***5th National Pay for Performance Summit***

March 9, 2010

San Francisco, CA

# IT Enabled Care: Connecting the Dots

EMR Validated Data - Driving Quality and Clinical Performance Improvement

"The Melting Pot

Accountable Care Organization"

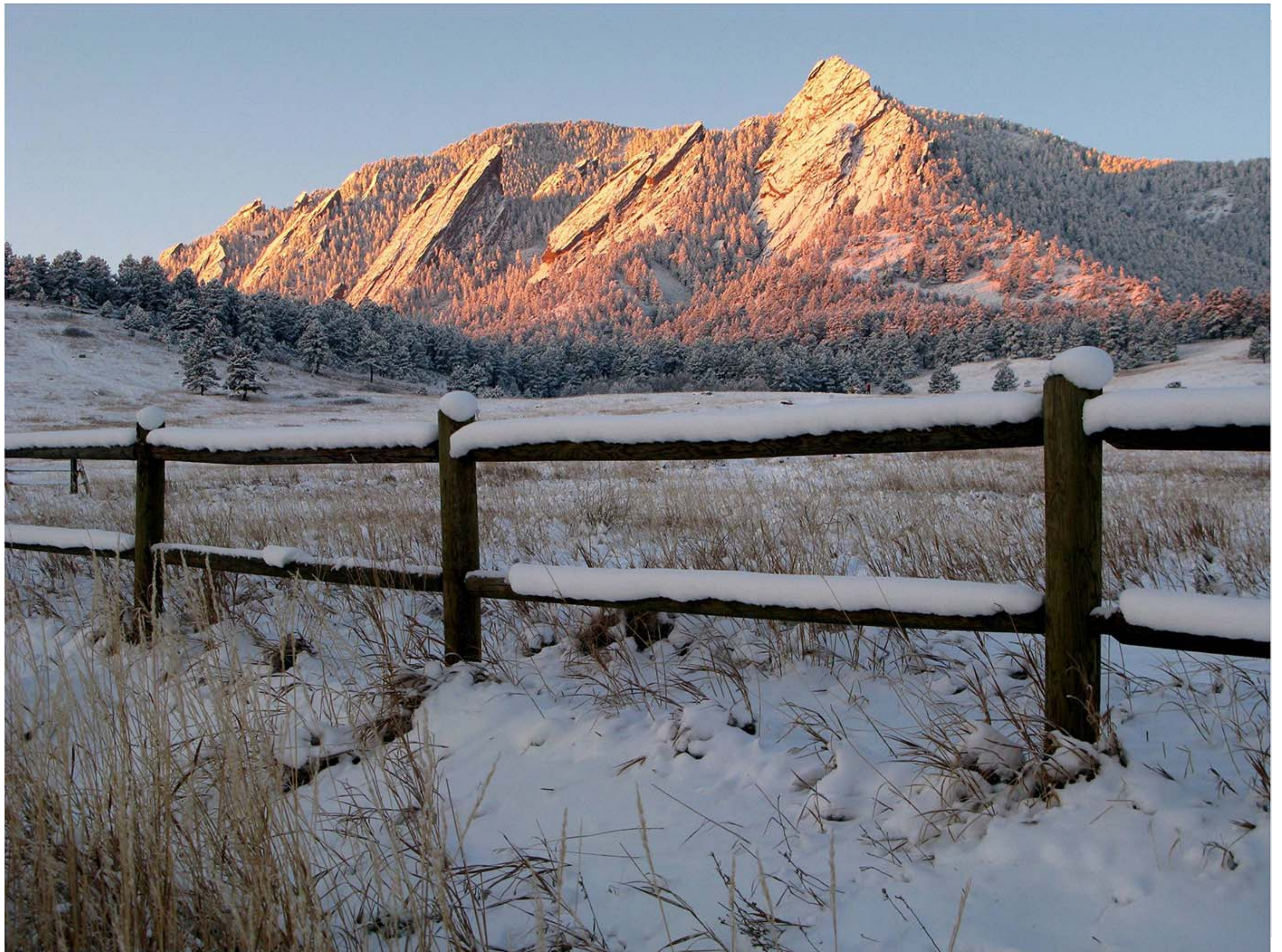
***integrated Physician Network***


Hans Wiik, FACHE, President and CEO

David Ehrenberger, MD, Chief Medical Officer


integrated Physician Network

accountability value sustainability



# integrated Physician Network
# History and Evolution

- 1990 – 2004 Avista Medical Associates – Contracting IPA
- 2004 – 2005 iPN Formation: Private Practices, Community Hospital, large FQHC (Clinica Family Health Services)
- Selected one EMR Platform
  - Enterprise Community Health Record
  - ASP Model
- FTC – Recognition as *Clinically Integrated* network
- Sponsored PHO – Centura Health

# integrated Physician Network
# Structure and Organization

- **Overview**
  - Physician Governance and Leadership
    - 11 Physician Board Members – Physician Led – no voting rights for hospital and management representatives
    - Majority – Primary Care
  - Single Signature Insurance Contracting for all Payers
  - iPN Office-Administration, MSO Services, IT and CQI Support
  - Funding:
    - Physician Membership Monthly Fees
    - Grant Support – HRSA / OHIT, Colorado Health Foundation
    - Centura Health – Abiding by Stark Regulations – Expires 12/31/13

# integrated Physician Network
# Membership

**Membership Requirements:** In Governing Bylaws and Physician Service Agreements

1. Fully implemented and functioning on the EMR – all providers
2. Active and documented participation in iPN quality plan and designed quality initiatives

# integrated Physician Network
# Membership

**Member Practices:**

**North Denver Market –** Primarily Boulder, Broomfield, Adams Counties

- 20 Practices
- 30 Sites
- 160+ Providers
- 900+ End-users
- Multi-Specialty – Family Practice, Internal Medicine, Pediatrics, OB-GYN, Cardiology, Orthopedics, Plastic & Reconstruction Surgery, General Surgery and Anesthesia

## integrated Physician Network
## Standing Committees

**Physicians, Administration, Support Members**

- Quality – Clinical Quality Initiatives (Quality)
- Contracting – Credentialing
- EMR Application Steering Committee
- Operations Council

## integrated Physician Network
## Medical Staff Office (MSO) Services

**Four Key Areas:**

- Revenue Cycle Management
- Group Purchasing
- IT/ISP Support
- Education and Training

# integrated Physician Network
# MSO Services

**Information Technology Support – EMR/EPM**

- Implementation and Training

**CQI – Clinical Quality Initiatives – Support**

- Practice Training / Coaching / Best Practices
- Quality Metrics / Reporting / Benchmarking
- Patient / Practice Satisfaction – Reports / Benchmarking
- NCQA Certification Support – Patient Centered Medical Home (PCMH)

**Practice Management**

- Billing-Collections / Revenue Cycle Management
    - Billing Clearinghouse / Claims Management
- Support and Best Practices
- Coding Education and Support/Charge Capture

## iPN: integrated Physician Network
## MSO Services

**Medical Staff Office Services (cont.)**

- Group Purchasing –Office Supplies and Equipment
- Physician Recruitment
- Health Plan Benefit Design
- Telecommunications
  - ISP – Broadband, Wireless Technology
  - Network Printers / Scanners
  - Encryption Technology and Support
- Waste Management / Records Storage
- Staff Training / Education
  - HIPAA/HITECH Compliance
  - EMR Meaningful Use
  - PQRI / E-Prescribing Incentive Payments & Reporting

# integrated Physician Network

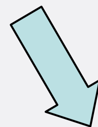
*"A Multi-Specialty Clinically Integrated Network"*

## Financial Success

- **MSO Services**
  - Group Purchasing
  - Revenue Cycle
- **EPM – Best Practices**
  - Practice Management
- **FFS / P4P Contracting**

## Clinical Success

- **Quality/CQI Foundation**
- **EMR Implementation**
- **Registries**
- **Self Management**
  - Diabetes Education
- **Patient Satisfaction**
- **Collaboratives on Quality/P4P**
  - CCGC, CFMC, BTE, CBGH



**ACO – Accountable Care Organization**
- Risk and P4P Contracting
- Value for Employers/Payers/Patients

## The Melting Pot Accountable Care Organization:

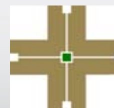
## A Physician's Perspective

**Method to the Madness—in the quest for Value-Based Healthcare, why bother "herding cats?"**

1. Most care in US provided in outpatient setting.
2. Most care delivered by small-medium private practices.
3. Primary Care "safety net" threatened by FFS model.
4. Geisinger, Kaiser, Intermountain Healthcare work *deliver value…*what about the rest of us?

Francois de Brantes: *What we need is disruptive innovation… "transparency in cost and quality"*





# Integrated Physician Network
# The pain of healthy change:

**"Clinical** **mary**
**and s**

1. Going
2. Loss ractices
   sharir
3. Some and
   speci
4. New
5. "Cour are.
6. Movir stems of
   qualit

# So, what has worked?

# …and what do we have to show for it?

# The lesson of the Douglas DC-3

**Making the jump from invention to innovation:**

**The power of the ensemble**

# iPN as Triple Aim integrator

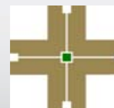
Population Health

Experience of Care

*Per Capita* Cost

collaborative leadership organization





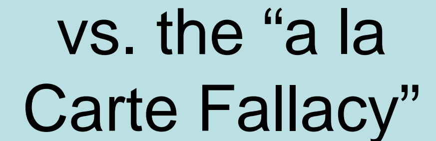
# What has worked:

1. Change management in the trenches---create the burning platform for systems of clinical integration.

- The need to go electronic—the Community Health Record, regional HIE.
- **Keynote:** owning (and owning up to) primary source data.
- Moving the performance “dots”
- Creating regional leadership and organizational accountability

# What has worked:

2. Facilitate and support change:



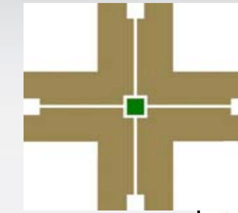

- Utility Model of Best Practices
- HIT Best Practices and Economies of Scale
    - Forget the RFP and get on with IT
    - Implementation, Training, Support
    - Sustain the change
    - Enhance workflow and the clinical GUI
- Culture of Quality Improvement…doesn't just happen!
    - Use your data: validate, share, publicize
    - Educate and support…make Coaches happen

# What has worked:

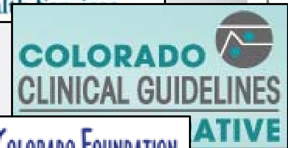
3. “Skate to where the puck is going to be.”

- Lead your organization towards systems that can demonstrate Triple Aim metrics
- Take the risk: differentiate on your performance
- The FTC gift: make *clinical integration* happen.
- Prepare for payment methodology reform: PMPMs, P4P contracts, PCMH, PQRI…

# What has worked:



4. Create coalitions…then collaborate



- Safe Harbor subsidization: Centura Health and Avista Adventist Hospital
- Clinica Family Health Services
- Colorado Clinical Guidelines Collaborative
- Payers: UHC, Aetna, Cigna, Anthem…
- CACHIE
- Colorado Foundation for Medical Care
- Colorado RHIO/Boulder County HIE
- American Heart Association
- Colorado Business Group on Health
- Bridges to Excellence/Prometheus

# What do we have to show for it…

1. If the king is DATA, then the king's boss…

- Outcomes, outcomes, outcomes
- Provider, Practice and System performance data
- Diabetes, IVD, Prevention, Screening…Back Pain, ADHD, Asthma, Pregnancy care, Depression
- Patient Experience:  our survey results
- Transitions of Care…Medication Reconciliation

the QUEEN, is the
*use of data*!

# Tobacco Cessation Counseling

TOOLS

Adult Visit

Patient: Hicks Testbfp | Age: 28 Year | Sex: F

Currently Pregnant
Breastfeeding

Adult Visit | Well Woman | Preventive Care | GYN Visit | Quick Visits

HPI: This chief complaint | Specialty HPIs | HPI A-H | HPI I-Z

Planned Care

Reason for visit

- sinusitis — f/u
- Tobacco Abuse — f/u
- f/u
- f/u
- f/u
- f/u

Tobacco Abuse

Still smokin' dem Marlboros!

MA driven!

Chronic Problem List — Add

- Chronic Problem
- Tobacco abuse
- Hypertension, benign
- Diabetes II,w/unspec. Complica
- Eye Diseases
- Depressive disorder, major

Review of Systems — *checkbox for normal, active text for abn findings/details.*

Health Maintenance | Quick View

- Constitutional
- Cardiovascular
- Genitourinary
- Neuro | Psychiatric
- Hematologic
- HEENT
- Vascular
- Reproductive
- Dermatologic
- Immunologic
- Respiratory
- Gastrointestinal
- Metabolic | Endocrine
- Musculoskeletal

Vital Signs — Last PAP 09/13/2009 — LMP 02/19/2009

| Date | Time | Temp | Bp Sys | Bp Dias | Pulse | Pattern | Resp | Ht | Lb | BMI Calc | Sp O2 | P Flow |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 09/24/2009 | 2:35 PM | | | | | | | | | | | |
| 09/13/2009 | 7:38 AM | 98.70 | 123 | 67 | 57 | | 21 | 68.0 | 145.0 | 22.04 | 99 | 356 |

Physical Exam

- Constitutional
- Neck | Thyroid
- Vascular
- Back | Spine
- Head | Face
- Lymphatic
- Abdomen
- Musculoskeletal

# Heart Stroke: Depression Screening

**iPN**

## PHQ-2/PHQ-9

### Patient Depression Assessment

Name: Hicks | | Testbfp

Address: 39034 Hiccup Way

City/State/ZIP: Broomfield | CO | 80020

Over the past two weeks, how often have you been bothered by any of the following problems?

| Question | Not at all | Several days | More than half the days | Nearly every day |
|---|---|---|---|---|
| 1. Little interest or pleasure in doing things? | ○ | ◉ | ○ | ○ |
| 2. Feeling down, sad or hopeless? | ○ | ○ | ◉ | ○ |

SUBMIT PHQ-2 Score: 3

| Question | Not at all | Several days | More than half the days | Nearly every day |
|---|---|---|---|---|
| 3. Trouble falling or staying asleep, or sleeping too much? | ○ | ○ | ○ | ○ |
| 4. Feeling tired or having little energy? | ○ | ○ | ○ | ○ |
| 5. Eating too much or too little? | ○ | ○ | ○ | ○ |
| 6. Feeling bad about yourself - or that you are a failure or let yourself or your family down? | ○ | ○ | ○ | ○ |
| 7. Trouble focusing on things, such as reading the newspaper or watching television? | ○ | ○ | ○ | ○ |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so restless that you have been moving around a lot more than usual? | ○ | ○ | ○ | ○ |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way? | ○ | ○ | ○ | ○ |

SUBMIT PHQ-9 Score:

Darn Good Family Practice

# Darn Good Family Practice *Diabetic Registry*

## Dr. House, MD

**The new practice Vital Sign: DATA**

| Last Name | First Name | DOB | Visit | BP | BP Dias | Tobacco | Eye Exam | SM Goal | Foot Exam | LDL Date | LDL | A1c Date | Value |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Th…s | Mary | 07/27/1927 | 09/26/2008 | 134 | 78 | Active | 07/09/2007 | | 10/02/2008 | 08/15/2008 | 63 | | |
| | | | | | | | | | | | | 08/15/2008 | 7.00 |
| | | | | | | | | | | | | 08/01/2008 | 7.00 |
| | | | | | | | | | | | | 04/09/2008 | 6.80 |
| | | | | 116 | 72 | Active | | | | 09/13/2008 | 156 | | |
| | | | | | | | | | | | | 09/13/2008 | 9.90 |
| | | | | | | | | | | | | 07/22/2008 | 9.90 |
| | | | | | | | | | | | | 07/11/2008 | 11.60 |

Medium Risk

| Last Name | First Name | DOB | Visit | BP | BP Dias | Tobacco | Eye Exam | SM Goal | Foot Exam | LDL Date | LDL | A1c Date | Value |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Ag… | | 04/08/1931 | 05/13/2008 | 142 | 84 | Active | | | | 06/20/2007 | 118 | | |
| | | | | | | | | | | | | 06/20/2007 | 6.80 |
| | | | | | | | | | | | | 03/14/2007 | 6.80 |
| | | | | | | | | | | | | 01/03/2007 | 6.50 |
| He…er | Jo… | …926 | 11/28/2007 | 132 | 58 | Active | 11/28/2007 | | | 11/28/2007 | 100 | | |
| | | | | | | | | | | | | 11/28/2007 | 5.90 |
| | | | | | | | | | | | | 11/14/2007 | 5.90 |
| | | | | | | | | | | | | 05/16/2007 | 6.20 |
| P… | Clare | 10/31/1926 | 05/14/2008 | 110 | 70 | Active | | | | 08/08/2007 | 75 | | |
| | | | | | | | | | | | | 01/10/2008 | 6.80 |
| | | | | | | | | | | | | 01/09/2008 | 6.80 |
| | | | | | | | | | | | | 08/30/2007 | 7.20 |
| Ro…ey | D Anne | 09/19/1962 | 03/11/2008 | 116 | 68 | Active | | | 03/11/2008 | 02/21/2008 | 114 | | |
| | | | | | | | | | | | | 02/21/2008 | 6.10 |
| | | | | | | | | | | | | 02/12/2008 | 6.10 |
| | | | | | | | | | | | | 05/08/2007 | 7.40 |

10/21/2008

**High Risk:** Last A1c >= 7 **Medium Risk:** Last A1c > 5 Months **Low Risk:** Last A1c <7 and < 5 Months



Developed By Clinica Campesina
www.clinica.org

**Self Management**

Self Managment Goal (Last 365 Days) 0 Percent 0.00

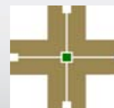
Percent 1.36

# Diabetes care

**A1C Outcomes in iPN 10-08 to 12-09**



integrated Physician Network



accountability value sustainability

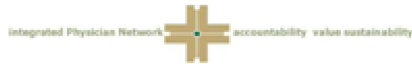
# BFP Ischemic Vascular Disease Results



integrated Physician Network

accountability value sustainability

# iPN Patient Experience Survey




**Amy Oldenburg, MD**
**Coal Creek Family Medicine**

Dear Patient: According to our records, you recently visited **the provider listed above.** Please tell us your opinion about the service you received **from this provider**. Your responses will be kept strictly confidential. Thanks for your help.

**PLEASE RATE THE FOLLOWING:**

| A. YOUR APPOINTMENT: | Excellent | Very Good | Good | Fair | Poor | Does Not Apply |
|---|---|---|---|---|---|---|
| 1. Ease of making appointments by phone | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. Appointment available within a reasonable amount of time | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. Getting care for illness/injury as soon as you wanted it | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. Getting after-hours care when you needed it | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. The efficiency of the check-in process | 5 | 4 | 3 | 2 | 1 | N/A |
| 6. Waiting time in the reception area | 5 | 4 | 3 | 2 | 1 | N/A |
| 7. Waiting time in the exam room | 5 | 4 | 3 | 2 | 1 | N/A |
| 8. Keeping you informed if your appointment time was delayed | 5 | 4 | 3 | 2 | 1 | N/A |
| 9. Ease of getting a referral when you needed one | 5 | 4 | 3 | 2 | 1 | N/A |
| **B. OUR STAFF:** | | | | | | |
| 1. The courtesy of the person who took your call | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. The friendliness and courtesy of the receptionist | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. The caring concern of our nurses/medical assistants | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. The helpfulness of the people who assisted you with billing or insurance | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. The professionalism of our lab or x-ray staff | 5 | 4 | 3 | 2 | 1 | N/A |
| **C. OUR COMMUNICATION WITH YOU:** | | | | | | |
| 1. Your phone calls answered promptly | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. Getting advice or help when needed during office hours | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. Explanation of your procedure (if applicable) | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. Your test results reported in a reasonable amount of time | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. Effectiveness of our health information materials | 5 | 4 | 3 | 2 | 1 | N/A |
| 6. Our ability to return your calls in a timely manner | 5 | 4 | 3 | 2 | 1 | N/A |
| 7. Your ability to contact us after hours | 5 | 4 | 3 | 2 | 1 | N/A |
| 8. Your ability to obtain prescription refills by phone | 5 | 4 | 3 | 2 | 1 | N/A |

Form: Provider: 01-001 Site: 01 Specialty: 8 01

*PLEASE COMPLETE THE OTHER SIDE* →

| D. YOUR VISIT WITH THE PROVIDER: (Doctor, Physician Assistant, Nurse Practitioner) | Excellent | Very Good | Good | Fair | Poor | Does Not Apply |
|---|---|---|---|---|---|---|
| 1. Willingness to listen carefully to you | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. Taking time to answer your questions | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. Amount of time spent with you | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. Explaining things in a way you could understand | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. Instructions regarding medication/follow-up care | 5 | 4 | 3 | 2 | 1 | N/A |
| 6. The thoroughness of the examination | 5 | 4 | 3 | 2 | 1 | N/A |
| 7. Advice given to you on ways to stay healthy | 5 | 4 | 3 | 2 | 1 | N/A |
| **E. OUR FACILITY:** | | | | | | |
| 1. Hours of operation convenient for you | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. Overall comfort | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. Adequate parking | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. Signage and directions easy to follow | 5 | 4 | 3 | 2 | 1 | N/A |
| **F. YOUR OVERALL SATISFACTION WITH:** | | | | | | |
| 1. Our practice | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. The quality of your medical care | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. Overall rating of care from your provider or nurse | 5 | 4 | 3 | 2 | 1 | N/A |

| | Definitely Yes | Probably Yes | Don't Know | Probably Not | Definitely Not |
|---|---|---|---|---|---|
| 4. Would you recommend the provider to others? | 5 | 4 | 3 | 2 | 1 |

**IF NO, PLEASE TELL US WHY:** ______________________________

______________________________

**IF THERE IS ANY WAY WE CAN IMPROVE OUR SERVICES TO YOU, PLEASE TELL US ABOUT IT:**

______________________________

______________________________

**SOME INFORMATION ABOUT YOU:**

| GENDER | | YOUR AGE | | ARE YOU: | |
|---|---|---|---|---|---|
| Male | 1 | Under 18 | 1 | A new patient | 1 |
| Female | 2 | 18-30 | 2 | A returning patient | 2 |
| | | 31-40 | 3 | | |
| | | 41-50 | 4 | | |
| | | 51-64 | 5 | | |
| | | 65+ | 6 | | |

*Thanks very much for your help!*

# Medication Reconciliation

File Edit View Tools Utilities Insert Format Window Help

Broomfield Family Practice | Ehrenberger, David R MD

```
AVISTA ADVENTIST HOSPITAL
LOUISVILLE, CO, 80027

PT: SMITH, GOODCARE              ADM: 10/02/09
DOB: 03/16/1951, 58, F            LOC: AV1WA  (DIS IN)
UNIT #: AM09236245            ACCOUNT #: AA00019731
REPORT #: 0206-0354           PCP: Ehrenberger, David R
--------------------------------------------------------------

                PATIENT MEDICATION RECONCILIATION LIST

  Brand Name:    Lotrel 5/10 Mg Capsule
  Dose To Take: 1 CAP
  Generic Name: Amlodipine Besylate/Benaz
  Strength:      1 CAP
  Route:         ORAL
  Frequency:     DAILY
--------------------------------------------------------------
  Brand Name:    Prozac
  Dose To Take: 10 MG
  Generic Name: Fluoxetine Hcl
  Strength:      10 MG
  Route:         ORAL
  Frequency:     DAILY
--------------------------------------------------------------
  Brand Name:    Coumadin Tab
  Dose To Take: 6 MG
  Generic Name: Warfarin Tab
  Strength:      2 MG
  Route:         ORAL
  Frequency:     DAILY
--------------------------------------------------------------
```

Patient Safety Tool

# What do we have to show for it…

## IPN MEANINGFUL USE MATRIX JAN 2010

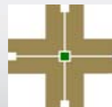
| 2011 Phase 1 Objectives | Measure | STATUS | IPN Best Practice | Responsible Party |
|---|---|---|---|---|
| Use CPOE | CPOE is used for at least 80 percent of all orders | | Doctor orders diagnostic tests, lab Tests, ect in NextGen | Doctor |
| Implement drug-drug, drug-allergy, drug-formulary checks | The EP has enabled this functionality | | Native NextGen functionality | Doctor |
| Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT® | At least 80 percent of all unique patients seen by the EP have at least one entry or an indication of none recorded as structured data. | | Native NextGen functionality | Doctor |
| Generate and transmit permissible prescriptions electronically (eRx). | At least 75 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology. | | Doctor has to use Medication Module | Doctor/Clinical Staff |
| Maintain active medication list. | At least 80 percent of all unique patients seen by the EP have at least one entry (or an indication of "none" if the patient is not currently prescribed any medication) recorded as structured data. | | Doctor has to use Medication Module | Doctor |
| Maintain active medication allergy list. | At least 80 percent of all unique patients seen by the EP have at least one entry (or an indication of "none" if the patient has no medication allergies) recorded as structured data. | | Native NextGen functionality | Doctor/Clinical Staff |
| Record demographics. | At least 80 percent of all unique patients seen by the EP or admitted to the eligible hospital have demographics recorded as structured data | | Native NextGen functionality | Front Office |
| Record and chart changes in vital signs. | For at least 80 percent of all unique patients age 2 and over seen by the EP, record blood pressure and BMI; additionally, plot growth chart for children age 2 to 20. | | Native NextGen functionality | Doctor/Clinical Staff |
| Record smoking status for patients 13 years old or older | At least 80 percent of all unique patients 13 years old or older seen by the EP "smoking status" recorded | | Native NextGen functionality | Clinical Staff |
| Incorporate clinical lab-test results into EHR as structured data. | At least 50 percent of all clinical lab tests results ordered by the EP or by an authorized provider of the eligible hospital during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data. | | Doctor has to use Lab Module | Doctor |
| Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, and outreach. | Generate at least one report listing patients of the EP with a specific condition. | | Native NextGen functionality | IPN / Doctor |
| Report ambulatory quality measures to CMS or the States. | For 2011, an EP would provide the aggregate numerator and denominator through attestation as discussed in section II.A.3 of this proposed rule. For 2012, an EP would electronically submit the measures are discussed in section II.A.3. of this proposed rule. | | Diabetic Fresh Start Program | IPN |
| Send reminders to patients per patient preference for preventive/ follow-up care | Reminder sent to at least 50 percent of all unique patients seen by the EP that are 50 and over | | Tickler system in EMR or Recall Plan in EPM | Doctor/Clinical Staff |

# What do we have to show for it…

3. Return on Investment

- ➢ Contract Performance
- ➢ Clinical Integration: better care and contract improvement
- ➢ Charge capture
- ➢ Appropriate coding
  - ➢ Single signature contracting (charges/visit increased 6.3%)
- ➢ UHC Stars Program
- ➢ NCQA Recognition—Diabetes, IVD, PCMH
- ➢ Payment Methodology Reform…being part of the Solution—P4P, PCMH, BVSD,…BTE/Prometheus

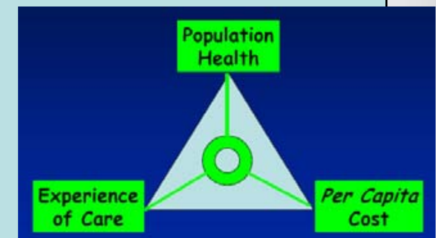




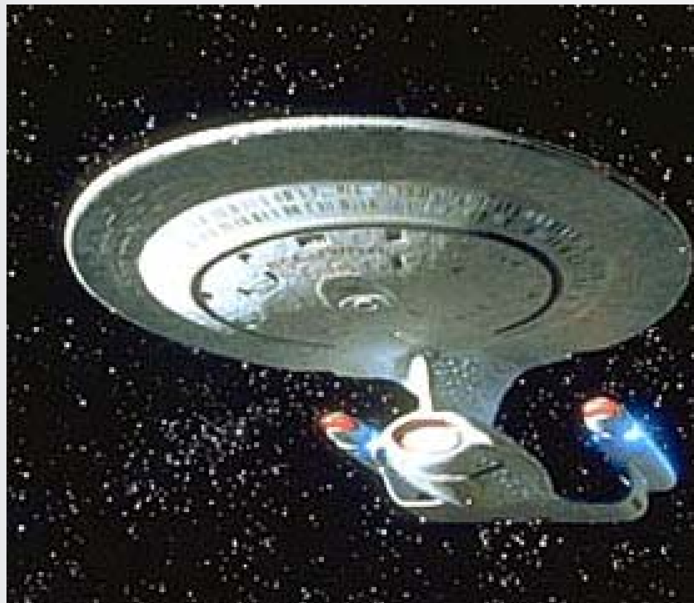
# Dave's Top Ten

## Becoming your community's Triple Aim Integrator

1. Get Organized: practice, IPA, community, hospital
2. Go Digital:  invest in the best you can
3. Understand the #1 Rule of EHR Adoption, then just DO IT!
4. Create and ensure local support
5. Look at your Data—make it a habit
6. Share your Data…providers, staff—every month – Practice Quality Boards
7. Teamwork:  define common quality goals
8. Learn how to use Data to effect change
9. Make your EHR a Quality Tool
10. Go together, go public…NCQA, BTE, patients, payers



# “Dammit Jim, I’m a DOCTOR!”



Finis…