Alright, well my clock says 10:00 o'clock so we will get started. I want to welcome you all to the tribal communities peer-to-peer sharing event. This is kind of a brainstorm that occurred during the peer-to-peer events we were holding over the summer with all of our screened communities and recognize that not all of those topics applied to our tribal communities in the same way that they applied to our rural health communities and so wanted an opportunity for you to share with.

Each other, some of the great work that you're doing, and I'm really excited about this because each of the topics that are going to be discussed today are things that have been real challenges for everyone of our tribal communities, and in each one you have.

Figured out a way to overcome one of those challenges and so.

To give you an idea of our the order of things today, so Allison will be presenting First Allison Slaybaugh from Spirit Lake Health Center on pulling data from eye care for provider assessment and feedback.

Makita Ilanji from Quentin Burdick will be speaking on the community approach to screening tracking and follow up and Carlita Aberley from Standing Rock Service unit on the

experience using Cologuard as a screening tool. And so we'll start with Allison. Allison, I will be happy to advance your slides. Umm, I want to just preface this a little bit.

Allison is our team lead for screened at Spirit Lake and it's been very impressive because they lost.

There IT person.

Several months ago and we were just starting to talk about provider assessment and feedback and she just stepped up to the plate and figured out how to get this information from eye care.

And John was able to go down and spend a few hours with her and validate that the information that she was able to pull was accurate. They did some validation process using some chart reviews and we're just really grateful that she was able to figure this out. So Allison, I will turn it over to you.

Hello, my name is Allison Slava. I've been to RN here at Great Lake Health Center for almost two years now.

And I've been working with the screening project, I believe for a little over a year.

OK. So a little bit about Spirit Lake Health Center, we have medical clinic, behavioral health clinic and dental clinic

here and we currently have, we actually have six providers. We just got one recently here in the last week or so. So we have one MD and five NP's currently. We lost our, we have had four providers leave in the last six months and they are still being included in the data.

Since they still have patients that are that they are listed as their PCP.

And Spirit Lake Health Center uses gibara for tracking screening rates.

So.

We realized that the Gipper data Gipper rates were not matching up with CRC screening rates of other clinics that don't use gibara.

Our August skipper rate was 36.89 and the provider assessment feedback rate was 54, so there's a pretty big gap in there and we wanted to find a way.

To be able to provide the provider assessment feedback and I was able to use eye care to figure out how to run individual reports for each provider.

And these results from eye care match a lot closer with rates of other clinics that don't use the gift for data.

OK so I'm just going to go through a little how to on how I

came up with my list for each provider.

So you go into eyecare, create a new panel, you name the panel

whatever you would like.

You let me know when you're ready to go to the next screen,

because I'm not sure now when you're done with one. OK, OK.

Yes. So you can move on.

And then under a patients assigned to.

You select patients not assigned a primary care provider.

Or you can select the provider and choose a specific provider.

It'll come up with the list of names.

Of patients that have that provider listed as their primary

care.

Next slide, please.

So then to find the provider.

Just type in their last name, search there in alphabetical

order.

Make sure they're highlighted. Click add should bring them over

into the right side column.

And then click OK.

Next slide.

And.

Then.

Under apply additional filters.

Go under the patient filter, select by age.

And in the drop down.

Select in range.

They've been 45 to 75 years.

Next slide.

Then supply the time frame filter, go under the visit

filter, select by time frame.

Select last year, that's going to take out all the patients

that.

Have not been seen within the last year.

And then to go even further.

You can go under that same visit filter and down in the visit

detail.

Select edit.

And go and visit clinic and I selected the general clinic.

This will take out any patients that have not been seen in our

medical clinic here. So we for our Gipper data we it includes

patients that may have been seen.

Over at behavioral health, but have never been seen.

Here in the medical clinic.

Next slide.

So then you have your list of all your patients 45 to 75 that

have been seen in the medical clinic within the last year.

So then I copy.

That panel list.

And rename it to include due for colon cancer screening.

And click OK.

And then I make sure that my copied panel that I renamed.

Is highlighted and click modify.

And then I'm going to add another filter onto that panel.

Go under additional filters under the reminder.

And select colon cancer with HR and parentheses in the drop

down.

Overdue and select OK.

And then you'll have your patients 45 to 75 years of age

that have been seen in the medical clinic in the last year

that are due for screening.

So then the first number, subtract the next number and

that will give you the number of patients 45 to 75 ever seen in

the medical clinic in the last year that have been screened for

colon cancer.

Next slide.

OK, and then I.

I did that process for each provider that we have.

And for patients that have an old provider listed.

Solo, my first picture here is just patients that we're seeing

in the last year and the bottom picture is patients that were

seen in the last year in the medical clinic.

So as you can see, 54% and I believe it's 58% on the bottom.

So that's a lot better than the 36% that the Gipper is giving

us.

They're another Oh yes. OK, so here we have August dipro is

that 36.89, and the provider assessment and feedback rate was

54. September's gift bra 37.3%.

September's provider assessment feedback rates from eye care

58%. So it's.

A consistent 18 to 20% difference.

So I will just comment that I think this is phenomenal for a

couple of reasons. So one is John and I have had a lot of

conversations about Gipper rates versus the way that we collect

data in every other clinic and we think that dipra is an

amazing tool to understand your community. It's very much more.

Indicative of your community level rates, but it doesn't

necessarily tell you about the work that's being done in the

clinic on an everyday basis at the same time Umm, in locations

and you're going to hear from lakisha coming up about the the

community work that they do that.

They screen a lot of patients in the community. These differences

might look very different there and we would definitely, well

all of the all of the patients are still signed off though by a

clinic provider. So maybe not those those would come under

that.

Person signing these off how? I guess my point is just that with

being able to pull your rates this way, your.

Able to have a better look at what?

Is actually coming through your clinic door.

Not including the patients that are just going to dental or just

going to chiropractic or optometric or behavioral health

or any of the other services that you might have that would

be included in your gipper denominator. And so I think this

is I, I know that it's been appreciated by the providers at

Spirit Lake being able to see you know their own rates improve

and how they're doing in the clinic versus you know, looking

at that entire patient population who may not have ever

set.

Put in the door of the medical clinic and they didn't have an

opportunity to see. So I would encourage everyone to take a

stab at following the instructions that Allison has

provided and being able to do this for your own providers.

This is Sharon. I have a quick question in regards to that.

Would it be beneficial and I'm just throwing it out there,

would it be beneficial?

To look at the Gipper numbers, I mean look at say another panel

of patients that would be maybe dental and behavioral health

clinic.

And see how many in that age group are coming through those

clinics.

That are due for screening.

Because I you know, I do understand that the gibara is

actually looking at.

The whole.

You know, population versus we're looking at.

You know, a refined population through our general clinic.

But.

To be fair and just to all, do we need to also look at those

other patients?

You know, down the road so that we can, you know, maybe reach

out to them or find out where they receiving their medical

care. I mean if they're getting medical care someplace else.

You know all the power to them and that's great. And maybe

they've been screened.

I'm just, I think something that popped into my head. Yeah, if

you have the time and the capacity to do that, I think

it's phenomenal, especially if you have the opportunity to

collaborate with some of those other clinics and having them

help you with making those referrals back to the providers

if they haven't been screened. There's so much that you can do

with that once you've once you're able to do something like

this and be able to pull that data, you can have

collaborations with.

All kinds of.

You know, group, you know, whichever clinics are willing. I

think that would be amazing.

It's not certainly not a requirement of this program, but

if you want to take it to that level, I will fully support you.

This is Jonathan. Can you hear me OK? Yep. My zoom isn't

working well. But yeah, on that note, you know, data accuracy

and completeness of the electronic health record is is

also very important. So, you know, if your population, you

know, has members who are receiving care someplace else,

you know, it's it's certainly good to be able to keep tabs on.

On those records because if.

You know, if if they're getting screened in another clinic and

you don't have access, you know direct access to that

information, the.

Your electronic health record is not up to date, then it's not

accurate, which does affect the Gipper rate. So you know if you

can document accurately that historical data for all your

patients, even if those patients aren't seen in your clinic, that

will improve your rates as well. So if you have time and are

capable of doing that, by all means.

And Allison, sorry.

I just think it would be interesting to just see what

kind of numbers are out there.

And maybe it's something that doesn't need to be tracked all

the time, but it it just has my curiosity.

I think it's a great idea, Allison. I I wonder if you could

speak to what John just mentioned. You had done a ton of

work to get historical data and I think it was at the time, you

know, this earlier this summer when we knew that the Gipper

denominator had changed and in order to get back to your at

least to your baseline if not meet your goal, you had done a

ton of work to get that historical data and enter it

into the EHR. And I think I might be speaking a little out

of turn, but it it made a difference.

Near rates by about 7:00 or 8%, right?

Yes, I had taken.

A list of all of our patients, 45 to 75. So that was anybody

with an active chart in our EHR.

And went through and.

Went through epic to see if they had.

A colonoscopy in there and update if they did updated it in

RHR and yeah there was I think like 100 and some colonoscopies

that patients had had completed that weren't documented and RHR.

So I updated.

All went through all of that list of patients and then anyone that was still due that I couldn't find that had had a colonoscopy completed, I sent them a letter.

Phenomenal. Well, thank you. I if anyone has questions, we may have some time at the end. So feel free to either chat your questions in and we'll make sure that they get asked or.

Well, we'll have a little more time at the end. We'll move on now to Makeisha. Lanji. Makeisha is a public health nurse in at Quentin Burdick in Belcourt. She's worked in the public health department since 2019 and in the outpatient department prior to that for eight years. And she also has first hand knowledge of colorectal cancer while she is a survivor. So thank you, nakisha for joining today. I'll start you on your next slide and you can.

OK. Good morning. My name is Nakisha Longji on the registered nurse here at Quentin and Burdick Memorial Healthcare facility. And as Nikki mentioned, I work in the public health department and I do have first hand knowledge of colorectal cancer being a survivor myself.

If you want to advance, OK, so our facility the latest date yesterday, we serve approximately 13 point 6000

patients that are active up to date right now. So these patients we may have actually more patients that we do have. Well, I guess in our reservation we do have more patience than this, but 13,600 of them actually have an active chart with us, so they are.

Actively coming to us for their care and we serve the Native American population on the Turtle Mountains and we also get patients that come here from other places such as Standing Rock, Newtown and.

Devils Lake area.

OK.

So currently we have 4 mid level providers in our outpatient clinic. We have 8 MD's and the services we give here include OBGYN services, Podiatry, Women's Health, men's health, Pediatrics and a same day clinic.

So some strategies for the fit return gas incentives.

Education. So we do a lot of education with the patients. And I also like to tell patients my own personal story because we get a lot of patients that come in and say, that's not going to happen to me. I'm too young, nobody in my family has it. How can that happen to me? So I'll let them know that I was that

person. I was 44 years old when I got diagnosed. Nobody in my family with cancer. So I tell them it can happen to anyone.

OK.

So the barriers, as I mentioned, age. So with the age being a barrier, we do get some elders over the age of 75 that come in and they want the gas incentives because they said I might have colon cancer. Can I get the money? And a lot of times it's sad to turn them away. I'll I'll give them the fit kit.

Did I let them know they're not eligible to meet the criteria to get that gas card, but a lot of times they still go ahead and get the screening done just to make sure that they don't have the cancer, not me concept. So that is where with our new range of testing where we moved down to 45 years of age from 50 years of age, a lot of the younger.

Population say I'm too young. That's not going to happen to me. There's no way that's going to happen to someone my age. That's an old person disease. Only old people get it. So that's where I bring in my personal story and let them know know it. It can happen at any age. I've actually met some people in one of my support groups who are in their early 30s who have colorectal cancer. So it does not discriminate

against age concept of collecting the sample. A lot of people get squeamish.

And they think you want me to do what with my poop. And we let them know, you know, you can, here's the glove. If it falls in the toilet, you know, kind of grab it and pick it up. And they just look at me and tell me gross. And so we try to these patients, we try to help them. So sometimes I'll send them down to the clinic to go get a special hat to stick in the back of the toilet so that they can collect their sample that way if they feel better about it. And that usually helps.

And then with time constraints, a lot of people say, well, I work, I don't got time to do this test, I don't got time for colonoscopy. So I let them know this isn't the same as a colonoscopy. You can go anytime and you just bring this back to the lab when you have time after you collect it. So a lot of those people, we do get them to do it because they say, well, if I don't have to have a colonoscopy, I'd rather do this because then I don't got to get put to sleep and I don't have to have somebody stick something up my **** is what I hear a lot of the time.

So, um, that's how we get people to do it.

OK, so some interventions on community distribution. We have a mobile unit that we have access to on now that it's getting colder outside. We stopped doing the mobile unit just because people aren't going to want to come out into the cold into a cold mobile unit to get their supplies. But during the summer, we would go set up in town at community events and we would offer vaccines and I would always bring my fit kits with me.

And I that's how it would catch a lot of the population that we're due. So I would hand those out. I also hand them out here at the Public health office. I came up with a nice little flyer that I put on my door. It's nice and catchy and it tells people that I'm going to pay them for their poop. So I've had a few people read that and come in and then say, well, I'm going to send my mom over here and we've gotten people to come in and do that. Outpatient department continues to hand them out to their patients.

When they come in for visits. And the biggest thing with this is education, educating the patient. Early screening is best. If you detect it early, you'll have less complications later. So that helps with a lot. I've been actively doing chart

reviews on all of the kits that I give out. I don't have access to the ones that the clinic have been giving out, but the ones that I do myself, I go in and I do chart reviews and if I find that they have a kit and they haven't turned it in, I'll.

Send them a reminder letter. Sometimes I do give the patient a phone call whenever I see that the provider's been trying to get ahold of them and say they sent out a letter, that they had a positive test and they need a colonoscopy, or they've tried to call them and they can't get a hold of them. I find ways to try to get a hold of that patient.

Then we do have standing orders here for our fit testing. Audrey Bursey is really good about it. She lets us put the standing order in under her name. The patient gets it done and she follows up with those patients when they have a positive fit screen to make sure that they have colonoscopies. Done.

So here's some of our results. So the total fit kits that I distributed personally from March through October, I gave out 124 kits at events such as the Rolling: Sky Dancer Casino and here through public health nursing on that would be with our mobile events out of those kits returned.

I got 56 of them back.

15 of them were positive, 41 were negative. That gives us a 45.1% return rate, 73.2% were negative and 26.78 were positive. So we are catching some of these positives and to my knowledge, I don't believe any of these positives have turned out to be cancer in these patients. So that's a good thing.

OK. And that's the end of my presentation. I want to thank you all for joining today. And if you have any questions, feel free to reach out to me.

Thank you, nakisha. Thank you. Can you explain just a little bit more about how your, your gas card incentive works, how, how much is the card and how do they?

OK. So with our gas card incentive, we were giving patients $33 and with that we use some of the. So as you each reach each level, we're getting money back from screen ND. So we're using that money to purchase these gas cards for patients. The latest amount that we're doing now we have gas cards, I believe it's for $25.

That we're giving out to patients and how that works is we have a little piece of paper when the patient comes in, I initial it when they bring it to the lab, the lab initials that

they actually dropped off their specimen and then they returned

that piece of paper back to our tribal health.

Department down to Donna or Jolene and they give them their

gas card. So basically the patient has to do this, pick up

the screen, do the screen prior to getting that gas card. So

they're not guaranteed that gas card. If they just pick it up,

they actually have to complete the test and that does get a lot

of people's attention and with the recent pandemic.

People have been lot of people around in our area have been

struggling, so that gas card really helps people and if it's

something as simple as just.

Testing your stool for cancer, they're going to do it so that

they could get that gas card.

Awesome. Thank you, nikisha. You're welcome.

All right. Our next presenter will be Carlita Averly. She is

from Standing Rock service unit and is a nurse practitioner

there. And about a year ago now we started talking about

Cologuard with them. And this is a topic that we've been visiting

with all of our tribal communities about and just

getting started with. It has been a little rough for for us,

but Standing Rock just embraced it right off the bat and has

been doing a great job with it. So Carlita, I would love for you to share your experience.

Good morning, I am carlita aberly. I'm a nurse practitioner working on Standing Rock for a long time since like 2007 so.

Yeah. Currently have one medical doctor that works in our clinic and four aides who has resigned, so she will no longer be with us and then our clinical director. So those are only two medical doctors and then we have five nurse practitioners, so.

Three of those work in 4 eighths and then two in McLaughlin.

So and then we also have some health stations around that we do on the walk, pollen, bullhead or weekly. Cannonball is supposed to be weekly, but it's been closed for about 2 weeks since COVID for some remodeling and just had had trouble getting everything going back there.

Next slide.

So we were asked by.

Well, Nikki, essentially if we would be interested in kind of being a pilot or get started trying to implement Cologuard into our services. And so we were having some meetings with them about you know, how that what that would look like and how would we go about doing this.

So we started last year in December, I think our meeting

was December 17th. We finally arranged an in person meeting

with the Cologuard representatives for we did that

with medical staff, with nursing staff I think and I think our

lab was involved in that too, our lab staff.

And.

Had the like a training, like an in service and they came down

and they brought the kits so they could show us what they

look like, do the overview of what you know the Cologuard test

is.

Specifics on how you complete it and then we they you know we did

a Q&A and they answered all our questions and our

administration decided that we would start moving towards

including this into services that we would offer. So when we

talked to patients as providers and as you know nursing and give

them their options.

You know we go over that the fit, the fit and the Cologuard

testing which would both be for average risk patients and then

the colonoscopy and they they are also able to opt for

colonoscopy but especially for the higher risk patients.

Umm.

So when also shortly after we started working on this, we initially had some providers that were you know our clinical director actually started probably with the first one to get.

Very involved. Like she just was very interested in starting this and one of the reasons was like we had seen earlier is the gift rug.

Numbers and different measures and we sort of envision that if we could get patients returning these that these results were good for three years instead of the one year like the FIT testing. And so we could hopefully not be a you know so many patients expiring every single year where we're trying to get them to return those kids timely and keep the Gipper numbers up.

Then with COVID, we started having some nurses that were detailed to our facility from Hersa and.

For some, they were there for very specific reasons and we couldn't just have them doing anything. So this was one of the projects that we were able to allow have them do for us.

So we started running some reports. The Cologuard is covered by all the insurances possible. So basically if you

have insurance, you can be allowed to do the Cologuard.

And so we started running reports and collecting names or

lists of patients that would be eligible to do the Cologuard.

And then the nurses from Hersa started calling these patients

and asking them if they were interested and if we could, you

know.

Order the Cologuard for them so the education was done. Like how

the kit gets mailed to your home and then you complete the kit

and it's then return you. You return it just from your home.

So when we started working on this, the Great Plains Tribal

Chairman Board.

There was pretty, I mean there was significant also support

from that that board and so also our CEO was you know on board

with getting this started and we had been told that there was

going to be a area wide contract.

For the exact sciences, which is the company that used the

Cologuard goes to now that still hasn't happened. And other

things are sort of being tossed around like at the Great Plains

area level. They're talking about letting us use which I

think this might our CEO is going to check on a CEO call

yesterday. I think that the PRC funds can be used to now cover

color, the color guard and we've been working on.

Getting also a contract in place since it's kind of taking a

while for area to get one in place that now that we've

started to work on putting together our own contract.

So next slide.

Um, So what has worked well?

So after we did the training we started to roll it out offering

it to anybody that had any kind of insurance and like I said

they are all any all insurances cover the Cologuard is and we

haven't found any that do not.

The kids are mailed directly or while they're sent by UPS

directly to the patients home. So we do a little bit of

education at the clinic and then Cologuard left us some kits that

we can show people if they want to see it. But essentially the

kit comes, it's got step by step instructions in it. We just ask

our patients to follow those directions and then they can

package it back up, call an 8.

100 number that's provided and for pickup.

You don't have to be home. UPS and college and exact sciences

have a.

Arrangement. This was already in place before us that Alaska

natives had been using and it was it California maybe Nikki, I can't remember California. So it was already in place. It was already something that people were the exact sciences was used to. I just in other areas we're used to. So they UPS is expected to provide these services come and pick it up from the doorstep even if you're not home.

And as far as payment goes, there's no fee or no charge until the.

A valid result has been obtained.

So even if the patient returns a kit, but like we found that some patients like some of those kids aren't getting back timely or their kids aren't valid for different reasons, they fill it too full or something. Those kids also are not charged for it has to be a valid sample. This and we get the results on before anybody's charged.

Exact sciences have been super easy to work for if you have like work with. If you have any questions that there's an 800 number to call and someone answers the phone like always and you can talk to them.

You can go on, they have a website you go on, register your providers.

You can have them individually register, which I don't think all my providers have done, or you can have a site administrator, which I do and I have all of our providers underneath.

My name and then I can run the reports on how many kids are being sent out for each of our providers, how many are being returned, and then look up the results.

Results are also faxed to each provider to a clinic fax number so they get their results and then also you can look them up on the exact science site.

The orders there is an order form. Exact Sciences has an order form you can fill out.

On paper and fax it. Or you can go on to their website and you can order it through their site.

Most of ours are going in, I think on paper, except I think our clinical director is going on to the site and ordering hers.

Um, they provide patient reminders.

So they call or text on the form. When you fill it out, it asks for a phone number and if that phone number can accept text.

So we do go through that is the one thing about doing the form in the room with the patient like you can ask them those questions that is it OK if they contact you by phone or text you and most of our patients are fine with it. They say yes and then they send out three patient reminders within a month.

And then what if they don't get the sample back, then the provider gets back a faxed sheet that tells them that, you know, we've attempted to contact and get your patient to return their sample, and maybe you want to contact them as their provider directly and ask them to do that.

And some of the barriers that we've had living in South Dakota, North Dakota is a lot of our patients still have PO boxes and they have to have an actual mailing address, which they also do have mail addresses here. It's just that for most of their mail services, they're still using their PO boxes in this area.

So they do have to have a a way to deliver the box and to pick up the box.

And it is some kind of challenging for UPS in this area to find people and to find these places and sometimes our patients do move around a little bit.

Um, a couple other things that patients have mentioned to us is

once the little Cologuard box showed up on their doorstep like

it's kind of an obvious box what it is, it's got just like the.

The ad on the TV. The little white box with the little blue

guy on it.

They did. Some of them didn't like that. We are having you

know of course same with our fit testing though we still have

that percentage. You know greater than 50% of patients are

not returning the kids. We've had one patient that mentioned

that they thought we were collecting DNA from them and

they wanted to know what we were doing with their DNA and they

didn't want.

To be.

Part of a DNA collection, so a little bit of that, but not

much. I think we've only had one patient that had that concern.

Um, we so far from the Cologuard results have not. We've had a I

think just a couple of positives and no, no colon cancers found

so far.

And.

I think that is all I have, Nikki, if anybody has questions

or.

Well, I would just encourage anyone who is has questions. Um, we've been having these same conversations that we had last fall with Standing Rock we've had in Spirit Lake and at Belcourt. And I just encourage you to to reach out to Carlita by e-mail or just somehow make contact with her if you do have questions about actually implementing Cologuard into your screening options. This has worked so well for them and.

I think some of the hesitancy in the other locations has simply been around whether or not you can offer it to everyone, and I guess my philosophy on that has been we also don't want to withhold an option from someone who qualifies for it.

Um, carlita, have you had any incidents where people are frustrated with not being able to receive Cologuard if they didn't have insurance?

Not, not, no, not that I know of. You know, we are only visiting with patients about the Cologuard who have insurance. And so, you know, we haven't had nobody that I've heard from the facility has come back and said, well, I heard that you were offering it to someone else. Why didn't I get it?

None of that has happened.

You know, we do offer colonoscopies and the fit

testing to everybody.

So there's a lot of options. This just adds an extra option

for some of the patients who do have insurance. And like I said

it, you know we're, we haven't totally finalized all our

different numbers for the last year because of some staffing

concerns around here. But you know we are just hoping adding

some of the Cologuard results into this mix instead of just

the fit will help with our gibara so that we have that

longer period of time in there.

Excellent. Just like the colonoscopies you hope are good

for 10 years, but excellent. And just to be clear for everyone on

this group, Medicaid does cover Cologuard 100%, Medicare covers

Cologuard 100%, all of the Affordable Care Act plans cover.

100% and so really the only patients that may have a copay

what from from our experience over the last three years

working with Cologuard is the patients who have grandfathered

plans they will occasionally have.

A copay, and that is.

Can differ based on whether or not they've met their deductible

and what their plan looks like. So, you know with those plans it

can be, it varies. Many of those are are through government

employees. So if they're employees of the county or employees of a school, college or not necessarily. Elementary or high school. But if their employees have a college, often they will have a grandfathered plan. So every organization, every community that we work with has some of those grandfathered plans where those aren't covered. And we just always encourage anyone who's got a concern about having that copay to call the number on the back of their card and know what that copay would be before they take the test. And that's up to the patient to do that.

Any questions for any of our presenters?

I don't see any questions in the chat.

This has been an extremely informative meeting and I thank all of you for your time.

We'll stay on the line here if there's any questions, but otherwise we are right on time and I.

Thank all of you who who presented and all of you who participated. The recording for this event will be available within the next day or two. I will send out an e-mail with a link to that recording.

So with that, we thank you and hope you have a very productive

day.

Thanks, Nikki. Have a good day.

OK.