

Centers for Medicare & Medicaid Services  
Quality Payment Program National Roundtable  
Conference Call.  
Moderator: Jill Darling  
October 6, 2016  
2:00 p.m. ET

Operator: This is Conference #88601421.

Good afternoon. My name is (Suzanne) and I will be your conference operator today. At this time, I would like to welcome everyone to the Quality Payment Program National Roundtable Conference Call.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question-and-answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, please press the pound key.

Ms. Susie Butler, you may begin your conference.

Susie Butler: Thanks, (Suzanne). Hi, everyone. This is Susie Butler. I'm the Director of the Partner Relations Group in the Office of Communications at CMS. And I want to welcome you to the very first Quality Payment Program National Roundtable Call. This is a little bit different format of many of the other calls that we host. In this call, we hope to hear from you. We've tossed out a few questions prior to this call. Don't worry if you didn't get them in an e-mail, we'll be introducing those questions as we go through.

We want to hear from you about different issues primarily about training today and education. We've got a couple of other questions as well. But we want to hear from you and want to hear how you're thinking about this. And I know you'd love to be talking about the final rule but we don't have one right

now. So we're going to keep this to what we can talk about, which is what's worked for you, what you'd like to hear from us about, around these topics, and then get some ideas and sort of pick your brain a little bit.

So, I'll move through the questions. I've got some colleagues both on the phone and in the room with me. And primarily, like I said before, we want to hear from you. So it will be helpful as you hit star one after I ask a question to introduce yourself and organization you're with, and then give your response and hopefully that will be fodder for other people on the line. And we hope we move this into a lively dialogue.

This conversation will happen the first Thursday of every month. And in addition to this round table, on the third Thursday of every month, we will be having a conversation that shares new information, and presentations and more programmatic information. So just mark your calendar for first Thursday and third Thursday. We also know that a lot of people who are practicing clinicians are seeing patients during that time. So we'll be recording this and offering it as a podcast and have it posted within about a week of the original date.

So, with that, let's get started. My first question for you all is around the Pick Your Pace Program. Do you have any questions or concerns? The Pick Your Pace Program was introduced to the blog by our administrator not too long ago. So we just want to hear from you about that. And my colleague Kelly DiNicolo is here and she can respond, but I just want to hear from you on that. So if you can hit star one, and remember to identify yourself as you respond.

Operator: OK. And our first contributor is Laura Wooster. Please go ahead. Your line is open.

Laura Wooster: Hi, thank you. This is Laura Wooster from the American Osteopathic Association. Thank you for pulling this (call) together and also big thanks for setting it to a place, the Pick Your Pace approach. I think one of our questions and I know there'll be details on this, of course, in the final rule, but just as guidance leading up to that, for the approach where they only have to submit, I think it was a small amount of data in the blog post to avoid a penalty.

Could – is there any further guidance on what a small amount of data means?  
And what sort of time period or minimum time period that would entail?

Kelly DiNicolò: So, hey, it's Kelly. Thank you so much for your question. That's a great question one that I myself have asked. And unfortunately that's one of the pieces that you will see in the final rule, which we'll be posted by November 1<sup>st</sup> by law, we have to see that. Unfortunately, I can't get into details there, but I will say that it's a small amount and it was really designed so that any clinician really would be able to participate in this program without being at risk to take a penalty payment if that makes sense.

Susie Butler: Thanks, Kelly. Anyone else?

Operator: Yes, Robert Tennant, please go ahead.

Robert Tennant: Hi, it's Robert Tennant from the Medical Group Management Association. And let me echo Laura and say thank you so much for pulling this together.

I guess the question that we have relates back to the statute which directs CMS to produce a budget neutral program with the ability for providers to avoid the penalty by submitting, as Laura said, just a small bit of data. What are your thoughts in terms of the potential change to the upside for those that are successful in the program? Thanks.

Susie Butler: Robert, it's good to hear from you. Hang on just a second. I think that's a more detailed question and not as much part of Pick Your Pace as it is some of the other pieces. But we will see how that's addressed in the final rule. And if it's not, let's keep that question in the forefront and we'll have that dialogue. And I know you have my number because we've talked before.

Robert Tennant: OK, great. Thank you.

Susie Butler: Thanks, Robert.

Operator: Thank you. And our next one is Mara McDermott. Please go ahead. Your line is open.

Mara McDermott: Thanks. This is Mara McDermott from CAPG. And my question relates to Pick Your Pace and how it's going to interact with the existing Medicare Part B Performance Program, so PQRS, and Value-Modifier and Meaningful Use. I wondered if CMS has developed or plan to develop anything to clarify those pre-MACRA payment adjustments that our physicians are going to be seeing starting in the calendar year 2017 versus the Pick Your Pace approach that affects our 2019 payment.

(Crosstalk)

(Off-mic)

Kelly DiNicolò: Hey, it's Kelly DiNicolò. I don't know if I have any of my policy colleagues in the phone so from CCSQ. But the plan is that that information would also be released in the final rule. So I apologize that we can't provide the level of details. I know there's a lot of anxiety out there about that. And I would just say that this program was designed to trying to be at least intrusive on clinicians as fast as we could possibly be and hopefully make your life easier in the end. So, we'll have that information, but again it will be in the final rule.

Susie Butler: OK, next question or comment.

Operator: Again, that is star one if you'd like to contribute at this time.

I don't have anyone in the queue right now.

Susie Butler: OK, thanks, (Suzanne). Well, with that, I want to pivot more towards some of the training and your expectations around the training that CMS will provide. So when you put your thinking cap on and go back to some of the experiences you've had with CMS training and education, particularly around new programs or different ways of looking at CMS implementation of new legislation, what's been useful for you? And how can you describe your experience of those useful trainings? What's worked? And use star one to raise your hand for us and weigh in.

Operator: OK, we have Allison Brennan. Please go ahead.

Allison Brennan: Hi, this is Allison Brennan from the National Association of ACOs. One thing that's really helpful for us when we educate our members is to be as specific as possible about their requirements for ACOs. And I know they have a lot of different constituencies like that, you know, within Medicare. But trying to tailor resources to those different constituencies to make them as specific and as relatable as possible just allows us to kind of cut through a lot of things that they don't have to worry about. So as many kind of iteration of the resources issue can provide for the specific audiences is very helpful.

Kelly DiNicolo: Thanks, Allison.

Operator: And we have Koryn Rubin. Go ahead.

Koryn Rubin: Hi, it's Koryn Rubin with the AMA. Thank you for doing this today. What's been helpful over the years is some of the in-person training sessions with CMS lead staff so that people can get their detailed questions answered and clarified because there can be a lot of, you know, misinterpretation of information in the rule or vagueness. And as Allison pointed out, there's various constituencies so there's, you know – historically there's different caveats for how you participate based on the structure of your practice and your specialty.

And there also was a time when PQRS was first ruled out, where CMS would have kind of some small group meeting with the specialty groups in the Humphrey Building to go over and discuss the materials and get our feedback on a routine basis. And I think that really led to a successful initial launch with people really understanding how the programs work, and being able to also act as, you know, liaisons for the program for their members and for CMS,

Susie Butler: Very well put. And I remember leading some of the small group sessions, and it was (interesting) for us as well. So thank you very much.

Operator: And, Mr. Robert Tennant, please go ahead.

Robert Tennant: Yes, thanks. And let me start by saying I completely agree with both Allison and Koryn's comments. Just two issues here, one broad one. And certainly we appreciate all the help that the agency can provide in helping practices

meet all the requirements. But really the point of the whole program is to provide actionable feedback in the timely manner. And I know that's not on your list of questions but it's really at the top of the list in terms of what practices want. They want the data to be accurate and they want the data feedback loop to be faster. So, I think if you can bring that back as well.

And then, specifically, we find that the FAQ process is critical. There's so many times where we have provider calls with the agency, you know, and you get questions asked on these calls that are not able to answered, those need to be turn into FAQ so everybody can be privy to the answer. So I would encourage you to develop a very robust FAQ process and get those out as quickly as possible. Thanks.

Susie Butler: Thank you. Anyone else?

Operator: We have Susie Postal. Please go ahead.

Susan Postal: Hi, can you hear me?

Kelly DiNicolo: Yes.

Susan Postal: Hi, this is Susie Postal from IHS. I just want to just reiterate what you've – what other groups have been saying. But the one-to-one assistance is huge and a big appreciation with – when we have conferences or when we need to get the messages out because our agency has various different needs. So, when we're developing resource materials, having a CMS resource to help look at that is important as well as providing feedback. We have different issues that come up because there are different types of groups partaking in the different programs that are going to be with the MACRA, and the MIPS and the APMs. And so, again, just reiterating our weekly meeting from CMS would be great to have the question-and-answer time, frequently asked questions, and small groups with a dedicated point person who we could reach out to.

Susie Butler: Thank you.

Operator: And we have Danielle Lloyd. Go ahead.

Danielle Lloyd: Hi. This is Danielle Lloyd with Premier. I was going to same thing as Bob in terms of the FAQs. But I will add there is that what we've found under other programs, you know, is that we get sort of an FAQ here and FAQ there. And some of the improvements that we've really appreciated in terms of navigating the FAQs is to have one single document organized by topic with the release date next to each FAQ. And that has been very helpful in making sure that we can all follow the ongoing FAQs that are going to stream out slowly but surely from you all. So we'd appreciate it if it's within that sort of format.

Susie Butler: Thanks for your input. Anyone else?

Operator: We do. We have Koryn Rubin again. Please go ahead.

Kelly DiNicolò: Thanks, Koryn.

Koryn Rubin: This is also FAQ ...

Kelly DiNicolò: OK.

Koryn Rubin: ... related, but also to point – to ensure that it's searchable because I know over the years the usefulness of the FAQs are – the ease of navigating has kind of trickled off. It used to be really easy to find on the CMS website and be able to search within the FAQ section. And now, you don't really have that ability. It takes you to like every CMS program FAQ and so to make sure that it's tailored to the program you're looking for. So you're not just scrolling through millions of FAQs trying to find what you need answered.

Kelly DiNicolò: OK. Thank you.

Operator: And we have Romy Gelb-Zimmer. Please go ahead. Your line is open.

Romy Gelb-Zimmer: Hi, yes, this is Romy Gelb-Zimmer for the American Association of Nurse Anesthetists. I just wanted to echo some of the comments already made and just stress also that we also would think that in-person training available to all eligible clinicians in small groups would be helpful as well. And also that it would be really helpful again to have – just echo the point made about having

detailed feedback reports and all components of the MIPS program. It just would be very helpful for our memberships. So thank you again for hosting this.

Kelly DiNicolò: Sure thing.

Operator: And we have Robert Tennant. Please go ahead.

Robert Tennant: Yes, sorry to keep on the FAQ topic, but the other thing that has been very effective for our guys is to have CMS push out new FAQs through the LISTSERV. So, anything new and breaking, we don't need to go on and do a search by date on the website where it sort of proactively sent to us, that we can then turn around and push out to the members.

And then something else, it was pretty effective tool that CMS used for the implementation of ICD-10 with the Road to 10 approach, which was specialty-based. And I think that might be helpful here as well to allow individual specialties to have the training that they need to meet their particular measures. Thanks.

Susie Butler: Great. Thank you.

Operator: And we have Lynn Scheps. Go ahead.

Lynn Scheps: Hi. The FAQ seem to be a hot topic. But one of the things that drives me crazy about the FAQs on the EHR Incentive Program is that they've just started adding dates of when they're effective but there's no – when you remove an FAQ, there's no notification or you take it down and all of the sudden it's just not here.

So, you know, you can assume an FAQ is still in effect when in reality it's been pulled down or it's been replaced by something else. My suggestion I guess would be to leave it there and say replaced by FAQ whatever or no longer in effect or something because otherwise you have no trail, you have no idea what's still current and what isn't.

Susie Butler: And, Lynn, which organization are you with?



Lynn Scheps: I'm with SRSsoft, an EHR vendor.

Susie Butler: Thank you.

Lynn Scheps: And we're always giving advice to our clients, and I'm looking for printout. But sometimes we'll print out the FAQs so I'll have them handy. And I will give to someone, and the next thing I know they say I can't find that FAQ and I find that it's no longer valid.

Kelly DiNicolo: Thank you.

Operator: And we have Sandy Pogones. Your line is open.

Sandy Pogones: Hi, this is Sandy Pogones from the American Academy of Family Physicians. And I wasn't able to withdraw my question. It was actually dated as far as notifying people when FAQ changed through the LISTSERV. That's really very helpful.

But I do have something else to offer and I really appreciate that the way that CMS has been approaching the MACRA training, and that it is delivering information in smaller bytes and more specific byte. And I think that relates back to what people are saying to break training down into pieces so that people can listen to and study only those pieces that apply to them. So I do appreciate the way CMS is been approaching the MACRA training. Thank you.

Susie Butler: Thank you. Let me move on to a couple of other portions of the training conversation. We talk about in-person training a lot. And I understand the give and take, and being able to talk to the subject matter experts. But how do you and your membership prefer to get trainings? Is it in-person, is it virtual, is it train the trainer, recorded, is it specific to you whether it's the first time you're hearing this, or if it's reviewing something? Tell me a little bit about how you look at training to understand this new program.

Operator: And our first contributor is Bill Finerfrock. Your line is open.

Bill Finerfrock: Hi, this is Bill Finerfrock with Capitol Associates, representing a couple of different groups. I think probably from most of the groups it's all of the above. We do in-person, we do virtual, and then typically those trainings and those presentations are recorded for those who aren't able to listen to the live presentation. So, I think you want to hit all of those touch points in terms of how to get information out.

But as you alluded to that the critical challenge with CMS for speakers and hear where the train the trainer maybe helpful is typically the CMS speakers can't say much beyond what is on the slide. And so it doesn't get that kind of interaction that folks are looking for.

So if you have CMS folks who can train others, who maybe in a better position to elaborate or engage in a dialogue with the audience in a way that CMS speaker can because they're afraid that somehow they're going to be creating new policy that might be very helpful.

Susie Butler: Thanks, (Bill). That's insightful. I appreciate it.

Operator: And we have Susie Postal. Please go ahead.

Susan Postal: And just an FYI, I have our MACRA working group on the call as well. They're muted. So we're typing via chat from the Indian Health Service. We also like all of the above that was mentioned. One thing that's very helpful is train the trainer. And if we have a big conference that have the CMS subject matter experts present to answer specific questions is greatly appreciated. Webinar and asynchronous kind of, you know, creative ways that they can look at presentations and listen to them as well for, you know, on your website, those are greatly appreciated.

Susie Butler: Thank you.

Operator: And, Mara McDermott, please go ahead.

Mara McDermott: Hi, this is Mara McDermott from CAPG. Just a couple of comments. One is that we have been using the chief medical officers in the regions to educate

some of our groups and have found that incredibly helpful. And they tend to be able to engage really well with our physicians kind of on the ground and where they're at. And then the second thing is just to compliment the QPP webpage where many of the MACRA proposed rule resources were housed. I know we've gotten feedback from our groups that, that has been great resource for everything as kind of located in one place and they can go back and watch the specific segments that they want. So, more of all of that would be great. Thank you.

Kelly DiNicolo: Perfect. Thank you.

Operator: And we have Michele Galioto. Your line is open.

Michele Galioto: Hi. From the oncology nurses' perspective, especially from the advanced practice providers, having information presented prior to our national meeting would be helpful and even having staff from your group available to answer questions even during, in between the sessions; perhaps with the opportunity to capture some of that and have it archived for our members afterwards.

Susie Butler: And let me just throw a question out while I have you there and this is for all of you. You know, sometimes – a lot of my folks on my team work at trying to get CMS folks on to conferences in national platforms. But often I don't have to tell you that that planning is done a year in advance. With the program, as important as this one, I would think we'd able to get onto some of these agendas, but again I don't want to assume or presume, but can we work with some of you to make sure that we can get those critical placement on agendas going forward.

Michele Galioto: This is Michele. Can you still hear me?

Susie Butler: Yes, I can still hear you.

Michele Galioto: OK, perfect. So, yes, the planning is done well in advance, although we have been able to fund some creative opportunities even if it's not within the continuing education portion of the meeting, having sessions prior to the official start, having other more (CEDR) kinds of presentations that don't

compete with other (CNE) sessions. So we, thus far, have been able to find some creative opportunities to certainly get folks like yourselves included and incorporated into the meeting.

Susie Butler: Perfect. I think the key there is being creative.

Michele Galioto: Absolutely. Flexibility is critical.

Susie Butler: Yes. On our part, too.

Operator: And, Laura Wooster, go ahead.

Laura Wooster: Yes, hi. I'm not sure if this is coming up in the later portion of the call, but since another caller mentioned the QPP website, agree – or QPP section of the website, agree that, that's been really helpful. The one thing that would help us is a lot of the slide decks are posted as PDF. I don't know it would be possible to actually post them as PowerPoint. Sometimes it becomes a little harder to drop them into our own training presentation just because of the graphics or to be able to adjust size of anything. I mean we've done it but sometimes it's a little harder. So, I don't know if that's the problem because CMS may not want the potential for them to be modified but it would really helpful.

Susie Butler: I hear you, Laura. I think it's more of a, I think, we have to look at it individually. So, let's talk about that if you want to use them. And certainly as we move forward there will be opportunities for some of the training materials to be available. I've seen that with our other programs that the training materials are made available and are easier to use in a PowerPoint session.

So I don't want to make a promise that may not be there but I do know that for right now we would need to look on a case by case basis.

Operator: And, Mr. Tennant, go ahead.

Robert Tennant: Yes. Hi, Rob Tennant again from MGMA. Just back on the topic of national conferences that would certainly be helpful. And I think I can speak for a lot

of us that we would be able to shoehorn in a CMS speaker even on short notice. But the challenge with this program is that it's unlikely that one CMS subject matter expert could talk to all four of the components of the program. And so it becomes, you know, maybe if we have more of a specific presentation on MIPS or APMs or quality, you know, quality for ACI.

But one other thought would be to have either organization-specific teleconferences and/or specialty specific teleconferences. So, you would – we would arrange, for example, our membership to attend and be able to ask questions about a wide array of CMS experts that could be on the phone rather than try to get them all in one room at national conference.

Susie Butler: That's helpful. Thanks, Rob.

Operator: Bill Finerfrock, you're up.

Bill Finerfrock: Thanks. Yes. One, I want to echo what Rob said in terms of the specialty specific and those kind of opportunities (who they had) the same thought that you maybe able to send one subject matter expert but you're going to get questions in all the areas and they're still going to have to take some of those back.

But one of the points I wanted to chime in on it or at least ask is, CMS, has there been any change in the ability of organizations to pay for travel for CMS to come speak at a conference. I know many organizations have requested speakers, speakers who couldn't get travel approved, they've offered to pay for travel and that's been turned down. But I was told recently that there maybe a change in that or an ability now for outside organizations to pay for travel for CMS speakers. Has there been any change in that? Or is that something that's possible?

Susie Butler: It's called in-kind reimbursement. But I would I have to go back to see whether or not that's applicable. Usually it's only in hardship circumstances, but let's table that and let me check into it, and then let me share it with everybody that's on the call today.

Bill Finerfrock: Thanks. And if we – but I think somebody had mentioned earlier. We've had some success going through the regional offices and have found particularly the CMOs at the regional offices to be very, very helpful and very good speakers on some of these topics. And so, you know, to the extent that they can be utilized even more than just folks from central office, I think that's very helpful.

Kelly DiNicolo: And I think you'll find that the chief medical officers, many of them are on the call today with us. You find that they're very knowledgeable and passionate about this, and well trained and eager to speak. And so, I think that using them you'll find – they're also really tuned into what's going on in their area.

Bill Finerfrock: There's an inverse relationship between their ability to speak extemporaneously and their distance from Baltimore.

Kelly DiNicolo: No comment.

Operator: And, Koryn Rubin, go ahead.

Koryn Rubin: Yes, thank you. Also, in terms of as Rob mentioned, with the ability to have like specialty-specific or organization-specific kind of cosponsored webinars with CMS experts has been helpful in the past that you can then promote to your membership. This is call more tailored to your specialty or whatever your, you know, organization is structured. CMS was really active in doing that when PQRS and the E-Prescribing Program first rolled out were senior CMS officials would get on a webinar, and often they would also try and schedule them at times that doesn't interfere with, you know, when they see patients. So it really met the doc or the practice administrator at a time that they could actually actively engage and follow along as opposed to the more generic CMS calls that occur in the middle of the day.

Susie Butler: Appreciate that. Well, let me ask a little bit about – I've got two more questions here. What resources can CMS provide to make the implementation of the Quality Payment Program successful?

Operator: Again, that is star one if you like to contribute. We have Ms. Rubin again. Go ahead.

Koryn Rubin: So anything that can be easily understandable and digestible, (short), so like the traditional kind of lengthy PDF materials that CMS is more and more heavily relied on as the PRQS or Value Modifier Program has become more complex, has become really difficult to follow the materials. I think if you're like new to the program, it's almost near impossible to like guide someone by forwarding those materials. You really have to then walk them through or take the materials and then reinvent them in a much easier digestible way. I'm not quite sure why there those communication challenges on CMS'end.

And also for the information to be presented on the website that's really interactive. So like when the Meaningful Use Program was rolled out, that Meaningful Use ONC website was great. I mean you were able to, you know, follow along based on where you were, whether you were participating in the E-Prescribing Program, whether you had certified EHR and you could tailor other information based on where your practice was at that time with, you know, hyperlinks to other website with the explainable digestible information. It wasn't like the traditional CMS website where you go to and it's just a bunch of text and you have to scroll down to the bottom of the page to then download, you know, one of five PDFs that are 25 pages long.

Susie Butler: Thanks.

Operator: And, Ms. Susie Postal, go ahead.

Susan Postal: So, one of the things that I think is like next step, simple steps, what do you need to do to get ready? That's in one of our questions from IHS', you know, implementation plan, what do you need to do to get ready? The policies, you know, as you know is so long and trying to like identify work flows and how people can get ready with next steps, project plans. Again, what you are saying simple meetings that we could pull together that are agency-specific, specialty-specific, that would be really helpful; keeping it simple and easy to implement.

Susie Butler: Very good. Thank you so much.

Operator: Hey, Mr. Tennant, you're next.

Robert Tennant: Yes. Certainly, Koryn was spot-on with her comments. And I would just add, you know, the – some of the materials put together for meaningful use, for example, the attestation guides, which is really a step by step, point by point walk through of what the practice is needed to do. That would be excellent. I would also encourage you to develop, you know, sort of samples or examples vignettes to show how, you know, clinician A, B or C maybe in (different) specialties, maybe (different) care settings, how they participated; again, give some sort of real world examples of how this is going to be done.

And we do have, you know, wonderful technology now. I agree with Koryn, just static big PDFs, you know, it's one option, but there's many other options including, you know, podcasts and videos, YouTube channels. There's plenty of ways to get good at information out there. And this is such a complex program. I think we're going to need all the help we can get.

Susie Butler: Thanks, Rob.

Operator: And, Laura Wooster, you can go ahead.

Laura Wooster: Hi. Yes. Just again also echoing what Koryn and the others have said. Interactive is great; the Health IT Playbook that was just released. A lot of aspects of that, I think, are very user-friendly. And the checklist, things like that, all really helpful. And the other materials that we found helpful; the ICD-10 materials, that have come out over the past year, I think similar, they're pretty graphical versus lot of text. I think they're easy to look at and a little more digestible. So just – as many customizable and I think graphic-based tools and checklists that are possible to make, and again customizable to maybe your practice size or specialty, would be really, really helpful for our physician.

Susie Butler: Terrific. Thank you.

Operation: And, Josh Boswell, your line is open.

Joshua Boswell: Hi. It's Josh from the Society of Hospital Medicine. I think one of the things that we're thinking through and I think would be helpful would be to have



resources for kind of a frontline clinician. You might not be the person in their group who's taking care of their reportings under the MIPS or whether or not they're contracted in an APM. So, kind of like, you know, a couple of front line general questions I think, you know, the right questions that they can ask of their group leader or practice administrator to kind of get even the front line clinicians engaged and asking the right questions if they're actually even participating and reporting.

Susie Butler: Perfect. Thank you.

Operator: And, Mara McDermott, your line is open.

Mara McDermott: Thank you. I just wanted to add. I know several people have commented about doing MACRA training specific to specialties. I think one of the things that our members would benefit from is MACRA training specific to the Medicare Shared Savings Program, kind of whether they're in an advance alternative payment model MSSP or a MIPS/APM MSSP. So I would request that kind of specific training for those specific groups. Thank you.

Susie Butler: Thanks so much. Let me ask one more question and then we'll circle back to see if anybody thought of anything and before we end the call. My last question on my list is what types of trainings are you planning to hold for your members?

Operator: And that's star one if you'd like to contribute. We have Kay Moyer. Please go ahead.

Kay Moyer: Hi. This is Kaye Moyer with the Infectious Diseases Society of America. Most of our training, our webinars, we've been doing them throughout the year to educate our members about what is coming and what might be happening with MACRA. So, that is the primary way we reach out to our members along with information and our newsletters.

Susie Butler: OK, perfect. And how often do you do your webinars?

Kay Moyer: We've done three so far. And that's before the final rule has even come out.

Susie Butler: OK.

Operator: And we have Michele Galioto. Your line is open.

Michele Galioto: Hi. For the Oncology Nursing Society, we're planning a series of webinars that will start towards the end of the month. At this point, we have four initial ones planned and all will be archived. We have also done sessions that are national meeting and then some informal kind of chat with the expert within our exhibits halls at our organizational site and including information in our newsletters as well.

Susie Butler: OK. Great.

Operator: And we have Susie Postal. Your line is open.

Susan Postal: Thank you. So, I'm just sharing some of the stuffs from our group chat. But the office hours webinar meetings with area coordinators, we have developed a website. We're looking at a resource handout, newsletters, and we've been currently providing community outreach on a monthly basis.

Susie Butler: OK. Thank you.

Operator: And we have Koryn Rubin. Go ahead.

Koryn Rubin: Yes. We're – the AMA is planning several regional in-person meetings towards the end of year and the beginning of next year, and also same time frame for holding several webinars. And then yesterday, we actually launched a really big interactive online MACRA tool that will update as more information on the program is finalized.

Susie Butler: OK, great. Thank you.

Operator: And, Sandra Robinson, you're next.

Sandra Robinson: Hi, this is Sandy from the American Academy of Dermatology. We are also launching interactive web tools and anticipate some short video clips. Our target audience – we're trying to help them sort themselves into the applicable categories. We have a lot of small practices. So, we're building out our

materials based on these targeted audiences related to their practice size. And we'll communicate with them also in a regular communication channel. There's a lot of layered communications bit by bit to get across all the complexity. And then we'll have quite a lot of information at our annual meeting in March.

Susie Butler: All right.

Operator: Mr. Robert Tennant, please go ahead.

Robert Tennant: Yes. Obviously, we do a lot of the same activities. We have newsletters, we'll have webinars, face-to-face national meetings. We also have 50-plus state chapters. And so we'll go out there and speak directly face to face. We also have magazine articles, plans, online tools.

The one thing that we have that hasn't been mentioned, though, we have an online member community. And we have one devoted to this topic. And we have thousands of members already signed up. So, I think that will be a very effective way not only for us to communicate to the members but to allow our members to communicate with each other about what's working, what's not, what challenges they're facing. And then we can then push that information back to the agency.

Susie Butler: Great. Thank you.

Operator: And we have Pam Kassing. Please go ahead.

Pam Kassing: Hi, this is Pam Kassing, American College of Radiology. The American College of Radiology is doing similar efforts to what's already been mentioned. But in addition, we're developing learning modules for our members where they earn CME, and they will be progressive in nature from basics ratcheting up in more complexity. And then also we will be devoting an entire issue of our journal to MACRA-related topics.

Susie Butler: And do you know which month that will be here, which issue?

Pam Kassing: It's coming up with fall.

Susie Butler: OK.

Pam Kassing: I think, you know, probably after the final rule's released.

Susie Butler: That's not surprising. OK.

Operator: And we have Bill Finerfrock. Your line is open.

Bill?

Bill Finerfrock: Yes. Sorry, I had it on mute. Same with everybody else -- articles, webinars, conference presentations. HBMA had three presentations at their meeting last month. They're planning regular monthly webinars on how to prepare.

And I just wanted to compliment the AMA. I saw and had an opportunity to look at some of the materials you guys announced and released yesterday. There are some really great stuff, folks at CMS, if you haven't seen it, take a look at it. And I think it's some really valuable, and I suspect other groups may replicate or do things or share those with their other members. I know some of the groups that I shared it with are already looking at how to get that out.

So, there are some good tools out there that we don't necessarily have to create, reinvent the wheel. But kudos to the AMA for what you guys did.

Susie Butler: Great. Thank you.

Operator: And that (inaudible) queue.

Susie Butler: Anyone else?

Operator: There is no one in queue at this time.

Susie Butler: OK. Thank you. I want to thank you all for participating today. It's sort of a listing session and sort of a dialogue. So, I appreciate you feeding off of each other and giving us some ideas that we'll take back. As you may well know, you know, we're well underway to planning some of these things, but we're

not so far down the road that we can't make some adjustments and take some of your very good suggestion under advisement.

If you're like me, you have your best ideas after we hang the phone. So if you do have one of those ideas, send it to the partnership mailbox. And that mail address is at the end of the invitation, but it's also [partnership@cms.hhs.gov](mailto:partnership@cms.hhs.gov) and we'll make sure that we respond to it. If the invitation for today was forwarded to you, you can respond to that mailbox and ask to be added to the list for any of these calls.

And like I said, mark your calendar, it's the first Thursday of every month for these roundtables and the third Thursday for the more informational training type calls. Thanks for your participation, and go on to have a great end of the week and holiday if you're celebrating on Monday. Thanks, everyone.

Operator: And this concludes today's conference call. You may now disconnect.

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