



AMERICA'S ESSENTIAL HOSPITALS

Ask Every Patient: REAL

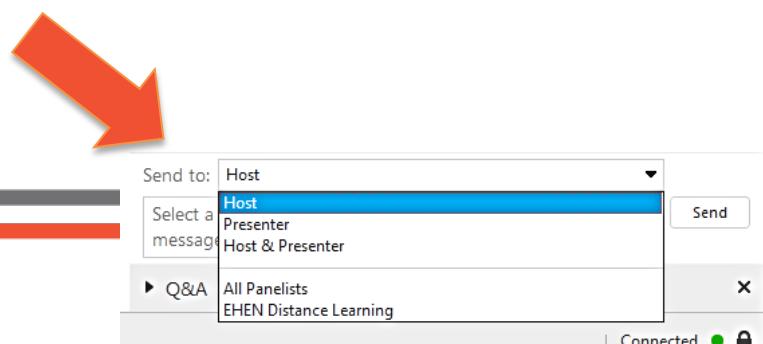
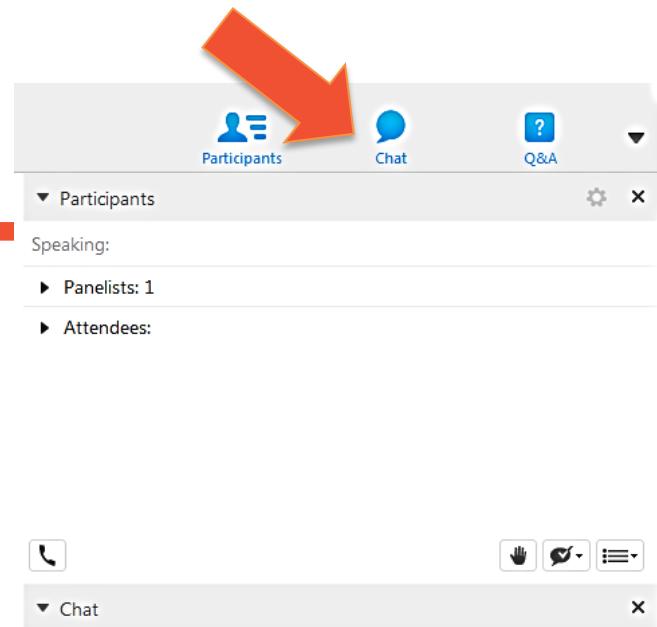
Essential Hospitals Engagement Network

January 15, 2015



CHAT FEATURE

The chat tool is available to ask questions or comments at anytime during this event.



RAISE YOUR HAND

- If you wish to speak telephonically, please “raise your hand”. We will call your name, when your phone line is unmuted

A screenshot of a video conferencing software interface. At the top, there are three tabs: 'Participants' (highlighted in blue), 'Chat', and 'Q&A'. Below the tabs, a section titled 'Speaking:' shows one panelist: 'EHEN Distance Learning (Host)'. Under 'Attendees:', 'Darlene Shenier (me)' is listed. A red bar at the bottom of the slide has a decorative graphic of overlapping blue and red lines on the left.

A screenshot of a 'Q&A' interface. It shows a list of questions with '(0)' next to it. Below the list are icons for microphone, hand, speech bubble, and list. A large red arrow points to the microphone icon. A red bar at the bottom of the slide has a decorative graphic of overlapping blue and red lines on the left.

A screenshot of a 'Q&A' input field. It includes a dropdown menu 'Ask:' set to 'All Panelists', a 'Send' button, and a text area with placeholder text: 'Select a participant in the ask menu first and type your question here. There is a 256 character limit.' A red bar at the bottom of the slide has a decorative graphic of overlapping blue and red lines on the left.

SPEAKER INFORMATION



Bruce Siegel, MD, MPH
President & CEO
America's Essential Hospitals



Lisa Sloane, MHA
Founder
Multimedia in Healthcare



Mini Swift, MD, MPH
Assistant Chief Medical Officer
Highland Hospital



AGENDA

- Overview
 - » Bruce Siegel, MD - America's Essential Hospitals
- Building the Right Tools
 - » Lisa Sloane, MHA - Multimedia in Healthcare
- A Journey to Equity
 - » Mini Swift, MD - Alameda Health System
- Accessing Ask Every Patient: REAL
- Q & A
- Wrap-up



THE ISSUE

- National health quality data tell us that many racial and ethnic minorities continue to receive lower-quality care than Whites

40%

Blacks received worse care than Whites, and Hispanics received worse care than non-Hispanic Whites, for about 40 percent of quality measures.

33%

American Indians and Alaska Natives received worse care than Whites for one-third of quality measures.

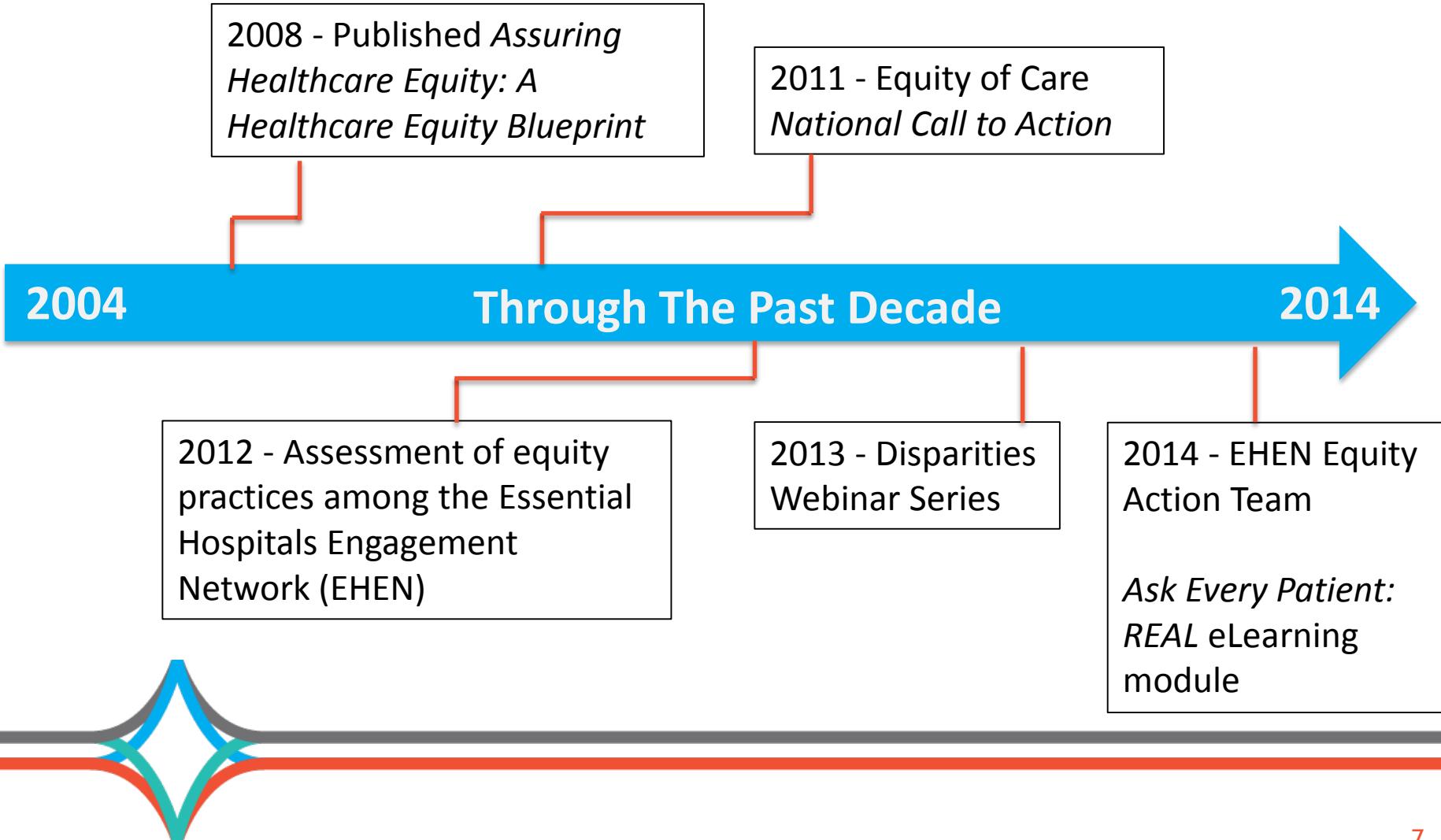
25%

Asians received worse care than Whites for about one quarter of quality measures, but better care than Whites for a similar proportion of quality measures.

*2012 National Healthcare Disparities Report, Washington:
Agency for Healthcare Research and Quality, May 2013.*

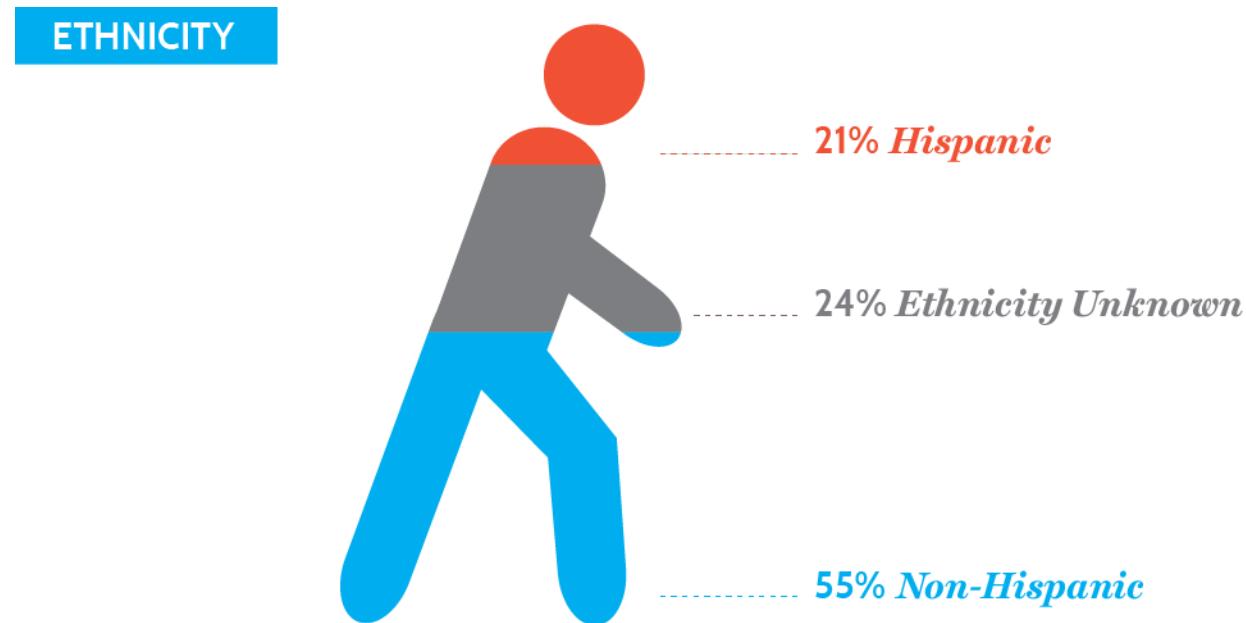


OUR DRIVE TOWARDS EQUITY



THE CHALLENGE

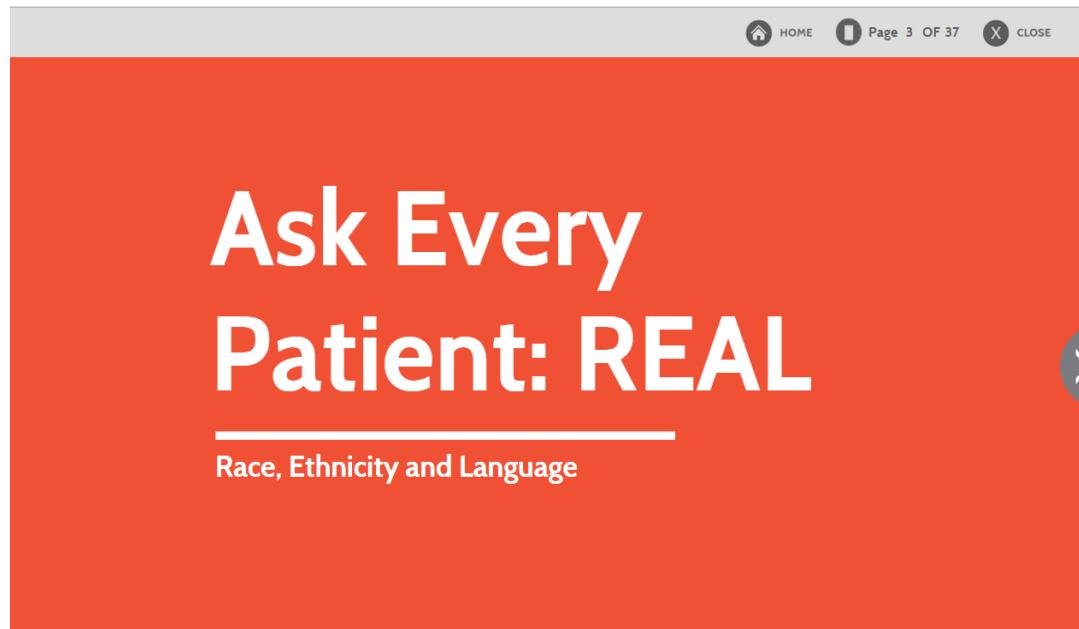
- The EHEN Equity Action team was challenged to improve our members' ability to accurately collect self-reported patient race, ethnicity and language.



Source: America's Essential Hospitals. Annual Hospital Characteristics Survey. 2012.

OUR SOLUTION

- An interactive eLearning module to train hospital registration staff on accurate collection of patient REAL information





In what language do you prefer to discuss your health care?





In what language do you prefer to discuss your health care?

I'm fine with English, thanks.



Are you of Hispanic or
Latino origin?



Are you of Hispanic or
Latino origin?

No, I'm not.

Which category best describes your race:

American Indian/Alaska Native,
Asian,
Black/African American,
Native Hawaiian/Other Pacific Islander,
or White



Which category best describes your race:

American Indian/Alaska Native,
Asian,
Black/African American,
Native Hawaiian/Other Pacific Islander,
or White

I'm Asian. My family is
from Korea.



Welcome to Ask Every Patient: REAL

This is all about helping your patient self-report their Race, Ethnicity and Language preferences (REAL).

This learning session will help you increase your patient self-reporting skills and develop a better understanding of the information you are collecting. You will learn how your registration skills benefit your patients, and your health care organization. By the time you are finished, we hope you will be more comfortable with collecting REAL data.

EQUITY IS POSSIBLE

- Once a hospital has accurate REAL data, it can take meaningful and effective action to reduce disparities.
 - » Cincinnati experience
 - » Alameda story



Ask Every Patient: REAL Building the right tools



Lisa Sloane, MHA
Founder
Multimedia in
Healthcare





As you may recall, you will help each patient self-report his or her race from five categories. Let's define those categories now.

Click each button below to learn more.



AMERICAN INDIAN / ALASKA NATIVE



ASIAN



BLACK OR
AFRICAN AMERICAN



NATIVE HAWAIIAN / OTHER
PACIFIC ISLANDER



WHITE



SPECIFIC OR GRANULAR CATEGORIES

The general categories of race and ethnicity that many registration systems offer are very broad. Below are more specific or "granular" categories that are grouped within each broad category. Use them to help you select the correct category to code patient race, ethnicity, and language (REAL) choices that are not in your system.

ETHNICITY

Hispanic or Latino Origin Granular Categories

Andaluzian	Catalonian	Cuban	Mexican	Puerto Rican	Valencian
Argentine	Central American Indian	Ecuadorian	Mexicano	Salvadoran	Venezuelan
Asturian	Castilian	Gallo	Nicaraguan	South American	
Balearic Islander	Chicano	Guatemalan	Panamanian	North American Indian	
Bolivian	Colombian	Honduran	Paraguayan	Spanish	
Brazilian	Costa Rican	La Raza	Peruvian	Spanish Basque	
Canal Zone	Criollo	Latin American	Portuguese	Uruguayan	

RACE

American Indian/Alaska Native Granular Categories

Be aware that more than 500 tribal groupings (too numerous to list here) exist. For the most recent list of federally recognized tribal entities, see the current year's *Federal Register* notice. A link can be found at the Department of Interior Indian Affairs website: <http://www.bia.gov/DocumentLibrary/index.htm>.

Asian Granular Categories

Asian Indian	Cambodian	Indonesian	Laotian	Nepalese	Sri Lankan
Bangladeshi	Chinese	Iwo Jima	Madagascan	Okinawan	Taiwanese
Bhutanese	Filipino	Japanese	Malaysian	Pakistani	Thai
Burmese	Hmong	Korean	Maldivian	Singaporean	Vietnamese

Black or African American Granular Categories

African	Barbadian	Ethiopian	Namibian	Trinidadian
African American	Botswanan	Haitian	Nigerian	West Indian
Black	Dominican	Jamaican	Somali	Zairean
Bahamian	Dominica Islander	Liberian	Tobagonian	



Native Hawaiian/Other Pacific Islander Granular Categories

Carolinian	Guamanian	Marshallese	Falauan	Saipanese	Tokeluan
Chamorro	Kiribati	Melanesian	Papua New Guinean	Samoan	Tongan
Chuvalese	Kosraean	Micronesian	Fohopeian	Solomon Islander	Vanuatu
Fijian	Marian Islander	Native Hawaiian	Polynesian	Tahitian	Yapese

White Granular Categories

Afghan	Egyptian	German	Israeli	North African	Scottish
Arab	English	Iranian (Persian)	Italian	Palestinian	Syrian
Armenian	European	Iraqi	Lebanese	Polish	
Assyrian	French	Irish	Middle Eastern	Russian	

*The granular categories above are derived from the national data set titled: *Centers for Disease Control and Prevention Race and Ethnicity Code Set - Version 1.0*. Downloaded on September 5, 2014, from: http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf.

LANGUAGE

Results from a survey of selected essential hospitals identified these top five patient self-reported languages:

Spanish

Chinese/Cantonese/Mandarin

Vietnamese

Arabi-

Based upon your experience as a registrar, list the three to five most common languages you have noted among your



Why is it important to ask about the language the patient prefers to use?

Click the best answer; then, click the “Submit” button.

- Our health care organization prefers to use English at all times
- You will enable your organization's health care providers to understand what language is best used to discuss the patient's health care
- It is not important. Instead of asking the patient, it is better to assume the language he or she prefers based upon the language he or she is using to talk to family and others.

SUBMIT

Alameda's Story



Mini Swift, MD, MPH
Assistant Chief Medical Officer
Highland Hospital
Alameda Health System



A Journey to Equity

U. Mini B. Swift, MD, MPH, FACP
Alameda Health System

"To measure is to know" ... "If you cannot measure it, you cannot improve it"

- Lord Kelvin, William Thompson, 1824-1907



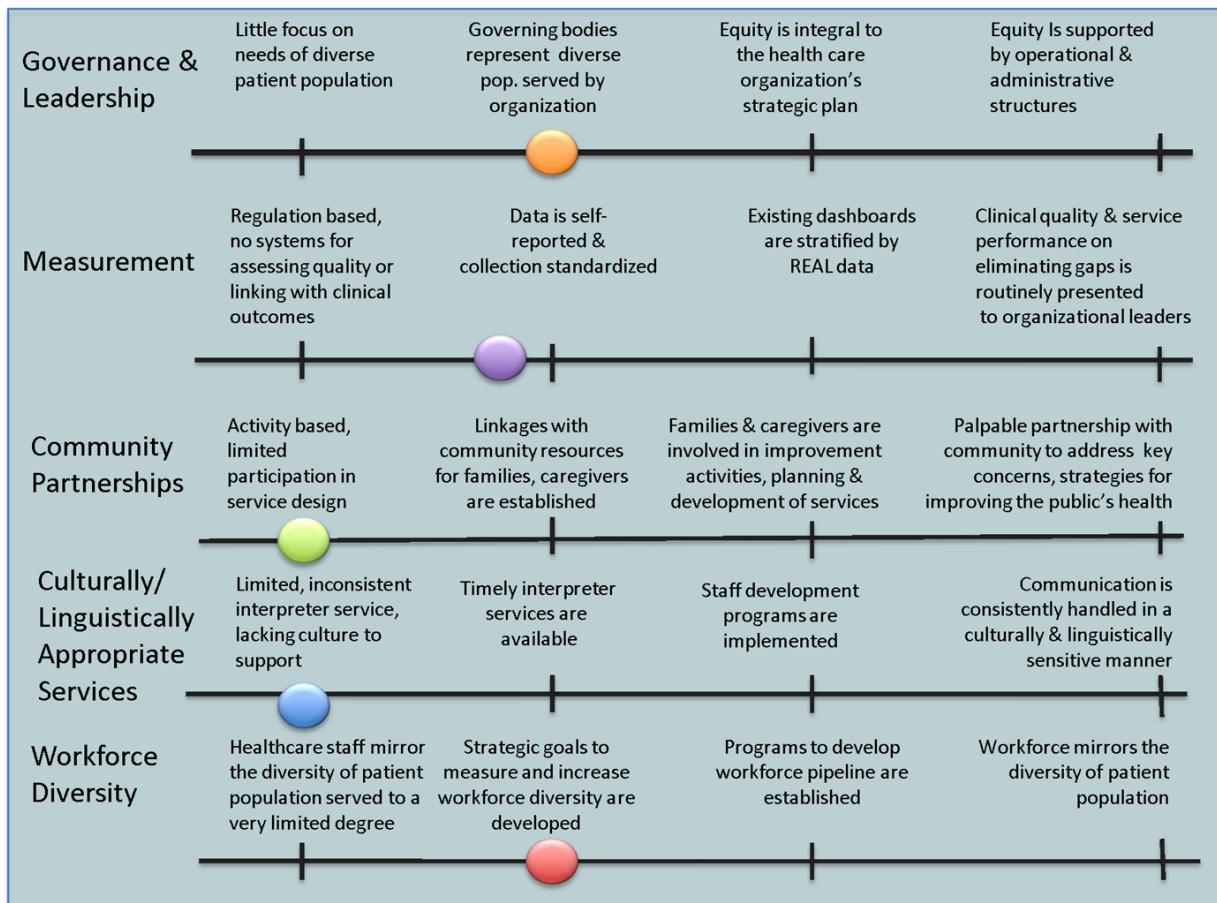
AHS WAY: PROMOTING EQUITY

- Adoption of unified statement
- Formed Equity Council
- Completed an Equity Readiness Assessment
- Outcomes are stratified by REAL
- Collaboration with change agents
 - Disparities Solution Center at Massachusetts General Hospital
 - America's Essential Hospitals



HEALTH EQUITY READINESS SUMMARY

Health Equity Readiness Summary



AHS EQUITY COUNCIL

- Co-chaired by CEO and Chairman of the Board of Trustees
- Quarterly meetings
- Membership: Executive/Director level leadership from across organization
- Improvement Strategy: Equity in Operations



AHS EQUITY COUNCIL: STRATEGIC GOALS

- | | |
|--|---|
| Governance & Leadership | <ul style="list-style-type: none">• Equity Council: Chaired by CEO and Former Board President |
| Measurement | <ul style="list-style-type: none">• Standardize demographic data collection/expand model• Stratify quality dashboards by demographics |
| Community Partnerships | <ul style="list-style-type: none">• Partner with EHR to create expanded standard data model |
| Cultural & Linguistically Appropriate Care | <ul style="list-style-type: none">• Bilingual staff assessment and training• Interpreter Modality Selection and Conduct Standards |
| Work Force Diversity | <ul style="list-style-type: none">• Demographic profile of staff and medical staff |

MEASURING EQUITY

What is your race? (One or more categories may be selected)		
White		Current OMB Standard Categories
Black or African American		
American Indian or Alaska Native		
Asian Indian	Chinese	Roll-up to the Asian OMB Category
Filipino	Japanese	
Korean	Vietnamese	
Other Asian		
Native Hawaiian		Roll-up to Native Hawaiian or
Guamanian or Chamorro		Other Pacific Islander OMB
Samoan		Category
Other Pacific Islander		

Go beyond OMB: Reflect the patients you serve

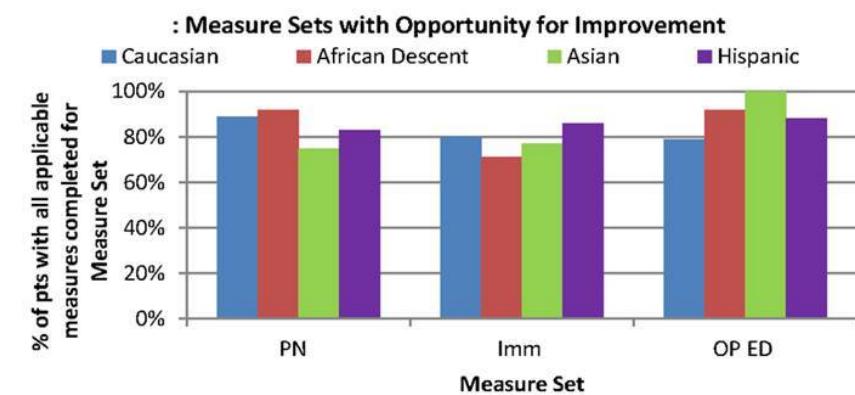
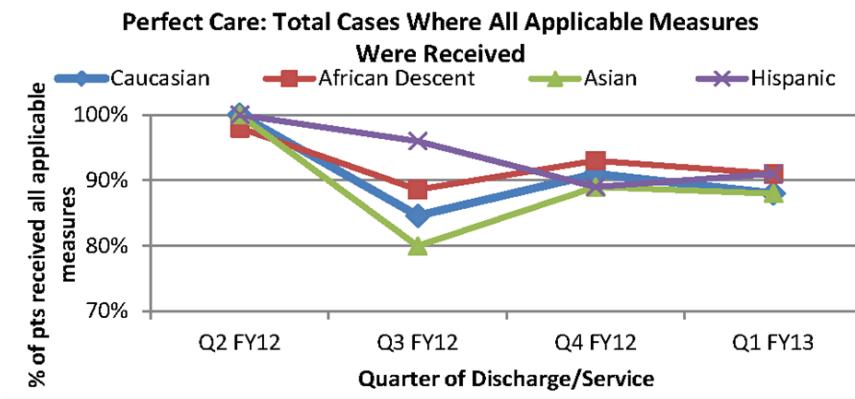


MEASURING EQUITY

Standardized, accurate and inclusive data collection methods are the foundation Equity

Infectious condition:	<input type="text"/>
Race:	<input type="text" value="Black or African American"/>
Race 2 :	<input type="text"/>
Other race :	<input type="text"/>
Ethnicity:	<input type="text" value="No, not of Hispanic, Latino or"/>
Ethnicity 2 :	<input type="text" value="No, not of Hispanic, Latino origin"/> Unknown Yes, Cuban Yes, Mexican, Mexican American, Chicano/a Yes, Puerto Rican Yes, another Hispanic, Latino, or Spanish origin
Poverty level:	<input type="text"/>
Household income (\$):	<input type="text"/>
Family size:	<input type="text"/>
Veteran Military Status :	<input type="text"/>

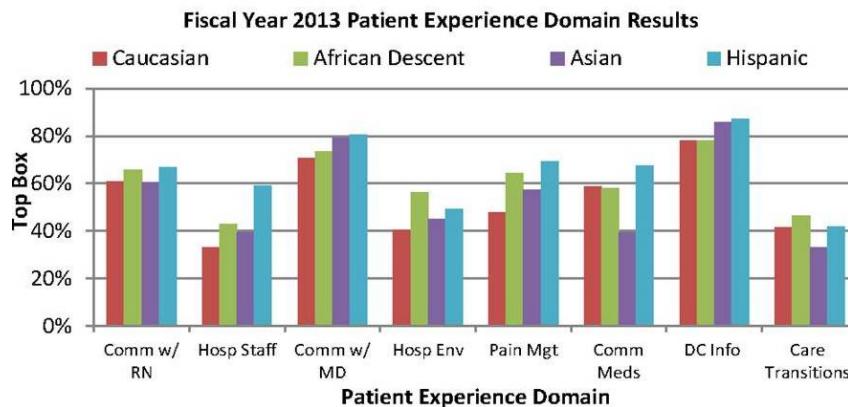
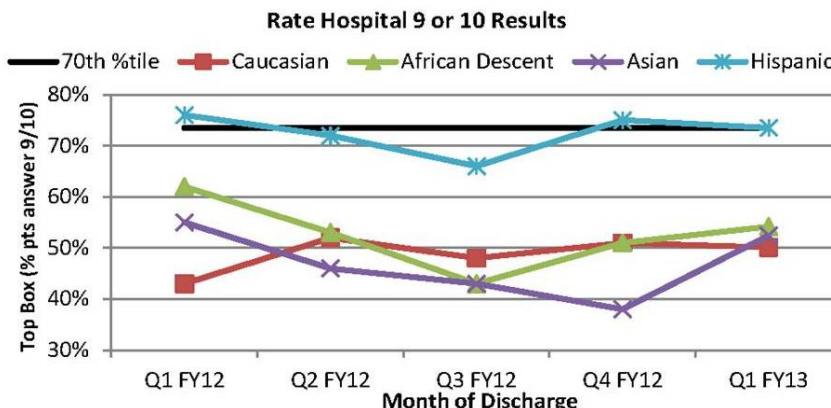
CORE MEASURES RESULTS



Process Measures:
Standardized, there
should be no variation.

- No variation found
that is not related to
small sample size
- Small sample sizes.
Measure over time
Perfect Care Roll-up

PATIENT EXPERIENCE RESULTS

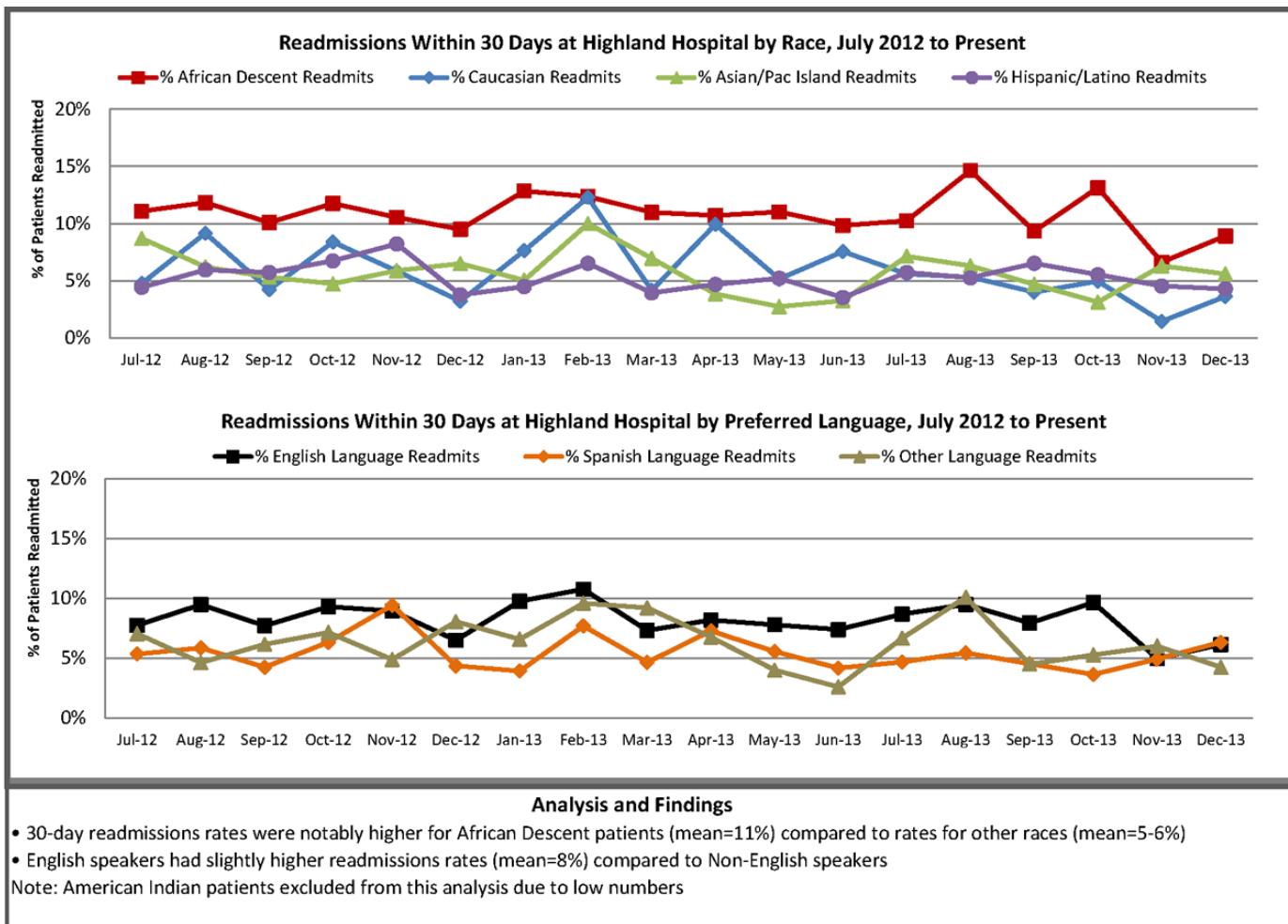


Perspective Measures:
How well do we serve all patients?

- 1st Qtr improved interpreter access = ↑ satisfaction in Asian sub group

- Opportunity: Asian 10% less satisfied with "Communication about Medicines"

EQUITY REPORT: READMISSIONS BY RACE, ETHNICITY & LANGUAGE - HIGHLAND FY 13 -FY 14



QUALIFIED BILINGUAL STAFF PROGRAM

Building on AHS' already extensive Language Services

qualified linguistic services and culturally competent care at
every point of contact

Goals:

- Standardize Proficiency Assessment
- Language Services Training
- Modality Selection Standards

Benefits

- Career Enhancement
- Reduce costs
- Improve patient safety & experience
- Patients select providers based on language preferences



NEXT STEPS

- Leverage Equity readiness and disparities measurement to provide insight into Population Health
 - Identify variations in quality, cost, and outcomes
 - One size won't fit all: tailor interventions to specific patient needs
 - Allocate resources to increase equitable outcomes



LESSONS LEARNED

- Senior leadership support is key
- Tailor your messages to your audience
- Highlight the potential to identify good outcomes
- Start with what you have
- Small incremental steps
- Start with inpatient processes and move towards the outpatient settings
- Philosophy and tactics used to promote equity apply to population management



Accessing the Module



1. Go to: <http://essentialhospitals.org>

2. Click the “Education” tab

The screenshot shows the homepage of the America's Essential Hospitals website. At the top, there is a navigation bar with links for 'about', 'in-person events', 'sponsorship opportunities', 'newsroom', 'contact us', 'essential hospitals', 'action', 'quality', 'education' (which is circled in blue), 'institute', and 'blog'. Below the navigation bar, there is a banner featuring five diverse individuals. On the left, text reads: 'Essential People', 'Essential Communities', 'Essential Hospitals', 'These are the faces and stories behind our essential hospitals across the country'. Below this, there are filter buttons for 'ACTION', 'QUALITY', 'EDUCATION' (highlighted in blue), and 'INSTITUTE'. The main content area includes a section for the 'Fall Policy Assembly', news articles about ACO savings and HHS privacy rules, and a sidebar for 'Top Issues and Topics'.

**AMERICA'S
ESSENTIAL
HOSPITALS**
Access and Quality for All

*Essential People
Essential Communities
Essential Hospitals*
These are the faces and stories behind our essential hospitals across the country

FILTER BY » ACTION QUALITY EDUCATION INSTITUTE RESET

Register for Fall Policy Assembly!

Join us Dec. 8 and 9, in Washington, DC, at our fall [Policy Assembly](#), and learn about the changing landscape for health care policy in the new Congress. Speakers include Centers for Medicare & Medicaid Services Administrator Marilyn Tavenner and Dianne Rowland, chair of the Medicaid and Children's Health Insurance Program Payment and Access Commission.

[learn more and register»](#)

Now Online: Training Tool for Race, Ethnicity, and Language Data Collection

OCT 30, 2014 || *Carl Graziano*
Online course for recording patient-

HHS Issues Bulletin on Privacy Rules During Emergencies

NOV 13, 2014 || *Shahid Zaman*
HHS notes that HIPAA patient privacy provisions still apply during public

Reinvesting ACO Savings to Address Social Determinants of Health

NOV 12, 2014 || *Erica Addison*
A recent Health Affairs article explores how Hennepin Health uses ACO savings from decreased ED visits, better primary care to help the homeless, mentally ill.
[view more»](#)

Essential Hospitals @OurHospitals
#CHIPworks for kids
<http://t.co/8tGVCxMdyM> Now is the time for Congress to #ExtendCHIP

Essential news in your inbox:
 enter email here ➤

Top Issues and Topics

SPECIALTY CARE
RESEARCH PROJECT
DISASTER RESPONSE
MEDICAID WAIVERS
COLLABORATIVE PROGRAM
HEALTH CARE VALUE EQUATION
COORDINATED CARE

3. Click on “REAL Training”

The screenshot shows a computer browser displaying the [Education - America's Essential Hospitals](http://essentialhospitals.org/education/) page. The URL in the address bar is `essentialhospitals.org/education/`. The page features a navigation bar with links for **ACTION** (Public Policy), **QUALITY** (Improving Our Hospitals), **EDUCATION** (Training Health Care Leaders), **INSTITUTE** (Research & Transformation), and **BLOG** (Essential Insights). A search bar and a sign-up/login button are also present. The main content area is titled "EDUCATION" and includes the sub-headline "Collaborate with experts and peers through learning networks". Below this is a photograph of three people in white coats looking at a document together. A blue circle highlights the "REAL Training" link in the navigation menu below the main content. The menu items include Webinars, EHEN, Fellows Program, GR Academy, Hand Hygiene Learning Network, HCAHPS: Patient Experience College, and REAL Training. The "REAL Training" link is circled in blue. To the right of the menu, there are "Subscribe" and "Dashboard Sign-In" buttons. The "Dashboard Sign-In" section contains fields for "Username" and "Password". The "Ask a Question" section allows users to contact the team with questions or suggestions. The "Archived Webinars" section lists several past webinars. The "Join Us in Person" section promotes an in-person learning event. The "Register for Fall Policy Assembly!" section encourages registration for a specific assembly.

4. If you aren't already logged in, sign in on the right.

The screenshot shows the top navigation bar of the America's Essential Hospitals website. It includes links for 'about / in-person events / sponsorship opportunities / newsroom / contact us / essential hospitals list /', a search bar, and a 'SIGN UP | LOGIN' button. Below the navigation, there are five main menu categories: 'ACTION Public Policy', 'QUALITY Improving Our Hospitals', 'EDUCATION Training Health Care Leaders' (which is highlighted in red), 'INSTITUTE Research & Transformation', and 'BLOG Essential Insights'. A red arrow points from the text on the right towards the 'SIGN UP | LOGIN' button.

EDUCATION
Ask Every Patient: REAL – Interactive Course on Race, Ethnicity, Language

Webinars | EHEN | Fellows Program | GR Academy | Hand Hygiene Learning Network | REAL Training |

Home > Education > REAL Training

Ask Every Patient: REAL – Interactive Course on Race, Ethnicity, Language

Racial and ethnic minorities are a large and growing part of our population, but they still struggle to gain access to equitable care in our health care system. Collecting race, ethnicity, and language (REAL) data is the first step to identifying and resolving health disparities and an essential component of improving care quality for all patients.

The Ask Every Patient: REAL elearning module was developed by experts in the field of REAL data collection, working with the Essential Hospitals Engagement Network (EHEN) Equity Action Team to train registration staff to collect REAL data. The Ask Every Patient: REAL module accomplishes the following:

- provides an automated, single-source process to train staff in REAL data collection
- ensures consistent and accurate REAL data collection
- offers registration staff a visually stimulating, interactive learning experience relevant to their jobs
- follows recommended federal Office of Management and Budget guidelines to resolve health disparities
- aligns with and reinforces The Joint Commission's Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care Roadmap
- helps hospitals and primary care providers fulfill federal health information technology meaningful use attestation, which includes REAL reporting requirements
- aids registration and revenue cycle managers with accurate, consistent training

[TAKE A TEST DRIVE](#)

A screenshot of the 'Sign In' form. It has fields for 'Username' and 'Password' with a red 'next' button. A blue circle highlights this entire section. To the left, under 'Resources', there are links to 'Overview of the Ask Every Patient: REAL Module' and 'Health Information Technology Best Practices for Collecting Real Data'. Below that is the 'Equity of Care' section, which describes the National Call to Action to Eliminate Health Care Disparities.

Sign In

Sign in to access the interactive tool

Username

Password next

Host the Module at Your Hospital

Members may download the Ask Every Patient: REAL module to host locally on a hospital learning management system by completing this [licensing agreement](#).

This [download and usage guide](#) provides instructions for completing the licensing agreement and notes on using the module.

Learn more from Bruce Siegel, MD

[ASK EVERY PATIENT: ...](#) next

If you do not have an account, click "Sign Up" and create one using your hospital e-mail address

5. To access the module online, click “Go To REAL Learning Module”

Ask Every Patient: REAL - Interactive Course on Race, Ethnicity, Language

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[GO TO REAL LEARNING MODULE](#)



Resources

[Overview of the Ask Every Patient: REAL Module](#)

[Health Information Technology Best Practices for Collecting Real Data](#)

Equity of Care

America's Essential Hospitals is a founding partner of the National Call to Action to Eliminate Health Care Disparities, a coalition of leading national hospital and health care organizations committed to ensuring care equity and improving quality for every patient.

Equity Action Team

The America's Essential Hospitals Equity Action Team, nominated by member hospital CEOs, plays an integral role shaping process changes in data collection. The team also fosters collaboration and consistency in REAL data collection across the association's [Essential Hospitals Engagement Network](#). The advisory panel's expertise and leadership on this vital issue also have been shared with other hospital engagement networks in the federal Partnership for Patients.



Kiran
Senior Project Analyst
America's Essential Hospitals

[EDIT PROFILE]

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Learn more from Bruce Siegel, MD



TO DOWNLOAD TO YOUR LEARNING MANAGEMENT SYSTEM

- Download licensing agreement
- Return by email to
elearning@lrsloane.com
- Download and Usage Guide available
- Multimedia in Healthcare will provide technical support

Resources

[Overview of the Ask Every Patient: REAL Module](#)

[Health Information Technology Best Practices for Collecting Real Data](#)

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Allison Cater
Allison
Project Analyst
[\[EDIT PROFILE\]](#)

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Learn more from Bruce Siegel, MD

MORE RESOURCES

- Help Sheets
 - » Overview of the Ask Every Patient REAL module
 - » Health Information Technology Best Practices for Collecting REAL Data
- Video
 - » https://www.youtube.com/watch?v=XcYos_DHNh4#t=39

Resources

Overview of the Ask Every Patient: REAL Module
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Allison Carter
Project Analyst

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Learn more from Bruce Siegel, MD

ASK EVERY PAT... 



QUESTIONS



Bruce Siegel, MD, MPH
President & CEO
America's Essential Hospitals



Lisa Sloane, MHA
Founder
Multimedia in Healthcare



Mini Swift, MD, MPH
Assistant Chief Medical Officer
Highland Hospital



THANK YOU FOR ATTENDING

- Upcoming Webinars and Events:

[Webinar: Using UHC Data to Examine Essential Hospitals' Performance](#)

January 21 | 2pm EST

EHEN Steering Council Call

January 29 | 1pm EST

[Webinar: Key Perspectives on the Future of Population Health](#)

February 12 | 2pm EST

Policy Assembly

March 17-18 | Washington, DC

Register today at PolicyAssembly.essentialhospitals.org

- **Evaluation:** When you close out of WebEx following the webinar, an evaluation will open in your browser. Please take a moment to complete. We greatly appreciate your feedback!

