Establishing a Robust Pain Management Initiative Within Your Hospital

Welcome!

• All lines are muted, so please ask your questions in Q&A
• For technical issues, chat to the ‘Technical Support’ Panelist
• Please actively participate in polling questions that pop up on the lower right-hand side of your screen

We will get started shortly!
Establishing a Robust Pain Management Initiative Within Your Hospital

Presented by: Phyllis Hendry, MD, FAAP, FACEP
University of Florida College of Medicine
Brittany Johnson, PharmD, CPh
UF Health Jacksonville
Collaborating to Support Your Quality Improvement Efforts
Featured Speakers

Phyllis Hendry, MD, FAAP, FACEP
Professor of Emergency Medicine and Pediatrics
University of Florida College of Medicine

Brittany Johnson, PharmD, CPh
Pain and Palliative Care Stewardship Pharmacist
UF Health Jacksonville
Learning Objectives

• Learn Today:
  • Identify key hospital staff to build an engaged network of pain management champions
  • Describe PAMI patient education resources suitable for a variety of care settings
  • Understand the key components to developing a patient discharge toolkit
Advancing innovation and safety in pain education, patient care and research

PAMI
Pain Assessment and Management Initiative

HQIC LAN Presentation

Website: pami.emergency.med.jax.ufl.edu
Team Email: Pami@jax.ufl.edu
Today’s Agenda

• Introduction to the Pain Assessment and Management (PAMI)
• Overview of PAMI free-access resources on pain management
• Newly established PAMI sub-projects:
  • PAMI pain coach/educator project overview
  • PAMI ED-ALT project overview
  • AI-PAMI project overview
• Collaboration with UF Health Jacksonville through the Pain and Opioid Stewardship Taskforce
• Q&A
Our Setting and Background

Two very different sites

UF Health
Jacksonville

UF Health
North

UF College of Medicine - Jacksonville
UNIVERSITY OF FLORIDA

UF
UNIVERSITY OF FLORIDA
College of Pharmacy

UF Health
UNIVERSITY OF FLORIDA HEALTH

Alliant Quality
The Quality Improvement Services Group of
ALLIANT HEALTH SOLUTIONS

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP
PAMI Background

Established in 2014 by Drs. Phyllis Hendry and Sophia Sheikh

• Housed in the University of Florida College of Medicine Jacksonville Division of Emergency Medicine Research
• Initial intent was to improve pain management in Emergency Medicine
• Now includes a multidisciplinary team from emergency medicine, pharmacy, pain medicine, physical therapy, trauma, nursing, information technology, toxicology, UF Center for Data Solutions and more!
Past and Present PAMI Stakeholders/Collaborators

- ENA Emergency Nurses Association
- Florida Emergency Nurses Association
- Florida Society for Healthcare Risk Management & Patient Safety
- PEDREADY
- Florida College of Emergency Physicians
- SPS Society for Pediatric Sedation Safe and Sound
- AHEC Suwannee River Area Health Education Center
- PAMI Pain Assessment and Management Initiative
- Jacksonville Aging Studies Center
- UF Health Pain and Opioid Stewardship Task Force
- UF College of Medicine – Jacksonville
- UF College of Medicine
- Council of Florida Medical School Deans
- Emergency Medicine Learning & Resource Center
- Florida Hospital Association
- UF Health
- UF Academic Technology
- Alliant Quality
- HQIC Hospital Quality Improvement Contractors
PAMI 3.0 Team

Phyllis Hendry, MD, FAAP, FACEP
Principal Investigator
Associate Chair of Research
Professor of Emergency Medicine and Pediatrics

Sophia Sheikh, MD, FACEP
Principal Investigator
Associate Professor of Emergency Medicine
JAX ASCENT Scholar

Jennifer Fishe, MD, FAAP
Co-Investigator
Assistant Professor of Emergency Medicine (K12, K23 scholar)
Director, Center for Data Solutions

Roger Fillingim, PhD
Co-Investigator
Director of PRICE, Pain Psychologist

Monika Patel, MD
PMR and Pain Specialist
Chair, POST committee

Morgan Henson, MPH, CPH, CCRP, CPT
Clinical Research Manager

Michelle Lott, BSH, CRC
IRB and CME Research Coordinator

Taylor Munson, BSH, CPT
Research Coordinator II

Jessica Lane, MBA, CPT
Research Administration Manager

Cara Rotman, BSND RT, CPT
OPS Research Coordinator

Amii Kennedy
Executive Assistant

Esteban Velasquez, BSH, CPT, EMT
Research Coordinator I

PAMI 3.0 Team

Robin Moorman-Liu, PharmD
Chronic Pain Pharmacist
Certified Pain Coach
Clinical Associate Professor, UF COP

Brittany Johnson, PharmD
UF Health Jacksonville Pain & Opioid Stewardship and Palliative Care Pharmacist

Hannah Scholten, PT, EBT, Cert. MDT
Clinical Supervisor – Wildlight
Rehabilitative Services

Magda Schmitzberger, MPH, CPH
PAMI ED-ALT Co-Project Director
Project Manager II

Douglas Soffel, DACM, DmacO, LAc
Pain Education Specialist (Coach)

Jennifer Braitsford, PhD
Epidemiology Analyst III

Natalie Spindle, MS, CHES®
PAMI & Florida Blue Health Educator and Communication Specialist

Brian Yorkhig, DO
Assistant Professor and Associate Director, TraumaOne Flight Operations
PAMI website:

pami.emergency.med.jax.ufl.edu

• Free resources for patients and providers
  • After discharge patient education
  • Educational videos and presentations
  • Non-pharmacologic pain therapy resources
  • Educational modules related to pain assessment & management (providers)
    • CEUs phased out
    • Presentations available
Overview of Resources

- Pain Management and Dosing Guide
- Discharge Planning Toolkit for Pain
- Patient Educational Videos
- Non-pharmacologic & Distraction Toolkit/Toolbox
- Communication cards in Spanish and Creole with pain terms

pami.emergency.med.jax.ufl.edu/resources
Pain Management & Dosing Guide

- Stepwise Approach
- Adult and pediatric dosing
- Non-opioid Analgesics
- Opioid Prescribing, Equianalgesic Chart and Cross-Sensitivities
- Intranasal and Nebulized Medications
- Procedural Sedation and Analgesia (PSA)
- Discharge and Patient Safety Considerations
- Nerve Blocks and Muscle Relaxers
- Ketamine Indications and Dosing
- Topical and Transdermal Medications
- Non-pharmacologic Interventions

Always online: [https://pami.emergency.med.jax.ufl.edu/resources/dosing-guide/](https://pami.emergency.med.jax.ufl.edu/resources/dosing-guide/)
Dosing Guide

- Free access to download but copyrighted by UF and PAMI
- Prints best as legal size
- Coordinated with UF Health Jacksonville hospital pain guide and recommendations from pharmacy guidelines and multidisciplinary team input
- Contact pamijax.ufl.edu for a trifold laminated copy!
Discharge Planning Toolkit for Pain

[Resource Link]

- Algorithm
  - Safe practices
  - Screening for opioid use disorders
  - Identification of pain “risk factors”

- Patient discharge brochures and videos
  - Tips for managing pain at home without opioids
  - 17 brochures
  - Can be inserted into hospital EMR as a dot phrase for providers to print upon patient discharge
Patient Education Videos

PAMI patient-friendly pain education videos for use at discharge or any time for patients to access online:

- **Additional Therapies to Help Manage Pain**: Non-pharmacologic and alternative therapies for pain management
- **Pain Medication Safety**: Useful information and tips on taking pain medication safely
- **Preventing and Relieving Back Pain**: Tips and exercises to manage back pain
- **Ways to Manage Chronic Pain**: Helpful tips on managing chronic pain
PAMI 3.0
Funding:
- Florida Medical Malpractice Joint Underwriting Association
- University of Florida College of Medicine – Jacksonville Department of Emergency Medicine

Focus:
- Healthcare providers & patients, acute & chronic pain, adults & pediatric, pharmacologic & non-pharmacologic
- Dosing guide
- Education
- Research
- Free access materials on pharmacologic and non-pharmacologic pain management

AI-PAMI
Funding: Florida Blue Foundation

Focus:
- Patients/caregivers ages 50+ and healthcare providers
- Focus groups
- Education library and live webinar events

PAMI ED-ALT
Funding: Substance Abuse and Mental Health Services Administration

Focus:
- UFJAX ED patients, clinicians/staff
- Pain type: Renal colic, musculoskeletal pain, acute & chronic low back pain, headache/migraine
- EMS panels
- Education
- Pain coaching
- Discharge toolkits

PAMI POST-ED
Funding: Florida Department of Health

Focus:
- Pain patients at UFJAX
- Education
- Pain coaching
- Discharge toolkits

-established in 2014
Pain Assessment and Management Initiative
Advancing innovation and safety in pain education, patient care and research
The Seed that Planted the Idea for a Pain Education and Coaching Service

• Unanticipated opportunity for funding from a CDC Overdose Data to Action (OD2A) grant
  • 10 day turnaround
  • During COVID

• Contacted pain pharmacists, COP, nursing, physicians, PT, POST, etc.
  • What is the one thing that would help you and your patients?
  • “Time to educate, pain education, to learn more about nonpharmacologic integrative methods, access to integrative pain management for patients, ...”
Our Challenge

• How to fill this education gap for patients and providers
  • COVID restrictions
  • Across multiple specialties
  • Burn out, ↑stress, ↑need to churn and earn, nursing shortages, etc.

• How to create a model pain educator or coach program that works across disciplines
  • Name
  • Structure
  • Nonpharmacologic methods to highlight or suggest
The Impact of COVID-19 on Pain Management

• CDC and our local data shows a rapid increase of overdoses and opioid related deaths since the beginning of the COVID-19 pandemic.

• The COVID-19 pandemic resulted in a variety of new pain problems:
  • Significant increase in inactivity due to lockdowns/quarantine resulting in deconditioning, impacting those relying PT, yoga or other programs as part of their pain management regimen.
  • The onset or exacerbation of mental health conditions, including anxiety, depression, post-traumatic stress disorder, and alcohol dependence disorder
  • Growing evidence that COVID-19 infection is associated with myalgia, referred pain, and widespread hyperalgesia (cytokine storm, limited rehabilitation after hospital discharge, etc.)
PAMI POST-Ed

POST-Ed will establish a pain and opioid stewardship education program to implement bedside education for pain patients.

Objectives:
1. Create and implement a model for a pain and opioid stewardship education program and coach
2. Develop and implement a pilot patient pain and opioid stewardship (POST) toolkit
PAMI Pain Coach Pilot Project

Educates patients on non-pharmacologic and non-opioid or OTC analgesic options for pain management:

- Basic review of pain neuroscience
- Demonstrate integrative techniques with the patient and staff
- Importance of prevention of acute to chronic pain transition
- Options to improve pain and quality of life
- Provide nonpharmacologic toolkit items and educational brochures
- Review OTC oral and topical analgesic options
- 1st known ED pain coach in the US

- Pain Coach – Doug Suffield, DACM, MAcOM, Dipl.OM, L.Ac
- Providers access our pain coach through an EMR order
- Dedicated pain coach/educator pager
- Review of patient track board for appropriate patients
What’s in the toolkit?

- Discharge toolkits for patients:
- Car w/ 4 flat tires stress ball & analogy
- Pain journals
- Coloring sheets
- Hand acupressure device for headache and tension pain
- Hot/Cold gel packs
- Aromatherapy inhalers
- Virtual reality cardboard viewer
- Video post card and applicable educational brochures
- Extra pain scale badge buddies, dosing guides, pens, etc.
Use of pain analogy with car stress ball and handout: When you are in pain you are like a car with 4 flat tires. Medication only pumps up one of your tires. What will you use to pump up the other tires?
Non-Pharmacologic Pain Management
Analogy: Patients and Providers

- Think of non-pharmacologic management as your “base coat” or “primer” before applying additional coats of analgesic or interventional treatments.
- With the right base coat foundation, you have a better chance of painting pain symptoms with a more tolerable and long-lasting new color.
Virtual Reality may be helpful with the following:

- Decreased pain and anxiety without medication
- Reduced drug-related side effects
- Enhanced treatment experience
- Shorter recovery times
- Increased patient satisfaction and coping
- Use with caution in migraine headaches, concussion, etc.
Aromatherapy is the use of essential oils from plants (flowers, herbs, or trees) as an integrative health approach. The essential oils are most often used by inhaling them or by applying a diluted form to the skin.

Studies have shown that aromatherapy helps:
• Manage pain
• Reduce anxiety
• Calm stress
• Boost immunity
• Improve sleep quality

*for discharge use-no existing hospital policy
Hand Acupressure Device

• Each device is individually boxed with printed instructions. We offer child, small and regular size options

• The device uses the principles of acupoints and meridians from Traditional Chinese Medicine within the body, specifically targeting LI4

• LI4 is known in TCM to be related to headache and tension relief

• Item added after patient requests
Pain Journals

• Small pocket journals with an accompanying label to guide patients in journaling

• Encourages patients to track symptoms, management, and daily activities

• Prompts patient to write down questions for their healthcare team
Toolkit Compliance and Logistics:
Staying in Compliance with OIG Rules

• Worked with university compliance and legal departments to ensure our toolkit process aligned with regulations

• In compliance with the HHS Office of the Inspector General, our team negotiated prices and toolkit options to stay under the $15 per item/$75 annual value limit (section 1128A(a)(5) of the Social Security Act) for our toolkits
  • https://oig.hhs.gov/fraud/docs/alertsandbulletins/SABGiftsandInducements.pdf

• Toolkit inventory system and EMR allows usage reports and a means to monitor distribution
Nonpharmacologic Pain Management Discharge Toolkit & ED Supply Cart Guide

The purpose of this cart is to provide easy ED access to materials that promote nonpharmacologic pain management for patients during their ED stay or at discharge. Nonpharmacologic methods assist in decreasing the dose or need for opioids and other pain medications and improve patient safety and comfort. Cart contents are non-billable and customized to individual patient need and care plan.

Medicare Beneficiary Inducement rules allow for nominal gifts with a total value ≤ $15.00/visit (up to $75.00 annually). The estimated value of individual patient discharge toolkits containing all cart contents are valued at ≤ $15.00 in compliance with these rules.

PAMI Purple Cart Contents:

- Educational Brochures (OTC and topical analgesics, exercise, back pain, etc.)
- Hot & Cold Gel Packs (see label for safety and warming instructions)
- Aromatherapy individual inhalers: Lavender-calming & Eucalyptus and Lemon Grass-invigorating (FOR HOME USE ONLY)
- Stress Ball/Car with 4 Flat Tires (Pain is like a car with 4 flat tires—Medications only “fill” one tire; integrative and non-opioid pain management interventions help “fill” the other 3 tires)
- Virtual Reality Viewers: see VR Brochure for instructions, recommended Apps and QR codes (use with iPhone, iPod, or Android device)
- Blue and Red PAMI toolkit bags

1. Input 4-digit code to unlock cart, if unknown call 904-244-4986 or charge nurse. Do not share code with non-ED Staff. Cart will automatically lock after 60 seconds. If one or more drawers are open when cart locks, drawers will not shut. If this happens, unlock the cart by entering keypad code to close all drawers. Make sure all drawers are closed and locked before leaving the cart.

2. Before giving a patient any cart items, place a patient sticker in the inventory log located in the top drawer and check selected items. This is important for inventory and reporting purposes. You can also write in the patient information. Leave the inventory log form in the cart.

3. For questions, comments or to refill cart items, call 904-244-4986 to speak to a PAMI team member or email pami@jax.ufl.edu.

Thank you for being a patient advocate and PAMI Champion!
PAMI ED-ALT

Four common painful ED conditions (renal colic, musculoskeletal pain, headache/migraine, and low back pain)
Order sets, discharge order sets, discharge toolkits, education
OTC medication starter pack discharge order
Champions: nursing, residents, PT, APPs, etc.

Goal 1: Increase ED non-opioid pain management and decrease ED opioid prescribing by implementing evidence-based non-opioid pain management order panels in the EMR

Goal 2: Increase knowledge and usage of non-pharmacologic pain management by ED clinicians and staff by adding EMR options for non-pharmacologic distraction pain management techniques and establish a Pain Coaching and Education Referral Service

Goal 3: Create and utilize an implementation-outcomes feedback loop to sustain utilization of interventions and identify barriers and enablers to widespread dissemination of our efforts
PAMI ED Order Panels

- Pain order panels offer a one-stop shop for pain-related orders including pharmacologic and non-pharmacologic methods, acute and chronic pain with particular focus on renal colic, musculoskeletal pain, back pain, and headache/migraine.
- Contain links to videos and information for procedures (e.g., ketamine administration, trigger point injections, nerve blocks, bursa injections)
- Can be found EPIC ED Quick List or by searching for “PAMI”
ED Patient OTC Discharge Order Panel

- Acetaminophen (tablet and liquid options)
- Ibuprofen
- OTC 4% lidocaine patches
- Diclofenac gel

For main downtown ED/TC patients at time of discharge
- Unfunded
- New severe pain condition
- Limited mobility
- Other constraints limiting access to OTC analgesics.

Pharmacy aisles can be very overwhelming!
AI-PAMI encompasses community outreach, education and research.

The overall goal is the advancement of innovative pain education and patient care through the development of provider and patient/caregiver workshops focused on multimodal and integrative pain management for adults ages 50 and older.

Integrative and non-opioid pain management education for Older Adults, Caregivers, and Providers

Aging with Pain Series for Older Adults and Caregivers

Integrative Pain Management Series for Health Care Providers
Visit the Aging With Pain web tab to view:

- Upcoming live webinars
- Recorded presentations you can access 24/7 on a variety of pain management topics
Pain and Opioid Stewardship Taskforce (POST)

• Collect, analyze and act on clinical and non-clinical pain data
• Increase patient satisfaction regarding analgesia
• Maximize the use of evidence-based analgesic approaches in a multidisciplinary fashion
• Reduce patient opioid exposure time and cumulative dosage in all clinical settings
• Identify the patients most at risk of difficult-to-control pain, opioid-related side effects, or dependence and individualize care while minimizing risks of adverse opioid events
POST Committee Structure

Co-chairs
- Pain PharmD
- Anesthesia

Secretary

Clinical
- System CMO
- Surgery MD
- ED MD
- Outpatient Medicine MD
- Hospital Medicine CMO
- Nursing CNO
- Acute Pain Service Medical Director
- Trauma Psychology PhD

Pharmacy
- Therapeutic Policy Drug Information
- EPIC Clinical Manager
- North Campus PharmD
- Stewardship Pain PharmD
- Outpatient pain PharmD

Outcome Measurement
- Quality Improvement CQO
- Clinical Informatics Director

Non-Clinical
- Patient experience Director
- Case Management Director
# POST Initiatives

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiative</th>
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<tbody>
<tr>
<td>2017</td>
<td>Pain and Palliative Care Stewardship Pharmacist</td>
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<tr>
<td></td>
<td>Joint Commission Gap Analysis</td>
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<td></td>
<td>Analgesic Metric Development</td>
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<td></td>
<td>IV Opioids Removed Admission Order-sets</td>
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<td></td>
<td>IV to PO Pharmacist Auto Substitution Implemented</td>
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<tr>
<td>2018</td>
<td>POST Committee Formation</td>
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<tr>
<td></td>
<td>Removal of Benzodiazepines from Order-sets</td>
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<tr>
<td></td>
<td>Patient Opioid Discharge Education Documentation</td>
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<td></td>
<td>House Bill 21 Controlled Substances Legislation</td>
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<td></td>
<td>Mandatory Provider Pain Education</td>
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<td></td>
<td>Nursing Pain Committee</td>
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<td></td>
<td>Pharmacist Long Acting Opioid Verification on Admission</td>
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<tr>
<td></td>
<td>Naloxone Outpatient Pharmacist Standing Order</td>
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<tr>
<td></td>
<td>IV Acetaminophen Non-Formulary Criteria for Use</td>
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<tr>
<td>2019</td>
<td>Florida Society of Health System Pharmacist “Best Practice” Award</td>
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<td>Ketamine Infusions for Pain Pilot on Progressive Units</td>
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<td></td>
<td>House Bill 451 Non-opioid Alternatives Legislation</td>
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<tr>
<td></td>
<td>Opioid Calculator EPIC© Build</td>
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<td></td>
<td>Implementation of Outpatient Naloxone BPA</td>
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<tr>
<td>2020</td>
<td>House Bill 831 Electronic Prescribing Implement</td>
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<tr>
<td></td>
<td>Nursing and Provider Pain Scale Education</td>
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<tr>
<td></td>
<td>Perioperative Pain Management for Patients with Opioid Use Disorder</td>
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<tr>
<td></td>
<td>Expanded Buprenorphine Formulary Options</td>
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<tr>
<td>2021</td>
<td>Perioperative Management of Pain in Patients with Obstructive Sleep Apnea Guidance</td>
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<td></td>
<td>A-02-005 Functional Pain Scale (DVPRS)</td>
</tr>
<tr>
<td></td>
<td>Developed Intrathecal Pump Policy</td>
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<tr>
<td></td>
<td>Expanded Abuse Deterrent Long Acting Formulary Options</td>
</tr>
</tbody>
</table>
POST Outcomes

- Reduction of IV opioid utilization
- Decreased inappropriate IV acetaminophen utilization
- Increased multimodal analgesic use
- Reduction of average pain scores
- Reduction of benzodiazepine utilization
- Naloxone outpatient prescriptions
- Regulatory compliance
Pain Scale Hospital Policy Update

• 2021: New institution-wide nursing pain policy changing from NRS to DVPRS

• PAMI collaborated to provide badge buddies and pain scale cards to nursing units with all scales
PAMI Impact and Dissemination

• PAMI products used across the U.S. and other countries
• Multidisciplinary
• Modified for other universities and organizations
• Cited in text books and other publications
• Aids hospitals in meeting Joint Commission pain-related standards
Key Lessons Learned

• Need for multidisciplinary weekly rounds
• Champions and resource review
• Providers enthusiastic to have new tools
• Inventory system
• Finding vendors
Questions?

CONTACT US
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Search us using: @ufpami
thank you
Resources

1. pami.emergency.med.med.jax.ufl.edu
2. Do's and Don'ts of Pain Medicine
3. Comfort Menu
4. Naloxone Tip Sheet
5. PEG Scale
6. Drug Disposal: Drug Take Back Locations
7. Medication Risk Alert: Opioids & Benzodiazepines
Key Takeaways

• Learn Today:
  ❑ Identify key hospital staff to build an engaged network of pain management champions
  ❑ Describe PAMI patient education resources suitable for a variety of care settings
  ❑ Understand the key components to developing a patient discharge toolkit

• Use Tomorrow:
  ❑ Leverage PAMI resources to enhance pain management team and patient care resources

How will this change what you do? Please tell us in the poll...
Contact Us

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Email us at HospitalQuality@AlliantQuality.org or call us 678-527-3681
HQIC Goals

**Behavioral Health Outcomes & Opioid Misuse**
- Promote opioid best practices
- Decrease high dose opioid prescribing and opioid adverse events in all settings
- Increase access to behavioral health services

**Patient Safety**
- Reduce risky medication combinations
- Reduce adverse drug events
- Reduce *C. diff* in all settings

**Quality of Care Transitions**
- Convene community coalitions
- Identify and promote optical care for super utilizers
- Reduce community-based adverse drug events
August 24, 2021  1:00 p.m. EST

Sepsis

Hosted by IPRO HQIC
Details forthcoming
Thank you for joining us today!

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Publication No. AHSQIC-TO3H-21-894-07/22/21