeth Myers on the phone; anyone else from ONC on the line? And I think that we also have Vindya from CMS on the line?

Vidya Sellappan, MS – Health Insurance Administrator – Centers for Medicare and Medicaid Services

Vidya, yes I'm here.

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

Is anyone else from CMS on the line?

Alexandra Mugge, MPH - Deputy Director, Division of Health Information Technology at Centers for Medicare & Medicaid Services

Alex Mugge.

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

Hi, Alex.

Alexandra Mugge, MPH – Deputy Director, Division of Health Information Technology – Centers for Medicare & Medicaid Services

Hello.

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

Okay, with that I will turn it over to you Paul and Cris.

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

All righty. Welcome everybody and maybe I will start out by asking how many people listened...on the call now, how many people listened in on the presentation, so we don't have to repeat anything that people may have already...may already know about.

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

Paul I listened; this is Ginny.

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

Thank you.

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

I did, Floyd.

Charlene Underwood, MBA – Independent Consultant

And Paul this is Charlene; I did not.

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

Okay.

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

This is Amy and I did not either.

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

This is Justin; I did not.

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

All right, okay. So what we'll try to do is, so our agenda for today is sort of to go over some of the feedback and then talk about drilling down. And I think the main part about drilling down is coming up with some more specific recommendations against the findings that we had. Does that fit with what you think, Cris?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, I think so. We might want to recap a little bit about feedback that we received yesterday, early in the conversation.

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

Right.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I would just say briefly I think we got positive feedback from the group. I think the spirit of the recommendations was received well. I think the quality of our work really depends on whether we can drill down to another level of detail.

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

Sounds right.

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

Hey Cris, it's Anne; I'm sorry I joined late.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Hi, Anne.

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

So what I think I'll do is, can you go to the next slide, please? All right, so...so I think everybody got the package that was...that we presented, so I'm just going to quickly go through the high points and want to thank Gretchen for putting together such a nice, tightly constructed presentation; so really summarize...captured our discussions well. And then talk a little bit about the questions we received and the feedback, and then turn over to Cris to help us gel on some drill down recommendations.

So this was just our charge. Next slide, please. And this is where we are. We have two calls between...before we present our final recommendations to the committee on June 23, in time for it to be submitted on to CMS. Next slide, please.

Okay, so we started out talking about our view about the complexity, we thought the objectives were spot on and including their objective to reduce the burden and increase flexibility. And we pointed out how that, in the process of increasing flexibility, became pretty unwieldy in terms of the number of options that were provided, that that of course was to provide flexibility, but that turns out just like in configuring EHR systems, to create a lot of decision points, and that takes time to do and that takes time to understand; so that's what we thought was going on with the rule, despite its good intent. Next slide, please.

And so what we thought we ha...we wanted to make sure that we tied each and every request or ask of the provider group to the goals, which were to improve the quality of care, improve the outcome and with special attention to interoperability, care coordination and patient engagement. So the better that we can tie...relate all of the requests of the providers to these goals, I think the better people will understand them and the more buy-in that they'll have. We pointed out how the smaller providers and those that don't have access to a lot of resources to even understand this rule and create all the workflow changes that would be necessary to implement it would be especially difficult for smaller providers. Next slide, please.

And went on to express our view that timing was going to be pretty short. We understood the constraints from CMS as provided in the law; they have to kick off by 2019, they need logistically two years in order for you to have a year of measurement followed by figuring out who passed and what adjustments would have to be made from the 2019 timeframe. So we tried to...and this is one of the

areas I think we need to try to see if we can drill down and figure out how could we help with that timeline. Next slide, please.

Maybe Cris you want to just high points of these?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, so I think this was also reflected in some comments that we got in the discussion and some follow-ups submitted by email that had to do with the transition from broadly speaking from MIPS to, you know advanced payment programs. And I think this is an area that hopefully...I hope we could spend some time on today; that you know, clinicians are just not going to be able to take advantage of the new payment rules.

I think there was also some comments to the second bullet point that came from vendors about how difficult it would be for them to support their customers in terms of moving them into platforms that will allow them to take advantage of these programs.

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

Next slide, please. And let's just summarize it again the concern about small providers. Next slide, please.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Maybe group reporting; again this is Cris. This is the materials that we had gone over together which was the question of group versus individual. This is an area where we probably got pretty granular, you know I would characterize this, just speaking for myself and I'm curious to get feedback from others when we get to the discussion portion, this is one of the cases where it think we've done a nice job of diagnosing what the problem is or what the risks are, but I don't think we've been as helpful as maybe we could be at providing, you know prescription about what we ought to do about this.

I don't think there was a whole lot of disagreement or debate about the fact that these kinds of questions are going to be challenging and I'm hoping that by the time we're done on June 23 we can begin to move towards a little bit more prescription. I don't know Paul if that matches your thoughts as well, too.

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

Sure.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I think we got, I know we're going a little bit out of order but I think we got some you know feedback from the group which was good, but I think it was, well you understand what the problem is and you've characterized the nature of the regulation. Okay, but so where do we go from here?

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

Next slide, please. Okay, I guess we're going to continue to describe our presentation and you'll recall that we made some pretty strong, after I read it again I go, wow, this really is a good recommendation in the sense of you really get lost in the words and it would be very helpful if you had an orienting diagram that helps you understand even the components of MACRA. Particularly how do we go from here, where

we all stand now let's say in the various payment incentive programs, how do we migrate and what does that mean?

Could be very straightforward or it could be not and I think even putting together the diagram would help CMS understand all the pieces and hopefully, just like when you do a process improvement project, you see all the boxes and all the arrows and go, wow, who designed, you know how did we design this? And then find ways to streamline it.

One hope is that in diagramming this process with all of its optionality, we would find ways to streamline it and possibly that's something we could work on; I don't know, I'd have to ask Gretchen if we're up to the task. Because that would be a major effort, but that's the kind of thing required, I think, in order to help everybody else understand it. And this whole notion of wanting to go, really the ultimate goal is to move everybody in the APMs and if it's not clear how easy or what steps are needed to get from where you are or even from MIPS to APMs, it...we're concerned that people will just stay in MIPS and not move forward. Next slide, please.

So we made a major point, and I think everybody agreed that we...this was, you know the "Meaningful Use Stage 3" but it's time for us to move to outcomes and ideally, only measuring outcomes and then ask the providers to figure out how best in their way and in their location...locality how to move themselves into processes that would improve outcomes and not to prescribe processes. I think that's one of the major lessons, and it's a lesson from all regulation is you can have inadvertent side effects of prescribing specific behavior.

So we were emphasizing a term that we used before, HIE sensitive, health information exchange sensitive performance measures. So the outcome measures that you can only achieve by sharing information and using that to drive a change in behavior. We also pointed out how the outcomes measures we'd like are ones that are important for consumers or individuals to make decisions about which health systems, which providers choose. And that would be...that would orient the whole system around, well what's best and what's the most interest and what fits the preferences of...individual.

We wanted to also open up the...we talked about how, especially if you reward the outcome you're looking for and don't prescribe the process for getting there, that opens it up for innovation, which was a major principle that we'd like to have in this regulation and I know that they had, but it's what emphasizes such as it was in the other programs. Next slide, please.

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

This is Michelle; we have a person typing, if you could please mute your line. Thank you.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So the next two I'll talk about. This recommendation was around CMS engaging with the eligible clinician community to make this a successful roll-out of these regulations. The idea that we'd attach a compelling story to a regulatory roll-out I think is a particularly interesting idea and I give credit to the ONC staff for being thoughtful and creative around this wording. But there's four recommendations here that get to, I think some specific recommendation as opposed to just diagnosis.

The first was to focus the ACI measures and outcomes related on interoperability, care coordination and patient engagement; that those three were in our discussions we had called out as the most important. That the rule should reward opportunities for innovation, and specifically there were comments from this group around access to care, telehealth, incentives for rural providers and in underserved areas. I would make the argument we should probably come back and figure out how could we reward opportunities for innovation; how would that be structured?

The third around simplifying the glide path for participation in APM; right now to understand as an eligible clinician how am I going to get from current payment regimes to APM is not as clear as it could be, and that one of the keys here is to make the scoring standard simpler in order to understand how to get from here to there so that more clinicians will engage in APM. And then the last one is a pathway for small and rural providers to engage in the program and to get their priority...achieve priority goals.

So this is clearly an implementation kind of task at the end, but the beginning around you know focus is let's focus on the vital few things that will help us advance health IT functionality. Can we go to the next slide, please?

Related to this tell a compelling story is to improve the CPIA category around be...avoiding being prescriptive. The notion here is the le...if it is less prescriptive and more outcome based, it could serve as a testbed for innovation, for activities that could later be incorporated in the APM. So, some of the ideas listed here are in the paragraph below.

I think we got some feedback in written comments as well around, you know the classic problem that we've been navigating through Meaningful Use for the last six years around the problem of "or" means "and," so we...I would make the argument based on the feedback that we got in our discussion before, we need to make sure that we balance leaving things sufficiently open-ended to allow for innovation, but not so open-ended that vendors are in the position of having to implement a lot of "and" solutions in order to support "or." Hopefully we can have some time to talk about that.

And then I think the next slide is basically the last slide. The fourth recommendation about interoperability that had several dimensions to it first was to call out that MACRA really provides a gateway to promote widespread interoperability in a way that maybe the independent programs and regulations previously would not. Also it's...you could argue that our industry is advanced to the point where we are ripe for this.

The specific recommendation was to have the QPP facilitate greater partnership, to reward information sharing as between public and private payers. You know, to the point that Anne Castro and others have raised, can we get to sort of simple, common infrastructure for data submission that could be used by CMS and private payers.

And then the second is this pathway for providers to move towards electronic information collection to reduce, you know manual kinds of tasks and so on. And then the last is, relates to the simplification of the key information needed for quality measurement and improvement to be submitted to the QCDRs. And the second part of that recommendation is the last sentence, focus on the information first and perfect the process over time. So let's focus on what the outcomes should be.

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

Next slide...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I think that concludes what we talked about in the sessions yesterday, unless the slides have been changed from what was distributed last night. Are there additional slides here, Gretchen that...?

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

The only other slide is the feedback that we got from the committee members, and that's the next one.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, can we just go...

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

Go to the next one.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, thanks.

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

So I think actually the feedback was very positive; I think people liked...there was a lot of echoing of particularly of the timeline and the smaller practices. So I think that was one big piece of endorsement in a sense of our findings. And I sa...I think we need to try to see what we could do to recommend some suggestions to improve that...to accommodate the timeline.

Got some endorsement about the public/private alignment and I think we're all in support of that. There is some alignment with the private payers in the proposed rule, so we just want to build on that. And actually some recommendations that we had considered and just didn't present such as by stakeholder perspective, you know the tables like...I'm a provider of this type, what does that mean for me? And I think these are all sort of meta-comments on how much optionality there is, how much...how many choices that are being presented in the NPRM.

So I think what we want to do now is to drill down on, and I'm trying to think whether we want to go back to our findings or go to our recommendations and see if we can't make...take the next step and make them more specific.

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

Paul, this is Mark; can I throw out just a general thought before we get started?

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

Sure.

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

So I really do appreciate the crazy time pressures that we're all under. I recognize we didn't have a chance to really talk about what was presented to the Policy Committee yesterday or, we talked about some of it, but we were going to look at it over the weekend; that just wasn't possible and I completely understand.

So some of the things that I might have said if we looked at that, I didn't have a chance to share; I find that, just to summarize, I find that I have more questions about some of the finding/general comment type things than I do about the draft recommendations. So I'll raise them around...if when we're talking about recommendations, I'll raise the questions around findings, but just to acknowledge that there are some things that may have been clear to some people, but weren't clear to me. Or I may have some disagreement with, but only raise it if it's necessary.

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

Okay. Okay, so I think Cris you're going to lead this part, maybe we could go through this and then possibly will get us oriented. I'm thinking...trying to think whether going back to the findings and trying to brainstorm on what we can do about the complexity. We gave some specific recommendations and maybe we can...further.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah. So Paul I would propose that we just walk through these relatively quickly and get people's first impressions and then go back and dive in, into more detail. So maybe in our time available if we could try to go through the, maybe in the next 15 minutes and figure out which of these are the most cogent feedback.

The first is you know thanks for the key points, now come up with solid examples of how the final rule should be improved. That seems like, you know reasonably good advice; a little bit of motherhood and apple pie, but I think the exhortation to be more specific about improvement of the rule as opposed to calling out, you know areas for improvement may be useful. Does anyone have any sort of comments or feedback on this recommendation?

If not, the second one, encourage greater participation in APMs by giving the qualified providers credit, and I'm not sure I understand what this means specifically, credit to providers participating in non-advanced APMs in recognition that the participation requires a long on-ramp process. So...

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

I think the person who made that comment was saying, hey look, you're not really getting credit as far as exclusions from like the MIPS payment adjustment until you're an advanced APM; but is there some other way on your way towards an advanced APM? And I think the major distinction between advanced and regular APM is the amount of risk you accept. Is that right, for those who know?

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

Ye...this was a comment from Arien and he was saying that the determining of who's a qualified participant might be too limiting and that giving credit as a qualified provider for someone who is at

least in an APM and trying to get towards that advanced APM would encourage more folks to try to move into that APM category.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, that makes sense, I think the question we'd have is, what would be the specific...

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

(Indiscernible)

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

...for trans...for doing that transition? It's tricky. Any other comments on the second bullet?

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

This is Mark; just to throw out that I thought I remembered some slide from a CMS presentation that actually focused on just that category, but I'm not finding it as I'm quickly leafing through. So, just mention it in case that's useful.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well if you do, send out an alarm, we'll want to know about it. I mean I think in some ways this is congruent with our recommendation earlier about trying to come up with a clear glide path, the piece that was in recommendation number three around tell a compelling story, you know to simplify the glide path for participation in APM. There we focused on the scoring standard and simplifying it. This recommendation is, you know provide an on-ramp mechanism in the form of non-advanced APMs. So...

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

Cris, this is John Travis, I joined about five minutes in. Some that might be useful, the...I think most of the folks know what the Health Care Payment Learning and Action Network is. The APM Workgroup of that, of the HCPLAN and I think also the Patient Attribution or Financial Benchmarking Workgroup really in principle the way they lay out their recommendations, and this is relative to any APM is absolutely what you're saying and its...the first couple years of any program should be about onboarding because you need people to participate, otherwise the APMs not viable if you don't have a broad based participation.

And, you know mid and later years can be about raising the benchmarks and raising the...and truly working to differentiate how people perform. You know the job is not to keep every provider alive and, you know reward mediocrity, but early on, the...it's got to be in the design to encourage participation and not make it punitive or difficult right off the bat and I think that plays in here. My main suggestion of bringing that up is, there's your example, there's your argument because it's already been made for you by their work and I can probably find a link to the...I can find a link to those white papers and even if necessary, I find citations within them, but that's there broad point, if I recall accurately.

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

Well I think we're all fine with why we would need this, trying to think of a way to help us provide some specific recommendations.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Right.

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

Here's a couple that I...may be useful. You know we talked about the whole graphic, maybe we find a couple that we can work on the tran...you know that describes the transition. And I'm going to guess that if we just look at the diagram, we'll figure out some ways for both on-ramping and some obvious burden that we could address relieving.

Two of them that are just coming to mind that maybe practical for us; one is this, what we're talking about which is MIPS to APM. If the current transition just as its stated in the proposed rule, were to be diagrammed, I think we potentially could find ways to improve that or sort of ease that glide path.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

Similarly, I think something that we all are familiar with, the Meaningful Use; if we could diagram how people who are participating in Meaningful Use now transition over to ACI, that would also help, I'm guessing. As I said, just like any other process improvement, we can find ways that could simplify that or smooth that out.

One of the things we've talked about is how if it's going to start like in a few months after the final's released, hopefully it's close...it's as close as possible to where people are now, so that they can begin measuring, but don't have to do a whole lot of implementation.

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

Right.

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

I think if people...so, I'm actually asking Gretchen, what do you think? I'm not...instead of picking on the whole rule, just focus on a couple of things where we've had some recommendations, the MIPS to APM transition and the MU to ACI transition. If that could be just diagrammed, then I'll bet you we would come up...we could come up with some options to propose.

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

We can certainly work on that.

Charlene Underwood, MBA – Independent Consultant

Yeah and Paul, this is Charlene. Just to add to the last recommendation I think again we show that one of the concerns is like we've got people who are in, you know the revised Stage 2 as well as in Meaningful Use 3 or, anyway. If we know what the number of physicians are in each of those buckets that would be really helpful, too. So just to, you know want to come from kind of where the bulk of the physicians are today...the best scenarios in terms of getting to MIPS. I think that would...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Charlene, this is...

Charlene Underwood, MBA – Independent Consultant

Yes, go ahead.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah Charlene, this is Cris; that's...your comment is a really good one and I d...maybe everyone knows I don't. Question probably for Gretchen but maybe also John from the workgroup looking at this; does ONC have any sense of the targets or, you know aspirations they have for what percentage of providers they want to have at what Stage? Is there any goal other than sort of best efforts?

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

I think CMS has done an estimation; I know in a couple of presentations they have said where they thought folks would sort of land in each of these, but as far as like the targets of when they expect folks to move from one to another, I have not seen anything like that. We would have to do some investigation.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well per Charlene's point, I think it would be useful to know kind of what's the state of affairs now. What are we aiming towards? Because a lot of that will have an effect on, you know how ambitious and what are the timelines for some of these regulations. We're about to get to a recommendation about delay and it would be useful to just understand, you know, what is CMS's aspirations and are there any guideposts or, you know aspirations that are included in the legislation, for example, explicitly? I haven't seen any, but I don't know if that exists.

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

And Cris, that wou...this is John; that would be as a percentage of volume or whatever you base it on, patients, dollars, services...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yup.

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

...in ACMs that qualify as advanced APMS under the statute? Or here between non-advanced and advanced?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I think that's the question, you know...

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

As we know, CMS is kind of self-reported that they're in the low 30th... 30s as a percentage right now judging Part B...well I don't know if strictly Part B, but I'd have to go back and look, but they keep reporting numbers that are in the 30s as a percentage right now, into APMs generally under Medicare and I think it's speaking of Part A and Part B combined, based on the prior state being fee-for-service and now no longer being under fee-for-service. And they report that out periodically. And then of course

their end target by the end of 2018, which is informative, is 50% overall for the whole program. So minimally they...that one would assume they're going off what gets them to 50% by the end of 2018.

The statute for...keep in mind for tiering up the participation to hit the APM incentive would look at 2018 as a performance year I would assume to inform payment adjustment in 2020, although I don't know how they're evaluating in terms of like a lag to consider, you know the 25, 50, 75 that kicks in for the 5% APM incentive. That's going to be judged off professional services for patient volume and payment amount. But what's delivered under those and I think that they'll do those based on you know starting in 2019 they'd look at 25%.

So your 50% as a strategic objective for CMS by the end of 2018, that same year is going to set the target I would imagine for the payment of the incentive in 2019, where they've set 25% for qualified APM participant. So those are a couple of numbers to work with that are certainly guideposts that you could take as principles of levels of attainment that they're designing into their policy.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So from mid-30s currently roughly to 50% by the end of 2018, John?

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

Right.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So, not quite a doubling, maybe 75% increase from whatever the reporting period was some time, presumably early 2016 to end at 2018; so over a two year period, not quite doubling.

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

Right.

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

So Cris, I don't know if this is...I don't know how this particular analysis in the NPRM jives with what we're talking about now but there was a, in the impact, the economic impact analysis there were some calculations where it's to sort of support their conclusion that most people would be in MIPS and the estimate was that there would be 30,000 to 90,000 eligible clinicians would become qualified participants in advanced APMs and 687,000 to 746,000 eligible clinicians in MIPS. And I'm just mentioning that because those sound like different percentages. I don't know if we're talking apples and oranges, but just sharing.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Huh.

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

That's apples and oranges and the reason is because the 30 and 50% are in any APM, it's not the "advanced APM."

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

Ah, okay.

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

So this is Anne, I have a question because I'm a payer and I know that a deadline passed yesterday and that was for us to apply for CPC Plus, which is an APM. And we did not apply because of the short timeframe that we had to consider that and I think that was part of CMS's agenda to increase APMs. And I think that participation in them was part of the deal where it counted towards incentives in the Medicare participation or part of the computation of incentives. I don't know if I know what I'm talking about, but I'm concerned because of the short timeframe that all payers had in order to decide about participation in CPC Plus and the fact that there is no indication that we will have another chance to do this in the near future, because it was a five year demonstration out of the Innovation, CMS Innovation Group.

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

Can I try to encourage the group to stay on target here in terms of the problem that we're trying to address?

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

I was just only trying to make the point of can we recommend that they increase innovation opportunities to encourage the percent of APMs?

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

So do you have a specific recommendation there? Suggestion?

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

Just to increase CPC Plus-like invitations or opportunities for payers to participate in.

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

Anne, this is Gretchen; Paul, I hope I'm not interceding too much, but within both the regulation and the law, there is a task f...or a technical expert panel that stood up to look at future models for physician-based APMs and we could look at that if, you know to get at this innovation to see if there's any way to increase opportunities there. But there is something within the rule itself saying that they are trying to do tha...increase those models of innovation.

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

If it's already addressed then I'm...I take back my comments. Thank you.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So Paul, I'm not sure what you want to do with this, I was thinking that we would go through and get sort of high level feedback. I think we've sort of drained the at least initial feedback on two; maybe we should keep walking through the remaining four?

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

Yeah I think so. I think one of the points is, if the group thinks if we diagram this, we will...we may uncover some ways that you can streamline or, show how complex or potentially inconsistent some of the pathways are.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah. Yeah, and the mechanism, giving credit for participating in the non-advanced APM as part of that diagram; Paul, is that the idea?

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

Well I'm not sure that it's our role to find mechanisms...I think it'll be clear once we see the path that's out in the proposed rule, that's a hunch I have.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, fair.

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

Paul, this is Amy and I'm trying to understand in the level of detail that we're being asked for...excuse me...are you suggesting that once we get these schematics we can then make very concrete suggestions of how to change things?

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

Yeah...

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

Is that a contingency or are we now, at this point being asked to say exactly how would you change the rule to meet our recommendations if they're too general? I just am looking for clarity on that.

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

Yeah, I think it's going to be very illuminating just to see what in pictures what is written down in words. And one possibility is there are going to be inconsistent messages, you know one set of words saying this is how you get from here to there or you may see how complex the description is, the pathway is. And I...again, I'm drawing analogies to other process improvement projects...

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

Right.

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

...where you basically outline what you do. And there's tons of opportunities to improve or in particular to simplify and I think...

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

So I guess what I'm asking is, are we hoping...I'm sorry, I didn't mean to cut you off, are we hoping to get those schematics and do all this before June 27 and respond or is that our recommenda...or is our recommendation once we get those, we can then get more specific? I'm just trying to figure out where...at what level of detail right now we're trying to get to for June 27.

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

So the hope and I think if we pick on a couple of tractable areas to focus on that if we can get a schematic for our second call that by looking at the schematic, and we can look at it before the second call obviously, will illuminate some areas where we may be able to make some recommendations. I don't think at this point it's actually easy to come up with a recommendation that simplifies it because I think one of our biggest points is, it's so hard to understand and see the ramifications of, well if I were to go this path, what...where would I run...what barriers would I run into and what workflow implications does that have for my organization. That's not an easy thing to see by trying to digest the reg and the rule in words.

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

Right, no I wholeheartedly agree and I think flow processes and charting this out is great. I was just really trying to get clear on when we might see something like that and the timing relative to when we have to finish up recommendations or suggestions.

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

So may I ask Gretchen, do you have any sense of the level of effort required? It's basically sitting down with the proposed rule and trying to draw it out; probably just take some concentrated time.

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

And Paul, this is Ginny Meadows; I'm not sure if you all remember the presentation that Kate Goodrich did to the Health IT Policy Committee in May, but I think that that PowerPoint actually may be a good start to that...

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

Mm-hmm.

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

...schematic as it really kind of takes the rule and breaks down each piece and how different providers would actually it would be applicable to them and really kind of goes into the whole APM piece and which APMs qualify and what you get based on what kind of APM you are. So that might be a good start; I don't know if Gretchen probably has that.

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

Yes, we do.

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

Great suggestion, yeah. So Gretchen, what do you think in terms of potentially annotating Kate's diagrams?

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

I know that there's been some, you know back of the envelope types of drawings and it's just pulling all those together and looking at the data points that you folks were talking about to try to bucket that. It is a time issue, as you said, so we will need to look at that and be really specific, as Cris had said, as far as which of the areas that we think that the specific recommendations should focus on.

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

And this is Beth, just to add to Gretchen's point, we do also, as you know have CMS both the Deputy Director of the Division who oversees the EHR Incentive Programs and a staff policy analyst on as well, so we can ping them and ask Vidya and Alex for help. They're on the line right now so I'm calling them out. But the other thing to keep in mind is that if we annotate the publically...the public decks, we just...we may have to be a little careful in...that we don't cross over a line into interpreting them; that's really something you all should be doing in your recommendations, but we as staff can't do that. So we'll have to work with you a little bit to get something that's sort of annotates based on what's in the NPRM and then do a little bit of hand-off to have any further annotation would have to be a recommendation.

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

No, that's true. So the annotation is merely to explicate what's in the proposed rule and apply it to the figure.

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

Right, okay.

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

And then...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So Paul, sorry.

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

No, go ahead Cris.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Paul I was going to just suggest we should, I want to just get maybe task oriented and see if we can push through some of the rest of these recommendations?

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

(Indiscernible)

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Are we ready to move on? If so, number three, we received a comment during the discussion about a proposal to delay implementation for six months to one year. It would be useful to get feedback from this group around the viability of delaying implementation.

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

Well should we first get feedback from CMS on, is that even possible?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yup.

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

It was my understanding that the statute calls for “X,” and then the logistics call for “Y.”

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, great point Paul.

W

So can you just restate what it is that you...what specifically you’re looking for clarification on?

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

Okay so our understanding is the statute requires the payment adjustments to start in 2019. And that CMS has said that it needs two years, so you need one year of measurement and then the following year to do the calculations to see if you would be called out for an adjustment. And so that it had, and that’s the reason why it had to start January 1, 2017. Is that a hard constraint? I know the law is a hard constraint, but is it...is the January 1, 2017 a hard constraint?

W

So we’ve looked at a couple of different options on this and I think we’ve shared them probably, some of you may have seen it. The issue is that we believe that the one full year of data is really the provider preference, we’ve seen from providers in the past that they would prefer to report on one full year of data than like a six month reporting period, for example. And we have also, you know heard from stakeholders that having that one year of data provides the most reliable information.

So the reason that we’re using the 2017 full year as our reporting period is so that we can gather that full year of data, have the most reliable data, be very clear and understandable to clinicians that this is the reporting time period. So, and then you’re right that for the year of 2018 would be used to calculate that data...well receive the data for the first quarter of 2018, calculate it, put in place these thresholds so that we can assess provider performance.

So that’s a long way of saying that the 2017...the January 1, 2017 date isn’t necessarily firm in the sense that it’s legislatively required, it’s just that we feel that it is the best approach for receiving the best and most reliable data from clinicians, is to get that full year of 2017. And we do need the full year of 2018 to analyze that data and determine payment adjustments that must be in place legislatively for January 1, 2019.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So there you, I think...this is Cris; I think ther...in the last sentence you just really directly answered the question that there is a hard stop January 1, 2019 by statute.

W

For the payment adjustments, yes.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Because I think the spirit of the recommendation could have been either delay the initial implementation, which would shorten either the data collection period or the time that CMS has for analysis. Or the recommendation could have been, move everything one year. But you're...I think you're clearly saying there is no way to move everything by one year because there's a hard statutory requirement in 2019, right?

W

That's correct.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

Hey Cris, this is John. You know I think inside the spirit of the recommendation though too was the idea that for where it was possible to kind of hold status quo, rolling over from PQRS, Meaningful Use and, you know the value-based payment modifier, there's really no reason those change in nature in that first program year for 2017 for the first performance period. There's...there will be by the time you get to 2018 and I think that we're understating that as a basis to recommendation to leave those things in place.

I think the thing that causes some providers I've heard from our client's heartburn is the CPIA domain. And, you know that both kind of reflects back to the onboarding issues with APMs, because that's the most direct way to meet CPIA, but it's also for being able to develop and select other programs that maybe smaller point values in that category. Maybe a recommendation is, ease up on the CPIA domain, even though it's more of an attestation based thing to prove you've been doing it.

But you know, I think that's where more people are reacting of, you know you're telling me I've got to go get engaged in that area to satisfy that domain. And granted maybe most people aren't going to hit it and so it's going to wind up being an impact on everybody in year one and it could work to be a wash on the overall composite measure, but that's one that is substantively new for a lot of people and it reflects the onboarding issues that we talked about under the APM point. So maybe status quo on the three things you know that feed into three of the domains for resource, ACI and quality and then do something on the CPIA domain to moderate the burden of having to get there so quickly, if that makes sense.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

This is Mark, can I just...I'd throw out a question for understanding. I recognize that the CPIA domain is new, but from our perspective and analysis at the National Partnership, we also notice that you just have to select, it doesn't tell you how well you have to do it and it doesn't...you don't have to show any changes in outcomes or anything. So I wonder how significant the newness is.

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

I don't...yeah, that...it's hard to say if that's real well understood when it's still in a proposed form for what they can be. I mean some you'll know; I mean obviously the statutory definition for the APMs that count towards that domain is known; if you're in one you're good, if you're not then the onboarding might still be a little bit problematic. But I would imagine a lot of groups are kind of waiting to see what the list is at final.

And even to make that commitment, it's still a lot of things that are within your own span of control to do, like if you're going to engage in a program for disadvantaged groups that are subject to be at risk for disparities, it's not just checking a box I wouldn't think in good faith, it's developing a programmatic approach that you may not have contemplated doing yet. I'm just trying to think what the trepidation may be around that.

For the other three domains, if it were firmly established that those are rolling over from what you already know, I think that's an underappreciated point, because all of those are full year right now. So, what's the big deal if those three are as they have been known in 2016, already full year, what's the point of delay to do the very same things in 2017 as a transitional year?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So John, let me put you and maybe Charlene on the spot and others, are you speaking from a provider perspective or a vendor perspective or both?

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

Well I, yeah definitely from a...not really from a vendor perspective and I probably can get seriously thrashed for trying to speak from a provider one, but I'm looking at it pragmatically.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

You're having to do all the things in 2016 for a full year that if you held status quo you'd have to do for quality, ACI and resource use, unless you're going to adopt new resources measures, but you're not the one calculating those anyway, they're claims based, CMS is doing that work. Granted it may be based on things you're not currently held to under value-based payment modifier, but in concept you know, they're already being subject to that for some resource-based measures that are part of that.

I would argue that that could allay a lot of fears if it were understood. We really are starting with what you know in a transitional year, but subjecting it to a composite measure, that's the main change; not what is being measured and not how you're being measured or what you have to do to respond to it.

Charlene Underwood, MBA – Independent Consultant

This is Charlene, actually what I'd lo...one of the things John's pointing out, and I think this is a piece where if it can be depicted, as Paul's been suggesting, if we can kind of show, you know for these four categories, you know these are the action steps that you have to do, and you can keep it status quo, because I think that's where we lose some of the clarity, in 2017 and this is what it means in 2018. Hopefully the depiction, that's what I was kind of hoping, would show you know where things are status quo...

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

Yeah.

Charlene Underwood, MBA – Independent Consultant

...in moving forward; so I think that would really be helpful. The only other comment I wanted to make on the quality improvement category was because the rule is intended to expand to more eligible clinicians, I would wonder, and I don't know if there is exclusions in the rule but again, trying to touch every eligible clinician and have them respond to this category would be another concern that I would have. Because I don't think every NP and every person out there's going to necessarily be involved in quality improvement program...maybe they can attest to. So again, I think it's new and there'll just be a lot of learning coming from this category.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Mm-hmm.

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

Cris, may I try to summarize a little bit of what her...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

So from CMS I think we have some hard stops here in terms of the constraints and maybe our best effort is to find out how to make the transition from 2016 to 2017 the least burdensome and the most productive on our way to getting to, you know APMs and the ultimate. And I think that if we get this diagrammed out, we will see the opportunities and potentially the internal inconsistencies, you know inconsistent with the goals, because they're...not intentionally, but it just will arise. But I think that may be our most important next step to make concrete progress on simplification, and that addresses the transition time, etcetera.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well, this is Cris; Paul, I think that summary is excellent; unless there's someone on the call who wants to make the case for delay nonetheless. You know sometimes when confronting these really complex regulations, it's hard to argue against having extra time to get ready, but I think, I kind of wanted to put John on the spot from a vendor perspective around dependencies there, and didn't hear it. So maybe we should move on to the fourth recommendation? Or fourth set of feedback.

Encourage CMS to set quality improvement and measures goals and invite commercial payers to work towards achieving them in parallel. So I think there's really two pieces to that around setting the goals

and then the second is inviting commercial payers. Does anyone want to comment on maybe the first part around encouraging CMS to set quality improvement measures' goals?

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

Well John this is Paul, I mean Cris this is Paul; I'd be happy to throw out a suggestion. As I mentioned already in the proposed rule they talk about all payer data sets and so I think the "invitation" is there. My concrete suggestion to help encourage folks, they can't tell private payers what to do, but one encouragement would be to make good measures available.

So what do I mean by that? You know we've all complained that there's not enough good cross-cutting outcome measures that matter to the individual today. CMS is in the role of contracting for measures, so they actually can cause measures to be produced and pay for the cost of doing that and get it through the endorsement process. So if we had good outcome measures that were endorsed, that would be not only an invitation, but I think a kind offering for private...for commercial payers to use those same measures.

So I think that's a concrete way that CMS, with what it already does, i.e. it contracts for measures to be developed, to focus in on these outcome measures, that's consistent with our other recommendations. And obviously they would be publically available and available to private payers as well.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

That sounded really concise and clear; I wonder if someone from CMS might want to comment on that? Our representative from CMS or someone else on the task force? Does CMS have any comment on that?

W

Nothing from me.

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

This is Amy and I'm not from CMS, I'm from a state but along those lines, any state that has SIM funding, State Innovation Model, at least is basically required to try to come up with an aligned measure set within their state. And from a state perspective, I don't know that I have the answer, the cha...so we have a...we now have an aligned set of measures.

We've tried to get consultation and we've used, you know national experts to help us facilitate that process, but my fear is that state-by-state, we're still going to have different set of aligned measures across public and private payers. We did look at as many national...measure sets and our measure set, the first one we picked just for a reference point was contracting measures for...around, you know between providers and payers, both public and private. We have a slightly different...a couple of different sets from...or different measures for Medicaid versus ACO versus, and hospital and provider level. But, I fully agree that, I mean we have a timing problem here, that's what I'm trying to raise because...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

...states are moving ahead under SIM to do what they have to do under SIM to align, to try to make it easier for their community and make it as aligned with the national CMS ones, but they don't always fully get aligned. Even our set isn't fully aligned and, you know, it's this timing. So I don't know how we get around that, I just want to raise that there's a lot of focus and energy at state levels to do this.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Right.

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

This is all...energy and the parallel tracks are all borne out of the la...the void we currently have.

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

Yeah, exactly.

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

I was on the IOM committee that was trying to do this nationally and our biggest problem is looking for actually measures that are measures that matter, that are important to public health. And so...

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

So...

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

...I certainly hear your pain. I guess if we never start, we'll never get there. So one possibility is to, because CMS has a timeline laid out by statute, if we...if our recommendation is that they create these measures and we'll describe them, and then they become available and over time, hopefully the 50 states can also join in to this moving train. But if we don't get the measures on board, we'll never get there.

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

Yeah, no I wasn't arguing not to do it, you're right, it's because there's a void that we've had to take this on at state levels and that CMS is asking us to through SIM.

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

Right.

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

I just wanted everyone to be aware that there are processes in place and it's still going to be a bit fragmented, but we definitely need to do what we can to push things forward at the largest level.

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

Yeah.

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

So this is Anne and I guess what I was thinking is, can we specifically ask them to put in wording about the Quality Measure Development Plan? Because I think if you go back and read it, it's really the place where payers and CMS work together on those. It's just connecting those two dots.

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

That's...

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

Anne, this is Gretchen. That measurement development plan is part of MACRA and it is a subset of what's tied into here. So while they use the language within the NPRM here, I'm speaking on behalf of CMS, the like how they're going to do that isn't within that plan. So it sounds like what you're saying is within the NPRM make that distinction clearer that these two are tied together.

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

Yeah. Yes, that's what I'm saying because everybody I talk to has really no knowledge of that other Quality Measure Development Plan; you know it's like what's that? And it's...the two are tied together and if they just mention it in the NPRM, and I think that's the concrete thing in reference to this.

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

This is Mark with a...I did listen to yesterday's conversation, just to note that I think the comment was about quality improvement, but it also was broader, if we have other ideas is picked up on the broader interoperability discussion on slide 15. And the conversation touched on other areas besides quality, if there are some other opportunities as well.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, this is Cris; I just want to go back to one question that Amy your remarks raised for me which is, boy and I hope this isn't a hornet's nest but, is there a reason to have encouragement for some kind of coordination or rationalization for state level quality measures as well? Or maybe Anne's comments already covered that.

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

Well I guess what I...I mean, I'm not quite sure I understand your question but yes, the push is, at least for states with SIM funding, although we were looking at it before it, was to align measures across...to align measures within the state. But I...and any state that is trying to do that would logically try to align with as many as possible with Medicare and CMS, right? Because otherwise we leave the providers in the same place as they are now, which is different measures to different payers, slight variations on the theme and sort of a mess. So...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

...the real issue is how to tie sort of that work that's going on at all the...at the state level across all the states and how do we sort of harmonize that with...at the national level while the national level is trying to harmonize across themselves as well?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Is that worth calling out specifically?

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

I like where you're going Cris. In other words...

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

Yeah.

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

...if we talk to CMS about what are the outcomes measures we think are very important to MACRA, to the APMs, and point one was to try to grease the skids for commercial payers to sign up, but also to point out how much control, of course it has over the state-based programs like SIM. And just make this package even more compelling that the sooner we...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yup.

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

Well...

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

...get people to create these measures and CMS has that ability, then we have the chance, over time as Amy pointed out, of starting to get the private and the state payers to align.

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

You know and to extend that, DoD is another entity that's not governed by either one.

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

Yeah, right. That's right, that's right.

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

Yeah no, I'm all in favor of calling it out to try to, you know to bring, to try to figure out how to say that over time these have to come together.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

It just felt like there's an opportunity to try and do that alignment, so maybe we can include that in our recommendations.

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

And you know the tie to interoperability with all of this is, if we did have a concurrence on these measures, the amount of customization per payer would be reduced and that would increase our opportunity for interoperability.

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

Yeah and along that line, this is Amy again; you know so would the ability for EHR vendors to be able to generate, produce or for intermediaries to do that. So like for instance, and I'm not...one of the things we're doing with SIM dollars is we're looking at trying to develop a...like a data intermediary quality reporting measurement and feedback technology system to be able to calcu...to make it eas...to take the burden off the providers. But the more different measures are in there, I mean we're going to start with our harmonized contract measure set and probably Meaningful Use.

But you know again, I think the more we can do this, the burden is off the payers, the providers and the EHR vendors and we can start to do the recommendation that was here around having the infrastructure to be able to support this for everybody so that, you know we're not having to do this ten times over.

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

The miracle of MACRA.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Wow.

Charlene Underwood, MBA – Independent Consultant

Hey Paul could...Paul, one suggestion. As you go through like proposing, if you could give examples of the kinds of measures, for instance in each of the categories you're looking for; that would also help flesh this out. So when we talk about outcomes measures, if there's any specifics that you could just, i.e. put in there, I think that just helps clarify. You know, because you know measurement isn't everyone's language, but that might be helpful, too.

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

Right. No, that's a good id...so Cris, I think we're actually we may be on to something. I'm trying to watch the time; you know we have 20 minutes left and...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yes.

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

...I think we want to have clear work plan between now and when we talk again. But I've heard three things; one is the MIPS to APM transition, two is MU to ACI and three is the alignment of the quality measurement base. If we had, I keep going to these visual representations, if we had diagrams that depicted the current to future state, we can make a compelling sta...so the current state we just talked about was we have, and everybody knows this, but putting it in a picture so we can ta...make the compelling story, that all of the...the fragmented measurement systems we currently have, that drives providers nuts and costs, I don't know hundreds of millions of dollars, if not more across the country.

If we could show how, through MACRA, the federal government can take a leading role in causing measures to be developed around which, over time, the commercial, the state, and the government, DoD/VA can align around, that could be a really compelling story. These three foci would be very meaty things for us to weigh in on...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yup.

Paul Tang, MD, MS – Vice President and Chief Health Transformation Officer – IBM Watson Health ...and also I think, you know, they're at least a countable number for ONC to wor...or ONC and CMS to work on between now and when we talk.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah. Paul I like that a lot; it's also, you know what you just said also creates an opportunity for private payers to do alignment. I don't know if you...I don't think you called that out explicitly, but I feel like we've got some consensus on this workgroup that seeking alignment between private and public payers is a real opportunity in MACRA and I think we should emphasize that point.

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

Oh no, yeah, that was one of the three.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

So private, state and govern...federal gov...like DoD and VA.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah you did. You did, yup. Fair. Well on that success, should we move on to the fifth of these bullet points?

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

I think it's incorporated, that's the sort of the elegance is if we push these three as exemplars of what the federal government can do over this rulemaking process, I think we will be successful in both producing concrete recommendations as well as a process for simplifying.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Great point. Agree. So the fifth set of feedback from the meeting was basically to support our recommendation about reduced burden on providers. And there was two specific sub-recommendations about how to do that; one is align reporting mechanisms and timing across payers. I'm curious to see if that aligns with some of what we were just talking about and this align value measures within programs with standardized value sets.

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

So this is Just...

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

I think that's what we were talking about.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

Yeah.

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

I agree.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Okay. Should we go to the last...

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

Wait, wait, this is Justin Fuller; I had another one that I wanted to bring up if we have time.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Sure.

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

And I'm sorry I missed the conversation last week. At the beginning of the discussion, Paul you'd used the word unwieldy to describe the NPRM and John had mentioned that onboarding of providers into the program was going to be a key issue. And I'm reminded of a similar conversation that happened five or six years ago when the EMR Incentive Program was created; we all had concerns about how unwieldy Meaningful Use was and onboarding of providers was going to be a key issue.

And I can't remember if the Regional Extension Centers was a proactive or a reactive response to the unwieldiness of Meaningful Use, but either way, through ARRA ONC created those 62 Regional Extension Centers to help providers navigate Meaningful Use. And as of last year, health IT reported that about 150,000 providers were still affiliated with the REC. And they had, you know initially those RECs had three milestones that they had to demonstrate to help providers reach enrolling in the program, implementing an EMR system and achieving Meaningful Use Stage 1.

As Meaningful Use transitions into the ACI category in the QPP, I think it's reasonable for some providers who are working with those RECs to assume that they'll still have the same support with achieving positive payment adjustments in the QPP. So I guess my question/recommendation is I think CMS needs to articulate what resources, if any, are going to be made available to providers to navigate the new rule and use the same milestone approach, which I think is going to be especially important with respect to providers trying to transition from MIPS to an advanced APM.

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

We, Justin we did ta...it's a really good suggestion. First to answer your question, the brilliance of the lawmakers REC was...REC was proactive; so they had that built in; now remember, it was the Stimulus Bill. And second, MACRA does have some monies for that support; I don't think it's as much as the RECs,

but...and I act...and based on our complexity argument, I think everybody could take advantage of the consulting help. But yeah, we may want to return to a recommendation about that.

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

I mean, this is Amy and perhaps our ONC colleagues can pipe in here. But my understanding is that what we all know as REC, as the RECs, like you know they're no lo...we all know they're no longer funded through ONC, so they've either survived on their own or they've transformed...through other funding, or they've transformed some of their services. I know in our case in Rhode Island, the TCPI PTN, Practice Transformation Network grants that were released are working on trying to get providers, and in our case particularly specialists, to begin to understand practice transformation moves toward value-based payment.

So I don't know if that...and I believe they are paid by certain deliverables as well. I see what you're saying as sort of part of what the PTN TCPI Transforming Practice, whatever it stands for, I forget the last two letters, grants are for, but I'm not sure they're universal enough or as many as the RECs. And I'm not sure if all the RECs stayed in existence or not, I'm just pointing that out.

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

Yeah.

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

I agree that the providers need a lot of assistance in trying to understand what this means and how to transform their practice to move in this direction, absolutely.

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

Anne, thank you for that, umm and as far as...or Amy, I'm sorry. And Paul is right, within the NPRM and within the original legislation, there is funding that CMS will be doing...making available, and they have to do so I think by this fall, for technical assistance, and it's for QIOs, RECs and Regional Health Collaboratives is the way that it was originally framed.

So, you know there has been an initial bus ops outreach saying that these contracts will be available starting this fall. But as far as the scope of what's going to be in that training, CMS is working on that right now so that the, you know the advice that's going out will be similar probably to what the RECs had done, but it sounds like what you're saying is that within the NPRM, there should be more delineation of those training opportunities and more emphasis on what's available. And as Paul had said, it sounds like you're recommending that one step of that is to diagram how everybody is going to be doing this within the NPRM, but then also to make sure that that outreach and education is really strong. Is that correct?

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

Yeah, yeah absolutely and I think when Paul pointed out, because again I couldn't remember if it was a proactive or a reactive response and Paul pointed out that it was proactive, I guess that just draws the point that well if ONC was...with it before and, you know if you guys remember, the RECs kind of stumbled for a while, it was hard to get traction. So you know, maybe learning from that process, the

way that we did RECs back then, so that we don't stumble going forward; that's kind of where I was going, so yeah, thank you.

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

Can also...

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

I would just say that any sche...this is Amy again; any schematics that we get built for this process and this committee, even if they're changed, to jumpstart that process would be really helpful and...for you know RECs or whatever the next version is. My one question is, and I don't want to take up time here, how...that's different than the TPN grants?

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

At this point, yes. I think that was one of the things that CMS is looking at is making sure that all the education and outreach is connected and aligned and, you know I can't speak on their behalf, but I do know there's a heck of an awful lot of work going on right now in making sure that folks get as much knowledge as possible about how to do this. There...it's a really big focus and I just don't know all the steps that are engaged in this, but it sounds like what this task force is saying is that within the NPRM itself, even though it mentions that technical assistance contracts will be awarded in the future, that education, within the final rule itself should also be focused on.

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

So I think the RECs were funded around \$600 million; I thought this technical support was much smaller, is that right?

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

It is much smaller, like by a sixth. It's like \$100 million dollars a year which it sounds great, but it really doesn't go super-far.

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

Right, for a lot of people; so we can't change appropriations but we can emphasize again, because of the complexity, how important this is. And I think what we've said so far is even drawing out these diagrams will go a long way actually for everybody, not just the small providers.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

Right. And I mean hopefully, I mean you make a good point about not being able to change appropriations, but if there are enough providers that are affiliated with the new model going forward that are demonstrating early success, than that might drive the appropriations being increased.

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

Well that's interesting, they could take some of the money they save and help more people.

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

Yeah.

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

But at any rate, so we have to be creative but, you know it's worth us being explicit in what we think would make this program a succe...more successful.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Right. This is Cris; I mean just to draw it back, you know we made a recommendation in our comments yesterday, is on slide 15 around education explanations, similar to the REC program. So, it's all congruent. Again, just from a time management standpoint, Paul it feels like we need to discuss next steps here pretty quickly and then go to public comment.

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

Sounds right. So how do people feel about these three areas that we talked about, MIPS to APM, MU to ACI and quality measurement alignment as something that ONC can help us with diagramming out and that we would look for opportunities, concrete opportunities we actually verbalize for the quality measure alignment, concrete opportunities for improving or streamlining the transition; and part of the reason is to meet the hard, defined timeline.

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

This is Mark...

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

We could give an examp...

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

Excellent.

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

So if we gave examples of areas to streamline, and I'm thinking that we're going to get this out of these diagrams, and ways to soften the blow of the implementation, starting in a couple of months from the final rule, that would be constructive.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

Yes.

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

Yeah.

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

Yup.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Paul, this is Cris. I guess the...I think that recommendation in and of itself clearly has good support. The only question that I have as a leftover issue is back to these feedback that we received, the second bullet point around this pathway from non-advanced APM to APM. Are you thinking about having better explication of that be included in those roadmaps?

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

It might show up. I think...it might show up, I don't know that we need to look at that specifically, but I think the pathways, simplifying the pathways and at the same time what happens is you reduce the implementation time. When you simplify the pathway, people understand it and they can rally around what it takes to go from point A to point B. So I think that's probably our overarching goal...?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah. I'm just trying to...

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

This is Mark with a, sorry, go ahead.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I'm trying to trace this back to recommendations we've already made, for example like the simplified glide path for participation in APM, and it seems like that fits nicely.

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

Yeah, yeah.

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

This is Mark with a question. The...Paul, I think those three areas and looking at the schematics makes sense to me as well. Just for clarification, we've been talking about the Policy Committee's feedback to us, but what was distributed this morning also included some draft recommendations that extend beyond the feedback. Is there anything we're supposed to be doing with that at this point as well?

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

I'm not aware of what you're talking about. Are you talking about this slide right now?

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

No. There was...this morning, I got my materials this morning. There was a set of draft recommendations that had been edited, it's...so the slide deck file was just...and it's actually showing up on the website, so it's the QPP Draft Recommendations V2.

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

That's the Word Document, Paul that had...that we pulled originally for the comments in it, so it was all the recommendations based on the six questions that everybody had been working on. So that was the document that we were working on last Friday on the task force. So I think what Mark is saying is should

we, and I think Cris was mentioning this, too; should we revisit some of those more detailed recommendations and see if we can pull that more directly into what you're asking for for the concrete recommendations?

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

That makes sense; do you think they fit?

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

Well this is a judgement call as staff; some of them do and which is it, you know when we were originally...when I was trying to draft the overarching comments, I pulled some of them, but I think that, you know now we just need to make sure that we're as concrete as possible and sort of just revisit some of those and see if we've already done that work, from the original discussions or if they...if even those need to be fleshed out more.

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

I think Paul you're comment about the diagrams is that this are a way of testing and verifying some of the recommendations there.

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

Yeah.

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

I just...and so it may make sense to wait for the schematics first; I just...I was aware that we got them this morning, I just wanted to check, for clarification, if we were supposed to do anything with them.

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

I think when you're dealing with something either this big or this complex, the more you can focus in on both a problem, but also an exemplar problem, it is both constructive for the specific suggest...the recommendation and illustrates a way for CMS, in this case, to as they go through their finalization of the rule, use that same method to look at other areas. That was sort of a perspective or a goal or approach that I was suggesting. If you have 50 recommendations, you're just not going to get attention, sort of.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

This is Cris. I think if we add more time, there's clearly a lot of ground we could do to get more specific. I think given our timeframe, Paul, if we're looking to try to do the work you're just describing, maybe there's a chance of at least a little bit of offline work...

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

Oh yeah.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

...on that between now and June 23. I'm assuming that our materials are going to have to be completed what, by June 20 or 21?

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

Is there a chance Gretchen that we could get this in the next...by next Friday, which would be June 17 and that gives us...electronically? And that gives us a little time both to digest, react and offer suggestions ahead of our call, so that we can be working down our suggestions rather than getting it fresh?

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

I think we have to. And then the suggestion is also, how much can we construct this; do we need to schedule another public call to try to work through making sure that we're good or is that an administrative role that we can work with you and Cris on?

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

I think we can do the administrative as far as the, a) Is this what you meant? And we can get the diagrams down pat. But the end goal is to try to distribute it to this task force by June 17 and that gives us a little time ahead of the June 23 call to digest and provide some suggestions that we vet on June 23.

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

Agreed and since we have a call on June 17, it seems it would be more produ...and it's my fault, you know not getting it to everybody so that they can digest it before these calls. But like you said, so that we're not rehashing them during the calls but try to get them before June 17, so everybody has chance to review them.

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

I apologize. I thought our call was June 23, no...

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

No, no, no.

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

Gosh, you know yeah, yeah.

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

Yeah, no, I mean I think we're going to the same point, I think we're just...staff need to get to get it to everybody before like June 15 or so, so that people have a chance to process it, so that we can use the time on June 17 effectively.

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

Yeah. That sound good folks on the call? So we would get the materials by June 15, digest it, already have submitted suggestions to vet on the call on June 17, so that what we're doing is instead of dreaming right at the time, instead of brainstorming right at the time, we're vetting submitted suggestions.

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

Sounds good here.

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

Yeah, sounds good to me.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Makes sense.

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

Are we ready to open up for public comment?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I think so, what do you think, Paul?

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

Yup, sounds good.

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

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

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

Thanks and while we wait for public comment, I just want to thank everyone for your dedication; this is a lot of work in a short amount of time and we really appreciate you bearing with us and helping us throughout this process, especially Cris and Paul.

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

And Gretchen.

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

And it looks like we have no public comment. And Gretchen, of course. Thank you everyone and have...

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

Thanks everyone, I know...

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

Sorry Paul.

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

...I know the turnaround is really fast for everybody, so thank you everyone for sticking with it. Very important work, though.

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

Thank you.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Thanks very much.