First we do have a new contact that we want to introduce to you all today and it will be working to help assist with the scoring, collecting data for the program and we will talk about some of the new features of the program that we are looking for that the contract will help with and the new contract is public consulting group Inc. and they are out of Boston with an office in Denver as well and with multiple offices all over the country. They have been selected as our new administrator for 2018 and are responsible for collecting data and scoring the results. I do want to take a minute to turn the floor over to Corey Jones, the project lead to talk a few minutes about the public consulting group , their role and a little bit about the company, are you there to give us a few minutes?

I am and can everybody hear me okay?

We can hear you fine .

Great, I am senior consultant with Public Consulting Group, ECG , I will tell you a little bit about our firm and what we are helping the state of Colorado with with the program and a little bit of our experience in the arena. And so PCG is a little over 30 years old and we were founded in 1986 and headquartered in Boston but we have offices throughout the country including Denver , and a variety of projects that we work with in the state of Colorado.

We have actually worked not just with health agencies but also human services agencies and education. We have worked every now and then with the HQIP program for a while and we were involved with the state evolving the first phases of the program and were brought in as it expands and takes on new dimensions. There are three main things that we're helping the state with, and what is to develop a new data collection tool. Just to make the submission process easier and more streamlined we are developing an online application that will allow you to submit a lot of the information, more comprehensively through the system.

We will also be helping with program administration and as you will probably see in the slides and a little bit there will be new site visit dimensions we will help with and also collecting the data through the system and scoring it and taking it from the introductory process to the final results.

We will also bring expertise to help the state and the stakeholders decide on where the quality dimensions go as the program moves forward. Looking at 2019 and where we can find better, more appropriate quality measures and help the program evolve. We have done this kind of work and other settings in Colorado as well as other states throughout the country . One of the things that we do now for the state of New York is we hope the state with their Medicaid district program that has the same quality measurement dimensions as well as developing technological tools to help hospitals for the state of New Jersey for instance, we're helping develop and all. Claims database that will track utilization and be the source for quality measurements.

Also in Colorado we do a similar program in the nursing home setting so we hope to be able to use some of those online tools we developed for that program for use here. That is in a nutshell what our will will be moving forward as we dig into HQIP .

Thank you, we are really excited to have PCG on the project and looking forward to some of the developments as we move into next year and moving forward. I do want to mention program elements beginning in 2018 . One is the development of an online data collection tool. Previously we had been using survey monkey, which has been fine and worked well, we've had advanced technological through there but we think we can do a little better.

We have expanded some of the scope of our member contractors primarily around the development of this data collection tool and as we were talking about we have expressed with the development of a similar online data collection tool for the pay-for-performance tool which is really comprehensive and robust set of measures with the program and we have been pleased with the fontanelle in capabilities that we've been able to build by building out our own dedicated platform and dashboard for that. We are excited and begin development now so what you will see at the beginning of the data reporting next spring, you have an online dashboard or platform and you can go in and submit your HQIP information and it will be as user-friendly as possible and it will guide you through the skip Logix and guide you through the questions to make sure you do not miss anything and do calculations for you where they need to be done instead of doing the manually, it will aggregate the data and we are excited about the development of the tool. We have begun that work and will continue that.

In addition to that PCG will be there to help provide training and customer support so if you're using that tool change can be difficult sometimes but as user-friendly as we want to make it it is a change so we will have support staff , so if you have any questions or concerns on how to upload the files or use online system will have customer support available to be able to provide help for you and assistance to be sure you get through that as easily as possible.

Another important development for the program as we move into 2018 will be the introduction of site visit reviews. After we get submission of data from the hospitals we will take a look at the data and do risk assessment, we will do site visits on roughly 10% of participating hospitals, just to come and see what it is like, we're doing this with the nursing facility program now. We really like the chance to be able to go and see the fruits of the labor and see what it looks like on the ground and to be able to confirm some of the things in the application . We find it is also a great opportunity for providers to highlight the good things they are doing and show that. It is a good opportunity for their staff to be able to demonstrate all the good work they are doing around quality.

We will do site visits again with the data has been submitted and do some risk assessment and then schedule the site visits which will happen in the spring after the

initial data submission. So those are the new program updates and we are excited about headed into 2018 but let's get it what we're here for today which is talking about the 2018 measures. A lot of these measures for the data collection timeframe was 2017 and we published these measures earlier in 2017 , now that we are getting closer to the end of the year we want to make sure you really understand the details of each one of these measures.

What you see here in the measures at a glance is the order of the measures and there are nine in total . They are similar to years past , you only be scored on the first five that your hospital is qualified for and you can see that as you look to the right and data source it tells you where you are coming from and hospital claims data and then the service date. Some of the prospective measures like number one with engagement and then retrospective looking in calendar year 2017 .

We want to talk about the changes between 2017 and 2018 and we just finished reporting a 2017 somewhat fresh in your mind and first off we had the RCCO engagement measure . Culture of safety has been a measure that was in place a couple of years now and particularly in 2017, we're adding a patient safety component of that measure. And we have a discharge planning measure which is a new term for a measure, what we have had is advanced clear planning and now we're adding care transitions and bundling it into a measure called discharge planning. >> We will be discussing breast-feeding practices and discussing the and detail, we've had tobacco screening a follow-up measures for a few years now, we will talk about this in more detail as we get there and it moves over to looking at the follow-up piece. And for 2018 we will have substitutes in line with how we've done tobacco screening and follow-up in the past especially for 2017. Providers will be required to submit more supporting documentation and narrative summaries, we are moving along that path to process and documentation and towards outcomes, which is the evolution of the program.

Let's take a moment to look at where the order is different and the naming conventions between 2017 and 2018. With 2018 the RCCO engagement measure is moved to the first measure of culture of safety and patient safety and the second is discharge planning, third planning or third is discharge planning and number four is the Syrian section, breast-feeding practices, tobacco and substance use screening a follow-up is number six, ED processes number seven and we have HCAHPS and then 30 day all cause readmissions. Where we feel the measures apply for most hospitals, and where we are aligned with the development of other programs, and the evolution and development of hospital transformation program and get hospitals prepared for where we are going. >> Let's start digging into individual measures. All hospitals will be considered eligible and will receive a score for RCCO and BHO engagement and culture of patient safety. The first measure is RCCO and BHO engagement and the nuances , once we get into July 2018, we will combine RCCO and BHO into one entity and that will be during the 2018 measurement timeframe for the prospective measure.

There will be a transition time between the current environment to the new environment and that will be a six-month transition. But the functions are still the same. They will still be in place , RCCO functionality will still believe there - will still be there and so will BHO, just a combined entity, so our understanding is our client still need to receive coordination services and some of the activities we will be asking for to still be able to happen and continuing through that transition . We will be around to assist as we get to that moment.

And now the details, there are three components. There are Gateway elements and they are required to get in to receive a score for the measure, but they are not actually scored , then we are looking at physical health elements which are activities related round care coordination in the traditional RCCO work , and new for 2018 will be the mental health elements related to the BHO engagement.

For the physical health please there will be a minimum of three elements that have to be done in order to receive points and for the mental health component and BHO engagement it will be a minimum of two elements, the let's talk about what those are. Now let's start with the Gateway elements. For patients associate with the hospitals RCCO region and to notify the RCCO of emergency department visit within 24 hours of the visit and must include the chief complaint reason for the visit. These are the same as you saw in 2017. No changes in their from 2017.

The second Gateway element is for patients associated with the hospitals RCCO region back to notify that RCCO of inpatient hospitalization omissions and include the chief reason for the visit. That means the RCCO name and contact information of Medicaid and eligibility verification of notice . So what we are looking for is providers will be able to required to summarize how they have achieved these goals by a narrative of two paragraphs and they are not scored elements as I've said before.

Is out for the path it would be to notify yes, yes, now we need to notify or know more about what the manifestation is, how are you notifying of these ED visits and how are you notifying of RCCO inpatient hospitalization ? The third Gateway element is new for 2018. Where asking the hospitals to give us a bit of narrative here describing what your hospitals current system for collaboration with your RCCO , BHO will be to address substance use disorders in order to decrease ED visits and patient admissions and it is again not scored element, it is an effort for us to gather information and look for best practices and staying up-to-date as we want to look to address substance use disorders and the best way going forward.

I think I skipped one. I am on slide 13 now. No changes from 2017 , other than 2017 had to do at least one element and I have to do at least three elements to receive scoring so that is the change. The activities are still the same. Joint efforts with the RCCO to improve population health , are you doing here coordination collaboration, are you doing case management collaboration, are you collaborating on how utilizer's

decrease ED visits and inpatient admissions , are you participating in any advisory committee meetings or similar meetings?

You will choose all of these that apply to you and provide a brief summary that justifies how the hospitals met the requirements. Thereabouts two paragraphs and again we do not score those but using them to help determine possibly criteria going forward, and it helps us to learn more about how people understand and how they are meeting them and look at it across the state. New for 2018 is the BHO engagement peace. It is modeled after the RCCO piece and the activities are very similar but with a focus towards the mental health component.

We call it in a measure, we will not be asking three for these elements that we will be asking for two of them to receive points and more points for the more that you do. What are these? Like I said, very similar to what we have seen with the RCCO side, are you collaborating with BHO on psych I utilizer's to decrease ED visits and inpatient admissions and are you doing case management collaboration? And are there joint efforts to increase training of ED staff related to mental health issues and are you notifying the BHO of ED patient suicide attempt or ideation or following up with patients within 24 hours of suicide attempt ? And again are you participating in BHO level advisory committee meetings are similar meetings?

Just as with the physical health side, you will attest to the once you feel your hospital have participated in or accomplishing activities you are doing, and then it provide a brief summary of justifying those elements, again up to two paragraphs. The second measure that all hospitals , culture of safety and patient safety. The two components of this measure I'm a culture of safety has been in place for a few years under the program, and new for 2018 is the patient safety side. Culture of safety needs to be driving patient safety and now we want to move towards being able to look at those outcomes and measures around patient safety in particular.

Briefly culture of safety there are no changes from 2017.

If you want more detail about these particular elements here refer to the measures detailed document on the department website. As you see here, you attest to a number of these things were doing like patient and family advisory Council, leadership safety rounds or daily leadership safety huddles and briefings, patient safety survey and so on.

The new components for 2018 are patient safety elements. There are three measures underneath this patient safety piece and we will score those separately. The first is hospital acquired clostridium different style infections , or C-Diff as it is commonly known, adverse event reporting and falls within a jury - and falls with injury, we will talk particularly about the two new ones. Hospital acquired C-Diff, hostiles must summon data to the CDC national health and safety network, or NHSN, it is important we use the data source especially for the risk adjustment piece. Then the rates used

within the Colorado Department of Public Health and environment healthcare associated infections in Colorado annual report. The department will pool the data from that report and hospitals that do not submit this data to NHSN cannot be score on this measure the second pay she safety payment - patient safety element is adverse event reporting. The hospital ascribes system on reporting and adverse event. We want about the adverse reporting system . We want to be clear that is what we are asking for it then there are the things, and talk about how that system allows for anonymous reporting, how it allows for reports received from personnel, how how reports must be disseminated in a timely fashion and a structured mechanism must be in place for reviewing reports and developing action plans.

The third patient the development is falls with injury. This criteria is based on the national quality forum, hospitals are to report for data points. Were looking at moderate injury or more severe, so need the number of moderate injury falls, the results in muscle joint strain, the number of major injury falls which are ones resulted in surgery, traction required, consultation for neurological or internal injuries, or patients with , I was get this wrong, he received blood clots as a result of the fall and the number of falls resulting in death. The patient died as a result of injuries sustained from the fall and not from physiological events that caused the fall. You look at total number of inpatient hospital days for applicable units during calendar year 2017.

Calculate total patient days and to please refer to the specification section at the patient is reporting methods, hospitals will not multiply by 1000. Who is included in this measure with falls ? In patients, short stay patients, observation patients and same-day patients who received care on eligible inpatient units for all or part of the day, adult critical care, step down, surgical MedSurg, combined, access an adult inpatient units. Patients of any age on an eligible reporting unit are included in the patient day count.

Visitors , students, staff members, excluded, fall by patients with an eligible unit when the patient was not on the unit at the time of the fall. An example, a patient falls in the radiology department or other unit sites, pediatric, psychiatric, obstetrical, and so . In the nursing unit area it includes the hallway, patient room and patient bathroom and a physical therapy Jim, even though physically located on a nursing unit, is not considered part of unit. >> The third measure, discharge planning, I think most if not all hospitals would be qualified here, it has two components like advanced care planning which has been in place for a couple of years and particularly in 2017 , and care transition activities which is new for 2018. Really discuss the advanced care planning peace , this is based on National Quality Form definition and that is the number of patient safety five years of age or older with advanced care plan documented that do not wish to provide an advanced care plan. New for 2018 , we will ask hospitals to summarize the process for how they discuss or initiate an advanced care planning when a patient did not have an ACP or when their ACP is not available to the hospital. This will not be discord - will not be scored but we want to see how the process is happening statewide.

Then we have care transition activities which is in line with some of the work in place and so we're looking at areas that are focused on hospital types of care transitions. There are a lot of measures here , there are eight activities included under this measure. You only need to complete two activities to receive points. We will increase points for the number of activities that are two or greater that you do up to six activities. You do not have to do all eight , if you do all six you will get maximum points and what are the activities you can choose from? Assigned care management responsibility for high-risk patients in ED or in patient, assigned staff discusses transitions to postacute care services with patient and family fire to transition. >> For a technical term, any postacute care services or return transition to the community, are you discussing this transitions with the patient and family prior to transition? Are you coordinating medications across transitions from hospital to postacute care services? Are you maintaining an inventory of community resources available to patients? Do you engage local health coalitions to identify resources in areas where resources are scarce? Do you develop a medication action plan for high-risk patients? >> Are you developing policies and training to address patient health literacy issues in your communities and hospitals ? And then there is the other care transition activities and those of the things out there that are not and then an exhaustive list, there are other things other there probably good care transition activities, we will allow you to do that with one of the required elements. What is it you have to do is you attest to the activities your hospital is doing, you will provide a brief summary that justifies how the hospital has those elements which is similar to other measurements from previously and not scoring the narrative but in the narrative there will be two paragraphs that allows us to look at best practices and things happening around the state and help hospitals are approaching that. We do not want to do it blindly. We need information to help develop the program.

The fourth measure is the cesarean section, no change from 2017 it is fresh on your mind from this reporting but the measure does use the T JC calculation and sampling for PC 02 a and the perinatal care measures that and there is another piece which is what you are scored on but the gateway to get and to get a score is you need required to the described process that is in place and have a process in place to notify physicians of information around cesarean section rate and develop a report measure at your discretion, and it needs to have three things.

It needs to show the physicians rates, and to show how they compared other physicians, and then two individuals, whether you identify them are not they want to be able to see how they write to District 1, two, three, four and how they compare to the hospital average. The three pieces, physician rates, other physicians rates, and hospital average. You do have discretion over how to form that report in disclosure for statistical significance.

What will be required is you have to include a blank example of that report and provided that demonstrates all through the criteria related to the notification of the C-section rates. I apologize for the pause . I had to take a moment to clear my throat,

this smoky air is troublesome in the last few days. This measure is the 2018 HQIP measures on breast-feeding practices which is new for 2018 there are two components, one is scored which is reporting of the joint commission PC-05 which is exclusive breastmilk feeding data. You send that in and you receive points . And one of three different activities for different levels of points is the second component .

Let's talk a little bit about this measure since it is a brand-new measure , a brand spanking new measure which is a pun for newborns. Implement supports to help families following recommended guidelines, the US is incurring billions of dollars of excess cost and hundreds of infant death. Through this program is a statewide effort, the governor's office to promote and televise breast-feeding guidelines - adopt and implement breast-feeding guidelines . CDF agency , it provides state-level support systems and train and it will support Colorado hospitals with implementation of the 10 steps and gain the baby friendly designation and all the participating hospitals are frequently competitors, members successfully collaborate and share resources and materials to overcome numerous hospitals in the path to baby friendly, there are webinars and annual networking workshops and there will be staff training, care development .

Resources are available at hospitals outside the collaborative online and we do have links to breast-feed Colorado.com and all webinars are recorded and posted and you can visit breast-feed Colorado.com for more information we do have contact information . Let's talk about the three different activities for different levels of points in the measure. We talked about PC-05 and so let's move right ahead. The first level, the minimum to receive points is if you have written breast-feeding policies for hospitals not officially on the pathway to baby family designations, so you're not actively working to the baby from the designation but you must be implement in five of the 10 steps to successful breast-feeding by April 1, 2018. You must also provide a copy of the policy and a statement as to how the staff is trained on the policy.

What are the five steps? The first is helping mothers initiate breast-feeding within one hour of birth, giving infants no food or drink other than breastmilk unless medically indicated , practicing rimming and allowing mothers and infants to remain together 24 hours a day, giving no pacifiers or artificial nipples to breast-feeding infants, and breast-feeding support telephone number provided before discharge. You do those and you qualify for points. Points under this measure . Or if you want more points you are moving somewhere along the 40 pathway to baby friendly designation. So hospitals must move from one 4-D pathway phase to the next during the timeframe of January 1, 2017 and April 1, 2018, so you move from discovery phase 2 development pays, or development phase 2 dissemination phase, or dissemination phase to designation phase.

The discovery, moving from nothing at all to discovery does not count , discovery is nothing more than thinking about getting into the pathway so you fill out paperwork, as soon as you pay something and you start moving on the pathway that is when

you're in development phase that is the jump from discovery to development designation itself is a phase so moving from dissemination phase to designation phase doesn't mean you're moving dissemination to designation but you are moving into a phase, you have a readiness phone call and you set up site visits, baby friendly does a visit and you're told if your designated and go to an action plan, that designation phase can take some time to get through. If you have done all of that and you are in designation phase, when you go from designation phase the designation you qualify for the maximum points under this measure.

You have a baby family designation means the hospitals officially receives or maintains baby frilly designation at some point between January 1 January 1, 2017 and April 1 January 1, 2017 and April 1, 2018. Those are the first five measures. As you can see that if a hospital does not qualify for any of those measures you have to look towards other measures that you would then be qualified for. The sixth measure is tobacco and substance use and screening info. There is an extra and. Two components with this measure , tobacco screening and follow-up and alcohol screening and follow-up which is new for 2018.

No change in 2017 on the tobacco piece. There are two components . You have to send your rate for screening in and that qualifies you to then be scored on follow-up which is where we award points. For their 2017 you'll provide measure TOB-01 for screening and TOB-03, hospitals verbally required is my data from calendar year 2017 to H CPF. And if you have received a prescription are FDA approved medication to discharge , if positive you have to referred them to counseling , or give or have them refuse a prescription for FDA approved cessation medication. Hospital is required to submit data for calendar year 2017, all patients 18 or older, and only tobacco three follow-up piece will be scored, again outpatient counseling, and prescription FDA approved medication cessation.

And new for 2018 in the substance use component of this, looking at the joint commission measures, instead of TUB-01 and 03 we are looking at SUB 01 and 03, you score and receive points with where you rank on the 03, the treatment divided or offered a discharge. A bit of nuance with this one and underscored previously, I will talk more about the definition and understand nuance here. This is a measure based on the joint commission definition and this is for housewives patients 18 or older screen within the first three days of admission using a validated screening questionnaire, on alcohol use, if positive referred to or refused outpatient counseling , or, received or refused a prescription for FDA approved cessation medication at discharge. That is a distinction and I want to make sure that I underscore that.

When you look at tobacco I will take a step back, with tobacco this is referral to evidence-based outpatient counseling and receive prescriptive are FDA approved cessation medication, that is a requirement for 03. For SUB 03, it is refer or refuse outpatient counseling or received or refused prescription for medication cessation at discharge . Hospitals are required to submit data for calendar year 2017 and the rates

for SUB 01 and 03 must be submitted, however SUB 03 will only be scored for points. The seventh measure here is the ED process and it is a two-part measure starting with the narrative, hospitals are required to summarize policies and practices related to non-opioid alternatives of pain management in the ED. This is a new component for 2018. >> This summary will not be scored, it is a gateway here and we want to see what are hospitals doing, do the have policies in place and what are your practices related to non-opioid alternatives to pain management in the emergency department ? A narrative will be submitted to get an idea of what our practices are statewide, it will not be scored but it is a gateway to get into the measure. Once you provide that you will be scored on the elements from January 1, 2018 through December 31, 2018.

Points will only be awarded if all activities are going to be performed. There are three. All discharge ED patients are given information about local primary care clinics if they have no PCP and all discharged ED patients are provide information about available nurse advice lines, as a point of litigation, yet to provide information about nurse advice lines . And ED policies or guidelines that state providers will not provide replacement prescriptions for opioids that are lost, destroyed or stolen and that is in effect by January 1, 2018, hospitals are required to submit a copy of this policy or guideline.

Let's talk a little bit about this, there are five things in place, let's talk about the guidelines around indicating no long-acting opioids are prescribed in the ED effective January 1, 2018. The policy or guideline must be physically clear that no long acting opioids will be prescribed in the ED, except in compelling circumstances for cancer, that needs to be document by the physician on why it was necessary. There is a nuanced, we're not prescribing long-acting opioids in the ED, and particularly to help you understand, as we have learned through 2017 working in this, it is explicitly clear that long-acting opioids will not be prescribed in the ED, except in compelling circumstances for cancer to be specifically document by the physician on why it is necessary beyond the standard choice. We want to be able to see that is the only exception that occurs we want to see that in the policy.

A new element for 2018, all five elements to get points, are you provided training to ED staff such as issues on trauma informed care, mental health for state and a zero suicide and this can be under the BHO engagement and if you're doing it together and it still happens, you may be able to get two birds with one stone. So HCAHPS no change from 2017 and this measure is based on the questions on HCAHPS survey showing the percentage of patients to give the hospital rating a nine or 10 on a scale from 0 to 10 . The data from this measure will be taken from the most current data in July 2018 on hospital compare which provides a patient mix adjustment to the data.

The last measures , the 30 day all cause readmissions, this measure is defined by the CMS and counts Medicaid clients with a readmissions during 2017, hospitals do not need to submit data for the measure, the department pulls the data from the claims, there are a few nuances with the must measure . Patients must be continuously

enrolled in Medicaid for at least 365 days prior to discharge date to be included in the measure. Subsequent admission rates will be lower with the known data because you don't normally have a 365 days of eligibility information. A minimum sample size of 30, and a host of other exclusions that are in the specs for this region and you can see that by looking, there is a reference in the measures detailed document or you can see the specs which includes emergency dialysis and some planned revisits.

I do the - I do want to make a note, readmission rates were not scored for 2017 programs, there was a delay in data transfer ability as we moved from the legacy system to the new in the interchange, and with some of that mashing of historical client eligibility tables and things, we were not able to pull the data timely enough to be able to use it for 2017 and so this measure was not used in 2017 and we formalized all hospitals as a result. We do not expect that to be an issue as we move into 2018. I know it is a lot of information and I do think we have had questions that have come, do we want to review some of the questions that have come in?

I am not sure if we should be delighted or concerned, but we have had no big questions that I was not just able to answer. There are questions.

Fantastic, you can all look in the chat box and you can see Heidi has been answering questions, she is a rockstar so I'm sure she answered all of your questions very well but if you have initial questions that you want to send now I will open the floor to take those questions as they come.

It looks like several are typing so we will take them as they come where is our drumroll ?

There is a question about if hospitals are part of the opioid reduction program and Colorado, would that count? As long as you meet requirements for this measure, of course. I think that even goes over and above, I know that CHA is working on great programs as well. Do you have a survey for C-Diff and how is it scored ? If you submit that data to NHSN they will calculate that survey and will be able to get the data , that is our understanding, but we could certainly talk off-line if you have more questions around that C-Diff measure .

Yes if you do not do deliveries, was there an exemption Heidi in the hospital? I know there is no minimum. If you do not do deliveries, you are exempt from the measure. There are five measures to be scored, the first five that you qualify for - the first time that you qualify for it. So Dorma let's follow up off-line on the C-Diff and we will help you with more particular questions there . >> The hospital has one OB/GYN, I think you can state that and have that , we can think about that exception around that, that is for the C-section measure, I wonder if you're even qualify for the measure than.

Stephanie are you thinking more about the breast-feeding measure baby friendly designation ?

[Indiscernible-muffled speaker] if you have less than 30 you are not even qualify, you will be using a different measure anyway. If the one OB is doing 30, we will be able to work through that and if it is an individual case, we can work off-line on that. Cynthia we can talk about that off-line around particular questions for the primary care physician , I believe it is providing information about primary care physicians but we can work through that with you . The RCCO and the BHO are covered entities and are HIPPA compliant, it is for Medicaid clients, part of insurance and there is a per member per month and there are agreements about that information sharing that they do and they are allowed to proceed . Much is shared through the available health information exchanges. >> The question around the substance abuse measure being new and looking at 2017, we did publish the measures back in February , March, somewhere . We will look into that, but as we stand for approval it was measure for 2017 , the reporting period. and in order to receive the maximum points for the breast-feeding measures you do have to baby friendly designation or maintain baby friendly designation, that is correct. We are looking into it as we talk with of the committee of narrowing the band so the difference between one and the next is not severe or great, and with the PCO 05 measure, that one being a base . >> It looks like some folks are typing. [Pause] There has been discussion, with any program, the question is has there been discussion on the burden regarding additional cost for tobacco and substance abuse measures, that is been in place for several years and substance abuse is similar to that, RBC with any quality improvement program there are some administered details with that , it is a voluntary program and I think it is really up to the hospital to determine if the juice is worth the squeeze for lack of a better term. But it is something we're interested in seeing and we would like hospitals to track, we have 90+ million dollars tied into this program. Also the tobacco is pretty low in the required number.

I think it was measure seven .

Number six .

There will be a number of hospitals that have to report on that. There will be some points for tobacco and additional points for substance use. We feel it will be beneficial for hospitals to do this and to track this. It is good information we would like to receive and willing to pay for.

[Pause]

A question on the blue Gold course training staff, high tension, like with zero suicide and so on. I would like to learn more about those programs. I want to say that it feels like it is in line but we are focused on mental health, first-aid and trauma informed care and training the ED staff on being better prepared when they are dealing with folks dealing with mental health issues or behavioral health issues.

It is looking like that would be in line if that is the topic and we do leave the training to the hospital's discretion for the ED process measure which is a little bit different than the BHO engagement measure which is working with BHO for trying. I am not sure what you are referring to Cynthia that I have a feeling your talk about the ED process.

The intention is behavioral health type of training so if that is what that is working towards, I believe so but let's talk off-line on that and send Heidi an email as we look into that program more. But again we are focused on behavioral health training for the ED staff .

Dorma, the fact that the discussion occurred, it's a matter of the health records we do not require the hospital to have the actual form in the medical record at this time.

With the patient and family advisory Council, that is one of four elements I believe that if culture that you have to do three of those, is that correct?

I think we have a finalized scoring but I can't speak of it of the top of my head.

I know in the past there have been three of the four moments in order to get the maximum points so if that case, you can choose another three however, this is a family advisory Council requirement in the DHA is look at that as well so it's a pretty important element. Send us an email on that we can follow up with you. Speak

I will wait on the line for a couple more minutes so if anyone has additional questions. But of course, transition site here, my contact information and Heidi's contact information is on the screen. Feel free to reach out to us. We are here for support and to clarify any questions you have around these 28 key measures and will be working to really finalize the scoring on this in the upcoming months and looking forward to moving into question period, will be working hard to develop an online database, we will provide training around that once it develops we were all comfortable with the usability of that and the -- functionality of that system. Look forward to that coming up as we get that develop toward the end of the year and toward the spring.

It's been a few minutes since the last question. I appreciate all your time this morning. I think it's really good for all this participation. I think we had one third six 136 signed up to that you are engaged in making sure they understand what the measures are. Again, it there are any other questions you have, please feel free to shoot us an email so we can help out anyway we can. Take your free time this morning and we look forward to the next presentation. Thank you so much.