



New MBQIP Measures

July 11, 2024

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Upcoming Webinars and Educational Offerings

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2024 Upcoming Webinars

- SHIP Quarterly Webinars @ noon
 - September 12 and December 12
- Quality Corner Calls @ noon
 - August 14 – Measures Under Consideration(MUC) and Trends for the Future
 - October 15 – Heartbeat Behind the Headlines – Susan Runyan and Doug Morse
 - November 14 – NRHA Awards, Full SHIP Grant Recognition and Most Improved



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MBQIP



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MBQIP's Tie to SHIP

Kansas SHIP Grant eligible PPS hospitals and CAHs must actively participate in the Medicare Beneficiary Quality Improvement Project [MBQIP] to qualify for full SHIP funding.



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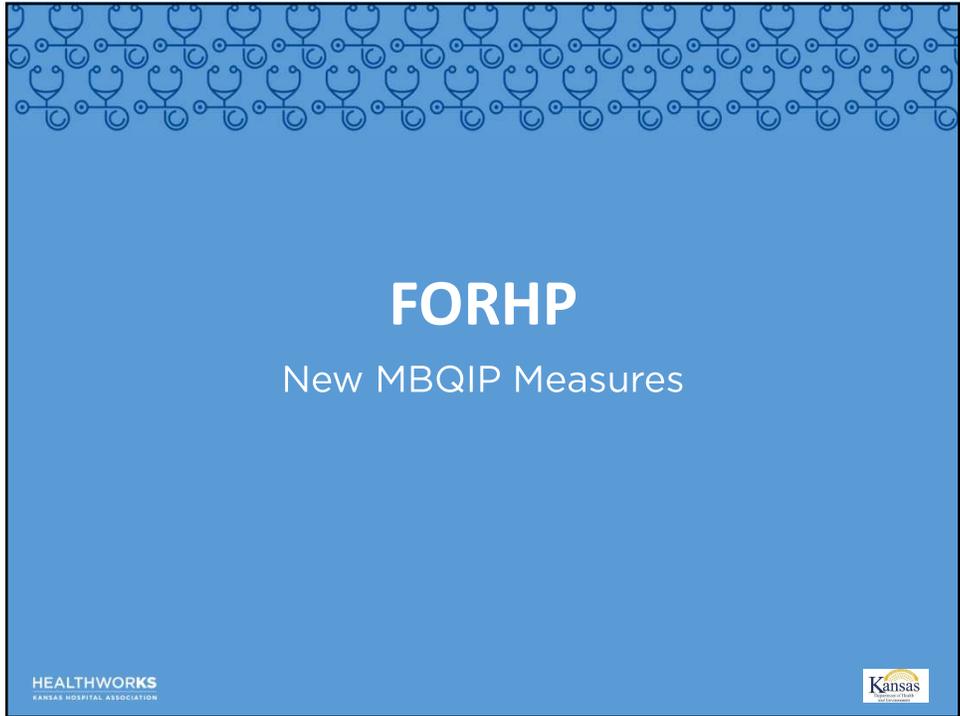
**Medicare Beneficiary Quality Improvement Project (MBQIP)
Hospital Data Submission Deadlines
Reporting Quarters Applicable to SHIP 2024-2025 Grant (FY24)**

Measure ID	Measure Name	Reported To	Submission Deadline by Encounter Period			
			Q4 / 2023 Oct 1 - Dec 31	Q1 / 2024 Jan 1 - Mar 31	Q2 / 2024 Apr 1 - Jun 30	Q3 / 2024 Jul 1 - Sep 30
Population & Sampling	Population & Sampling Submission (inpatient and outpatient)	Hospital Quality Reporting (HQR) portal	May 1, 2024	August 1, 2024	November 1, 2024	February 1, 2025
OP-18	Median time from ED Arrival to ED Departure for Discharged ED Patients	HQR portal via Outpatient CART/vendor	May 1, 2024	August 1, 2024	November 1, 2024	February 1, 2025
OP-22	Patient left without being seen	Hospital Quality Reporting (HQR) portal	May 15, 2024 (Aggregate based on full calendar year 2023)			
HCAHPS	Hospital Consumer Assessments of Healthcare Providers and Systems	Hospital Quality Reporting (HQR) portal via Vendor	April 3, 2024	July 3, 2024	October 2, 2024	January 3, 2025
HCP/IMM-3	Influenza vaccination coverage among health care personnel	National Healthcare Safety Network (NHSN)	May 15, 2024 (Aggregate based on Q4 2023/Q1 2024)			
Antibiotic Stewardship	CDC NHSN Annual Facility Survey	National Healthcare Safety Network (NHSN)	March 1, 2025 (Survey year 2024)			
EDTC	Emergency Department Transfer Communication	QHi	Submit each month by the end of the following month			
Quality Program Assessment	National CAH Quality Inventory and Assessment	Healthworks	December 1, 2024			
Social Drivers of Health	Identification of Team Leader	Healthworks	Submitted as part of SHIP mid-year report			
Health Equity	Identification of Team Leader	Healthworks	Submitted as part of SHIP mid-year report			

* Please note Hybrid Hospital-Wide All Cause Readmission, Safe Use of Opioids, Screening for Social Drivers of Health, Screen Positive for Social Drivers of Health, and Hospital Commitment to Health Equity will be required as part of MBQIP reporting in the next grant cycle (FY25).

Updated 04/29/2024

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FORHP

New MBQIP Measures

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2025 MBQIP Core Measure Set



- Six new measures (noted in blue)
- 12 total measures (nine submitted annually, three submitted quarterly)

2025 MBQIP Core Measure Set				
Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
<ul style="list-style-type: none"> • CAH Quality Infrastructure (annual submission) • Hospital Commitment to Health Equity (annual submission) 	<ul style="list-style-type: none"> • Healthcare Personnel Influenza Immunization (annual submission) • Antibiotic Stewardship (annual submission) • Safe Use of Opioids (eCQM) (annual submission) 	<ul style="list-style-type: none"> • Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) (quarterly submission) 	<ul style="list-style-type: none"> • Hybrid Hospital-Wide Readmissions (annual submission) • SDOH Screening (annual submission) • SDOH Screening Positive (annual submission) 	<ul style="list-style-type: none"> • Emergency Department Transfer Communication (EDTC) (quarterly submission) • OP-18 Time from Arrival to Departure (quarterly submission) • OP-22 Left Without Being Seen (annual submission)

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CAH Quality Infrastructure

Global Measures Domain




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CAH Quality Infrastructure



Measure Description: Specifications for CAH Quality Infrastructure Measure will be released in 2024 and are dependent on data collection via the **National CAH Quality Inventory and Assessment**.

Structural measure to assess CAH quality infrastructure based on the nine core elements of CAH quality infrastructure:

1. Leadership Responsibility & Accountability
2. Quality Embedded within the Organization's Strategic Plan
3. Workforce Engagement & Ownership
4. Culture of Continuous Improvement through Behavior
5. Culture of Continuous Improvement through Systems
6. Integrating Equity into Quality Practices
7. Engagement of Patients, Partners and Community
8. Collecting Meaningful and Accurate Data
9. Using Data to Improve Quality




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CAH Quality Infrastructure



Encounter Period: One year

First MBQIP Reporting Date: The first MBQIP submission deadline was December 2023. Future reporting date is annual each Fall.

Data Source: Information about the hospital's capacity, processes, and infrastructure related to quality

Data Collection Approach: Input from a variety of hospital teams and leaders

Measure Submission and Reporting Channel: Annual submission of the National CAH Quality Inventory and Assessment survey submitted via the FMT- administered Qualtrics platform.






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Hospital Commitment to Health Equity

Global Measures Domain




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Hospital Commitment to Health Equity



Measure Description: This structural measure assesses hospital commitment to health equity.

Hospitals will receive points for responding to questions in five (5) different domains of commitment to advancing health equity.

- Domain 1 – Equity is a Strategic Priority
- Domain 2 – Data Collection
- Domain 3 – Data Analysis
- Domain 4 – Quality Improvement
- Domain 5 – Leadership Engagement

Hospital score can be a total of zero to five points (one point for each domain, must attest “yes” to all sub-questions in each domain, no partial credit).



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Hospital Commitment to Health Equity



Data Elements:

Domain 1 – Equity is a Strategic Priority

Please attest that your hospital has a strategic plan for advancing healthcare equity and that it includes all the following elements (note: attestation of all elements is required to qualify for the numerator):

- A. Our hospital strategic plan identifies priority populations who currently experience health disparities.
- B. Our hospital strategic plan identifies healthcare quality goals and discrete action steps to achieve these goals.
- C. Our hospital strategic plan outlines specific resources which have been dedicated to achieve our equity goals.
- D. Our hospital strategic plan describes our approach for engaging key stakeholders such as community-based organizations.



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Hospital Commitment to Health Equity



Data Elements:

Domain 2 – Data Collection

Please attest that your hospital engages in the following activities (note: attestation of all elements is required in order to qualify for the numerator):

- A. Our hospital collects demographic information, including self-reported race and ethnicity, and/or social determinant of health information on the majority of our patients.
- B. Our hospital has training for staff in culturally sensitive collection of demographic and/or social determinant of health information.
- C. Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using certified EHR technology.



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Hospital Commitment to Health Equity



Data Elements:

Domain 3 – Data Analysis

Please attest that your hospital engages in the following activities (note: attestation in all elements is required to qualify for the numerator):

- A. Our hospital strategizes key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on hospital performance dashboards.

Domain 4 – Quality Improvement

Select all that apply (note: attestation in all elements is required to qualify for the numerator):

- A. Our hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities.



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Hospital Commitment to Health Equity



Data Elements:

Domain 5 – Leadership Engagement

Please attest that your hospital engages in the following activities. Select all that apply (note: attestation in all elements is required in order to qualify for the numerator).

- A. Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for health equity.
- B. Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors.



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Hospital Commitment to Health Equity –



Encounter Period: Calendar year (January 1 – December 31) -

First MBQIP Encounter Period and Reporting Date: The First MBQIP encounter period (measurement period) is January 1, 2025, through December 31, 2025. The first MBQIP submission deadline date is May 15, 2026.

Data Source: Multiple sources.

Data Collection Approach: Attestation.

Measure Submission and Reporting Channel: This is an annual attestation measure submitted through the Hospital Quality Reporting (HQR) secure portal. -refer to the [2025 MBQIP Submission Deadline Document](#)



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Safe Use of Opioids – Concurrent Prescribing

Patient Safety Domain

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Safe Use of Opioids – Concurrent Prescribing



Measure Description: Proportion of inpatient hospitalizations for patients 18 years or older, prescribed or continued on two or more opioids, or an opioid and benzodiazepine concurrently at discharge.

Measure Rationale: Unintentional opioid overdose fatalities have become an epidemic and major public health concern in the United States. Concurrent prescriptions of opioids, or opioids and benzodiazepines, places patients at a greater risk of unintentional overdose due to increased risk of respiratory depression. Patients who have multiple opioid prescriptions have an increased risk for overdose, and rates of fatal overdose are ten times higher in patients who are co-dispensed opioid analgesics and benzodiazepines than opioids alone. A measure that calculates the proportion of patients with two or more opioids or opioids and benzodiazepines concurrently has the potential to reduce preventable mortality and reduce costs associated with adverse events related to opioids.

Improvement Noted As: Decrease in rate.



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Safe Use of Opioids – Concurrent Prescribing



Encounter Period: Calendar year (January 1 – December 31)

First MBQIP Encounter Period and Reporting Date: The First MBQIP encounter period (measurement period) is January 1, 2025, through December 31, 2025. The first MBQIP submission deadline date is February 27, 2026.

Data Source: Certified electronic health record technology (CEHRT).

eCQM Identifier: 506v6

Data Collection Approach: Electronic Extraction from EHRs via Quality Reporting Document Architecture (QRDA) Category I File.

Measure Submission and Reporting Channel: Annually, QRDA Category I File via Hospital Quality Reporting (HQR) platform.



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Safe Use of Opioids – Concurrent Prescribing



Measure Population (determines the cases to abstract/submit): Inpatient hospitalizations (inpatient stay less than or equal to 120 days) that end during the measurement period, where the patient is 18 years of age and older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge.

Exclusions: Exclusions include patients with cancer that begin prior to or during the encounter or are receiving palliative or hospice care (including comfort measures, terminal care and dying care) during the encounter, patients discharged to another inpatient care facility and patients who expire during the inpatient stay.

Numerator: Inpatient hospitalizations where the patient is prescribed or continuing to take two or more opioids or an opioid and benzodiazepine at discharge.

Denominator: Inpatient hospitalizations (inpatient stay less than or equal to 120 days) that end during the measurement period, where the patient is 18 years of age and older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge.



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Screening for Social Drivers of Health

Care Coordination Domain

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Screening for Social Drivers of Health



Measure Description: The Screening for Social Drivers of Health Measure assesses whether a hospital implements screening for all patients that are 18 years or older at time of admission for food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety.

To report on this measure, hospitals will provide:

1. The number of patients admitted to the hospital who are 18 years or older at time of admission and who are screened for each of the five health-related social needs (HRSNs): food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety; **and**
2. the total number of patients who are admitted to the hospital who are 18 years or older on the date they are admitted.

A specific screening tool is not required, but all areas of health-related social needs must be included.



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Screening for Social Drivers of Health



Measure Population (determines the cases to abstract/submit): The number of patients who are admitted to a hospital inpatient stay and who are 18 years or older on the date of admission.

Exclusions: The following patients would be excluded from the denominator: 1) Patients who opt out of screening; and 2) patients who are themselves unable to complete the screening during their inpatient stay and have no caregiver able to do so on the patient's behalf during their inpatient stay. 3.) Patients who expire during their inpatient stay

Numerator: The number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission and are screened for each of the five HRSNs: food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety during their hospital inpatient stay.

Denominator: The number of patients who are admitted to a hospital inpatient stay and who are 18 years or older on the date of admission.



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Screening for Social Drivers of Health



Encounter Period: Calendar year (January 1 – December 31)

First MBQIP Encounter Period and Reporting Date: The first MBQIP encounter period (measurement period) is January 1, 2025, through December 31, 2025. The submission deadline date is May 15, 2026.

Data Source: Hospital Tracking

Calculation: The Screening for Social Drivers of Health measure is calculated by dividing the total number of hospital inpatients who are 18 and older and screened for all five HRSNs by the total number of patients admitted to a hospital inpatient stay who are 18 or older at the time of admission.

Measure Submission and Reporting Channel: Annual numerator and denominator submission through Hospital Quality Reporting (HQR) system.



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Screening Positive for Social Drivers of Health

Care Coordination Domain

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Screen Positive for Social Drivers of Health (SDOH Screening Positive)

Measure Description: The Screen Positive Rate for Social Drivers of Health Measure provides information on the percent of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, were screened for an HSRN and who screen positive for one or more of the following five health-related social needs (HSRNs): food insecurity, housing instability, transportation problems, utility difficulties or interpersonal safety.

Measure Rationale: The recognition of health disparities and impact of HRSNs has been heightened in recent years. Economic and social factors, known as drivers of health, can affect health outcomes and costs and exacerbate health inequities. This measure is derived from the Centers for Medicare and Medicaid Services Innovation Accountable Health Communities (AHC) model and has been tested in large populations across states. The intent of this measure is to help ensure hospitals are considering and addressing social needs in the care they provide to their community.

Improvement Noted As: This measure is not an indication of performance. 

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Screen Positive for Social Drivers of Health (SDOH Screening Positive)



Measure Population (determines the cases to abstract/submit): The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission and are screened for each of the five HSRNs (food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety) during their hospital inpatient stay.

Exclusions: The following patients would be excluded from the denominator: 1) Patients who opt out of screening; and 2) patients who are themselves unable to complete the screening during their inpatient stay and have no caregiver able to do so on the patient's behalf during their inpatient stay. 3.) Patients who expire during their inpatient stay

Numerator: The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, who were screened for all five HSRN, and who screen positive for having a need in one or more of the following five HRSNs (calculated separately): food insecurity, housing instability, transportation needs, utility difficulties or interpersonal safety.

Denominator: The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission and are screened for each of the five HSRNs (food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety) during their hospital inpatient stay.



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Screen Positive for Social Drivers of Health (SDOH Screening Positive)



Encounter Period: Calendar year (January 1 – December 31)

First MBQIP Encounter Period and Reporting Date: The First MBQIP encounter period (measurement period) is January 1, 2025, through December 31, 2025. The submission deadline date is May 15, 2026.

Data Source: Hospital Tracking

Calculations: The result of this measure would be calculated as **five separate rates**. Each rate is derived from the number of patients admitted for an inpatient hospital stay and who are 18 years or older on the date of admission, screened for an HRSN, and who screen positive for each of the five HRSNs (food insecurity, housing instability, transportation needs, utility difficulties or interpersonal safety) divided by the total number of patients 18 years or older on the date of admission screened for all five HRSNs.

Measure Submission and Reporting Channel: Annual numerator and denominator submission through Hospital Quality Reporting (HQR) platform via web-based data form.



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Hybrid Hospital-Wide Readmissions

Care Coordination Domain

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Hybrid Hospital-Wide Readmissions (Hybrid HWR)

Measure Description: Hospital-level, all-cause, risk-standardized readmission measure that focuses on unplanned readmissions 30 days of discharge from an acute hospitalization. The Hybrid HWR was developed to address complex and critical aspects of care that cannot be derived through claims data alone. The Hybrid HWR uses EHR data including clinical variables and linking elements for each patient.

What Does Hybrid Mean? Hybrid measures differ from the claims-only measures in that they merge electronic health record (EHR) data elements with claims-data to calculate the risk-standardized readmission rate. CMS will link elements from claims to the electronic medical record data clinical variables.



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Hybrid Hospital-Wide Readmissions (Hybrid HWR)



Initial Population: All Medicare Fee-For-Service and Medicare Advantage encounters for patients 65 and older at the start of inpatient admission, who are discharged during the measurement period (length of stay < 365 days)

***Note:** All Medicare Fee-For-Service and Medicare Advantage meeting the above criteria should be included, regardless of whether Medicare Fee-For-Service/Medicare Advantage is the primary, secondary, or tertiary payer.*

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Hybrid Hospital-Wide Readmissions (Hybrid HWR)



- **Numerator:** If a patient has more than one unplanned admission (for any reason) within 30 days after discharge from the index admission, only one is counted as a readmission. The measure looks for a dichotomous yes or no outcome of whether each admitted patient has an unplanned readmission within 30 days. However, if the first readmission after discharge is considered planned, any subsequent unplanned readmission is not counted as an outcome for that index admission because the unplanned readmission could be related to care provided during the intervening planned readmission rather than during the index admission
- **Denominator:** 1. Enrolled in Medicare FFS for the 12 months prior to the date of admission and during the index admission; 2. Aged 65 or over; 3. Discharged alive from a non-federal short-term acute care hospital; 4. Not transferred to another acute care facility
- **Exclusions:** The measure excludes index admissions for patients: 1. Admitted to Prospective Payment System (PPS)-exempt cancer hospitals; 2. Without at least 30 days post-discharge enrollment in Medicare FFS; 3. Discharged against medical advice (AMA); 4. Admitted for primary psychiatric diagnoses; 5. Admitted for rehabilitation; or 6. Admitted for medical treatment of cancer

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Hybrid Hospital-Wide Readmissions (Hybrid HWR)



Core Clinical Data Elements

- Heart Rate
- Systolic Blood Pressure
- Respiratory Rate
- Temperature
- Oxygen Saturation
- Weight
- Hematocrit
- White Blood Cell Count
- Potassium
- Sodium
- Bicarbonate
- Creatinine
- Glucose

(This will come from electronic medical record)

For each encounter, please also submit the following Linking Variable:

- CMS Certification Number
- Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI)
- Date of Birth
- Sex
- Inpatient Admission Date
- Discharge Date

(This will come from claims data)



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Hospital HWR - Guidance



Extract the **FIRST** set of core clinical data elements from hospital electronic health records (EHRs) for all qualifying encounters.

- The core clinical data elements are the **FIRST** set of vital signs and basic laboratory tests resulted from encounters for the initial population after they arrive at the hospital to which they are subsequently admitted. (These are often captured in the ED or in the pre-operative area)

Note: If the patient was a direct admission, extract the FIRST resulted elements after the start of the inpatient admission. (within 2 hours for vital signs and within 24 hours for laboratory tests)



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Hybrid Hospital-Wide Readmissions (Hybrid HWR)



Encounter Period: First MBQIP encounter period is July 1, 2024, through June 30, 2025. The submission deadline is September 30, 2025.

Data Source: Chart extraction and administrative claims

Data Collection Approach: Hybrid – chart extraction of electronic clinical data and administrative claims data

Measure Submission and Reporting Channel: Annual Hospital Quality Reporting (HQR) via patient-level file in QRDA I format. CMS will calculate your score after submission

****Currently available for submission****



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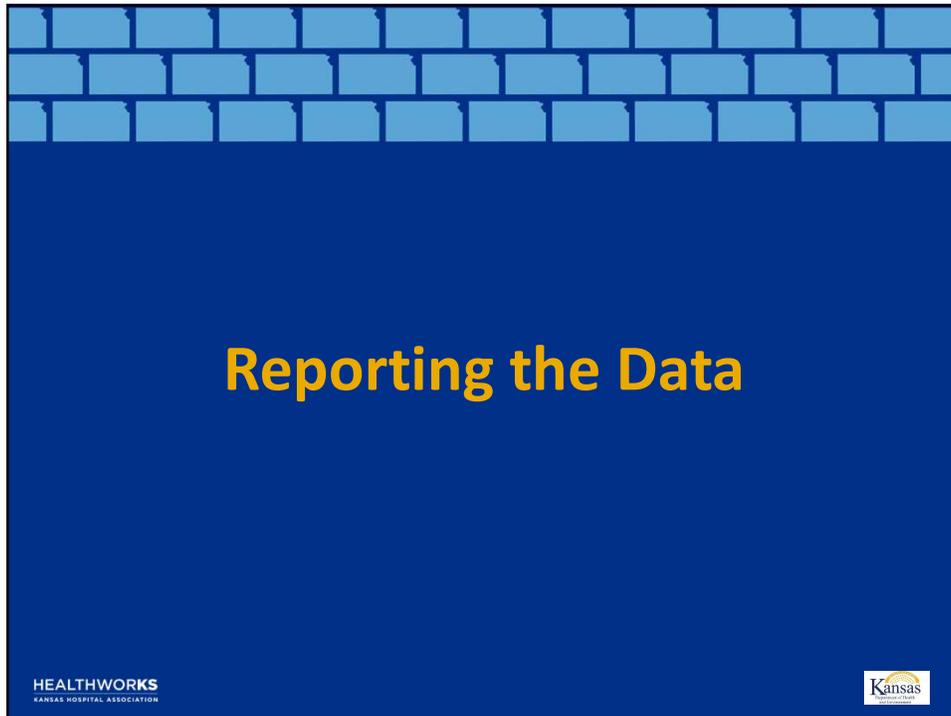
Steps to Successful Submission



- 1.) Collect/Extract the data
- 2.) Populate the core clinical data elements into a QRDA Category I file
- 3.) Submit the QRDA Category I file through the HQR system
- 4.) The data you submitted will be linked with administrative claims linking variables data to risk adjust the hybrid HWR outcome measure. This is done by CMS.



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NEW MBQIP Measures – ALL Annual Submissions

- CAH Quality Program Assessment and Services Inventory – due Fall 2024 and annually
- Hybrid Hospital-Wide All Cause Readmission – 3Q24 – 2Q25 due 9/30/25
- Safe Use of Opioids – Concurrent Prescribing (eCQM) – Inpatient – CY 2025 due 2/27/26
- Hospital Commitment to Health Equity – CY 2025 due 5/15/26
- Screening for Social Drivers of Health – CY 2025 due 5/15/26
- Screen Positive for Social Drivers of Health – CY 2025 due 5/15/26

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Reporting Channels for 2025 MBQIP Measures



Hospital Quality Reporting (HQR)

- ★ Hospital Commitment to Health Equity
- ★ Hybrid Hospital Wide Readmissions
- ★ Safe Use of Opioids-Concurrent Prescribing
- ★ Screening for Social Drivers of Health
- ★ SDOH Screening Positive
- HCAHPS Survey (vendor or self-administered)
- CMS Outpatient Measures (submitted via HARP) OP-22
- CMS Outpatient Measures (submitted via CART or vendor tool) OP-18

FMT Qualtrics Platform

- ★ CAH Quality Infrastructure

NHSN

- Antibiotic Stewardship
- Influenza Vaccination Coverage Among Healthcare Personnel (HCP)

State Flex Coordinator

- Emergency Department Transfer Communication




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Next Steps




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Next Steps



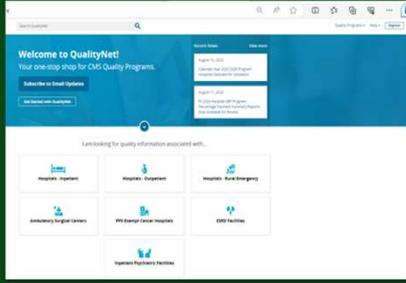
-  Be on the lookout for deadline reminder emails from your State Flex Coordinator and the RQITA Newsletter.
-  Start early! Explore the measure and report on them if you can. Plan for managing changes to clinical workflow and documentation processes
-  Be prepared to discuss any concerns or difficulties with your State Flex Coordinator.
-  Connect with your hospital system/vendor to confirm EHR reporting functionalities are in place or on track to be implemented. Know when your updates and server changes are scheduled.
-  Bookmark measure specification manuals on the [Quality Net](#) website for quick access.




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 [Quality Reporting Center](#)
 [Quality Net](#)

- **Subscribe to Email Listservs**
 - HARP Notify
 - Quality Net Notifications
 - CART Notifications (if you use CART)
 - HIQR and HOQR
- **Locate Measure Specification Manuals**
- **CART Tool**
- **Register for HARP account**




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Resources

- www.krhop.net
 - SHIP
 - SHIP 23-24
 - SHIP 24-25
 - MBQIP
 - Quality/MBQIP
 - Abstraction
- www.kha-net.org
 - Education
 - Education Brochures
 - Register for Healthworks/KHA Events Online <https://registration.kha-net.org/>

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Funding Acknowledgement

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,168,076.00 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).