The GRIPA Story
Clinical Integration – Strengthening Quality and Promoting Cost Savings through P4P

Web-Based Sharing of Clinical Information
P4P Contracts for Independent Physicians

Eric Nielsen, MD – Chief Medical Officer
Deb Lange – Director, Analysis

Feb 28, 2008

What we will try to cover:

- What's GRIPA?
- What's Clinical Integration?
- What did GRIPA do?
  - FTC Advisory Opinion on its Plan for CI
  - "GRIPA Connect" CI Program
    - Physician Committees, Guidelines, Monitoring, P4P
  - "GRIPA Connect" Web Portal Infrastructure
  - Market Program/Portal to our Physicians
- P4P Under Clinical Integration Program
- Future Goals

What's GRIPA?
Greater Rochester Independent Practice Association

- 50/50 partnership (PHO) of ViaHealth hospital system and physicians organizations formed in 1996 from the medical staffs of ViaHealth hospitals in the Rochester, NY area
- To take risk and negotiate contracts with HMOs for the system as well as private and employed physicians
- Since 2002 no longer contracts for the hospital system
- Developed Case/Disease/Utilization Mgmt & P4P 1999-
- Full Risk for up to 120,000 lives
  - In 2005, $313M in gross revenue
    - ~70% of member physicians' gross revenue
  - Excellus 1997-2005
  - Preferred Care 1999-2007
  - WellCare 2006-

Snapshot of GRIPA

- Staff of ~45 and capabilities required to support its contracts, including departments for:
  - IT
  - Data Analysis
  - Medical Management
  - Network Services
  - Financial/Actuarial/Contracting functions
- Data warehouse based on payer claims
- Performance Reports and P4P run by physicians
- Track record of controlling costs and improving quality

Changing Marketplace: (why IPAs and PHOs have to change)

- Capitation is decreasing
- Insurers direct contract with each physician
- Insurers want their own P4P
- Employers want “0” premium increases
- Most private physicians are in groups of 5 or less, by choice
- Antitrust constraints on fee-for-service contracting

What's Clinical Integration? (The Legal Story Behind the Trend)

Physicians want to contract with payers through provider-controlled contracting entities

Sherman Antitrust Act prohibits agreements among private, competing individuals (or businesses) that unreasonably restrain competition

Options:

- Merging of practices
- Messenger model
- Direct contracting
- Financial integration
- Clinical integration

Clinical Integration: Definition

"An active and ongoing program to evaluate and modify the clinical practice patterns of the physician participants so as to create a high degree of *interdependence and collaboration* among the physicians to *control costs* and *ensure quality*."

FTC/DOJ Statements of Antitrust Enforcement Policy in Health Care, Statement 8.B.1 (1996)

Clinical Integration: *(No cookie-cutter approach)*

What the FTC looks for:

- "the development and adoption of clinical protocols
- care review based on the implementation of protocols
- mechanisms to ensure adherence to protocols"
- "the use of common information technology to ensure exchange of all relevant patient data"

Improving Health Care: A Dose of Competition
FTC/DOJ, Ch. 2, p.37 (July 2004).

What did GRIPA do? (planning committee 3/2005)

- Private physicians want to stay independent
  - Not ready for multi-specialty group(s)
- Clinical Integration as an alternative to risk
  - Achievable
  - Consistent with previous goals
  - Many components already in place
    - Guidelines / P4P
    - Care Mgmt in physicians offices
  - Physicians want help with technology
  - Physicians want to provide quality care

GRIPA receives (2nd ever) favorable FTC Advisory Opinion on its CI plan 9/17/07

"… it appears the GRIPA's proposed program will involve substantial integration by its physician participants that has the potential to result in the achievement of significant efficiencies that may benefit consumers."

GRIPA's FTC Advisory Opinion 9/17/07

http://www.ftc.gov/bc/adops/gripa.pdf

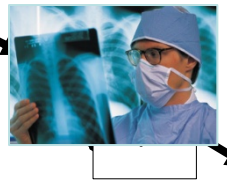
GRIPA Connect — how it works

- Evidence-based guidelines, measures, & goals prepared and updated by committees of physicians
- Processes for disseminating guidelines, monitoring adherence, feedback to MDs, and reporting to IPA
- Care Management assisting MDs with compliance
- Full Electronic Medical Record (EMR) not required

CI Model in Action

Pharmacy

Radiology



Hospital

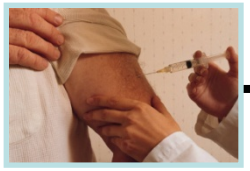
Hospital Info

Hospital

Web Portal

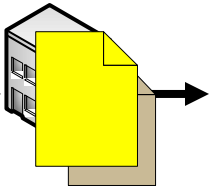
EHR

Guide lines



Lab

Lab Results



Specialist

Patient Visits PCP

IPA

GRIPA Connect
Step by step workflow adoption for physicians

1. Staff prints missing reports ahead of encounter
   (least impact on present office workflow)

   OR

   View reports on (wireless) PC in exam rooms Use portal to send information to other physicians
2. Check for any secure messages regarding the patient
3. Electronically refer patient to specialist
4. Electronically prescribe new medication
5. Planned additions: *Lab Order Entry, Alerts, electronic real-time P4P Reports*

Works with offices that are paper-based

AND

those that already have full EMR

GRIPA Connect – Participation Contracts

Each physician agrees to:

- Follow evidence-based guidelines created by peers
- be subject to education/discipline/expulsion
- serve 1-year term on Quality Assurance Council unless already on another GRIPA committee

GRIPA provides each physician with:

- one tablet computer
- wireless internet access in each office
- immediate access to patient information via Web Portal
- feedback on individual performance through P4P reports

GRIPA Provider Participation

- 450 Portal Users
  - 244 Private Physicians
  - 206 Employed

- PCP/SCP Breakdown
  - 220 Primary Care Physicians
  - 230 Specialists
    (representing 22 different specialties)

GRIPA Connect — Committee Structure

Clinical Integration Committee (CIC)

- 12 member physicians
  - 6 PCPs or OB/Gyn
  - 6 specialists
- Appointed for staggered 3-year terms
- Charged with:
  - Overseeing the CI Program
  - Developing the guidelines and measures to be used to monitor individual P4P and network performance

GRIPA Connect – Committee Structure

Specialty Advisory Group(s) (SAGs)

- Each composed of all specialties affected by a guideline

Quality Assurance Council

- Composed of 16 Practicing Physicians

IT Steering Committee

- Composed of 7 to 10 Practicing Physicians

Evidence-Based Guidelines

Clinical Guideline Goals:

- To ensure providers are acting as a single unit by adhering to evidence-based guidelines of care
- To develop, review and approve guidelines by owner physicians (increased buy-in)
- To have all specialties affected by guidelines
- To select evidence-based metrics agreed upon by physician committees in order to monitor guideline adherence

Guidelines Developed To Date

Total Guidelines developed to date = **28**

Timeframe: April 2006 – Jan 2008

- Asthma
- Acute Low Back Pain
- Acute Pharyngitis
- Allergic Rhinitis
- Cholelithiasis
- Congestive Heart Failure
- Coronary Artery Disease
- Deep Vein Thrombophlebitis
- Diabetes Mellitus
- Diverticulitis
- Hyperlipidemia
- Hypertension
- Major Depression
- Melanoma
- Migraine Headache
- Obesity
- Osteoporosis
- Preventive Care - Adults (Men)
- Preventive Care - Adults (Women)
- Preventive Care - Colon Cancer Screening and Surveillance
- Preventive Care - Ped Immunization
- Preventive Care – Pediatrics
- Rheumatoid Arthritis
- Screening of Major Depression
- Screening of Osteoporosis
- Secondary Prevention of Ischemic Stroke/TIA
- TIA
- Urolithiasis

Improving Guidelines Compliance through Electronic Tools

Point of Care Alerts

- Available to all physicians at Point of Care
- Displays services that patient is overdue for or beyond goal ("Actionable Alerts")
- Updates dynamically as transactional data is received by the portal
- Physicians able to provide feedback if patient mis-identified with a disease or has a contra-indication related to an alert

Care Opportunities Report

- Population report to look at all "actionable" items on all patients within a practice at once
- Filters allow physician to focus on a subset of population
- Allows offices to do outreach to those patients in need of services

Performance Management Reports

Physician Achievement Report (PAR)

- Not shared with anyone but the responsible provider
- Dynamically updated (instant feedback to physicians)
- Contains all Clinical Integration indicators as approved with guidelines
- Used to determine which physicians may need assistance
- GRIPA Care Management staff also uses as a case finding tool to determine which patients to assist
- Basis of Pay for Performance Program (select measures are scored)

GRIPA's Physician Profiling (P4P) History

Purchased and Implemented Data Warehousing System

Began Physician Profiling Program

Need for better measures: "My Patients are sicker"

Introduced Actionable "CSR" Reports

Integrated Risk-Adjusting Software

Began measuring against Benchmarks (vs. peer average)

Began measuring Improvement Scores

1999 2000 2001 2002 2003 2004 2005

Pay For Performance Summary

GREATER ROCHESTER GRIPA INDEPENDENT PRACTICE ASSOCIATION

PCP PERFORMANCE PROFILE SUMMARY ©

Measurement Period: 4/1/2004 - 3/31/2005, Paid Through 6/30/2005

Dr. Guy R Ipa
FAMILY PRACTICE

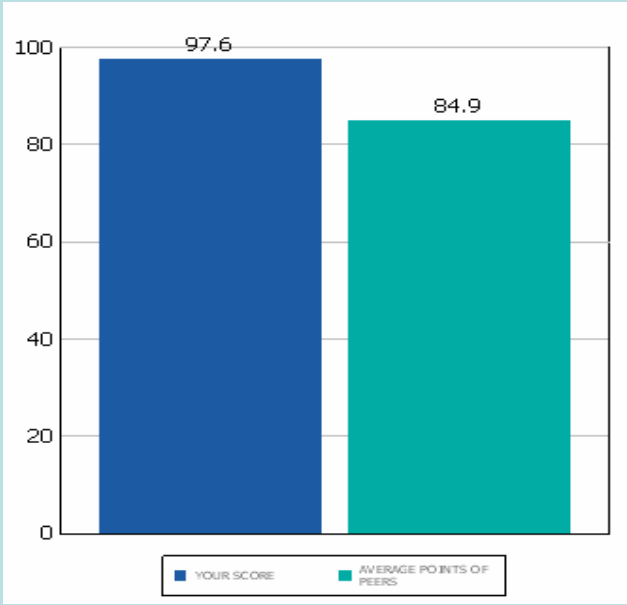
YOUR TOTAL SCORE IS:	97.6

QUALITY	TOTAL SCORE	
PATIENT SATISFACTION	15.0	
GLYCOHEMOGLOBIN (A1C) TESTS	5.0	
LIPID PROFILING (LDL-C): DIABETICS	7.1	*
ANNUAL EYE EXAMS: DIABETES	5.0	
DIABETIC PATIENTS VISITS	FYI	
MAMMOGRAM (40-51)	10.0	
MAMMOGRAM (52-69)	10.0	
CERVICAL CANCER SCREENING	10.0	
LIPID PROFILING (LDL-C): NON-DIABETICS	0.0	
APPROPRIATE DRUG TREATMENT	12.0	
WELL-CHILD VISIT	9.5	*
PHYSICAL EXAMS FOR ADULTS	FYI	
DEXA SCANS	FYI	
PATIENTS WITH OSTEOPOROSIS ON APPROPRIATE MEDICATION	FYI	
TOTAL QUALITY SCORE	83.6	

RESOURCE MANAGEMENT		
ED VISIT RATE PER 1000 MEMBERS	11.0	
URGENT CARE USE	FYI	
OVERALL PER MEMBER PER MONTH (PMPM)	FYI	
DISEASE SPECIFIC PMPM: DIABETES	0.0	
TOTAL RESOURCE MANAGEMENT SCORE	11.0	

BONUS		
REFERRALS TO CM/DM	0.0	
CURRENT MEDICAID MEMBERS	3.0	
TOTAL BONUS SCORE	3.0	

*Due to an insufficent number of eligible members, you will receive the average of your peers.



Your average number of members:

	Total
PC COMMERCIAL	275
PC GOLD	113
VIAHEALTH PLAN	44
Total	432

NEW SCORING METHODOLOGY

-TOTAL SCORE IS THE SUM OF QUALITY AND IMPROVEMENT POINTS
-MEASURES CURRENTLY AT 97% OR ABOVE RECEIVED MAXIMUM POINTS AVAILABLE
-MEASURES WITH INSUFFICIENT DATA RECEIVED THE PEER AVERAGE

QUALITY	SCORE
2 STANDARD DEVIATIONS ABOVE TARGET OR MORE	15
1 STANDARD DEVIATION ABOVE TO 2 STANDARD DEVIATIONS ABOVE	12
OVER TARGET TO 1 STANDARD DEVIATION ABOVE	10
1 STANDARD DEVIATION BELOW TO TARGET	5
MORE THAN 1 STANDARD DEVIATION BELOW TARGET	0

IMPROVEMENT	SCORE
IMPROVEMENT OF OVER 2 STANDARD DEVIATIONS	6
IMPROVEMENT OF 1 TO 2 STANDARD DEVIATIONS	3
LESS THAN 1 STANDARD DEVIATION OF IMPROVEMENT	1
NO IMPROVEMENT	0

P4P Detail for Quality Measures

Your Current Rate | Your Previous Rate | % of Improvement

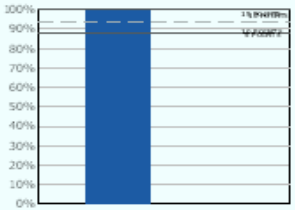
Minimum Value for 5 Points | Minimum Value for 10 Points | Minimum Value for 12 Points | Minimum Value for 15 Points

QUALITY

	YOUR CURRENT RATE	YOUR PREVIOUS RATE	GOAL	GOAL SCORE	IMPROVEMENT SCORE	TOTAL SCORE
PATIENT SATISFACTION: 33 out of 33 responses were overall satisfied with services provided by the PCP	100%		94%	**15.0**		**15.0** *

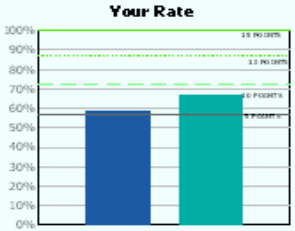
*Full points awarded for superior performance!

Your Rate

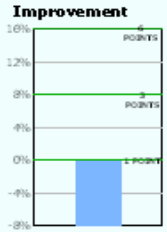


GLYCOHEMOGLOBIN (A1C) TESTS: 10 out of 17 eligible patients received at least 2 A1c tests during the measurement year	59%	67%	72%	**5.0**	**0.0**	**5.0**

Your Rate

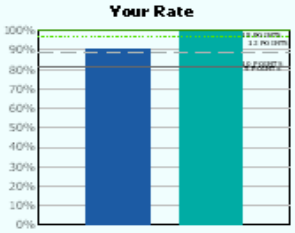


Improvement

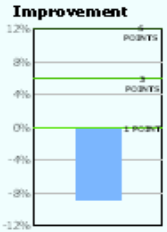


LIPID PROFILING (LDL-C): DIABETICS: 10 out of 11 eligible patients (18+) received at least 1 LDL-C during the measurement year	91%	100%	89%	**5.9**	**0.9**	**7.1**

Your Rate



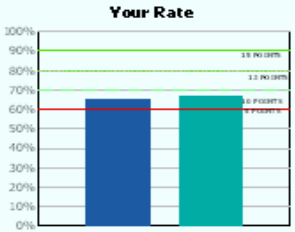
Improvement



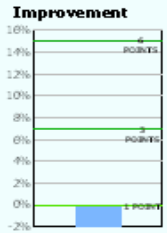
Note: Due to an insufficient number of eligible patients, your score is the mean of your peers with a sufficient denominator. The mean goal and improvement scores may not sum up to mean total score due to the adjustment to full score for those physicians over 97%.

ANNUAL EYE EXAMS: DIABETES: 11 out of 17 eligible patients (18+) received an eye exam during the measurement year	65%	67%	70%	**5.0**	**0.0**	**5.0**

Your Rate



Improvement



Resource Management Measures

Physician Detail Performance Report (Cont.)

Dr. G.R. IPA

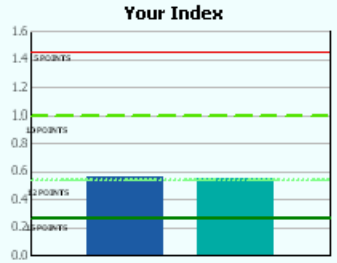
RESOURCE MANAGEMENT

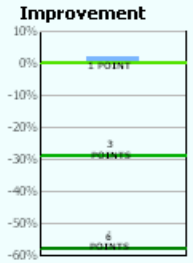
Your Current Rate | Your Previous Rate | % of Improvement

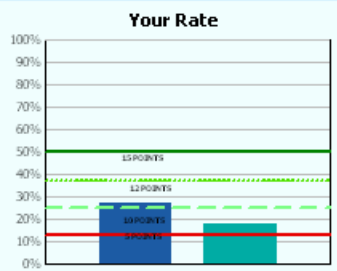
Minimum Value for 5 Points | Minimum Value for 12 Points

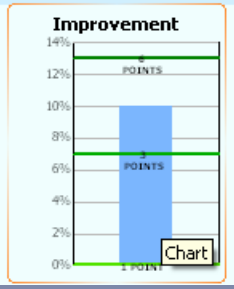
Minimum Value for 10 Points | Minimum Value for 15 Points

	YOUR CURRENT INDEX	YOUR PREVIOUS INDEX	GOAL	GOAL SCORE	IMPROVEMENT SCORE	TOTAL SCORE
ED RATE: ED VISIT RATE PER 1000 MEMBERS	0.57	0.55	1.00	10.0	0.0	10.0
URGENT CARE USE: 6 out of 22 emergency visits went to an Urgent Care Center/After Hours Office instead of the ED	27 %	18 %	25 %	4.8	0.9	5.7









Note: Due to an insufficient number of eligible patients, your score is the mean of your peers with a sufficient denominator. The mean goal and improvement scores may not sum up to mean total score due to the adjustment to full score for those physicians over 97%.

Resource Management Measures

OVERALL PER MEMBER PER MONTH (PMPM): Overall costs PMPM (Excluding Rx costs)						
Your Index / Improvement	1.05	0.98	1.00	5.0	0.0	5.0
DISEASE SPECIFIC PMPM: DIABETES: Overall costs for eligible patients						
Your Index / Improvement	1.57	1.35	1.00	0.0	0.0	0.0
TOTAL RESOUCE MANAGEMENT SCORE:				19.8	0.9	20.7

Engaging Physicians

- MD Focus Groups
  - Get ideas about new measures before they are released on a report
- New Measures don't count
  - FYI when 1st on a report, to allow feedback
  - Scored on subsequent reports
- Semi-Annual 'Town' meetings
  - Discuss new measures
  - Brainstorm ideas for improvement
    - Clinical Services Report

Clinical Services Report (CSR)

- Sent 3 months prior to Performance Report end date
  - Allow physician to correct data by sending us corrections (wrong diagnoses, not my patient, etc.)
  - Improve score on upcoming Physician Profiling report
  - Improve care of patients by having actionable data

Clinical Service Report

GREATER ROCHESTER INDEPENDENT PRACTICE ASSOCIATION — GRIPA

Clinical Services Report ©

This report lists your patients who may need one or more of the following services projected through September 2004.

Dr. Guy R. Ipa
Internal Medicine

KEY: "•" indicates patient needs specified test/services.

Note: If appropriate, please mark a checkbox to indicate if the patient is not on your panel, refuses service, or should be referred to Case Management (CM) for diabetes.

Not My Patient	Patient Name	PatientID	DOB	Mammogram	Mammogram Refuses Service	Pap Test	Pap Test Refuses Service	Diabetic Management: LDL-C	A1C	Retinal Eye Exams	ACE/ARB Use	Not Diabetic	Refer to CM
☐				•	☐	•	☐						
☐									•		•	☐	☐
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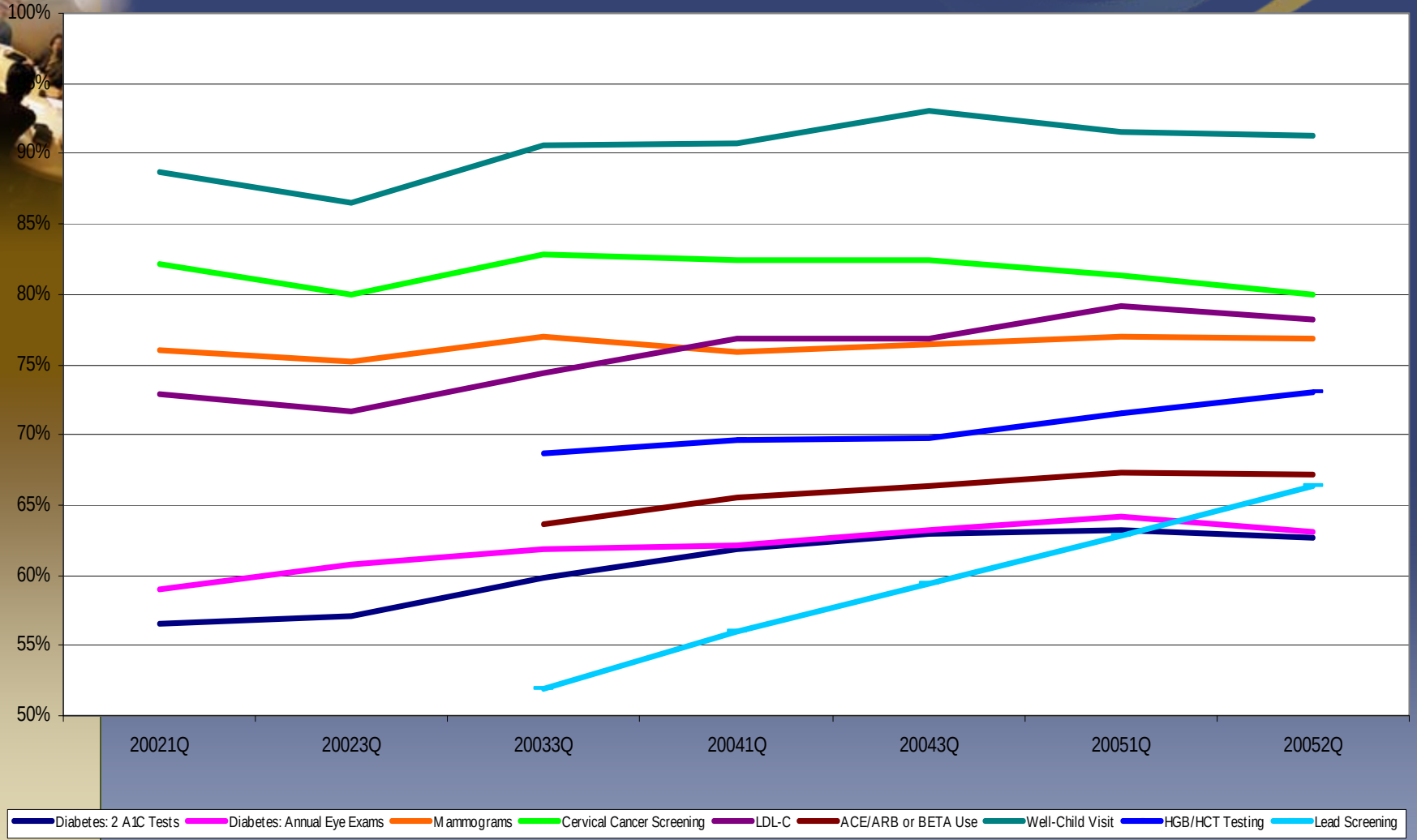
Report Contact: Dr. David Epstein e-mail: david.epstein@viahealth.org phone: (585) 922-1528

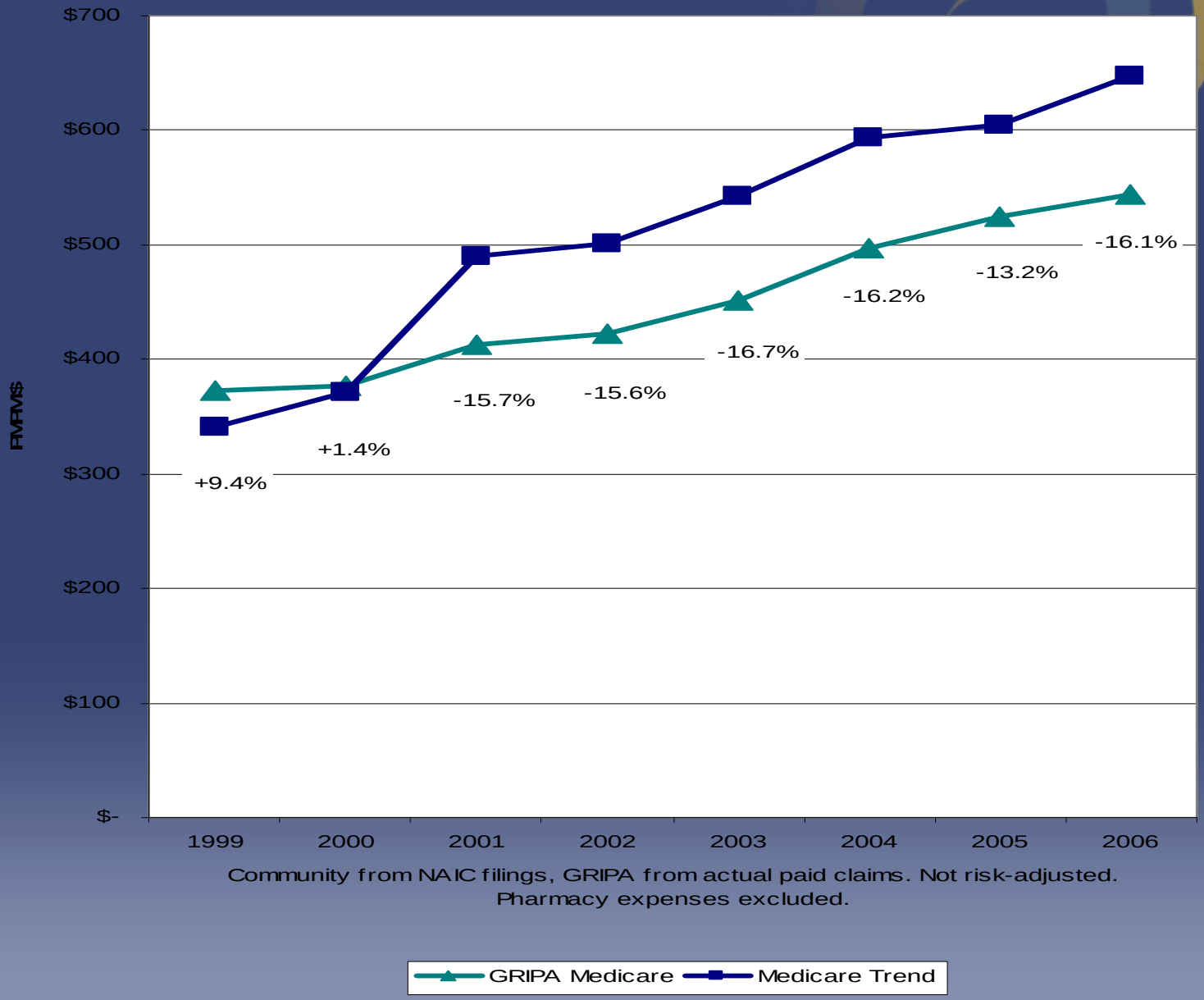
Please return this form to GRIPA Network Services: 60 Carlson Rd, Rochester NY 14610 or fax (585) 922-0016

Quality Measures Over Time

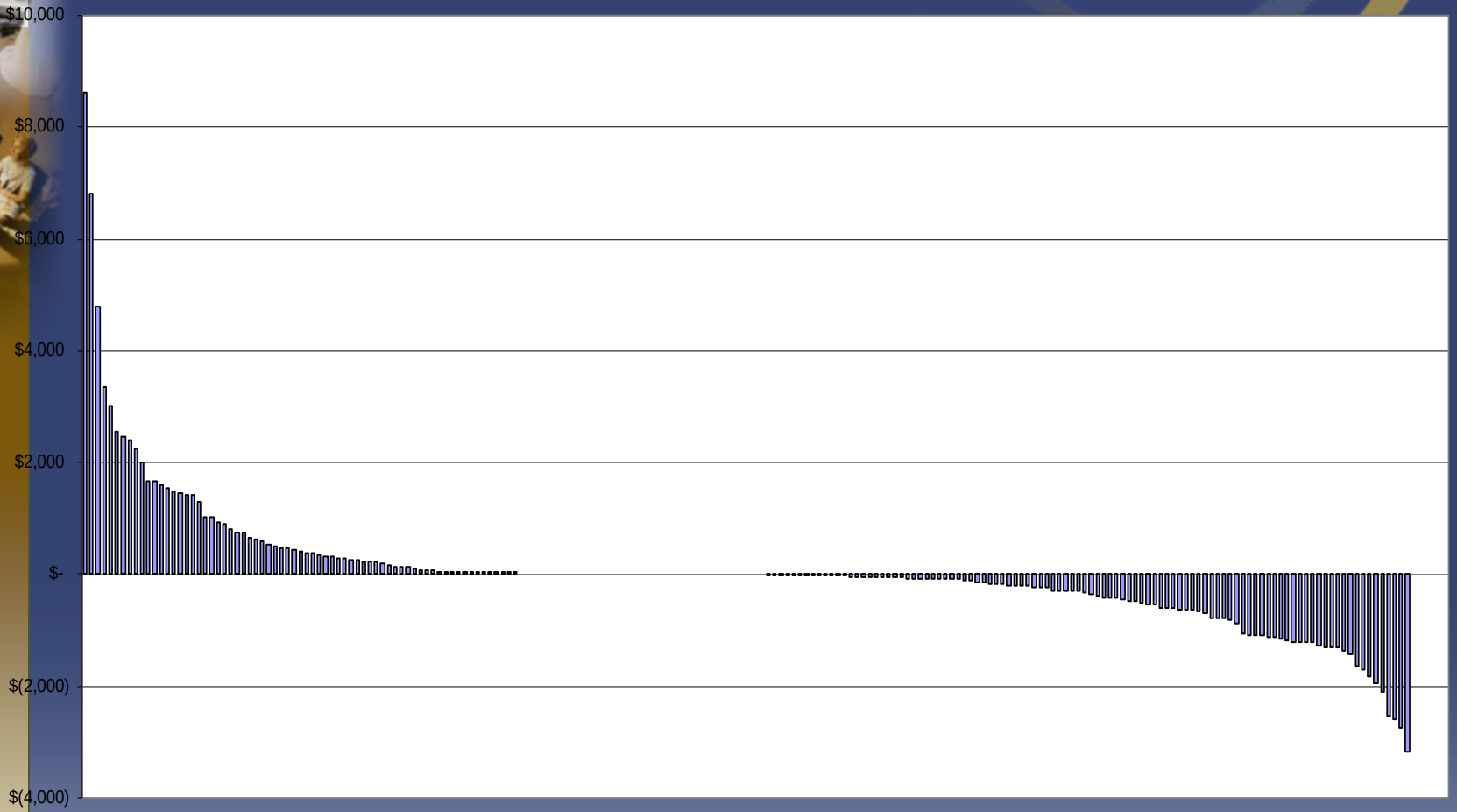


GRIPA Medicare Medical Expense vs Community Trends

(% above/below community)



Financial Incentives for Physician Profiling



Withhold $$ Affected by Profiling Reports

PCPs

Lessons Learned from Historical P4P program

- Get physicians involved early in the process to improve buy-in (make them own the process)
- Provide pro-active, actionable tools
- Mix of quality and efficiency measures to balance the scorecard
  - Physicians only willing to consider efficiency measurements if balanced by quality measurements
- Only measure at the physician level if they have a sufficient sample size
- Allow physicians ability to correct their data – billing data is never perfect for clinical measurement systems

P4P Changes under Clinical Integration (CI) – Principle #1

Principle #1: ***All physicians held to same standards***

- Physician Attribution
  - Then: very conservative attribution methodology
  - Under CI: everyone who has had ‘contact’ with patient gets measured (involve all specialties)

- Targets/Benchmarks
  - Then: Targets on measures differed based on specialty
  - Under CI: all providers measured against same target

P4P Changes under Clinical Integration (CI) – Principle #2

Principle #2: ***Measure individuals locally, Measure network nationally***

- Individual Performance Reporting
  - Then:
    - process measures only
    - Allow physicians to select/influence measures
  - Under CI:
    - Process (including all or none) and outcomes measures
    - Continue to allow physicians to choose measures now based on evidence-based guidelines
    - Customized for local practice (usually more stringent than national measures)
- Network Performance Reporting
  - Then:
    - Not done
  - Under CI:
    - Measure Network performance on national standards against national benchmarks
    - Make sure Network Performance measures are aligned with physician measures
    - Network Outcomes transparent to payers and employers to show value

P4P Changes under Clinical Integration (CI)

Principle #3: ***Make reports simple to understand***

- Scoring Methodology
  - Then:
    - Use of non-transparent statistics (z-scores, standard deviations)
    - Score every measure
  - Under CI:
    - Simple scoring methodology developed by physicians
    - Use of Disease Indexes to score multiple measures as one
    - Only weight those measures which are robust and are support by evidence-based medicine
- Report Design
  - Then:
    - Every Measure displayed and graphed
  - Under CI:
    - Drill down reports to drill into more detail as needed

GRIPA Connect CI Program: New Report Design - Summary

Clinical Category	Clinical category Weight (0, 1, 2)	Total Score	Your Rate (%)	Your Rate 3 mos ago	GRIPA Target %	Your Practice Rate (%)	GRIPA Best Practice (%)	GRIPA Network Avg %
Diabetes	2	100	80%	70%	70%	90%	95%	78%
CAD	1	78	70%	70%	62%	65%	92%	58%
CHF	1	50	50%	55%	75%	55%	90%	68%
Provider Efficiency	2	77	71%	68%	68%	80%	95%	63%
Clinical Integration Participation	-	92	89%	91%	95%	92%	97%	92%
Total Score		80						

Quarterly Incentive $$ $1,500

GRIPA Connect CI Program: New Report Design - Detail

Clinical Indicator	Weight of Measure (0, 1, 2)	Your Rate (or GRIPA Avg) (%)	Your Practice Rate (%)	GRIPA Best Practice (%)	Your Rate 3 mos ago	GRIPA Target %	GRIPA Network Avg %	Total Patient count	Minimum Sufficient denominator
Quality									
2 A1c's in the last 12 months	2	85%	90%	95%	80%	80%	78%	300	100
Annual Eye Exam	1	70%	65%	92%	70%	62%	58%	298	80
Most recent LDL < 100 in the last 12 mos	0	40% (68%)	55%	90%	65%	75%	68%	10	100
LDL test done in last 12 months	1	86%	85%	93%	84%	70%	66%	300	100
Efficiency									
Diabetes PMPM	0	90%							100

P4P Changes under Clinical Integration (CI) – Principle #4

Principle #4: ***Provide exceptional support to physicians to improve scores***

- Frequency of Feedback
  - Then:
    - Reports delivered by mail semi-annually
    - Clinical Services Report (CSR) delivered by mail 3 wks before
    - Physician feedback by paper based on CSR reviews
  - Under CI:
    - Reports are dynamic (real-time)
    - Point of Care Alerts and Care Opportunities generated real-time on portal
    - Physician feedback is electronic and continuous
- Care Management Staff Support
  - Then:
    - General Care management based on separate case finding methodology
  - Under CI:
    - Care Management aligned with goals of P4P improvement
    - Patients/Offices selected based on P4P scores

GRIPA Connect Point of Care (POC) Alerts

Patient

Last Name: **GRIPA** First Name: **TrainingC** DOB: **2/2/1960**
Gender: **Female** SSN: **Not entered** MRN: **Not entered**

Managed Conditions

	Managed Condition	ICD-9	Date Diagnosed	Rank
*	Diabetes		05/2004	1
*	Prevention		01/2001	2
*	Pneumovax Candidate		unspecified	3

* Denotes a managed condition added at another site

Patient Alerts

☑ Actionable Alerts only.

Lab

Measure (Alert) Name	Last Value	Date Last Value	Patient Goal	Population Goal	Due Date
A1c	7.2	8/14/2007	< 7	< 7	2/9/2008
HDL					
Triglycerides					
LDL					

Preventive Care

Measure (Alert) Name	Last Value	Date Last Value	Patient Goal	Population Goal	Due Date
Cervical Cancer Screening					

Immunization

Measure (Alert) Name	Last Value	Date Last Value	Patient Goal	Population Goal	Due Date
PNEUMOCOCCAL VACCINE HIGH RISK	Done	2/15/2001			2/14/2006

GRIPA Connect Care Opportunities Report (COR)

Please select desired criteria before applying the filter.

Site	Cross Keys Internal Medicine
Provider	Nielsen, Eric
Condition	Diabetes
Alert To Display	A1c

Apply Filter

Care Opportunities Patient List

Patient	Age	# of Actionable Alerts	% of all Alerts	Patient's PCP	Last Action	Alert to Display	Managed Conditions
GRIPA, TrainingB	48	3	23%	Eric Nielsen	06-15-2007 | A1c	A1c (< 7) | 7.5 | 06-15-2007	Diabetes, Hypertension, Prevention, Pneumovax Candidate, Coronary Artery Disease
GRIPA, TrainingC	48	6	60%	Eric Nielsen	11-28-2007 | Breast Cancer Screening	A1c (< 7) | 7.2 | 08-14-2007	Diabetes, Pneumovax Candidate, Prevention

< Previous

View Outreach Report

In Summary:
Goals of GRIPA Connect P4P Program

- Principle #1: *All physicians held to same standards*
- Principle #2: *Measure individuals locally, Measure network nationally*
- Principle #3: *Make reports simple to understand*
- Principle #4: *Provide exceptional support to physicians to improve scores*

- All Leading to: Even better ROI… We hope…

In Summary:
Goals of GRIPA Connect Clinical Integration Program

- Provide physicians with most complete medical history at the time of care
- Provide physicians with e-tools to replace manual processes
- Provide IPA with comprehensive clinical data to develop incentive and quality programs (P4P)
- Be accountable to Insurers, Employers, Community, Regulators
- Differentiate our network based on our adoption of technology and the quality and efficiency of care we provide

Price Agreement is Ancillary

"It also appears that GRIPA's joint negotiation of contracts, including price terms, with payers on behalf of its physician members … is subordinate to, reasonably related to, and may be reasonably necessary … to achieve the potential efficiencies that appear likely to result from its member physicians' integration through the proposed program."

GRIPA's FTC Advisory Opinion 9/17/07

http://www.ftc.gov/bc/adops/gripa.pdf

Lack of Anticompetitive effects

"… it appears unlikely that GRIPA's proposed program would permit it or its physician members to exercise market power or have anticompetitive effects in the market for physician services in the Rochester area."

GRIPA's FTC Advisory Opinion 9/17/07

http://www.ftc.gov/bc/adops/gripa.pdf

What we *tried* to cover:

- What's GRIPA?
- What's Clinical Integration?
- What did GRIPA do?
  - FTC Advisory Opinion on its Plan for CI
  - "GRIPA Connect" CI Program
    - Physician Committees, Guidelines, Monitoring, P4P
  - "GRIPA Connect" Web Portal Infrastructure
  - Market Program/Portal to our Physicians
- P4P Under Clinical Integration Program
- Future Goals

- Questions?
- Comments?

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