

National Quality Forum  
Primary Care and Chronic Illness, Fall 2020 Measure  
Review Cycle

Post-comment Standing Committee Meeting

Friday

May 28, 2021

The Standing Committee met via Video Teleconference, at 11:00 a.m. EDT, Dale Bratzler, and Adam Thompson, Co-Chairs, presiding.

Present:

Dale Bratzler, DO, MPH, Co-chair  
Adam Thompson, BA, Co-chair  
Lindsay Botsford, MD, MBA, FAAFP  
William Curry, MD, MS  
Kim Elliott, PhD  
Donald Goldmann, MD  
Stephen Grossbart, PhD  
James Mitchell Harris  
Jeffrey Hart, MS  
Starlin Haydon-greatting, MS, BS, Pharm,  
FAPhA  
Ann Kearns, MD, PhD  
Michael Lane, MD, MSc, MPHS, CPPS  
Anna Mccollister  
James Rosenzweig, MD  
Steven Strobe, MD, MEd, MPH, FAAFP

NQF Staff:

Shalema Brooks, MS, MPH, Director  
Poonam Bal, Director  
Erin Buchanan, MPH, Manager  
Isaac Sakyi, MSGH, Senior Analyst

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Yemsrach Kidane, PMP, Project Manager

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## Proceedings

(11:01 a.m.)

## Welcome and Review of Meeting Objectives

Ms. Brooks: Well, good morning, everyone, and welcome to our Primary Care and Chronic Illness, Fall 2020 Measure Review Cycle.

My name is Shalema Brooks. I'm your link to the NQF Team. I'm the director overseeing the managing of this cycle and will be working with you all on the board. The board members I've worked with, I think, let me think. I'm not sure. But Poonam will be supporting me throughout the cycle for three more cycles. I think there are eight. Poonam and other NQF staff, I will let them introduce themselves in a few minutes.

So did anybody have any troubles getting in, dialing in so you can hear? I want to make sure audio, everything is good. Thank you.

So if you all could, as a housekeeping rule, mute your phone if you are not speaking. That will be great. It'll help facilitate kind of getting through the meeting a little bit quicker.

We'll go through some housekeeping instructions as we start the meeting. And I think we can get started.

All right. Isaac, can you advance to the next slide? So welcome, everyone, to our Fall 2021 Post-Comment Meeting. I'm excited to work with you all. I'll let the NQF staff introduce themselves. And then I'll hand it over to our co-chairs as well.

Before we do that, I'll give you a few housekeeping reminders, one of which is if you could keep your phone on mute if you're not speaking. We are also

using a new platform, which is Webex.

I'm sure you all are familiar. But if not, it has some same or similar features similar to RingCentral. Our chat feature, we will be using that in case you have difficulty with the voting process as we move forward and discuss the measure that we'll be re-voting on today. But the chat feature should allow you to also vote as well if you're unable to do it using the two functions that are in the instructions. And you can send that message directly to Erin, who will introduce herself as part of the NQF team.

If you have difficulty with audio, we have it optional for you to dial in. So if you're having difficulty with your computer, the dial in instructions are on the PowerPoint that's displayed in front of you. Again, if you could place yourself on mute while you're not speaking.

And we encourage you to use the following features with the chat box. If you have questions as we go along, please raise your hand.

I'm getting a little feedback as well. I don't know if you could place on your mute or if you would like to speak out just not right now and allow you to if you had a question before we get started.

Okay. In addition to that, after we do the roll call, once the meeting begins, if you are experiencing any technical difficulties or issues, please contact us, our project team, and use the email address that's on the slides, [primarycare@qualityforum.org](mailto:primarycare@qualityforum.org).

So with that being said, I will hand it over to my team and allow them to introduce themselves, starting with Poonam, who has been supporting and you've been working with a lot and then she will pass it on to the rest of the NQF team. Poonam?

Ms. Bal: It's good to see everyone again and glad I

will be able to work with you for a little bit longer. Erin?

Ms. Buchanan: Good morning, everyone. Glad to see you all this morning. I'm the manager on this project and looking forward to our call.

Mr. Sakyi: Good morning, everyone. This is Isaac. I'm the senior analyst on this project. And it's really nice to see you all again.

Ms. Kidane: Good morning, everyone. This is Yemsrach Kidane. I am the project manager on this project.

Ms. Brooks: All right. Is that everyone? Okay. And I am going to hand it over to the co-chairs to introduce themselves again to you, both Adam and Dale.

Co-Chair Thompson: Good morning, everyone. It's great to see folks, especially unmasked. We unmasked in New Jersey today. It's a very exciting day for us.

Thanks, everyone, for joining us right before the holiday and giving us this time. We really appreciate it.

Co-Chair Bratzler: Hello. I'm Dale Bratzler, University of Oklahoma. I too want to welcome everybody. I appreciate you coming on today. We have just one matter of significant business today. So hopefully we can be pretty efficient today and get through this call quickly. Thanks.

Ms. Brooks: Great. Wonderful. Thank you, both. All right. We're just going to quickly go through our agenda.

We'll be doing a roll call and attendance, and Erin will be taking that. And once we finish that, we'll

quickly go into the consensus outreach measure, talk through how we got to this CNR decision and begin the voting process.

And then we will, which is not on the agenda, go through very quickly our related competing measure portion of the post-comment meeting that we do with all of our post-comment meetings.

And then we'll open up the floor for NQF member and public comment, talk about next steps, which are upcoming meetings that are coming up and then adjourn if there are no further questions.

So I will hand it over to Erin to start the attendance and roll call process. Erin?

#### Attendance

Ms. Buchanan: Good morning, again, everyone. So I'm just going to walk through everyone's names. So we've already heard from our co-chairs, Dale and Adam. Amesh Adalja, are you on the call this morning? And just for everyone's reference, if you've dialed in using your phone, press star 6 to unmute yourself.

Thiru Annaswamy? I'm trying to unmute. Okay. Moving on, Robert Bailey? Lindsay Botsford?

Member Botsford: Good morning, Everyone. I'm Lindsay Botsford. I'm a family physician in Houston.

Ms. Buchanan: Thank you, Lindsay. William Curry? Kim Elliott?

Member Elliott: Hi. I'm here.

Ms. Buchanan: Thank you, Kim. Don Goldmann? V. Katherine Gray?

Ms. Brooks: And I see Jennifer Green has raised her

hand. I don't know if she wanted to acknowledge that she was here or if she had something to say.

All right. Moving on. Stephen Grossbart?

Mr. Grossbart: I am here.

Ms. Buchanan: Thank you. James Mitchell Harris.

Member Harris: I'm Mitch Harris from the Children's Hospital Association.

Ms. Buchanan: Thank you, Mitch. Jeffrey Hart?

Member Hart: I'm here.

Ms. Buchanan: Thank you, Jeffrey. Starlin Haydon-Greatting?

Member Haydon-Greatting: Present. Thank you.

Ms. Buchanan: Thank you. Ann Kearns?

Member Kearns: I'm here.

Ms. Buchanan: Thank you. Michael Lane.

Member Lane: Hi. I'm here.

Ms. Buchanan: David Lang? Grace Lee? Anna McCollister?

Member McCollister: I'm here. I just wanted to let you know. I'm here.

Ms. Buchanan: Thank you. Rocco Orlando? Crystal Riley? James Rosenzweig?

Member Rosenzweig: I'm here.

Ms. Buchanan: Thank you. And Steven Strode. All right. Thank you, all. Is there anyone I missed?

Mr. Sakyi: Erin, I see Steven Strode on the call so

maybe he's having some challenges as well.

Member Strode: This is Steve Strode. And sorry about the complication. Thank you.

Ms. Buchanan: No problem. So now we're going to pause and double-check to see if we have a quorum this morning.

Mr. Goldmann: Hi. Don Goldmann is on the call.

Ms. Buchanan: Hi, Don. Glad you were able to make it. Also if anyone was unable to unmute themselves, you could drop a line in the chat or send us an email. All right. And now we're going to move on.

Mr. Sakyi: Before we do, Erin, we have a total count of 14. Since we have 23 Standing Committee members, our quorum number is 16, and we have 14 so far.

Ms. Buchanan: All right. So why don't we move on for now and hopefully maybe a few more people will join. And we will reassess during the test vote prior to the actual vote.

Mr. Sakyi: Okay.

Co-Chair Bratzler: This is Dale. I do want to point out several of the people who weren't able to respond verbally. I didn't see their name in the list so I don't know if we caught all of them. So, I don't know, Isaac, are you counting the people that are in the chat?

Mr. Sakyi: I'm checking. I'm checking the roster with the names listed.

Co-Chair Bratzler: Okay. There were just several that, you know, I saw their name, but they apparently couldn't get off mute in time. So I just wanted to make sure we've got everybody counted.

Ms. Buchanan: We will keep checking as we move along. So now, I believe, I'm going to pass it back to Shalema to open it up to discuss the CNR measure, and we will continue checking to see if people have joined leading up to the vote.

#### Consideration on Consensus Not Reached Measure

Ms. Brooks: Thank you so much, Erin. So we do have one measure to discuss as both Adam and Dale alluded to that. We will be voting on and we will try to check back and make sure we have a quorum before we begin the voting process.

And the measure up for discussion is Measure 3532, which is discouraging the routine use of occupational and/or supervised physical therapy after carpal tunnel release. The measure steward for this measure is the American Academy of Orthopaedic Surgeons. It is a new measure.

And a brief description of the measure is the percentage of patients 18 years and older with carpal tunnel syndrome who received surgical carpal tunnel release and who should not routinely be prescribed post-operative physical and/or occupational therapy within six weeks after release.

A consensus was not reached for this measure and the reason for that was overall suitability for endorsement.

Some of the concerns, or the major concerns from the Standing Committee were they reiterated concerns about capturing the appropriate referrals and the unintended consequences of aiming for a 100 percent compliance target. While the measure passed on all criteria, the Standing Committee was not able to come to consensus on overall suitability.

Next slide. There were no comments received during our public comment period. However, we do

need to re-vote on overall suitability for endorsement.

So, Erin, while teeing up this, I will hand this over to the co-chairs to kind of lead the discussion and talk through some of the other concerns or the discussion from the meeting and then we will figure out if we have a quorum for voting. So, Adam and Dale, I'll pass it over to you.

Co-Chair Bratzler: So I'll start real quick, and Adam, you may very likely have things to add. I just wanted to kind of remind everybody, we talked about this measure at length during the meeting.

It wasn't questions about the ability to measure, validity, reliability, all those things. We passed the metric on everything else. The question was should there be a metric, a measure that basically said that you should not ever refer a patient for physical therapy after routine carpal tunnel release.

And as I recall, the measure developer even said yes, there may be intermittently reasons to do that. But still the measure still should have a target of close to 100 percent.

So it was whether or not, you know, it was appropriate to refer a patient for physical or occupational therapy within that six-week period after routine carpal tunnel release that we had extensive discussion on. And I think that's the principal reason the measure failed and the vote on overall suitability or endorsement.

Adam, do you have any other comments about that and then we can open it up for other Committee members and those specifically that discussed it at the first meeting to raise any issues.

Co-Chair Thompson: No. Thanks, Dale. You know, just to kind of reiterate, you know, when you look

at each individual criterion, you know, it sailed through each one of those, but it really was what Dale was describing.

There were a couple of concerns, too, about the data all coming from the VA system and that it being a closed system, that the referral information might not be as accurate as it might be if it were an open system. So just another little nuance to the conversation as well.

So I think with that we can open it up to the Committee and see if folks on the Committee have any further comments or discussion points. Starlin?

#### NQF Member Comments

Member Haydon-Greatting: So I have to let you know that I'm married to an upper extremity specialist, Mayo-trained. And his comment was, why would you want to undo everything that was done during surgery until you find out the final outcome?

So that's why the orthopedic group is wanting this measure so that they get past a process of healing before therapy is necessary so it doesn't undo the work, and waste the surgical intervention. Just side comments.

Co-Chair Thompson: Yes, great. Thank you.

Co-Chair Bratzler: I will say in general, I think that was the principal argument for the metric that the developer felt that in that immediate post-operative period, you can't know whether or not the patient will need physical or occupational therapy. So you should give it an appropriate time of observation.

I think part of the comments that happened during the meeting as I recall were there may be other reasons that you might be referring a patient to physical or occupational therapy and if you did so in

that six-week period, the patient might fail the measure, so. And then Adam made a very good point about the testing that was done while they were showing the VA system.

Ms. Brooks: Are there any more comments from the Standing Committee?

Member Rosenzweig: I have a question. It's just that, could we just go over the data suggesting that this measure is commonly violated? Is there any specific information that we could just look up again?

I know this was discussed already. But I just would be interested to see how often or how frequently this measure is generally violated.

Co-Chair Thompson: Yes. I'm pulling up the submission. Shalema, is there any way I can either share my screen or we can pull the submission up on the screen so we can go down to the evidence and gap section?

Ms. Brooks: Okay. Give me one second. I think it -- Isaac, can you either pull or you can share. I mean, can you share your screen, Isaac? Is that possible?

Mr. Sakyi: Yes, Adam. I just made you co-host so you should be able to share your screen.

Co-Chair Thompson: It's still blacked out for me. I can't --

Co-Chair Bratzler: Isaac, you have to stop sharing your screen first.

Mr. Sakyi: Okay.

Co-Chair Thompson: It's still not an option.

Ms. Brooks: All right. Let's try something else. If

you could send it to the email, we can pull it up ourselves, particularly what you want us to show to the Committee.

Co-Chair Bratzler: I think --

Co-Chair Thompson: I was just trying to pull up their submission. They also had an extra evidence attachment, I think. I was going to look and see if there's anything in there that might answer that question.

Co-Chair Bratzler: There should be something because we had to vote on gap.

Member Rosenzweig: I know. I know it did pass on that occasion. Was the evidence only in the VA system? Is that what the issue was? And nobody was really looking to see whether or not it was violated in other situations. That's my only issue.

Co-Chair Bratzler: I don't remember what the results were. Adam, can you even just look at gap and see what they reported?

Ms. Brooks: We're actually going to try to pull it up for you. So just give us one second. We're working on getting it. So Isaac is going to pull up the evidence attachment.

Mr. Sakyi: Yes, I am working on that. I'm just having a bit of difficulty.

Ms. Brooks: Okay. Thank you for your patience while we're working with our computer to generate this. So are there any other questions while we are trying to pull that up for you? We're having issues with our screen sharing.

Now as we told you, we can actually email our Committee members with what we're viewing. But all of you will have to pull up your emails in order to

look at it. But that's kind of our last resort. I think we've got something. Hold on.

Mr. Sakyi: Did we want to look at the evidence vote or the evidence submission from the developer?

Co-Chair Bratzler: The submission. So you passed the performance gap. Right there. You've passed it a couple times. Performance gap.

Mr. Sakyi: So this is the developer submission to evidence.

Co-Chair Bratzler: The last document that you were showing had the specific information on performance gap. Right there. High 80s to 95 percent depending on year. I think we just endorsed the preliminary rating, which was moderate. So I think that was the information you were asking for.

Member Rosenzweig: Yes. Okay. So it was a gap, but it's not a big gap. Let's put it that way.

Co-Chair Bratzler: Correct.

Member Rosenzweig: All right. Thank you. Sorry to take up your time.

Co-Chair Bratzler: No. That's fine. It's a good point.

Ms. Brooks: Any other questions from the Committee? I see no hands raised and I don't see a chat function or chat message, we can get started on the voting process. Do we have a quorum, Erin and Isaac?

#### Re-vote on Consensus Not Reached Measure

Mr. Sakyi: We can do the voting test and decide based on that, the number of votes we get. So far we have 15.

Ms. Brooks: Okay.

Mr. Sakyi: And we need 16. So we provided a link for the polling platform. It's available in the Standing Committee invite.

Please do not post that in the chat. If you can't find that, we will send it to you directly. So once you open that link, you should be able to see this question activated.

And the question is, does pineapple belong on a pizza? And the options are A for yes and B for no. And it looks like the voting platform is working as it should. So far we have eight votes.

We need 16 to continue with the voting process. We have 13 votes so far. Is there anyone else who is having difficulty voting? If so, please send me --

Member McCollister: I'm still working on it. Sorry.

Mr. Sakyi: Okay. We have 15 votes. Did anyone join the call since the attendance was taken?

Member Rosenzweig: I'm sorry. I'm having trouble finding the link. Do I have to go back to a previous email in order to find it? Sorry about this.

Mr. Sakyi: I'll have the team send it to you shortly.

Co-Chair Bratzler: There was an email this morning that had the link in it.

Member Rosenzweig: Okay.

Ms. Bal: You can also send a private chat to staff, in fact it's easier if you're not able to access the voting platform.

Member Curry: In answer to the question about who joined after roll call, this is Bill Curry. I did join. I did put a vote in on this question.

Mr. Sakyi: Thank you. So that would bring us to 16,

and we have a quorum.

Ms. Brooks: Okay.

Co-Chair Bratzler: So we have quorum, and I think we've got everybody voting now. So the question is, is there any other discussion on the question at hand, which is suitability of the major four endorsements?

Mr. Sakyi: The voting is now open for Measure 3532 on the overall suitability for endorsement. The options are A for yes and B for no.

If you are unable to vote using the platform, please send your vote via chat to Erin Buchanan. Do we have the 16th vote in?

Ms. Brooks: I see 15, Isaac. I don't know what you see on your end, if you see any votes via chat.

Mr. Sakyi: Yes, there should be an additional vote in the chat feature. James Rosenzweig, were you able to vote using the platform?

Member Rosenzweig: Yes. I thought I did. Is it recording? Yeah, I did press the button. So I --

Mr. Sakyi: We have 16. Thank you. The voting is now closed for Measure 3532 on the overall suitability for endorsement. We have 13 votes for yes, 3 votes for no. The measure is therefore recommended for endorsement.

Ms. Brooks: Thank you. Any other questions or comments?

All right. Adam or Dave, did you want to discuss anything further ---

Co-Chair Bratzler: You're breaking up a little bit. But at this point, I don't have any other items to

discuss. I don't know if there's any other business or discussion about upcoming meetings that you guys want to review. But there were no comments received from the public so.

### Related and Competing Measures

Ms. Brooks: Okay. All right. We're going to quickly go through the related and competing discussion. Is everyone able to hear me? I want to make sure I'm not breaking up.

Co-Chair Bratzler: Yes. You were better there.

Ms. Brooks: Okay. Great. All right, Isaac. Thank you.

A related and competing measure is if the measure meets the four criteria, and there are endorsed, new related measures, same measure focus or same target population, or competing measures, both the same measure focus and same target population, the measures are compared to address harmonization and/or selection of the best measure. And the table kind of describes how we come up with a formula to determine whether the measures are related or competing measures.

Next slide. This particular slide just gives you a more in-depth understanding of how we come up with related and competing measures. We go through this process each time.

There were none for Measure 3568. None for Measure 3532.

And there were two for 3599 related to Measure 0728, Asthma Admission Rate from the Agency for Healthcare Research and Quality, and 1381, Asthma Emergency Department Visits from the Alabama Medicaid Division.

0058 is another related measure. I need to make sure offline that we have the correct number, but the related measure is Appropriate Treatment for Upper Respiratory Infection from NCQA, and Avoidance of Antibiotic Treatment for Acute Bronchitis from NCQA as well.

3166, a related Measure 2797 is another related measure from the developer Q-METRIC, University of Michigan.

And 3595 has two related measures. I don't know why it came up a little slower. Antibiotic Prophylaxis Among Children with Sickle Cell Anemia, also from the same developer.

And with that, I'll open it up for comments related to any of the measures that we discussed that were related or competing. And I'll turn it over to the co-chairs for any further discussion.

Co-Chair Thompson: Thanks so much, Shalema. Do any folks have any comments on any of the related or competing measures? I believe we also got some information about it in our email.

### Discussion

Mr. Sakyi: I will be showing the related competing measures in a few moments with the Fall 2020 Report.

Co-Chair Thompson: Thanks so much, Isaac. I don't know if other folks if they lost the screen or not.

Ms. Brooks: Yes. I'm coming up with a gray screen, Isaac. Let me quickly go through our next steps and what's upcoming on our timeline. And then we'll open up the floor again for any additional comment, and then I'll turn it over to the co-chairs for closing remarks, and we'll adjourn the meeting.

Mr. Sakyi: I'm currently sharing the report. Can you see the screen?

Ms. Brooks: No. It's gray for me. I don't know for anyone else.

Mr. Sakyi: Okay. I'll try again.

Ms. Brooks: And if we can't get it up, maybe we can just send it out as an attachment.

Mr. Sakyi: It should be working now. Still nothing?

Ms. Brooks: No.

Mr. Sakyi: Okay. We will make sure to send that as an attachment. We apologize for the inconvenience.

Ms. Brooks: Thank you, Isaac. All right. You can put the slides back up, Isaac.

Ms. Buchanan: Shalema, real quick. It looks like Starlin has her hand up.

Ms. Brooks: Okay. Thanks, Erin. Starlin? I'm sorry. Let's open the floor. Did you have a comment or question?

Mr. Sakyi: Can you see the slides?

Ms. Brooks: Yes. Starlin, I don't know if you're still on mute. I just want to give you an opportunity to speak if you had a question. If not, if you want to put it in the chat, you can do so.

Member Haydon-Greatting: No. I think it was left over from my other comment. But when I switched screens to try to find the handout, I may have inadvertently clicked that area. Sorry.

Ms. Brooks: Oh, no. Thank you. All right. We will continue on. Adam and Dale, this is the point where we open up the floor for any additional NQF

member and public comment questions and concerns. And I'll turn it back over to you.

And then finally we will do closing remarks from you all and then we will go over our project timeline and then adjourn the meeting. All right. I'll hand it over to you.

Co-Chair Thompson: Thank you so much. Any member or public comment? Do you open up the lines, right?

#### Public Comment

Ms. Brooks: Yes. And they can use the chat function or raise their hand and feel free to speak. All right. Erin, any chats that we need to?

Ms. Buchanan: No. No chats from the public.

Ms. Brooks: Thank you. All right.

Co-Chair Bratzler: Shalema? Shalema, this is Dale. Sorry, I want to go back just a minute. We don't need to re-do anything because I found the list of the measures that we had endorsed, because we only talked about one of them today.

Ms. Brooks: Mm-hmm.

Co-Chair Bratzler: So when we had a conversation about competing measures, it was difficult for me to remember exactly what was in the measure that we recommended for endorsement.

I did find the list, and I don't have any concerns after I go back through that list. But I just think from a procedural standpoint when we do this again, it would be to put the measure we endorsed up and then, you know, the discussion. It's just hard to remember whether there was a competing measure when I didn't remember exactly all the

details of the ones we had endorsed in the meeting.

Ms. Brooks: Okay.

Co-Chair Bratzler: Ideally, we'd do it at the time we were actually in the Committee meeting. But I know that that's really difficult from a time standpoint.

But that conversation was difficult for me because I'm thinking, okay, did it overlap or not? I don't remember. I found the list, and I'm comfortable that there weren't any major overlaps that we need to change anything, but it's just a procedural thing.

Ms. Brooks: Procedural note. Thank you. We'll take that back. Thank you. I appreciate that. All right. Well, let's talk about next steps and upcoming meetings.

### Next Steps

Mr. Sakyi: Okay. Hearing no other comments, I just want to recap we had six measures for the Fall 2020 cycle -- we had seven measures. Six were recommended for endorsement and one consensus not reached, which was adjudicated today.

And so coming up next we have our CSAC review on June 29th and June 30th followed by the 30-day appeals period.

And as always, if you need to reach us, please send us an email at [primarycare@qualityforum.org](mailto:primarycare@qualityforum.org) or by phone at 202-783-1300.

And for any new information or materials, you can find that on the project page, or if you're a Standing Committee member on the Standing Committee SharePoint.

So at this point, I'd like to turn it back to Shalema and the co-chairs for closing remarks.

Ms. Brooks: Adam and Dale and everyone, I just really would like to thank you for your time today, the discussion. We'll open it up for again any questions or comments. Thank you for the procedure note. We'll take that back to our team.

Adam and Dale, I'll leave it to you for closing remarks and then we can adjourn the meeting.

### Closing Remarks

Co-Chair Bratzler: My only comment is thanks to everybody who participated. We had a quorum, so we got our business done. Thank you very, very much.

Co-Chair Thompson: Absolutely. I echo the same sentiment. Thank you, everyone.

Ms. Brooks: Same here. Thank you. Thank you so much. And thank you for your patience as we worked through our technical issues. We changed to a new platform. And we're hoping to improve and get better.

So we thank you for your patience. Thank you all for participating. And with no further questions or concerns, this meeting is adjourned.

### Adjourn

(Whereupon, the above-entitled matter went off the record at 11:44 a.m.)

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