Core Measures Meeting for PPS Hospitals
Presented by Vicki Tang Olson, RN, MS (153-minute Webinar) July 22, 2014

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**Event ID:** 2405250  
**Event Started:** 7/22/2014 10:06:48 AM ET

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Robyn: The new portal is not up and running without issues. You may want to check if your population and sampling is in? I don't seem to be able to have access to any of that right now. I am waiting for help. That's why I'm thinking you guys better go in and check and see what you can and can't do. If you need to get help and go to the help desk and get a ticket I would do that sooner rather than later.

Vicki: Just to back up a bit. Lisa mentioned based on feedback last time we will have questions. You will need to come to the microphone and share your questions. There are quite a few people on the line. There are 60 people online and about 20 people face to face. The other thing I will mention in terms of feedback comment we have gotten feedback over the time of the slides and difficulty in taking notes. I want to know we have changed our template so that we do have a white background and you will be able to see the slides better.

I will be going through the slides today. There are some handouts. I added handouts of things that I thought would be helpful to share with other people, or some of the tools that you will be using, or some things you might want to communicate. Most of them are in the slides in addition. As I am going through the slides I will highlight those that you also have in handouts. We will talk a little bit from the things that -- ideas. I had to left so of the 50 hospitals I have 48 hospitals so that time period was over a three, four-month period. I thought it would be helpful to do some summary. As I learn things some of the earlier years I will share some of those ideas.

A lot of information is offered. It gets complicated, so it doesn't hurt to get a refresher of some things that you might bring back and think about. Changes with the VBP program, I think I shared with everyone that for the first year of value-based purchasing 50 about 52 hospitals were eligible. The second year went down to 44 and that was mainly be those of a tablet he and having you are case so that made hospitals and eligible. The rules have changed for VBP so if you don't have enough cases to be eligible in one area, the percentages shipped. That was the case for several hospitals that didn't have enough in the outcome categories. I don't think it will happen so much in the clinical process of care at least for this year's results, fiscal year 2015. You will be getting that an the next week. We need to get it done by the end of July.

In most of our hospitals will be eligible for fiscal year 2015 and then going forward. Since the rules are at 30% of outcome. If there is not at least two measures that the hospital is eligible for that 30% shifts to the other domain. Patient experience, efficiency, clinical process of care.
It puts a lot more emphasis on those measures. Also for fiscal year two dozen 15 those five measures if that hospital is only eligible for two of them that puts 15% on each of those measures. Depending on your particular situation, that can change your priorities and focus potentially. I think most people are trying to work and do the right thing and knowing results will follow.

Differences between the incentive programs: we now have three CMS incentive programs. For the APU can earn money. The other two you can only lose money. CMS did publish the hierarchy. When they are taking money payments adjustments and making the statement adjustments the hierarchy is that they do the first. With VBP results than with the readmission reduction. And then the hospital acquired condition program. You can see the years it started which you are familiar with. It looks like I missed a percentage for VBP purchasing. That is 1.5%. You can write in 1.5% for fiscal year 2015.

We also highlighted the VBP value purchasing measures are publicly reported for a year before in the inpatient program before they go into VBP. You get more of a heads-up on those particular measures. For the readmission reduction program and HAC don't get that same notice. It's really important to be looking at what might be future measures and also as a rule comes out last year we were already in performance period. Be aware of how important it is to be at the top of those.

Measures are coming from the inpatient program for VBP, readmission reduction program and also for the HAC program. There are a few differences for the readmission program, there are different hospitals that are included Maryland is always a different situation and so the numbers for your inpatient program and these incentive programs at least for RRP, I haven't looked at the PSI 90, the time frames can be different also. Just be aware that your numbers might look a little bit different than the inpatient program. That is always confusing when people can reconcile those numbers. The clinical process measures: I will go through the different categories of the different domains of VBP purchasing. Influenza is the one to focus on. People’s rates are increasing. We so have quite a few hospitals that are in the 80% rate. And now nationally it’s getting up to that 100%. You want to focus on immunization. That measure continues going forward with VBP where a lot of them drop off only get to fiscal year 2017.

That's a great want to focus on. The feedback I got from hospitals is often time oh the is he challenging units to bring it up to 100% so thinking of ways either to make sure nurses are doing admission assessment are following through on discharge. Some hospitals have figured out a trigger with in the hospital stay like transferred to postpartum. As a trigger that now you can get your flu shot. Think through that a little bit. That’s the last point about successful strategies.

A lot of focus on HCAHPS. A lot of system have seen opportunities. This is becoming much more up in the improvement priority. That was good for me to know also. I think the feedback previously has been, we get education to our vendors through other means. I'm going to be more cognizant of opportunities that I see coming through nationally and will probably be trying to fill that into more of our webinars and actually I have a little bit information I want to share today about that.
A lot of hospitals focusing on the ?? and nurse communication and responsiveness correlated with the overall rating. The lowest ones are usually medication communication and quietness. That was a lot of our conversation on opportunities for those particular areas.

This I didn't go through in the site business. Because each With such a priority and I listen through this webinar couple of weeks I wanted to share this with you. It's in line with some of the AHRQ patient safety culture. Many hospitals have focused on that. This is a great toolbox online for patient safety websites. Here is why it is important and how it relates to HCAHPS. I don't know if anyone listen to this webinar, but they had done a study. I took a few slides from that webinar. In their research, they found a higher HS OPS arc patient culture survey. 12 out of those 15 measures were related to higher HCAHPS overall composite average. In terms of leveraging, from overall culture changes that patient safety culture was a key one that can potentially impact your HCAHPS overall.

However, it was not overall responsible for willingness to recommend and the hospital rating. When I had gone to something nationally those two measures are considered to be different. Even from the HCAHPS people they think of those two overall measures more as patient satisfaction. They are different than other composite measures that have more to do with the patient experience.

Controls related to patient and hospital size and government ownership: this reinforces the higher scores.

Here you see a visual of that same thing. You can see on the bottom the average composite score is that went up, the HCAHPS on the left went up. Here are the particular areas. When we said nine of the 15 were related, here are the specific ones that were highly related. You can see a lot of focus on errors, culture focus. Organizational learning, overall perceptions, staffing. Supervisor expectations and actions related to promoting patient safety and teamwork. When you look at the actual areas that make sense that that would also impact the HCAHPS. You can use your results especially if you have a unit to focus on changing your patient safety culture and that could be an overall strategy as well as implementing specific strategies through your HCAHPS scores.

Medication communication: we talked about being communicating side effects and purpose of medication, new medication during hospitalization. The three strategies to focus on is making sure the nurses understand the medications and consistent scripting, hardwiring into the process. We talked about using the whiteboard as a trigger and assessing the patient's understanding with teach back. Use more visuals to share side effects and that term side effects so when the patient goes home and is entering the HCAHPS questions, they have to understand what side effects are. That's how the question was worded. And that term is not a term that necessarily patients understand.

Some hospitals are focusing on how to help them what a side effect is. I would say a little more focus on using pharmacist and having pharmacist have one-on-one interaction with patients when they have new medications.

We also talked of bit about claim based measures. It's hard to understand the data or the reports. We focus more on some of those, mortality based. If you are wanting to impact mortality rates a lot of end-
of-life care. When they looked at these particular cases these were patients that were at end-of-life. In community hospitals, it's an okay place for end-of-life. Sepsis is a big one. Several of the hospitals that I talked to did join the MHA substance initiative, since then it's now substance has come out as a potential core measure. We will see when it comes finalized in August. It is in the role as a potential measure for next year. Sepsis is a good one because it is over all responsible for mortality. Probably impacts pneumonia as part of the VBP. Also knowing that it's going to be a big focus area. If it's going into the inpatient program after it's publicly reported it can be part of value-based purchasing. There are hospitals focus on that. You can tie blood cultures with lactate so there is an early identification of sepsis in the emergency room.

VTE is another area. That comes up in the PSI 90 as well as mortality. As well as the core measure and could potentially get into the VBP program. The overall theme is early identification.

End-of-life: increase hospice is a big thing in Minnesota. We are thinking there are cultural issues as well as the difficulty of getting the conversations going and getting physicians and patients to address that we will try to get Lacrosse as one of our webinar speakers because they do such a great job of getting the message out to the community. Trying to look more widespread and upstream at primary care and getting things in place

Some other ideas were looking at inpatient deaths and trying to include more here coordination criteria and get a better sense of the bigger picture. Also figuring out ways that you might get feedback. These are 30 day measures. The patient gets discharged, how might you track and get more real-time feedback then waiting for some of these reports related to what's happened with the patient after discharge.

A lot of conversation about nursing homes. Nursing homes are sending patients back to the hospital. Nursing homes are feeling uncomfortable and a crisis situation or they communicate with the family, the family panics and the patient ends up in the hospital when it really was an end-of-life situation and did not need acute-care. Figure out ways to part with your nursing home. Also looking at other community stakeholder groups. There were some communities that had done a nice job of putting together groups of different settings and different stakeholders trying to address these issues across the board. Some of them are cultural, some are handoff in coordination issues. How do you get patients to accept homecare? How do you get them to accept hospice care? Looking at some of these community projects, with AMI, going upstream and had to stabilize those patients effectively.

PSI 90: the two that are the highest and it doesn't take much to increase your rates was DVT and accidental puncture laceration.

Most hospitals either for current review processes in place or are trying doing to do that. It is important that you make sure that what you are coding is clinically related to the situation. Which then goes back to the physician documentation whether that's accurate. Just a couple of things, this was for Oregon. They did studies. They took 226 charts and looks at complications on how physicians were documenting applications. You can see a good amount, 38% has no notation. 26 of them had competition documented and 32% had no cup locations documented. Doing that analysis in your
organization on exactly what you are seeing and they came up with guidelines. Number two was focused on was the laceration or puncture unavoidable or necessary to patient complexity.

HAI we have a few hospitals that don't have enough volume. You have to have one expected infection to have a standardized infection ratio or serve rate. Quite a few very few hospitals do not have that. And still we get to CDI most of her hospitals do have a SI are rate. That's my last points on the slide. That performance period for CDI starts next January. CDI is C. difficile. It's a good one to focus on and trying to get your performance of before your performance period starts at the end of January.

At this middle point, for VBP purchasing we are working now for the 15 you are getting results -- [Indiscernible - low volume]. In fiscal year 2017, C. difficile and M RSA come into this program as well as we also see it in two dozen 17 through the acquired condition program.

If a smaller hospital is your only measure that has a SIR rate that means that 55% of the weight of the overall squabble be on the one measure. It's pretty important to be able to test that.

As far as the hospital acquired condition that information came out last night or late yesterday. 13 of her hospitals did have the 1% penalty. We now have 50 hospitals because the couple have merged of the 50 hospitals, 13 had a 1% penalty.

Because of some of these low-volume issues, if I hospital does not have a SIR rate and a 100% focus on the PSI 90 for the hospital acquired physician program. That PSI 90 becomes very important. There were a few situations where that was the case. If there PSI 90 was higher than that 25% of the hospitals that received the penalty.

I know it's confusing. We have a question.

Could you explain the survey?

As best I cannot the top of my head. The standardized SIR stands for standardized infection ratio. It is looking at what would be expected for your size hospital and catheter rates and utilization of catheters and risk of your hospital. What would be expected? What number of infections would be expected? You will see that on your hospital preview reports. You will see a column that says inspected -- expected infections, predicted infections. It's a comparison between what based on his algorithm your volume and your risk of population, what CDC would expect in terms of infections. And then what your actual infections were.

Generally, people think lower is better. If it is over one, it is more than expected. Now what's happening is everyone is working on it. You can't think of a rate of under one being good. Everybody is improved and the number is coming down. You really have to look at the overall average. If you look at BB purchasing those thresholds numbers are at 50th percentile of the baseline year. In those baseline years, there are usually couple years back you can use that as a benchmark. That's where the medium is. The middle hospital overall in the nation.
We still have quite a bit of work to do. I think in Minnesota and individually with some hospitals. There certainly were 37 hospitals that did well on the hospital acquired condition program. More work to become.

Medicare spending per beneficiary: we sent out bar charts showing how you compared to Minnesota other hospitals since it is a Minnesota data. Before admission, during a mission, after admission were identified. And also claim sites, nursing home, inpatient, outpatient, homecare, hospice. Several hospitals had [Indiscernible] and made some changes based on that. Knowing that report was helpful in terms of prioritizing. We are going to refresh it. We are doing it with 2013 data. You will get a bar chart within the next month with two reports with the major diagnostic group and that time period to see how you compare currently.

Medicare spending: we haven't gotten those results. I'm guessing they will come with the actual 5002 dozen 50 result. In the IP PS rule .82 is the benchmark. We do pretty well in Minnesota. We have a lot of hospitals in the .8. Also several in .9. Readmissions can come into the program quickly. MDH has been working on some data in the hospital association has been an advocate on how to use the database so that you can get data on not just admission to your hospital but two other hospitals. By the end of the year, you will get additional data that will highlight those admissions to other hospitals. That is actually quite a high percentage. Higher than you would think of your readmissions. The current data that you are getting from MHA they can only do readmissions back to your hospital. Just note that when they are looking at their readmission programs, they are looking at all readmissions to any hospital. The data you are currently getting might be a little bit underreported as to what your readmission is.

For that reason, you certainly can use the CMS data. I don't think people have delved a lot into the patient files. Which each of these reports you get patient level files. They usually ends up older but I think it does give you some sense for trends within your organization. With readmissions you can actually see where they did go. It would give you a quick view of where those other readmissions are happening. You can see what hospitals are common that your patients are getting the admitted to.

Those reports also came out this last week. For the readmission reduction program, for fiscal year 2015, for the payments that will impact October discharges of this year. The performance period was over last year. COPD were added for readmission. Hip and knee seem to be the one -- not all hospitals are eligible for all of these based on number of cases. 44% of our hospitals had excess remissions on hip and knee. That was the highest one. Pneumonia was the next one in line. 39% had excess readmission. Heart failure, COPD was next at 34%. Then heart failure then in cinema. It seem like hip and knee is an area you might want to focus. In those results you will see your access readmissions and you can TrackBack. This does not have your payment yet. That generally comes out in August and September. If you look at a readmission fact sheet you will be able to see where to access the data on the government site. On the CMS sites. It might be attached to the final rule in August. The preliminary rule was attached to the proposed rule. We will see how that happens.

This is a link to the website where you can get the results once they are out. They are not out yet.
I am actually doing pretty well. In terms of time. I will go through the veep EP template. The VBP template you can get as a detachment of for those of you it is legal sized paper. It has a worksheet that looks familiar and it matches the worksheet we use for fiscal year 2015 at two dozen 14. We were filling out in for you. This is a template. I will go through how you would use your report to fill the sin. The overall worksheet and then there are several tabs. One tab is baseline data instructions. Another is the performance period instructions. There is a short definition page. The last one has to do with formulas.

These are all the possible options. They are not properly frequent. If you don't have enough cases for the outcome domain is just your percentage to the other domain. There are actually formulas depending on your situation you can highlight them, copy them, and put them into a particular area and you can be calculated it. It will be captivated for you.

The larger hospitals will not need to do that. They will have enough volume.

Hopefully I will not throw you off. I will skip over the reports section and go to the worksheet. This is an overall picture. Obviously you can't read this, but I wanted you to be looking at the right hand up. You can see it is organized by different domains. Clinical process of care, patient experience of care, outcome, efficiency. This is what you would use for your current year that you are working on. Fiscal year 2016. Because the 15 results will be out in a week, it didn't make sense to create a worksheet for two dozen 15. The kind of skipped 15. While we were working on developing this. The template was uploaded a couple of weeks ago as well as the reports that you would need. You have 30 gotten these reports. Depending on how organized you are and whether you can find the right reports we thought we would make it easy and re-upload the reports that you would need. The baseline section you need the baseline report. There is a drop-down menu when you run reports and you can run this reports at any time. You just pick VBP baseline report, pick the right year and you will be able to print the reports. That is in a different section. That is where you run reports.

The other two helpful for the performance section is the preview report. That is also one that you need to run. You run it when it is available during your preview period. And then the Medicare beneficiary report. Which you just got in May. Those are the three reports you need. Once you have those in front of you, you should be able to fill out this worksheet.

I will go section by section. For the clinical process of care you would take your number of cases or denominator in that report and fill in that first column. Anything on the worksheet that is green you will put a number into. Unless there is not applicable or something then you can leave a blank.

Just think as the green areas as where you are looking for data. You would put the number of cases from your baseline reports in the first column and the second column you will put your percentage. Just leave the percent sign off.

For performance, go to your preview report and get the percentage, number of cases. It will say you have 70 cases out of 79 cases that met the criteria that was a number of cases. Then you will put them percentage and with your preview report a is not usually to the decimal place. You have to think of this
as being a proxy. If you have other ways to have more details you can edit in there. On the preview reports, it is not to the decimal place.

For the patient experience of care for the baseline report you will do the same thing. Put in all the green areas. Put what your percent was, your date without the %. Your baseline report does that calculation between quietness and cleanliness. The preview report does not. What this report will do is cleanliness and quietness you actually for the performance period you have to enter those numbers. It will calculate and average. In the baseline report, the amount is provided for you so that you can just enter it off the baseline reports.

That is the only trick about the section.

Outcome measures: you will see there is a wide -- Y in all of those. Where it says greater than or equal to 25. You will see a Y. If that's the case, if you have 25 cases, you would be able to see that in your baseline reports. Leave the Y. If you have less than that, change it to know. It is important for the calculation that you change it to letter and O.

In the green area you would put the survival rate. On the CMS report you will have a .98 On the CMS report you will have a .98114 size or something. Just change the decimal point instead of .98 it's .98 and we booked the %. Just move the decimal place two points. So that is 98 or 88 point something.

For the HAI you will see there is also number of protected infections. You would get those off your baseline report and then get that off your preview reports for the performance period. The idea for the performance period is when we were sending you the worksheet you will get your final results until next May. This helps you on a quarterly basis track where you are at. It can give you some sense of what your points are and what your process is if you choose to use the worksheet.

Efficiency measures: where it says admissions those are episodes on your report. The number of episodes that Medicare spending for beneficiary measure. Your ratio which most people are becoming familiar with. And for the number of admissions you will be using your two dozen 13 data because that is all we have right now. You are working in 2014 so nobody has that information. You would use the May report.

It feels confusing until you have looked at through once. I did it last night. I tried to pick a hospital so that I could feel comfortable in understanding each one of them. You do the baseline once and then for the performance column, you would change that poorly educated data. This quarterly.

It will do the calculations. At the end, there is your total performance score and it takes a percentage for two dozen 16 of the process remained by 10% in patient experience by 25% outcome. And then efficiency. If an outcome you don't have enough measures to qualify for that, you would take and cut and paste the formula from another page. Cut and paste the formula and put it in here and it would circulate your total performance.
If you need help, give a call. We can look you through it. This is optional. It's a tool. The feedback was generally that this was helpful. Michelle and our analytic department developed this based on that information.

Any questions?

Is Robin here? Could you get Mary? I think we should do the chat questions before we take a break.

As result of a future years, and a fact sheet that you got there was an attachment. We did it based on the proposed rule. It will be updated in August. Just because they were so many changes for fiscal year 2017, we decided to go ahead and create a graph for a fact sheet so that you have that to share and talk about. And then we will updated as we get the final rule. If you want to pull that fact sheet outs, I will review that with you.

You will see that CMF had done shifting. I've think they were planning to do more shifting they were now more focusing on different areas. The Alpine moved into clinical process of care. There are two subdomains. That feels like a big shift. You will see the safety, HAI measures as well as the PSI 90 that are part of the basic category. They kind of shifted the outcome and now there is a basic category than those mortality measures when into the clinical processes of care. Know that the care transition this you are collecting the care transition antidotes are planned to be in the next year. This is 2017 which is pretty much 2016 in perfect forms period terms. [Indiscernible - low volume]

The other thing that is confusing is that you didn't have enough measures, it well recalculates but it will recalculates this if you did not have enough mortality measures, that 30% would still get recalculated the whole bucket. It doesn't just every calculated into the clinical practice of care.

When you only have three measures, it includes immunization and in cinema Mac. If there wasn't enough, be 30% gets redistributed into the other categories each is a little confusing. We will see what they do with the final rule. Right now that is how it is considered to be. If you turn in that same fact sheet to the third page with the eligibility criteria area, it was cleaned up a little bit. We organized it into those three different areas. You can see for fiscal year 2017 because the domain changed, the rule changed in terms of number of measures you need. And the number of cases pretty much are the same AMI. It's still 25 as well as the efficiency and the PSI 90 has to have three cases in the denominator. Pretty much everyone has a PSI 90. And then a 100 HCAHPS. This has been reworked just so that you are aware of that.

Mary, we were trying to figure out how to get the chat function -- function available. I think we can take a break from the slideshow.

When Mary figures the chat out we will come back to that.
I think I will go back to other slides that we skipped. We will touch on folder organization and then take a break. We'll come back with questions after the break.

For folder organization or report management, when I did site visits we had created folders and did quite a bit of work on it. The only way I can get a big picture of the hospital was to print off the CMS reports. I tried to organize them in some way so that I could be looking at all the data and get that big picture.

First, I feel your pain. There are a lot of reports and a lot of information to be able to manage. There were some learning while we were doing that so I thought I would share that. For those of you trying to figure out a report management system. As we get more into some of these claims measures and managing claims reports, I think people are varying levels of paying attention to those, they become much more important. Figuring out a system for your hospital of how you download those and how you organized those is pretty helpful.

The other key is, you have downloaded them and they are available, have to get the picture of how you are doing on all of them? This is how we organized it. We used folders where you have the clips at the top. You actually make the holes at the top and then you can have those metal clips that fold over. For those of you in the room you can see what I am talking about. This would be the first clip.

The advantage of that is that we were able to -- CMS is organizing their reports with a PDF that has more of an explanation and detail as to definitions for each of the areas. That might be a 30 page report. What I did not do is I have that in a separate book. I printed those generic PDFs. I put that in a different place as a reference. If I have a question, I can find it.

What I put in the blue folder was what CMS is often doing especially to the claims measure. It will come through as an Excel file. An Excel file will have an intro tab in the second tab or table 1 will have your hospital specific results. There might be a table to that also has useful hospital specific results. Then it will go into patient level files.

I skipped the patient level files. I was more looking at the bigger picture. For each of these tabs, I pulled off the report and organize those so that the newest was on top so that it made easy to look at. Forklift to, we looked at the readmission reduction report from the incentive program as well as the ones that you get from the inpatient program. The HAC program was empty but now we have reports in that section.

Inpatient reporting was the preview report. The outpatient reporting was also the preview report but also on the outpatient five. PSA 90 was from value-based purchasing and also from the inpatient program. The results are different because of that. Mortality, same thing. Value-based purchasing results but you also get your annual inpatient results. And then Medicare spending per beneficiary. You have an annual report for the last few years.

Part of the report was where your the EP purchasing and then inpatient results. You have this summary here. This is the beginning of it. I thought I would explain it. For each of clip ones we talked about
what the category was the one through eight. The actual report is listed. What's first is the most recent data. I put that on top. Wherever you see a what we did is put it colored sheet of paper in between so that you can go through the reports easily. Where you see a new box would be a sheet of paper.

As I was visiting people, the request was the report has a date but when did I get it? That is different. The date received is the date that we are aware of that you would have gotten that. Notes the month and year. Be aware that if you had turnover in your organization the quality from someone else does not transfer to the new person. If you don't download these, you lose them. Of course now with the portal changes you would not be able to go back and get any of these. They purged the files. You are starting over you. If you are missing some of these reports, you would have to contact Mary to be able to get these. The Mac

The very last column I put where a report is first used so that you would get in the download section of quality net. The preview report is an example of where you run it. The baseline report is an example of where you run it. A lot of these CMS claims reports and up in your inbox on the portal sites. And then you need to demos those reports. They have multiple files along with them.

In this situation, it would be helpful for when you go to committee. When I am talking to people and they are going to a board meeting, having a folder that you can grab and someone asks you a question about PS I 90, you have the data and can answer the questions. This would be useful for you but it is just a suggestion on how to manage your report.

We did not print out the whole reports. For the Excel files, we put the data in here. Otherwise you end up with a large binder if you printed at the support documents along with it. We kept that separate. This way you can focus on the data.

People told me they was frustrating to get a report with data on it and there was information internally and we were trying to reconcile. We had conversations with what people might do and hospital prioritization. With the network, as people focus on new topic areas, we can also help. I ended up giving my cheat sheet to several people who were interested. I created a template. I changed it a little bit so it has reporting on it so that you can actually enter the data in York. I modified it a little bit from what I was using on the site. It is another tool. Don't feel obligated. If you want to, you can also use that. This is what it looks like.

I did it by category. I put measures on here that are not value-based majors. This is my view on what I would track. I would include complications. You get a file that has mortality, readmission, hospitalwide readmissions and the fourth one is complications. I think that publications will come up more. That is one that you might want to put on here.

This is a Word document. We can put it on our website that so that you can change it. If there is interest in this, I can send it to you or we can put it on our website. I dates of service it is the most recent service I had. Sometimes it is part of the VBP program. Sometimes it was the inpatient data. Outpatient did not come up to play in this because I am focused on EBS purchasing. Know that CMS is not ignoring outpatient. We will have initiatives focused on outpatient measures also.
With VBS purchasing those are inpatient measures. That is why I focused on the quite a bit. It goes to the clinical process measures. You have this as a handout. You can see that this continues on. It goes through HCAHPS, without a dash mortality, the other thing that is helpful on the right-hand side is, I will give credit to 10, it is tricky that you can get some inpatient care benchmark off of quality net.

There are different benchmarks for value-based purchasing. You might come up with a different listing. This is the ones that I came up with. I picked the Minnesota average of that date of service and then the national average that I could find when you see through your threshold number it is actually a median. It is the middle number instead of an average. The ones with an asterisk are median.

It's another tool for you to used be able to calculate. We are at our break time. I will go through the fact sheets after the break. For those of you online, we will take a 15 minute break. We will reconvene at 1035. We will see you in a few minutes.

Hello, everyone. We are going to get started again. For those of you on the phone, if you want to put your questions in the chat and we will address those. I went over a lot of information so if you have questions about the template or getting the results with the portal. There might be portal questions also. You have your readmission reduction result as well as your house little -- hospital program results. I also talked about several tools that are available to you. There are new worksheets for 2016. There was a summary of how you might create your own folder if you are interested. What reports to pull out as well as a summary measure he -- measures that you want to track along with benchmark. If you want to put any questions you have in the chat and well -- while you are doing that the people on-site if you would like to come up and type your question into -- say your question into the phone so that everybody can hear.

This is Robin. One of the things that came up during the break is about the portal and that you should've gotten notices it yesterday -- notices yesterday about a report. If you get that. --, That is all right. It is the system that CMS is using. You can open it. [Laughter] I just had a message from the helpdesk about my ticket that I couldn't get in. Due to high volume, I was on hold. I didn't get an answer yet. If it turns out to be something that I think maybe you guys will need also I will send an email. Maybe I'm just not looking in the right spot.

For those of you on the phone, you can click on the green bar it will bring up a chat box. Any questions for those of you that are here?

My question has to do with immunizations. I was listening to a psych webinar the other day, is it true that immunizations will now be required of inpatient psych and what your does it start?
As part of the scope we will be supporting inpatient psych, so we will be getting more up to speed. I haven't been tracking that Pacific Lee but I do know -- specifically but I do know it is the case. For those of you that are familiar, it is based on your CCN number.

I'm talking about patients.

You are talking about patients. I think the question I got was more about the healthcare personnel. Most of you did see at the notice about the inpatient and outpatient can be reported together now for the healthcare personnel influence. We can check on that. We will get back to you. It looks like there are some questions in the chat. The first one was I did not receive an email about secure site. Did others receive an email?

What we're talking about was that when you have a report to download you will now get an email saying you have a CMS report.

It lists the agent so you don't really know what it is right away. It's a one minor. I don't believe anything -- saying that the portal was ready. Nothing went out to tell everybody it is working. If that is what you mean, that wasn't an email.

For me it came about 4:30 PM yesterday in the subject line is auto route. It comes from do not reply. It isn't -- is a very general subject line.

I had run a report and I got an announcement that my report was ready to view. I went to the envelope at the top of the page. Is that envelope where we will get our messages like our readmissions? Or do we have to go into something different?

I think you have to go into a different part.

Okay.

Running reports is on the main page. You have lots of different options and I think that's where you actually run the reports. If you go to the top it says secure file transfer or something. There is a link and you click on that. Then you get another screen and Robin and I actually found the reports to download are in and auto route folder on the left-hand side. You double-click on that and then you will see it come up.

That is the report that someone sends to you. The reports that you make yourself, I think that's in -- Reports section.

It just told me -- I had an email that said my report is ready to view.'s but you work --

But you weren't able to find it?
Yes.

I'm thinking that.

I don't think so. We will have to test it. Right now, Mary can't get into hers. I don't think it's going to be there. Mary will send you a regular email how she always did to say that something is coming. I think we don't want to stop that.

What I would do is go to the very top and click on that link that says secure file transfer and see the -- if that brings you into another area. Another question is about ESTOPS. It's the patient safety survey. The patient safety survey they call HSTOPS. That's what that terminology is referring to. It sounds like Mary looked at the secure file transfer section. It looks like there is some success in downloading that. That is encouraging to know. It's a new process, and it actually works. As Robin said it's probably a good thing to double check to make sure that you have everything set up correctly.

We haven't heard anything about delays or anything even though there are these issues. You might want to make sure first is inpatient and second is your population and sampling. You might want to make sure you can get in there even if you want to just make sure it's there. It wouldn't surprise me if things were delayed because of the issues. We want to make sure that you are able to go in there and get that data by the first.

The positives about -- hospital survey on patient safety. Any other questions here? Online? I'm going to mention a few things about the fact sheet and then I will talk a little bit about a statewide quality reporting and measurements. That is the last slide. We will go back and talk about the other scope of work. I think I will close the chat for a moment but feel free to add to the chat and we will come back and answer questions. The incentive program fact sheet -- just a couple things I want to mention. These are on the website in the hospital section. Click on provider at the top and then on the left-hand side click hospital. You will get to the hospital page and each under the -- under each and -- of the -- I did notice when I was looking through things that their is one timeframe for FY 16 that didn't seem quite right to me. On FY 16, the performance period for mature beneficiary [Indiscernible-background noise] is listed as a two-year period. It should be 2014 for the whole thing. We will correct that. The readmission reduction program -- that fact sheet is the most helpful. I did add the time periods for that for the new year. As you are looking for your results and payment results, that has more information related to that. The hospital acquired condition program, I just wanted to mention a few things about that. It's a new program and it takes a while to get into the swing of it. I would encourage you to use that as an educational tool. It also is organized like the value-based purchasing program and it has a pie chart just like you have in the domain [Indiscernible-background noise]. Just be aware [Indiscernible-background noise] the PSI-90 is 30% of the score and as we were talking about if for some reason you don't have the volume to be able to support that score than it shifts to the other area. You can -- there is a yellow grid that talks about how that happens [Indiscernible-papers rustling] as a support tool. That's something you can use for education within your organization. Also because it is redundant of the other measures, I think this program will be a little more confusing to people because they are used to the hospital value-based and readmissions reduction program. Let's just be aware that also. This is what we talked about for the fiscal year 2017. This will be available to you once we get on the website.
We review the eligibility criteria being different. This is based on the proposed rules so we will update it when we get the final ones. I'm going to skip to the very end slide and talk a little bit about the statewide quality reporting measurement system. We will talk about the level scope of work. You will find this slide at the end. How many here were at before him -- for him in June -- forum in June? Those recommendations go in in the spring and there is a public forum in June. Than the Department of Health puts together the rules next month. And then they do the final rules that come out at the end of the year. There were some delays this year just because it was a new contact and the timing was such that the contract is still the same and the community measurements manages the recommendations for cost total and clinic measures. We actually focus more on the hospital measures to support that process. We are doing some pre-major changes with some of the processes. I think they will be very positive. Because of the delay this year we decided not to push things. It never goes well to put in a measure until it has been thought through and vetted. The consequence to the hospitals are five. There are no new measures the sheer. There were EMI seven and eight but for PPS hospitals there were no changes. When it comes around to the end of the year in fiscal year 2015, we did not recommend any changes. MDH can make some changes so we will watch that. That's the status for 2015. Our process for the measures is changing. I want to review those changes as well as give you a heads up as to some things to think about. We want that stakeholder input. The changes are the committee has met in the spring and we share those recommendations with the Department of Health. That goes into the role making process. -- Rulemaking process. It doesn't just happen in the spring now. The longer timeframe will help us get more feedback and also use our clinical expert groups to be able to give our recommendations. That is one change. The other change is the committee is going to stay. We did add some professionals to that group. Mainly so that we would have some redundancy so if we are looking for healthcare representation we don't just have one person who isn't able to come to that meeting. We have some redundancy built-in. We continue to have the consumer and here perspective -- peer perspective. That will stay consistent through the end of this time period for this contract which is 2015 end of year. We are going to try to use the clinical expert groups a little bit more. We started that process two years ago. These are some of the topic areas that have come up as potential measures over the last few years because we held on any new measures this year, we don't have any. I want you to know that there is actually quite a bit of discussion on all of these different topic areas. I highlight these topic areas so that you can be thinking and provide input to us and also not be surprised if measures come up. Some of them have to do with alignment with CMS and looking at some measures that are CMS measures. Historically the hospital and CMS -- there has been a lot of effort to try to align those. Some of them have been topic areas that have come up as needed. Mental health, there is a lot of activity looking at access and how to manage mental health access. End-of-life care comes up in a lot of different venues. More spending measures and having low volume and critical access hospitals. Historically they have been collecting measures where they have to go through all of the initial questions but then the patience -- patient gets excluded. That is not the best source of rhesus -- use of resources. You can see the measure and a lot more safety. Potentially patient safety will be looked at. A lot of these measures you have been collecting for the sake care roadmap as part of the hospital engagement network. I just wanted to highlight some of these topic areas so that you are tracking and are able to provide input into the process. The other process change that will happen is Minnesota Community Measurement has actually done a preliminary suite of measures on April 15. April 5 team you get the preliminary set -- April 15 you get the preliminary set and then they revised the recommended measures and then the public form in June. Then there is feedback from that and then
the proposed rule and feedback from that. Multiple feedback mechanisms -- because of the timing we have not been able to keep the hospital measures on that schedule. Part of the reason or rationale for doing it over a year time period is that we can also do that. For the hospital measures you can expect to see a preliminary slate come out in April. It is more specific and I think that will give people more opportunities for feedback. I think the feedback I've gotten is people really wanted to know what they are reacting to not just cut -- general topics. That's the other process change that will happen this year. Any questions about statewide quality? Any online? I think we are going to move on and I am going to go back to the slides on the 11 scope of work. Several of you have heard pieces of this. Hopefully this is just a reinforcement of that. We continually get [Indiscernible-papers rustling] a little bit more information and we do not have all of the information yet. As I mentioned earlier, the actual areas -- there are not a lot of -- a lot of differences. When we talk about scopes of work, CMS divides things in chunks. They are usually three-year chunks of increment work. Beneficiary protection work and now it's changing to five years. We've been doing this a while so we are at the 11th SOW. This is public information that came out with the RSP. This is just help you understand that although the topics are not changing, the structure is changing and that will be quite a bit of our discussion. I'm going to let that see talk about the BFCC . And then on the right-hand side I'm going to focus on that right now. That's the quality improvement network. Here is a new acronym for you -- QIN . That means quality improvement network. Historically, CMS has contracted for each state a statewide contract. This time they asked Dick states to join together and those were just announced -- six states to join together and those were just announced. I'm just going to group -- review the general topic area. We also included a handout so that you can use that for communication purposes also. Go one has to do with some of the preventive topics. There is still a big focus on some of the clinics. There's still a big focus on cardiac health. That has not changed. The diabetes is a little bit more prevalent here. That might have been a topic here that was picked. You will see immunizations and then the coordination of the meaning thing -- meaningful use of H I T. The second AIM is the community focus. Here you'll see the the nursing homes and initiatives. Reducing health care associated infections is a big focus area. As well as reducing healthcare acquired conditions in nursing homes. That is some of the patients harm topic areas. A little bit more focus on infection in nursing homes also. Goal three is the coronation of care. Some of the work we've been doing on care transitions is a big topic area. The third AIM is bringing in focus to make care more affordable. They focus on the physician reporting system and also their incentive program which is called a value modifier. Getting more support for that program. It's a newer program. There are different projects that come up. In this area is also the value-based purchasing related to hospitals. That work continues as well as improvement work also supporting outpatient as we were talking about. Inpatient psych and ambulatory surgery centers are also focus. People's focus has been on reporting and now it will be bringing it up to another level focusing on improving. I'm going to pass this off to Betsy.

Good morning, everyone. I'm going to talk quickly and try to translate some acronyms. Don't know if use -- if you in the audience on the phone will touch you directly. I'm going to ask you to take it back to those in your organization who are the race reverse our requests for medical records. We do case review on those. Just be listening with that thought in mind that it is information that you might need to take back to someone else inside your organization. But I'm going to talk about, the stuff on the left-hand side of slide 43. We have the acronym BFCC and QIO. BFCC translates -- the QIO has the to compose -- components. You guys have been participating in efforts around the quality improvement
technical assistance and core measures and other things. The second component has been the medical case review. Medicare he beneficiary, if they have question on quality of care or they are feel -- feeling like they are asked to believe too soon they can call their QIO and ask for a review of their care or a review on that decision. That is the part that is changing in this next scope of work. The case review component of it no longer can be done by the same organization who is doing the quality improvement. We're going to talk about that a bit more. CMS decided to pull the two pieces apart into separate organizations and they did that are a couple of reasons. There have always been those who have had concerns that the entities that do case review cannot have impaired objectivity. There has been a question out there if an organization is seeking to work with hospitals or nursing homes are clinics, to encourage engagement in our quality improvement collaborative or any of our initiatives -- with that same organization have a paired objectivity if they are reviewing care for the same hospitals on behalf of the beneficiary who has questions on quality of care or concerns that they are being asked to leave the hospital to sin. We -- soon. We worked very hard to not have an paired arts have -- objectivity. This is one way for CMS to take care or respond to that concern. The other reason they are separating it is case review used to be done by every QIO. Each state had its own QIO and there was a case review program in each state pick --. It's going to be done now by two organizations across the whole country. I will get into that more. When you see the term beneficiary and family centered care quality improvement organization or BFCC QIO it is the case review portion. Vicki mentioned the QIN. We think of it is quality improvement network. It's the two pieces of the program now being separated. As of August 1 Stratis health will no longer be doing the case review program. Stratis health will continue to do the quality improvement element in case review will go to KEPRO. This is what I want you to take back to your colleagues inside your hospital who may be in the medical record department or it might be in your utilization review department. Those who give the important measure -- message to Medicare. Tells them they have a right to a second opinion on the hospital tells them they are ready for discharge. That's the form that used to give the Stratus health information. It's effective August 1, so it's right around the corner. Sometimes CMS doesn't actually think about a transition, it's a flip of a switch. They don't think about the time it takes to get forms converted and get the news out to people. Get rid of all the old forms and exchange them with the new. We have put this out in multiple newsletters trying to get it to those in your organizations who need that information. It's only as good as it reaches those folks. Anything you can do to help get that to them, I would appreciate it. The things that they need to know when you take it back. A couple of messages to help you as you try to take that message. They need to update their important message from Medicare and put KEPRO information on it. For our critical access hospitals they also have swing beds and may have a different form in addition to the important message they will need to update that. Other places where we might be -- and I'm not sure if you would have this their -- you post a Bill of Rights or you might have it in your packet of information that you give to patients. We may be indicated on their and that might be a place for a phone number for Stratus health that they had quality concerns listed. We are trying to trigger other places we might be listed that you might not think of that are out there. Any policies and procedures that might have us listed. We're going to continue to do the quality improvement -- we will continue to do that but not the case review. Any questions? Thanks for your time.

Robin is going to talk about the value incentive and quality reporting centers.
I think the first thing I want to mention before I get started is I believe this came out on Friday afternoon. Hopefully someone in your facility got the information about a call that is happening tomorrow. The subject is you are invited to the national provided QIO program transition and I strongly suggest that you listen. We will be listening to. -- Also. It appears that it is going to be CMS's explanation to -- about the changes to the program. You do not have to register. You should've gotten that in your hand out. You don't have to preregister, so if you have not you are fine. [ Laughter ] I can't really tell you more than what it says on the invitation. Because we don't know but I think it would be a good idea. It might give more explanation. What we are hoping for is maybe more ask the nation around -- explanation on who you should be contacting when you have issues. If we go back to the slide, I want to make sure and explain things in a way that you can understand. When I need technical assistance I'm not sure what that means. [Indiscernible] It explains it in that email in July about the restructuring phase -- somebody should've gotten that -- that asked about the quality reporting. The center part of the slide right there. [Indiscernible-too far from microphone] If you code -- go to the next slide there are five of them here the first one is the hospital inpatient psychiatric facility and PPS exempt cancer hospitals. That's the support for hospital intake. You guys doing inpatient reporting, this is going to be your support. This is the only one I've -- as of this time that we know of that has been awarded to [Indiscernible-too far from microphone]. Now they are going to be and should -- and patient support centers. You will see the explanation. This contract to provide national outreach, education, and technical assistance to subsection hospital inpatient departments. The PPS exempt cancer hospitals and impatient psychiatric facilities to report quality data to CMS. This facility is going to be your support for intake. Right now this is what we know as well. I don't know if you're going to just keep calling the number you did for outpatient. I don't know if that is going to change. We just know they have been awarded for impatient support. The next one of the VIQR is hospital outpatient and ambulatory surgical centers. This is going to be your support for if you have questions -- we don't know who that's going to be yet. We don't know that they have awarded that yet.

It used to be you?

Yes. Now it is going to be whoever. The next one is validation support. This is going to be your center -- and again we don't know who it will be. If you are chosen for validation this is going to you be -- to be your support around validation. If you have questions about templates or scores -- this is going to be your center. Right now, again it was me. You next one is appeals -- your next one is appeals. Again this is not announced so we don't know who it will be yet but this contractor assist CMS to administer appeals, reconsideration, any appeals. This is the center you would talk to. We don't know who that is right now and this would of been us before. As of August 1 we will be doing it. The last one is called the monitoring and evaluation center. Again, we don't do that's going to be. This contractor supports CMS to monitor and evaluate the hospital VBP program and CMS quality reporting programs relative to supporting CMS three-part aim of lowering costs, improving patient care, and improving population health. I'm hoping when they announced this they will explain it a little further. Those of the five centers. We only know the one right now. To put it in plain terms, as of August 1 unless something changes you don't contact Stratis Health anymore. If there are issues about infractions [Indiscernible-too far from microphone] -- you need to figure out which one of the centers will apply. If we get information in between -- when we find out more information, we will get that out to you. Right now,
we kind of no as much as you do. I can't tell you who to call or email. Does anyone have any questions?

[Indiscernible-too far from microphone]

Have you talk about your level of restriction? -- Frustration? Is nothing you can do about it. It's 10 days away and they are making this change.

I don't know if you guys on the phone heard that but we have frustration here. I don't really know what say. I wish we had more information about who to talk to. Maybe because they are going to be centers there will be more support than they have had in the past. Don't really know.

Is there any chance that you will take on any of these centers at all?

The question was is there any chance that Stratis will be involved in being one of the centers? No. At this time, no that is not the possibility.

, We bring up the chat? -- Can we bring up the chat?

If that is something you did the of -- above and beyond --

That is something that we were instructed to do. They send us reports and we were instructed to contact you guys and let you know. I would guess that there is going to be -- because we won't be getting those reports anymore -- to call you and say these don't match. I don't want to assume. I guess my thought is that's what these centers will be doing. I don't know for sure. That is one of the things that we will not be doing any more. I would guess that that is what they will be doing. I don't know if it will be at the same level. We will have to wait and see.

There are a couple of questions in the chat. One of them is can you explain the program contract structure in more detail? What part is KEPRO? Who addresses the QIO and column awards? You want to add anything, Betsy? The question is who is KEPRO and explain the contract structure in more detail.

KEPRO is a QIO that is based in Ohio. They are expanding their scope and they are going to cover three out of five regions. Rather than having one entity for state they have split into five regions across the country. Three of those regions, KEPRO has. Their parent company is broader than their QIO work than they do currently. They are known in the QIO realm and they have been strong in their case paperwork. The three reasons -- regions they have is the Midwest and the Southeast portion down to Florida. Another organization called [Indiscernible] has the two remaining regions which is the West Coast and the our Northeast region. KEPRO will have to offices, one based in Ohio and one in Florida. Minnesota will be facilitated or managed in Florida. If you happen to look down the hallway there is a stack of boxes in the hallway. We are in the process of shipping medical records that are required to be retained for a period of time to Tampa Florida. We willfully transition on July 31. Phone lines that we
have presently will be ported to KEPRO. As of August 1 they will receive any phone calls that have to
do and fill the call.

How long will that work?

They have some requirements in their contract with CMS to maintain that an answer it live for -- I
think -- 90 days. After that they get a voicemail message. There is some transition. At some point I saw
a question come through -- is well -- will bonuses be invalid if you don't convert the number over to
KEPRO information. It's an additional liability on the part of the hospital to make sure you give valid
notice contact information. Eventually that will happen. I can't say what that window is. I'm not sure
from answering the question about structure but that is how it's designed right now. When they get a
request for medical records it will come out of the Tampa office. One of the hardest things during
transition -- transitioning is do I trust this?

Will keep go -- KEPRO be sending a contract to facilities?

In the past you have had a memorandum of agreement that we initiate when we send to the hospitals
for a scope of work. What we don't know is -- I think KEPRO will initiate that with you. What is
unclear to me is will be quality information QIO also have any obligation to do a memorandum of
agreement with each of your hospitals. I believe that there will be something like that for KEPRO so
that you can release medical records to them. It probably won't hit your door on August 1 although I
will tell you any information we have had an who -- on who your contacts are -- some content --
hospitals will have one point of contact for medical record request. We have been conveying that to
KEPRO -- whether they will act on it in the same way we do not know. We are hopeful. We're trying
to give them as much information about hours date as we can. We don't have any control and how they
will use it.

Just a summary, as you look at this diagram -- you see the structure for the beneficiary protection case
review. There are those five regions in the blue section. And then about that there will be NCC which
is the national coordinating center. Apparently, there will be an oversight review center which I think
is a new thing. We don't know what that looks like. In the middle section all the reporting functions
and technical assistance and support for the reporting and the incentive programs are in the center. As
Robin said, not all of those have been awarded yet. The plan is by September that they will be. That
reporting center support is there. On the right-hand side in the green is the quality improvement work.
As we mentioned, there are 14 of those that were awarded this week. Stratis Health did receive an
award and our group is Wisconsin and Michigan. The three states together are considered quality
innovation networks. In our case, Stratis Health is listed on the contracts but we agreed that we are
working in partnership with our three states. As I mentioned, my vision is like the [Indiscernible] more
education comes out and we are able to use take advantage of the experts in other states.

In our case it is with the other QIO's with in that state -- in that state. The actual work is still at the state
level. In terms of us recruiting hospitals we are looking at that. There will be some differences as we
figure out the structure and go forward. Value-based purchasing and value modified on the physician
side and the inpatient -- there is still a focus on improvement. You cannot do improvement if you don't
understand the measures. I think there will be some gray area in the sense that we still have to understand the reporting function to be able to support the incentive programs. In terms of data physician report -- reporting were thinking that is in line and that will be different -- [Indiscernible]. You will be sent all of that detail. We are just making some assumptions. [Indiscernible-low volume] The call tomorrow hopefully will give us more detail. [Indiscernible-low volume] Other questions? Back --

All of this takes place on August 1. If I that that report up until then to let you know about what might be missing or short, we will send out reminders on that and let you know. I'm not sure but I might be getting, but I get -- if I get some it will be business as usual until August 1.

I think we are assuming if there is no other information, we will continue business as usual until we have a clear transition.

Dickie's comment is about the timing. -- Mickey's comment is about timing. It does feel like a lot of changes all at once. Just know that we are committed to ease that transition. In terms of the other part of the question, thanks to Robin I echo that. I think Robin has done a great job. I think she has credibility in terms of answering questions for people. I get that feedback over and over as I go to hospitals. We think Robin for that. [Applause] Robin will still be part of Stratis Health. She will interact with you in different ways. I think integration of looking at all settings has definitely been occurring. So many of the hospitals are responsible for multiple settings. You might be interacting with her but just in different program areas. We will still be using her ex cheese in understanding -- expertise and understanding. There is also a big change in the out -- electronic measures and CMS is saying that 2015 is when some of the electronic measures and the abstracted measures will come together and you can see that focus happening as some of those clinical process is removed. Her expertise will be valuable in understanding that transition. It does feel like a big change for us also. I think the other reporting discussion that we wanted to have was also about the core measure meeting. Our assumption, and we will know a little bit more as we kick off the 11th SOW , I feel like there is probably a little bit more on improvement and the assumption is that we will also have those quality improvement coordinating meeting centers. Historically there has been for each topic area -- there has been one QIO that has also been the coordinating center for topic area. This is a separate contract and we will be looking at all of the topic areas. As Robin indicated, there is also a value-based purchasing component. We will have to see what that all looks like. My assumption is we will have more of a collaborative improvement focus where we are recruiting hospitals and that work. Be thoughtful about where you would like to join and what your focus area would be. Be aware that we will be providing that coaching and support for improving value-based purchasing. We will also probably be doing more of that learning and action network that you see with some of the other topics such as care transitions and clinic work. Part of my focus as I was going out to the sites was looking for ideas. We looked toward the future and I think besides the -- joining the collaborative one of the great ideas I got from one of the hospitals was to try to do more sharing. I think we have done that is part of the core measure meetings and that is how things started up. Just understanding what ideas and getting ideas from your colleagues of what things work. For instance, when I talk about whiteboards with improvements -- will everybody is trying to figure out what data you put on the whiteboard? You keep adding things to the side? How big you make the whiteboard? How do you updated? That would be a topic area. You split it medical and surgical? Order sets for risk assessment -- there are some very concrete ideas. I think we
have identified some of the hot topics that might be of use to that kind of sharing. I think we are
anticipating some of those kinds of ideas.

So you will still have this meeting but it will change its focus? Back I think --

I think that is what we are asking for. For the reporting part, we know that that will not be part of our
responsibility. Originally, this started as abstractors who were interested in sharing and learning from
each other and getting together. The question is would you like to still do that? Does somebody want to
to step to the plate in terms of leading that effort? That is one question. Related to the -- we've added. The
timing fit for us to take a leadership role for the last three years and we've added and mixed in this
quality part with value-based purchasing. Sometimes people have felt like we don't really get as much
abstract time for questions and sharing. Other people like that they also get this piece of it and we have
also [Indiscernible]. We have struggled with having both of those functions. I'm thinking they will be
more separate. We will definitely be doing something with value-based purchasing. What I am
interested in and if you want to write in your evaluation -- you like the face-to-face option as well as
the call in option? And what would you like the frequency to be? I'm talking more about the value-
based purchasing part. Would you like it to be quarterly? Has that worked out well for you? Would
you like it to be a shorter time period? Monthly? Do you pre--- prefer more of a webinar focused. What
would the sharing part look like? I think that is a key component. We have other collaboratives with
other associations right now. Those of worked well. We haven't developed a -- those yet. This is great
timing for your input as to what your preference would be. Some of the work will be continuing but we
will be separating out the reporting of the value-based purchasing a little bit more. For that purpose,
the core measures meeting as we know it, we are not thinking they will continue it. I am quite open to
transitioning answer wording -- and supporting. I don't know how to leadership works in terms of who.
Did it formally change?

Is there anybody that was around by the beginning? Some of the hospitals were using the program to
enter data in and they were meeting about that software program and data entry and they had someone
from Stratus come and talk. Then we started being a regular. Was a couple different hospitals. There
were a couple into loose -- the loose -- Duluth. It became a bigger thing than it initially was. The
timing was right in some of the people at the hospitals who had pulled the group together left and took
different jobs. It was at a point where there wasn't any one person who wanted to pull it all together. It
worked for us to take charge of the meeting because it allowed us to get all of the information that we
wanted out. It is up to you guys, if you want to have a meeting or talk about abstraction and have a
group about that that has to be you guys. You have the list. You can see and maybe check to see if
people are interested. I would have to say that because of the way the work is it wouldn't be something
-- any kind of meeting an abstraction there would not be a Stratis Health person there.

You are not saying the new organization is can a support -- going to support the core measures. Are
you saying they will be too big that they won't care? [ Laughter ]

Let's just say they are never going to be as good as me. [ Laughter ] We don't really know. It just seems
-- I'm just kind of thinking -- Florida now is your inpatient. I would be guessing you will get an email
and a phone number to call and then they will do webinars. They will send you things. That is my
thought. It seems unlikely to me that they will have someone coming out. Part of the whole thing is making it more efficient and regional rising it. I could be wrong -- regional rising it. I could be wrong.

[Indiscernible-too far from microphone]

I think as far as outpatient goes, we had a number we could call. They seem to be pretty accessible. Hopefully that will continue as they become the inpatient support. I think it is interesting that they are outpatient and inpatient.

They could out -- end up outpatient as well.

They could as well. I don't know. Maybe.

[Indiscernible-too far from microphone]

Certainly you guys have seen lots of changes. We are still committed to helping with the transition. As we have seen with other situations where there have been major changes, things tend to work themselves out.

[Indiscernible-too far from microphone] Right. Yes. Susan's summary is a good summary. The actual reporting piece will not be part of the 11th SOW. The improvement should be stronger. We are thinking we will be recruiting and having initiatives and collaboratives in action networks work related to all the different areas. The inpatient psych, we have gotten questions about that. We were able to focus on some of the newer programs and so it seems that the program that has been more established. The focus will be national. It looks like we have 10 minutes. Are there any questions from those online? It looks like this one summarizes everybody's feelings. This seems very confusing. You've always been one of the reasons Minnesota has remained so high as ours quality for our patient. I hope this will not change. I think because we are focused on improvement, measures are part of an improvement so you can't do a total separation either. It all focuses together. I was thinking that 300 page role -- I won't have to read that. [Laughter] I think that will still be part of the responsibility. One of the key messages as I have been doing site visits is how to get ahead. I feel really positively about our work in Minnesota. More people are aware of the measure before they go into the rulemaking process. I think the more we are looking ahead -- it takes a while. It takes a while to improve and get the structure in place. Those changes are not made overnight. We will still in -- be involved. And look forward to that. If there are no other questions then I guess we will and a little bit early. Thank you all.

Thanks everyone.

I guess we can end the call.

This does conclude today's teleconference. You may now disconnect. [Event Concluded]