

0:0:0.0 --> 0:0:0.520

Jonathan Gardner

Good to go.

0:0:1.900 --> 0:0:31.50

Nikki Medalen

Alright. Well welcome everyone to our fifth module and this one is on patient navigation and you know one of the things that I think we see with patient navigation, oftentimes we feel like clinics kind of hold their hand up to this like Oh no, that's more than we want to do and it all has to do with with the wording patient navigation can seem overwhelming, but really it's just meeting people where they are AT and helping them navigate through the healthcare.

0:0:32.910 --> 0:0:54.180

Nikki Medalen

You know it's it can really be amazed for them sometimes, especially when they're a little bit overwhelmed with the information they're getting and may not be used to navigating through that kind of system and being handed off from one clinic to another or one type of provider to another. And so we just kind of want to work through some of those discussion points, but we're going to start with a poll.

0:0:54.920 --> 0:0:57.50

Nikki Medalen

And John, I will have you open the poll.

0:1:0.840 --> 0:1:9.610

Nikki Medalen

The question is, which are the top 2 barriers to colorectal cancer screening among your patients? And so you should be able to select two options.

0:1:32.770 --> 0:1:35.60

Nikki Medalen

I'll give you another 10 seconds or so to answer.

0:1:44.160 --> 0:2:0.970

Nikki Medalen

And it appears like embarrassment or modesty is the most popular fear of the procedure and then also inability to identify someone to accompany the patient home on test day. And we definitely have seen all three of these beat issues.

0:2:3.80 --> 0:2:13.290

Nikki Medalen

You know, in every clinic that we work with, so these are not unusual responses, but there are some ways that we can help patients through that. So thank you for participating in that poll.

0:2:14.90 --> 0:2:46.700

Nikki Medalen

This is a quote from the patient navigation model for increasing colonoscopy quality and completion, and this is a replication manual that was actually developed in New Hampshire. And it's just a fantastic resource for health coaches and those who are patient navigators. And, you know, I really feel strongly

that we don't have to have the title of Patient Navigator in order to have that role within your clinic. That might be every nurse's role who is a clinic nurse or it might be one person.

0:2:47.170 --> 0:3:16.580

Nikki Medalen

Umm, but this particular physician was one of the principal investigators that worked on that replication manual. And he said in in my many years as a gastroenterologist, navigation is the only approach I have seen that resulted in colonoscopy completion by over 96% of patients in an underserved low income, uninsured population, many of whom did not speak English, some of whom were homeless. The importance of the work that you were doing cannot be overstated.

0:3:16.960 --> 0:3:31.130

Nikki Medalen

And I just loved this quote because I felt like if if this clinic with these conditions can achieve a 96% colonoscopy completion rate, really any of our clinics should be able to do that.

0:3:32.670 --> 0:4:2.400

Nikki Medalen

I would be a little remiss if I didn't make it clear that navigation services are not provided to every patient who agrees to be screened for CRC. I think that is one of the things that makes it kind of scary to clinics, but rather we would suggest that you select a group of patients who meet a predetermined set of criteria, including risk for colorectal cancer or those assessed to be less likely to complete the screening on their own to be referred to.

0:4:2.540 --> 0:4:12.900

Nikki Medalen

Patient navigation services. So this really in in any small rural clinic might be a handful of people compared to the number of people that you are intending to screen.

0:4:15.10 --> 0:4:36.640

Nikki Medalen

Patient navigation is often considered overwhelming and so we asked some of our our current participants in screened. This was done last summer and Mikisha longie answered in this way. Oh, wait a minute. I bet that I did not share when I shared I did not click the button. So let me.

0:4:37.940 --> 0:4:39.850

Nikki Medalen

Let me stop sharing for one second.

0:4:42.50 --> 0:4:44.40

Nikki Medalen

Uh and then reshare?

0:5:5.0 --> 0:5:6.450

Nikki Medalen

There I should have sound to now.

0:6:1.370 --> 0:6:35.410

Nikki Medalen

So like I said, just finding people where they are and helping them figure out the best way to get that test done when the patient leaves a typical office visit, they generally have so much on their mind, not only the agenda for the rest of their day or week, but also now they need to pick up a prescription or two, their digesting the information that was shared with them by their providers and staff. And they're trying to figure out when they're going to fit in the test that they were introduced to. Now they need to think about whether or not they have a driver, what they need to do to rearrange their schedules and then probably coming up with all of the scenarios.

0:6:35.640 --> 0:6:42.910

Nikki Medalen

That a test could imply, especially for someone who's otherwise compliment compromised and so you can see where this begins to be overwhelming.

0:6:44.700 --> 0:7:3.580

Nikki Medalen

Some people are very confused about what their responsibilities are, whether or not someone from the clinic will be calling them, or how to make the appointment. What the test is actually for. And so I appreciated this little meme. We have a high conversion rate, 98% of our visitors exit the site. Confused. We hope that's none of our clinics, but.

0:7:4.330 --> 0:7:4.860

Nikki Medalen

Kind of fun.

0:7:6.400 --> 0:7:8.310

Nikki Medalen

So last.

0:7:11.340 --> 0:7:13.810

Nikki Medalen

Last not last time, but a few.

0:7:14.840 --> 0:7:45.850

Nikki Medalen

Presentations ago, we talked about the options that there are for colorectal cancer screening, but perhaps understanding some of the barriers to screening can give us a new perspective on helping a patient choose the right test. All screening can present some barriers, but colonoscopy we know does pose a few more barriers. For most people. We do know that it is the only test that allows polyp removal. And so for some it is the best test, especially those with increased risk or those who have had other positive screening tests.

0:7:46.100 --> 0:8:7.710

Nikki Medalen

And therefore, it's really crucial to understand and help patients overcome barriers to colonoscopy. And so I'll give you a minute to just kind of look over this slide and consider some of the barriers that you

see. And I would, I would love it if you would share some of the ways that your facilities are addressing some of these barriers.

0:8:18.310 --> 0:8:47.950

Kari Novak

I find a lot of it is lack of knowledge about the rectal screening and the need for screening. I think with what we have done just in the last couple of months, we've raised that bar a little bit with our patients, getting that information and the buy in by our providers who are now talking about it at the visits. Whereas before I think it was mentioned but not necessarily a conversation to be had.

0:8:48.990 --> 0:8:56.430

Kari Novak

Umm. And then no insurance or being unsure what gets covered too is a lot for a lot of the patients that we have.

0:8:57.900 --> 0:8:58.350

Nikki Medalen

Sure.

0:8:59.630 --> 0:9:12.100

Nikki Medalen

We hear a lot about embarrassment and modesty. Are there messaging or education that you provide the patients about colonoscopy and how that's handled so that they don't have that fear?

0:9:12.910 --> 0:9:26.760

Kari Novak

We have, we've had that conversation. Umm, a lot of times the nurse actually will start the conversation when going through the care gap with the patient and just say, you know, this is what happens. You know, this is the prep. This is when you have to start.

0:9:28.170 --> 0:9:39.490

Kari Novak

You are in a, you know you'll get admitted and then they do a pre op call prior to the Rep starting an answer. All the questions through the the OR end of it also.

0:9:40.880 --> 0:9:42.610

Nikki Medalen

Sure. Awesome. Thank you.

0:9:46.830 --> 0:9:47.160

Kristen Pastorek

So.

0:9:46.540 --> 0:9:50.830

Nikki Medalen

So this is an example from the patient navigation model.

0:9:51.540 --> 0:10:22.860

Nikki Medalen

Umm. In New Hampshire, it was recognized that they had all of the infrastructure in place. They had provider reminders, patient reminders. They were giving providers and clinic teams feedback reports. They had worked to reduce structural barriers and they developed partnerships within their communities to do education and messaging to clients. But they still didn't have screening rates where they wanted. And so they turned to this idea of patient navigation. And I want you to especially focus on the middle 3 columns here. You can see that they were very intentional.

0:10:23.80 --> 0:10:52.470

Nikki Medalen

About the activities that they would use to achieve their goals, including the delivery of 6 topics in their navigation protocol, providing services to facilitate what the patient needed in order to complete the appropriate test and also very rigorous tracking documentation and communication between the navigator, the patient and the provider. But from that intentional work came this list of short term and intermediate outcomes that would make this effort really worthwhile.

0:10:53.60 --> 0:11:16.450

Nikki Medalen

And so of course you can read those. Umm, but I think this might be very small in your screen, so I'll I'll read a few for you in the short term outcomes they recognized reduced missed appointments, reduced late cancellation of appointments, improved quality of bowel prep, improved completion of colonoscopy, improved receipts of colonoscopy results by patient.

0:11:18.610 --> 0:11:35.980

Nikki Medalen

And then also the same with providers. Those providers had been missing some results in the past and they recognized that that was much improved and then also improved accuracy of rescreening or improving the surveillance interval. So that is actually one of the huge.

0:11:37.340 --> 0:12:7.370

Nikki Medalen

Goals of the national Colorectal Cancer Roundtable right now, really recognizing the need to screen on time, but also to screen at regular intervals on time. Some of the intermediate outcomes included improved coordination and continuity of care for primary care providers and patients, increased clinic level screening rates, enhanced access to screening and other clinic services providing complete and timely diagnostic follow up. That is another major.

0:12:7.470 --> 0:12:13.100

Nikki Medalen

Umm goal of the NCR national Colorectal Cancer Roundtable table.

0:12:14.660 --> 0:12:22.950

Nikki Medalen

It is often seen that patients who have a stool test shouldn't say often, but about 20% of patients who have a stool test.

0:12:24.980 --> 0:12:28.720

Nikki Medalen

Either decline or really procrastinate on a follow up.

0:12:29.620 --> 0:12:52.550

Nikki Medalen

Follow on now colonoscopy. And we're seeing that when that happens. When that follow on, colonoscopy occurs greater than six months after their initial stool test. Their initial positive stool test that their death rate is higher. And so just a super important find for this patient navigation work.

0:12:54.110 --> 0:13:22.980

Nikki Medalen

Some of the core elements of this program included Nurse navigators, assuring that that person had the clinical expertise and psychosocial assessment skills to do this work. Patient navigation champions, who also had clinical expertise. They were they provided leadership, passion, charisma and expertise in CRC screening. It was important to have medical oversight of the navigation intervention to oversee the details and the quality of the navigation.

0:13:23.600 --> 0:13:28.830

Nikki Medalen

Including the trainer and mentor and the person who was doing the communicating.

0:13:30.610 --> 0:13:59.140

Nikki Medalen

Also, partnerships, they found that partnerships were extremely important with endoscopy centers, primary care providers, pathology labs, pharmacies, transportation services, translators and that list could go on forever. They also felt that it was really important to have very well established patient navigation protocol, so established topics at defined time intervals which included an allowed for patient education.

0:13:59.530 --> 0:14:5.670

Nikki Medalen

Assessment and resolution of patient barriers, patient coaching and encouragement and timely reminders.

0:14:7.280 --> 0:14:34.550

Nikki Medalen

There's 6th element was effective data system so that data system that could support patient tracking, patient care, quality monitoring and even evaluation and then sharing a philosophy of success. So patients who felt better prepared to take a more active role in their overall health care did very well and were able to accomplish what they had set out to do.

0:14:36.810 --> 0:14:41.910

Nikki Medalen

This is just a picture of the navigation protocol cards that they used. These are.

0:14:42.640 --> 0:14:58.250

Nikki Medalen

Available in that document and we will share the link to that document at the end. So I'm not going to go into this greatly here, just wanting you to really recognize how detailed they were in assuring what the patient knew at the end of each of these six phone calls.

0:15:0.0 --> 0:15:18.730

Nikki Medalen

What they found was that navigated patients were eleven times more likely to complete colonoscopy than non navigated patients. They were 40 times less likely to miss a colonoscopy appointment. That's pretty significant and six times more likely to have adequate ball prep than non navigated patients.

0:15:22.410 --> 0:15:42.210

Nikki Medalen

You may have heard of the age friendly forums framework and I just wanted to share with you if that is one of the frameworks that you're currently using in your facility, that there are some ways that we can plug patient navigation into those four MMS as well. So what matters including.

0:15:43.90 --> 0:16:9.900

Nikki Medalen

Options for the type of test that the patient wants and always assuring that that is a shared decision between the provider and patient. Understanding the risks and clear instructions to complete the chosen screening test under medications. Of course, we want to talk about that bowel prep, but also about the medications that they're on and whether or not they need to stop. Those are alter those before the colonoscopy procedure or even the stool test that you may be using.

0:16:11.240 --> 0:16:27.940

Nikki Medalen

Mentation, of course, we always need to talk about the fear of getting a colonoscopy, and I included a link there to the three biggest fears about getting a colonoscopy. Those are that it's going to be embarrassing. It's going to be painful. And also that the patient is afraid to hear the results.

0:16:29.10 --> 0:16:34.750

Nikki Medalen

Umm, one thing I always think we should mention here is that in patients who have dementia.

0:16:36.90 --> 0:16:52.750

Nikki Medalen

Whether or not that patient should get colonoscopy and and you know we're we are seeing some early onset dementia or early onset Alzheimer's and we really need to think about the fragility of that patient and what that procedure is going to be like for them and whether or not that is.

0:16:54.280 --> 0:16:55.350

Nikki Medalen

If there's any.

0:16:57.150 --> 0:17:6.80

Nikki Medalen

Advantage to doing a colonoscopy for this patient population, most experts agree that it's a bad idea. But of course, every patient should be.

0:17:7.50 --> 0:17:26.210

Nikki Medalen

Assessed on their own merit, also mobility when we have patients who have special needs with limited mobility, maybe they are a falls risk. We really need to think about what kind of assistance they may need to do a ball prep and of course the type of transportation or a driver that they might need on the day of a colonoscopy. So just some things to think about.

0:17:28.760 --> 0:17:57.430

Nikki Medalen

Another opportunity to do some health coaching or begin that process, maybe through the annual Wellness visit. That's a great time to encourage individuals to take an active role in accurately assessing and managing their health and consequently improve their well-being and quality of life. This refocusing on an individual's active role in Healthcare is accomplished by evaluating the beneficiaries current health and Wellness behaviors followed by advice and counsel on ways to become healthier and remain healthy for as long as possible.

0:18:0.80 --> 0:18:7.980

Nikki Medalen

Can you tell me a little bit about whether or not you provide patient navigation services currently or health coaching or how is that?

0:18:8.690 --> 0:18:10.200

Nikki Medalen

Accomplished in your facility.

0:18:18.820 --> 0:18:20.370

Nikki Medalen

Carrie, are you able to speak to that?

0:18:20.470 --> 0:18:30.20

Kari Novak

Yeah, I am. So we are working on our health coaching. We're still working on getting a really good process in place.

0:18:30.440 --> 0:18:52.560

Kari Novak

Umm. But I would say are the clinic nurses do a fair, fairly good job of looking at the at the patient care gaps when they're admitted, whether it's for whatever the appointments for, they're looking at that care gap and having that talk and say hey you know and then we've gone ahead and like you know.

0:18:53.880 --> 0:19:9.310

Kari Novak

Gone through our patient list from 45 up and messaged all of them and they've had at least 2 messages. If they haven't had any screening done. So we're working on it. We're not where we need to be yet, but we're definitely working on it.

0:19:11.140 --> 0:19:19.870

Nikki Medalen

Do you think that you could, you know, just thinking off the top of your head? Is there a certain patient population that might be most appropriate for?

0:19:20.760 --> 0:19:23.490

Nikki Medalen

Patient navigation versus the general population.

0:19:24.760 --> 0:19:26.950

Kari Novak

I would say we're looking more toward.

0:19:29.530 --> 0:19:42.860

Kari Novak

I would say the 60 plus just because of the added needs with transportation and some of those things that they need or the low income, definitely low income that need that a little bit more of an A navigator.

0:19:44.20 --> 0:19:46.150

Kari Novak

To help them through, to provide rides and.

0:19:48.80 --> 0:19:49.410

Nikki Medalen

Do you have transportation?

0:19:48.90 --> 0:19:52.660

Kari Novak

Help with the cost of it. So we now have a van.

0:19:53.860 --> 0:19:58.910

Kari Novak

That the hospital owns. So we would be able to provide transportation that way.

0:19:59.970 --> 0:20:14.160

Kari Novak

And then also there is a county bus too, but obviously you're not going to want them post up on a county bus. But we do now have a van within the facilities, so that's an option of getting them to and from their colonoscopies.

0:20:15.130 --> 0:20:16.660

Nikki Medalen

OK, that's great.

0:20:18.670 --> 0:20:26.350

Nikki Medalen

UM is do you have a tracking system for your the health coaches that you currently employ, do they?

0:20:27.60 --> 0:20:28.500

Nikki Medalen

Today, is there a?

0:20:29.240 --> 0:20:33.990

Nikki Medalen

Module, so to speak, in the EHR that they are able to.

0:20:34.490 --> 0:20:40.400

Kari Novak

Yes. So they do use healthy planet. Meredith, you've been on Healthy planet a little bit more than what I have been.

0:20:40.800 --> 0:20:43.60

Kari Novak

Umm, can you speak to that?

0:20:47.550 --> 0:20:48.340

Kari Novak

She's ignoring.

0:20:47.830 --> 0:20:48.480

Merideth Bell

Yeah.

0:20:50.380 --> 0:20:59.290

Merideth Bell

I don't know how much more I can do than you, but I think yeah, they document all their visits and phone calls in healthy planet when they see the patients.

0:21:0.270 --> 0:21:13.290

Merideth Bell

And then the nurses that are, you know, the provider nurses and the clinic are constantly documenting in the chart only calls or follow up notes that they are sending or conversations they're having with the patients.

0:21:14.990 --> 0:21:16.650

Nikki Medalen

Sure. In terms.

0:21:15.930 --> 0:21:18.10

Merideth Bell

So healthy planet is just like a different.

0:21:18.770 --> 0:21:19.950

Merideth Bell

Module of epic.

0:21:21.150 --> 0:21:21.500

Nikki Medalen

OK.

0:21:22.930 --> 0:21:39.700

Nikki Medalen

In terms of support for health coaches, is it something that you received a grant to begin or was that something you just recognized in your facility that was needed? Was it funded somehow or have you been able to prove that?

0:21:40.460 --> 0:21:41.920

Nikki Medalen

They can kind of support.

0:21:42.950 --> 0:21:45.580

Nikki Medalen

The revenue returned supports their services.

0:21:46.70 --> 0:21:48.0

Kari Novak

So I guess at a few different.

0:21:49.600 --> 0:21:55.860

Kari Novak

Conferences that I've been at, we noticed we were told that it was just you needed to get this program started.

0:21:57.0 --> 0:22:16.260

Kari Novak

And so we've just been working on it and trying to get to that point where we have the right staff in place and we're including the clinic nursing staff just because they see those patients on a more regular basis than even some of the health coaches do. So we're slowly getting there. And so we're just still working on that process.

0:22:18.180 --> 0:22:20.510

Nikki Medalen

Do you find that with having that?

0:22:21.450 --> 0:22:33.860

Nikki Medalen

That role within your facility that it has helped you move to a philosophy of population health rather than I don't mean how do I have my wording this?

0:22:34.920 --> 0:22:37.680

Nikki Medalen

It seems like where there are.

0:22:39.60 --> 0:22:47.350

Nikki Medalen

Those services, the patient navigation services, the health coaching that the the care gaps are much reduced because that.

0:22:48.900 --> 0:22:50.510

Nikki Medalen

Person is so.

0:22:51.150 --> 0:22:55.960

Nikki Medalen

Intentionally responsible for having those kinds of conversations, have you found that?

0:22:56.720 --> 0:23:0.290

Nikki Medalen

That has changed or helped move the philosophy in your clinic.

0:23:0.550 --> 0:23:28.560

Kari Novak

It has helped Umm, because there's just that one more person reviewing that chart and saying, OK, this is this is a possible need. They are having those in depth conversations with them when they're admitting them to the program on everything from are you safe at home? Are you able to get your groceries? Are you able to get your meds? Just all of those things that sometimes as much as the clinic nurses want to have those conversations, they're restrained in their time a little bit with doing that. So I would say, yeah.

0:23:28.660 --> 0:23:33.930

Kari Novak

It has its helped and plus there's just a lot of more.

0:23:35.290 --> 0:23:53.800

Kari Novak

Visiting back and forth between the health coach and the clinic nurses versus hospital nurses, which are also getting involved with doing a admission on whether they would meet criteria for for needing some type of health coaching. So we've been tied it into that. The hospital admission part.

0:23:55.10 --> 0:23:58.460

Nikki Medalen

That's amazing. That's great to hear. Well, thank you.

0:23:59.890 --> 0:24:9.430

Nikki Medalen

Umm we have shared this cost share update a number of times, but I think it we would we really need to make sure that we include it here as well so.

0:24:10.160 --> 0:24:16.250

Nikki Medalen

Medicare released the new physician fee schedule beginning in January of 2023 and this.

0:24:17.780 --> 0:24:45.450

Nikki Medalen

The major update is the development of this follow on colonoscopy, so that is a new term follow on colonoscopy that is a colonoscopy that is a result of a positive stool test. And finally, Medicare is recognizing this as a second step of screening. So therefore it is not applicable to cost sharing and is now subject or not subject to copay or cost share. So this is a huge win for.

0:24:46.480 --> 0:25:0.190

Nikki Medalen

For CRC screening in general, we do expect other payers to follow suit. In North Dakota, we find that our two largest payers are Sanford and Blue Cross Blue Shield. Sanford has actually.

0:25:0.880 --> 0:25:14.670

Nikki Medalen

Considered the follow on colonoscopy is a second step of screening for a long time already. For several years, Blue Cross Blue Shield has indicated in a meeting to us that they intend to follow suit also.

0:25:15.150 --> 0:25:47.520

Nikki Medalen

Umm, the caveat there is that it would occur when the new plan year starts, and so for those patients who have a plan here that starts in June, they would not have this benefit until their new plan you're starts, maybe it doesn't start until October. So 2023 can be kind of a funny year. People really need to pay attention and make that call to the 800 number on the back of their card to know exactly what to expect in terms of cost share. But in 2024, we would expect this to be fully implemented.

0:25:48.410 --> 0:26:4.110

Nikki Medalen

There are some CPT codes that modify the colonoscopy, so that modifier is 33 for commercial insurance and PT for Medicare, which would indicate that this is a follow on colonoscopy and therefore not applicable to cost share.

0:26:5.700 --> 0:26:7.110

Nikki Medalen

Do you have any questions?

0:26:15.340 --> 0:26:17.290

Kari Novak

I can't think of any right now.

0:26:18.480 --> 0:26:30.250

Nikki Medalen

All right, well, just a fun fact here. The CDC estimates that 68% of colorectal cancer deaths could be provoked, could be avoided if all eligible patients were screened.

0:26:32.210 --> 0:26:48.260

Nikki Medalen

So some resources for the journey ahead, we do have a list of some resources available for health coaches, patient navigators, nurses who are doing this type of work, the NCCRT playbook, the national.

0:26:48.740 --> 0:27:3.910

Nikki Medalen

Uh, excuse me, New Hampshire colorectal cancer screening programs, patient navigation model, which is a replication manual, it's intended that you use it and they are asking you to copy them without any shame.

0:27:5.150 --> 0:27:14.370

Nikki Medalen

Another great resource is fightcolorectalcancer.org. This is an organization that has a lot of great patient education and does a lot of advocacy.

0:27:15.470 --> 0:27:20.120

Nikki Medalen

Also, Doctor Nanda's three biggest fears of having a colonoscopy.

0:27:21.80 --> 0:27:32.800

Nikki Medalen

And all of these resources are available on thescreen.org website. They're available in the resources section, but they are all very easily available in the rapid Action Collaborative section under this module.

0:27:34.230 --> 0:27:43.580

Nikki Medalen

The next steps I would encourage you to consider reserving A-Team meeting agenda to discuss the barriers list and see how many of those you can resolve.

0:27:44.260 --> 0:27:58.230

Nikki Medalen

I wouldn't be surprised if you've already done that you've you're kind of always one step ahead of us, and even on our last call, you had specifically asked for patient navigation resources. So we're hoping that this module does help.

0:27:58.730 --> 0:28:28.300

Nikki Medalen

Umm, provide some of those things that you were looking for also discussed with your team who might be most appropriate patients for navigation services. I think that's a really important step to take so that you don't feel like you have to navigate every single patient that walks through the door or every patient that's needing these services. Many of them are absolutely capable of navigating in the healthcare system. So let's make sure that we're reserving the least services for those who need it the most and also.

0:28:28.500 --> 0:28:34.110

Nikki Medalen

Please complete the evaluation. We John, would you put a copy of that in the?

0:28:35.400 --> 0:28:50.830

Nikki Medalen

On chat please. And I want it back up one second here. Our next call will be March 14th and that will be

our final rapid Action Collaborative call. It will be on measuring practice progress. So recall that we started with data and we will finish with data.

0:28:52.150 --> 0:28:53.660

Nikki Medalen

But this time it should be.

0:28:54.810 --> 0:28:56.220

Nikki Medalen

I'm not very.

0:28:57.20 --> 0:29:7.430

Nikki Medalen

It won't be as difficult, I think when we first start talking about data, everybody's in a bit of a panic, measuring practice progress really helps us look at how we're doing and.

0:29:9.40 --> 0:29:29.370

Nikki Medalen

Bunch of the time. It's very much a celebration and a way to look back and see what we're accomplishing and assuring that the interventions that were implementing are actually working and therefore we should keep going or maybe they're not working and it allows us to to have that information to support stopping, doing what we're doing.

0:29:30.520 --> 0:29:34.400

Nikki Medalen

So with that, I'll just leave you with our contact information.

0:29:36.420 --> 0:29:48.990

Nikki Medalen

Until next time, if you have any questions or concerns, please feel free to reach out to either John Carolyne or myself and we just thank you for joining us today. We hope you have a very productive day and a happy Valentine's Day.

0:29:50.750 --> 0:29:51.780

Merideth Bell

Thank you guys.

0:29:52.230 --> 0:29:53.140

Kari Novak

Thank you.

0:29:54.160 --> 0:29:54.600

Nikki Medalen

Bye bye.