



The Building-blocks to Quality
Session 2 of 4



The SC Quality Management Cube
in Provide Enterprise

Presentation Notes

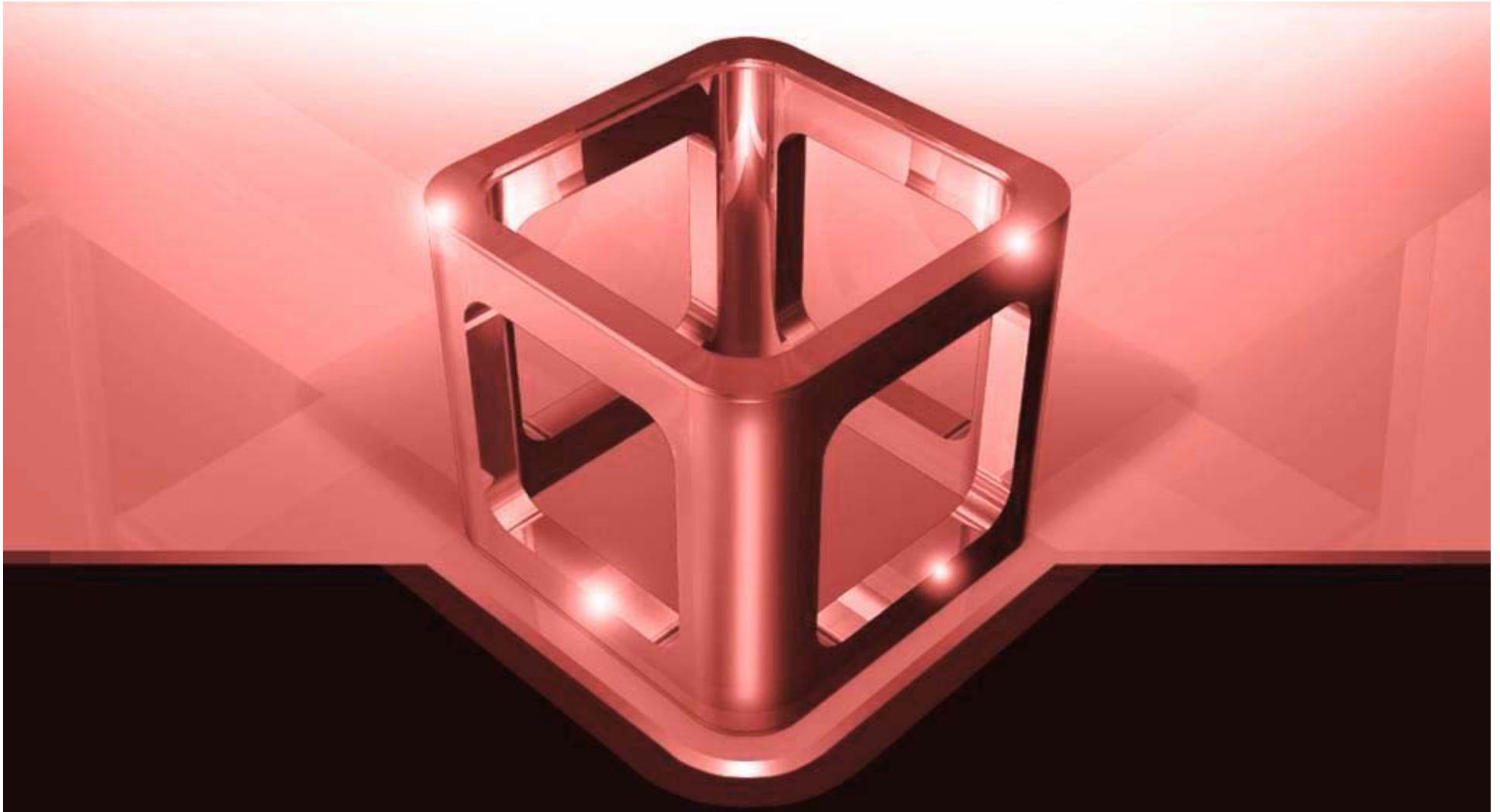
- Created October 6, 2009
- The Building-blocks to Quality: Session 2 of 4
- Created by: Christal Davis, SC DHEC, RW HOPWA Data Manager
- Created for: SC Quality Managers who employ PE

Information Management Objective

- To use data to ensure and demonstrate the SC HIV Care System's client-centered approach to effectively managing HIV/AIDS as a chronic disease, by ensuring:
 - access to and retention in quality care
 - access and adherence to effective treatment
 - access to a variety of care providers in a coordinated network

Session Objective

- **Focus technical assistance and enhancements in the SC QM in Provide Enterprise to:**
 - **Manage clinical quality with each visit**
 - **Centralize data entry and quality assurance**
 - **Simplify training for data entry and quality management staff**
 - **Focus quality management questions/issues & technical assistance into a single location**



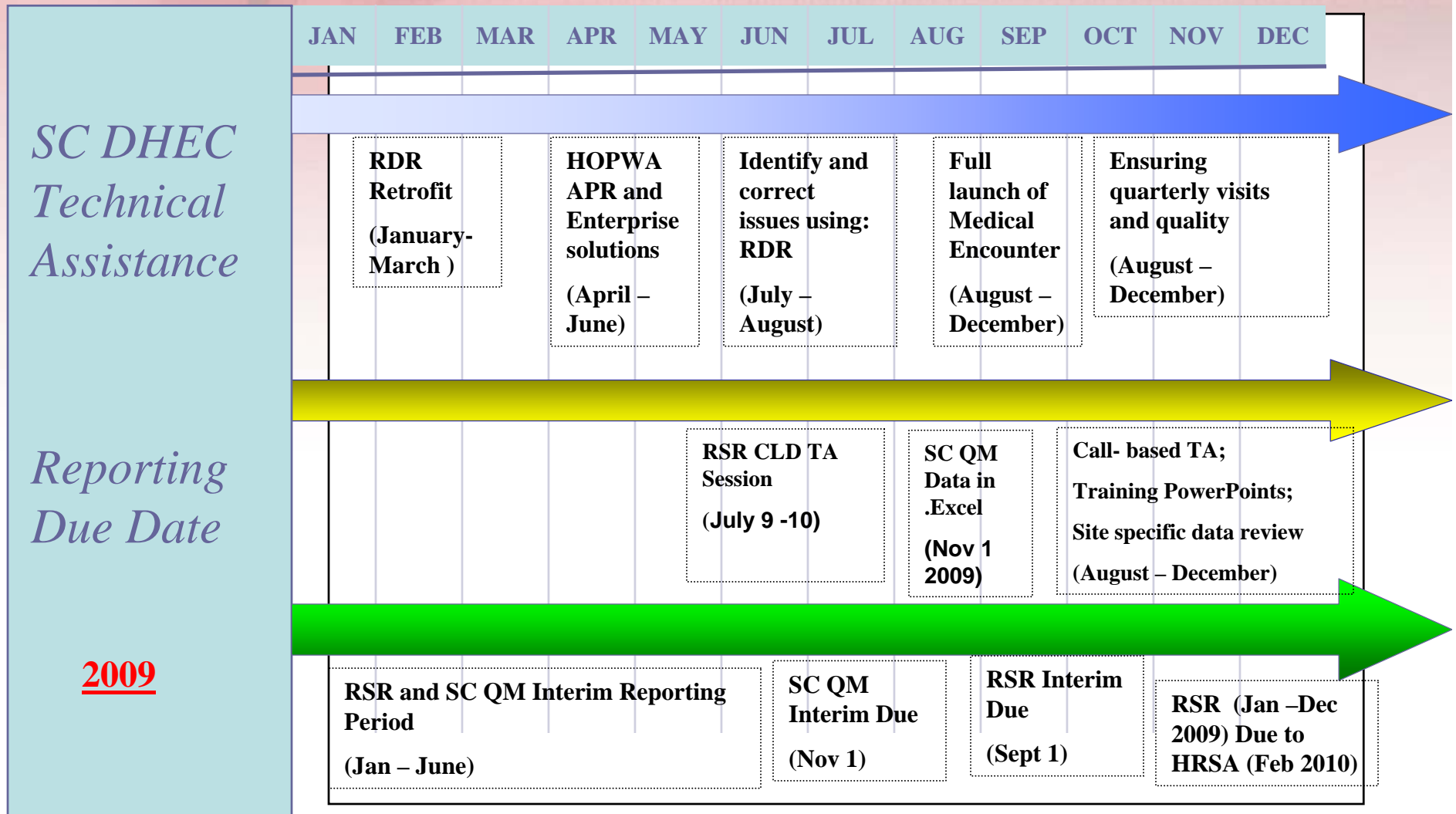
Chapter 1: The Basic Blocks

Technical Assistance & Quality Training in PE

- This training is intended for agency-level Quality Managers.
- Report issues/questions to Groupware Technologies Inc. (GTI) HelpDesk using Lotus Notes.
- To download additional sessions of “The Building-blocks of Quality”, click the link below:
 - Session 1: The Medical Encounter Form
 - Session 2: The S.C. Quality Management Cube in PE
 - Session 3: Getting it right at every visit
 - Session 4: TBA

www.scdhec.gov/rwhopwata , then choose “Provide Enterprise TA”

Reporting and Technical Assistance Schedule



Overview of HRSA Reporting Requirements

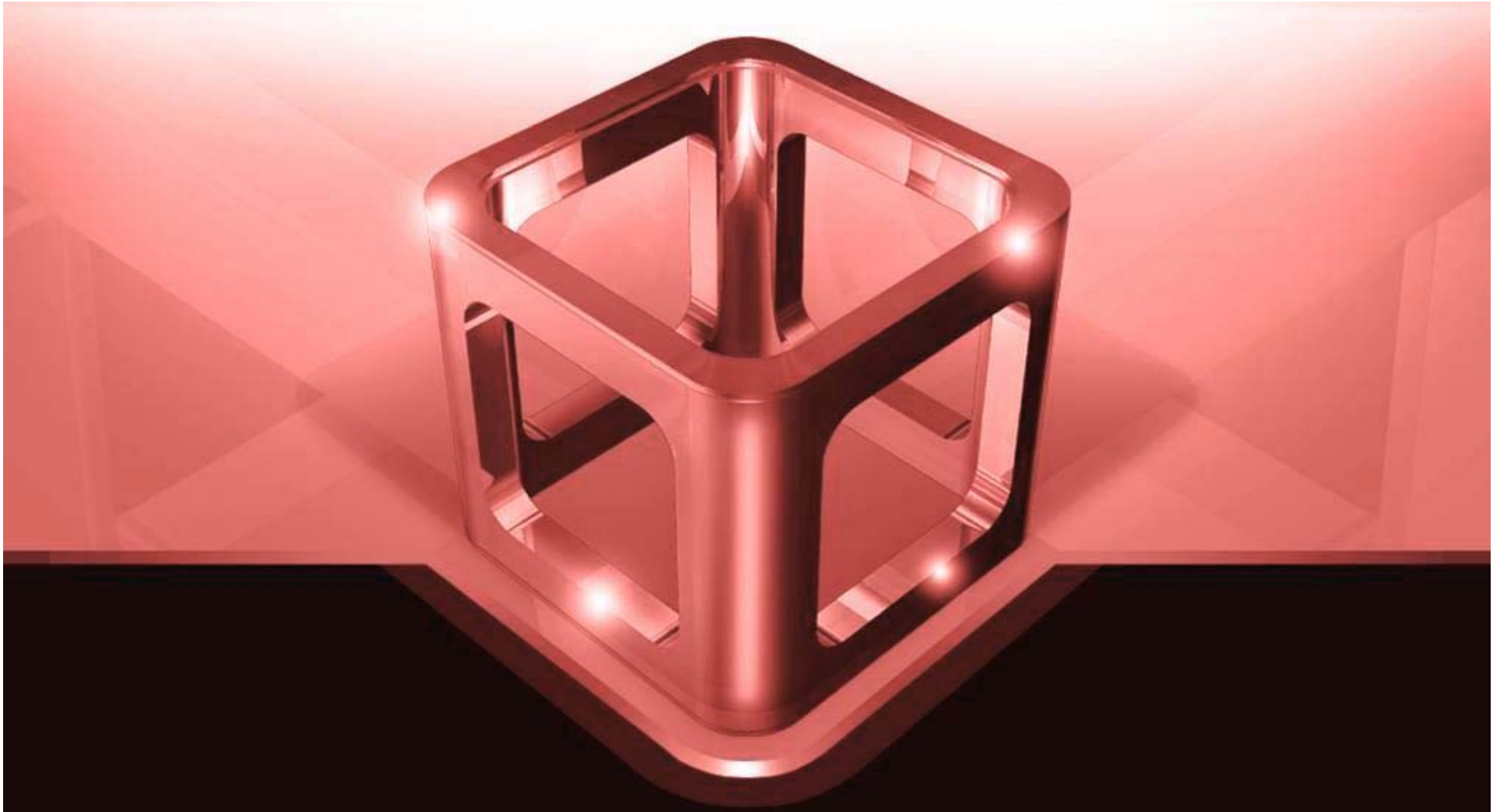
- Ryan White Part B sub-grantees are required to submit Client Level Data generated from Provide Enterprise (PE) to HRSA.
- The client level data to HRSA is called the Ryan White Services Report (RSR).
- PE is able to create the eUCI (encrypted Unique Client Identifier) needed for the RSR.
- The eUCI ensures client distinction without disclosing client names.
- The Client Level data file is posted by each sub-grantee (service provider) in .XML.
- XML is a software language (code).
 - * The file is difficult to read.

Sample of .xml

- `<CLD:ROOT xsi:schemaLocation="urn:rsrNamespace RsrClientSchema.xsd" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:CLD="urn:rsrNamespace">`
- `<XmlVersion>`
- `<schemaVersion>2.0.0</schemaVersion>`
- `<originator>CAREWare</originator>`
- `<versionNumber>4.1.394</versionNumber>`
- `</XmlVersion>`
- `<ClientReport CLD_ID="1">`
- `<ReportPeriodID>1</ReportPeriodID>`
- `<ProviderID />`
- `<ClientUci>0D47A72BD902206B59C0BC42B5375807BDCF9862U</ClientUci>`
- `<FirstServiceDate>03,01,2009</FirstServiceDate>`
- `<EnrollmentStatusID>1</EnrollmentStatusID>`
- `<BirthYear>1956</BirthYear>`
- `<EthnicityID>2</EthnicityID>`
- `<GenderID>1</GenderID>`
- `<TransgenderID>3</TransgenderID>`
- `<PovertyLevelID>4</PovertyLevelID>`
- `<HousingStatusID>1</HousingStatusID>`

Overview of SC QM Reporting Requirements

- Ryan White Part B sub-grantees are required to submit Client Level Data generated from Provide Enterprise (PE) to SC DHEC Quality Management.
- PE is able to create the eUCI (encrypted Unique Client Identifier).
- The eUCI ensures client distinction without disclosing client names.
- The Client Level data file is submitted by each sub-grantee (service provider) in Excel format (.xls).
- XLS is the file extension for Excel.



Chapter 2: Approaches to Quality using PE

Approaches to ensure quality

- “Ad Hoc” Approach
 - You will learn the Ad Hoc approach in this session of “The SC Quality Management Cube” [Session 2].
 - The Ad Hoc approach allows you to review reports over time to distinguish between data and quality issues. It shows quality measures that have “slipped through the cracks”.
 - These are also items you have likely targeted for your Quality Plan.
- The “Every Visit” Approach
 - You will learn more on the “Every Visit” approach in “Getting it right at every visit” [Session 3].
 - You may begin early by visiting the Medical Encounter in PE and running a client-centered report.
 - These reports are designed for review prior to a client visit. It is recommended that these reports are verified for accuracy and submitted to the prescriber/clinician.

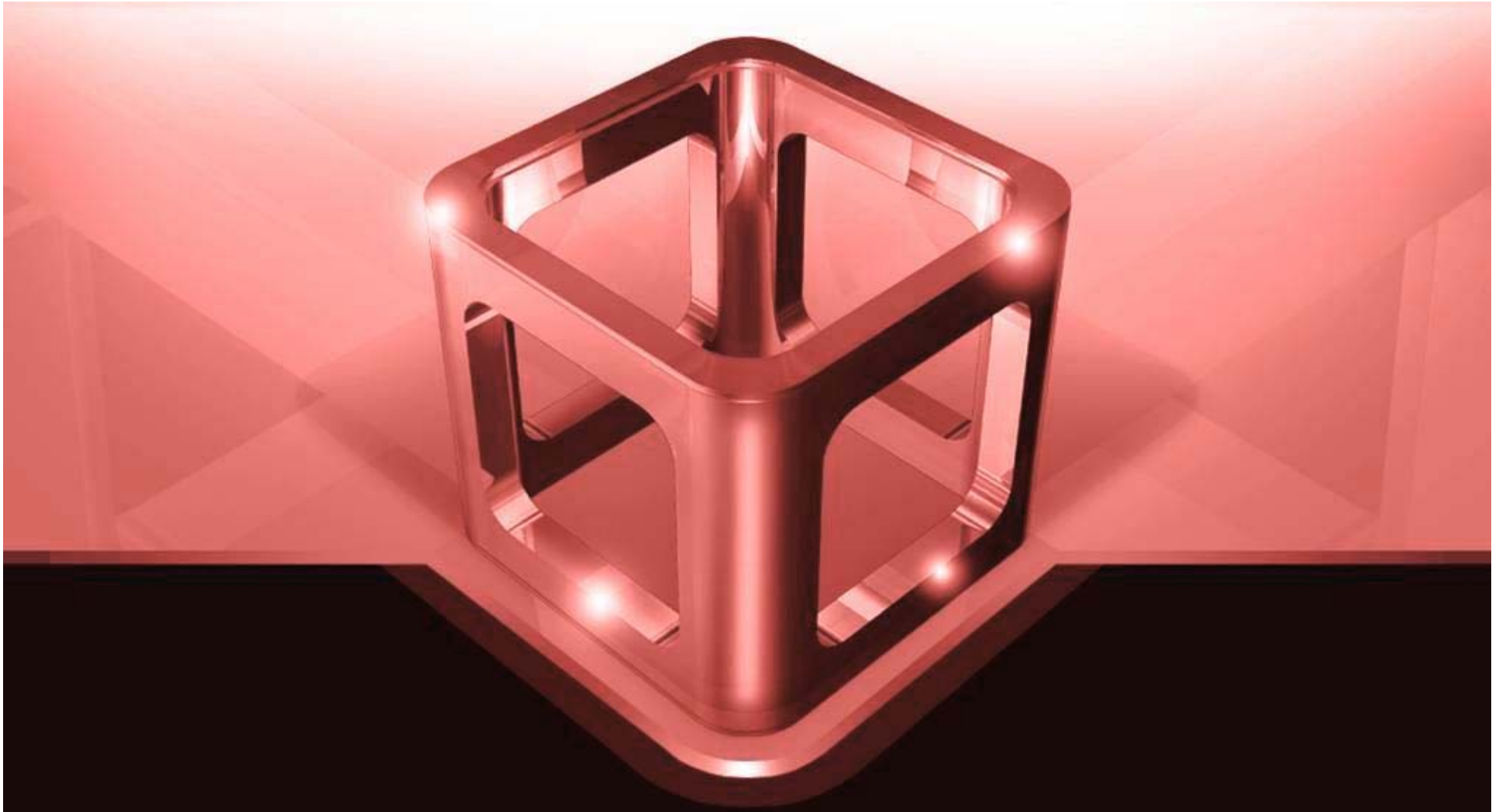
How do you fit into Quality?

Use the “Ad Hoc Approach” at least once weekly.

- **RDR Ryan White Data Report (Aggregate)**
 - 1) Run the RDR Report (aggregate) at least weekly.
 - 2) Examine the RDR for data entry and data quality as separate aspects.
 - 3) Run and examine the RDRCLD using filter features in Excel.
 - 4) Investigate client examples.
 - 5) Report questions to GTI. Be sure to include examples with client names.
 - 6) Report only one issue at a time. Wait for appropriate response. Track issues and dates reported in a spreadsheet for Technical Assistance.
- **SC Quality Management Report**
 - 1) Generate the SC QM after the RDR.
 - 2) Review the “Clinical Report Card” with staff and managers.
 - 3) Review the “Clinical Monitoring Summary” using filter features in Excel.
 - 4) Investigate client examples.
 - 5) Report questions to GTI. Be sure to include examples with client names.
 - 6) Report only one issue at a time. Wait for appropriate response. Track issues and dates reported in a spreadsheet for Technical Assistance.

How do you fit into Quality? Use the “Every Visit” Approach.

- These are the things that service providers do at every client visit.
 - “Pre-visit monitoring”
 - 1) Prior to visit with client, obtain a list of clients scheduled. (# of days prior is as you designate)
 - 2) Create a Medical Encounter (ME) for each client. Review the tabs of the Medical Encounter as described in “Building-blocks to Quality [Session 1].”
 - 3) Document inconsistencies in the ME “Notes” section. Report questions to GTI.
 - 4) When the questions/issues are resolved, print report from the ME. For unresolved issues print the “ME Form – Notes” section.
 - 5) When issues/questions are resolved, return to the ME Form.
 - 6) Print client-centered report.
 - 7) Review for accuracy.
 - 8) Attach to client’s chart.
 - 9) Follow up with clinic staff to update or correct any data missing or not captured.



Chapter 3: The Ad Hoc Reports

Ryan White Reports at a Glance

RDR
Ryan White Data Report
(Aggregate Data but a client level is available)
Reporting Scope: "Eligible"

RSR HRSA Client Level Data Set
(Client level Data to HRSA)
(Client Level XML Format)
Reporting Scope: "Funded"

Provide Enterprise Quality Cube SCQM
(Client level Excel format to DHEC)
Reporting Scope: "Funded"

PDR

Settings | Data Sources | Section 1 | Section 3 | Section 4 | Section 5 | Section 6 | Section 7

Title	PDR/Test Template Statewide CDD ONLY
Provider(s)	Catawba Care Coalition - Client Services
Specific Payee Provider?	No
Report Output Option	Report
Report Object	PDR
RSR	Yes
RSR Output File	c:\RSR\ClientXML.xml
RSR Parse	No
SC QM Client File	c:\SCQM\SCQMClient.xls
SC QM Services File	c:\SCQM\SCQMServices.xls
SC QM Tests File	c:\SCQM\SCQMTests.xls
Start Date	Thursday January 01, 2009
End Date	Tuesday June 30, 2009
Base Federal Poverty Line for Annual Household Income	10,000
Additional Income Per Person for Federal Poverty Line	1,000
RDR Finished Flag	Y
RSR Finished Flag	Y
RSR Extract Finished Flag	
SC QM Finished Flag	Y

The RDR, RSR, and SC QM All Run from the PDR Template.

RDR Report Snapshot

2008 RYAN WHITE HIV/AIDS PROGRAM DATA REPORT

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0253, and the expiration date is 02/28/2011. Public reporting burden for this collection of information is estimated to average XX hours per respondent annually, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HHS's Report Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

October 15, 2008

Each provider must complete a single Data Report for all clients served during the reporting period.

OMB No.: 0915-0253
Exp. Date: 02/28/11

SECTION 1. SERVICE PROVIDER INFORMATION

Section 1 (Items 1-22) should be completed by all service providers funded through Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Ryan White HIV/AIDS Program) Parts A, B, and D. For the definition of service provider, please refer to the instructions for completing this form.

Section 1.1 Provider and Agency Contact Information

1. Provider name: _____
2. Provider address:
 - a. Street: _____
 - b. City: _____ State: _____
 - c. ZIP Code: _____
 - d. Taxpayer ID #: _____
3. Contact information:
 - a. Name: _____
 - b. Title: _____
 - c. Phone #: (____) _____
 - d. Fax #: (____) _____
 - e. E-mail: _____
4. Person completing this form:
 - a. Name: _____
 - b. Phone #: (____) _____
 - c. E-mail: _____
7. Provider type:
 - a. (Select only one.)
 - Hospital or university-based clinic
 - Publicly funded community health center
 - Publicly funded community mental health center
 - Other community-based service organization (CBO)
 - Health department
 - Substance abuse treatment center
 - Solo/group private medical practice
 - Agency reporting for multiple fee-for-service providers
 - PLWHA coalition
 - VA facility
 - Other facility (Specify _____)
 - b. Did you receive funding under Section 350 of the Public Health Service Act (funds community health centers, migrant health centers, and health care for the homeless) during this reporting period?
 - Yes No Don't know/unsure
8. Ownership status:
 - a. (Select only one.)
 - Public/Local

Section 1.2 Reporting and Program Information

OMB No.: 0915-0253
Exp. Date: 02/28/11

SECTION 2. CLIENT INFORMATION

Service providers funded under all Parts should complete this section. Clients reported in this section should include your HIV-infected, HIV-indeterminate, and HIV-affected population, whether receiving core medical services or support services. Affected clients include those who are HIV-negative as well as those with unknown HIV status. An affected client must be linked to a client infected with HIV/AIDS. An indeterminate client is a child under the age of 2, born to a mother who is HIV-infected, and whose status is not yet definite.

Remember your reporting scope. If you chose reporting scope "01" in Item 6, provide information on all clients who received a service eligible for Ryan White HIV/AIDS Program funding. If you chose reporting scope "02" in Item 6, include only clients who received services funded by Part A, B, C, and/or D.

23. Total number of unduplicated clients:

_____ HIV-positive	_____	_____	_____
_____ HIV-indeterminate (under 2 years)	_____	_____	_____
_____ HIV-negative (affected)	_____	_____	_____
_____ Unknown/unreported (affected)	_____	_____	_____
_____ Total	_____	_____	_____
24. Total number of new clients:

_____ HIV-positive	_____	_____	_____
_____ HIV-indeterminate (under 2 years)	_____	_____	_____
_____ HIV-negative (affected)	_____	_____	_____
_____ Unknown/unreported (affected)	_____	_____	_____
_____ Total	_____	_____	_____
25. Age (at the end of reporting period):

Number of clients:	HIV-positive/indeterminate	HIV-affected
Under 2 years	_____	_____
2-12 years	_____	_____
13-24 years	_____	_____
25-44 years	_____	_____
45-64 years	_____	_____
65 years or older	_____	_____
Unknown/unreported	_____	_____
Total	_____	_____
26. Race and ethnicity:

OMB No.: 0915-0253
Exp. Date: 02/28/11

SECTION 3. SERVICE INFORMATION

Service providers funded under all Parts should complete this section. If you offered a particular service, check the box in column 2 and list the number of clients and the total number of visits within each service category. If you offered a particular service but do not know the number of clients or visits during the reporting period, check the unknown box. Include HIV-indeterminate clients in the HIV+ column. Core services for affected clients are not eligible for Ryan White HIV/AIDS Program funding.

33. Services offered, number of clients served, and total number of visits during this reporting period:

1 Service Categories	2 Check if service was offered	3a Total # of unduplicated clients		3b Check if # of clients unknown	3c Total # of visits during reporting period		3d Check if # of visits unknown
		HIV+	Affected		HIV+	Affected	
CORE SERVICES							
a. Outpatient/ambulatory medical care							
b. Local AIDS Pharmaceutical Assistance/over-the-counter pharmaceuticals							
c. Oral health care							
d. Early intervention services (Parts A and B)							
e. Health Insurance Premium & Cost Sharing Assistance							
f. Home health care							
g. Home and community-based health services							
h. Hospice services							
i. Mental health services							
j. Medical nutrition therapy							
k. Medical case management (including treatment adherence)							
l. Substance abuse services-outpatient							

RSR & SC QM Report Snapshot

- Click the following links to view the data elements for each report listed below:
 - Ryan White Services Report (CLD)
 - <http://www.scdhec.gov/health/disease/stdhiv/rwpartb.htm>
 - S.C. Quality Management
 - <http://www.scdhec.gov/health/disease/stdhiv/rwqm.htm>

Eligible Scope vs. Funded Scope

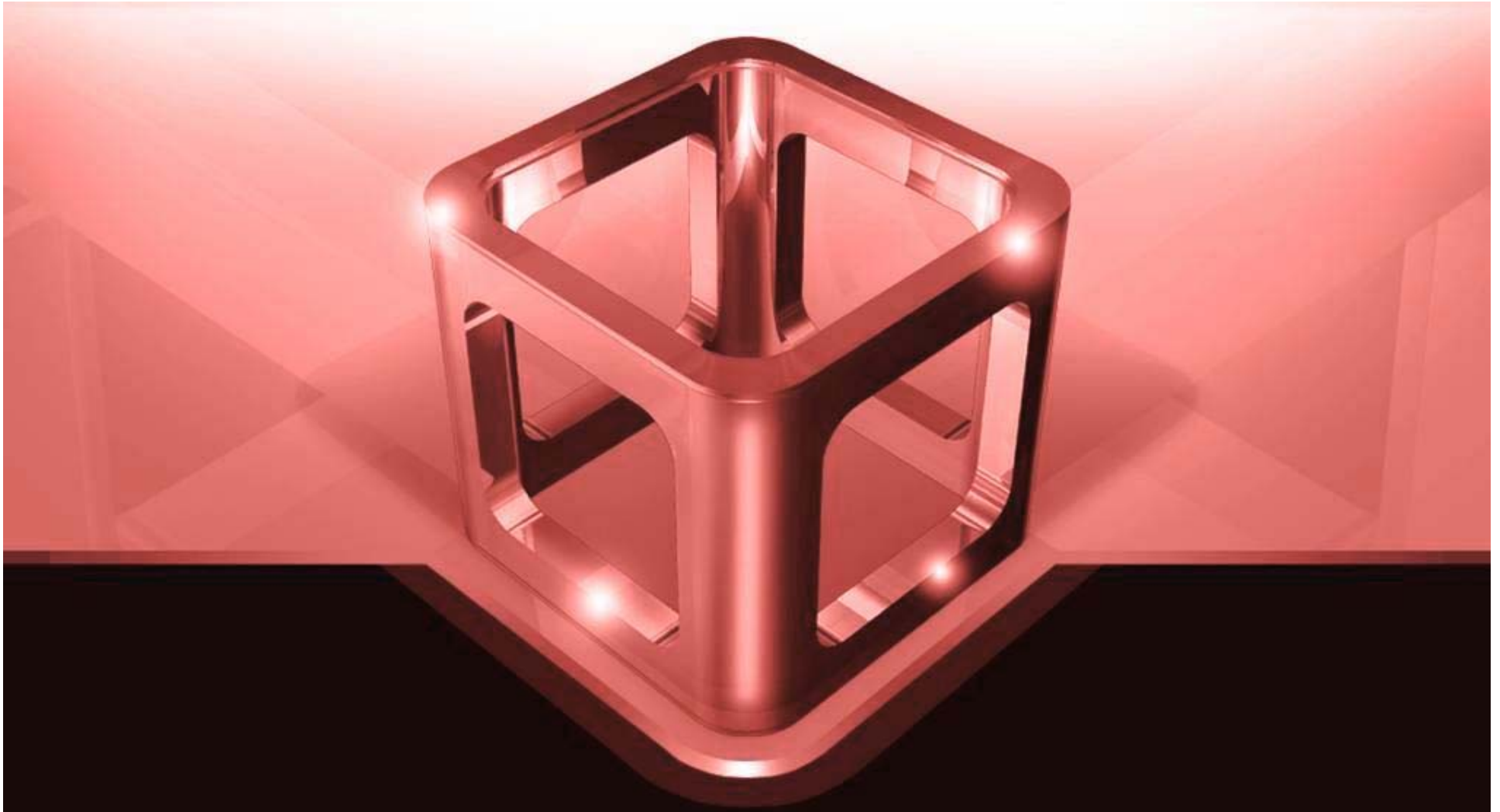
- Eligible scope reporting
 - Report all services *eligible* under a particular grant, regardless of who is paying for it.
 - For example, in this scope of reporting, you can report HOPWA (HUD)-funded services to HRSA because these are eligible to be paid by Ryan White (HRSA).
- Funded Scope Reporting
 - Report only clients and services/visits *funded* with Ryan White dollars (HRSA).
 - For example, in the funded scope HOPWA and Medicaid services should not get reported to HRSA because they are not Ryan White funded.

Tips/Hints

- Reporting creates anxiety. Practice the following:
 - Run reports weekly, staggering the schedule.
 - Download and print the instructions from the Enhanced TA Website, even when you have a template built. Templates often require updates.
 - Write down what you want to learn from the report before you begin. Document your findings.
 - Every grantee report that is reported in aggregate has a client level file to tell you how PE counted/summarized data.
 - Every grantee report has an error report.
 - Every set of data that is submitted client level has an aggregate report.

Important Notes: Chapter 3

- 1) The focus of this training is SC QM.
- 2) You will use the RDR & SC QM to distinguish between data and quality issues.
- 3) All grantee reports are run from the PDR Template in PE.
- 4) SC QM is due to SC DHEC (as interim data) on Nov. 1, 2009.
- 5) The RSR is due to HRSA ~ Feb 2010.



Chapter 4: Generating quality reports in PE

To get the Aggregate Report (RDR)

The screenshot shows a software window titled 'PDR' with a menu bar containing 'Settings', 'Data Sources', 'Section 1', 'Section 3', 'Section 4', 'Section 5', 'Section 6', and 'Section 7'. The window contains several fields for configuration:

Title	PDR/Test Template Statewide CDD ONLY
Provider(s)	Cooperative Ministry - Emergency Financial Assistance
Specific Payee Provider?	No
Report Output Option	Report
Report Object	PDR
RSR	Yes
RSR Output File	c:\ClientXML.xml
RSR Parse	No
Start Date	Thursday January 01, 2009
End Date	Tuesday June 30, 2009
Base Federal Poverty Line for Annual Household Income	10,000
Additional Income Per Person for Federal Poverty Line	1,000
RDR Finished Flag	
RSR Finished Flag	
RSR Extract Finished Flag	
SC QM Finished Flag	

- Pay close attention to the “Report Output Option”.

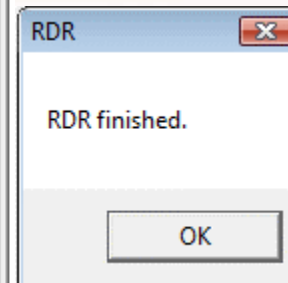
Remember, “output” is the computer asking “What do you want to see?”

- If you want to see a summarized report, choose “Report” for “Report Output Option”.
- This means you should expect to see a report come up.

To get the client level of the RDR

The screenshot shows the RDR software interface. At the top, there are buttons for 'Close', 'Run RDR', and a status bar with 'ABC'. Below this is a tabbed interface with 'Settings' selected. The 'Settings' tab contains various fields for configuring the report. The 'Report Output Option' field is highlighted with a red oval and set to 'Client Level Output'. Other fields include 'Title' (PDR/Test Template Statewide CDD ONLY), 'Provider(s)' (Cooperative Ministry - Emergency Financial Assistance), 'Specific Payee Provider?' (No), 'Export File' (c:\PDRexport.xls), 'RSR' (Yes), 'RSR Output File' (c:\ClientXML.xml), 'RSR Parse' (No), 'Start Date' (Thursday January 01, 2009), 'End Date' (Tuesday June 30, 2009), 'Base Federal Poverty Line for Annual Household Income' (10,000), and 'Additional Income Per Person for Federal Poverty Line' (1,000).

Title	PDR/Test Template Statewide CDD ONLY
Provider(s)	Cooperative Ministry - Emergency Financial Assistance
Specific Payee Provider?	No
Report Output Option	Client Level Output
Export File	c:\PDRexport.xls
RSR	Yes
RSR Output File	c:\ClientXML.xml
RSR Parse	No
Start Date	Thursday January 01, 2009
End Date	Tuesday June 30, 2009
Base Federal Poverty Line for Annual Household Income	10,000
Additional Income Per Person for Federal Poverty Line	1,000
RDR Finished Flag	
RSR Finished Flag	



- To answer questions about the aggregate report ask the template for the “Client level output”.
- This file can be opened with Excel.
- When the “RDR finished” prompt pops up, look at the location of the “Export file”.

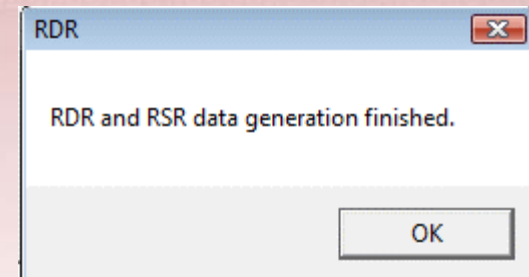
Tips/Hints

- Avoid expecting failure. Reporting requires patience.
- If you do not see the report come up, look at the template to see if it is running. Check that you have the correct “Report Output Option”.
- Often there is a pause after PE has completed the query. PE is passing information to Crystal Reports for summary.
- PE may say “Not responding”.
- Do not close it at this time.
- Run the report and walk away from the machine.
- Most times, the report will be done when you return.

To get the RSR (Client level submission to HRSA)

The screenshot shows the PDR software interface with the following settings:

Title	PDR/Test Template Statewide CDD ONLY
Provider(s)	Catawba Care Coalition - Client Services
Specific Payee Provider?	No
Report Output Option	Client Level Output
Export File	c:\VRDRCLD\PDRExport.xls
RSR	Yes
RSR Output File	c:\ClientXML.xml
RSR Parse	No
SC QM Client File	c:\SCQM\SCQMClient.xls
SC QM Services File	c:\SCQM\SCQMServices.xls
SC QM Tests File	c:\SCQM\SCQMTests.xls
Start Date	Thursday January 01, 2009
End Date	Tuesday June 30, 2009
Base Federal Poverty Line for Annual Household Income	10,000
Additional Income Per Person for Federal Poverty Line	1,000
RDR Finished Flag	Y
RSR Finished Flag	Y
RSR Extract Finished Flag	
SC QM Finished Flag	



The buttons to run the RSR will not appear until you run the RDR.

It is recommended you set the "Report Output Option" to "Client level output" when you run the RSR.

Remember the XML file is difficult to read.

Your time is better spent running the SC QM.

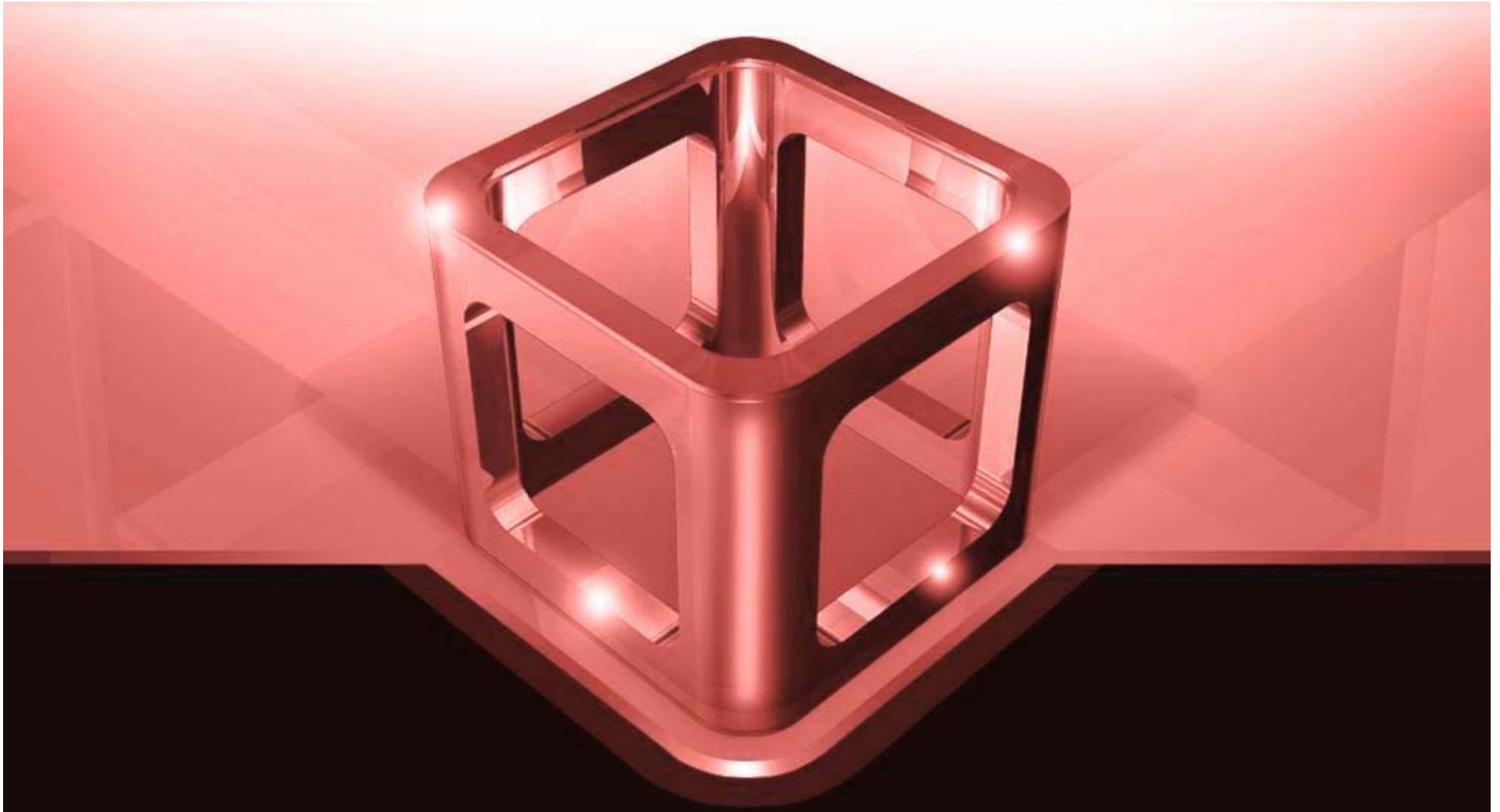
Important Notes: Chapter 4

- 1) The RDR demonstrates how service data is categorized when reported to HRSA.
 - a) Run these reports weekly. Review and make notes of questions/issues.
 - b) Use the client level of the RDR to provide client examples to GTI for resolution.

- 2) The RSR is a client level report submitted to HRSA in XML. You must run the RDR before you can generate the RSR.
 - a) Because it is difficult to read the RSR, use the RDR and SC QM to examine your data.
 - b) The RSR is due to HRSA ~ Feb 2010.
 - c) Non-interim data Jan – Dec 2009.

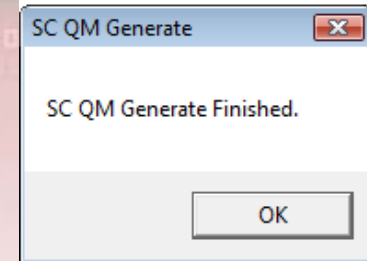
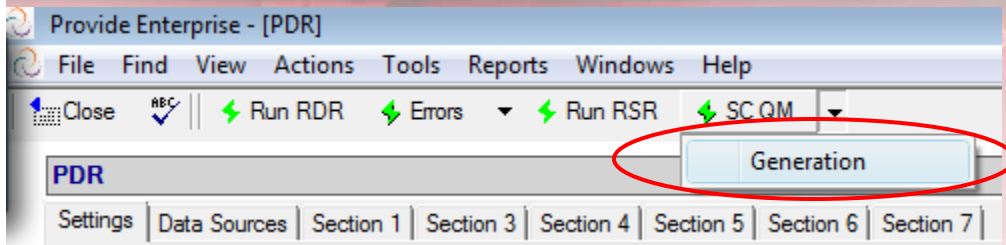
- 3) The SC QM is a client level report submitted to SCDHEC in XLS. You must run the RDR before you can generate the SC QM.
 - a) Due to SC DHEC on Nov 1, 2009
 - b) Interim data Jan – June, 2009

Run these reports weekly. Review and make notes of questions/issues. Use the client level of the each report to provide client examples to GTI for resolution.



**Chapter 5: The SC Quality Management Cube
in PE**

The SC Quality Cube in PE



Follow the steps to run the RDR outlined above.

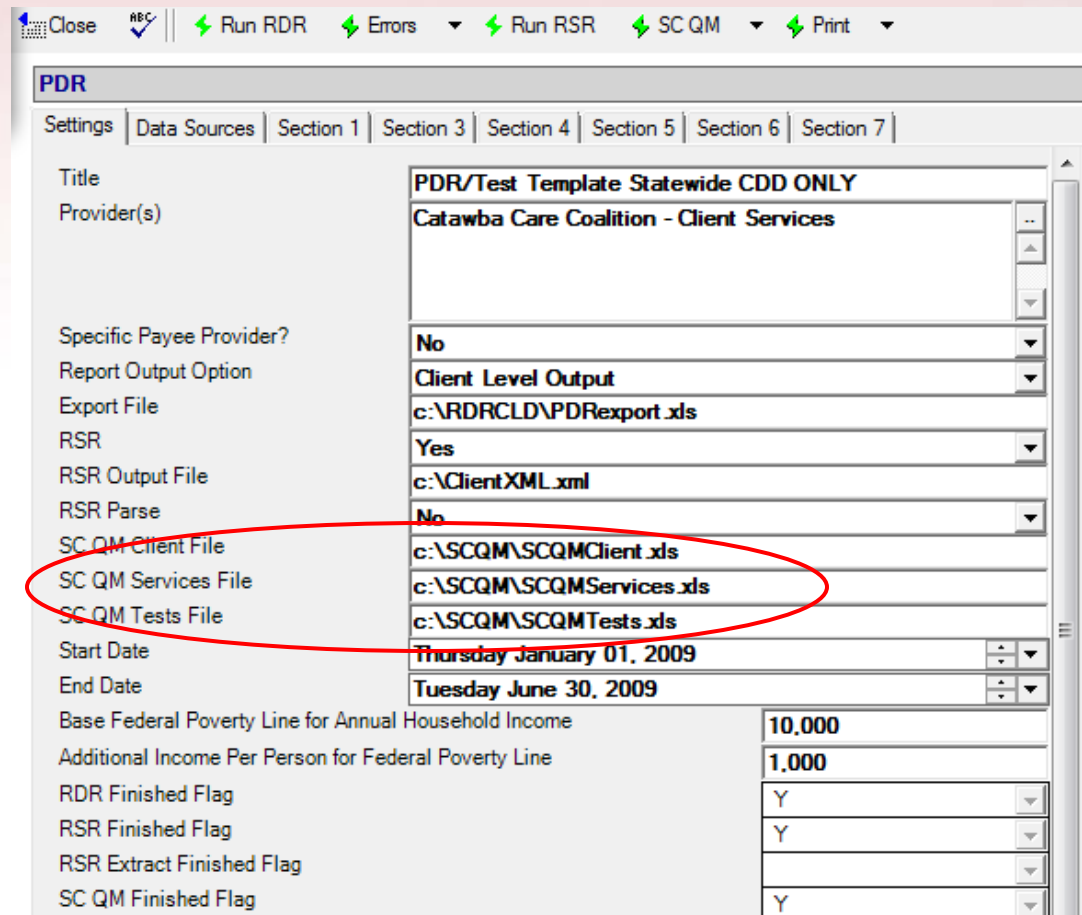
Select “Client level output” as the “Report Output Option”.

Run RDR.

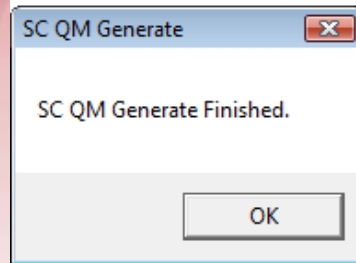
When RDR is complete, run RSR.

When RSR is complete, run SC QM.

* PE will specify the “file” location for you



When the SC QM confirms that it has generated...

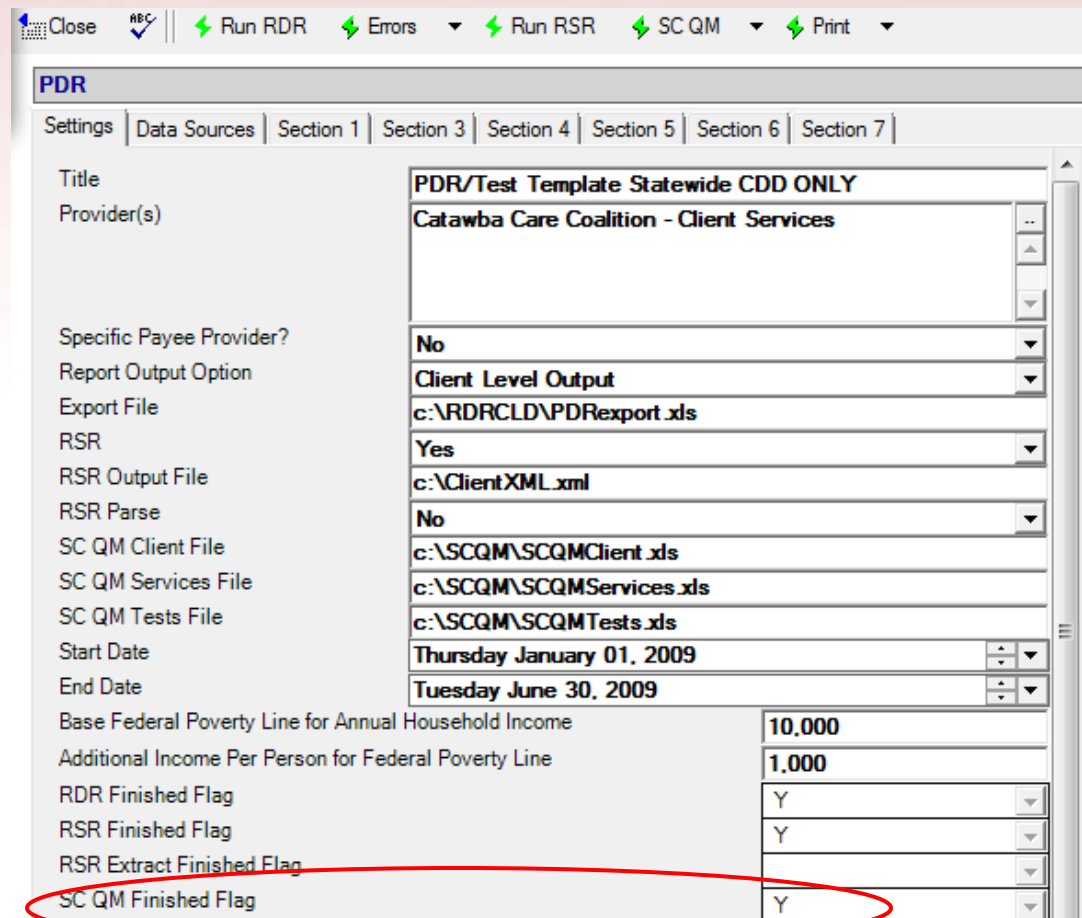


“Generated” means created *fields* in the cube.

It does not mean it has created files to submit to SC DHEC.

(Choose “Extract” to create files to submit to SC DHEC)

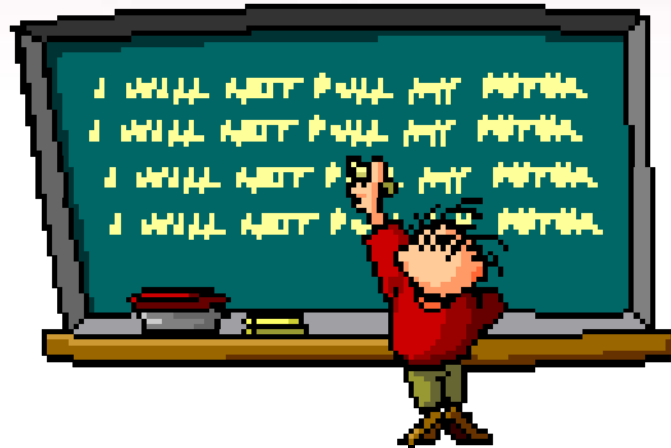
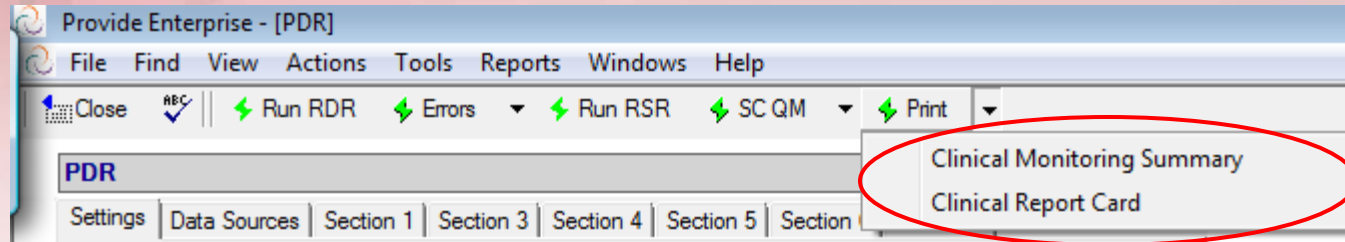
The goal of “generate” gives you access to the SC QM reports.



The screenshot shows the SC QM software interface. At the top, there are menu items: Close, Run RDR, Errors, Run RSR, SC QM, and Print. Below this is a tabbed interface with tabs for Settings, Data Sources, Section 1, Section 3, Section 4, Section 5, Section 6, and Section 7. The 'Settings' tab is active, showing various configuration options for a report titled 'PDR/Test Template Statewide CDD ONLY' for 'Catawba Care Coalition - Client Services'. The 'SC QM Finished Flag' is set to 'Y' and is circled in red.

Property	Value
Title	PDR/Test Template Statewide CDD ONLY
Provider(s)	Catawba Care Coalition - Client Services
Specific Payee Provider?	No
Report Output Option	Client Level Output
Export File	c:\RDRCLD\PDRExport.xls
RSR	Yes
RSR Output File	c:\ClientXML.xml
RSR Parse	No
SC QM Client File	c:\SCQM\SCQMClient.xls
SC QM Services File	c:\SCQM\SCQMServices.xls
SC QM Tests File	c:\SCQM\SCQMTests.xls
Start Date	Thursday January 01, 2009
End Date	Tuesday June 30, 2009
Base Federal Poverty Line for Annual Household Income	10,000
Additional Income Per Person for Federal Poverty Line	1,000
RDR Finished Flag	Y
RSR Finished Flag	Y
RSR Extract Finished Flag	
SC QM Finished Flag	Y

SC QM Reports



Clinical Report Card

Contains two (2) pages of clinical measures.

This is a summary (aggregate) report on quality.

Clinical Report Card 01/01/2009 - 06/30/2009

Criteria	Total # of Clients	% of Clients
Served (Any Service) During Reporting Period	404	
Ambulatory Service During Reporting Period	338	83.66%
All Clients Listed Below Must have received at least 1 Ambulatory Service During the Reporting Period and their First Service Must have been PRIOR to the start of the reporting period.		
CD4 Counts During Period	318	94.08%
Viral Loads During Period	323	95.56%
CD4 Counts AND Viral Loads During Period	318	94.08%
AIDS Diagnosis	173	51.18%
Lowest CD4 Count Ever is Less than 200, NOT documented with an AIDS Diagnosis	12	3.55%
Lowest CD4 Count Ever Less than 200	118	34.91%
Lowest CD4 Count During Reporting Period is Less than 200 and MAC Prophylaxis has NOT been Prescribed	47	13.91%
Lowest CD4 Count During Reporting Period is Less than 200 and MAC Prophylaxis has been Prescribed.	0	0.00%
Lowest CD4 Count During Reporting Period is Less than 200 and PCP Prophylaxis has NOT been Prescribed	48	13.81%

Clinical Monitoring Summary

Client Name	SSN	Gender	Age	HIV Stage	Lowest	# of Medical Visits				# of CD4 Tests				# of Viral Load Tests				PPD?	S
					CD4 Ever	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
/11/2009																			
Clinical Monitoring Summary																			
		Male	27	CDC-defined AIDS	186	3	0			1				1				Yes	
		Female	52	CDC-defined AIDS	0	6	10			1	1			1	1			Yes	
		Male	50	HIV-positive, not AIDS	275	4	3			2				2				Yes	
		Female	30	CDC-defined AIDS	305	1	5			1	1			1	1			Yes	
		Female	73	HIV-positive, not AIDS	332	8	3			2				2				Yes	
		Male	76	HIV-positive, not AIDS	429	5	5					2				2		Yes	
		Male	27	CDC-defined AIDS	78	0	5					1				1		Yes	
		Female	44	CDC-defined AIDS	286	6	5			1	1			1	1			Yes	
		Male	44	CDC-defined AIDS	0	9	3			1	1			1	1			Yes	

Lists client level details from the Clinical Report Card.

Lets you see who missed a visit in a quarter.

Use hand-in-hand with Clinical Report Card & Reports from Medical Encounter

To Submit the SC QM on Nov 1, 2009



Important Notes: Chapter 5

- 1) Generate the SC QM to view critical reports.
- 2) Typically, you generate the SC QM to get the reports.
- 3) Investigate questions from the Clinical Report Card using the Clinical Monitoring Summary.
- 4) Investigate questions in the Clinical Monitoring Summary using the Medical Encounter form.
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