Calendar Year 2017 Quality Blue Hospital Overview Session

Program Overview

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Agenda

- Program Overview
- Quality Blue Hospital Program Components
  - Quality Component
  - Cost and Utilization Component
- Dashboard Reporting and Timelines
- Program Summation
- Question & Answer

Quality Blue Hospital Pay-For-Value Program

FY 2002
6 Participating Hospitals

CY 2016
114 Participating Hospitals
- Pennsylvania
- West Virginia
- New York
- Delaware

CY 2017
- Current participants plus new contracts

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CY 2017 Program Timeline

Program Manual Distributed

- Draft: December 15, 2016
- Manual may be updated for final Quality Bundle (awaiting final Star cut points)

Program Overview Sessions

- November 30, 2016
- December 8, 2016

Measurement begins 1/1/2017

- *Measurement for Cost and Utilization Component begins with discharges 10/1/2016 through 9/30/2017 with 90 day post-discharge*

Final Results

- CY 2017 Final Dashboard Distributed: June 15, 2018
- Reimbursement Notification: June 30, 2018

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CY 2017 Quality Blue Hospital Program Components

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Hospital Program Metric Update : CY 2016 to CY 2017

	CY 2016 Metrics	CY 2017 Metric Updates
Quality	• Readmissions	• Same measure – updated targets
	• Healthcare associated adverse events (HAAE) – HAI (CLABSI, CAUTI, CDI); Surgical Site Infections – VTE	• Same focus; Use qualitative assessment as reported on Hospital Compare • Same measure- updated targets
	• Quality Bundle	• Same/ one new Star measure
	• Palliative Care	• Same measure - updated targets
	• Perinatal	• Same measure - updated targets
	• 3-day Return to ED (*Profiled*)	• Added to scoring
Cost and Utilization	• Ave. Episode Cost (*Profiled*)	• Added 3 episodes to Scoring (Pneumonia, COPD, Major Joints)
	• MSPB	• *Removed from Scoring*
	• Transition of Care Metrics(Innovations)	• *Removed from scoring*
	• Evidence Care Pathways (Innovations)	• *Removed from scoring*
	• Follow-up Visit Within 7 Days (Innovations)	• *Removed from scoring*

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Claims Based Methodology

Minimizes data collection burden and refocus on process activities to ultimately achieve better outcomes.

Commercial and Medicare Advantage products are included.

- Federal Employee Program (FEP) Members in WPA, NEPA, WV and DE Markets included.
- Blue Card Home (Highmark) claims are included but Blue Card Host (other Blue Plans) claims are excluded in all Market areas.
- Primary and Secondary coverage is included.

Claims submission

- Must be accurate and timely (in accordance with industry billing claims standards) for inclusion in program measurement.
- To assure that claims are included in yearend processing, claims will need to be submitted by **January 31, 2018**.

Technical Specifications

- Masthead documentation provided in "**Hospital Component and Quality Bundle Masthead Measure Guide."**
- Hospitals may not have access to all data available to recreate measurement.
- Highmark leverages NCQA HEDIS (and its licensed vendors) to result program components. Certain detail may not be included in mastheads due to complexity or propriety limitations.

CY2017 Minimum Denominators

- Quality Metrics: 25 qualifying events (denominator) are needed for the metric to be applicable for scoring at year-end.
- Cost and Utilization: Minimum denominator volumes for each Population and each episode (COPD, Major Joint Replacement of Lower Extremities, Simple Pneumonia) will need 10 episodes in *either* Commercial or Medicare Advantage to be scored.
- Quality Bundle: Minimum denominator volumes for individual quality measures is set at 10.

	Quality Metrics (Readmissions, Palliative Care, Perinatal, VTE, 3-Day return to ED)	Cost and Utilization (Ave Episode of Care Costs)		Quality Bundle Individual Measures
		Medicare Advantage	Commercial	
Minimum Denominator	25	10*	10*	10

* For scoring, hospital must have 10 episodes in either MA or Commercial to be eligible.

- o Interim program year reporting will provide preliminary scores without regard to volume.
- o If at year end, an individual metric does not have the required denominator volume, a hospital will not be held accountable for the score for that metric**.**

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Quality Component (70 Points)

- Quality Bundle
- Readmissions
- Healthcare Associated Adverse Events
- Palliative Care
- Perinatal
- 3-Day Return to the Emergency Department

Quality Bundle – 10 points

Metrics

- Continue to focus on the care continuum, improving patient health and outcomes for hospitals/health systems with employed physician practices
- Aggregate performance for hospital/health system employed physician practices on 17 CMS Stars metrics
- Measured on Calendar year Jan through Dec 2017
- Final 2017 Star measures & cut-points pending; will update program when released in early 2017

Scoring: Aggregate Star Rating

POINTS	10	7	2	0
Aggregate Quality Bundle Score (17 metrics)	≥ 4.0	≥ 3.75 < 4.0	≥ 3.5 < 3.75	< 3.5

Scoring: Bonus Points

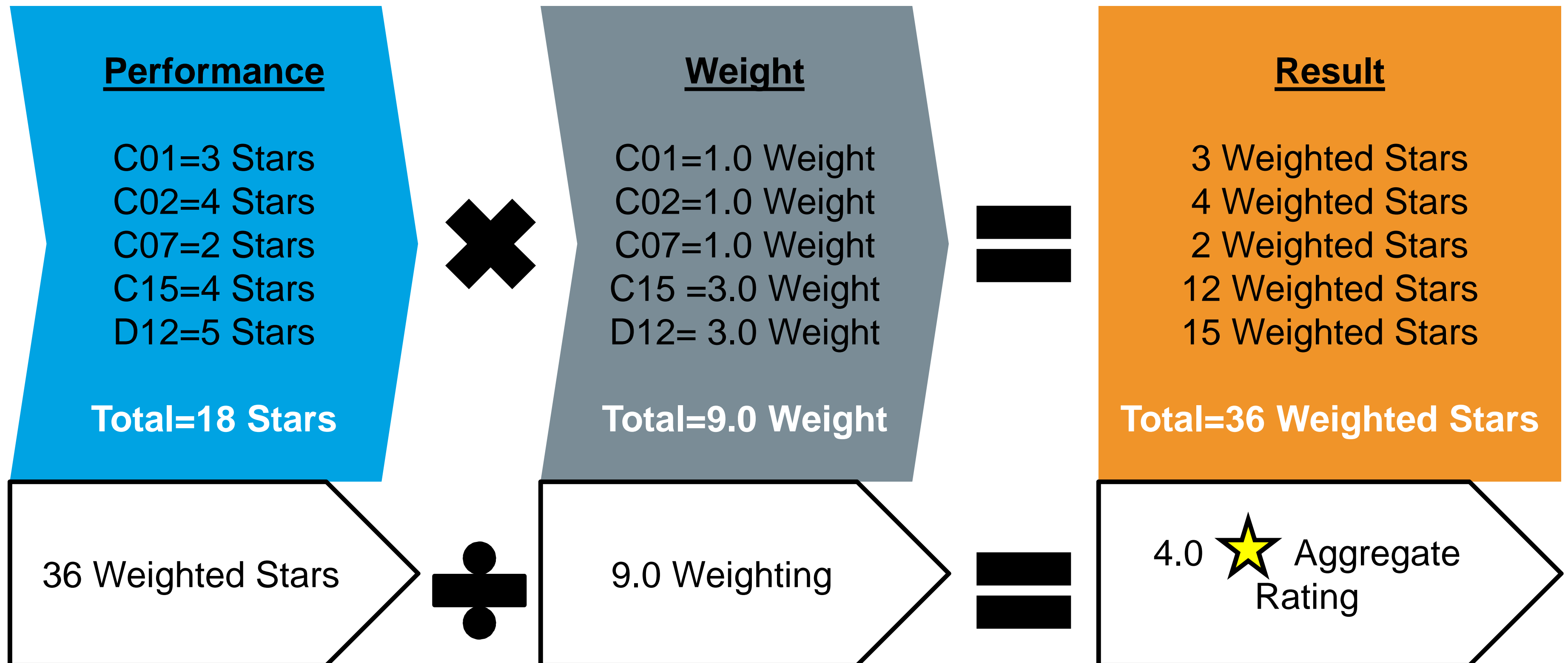
Potential bonus points are included:

≥ 4.01-4.50 Star: 2 Bonus

≥ 4.51-5.00 Star: 5 Bonus

Example: Aggregate Star Rating Calculation

All Hospital/Health System practices' numerators and denominators for each measure are added together to assess the aggregated Star rating.



- **Determine aggregated performance with each Star measure**
- **Multiply by weight of each measure to determine achieved weighted Stars**
- **Divide total weighted Stars achieved (numerator) /sum of total weight applicable (Denominator) to calculate hospital/health system Aggregate Star Rating.**

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Readmissions – 25 points

Metrics

- All cause –unplanned 30 day Readmission (NCQA-HEDIS national metric). (NQF 1768)
- Medicare Advantage and Commercial resulted separately

Scoring

	Medicare Advantage	Commercial
Points	12.5	12.5
Scored	Year End performance	Year End performance
Scored Period	Jan- Dec 2017	Jan-Dec 2017
• Performance thresholds established at absolute targets		

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Readmission Metric Scoring

Acute Care Hospitals Medicare Advantage (non-Specialty Hospitals)

POINTS	12.5	8	4	0
30 day all-cause Unplanned Readmissions: Medicare Advantage	≤ 11.97%	> 11.97% ≤ 13.24%	> 13.24. % ≤ 14.63 %	> 14.63%
Highmark Quality Blue Percentile	70th	55th	35th	< 35th

Acute Care Hospitals Commercial (non-Specialty Hospitals)

POINTS	12.5	8	4	0
30 day all-cause Unplanned Readmissions: Commercial	≤ 6.17%	> 6.17% ≤ 7.20%	> 7.20% ≤ 8.87%	> 8.87%
Highmark Quality Blue Percentile	70th	55th	35th	< 35th

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Readmission Metric Scoring

Specialty Care Hospitals (Medicare Advantage)

POINTS	12.5	8	4	0
Index Hospitalization Volumes less than 50 Readmission Volumes: Medicare Advantage	Zero Readmits	1 Readmit	2 Readmits	>2 Readmits
Index Hospitalization Volumes $\geq$ than 50 Readmission Volumes: Medicare Advantage	Zero, 1 Readmit	2,3 Readmits	4,5 Readmits	>5 Readmits

Specialty Care Hospitals (Commercial)

POINTS	12.5	8	4	0
Index Hospitalization Volumes less than 50 Readmission Volumes: Commercial	Zero Readmits	1 Readmit	2 Readmits	>2 Readmits
Index Hospitalization Volumes $\geq$ than 50 Readmission Volumes: Commercial	Zero, 1 Readmit	2 Readmits	3 Readmits	>3 Readmits

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HAAE: HAI – 8 points

Metrics

Data will be pulled from CMS Hospital Compare*

- CLABSI HAI_1_SIR
- CAUTI HAI_2_SIR
- *Clostridium difficile* LabID-CDI HAI_6_SIR
- SSI: Colon HAI_3_SIR
- SSI: Hysterectomy HAI_4_SIR

Scoring

	CLABSI	CAUTI	LabID-CDI	SSI: Colon	SSI: Hyster-ectomy
Max Points	**2**	**2**	**2**	**1**	**1**
Measurement period	**Data reported in alignment with Hospital Compare Data.medicare.gov 3/31/2018**				

- **Surveillance definitions**: align with CDC-NHSN classifications and CMS Inpatient Quality Reporting requirements
- *https://data.medicare.gov/data/hospital-compare

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HAI – Hospital Compare

https://data.medicare.gov/data/hospital-compare

Measure Name	Measure ID	Compared to National
Central line-associated bloodstream infectior	HAI_1_SIR	Better than the National Benchmark
Central line-associated bloodstream infectior	HAI_1_SIR	Better than the National Benchmark
Central line-associated bloodstream infectior	HAI_1_SIR	Better than the National Benchmark
Central line-associated bloodstream infectior	HAI_1_SIR	Better than the National Benchmark
Central line-associated bloodstream infectior	HAI_1_SIR	Better than the National Benchmark
Central line-associated bloodstream infectior	HAI_1_SIR	No Different than National Benchmark

Measure Name	Measure ID	Compared to National
Central line-associated bloodstream infectior	HAI_1_SIR	Not Available
Central line-associated bloodstream infectior	HAI_1_SIR	Not Available
Central line-associated bloodstream infectior	HAI_1_SIR	Not Available
Central line-associated bloodstream infectior	HAI_1_SIR	Worse than the National Benchmark
Central line-associated bloodstream infectior	HAI_1_SIR	Worse than the National Benchmark
Central line-associated bloodstream infectior	HAI_1_SIR	Worse than the National Benchmark
Central line-associated bloodstream infectior	HAI_1_SIR	Worse than the National Benchmark

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HAI: Scoring

POINTS	CDI Lab ID HAI_6_SIR	CLABSI HAI_1_SIR	CAUTI HAI_2_SIR	SSI: Colon HAI_3_SIR	SSI: Hysterectomy HAI_4_SIR
2	Better than National Benchmark				
1	No different than National Benchmark			Better than National Benchmark	
0	Worse than National Benchmark			No different than National Benchmark ***Or*** Worse than National Benchmark	

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HAI: Hospital Compare Data

- Highmark will pull data from CMS Hospital Compare on the following dates for inclusion in the Quarterly dashboards and preliminary scoring reports.

CDC-NHSN Performance Data from CMS included for Dashboards	Hospital CMS Hospital Compare Data for Inclusion with Dashboard	REPORT DELIVERY DATE
CMS established rolling time period for reporting	April 25, 2017	June 15, 2017
CMS established rolling time period for reporting	July 25, 2017	September 15, 2017
CMS established rolling time period for reporting	October 26, 2017	December 15, 2017
CMS established rolling time period for reporting	January 26, 2018	March 15, 2018
CMS established rolling time period for reporting	March 31,2018	June 15, 2018

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HAAE:VTE – 2 points

Metric

- DVT or PE rate per 100 surgical procedures for index hospitalization and 30 day post discharge with return to ED, OBS, or acute care admissions
- AHRQ Patient Safety Indicator # 12: Perioperative Pulmonary Embolism or Deep Vein Thrombosis (secondary diagnosis) for **surgical** discharges patients.

Scoring

Scoring Time period: January –December 2017

- Max points for combined index and outpatient VTE rate of less than or equal to 0.66 per 100 procedures
- Reduction in points for higher occurrences

Scoring Methodology	Benchmark/Scoring Threshold	POINTS	Percentile
VTE rate per 100 procedures	≤ 0.66%	2	55th
	> 0.66% ≤ 1.02%	1	35th
Less than or equal to 1 VTE occurrence	Occurrence: ≤ 1 VTE	2	

Palliative Care Consults for Complex Patients – 5 points

Metric

- Palliative Care consultation rate for patients with life-limiting or life threatening conditions with an Inpatient admission
- Consults provided 2 weeks prior to admission and two weeks post discharge will be captured as compliant (ICD-10 code Z51.5)
- AIS Home Visit enrollment within the Program Year will be compliant (Medicare Advantage)
- All hospitals (with the exception of Specialty Care Hospitals) will be scored:
  - ≥ 100 inpatient licensed beds – Commercial and Medicare Advantage combined rate
  - < 100 inpatient licensed beds- Medicare Advantage population

Scoring

- **Scored measurement period (Jan – Dec. 2017)**

Palliative Care Consult Rate	POINTS	Percentile
≥ 17.22%	5	70th
≥ 13.18 < 17.22%	3	55th
≥ 8.33 < 13.18%	2	35th
< 8.33%	0	< 35th

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Perinatal – 10 points

Metric

- AHRQ IQI 33: Primary Cesarean Delivery Rate, Uncomplicated
- Percentage of Low-risk birth women who deliver by Cesarean delivery

Scoring

- Hospitals are scored compared to the overall Highmark performance; rates ≤ 13.33% achieve max points
- Measurement: January-December 2017

C-Section Rate – Primary, Uncomplicated	POINTS	Percentile
≤ 13.33%	10	70th
>13.33 % ≤ 14.29%	8	55th
>14.29% ≤ 17.46%	5	35th
>17.46 %	0	<35th

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3-Day Return to ED – 10 points

Metrics

- Previously profiled in CY 2016
- Calculates rates of return to an Emergency Department within 3 days for *any* reason following another emergency department discharge
- Medicare Advantage and Commercial resulted separately

Scoring

	Medicare Advantage	Commercial
Points	5	5
Scored	Year End performance	Year End performance
Scored Period	Jan- Dec 2017	Jan-Dec 2017

- Performance thresholds established at absolute targets

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3-day Return to ED Metric Scoring

Medicare Advantage

3-day Return to ED (Medicare Advantage)	POINTS	PERCENTILE
≤ 4.91%	5	70th
>4.91% ≤ 5.56%	3	55th
>5.56% ≤ 6.67%	1	35th
>6.67%	0	< 35th

Commercial

3-day Return to ED (Commercial)	POINTS	PERCENTILE
≤ 4.54%	5	70th
>4.54% ≤ 4.76%	3	55th
> 4.76% ≤ 5.15%	1	35th
>5.15%	0	< 35th

Cost/Utilization Component (30 Points)

Average Episode of Care Costs

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Average Episode of Care Costs Scoring - 30 points

Metrics

- Previously profiled in CY2016
- Major Joint Replacement of the Lower Extremities composite relative efficiency score
- COPD, Bronchitis, and Asthma episode composite relative efficiency score
- Simple Pneumonia and respiratory infections composite relative efficiency score

Scoring

	Major Joints	COPD	Simple Pneumonia
Points	20	5	5
Scored	Year-End Episode Composite Relative Efficiency Score (Medicare Advantage and Commercial combined)		
Scored Period	Episodes with discharges Oct 2016-Sept 2017, capturing costs 90 days post-discharge		

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Average Episode of Care Costs

- Episodes "begin" with a discharge for the following DRGs and capture cost for 90 days post discharge

EPISODE	DRGs for Highmark Members				
Major Joint Replacement of the Lower extremity	0469	0470			
Chronic obstructive pulmonary disease, bronchitis, asthma	0190	0191	0192	0202	0203
Simple pneumonia and respiratory infections	0177 0195	0178	0179	0193	0194

- The Average Episode of Care Costs for a hospital is calculated in alignment with the CMS Bundled Payment Care Improvement ("BPCI") Model 2 specifications. The CMS list of episode-specific exclusions for both inpatient and post-discharge amounts is used for determining cost allowed totals.
- Costs incurred for all allowed amounts from episode start date to end date (90 days post discharge) are included:
  - total cost associated with initial inpatient facility cost allowed
  - readmission cost
  - post-acute facility admission allowed amount
  - outpatient facility allowed amount
  - all professional provider allowed amounts.

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Sample: Average Episode of Care Costs Reporting

Quality Blue Hospital
Episode Innovation Category Report for period ending 03/2016: Profiled

Facility: [redacted]
Episode: *Major joint replacement of the lower extremity*

Reporting Period: *10/1/2015- 03/31/2016*

Commercial Population

	Episode Total Cost	Relative Efficiency Score
[redacted]	$25,224	1.0096
Western Pennsylvania Market	$24,985	

Commercial Episode Cost Detail

	[redacted]	Western Pennsylvania Market	Relative Efficiency Score
Episode Count	16	803	
Total Cost	$25,224	$24,985	1.0096
Initial Inpatient Cost	$17,510	$16,267	1.0764
Readmission Cost	$299	$594	0.5039
Post Acute Cost	$1,016	$717	1.4172
Outpatient Cost	$1,299	$1,993	0.6517
Professional Cost	$5,100	$5,413	0.9421

- Relative efficiency score: comparison between a hospital's cost and the same average costs of care for the same episode in a Hospital's Market area
- Individual episodes are scored combining an aggregated weighted average of the Medicare Advantage and Commercial Populations to determine the Composite Relative Efficiency Score for an episode

Calculate Episode Composite Relative Efficiency Score

✓ **Step 1: Determine Hospital and Market Average Episode of care costs for patient populations (Medicare Advantage and/or Commercial)**

✓ **Step 2: Add together:**

- Hospital's Commercial Population average episode cost *multiplied* by the Hospital's Commercial Episode volume +
- Hospital's Medicare Advantage Population average episode cost *multiplied* by the Hospital's Medicare Advantage Episode volume

✓ **Step 3: Add together:**

- Market Commercial average episode of care costs *multiplied* by the Hospital's Commercial Episode volume +
- Market Medicare Advantage average episode of care costs *multiplied* by the Hospital's Medicare Advantage Episode volume

✓ **Step 4: Composite Relative Efficiency Score is equal to Step 2 Result divided by Step 3 Result**

Example: Calculating Composite Relative Efficiency Score

Composite Relative Efficiency Score Illustrative Calculation

	Market Average Episode Cost	Hospital Volume	Hospital Average Episode Cost
Commercial	**$25,000**	**250**	**$24,000**
Medicare Advantage	**$26,000**	**100**	**$25,000**

Composite Relative Efficiency Score :

[($24,000 * 250) + ($25,000 * 100)] / [(250 * $25,000) + (100 * $26,000)] =

8,500,000/8,850,000 = **0.96**

Composite Relative Efficiency Score:

≤ 0.95 Full Points

> 0.95 < 1.10 Partial Proportional Points (Sliding Scale)

≥ 1.10 = Zero Points

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Episode Scoring

Scoring: Major Joint Replacement of the Lower Extremities Relative Efficiency Score

Relative Efficiency Score	Points
≤ 0.95	20
>0.95 < 1.10	[(1.10 –relative efficiency score)/ 0.15] * 20 = Points awarded
≥1.10	0

Scoring: COPD and Simple Pneumonia

Relative Efficiency Score	Points
≤ 0.95	5
>0.95 < 1.10	[(1.10 –relative efficiency score)/ 0.15] * 5 = Points awarded
≥1.10	0

Composite Relative Efficiency Score Illustrative Calculation (cont)

[(1.10 – **0.96**)/ 0.15] * 20 = **18.7 points awarded** Major Joint Replacement of the Lower Extremities

Quality Blue
CY 2017 Dashboard Reporting Timelines and Program Scoring

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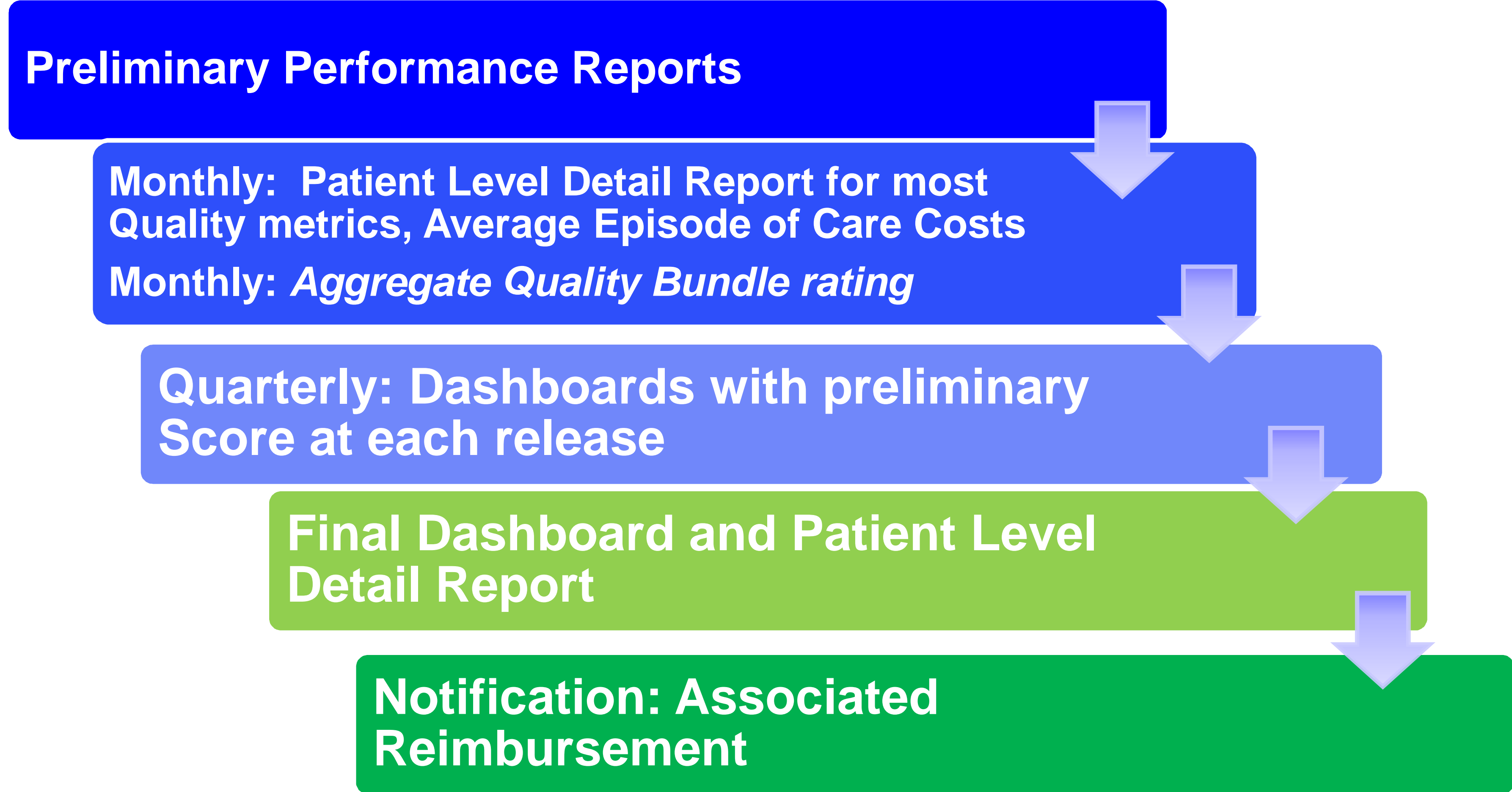
CY2017 Program Reporting Timeline



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Program Reporting Timelines

Reports	Report	Frequency	RUN-OUT	REPORT DELIVERY DATE
1	**Quality Bundle Report**	Monthly	None	3rd week following end of prior month
2	**Patient Level Detail Hospital Component Report**	Monthly	None	3rd week following end of prior month
3	**Hospital Component Dashboard Report**	Quarterly	None	June 15, 2017 September 15, 2017 December 15, 2017 March 15, 2018
4	**Preliminary Score Report**	Quarterly	None	June 15, 2017 September 15, 2017 December 15, 2017 March 15, 2018
5	**Final Program Results : Quality Bundle and Hospital Component Report**	Once	3 months	June 15, 2018
6	**Final Patient Level Detail Hospital Component Report**	Once	3 months	June 15, 2018
7	**Final Program Results: Score**	Once	3 Months	June 15, 2018
8	**Distribution of Achieved Reimbursement**	Once		June 30, 2018

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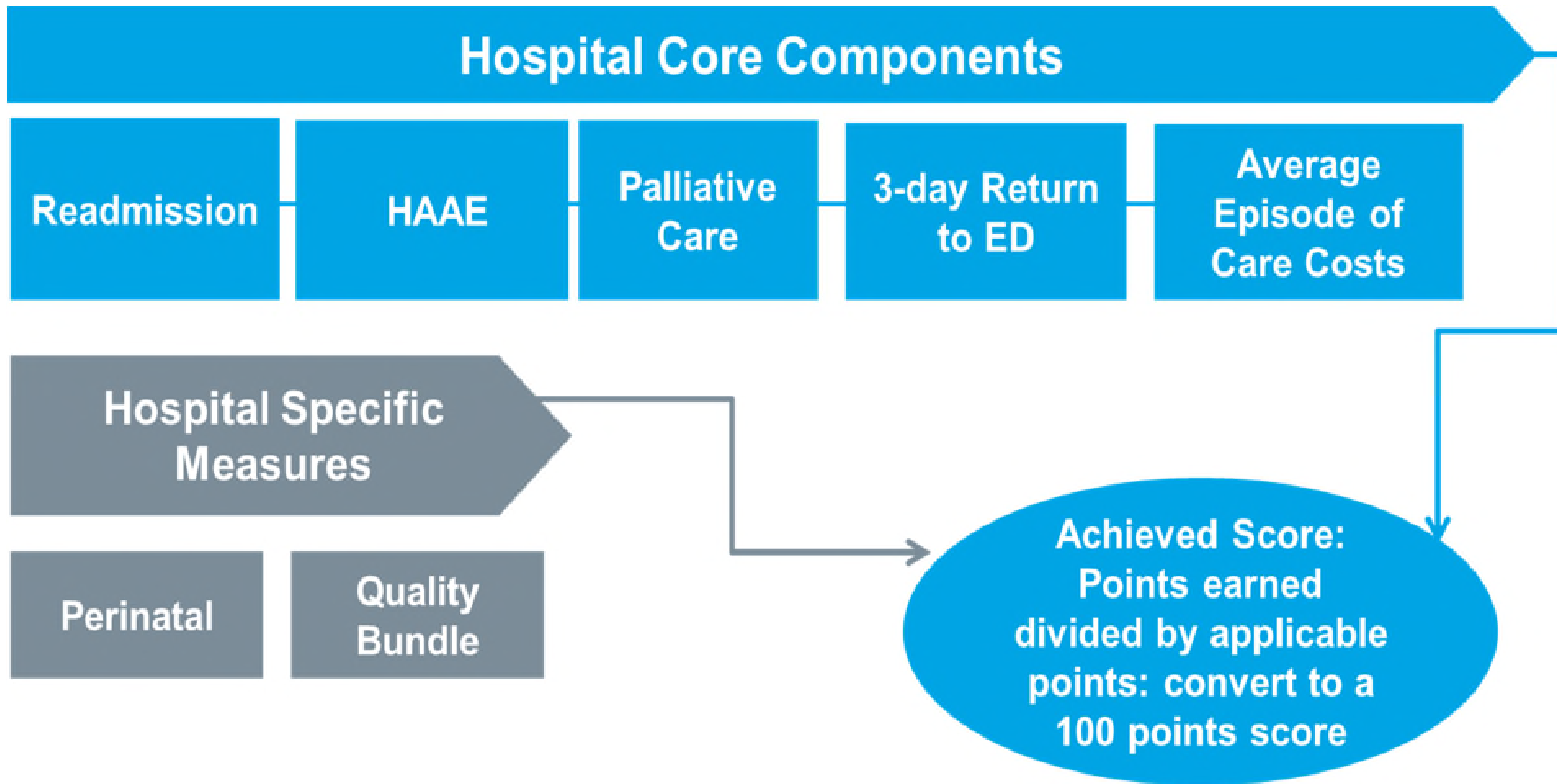
Components: Scoring Logic



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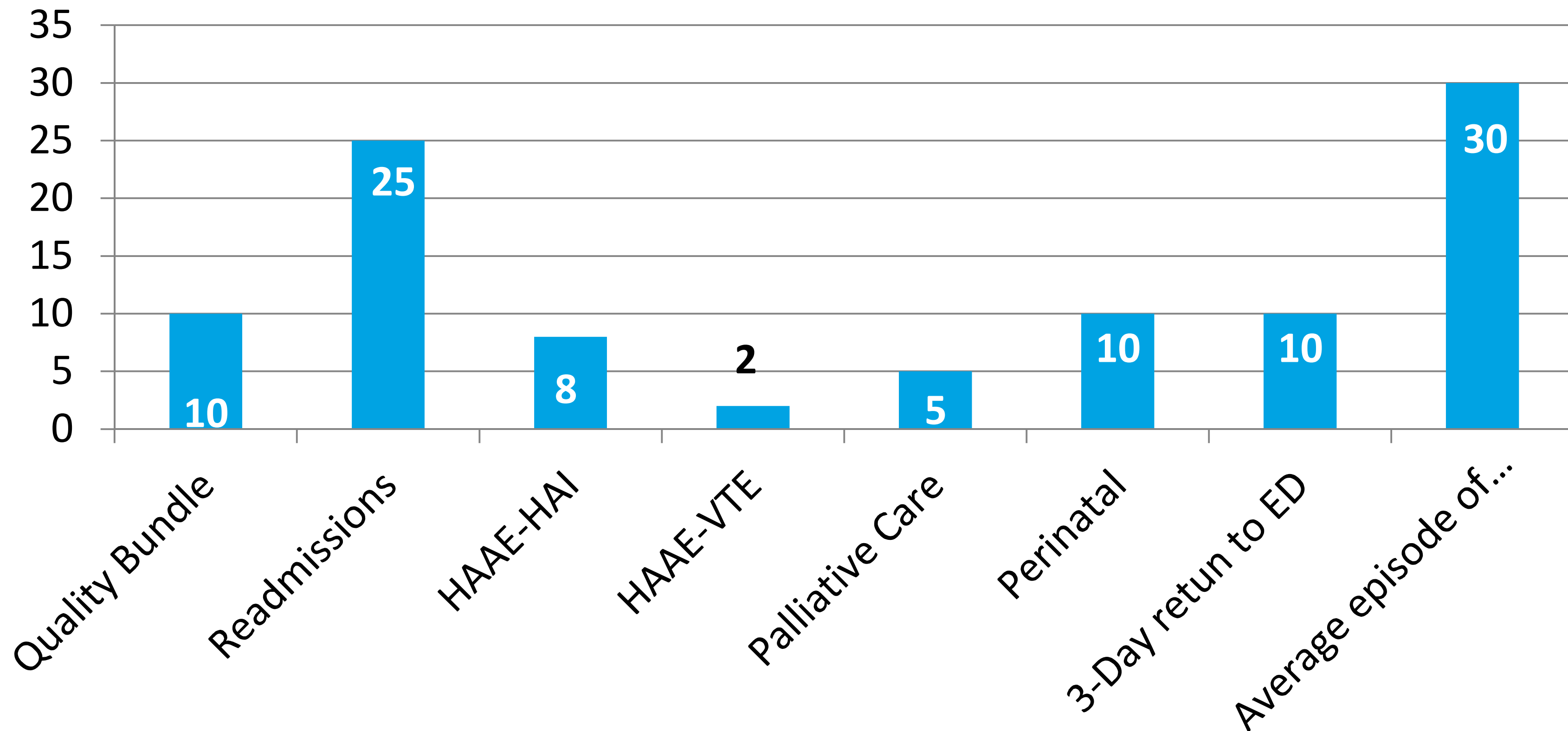
CY 2017 Point Distribution for Core/Applicable Components



- If Bonus points achieved, will be added with all achieved points and divided by total applicable points to determine overall score
  - Bonus Point Potential for Quality Bundle aggregate Star rating > 4.01

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Example: Overall Program Scoring

Points achieved are divided by applicable points; convert to overall percentage to align with reimbursement

<table>
<tr><th>Metric</th><th>Max points</th><th>Achieved</th><th rowspan="10">Participant ABC Score :

66/90
X 100 =
73.33%

overall score = 73%</th></tr>
<tr><td>Quality Bundle: Aggregate Star Score</td><td>10</td><td>10</td></tr>
<tr><td>Bonus Points</td><td></td><td>5</td></tr>
<tr><td>Readmissions</td><td>25</td><td>16</td></tr>
<tr><td>HAAE</td><td>10</td><td>5</td></tr>
<tr><td>Perinatal</td><td>NA</td><td></td></tr>
<tr><td>Palliative Care Consults</td><td>5</td><td>5</td></tr>
<tr><td>3-Day Return to ED</td><td>10</td><td>5</td></tr>
<tr><td>Average Episode of Care Costs</td><td>30</td><td>20</td></tr>
<tr><td>Total</td><td>90</td><td>66</td></tr>
</table>

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Overall Scoring and Associated Quality Blue Contract Amendment Reimbursement

Score	Reimbursement
≥ 70 -100%	• Maximum reimbursement
≥ 55 and < 70%	• Mid-level reimbursement
≥ 40 and < 55%	• Minimum reimbursement
< 40%	• No Quality Blue Reimbursement

Program Summation

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Engagement

- ✓ Contact your Hospital Provider Relations Representative (*Provider Account Liaison*) or Clinical Transformation Consultant with questions
- ✓ Engage your teams by sharing program materials inclusive of program manual, dashboard reports, reporting timeframe, and results achieved
- ✓ Acknowledgement through a survey that your hospital
  - Attended an overview session for CY 2017
  - Received Program materials
  - You know who to contact (Highmark Clinical Transformation Consultant and/or Provider Relations Representative) to assist with any questions regarding the program
  - Access the Survey at:

http://survey.constantcontact.com/survey/a07eddhysnwiuody30s/start

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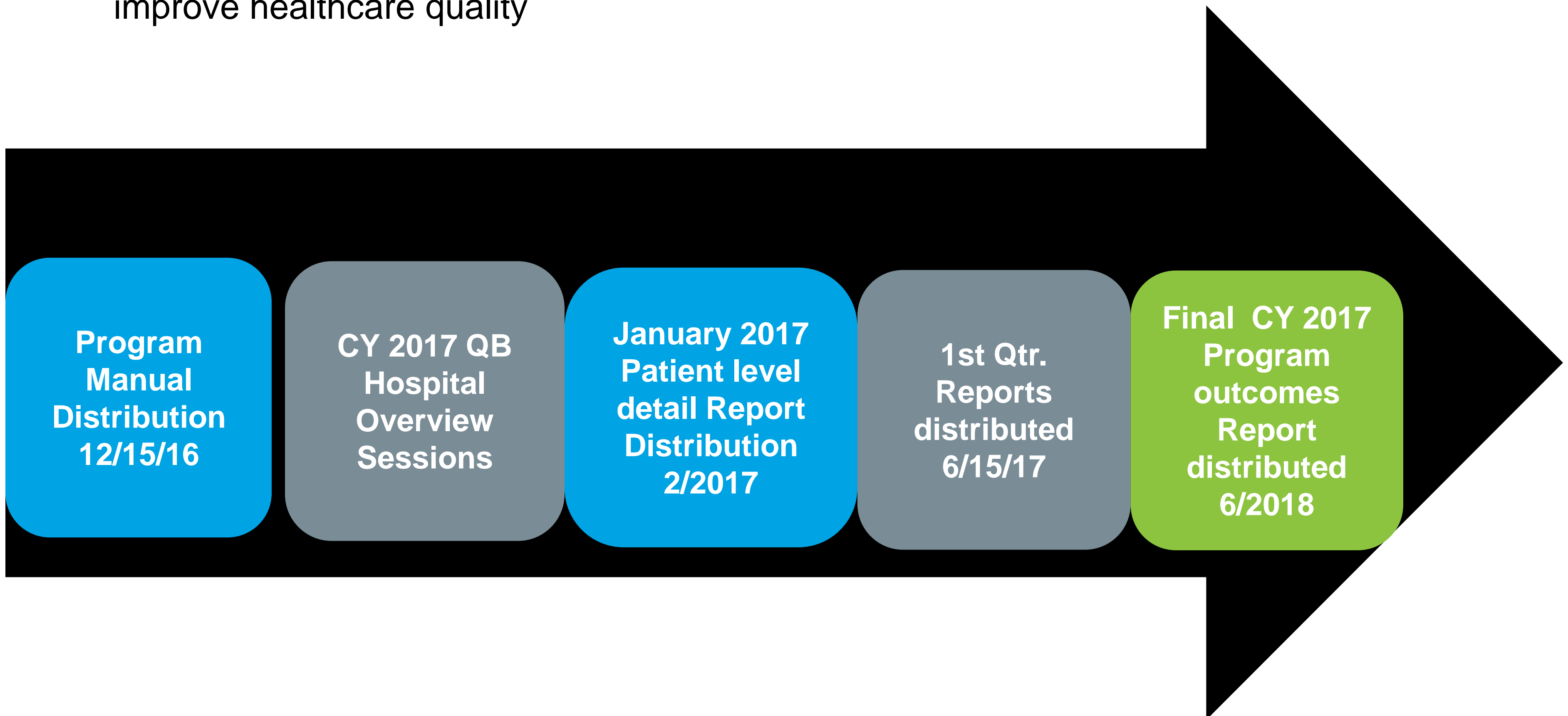
CY 2017 Quality Blue Hospital Major Milestones

- CY 2017 Programming continues to keep focus on the care continuum to improve patient health and outcomes
- Program continues to align with national industry evidence based practices to improve healthcare quality



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Open Mic Schedule to follow

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Question & Answer?