



Collaboration of the Health IT Policy and Standards Committees

Quality Payment Program Task Force
Final Transcript
June 17, 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 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? Hi, Paul. Cris Ross? Hi, Paul. Cris Ross?

Paul Tang, MD, MS – Vice President and Chief Health Transformation Officer – IBM Watson Health So somebody needs to turn off their speakers, please.

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

Thank you. I know Cris is here.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Here, in triplicate.

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

Amy Zimmerman?

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

Hi there.

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

Anne Castro? Brent Snyder? Charlene Underwood?

Charlene Underwood, MBA – Independent Consultant

I'm here.

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

Hi, Charlene.

Charlene Underwood, MBA – Independent Consultant

Hey, Michelle.

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

Floyd Eisenberg?

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

I'm here.

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

Hi, Floyd. Ginny Meadows?

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

I'm here.

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

Hi, Ginny. Joe Kimura? John Travis?

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

Here.

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

Hi, John. Justin Fuller? Marcy Carty?

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

I'm here.

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

Hi, Marcy. Mark Savage? Mike Zaroukian? Wendy Wright? And from ONC do we have Gretchen Wyatt?

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

Here.

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

Hi, Gretchen. Is Alex Baker on the line?

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

Yup.

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

Hey, Alex. Is anyone from CMS on the line? Okay, actually I thought I heard Alex come in, the other Alex; we'll look for her. And with that, I'll turn it over to you Paul and Cris.

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

Hey Gretchen, I'm sorry; I was having some technical difficulty. This is Alex Mugge; I am here. I could hear you, but you could not hear me.

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

Thanks Alex.

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

Okay, well thank you everyone for joining. As you can readily appreciate, we have a big agenda to cover in our 90 minutes, and we do have a hard cut-off not only at the 90 minutes, but we also need to get our work done so that we can present it next week. So I'm going to try to help us stay on time and if you could please reserve your comments for...make your comments succinct and concise. And we will use the hand-raising tool in the upper left or sort of close to the upper left, there is a person with a hand up; if you use that, then we can see that you're in the queue.

So what we thought we'd do, and let me sort of summarize a few of our overarching themes that we've had, and we certainly heard from the committee; one is the complexity certainly sort of affects all and effects the implementation just by fact it's hard to understand. So we're looking for simplicity in the explanation, but also simplicity in the actual rule.

Second piece is more of a focus on outcomes and much less so, by this stage in our lives, on process. And the third is the time constraints, the starting in...the measurement year in January of 2017; so that's particularly onerous for folks who have fewer resources, like the smaller providers, rural providers and the new folks on the scene, which include behavioral health.

So if we could keep those overarching comments we've had and if anybody has any other overarching, then let's hear about that. Just want to keep those and use that as a check for our work is what we're talking about now, does that really feed into these overarching themes and what's the most important

thing to bring to the attention of CMS and the committee. Any other overarching themes that we should make sure we're keeping in touch with?

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

Paul, this is Mark joining a little late, sorry.

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

Okay, thank you Mark. Okay so thought, since complexity and the desire for simplification is really at the top of our list, thought we would go over some of the graphical tools that have been prepared and unfortunately Beth can't join us right now, she's at another meeting, so Gretchen kindly agreed or had her arms twisted to try to walk us through the tables and see how close we come to at least explaining the proposed rule in a simpler and easier to understand fashion and then looking towards simplifying the actual rule itself. But first start with, what's in the rule and some of it, as we talked about last time, may address some of the concerns we have.

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

Thanks Paul and I'm going to also invite my fellow colleagues, Alexandra Mugge and Alex Baker to weigh in, to make sure that I stay on the right things here. Hopefully...this is really tough for folks to see, hopefully you've seen it before, but if you can expand to the full screen, you can see it a little bit better. I know that there's been some confusion on this and have to apologize that both Beth and I are word people and not picture people, so that makes it a little bit tougher.

Starting with the...what folks have been confused about is, you know how can we simplify and what's in the rule and where are some opportunities that we could suggest back to CMS to make it even simpler. So what this is is just, as Paul said, explaining what's in the rule right now. So for mapping what's in PQRS and what folks would need to do in the MIPS quality category, there is a simplification in the number of quality measures that would need to be reported from nine to six and then, you know there are still some requirements that you need to do there, but you also don't need to cover all these different domains.

So where the challenge is, of course is six correct? And is the emphasis correct on the outcome measures and the high priorities; is there an area there that we would need to recommend that they reweight that or look at something like that. There's also the question of, within the quality category there, on...is the rewards, the bonuses that have been established for using end-to-end electronic reporting, is that the right percentage? Is that the...is the right weighting for one bonus point on top of that? So keep that in mind.

In the advancing care information category, which is the next page of the chart, this again is, where are we within the EHR program for Medicare patients or Medicare providers right now and moving into ACI; what's changed? So there was confusion about with...you know, what is it that you need to do in 2017 and 2018 and then moving forward, what it shows here is that, you know within the program right now there's eight objectives that you need to report for 2016.

Once you move to the first performance year of ACI in 2017, there's six objectives and the thought there that there's still requirements under HITECH Act that you need to be able to report, ePrescribing and

certain things like that, but just maintaining the functionality of those, you don't necessarily need to report the thresholds like you did in the past. You have the option in 2017 and in 2018 of either reporting for mod 2 or mod 3, if you wish.

Starting in 2018, you do have to move into Stage 3 and use 2015 edition CEHRT. So, you know is there an area there where we could propose that either they continue the optionality into 2018 and push, you know Stage 3 a little bit further or is there anything else that we can do to simplify there. So basically what...for the ACI category, and I know that this is the confusing part, is in the proposed base scoring, you don't have to hit certain thresholds, but you do still need to report and then the thresholds come into play when you get into the performance category.

So, if we go into like the measure-by-measure comparison, and this is where I really wish Beth were here, as far as the simplification it's that again, you only have to report one, that's the base threshold. Anything above and beyond that in the performance category is where you're going to earn your bonus points. So there is definitely a reduction in the burden there, from CMS's viewpoint and the opportunity to choose to focus on the areas that are most important to you, so...as a provider, you know if you just want to hit the base score, great. If you want to shoot for performance, you can do so in certain areas.

So in a nutshell, that is my very simplistic explanation of what's going on here. And Alex Mugge, I definitely...add any other detail that you think is necessary there.

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

Yeah I think you, I actually think you covered it pretty well, so nothing much to add here. I think my, of course we would have concerns about extending the optionality of the Stage 2 and Stage 3 beyond 2017 and, you know we have heard from providers it's just plain confusing to have too many options; so just putting that word of caution out before we even dive into that subject, but would be interested to hear thoughts on ways to reduce the complexity. Thank you.

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

Right, and Paul and Alex if there is one thing, you know within the tables, one of the things that we did not include here is that within the NPRM, certain folks automatically would not get a "hardship exemption," but because of you know whether they fit into the...certain thresholds, you know if they're certain facilities, they wouldn't need to report in this area and if you're a low volume threshold, whether you know and that's an "and" situation, both your patient count and your billables, then you don't get into this area.

But there might be some opportunities in that...and when we get into the specific recommendations, that's one of the things that I know that both the Policy and Standards Committees are very interested in and Charlene flagged it as well from our past discussion; for those individuals who are just coming into this program, is there an opportunity to ask CMS to sort of look at this a little bit more closely to either give them more education and more training or is there some chance to you know, extend the glide path for them so that they can come into this strongly. And like Cris had said in past conversations, make sure that they can succeed and not get like nailed right smack out of the gate.

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

Okay, thank you Gretchen. Let me try to summarize and one, check whether the summary is correct and then see if we have questions. Can we go to the first page, please? So what we're saying here is that to get into quality in 2017, there is indeed a streamlining, a reducing the burden, because instead of nine there are six; there's no change in the...there's more flexibility in terms of not meeting three out of six in the quali...in other words, there's...you can stay with your current system in 2017 and do fine; there's no new work in the system and no new work in your workflow. Have I characterized that correctly?

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

Correct and one of the things as far as the technology aspect here, and John I think had some comments on this in some regards, that there's...you can use other, you know some of the measures are claims based, you can use your EHR, you can report through a QCDR or a registry; so there is flexibility that adds a level of complexity. But there is reward if you do use that end-to-end reporting in the NPRM.

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

Well it would be nice if that could be represented in this; in other words, going from left to right, there is a bifurcation, so in the third row, electronic reporting, not required in 2016, but there is a bifurcation if you do, you have the option of getting bonus points. Do you see what I'm saying? It just helps to explain...

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

I sure do, yes and that's where I just lost time, not being able to get this updated.

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

...understand. But if...so that's an example of how we can reduce into pictures and then people see, oh no new...if I want to stay the same, no new work; but actually they're holding out a carrot with a bonus if I move to electronic. And it's just clear, what do I have to do in order to get that, that's what we're after. The next page, please.

And here in the ACI group, we're saying indeed there still is a streamlining, a reduced burden because we've reduced the numbers and we've actually cre...removed all the thresholds, you just have to implement it basically, that's the threshold of one. And that's the overarching message and I just want to stop there and check my work; have I said that accurately?

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

As far as I know, yes. And so the only new work would be if you wanted to go into the Stage 3 requirements.

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

Right.

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

Yes, this is Alex...agree.

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

Let me go to page...sorry?

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

Sorry, this is Alex Mugge and I would say, I would agree; I mean when you say it just needs to be implemented, I just want to highlight again that for some of the measures, you do have to respond with a “yes” answer in order to receive credit for the base score; so there is some level of actual work there, although considerably lower than thresholds that existed under the EHR Incentive Program. And then for the numerator denominator measures, you do have to report at least a one in the numerator.

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

Correct. But in a sense that’s like present and turned on.

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

Exactly, it’s just...it’s at least checking the box that you’re doing...that you know how to use the functionality.

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

Right. And Marcy and John, may I go to the next pages before, or do you want to make a comment before I move to the next pages?

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

I can hold my comment, Paul, until we get through the...yeah, that’s fine.

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

Okay and Marcy?

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

I can as well; I can wait.

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

So I’m going to try to tell the story as we would in front of the committee and I’m testing it out. So let’s go to page three then, and we’re going to go through these ne...and what we’re pictorially representing is to go from where you are today to 2017, the first measurement year, which is right around the corner and that’s the people’s concern, actually when you compare the requirements for the EHR you’re currently using and what you would need to be using in 2017, they are the same if not a lower, umm, I don’t know what word to use, threshold, because it’s 50% to 1; there’s a lower threshold in meeting the requirements. And if you go to the next page, the same is true. So they’re either the same or relaxed, ah, that’s a good word, relaxed. Have I said that correctly ONC?

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

Yes.

Paul Tang, MD, MS – Vice President and Chief Health Transformation Officer – IBM Watson Health
Okay. And then you know, what I'm going to do is go to the next page, please. And I see you've separated 2017 and 2018. It would be helpful to actually have, I know what we do is print it in landscape, it would be helpful, just like you did in the first two slides, to go from current to 2017 and 2018 and actually put the connector, and you can shrink the column size so that we get the same visual of understanding what's changing. Oh, and in 2018, yes you do have to add...there will be an additional requirement to implement the API in the EHR, and that's an IT requirement.

Next page, please. And similarly, there's a couple things that are optional that become required in 2018, but not 2017. So one, I want to check my work again in terms of how I explained what's represented in these tables.

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

You're spot on. You did a good job.

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

Okay. So for the group, first, have we addressed one of our overarching concerns? It's just way too hard to...I don't even know what I need to...what I don't know and what I need to do to start in two to three months with my measurement year. I think these tables say you could actually stay the same in order to move into your measurement year in 2017. There are choices we're going to hold off right now, but you could actually stay the same and start your measurement year. Now, let me open it up to Marcy and John; so Marcy first, please.

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

Sure. So the only question I have, and I don't mean to get into the complications, but when we simplify we lose some of the complication that I think critically affects some of the practitioners and one of them is, for example, when they submit quality data, you can only use one submission methodology. And so that piece I think complicates it and so I'm totally fine to go and simplify things, I just think from an implementation standpoint, when we miss things like that, it appears much simpler than it actually will be.

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

Yeah, can you say that again? So you...when you're submitting quality data you must use one...

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

You can only use one methodology; so everything has to be out of your clin...I believe, this was like one or two lines in there which I think are really important lines that you can only use claims, you can't do a mix of claims and a clinical data registry.

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

So that...

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

And...

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

Yeah...

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

...this is Alex Mugge from CMS. I don't believe that's actually explicitly stated in the rule, so that's certainly something to comment on. However, in the past under PQRS, that's how it worked and, you know I think for a lot of providers that did introduce some simplicity because yes, let me be...you have to submit all of your quality measures using claims, but you have...you do have the option of claims, registry, EHR; if you're a group practice you can report to the web interface; it's just that, you know in the past we've really limited everyone to one submission, that once you choose that submission, that is all through that one submission method...

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

Which is not true?

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

Or that's no longer true?

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

It's not explicitly stated in rule so I highly suggest that you comment on it, and that's all that we can say. But...

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

Okay.

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

...you know, I'm just saying in the past that's how things worked and it actually works pretty well and it comes back to the, you know if you want simplicity you can have simplicity; if you want a lot of options, it tends to...complexity. So, it's something to consider and something that we would appreciate some feedback on.

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

So Marcy, what...so you're...are you proposing that they allow more than one method, use a hybrid in other words?

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

Why don't I do this, just for sake of time, what I'm going to do is find that part of the legislation as we're talking and I'll just make sure it's no longer in there. It...okay?

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

Sure. I appreciate that; and then if you have a suggestion, if you can help draft that, then we can try to act on that.

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

Perfect.

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

Thank you. John?

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

Yeah Paul, you know I think it kind of falls in the old discipline we used to learn of tell them what you're going to tell them, tell them and then tell them what you told you...oh, go...forget that. There's two to three points that maybe you want to have roughed out front that are very, very helpful; they echo what's said in the table and I think the table's excellent. It's very much what I was having in mind.

I think the first thing in the ACI domain, say right up front, it's no longer all or none, you know so in terms of how you're evaluated on what you do. There's no more thought for ACI of a minimum threshold, so even if you elect to go into the performance side of the point-scoring system, and I don't want to over-complicate it, but the point is, there's no longer a minimum threshold that you have to hit, so I think those are very important points that we lose as real highlight items.

And then where you said, you actually could stay the same, at least for 2017, because I think I said in my comment, that's getting lost a bit in a lot of the noise level that I think we're hearing that you know really if you want to take it that way, you can go that way.

Now there is, there is a complication or two that I think, I don't know whether to raise in here or...they deserve merit or maybe they're awareness points for the broader committee; one is, looking across the MIPS domains, the earliest decision you make, and this is towards reporting as a group or an individual, and that actually is a change.

So, you know the ACI domain under Meaningful Use you're measured as individual, by and large and you report as an individual. If you choose to participate say in the CMS GPRO group reporting for quality measures, that's the earliest calendar date that you make a decision by that affects how you overall report for MIPS; it's June 30 each year. You're going to lock in that you're going to report as a group for everything else you do, at least the way the proposed rule is constructed right now.

So all...you have to report all the domains the same way as groups, as measured as the group as a whole or as measured based on individuals being measured as individuals, rolled up and then reporting as a group. So I think that's a gotcha that's not well understood; it's not necessarily a bad thing, but it

complicates the message of staying the same, because that would imply you're staying as being measured as individuals.

So again, the decision you make for reporting quality measures, if you choose the GPRO method and report through the GPRO website, you have to make that determination by June 30, if I'm not mistaken; that would serve to lock you in to how you report everything else, ACI, for example for the full of the performance year. I don't think people quite are aware of that and that may be a comment we want to make for the group, either that you can make a distinct decision for each domain and report as a group or as...or measure as individuals, or there's a later opportunity for you to get locked in to what you do that gives you a chance to evaluate how you may be doing, which reporting avenue may be more advantageous.

I don't want to make that too complicated, but I think that is an important point to understand that while we say you could stay the same, you in fact aren't going to be able to stay the same in terms of your reporting...the level at which you choose to measure and report.

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

But that's not true for 2017 is it John...

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

I think it is because that doesn't have anything to do with the measure definitions, they're the same measures. I may be mistaken on that, I'd be glad to be, but I think that's operative for 2017.

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

So can anybody...can CMS answer the question whether...because June obviously won't know so does the decision on group versus individual have to be made before January 1, 2017?

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

I meant June 30 of 2017 for the 2017 period.

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

Oh, got it; okay.

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

Yeah, but still, that's halfway through the year and you haven't...you don't really need to make those other decisions, I mean, until frankly you attest; there's no...

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

John, I think this might be an example of a very specific point that can be best made in a statement rather than getting to the top...

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

No I do...you're absolutely right, I don't want to complicate the overall point, but I don't want to miss the point either...

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

Right.

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

...that people go, oh all right, I'm good and then they stumble into something.

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

Okay. So there...there's ro...so we could...there could be a hundred of these kinds of things and I just don't know whether we want to surface them at the committee level. Let's try to find the major things and there's still room and we'll figure out how. Obviously you're...as an individual representing your company; you can obviously submit that comment.

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

Yeah.

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

But we can maybe try to adjudicate what gets submitted as part of the...

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

Maybe the general point is don't lose the thought on the significance of the group decision that could make a change in the level at which you report. That's maybe the main point.

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

...folks, apologies; this is Alex Mugge from CMS. I seem to be having some technical challenges with my phone line today. I just wanted to hop back to that question that you were asking for verification on, whether you have to make your decision about group reporting by January 1 of 2017. The answer to that is no, I mean some...so for certain submission methods, the web interface and the CAPS reporting option for...so this is primarily for quality reporting, we do need notification that folks are signing up as a group because that requires some pre-work before submission.

But I believe that submission deadline is during the 2017 program year. So it of course benefits you to decide whether or not you're going to report as a group because you can go into the reporting year or the performance year with the understanding that this is how you should perform and this is how you should look at your data for process improvement. But, in terms of the actual registration, I believe that is during the 2017 year, that registration period.

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

Okay, so let me ask Cris if this is an okay way to proceed. There's going to be these hundred comments, individual comments; I think we can decide at the end whether we're going to include them as an appendix onto our report or leave them to the individual commenter to speak on their personal behalf or company behalf. But this is an example, I think, where we wouldn't necessarily...we want to be more generalized than a specific point. Do you agree with that?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Umm, on balance yes; I guess I would really encourage people who are commenting to make sure that they and their organizations do speak up. This is probably one Paul where, you know if there was a shotgun blast of other comments that would be fine, but your main point that we want to keep on focus I think breaks the tie for me. So I agree with your recommendation, we should focus on the basics.

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

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

Paul Tang, MD, MS – Vice President and Chief Health Transformation Officer – IBM Watson Health
So let's put that in this category and we'll decide at the end whether we want to include an appendix with these individual comments or reserve those for the individual comments.

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation
Yeah Paul, and I don't want to lose the, I think the more important point and I'd...which was the part first, the three simple things to bang people over the nose with up front, no longer all...at least with respect to ACI, no longer all or none, no more minimum thresholds, you can in fact stay the same. I thought those were great points that maybe in the table up front, something like that.

Paul Tang, MD, MS – Vice President and Chief Health Transformation Officer – IBM Watson Health
Right, heard that. All right, any other comments about this sort of overview, because I think if to the extent that that was an accurate representation and that can be depicted in the table, we may bring some reassurance and comfort to people faced with the 900 pages that MACRA would be coming as proposed, you could stay...use your same technology in 2017, which is the first year, and still participate. Okay...

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

Hey Paul, this is Mike. Number one, I think the table is great with the up, down or equal arrows; I think that's a really nice and clear way to do it and I endorse your notion of trying to do it in landscape with the additional column to compare to the here and now. As I said on my previous comments, I just want to be really, really careful about saying there is no threshold and for the same reason and that is, some people will think that no threshold means they don't actually have to have a numerator of one. So...

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

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

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

...if you can somehow make...word it that way, I think we'll be okay.

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

John Travis, FHFMA, CPA – Vice President & Regulatory Solution Strategist – Cerner Corporation
Yeah, yeah I would agree with that.

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

Okay, and please people don't forget to use the hand-raise. Let's move on then to the actual comments; they're suggestions, they're not recommendations. If we could switch over the document to...no, I think we're switching over to the text. Thank you. And if you could blow that up as much as you can.

So these are the four, we used to call them recommendations. And the first one I think is pretty clear and then Gretchen has some items for workgroup discussion. So just to summarize the above, it's really help us with the accessibility of the rule and make sure people understand how...what it's requiring...the ask is tied to our primary objectives, which...and which there's an emphasis on interoperability or information exchange and patient engagement.

So, Gretchen, did you want to walk us through the key items you wanted us to discuss?

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

Sure and I'm go...again I'm going to ask Alex Baker to help me with this because we were thinking this through. One of the questions that we had for your folks was the level of emphasis, which you know, and prioritization what you thought was most important for us to I guess submit forward in that when we were talking about all of this as far as like, you know tell a really compelling story versus you know, reduce the complexity. It's almost like a chicken and egg question, but if you look within this document, the number one versus number two, which one you know, how did you want us to order that because as far as the flow goes, it could go either way; so wanted some clarity there.

And somebody had asked, you know did we combine all these things versus, you know with our original document; yes. The short answer is yes, we just were trying to be as expedient as possible. Looking at...the way we tried to capture everybody so that we could you know maintain what we had before, but then move directly into the items for discussion, so you'll see the highlighted areas. These were...would be the specific things that could be recommended to change the NPRM and the final rule.

So it's wha...focusing on the ACI category, making sure that things are clear and the CPI category. Both of those, I think are the areas where people will get most confused as they're reading through the NPRM and what it is that they need to do. So the idea was you know what can we do to make sure that folks understand what it is that they need to do straight out of the gate. So I think if you look at these, they seem pretty clear.

There was the recommendation as far as, you know for those people who are not, you know the current eligible professionals, what else needs to be done for them to make sure that they can enter into this a little bit more effectively. And so if we can scroll down a little bit more so that folks can see all of those for the discussion. I think we need to identify you know is there any of these that we could take out or do you want them...is there anything that needed to be added to this?

So first is you know are we explaining well enough for everybody to be able to participate and then getting at that simplicity of the actual feasibility of implementation, what is it that we need to do. So the two of...delineating the two is not necessarily a bright line and we welcome feedback on which of these is the most important thing to emphasis.

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

Let me try to interpret number one; is a recommendation that what if instead of creating the base and performance that you just have a set of criteria that you could perform against and the better you do against all the criteria, the higher your score. Is that the proposal, Gretchen?

Charlene Underwood, MBA – Independent Consultant

Yeah and look at the table...this is Charlene, kind of I mapped it on the end of the document, kind of as an exemplar.

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

Okay.

Charlene Underwood, MBA – Independent Consultant

Yes.

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

Would you mind scrolling down please?

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

That...I think that starts on page 6, just to help give direction a little bit. The table, Charlene's table that she had added...this one.

Charlene Underwood, MBA – Independent Consultant

So this was just a different way of looking at what was in the rule, so kind of understandable. Now there's, I'm sure other ways of making this even simpler, but you know, it kind of just remapped what was required and then if you did more, you'd have performance. So it just...rather than having those two constants separated, it integrated it because that's kind of how people think about it, you know? So...and it...

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

So...

Charlene Underwood, MBA – Independent Consultant

Go ahead.

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

I wonder if CMS could comment. So just understanding the rationale for having base versus performance; is there...what was the intent there, just so we don't overlook something?

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

The intent of just having two scoring methods within the...

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

Right.

Charlene Underwood, MBA – Independent Consultant

Yeah.

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

...categories? So I think there were multiple reasons, but one of them being that the HITECH Act actually requires that we...that folks report on certain objectives and measures and we also want to make sure that folks are meeting, I guess all of the requirements of...that have been carried forward from the EHR Incentive Program by meeting each of the objectives and measures. So having the base score in there assures that one, you have the technology to do the things that are required and two, that you're implementing them in your practice.

But the performance score, as we see in the rule really emphasizes interoperability and patient engagement, and so those are key areas that we want to focus on under the MIPS and key priorities that we feel will bring more patient-centeredness and interoperability to advancing care information. So, it's sort of a way that we meet all the requirements that we need to meet under the HITECH Act and in the spirit of the program, but also allow providers to focus on and be flexible in the performance category...or in the performance score for what is meaningful to them and their patients.

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

That makes sense, others understand that and it makes sense to you?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yup.

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

It's sort of a bridging from MU.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yup. So the question, umm Paul, this is Cris. I guess the question that I've got is, is this table duplicative for what we just went through and if so, which version do we like better?

Charlene Underwood, MBA – Independent Consultant

Yeah and I did not...this is Charlene, I didn't put in current state in this one, I just left...I was trying to clarify...to me it's like it's logical to look at the objective and then if I do more, I get more points rather than separating the concepts, which is what I was trying to kind of propose here. So...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, I totally get your point Charlene and I think it's pretty powerful. I guess the question is...

Charlene Underwood, MBA – Independent Consultant

Yes.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

...yeah, should we present both of these? One of these? Can they be merged in some fashion? I'm curious maybe to hear from well Paul, from you for sure, but also from Gretchen and Beth.

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

I look at them as complementary. I got the overall message from the earlier one with the arrows and equals; and then I look at this and I go, hmm, okay now I can actually even have more confidence that yes, it is the same and here's what I would do to excel. So I th...they look like they were presenting different information and complementary.

Charlene Underwood, MBA – Independent Consultant

Mm-hmm.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I can go for that. The other question that I've got is from the diagram that we got from ONC and CMS, there were these additional tables below that we didn't look at in detail, and I don't know which of those we would want to include. It might not hurt to include all of them, frankly.

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

Well I think our intent was maybe we weren't presenting them all, that's all.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah, okay; that makes sense, Paul. Thank you.

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

Now one of the things we did mention last time was this whole bonus of one and do we want to make a comment on that, is one enough?

Charlene Underwood, MBA – Independent Consultant

Yeah. And I did an eval...what I did is I didn't make any comments on content, it was more just, let's make it easier to understand was what I was trying to do. That's all.

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

And so just wanted to be clear for people, you know as we were revising this document, decided that it would be easier to read if we divided up what used to be just the first category so now as you'll see, the first topic is solely devoted to style sorts of issues and general clarity issues...

W

Yes.

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

...around how these things are explained. And then the second actually has substantive simplification and burden-reducing elements in it. So just to...so people are clear on how this was divided now...

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

Okay.

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

...so that we don't have it all in one section.

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

Okay. Okay, so referring back to the first question, and I'm determined to turn this over to Cris in 15 minutes. So I think our main point was simplify...clarity and simplification. I think these tables have gone a long way to clarity. Do we have any concrete suggestions about how to simplify things? We had one of Charlene's which is to not...which is to avoid the base for performance, and we heard the rationale and it certainly seems we understand it now better, and that seemed like an appropriate approach. Any other suggestions on simplification?

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

Just a question, can we move back up out of the table back into the Word document so people can see those rec...those key issues?

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

Yes.

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

Keep going a little further; there you go.

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

Now, okay so going to number two, are we covering CPIA you know, it's been rearranged but are we covering CPIA down further?

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

Yeah, so the main substantive CPIA simplification stuff is in the next area...

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

Okay, so I might sort of delete thi...well, okay so this is only for discussion anyway. All right and then maybe the comment from number three goes into the bucket of specific comments. Okay, so number two is umm, is real...I think this is the timing one, right?

Charlene Underwood, MBA – Independent Consultant

Yes, yeah.

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

Yeah, okay so our ask here...the one we clarified that actually...one of our concer...our main concern really was 2017 being just months away from the final...finalization of the rule and we're reassured that you can keep the same technology if you choose and still go into the repor...the measurement year of 2017. Is there anything else that we want to say at this point? Here we might want to think about, what does happen, and appreciate CMS' clarification, for new entrants like behavioral health...

Charlene Underwood, MBA – Independent Consultant

Mm-hmm.

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

Could you scroll down a little further?

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

How do they enter into 2017 if...especially if they haven't had an EHR system in place?

Charlene Underwood, MBA – Independent Consultant

Right.

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

Could you say the question again?

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

So if the people who are already active participants and qualified for Meaningful Use really can move into the measurement year of 2017 without any change, how do people who were not part of Meaningful Use, like behavioral health, how do they make that transition? Or how do new entrants into the "Meaningful Use" side, ACI now, how do they make that transition in 2017?

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

So I think we would look at them as like just as a new person adopting an EHR in the current EHR Incentive Program, it would be similar to being a first year participant in that you would...purchase and implement an EHR in your practice.

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

And then...

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

I don't know if I'm missing the nuance of the question but I guess what I'm saying is that they're just viewed as a new purchase...just like in any other program where you're first time eligible for that program.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well...

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

So how could they begin measuring it...so they don't have an EHR, November the final rule comes out and how do they get an EHR by January of 2017?

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

Well they don't have to have it by January 1 of 2017, but they would need to acquire it sometime in program year 2017 and implement it and start gathering data, at least a one to accomplish the base score. And I just highlight, and I think you're all aware because I think we mentioned this on a previous call but, we have proposed that the performance period under the MIPS for the advancing care information category as well as the rest of the categories, is one full year; however, we did state the caveat that if an eligible clinician does not have one full year of data in their EHR or available to them for any reason, that they could submit less than that one full year.

So in the example that you're raising, if you are a new...are a clinician that's newly eligible for EHR reporting under the advancing care information category, you could acquire an EHR anytime during the 2017 program year and implement that EHR and gather your data, as long as you would have enough data to report as of the reporting timeframe, you know January 1, 2018.

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

Okay, so you have to implement and gather your numerator of one by the end of 2017?

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

Correct.

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

And basically just do the base and then you might come up short in the performance, but that's just a...in your...

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

Well it would depend on how much time you had to gather the data, you know...

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

Right.

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

...some folks may be able to gather all the data that they need for the year in the first month or 90 days or whatnot of the year, but certainly you would need to report on all the data that is in your EHR. So, for those that have an EHR throughout the year, they will certainly have more data; it doesn't necessarily mean that they will perform, you know substantially better than someone who's newly implementing an EHR.

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

Right. Okay. Other questions about that?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well this is Cris, I mean I think we may want to emphasize this point though, for some of the new types of clinicians that are entering, like a physician assistant or NP or a CRNA or someone like that...

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

Mm-hmm.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

...they may, in fact have an association with a group that already has an EHR for other professionals. But you know independent NP practices or behavioral health in particular, they'll say, this is a huge lift for them to try to get an EHR in place and managed within the calendar year. And I think we just absolutely have to acknowledge it. There's a pro of having those groups eligible to receive the benefits of MACRA, but this is a cliff event for a lot of providers to try to catch up with what all the rest of us have been working on for the last, you know six or seven years. And I just think if we don't acknowledge that, you know it's just not credible.

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

Right and I think we do try to highlight that in the advancing care information category where we address particularly the NPs, PAs, etcetera and we make the first year of reporting for them, for the advancing care information not for all of MIPS, but for that performance category, you know it is optional in the first year.

So for those that you mentioned that may be part of a larger practice that already has an EHR and is functioning and possibly reporting to the EHR Incentive Program, for this they may choose to report the advancing care information category and receive credit for that. There may be other practices out there, however, that don't have an EHR yet and for them this may be a hardship, they may not be ready which is why the category is optional for them in the first year.

And then there is...there are certainly the significant hardships that we mention also in the rule for certain categories of eligible professionals who are not patient-facing, for example or are...have other conditions that may have previously prevented them from participating in the EHR Incentive Program. So we do call out several categories of folks and make accommodations for them.

However we understand that there will be more eligible clinicians under the MIPS for advancing care information than there were under the EHR Incentive Program and to them, I agree with you that we would certainly take recommendations on how to make the transition as easy as possible or to get the education out there or outreach to them specifically. But I just wanted to highlight those folks with whom...for whom there are already accommodations built in.

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

Hi this is Mark...

Charlene Underwood, MBA – Independent Consultant

This is...

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

This is Mark; can I throw out a question?

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

I've got Charlene ahead of you, Mark.

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

I'm sorry, you're right; I totally forgot the hand-raise; my apologies.

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

Go ahead, Charlene.

Charlene Underwood, MBA – Independent Consultant

Yeah this is Charlene. Two things; I would think that whatever you do with onboarding it should create an incentive for these people to get onboard, so give them some sort of a low bar to get started to get more people onboard. I think that would be more effective than...so whatever that communication is, it's like to get them onboard.

The other thing that would worry me, and maybe John can also comment on this one is, in some of these categories, for instance behavioral health, I would worry that there may not be certified products in the timeframe because again, who we've been targeting and as some of the new providers came on, we may have some gaps in that which also creates hardship. So I'm not sure if that's included in the hardship category, but you know, with expanding it so broadly, people are...some of the vendors are going to have to catch up.

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

Okay. So I have Mark and Floyd, but I only have five minutes to get into number two so is it something very pressing Mark and Floyd?

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

Relevant but not pressing.

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

Okay, thank you.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Paul, this is Cris; I would say actually items three and four have fewer topics than two. I think if we go a little bit longer on two that would be appropriate.

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

Well thanks for the gentleman from I don't know where...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Minnesota, Minnesota.

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

Thanks for ceding some time; I'm trying to be honest, but...

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Doing great, thank you.

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

My issue was really to...in addition to Charlene's comment is the products may not be there for things like behavioral health...

M

Right.

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

...but even if they were there and they try to schedule them...may not be able to get them scheduled to implement quickly and it may take quite a while.

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

Good point. And Mark, since you were so kind, why don't you go ahead and since Cris was so kind in ceding time.

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

Yes, thank you. Thank you Paul, thank you Cris. On the last point, I think if products are not available, the question for CMS is, does that then become a hardship exception, because it's no...due to unavailability? And the other point I wanted to check on is there are some interesting tables in the economic analysis so there's a table that shows the number of excluded professionals, so low volume clinicians that's 225,000 that are excluded from the program. Is there an estimate of sort of how many people are in the eligible clinician category, but not the Meaningful Use Program that would...that might fit into this topic that we're talking about, because it could be a small number, it could be a large number; I don't know.

Charlene Underwood, MBA – Independent Consultant

Mm-hmm, yeah.

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

Yeah, this is Alex Mugge from CMS again and we do have some estimates, none that I have in front of me and I don't think any that are probably accurate enough to really put forth to this conversation. But we do understand that there is a significant number who, for example were eligible under PQRS versus those who were eligible under the EHR Incentive Program and we're looking at similar impact to the new providers under the MIPS. But pertaining to your further point about the folks that meet the low volume threshold, you know that is a proposed threshold and we don't know exactly how many folks would fit into that, based on their claims in a given year.

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

Okay, thank you. Can we move up to the next section, please and this is really on the reduce burden, provide an easier onramp, and we've started talking about this. You can go down a little bit more. So the first one, well actually no, sorry, up a little bit.

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

It started back on the previous page.

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

Yup, yup.

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

Back where we were; yeah.

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

There we go, right there. Okay, so one is almost a statement, let me see if everybody agrees to this. They proposed an alternative which is to have...which is not to delete CDS and CPOE, and this is just saying hey, we're going to go ahead and say, we're agreeing with your primary proposal which is to eliminate the topped out CDS and CPOE. Everybody agree with that one?

W

Yes.

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

Okay, the next one is what we were just talking about, and I know we've already been foretold that we're going to get plenty of comments on this and that's the onramp. As Charlene pointed out, not only do we want to not make it really hard, we actually want to invite people to become...that's the whole reason for presumably for extending it to "eligible clinicians," is to invite more people who are part of the health team to come on board. How can we do that even in a more proactive way like providing incentives to do that rather than tell them they have to get it, find some...select a product, find a vendor, implement it and report your first one. How do we make that easier? Mike?

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

Yeah, so I'm going to go back to the original part of the Meaningful Use Program component at least where a number of folks that I've talked to...I had originally proposed that the entire Medicare program for the first year of Stage 1 Meaningful Use be about opt...you know, implementing, adopting or upgrading systems and I think it still remains a huge lift for people to do that. And if they can do that in their first year, that in and of itself is a pretty amazing accomplishment. So it would be nice to somehow think about whether that would be the bar that is reasonable for them and not much more in that first year.

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

Alex, is that possible? So, is that possible under MACRA, under MIPS?

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

No, I don't want to answer it quite that directly but, not for the entire population, no I don't see how that would...and certainly not as proposed and I don't think that under the legislation that would be legally feasible.

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

And just to clarify, that's true for first year people as well, it's not legally feasible?

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

Well for first year people who are like first year Medicare participants, as in never billed Part B before, the program is optional, so they are not required to report, but they do have an option to report, should they be able to stand-up their systems as you were pointing out, which is quite a lift. However, for other folks or folks that are newly eligible but have been billing Part B in previous years, so they're not new Medicare participants, the program is not eligible for...or not optional for them; they would be required to report in the first year. We just don't have the authority to waive that requirement.

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

And just to be absolutely clear, that includes people who couldn't have been in this program until this year.

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

Correct.

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

Oh well.

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

That's a write your Congressman kind of...right?

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

Yeah.

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

It's good to be clear though, it's good to know our options.

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

Yeah, anybody else have a creative idea of how to ease this onramp for people who haven't participated before?

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

So this is Alex Mugge and I know it's not my place to make suggestions here but I will go ahead and do so just because I'm curious on the feedback. We have heard that perhaps shortening the reporting period to six months would give folks more time to come on board. I guess I'm just wondering any feedback from the group if that, you know it doesn't make the entire year optional, but if there was an

optional six month reporting period or three month reporting period or something along those lines, would that help at all?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

This is Cris; I think there have generally been comments that a shorter reporting period is good for everyone. I think there's...so it would be pretty hard to say, you know it wouldn't be in this particular instance. I'm not sure though that the reporting burden is the biggest one for the newest entrants, it's literally the process of identifying and accessing and implementing technology and business processes that's the heavy lift. At that point, reporting is going to feel like a layup compared to what they just went through. Generally speaking though, shorter reporting periods are better, in my opinion.

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

And would that be just for the advancing care and or CPIA categories or are you saying that is the case for all performance categories?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I'd go back to the input I think provided by organizations like CHIME and HIMSS, I think that, you know on behalf of their members that advocated, you know three month reporting periods for example, as a more general approach. I think it would be helpful, but definitely would not tip the scale if we're talking about new entrants.

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

Okay, that helps; thank you.

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

I think the way the feedback...so if you're just testing whether they got it up and going, the three month...the short reporting is...gives a little bit of leeway. If, and I think what CMS said last time was, if you're thinking about reporting for performance, then you would like longer time because you get more numbers.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

So I think when we're considering the how to help the initial, then I think probably you weigh it towards the, how do you give them more time to get up and running, and that would speak towards a shorter reporting period. Does that make sense? Okay let's...

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

This is Alex, I just want to...sorry, just quickly point out the other idea that is in here that I think came up at some point and that we added, which is that you know as CMS has done in other parts of the rule, there is the potential ability and not making any claims about how feasible this would ultimately be if they went through it, but if you could allow folks to only be scored on, you know other parts of MIPS

and not ACI since that requires the biggest technology investment; so just another idea that was thrown out there, if that would help to ease that burden.

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

Give them the fle...to unilaterally decide they're not going to participate in ACI?

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

Right, if there would be some way in which you could say these folks can instead of having 25% ACI requirement, have that be taken by the quality performance category for...

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

I thought Alex said...told that wasn't legally possible.

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

I think what I was saying, and sorry if I misunderstood your question previously was that making all of MIPS optional would not be a possibility. We have, you know put in advancing care information category the...like for certain specialties who are new to advancing care information, again the nurse practitioners, Pas, CRNAs, etcetera that they are...the advancing care information category is optional for them to report for the first year and we will re-weight their other performance categories...

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

Oh, okay.

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

...it does not report; however, that is not an open door for all specialties that are new to MIPS and/or to EHR reporting.

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

Behavioral health would be included in that?

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

Umm, I don't think behavioral health is called out in there at all.

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

That was the question we had is can behavioral health be...can ACI be waived for them in the first year?

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

And so as is proposed, they are not called out as included in this optional...

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

Is it legal?

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

I'm sorry?

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

Is it legal to opt them out?

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

Umm, so technically again no it's not, and you're just talking about advancing care information, so not all...

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

Correct, correct, correct.

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

So it's sort of a complicated answer. It's...we are required to extend the advancing care information to all eligible clinicians under the MIPS; however, we have made this particular exception for some specialties that are new to MIPS because we don't believe that they have measures that are applicable or available to them so if it could be shown that clinicians in behavioral health don't have measures applicable or available to them, it's possible that that could be a consideration, but it would need to be demonstrated that they just don't have the measures to report at the current time.

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

Now again when you say measures, we're talking about just ACI, you're saying ACI measures?

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

Correct. Yes, that's correct.

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

Okay. I don't want to outstay the welcome. The next three have to do with CPIA; I thought our workgroup was...our task force was interested in mak...since these are all process measures, was interested in the whole deeming process, being able to deem other kinds of process activities in the accrediting space as fulfillment, or at least partial fulfillment of CPIA. Is that still true here?

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

This is Alex; I can't speak to the CPIA requirements...

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

No, no I'm talking about from the task force, is that still the interest of the task force in terms of recommendation?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I think so Paul.

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

Yup.

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

So Paul, this is Mark...

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

Mark had a question about that window as far as especially with the deeming.

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

My question was, it wasn't clear to me that that's actually what was being proposed, and it sounds like it is being continued and...

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

So, yeah could we write these three to say more or less that, is really to downgrade the process, so that's overarching theme number two which is, focus on outcomes, back away from process.

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

I'm not catching the connection between that and a deeming proposal.

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

If instead of adding more process-oriented requirements into MACRA, leave the process which already exists in the accrediting and professional accreditation...certification space, leave it to that. If they do something like that, then give them credit because you can't get rid of CPIA because it's in the law. But let's not add more process requirements.

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

So the point I raised is that there were...there are things built into MACRA and the proposed rule as public goals that are not necessarily what the professional associations are going to be looking at.

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

Such as?

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

Umm...

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

Paul and Mark this is Gretchen. As far as say getting at the reduction of the process measures in the CPIA category, what staff was thinking folks were saying is that we need to maintain CPIA, but instead of

you know just having this attestation to this slew of process measures, make sure that the list of things, the inventory list is truly meaningful for getting folks into APMs. And part of that would be if you're doing these ty...these process type things for your practice that give you credit in...either in the commercial space or for your MOC part 4, that would be a partial demonstration, but remember you have to report at least two, unless you're rural providers.

But...so that would be part of it, you know check off that process part, but put the emphasis on those things that really matter in the APMs, including the patient engagement and including the care coordination. So it wouldn't be eliminating those requirements, it would just be like simplifying this a little bit more. Is that a correct statement for what everybody was asking this to do?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Gretchen, this is Cris; I'm afraid I just didn't follow the comment to the question. Can you restate the question again?

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

Well, figured with all the crickets I didn't make myself very clear. So Mark was concerned that from what his...and I'm just trying to summarize what we had seen from everybody's comments that Mark was concerned that for CPIA an eligible clinician could be deemed as meeting CPIA requirements by completing their MOC Part 4, and that they would get full credit for the category.

What we heard from various folks, Paul and lots of others, was that the current iteration of the CPIA category is too weighted towards true process measures, you know things that just check the box yes, I'm adding additional hours doing all these other things...

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

Right, right.

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

...instead of getting at things that are moving truly into what you'd be required to do in an APM. And folks had said; why not use this as a testbed to get people experience in what you'd need to do if you were part of CPC Plus or something else, including more of those really super-heavy patient engagement activities and true care coordination. So why don't, you know why doesn't CMS just look at CPIA in that light and get rid of the fluffy stuff and say, you know if there is any "fluffy stuff," that's met through some of the stuff that's required by professional organization. Is that a correct assessment?

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

I think one way to look at it is, we don't need more process measures and if you want to make sure that people are doing care coordination, build it into the measure, the quality side, you know the quality 50% and make that sensitive to what patients, and sometimes you can even ask you know, is your care coordinated? Make it sensitive to what people would understand rather than creating more things that you make providers do; they...it backfires in a sense.

If you ask them to do certain things, it goes into a check the box rather than making sure that you are there for patients when they need it. If you make that the goal, then they'll figure out whether it's

Saturdays or the evenings or whatever...or online. If you make it, everybody has to have online ans...you know, it just that's our objection is the process measures have so many unintended side effects when now is the time you should be pushing people to being there for patients. I mean, that's my perspective, one perspective.

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

So Paul back to your question, it's the...Gretchen's description of improving the mess...the measures, excuse me, sounds right to me. It then is not really a deeming issue; it's just improving the measures.

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

No, the deeming has...occurs because there is...the requirement is a CPIA category and I'm just trying to find a way, if you're already having to do processes in other areas like accreditation, then get credit for doing processes. This should focus on the outcomes and then payment against these outcomes. It's sort of the heart of MACRA, I think.

So let me go back, is there...so there was agreement before about the trying to allow for deeming of processes outside of MACRA to be in partial fulfillment of MACRA category, the CPIA category. Is that still people's sentiment and we can write this so that it reflects that?

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

This should be roman numeral four and then the deeming is mentioned in the last sentence there, and we can certainly tighten...

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

Okay, but I'm trying to collapse four, fi...I don't see a reason why we have four, five and six; I just want to collapse it into, our primary message is, we...it's our belief that we shouldn't increase the number of process things people get measured against, and one way of doing that is deem other processes that they already have to comply with.

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

So Paul, I think that was a conversation that I was missing from, not something that I'm comfortable with, but I'm hearing a voice of one. I certainly don't disagree with the point about going to better measures that aren't just process measures.

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

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

But I think the program builds in more than just that.

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

Anyone else have a feeling on either of these? We've got to turn it over to Cris.

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

It's Marcy Carty. I think just given that there's some dissention, maybe we can just explicitly comment about the need, and I think I brought this up at the beginning, probably in the first workgroup, is just moving towards outcomes and we don't want people to be checking the boxes, which is exactly what they're doing for some of their societies...

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

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

...so, a broader statement than maybe not have to comment on how we get that implemented.

Paul Tang, MD, MS – Vice President and Chief Health Transformation Officer – IBM Watson Health
Saying not deeming?

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

If we stay silent on the deeming, it certainly could be something that we can...but a lot of societies we would deem to have check box solutions to these various same things, they're process measures rather than outcome, probably because they're easier and easier to measure at this point. So, I think the intent is to move towards outcome and then allow people to figure out the solutions that help them meet those outcomes, from a process improvement standpoint.

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

Right. I'm not getting a concrete suggestion here though; I mean that's another statement. Does the group feel comfortable in a consensus about how to satisfy this requirement which is legally required without adding additional process steps to it?

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

So Paul, this is Mike; let me see if I can channel what I heard you say and being that we're in the same specialty, maybe it can resonate. So you and I know as internists we go to our ABIM site, we can see the practice assessment and improvement activities; they relate squarely to quality. We can pick any number of them, in fact we need to for our maintenance of certification and we can do things like managing diabetes better or other things like that.

What I heard you say, which I would endorse and I would think lots of providers would endorse is to say, if you've already been doing that good work and it counts for your practice assessment and quality improvement within your maintenance of certification, that should also count in this category.

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

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

That would streamline it that would be a win-win and only if CMS looked at those kinds of lists and disagreed that that is part of the goal, umm I would hope that they would otherwise agree.

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

So what's the sentiment of this group?

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

Would that be for full credit within the CPIA category, is that what's being proposed or should that be for partial credit?

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

Well I would start with partial, but I would also say that unless there's a category that CMS feels is so critical that it applies to everyone and might not otherwise be covered in a maintenance of certification, that we start the process by allowing people to get credit for their practice improvement that relates to quality through their maintenance of certification. But I'm happy to accept partial as Paul...

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

Well, this is Gretchen. I would say as a staff person that within the sub-categories of CPIA, there's definitely things that are not part of MOC, so, especi...getting into the emergency preparedness and health equity and things like that. So, I would say that CMS would question how those would be addressed.

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

Okay, we can go with what you proposed, Gretchen. Other folks? And John, did you have something to say about this particular topic?

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

Actually mine was back on the prior point, I don't know if we want to go back briefly.

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

I...if possible, I really want to turn it over to Cris.

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

Yeah, I'd...it's a minor point; I could email the suggestion in.

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

Okay, great. Thank you. Okay, so the last I heard was what Gretchen presented which is there are some things that are process oriented and you pick from the 90 and there are...there is a group of things that are not covered by any of the professional maintenance of certification kinds of activities; leave those but allow deeming of the ones that are overlapping. Is that a fair representation of this group?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I think that's about as close as we're going to...

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

We can get, okay, thank you Cris.

W

Yeah, that sounds reasonable.

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

Okay, let's move over to Cris. Well thank you.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

All right items three and four have some simple comments; maybe we can get to these quickly. On number three is a comment from Charlene suggesting that we consider care coordination and patient measurement as, if I...excuse me, patient engagement, presumably as an outcome style as opposed to a process style measure. Charlene, do you want to speak to this?

Charlene Underwood, MBA – Independent Consultant

Yeah, this was, you know we are incenting, in the performance category, those two categories, so it seems to be a focus. So we've talked a lot about creating patient-focused measures so if it were possible, and like Paul suggested you know, was your care coordinated to include those in addition to, in addition and/or in place of HIE. But those are the real outcomes we're trying to get to, built on HIE. So that was kind of what my thought process was there.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I'd say...

Charlene Underwood, MBA – Independent Consultant

So just to kind of go back to the theme of focusing on outcomes.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So you're suggesting these as alternatives to HIE, I didn't quite get that from your comment.

Charlene Underwood, MBA – Independent Consultant

Well, no, I included them as an "and" for purposes there may be some categories of HIE where the market forces aren't sufficient enough, we talk about that all the time, so you just have to do it. But maybe in the longer run, HIE will go away when it gets in place, right? So it may be too early on for that, but...so I had an "and" as opposed to a replacement, but I could see where it could go away.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Any comments from others, I think I've got maybe an opinion about it, but do others have comments? I guess Charlene I...this is Cris, I would favor the "and" approach as opposed to alternative only because I think there's some value in HIE above and beyond these two items and I can see ways that you could do these two items without HIE, so they feel like they're potentially orthogonal to each other and at least opinion of one, I'd hate to see HIE be replaced entirely with these two. So I favor "and" rather than "or." Does anyone object to that?

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

Just a quick question as a process, can we scroll down to those recommendations for number three? So, yeah, awesome, thank you.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Sorry, I've been working off the Word document and not the webcast.

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

I was doing the same and then I went back and was, oh, we're not in the right spot.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Good idea. Any additional comments on this, just making this an "and" addition; if not, given our pressing time, item number four. There's just two recommendations and Paul, they both come from you about considering deleting romans seven and eight. Do you want to speak to either of those?

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

I...

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

Can you scroll down again? All right.

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

It's more whether CMS actually can force people to use all payer databases.

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

Yeah Paul, I definitely agree; these are very future looking things that are...don't really have a basis in the current proposed rule so, you know one solution could be to look at them later if we didn't want to put them in this.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Unless anyone objects, I suggest we take Paul's recommendation since the spirit of our recommendations generally is parsimony and simplicity. It feels like we probably would, as a group, want to take off recommendations around things that are forward-facing or advanced. We have enough on our plate.

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

I would agree this is probably a parking lot item.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah. Okay, I would suggest that we delete both of these, per Paul's recommendation, unless there's a contrasting voice. If not, I think we're coming into the station here pretty close to on time if we want to go to public comment. We also need to probably just spend a few minutes on process between now, or

what we need to do between now and the meeting next week. I would suggest we do the comments on what do we need to do between now and next week and then go to public comment, if that's acceptable to everyone.

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

That sounds right. Thank you.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

So I guess since I have the floor just for the moment, I'm assuming that we will recapitulate but not completely repeat our comments from the initial readout. I think there was a lot of power in our sort of high level recommendations and we would use these materials to supplement what we reported out previously. Does anyone want to improve on that or does anyone object to that?

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

This is Mark with a question maybe more.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

Are we, I assume that we're preparing this as a...something akin to a transmittal letter so I'm wondering how much detail we do or don't get into since, I guess we're now at the final stage of June 23 before...and I think what I've heard on previous calls is we're aiming for a June 27 deadline.

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

Correct.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Someone's going to have to come up with a transmittal letter out of this at some point, but I'm not sure we're going to...I guess we kind of have to do it on the grounds of what's recommended on June 23, is that correct?

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

Correct.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

So it may just be that I don't disagree that...I think the committee would like to hear something at the high level, but do we also need to have a cleaned up version of what we've been looking at today and is that going to get perhaps a little more attention than you were mentioning? That's my question.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Yeah.

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

I think we do want a cleaned up version of what we've been looking at...

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

Yes.

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

...and that would be...the final version of that that incorporates the committee response would be what gets submitted onto the website. It is a comment, but we're hoping that it's a comment that represents the best thinking of the combined committees. So we're doing this work to support the combined committees submission of their...of the committees reaction, comments, feedback.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

To get really technical I'm assuming that we'll submit essentially a PowerPoint type presentation that summarizes our work, which will incorporate both our initial report out and the salient points from this. And then we'd also attach essentially a clean version of this document that we've worked through today. That's fair?

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

Well isn't the PowerPoint then duplicative of this, of the clean version of this?

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Well possibly so, the only thing is Paul, I think this document doesn't include the summary comments that we included last time around simplicity and so on.

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

Correct, preamble essentially, yeah, okay.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I don't care if it's all put in one document or if there's a PowerPoint and a document; feels like the end product should combine both.

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

Yeah, right.

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

Yes and so that end product will then be submitted through regulations.gov on behalf of the Policy Committee and the Standards Committee as comment to the NPRM.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Okay, that makes sense.

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

This is Gretchen. As far as process goes, I know we're at time but umm I think what we'll need to do is have this document cleaned up, make sure that everybody's good to go with that on Monday and then we build out the slides for the presentation for Paul and Cris for Thursday. And the two of them are part and parcel, the slides that would be presented would be a little bit more streamlined, but the document itself we want to make sure everybody's okay with it.

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

So we should all look for that on Monday, is that what you're saying?

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

That's my dream, but it might be super-late at night, just FYI.

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

Just going to make sure I put it on a calendar.

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

Yeah it'll be...it'll probably...I mean I have not been really good at this, but it would probably be 10 or 11 p.m.

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

So appreciated, don't...not to worry.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

I think that makes sense.

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

While we ponder, why don't we open up to public comment and then if anyone has any concerns, we can go back to that, if that's okay.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Thanks, Michelle.

Public Comment:

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

Yeah. Lonnie, can you please open the lines?

Lonnie Moore – Virtual Meetings Specialist – Altarum Institute

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

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

While we wait for public comment, I just want to thank you all. This has been a really fast process; we've gotten so much engagement and so much feedback from all of you, we really appreciate it. And all the time that you've spent; a lot of Friday afternoons and here it's beautiful out, so I'm sorry that we're taking you away from your beautiful afternoons, but thank you so much. And we have no public comment. So let me just go back and make sure there aren't any other concerns before we wrap up.

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

Well thank you everyone. Thank you Cris, thank you Michelle, thank you Gretchen.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic

Sounds like we have a plan.

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

Yeah, thank you everyone.

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

Take care.

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

Thank you.

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

Have a wonderful weekend.