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>> Good afternoon, everyone. Thank you so much for joining us today for the lunch and learn webinar. I wanted to thank everybody for taking your time today and just want to cover a couple of brief housekeeping items. For those of you who don't know me, my name is Tracy Pakornsawat. And I'm the money follows the person professional coordinator. I'm responsible for providing these webinars and making them available to everybody and as well as some of our learning initiatives and some of you may have heard of the North Carolina Transition Institute or Money Follows the Person quarterly Roundtable events.

We have this set up today to have everybody on mute because we have a very large group that's going to be with us. If you have questions or need technical assistance as going along, if you could enter those in chat box and I will monitor that throughout the webinar and we will respond as we are going forward.

Feel free to put your questions into the chat box as we are going along. If it is something that needs clarification right away, I will go ahead and pause things and ask that. Otherwise, we will hold the questions until the end. Again, feel free to enter those questions as they come to your mind as we are going through.

Copy of the PowerPoint will be sent at the end of today's webinar. You will also receive a link to complete a survey for us. In that survey, we are really asking what other topics you are interested in hearing about. Please respond to that and we will continue to try to make as many of these topics available as possible.

With that, I would like to go ahead and welcome our presenter for today. We had a slight shift in presenters. Today we have Micheline Tocco with us. I hope I pronounced it correctly. She is the head of customer success for Unite Us which is the technology and community engagement partner of NCCARE360. She has a background in program management and leads a team of professionals that come from backgrounds in public health and human services to optimize work flows while engaging the private nonprofit with coordinated networks. I would like to welcome Micheline and I will turn it over to you.

>> Thank you so much, Tracy. Excited to chat with you a little bit. As Tracy mentioned, my name is Micheline. I'm with Unite Us. I'm excited to walk us through a few pieces. One is I want to start out with high level overview of NCCARE360 and defining what the initiative is. I want to walk through how it works, what is a coordinated network and then take a little test-drive through the platform. And happy to answer any questions toward the end. So, we will go ahead and get started. As you all know, a lot of great work around Medicaid transformation and healthy opportunities. NCCARE360 is one piece of that puzzle.

NCCARE360 is not funded by the state. It's super important for this larger initiative. The problem that NCCARE360 is working to address directly is that connecting people to community resources can be inconsistent, not coordinated and not secure or trackable. I'm sure many of you on the line have experienced this for yourselves. The solution that we are trying to provide is, one, setting up a uniform system for providers, insurers, and community organizations to coordinate care with one another and collaborate to track client's progress on getting connected to services and outcomes they are achieving as a result of that service delivery.

We want to stand up a tool that makes it easier to connect with resources that they need to be healthy and ability to track statewide, regional and community level data on service delivery and those outcomes. Diving into NCCARE360 specifically, what is this project? It's the first statewide coordinated network that includes robust data repository of shared resources. Connects healthcare and human service providers together to collectively provide the opportunity of health to North Carolinians. I will walk through different pieces of this project. I want to share that this is a joint collaboration of foundation of health leadership and innovation that is the strategic partner of NCCARE360. NCDHHS is the community engagement partner. Expound is leading the data repository piece. United Way of North Carolina, North Carolina 211 who is really focused on connecting different partners to resources, leading the patient navigation component of the solution.

So, I'm going to skip this piece. So, there are three key pieces to this project. The first is the resource directory. Led by the 211 team, this main piece of the project is creating a statewide directory of resources that will include call centers with dedicated navigators, and then a data team verifying resources with the ability to text message and chat with any individuals seeking services.

Some people may be familiar with 211. 211 is a resource and call center that will connect individuals with human services across the state. They have been a great partner in this, 211 has acknowledged that there are challenges in keeping information up to date in 211. We know that partners feel that that connects into how people are using the 211 platform. They received additional resources through this program to bring on additional staff that are going to be validating different data in resource information for the organizations across the state as well as dedicated navigators who are going to be available to help make referrals throughout the network.

The second piece is the data repository. What this is is a central statewide data repository that aggregates all data into one single, accurate, easy to use system. We know there are some wonderful resource directories being maintained at local and regional level. There is no standardized format. So, let's pull them in to one shared database and make that a public API so that any partners throughout the state wishing to present or make available that data repository on their own website has access to do so.

The third piece is referrals and outcomes platform. This is the Unite Us piece that we are providing infrastructure to connect healthcare and social service providers together. There is a platform where they can send referrals to one another, collaborate with one another around patient's care and track outcomes. United Way has experienced team of local experts in state of North Carolina that come from backgrounds in healthcare and social services in the state that have been leading community engagement, working to onboard organizations throughout the state and provide an ongoing support once these -- the network continues to grow.

So, I will touch on resource directory. The North Carolina database includes 18,000 organizations and as I mentioned before, they are growing their capacity by adding in additional data coordination staff working to keep their different listings up to date. And currently, about 1400 organizations have been verified. That progress is tracking the actual implementation of the coordinated networks.

Okay. I'm just going to wrap that piece up with the vision statement really. So, the main mission of NCCARE360 is to build a system of health that is person-centered. Increases access along the continuum and outcomes across the state of North Carolina. Two, leverage existing new infrastructure to enable meaningful partnerships. There is incredible work around the state in terms of care coordination and collaborative networks. We know we have a lot to learn. We want to learn from the partners throughout the state that are already doing this work and provide an infrastructure and a tool to help connect them.

Finally, increasing that visibility. Providing visibility and accountability to organization so that we are trying to close that communication gap that we know can sometimes exist between clinical and social services. Want to be clear when we talk about NCCARE360, we are not just talking about a software platform. Our approach is absolutely not to take us off our platform, share it with different partners throughout the state and walk away. This is a really integrated project where we will stay really close to the community even after the platform has launched to make sure it's truly a practice and that we keep iterating on it.

Starting to get that the nuts and bolts of coordinated network. When I say coordinated network, what do I mean? A coordinated network is community of health and human service providers that are connected through a shared platform that allows them to send electronic referrals directly to one another. Let's walk through how that works. So, to go through the process, let's say a client shows up to clinical provider and during that visit, they identify a housing need, in addition to other needs. That care coordinator can send a secure referral to the eligible providers in the community that can address the client's multiple needs.

They can access the platform, choose from existing providers and send that referral to a financial assistance provider. While the client is meeting with the financial assistance provider, they identify needs that

individual or family has. They too can access the NCCARE360 platform, search from different resources available in the community, apply filters, narrow by geography and determine who is best matched provider to serve this client's need. The beauty of it is these different providers as receiving reversals, they receive an e-mail notification first. We are not asking providers to log into platform to keep track of it. We will notify you proactively. When receiving a reversal, organizations are providing with more information about a client than they normally would have up front. They are given contact information and background information on the client's need. They are able to proactively reach out to the client and connect to services if they believe they are eligible or want to schedule an intake call. Taking the onus off of client themselves to reach out to organizations and navigate their own way through the social services.

I want to walk through a few of the value adds for organizations participating in the network and how does using NCCARE360 change the experience and the process of referring an individual to services. I think the first has to do with sharing information. We know in the traditional model of making a referral -- who shares they are also looking for a job. What might you do? Pick up the phone? Call a friend and let them know you are sending someone over their way? Is there a safe place to share that PHI or PI -- PII? It's HIPPA compliant platform. It's important to share that personal information.

Building on that, when making a traditional referral, it's challenging to determine whether an individual is eligible for the services to which they are referring them ahead of time. They are not expected to know the eligibility criteria of all platforms out there. With NCCARE360, we are providing a tool to start narrowing in on those organizations for which your client is eligible.

The onus is on themselves to reach out to an organization to which referred. I imagine there are multiple people on this call that have written down the contact information for a social service agency or human service provider and handed it to your client because what else could you do? But with this platform, the client's information is captured once in NCCARE360 and it's shared on their behalf with their consent.

With a traditional referral, service providers have limited insight on what happens next. Did they make a referral, did the client get connected to services they are seeking? If so, then what happens? This platform is building in that transparency around the entire service journey of an individual. And then finally and a powerful piece is the data. We know that client data is siloed. Transactional data not tracked. Did I person get from point A to point B to point C. What was their outcome delivery? Through NCCARE360, we are tracking that longitudinal data. We are giving you, the providers, the information to know whether your client was or has received housing services as well as food assistance and income support providing that you have viewing systems to access that information.

We had a lot of organizations using this platform that have been able to pull out the data from the system to add to their grant reporting or seek and gain additional funding for their programs. So, it is a powerful data tool not just at community level. Not just at individual patient level but also for organizations participating.

Really what we are focused on, there are multiple steps involved with getting somebody connected to the services that they need. There may be a screening where we are trying to learn what are the social needs or social determinants and reversal themselves, how do we get them connected. Let's learn more about this individual and how to provide the best care to them.

And then outcomes, documenting what's happened with that client. What we have done is taken all of these important steps and brought them into one shared platform with seamless work flow.

So, I just want to touch on privacy security a little bit. I mentioned earlier that Unite Us is HIPPA

compliant, it's also FERPA compliant. We captured clients into conformed consent before sharing information in the network. Referral can travel from agencies A to B, we need to capture the informed consent to one, store their information in unite us MRSA form and share their information with other providers in the network in an effort to connect them with social services. We have additional restrictions around reviewing certain information that protect sensitive information as needed. Mental behavioral health services, substances services, legal services, those particular types of services have restrictions around who can access what and certain situations. I don't want to dive too into the weeds right now but always happy to answer questions with that.

Looking at the data, we know it's crucial for NCCARE360 to add value to the organizations using the tool and through NCCARE360, organizations can track individual patient level data within the platform as well as performance data on organizations that are participating in the network, meaning which organizes are receiving referrals, how long to accept referrals for housing services on average. There is data and conclusions that can be drawn from the platform.

And critical to the success of this solution and to achieving that joint vision that I had mentioned earlier, the data in the platform can get really granular, providing reporting on detailed outcomes across the different pillars of employment, housing, transportation, food assistance and interpersonal violence. This is important because it gives providers insight into patient journey and provides the community of organizations that are using NCCARE360 with the information and data that they need to identify service gaps at aggregate level.

So, one really cool case study to share from North Carolina, I think this really gives you a taste of the power behind the solution. What you see on the screen is data from a community of providers in Charlotte that have been using Unite Us to support care coordination efforts for several years now. We can see an increase through three graphs in efficiency from intake and closing the loop and achieving an outcome. Looking at middle chart here, we can see that in first quarter of this network, took providers an average of six and a half days to connect a client to resource that could serve them. Off the bat, six and a half days may not sound too bad. When you think about the situations are in if they need emergency food that night, six and a half days is long time to wait. After using the tools for five quarters, that amount shortened to two days. This will be powerful tool to improve efficiency and have data how you as a community have done so and where we are at as a community.

So, I want to hop into the software, take you for a spin and happy to answer any questions. Before I do so, Tracy, wanted to pause to see if there are any questions, clarifying questions and if I'm losing anybody. This could be a great time to take a couple of those if come up.

>> Great, thank you very much. There are a couple of questions are coming in. Some of them are related to that issue, issues of privacy and information. You didn't want to go into the weeds on that quite yet.

>> Yeah, let's do that. Let's pin the security and privacy stuff until after the demo. I think seeing the consent process will answer some questions. Definitely happy to answer and go into detail with the privacy stuff.

>> Great. And then for those of you asking whether or not the PowerPoint and recording will be available, yes, they will be available at the end. And with that, then, I will turn it back over to you and we can keep going.

>> Sounds great, thanks.

>> Right now, I'm logged in as a sample community health center. Right at the top, I can see my summary panel. This is telling me that I have four incoming referrals to my organization and different buckets to

referrals or case that are currently being held or supported by staff at my organization. I will share as well that Unite Us the software platform is a web-based platform organization that is a part of NCCARE360. As long as you can access internet, you can access the tool. Under the summary panel, you have a timeline, this is snapshot of events or interactions that are associated that what they are presenting. These are ways you can navigate through the different parts of the software.

Let's start off with the process of making a referral. I want to go through what does it look like to make a referral in NCCARE360. What does it look like to receive a referral? What does the overarching record for an individual client look like? How are we sharing that information and even some of the reporting feature? We will try to hit on those four in the next 15 minutes and save 15 minutes for questions.

Too make a referral, you click on the plus sign. Let's say I am a community health center and I'm meeting with my patient who is an expecting mother looking for nutritional support and food. I want to make a new referral. First, I'm asked to provide first name, last name and date of birth. These are what are required to search for existing record.

If another provider had already entered Leanne Solano, it would present a match for us with some limited information and determine at that point is that the same client that I'm working with right now or do I want to create a new record? If we didn't find a match in the system, I will be asked to provide additional contact and demographic information which is not required. We always recommend sharing as much information as we may have.

If you are able to collect an address, they can narrow down resources in the community according to client's address.

We will save this information. We will be asked about -- what type of services is this individual seeking. Let's follow that example where this individual is seeking nutritional and food support.

Now the next step will be to select an organization where I would like to send this referral. What I'm presented with right now is all of the organizations in NCCARE360, this is a sample network, that provide emergency food services. So, I may know who I want to send this referral to. There are so many options and I'm not quite sure, I can use this browse feature to help me make a decision. What it will do is plot the different resources on a map, share with me some information about those resources and it's zoning in on the client's actual address. So, I can see right off the bat, there two options near my client's home. This is Bull City Food Bank. When accessing this profile, I can do description, hours of operation and services provided and a breakdown of the organization's programs. This is information we are gathering from the organizations themselves.

So, I can see that this organization actually has a program for mothers and infants which is, would be perfect for my client. I can also -- I'm looking for an organization that is specialized in serving pregnant women. My client requires some accessibility accommodations or would like an organization that can support a specific language. Right now, stick with the pregnancy piece. Bull City is still an option. I will add that to referral. I will share a description about services this client is seeking.

I can attach documents and make multiple referrals in the same swing. We will continue on. We are asked to have additional supporting information about the client's needs. We are making a food referral, I'm going to be asked to provide additional information about this client's food need. So, something to be aware of, these assessment questions are optional. We encourage them so that organizations receiving referrals have a little bit of the information they may need to determine whether or not they can serve this client. The goal is to get the person

connected to services as quickly and efficiently as possible. Not meant to be a comprehensive screening form but required to ask. Assessments are here so that if they are okay with sharing on their behalf. You can provide it here and spare them from having to retell their story.

And then this final step is reviewing information in the referral. I can edit or start over. We will submit and everything looks good. Before the referral can travel from my agency to the receiving organization, we need to obtain the client's informed consent to store their information electronically and share their information with other providers in the network. I want to be clear about consent that this is a Global Unities consent. Not meant to take place of any privacies that any of them have in place. We have ways we can request consent. We have text message or e-mail consent where the system can generate a text or e-mail to your client and they can sign for consent using their finger if they have a smartphone or their mouse if by e-mail.

You can do traditional hard copy upload consent for any with telephonic signatures or street outreach teams. Audio consent is a useful tool. I will demo on-screen consent. This is a popular option if in person with client when making a referral for them. They can read through the consent form which is at a fifth grade reading level and sign for consent. And once they have provided that consent, reversal will go through. Looking at my dashboard page. This is set up to look like e-mail box with categories on left and individual records on main screen. I can see that I said reversal. Recipient was committee bull City Food Bank and client is Leanne and sent by Mike Dukes. We are waiting on action from recipient organization.

That's the referral sending process. I'm going to pause for a second and go through the process of receiving an incoming referral.

>> I can see that my organization has four new referrals. If I click on one of those, let's look at referral for Bobby Jones and this person is seeking primary care. This referral is sent from an organization called Home Sweet Home.

>> I can see snapshot information. When was the referral sent, who sent it. We can see the description. Bobby is looking to schedule a primary care appointment. Has not been to the doctor in several years. Would be open to going.

Some assessment forms that have been started for this patient if we want to learn more about their need. On the right-hand side, we have a snapshot of contact information and demographic information.

Down below, we have a timeline. If there are multiple notes or interactions on this referral, we would see the timeline of events. Anyone working on this referral can stay up to date with any communication going back and forth regarding the referral. But ultimately when receiving a referral, my goal is to select the take action button and make a decision what's going to happen with this referral. So, I can reject the referral if my organization cannot provide services. I'm going to hold it for review if I need more information before I make that determination. I can accept the referral if, yes, my organization can provide this client with services. Or I can send it on -- kind of like forwarding the referral. I can't give services but I know an organization that may be able to.

If you reject a referral, you will be asked to provide a reason. And then to share a note. We see often the client is ineligible for services or unable to contact the client, all of these will help us as a network get a little bit smarter in terms of making more accurate referrals. Maybe if organizations are at capacity, we can -- there is a mechanism for any organization to turn off ability to be receiving referrals. Let's say we can accept the referral, we will enroll the client in a program.

Select a primary worker. So main point of contact from that organization. Document the date of enrollment and save that referral.

So, what's happened is that referral has now become a case and used to document that services are currently being delivered. Once Jones has signed up for the program and attended a primary care appointment, it's my job as a service provider to close that case which communicates with other care team members that this individual has or has not received services. Is the need resolved? In this case, need resolved. We will document an outcome from a structured list.

What happened as a result of service delivery? In this case, client received primary care services. And we will close the case.

What closing the case does is two things. Communicates with other members of care team and especially the individual that initiated the referral that not only did the referral go through but, in fact, Bobby Jones got connected to primary care. Also, those outcome options are structured meaning they are preset. We are as a community gathering that information around the patient outcomes and service delivery. And you all have access to that information through the platform as well.

Just want to take a look at existing client record for someone in this network. Let's search for a client. We are looking at what is the face sheet for Laura Long. This is her overarching record. We can review snapshot of air team. They are providing services. We can see a timeline with notes that providers or interactions and notes that any individuals working with Laura may have shared. These notes also follow the same privacy and security restrictions as anything else in the platform. We have a list of profile information. I think really crucial is cases tab. In this cases view, this is where we are getting a holistic picture of different services an individual may be receiving in the network.

I can see that Laura has received primary care, emergency food, physical health services, specialty care, clothing and healthcare goods. One question to get ahead of any questions around privacy and security around substance abuse and legal services. If I as a provider accessing this record do not provide substance use services to this individual, I will not be able to see that that record exists like I'm able to for some of the other service types. We have a repository for some assessment forms so that all providers can share that relevant information. We can upload documents. And have a snapshot of some of different requests for services that have been made for this client. I will take a minute for parts of this reports and move on to questions.

Two types of reports in this platform. One of them is dashboard reports. We have aggregate information all set up in graphs for you that give you snapshots for different populations served. You can also apply any date filters. You can view more information about services provided in the network. What types of services are being requested. If you want to narrow these down, you can edit these graphs.

You can view detailed dashboards on the outcomes that our clients are achieving through the network. If you want to drill down into any of these, you can click on a bar graph and drill down into even more detail.

Then we can view information about network performance. Who is sending referrals in the network? And then down below, who is receiving referrals.

Other types of reports are exports. These are actual raw data .CSV files that can be exported from the platforms. If your teams want to do its own data analysis, you can do so and those reports are scoped to clients

that your organization is serving. Will be limited on different viewing permissions that you have applied.

So, I will hop out of the demo itself. Before I open up for questions, I want to give you a quick snapshot of status events 360. There are 12 counties where NCCARE360 has launched. First three were certain counties. We have nine counties that started the implementation process. Overall, over a thousand organizations have been engaged in socialization process. 234 are currently live on the platform with over 1,000 software users currently using NCCARE360 as a platform.

And a quick snapshot of what's coming up. This year, we have currently implementation process, new Hanover, Brunswick and Pender and in the triangle. Vance and Granville and Franklin and Warren and Durham and Person County. This is what we have and what is coming up this year. Goal is to be live in all 100 counties by the year of 2020. I'm going to pause there and open it up for questions.

I really appreciate it and hopefully I didn't lose you all. Let's see. Are there any questions I can answer?

>> Lots and lots of questions.

>> I'm sure.

>> I want to go back. If you can pull up PowerPoint slide to the slide before the joint vision, slide two or three in there.

>> Yeah.

>> This one?

>> That one.

>> Okay.

>> And so, with that, are the various functions that are listed here, are they separate? In other words, one individual is not expected to perform all of those various functions, is that correct?

>> Oh, yes. That's correct. This is where the NCCARE360 partnership comes in. I think the resource directory and the data repository from perspective of individual that is using NCCARE360, it will feel baked into the outcome's platform.

What's cool about resource directory and data repository is they are pulling in resource information about the different organizations throughout the state into the Unite Us platform. Whether or not an organization is -- has decided, yes, we want to sign up for NCCARE360 and going to use it to send referrals, we can still prevent the information about that organization in the platform.

There is still a comprehensive resource directory available even if not all organizations are live yet. And so that's where we distinguish between out of network organizations and in-network organizations.

That basically means in-network organizations are those that are actively using platform to send referrals to one another. Those organizations are not currently using the platform quite yet.

>> Thank you. And I can't remember whether or not you answered these as we were going along. I'm going to ask. Is consent required for each separate potential provider?

>> Good question. No. Consent is event-based. We capture consent one time in the network. It's not required for each provider or each referral. It's required one time per client. And then if the client revoked -- wants to revoke their consent, they can and remove their information from the network.

>> That leads into the next question which is can the client limit the information that is shared between the organizations?

>> Great question. Right now, the client cannot pick and choose individual pieces of information that are shared. But as I mentioned before, there are those limitations according to different service types within the network. So, you know, physical health information. Legal services information, et cetera.

>> Okay.

>> Wait, one more piece on that, is that I think it's important to share that -- I had used that search bar in the software to search for a client, it's important to note that you -- any organization using the platform, you cannot search for any random name and assess the record for anyone being served by the network. This search is only applying to individuals that your organization is already connected with.

>> Okay. Great. And does the client have a choice in where their referral goes?

>> Yeah, I mean, I think that -- so usually what we -- during the training process, what we are coaching organizations to share and talk through with their clients is this process. So, actually having a conversation about what are you consenting to. What is NCCARE360 as well as where is this referral going? So, I think it's -- that's an out of the software thing. Is there a button that the client clicks to say, no, I don't want this referral sent to organization A? No. Right now, the platform is provider facing. We encourage that for them to be involved in the process.

>> Okay. and how does an agency or organization become a part of the network -- a part of the network?

>> Great question. The first step is we like to invite agencies to join us in either an influencer meeting or a strategy session. So, the steps that our team follows as we begin to launch NCCARE360 in a given county is first to connect with some of the different leaders and influencers within the community to learn about, you know, work is currently being done, what collaboratives already exist in this community? What are the do's and don'ts when launching this initiative?

>> From there, we will have -- we want any interested organizations to attend. Whether or not you can attend, that's okay. You are welcome to join the network. Two things need to happen for an organization to join a network.

One is to complete the partner registration form. It's to share that information about your organization's programs and eligibility criteria and your staff members that you would like to access the platform. Second is to attend software training, webinar trainings, in-person trainings, self-guided e-learning tools. Once you have done those two, you can be live on the platform. If you complete those two steps and providing services in county where NCCARE360 is not yet live, our team is still engaged. They will let you know the timeline of your

respective county.

>> Next question is, can you do more than one resource referral for the same type? Can you do one food resource at a time or get -- yeah.

>> Yeah.

>> If there is a food resource, can you only refer to one place?

>> Yeah. Great question. So glad you asked, yes, is the answer. We have batch referrals as the person sending referral, you can select multiple recipients and then you have the choice whether you would like multiple recipients to be able to all work with that client on that need or if you would like it to be a first come, first serve situation. We see these referrals in other networks with emergency housing a lot where maybe the client is looking for a bed urgently tonight and you would like to connect them to housing. You make a referral to multiple shelters in the community. And once one that has an available bed in response to referral. Others are automatically recalled. As opposed to food assistance where you might want the client to receive food distribution from multiple food pantries to you are okay with all of them working with the client. Both situations are accommodated in the platform.

>> Okay. Great.

So, let's see here. The next question is related to the signing of the referral giving authorization, what happens if the individual is unable to sign on their own?

>> Yeah, good question. So, if it's a situation where it's a -- like a youth, person under 18, there is a place for parent or guardian to sign. We are working right now on signature by attestation. That will be available where someone else will be able to sign on behalf of client.

>> How much does participation in the network cost or can you refer us to where there might be pricing information?

>> Yeah, this platform is funded for up to 11 years. It comes at no initial cost to organizations participating in the network. Where there can be costs involved are in two situations. One is if depending on your volume of users. What we see is with certain health systems that would like to have hundreds of users live on platform, that may require purchase of additional licenses. We have an allocation method for number of licenses that are allocated to each organization at no cost.

Number two is if you would like to request software integration like a technical integration with our EHR or case management platform, then those integrations also will come with a fee.

>> Okay. Great. Related to seeing how it works, is there a demo site where they can access and take a look at and see what's out there?

>> Good question. Right now, not a demo site that is live and open to the public. If you were to attend a training or go live and join one of the networks or join the network, we sometimes give users access to a live training environment.

>> Okay. Great. We are right at 1:00. So, with respect to everybody's time, I'm going to cut off the

questions at this point. We have a significant amount of questions in the queue. If it's okay with you that I can send you those and forward them back out to attendees on the call. Would that be okay?

>> Absolutely.

>> For those of you who did not answer your question, I will get them answered and then once we had a chance to get responses on them, I will forward that back out to everybody. And in the meantime, I will send out a copy of the PowerPoint and a link to today's webinar.

And then if you have other questions that come up, you have an option to enter those into the survey that will come out -- you will get it immediately when we close this out. There will be a reminder tomorrow if you did not get a chance to open it.

At this time, thank you to everyone who attended. Micheline, thank you for your time today and being here and presenting for us. I appreciate it.

>> Thank you.

>> Everybody, have a wonderful day. All right. Thank you. Good-bye.

>> Thank you.

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