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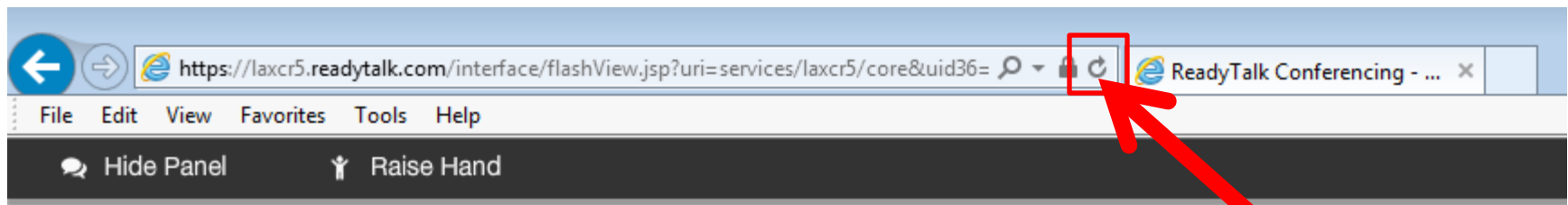
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Refresh icon –
or-
Click F5



F5 Key
Top row of Keyboard

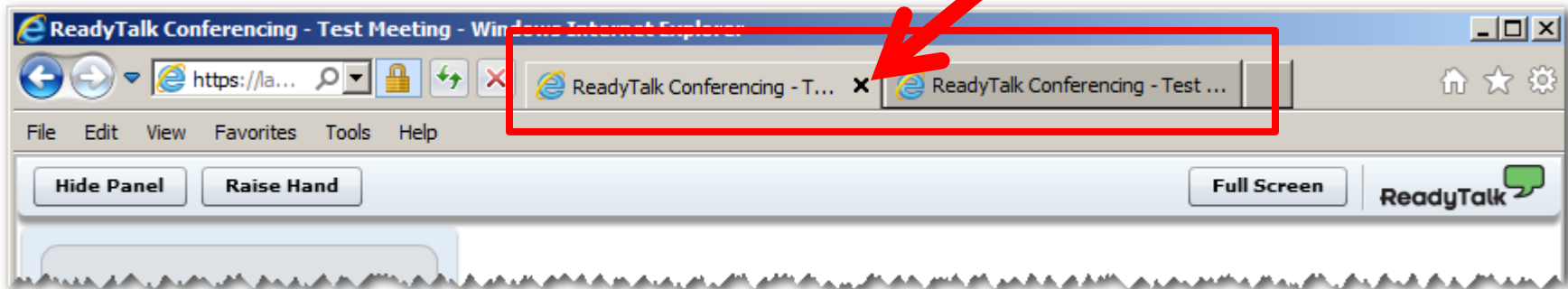


Location of Buttons

Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear up.



Example of Two Browsers Tabs open in Same Event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



A screenshot of a web interface for a CMS event. The interface is split into two main sections. The left section is a vertical chat window with a white background and a blue border. At the top of this window are buttons for "Hide Chat" and "Raise Hand". The main area of the chat window is empty. At the bottom of the chat window is a text input field with the placeholder text "Type questions here." and a "Send" button. The right section of the interface has a light gray background. At the top right of this section are buttons for "Full Screen" and "ReadyToGo". In the center of the right section is the CMS logo, which consists of a blue and yellow swoosh above the letters "CMS" and the text "CENTERS FOR MEDICARE & MEDICAID SERVICES" below it. Below the logo is the text "Welcome to Today's Event" in a large, blue, sans-serif font. At the bottom of the right section is a yellow horizontal line, and below that is the text "Thank you for joining us today! Our event will start shortly." in a smaller, italicized, blue font.



Updates to the Oncology Care Measures (OCMs) and NQF #1822

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April 28, 2016

Acronyms and Abbreviations

ADCC	Alliance of Dedicated Cancer Centers	ICD	International Classification of Diseases
ACA	Affordable Care Act	IPF	Inpatient Psychiatric Facility
AHRQ	Agency for Healthcare Research and Quality	IPPS	Inpatient Prospective Payment System
AMA	American Medical Association	LabID	Laboratory-Identified
ANA	American Nurses Association	LTCH	Long-Term Care Hospital
CAUTI	Catheter-Associated Urinary Tract Infections	MAP	Measure Application Partnership
CCN	CMS Certification Number	MIF	Measure Information Form
CDI	<i>Clostridium difficile</i> Infection	MUC	Measures Under Consideration
CE	Continuing Education	N/A	Not Available
CLABSI	Central Line-Associated Bloodstream Infection	NHSN	National Healthcare Safety Network
CMS	Centers for Medicare & Medicaid Services	NQF	National Quality Forum
CPT	Current Procedural Terminology	OCM	Oncology Care Measure
CST	Cancer-Specific Treatment	OQR	Outpatient Quality Reporting
CY	Calendar Year	PCH	PPS-Exempt Cancer Hospital
DACA	Data Accuracy and Completeness Acknowledgement	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
EBRT	External Beam Radiotherapy	PQRS	Physician Quality Reporting System
FY	Fiscal Year	PR	Public Reporting
Fxns	Fractions	Q	Quarter
Gy	Gray	SBRT	Stereotactic Body Radiation Therapy
HAI	Healthcare-Associated Infection	SC	Support Contractor
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey	SRS	Stereotactic Radiosurgery
HCP	Healthcare Personnel	SSI	Surgical Site Infection
HHS	Health and Human Services	TEP	Technical Expert Panel
HQR	Hospital Quality Reporting	TBD	To be determined
		TJC	The Joint Commission
		VIQR	Value, Incentives, and Quality Reporting

Purpose

This presentation will provide a detailed review of the new measure specifications, algorithms, and data collection tools for the OCM and NQF #1822 measures utilized in the PCHQR Program.

Objectives

Upon completion of this program participants will be able to:

- Summarize the rationale for the updates to the materials discussed
- Locate and appropriately apply the tools to their patient populations
- Use the tools to accurately and efficiently abstract and report the data for the OCMs and NQF #1822

Structure of OCM and EBRT Tools

Each of the six metrics has the following four items associated with them for 2016.

- Measure Information Form
- Clean Algorithm
- Population and Sampling Algorithm
- Paper Data Abstraction Tool

Measure Information Form

- MIFs are derived from NQF, PQRS, CMS, and measure stewards
- MIFs Contain:
 - Introductory information
 - Denominator and numerator definitions (ICD-10 codes, CPT[®] codes, and clinical abstraction parameters)
 - Rationale
 - Clinical Recommendation Statements

MIF (NQF #0382)

PPS-Exempt Cancer Hospital Quality Reporting Program Measure Information Form¹

Measure Name: Radiation Dose Limits to Normal Tissues

Measure ID#: NQF 0382, PCH-14

NQF Portfolio(s): Oncology Metrics, Radiation Oncology

National Quality Strategy Domain: Patient Safety

Type of Measure: Process

Improvement Noted As: Higher score indicates better quality.

Measure Steward: American Society for Therapeutic Radiology and Oncology (ASTRO)

DESCRIPTION:

Percentage of patients, regardless of age, with a diagnosis of pancreatic or lung cancer receiving three dimensional (3D) conformal radiation therapy who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues.

MIF (NQF #0382)

DENOMINATOR:

All patients, regardless of age, with a diagnosis of pancreatic or lung cancer receiving 3D conformal radiation therapy.

Denominator Criteria (Eligible Cases):

Diagnosis for pancreatic or lung cancer (ICD-10-CM): C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

AND NOT (exclude patients with metastatic disease)

Diagnosis for metastatic cancer (ICD-10-CM): C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9

AND

Patient encounter during the reporting period, Current Procedural Terminology, CPT®: 77295

Example MIF (NQF #0382)

NUMERATOR:

Patients who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues.

Numerator Quality-Data Coding Options for Reporting Satisfactorily: Radiation Dose Limits to Normal Tissues Established

Performance Met: CPT II 0520F: Radiation dose limits to normal tissues established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissue/organ

OR

Radiation Dose Limits to Normal Tissues not Established, Reason not Otherwise Specified

Append a reporting modifier (**8P**) to CPT Category II code **0520F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

Performance Not Met: 0520F with 8P: Radiation dose limits to normal tissues not established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissue/organ, reason not otherwise specified

If CPT II codes are not used or available, chart abstraction may be used to determine if radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues/organs.

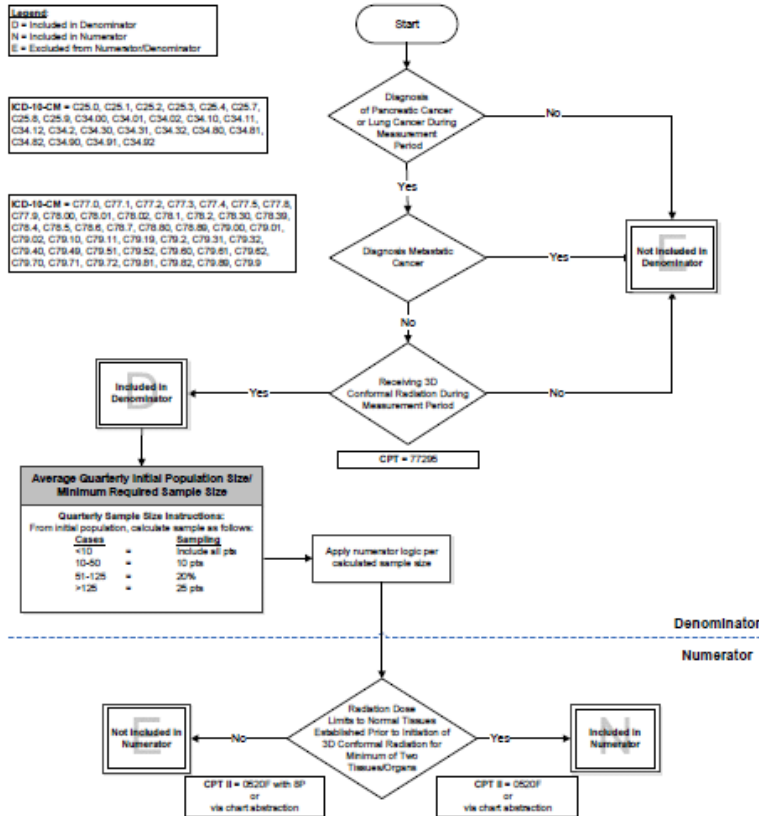
Clean Algorithm (NQF #0382)

NQF 0382: Oncology: Radiation Dose Limits to Normal Tissues

Measure Description: Percentage of patients, regardless of age, with a diagnosis of pancreatic or lung cancer receiving 3D conformal radiation therapy who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues.

Numerator Statement: Patients who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues.

Denominator Statement: All patients, regardless of age, with a diagnosis of pancreatic or lung cancer who receive 3D conformal radiation therapy.



Clean Algorithm (NQF #0382)

– Description, Numerator and Denominator

NQF 0382: Oncology: Radiation Dose Limits to Normal Tissues

Measure Description: Percentage of patients, regardless of age, with a diagnosis of pancreatic or lung cancer receiving 3D conformal radiation therapy who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues.

Numerator Statement: Patients who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues.

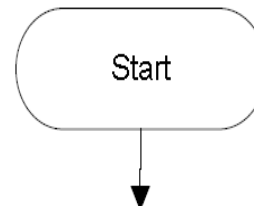
Denominator Statement: All patients, regardless of age, with a diagnosis of pancreatic or lung cancer who receive 3D conformal radiation therapy.

Legend:

D = Included in Denominator

N = Included in Numerator

E = Excluded from Numerator/Denominator



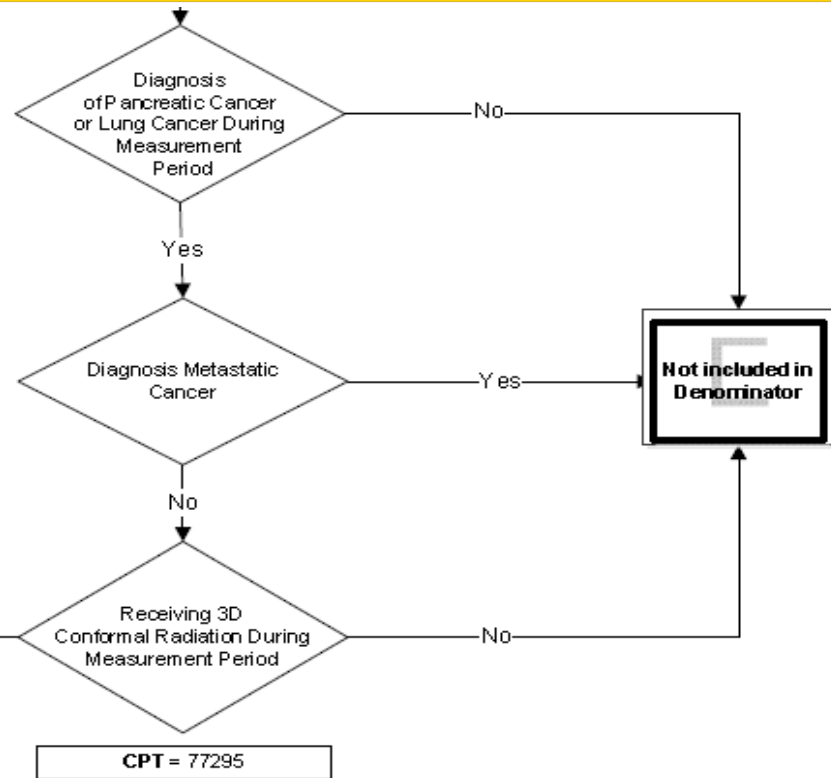
Clean Algorithm (NQF #0382)

– Denominator

ICD-10-CM = C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

ICD-10-CM = C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9

Included in Denominator

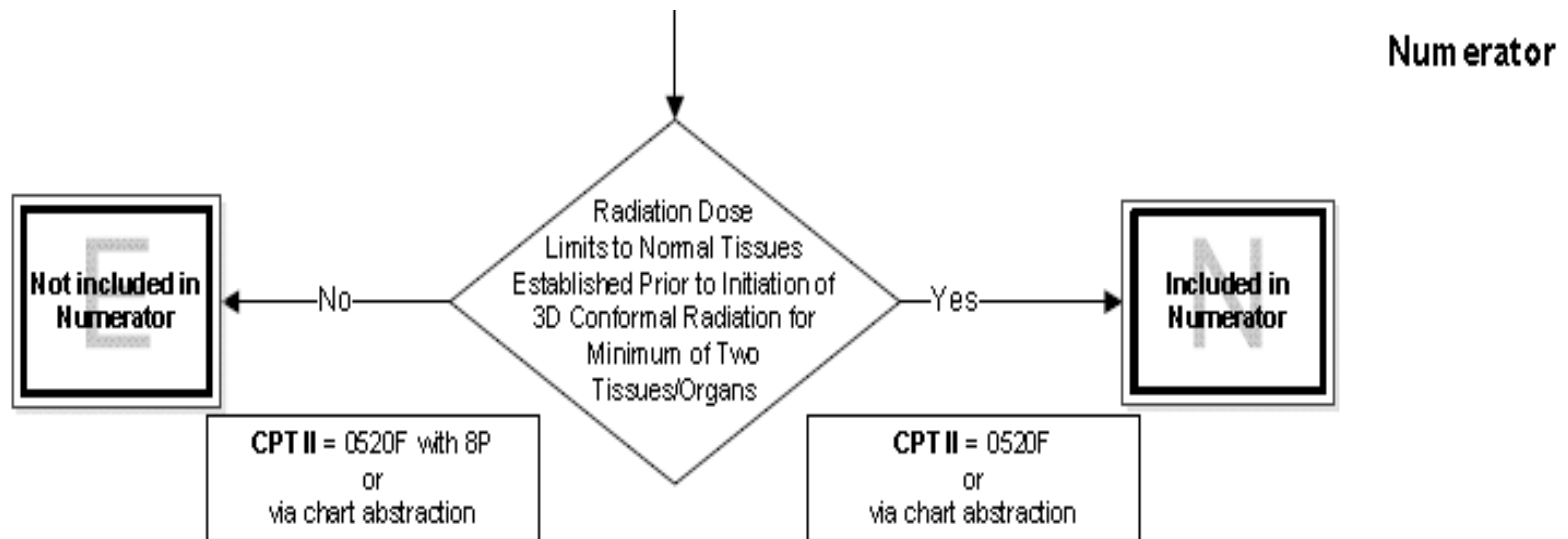


Average Quarterly Initial Population Size/ Minimum Required Sample Size	
Quarterly Sample Size Instructions: From initial population, calculate sample as follows:	
Cases	Sampling
<10	= Include all pts
10-50	= 10 pts
51-125	= 20%
>125	= 25 pts

Apply numerator logic per calculated sample size

Clean Algorithm (NQF #0382)

– Numerator



Updated: 3/15/2016

Population and Sampling Algorithm

– Denominator (NQF #0382)

Legend:
 D = Included in Denominator
 N = Included in Numerator
 E = Excluded from Numerator/Denominator

ICD-10-CM = C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

ICD-10-CM = C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9

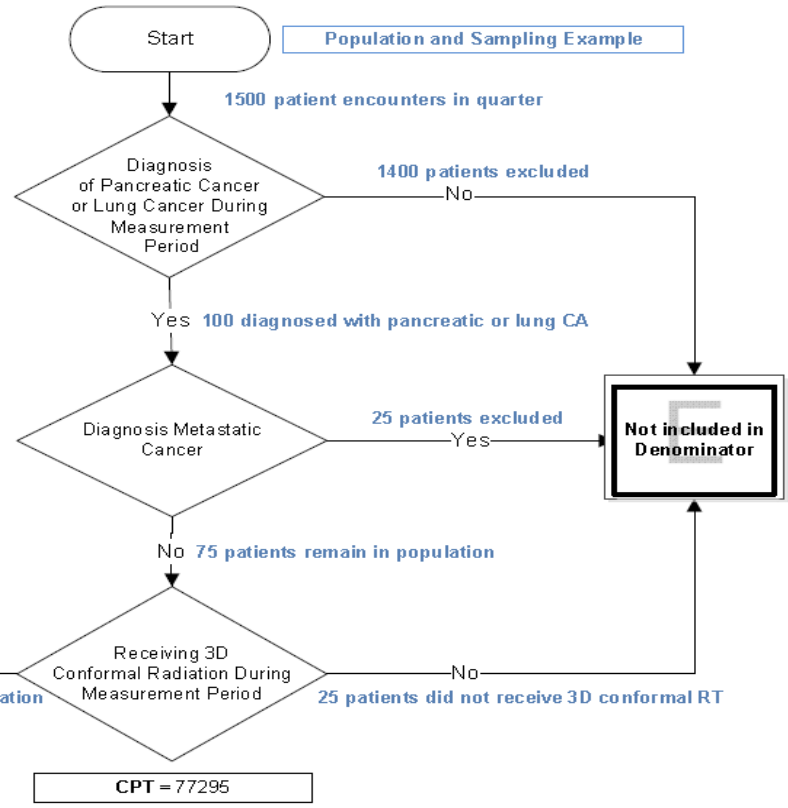
Included in Denominator

Average Quarterly Initial Population Size/ Minimum Required Sample Size

Quarterly Sample Size Instructions:
 From initial population, calculate sample as follows:

Cases	=	Sampling
<10	=	Include all pts
10-50	=	10 pts
51-125	=	20%
>125	=	25 pts

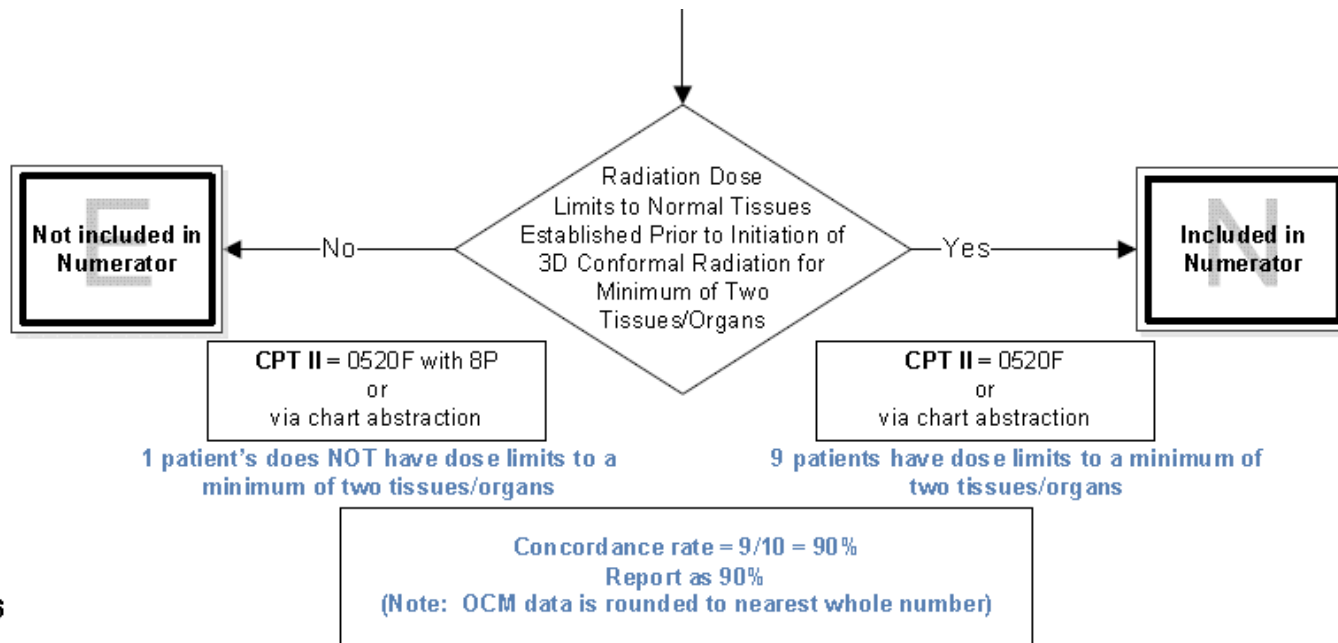
MINIMUM sample size is 10 patients



Apply numerator logic per calculated sample size
 10 patient random sample selected
 SAMPLE = 10

Population and Sampling Algorithm

– Numerator (NQF #0382)



Updated: 3/15/2016

Paper Tool (NQF #0382)

Paper Tool

**Oncology: Radiation Dose Limits to Normal Tissues (NQF 0382, PCH - 14)
Quarter 1 2016 through Quarter 4 2016**

This paper abstraction tool is provided as an optional, informal mechanism to aid PPS-Exempt Cancer Hospitals (PCHs) in the collection of the measures for the CMS PCH Quality Reporting Program. The tool is designed to collect patient specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate quarters, along with the percentage. If there are any questions or concerns regarding the use of this paper abstraction tool, please contact the PCHQR Program Support Contractor.

Patient Identifier: _____

Treatment Date: _____

Reporting Period: _____

Paper Tool (NQF #0382)

The information from each medical record will be used to determine the numerator and denominator in aggregate.

1. *Diagnosis* - Is there a diagnosis of pancreatic cancer or lung cancer during the measurement period? ____
 - a. If "Yes," proceed to *Metastatic Cancer*.
 - b. If "No," the case will be excluded. Stop abstracting. The case will not be included in the numerator or denominator count.

2. *Metastatic Cancer* - Was the patient diagnosed with metastatic cancer? ____
 - a. If "Yes," the case will be excluded. Stop abstracting. The case will not be included in the numerator or denominator count.
 - b. If "No," proceed to *3D Conformal Radiation During Measurement Period*.

3. *3D Conformal Radiation During Measurement Period* - Did the patient receive 3D conformal radiation during the measurement period? ____
 - a. If "No," the case will be excluded. Stop abstracting. The case will not be included in the numerator or denominator.
 - b. If "Yes," proceed to *Radiation Dose Limits*.

Rationale: OCMs

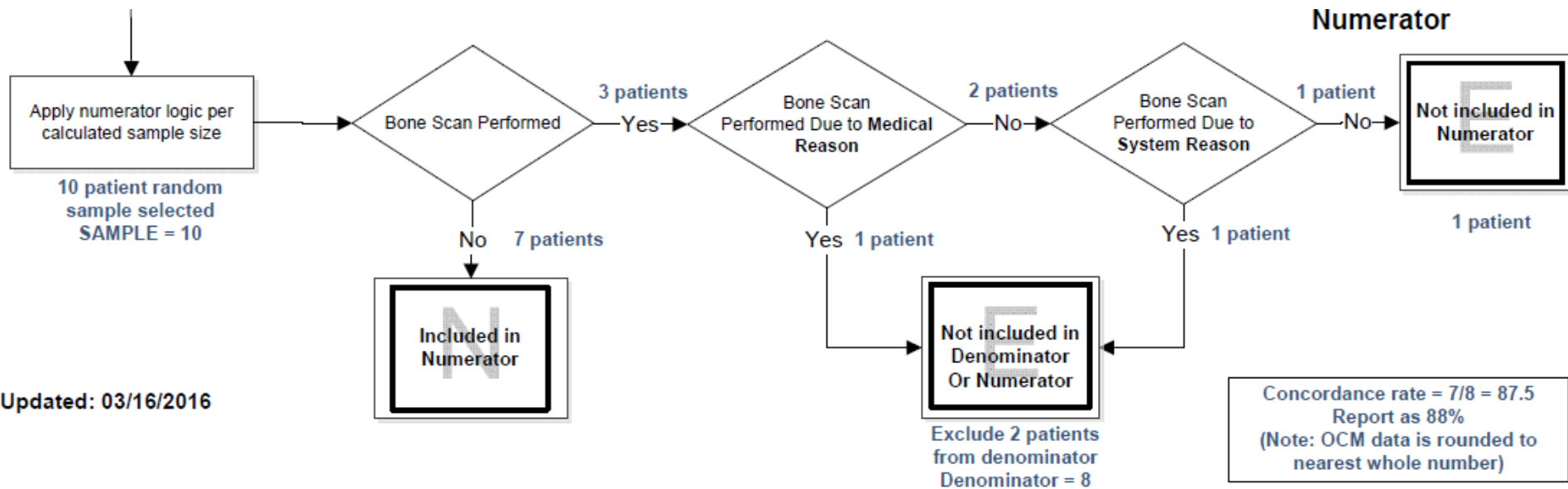
The Oncology Care Measures include:

- NQF #0382: Radiation Dose Limits to Normal Tissues
- NQF #0383: Oncology: Plan of Care for Pain
- NQF #0384: Oncology: Pain Intensity Quantified
- NQF #0389: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Patients
- NQF #0390: Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Patients

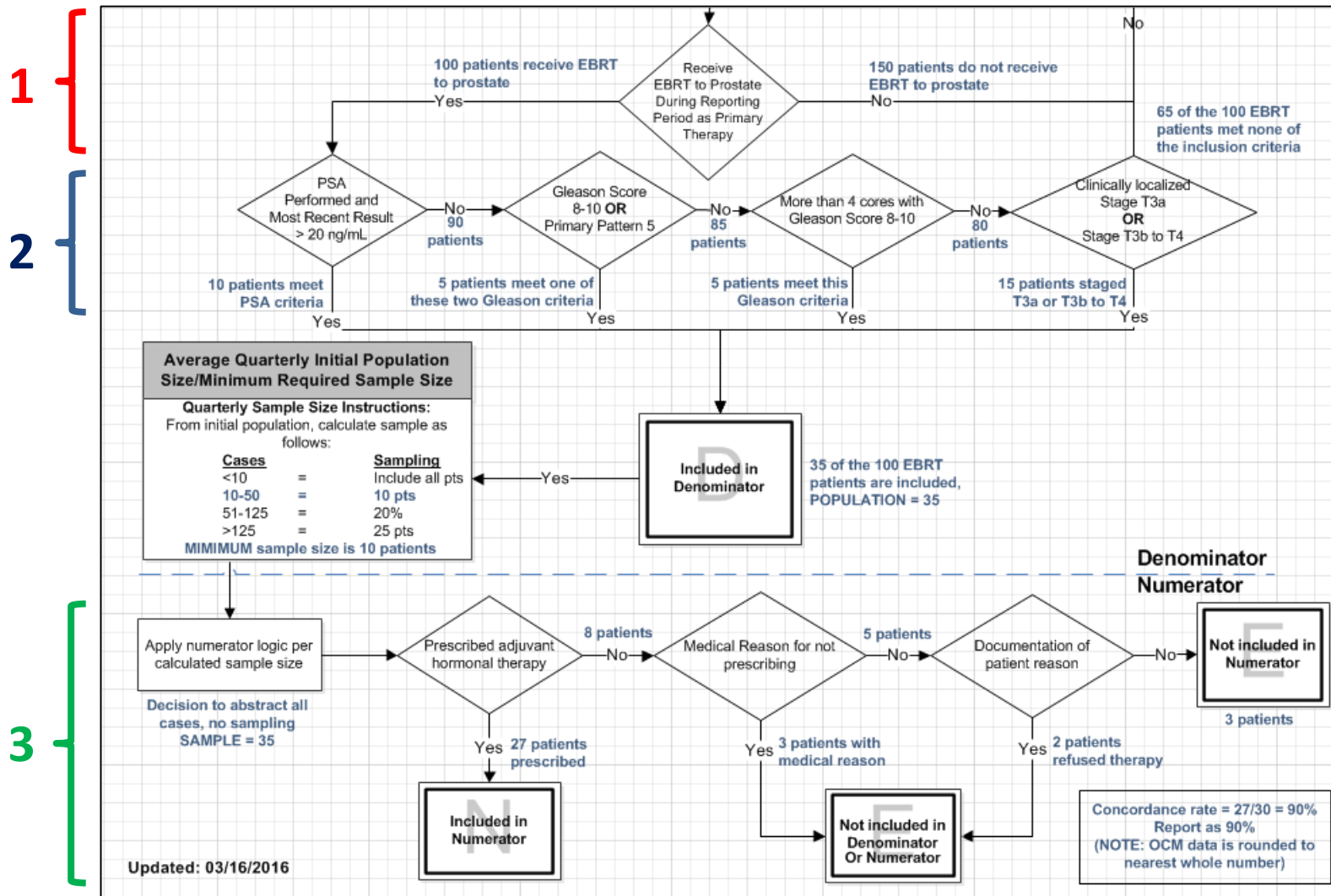
Rationale: OCMs – What's New?

- NQF #0382
 - Does **not** include breast and rectal cancer diagnoses for Calendar Year 2016
- NQF #0383 and #0384
 - No substantive changes
 - Refer to September 24, 2015, PCHQR event for specifics: [September 2015 PCHQR Event](#)
- NQF #0389
 - Clarity and correction in post-sample exclusions and calculation of numerator and denominator
- NQF #0390
 - Inclusion of EBRT for primary therapy of prostate
 - Inclusion of high **and** very high risk of recurrence definitions
 - Prescribed/administered changed to prescribed
 - Clarity and correction in post-sample exclusions and calculation of numerator and denominator

New Algorithm for NQF #0389



New Algorithm for NQF #0390



Rationale: EBRT

- There are known challenges for some of the PCHs in accessing physician billing data for current CPT codes.
- NQF was added to the Hospital OQR.
- The measure steward is revising both the guideline and the measure for submission of an update to NQF.
- The changes provided are considered non-substantive updates.
- Participants can refer to the February 25, 2016, PCHQR presentation for more details: [February 2016 PCHQR Event](#).

Rationale: EBRT - What's New?

The following changes have occurred with the EBRT measure since its introduction into the PCHQR Program.

- Conversion from radiation therapy treatment **planning** codes to external beam radiation therapy **delivery** codes ensures:
 - More hospitals will have access to this data
 - Patients will receive at least one dose of EBRT

NOTE: This should not change your denominator, if previous abstraction was done correctly
- Addition of denominator exclusions for:
 - SRS and SBRT
 - Patients who are part of a clinical protocol or registry study that involves the use of radiation therapy
- Provision of ICD-10 codes for spinal cord compression, cauda equina compression, and radicular pain exclusions to decrease data burden
- Definition and limitation of patient reason exclusions to:
 - Patient declines treatment
 - Economic, social, or religious reasons

Location of Tools on *QualityNet*

The Tools are at www.qualitynet.org under the PPS-Exempt Cancer Hospitals “Data Collection” tab.

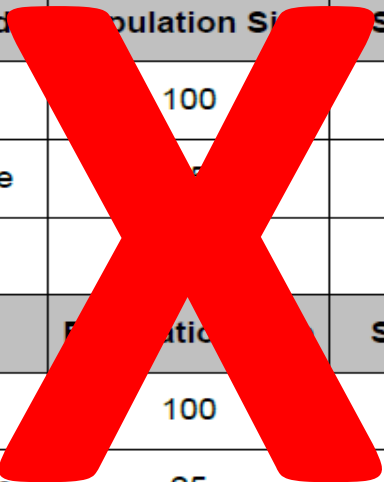
Table 5: Clinical Effectiveness Measure

NQF #	PCH #	Measure Name	Specifications Manual & Measure Information Forms	Data Collection Tool	Acceptable Method of Transmission
1822	PCH-25	External beam radiotherapy for bone metastases	<p>2016 External beam radiotherapy for bone metastases specifications manual</p> <p>2016 Radiotherapy algorithm (clean version)</p> <p>2016 Radiotherapy algorithm (example version)</p> <p>2014–2015 External beam radiotherapy for bone metastases specifications manual</p> <p>2014–2015 Radiotherapy algorithm (clean version)</p> <p>2014–2015 Radiotherapy algorithm (example version)</p>	<p>2016 Bone metastases paper abstraction tool</p> <p>2014–2015 Bone metastases paper abstraction tool</p>	Secure file transfer via QualityNet Secure Portal

OCM and EBRT: Sampling Strategy

Table 1: Not Sampled/Sampled Population & Sample Size Example

Not Sampled	Population Size	Sample Size
Medicare	100	100
Non Medicare	25	25
Total	125	125
Sampled	Population Size	Sample Size
Medicare	100	20
Non Medicare	25	5
Total	125	25



EBRT and OCM are “all-patient” data in order to:

- Ensure high quality care is delivered to Medicare beneficiaries in the PCH setting
- Provide CMS with the data needed to inform the public about the quality of care and outcomes in the PCH setting

Sampling Methodology for EBRT and OCMs

Average Quarterly Initial Patient Population Size “N”	Minimum Required Sample Size “N”
>125	25
51–125	20% of Initial Population
10–50	10
<10	No Sampling: 100% of the Initial Patient Population

Population and Sampling

– Some Points

Population:

- The first step for estimating a hospital's performance is defining the population. A population is generally defined as a collection of patients sharing a common set of universally measured characteristics, such as an ICD-10 principal diagnosis or procedure code.
- An “Initial Patient Population” refers to all patients (Medicare and non-Medicare) who share a common set of specified, administratively derived data elements
- Cases identified as being in the Initial Patient Population for the measure are eligible to be sampled.

Source: Specifications Manual for National Hospital Inpatient Quality Measures Discharges 10-01-15 (4Q15) through 06-30-16 (2Q16)

Population and Sampling

– Some Points

Sampling:

- Sampling is a process of selecting a representative part of a population in order to estimate the hospital's performance, without collecting data for its entire population.
- A fairly large number of sample cases are needed to achieve a representative sample of the population.

Population and Sampling

– Some Points

- Statistically valid sample data is obtained by:
 - carefully determining sample size
 - randomly selecting sample cases in such a way that the individual cases in the population have an equal chance of being selected
- The sample-based performance measure data can be meaningful and useful only when the sample data truly represent the whole population.
- Hospitals are NOT required to sample their data.
- A hospital may choose to use a larger sample size than the required minimum.

Population and Sampling

– Approaches

Simple random sampling – selecting a sample size (n) from a population of size (N) in such a way that every case has the same chance of being selected.

Example:

Group of 25 employees chosen out of a hat from a company of 250 employees.

- The population is all 250 employees.
- The sample of 25 is random because each employee has an equal chance of being chosen.

Population and Sampling

– Approaches

Systematic random sampling – Where k is less than or equal to N/n , select every k^{th} record from a population of size N in such a way that a sample size of n is obtained. The first sample record (i.e., the starting point) must be randomly selected before taking every k^{th} record. This requires selecting samples based on a system of intervals in a numbered population.

This is a two-step process:

1. Select randomly the starting point by choosing a number between one and k , using a table of random numbers or a computer-generated random number.
2. Select every k^{th} record thereafter until the selection of the sample size is completed.

Population and Sampling

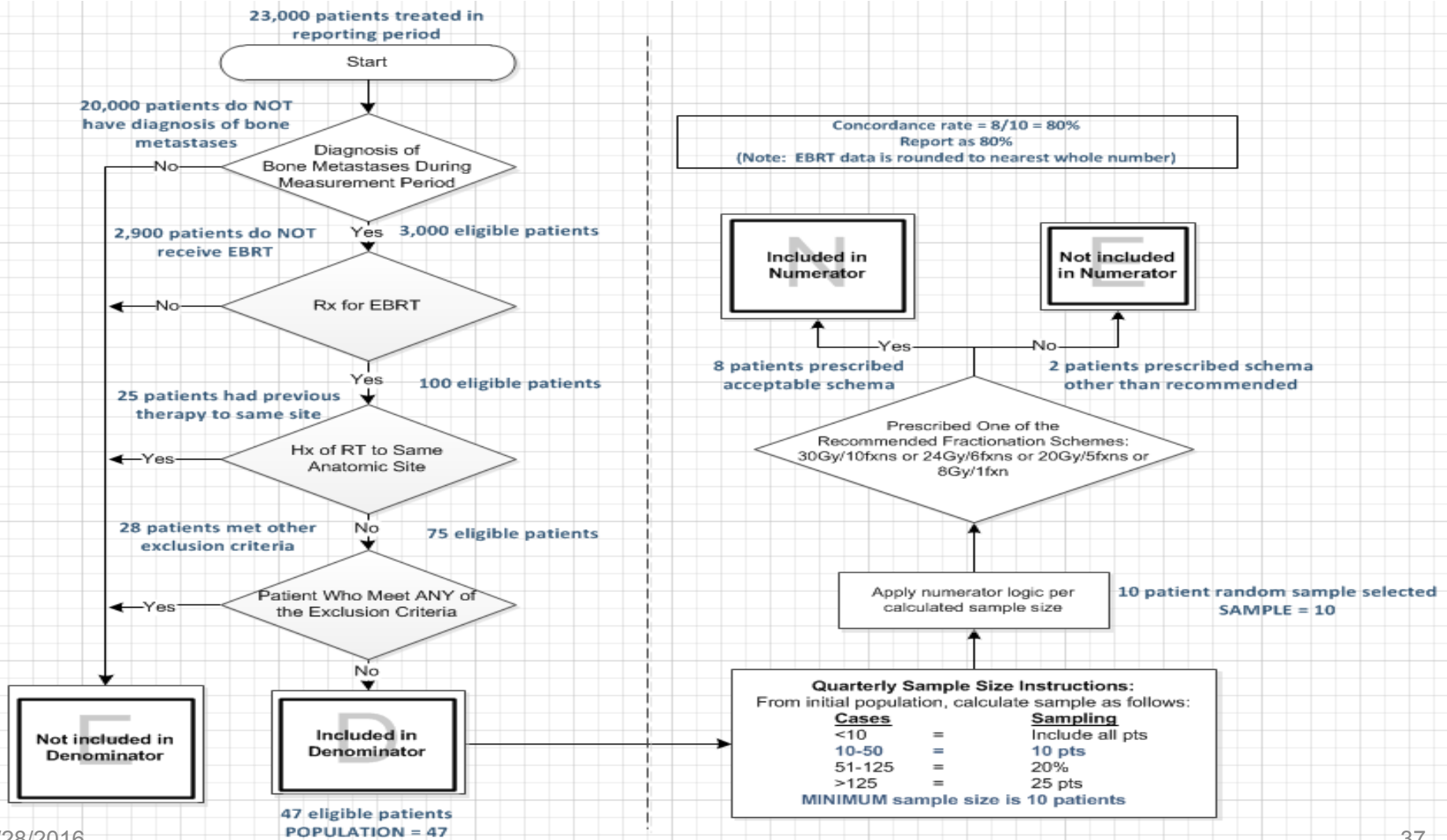
– Some Points

Systematic random sampling

Example: Lucas is a new manager at the local movie theater. He is tasked by the owner to find out how the customers feel about the renovations done at the theater. Lucas can't ask every customer that comes in how they feel; this is where population sampling techniques can come in.

- They throw dice and get the number '4' for the starting point and the sampling interval. They decide to sample 100 customers on Friday night starting with the fourth customer.
- Lucas gives a survey to every fourth customer that comes in to the movie theater.
- The sampling system is a systematic interval system given that Lucas is giving the survey to every fourth customer.
- This is a random sample because Lucas cannot control what type of customer comes through the movie theater.

Population and Sampling Example



OCMs and EBRT Data Submission

The OCM Measures and EBRT Data Submission Deadline is August 15, 2016.

- The dates to be represented are:
 - 2Q – 4Q of CY 2015 for OCM Measures
 - All Quarters of CY 2015 for EBRT
- Population and Sampling data will be included.
- This data will apply to Program Year 2017.
- CST file templates and detailed instructions will be provided via email prior to submission period.

Data Submission Reminders

- Enter actual CCN for Provider column for each measure/row.

Remember, if you are in California, you must also ensure that the leading zero is present.
- Leading zeroes need to be placed in both the “**RPTG_PRD_START_DT**” and the “**RPTG_PRD_END_DT**” columns when necessary.

Data Submission Reminders

- File Names and leading zeroes
- File name includes actual date of submission
- Resubmitted files must be renamed to reflect the new date of submittal

Data Submission Reminders

Calculation of Rate

For OCMs and EBRT, round to the nearest whole number

Examples:

- 93.76 would round up to 94
- 84.12 would round down to 84
- 91.95 would round up to 92

2016 PCHQR Program Manual

The 2016 Program Manual is on two websites:

- QualityNet.org/PPS-Exempt Cancer Hospitals/Resources: [2016 PCHQR Program Manual on QualityNet](#)
- Qualityreportingcenter.com/Inpatient/PCHQR Program/Resources and Tools: [Page for 2016 PCHQR Program Manual on QualityReportingCenter](#)

NOTE: The 2015 Manual remains available, as hospitals are still reporting Program Year 2015 data in summer 2016.

2016 PCHQR Program Manual

Significant changes include:

- Addition of link to 2016 IPPS Final Rule
- Added information on 3 new metrics from 2016 Final Rule (MRSA, CDI, and HCP Influenza Vaccination)
- Altered the CST measure information to reflect submission via external file
- Updated OCM and EBRT text to reflect changes communicated in this presentation and online tools
- Alternative DACA submission process
- Updates to Public Reporting dates and measures
- Inclusion of more specifics on using Public Reporting Preview Reports
- Updates to Measure Submission Deadlines and inclusion of the Relationship Matrix

Important Upcoming Dates and Milestones

Data points

- April 22 – May 21, 2016: July Public Reporting Preview Period
- May 15, 2016: Data Submission
 - Third quarter 2015 Chemo Measures
 - First quarter 2015 Hormonal Measure
 - Fourth quarter 2015 CLABSI, CAUTI, SSI Measures

Important Upcoming Dates and Milestones (Continued)

Upcoming 2016 Webinars

- May 26: *Proposed FY 2017 PCHQR Rule*
- June 23: *The August 15, 2016, Data Submission*
- July 28: *Using NHSN for Reporting Influenza Vaccination Coverage Among Healthcare Personnel*
- August 25: *FY 2017 PCHQR Final Rule*
- September 22: *PCH Analysis of LabID Event Reporting*

2017 Proposed IPPS/LTCH Rule Release
(To be announced)

Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk[®] survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
 - This is a separate registration from ReadyTalk[®].
 - Please use your PERSONAL email so you can receive your certificate.
 - Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems?

- If you do not immediately receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by **SurveyMonkey**
Check out our [sample surveys](#) and create your own now!

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web registration form for the HSAG Learning Management Center. The page header includes the HSAG logo (Health Services Advisory Group) and a security notice: "this is a secure site please provide credentials to continue". The main heading is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". A "Register" button is located below the "Email:" field. The "Phone:" field has a small icon of a telephone handset.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

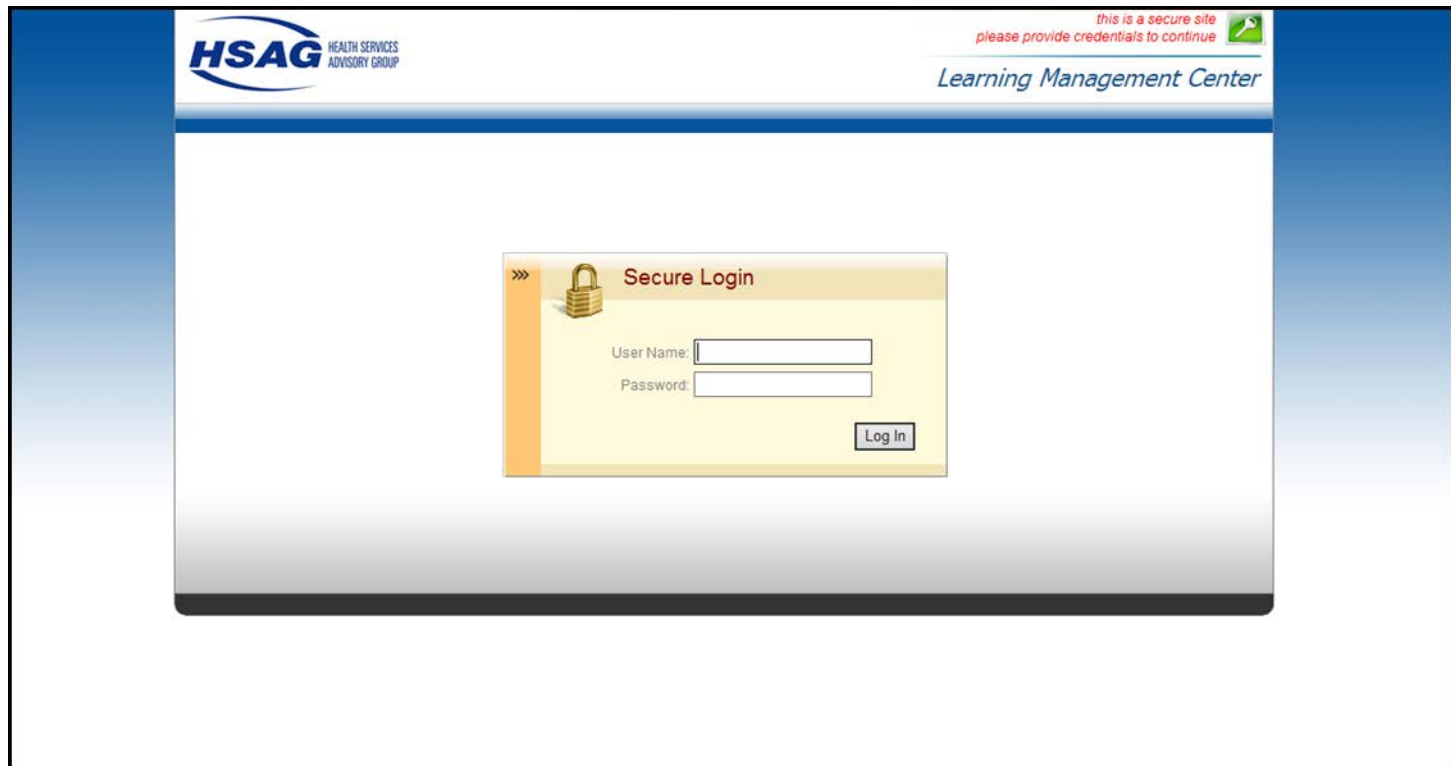
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box containing a padlock icon, a "User Name:" label with an input field, a "Password:" label with an input field, and a "Log In" button.

QUESTIONS?
