



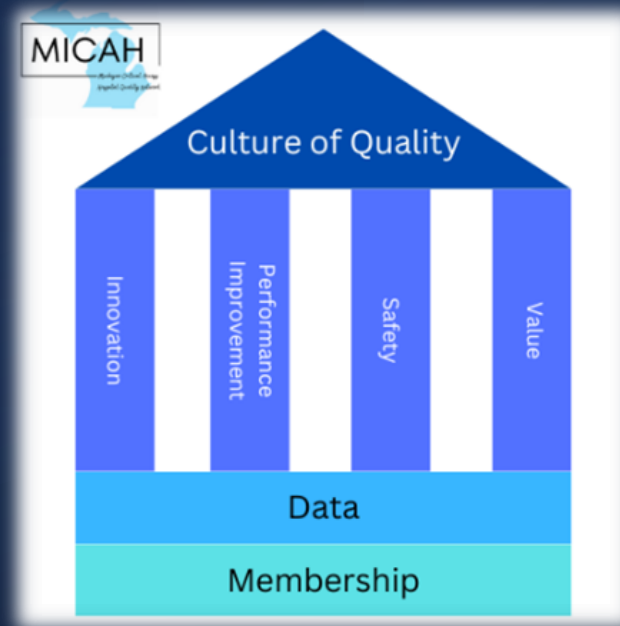
MICAH QN MBQIP Data Report Out May 2024

HCAHPS Summary Star Rating 07/01/2022 – 03/31/2023

HCAHPS Composite Review 07/01/2022 – 06/31/2023

Timely and Effective Care 01/01/2022-12/31/2022

EDTC 01/01/2024 - 03/31/2024



MICAH QN Data Quality Reporting

- This presentation is meant to provide data in a meaningful way to the MICAH QN. The data measures and compares quality standards and identifies gaps as they relate to Medicare Beneficiary Quality Improvement Program and the Methodology used for the CMS 5 Star Rating.
 - CAH HCAHPS Quarterly Rolling Data,
 - Quality measures found with in the Timely and Effective Care Data
 - OP 18b, OP22, IMM3, Safe use of Opioids (MBQIP)
 - Additional Quality Data (CMS 5 Star)
 - EDTC
- The data provides information that demonstrates the high-quality services provided by Michigan's Critical Access Hospitals. It identifies opportunities for change that lead to continued improvement in the health status of the population we serve.



Past Quality Reporting 22 Measures

HF-1	Discharge Instructions	OP-3a	Median Time to Transfer to Another Facility for Acute Coronary Intervention - Overall	OP-18a	Median Time from ED Arrival to ED Departure for Discharged ED Patients - Overall
HF-2	Evaluation of LVS Function			OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients - Reporting Measure
HF-3	ACEI or ARB for LVSD	OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention - Reporting Measure	OP-18c	Median Time from ED Arrival to ED Departure for Discharged ED Patients - Observation Patients
PN-3b	Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	OP-3c	Median Time to Transfer to Another Facility for Acute Coronary Intervention - QI Measure	OP-18d	Median Time from ED Arrival to ED Departure for Discharged ED Patients - Psychiatric/Mental Health Patients
PN-6	Initial Antibiotic Selection for PN in Immunocompetent Patient	OP-4a	Aspirin at Arrival - Overall Rate	OP-18e	Median Time from ED Arrival to ED Departure for Discharged ED Patients - Transfer Patients
IMM-1a	Pneumococcal Immunization (PPV23) – Overall Rate	OP-4b	Aspirin at Arrival - AMI	OP-20	Door to Diagnostic Evaluation by a Qualified Medical Professional
IMM-1b	Pneumococcal Immunization (PPV23) – Age 65 and older	OP-4c	Aspirin at Arrival - Chest Pain	ED-1a	Median Time from ED Arrival to ED Departure for Admitted ED Patients - Overall Rate
		OP-5a	Median Time to ECG - Overall Rate	ED-1b	Median Time from ED Arrival to ED Departure for Admitted ED Patients - Reporting Measure
IMM-1c	Pneumococcal Immunization (PPV23) – High Risk Populations (Age 6 through 64 years)	OP-5b	Median Time to ECG - AMI	ED-1c	Median Time from ED Arrival to ED Departure for Admitted ED Patients - Psychiatric/Mental Health Patients
IMM-2	Influenza Immunization – Overall Rate	OP-5c	Median Time to ECG - Chest Pain	ED-2a	Admit Decision Time to ED Departure Time for Admitted Patients - Overall Rate
OP-1	Median Time to Fibrinolysis	OP-6	Antibiotic Timing	ED-2b	Admit Decision Time to ED Departure Time for Admitted Patients - Reporting Measure
OP-2	Fibrinolytic Therapy Received Within 30 Minutes	OP-7	Antibiotic Selection	ED-2c	Admit Decision Time to ED Departure Time for Admitted Patients - Psychiatric/Mental Health Patients

Present Quality Reporting 12 Measures

MBQIP

Global Measures:

- CAH Quality Infrastructure Implementation*+
- Hospital Commitment to Health Equity*+

Patient Safety

- Healthcare Personnel Influenza Immunization
 - Antibiotic Stewardship
 - Safe Use of Opioids (eCQM)*

Patient Experience

- HCAHPS

Care Coordination

- Hybrid All Cause Readmissions*+
 - SDOH Screening*+
 - SDOH Screening Positive*+

Emergency Department

- Emergency Department Transfer Communication (EDTC)
 - OP-18 Time from Arrival to Departure
 - OP-22 Left without Being Seen

*New Measure for MBQIP
+ Annual Submission for 2025

MICAH QN supports the submission of all MBQIP measures as we strive to remain in the 10 states recognized by HRSA for reporting.

Future Quality Reporting 12 Measures

MBQIP

Global Measures:

- CAH Quality Infrastructure Implementation Hospital
 - Commitment to Health Equity

Patient Safety

- Healthcare Personnel Influenza Immunization
 - Antibiotic Stewardship
 - Safe Use of Opioids (eCQM)

Patient Experience

- HCAHPS

Care Coordination

- Hybrid All Cause Readmissions
 - SDOH Screening
 - SDOH Screening Positive

Emergency Department

- Emergency Department Transfer Communication (EDTC)
 - OP-18 Time from Arrival to Departure
 - OP-22 Left without Being Seen

CMS Star Rating Methodology

To have an overall hospital quality star rating calculated, hospitals must have a minimum of three measures in at least three groups, one of which must be from an outcome group (safety of care, mortality)

Score is calculated based on simple average of the measure score within each measure group.

Measure group weights are re-proportioned if no measure are available in a measure group (except Patient Experience).

The CMS 5-star rating provides a concise and easily understandable metric for evaluating the quality of healthcare facilities, aiding patients and stakeholders in making informed decisions.



Table 1. Overall Star Ratings Weighting by Group

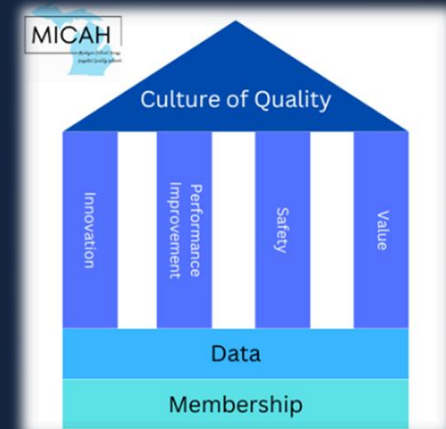
Group	Star Ratings Weight (w_d)
Mortality	22%
Safety of Care	22%
Readmission	22%
Patient Experience	22%
Timely and Effective Care	12%

HCAHPS Quarterly CMS Download

April 2024

7/1/2022 – 6/30/2023

Rolling Data



CAH HCAHPS Quarterly Rolling Data

The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics:

- Communication with Doctors
- Responsiveness of Hospital Staff
- Discharge Information
- Quietness of the Hospital Environment
- Communication with Nurses
- Communication about Medicines
- Cleanliness of the Hospital Environment
- Transition of Care

MCRH is able to view these quarterly reports every January, April, July, and October from the CMS website. This data is used to compare current results to previous periods and track progress over time. We use the data to benchmark performance and gauge how each CAH is doing relative to their peers.

By continuously collecting and analyzing data, CAHs can make ongoing improvements to patient care processes and experiences.

Overall, rolling data allows hospitals to monitor patient satisfaction trends over time and make informed decisions to enhance the quality of care they provide.

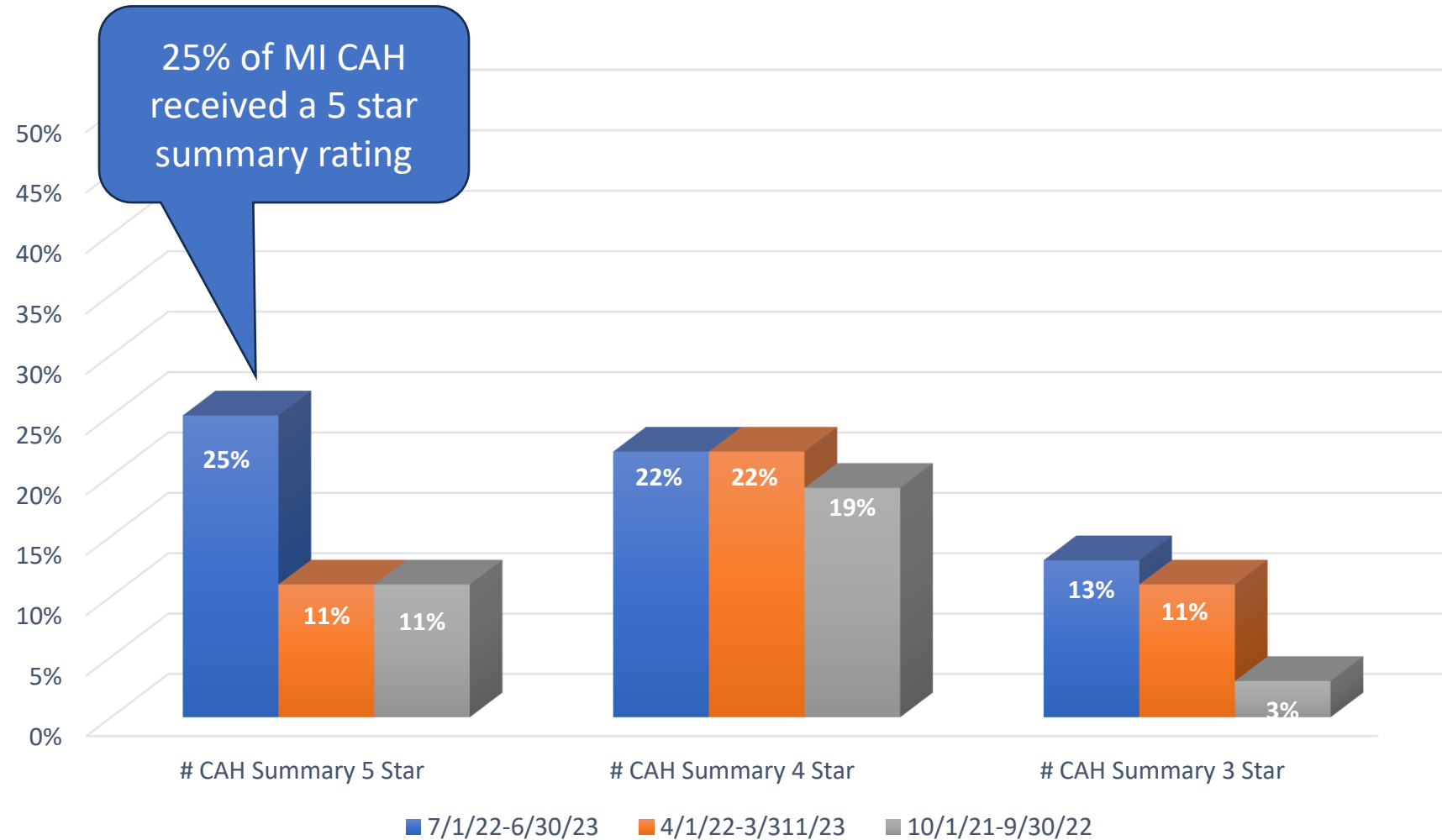
The data from these reports is used to calculate your future CMS Star Rating and your performance on MBQIP.



HCAHPS Rolling Data CMS Download
 07/01/2022 – 06/30/2023
 CAH with receiving Summary Star Rating (12 CAHs)

Critical Access Hospital	Summary Star Rating	Number of Surveys Completed	Response Rate Percentage
SPARROW CLINTON HOSPITAL	5	247	42
MUNSON HEALTHCARE CHARLEVOIX HOSPITAL	5	365	35
ASCENSION STANDISH COMMUNITY HOSPITAL	5	133	32
UP HEALTH SYSTEM - BELL	4	221	30
OSF ST FRANCIS HOSPITAL AND MEDICAL GROUP	4	337	29
SPARROW EATON HOSPITAL	4	294	42
SPARROW IONIA HOSPITAL	4	210	37
SPECTRUM HEALTH GERBER MEMORIAL	4	326	29
SPECTRUM HEALTH PENNOCK	4	260	23
BRONSON LAKEVIEW HOSPITAL	4	187	29
MERCY HEALTH LAKESHORE CAMPUS	4	112	34
ASPIRUS IRONWOOD HOSPITAL	3	109	22

HCAHPS Rolling Data CMS Download Comparison



HCAHPS Rolling Data CMS Download
 07/01/2022 – 06/30/2023
 CAH with under 100 reported surveys (15 CAHs)

Critical Access Hospital	Summary Star Rating	Number of Surveys Completed	Response Rate Percentage
SPECTRUM HEALTH REED CITY		25	29
SHERIDAN COMMUNITY HOSPITAL		26	31
MARLETTE REGIONAL HOSPITAL		29	35
SCHEURER HOSPITAL		65	52
HILLS & DALES GENERAL HOSPITAL		66	33
ASPIRUS IRON RIVER HOSPITAL & CLINICS, INC		70	30
ASCENSION BORGESS LEE HOSPITAL		72	27
BARAGA COUNTY MEMORIAL HOSPITAL		73	27
SCHOOLCRAFT MEMORIAL HOSPITAL		74	36
MACKINAC STRAITS HOSPITAL AND HEALTH CENTER		79	41
MYMICHIGAN MEDICAL CENTER GLADWIN		80	37
EATON RAPIDS MEDICAL CENTER		80	36
HELEN NEWBERRY JOY HOSPITAL		85	36
ASPIRUS KEWEENAW HOSPITAL AND CLINICS		93	18
ASCENSION BORGESS ALLEGAN HOSPITAL		99	39

HCAHPS Rolling Data CMS Download

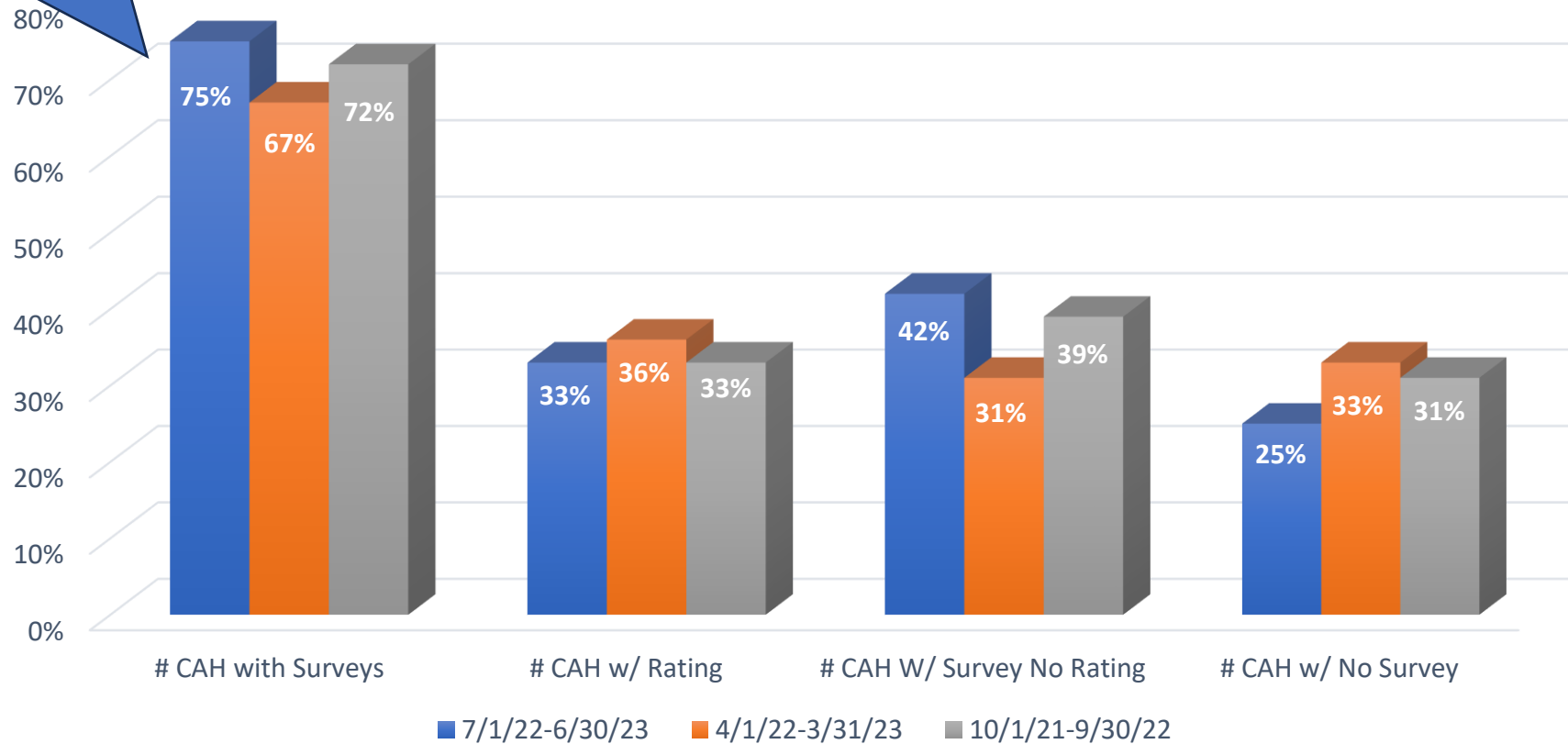
07/01/2022 – 06/30/2023

CAH with no reported surveys (10)

Facility Name	Patient Survey Star Rating	Number of Completed Surveys	Foot Note	Foot Note Text
PAUL OLIVER MEMORIAL HOSPITAL	Not Available	Not Available	5	Results are not available for this reporting period.
KALKASKA MEMORIAL HEALTH CENTER	Not Available	Not Available	5	Results are not available for this reporting period.
MUNISING MEMORIAL HOSPITAL	Not Available	Not Available	1	The number of cases/patients is too few to report.
ASPIRUS ONTONAGON HOSPITAL INC	Not Available	Not Available	1	The number of cases/patients is too few to report.
DECKERVILLE COMMUNITY HOSPITAL	Not Available	Not Available	5	Results are not available for this reporting period.
HARBOR BEACH COMMUNITY HOSPITAL	Not Available	Not Available	1	The number of cases/patients is too few to report.
MCKENZIE HEALTH SYSTEM	Not Available	Not Available	1	The number of cases/patients is too few to report.
SPECTRUM HEALTH KELSEY HOSPITAL	Not Available	Not Available	5	Results are not available for this reporting period.
MCLAREN CARO REGION	Not Available	Not Available	1	The number of cases/patients is too few to report.
MCLAREN THUMB REGION	Not Available	Not Available	5	Results are not available for this reporting period.

HCAHPS Rolling Data CMS Download Comparison

75% of MI CAHs have reported HCAHPS surveys



HCAHPS Response Rate by Survey Mode

(April 2023 Public Reporting: Patients Discharged from July 2021 to June 2022)

	Mail Only	Telephone Only	Mixed Mode
Average	21%	25%	33%
90 th percentile	31%	34%	40%
75 th percentile	25%	30%	38%
50 th percentile	20%	24%	31%
25 th percentile	16%	19%	29%

* Hospital Response Rate = Completed Surveys / Eligible Sampled Patients

NOTES

Response Rate by Survey Mode is based on hospitals with at least **50 sampled surveys** in each quarter and includes hospitals that employed the same mode across all four quarters.

HCAHPS

Q3 2022 – Q2 2023

07/01/2022 – 06/30/2023

State Level HCAHPS Report Performance

HCAHPS Composite Questions

Composite Topics:

- Composite 1
 - Nurse Communication – Questions 1, 2,3
- Composite 2
 - Doctor Communication – Questions 5,6,7
- Composite 3
 - Responsiveness of hospital staff – Questions 4, 11
- Composite 5
 - Communication about medications – Questions 13,14
- Composite 6
 - Discharge Information – Questions 16, 17
- Composite 7
 - Care Transitions – Questions 20, 21, 22

Individual Topics:

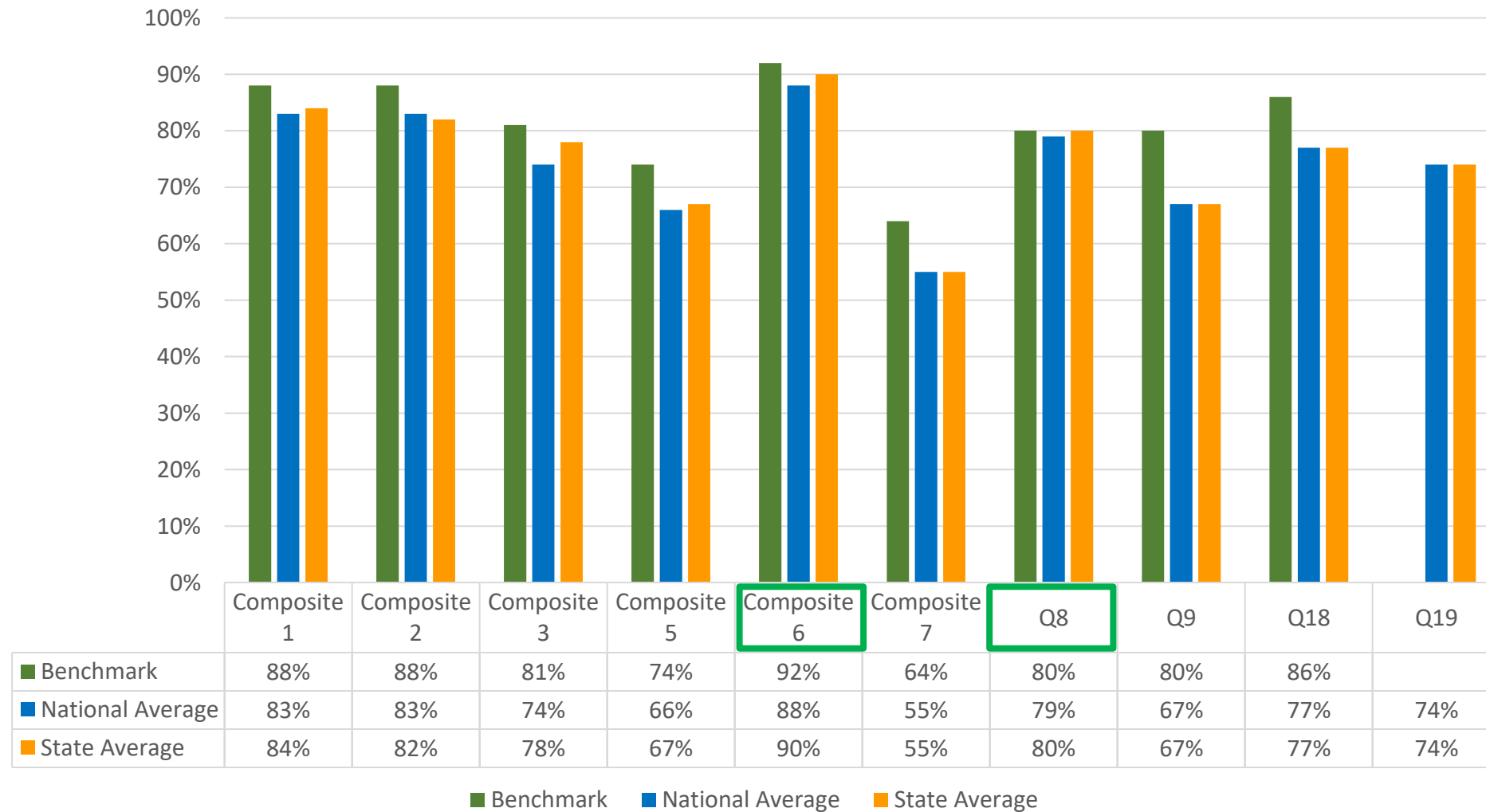
- Cleanliness of hospital environment – Question 8
- Quietness of hospital environment – Question 9

Global Topics:

- Hospital rating – Question 18
- Willingness to recommend hospital – Question 19

HCAHPS Q3 2022 – Q2 2023

National Average vs MI CAH State Data



HCAHPS Q3 2022 – Q2 2023 Composite Data

CAH Individual Performance

HCAHPS Q3 2022 - Q2 2023	Number of Completed Surveys	HCAHPS Star Rating	Composite 1 Q3 (Always)	Composite 2 Q7 (Always)	Composite 3 Q11 (Always)	Composite 4 Q14 (Always)	Composite 5 Q8 (Always)	Q9 (Always)	Composite 6 Q6 & Q17 (Yes)	Composite 7 Q10, Q22 (Strongly Agree)	Q18 (9-10 Rating)	Q19 (Definitely)
National Average			83%	83%	74%	66%	79%	67%	88%	55%	77%	74%
State Average			84%	82%	78%	67%	80%	67%	90%	55%	77%	74%
Benchmark		NA	88%	88%	81%	74%	80%	80%	92%	64%	88%	NA
ASCENSION BORGESS ALLEGAN HOSPITAL	99		81%	83%	80%	67%	80%	74%	88%	64%	75%	80%
ASCENSION BORGESS LEE HOSPITAL	72		81%	77%	68%	55%	74%	64%	90%	46%	60%	54%
ASCENSION STANDISH COMMUNITY HOSPITAL	133	5	85%	86%	84%	70%	91%	76%	94%	65%	80%	61%
ASPIRUS IRON RIVER HOSPITAL & CLINICS, INC	70		86%	85%	85%	68%	81%	70%	88%	51%	80%	59%
ASPIRUS IRONWOOD HOSPITAL	109	3	79%	74%	73%	53%	82%	55%	86%	54%	66%	28%
ASPIRUS KEWEENAW HOSPITAL AND CLINICS	93		79%	82%	80%	58%	77%	50%	89%	55%	74%	23%
ASPIRUS ONTONAGON HOSPITAL INC	12		79%	75%	70%	88%	79%	58%	100%	41%	59%	37%
BARAGA COUNTY MEMORIAL HOSPITAL	73		81%	84%	81%	64%	87%	54%	78%	40%	72%	21%
BRONSON LAKEVIEW HOSPITAL	187	4	82%	82%	79%	71%	85%	69%	92%	54%	77%	53%
DECKERVILLE COMMUNITY HOSPITAL	*											
EATON RAPIDS MEDICAL CENTER	80		89%	81%	85%	75%	72%	76%	91%	62%	88%	80%
HARBOR BEACH COMMUNITY HOSPITAL	22		100%	92%	96%	83%	88%	68%	88%	57%	82%	48%
HELEN NEWBERRY JOY HOSPITAL	85		91%	83%	87%	75%	84%	67%	84%	50%	63%	50%
HILLS & DALES GENERAL HOSPITAL	66		83%	82%	85%	60%	79%	80%	90%	54%	78%	81%
KALKASKA MEMORIAL HEALTH CENTER	DNS											
MACKINAC STRAITS HOSPITAL AND HEALTH CENTER	79		82%	84%	88%	73%	82%	69%	89%	60%	93%	56%
MARLETTE REGIONAL HOSPITAL	29		85%	85%	75%	85%	81%	82%	91%	67%	75%	83%
MCKENZIE HEALTH SYSTEM	12		91%	88%	87%	89%	82%	41%	100%	70%	91%	84%
MCLAREN CARO REGION	5		100%	91%	80%	84%	9%	N/A	N/A	73%	100%	100%
MCLAREN THUMB REGION	DNS											
MERCY HEALTH LAKESHORE CAMPUS	112	4	87%	85%	83%	61%	76%	61%	87%	53%	77%	46%
MUNISING MEMORIAL HOSPITAL	22		96%	82%	80%	77%	83%	72%	79%	63%	82%	61%
MUNSON HEALTHCARE CHARLEVOIX HOSPITAL	365	5	86%	87%	81%	71%	81%	68%	89%	58%	84%	55%
MYMICHIGAN MEDICAL CENTER GLADWIN	80		88%	84%	85%	70%	77%	74%	94%	61%	85%	71%
OSF ST FRANCIS HOSPITAL AND MEDICAL GROUP	337	4	86%	86%	72%	67%	79%	67%	88%	53%	73%	55%
PAUL OLIVER MEMORIAL HOSPITAL	DNS											
SCHEURER HOSPITAL	65		93%	93%	87%	81%	89%	74%	90%	66%	90%	59%
SCHOOLCRAFT MEMORIAL HOSPITAL	74		88%	87%	74%	64%	90%	85%	92%	61%	74%	80%
SHERIDAN COMMUNITY HOSPITAL	26		84%	94%	77%	76%	85%	65%	90%	50%	83%	45%
SPARROW CLINTON HOSPITAL	247	5	83%	82%	84%	68%	79%	54%	92%	54%	83%	29%
SPARROW EATON HOSPITAL	294	4	81%	70%	76%	56%	73%	68%	87%	51%	75%	63%
SPARROW IONIA HOSPITAL	210	4	82%	79%	77%	69%	71%	68%	92%	57%	74%	65%
SPECTRUM HEALTH GERBER MEMORIAL	326	4	82%	79%	70%	66%	84%	65%	94%	53%	74%	46%
SPECTRUM HEALTH PENNOCK	DNS											
SPECTRUM HEALTH REED CITY	25		82%	82%	82%	87%	72%	77%	74%	50%	74%	82%
UP HEALTH SYSTEM - BELL	221	4	83%	85%	70%	66%	80%	63%	89%	56%	72%	46%

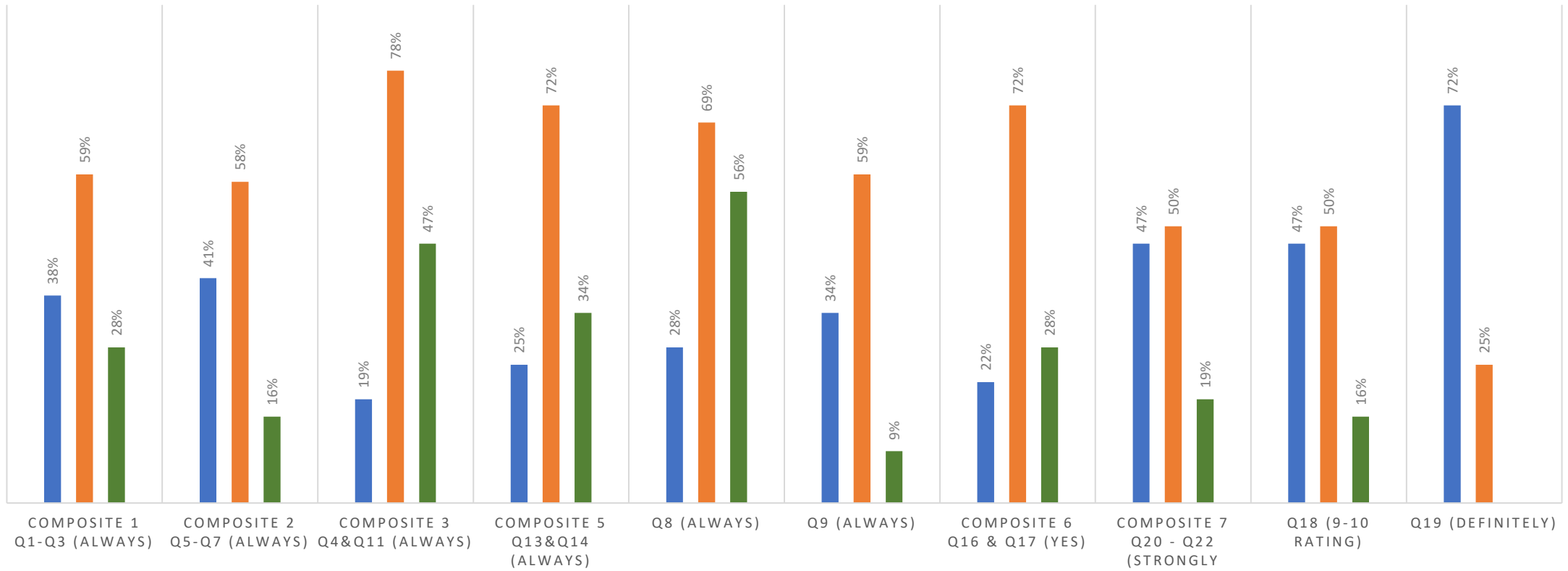
Red
Below national average

Green
At or Above National Average

Gold
Above Benchmark

HCAHPS Q3 2022 – Q2 2023 Composite Analysis

■ CAH Below National Average ■ CAH At or Above National Average ■ Benchmark



Benchmark	88%	88%	81%	74%	80%	80%	92%	64%	88%	NA
National Avg	83%	83%	74%	66%	79%	67%	88%	55%	77%	74%

HCAHPS Q2 2022 – Q1 2023 VS HCAHPS Q3 2022 – Q2 2023 Take Aways

January Q2 2022 – Q1 2023 86% CAHs reported out HCAHPS

Greatest Area of Opportunity

- Q8 – Cleanliness of Hospital
 - National Average 79%
 - 32% CAH Did not meet
- Q9 – Quietness of Hospital
 - National Average 66%
 - 35% CAH Did not meet
- Composite 7 – Care Transitions
 - National Average 55%
 - 35% CAH Did not meet
- Question 18 – Overall Rating
 - National Average 77%
 - 35% CAH Did not meet
- Question 19 – Willingness to Recommend
 - National Average 74%
 - 35% CAH Did not meet

April Q3 2022 – Q2 2023 89% CAHs reported out HCAHPS

Greatest Area of Opportunity

- Q8 – Cleanliness of Hospital
 - National Average 79%
 - 28% CAH Did not meet
- Q9 – Quietness of Hospital
 - National Average 67%
 - 34% CAH Did not meet
- Composite 7 – Care Transitions
 - National Average 55%
 - 47% CAH Did not meet
- Question 18 – Overall Rating
 - National Average 77%
 - 47% CAH Did not meet
- Question 19 – Willingness to Recommend
 - National Average 74%
 - 72% CAH Did not meet

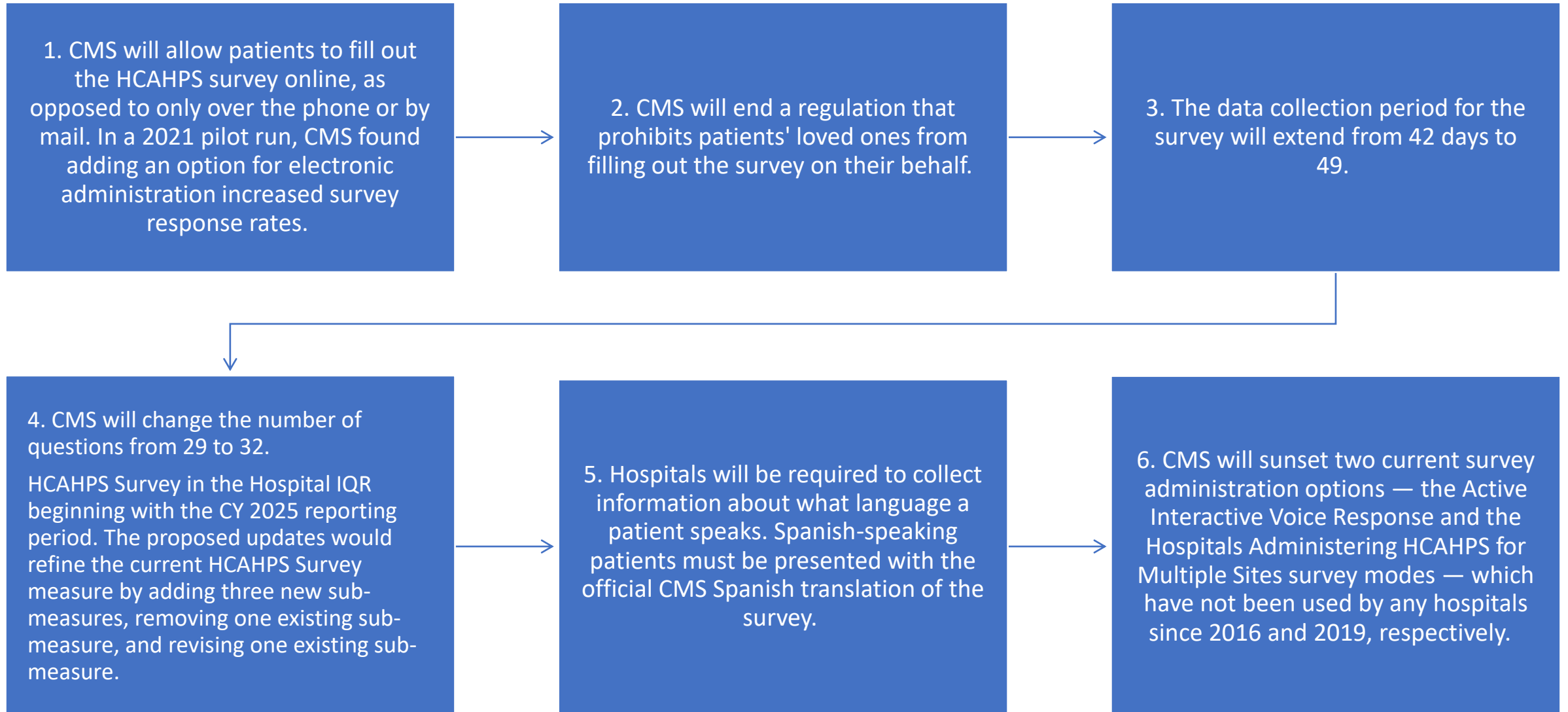
Jan-April Comparison Take Aways

3% Increase in Reporting

Greatest Area of Opportunity

- Q8 – Cleanliness of Hospital
 - 4% Positive Change
- Q9 – Quietness of Hospital
 - 1% Positive Change
- Composite 7 – Care Transitions
 - 12% Negative Change
- Question 18 – Overall Rating
 - 12% Negative Change
- Question 19 – Willingness to Recommend
 - 37% Negative Change

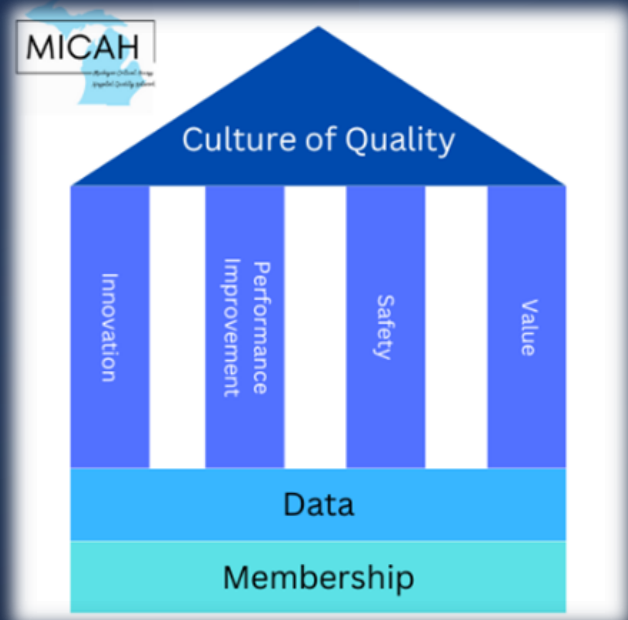
Upcoming Proposed Changes for 2025 reporting period





Timely and Effective Care

01/01/2022-12/31/2022



CMS Star Rating Methodology

To have an overall hospital quality star rating calculated, hospitals must have a minimum of three measures in at least three groups, one of which must be from an outcome group (safety of care, mortality)

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The CMS 5-star rating provides a concise and easily understandable metric for evaluating the quality of healthcare facilities, aiding patients and stakeholders in making informed decisions.



Table 1. Overall Star Ratings Weighting by Group

Group	Star Ratings Weight (w_d)
Mortality	22%
Safety of Care	22%
Readmission	22%
Patient Experience	22%
Timely and Effective Care	12%

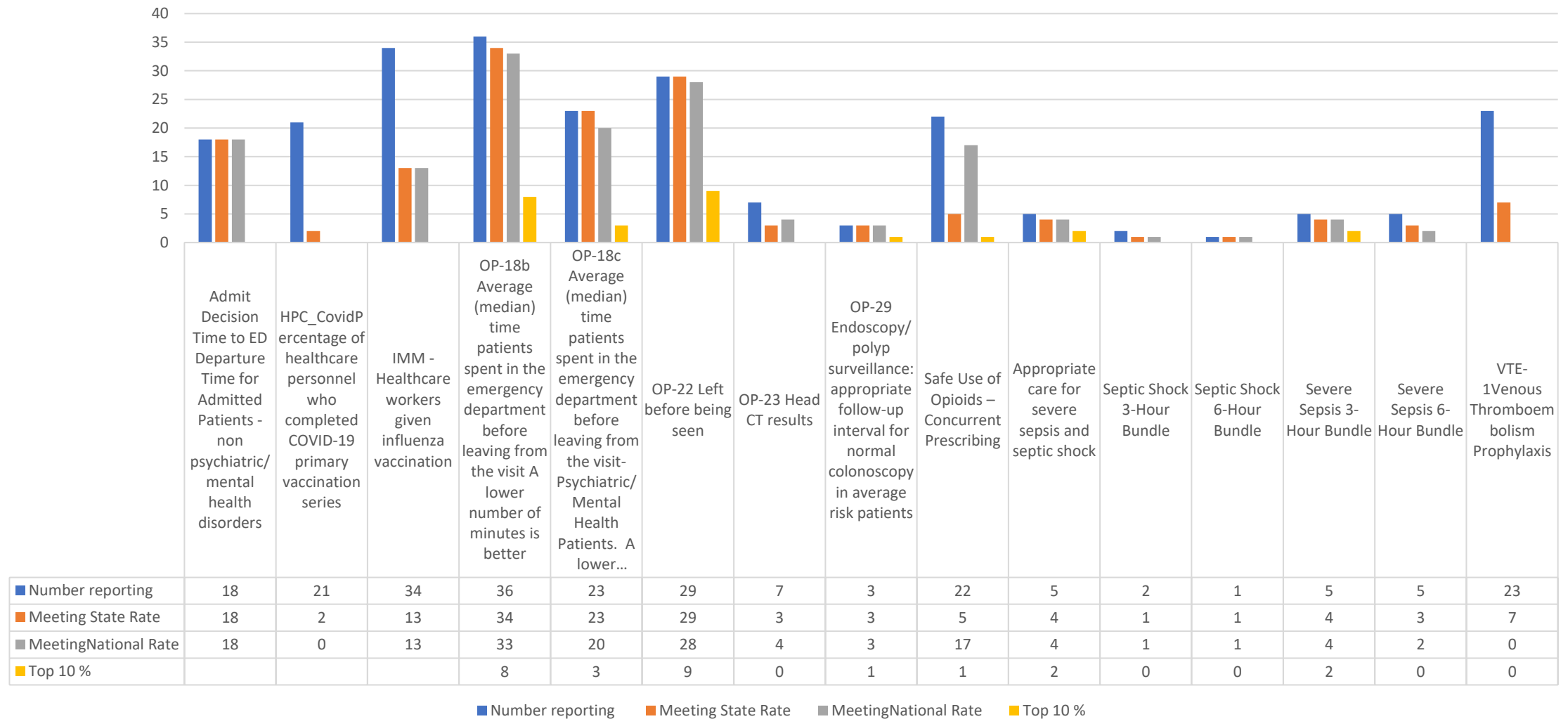
CAH Timely and Effective Care

CMS Download

- 22 Reportable Measures Reporting out 16 Measures (73%)
 -  5% increase reportable measures

Measure ID	Measure Description	Start	End
ED Vol	Emergency Department Volume	1/1/2022	12/31/2022
ED_2_Strata_1	Admit Decision Time to ED Departure Time for Admitted Patients - non psychiatric/mental health disorders	1/1/2022	12/31/2022
OP_22	Left before being seen	1/1/2022	12/31/2022
OP_29	Endoscopy/polyp surveillance: appropriate follow-up interval for normal colonoscopy in average risk patients	1/1/2022	12/31/2022
SAFE_USE_OF_OPIOIDS	Safe Use of Opioids - Concurrent Prescribing	1/1/2022	12/31/2022
VTE_1	Venous Thromboembolism Prophylaxis	1/1/2022	12/31/2022
OP_23	Head CT results	7/1/2022	6/30/2023
OP_18b	Average (median) time patients spent in the emergency department before leaving from the visit A lower number of minutes is better	7/1/2022	6/30/2023
SEP_SH_3HR	Septic Shock 3-Hour Bundle	7/1/2022	6/30/2023
SEP_SH_6HR	Septic Shock 6-Hour Bundle	7/1/2022	6/30/2023
SEV_SEP_3HR	Severe Sepsis 3-Hour Bundle	7/1/2022	6/30/2023
SEP_1	Percentage of patient who received appropriate care for severe sepsis and septic shock	7/1/2022	6/30/2023
OP_18c	Average (median) time patients spent in the emergency department before leaving from the visit- Psychiatric/Mental Health Patients. A lower number of minutes is better	7/1/2022	6/30/2023
SEV_SEP_6HR	Severe Sepsis 6-Hour Bundle	7/1/2022	6/30/2023
IMM_3	Healthcare workers given influenza vaccination	10/1/2022	3/31/2023
HPC_Covid	Percentage of healthcare personnel who completed COVID 19 primary vaccination series	4/1/2023	6/30/2023

CAH Timely and Effective Care Breakdown 1/1/2022-12/31/2022



MI CAH Top 4 Reported Measures

(align with MBQIP Measures)

- Top 4 reported Measures
 - Healthcare workers given influenza Vaccination (IMM_3)
 - 34 CAH (94%) reporting with 13 meeting the State Rate of 82% or better.
 - **Reporting increased 20% from 2021**
 - **Top area of opportunity for improvement**
 - Average (median) time patients spent in the emergency department before leaving from the visit. (OP 18b)
 - 36 CAH (100%) reporting with 34 meeting the State Rate of 168 minutes or less.
 - **Reporting increased 3% from 2021**
 - Average (median) time patients spent in the emergency department before leaving from the visit Psychiatric/Mental Health Patients. (OP 18c)
 - 26 CAH (72%) reporting with 25 meeting the State Rate of 314 minutes or less.
 - **Reporting increased 8% from 2021**
 - Left before being seen (OP 22)
 - 29 CAH (81%) reporting with 29 meeting the State Rate of 4% or less.
 - **Reporting increased 33% from 2021**
 - **Top area of opportunity for reporting improvement**

MBQIP - Safe Use of Opioids 1/1/2022 – 12/31/2022

Safe Use of Opioids – Concurrent Prescribing (61% report rate)

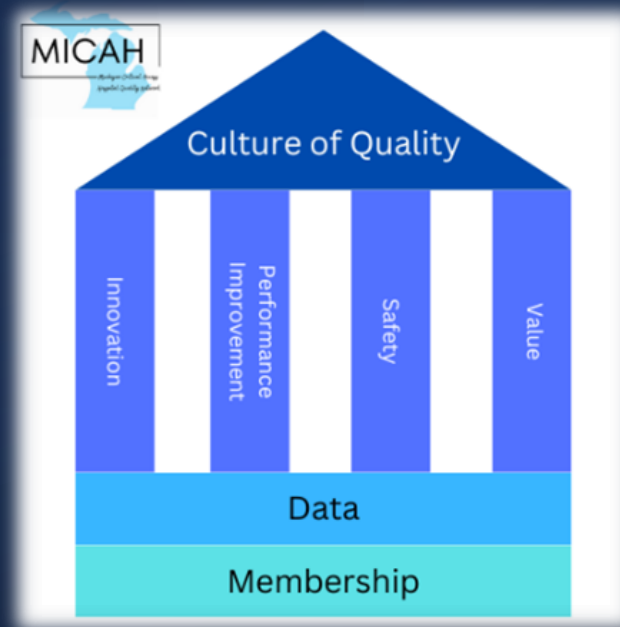
- **New MBQIP Measure**
- According to the CMS Timely and Effective Care January 2024 Download
 - 22 CAH's reported this measure.
 - Reporting increased 36%
 - **Top area for improvement in reporting.**



Individual Michigan Hospital MBQIP Performance 3Q 2023

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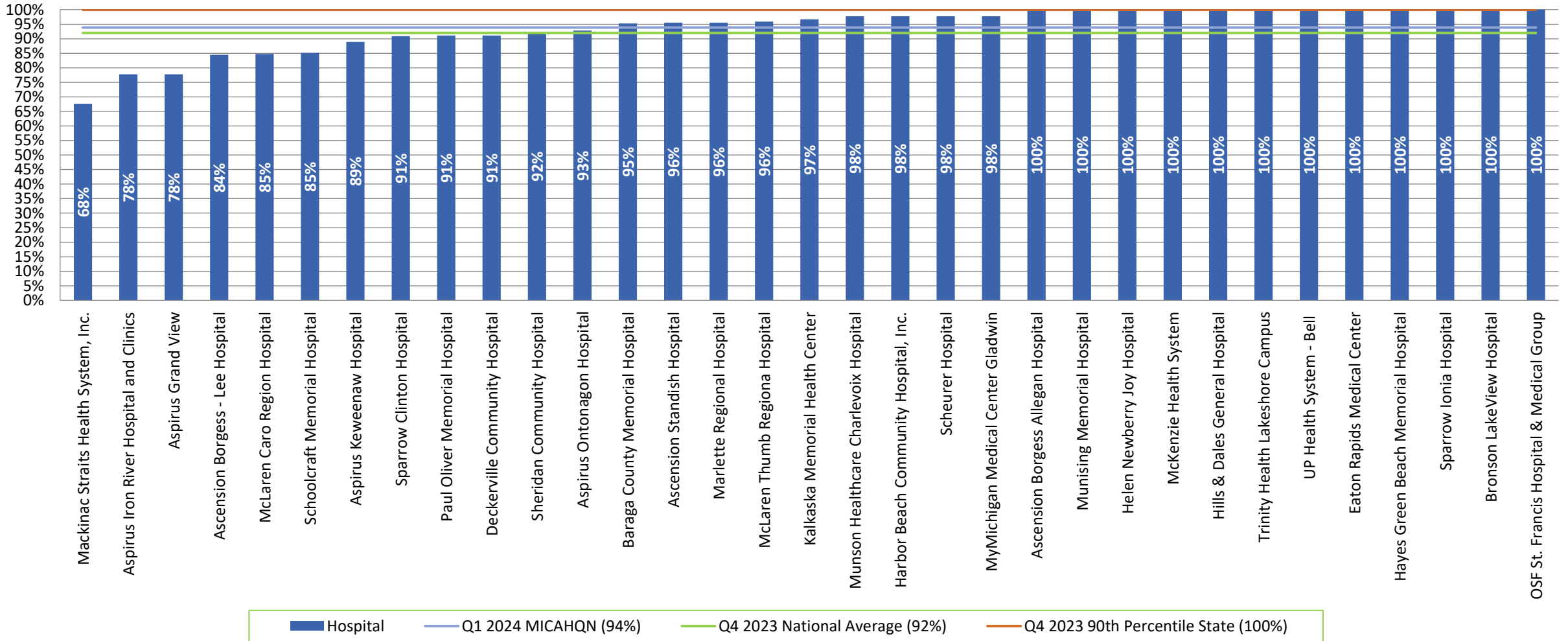
Emergency Department Transfer Communication Measures/EDTC



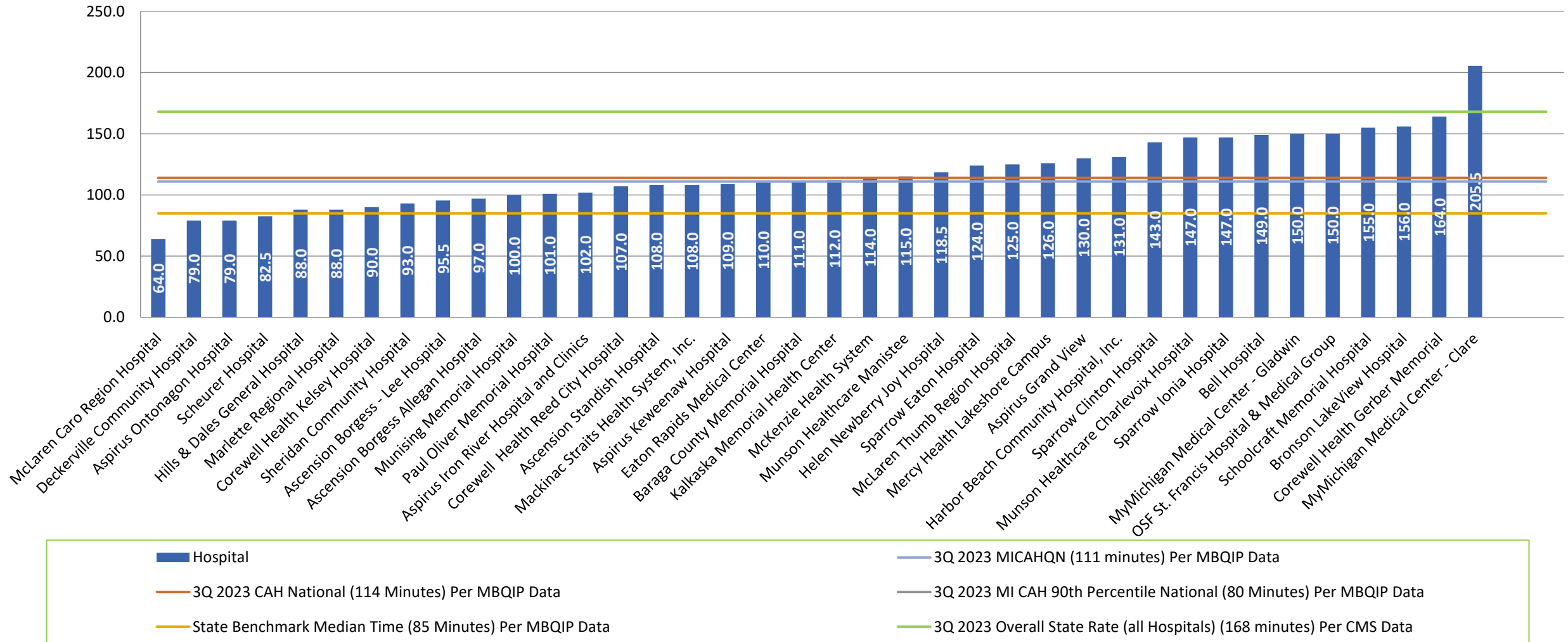
MBQIP Comparison Data

- This information is being reported to help facilities understand where they stand in comparison to their peers in the state, nationally and to benchmarks CMS has established.
- Any information included in the following reports is for quality improvement and benchmarking purposes only.
- The information in this report is based on data obtained from Quantros, MBQIP, or is hospital-reported.
- The reports incorporate Michigan Critical Access Hospital data along with data from two Rural PPS Hospitals.

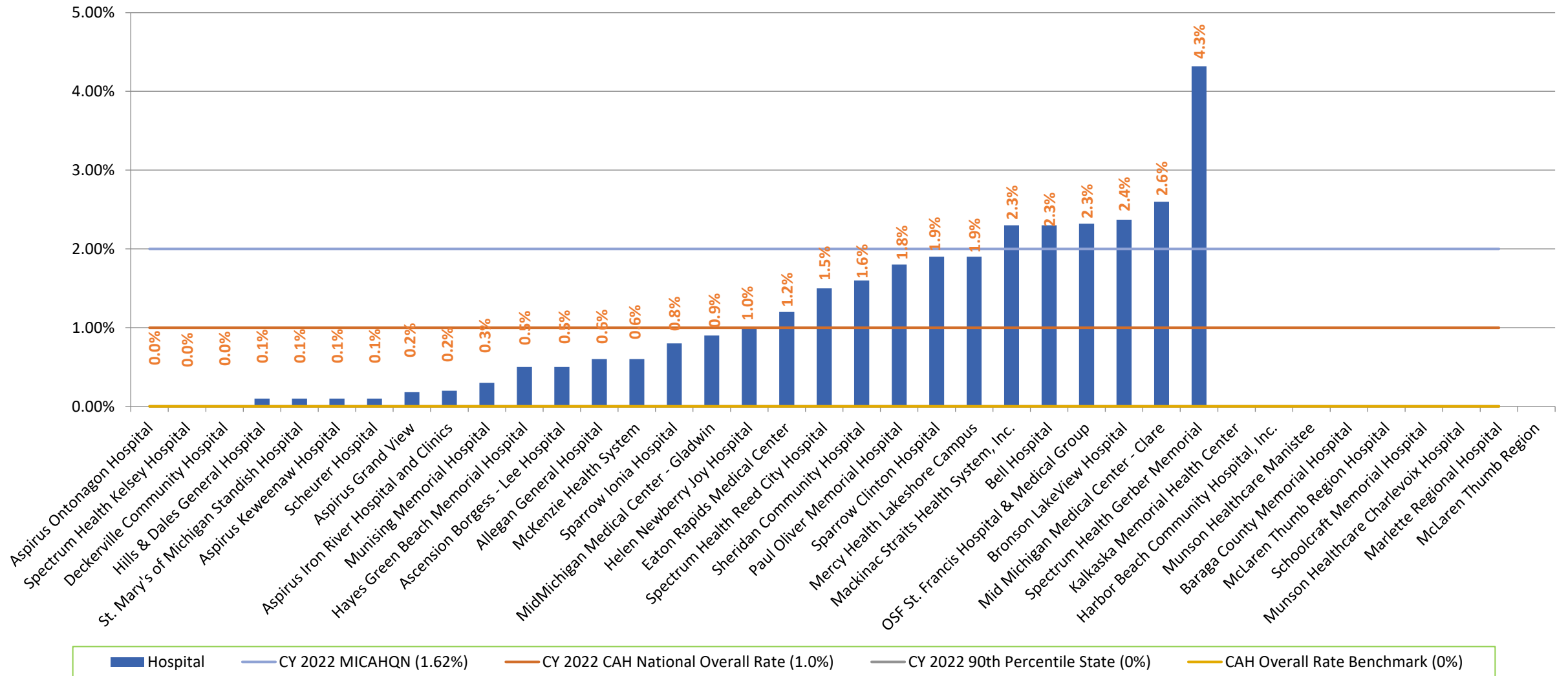
Emergency Department Transfer Communication Measures



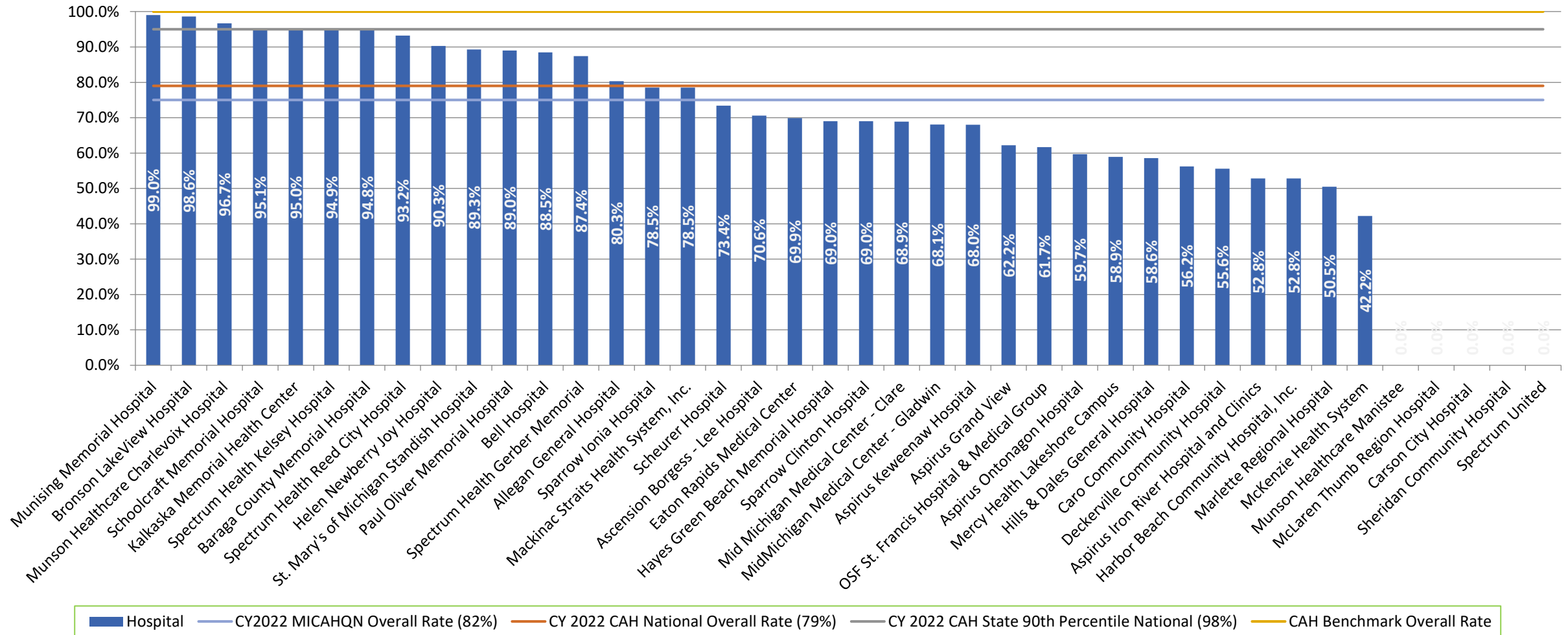
OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients - Reporting Measure



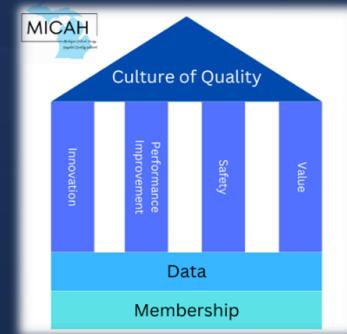
OP 22 Patient Left Without Being Seen:



HCP/IMM-3: Healthcare Provider Influenza Vaccination



Thank you.



For Questions. Please reach out to:

Amanda St. Martin

amanda.saintmartin@affiliate.msu.edu

Or

Jeff Nagy

Jeff.nagy@affiliate.msu.edu