

HOPE Alpha Test Informational Webinar

March 5, 2020

Hello, everyone. Thank you for joining today's Hospice Outcomes & Patient Evaluation Alpha Test Informational Webinar.

During this webinar, Abt Associates, a CMS contractor, will discuss HOPE alpha test participation, including eligibility to participate in the alpha test, benefits of participation, alpha test requirements and support, and selection of hospices to participate. At the end of the webinar, there will be a question and answer session. We will address questions received via the "Questions" tab and on the phone line, and we will address as many questions as time allows. Please note, the slides from today's presentation will be posted on the Hospice Quality Reporting Program website in the coming weeks. Now I'll turn it over to Jennifer Riggs, a Senior Associate at Abt.

Thank you, Joy, and thank you everyone for joining. I'm going to start with a brief introduction. Next slide, please.

So, what is HOPE, and what is the HOPE alpha test? CMS has contracted with Abt Associates to develop and test a new hospice patient assessment instrument. The draft assessment is called Hospice Outcomes & Patient Evaluation, or HOPE. The Abt team with our partners is conducting field testing of the draft HOPE assessment. The alpha test is one part of the field testing, and the purpose of the alpha test is to establish the feasibility of the assessment and to establish reliability and validity of the assessment items. We'll use the information that we learn from the alpha test to further revise the draft HOPE for the next phase of testing. Next slide, please.

This slide shows our anticipated timeline for the alpha test, just to give you a sense for a hospice that participates, when you would be expected to be completing activities for the alpha test. As you can see, we started some outreach activities as early as December 2019 and extended recruitment through February. And of course, we extended it a little bit again into early March here. And this means that our selection of hospices will be delayed a little bit. We had anticipated making a selection of hospices to take part in the alpha test in early March. And since we extended the recruitment period, we expect to be able to make selection of hospices now in April. And that would be followed by enrollment of the participating hospices in May. There will be communication and coordination with the study team during that period of time. But then, in June and again in July, the hospice would have to set aside dedicated hours for hospice staff for training for the alpha test. And then, starting in August of this year, the highest level of effort would be involved for the data collection. Next slide, please.

Next, I want to talk a little bit about eligibility to participate in the alpha test. Next slide.

Medicare-certified hospices are eligible to take part in the alpha test. Participation in testing, though, is completely voluntary. We do plan to work virtually instead of in person with your hospice. So being in the alpha test is not tied to a particular geographic region of the country where the study team is located. If you haven't yet completed the alpha test interest form and would like to do so, you can click on the link that is shown here in the slide and also found in the Hospice Spotlight Announcement for the

alpha test. We'd like hospices to have an opportunity to complete interest forms through March 12th, which is next week. Completing the interest form does not commit your hospice to participate in testing, and it doesn't guarantee that your hospice will be selected. It provides us with information about your hospice so that we can consider your hospice, along with all of the other hospice providers that have completed interest forms, in making a selection for which hospices can participate in testing. If you've participated in previous types of activities related to HOPE, you may or may not be eligible to take part in the alpha test. Any hospice is eligible to take part in the alpha test if you also took part in the HEART Pilot A test or the HOPE pilot test. Hospices are not eligible to take part in the alpha test if you or your staff participated in a HOPE focus group or the HOPE Technical Expert Panel. One of the reasons for this is that CMS wants to make sure that as many hospices as possible have an opportunity to participate in HOPE development activities. Next slide, please.

Now I'll talk about selection of hospices to participate. Next slide.

We have a database of all the hospice providers that have completed those interest forms, as I said, or who have been in touch with us to let us know you're interested in taking part in the alpha test. The Abt study team will use sampling procedures to identify a group of about 15 hospices that represent a diverse mix of characteristics. These characteristics include, for example, any geographic location in the U.S., both rural and urban, different size hospices, and different ownership such as profit or nonprofit. We'll also consider whether the hospice clinicians use an electronic or paper form to document their assessments, and the different service locations. For example, whether the hospice care is provided in a patient's home, in a skilled nursing facility, assisted living facility, et cetera. Next slide, please.

I'd like to talk a bit now about benefits of participating in the alpha test. Next slide.

So, before I talk more about what's involved for hospices that participate, I'd like to mention the benefits. This is an opportunity, of course, to be part of the process for developing the new hospice patient assessment instrument. And by participating in testing, your hospice can provide direct feedback about the assessment, about the assessment items, and the timing of the assessment directly to CMS. And certainly, one of the overarching aims of introducing a standard patient assessment in the Hospice Quality Reporting Program is to improve the quality of care, and you'd participate in this. CMS is very appreciative of the commitment and effort that hospices invest to take part in testing and intends to publicly acknowledge participating hospices in presentations and reports about HOPE. Each hospice will be able to share their role as a HOPE alpha test site, both internally within your organization and externally, as well. And finally, as a small token of our appreciation for your participation, each hospice alpha test site will receive \$500. Next slide, please.

Next, I'll talk a little bit about the alpha test requirements and support. Next slide.

So, what type of support is required from your hospice? First, it's really important that the senior leadership at the hospice support the alpha test at your hospice. The leadership team are the ones who can support the hospice staff time that's needed to take part in the field test. Also, at

each hospice, we'll ask you to identify one employee who can be the point person for the alpha test, to communicate and coordinate with our study team. We call this role "liaison," and this person will support scheduling the visits, identifying eligible patients, and tracking completed HOPE assessments. In some past field tests, agencies have found that a clinical manager is a good team member for this role, but that's not a requirement. Other agencies have assigned two people for this role, which provides some backup and flexibility. The HOPE assessment is multidisciplinary, and the Abt study team will train hospice clinicians to field test HOPE by completing the assessments with their patients. The clinicians are registered nurses, social workers, and spiritual counselors. We'll talk more about how many clinicians are needed and how many assessments will be completed in the next slides. And then, finally, HOPE assessments will be completed electronically. The Abt team will provide support for the online assessment and will provide technical support when our equipment is used. Next slide.

So, a few more details about what hospices would do during the alpha test. The data collection period for the alpha test is about 20 weeks. The number of assessments that each hospice will be asked to complete will be based on the hospice size. We anticipate approximately four to six HOPE assessments per week, but we'll determine the exact number based on the size of the hospice and the number of clinicians who are completing assessments at that hospice. In larger hospices, for example, we may train up to six registered nurses, perhaps two or three social workers, and two or three spiritual counselors to complete HOPE assessments. But smaller hospices wouldn't have the same number of clinicians. We want small hospices to be able to participate, too, so we intend to work with a small hospice to identify the number of clinicians that can be trained and the number of assessments that can feasibly be completed. It's very important that hospices of all types are able to participate in field testing the HOPE assessment. A major purpose of field testing the HOPE assessment is to establish the reliability of the assessment questions. We test this by having two clinicians conduct a joint visit to some of the patients. One clinician completes the assessment with the patient, and the second clinician observes and documents the assessment independently. The clinician that completes the assessment during one joint visit will be the observer at another joint visit, so that the same person isn't always acting as the observer. Next slide, please.

The Abt team is experienced in providing direct and regular support to field-test sites throughout the testing process, from enrollment through the end of the study. The alpha test lead is Dr. Olga Ehrlich, an experienced hospice and palliative care registered nurse. Dr. Ehrlich will oversee the alpha test and interact directly with the hospices in the enrollment process, in training, and as needed throughout the field test. In addition, our team includes experienced clinicians who are involved in the development and training and also work directly with hospices enrolled in the alpha test. We call these clinicians "site coordinators," and they work with nonclinical Abt team members to provide routine and regular support to each hospice throughout the field test, answering clinical and assessment questions, and providing any other assistance needed. Our team provides all the training your hospice staff need to conduct the field test, including training in the HOPE assessments. We offer a mix of live webinar, and independent and on-demand training modules to maximize flexibility for your hospice staff to complete the training requirements. You can expect each staff member participating in the alpha test to spend approximately 16 hours over the course of the entire training period, which is about two weeks, and

that includes all types of training -- self-study, live webinars, and follow-up phone calls. In addition to the Site Coordinator teams, we have a dedicated e-mail address for testing -- HOPEtesting@abtassoc.com. And hospice teams can use this e-mail address anytime to ask questions or ask for assistance. Next slide, please.

This slide provides a little more detail about what your hospice team will do if you're participating in the alpha test. The first step is to identify eligible patients. This can be done from your roster of current patients and also from new admissions to your hospice. Patients are eligible to be part of the alpha test if they're 18 years of age and older and can speak and understand English. We don't want to exclude patients with cognitive impairment, so a patient's caregiver may agree to respond to the HOPE assessment on behalf of the patient. When eligible patients are identified, the hospice team will assign each one a unique study identifier. This is because the patient's name is not shared with the Abt team. Your hospice team will be able to keep track, because you maintain a list with the patient name and the patient's study identifier. HOPE assessments are conducted during regularly scheduled clinical visits. When the clinician or the scheduler calls the patient to arrange the visit, they also tell the patient your hospice is taking part in a study of the hospice patient assessment and ask if they can take a few minutes at the beginning of the visit to explain the study. Then, when the clinician arrives at the patient home for the scheduled visit, the clinician explains the study to the patient and caregiver and obtains the patient's agreement to participate. Abt's Institutional Review Board, responsible for the conduct of research, has reviewed the plan for HOPE testing and determined that the HOPE alpha test is not research. This means the study is exempt from formal informed consent requirements. We still do explain the alpha test to patients and caregivers and obtain their verbal agreement to take part before completing the HOPE assessments, and we do this using a prepared information sheet that has details about the alpha test. The hospice clinicians are trained to obtain this agreement and complete the HOPE assessments. They review the details of the alpha test with patients and caregivers, and the details include: that the alpha test is of a new hospice patient assessment instrument; that the questions are about the patient's health and wellbeing, similar to regular assessment questions a hospice nurse would ask; also that taking part is completely voluntary and that patients can choose not to answer HOPE questions and they can stop at any time. The one-page "Alpha Test Information" handout is given to patients and their caregivers to keep for their reference. Next slide, please.

To continue, when a patient or a caregiver agrees to participate, that's when the clinician completes the HOPE assessment. And as I mentioned earlier, a second clinician will complete some of the HOPE assessments for the same patient in a joint visit so we can check to see that the assessment items are yielding the same responses across clinicians. Your hospice team will track the eligible patients and the assessments completed and, near the end of the data collection period for the alpha test, will ask your team to provide feedback about the assessments. Next slide, please.

I want to just mention the role of the caregiver in alpha testing. Although the philosophy of hospice care is to provide support for patient and family, the HOPE assessment is a patient assessment. The assessment doesn't include questions targeted at the caregiver's own health or wellbeing. However, we will obtain caregiver agreement to participate in the HOPE alpha test for an

eligible patient who's either unable to respond or who asks that their caregiver take part. Next slide, please.

We will now begin the question and answer portion of this webinar. You can ask your questions in various ways. You can use the hand-raising icon to enable us to unmute your line, or you can type your question into the "Questions" box. We will address as many questions as time allows. So, we have someone on the phone line right now. Melissa Calkins, we've unmuted your line, and you can ask your question.

Yes, I was wondering if you guys have an idea of how many questions are going to be on the HOPE assessment.

That's an excellent question. The draft HOPE assessment takes about 20 minutes to complete for an admission visit. We have different assessments that are used at different time points during the patient's stay. And the amount of time that's needed for each of those assessments, it varies. Some are shorter, and some are just a little bit longer. I don't actually have the number of questions right in front of me.

Okay, thank you.

Great. Thank you. We have someone else on the phone line right now. So, Nana Sarpong, you can ask your question. Nana Sarpong, we've unmuted your line. You can ask your question. Okay. We have some questions that have come in through the "Questions" box, so we can go through a couple of those. "Will pilot hospices be able to share the HOPE assessment with others not selected?"

That's a great question. And just to make sure I understand, I'm going to repeat that back. I think the question was saying, "Are the tests -- the alpha test hospices allowed to share the HOPE assessment with hospices that aren't participating in the testing?" Is that correct?

Yes, that's correct.

Right. The answer is no. We will be asking that hospices participating in testing keep the testing information confidential. One of the reasons for that is that during testing, HOPE is still a draft, and so it's not at a point where it's ready to be proposed yet.

Okay, great. Thank you. Next, we have, "For larger hospice companies, should separate interest forms be completed for individual provider locations, or is one interest form for the entire organization sufficient?"

One interest form for the organization is sufficient. This is an excellent question. CMS does want as many different hospices as possible to have an opportunity to participate in a HOPE development activity, including testing. And to this point, we have been considering a very large hospice that may have branch offices, for example, in multiple locations around the country. We have still considered that as a single hospice. This is something we can take into consideration as we actually review the interest forms that we have completed. But one interest form for your hospice is fine. Thank you.

Great. Thank you. Next, "If chosen to participate, and we are a multistate hospice provider, will only one provider be selected, or are you looking to possibly select multiple providers?"

We would be looking for one hospice to participate -- one of those sites to participate. That's based on how the study is designed and based on our past experience with field testing, in terms of the communication and coordination across multiple sites. So that's how we're approaching it at this time.

Okay, great. Thank you. The next question asks, "Will the HOPE assessment be completed only on admission or at various points during the course of care?"

Yeah, that's a great question. Thank you. We do have HOPE assessments for different time points during the patient's episode, or the patient's stay with the hospice.

Great. The next question asks, "How long do you anticipate it will take to complete a HOPE assessment for a patient, and how often will HOPE assessments be completed?"

Mm-hmm. So, great questions. And this is a little bit similar to a couple questions that were already asked, and I'm happy to just kind of recap this just a little bit. We do have different versions of the HOPE assessment for different time points during the patient's stay. So, for example, admission is one time point. We have an interim time point, which is for a reassessment of patients. We also have a version of the HOPE assessment that would align somewhat with the recertification time point in a hospice patient's stay. We also have an assessment that aligns with the discharge of a patient. The assessments aren't all the same length. The admission assessment, for example, is longer, more similar to what a typical admission assessment would look like in your hospice now. And many of the questions are similar to what hospices are already assessing, in terms of the patient's health status, symptoms, their wellbeing. So the amount of time that the HOPE assessment will take depends in part on the integration of the HOPE assessment with the clinician's usual workflow. It's hard for me to tell you an exact amount of time. The HOPE admission assessment, for example, which is the longest of the assessments, right now we expect that that would take between about 20 and 30 minutes, at the most, to complete. But that's a tentative number, partly because we haven't really field-tested the assessment yet. So, I hope that's helpful.

Great. Thank you. This next question asks, "What types of questions are on the assessment?"

Great question. Similar to what you'd expect on a patient assessment in hospice: questions about the patient's health status or symptoms, the patient's function. There's some assessment questions about their diagnoses, for example, and also the patient's goals or preferences for management of their symptoms. And that's a sampling of the types of questions that would be on the HOPE assessment.

Great. Thank you. The next question asks, "Will participating hospices receive reports or any kind of aggregate data?"

Great question. Yes, we do want to provide the participating hospices with some information about the results. And we don't know yet exactly what that

will look like, but it's very important to us that we include the participating hospices in understanding the results that we're getting from testing.

Great. Thank you. This next question asks, "Is the \$500 per assessment or a one-time payment for participating?"

Thanks for that question. Yes, it's a single payment of \$500 for your entire participation. It's meant to be a very small token of appreciation and doesn't represent an amount per assessment.

Thank you. The next question asks, "During the alpha testing, will participating hospices complete the HOPE assessment and continue with HIS collection, as well?"

That is correct, yes. HOPE testing will proceed, and that doesn't impact what your hospice would be required to do for HIS

Great. The next question asks, "Are the clinicians doing the HOPE assessment themselves, or is it similar to the HIS, where the information gets extracted?"

That's another great question. Thank you. In HOPE testing, the clinicians would be completing the HOPE assessment themselves during a regularly scheduled clinical visit.

Great. Thank you. This next question asks, "Why is this alpha test not considered research?"

That partly has to do with the specific federal definition of what meets the requirements for research. In some cases, studies like this are considered exempt from those requirements, because they fulfill a different type of purpose. Research, just in very general terms, is intended to generate knowledge that can be generalized broadly. In contrast, CMS conducts field tests of the assessments and the quality measures as part of the work that they do in their quality reporting programs. And this specific purpose falls outside the criteria that would classify this as research, according to federal regulations. So, the procedures are very similar, and the protections that we offer patients and clinicians that participate are similar. It's just that, technically, this type of study, field testing, serves a different purpose, and so it's considered not strictly research.

Thank you. The next question asks, "Is the HOPE assessment a tool to gather outcome data, such as the OASIS for home health, or will it be a full comprehensive assessment? And will the HOPE assessment include the current hospice HIS items?"

Those are great questions. The questions really ask about the HOPE assessment as it may be after testing, though. So that's really beyond the scope of what we can answer today, I think. In terms of the alpha test, we're testing a draft assessment. And so it's the draft patient assessment, and that's really -- we don't have additional information about what exactly this would look like in the future, after testing, yet.

Great. Thank you. The next question is, "How is the assessment completed? Is it a template on a local device, or is it a connection to a web portal, or both local completion with submission to a portal?"

Thanks for that question. That's a great question, yes. So, it's a connection to a secure Web portal. You'll be given a username and a password. And some hospices may already use, for example, laptops at their hospice, and the laptops may be Wi-Fi-enabled. In that case, we would give you a username and password, and the clinician would log on to the secure Web platform and complete the HOPE assessment there. That's where it's located. So there's no local download of a form or a template to complete and then a submission later. Another example is, a hospice may have laptops that are not Wi-Fi-enabled, and we would provide a hotspot so that the clinician would be able to use the hotspot to access the web-based platform.

Great. The next question asks, "Is there a preference to complete different time-point assessments on different patients, or the same to measure various outcomes?"

I think the questioner is asking if we are going to ask that they complete assessments at different time points for the same patient. And we are going to ask that. One of the things that's helpful to learn during testing is how the assessments work together -- the different assessments for different time points. And having assessments completed at different time points for the same patient can give us information about that. In addition to that, HOPE assessments at different time points would be completed on different patients, as well. So not all assessments would need to be completed as linked assessments on the same patient.

Great. Thank you. The next question asks, "If the clinicians are doing the assessment themselves, will it get uploaded when approved and final and get sent to the iQIES system, similar to OASIS?"

So, there's no... Let me make sure I understand the question correctly. So, I think that what I'm hearing is, you're asking if the clinician completing a HOPE assessment -- this is a draft HOPE assessment -- during the alpha test would actually submit that assessment to the iQIES system. And the answer to that question is no. The HOPE alpha test is a field test, and it's outside of regular care and regular hospice data collection and hospice data submission. So, the draft HOPE assessments that will be completed during the alpha test and documented on the web-based platform are submitted to the study team at Abt Associates. And so those aren't submitted to CMS centrally the way your usual hospice data would be.

Okay, thank you. The next question asks, "Is it expected that the clinician will use a separate portal to complete the HOPE assessment in addition to the documentation they are completing in their hospice EMR?"

Yes, that's the short answer for that. So, if you think of it as your hospice clinicians are going about their usual care, they'll be completing assessments for your hospice on the patient, and they'll be documenting the assessments in your electronic health record or however they document their assessments. And the HOPE alpha test is separate from that. You complete -- or, I should say, the clinician completes -- the draft HOPE assessment during the alpha test during a regularly scheduled clinical visit, but it's separate from the regular assessment that your clinician is doing. And the clinician would document the HOPE assessment on the web-based platform, so that's completely separate from your electronic health record.

Great. Thank you. The next question asks, "Will the subsequent assessments only be done on patients that had the initial assessment completed?"

Not necessarily. So, that's a similar question to what was asked before. And the short answer is that that's not necessarily so.

Great. Thank you. The next question asks, "Will the information from the assessment automatically upload to CMS? What if there's no internet access? And does it work offline?"

So, in field testing, in the HOPE alpha test with the draft HOPE patient assessment, the information from the HOPE patient assessment is not transmitted to CMS. It's transmitted to the Abt study team, and we're a CMS contractor. So that means that it's part of the field test, which I do call a study sometimes. So, it doesn't follow the same pathway as your usual hospice workflow, where you transmit your hospice assessments to CMS. The second part of the question is, "What if there wasn't internet access?" Or, for example, what if the hotspot wasn't working? Typically, what happens, when that occurs, is that we ask that the clinicians who have completed a HOPE assessment for the pilot test document that assessment as soon as they're able to access the internet again, to be able to log on to the web-based study platform.

Great. Thank you. The next question is, "Is the website mobile device-friendly?"

Yes.

Great. The next question asks, "Are you hoping that the clinician initiates and completes the assessment at bedside, in real time, to promote accurate information?"

Yes, that's the ideal state. We do recognize that the ideal isn't always necessarily possible in reality -- in the reality of clinical practice. But, yes, that would be the ideal.

Great. So, we still have one more question left in the "Questions" box, but I just want to remind everyone that we still have some time left, so you can ask your questions by using the hand-raising icon and we can unmute your line, or you can also type your question into the "Questions" box.

So, this next question asks, "It sounds like clinicians need to manually enter each assessment individually via web-based submission, and there's no batch transmission. Is that correct?"

That is correct. The web-based logging on to the secure web-based study platform -- field test platform -- the clinician is able to select the type of assessment that they want to complete. And then it opens up and they can just document right into the assessment. They can just check off the answers to the assessment questions. And it's automatically saved to the secure server. That's one of the benefits of using this particular method to collect data. The submission is seamless. There's no extra activities or tasks or time that are required for the clinicians to submit that, once it's completed.

Great. Thank you. We have a couple more questions in the "Questions" box. This one asks, "Are the questions in the HOPE assessment similar to the

questions asked during an initial assessment? And do you anticipate this would seem overbearing to the patient?"

I'll just start by saying that every single patient is an individual, and so a clinician uses his or her clinical judgment to determine what may or may not be overwhelming or too stressful for a particular individual. And that's expected. The clinicians will certainly use their clinical judgment. That being said, the HOPE assessment questions are similar to questions that you would see on your hospice assessment. And we have pilot-tested this with a smaller number of hospices. And so far, we're not encountering any difficulties with patients and caregivers participating in the assessments. That's not to say that it's not possible. One of the things the clinicians will also be able to emphasize or remind patients and caregivers about, of course, is that the participation is voluntary and that they can certainly stop at any time.

Great. Thank you. So, we've gotten a couple questions about the test request form. Is there anywhere else where the test request form is located on the HQRP website?

I'm sorry, I don't have that information right in front of me. I know that the link to the interest form was included in the spotlight announcement on the hospice spotlight page. But I'm not certain exactly where else it was located.

Okay, we'll make sure that when we post the slides, that the link is correct in the presentation.

Thank you.

No problem. Yeah, great. Thank you. This next question asks, "Would the hospice need to have a special consent signed by the patient?"

No, there would not need to be a special consent signed by the patient. We would explain -- The clinician would explain the alpha test to the patient, and to the caregiver if applicable, and ask the patient for the patient's verbal agreement to participate -- their verbal consent. We don't need a signature.

Great. Thank you. The next question asks, "Are the assessment questions multiple choice, or do they require narrative responses?"

There are no narrative responses.

Great. Thank you. This next question asks, "Hospices not previously selected, can they reapply for the field testing?"

Yes, you definitely can.

The next question asks, "How does this integrate with current EMRs?"

The field test doesn't integrate with current EMRs, if that was exactly what the questioner is asking. The field test, or the alpha test, is a separate -- is separate from your hospice's medical record, or electronic medical record.

Great. Thank you. This next question asks, "How will the hospice be trained to use the HOPE assessment and participate in the testing?"

That's a great question. Thanks. So, we have a variety of different ways that we help people understand what the HOPE assessment is and how to complete it, and that includes things like case studies that people can review and practice -- unfolding case studies in clinical scenarios. Also, live webinar training like this, where clinicians would be able to attend and discuss the HOPE assessment and talk about completing it. In addition, the HOPE assessment has instructions that go with it. It's called the "HOPE Guidance Manual," and that's a resource for clinicians, in terms of how to complete the assessment. And one of the things we recognize is that no matter what training you receive to start with, as soon as you, as a clinician, start using the HOPE assessment with patients, you'll have additional questions. So we arrange the contacts with the site coordinators that I mentioned earlier and follow-up phone calls, so that the assessments can be reviewed as needed and any of your questions can be answered. So, that's a selection of how we'd go about providing the training for the HOPE assessment.

Great. Thank you. It looks like we have a couple people on the phone line. So, Marlene Youde, we've unmuted your line. Go ahead and ask your question. Marlene, are you on the line? Okay. We'll move on to someone else from the phone line. Melissa Calkins, we have unmuted your line. You can go ahead and ask your question.

Oh, yes, I was just wondering kind of your timelining. So, obviously, you would be collecting data till about January 2021. How long would it take for you to analyze that data? And do you envision an additional beta testing? Just kind of what your thoughts are when this would be rolled out to every hospice.

You mean the final implementation?

Yeah, mm-hmm.

Yeah, thanks. That's a great question. It actually falls a little outside the scope of this particular call, where we have information, really, that's specific about the alpha test. But it is true that it takes time for analysis. There will be a considerable amount of time for analysis, is what we learned from the alpha test. And then there likely will be an additional phase of testing after the alpha test.

Okay, so, we're just implementing a new EMR during this timeframe of this alpha. So I was just wondering if there was another?

Another phase of testing after this, that you might have an opportunity to participate in?

Yeah.

Yes, we do expect another phase of testing after this.

Oh, okay. Thank you.

Thank you.

Great. Thank you. The next question asks, "If you only complete part of the assessment, can you save it and pull it up later again from the server and complete it?"

Could you repeat the question, please?

Sure. So, "If you only complete part of the assessment, can you save it and then pull it up later again from the server and complete it?"

Yes, you can.

Great. Thank you. The next question asks, "How long will testing last?"

I have to go back to my timeline slide, but we anticipate data collection to start in August of this year and to last for approximately 20 weeks, and that would take us to about January of 2021 for the end of data collection. And it's not on this slide, but as a previous caller just mentioned data, we would analyze the information that we learned from the alpha test after data collection is over.

Great. Thank you. So, we still have a couple minutes left in the webinar. And just as a reminder, you can ask your questions using the hand-raising icon for us to unmute your line, or you can also type your question in the "Questions" box. We have one more question through the "Questions" box. It asks, "When will you know if you're selected?"

We hope to be able to notify hospices whether or not they're selected in April. And I don't have an exact date to give you. It depends on how soon we're able to really sort the interest forms that we've received and put together a sample of hospices that really represent a diverse mix of characteristics, like I talked about earlier in the webinar. But in April. And we do intend for anyone that submitted an interest form, we will be in touch with you to let you know whether or not you are selected.

Great. Thank you. So, it looks like those are all the questions that we have for today, so that concludes the Q&A portion of this webinar. As a reminder, the slides from today's presentation will be posted on the Hospice Quality Reporting Program website in the coming weeks. I will now pass it back to Jennifer Riggs to close the call.

Thank you, Joy. I just want to thank everyone who has taken the time to join us today. We really appreciate your participation. And we hope that you take advantage of the opportunity to complete an interest form if you're interested in participating in the alpha test. And we look forward to hearing from you. Thank you all very much. And you can see on the screen that if you have any additional questions for us about this webinar, you can contact us at HOPETesting@abtassoc.com.