



## HIT Policy Committee Quality Measurement Task Force Final Transcript June 15, 2015

### 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 morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Quality Measurement Task Force. 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. Cheryl Damberg? Kathy Blake?

#### Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association

Here.

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

Hi, Kathy. Dan Riskin?

#### Daniel J. Riskin, MD, MBA, FACS – Chief Executive Officer – Vanguard Medical Technologies

Here.

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

Hi, Dan. David Lansky? Elizabeth Mitchell?

#### Elizabeth Mitchell – President and Chief Executive Officer – Network for Regional Healthcare Improvement

Here.

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

Floyd Eisenberg?

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

Hi, Elizabeth.

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

Here.

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

Hi, Floyd. Frank Opelka? Ginny Meadows?

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

Here.

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

Hi, Ginny. Jason Mitchell? Joe Kimura? Lori Coyner? Sally Okun?

**Sally Okun, RN, MMHS – Vice President Advocacy, Policy & Patient Safety – PatientsLikeMe**

Here.

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

Hi, Sally. And from ONC do we have Lauren Wu?

**Lauren Wu, MHS – Policy Analyst, Office of Policy and Planning – Office of the National Coordinator – Department of Health & Human Services**

Here.

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

Hey, Lauren. Kevin Larsen?

**Kevin Larsen, MD – Medical Director for Meaningful Use – 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, Kevin. Stephanie Lee? I think and Samantha Meklir; I think Stephanie and Sam are having trouble dialing in, but I think they might be on the web conference. So with that, I will turn it over to Kathy Blake.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

So, I am...thank you very much for getting us started. This is Kathy Blake, I'm the Co-Chair of this committee; Cheryl Damberg's not able to join us today. And our first order of business will be, I think actually perhaps to go to slide 4, or is our first text slide slide 5? We wanted the group to look over, from our last call, the edited version and to make any final comments before we consider this one ready for submission.

**Lauren Wu, MHS – Policy Analyst, Office of Policy and Planning – Office of the National Coordinator – Department of Health & Human Services**

Kathy, this is Lauren; would you like me to briefly just point out where there are changes from last week's call?

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

Yes, that would be helpful.

**Lauren Wu, MHS – Policy Analyst, Office of Policy and Planning – Office of the National Coordinator – Department of Health & Human Services**

Okay, sure. So we added some language to the third bullet that reflects the discussion from last time about believing that there would be adequate time to adopt the versions that are named in points 1 and 2 because as CMS has proposed it, they wouldn't be required for use until 2018. And then I added the point about the 18-month lead time for implementation and development that we discussed. And then we added some language to the last bullet point to make it a little bit stronger about the desire, once the harmonize CDS and CQM standards are available that not only should the industry, but also CMS and ONC move in that direction. So that sub-bullet there talks about recommending CMS does indicate its commitment to also update its systems to these new QUICK FHIR-based standards once they do become available so that both CMS, ONC and the industry can move toward these standards on an aligned timeline.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

So I'll open it for discussion; do people who are on the call today, but also those involved on the most recent one feel that this gives a correct reflection of that conversation?

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

So I'll start; this is Floyd. I do, I think you correctly...it correctly addresses what we discussed including the fact that it's not just the EHRs and the providers, but also CMS and government that has to have their systems up-to-date and I think you addressed it.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

Thank you Floyd, are there questions, comments?

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

Yes Kathleen, this is Ginny Meadows. I just have a couple of...I think everything reflects well what we talked about. I did wonder if there were a couple of things we might want to add for a little bit more clarification. In the third bullet, when we talk about the fact that those standards would be okay, I'm wondering if we should put clari...a clarifying statement at the end of that second sentence that says if they're not required for use until 2018. And the reason I say that is because as we know, in the IPPS rule, they're proposing to make electronic reporting required for IQR next year so, I think we would be good to just clarify that that is kind of the calendar year that we feel that would be achievable in. Does that make sense?

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

So I want to be sure that I understand the correction. So do you actually think that these will be ready for use in 20...so number one, required for use in 2017, calendar year? But do you think they will be ready for use in that calendar year?

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

I think we're saying 2018, is that not correct, for Stage 3?

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

We are.

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

Yeah, so Stage 3 is not required until 2018.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

And so I just...I...perhaps you could restate the clarifying or elaborating the sentence that you have in mind.

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

Yeah, I was just thinking to add on to that second sentence where it says the Task Force believes that developers and providers will have adequate time for implementation of these standards if they are not required for use until 2018.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

And that's there, so what is the addition?

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

I don't see it there.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

Oh, it is on the slide...

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

Oh, it is, well it's not on mine; I'm so sorry. Did somebody just add that?

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

It is there, no, it's on the slides; it's on the web display.

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

Okay.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

So, whew.

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

So sorry. I'm so sorry.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

No, no; I'm just glad we captured exactly what you wanted by words, so that's great.

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

I think I'm looking at an old version, so I apologize.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

No problem.

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

I should be looking at my web version, not the version I had pulled up in PowerPoint.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

Great. So, are there any other questions, modifications or are people ready for us to move on to slide 5? I think absent comment, let's go to slide 5 next. And then I'd like people to take a look here and perhaps Lauren, it would be helpful if you would point out some of the things that were changed since the last conference call.

**Lauren Wu, MHS – Policy Analyst, Office of Policy and Planning – Office of the National Coordinator – Department of Health & Human Services**

Sure, let me take a really quick look here. I think in the third bullet we added the example of which data were not seen as aligned between CMS and ONCs proposal; so that would be CMS' current proposal for this core clinical data element hybrid measure for risk adjustment and the ONC common clinical data set which is proposed in its 2015 Edition Certification Rule; so we gave an example, pulling from Ginny's analysis of where there's not alignment.

Then for the, one, two, three, four, fifth bullet, if you recall in the previous version of this slide deck, we had sort of two different opinions on how much data collection should be required. And after further clarification on the last discussion, I think the group actually kind of narrowed closer to needing to balance data collection and actually, if you look at the last bullet, that data collection requirement should be very specified and sort of predetermined rather than broad. So we added that language there. So the last three bullets kind of reflect that discussion from last time.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convended Physician Consortium for Performance Improvement – American Medical Association**

Thank you and so I'll open it up for questions or comments. Gosh, maybe we got it...

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

This is Floyd...

**Kathleen Blake, MD, MPH – Vice President – AMA-Convended Physician Consortium for Performance Improvement – American Medical Association**

Floyd?

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

I think that does address what was discussed. I know there were...there was back and forth, but discussion that you really need to know what you're looking for rather than expect to find value for the data later. So I think you addressed that.

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

Our phones aren't working so I'm...

**Lauren Wu, MHS – Policy Analyst, Office of Policy and Planning – Office of the National Coordinator – Department of Health & Human Services**

Hey Kevin, we're hearing a little background noise from your end.

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

Yup, yeah, sorry, I have to get on my cellphone, our new office phones aren't working to call in. So, apologize.

**Lauren Wu, MHS – Policy Analyst, Office of Policy and Planning – Office of the National Coordinator – Department of Health & Human Services**

Sorry about that. Okay...

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

Okay, any other comments from the group or is this one that we're ready to consider complete?

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

This is Ginny; I think it looks good.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

Great. Any others or concerns? I think if not, let's move then to what I believe is slide 6. And so this is an additional question for Task Force discussion and so I would open it up in terms of further comments.

**Lauren Wu, MHS – Policy Analyst, Office of Policy and Planning – Office of the National Coordinator – Department of Health & Human Services**

So Kathy, maybe I can give a little bit of context to this one.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

Sure, that would be great.

**Lauren Wu, MHS – Policy Analyst, Office of Policy and Planning – Office of the National Coordinator – Department of Health & Human Services**

Sure, so this is also on the core clinical data element request for comment from CMS and the sort of last piece they're asking about are the use of content exchange standards for actually submitting these data elements to CMS for risk adjustment. And so the two options that they suggested and also solicited comment on additional options were the QRDA Category I standard or the CDA. As noted here, CMS is specifically leaning toward QRDA I right now as the transmission standard and invite comment on whether that's appropriate. And then second piece is, if that is appropriate, whether the IQR program should be requiring providers use technology that has been certified to submit these data via QRDA Category I as part of a program requirement. So, I think that's every...all the context there and I'll turn it back to you, Kathy.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

Sure, so I think that some of the question here really gets to the relative benefits of the direction in which CMS is leaning towards QRDA I, but also I'd be interested in people's comments about whether there are burdens that would be challenging for technology vendors and for providers to overcome. So is this a feasible direction for CMS and ONC to be taking?

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

Well this is Floyd, I'll start off but I do want to hear from others as well. I have...concerns here; one is that the question presumes that they ca...they're asking for a data set to be sent on everybody, and we already made a comment that we didn't necessarily think that was appropriate, it needs to be specific to the context they're looking for or the measure. So in a sense it's saying, ignore our previous statement and go ahead and tell them what standard to use. So that concerns me.

The second issue is I think that for interoperability EHRs are asked to use CDA and for measures or...QRDA and as such if QRDA and CDA are aligned and QRDA was just another format to send it in, that it contain the same definition and value sets that would be fine. But I think there are some issues, in fact we identified one on QRDA Category I that is still being determined how to fix it.

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

Yeah and this is Ginny. I agree with everything Floyd just said. And I think I'd...I potentially would suggest going further and saying that until...our previous comments allude to until more analysis is done on what is going to be necessary and required around these proposed data elements, it's too early to determine the most appropriate standard.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convended Physician Consortium for Performance Improvement – American Medical Association**

So, are there comments?

**Elizabeth Mitchell – President and Chief Executive Officer – Network for Regional Healthcare Improvement**

This is Elizabeth Mitchell; I guess I would...I'm concerned about sort of the slower pace that all of the comments have seemed to seek this morning. I just think that from the patient and provider and employer side, I think there is an urgency that may not be reflected here. I totally agree that the measures need to be determined and the variables that would be used for risk adjustment would also need to be included in the specifications for the core data set. But I think that that does not necessarily imply that we can't move forward at this point. I also think that we should think about ways to get addit...broader measure sets to certain entities that may be able to test some measure innovation.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convended Physician Consortium for Performance Improvement – American Medical Association**

So what I'm...sorry.

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

This is Floyd; I tend to agree about not wanting to be limiting and not wanting to prevent innovation; I'm wondering though if there are spec...I think my concern is if there are specific variables and data elements for specific measures, and you could say for a set of measures, say all those regarding cardiovascular disease versus all those regarding diabetes maybe have different variables for risk adjustment. Or you could say they're the same for all, that if that were included as additional what we call supplemental elements in each measure, then QRDA would make sense. If we're talking about a completely separate set of data that is yet undefined, then there might be a different answer, but not knowing that that is, it's difficult to answer that. I think that's the tension here, it's not that anyone's trying to slow things down, it's just if we don't know what we're creating the standard for, it's hard to recommend it.

**Elizabeth Mitchell – President and Chief Executive Officer – Network for Regional Healthcare Improvement**

This is Elizabeth; I completely appreciate the tension and I don't know if there's a way to at least reflect in our recommendations that we would hope CMS could accelerate the definition of the measures so that we could move forward with some clarity and specificity.

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

Yeah, Floyd again; just question more for maybe someone at ONC has the answer to this, I had the impression that in order to get information around measures, CDA is potentially too broad for CMS, they have to be able to get only what they're asking for and to deal with the issue of redaction, they might have to handle with CDA, does QRDA manage that because it only asks for specific information up front?

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

This is Kevin and I can take a stab at that. So in the proposed rule CMS is really asking for the format, the standards format that the data would be sent. And they're seeking comment again what the fit for purpose of that is, and so as the case with any proposed rule, the rule gets to stand on its own as a proposal rather than us exploiting more details. Our hope is that the proposal is clear enough as it is; so if it isn't that's the kind of questions to ask back in this sort of a format. So if there's something more that you think needs to happen, here's your chance.

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

So my question would be would CDA provide too broad of a structure and potentially give information about any individual patient that CDS...CMS couldn't handle and if that's true, how would they propose to limit that, if they use CDA?

**Kate Black, JD – Health Privacy Attorney – Office of the National Coordinator for Health Information Technology**

So Floyd, this is Kathy. So I think that what I'm hearing from the group as a whole is that there is a need for setting down some milestones to be able...that we would want CMS to set down some milestones that would then allow the best decision, the best choice to be made and that the first of those milestones is to say, if CMS accepts our recommendation that it be not a broad set of data elements, but a focused set that that be identified first. That then that the standard could be identified next, and I'm...tell me if I'm over-interpreting, but what you're saying, I think is that QRDA Category I would be more suited for transmission of data elements related to measures, more so than CDA. And that it would be...so that's one argument in favor of it.

And that the second thing that I think I heard you say was that CDA is less likely to be the choice or the preferred choice because of this issue of too much data and therefore it doesn't meet our first requirement or recommendation. Second, too much burden quite frankly on not just providers, but also on CMS; so that would be a limiter that we might not want. And anything that limits or that slows things down, such as having to do a great deal of redaction, would be something that I think Elizabeth Mitchell is...has spoken to wanting to avoid. So, take aim and tell me if I got the group right or not.

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

So...this is Floyd; from my comments, I think you got it right I would just make two alterations, and I wasn't taking notes and copying exactly, but when you say QRDA is, I would say may be...

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

Okay.

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

...because this still comes after figuring out the data; and instead of saying CDA is poten...I would say potentially may be problematic. I would just add the qualifiers in there because we don't know yet.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

Sure. Other thoughts from the group? I don't want to rush people, but at the same time, Elizabeth Mitchell has sent in a reframing I would say of a question and Elizabeth, are you where you could discuss that with the group and put it before us?

**Elizabeth Mitchell – President and Chief Executive Officer – Network for Regional Healthcare Improvement**

Sure; Kathleen and I was only doing that at Cheryl's request, I don't feel the need to spend much time on it.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

Oh.

**Elizabeth Mitchell – President and Chief Executive Officer – Network for Regional Healthcare Improvement**

And I think we were just discussing the content.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

Did we capture everything that you wanted us to in the discussion? I didn't want to leave anything out.

**Elizabeth Mitchell – President and Chief Executive Officer – Network for Regional Healthcare Improvement**

I appreciate that. Again, I think it was...I think by asking CMS to specify the measures that will then enable specification of the data required; that was sort of the overarching point. But also the need to find some way to ensure that there are some opportunity to use perhaps a broader data set for innovation and testing of measures by perhaps a more limited set of centers or entities. So I do think it was captured, thank you.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

So I think what you're touching on, and this is...and I'll be happy to have other people comment; I know we're right up against the window for public comment, is the whole issue of in a rule it is rules that people have to follow. At the same time, we do get the chance to give directional feedback of what we'd like to see possible, even if it's not absolutely required, i.e. that broader data set. So that may be in the form, would saying something to the effect of pilot, pilot projects that expands a set would be a way to get there?

**Elizabeth Mitchell – President and Chief Executive Officer – Network for Regional Healthcare Improvement**

Perhaps and, yes, this was intended as broader feedback.

**Daniel J. Riskin, MD, MBA, FACS – Chief Executive Officer – Vanguard Medical Technologies**

This is Dan Riskin; I would agree strongly with the need for options for broader data sets to test out use of some of these quality measures, so, I strongly agree.

**Sally Okun, RN, MMHS – Vice President Advocacy, Policy & Patient Safety – PatientsLikeMe**

This is Sally; I would as well and I would also encourage that to happen in a timely way so that we're time sensitive about that...

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

And Floyd; I'll concur because I do think we need to rethink how we're able to measure quality and so the more we can do some piloting, the better.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

Okay, so that would go in the recommendations to CMS as a potential vehicle for meeting that need. Any further comments before we open up for public comment? Lauren, anything else that you need before we open up?

**Lauren Wu, MHS – Policy Analyst, Office of Policy and Planning – Office of the National Coordinator – Department of Health & Human Services**

So the next steps from here are that we'll revise these recommendations and get them ready for a draft transmittal letter for the Policy Committee to review. And at the same time, comments to IPPS are due tomorrow so we're getting these ready to submit as recommendations for the IPPS Rule; so, Kathy, we'll be working offline with you and Cheryl to send the revisions and make sure you have one last chance to look over these.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

Okay.

**Lauren Wu, MHS – Policy Analyst, Office of Policy and Planning – Office of the National Coordinator – Department of Health & Human Services**

And then, I think going forward we don't know about the timeline but we anticipate sometime this summer that the Physician Fee Schedule Rule will come out and that may contain some items that this group may want to discuss. So we'll be following up this summer to schedule calls and regroup everybody here.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

Great. So I think we are ready then to open up for public comment.

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

Thanks, Kathy. Caitlin or Lonnie, can you please open the lines?

**Public Comment**

**Lonnie Moore – Meetings Coordinator – Altarum Institute**

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. If you are on the tele phone 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**

And while we wait for public comment I just want to thank everyone; this was a really fast turnaround during the summer months and we just really appreciate you being able to engage with us and quickly come to recommendations. So thank you Kathy and I know Cheryl's not on, but we really appreciate both of your leadership and hopefully Cheryl feels better soon. And it looks like we have no public comment.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

All right. So thank you everyone, we will adjourn right on time and then expect to hear from us as soon as we have another rule to provide comment on, once the staff at ONC has identified the questions that they'd like us to address.

**Lauren Wu, MHS – Policy Analyst, Office of Policy and Planning – Office of the National Coordinator – Department of Health & Human Services**

Thanks everyone.

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

Kathy, just one more thing on that; we're going to work to schedule meetings, just guessing when things will come out. But we may...the first meeting we schedule we may need to cancel, depending upon when the rule comes out, but we just want to get those meetings on the calendar. So just want people to be prepared.

**Kathleen Blake, MD, MPH – Vice President – AMA-Convened Physician Consortium for Performance Improvement – American Medical Association**

Okay.

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

All right, thank you everyone.