NATIONAL ASSOCIATION OF Community Health Centers®

ELEVATE NATIONAL LEARNING FORUM

elevate

Patients & PCMH

September 10, 2024

THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.

NATIONAL ASSOCIATION OF Community Health Centers®

NACHC Quality Center

Cheryl Modica
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and Development

Tristan Wind
Manager,
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Agenda

Welcome

Elevate Journey

A Patient-Centric Health System

- ***Patient Engagement & PCMH***

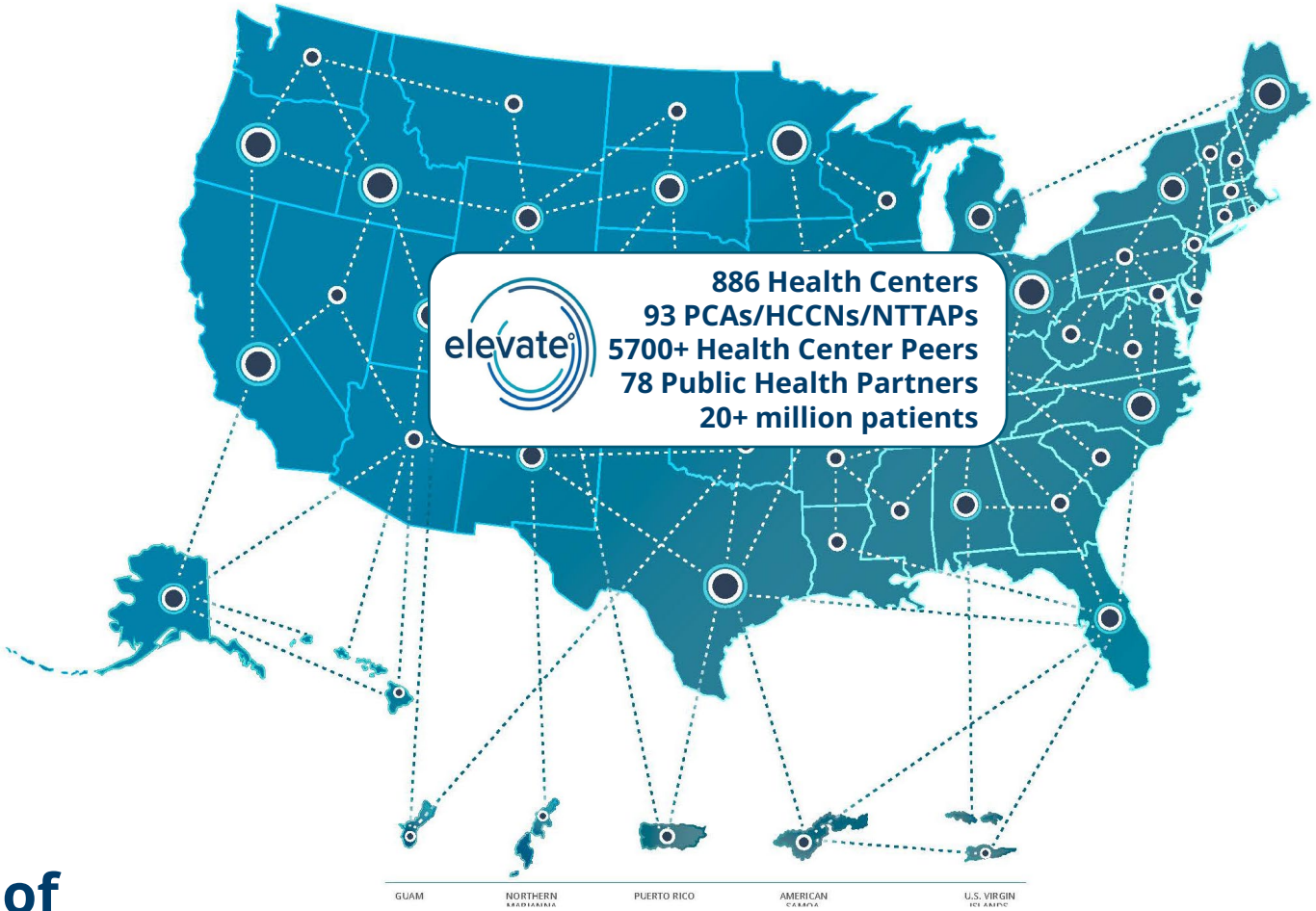
Featured Speakers

- ***Silke Schoch, Director of Research & Programs, National Health Council***
- ***Dr. Betty Bibbins, President of the Board of Directors, Eastern Shore Rural Health System***

Discussion and Q&A

Closing

Welcome!



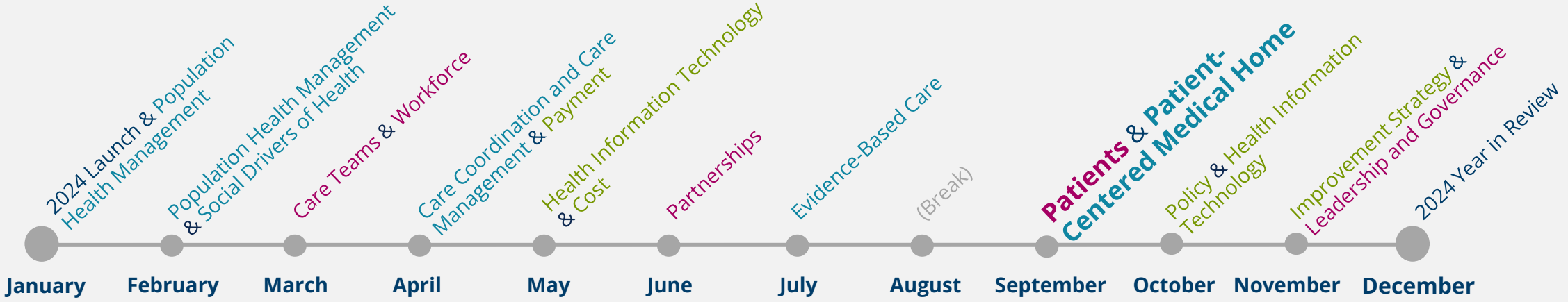
Elevate **provides guided application of the Value Transformation Framework**

National learning forum and peer exchange

Collaborate * Learn * Share * Create * Innovate

Elevate 2024

Monthly Learning Forums:



*Schedule may be adjusted by the Quality Center as needed.

VTF Assessment: Patients

VTF Change Area: Patients

Intentionally and actively incorporate the patient perspective into governance, care system design, and individual care.

	1 – Learning	2 – Basic	3 – Applied	4 – Skilled	5 – Expert
Patient Engagement* Strategy				*Health center deploys staff-driven and patient-driven strategies for patient engagement and self-management (e.g., patient decision aids, tools to capture patient-reported goals for the visit, shared care planning and decision making). Beyond Board representation, patients can participate in task forces, volunteer opportunities, etc.*	
Patient Experience Data				*Health center uses patient experience/satisfaction data to inform organizational goals and action plans; staff use patient experience/satisfaction data as metrics for QI projects.*	
Culture and Communication				*As part of delivering culturally sensitive care, health center continually re-evaluates and adjusts processes and services based on the cultural and linguistic needs of its patient population and patients' family or significant others.*	

**Patient engagement is the process of activating patients in their care including voicing their health needs, expressing their values and wishes, jointly making decisions about their care, managing their day-to-day health, and having a voice in health center services, priorities, and vision.*

WHAT can health centers do to improve patient engagement?

Intentionally and actively incorporate the patient perspective into

- ✓ **Individual care** → Patient self-management, care planning, shared decision making
- ✓ **Care system design** → Models of care, health center services, HIT
- ✓ **Governance** → 51% or more of health center Board members must be health center patients

VTF Assessment: PCMH

VTF Change Area: Patient-Centered Medical Home

Employ a model of care that transforms the delivery of primary care into a comprehensive, patient-centered system focused on high quality, accessible, and coordinated care.

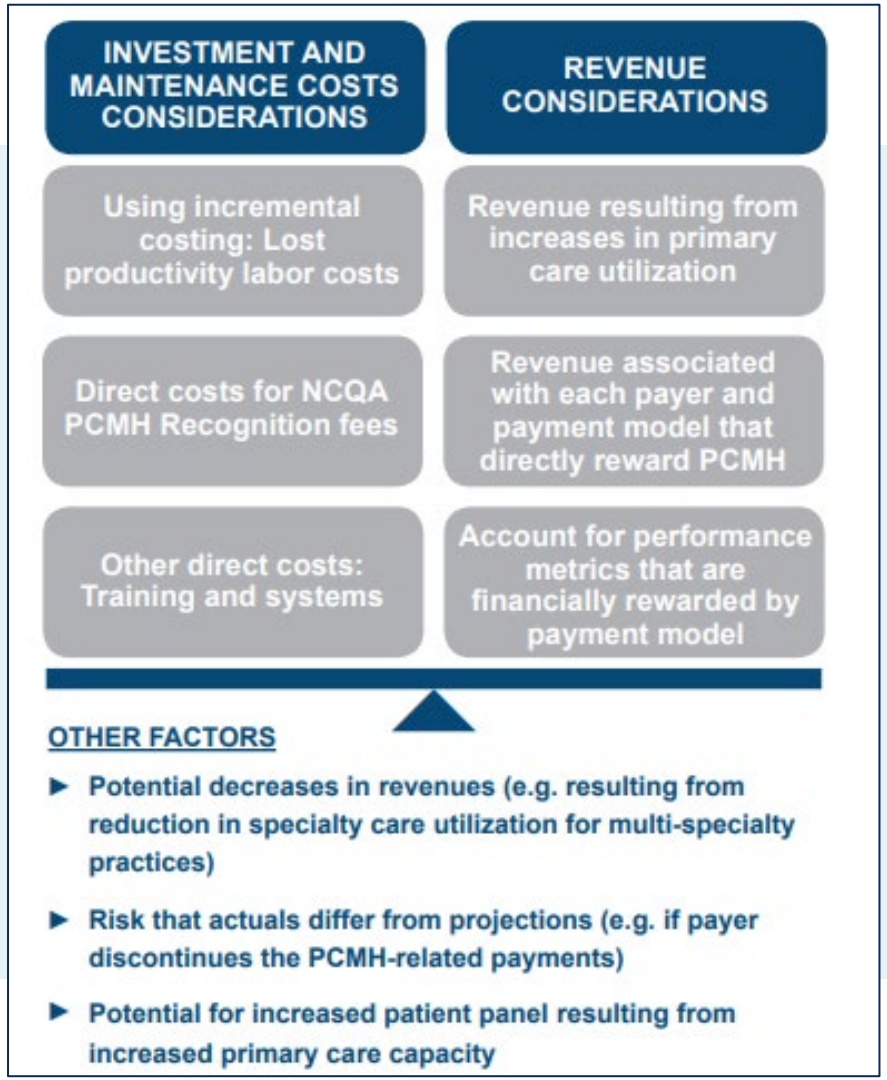
	1 – Learning	2 – Basic	3 – Applied	4 – Skilled	5 – Expert
Application of PCMH Model				*Health center has achieved PCMH recognition* for all sites within the organization.*	*Health center is actively applying the PCMH care model as a foundation for system-wide transformation efforts. Health center has expanded the PCMH care model to include innovative approaches to care, including virtual care, patient self-management, integrated care delivery models, and expanded care teams.*

**HRSA contracts with three national organizations to provide technical assistance and training for their PCMH recognition processes:*

- *The Joint Commission for ambulatory health care accreditation and PCMH certification*
- *The Accreditation Association for Ambulatory Health Care for ambulatory health care and medical home accreditation*
- *The National Committee for Quality Assurance for PCMH recognition*

WHAT is the business case for PCMH?

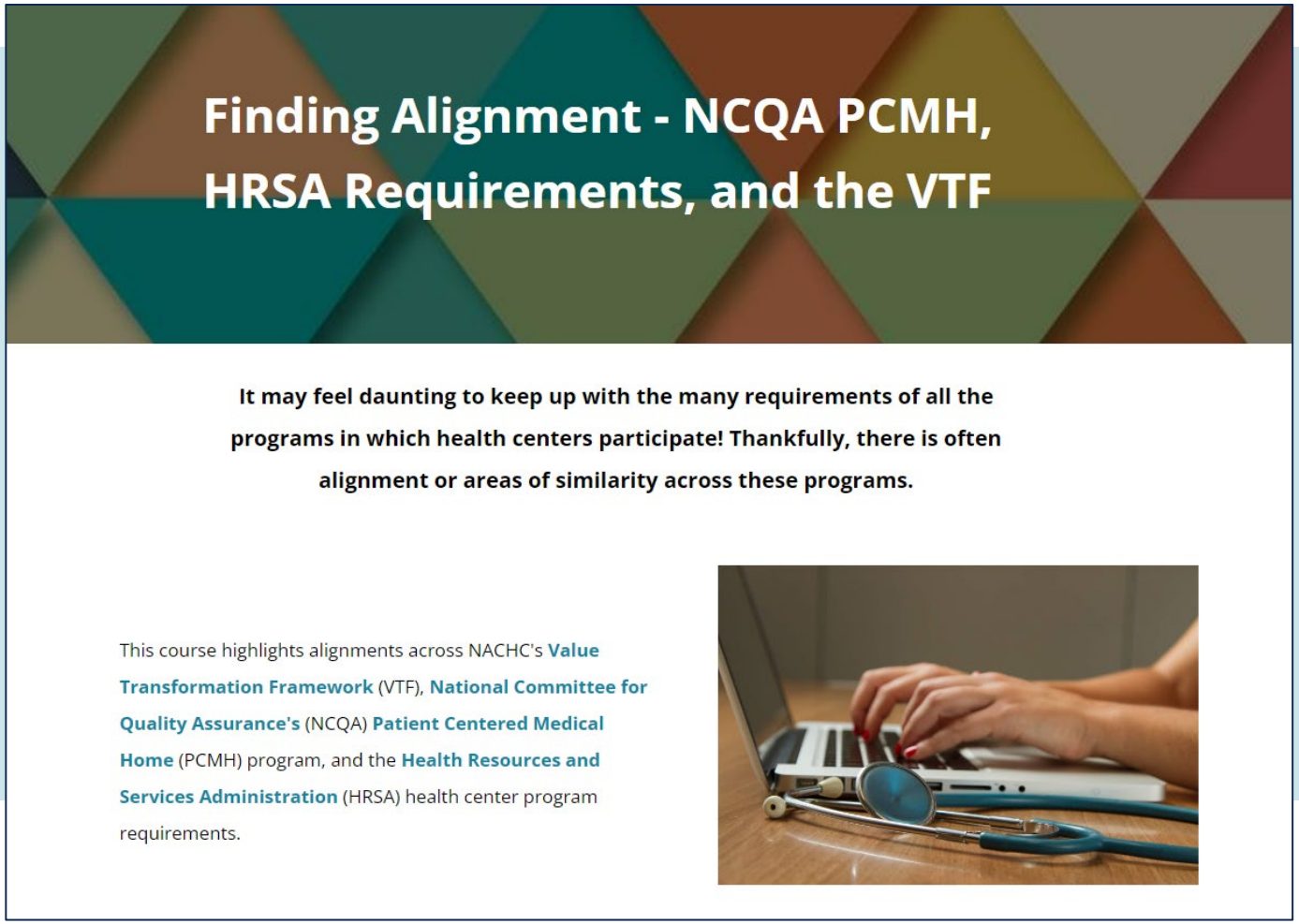
To develop a business case for PCMH, consider payment arrangements and other operational and administrative costs.



NCQA PCMH Business Case

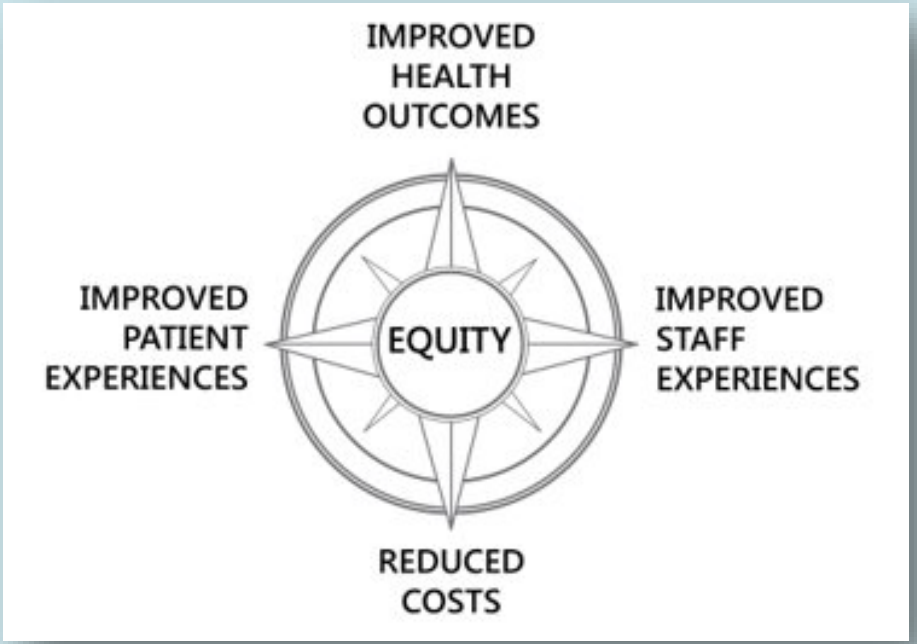
Finding Alignment: PCMH, HRSA, VTF

Finding Alignment: PCMH, HRSA, VTF Microlearning



WHY a patient-centric health system?

To Achieve Quintuple Aim Goals:



HOW to engage patients in…

Individual care

Care system design

Governance

HOW to engage patients in individual care

Patient Satisfaction

The extent to which a patient's expectations about a health care encounter were met.[1]

Patient Experience

From the patient's perspective, whether something that should happen in a healthcare encounter happened or how often it happened.[1]

Patient Engagement

The desire and capability to actively choose to participate in care in a way uniquely appropriate to the individual, in cooperation with a healthcare provider, for the purposes of maximizing outcomes or improving experiences of care.[2]

1. What Is Patient Experience?. Content last reviewed August 2022. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/cahps/about-cahps/patient-experience/index.html

2. Higgins T, Larson E, Schnall R. Unraveling the meaning of patient engagement: A concept analysis. Patient Educ Couns. 2017 Jan;100(1):30-36. doi: 10.1016/j.pec.2016.09.002. Epub 2016 Sep 3. PMID: 27665500.

HOW to engage patients in individual care

Two Key Patient Engagement Concepts:

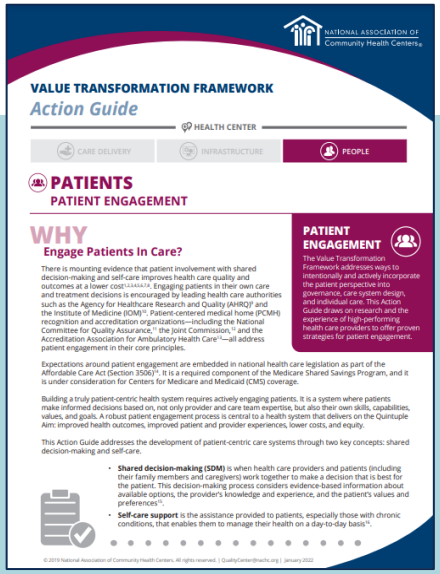
Shared decision-making: Health care providers and patients (including family members and caregivers) work together to make a decision that is best for the patient, considering evidence-based information about available options, the provider's knowledge and experience, and the patient's values and preferences.[1]

Self-care support: Assistance provided to patients, especially those with chronic conditions, that enables them to manage their health on a day-to-day basis.[2]

1. Agency for Healthcare Research and Quality, Shared Decision Making Toolkit, SHARE Approach Curriculum Tools. https://www. ahrq.gov/professionals/education/ curriculum-tools/shareddecisionmaking/tools/index.html.

2. Agency for Healthcare Research and Quality, Programs, Improving Primary Care Practice, Self-Management Support. https://www.ahrq. gov/professionals/ prevention-chronic-care/improve/self-mgmt/self/index.html).

HOW to engage patients in individual care?



Patient Engagement Action Guide

STEP 1 Identify a patient engagement lead

STEP 2 Establish patient engagement metrics; incorporate into *improvement strategy*

STEP 3 Train staff in patient engagement

STEP 4 Use daily huddles to plan for patient engagement needs

STEP 5 Communicate with patients effectively; use patient decision aids

STEP 6 Provide tools to support patient self-management

STEP 7 Provide a written care plan or summary

Patient Engagement Microlearning

PCMH & Patient Engagement

NCQA PCMH Criteria Relating to Patient Engagement in ***Individual Care***:

NACHC Patient Engagement Action Steps	NCQA PCMH Criteria*
Step 1: Identify a patient engagement lead	Designate a clinician lead of the medical home and a staff person to manage the transformation and ongoing patient-centered care.
Step 2: Establish patient engagement metrics; incorporate into improvement strategy	Assess the access needs and preferences of the patient population. Monitor patient experience through quantitative and qualitative data.
Step 3: Train staff in patient engagement	Define the practice's organizational structure and staff responsibilities/skills to support key practice functions.
Step 4: Use daily huddles to plan for patient engagement needs	Have regular care team meetings (e.g., huddles) or a structured communication process focused on individual patient care.
Step 5: Communicate with patients effectively; use patient decision aids	Adopt shared decision-making aids for preference-sensitive conditions.
Step 6: Provide tools to support patient self-management	Include a self-management plan in at least 75% of individual care plans.
Step 7: Provide a written care plan or summary	Document patient preference and functional/lifestyle goals in at least 75% of individual care plans.

*Core & Elective Criteria. See NCQA PCMH Standards and Guidelines for full details.

STEP 1:

IDENTIFY A PATIENT ENGAGEMENT LEAD

Designate and train a member of the staff whose role it is to maintain an organizational focus on patient engagement, including support for staff development in this area.

STEP 2:

ESTABLISH PATIENT ENGAGEMENT METRICS; INCORPORATE INTO IMPROVEMENT STRATEGY

Health care organizations focused on the Quintuple Aim need to establish at least one performance metric for the 'patient experience' goal and incorporate into health center improvement strategy.

Patient satisfaction surveys are not enough! To measure the extent to which patients engage in their care, also consider:

- Patient experience surveys
- Appointment no show rates
- Preferred method of communication (e.g., phone, text, portal, email)
- Use of self-care tools (e.g., home blood pressure monitors)
- Patients self-reported values (e.g., blood pressure)

Improvement Strategy Action Guide

STEP 3: *TRAIN STAFF IN PATIENT ENGAGEMENT*

Building a patient-centric model of care requires a culture of teamwork, open communication, and continuous learning.

Training should include:

- **Cultural humility** and an understanding of cultural health beliefs, prevention, and care.
- **Motivational interviewing** and how to communicate effectively to support patients with improving self-management skills.
- **Utilizing patient decision aids** and where to access credible online patient education tools or referral sources.

Patient engagement is everyone's responsibility!

See the Leadership Action Guide for details on Leadership's role in creating a culture of learning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VALUE TRANSFORMATION FRAMEWORK

Action Guide

HEALTH CENTER

CARE DELIVERY | INFRASTRUCTURE | PEOPLE

LEADERSHIP

WHY

is Leadership Critical to Transformation?

As healthcare moves from volume to value-based reimbursement, the business model and care model must connect and support one another. How a leader or governing body uses their position and knowledge to lead people, care delivery systems, and infrastructure is essential to reaching improvements in the Quintuple Aim: improved health outcomes, improved patient and staff experience, reduced costs, and improved equity. Leaders who embrace this shift early can advance their organization's efforts to deliver better care with more efficiency, gaining a competitive advantage. This Guide focuses on actions that leaders can take to create the environment, skills, and structure needed to support transformation.

WHAT

is Leadership's Role in Transformation?

Organizational transformation, and the shift to value-based care, requires health center leaders to develop organizational will, identify strategies and ideas to advance the organization, and take steps to execute change.[1] A key role in this process of Will-Ideas-Execution is providing the structure that allows for success[2]. Transformation requires leadership attention to the infrastructure, care delivery and people systems within the health center. While *leadership* encompasses such roles as administrators and the Board, this Action Guide is focused on steps that can be taken by the Chief Executive Officer in support of transformation. This begins with establishing a well communicated strategic vision for the organization and then translating that vision into an operational plan, with systems that can evolve as needed with bottom-up and top-down improvements. This requires a relentless focus on achieving the Quintuple Aim goals one step at a time. And while "leading" is critical to whole system change, one of the most important elements in this process of transformation is staff engagement and support[3,4].

Leaders can drive and inspire change by engaging the entire team and valuing ideas for improvement at all levels[5].

LEADERSHIP

The Value Transformation Framework addresses how a health center leader or governing body uses their position, responsibility, and knowledge to lead people, care delivery processes and infrastructure to reach transformational goals. This Action Guide defines a discrete set of proven actions leaders can take to provide a foundation for organizational transformation.

STEP 4:

USE DAILY HUDDLES TO PLAN FOR PATIENT ENGAGEMENT NEEDS

Implement daily huddles that include pre-visit planning, which allows teams to anticipate care needs.

This planning period frees time during the visit for providers and staff to build a collaborative partnership with patients.

See the Care Teams Action Guide for details on optimizing care teams to support patient care and engagement


NATIONAL ASSOCIATION OF Community Health Centers®

VALUE TRANSFORMATION FRAMEWORK

Action Guide

HEALTH CENTER

CARE DELIVERY | INFRASTRUCTURE | PEOPLE

CARE TEAMS

WHY

Focus on Care Teams?

Much has been written about the success of the "care team model" in delivering high-quality, low-cost, impactful health care. Developing an effective team-based model of care is at the heart of health center efforts to deliver on the Quintuple Aim: improved health outcomes, improved staff and provider experiences, lower costs, and improved equity.

Transitioning to value-based care requires a significant shift in the way care delivery, infrastructure, and people are engaged and deployed in the health care system. In the volume-based system, a primary care physician would need to spend an estimated 21.7 hours per day to provide all recommended acute, chronic, and preventive care to a panel of 2500 patients[1]. It is, therefore, not surprising that physicians face burnout and adults in the U.S. receive only 55% of recommended services[2]. The volume-driven model of care coupled with the complexity of preventive, acute, and chronic care needs in the context of a primary care visit, limits the quality of service delivered[3]. A reinvention of the care team model—with more responsibility given to supportive members of the care team—has proven to optimize the experience and outcomes of primary care for patients, providers, and staff[4]. In addition to improving service for chronic disease and preventive care, re-organizing care team roles can help address the widely-documented problem of primary care physician shortages[4,5,7].

CARE TEAMS

The Value Transformation Framework addresses how health centers can utilize groups of staff with different skills to work together to deliver and improve care, offering a wider range of services more efficiently than with a provider alone. This Action Guide offers proven strategies to develop effective health center care teams.

Ultimately, patient care is a team sport. All members of the health center team are accountable for the delivery of high quality care to patients. Patient engagement, also crucial to care, is addressed in the Patient Engagement Action Guide.

While many health centers report using a team-based approach to care, these systems may not be functioning optimally to achieve desired outcomes. This Action Guide offers steps to more effectively distribute, or share, responsibility and accountability across health center care teams.

"Sharing the care involves both a paradigm shift and a concrete strategy for increasing capacity. The paradigm (culture) shift transforms the practice from an "I" to a "we" mindset. Unlike the lone-doctor-with-helpers model, in which the physician assumes all responsibility, makes all decisions, and delegates tasks to team members (but cannot increase capacity), the "we" paradigm uses a team comprising clinicians and non-clinicians to provide care to a patient panel, with a reallocation of responsibilities, not only tasks, so that all team members contribute meaningfully to the health of their patient panel."[6]

STEP 5:

COMMUNICATE WITH PATIENTS EFFECTIVELY; USE PATIENT DECISION AIDS

Communicate with patients effectively and align care with patients' goals, priorities, and knowledge.

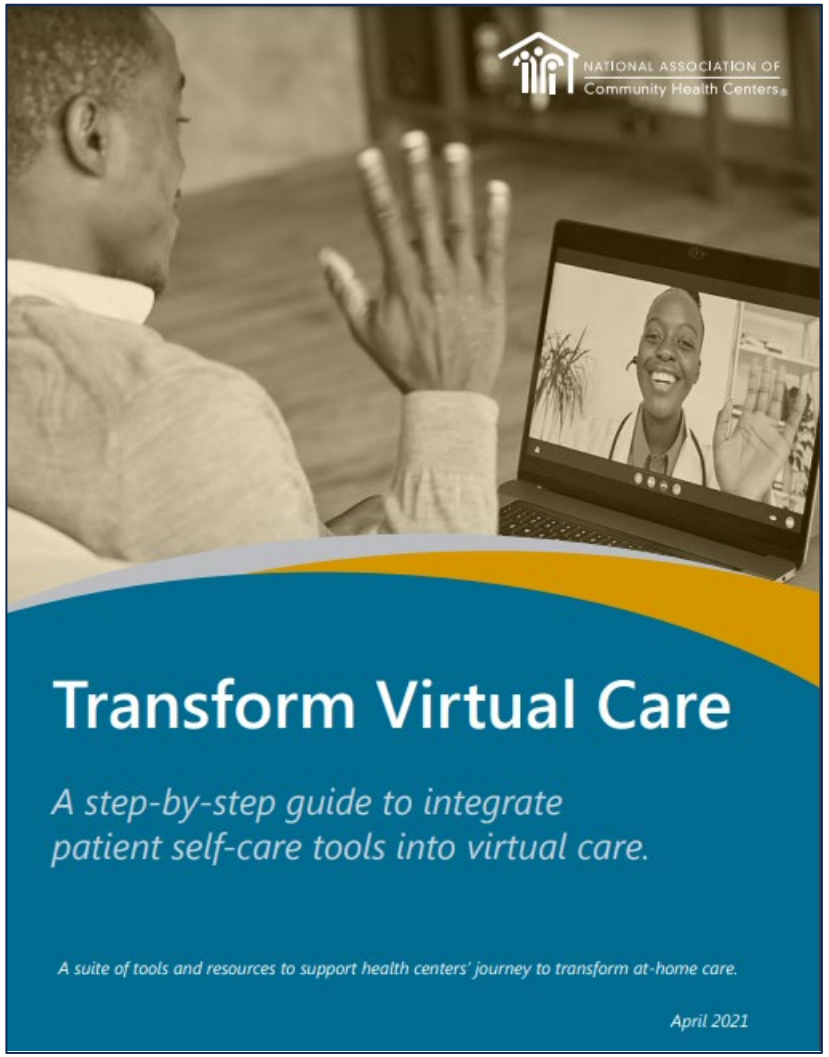
Strategies include:

- ✓ Providers set the norm that it is okay for patients to ask questions and offer suggestions to improve their own care
- ✓ Create a formal way to ask patients what they would like to accomplish at their visit
- ✓ Incorporate the Ask-Tell-Ask Method
- ✓ Incorporate Teach-Back
- ✓ Integrate Decision Aids
- ✓ Consider a patient's language and culture

STEP 6:

PROVIDE TOOLS TO SUPPORT PATIENT SELF-MANAGEMENT

Place self-care tools into the hands of patients to support patient engagement, building self-management skills, and improve patients' abilities to monitor chronic conditions from home.



Virtual Care Action Guide

STEP 7:

PROVIDE A WRITTEN CARE PLAN OR SUMMARY

Provide each patient with a written care plan or visit summary after each visit.

- Review existing care plan templates and visit summaries to determine if/where enhancements may be needed.
- Design patient visit processes to include patient goal setting and, where appropriate, the development of an action plan.

Patients should consider themselves members of their care team!

HOW to engage patients in…

✓ **Individual care**

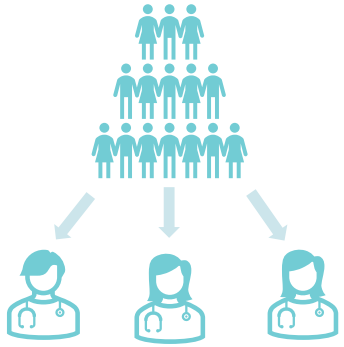
Care system design

Governance

HOW to engage patients in care system design?

Empanelment

Matching every patient to a primary care provider and care team.

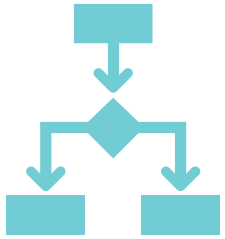


Risk Stratification

Segmenting patients into groups of similar complexity and care needs.

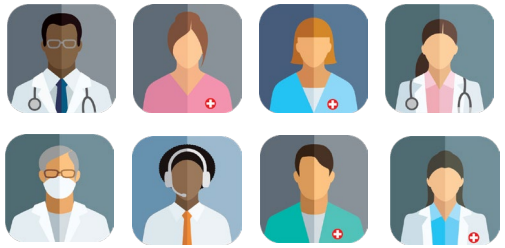
Models of Care

Care models based on risk for patients to be paired with more appropriate care team members and services.



Care Teams

Care teams and tasks are based on the needs of the patient population and the availability of personnel, services, and other resources.



Care Management

Intensive one-on-one services to individuals with complex health and social needs.

Leverage population health data to identify patient needs & engage patients in care system design!

- ✓ Models of care
- ✓ Health center services
- ✓ HIT

PCMH & Patient Engagement

NCQA PCMH Criteria* Relating to Patient Engagement in ***Care System Design***:

- ✓ Identify and address population-level needs based on the diversity of the practice and the community:
  - Target population health management disparities in care
  - Educate practice staff on health literacy
  - Educate practice staff in cultural competence.

- ✓ Obtain feedback from vulnerable patient groups on their experience of disparities in care or services.

*Core & Elective Criteria. See NCQA PCMH Standards and Guidelines for full details.

Featured Panelist

Silke Schoch, MA
Director, Research & Programs
National Health Council

Silke Schoch is the Director of Research & Programs at the National Health Council. Ms. Schoch joined the National Health Council in 2017 and has managed many of the NHC's patient engagement focused projects including the Patient Experience Mapping Toolbox, Patient-Centered Core Impact Sets Blueprint, and Value Classroom. Her interests include patient engagement, qualitative research, and gender equity-centered research. She has published in *The Patient* and *Value in Health*. Ms. Schoch earned a Bachelor of Arts degree in International Studies from American University in 2017 and a Master of Arts degree from Johns Hopkins University in Public Management in 2023.

Background

Patient Experience Data are collected by any persons; and are **intended to provide information about patients' experiences with a disease or condition**, including:

a) the 'impact (including physical and psychosocial impacts) of such disease or condition or a related therapy or clinical investigation; and
b) patient preferences with respect to treatment of the disease or condition.

- 21st Century Cures Act

The Patient Experience Mapping Toolbox is a set of resources to help researchers engage and document patients' experiences before getting a diagnosis, while getting a diagnosis, and living with a diagnosis.

Patient Experience Mapping Toolbox

- Developed by researchers at the NHC
- Disease-agnostic and pilot tested with a diverse array of patients with rare and common chronic conditions
- Customizable to study objective with a variety of conditions and demographics
- Formally reviewed for health literacy

Patient Experience Mapping Toolbox

PROJECT PLANNING

Project Coordinator Guide

A resource for researchers interested in applying the Toolbox for specific study.

Interviewer Training Guide

A resource to help the individuals who are conducting in-depth interviews become acquainted with the interview guide and the "Map My Experience" visual aid.

Visit the NHC's Patient Compensation Toolbox for guidance on paying interview participants for their time.

DATA COLLECTION

Consent Sheet Template

A customizable template to provide interview participants with information about the purpose, possible benefits, and risks of participating in an interview.

Interview Guide Template

A collection of questions aimed at capturing patients' experiences from pre-diagnosis, through diagnosis and treatment, up to the present day.

"Map My Experience" Visual

A patient-facing visual aid that can be used in conjunction with the interview guide to help participants describe their patient experiences.

https://nationalhealthcouncil.org/additional-resources/patient-experience-map/

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Map My Experience

Every patient has different experiences with their health. This map can be used as a guide to think about your own patient experience from your "starting point," through your diagnosis, to where you are now, and everywhere in between.

Life Factors

As you go along, think about how other "life factors" have played a role in your patient experience, such as:

- Family and support system
- Work or student life
- Housing and transportation
- Health care
- Insurance and access to care
- Mental health & other health conditions
- Finances and other costs

Using the Patient Experience Mapping Toolbox

Patient-Facing Visual

https://nationalhealthcouncil.org/additional-resources/patient-experience-map/

Interview Guide Template

Treatment they are currently getting

Point to "Tried a treatment" on the map.	
	I am interested in learning about treatments you have considered, tried in the past or are currently using. Treatment can be a medication, device, diet change, surgery or another procedure, physical therapy, acupuncture, etc. Treatment could also include non-medical interventions such as stress relief or massage therapy. If you took part in a clinical trial, I am also interested in hearing about that. **Could you please describe what treatment(s) – if any - are you currently taking/getting for your [condition]?** ○ **What made you decide to start this treatment?** ○ **Who helped you decide on this treatment?**

Quality Measurement

	When you think about the health care system, what do you think are signs of "good" quality care? **And what do you think are signs of "bad" quality care?**
	We have choices in what provider we see and what hospital or clinic we go to. • If a friend or family member needed a recommendation, what would be the most important things you would tell them in making a recommendation for a doctor, clinic, or hospital?

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Identifying essential questions for patients to ask health care providers

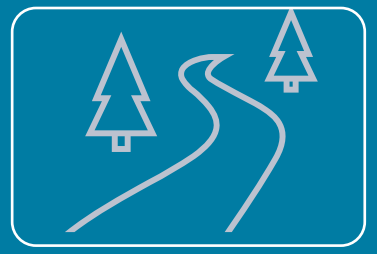
- Identified a starting point for a framework for patients to better evaluate treatment options in the context of their own priorities, goals, and unique circumstances
    - What is important to patients when deciding among treatment options?
    - What questions do patients recommend other patients ask their healthcare providers when deciding among treatment options?

Illustrative example

What factors are important to patients when deciding among treatment options?

Prefer taking fewer medicines (i.e., combination treatments)

"Now I'm able to take one pill before I go to bed and I don't have any real symptoms… it's down to one pill once a day, I can't foresee anything getting easier than that."



Lifestyle changes or non-drug options

"I don't like pills, I was for a long time and that's why I started walking initially, I just wanted to get off of my blood pressure medications."

Mental health and stress impact treatment decision-making

"Mental health was definitely playing a key factor there because it was kind of messing with my head and I was just stressing out and worrying so much about."

Results:
What is important to patients when deciding among treatment options?

Examples of variables that factor into patients' treatment decision-making

- Insurance coverage and costs
- Side effects and risks
- Efficacy/effectiveness
- Geographic location and mobility to access care
- Quality of care and trust in health care provider
- And more

HOW to engage patients in…

- ✓ **Individual care**
- ✓ **Care system design**

Governance

PCMH & Patient Engagement

NCQA PCMH Criteria* Relating to Patient Engagement in ***Governance***:

✓ Patients/families/caregivers are involved in the practice's governance structure or on stakeholder committees.

*Core & Elective Criteria. See NCQA PCMH Standards and Guidelines for full details.

HOW to engage patients in governance?

- Health centers are governed by a board of directors
- Health center boards are unique because 51% of members must be patients of the center
- The patient-majority, community-based board model helps ensure heath centers are responsive to patient and community needs

Learn More About the Patient-Driven Governance Model

Health Center Board Roles Video
9-minute overview of health center board roles

Health Center Board: Benefits to Health Centers
Outlines the benefits of the model

Featured Health Center

Dr. Betty Bibbins
President of the Board of Directors
Eastern Shore Rural Health System

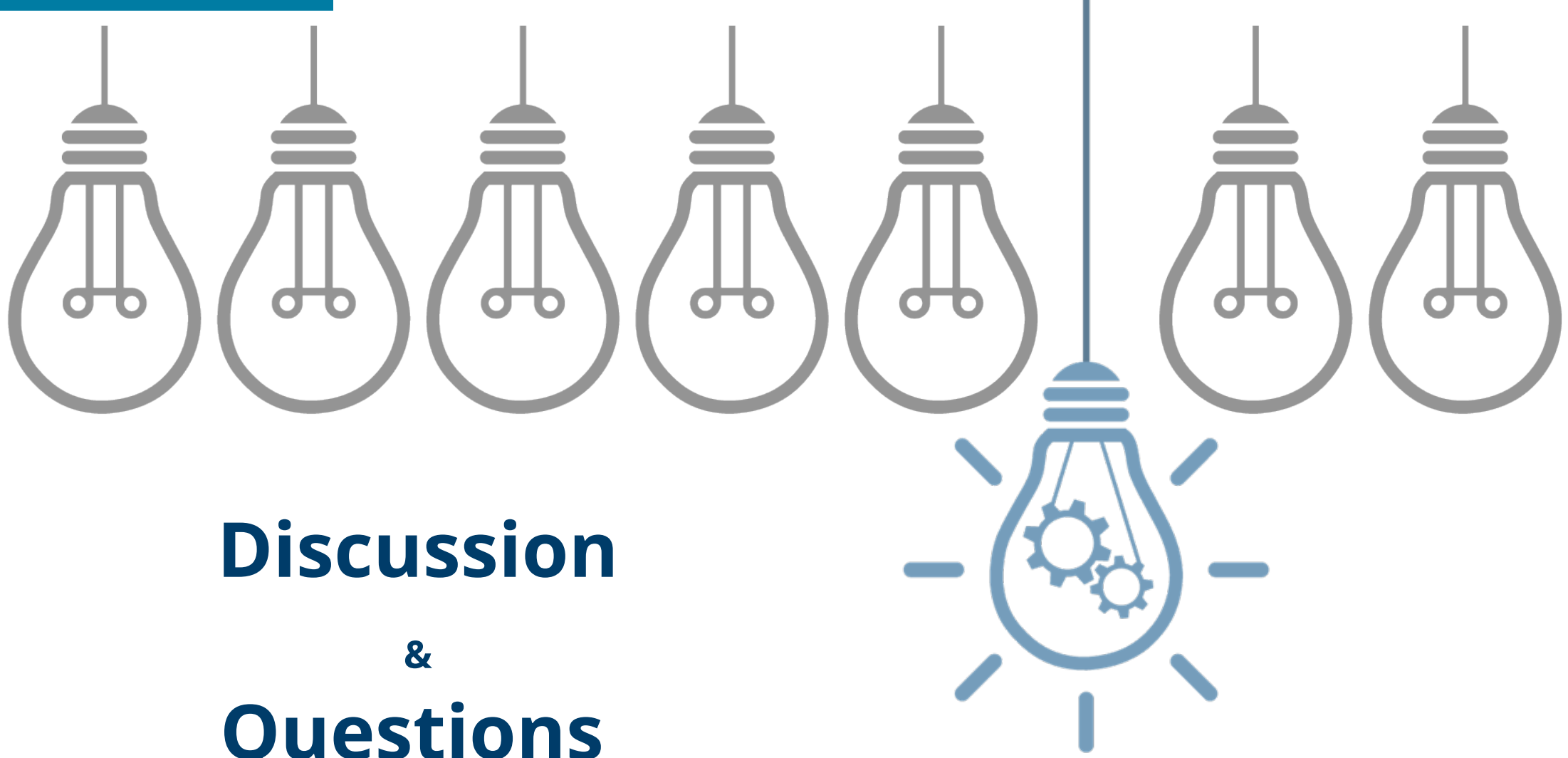
Dr. Betty Bibbins is a retired healthcare management professional that currently services as President of the Board of Directors for Eastern Shore Rural Health System, Inc. as well as the Secretary of the Board of Visitors for Eastern Virginia Medical School and a member of the QA/AI Committee at Eastern Shore Rural Health System, Inc. She has served as the founder, CEO, and executive physician educator of a national healthcare consulting educational organization as well as a number of other advisory boards for the American College of Physician Advisors, American Association for Integrity in Healthcare Documentation, and others.

Dr. Bibbins is a member of the NACHC Quality Center's 2024 QI Advisory Board and the recipient of the Ethel Bond Memorial Consumer Award.

Featured Health Center

Tips for Patient Engagement in Governance

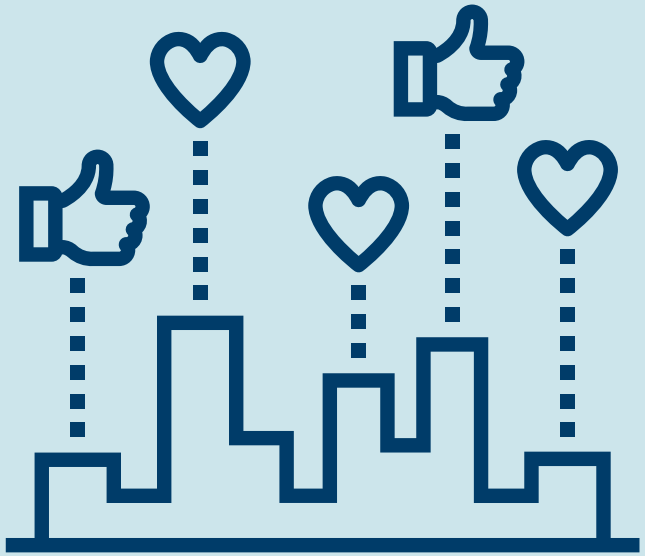
1. Have significant, representative community representatives on the board. Have mini-governance meetings during patient care “office hours” for patient input & communications.
2. Cultural diversity is essential, Language and cultural norms and uniqueness must be acknowledged, understood and integrated into governance.
3. Options in interactions with board governance must be available – Person to Person (P2P), remote/online, in-community off clinical-site meetings/activities.
4. P2P Feedback



Discussion

&

Questions



Provide Us Feedback

Elevate Featured Health Centers: Health Center Quality Leaders!

ESPERANZA health centers

mainlinehealth systems, inc.

SOUTHSIDE Your Community Health Services

VCC

MVHC

St. Croix Regional Family Health Center

care resource
Your Community's Source for Healthcare

NORTHWEST MICHIGAN HEALTH SERVICES INC

HealthLinc
YOUR COMMUNITY HEALTH CENTER®

RHG
RURAL HEALTH GROUP
healthcare that fits your family

CAMILLUS HEALTH CONCERN

StayWell Health Center
Growing a healthier community one person at a time.

HEARTLAND HEALTH SERVICES

WAIMĀNALO HEALTH CENTER

URBAN HEALTH PLAN
Providing Care for Healthier Lives

Valley Professionals Community Health Center
CARING PROFESSIONALS IN YOUR COMMUNITY.

AudubonArea
Community Care Clinic, Inc.

CHARLES B. WANG COMMUNITY HEALTH CENTER

GPW Health Center
Dedicated to Your Health

OneWorld
Community Health Centers, Inc.

SFCHC
SAN FERNANDO COMMUNITY HEALTH CENTER

FIRSTMED
Health + Wellness
Your Healthcare Home

UMC
UNCOMPAHGRE MEDICAL CENTER

sunrise
COMMUNITY HEALTH

LAMPREY HEALTH CARE
SINCE 1971

Elevate Pulse

Be on the lookout for the **Elevate Pulse** from the **NACHC Quality Center:**

- ✓ Slides & recordings
- ✓ Tools & resources
- ✓ Upcoming opportunities

NACHC's Learning Hub

***FREE* on-demand learning sessions, microlearning courses, and printable resources, developed by NACHC exclusively for health centers and partners!**

- ✓The Aging Population and Dementia
- ✓Patient Engagement
- ✓Care Management
- ✓Value-Based Care
- ✓Optimizing Care Teams
- ✓Elevate Session Recordings and Slides

Access the NACHC Learning Hub here!

Need help signing in?
Click here for instructions!

FOR MORE INFORMATION CONTACT

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Next Monthly Learning Forum:

Policy & HIT

elevate

October 8, 2024
1:00 – 2:00 pm ET

NATIONAL ASSOCIATION OF Community Health Centers®

elevate°

Together, our voices elevate° all.

The Quality Center Team

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