



Transforming The SUD Treatment System: The Shatterproof Treatment Atlas Case Study

July 19, 2024 | 1:00 pm ET

Note: The following text was transcribed using an automated service. Any misspellings and typos are a result of the service as the transcription has not been reviewed.

Hello everyone.

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00:00:04.935 --> 00:00:06.135

My name is Corey Thornton.

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00:00:06.135 --> 00:00:07.935

I'm the senior editor here at Open Minds

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00:00:07.935 --> 00:00:10.255

and welcome Today's Circle Executive Roundtable,

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00:00:10.455 --> 00:00:13.055

transforming the SUD treatment System,

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00:00:13.115 --> 00:00:16.455

the Shatterproof Treatment Atlas case study featuring Dr.

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00:00:16.525 --> 00:00:18.455

Lisa Kler, senior vice President

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00:00:18.455 --> 00:00:19.975

for shatterproof treatment Atlas.

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00:00:20.155 --> 00:00:21.575

Before we get started, I have a couple

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00:00:21.575 --> 00:00:23.295

of housekeeping reminders.

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Your audio is muted for today's briefing.

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However, we encourage you to submit any questions using the

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00:00:28.015 --> 00:00:30.135

question box located on the right side of your screen.

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00:00:30.515 --> 00:00:32.215

If time permits at the top of the hour,

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00:00:32.395 --> 00:00:33.855

we will answer some of those questions.

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And finally, the slides in the recording

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for today's round table will be archived

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00:00:37.295 --> 00:00:39.335

and available for elite members on the Open Minds

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00:00:39.335 --> 00:00:41.015

website starting tomorrow.

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00:00:41.805 --> 00:00:43.255

With that, here's Dr. Kler.

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00:00:45.685 --> 00:00:46.935

Good afternoon everyone,

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00:00:46.935 --> 00:00:49.095

and thank you so much for joining today.

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00:00:49.805 --> 00:00:52.935

What I'd like to talk about today is a little bit

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that has probably touched almost all of our lives,

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and that is the subject of substance use disorder.

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I'd also like to talk with you a little bit about, uh,

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00:01:03.975 --> 00:01:08.015

shatterproof and shatter proof's solution around

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00:01:08.645 --> 00:01:13.375

treatment and making treatment transparent in the SED space

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00:01:13.765 --> 00:01:14.975

treatment atlas.

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00:01:17.595 --> 00:01:21.085

Some of the goals for today's session include

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learning about three gaps within the current system

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00:01:25.545 --> 00:01:28.925

for finding SUD care, being able

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00:01:28.985 --> 00:01:31.085

to list five indicators

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00:01:31.305 --> 00:01:34.525

of high quality care within the SUD system

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00:01:35.185 --> 00:01:37.485

and describing how treatment Atlas sought

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00:01:37.485 --> 00:01:40.445

to address the gaps to better support individuals

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00:01:40.465 --> 00:01:43.165

and their families finding SUD care.

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00:01:46.005 --> 00:01:49.095

Some of this will likely not be surprising,

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however, really looking at the impact that

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00:01:53.015 --> 00:01:56.775

substance use disorder has had on our communities,

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00:01:56.875 --> 00:02:00.335

in our families at times can really be a surprising.

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00:02:01.365 --> 00:02:03.535

Very recently in 2024,

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Kaiser Family Foundation did a recent study on the number

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00:02:08.215 --> 00:02:10.615

of individuals that have been impacted

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00:02:10.795 --> 00:02:12.415

by substance use disorder

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00:02:13.515 --> 00:02:15.855

and the threshold was relatively high.

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00:02:15.925 --> 00:02:20.335

They had to have either been addicted to drugs

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or alcohol, experienced homelessness

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00:02:23.755 --> 00:02:28.335

or experienced an emergency department, um, or overdose.

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00:02:29.035 --> 00:02:33.695

Um, and what was found by Kaiser Family Foundation was

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00:02:33.695 --> 00:02:37.815

that two out of three adults said that either themselves

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00:02:38.155 --> 00:02:42.255

or a family member had been addicted to alcohol or drugs

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00:02:42.835 --> 00:02:45.175

and had experienced one of those

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00:02:45.775 --> 00:02:48.115
outcomes apart.

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00:02:48.115 --> 00:02:51.595
Approximately 46.3 million people

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00:02:52.175 --> 00:02:56.435
or 16.5% of the population has met the

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00:02:57.095 --> 00:02:58.195
DSM five criteria

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00:02:58.655 --> 00:03:01.405
for having substance use disorder in the past year.

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00:03:03.235 --> 00:03:07.925
This includes 29.5 million individuals with,

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00:03:07.995 --> 00:03:09.685
with an alcohol use disorder

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00:03:10.265 --> 00:03:13.765
and 24 million with a drug use disorder.

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00:03:15.075 --> 00:03:17.815

And among those who say that they are a family member,

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experienced substance use

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00:03:20.075 --> 00:03:23.735

or addiction, less than half report that they

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00:03:23.735 --> 00:03:25.615

or their family members got treatment

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00:03:25.635 --> 00:03:27.255

for the substance use disorder.

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00:03:27.915 --> 00:03:31.575

And of those only about 12%, um,

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received the specialty care, either at

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00:03:35.055 --> 00:03:36.615

a residential outpatient

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00:03:37.555 --> 00:03:41.535

or an agency that specializes in substance use disorder.

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00:03:46.355 --> 00:03:49.815

In addition to the scourge

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00:03:49.835 --> 00:03:52.895

of the substance use disorder, health inequities

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00:03:53.445 --> 00:03:56.495

also permeate the substance use disorder field.

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00:03:57.925 --> 00:04:02.015

Individuals who identify as black enter treatment, um,

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00:04:02.395 --> 00:04:04.615

for substance use disorder four

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to five years later than white individuals.

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White patients are four times more likely than black

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patients to receive prescriptions for buprenorphine.

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Buprenorphine is seen as the gold standard

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for opioid use disorder

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and uh, one of the primary medications

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to treat opioid use disorder in 2020.

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The overdose rate per a hundred thousand was at 54.1

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for black men and 44.2 for white men.

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You can see through all of these statistics that

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although the epidemic is truly impacting everyone,

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00:04:50.825 --> 00:04:54.495

those who are in marginalized groups are impacted even more.

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This is then compounded by some lax around,

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um, evidence-based practices, the promotion

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of evidence-based practices for marginalized groups

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and building awareness

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00:05:09.435 --> 00:05:12.295

and trust within the system so those

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that are in the marginalized groups feel comfortable

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accessing the care that will best support them

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and their family members in their process of recovery.

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Part of this has been identified as the intersection

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between, um, systemic discrimination,

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self-stigma, stigmatizing behaviors of the community,

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00:05:42.085 --> 00:05:45.465

and even some of the, uh, stigma

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00:05:45.535 --> 00:05:48.665

that may be experienced within, uh,

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00:05:49.295 --> 00:05:50.635

the treatment facilities.

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00:05:55.695 --> 00:05:59.165

One of the things that I think is oftentimes missed is

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00:05:59.445 --> 00:06:02.925

whenever we're talking about uh, the impacts

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00:06:02.985 --> 00:06:06.925

of substance use, a lot of focus is on

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00:06:07.515 --> 00:06:11.645

opioids, opioid settlement dollars, overdoses, et cetera.

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00:06:12.555 --> 00:06:14.485

However, one of the things that I think

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00:06:14.485 --> 00:06:17.325

that we're missing is the rise of alcohol.

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This has really been occurring since the onset of covid

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and it's just in continuing to skyrocket.

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00:06:26.745 --> 00:06:30.645

Um, there's even been a change from

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00:06:31.185 --> 00:06:35.965

2021 to 2023 the statistics

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00:06:35.965 --> 00:06:40.045

that are on the right hand side of the screen with the death

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00:06:40.075 --> 00:06:43.845

that 140 actually increased just last year

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00:06:43.945 --> 00:06:46.925

to 178,000 deaths

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00:06:49.375 --> 00:06:51.515

and it's continuing to go up.

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00:06:52.195 --> 00:06:55.475

I think that part of the reason that alcohol is oftentimes

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00:06:56.015 --> 00:06:59.955

not discussed as much as opioids

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00:06:59.955 --> 00:07:02.475

and opioid use disorder is

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00:07:02.475 --> 00:07:06.515

because death from alcohol use tends to be a slower process.

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00:07:07.535 --> 00:07:10.715

It also tends to be coded differently.

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00:07:11.735 --> 00:07:14.755

Um, you know, it's generally cirrhosis,

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00:07:15.255 --> 00:07:18.435

it can be a contributing factor in heart disease.

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00:07:19.015 --> 00:07:23.195

It can also be a contributing factor to, um,

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00:07:23.355 --> 00:07:27.435

hypertension, um, pancreatitis, et cetera.

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00:07:27.455 --> 00:07:28.675

So there are many ways

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00:07:29.185 --> 00:07:32.955

that alcohol use disorder can negatively impact

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00:07:33.615 --> 00:07:35.435

and ultimately lead to death.

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00:07:37.765 --> 00:07:41.065

As you can see throughout the different age groups

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00:07:41.715 --> 00:07:46.265

where it really spiked, especially for men was in that 35

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00:07:46.365 --> 00:07:47.705

to 49-year-old

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00:07:48.405 --> 00:07:52.545

and also in that 50 to 64-year-old range.

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00:07:53.125 --> 00:07:55.545

So especially in these two groups here,

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00:07:56.285 --> 00:07:57.865

the alcohol use disorder

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00:07:57.965 --> 00:08:00.145

and alcohol use disorder diseases

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00:08:00.695 --> 00:08:02.425

have gone up exponentially.

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00:08:03.545 --> 00:08:07.005

Um, alcohol also plays a secondary role

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00:08:07.705 --> 00:08:11.765

in many other, uh, leading causes of death.

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00:08:12.665 --> 00:08:15.525

One of those is, um, accidents

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00:08:16.305 --> 00:08:20.805

and alcohol played an role in at least 7.1

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00:08:20.945 --> 00:08:22.805

of the emergency department visits.

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00:08:24.695 --> 00:08:29.195

In addition, alcohol is oftentimes in an individual system

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00:08:30.155 --> 00:08:31.995

whenever they have a suicide attempt

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00:08:32.375 --> 00:08:35.755

or even with overdoses to other substances.

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One thing I think was a, a bit scary

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00:08:40.895 --> 00:08:44.535

honestly is those that are in college, that 18

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00:08:44.555 --> 00:08:46.215

to 25 range,

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00:08:47.115 --> 00:08:50.055

it was approximately 15%

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00:08:51.475 --> 00:08:53.815

of individuals met the criteria

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00:08:54.315 --> 00:08:56.645

for a alcohol use disorder.

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00:09:02.915 --> 00:09:05.735

So who is shatterproof and why are we here?

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00:09:06.475 --> 00:09:08.975

We were founded by Gary Mandel,

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00:09:09.555 --> 00:09:14.175

who unfortunately lost his son to opioid use disorder.

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00:09:15.155 --> 00:09:18.215

Um, after the passing of his son,

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00:09:18.915 --> 00:09:20.975

he really became committed

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00:09:21.075 --> 00:09:25.775

and turned his uh, pain to a passion and purpose

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00:09:26.635 --> 00:09:30.815

and really wanted to help shape the landscape

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00:09:30.835 --> 00:09:32.815

around substance use disorder.

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So he found through his own experience

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00:09:38.645 --> 00:09:41.775

that there were several ways to do this, one

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00:09:41.775 --> 00:09:45.095

of which was transforming treatment, which is

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00:09:45.095 --> 00:09:46.895

what we're here to talk about today.

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00:09:47.675 --> 00:09:51.815

He noticed that even with the multitude of resources

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00:09:51.815 --> 00:09:55.295

that he had available, it was incredibly difficult

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00:09:55.515 --> 00:09:58.015

to find out what was the appropriate level of care,

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00:09:58.605 --> 00:10:00.975

what were the appropriate treatment supports

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and what was really the best kind of treatment for his son.

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00:10:06.065 --> 00:10:09.405

He also recognized that those with substance use disorder

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00:10:10.115 --> 00:10:12.845

experienced a significant amount of stigma.

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00:10:13.965 --> 00:10:16.305

He will oftentimes tell the story of

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00:10:16.665 --> 00:10:18.905

whenever his son was first diagnosed

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00:10:18.935 --> 00:10:22.525

with substance use disorder, that many

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00:10:22.525 --> 00:10:25.645

of the people in the community refused to interact

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00:10:25.645 --> 00:10:26.685

with him or his family.

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00:10:27.865 --> 00:10:30.685

His son had an increasing sense of isolation

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00:10:31.545 --> 00:10:33.325

and they noticed that less

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00:10:33.325 --> 00:10:35.565

and less people came around to visit

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00:10:36.345 --> 00:10:38.645

and they did not receive any flowers.

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00:10:38.825 --> 00:10:40.165

If he went into treatment,

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00:10:40.235 --> 00:10:43.525

they did not receive anybody coming around offering

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00:10:43.585 --> 00:10:45.245

to cook dinner, et cetera.

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00:10:45.785 --> 00:10:49.565

Um, whereas at the same time there was an individual

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00:10:49.795 --> 00:10:52.245

that was diagnosed with cancer

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00:10:52.745 --> 00:10:54.925

and they really got to see the entirety

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00:10:54.985 --> 00:10:56.645

of the community pull together

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00:10:57.185 --> 00:10:58.965

and pull behind that individual.

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00:11:00.065 --> 00:11:04.125

And although these are two medical conditions,

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00:11:04.865 --> 00:11:09.365

the reaction of the community was completely different.

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00:11:10.265 --> 00:11:14.205

So from that moment on, you really saw it as one

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00:11:14.205 --> 00:11:17.565

of the pillars of shatterproof to end the stigma

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00:11:17.755 --> 00:11:20.365

that is associated with substance use disorder.

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00:11:21.485 --> 00:11:24.185

The other pillar of shatterproof is educating

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00:11:24.185 --> 00:11:25.785

and empowering communities

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00:11:26.485 --> 00:11:29.685

and being able to provide

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00:11:29.705 --> 00:11:32.405

to those communities science-based information

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00:11:32.425 --> 00:11:34.165

around substance use disorder.

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00:11:34.815 --> 00:11:38.485

There continue to be a lot of myths around, uh,

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substance use disorder such as it's a moral failing

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00:11:42.785 --> 00:11:44.845

or that people don't recover

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00:11:45.385 --> 00:11:47.645

and we are truly here in the faces

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00:11:47.865 --> 00:11:49.965

of individuals in recovery

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00:11:50.065 --> 00:11:53.885

or having loved ones in recovery to state that we know

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00:11:53.885 --> 00:11:55.485

that recovery is possible.

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00:11:56.105 --> 00:11:59.085

We know that this is a medical condition

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00:11:59.585 --> 00:12:03.125

and we're here to be champions for those who um,

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00:12:03.345 --> 00:12:04.605

may be suffering in silence.

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00:12:08.605 --> 00:12:11.755

There has always been a clear need for a resource

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00:12:11.785 --> 00:12:13.315

that will guide individuals

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00:12:13.315 --> 00:12:16.395

to the most appropriate evidence-based substance use

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00:12:16.675 --> 00:12:19.675

disorder treatment while incentivizing the delivery

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00:12:19.695 --> 00:12:21.355

of best clinical practices.

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00:12:22.495 --> 00:12:25.505

This is not unique to the substance use disorder field.

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00:12:25.855 --> 00:12:29.225

This has been going on for several years now with hospitals,

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00:12:29.575 --> 00:12:32.665

with primary care physicians, et cetera.

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00:12:33.335 --> 00:12:36.705

When the treatment is made transparent and evidence based

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00:12:36.765 --> 00:12:41.665

and strong clinical protocols are in place, there's evidence

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00:12:41.735 --> 00:12:45.705

that there is overall, uh, better health outcomes

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00:12:46.125 --> 00:12:49.275

and better um, overall

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00:12:50.415 --> 00:12:51.835

uh, recovery rates.

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00:12:54.875 --> 00:12:59.375

So how did Shatterproof plan to implement around

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00:12:59.915 --> 00:13:02.975

really changing that treatment landscape

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00:13:03.555 --> 00:13:06.455

and what was the background for the development

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00:13:06.455 --> 00:13:07.575

of treatment atlas?

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00:13:09.235 --> 00:13:12.375

It really all started with the Surgeon General's report

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00:13:12.515 --> 00:13:13.655

of 2016.

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00:13:14.475 --> 00:13:17.815

The Surgeon General's report came out with a number of

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00:13:18.885 --> 00:13:22.855

high level bullets that really outlined

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00:13:23.855 --> 00:13:25.615

substance use disorder and

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00:13:26.165 --> 00:13:28.055

what appropriate treatment would be

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00:13:28.195 --> 00:13:29.815

for substance use disorder.

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00:13:30.905 --> 00:13:34.165

It really indicated that addiction is a complex

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00:13:34.465 --> 00:13:35.725

but treatable disease

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00:13:36.115 --> 00:13:38.325

that affects brain function and behavior.

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00:13:40.005 --> 00:13:42.705

It reiterated that there is no single treatment

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00:13:42.705 --> 00:13:44.385

that is appropriate for everyone.

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00:13:44.975 --> 00:13:47.025

Treatment needs to be readily available

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00:13:47.285 --> 00:13:49.585

and individuals need to understand

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00:13:50.215 --> 00:13:52.305

what are the different options that are available

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00:13:52.565 --> 00:13:54.905

so they can make informed choices about

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00:13:54.935 --> 00:13:56.825

what care will best suit their needs.

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00:13:57.865 --> 00:14:00.955

Effective treatment needs to attend to the multiple needs

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00:14:00.955 --> 00:14:03.035

of the individual, not just his

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00:14:03.035 --> 00:14:04.755

or her substance use concerns.

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00:14:05.375 --> 00:14:08.315

That's really looking at the totality of the person,

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00:14:08.605 --> 00:14:12.915

whole person care to really identify what are all

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00:14:12.915 --> 00:14:15.555

of the needs of someone from behavioral health,

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00:14:16.075 --> 00:14:18.955

physical health, social determinants of health needs,

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00:14:19.375 --> 00:14:22.035

and how do we really all join together

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00:14:22.375 --> 00:14:24.595

to best support the individual in that family.

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00:14:25.615 --> 00:14:27.905

Remaining in treatment for an adequate period

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00:14:27.925 --> 00:14:29.105

of time is critical.

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00:14:30.555 --> 00:14:32.545

We've heard this over and over again

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00:14:32.925 --> 00:14:35.665

and there is sometimes miss in the field

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00:14:35.665 --> 00:14:38.385

that this is only residential treatment.

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00:14:38.775 --> 00:14:42.785

This really aligns with as any chronic medical condition.

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00:14:43.455 --> 00:14:46.905

Remaining in care for an adequate period

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00:14:46.905 --> 00:14:48.105

of time is critical.

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00:14:48.725 --> 00:14:51.165

So that can be outpatient care care

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00:14:51.165 --> 00:14:54.165

that can be engagement within an opioid treatment program.

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00:14:55.105 --> 00:14:57.965

It can be um, you know, IOP.

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00:14:58.145 --> 00:15:00.605

It can be whatever works

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00:15:00.785 --> 00:15:02.805

and is necessary for that individual

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00:15:03.505 --> 00:15:05.365

to support their ongoing treatment.

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00:15:06.155 --> 00:15:09.525

Also, you know, really looking at treatment as a continuum

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00:15:10.265 --> 00:15:12.365

versus discrete episodes

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00:15:12.545 --> 00:15:15.165

and being able to really support the individual

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00:15:15.745 --> 00:15:18.525

if there are resurgences, just as

266

00:15:18.555 --> 00:15:22.285

what would occur if someone was uh, having diabetic

267

00:15:22.705 --> 00:15:24.165

or if they had asthma.

268

00:15:24.465 --> 00:15:28.245

If there is resurgence, then addressing that resurgence

269

00:15:28.865 --> 00:15:30.725

and making modifications

270

00:15:30.905 --> 00:15:33.925

to the individualized treatment plan so that

271

00:15:33.925 --> 00:15:35.765

that individual can continue

272

00:15:35.765 --> 00:15:37.685

to move forward in their recovery.

273

00:15:39.775 --> 00:15:43.085

Behavioral therapies including family group

274

00:15:43.505 --> 00:15:46.885

and individual, are the most commonly used forms

275

00:15:47.145 --> 00:15:48.605

of substance use disorder.

276

00:15:48.605 --> 00:15:51.925

Treatment and medications are an important element

277

00:15:52.025 --> 00:15:55.325

of treatment for many, uh, individuals,

278

00:15:55.455 --> 00:15:57.605

especially when combined with counseling

279

00:15:57.605 --> 00:15:59.205

and other behavioral therapies.

280

00:16:00.025 --> 00:16:02.845

We recently looked at, uh, some of the data

281

00:16:02.845 --> 00:16:06.485

that we're gathering and compared it to some of the research

282

00:16:06.485 --> 00:16:10.085

that's available, even though medications have been shown

283

00:16:10.185 --> 00:16:14.565

to be so, um, really that gold standard of treatment,

284

00:16:14.575 --> 00:16:16.725

we're still finding that about 60%

285

00:16:16.865 --> 00:16:20.125

of treatment facilities offer medical medication.

286

00:16:20.995 --> 00:16:23.285

Nora vcal recently did an article

287

00:16:24.105 --> 00:16:27.285

and she found that the number of individuals

288

00:16:27.285 --> 00:16:31.845

with opioid use disorder on a continuous uh, medication

289

00:16:32.065 --> 00:16:36.845

for opioid use disorder was even lower at approximately 25%.

290

00:16:37.545 --> 00:16:38.925

So really engagement

291

00:16:39.025 --> 00:16:41.765

and making certain that individuals are aware

292

00:16:41.765 --> 00:16:42.805

of their options

293

00:16:43.425 --> 00:16:45.885

and talking through what are those, uh,

294

00:16:46.205 --> 00:16:48.925

evidence-based practices to best support an individual.

295

00:16:51.135 --> 00:16:55.725

Additional bullets from the surgeon general's report include

296

00:16:56.165 --> 00:16:57.405

individual's treatment

297

00:16:57.405 --> 00:16:59.645

and services must be assessed continually

298

00:16:59.705 --> 00:17:03.605

and modify to make certain that they address his

299

00:17:03.605 --> 00:17:04.765

or her changing needs.

300

00:17:05.625 --> 00:17:09.205

Um, medically assisted detox is only the first stage

301

00:17:09.205 --> 00:17:10.285

of addiction treatment

302

00:17:10.705 --> 00:17:12.765

and by itself does not change

303

00:17:12.765 --> 00:17:14.805

long-term substance use disorder.

304

00:17:15.705 --> 00:17:18.565

The treatment does not need to be voluntary to be effective.

305

00:17:18.675 --> 00:17:22.365

This is one of those areas that is still, um,

306

00:17:22.685 --> 00:17:26.405

a little bit nebulous and there is research to support it.

307

00:17:26.635 --> 00:17:30.725

However, um, there are a lot of pro opponents to that

308

00:17:30.865 --> 00:17:35.645

as well, talking about if it is mandatory, um,

309

00:17:35.915 --> 00:17:40.165

that individuals who may be going against their will may be,

310

00:17:40.345 --> 00:17:42.605

um, unlikely to engage in the future.

311

00:17:43.225 --> 00:17:47.445

The proponents of uh, mandatory treatment find

312

00:17:47.445 --> 00:17:51.045

that there are many individuals that once they're uh,

313

00:17:51.755 --> 00:17:56.165

regulated do make choices to align with recovery

314

00:17:56.385 --> 00:17:59.405

and ongoing, uh, recovery based care.

315

00:18:00.185 --> 00:18:03.685

So it really does become more intrinsic over time.

316

00:18:04.855 --> 00:18:07.595

In addition, uh, the surgeon general really

317

00:18:08.235 --> 00:18:11.115

identified the treatment programs should, uh,

318

00:18:11.115 --> 00:18:13.555

really address once again that whole person care

319

00:18:14.095 --> 00:18:16.475

and look at the physical health concerns as well

320

00:18:16.655 --> 00:18:20.635

for things such as hiv, aids, hepatitis, tuberculosis,

321

00:18:21.005 --> 00:18:22.955

other infectious diseases,

322

00:18:23.415 --> 00:18:26.515

and uh, provide risk reduction counseling

323

00:18:27.095 --> 00:18:29.995

and linking patients to additional treatment if necessary.

324

00:18:31.055 --> 00:18:35.835

One of the newest adulterants to opioids is,

325

00:18:36.135 --> 00:18:39.515

um, really highlights this at this point in time,

326

00:18:39.525 --> 00:18:40.875

which is the xylazine.

327

00:18:41.375 --> 00:18:45.995

Um, Xylazine is very prominent in Pennsylvania,

328

00:18:46.835 --> 00:18:49.275

Maryland areas and um,

329

00:18:49.655 --> 00:18:54.235

it basically causes necrosis from the inside to the outside.

330

00:18:54.815 --> 00:18:58.675

So there are multitude of sores that are occurring

331

00:18:58.695 --> 00:19:02.355

and oftentimes these abscesses are not occurring right at

332

00:19:02.355 --> 00:19:05.795

the place where an IV drug user may be using

333

00:19:06.295 --> 00:19:10.115

but instead are actually occurring um, inside

334

00:19:10.255 --> 00:19:11.955

and then working their way out.

335

00:19:12.215 --> 00:19:13.755

So, uh, more

336

00:19:13.755 --> 00:19:17.155

and more treatment providers are finding either coordination

337

00:19:17.155 --> 00:19:19.595

of care with uh, wound care

338

00:19:19.735 --> 00:19:24.235

or actually having wound care on site is

339

00:19:24.545 --> 00:19:28.835

necessary to treat those individuals that uh,

340

00:19:29.225 --> 00:19:31.875

have used opiates with Xylazine.

341

00:19:33.685 --> 00:19:37.365

Shatterproof recognized that to really transform research

342

00:19:37.505 --> 00:19:39.445

for the medical journals to a reality

343

00:19:39.465 --> 00:19:40.845

and substance use treatment,

344

00:19:41.215 --> 00:19:43.565

there are several key stakeholders, one

345

00:19:43.565 --> 00:19:46.725

of which is consumers, the other is providers,

346

00:19:47.225 --> 00:19:49.925

and the third is state federal agencies

347

00:19:50.305 --> 00:19:52.445

and um, payer entities.

348

00:19:55.725 --> 00:19:59.255

Treatment atlas was designed to really impact

349

00:19:59.435 --> 00:20:04.375

and be available for all three of those, those uh groups.

350

00:20:05.035 --> 00:20:07.415

It is a web-based platform available

351

00:20:07.515 --> 00:20:09.855

to consumers regardless of coverage.

352

00:20:10.315 --> 00:20:13.095

We are currently available in 14 states.

353

00:20:13.755 --> 00:20:17.775

Our business model is that we are funded by either states

354

00:20:17.995 --> 00:20:21.175

or by payers or by through philanthropy.

355

00:20:21.835 --> 00:20:26.415

And at that point in time we take the all of the providers

356

00:20:26.415 --> 00:20:28.335

that are located within the state

357

00:20:28.955 --> 00:20:32.295

and present their information on treatment atlas

358

00:20:32.305 --> 00:20:34.335

after gaining some additional data points,

359

00:20:34.335 --> 00:20:35.775

which I'll be going to in a moment.

360

00:20:36.565 --> 00:20:40.295

Treatment Atlas also contains a consumer friendly needs

361

00:20:40.295 --> 00:20:42.735

assessment, which was endorsed

362

00:20:42.755 --> 00:20:46.015

and developed in conjunction with uh, American Society

363

00:20:46.035 --> 00:20:47.095

of Diction Medicine.

364

00:20:48.225 --> 00:20:52.125

Um, all treatment facilities are identified by the state,

365

00:20:52.305 --> 00:20:54.365

so we work very closely with our states

366

00:20:54.465 --> 00:20:59.165

and partners to identify what would be most beneficial

367

00:21:00.065 --> 00:21:01.765

on the platform.

368

00:21:02.585 --> 00:21:05.165

In addition, the principles of care, uh,

369

00:21:05.165 --> 00:21:07.005

which are the quality indices

370

00:21:07.005 --> 00:21:10.205

that were developed from the Surgeon General's report

371

00:21:11.075 --> 00:21:14.365

were incorporated into the treatment atlas platform.

372

00:21:14.855 --> 00:21:18.405

There are also dynamic filters that help guide consumers

373

00:21:18.405 --> 00:21:22.085

to evidence-based care as indicated by the diagnosis

374

00:21:22.505 --> 00:21:25.205

and the level of care necessary.

375

00:21:27.875 --> 00:21:31.135

So the Shatterproof solution provides several key components

376

00:21:31.915 --> 00:21:35.095

for the public, a free to the public facing platform

377

00:21:35.485 --> 00:21:37.775

that includes transparent information

378

00:21:37.915 --> 00:21:41.495

to support individuals in accessing high quality care at the

379

00:21:41.495 --> 00:21:44.335

appropriate intensity for providers,

380

00:21:44.695 --> 00:21:46.135

a password protected portal

381

00:21:46.555 --> 00:21:48.855
and continuous quality improvement series

382
00:21:48.955 --> 00:21:51.575
to support providers in implementing evidence-based

383
00:21:51.935 --> 00:21:54.455
practices for state federal agencies

384
00:21:54.715 --> 00:21:58.295
and payers, a password protected portal containing provider

385
00:21:58.295 --> 00:22:00.575
level data to support the agency

386
00:22:00.575 --> 00:22:03.695
and determining network adequacy areas of needs

387
00:22:03.695 --> 00:22:04.935
of technical assistance

388
00:22:05.355 --> 00:22:07.815
and adoption of evidence-based practices.

389

00:22:08.635 --> 00:22:12.015

We have also begun talking with some of the estates, federal

390

00:22:12.535 --> 00:22:14.735

agencies and payers of utilizing some

391

00:22:14.735 --> 00:22:18.175

of the material on treatment atlas as a basis

392

00:22:18.395 --> 00:22:20.295

for value-based contracting

393

00:22:20.795 --> 00:22:24.655

or as an adjunct to some of the value-based contracting

394

00:22:25.075 --> 00:22:27.695

and one of the things that could be included when making

395

00:22:27.705 --> 00:22:29.295

those value-based contracts.

396

00:22:31.755 --> 00:22:36.175

So exactly what was taken from the Surgeon General's 2016

397

00:22:36.395 --> 00:22:39.655

report and then made into the principles of care.

398

00:22:40.745 --> 00:22:43.845

The first one, the routine screening in every medical

399

00:22:43.845 --> 00:22:46.845

setting that should be occurring external

400

00:22:47.025 --> 00:22:48.285

to treatment atlas.

401

00:22:48.665 --> 00:22:52.245

So that one is the only one that is not actually um,

402

00:22:53.095 --> 00:22:55.845

shown on the treatment atlas platform.

403

00:22:56.465 --> 00:23:00.165

The other ones are for every facility that provides us

404

00:23:00.395 --> 00:23:04.085

with their information, they include a personalized plan,

405

00:23:04.545 --> 00:23:08.565

uh, fast access to treatment, long-term disease management,

406

00:23:09.075 --> 00:23:10.125

coordinated care,

407

00:23:10.535 --> 00:23:14.525

behavioral healthcare from legitimate providers, medications

408

00:23:14.865 --> 00:23:16.085

for addiction treatment

409

00:23:16.625 --> 00:23:20.525

and recovery supports beyond, uh, basic medical care.

410

00:23:21.305 --> 00:23:23.725

And this was not just shatterproof coming up

411

00:23:23.725 --> 00:23:26.405

with it on our own, it was really developed

412

00:23:26.465 --> 00:23:29.245

by an expert committee in the National Quality Forum

413

00:23:29.825 --> 00:23:34.685

and 23 health plans covering over 170 million lives have

414

00:23:34.685 --> 00:23:35.725

agreed to promote

415

00:23:35.825 --> 00:23:38.645

and reward care that is aligned with these principles.

416

00:23:41.955 --> 00:23:44.495

So what exactly is the platform

417

00:23:44.495 --> 00:23:46.085

and how does it differ from other

418

00:23:46.445 --> 00:23:47.605

locators that are out there?

419

00:23:48.525 --> 00:23:52.465

So treatment atlas includes both a treatment facility survey

420

00:23:52.675 --> 00:23:55.185

which the treatment facilities complete.

421

00:23:55.685 --> 00:23:59.225

It is an online survey administered at the facility level

422

00:23:59.575 --> 00:24:02.585

that assesses processes, structures and services.

423

00:24:03.405 --> 00:24:05.625

Um, and this is then validated.

424

00:24:06.255 --> 00:24:09.585

Over 70% of the states have greater than 60%

425

00:24:09.585 --> 00:24:10.865

of their treatment facilities

426

00:24:10.895 --> 00:24:12.905

that have voluntarily submitted the

427

00:24:12.905 --> 00:24:14.185

treatment facility survey.

428

00:24:14.805 --> 00:24:18.625

And the highest submission percentage for a state is at 83%.

429

00:24:19.445 --> 00:24:22.265

Um, with the treatment facility surveys,

430

00:24:22.765 --> 00:24:24.425

it is completed by the facility.

431

00:24:24.645 --> 00:24:28.425

It does need an attest attestation by a C-suite individual.

432

00:24:29.205 --> 00:24:33.425

It then is um, goes through multiple validation processes

433

00:24:33.425 --> 00:24:34.785

through treatment atlas.

434

00:24:35.125 --> 00:24:40.045

We check it with external, um, available data as well,

435

00:24:40.045 --> 00:24:42.605

including credentialing and licensing data.

436

00:24:43.225 --> 00:24:47.245

And then if there's any areas that appear to be mismatched,

437

00:24:47.625 --> 00:24:50.125

we will reach out to the treatment facility survey

438

00:24:50.385 --> 00:24:53.285

and ask for a correction or clarification.

439

00:24:54.145 --> 00:24:58.925

Um, we also have on the platform patient experience surveys

440

00:24:58.945 --> 00:25:01.205

or consumer perception of care surveys.

441

00:25:01.735 --> 00:25:04.725

These are based on caps echo questions about the use

442

00:25:04.725 --> 00:25:07.245

of best practices and perceptions of care

443

00:25:07.825 --> 00:25:10.645

and one open-ended question that can be completed

444

00:25:10.705 --> 00:25:12.605

by the consumer or a loved one

445

00:25:12.935 --> 00:25:16.485

after there is 10 of the consumer perceptions of care,

446

00:25:17.075 --> 00:25:20.885

they are displayed on the um, platform

447

00:25:21.225 --> 00:25:24.605

for individuals who may be seeking care to be able to see.

448

00:25:28.385 --> 00:25:32.045

So we continue to expand throughout the United States,

449

00:25:32.425 --> 00:25:35.925

really looking to grow to a 50 state solution.

450

00:25:36.385 --> 00:25:41.125

We started in 2020 with six states which represented 13%

451

00:25:41.125 --> 00:25:42.925

of the United States population.

452

00:25:43.665 --> 00:25:48.405

In 2022 we grew to 10 states which represented 28%

453

00:25:48.405 --> 00:25:50.085
of the United States population

454
00:25:50.785 --> 00:25:52.645
and in 2023 we grew

455
00:25:52.745 --> 00:25:56.325
to 14 states which represented 45%

456
00:25:56.405 --> 00:25:58.125
of the United States population.

457
00:25:59.225 --> 00:26:02.205
By the end of 2024, we expect

458
00:26:02.205 --> 00:26:06.485
to reach approximately 55% of the United States population

459
00:26:07.145 --> 00:26:10.165
and be available fully to that 55%.

460
00:26:12.965 --> 00:26:14.695
Here are some of the funders currently.

461

00:26:15.235 --> 00:26:17.695

Um, and previously with treatment atlas,

462

00:26:18.155 --> 00:26:20.695

as you can see there's multiple state agencies,

463

00:26:20.995 --> 00:26:22.055

health insurers

464

00:26:22.475 --> 00:26:25.335

and as I mentioned, philanthropy also, uh,

465

00:26:25.335 --> 00:26:27.495

partially funds treatment atlas.

466

00:26:27.955 --> 00:26:30.775

We recently are, well actually we are currently working

467

00:26:30.845 --> 00:26:35.535

with Deloitte to work on engaging marginalized populations

468

00:26:36.075 --> 00:26:38.215

to really address some of those disparities

469

00:26:38.525 --> 00:26:42.015

that we talked about much earlier in the slide presentation.

470

00:26:45.215 --> 00:26:48.065

This is the consumer friendly needs assessment

471

00:26:48.775 --> 00:26:51.385

that is embedded within the platform.

472

00:26:51.925 --> 00:26:55.665

Um, it's 10 questions and it assesses risks

473

00:26:55.845 --> 00:26:58.825

and severities of an individual with substance use disorder

474

00:26:59.285 --> 00:27:01.825

and it makes recommendations on level of care,

475

00:27:02.505 --> 00:27:05.065

clinical services and recovery support services.

476

00:27:05.775 --> 00:27:09.185

Treatment atlas results are then filtered to show options

477

00:27:09.185 --> 00:27:11.705

that are aligned with the assessment recommendations

478

00:27:12.405 --> 00:27:16.665

and that are most aligned to the principles of care.

479

00:27:20.615 --> 00:27:24.145

This is the professional portal that is on the backend.

480

00:27:24.455 --> 00:27:27.825

This is what's available to state agencies

481

00:27:28.325 --> 00:27:30.985

and to uh, payer agencies.

482

00:27:31.725 --> 00:27:35.025

In addition, each provider has access

483

00:27:35.125 --> 00:27:38.345

to their own professional portal so they're able to see

484

00:27:38.405 --> 00:27:41.425

how they align, um, in relation

485

00:27:41.445 --> 00:27:45.065

to the other treatment facilities within the state in

486

00:27:45.065 --> 00:27:46.145

an aggregate manner.

487

00:27:46.415 --> 00:27:49.105

They would not be able to see, for example,

488

00:27:49.315 --> 00:27:51.025

every single treatment facility

489

00:27:51.205 --> 00:27:53.265

and how they align specifically with

490

00:27:53.265 --> 00:27:54.465

that treatment facility,

491

00:27:54.965 --> 00:27:57.545

but they would see, be able to see within aggregate

492

00:27:58.125 --> 00:27:59.825

how they are doing in comparison

493

00:27:59.965 --> 00:28:03.065

to the other treatment facilities within their state.

494

00:28:06.295 --> 00:28:08.955

So this is the QR code.

495

00:28:09.195 --> 00:28:12.395

I am going to be going to treatment atlas just

496

00:28:12.395 --> 00:28:14.035

to show a little bit of

497

00:28:14.455 --> 00:28:16.915

how the platform engages with the consumer.

498

00:28:17.655 --> 00:28:21.715

So feel free either to uh, scan the QR code

499

00:28:21.935 --> 00:28:25.155

or you may also just follow along.

500

00:28:25.785 --> 00:28:29.875

Here is also the link if anyone would just like

501

00:28:29.875 --> 00:28:33.035

to click on the link and go to the platform with me.

502

00:28:36.805 --> 00:28:39.185

So this is shatterproof treatment atlas.

503

00:28:39.365 --> 00:28:42.305

We are constantly under revision

504

00:28:42.645 --> 00:28:45.545

and we are constantly refining processes

505

00:28:46.245 --> 00:28:48.465

to really best align

506

00:28:48.605 --> 00:28:51.905

and provide the best consumer experience possible.

507

00:28:53.315 --> 00:28:57.615

So if we type in a location, I just happen

508

00:28:57.615 --> 00:29:01.655

to be from Pittsburgh, we can go directly

509

00:29:01.675 --> 00:29:03.415

to Pittsburgh, Pennsylvania.

510

00:29:04.035 --> 00:29:07.015

We recognize that every consumer's journey might

511

00:29:07.015 --> 00:29:08.055

be slightly different.

512

00:29:08.595 --> 00:29:10.215

So if someone would choose,

513

00:29:10.725 --> 00:29:13.975

they can actually see all centers near Pittsburgh,

514

00:29:13.975 --> 00:29:18.015

Pennsylvania and it will take them directly to all

515

00:29:18.215 --> 00:29:19.295

of the centers

516

00:29:19.555 --> 00:29:22.855

and it will list them from closest to furthest away.

517

00:29:23.595 --> 00:29:27.055

Or if someone would like some assistance in choosing,

518

00:29:27.725 --> 00:29:29.495

they can go to the help me choose.

519

00:29:30.475 --> 00:29:33.775

In addition, you will notice that some of our state partners

520

00:29:34.115 --> 00:29:38.335

or funders have asked for some um, customization.

521

00:29:38.555 --> 00:29:42.325

So this is something else that we do engage in quite often

522

00:29:42.585 --> 00:29:43.685

for Pennsylvania.

523

00:29:43.915 --> 00:29:48.165

They have asked for, um, some information at the top,

524

00:29:48.905 --> 00:29:52.805

uh, specifically for individuals who may be funded

525

00:29:52.805 --> 00:29:53.925

through county funding.

526

00:29:55.225 --> 00:29:58.765

Um, so if we go to the

527

00:29:59.325 --> 00:30:03.335

A SAM assessment, we can go through

528

00:30:03.475 --> 00:30:07.295

and identify which substances may be causing a person

529

00:30:07.655 --> 00:30:12.455

problems, how hard is it for an individual to stop using,

530

00:30:14.575 --> 00:30:17.145

what withdrawal symptoms does an individual have

531

00:30:18.125 --> 00:30:21.185

and an individual can fill this out or their family member.

532

00:30:21.365 --> 00:30:22.745

We oftentimes do find

533

00:30:22.745 --> 00:30:26.025

that more family members are the ones completing the 10

534

00:30:26.345 --> 00:30:29.665

question, um, assessment versus the individual,

535

00:30:30.485 --> 00:30:34.785

but we did wanna make sure that it um, is consistent

536

00:30:34.885 --> 00:30:38.185

and easy and does not have a significant cognitive load

537

00:30:38.885 --> 00:30:42.305

in case it is the individual who may be in more

538

00:30:42.305 --> 00:30:43.705

of a crisis situation.

539

00:30:44.235 --> 00:30:46.185

Completing each of these questions

540

00:30:48.665 --> 00:30:51.115

asks about any kind of mental health concerns,

541

00:30:51.895 --> 00:30:56.075

any suicidality if anyone wants to stop at any point,

542

00:30:56.185 --> 00:30:58.795

they can see their results at that point in time.

543

00:31:00.855 --> 00:31:02.705

What are some of the needs of an individual?

544

00:31:02.895 --> 00:31:06.785

What are the social, uh, determinants of health in addition

545

00:31:06.785 --> 00:31:10.585

to peer support services and uh, church

546

00:31:10.605 --> 00:31:11.825

or spiritual services?

547

00:31:12.925 --> 00:31:15.025

Is there any kind of legal requirements?

548

00:31:15.805 --> 00:31:18.905

And then, uh, what is the motivation to change?

549

00:31:22.805 --> 00:31:25.105

So based upon the responses,

550

00:31:25.605 --> 00:31:29.425

an individual then receives basically a recommendation.

551

00:31:30.285 --> 00:31:34.785

So it does talk about sort of the gold standard for, uh,

552

00:31:34.845 --> 00:31:37.865

opioid use disorder is a medications

553

00:31:38.485 --> 00:31:41.905

and it also gives those additional concerns

554

00:31:41.905 --> 00:31:45.665

that were indicated, what an individual may want to look for

555

00:31:46.095 --> 00:31:48.305

that, for example, with the way

556

00:31:48.305 --> 00:31:51.985

that I had answered the questions, it also suggests looking

557

00:31:52.205 --> 00:31:53.745

for a program that would help

558

00:31:53.745 --> 00:31:55.265

with shelter and transportation.

559

00:31:56.955 --> 00:32:01.895

So if we then begin look at recommended, you can see that

560

00:32:03.365 --> 00:32:06.735

what the program offers, all of the things are checked,

561

00:32:07.275 --> 00:32:11.215

we can also look at what sort

562

00:32:11.275 --> 00:32:13.415

of insurance an individual may have

563

00:32:13.995 --> 00:32:17.855

and whether it is something that is covered

564

00:32:18.035 --> 00:32:22.535

or offered by that provider, it will then pop

565

00:32:22.555 --> 00:32:26.615

to the top if that is an insurance that uh,

566

00:32:26.615 --> 00:32:28.255

that provider accepts.

567

00:32:29.075 --> 00:32:31.175

All of these are hot links right here.

568

00:32:31.795 --> 00:32:36.375

And so an individual can contact any one of the facilities

569

00:32:37.455 --> 00:32:39.095

directly from the platform.

570

00:32:39.745 --> 00:32:44.525

So an individual can either call, email, go to their website

571

00:32:45.185 --> 00:32:50.005

or fill out a form that will direct them directly to

572

00:32:50.005 --> 00:32:52.845

that website or directly to that provider.

573

00:32:54.445 --> 00:32:58.745

If we go to the provider's uh, facility page,

574

00:32:59.085 --> 00:33:02.545

you'll be able to see what all are the services

575

00:33:02.655 --> 00:33:05.345

that are offered by this facility

576

00:33:05.765 --> 00:33:08.345

so you can see which substances they treat,

577

00:33:09.005 --> 00:33:13.185

the treatment services that are offered medication, um,

578

00:33:13.645 --> 00:33:16.905

mental and physical health, ways to pay, et cetera.

579

00:33:17.485 --> 00:33:18.945

You can always show more

580

00:33:19.525 --> 00:33:23.815

and there is more detail down towards the bottom

581

00:33:23.875 --> 00:33:27.015

of the screen exactly which behavioral therapies are

582

00:33:27.335 --> 00:33:29.855

utilized, which medications, what kind

583

00:33:29.855 --> 00:33:31.415

of counseling, et cetera.

584

00:33:32.435 --> 00:33:36.865

Um, we at Shatterproof, as I mentioned,

585

00:33:36.865 --> 00:33:41.545

this is a public platform that is funded by our partners.

586

00:33:42.245 --> 00:33:45.825

So we do training in the communities

587

00:33:46.445 --> 00:33:48.105

to help raise awareness.

588

00:33:48.365 --> 00:33:50.825

That's part of what we're doing pretty significantly

589

00:33:51.055 --> 00:33:55.585

with our Deloitte work is we are doing outreach in a number

590

00:33:55.645 --> 00:33:59.465

of marginalized communities with individuals

591

00:33:59.735 --> 00:34:02.385

that may be unfamiliar with treatment atlas.

592

00:34:02.815 --> 00:34:07.185

Basically we utilize overdose, um, information along

593

00:34:07.185 --> 00:34:10.305

with our traffic reports and see where there's a mismatch.

594

00:34:10.775 --> 00:34:14.305

Then we begin to build relationships within those, uh,

595

00:34:14.935 --> 00:34:18.345

communities, whether it's through soup kitchens, um,

596

00:34:18.345 --> 00:34:21.345

looking at that county, looking at referral sources,

597

00:34:22.465 --> 00:34:25.705

hospitals, uh, 2 1 1 lines, et cetera.

598

00:34:26.365 --> 00:34:26.585

Um,

599

00:34:32.805 --> 00:34:36.095

There's, this is the principles of care

600

00:34:36.515 --> 00:34:38.375

and we currently do it in a donut

601

00:34:39.275 --> 00:34:42.455

so anyone can see very quickly at a glance

602

00:34:44.065 --> 00:34:47.045

how aligned is this facility with the principles of care,

603

00:34:47.045 --> 00:34:48.485

which once again are based on

604

00:34:48.485 --> 00:34:51.005

that 2016 surgeon General's report.

605

00:34:51.945 --> 00:34:55.365

And this particular facility is meeting

606

00:34:55.945 --> 00:34:57.605

all except for one.

607

00:34:57.835 --> 00:34:59.405

It's meeting some of the criteria,

608

00:34:59.545 --> 00:35:02.725

but all of the rest of 'em it's meeting all of the criteria.

609

00:35:03.665 --> 00:35:07.645

For example, an individual has fast access to services

610

00:35:08.225 --> 00:35:10.605

and if anyone wants to see the details of

611

00:35:10.755 --> 00:35:11.765

what does that mean?

612

00:35:12.355 --> 00:35:14.765

Same day walk-in appointments are available.

613

00:35:19.235 --> 00:35:21.385

There is a personalized treatment plan.

614

00:35:23.445 --> 00:35:25.575

Medications for opioid use

615

00:35:25.635 --> 00:35:27.895

and alcohol use disorder are offered.

616

00:35:28.585 --> 00:35:30.575

Behavioral therapies are offered.

617

00:35:31.365 --> 00:35:34.895

There's coordination between mental and physical healthcare.

618

00:35:35.845 --> 00:35:37.780

There's long-term care management

619

00:35:38.955 --> 00:35:41.375

and there are also support services.

620

00:35:42.395 --> 00:35:46.975

In addition, down here someone can see if, if a facility

621

00:35:47.595 --> 00:35:52.055

offers uh, telehealth, there's also filters that allow

622

00:35:52.055 --> 00:35:55.655

for individuals to see whether there's um,

623

00:35:55.985 --> 00:35:59.175

youth services there, whether there is

624

00:36:00.285 --> 00:36:01.815

LGBTQIA plus services

625

00:36:02.195 --> 00:36:05.495

or any specific, um, programming

626

00:36:06.195 --> 00:36:09.095

or various groups.

627

00:36:09.915 --> 00:36:11.815

In addition, you can see whether, um,

628

00:36:11.835 --> 00:36:15.775

it offers specialized groups for veterans pregnancy,

629

00:36:16.235 --> 00:36:17.495

um, et cetera.

630

00:36:24.185 --> 00:36:25.465

I also wanted to

631

00:36:29.695 --> 00:36:31.825

show if there is a,

632

00:36:36.485 --> 00:36:41.025

at least 10 or more consumer perceptions of care, how

633

00:36:41.025 --> 00:36:43.945

that appears on the website as well.

634

00:36:46.115 --> 00:36:49.935

As I mentioned, this is based on A HRQ caps echo.

635

00:36:50.435 --> 00:36:53.495

So they are reliable and valid within the field

636

00:36:54.355 --> 00:36:58.575

and this is how they present on the website.

637

00:36:59.665 --> 00:37:03.405

So you can see that if someone, uh, leaves a review,

638

00:37:03.935 --> 00:37:07.125

which is very easy for anyone to do,

639

00:37:07.425 --> 00:37:10.405

so either it's an individual or their loved one

640

00:37:10.585 --> 00:37:13.645

and every single consumer perception of care review

641

00:37:13.645 --> 00:37:17.365

that comes through goes through both a um,

642

00:37:17.365 --> 00:37:20.925

automated language processing and a human review.

643

00:37:21.545 --> 00:37:26.285

Um, we are also really encouraging individuals

644

00:37:27.025 --> 00:37:29.925

to, uh, submit their review of a,

645

00:37:30.145 --> 00:37:31.445

the treatment they received.

646

00:37:31.995 --> 00:37:34.045

This is the best way for individuals

647

00:37:34.065 --> 00:37:37.245

to really find out whether it will work for them or not, um,

648

00:37:37.305 --> 00:37:39.565

and what others have experienced there.

649

00:37:41.265 --> 00:37:45.885

It, some of the most recent research shows that about 80%

650

00:37:45.905 --> 00:37:49.565

of consumers, all of us utilize online reviews

651

00:37:49.625 --> 00:37:51.325

to help us make a determination

652

00:37:51.985 --> 00:37:55.925

in anything from buying a purse to going to a hospital.

653

00:37:56.865 --> 00:37:59.285

And we want individuals that are seeking

654

00:37:59.925 --> 00:38:01.925

substance use disorder care to be able to have

655

00:38:01.925 --> 00:38:03.605

that same kind of experience.

656

00:38:04.225 --> 00:38:07.445

So we do have a weekly sweepstakes for \$50 gift card

657

00:38:07.545 --> 00:38:10.805

for anyone who does uh, complete the survey.

658

00:38:10.985 --> 00:38:12.245

It is completely anonymous.

659

00:38:12.785 --> 00:38:17.445

So we do separate the survey responses from if someone, um,

660

00:38:18.195 --> 00:38:20.605

then chooses to enter themselves into

661

00:38:21.265 --> 00:38:22.565

the sweepstakes drawing

662

00:38:23.305 --> 00:38:27.925

and this is the questions that are on there.

663

00:38:28.745 --> 00:38:32.645

So if we go back, it really gives first

664

00:38:32.645 --> 00:38:37.245

of all an overall rating and then also by features.

665

00:38:37.425 --> 00:38:41.485

So if the treatment was helpful, if it was timely,

666

00:38:41.745 --> 00:38:45.525

if the staff was respectful, if the individual felt

667

00:38:45.625 --> 00:38:49.285

as if they received tools for coping, family involvement

668

00:38:49.425 --> 00:38:52.525

and information about other options.

669

00:38:57.285 --> 00:39:01.425

One thing that we have also recently been,

670

00:39:05.865 --> 00:39:09.885

Uh, done within the treatment atlas

671

00:39:10.665 --> 00:39:14.325

is we now allow for,

672

00:39:15.465 --> 00:39:19.925

um, facilities to

673

00:39:21.425 --> 00:39:21.915

provide

674

00:39:27.155 --> 00:39:30.615

images of what their facility looks like

675

00:39:31.275 --> 00:39:36.035

so individuals can look at the different pictures

676

00:39:36.895 --> 00:39:39.835

and see whether this is something that may fit

677

00:39:39.895 --> 00:39:41.395

for them or not.

678

00:39:44.375 --> 00:39:49.315

So it really is a comprehensive solution, um,

679

00:39:49.815 --> 00:39:51.515

really evolving from

680

00:39:52.075 --> 00:39:54.595

whenever we were, you know, many of us

681

00:39:54.615 --> 00:39:56.755

who may have started in the substance use field

682

00:39:57.265 --> 00:40:01.355

when we were first working off of PDFs

683

00:40:01.695 --> 00:40:05.935

and off of um, you know,

684

00:40:06.105 --> 00:40:08.735

Excel spreadsheets as to where to send someone.

685

00:40:09.685 --> 00:40:12.495

This really is a comprehensive platform

686

00:40:13.005 --> 00:40:15.815

that allows all treatment facilities

687

00:40:16.395 --> 00:40:19.735

to really be gauged the same way, um,

688

00:40:19.875 --> 00:40:22.575

and really takes out some of the guesswork.

689

00:40:23.895 --> 00:40:27.095

I really strongly recommend anyone working

690

00:40:27.125 --> 00:40:31.975

with case management services, et cetera, to not,

691

00:40:32.795 --> 00:40:37.095

um, encourage their clientele to just do a,

692

00:40:39.125 --> 00:40:41.905

uh, Google search or anything like that.

693

00:40:42.695 --> 00:40:46.745

Just as a kind of experiment.

694

00:40:47.185 --> 00:40:51.985

I did a Google search from Southwestern Pennsylvania

695

00:40:52.605 --> 00:40:54.865

and whenever I did a Google search

696

00:40:54.925 --> 00:40:58.545

for residential treatment providers, I began getting all

697

00:40:58.545 --> 00:41:01.425

of these ones that had significant marketing

698

00:41:02.165 --> 00:41:04.025

and I was being taken to,

699

00:41:04.825 --> 00:41:08.265

I was being shown luxury resorts in Malibu.

700

00:41:08.765 --> 00:41:12.825

Um, oftentimes these are self-pay these, uh,

701

00:41:13.565 --> 00:41:15.545

and the quality of the care may

702

00:41:15.545 --> 00:41:18.705

or may not be, um, substantially high.

703

00:41:19.565 --> 00:41:23.705

So really working with the consumers that may be struggling

704

00:41:23.705 --> 00:41:27.265

with substance use and their families on finding that care

705

00:41:27.295 --> 00:41:28.985

that best meets their needs

706

00:41:29.445 --> 00:41:34.005

and will really best support their uh, recovery journeys.

707

00:41:37.005 --> 00:41:40.065

We are continuing to evolve

708

00:41:40.845 --> 00:41:44.905

and as you know, executives that are

709

00:41:45.575 --> 00:41:47.305

very interested in this topic.

710

00:41:47.605 --> 00:41:51.145

It may be even a question of if treatment Atlas comes to you

711

00:41:51.285 --> 00:41:54.665

and says, you know, we are entering into your state,

712

00:41:54.665 --> 00:41:56.905

please complete the treatment facility survey.

713

00:41:57.815 --> 00:41:59.625

What are some of the benefits to you?

714

00:42:01.475 --> 00:42:02.945

Since the beginning of the year,

715

00:42:03.205 --> 00:42:07.145

we have had over 500,000 individuals visit the

716

00:42:07.145 --> 00:42:08.665

treatment atlas website.

717

00:42:09.685 --> 00:42:12.665

Of those, we are finding that uh,

718

00:42:13.055 --> 00:42:17.105

over 60% are engaging with those providers

719

00:42:17.575 --> 00:42:20.065

that are in the top 80% of alignment

720

00:42:20.135 --> 00:42:21.465

with the principles of care.

721

00:42:22.455 --> 00:42:24.675

That's huge. That's really driving

722

00:42:24.855 --> 00:42:27.315

and encouraging individuals to seek care

723

00:42:27.315 --> 00:42:28.995

that will best support their needs.

724

00:42:29.975 --> 00:42:31.835

And at those treatment facilities

725

00:42:31.835 --> 00:42:34.235

that are offering evidence-based practices,

726

00:42:35.185 --> 00:42:38.485

we are seeing more and more traction and that traction grow.

727

00:42:39.105 --> 00:42:43.925

Um, we are continuing to look at ways to refine the offering

728

00:42:44.265 --> 00:42:46.805

and we're continuing to look at ways to

729

00:42:47.385 --> 00:42:48.845

engage our consumers.

730

00:42:49.625 --> 00:42:54.045

Um, you will see over here, this is actually one

731

00:42:54.045 --> 00:42:57.805

of the things that we review very, very frequently.

732

00:42:58.235 --> 00:43:00.765

This is called clarity, if anyone's familiar with it.

733

00:43:00.775 --> 00:43:03.085

We're finding about 80% of our traffic is

734

00:43:03.085 --> 00:43:04.125

through mobile means.

735

00:43:04.745 --> 00:43:07.165

So we start looking at what are things

736

00:43:07.165 --> 00:43:08.405

that are being clicked on

737

00:43:08.505 --> 00:43:12.765

or where are their rage clicks that are not live links

738

00:43:12.825 --> 00:43:15.085

and how do we make the site cleaner so

739

00:43:15.085 --> 00:43:17.085

that those individuals that are coming

740

00:43:17.085 --> 00:43:20.245

that we can truly support them through the recovery episode.

741

00:43:21.105 --> 00:43:23.605

Um, I am a licensed clinician.

742

00:43:23.865 --> 00:43:26.605

Um, I'm a psychologist previously

743

00:43:27.025 --> 00:43:29.045

and this excites me so much.

744

00:43:29.485 --> 00:43:33.165

I am so passionate about the individuals

745

00:43:33.195 --> 00:43:35.285

that have been struggling with substance use

746

00:43:35.745 --> 00:43:38.445

and helping them and guiding them to that care

747

00:43:38.515 --> 00:43:42.045

that can provide them with hope that matches their needs

748

00:43:42.585 --> 00:43:45.965

and that really will best support whatever their recovery

749

00:43:45.965 --> 00:43:47.005

efforts may be.

750

00:43:48.175 --> 00:43:51.435

And I've heard from a number of individuals that, you know,

751

00:43:51.435 --> 00:43:52.675

different people come in

752

00:43:52.865 --> 00:43:55.595

with the different focuses and different needs.

753

00:43:56.175 --> 00:43:59.555

For example, one individual that I was talking to his son,

754

00:44:00.055 --> 00:44:01.795

um, is a special needs individual.

755

00:44:02.215 --> 00:44:04.515

So he had to have access to his cell phone

756

00:44:04.655 --> 00:44:07.155

and he did not want to go to a treatment facility

757

00:44:07.225 --> 00:44:08.675

that would not allow him that.

758

00:44:09.135 --> 00:44:11.115

So that was one of the things that he filtered

759

00:44:11.115 --> 00:44:14.835

for was really being able to find a facility near him

760

00:44:15.385 --> 00:44:18.155

that would allow him to have his cell phone as well.

761

00:44:19.715 --> 00:44:23.125

Um, so one

762

00:44:23.125 --> 00:44:26.085

of the things we're working on is improving

763

00:44:26.155 --> 00:44:28.765

that consumer journey, looking at ways

764

00:44:28.865 --> 00:44:31.725

to improve the homepage, looking at ways

765

00:44:31.785 --> 00:44:35.765

to even reduce the language, um, more to be able

766

00:44:35.785 --> 00:44:37.645

to make it more consumer friendly.

767

00:44:38.495 --> 00:44:40.245

We're also looking at ways

768

00:44:40.505 --> 00:44:43.765

to customize based upon the needs of the funder.

769

00:44:44.425 --> 00:44:47.365

As I mentioned with Pennsylvania, they really wanted

770

00:44:47.385 --> 00:44:51.325

to be able to guide individuals that were county funded to

771

00:44:51.325 --> 00:44:52.965

that appropriate county so

772

00:44:52.965 --> 00:44:55.405

that they may access the services they need.

773

00:44:55.975 --> 00:45:00.725

We're now able to customize based upon that we really worked

774

00:45:00.865 --> 00:45:03.685

and invested heavily in our infrastructure so

775

00:45:03.685 --> 00:45:06.445

that we have a data warehouse that allows for the ability

776

00:45:06.505 --> 00:45:09.125

to list at update the listing

777

00:45:09.185 --> 00:45:12.685

of providers at any point in time in near real time.

778

00:45:13.665 --> 00:45:17.725

So one of the challenges that we've heard on ongoing

779

00:45:18.465 --> 00:45:21.045

is that uh, some of the platforms

780

00:45:21.045 --> 00:45:24.325

that are out there do not have up to date in information.

781

00:45:25.435 --> 00:45:28.805

Ours, the providers can update it at any point in time.

782

00:45:29.465 --> 00:45:32.525

We also have, uh, restructured so

783

00:45:32.525 --> 00:45:35.085

that we have individuals on the team

784

00:45:35.555 --> 00:45:37.165

that are specifically dedicated

785

00:45:37.165 --> 00:45:38.645

to working with the providers.

786

00:45:38.705 --> 00:45:40.365

So we're building those relationships.

787

00:45:41.065 --> 00:45:45.365

Um, sometimes whenever a provider opens a uh,

788

00:45:46.045 --> 00:45:49.645

specialty program, we are able to put that on our website

789

00:45:49.905 --> 00:45:54.245

and we sometimes know about it even before the state does.

790

00:45:54.545 --> 00:45:58.205

Um, so we're able to provide that feedback loop as well.

791

00:45:59.305 --> 00:46:04.285

We are also with the investment in the infrastructure, able

792

00:46:04.285 --> 00:46:07.405

to do advanced analytics to allow for refinements

793

00:46:07.425 --> 00:46:11.045

and approaches and outreach based upon the needs of funders.

794

00:46:11.225 --> 00:46:15.365

If we're looking at where do, are we not seeing as high

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00:46:15.365 --> 00:46:18.445

of utilization as we would expect, how do we engage

796

00:46:18.445 --> 00:46:22.365

that population And we're doing increased outreach

797

00:46:22.585 --> 00:46:24.645

to marginalized groups, testing

798

00:46:24.785 --> 00:46:28.565

and refining some of our uh, marketing materials, testing

799

00:46:28.625 --> 00:46:32.165

and refining our messages to really best engage those,

800

00:46:33.335 --> 00:46:35.205

those groups and those individuals.

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00:46:36.515 --> 00:46:37.965

Some of the future directions

802

00:46:38.345 --> 00:46:42.565

and how we also continue to plan to support

803

00:46:43.435 --> 00:46:45.605

individuals, um, providers

804

00:46:45.985 --> 00:46:49.685

and our funders is we're looking into feasibility

805

00:46:49.785 --> 00:46:53.085

of including claims-based measures into treatment atlas

806

00:46:53.465 --> 00:46:56.205

and how that really translates into a,

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00:46:57.065 --> 00:47:00.095

um, into differentiation.

808

00:47:00.875 --> 00:47:02.375

At the provider level,

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00:47:03.025 --> 00:47:05.895

we're looking at expanding services available on the

810

00:47:06.175 --> 00:47:09.215

platform through partners or building out treatment atlas.

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00:47:09.715 --> 00:47:12.255

Um, we through Q4

812

00:47:12.395 --> 00:47:13.455

and then through the beginning

813

00:47:13.475 --> 00:47:15.775

of next year we'll be expanding

814

00:47:15.835 --> 00:47:18.495

to include telehealth only providers.

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00:47:18.885 --> 00:47:21.815

Currently, the lists we're receiving from the state

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00:47:22.395 --> 00:47:25.775

and the platform itself includes any bricks

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00:47:25.775 --> 00:47:26.895

and mortar providers.

818

00:47:27.435 --> 00:47:30.965

It will also include those providers that offer telehealth,

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00:47:31.505 --> 00:47:33.205

but it is not telehealth only.

820

00:47:33.425 --> 00:47:37.285

So we're really looking to expand our offering to

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00:47:37.285 --> 00:47:40.565

that in the fall and we're looking to be able

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00:47:40.585 --> 00:47:42.085

to customize more.

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00:47:42.085 --> 00:47:43.765

Currently it's primarily banners,

824

00:47:44.225 --> 00:47:48.525

but we're looking to be able to provide unique URLs to say,

825

00:47:48.745 --> 00:47:51.445

um, payers so that they can have it

826

00:47:51.465 --> 00:47:53.045

for the totality of their network.

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00:47:53.705 --> 00:47:56.565

Um, they'll be able to indicate what are some

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00:47:56.745 --> 00:47:59.365

of their centers of excellence

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00:47:59.865 --> 00:48:03.565

and really being able to work with the payers in the states

830

00:48:04.105 --> 00:48:08.205

on making it work for their constituents versus based,

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00:48:08.745 --> 00:48:12.485

you know, versus the what you're seeing today.

832

00:48:13.375 --> 00:48:15.885

We're also looking at exploring the ability

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00:48:15.945 --> 00:48:17.485

of doing composite rating.

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00:48:17.995 --> 00:48:20.885

This would be a longer term roadmap

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00:48:20.985 --> 00:48:23.445

and really a process where we would utilize

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00:48:24.665 --> 00:48:26.565

the expertise from the field

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00:48:27.305 --> 00:48:30.445

and really look at what are the different ways

838

00:48:30.585 --> 00:48:34.685

to differentiate and to make that very, um,

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00:48:35.135 --> 00:48:38.685

digestible by the public so that they can easily see

840

00:48:38.915 --> 00:48:41.965

what is the best treatment provider for themselves

841

00:48:42.065 --> 00:48:43.165

or a loved one

842

00:48:43.625 --> 00:48:46.205

to best support them in their recovery efforts.

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00:48:51.095 --> 00:48:54.685

Thank you very much for all of your time today.

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00:48:54.945 --> 00:48:57.805

If there are any further questions, um,

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00:48:57.825 --> 00:49:00.125

please do not hesitate to reach out.

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00:49:00.825 --> 00:49:04.245

In addition with the deck there is, um,

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00:49:04.455 --> 00:49:08.405

additional information if anyone is interested.

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00:49:08.875 --> 00:49:11.965

Sometimes I get questions about, you know,

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00:49:12.025 --> 00:49:15.765

how are the treatment facility surveys validated since they

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00:49:15.765 --> 00:49:18.285

are completed by the treatment facility.

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00:49:18.875 --> 00:49:21.245

This gives a bit more information on what

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00:49:21.245 --> 00:49:23.925

that validation process looks like.

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00:49:24.675 --> 00:49:26.805

This is also, uh, you know, some

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00:49:26.805 --> 00:49:30.205

of the claims-based measure, the evolution that

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00:49:30.205 --> 00:49:31.765

that has gone through as well

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00:49:32.225 --> 00:49:34.485

and really why we're reinstituting it now

857

00:49:34.485 --> 00:49:36.085

and how are we incorporating some

858

00:49:36.085 --> 00:49:38.005

of the lessons learned from previously.

859

00:49:38.735 --> 00:49:42.485

We're oftentimes asked about our claims-based measure pilot

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00:49:42.865 --> 00:49:46.565

as we're looking at um, you know, what does

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00:49:46.565 --> 00:49:49.205

that feasibility look like, what are some of the

862

00:49:49.725 --> 00:49:51.325

priority measures that we're looking at.

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00:49:51.905 --> 00:49:55.085

We did define these priority measures based upon our

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00:49:55.085 --> 00:49:56.565

partnership with Mathematica.

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00:49:56.825 --> 00:50:00.045

We also have a claims-based work group that has

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00:50:00.485 --> 00:50:01.605

provided us feedback

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00:50:01.825 --> 00:50:05.525

and that work group is comprised of various state partners,

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00:50:05.825 --> 00:50:07.445

payers and providers.

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00:50:08.145 --> 00:50:10.645

So the claims-based measures that we're going

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00:50:10.645 --> 00:50:14.205

to be focusing on include initiation, engagement of alcohol

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00:50:14.205 --> 00:50:17.085

and drug, other drug use treatment, continuity

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00:50:17.105 --> 00:50:20.765

of medically managed withdrawal follow up, um,

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00:50:20.905 --> 00:50:23.845

for those newly prescribed an SUD medication

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00:50:24.385 --> 00:50:27.485

and all cause ed, uh, utilization rates.

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00:50:27.705 --> 00:50:32.245

So that is still in the feasibility phase so we're hoping

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00:50:32.305 --> 00:50:35.485

to be able to report back out on that, um,

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00:50:35.985 --> 00:50:37.845

in the fourth quarter of this year.

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00:50:41.175 --> 00:50:42.175

Okay,

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00:50:43.475 --> 00:50:44.475

Dr. Kler, thank

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00:50:44.475 --> 00:50:46.175

you very much. It doesn't look like we have any

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00:50:46.335 --> 00:50:48.175

questions today, but I would like

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00:50:48.175 --> 00:50:50.375

to let everybody know if they do have any questions

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00:50:50.375 --> 00:50:53.785

after the uh, webinar, they can either reach out to Dr.

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00:50:54.015 --> 00:50:55.665

Kler with the information she provided

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00:50:55.685 --> 00:50:57.225

or they can reach out to open minds

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00:50:57.225 --> 00:50:58.345

and we will put you in touch.

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00:50:58.985 --> 00:51:00.385

I wanna thank everybody who joined us.

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00:51:00.465 --> 00:51:02.785

I also wanna remind you that the slides in the recording

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00:51:02.785 --> 00:51:05.105

for this will be made available in the Open Minds website

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00:51:05.465 --> 00:51:08.305

starting tomorrow and sometime in the next 30 days.

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00:51:08.365 --> 00:51:11.105

We will do a management article on our website covering Dr.

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00:51:11.185 --> 00:51:14.265

Kugler's work. You can also join us next week, Thursday,

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00:51:14.335 --> 00:51:16.225

July 25th at 1:00 PM Eastern

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00:51:16.245 --> 00:51:19.385

for our next round table revenue cycle management trends

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00:51:19.405 --> 00:51:21.465

and best practices for 2024.

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00:51:21.965 --> 00:51:23.025

To register for that event

897

00:51:23.025 --> 00:51:25.185

or for a full list of upcoming round tables,

898

00:51:25.185 --> 00:51:28.585

you can visit the executive round tables page located under

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00:51:28.585 --> 00:51:32.385

the events tab@www.open minds.com.

900

00:51:32.525 --> 00:51:35.185

Dr. Cooper, thank you again. This has been very informative.

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00:51:35.595 --> 00:51:37.425

We'll be in touch to continue, uh,

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00:51:37.555 --> 00:51:40.065

showcasing your work in the coming weeks. Thank

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00:51:40.625 --> 00:51:43.385

You so much and thank you everyone for attending today.

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00:51:43.445 --> 00:51:45.585

Really appreciate your participation.

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00:51:46.965 --> 00:51:48.965

Absolutely. Thank you everybody and take care.

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00:51:48.965 --> 00:51:49.725

Have a great weekend.