Enhancing Patient Empowerment Through Use of Teach-back

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Program Objectives

- Define the Teach Back method of patient education
- Understand the purpose for implementing Teach Back
- Share insights into implementing Teach Back across settings
- Discuss methods of measuring Teach Back efficacy
Terry’s Story

“If it weren’t for my wife, I would not be alive to be having this conversation with you.”

Terry S., 2013
Health Literacy Definition

“The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.”

*Healthy People 2010*

“Health literacy is more than a measurement of reading skills, it also includes writing, listening, speaking, arithmetic, cultural and conceptual knowledge.”

*IOM, 2004*
Low Health Literacy and Patient Safety

- 40 – 80% of medical information patients receive is forgotten immediately and nearly half of the retained information is incorrect (AHRQ, 2010)
- Ninety-eight percent of medical errors are communication-related (AMA, 2007)
- Nearly half of all adult Americans—90 million people—have difficulty understanding and using health information due to low health literacy (IOM, 2004)
- Patients with limited literacy say they feel shame and hide their limited reading ability from others (Parikh, 1996; Wolf, 2007)
Health Literacy Skill Set

- Basic reading skills
- Ability to understand oral communication
- Ability to use numbers and math skills
- Basic understanding of how to navigate the health system
- Ability to communicate with health care providers and their staff
# 2003 National Assessment of Adult Literacy (NAAL)

<table>
<thead>
<tr>
<th>Literacy Level</th>
<th>Below Basic</th>
<th>Basic</th>
<th>Intermediate</th>
<th>Proficient</th>
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<tbody>
<tr>
<td># American Adults</td>
<td>30 Million</td>
<td>63 Million</td>
<td>95 Million</td>
<td>28 Million</td>
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</table>

- **Task descriptor**
  - ID how often to have a medical test, based on information in a clearly written pamphlet.
  - ID what is OK to drink before a medical test, based on a set of short instructions.
  - Circle date of a medical appointment on hospital appointment slip.
  - Give 2 reasons a person with no s/s of a disease should be tested for the disease, based on info in a clearly written pamphlet.
  - Explain why it is difficult for people to know if they have a specific chronic medical condition, based on information in a one-page article about the medical condition.
  - Identify healthy wt range for a specified ht, based on a graph relating ht and wt to BMI.
  - Determine age range for a child to receive a particular vaccine, using a chart depicting all childhood vaccines and ages children should receive them.
  - Determine when to take a medication, based on RX drug label info, as R/T timing of medication to eating.
  - Identify 3 substances that may interact with an OTC drug causing a side effect, based on info from the OTC drug label.
  - Calculate employee’s share of health insurance costs for a year, using a table that shows how the employee’s monthly cost varies depending on income and family size.
  - Find information required to define a medical term by searching through a complex document.
  - Evaluate information to determine which legal document is applicable to a specific health care situation.
Risks of Harm Associated with Low Health Literacy

- **Patient risks:**
  - Physical
  - Emotional
  - Financial

- **Provider risk:**
  - Inefficiency
  - Financial
  - Legal
Recommendations Addressing Health Literacy Concerns

- Use evidence-based models of communicating health-related information and skills to people with low health literacy
- Improve health literacy awareness, knowledge and skills among professions in the health care and literacy arenas
- Develop systems to improve health care communications in publicly-funded programs such as: public health, mental health, and the aging populations
- Identify strategies to better communicate population-based health education messages to people with low health literacy.
- Apply Health Literacy Universal Precautions

*Adapted from: North Carolina Institute of Medicine Health Literacy Task Force, 2007*
Rights and Duties

- Patients have the right to understand health care information that is necessary for them to safely care for themselves, and the right to choose among available alternatives.
- Health care providers have a duty to provide information in simple, clear and plain language, and to check that patients have understood the information before ending the conversation.

*Proceedings of 2005 White House Conference on Aging: Mini-Conference on Health Literacy and Health Disparities*
Steps to Improving Communication with Patients

- Slow down
- Use plain, nonmedical language
- Show or draw pictures
- Limit amount of information provided—and repeat it
- Create a shame-free environment: Encourage questions
- Use “Teach Back” technique

AMA, 2007
Teach Back Is…

- A research-based health literacy intervention that improves patient-provider communication and patient health outcomes (Schillinger, 2003)
- Combines educational and communication theories to:
  - Transfer knowledge and skill from provider to patient
  - Enhance patient understanding and integration of health related information and behaviors
  - Goal is patient/PCG competency in management of self care
- Recommended as a top patient safety practice by the National Quality Forum (NQF)
Using Teach Back

- Assures you—the health care provider—explained information clearly. **It is not a test of patients.**
- Involves asking a patient (or PCG) to repeat back information shared, in order to assess additional needs and close communication gaps.
- Offers the opportunity to re-explain, in a different way, and assess again until patient understanding is confirmed.
Teach Back Process

Provider introduces and explains new information

Provider and Patient/PCG are comfortable with patient comprehension, retention and competency

Patient/PCG repeats back in own words, perception of shared information (Repeat demonstration as applicable)

Document

Provider adapts messaging based on assessment

Provider assesses repeated information for accuracy and information gaps

re-presents and reinforces information
10 Elements of Competency

- Use a caring tone of voice and attitude.
- Display comfortable body language and make eye contact.
- Use plain language.
- Ask the patient to explain back, using their own words.
- Use non-shaming, open-ended questions.
- Avoid asking questions that can be answered with a simple yes or no.
- Emphasize that the responsibility to explain clearly is on you, the provider.
- If the patient is not able to teach back correctly, explain again and re-check.
- Use reader-friendly print materials to support learning.
- Document use of and patient response to Teach Back.
## Examples of Plain Language

<table>
<thead>
<tr>
<th>INSTEAD OF</th>
<th>TRY SAYING:</th>
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<tbody>
<tr>
<td>Hypertension</td>
<td>High Blood Pressure</td>
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<td>Modify</td>
<td>Change</td>
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<tr>
<td>Respiratory</td>
<td>Breathing</td>
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<tr>
<td>Oral</td>
<td>By mouth</td>
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<tr>
<td>Ambulate</td>
<td>Walk</td>
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<tr>
<td>Optimal</td>
<td>Best way</td>
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<tr>
<td>Negative</td>
<td>&quot;Good&quot; or &quot;bad&quot; result</td>
</tr>
<tr>
<td>Diet</td>
<td>What you eat</td>
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</table>
Non-shaming Assessment of Understanding

- “I want to be sure I did a good job explaining everything clearly. Can you explain it back to me so I can be sure I did?”
- “What will you tell your wife about the changes we made to your medicines today?”
- “We’ve gone over a lot of information. In your own words, please review with me what we talked about.”
When Using Teach Back, Be Sure To:

- “Chunk and check”- check for understanding for each important concept before moving on to the next
- Re-phrase, rather than repeat, information patient does not understand
- Continue use of Teach Back until you are comfortable the patient understands
- Include information on how to integrate new skills into lifestyle
- If the patient is not able to teach back after several times, consider other strategies: include PCG, take a break or ask another member of your team to explain
Sharing lessons and insights

IMPLEMENTING TEACH-BACK TO REDUCE AVOIDABLE READMISSIONS
Problem Identification

- Root cause analysis conducted at community level
  - Revealed best practice deficit: assess understanding of DC plan by the pt/family by asking to explain plan details in their own words (Teach Back)
- Intervention selected
- Logic model developed
- Cross-setting team identified four key concepts for HF patients to know when leaving hospital
- Tools to measure efficacy of teaching developed
# READMISSION ROOT CAUSE ANALYSIS TOOL - INPATIENT FACILITY

**Facility:**

**Time Period Reviewed:**

**Reviewer:**

**Date of Reviews:**

**Key:**
- **Y (YES)** for compliance with best practices identified.
- **N (NO)** for non-compliance with best practice identified. If documentation is partial the reviewer selects “N.”
- **NA (Not Applicable)**

## Drivers

<table>
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<tr>
<th>Patient Activation</th>
<th>Lack of Known Standard Process</th>
<th>Transfer of Information</th>
<th>Best Practices for Care Transitions</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Total Charts</th>
<th>Total Possible</th>
<th>% Yes</th>
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<tr>
<td>x</td>
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<td>1. Patient/family educated about the diagnosis throughout the in-patient stay</td>
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<td>2. Post-discharge appointments for physician office or lab are coordinated with the patient/family and set prior to discharge</td>
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<td>3. Patient/family is educated on importance of follow-up care and keeping appointments</td>
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<td>5. Education on completed tests or studies and importance of follow-up for future tests</td>
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<td>6. Medication reconciliation occurs at admission and discharge</td>
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<td>7. Education to patient/family on medication regimen with review of medication purpose, dosage, side effects and untoward effects and which to communicate to the health care providers</td>
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</tbody>
</table>
# Intervention Selection

## 9th SOW Care Transitions Theme

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Drivers Targeted</th>
<th>Patients Activated</th>
<th>Standard, Known Processes</th>
<th>Transfer of Information</th>
<th>Not Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill box, medication manager (e.g., &quot;7-day MedPlanner&quot;)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Red flags</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>8</td>
</tr>
<tr>
<td>“Speak-up” (ICARE)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Teach-back</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
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</table>

## Drivers: Lack of Standard, Known Process

- Alert system | ✓ | ✓ | ✓ | 3
- Assessment tools | ✓ | ✓ | ✓ | 9
- ACOs (Appropriate Care Measures) | ✓ | ✓ | ✓ | 3
- Audit, review or tracking | ✓ | ✓ | ✓ | 10

### Multiple Drivers (Formal Programs)

- BOOST (“Better Outcomes for Older adults through Safe Transitions”) toolkit | ✓ | ✓ | ✓ | 1
- BPW (Best Practices Intervention Package - Transitional Care Coordination) toolkit | ✓ | ✓ | ✓ | 1
- CTI (Care Transitions Intervention) | ✓ | ✓ | ✓ | 1
- INTERACT (“Interventions to Reduce Acute Care Transfers” of nursing home residents) | ✓ | ✓ | ✓ | 1
- POLST (“Physician Orders for Life-sustaining Treatment”) or analogue (MOIST, POST, MOST) | ✓ | ✓ | ✓ | 3
- REd (“Re-engineered Discharge”) | ✓ | ✓ | ✓ | 5
- TCAB (“Transforming Care at the Bedside”) and "Creating an Ideal Transition Home" | ✓ | ✓ | ✓ | 8
- TCM (Transitional Care Model) | ✓ | ✓ | ✓ | 2

### Multiple Drivers (Standalone/Homegrown)

- Advance care planning | ✓ | ✓ | ✓ | 3
- Bilingual, multi-lingual materials | ✓ | ✓ | ✓ | 7
- Case management (Care Transitions-specific) | ✓ | ✓ | ✓ | 7
- CME intervention bundle | ✓ | ✓ | ✓ | 1
- Disease-specific interventions | ✓ | ✓ | ✓ | 1
Logic Model

**INPUTS**
- QIO staff support + Hospital staff

**OUTCOMES**

<table>
<thead>
<tr>
<th>Processes</th>
<th>Short-and medium-term (proximal, intermediary)</th>
<th>Long-term (system-level, utilization)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure: C2/C1</td>
<td>Measure: C3/C2</td>
<td>Activated Medicare beneficiaries will be less likely to be readmitted</td>
</tr>
<tr>
<td>C1: # of eligible discharges age 65+</td>
<td>C3: # of eligible discharges age 65+ where Self-Care Education was provided via TeachBack prior to discharge</td>
<td></td>
</tr>
<tr>
<td>C2: # of eligible discharges age 65+ where Self-Care Education was provided via TeachBack prior to discharge</td>
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</table>

**ASSUMPTIONS**
- Readmission rate for Medicare beneficiaries who receive Self-Care Education will reduce since TeachBack is a proven evidence based intervention that addresses the driver for readmissions in this community, which is low patient activation.

**EXTERNAL FACTORS**
- Staffing changes. Patient cognitive ability.

**CHANGES / NOTES**
- Eligibility is determined by nurse's clinical judgement of patient's cognitive ability. "Patients age 65+" is applied as a simple proxy for "Medicare beneficiary".
Day One Questions:

1. What is the name of your water pill?
   a. Answer: Check patient’s list – ex. Losartan, HCTZ
2. What weight gain should you call your doctor about? Do you have a scale at home?
   a. Answer: Weigh yourself at the end of each week.
3. What foods should you eat when you have heart failure?
   a. Answer: Foods high in sodium: salt – ex. canned soups, deli meats, ham, fast food. Aim for less than 1,000 mg per day.
4. What are your symptoms of heart failure?
   a. Answer: Difficulty breathing, weight gain, swelling in ankles, cough, fluid in abdomen.

Day Two Questions:

1. Why is it important to take your medication for heart failure every day?
   a. Answer: Even if you are feeling fine, meds are needed to prevent and relieve symptoms and help your heart pump more effectively.
2. Why is it important to avoid foods with salt?
   a. Answer: Salt intake causes the body to hold on to extra sodium and this causes extra fluid to build up in your body, the fluid makes your heart work harder.
3. Why is it important to watch for symptoms of heart failure?
   a. Answer: To manage your condition, know when to call the doctor and know a worsening condition.
4. Why is it important to watch for weight gain?
   a. Answer: To make sure you are not retaining too much fluid thus making your heart pump work harder.

Day Three Questions:

1. How will you remember to take your water pill every day?
   a. Answer: Use a reminder system to help keep track of your medicine doses. For example, a pill box may be a helpful tool. It will help you remember to take your medicines at the right time. Set a time on your watch or clock, place it near where it is easy to see or where you will go to take your medicines. Having a schedule on your refrigerator or next to your calendar is also a good way to remember.
2. How do you plan to change to a low salt diet?
   a. Answer: Read food labels, pick foods naturally low in sodium such as fresh fruits and vegetables, stop adding salt to foods, choose low salt foods.
3. How will you check for heart failure symptoms everyday?
   a. Answer: Weigh yourself at the same time, before breakfast and after you get up. See how easy or difficult it is to breath, check for swelling in the feet, legs, abdomen, hands.
4. How will you remember to weigh yourself everyday?
   a. Answer: Move the scale to a more obvious place in the house, place a calendar above the scale and mark the date each time you check.

Green Zone: All Clear

- Your Goal Weight:

Yellow Zone: Caution

- If you have any of the following signs and symptoms:
  - Weight gain of 5 lbs in 2 days
  - Increased cough
  - Increased swelling
  - Increase in shortness of breath with activity
  - Increase in the number of pillows needed
  - Anything else unusual that bothers you

- **Call your physician if you are going into the YELLOW zone**

Red Zone: Medical Alert

- Unrelieved shortness of breath: shortness of breath at rest
- Unrelieved chest pain
- Wheezing or chest tightness at rest
- Need to sit in chair to sleep
- Weight gain or loss of more than 5 lbs in 2 days
- Confusion

- **Call your physician immediately if you are going into the RED zone**

Green Zone: All Clear

- Your symptoms are under control
- Continue taking your medications as ordered
- Continue daily weights
- Follow low salt diet
- Keep all physician appointments

Yellow Zone: Caution

- Your symptoms may indicate that you need an adjustment of your medications
- Call your physician, nurse coordinator, or home health nurse.

Name: 
Number: 
Instructions: 

Red Zone: Medical Alert

- This indicates that you need to be evaluated by a physician right away
- 

- Call your physician right away

Physician: 
Number:

Call your physician immediately if you are going into the RED zone
CHF EDUCATION TEACH-BACK QUESTIONS

Patient Name: ____________________________  SSN #: ____________________________

Hospital Discharge Date: ___________ Room Number (if available): ________  Pt is ≥65 yrs old  □ Yes  □ No
Facility completing form: ________________________________________________________

Education provided to:  □ Patient  □ Primary caregiver  □ Both

---

Pre-Teach Back

1. Name one medicine you are taking to manage heart failure? _______________________

2. When weighing yourself daily, at what weight gain should you call your doctor? __________

3. Explain why it is important to avoid foods high in salt? ____________________________

4. Name three symptoms of heart failure? __________________________________________

---

Score (# of correct responses): _____  Signature: __________________________________ Date/Time: ________

---

Post-Teach Back

1. Name one medicine you are taking to manage heart failure? _______________________

2. When weighing yourself daily, at what weight gain should you call your doctor? __________

3. Explain why it is important to avoid foods high in salt? ____________________________

4. Name three symptoms of heart failure? __________________________________________

---

Score (# of correct responses): _____  Signature: ____________________________ Date/Time: ________
<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
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<td>4</td>
<td>Patient ID</td>
<td>Patient Name</td>
<td>Discharge Date</td>
<td>C1: Eligible discharge age 65+? (ENTER 0=No; 1=Yes)</td>
<td>C2: Eligible discharge age 65+ where Self-Care Education was provided via TeachBack prior to discharge? (ENTER 0=No; 1=Yes)</td>
<td>Pre-Assessment Score (ENTER 0-4)</td>
<td>Post-Assessment Score (ENTER 0-4)</td>
<td>Score Change</td>
<td>Comment</td>
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Lessons Learning (Implementation)

- Meet partner providers where they are
- Ok to be imperfect- just begin, then continue to improve
- Develop alternative secure methods for data sharing across settings
- Provide individual education and support as needed
- Start small and spread
- Barriers may be setting specific-PDSA
- Competency may need improvement
- Standardization of educational materials across settings
- Seek methods to make Teach Back an “always event”
- Physician engagement is key
- All members add value and expertise
Lessons Learning (Outcomes)

- The words “heart failure” may be scary to patients
- Need to assess health literacy when providing education
  - Red flags: “My wife handles my medications,” high ESL population in community
- Teach Back can be used within team of providers – CNAs, therapy depts. etc. – to enhance patient centeredness
- Outcomes can provide clues to other improvement needs
- Timing of implementation is key to readmission prevention
- Creativity is necessary for engaging all provider and partner types
- Improvements in patient self care competency are necessary- as evidenced in cross setting evaluation
- Process is dynamic, requires commitment and champion leadership
Measuring Success

- Score improvement pre/post assessment
- Staff competency validation in use of Teach Back
- Readmission rate comparisons between pts. receiving Teach Back vs. not receiving Teach Back
- Patient satisfaction scores
- Physician satisfaction scores
“If the patient doesn’t understand his or her illness, we have lost the treatment battle at the beginning and may have unwittingly placed them in danger.”

Dennis S. O’Leary, M.D.
Former President of the Joint Commission
Health Literacy Resources

NC Program on Health Literacy

2010

http://nchealthliteracy.org/toolkit/

American Medical Association

2007

www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf
Teach Back Resource

- Always use Teach Back toolkit:
  - A description of Teach Back
  - Elements of Competence for Using Teach Back Effectively (PDF)
  - Interactive Teach Back Learning Module
  - Coaching tips and tools
  - Readings, resources, and videos

- http://www.teachbacktraining.com/
Insights From Terry S…

“If someone would use teach-back with me, I would feel valued, would respect them more and would feel that the information they are sharing is important because they took time to explain it. I would probably pay closer attention to following the instructions because, if they took the time to sit down with me, it must be important for me to do it correctly.”
This material was prepared by Quality Insights of Pennsylvania, the Medicare Quality Improvement Organization for Pennsylvania, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The views presented do not necessarily reflect CMS policy. Publication number 10SOW-PA-ICP-KD-012813. App. 1/13.