

**HIT Policy Committee  
Accountable Care Workgroup  
Clinical Quality Measures Subgroup  
Transcript  
December 20, 2013**

**Presentation**

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

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 Committee's Quality Measures Subgroup which is the Accountable Care Clinical Quality Measures Subgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Terry Cullen?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**  
Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Joe Kimura?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Present.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Helen Burstin? Heather Jelonek?

**Heather Jelonek, MS – Chief Operating Officer – John C. Lincoln Accountable Care Organization**  
Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

David Kendrick? Marc Overhage? Eva Powell?

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**  
Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Paul Tang?

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Here.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Sam VanNorman?

**Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System**

Present.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

And are there any ONC staff members on the line?

**Lauren Wu – Office of the National Coordinator**

Lauren Wu.

**Kim Wilson – Health Communications Specialist – Office of the National Coordinator**

Kim Wilson.

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator**

Alex Baker.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Thanks Lauren and Kim. Oh, and Alex?

**Alexander Baker – Project Officer, Beacon Community Program – Office of the National Coordinator**

Yes.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

I will now turn it back to you Joe and Terry.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Great, Terry, maybe I can jump in and start?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Yeah, that would be perfect.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay, so I want to thank everyone for making this sort of abbreviated meeting today, we only have an hour but our goal was to see if we could at least tee up what we think we want to put together to present to the Health IT Policy meeting, not the December one that we missed, but the January one coming up, I believe it's on the 14<sup>th</sup>.

And we had a brief, brief conversation maybe about a week and a half ago about what would really be helpful and so we wanted to bring those ideas back to the committee and talk that through and see whether or not we can do some off line work as we head into the new year to see if we can prep up and have something prepared for the 14<sup>th</sup>. So, next slide. Oh, and the very beginning we're going to welcome Heather, welcome Heather.

**Heather Jelonek, MS – Chief Operating Officer – John C. Lincoln Accountable Care Organization**

Thank you.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Heather joins us from the ACO Committee and I think what we really wanted to do is be sure that we had very good operational representation particularly as we were talking about how some of these quality measures were translated and operationalized on the front lines of delivery systems. So, welcome Heather and look forward to your engagement here.

**Heather Jelonek, MS – Chief Operating Officer – John C. Lincoln Accountable Care Organization**

Thank you very much.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay, so next slide; this is what we had hoped to do in a brief 60 minute period. I think we wanted to do a couple of quick things from the ACO Hearing that was a couple of weeks ago and just hit upon some of the highlights there and then review some of the discussions we've had, we'll probably do that bullet point briefly as we go through to what we believe would be the thing that we want to discuss for most of this meeting and have that sort of directly linked to what we're going to try to present on this January 14<sup>th</sup> meeting.

So, first is discuss ACO Hearing takeaways. Next slide. And reading briefly just through the bullets in general, oh, this was the November 6<sup>th</sup> discussion, this is the one that I would throw back to someone from ONC really quickly to talk through.

**Lauren Wu – Office of the National Coordinator**

Sure, this is Lauren; this was just to recap what had happened at the November Health IT Policy Committee meeting and why we're kind of reverting back to talking about MU3 recommendations. If some of you will remember, maybe the last few months starting from around August, we started talking about deeming and whether we could look at operationalizing deeming and recommend it for Meaningful Use Stage 3 and so the Quality Measures Working Group and this Subgroup took a look at that.

There were some challenges in trying to figure out how to implement it and operationalize the deeming idea and so when we reported it, took it back to the Meaningful Use Working Group they decided that they would table deeming for Stage 3 but they did want to recommend to HHS to consider deeming as a valuable idea for any future work going forward that they shouldn't lose it but that HHS and ONC, and CMS specifically need to consider exactly how they would operationalize the idea.

So, you know, they thanked us for our work and then told us that we could kind of go back to discussing Meaningful Use Stage 3 recommendations in the more traditional quality measure sense.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Great, thank you. Any questions on those and then we can move to the next follow-up from the ACO meeting? Okay, and Paul and Heather you were both with me here too on this hearing, but in general for the folks who weren't able to listen in or perhaps just read some of the commentary there was a hearing done the beginning part of December in the Accountable Care Organization and brought constituencies from physicians and group practices, hospitals, healthcare systems, community, state representatives and then vendors, and asked about some of the strategies, goals and the HIT challenges that existed.

And two of the major themes that we thought were relevant for this particular committee around accountable care that I think we heard a fair amount was that one that the lack of interoperability across systems continued to be a pretty big barrier to sort of pushing forward and then as a functional theme that care coordination came up a fair amount, probably in the same sentence about the lack of interoperability, but that those were the two areas that we thought were of significant relevance to our committee here around quality measures for ACOs. Heather, Paul any additional thoughts on stuff you've heard?

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Yeah, this is Paul, just to sort of re-enforce what Joe is talking about, I mean, I think the message they talked about in terms of lack of interoperability was a bit more pointed towards vendors. So, it's not – I mean, we all know this is a socio-technical challenge and I think there was the part with the vendors but also the part on the provider's side.

So, in other words, information exchange had been thought of as a technical thing and we talked about HIE organizations, possibly the HIE that we need to work on is the human information exchange, the ability to get together in forums and actually talk about both the benefits, the care coordination benefits and what it takes in our processes, in our cultures to get data to flow where they should.

Another piece that came out was ACO, and this is not a criticism it's just a little bit like Meaningful Use where the ACO check – the ACO requirements sometimes turn into a check list instead of a transforming enabler and we heard a lot of that. So, we've got to be careful we keep the prize in view as well. But, I think it still goes back to this human information exchange, what can we do from a policy point-of-view to encourage that?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Heather any thoughts?

**Heather Jelonek, MS – Chief Operating Officer – John C. Lincoln Accountable Care Organization**

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**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yes?

**Heather Jelonek, MS – Chief Operating Officer – John C. Lincoln Accountable Care Organization**

Hi, yeah, this is Heather, I was just going to say, you know, one of the other I think things that came through loud and clear to me was that there really are no discrete definitive definitions of what – data elements actually mean. There was a lot of reference to CCD and how much that can have variability as well as to HL7 format.

So, I think we really do need to be looking at coming up with similar to what the pharmaceutical industry has in their NDC numbers exact definitions for what each and every data element needs in order to share information a lot easier.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Sure. Others? I don't know Sam if you were able to listen in on that and Terry I know you were trying to pop in and out of calls, but any other sort of reflections?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Hi, this is Terry, I was just in and out and every time I got in I heard about interoperability and to take up on what Heather said the need for more specificity in what we meant and in how we were going to transfer information.

Paul, I did want to ask you one thing. You said "human information exchange" what were you meaning by that just so I know?

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Yeah, so the HI, well what we used to call HIOs, Health Information Organizations, well at any rate, the organizations that would help people exchange the data, I think it's original intent was both to work on the technical exchange but also the fora become the fora where people can interact and agree on the common mission of care coordination and then work on the things that act as barriers. And I think we heard a lot during the hearing of these barriers, some by vendors, but also some by providers who don't necessarily want to exchange data.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

So, the human side is to focus on the social aspects, the cultural aspects of exchanging information like you really mean it.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right. Okay, so maybe let's go to the next slide. So, as we – this is more context, so in this – if we really break down what we did in the committee quickly I think we started in the place where we were talking about what are the major areas that ACOs needed to work on in order to really deliver on the promise of value, improving and optimizing value for populations in an accountable way.

I think we focused on that, started to develop a framework and shifted a little bit to see if we can get to some specific measures around deeming during the mid part of the fall, but I think we're returning back to the general concept of what are the core domains that ACOs need to be focused upon and then from those domains think about the concepts, the measures and the data that's required.

So, maybe if we go to the next slide, I forgot what's coming next, got it. Next slide. And these are sort of our – some of our generic principles I think that we were talking through thinking that domains will be at the organizational level to optimize performance, that they're going to be as generic as possible to be broadly applicable to a subset of the accountable care population and at the time we had six, I think we may have seven now, but I may have miscounted, that were the domains that we thought captured the big areas that are unique, not unique to accountable care, but sort of really important and a focal point for ACOs today. The next slide is I think the diagram.

Yeah, so we kind of did this where we were thinking in the beginning part around types of quality measures and the history being more intermediate outcome measures and healthcare outcomes, but through our committee discussion we talked a lot about trying to push towards health outcomes rather than healthcare outcomes.

But within those three big buckets we thought about the domains that are important operationally for an ACO and we came up with these six, I think we – six, yeah, functional status/well-being, shared decision making, prevention, coordination of care, efficiency of care and safety of care.

And I think we pivoted towards the right side of this diagram in the sense of all of the six domains we think should be generic enough or the measures that are included in them should try to span from health outcomes through healthcare outcomes and intermediate process outcomes.

So, really trying to make sure that these six are areas that are generic enough to be able to span up and down. Heather I –

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Hey Joe?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah, go ahead Paul.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

This is Paul I wonder if we could introduce something for you to consider and that's disparity, so potentially that maybe like the Tic Tac Toe that's the angle, the strike that goes through all of them as another cross cutting theme.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah, no, I think I saw that on one of the slides earlier, I mean, I think it's similar, it fits in terms of the theme like the other six and obviously it's an IOM STEEP Principle as well. So, what do we think?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Well, Joe we have it in slide 11 as other, maybe it wasn't slide 11, slide 12 other key ideas. So, I think it was where to put it here, because it does keep coming up that we've used the word health equity.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

As opposed to disparity.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Maybe –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

So, maybe if we go back one slide and just look at the – yeah, this one and think about if we're throwing equity or health equity in there.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

One of the left over ideas from deeming that might be useful here instead of saying yet another, you know, make it seven instead of six when it truly is crosscutting is what would be actionable? What would be actionable is instead of having a population mean of any one of these metrics to have a stratified measure and as one of the ways to stratify use disparity variables and all of a sudden some things pop out at you and then that's actionable.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah, so then, so in that Paul so what would you say? So, in this thing you have six domains and obviously all six of them you could look at by ethnic disparity or SES disparity.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Whatever is relevant to your population, right, and then instead of just reporting a population mean report pick the disparity that's relevant to your population and report – stratify it.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

What do we think?

**Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System**

This is Sam I, you know, I think that's a superb idea but, you know, again that's a tough to execute one.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

The one way to inch on that in increment is, and again I'm just sharing of the stuff we've thought in the original deeming program is to pick one, so let's say you have to report six then pick one and it's to your advantage to pick the thing most relevant to you where you would take a programmatic action and stratify that one and that's part of the reporting requirement but the best way to have reporting requirements are things that are useful to you and our thought was you can certainly find one where it's very useful and then pick the variable that's the most relevant to your population.

**Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System**

Yeah, I do like that, I do like that.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

And while it may be difficult to do say you're stratifying on gender, I mean, you could – a cite could be driven by what we know are data domains that – well gender is difficult actually, but maybe age, so if you had the latitude to stratify yourself. Paul that's what you're thinking right?

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Exactly.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

There might be a list that you can choose from but it's a pretty large list to stratify on.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Correct and so you decide it's age or you decide it's race, or you decide it's language, or you decide it's – it's this.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Yes.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

I mean, everybody has something that they could work on to make it meaningful.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay, got it.

**Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System**

Yeah, I do like this in that, you know, it gives people some incentive to do – burden.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Joe if we're going to do that though we should somehow I think, Joe, try to capture it in this domain framework.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah, I know that's what I was trying to – I'm thinking about this, well actually, so these are earlier examples we did, can we flip to the next couple of slides because I think we want to get to the table that Terry you and I, and everyone on –

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Yes.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Thursday, Lauren, I think we're noodling through. I don't know how many slides forward it is.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

I think it's 14.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Fourteen.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Alicia was saying that –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Here it is this one.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Yeah.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

We were trying to get to a spot and I think Paul this also dovetails from the conversation we had on our previous sort of truncated meeting where if we talk about those domains, try to isolate some specific improvements or concepts that drive improvement within those domains and then think about metrics within there and then data elements, sources for those data elements, and then finally some additional HIT infrastructure to begin operationalizing it we thought this kind of structure would help us link together and in my mind I was trying to string together sort of an English logic set so that when we put stuff on this table we could actually use it sort of in a complete sentence that made logical sense of how we moved from left to right.

But this is, this helps us I believe get from those domains into the big areas that we really want to improve within those domains, i.e., care coordination, and then throw out some concrete metrics that we would think about that helps us brainstorm where that data is coming from. So, I don't know if this captures what you were thinking Paul, this is sort of how my mind mused this up.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

I think it's beautiful Joe, it really is, it takes the goal on the left and works it all the way to the infrastructure that's needed and in the middle you're capturing the data, it's a really beautiful job

and as an example for your concept metric, the seven days of discharge, it doesn't match the 30 but it matches the evidence that says actually it's really important that they get seen within seven days, that's the determining factor and you've captured that in that metric and then what would you need to know? Well, you would need to know the discharge event. And then how do you get that?

And the only thing I'd add to that is the current way we get discharged is three months or six months later and that of course is useless in actually changing care. So, there is a new request for a data element and then some of the things people were thinking about is the pain that goes on for eligibility determination that's a real-time event, could that be put in notification so you actually do know something in time to act on it. At any rate, just a beautiful job Joe it's exactly right.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

So, how do the rest – the good news is Paul and I talked about this so I'm glad he and I agree, what do the rest of think too about the framework and obviously trying to flush out for all the domains, particularly these improvement concepts and then the measures and trying to work through? Does that make sense to people? We actually had a little bit of discussion on this earlier this week.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Well, I love it and I think the other reason I love it is that from this there is some actionable, I don't want to say work, but actionable tasks that can be given to others like, so is – and Paul I'll just pick on what you were saying, the data element, do we really have a source for that data element to go back what was said earlier is that data element granular enough and in the Health IT systems right now.

And given that we're looking forward I think this does somewhat give a roadmap for where there needs to be additional – it identifies the gaps for the standards work.

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Yeah, this is Eva, I really like that a lot too it's very clear and helpful.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay, so that in this framework where would we put health equity? How would we do that?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Well, I actually think it crosses all, which I think is like what Paul was saying that Tic Tac Toe, so theoretically your organization could look at the percentage of patients contacted with outpatient services within 7 days of discharge based on race or rural versus urban, or age, or family status.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Yeah.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

That's how I would envision this. So, you could have an overall report and then you could say, whoa, I take care of a lot of rural people maybe that's a disparity.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Or SES of which insurance could be a proxy.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Yes.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

And all of a sudden you find out your Medicaid folks aren't being seen, well, I know exactly where to go right?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Right.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

I mean it's beautiful.

**Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System**

Yeah, I like that idea a lot.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**Lisa Lentz, MBA, MPH – Health Insurance Specialist – Centers for Medicare & Medicaid Services**

Hi this is Lisa Lentz from CMS can folks hear me?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Hi Lisa, yes.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Yes.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yes.

**Lisa Lentz, MBA, MPH – Health Insurance Specialist – Centers for Medicare & Medicaid Services**

Okay, great, yeah, I think this, you know, this framework the way it's laid out it's, you know, very clear, easy to understand so I think that's great. I just wanted to remind the group as well that, you know, as we're seeking to align quality measurement goals across programs such as shared savings program with PQRS and Meaningful Use we are trying to align quality metrics toward the National Quality Strategy domains which I think a number of the domains in this framework do align with, but I just wanted to remind the group about that, you know, that CMS strategy for going forward.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay, so this is Joe, so in that strategy – so I think what was unique and we had this conversation with the Quality Measure Workgroup our sort of parent Workgroup was that in this group we are very much focused on the world of accountable care where a lot of focus on measurement is specifically around a context where an organization is working in an accountable care sort of financial framework. Is the National Quality sort of Strategy adopting that as the view or a little bit more broadly?

**Lisa Lentz, MBA, MPH – Health Insurance Specialist – Centers for Medicare & Medicaid Services**

Well, I think the National Quality Strategy is more broad than just accountable care. I mean, you know there is really some very broad aims, there are I believe six priorities such as making care safer and ensuring that, you know, there is person centered care and effective communications. So, you know, again I think many of these domains do, you know, do align, but I just wanted to point, you know, that out as a CMS agency priority that just as we're trying to, you know, reduce provider reporting burden across the various programs we have been sort of trying to align all of our quality metrics toward those six different National Quality Strategy priorities.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

So then for our committee as we think generating or flushing this type of document out to send forward to the – are we sending it to the HIT Policy Committee or the parent Workgroup committee? It's the Policy Committee I think on the 14<sup>th</sup>?

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

The 14<sup>th</sup> –

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Hi, this is Michelle, it has to go to the Quality Measure Workgroup first and then the Policy Committee meeting on the 14<sup>th</sup>.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Got it, so, Terry do you think, in terms of what Lisa is talking about, about integrating more – if we have a core framework set out with our constructs and probably the concepts would be similar, but again how we started the conversation with Heather too precision and language being very important.

The work of integrating it and thinking about what those differences are is that something that the Quality Measure Workgroup would take on do you think?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Well, I think they would take it on, but they'd probably like us to do it first. Do you know what I mean? Because we have this proposal, we understand this and the issue is, is there a way – can we propose the crosswalk, because I think that that's what you're talking about right?

I mean, we want to be – or do we necessarily want to be subsumed by that or do we just want to say here's where there is a cross –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

One to close and then there's these other things, because Joe I think that that's the issue is there may be a delta here.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right, no I agree.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

In fact there is a delta.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

I don't think we want to lose –

**Lauren Wu – Office of the National Coordinator**

So, this is Lauren –

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

We want to lose the delta for this, I'm sorry, go ahead?

**Lauren Wu – Office of the National Coordinator**

Oh, I'm sorry, Terry, I was going to suggest that one thing that we could do is maybe add another column here and cross walk maybe the domains that we've identified with the six kind of key priorities of the National Quality Strategy.

I do recall that this Workgroup had already discussed that our six identified domains were quite similar to the ones in the National Quality Strategy and we didn't feel that we were diverging very much from those aims and so one first step we can do is to do that cross walk and then see where we might have some additional gaps compared to the Quality Strategy to try to address.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Well so –

**Lisa Lentz, MBA, MPH – Health Insurance Specialist – Centers for Medicare & Medicaid Services**

And this is Lisa; I think that's a great idea.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

I mean, so briefly just not to divert us too much, but is anyone – so the seven domains, given the six or the six plus one we have proposed what's – is there a major one that we're missing that's in the other framework? Do people have enough familiarity to be able to mention it now so we can discuss it here?

**Lauren Wu – Office of the National Coordinator**

I can try to read the bullet points to you now if you'd like Joe.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Sure.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

And then maybe you want to put on the screen, you know, the ones, the domains you have now so we can compare?

**Lauren Wu – Office of the National Coordinator**

Yes, Michelle, should we go to slide 11. Okay, do we have slide 11 up? All right, okay, so looking at that left most column and then here are the National Quality Strategy priorities and Lisa correct me if I'm getting these wrong I just got this from an HHS website. The first is making care safer by reducing harm caused in the delivery of care.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right.

**Lauren Wu – Office of the National Coordinator**

I think that aligns with our safety.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yes.

**Lauren Wu – Office of the National Coordinator**

The second is ensuring that each person and family is engaged as partners in their care.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

And that –

**Lauren Wu – Office of the National Coordinator**

And the third is – go ahead?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

That would be shared decision making right?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Decision making it seems.

**Lauren Wu – Office of the National Coordinator**

The third is prompting effective communication and coordination of care.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

That starts to be coordination of care/shared decision making.

**Lauren Wu – Office of the National Coordinator**

Yes, the fourth is prompting the most effective prevention and treatment practices for the leading causes of mortality starting with cardiovascular disease.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

We were much more generic with prevention.

**Lauren Wu – Office of the National Coordinator**

Yes and the fifth is working with communities to promote wide use of best practices to enable healthy living.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
So –

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**  
Well, we could say well-being is that.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
The functional status, well-being for healthy living.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**  
Yeah.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Okay.

**Lauren Wu – Office of the National Coordinator**

And then the last is making quality care more affordable for individuals, families, employers and governments by developing and spreading new health care delivery models.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**  
Well that's the ACO itself.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Right.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**  
Well and efficiency.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**  
Yes and efficiency.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
– of that being efficiency.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**  
Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**  
So, I think all you have to do is indent two of them, so under patient engagement you have decided – you've used as exemplars shared decision making.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**  
And for community health you've used as exemplars individual functional status and well-being.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**  
So, if you just indent that that's the way you would crosswalk.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

And you've just given us exemplars and then you cascade into your matrix.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Yeah.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

I think that fits. So, Lisa I think we're okay.

**Lisa Lentz, MBA, MPH – Health Insurance Specialist – Centers for Medicare & Medicaid Services**

I do too, I think it would just be great if we can just call out the alignment to the National Quality Strategy I guess was just the point I was trying to make.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Yeah.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

–

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

So, Lisa, on this deck have another column or the indent or something.

**Lisa Lentz, MBA, MPH – Health Insurance Specialist – Centers for Medicare & Medicaid Services**

Right, yes.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

I think it is important that we do that, yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

So, maybe go off there, go off to the NQS and then just make this essentially, map this so that these are exemplars you've decided to – these are exemplars.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

And they're quite good.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

And then you go into your matrix, and by the way, I think it's just so beautiful and elegant it also is in the style we've been trying to map in Meaningful Use objectives from outcomes and then you step back and how does that relate, how does that drive the functional objectives for an EHR, you've done the analog and you're saying from outcomes, from National Quality Strategy outcomes how do you step it back all the way back to the data elements you need to capture somewhere and the infrastructure to do that.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

So, to that point actually so now let's go back to our previous slide, our 14 or 15 slide, so I think we were showing one example of this here with care coordination, but we are not done with this. So, one of the activities for our committee was to see over the next couple of weeks or so I think if we go to the next slide you'll start to see the gaps or even with care coordination it couldn't just be around improving care transitions. Ideally we want to have another good example there or something like that, but next slide, I think there are gaps.

Yeah, like for this one I think we want to start filling this out using this construct and coming up with a nicely worded example for an improvement concept, the measurement and be very clear about what the data elements are, etcetera, and flush this table out for all six of the domains we were talking about.

And wondered if we have provided enough guidance to the committee that this could be something we could each do at our own leisurely time, I'm sure we have tons of time here, but over the next couple of weeks and then come back together again after if we ask ONC to aggregate some of the stuff that we submit and then review what we've all put together maybe about a week before the 14<sup>th</sup>, maybe before we have to take it to the Workgroup meeting.

Is that something that we feel like there is enough structure here that each of us can go back and start just plugging some things in?

**Lauren Wu – Office of the National Coordinator**

You know, and Joe, if you and Terry would like we also have the ability to show typing in, you know, on the screen –

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Oh, right now.

**Lauren Wu – Office of the National Coordinator**

Live, right now.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Yeah.

**Lauren Wu – Office of the National Coordinator**

So, we can start and try to address as much as we can in the next 20 or so minutes and send it out and then ask for feedback. So maybe we could work through a few examples together.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Sure.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

Hey, this is Kevin, I joined late; I've been on for a few minutes.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Hi Kevin.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

From the ONC staff can I get a sense of what – when I hear what I think we're going to present in January the focus would be this kind of specificity is that right? I just want to make sure.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

Yes, this is Kevin, I can answer that a little bit, I think what's needed to know is that enough specificity that people can understand what we're talking and enough specificity so we can look for what types of other requirements this might touch in the Meaningful Use transmittal letter.

So, if there are kind of data flows that this implies those data flows I think need to be articulated specifically enough that the ONC staff and potentially other Workgroups could understand how to structure things to make those data flows work.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

And I think they – this is Paul, I think they have really done that in these two examples when you go all the way to the data sources and the data elements, and the infrastructure I think it's a really – it's the right level of detail.

So, in this particular case you said, well it's got to come from patient portals to an EHR. And the one before you said, well there has to be an infrastructure to capture some of these things that are claims or even the eligibility pings that's very informative.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

I think this will be very well received and it's very inspiring for the Meaningful Use Workgroup I think as well and the timing is good.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Well, so we've got maybe 15 minutes and then I'm going to open it up to the outside, shall we pick one that everyone kind of wants to work on so we have a good exemplar?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

And the one thing, Joe, I mean, we keep coming back and forth from slides, but, you know, in slide, oh, no we pulled it down here, the specific – I'm looking at this functional status one.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

That was actually the one I thought we should go to.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah, so we could work this, I mean, right now we've got the domain where we thought about functional status kind of it as an individual level and then well-being as a concept that I think Eva – well, Eva's not on now, that Eva also was highly encouraging us to sort of think about.

So, the concept there is to sort of optimize individual functional status or individual well-being, I don't know the wording there is the place that I think we would need help and any of those could be captured I think Healthy Days is sort of a presentee-ism sort of element of things and PROMIS 10 being a little bit more of a functional status measure, but what would we call the concept?

So, as an ACO for Heather and Sam, you know, when we actually do this – so I would think about like what's the project team's title here that would be working on this?

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Is it PRO?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

But to me that's a mechanism, right, that's a patient reported outcome but sort of you say, so here's the team or Workgroup that's in the organization tasked to improve functional status.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Right.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Measured through Healthy Days and PROMIS 10 or something like that, what would we call that area or what would we call that functional team?

**M**

That's an interesting one.

**W**

We would call it a wellness coach.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**W**

Or wellness coordinator.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Wellness coordinator okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Well, is that also an e-Factor though?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

I mean, the patient would understand functional status and well-being, I get that I want that.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah, no, no, no.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

So, isn't that good?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

I think that the domain is good, so I guess I'm trying to walk it over to say, to be very concrete, you know, if we were to look at this and say, you know, Atrius Health has got six domains we're going to improve and we think it's so important for us to optimize this for our patients and our communities our organization is going to get this to work, this could be a subgroup of the quality group's team or something like that.

But, again, ultimately, I would think wellness coach may be an actual entity that gets created but the concept I would think is, I mean, maybe it is just optimizing or – I mean, I don't know if we're trying to use a verb phrase or something like that to describe what is it that we're trying to improve?

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Oh, you're working on column two?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah, column two.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Sorry.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

No column one I think we're good.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

So maybe it is just optimizing wellness, I mean, is that where you were going?

**W**

Yeah.

**M**

Yeah and I think –

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Paul, I –

**M**

–

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Yeah and I really like what Paul just said as I look at these, because the beauty of, I think what we ended up doing, was that the patient can identify this.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Yeah.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Yeah, I want well-being, this is –

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

I want well-being, I want coordination.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

They understand –

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

You don't have to define it, they know when they don't have it and they know when they do have it.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

So, if it could be understood then it just aligns the public with it.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Right.

**W**

Right and wellness is more than just about, you know, getting your flu shot.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Right.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**  
Right.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Right.

**W**

And your mammogram although that's helped a lot of patients immediately beginning to think about it, they don't think about depression and anxiety and stress and all of that other stuff. So, I think we really need to give them a well rounded picture of what wellness really is.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Well, that's why I think well-being is a better word.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Yeah. So, we can say –

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**  
Optimize well-being.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Yeah is that optimization of the well-being of our patients and we want to use the term population, but –

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**  
Well and you could say and communities if you wanted.

**W**

Community –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
And how do we measure that we are making progress on improving the well-being of our patients and communities, we're going to measure that through Healthy Days and PROMIS 10.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**  
Right.

**W**

Exactly.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
And do that with these data elements.

**M**

Yeah, I think that tells a story.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Okay.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**  
Yes.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Can we – so I don't know if someone can – on there?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**  
Who's typing?

**Lauren Wu – Office of the National Coordinator**  
Michelle do you have control?

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

No we haven't converted yet to do that, we have to convert.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

So, I'm not sure if it's worth that you guys tell me.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

But we have –

**W**

Or you can just trust me Lauren to make those edits and then send them out after this call. I'm taking notes.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah. Well, in the interim then, so I'm not fully familiar with the Healthy Days metric, but at this point I guess I would say, if we have someone on our team or we can throw this back to someone who actually knows that measurement pretty well, that expertise would be very helpful in terms of data sources and then obviously data elements. I've never used the Healthy Days one before so –

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

This is Kevin, I can get Heidi to do some work in that, in giving us some information there.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Got it. And I'm guessing usually it's a numerator and denominator so the denominator on that one is 365 days of the year or number of days you've worked or do we know?

**W**

Well you could do it in terms of hours which would be 2080 hours as the number of workable hours in a year.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Gosh I'm thinking about feasibility.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

You actually just –

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

This is Kevin we'll look into this, I know that some groups like Virginia Mason and the Minnesota Diamond have done some work on how much time you're spending at work versus missed days due to certain conditions.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Right.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

But I think the Healthy Days is a specific measure.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah, so it's kind of a presenteeism metric, yes?

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

You know, I know this is obviously a validated measure but I'm almost wondering if you could normalize this to Healthy for You and it's just like all the other population measures it's sort of irrelevant what the population mean is, for me it's I want to be healthy for me, but my guess is that's not how the instrument is designed, but –

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

So, Paul, it does point out a really good thing though, because when I look at this not knowing the instrument I'm think, oh, I can just say seven days, in the last seven days I was healthy or whatever.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Yeah.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

You know, especially if we're going to link it from a patient portal.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Right.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

So, I think the one thing we need to be clear on when we present this is that while we understand there are some tested metrics we may, as we move forward think of different ways to get at this data.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Yeah.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

It's just we're saying this is from a patient portal so we've got to make it so that patients understand what we're doing.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah and I guess it gets to that point of, you know, we're – I think we're going to have high level of confidence in our domains and what we would say our improvement concepts are, we did specifically say examples once we got to the metric column.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Right.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Because I think we do need to – I don't know if we have the time to vet all of the metrics to be sure they are the most appropriate ones to be used for ACO, accountability and financial accountability, based on performance. So, I think once we hit column three we're just trying to make sure people understand the concepts and what sorts of measures one would –

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Right.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Operational improvement.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**  
Right.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
So –

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**  
I think the one thing though that we really should, because we're not going to get through this all today, but really push into this last column two, which we did on these first two, that's the potential infrastructure to operationalize, because this then obviously supports that interaction and interdependency between the portal and the EHR. So, I'm not sure you need that for this measure, I think it's fine to leave it. I mean, there may be some measures that are just reported from the portal somehow.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**  
Well that's good, see the nice thing about the right column is it gives the Meaningful Use Workgroup and HIT Policy Committee justification for why to push on that.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Right.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**  
Oh, yes.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**  
When there are certain things that are not yet there or that are hard or the standards don't exist, being motivated by what's needed to take care of a community would help us move in that direction. It helps us identify gaps in the infrastructure.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**  
Yeah.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Okay.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**  
Okay, so do we want to go to the next slide, are we okay on this one? Because we're – like Joe said, we're going to send these out for comments too.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Maybe slide 16?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**  
Yeah.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**  
Shared decision making. So, on this one, I mean, I hate to, we hate to use the term optimize shared decision making, I'm wondering if there is some concept specific, you know, around care coordination the example we threw out was improve the transition post discharge.

So, is it shared decision making – I know that there's some tools around, you know – asked the question I think around surgeries, specific concepts that people are using right now to be focal areas to really drive improvement in SDM.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

You know, we're so early in this as a profession, I almost think the improvement concept is that professionals even understand this and something happens, I'm being a little facetious, but there is so much work we can do in this area.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah, yeah, I mean, I'm thinking there is a society of shared decision making right?

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Correct.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

That gets pegged in with the patient safety rule quite a bit. I'm wondering, Kevin, is there any construct from there, sort of a base foundation construct to recommend? Do we know?

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

So, we are talking about a construct around high quality medical decisions which I know is a little bit vague, but the goal in shared decision making is that there are these high quality decisions that have occurred and there are some emerging instruments to measure the quality of the medical decision.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

And I think in one of the CAHPS surveys there is even a question related to this whether you felt you were involved which was another good operational test.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

Yes.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah, no, I think that's the question I was thinking about that, I think it's on the Pioneer ACO one too, right, around how well – where the patients are asked how well they were included in terms of their decision making around surgeries or something like that.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

Yeah, there is in CAHPS, but there is also Dartmouth has this construct where they don't just give the patient's impression but they have an actual kind of way to validate that it was a high quality decision that was made.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Got it. So, maybe on this one as the two concepts the first one being about some kind of foundational area of awareness, but then the second one I would love to be able to throw something in there that's specific to what you're talking about Kevin to say it is actually improving around, I mean, quality of medical, to see high quality medical decision making. I don't know if there is a metric that says you did that 80% of the time. I'm trying to imagine what sort of measurement system that is, but –

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

Yeah, we can get that from the Dartmouth team again, it's this whole Dartmouth group that has worked on the shared decision making and measures of quality decision making so instead of me trying to make up their words I think we can just get it from them.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

It also has the –

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

And –

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Go ahead?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Our ethics, our center for ethics is doing a lot of work in this including figuring out how we can document, not that we're doing it yet, in our Health IT system that the patient was involved. So, I'll reach out to them too.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

Fantastic.

**W**

Yeah and Karen Sepucha has done a lot of work on this, she's one of the main drivers of the measure, the decision quality and there are I think three sub, like categories of information that feed into those and I'm trying to find those now but I can't put my hands on them, so, yeah, I think, we can get a lot for this from those who have been working in the area.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

There is another Meaningful Use objective that's coming in related to being able to – having the capability in the EHR to flag preference, patient preference sensitive conditions and maybe I'm just thinking, how do you boil this ocean if you start with particular conditions or decisions that have a big patient preference component maybe you start there. And then even the operational question is do you feel like you're involved in that decision –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

From the patient's point-of-view.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah. Well, and also – so we plugged in patient activation measure here, is that appropriate to throw into this one?

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

I don't – well, I'm also a little nervous about, you know, picking a specific measure and particularly when in the NQF world you work on things that are publically available without a license, this one does have a stiff license fee, so, you might want to –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Avoid the appearance of endorsing a particular measure and particularly one that's not – that's proprietary.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah and that's – I would say if we step back but at least the concept of some level of patient engagement. So, we've been talking about the quality of the decision making specifically as a collaborative exercise and the output of that.

We pushed a little bit with PAM right to talk about just global engagement for self management, is that appropriate to be putting into this domain, granted we have to find a generic tool that doesn't require licensing, but –

**Eva M. Powell, MSW, CPHQ – Senior Director, Quality, Improvement & Innovation – Evolent Health**

Yeah, well, I mean, this is Eva, I would take PAM out of this because we've done some work on looking at PAM and I actually had a conversation with Judy Hibbard about what the relationship between activation and shared decision making is, because one could say or just theoretically that you would need to be activated before you could ever really participate in shared decision making but then if you think about it you could also see the converse that participating in shared decision making could increase activation and it's never been – they've not studied it specifically and so I don't know that PAM – I mean, I would agree with the explanation Paul gave, but I also think conceptually it's not really aligned clinically enough with shared decision making to be part of this work.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

So, I think the answer to your question Joe is no for two reasons.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah, all right. So, I'm seeing 2:23 here, I guess then if we pull that out and we're focused upon that sort of collaborative decision making process and then the outputs of that process and the quality of the outputs and quality of the process that's the domain we're trying to capture here and we'd want to come up with measures that are specific to that and then again to be sure that what data are going to be required to actually make that into something that an ACO could actually measure is something then we'll have to fill out and I don't think we'll have time to do that here.

Okay, so we have five minutes, my guess is we have to open up or do we want to try to do one more and just take a look? I think the next one is – I don't know what slide 17 is. Oh, fun efficiency. So, this one to me feels a little bit more straightforward –

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Yeah.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

In terms of utilization measurements and global sort of, global measurements of cost. I think some of the other things that I'd read before, there was a fair amount around appropriate utilization of healthcare resources versus sort of global events of costs and so those were the two constructs that are illustrated here. I want to throw it out to Sam if you're still on, how do you break this down in terms of efficiency? What did you guys do up there?

**Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System**

So, a couple of things, a lot of it was focused on the health partners total cost of care measurements.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Right.

**Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System**

And, you know, I think that's a pretty good one honestly. Beyond that I don't know that we found very good efficiency measures.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Got it.

**Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System**

Not that really applied across, you know, in a very holistic sense.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah. Others, Heather what do you guys use? Did we lose Heather? We might have lost Heather. I mean, so the total cost of care one from health partners I think that's free domain, right, because their just posting that, so that's actually okay to pitch?

**Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System**

Yeah, I think so, and, you know, I think it's NQF endorsed or, you know, cross –

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Samuel VanNorman, MBA, CPHQ – Director, Business Intelligence & Clinical Analytics – Park Nicollet Health Partners Care System**

So, I honestly think that is probably the best one out there right now.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay. This one seems pretty straightforward, we can probably throw up a ton of example concepts, but I don't know if we necessarily need to be comprehensive here or just trying to articulate the construct, the table and what we're trying to drive through in terms of the framework of developing this further.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Joe, I think if we have two concept metrics – I mean, our goal should be two concept metrics for each.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

And hopefully they're different enough that when we cross walk them through the rest of the table we'll call out different things, but perhaps that won't be the case like in this one and it seems more consistently throughout in terms of the data sources.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Sure.

**J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare**

This is Marc Overhage, I guess one question about the framing of this is – there is this – some of these things are easier and some are harder to capture the data or imagine how you could capture the data and I'm not quite sure where that fits into our framing.

So, the total cost of care being a good example, you know, so does that include the leakage outside of my accountable care entity whatever that is? You know if it does then this is a much harder problem.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah, Marc, so I think that part of this is, so some of these measures are actually like even if it was real now, like I know my organization couldn't do some of them because we don't have even patient reported outcome capabilities feeding in very well right now, but I think that's part of what we're trying to merge here that says, if these are the types of measures that we think as an ACO and assuming at some point that the ACOs would have claims data coming to them for their risk patients that they'll be able to calculate some of this, but fully understand that there is going to be big operational gaps across all ACOs to be able to do this.

I don't think we've actually highlighted the difficulty of it yet, nowhere on here is there sort of a gap analysis of current state to future, but I think that's maybe a later exercise.

**J. Marc Overhage, MD, PhD – Chief Medical Informatics Officer – Siemens Healthcare**

Fair enough and I understand we want to be aspirational, I – yes.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay. I want to be mindful of time, we now have like 2 or 3 minutes left, maybe if it's okay with everyone, unless there are some final questions about clarifying what we meant by the columns, we'll send this out and then whatever people can fill in, Michelle I don't know, Lauren would you be collecting all of that for us and beginning to aggregate them?

**Lauren Wu – Office of the National Coordinator**

Sure, this is Lauren, I was thinking of pulling this into one big table in a Word document adding that column for the NQS alignment.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**Lauren Wu – Office of the National Coordinator**

And then we can ask people to kind of do track changes.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yes.

**Lauren Wu – Office of the National Coordinator**

When would be good for people to respond by January 6<sup>th</sup>? January 8<sup>th</sup>?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Do we have another meeting before the QM Workgroup?

**Lauren Wu – Office of the National Coordinator**

A full Subgroup meeting call?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Yes and ACO QM.

**Lauren Wu – Office of the National Coordinator**

No.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Okay.

**Lauren Wu – Office of the National Coordinator**

But if you feel that we need one Michelle I think we could request to schedule one is that right?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Well, I don't know that we need one, but we definitely need to get it back out to people to review so if the meeting is on the 14<sup>th</sup> and it has to go to the Quality Workgroup I don't know when that is, we probably need it by the 7<sup>th</sup> or 8<sup>th</sup> at the latest.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okay.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

One other comment too I have Joe, because we didn't get to them and I know we've got to get off of here, is slide 20, if people could look at this and just think about it and maybe respond electronically.

Also, I think that we continue to have this discussion in a roundabout way about group reporting and whether we want to recommend that and/or even if it's not a recommendation it's a dependency for the ACOs to be able to do group reporting.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yes.

**Lauren Wu – Office of the National Coordinator**

Okay I can include those in the document.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Great.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Okay.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

So, we're saying January 7<sup>th</sup> let's get everything back.

**Lauren Wu – Office of the National Coordinator**

Yes, let's say close of business January 7<sup>th</sup>, earlier of course is better.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Great, all right.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

And then we could get it back out to people by the 9<sup>th</sup> would that be reasonable?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yeah.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

So that they would at least have a day or two to look at it.

**Lauren Wu – Office of the National Coordinator**

And by people do you mean the Quality Measure Workgroup or back to this one?

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

No, I mean our Workgroup, because what happens is we're going to get all this information we want them to see it before we go forward.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Yes.

**Lauren Wu – Office of the National Coordinator**

Yeah, I think we can do that.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Great, well have a great Holiday everyone.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

This is Michelle, the only thing I would add is that we currently don't have any Quality Measure Workgroup calls scheduled we're working to schedule them and that when that first one gets scheduled in January we might need to alter the timeline just to make sure that if there is a possibility for them to look at this that we work around that.

**Lauren Wu – Office of the National Coordinator**

Yeah, when I put the request into Altarum Michelle I requested one during the week of the 6<sup>th</sup> through the 10<sup>th</sup>.

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Okay.

**Caitlin Collins – Project Coordinator – Altarum Institute**

The week of the 6<sup>th</sup> is definitely not available, because Helen is not available, I'm still working and it will be later in the month unfortunately, because we can't do it that week.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Well, let's work the scheduling for the next meeting, we can probably do that off line, and assuming that at some point in January, beginning part of January, we'll get all the information back from the committee to you guys by the 7<sup>th</sup> and we'll try to figure out the best timing of it, if it moves up by a couple of days or so, if you guys can notify us that would be awesome.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Okay, do we have to open the lines?

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

We have to open the lines, we're 2 minutes over, so –

**M**

Happy Holidays.

**Public Comment**

**Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator**

Yeah, operator can you please open the lines?

**Caitlin Collins – Project Coordinator – Altarum Institute**

If you are on the phone and would like to make a public comment please press \*1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press \*1 to be placed in the comment queue. We do not have any comment at this time.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Okey-dokey, thank you everybody.

**Lauren Wu – Office of the National Coordinator**

Thank you.

**Theresa Cullen, MD, MS – Director, Health Informatics – Veterans Health Administration**

Thanks everybody, have a great Holiday.

**Joe Kimura, MD, MPH – Medical Director, Analytics and Reporting Systems – Atrius Health**

Happy Holiday.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Happy Holidays.

**Kevin Larsen, MD – Medical Director for Meaningful Use – Office of the National Coordinator for Health Information Technology**

Happy Holidays everyone.

**M**

Thank you.

**Paul Tang, MD, MS – Vice President, Chief Innovation & Technology Officer – Palo Alto Medical Foundation**

Bye.