

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

INTERAGENCY AUTISM COORDINATING COMMITTEE

SUBCOMMITTEE FOR
SERVICES RESEARCH AND POLICY

STRATEGIC PLAN QUESTIONS 5 AND 6 PLANNING
GROUP SUBGROUP ON ACCESS AND COVERAGE

CONFERENCE CALL

THURSDAY, OCTOBER 4, 2012

The Planning Group convened via teleconference, John O'Brien and Jan Crandy, *Co-Chairs*, presiding.

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PROCEEDINGS:

Ms. Gemma Weiblinger: Thank you. Hello, everyone. I'm Gemma Weiblinger, as the operator said, and I am temporarily acting as the designated Federal official in place of Dr. Susan Daniels, who is currently on maternity leave.

Welcome to the IACC's conference call to discuss the update of Questions 5 and 6 of the IACC Strategic Plan. This planning team will focus particularly on access and coverage.

We are particularly the Subcommittee on Services Research and Policy. I'm going to turn the meeting over now to John O'Brien and Jan Crandy, who are the leaders of this particular team. John and Jan?

Mr. John O'Brien: Great. Gemma, thank you. I thought it would be helpful to at least do a roll call of people on the call from the Subcommittee. And then the other

agenda item that might be helpful after that is having Elizabeth Baden talk a little bit about the work of the larger Subcommittee in general and how what we're doing on this call and in this group fits into that Subcommittee. Does that make sense, Jan?

Ms. Jan Crandy: I agree.

Mr. O'Brien: Okay. So this is John O'Brien, and I'm with the Centers for Medicare & Medicaid Services. And I invite the other Committee members on the call to introduce themselves and their affiliation.

Ms. Crandy: This is Jan Crandy, and I'm a public member of the Committee, but I also sit on the Nevada State Autism Commission, and I'm a care manager for our state autism funding assistance program.

Ms. Idil Abdull: Hi, this is Idil Abdull. I'm also a public member. I'm with the Somali American Autism Foundation. I'm also a member of the Minnesota State Autism Task Force. And, most importantly, I have a son with autism.

Mr. O'Brien: Deidre?

Lt. CDR Deidre Washington-Jones: Hi, this is Lieutenant Commander Deidre Washington-Jones, and I work at the Health Resources and Services Administration. I work under Dr. Bonnie Strickland, and in my role at HRSA I serve as a project director for MCH, Maternal and Child Health Bureau State Autism Implementation Program.

Mr. O'Brien: Great. Anyone else from the Subcommittee that has joined the call since we started? We are expecting another person or two. Terrific. And again, I appreciate people being able to make this call on such short notice, but we are on a pretty tight timeframe in order to be able to get some things done.

So, Elizabeth, if you would be willing to do an overview of the Subcommittee work and questions, I think that would be terrific. And then we can kind of dive into our assignments.

Dr. Elizabeth Baden: Great. This is

Elizabeth. And if possible, if everyone could identify themselves on the call before they speak, that would be great.

The task before us - I'll give an overview of the Interagency Autism Coordinating Committee, which has divided into two Subcommittees. One is the Basic and Translational Research Subcommittee, and the other is the Services Research and Policy Subcommittee.

And between these two Subcommittees, they are going to update the IACC Strategic Plan for Autism Research for 2012. And this is going to be an addendum - so, basically addressing any advances and gaps in autism research since the last Plan was issued in January of 2011.

And so the task of doing this update is divided between the two Committees - the two Subcommittees - sorry. The Basic and Translational Research Subcommittee is addressing five of the questions of the Strategic Plan. The Strategic Plan has seven

questions. So the first Subcommittee is addressing five of those.

And those questions are - Question 1 is, "When should I be concerned," which is related largely to issues of diagnosis. Question 2 is, "How can I understand what is happening," which explores the underlying biology of autism. Question 3 is, "What caused this to happen, and can it be prevented," which looks at risk factors in autism.

Question 4 is, "Which treatments and interventions will help." And then that group is also addressing Question 7, which is, "What other infrastructure and surveillance needs must be met." And so that's the other Subcommittee.

What the Services Research and Policy Subcommittee is working on is updating Questions 5 and 6. And Question 5 is, "Where can I turn for services." And Question 6 is, "What does the future hold, particularly for adults."

And this Subcommittee, in order to address those two questions, has divided it into five topic areas. And the first is this group, which is access and coverage. And then the other topic areas are quality of care, education and employment, family support, and comparative-effectiveness research and patient-centered outcomes research.

So that's an overview of sort of how the Subcommittees are working and how it relates to the Strategic Plan questions. Are there any questions from anyone? Does that all make sense?

Ms. Crandy: I just wanted to make one more point, that we - this is Jan Crandy - that we are working on across the lifespan to each of the different questions that we're trying to answer. So it's not just adults or just children, it's across the lifespan.

Dr. Baden: Yes, that's a great point, Jan. Thank you.

Operator: Would you like for me to open up the phone lines for questions?

Dr. Baden: There won't be open phone lines for questions on this call. Thank you.

Mr. O'Brien: So maybe it would be helpful, and Jan, check my math on this, is I thought it would be helpful on this call to kind of review our charge, to talk a little bit about the questions that we need to answer as part of our charge. And then the proposed process/template that I sent out yesterday that I thought might be helpful to use in our work over the next week and then beyond that. Jan, does that make sense?

Ms. Crandy: That makes perfect sense.

Mr. O'Brien: Okay. That's pretty good for four in the afternoon to still make perfect sense.

So, as Elizabeth laid out, we are responsible for Question 5, which is "Where can I turn for services?", and Question 6, "What does the future hold, particularly for adults." And our charge is to develop inputs for the addendum for both questions, specifically answering the question - what is

new in the research area, and what have we learned in the past 18 months. And then the second question being - what are the gap areas that have emerged since we have done the last update.

And so in order to be able to answer those questions, and, Jan, thank you for that frame, we are asking the experts that are on this call that are providing input into the Subcommittee to provide us the information to answer those two questions.

And to do so, looking at the research that's out there that has been generated over the last 18 months, regardless of age or across the lifespan, as Jan put it. And to also come up with some specific questions that would guide a research agenda for access and coverage, again that would not necessarily be limited to a particular age range, although questions could be - but we do need to think about those questions with an eye across the lifespan.

So those are the two questions that we

have to answer. Are there any questions about those questions?

Ms. Crandy: This is Jan Crandy. And we need to come up with what questions do we still need answered to remove those barriers or to define barriers.

Mr. O'Brien: I see that. I agree. That falls into the gap area.

Ms. Crandy: Exactly.

Mr. O'Brien: Yes. So can I walk through the proposed process? Because I want to see if this makes sense and if we need to make any changes, given that we really do have the next week to do our work. Although some of you, some of us have already started on this process, which is terrific. So -

Ms. Crandy: John, you know, I don't know if our experts are on here, but in the last group, some of the experts did not even have the Strategic Plan to look at what was previously done and what questions we had asked before and what the addendum for 2011 looked like, to be able to know just what

we're going to develop that for 2012.

Mr. O'Brien: So let's assume that we don't. And, Elizabeth, is it possible to send out the link to the 2011 Strategic Plan? Because I think that would be tremendously helpful.

And when folks get that Strategic Plan, page 49 - I'm sorry - 47 through 61 are the pages of that Strategic Plan that address our questions, and you'll get a sense of what was done for 2011 and what we need to do for 2012. That's an excellent point.

Dr. Baden: This is Elizabeth. And for some of the experts on the call, there is a link to the Plan in the invitation letter. But we also can send it out so that everyone has a fresh email and can access it quite easily.

Lt. CDR Washington-Jones: This is Deidre. I think Bonnie is trying to get on, or she's on the line but for some reason she can't say anything.

Dr. Baden: If she - if you can

communicate with her and ask her to dial *0 and let the operator know that she is a speaker, then she should be able to get on. Thank you.

Lt. CDR Washington-Jones: Okay.

Mr. O'Brien: So the process that we -

Ms. Abdull: John, this is Idil. I wonder do we have the CMS expert by any chance on this call?

Mr. O'Brien: They weren't available. I sat down with them yesterday to walk them through this process. But they will be available the day of the meeting as well. And they're developing answers to both of these questions.

Ms. Abdull: Okay.

Ms. Crandy: John, can - can we look at the number of individuals that have autism on Medicaid nationally?

Mr. O'Brien: So let's - can I walk through the process, Jan? And then we can talk a little bit about some of the questions that we might want to frame to get to those

answers. Is that okay?

Ms. Crandy: Perfect.

Mr. O'Brien: Okay. So again, yes, there's two questions that we have to answer. One is collecting the information, the research, relevant research that's been developed over the last 18 months.

The matrix that I sent out yesterday - and if you didn't get it, I'll send it out to you again - one proposes a strategy for collecting the information that exists. And it has really four columns.

So, for the research articles that you have, it would be helpful to identify whether or not those articles are related to access or they're related to coverage. So that would be what you would put in that first column in terms of subtopic.

And then the next column is a summary of what was the findings of those research. And again, in this example - and we're trying to keep it pithy - is that for you to summarize what the lessons learned from that research

was in a couple of sentences, really no more than a couple of bullets or a couple of sentences. Some people were asking whether or not they could paste a half-page abstract in that box. You can, but again we're really asking you to really synthesize what you think are the most important things from that particular article.

The third column is the cite. So where did you get that research from, because we'll need to journal that and have that available over the course of our work over the next month.

And then the fourth column is what questions do we still have. And some of those could be directly related to, "Gee, I read this article, but it really only addressed kids. We'd really like to have kind of the same question asked of adults." Or you know, "It really only studied a subpopulation that really wasn't very culturally diverse so we might think it makes sense to have a research question that looked at maybe replicating

that study, but have it broader than just a homogenous group."

Or in that fourth column, and you can ask and we can develop questions that aren't specific to the research that you looked at but that you think may be needed around access and coverage, regardless of whether we're talking about commercial insurance, whether we're talking about Medicaid or, frankly, you know, some of around what states are or aren't buying in other parts of their program.

So we thought that this might be a helpful template to be able to fill out, given that we really are under some tight timeframes to complete that template and send it in to Cindy Ruff, who is on our staff, who will be responsible for compiling that and sending them to the Co-Chairs of the Subcommittee as we begin marching toward later on this month when we'll have to do some synthesis of all of this, both in terms of the research over the last 18 months and

then the research questions that we'd like to have answered.

So let me stop there. Before we talk about specific questions, does that process, does the template make sense?

Ms. Crandy: Yes, John. This is Jan. I think it works very well. I have a couple of questions. For instance, when we're looking at coverage for autism services, it has to have a research? Because we know Autism Speaks knows how many states are providing insurance coverage now. So that's answering a question for us. We can't have that listed because it wasn't a study done?

Mr. O'Brien: No, no, no. So it's actually two parts, Jan. One is, if you read a study and said well, "Gosh, that's really interesting, but they didn't go far enough; here's a research question I would pose based on that study" - that would be one thing.

Or, frankly, we'd like to know more about coverage of autism services and commercial plans, which is not related to an

article you read, but you really feel is something that we should put on our research agenda. So that would be something that you would put in that fourth column, even though there hadn't been a formal, quote-unquote, "research project" attached to it. That make sense?

Ms. Crandy: Yes, it makes perfect sense. Thank you.

Mr. O'Brien: So, with that in mind, again I just want to reiterate if you can use this template. Ideally complete it electronically and then send it back to Cindy Ruff by noon on Thursday. Cindy's email is in the cc line for what we sent out with the template attachment. If you don't have it, I'll send it again. We will send you a reminder at the beginning of the week anyway and probably send you a reminder on Wednesday anyway, or Cindy will, so you'll have her email address.

If you have questions about what you're looking at in terms of research or in terms

of some of the questions that you're thinking about for research, I'm more than willing to be able to have a call, or Jan's more than willing probably to have a call as well, a one-on-one call in order to maybe help you think through those particular questions.

Ms. Crandy: John, this is Jan Crandy again. Maybe we should talk about the process once we have it from Cindy Ruff. It's not finalized until the workshop, correct?

Mr. O'Brien: That is correct. So let me

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Ms. Crandy: I just want people to understand we're - you and I - aren't the ones that are going to determine which ones go into this section. It'll be the workshop.

Mr. O'Brien: That's correct. So what we are - we're the cutoff - when you think of the funnel, we're the mouth of the funnel. And so on October 11, we will get the documents from the experts that are on this group.

We will then clean up - and really we'll

just be cleaning up - so there is some consistency in what we get from five or six people, but given that we've got a template, we're hoping it will be pretty consistent.

On Monday, October 15, we will send the combined document to Denise and David who are the Co-Chairs. And then they will by the following Monday, October 22, integrate the work that's being done by the other experts that are answering these two questions, the questions for Chapters 5 and 6, and they will synthesize that and submit that to the Office of Autism Research Coordination by Monday, October 22.

And then those will still be draft documents - and those will be the draft documents - that we will work off of on October 29 in our smaller planning groups and then also with the entire Subcommittee.

Ms. Crandy: Thank you, John.

Mr. O'Brien: Any questions about the process? Any - let's start - first, any questions about the process? Seems pretty

straightforward?

Lt. CDR Washington-Jones: Yes, it seems pretty straightforward to me. This is Deidre.

Mr. O'Brien: Okay. All right. Any other questions?

Ms. Crandy: John?

Mr. O'Brien: Yes.

Ms. Crandy: The other group is doing a followup call. Did we want to do a followup call since most of our experts aren't on our call?

Mr. O'Brien: I've reached out to the couple of experts from CMS. I wonder, Jan, instead of a followup call - given people's schedule - if you and I just try to reach out to the other two people that aren't on the call, which would be Lorri -

Ms. Crandy: Okay.

Mr. O'Brien: And I'm forgetting the person's name, Elizabeth, from Brandeis. I have her email, but I don't know what her name is.

Ms. Crandy: Is it Bonnie Strickland or

Kathryn?

Lt. CDR Washington-Jones: It's not Bonnie. Bonnie's the person - I think she makes - I know she was on the call in listen-only mode, so she may have never gotten off that.

Ms. Crandy: I can follow up with Lorri.

Mr. O'Brien: Okay, and I'll follow up with the individual from Brandeis.

Ms. Crandy: Okay. That sounds perfect.

Mr. O'Brien: Yes, I got an email from Lorri that she couldn't get on the call.

Dr. Bonnie Strickland: This is Bonnie. I've been on the call. I had just been in listen-only mode, so, sorry.

Mr. O'Brien: Welcome.

Dr. Strickland: I've heard everything.

Mr. O'Brien: Okay. I did get an email from Lorri saying that she felt like the instructions were clear. But I think reaching out again, and maybe, Jan, just explain to her the context that Elizabeth gave about the other questions, the other Subcommittee,

would be tremendously helpful.

Ms. Crandy: I will do that. And Bonnie, did you have any other questions since you didn't get to talk too much?

Dr. Strickland: No. But I've been listening carefully. I think it's pretty straightforward.

Dr. Baden: And this is Elizabeth. Just to clear up a question earlier: The individual from Brandeis is Susan Parish.

Mr. O'Brien: Thank you.

Dr. Baden: And she I believe is able to participate in preworkshop activities, but I believe she's otherwise engaged on the day of the workshop. So her input is really important to get beforehand.

Ms. Crandy: You know, Elizabeth, the one sheet that was sent out with all the experts? Her name is not included on there.

Dr. Baden: We had a couple of experts that came in after that was sent out that weren't able to give us final answers until a later date, and her name was one of them.

Mr. O'Brien: And she was included though on what I sent out yesterday in terms of the template. And then she was also included as an invitation for this call as well. But I'll reach out to her. I have not heard back from her.

Dr. Baden: Okay.

Ms. Crandy: Elizabeth, could we - this is Jan Crandy. Could we get an updated list then for all the experts? You had sent it out on October 2nd to the whole Committee of all the experts for the different Subcommittees. That would be helpful if some others changed.

Dr. Baden: I will send that out sometime next week probably. Just to make sure -

Ms. Abdull: Hi, this is Idil. Elizabeth, are we still waiting for some experts to say yes or no, or are we all done with choosing them?

Mr. O'Brien: Elizabeth?

Dr. Baden: Sorry, the line was weird for a moment. [inaudible comment] from all of them. We got some that accepted past the

deadline [inaudible comment] that we were not anticipating so that's the reason for the later additions.

Mr. O'Brien: Okay.

Ms. Crandy: Are we able to get - this is Jan Crandy again. Are we able to gather information from other experts that didn't make the list if we have relationships or access to them?

Mr. O'Brien: I think, Jan, the question would be - or the answer I would think - would be yes. But the onus then is on us to get that information and then to synthesize that information, or ask them to do that on our behalf. You tell me.

Ms. Abdull: This is Idil again. I'm just wondering going, adding to that question that Jan had, are we able to get information from other experts that either, I don't know, were not asked or did not accept?

Lorri is going to tell us more about the access to services for what Autism Speaks mostly fights for, which is most, obviously

ABA. And so I really think it's important to get access to services on the other therapies that help children.

And I just wonder if we're able to reach out to some of the experts of the Floortime, DIR methods. And what is the access? What is the coverage for those services, both in private insurance and also in Medicaid? I think it's important to have a holistic approach to this so that we are speaking for even the less vocal.

Mr. O'Brien: So Elizabeth, I'm assuming that, again, if we have other people that might have research, we should feel free to reach out to them in order to be able to complete this matrix. But it would need to come through us.

Dr. Baden: Yes, that's correct. You can ask questions from you personally. You just cannot ask on behalf of the Committee, unless the Committee has officially [inaudible comment] the list of [inaudible comment] and identified have been identified specifically

by the Committee. So anyone - or by the Subcommittee rather. So anyone else that you would like to try to get information from needs to be as just you as an individual asking questions.

Ms. Crandy: This is Jan Crandy. As a Subcommittee group, though, with us saying that we need this information from them - like I know some people were on our list, but they just didn't make our list. They were on our original list, so their names have been brought up. We couldn't use those people? Just for information gathering?

For instance, I think like Doreen Granpeesheh from CARD, and I'm probably saying her name wrong. But she was on our original list. They have done quite a bit of research that would be nice to draw on.

Mr. O'Brien: And Jan, again, I think what Elizabeth said - and let me make sure I got this right - is that you could reach out to this person, but then you're going to need to be able to get that information, do the

synthesis, do the cite, et cetera. It would have to come from you.

Ms. Crandy: Okay. I'm willing to do that.

Dr. Baden: Right. And you just need to - you can reach out as an individual, just not on behalf of the Committee.

Mr. O'Brien: Okay. All right. Any additional questions?

Ms. Abdull: Yes, this is Idil. I'm sorry, I keep putting you on mute because I'm going from one therapy to the next. But my question was, once we reach out to this person individually - not on behalf of IACC but just individually - do we then just send out that question or those answers or their inputs to John? And John, for this particular one, or to Elizabeth? Or how do we make sure that their expertise and input is included, at least, is heard?

Mr. O'Brien: Well, so Idil, what I would suggest is that you may - you will reach out to them. You will be responsible for getting

the information from them and then completing the template and then submitting that template to Cindy Ruff at CMS.

Ms. Abdull: Okay. Sounds good. Extra work but sounds good.

Ms. Crandy: So, and John, one more question - so I had already sent out quite a few different studies. Would it be helpful for myself to go through the ones that I already emailed out and put them into this template for you?

Mr. O'Brien: I think so. I think, you know, as I looked at some of them, Jan, I think again we're probably going to have a lot - we'll have more studies than we'll be able to include. It shouldn't deter you from not putting many of them in there, but if there's some vetting process as you begin to go back through them that you want to use - to say this feels like a really important study and we better highlight it - that would be helpful. Or as you look at it, you say, "Well gosh, this might not be really around

access and coverage. Interesting study, but not around access and coverage." So if you could do that that would be terrific.

Ms. Crandy: Okay, thanks.

Ms. Abdull: Hey John, this is Idil. Did you say that you spoke with the CMS experts, and was that something that you can sort of give us an overview of what they said in terms of the states that have autism-specific access to coverage? And what they are? And also maybe talk about how it's really based on the state. In other words, it's not - it's not mandatory - it's optional is what I understand.

Mr. O'Brien: Well, the experts that we're using - their job is twofold, Idil. One is, given all the research that they have seen, that they would put into the 2012 update.

And then I've asked them to identify what - just like we'll ask you what are the research questions that they would like to propose for - certainly for Medicaid, but it

could be broader than Medicaid.

So one of the things that they have talked about is that we've got in some of the Medicaid programs where we've got coverage of these services we don't necessarily - we know but we haven't compiled what's covered in each one of those programs.

They're really interested in - 'gosh, what are the outcomes.' So we do know what the services are that we provide, but what are the outcomes for the individuals in those programs that are receiving whether it's ABA or other types of services? So they're generating questions as well.

They will be a resource to us as we move forward over the next month around 'here's the data that we have on programs; here's the data, as we pose the research questions that might be hard, because we don't think it exists; and/or, you know, here's the data that this state might collect because they're required to do it, because of state laws versus, that data is not collected by this

state because, again, it's not in that state's state law.

Ms. Abdull: Right. So like what Jan was asking, how many people have Medicaid that have autism? You know, in Minnesota even it's very hard to know because we don't have - not every state has the surveillance system. So if you don't have that, it's hard to know even how many kids or people have autism in that particular state.

Mr. O'Brien: Right. So it's a question that I think we should ask. There is data that could be available on a state-by-state basis around this. We know that that's probably going to be under-reported for a variety of reasons. But again we should feel free to come up with a specific research question that would be very similar to the one that Jan posed. Okay. Any final questions?

Ms. Abdull: Sorry, thank you. Can I ask another question? I know that we talked about this before we got online - and I'm sorry if

my son is screaming - but just to ask them about - in terms of the barriers to access for low-income versus not, for private versus Medicaid, and then for minority versus nonminority. What are the numbers they have? Because we know disparity exists. You know, as a black woman I can kind of sense why it exists, but I just - we just need to not keep talking about it but come up with policies and ways and recommendations that actually trickle down to the people that make -

Mr. O'Brien: I get it, Idil, but you've got to come up with the research question that gets at that. And I think you're close. I mean, I think it is, "What are the barriers?"

Ms. Abdull: What are the barriers, right.

Mr. O'Brien: Yes. So again -

Ms. Abdull: What do we know now? What do we know now that - in terms of disparity - and then what are the barriers.

And then - I mean this question has been

coming up for years, John. It's not a question that I'm coming up by myself. It has existed for a long time, but it just hasn't been addressed.

And so I suppose the better question would be, "What do we have now, and why is it not working," if that makes sense. I will try to come up with a different question, but we have to address disparity. We really just have to.

Mr. O'Brien: No, I agree. Again, if you can put those questions down so that we can get them into the queue of, 'so what is it that we really do want to know about who is or isn't getting services, what are they getting, and what do we know about whether or not those services work and for whom.

Ms. Crandy: This is Jan. It might help you if you know a researcher to help you form those questions. You could tell them the things that you want to know, and then they could help you to form the research question around it.

Mr. O'Brien: I think that's sage advice. I mean, to the extent that we, again - and Elizabeth, check my math on this - but I think that the question should be clear. But they don't necessarily have to be picture perfect because that's part of what the process is over the next 3 or 4 weeks. Is that correct?

Dr. Baden: Yes, that's correct.

Dr. Strickland: Oh, and John, this is Bonnie. I had one other question. Are you thinking that there will be any limit to the number of research questions we would pose? Are you looking for 5 to 10, 3 to 4, 50?

[laughter]

Mr. O'Brien: I may punt to Elizabeth on this. But if you look at the 2011 Strategic Plan, there was a fairly brief description around kind of the new research area, which probably amounted to in total a page and a half. And then there were a number of - then probably another half-page around the "what do we still need to know." So you know,

again, I think we should be conscious that we can't have the kitchen sink, but at the same time, I think that it shouldn't limit you to say, "Oh gosh, we should just only submit one or two."

I don't have a magic number. Maybe that was talked about on this morning's call. But you know -

Ms. Crandy: John, this is Jan. I think that we just [inaudible comment] out during the workshop, too, and pick - prioritize - what are the most important questions. But I think even the last Strategic Plan left unanswered questions, and questions that needed to be answered weren't included in questions that we want.

Dr. Baden: Yes, this is Elizabeth. And just as a general guideline, for each question of the Plan we've asked the update that includes advances and gaps to be about 2,400 words, which is 2 pages.

I will say for this Subcommittee - because it's been broken into five topic

areas - it will probably be a little longer than that, and that's okay, but in terms of guidance for recommendations, definitely not 50.

[laughter]

But do try to fit the most - for where you have a research paper - the most important sort of seminal advances or if there's a really great review, you know, you could just cite that.

And in terms of sort of recommendations or gap areas that need to be addressed, I mean we definitely want to use all of the expertise that we have. So you know, do add a few if you need to, but also try to be brief as possible.

Dr. Strickland: Thank you.

Mr. O'Brien: Okay. Thank you, Elizabeth; that's helpful.

Ms. Weiblinger: John, this is Gemma. Just to add one thing, too, I know everybody hasn't had a chance to take a look at the 2011 Strategic Plan. But I think, as you

started out saying, that if you look at the addendum for each chapter, that is pretty much the guideline that the Chairs, the Co-Chairs of the other Subcommittee are going by.

And for Question 5, for example, it starts on page 49, and it's the 2011 addendum to Question 5. And you can see how very succinct it really is.

And since this is just an interim update, it has to be in, as you know, by December 31. It's just an interim update. So I think not every single thing is going to be able to be included once everything gets synthesized together.

Dr. Strickland: That makes sense.

Mr. O'Brien: Okay. Well, again, if you have additional followup questions, feel free to reach out to Jan or I. And if we can't answer them, we'll bump them up to Elizabeth and Gemma. And then we will reach out to the couple of Committee members that couldn't make it to this call today.

So good luck. We've got I guess 7 days and counting. But again, I think some of you have already started your work. So, terrific.

Jan, anything you want to say in closing?

Ms. Crandy: No, just thank you everyone, and appreciate it. October 11 is our first deadline, correct?

Mr. O'Brien: That's right. Okay. Thank you, Elizabeth and Gemma, for setting up the call.

Thank you, experts, for participating. Thanks to listeners for listening, and we will touch base probably in the next few weeks.

(Whereupon, at 4:43 p.m., the Planning Group for Question 5 and Question 6, Subgroup on Access and Coverage adjourned.)