WEBVTT

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00:00:07.660 --> 00:00:30.029
W. Boyd Jackson - OHS: Alright. Good afternoon, everyone. I'm Boyd Jackson. I'm the director of Legislation and Regulation at the office of Health Strategy. So I work with our legal department, our certificate of need program and our legislative and regulatory affairs. And because of that my group is tasked with drafting and issuing this

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00:00:30.456 --> 00:00:35.450
W. Boyd Jackson - OHS: statewide healthcare facilities and Services plan, which is what brings us all together today.

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00:00:35.820 --> 00:00:44.529
W. Boyd Jackson - OHS: This is our last of a series of stakeholder engagement groups. We had 2 before we even released the report.

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00:00:45.019 --> 00:01:00.980
W. Boyd Jackson - OHS: And we've had 6 other meetings with some advisory bodies specific to certain subjects covered in the plan. And now this today is intended to just be broad, overview. For those who have participated in other groups.

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00:01:01.353 --> 00:01:15.540
W. Boyd Jackson - OHS: Any kind of reflections on those conversations additional feedback, now that folks have had more time to review or any general thoughts on other sections of the report or general kind of comments and ideas.

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00:01:15.874 --> 00:01:27.739
W. Boyd Jackson - OHS: And another opportunity for the public. We've had a couple of folks from the public contribute in our other groups. And today is intended to be kind of a general forum for folks to raise any issues.

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00:01:28.390 --> 00:01:32.478
W. Boyd Jackson - OHS: I will probably remind folks several times today.

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00:01:33.000 --> 00:01:38.273
W. Boyd Jackson - OHS: this is only phase one of our feedback portion.

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00:01:38.990 --> 00:01:43.419
W. Boyd Jackson - OHS: there's a written comment period that will extend through the end of September.

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00:01:43.826 --> 00:02:02.000
W. Boyd Jackson - OHS: So if you are not prepared to submit comments today. To speak you have that opportunity as well. So please do consider even if you raise a comment today, or have raised a comment in some of our earlier meetings. Please submit those

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00:02:02.250 --> 00:02:10.314
W. Boyd Jackson - OHS: via written form as well, and we'll review all of those as well as all of our comments today and in our other meetings.

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00:02:12.240 --> 00:02:16.091
W. Boyd Jackson - OHS: I will turn it over to Corey for some.

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00:02:16.840 --> 00:02:24.010
W. Boyd Jackson - OHS: general remarks on the plan. And then I'll open the floor for some conversation.

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00:02:26.010 --> 00:02:28.440
Corey Rhyan: Wonderful. Thank you, Boyd. Can you see my slides?

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00:02:29.690 --> 00:02:45.540
Corey Rhyan: Fantastic? So Hi! All thanks again for everybody joining us. I see a couple of familiar faces here, and and thanks for all the work that our advisor committees done have done in helping provide some feedback on the Facility and Services plan draft that has been released so far. So, as Boyd mentioned, we're in kind of our general comment and report feedback section

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00:02:45.540 --> 00:02:59.999
Corey Rhyan: of our feedback work, and I'm looking forward today to hearing your comments of areas of the report that maybe we haven't addressed yet to date in our existing advisory committee meetings or general comments on other sections of the report that might be relevant to to the work that we've done.

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00:03:01.380 --> 00:03:17.340
Corey Rhyan: I'm gonna just give a really high level overview here of what the facility and services plan is, what the document is that we're talking about, and a brief kind of highlight of some of the major sections that are currently included in the report. Just to drop people's memory of what we've developed so far, and then I will open the floor for general comment.

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00:03:17.944 --> 00:03:30.830

Corey Rhyan: What we're talking about here is our 2024 revision of the Connecticut Facility and Services plan. This is a document that is a blueprint for the healthcare delivery system within the State of Connecticut. And it's really a document that serves 2 purposes. It's a

19
00:03:30.830 --> 00:03:48.990
Corey Rhyan: want, a document that is a direct resource for policy makers and those involved in the certificate of need process such that it helps provide an underlying set of data, an underlying set of standards and guidelines that can be used both for Co. And applicants, and also for Ohs to help guide certificate of need applications and certificate of need application decisions.

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00:03:49.190 --> 00:04:16.040
Corey Rhyan: But secondarily, in addition to being a resource document directly for policymakers, it also provides general information to the public around what we know about the healthcare landscape within the State of Connecticut. So we provide a lot of data in the support of what we see in the current utilization and trends and utilization of healthcare services, what we know about the existing workforce and existing facilities and services that are available within the state and data that exist on the current gaps and potential gaps and access that exist as a result of differences between underlying need

21
00:04:16.040 --> 00:04:20.029
Corey Rhyan: and observed utilization and observe capacity within the State of Connecticut.

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00:04:20.920 --> 00:04:44.350
Corey Rhyan: This report has a handful of goals, and the Facility and Services plan assists the office of health strategy in in maintaining and and advocating for a a robust healthcare system within the State of Connecticut that meets these goals, and so that includes preventing excess, capacity, and duplication of services, and also prevents the underutilization of existing medical facilities within the State of Connecticut.

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00:04:44.646 --> 00:04:58.960
Corey Rhyan: The goal. The another goal of the Facility and Services plan is to identify gaps and services and places where there might be unmet need for care, either in particular geographic regions of the State. Among particular populations, or among particular types of care that have not yet been identified.

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00:04:59.470 --> 00:05:29.350
Corey Rhyan: The Facility and Services plan also provides guidelines for adding services that's related to that certificate of need process and helping both under providing language methodology and approaches that can

be used to demonstrate where there might be additional need for healthcare services within the State. And then does that to foster fair competition and a level paying field within the State of Connecticut, and ensuring that there is a solid geographic distribution and a fair access to healthcare services for all Connecticut residents ensuring that care is accessible, affordable, and of high quality for residents within the State.

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00:05:30.880 --> 00:05:52.690
Corey Rhyan: The current facility and Services plan is broken down into 10 chapters. We've gone through a lot of these chapters individually, with our individual advisory committee meetings. But highlighting again here. What? The overall structure of the report is beginning with a couple of chapters of introduction and an overview of the certificate of need process, and then a chapter that highlights overarching trends and policy topics that we see is relevant to the healthcare landscape within the State of Connecticut

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00:05:52.980 --> 00:06:13.650
Corey Rhyan: chapters 3, 4, 5, 6, 7, and 8. Then detail our looks at specific types of services within the State of Connecticut and particular service lines that are relevant to different types of care and the particular certificate of need standards and guidelines and relevant data that have been provided in each of these examples. So you can see, we look at the acute care sector, particular hospital needs and different types of acute care, service lines.

27
00:06:13.710 --> 00:06:16.500
Corey Rhyan: outpatient surgery and outpatient surgery facilities

28
00:06:16.670 --> 00:06:18.469
Corey Rhyan: imaging and new technology

29
00:06:18.590 --> 00:06:20.260
Corey Rhyan: behavior health services.

30
00:06:20.560 --> 00:06:22.190
Corey Rhyan: primary care services

31
00:06:22.480 --> 00:06:25.240
Corey Rhyan: and long-term services and supports and post-acute care

32
00:06:25.260 --> 00:06:32.980
Corey Rhyan: chapters 9 and 10 include information on broader recommendations. Discussion of the data that are used in the report and potential next steps for development of new sections.

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00:06:33.220 --> 00:06:51.979
Corey Rhyan: I will also note that this is the 1st phase of work that we are doing. I'm from Alterham. This is our work on the Facility and Services Plan, which is very specific to facilities and the availability of existing capacity for healthcare services within the State of Connecticut. There's additional work ongoing right now to look at broader sections and issues related to public health.

34
00:06:51.980 --> 00:07:18.990
Corey Rhyan: social determinants of health and other drivers of healthcare outcomes within the State of Connecticut that is going into the State Health Improvement Plan, that the office of Health Strategy and our team at alarm are working on working on as well. And so the that additional addendum to this report will include information on, for example, trends in workforce on trends in public health needs and underlying social and economic factors that drive health and a variety of other topics that are also relevant to the overall health outcomes and quality of healthcare within the State of Connecticut. So keep an eye out for that work coming forward as well.

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00:07:20.090 --> 00:07:38.540
Corey Rhyan: I'm just gonna give a really high level overview of some of the sections and some of the data and the types of data that are included. This report, this is not meant to be comprehensive. I encourage folks on the call. If you've not gone through the report to go through and read it and and provide feedback, as Boyd mentioned, either in comments today or in written comments. Directly to ohs, as well would be particularly useful for us.

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00:07:38.780 --> 00:07:59.050
Corey Rhyan: But there's a couple of different sections that are relevant here, I'll I'll note that we have a section on on the acute care sector, and particularly examples here where we categorize the existing state of of hospitals that exist within the State of Connecticut, and where those hospitals exist within different regions, and how those hospitals compare geographically and within individual systems of ownership across the State.

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00:08:00.120 --> 00:08:09.650
Corey Rhyan: We also do some data gathering to an understand and assess where those hospitals exist, when the number of license beds that exist within those facilities and the current utilization of those facilities.

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00:08:09.660 --> 00:08:16.780
Corey Rhyan: You can see here a very high, level chart, and then more detailed tables that are available, that. Look at categorizing the use of existing hospitals within the State.

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00:08:16.990 --> 00:08:44.889
Corey Rhyan: I will note here that we include data in this report in the most recent year that is available to be collected. And we are actually currently working on updating some of the data that were released in the existing draft. When we were producing this report, new data became available from the office of health strategy as we were developing it. So we're working right now, not only in incorporating your comments that are going to be provided in feedback, but also updating the report with new data that are made available on more recent years of information around utilization around capacity and around other statistics that are shown.

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00:08:44.890 --> 00:08:52.660
Corey Rhyan: This is a particularly important topic, because some of the sections of the report include data from periods of 2022,021 and 2022,

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00:08:52.660 --> 00:09:13.539
Corey Rhyan: which were time periods when the State was particularly impacted by the COVID-19 pandemic and drastically changed the use of particular types of services within the State. And so we're looking to move beyond that and get more recent data that maybe is more indicative of future trends of what's going on within the State of Connecticut. And so that data update is ongoing and and those new results will be incorporated into the final report. When it's available.

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00:09:15.180 --> 00:09:41.369
Corey Rhyan: You can see here just another example of the types of data that are included. This is in Section 3.2, looking at trends and hospital discharges and trends by hospital discharges across different types of service lines. You can see here what we see is, we see particularly among inpatient care within the State of Connecticut, relatively flat in in overall trends, in use over time at least from the period from 2,016 to 2,021. And like, I said, we're looking to update this data through fiscal year 2023 as well.

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00:09:41.630 --> 00:10:00.999
Corey Rhyan: Also included in this report are a detailed look at the use of care by different types of populations within the State of Connecticut, highlighting need and utilization among those with different types of insurance and with different race, and those within different race and ethnicity categories, highlighting potential differences in both the access to care and also the utilization of care. Among these different groups.

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00:10:02.530 --> 00:10:25.980
Corey Rhyan: also included in this report is our acute care. Hospital bed need work that was done alongside Ohs, and developing direct estimates of the overall need for hospital beds and the utilization of hospital of

inpatient hospital beds within the State of Connecticut, broad sections and and and lots of detail included in the report around highlighting, estimating the the total need today, the future expected need in future years through 2030

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00:10:25.980 --> 00:10:37.200
Corey Rhyan: and and the underlying methodology that's used to estimate this need within the report. Again, this is one of those sections of the report that will be updated with new data. We now have data through fiscal year 2023.

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00:10:37.200 --> 00:10:51.850
Corey Rhyan: Looking at both, the existing utilization of care is represented by the number of patient days within the State of Connecticut and potential proposed changes to the way that this methodology has been approached. But we've already received lots of feedback on that, and would welcome any other feedback today on that topic as well.

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00:10:53.010 --> 00:10:59.400
Corey Rhyan: Also included in the report, are some discussions around the availability of emergency departments within the State of Connecticut. Here's a similar map that we show.

48
00:10:59.550 --> 00:11:10.589
Corey Rhyan: and the availability of particular types of trauma centers within the state highlighting where these services are available where this capacity exists and where there might be potential gaps and access depending on where these services are currently located.

49
00:11:11.200 --> 00:11:22.119
Corey Rhyan: we highlight some trends in the report around emergency department use and the current utilization of emergency department services, both looking at trends in emergency department visits over time and the types of patients that are being seen in those contexts

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00:11:22.920 --> 00:11:42.830
Corey Rhyan: and also highlight potential data that can be used to address and understand where there might be a need for additional emergency department capacity, or where there may, there may be gaps in access to this types of care, highlighting information here that we've that we've collected, related to average wait times, and the percent of the populations that are left before being seen. Emergency departments that we've collected

51
00:11:44.540 --> 00:12:00.080
Corey Rhyan: also included in this report are sections on outpatient surgery and outpatient surgery facilities. Looking at data both in the

number of outpatient surgery encounters that occurred within the State of Connecticut in recent years, and also how those visits are distributed across different categories of patients and different types of care that have been received.

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00:12:00.370 --> 00:12:28.659
Corey Rhyan: You can see here individuals, for example, looking across different types of insurance, looking at the total number of surgeries that were done in these within these categories, and where these surgeries are done within different settings across the State. We use this information to help inform the public in where healthcare services are being provided within the State of Connecticut, and also help inform the office of health strategy as they do their work in trying to understand where there may be additional need for outpatient surgery, facilities, and capacity within the State, or to help make certificate of need decisions around these types of facilities when relevant.

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00:12:30.470 --> 00:12:46.120
Corey Rhyan: You can see here we also have a specific section that looks at cardiac services. This is a very important component related to the certificate of need process, and we categorize both where existing cardiac services are available within different facilities within the State of Connecticut, and trends in the utilization of those services over time.

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00:12:46.120 --> 00:13:00.660
Corey Rhyan: again breaking out trends that we see over years and over different patient populations to help inform understanding. And where there is utilization of these services, where there may be gaps in access and where there may be potential need for additional services within the state or redistribution of existing services to new geographic areas.

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00:13:02.120 --> 00:13:22.340
Corey Rhyan: We also highlight some sections of the report that look at reproductive health and access to care for individuals for both delivery and maternal healthcare services. Highlighting. Here's some data that we've collected around target areas for for maternity, care and potential maternity care deserts and information that we've collected that help highlight the need for these particular topics.

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00:13:23.040 --> 00:13:42.379
Corey Rhyan: We also include information on the report. In relationship to the current capacity and utilization of imaging services within the State. 3 particular areas that are relevant to the certificate or need process are MRI scanners, Ct. Scanners and Pet. Ct. Scanners. We highlight the expected available capacity of those machines that currently exist within the State.

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00:13:42.380 --> 00:13:55.089
Corey Rhyan: The current expected utilization that we observe based on the current utilization of those services and additional information that categorize where these machines exist within the State, and where there are different types of capacity limits within different regions.

58
00:13:56.680 --> 00:14:11.449
Corey Rhyan: lastly, I'll note there's a section that's included on behavioral healthcare topics, particularly looking at mental health and substance, use disorder, care, and particularly looking at the availability of those facilities and the workforce for those for those types of care. And we looking at underlying trends in the overall need for mental health

59
00:14:11.450 --> 00:14:32.639
Corey Rhyan: and substance, use disorder treatment within the State of Connecticut and highlight potential gaps and access that exist within these areas as well. Lots of overlap in this space with Ohs, and also Demos in the work that they do in addressing the potential population that needs behavior, healthcare services and a small component that's related to certificate of need process and approval of new behavioral healthcare services within the State.

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00:14:33.060 --> 00:14:53.749
Corey Rhyan: That's a general overview of the type of topics that we cover, not by any means comprehensive of everything that's included in the report. But I think that kind of covers my high level overview, Boyd. And I think you're gonna turn it over and lead us for some public comment and feedback on anything that folks are interested in talking about today. And I'm happy to take questions and talk about the data and underlying information that were included in the report as we developed it with you.

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00:14:54.800 --> 00:14:56.009
W. Boyd Jackson - OHS: Thank you, Corey.

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00:14:56.895 --> 00:15:13.064
W. Boyd Jackson - OHS: So I do want to open the floor for any comments or discussion questions, anything that folks want to raise today. I'll ask that you please use the raise hand function in zoom so that we can ensure people.

63
00:15:13.830 --> 00:15:19.280
W. Boyd Jackson - OHS: are called on appropriately, and then we don't have folks interrupting or talking over each other.

64
00:15:19.570 --> 00:15:22.870

W. Boyd Jackson - OHS: so does anyone want to kick us off with some

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00:15:22.930 --> 00:15:25.290
W. Boyd Jackson - OHS: any comments or questions?

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00:15:29.750 --> 00:15:30.780
W. Boyd Jackson - OHS: Go ahead, Paul.

67
00:15:32.040 --> 00:15:39.933
Paul Kidwell: Thanks. Boyd. Paul Kidwell with the Connecticut Hospital Association, and thanks 1st Boyd and Corey to you, too, for

68
00:15:41.145 --> 00:15:48.074
Paul Kidwell: making the 6 work group meetings available thus far over the last couple of weeks.

69
00:15:49.139 --> 00:16:03.169
Paul Kidwell: I, you're aware cha members have participated robustly in those conversations. So I'm not gonna repeat what you've heard directly from them. We did wanna sort of thinking about those 3 weeks and

70
00:16:03.661 --> 00:16:08.019
Paul Kidwell: some of the common themes that you've heard from from Cha. Members did wanna

71
00:16:08.240 --> 00:16:22.570
Paul Kidwell: highlight a couple of items? But also note that we will be submitting written comments as well. So this will all be in there, too. But so a couple of themes that you heard, I think throughout the work group meeting related to acute care beds.

72
00:16:23.124 --> 00:16:42.460
Paul Kidwell: A is that? And I think Liz Longmore, from Stanford. Health said, this event is not a bed is not a bet, and certainly there are in the in the model. Likely. A a need, we think, to exclude certain beds. So beds that are in locked units.

73
00:16:42.901 --> 00:16:53.430
Paul Kidwell: behavioral health beds that provide that type of specialty care maternity beds. So I again, we'll put this in to written comments. But

74
00:16:54.477 --> 00:17:05.030

Paul Kidwell: we think the bed model needs a little more refinement to ensure that we're not sort of counting beds as available that are are really specialty beds

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00:17:05.060 --> 00:17:11.229
Paul Kidwell: and and understanding the both, the investment that's needed to

76
00:17:11.730 --> 00:17:22.981
Paul Kidwell: to put into those beds to keep them available, but also just the need to have those beds available generally. Given fluctuations. In in in volume.

77
00:17:23.940 --> 00:17:47.929
Paul Kidwell: one of the other things that I know Corey, you've you've touched on it throughout. So is the need to make sure that the plan can update data regularly and give oh, just the flexibility and the comfort to add the most recent data. In those interim periods where we have a plan that's not in an update phase. And obviously, things

78
00:17:47.930 --> 00:18:01.829
Paul Kidwell: as we saw in 2019 2021 can shift dramatically. and again, let's we hope we don't have another pandemic. But if you look at that 20, those 2020 numbers to 2021 numbers.

79
00:18:02.220 --> 00:18:03.890
Paul Kidwell: you know, on their own.

80
00:18:03.980 --> 00:18:18.979
Paul Kidwell: and if you had no knowledge of what happened. You know that's a dramatic change in utilization over those 2 years. And so I think giving Ohs! And the state the flexibility. To add new data. Throughout those periods

81
00:18:19.050 --> 00:18:21.300
Paul Kidwell: is is gonna be really

82
00:18:21.890 --> 00:18:32.510
Paul Kidwell: important, a a. And also we wanna make sure the plan. Acknowledges that those there are unexpected realities that we will face

83
00:18:32.530 --> 00:18:39.960
Paul Kidwell: related to. You know, a seasonal, unexpected, seasonal load in our in our healthcare settings.

84
00:18:40.030 --> 00:18:51.916
Paul Kidwell: a pandemic emergencies, those types of things. So we wanna make sure the plan. Acknowledges. You know the both our historical perspective and what we could see going forward.

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00:18:52.550 --> 00:19:12.975
Paul Kidwell: a couple of more items that I'll that I'll stop talking. But we do think the plan needs to be updated to really reflect. The last 2 years of adolescent and behavior adolescent and child behavioral health care improvements in the State. And we'll, of course, provide specific commentary. commentary there.

86
00:19:13.790 --> 00:19:42.870
Paul Kidwell: one item that is touched on briefly in the introduction, but we think probably needs a more fulsome discussion is the role that payment plays in making sure services are available. And I know in the introduction there's commentary related to commercial payment and consolidation. But there's very little commentary related to the role that government pays, play Medicare and Medicaid and making those services available, we'll have some comments there. We think the the plan really does need to better acknowledge, better. Acknowledge that.

87
00:19:43.237 --> 00:19:49.479
Paul Kidwell: Then 2 2 other items, one was brought up most recently in the queue care

88
00:19:49.830 --> 00:20:02.340
Paul Kidwell: that discussion related to new models of care, and how those should be incorporated. So we see hospital at home as something that's more recently changed the landscape, and we think the plan

89
00:20:02.420 --> 00:20:18.200
Paul Kidwell: should reflect. What we don't know could be coming down over the next couple of years. In that period. And then also new technologies that we we will have to adapt to to make sure that

90
00:20:18.554 --> 00:20:36.259
Paul Kidwell: patients in Connecticut can continue to receive cutting edge the sort of newest care here in the State, rather than having to seek that care in other places. And then, I think finally, what you heard throughout was the plan needs to be flexible and adaptable enough

91
00:20:36.370 --> 00:20:45.050
Paul Kidwell: to to flex and change given interim circumstances, and so did want to

92
00:20:45.320 --> 00:20:50.650
Paul Kidwell: really focus on current process related to the the sort of other considerations of need

93
00:20:52.180 --> 00:20:54.940
Paul Kidwell: and that being used

94
00:20:57.410 --> 00:21:04.099
Paul Kidwell: more so as an opportunity to acknowledge new data, acknowledge new technology, acknowledge new need

95
00:21:04.200 --> 00:21:09.049
Paul Kidwell: rather than as a tool to put additional conditions on

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00:21:09.524 --> 00:21:16.909
Paul Kidwell: coins. And again, we'll highlight that more in our written comments. But again, really appreciate the

97
00:21:17.315 --> 00:21:27.089
Paul Kidwell: opportunity throughout these weeks for people to experts really to comment and do appreciate the opportunity to to Co. To comment formally, written

98
00:21:27.438 --> 00:21:31.050
Paul Kidwell: written wise. But again, thank you for the the time.

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00:21:32.930 --> 00:21:42.093
W. Boyd Jackson - OHS: Thank you, Paul, and thank you for working with your member organizations to ensure that we have representatives from across the board and not just

100
00:21:42.690 --> 00:21:43.730
W. Boyd Jackson - OHS: certain

101
00:21:44.790 --> 00:21:46.670
W. Boyd Jackson - OHS: provider organizations.

102
00:21:48.720 --> 00:21:55.190
W. Boyd Jackson - OHS: I'm gonna turn to Dr. K. But then we may come back and follow up and have some discussion on some of these points as well.

103
00:21:56.740 --> 00:21:57.920

W. Boyd Jackson - OHS: go ahead, Doctor K.

104
00:21:58.430 --> 00:22:01.319
Alan Kaye: Thanks. I just wanted Paul. I I

105
00:22:01.660 --> 00:22:07.670
Alan Kaye: I liked your presentation, your comments. I just didn't quite get the last one. If you could repeat it about

106
00:22:07.680 --> 00:22:10.750
Alan Kaye: about the the relationship to the CON. Process.

107
00:22:10.780 --> 00:22:12.809
Alan Kaye: timing, etc, and planning.

108
00:22:12.810 --> 00:22:13.520
Paul Kidwell: Dirk.

109
00:22:14.276 --> 00:22:35.469
Paul Kidwell: Boy, I'm happy to Cory. I don't wanna jump I so what we've seen Dr. K. Over some time is that if con applications don't meet the sort of parameters of the plan and or the numeric values that other considerations are are used in a way that would then add on a number of conditions related to the con approvals.

110
00:22:35.500 --> 00:22:46.210
Paul Kidwell: And we think that that has been overused in the recent past. by the State and we think that one, the

111
00:22:46.430 --> 00:22:58.750
Paul Kidwell: numeric values used in the plan should be adjusted, related to some of the bed exclusions that I talked about but also that that other consideration should be used less as a tool to

112
00:22:59.133 --> 00:23:10.379
Paul Kidwell: add conditions and more as a tool to understand. What are the data changes? What are, what are the different needs? What are the different capacity I need? So that's hopefully that clarifies what I've met. There.

113
00:23:10.380 --> 00:23:14.500
Alan Kaye: That was, that was great clarification. I agree completely about

114
00:23:14.780 --> 00:23:22.160
Alan Kaye: the dual. You know the the the good and the bad of having it be specific

115
00:23:22.440 --> 00:23:28.360
Alan Kaye: or overly specific or under inclusive in terms of other conditions. And that's kind of why you need

116
00:23:29.890 --> 00:23:35.400
Alan Kaye: people with expertise in the industry and to be

117
00:23:36.210 --> 00:23:37.470
Alan Kaye: involved in

118
00:23:37.800 --> 00:23:38.660
Alan Kaye: perhaps

119
00:23:38.950 --> 00:23:41.060
Alan Kaye: helping Ohs

120
00:23:41.070 --> 00:23:42.310
Alan Kaye: with those processes.

121
00:23:50.730 --> 00:23:51.789
W. Boyd Jackson - OHS: Thank you, Dr. K.

122
00:23:52.571 --> 00:23:56.729
W. Boyd Jackson - OHS: Was that your only comment? Or did you have others that you wanted to share at this point?

123
00:24:11.620 --> 00:24:12.880
W. Boyd Jackson - OHS: All right.

124
00:24:18.070 --> 00:24:22.208
W. Boyd Jackson - OHS: and Paul, I appreciate your comments and

125
00:24:24.160 --> 00:24:30.040
W. Boyd Jackson - OHS: again encourage you and your members and everyone who's submitting comments to

126
00:24:30.160 --> 00:24:37.449

W. Boyd Jackson - OHS: help. Obviously, it's always helpful to identify issues that deserve more consideration.

127
00:24:38.560 --> 00:24:48.769
W. Boyd Jackson - OHS: suggestions for how to wrestle with some of these is also really valued. So when we talk about when we talk about in the bed? Need we discussed

128
00:24:48.830 --> 00:24:50.600
W. Boyd Jackson - OHS: observation stays.

129
00:24:51.770 --> 00:25:01.170
W. Boyd Jackson - OHS: discussing how that can be incorporated, and solutions for resolving that within the calculation is really helpful rather than you know.

130
00:25:01.590 --> 00:25:11.785
W. Boyd Jackson - OHS: We've heard now several times about the need to account to consider that in some fashion those suggestions for how those might be incorporated

131
00:25:12.290 --> 00:25:17.260
W. Boyd Jackson - OHS: and new technologies. Certainly providers are

132
00:25:17.880 --> 00:25:27.931
W. Boyd Jackson - OHS: aware of what's out there and what's coming, and we look to you all to help identify some of those that might be in the pipeline, and

133
00:25:28.640 --> 00:25:32.970
W. Boyd Jackson - OHS: one of the pieces that we've touched on in a few of these conversations that I would

134
00:25:33.030 --> 00:25:43.850
W. Boyd Jackson - OHS: put in this general bucket that I hope folks will really take a look at and consider is where we've talked about some of the general principles for determining need.

135
00:25:45.420 --> 00:25:49.009
W. Boyd Jackson - OHS: We were. We were just meeting about this and our goal.

136
00:25:49.900 --> 00:26:06.329

W. Boyd Jackson - OHS: Our hope is that by laying out general principles of need that applicants will understand the type of information to include in an application to lay out the best information available for the need for services, or a facility, or whatever the application may be for.

137
00:26:06.510 --> 00:26:09.879
W. Boyd Jackson - OHS: And so we understand that

138
00:26:10.410 --> 00:26:16.540
W. Boyd Jackson - OHS: the plan cannot address every potential application that could ever become before. Ohs!

139
00:26:17.240 --> 00:26:23.860
W. Boyd Jackson - OHS: And so in some instances, we have very specific suggestions and guidelines for how to establish need.

140
00:26:24.500 --> 00:26:47.740
W. Boyd Jackson - OHS: but for those that are not specifically addressed. We've laid out general principles of the type of information to include the type of resources to point to any comments on that general list and process for establishing need is really useful. The types of data that people might use the types of guidelines that people might cite to. You know, we we discuss

141
00:26:47.740 --> 00:27:01.759
W. Boyd Jackson - OHS: medicare coverage determinations. Any of that. I think comments would be really welcome, because that's that's the goal there is to lay out kind of a general principle of if you have an application that's not specifically

142
00:27:01.920 --> 00:27:05.439
W. Boyd Jackson - OHS: in a, not in a topic specifically addressed by the plan.

143
00:27:06.500 --> 00:27:13.609
W. Boyd Jackson - OHS: What are the types of resources that applicants should be thinking about, including, and what are the specific

144
00:27:14.170 --> 00:27:18.939
W. Boyd Jackson - OHS: pieces of evidence that Ohs is going to be looking for in evaluating a coin.

145
00:27:33.590 --> 00:27:47.910

Corey Rhyan: Boy does. Folks are thinking on that. Alan, I can respond to your comment. In the chat related to the delineation of regions. We. We are intending to be consistent. I'm not sure if it you saw it in my slide deck or in a prior slide deck, and it may have just been the way that I captured a a

146
00:27:47.930 --> 00:27:50.439
Corey Rhyan: picture of of a table that was included.

147
00:27:50.935 --> 00:28:17.789
Corey Rhyan: But we we are intending to use the the regional, the the planning regions as the main unit that is shown in the Facility and Services plan. When we are estimating both population level need and current utilization within different regions across the State. So that is new. In this plan, previously, counties were being used. We made that change as a result of broader changes that were occurring within the waste, the State of Connecticut and State and Connecticut governments. We're tracking data within their regions.

148
00:28:17.810 --> 00:28:45.989
Corey Rhyan: It's important to note that information that we provide in the plan. And this gets to the point that the plan is kind of a dual purpose document. There is general information for the public that's included that is represented at a region level, because we feel that's a good way to represent differences in trends and utilization and capacity across different areas of the State, but specific to the certificate of need process. You will note in many sections of the report there are requirements that decisions are made at the primary service area. And so the data that are represented in in the plan, in the

149
00:28:45.990 --> 00:29:10.930
Corey Rhyan: documentation that's there to provide an understanding of utilization is specific to helping understand trends that we're seeing within the State. It's also important to note that there are primary service area regions that are specific to individual facilities and individual types of care that may differ from on the data that are directly presented. But we are tempting to use those regions altogether. If there are spots that you see in the plan or in presentations that we've given. Where there's inconsistency there, please highlight it for us, because it is potentially an error that we want to fix.

150
00:29:13.930 --> 00:29:18.270
Alan Kaye: Well, I I think I did with respect to this capital region for the hospitals, and

151
00:29:18.890 --> 00:29:21.350
Alan Kaye: and the more so

152
00:29:21.420 --> 00:29:22.560
Alan Kaye: the new

153
00:29:22.800 --> 00:29:25.859
Alan Kaye: regions that you present on your maps

154
00:29:26.670 --> 00:29:28.590
Alan Kaye: for imaging and other things.

155
00:29:28.930 --> 00:29:30.560
Alan Kaye: So so

156
00:29:30.980 --> 00:29:31.780
Alan Kaye: the

157
00:29:32.020 --> 00:29:37.469
Alan Kaye: and we all have acknowledged that that we all, during this process we've acknowledged that

158
00:29:38.230 --> 00:29:41.350
Alan Kaye: regions are confounded by

159
00:29:41.390 --> 00:29:48.949
Alan Kaye: where the person works spends most of their time referral patterns. I mean, it could be that that one facility is

160
00:29:49.610 --> 00:29:50.960
Alan Kaye: much further

161
00:29:51.280 --> 00:29:54.589
Alan Kaye: from the other ones in their quote planning region

162
00:29:54.920 --> 00:29:59.790
Alan Kaye: than than one right then one, perhaps right next door. So

163
00:30:00.410 --> 00:30:13.630
Alan Kaye: there's a con. There's a some sort of triangulation that needs to be done between the definitions of region and purse and and a primary service area place of residence, place of work.

164
00:30:13.720 --> 00:30:20.509

Alan Kaye: history of referral patterns and things like that. So you know. So it's sort of

165
00:30:20.930 --> 00:30:25.700
Alan Kaye: what I think the Japanese came up with with 30 years ago. Fuzzy logic

166
00:30:25.950 --> 00:30:31.749
Alan Kaye: you sort of just have to be logical about these things. In every case. In different cases.

167
00:30:31.860 --> 00:30:33.320
Alan Kaye: cases may be different.

168
00:30:35.870 --> 00:30:40.569
Alan Kaye: It's tough to do. But when you're making reports, but it's just. That's the way.

169
00:30:40.880 --> 00:30:42.099
Alan Kaye: That's the way it is.

170
00:30:42.830 --> 00:31:00.970
Corey Rhyan: Yeah, a happy happy to receive feedback from you or or other folks of how we can differently parse the information that we've collected across the State. And of course, there's limitations in the data that we have and what we understand, where, for example, individual patient populations might look different in one region or one town depending on exactly as you say, where they live or where they work. So

171
00:31:00.970 --> 00:31:16.386
Corey Rhyan: there are data limitations in a way that we can do that again. We think that the regions that we've defined do a pretty decent job and understanding and describing geographic differences in geographic distribution across the state. But if you think there are potential improvements to that, we're happy to take those comments and potentially look at what the available data are that we have

172
00:31:16.620 --> 00:31:19.361
Corey Rhyan: that we could try and address those concerns in a different way.

173
00:31:19.590 --> 00:31:25.400
Alan Kaye: I don't think I'm personally capable would be competent in

174

00:31:25.980 --> 00:31:27.980
Alan Kaye: devising a methodology

175
00:31:28.800 --> 00:31:35.699
Alan Kaye: as, and I'm not sure what method, how you devise devise that methodology. But I would just say that that you know.

176
00:31:35.770 --> 00:31:37.540
Alan Kaye: it may work in Texas.

177
00:31:37.740 --> 00:31:43.700
Alan Kaye: where there's hundreds of miles between centers of each planning region. But in, you know.

178
00:31:43.860 --> 00:31:56.949
Alan Kaye: one of the rationales for this whole hie thing that we developed was because, you know, every 10, every 6 miles in Fairfield County there's another hospital, where, depending on 95, you get into your accident, you may show up.

179
00:31:57.050 --> 00:31:58.999
Alan Kaye: And so it's not.

180
00:31:59.060 --> 00:32:01.859
Alan Kaye: you know. It's it's not clear cut, and

181
00:32:02.450 --> 00:32:15.009
Alan Kaye: maybe that's the kind of a similar situation that Paul talked about. With respect to exceptions and things like that. i i i appreciate your problem in doing it. The question is is, how

182
00:32:15.170 --> 00:32:16.650
Alan Kaye: how flexible.

183
00:32:16.710 --> 00:32:19.290
Alan Kaye: where I need to be on these things.

184
00:32:19.950 --> 00:32:44.200
Corey Rhyan: Yeah, I agree. And I would highlight. There's there's a difference in the general data. Again, this dual purpose document that I've talked about. There's a difference in just the general data that we try and provide to the, to the public and the policy makers to understand trends that we're seeing in the State versus the granularity that might be provided, and we specifically ask for when there might be a

certificate of need application that gets made. So there is definitely more granular data that Boyd and his Ohs team would see in a certificate of need application

185
00:32:44.330 --> 00:32:58.257
Corey Rhyan: and would be required. And and we wanna be able to specify as best we can what applicant should submit to exactly highlight those differences. You're right that we just. We just don't have space in the document. We're already, you know, at a very long document as it is with the, with the amount of data that we provided.

186
00:33:01.120 --> 00:33:02.509
Corey Rhyan: Oh, sorry you're on mute now.

187
00:33:04.010 --> 00:33:06.040
Alan Kaye: One thing just came to mind.

188
00:33:07.040 --> 00:33:13.290
Alan Kaye: and this is not necessarily medical or healthcare literature, but some of it may be

189
00:33:13.480 --> 00:33:15.759
Alan Kaye: there are defined regions

190
00:33:16.270 --> 00:33:20.440
Alan Kaye: used, standard defined regions used for metropolitan regions.

191
00:33:20.510 --> 00:33:37.309
Alan Kaye: So, for example, you know what's what's the best place to live in Connecticut? What's the poorest area of Connecticut. I've seen these things in the lay press, and, for example, there's the Bridgeport Metropolitan area, and that includes towns like Bridgeport, but towns like

192
00:33:37.860 --> 00:33:38.730
Alan Kaye: Eastern

193
00:33:38.870 --> 00:33:42.429
Alan Kaye: and towns like Fairfield and Westport, and then there's the

194
00:33:43.167 --> 00:33:48.909
Alan Kaye: New Haven general. So that might be another another possibility of way to way to do it.

195
00:33:49.900 --> 00:33:59.859
Alan Kaye: I really don't want to get that far into the rabbit hole, because I just don't feel competent doing it. But just it's just where every, every, all politics and all statistics are sort of local.

196
00:34:02.210 --> 00:34:05.199
W. Boyd Jackson - OHS: Thank you. Yeah. As Corey said.

197
00:34:06.160 --> 00:34:14.349
W. Boyd Jackson - OHS: part of it is figuring out what's digestible for a report format. And I think one of the things that we've heard

198
00:34:14.449 --> 00:34:19.799
W. Boyd Jackson - OHS: in a few of these groups is just making sure that whatever is presented in that

199
00:34:19.830 --> 00:34:21.949
W. Boyd Jackson - OHS: report section

200
00:34:22.010 --> 00:34:26.170
W. Boyd Jackson - OHS: that we're very clear about what we're presenting and what we're not presenting.

201
00:34:26.562 --> 00:34:28.380
W. Boyd Jackson - OHS: You know, to your point about.

202
00:34:28.780 --> 00:34:30.844
W. Boyd Jackson - OHS: You may have a

203
00:34:32.120 --> 00:34:35.070
W. Boyd Jackson - OHS: imaging machine just across the next

204
00:34:35.219 --> 00:34:43.500
W. Boyd Jackson - OHS: planning region. That's closer to you because you live on the edge, you know, that's going to happen in any kind of divisions.

205
00:34:43.500 --> 00:35:05.850
W. Boyd Jackson - OHS: And so we just need to be very clear that it's based on where the machine is located or it's based on where the patient is coming from or whatever that may be. And then, as Corey said, when we get into a co-n decision, we're not looking at a whole region and then trying to draw lines that way. We're looking at the primary service area

based on where your discharges are actually coming from. So that's you know.

206
00:35:06.030 --> 00:35:12.099
W. Boyd Jackson - OHS: we, we get that granular detail and are more careful there. But when we're trying to establish

207
00:35:12.150 --> 00:35:21.549
W. Boyd Jackson - OHS: the baseline information, provide trends for the general public and for legislators, the key is making sure that we're very clear about what we're presenting so that there's not

208
00:35:21.560 --> 00:35:28.289
W. Boyd Jackson - OHS: confusion about, you know, is this, where a patient comes from? Is this where they're being seen? And all of those kinds of questions.

209
00:35:41.590 --> 00:35:44.301
W. Boyd Jackson - OHS: Anyone else have comments.

210
00:35:45.640 --> 00:35:47.419
W. Boyd Jackson - OHS: I want to make sure that

211
00:35:47.850 --> 00:35:50.450
W. Boyd Jackson - OHS: everyone is welcome into the conversation.

212
00:35:56.660 --> 00:36:00.409
W. Boyd Jackson - OHS: I see a lot of names who have been with us in other

213
00:36:00.470 --> 00:36:05.439
W. Boyd Jackson - OHS: group meetings, so I know that folks may have already expressed their thoughts.

214
00:36:05.540 --> 00:36:07.316
W. Boyd Jackson - OHS: and folks may be

215
00:36:07.920 --> 00:36:10.249
W. Boyd Jackson - OHS: preparing written comments as well.

216
00:36:11.370 --> 00:36:15.530
W. Boyd Jackson - OHS: But while we're all together, I want to make sure that folks have an opportunity.

217
00:36:29.060 --> 00:36:37.919
W. Boyd Jackson - OHS: And, Doctor KI know that you've mentioned you have other comments. I don't know if there are any others that you want to raise in this forum, or just submit via written comment.

218
00:36:38.460 --> 00:36:41.419
Alan Kaye: I think you gave me the, the.

219
00:36:42.820 --> 00:36:47.530
Alan Kaye: the, the relief of knowing that there's a period for written comments, and that's when I'll submit them.

220
00:36:48.723 --> 00:36:49.630
W. Boyd Jackson - OHS: Perfect. Yeah.

221
00:36:50.120 --> 00:36:52.109
W. Boyd Jackson - OHS: yes. So we do.

222
00:36:52.670 --> 00:36:59.760
W. Boyd Jackson - OHS: To reiterate. We will be accepting written comments through the

223
00:36:59.800 --> 00:37:09.059
W. Boyd Jackson - OHS: end of September, and that information, I believe, is on the Ohs website accompanying the report, we'll make sure that that is

224
00:37:09.210 --> 00:37:19.040
W. Boyd Jackson - OHS: very clearly identified and that all of that information is available, so that you have all the information necessary to submit those comments.

225
00:37:23.840 --> 00:37:34.330
W. Boyd Jackson - OHS: We'll get folks just another minute in case anyone is collecting their thoughts. Please make sure to use the raise hand function so that we know you have something you'd like to share.

226
00:37:36.230 --> 00:37:37.240
W. Boyd Jackson - OHS: Go ahead, Dr. K.

227
00:37:37.577 --> 00:37:51.399

Alan Kaye: Yeah, I, this, this, this is not. My comments so far have not been necessarily specific to the imaging. It's this is an amazingly complex process. I mean the amount of data as I went through. The report is so extensive

228
00:37:51.500 --> 00:37:53.330
Alan Kaye: in so many areas.

229
00:37:53.540 --> 00:37:58.040
Alan Kaye: it may not be perfect, but it's pretty darn good. And

230
00:37:58.150 --> 00:38:00.030
Alan Kaye: how are we going to prioritize.

231
00:38:01.620 --> 00:38:10.959
Alan Kaye: you know, for the healthcare cab? When this gets submitted to the healthcare cabinet? How is the healthcare Cabinet. How are we going to make a decision on this? How are we going to weigh in on prioritization?

232
00:38:10.980 --> 00:38:13.360
Alan Kaye: There's the balancing of

233
00:38:13.660 --> 00:38:29.030
Alan Kaye: all of the all of the factors that you guys enumerated in terms of things that are going to need to be taken into consideration. And and then there's the the staffing cause. Frankly, you know, one of my frustrations over the past

234
00:38:29.460 --> 00:38:34.240
Alan Kaye: many years has been that there's been a downward pressure on the staffing

235
00:38:35.030 --> 00:38:36.170
Alan Kaye: of these

236
00:38:36.600 --> 00:38:38.260
Alan Kaye: various agencies.

237
00:38:38.610 --> 00:38:40.240
Alan Kaye: and

238
00:38:40.280 --> 00:38:49.750

Alan Kaye: and while we say time was, we have an increased complexity and complexity of the issues and depth and breadth of the data.

239
00:38:50.460 --> 00:38:53.489
Alan Kaye: And which ones are we gonna attack first.st And

240
00:38:53.550 --> 00:38:56.510
Alan Kaye: to me, that's as as a

241
00:38:56.990 --> 00:39:07.029
Alan Kaye: somebody involved in policy. How do you decide? Do you see what's working? Okay, even though there's more a lot of opportunities. And what's working the worst.

242
00:39:07.250 --> 00:39:08.699
Alan Kaye: the the least.

243
00:39:09.080 --> 00:39:12.549
Alan Kaye: And how do we? How are we gonna prioritize these things?

244
00:39:12.850 --> 00:39:19.090
Alan Kaye: And how are we going to execute on, because the execution is also tough, because then you get into the meat grinder of the legislature.

245
00:39:20.890 --> 00:39:24.350
Alan Kaye: I guess there was an implicit opinion in there, but

246
00:39:24.360 --> 00:39:32.350
Alan Kaye: you know it is tough. It's tough. You could have a really good idea, a really good thought that might make a big difference. And then you've got the legislative process

247
00:39:32.490 --> 00:39:35.819
Alan Kaye: and then the regulatory process. So I've just I'm

248
00:39:36.400 --> 00:39:40.850
Alan Kaye: I'm looking forward to participating, but not without trepidation.

249
00:39:43.080 --> 00:39:44.059
W. Boyd Jackson - OHS: Thank you.

250
00:39:44.350 --> 00:39:45.260
W. Boyd Jackson - OHS: I

251
00:39:45.450 --> 00:39:58.400
W. Boyd Jackson - OHS: yes, it is a complex area, and I think the scale and scope of this document really highlights that not to mention that.

252
00:39:58.400 --> 00:40:25.100
W. Boyd Jackson - OHS: you know it's been brought up in various groups here. You know the cardiac group raised that there are other procedures that need to be considered when we're thinking about expanding cardiac services. Historically, the plan has focused on Pci percutaneous coronary intervention. The calf labs and folks have raised that maybe there are newer procedures that need to be thought of at the same level.

253
00:40:25.696 --> 00:40:50.520
W. Boyd Jackson - OHS: Similarly, in imaging, people have discussed new imaging equipment and technology that's coming on board various hybrid machines that have not historically been contemplated by the plan. We've expanded some of that work, but certainly not. Every type of possible machine is covered. We heard that from Paul, just a bit ago. And the how are we going to handle new delivery models?

254
00:40:50.750 --> 00:41:17.539
W. Boyd Jackson - OHS: So, as I mentioned, there's a section on general principles, because we understand that this document cannot grow infinitely to cover every possible scenario. So that's really, I think we've drawn attention to those general principles in our kind of solicitation of comments, and certainly in several of these conversations. But I will draw the public's attention to that section as well. What are the key

255
00:41:17.620 --> 00:41:21.569
W. Boyd Jackson - OHS: indicators of need, the key indicators of

256
00:41:21.670 --> 00:41:31.600
W. Boyd Jackson - OHS: quality, the guidelines that that we can incorporate here to ensure that when something new comes online or is being proposed for the State

257
00:41:31.730 --> 00:41:41.319
W. Boyd Jackson - OHS: that we're really evaluating the right resources to determine need. And I'll note to your discussion of the legislature

258
00:41:41.650 --> 00:41:44.005

W. Boyd Jackson - OHS: a little over a year ago, I think.

259
00:41:44.530 --> 00:41:48.789
W. Boyd Jackson - OHS: Ohs was granted the ability to engage a

260
00:41:49.240 --> 00:41:52.989
W. Boyd Jackson - OHS: independent 3rd party expert to consult on

261
00:41:53.040 --> 00:42:05.640
W. Boyd Jackson - OHS: any situations where Ohs! Would not have the expertise. And I think that that may be somewhere where for new technologies, when Ohs needs to incorporate some expertise on new technologies. That may be

262
00:42:05.750 --> 00:42:07.599
W. Boyd Jackson - OHS: a place where that's employed.

263
00:42:11.040 --> 00:42:13.902
W. Boyd Jackson - OHS: but certainly, if there are key

264
00:42:15.180 --> 00:42:21.280
W. Boyd Jackson - OHS: services or types of facilities that are not addressed in the plan that are coming

265
00:42:21.320 --> 00:42:25.309
W. Boyd Jackson - OHS: coming toward us in the future highlight, those. And

266
00:42:25.370 --> 00:42:33.579
W. Boyd Jackson - OHS: if even if they're not incorporated into this version of the plan we do anticipate updating this frequently

267
00:42:34.280 --> 00:42:37.230
W. Boyd Jackson - OHS: to account for new technologies, new data, and the like.

268
00:42:39.560 --> 00:42:43.810
W. Boyd Jackson - OHS: any other hands. Before we

269
00:42:44.070 --> 00:42:45.320
W. Boyd Jackson - OHS: conclude

270

00:42:55.240 --> 00:43:09.849
W. Boyd Jackson - OHS: well, I'll start my concluding remarks, but certainly, if anyone wants to raise a hand we will. We will pause and take a detour to those public comments. I just want to. Again. Give my very personal

271
00:43:10.381 --> 00:43:22.910
W. Boyd Jackson - OHS: gratitude and appreciation to everyone who has participated today. And throughout this whole process. It is a long document a complex and

272
00:43:22.950 --> 00:43:25.099
W. Boyd Jackson - OHS: deep, and you know

273
00:43:25.180 --> 00:43:33.519
W. Boyd Jackson - OHS: at times difficult to wrap your head around document, because this is complex work that we're all doing together.

274
00:43:33.540 --> 00:43:46.200
W. Boyd Jackson - OHS: So thank you all for engaging with us, pointing out areas where things can be clarified, pointing out areas where there's ambiguity pointing out areas where there may be opportunity for improvements.

275
00:43:48.020 --> 00:43:49.000
W. Boyd Jackson - OHS: and

276
00:43:49.560 --> 00:44:09.600
W. Boyd Jackson - OHS: I want to give a special thank you to Altarum, who has worked with us throughout this process, and Corey especially, who has been the public face of this work. Today's Corey's last day. He's going off to graduate school. So we appreciate all of his work and look forward to working with all of his team members at Altarum to move this forward

277
00:44:09.660 --> 00:44:25.709
W. Boyd Jackson - OHS: as we incorporate the feedback that we've heard through this process, and that we'll continue to receive in written comments. So again, please do all be engaged in the written comment process. We very much value and appreciate your thoughts.

278
00:44:25.960 --> 00:44:30.519
W. Boyd Jackson - OHS: And I would just say thank you once again, and I hope that you all have a great afternoon.