

2024 HCAHPS Training Webinar Q&A

Tuesday, May 7 and Wednesday, May 8, 2024

This document includes questions submitted to the HCAHPS Project Team during the two day 2024 HCAHPS Training. Some questions have been slightly reworded for clarity and some answers have been updated post-training with additional information.

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Data Submission Questions

Question	Answer
1. Does every organization need to submit pledge forms?	Yes, the Notice of Participation/pledge form is required for any hospital to publicly report. The information is available online at https://qualitynet.cms.gov/inpatient/iqr/participation .
2. For the January 1, 2025 data entry online, will CMS/HARP still have the form that we fill out manually for all our eligible discharges?	Yes, the online tool or the HCAHPS Data Form for self-administering hospitals and zero case hospitals will still be available and will be updated with new data elements for Quarter 1, 2025 discharges.
3. Is there a time frame for a self-administering hospital to switch to an approved vendor?	Hospitals considering switching to an approved HCAHPS Survey vendor should provide enough time to authorize the new vendor and test submission of discharge lists to the new vendor for sampling. The timing of the switch must coincide with the start of a calendar quarter. (See HCAHPS DRAFT <i>Quality Assurance Guidelines V19.0</i> (QAG), “Data Preparation and Submission.”)
4. You mention no dry runs, does that apply to new vendors as well?	Newly approved survey vendors and self-administering hospitals may participate in a dry run in the last month of a quarter to become familiar with the survey and its implementation protocols prior to the official start of HCAHPS Survey administration in the following quarter (see HCAHPS DRAFT QAG V19.0, “Program Requirements”). There will not be a dry run for the Updated HCAHPS Survey for currently approved survey vendors and self-administering hospitals that have already submitted one quarter of data.

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Email and Web Survey Questions

Question	Answer
<p>5. Pertaining to the standardization of mailing addresses, phone numbers and emails, what should be done and how it should be done?</p>	<p>Survey vendors and self-administering hospitals must use commercial software or other means to update mailing addresses and phone numbers provided by the hospital for sample patients. The HCAHPS Project Team recommends that survey vendors and self-administering hospitals standardize the patient contact information, including email address, prior to submitting those records to commercial updating software.</p> <p>A valid email address is a lexically correct email address, which is one that includes a username and the “at” symbol (@) followed by a domain name. If these components are not included in the patient email address, the survey vendor should reach out to the hospital to attempt to update or correct the email address. Additional validation is optional. Only matches on name, address, city, and state should be used to append an email address for a sampled patient record. (See HCAHPS DRAFT QAG V19.0, Web-First Survey Administration chapters.)</p>
<p>6. For Web-Mail, if the email address is missing or invalid should the first mail packet be sent out immediately, or do we wait until day 8 per the schedule?</p>	<p>First, attempt to validate or correct the email address received, including asking the client hospital to confirm that the email address the survey vendor received is what the patient supplied. If the email address is still missing or invalid, then on day 8, per the schedule of contact attempts for Web-Mail mode in the QAG V19.0, the first mail packet should be sent. Day 1 starts at the same time for sampled patient records with and without email.</p>
<p>7. Several of our clients have stated the EMR they use requires the email field to be populated during registration. We often receive emails like noemail@noemail.com. This would meet the elements needed for a good email although it is not. How should we deal with these emails address to ensure the proper mode adjustment?</p>	<p>If it is clear, such as in this example, that there really is no email address available for a sampled patient record, then the survey vendor would treat this as no email, or NEMA. CMS realizes that there may be other similar examples as well.</p>

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8. What is the expectation of the help desk responses for web modes? We are seeing more than we can keep up with. What do you suggest for us to field these? What response time is within compliance?	Survey vendors who administer via the Mail Only, Mail-Phone, Web-Mail, Web-Phone, or Web-Mail-Phone mode(s) must provide a toll-free customer support phone line in all languages in which the HCAHPS Survey is being conducted. Questions or inquiries to the Help Customer Support Line must be responded to within one business day. Customer support by email is optional, and the HCAHPS Project Team would recommend a similar turnaround time.
9. For the email survey, is there verbiage/provision for a patient to opt out of receiving emails?	The final QAG V19.0 will include a policy to allow optional opt-out language to be included on email invitations for Web-First modes. The required statement language will be provided in the final QAG V19.0. Organizations who intend to use the opt out statement should include a placeholder in the email invitations submitted for review to the HCAHPS Project Team.
10. For web/mail, if we include an opt out link on the email invitation, is it permissible to not send follow up invitations and convert the patient into mail mode on day 8, or would they be considered rejected or no response and removed from the mail phase as well?	If a sampled patient opts out of the survey for this hospital stay, no additional emails are sent to the patient; however, the secondary phases must be implemented as scheduled.
11. During the mode experiment, what percent of the patients with a valid email responded prior to day 8, thus preventing a mail out of the first mail?	In the 2021 mode experiment, 92% of the Web responses in Web-Mail (EMA arm) came in by day 8.

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HCAHPS Survey Questions

Question	Answer
12. The old Q4 and new Q14 look the same/similar. Are these still in the Responsiveness of Hospital Staff domain?	The new items were investigated (as well as current items) through cognitive testing and focus groups to see how well patients understood them. CMS removed the Q4 call button item because many hospitals no longer use call buttons to respond to patient requests. CMS developed Q14, 'Asking for help and getting it as soon as you needed,' to more fully address hospital responsiveness to the patient. The <i>new Q14</i> replaces the <i>old Q4</i> in the Responsiveness of Hospital Staff measure.
13. For questions with wording, options or ordering changes: Will we be able to compare the results from those questions with previous results, or do the changes mean that data cannot not be directly compared?	It should not be assumed that modified questions will have the same meaning.
14. Currently our Mail Only survey is three pages. Will we be able to use a 4th page to get all the questions completed?	Yes.

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Language Questions

Question	Answer
15. At the time of web survey completion, is it expected that respondents should be able to select the language in which they prefer to complete the web survey?	Regardless of mode of survey administration, beginning with January 1, 2025 discharges, survey vendors/hospitals must administer Spanish surveys to Spanish language-preferring patients. In addition, a note must be placed in the English email invitations and cover letters, in Spanish, providing a phone number or email address for patients to request to receive the survey in Spanish. CMS strongly encourages survey vendors/hospitals to offer the other official HCAHPS Survey translations for hospitals with significant patient populations speaking in these languages. (See HCAHPS DRAFT QAG V19.0, Survey Administration chapters.)
16. What if the patient can't respond when they are admitted, and no family is present to answer questions such as preferred language?	CMS understands that there are some unique situations that may be particularly challenging but encourages the hospital to do their best to determine what language the patient speaks, and at that point make a judgment or an interpretation to identify a preferred language.
17. If the patient language is other than English or Spanish, what should we default to?	If the hospital indicates that the patient's preferred language is neither English nor Spanish, the HCAHPS Survey should be administered in English. CMS strongly encourages hospitals with sizable patient populations that speak any of the languages for which there is an official HCAHPS translation to work with their vendors to offer the HCAHPS Survey in those languages. CMS also encourages hospitals that serve patient populations that speak languages other than those currently offered to request that an official translation be made for that language. If the survey vendor or hospital notifies the HCAHPS Project Team through HCAHPS Technical Assistance, CMS will look into creating additional official translations.

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OMB Change for Current/Legacy Survey Question

Question	Answer
<p>18. The new Hospital Experience Survey is to be used beginning with January 1, 2025 discharges. Beginning July 1, 2024 will the OMB number to the current survey change?</p>	<p>The OMB number for the HCAHPS Survey (OMB 0938-0981) is not being changed. However, CMS recently revised the OMB expiration date on the <u>current HCAHPS Survey</u>. The revised expiration date (January 31, 2025) was posted on HCAHPS Online in early May 2024. Survey vendors and hospitals may begin to use this date now but must implement it on the mail survey no later than the end of September 2024. The Updated HCAHPS Survey will have the same OMB number as the current HCAHPS Survey.</p>

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Proxy Questions

Question	Answer
19. Do you have an estimate of the impact of allowing proxies on response rate for each mode?	When CMS tested proxy responses in the 2021 mode experiment CMS found there was little difference in how patients and proxies responded. CMS understands that proxy responses are not usually detectable in the mail survey. CMS will not know whether a proxy responded, so CMS will not be able to compare response rates by mode.
20. Just to clarify, may a proxy complete the survey? How would we know if a proxy fills out the survey?	Beginning with January 1, 2025 discharges, a proxy may complete the Updated HCAHPS Survey. However, the patient should be encouraged to complete the survey. CMS will not collect information on whether a proxy completed the Updated HCAHPS Survey.
21. When a respondent indicates a switch to a verified proxy during the survey, do we need to initiate the survey anew with the proxy, or can we simply resume from where the original respondent stopped?	Interviewers can resume where the original respondent stopped and continue with the proxy.
22. If someone, such as a spouse, states that the patient is physically or mentally incapable of participating in the survey, we cannot conduct the survey with the proxy spouse unless the patient gives permission? This is extremely unlikely if you are already told that the patient is physically or mentally unable.	Yes, for a phone survey the interviewer must obtain permission from the patient to allow a proxy to take or to complete the Updated HCAHPS Survey. If the spouse or caregiver states that the patient is physically or mentally incapable and that they have Power of Attorney for the patient, then the interviewer may conduct a proxy survey with the Power of Attorney without obtaining permission from the patient. Otherwise, the patient would be coded as Mental/physical incapacity. (See HCAHPS DRAFT QAG V19.0, Phone Survey Administration chapters.)
23. Did the mode experiment also allow proxy respondents?	Yes, the 2021 mode experiment survey allowed proxy respondents and also included several questions about the proxy. CMS' analysis indicated that that there was very little difference between proxy and patient responses, and that inclusion of questions about the proxy respondent would unnecessarily lengthen the survey.

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Question	Answer
<p>24. The mail surveys and phone surveys have different rules for proxies, so there is not consistency. You do not need to know if a proxy has completed the mail survey paper or if they have Power of Attorney but are required to have this for phone surveys.</p>	<p>CMS is allowing proxies for the Updated HCAHPS Survey for patients discharged January 1, 2025 and forward. While CMS strives for consistency across the modes of survey administration, there are some inherent differences among them. For example, in the phone mode, CMS can gain more information about the patient. CMS is requiring that the patient identify and permit a proxy to answer the HCAHPS phone survey for the patient. However, if a person states they have Power of Attorney for the patient, then CMS allows that person to answer the survey without asking for the patient’s permission.</p> <p>In the mail survey, CMS would not know whether the patient or a proxy responded. Per proxy respondent, the only change in the mail survey is the removal of the statement that only the patient may answer the survey. CMS still prefers the patient to answer the survey, regardless of the mode. CMS is not inviting or encouraging proxies, but CMS allows proxy respondents in all modes of the Updated HCAHPS Survey.</p>
<p>25. When is the exact date that HCAHPS will allow a proxy to answer the survey questions?</p>	<p>Beginning with January 1, 2025 patient discharges, proxies will be permissible. Please note that there is a period of several months where there is an overlap of the legacy survey being in the field as well as the updated survey. The discharge date of the patient will determine when it is permissible to use a proxy to respond to a survey. If a patient is discharged on December 31, 2024, a proxy is not permissible for that patient. For patients discharged on January 1, 2025 and forward, a proxy is permissible for that patient.</p>
<p>26. Should the new FAQs that address proxy respondents replace prior FAQs addressing the same topic starting in January 2025? In other words, the FAQs from QAG 18.0 only apply through 12/31/24. On 1/1/25, the FAQs from QAG 19.0 apply.</p>	<p>Yes, the FAQs from QAG V19.0 for the updated survey, including allowing proxy, will apply beginning with January 1, 2025 patient discharges and forward.</p>
<p>27. Will there be a proxy script of the survey?</p>	<p>There are proxy elements incorporated into the QAG V19.0 Phone Scripts. In addition, the Phone Script appendices include the new proxy introduction verbiage, rather than providing a separate proxy script.</p>

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QAG and Survey Instrument Questions

Question	Answer
28. There has been a lot of information for the new survey material for January 1, 2025. What about the new information or data we need to have changed on the surveys for July 1, 2024 -December 31, 2024, the information we need to have for those patient discharge surveys?	<p>The current, or legacy, HCAHPS Survey should be used through December 31, 2024 patient discharges and should follow the QAG V18.0. Data should be submitted in the same manner as is currently done: online via the HQR system.</p> <p>Please note that for patients discharged on December 31, 2024 and earlier, the entire survey process must conform to the rules for the current HCAHPS Survey as defined in QAG V18.0 -- even though contact attempts, etc. for these patients may extend into 2025.</p> <p>The Updated HCAHPS Survey and QAG V19.0 applies to patients discharged on January 1, 2025 and forward.</p>
29. I believe we received QAG 19.0 on SAFE this week, but it was just mentioned that it will be made available online this coming Friday. Will the one released Friday differ in any way from the one received via SAFE?	<p>The QAG posted online for the public on May 10, 2024 is the same version that was distributed via SAFE to the training participants. Please note that this version of the QAG 19.0 is still a draft version and the final version will be made available in Fall 2024. There may be some updates and changes to the final version based on the final FY 2025 IPPS rule, which CMS anticipates to be published in early August 2024. The final QAG V19.0 will include clarifications based upon the training sessions. Major changes, additions, or clarifications will be highlighted in the final QAG V19.0.</p>
30. What if we have not received the PowerPoint training slides and updated QAG yet?	<p>The documents were made available to the public post-training on HCAHPS Online. Please reach out directly to HCAHPS Technical Assistance if further assistance is needed.</p>
31. Will the QAG be updated to incorporate the clarifications and updated guidelines that have been discussed during these Q&A sessions?	<p>Yes, the final version of QAG V19.0 will include changes from the draft version as well as new or clarified instructions. The HCAHPS Project Team will also clearly communicate key updates on HCAHPS Online.</p>
32. Will HCAHPS Online have a copy of the Spanish version of the survey that we can put in our folder and add our hospital logo? Will we be able to download the version the survey in English also to add out hospital logo?	<p>Yes, as CMS has done in previous years, the materials are available on HCAHPS Online and Word versions are available to the training participants on SAFE.</p>

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Question	Answer
<p>33. With the revisions to the survey scripts, will you provide a detailed list of the changes for Spanish in addition to English? Otherwise, we have to compare the current and Jan 2025 patient surveys word for word. It would be appreciated.</p>	<p>The English and Spanish Updated HCAHPS Surveys are now posted on HCAHPS Online. Please note that new and revised survey content is pending until the final FY 2025 IPPS rule is released, which is anticipated to occur in early August 2024. Please review the updated survey materials carefully to see what has changed. A crosswalk between the current and updated survey questions is available on the “Updated HCAHPS Survey” button on HCAHPS Online.</p> <p>In addition, a comparison for the Spanish Phone Script, Appendix K (from QAG V18.0 to V19.0) was provided to approved HCAHPS Survey vendors and self-administering hospitals via SAFE upload on May 23, 2024.</p>

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QAP and Survey Material Submission Questions

Question	Answer
34. For the new survey materials due at the end of June, does that need to be interactive? Will someone be testing our digital survey process at that time, or do you just need documentation of what the process will be?	Yes, organizations are required to submit a testing link to the HCAHPS Project Team so that CMS may test the web survey. CMS encourages review of the checklist for survey material submission at the end of QAG V19.0 Appendix BB.
35. For the Web-Phone mode, can we provide a test link for the web survey instead of providing screen shots of the survey.	CMS is requesting to review a testing link and screen shots so that CMS may see the live skip patterns and can test the web survey. Please see page 10 of Appendix BB for the checklist of materials to submit.
36. Yesterday it was stated several times that survey materials need to be submitted on June 28. The presenter just stated the date is June 3. June 3 was the date stated only for the updated QAP. Which date is correct for survey material submission? Are web mode test links due 6/3 or 6/28?	<p>To clarify, the HCAHPS Project Team recently made some changes to the upcoming submission due dates:</p> <ul style="list-style-type: none"> - Survey vendors that were recently approved for Web-First mode(s) for the Updated HCAHPS Survey are required to submit Quality Assurance Plans (QAPs) by June 14, 2024 (previously this due date was June 3). - Survey vendors and self-administering hospitals not adding a new mode must update their QAP but do not need to submit it at this time. - English survey materials and executed Attestation Statement forms are due on June 28. - Spanish survey materials are due on July 12.
37. Will we need to update our QAP when we switch to the New Survey, January 1, 2025?	<p>In order to maintain their approval status, approved HCAHPS Survey vendors and self-administering hospitals must update Quality Assurance Plans (QAPs) on an annual basis as well as at the time of process and/or key personnel changes.</p> <p>Survey vendors that were recently approved for Web-First mode(s) for the Updated HCAHPS Survey are required to submit QAPs by June 14, 2024.</p> <p>Survey vendors and self-administering hospitals not adding a new mode must also update their QAP but do not need to submit it until directly requested by the HCAHPS Project Team.</p>

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Sampling Questions

Question	Answer
38. Is there a minimum average daily patient census to administer HCAHPS Surveys?	There is no minimum daily census requirement. Hospitals with 5 or fewer eligible discharges in a month may choose not to survey patients for the month (a Header Record must still be submitted). Otherwise, hospitals must sample continuously throughout each month of the year.
39. If, for a given month, there are less than 5 applicable discharged patients, HCAHPS Survey process is optional. Is this correct? How is that documented when the HQR data are submitted?	It is optional for hospitals with 5 or fewer eligible HCAHPS patient discharges in a month to participate in HCAHPS. These hospitals may choose to administer the survey or not for those patients for that month. If patients are not surveyed, then a Header Record must be submitted for that month via the HQR system. This is detailed in QAG V19.0 (See Data Specifications and Coding chapter).
40. Being a small hospital, we do not come near 300 surveys in a year. Therefore, when figuring completed survey, do we do that figuring for our patients too? (the 11 out of 20 questions answered.)	CMS suggests that small hospitals that cannot obtain 300 completed surveys in a four-quarter period should conduct census sampling, in which all eligible discharges are included in the sample. A completed survey is one in which the patient has answered at least 50% of the questions applicable to all patients (questions 1-12, 14, 15, 18-21, 24, and 25). (See QAG V19.0 Sampling Protocol and Data Specifications and Coding chapters.)
41. It is my understanding that patients coming from nursing homes and jails/forensic are excluded from the HCAHPS process. Should these patients be included or excluded from the denominator for HQR data?	Patients coming from nursing homes and jails/forensic should be excluded from the HCAHPS Sample Frame because they are not eligible to receive the survey. As such, no patient-level information is required for them. However, these patients should be included in the count of total inpatient discharges.
42. For hospitals with a psychiatric floor, are the psychiatric patients included in the HCAHPS process (assuming the patient has both psychiatric and medical diagnosis where the medical diagnosis is temporarily a primary diagnosis)?	Patients whose primary diagnosis is in the Maternity Care, Medical, or Surgical service lines are eligible for HCAHPS. Patients with a primary psychiatric diagnosis at discharge are not eligible for HCAHPS. If a patient's primary diagnosis is Medical and they also have a secondary diagnosis of psychiatric, they are eligible for the HCAHPS Survey. Patients with a psychiatric primary diagnosis at discharge are excluded.

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Survey Administration Timing Questions

Question	Answer
<p>43. If a hospital does not send discharges until later in the month, does the 49-day collection period begin when it is received and administered?</p>	<p><u>The initial contact period</u> (between 48 hours and 42 days after discharge) is the same protocol used in the current, or legacy HCAHPS Survey. <u>The 49-day data collection period</u> applies to all 6 modes of administration of the Updated HCAHPS Survey and begins once the patient has been contacted. When tested in the 2021 mode experiment CMS found that day 43 to day 49 yielded not only more completed surveys but surveys from a more representative set of patients (younger patients, minority patients and Spanish-speaking patients).</p>
<p>44. In Web-Phone mode, what if day 10 (the day phone attempts begin) is a Saturday or Sunday? Or in Web-Mail mode, what if day 8 or day 30 (the days that the first and second mail waves are sent) happen to fall on a weekend or holiday?</p>	<p>The Schedule of HCAHPS Contact Attempts by Survey Mode should be followed to ensure standardization and optimal response rates for all 6 modes of administration. These schedules are listed in the beginning of each of the survey mode chapters in the DRAFT QAG V19.0 and are based on calendar days. However, CMS will allow some flexibility for the <u>secondary</u> mail and phone contacts if the scheduled day of contact falls on a weekend or holiday. It is acceptable to make the secondary mail or phone contact on the business day prior to the weekend or holiday, or on the first business day following the weekend or holiday. Please note that the original schedule of contact attempts must then continue to be followed and data collection must still be closed out for a sampled patient within the 49 calendar days of the initial contact attempt. Please note that this information will be included in the final QAG V19.0.</p>

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Question	Answer
<p>45. We seek clarification on how to mail when dates specified on the outreach schedule fall on weekends and holidays. For example, if a web-mail patient gets first web outreach on June 27, the first mail survey should be sent on July 4 (day 8). When should the survey be mailed since there is no mail service on July 4?</p>	<p>In this example, the first email invitation was sent on June 27, day 3 would be June 29 for the second invitation, day 6 would be July 2 for the third email invitation, day 8 would be July 4. However, because it is a holiday, CMS will allow flexibility to mail on the business day before or after the Fourth of July. Please note, the second survey mailing would still follow the original schedule of contact attempts and occur on day 30, July 26 and data collection would end on day 49, in August. Again, CMS will allow flexibility if the mail or phone contacts fall on a weekend or holiday, sending it either the business day before or the first business day following the weekend or holiday. Adjustments to the schedule of contact attempts for a holiday or weekend do not change the remaining waves or attempts defined for survey mode in the Schedule of HCAHPS Contact Attempts.</p>
<p>46. Currently with Mail Only mode, the first survey might be sent on a Thursday, for example, and then the second survey would also be sent on a Thursday. With the new schedule for Web-Mail mode, it looks like the second survey would be sent on a Friday instead. Is it permissible to keep the same schedule with the second survey going out on the same day of the week as the first survey?</p>	<p>No, follow the schedule of HCAHPS Contact Attempts by Survey Mode. However, CMS will allow flexibility to adjust for the mail and phone contacts if the day to begin falls on a weekend or holiday by allowing the contact to begin on the business day before a weekend or holiday, or the first business day after a weekend or holiday. Otherwise, the data collection protocol should be followed according to the schedule of HCAHPS Contact Attempts by Survey Mode.</p>
<p>47. For Web-Phone mode, can we begin phone calls prior to day 10 for records that do not have an email address?</p>	<p>Call attempts in the Web-Phone mode must begin on day 10. Survey vendors/hospitals must not begin calls earlier (allowing flexibility if day 10 falls on a weekend or holiday).</p>
<p>48. For Web-Mail mode, if we send the third email on day 6 and send the first mailed survey on day 8, there is very little time between those to generate an updated mailing list, prep mailing materials, etc. It seems like everyone who gets a third email will also be receiving at least the first mailed survey since there won't be time to process answers from the 3rd email and still get the 1st mailed survey out on time?</p>	<p>Organizations must follow the protocol timing as laid out for all Web-First modes. Process non-respondents from email invitations (removing patients that have responded by web) and mail the questionnaire on day 8 (allowing flexibility if day 8 falls on a weekend or holiday).</p>