Calendar Year (CY) 2019 End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) Proposed Rule: ESRD Quality Incentive Program (ESRD QIP) Proposals

August 14, 2018
2:00 PM ET

Presenters:

James Poyer, MS
Delia Houseal, PhD., MPH
### Acronyms in this Presentation

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention (HHS)</td>
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<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services (HHS)</td>
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<tr>
<td>CY</td>
<td>calendar year</td>
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<tr>
<td>ESRD</td>
<td>End-Stage Renal Disease</td>
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<td>ESRD QIP</td>
<td>End-Stage Renal Disease Quality Incentive Program</td>
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<td>FDA</td>
<td>Food &amp; Drug Administration (HHS)</td>
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<td>HHS</td>
<td>U.S. Department of Health &amp; Human Services</td>
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<td>MAP</td>
<td>Measures Application Partnership</td>
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<td>MedRec</td>
<td>Medication Reconciliation for Patients Receiving Care at Dialysis Facilities</td>
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<tr>
<td>MIPPA</td>
<td>The Medicare Improvements for Patients and Providers Act of 2008</td>
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<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>NHSN</td>
<td>National Healthcare Safety Network (CDC)</td>
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<td>OGC</td>
<td>Office of General Counsel (CMS)</td>
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<td>PAMA</td>
<td>The Protecting Access to Medicare Act of 2014</td>
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<td>PPPW</td>
<td>Percentage of Prevalent Patients Waitlisted</td>
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<td>PPS</td>
<td>Prospective Payment System</td>
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<td>PSC</td>
<td>Performance Score Certificate</td>
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<td>PSR</td>
<td>Performance Score Report</td>
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<td>PY</td>
<td>Payment Year</td>
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<td>SWR</td>
<td>First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients</td>
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<td>TPS</td>
<td>Total Performance Score</td>
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<td>Topic</td>
<td>Speaker</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>Welcome &amp; Introduction</td>
<td>James Poyer, MS&lt;br&gt;Program Director&lt;br&gt;Division of Value, Incentives, and Quality Reporting, CMS</td>
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<td>CY 2019 Rulemaking Overview</td>
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<tr>
<td>Proposed Modifications to Payment Year (PY) 2021; Proposed Requirements for PY 2022 and PY 2024</td>
<td>Delia Houseal, PH.D., MPH&lt;br&gt;ESRD QIP Program Lead&lt;br&gt;Division of Value, Incentives, and Quality Reporting, CMS</td>
</tr>
<tr>
<td>Participating in the Comment Period</td>
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A Note About the CY 2019 ESRD PPS Proposed Rule

• This call is intended for CMS to provide information regarding the ESRD PPS Proposed Rule released on July 11, 2018.

• This rule proposes requirements for the ESRD QIP.

• CMS encourages stakeholders, advocates, and others to use the formal comment period described in the rule.
Introduction and ESRD QIP Overview

Delia Houseal, PhD., MPH
ESRD QIP Program Lead
Division of Value, Incentives, and Quality Reporting
Centers for Medicare & Medicaid Services
ESRD QIP Legislative Drivers

• The ESRD QIP is described in Section 1881(h) of the Social Security Act, as added by Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

  • Program intent: Promote patient health by providing a financial incentive for renal dialysis facilities to deliver high-quality patient care

  • Section 1881(h):
    o Authorizes payment reductions if a facility does not meet or exceed the minimum Total Performance Score (TPS) as set forth by CMS
    o Allows CMS to apply payment reductions of up to 2%

• The Protecting Access to Medicare Act of 2014 (PAMA) added section 1881(h)(2)(A)(iii) to the Social Security Act

  • Starting in 2016, ESRD QIP must include measures specific to the conditions treated with oral-only drugs (and those measures are required to be outcome-based, to the extent feasible)
Overview of ESRD QIP Statutory Requirements

Secretary of the Department of Health and Human Services (HHS) required to create an ESRD QIP that will:

- **Select measures addressing:**
  - Anemia management, reflecting Food and Drug Administration (FDA) labeling
  - Dialysis adequacy
  - Patient satisfaction, as specified by the HHS Secretary
  - Iron management, bone mineral metabolism, and vascular access, as specified by the HHS Secretary

- **Establish performance standards** that apply to individual measures

- **Specify the performance period** for a given PY

- **Develop a methodology** for assessing total performance of each facility based on performance standards for measures during a performance period

- **Apply an appropriate payment percentage reduction** to facilities that do not meet or exceed established total performance scores

- **Publicly report results** through websites and facility posting of performance score certificates (PSC)
ESRD QIP Rule Development

CMS drafts proposals for ESRD QIP (applied on a PY basis) → HHS components (including Office of General Counsel [OGC] and Centers for Disease Control and Prevention [CDC]) review proposals → CMS publishes proposed rule in the Federal Register → CMS publishes final rule in the Federal Register → CMS drafts final rule addressing public comments, which passes through HHS internal clearance → Public afforded 60-day period to comment on proposed rule.
Meaningful Measures: Getting to What Matters
CMS Meaningful Measures Objectives

- Meaningful Measures focus everyone’s efforts on the same quality areas and ensures that we identify measures that:

  - Address high-impact measure areas that safeguard public health
  - Are patient-centered and meaningful to patients
  - Are outcome-based where possible
  - Are relevant and meaningful to providers
  - Minimize level of burden for providers
  - Remove measures where performance is already very high and that are low-value
  - Provide significant opportunity for improvement
  - Address measure needs for population-based payment through alternative payment models
  - Align across programs and/or with other payers
Meaningful Measures Initiative

Promote Effective Communication & Coordination of Care
Meaningful Measure Areas:
- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

Promote Effective Prevention & Treatment of Chronic Disease
Meaningful Measure Areas:
- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Work with Communities to Promote Best Practices of Healthy Living
Meaningful Measure Areas:
- Equity of Care
- Community Engagement

Make Care Affordable
Meaningful Measure Areas:
- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

Make Care Safer by Reducing Harm Caused in the Delivery of Care
Meaningful Measure Areas:
- Healthcare-associated Infections
- Preventable Healthcare Harm

Strengthen Person & Family Engagement as Partners in their Care
Meaningful Measure Areas:
- Care is Personalized and Aligned with Patient’s Goals
- End of Life Care according to Preferences
- Patient’s Experience of Care
- Patient Reported Functional Outcomes

Improve CMS Customer Experience
Support State Flexibility and Local Leadership
Support Innovative Approaches
Empower Patients and Doctors

Reduce Burden
Eliminate Disparities
Track to Measurable Outcomes and Impact
Achieve Cost Savings
Safeguard Public Health
Improve Access for Rural Communities
Benefits of Including Meaningful Measures

• By including Meaningful Measures in its programs, CMS seeks to address the following cross-cutting measure criteria:
  o Eliminating disparities
  o Tracking measurable outcomes and impact
  o Safeguarding public health
  o Achieving cost savings
  o Improving access for rural communities
  o Reducing burden

• CMS believes that these will lead to:
  o Improved outcomes for patients, their families, and healthcare providers
  o Reduced burden and costs for clinicians and providers
  o Increased operational efficiencies

• ESRD QIP proposes to incorporate Meaningful Measures by applying a measure removal factor that aligns with other CMS quality programs.
“At CMS the overall vision is to reinvent the Agency to put patients first. We want to partner with patients, providers, payers, and others to achieve this goal. We aim to be responsive to the needs of those we serve.”

- Administrator Seema Verma
  Centers for Medicare and Medicaid Services
ESRD QIP and Meaningful Measures

Severe chronic disease with multiple comorbidities, complex treatment

Difficult choices for modality, treatment options, transplant, hospitalizations

Quality of Life Issues, concerns with infection, patient goals

Promote Effective Prevention and Treatment of Chronic Disease

Promote Effective Communication & Coordination of Care

Strengthen Person & Family Engagement as Partners in Their Care
CY 2019 ESRD PPS Proposed Rule: Operationalizing Meaningful Measures
Strategic Overview: Three PYs & Meaningful Measures

• Reduce provider burden by eliminating measures that add little to the overall quality picture

• Responding to stakeholder feedback to strengthen data validation efforts for CROWNWeb and the National Healthcare Safety Network (NHSN)

• Introduce transplant measures for incident and prevalent patients – promoting effective treatment of chronic disease

• Establishing and updating factors for measure removal to ensure that the measure set reflect core issues that are most vital to high quality care and better patient outcomes
CY 2019 Rulemaking Overview
Overview of Proposed ESRD QIP Modifications: PY 2021

- Applying Meaningful Measures Initiative across all PYs
- Refining and updating existing measure-removal factors
- Adding a measure-removal factor
- Removing four reporting measures
- Revising domain structure as well as domain and measure weights
- Revising data-reporting requirements for new facilities
- Expanding number of facilities and patient records in the NHSN validation study
- Converting CROWNWeb pilot study into permanent ESRD QIP policy
Overview of Proposed ESRD QIP Modifications: PY 2022

• Updating structure of PY 2022

• Proposing two new measures to support Meaningful Measures areas of Care Coordination and Making Care Safer

• Expanding the number of facilities and the number of patient records in the NHSN validation study to achieve the most reliable validation results
Overview of Proposed ESRD QIP Modifications: PY 2024

• Adding new transplant measure
Proposed Modifications to PY 2021
Proposed Changes to PY 2021:
Measure Removals Based on Meaningful Measures

Do the costs of collecting data and calculating the measure outweigh its benefits?

• Consider several types of costs, including, but not limited to:
  o Provider and clinician information collection burden, and related cost and burden associated with the submission/reporting of quality measures to CMS
  o The provider and clinician cost associated with complying with other quality programmatic requirements
  o The provider and clinician cost associated with participating in multiple quality programs, and tracking multiple similar or duplicative measures within or across those programs
  o The CMS cost associated with the program oversight of the measure, including measure maintenance and public display
  o The provider and clinician cost associated with compliance with other federal and/or state regulations (if applicable)

• CMS proposes removing measures based on this approach on a case-by-case basis.
Proposed Changes to PY 2021: Measure Removals

• Remove four reporting measures for which reporting is high and there is little room for improvement—or for which there is a better measure in use—in alignment with the Meaningful Measures Initiative:
  o Healthcare Personnel Influenza Vaccination
  o Pain Assessment and Follow-Up
  o Anemia Management
  o Serum Phosphorus
Proposed Changes to PY 2021: Domains and Weighting

• Remove the current Reporting Domain and divide the current Clinical Domain into three domains to more closely align the ESRD QIP with priorities within the Meaningful Measures Initiative

• Reweight domains and measures for scoring calculations to account for measure removals and domain changes and our preferred emphasis on clinical outcomes
Proposed Changes to PY 2021: Reporting Data and Data Validation

• Change requirements for new facilities to begin reporting ESRD QIP data

• Modify the CROWNWeb and NHSN data-validation studies to achieve the most reliable results under the NHSN study

• Convert the CROWNWeb data validation study as a permanent feature of the program
Proposed Changes to PY 2021: Measure Domains

In order to more closely align with priority areas in the Meaningful Measures Initiative, CMS proposes to:

• Reorganize the Clinical Domain into three distinct domains
  o Patient and Family Engagement
  o Care Coordination
  o Clinical Care Domain

• Eliminate the Reporting Domain since there would no longer any measures in this domain if this proposal is finalized
Proposed Changes to PY 2021: Domain and Measure Weights

• Clinical Care and Care Coordination Domains now with the highest weights because they are more closely tied to clinical outcomes
  o Clinical Care Domain has a higher weight (40% of TPS) versus Care Coordination (30% of TPS) because it has more measures

• Patient and Family Engagement Domain and the Safety Domain will each contribute 15% to the TPS, as they are focused on clinical process measures

• To be eligible for a TPS, a facility must score in at least one measure in two out of the four domains
PY 2021 Features Finalized in Prior Rulemaking

Clinical Measure Domain – 75% of TPS

Patient and Family Engagement/
Care Coordination Subdomain –
40% of Clinical Measure Domain score
1. ICH CAHPS
2. SRR

Clinical Care Subdomain –
60% of Clinical Measure Domain score
1. STrR
2. Kt/V Dialysis Adequacy
   (comprehensive)
VAT Measure Topic:
3. Standardized Fistula Rate
4. Long-Term Catheter Rate
5. Hypercalcemia
6. SHR

Safety Measure Domain –
15% of TPS

NHSN BSI Measure Topic:
1. NHSN Bloodstream Clinical
2. NHSN Reporting

Reporting Measure Domain –
10% of TPS
1. Serum Phosphorus
2. Anemia Management
3. Pain Assessment and Follow-Up
4. Clinical Depression Screening and Follow-Up
5. NHSN Healthcare Personnel
   Influenza Vaccination
6. Ultrafiltration Rate

Revision or replacement measure for PY 2021
Impact: PY 2021 Proposed Changes

Clinical Care Domain – 40% of TPS
1. Kt/V Dialysis Adequacy (comprehensive)
   VAT Measure Topic:
   2. Standardized Fistula Rate
   3. Long-Term Catheter Rate
4. Hypercalcemia
5. STTrR
6. Ultrafiltration Rate reporting measure

Care Coordination Domain – 30% of TPS
1. SRR
2. SHR
3. Clinical Depression and Follow-Up reporting measure

Safety Domain – 15% of TPS
1. NHSN BSI
2. NHSN Dialysis Event reporting measure

A facility must be eligible for at least one measure in any two domains to receive a TPS
Impact: Proposed PY 2021 Scoring/Payment Reduction Method

**Measure Domains**

**Clinical Care**
- Kt/V Dialysis Adequacy
- VAT Measure Topic: Standardized Fistula Rate, Long-Term Catheter Rate
- Hypercalcemia
- STrR
- Ultrafiltration Rate reporting measure

**Care Coordination**
- SRR
- SHR
- Clinical Depression Screening and Follow-Up

**Safety**
- NHSN BSI
- NHSN Dialysis Event reporting measure

**Patient and Family Engagement**
- ICH CAHPS

**Total Category Weight**
- **Clinical Care**: 40% (57 pts.)
- **Care Coordination**: 30% (47 pts.)
- **Safety**: 15% (37 pts.)
- **Patient and Family Engagement**: 15% (27 pts.)

**Payment Reduction Percentage**
- 0 pts.: 0% Reduction
- 100 pts.: No Reduction
- 57 pts.: 0.5% Reduction
- 47 pts.: 1.0% Reduction
- 37 pts.: 1.5% Reduction
- 27 pts.: 2.0% Reduction

Total Performance Score (TPS) is the sum of the weighted totals from all domains.
Proposed Modification to Requirements to Begin Reporting Data

<table>
<thead>
<tr>
<th>Policy</th>
<th>Collection Starts</th>
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<tbody>
<tr>
<td>Current</td>
<td>First day of the month following the facility’s CCN Open Date</td>
</tr>
<tr>
<td>Proposed</td>
<td>Four months (on the first of the month) following the facility’s CCN Open Date</td>
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- In both cases, the start of ESRD QIP data collection starts the clock to establish the number of months in which a facility is open.
- Rationale: Provides facilities with a longer time period to become familiar with the processes for collecting and reporting ESRD QIP data before those data are used for purposes of scoring.
Proposed Modification to Data-Validation Activities

- Make CROWNWeb pilot data validation study a permanent feature of the ESRD QIP
- Expand the NHSN Dialysis Event validation study

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<thead>
<tr>
<th>Payment Year</th>
<th>CROWNWeb</th>
<th>NHSN</th>
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<tr>
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<td>Facilities</td>
<td>Records</td>
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<td>PY 2021</td>
<td>300</td>
<td>10</td>
</tr>
<tr>
<td>PY 2022</td>
<td>300</td>
<td>10</td>
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</tbody>
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Proposed Requirements for PY 2022 and PY 2024
PY 2022: Proposed New Measure – Percentage of Prevalent Patients Waitlisted (PPPW)

• Assesses the percentage of current patients at each dialysis facility who were on the kidney or kidney-pancreas transplant waitlist

• Risk-adjusted

• Emphasizes shared accountability between dialysis facilities and transplant centers

• Rationale: Aligns with Meaningful Measure focus area for communication and coordination; encourages facilities to coordinate care with transplant centers to waitlist patients
PY 2022: Proposed New Measure – PPPW (continued)

• Submitted to the Measures Application Partnership (MAP) in 2017 for consideration as part of the pre-rulemaking process

• Data sources: CROWNWeb; Organ Procurement and Transplant Network (a public/private partnership established by the National Organ Transplant Act of 1984)

• Links to additional resources on slide 47
PY 2022: Proposed New Measure – Patients Receiving Care at Dialysis Facilities (MedRec)

• Assesses how well a facility has appropriately evaluated a patient’s medications

• Addresses an important safety concern for the ESRD patient population, who typically take a large number of medications

• Medication management practices focusing on medication documentation, review, and reconciliation could systematically identify and resolve medication-related problems, improve patient outcomes, and reduce total costs of care
PY 2022: Proposed New Measure – MedRec (continued)

• Data sources:
  o Administrative claims
  o CROWNWeb
  o Facility medical records

• Measure steward is Kidney Care Quality Alliance

• Submitted to the MAP in 2017 for consideration as part of the pre-rulemaking process

• MAP supported the measure for the ESRD QIP in its February 2018 Hospital Workgroup report

• Link to additional information on slide 47
Proposed PY 2022 Measures Overview

Clinical Care Domain – 40% of TPS
1. Kt/V Dialysis Adequacy (comprehensive)
   VAT Measure Topic:
   2. Standardized Fistula Rate
   3. Long-Term Catheter Rate
4. Hypercalcemia
5. STrr
6. Ultrafiltration Rate reporting measure

Patient and Family Engagement Domain – 15% of TPS
1. ICH CAHPS

Care Coordination Domain – 30% of TPS
1. SRR
2. SHR
3. PPPW
4. Clinical Depression and Follow-Up reporting measure

Safety Domain – 15% of TPS
1. MedRec
2. NHSN BSI
3. NHSN Dialysis Event reporting measure

Proposed new measure for PY 2022
Proposed PY 2022 Scoring/Payment Reduction Method

- **Measure Domains**
  - **Clinical Care**
    - KT/V Dialysis Adequacy
    - VAV Measure Topic: Standardized Fistula Rate, Long-Term Catheter Rate
    - Hypercalcemia
    - StrR
    - Ultrafiltration Rate reporting measure
  - **Care Coordination**
    - SRR
    - SHR
    - PPPW
    - Clinical Depression Screening and Follow-Up
  - **Safety**
    - MedRec
    - NHSN BSI
    - NHSN Dialysis Event reporting measure
  - **Patient and Family Engagement**
    - ICH CAHPS

- **Total Category Weight**
  - Clinical Care = 40%
  - Care Coordination = 30%
  - Safety = 15%
  - Patient and Family Engagement = 15%

- **Payment Reduction Percentage**
  - Total Performance Score (TPS) is the sum of the weighted totals from all domains.

- Proposed new measure for PY 2022
PY 2024: Proposed New Measure for PY 2024 – First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR)

• Measure requires three years of data to score (i.e., proposed performance period begins in 2019)

• Assesses the population of patients within the first year of onset of dialysis, examining for waitlist, or living-donor transplant events occurring within a year of dialysis initiation

• Encourages facilities to more rapidly evaluate patients for transplant and coordinate the waitlisting of those patients
Participating in the Comment Period
Public Role in the Regulation Process

CMS implements the ESRD QIP through the federal regulation process, one of the basic tools of government used to implement public policy.

CMS writes proposed rule → CMS publishes proposed rule in the Federal Register → CMS reviews public comments → CMS publishes final rule in the Federal Register → Final rule becomes regulation

The public comment period for the CY 2019 ESRD PPS Proposed Rule is open until September 10, 2018

Your comments matter!
Commenting on the Proposed Rule

Certain browser plug-ins or extensions, such as Grammarly, may interfere with submitting comments on the comment form. If you have issues, please disable browser plugins and extensions and try submitting your comment again. If you need additional assistance, please contact the Help Desk at 1-877-378-5457.
Commenting on the Proposed Rule (continued)

Certain browser plug-ins or extensions, such as Grammarly, may interfere with submitting comments on the comment form. If you have issues, please disable browser plugins and extensions and try submitting your comment again. If you need additional assistance, please contact the Help Desk at 1-877-378-5457.

5 results for "1691-P"

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Comment Period

- Open (2)
- Closed (3)

Document Type

- Clear Filter

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CY 2019 Changes to the End-Stage Renal Disease (ESRD) Prospective Payment System, Quality Incentive Program, Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) CMS-1691-P

- Document Contents: ...for Medicare & Medicaid Services 42 CFR Parts 413 and 414 [CMS-1691-P] RIN 0938-AT28 Medicare Program; End-Stage Renal Disease Prospective Payment System...
Key ESRD QIP Dates to Remember

• **PY 2018 payment reductions applied** (January 1 – December 31, 2018)
• **PY 2019 Preview Period** (August 6 – September 6, 2018)
• **PY 2020 Performance Period** (January 1 – December 31, 2018)
• **CY 2019 ESRD PPS (PY 2022) Rulemaking**
  • Proposed rule published (displayed on July 11, 2018)
  • 60-day comment period (July 11 – September 10, 2018)
  • Final rule published (early November 2018)
• **PY 2019 PSC available for download mid-December 2018**
  • Post within 15 business days
• **PY 2019 payment reductions are effective January 1, 2019**
## ESRD QIP Critical Dates and Milestones

### 2018

**Payment Year 2019**
- **JAN**:
- **FEB**:
- **MAR**:
- **APR**:
- **MAY**:
- **JUN**:
- **JUL**:
- **AUG**:
  - AUG 6: Preview PSR released for PY 2019
- **SEP**:
- **OCT**:
- **NOV**:
- **DEC**:
  - DEC: PSC & Final PSR released for PY 2019

**PY 2019 Preview Period**

### Payment Year 2020

- **JAN 1 – DEC 31, 2018**: Performance Period

### Payment Year 2021

- **JUL 11**: PY 2021 estimated performance standard values released in CY 2019 ESRD PPS Proposed Rule

### Payment Year 2022

- **JUL 11**: CY 2019 ESRD PPS Proposed Rule released
- **JUL 11 – SEP 10**: CY 2019 ESRD PPS Proposed Rule Comment Period

- **NOV**: Final PY 2021 performance standard values released in CY 2019 ESRD PPS Final Rule
- **NOV**: CY 2019 ESRD PPS Final Rule released
Resources


- **ESRD QIP Section on QualityNet.org**: [https://www.qualitynet.org/dcs/ContentServer?c=Page&pagemain=QnetPublic%2FPage%2FQnetTier2&cid=1228776130562](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagemain=QnetPublic%2FPage%2FQnetTier2&cid=1228776130562)

- **PPPW**:
  - MAP: [http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=86972](http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=86972)