DVHIMSS 2024 Fall Webinar

Technology and Mental Health in Digital Age

DEVIN ELLIOT

[00:00:06] Okay, we are started. Perfect. Good afternoon to those joining. We're going to give it another minute or two just as folks trickle in, and we'll get started in just a second. Good afternoon to those joining. I think we have a few folks still trickling in, so we're going to hang tight just a moment and then we'll get rolling. All right. Well, I've seen the folks entering start to slow down a bit, so I think I'm just going to get us started for sake of time. I'm sure we'll have some folks jumping in here throughout as everyone's got busy schedules. But I'm really thankful for everyone joining this afternoon, or perhaps in some cases morning, or potentially even evening, depending on where we are globally. But I am really excited for today's discussion. So just as a quick matter of introduction, for those who might not know me, my name is Devin Elliott. I am the program's chair for Delaware Valley HIMSS, as well as our president-elect. And in my day job, I work for Tech Systems leading our healthcare practice for the Philadelphia market. So really, really excited for the discussion today. Just a couple of quick housekeeping items before we get rolling. We are, as you might see, recording today's conversation, and we will be posting that on our newly launched YouTube channel, which I'm really excited about. And we'll share additional information afterwards on where to access that or how to share that with others. We will leave some time for Q&A at the end of the conversation. So you're welcome to use the Q&A feature that's available here in Zoom. And then lastly, just before we get rolling, I just wanted to make mention, and I'll share a slide here. We do have our winter networking event coming up in about a month at Topgolf. So it's going to be at the King of Prussia location on December 12th. And we hope that many of you can join there. Registration details can be found on our website. But without further ado, I will now turn it over to my fellow board member, Dr. David Shear, to introduce Anna and really get the party started here.

DAVID LEE SCHER, MD

[00:04:04] Great. Thank you, Devin. I'd like to thank Anna for coming today and sharing her experiences. And I'm sure it'll be very stimulating for all. Anna O'Brien is a licensed professional counselor in the Philadelphia region. She's the co-founder of TheraVera Care Connection Technologies. And this has two facets. One is called ConsultList, which is a digital referral management solution. And the other is MyPractice Video, which is a video marketing tool for therapists. Having spent years in practice, of course, the continuing of behavioral health settings as well as co-founding a private practice collaborative, which hosts 50 therapists. She has deep roots in the field itself, as well as a keen understanding of the opportunities and barriers of implementing technology tools in the field. So thank you for coming, Anna. I'd like you to open up with first discussing what led you to be a professional therapist. And what led you to be a professional therapist? And what led you to be a professional therapist? And then tell us about what you're actually doing.

ANNA O'BRIEN

[00:05:17] Thank you for the introduction, Dr. Scher. Yeah, so let's see. I really kind of, this

took on a life of its own. I think, you know, many of us experienced the pandemic and how challenging that was for myself. I had small children at the time and, you know, coping with my own stress while also supporting a full caseload. And I think, I just kind of turned my attention to looking at solving solution or solving problems within the mental health field. And I'm a creative person by nature. And just really between leaving a group practice and starting my own, started to begin to cultivate community amongst providers, really looking at it in terms of how do we prevent provider burnout. This was such a stressful time. And, you know, we're all humans experiencing this. So I began to kind of build, kind of grassroots opportunities for therapists to connect. And that then turned into some co-working spaces for therapists. And it's really taken off. And from there, I just got very passionate about looking at creative ways to solve problems and looking at it from the lens of what it is to be a provider and what's actually feasible, as well as what is the patient experience when you are struggling and you need support? And how do we kind of meet both of those needs of those two stories? And I think, you know, I think it's really important to kind of look at the stakeholders in a way that's effective across a pretty big generational divide in terms of technology usage and comfort.

DAVID LEE SCHER, MD
[00:06:50] That's great. And so, so tell us a bit about my consult list and how, how, how it's used and what the, what the potential fruits of that technology are.

ANNA O'BRIEN
[00:07:03] Right. So yeah, what, what I started to notice during the pandemic is a lot of people calling. And saying, thank you for calling back. Gosh, I've called so many people and no one's called me back. And I just started to think a lot about this, the stigma around seeking mental health treatment and how we've really shifted that a lot. Social media has brought a lot more education. People are more comfortable with reaching out. But if we aren't simultaneously looking at how to help these people connect, people are falling through the cracks. And it's a very dangerous thing to do is if someone is vulnerable, just not having somewhere to go. And then as a provider, I recognize that, well, wait a second. I'm so busy and my colleagues are so busy and we're some of the most compassionate folks on the planet to get into this field. So if, if people aren't calling back, that means there's a lack of system. We are seeing some solutions on larger like health systems, you know, larger insurance-based solutions, but a bulk of providers are in private practice or group practice. And there aren't a lot of viable options. There's a lot of directories without data availability. So I developed this tool and we have strong roots in the Philadelphia region, a lot of users. And we also have some national, we have national coverage as well that allows providers or individuals to enter the basic needs of a person without sharing their identity. So this might be their insurance coverage, the time of day they need, the focus area of therapy, whether they want telehealth or in-person and any provider preferences. And then it shoots out. And then it shoots out to all providers on the platform so that consultations can be offered. At the end of the process, each individual gets a unique link with providers who have availability. And so that's kind of how we started. And then we grew into like looking at how do we take care of people by giving them the opportunity to get to know their provider in advance of a session. So we did some video marketing support for therapists that takes into account how therapists typically are a little camera shy. So, how to support them, how to support

them in creating an impactful video that makes people more comfortable reaching out.

DAVID LEE SCHER, MD

[00:09:14] I think that's great.   I, so mental and behavioral health are really sort of late comers with regards to the whole ecosystem of healthcare because it was never incorporated into insurance, you know, reimbursements and things like that, the people that really run healthcare. And so my question is, do you feel that that's an advantage or disadvantage in trying to insert your field into technology or vice versa?

ANNA O'BRIEN

[00:09:51] It's really challenging.   You know, we're, we're moving more towards measurement-based care in a variety of settings.   And that makes a lot of sense when you are, you know, when it's easy to track that, okay, this medication statistically, you know, improves this diagnosis.   With therapy, it's, we've been studying it for so long and they're, they're still a big question mark sometimes and why it works, right?   We know that therapeutic alliance is one of the most important things.   When you are tracking the cost of mental healthcare and whether it is worth it, you know, to these insurance companies, that's really tricky, right?   Because we do know that taking care of your mental health does have improved outcomes on health later on.   And even, even I heard like the loneliness epidemic is the equivalent of smoking 15 cigarettes a day, the impact of loneliness on us, right?   So mental health does have physical health.   You know, it, it, it, it impacts physical health and we know that, but it's very hard to track what is what.   So that is what makes this a tricky time within understanding what is worth it, quote unquote, to payers and looking at, you know, kind of what they're willing to pay for or, you know, whatnot.   So we're starting to notice a lot of like stepped care models coming into play, which definitely has a place. But of course, when we're in a kind of a new frontier, there's a lot of messy things happening.   And sometimes we're noticing that it's moving a little too fast for our ability to like measure, measure effectively outcomes.   And it is a bit overwhelming right now what's happening.

DAVID LEE SCHER, MD

[00:11:40] I can see where technology would help, help that with regards to patient-reported outcomes, and also technology that keeps track or their patients can self-track and develop large language models for artificial intelligence to, to, to be incorporated in these kinds of things.   So I'm very excited about the use of technology in mental health.   I think what you're doing is, is fabulous.   On the patient side of things, how do you think they'll respond to this kind of new way of dealing with therapists?

ANNA O'BRIEN

[00:12:22] Yeah, I mean, it is interesting, right?   We're noticing, obviously, the pandemic made it very normal for us to start doing Zoom calls like this.   I've noticed definitely many more before I, the pandemic started, I had never had a telehealth client.   And now half of my, half of my caseload, I still practice a little bit on the side, prefers telehealth.   So, that's actually why coworking space has worked out so well, because so many people just practice their telehealth sessions from home and then come into the office.   So that is very helpful.   I think that we're going to see differences in terms of people's willingness to try new technologies.   But what we

are recognizing is that not everybody needs therapy. And so there is space for some of these digital health platforms that might be providing tools that can either be useful in between sessions, or, you know, if someone is kind of not at the point where they need therapy, but they need some support around something, there's a lot of opportunity there, because certainly there is a therapist shortage. And also, you know, that you can't really replace that human relationship, you can use technology to support it, certainly, but I don't think we'll ever get to the point where AI chatbots are able to replace a therapist, because it's about that relationship and feeling seen. And I don't really see how technology could completely replace that. But we definitely are kind of at this stage where I think there are two camps, some which are terrified of technology use. And there are some scary things that have happened and some abuse of it, especially with privacy. And then, you know, some folks who maybe aren't as aware of the, you know, the, you know, the, you know, the, you know, the, you know, the, you know, the, you know, the nuances of therapy, who kind of are eager to see if we could just kind of replace therapy, which I don't think is going to happen either. So, you know, as we get more refined and nuanced in this process, I think we're going to find a mixture, hopefully, I guess, being optimistic, a mixture that works well.

DAVID LEE SCHER, MD

[00:14:25] How have therapists, you know, reacted to, and the hospital systems and people? So when you present this, do they recognize that, the problems you're discussing are, are universal? Do they say, 'Well, we have our own needs and', and look at this as something sort of number 10 on the list of nine important things? Or how did they, how did they react to what you're doing?

ANNA O'BRIEN

[00:14:54] Yeah. So for care navigation specifically, there certainly, everyone seems to recognize it as an issue. There are different organizations that have their own procedures in terms of, of how they go about intaking. And what we've tried to do is look at it in terms of creating an open platform where all providers can join and yet preserve the ability for orgs to have their own referral circles or kind of route where their referrals go. Because it does seem like, this is, we're in a capitalist, very competitive world where oftentimes, you know, each company is trying to be that unicorn that takes over the market. I don't know how, how realistic that that is. And I, my concern is that often it just creates more silos and we really should be looking at more on what, what does that person and the patient need in terms of care instead of prioritizing, you know, a monopoly. But at the same time, we live in this world where this is kind of how it works. So it's often like a delicate balance of trying to, you know, create some mission-driven tools, which is what I'm trying to do. And recognizing that like orgs are going to use them. It's ultimately like about the bottom line. Often. And, and healthcare is one of those mental healthcare and behavioral healthcare is a difficult topic in terms of, you know, the value that, that orgs see within it. And, of course, I can feel my own way because I've seen people heal and I know how important it is. But I do think we're going to have to kind of continue to be nuanced and refined and looking at the role of peer support, coaching platforms, the ability to do like kind of train using apps to track things and, and, you know, training and special skills, therapeutic skills, in addition to therapy.

DAVID LEE SCHER, MD

[00:16:48] One thing I've noticed is that there's mental health has been lagging behind the rest

of medicine in a, in a, in a number of ways, which we touched on. But one of which is that most physicians now are employees of systems. And I think that's a lot less seen in, in, in the behavioral health space, but it's probably coming down the line. And my question to you is, do you think practitioners are holding out to adopt technology because they don't know what's going to be in the future for them or, or are they eager to do it to improve their, their experience now and not, you know, yeah, that's a great question.

ANNA O'BRIEN

[00:17:41] What I have seen from providers and I'm going to, I'm speaking to like group practices and individual providers is a little bit of a concern about the collection of data and what is being, what is happening, even with de-identified data. There is a concern that these AI models or, you know, these note taking apps, which can save a lot of time, can save a lot of time for providers and do, you know, that's especially in agencies. Like it's so helpful to have some of your paperwork streamlined so you can spend more time with client care. Yet what is being done with that data? And there's a lot of concern. Are we trying to replace therapists? Am I going to be put out of a job? We're also seeing a lot of these larger digital health provider platforms that are hiring therapists or contracting them under paying therapists. So you're talking about, you know, a therapist that has a graduate degree, multiple, has spent multiple years in training and supervision and they're getting paid $30 for a session. That's very disappointing. So we've got to figure out better ways so that we can start supporting people on a livable wage. You know, especially if you're supporting a family and a lot of these jobs don't take insurance. So I think that's a concern that a lot of therapists are wondering, do they have my best interest? And we're also seeing some platforms that are supporting the credentialing process for therapists. So that's making better, right? So we're seeing more access to network providers, but there's a concern around what's happening. Like in terms of my ability to keep my practice private, like all of a sudden are my notes shared? Is it, is our, as they move towards measurement-based care, how will I be measured? And I think if it was clearer to understand what good care looks like, and mental health, and there were like very easy ways to track that, that would be different. But the concern is a lot of times when people are working with more serious mental health conditions where people perhaps don't get better as fast, right? Or perhaps at all. And it's more like that kind of chronic condition. Are these providers going to be dinged under, you know, one of these kind of measurement-based care models? And what does that mean? And is that going to impact our ability to treat serious mental illness? And which is, I think, a very specificressing story when we're in a situation where mental health is already under-treated. So there's just a lot in the air right now. I think it's kind of in the wild, wild West in this space.

DAVID LEE SCHER, MD

[00:20:16] Interesting. Do you see the reception change with regards to care setting? In other words, do people in the rural space more keen to adopt technology because it may help them more? Is it geographically better? Are there some areas of the country which are adopting this quicker than others? And so what is the landscape like?

ANNA O'BRIEN

[00:20:46] Yeah. Well, I think it's interesting from both places of looking at provider and patient.

Certainly, the telehealth and these professional compacts, so there's one in the psychology, it's called PSYPACT, or if you're a psychologist and you're in a PSYPACT state, you're able to be licensed in the other states. And I'm forgetting the exact number, but I believe it's 40, 42 states. So that's really helping these more rural states and rural areas have access to providers. And that's helpful to providers as they build their caseload as well. I think that perhaps more than geographic issues in terms of adoption, it might have something to do with generational use, right? So for me, I'm a 40. So I feel like I'm on that cusp. I got into this, and I actually don't consider myself particularly tech savvy. I'm more of the clinical side of our business, which is very important. But I notice that people younger than me are kind of natives within this world. They grew up with technology, and they're more open to it, where it seems like you start to get as older as you get, you're less likely to kind of be open to trying new things. But that is, of course, a generalization. And I certainly know. I know some folks who are nearing retirement that are way more tech-savvy than I am. But we are at an interesting point, and we are noticing as well: everyone has a smartphone pretty much, as long as you can afford it, at least. And people are more used to using video than they are reading things now. So certainly, our brains are changing in terms of the way that we prefer to take in content. So it will be interesting in the coming years.

DAVID LEE SCHER, MD
[00:22:35] How old are you? How do insurance companies react to things that you're doing?

ANNA O'BRIEN
[00:22:42] Yeah, so I mean, we're in some ways very grassroots to start with. I've been very careful. I don't have an exit plan with what we're doing, because I believe in it so much. So I haven't really gone after insurance companies in terms of this. I think a lot of times, they are eager to have their own network. So you're starting to see more payviders. Like these insurance companies that are starting to buy out group practices, because then they can kind of control it more. It's really tricky, right? I mean, you've got three stakeholders, payers, providers, and clients. And you've got three different areas that are important. Kind of Claire Purvis runs this Well Women's Career Accelerator for Clinician Scientists that I talk about, and she talks about the iron triangle between access, cost, and quality. And it's hard to have all three. Like, it's nearly impossible, right? So if you are going to increase access, you are going to probably reduce quality. If you are going to lower the cost, you may be increasing access and quality, vice versa. So insurance obviously has to watch out for how much they're spending. And I think that if you can prove that there are good outcomes and you're saving cost, that is a good thing. And if you can prove that there is an improving access, that's great. But it's just hard to do all three. So we'll see what happens. But it does seem like they're kind of insurance companies are really liking to have providers that they can kind of have more tracking or measurable outcomes on, which, again, is a little tricky to do in this space. So there's a lot of debate around that.

DAVID LEE SCHER, MD
[00:24:33] Interesting. Well, I mean, I think. I think what you're doing is great. I think it's sorely needed. Do you have any? And the other thing is, I'm going to make a shameless plug for HIMSS in the sense that we're, you know, we embrace all kinds of health care, IT, and clinicians. So we certainly encourage any mental health or behavioral health clinicians that want to get more

involved. So we certainly encourage any mental health clinicians that want to get more involved in technology and networking and things like that to get involved with HIMSS. So at this point, I think, you know, I'd like to thank you very much for coming today. And we'll open it up to any questions or comments.

DEVIN ELLIOT

[00:25:23] Devin? Yeah, there were a number that came in during the registration that I'm going to just sort of pick someone at random. And I'll put them in the chat here. First one. And you may have. Yeah, you did touch on these on some level throughout some of your answers, but I'll just allow you to kind of isolate. How do you bridge the gap when mental health patients do not have access to technology? So sort of a health equity kind of question.

ANNA O'BRIEN

[00:25:52] Yeah, that's that's really great. We've been, you know, connected with several agencies within the city of Philadelphia. And that's a great point, because between access to technology and also. Health literacy and general literacy. These can be big issues or, you know, language barriers. So what we're starting to see is an increase of folks who are kind of peer. Peer coaching or offering peer support within the community. Local agencies. It's so important that these continue to be funded because these are the agencies within the communities where people can go. So these will be increased needs. And I was also really interested to see how like local libraries will continue to step up to the plate in terms of offering optionality for people to use technology there to support. But it is something that we need to keep an eye on, because while technology increases access to certain populations, it also, if we rely on it too heavily, it can reduce access for others.

DEVIN ELLIOT

[00:27:09] The next one that came in, I'll put in the chat here again, fairly broad, but, you know, focusing it, you know, more specific than what you spoke on today. Is there data or what data exists to demonstrate the utilization of technology really improving and driving patient outcomes?

ANNA O'BRIEN

[00:27:27] Yeah, there are certainly a lot of data around accessibility. So, you know, I read a study that said in like 2015, so you know, I read a study that said in like 2015. That wait time was several weeks to get into counseling. And now with some of these digital platforms, we're seeing a wait of two to three days, actually. So it's like, really, that's wonderful. That is something that they're very eager to gather. I just got back from the Behavioral Health Tech Conference in Phoenix, Arizona, last week. So there's a lot of data being gathered right now. There is a lot of promise in that stepped care model. So, really kind of triaging and understanding what someone needs and kind of screening them. And there's a lot of data showing that when we can catch, you know, behavioral health issues at the primary care level and start integrating care there, that there are a lot of improved outcomes. So it's, you know, interesting to follow that. And also Behavioral Health Business is a good website to follow where you can kind of read what businesses are doing. And some of the studies. And some of the strategies coming out of it.

DEVIN ELLIOT

[00:28:39] Awesome. I really like this next one I'll put in. And I think it's something that probably a lot of us think about often, either for ourselves or, you know, I have young children. And certainly it's certain to, you know, come to the forefront and thinking about what strategies can be used by age groups to minimize the impact of screen time and mental health. Simply stating stay off of screen time is not likely a strategy for success in and of itself.

ANNA O'BRIEN

[00:29:03] That's wonderful. That's a wonderful question. And I can't claim that that's an area of expertise of mine as I have my own 8-and 11-year-old with constantly questioning this as well. But I certainly know that there is more and more information coming out about that, especially in the book Anxious Generation. There's been some guidelines around phones and the research is saying even social media to wait until 16, which may seem impossible. But I kind of say it's like cigarettes, how we knew kind of they were bad for us. We didn't know. We didn't know how bad for us. And, you know, 100 years ago you see a picture of a kid smoking a cigarette and now we look at it like what were they doing? You know, I think that that's kind of what's going to be happening for us and understanding more about the impact. I've also been talking to a psychiatrist who said that ADHD symptoms, it's hard to parse apart like as our brains are changing. We're starting to see a lot more complex matters, you know, with that in kids. Whereas like is this ADHD or is this kind of the brain kind of getting rewired here? So, you know, I would say I've seen parents use strategies of putting the phones in a basket at a certain point in the evening, putting a kind of a timer on it so that the Internet usage shuts off after a certain time. I think consistency, though, just from a therapeutic lens, consistency is really important and not engaging in the battle; just saying that this is the rule and your family and friends may not do it or your friends may not do it. But we do here. And also, of course, PACs. It's like having kind of a pact with a group of parents that says, like, can we all agree that we're going to wait till this age range? Because then that peer pressure can be can you can stave it off a little bit.

DEVIN ELLIOT

[00:30:50] All right. So the next one is, I'll say, a little bit more tactical. I don't know if it's something that you can weigh in on, but some of the other questions in regards to behavioral referrals being very taxing and fax-intensive. Sorry. Do you see this as a barrier to care?

ANNA O'BRIEN

[00:31:04] Yeah, that is interesting. Right. Yeah. And I know there have been a lot of past like facts, facts, technologies that it's kind of in twenty twenty four. It's amazing that we're still relying on this so much. But, you know, I assume this this is largely related to how many different kinds of EHRs there are. I don't think I have quite an answer of how that will be solved. But I do think, like, you know, as we try to work on more open API solutions that integrate within EHRs. That will be helpful. But certainly that provider communication, I can say, is so, so, so important. So, I encourage all all tech companies and hospital systems to try to find a solution where you can kind of consistently be connected to healthcare providers, even if that sounds impossible right now. Like, don't give up that fight because it's it's so important for that continuity of care. And we see improved outcomes when providers are connected to each other and behavioral health because

the story is so hard to get in a 15-minute appointment at your primary care physician's office. So I am starting to see some some technologies that are trying to look at that patient care from the psychiatrist, doctor's office and therapist lens of how to help them communicate better, including this company, new company out called Psych Now that I think they're just in Illinois right now is pretty cool what they're doing.

DEVIN ELLIOT

[00:32:32] Awesome. I have one more that came in real-time. So I'm going to drop that one in here. Give me just a second. Based on your experience, what has been the deciding point for health systems to prioritize this solution as in, I believe, what you've talked about here today over others that are out there to improve access to behavioral health?

ANNA O'BRIEN

[00:32:59] Yeah, so we've been working. We did work with like a health system in the area. It's these systems are like, as you guys probably know, like, really, there's a lot of decision makers at play. So I think, you know, sometimes it's like time in the game and who you know, and like kind of obviously outcomes that you can prove how big your network is, is important to and how how wide your network is. We went into doing a pilot at a health system and quickly realized we didn't have enough Medicaid providers. So then we were scrambling. We were scrambling to like reach out and connect to them. So I think like breadth, when you're talking about health systems, you really need a pretty, you need breadth of providers in terms of their how they implement care, where they implement care, the things they specialize in, the insurances that they take, and whatnot, that that ends up being a big, a big important piece. But of course, in order to get that breadth, you have to have some buy-in. So that's where kind of cultivating a smaller community. And growing from there is probably the most effective way when you're growing a technology within behavioral health.

DAVID LEE SCHER, MD

[00:34:12] I have a question. So a lot of people go to urgent cares today instead of emergency rooms, which is fine and dandy for most non-critical things. Do you find that a lot of mental health patients are going to urgent care? And if they are, do you, you know, reroute your thinking as far as not marketing per se? But I mean. Who, whom you interact with as a, as a company.

ANNA O'BRIEN

[00:34:39] Yeah, absolutely. ERs, a lot of times people think they're having a heart attack while they're having a panic attack. We're seeing a lot of, of that being the point of admission, urgent cares in the city. Now you're starting to see behavioral health, urgent cares popping up as well. So it is, yeah, it is really important that that becomes a place to connect. I will say from personal experience and also from all the providers I've worked with. If you drop off. If you drop off your, your business card at one of these places, they're just too busy and they don't have a system to manage it. So that's really what we got started as saying: okay, can we get a QR code to these doctor's offices that, that their patients can use? And therefore, like they're not specifically giving a referral to one provider. They're still letting their patients choose, but they're getting hyper local access and we've made it free for all licensed providers to join so that it lowers the barrier of

entry. That just feels very mission-aligned. And ethical as well as just a good, good business so that you can prevent readmission working in patient psych when people don't have good aftercare plans, they are their recidivism rate skyrockets. So it is a very, very important part of care.

DAVID LEE SCHER, MD

[00:35:51] Awesome. Thank you.

DEVIN ELLIOT

[00:35:54] I think we had one more. So the question was, how can AI tech providers ensure they're working closely with healthcare providers as they continue building better and more? So how can we ensure that we have the appropriate models for healthcare offering things like model customization, private deployment, et cetera.

ANNA O'BRIEN

[00:36:11] Yeah. And I think that focus groups can be really impactful. Really understanding what, what the experience is like within the health system. You will learn so much. We don't even realize the, you know, the beliefs patterns that we have that maybe aren't rooted to the actual experience of providers or pain points that they have. Hiring consultants that are providers and have had experience in these settings can be really important. There's a great book called the mom test that kind of talks about how to ask questions. And when you have users or when you're testing out a product so that you, you, the idea is that like when you ask your mom about anything, they'll tell you it's amazing. So what are the questions that you would ask your mom if you want the real answer about what, what she thinks? So I would really just encourage a lot of like boots on the ground.

DAVID LEE SCHER, MD

[00:37:07] Well, that's great. I think I'm sorry. Go ahead.

DEVIN ELLIOT

[00:37:11] Now I was going to say, I think that's it for Q and a, unless there's, there's any others that come in here, but I think we've, we've hit them all.

DAVID LEE SCHER, MD

[00:37:17] Well, I'd like to thank Anna for coming and for sharing her, her experiences. Um, we'll continue to do these webinars on behalf of the advocacy committee of a Delaware Valley chapter of hymns. And, uh, you'll be getting correspondences about how to access this on YouTube, as well as any supporting information and is going to provide to us. So thank you all for coming and we'll see you next time.

ANNA O'BRIEN

[00:37:46] Thank you.