

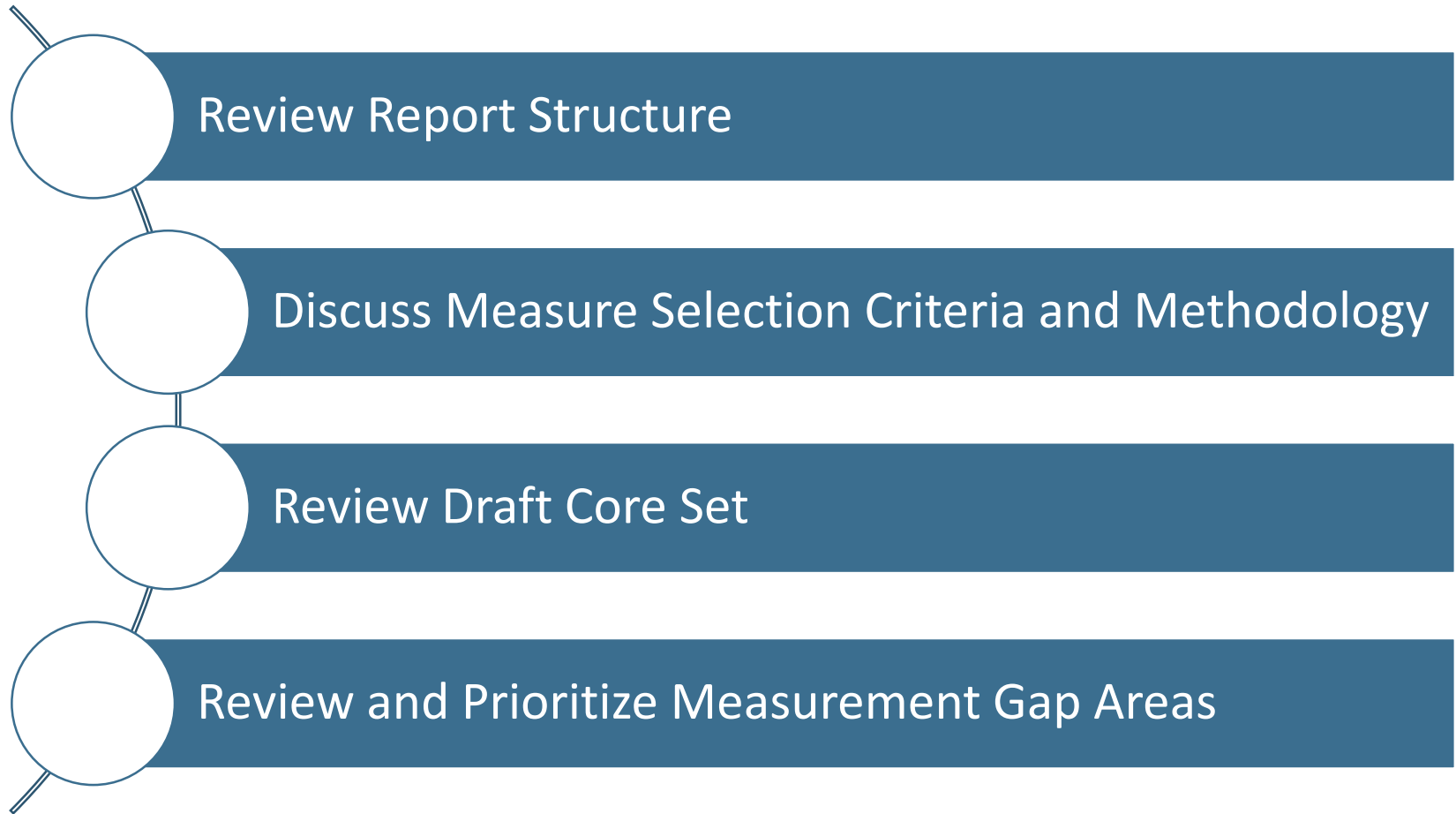


# MAP Rural Health Workgroup: Webinar #4

*February 14, 2018*

# Welcome and Review of Meeting Agenda

# Agenda



# Project Staff



Karen Johnson, MS  
Senior Director



Suzanne Theberge, MPH  
Senior Project Manager



Kate Buchanan, MPH  
Senior Project Manager



Madison Jung  
Project Manager

# MAP Rural Health Workgroup Roster

**Workgroup Co-Chairs:** Aaron Garman, MD, and Ira Moscovice, PhD

Organizational Member (Voting)	Organizational Representatives
Alliant Health Solutions	Kimberly Rask, MD, PhD, FACP
American Academy of Family Physicians	David Schmitz, MD, FAAFP
American Academy of PAs	Daniel Coll, MHS, PA-C, DFAAPA
American College of Emergency Physicians	Steve Jameson, MD
American Hospital Association	Stephen Tahta, MD
Geisinger Health	Karen Murphy, PhD, RN
Health Care Service Corporation	Shelley Carter, RN, MPH, MCRP
Intermountain Healthcare	Mark Greenwood, MD
Michigan Center for Rural Health	Crystal Barter, MS
MN Community Measurement	Julie Sonier, MPA
National Association of Rural Health Clinics	Bill Finerfrock
National Center for Frontier Communities	Susan Wilger, MPA
National Council for Behavioral Health	Sharon Raggio, LPC, LMFT, MBA
National Rural Health Association	Brock Slabach, MPH, FACHE
National Rural Letter Carriers' Association	Cameron Deml
RUPRI Center for Rural Health Policy Analysis	Keith Mueller, PhD
Rural Wisconsin Health Cooperative	Tim Size, MBA
Truven Health Analytics LLC/IBM Watson Health Company	Cheryl Powell, MPP

# MAP Rural Health Workgroup Roster

Individual Subject Matter Experts (Voting)
John Gale, MS
Curtis Lowery, MD
Melinda Murphy, RN, MS
Ana Verzone, FNP, CNM
Holly Wolff, MHA

Federal Liaisons (Non-Voting)	
Center for Medicare and Medicaid Innovation, Centers for Medicare & Medicaid Services	Susan Anthony DrPH
Federal Office of Rural Health Policy, DHHS/HRSA	Craig Caplan
Indian Health Service	Juliana Sadovich PhD, RN

# Review Report Structure

# MAP Rural Deliverables

- **Draft Report #1: Due February 28, 2018**
  - **Purpose:** *To describe the selection criteria used to generate the core set of measures, present a draft core set of measures, and identify a prioritized list of measurement gaps*
- **Draft Report #2: Due May 31, 2018**
  - **Purpose:** *Update to Draft Report # 1 as needed, and provide details of the approach, findings, and Workgroup recommendations for the selected measurement topic*
  - **Public Comment:** This draft report will be posted for a 30-day commenting period
- **Final Report: Due August 31, 2018**
  - **Purpose:** *The Final Report will include:*
    - » Recommended core set(s) of measures
    - » Prioritized measurement gap list
    - » Recommendations from the special measurement topic, along with a full discussion of the topic area and approach used to obtain recommendations
    - » Any other recommendations by the Workgroup
    - » Public comments received during the 30-day commenting period



# MAP Rural Health Draft Report #1

- Introduction and Purpose
- Core Set of Measures
  - *Measure Selection Process*
    - » Would like input on definitions, etc.
  - *Draft Core Set*
    - » Refinement needed on today's call
- Measurement Gaps
  - *Access*
  - *Disparities in Care*
  - *Differing Values of Patients and Providers*
  - *Outcome Measures, Particularly Patient-Reported Outcomes*
  - *Refinement and prioritization needed on today's call*
- Conclusion and Next Steps

# Core Set of Measures: Review of Measure Selection Criteria and Methodology

# What We Are Working Towards

- Core set(s) of measures appropriate for the hospital inpatient setting and ambulatory care settings
  - *Ideally, no more 10-20 measures each*
  - *For hospital measures, should be applicable to most CAHs and small rural hospitals*
  - *For ambulatory care measures, should be applicable to RHCs and FQHCs, as well as other rural clinics*

# Draft Selection Criteria

- **Limit to NQF-endorsed measures**
- **Tier 1**
  - *Cross-cutting*
    - » Measures that are agnostic to condition or type of procedure OR screening measures with broad populations
  - *“Resistant” to low-volume*
    - » Measures that likely will have adequate sample size for most rural providers [key is denominator size]
  - *Transitions of care*
    - » “The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another.”
- **Tier 2: Mental health, substance abuse, medication reconciliation**
- **Tier 3: Diabetes, hypertension, COPD**
- **Tier 4: Readmissions, perinatal, pediatrics**

# Scoring Method

- Rate as yes/no for 6 components (cross-cutting, low case-volume, transitions, Tier 2, Tier 3, Tier 4)
- Assign a percentage weight to the components
- Sort by score and apply cut-point (75th percentile)
- Staff recommendations, for discussion

Component	Weight
Cross-cutting	25%
Low case-volume	25%
Transitions	20%
Tier 2: Mental health, substance abuse, med rec	15%
Tier 3: Diabetes, hypertension, COPD	10%
Tier 4: Readmissions, perinatal, pediatrics	5%

Measure Selection Process (to date)	Measure Count
1. NQF-endorsed measures	608
2. Measures with level of analysis at the clinician or facility (in the hospital inpatient setting)	444
3. Applied tiered selection criteria (tagging and weighting) and 75th percentile cut-point	119
4. Staff-driven selection based on previous rural health work and Workgroup conversations to create “strawman” core set	44
5. Committee feedback for additional NQF-endorsed measures	74

# Additional Measures for Consideration

- Following the presentation of the 44 measures considered for the draft core set, staff requested that the Workgroup identify additional measures for consideration
- Workgroup members identified an additional 30 measures that they would like to consider for inclusion in the draft core set

# Additional Feedback on Draft Core Set Measures

**For each of the 74 measures, members addressed the following:**

- Should the measure be included in the Core Set?
  - *Yes, No, Maybe*
- Qualitative feedback, based on discussion from January webinar
  - *Overall comments and/or concerns about the measure*
  - *Concerns regarding ease of use/feasibility for rural providers*
  - *Potential for unintended consequences*
  - *Use of the measures in other quality improvement or accountability programs (please identify)*



# Review of Draft Core Set

# Workgroup Feedback on Draft Core Set

- Eleven Workgroup members provided input on the 74 measures
- Should the measure be included in the Core Set?
  - *14 measures received >70% support for INCLUSION.*
  - *5 measures received >50% support for EXCLUSION.*
  - *Reponses for remaining measures were less uniform.*

# Themes from Workgroup Feedback

- Size of core set: should we choose one or two measures per area?
- May not be under the control of the provider being assessed
- Low volume concerns and/or services not offered
- Measure already topped out, or perhaps soon to be topped out
- Concerns with risk adjustment (especially lack of risk adjustment)
- Data too difficult/costly/time-consuming to collect (or maybe not already in use)
- Does it really affect patient outcomes?
  - *Is it meaningful/actionable for rural (small) providers?*
- Any evidence of unintended consequences for rural providers or residents?

# Process for Considering Measures

- Grouped by condition or topic
- Have color-coded measures where there is fairly strong agreement about inclusion/exclusion
- No “rules” on how many/which are chosen, either within or between groups
- Have noted some (but not all) of the concerns from feedback
- Have noted level of analysis and/or setting for many
- Time constraints – Cannot spend a lot of time on each measure
  - *Could accept high-agreement Yes’s and/or reject high-agreement No’s unless major concerns*
  - *Okay if still some “maybes”*

# Transitions

NQF#	Measure Title	% Yes	% Maybe	% No	Low-Volume	Topped out	Risk-Adjust.	Data collect.	Affect outcome	UCs
0291	Emergency Transfer Communication Measure	72.7%	09.1%	18.2%					✓	
0228	3-Item Care Transition Measure (CTM-3)	63.6%	09.1%	27.3%						
0290	Median Time to Transfer to Another Facility for Acute Coronary Intervention	63.6%	27.3%	09.1%	✓		✓			✓

NOTE: All three are hospital measures

# Mental Health (Depression)

NQF#	Measure Title	% Yes	% Maybe	% No	Low-Volume	Topped out	Risk-Adjust.	Data collect.	Affect outcome	UCs
0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	72.7%	27.3%	00.0%						
0418e	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	54.5%	18.2%	27.3%				✓		
1885	Depression Response at Twelve Months- Progress Towards Remission	54.5%	09.1%	36.4%				✓		
0711	Depression Remission at Six Months	70.0%	10.0%	20.0%				✓		
0710	Depression Remission at Twelve Months	30.0%	40.0%	30.0%				✓		

# Substance Use - Tobacco

NQF#	Measure Title	% Yes	% Maybe	% No	Low-Volume	Topped out	Risk-Adjust.	Data collect.	Affect outcome	UCs
0028	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	63.6%	36.4%	00.0%		✓			✓	
1651	TOB-1 Tobacco Use Screening*	27.3%	45.5%	27.3%		✓				
1656	TOB-3 Tobacco Use Treatment Provided or Offered at Discharge and the subset measure TOB-3a Tobacco Use Treatment at Discharge*	45.5%	36.4%	18.2%						
2803	Tobacco Use and Help with Quitting Among Adolescents	27.3%	27.3%	45.5%						

\* Level of analysis is facility (hospital)

# Substance Use – Alcohol, Other Drugs

NQF#	Measure Title	% Yes	% Maybe	% No	Low-Volume	Topped out	Risk-Adjust.	Data collect.	Affect outcome	UCs
1661	SUB-1 Alcohol Use Screening*	36.4%	45.5%	18.2%		✓				
2152	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	18.2%	27.3%	54.5%						
1664	SUB-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge*	54.5%	27.3%	18.2%						
0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)**	18.2%	36.4%	45.5%						✓
2940	Use of Opioids at High Dosage in Persons Without Cancer***	45.5%	27.3%	27.3%						

\*Level of analysis is facility (hospital)

\*\* Level of analysis is health plan and integrated delivery system

\*\*\* Level of analysis is health plan and population (region/state)



# Medication: Use, Review, and Reconciliation

NQF#	Measure Title	% Yes	% Maybe	% No	Low-Volume	Topped out	Risk-Adjust.	Data collect.	Affect outcome	UCs
0022	Use of High-Risk Medications in the Elderly (DAE)*	81.8%	18.2%	00.0%						
0553	Care for Older Adults (COA) – Medication Review*	63.6%	18.2%	18.2%				✓		
0419	Documentation of Current Medications in the Medical Record	36.4%	27.3%	36.4%		✓				
0097	Medication Reconciliation Post-Discharge	60.0%	30.0%	10.0%		✓		✓		
2456	Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient**	27.3%	09.1%	63.6%				✓		

\*Level of analysis is health plan and integrated delivery system

\*\*Level of analysis is facility (hospital)

# Screening

NQF#	Measure Title	% Yes	% Maybe	% No	Low-Volume	Topped out	Risk-Adjust.	Data collect.	Affect outcome	UCs
0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	72.7%	09.1%	18.2%		✓				
0032	Cervical Cancer Screening (CCS)*	63.6%	18.2%	18.2%						
0034	Colorectal Cancer Screening (COL)*	63.6%	09.1%	27.3%						
2372	Breast Cancer Screening*	36.4%	09.1%	54.5%						

\*Level of analysis is health plan and integrated delivery system

# Immunization

NQF#	Measure Title	% Yes	% Maybe	% No	Low- Volume	Topped out	Risk- Adjust.	Data collect.	Affect outcome	UCs
0038	Childhood Immunization Status (CIS)*	100.0%	00.0%	00.0%						✓
0041	Preventive Care and Screening: Influenza Immunization	63.6%	27.3%	09.1%				✓		
1659	Influenza Immunization**	63.6%	18.2%	18.2%						
1407	Immunizations for Adolescents*	36.4%	18.2%	45.5%						
0431	Influenza Vaccination Coverage Among Healthcare Personnel	27.3%	27.3%	45.5%						

\*Level of analysis is health plan and integrated delivery system

\*\*Level of analysis is facility (hospital)

# Experience with Care

NQF#	Measure Title	% Yes	% Maybe	% No	Low-Volume	Topped out	Risk-Adjust.	Data collect.	Affect outcome	UCs
0166	HCAHPS*	81.8%	18.2%	00.0%				✓		
0005	CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult, Child	63.6%	36.4%	00.0%	✓			✓		
2548	Child Hospital CAHPS (HCAHPS)*	45.5%	27.3%	27.3%	✓			✓		

\*Level of analysis is facility (hospital)

# Cost/Resource Use

NQF#	Measure Title	% Yes	% Maybe	% No	Low- Volume	Topped out	Risk- Adjust.	Data collect.	Affect outcome	UCs
1604	Total Cost of Care Population-based PMPM Index	54.5%	09.1%	36.4%						✓
1598	Total Resource Use Population-based PMPM Index	36.4%	36.4%	27.3%						✓

NOTE: Both have clinician: group level of analysis

# Diabetes

NQF#	Measure Title	% Yes	% Maybe	% No	Low Volume	Topped out	Risk-Adjust.	Data collect.	Affect outcome	UCs
0059	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)*	72.7%	09.1%	18.2%			✓			
2363	Glycemic Control – Hypoglycemia**	72.7%	09.1%	18.2%	✓					
0729	Optimal Diabetes Care	63.6%	09.1%	27.3%						

\*Level of analysis is health plan and integrated delivery system

\*\*Level of analysis is facility (hospital)

# Readmission

NQF#	Measure Title	% Yes	% Maybe	% No	Low-Volume	Topped out	Risk-Adjust.	Data collect.	Affect outcome	UCs
2393	Pediatric All-Condition Readmission Measure	45.5%	09.1%	45.5%	✓					
1789	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	30.0%	30.0%	40.0%	✓					

Both have facility (hospital) level of analysis

# Perinatal

NQF#	Measure Title	% Yes	% Maybe	% No	Low- Volume	Topped out	Risk- Adjust.	Data collect.	Affect outcome	UCs
2903	Contraceptive Care – Most & Moderately Effective Methods*	81.8%	09.1%	09.1%						✓
0469	PC-01 Elective Delivery**	54.5%	09.1%	36.4%	✓					
0471	PC-02 Cesarean Birth**	36.4%	18.2%	45.5%	✓					
0476	PC-03 Antenatal Steroids**	36.4%	18.2%	45.5%	✓					

\*Level of analysis is facility, health plan, and population

\*\*Level of analysis is facility (hospital)



# Pediatrics

NQF#	Measure Title	% Yes	% Maybe	% No	Low-Volume	Topped out	Risk-Adjust.	Data collect.	Affect outcome	UCs
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)*	72.7%	00.0%	27.3%		✓				
0047	Asthma: Pharmacologic Therapy for Persistent Asthma	63.6%	18.2%	18.2%						
1392	Well-Child Visits in the First 15 Months of Life*	54.5%	09.1%	36.4%				✓		
1516	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*	27.3%	18.2%	54.5%				✓		

\*Level of analysis is health plan and integrated delivery system

# Palliative Care

NQF#	Measure Title	% Yes	% Maybe	% No	Low-Volume	Topped out	Risk-Adjust.	Data collect.	Affect outcome	UCs
0326	Advance Care Plan	63.6%	18.2%	18.2%						
0420	Pain Assessment and Follow-Up	63.6%	09.1%	27.3%						✓
1641	Hospice and Palliative Care – Treatment Preferences*	63.6%	09.1%	27.3%						

\*Facility level of analysis (hospital and hospice)

# Patient Safety - Falls

NQF#	Measure Title	% Yes	% Maybe	% No	Low-Volume	Topped out	Risk-Adjust.	Data collect.	Affect outcome	UCs
0101	Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls	54.5%	18.2%	27.3%		✓			✓	
0141	Patient Fall Rate*	54.5%	09.1%	36.4%						
0202	Falls with injury*	70.0%	10.0%	20.0%						

\*Facility and clinician group level of analysis (hospital setting)

# Patient Safety

NQF#	Measure Title	% Yes	% Maybe	% No	Low-Volume	Topped out	Risk-Adjust.	Data collect.	Affect outcome	UCs
0371	Venous Thromboembolism Prophylaxis	45.5%	27.3%	27.3%	✓					
1550	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip) and/or knee arthroplasty	45.5%	18.2%	36.4%	✓					
2720	National Healthcare Safety Network (NHSN) Antimicrobial Use Measure	36.4%	36.4%	27.3%	✓					
0531	Patient Safety for Selected Indicators (modified version of PSI90)	27.3%	27.3%	45.5%	✓					
0709	Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year [clinician LoA]	20.0%	40.0%	40.0%						

# Healthcare Associated Infections

NQF#	Measure Title	% Yes	% Maybe	% No	Volume	Topped out	Risk- Adjust.	Data collect.	Affect outcome	UCs
1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	90.0%	10.0%	00.0%	✓					
0138	National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure	63.6%	27.3%	09.1%	✓					
1716	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	54.5%	27.3%	18.2%	✓					
0139	National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	18.2%	36.4%	45.5%	✓					

# Emergency Department Timing

NQF#	Measure Title	% Yes	% Maybe	% No	Low-Volume	Topped out	Risk-Adjust.	Data collect.	Affect outcome	UCs
0495	Median Time from ED Arrival to ED Departure for Admitted ED Patients	45.5%	09.1%	45.5%			✓		✓	✓
0496	Median Time from ED Arrival to ED Departure for Discharged ED Patients	45.5%	18.2%	36.4%					✓	✓
0497	Admit Decision Time to ED Departure Time for Admitted Patients	30.0%	30.0%	40.0%					✓	

# Post-Procedure Outcomes

NQF#	Measure Title	% Yes	% Maybe	% No	Low-Volume	Topped out	Risk-Adjust.	Data collect.	Affect outcome	UCs
2539	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy*	54.5%	09.1%	36.4%			✓	✓	✓	
2877	Hybrid hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute ischemic stroke hospitalization with risk adjustment for stroke severity*	50.0%	10.0%	40.0%	✓		✓		✓	
0533	Postoperative Respiratory Failure Rate (PSI 11)*	36.4%	36.4%	27.3%	✓		✓		✓	

\*Level of analysis is facility (hospital)

# Other

NQF#	Measure Title	% Yes	% Maybe	% No	Low-Volume	Topped out	Risk-Adjust.	Data collect.	Affect outcome	UCs
0018	Controlling High Blood Pressure*	90.9%	00.0%	09.1%			✓			✓
0439	STK-06: Discharged on Statin Medication	63.6%	18.2%	18.2%	✓					
2455	Heart Failure: Post-Discharge Appointment for Heart Failure Patients	45.5%	00.0%	54.5%						
0661	Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation within 45 minutes of ED Arrival	36.4%	36.4%	27.3%	✓					

\*Level of analysis is health plan and integrated delivery system



# Review of Measurement Gap Areas

# Measurement Gaps Identified in the 2015 Rural Health Report

- Patient hand-offs and transitions
- Alcohol/drug treatment
- Access to care and timeliness of care
- Cost
- Population health at the geographic level
- Advance directives/end of life

# Currently Identified Measurement Gaps

- **Access**

- *Must have careful consideration for potential unintended consequences*

- **Disparities in Care**

- *Sometimes known by NQF but information not easily extractable from the measure submissions received*

- **Differing Values of Patients and Providers**

- *Patients and providers often value different things and the core set include measures that address these different values*

- **Outcome Measures, Particularly Patient-Reported Outcomes**

- *Not enough measures from the “patient’s voice”*
- *Outcome measures in the core set should not be overly specialized*

# NQF's National Priorities

National Priorities	Translation into Patient Voice
Health outcomes (including mortality, functional status)	<i>Are you getting better?</i>
Patient experience (including care coordination, shared decision making)	<i>How was your care?</i>
Preventable harm/complications	<i>Did you suffer any adverse effects from your care?</i>
Prevention/healthy behaviors	<i>Do you need more help staying healthy?</i>
Total cost/low value care	<i>Did you receive the care you needed and no more?</i>
Access to needed care	<i>Can you get the care you need when and where you need it?</i>
Equity of care	<i>Are you getting high quality care regardless of who you are or where you live?</i>

# NQF's National Priorities

National Priorities	Draft Core Set Measures
Health outcomes (including mortality, functional status)	<i>HBP control, blood glucose control, birth measures, readmissions, mortality after stroke, depression response/remission</i>
Patient experience (including care coordination, shared decision making)	<i>CAHPS measures, readiness for self-care after hospital discharge, follow-up appointment after HR hospitalization</i>
Preventable harm/complications	<i>HAIs, complications measures, respiratory failure, medication discrepancies, hypoglycemic events, falls</i>
Prevention/healthy behaviors	<i>Screening, immunization, alcohol/drug/tobacco measures, asthma treatment, pain, statin at discharge, well-child visits, opioid measure</i>
Total cost/low value care	<i>2 cost/resource use measures, palliative care measures</i>
Access to needed care	<i>ED timeliness? Palliative care measures?</i>
Equity of care	<i>??</i>

# Workgroup Discussion

- Are any of the gaps identified in the 2015 report still gaps?
  - *Patient hand-offs and transitions; alcohol/drug treatment; access to care and timeliness of care; cost; population health at the geographic level; advance directives/end of life*
- Are there additional measurement gaps within the draft core set that the Workgroup would like to discuss?
  - *Functional status, shared decision making, other types of patient-reported measures (e.g., goal concordant care), low-value care (e.g., appropriate use measures), more specificity about types of access or disparities information/measures*
  - *From previous discussion, did anything come up as “I’d rather have...” or “I wish we had...”*
- Among the identified measurement gaps, which would you prioritize above others?

# Public Comment

# Next Steps



# Next steps

- **Draft Report # 1: February 28, 2018**
- **Webinar #5: March 28, 1:00-3:00 pm ET**
  - *Review progress on the specific measurement topic identified to-date and provide initial recommendations*
- **Webinar #6: April 25, 1:00-3:00 pm ET**
  - *Finalize recommendations for measurement topic*
- **Draft Report #2: May 31, 2018**
  - *Comprehensive draft report that includes updates to Draft Report #1 as needed and Workgroup recommendations for the selected measurement topic*
  - *This report will have a 30-day public comment period*

# Contact information

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# Thank you!