Inpatient Psychiatric Facility Quality Reporting Program

Support Contractor

Potential Measures for the IPFQR Program and the Pre-Rulemaking Process

Presentation Transcript

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Evette Robinson: Hello, everyone. My name is Evette Robinson, and I am the project lead for the Inpatient Psychiatric Facility Quality Reporting Program. I want to welcome you to today's webinar event entitled, *Potential Measures for the IPFQR Program and the Pre-Rulemaking Process*. Before we proceed with today's webinar, I would like to remind attendees that the slides for the presentation were posted to the Quality Reporting Center website prior to the event. If you did not receive the slides beforehand, please go to www.qualityreportingcenter.com, and on the right side of the homepage, under Upcoming Events, click on the link for today's event. Next, scroll to the bottom of the page, and there you will find the presentation slides available for download.

We are fortunate to have three guest speakers with us today, all of whom are listed on this slide. Our first presenter, Michelle Geppi, is in the division of program measurement and support within the Centers for Clinical Standards and Quality at CMS. She serves as CMS's pre-rulemaking lead, ensuring that the agency meets annual statutory requirements as established in section 3014 of the Affordable Care Act of 2010, which includes a complex pre-rulemaking process for the selection of quality and efficiency measures for use by the Department of Health and Human Services. Additionally, Ms. Geppi provides leadership as CMS's government task lead managing a task order for the HHS's national consensus development and strategic planning for healthcare quality measurement contract, which is currently operated by the national quality forum overseeing the measure application partnership, or MAP, which is a convening body of multi-stakeholder groups. She holds a Bachelor of Science in mass communication, with a focus in public relations, with extensive and progressive experience in public and private sectors – specifically, over a decade of healthcare experience. We will then hear from Erin O'Rourke, who is a senior director at the National Quality Forum. She has supported NQF Measures Applications Partnership work to provide input on Measures Under Consideration for federal quality initiatives since 2011. In the past, she has provided content expertise and overseen the project management of the MAP work on the selection of measures for hospitals and post-acute and long-term care

programs. Ms. O'Rourke oversees the NQF work on the endorsements of admission and readmission and cost and resource use measures. Ms. O'Rourke has also been a primary contributor to projects focusing on risk adjustment for socio-economic status, eliminating healthcare disparities through performance measurement, linking cost and quality measures, and reviewing attribution approaches for measurement. Prior to joining NQF, Ms. O'Rourke was a research associate at United BioSource Corporation, where she designed and conducted studies in health economics and outcomes research. Ms. O'Rourke holds a degree in health studies from Georgetown University. Next, we will hear from Dr. Kyle Campbell. Dr. Campbell is a pharmacist and health services researcher, with expertise in quality measure development, project management, and clinical pharmacy. As executive director of the Inpatient Psychiatric Facility Outcome and Process Measure Development and Maintenance contract, he oversees all aspects of the project and advises on measure development and specification. And finally, I will serve as the moderator for today's event.

Here we have a list of acronyms and abbreviations available for your reference.

The purpose of this presentation is to provide participants with an overview of the measure development and review process that occurs prior to rulemaking, as well as information about the measures that the IPFQR Program is considering for adoption in the future.

Upon completion of this presentation, participants will be able to describe the review process that occurs prior to the proposal and adoption of measures, as well as the measures that IPFQR Program is considering for future adoption.

To level-set and further clarify the intent of today's presentation, I want to take a moment to explain that all CMS quality program measures, including those for IPFQR Program, go through the pre-rulemaking process. Key components of the process include creation of the measures under consideration list by CMS, as well as review of this list by an entity known as the Measures Application Partnership, or MAP.

Our guest speakers for this webinar will describe how CMS determines measures for consideration, the composition and role of the MAP in the review of measures, as well as the current list of measures that CMS is considering for the IPFQR Program.

And with that, it is my pleasure to turn the program over to our first presenter, Michelle Geppi. Michelle, the floor is yours.

Michelle Geppi: To provide some background and to orient you a little bit to how we're organized at CMS, we have a variety of divisions in our Quality Measurement Group. Two divisions, you are probably already familiar with, include the Division of Quality Measurement, which overseas measures development for Psych and Hospital programs and the Division of Value Incentives and Quality Reporting, which is more on the programmatic and operations side of the hospital program. QMVIQ collaborates with other parts of the agency as well, with regard to measure development and the pre-rule making process. For instance, we work with the Centre for Medicare & Medicate Innovation and the Centre for Medicare.

The middle of this slide reflects the three aims of the National Quality Strategy, and are so amazing in that they have withstood the test of time. The inaugural NQS was published on March 18, 2011. Quite a few years later, the NQF continues to be the national strategy, and serves as a catalyst and compass for nationwide focus. The CMS Quality Strategy pursues an alliance of the three broad aims of the National Quality Strategy. We also reflect on this slide the six priorities from the National Quality Strategy that became the goals for CMS's Quality Strategy. Under each one of these goals, we have systematically gone through a similar process at a detailed level that CMS did to further develop when operationalizing the NQS goals. We identified desired outcomes, objectives, initiatives, and activities.

Some of you may already be familiar with the statute and its requirements. If so, this is going to be a refresher for you. Pre-rule making got underway with Section 3014 of the Patient Protection and Affordable Care

Act of 2010. The law provides the statutory authority for the work that's associated with pre-rule making and drives CMS's deadline to publish a Measures under Consideration list annually by December 1. The second step involves the Measure Applications Partnership, or MAP, a competing body of multi-stakeholder groups. MAP is currently operated and overseen by the National Quality Forum, or NQF. The MAP convenes each December and January to deliberate and vote on each of the Measures Under Consideration list measures. NQF facilitates these meetings and furnishes a report of their findings each February and March. Ms. O'Rourke will talk more about this process in her presentation.

And now, we are going to talk about caveats. By program, a measure only has to go on the list once to be considered for rule making. If a measure has been on the list before, but is now being considered for a different program, it should be added to the list. If a measure has a substantive change it should also be added back to the list.

The table on this slide lists the applicable federal programs that adopt measures through pre-rule making. For each program, CMS designates a program and measure lead. Measure leads have the primary responsibility for the development and review of quality measures, while program leads have the overall responsibility for the administration and operation of quality programs. For the In-Patient Psychiatric Facility Quality Reporting Program, Jeff Buck is the Program Lead and Vinitha Meyyur is the Measure Lead. More than likely you are familiar with both of these folk.

QMVIQ Measure and Program Leads put a lot of thought and work into developing and selecting measures for inclusion on the annual Measures Under Consideration List. For example, CMS Measure and Program Leads consider these questions to help guide them when choosing measures for inclusion on the list. These deliberations ensure alignment with CMS's quality measurement priorities in the pre-rulemaking process. In addition to investigation of the outcomes to these questions, CMS Measure and Program Leads strive for transparency by seeking input from expert panels, focus groups, and by soliciting for recommendations by

other federal agencies, prior to adding a measure to the list. As demonstrated by their rigorous efforts, CMS Leads are committed to bringing high-value measures to their programs. I do want to emphasize that pre-rulemaking should not be confused with rulemaking, which is a separate unique process that is quite different from pre-rulemaking and is also based on the statutory requirements of said programs. The leads will be able to provide more specifics on programmatic details. Both pre-rule and rulemaking are the same, in that CMS continues with transparency in mind. For example, when proposing a measure for a rule, CMS thoroughly vets the MAP feedback and the Notice of Proposed Rulemaking, or NPRM, by incorporating a separate stakeholder commenting process for the proposed rule.

This slide provides a timeline of the measurement development process from initial concept to adoption in a program. Measure development may take up to three years. What is not depicted here is the intersecting regulatory requirement, such as the Impact Act, that may overlap with the standard Measures Under Consideration timeline, and may be the reason CMS implements an ad hoc Measures Under Consideration List on occasion.

After measure development and testing concludes, CMS's pre-rulemaking process gets underway with the submission and internal review of measures using JIRA. JIRA is an issue tracking system that is web-based and basically enables users with the proper credentials to submit measure specifications, along with some other pertinent data to CMS beginning each January. For the second year now, CMS has opened JIRA earlier than in previous years to begin the collection process for new candidate measure submission. In earlier Measures Under Consideration season, that process didn't start until early May, but now developers have an extra three months to make their JIRA measures submission. So, you are probably wondering what happens between January 31 and May 1, and that's not depicted here. CMS is planning and preparing for the official Measures Under Consideration season kick-off in early May. During this time, I host a series of educational and outreach webinars each April, with

the primary goal of advising or refreshing folks regarding the statute, highlighting JIRA enhancements, and a review of the important JIRA and meeting date. To point out the first three boxes on this slide pertain to JIRA system dates. To note, CMS will close JIRA on Friday June 30, prohibiting anyone from submitting new candidate measures after this date. Closing JIRA in late June signals the start of the Federal Clearance Process, which relates to the last three boxes on this slide. After JIRA closes on June 30, the Measure and Program Leads begin the tasks of reviewing, accepting and/or rejecting each and every submitted measure by program. The measures that make the cut essentially are the accepted measures, and these become the annual draft Measures Under Consideration List, also known as the clearance document. The clearance document is created on July 21. Before the list officially goes into the formal clearance process on August 21, it is previewed by all involved federal agency representatives at the August 3 stakeholder meeting, with the purpose of gaining consensus before clearance. For those of you not familiar with the Federal Clearance Process, as it relates to the Measures Under Consideration List, the list is basically shepherded across CMS, HHS, and LNB components and agencies involving a lot of collaboration, cooperation, and communication at varying degrees and levels in a relatively short amount of time to enable the publishing of the Measures Under Consideration List by December 1.

As you can see here, since 2012, candidate measure submissions have trended downward. Each year beginning in 2011 CMS has met its statutory deadline of publishing the Measures Under Consideration List by December 1. This past year, I'm happy to report that we published the list a little earlier than in prior years. We always strive to do that to provide as much time for public commenting before the MAP committee meetings occur each December.

This slide depicts the simultaneously occurring pre-rulemaking activities, deadlines, and events, and tasks by demonstrating the annual cycle overlap. The actual activities named in the boxes are less important than the idea that many related events happen each year, which are the

precursors to rulemaking and contribute to the continued process improvements by implementing new practices year after year. Across CMS, other federal agencies, and the contractors supporting pre-rulemaking, communication, collaboration and coordination occurs constantly to ensure transparency, lean practices, and harmonization and to ensure quality goals are successfully achieved.

As was referenced on slide 20, these dates represent the education and outreach series that I host prior to the official Measures Under Consideration season commencement on May 2. If you'd like to be invited to any of these meetings, please send me an email. My email address is found at the end of this slide deck. You may also access additional CMS pre-rulemaking resources by clicking on the link at the bottom of the slide. And with that, it is my pleasure to turn the presentation over to our second presenter, Erin O'Rourke with the National Quality Forum, or NQS. Take it away, Erin.

Erin O'Rourke: Thank you, Michelle. My name is Erin O'Rourke, and I'm a Senior Director with the National Quality Forum, supporting the work of the Measure Applications Partnership. As Michelle previously noted, the Measure Application Partnership, or MAP, is tasked with reviewing each measure on the Measures Under Consideration list and making a recommendation about its potential use in a federal quality initiative program.

The Measure Applications Partnership is tasked with reviewing the Measures Under Consideration and providing input to CMS about their potential use. MAP is a group of committees and workgroups that provides recommendations to CMS about which measures to use in selected Medicare public reporting and performance-based payment programs. MAP is comprised of representatives from both the government and private sectors. MAP is a unique collaboration that balances the interests of consumers, businesses and purchasers, labor, health plans, clinicians and providers, communities and States, and suppliers. In pursuit of the National Quality Strategy, MAP informs the selection of performance measures to achieve the goal of improvement,

transparency and value for all. MAP provides input to HHS during the annual pre-rulemaking process on the selection of measures for use in reporting performance-based payment and other federal programs. MAP identifies gaps for measured development, testing, and endorsement. And finally, MAP strives to encourage alignment across public and private sector programs, setting levels of analysis and populations to promote the coordination of care delivery and reduce the data collection burden.

There are a number of overarching goals for the MAP process. First, MAP aims to facilitate a dialogue among stakeholders, including representatives from HHS. MAP allows for consensus building among stakeholders in an open and transparent forum. Openly, the hope is that proposed rules are closer to the mark since the potential performance measures have already been vetted by the effective stakeholders with the hope of reducing the effort required by individual stakeholder groups to submit official comments on the proposed rule.

MAP operates through a two-tiered structure. MAP includes an overarching body, a coordinating committee, and four standing workgroups. MAP also can be time-limited task forces as necessary, which are made up of members of the other groups. During the pre-rulemaking process, Measures Under Consideration are first reviewed by one of the three setting specific workgroups: hospital, clinicians, or PAC/LTC, depending on the setting of the program for which it is being considered. Measures for the IPFQR Program are reviewed by the hospital workgroup initially and the recommendations are then finalized by the coordinating committee. Lastly, we have a workgroup of – we do an eligible beneficiaries workgroup that provides an emphasis on quality issues that effect that population. As I said before, in addition to the five permanent committees, MAP may also convene a time-limited task force to examine a specific issue as needed.

A single nomination process updates the entire membership of MAP annually. About one-third of members have terms that are up for renewal each year. The rosters for the MAP are approved by the NQF board of directors. Based on the rosters, appointed members fall into one of three

categories. Organizational representatives make up the majority of MAP's membership. They include those affected by or interested in the use of measures and are chosen by the organization seated on MAP. The organizational representative represents the group's entire constituency. Subject matter experts serve as individual representatives that have specific content knowledge to offer to MAP's deliberations. The co-chairs that lead each group fall into this category. Lastly, we have the federal government liaisons who serve as non-voting ex-officio members of MAP.

MAP uses a four-step approach to analyzing and selecting measures during the pre-rulemaking process. First, NQF staff develop a program measures set framework that identifies the measures currently in the program with the aim of providing an overview of what the measures in that set currently address. Next, MAP evaluates each measure under consideration for what it might add to those – the program measure set. Using the framework, MAP identifies and prioritizes gaps and measures for both the specific program and the setting as a whole. Finally, MAP takes the opportunity to provide recommendations that could strengthen the measure set overall, including the potential recommendation of measures that could be removed from the program in future years.

The Measure Selection Criteria are a tool that MAP uses to assess the sets of measures used in a quality initiative program. They're intended to assist MAP to identify what an ideal set of measures would be for Public Reporting and Value-Based Purchasing Programs. They evaluate the program measures set as a whole, which is a key thing to remember as we go through these. The criteria are not absolute rules, rather, they're meant to provide general guidance on measure selection decisions and to compliment program specific statutory and regulatory requirements. The central focus should be on the selection of high-quality measures that optimally address the National Quality Strategy's three aims, build critical measurement gaps, and increase alignment. Although competing priorities often need to be weighed against one another, the Measure Selection Criteria can be used as a reference when evaluating the relative strengths and weaknesses of a program measure set and how the addition of an

individual measure would contribute to the set. The criteria have evolved over time to reflect input of a wide variety of stakeholders. To determine whether a measure should be supported for rulemaking for a specified program, MAP evaluates the Measures Under Consideration against the Measure Selection Criteria. The Measure Selection Criteria are shown on this slide and they are:

1. NQF endorsed measures are required for program measure sets unless no relevant endorsed measures are available to achieve a critical program objective.
2. The program measure set adequately addresses each of the National Quality Strategy's three aims.
3. The program measure set is responsive to specific program goals and requirements.
4. The program measure set includes an appropriate mix of measure types.
5. The program measure set enables measurement of person and family-centered care and services.
6. The program measure set includes considerations for healthcare disparities and cultural competency.
7. And finally, the program measure set promotes parsimony and alignment.

After applying the Measures Selection Criteria to the program measures set as a whole, MAP reviews the Measures Under consideration for the current pre-rulemaking cycle. MAP reaches a decision about every measure under consideration. This means that every single measure on the MUC list will receive a recommendation from MAP. The decisions are standardized for consistency across the workgroup. Each decision is accompanied by one or more statements of rationale that explain why each decision was reached. I did want to highlight that for the 2016 – 2017 pre-rulemaking process, the decision categories have been updated. Specifically, MAP will no longer evaluate measures under development using different decision categories.

So, the current MAP decision categories are shown on this slide. The four decision categories are: one, support for rulemaking; two, conditional support for rulemaking; three, refine and resubmit prior to rulemaking; and four, do not support for rulemaking. MAP may support a measure for rulemaking for a number of reasons. It may address a previously identified gap in the program or help to promote alignment. MAP may conditionally support a measure, if the group thinks it's ready for use in a program that needs to meet specified conditions, such as achieving NQF endorsement. The refine and resubmit category is new for this year. MAP implemented this category to allow a way to express its support for the concept of a measure, but to stipulate it needs modification, such as the completion of testing, before it's ready for implementation. And finally, MAP may not support a measure for rulemaking if it overlaps with existing measures or if a different measure better addresses the needs of the program.

To facilitate MAP's consent calendar voting process, NQF staff conducts a preliminary analysis of each measure under consideration. The preliminary analysis is intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions. Staff use an algorithm developed for the MAP measure select criteria to evaluate each measure in light of MAP's previous guidance. The Preliminary Analysis Algorithm uses a series of criteria to determine if a measure receives a recommendation of support for rulemaking, conditional support for rulemaking, refine and resubmit prior to rulemaking, or do not support for rulemaking.

This slide shows the assessments of the MAP Preliminary Analysis Algorithm. The first assessment asks if the measure addresses a critical quality objective not currently adequately addressed by the measures in the program set. Assessment two asks if the measure is an outcome measure or is evidence-based. Assessment three asks if the measure addresses the quality challenge. Assessment four asks if the measure contributes to the efficient use of measurement resources and/or supports the alignment of measurement across programs. Assessment five asks if

the measure can be feasibly reported. Assessment six asks if the measure is NQF-endorsed or has been submitted for NQF endorsement for the program's setting and level of analysis. And finally, assessment seven asks if the measure is in current use, no implementation issues have been identified.

I wanted to quickly cover the Pre-Rulemaking timeline. In September, the Coordinating Committee meets to review the Pre-Rulemaking approach. In the fall, the three settings-specific workgroups meet to review the measures that are currently in the program and the framework that NQF staff put together to help organize the Committee's review of the current measures. As Michelle noted, the MUC List is released on or before December 1 of each year. The release of the MUC List triggers the start of the first public commenting period where stakeholders can provide input to MAP on the measures under consideration. In December, the workgroups meet to provide initial recommendations on each measure under consideration. After that, there's a second public commenting period, usually from December until about mid-January. In late January, the Coordinating Committee meets to finalize MAP's recommendations and to provide cross-cutting guidance. On February 1, MAP releases recommendations on the measures under consideration. On February 15, MAP issues its guidance for hospital and post-acute care and long-term care programs. And then finally, on March 15, MAP issues its guidance for clinician programs, as well as its cost-cutting feedback.

We're also always looking for people to serve on the MAP; we're looking for both organizations and individual subject matter experts. One-third of the seats on MAP are eligible for reappointment each year. We do issue a formal call for nominations in the early spring, but we accept nominations year-round. For more information, please visit our website that you can see listed on this slide.

So, as you can see on this slide, Michelle and I are here to take any questions you may have about the Measures Under Consideration process or the MAP's review of the measures. You can see our emails on this

slide. And, this concludes my portion of the presentation. And with that, I'd like to turn it over to the next speaker.

Evette Robinson: Thank you, Erin. And, now we'll turn the presentation over to our final guest speaker, Dr. Kyle Campbell.

Dr. Campbell: Well, thank you so much Evette. We're now going to talk about the measures that CMS proposed in the 2017 Measures Under Consideration for the IPFQR Program.

And in specific, as you learned from the prior presenters, the Measures Under Consideration list includes measures that CMS are considering to propose for the program and these measures may appear in future proposed rules. Also the Measure's Application Partnership, or the MAP, evaluates measures that are on the Measures Under Consideration list and recommends them to CMS with a given a decision category for potential future Rulemaking.

Today we want to talk through three of those measures that were submitted in 2016. First is Medication Continuation following Inpatient Psychiatric Discharge. The second is Medication Reconciliation on Admission. And, the third measure is Identification of Opioid Use Disorder.

So, for Medication Continuation following Inpatient Discharge, this is a process measure that looks at the percent of psychiatric patients admitted to an IPF for major depressive disorder, schizophrenia, or bipolar disorder who were dispense a prescription for evidence-based medication during the follow-up period. This is also a claims-based measure, so in terms of calculation, this calculation is performed by CMS and there are no data-submission requirements for the IPFs. The measure uses a two-year measurement period, and this allows us to have an adequate sample size for reliable measure results.

Now, if we move to dig into a little more detail in terms of the denominator and numerator statements. In terms of inclusion criteria, we include discharges for patients that were admitted to IPFs for one of the

three diagnoses I mentioned. Patients need to be at least 18 years of age or older, and they also need to have enrolment in Medicare Parts A, B, and D – which are all used for the calculation of the measure. They need to be alive at discharge and during the follow-up period, and then they need to be discharged to home or home help. So, patients that are discharged, for example, to a skilled nursing facility would not be included in this particular measure. We do exclude discharges for patients who received ECT, or transcranial magnetic stimulation, because these therapies can be used in the place of pharmacotherapy. We exclude patients who were pregnant during the inpatient stay, since patients that are pregnant are contraindicated for some of the drugs that are included in the measure. We exclude patients that have a secondary diagnosis of delirium, which is also a potential contraindication for some of the drugs that we have in the measure. And, we exclude patients that have a principal diagnosis of schizophrenia with a secondary diagnosis of dementia. Many of you are probably aware that patients like this, there is a black box warning for use of antipsychotics in this patient population and individual risk-benefits for these patients need to be carefully considered. So, we are excluding all patients with these particular diagnoses. So, the numerator here is discharges and the denominator for patients who are dispensed on evidence-based outpatient medication within two days prior to discharge through 30 days' post-discharge. The rationale for having – allowing medication to be dispensed prior to the discharge is that there are some innovative programs that allow medications to be delivered to the bedside prior to patient discharge and we want to make certain that facilities receive credit for that.

There's much additional detail included in – with concern to the measure information regarding this measure. Full measure specifications will be available on the CMS Measure Methodology website at this particular link. So, those will be available for review for any facilities that would like to look further at the specifications by April 1, 2017.

The next measure that I would like to talk about is Medication Reconciliation on Admission. This is also a process measure and looks at

the average completeness of the medication reconciliation conducted within 48 hours of admission to an Inpatient Psychiatric Facility. This is also a chart-abstracted measure, which will allow sampling, and the measure has three components. The components scores are aggregated to a single facility-level score, and it's important to note that the measure testing on this particular measure is complete.

Breaking down the denominator and numerators – so, in the denominator we have admissions to an inpatient facility from home or non-acute setting, with the length of stay greater than or equal to 48 hours. Our numerator is the facility-level score averaging three individual component scores. Each component measures an important process in a high quality medication reconciliation, and scores can range from zero to 100%.

And so, what I'd like to do is just walk through with you what each of these individual components are and some of the key data elements within each of those components. So, the first component really looks at comprehensive, prior to admission, medication information gathering and documentation. So, how comprehensively did we try and obtain information about a patient's medication? So, there's a requirement to have the form in the designated area. There is a requirement to evaluate those health system sources and patient system sources. Also, a component to look at the prior to admission medication list contains all the medications that are included in a history and physical, or a comprehensive psychiatric exam, and this review needs to be complete within 48 hours. Then for the individual medications that the patient is on, we ask that there is data in each of these particular fields, so name, route, dose, frequency. We also include last time taken, and this is only included if patients can recall the information with regard to last time taken. The third component is reconciliation action for each of the PTA meds, and this just requires signature by a licensed prescriber within 48 hours of admission.

The last measure that we want to discuss today is identification of opioid use disorder. This also is a process measure, and it looks at the percent of patients admitted to an IPF who were screened and evaluated for opioid

use disorder. This measure is currently in the development phase, so it will be chart abstracted, but we haven't determined sample size or sampling frame for this particular measure yet. The measure score has three components, and the first component looks at whether patients had a urine drug screen that would be sensitive to detect opioids. The second component looks at whether the prescription drug monitoring program, or PDMP, database is evaluated for opioids. And, the third piece is documentation of presence and severity of opioid use disorder within the medical records. We anticipate the development and testing of this measure will be completed in summer of 2017.

So, in terms of the next steps in measure development for these three measures, the Medication Continuation Following Inpatient Psychiatric Discharge and the Medication Reconciliation on Admission were submitted to the NQF for endorsement consideration as a part of the current behavioral health call for measures. And, as we previously mentioned, Identification of Opioid Use Disorder, we will be doing field testing in summer and then plan to have public comment period on the measure specification in the fall of 2017.

So, with that, I want to thank you for the opportunity to discuss these measures with you, and I will now turn it over to our next speaker.

Evette Robinson: Thank you, Dr. Campbell. In the next several slides, I will review helpful resources pertaining to the topics covered in today's webinar.

Here is the list of a couple of links that you can access pertaining to the MAP, the MUC list, and the current final rule decisions pertaining to the IPFQR Program.

This slide includes active links that you can click on to send us your questions about the IPFQR Program. As always, we encourage you to use the Q&A tool in particular, because it provides the best means by which we can track questions and answers and also delivers our responses directly to your email inbox. This is also a great way for you to let us know what types of questions and topics you would like for us to address

in future webinars. We recommend that you sign up for the IPFQR Program ListServe, if you have not already done so, in order to receive communications that we send out to the IPFQR community pertaining to webinars, program updates or changes, and other announcements. You can sign up to be added to the ListServe on the QualityNet ListServe registration page.

CMS recommends that IPFs refer to the updated IPFQR Program manual for information pertaining to the IPFQR Program. The updated manual and paper tools are currently available for download on the QualityReportingCenter and QualityNet websites as indicated on the links on this slide.

Here is a list of the IPFQR Program educational webinars that we have planned for the next few months. Please note that future webinars will be posted on the events calendar that is found on the Quality Reporting Center website. The events calendar can be accessed from the Quality Reporting Center homepage under Upcoming Events. And again, we do encourage you to sign up for the IPFQR Program ListServe, so that you may receive notifications about upcoming events and other program-related topics.

All questions received via the chat tool during today's webinar will be reviewed and a questions and answers transcript made available at a later date. To maximize the usefulness of the Q&A transcript, we will consolidate the questions received during this event and focus on the most important and frequently asked questions.

To obtain answers to questions that are not specific to the content of this webinar, we recommend that you go to the QualityNet Q&A tool. Now, I will turn the presentation over to Deb Price, who will discuss the CE credit process for this webinar.

Deb Price: Well, thank you very much. Today's webinar has been approved for one continuing education credit by the boards listed on this slide. We are now a nationally accredited nursing provider, and as such, all nurses report

their own credits to their boards using the national provider number 16578. It is your responsibility to submit this number to your own accrediting body for your credit.

We now have an online CE certificate process. You can receive your CE certificate two ways. First way is if you registered for the webinar through ReadyTalk®, a survey will automatically pop up when the webinar closes. The survey will allow you to get your certificate. We will also be sending out the survey link in an email to all participants within the next 48 hours. If there are others listening to the event that are not registered in ReadyTalk®, please pass the survey to them. After completion of the survey, you'll notice at the bottom right-hand corner a little grey box that says “done.” You will click the “done” box, and then another page opens up. That separate page will allow you to register on our Learning Management Center. This is a completely separate registration from the one that you did in ReadyTalk®. Please use your personal email for this separate registration, so you can receive your certificate. Healthcare facilities have firewalls that seem to be blocking our certificates from entering your computer.

If you do not immediately receive a response to the email that you signed up with the Learning Management Center, that means you have a firewall up that's blocking the link into your computer. Please go back to the new user link and register a personal email account. Personal emails do not have firewalls up. If you can't get back to your new user link, just wait 48 hours because remember, you're going to be getting another link and another survey sent to you within 48 hours.

Okay, this is what the survey will look like. It will pop up at the end of the event, and will be sent to all attendees within 48 hours. Click “done” at the bottom of the page when you are finished.

This is what pops up after you click “done” on the survey. If you have already attended our webinar and receive CE, click “existing user.” However, if this is your first webinar for credit, click “new user.”

This is what the new user screen looks like. Please register a personal email like Yahoo or Gmail or ATT, since these accounts are typically not blocked by hospital firewalls. Remember your password, however, since you will be using it for all of our events. Notice you have a first name, a last name, and the personal email, and we're asking for a phone number in case we have some kind of back side issues that we need to get in contact with you.

This is what the existing user slide looks like. Use your complete email address as your user ID and, of course, the password you registered with. Again, the user ID is the complete email address, including what is after the @ sign. Okay, now I'm going to pass the ball back to your Team Lead to end the webinar and to go over any questions that came in. Thank you for taking the time spent with me.

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