

Division of Diabetes Treatment and Prevention

Diabetes Audit Training 2016 RPMS/DMS Running Audit 2016

Karen L. Mundy, BS, MT (ASCP)
Cimarron Medical Informatics, LLC

Karen Mundy:

This is Karen Mundy with Cimarron Medical Informatics. I am a member of the 2016 Diabetes Audit Team, along with other members from the Division of Diabetes Treatment and Prevention.

This recording is going to cover how to run the 2016 Diabetes Audit. We'll be looking at both the roll and scroll RPMS version and the visual DMS.

The first thing you need to do is to assemble your resources from the DDTP website. There you can get the 2016 Audit Instructions and the 2016 Audit Form. And as soon as the software is released, it should be out by February 1st, you can then retrieve the Addendum to the user manual for the RPMS Diabetes Management System patch 9.

The Patch 8 manual is currently on the system, and if you would like, you can download that as it can be helpful as well to help you get prepared. And it is available at the IHS website under Medical Programs, Diabetes, and I will show you that link in just a moment.

RPMS or Visual DMS Audit Facts. Audits are going to be due by March 15, 2016. Your Area or Local Service Unit may have an earlier due date, but it will be due to DDTP March 15, 2016.

The end date for the 2016 Diabetes Audit will be December 31, 2015. You can run the audit on individual patients, a template of patients, or a register of patients by primary care provider or by community. The outputs that are available include the individual audit, the cumulative audit, and the audit export file. The other type of output that is available on the DM Audit menu option is to be able to print your SDPI report as well.

Your audit reports may be queued to run off-hours, especially if the volume of patients that you're auditing is large. You may want to go ahead and run it off-hours.

Keep in mind that your audits do contain protected health information and should never be stored on your personal computer or work station.

What's new for the 2016 Audit?

- You now have a prompt to select whether or not to include your pregnant patients in the audit or the SDPI Key Measures report.
- There is now the option to run the SDPI Key Measures report for 2016. The report for 2015 elements has been retained.
- There is a new category of severely obese, BMI 40 or more, added to the cumulative audit.
- The non-HDL cholesterol has been removed.
- Age distribution for the cumulative audit has been altered from previous years. Primarily, the age of 20 replaces the age of 15.

- The LDL greater than 100 has been removed from the combined measures and Statin prescribed has been added.
- The combined measure is only calculated for those patients 40 years or older. And there is a new cumulative audit section related to comorbidities.

What's new for the 2016 reports? We have four new reports for 2016.

- We have the INA report to list possible inactive patients in the DM Register.
- The DXNR Report, for patients with a diagnosis of diabetes and not on the register.
- The VTAX, View your Taxonomies, this gives you the opportunity to look at what's in your taxonomies without actually going through the update menu option.
- A new report VSML, allows you to view the five SNOMED lists that are now included in the logic for the audit.

Previous years changes that were important are that the browse mode was added to all reports and the Update the Problem List on Patient Management was replaced with only Display the Problem List in Patient Management.

Several logic changes for 2016, the biggest one being that we now have both ICD 9 and ICD 10 diagnosis codes. The dental exam logic now includes dental exam data from the V Dental File and Dental CPT codes. SNOMED codes have been added to various elements of the audit, and there have been a few updates to the medication therapies.

For visual DMS for 2016, it now does check for a default directory. There has been a security measure added for the user's default directory. And changes outlined for the audit and reports for roll and scroll are also included with visual DMS.

Preparing for the audit, you want to retrieve your resource materials, review and update your taxonomies, select your patients, clean up your register (if you want to use your register), run and review the cumulative report, and then run the Audit Export file. And keep in mind that you can run the audit anytime during the year. Even previous year audits can help to find problems, data omissions, or taxonomy issues.

Steps for uploading to the WebAudit: first, you must obtain a web account. Then you're going to create your Audit Export file in RPMS. Login to the WebAudit, enter in your facility administration information, browse and upload your file. Run the error reports. Correct or update data. Run and or save reports. And do note that there is now an interim report functionality.

Bits of useful information to consider before running your audit or when you're ready to run your audit is to first determine where your audit export file go. This is based on your server information, so you'll want to meet with your site manager and find out where your export data goes. You may not have access to that particular directory. So when you do perform your export, you'll have to work with your IT folks to have them grab that file for you so that you can have it in a directory to upload it to the WebAudit.

What are the codes for CVD? There is an appendix in the addendum for 2015 that allows you to look at what the ICD codes to determine CVD.

What data is in what fields for the audit export file? This information is also in your Addendum, both for 2015 and 2016.

Keep in mind there's that LMR report, useful for determining what lab tests and medications are used at your facility. You want to use the Display Audit Logic to help determine why data is not making it to the audit. Keep in mind also, don't use chart review for EHR Visit type for documenting education because

chart reviews are not included in the audit. If your providers are documenting an education topic, again, please do not use chart review as the visit type.

So now, we'll move over into RPMS. We're going to look at roll and scroll first.

The menu option, the primary menu option on this particular database is quite large. This is my first screen, and you'll see that diabetes management here, the acronym for it on this particular database is BDM. Yours might be BDM, it might be DM, and it might be DMS. It varies with facility.

Once you go in to the DMS application, if there is more than one diabetes register on your system, you will be displayed all those registers that you are considered a user on those particular registers that you have access to. You do have to be an authorized user in order to see the registers.

I'm going to go ahead and use my small register KLM, number two, and I'm going to go into DA. You'll see that we have several audits available to go back to 2009, if you wanted to rerun audits on your current group of patients. There is a DAL to display your audit logic. So once you've run your audit and created a cumulative report and you see that you're deficient in some area you want to go ahead and look at your DAL to display your logic. You choose your audit year. I chose 2016. And then, you will be displayed all of the elements of the audit and what the logic is for each element.

For example, if we were to look at the UACR, it's the number 48, and it's going to tell me that it's going to look for the test contained in the DM Audit Quantitative UACR lab taxonomy. That's one of the taxonomies that is maintained locally. Or the DM Audit AC ratio LOINC taxonomy. And that LOINC taxonomy consists of all the possible LOINC codes that are related to a UACR or albumin creatinine ratio. That is not locally modifiable. That does come with the software.

So if it does find a value there, then you're given a yes as a credit. If not, it goes on with the rest of the logic, how it looks for urine microalbumin and if it can't find it then goes on if neither are found then it is considered, no. So each of the pieces of the elements, there is the logic there for you to look at.

Once you've looked into your logic, you're going to go ahead and run your audit. And we see here we have two of the new reports, the VTAX to view or print any DM audit taxonomy and the VSML.

So the VTAX simply shows you all of the taxonomies that are used for the 2016 audit. So if you wanted to see what CPT codes are considered for your CABG CPTs, then you can look at that. It is not modifiable locally but if you just wanted to see what CPT codes are included, you can look at that. And then, you can also, of course, look at those that are locally modifiable such as the laboratory test, number 15, and browse. And you can see these are the tests that are populated for your creatinine kinase lab taxonomy.

And the other new one is the VSML, to view a SNOMED list used by the audit. So the audit does look at some SNOMED codes. So you would be able to look at, for example, the breastfeeding patient education topic and you see those actual SNOMED codes that are looked at for the audit. And then, for example, your tobacco cessation patient education, and there are numerous SNOMED codes listed there as well. All of it having to do with tobacco cessation.

So what we're going to first do is check your taxonomies for the 2016 DM Audit, TC16. And what this is going to show you is a list of your taxonomies that may have a problem. For example, the laboratory taxonomy, DM audit, ALT has a panel test to CMP and should not. And then also, with the laboratory test taxonomy, cholesterol taxonomy contains a panel and should not. So that would instruct you to go into your update and remove those panel tests.

Now, you also have drug taxonomies here that say, "Have no entries." And that could be okay. So you need to meet with your pharmacist or your providers if you do have drug taxonomies that say, "Have no

entries”, check with them and see if they are indeed prescribing any of those types of drugs and you’ll want to get them into the taxonomy.

And at this point, let me step back out of the audit package so that I can show you that LMR report which you can run for both lab test and for medications. It’s on your reports menu of the DM application, LMR, and you can do it for either lab tests or medications. And you might want to go back a year’s worth, but for shortness of time, I’m just going to go back for six months. So I’m going to start at July 1, 2015 and go to December 31, 2015, back six months. But when you run this for lab tests, you’ll run it for an entire year and then browse it on the screen.

When you do your medications, you’ll just want to do it for the last six months of the audit period because that is what the audit logic goes to look at: just the last six months of your medication dispensed.

And we’ll see here for the labs, we have the list of the test name, the internal entry number, how many were done in that time period, the units of measure, if it is listed in file 60, and if there is a result, the last result. You’ll see here the albumin creatinine ratio is included in the DM audit quantitative UACR. And the ALT is also included in the DM audit ALT taxonomy. And your medications will display the same. You’ll see the name of the medication and the internal entry number and you’ll also see if that particular medication is included in a taxonomy.

So what you’ll want to do is go through your list and determine if all of the tests that should be in taxonomy, do indeed have a taxonomy associated with it.

If I get down here to the CMP, the complete metabolic panel, I see it is in the ALT taxonomy and that is an error. So we would want to fix that.

We also see down here, we have the ESTGFR is in the BGP GPRA, ESTIMATED GFR taxonomy. But the estimated GFR is not in that particular taxonomy. So we would want to fix that as well, before running your audit. So these are some things you need to check before running your audit. And you would do the same for your medication taxonomies.

Also on this particular menu where the LMR is, are the other two new reports for this year, the DXNR, patients with diagnosis of diabetes and not on the register.

In previous years, we were able to receive mailman bulletins to let us know about newly diagnosed cases of diabetes. With the influx of ICD 10, those mailman bulletins are no longer functioning. We hope to have that ready for you for the next year.

And the INA list possible inactive patients on your DM register. This is a good tool to use if you’re going to use your register to look at your active patients to be sure that they are still active. And if not, go in and change the register status to unreviewed or inactive after you have reviewed them. So those are two other new pieces that are available to help you clean up your register.

So we’re going to go back to DM16. So we’ve done our check. We need to update, let’s update one of them quickly. We know we had a problem with the ALT. So I’m going to select number 7, and I see I have a CMP there, which doesn’t belong, so I’m going to remove it. And you type R to remove and then remove the number 4. So it’s gone. And then Q to quit.

So you would go through and do your LMR for your labs and for your medications to see where you need to clean up your taxonomies and go ahead and do that.

So we’re going to pretend that I did all of my clean up. And now, what we’re going to do is run the audit. When you choose the DM16 to run the audit, it’s going to go ahead and show you the problems

you may have with your taxonomies. And again, keep in mind for both lab and medications where it says they have no entry that might be just fine. You need to check with your laboratory folks and with your pharmacy folks to see if that is indeed true. You're going to pick your official diabetes register. And again, I'm going to use my small one. And your audit date is going to be 12/31/15.

And here you have the opportunity to look at just a few individual patients. If you have a few that you know are compliant, the patients then you might want to see, "Well, how does my audit look just by using those patients" or you can use a search template of patients. In other words, if your register is a total mess, then you may want to use Q-Man to grab some of your patients out of your general population that meet the criteria for being included in your audit and then go ahead and use that template. The way to select your patients is provided in a separate recording. Or lastly, you might just want to use the entire member list of your CMS register.

I'm going to go ahead and just use one of my patients so that I can show you an individual patient audit. You can do more than one, let's say, like I said, you want to take your compliant patients and take a look at how they look, and I'll just take these two. And I'm going to print an individual audit and a cumulative audit on these two patients. So that would be number three. Then I'm going to go ahead and browse it to screen so I can just take a look and see. And what I'm going to get is an individual audit on patient one and an individual audit on patient two and then the cumulative.

So what I'm going to see here is how many people I have in my cumulative audit for these two. Obviously, there are just two. And this is the browser mode, so you can use arrows to move up and down in the screen, and you will see where they fall in the age group, the type of diabetes, the duration of diabetes, BMI, and here we have that new category of severely obese. And obviously, here in this first column is those that are hits and this is the denominator, so the numerator and denominator here. Then your blood sugar control and so on.

Here are the comorbidities. And for those that are over the age of 18, we look at the estimated GFR. And here's the new section on number of comorbid conditions. And you'll see the asterisks here, if we do last screen, LS, we then see what that meant for the particular piece of information we were looking at. And we can do FS to go back to the first screen and so on.

You can hit the enter key to go page by page, tobacco screening, and then we get into medications and then your laboratory tests and then combined outcome measures. So for patients who are greater than or equal to 40 years of age and meet all of the following criteria: the hemoglobin A1c less than 8, a statin prescribed, and the mean blood pressure of less than 140 over less than 90. Neither of our two people meets that combined outcome.

And then again, here is this asterisk for your footnotes for some of those categories that need an explanation that's down here at the bottom.

And I guess I must have picked the wrong one because I obviously did not get my individual reports. So I'm going to run one of those quickly on just one of my patients, so that you can see an individual audit. I picked number three instead of number four. So I'm just going to print the individual now. You can have the option of not having the patient's name on the audit sheet. I'm going to go ahead and browse.

So this is the audit on this one patient. So you can see their date of diagnosis, the type, and then where that type is actually found to be documented. On the register itself, this patient is documented as Type II, on the problem list we see the ICD 10 code. And then on the PCC, purposes of visit, we see they are indeed Type II. And then, each piece of the audit is here and displays what the patient's status is.

So we see height and weight and the BMI is calculated. The last three blood pressures during the audit period, if there's not three, it shows you what is there, then the exams. And here, you can see this eye exam. We're actually referring to a SNOMED code. There's all of your education topics and how it's been recorded. Mental health, depression: is it an active problem or has it been screened? And you see all those comments there. And then we see all of their diabetes therapy.

And then we look at their ACE inhibitor, an aspirin, antiplatelet, anticoagulant therapy, statin therapy, TB testing, CVD, and it tells you what -- this was an ICD 9 code found for this patient for diagnosis of CVD. Immunization status, laboratory data, this person's a little short on any lab data. Urine protein, and then the combined measure which this patient does not meet, so it does say "No" and whether they have an EGFR or UACR, and if you do have a local option and that displays there as well.

So that was running an individual audit. You want to look at your more compliant patients, and then if you have a problem or a deficiency, then you know you need to look at your taxonomies or look at the way that your data is getting captured.

So I'm going to do my search template of patients -- my members of the CMS register. I'm going to use my register. You're allowed to pick a certain status and obviously, we want to just search our active patients. A is active.

I don't care about a particular primary care provider, but if you did want to look to see how your designated providers are doing their job, you can go ahead and limit it to a primary care provider. Or a particular community, if there's just a certain community that you're tracking. You can look at a community.

Then you have the opportunity to run your audit only on Indian/Alaska Native which is a classification of 01. And that's what we're going to do. But you can also run it on your Non-Indian/Alaska Natives or you can include both, Indian/Alaska Native and Non-Indian

And now, new with the 2016 audit, we do have the opportunity to exclude our pregnant patients, so I'm going to go ahead and do that. And then you can run it on all your patients or even just take a random sample. So when you're running your audit, maybe it's not due yet, but it's the end of February and you just want to see how you're looking. You may not want to run your audit on the entire register. You might just want to take a random sample, because it won't take as long so you can usually run it during the work hours. But I'm going to go ahead and look at all patients and I am going to do my cumulative audit only, number 3. And I'm going to exclude my demo patients and then browse it to the screen.

So this will take a moment but I don't have very many patients so it shouldn't take very long. But while we're waiting that you also have the opportunity here to select your outputs for your SDPI Key Measures Report, the 2015 or the 2016.

Here we have again, a combined audit of all my patients. I've got five patients were audited, and then I see the actual cumulative audit report. So you want to review this and if you find some deficiencies, you may want to go ahead and review your taxonomies or review the data for a particular patient. And that's where the individual audit does show itself to be useful if there is an individual patient that you'll need to correct.

And do note when we get into these particular categories that are age related, our denominator changes. So even though we have six patients, only four of them meet the criteria for being 18 or older.

You'll also see that with the audit, you get to see how many diabetes meds are currently prescribed, whether it's just one med, two meds, three meds, or four or more. And then we get the ACE inhibitor,

the aspirin, the statin, et cetera, then our exams, and then our immunizations. You'll note immunization is the only category where we do capture refusals.

Once you're happy with that, you're going to go ahead and run your audit and create your export file. We want to have our active patients only. We don't care about our primary care provider or particular community. We do want only our Indian/Alaska Native and we do want to exclude our pregnant patients. And we're going to look at all of them and now, we're going to create our audit export file number 2.

Now, you're going to have to name your file, and you want to make it something you can remember - you only get three to twenty characters. But you want to name it something that you will either remember or will make sense to somebody else that might look at it. I'm going to call this KLM, my initials, Audit 2016.

And then, all of this is telling us, it's going to go into a particular directory on your RPMS server. You may not have access to that directory, so you're going to have to ask your site manager to retrieve it for you. This is dependent upon your particular RPMS server, the directory that the file will go. You're going to want to write down the name that you named it so you can let your site manager go and look for it.

Do remember if you have thousands of patients in your register that it may take a while, so you might want to queue it to run after hours. Once you do receive that audit file, it is a text file, with a TXT extension. You can pull it into Excel to look at it. And all these instructions would be provided in the addendum.

If everything is okay and you want to continue, you go ahead and say, "yes". I'm not going to run this file because I'm on a demo database. I don't have access to where they're export directory is, so I'm not going to take the time to do that. But I will show you when we go and actually upload on my system how we can do that.

So the other output option that you can do, I'll just show quickly, is the SDPI measures. And for your SDPI measures, you may want to restrict it to one community. So I'm going to go ahead and just do it to the members of my case management register, KLM. I do want only my active patients. I don't care about a primary provider or particular community. I do want only my Indian/Alaska Native. I'm going to include pregnant patients because I want them in my SDPI report, and I'm going to select all patients. And then I'm going to run number 6, the SDPI Key Measures Report, 2016 version. And I'm going to exclude my demo patients and browse it to the screen.

And here we have the SDPI measures and again, it tells me how many patients I have. The number of patients in the numerator and the denominator and then the percentage would be over to the far right. Here's the SDPI measures for 2016.

So what am I going to do now is I'm going to switch over to the Visual DMS. And I apologize ahead of time, in Visual DMS on this particular remote desktop I have absolutely no control over the size of the lettering. I understand -- I realize that it's very small. But at least, hopefully, I can point you in the right direction. With Visual DMS, remember that you cannot hit enter after entering you access code, you have to either use the tab key or your mouse to come down to the verify code.

It takes a little bit to open this up. Once it opens up, it's going to show you the various divisions, if you have more than one division in your database for you to login to. And then, it will show you the registers that you are an authorized user for. Again, I apologize. I realize this type is small. I'm going to go ahead and pick my register, KLM. We're going to look at first reports, because I want to point out to you those two new reports that are in Visual DMS to allow you to review those folks that may have diabetes.

Well, this particular database unfortunately, doesn't have our two new reports. So this must be an older iteration of the Visual DMS. The new one will be released hopefully by the first part of February. So I apologize again, I can't show this to you because it's not there.

So we'll go ahead and look at the Diabetes QA Audit. And here we have the 2016. We also have the place to display your audit logic. We're going to go ahead and look at the 2016 Audit. Here you have the place that you can check your taxonomies, and it will show you a little display of those taxonomies that are having issues. You're going to go in and fix them. I'll look at this cholesterol taxonomy.

So we're going to update the taxonomy for cholesterol. We're going to select our taxonomy and that was the cholesterol. And we see we have a lipid panel, and we don't want panels in our taxonomies because they don't contain valid results. So it wouldn't contain a cholesterol result. We have to actually look at the cholesterol. So we'll get rid of that. Just click the chevron to push it back over to the other side. We're going to save our change. You see down here. It says, "not saved," we need to save it, and then we can close out.

There is where you check for your taxonomies, update your taxonomies, and then when you're going actually run it, you're going to click on the 2016 Diabetes Program Audit. It does the taxonomy check again. We close that out after you've looked at it. And then it opens up a window where now you have, "Okay, what register do you want to use?" And you click on that and you -- apparently, I get to see everybody's register but I know I don't have access to all of them. I'm going to pick mine.

Then, the audit date is going to be December 31, 2015, that's the end date of the audit period. The type of audit that I want to perform, you use the down arrow. You've got a choice of Individual Patients, a Search Template, or a Member of the Register. And I'm going to take Member of the Register. I have to pick My Register. It seemed a little redundant to have to do it in both places, but so be it.

Then, whether we want to do the audit for a particular community, if I say, "yes" then I need to select the community. A particular provider, if I say, "yes" I'd have to pick a provider. Do I want a random sample, yes or no? If I say, "yes," then I can pick how many patients I want, but I want my total register. I want their status to be active. I'm going to include my pregnant patients on this one, and the only reason I'm doing that is because since I already now know that this Visual DMS is not a current iteration of our latest Visual DMS software. I know there was a problem with excluding pregnant patients on the older version. I want to exclude my demo patients. I want my Indian/Alaska Natives only, and I'm going to go ahead and queue it run.

So it's going to ask me for a file name. I'm going to put KLM and queue it. And it's been queued to run. Click "okay". To look at your report status, you go up to the top tab here, report status. And it will show what reports have been queued to run and whether or not they are complete. And this completed already, but because this is a database that I do not have access to all the directories, I'm not even sure where it went. So that is something you'll need to know prior to sending your file out there so that you can have someone retrieve it for you.

So the other thing I wanted to show while I was in Visual DMS, is for when you are looking to update your patient status. But you do, do that in patient management but you need to select your patient first either by last name, first or by health record number if you know it. And then, you go and look at the information for your patient, and we'll look at the patient profile. And here, right here, the first thing that we can edit is the status of your patient.

So if you were able to run a report and found that you have patients in your register that haven't had a visit in the past year, and you don't want them included in your audit, then you're going to have to go back and go into Edit Register Data and make them unreviewed as the suggested status so that you can check on them later or inactive if you are certain that they are no longer active patients. Once

you've made that change, you need to save. You can see here, this is not saved. Press the SAVE button. And then you can exit out of it.

Keep in mind, with your visual DMS, there is a lot of help text. You just find a little question mark on each window and you'll be given the help text for each window that you have opened at the time. So here, we could get information on patient profile.

Lastly, what I want to do is log out of here. I know there's an "Exit your System", so you do it gracefully. Now I'm going to get into my own system, and I'm going to show you the Division of Diabetes Treatment and Prevention website. When you're going to go into your audit -- first, let me show you your Audit 2016 resources. This is where you get your instructions, your form, and your addendum. If you need additional information on RPMS itself, here is the original DMS user manual.

Once you get ready to run your audit, you're going to need an account. If you don't have an account, you go to the WebAudit info and account request and all the information is here, how to request your account information. I'm going to go ahead and log in. And here's the main menu, Data Processing Tools, Reports, Administrative Reports, Facility Administration, and Audit Resources.

I'm going to go ahead and enter in my facility information. I'm going to choose the audit type and you have a choice of an Annual Audit or an Interim Audit. I'm going to go ahead and do my Annual Audit. You'll have your facility here. I just have test facilities here, but the facilities to which you have access would display for you.

And so then, it's going to say, "Okay, how many active patients in your registry meet the inclusion-exclusion criteria?" and that's how many were actually in your export file. I have 3,164. I'm going to save. The submission was successful, so I'm going to go ahead and upload the file for this facility. And then I need to find where my file is.

Do note that when you do upload a new file, it's going to remove anything that was existing. So I'm going to browse and where my export file happens to be is in my Export directory. Demo Export for 2016. Then I'm going to upload my file. This does take a moment.

Once your file is uploaded, then you can run reports to look for errors. The Division of Diabetes Treatment and Prevention folks will be recording some sessions on how to look at those reports and explain what they mean. But you'll see over here is kind of grayed out. You do have audit reports, and you have trends graphs, and you also have means graphs that are available to you once your information is uploaded.

While that's processing, let me go ahead and show you the addendum. Here's the addendum, with the table of contents, is an Adobe Acrobat file, so all you need to do is look through here to see what it is that's new about the audit, how that you can prepare for the audit. And again, we do have two separate recorded sessions on updating taxonomies and preparing for the audit, as well as an overview of the DMS application. And then, how to run the audit and how to import, how to look for those errors. It actually has a list, narrative form of all the diabetes audit logic. Your audit resources and what a diabetes patient care summary looks like. So that's the addendum.

You also have the audit form that you can download from the website, if you're going to use the manual audit, and the instructions. The instructions tell you how to identify your patients for the audit, your inclusions and your exclusions are listed there.

Here, our data was successfully imported. I can now view records for this facility, and this is demo patient data. This is not real patient data. I'll go ahead and look at them. Here you're allowed to edit or remove data. We only now see the month and year of birth, the sex, the date of diagnosis, et cetera.

The chart number is no longer captured or displayed. All of the pieces of the audit data are here and you can then download the data into MS Excel format to look at it as well.

So that concludes my review of running the 2016 audit. I thank you for attending this session. And if you would please, you'll notice on the screen, click on the link below in order to provide feedback on this training and receive a certificate of completion. Thank you again.