PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program: A Year-End Review and Look Ahead

Presentation Transcript

Speaker/Moderator

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December 19, 2019
2 p.m. ET

Lisa Vinson: Welcome and thank you for joining today's webinar entitled PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR Program, A Year-End Review and Look Ahead. My name is Lisa Vinson and I serve as the Program Lead for the PCHQR Program with the Inpatient, Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. I will be the speaker for today's event. As the title suggests, I will be reviewing the PCHQR Program events, updates, and changes that have occurred this year, calendar year 2019. Then, we will look ahead to what's in store for next year, calendar year 2020. If you have questions about today's event, please submit them using the Ask A Question located on the left-hand side of the screen. As time allows, I will address your questions during today's event. If time does not allow all questions to be answered during today's event, remember that the slides, recording, transcript, and questions and answers will be posted following today's presentation on *QualityNet.org* and *QualityReportingCenter.com*. Lastly, if you registered for this event in advance, you have received a Listserve communication prior to this event. The second of these, received yesterday, had a link to *QualityReportingCenter.com*. On this website, the slides we will be reviewing during today's event are available should you wish to print a hard copy for use today and/or retain for future reference. Before we begin our discussion today, I would like to make you aware that at certain portions during today's event, there will be a set of questions you will be given to test your knowledge on the information presented.

On our next slide, let's take a look at some of the acronyms and abbreviations you may hear during today's presentation.

Acronyms and abbreviations you will hear today include:

• C-Y, for calendar year

• E-B-R-T, or EBRT, for External Beam Radiotherapy

 • H-C-A-H-P-S, or HCAHPS, for Hospital Consumer Assessment of Healthcare Providers and Systems

• N-Q-F, for National Quality Forum

• P-P-S, for Prospective Payment System

• P-C-H-Q-R, for PPS-Exempt Cancer Hospital Quality Reporting, and

• W-B-D-C-T, for Web-Based Data Collection Tool

Please keep this slide available as it can be used as a great reference tool throughout this presentation, particularly if you are not very familiar with our program's frequently used terms. Next slide, please.

The purpose of today's event is to provide a recap of this year's PCHQR Program key events and updates and provide insight into upcoming key events and changes for calendar year 2020. Next slide, please.

At the end of today's presentation, we hope that you will be able to recall this year's significant program events and changes and summarize upcoming events and changes. Next slide, please.

Now we will begin our discussion with a recap of this year, 2019, starting with key events. We will start with the two educational events presented by our former CMS Program Lead on important CMS initiatives, aims, and goals. Next slide, please.

Back in March, Nekeshia McInnis, our former CMS Program Lead, provided valuable information on the CMS Meaningful Measures initiative, which was launched in 2017, and how it related to the PCHQR Program. During this event, the purpose of the Meaningful Measures initiative was explained as a way to improve outcomes for patients, reduce the data reporting burden and costs on clinicians and other healthcare providers, and focus CMS quality measurement and improvement efforts to better align with items meaningful to patients. As noted on this slide, there are 19 Meaningful Measures Areas, which align with one of the six National Quality Priorities:

• Healthcare-Associated Infections and Preventable Healthcare Harm align with the Make Care Safer by Reducing Harm Caused in the Delivery of Care National Quality priority.

- Care is Personalized and Aligned with Patient's Goals, End of Life Care According to Preferences, Patient's Experience of Care, and Patient Reported Functional Outcomes align with the Strengthen Person and Family Engagement as Partners in their Care National Quality priority.

- Medication Management, Admissions and Readmissions to Hospitals, and Transfer of Health Information and Interoperability align with the Promote Effective Communication and Coordination of Care National Quality priority.

- Preventive Care; Management of Chronic Conditions; Prevention, Treatment, and Management of Mental Health; Prevention and Treatment of Opioid and Substance Use Disorders; and Risk Adjusted Mortality all align with the Promote Effective Prevention and Treatment of Chronic Disease National Quality priority.

- Equity of Care and Community Engagement both align with the Work with Communities to Promote Best Practices of Healthy Living National Quality priority.

- Appropriate Use of Healthcare, Patient-focused Episode of Care, and Risk-Adjusted Total Cost of Care all align with the Make Care Affordable National Quality priority.

The Patients Over Paperwork initiative was also introduced with the primary goal being to remove obstacles that get in the way of the time clinicians spend with their patients. This initiative shows CMS commitment to patient-centered care and improving beneficiary outcomes, includes several major tasks aimed at reducing burden for clinicians, and motivates CMS to evaluate its regulations to find improvements. If you would like more information about these initiatives, the links on this slide will take you directly to the respective pages. Furthermore, future considerations relative to the PCHQR Program were discussed during our June event, which may be future topics for upcoming educational events. This may include collaborations with the Center for Medicare and Medicaid Innovation, or CMMI, and CMS Affinity Groups. Next slide, please.

One of the program's major key events is the publication of the final rule. This year's final rule was published in the *Federal Register* on August 16, 2019. In April of each year, when the proposed rule is published, CMS encourages the public to submit comments for those topics CMS is seeking input on, which they highly value. In the FY 2020 IPPS/LTCH PPS Final Rule, the following finalized changes were made impacting the PCHQR Program:

1) Removal of the Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS, Survey pain management questions

2) Removal of the External Beam Radiotherapy, or EBRT, for Bone Metastases measure

3) Addition of a new claims-based outcome measure, Surgical Treatment Complications for Localized Prostate Cancer

4) Public reporting timeline specified for four HAI measures (SSI – colon and abdominal hysterectomy, CDI, MRSA, and HCP) and the claims-based measure, Admissions and Emergency Department, or ED, Visits for Patients Receiving Outpatient Chemotherapy

5) Confidential national reporting specified for the four end-of-life, or EOL, measures and the claims-based measure, 30-Day Unplanned Readmissions for Cancer Patients

We will take a closer look at each of these changes on the next series of slides. Next slide, please.

The HCAHPS pain management questions used in the PCHQR Program have been removed effective with the October 1, 2019 discharges. Looking ahead, as it relates to public reporting, the targeted removal of these questions from *Hospital Compare* is tentatively scheduled for the October 2020 refresh. Next slide, please.

The EBRT measure was finalized for removal from the PCHQR Program beginning with fiscal year 2022. As illustrated on this slide, calendar year 2019 performance data for EBRT will be reported in August 2020. Then only PCH-15, Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain, will be reported in August 2021 and moving forward. Therefore, the PCHs are not required to collect data on this measure beginning January 1, 2020 and forward. Next slide, please.

The PCHQR Program saw the addition of a new claims-based outcome measure – Surgical Treatment Complications for Localized Prostate Cancer. This measure addresses complications of a prostatectomy. The outcomes selected are urinary incontinence and erectile dysfunction, and this uses claims data to identify these outcomes among patients undergoing localized prostate cancer surgery to derive hospital-specific rates. The data collection period for the fiscal year 2022 program year is July 1, 2019 through June 3, 2020. As this measure is claims-based, it will be calculated using Medicare Administrative Claims data, so there are no additional submission requirements by the PCHs. Next slide, please.

As stated earlier, public reporting for the four HAIs (SSI – colon and abdominal hysterectomy, MRSA, CDI, and HCP) and the OP Chemotherapy measure were specified in the FY 2020 IPPS/LTCH PPS Final Rule. Public reporting for the Catheter-associated Urinary Tract Infection, or CAUTI, and Central-Line associated Blood Stream Infection, or CLABSI, measures is deferred until calendar year 2022. We will look at these measures and the public reporting timeline closer later on in this presentation. Next slide, please.

Also, in this year's final rule, confidential national reporting for five existing PCHQR Program measures was specified. These measures include the four end-of-life measures:

- Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life, or EOL-Chemo

- Proportion of Patients Who Died from Cancer Admitted to the Intensive Care Unit in the Last 30 Days of Life, or EOL-ICU

- Proportion of Patients Who Died from Cancer Not Admitted to Hospice, or EOL-Hospice, and

- Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days, or EOL-3DH

And, one of the claims-based measures:

- 30-Day Unplanned Readmissions for Cancer Patients.

The purpose of confidential national reporting includes:

- Educating the PCHs and stakeholders about the measure(s).

- Allowing PCHs to review their data and measure results prior to public display.

- Answering questions from PCHs and stakeholders.

- Testing production and reporting processes.

- Identifying potential technical changes to the measure specifications.

The data collection period for the confidential national reporting of these measures is outlined on this slide as well. Next slide, please.

The next series of slides is a complete list of the finalized fiscal year 2022 PCHQR Program measure set, organized by category. As displayed on this and the subsequent slides, the short name, PCH number, National Quality Forum, or NQF #, and full measure name are included. The first category is the Safety and Healthcare- Associated Infection, or HAI, which includes a total of six measures – CAUTI, CLABSI, HCP, SSI – colon and abdominal hysterectomy, MRSA and CDI. Next slide, please.

The next category is Clinical Process/Oncology Care Measures, or OCMs, which includes three measures – PCH-15, PCH-32, and PCH-34. Next is

the Intermediate Clinical Outcome Measures category and there are two measure included, PCH-33 and PCH-35. Next slide, please.

The Patient Engagement/Experience of Care category includes HCAHPS Survey, and lastly, the Claims-Based Outcome Measures includes three measures – the OP Chemotherapy measure, 30-Day Unplanned Readmissions for Cancer Patients measure, and the newly finalized Surgical Treatment Complications for Localized Prostate Cancer measure. Next slide, please.

Another update this year was the newly, re-designed *QualityNet* site. The goal of this fresh look was for the site to be more intuitive and user-friendly. Although the page looks different, the content of the PCHQR Program and other program pages have not changed. On this slide, is a view of the new *QualityNet* home page. If you are looking for more information on the PCHQR Program, you click the PPS-Exempt Cancer Hospitals quick link as denoted by red box on this slide. By doing so, you will be taken to the screen on the next slide.

This is the PCHQR Program landing page where you can start your journey to accessing all information related to the program from downloading the program manual, to information on public reporting and data management. Next slide, please.

I would like to highlight the *QualityNet* PCHQR Program Data Collection page, as one of the program measures was updated this year - PCH-15/NQF #0383 Plan of Care for Moderate to Severe Pain. On the Data Management page, you will find the PCH Data Collection section, as shown by the red box on this slide. By selecting "Learn More" you will be directed to the Data Collection Overview page, which houses the data collection tools for the PCHQR Program measures. Next slide, please.

As I stated earlier, PCH-15 underwent updates for the data you are collecting for this measure this year, calendar year 2019. On the Data Collection page you will find the 2019 tools for PCH-15, which include the updated Measure Information Form, or MIF; clean algorithm;

population and sampling algorithm; and the paper abstraction tool. Of note, the 2019 tools for EBRT, or PCH-25, can also be found on this page, although there were not updates made. Next slide, please.

Back in July of this year, we hosted an educational event focusing on a high-level review of the updates for the Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain measure. This slide provides a summary of the updates to the measure; however, please remember that the measure tools reflecting these changes can be accessed on the Data Collection page previously discussed. Next slide, please.

Here is the updated clean algorithm for PCH-15. Again, this algorithm, also found on the Data Collection page, should be used for assisting with calendar year 2019 data abstraction. The population and sampling algorithm is also an available resource on the Data Collection page, along with the paper abstraction tool.

Now we will start with our first set of questions to test your knowledge of the information presented thus far.

Question 1: How many Meaningful Measures areas are there?

A. 12, B. 19, C. 6, or D. 9

Please make your selection now. Please close the poll.

If you answered B. 19, you are correct. As stated in this presentation, during the March webinar, there were a total of 19 meaningful measures areas discussed.

Question 2: Information on the Meaningful Measures in Patients Over Paperwork initiative can be found on CMS.gov. Is this A, true or B, false?

Please make your selection. Please close the poll.

The correct answer is A, true. Please refer to slide 10 for the links to the CMS.gov pages that will take you directly to the information on these initiatives.

Question 3: The EBRT measure will be reported for the last time in August 2021. Is this statement A, true or B, false?

Please take a moment to make your selection. Please close the poll.

The correct answer for this question is B, false. EBRT will be reported for the last time in August 2020 and this will be for calendar year 2019 performance data.

Question 4. Which claims-based outcome measure was most recently added to the PCHQR Program?

A. Surgical Treatment Complications for Localized Prostate Cancer

B. Proportion of Patients Who Died from Cancer Not Admitted to Hospice

C. Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy

D. 30-Day Unplanned Readmissions for Cancer Patients.

Please take a moment to make your selection. Please close the poll.

If you selected option A, you are correct. The Surgical Treatment Complications for Localized Prostate Cancer was recently finalized in the Fiscal Year 2020 IPPS/ LTCH PPS Final Rule for the fiscal year 2022 program year. The fiscal year 2020 final rule was published August 16, 2019.

Question 5: All of the healthcare-associated infection, or HAI, measures are currently publicly reported or displayed on *Hospital Compare*. Is this statement A, true or B, false?

Please make your selection. Please close the poll.

Option B, false, is the correct answer. Only four of the six HAI measures are publicly reported. SSI – colon and abdominal hysterectomy, MRSA,

CDI, and HCP. Public display of the remaining two HAIs, CAUTI and CLABSI, is deferred until calendar year 2022.

And our last question at this time, question number 6: The updated PCH-15 abstraction tools are located on the _____ Data Collection page.

A. CMS.gov, B. *Quality Reporting Center*, C. Secure Portal, or D. *QualityNet*

Please make your selection. Please close the poll.

The correct answer is selection D, *QualityNet*. The Data Collection page on *QualityNet.org* houses all data abstraction tools for the PCHQR Program measures. On this page, you will find the measure information form, the clean algorithm, population and sampling algorithm, and the paper extraction tool. Next slide, please.

For the Admissions and Emergency Department (or ED) Visits for Patients Receiving Outpatient Chemotherapy measure, the Facility-Specific Report, or FSR, was distributed on April 18, 2019. These reports contained measure results based on chemotherapy treatments performed between July 1, 2016 through June 30, 2017. As you may recall, this measure was finalized for inclusion in the PCHQR Program in the Fiscal Year 2017 IPPS/LTCH PPS Final Rule. This is an outcome measure, with the overall goal of reducing the number of hospital admissions and ED visits following the patient receiving chemotherapy at a PCH in the outpatient setting. The aim of this measure is to assess the care provided to cancer patients and encourage quality improvement efforts that will ultimately decrease admissions and ED visits. Also, provided on this slide is information on resources pertaining to this measure, which are located on *QualityNet*. On the Chemotherapy measure page you will find the data dictionary, mock reports and user guides, a fact sheet, and frequently asked questions. Please note that there are additional resources on this page as well. Next slide, please.

Here is a list of the *QualityNet* and Quality Reporting Center pages that have been updated this year. On *QualityNet:*

- The Overview page now has the quick link to the 2019 Program Manual – Fall Update, which is now accessible.

- The PCHQR Measures page now has the finalized measures for inclusion in the PCHQR Program through fiscal year 2022.

- The Participation page houses a newly updated resource, the PCHQR Program Measure Submission Deadline by Due Date table.

- The Resources page houses several program tools and resources, such as the program manual, measure crosswalk, relationship matrix, and Web-Based Data Collection Tool Guideline by Due Date tool.

There are also several other resources which include links to various web resources/pages that provide additional information about the PCHQR Program measure specifications and sampling methodology, PCHQR Program forms (which include the Hospital Contact Change Form and the Extraordinary Circumstances Exceptions, or ECE, Request form), and a list of all of the final rule publications with links to the *Federal Register* version and a summary of the finalized program changes in that particular publication. The *Quality Reporting Center* page also underwent updates, many of which are the same as the updates made on *QualityNet* I just discussed. Next slide, please.

As your Support Contractor, we always want to ensure that the resources and tools made available to you on both *QualityNet* and *Quality Reporting Center*, are maintained and up-to-date. Starting with the Program Manual, which was just recently released on November 22, 2019, the updates made are in alignment with the Fiscal Year 2020 IPPS/LTCH PPS Final Rule which we discussed earlier. These include noting the removal of the HCAHPS pain management questions, removal of the EBRT measure, addition of the new claims-based outcome measure – Surgical Treatment Complications for Localized Prostate Cancer – and public reporting specified for certain measures, along with updated resources and tools, which are also listed on this slide. The Measure Submissions Deadline by Due Date table now includes dates through November 2020. The Web-

Based Data Collection Tool, or WBDCT, Guideline by Due Date resource was first published back in 2017 when the Web-Based Data Collection Tool was implemented. This tool has definitely simplified using the Web-Based Data Collection Tool, as it makes it very easy to determine which Fiscal Year applies for the data you are reporting on. These chart updates included:

- Submission deadline dates through August 2022.

- Noting the removal on the EBRT measure. (you will see that for calendar year 2019, this measure will be last reported in August 2020 for the PCHQR Program. Then, in August 2021 you will be required to report on PCH-13 for Calendar Year 2020 encounters.)

- The PCHQR Program Relationship Matrix of the Program Measures by Years and Quarters. The updates to this tool included:

  o The measure name column updated to include the Surgical Treatment Complications for Localized Prostate Cancer measure.

  o The fiscal years were extended through Program Year 2022. (With extending the program year through 2022, naturally this required the remaining columns to be updated as well, such as the past reporting periods and *Hospital Compare* Release columns being grayed out and past quarterly data submission deadlines marked "PRIOR.")

Lastly, the applicable MIFs and algorithms were updated with the current information for 2019. Next slide, please.

As with each new calendar year, program changes are to be expected. With 2020 upon us, let's take a look at what's ahead. Next slide, please.

What's next for PCHQR Program measures?

- PCH-15/NQF #0383 will continue to be reported annually in August.

- PCH-25 measure data will be reported for the last time in August 2020 (data collected in CY 2019).

- Resources and tools will be updated accordingly on both *QualityNet* and *Quality Reporting Center*; however, the tools currently available reflect the changes listed here for PCH-15 and PCH-25.

Next slide, please.

What's next for Public Reporting? For the Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy measure, or PCH-30 and PCH-31, this is the tentative timeline as it relates to public reporting. I would like to make a special note for the OP Chemotherapy measure data that was scheduled to be publicly reported in January 2020 for the July 1, 2016 through June 30, 2017 performance period. CMS has opted to suppress this data. Therefore, on *Hospital Compare,* a footnote of 4 will be applied to this dataset, denoting "Suppressed by CMS." Furthermore, the tentative timeline for the next performance periods are outlined on this slide. You can expect to receive the FSR for the July 1, 2018 through June 30, 2019 performance period next spring. More definitive information will be provided as we get closer to the anticipated distribution date. Next slide, please.

For the HAI measures, SSI, MRSA, and CDI measures will continue to be reported quarterly in January, April, July, and October, with exception of HCP, which will be reported annually in October. The HCAHPS Survey data will continue to be publicly reported quarterly, again in January, April, July, and October. Lastly, the four Oncology Care Measures — PCH-14, PCH-16, PCH-17, and PCH-18 — data will be publicly displayed for the last time in January 2020. Next slide, please.

This slide simply displays the measures and associated quarters for the schedule of upcoming *Hospital Compare* releases for January and April 2020. This is a good reference tool to keep readily available so that you are able to stay on track with what data will be displayed for your facility on *Hospital Compare* with the respective release in January and April.

Also, keep in mind that on the PCHQR Program page on *QualityReportingCenter.com*, under the Resources and Tools link, there is a *Hospital Compare* Preview Document section that is updated with each release. There you can find the *Hospital Compare* Preview Quick Reference Guide and Help Guide. You will also receive Listserve communications pertaining to Public Reporting information and updates.

Now for our last set of questions to test your knowledge again on the information presented thus far during today's event.

Starting with Question 7: The PCHQR Program manual can be found on both *QualityNet* and *Quality Reporting Center* websites. Is this statement A, true, or B, false?

You may now make your selection. Please close the poll.

If you answered option A, true, you are correct. The program manual and many other resources discussed today are located on both sites, *QualityNet.org* and *QualityReportingCenter.com*.

Next question, Number 8: SSI, MRSA, CDI are all publicly reported:

A. Annually, B. Monthly, C. Quarterly, or D. Semiannually

Please select the best answer choice. You may close the poll, please.

The correct answer for this question is selection C, quarterly. SSI, MRSA, CDI are publicly reported in January, April, July, and October. These measures were publicly displayed on *Hospital Compare* for the first time in October 2019. Of note, the HCP measure is publicly reported annually in October.

Question 9: The next PCHQR Program data submission deadline is:

A. May 18, 2020; B. July 1, 2020; C. February 18, 2020; or D. January 2, 2020

Please select the correct answer choice. Please close the poll.

The correct answer choice is selection D, January 2, 2020. Quarter 3, 2019 HCAHPS survey data is the next upcoming deadline. Again, the due date for this data submission is January 2, 2020.

Our last question, number 10: The next Facility-Specific Reports for the OP Chemotherapy measure will be distributed in:

A. Summer 2020, B. Spring 2020, C. Winter 2020, or D. Fall 2020

Please take a moment to make the best selection choice.
Please close the poll.

The correct answer is B, Spring 2020. These Facility-Specific Reports will reflect the measure results from the data collection period of July 1, 2018 through June 30, 2019.

Thank you so much for participating during today's polling questions. We hope that answering these questions help you retain the knowledge as it pertains to the PCHQR Program.

We will conclude today's event, as always, by reviewing a few key dates and reminders for the PCHQR Program. Next slide, please.

Our next scheduled educational event is tentatively planned in April or May 2020, which will surround the publication of the FY 2021 IPPS/LTCH PPS Proposed Rule. As always, we will always communicate the exact dates, title, purpose and objectives for this event with you via Listserve communication starting approximately two weeks prior to the event. Next, are the two upcoming data submission deadlines:

- January 2, 2020, which will be for the 3Q 2019 HCAHPS Survey data

- February 18, 2020, which will be for 3Q 2019 HAI data (CAUTI, CLABSI, CDI, MRSA, and SSI – colon and abdominal hysterectomy).

Next slide, please.

Here are the upcoming PCHQR Program *Hospital Compare* refreshes. As we have discussed today, CMS will be suppressing the Q3 2016 through Q2 2017 OP Chemotherapy measure data for the January 2020 refresh. You can expect to see a Footnote 4 applied to this data set for this refresh. The other measure data that will be updated in January are listed here for your convenience. You will also find the measure data that will be included in the April 2020 refresh. As usual, please remember that information related to public reporting is subject to change. As we get closer to the preview periods and refresh dates, we will notify you of exact dates via Listserve communication. Next slide, please.

Displayed on this slide is how you can access the new PCHQR Program Questions and Answers tool via the *QualityNet* home page. You will access this tool by selecting the "Help" drop-down link as indicated by the red box and then selecting the "PPS-Exempt Cancer Hospitals" link to start the process. Next slide, please.

Now you are at the new *QualityNet* Question and Answer tool landing page. After you select the "Ask a Question" link as shown by the red box on this slide, you will be taken to a page which you will see on our next slide where you will need to complete your personal information and then you will be asked to enter details regarding the inquiry you are submitting. On this page shown here, you are also able to Browse Program Articles and Search to see if your questions may have been previously addressed and posted for viewing. Next slide, please.

Here is where you will submit your inquiry. Be sure to complete the required fields. Once this is complete, you will need to select "Submit Question" as denoted by the red box on this slide to submit your inquiry. We encourage you to utilize this tool to ask any program-related questions you may have and, again, you may query the system to see if the topic you are inquiring about has already been addressed. Of note, there is no longer a first-time user registration process required now and we hope you will find it to be easier to navigate and more intuitive. So, again, we do encourage you as a program participant utilize this tool and please feel free to leave site feedback as well. Next slide, please.

Now, I would like to briefly review the process for obtaining continuing education credits. Next slide, please.

As indicated on the slide, this program has been approved for CE credit by the boards listed on this slide. If you need additional information or assistance obtaining these credits, please utilize the CE Credit link provided to you on this slide. Please know in order to complete the CE credit process and post-event survey, you will need to access the link that will immediately appear at the very end of today's presentation after the disclaimer slide. Next slide, please.

As always, we thank you for your time and attention during today's event. We hope that each of you have a safe and enjoyable holiday season. Thank you and enjoy the remainder of your day.