Inpatient Psychiatric Facility Quality Reporting Program

Support Contractor

IPFQR Program Public Reporting and Fiscal Year 2016 Measure Results Review

Presentation Transcript

Moderator/Speaker:

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Anthony Seabrook: Hello and welcome. I am Anthony Seabrook, and I will be your host for today's event. I am going to start off by covering a few introductory points. First being, the audio is available via streaming over the Internet. So, phone no line is actually required. If you have done this correctly, then you are probably listening to me via those computers speakers or headphones. However, if situations change, we do have a limited number of dial-in lines available for you. If that is the case, please send us a chat message through the chat window, and we will show you what that looks like in a few more slides, and one of us will provide that number to you. As always, this event is being recorded.

Invariably, during any webinar session, there are a couple of things or technical issues that can arise. We have identified two. The first is audio. If your audio starts to become spotty or starts breaking up or even suddenly stops, we suggest that you click the Pause button, wait five seconds, and then click the Play button. And that should resolve that problem.

The second issue that may arise is echo on the call. Now, hearing a bad echo may be subjective. But, if you start to hear an echo, this is usually because you have more than one connection to the event. At that point,

we suggest that you close all but one of the browser or tab windows. And that, too, should clear – should clear up the echo. And I would like to make that we are paying attention. You are not going to click the X or the close button at the very right side of the browser window. You want to make sure you are clicking the close button or the X for the duplicate window that may be open. Remember, we do have available dial-in lines if these technical issues persist.

Lastly, submitting questions: All our lines are on mute and you are in a listen mode only. But, you can submit questions, concerns or even comments via the chat window. As I am showing you here, the chat window, at the bottom left-hand corner or the screen where it says "Chat with presenter," simply type in your question or your comment or your concern and click Send. One of the subject matter experts will handle those questions pertaining to the Webinar. And if it is a technical issue, one of the technical representatives will respond to you as soon as possible. This concludes my portion of the introduction points, and I would like to turn the floor over to our first speaker.

Evette Robinson: Thank you.   Hello, everyone, and welcome to today's IPFQR Program Webinar. My name is Evette Robinson, and I am the Project Lead with the VIQR support contractor for the Inpatient Psychiatric Facility Quality Reporting Program. Today, I will be presenting our topic, *IPFQR Program Public Reporting and Fiscal Year 2016 Measure Results Review*. In attendance with us today from CMS is Dr. Jeff Buck, the Program Lead for the IPFQR Program. Before I proceed with today's Webinar, I would like to remind attendees that the slides for the presentation were posted to the Quality Reporting Center website prior to the event. If you did not receive the slides beforehand, please refer to the link that was provided in the chat tool by our chairperson earlier in the call. And, you may also go directly to the Quality Reporting Center website at www.qualityreportingcenter.com. On the right side of the homepage, you will find a list of upcoming events. Click on the link for this event, scroll down to the bottom of the page and, there, you fill find the presentation slides available for download. As previously mentioned, this session is

being recorded, and the slides, transcript, webinar recording and questions and answers from this presentation will be posted on the *QualityNet* and Quality Reporting Center websites at a later date.

The purpose of this presentation is to summarize the steps needed to access and review the April 2016 *Hospital Compare* Preview Reports and present the IPFQR Program's fiscal year 2016 measure results. By the end of this presentation, attendees will be able to access and interpret data displayed in the Public Reporting Preview Report, as well as understand the fiscal year 2016 measure results for the IPFQR Program.

Here is a list of acronyms that will be referenced during this presentation.

In the first part of today's webinar, I will describe public reporting as it pertains to the IPFQR Program. I will provide details about the *Hospital Compare* preview period, how to access the *Hospital Compare* Preview Report, as well as describe the layout and content of a sample Preview Report.

This slide describes a very brief history of public reporting. The requirements to publicly report data submitted for the IPFQR Program is described in Section 1886(s)(4)(E) of the Social Security Act. However, it was in the August 19, 2013 IPPS Final Rule that public requirements were finalized for the fiscal year 2014 payment determination year and beyond. In general, the data that is submitted under the IPFQR Program must be made available for review by IPFs prior to being publicly displayed.

The next *Hospital Compare* preview period is schedule to begin on Saturday, January 16, and end of February 14, 2016. We will be sure to communicate, via the Listserv e-mail for the IPFQR Program, the details around this particular preview period. And, the Preview Report will include IPFQR Program measure data that was reported from January 1, 2014, through December 31 of 2014. And the instructions on how to access the report and a brief summary of its contents can be found in the IPFQR *Hospital Compare* Preview Report Quick Reference Guide, which will be accessible on the QualityNet.org website via the link on this slide.

Again, this will be included in the announcement via a Listserv coming shortly – closer to the January 16 date.

Here is a screenshot of the IPFQR Program *Hospital Compare* Preview Report Quick Reference Guide for the April 2016 that was referenced in the prior slide. And, this guide will provide step-by-step instructions on how to access and view the reports. It lists the Preview Report content. It includes an explanation of footnotes that may be used in the report. And it includes contact information for the IPFQR Program support contractor should you have any questions about the Preview Report or about the program in general. Now, in the next several slides, I will review the step-by-step instructions on how to access, view and download the *Hospital Compare* Preview Reports in the *QualityNet Secure Portal*. This is to assist those participants who are new to the IPFQR Program, as well as – it will also serve as a refresher for those of you who have accessed the *Hospital Compare* Preview Report in prior years.

First, one will need to go to the QualityNet.org website, the link to which is included on this slide, and then, click on the login hyperlink on the right side of the screen, below the sub-header "Log in to *QualityNet Secure Portal*."

On the next screen, one will see a list of options under the header "Choose Your *QualityNet* Destination." You will need to select Inpatient Psychiatric Quality Reporting Program.

Next, in order to log in to the *QualityNet Secure Portal*, you must enter a *QualityNet* user ID, a password and a security code from the VIP Access Symantec Validation and ID Protection Program. Current *QualityNet* security administrators and users should already have the VIP Access program installed on your computer. If you have any questions or issues about that, please reference pages 40 through 42 of the IPFQR Program Manual. The manual is available on the *QualityNet* and Quality Reporting Center websites, and I will address that a bit later in the presentation. After entering in the user ID, password and security code, click the Submit button, and Terms and Conditions Statement will appear in a separate

window. You will need to select the button that says "I accept" in order to proceed.

Now, on the next few slides, we will review how to run the Preview Report from the *QualityNet Secure Portal*. So, from the *QualityNet Secure Portal* homepage, there will be menu items at the top of the page. And, as indicated by the number one on this slide, from the My Reports dropdown, you will want to select Run Reports. And, once you click that, a new screen will appear, and it will show you the option to select Run Reports as indicated by the number two on this slide.

Here, we have an example of the next screen that will appear in your web browser. In order to run the Preview Report, you will need to select IPFQR from the Report Program dropdown as indicated in box number three. Then, select Public Reporting – Preview Reports from the list in the Report Category dropdown menu as shown in box number four. Next, you will click on the View Reports button, and the selected report will display in the table below. In this example, you will see that it states no reports are available under the header Report Name. But, once you click on View Reports, the "No reports are available" text will be replaced by a hyperlink for the Public Reporting – Preview Report. Next, you will want to click the button for Run Reports.

Upon doing that, you will see a screen with four tabs. As you can see here, there is a Start tab, Run Reports tab, Search Reports tab, and a Favorites tab. You will – the screen will default to the Run Reports tab. And, this screen will appear confirming that the report request was submitted for processing. The next step is to click on the Search Reports tab at the top of the screen located between Run Reports and Favorites, or you can choose to select the Search Reports button that is highlighted in the bottom right of this slide.

The next screen that will appear will display the report status. A green check mark will display in the Status column on the left side of the screen when the report is complete and ready to be viewed or downloaded. Once it's complete, you can view or download by selecting one of the icons as

indicated on this slide. So, once you reach this point of viewing and downloading the Preview Report, what can you do with it? Well, the purpose of the Preview Report is to give IPFs the opportunity to review the measure data that will be publicly displayed on *Hospital Compare* in the next release. These data cannot be changed. And the next several slides will display screen shots from pages of a sample *Hospital Compare* Preview Report from the test environment. It will describe the layout – I will describe the layout and content of the sample report, and I will note some of the changes to the report compared to prior years. Please be advised that these are sample images and are not reflective of actual measure data. Later in the presentation, I will review the actual measure results for the various measures for fiscal year 2016 and prior years at the national level. These screenshots, again, that we are going to review in just a moment, are provided as a reference for what providers can expect to see when they access the Preview Reports during the preview period.

Now, this slide is an example of what will appear on the first page of the Preview Report. Every page of the Preview Report includes a header, as indicated at the top of this image, and a footnote legend in the footer. The header includes the name of the report, the name of the program and the reporting period for the IPFQR Program measures. The table below the header is unique to the first page of the Preview Report where it lists the CMS Certification Number, or CCN, of the IPF followed by the name of the IPF. Just below the facility CCN and name, there is a section containing facility demographic information, such as the city, state, ZIP, phone number, and county where the facility is located, the type of facility, such as acute care, critical access or psychiatric hospital, the type of ownership, and whether the facility provides emergency services. The CCN and facility name will appear on subsequent pages of the report. Note that there are a few instances where a facility's name may have changed. However, if that information has not been updated by the State Survey and Certification Department, then it may still display in this Preview Report as the previous name for the facility. The report, as you can see, is separated into three main columns. The first major column on the left shows the facility-specific data while the next column in the

middle contains data for all of the facilities within the state where the facility is located. The far right column contains the national data. And, the data are displayed in measure order, starting with HBIPS-2. And, as you can see, the data is displayed here by age group. There is a column for the numerator and another for the denominator within each of those major three columns that were just mentioned. Note that for the HBIPS-2 and HBIPS-3 event measures, the rates are calculated per 1,000 patient hours. For this report, the measure results are rounded to two decimal places. In this example, you will notice footnotes three and seven are display in parenthesis after several of the rate values. The footnote legend describes the footnotes that may be found throughout the report. And, as mentioned a moment ago, the footnote legend will be displayed – or this footnote legend will be displayed at the bottom of every page of the *Hospital Compare* Preview Report. There are times when the footnotes are necessary to further explain the data that is displayed in the report. And there are five footnotes that may be applicable for the IPFQR Preview Report. The footnotes applied are particular to the facility based on their data, so not every footnote may be used. And, in this example, footnote three indicates that the results were based on a shorter time period than required while footnote seven indicates that no cases met the criteria for that particular measure. A complete list of footnotes and footnote details can be found on the *Hospital Compare* website, and a direct link to the footnote-specific webpage is referenced on page 69 of the IPFQR Program Manual.

The discharge measures such as HBIPS-4 through -7 and SUB-1 are displayed the same way as the event measures of HBIPS-2 and -3, with the exception that the rate is displayed as a percentage of the total. In the example on this slide, footnote four is displayed for the HBIPS-4 and HBIPS-5 measures. Footnote four indicates that the data for a measure or measures are suppressed for public reporting by CMS. Measure results may be suppressed for various reasons, such as data inaccuracy due to an issue with data collection or submission. And, footnote four is used at the discretion of CMS. Again, as a reminder, this is just sample data. This is not real data. So, this will not apply for the HBIPS-4 and -5 measures.

Again, as mentioned on the previous slide, the rate results for the HBIPS-6 and -7 measures will be displayed as a percentage of the total at the facility, state and national levels.

Now, on this page of the Preview Report, you will see results for the SUB-1 assessment of patient experience of care and the use of electronic health record measures at the facility, state and national levels as well. This year will be the first time that these measures will appear in the *Hospital Compare* Preview Report and also be publicly displayed on the *Hospital Compare* website.

On the final page of the Preview Report, the follow up after hospitalization for mental illness measure will be displayed, as shown on this slide.

In the next portion of the presentation, we'll take a look at the fiscal year 2016 measure results at the national level, and also look at data from the prior years reported. And we will start off with some overall statistics.

Of the 1,559 IPFs that participated in both the fiscal year 2015 and fiscal year 2016 IPF Quality Reporting, 99 percent or 1,543 of the IPFs maintained or improved performance for at least one HBIPS measure. For HBIPS-2, -3 and -4, improvement is defined as a decrease in the rate from fiscal year 2015 to fiscal year 2016, where improvement for the HBIPS-5, -6 and -7 measures is defined as an increase in the rate from fiscal year 2015 to 2016.

There are problems encountered with the coding and calculation of the initial fiscal year 2016 follow-up after hospitalization for mental illness or FUH measure results, which prevented them from being reported for this year. These problems are being corrected and other modifications to the calculation of the measure are currently under way to improve its usefulness for the program. Accordingly, the follow-up after hospitalization for mental illness 7-day and 30-day measure results will be suppressed by CMS for fiscal year 2016. N/A and footnote four will be displayed on the *Hospital Compare* Preview Report during the upcoming

preview period and on the *Hospital Compare* website update. Due to these changes with the FUH measure, we have not been able to make the IPF participation and IPF facility, state and national reports available. However, we will keep you informed as we move forward with making these reports available in the near future.

The Hospital-Based Inpatient Psychiatric Services or HBIPS core measure set is a specific set of measures that, as many of us know, were developed and maintained by The Joint Commission for the inpatient psychiatric population. And, some of these are used by CMS as part of the IPFQR program. The HBIPS-2 and HBIPS-3 measures are events measures that are calculated as a rate per 1,000 patient hours. The HBIPS-2 measure evaluates the total number of hours that all patients admitted to the IPF are maintained in physical restraint. Compared to both fiscal year 2014 and fiscal year 2015, the fiscal year 2016 results for the HBIPS-2 measure has decreased. And, the HBIPS-3 measure, which reports the total number of hours of seclusion use for all patients admitted to an IPF, the fiscal year 2016 overall rate is the same as that of fiscal year 2014, but still slightly lower than the previous year. Again, as a reminder, lower values for these two measures indicate better performance.

Unlike the HBIPS-2 and -3 measures, the measures displayed on this slide are calculated as percentages. The HBIPS-4 measure assesses the percentage of patients that were discharged on multiple anti-psychotic medications. The aim is to have this rate as low as possible. And, as you can see, the rate for this measure remained almost constant at under 10 percent nationally between fiscal year 2015 and 2016. The HBIPS-5 measure evaluates the percentage of patients who were discharged on multiple anti-psychotic medications with appropriate justification. The aim is for this rate to increase to show improvement in performance. And based on the latest calculation, there has been an improvement of seven percent for this measure at the national level. The measure data for HBIPS-4 and -5 were blinded for fiscal year 2014, which is why we have two years' worth of data presented here. And per the recent Final Rule, IPFs will no longer report for the HBIPS-4 measure going forward.

The HBIPS-6 and -7 measures are also showing steady improvement. For the HBIPS-4 – I'm sorry – the HBIPS-6 measure, which assesses the creation of a post-discharge continuing care plan for IPF patients, the value here increased to nearly 85 percent for fiscal year 2016, which is more than a 10-percent increase from the initial year of measurement in fiscal 2014. And even greater increase occurred for HBIPS-7 in which the post-discharge continuing care plan was transmitted to the next level of care provider. The HBIPS-7 measure rate increased almost 15 percent in a two-year time span. Results for the alcohol use screening measure, known as SUB-1, indicates that more than two-thirds of patients were screened for alcohol use within the first three days of admission. And, as with the HBIPS-5 measure, there is always room for increasing these values to indicate even better performance.

The last set of fiscal year 2016 data that we will present today addresses the two structural measures, or attestations, in the IPRQR Program. The first bar chart assesses the degree to which facilities use electronic health record, or EHR, systems in their service program and use such systems to support health information exchange at times of transitions in care. Based on data received for fiscal year 2016, the vast majority of IPFs use an EHR, about one-third of which most commonly-used EHR technology that is certified under the ONC HIT certification program at times of transitions in care, about 64 percent using non-certified EHR, and a very small group of less than 3 percent of IPFs most commonly use paper. The second part of the question pertaining to EHR use asked whether an IPF has the EHR capability that includes the exchange of interoperable health information with an HISP. A health information services provider, or HISP, manages security and transport for health information exchange among healthcare entities or individuals using the direct standard for transport. HISP functions can be performed by existing organizations, such as EHR vendors, hospitals or health information exchange organizations, or by standalone organizations specializing in security and transport of health information. Just over 29 percent of IPFs responded yes to this question. The final bar chart on this slide indicates the percentage of IPFs that routinely assess patient experience of care using a

standardized collection protocol and a structured instrument. The results for fiscal year 2016 indicate that over 72 percent of IPFs routinely administered a survey to patients. And the results in all three of these charts represent activity at IPFs as of December 31, 2014.

At this time, we would like to use this opportunity to recognize the top 20 performers as well as the IPFs that demonstrated the most improvement from fiscal year 2015 to fiscal year 2016. And that would be the top performers for fiscal year 2016. In this analysis, as stated earlier in the presentation, lower rates indicate better performance for the HBIPS-2, -3 and -4 data, while higher rates indicate better performance for the HBIPS-5, -6 and -7, as well as SUB-1 measures.

This list shows the top 20 performers for fiscal year 2016. To determine the rank for each IPF, we arranged the IPFs from highest performer to lowest performer for each measure. Each provider was assigned a rank value for each measure with one being the best performance and the highest-ranked value. We calculated the average measures' rank for each facility to determine the overall rank for each IPF and, then, sorted the data by ascending overall rank. Please note that the ranks displayed on this slide have no value outside of this analysis and that providers with the same rank cannot be differentiated when determining the overall improvement.

This list shows the 20 IPFs with the most improved performance between fiscal year 2015 and fiscal year 2016. We calculated an improvement score, which shows the difference between the fiscal year 2016 and fiscal year 2015 rates. IPFs that had the same rate for both years showed no improvement. Those that had lower rates in fiscal year 2016 for the HBIPS-2, -3, and -4 measures compared to the prior year demonstrated improvement, while the higher rates in the fiscal year 2016 HBIPS-5, -6, and -7 measure data compared to the prior year demonstrated improvement for those IPFs – among the IPFs. And, a rank was assigned for each improvement score measure with one being the best performance. We then calculated the average of the improvement rank for each facility to determine the overall rank for that IPF. And the data was then sorted by

overall rank to indicate the IPFs with the most improvement at the top of the list. Again, please note that the ranks assigned in this slide hold no value outside of this analysis.

Next, we will review some helpful resources followed by a question-and-answer period and close with a review of the continuing education approval process.

Future webinars, as always, will be posted on the events calendar found on the Quality Reporting Center website. Information about the upcoming webinars can be accessed from the QualityReportingCenter.com homepage under the events calendar. And, of course, we encourage you to sign up for the IPFQR Program ListServe, so that you may have notification of upcoming events and other program-related topics delivered directly to your e-mail inbox. The next educational webinar is schedule to take place later this month on January 21, at 2 p.m. Eastern Time. The topic, *New Measures and Non-Measure Reporting Part Two*, will address the three new measures for which IPFs will begin collecting data starting July 1 of this year. Specifically, those measures include the transition record with specified elements received by discharged patients, timely transmission of transition record, and the screening for metabolic disorders measures. During the February, we will provide a refresher on the NHSN registration and the influenza among health care personnel measure data submission processes. And then, in March, we aim to discuss the care measure – the care transition measures. Again, please be sure to sign up for the IPFQR Program Listserv to ensure that you receive notification about these events, as well as monitor the events calendar on the Quality Reporting Center Website for updates, registration flyers and links to Webinar slides.

Another important announcement for today's Webinar is that we have several IPFQR Program resources that were recently revised and they are now available currently on the Quality Reporting Center Website. I will go through a few of these documents in just a moment. And, we will also be sure to address more specifics around the other measures that were mentioned in the prior slide, the transition records and screening for

metabolic disorders. We'll address those more so in the upcoming Webinar. But, for right now, I definitely would like for you to focus your attention on the updated IPFQR Program Manual, as well as the IPF Abstraction Tools that have been revised and, again, posted to the Quality Reporting Center Website. The most notable updates to the program manual pertain to measure requirements and timelines for fiscal year 2017 and 2018, descriptions for the new measures, as well as guidance for abstraction of data for the transition record with specified elements received by discharged patients measure and the timely transmission of transition record measures. Additional specifications for the screening for metabolic disorders measure, including a data dictionary and algorithm are in development and will be included as appendices in the next release of the IPFQR Program Manual. All of the items listed here on this program resources slide will be made available on the *QualityNet* Website under IPF Resources at a later date. But, please note also that among the IPF abstraction tools, we do have those revised for the event tracking log for HBIPS-2 and -3, the HBIPS-5 measure, IMM-2, the substance use measures, as well as – or the alcohol use measures – and the tobacco measures.

And, this slide includes links to a few other resources that you may find helpful, including the fiscal year 2016 IPF PPS Final Rule, the Joint Commission Specifications Manual, and the Hospital IQR Manual.

This slide includes active links that you can click on to send us your questions about the IPFQR Program. We strongly encourage you to use the Q&A tool in particular to submit questions, especially those pertaining to measure data abstraction because it provides the best means for us to track the questions and answers, and it also delivers our responses directly to your e-mail 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. As previously stated in the presentation, we always recommended that, if you have not already done so, to sign up for the IPFQR Program ListServe. And, we also ask that you inform us, the IPFQR Program support contractor, about any key personnel changes,

such as a change in leadership at the CEO or administrator level, as well as any other quality reporting contact. 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 in the IPFQR Program Resources and Tools section of the Quality Reporting Center Website where the form can be found at the very top of the page. We also encourage everyone to utilize the available resources found in the Quality Reporting Center and *QualityNet* websites to ensure appropriate knowledge of the IPFQR Program requirements and deadlines.

Well, at this time, I will review and respond to some of the questions that we have received pertaining to the topics covered in today's Webinar. OK. So, it will just take me a moment here to review what we have.

So, there is a question as far as when will we receive training on the new transition record and screening for metabolic disorders measures. As previously stated, there will be an educational webinar held in two weeks. It's currently scheduled for Thursday, January 21, at 2 p.m. Eastern Time. We ask that you monitor your e-mail, as we will announce the availability of registration for that event via ListServe and also to monitor the Quality Reporting Center Website where additional information pertaining to registration for that event will be available.

OK. We have a question about – so, there is a question as far as the – there is a tobacco screening and treatment tool that was not mentioned during this Webinar. But, it is available on the Quality Reporting Center website. There was a question requesting the link to this tool. And that link is provided in the chat tool for those who can access it. But, for those who are not able to, you can go to the QualityReportingCenter.com website, click on the Inpatient IPF Tools, and you will see that tool listed on that page.

OK. There is also a question regarding the HBIPS-6 and HBIPS-7 measures, whether or not they will remain the same or will there be changes to these measures. We have addressed this in a couple of prior webinars. But, as a reminder, as of January 1 of this year, the HBIPS-6

and HBIPS-7 measures will no longer be collected for the IPFQR Program. CMS decided that the transition record measures, which will be discussed in our next Webinar, are – would replace those because they do provide a greater level of specification and detail around the transition process for discharged patients.

There is also a question as far as the timeframes that is covered in the fiscal year 2016 data. That data is focused on the data that was collected during calendar year 2014, from January 1 through December 31, with the exception of the structural measures, the use of EHR, and the assessment of patient experience of care. Those two measures are structural measures, and IPFs submitted answers to the questions pertaining to those measures as of the status of the IPF on December 31 of 2014.

OK. Let's see. I am trying to see if there is another question here that – I think that may be it for now. Any questions that I have not addressed at this point in time, or that are to remain unanswered at the moment will be addressed in the questions and answers transcript, which will be made available within the next couple of weeks after this Webinar. And, I believe, at this time, I will turn the presentation over to Deb Price, who will discuss the CE credit process for this webinar.

Deb Price: Well, thank you, Evette. Just a few minutes about CE process. 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 own board using the National Provider Number you see on this slide. It's number 16578. Please make sure you review the following slides that I am going to go over, if you need CEs, because they will give you some very helpful hints.

OK. Please complete the ReadyTalk survey that will pop up as soon as our last slide is over. If you are in a room where there – where only one person has a registration, don't worry about that because we will be sending out another registration within the next 48 hours. And when you get that, please send that to the other people in your room so they can

answer the survey and get the credit. After completion of the survey, you will click the word "Done" at the bottom of that screen, and a separate page will open up that asks you to register onto our Learning Management Center. Keep in mind that this is a separate registration from the one that you used to register for this ReadyTalk® event. It's completely separate. Please use – when you register on the Learning Management Center, please use a personal e-mail like Yahoo, or Gmail, or AOL, or whatever your personal e-mail is because we found that hospitals tend to have firewalls up that keep changing, and those firewalls stop our links from coming through.

If you are having problems getting your certificate, review this slide. If you do not immediately receive a response in the e-mail when you register, something is wrong. It's usually a firewall that is up. If that is the case, go back and register as a new user using a different account. You know, again, use a personal account. That would be the best way to go.

OK. This is what your survey will look like in a couple – like in one minute, you can have a survey. It's going to look like this. And, at the very bottom, if you notice, there is a "Done" – a little gray box there that says "Done." What you are going to want to do is click on "Done" when you have finished.

And this is the box that will open up next. You notice in green that there are two separate links, a new user link and an existing user link. If you have never received any certificate or CE from us, please use that new user link. Click on that first green link. And, then, you register your personal account and you give your first name and last name and your phone number. If, however, you have been attending our other IPFQR events and you have received your CE certificate, please click on that second link, the one underneath the word "Existing user link."

OK. This is what the new user screen will look like, if you click on that first link for new user registration. You put your first name, your last name, your e-mail – again, please register a personal e-mail – and, then, a

phone number that we can reach you at and, then, that can be identified with that e-mail.

This is what the existing user screen looks like. And, if you have already been receiving CE certificates, your user name is going to be the entire e-mail that you used including whatever is after the at sign. So, you would have whatever is in front and then the "at" sign and whatever is at the end. That is your entire user name. And, then, whatever password that you registered with. And, now, I'd like to pass the Webinar back to the IPFQR project lead, Evette Robinson, to close out the event and to thank everybody. Evette?

Evette Robinson: Thank you, Deb.

And thank you, all, for your participation today. We ask that if you do have any additional questions or if your question was not addressed in the chat tool, feel free to contact us through the Q&A tool that was referenced on slide 38. There is a direct link. And all of the links on that slide are accessible directly from the PDF version of the slides that you were able to download from the Quality Reporting Center Website.

So, at this time, this concludes the *IPFQR Program Public Reporting and Fiscal Year 2016 Measure Results Review* Webinar. We thank you for your time and attention.

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