



Creating an Optimal  
Environment for Quality  
Healthcare for Individuals,  
Families, and Communities

# A Case Study for Enhancing Patient Safety Through Peer-to-Peer Learning and 1:1 Technical Assistance

Presented by:

Alliant Health Solutions

TMF Health Quality Institute



# Presenters

- **Ann Werner**, MSW, CPHQ, Director, TMF Health Quality Institute
- **Rose Langdon**, BSN, MBA, CPHQ, FNAHQ, Education Lead, TMF Health Quality Institute
- **Donna Cohen**, RN, BSN, CCM, Director Quality Programs, Alliant Health Solutions
- **Karen Holtz**, MS, MT (ASCP), CPHQ, Education Lead, Alliant Health Solutions

# Learning Objectives

- Discuss the impact of the COVID-19 pandemic and how data analysis identified specific patient safety measures for improvement.
- Understand how the learning formats, which included focused peer learning through affinity groups and 1:1 customized assistance with subject matter experts, improved performance on patient safety measures.
- Illustrate improvement in HAIs as a result of focused learning opportunities and evidence-based interventions.

# Overview of TMF Health Quality Institute

- QIN-QIO for the 12th SOW and HQIC
- Customers include federal, state and local governments and private organizations
- Health care quality improvement expertise
  - Proven track record of successfully facilitating quality improvement in a variety of health care settings with demonstrated outcomes
- Expert personnel
  - 500 employees, including physicians, nurses, health data analysts and other health care professionals

*Mission Statement:  
To make measurable  
improvements in the  
quality and delivery of  
health care.*

# Creating a Culture of Safety: Pivot From HRO Education to Affinity Groups

- Focus from Aug. 2021 to Nov. 2022 was on teaching high-reliability organization principles
  - Sub-contracted with a group known for HRO education
  - Used a web-based approach for traditional one-hour education sessions
  - Provided hospitals with a hospital culture survey
    - 24% participation over two years
  - No improvements in patient safety outcomes measures
- Began offering topic-specific affinity groups in lowest performing patient safety areas in Jan. 2023

# Affinity Groups for Peer-to-Peer Learning




- Initial focus on sepsis, pressure injuries and readmissions
- Added affinity groups to supplement existing 1:1 technical assistance
- Affinity groups – three one-hour sessions spread over three months; all enrolled hospitals invited

# Standard Theme for All Groups

**HQIC** TMF Health Quality Institute  
Hospital Quality Improvement Contractor

**TMF**  
Health Quality Institute

## Hospital Quality Improvement Initiative Cultivating Your Patient Safety Environment "SEPSIS"



Sepsis is the body's extreme response to an infection. It is a life threatening medical emergency. Every year at least 1.7 million adults in America develop sepsis, and at least 350,000 adults who develop sepsis while hospitalized die or are discharged to hospice.\*

To assist hospitals to identify, manage and reduce sepsis, TMF Health Quality Institute is launching an affinity discussion group. This three-session group will meet monthly and bring together hospital professionals who share the common interest of reducing sepsis for hospitalized patients.


During this series, the group will discuss their concerns, share best practices and work to reduce sepsis as like-minded professionals. TMF quality improvement specialists will facilitate these discussions, as well as provide access to tools and resources designed to reduce sepsis.

**Session 1 – Thursday, Jan. 26, 2023 at noon CT**  
**Session 2 – Thursday, Feb. 9, 2023 at 11 a.m. CT**  
**Session 3 – Thursday, March 9, 2023 at 11 a.m. CT**

<https://www.cdc.gov/sepsis/what-is-sepsis.htm>

Register for the series by clicking the button below.

[Click Here](#)




For additional information on *Cultivating Your Patient Safety Environment*, [click here](#).

For more information and quality improvement tools, visit [www.tmf.org](http://www.tmf.org) or email us at [hqic@tmf.org](mailto:hqic@tmf.org)

**HQIC** TMF Health Quality Institute  
Hospital Quality Improvement Contractor

**TMF**  
Health Quality Institute

## Hospital Quality Improvement Initiative Cultivating Your Patient Safety Environment "Pressure Injury Affinity Group"



The incidence of pressure injuries among hospitalized patients is 5% to 15%, and the prevalence in patients in intensive care is even higher. Pressure injuries in the patient population is costly for hospitals, adding an average of \$14,506 to normal hospitalization costs.\*

Pressure injuries are a significant problem within hospitals. They result in decreased quality of life for patients, in addition to greater expense for both patient and hospital. Prompt diagnosis and treatment are required to avoid the high morbidity and mortality associated with these injuries.

To help hospitals to identify, manage and reduce pressure injuries, TMF Health Quality Institute is hosting an affinity discussion group. This three-session group will meet monthly and bring together like-minded hospital professionals to discuss early identification and treatment of pressure injuries, as well as prevention techniques employed to reduce the prevalence of these injuries in our hospitals.


TMF quality improvement specialists will facilitate these discussions and provide access to resources designed to decrease the number of pressure injuries.

**Session 1 – Thursday, March 30 at noon CT**  
**Session 2 – Thursday, April 6 at noon CT**  
**Session 3 – Thursday, May 4 at noon CT**

\*Pressure Injury (2022). National Library of Medicine. <https://www.ncbi.nlm.nih.gov/books/NBK557868/>

Register for the series by clicking the button below.

[Click Here](#)

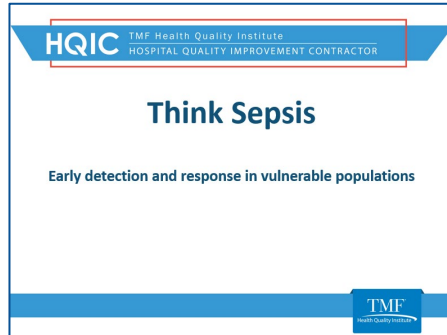


For additional information on *Cultivating Your Patient Safety Environment*, [click here](#).

For more information and quality improvement tools, visit [www.tmf.org](http://www.tmf.org) or email us at [hqic@tmf.org](mailto:hqic@tmf.org)

# Creating Affinity Groups

Developed short educational videos on the topics discussed



[Think Sepsis video](#)



[Pressure Injuries video](#)

Developed and/or located tools and resources

- [Protect Your Patient from Sepsis](#) (CDC)
- [Pressure Ulcer Tracer Tool](#) (TMF)
- [Hospital-Acquired Pressure Injury Process Improvement Discovery Tool](#) (TMF)



# Resources on TMF Networks

- All resources are housed on the LAN using the same theme



## TMF Networks Resources

- Each topic has an introductory page leading to the related resources when clicked

### Sepsis

SEPSIS PREVENTION

- Create multidisciplinary program planning team that includes organizational leaders to develop a strategy for implementing improvement ideas
- Screen every adult patient during initial evaluation in the Emergency Center and/or once a shift in the targeted inpatient department
- Develop a standard order set or protocol linking blood cultures and lactate lab draws (blood culture = lactate level) and ensure lactate results are available within 45 minutes; consider a lactate of  $>4$  mmol/L a CRITICAL result that prompts notification to the identified Infectious Disease Specialist team member

### Pressure Ulcers/Injuries

PRESSURE INJURY RISK ASSESSMENT

- Conduct prevalence studies to collect data on pressure injury (PI) occurrences
- Conduct a pressure injury risk assessment within four hours of admission; reassess at intervals defined by patient care need. If a PI is present on admission, document it in medical record for billing purposes
- Provide annual education and competency evaluation on early detection of Stage 1, assessing darkly pigmented skin, staging of pressure injuries, and differentiating moisture from pressure-related skin damage

### Readmission

Readmission Reduction Strategy

- Develop a data-informed targeting strategy to identify target populations with higher-than-average rates of readmissions to receive enhanced readmission-reduction strategies
- Effectively communicate with patients and caregivers. Use translation services, "teach-back" methods, motivational interviewing, and materials written in plain language
- Deliver enhanced readmission-reduction services for your target populations based on their specific root causes of readmission

# Structure of Affinity Group

- Staff roles during groups
  - Facilitator
  - Subject Matter Expert (SME)
  - Chat monitor
  - Chat poster
  - Note taker
- Sessions not recorded to promote sharing
- Hospitals with success in a topic area identified to speak during sessions
- Open discussion and networking between attendees.

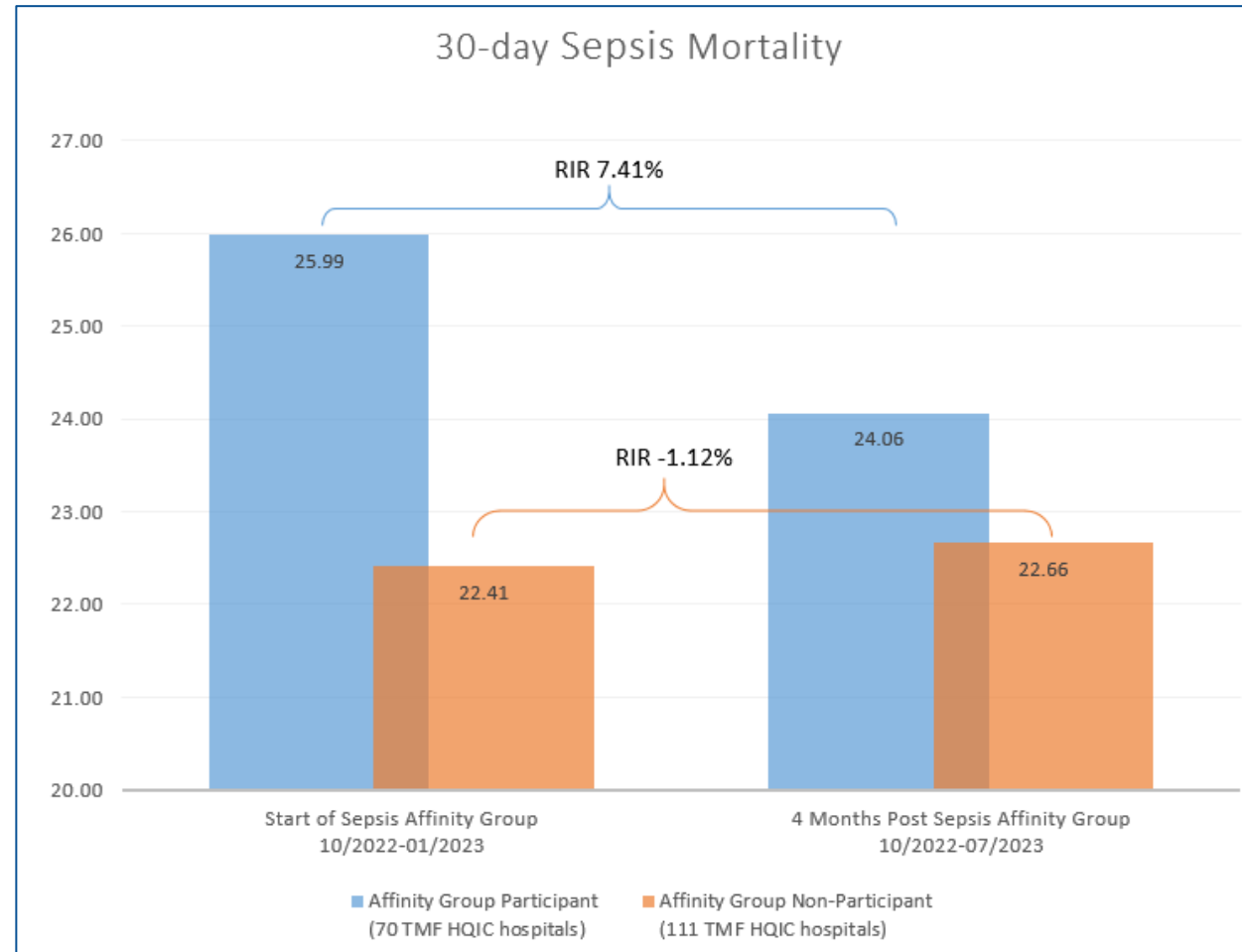
# Benefits of Affinity Group

- Post event email sent to registrants with Q&A, resources
- **Benefits to hospitals**
  - Networking with similar hospitals
  - Share their policies, resources, etc.
  - Connect with their quality improvement specialist for 1:1 technical assistance after session
- **Benefits to TMF**
  - Identify hospitals with best practices and difficulties
  - Actively work with hospitals to reduce patient harm
  - Increase topic-specific knowledge among the TMF team

# Affinity Group Topics

2023 - 2024 Affinity Group Schedule (revised June 2023)		
Topic	Starting Month	Ending Month
Sepsis 30-day Mortality	Jan. 2023	Mar. 2023
Pressure Injuries	Mar. 2023	May 2023
Readmissions	June 2023	Aug. 2023
Social Determinants of Health	Sept. 2023	Nov. 2023
ADEs – Opioids, Anticoagulation, Glycemic Management	Dec. 2023	Feb. 2024
Workforce Issues: Staffing, Morale and Workplace Violence	Mar. 2024	May 2024
Creation and Maintenance of an Active PFE Committee	June 2024	Aug. 2024

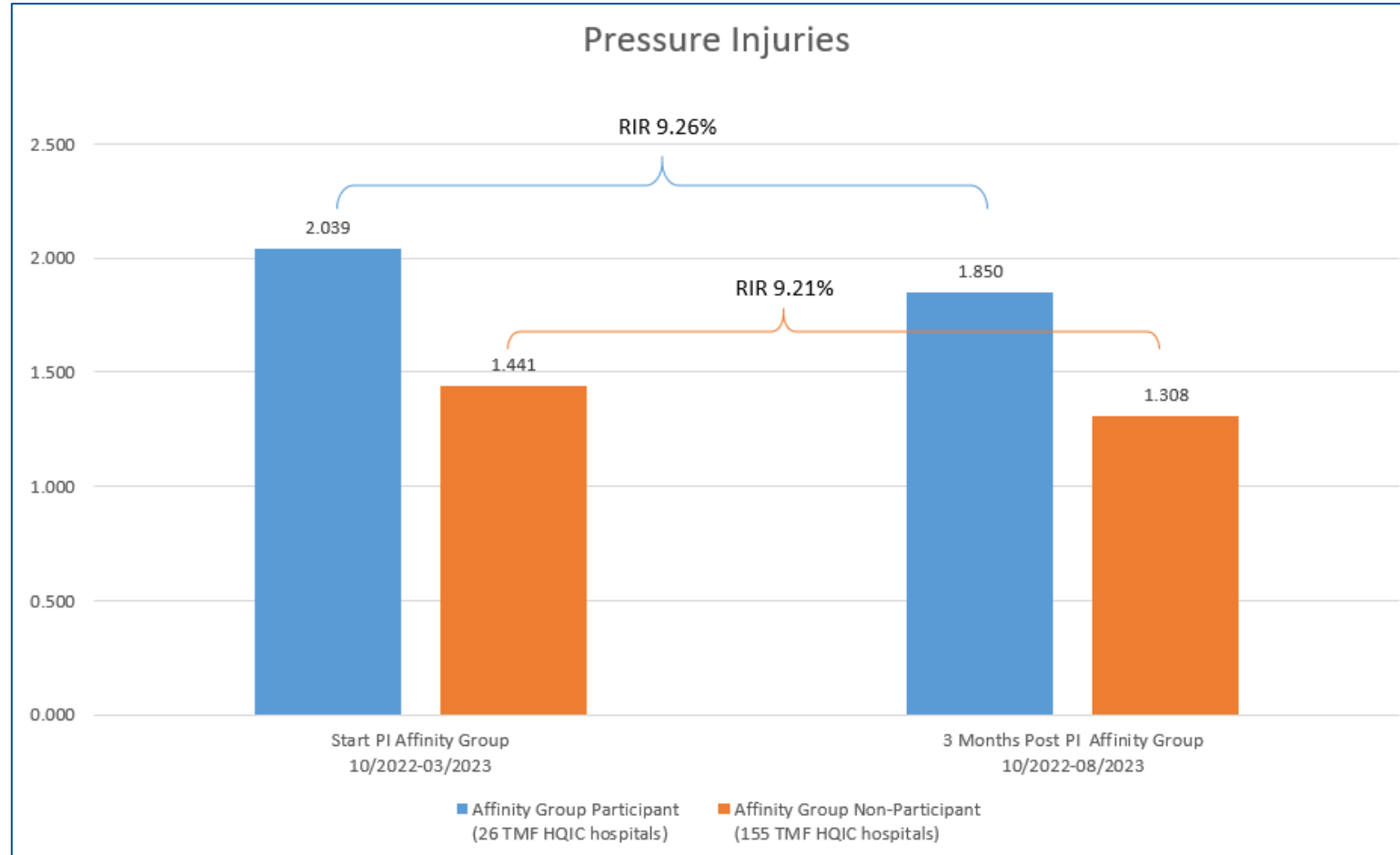
# 30-Day Sepsis Mortality Performance Results Over Time



# Sepsis Intervention Strategies

Tools/Resources	Technology	Education/Training	Policy/Protocols
<ul style="list-style-type: none"> <li>• <a href="#">Sepsis Worksheet</a></li> <li>• <a href="#">Sepsis Tracer Tool</a></li> <li>• <a href="#">Sepsis Process Improvement Discovery Tool</a></li> <li>• <a href="#">Sepsis Mortality Reduction Top Ten Checklist</a></li> <li>• <a href="#">Sepsis Zone Tool</a></li> <li>• <a href="#">One-Hour Bundle Tool</a></li> <li>• <a href="#">Three-and Six- Hour Bundle Tool</a></li> </ul>	<ul style="list-style-type: none"> <li>• Sepsis Order Sets</li> <li>• Sepsis Alerts</li> <li>• Sepsis Timer</li> <li>• Sepsis Event Notes</li> <li>• Sepsis Assessment</li> <li>• Sentri7 Clinical Surveillance Solutions</li> </ul>	<ul style="list-style-type: none"> <li>• Sepsis bundle compliance, timely collection of blood cultures, and repeat lactic acid tests</li> <li>• Documentation of accurate blood draw, suspected POA on arrival, coding and order sets</li> <li>• 1:1 physician meetings with identified bundle compliance issues</li> <li>• Patient education at discharge and post-op</li> </ul>	<ul style="list-style-type: none"> <li>• Sepsis Champion in each dept.</li> <li>• Review sepsis cases daily (huddles)</li> <li>• Establish a Sepsis Committee to perform chart reviews</li> <li>• Focus on early detection (i.e., triage pts quickly when they meet SIRS criteria)</li> <li>• Visual boards to track the timing of the sepsis bundle components</li> </ul>

# Pressure Injuries Performance Results Over Time



# Pressure Injuries Intervention Strategies

## Tools/Resources

- [Pressure Ulcer Tracer Tool](#)
- [Hospital-Acquired Pressure Injury Process Improvement Discovery Tool](#)
- [Hospital-Acquired Pressure Injuries \(HAPI\) Top Ten Checklist](#)
- [Help Us to Protect Your Skin](#)

## Technology

- Building an assessment into EMR to have better data to drive interventions

## Education/Training

- In-house training on how to turn patients properly and provide support to pressure areas
- Documenting POA
- Patient Education at discharge on protecting their skin

## Policy/Protocols

- Utilize a waffle overlay to redistribute pressure and keep patients cool, dry and comfortable.
- Staffed wound care specialist
- Performing skin assessments at every shift
- Organized a Pressure Injury Team that meets monthly to review cases
- Nutrition consult on all patients at risk



# Alliant Health Solutions - Who We Are

- Founded in Atlanta, Georgia, in 1970 and currently has customers in 19 states consisting of federal, state, and local organizations
- Clinically-led and data-driven organization with the goal of improving health care for everyone
- QIN-QIO for the 12<sup>th</sup> SOW and Hospital Quality Improvement Contractor (HQIC)
- Alliant HQIC supports 146 enrolled hospitals in 13 states
- Named one of the “Healthiest Employers” and “2023 Best Places To Work” by the Atlanta Business Chronicle in 2023. This was the 12<sup>th</sup> time in 15 years that Alliant was named a top employer.



*Innovative people using data-driven insights and agile processes and tools – making health care better.*

## A Review of HAI Data

- National HAI Standardized Infection Ratios (SIRS) calculated for 2019 Q1-2023 Q1
- CLABSI – CMS-required units: Adults & peds ICUs, NICUs (CLABSI), adult and pediatric medical, surgical and med/surg wards

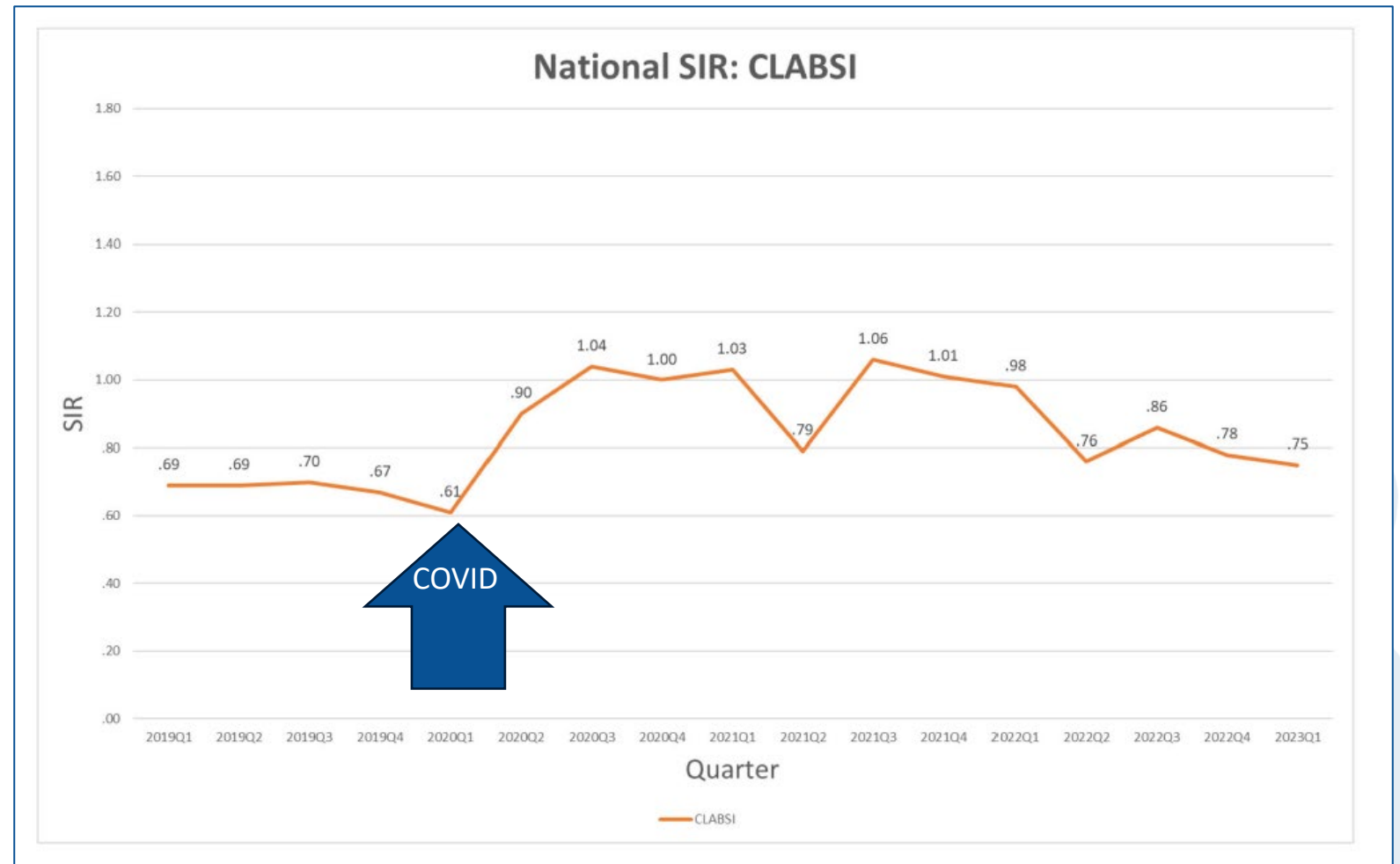
Source: NHSN. Unpublished data. Not for distribution.

Disclaimer: The chart displays quarterly SIR point estimates, which do not constitute a statistical trend analysis.

## Key Takeaways

- Pre-pandemic lowest SIR of 0.61 (2020 Q1)
- Peak SIR of 1.06 in 2021 Q3 49% increase
- Some declines in SIR during 2022
- Latest national CLABSI SIR in 2023 Q2 is 0.72. Significantly higher than pre-pandemic SIR

## Central Line Associated Blood Stream Infections (CLABSI)



# Contributing Factors for the Rise in HAIs

- Higher acuity of illness
- Increased utilization of the ICU and longer stays in ICU
- Increase use of invasive devices
- Staffing shortages throughout the hospital
- Staffing – decreased infection prevention time to focus on non-COVID issues
- Infection Preventionist (IP) staff reported a 25% vacancy rate prior to COVID-19 pandemic
- IP staff faces a wave of retirements. 65% of them are aged 46 or older, and 38.5% are aged 56 or older
- Nearly 40% of current IPs expected to retire in the next five years

Source: Federal Program Highlights the Role of Infection Preventionists, U.S. Department of Labor and Association for Professionals in Infection Control and Epidemiology (APIC), December 2023

# COVID Impact on Infection Preventionists

## Additional Stressors

- Overwhelming workload and burnout
- Treading new waters
- Increase in patient acuity
- Daily incident command center meetings
- COVID-19 guidance changes

## Focus Group Comments

- “In my team of 13 IPs in the last two years, we turned over nine of them.”
- “A new IP was gone in two months. She ran out that door.”
- “I have aged 10 years in the last two years.”

Source: Impacts of the COVID-19 pandemic on the infection prevention and control field: Findings from focus groups in association with APIC in fall 2021. American Journal Infection Control, Mar 2023.

# Customized Technical Assistance Results in Improvement in NHSN Reporting

## ■ Data Process

- Identification of hospitals that will drop reporting next reporting period.
- Weekly subcontractor meetings to ensure a 75% threshold.
- Assisted in identifying IP staff turnover.

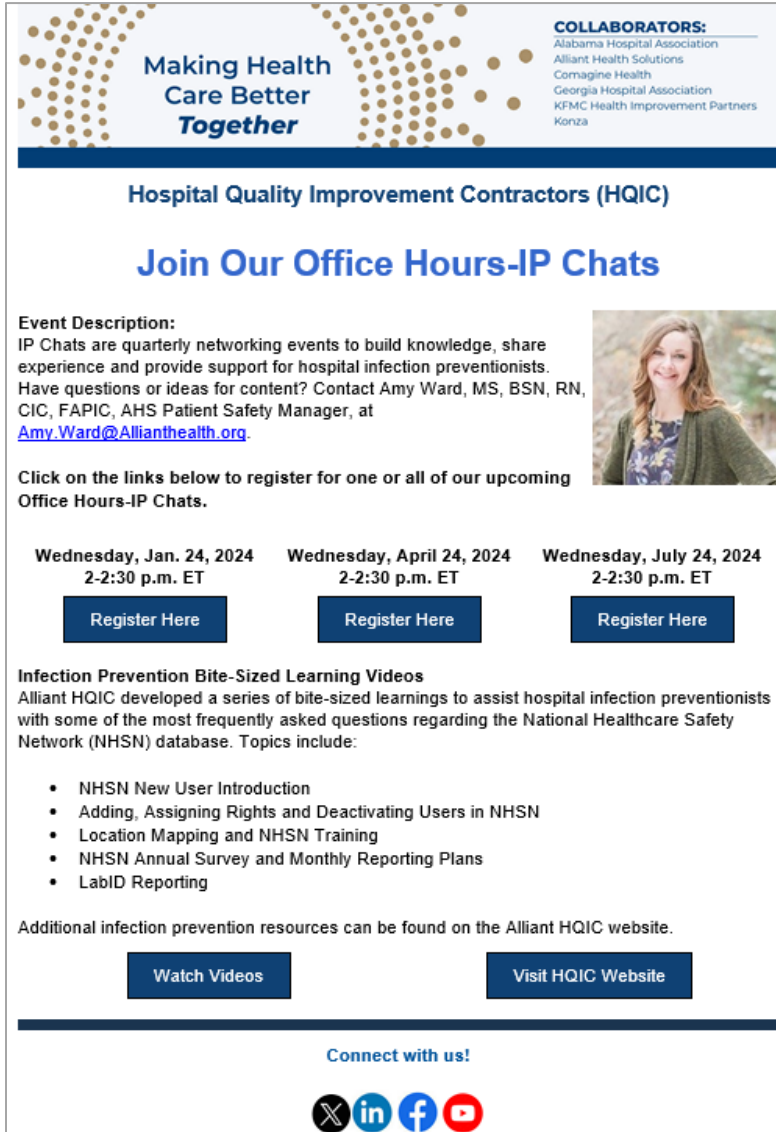
## ■ Technical Assistance

- Entire process of gaining access, gathering the data, and submitting the data.
- Assistance was provided to hospitals that were falling behind in reporting due to electronic health record change and staff turnover and are now reporting monthly.

## ■ Results

- Alliant HQIC is consistently above the 75% threshold and internal goal of 80% since late 2021.

# Office Hours - IP Chats




**Making Health Care Better Together**

**COLLABORATORS:**  
Alabama Hospital Association  
Alliant Health Solutions  
Comagine Health  
Georgia Hospital Association  
KFMC Health Improvement Partners  
Konza

**Hospital Quality Improvement Contractors (HQIC)**

**Join Our Office Hours-IP Chats**

**Event Description:**  
IP Chats are quarterly networking events to build knowledge, share experience and provide support for hospital infection preventionists. Have questions or ideas for content? Contact Amy Ward, MS, BSN, RN, CIC, FAPIC, AHS Patient Safety Manager, at [Amy.Ward@Allianthealth.org](mailto:Amy.Ward@Allianthealth.org)



Click on the links below to register for one or all of our upcoming Office Hours-IP Chats.

Wednesday, Jan. 24, 2024 2-2:30 p.m. ET	Wednesday, April 24, 2024 2-2:30 p.m. ET	Wednesday, July 24, 2024 2-2:30 p.m. ET
<a href="#">Register Here</a>	<a href="#">Register Here</a>	<a href="#">Register Here</a>


**Infection Prevention Bite-Sized Learning Videos**  
Alliant HQIC developed a series of bite-sized learnings to assist hospital infection preventionists with some of the most frequently asked questions regarding the National Healthcare Safety Network (NHSN) database. Topics include:

- NHSN New User Introduction
- Adding, Assigning Rights and Deactivating Users in NHSN
- Location Mapping and NHSN Training
- NHSN Annual Survey and Monthly Reporting Plans
- LabID Reporting

Additional infection prevention resources can be found on the Alliant HQIC website.

[Watch Videos](#) [Visit HQIC Website](#)

Connect with us!








**Purpose:** Provide a platform for quarterly networking to build knowledge, share experience and provide support for hospital infection preventionists.

- Office hour format
- Not recorded to encourage active participation
- Held monthly during COVID
- Average of 30 participants on each call

# IP Bite-Sized Learning Videos on YouTube

- NHSN New User Introduction
- Adding, Assigning Rights, and Deactivating Users in NHSN
- Location Mapping and NHSN Training
- NHSN Annual Survey and Monthly Reporting Plans
- LabID Reporting

1		<b>Alliant's HQIC IP Chat: NHSN New User Introduction</b> Alliant QIO • 90 views • 1 year ago 9:34
2		<b>Alliant's HQIC IP Chat: Adding, Assigning Rights, and Deactivating Users in NHSN</b> Alliant QIO • 76 views • 1 year ago 3:37
3		<b>Alliant's HQIC IP Chat: Location Mapping and NHSN Training</b> Alliant QIO • 72 views • 1 year ago 6:38
4		<b>Alliant's HQIC IP Chat: NHSN Annual Survey and Monthly Reporting Plans</b> Alliant QIO • 60 views • 1 year ago 4:45
5		<b>Alliant's HQIC IP Chat: LabID Reporting</b> Alliant QIO • 92 views • 1 year ago 20:11

[\(193\) Alliant's HQIC Infection Prevention Chat - YouTube](#)

# Learning and Action Network (LAN) for IPs by IPs

Sandra Nester, RN  
UNC Rockingham Health (N.C.)



- I became familiar with how NHSN communicates versus other medical professionals. For example, hospital staff view insertion day as “day zero” while NHSAN count in 24-hour blocks. NHSN calculates the insertion date as “day one” and calculates device days with calendar days. NHSN also defines infections differently than other clinical definitions. Explaining why a patient has an HAI can be interesting when using the NHSN definition with those not as familiar.
- I was fortunate to have a mentor who encouraged establishing positive relationships and open communication with staff versus a reprimanding approach. As a result, our staff asks and answers questions openly. Open communication helps develop champions on the units to help monitor for HAIs. It also creates conversations for improved patient care, quality outcomes, and staff openness to share barriers to compliance.



- Words of WISDOM: What I Should Do on Monday
- Kicked off HAI event series in May 2022
- 10 speakers, all nurses, at least three (3) were CIC
- Shared “what they wished they knew”
- Offered insights and valuable lessons
- Slides posted on Alliant HQIC website

<https://quality.allianthealth.org/conference/infection-prevention-words-of-wisdom-what-i-should-do-on-monday/>

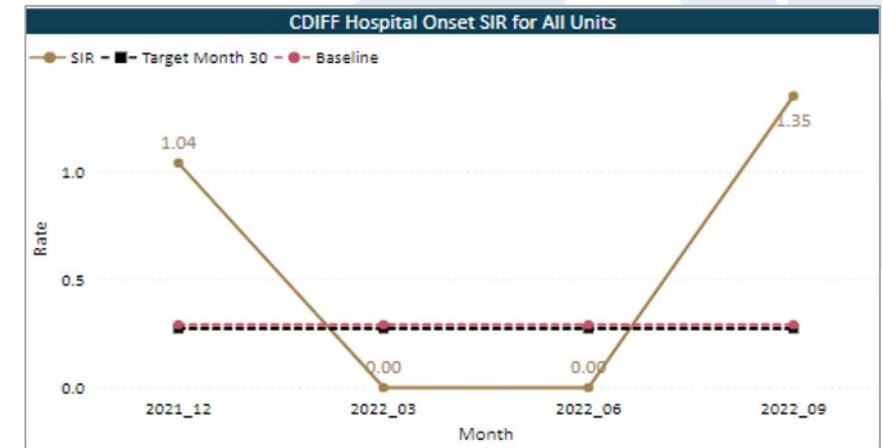
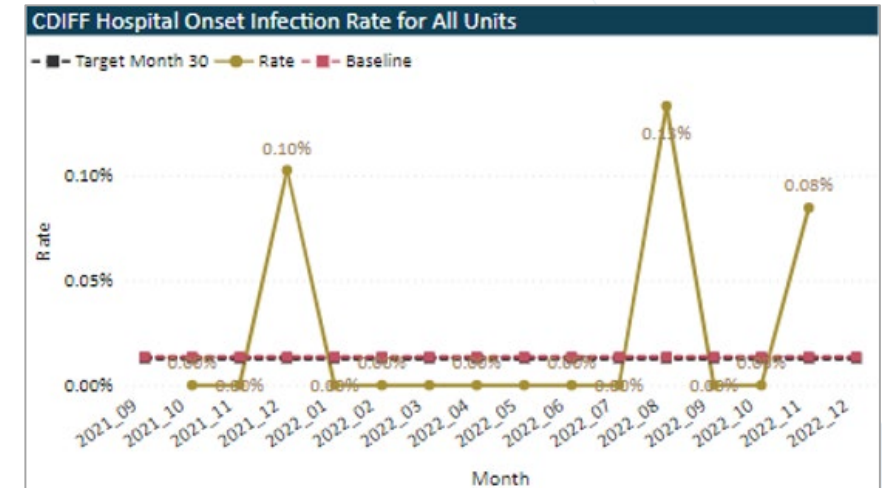


# Words of WISDOM: Key Themes

- Network and reach out to other facility IP nurses, mentors and gurus
- NHSN definitions, reporting and the Big Five
- Educate staff and yourself (professional organizations have resources)
- Involve frontline staff in audits, case reviews and PI activities
- Get organized (utilize Excel spreadsheets)
- Know your hospital's data (baseline, trend, target goal) and present it to other committees
- Get involved with APIC and state associations

# Case Studies: Performance Outcomes (1)

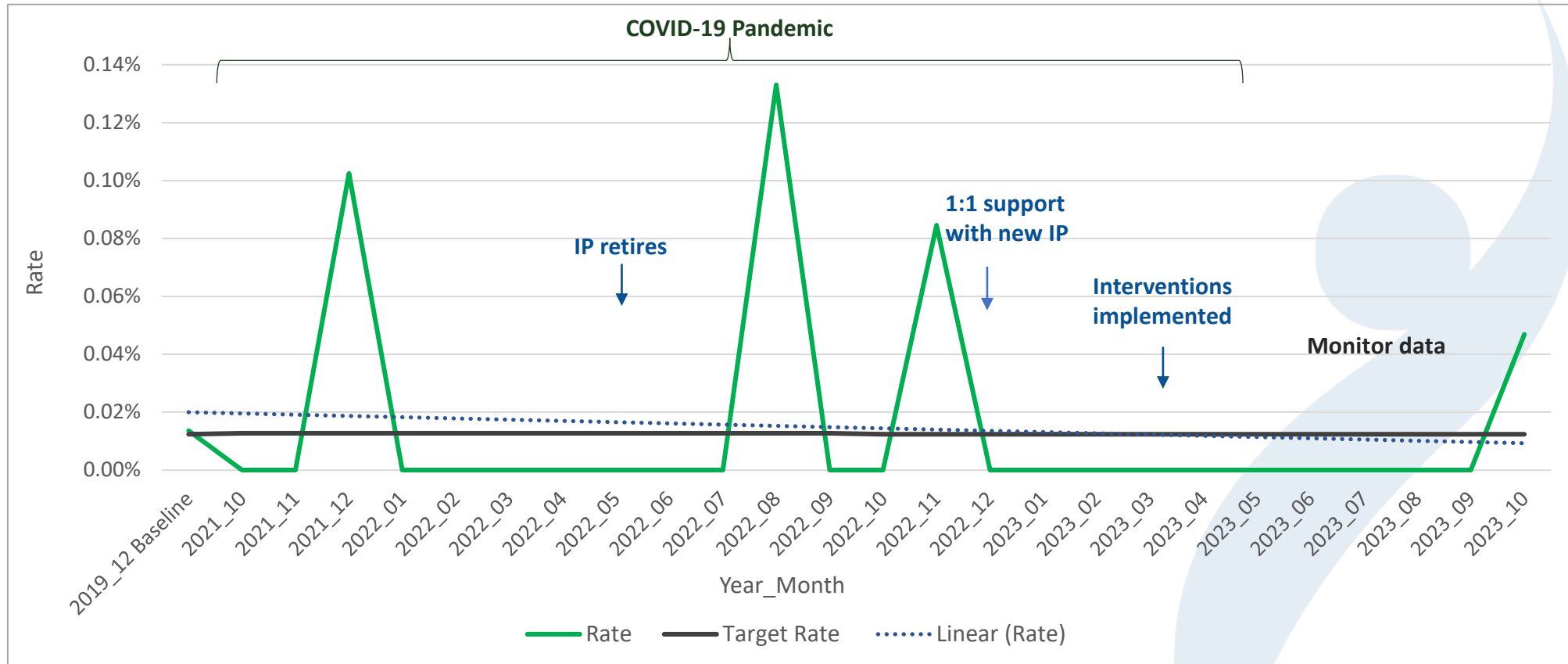
- Hospital A: 200-bed facility in urban area
- *C. diff* infection rates and *C. diff* SIR increasing and not meeting the target goal
- IP retires after 22 years at the hospital
- New IP: Employee who worked in legal became a nurse during the pandemic
- New to the role and world of infection prevention
- Did not fully understand *C. difficile*



## Peer-to-Peer Support: Recommendations and Next Steps

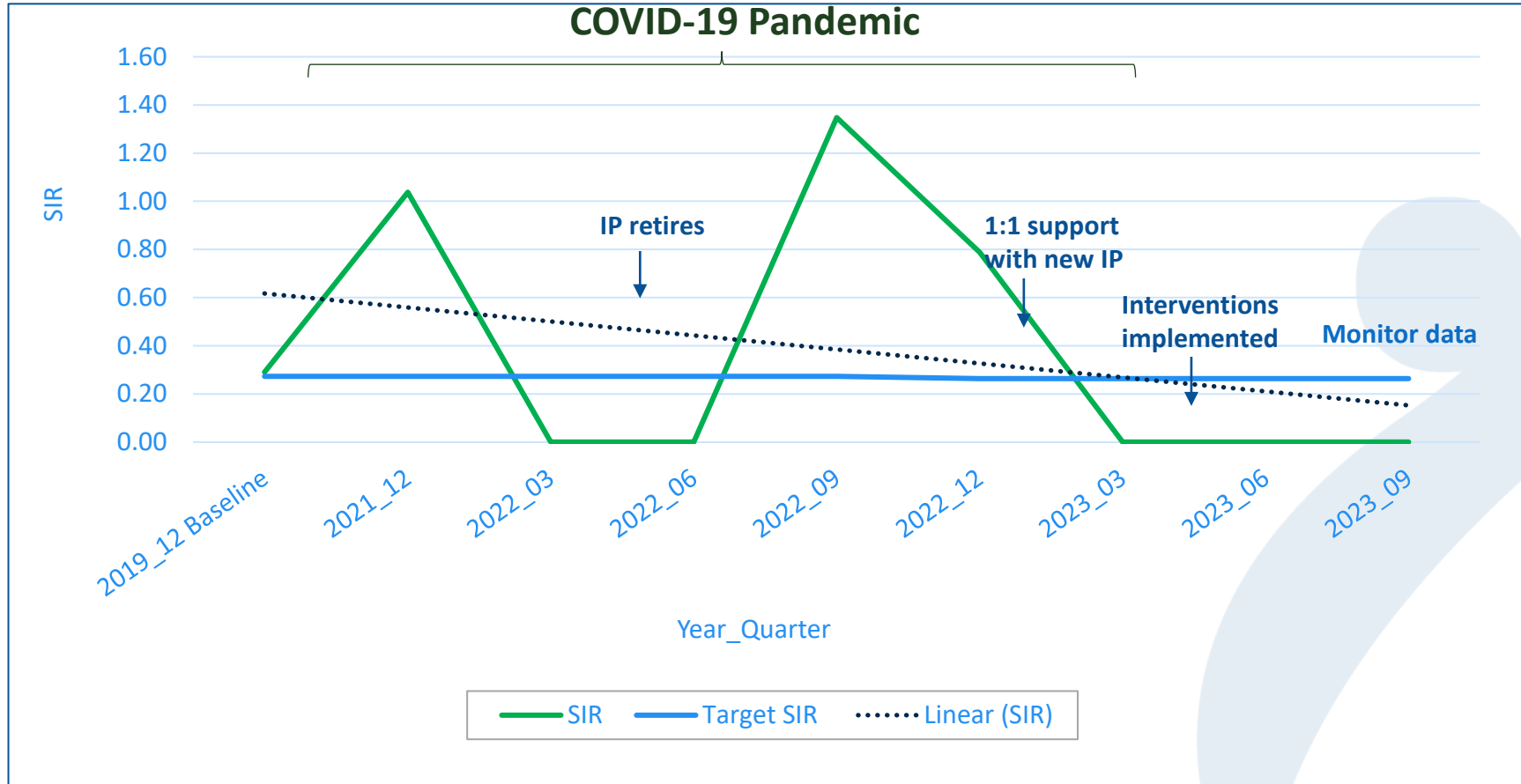
- ★ ■ Specimen Collection: Recommend 24-hour stop for non-collected stool; build into EHR for automatic cancellation
- ★ ■ Lab Testing: Consider two-step PCR (genetic material) positive AND reflex to immunoassay (toxin); if the toxin is negative, do not have to report to NHSN
- Leadership: Ask for support from CNO; good time to ask if/when survey results show any findings
- Send Office Hours - IP Chats flyer
- Send *C. diff* Process Discovery Tool and article on overdiagnosis of *C. diff*

# Hospital A: *C. diff* Rate Improves and Meets Target Goal



Source: NHSN and Alliant PowerBI data

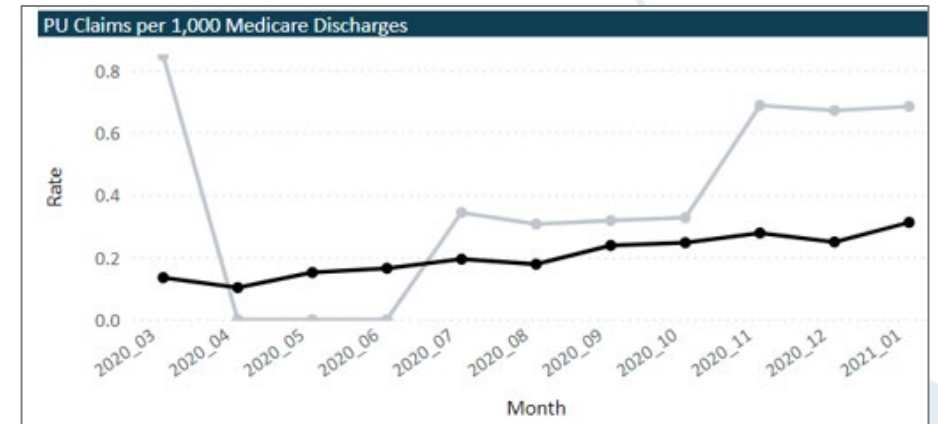
# Hospital A: *C. diff* SIR Improves and Meets Target Goal



Source: NHSN and Alliant PowerBI data

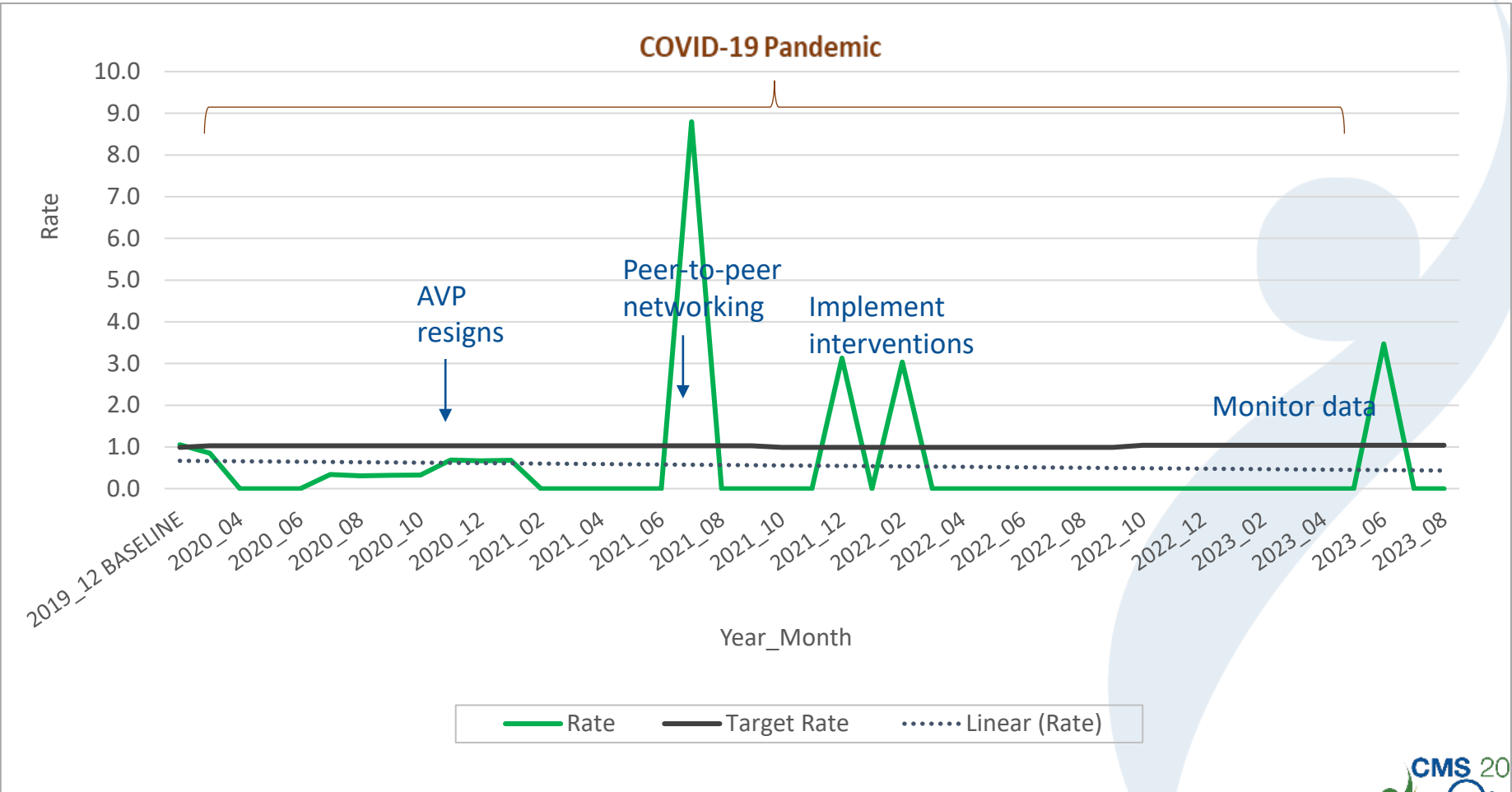
## Case Studies: Performance Outcomes (2)

- Hospital B: 1,500+ bed hospital system in a large urban area
- Pressure Injuries Stage 3+ increasing and trending above HQIC average
- Assistant Vice President of IP resigned
- Request to network with another large urban hospital system with multiple campuses
- Hospital Failure Mode and Effects Analysis (FMEA) shared



Hospital B (gray line)  
Alliant HQIC average (black line)

# Hospital B: Pressure Injury Claims per 1,000 Medical or Surgical Discharges Improves and Meets Target Goal



REPEAT  
Peer-to-Peer  
Networking  
(Jan 2024)

# Peer-to-Peer Technical Assistance for Health Equity Leads

- Health Equity Office Hours led by subject matter expert
- ★ Co-speaker is a hospital champion
- Breakout rooms with like hospitals(e.g., HER)
- Speakers from hospitals scheduled (e.g., readmissions, Z-codes)
- Participants exchange emails and resources via Chat

“I’ve also enjoyed working on health equity with Rosa Abraha [Alliant’s health equity lead].”

Isis Zambrana  
Vice President & Chief Quality Officer




JOIN OUR UPCOMING WEBINAR EVENT

**ALLIANT HQIC**  
**Health Equity Office Hours**

**Tues, Jan. 16 from 3-4:00 p.m. ET & Every 3rd Thursday from 3-4:00 p.m. ET from February through August 2024 via ZOOM**

<a href="#">01.16.24_TO3_HQIC Health Equity Office Hours</a>	<a href="#">05.16.24_TO3_HQIC Health Equity Office Hours</a>
<a href="#">02.15.24_TO3_HQIC Health Equity Office Hours</a>	<a href="#">06.20.24_TO3_HQIC Health Equity Office Hours</a>
<a href="#">03.21.24_TO3_HQIC Health Equity Office Hours</a>	<a href="#">07.18.24_TO3_HQIC Health Equity Office Hours</a>
<a href="#">04.18.24_TO3_HQIC Health Equity Office Hours</a>	<a href="#">08.15.24_TO3_HQIC Health Equity Office Hours</a>

CLICK ON TITLES TO REGISTER

**OVERVIEW:**  
Interested in networking with peers and learning about the health equity regulatory requirements and best ways to implement at your hospital? Join our subject matter experts from Alliant Health Solutions and Tift Regional Medical Center (GA) for monthly interactive office hours.

Office hours are participant driven and with minimum slide presentations. Discussions will focus on the six health equity planning and action steps as well as other questions from the hospitals, e.g., CEO engagement.



**Six Steps to Hospital Health Equity Action Planning**

Office Hours will be held the 3rd Thursday of the month from 3-4:00 p.m. ET. Please register to attend.

Jan. 16, 2024 • Feb. 15, 2024 • Mar. 21, 2024 • Apr. 18, 2024  
May 16, 2024 • Jun. 20, 2024 • Jul. 18, 2024 • Aug. 15, 2024

This material was prepared by Alliant Health Solutions, a Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS) on behalf of the U.S. Department of Health, Education & Welfare.

**FEATURED SPEAKERS:**



**ROSA ABRAHA, MPH**  
Health Equity Lead  
Alliant Health Solutions



**LEANN PRITCHETT, MSN, RN, CPHQ**  
System Director of Quality and Safety  
Tift Regional Medical Center

**AUDIENCE:**  
Health equity team leaders, quality and patient safety professionals, clinical social workers, community and population health professionals, clinical team members, leadership



# Key Takeaways

- Group learning sessions not recorded to increase participation
- Use of short educational videos
- Increasing interest and participation in affinity groups
- Affinity groups promoted peer-to-peer learning and compliment 1:1 technical assistance
- Subject matter experts meet with appropriate hospital staff
- Identify hospitals that have new staff responsibilities related to patient safety
- Provide customized, one-on-one support based on mandatory data reporting and regulatory requirements
- Use lessons learned to develop additional peer-to-peer technical assistance for health equity

CMS 2024  
Quality  
Conference  
Resilient and Ready Together

Creating an Optimal  
Environment for Quality  
Healthcare for Individuals,  
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Thank you!

This material was prepared by Alliant Health Solutions, a Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.  
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