PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

A Closer Look at *Hospital Compare* and PCH Data

Presentation Transcript

Speaker/ Moderator

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Lisa Vinson: Good afternoon and welcome to today's webinar, entitled *A Closer Look at Hospital Compare and PCH Data*. My name is Lisa Vinson and I serve as the program lead for the PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR, Program within the Hospital Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. I will be the speaker for today's event. As you may know, public reporting is one of the PCHQR Program requirements, which is to make data available to the public, allowing consumers to make more informed decisions about their healthcare options. This is accomplished through public reporting of measure rates, or PCH data, through *Hospital Compare*, which will be our focus for today. This is of particular relevance as the preview period ended about a month ago and the anticipated *Hospital Compare* refresh for February 2019 is near. Please note that, during this presentation, we will only be discussing public reporting as it pertains to the PCHQR Program. So, while you are welcome to participate, if you are associated with any of the other CMS programs, you will want to refer to the materials specific to your program. Furthermore, if you have questions about the content of today's presentation, please submit them using the chat function. As time allows, your question will be addressed during today's event. If time does not allow all questions to be answered, please remember that the slides, recording, transcript, and questions and answers will be posted on both *Quality Reporting Center* and *QualityNet* websites. On the next slide, we will take a look at some of the acronyms and abbreviations you will hear today.

For those who regularly attend PCHQR program events, this is a customary slide and one that can be used as a great reference tool as we go throughout today's educational event. Some of the acronyms and abbreviations you may hear today include: CST for Cancer-Specific Treatment; EBRT for External Beam Radiotherapy for bone metastases; HCAHPS®, or H-CAPS, for Hospital Consumer Assessment of Healthcare Providers and Systems; HQR for Hospital Quality Reporting; OCM for Oncology Care Measures; and PCH for Prospective Payment System-Exempt Cancer Hospital. Again, please feel free to print this slide out and post it somewhere for easy reference. Next slide, please.

As the slide states, the purpose of today's presentation is to provide PCHQR Program participants with an overview of the public reporting of their data. This event will emphasize the updates that will appear on *Hospital Compare* in the February 2019 refresh. Next slide, please.

Today's objectives are for program participants to understand the importance of the *Hospital Compare* preview report, locate and access the PCH data on *Hospital Compare*, and identify updates to the PCHQR Program page for the February 2019 *Hospital Compare* refresh. Next slide, please.

As you may know, the *Hospital Compare* preview reports are available to you and accessible via the newly implemented Hospital Quality Reporting, or HQR, Next Generation User Interface. There are also resources available for you to utilize. One resource is the preview report ListServe, which those who are subscribed to the PCHQR Program notifications receive. This is an official email notification that contains new information and updates. Again, for those who are registered to receive these notifications, the initial communication is sent on the first day the preview is available and instructions are provided on how to access the report now through the HQR Next Generation User Interface found on *QualityNet*. This communication also provides the date range that preview is available and lists the measures which will reflect updated data for the applicable refresh. Then, about 15 days into a preview period, you will receive another reminder communication that contains the same details as the first. The ListServes act not only as a reminder but also contain additional information on how to access and view the preview report. The ListServes also reference the educational documents that are provided to assist you in these activities and in understanding the preview report. These are the quick reference guides and detailed help guides available on *QualityNet* and *Quality Reporting Center* websites. With that being said, please be sure you are registered to receive these communications, as there is an upcoming preview period for the next *Hospital Compare* refresh, which will occur in April. It is important to note that now, with the HQR Next Generation User Interface, preview data are always available to view. You

will see shortly exactly how you will be able to view previous data within the user interface. To this point, it is also important to understand the purpose preview data serves and why the preview period is important. Next slide, please.

We will briefly review how to access the preview data shortly. But you may already be rather familiar with the process since you accessed this information and reviewed your data during the last preview period in December 2018 for the upcoming February 2019 refresh. However, there are a couple of points I would like to make. As you know, the public reporting preview period occurs prior to the release of data on *Hospital Compare*. Now that you are able to review your facility's data electronically, you are now able to access and review this data at any time. Again, the ListServe communications provide detailed instructions on how to access the data, utilizing the Next Generation User Interface. Reviewing your facility's data is important since this will provide you an opportunity to conduct a thorough review of the data that will be publicly displayed on *Hospital Compare*. For instance, the preview period for the upcoming February 2019 refresh of *Hospital Compare* began December 1 and ended December 30, 2018. I hope you were able to take the time and review the data contained for accuracy. Next slide, please.

As a review, this slide shows the preview data that were available to you during the last preview period. You saw PCH data for the Cancer-Specific Treatment, or CST, measures; the Oncology Care Measures, or OCMs; External Beam Radiotherapy for bone metastases, or EBRT measure; and the Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS®, Survey data. The three CST measures and HCAHPS Survey data are reported quarterly and updated as such. The five OCMs and EBRT measure, which are reported only once a year, are refreshed annually, which occurs now each January. Please keep in mind that we anticipate, with the exception of this year, that the *Hospital Compare* refresh schedule will resume in January starting in 2020. Therefore, you should have seen updated data for both the OCMs and EBRT measure on your preview report as they will appear on *Hospital Compare* for the

February 2019 refresh, which is anticipated to occur on Wednesday, February 13, 2019. It is important to note that the data for the CSTs, OCMs, and EBRT measures contained in the preview report reflects the data values entered in the Web-Based Data Collection Tool. Now, let's briefly turn our attention to the HQR Next Generation User Interface. Next slide, please.

In November and December 2018, the Hospital Inpatient VIQR support contractor public reporting team hosted an educational event, entitled *Exploring the Next Generation of Preview Reports*. This presentation provided an overview of the new Hospital Quality Reporting Next Generation User Interface, which was implemented with the December 2018 preview period for the February 2019 *Hospital Compare* refresh.

As cited in the *Hospital Compare* preview help guide, the user interface was developed to allow providers increased flexibility in reviewing their data. The format of the site was designed to be similar to *Hospital Compare*, and, as our public reporting team stated, the flow of data and categorization of measure groups aligned, creating a consistent way of displaying data, first, to the providers during the preview period, and, ultimately, to public reporting of the data on *Hospital Compare*. Of note, this event was recorded and it is available under Archived Events on the *Quality Reporting Center* website. Please take some time to review this information, as it is very beneficial. I will now provide a brief recap of the Next Generation User Interface starting with the first step, logging into *QualityNet*. Next slide, please.

So, the first step, this is the *QualityNet* home page. I am sure this page looks very familiar to our program participants, including those who participate in other CMS quality reporting programs. You will start by logging into the *QualityNet Secure Portal*. As you can see by the red boxes on this slide, there are three ways to access the *Secure Portal* login screen: By selecting the My *QualityNet* tab at the top left of the page, by clicking the Log In button at the top middle of the page or clicking the Login link on the right-hand side of the page. Once you choose one of these log-in options, you will be taken to the screen on the next slide.

Now, you will see the Choose Your *QualityNet* Destination screen. You will need to choose the inverted arrow, denoted by the red arrow on this slide, in order to expand the selection list to make the appropriate destination selection from the list that is displayed on the next slide.

Here are your options. For the purposes of accessing the Next Generation User Interface, you will need to select the option as shown in the red circle on this slide: HQR Next Generation. Next slide, please.

Once the HQR Next Generation selection is made, you will select Let's Go, as indicated by the red arrow and box, and you will be taken to the screen on the next slide.

Now, you are ready to enter your *QualityNet* user ID, password, and VIP security code. The VIP access security code is generated by the Symantec validation and ID protection application, which all *QualityNet* users are required to download and use when accessing the *QualityNet Secure Portal*. Once those fields are completed, you will select Submit. As this next step is not illustrated here, you will be prompted to read the terms and conditions statement, and, then, you will select I Accept to proceed. Please note that, if you select I Decline, the program will close, and you will have to start from the beginning. Next slide, please.

Now that you have read and accepted the terms and conditions, a card layout will display, as shown on this slide, and you will select Public Reporting, which appears in the red circle on this slide. Please note, this screen may appear slightly different than your screen when you access the system, but, not captured on this slide, you will see your provider name and CMS certification number, or CCN, at the top of the user interface. The Change Facility button is also visible and available for users with roles associated with multiple facilities to allow the user to view a different provider's data. Next slide, please.

The image on this screen captures what a user will see within public reporting. This is an interactive analog to the traditional PDFs. On this page, you can easily view measures associated by measure group, search

an entire page for individual measures, filter through data, and export measure data. The exported measure data will be in PDF format for a user-friendly printed report. You will also notice a plus sign called a measure accordion by each of the measure sets. For instance, the red box on this slide highlights the Survey of Patients Experience measures set and, directly below, is the Process Measures measure set. If you click the plus sign, it changes to a minus sign and it expands the measure set to allow you to see exactly which measures are contained under that particular measure set. If you click the plus sign again, the expanded measure set will collapse and you will see how it appears on this slide. In terms of the search function, currently, you are only able to search by measure ID. The measure IDs are listed in the *Hospital Compare* preview report quick reference guide, and the *Hospital Compare* preview help guide has a section called Measure IDs included in measure accordions. This section consists of a table, which lists all of the measure accordions and associated measure IDs. Next to the search box, I would like to bring your attention to the release drop-down, starting with the preview period for the April 2019 *Hospital Compare* refresh. If you click this drop-down, you will have the option to choose February 2019 and you will be able to view the data from that preview period. As the preview periods continue to happen, this list will continue to archive the prior releases, and they will be available for you to view. So, for the PCHQR Program participants, you will see two measure accordions as shown on this slide: Survey of Patients' Experience and Process Measures. On the next series of slides, we will take a look at the measures associated with each of these accordions, beginning with Survey of Patients' Experience. Next slide, please.

Here is a view of the expanded accordion for the Survey of Patients' Experience, which displays the HCAHPS Survey data. Please note that this image only captures a portion of the HCAHPS Survey data that is available for preview. There is additional information available for you if you have further questions about the data displayed. I would also like to point out that you can also confirm the reporting period for the data you are reviewing by the date range provided in the upper right corner of the page. Next slide, please.

The next measure accordion, as indicated by the red box on this slide, is titled Process Measures. By clicking on this accordion, it will expand to display the measures you will see on the next slide.

The first group of process measures displayed are the Cancer-Specific Treatment measures. I would like to highlight that, if you hover your mouse over the blue icon, which is the letter "i" to the right of the measure ID, a modal will pop up with additional information, such as the full measure name and applicable reporting period. Next slide, please.

Then, the next two measure groups displayed are the five oncology care measures, or OCMs, and the External Beam Radiotherapy, or EBRT, measure. So again, the blue-"i" icon is available to allow you to view the full measure name and reporting period. There are also asterisks next to certain percentage values. If you click on the percentage value, a modal will appear that will provide applicable footnote details. The implementation of the HQR Next Generation User Interface has been well received by providers. It is especially beneficial now since the data for public reporting, particularly past *Hospital Compare* releases or refreshes, will be available to view in one location. Again, this was a brief recap of how to access the HQR Next Generation User Interface and what you can expect to see, keeping in mind that these images may vary slightly. Next slide, please.

At this point, we have referenced PCH measure data quite frequently, but how does this relate to *Hospital Compare*? Simply stated, the PCH data you submit are made available to the public, which allows consumers to make more informed decisions about their healthcare options and fulfills program requirements. Public reporting of measure rates via *Hospital Compare* is required. So, what is *Hospital Compare*? Let's take a look at this question on the next slide, please.

Hospital Compare has information about the quality of care at over 4,000 hospitals and facilities across the country. Providers that receive Medicare and Medicaid payments, and participate in one or more of the various quality reporting programs, provide information for this database. The

Centers of Medicare & Medicaid Services, or CMS, and the nation's hospitals work collaboratively to create and publicly report hospital quality performance information on the *Hospital Compare* website.

On this website, you will find hospital performance data in a consistent, unified manner to ensure the availability of credible information about the care delivered in the nation's hospitals. This information helps the consumer to make decisions about where you get your healthcare and encourages hospitals to improve the quality of care they provide. More information is available by visiting the website address listed above the image on this slide. On the next slide, we will look at the data sources for the *Hospital Compare* database.

So where does the data on *Hospital Compare* come from? The data on *Hospital Compare* comes from different sources. For public reporting, HCAHPS data comes from the HCAHPS Support Contractor. The CST, OCM, and EBRT data comes from the Hospital Inpatient VIQR Support Contractor. As stated earlier, the CST, OCM, and EBRT data are that which you have submitted via the Web-Based Data Collection Tool. The Hospital Inpatient VIQR Support Contractor does not make any changes to this data. However, there is a data validation process in place to ensure data accuracy. This takes place prior to the opening of the preview period and before the data is refreshed on *Hospital Compare*. Now, you may be wondering, what measures are currently displaying on *Hospital Compare*? The answer is on the next slide.

For your reference, this table can be found in the Fiscal Year 2019 IPPS/ LTCH PPS Final Rule on page 41623. Please note that, due to space limitations, the footnotes are not visible. So, just to review the measures already in place for public display, in the December 2016 *Hospital Compare* refresh, the five Oncology Care Measures and the HCAHPS Survey data were publicly reported for the first time. You will note that on this particular slide, the one OCM retained in the PCHQR Program is listed. You may recall that in the fiscal year 2019 final rule that four of the five OCMs were finalized for removal from the program, beginning with calendar year 2019 encounters. The OCMs and HCAHPS Survey data will

appear in the upcoming February 2019 refresh of *Hospital Compare*. EBRT, or External Beam Radiotherapy for Bone Metastases, was publicly reported for the first time in 2016. This data will also appear in the upcoming February 2019 refresh of *Hospital Compare*. CLABSI and CAUTI public reporting continues to be deferred, as relayed in the fiscal year 2019 final rule. CMS continues to monitor and collaborate with the CDC [Centers for Disease Control and Prevention] on the deferment of these measures. The remaining HAIs—SSI, MRSA, CDI, and HCP—per the fiscal year 2019 final rule, will be publicly reported as soon as practicable. An important point to make is that the three CST measures finalized for removal, beginning with the fiscal year 2020 program year, do not appear on this table but data for these measures will still appear on *Hospital Compare* until no longer required. This will be more clear on the next slides as each refresh is outlined, including the data that will be displayed. Next slide, please.

This slide displays the measures and associated quarters for the schedule of upcoming *Hospital Compare* releases through October 2019. This is another great resource tool to keep handy to stay on track with what data will be displayed for your facility on *Hospital Compare* with the respective release, which occurs every April, July, October, and January, with the exception of this year's refresh occurring in February, beginning with the CST measures, and PCH numbers -1, -2, and -3. These are also known to you as the chemo measures and the hormone therapy measure. In February 2019, quarter four 2016 through quarter three 2017 will be displayed for the colon and breast chemo measures. In the same refresh, the hormone therapy data, keeping in mind that it trails by two quarters, quarter two 2016 through quarter one 2017 will be displayed. These measures are updated on a rolling quarter basis with the oldest quarter rolling off and a new quarter being added. So, we see the April 2019 refresh will be quarters one through four 2017 for the chemo measures. By now, this should be a fairly familiar concept to you. This table also clearly depicts the schedule for the CST measures that we discussed on the previous slide. You should note that the four full quarters of data, specifically quarters one through four of 2017, with quarter four 2017

being the last required CST data to be submitted. For PCH-1 and PCH-2, the data will be displayed in April 2019. Therefore, that will be the last time these measures are displayed on *Hospital Compare*. They will no longer appear or be published on *Hospital Compare*, as of July 2019. Furthermore, PCH-3 will continue to be displayed through October 2019, which will be its last public display. Then, these data will no longer be published on *Hospital Compare*, as of January 2020. HCAHPS is also refreshed with each update on *Hospital Compare* with the same rolling-four-quarters concept. For the upcoming refresh, data posted are for quarter two through quarter four 2017 and quarter one 2018. Keeping in mind that the OCMs and EBRT are only reported by the PCHs once annually, all four quarters of data are refreshed at one time. The OCMs will have the 2017 performance data posted in February 2019. Then, in January 2020, this will be replaced with the 2018 performance period. For EBRT, as you may recall being that public reporting was finalized for summer of 2016, the first posting was in July of 2017 for the 2015 performance data. So, now in February 2019, the 2017 performance data for EBRT will be published, which puts it in sync with the OCMs for a January refresh. Also, please keep in mind that on the PCHQR Program page under the Resources and Tools link on *QualityReportingCenter.com* [and] the Public Reporting link under the PPS-Exempt Cancer Hospital tab on *QualityNet.org*, there is a *Hospital Compare* preview report resource section that is updated with each release. There you can find the *Hospital Compare* preview quick reference guide and help guide. Next slide, please.

We will now take a look at the updates that will appear on *Hospital Compare* for the February 2019 refresh and briefly touch on what's ahead with public reporting for the PCHQR Program. Although the testing environment for the February 2019 refresh was not available at the time these materials were being prepared, our public reporting team members assisted me by providing screenshots of what you should expect to see when the refresh goes live. As stated earlier, the February 2019 *Hospital Compare* refresh is scheduled to occur on February 13. As a reminder, subscribers to the PCHQR Program ListServe notifications will receive an email on this day. Next slide, please.

Here is a quick overview of the measures and associated quarters that will be displayed on *Hospital Compare* for the upcoming February 2019 refresh. So, let's look at where this particular PCH data will be displayed on the *Hospital Compare* website. Next slide, please.

This is the main entry page for *Hospital Compare*. The publicly reported data for the PCHQR measures can be viewed by clicking on the link in the zoomed in red square on the slide. Note that you will see "Updated February 2019." Clicking on this link will take you to what we refer to as the landing page for the PCHQR Program displayed on the next slide.

This page contains a brief overview of the PCHQR Program and a list of the categories the measures currently reported fall under. Due to space limitations, I was unable to capture the full page. So we will look at the bottom portion of this page on the next slide.

As a continuation from the previous slide, the dates in this table, as denoted in the red rectangle, reflect the applicable quarters for the CST measures as outlined on this slide. These dates are updated with each refresh for your information so that you are aware of the data reporting periods for the PCHQR measures. This table, to include measure names and reporting periods, is available for each PCHQR measure that applies for the current refresh, and, then, directly under the list of measures, is a Socrata table that contains the actual data available for the most current refresh of *Hospital Compare*. Next slide, please.

From the PCHQR Program landing page, you are also able to access data details by clicking the link on the left-hand side of the page, as shown by the red box on this slide. This page provides data details and a more in-depth look into the metrics displayed on *Hospital Compare*. Next slide, please.

Once you click the Data Details link, the data details for all measures publicly reported under the PCHQR Program are available to view. They fall into three categories: the CST measures, which are captured on this slide; the OCMs; a clinical effectiveness measure, or EBRT; and the

HCAHPS Survey data. For the CST measures, as depicted here, the details include a description of the measure, the numerator statement, and the denominator statement. The other measures on the page included additional information, such as definitions and links to other resources that provide helpful information. Next slide, please.

As I mentioned earlier, the fiscal year 2018 IPPS LTCH PPS final rule finalized the removal of the three CST measures from the PCHQR Program, which impacts the public display of this data. The colon and breast data [were] last reported by you on August 15, 2018, and the hormone data will be reported for the last time on February 15, 2019. As it relates to public reporting, the data will no longer be reported after four quarters of data have been displayed. Therefore, as listed on this slide, the last refresh and display of the colon and breast data will be April 2019, which will contain quarter one through quarter four 2017 data. These two measures will be completely removed and will not be publicly displayed, effective for the July 2019 refresh. For the hormone data, quarter one through quarter four 2017 data will be refreshed in October 2019 and will be removed, effective for the January 2020 refresh. The last point to make here is that anticipated PCHQR Program public reporting updates may include the HCAHPS Survey pain questions and the claims-based measures, which are the Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy, the four end-of-life measures, and the newly adopted 30-Day Unplanned Readmission for Cancer Patient measures. These updates will be specified in a future final rule publication. As the support contractor, each year we provide an extensive overview of the proposed and final rule publications along with any impacts to the PCHQR Program. Next slide, please.

For your convenience, I have placed some of the public reporting resources, and referenced others, that we have discussed throughout today's presentation on this slide. The provided hyperlinks will take you directly to the page that is referenced. Next slide, please.

We will conclude today's event by reviewing important program dates and reminders on the next series of slides.

The next PCHQR Program educational event is tentatively scheduled for Thursday, February 28, 2019. This webinar will focus on calendar year 2019 reporting requirements. As always, you will receive ListServe communications, which will provide more details about this webinar in advance. Regarding the program's upcoming data submission deadlines, the CST and HAI data are due Friday, February 15, 2019, which includes quarter four 2017 CST hormone data and quarter three 2018 HAI measure data for CAUTI, CLABSI, SSI, MRSA, and CDI. Then, quarter four 2018 HCAHPS Survey data is due Wednesday, April 3, 2019. Earlier this month, specifically on January 11, those who are subscribed to the PCHQR Program notification distribution list should have received a ListServe regarding the CMS-granted exception for the PCHs impacted by the California wildfires. The affected counties, designated by the Federal Emergency Management Agency, or FEMA, were included in this communication. This exception applies to the following data submission deadlines: November 2018 submission deadlines for CST and HAI; February 2019 submission deadlines for CST and HAI data, which is upcoming; the January 2019 HCAHPS submission deadline; and the May 15, 2019 submission deadline for the Influenza Vaccination Coverage Among Healthcare Personnel, or HCP measure. Please keep in mind that CMS is closely monitoring the situation for future potential widespread catastrophic events and will update the exception list soon after any events occur in the future. This specific communication can be found on the PCHQR Program page on *QualityNet* under the email notifications header. To sign up for these and other notifications, you can find the link on the *QualityNet* home page. Next slide, please.

This slide provides important public reporting information, which is always subject to change. As stated earlier and throughout today's presentation, the February *Hospital Compare* refresh is scheduled to occur on Wednesday, February 13. The data listed on this slide is that which will be publicly displayed. Then, in April, the preview period is tentatively scheduled to open February 7 and close March 8, and the *Hospital Compare* refresh is tentatively slated to occur April 24, 2019. As we get

closer to the preview periods and refresh dates, we will notify you of the exact dates via ListServe communications. Next slide, please.

If you have a PCHQR Program-related inquiry, you are always welcome to submit your inquiry using the *QualityNet* questions-and-answers tool. By clicking the link denoted on the slide by the red box, you will be taken to the appropriate page to start the process. If it is your first time using the tool, then you will be required to complete a one-time-only registration process. Before I turn the presentation over to Deb Price to review the continuing education process, I would like to address some questions received, as time allows. Please remember that, if I am not able to address your question, the response will be posted on *QualityNet* and *Quality Reporting Center* websites at a later date. Next slide, please.

Our first question is: Can you export measure data in Excel or is it only in a PDF format? Currently, PDF is the only format available for exporting and printing. There are plans to enhance the export function to make it more user-friendly. As more functions and features become available, we will be sure to keep you informed. Next question: In the past, there was a 30-day window to correct errors identified in the preview report. Is this opportunity still available with Next Generation? So, the purpose of the preview report is to show you what will be publicly displayed on the *Hospital Compare* website and not for the correction of errors. The data submitted by a provider should be reviewed and corrected prior to the data submission deadline. If there is an error or errors identified after the submission deadline, unfortunately, it will not be able to be changed or corrected. The expectation is that you, as the provider, will review and correct the data prior to the submission deadline, since no corrections are allowed once the deadline has passed. Please keep in mind, though, that the preview period is still 30 days. Next question: Will the preview data be available at any time in the future and not just during the preview period? Correct. With the upcoming preview period for the April 2019 *Hospital Compare* release, you will have the option to view the February 2019 data for public reporting. This and future periods data will be on the user interface and will not go away at the end of the preview period. However,

if you do need older preview reports, you can request them via the *QualityNet* question-and-answer tool. That is the process that I just reviewed on the previous slide, as you have done in the past. Again, the HQR Next Generation User Interface will only contain the February 2019 release and forward. Our next question is: For the PCHQR Program, when will the help guide and quick reference guides become available? The PCHQR Program help guide and quick reference guides are always available on *QualityNet* and *Quality Reporting Center*. However, they are both updated on a quarterly basis with the refresh of preview data. So, on *QualityNet*, you can visit the PCHQR Program public reporting page and, on *Quality Reporting Center*, you can visit the PCHQR Program Resources and Tools page to find these references. Next question: When is *Hospital Compare* updated and when is the preview period? So, *Hospital Compare* is updated generally in January, April, July, and October annually. This year, the January 2019 refresh has been delayed until February, but we anticipate that, in 2020, the refresh will occur again January and then April, July, and October. Customarily, we send a ListServe announcing the start of the preview period. For the April 2019 refresh, please refer to slide 40—and we will show that now—which displays a tentative timeline. As you see on this slide, it includes the preview period date range and the *Hospital Compare* release date. So, again, please keep in mind that the ListServe you receive will provide more definitive information and any changes will be communicated otherwise. You are encouraged to sign up for these communications on *QualityNet*.

Next question: Where can I send questions related to data on *Hospital Compare*? You can send an email to *HospitalCompare*—all one word HospitalCompare@lantanagroup.com or you can submit your inquiry via the *QualityNet* question-and-answers tool. As I mentioned earlier, if you are using the questions-and-answers tool for the first time, there is a required one-time registration process that will need to be completed. Okay, thank you for your questions and this wraps up our question-and-answer session. Please remember that, if your question was not answered during this time, all questions and answers will be posted on *QualityNet*

and *Quality Reporting Center* at a later date. Deb, I will now turn the floor over to you to review the continuing education process. Deb?

Debra Price: Hi, everyone. Thanks for attending today's event and the presentation has been approved for continuing education credits by the boards listed on this slide. And, if your board is not one of those boards listed, you can forward the certificate to your own board and see if they accept this certificate across state lines. Now, you can always reach out to me if you have issues.

There are three easy steps for completing your credits. The first step: Complete the survey at the end of this event. It will automatically pop up. The second step: Register, either as a New User or an Existing user, on our HSAG Learning Management Center website. And the third step: Print out your certificate from the website. One precaution for everyone is that this is a separate registration than the one that you used to get into the ReadyTalk and the webinar. And also, we prefer that you use your personal email because your healthcare emails have blocks that seem to be blocking our automatic links.

Okay, this is what will pop up at the end of our slides. It's the bottom of the survey. And what you do is you finish the survey and click that grey button on the right-hand bottom that says Done.

And this page will pop up. You note that there are two green links. The first one is the New User link and please use that, if you have had any kind of issues before, or if you are a New User. The second link is the Existing user link. Use that if you haven't had any issues before.

And depending on the link that you clicked on, you will be taken to one of these screens. For the New User screen on the left, use your personal email and the personal phone number. If you've had any problems getting your credit, please go back and use this New User screen. The Existing user screen on the right is for you to complete if you haven't had any problems with past events. Your complete email is the username and that includes whatever is after the @ sign. Okay, and now I'm going to pass

the ball back to your team lead. Thank you for taking the time spent with me.

Lisa Vinson: In closing, thank you for time and attention during today's event. Please enjoy the remainder of your day. Thank you.