

**Meaningful Use Workgroup**  
**Subgroup #3: Improving Care Coordination**  
**Draft Transcript**  
**February 6, 2012**

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Good morning, this is Mary Jo Deering from the Office of the National Coordinator for Health IT. This is a meeting of the Health IT Policy Committee Meaningful Use Workgroup's Subgroup on Improving Care Coordination. It is a public meeting and there will be an opportunity for public comment at the end and I will begin by taking roll. I'll call just the subgroup members first and then I'll ask if there are any other full Meaningful Use Workgroup members on the line. So, from the subgroup, Charlene Underwood?

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Here.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Michael Barr? Jessica Kahn? David Bates? George Hripcsak?

**George Hripcsak – Columbia University NYC**

Here.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Eva Powell?

**Eva Powell – National Partnership for Women & Families**

Here.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Leslie Kelly-Hall?

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

Here.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

And are there any other members from the full Meaningful Use Workgroup who are on the line? Okay, over to you George and Charlene.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Thank you, Mary Jo. What we are going to cover today in the Workgroup and I just wanted to again frame this for the members of the Workgroup. As you recall in the Meaningful Use Workgroup we've been starting to identify glide paths for Stage 3 and how we're doing that in terms of preparation for that work is to look across four different areas and this is one of those areas. So, for those of you listening on the line you'll see again a couple of these subgroup meetings scheduled over the next couple of days. Again, the intent of today's Workgroup is to spend some time walking through the framing principals and functions with which we are being asked to look at how we move forward in Stage 2. In discussing this with ONC, again the type of timeline that we're working toward with this project is to be prepared with recommendations that are sensitive to certification requirements and standards by 4<sup>th</sup> quarter 2012, and again I think we'll refine that timeline as other aspects of the timeline roll out.

So, what I'd like to do is, again, as you see on the agenda today the real purpose today is to kind of organize the work and there are some materials that were passed out for each of us to take a look at. There are probably some additional materials and needs that we're going to want to discuss so as we look at here's the principals we need to talk a little bit in the open committee about how to go about it and then maybe identify some deliverables that we want to continue to move forward on. So, with that I'd like to ask George, again and what you'll find again is Paul in the presentations that he has been working on to the Policy Committee kind of setting the directions and the charter for these Workgroups. So, with that I'd like to turn it over to George and he is going to walk through the principals and functions with which we are to be guiding this work with. George?

**George Hripcsak – Columbia University NYC**

Thank you, Charlene. So, again we're talking here about care coordination, the principals and the general principles that we set out for all of Stage 3 are as follows and that is pretty much taken straight from the document that was circulated, alignment, emerging payment policies, and the national quality strategy number one. Two, consider harmonized qualifications among all the CMS programs. Three support population health analysis. Four, support innovative approaches to using HIT to improve health and healthcare. Five, a flexible, adaptive platform. And six, not penalizing success. I think almost all of these are relevant to care coordination. Certainly support population health data analysis is mostly population health, so essentially all the principals are relevant here.

And then we enumerated a set of functions, first of all real time impact of information at the point of care, that is to really use the information and not just have it as a set of requirements that someone checks off to get paid but actually, you know, improving healthcare through the use of the technology. Number two, reinforce and empower patient partnership, that's one of the big things that I think in some ways is unique, not unique to Meaningful Use but that while there are many quality improvement efforts there are fewer patient empowerment efforts, really when you come down to it, in the federal regulation and so that's a unique place that we need to be strong over all aspects, you know, access to information, putting information into the record and supporting care givers and so on.

Three, emerging sources of data, this actually I guess duplicates the other one a little bit, including patient reported outcomes. Number four, clinical decision support, here it's divided into domains, prevention, disease management, safety, but the point is that we want to actually use this information again to do something to really improve the quality of healthcare. Another way of putting this is that in Stage 1 we're thinking well how can we get this thing started? What are the things that people can do as a first step? Now we want to go beyond first steps and actually improve care.

And then the fifth one, use of population health assessment analysis and surveillance to drive policy making, which is also in part relevant somewhat to care coordination too. So, we're supposed to keep these things in mind as we go through our other sources for example what we said in Stage 1, we'll soon find out what's in Stage 2, what we promise to do in Stage 3, our input from our hearings over the last two years, these principals and in addition what's the collaborative work that is with the National Quality Strategy and so on, and the discussion here among the participants. Okay, Charlene?

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Thank you, great. What I'd like to do is before, George is going to have to step off, before he leaves I just wanted to open it up to the rest of the committee for questions, clarifying questions, additional thoughts and comments, because you've been on these discussions relative to the principals and the functions.

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

Charlene, this is Leslie. I do think there is opportunity to coordinate the patient engagement as George just talked about. The patient engagement subcommittee and care coordination at least to make sure that there's harmonization between all the patient's implications of care coordination and patient engagement.

**George Hripcsak – Columbia University NYC**

So, that's exactly right, Leslie. So, when I read those functions those are functions for every subgroup to consider. So, I don't see number two reinforce and empower patient partnership as being those guys' jobs, that is stuff for us to consider as we do care coordination.

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

Thank you.

**George Hripcsak – Columbia University NYC**

So, it goes right along with it.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Other comments, clarifying considerations? Okay, so in terms of, I guess we can kind of move down to the organizing the work piece. The handout that you were provided included Paul's presentation, the final comment summary for all objectives and questions. It seems like, are there any, I browsed through them, but I know it might be kind of short notice, but is there any other types of materials that this Workgroup would like to have access to in terms of kind of just, certainly we'd like to know what's in Stage 2, but that's not quite here yet, that's going to be very important, but the background material, and I can probably suggest that we actually take a look, I did go back and look at the testimony from our hearing that was earlier this year, and all four of those testimonies I thought were really relevant for us to look back on and I don't think we're going find new stuff necessarily, but again, they were relevant to closing the loop in terms of referrals, the need for the longitudinal care plan that type of thing.

So, for this group where would it really help you in terms of starting, kind of, and I'm struggling just a little because when the NPRM is out we'll kind of know where we start, so I also feel like that is kind of one of our key factors here, but what other background material would be valuable to you?

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

This is Leslie again, Charlene, and there was a standards and interoperability subteam that looked at transitions of care and a document came out of that, that was a vision for beyond transitions of care but to care coordination and that document could be a nice background for us.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

That would be a good one and Josh would there be someone from that team that would present it to us or what would you think?

**Josh Seidman – Office of the National Coordinator**

Well we can certainly get it and either, Leslie you were a part of that right?

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

Yes.

**Josh Seidman – Office of the National Coordinator**

Yeah, so I mean Leslie you could certainly present, we could, you know, bring it forward and you can present it or, you know, if you would like we could get somebody else, but certainly.

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

Okay.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Okay. I think that's one, because that was kind of when I was thinking it through I was thinking okay what I'd at least like to know is kind of where we are with the standards interoperability. The other area I thought about and I don't know, Eva if you've been on top of this is the current work around the measurement and the map measures just came out.

**Eva Powell – National Partnership for Women & Families**

Yeah, yeah I'm definitely in the thick of that, unfortunately from what I understand the work that NQF has done and they had a recent call for measures, they received no new measures for care coordination. So, I guess the way I have started thinking about this, particularly for Stage 3, is that I guess my preference would be to think less of where we are starting from to get there, in other words Stage 2, although like you say that will be important, but I think for Stage 3 we really need to say where we need to go and not irrelevant to what Stage 2 says, but to some degree irrelevant to that, because I just feel like in our discussions so far we've been so grounded in the healthcare system as it is and rightly so, because we have to start with what we have, but if we are still doing that by Stage 3 I don't know that we're going to make too much progress toward actual support of reform, which I think is the ultimate goal of all of this work.

And so what I would to see us do is to have a conversation given the parameters that George just went over and say, this is what Health IT needs to do. Because everything we've heard in the testimony kind of points in the direction that the technology is not the problem in the sense of if there are clear parameters for the technology the people who are producing that can make it happen. The question is, you know, what do we need to do to enable the adoption of those things and the rewarding of the adoption and what are all the other changes?

And so, I don't know, I guess I've been a little frustrated that we seem still very, very grounded in what we have now and when I think about care coordination particularly and look at what we've got and what is on some of the handouts I tend to think that really the two main things in my mind that are most important from a Health IT stand-point to enable better care coordination are the notion of a shared care plan and obviously we need to better define that and then put parameters around that, that matches up with some of those things that George went over, and then just the ability to share data. And then when you think about that from a quality measurement stand-point and what we have today, which is so inadequate for measuring what we're trying to do, we really need to point to, what is it that we want to measure, not what can we measure now, but what is it that we want to be able to measure and then go from there.

So, I don't know, I'm kind of rambling, forgive me I'm on cold medicine as well so that's not helping, but I just feel like in terms of direction if we can focus more on what we need Health IT to do and less on well can we get there or not from here then we'll end up in a better place because the battle will be fought about can we get there from here without a doubt and so as a visionary group I think we need to focus a little further ahead than perhaps what we've been able to in the other stages. Does that make any sense?

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

Yeah, it does. Can I add to that too? This is Leslie again, but often times in Meaningful Use 1 and in 2 when we look at EMRs we have been struggling because there is so much incompatibility and differences of systems in gathering data. In care coordination largely we have a green field and there is not high degrees of interoperability necessary for care coordination, yet there are existing standards and tools, HL7 communication has been going on for 40 years is a tool that can be used and in this green field where there is no strong communication platforms for care coordination I think that Eva is exactly right we have an opportunity to be much more visionary and prescriptive because there isn't a grouping significant entrenchment in barriers of systems.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Other comments? Well, I agree. So, but it sounds like a couple of things, it sounds like if Leslie takes on, or if we can get the standard interoperability current state and vision to the table, and I actually just ask someone to see if they could pull out the care coordination measures for me, but if you know there aren't any maybe we can at least get an update in terms of the current state of the measurement and I don't know who would have that.

**Eva Powell – National Partnership for Women & Families**

Yeah, I can do that, because there are measures, I didn't mean to say that aren't any, there just were no new ones as I understand from the recent call by NQF which was very disheartening.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Right.

**Eva Powell – National Partnership for Women & Families**

So, anyway, since I'm part of a lot of those groups I'll pull together what is there.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Okay.

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

And it looks like e-Measures would be relevant to some degree too.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Yes. And I'm going to suggest that we do pass the testimony, there is only like four, I can forward it because actually I copied them down, but there are four documents that do a pretty nice job with the testimony. I don't think you'll see anything new in there that we haven't discussed, but it's great testimony. So, I think we pull those back up and we make those available to the Workgroup, and we review those before the call. I don't think we need to necessarily, maybe what we do is in the call we have a discussion what did you see to be the key themes of the testimony and we can maybe do the key themes of the testimony and have that discussion. And then maybe move into that discussion of okay then what's our vision? Does that make sense?

**W**

Yes.

**W**

Sure.

**W**

Yes.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

We can look at the testimony, so we'll pass that out and we'll discuss that, because we'll get those at a higher level. And then in terms of what our vision is, if we can define that and then we'll come back to then how are we going to measure that, right?

**W**

Yes.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

So.

**Eva Powell – National Partnership for Women & Families**

Well, I think the measurement is so hard because, and I feel like we've been chasing our tails for years on the measurement piece, particularly as it relates to care coordination, but I'm wondering if the better question about measurement is not how are we going to measure it but what is it that we want to measure, because we know the how, that we have no answer to the how because the measures we have are totally inadequate. Right, so there is no answer to the how so let's accept that.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Yes.

**Eva Powell – National Partnership for Women & Families**

And it said define the vision of what we're after and what we want to measure once we are able to achieve that vision and I think that may be part of why we're not getting good measure submitted is because, you know, everybody kind of in their little working space is so entrenched in kind of the silos, but

if we put out a very clear statement of we want to be able to measure “x” then measure developers can take that and run with it and hopefully come up with something better than what we’ve got now. And I’m starting to think that this might be the better approach to measurement, although obviously just for purposes of the incentives and being able to check a box should the provider get it or not, we need to have some way to measure this in Stage 3. So, I think it’s kind of two different questions on the measurement and perhaps it’s better to answer the “what do we want to measure” first and then “how are we going to measure it” knowing that might take a while, second.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Okay. Yeah, I agree that, you know, this is a green field.

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

I do too.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

In this process we’ll also find out what’s in Stage 2 I’m sure at some point, we’ll get to that back in some way. So, is there anything else? That was kind of what I thought about bringing to the table was like the current state of measures, Eva could cover that, the current state of standards interoperability, Leslie could cover that. Sharing with the group that past testimony because I don’t think it’s new, but still it’s very concrete and to some extent it tells a story of where we need to go, part of that vision. And maybe I could take that on and summarize those themes or something or I’ll do a strawman on the themes unless someone else wants to volunteer.

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

I think that we can, between all of these documents come together then come back with okay “here’s what we’ve heard” “here’s what we’ve validated” come back with that vision. Maybe the vision is really that first quarter deliverable and then we go from there to say “all right now we have our vision, what are the enabling mechanism in HIT to do this that are required” and go from there.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Okay.

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

Does that sound reasonable?

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Yes, enabling mechanisms will be the second quarter.

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

Yeah.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

And the vision can be exactly, we can still talk in that vision what is it we want to measure, because I think the sooner we can get that out there the stronger we’ll be.

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

Right.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Because you’ll see in the testimony and when we pass that around, you know, there are some examples, again there are tactical measures that well why don’t we make as part of the core measure the fact that you received something on, you know, a referral or something. So, you’ll start to see some of the measurement actually embedded in some of those recommendations.

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

Yes.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

And, you know, now that we're back away from it a little while maybe some of those will pop out at us, you know, as we relook at some of that too. And the testimony is nice because it also covers, there is an ophthalmologist that is in it, so again it's kind of outside the normal domain space so we will touch on the specialists as we're looking through this care coordination too, because I think that's important.

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

Great.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Okay are there other, let's see I'm going to go look back over my notes. We will, and I'm sure in this process then, the only other piece and I don't know if you have this, anyone has this, David Bates had done some recommendations coming out of that testimony, I wasn't able to find any materials on it and Eva, you probably remember that laundry list of stuff that he put together.

**Eva Powell – National Partnership for Women & Families**

That David Bates put together?

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Yeah. I just don't have it anymore.

**Eva Powell – National Partnership for Women & Families**

Yeah, I'll make a note, I'll see if I can find it.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

All right, you know, if not I think between the testimony and what our plan is I think we'll come back and cover it, but he had a laundry list of capabilities and it would be interesting to look at that laundry list of capabilities he had against kind of just the current state and see if it's the same.

**Eva Powell – National Partnership for Women & Families**

Yeah, yeah.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Or maybe Mary Jo can you send him a note or something since he is supposed to be on our committee.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

I'm sorry you blanked out where you asking me to send?

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Yeah if you could just...a note relative to.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Well you've just broken up I can't hear the name of who you want me to send something to.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

David Bates.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Send David Bates a note on?

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

If he has, he had come forward out of that testimony kind of a laundry list of care coordination requirements that went well beyond what finally got into Meaningful Use and that would be, I think a piece of just...

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

And that came out of the October 5<sup>th</sup> and 6<sup>th</sup> hearings?

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

No, I think it was the one that was in May.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

From the May hearing?

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Yeah.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Okay.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

But I wasn't able to find a copy of it on any of the sites, so.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Okay. Josh, do you think you might have it? I can certainly ring him and find it.

**Josh Seidman – Office of the National Coordinator**

Yeah, I should have it.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

You might have that? I mean, it was probably a working document, so it was probably nothing formal, but it gave us a starting point. So that was the only other piece of information that I thought about. Okay, so we have a task list, we have a timeline and actually depending on what happens with the NPRM, but I think we can come back to that, we might have to adjust to our vision timeline because we don't want to rush that so I'll just put a caveat in relative to that. Okay, in terms of meeting times, Mary Jo, is there expectation in terms of frequency of meeting?

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

I think that, and I'll leave this to Josh as well, I think you have to work back from what you need to get to by the end of the year. I do know that in one of the e-mails Paul assumed that these didn't need to be monthly meetings, that, you know, it depended on, you know, once you got an assessment of the workload and how you wanted to distribute it and how much could be done off-line, so it's really something for you to think about and I'm willing to schedule whatever, you know, you and certainly with Josh's input on timing, you know, would like to do. You know, if you would like to go ahead and schedule something because you really want to get a strong kick off, why we could certainly do something next month, but again remember next month you all are probably going to be focused on the NPRM and that could last a couple months, so again, you're juggling some competing priorities here.

**Eva Powell – National Partnership for Women & Families**

So, should we try to touch base again before we expect the rule to come out? Like in a couple of weeks maybe?

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Yeah, the rule, I think is slotted, what we're hearing is it will come out the week of HIMSS.

**Eva Powell – National Partnership for Women & Families**

Yes. So that is in two weeks, right?

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Yeah.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Do you want to try and get together the week of the 13th?

**Eva Powell – National Partnership for Women & Families**

What new information would we have?

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Maybe, how about we, I'm going to speak for me, it's like I've kind of got lots to do to get ready for this. Could we maybe meet the week after that, you know.

**Eva Powell – National Partnership for Women & Families**

After HIMSS?

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Yeah.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

So, like maybe the 27<sup>th</sup> or the 28<sup>th</sup>?

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Yeah. Would that work with you?

**Josh Seidman – Office of the National Coordinator**

This is Josh.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Not that we're going to know the whole NPRM but maybe at that point we can at least bring together, I don't know if Leslie you can, you know...

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

I can send out the documents.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

And I'll send out the documents relative to the testimony.

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

Yes.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

And, I mean, pulling a theme on a slide I think should be doable and I don't know if Eva if you can pull out, you know, a slide or two on the current state of measurement?

**Eva Powell – National Partnership for Women & Families**

Yeah, it'll probably be the end of the week before I can do that but I should be able to get that done this week hopefully.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Yeah, and I'll send you, like if our person pulls some I'll send you that material, but I would think like then we would just reconvene like, you know, when we get back from HIMSS.

**Eva Powell – National Partnership for Women & Families**

Yeah.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

That week?

**Eva Powell – National Partnership for Women & Families**

Sounds good.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

And so, Mary Jo, do you send around a note to the group and get the best time, is that what you do?

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Yeah and what I'll do is I'm going to try to use doodle as often as I can.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Okay, we can do that.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

So, if you'll watch out for a doodle that's what we'll do.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Super. And then I think if we start to kick off what that vision is that will even help us as we start to look at our evaluation for Stage 2. Does that work for you guys?

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

Yes.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

So, the intent of that call will kind of just be getting everyone grounded on the current state of where we are with the standards and the vision on the current state of measurement, and the current state of, you know, what has been said in the testimony and we'll get grounded on that and then begin the conversation around what that vision starts to look like. We'll have an hour.

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

Yeah. Great.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Okay.

**Eva Powell – National Partnership for Women & Families**

Sounds good.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Okay, good enough.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Okay.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Before you hang up we do need to call and see if there are any public comments.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

I was going to say are there any other questions or clarifications by the subgroup? Okay, thank you Mary Jo, if you could open it up to public comment.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Okay, operator if you would open it up please.

**Caitlin Collins – Altarum Institute**

Yes. 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. And we do not have any comments at this time.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Okay, thank you very much.

**Mary Jo Deering, Ph.D – Senior Policy Advisor – Office of the National Coordinator for Health Information Technology**

Thank you everybody.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

All right, thanks, have a good week.

**Eva Powell – National Partnership for Women & Families**

You all too.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

All right.

**Eva Powell – National Partnership for Women & Families**

Bye-bye.

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

Charlene?

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Yes?

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

Do you want to schedule a time?

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Yeah, how about I'll send you a note.

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

Okay, perfect.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

Okay, thanks Leslie.

**Leslie Kelly-Hall – Senior Vice President for Policy for Healthwise**

Thanks, bye.

**Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs**

All right, bye.