



GTMRx
Institute™

Get the medications right

www.gtmr.org

*Medication Management Reform:
How We Integrate Technology*

August 26, 2020 | 1 p.m. Eastern

GTMRx Learning Network Webinar

Agenda

- Welcome and Introductions
- Learning Objectives
- Presenters
 - ❖ **Molly J. Ekstrand, BPharm, BCACP, AE-C**
 - Principal Consultant, North Star Medication Optimization, LLC
 - Distinguished Fellow, GTMRx Institute
 - ❖ **Jane Cheshire Gilbert, CPA**
 - Director of Retiree Health, Teachers' Retirement System of the State of Kentucky
 - Strategic Partner, GTMRx Institute
- Question and Answer Session

The Get the Medications Right (GTMRx) Institute

Vision

Enhance life by ensuring appropriate and personalized use of medication and gene therapies.

Mission

Bring critical stakeholders together, bound by the urgent need to optimize outcomes and reduce costs by getting the medications right.

Focus Areas

- Practice and Care System Transformation
- Payment & Policy Solutions
- Precision Medicine via Advanced Diagnostics
- Health IT to Support Optimized Medication Use

Multi-Stakeholder Coalition



Since launch in April 2019, GTMRx has built a multi-stakeholder community of over 1,050 members

GTMRx
Institute™



- International Members:**
- Australia
 - Brazil
 - British Virgin Islands
 - Canada
 - Côte d'Ivoire
 - Egypt
 - Ghana
 - India
 - Kenya
 - Jordan
 - Myanmar
 - Nigeria
 - Qatar
 - Saudi Arabia

- Legend**
- Solution Provider
 - Academia
 - Public & Private Payors
 - Consultants
 - Providers of Care
 - Consumer Advocacy Groups
 - Professional Organizations
 - Consumers
 - Hospitals and Health Systems

- **1050+** individual members (08.24.20)
- **705+** companies
- *Our Year 1 goal for membership was 200, & our Year 6 goal was 750 members!*

Ten things GTMRx Institute learned in our first ten months



1

Optimal patient care requires optimal medication use



2

Achieving medication optimization requires a more rational, patient-centered, team-based and integrated approach called comprehensive medication management



3

The evidence supports comprehensive medication management



4

Optimal medication use requires better data; data must be actionable



5

Optimal medication use may require advanced diagnostics

Ten things GTMRx Institute learned in our first ten months



New payment models will be necessary for broad access to comprehensive medication management



Health insurance plan sponsors save more than money from medication optimization



Medication optimization provides patients with more than health improvement



Inability to meet desired clinical outcomes is an important trigger for identifying patients who can benefit the most from comprehensive medication management



Medication optimization leadership requires buy-in and an organizational supporting culture

Call for Medication Management Reform



Practice and Care System Transformation



Payment & Policy Solutions



Precision Medicine via Advanced Diagnostics



Health IT to Support Optimized Medication Use



CMM is core to comprehensive primary care – and a medication use process that saves lives and money

The Outcomes of Implementing and Integrating Comprehensive Medication Management in Team-Based Care: A Review of the Evidence on Quality, Access and Costs, June 2020

PREPARED BY:

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National Clinical Pharmacy Practice Program Manager, Clinical Practice Integration and Model Advancement,
Clinical Pharmacy Practice Office, Pharmacy Benefits Management Services, Veterans Health Administration

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Director, Clinical Practice Advancement, American College of Clinical Pharmacy

Annually, over \$528 billion is wasted and 275,000 lives are lost due to non-optimized medication use.¹ Misuse, overuse or underuse of medication therapy can lead to treatment failure, a new medical problem or both. With over 80% of Americans taking at least 1 medication per week and an increased percentage of hospital readmissions associated with a medication related problem, a strategy must be integrated that can ensure patients “Get the Medications Right.”^{2,3} Comprehensive medication management (CMM) is a patient centered approach to optimizing medication use and improving patient health outcomes that is delivered by a clinical pharmacist working in collaboration with the patient and other healthcare providers. This care process ensures each patient’s medications (whether prescription, nonprescription, alternative, traditional, vitamins, or nutritional supplements) are individually assessed to determine that each medication has an appropriate indication, is effective for the medical condition and achieving defined patient and/or clinical goals, is safe given the comorbidities and other medications being taken, and that the patient is able to take the medication as intended and adhere to the prescribed regimen.⁴

CMM integration and implementation as part of the patient care experience and the team providing the

care holds great value. This value can be quantified by the overall effect of CMM supporting the quadruple aim of health care to improve the patient experience, provide better care, reduce cost and to improve the provider experience.⁵

Is there research that supports the benefits of CMM integration surrounding the Quadruple Aim of Healthcare? The short answer is yes. Although a review of the data surrounding CMM can reveal different nomenclature and descriptions, the answer is unequivocally supported in the primary literature that CMM does improve and support the quadruple aim. As the fidelity around the model of the provision of CMM increases⁶, findings in the primary literature for CMM are increasing at an exponential rate.

This document summarizes key findings from published CMM literature supporting the quadruple aim of healthcare. The studies reviewed have integrated CMM into team based care in a myriad of different healthcare systems spanning the spectrum from individual provider offices with privately insured patients to nonprofit value based payment healthcare systems and government run healthcare systems.

Regardless of the system, findings are consistent that when CMM is integrated, care improves, cost decrease, and the patient and provider experience increase.



Get the Medications Right Institute
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“The Outcomes of Implementing and Integrating Comprehensive Medication Management in Team-Based Care”

- Better care
- Reduced costs
- Improved access to care
- Improved provider work life
- Improved patient satisfaction
- Improved outcomes
- Improved quality of care

Learning Objectives

Some of the topics we will cover include:

- What is needed within organizations to leverage health IT to enable comprehensive medication management (CMM).
- Use of data aggregation tools today, and where they need to evolve to support medication optimization and the CMM process.
- What data and information is needed to inform CMM programs for patients and their care team for effective and accurate clinical decision making.
- The health IT capabilities and functionalities supporting CMM practice to include risk stratification to identify those at risk of not meeting clinical goals of therapy and how CMM services can then help optimize medications for improved outcomes.
- How the CMM process was informed by PGx for a retiree population.

Our Presenters



Molly J. Ekstrand, BPharm, BCACP, AE-C

Principal Consultant

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Jane Cheshire Gilbert, CPA

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Teachers' Retirement System of the State of Kentucky

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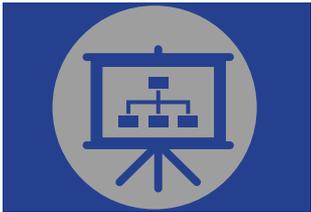
Health IT to Support Optimized Medication Use

GTMRx Workgroup

- Four Foundational Pillars
 - Clinical Decision Support
 - Population Management and Risk Stratification
 - Patient Engagement, Care Coordination and Data Exchange
 - Outcomes: Economic, Clinical, Humanistic
- Adoption and Utilization of HIT is a journey of maturation

Population Management and Risk Stratification

CMM Patient Identification in a World of Finite Health Care Resources



Care Delivery Alignment Strategy

- Quality measure based
- Chronic disease management



ACO and Value Based Contract Strategy

- Longitudinal for Medicare Beneficiaries
- Shorter ROI focus for Commercial



Health Plan or Self-Funded Employer

- Leverage the utilization data you have

Care Delivery Alignment Strategy

HEDIS Measures for Chronic Disease

- Pay for Performance \$\$ with Plans
 - Chronic conditions with lots of med options
 - Largely managed by Primary Care
- Cardiovascular, Diabetes, Respiratory
 - Simple 'Population of Focus' or more complex combining multiple markers
 - Ex: A1c >9, BP > 140/90, ACT < 20

<https://www.ncqa.org/hedis/measures/>

ACO and Value Based Contract Strategy

Medicare Beneficiaries, Longitudinal Strategy

End Stage Renal Disease (ESRD) Population

- Patients with many complex chronic diseases
- Complex medication regimens
- CMM is high touch intervention
 - ESRD Avg: \$90,000/patient/year
 - 2018 MN Medicare Avg: \$9,126/year

<https://revcycleintelligence.com/news/team-based-care-for-kidney-disease-saves-park-nicollet-1.2m>

Medicare Beneficiaries, Longitudinal Strategy

CMM Pharmacist Interventions in ESRD



38 Unique Patients in 2018

- 57% Male
- Avg Age 62.8y (31-86)

Avg. Active Medications:

- 12.3 (4–27)

Avg. Medication Burden: 3.7 (1-8)

- Medication administration methods
 - Oral, Injectable, Inhalers, Creams, Eye Drops, etc.

Medication Therapy Problems (MTPs)

- 18 Disease Categories
- MTPs Identified: 57 (0-4/patient)
 - Indication: 30%
 - Effectiveness: 23%
 - Safety: 25%
 - Convenience/Adherence: 22%
- Resolved at point of care: 29 (51%)

ACO and Value Based Contract Strategy

Shorter ROI Focus for Commercial Populations

High Risk Meds & ED/InPt Utilization Combo

- Combining Clinical and Claims Data Sets
 - High Risk Categories
 - ❖ Hypoglycemics, Antithrombics, Opioid/Benzo, Chronic Respiratory Condition
 - Emergency Dept or Inpatient Utilization
 - ❖ Past 9 Months provided by payer

ACO and Value Based Contract Strategy

Shorter ROI Focus for Commercial Population, cont.

CMM Intervention Inclusion Criteria

- Presence of ≥ 2 High Risk Categories
And/or
- Presence of 1 High Risk Category + ED/InPt Visit(s) in Past 9 Months

100 Attributed Patients were selected (8%)

ACO and Value Based Contract Strategy

Shorter ROI Focus for Commercial Population, cont.

46 Patients Engaged & Completed CMM Visit(s)

- 58% Female
- Avg Age: 52.2 years
- Avg High-Risk Cats: 2.125 (out of 4)
- Avg ED/InPt in 9 months: 0.86 (0-3)
- Avg MTP Id'd/Pat: 2.6 (1-6)

Medication Therapy Problems (MTPs)

- Indication: 27%
- Effectiveness: 21%
- Safety: 14%
- Convenience: 38%

MTP Resolved at PoC (72%)



Health Plan or Self-Funded Employer

Leverage the Data you have



Blending Claims Data with Care Delivery Clinical (EHR) Data, 2019 Pilot Project

- 483,000 Member Patients
- CMM Risk Score Developed
 - >20 Data Points, 6 Clinical (EHR)
 - Score Range -2 to 42
 - ❖ CMM Inclusion threshold was ~15

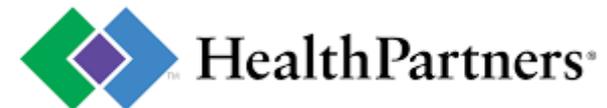
Health Plan Compare and Contrast Criteria

By the Numbers:

- About the same number of member patients were identified as CMM candidates as 2018
- Interesting observations:
 - ❖ Percentage of new patients identified
 - ❖ Percentage of patients previously identified were not included with 2019 pilot criteria

Engaging with Care Delivery Partners

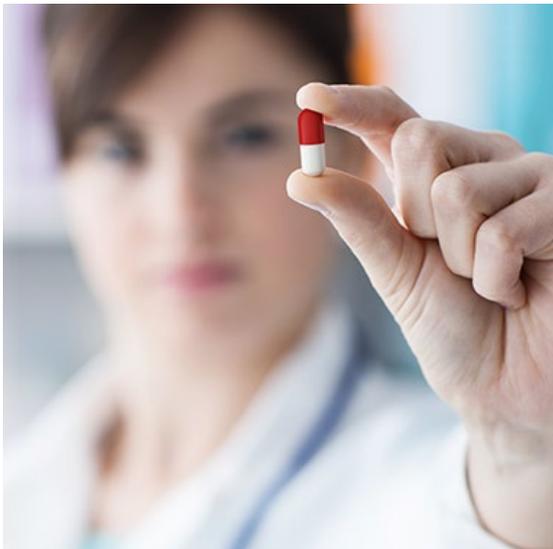
- Higher degree of confidence (80%) in patients identified for CMM
- Easier for CMM Outreach team to engage patients with more transparent inclusion criteria and visibility of risk score



Population Management and Risk Stratification

Summary:

- One strategy doesn't fit all scenarios
- CMS MTM Inclusion Criteria probably isn't helpful strategy
- It's easy to get more strategic than simple number of meds or diagnoses codes
- Align strategy with the goals of your partners and contracts



Who TRS Is

Teachers' Retirement System of the State of Kentucky (TRS)

TRS is a defined benefit retirement plan that pays a defined amount upon retirement based on length of service and final average salary of the employee, along with a retirement multiplier. TRS retirement eligibility is determined by the employee's age and years of service. The service retirement annuity is a guaranteed lifetime benefit.

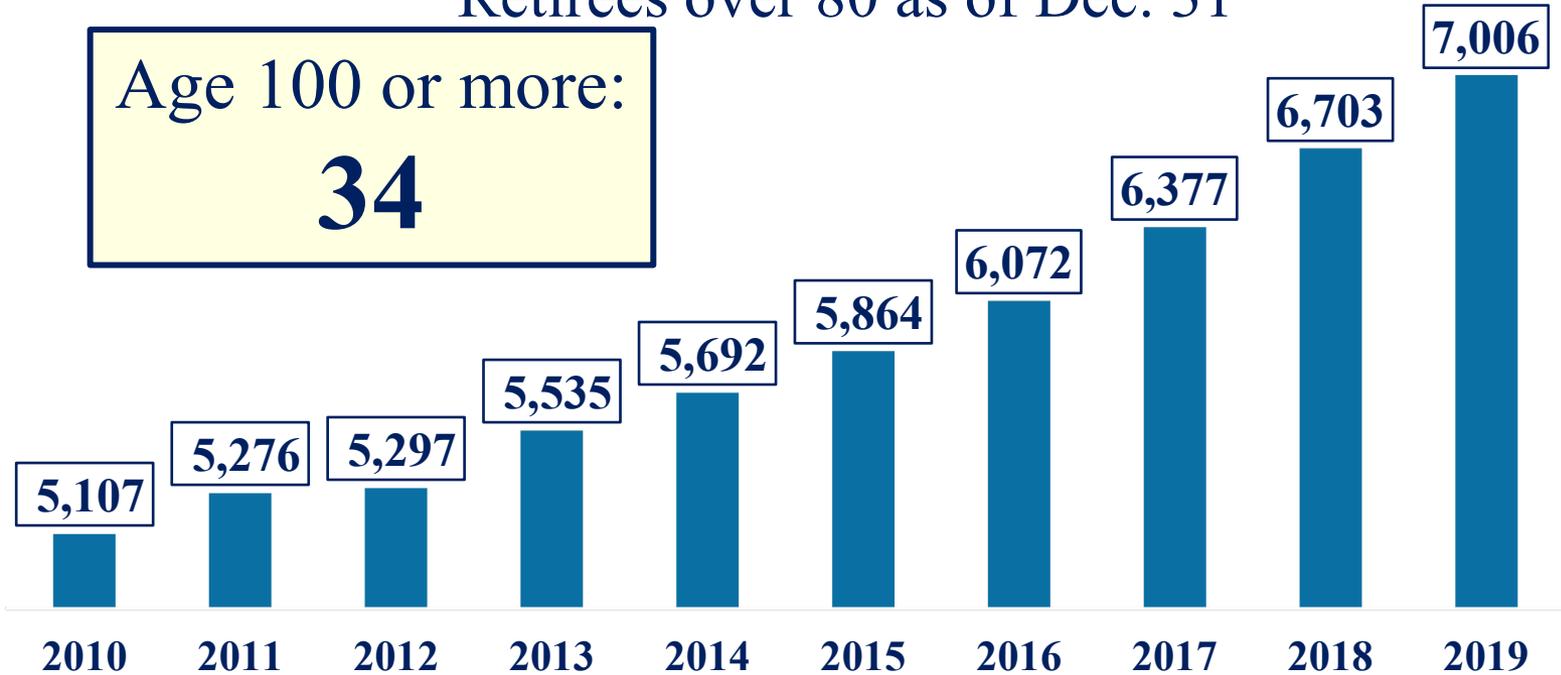
- ◆ Member Recipients:
 - ◆ Female: 72%
 - ◆ Male: 28%



TRS Benefits Protect At-Risk Population

Retirees over 80 as of Dec. 31

Age 100 or more:
34



Two Plans for TRS Health Benefits

MEHP **Medicare** **Eligible Health** **Plan**

- Medicare-eligible or 65 & over
- Exclusively TRS members
- One Plan

KEHP **Kentucky** **Employees'** **Health Plan**

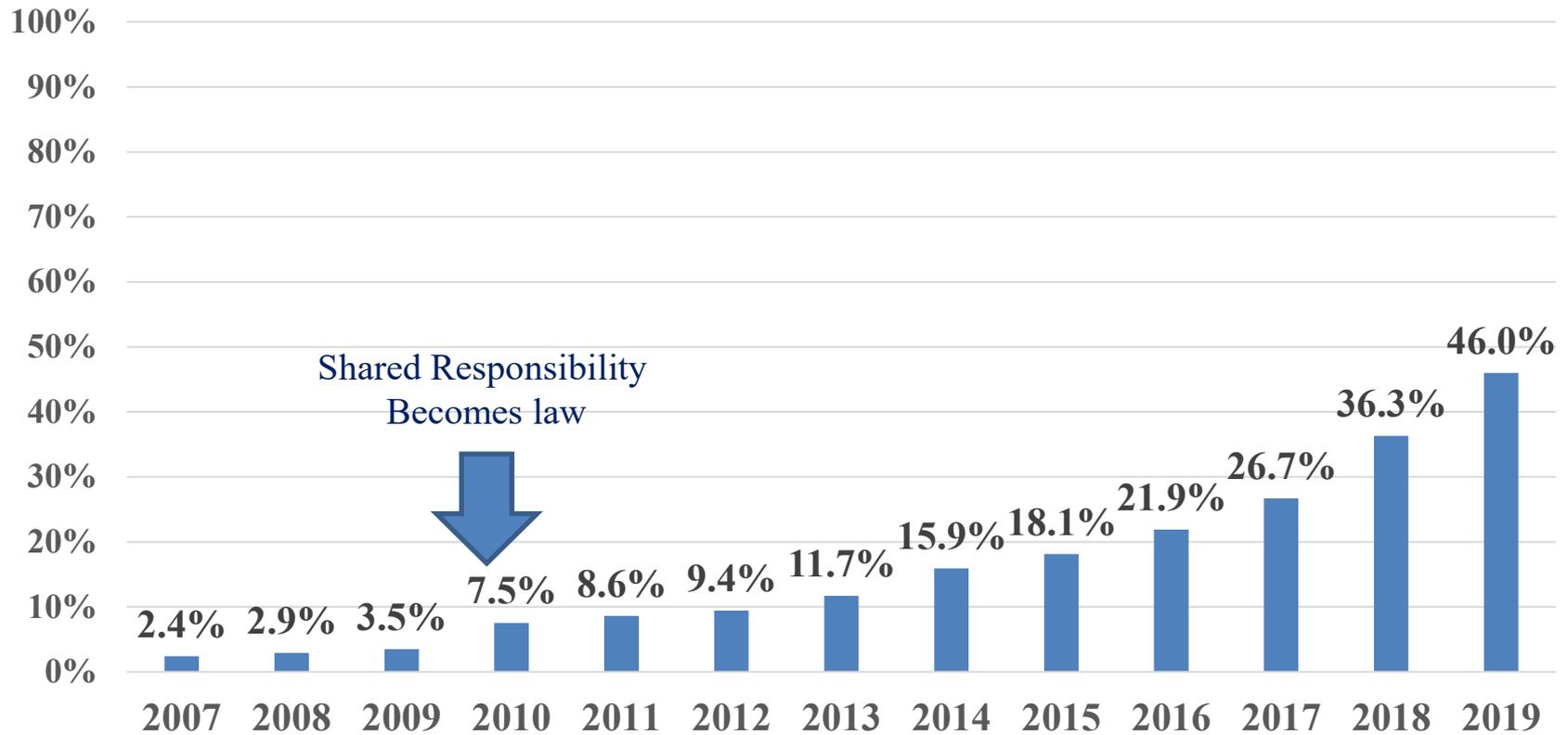
- Under 65 and not Medicare-eligible
- Same fund as active teachers and state employees
- Coverage options



Premiums Held Almost Constant For 20 Years

TRS Medical Insurance

Funded Status



MEHP

Personalized Medicine

Genetic testing wellness program receives national attention



TRS Retiree Health Care Director Jane Gilbert speaks about Personalized Medicine during November conference at Harvard Medical School.

Nationally



50%

Percentage of medications taken by patients that are ineffective



4th

Where adverse drug reactions ranks as a leading cause of death

Source: Coriell Life Sciences

MEHP

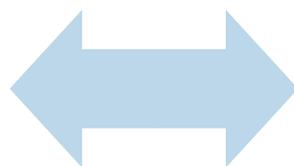
Personalized Medicine



TRS Solution: Personalized Medicine Partnership



You
Your Doctor
Your Pharmacist



- Potential genetic risk
 - Potential drug:drug interaction risk
 - Potential anticholinergic burden risk
 - Potential age-related toxicity risk
 - ADR black box warnings
 - History of:
 - Adverse drug reactions
 - Slip-and-falls
 - Conditions with known PGx implications (439)
 - Cost to the system
 - Age
 - Other deprioritizing factors (incarceration, palliative care, non-responsive, etc.)
- 
- Risk Scoring**

AI (Appropriateness Index) Example

Population Analysis with Risk Scoring

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Member ID	Age	Total Cost	ICDRisk	DDI	GEN	ACB	FDA BB		Age Rank	Cost Rank	ICD Rank	DDI Rank	GEN Rank	ACB Rank	FDA BB Rank	Total	
2	bcfb03de8872946fa1220a47d5c83ac9	64	\$ 200,078	116	2786	320	60	360		0.9	\$ 2.70	1.8	0.9	1.8	0.9	1	10	
3	009c85928d2ce4b237f45746363f8470	55	\$ 124,305	25	1676	220	30	180		0.9	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.9	
4	bd0231c1ef54461ade58df129cf0feac	63	\$ 91,781	25	483	100	30	90		0.9	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.9	
5	9321f1e8ad4ff40fe99f280253ce8af2	62	\$ 69,016	30	863	160	50	195		0.9	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.9	
6	5439d1795e700d73ea8d9951d3ca93f6	60	\$ 55,115	40	1584	300	30	210		0.9	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.9	
7	1262966b7d670c24afc46c49c51759f7	69	\$ 52,736	8	1153	160	50	105		0.9	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.9	
8	6a36019a5047c3f38c7b01372b75057e	66	\$ 23,413	160	559	160	55	105		0.9	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.9	
9	eb694d09c6417e243b912978fbc58d2	66	\$ 15,341	17	326	100	40	60		0.9	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.9	
10	6369f757655fff23074c44378bc7c11e	67	\$ 13,887	22	542	220	35	75		0.9	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.9	
11	4b95a6cc2bd5f09162b3b7858c72e04f	64	\$ 11,180	41	272	110	20	90		0.9	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.9	
12	0e0c8f179afeafacf6f24528b254d520	66	\$ 9,075	49	234	100	30	60		0.9	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.9	
13	481b071ee454364837da98039f1327d	59	\$ 6,288	11	974	200	50	135		0.9	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.9	
14	061df1e0ad9d92ad8cc91e197b60d1d1	67	\$ 6,580	14	913	200	10	135		0.9	\$ 2.70	1.8	0.9	1.8	0.8	0.9	9.8	
15	0442fc121b3c96fbaad77c0d037b949d	50	\$ 46,407	55	894	300	35	150		0.8	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.8	
16	a5a13d69f815f071ce04af7a0312445b	45	\$ 43,888	12	2203	360	80	165		0.8	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.8	
17	0a4b56fc2de909ec9dad06b757ed8a14	47	\$ 28,555	66	333	120	40	135		0.8	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.8	
18	a39d402eae944a825602a51afc4de46e	48	\$ 22,070	10	438	160	30	105		0.8	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.8	
19	1c4a68b6ac397314643757fb4cebb8c1	48	\$ 18,508	22	285	140	25	75		0.8	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.8	
20	5f7886923a77243480cb8a1d45b68f95	46	\$ 13,849	25	1055	240	75	195		0.8	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.8	
21	b46e751757b41e187c93eba91a7f7f42	44	\$ 10,948	11	744	220	25	165		0.8	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.8	
22	f1a2d1177fdb8fdd7a6dd0e0396a78	44	\$ 7,933	19	165	120	20	60		0.8	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.8	
23	2611924a72f840f680f8b11a5a29280b	58	\$ 50,891	38	225	80	25	75		0.9	\$ 2.70	1.8	0.9	1.6	0.9	0.9	9.7	
24	ddfd2ed7633717094391b8f62e1168d3	62	\$ 10,044	16	114	60	30	75		0.9	\$ 2.70	1.8	0.9	1.6	0.9	0.9	9.7	
25	113a6fbc94160bb22380cf3c1f151ea	57	\$ 112,733	4	522	120	30	150		0.9	\$ 2.70	1.6	0.9	1.8	0.9	0.9	9.7	
26	1b344624aba21ad5fe16ceca36a42603	56	\$ 29,299	6	755	220	25	135		0.9	\$ 2.70	1.6	0.9	1.8	0.9	0.9	9.7	
27	7425793b71bb7ee09d65e5f82890b8ad	67	\$ 12,112	4	370	260	40	150		0.9	\$ 2.70	1.6	0.9	1.8	0.9	0.9	9.7	
28	cd97a2f8a4bd2a8a7f38b7077cf59087	58	\$ 6,398	6	893	100	40	105		0.9	\$ 2.70	1.6	0.9	1.8	0.9	0.9	9.7	
29	89421be2f51fc020cd53f0772b38ad4d	58	\$ 266,103	15	388	120	5	90		0.9	\$ 2.70	1.8	0.9	1.8	0.7	0.9	9.7	
30	be3eec9d9207671637309df34c1a0e7	41	\$ 179,592	20	594	160	40	105		0.7	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.7	
31	9be81ebef77ea4995b7d537017aeb8c	92	\$ 36,300	92	249	120	20	90		0.7	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.7	
32	b47950a8108cca3d78d4ed289c1fb897	45	\$ 28,375	12	175	120	30	45		0.8	\$ 2.70	1.8	0.9	1.8	0.9	0.8	9.7	
33	fa5b3fb481ba6ceee1ce8a597c29fe	39	\$ 15,663	24	505	180	35	75		0.7	\$ 2.70	1.8	0.9	1.8	0.9	0.8	9.7	
34	e8a6a52474369bd0674c866e5bb5a016	40	\$ 13,291	35	1109	140	65	135		0.7	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.7	
35	7542a0e6c994ce5d5b3f3f22ea0bbae	65	\$ 11,792	7	250	100	5	90		0.9	\$ 2.70	1.8	0.9	1.8	0.7	0.9	9.7	
36	eae7c2d62df3bb82b5a354e484319de	43	\$ 9,969	36	550	180	30	135		0.7	\$ 2.70	1.8	0.9	1.8	0.9	0.9	9.7	
37	acd2537c33ebf5923246a5f629d29034	47	\$ 8,789	16	236	120	15	75		0.8	\$ 2.70	1.8	0.9	1.8	0.8	0.9	9.7	
38	38ce10996a2b240a82938c362b448557	61	\$ 6,992	19	319	110	5	120		0.9	\$ 2.70	1.8	0.9	1.8	0.7	0.9	9.7	



Risk Scoring

Population Analytics Overview

Goals:

- 1) Predict the **opportunity for savings** and health improvement in the customer population
- 2) Identify and assign risk scoring to each member to determine **who is right** for CLS to target for enrollment
- 3) **Create a baseline** of cost and care utilization against which the program can measure success

CLS has developed a health claims analysis tool that reviews pharmacy and full claims data to provide our clients with insight as to how best to implement the genetic-empowered medication safety program.

The CLS risk score is built upon an evaluation of:

- Potential genetic risk
- Drug-to-drug interactions
- Anticholinergic burden
- Age-related toxicity
- Adverse Drug Reactions
- Black box warnings
- Medication failure history
- Medication related health events
- Conditions with PGx implications
- Cost to the healthcare system
- De-prioritizing factors
- Workplace absenteeism

Coriell Health Insight Portal (CHIP)

Data Required: 12 months+ of de-identified pharmaceutical claims data

Why it's important: CLS aligns pharmaceutical use among the population to known genetic variation frequencies to predict how prevalent issues may be within the membership

- Results:**
1. Medication utilization insights
 2. Genetic risk factors
 3. Maximum theoretical yield in a fully optimized system
 4. Predicted annual savings
 5. ROI scenario modeling

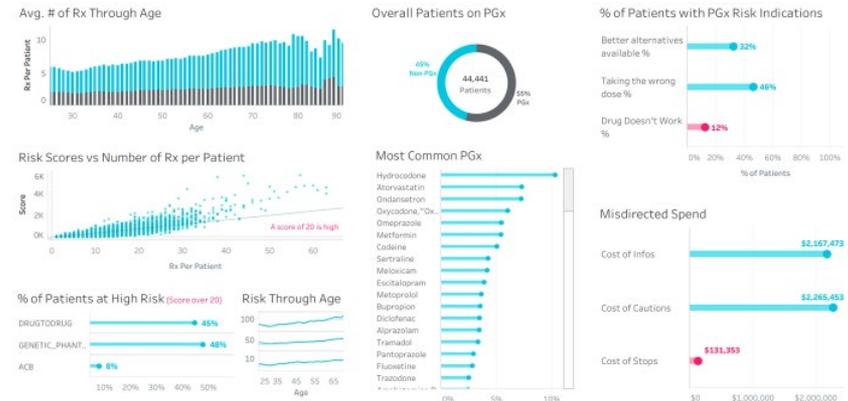
Coriell Appropriateness Index (AI)

Data Required: Healthcare claims data

Why it's important: Ability to determine who would benefit most from program participation

- Results:**
1. Weight certain risk factors based on claims data
 2. Ranking of who would benefit most from program participation
 3. Implementation roll-out order to ensure break-even is achieved as quickly as possible

CHIP Population Analysis Example



KEHP

MEHP

Free counseling with live pharmacists

Know Your Rx Coalition *Pharm-Assist*

Hours: Monday to Friday, 8 a.m. to 6 p.m. ET

Phone: 855-218-5979

Email: KYRx@uky.edu

Website: www.KYRx.org

How it Can Help

Your DNA matters

Using DNA to see what drugs will be safe and effective — Pharmacogenomics

Steps

Collect genetic information

Empower pharmacists

Communicate the Medication Action Plan

Early Results — Data

28% resulted in medication change recommendation due to DNA test

In first 16 months ...

14% *reduction* in spending for those involved

3.2% *increase* in spending for control group not involved

Source: Coriell Life Sciences

Other Metrics of Success

- 87% Medication change recommendations accepted by prescriber
- 22% reduction in hospitalizations
- 27% reduction in slip and falls

Source: Coriell Life Sciences

Early Results — Real Story

- TRS member was prescribed a blood thinner after having a stroke
- TRS member had a mini-stroke while on that blood thinner
- TRS member took the DNA test and results showed the member was a slow metabolizer of the blood thinner and it did not interact well with their stomach medicine
- The Know Your Rx pharmacist worked with the TRS member and doctor to change to a different blood thinner
- The member is doing well

MEHP

Personalized Medicine

Member Feedback

70% said program valuable

“It’s been years since I’ve seen something come through to make me stop and say, ‘Wow! This is a great idea.’”

“This is very much needed!”

“I did the testing and thank goodness I did.”

“I am so excited about this benefit!”

“This is wonderful! It's nice to see TRS participating in new and more exciting things!”

“I have far more energy now.”

“This came at the best time!”

“This is what health care should be.”



***Our Members
Come First!***

800-618-1687

**8 a.m. – 5 p.m. ET
Monday – Friday**

info@trs.ky.gov
<https://trs.ky.gov>

Protecting & Preserving Teachers' Retirement Benefits

Question and Answer Session



Molly J. Ekstrand, BPharm, BCACP, AE-C

Principal Consultant

North Star Medication Optimization, LLC

Distinguished Fellow

GTMRx Institute



Jane Cheshire Gilbert, CPA

Director of Retiree Health

Teachers' Retirement System of the State of Kentucky

Strategic Partner

GTMRx Institute

Thank you!

- Please fill out the survey after today's session
- Slides will be available today and the recording of today's webinar will be available in one week at www.gtmr.org
- Follow and like us! [gtmrxinstitute](#)

