NATIONAL QUALITY FORUM

Moderator: Cardiovascular Standing Committee
December 7, 2015
1:00-3:00 p.m. ET

OPERATOR: This is Conference #1170459.

Welcome everyone, the webcast is about to begin. Please note today's call is being recorded, please stand by.

Welcome to the Cardiovascular Standing Committee Post-Draft Report Comment Call. Please note that today's call is being recorded and all public lines will be muted during this broadcast. Committee members and measure developers, please note your lines will be open for the duration of today's call. Please be sure to mute your button when not speaking or presenting. And please turn your computer speakers off and please do not place the call on hold at any time. Just a reminder for any committee members that maybe connected to the web, we will need you to dial in over the phone as well. That phone number is listed in the chat box to the left.

If you need assistance at any time today, please press star zero and an operator will help you. For technical support with the web portion of today's program, you may send an e-mail to nqf@commpartners.com or you may use the chat box to send a message.

Today's meeting will include specific question and comment period, however you can submit a question at any time during today's presentation using the web conference window. To do so, simply type your question into the text chat box area on the lower left corner of your screen. Be sure to click send to send your question directly to our presenters.

During the designated public comment period, you will also have the opportunity to ask live questions over the phone by simply pressing star, one. These instructions will be repeated later in the program. I'd also like to draw your attention to the links area located to the left of the window. The links area will contain links to presentation slide and resource information that is relative to the program.

Today's meeting includes live voting. Committee members should be connected to today's meeting using a desktop or a laptop computer, not by tablet. Please note that your voting privileges will not work if you are using a tablet. When voting is open only committee members will vote by clicking the box next to the answer of your choice and your responses will be captured.

And now it is my pleasure to welcome you to the program. I'd like to turn it over to Senior Director, Melissa Marinelarena. Welcome, Melissa.

Melissa Marinelarena: Thanks very much. And welcome everyone to our post-comment call for our Cardiovascular Phase III. I'm just going to quickly review what the purpose of the call is, and then I'm going to turn it over to our co-chairs so that they can welcome you as well.

So as mentioned in the memo, today, we are going to review and discuss the comments that we received during the 30-day post-evaluation comment period that ended on November 23rd. And then we are going to ask you to provide input on the proposed responses to the evaluation …

(Off-Mike)

Melissa Marinelarena: … (proposed responses) were developed by NQF staff, so we'll be asking you to approve those or revise them as needed. And then finally we're going to determine whether – we're going to ask you to determine whether (consideration) of any measures or other courses of action is warranted. So that's our purpose today and then I want to turn it over to Tom and Mary as well to welcome everybody.

Mary George: This is Mary George and I just want to welcome all the committee members, and thank you for your time this afternoon. Tom?

Thomas Kottke: Yes, Tom here. Yes, thanks to you, committee members, for signing on. Mary and I and the NQF team have gone over the comments. Most of them are not controversial. And so if the committee members have new information that they'd like to contribute, we like hear it, but there are large number of comments. And so, if it's something you've stated before, that would be fine not to state it. And so, I'll turn it back to NQF here.

Leslie Vicale: Great. Thanks so much, Tom and Mary. This is Leslie Vicale, the Project Manager. I welcome everyone as well and thanks you so much for joining us today. So, I'm just going to quickly go through the Standing Committee roster and take attendance and roll here.

We know that Mary George and Tom Kottke here are on the line. And Sana Al-Khatib? Carol Allred? Linda Briggs?

Linda Briggs: Present.

Leslie Vicale: Thank you, Linda. Leslie Cho?

Joe Cleveland?

Joseph Cleveland: Yes, miraculously, Leslie, things settled out so I'm here.

Leslie Vicale: We're happy to hear that. Thanks for joining us, Joe.

Joseph Cleveland: Yes.

Leslie Vicale: OK. Michael Crouch?

Elizabeth DeLong?

Elizabeth DeLong: I'm here.

Leslie Vicale: Ellen Hillegass? Oh.

Ellen Hillegass: Present.

Leslie Vicale: OK. I think I heard both of you. OK, wonderful. OK, Jud Hollander?

Tom James?

Thomas James: I'm here.

Leslie Vicale: Thanks, Tom. Joel Marrs?

Gerard Martin?

Kristi Mitchell?

Kristi Mitchell: I'm here.

Leslie Vicale: Thanks, Kristi. George Philippides?

George Philippides: Here.

Leslie Vicale: OK, I heard a here. Nicholas Ruggiero?

OK, Jason Spangler?

Henry Ting?

Mladen Vidovich?

Mladen Vidovich: I'm here, this is Mladen Vidovich.

Leslie Vicale: Thanks, Mladen. And as the operator had noted earlier, if any of the committee members who are on the web platform and haven't dialed in, we just ask that you do so. I believe – and vice versa, if you are also dialed in but not on the web platform, we just ask you to jump on the web platform so you have the ability to participate with any voting that's going to take place.

So thank you all and I will turn it to Melissa.

Melissa Marinelarena: Thank you, Leslie. So, I just wanted to let everyone know that we received about 100 comments total. Out of those comments, as you've seen in the memo, we broke it down by the comments that we received from member organizations. And in total, we got 57 comments from 11 different member

organizations. And those member organizations included providers with supplier and industry group, professionals, health professionals, health plan, and QMRI. We did not get any comments from consumers, purchasers, or public and community health. But overwhelmingly most of the comments were from public individuals or organizations, but it was exciting to get a lot of comments.

And we – as you saw in the memo and in the spreadsheet that you got, we have them categorized into themes. So what we're going to do is go through – I'll give a brief overview of each theme and then turn it over to Mary and Tom to facilitate discussion and see if we need to take any actions and if you approve of the proposed response from on behalf of the committee.

So, the first theme that we pulled out of the comment was a theme around harmonization. And in general, the commenters agreed with the recommendations, the committee's recommendations on harmonization. They agreed that the two mortality measures that we reviewed, one was for inpatient mortality and the other one was for 30-day mortality after hospitalization, that both measures should be kept and that was the committee's recommendation.

They also agreed that for Measure 0069 and 0670, which were the Cardiac Imaging and Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery, and Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients, that those two measure developer should harmonize their diagnostic imaging test. And for that, we are asking that the developers submit their harmonized measure by the next annual update. And, again, the comments were supportive around that.

The result of comments agreeing that Measure 0081 and 0066 should be reviewed for completing the related measures, and these are the two that we didn't review now because 0066, which is CAD, it’s the ACE or ARB Therapy - diabetes or LVEF less than 40 percent, has not gone under review yet, and it's scheduled in phase IV. So then we'll have – we'll be able to compare 0081 and 0086 in the next phase. And, again, the commenter was supportive of that.

The last comment that we received was a recommendation that Measures 0081, 0083, and 0079 should be harmonized. And these were the Heart Failure Measures for ACE or ARB -- let me look at it -- Therapy for a VSD, Beta Blocker, and Left Ventricular Ejection Fraction Assessment in the Outpatient Setting. And our response was that based on NQF criteria for identifying competing and related measures, these do not qualify as related or competing, therefore they were not looked at each other like side by side, which is based on the criteria because they identified different populations. So they were never identified as related or competing, and were not reviewed that way.

So, I will turn this over to Mary and George, or Mary and Tom, I'm sorry, to see if we want to have any discussion around this.

Mary George: Tom, did you want to take this?

Thomas Kottke: No, I don't – you know, I think the responses are reasonable, and I would support them.

Mary George: Does the committee have any comments that they would like to make and add?

Melissa Marinelarena: Just as a reminder, we do have the measure developers on the phone as well, if the committee members have any questions for them.

OK, if there are no comments around this, then we will accept this response and then move on to the next theme.

So the next theme, we kept it very broad, and I do have some notes over the different types of measures that we see comments. And this was about either adding – this is about making changes to the specifications either adding additional medications or additional exclusions, mostly around adding antiplatelet therapy or other antiplatelet therapy to 0067, which is the Chronic Stable Coronary Artery Disease: Antiplatelet Therapy measure. And the developer also provided a response saying that they would, that they'll be doing some updates to the measure.

And then for 0068, some of the comments went – and this is for Ischemic Vascular Disease:

Use of Aspirin or Another Antiplatelet, and the comments were around adding an exclusion of bleeding. And, again, the developer said that they'll be reevaluating, they'll be reviewing the measure, and we'll take that into consideration.

So, our question to the committee is, do you want to discuss any of these, any of these comments or any of these measure individually? Or are we OK with the developer's responses?

Thomas Kottke: Tom here. I think the developer's responses are adequate in their, up for reimbursement that they review the medications. I think there'll probably be more medications on the market as time goes along. But at this time I think it's quite adequate.

Mary George: Thank you.

Melissa Marinelarena: OK.

Kristi Mitchell: This is Kristi Mitchell, and I tend to agree as well. I think that having the flexibility to update that medication list is critically important. So, I agree with what the measure developers proposed.

Melissa Marinelarena: Great. Thank you.

Joseph Cleveland: Joe Cleveland, I agree.

Melissa Marinelarena: Great. And the developers do have the opportunity to submit those updates on, for their annual updates, and then any major changes again can be done during the maintenance period or at an ad hoc basis.

There's also a lot of comments around the statin medication for diabetics but we also pulled that out as a separate to talk about it individually. So we'll leave that for now and then talk to it towards, in a little bit. So, if we're OK with that comment and that response, we'll move on to the next general theme, which was the preference outcome measures. And, this is for two measures, for 0965, which was Discharge Medications ACE/ARB and Beta Blockers in Eligible ICD

Implant Patients; and for the 2396, which was Carotid Artery Stenting: Evaluation of Vital Status and NIH Stroke Scale at Follow Up. And, again, the commenters just noted a preference for outcome measures rather than the currently specified process measures.

And we proposed our, you know, responses at the committee (in general). (It does) prefer outcome measures when they're available but understanding that process measures are still needed. The committee did have a discussion around the Carotid Artery Stenting measure about it being an outcome measure during the in-person meeting. And the developer does have an intention of later having an outcome measure, and they did provide that in their response as well.

But, Tom and Mary, do you want to add anything further?

Thomas Kottke: I have nothing to add.

Mary George: Yes, I know this is something that we discussed extensively at the meeting.

Any other comments from the committee?

Melissa Marinelarena: Or any questions for the measure developers?

OK, hearing nothing, we'll move on to some measure-specific comments. And we'll start with measure 2764, this was the Fixed-Dose Combination of Hydralazine and Isosorbide Dinitrate Therapy for Self-Identified Black or African-American Patients with Heart failure and LVEF less then 40 percent ACE or ARB and Beta-Blocker Therapy. So most of the comments were about this measure, and they were – most of them were supportive. There were a few that were not. And the developers provided a very detailed response to all of the concerns that were outlined in those comments as well.

And, again, there were issues about – I think the commenters thought of the fact that in the ACC/AHA heart failure guideline, that the guidelines do not list specifically to fix those combination therapy. And, again, so, we proposed the (key) response that, you know, you consider the guidelines during the measure evaluation discussion and determine that a gap inappropriate

treatment persists in the African-American subpopulation of heart failure patients. And that warrants the need for this measure. And studies showed a significant reduction of mortality of this specific subpopulation with the use of a fixed dose combination therapy. And again, there was extensive conversation around this measure during the in-person meeting.

So, again, I will turn this over to Tom and Mary, and ask if you agree with this response.

Thomas Kottke: Yes, Tom here. Yes, basically it was endorsing an off-label use of a medication versus endorsing a single medication that was proprietary. And I think that the decision is appropriate not to endorse off-label use even though we have to endorse BiDil or the drugs in BiDil as our fixed dose. And so, I think this discussion is appropriate.

Mary George: And this is Mary. I'll remind the committee that this measure was approved for trial use.

Melissa Marinelarena: Right, this isn't a trial use program. It's a de novo eMeasure. And so, they – you know, if it goes through the process and it is endorsed or finally recommended for trial use, the developer will have about three years to bring it back after testing because they do need to test it for reliability and variability. Does anybody from the committee have any additional comments or questions?

Thomas James: Yes, this is Tom James, and mine is really more of a question. This measure is for people who are self-identified as black or African-American. And having come from a Medicaid plan most recently, this is an issue that we have had. And that is in the determination of what is a true racial characteristic because people may identify with one group but genetically it may have a different percentage. So I don't know if the studies, how the studies were performed on this originally, whether through self-identification or some other means of identification.

Mary George: Tom?

Thomas Kottke: Yes, Tom Kottke. You know, I think we're stuck with self-identification.

Thomas James: Yes.

Thomas Kottke: I mean we don't even know what the genetics, you know, we don't have a criterion for genetics, what's qualified as African-American or not. Also, I feel quite comfortable because there's no evidence of harm. I mean we've used these medications in Anglo and other populations, and there's been no evidence of harm that I'm aware of.

Thomas James: No, that's a good point. I like that part.

(Crosstalk)

Melissa Marinelarena: Would the measure developer like to add anything?

Gary Puckrein: Yes, I think – this is Gary Puckrein, National Minority Quality Forum. The AF trial, the African-American Heart Failure trial, the – it was self-identified African-Americans was the protocol, and we're just adhering to the protocol.

Thomas James: Great, thank you.

Melissa Marinelarena: Thank you. Are there any other questions or comments?

Linda Briggs: This is Linda Briggs, while I agree with the trial of this measure and the reasons that we discussed, we also need to at least mention that both the American Heart Association, the American Stroke Association, and ACC all pointed out that the guidelines do not specifically indicate the fixed dose medications. And that they did that on purpose. So, while, you know, we're talking about the other being used off-label and that, you know, insurance companies, particularly CMS, does not want reimburse for such off-label uses, it is important to note that these organizations have indicated that the science is not specifically behind the fixed dose medication according to their guideline.

(Off-Mike)

Melissa Marinelarena: Does the developer like to respond to that?

Gary Puckrein: Yes, I think the statement is actually incorrect. The guidelines do specify the fixed dose combination. The level of evidence is Class 1A, which is the top level of evidence. I think what the comments were, if I understand them in the guideline, they also allow for the two component drug to be used if the fixed dose was not available, which maybe appropriate for an individual provider, treating an individual patient.

But as a performance measure, the science is really with the fixed dose of that what was tested in AHEFT. And that's what was the basis of the Class 1A evidence in the ACC/AHA guidelines. The other is actually off-label use and, you know, there's a lot of risk associated with off-label use of medications and not really appropriate for performance (inaudible) (that's how it sort of takes place).

Melissa Marinelarena: Thank you. Thank you. Any other comments or questions from the committee?

OK, so I'm just going to restate the proposed committee response just to make sure that everybody agrees with this. So the proposed response is, does the committee consider the ACC/AHA Heart Failure Guidelines during the measure evaluation discussion and determine that a gap in appropriate treatment persist in the African-American subpopulation of heart failure patients warranting a need for this measure? Studies show a significant reduction in mortality of the specific subpopulation with the use of the fixed dose combination therapy. Is everyone still OK with this response?

Thomas Kottke: Yes, Tom here, sounds good.

Joseph Cleveland: Joe Cleveland, yes.

Kristi Mitchell: This is Kristi Mitchell. I agree as well.

Ellen Hillegass: Ellen Hillegass, I agree.

Mary George: Mary George, I agree.

Thomas James: Tom James, I'm with you, too.

Melissa Marinelarena: OK, it sounds like we have overwhelming response that the committee agrees with that response.

OK, so moving on to the measure specific comments. We see several comments on measure 2712, Statin Use in Persons with Diabetes. And as a reminder, this is the pharmacy measure, the pharmacy claims measure. So most of the responses around this were either adding, being able to capture statin intensity in the measure or the exclusion of intolerance or allergies to the measure. Again, there was an extensive conversation around this at the meeting.

And the developers did provide another detailed response. And because of the type of measure that it is, it's a pharmacy claims measure, there is no way for them to be able to capture the intensity of the statin. And quickly I will just, I'm going to read the proposed committee response and then we can have a discussion about it.

So the proposed response is during the in-person meeting the committee discuss evaluating the intensity of statins prescribed as recommended in the ACC/AHA guidelines, and including contradictions and/or intolerance to statin therapy as an exclusion. The developer noted that due to the limited data stores which is pharmacy claims, it is not possible to determine if patients received the appropriate level of statin intensity or if they have contraindication to statin therapy. Additionally, updates to the list of acceptable medications should be submitted by the developer to NQF during the annual update of the measure.

And, again, as a reminder, this was a measure that identifies diabetic as patients who have received two prescriptions of diabetic medications, and then they will look for the statins in the medication. So it's not all diabetic, its diabetics that have received the diabetic medication.

So I'll turn this over to Tom and Mary.

Thomas Kottke: Yes, I think the response is just fine.

Melissa Marinelarena: Are there any questions from the committee or any comments or responses to the developer's response if you had a chance to look at it?

OK, if there's none, we're OK with the response and then we can move on. So the one consensus not reached measure that we're going to discuss today is 0965, and it's Discharge Medications, either ACE/ARB and beta-blockers, in Eligible ICD Implant Patients. This measure was reviewed during the in-person meeting, and it was voted on and recommended. However, after the meeting, we realized that we do not have the data for the 2D criterion, which is on the composite construction. And we provided that to the committee after the call or after the meeting, and we discussed it on one of our post-comment calls. There were questions about some of the data that was submitted on Table 1 of the frequency and distribution of the composite, and the …

(Off-Mike)

Melissa Marinelarena: And so, at the time, the measure developer wasn't able to provide an explanation for the numbers because the volume is higher on the composite versus the individual components. So, if we want to – so we asked the committee to re-vote on this criteria via SurveyMonkey after that post-comment call, and it came back as – it was in the gray zone. And that's how it ended up as consensus not reached. However, that did not change the overall vote of the, or the overall recommendation of the measure. So right now, we're going to ask you to, either do you want to discuss this further and then ask you if you want to revote on the overall suitability of the measure, if it's going to change anything as far as the recommendation for the measure?

So I'm going to turn it – I want to turn it over to Tom and Mary to facilitate the discussion. And Joe, who was one of the lead discussants, during the meeting for this measure, is also on the phone call. So, I'd asked him to provide his input as well.

Thomas Kottke: OK, Tom here. Maybe we can go to page 77, Table 1. And I'll offer my interpretation of the table here. I think I finally have it figured out. But ACC can step in if I get it wrong.

So, the composite measure, in fact, the value with the number of hospitals, I believe, you know, is (1,606), which is the same as beta-blocker but greater than ACE or ARB. So, I think the composite measure is based on if the unit has at least beta blocker or ACE/ARB information.

I'm not sure what the 121 means. But then when I look down, if you look at the value column for the composite measure, it's always, that number is always less than either ACE or ARB. (They expect more than) 100 percent, which is the first three rows. And so, this now makes sense to me, and I believe the calculations in fact are correct. I'd like (to hear your information) if you have to see (inaudible) capture the intent of the table.

Melissa Marinelarena: (Any measure developer) on the line?

Mary George: Yes, and that is actually the intent of the measure. Yes, he is correct. A patient needs only to be eligible for either component rather than both. So, that's the way that it broke out so he is correct in his assessment of the measure.

Thomas Kottke: I must say that the mean of 121.77 (faked us out) for a long time, and I just decided to ignore it (inaudible). It would have been better to delete that from the table.

Melissa Marinelarena: OK.

Joseph Cleveland: This is Joe Cleveland. I'm also on – I agree with, Tom. I mean at face value, I think just the table probably confused us a little bit because, yes, obviously you're wondering why these numbers (inaudible) but it makes sense to me now that it's an either/or, and therefore I can buy into what this is. The rest of the table is very detailed. And I had to agree with, Tom, looking down at the values and the percentiles and everything, it's very explicit. But I think that the overall gist is I think it supports the rest of measure, and therefore, you know, I think that it needs the level of what we're looking for (inaudible) but I say this measure can be endorsed.

Mary George: Thank you for your comment.

Leslie Vicale: Are there any other questions or comments from anyone, either the committee or the measure developer?

OK. Well, we appreciate the brief discussion to revisit the consensus not reached and 2D criterion, and the developer providing an explanation. And we wanted to let you all know based on the previous consensus not reached, we will provide a link to a SurveyMonkey so that you may go ahead and revote on the consensus, previously consensus not reached, and 2D criterion for the composite construction. We'll provide that after the call for you to do that. However, it does sound like (there is) agreement with the lead discussants that the information provided is sufficient. So, we will e-mail that information, the link to you all.

OK, so, to let you all know, any of the voting results as well as the public comments and discussion will be captured in the voting draft that will posted for member vote. So we're about an hour and five minutes early for public comments. However, at this time, we would like to open the lines so anybody from the public can provide any comment. Operator …

(Crosstalk)

Leslie Vicale: Oh, I'm sorry. Am I hearing …

(Crosstalk)

Thomas Kottke: Hello, Leslie, Tom here. I just want to make a comment that the measure developers on the line – and I know that folks do tremendous amount of work, and these are very difficult to develop because we, (health partners), develop total cost of care, and it was multiple (FTEs) over a period of a year. But like with Table 1, an explanation, a more in-depth explanation would have been very helpful to us. It would have, I think, improved our mood a great deal. There was a reference up under the 1D or something like that, which I followed, and I found nothing that related to Table 1. And so, just being up the headers a little bit and providing a legend would be very helpful to us.

Mary George: Tom, this is Mary, and I'll just add that as far as I can figure out, the mean (rep) is a number that (at some point) around the median, give or take a little bit. So I think that's what that means.

Female: Thank you for your comments. We did draft a clarification and send it to staff, but we understood at that time that we did not need to submit any further information. So – but we're happy to provide additional clarification. And modify the headers and make it show legend.

Thomas Kottke: I think it's fine now, this is just for future, kind of future reference.

Female: Thank you.

Leslie Vicale: OK, thank you, everyone. Thanks, Tom, and thank you for the measure developers once again. So, at this time, I like to ask the operator to go ahead and open the line for public and member comment. And we understand that this is significantly earlier than we had expected to open the lines for public and member comments. And – so, if we could just ask the operator to hold that line open a little bit earlier and if any of you developers or (inaudible) on the phone were preparing to provide a comment, we just ask that you do so (at this time). Operator?

Operator: Thank you. At this time if you would like to comment please press star then the number one on your telephone keypad. We'll pause for just a moment to compile the roster.

And there are no comments at this time.

Leslie Vicale: Thank you, operator. And at this time we do not have any comments via the chat window either.

(Penelope): Oh.

Leslie Vicale: Oh, I'm sorry.

(Penelope): Oh, Leslie, sorry. This is (Penelope), can you hear me?

Leslie Vicale: Yes, we can, (Penelope), go ahead.

(Penelope): Hi, I actually wanted to make a quick comment with regards to measure 2764 because I know some of the recommendations that are included in the ACC/AHA guideline will reference. In our comments, we did want to know for the steering committee we had submitted comments referencing that originally the guideline writing committee that was responsible for developing the heart failure guideline had considered whether they wanted to limit their recommendations statement to fix those combination hydralazine and isosorbide dinitrate therapy. However, the writing committee after numerous discussions had actually thought that this could a disservice for patients since, you know, in many cases there might be instances where it might be appropriate to provide the medications separately.

Given, number one, unavailability issue, and number two, a cost-consideration. The fixed dosage combinations tend to be on average a lot more expensive per the comments that we had submitted to NQF, whereas when you buy the medications separately they tend to be significantly more affordable for patients. And so, we do want to reemphasize that we had included that in our comments. We also think that the way that this measure is structured, it could potentially have the unintended consequence of not allowing physicians to get credit or actually giving medications in accordance with the guidelines which allows for providing the medications separately.

And I know that there was some discussion earlier by the measure developer on this as well. But if you look at the ACC guideline recommendation, it specifically states that the combination of hydralazine and isosorbide dinitrate is recommended to reduce mortality and morbidity for patients self-described as African-American (within), why (HA costs three to four HFREF) receiving optimal therapy with ACE and beta-blocker unless contraindicated. And it doesn't specifically state, you know, the fixed dose. And that language of saying, you know, hydralazine and isosorbide dinitrate, and not saying the fixed dosage was very intentional on the part of writing committee.

So, again, I just wanted to take that opportunity to reiterate ACC’s and AHA's concerns that, again, this might have an unintended consequence of penalizing

physicians who provide, you know, the medications separately and not as a fixed dose and (inaudible) specifically. So thank you.

Leslie Vicale: Thank you for comments, (Penelope). Are there any other comments? OK.

Thomas Kottke: Yes, Tom Kottke here. Thanks for that comment. I think everyone on this committee felt that pain, the depth of knowing the cause of the fixed dose combination and hopefully soon we'll have a generic that can meet the criteria. Now, we were very concerned about that. And we were very concerned about the cost indication, but thanks for the comment.

Leslie Vicale: Thanks, Tom. OK, if there are no other comments at this time, I'd like to just review the next steps and the time line for the committee and for everyone else on the call. Member voting will (take place) from December 18 through January 5th. So the voting draft report will be available at that time for members. CSAC review, the cardiovascular phase III measures will be January 12th, 2016. And then the measures will go to the executive committee and the board of directors for their review and measure ratification on February 18th of 2016. Those period is between February 22nd and March 22nd, 2016. And the final draft report will be publicly posted in April of 2016.

One thing to note is that we are in a current process of scheduling a second committee post-comment call to do the reconsideration of five measures that were not recommended by the standing committee and the measure developer has requested that the measures be reconsidered. And additionally, one of these measures by the same developer, Health Care Incentives Improvement Institute, consensus is not reached for overall suitability, and therefore the committee will have the opportunity on that call as well to discuss and revote on that measure as well. So, (it's fixed measure) total, and we will post agenda and meeting content information as those (held or finalized). In the meantime, we are asking the committee to respond to the Doodle poll for the meeting dates that we proposed. So, thank you for those of you who've responded, and we just ask that those of you who have not yet responded to please do so by the end of today.

As already noted, we will send the survey link in an e-mail. We will also provide a brief synopsis of what was discussed on the call today so that the committee members will have the opportunity to revote on the 2D criterion for measure 0965.

And without anything else, I'd like to thank the standing committee for joining us in the call today. I'd like to thank the measure developers, the public, and I'd like to thank all the NQF staff for joining us today and for your help on this project. We hope that everyone enjoys the rest of their afternoon and have a wonderful holiday season. Thank you very much.

Male: Thanks all.

Female: Thank you.

Female: Thank you.

Female: Thank you.

Female: Thank you.

Female: Bye.

Female: Happy holidays, everybody.

Female: You, too.

Female: You, too.

END