NATIONAL QUALITY FORUM

Moderator: Sheila Crawford
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2:00 p.m. ET

Operator: Welcome to the conference. Please note that this call is being recorded. Please stand by.

Taroon Amin: Hi. This is Taroon Amin speaking. Thank you all for joining us this afternoon for the Steering Committee Evaluation Tutorial Call. This session, in contrast to yesterday, is intended to kind of be a little bit more of an informal discussion around questions as we go through the steering committee guidebook.

Before we get started I just wanted to quickly introduce the team here that's on the call. We have (Evan), who's – who you guys heard from yesterday, Ashlie Wilbon on the line who's the project manager for this – for the project, Karen Pace is our leading methodologist and other – if there are any committee members on the call can you – would you mind introducing yourself.

Judith Tobin: Judith Tobin with CMS.

Taroon Amin: Excellent. Welcome.

Judith Tobin: Thank you.

Taroon Amin: Any other members of the committee on the call?

Judith Tobin: I see some other people in the chat room. Maybe they're not able to…

Taroon Amin: Operator, can you open up all the lines?

Operator: Yes, sir. All lines are open.

Taroon Amin: Are there any other steering committee members on the call?

(Nancy Boyle):   This is (Nancy Boyle).

Taroon Amin: Hi, (Nancy). Welcome.

(Nancy Boyle):   Thank you.

Female: (Rick), are you there? Taroon, this is – if the video –the audio streaming is on, they may be listening. But it's – so – it's just one observation that may be one reason…

Taroon Amin: We can't. OK. Well, I …

Female: We could chat – they could send you a chat. I mean, well you can see that they're online. So…

Taroon Amin: Yes. We'll monitor it. All right. Well, I just wanted to give the steering committee members an opportunity just to you know say hello but if you can't because you're streaming off the – offline, that's fine.

                     So again, welcome to everybody and I wanted to get started by just using some of the materials that are available through our Web site – through our SharePoint Web site. Again, this will be our main point of contact as (Evan) described yesterday during our orientation call. So again, I'll be using these materials to help you kind of focus on the key pieces of information that you'll need as you start to begin this process with us.

                     So as you can see on the screen share, this is our SharePoint Web site which on the left side you'll see all of the meeting dates. So today we're on the 12th of July and you have the materials here that are going to be used during the call. This steering committee guidebook is essentially the main area that I'll be using to discuss measure evaluation.

                     So I'll just orient you to the steering committee guidebook. I believe (Evan) sort of described it yesterday during the call. But as you scroll from the left –

you can scroll down here, too – steering committee members, "What do I Need to Know." And you'll see under this in subsection 3, "Evaluating Candidate Measure." This has a number of guidance documents to help you as you start to think about evaluation of the measures in this project.

I'll use –- I'll start to scroll down here, and again, reiterate that in this two-stage process, you will be evaluating criteria number 1, which is "Impact and the Importance to Measure and Report." And as I scroll down here to – (inaudible) page 25 – you'll see the opportunity – I mean, "Impact, Opportunity and Evidence – Importance to Measure and Report."

We have found through discussing – -through various discussions of the committee members that one of the best ways to really start to think and understand about – to understand the criteria we use to evaluate candidate measures as a national consensus standard is really to use examples to help us as we think about how to operationalize these criteria into rating.

And so I'll just give you an overall high level review of the criteria that you'll be using in stage 1. Much of this we discussed yesterday but for the sake of just ensuring that we're all on the same page, there'll be…

Judith Tobin: Taroon? This is Judy.

Taroon Amin: Yes?

Judith Tobin: So are you on a particular page? This is – because I'm not sure where you are.

Taroon Amin: I'm on page 25 of the PDF of the guidebook.

Judith Tobin: All right. So if you can just, as you go through, kind of reorient us to where you are on this. In that way we can be sure that we keep up if we're getting interrupted by other things (inaudible).

Taroon Amin: Sure, no problem.

Judith Tobin: You're on page 25, the (inaudible) guidelines for evaluating the importance to measure?

Male: (Inaudible).

Taroon Amin: So if you look at the top of the PDF where you could enter the page number, if you just enter page 25 there, I've got…

Judith Tobin: You're on "Impact, Opportunity, Evidence"?

Taroon Amin: Correct.

Judith Tobin: OK. Thank you.

Taroon Amin: So, as we're looking at – and if there are any questions, please, at any point – this tutorial call is intended to be an interactive session so there are no questions too small or big. And that's why we have Karen Pace here with our methodologists to help out if there's any additional questions that we have that are beyond my expertise.

                  So we're going to be evaluating the "Importance to Measure and Report" in this page 1 of this project. And the "Importance to Measure and Report" will be broken out into three subcriteria – High Impact, Performance Gap and the Evidence to Support the Measure Focus. The – I'll go into – so I'll use this definition hyperlink here to give a little bit of description of how high, moderate, low and insufficient is ranked for High Impact.

                  So if you go to Table 5, click on the hyperlink. It'll bring you to the generic rating for subcriteria 1 and 1b, which the rating is basically high, moderate, low and insufficient in which we look at, based on the information submitted, there is high confidence or certainty that the criterion is met.

                  Now, I'll just take a moment to step back and say that we've set up these criterions – subcriterion based on best practices for measure development. However, as you look to rate – the various subcriteria, there is a level of subjectivity that is build in to this process. So we expect you to use your clinical, methodological expertise as you look at the – as you look to rate these various subcriteria.

So that's the generic scale. I'll set us back here to page 25 and spend a little bit more time here on "Evidence to Support the Measure Focus." And again, I'll use this hyperlink to the right here – Table 3, which will bring us to the evaluation of how subcriteria 1c is evaluated. And basically, what we look at is the quantity, quality and consistency of the evidence that's presented.

If the quantity and quality and consistency is rated moderate or high the criterion passes. In the case that quantity and quality is rated low, the criterion can still pass but there needs to be additional considerations. When there's low quantity, it can pass only if it's judged that additional research is unlikely to change the conclusion that benefits to the patients outweigh the harm. If there's low quality of evidence, it could pass only if it's judged that the potential benefit to the patient clearly outweigh the potential harm.

Female: And where are you getting – so these are – you go to the guidance table for that? Or to…

Taroon Amin: Yes. If you go to the guidance table, there's a hyperlink there.

Female: And is that where you are? Are you going – are you kind of toggling back and forth between – you're – I'm just not as (fast) with this site as you are. So, I'm sort of a step behind you. So are you back on page 25 or are you on a hyperlink?

Taroon Amin: I was on a hyperlink but the page and I'll be mindful of this and just point you to the page number as well even though I'm using the hyperlink. So this is on the bottom of page 30 – page 30 of the PDF.

Female: All right.

Taroon Amin: So – were you able to find it?

Female: Yes.

Taroon Amin: OK. Great. OK. As we're looking at the quantity, quality and consistency of the evidence, the – if there is a low consistency of the evidence regardless of the rating on quality and quantity, you'll not be able to pass this criteria –

subcriteria in 1c. I will say that there is an exception to this – to the evidence – the empirical body of evidence and that is for health outcomes in which essentially, we ask for a rationale – that supports the relationship between the health outcome and at least one health care structure process and intervention.

That is to say, if we're looking at an example – if we're looking at an example – health outcome, for instance, looking at a 30-day hospital readmission, we would expect that the measure developer can provide one process that can actually influence its outcome. For example, proper discharge planning – proper discharge planning demonstrates an improved performance on a 30-day readmission.

OK, so I will now scroll – if you go back to the bookmark on the left side, you'll see this Roman numeral number I which says "Steering Committee Evaluation Guide." I'll now move to that portion of the steering committee guidebook and that brings us to page 56 of the PDF.

The purpose of this section of the steering committee guidebook is really to give you as much detail as you need on the measure evaluation criteria. And it has hyperlinks to various reports that provide further guidance language around how to evaluate various components.

As I described yesterday, please keep in mind that the stage 1 review will focus on Importance to Measure and Report. Scientific Acceptability, Usability and Feasibility will come in stage 2 later or early next year.

This gives you a brief description of what will be evaluated or what would be submitted as far as the concept review which includes the measure title, brief description, numerator – the numerator detail, without coding – without code tables, the denominator statement, exclusion and the risk adjustment variable are under consideration, along with a mapping to our NQF taxonomy which includes (bubble) analysis, data source, setting and topic area.

So I'm continuing to scroll here moving down to page 57 of the PDF. And what we've tried to provide you here are examples of the types of information that will be submitted. As I say that, a very important disclosure here is that we are providing this information only for illustration purposes. We do not

claim that these are – that these are the types of submission that would be a high rating. We are not giving any indication you know – we (inaudible) are not saying that these are worthy of a high rating. They're simply only to be examples for today's discussion.

So as you scroll down, and again, there are examples that are not necessarily – or are not related to the GI/GU measures that will be submitted. The submission deadline for the measures that will be – and concepts for this project – will actually be next Monday. And we'll be giving you – we'll be sending those materials to the steering committee in early August.

So as you scroll down to page 59 – hopefully everybody's listening, I'll give you a second to catch up – it's on page 59. If you look at the high impact and opportunity for improvement – so when we're looking at information about high impact, what we're looking at is essentially – again, I just want to orient everybody to the criteria and make sure that we are on the same page – just pulling that one piece of information here. So criteria number 1 looks at high impact in which we're basically trying to identify whether the measure is addressing a high impact area, a national priority or goal. And the example here would be that it affects large numbers which is part of the drop down list – pre-selected drop down list in the measures submission form.

And then 1a3 provides – asks developers to submit epidemiological research (used) data that demonstrates the high impact aspect of health care. What we're really looking for here is that the developers are giving us an illustration of the quantitative impact that this measure will be able to achieve – the number of people that will be affected, the morbidity and mortality burden or the dollar amount that is taking to improve if it's a resource use measure.

We also want to make sure that when we look at this and evaluate the information that's presented to the developers, that the information actually represents – the evidence of high impact is actually related to the target population of the measure. So for instance, if we're looking at you know we're looking at influenza virus infection, we want to be sure that the data that's being presented is actually representative of that denominator population.

And so that gives you a high level overview of what type of information you should be looking for and assessing whether or not this is high impact in terms of the information that was provided by the developers.

In 1a4, those are the citations of high impact. So that gives you a high level overview of 1b – or 1a – 1a, which is really the high impact. Again, it's looking at a national health care goal and whether or not the developers have provided clear data on a number of people affected – I'm just going to scroll back up just so we're at the same page – and the number of people that are affected by this measure. Essentially, is it important enough to spend resources measuring? That is the essence of what we're trying to look at from 1a, which is high impact.

Are there any questions?

OK, I'll scroll down to – this will be the bottom of page 60 which is looking at performance gap. And essentially what we're looking at here you know – a brief explanation for the rationale of the measure – why is this measure being – why is it being created, what do we expect – what type of improvement do we expect in the health care environment through this measure?

And 1b2 – we're looking for data that demonstrate considerable variation in performance across measured entities. And essentially, is there a gap – you know is there a performance variation across entities that we're looking to measure? And we're actually looking for quantitative data not simply statements or conclusions, essentially. We're not looking for statements that say there is wide distribution of performance on influenza vaccination across the country. We expect actual data to demonstrate how big of a variation that is.

I'll also note that in this criteria, it may be that there is very little variation but the – but the actual point estimates of what we're seeing is less than optimal in general. So that – it's just that all providers are actually doing poorly on this measure even though there's little variation.

So what we're really looking at here is to really understand the performance gap or the opportunity for improvement. I'll note here, just for an important differentiation, for measures that are coming in that are previously endorsed so that – those are what we call maintenance measures which we will see in this project – we expect that the measure developers are presenting information about performance gap or the opportunity for improvement using the measure itself. So actually, demonstrating this measure in use, what it's actually telling us in terms of a performance gap or the opportunity for improvement.

And as highlighted here, we would expect standard information around measure, I mean, a performance, i.e., the mean, center deviations and distribution of scores by deciles with the minimum and maximum, to really be able to understand the performance gap.

And as you can see from this example, you can see that we're looking for quantitative data and that the data is actually again, focused on the measure target population. Oftentimes we don't see that as much as we like to see that, but at the end of the day, what we're really looking at is to ensure that these – this information is around the target population.

And if it's a new concept or measure, the data could be from existing literature, studies or testings. But as I described, for endorsed maintenance measures, they should be from the measure as specified and from the level of analysis as specified.

I think that kind of gives you an outline of what we're expecting in 1b. We're also – for 1b4 – let me see if I missed something here – citations is listed under 1b3. And 1b4 – we're looking for data on (disparities) for bi-population group if it's available – if such data is available. And you know what we're basically looking at is the distribution of performance by various subgroups. And so you can see that the type of information that we're looking at here where you know – the example here is influenza vaccination across various different racial and ethnic groups.

So before I move on to evidence, I think one important observation and important thing to keep in mind is that for both high impact and performance gap and opportunity for improvement – 1b – 1a and 1b, we're using the generic rating scale which is the high, moderate, low and insufficient.

I'm actually going to skip over this evidence example for health outcomes since we don't actually have a measure that is a measure of the health outcome in this project. But essentially – actually I'm just going to actually go through that just so that we're on the same page here. It's a very – it's actually very clear because there's an exception for health outcomes.

So what you'll see here as an example – and this is on page 66 of the PDF – as an example of the health outcome, this is looking at 30-day unplanned hospital readmission. Again, I just want to make sure that everybody recognizes that these are not examples of high ratings, they're just simply examples for discussion. And what we're looking for here is essentially a diagram that shows how the health care outcome is related to at least one health care structure process or intervention.

So if we're looking for hospital readmission, there should be something that – the measured entity, for example, that hospital can do – that can influence this outcome. And this illustration describes that early reconnection to primary care leads to continual – better treatment – better continually of the treatment plan which leads to improved and more stable health processes which decreases the likelihood of a readmission.

And then there's a further example here as you can see. And most of this evidence information will not be filled out for those that are health outcomes. Again, I'll skip that area because that won't be most likely the focus of our discussion which is – will going to be mostly process measures.

And I'll move forward to page 71 which begins the example of the process measure evidence that we would like to look at. The example here is women with urinary incontinence who received pelvic floor muscle training. So again, we would expect that this will be filled out at the process measure.

This area here that describes the health outcome, this would be skipped in the measures that you're going to be evaluating.

And the first thing that we will – you know again, there's a hyperlink here that provides further guidance on evaluating evidence and the criteria for quantity, quality and consistency of the body of evidence that I highly encourage that you review especially in this stage 1 to understand how we're evaluating the body of evidence.

So if you look at 1c – 1c3, what we're asking for here – and again, this is on page 73 – what we're really trying to understand here is have the developers provide the causal pathway. So understand how the process measure that's under evaluation, actually influences the health outcome that's important to patients. At the end of the day, we're trying to move more towards proximal process measures that are much more proximal to health outcome. And we want to make sure that process measures – there are in the field as a national consensus standards – actually have a very clear evidence-based causal relationship to health outcome that are patient-centered.

So the example here describes the causal pathway that leads to important health outcome. And again, we would ask that you use your clinical judgment to evaluate how well those developers have actually demonstrated the causal pathway here and what's actually important to patients. And again, our purchaser and patient representatives will be able to offer a lot of insight here as well.

So 1c4 asks – essentially what we're looking for is to understand – is there a guideline recommendation that's supporting this measure focus? And to provide the specific information of what guideline and where this guideline is located. I will state that while we are looking for this information on guideline recommendation, we still require that measure developers provide clear description of the evidence that supports the measure focus. Simply providing guideline recommendation is not sufficient for your evaluation of these measures. So that's to say that if measure developers only submit guideline recommendation, they would not be able to pass the evidence criteria.

So when we're looking at 1c4.3 – identifying the guideline number and page numbers, we would ask that in 1c4.4 that they're providing verbatim the guideline recommendation. And for 1c4.5 – providing the grade that was assigned to the recommendation with the definition of the grade. And again, there's an example here on the grade of the clinical studies and the example – and the description of what the grade represents, which in this case, is that there's good quality and consistency on addressing this specific recommendation.

So as I described prior, we are looking for developers to provide evidence that – provide description that there is a body of evidence which supports this measure focus. And that can be provided in three different ways. One option is through 1c.5 in which the guideline developer systematically reviews and grades the body of evidence for the specific guideline recommendation. In this case we would ask the measure developer to then point us to that systematic review of the evidence and provide the grade and definition of that evidence review.

The second option is that the – there is another published systematic review of the body of evidence other than the guideline that cited – that's provided. And that could be an HRQ or the U.S. Preventive Services Task Force systematic review. And we would expect a citation of that systematic review that's done by another published group.

And the third option – and I'll scroll down here to 1c.7 on page 75 – is that if there is not a systematic review of the evidence in either the guideline or in the literature, we would expect that the measure developer perform a systematic review of the body of evidence supporting the measure focus.

And just some key points on what we're expecting here is that there's not just the description of the individual study. We would expect that there is quantitative data around the synthesis of the entire body of evidence. And if there are more than one systematic review we would expect that they report them separately.

And finally – finally we're looking at the time period in which the body of evidence was evaluated. Further, in addition to the overall systematic reviews, we would expect the evaluation as I described prior to the quality, quantity and the consistency of the evidence that demonstrate it. So we ask here on 1c.9, how many and what types of study design are included in the body of evidence.

For example, three randomized control trials and one observational study. And we want to make sure that everybody recognizes here that NQF does not require evidence from only – excuse me – only from randomized control trials but that there is – they're at sufficient quality to be able to judge the evidence on which we are moving forward with national consensus standard.

On 1c.10, we're looking at the overall quality of the evidence that's presented and we expect that there will be discussion on the certainty or confidence on the estimate due to the study factors including design flaws and precision due to small numbers and the relationship between the study focus and the measure focus and target population. And again, one description here from the (inaudible) handbook provides the description here of what type of information we would be looking for.

And finally, when we're looking at the evidence evaluation, we're looking for the estimates and the benefit and the consistency across the studies of the body of evidence. And essentially what we're looking for is to ensure that the magnitude and the direction of the effect and the outcome is consistent across the studies that are presented to the committee. And again, examples are provided here. And the descriptions of the harms that were studied and whether they affect – and how do they affect he net benefit? Are their benefit over the harms to the patient? And I'll give you a high level overview of the specific types of information that you will be seeing in this project related to these three different areas.

I'm going to just recap by going back to the evaluation component here and scrolling down to just recap on – I'll give you the page number in a moment – here on page 25, just to recap on the three various elements that you'll be looking at in stage 1 as I walk you through this particular elements that you'll

be looking at, these type of submission items that you'll be seeing in your – in the concept review.

But again, you'll be looking at Impact, Opportunity and Evidence. The Importance to Measure and Report and that will be broken down into three subcriteria – High Impact, Performance Gap and the Evidence to Support the Measure Focus. Within the Evidence to Support the Measure Focus, you'll be looking at the Quality, Quantity and Consistency of the evidence presented to you.

That was a lot of information. Maybe I'll stop there and I'll go into the rating scale one more time if there – you know and let's open it up for additional questions if anybody has any thoughts or questions or anything.

Operator: If you would like to ask a question please press star one.

There are no questions at this time.

Taroon Amin: Karen, is there – Karen and Ashlie, is there anything else that you wanted to add here that m ay kind of provide additional context for new or existing steering committee members in the sense that those who have had (entrep) experience or not – additional guidance of things to look for as you're evaluating these measures and concepts?

Karen Pace: This is Karen Pace. I'll make just a few comments. We have been – I think it's been challenging to get the developers to provide the, kind of, substance in the information about quantity, quality and consistency of the body of evidence. And the reason we're asking for that is that our evidence taskforce really thought that it was important that the evidence that does or does not exist be transparent for the steering committee guidelines committees and others who then review these measures and vote on them are aware of.

And then generally, as Taroon mentioned earlier, we don't consider just citing a guideline recommendation as sufficient because there is quite a bit of variability in terms o f the evidence that supports a guideline recommendation or in the rigor of the evidence review supporting guideline recommendation. And that's why we're in this position right now because there is so much

variability from that perspective that evidence taskforce and the board approved that we really are asking them to go further and provide information about those reviews that occurred.

So I think we'll see some challenges there and you know we'll continue to assist you as best as we can. I think the other thing to just mention that when we're asking the steering committee guidelines committee to do the – your preliminary evaluations which we'll be having you enter online, is to evaluate it based on what is presented in the measures submission form. However, if you're aware of a better evidence base or perhaps even contradictory evidence, to please note that in the comment. That's certainly something then that we would want to have a discussion among the whole steering committee guidelines committee. I'll stop there.

Taroon Amin: Are there any comments or questions? Anything at all, we're happy to take it. There's a few other things that I'll just point out but again they're only to reinforce a few things that are already described.

Operator: Again, that is star one for questions.

Taroon Amin: OK. So from a process perspective, a few things. As I – as I walk through a number of submission components that you'll expect to see as you start to evaluate concepts, Karen Pace, who you just heard from and Alexis Forman-Morgan, both from NSF Desk, are going through a technical review period which they're evaluating the responsiveness of the questions – of the responses from the developers to the questions that we're asking.

So we're hoping that this process will help to ensure that you have enough information to evaluate from a high, moderate and low perspective the information that you're seeing in from of you. And we will – so you'll be seeing that as well.

And finally again, I'll just reiterate, as you're looking at the rating – for high impact, it'll be a high, moderate, low and insufficient. And for performance gap it'll also use the generic rating scale of high, moderate, low and insufficient. But for evidence to support the measure focus, as you click on this hyperlink for Table 3 as I described earlier, which brings you to page 30 –

at the bottom of page 30on the PDF, there is an algorithm that the evidence taskforce helped create which identifies how this types of subcriterion is actually passed.

So you'll evaluate the quality, quantity and consistency of the evidence. But if the consistency of the evidence is not – is low, it will not pass this criterion. And as we described, importance to measure and report is a must-pass criterion and not the conceptual fail. And so I just want to reiterate that.

So again, what you will see is that we will send you the concepts which will have all these various submission items filled out. I believe that you know this evaluation guide down here on Roman numeral number 3 which begins on page 56 will help give you context of the type of information that (we) are kind of looking for. And then you'll be using the generic rating scales to help you really put in your preliminary evaluation.

Those preliminary evaluations will help to drive the discussion during the in-person meeting in which we'll ask members of the steering committee guidelines committee who have particular expertise in various different measures to lead the discussion during the in-person meeting.

Ashlie, is there anything else that you wanted to add related to sort of the logistics then thinking forward into the in-person meeting, on anything the steering committee members should keep in mind?

Ashlie Wilbon: No, I don't. I guess I'm just curious to hear maybe from some of the new – some of our committee members where this is their first time participating on and NQF committee – how they found the guide and just maybe some preliminary feedback on you know if they've had the chance to look through the guide and maybe the utility of you know this kind of tutorial where we're walking through the component and going through some of the examples. Is that something that they found helpful or are there ways that we can maybe expand or improve for the next time?

I don't know if there's anybody who wants to – who's not streaming who can access the phone line to kind of give us some feedback, that would be really helpful.

Taroon Amin: Or to the chat feature, we can happily take conversation through the chat feature as well.

I guess it must be late in the day and late in the week.

Judith Tobin: Well, this is Judith. I mean, I can say in general you know it's a lot of information so I think repetition helped. I think it helped going through with online like you're doing in the tutorial. And I'm wondering too if people are quiet because they're still kind of absorbing and getting oriented to the materials.

But you know at CMS we submit a lot of measures so I've gone through it from the other side of this. So we have our contractors helping us, of course it's a lot to move through. And I think it takes a number of times going through the material before it really starts to gel.

And I think the other day when you folks said, working through an actual case like we'll do with the GI/GU measures – that's really where the rubber hits the road and you understand the process better.

Taroon Amin: OK. Yes. OK, well, we're happy to continue the conversation but we also want to be respectful of everybody's time. So if there is additional conversation that you want to have, we're happy to continue. We obviously scheduled a 2-hour block here to ensure that everybody had enough time to raise any questions that they had prior to receiving any of the measures. But we're also happy to take conversation or calls or e-mail as you start to have additional questions in reviewing the material.

So again, I'll just ask for questions or conversations – comments, anything?

Operator: And you have a question from (Jennifer Lakebill).

(Jennifer Lakebill): Yes. No, it's a comment. More – I'm sorry, was trying to figure out how to log in here – but, no, I really appreciate you going through it. The truth is, when you opened up the guide, is there's a lot in it. And then you sort of start

(toggling) over so I think it's important to take a minute and really show us what you've put in there – (like all those hyperlinks).

Taroon Amin: OK. Great. Thank you, (Jennifer).

Operator: There are no further questions or comments.

Taroon Amin: All right. Again, thank you all very much again and we look forward to meeting you all here in person in Washington in a little more than a month. And again, you'll obviously be hearing a lot more from us in terms of, sort of, logistics as you plan to come here next month. And then you'll also obviously be receiving the measure and the concepts. And if there are any questions, p lease do not hesitate to reach out to Ashlie and myself or (Evan) or any member of our team here and we'll be happy to take any questions that you may have.

So thank you very much. Unless, Ashlie, you have anything else?

Ashlie Wilbon: Sorry, I was on mute. No, I think that's it. Thanks, everyone for coming.

Taroon Amin: Thank you.

Operator: This concludes today's conference call. You may now disconnect.

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