Attendees: P=Present; A=Absent; X=Expected Absence

Active PIs		In Progress PIs Continued	
	Michael Avidan, MD - Wash U		Brian Bateman, MD - MGH
P	Michael Aziz, MD - OHSU	P	Germaine Cuff, MD – NYU Langone
	Mitchell Berman, MD - Columbia	P	Will DePasquale – NYU Langone
	Daniel Biggs, MD – Oklahoma	P	Jerri Heiter, RN – St. Joseph
	Randal Blank, MD - Virginia		Bassam Kadry, MD - Stanford
	Robert Craft, MD –Tennessee		Fabian Kooij, MD – AMC Amsterdam
	Douglas Colquhoun, MD –Virginia		Kathy Louzon, RN - Beaumont
	Jurgen de Graaff MD – Utrecht		Marco Navetta, MD – Santa Barbara Cottage
	Karen Domino, MD, MPH – U of Washington	P	Roy Soto, MD - Beaumont
	Marcel Durieux, MD, PhD- Virginia		Leif Saager, MD – Cleveland Clinic
	Jerry Epps, MD - Tennessee		Robert Schonberger, MD - Yale
P	Jesse Ehrenfeld, MD - Vanderbilt		Scott Springman, MD – Wisconsin
	Ana Fernandez-Bustamente, MD - Colorado	**Chairs**	
	Peter Fleishut, MD – Weill-Cornell		David C. Adams, MD - Vermont
	Alexander Friend, MD –Vermont		Jerry Epps, MD – Tennessee
P	Greg Giambrone, MS – Weill Cornell		Timothy Morey, MD - Florida
P	Daniel Helsten, MD – Wash U	P	Kevin Tremper, PhD, MD - Michigan
P	Leslie Jameson, MD - Colorado		Warren Sandberg, MD, PhD – Vanderbilt
	Sachin Kheterpal, MD - Michigan		Wilton van Klei, MD – Utrecht
P	Kai Kuck, MD - Utah	**MPOG**	
P	Bala Nair, PhD – U of Washington	A	Mark Dehring
	Nathan Pace, MD – Utah	P	Genevieve Bell
	William Paganelli, MD – Vermont	P	Tory Lacca, MBA
P	W. Pasma - Utrecht	P	Jaime Osborne, RN
	Kelly Schultz, RG	P	Nirav Shah, MD
	Wilton van Klei, MD – Utrecht	P	Kelly Schultz, RN
	Jonathan Wanderer, MD - Vanderbilt	P	Amy Shanks, PhD
	Kevin Wethington, MD - Utah	P	John Vandervest

Ground Rules for PCRC:

1. Each protocol must have specific testable hypothesis with data available in MPOG data structure
2. People requesting specific data elements must also supply that data type to MPOG. If you don't submit that data type currently, then you can't get that type of data type out. However, if you have a co-investigator from another site that does supply that data, then you can ask for that type of data. The reason is so someone on the research team understands the limitations of each data element being requested and used
3. To ensure that there is not a lack of clarity about what the status of the proposal is, each proposal will get the following overall decision at the end of each presentation and discussion
   a. Accept with minimal or no changes required
      i. E-mail revision to PCRC

     b. Accept with moderate changes required
          i. Represent at a future PCRC
          ii. E-mail Revisions to PCRC
     c. Revise and reconsider at future meeting
     d. Reject
4. Meeting will be recorded to be shared later with members of MPOG via the MPOG website. There were no objections to this via the members that were on the call.

Executive Meeting Recap:

- 2 in person meetings for Executive Committee and a IARS Meeting/combined with AUA meeting.
- Confirmation of our reserve amount, $800,000 for MPOG yearly expenses. Amount to be held in reserve is $400,000 at the coordinating center. After the coordinating center has a reserve amount then the money will be given to the MPOG centers who are
- How to establish votes for facilities with multiple facilities. No specific idea was Come up with several options and allow the Executive Board determine the best course. Currently, each organization has one vote. For example Univ of Colorado has two entities that may have two votes
- Three seats up for election. Three chair persons submitted their names for vote: Fleisher, van Klee and

BD Project

- Final stages and we have $402,000 with a data access fee $175,000 going into reserve. We are looking for 8 institutions to be included. Each site will receive $15,000 for their cost data. We have 6 sites who will be submitting their data:
  - Univ of Mich
  - Vanderbilt
  - OHSU
  - Univ of Tennesseee
  - Univ of Vermont
  - AMC
- No responses
  - Cornell – will talk to Sachin later
  - Univ of Oklahoma
  - Univ of Colorado
  - Columbia
  - Wash U
  - Yale

Data Diagnostics Review: See video

- When will this be available for sites? 1 – 3 weeks it will be available
- When will the attestations appear? When you upload the data they will show up on the data diagnostics
- Process:

- o Run diagnostics
- o Contact IT staff for any problems
- o Identify problems and fix them
- o Re upload data
- o Run diagnostics again
- Is this for all cases or dependent on other diagnostics, such as TOF?
  - o If you only document 50% of your cases, will you go into the cases and determine if this is an accurate given the data
  - o Errors with mapping vs. errors with the medication
- Sachin will make up random thresholds and you will know what is an appropriate range for your institution. The only way to determine this is to click into the cases for the month to review
- Data diagnostics is not a performance review, this is strictly to determine data quality
- There may not be an easy way to determine the practice at other institutions that is part of each hospitals included in the data (univ of Colorado)
- We will have to determine how to manage multiple locations
- This will be a requirement as part of your initial upload. What is the frequency this should be done after the upload?
  - o Ever three months after initial upload?
    - ▪ Jameson – would have a hard time finding someone who can do it monthly and would prefer every three months