

Quality Data Implementation (QDI) User Group Meeting | Minutes

Meeting date | 03/15/2023 3:00 PM ET | Meeting location|Webinar <https://global.gotomeeting.com/join/980942653>

Time	Item	Presenter	Discussion/Options/Decisions
3:00-3:01 pm	Agenda	ICF	<ol style="list-style-type: none"> 1. Announcements and survey 2. <u>CMS142</u> – Communicating findings of dilated macular/fundus exam 3. <u>Encounter.class</u> versus <u>Encounter.type</u> 4. Identifying end time for operating room procedures 5. USCDI draft v4 – highlight areas of concerns <ol style="list-style-type: none"> a. <u>Medication adherence</u> b. <u>Treatment Intervention Preference</u> c. <u>Care Experience Preference</u> d. <u>Physical Activity</u> e. <u>Substance Use</u> f. <u>Alcohol Use</u> 6. General Discussion and Questions
3:01-3:03 pm	Announcements	ICF	<ul style="list-style-type: none"> • MAT and Bonnie User Group – March 16 • 2023 Pre-Rule Making Kick-off Webinar – March 21 • Cooking with Clinical Quality Language (CQL) Webinar – March 23 • Cypress Tech Talks – April 4 • eCQI Resource Center Website User Group – April 18 • QDI User Group – April 19 • Resource shared: https://ecqi.healthit.gov/calendar
3:03-3:29 pm	CMS142 – Communicating findings of dilated macular/fundus exam	ICF	<p><u>CMS142</u> – Communicating findings of dilated macular/fundus exam</p> <ul style="list-style-type: none"> • The goal of CMS142 is to capture that the eye care provider is transmitting/communicating the findings of the dilated macular or fundus exam to the physician who manages the patient's diabetic care. • “The communication of results to the primary care physician providing ongoing care of a patient's diabetes should be completed soon after the dilated exam is performed.” • How does a system identify that the information is available and communicated to the Primary Care Physician who is caring for diabetes?

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3:03-3:29 pm	CMS142 – Communicating findings of dilated macular/fundus exam (cont.)	ICF	<p>QDM Representation of Content, Population Criteria CMS 142</p> <p>Initial Population</p> <p>AgeInYearsAt(date from start of "Measurement Period")>= 18 and exists "Diabetic Retinopathy Encounter"</p> <p>Denominator</p> <p>"Initial Population" and exists "Macular Exam Performed"</p> <p>Denominator Exclusions</p> <p>None</p> <p>Numerator</p> <p>exists "Level of Severity of Retinopathy Findings Communicated" and (exists "Macular Edema Absence Communicated" or exists "Macular Edema Presence Communicated")</p> <p>Numerator Exclusions</p> <p>None</p> <p>Denominator Exceptions</p> <p>exists "Medical or Patient Reason for Not Communicating Level of Severity of Retinopathy" or exists "Medical or Patient Reason for Not Communicating Absence of Macular Edema" or exists "Medical or Patient Reason for Not Communicating Presence of Macular Edema"</p> <p><u>Numerator (inclusion):</u></p> <p>exists "Level of Severity of Retinopathy Findings Communicated" and (exists "Macular Edema Absence Communicated" or exists "Macular Edema Presence Communicated")</p> <p>Level of Severity of Retinopathy Findings Communicated</p>

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3:03-3:29 pm	CMS142 – Communicating findings of dilated macular/fundus exam (cont.)	ICF	<p>["Communication, Performed": "Level of Severity of Retinopathy Findings"] LevelOfSeverityCommunicated with "Diabetic Retinopathy Encounter" EncounterDiabeticRetinopathy such that LevelOfSeverityCommunicated.sentDatetime after start of EncounterDiabeticRetinopathy.relevantPeriod</p> <p>Macular Edema Absence Communicated</p> <p>["Communication, Performed": "Macular edema absent (situation)"] MacularEdemaAbsentCommunicated with "Diabetic Retinopathy Encounter" EncounterDiabeticRetinopathy such that MacularEdemaAbsentCommunicated.sentDatetime after start of EncounterDiabeticRetinopathy.relevantPeriod</p> <p>Macular Edema Presence Communicated</p> <p>["Communication, Performed": "Macular Edema Findings Present"] MacularEdemaPresentCommunicated with "Diabetic Retinopathy Encounter" EncounterDiabeticRetinopathy such that MacularEdemaPresentCommunicated.sentDatetime after start of EncounterDiabeticRetinopathy.relevantPeriod</p> <p>Diabetic Retinopathy Encounter</p> <p>"Qualifying Encounter During Measurement Period" ValidQualifyingEncounter with ["Diagnosis": "Diabetic Retinopathy"] DiabeticRetinopathy such that DiabeticRetinopathy.prevalencePeriod overlaps ValidQualifyingEncounter.relevantPeriod</p> <p>Macular Exam Performed</p> <p>["Diagnostic Study, Performed": "Macular Exam"] MacularExam with "Diabetic Retinopathy Encounter" EncounterDiabeticRetinopathy such that Global."NormalizeInterval" (MacularExam.relevantDatetime, MacularExam.relevantPeriod) during EncounterDiabeticRetinopathy.relevantPeriod where MacularExam.result is not null</p>

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3:03-3:29 pm	CMS142 – Communicating findings of dilated macular/fundus exam (cont.)	ICF	<p>FHIR Communication Definition:</p> <p>This resource is a record of a communication even if it is planned or has failed. A communication is a conveyance of information from one entity, a sender, to another entity, a receiver. The sender and receivers may be patients, practitioners, related persons, organizations, or devices. Communication use cases include:</p> <ul style="list-style-type: none"> • A reminder or alert delivered to a responsible provider • A recorded notification from the nurse to the on-call physician (or any other specified person) that a patient's temperature exceeds a value • A notification to a public health agency of a patient presenting with a communicable disease reportable to the public health agency • Patient educational material sent by a provider to a patient • Unable to deliver lab results to ordering physician • Non-patient specific communication use cases may include: • A nurse call from a hall bathroom • Advisory for battery service from a pump <p>HL7 QI-Core Communication - Considerations:</p> <ul style="list-style-type: none"> • The Communication.topic value set allows reference to the purpose of the content, e.g., a <i>progress-update</i>, a <i>summary-report</i> – preferred binding that could allow consultant-report, but it does not clearly represent the content of the report which is what you are seeking in the measure. • The shared information might be a DiagnosticReport-note which includes Observation Clinical Test Result (QI-Core R5) or Observation (QI-Core R4.1.1). The Observation includes a value.CodeableConcept that can address your required results. Basically, it may be best to just ask for the Observation.value that you require. • Another option we discussed was to look for an <i>observation</i> with the result code you are seeking to meet measure intent. The challenge with this option is the performer or recorder of the information must be an ophthalmologist to meet measure intent and that level of provenance is likely not available in the EHR. <p><u>Questions for implementers:</u></p> <ul style="list-style-type: none"> • How are external reports and/or summaries identified and accesses by the receiving primary provider? • Can the reports/summaries be queried for discrete result data? • What are these documents called – Summaries? Consult report? Progress update? • What datetime stamps are associated – receipt, acknowledgement, reviewed?

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3:03-3:29 pm	CMS142 – Communicating findings of dilated macular/fundus exam (cont.)	ICF	<ul style="list-style-type: none"> When a report/summary is received from another provider – either internal or external to the organization – how is the primary provider notified? Are the results/findings from the specialist available in the EHR or do they require manual entry? How is the specialty of the specialist captured on the report? <p><u>Discussion:</u></p> <ul style="list-style-type: none"> Find in procedure section- SNOMED associated with it or code that's coded to being a non-eye care provider; not being done by an ophthalmologist but code says they had it done elsewhere and it's either positive or negative. Different codes based on how it came in/who did it. This is something the Primary Care Provider enters because they read a report, but some EMR systems are able to populate it. Link for finding SNOMED codes around dilated pupils: https://www.findacode.com/snomed/162810007--oe-fixed-dilated-pupils.html <i>Issue:</i> measure was assuming that there's some transfer of information from the specialist to primary care specialist, and they were looking for that event of the share, that it was shared, and the content of what was shared- but we may not know how it got there, we just see it in the procedure section hopefully with the right code so we can measure it. However, may not be clear how it was communicated so if we're looking for communication that may not be what we'll find. <ul style="list-style-type: none"> Don't know how it got there, don't know vehicle of communication or who did the exam- just know that the results are available to the primary care physician. If there is a referral, the answer coming back would come back with notification. If there wasn't a referral, the notification would only come if patient specifically requests it, or if the patient has provided consent to sharing all information across all practitioners caring for them in a multispecialty practice. External data could be entered via an interface, manual entry by a clinician, or by a clinicians scanning in a faxed or PDF document indicating the nature and source of the document. <p><u>Next Steps:</u> The measure developer will review the information discussed and consider how to address these issues in a future version of the measure.</p>
3:29-3:53 pm	Encounter.class versus Encounter.type	ICF	<p>Encounter.class versus Encounter.type</p> <ul style="list-style-type: none"> Electronic clinical quality measures (eCQMs) identify encounters using Encounter <i>code</i> which maps to the FHIR element Encounter.type with binding to a value set indicating the encounter procedures appropriate to retrieve to meet the measure intent. Since US Core, and subsequently QI-Core requires use of Encounter.class, (i.e., it is a Must Support element with cardinality 1..1), some have considered requesting retrieval of all encounters of a specific encounter <i>class</i> without specifying any encounter <i>types</i>.

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3:29-3:53 pm	Encounter.class versus Encounter.type (cont.)	ICF	<p><u>Background information:</u></p> <p><u>Encounter.class</u> – Classification of patient encounter is a Must Support element with a cardinality of 1..1, (i.e., it is a required element of encounter data shared among clinical sites); it has an extensible binding to <u>US Core Encounter Class</u> value set.</p> <p><u>Encounter.type</u>, specific type of encounter, is a Must Support element with cardinality of 1..* and an extensible binding to the <u>US Core EncounterType</u> value set. This value set includes codes based on the following rules:</p> <ul style="list-style-type: none"> • Include codes from http://snomed.info/sct where concept is-a 308335008 (Patient encounter procedure) • Include all codes defined in http://www.ama-assn.org/go/cpt <p>eCQMs have been using <u>Encounter.type</u> to indicate the codes specific to the encounters required to meet measure criteria.</p> <p><u>Question for implementers:</u></p> <ul style="list-style-type: none"> • If requesting a specific <u>Encounter.type</u>, is it necessary to also indicate an <u>Encounter.class</u> in the measure specification as long as the <u>type</u> codes only represent one <u>class</u>? Example: The <u>Encounter.type</u> uses a value set representing exclusively ambulatory occupational therapy visits (a subset of ambulatory encounters); can the query specification omit the <u>Encounter.class</u> element? • If requesting a specific <u>Encounter.class</u> is it necessary to request an <u>Encounter.type</u> in the measure specification as long as all encounters in the requested <u>class</u> qualify for the measure intent? Example: The request asks for <u>Encounter.class</u> = Inpatient encounter (IMP) with the intent of retrieving all inpatient visits; can the query specification omit the <u>Encounter.type</u> element? • <u>Zulip thread</u> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • If you look at two different classes, and you think there may be some overlap (e.g., inpatient acute and inpatient non-acute), and you want to be specific, you need to include codes for encounter type to make sure you get only what you want. • Measure doesn't have to include class just because the element is identified as Must Support with a cardinality of 1..1 as long as the type provides sufficient information to indicate which encounters to retrieve. However, the testing tool requires that test cases include all elements that have a cardinality

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3:29-3:53 pm	Encounter.class versus Encounter.type (cont.)	ICF	<p>of 1..1 or 1..* with a value even if that value is not relevant to the measure calculation. Similarly, an implementor who receives asking for all the patients with this encounter type, must return the Encounter.class value for each of those patients because the element has a cardinality of 1..1 (i.e., must be populated with a value). The respective class element isn't evaluated with the measure, but it must be present, and because it has to be present, the MADiE test tool requires that there is a value in the test cases.</p> <p><u>Conclusion:</u> The measure developer can decide if the intent is met using only one or both of Encounter.class and Encounter.type; it does not have to have both if one of the elements is sufficient. However, when creating test cases in a tool like MADiE, which is used for testing QI Core measures, then you do have to include both elements for the test cases since both have a cardinality of 1..1 / 1..*.</p>
3:53-4:18 pm	Identifying end times for operating room procedures	ICF	<p>Identifying end time for operative procedures: A measure under development seeks to identify patients requiring mechanical ventilation that occurred outside of the operating room during the encounter and within 30 days after the end of the first operative procedure. (Should exclude re-intubations during subsequent procedures).</p> <ol style="list-style-type: none"> 1. To determine when mechanical ventilation begins requires identification of ventilator use. Lacking clear data to identify ventilator use, the decision was to use the procedure <i>intubation</i> as the start of mechanical ventilation, and the procedure <i>extubation</i> as the end time. Please comment if there are other options to know when actual ventilation begins and when it ends (even if the patient is not extubated). 2. To determine the end time of the operative procedure, considerations include: <ol style="list-style-type: none"> a. Wheels out date time b. Anesthesia end date time – i.e., Procedure (<i>anesthesia</i>) period endTime c. Procedure end date time – i.e., Operative procedure period endTime d. Start of PACU location – i.e., Encounter Inpatient, <i>location</i> = PACU startTime e. Transfer to PACU order with completed status – i.e., ServiceRequest PACU admission <i>status</i> = <i>completed</i> f. Previous evaluation considered Procedure (operativeProcedure) <i>incisionTime</i>, and <i>closureTime</i>. <ol style="list-style-type: none"> i. Neither of these options seem to be easily available and some procedures do not have <i>incisions</i> or <i>closures</i>. 3. To determine intubation occurred outside of the operating room, considerations include: <ol style="list-style-type: none"> a. OR location- Note that test sites use location for internal OR throughput reporting and bed scheduling but they cannot extract the data for the measure. b. Intubation flowsheets do not include location documentation. c. Some test sites have an OR intubation flowsheet and an RT Intubation flowsheet (completed outside of OR) d. Procedure anesthesia timing

Time	Item	Presenter	Discussion/Options/Decisions
3:53-4:18 pm	Identifying end times for operating room procedures (cont).	ICF	<p><u>Discussion:</u></p> <ul style="list-style-type: none"> User Group participants provided some guidance, asking about the existence of ventilator flow sheets. The measure developer indicated that flow sheets are common and contain information about ventilator initiation and use, but limited, if any data about when ventilation was discontinued. Attendees suggested the measure developer potentially start focusing on what goes on when someone get intubated outside of the OR (or rapid response team), and start looking for those things, and not spend a lot of time trying to figure out what's going on inside the OR. Other suggestions included looking for orders of oxygen provision by nasal cannula or by mask or by t-tube. <p><u>Next Steps:</u></p> <p>The measure developer will review the information discussed and consider how to address these issues in a future version of the measure.</p>
4:18-4:22 pm	USCDI version 4 draft discussion	ICF	<p>USCDI draft v4 – highlight areas of concerns:</p> <ol style="list-style-type: none"> <u>USCDI draft v4</u> - selected new (starred) items for discussion: <ol style="list-style-type: none"> <u>Medication adherence</u> – this item may be especially relevant given attention to cumulative medication duration in eQMs <u>Treatment Intervention Preference</u> <u>Care Experience Preference</u> <u>Physical Activity</u> <u>Substance Use</u> <u>Alcohol Use</u> <u>USCDI Level 2</u> - starred items are in draft v4; consider other essential items To make comments, https://www.healthit.gov/isa/user/login create an account or log in. <ol style="list-style-type: none"> Open until April 17th for comments/feedback.
4:22 pm	General Discussion and Questions	ICF	No questions from participants.
4:23 pm	Conclusion	ICF	<ul style="list-style-type: none"> Agenda items for updated QDI user group meeting <ul style="list-style-type: none"> Contact us at gdm@icf.com Next user group meeting: <ul style="list-style-type: none"> April 19, 2023 at 3:00pm – 4:30pm ET

Invitees/Attendees:

Attended	Name	Organization
N/A	Abrar Salam	The Joint Commission
N/A	Alex Borenstein	Greenway Health
N/A	Alex Lui	Epic
N/A	Allison Lance	Oracle
N/A	Alyson Narveson	Nebraska Health Network
N/A	Amanda Grant	NCQA
N/A	Andrea Stewart	New Hampshire DHHS
N/A	Andy Kubilius	The Joint Commission
X	Angela Flanagan	Lantana
N/A	Angela Knox	AdvancedMD
N/A	Angie Washam	Community Health of East Tennessee
N/A	Ann-Marie Dunn	Cerner
N/A	Ann Philips	NCQA
N/A	Anna Bentler	The Joint Commission
N/A	Anna Little	HCA Healthcare
N/A	Anne Coultas	All Scripts
N/A	Anne Smith	NCQA
N/A	Amira Elhagmusa	Battelle
X	Amrita Acharya	Point Click Care
N/A	Beatriz Espinoza	DHS LA County
N/A	Ben Hamlin	NCQA
N/A	Beth Bostrom	AMA
N/A	Bijal Desai	Northwestern Medicine
N/A	Brian Blaufeux	Northern Westchester Hospital
N/A	Bridget Blake	MITRE
N/A	Bryn Rhodes	ICF
X	Carolyn Anderson	Primary care practice
X	Cathy Duke	Greenway Health
N/A	Chana West	CDQ Solutions
N/A	Chris Moesel	MITRE
N/A	Christine Odonne	Sutter Health
X	Cindy Lamb	Telligen
N/A	Claudia Hall	Mathematica
N/A	Connie Tyre	BCHSI

Attended	Name	Organization
X	Lakisha Johnson	Catholic Health
N/A	Latasha Archer	NCQA
X	Laura Kramer	NCQA
X	Laura Myers	The Orchards Michigan
N/A	Laura Pearlman	The Orchards Michigan
N/A	Laurie Wissell	Allscripts
N/A	L Dejesus	Informedika
X	Lisa Anderson	NCQA
X	Lissinia La	Redlands Hospital
N/A	Lizzie Charboneau	MITRE
X	Lucilia Pereira	Southcoast
X	Lillian Guffey	Ascension Health Alliance
X	Lolita Jones	iQueryData
N/A	Lynn Perrine	Lantana
N/A	Maggie Lohnes	IMPAQ
N/A	Marcella Harker-Jones	CDC
N/A	Maria-Teresa King	ACS
N/A	Marc Hadley	MITRE
N/A	Marc Hallez	The Joint Commission
N/A	Marc Overhage	Cerner
N/A	Margaret Dobson	Zepf Center
N/A	Margaret Dittloff	Junum
N/A	Matt Hardman	Unknown
X	Marilyn Parenzan	The Joint Commission
N/A	Maritza Espada	Pan Menonita
N/A	Martha Radford	NYU
N/A	Matthew Dugal	Dynamic Health
N/A	Melissa Rains	Ascension
X	Melody Hall-Ramirez	DHCFP
X	Mia Nievera	The Joint Commission
N/A	Michael Jung	ClaraPrice
N/A	Michael Mainridge	Unknown
N/A	Michael Ryan	NCQA
N/A	Mike Nosal	MITRE



Attended	Name	Organization
N/A	Corrie Dowell	BSW Health
N/A	Dalana Ostile	Providence Health Systems
N/A	Dawn Lane	Covenant Health
X	Dave Mishler	Care Evolution
N/A	David Clayman	Allscripts
N/A	David Conger	Southwest Network
X	David Czulada	Mitre
N/A	Debbie Hall	University of Maryland
N/A	Deidre Sacra	McKesson
N/A	Doug Goldstein	Epic
X	Dorothy Lee	NCQA
N/A	Esther Ndemo	American Academy of Neurology
N/A	Evelyn Cody	Mathematica
N/A	Fallon Howell	Western Wayne Family Health Centers
N/A	Fern McCree	NCQA
X	Floyd Eisenberg	ICF
N/A	Gary Parker	Alabama Medicaid
N/A	Gary Rezik	QIP
N/A	Ganesh Shanmugam	Glenwood Systems
N/A	Gayathri Jayawardena	ICF
N/A	Gerald Angel	HOAG
N/A	Grace Glennon	Yale CORE
N/A	Greta Kessler	Unknown
N/A	Howard Bregman	Epic
N/A	Isbelia Briceno	Cerner
N/A	Jamie Lehner	PCPI
N/A	Jana Malinowski	Cerner
N/A	Janelle Capo	Flagler Health
N/A	Janna Sartin	Girard Medical Center
N/A	Jay Frails	Meditech
N/A	Jeffrey J Geppert	Battelle
X	Jen Seeman	ICF
N/A	Jenna Williams-Bader	NCQA
N/A	Jennifer Distefano	All Scripts
N/A	Jill Shuemaker	VCU Health
N/A	Jim McKinley	Alabama Medicaid

Attended	Name	Organization
N/A	Michelle Benz	Edifecs
N/A	Michelle Dardis	Mathematica
N/A	Michelle Hinterberg	MediSolv
X	Michelle Lefebvre	IMPAQ
N/A	Mike Shoemaker	Telligen
N/A	Mukesh Allu	Epic
N/A	Nancy Rapada	Flagler Hospital
N/A	Nayaab Baig	NCQA
N/A	Neelam Zafar	The Joint Commission
N/A	Nicole Boland	Taos Hospital
N/A	Nicole Hunter	Semantic Bits
N/A	Pamela Mahan-Rudolph	Memorial Hermann
N/A	Paul Denning	MITRE
N/A	Paulo Andre	MDinteractive
X	Peter Muir	ICF
N/A	Piper Ranallo	AAN
N/A	Prem Sahgal	PIH Health
N/A	Qainta Harris	Arise Medical Center
N/A	Rachel Buchanan	Oregon Urology
N/A	Rachelle Zribi	Yale
N/A	Raj Mann	My Harmony Health
N/A	Rajvi Shah	Unknown
X	Raquel Belarmino	Unknown
N/A	Rayna Scott	PCPI
N/A	R Swaineng	Swaineng Associates
N/A	Rebeccah Baer	NCQA
N/A	Rebecca Swain-Eng	Swain Eng Associates
N/A	Renee Mann	EM Healthcare
N/A	Rhonda Schwartz	ICF
N/A	Regina Beach	ERP International
N/A	Rhonda Smith	Novant Health
N/A	Rhett Partin	Georgia Hospital Association
X	Rob McClure	MD Partners
N/A	Robin Kaiser	SoftDevInc
N/A	Rose Almonte	MITRE
N/A	Roxanne Williams	BV Health System



Attended	Name	Organization
N/A	John Carroll	The Joint Commission
N/A	John Lujan	Kaiser Permanente
N/A	Jessica Smails	Caradigm
N/A	Joan Brown	Bowen Center
N/A	Joan Preston	Central Health
N/A	Joanna Elhaddi	HSAG
X	Joanna Ramsaier	ICF
N/A	Jodi Jensen	St. Peter's Health
N/A	Joanne Zhou	Hospital for Special Surgery
N/A	Joe Bormel	Cognitive Medicine
N/A	Joel Roberts	Piedmont
N/A	Joseph Kunisch	Memorial Hermann
N/A	Johanna Ward	Mathematica
N/A	John Cavey	Spark Soft Corp
N/A	Jorge Belmonte	PCPI
N/A	Jory Hatton	ClaraPrice
N/A	Joseph Nahmias	Montefiore
X	Julia Dawson	The Joint Commission
N/A	Julie-Marie Lebbie	Common Spirit
X	Juliet Rubini	Mathematica
N/A	Justin Schirle	Epic
N/A	Justin Smith	MN South Country Health Alliance
N/A	Karen Levin	Pomona Valley Hospital Medical Center
N/A	Karen McLaughlin	MediSolv
N/A	Kailee Boedeker	Hematology
N/A	Kat Sobel	NCQA
X	Katie Magoulick	IMPAQ
X	Karen McLaughlin	Medisolv
N/A	Kathy Huska	WellSpan
X	Kelly Burlison	Heart
N/A	Kim Dillon	King's Daughters Health System
N/A	Kim Lussier	Holy Oke Health
X	Kimberly Smuk	Mathematica
N/A	KP Sethi	Lantana
X	Kris Done	Lantana

Attended	Name	Organization
N/A	Ruth Dalgetty	Johns Hopkins Medicine
N/A	Ruth Gatiba	Battelle
N/A	Ryan Clark	NCQA
N/A	Samuel Benton	NCQA
N/A	Sandy Dalen	Registry Partners
N/A	Sarah Sims	My Patient Insight
N/A	Sera Gearhart	Mathematica
N/A	Sethuraman Ramanan	Cognizant
N/A	Sharon Hibay	Advanced Health Outcomes
N/A	Sherri Repsher	Good Shepherd Rehabilitation
X	Sheila Aguilar	TJC
N/A	Shellie T	Unknown
N/A	Stan Rankins	Telligen
N/A	Stephanie Jones	ASCO
N/A	Stephen Williams	Mon Health System
X	Susan Wisnieski	Meditech
N/A	Sweta Shah	NCQA
N/A	Syed Zeeshan	eDaptive Systems
N/A	Tammy Kuschel	McKesson
N/A	Teresa D Barker	CHH Grove
N/A	Terra Stump	Mathematica
N/A	Thoma Hudson	Parkview
N/A	Tom Dunn	Telligen
N/A	Traci Psihas	ICF
N/A	Vaspaan Patel	NCQA
N/A	Veronica Dunlap	HSAG
N/A	Veronica Kirchner	WellSpan
N/A	Vivian Steinmetz	St. Joseph's Wayne Hospital
N/A	Wendy Holmes	New Hanover Regional Medical Center
N/A	Wendy Wise	Lantana
X	Yan Heras	ICF
X	Yanyan Hu	The Joint Commission
N/A	Yiscah Bracha	RTI
N/A	Yvette Apura	ASCO
N/A	Zahid Butt	MediSolv