



**SITE REVIEW SUMMARY**  
**TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS)**  
**PUBLIC HEALTH FOLLOW-UP PROGRAM REVIEW**

<b>PROGRAM:</b> Program Name
<b>DATES OF REVIEW:</b> Start Date through End Date
<b>REVIEWERS:</b> Names of Reviewers
<b>PROGRAM MANAGER:</b> Program Manager
<b>ADMINISTRATOR:</b> Program Administrator
<b>PERIOD REVIEWED:</b> Start Date through End Date

**EVALUATION RATINGS:**

- E Exceeds Standards
- M Meets Standards
- PM Partially Meets Standards
- NM Does Not Meet Standards
- NA Not Applicable
- NE Not Evaluated

The following STD/HIV program components have been rated according to the above scale, *except Sections E (Interview Records & Case Management), F (Field Records) and H (Surveillance Systems)*. Sections E, F and H should be rated as Meets Standards (M) or Does Not Meet Standards (NM) only. Current guidelines and standards referenced in this review document are based on the Department of State Health Services, HIV/STD Prevention Services Group’s, HIV and STD Program Operating Procedures and Standards (POPS).

**A. MANAGEMENT**

Rating	Outcome	Item #	Item Reviewed
Rating		1	Procedure manual is available for review.
Rating		2	Provided current program organization chart.
Rating		3	The last two semi-annual narratives and related forms were received on time.
Rating		4	The program met 80% of goals in the “Program Indicator Report” for the most recent semi-annual report.
Rating		4a	Narratives and reports accurately describe program activities.
Rating		5	Program submitted a standardized orientation schedule and plan for DIS with less than one year’s experience.
Rating		6	Contents of individual employee folders maintained by the supervisor or program manager contained appropriate items: <ul style="list-style-type: none"> <li>• Performance Standards for DIS</li> <li>• Job description</li> <li>• Orientation form</li> <li>• Confidentiality statement</li> <li>• Records security procedures</li> <li>• Review of field safety issues</li> <li>• Photo of employee, description of automobile and license tag number</li> <li>• Emergency notification form</li> <li>• IT User Agreement for mobile device</li> </ul>
Rating		7	Provided a copy of procedures for tracking and referrals of the following: <ul style="list-style-type: none"> <li>• Early Intervention Program for HIV positives</li> </ul>

			<ul style="list-style-type: none"> <li>• Desensitization for pregnant females needing syphilis treatment who give a history of penicillin allergy</li> <li>• Congenital Syphilis (790) treatment</li> <li>• Pregnant females to prenatal care</li> </ul>
Rating		8	Provided copies of correspondence and forms used by DIS to refer patients.
Rating		9	Ninety percent (90%) of clinic clients were seen on same day.
Rating		10	Program has Standing Delegation Orders for the DIS to draw blood.
Rating		11	Program has Expedited Partner Therapy standards
Rating		12	DSHS issued mobile devices with transfer forms are accounted for and transfer forms are kept on file.
Rating		12a	Program has a policy on file for the use of mobile devices for disease investigation.
Rating		13	Program has a policy on file for internet partner services and disease notification.
Rating		14	<p>STD*MIS management reports are run at minimum as follows:</p> <ul style="list-style-type: none"> <li>• Open Field Record Report, weekly</li> <li>• Open Interview Records, weekly</li> </ul> <p>(At minimum, the last ten weekly reports run should be kept on file for review.)</p> <ul style="list-style-type: none"> <li>• Case Management Report, monthly</li> <li>• Field Investigations Report, monthly</li> </ul> <p>(For the above two reports, a copy of the last six months should be kept on file for review.)</p>

COMMENTS:

REQUIREMENTS:

## B. SUPERVISION

Rating	Item #	Item Reviewed
Rating	1	Interview skills audits were conducted according to DSHS schedule.
Rating	2	Field investigative skills audits were conducted according to DSHS schedule.
Rating	3	Field record (pouch) reviews were conducted according to DSHS schedule.
Rating	4	700 & 900 Case Management audits were conducted according to DSHS schedule.

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Rating	5	Program has documentation that a Performance Improvement Plan was implemented for DIS with identified deficiencies. See Chapter 7 of POPS attachment: Performance Improvement Plans
Rating	6	Based on the work load analysis assignments of investigations are proportionally distributed among DIS.

COMMENTS:

REQUIREMENTS:

### C. TRAINING

Rating	Item #	Item Reviewed
Rating	1	DIS have successfully completed the <i>Employee Development Guide/ Passport to Partner Services</i> online modules and the <i>Introduction to STD Intervention (ISTDI)</i> , <i>Passport to Partner Services (PPS)-Track D</i> or <i>Fundamentals of STD Intervention (FSTDI)</i> with VCA course within 6 months of employment.
Rating	2	DIS with more than 1 year of experience have successfully completed the CDC-approved <i>Advanced STD Intervention (ASTDI)</i> course as soon as practicable, when the course is offered.
Rating	3	Within 12 months, first-line supervisor(s)/Operations Manager have successfully completed <i>ISTDI (or the equivalent(see Item 1)</i> , <i>Principles of Supervision in STD Control</i> , and <i>STD Intervention for Supervisors</i> as soon as practicable, when the course is offered
Rating	4	Within 60 days, DIS have successfully completed venipuncture training and each DIS has a venipuncture kit.

COMMENTS:

REQUIREMENTS:

### D. INTERVIEW OBSERVATIONS

The review team observed the following types of interviews:  
(Original Interview, Re-Interview and Cluster Interview)

DISEASE	TYPE OF INTERVIEW	DIS NUMBER
Disease	Choose type	

Rating	Item #	Item Reviewed
Rating	1	Interviewing is conducted in an appropriate and confidential setting.
Rating	2	DIS is prepared with materials necessary for interview/counseling session, i.e., disease pictures, telephone, maps, calendar, patient appointment cards and contact referral cards.
Rating	3	DIS explains pre-interview steps taken.
Rating	4	DIS follows interview format : Introduction <ul style="list-style-type: none"> <li>• Intro</li> <li>• Role</li> <li>• Private</li> </ul>
Rating	5	Assessment <ul style="list-style-type: none"> <li>• Concerns</li> <li>• Social History</li> <li>• Disease Comp</li> </ul>
Rating	6	Intervention <ul style="list-style-type: none"> <li>• Partners</li> <li>• Suspects</li> </ul>
Rating	7	Risk Reduction
Rating	8	Conclusion <ul style="list-style-type: none"> <li>• Commitments</li> <li>• Schedule Re-Interviews</li> <li>• Take Home activities (e.g. – status disclosure, risk-reduction, partner description forms)</li> </ul>
Rating	9	DIS demonstrates interviewing/counseling skills: <ul style="list-style-type: none"> <li>• Uses LOVER (listen, observe, verify, evaluate, respond) approach</li> <li>• Problem Solving</li> <li>• Recognizes and confronts discrepancies in patient responses.</li> <li>• Uses open-ended questions</li> </ul>
Rating	10	The DIS confers with the supervisor (or designated co-worker) before concluding a clinic interview if: <ul style="list-style-type: none"> <li>• An unexplained exposure gap exists;</li> <li>• No source candidate has been elicited;</li> <li>• Informational inconsistencies persist; or</li> <li>• The DIS feels dissatisfaction or uncertainty regarding the results of the interview.</li> </ul>
Rating	11	DIS establishes re-interview date, time and place.
Rating	12	DIS elicits a commitment from the client to pursue identified informational needs, as applicable.
Rating	13	DIS assures that patients being interviewed are tested for HIV and Syphilis, as appropriate.
Rating	14	DIS documents the interview within 24 hours in MIS

COMMENTS:

REQUIREMENTS:

**E. INTERVIEW RECORDS AND CASE MANAGEMENT**

*The review team reviewed the following cases:*

DISEASE	NUMBER OF CASES REVIEWED	
	OPEN CASES	CLOSED CASES
SYPHILIS		
HIV		
GONORRHEA		
CHLAMYDIA		

The items in this section will be rated as Met or Not Met. Standards Here Apply to Priority Cases (HIV and Syphilis)

Rating	Outcome	Item #	Item Reviewed
Rating		1	Program has a case management system (describe how cases are orderly and centrally filed).
Rating		2	Program adheres to the described case management system.
Rating		3	Program uses all current case management forms.
Rating		4	85% of cases are completed and submitted within 1 business day to the first line supervisor for review.
Rating		5	85% of the cases have accurate assigned date (Review original patient field record or date of clinic visit to determine).
Rating		6	85% of cases have accurate original interview dates. (Original interview date matches the initiation date on the earliest contact/suspect field record.)
Rating		7	85% of the cases have the “Assigned To” worker number and the original interviewer match.
Rating		8	85% of cases have an accurate interview period based on disease, testing and symptom history.
Rating		9	95% of interviewed cases have completed demographics for the original patient in MIS. (age, race, ethnicity, sex, zip)
Rating		10	95% of the primary and secondary syphilis cases reviewed have symptoms documented at the time of exam
Rating		11	95% of the syphilis cases with symptoms (current or historic) reviewed have accurate symptom duration

Rating		12	95% of the cases reviewed have complete risk factors documented in the MIS system.
Rating		13	95% of cases have original interview notes attached to the case
Rating		14	95% of the original interview notes are reflective of the interview format.
Rating		15	95% of eligible cases have second disease added to the case.
Rating		16	85% of cases reviewed have correct corresponding initiation date for all related field records. (Partner, suspect, and associate field record dates of initiation correspond to the interview (OI, RI, CI)) dates.
Rating		17	85% of the cases have supervisor(s) review, comment and recommendations within 2 business days of case write-up.
Rating		18	90% of the first line supervisor's comments on the case review sheet are specific and directive as related to the case.
Rating		19	85% of the reviewed cases have DIS updates documented at a minimum 1 time per week.
Rating		20	85% of the reviewed cases open more than one week have FLS documentation at minimum 1 time per week.
Rating		21	85% of the Visual Case Analysis sheets, when applicable, are completed and cases are plotted in accordance with guidelines. (Complete for 710, 720, 730 with history of symptoms or 730 related to another early case.)
Rating		22	85% of the re-interviews plans are documented.
Rating		23	85% of the completed re-interviews are documented.
Rating		24	85% of the re-interviews are conducted within 7 days of original interview.
Rating		25	95% of all eligible partners from interview notes are initiated, as appropriate.
Rating		26	85% of the completed cluster interviews are documented.
Rating		27	70% of eligible partners have a documented cluster interview. (# interviewed/ # of eligible partners)
Rating		28	85% of the related early syphilis cases have valid source/spread determinations documented at case closure in the MIS.
Rating		29	95% of the cases are closed with supervisor approval.
Rating		30	95% of the closed cases have all contact and suspect dispositions posted. (including those with a second disease)
Rating		31	85% of HIV cases are interviewed within 7 days (for the review period generated from MIS).
Rating		32	85% of syphilis cases are interviewed within 3 days (for

			the review period generated from MIS).
Rating		33	90% of early syphilis cases have documented current HIV status (with current test results documented, if applicable).
Rating		34	95% of syphilis cases have proper case classification.
Rating		35	95% of HIV cases have proper case classification.

COMMENTS:

REQUIREMENTS:

## F. FIELD RECORDS

*The program will need to ensure original field records are available for review.*

The items in this section will be rated as Met or Not Met. The following ratings are based on review of open and closed Field Records. These records are randomly selected from the open and closed file within the past six months. This review will be of priority disease follow-up (HIV, Syphilis, or locally defined disease priority).

DISEASE	NUMBER OF FIELD RECORDS REVIEWED	
	OPEN FRs	CLOSED FRs
SYPHILIS		
HIV		
GONORRHEA		
CHLAMYDIA		

Rating	Outcome	Item #	Item Reviewed
Rating		1	95% of the field records have record search results documented within one day of assignment.
Rating		2	95% of the high priority investigations (syphilis and HIV) document an attempt to locate the client (phone call or field visit) within one day of assignment.
Rating		3	95% of high priority investigations (syphilis and HIV) have a documented field visit attempt to locate the client within two days of assignment.
Rating		3	95% of field records are properly documented (date and time of day, type activity, e.g., field visit, result of activity).
Rating		4	90% of field records open more than 3 days (72 hours) have guidance from the FLS.
Rating		5	95% of D, B, 4, 7, J K, G, H and L dispositions have

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			documentation that supervisor provided direction on the field record prior to closure.
Rating		6	95% of D, B, 4, 7, J, K, G, H and L dispositions are reviewed and initialed by supervisor.
Rating		7	95% of the dispositions on closed field records are accurate.
Rating		8	65% of syphilis and HIV contacts are examined within 7 days of initiation (from STD*MIS).
Rating		9	75% of syphilis reactors are examined within 7 days of initiation (from STD*MIS).
Rating		10	90% of incoming ICCR field records are closed by the original established due date. (Review 10 incoming ICCR)

COMMENTS:

REQUIREMENTS:

### G. FIELD INVESTIGATION OBSERVATIONS

Disease	Reactors	Partner/Clusters	Total
HIV			
Syphilis			
GC			
CT			

Rating	Item #	Item Reviewed
Rating	1	Uses resources effectively in planning field activity - including netbook, wireless access, disease pictures, telephone, maps, calendar, patient appointment cards, contact referral cards, cell phone, GPS.
Rating	2	Utilizes field resources while conducting investigations
Rating	3	Prioritizes field visits appropriately.
Rating	4	Ensures necessary materials and equipment are available.
Rating	5	Follows field safety guidelines.
Rating	6	Maintains confidentiality.
Rating	7	Problem solves while conducting investigations.
Rating	8	Conveys a sense of urgency.
Rating	9	Documents activities after each investigation.
Rating	10	Utilizes wireless access to enhance field investigation activities
Rating	11	Offers point of care testing when appropriate
Rating	12	Collects specimens and refers client for immediate medical attention, when appropriate.

COMMENTS:

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## REQUIREMENTS:

### H. SECURITY

Rating	Item #	Item Reviewed
Rating	1	HIV/STD data management and security policies were in place and available to staff.
Rating	2	Signed confidentiality statements were on file for all personnel with access to confidential information (including IT staff).
Rating	3	Compliance with data security protocols were part of employee performance reviews.
Rating	4	A list of authorized users with access to confidential data was maintained by the LRP.
Rating	5	A visitors log for individuals entering the secured area was maintained and reviewed quarterly by the LRP
Rating	6	eHARS user passwords changes were verified by the LRP at least every 90 days
Rating	7	Confidential data were: <ul style="list-style-type: none"><li>• Maintained in a secured area</li><li>• Locked when not in use</li><li>• Not left in plain sight</li><li>• Shredded before disposal</li></ul>
Rating	8	Shredders and printers for confidential data were housed in secured area that is limited to those approved by the LRP.
Rating	9	Access to the secured area where confidential data is kept was limited to those approved by the LRP.
Rating	10	HIV surveillance staff worked in a secured area and all surrounding staff were trained on security measures.
Rating	11	Confidential data was stored on standalone computers or on a secure drive of computers on a secure network.
Rating	12	Confidential data stored on flash drives were encrypted.
Rating	13	Computers with confidential information had power-on and screensaver passwords.
Rating	14	Any confidential data taken out of the building secured area were: <ul style="list-style-type: none"><li>• Minimized to the essential data required</li><li>• Stored on devices that are kept secure</li><li>• Encrypted</li></ul>
Rating	15	Any confidential data transmissions to DSHS or other approved partners were encrypted and transmitted via secured means.

Rating	16	Requests for data were: <ul style="list-style-type: none"> <li>Handled according to the established Release of HIV/STD Data policy</li> <li>Tracked in a data request log</li> <li>Data release agreements signed when necessary</li> </ul>
Rating	17	All suspected breaches were reported, investigated and followed up on according to policy.
Rating	18	A change log of security door access key codes was maintained by the LRP, if key codes are in place
Rating	19	At least one physical layer of security was in place for all areas where confidential data was stored.

COMMENTS:

REQUIREMENTS:

### I. SURVEILLANCE SYSTEMS

Rating	Item #	Item Reviewed
Rating	1	The program has a quality assurance system for processing HIV/STD reactive tests.
Rating	2	The program has a system to ensure that information (e.g., new case report, risk factor, person knows status, patient referred to services, partner notification) gathered during the disease intervention process is provided to HIV surveillance staff.
Rating	3	The program has a quality assurance system which, either by letter or visitation on at least an annual basis, confirms the reporting performance of major medical laboratories performing tests for HIV/STD.
Rating	4	The program has a system to document provider visits, including education and morbidity updates to encourage screening, appropriate treatment, and timely reporting of individuals with STDs.
Rating	5	The program has a system to ensure accurate diagnosis, treatment, and reporting of both mothers and infants with suspected congenital syphilis and/or pediatric HIV.
Rating	6	The program has a system for follow-up of parent(s) and siblings (where indicated) for examination, treatment, and interview for disease intervention.

COMMENTS:

REQUIREMENTS:

## J. SURVEILLANCE

Rating	Outcome	Item #	Item Reviewed
Rating		1	The program uses written criteria to prioritize public health follow-up of high-priority reactors.
Rating		2	Program has a system for processing HIV/STD reactive tests (record searched, initiated and assigned to DIS).
Rating		3	The program uses the HIV decision tree for initiating public health follow-up on HIV reactors.
Rating		4	The program follows, at minimum, the DSHS syphilis reactor grid for initiating public health follow-up.
Rating		5	95% of the HIV positives new to eHARS are initiated for public health follow-up.
Rating		6	95% of the new (900, 950) HIV cases in MIS are reported to eHARS.
Rating		7	The program has a system to document provider visits, including education and morbidity updates to encourage screening, appropriate treatment, and timely reporting of individuals with STDs.
Rating		8	<b>ALL eHARS sites:</b> Program has a written records security protocol and conducts periodic reviews to determine compliance with protocols.
Rating		9	Processed and unprocessed lab and morbidity reports are kept in a secured location (e.g. locking file cabinet, locking file room).
Rating		10	95% of ICCR investigations were properly handled in accordance within POPS.
Rating		11	90% of incoming OOJ investigations are dispositioned on or before the due date.
Rating		12	95% of reactive syphilis test reports needing field investigation are assigned to DIS within 24 hours of receipt from the laboratory. (Lag Time Report: date received to date entered, date received to date initiated documents that program meets DSHS standard.)
Rating		13	95% of reactive HIV test reports needing field investigation are assigned to DIS within 72 hours of receipt from the laboratory.
Rating		14	95% of HIV and syphilis morbidity reports are complete for sex, race, ethnicity, and zip codes.
Rating		15	85% of Chlamydia and gonorrhea morbidity reports are complete for sex, race, ethnicity, and zip codes.
Rating		16	60% of syphilis reactors are reported to program within 3 days of laboratory date.
Rating		17	75% GC/CT positives identified through STD clinics and

			TIPP sites have treatment verification.
Rating		18	75% of CT/GC lab reports are entered into MIS within 7 days of receipt of report
Rating		19	95% of syphilis/HIV lab reports are entered into MIS within 7 days of receipt of report
Rating		20	95% of the required program exports within the review timeframe were received in a timely manner by DSHS STD Surveillance staff
For Items 21-24: A minimum of 10 high titer reactors (1:16 and>) and 10 private HIV positive Lab reports were reviewed. A minimum of 10 lab reports in review period were reviewed.			
Rating		21	95% of lab reports have date received documented
Rating		22	95% of reactor labs are correctly entered into MIS
Rating		23	95% of reactors have an appropriate surveillance follow-up decision (e.g. – Record Search Closure, Admin. Closure, Field Follow-up)
Rating		24	95% of the reactors reviewed were appropriately dispositioned

### MIS: Quality Assurance Reports and Corrections

Rating	Item #	Item Reviewed
Rating	25	The program will maintain a filing system to document corrections made by the program in response to correction reports sent from central office. Correction documents will be maintained for at least 12 months.
Rating	26	Required corrections received from central office are completed by due date.
Rating	27	Duplicate Patient Report (exact match)
Rating	28	Duplicate Patient Report (soundex match)
Rating	29	Positive GC Labs w/o Morb
Rating	30	Positive CT Labs w/o Morb
Rating	31	Duplicate Morb for GC (<30 days apart)
Rating	32	Duplicate Morb for CT (<30 days apart)
Rating	33	Duplicate Morb for syphilis (<99 days)
Rating	34	Interview Record and Morbidity Listings are compared and reconciled
Rating	35	Lab/Provider Report Time Frames
Rating	36	Check for Missing Values Report
Rating	37	Infected FRs not linked to a Morb Report
Rating	38	Performance Measures Report
Rating	39	Quality Assurance reports are maintained for 12 months.

### Mobile Devices

Rating	Item #	Item Reviewed
Rating	40	IT mobile device form is completed at minimum quarterly.

Rating	41	IT mobile device forms are maintained in a central location.
Rating	42	Minimum of 3 mobile devices will be evaluated for compliance with mobile device policy and procedures. <u>All</u> mobile devices will be evaluated if the program received less than 3 devices.
Rating	43	Wireless access is available to all staff when conducting field investigations

COMMENTS:

REQUIREMENTS:

**K. PERINATAL STD/HIV CASE MANAGEMENT & PREVENTION**

Rating	Outcome	Item #	Item Reviewed
Rating		1	90% of prenatal/newborn reactors are dispositioned within 7 days of report to the STD program.
Rating		2	95% of all infants born to mothers with reactive syphilis serologies will have the congenital syphilis case report entered into MIS within 30 days.
Rating		3	90% of congenital syphilis worksheets (Infant Syphilis Reactor Control Record) are submitted to DSHS HIV/STD Surveillance Branch within 30 days of report to local/regional STD programs.
Rating		4	90% of congenital syphilis reports submitted to the DSHS HIV/STD Surveillance Branch are completed accurately in accordance with the “Infant Syphilis Reactor Control Record Instruction Sheet”.
Rating		6	The program has a liaison to major medical facilities where infants are delivered.
Rating		8	80% of prenatal and perinatal reactors are reported to the program within 3 days of laboratory test date.

COMMENTS:

REQUIREMENTS:

**L. HIV/STD SCREENING ACTIVITIES**

Rating	Outcome	Item #	Item Reviewed
Rating		4	95% STD clients are routinely tested for HIV in STD clinics.
Rating		5	The program establishes partnerships to promote HIV/STD screening in Adult Jail, Adolescents (Juvenile Detention Centers & Schools), Emergency Rooms, Managed Care, and other High Risk Settings.

Rating		95% of screenings are case-related
Rating		Point of care testing is in-place for staff to utilize, when appropriate.

COMMENTS:

REQUIREMENTS:

**M. STD/HIV TARGETED OUTREACH and OUTBREAK CONTROL**

Rating	Item #	Item Reviewed
Rating	1	The program maintains a Rapid Response Plan.
Rating	2	A system is in place to conduct routine analysis for cases reported including person, place, time and behavioral risk factors.
Rating	3	A system is in place to identify indicators for “outreach” screening and conducts special disease intervention activities (e.g., passing out condoms and posters) in a timely and effective manner.
Rating	4	The health department has effectively used health promotion interventions, including <i>Safe in the City</i> video, as appropriate.

COMMENTS:

REQUIREMENTS:

**N. EXPECTED-IN PROCEDURES**

Rating	Outcome	Item #	Item Reviewed
Rating		1	The expected-in process is initiated upon each patient intake to determine if the patient is a public health follow-up referral.
Rating		2	Any patient information/referral found through the expected-in process is attached to patient medical records for clinician to review.
If program uses expected in box:			
Rating		3	The expected-in box is located in the registration area, which is inaccessible to clients. If this box is not accessible to DIS, then an “Open Investigation” box containing pending investigations is maintained in the DIS area.
Rating		4	There is evidence that the program has systematically purged the expected-in box.
Rating		5	90% of the field records in the expected-in box that are more than a week old are open investigations and are on the current Open Field Record Report. ____ expected in field records (over 1 week old) were reviewed. _____ were on the Open Field Records report.

COMMENTS:

REQUIREMENTS:

**O. PATIENT FLOW FROM CLINICIAN TO DIS**

Rating	Item #	Item Reviewed
Rating	1	Appropriate educational videos are showing in the clinic waiting room, including <i>Safe in the City</i> , when appropriate.
Rating	2	STD/HIV information and pamphlets are available in the clinic waiting room.
Rating	3	Fees for services are not a barrier for DIS referred STD patients.
Rating	4	The method for referring patient(s) from the clinician to the DIS for interviewing/counseling is efficient and confidential.
Rating	5	A system is in place to ensure that clinicians and DIS can communicate with each other about patient's relevant concerns and/or problems.
Rating	6	DIS referrals receive priority status in the clinic.

COMMENTS:

REQUIREMENTS: