



Webinar Transcript | January 26, 2017

**Provider Engagement:
Turning An EHR From A Barrier to Benefit
A HITEQ / STAR² Center Collaboration**

Nandy: Ladies and gentlemen thank you for standing by. Welcome to the Provider Engagement - Turning on EHR from a Barrier to Benefit Webinar. During the presentation, all participants will be in a listening-only mode. Should you wish to ask a question during the presentation please use the chat feature located in the lower left-hand corner of your screen. If you need to reach an operator at any time please press *0. As a reminder, this conference is being recorded Thursday, January 26th, 2017. I will now handle the conference over to Anne Loeffler. Please go ahead.

Ann: Thank you Nandy. Hi everyone and thank you for joining us today. Welcome to our webinar. I'm Ann Loeffler from JSI Research and Training Institute for the HITEQ Center and I'll be your moderator. As we go through this presentation please type any questions that you might have into the chat box and the presenter will answer it as time permits.

We'll also have some time at the end of the webinar to get to any remaining questions that you might have but if we don't get to your question we'll follow up with a response after the webinar ends. So as a matter of introduction we'll be introducing ourselves in this order.

First, you'll hear about HITEQ then the STAR Center and then our experts from HD Consult. So to help us know who's on the call please type in your response to this question about what describes your role the best. Please make a selection and then we'll get an idea of who's with us today.

So it looks like we have a lot of program managers as well as some staff from IT. It looks like most of us are other. So that'll be interesting if you want to chat into the chat box what your other is that would be great for our presenters as we go through our slides today.

In the spirit of partnership, the HITEQ Center collaborates with HERSA partners including primary care associations, health center control networks, and other national cooperative agreements to support health centers in fully optimizing your EHR health IT systems for continuous data-driven quality improvement.

Right now the HITEQ Center has eight areas of focus and three resources associated with each area at our website. Today's collaboration with the STAR Center relates to our QI HIT workforce development focus area. And in the chat box, we'll put our website in there in case you don't have it. We'll also have it at the very end of the slide deck as well.

So we refer to that website as our health IT knowledge base. We also offer free workshops, webinars, and technical assistance. And you can learn more about our services by going to our website. Now I'm going to turn it over to my colleague Mariah Blake who will tell you more about her organization and the STAR Center. Mariah.

Mariah: Hi, thank you, Ann, for the introduction and hello everybody. Thanks for joining us today. I am Mariah Blake with the Association of Clinicians for the Underserved. ACU is a trans-disciplinary membership organization working on behalf of the national service corps and clinicians who provide care to the underserved. The STAR Center pronounced STAR Center is funded through a national cooperative agreement with the Bureau of Primary Healthcare and we've worked with the HITEQ Center to set this together today. Thanks again for joining us.

So the Solutions Training and Assistance for Recruitment and Retention Center STAR Center was created to develop a clinician workforce center for research and training to support recruitment and retention at community health centers. Our website listed on the screen right here is chcworkforce.org and they're us as our resource center where we have plenty of interactive and customizable tools like our self-assessment tool, our retention and recruitment plan template. And you can also request a copy of your free individual health center data profile and check out some of our supporting resources and webinars that we have there.

We also have a training calendar listed on our website so you can access our monthly webinar series and check out other events related to recruitment and retention. You can also request free technical assistance. Everything on our website is free but if you go through that contact form and let us know you'd like some TA we can set up a phone consultation for some free technical assistance for your team. And most importantly you can sign up for our monthly newsletter to stay up-to-date with everything that I just mentioned and it'll come right to your inbox.

All right so a bit of background information. The demand for primary care providers is growing exponentially due to provisions of the Affordable Care Act. As this transformation initiative and relatively flat or decreasing rates with physicians going into primary care many practitioners are going into primary care and that's increasing but that doesn't quite make up the difference. As health centers try to retain and recruit primary care providers, provider satisfaction is playing a significant role.

Provider and staff satisfaction is now considered an additional component of the Triple Aim renamed as the Quadruple Aim. Studies have consistently shown that provider satisfaction is adversely impacted by electronic health record implementation and use. Two recent surveys have been conducted to further delve into the specific causes of provider dissatisfaction with EHR. The RAND Corporation published a research report in 2013. The results from this research were used to [inaudible 00:06:29] in 2014.

So they conducted collaboratively by the American Medical Association and the American EHR Partners and support organizations by the Centers Technologies and the American College of Physicians. The study is the physician use of EHR systems. The data from the next two slides comes from these two studies. As we can see here nearly half of study participants do not feel that EHR improves efficiency. Nearly three-fourths do not think that EHR decreases workload and more than one-half report that EHR system has increased their operating costs and nearly one-half report that it's difficult or very difficult to make up [inaudible 00:07:13] caused by EHR usage.

Providers do see some benefits for electronic health records, however, EHR's can give them flexibility in accessing patient information remotely when they are on call. For example, they might be able to access patient information at home. Also if another provider in the practice who's seen the patient they will have electronic access to that information.

They also report improvements in quality of care. They can better track patients by diagnosis, follow-up on test results, and document patient phone calls for example. Providers also acknowledge the potential of EHRs to further improve patient care and professional satisfaction. They do not think these areas are fully realized at this time, however, improvements in user interfaces and health information exchanges could result in larger improvements.

Providers are not ready to scrap EHR but are very frustrated with how slowly EHRs are improving and how much providers have to bear the brunt of unwieldy EHRs.

What are specific things related to EHR that impact provider satisfaction? EHRs often are designed for an IT professional, not a clinical professional. They are often not set up for the ease of clinical use. Providers are highly paid individuals who try to work efficiently to provide care to as many patients as possible. Time-consuming data entry negatively impacts their day. EHR data entry can place a computer between a provider and the patient interfering with face-to-face patient care. When providers are spending a greater percentage of their day typing rather than caring for patients the work is not only less efficient but not fulfilling.

Often health centers may have more than one electronic system and they may not interface well or at all with each other. The server adds to inefficiency and frustration. Simple generated notes can degrade clinical documentation by taking a free-form text out of the form of the template.

Some providers reported on some solutions on both or at least mitigation efforts that might be helpful. Taking the data entry away from providers or at least most of it by using scribes during office visits for allowing dictation with human transcriptionists to minimize correction and editing time for the provider can be very helpful. Another method raised in the study was to employ other staff members to work as flow managers. This way providers can focus on those activities it in the EHR that actually require provider training. And with that, I'm going to pass it onto my colleague Owen Hathaway who will give you a bit of information about himself and HD Consult before he digs deeper into this topic. Thank you.

Owen: Thank you. Hi, everyone. First I want to start by saying thanks to HITEQ and STAR for inviting us to be here to share with you right. I'm really excited about being able to talk with you about one of my favorite topics today. And I know you probably don't, believe me, this is one of my favorite topics but I swear it is and I just hope that you're going to be able to stay awake a little bit longer than my wife does when we have these conversations nightly.

So let's start talking a little about HD Consult so you know the perspective we're coming from. We're an HIT consulting firm. We've been around for 15 years so we've seen the business change a number of times. We've done

EMR implementations, re-implementations. We do a lot of EHR optimization, migrating from one EHR to another, data extracts. HIE is a big area for us right now. I think we'll demonstrate some competency in strategy work for you here today and we also do some work in compliance. And I think one of the main reasons I enjoy doing these kinds of webinars is because of the strong relationship we have with safety net providers and just the way we get to work with folks who have just a little bit different mission than the rest of the healthcare industry. We get to do some really neat things together. And so I'm happy to be here and hopefully, I can share some useful things for you.

Today we're going to talk about ways to increase provider satisfaction with your EHR interaction. What we're hoping you come away with is what we are talking about in terms of reorienting provider satisfaction. We're going to give you some food for thought on how to maybe change your own perspective and by changing your perspective maybe get a little bit better results with your providers.

One of the things that we think is important when you do this kind of work is to talk about a provider engage governance strategy. So we'll give you our thoughts on an approach to doing that and we've used several times with great success. We'll talk about some EHR optimization techniques. I don't think we have time to go through all of the different things you could do but we'll paint with a broad brush and we'll give you some ideas on some of the trends that are happening today. And from there we'll start looking at what we think might be happening in the relatively near future in terms of innovations with EHR.

Real quick we're going to ask that if you have any questions during the presentation please go ahead and chat those in. We will be distributing slides so you'll have those for you. We'll also be responding to questions as we can here during the presentation and anything we don't get to we will distribute via email with responses.

So let's go through a poll here. And it's a little small on my screen. I don't know how it is on yours. It says if you asked your providers today what would they change about your EMR. How would they respond? So would they ask to make it easier to input information, make it easier to find information? Would they want you to take away the busy work? Stop intrusion on patient time? So go ahead and enter your responses now and I see the numbers climbing. We'll close the poll in five, four, three, two, one. I see an all of the above.

So it looks like we have a pretty good distribution of answers. Focusing on take away the busy work and make it easier to input information but strong representation from the other options as well. There's another all of the above. I think it's hard to choose sometimes. All right, let's move on. And hopefully, we can give you some ideas on how to address those things.

So as we talked about earlier one common response we hear to all the complaints and research about how awful EHR are is to say let's go back to paper. Let's get rid of the EHR. We think that's the wrong answer. We think that optimization is the way to improve satisfaction and not address the concerns but I think are legitimate. I don't think there's any arguing that.

So I think we covered some of these earlier but you know physicians who are using number one better EHRs who have more experience with EHRs report the following. They say they have less paperwork and fewer storage issues for that paperwork. They do increase the quality of their care. They increase efficiency and their productivity and the patient care experience tends to be better as well. Obviously, there are caveats to all of these but these are real responses from real providers.

So what kind of providers are these that are reporting these things that we all wish our providers would talk about? Well, number one they're experienced. So they're trained. They've been spending time in their EHR and they're supported. So that means that not only do they have staff training them on EHRs but they have what we like to call a governance structure helping them move the ball forward to throw a cliché out there.

The next thing optimize workflows that is one of our mantras. Workflow, workflow, workflow. If we can optimize your workflow and use EHR to optimize it and implement things in the technology to make things easier you're going to have happier providers.

Optimize those systems for those technical folks in the group you know that the way systems are implemented can have a tremendous impact on the way that users, whether they're providers or other users, experience it. We also think that connected EHR makes a big difference. Having a connected EHR opens up a number of things that were never there before in a paper world and starts to offer new benefits to a provider.

And then the other thing that we wanted to note is that it's important that your providers are truly incented to use the EHR. That they find value in their interactions with the technology. I have to throw a jab here at meaningful use. You know it's a label that's out there but I think the idea is really there and it's something we need to strive for, make those interactions meaningful.

So if we have a picture of what a provider looks like who is happy with their EHR how do we start to transform our practice? We think it starts by understanding your provider's perspective. I think we said earlier providers typically well yes they all are highly intelligent, they're highly educated, they're either at the top of their career or very close to the top of their career and they engage in motivational levels just like any other person.

You know we have a hierarchy of needs and maintenance needs and motivational needs and if we start to think about providers in some of these terms we can start to put together programs and responses to... Sorry, it was just a blip on the question. Okay so how do we address these things?

We need to start giving providers meaningful opportunities to be heard not just griping in the hallway but how can their perspectives actually influence the way they work. How can they collaborate with peers? How can they demonstrate their professional excellence to peers and to the community? These are things that typically matter to providers and if we can use technology to help them do that give them a form for that we can start to engage motivational techniques and start to improve things in terms of their satisfaction.

So this is just a roadmap slide that we use with a lot of our presentations. This is kind of the way that we look at EMR implementations and management. It's an adoption model and so we're going to kind of skip through most of these and not really do all of them because most of you are already implemented. You've already done a lot of things. So what we're going to talk about today are the governance pillar and the optimization phase because that's where we think most of you already are and that's where most of the work needs to be done with EHRs today.

So real quick we'll start with governance. So how are we going to use governance, kind of a scary word, to improve satisfaction and how can that actually work? Well, first of all, a governance structure will provide a formal structured communication channel. I mentioned the gripes in the hallway before. If we can take those gripes out of the hallway and into a meeting setting where people can have constructive dialogue we can actually start to address concerns instead of letting them roam around the organization.

Governance sets tone. Governance is going to create language and organizational posture, set policies, and model behavior that support the EHR and the goals of EHR adoption. It does that through organizational leadership. Obviously, our governance model is going to have people in charge involved in the governance structure. And then one important thing that we sometimes forget is that we need to, well we know technology costs money but the way that money gets spent needs to be thoughtful. We need to allocate our resources in ways that will have the most impact and a formal governance structure gives us a way to do that and advocate for those things that truly have an impact on an organization.

So this is the way we typically approach a governance model. And this is kind of a broad brush stroke. The way it's expressed is different in every organization. We actually develop this in the context of multi-stakeholder organizations. Small regional HIE but we found that it works really well in health centers as well because it really takes a governance model and it gives a big chunk of the responsibility and opportunity to clinicians themselves. So we have our stakeholder committee which is where the decisions actually ultimately get made. This is where accountability and finance things happen. This is where policies are set.

This is where a vendor management takes place and we'll say a few words about that in a minute. And one of the key things that make this work is the chair of the other committee, the clinical steering committee is a voting member on the stakeholder committee. Sometimes we do veto power with them. It just kind of depends on the organization but it's critically important that a provider is represented on that stakeholder committee and has a strong voice.

I have a question about the slide. Yes, absolutely these slides are going to be provided afterwards as well as answers to any questions we don't get to. The other committee that we think is important and actually ends up meeting more often and doing more work is the clinical steering committee. So this is a committee of licensed providers. It's peers and their role is really to validate, both validate and inform that stakeholder committee from that clinical perspective. It gives a forum for those folks to speak, to communicate with each other, and communicate back up to the folks that are going to be writing

the checks. They identify needs. They develop clinical initiatives. They look at all the tools they have and say you know this is really cool that we have these capabilities. Let's use this to improve such and such a disease condition.

Or let's go investigate our patient population to see what could be done to, what we're missing. What are we not doing a good job on? They also provide feedback interaction with IT and analyst resources. So now I come from an IT background and you know one of the things that we used to struggle with was that we never were able to locate providers who could actually give us a sense of what they actually wanted. It was always, you know, the call for the help desk to complain. Well tell me what you want and we'll go build it. This is a way for folks to be able to have that conversation. And then the last one that I think is one of the biggest roles this group fills is those peer champions. They go out into the rest of the provider community and are able to talk about all the cool things that are happening.

I'm just going to call your attention to a few things in vendor management. It's a critically important role. Number one, make sure your contracts are up-to-date and one thing that we're looking at a lot these days is data blocking language. Data blocking for those of you who don't know what it is is knowing and unreasonable interference with exchange or use of health information.

It's a real thing. Don't let the vendors tell you it's not. Don't let health systems tell you it's not a real thing. Make sure that you're protected there in your contracts. Also take a look at service level agreements. Make sure you have written commitments in those areas and reach out to your vendors to see if you can find other users that your providers can interact with and learn from.

So that's what we have to say about governance for now. We have a lot more to say and we'd love to talk with you more about it at some other time. But we'll talk about optimization now. So at a very, very high-level optimization for us from a technology perspective reduce the number of mouse clicks the provider has to make and for the clicks they do have to make, make them more meaningful.

The HIM OM rams I don't know how many of you are familiar with this it's kind of an adopted adapted version of the EMR adoption model for hospitals. It's been adopted for outpatient settings. We don't see this as a roadmap but we do see it as a great measuring stick. How well our practice is doing.

So to go through this survey we think is a very useful tool for practices. And one of the things you notice is that there's a lot of people clustered, a lot of practices clustered down towards stage I, stage II area and then it gets parsed. And then there's some folks that have been doing this for a while who have reached that stage VI, stage VII model. As providers or as organizations move up this ladder we think that provider satisfaction will naturally improve because in order to get to those higher levels they will have had to address a lot of the things that we're talking about today.

So specific areas of optimization we'll cover today. We're going to talk a little bit about workflow redesign. We'll give you some thoughts on patient engagement. We're going to talk about scribes because it's such a hot topic and everybody needs to know about scribes and so we'll give you some resources there. And then we'll cover some of the innovations that we see out

there in the landscape.

So before you start on an optimization journey it's important to, we think, expand your horizons and reach out and gather resources that you wouldn't otherwise be able to afford. And here are just some ways that we've seen this happen out in the community. The EPIC Community Connect is a vendor-based way to do that. Vail Valley Medical Center in Colorado is a hospital that has created a resource for EHR users. They actually host and support EHRs for providers in the community. Boulder Valley Medical Center is a multispecialty group doing the same thing. They're providing resources that smaller practices or health centers wouldn't be able to afford otherwise.

Another one in Colorado is the Colorado Community Managed Care Network. Not providing hosting anymore but provide a lot of technical support peer contacts. They provide data analysis and in some cases will even provide technical support directly through the EHR. And another one would be an IPA based organization. So in order to achieve the clinical integration that an IPA needs for its existence a lot of them are offering various types of services around EHRs. And so these are some just examples of things you can tap into that cost little or nothing and will help you expand your capabilities tremendously.

Another thing that we think is important is to develop relationships. So those were some organizations but informal ways of your providers reaching out and developing their network we think also helps with provider satisfaction. Going to meetings of various types. There's always an initiative of some sort around health information technology and information.

They can reach out specifically to colleagues that they know in their personal network. Read and or publish in newsletters and blogs. There's a lot of them out there and blogging about a problem often engages with the audience to provide dialogue on possible solutions and direction and creates good conversation. Physician outreach personnel at hospitals can be very helpful here. Talk to your local CIOs and talk to your vendors. You can't have too many relationships in this field.

So let's talk specifically about workflow redesign. The goal here is to look at people processes and systems to identify opportunities to improve efficiencies. So it's very process-oriented, very people oriented and very systems oriented. You have to think about all of these things. If you look at any of them in isolation you're going to be missing something.

So we're trying to enable our staff to rise to the top of their license. You know some ideas on how we can do that please visit planning, patient education, action planning, follow-up and health coaches. These are activities that EMRs often push on to our higher licensed providers in the building and these are activities that could be in many cases delegated to other staff.

Here's some examples. Template development. Make sure we have standard language. Are we deciding to carry forward documentation or not to carry forward documentation? Are we going to start implementing care protocols? These are ways to engage with providers to influence the way they work and can be tremendously useful for the organization and help turn our providers into those types of providers that we talked about earlier are reporting

benefits.

We all know about order sets and favorites lists. Get your providers involved in these things. One that you may not have thought about too much exam room design. How is the exam room changed because we now have technologies? Are providers turning their back to the patients in order to engage with the computer? Or are there maybe some other options and look at your devices.

Some thoughts on clinical decision support. They tend to be all or nothing when they are embedded in the EMR so we often take a look at a third-party clinical decision support system. Start with a few well-supported rules. Just like meaningful use wants us to and go from there. Get you providers engaged in creating those rules, selecting those rules. Take a look at whether those rules of point-of-care or scheduled days.

So the difference here is are we popping up things in the EMR as documentation is being done or are we on a regular basis going retrospectively into our records and identifying opportunities. Use your EMR as much as possible and be wary of your alert and messaging functions. We are now starting to see many problems with fatigue based on alerts and there are court cases all over the country where medical errors are a result of these things and as I said third-party systems are available.

Patient engagement is another way to improve we think provider satisfaction. We've seen in our own experience this is not documented. This is just what we see with the folks we work with. The providers are spending an hour to an hour and a half a day doing follow-up. So can we bring in some technology around EHR to help facilitate that and reduce the amount of time that they're spending. Get them home to their families earlier or get them out of the office at home and back playing with the dog.

Some thoughts on patient portals. Start simple but engaging. Don't go all hog and do it poorly. Look at scheduling. Look at prescription refills. Look at normal test results and look at providing patient education. Provider messaging is something to do later. Introduce it slow but you want people coming to the portal for other useful things before you go there. And then when you do go with provider messaging make sure you're using cues to triage communication so that providers aren't bombarded.

And now we have a poll about scribes. So we get to talk about something that is new and exciting. So we want to know if you're using them or do you know anything about them? So we'll close the poll here in five, four, three, two, one. And it sounds like most people know about scribes are either using them or investigating them and are saying no it's too expensive.

Well, maybe we can expand your horizons on that although I think that cost is definitely a major factor with scribes. So for those that don't know scribes are, I'm going to go through this pretty quick, because I think everybody knows who they are. Essentially a scribe is the person in the blue shirt next to the doctors who is interacting with the EMR on behalf of the provider.

We see this implemented in three different ways. We see them live the way you see it in the picture. We think there is software like Dragon has kind of a

scribe. That software has come a long way in terms of being able to receive commands and do things other than just be a virtual keyboard. And then also virtual staff. So this is one way that scribes might be implemented in a way that's a little less costly.

Benefits whereas we have seen tremendous improvements and provider satisfaction, patient experience, throughput revenue, charge captures better because we have better documentation. Lots of benefits. Cost is definitely an issue. There's also some scope of practice issues.

We need to make sure that scribes are not doing things that physicians are supposed to be doing. Don't share logins. There some technical limitations here. And when we do start to adopt scribes we have to start looking at our template design. We need to make sure we're prompting for decisions from the provider. We need to reduce document by exception because scribes don't have the clinical knowledge to do that appropriately in most cases.

And in most cases, it's a good idea to increase organizational standardization on templates. Be careful of signatures. Be very, very careful of signatures. Make sure you know when signatures are being applied and who's applying them. Not just its user ID is applying them.

So the cost issues we've got you know obviously employees, services and software all cost money but on the other hand, we have seen in some practices that the increased throughput can add additional visits per provider per day. So they are relying on scribes as we lower other costs and we increase revenues. And then in some places, grant funds are available that can help offset those costs.

So here's the really cool stuff that's happening in the world. And we call it innovations. This is just a list of things that we have seen and touched out there. Ideas that are expanding EHRs and in almost every case directly aimed at providing a better experience for the user, the provider, and the patient in one way or another. In all of those four areas of Quadruple Aim. I'm having to get used to the Quadruple. We've been talking about provider satisfaction for forever but now we have, now it's a thing, the Quadruple Aim.

So Prime Health is an organization here in Colorado that is doing, well they're connecting people who are doing all of these things. Check them out. There may be organizations like that in your neck of the woods. It's almost like a healthcare shark tank that's sitting in the middle of downtown Denver and has access to all kinds of cool startups and health systems in academic organizations. So lots of cool things happening there.

Low-cost interface engines it doesn't sound very sexy but man you can do a lot of things with interface engines that help facilitate things for providers. We talked about virtual scribes. There's a program out here doing opiate use management, they're called RX Assure. They're doing some neat things to help folks expand the scope of their practice but also monitor those opiates that they are prescribing neat use case there.

We've got order optimization add-ons. We've got prescription cost optimization add-ons. There some pretty cool things happening like [inaudible 00:37:35] and Lifebrass [SP]. This one kind of blows my mind and it's really

fun to just look at their website and think of all the different ways that people connect.

What was the name of the organization that offers these services? This is not a list of services from any one organization. This is just a list of things that are out there that we know about. Some of them are working with Prime Health. I believe it's the Prime Health Collaborative in Colorado and they have a website and they offer events kind of monthly. They do meet ups and virtual webinars and so forth that bring these folks together. Their mission is to bring together the innovators with providers and patients who can actually use their software and give them feedback.

But like I said not all of these folks are working with them. If they're not an incubator they're just a connector. There we go. Thank you. Someone posted the link. What else? We know about natural language processing care collaboration software. Critic of analytics have been big for a while. Machine learning is just a new thing and now that Microsoft has shut down their Nazi-bot maybe we can start moving on this and more meaningful things.

But there some great things happening here in healthcare as well. Wireless, we're still making more things wireless. We all know that patient portals and provider portals have lots of room to improve and so we're seeing folks that are doing some interesting things there.

Telehealth has all kinds of crazy things happening and the list goes on and on. So there's reason to be excited. And that's really what I wanted to convey here. There's a lot of cool things happening and these will contribute to provider satisfaction. We'll stumble on some of them but I think our future is bright.

So you know our closing thought is hold hands. This is a lifelong journey. It's not a weekend trip. You're not going to ever stop reassessing and adjusting your interface design the way you do you workflow, your data fields. We're constantly going to be optimizing our efficiency and data capture and some of the folks that would love to hold hands with you while you work on this, your HIT consultants, the HITEQ Center, and your care partners reach out to them as well. We've got some slides here for some of the resources we've used to prepare these. And that's what I have. I'll turn it back over to Ann to close us up.

Ann: Thank you, Owen. I can listen to you talk about this all day. We appreciate your time on this webinar today. And thanks Mariah for sharing your insights and more information about STAR Center. So our HITEQ Center website has a lot of resources as I mentioned to support you in your work. And so you can go there to our URL which is on the next slide or you can send us an email if you have any questions.

And if you're one of the many folks out there using Twitter among the many notable folks who do Twitter our Twitter handle is also on the slide. Owen, can you advance a couple of slides. There we go. Okay, so there's our website, our email address and our Twitter handle. So please stay in touch with us and in that same spirit we want to ask you all to please be sure to click on the link that's going to pop up after you close your screen after this presentation.

It's going to ask you to give us some feedback and that spirit of data-driven QI we really, really welcome the feedback as we continue to try to improve what we're doing with your data. So please, please, please fill out the evaluation and tell us how we did today. So thank you for joining us and we hope you'll join us in our next webinar. And this concludes our webinar for today.