

# Transcription

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Michelle: Hello, everyone, and welcome. I'm Michelle Vatalaro [SP], and I'm on the Healthy Start EPIC Center's Training and Technical Assistance team. I'll be moderating today's webinar, "Quality Improvement 101" for Healthy Start grantees. This topic was highly requested on the SEPA worksheets that you completed at the convention back in December. It's also in support of one of your Healthy Start benchmarks, which is to increase the proportion of Healthy Start grantees who establish a quality improvement and performance monitoring process to 100%. All Healthy Start grantees must have a formal quality improvement and performance monitoring process in place within a year of implementation of their grant. With me today are other members of the EPIC Center team, as well as MCHB Division of Healthy Start and Perinatal Services staff. We have approximately 60 minutes set aside for this webinar, and the webinar is being recorded.

The recording and the transcript and slides are going to be posted to the EPIC Center website following the webinar. Before I introduce today's speaker, I just wanted to let you know that we want your participation. So at any point, if you have questions or comments, please chat them in at the bottom left-hand corner of your screen. We will only be taking questions via chat. And if we don't get to them by the end of the webinar, we'll include them in a frequently asked questions document that we'll post with the webinar materials on the EPIC Center website. So let me go ahead and introduce your speaker for today. Lee Aires Lafave is a senior consultant with JFI and provides consultation in the areas of quality improvement and action learning and evaluation, with a particular focus on community capacity building and systems change in regional, national, and international arenas.

Dr. Lafave embraces an improvement model that fosters empowerment through collaboration and shared learning towards implementing evidence-based practices. She has developed and managed action learning collaboratives on a range of topics, has provided quality improvement technical assistance to multiple public health projects through the National Network of Public Health Institute's Quality Improvement Award Program, and currently provides quality improvement technical assistance for the Healthy Start Program EPIC Center. Dr. Lafave holds a BA in psychology from Smith college, a Masters of Science

in Nursing from Yale University, and a PhD in Nursing from the University of Massachusetts. Dr. Lafave, I now hand it off to you.

Dr. Lafave: Thank you, Michelle, and good afternoon, everybody. This webinar is designed to provide an introduction to basic principles and tools for quality improvement. The tools that will be presented are a sample, so they're not inclusive of all QI tools. There are many, many QI tools. But these tools that I've selected for this afternoon provide a foundation that can move us through the quality improvement process during this webinar. My goal is to provide some contexts and basics, and then to apply the concepts and tools to an example. I encourage you to share your questions in the chat box, and we'll turn to those at the end of the presentation. So first, I'd like to get a sense of the level of experience of the people who are on the call, and I'm going to use this data to help me gauge my presentation and get a sense of what level of questions might come through at the end of the webinar.

So please take a moment to think about and respond to this question that you can see on the right of your screen. What percentage of the changes made at your program are improvements that can be proven with data? So if you select the radio dial and then hit submit, that will register your response. Okay. So we have a real range of experience on this, on the phone, on the call. So that's good. That's good to know. Okay. Quality improvement in public health is unique in its goal to improve population health and equity, which of course, as we all know, are broad and high level goals that require time to show improvement. QI efforts target efficiency and effectiveness in delivering services, and focus on performance improvement in the shorter term for long term outcomes. Quality improvement is aimed at systems rather than specific individuals, and as such, it starts with an understanding of the unique context of a specific system. And in this case, I mean, the unit of that includes the people providing services within individual Healthy Start programs and the participants that they interface with in their work.

Quality improvement includes and encourages and actually requires that the staff that are directly engaged in the processes are also engaged in identifying

problem areas, as well as potential solutions. So quality improvement is a systems approach that mobilizes both data and true knowledge to improve decision making. Many people interchange quality assurance and quality improvement, but they are not the same. Quality assurance is a reactive response to a particular problem after the fact, and it is often done in response to a regulatory or contractual mandate or a crisis. And it pretty much examines whether an activity or an action met a standard. In other words, was it good enough? Quality improvement, on the other hand, is more forward looking and seeks continual improvement. It requires organizational support to develop a culture of quality, which by that I mean a habit of working that seeks continuous improvement above and beyond merely meeting a standard.

It's a way of working that enables us to incorporate continual learning about the people that we serve, their needs, their changing needs, the environment, and our own organizations. And it recognizes that we don't work in a static environment where something would need to meet a static standard. A culture of quality improvement fosters innovation that benefits the people who are served, as well as the program staff. Quality improvement is important right now to all health care, public health, and social services providers. We are all working with reduced budgets while the demands for services are increasing. Stake-holders, whether they're participants, whether they are community partners, or funders, are demanding increasing accountability for the shrinking resources that are expended. In addition, the workforce for many of the types of services that Healthy Starts provides for is aging. For example, our recent national study found that more than half of the nurses in the workforce are over age 50. And Healthy Start is fortunate to have many leaders who've been involved for many years and several even since the inception of the program in the early '90s.

So when these workers retire, which they will deserve to do soon, there's going to be a brain drain if we don't actively capture the wisdom that's been garnered through years of experience. For some programs, accreditation requires that quality improvement processes are in place. And as Michelle mentioned at the start of the webinar, quality improvement is a central focus of the Healthy Start program, one of the five approaches, and is a target for one of the benchmarks

for Healthy Start. So any intentional systems change requires a fundamental understanding of the systems. And there are a range of tools in the literature for assessing an organization or a program. But whatever tool you use, it would attempt to capture information across a range of domains or dimensions. This approach that's on the screen, which was developed by the Dartmouth Institute, has been applied in health care and public health settings, and is an accessible framework that captures information about a unique system from various angles.

It can be used to initially identify broad areas of improvement, so to identify a problem. Or it can be useful to help focus on the specific systems around specific issues such as immunization, or a set of processes such as prenatal services. In essence, it provides a framework to examine why you're engaged in the process, why it's important, what policies impact your work, who your target population is, also, who is doing the work, and encourages a very broad view of who is doing the work. It also asks what data are available relative to the issue that provides evidence of success or areas for improvement, and it gets to what the actual processes are from beginning to end that are involved in providing the service.

And one of the key things, which I'll emphasize again and again, is that quality improvement is a team activity and that a systems assessment should be completed by a team of people so that you don't have one picture of one slice of the system. And the more people and the more diverse the group is that can provide that information for that assessment, the more complete a picture of the system that you'll be able to capture. So quality improvement is data-driven, and data are used in a variety of ways.

Data help us identify problems and opportunities for improvement. It also provides information about root causes of identified problems, and it enables measurement over time that indicates whether quality improvement efforts are resulting in improvement. Useful data can come from a range of sources. It can be qualitative or quantitative. And while quantitative data provide us with hard numbers for measurement, qualitative data can be extremely valuable in

showing why a problem occurs, or it can be extremely valuable for providing possible approaches for improvement. The CDA SEMA worksheets that each of the Healthy Start programs completed last Fall that Michelle referenced at the start of this webinar, provide a place to start identifying improvement opportunities specific to each of your own programs. And in fact, as Michelle mentioned, the Healthy Start EPIC Center used the data from that assessment to design an approach for training and [Inaudible 00:12:24] the target areas where the greatest need was identified.

So I've mentioned the systems approach and the valuable role of data. And another key aspect which I've also mentioned and mentioned that I would mention again, is that QI is a team activity. Teams are valuable because they combine individual's unique skills and knowledge to bring about lasting improvements. QI teams should include an individual with the explicit role of herding up the other team members and stewarding the process, so somebody needs to be in charge of that. They should also include a person who has administrative or operational authority to make decisions, because if you're working on change, there will be decisions that will need to be made. And a successful team will include front-line staff who are intimately engaged in the processes that you are trying to improve. These are the people who know what will work and will absolutely never work, and the success of quality improvement initiatives lies in their hands. Each person brings a different perspective of the system and none of them has the whole picture.

The team approach fosters ownership of the process of improvement and also the solutions that are adopted. In addition, a QI team generally would be four to six people as a good size for a team. You don't want it to be so big that it's hard to get people together and it's unwieldy, but you want it to be large enough so that you can have diverse perspectives. And in addition to the potential team members who are listed here on the slide, depending of course on what the issue is that you might be tackling, other team members could include participants, program participants, or they could include community partners. So finally, QI is an ongoing iterative process. A culture quality that fosters organizational learning depends upon an intentional approach to how work gets done. The challenge that we all face is that the world is moving so fast and

constantly changing, and everyone is so busy that when we come to face with an issue that needs to be solved, we often just react and try to put it in place so that we can move on and continue to rush through our world.

And often, we act and respond without taking the time to reflect on what we're doing and why we might be doing it. Quality improvement provides a framework and a process that allows us to check in, that allows us to make sure that we're on track, and enables us to make adjustments along the way. And it's kind of like the difference between a report card and a progress report. Better that you know you need help before you learn that you failed. So there are many approaches and many models for quality improvement, but whatever the model, they all include a basic, systematic process of planning, executing a plan, examining what happened when you tried it, and using that data to make a decision about next steps. This is a model for improvement which is promoted by the Institute for Health Care Improvement. Essentially, it starts with three basic questions which are: what are we trying to accomplish? If we accomplish it, how would we know? And what can we do to get there? Once these three questions are answered, the [Inaudible 00:16:47] Study Act, or PDSA, cycle kicks into gear. And it is as simple as that: design a plan to accomplish the desired improvement based on the data, of course.

Put it into action, collecting data about your intervention as you go, documenting what you learn along the way, and then examine the results of your intervention, which would be the data that you're collecting. And determine whether you would want to adopt the intervention because it worked and adopt it and spread it on a larger scale. Whether you need to change it a little bit, tweak it, and test it again, or whether it didn't work and should just be abandoned. So this slide shows another vision of the PDSA cycle. And it's a flow chart that looks at it another way in a little bit more detail, but the steps are all there to start with identifying and prioritizing opportunities based on data of developing [Inaudible 00:17:59] state, and then what are you trying to accomplish. And then, looking at what you're currently doing, look at the data that you have available around what you're doing, conduct a root-cause analysis to identify factors that contribute and identify possible improvements. And then, develop an improvement theory and an action plan. An improvement

theory is simply a statement of belief that if you do something, it will result in an improvement.

If you do something specific, it will result in an improvement. So it's a hypothesis. And then, again, putting the plan into action [Inaudible 00:18:38], documenting the findings good, bad, or other, and then reflecting on your findings and making a decision about what to do next: adopt, adapt, or abandon. And depending on which you do, it will kick back into the PDSA cycle. So let's walk through it. The model for improvement starts with the aim statement. What are you trying to accomplish? The aim statement defines the parameters of your task and answers the questions, "What do you hope to accomplish for whom, by when, and how will you know if you have succeeded?" So it includes the change that you would implement, who the target population is, the deadline when the aim would be achieved, and it establishes measurable goals. So where to start? This can be daunting, and one way to get a handle on the issue and to establish a shared understanding among team members about the process that you are working on, is to outline a process map. This sets a common language so that everybody is looking at and talking about the same thing.

It can be very formal and sophisticated, and there's all kinds of software that you can use to build them, or it can just be very simple. And using sticky notes is an easy way to move stuff around while your team decides what the flow really is. It doesn't need to be perfect, it needs to approximate well enough to generate a discussion. And there's many ways to do it but the important factor is that you start, you identify the place where it starts and the place where it ends, and you put the steps in between it. So a process map can help build a shared understanding, and here's an example of a simple process map. And so we've got the participant arriving at the front desk.

Reception is asking for the participant's name and searching the database, which brings to a point where there's going to be a fork in the road. Is the participant in the system? Yes, she is. The participant asks the participant to be seated and the staff takes the participant into the exam room. Now, if she isn't in the system, the receptionist asks her to complete the paperwork for new

participants and return it to the front desk, and then they ask her to be seated in the waiting room and the staff takes the participant into the exam room.

But if this is the flow chart that the QI team is putting together and the receptionist is part of the discussion, the receptionist may have a very different description of what really happens. Maybe your new participants or potential participants arrive at the front desk and the receptionist doesn't speak their language and has to find someone to interpret. So she has to leave the desk, and maybe if she has to leave the reception area, she has to shut down her computer. And it takes so long to reboot it that a bottle-neck backs up in the office. So that would be a very different picture of the flow from the perspective of the receptionist.

So starting the flow chart is really a good way to start a conversation that invites different perspectives to describe the process. One of the ways that I've seen it be very useful is when the team creates it and then posts it in a prominent place, like, by the copy machine or by the fax machine, and invites other staff who may not have been involved in drawing the flow chart to comment on it. And what happens many times, is that people will come up and say, "That is not what happens." And how do they know? Because they're the ones that are doing the work at that point in the flow chart.

So this is a really good tool for getting to how the work flows through the work site and get at the different perspectives to identify what really happens. So once you have a good sense of where you might focus your improvement effort, the next step is getting a deeper understanding of the root causes for the issues that are revealed through the mapping process. And this is another tool. This is a fish-bone or a cause and effect diagram. It helps to break the issue down. It starts with a brainstorming process. All team members are involved in this, and it's a brainstorming process for the factors that contribute to the identified issue.

So in this example, the low show rate for appointments is at the head of the fish, so that's the problem. In this example, the team has identified that there's

equipment that come into play that affect this problem, that there's environmental issues, that there's procedures, and that there are always, of course, people involved. So again, this can be done. There's software that you can use to do this, but also, it's often done using sticky notes to start with, that easily allows the team to identify and throw up any factor that they can think of that would contribute to the issue. And then, allows the team to cluster the factors and organize around the theme. So that's what these themes are: equipment, environment, procedure, and people.

And then those become the large bones on the fish bone, and more specific factors that lead to the identifying of those themes become the skeleton. So you have it all in one picture that everyone can see. Again, using images so that it's a common language. And now it's time to prioritize which specific areas to target. So here is another tool. There are many ways, again, to prioritize, and it can be very sophisticated and complex or it can be very simple. The method that I'm introducing today is simple. The way that it works is just to consider where each of these forces that you've identified on the fish bones falls on the sphere of influence. So as you slide into case, there are factors which fall within our control, and these sit at the center of the bull's eye. Then, there are factors that we can't control, but we might have some influence, might be able to exert some influence on them. And then, there are factors that lie outside of our control.

And this framework is relative, is a simple framework to apply, but again, it may offer some basis for some rich discussion as team members bring varied perspectives and have various degrees of influence. So if the receptionist was just trying to make a solution to a problem, it may be very a different than when the leadership or the program director is involved in coming to some solutions. And so again, the benefit of having the diverse perspectives. So now you've narrowed down to issues that you can influence or control, and now the real fun begins with selecting changes to try. So where do change ideas come from? They come from a range of sources.

Clearly, evidence-based practices and guidelines are valuable, but also sources include brainstorming, creative thinking, and expert opinion for ways to implement evidence-based practice in a specific environment or setting. The science of improvement puts forth some specific change concepts, and these include, for example, improving work-flow, enhancing participant worker relationships, and managing variation through standardization. Most of the process changes that are made fall into one of these buckets of change concepts.

But at any rate, focusing on the service and keeping the participant at the center, and tapping the knowledge of your QI team and experts are a very unique system that will result in new ways to think about the process and ideas for improvement. Finally, some tips for sustaining successful change processes include focusing on focusing, setting the focus and being sure that you know exactly what you're doing. This is why the aim statement is so important. Maintaining a regular focus and actually having regular meetings about the project. The best way to institutionalize quality improvement in your organization is to ensure that it's part of other activities that your staff do as a team. And for example, including reporting out on quality improvement activities and progress regularly at staff meetings is a way to do that. A successful change process needs to be perceived as important by the people that are going to be engaged in it. So creating a sense of urgency is a key factor, and again, engaging everyone in the process.

One of the things that commonly happens is that a QI team starts with a team of people that they think are the key people who should be involved. And as they go through the process and learn about what they're doing and learn more about their system and learn more about the way that they do their work, they discover that maybe there are people that they never would have thought of at the start who are key to the success of the project. Providing resources for staff and especially thinking about the flow in an office, if you are changing the way that participants come in to the services. For example, providing a picture of a flow chart to the people who are going to be providing the touch points is a helpful tool. And also, obviously, empowering staff and leadership so that you're doing something that is doable and has a chance to succeed. And finally, practice that fact-based decision making.

The data will tell you what worked and what didn't work as well, and will help you decide how to focus future changes. So what I'd like to do now is move away from that information that I just provided and move toward an example and apply some of the concepts and the tools to this example. So this is Healthy Baby U.S. This is based on a real example, but I went in and slightly simplified it for the purposes of this webinar and our time frame. So the program staff at Healthy Baby U.S. knew that too many of their participants experienced poor pregnancy and birth outcomes, and that for each of these key indicators, low birth rate, premature birth, fetal death rate, etc, that they failed to meet Healthy People 2020 goals. And that there were significant racial and ethnic disparities. So they also knew, because they had the data about their program, that many of their participants were not enrolling into prenatal services until after the first trimester.

So they decided that if they developed this improvement theory, that if they reduced barriers to accessing care, they could have a positive effect on women obtaining earlier prenatal care, which in turn would have a positive impact on reducing poor birth outcomes. And they developed an aim statement that was very focused. By November 2014, the agency will improve access to prenatal care services by increasing the percentage of pregnant women receiving their initial prenatal medical exam within two weeks of a positive pregnancy test.

And they wanted to increase that from a baseline of 4% to 75%. So they had their what? Improved access to prenatal care services. For whom? This very defined population, pregnant women receiving their initial medical exam within two weeks of a positive pregnancy test. And they wanted to do that by November of 2014, and they had their measures. So they did the fish-bone diagram first. They identified that the things that might be causing late prenatal care included factors related to people. And that included the participants as well as the staff. They identified the methods or the processes and the way that they do their work.

They identified environmental factors, and they realized that there were too many appointments and it was inconvenient to patients. And it was getting in the way, it was a barrier to care. So they set out to lay out their initial current state, their initial flow chart. And what the flow chart showed is that the number of steps that the participant had to go through from the time of the positive pregnancy test until first prenatal provider examination, there were two different appointments that fit in between the pregnancy test and the provider visit. And this process chart shows the activities that needed to be completed for each of the different appointments.

So they saw that this was putting a lot of time and a lot of activity in between what they wanted from the first pregnancy test to the provider visit, and they saw that there was an inefficient use of staff time and scheduling. So what they determined was that they had artificially imposed barriers to make the system work for the agency and not necessarily for the patient, that there were too many separate, specialized visits, and that they needed to improve access by eliminating or combining certain types of visits or steps from the pregnancy test to the initial provider visit.

So they revised the flow in their program. The improved process flow eliminated one of the four steps in the process, and that was the separate specialized prenatal work-up nurse visits. And they combined activities from this step into the steps before and after it. So instead of waiting until the participant went to see the nurse and went to the lab and had the history taken and had some prenatal education and had the provider visit scheduled, the eligibility appointment scheduled the provider visit and those other activities happened during the provider visit. And then, they tested it.

So until now, they were in the plan phase, and now they're going to put it into action and this is the do phase. And they got to their results. So the team was now at the study phase and they monitored, on a monthly basis, the rate of the first prenatal exams within two weeks of pregnancy testing. And they collected, analyzed, and displayed the data using a line graph. The team presented the line graph each month to the senior management, but also to the eligibility staff and

the prenatal clinic staff and discussed with them what the data were indicating and helped them to think about ways that they might tweak the PDSA cycle.

So this graph shows two cycles. The first one kicked off in May and went through August. And at this time, by the time they started at 4%, and they were doing well. They were improving. They weren't at goal so they kept at it. And the second PDSA cycle was from August to November. So you can see here that the gains that were made in the first cycle took a dip in September. And this actually reflects a period of time when one of their providers was out on leave. So ultimately, a significant accomplishment that resulted from the QI initiative was that based on the data that they had, they were able to demonstrate to senior management that inconsistent provider staffing was influencing timely prenatal access. And they demonstrated the need for an additional obstetric provider. And as a direct result, the senior management initiated a recruitment process to hire another obstetric provider to help ensure timely access to care.

So this QI effort resulted in improved services, and most likely, an improved work environment for program staff. So as a foot note, even though they didn't meet their target for the two-week positive test, they did show significant improvement in the number of days and the process that it took from the positive pregnancy test to the eligibility determination appointment. And that went from 23 days in May, to eight days in November. So that's the data. And here's that process again. They went clearly through their planning process, identifying and prioritizing their opportunities, developing their aim, putting it into action, analyzing the data, and acting to a big action of getting additional staffing.

So there are lots of resources available, and here is a list of a few that are available online. And I want to get to questions, but before we do that, the EPIC Center is in discussion and thinking about whether it would be something that grantees would be interested in to develop regional trainings on quality improvement that focus on one of the Healthy Start benchmarks. And so I'm taking this opportunity to collect data around that. Okay. Well, so it looks like

there's some interest and we can talk about this as the Healthy Start EPIC Center, and see what we can put together to address this need.

Michelle: All right then.

Dr. Lafave: Yep.

Michelle: Thank you very much, Dr. Lafave. I think we have some time for questions now. We did just get one requesting that we go back to the resources page. So we can just flip back.

Dr. Lafave: You want me to do that?

Michelle: Yeah, that might be good.

Dr. Lafave: Okay, all right.

Michelle: All right, there we go. So here we have that up. And then, just a reminder, all of the materials are going to be posted, including the slides, to the website so you'll always have access to these going forward if you need to reference them in the future. And so please remember to submit any questions you have through the chat window and we'll get to them presently. All right. We have one that just came in. So Dr. Lafave, for the systems assessment, it seems like processes might actually be better done prior to patterns. Does it matter what order you assess the five components? It seems like processes might be better done prior to patterns.

Dr. Lafave: Yeah. Well, it doesn't matter. It's not a linear process. The system is non-linear. You could do the assessment in any way, although, really the

purpose and the professionals and the participants, those make sense that they would be what you would look at first. But as far as the patterns and the processes, there's not a rule about that.

Michelle: Okay. Great. Thank you. We have another one. Dr. Lafave, would you assess goals at monthly or quarterly meetings?

Dr. Lafave: I would say that it depends whether you're talking about the quality improvement team that's looking at your goals, whether it's the larger program staff that's looking at the goals. I think that the real factor would be if you're talking about larger program staff, then I would say those meetings should be however often you routinely hold those meetings. So that you're trying to build in the quality improvement work into the work that you're doing so it's embedded, so it's not an additional thing. It's not an additional meeting that people are going to.

Michelle: Okay. Thanks. Remember, if you have chat questions, please chat them in. We'll be happy to get to them. We have one more question that came in. Is it possible to get technical assistance for a QI project?

Dr. Lafave: Actually, that's a great question. I think that part of the [Inaudible 00:44:55] is looking at how we might be able to provide regional support that would include more than one. But absolutely, technical assistance to any grantee around quality improvement. And in fact, the way that we designed the technical assistance process is built around the quality improvement model. So the answer is yes.

Michelle: That's good. And you can always request technical assistance through the EPIC Center, which is great. And we have one more question. You mentioned that there are a whole bunch of different quality improvement methodologies. What are some other ones?

Dr. Lafave: Well, some other commonly used and popular methods include [Inaudible 00:45:55] is an example, Six Sigma is an example, Microsystems is an example. There's a range of them. And really, the quality improvement came out of the business sector, because of course the business people are very astute at making improvements and increasing profitability. So that's where the initial science was developed, and it moved more into health care. And now in the recent years, is becoming more applied in public health settings. And as I mentioned, it's more challenging in public health because we're not working in such a controlled environment that's so easy to actually control and measure changes. We're looking, in general, at a much higher, broader, more outcomes that happen in a longer time frame. So there are other models that are used in the business sector.

Michelle: All right, great. I think those are good, important things to point out. We have one question that just came in. Our Healthy Start project is implemented at three different FQHC organizations. Staff from all sites will participate in our QI work group. Would you recommend that we work on separate change projects at each organization, or have all three organizations test the same change project at once?

Dr. Lafave: Okay. That's a great question, and the answer to that question is that it depends. Each organization has its own little culture, its own little personality. And so it may be that what is an issue at one is not an issue at another. The most important thing that you want to do for a successful project is make sure that it's relevant to the people that are working on it. If you have a common issue across all three FQHC organizations, then it's an added benefit if they can share their ideas about improvements, changes to make, and give each other feedback if there's a common target or a common factor that they're working on. The other thing can be if you select one topic that each of the three different sites may actually approach it from a different direction and with a different approach.

Michelle: Thanks. All right. Are there any other questions? If you have them, chat them in. If you need a minute, you can raise your hand and chat them in. All right. Well, I'll give people another minute while I just make some closing reminders. So I just want to remind everyone to mark their calendars for the two upcoming webinars that are this month on June 11 from 3:00 to 4:30 Eastern time. There's going to be a hear-from-your-peer webinar on fatherhood and male inclusion, which will cover engagement strategies and marketing for males. On June 25, there's going to be an ask-the-expert on behavioral health screening, caring for pregnant and postpartum women struggling with addiction.

You can get the registration information for the webinars from the latest EPIC Center alert, or you can visit the EPIC Center website. And just a reminder that the website contains all of the recorded webinar information, transcripts, and slide presentations from all of the webinars that have taken place. And everything from today's webinar will also be on there. I'm not seeing any more questions, so I just want to say thank you very much, Dr. Lafave, for talking with us today. And that concludes our webinar for today. Thank you for your participation and I hope everyone has a great day.

Dr. Lafave: Thank you.