IPFQR Program 101 and New Measure Review

Presentation Transcript

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Evette Robinson: Hello, everyone, and welcome to today's IPFQR Program Webinar. My name is Evette Robinson, and I am the Inpatient Psychiatric Facility Quality Reporting Program project lead with the Hospital Inpatient Value Incentives and Quality Reporting, or VIQR, Support Contractor. In attendance with us today, from CMS, is Dr. Jeff Buck, the CMS lead for the IPFQR Program. Before we delve into today's webinar titled, *IPFQR Program 101 and New Measure Review*, I would like to cover a few housekeeping items. As many of you know, the slides for this presentation were posted to the *Quality Reporting Center* website prior to the event. This session is being recorded, and the slides, transcript, webinar recording, and questions and answers from this presentation will be posted on the *Quality Reporting Center* and *QualityNet* websites at a later date.

Here is a list of the acronyms that will be referenced in today's presentation.

The purpose of today's presentation is to provide an overview of the IPFQR Program, as well as review various resources pertaining to specifications for the following measures: Transition Record with

Specified Elements Received by Discharged Patients; Timely Transmission of Transition Record; and Screening for Metabolic Disorders.

By the end of today's presentation, attendees will be able to: describe an overview of the IPFQR Program; interpret and meet the current IPFQR Program requirements for the FY 2017 payment determination year; as well as identify resources that are pertinent to the specifications for the measures that IPFs will begin to collect on July 1 of this year.

So, we will begin with a brief overview of the IPFQR Program. As described on this slide, the IPFQR Program was established by two sections of the Affordable Care Act, which amended the Social Security Act to add Section 1886(s)(4), and the program was implemented on October 1 of 2012 as a CMS pay-for-reporting program. This program is intended to encourage IPFs and clinicians to improve the quality of inpatient care, and the program collects aggregate facility-level data but not patient-level data.

This slide gives you an overview of the definition of IPFs, the billing designations pertinent to the program, as well as what is used to define eligibility for participation in the IPFQR Program. Stated here, of course, IPFs can be freestanding psychiatric hospitals or they can be a psychiatric unit within an acute care or critical access hospital. And those designations are identified through the facility's CCN or CMS certification number. These facilities bill to the IPF Prospective Payment System and their CCNs fall into one of the three categories that are described here under that second bullet of the slide. Freestanding facilities – the last four digits of their six-digit CCN will end between 4000 and 4499. When an acute care facility has an IPF that bills through IPF PPS, the S is found in the third position of the CCN instead of a zero. And for the IPF units within a critical access hospital, the letter M replaces the number one in the third position of the CCN. CMS uses the quarterly IPF provider-specific file to determine program eligibility. And, as you can see from the chart on this slide, we have a total of about 1,656 facilities

that have been identified as eligible to participate in the program, the majority of which, or about 63 percent, are part of an acute care hospital; about a third of them are freestanding facilities; while 4 percent are part of critical access hospitals.

As we prepare for the upcoming data submission period, I would like to spend the next few minutes reviewing the requirements for the IPFQR Program.

In order to participate in the IPFQR Program and obtain full annual payment update, or APU , for the fiscal year 2017 payment year, an IPF must meet the following requirements by August 15 of 2016, unless otherwise noted: first, an IPF must maintain at least one active *QualityNet* Security Administrator, though we do recommend at least two; an IPF must have a pledge status of "Participating" in the IPFQR Notice of Participation; the IPF must meet the two annual data submission deadlines, the first of which is for the Influenza Vaccination Coverage Among Healthcare Personnel measure or the HCP measure. That deadline was originally May 15. However, for this year, it was extended to June 15. The remaining IPFQR Program measures must be submitted by August 15, and those measures include HBIPS-2, -3, -5, -6, and -7; SUB-1; IMM-2; TOB-1, -2, and -2a; Use of Electronic Health Record, and Assessment of Patient Experience of Care.   And, finally, the last requirement to receive full APU is that IPFs must complete the Data Accuracy and Completeness Acknowledgment Form by the August 15, 2016 deadline.

All users requesting access to the *QualityNet Secure Portal* must be individually approved and verified. This mandatory registration process is used to maintain the confidentiality and security of healthcare information and data transmitted via the *QualityNet Secure Portal*. The process begins with a registration for a *QualityNet* account.

The *QualityNet* Security Administrator facilitates the registration process for other users at the organization. Typically, an organization designates

two security administrators. That way, in case one SA is unavailable, the other can meet requirements or assist users at the organization with the registration process. You can see the *Security Administrator Responsibilities* for a more complete list of duties as found on the *QualityNet* website. Providers submitting data or using a vendor to submit data on their behalf and those providers accessing the secure reports via the *QualityNet Secure Portal* are required to designate a security administrator. All other registered *QualityNet* users in an organization are considered basic users. Joint-commissioned certified performance measurement systems or other third party data submission vendors that wish to transmit data via the *QualityNet Secure Portal* must also register for a *QualityNet* account. You should contact the *QualityNet* Help Desk to obtain a vendor ID and initiate the registration process if you are a data submission vendor. If you represent a healthcare system comprising multiple providers, then we also advise that you contact the *QualityNet* Help Desk to initiate registration for a *QualityNet* account, if you do not already have on in place.

Eligible IPFs must pledge a status of "Participating" in order to meet the Notice of Participation requirement for the IPFQR Program. Newly eligible facilities have 180 days from the Medicare accept date that is noted on their letter from CMS to submit an NOP for the IPFQR Program. IPFs can begin collecting measure data immediately after pledging to participate. However, it is recommended that data collection begin no later than the quarter following the NOP pledge date. Once a participation status is selected, the status is automatically carried forward year after year in the *QualityNet Secure Portal*.

IPFs that pledge a status of "Non-Participating" are still subject to the IPFQR Program requirements and will be subject to a 2-percentage-point reduction to the annual payment update until all program requirements are met. IPFs that become ineligible to participate in the IPFQR Program as a result of termination of the IPF-specific CCN should contact the VIQR support contractor at ipfqualityreporting@hcqis.org for guidance on next steps. An IPF may become ineligible to participate due to a number of

reasons, such as closure of a unit or facility, conversation of beds from IPF PPS to another billing system, or involuntary termination. Again, if your facility falls into one of those categories or, for some other reason, becomes ineligible to participate in the program, we ask that you contact the VIQR Support Contractor at the email address listed on this slide.

Now that we've addressed the Security Administrator and Notice of Participation requirements for the IPFQR Program, let's talk about some of the general data collection and reporting requirements. Per the FY 2016 IPF PPS Final Rule, IPFs are no longer required to report data by quarter or by age strata. That's beginning with the data that is collected in calendar year 2015. The data collected by IPFs during the 2015 calendar year will be reported to CMS this year, in 2016, and impact the FY 2017 payment determination. IPFs are required to report data to CMS on 12 measures for the FY 2017 payment determination year. CMS will calculate the rate for the 13th measure of the program, the Follow Up After Hospitalization for Mental Illness measure, which is a claims-based measure.

This slide and the one that follows list the measure for which data will be reported to CMS by IPFs this year for the Fiscal Year 2017 payment determination, as well as the subsequent year. You will note that the measure type and whether or not sampling is allowed for the measure is indicated on both of these slides.

Again, this is a continuation of the previous slide indicating those measures for which IPFs are responsible for reporting data to CMS. And it also indicates, again, the measure type and whether or not sampling is allowed for the measure.

IPFs will have two options from which to choose with respect to reporting measure data for the FY 2017 payment determination year. Option one is that IPFs may choose not to sample and, thereby, report all measure data values, or the second option is that they may choose to sample according to the guidelines described in the manuals referenced on this slide. Note

that sampling is not allowed for HBIPS-2, HBIPS-3, and the Influenza Vaccination Among Healthcare Personnel measures.

At this time, I'll review several of the commonly-asked questions we received about the IPFQR program in sort of a Q&A format.

One of the most commonly-received questions that we receive is regarding benchmarks. "What benchmarks are available for the IPFQR Program measures?" At this time, there are no benchmarks available for any of the measures in the IPFQR Program. But, we do note that the HBIPS-2 and -3 measures – lower rates do indicate better performance whereas higher rates indicate better performance for the other measures.

We also received questions pertaining to temporary closure of an IPF due to renovation. So, for example, "If our IPF currently participates in the IPFQR Program but closes temporarily for renovation, are we exempt from meeting the IPFQR Program requirement?" And the answer is no. During temporary closure of an IPF for renovation, the IPF is not expected to collect data given that no inpatient psychiatric services are being rendered at that time. However, the IPF is expected to collect data leading up to and following the end of the closure period, as well as meet other – all other program requirements in order to receive full APU for the payment determination year in question.

When it comes to accessing the IPFQR Program information on the *QualityNet Secure Portal*, we commonly receive this question, particularly from the IPFs that are housed within acute care or critical access hospitals, "Our IPF is part of a critical access hospital and the CCN for our IPF unit has M in the third position. When I log into the *QualityNet Secure Portal* and try to view the Notice of Participation, submit data or run reports, I do not see a place to enter this IPF CCN. What should I do?" Now, the answer is that the *QualityNet Secure Portal* is currently designed to accept only numeric CCN values. So, when you log in to the system, you should be able to see that your account is associated with the numeric CCN of the main hospital. From there, you should be able to access the various

modules by program. And the same would apply for an IPF that is part of an acute care hospital. If you find that you do not have the option to select IPFQR, NOP, or IPFQR reports, et cetera, then contact the *QualityNet* Help Desk to request access to those areas of the QualityNet Secure Portal, and please be sure to copy the VIQR support contractor at the ipfqualityreporting@hcqis.org email address.

"Do all IPFQR Program measures allow sampling, and is sampling required?" No, as we reviewed in a previous slide, not all IPFQR Program measures allow sampling. We ask that you refer to Section 2, Measure Specification under the Data Submission section of the IPFQR Program Manual for tables that list the measures that do and do not allow sampling for the FY 2017 and FY 2018 payment determination years. And "Is sampling required?" No, IPFs are not required to sample measure data. It is optional.

Another commonly-asked question is regarding reporting of the IPF HCP vaccination measure data. A question we commonly receive is "Our IPF is part of an acute care hospital or critical access hospital that has been reporting the HCP measure data for the entire hospital to the CDC for years. If we include our numbers with those of the main hospital, will that count toward meeting the HCP measure data submission requirement for the IPFQR program?" And the answer is no. In order for an IPF to receive credit for HCP measure data submitted to the CDC, it must submit the data separately from the main hospital if that IPF unit is part of an acute care or critical access hospital. We ask that you refer to the description of this measure in the IPFQR Program Manual for helpful links pertaining to the NHSN enrollment and HCP vaccination measure data submission processes for IPFs. Also, as referenced on this slide, in Section 9 or the Resources section of the manual, there are links that will take you to the *Quality Reporting Center* and *QualityNet* websites where we have several resources listed and available for your download – for you to download.

Now, when looking at *Hospital Compare* preview reports versus other reports that are housed within the *QualityNet Secure Portal*, we have received this question, which is, "Why does my *Hospital Compare* preview report display data differently, i.e., with more decimal places, in comparison to data in the IPF Provider Participation Report and facility, state and national reports that I run in the *QualityNet Secure Portal*?" The *Hospital Compare* preview report is required to display a marginally higher degree of precision than the IPF Provider Participation Report and the facility, state, and national reports are required to display. The data are displayed accurately in both – all three reports, and the difference in the decimal precision is accurate within the context of each of those reports.

We have also received several questions about the new measures and the HBIPS-6 and -7 measures that we are retiring. This table summarizes responses along the lines of those questions, such as abbreviations, new versus retired, and the measure developers of the measures. The Transition Record with Specified Elements Received by Discharged Patients and the Timely Transmission of Transition Record measures are not HBIPS measures. HBIPS measures, such as HBIPS-2, -3, et cetera, were developed by The Joint Commission, while the Transition Record Measures were developed by the Physician Consortium for Performance Improvement of the American Medical Association. While these newer measures replaced HBIPS-6 and -7, they were not developed by the same entity nor is there a comparable acronym or abbreviation available from the measure developer to describe those new measures at this time. The Screening for Metabolic Disorders measure is also not an HBIPS measure as it was developed by CMS and not The Joint Commission. And like the two transition record measures mentioned a moment ago, the Screening for Metabolic Disorders measure also does not have an abbreviation or acronym at this time.

Now, we will review the updates to the IPFQR Program Manual, as well as optional paper tools pertaining to the new measures that were just mentioned on the previous slide which we presented to you on January 21 of this year in the *New Measure and Non-Measure Reporting Part Two*

webinar. We will also share with you updates to the Non-Measure Data Collection Tool.

This slide highlights several of the updates that were made to the IPFQR Program Manual to address questions received about the new measures, specifically, the Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record measures. We have refined the definitions of terms for those two measures, which can be located in Section 2, Measure Specification. We've also added an Appendix B, in which you can find a Psychiatric Advance Directive example, as well as general information about a Psychiatric Advance Directive. In Appendix C, you can find an algorithm to identify the initial patient population for the transition record measures. And in Appendix D, you will find lots of information pertaining to the Screening for Metabolic Disorders measure, including specifications within a Measure Information Form, an algorithm, and a data element dictionary.

In addition to the manual updates highlighted on the previous slide, there are a few new paper tools available, including a data collection tool for compliance with the Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record measures; a paper tool for the Screening for Metabolic Disorders measure; and, also, the Non-Measure Data Collection Tool has been updated to include some additional information.

In the next several slides, we will review the specific revisions that have been made to the definitions of various terms pertaining to the transition record measures in the IPFQR Program Manual. Some of the modifications that will be reviewed have been made in response to questions or comments received from the IPF community, and we hope that this additional information will provide the clarification requested regarding these measures. You will note in the subsequent slides that updates to the terms are indicated in bold italics font.

The definition of the 24-hour/7-day contact information element has been updated to include the name and contact information for a physician, healthcare team member, or other healthcare personnel who have access to medical records and other information concerning the inpatient stay and who could be contacted regarding emergencies related to the stay. This definition has also been updates to clarify that 800 numbers, crisis lines, or other general emergency contact numbers do not meet this requirement unless personnel have access to the medical records and other information concerning the inpatient stay.

As a reminder, the Advance Directive data element is designed as a written signed statement that details the patient's preferences for treatment should the patient be unable to make such decisions for him or herself, whether that incapacitation is due to psychiatric or non-psychiatric reasons. The definition has been updated to include that the statement will inform others about what treatment the patient would or would not want to receive from psychiatrists and/or other health professionals concerning both psychiatric and non-psychiatric care. And, as a reminder, an Advance Directive must be compliant with state laws for the state in which the patient received care.

In the IPFQR Program Manual, we've added a brief description of the Patient Self-Determination Act of 1990 in the definition of the term "Advance Directive." This is a federal law that requires healthcare providers to advise individuals of their right to accept or reject medical treatment and their right to make an Advance Directive or written instructions about their treatment in case they become incapacitated. Decisions to accept or reject life-sustaining treatment must be made voluntarily by a competent and informed patient or, if the patient is incapacitated, by another appropriately informed individual acting on the patient's behalf.

As I mentioned earlier, in the Appendix of the IPFQR Program Manual, we included a section called *Psychiatric Advance Directive*. This includes a general description and some common components of a Psychiatric

Advance Directive as well as an example of a Psychiatric Advance Directive. A screenshot of the first page of the example Psychiatric Advance Directive is shown on this slide. Note that this is provided for informational purposes only. It should not be used unless modified by the IPF, and it is not meant to substitute for an existing Advance Directive.

Now, additional clarification on the element associated with the Advance Care Plan is now provided in the IPFQR Program Manual; specifically, the Advance Directive or Surrogate Decision Maker Documented or Documented Reasons for Not Providing Advance Care Plan Element of the Transition Record with Specified Elements Received by Discharged Patients Measure does not require that all patients have Advance Directives. However, if a patient does not have Advance Directives or a Surrogate Decision Maker, a reason must be documented. IPFs are expected to provide patients the opportunity to complete both types of Advance Directives prior to discharge to the extent allowable by law in the state in which the IPF resides. Copies of Advance Directives do not need to be transmitted to the follow-up provider, and the patient need not create Advance Directives to satisfy this element of the transition record measure.

The definition of the term "**Current Medication List**" has been updated to include the text in bold italics on this slide, which addresses a question that we received concerning how to best document intended duration for those medications that a patient will take indefinitely. As stated on this slide and in the Program Manual, a generalized statement such as a blanket statement that the patient should continue the medication until told to stop would be acceptable or routine medication. The requirement for a list of medications with which the current medications may react has been removed.

The term "Discontinued Care" has been added to the list of defined terms for the transition record measures and now includes Elopement as well as Failure to Return from Leave, as defined here on slide 40.

A plan for Follow-Up Care describes treatment and other supportive services to maintain or optimize patient health. The plan should include post-discharge therapy needed; any durable medical equipment needed; family, psychosocial, outpatient resources available for patient support; self-care instructions, et cetera. The plan should be developed with consideration to the patient's goals of care and treatment preferences. Note that this definition has been updated to remove the expectation to include dates, times and contact information for appointments for follow-up care.

Although we initially indicated that tobacco and alcohol use should be included in the Transition Record, and we still believe it is important information to include, we know longer include it in the definition of the term "Transition Record." Consequently, you will note the removal of reference to tobacco and alcohol use as it relates to the data elements to be described in the Transition Record. Also, note the additional text here pertaining to providing the Transition Record in electronic format after all components of the record have been discussed with the patient, surrogate decision maker, or receiving facility.

The revised definition for the term "transmitted" now includes the transmission of a transition record by mail. In addition, if the follow-up healthcare professional has access to the electronic health record, or EHR, of the discharging facility, then this must be documented as the transmission method. Moreover, it is acceptable for the discharging facility to provide a hard copy of the Transition Record to the personnel transporting the patient to the receiving facility. In all cases, the time and method of transmission must be documented.

As mentioned on an earlier slide, an initial patient population algorithm for the Transition Record Measures is located in Appendix C of the IPFQR Program Manual. After identifying the cases discharged from the IPF, measure abstractors would use the codes listed in the algorithm to determine the initial patient population for the Transition Record Measures.

Now, we will review the specifications that have been added to the IPFQR Program Manual regarding the Screening for Metabolic Disorders measure.

The Measure Information Form, or MIF, for the Screening for Metabolic Disorders measure includes the components that you may be accustomed to seeing in the HIQR Specifications Manual. These components include a description and rationale for the measure, the numerator and denominator statement, data elements, included and excluded populations, the data collection approach, data accuracy, and sampling.

The algorithm for the Screening for Metabolic Disorders measure follows the MIF in the IPFQR Program Manual.

The algorithm covers two pages of the IPFQR Program Manual and is followed by a narrative.

The data dictionary for the Screening for Metabolic Disorders measure is structured in a manner that will be familiar to those of you who have reviewed the data dictionary of the HIQR or Joint Commission Specification Manuals. The format is similar in that it includes the data element name, definition, suggested data collection question, format, allowable values, notes for abstraction, suggested data sources, as well as inclusion and exclusion guidelines for abstraction.

Now, at this time, I would like to highlight some additional updates to the IPFQR Program Manual, as well as a couple of new and revised paper tools.

The next couple of slides provide updates to the Follow-Up After Hospitalization for Mental Illness, or FUH, measure. As we previously announced during the January 7 webinar event, problems encountered with the coding and calculation of the initial FUH measure results for this claims-based measure prevented them from being reported for the FY 2016 payment determination year. These problems are being corrected, and modifications to the calculation of the measure to improve its

usefulness for the program will be described in this and the subsequent slide. Specifically, the denominator includes admissions for patients that are discharged from an IPF with a principal diagnosis of psychiatric illness, patients that are discharged alive, patients that are enrolled in Medicare Parts A and B during the month of and at least one month after the index admission, and patients six years of age or older on the date of discharge. The denominator includes all Medicare beneficiaries, both dual and non-dual eligible.

This slide reviews the denominator exclusions. Specifically, the denominator excludes admissions for patients discharged during the 12th month of the measurement period, patients admitted or transferred to acute care facilities within the 30-day follow-up period for non-psychiatric diagnoses, patients admitted or transferred to non-acute care facilities within the 30-day follow-up period for any diagnosis, and patients who died during the 30-day follow-up period.

Another update to the IPFQR Program Manual is inclusion of information pertaining to the identification of the initial patient population for all measures. The process for identifying the initial patient population is more clearly described in Section 2: Measure Specifications portion of the IPFQR Program Manual.

An optional abstraction tool or checklist was developed to encourage compliance with the Transition Record with Specified Elements Received by Discharged Patients and the Timely Transmission of Transition Record measures. This tool can be placed in the patient's medical record to help satisfy measure requirements.

An optional abstraction tool was also developed for the Screening for Metabolic Disorders measure. This tool can be used to determine the numerator and denominator values for the measure which will be aggregated for submission to CMS via the Web-Based Data Collection Tool. As a reminder, data collection for this measure, as well as the two transition record measures, will begin July 1 of this year, and the data

captured during the July 1 through December 31 2016 timeframe will be submitted to CMS by IPFs during the summer of 2017.

The Non-Measure Data Collection Tool is now available in fillable form, meaning that upon downloading the PDF file, one can type directly into the tool and save the file. It also includes more detailed instructions, as well as links, pertaining to the CCS and ICD-9 and ICD-10 crosswalks.

Another notable update to the IPFQR Program Manual is the inclusion of screenshots of the *QualityNet Secure Portal* Data Submission pages for the FY 2017 IPFQR Program data submission period. More specific details about the data submission process will be provided in an upcoming webinar.

Next, we will review helpful resources specific to this webinar and the IPFQR Program in general.

This is a screenshot of the qualityreportingcenter.com homepage where you can hover over the word "Inpatient" and, then, below IPFQR Program, select [Resources and Tools]. There, you will find the revised IPFQR Program Manual and paper tools referenced during this webinar available for download. I would also like to point out that the [Upcoming Events] button listed just below the IPFQR Program link on this screenshot is where you can go to find out about upcoming webinars, and in the Archived Events section, you will find webinar materials from past educational webinars, including: slides, presentation recordings, and question-and-answer transcripts.

This is a screenshot of the *QualityNet* homepage, where you can hover over the [Inpatient Psychiatric Facilities] button and see a menu of web pages by topic. The revised IPFQR Program Manual and paper tools will be posted to the [Resources] page soon.

This slide includes active links that you can click on to send us your questions about the IPFQR Program. 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 it 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 also recommend that you sign up for the IPFQR Program ListServe, if you have not already done so, so that you can receive communications that we send out to the IPFQR community pertaining to webinars, program updates, and other announcements. You can sign up to be added to the ListServe on the *QualityNet* ListServe registration page. Remember to keep the VIQR Support Contractor informed about key personnel changes, such as changes in leadership at the CEO or administrator level, as well as any other quality reporting contacts. The best way to send us updates of this nature is to send a completed Hospital Contact Correction Form via secure fax. The Hospital Contact Correction Form is located on the qualityreportingcenter.com website, where you will click on [Inpatient], then[Resources and Tools], and the form is the first item listed on that page. We encourage you to utilize all available resources found on the *Quality Reporting Center* and *QualityNet* websites to ensure appropriate knowledge of the IPFQR Program requirements and deadlines.

As previously mentioned, future webinars will be posted on the Events Calendar page found on the *Quality Reporting Center* website. Information about these upcoming webinars, again, can be accessed from the qualityreportingcenter.com homepage under the Event Calendar. And, of course, again, we encourage you to sign up for the IPFQR Program ListServe so that you may receive notifications of these upcoming events and other program-related topics directly in your email inbox. We plan to present the next educational webinar in early July. In preparation for the summer data submission period, the topics for the July webinar will cover the keys to successful data submission, as well as meeting other program requirements prior to the August 15 deadline. Again, we strongly recommend that all attendees sign up for the IPFQR Program ListServe to ensure that you receive notifications about these events and also monitor the events calendar on the *Quality Reporting Center* website for updates, registration flyers, and links to webinar slides.

All questions received via the Chat tool during today's webinar will be reviewed, and a Question and Answer transcript will be made available in approximately 10 business days. To maximize the usefulness of the Questions and Answers transcript, we will consolidate the questions received through the Chat feature during this event and focus on the most important and the frequently-asked questions. To obtain answers to questions that are not specific to the content of this webinar, we do recommend that you refer to the IPFQR Program Manual, the *QualityNet* Q&A tool, or call the Hospital Inpatient VIQR Support Contractor at 866.800.8765. And, 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 credits.

We now have an online CE Certificate process. You can receive your CE Certificate two ways: first way, if you register 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 will notice at the bottom right-hand corner a little gray 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 is 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 are going to be getting another link in another survey sent to you within 48 hours.

Okay, this is what the CE – 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 webinars and received CEs, 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. You notice you have a first name, a last name, and the personal email. And we are 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 am going to pass the ball back to your team lead to end the webinar and go over any questions that came in. Thank you for taking the time spent with me.

Evette Robinson: Thank you, Deb. And thank you, all, for joining us today. This concludes the *IPFQR Program 101 and New Measure Review* webinar. Thank you for your attention.

END