

## **June 28, 2017: Are We Saying the Same Thing? The Language of Long Term Services and Supports and Managed Care**

Thank you for joining us. We are pleased to have you join us for today's webinar. This webinar is presented by the business acumen center; managed by the National Association of States United for Aging and Disabilities, made possible by the Administration for Community Living.

Today's speaker is Carl Cooper, director of health programs. Carl will speak about long-term services and support and explore ways community-based organizations can engage with organizations. In addition, I will share information about a new opportunity to participate in a learning collaborative strives to bring these words together. Finally we will have questions -- time for questions at the end.

With that handed to Carl. On the director of public health programs. For those who aren't familiar with our organization, we are a national organization located outside Washington DC and Rockville Maryland. Our mission is to promote health and wellness initiatives to people with disabilities.

Today will talk about terminology and why it's important, carefully defined enables people to allow people to communicate clearly. The common understanding of terms allows people to communicate ideas more rapidly with less need for lengthy expeditions this requires a common understanding of important terms. Disability organizations are built on the philosophy that seeks to improve quality of life or health plans are typically measured on how well services improve quality of care. Both of these ideas support one another but they are different connotations and perspectives. That results in organizations being skilled in different areas. Disability organizations are generally familiar with data collection but less familiar with analytics. Words have meanings. But they may mean different things to different people. Proper terminology is concerned with the relationship between these concepts. True to medication happened some people use common terminology in the same way. Otherwise, you can have two people say the same exact thing but mean two different things like Abbott and Costello. Everyone is aware with who's on first. Miscommunication like this, while humorous, it happens all the time. Even when we are sure we are clear with our message. With no sense from our from a reference may not from the other person's frame of reference. Just like the classic bits, example fights how easy it is to create a misunderstanding when both parties are not using the same definition for a term.

What do we need . It starts with interpretation. Community-based organizations and payer such as managed-care organizations often interpret common terms differently. Starting from a common understanding of how the others view terms that can prevent miscommunication frustration. With the idea of quality, a CBO May view quality as the consumer for services provided were pair May view quality as a service result in better outcomes. You can look at this as a way of improved quality of life. How these terms are used by these different

organizations is specifically affected by the lens through which people view them. >> Integrating care is an approach characterized by a high degree of collaboration and communication among the professionals caring for the health and social needs of the individual and is a prime area for misunderstandings to happen. By the nature of its intent, it brings together different organizations, fields and preparations. It's highly regarded as the premier way to coordinate care for a number of populations including people with disabilities often require complex service arrangements. Establishing relationships amongst the different organizations from different fields who serve a variety of different populations can be challenging from the onset. Committee based organization serving people with disabilities may not understand the needs or requirements of those they would like to contract with much less who to contact or how to speak the common language. Similarly, payer such as managed-care organizations, accountable care organizations and others may not understand the value or service options provided by the community-based organizations. We're talking about different organizations working in different fields and different populations. Examples of the types of organizations that provide care for people with disabilities include community-based organizations like centers for independent living, University Center for excellence, developmental disabilities, research and science. The PNA advocacy agencies as well as AAA's. All these have different ways they look at things where is integrated care organizations include health home, and different practice associations, etc. is it any wonder why we don't understand each other? Each of these have different program designs and rules for operating. What they focus on, monitor and what their needs are. Understanding the differences can improve communication and collaboration and that's what we are trying to look at how we can do that today.

With primary care service, is managed by integrated care organizations and may be delivered in the community through a variety of means. Primary case management and telemedicine are two methods used to reach people with disabilities and others who require higher level of assistance and coordination in their care. For primary care case management, it's a primary care case management program, the state Medicaid agency contracts with primary care providers to provide, locate, coordinate or monitor care for Medicaid beneficiaries who select them or are assigned to them. Providers of primary care case management serve as a medical home for their enrollees and are considered managed care writers. The managers a small monthly fee for providing case management services but all other services furnished by provider are built on a fee-for-service basis. Management assumes additional responsibilities or furnish other services referred to as enhanced by Merry care case management programs. In the instance of telehealth, this is where remote delivery of healthcare is provided by a range of options including my landline or mobile phones and the Internet. Telehealth can improve patient experience by reducing the need to travel hospitals when remote monitoring. And videoconferencing is equally effective and cheaper, especially important in rural areas of travel can be difficult.

Let's talk about where we are coming and what frame of reference people are bringing to this idea. This comes down to the paradigms of disability and the two paradigms that exist. Improve communication when integrating medical and social care we must first understand these different perspectives or approaches used by those interim fields. Traditionally the medical community and disability community approach the delivery of treatment and service for people with disabilities very differently. These are called the paradigms of disability. Within this area we are going to look at the medical model versus social construct in HKEY areas you see.

In the medical model, when you talk about paradigms you talking about medical idea of disability and what that means for the individual versus with individual perceives as problems they have to overcome. When you talk about the focus or concern, the medical model is focused on the person or specifically their condition. The social construct is looking at the environment that exists around individual and tried to fix that environment so can best be used by the individual.

The problem looked at by the medical model looks at the personal deficit and trying to fix those for the social contract accepts those personal deficits and looks at how the environments can be changed to reduce the barriers around that individual.

We are talking about role of the provider, and the medical model it's an expert who expects their advice to be followed versus the social construct where they are collaborating partner trying to figure out how can they overcome these barriers and what's the best way to accomplish that.

In the model for decision-making, it looks at hierarchal standpoints with expert is someone who makes recommendations and expect those are followed through. There not looking to work with the individual to make a change for that individual with their surroundings. The social construct of disability, the model is a collaboration with the individual with medical experts as well as other individuals around them that provides services and supports.

The plan of care in a medical model, it's professionally driven. The person consider the medical expert is the one driving the decision and driving the care and action that will be taken for the individual. The social construct, it's truly person centered care. Is person driven. The individual is the one that has the most say in most input and trying to figure out exactly how they can overcome the barriers that exist in their life.

For possible interventions, sometimes this leads to very different outcomes as far as the individual. Many times in the medical model, they will be more geared toward long-term care. Usually an institutional setting. The social construct they're looking for long-term services and supports. They're trying to look at long-term services and support, looking at how they are going to be supported around individual. What they can do to keep them in the home or

community based setting so they don't have to go through the process of long-term care.

For desired outcomes come in the medical model we look at reciting the professional goals that exists. The desired outcomes talk about medical outcomes, talking about health outcomes and looking at trying to -- what can be done to cure the individual. They look at disability as something to be cured where many times it cannot be. The social construct, the desired outcome affects a person's particular goals and what they have for themselves that's remaining in an independent lifestyle and what they can do to overcome the barriers that exist around them. What it is that has to be done to reflect those personal goals as it relates to individuals.

With this paradigm, the goals and approaches can be different but they are complimentary. Skills to know how to find the commonality when working together to effectively communicate so you understand each other's priorities, needs and opportunities for collaboration. There have been strides with managed long-term services and support as it endeavors to integrate areas into treatment of individuals with disabilities. The world of insurances ordered in the concept of paying for medical services and as such the medical model is still the primary lens through which many pairs will view persons with disabilities. It's trying to bridge that gap with getting the managed care organizations to start looking at things through that different lens, through the social construct so they are looking at how we help the person overcome the barriers that exist in their life rather than treating them as a medical issue where they really need to look at the problems that exist with the individual and how can we ask those problems versus trying to just remove the barriers that exist.

The language is important. While terminology long-term services and support is extensive and falls into a number of areas, today we focus on what we have in common. Before we start that, let's look at some of the areas we get our luggage from. With federal authorities that use rules and regulations businesses have their own terminology as well as insurance companies have terminology of their own. That leads into how things are reimbursed and how services delivered from the provider perspective. This just shows Tammy different areas there are with its governmental, business insurance, providers and they all have their own language, they all have their own terminology they ease with these areas and it becomes very important to understand we are trying to bridge that gap so we are all speaking the same language and we understand what each other means.

The important thing is to try to find the common ground. One key area that rises to the top is how management and monitoring of social determinants have help can improve contracting relations between community-based organizations and integrated care organizations. These strategies may result in different ways to contract for services such as value-based purchasing, risk-based contracting and performance based contracting. These are all ideas that will -- we will talk about in moments. These are the areas where common grounds can be found when we

are trying to which the gap between the two worlds and the two lenses that we look at things through.

The CDC defines social determinants of health as conditions in places where people live, learn, work and play. They affect the wide range of health risks and outcomes. Social determinants include areas such as housing, food, transportation, utility and safety. These are all things that community-based organizations manage on a daily basis. These are also areas where when they are poorly managed, they directly impact the cost that health plans incur and make the coordination of care difficult for organizations that are responsible for medical services. It is a specific area where CMS can have a direct impact on helping people with disabilities improve their health by trying to work on these social determinants of health and what's going on around the individual.

The care provided impacts the medical care managed by health plans. Here are some stats from the CDC study highlight the effects of social determinants have on persons with disabilities. People with disabilities have doubled and up limits rate among those within the workforce that's important that designation is there. We are not talking about individuals who are unemployed because they're unable to work, we're talking about those individuals who are able to work but they still have doubled an appointment rates of the counterparts for the same ages of those who do not have disabilities. This is true regardless of economic conditions of the time. In the great recession, I up limit rates went up for people without disabilities, they went up for people with disabilities and track about the same amount and still remains double the amount that did not have disabilities. That's important to know because when economic conditions gets harder, the people with disabilities that much more. As far as education, people with disabilities are 35% more likely to have less than high school education. Already as it relates to the unemployment statistics, that becomes more important with the proper education and not having a full high school education. Finally, they are less likely to report sufficient social or emotional support around them.

This shows there are other areas that affect these individuals and their help! Health if you're not getting support around them, they're less likely to go to medical appointments, less likely to stay current on their medications and less likely to go to therapies that are required. If all of those exist, it becomes more difficult for individuals to maintain a healthy lifestyle. All of these statistics along with a lot of other different statistics that relates to health disparities among people with disabilities are available in an article published in 2015 put out by the American Journal of Public Health. It's a great resource of statistics that show exactly how health disparity exist for people with disabilities as it relates to the rest of the population. I would encourage you to check that out.

Payers of medical services are monitoring all these areas. The National Academy of Sciences release last month a screening tool for providers to use in a clinical setting to screen for social determinants of health issues period this was developed through CMS. It basically goes through 10 specific questions that can be asked of an individual. This

is for anyone, not necessarily a person with a disability. Is designed for more of a clinical setting but can be used anywhere to look at the individual, what's going on around them and understanding how that's can have an effect on the individual's health.

In housing, some questions asked what is your housing situation today. The options under that are I have housing, I have it but I'm worried I may lose its origins have because they're staying with someone else, living in a hotel or on the streets etc.. Those are all possibilities of how a person could answer that question. They tell a person to think about the place where they live and do you have problems with any of the followings. Bug infestation, mold, lead paint or pipes, inadequate heats, oven or stove that doesn't work, nonworking smoke detectors, water leaks. Persons with disabilities, I would add the accessibility of the housing because the degree to which a person can get in and out of their house or around their house if they need, becomes a real problem as well.

The accessibility becomes important because all those things can lead to greater health risks.:All those are important to think about when you talk about housing and stability. When it comes to food and security, they are asking questions like within the past 12 months you worried your food would run out before you got money to buy more. Or did you get food? Did the food you buy not last and you didn't have money to get more. Basically they are looking at whether or not someone is able to have proper nourishment. Obviously all those things will have great affects an individual's health. For transportation needs, there are lot of transportation needs but for purposes of this particular screening, they look more for transportation as it relates to medical care they question in the past 12 months, has lack of transportation kept you from medical payments, meetings, work or getting things for daily living. They want to know whether not that individual has an issue getting too specific needs and whether not Chester Tatian need exists.

Moving onto the two other areas, utilities, they look at the past 12 months, has electric, gas, oil or water company threatened to shut off services in your home or have they been shut off X all of these point to a need the individual has because of those things do not exist it will have a direct impact on individuals help. Finally, the areas of interpersonal safety. This is done on the grading where they ask, how often does happen there is a grading score given for each of those responses and if results in the number 10 or higher on the scale, that means the person is at risk for interpersonal safety for these four questions. How often does anyone physically hurt you, how often does anyone insult or talk down to you, how does anyone threatened with harm and how often does anyone scream or curse at you?

All these indications a person might have an issue as it relates to their personal safety. Those are things that will have a direct impact on health if the individual is not getting that emotional support we talked about earlier and also because of the physical abuse that could happen if the person is at risk for these areas.

All of these, if you're interested in reading more, the link is there you can check out the PDF of the article put out by the National Academy of Sciences that goes into more detail about these screenings and the tools and thought that went behind them. I would encourage you to check that out if you are interested in learning more about these questions. And how they can be used.

We all know that life happens in the home. How committee base organization can help is important. The organization can impact social determinants of health by looking at these things. They can have an eye on the home environment on individual period they can also provide access to the community services and deal with other issues such as assisting with transportation and connecting with resources through organizations such as faith-based organizations or other funding programs that might exist to public utilities or other services. When it comes to some of the things that come around with eyes on the home environments, they are looking at things that can be important such as finding the house and to begin with. If there's an accessibility or safety issue in the home, as far as it relates to safety goes beyond getting in and out of the house and around the house. It becomes safety issues in the house. If the individual is not the primary person that owns the home, and may not be set up in the most accessible way. Person that has mobility issues, if they can walk some but you have a house it has a lot of throw rugs, they can end up becoming really problematic as it relates to tripping hazards and ultimately that will have a direct impact on the individual's health. CBO can take a look at all those things and help the individual decide and determine how safe their environment is and what they can do to make it safer and a situation where it's going to be more advantageous to promote individual's health.

This is the area we are talking about language and terminology they can really help with areas that need to be looked at by managed care organizations that are trying to promote health in the home environments this is where they can help because they understand this area.

As it relates to outcomes and expectations. We know payers such as health plans what the most effective treatment options at the lowest possible cost for the members. Health providers what the best clinical outcomes for their provided patients with community based organizations what to read have the best quality of life possible. All these issues must work together. To prove the effectiveness of your work you must be able to document and demonstrate how you help the individuals in your care maintain or improve their health or other life goals. Health plans and other integrated care entities require evidence the providers of care are positively impacting services. It's at this point all the organizations can work together and fines, outcomes and expectations in the community based organization and help move that ball forward. >> Let's talk about data and what goes into it. Understanding the data you collect can impact the health outcomes that payers monitor. As it relates to data collection, data collection is the process of gathering and measuring information on targeted variables, being established systematic fashion which enables one to answer

relevant questions and evaluate outcomes. Examples of data you may be collecting include the number of hospital admissions versus the number of readmissions averted. This is huge. Hospitals are penalized for readmissions that occur within 30 days. If you can provide insight into how you can keep that from happening, it shows the value you can add. This is the analytics part. The discovery, interpretation and medication of meaningful patterns in data. Organizations may apply analytics to business data to describe, predict and improve business performance. Some of the other areas of data you may be collecting will include the number of people receiving supports employment services and those working in competitive and inclusive jobs. For employment, they will care about this issue. There other basic issues such as the number of people you serve with diabetes versus the number that have diabetes that meet their blood sugar goals. Number that have hypertension versus the number who meet their blood pressure goals. The number that have high body mass index versus those who are lowering that number over the course of a year. Also, a number you serve versus number you serve who are choosing with a live. All of these show where you are really helping move the needle and move things or.

The data you're going to collect including number of types of incidents as well as when it comes to medical care, the number of missed or attended appointments and all these things you can use to show how it is to help improve the situation.

For data-driven decision-making, and approach to business governance that values decisions that can be backed up with verifiable data. The success of the approach reliance on the quality of data gathered and effectiveness of its analysis and interpretation. In terms of the data-driven decision-making it's important you collect the right kind of data and you analyze it's and do the analytics in the correct way so it's can be effective when you show the decision-making being done is data-driven is really being done properly and with the most value to you.

Pretty much any value we talk about return on investment. Keeping in mind payers such as health plans what the most effective treatment options at the lowest possible cost for their members, it's important to know they are monitoring both the cost of care and the impact services have on quality measures.

You can work with the payers in your area to find out what areas they need the most help with. For return on investment you measure the amount of return on an investment ability of to the investments costs. To calculate return on investment, the benefits or return of the investment is divided by the cost of the investment and the result is expressed as a percentage or ratio. The value of the investment may be found in cost savings or just an improvement in quality. It's important to understand what you're looking for because that's the important day that you will look -- collect and you can look at how it affects the outcome. >> This is measures used to assess the performance of individual conditions clinical delivery teams, delivery organizations or health insurance plans in the provision of care to



their patients or enrollees which are supported by evidence demonstrating they indicate better or worse care.

Some examples, include healthcare effective -- the consumer assessment of healthcare providers and systems and some of these have state specific requirements you need to know about. They are all important metrics that can be looked at and help you determine return on investment being done in these areas. Spec moving from data to contracts, health outcome metrics can be used to develop contracting arrangements. Understanding and reporting key metrics can help facilitate contracting arrangements such as performance or risk-based contracting. We have examples listed here. A type of contracting which has a clear set of objectives and indicators, it has a systematic efforts to collect data on the progress of indicators at looks at the consequences in the form of rewards or sanctions for the contractor based on performance. Another example is value-based purchasing.

That's another contract methodology with provider that focuses on outcomes that the proportion of providers total is tied to the performance on cost efficiency and quality performance measures.

We have risk based contracting which includes a spectrum of contracting methodologies where the provider takes on greater financial responsibility by giving them a greater incentive to deliver care in the most efficient cost-effective manner possible.

The spectrum runs from full models to bundle payments to shared savings contract to bonuses or penalties related to quality outcomes.

It's looking at trying to share the risk with the provider so provider is taking on so they hopefully provide better care to the individual and the CBO can be helpful in trying to help where some of the goals will be met for the individual the provider provide services to.

There are a bunch of other terms we need to understand, some of these are used in managed-care, others in other settings such as insurance, these are issues like this is plans which is a formal statement of business, actuarial rates developed in accordance with generally accepted principles and practices, comes from an insurance concept and his practice in the area of managed care we talk about for rates. It's appropriate for populations to be covered and certifies as meeting applicable regulatory requirements by qualified actuaries.

In terms of care navigators, these are organizations or healthcare professionals who act as intermediary with medical professionals and they assist families with information about medical treatment options and available insurance coverage. Has far as coordinate care or integrated care, these are referred to as a concept bringing together inputs delivery management and organization of services related to diagnosis treatment care rehabilitation and health promotion. As a relates to network adequacy which is an insurance concept is the ability of the health plan to provide enrollees with timely access to sufficient number of providers including primary care and specialty physicians as well as other healthcare services included in the

benefits contract. This is an ongoing issue as it relates to specialties providers are dealing with mental health issues or all those types of areas where network adequacy can be a problem with there are a not enough providers. Making sure the health plan has a network adequate to serve its members.

This the process indicated care entities utilize to assess markets, they identify consumer needs and develop a network of providers able to effectively meet those needs.

We talk about risk adjustments, this is statistical process takes into account the underlying health status and health spending of the enrollee is an insurance plan when looking at the healthcare outcomes or costs. The medicaid organization payments typically risk adjusted to ensure the payments are appropriate for publishing covered as well as encouraging insurers to compete based on value and efficiency of their plans rather than by attracting healthier enrollees. The stop loss ratio is a total loss is paid out in medical claims plus adjusted expenses divided by premiums being paid. As a statistic measures the fraction of the total insurance premiums that help on clinical services versus administration and problems.

Terminology is important. Carefully defined terminology enables people in a particular industry to indicate clearly and effectively requires a common understanding of these important terms we've got over. There are a lot of different terms to go into these areas and understanding them is important. We know we went over a lot of these today want you to start to learn terminology so when you talk with managed-care organizations you can understand the terminology and communicate with them more effectively. The terminology is linked with specialist knowledge.

And understanding of the terms helps improve communication in the relationships. We can say terminology is important and we can all answer the question and know who's on first so we all say the same thing and that same thing means the same thing. Was not just using the same terminology but understanding the terminology so when you use it use it properly and it indicates the concepts you wanted to. With that outfit back to you so you can talk about the learning collaborative and I'll be happy to take questions as we move forward.

As a reminder, questions can be entered into the chat box. You have some time at the end to ask any questions you may have from information.

I'm going to spend a few moments talking about a new opportunity we have for organizations to participate in a disability collaborative.

This learning collaborative strives to bring together 8 to 10 state teams. Those are comprised of state agencies, community-based organizations, the physical or intellectual or developmental integrated healthcare entities which we are using that term to encompass a broad range of types of organizations including managed-care organizations, accountable care organizations, health systems, health homes

essentially any other organizations responsible for the delivery of acute or primary health care.

Other organizations that would be appropriate to help work together to develop and implement business related strategy. Estate specific challenges to integrating long-term services and support.

This work will focus on developing the business acumen of community based organizations so they are prepared to work within this changing business environment. Neck of the state themselves have minimum requirements, we are looking for Medicaid agency or operating agencies that serve individuals with disabilities. Those CBO that serve a disability as well. The others may be added but we need a core group of organizations to participate with limited exceptions. >> The community based organizations participate in stability network learning collaborative work together to accomplish one or more of the following objectives. To formulate an intimate solutions to barriers, to identify opportunities and associated solutions to develop networks with other organizations to increase efficiencies and aid in contracting and to collaborate on plants imitation of new integrated care services or improve the current delivery system.

Those participating will benefit from intense and ongoing technical support. There's no direct funding provided however those organizations that participate will receive targeted technical assistance through a variety of different means. Includes peer to peer learning, dedicated business acumen resource Center coaches and subject matter experts available for monthly check in calls to discuss the progress, successes and help identify areas for additional supports as well as-based learning through webinars from a variety of national experts.

Each participating state team will be expected to participate in those in person meetings and monthly learning calls and state team calls. To share challenges, successes and lessons learned with others participating in the collaborative, to develop and submit a short summary report and to help draft documents. Expect to be learning that occurs and promising practices that develop. What to make sure we share that information with the rest of the community based organization and others that may be interested.

The application for participation lease last Friday, in that we are asking state team to describe the organization and agencies engaged in the work.

Most importantly they plan to address the problems and how they plan to do that. What challenge or opportunity do you see that you really want to pull together to address. >> In addition to this brief overview we will hold another webinar at 2 PM Eastern. That will go into more detail involving the expectations and requirements of the application and have time for Q&A during the call. We are asking for applications to be received by July 14 about by July 26 we will notify those accepted or not. We can complete the full learning collaborative.

On August 16, we plan to do a welcome introductory webinar and our first in-person meeting will occur in tandem with the home and community-based services conference being held August 27 to the 31st in Baltimore Maryland.

For the minimum time commitment we expect the next follow-up meeting to occur at a symposium typically held in the spring. The specific time commitment a very. >> Additional information and applications can be found at the link on this page and you can email the business acumen addressed with questions, comments, or if you need a contact to speak to, we can do that one-on-one. With that, we have time for any questions that may -- that you may have on either presentation.

What role should give me the take in educating about our unique language? I will hand that you. Any immediate thoughts on how to CBO can help educate managed-care organizations about the language?

That's a great question. Understanding their language first. Lots of times it can help you translate that. You can tell them this is the way, this is a terminology we talk about and you can help bridge that gap so when they use those terms you know what that means and you can help educate them. It's important for CBO to take that initial efforts to learn the language for the managed-care entities so they can translate that over and help them understand that. That's the way I would take it. I would certainly think that's an important role they can use in that process and that something that should be talked about early on so everyone understands one another when you work through the project you are doing with them.:I agree with the subtle points. It's important that not only do we make an effort to learn there is but we hope they will continue to learn the language and I think Carl is right as far as finding any and all opportunity to bridge that gap. Find the commonality. Speak understand. There's old leadership techniques, seek to understand and then be understood. By example presenting the opportunity for them to continue to learn from us to a number of different organizations see you are aware that's part of the work we seek to help that bridge. There are many avenues when you look at this work.

We are Center for Independent living in Pennsylvania, how do we identify a group setting in order to participate? We are asking you to pull together groups of organizations. What I would recommend, if you're interested in participating, I begin to reach out to your state Medicaid agency. See if they are interested and others have been contacting them because one of the primary requirements being gauged it will likely be the first one to know who else is interested in doing this work. Engage with them, engage with others you may want to work with or the plans another integrated care entities you also may want to build relationships with. It will take some time and effort to reach out to organizations you think can help identify challenge or opportunity in your state. >> I don't see any other questions I will give it a moment in case anybody else is we need to ask but hasn't entered yet. There are general questions about receipt of the power points. This will be posted on the websites by the end of the week, you can also send out an email notifying you of its availability as well

as a link to the survey. >> Are there any state groups are restarted?  
Being we release the application on Friday and we don't have the due  
date until July 14, I believe people are just beginning their  
conversations. I have received emails of interested organizations I know  
people are exploring. I don't know how many have formed yet.

Doesn't like her any more questions, with that we can and about six  
minutes early. Thank you for joining us today look forward to having  
you participate in next month's webinar. Have a great afternoon. [  
Event Concluded ]