



Quality Reporting Program

Support Contractor

Public Reporting and You

Presentation Transcript

Speakers:

Hospital Outpatient Quality Reporting (OQR) Program Support Contractor Team

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News Reporter: Good Evening, and welcome to this special edition of the Daily News. Tonight's topic, Public Reporting and You.

During tonight's special report we will be covering the Next Generation in public reporting. This is a new platform, and with our special correspondents you will learn how to effectively access, filter, and search data, as well as, export data for multiple programs. However, we will cover data specific to this program. As always, our chat box is open. If you have a question, please put that question in the chat box located on the left side of the screen. One of our subject matter experts will respond. Now, here's the host of tonight's broadcast, Angela Anchor.

Angela Anchor: Hello everyone. Thank you for joining us here on the Daily News. I am your host, Angela Anchor. Today we will cover public reporting in quite a bit of detail, and we have special correspondents on the scene to bring you the most up-to-date information on this important topic.

First, we'll discuss CMS's goals for public reporting. Public reporting promotes transparency through the reporting of clinical quality measures. Public reporting displays hospital performance data in a consistent and unified manner to ensure the availability of reliable information about the care delivered in the nation's hospitals including outpatient care. Providers can utilize these data to drive continuous quality improvement initiatives and track progress. The data that are publicly displayed empower consumers to make informed decisions about their healthcare. Publishing data on Hospital Compare in a consumer-friendly format allows the public to understand the data and use it appropriately when they consider where to get care. So, what is going to change - the method by which preview data are accessed, the way the data are organized, and the way hospitals interact with the data. To help us understand the changes let me bring in our special correspondent, Betty Newsbreak. Betty?

Betty Newsbreak: Thank you, Angela. Public reporting has undergone some major changes utilizing a new platform we refer to as Next Generation. Let me start breaking this down.

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First, a little background on the change. In response to CMS' desire to bring end users' needs to the forefront and develop a modern, quality reporting system. The Hospital Quality Reporting users experience team has been working for the past year redesigning the QualityNet Secure Portal. Beginning with the next Hospital Compare preview period QualityNet now includes an interactive section specially designed for public reporting data. To understand the end-user's needs, the research team spoke to 156 users including stakeholders, support contracts, subject matter experts, development teams, and, of course, end users, and used the insights obtained from these groups to build a user-centered system that replaces the static PDF Preview Report. This new public reporting user interface allows for consistent experience through the use of one platform and a unified display across multiple programs. Through the streamlining of information, the data is no longer divided by programs but is displayed on one report. Now, for those of you familiar with the Hospital Compare website, you will find this new design in QualityNet familiar. The flow of data and category of measure groups align creating a consistent way of displaying data; first, to the providers during the Preview Report and, ultimately, to public reporting on Hospital Compare.

Not everything is changing though. Some things that will remain the same are submission deadlines, your QualityNet user name and password, and the measures that are displayed. So, to find this Next Generation platform, we will begin at the QualityNet home page.

Click on either of the login buttons shown above.

This will bring you to the Choose Your QualityNet Destination page. When you click on the arrow down key, this dropdown menu will appear. Choose HQR Next Generation.

As the process of logging in has not changed, you will enter your user ID, password, and security code as you normally would.

Once authenticated users associated with a single provider, meaning they report data for one hospital, will land on the Hospital Quality Reporting, or HQR, dashboard. You will see a Public Reporting card which will direct you to the new user interface. For those of you that have multiple sites, you will have the ability to choose the facility you wish to view first before you can see this dashboard. Let's take a quick look and see what that looks like.

If you have permission to access multiple facilities, you must first select the facility's CCN. The box to the right would be your view in this instance. When you are ready to view a different facility's data, select the Change Facility icon at the top of the page. From here you'll be able to select a different facility that you have access to. Remember, the Change Facility icon will only be visible to those of you with access to multiple facilities. To select a facility, you would click on

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the blue CCN link associated with the name of the facility. Once you click on the blue link you will be taken to the dashboard which is displayed on the bottom of the slide. The Change Facility button is readily available at any time during the interface to switch to a new facility.

So, whether you have a single facility, or you had to choose a facility, all will end up at the dashboard screen which is where you will choose Public Reporting. So finally, let's click on the blue Public Reporting link and see what happens.

Once the Public Reporting link is selected, you will be directed to the landing page. On this landing page you will find the hospital's name, along with the hospital's characteristics that were previously found on your Preview Report. Here you will notice that there are two tabs across the top of the screen – Star Rating and Measure Data. These will be your navigation tabs and will consistently be available to access as you navigate through the interface. Now, remember these tabs because they will be mentioned again. The platform will default to the Star Ratings. This will not be something that you will have to choose. The Star Rating tab displays the overall hospital's star rating, facility details, or hospital characteristics, overall hospital star rating, and measure score groups. Each group displays the performance for the group and expands to provide additional information. Each group score expands to display the number of scored measures in that group, as well as, a national score comparison graph.

Each group's score is assigned a weight which is used to calculate a summary score. If you scroll down to the bottom of the Star Rating landing page, the graph shown displays the weighting for each group when the data is submitted for all measure groups. If a hospital reports no measures for a given measure group, that group is considered to be missing. CMS applies the approach of reweighting the weight of the missing group across the groups for which the hospital does report measures. For more information on weighting, please refer to the quarterly updates and specifications report found on the QualityNet overall hospitals rating web page. Now, additional information at the bottom of the Star Ratings tab includes the weight of each group and a link to additional information on the Hospital Compare web page.

As referenced previously, each group score expands to display the number of scored measures in that group, as well as, a national score comparison graph. Ok, so that's an overview of the Star Rating tab. Now, let's explore features on the Measure Data tab that I mentioned before.

If you click on the Measure Data tab, this will be your view. Starting from the top you'll notice the hospital name is at the top of the page. There is a blue export data button that will allow users the ability to print the Preview Report which we'll discuss later in the presentation. Under the export data button, you can see a search field along with other filter features. This feature allows users to have

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flexibility and to prioritize what data displays. I will expand on this option in just a few minutes. Then you will notice blue measure groups all the way down the page. Inside the blue measure groups are the data. The plus sign next to each measure group name has an accordion feature which will allow the user to see the data when it is expanded, and it will hide the data when closed. For those of you familiar with the Hospital Compare website you will notice a similarity. Keep in mind, this page is an interactive equivalent to the traditional PDF. Now, let's dive into the interface. Let's expand the Timely and Effective Care measure group to see what's inside, and how do we expand the measure group? That's right click on the plus sign.

This is a partial view of the measures within the Timely and Effective Care measure group. The first thing you may notice is this is a combination of both OQR and IQR measures. You will no longer be viewing only measures that pertain to a specific program. Remember, the new interface is aimed at removing program silos. So, data is not separated by program. So, let's look at what is on the page starting from the left to right. The measure id will be listed first on the left-hand side. Moving across the page we see the Facility Rate, Number of Patients, State Rate, National Rate, and Top 10%. Please note that these headers might change depending on the measure group you are reviewing, but the layout and functionality remains the same. You will also see light blue sub-headers with categories listed; for example, Emergency Department Care. This is another way you identify where certain measures will be found.

Now, what do the small "i" icons and the blue asterisk mean you ask? Well, that's a great question. The blue "i" icon is the information icon and contains additional information related to the measure id. The blue asterisk indicates that there is further information available about the data. Next Generation calls this supplemental information. Now, supplemental information, such as, footnotes and measure descriptions, use a lot of visual real estate in the old-style Preview Report, in short that means they used a whole lot of space. In an effort to make this data more readable, the developers implemented a display of information in what is called a modal. Modals will display supplemental information when the "info" icon or asterisk is selected. For example, if you hover over a certain data point with a blue asterisk or an "i" icon, you will see directions on what to do. Here we are hovering over the measure id OP-18b. The note says, "activate to view OP-18b supplemental information." So, let's click and see a modal.

In this scenario the description of OP-18b is in this modal – Median Time from ED Arrival to ED Departure for Discharged ED Patients. If users cannot remember what a certain measure is, they can always click on that measure id to get the description modal. The measure description information modal will also include the current reporting period for which that data represents. On previous Preview Reports, this information was found on the page sub-headings, and to close a modal select "cancel" or "close."

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Once you close the modal we were just viewing you will be back on the measure data page. Here we are hovering over OP-18b Facility Rate, and we will see this facility has a rate of 30 minutes. The blue asterisk indicates there is supplemental information available, and when we hover over this, it will tell us to “activate to view 30 minutes supplemental information.” So, let’s do that and see what we get.

This modal provides lots of good information. Along with footnote information, we see your hospital ED Volume Category. Now, we will discuss footnotes later, so let’s focus now on Emergency Department Volume. This is the volume of patients submitted as OP-22’s denominator. OP-22 is “Left Without Being Seen,” and you put this data in annually into QualityNet with your web-based measures. The denominator you enter for OP-22 is what determines the category assignment your facility is given for the “Your Hospital Volume Category.” Now, Emergency Department Volume is categorized for the hospital’s benefit. This is what you can use to compare your hospital to like-size hospitals. So, if you are a hospital seeing 60,000 patients per year, you want to compare yourself to other hospitals seeing 60,000 patients per year or other very high-volume category assignment. But if you note that your category assignment isn’t correct, that means that your hospital submitted OP-22 denominator data incorrectly. So please, when you submit your data, go back and check it before the deadline for that submission. Now, the breakdown of the ED Volume Category assignments is defined as Low: 1 to 19,999, Medium: 20,000 to 39,999, High: 40,000 to 59,999, to Very High which is 60,000 plus. Only hospitals that submit data on OP-22 will have an EDV Category; otherwise, it will be N/A with a Footnote of 5. Again, to close this modal select “cancel” or “close.”

Now, if we go back to the measure data page, we can see that there’s an asterisk for State Rate indicating additional information is available. Select the data value to access the additional information as we did a minute ago.

Like the Facility Rate modal, the State Rate modal contains footnotes. This modal also contains the State ED Volume Category Reference. The intent of this reference is to be able to compare your facility to like-size facilities. It’s important to note that this reference rate is different than the overall state rate and that it only includes providers who submitted data for OP-22. Remember, earlier we opened the Facility Rate modal and found that the ED hospital volume was low. To compare your low-volume facility against other low-volume facilities, you would use the low-volume reference of 30 minutes.

Now, let’s go back to the top of the Measure Data page. At the top of the page you can see a search field. Remember this? In this field you can enter a measure id; in this case OP-18b, and the measure group that has that particular measure id will display below which is Timely and Effective Care. It is important to note that the current search feature only responds to exact measure ids. So, in the example

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here, we entered OP dash 18b, and the Timely and Effective Care measure group where OP dash 18b is located is now available to us. If you were to just enter 18b without the hyphen, you would not obtain any results. We would then click on the plus sign to expand the group. Overall this search feature may be useful if you do not know which measure group a certain measure is located, or you are looking for a quick look at a particular measure.

So, we just did a straight search, but now, let's do some filtering. You will see Release, Level, and Performance filters. These filters allow the facility to drill down and display specific filtered data. Let's start with the Release filter. This filter will default to the most current date of release and will automatically include all applicable measures for this reporting period. A new feature of the Preview Report user interface is the ability to see past releases. Once this preview period ends, that data will not be removed and will be archived in this tool. When the next preview becomes available, a dropdown for both previews will be accessible. Also, on this page you will see Level and Performance filters. Use the Level filter to determine how you would like to compare your facility to either the state or the nation. The Performance filter will allow you to select Better, Same, Average, or Worse. The accordion will then appear, and facilities can drill down further to see which measures meet these requirements. Let's give this a try and filter data.

In this filter scenario, we are accessing the Performance filter box. What we're asking is, show me the measures in which our facility performed better than the state. This is why Better is in the box under Performance. We left the Search field empty as we're not looking for an individual measure. The accordions will then appear, and the facilities can drill down further to see which measures meet these requirements. Let's try another one.

Another filter option may be show me the measures in which our facility performed worse than the national. You can see that many components were available to choose from which means data that fulfills this filter is in each of those measure groups. We're going to select just one of the measure groups as an example. We selected to look at Use of Medical Imaging by clicking on the plus sign next to, well, Use of Medical Imaging. In this scenario the facility performed worse than the nation in OP-10, OP-11, and OP-13. The National Rate for OP-10 is 69%, and the facility's rate is at 75%. Recall that for OIE measures a lower rate indicates better performance.

Now that we understand how to use the modals and filters, let's talk about another feature, exporting to PDF. This Export Data button remember is located at the top of the Measure Data tab. This is where you will print your Preview Report in a PDF format. Keep in mind, if your facility participates in multiple programs, such as IQR and OQR, all measures will print on one report, and that may likely yield a lengthy report. So, let's see what the new printable report looks like.

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The PDF Preview Report contains all of the information found on the Measure Data tab. You will see the facility's characteristics, such as the hospital's name and CCN, along with the page number and date printed at the top of each page. You'll also find the measure id, measure description, reporting period, and data elements associated with the measure. Recall the modals that contain the footnotes? This data will also display when you export the Preview Report. You will find the footnotes to the right of the measure value and at the bottom of each page, and you will find a legend that explains the footnotes in more detail. Let me also say that here we are looking at one page of many. Keep that in mind when you choose to print it, as it can, again, be very lengthy. Remember, if the facility reports across multiple programs, all applicable measures will be contained in this one report.

Besides a desktop computer, users will now be able to access key areas of data through a tablet and mobile devices. The one on the left is a tablet view, while the picture on the right is a mobile view. This is Betty Newsbreak signing off. Angela, back to you.

Angela Anchor: Thank you Betty for all of that exciting news. Seems like these changes over multiple programs are really going to be beneficial. Here to tell us more about this Next Generation specific to the Hospital OQR Program is Dale E. Buzz. Dale, what do you have for us?

Dale E. Buzz: Thank you, Angela. You said it. The Next Generation is a comprehensive change. I have a lot to cover, so let me just dive in.

If we go back to the Measure Data tab that Betty discussed, this, again, will be the view. This is only a partial view, but the OQR measure group that contains OQR measure data include Timely and Effective Care, Structural Measures, Unplanned Hospital Visits, Surgical Procedure Volume, and Use of Medical Imaging. Let's explore each of these groups so that we can get familiar with the OQR specific measures. We can start by clicking on the plus sign for Timely and Effective Care.

Again, as we look at Timely and Effective Care, we see measures across all programs, not just the OQR Program. However, right now I'm going to highlight specific OQR measures so that you can now see how it displays. Under Timely and Effective Care there's a sub-category for Emergency Department Care. The following measures are located in this section – OP-18b, OP-18c, OP-20, OP-21, OP-22, and OP-23 are demonstrated here in this view. OP-27 can be found under Healthcare Personnel Influenza Vaccination. Cardiac Care will have OP-1, OP-2, OP-3b, OP-4, and OP-5.

Continuing through the Timely and Effective Care measure group, under Cancer Care you will see OP-33, under Cataracts there's OP-31, and under Colonoscopy

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you will find OP-29 and OP-30. To find detailed information for any of these measures you will simply follow the steps provided earlier by Betty.

Now, this time we have selected the measure group Structural Measures. The accordion has opened and provided this view. For OQR we will be able to view OP-12, OP-17, and OP-25. Remember that this data was entered in early 2018 for encounters in 2017, and to find this reporting period simply click the information icon. Although you no longer submit data for OP-25, you'll be able to access the data your facility previously submitted. On this slide you will see that the facility has N/A (not available) for OP-12, OP-17, and OP-25. To access the footnote associated with this value, you can select the blue asterisk.

OP-32 – The Facility 7-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy is an outcome claims-based measure, and this data can be seen under the Unplanned Hospital Visits measure group. Supplemental information on this measure can be found in the modal. For example, OP-32 Facility Rate modal, you will be able to find the lower limit and upper limit of the 95% Confidence Interval. If you click on the National Rate, you will see the number of hospitals that performed Better, Same, Worse, and Number of Cases Too Small in both the state and the nation. We will discuss reports specific to this measure in just a few moments.

OP-26 can be viewed under the Surgical Procedure Volume measure group. The systems have been abbreviated so let's just take a moment to ensure everyone understands these abbreviations. I have a cheat sheet here on the slide. Recall this data was entered into QualityNet via the web-based tool for encounters in 2017.

Under the category Use of Medical Imaging, you will see measures OP-8, OP-9, OP-10, OP-11, OP-13, and OP-14. Remember, you can access the measure description and reporting period by selecting the info icon, and any associated footnotes will be indicated by an asterisk on the Facility, State, or National Rates.

Now that we have looked at each of the individual OQR measures, it is important to remember that not all higher rates are better. Something to keep in mind when looking at the data and especially when filtering is understanding what measures are better with lower rates versus higher rates. Remember this slide from earlier? We wanted to see measures where the facility performed worse than the national level, and we discussed OP-10. The Facility Rate is 75%, and the National Rate is 69%. You may think that the Facility Rate is better because it is higher, but it is not. Lower percentages for this measure are better. There are several measures where a lower rate is better. Let's take a look at them now.

The slide breaks down by measure when lower percentages or minutes are better than the higher percentages or minutes. For example, OP-3b – Median Time to Transfer to Another Facility for Acute Coronary Intervention calculates in

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minutes how long it takes in time (minutes) from Emergency Department arrival to transfer to another facility for acute coronary intervention. What would we want to see in minutes? Obviously, a lower number of minutes is better. So, when you filter or compare your Facility Rate to the State and National Rates, keep this in mind. Now, let's transition from measure to footnote.

Previously I showed you the footnotes available in the modals. Let's discuss these in further detail. Footnote 1 – The number of cases and/or patients is too few to report. This will show on your Preview Report for measures that the facility has a low volume or denominator count. Data with a Footnote 1 will show on the Preview Report but will be covered with a “Not Available” on Hospital Compare note. This is true for all measures except the Outpatient Imaging Efficiency (OIE) measures including OP-8. On both the Preview Report and Hospital Compare, the OIE measure data is covered with “Not Available.” Footnote 3 – Results are based on a shorter time period than required. This footnote indicates the data being displayed does not include all required quarters; i.e., the facility only submitted data on two of the four quarters for AMI cases. Footnote 4 – Data suppressed by CMS for one or more quarters. This footnote is reserved for CMS use, and you may not see this footnote on your Preview Report.

Here we see Footnote 5 and 7. Now Footnote 5 states results are not available for this reporting period and is applied when a hospital either did not submit data or did not have an active pledge for this preview period. An example of this would be a facility who entered zeros for OP-31 Cataract measure. A Footnote 7 means that no cases met the criteria for this measure, and this is applied in instances when the hospital had no cases that met the inclusion criteria for a measure. You may see this footnote applied for measures like OP-32 or OP-3b where the facility had cases. But all cases dropped out of the measure somewhere through the algorithm.

Now here we see Footnotes 13, 16, and 17. I mentioned prior that footnotes can be specific to measures. An example of when you may use Footnote 13 would be for OP-18b and OP-20 when a state does not have a volume to meet the population criteria. You can see here that Footnotes 16 and 17 pertain to the Star Rating. Also, I want to mention that as this program evolves and measures are added and/or deleted, footnotes may also change to more accurately depict the measure and footnote criteria.

Footnote 23 – The data are based on claims that the hospital or facility submitted to CMS. The hospital or facility has reported discrepancies in their claims data. As you will notice, this footnote is only applied to claims-based measures and does not function as a suppression footnote. Also, on this slide, you will notice new footnotes for VHA and DoD data. These footnotes are to let other hospitals know that VHA and DoD data are included in the State Rate.

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We understand that this is a significant change and have built a help guide and a quick reference guide shown here to assist facilities. This is located on the QualityNet website. Additionally, there will be a comprehensive help guide that will summarize this Next Generation platform.

I would like to follow-up on my earlier comment by providing you with additional information regarding the colonoscopy measures. CMS will publicly report results for the Facility 7-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy measure on Hospital Compare's next refresh. These results will be used for Calendar Year 2019 Payment Determination for both the Hospital OQR and ASC Quality Reporting Programs. Prior to public reporting CMS will make available via the Secure Portal of QualityNet two different types of reports to facilities, a Facility Specific Report, or FSR, and a Claims Detail Report, or CDR. To further clarify let me explain. First up, the Facility Specific Report. The FSR includes measure performance results, state and national results, detailed patient-level data used to calculate measure results, and a summary of each facility's case mix. The FSR is released in October including information on colonoscopies performed between January 1, 2017 through December 31, 2017. The measure results from the Calendar Year 2017 performance period in the FSR will be publicly reported in Calendar Year 2019 Payment Determination. Next up we have the Claims Detail Report. CDRs include patient-level data for the colonoscopy measure but do not include any measure calculations. The purpose of sharing this information with facilities is to allow facilities to observe and correct coding errors in the claims used to calculate the measure, to increase transparency about the way cases are chosen for inclusion in the measure, and to provide facilities with an opportunity to improve the quality of care provided to patients receiving outpatient surgeries prior to measure calculation for payment determination and public reporting. For Calendar Year 2019 Payment Determination CMS distributed CDRs based on Calendar Year 2017 performance period in September 2017, December 2017, and March 2018.

Additionally, CMS will publicly report results for the admissions and ED visits for patients receiving outpatient chemotherapy measure on Hospital Compare in January 2020. These results will be used for Calendar Year 2020 Payment Determination for the OQR Program. Prior to public reporting CMS will make available via the QualityNet Secure Portal in QualityNet the same two reports, the FSR and CDR. For this measure the FSR includes measure performance results, state and national results, detailed patient-level data used to calculate measure results, and a summary of each facility's patient mix. The anticipated FSR release date is October 2019 including information on eligible patients receiving chemotherapy treatment between January 1, 2018 through December 31, 2018. The measure results from the Calendar Year 2018 performance period in the FSR will be publicly reported on Hospital Compare in January 2020 for Calendar Year 2020 Payment Determination. Now, with regard to the Claims Detail Reports, or CDRs, this report will include patient-level data for the chemotherapy measure,

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but do not include any measure calculations. The purpose of sharing this information with facilities is to allow facilities to observe and correct coding errors in the claims used to calculate the measure, to increase transparency about the way patients are chosen for inclusion in the measure, and to provide facilities with an opportunity to improve the quality of care provided to patients receiving chemotherapy treatment prior to measure calculation for payment determination and public reporting. For Calendar Year 2020 Payment Determination CMS will provide facilities with two CDRs. The September 2018 CDR will include eligible patients receiving chemotherapy treatment during a five-month period from January 1, 2018 through May 31, 2018. The second, the March 2019 CDR will include eligible patients receiving chemotherapy treatment during an eleven-month period from January 1, 2018 through November 30, 2018.

CMS will publicly report results for the hospital visits after hospital outpatient surgery measure on Hospital Compare in January 2020. These results will be used for Calendar Year 2020 Payment Determination for the OQR program. Again, prior to public reporting, CMS will make available via the Secure Portal in QualityNet the FSR and CDR. For this measure the information will be as follows – Facility Specific Report. The FSR includes measure performance results, state and national results, detailed patient-level data used to calculate measure results, and a summary of each facility's case mix. The FSR is released in October including information on surgeries performed between January 1, 2018 through December 31, 2018. The measure results from the Calendar Year 2018 performance period in the FSR will be publicly reported on Hospital Compare's next refresh for Calendar Year 2020 Payment Determination. Claims Detail Report – CDRs include patient-level data for the surgery measure but do not include any measure calculations.

The purpose of sharing this information with facilities is to allow facilities to observe and correct coding errors in the claims used to calculate the measure, to increase transparency about the way cases are chosen for inclusion in the measure, and to provide facilities with an opportunity to improve the quality of care provided to patients receiving outpatient surgeries prior to measure calculation for payment determination and public reporting. For Calendar Year 2020 Payment Determination CMS will provide facilities with two CDRs. The September 2018 CDR will include eligible surgeries performed during a five-month period from January 1, 2018 through May 31, 2018. The March 2019 CDR will include eligible surgeries performed during an eleven-month period from January 1, 2018 through November 30, 2018. For additional information on OP-32, OP-35, and OP-36 and these reports, please visit www.qualitynet.org at the pathway seen on this slide. Please direct questions about the measure to the QualityNet Question and Answer Tool. Angela, that's all I have. It's back to you.

**Angela
Anchor:**

Thank you Dale. We also want to thank Betty Newsbreak. Well that's going to do

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it for us tonight. Thanks to everyone for joining us. As a reminder, all the questions and answers, as well as the word-for-word transcript of this presentation, will be posted to our website at a later date. This is Angela Anchor signing off.