HOME HEALTH

Don't be late for Section GG

Prepare now for the new Discharge Function Score

TUE, DEC 12 | 1:00PM CT







FREE WEBINAR



Your speakers



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Poll#1

Have you looked at your October 2023 IPR?



Value-Based Purchasing

Overview

PDGM vs Star Ratings vs VBP

PDGM

Payment Model

- Admission status, episode timing
- Institutional vs Community
- Primary Diagnosis Grouping
- Comorbidity adjustment
- Functional Score

Star Ratings

Care Compare - Public Reporting

- Decision making tool for consumers
- Process and Outcome measure (Quality of Care Star Rating)
- HHCAHPS (Patient Survey Star Rating)
- Incentive HHA to make improvements

VBP

Incentive System

- +/- 5% payment adjustment
- Functional (OASIS) items, HHCAHPS, Claims-based items
- Goal \(\) Hosp/ED use, \(\)
 mobility, positive
 experiences, \(\) spending

Which OASIS Items?

Star

(Outcome/Process)

- M0102/M0104
- M1860
- M1850
- M1830
- M1400
- M2020



PDGM

(Payment)

- M1033
- M1800
- M1810
- M1820
- M1830
- M1840
- M1850
- M1860



VBP

(Outcomes)

- M1800, M1810,
 M1820, M1830,
 M1845, M1870
- M1840, M1850, M1860
- M1400
- M2020
- M2420

+/-5%

2025 VBP (Outcomes)

- M1400
- M2020
- GG0130A
- GG0130B
- GG0130C
- GG0170A
- GG0170C
- GG0170D
- GG0170E
- GG0170F
- GG0170I
- GG0170J **+/-5%**
- GG0170R

CURRENT HH VBP Quality Measures: CY 2023 and CY 2024 Performance Years (2022 Baseline)

Category	Count	Quality Measure
	5	Discharged to Community
		Improvement in Dyspnea
OASIS-based		Improvement in Management of Oral Medications
		Total Normalized Composite Change in Mobility (TNC Mobility)
		Total Normalized Composite Change in Self-Care (TNC Self-Care)
Claims-based 2		Acute Care Hospitalization (ACH)
Claillis-Daseu	2	Emergency Department Use without Hospitalization (ED Use)
	5	Care of Patients
HHCAHPS Survey-based		Communication Between Providers and Patients
		Specific Care Issues
		Overall Rating of Home Health Care
		Willingness to Recommend the Agency







CHANGES in HH VBP Quality Measures

Current Measure Category	Measures Removed	Replacement Measure Category	Replacement Measures 2025	
	TNC Change in Self-Care		Discharge Function Score	
OASIS-based	TNC Change in Mobility	OASIS-based	(DC Function)	
OASIS-based	Discharged to Community	Claims-based	Discharge to Community – Post Acute Care (DTC-PAC)	
	Acute Care Hospitalization (ACH)		Home Health Within-Stay	
Claims-based	Emergency Department Use without Hospitalization (ED Use)	Claims-based	Potentially Preventable Hospitalization (PPH)	







HH VBP Quality Measure Comparison: CY 2023, CY 2024, and CY 2025

Category	Quality Measure	CY 2023, 2024	CY 2025
	Discharged to Community	X	
	Improvement in Dyspnea	X	Х
OASIS-based	Improvement in Management of Oral Medications	X	Х
	Total Normalized Composite Change in Mobility (TNC Mobility)	X	
	Total Normalized Composite Change in Self-Care (TNC Self-Care)	X	
	Discharge Function Score (DC Function)		Х
	Acute Care Hospitalization (ACH)	X	
Claims-based	Emergency Department Use without Hospitalization (ED Use)	X	
	Home Health Within-Stay Potentially Preventable Hospitalization (PPH)		Х
	Discharge to Community – Post Acute Care (DTC-PAC)		Х
	Care of Patients	X	Х
HHCAHPS Survey-based	Communication Between Providers and Patients	X	Х
	Specific Care Issues	X	Х
	Overall Rating of Home Health Care	X	Х
	Willingness to Recommend the Agency	X	Х







Quality Measures in Home Health VBP TPS

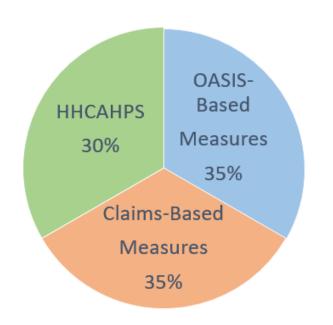
OASIS-based Measures	Weight
TNC Self-Care	8.75%
TNC Mobility	8.75%
Oral Meds (M2020)	5.83%
Dyspnea (M1400)	5.83%
Discharge to Community (M2420)	5.83%
Total for OASIS-based Measures	35.00%

HHCAHPS Survey Measures	Weight
HHCAHPS Professional Care	6.00%
HHCAHPS Communication	6.00%
HHCAHPS Team Discussion	6.00%
HHCAHPS Overall Rating	6.00%
HHCAHPS Willingness to Recommend	6.00%
Total for HHCAHPS Survey Measures	30.00%

Claims-based Measures	Weight
ACH	26.25%
ED Use	8.75%
Total for claims-based Measures	35.00%

2025: Quality Measures Home Health VBP TPS

OASIS-based Measures	Weight
Discharge Function Self-Care and Mobility (based on GG)	20%
Oral Meds (M2020)	9%
Dyspnea (M1400)	6%
Total for OASIS-based Measures	35.00%



HHCAHPS Survey Measures	Weight
HHCAHPS Professional Care	6.00%
HHCAHPS Communication	6.00%
HHCAHPS Team Discussion	6.00%
HHCAHPS Overall Rating	6.00%
HHCAHPS Willingness to Recommend	6.00%
Total for HHCAHPS Survey Measures	30.00%

Claims-based Measures	Weight
PPH	26%
DTC	9%
Total for claims-based Measures	35.00%

HH VBP Payer Breakdown

Measure Category	Payer Data Used	Payer Payment Adjustment
OASIS-Based Measures	Medicare FFS Medicare Advantage Medicaid FFS Medicaid Managed Care	Medicare FFS
HHCAHPS Survey- Based Measures	Medicare FFS Medicare Advantage Medicaid FFS Medicaid Managed Care	Medicare FFS
Claims-Based Measures	Medicare FFS	Medicare FFS







HH VBP Model Baseline Year

Performance Years	Measures	Model Baseline Year
CY 2023 & CY 2024	All	CY 2022
Beginning CY 2025 & subsequent years	Improvement in Dyspnea	CY 2023
	Improvement in Management of Oral Medications	CY 2023
	Discharge Function Score (DC Function)	CY 2023
	Home Health Within-Stay Potentially Preventable Hospitalization (PPH)	CY 2023
	Discharge to Community – Post Acute Care (DTC-PAC)	CY 2022 & CY 2023
	Care of Patients	CY 2023
	Communication Between Providers and Patients	CY 2023
	Specific Care Issues	CY 2023
	Overall Rating of Home Health Care	CY 2023
	Willingness to Recommend the Agency	CY 2023







SNF VBP Changes

Measure name	Measure short name	1 st program (payment) year	1st performance period
SNF 30-Day All-Cause Readmission Measure	SNFRM (SNF WS PPR to replace in 2028)	FY2017	FY2015
SNF Healthcare-Associated Infections Requiring Hospitalization Measure	SNF HAI Measure	FY 2026	FY 2024
Total Nurse Staffing Hours per Resident Day Measure	Total Nurse Staffing Measure	FY 2026	FY 2024
Total Nursing Staff Turnover Measure	Nursing Staff Turnover Measure	FY 2026	FY 2024
Discharge to Community—Post-Acute Care Measure for SNFs.	DTC PAC SNF Measure	FY2027	FY 2024/25
Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) Measure	Falls with Major Injury (Long-Stay) Measure	FY2027	FY 2025
Discharge Function Score for SNFs Measure	DC Function Measure	FY2027	FY 2025
Number of Hospitalizations per 1,000 Long Stay Resident Days Measure	Long Stay Hospitalization Measure	FY2027	FY 2025
SNF Within-Stay Potentially Preventable Readmissions Measure.	SNF WS PPR Measure	FY2028	FY 2025/26









Discharge Function Score

What's the Big Deal?

Discharge Function Item Set Cross-Setting

- LTCH QRP Oct 2023 data collection begins
- SNF QRP FY2025
- SNF VBP FY2025 Payment Year 2027
- IRF QRP FY2025
- HH QRP CY2025 (reporting period beginning April 2023)
- HH VBP Performance Year 2025, Payment Year 2027







Why is Functional Scoring so important?

- Needed a QRP measure that was the same across the PAC settings
- Impaired functional capacity is associated with:
 - poorer quality of life
 - an increased risk of mortality
 - postoperative complications
 - cognitive deficits
- Evidence suggests that physical functional abilities, including mobility and self-care, are modifiable predictors of patient outcomes across PAC settings including functional recovery or decline after post-acute care, rehospitalization rates, discharge to community, and falls.







Why is Functional Scoring so important?

- Assessing functional status as a health outcome can assist in determining
 - treatment decisions
 - need for therapy service
 - discharge planning,
 - provide consumers info on the effectiveness of the care
- Goals of HH & SNF care often include:
 - optimizing functional improvement
 - returning to a previous level of independence
 - maintaining functional abilities
 - avoiding hospitalization
- Measuring the functional status of patients can provide valuable information about an agency's quality of care → publicly reported
- CMS does continue to use Section G (M1800s) for case-mix/reimbursement purposes in Home Health. The equivalent items have already been removed from MDS







DC Function Measure: OASIS Items

Item	Item Description
GG0130A	Eating
GG0130B	Oral Hygiene
GG0130C	Toileting Hygiene
GG0170A	Roll Left and Right
GG0170C	Lying to Sitting on Side
GG0170D	Sit to Stand
GG0170E	Chair/Bed-to-Chair Transfer
GG0170F	Toilet Transfer
GG0170I	Walk 10 Feet
GG0170J	Walk 50 Feet with 2 Turns
GG0170R	Wheel 50 Feet with 2 Turns

- For each quality episode, applicable item scores from End of Care (EOC) assessments are summed to calculate an observed discharge function score (DC Function).
- Each *observed* discharge function score is compared to an *expected* discharge function score.
- The expected discharge function score is imputed by risk adjusting the observed discharge function score for each home health episode.
- HHA performance on the DC Function measure is the proportion of quality episodes with *observed* discharge function score equal to or greater than the *expected* discharge function score.







Covariate Groups Used to Risk-Adjust DC Function Score

Age Category	Admission Source
Admission Function Score	Body Mass Index
Prior surgery	Risk for Hospitalization
Prior Function/Device Use	Confusion
Pressure Ulcers	Vision
Cognitive Function	Medication Management Needs
Incontinence	Supervision and Safety Sources of Assistance
Availability of Assistance and Living Arrangement	HCC Comorbidities







Measure Title: Discharge Function Score (DC Function)

Measure Category	OASIS-based
Data Source	Section GG – Self-Care [GG0130 three (3) items], Mobility [GG0170 eight (8) items]
Measure Description	Proportion of HHA's episodes where a patient's observed discharge score meets or exceeds their expected discharge score.
	Numerator: Number of quality episodes in an HHA with an observed discharge function score that is equal to or higher than the calculated expected discharge function score.
Measure	Observed score: Sum of the individual items at discharge. Expected score: Determined by applying a regression equation determined from risk adjustment to each home health episode.
Calculation	Denominator: Total number of home health quality episodes with an OASIS record in the measure target period [four (4) quarters] that do not meet the exclusion criteria.
Measure-specific Exclusions: Episodes that end with unexpected inpatient facility transfer, death, or di hospice; patient less than 18 years old; coma or vegetative state; episodes less than three (3) days.	
Measure Type	End Result Outcome – Health







Answering the GG Items is a BIG DEAL!



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- Activity Not Assessed (ANA) responses are IMPUTED to a 01 to 06 response
- Discharge responses are imputed (what should the score be, based on the other info in the assessment?) and compared to the agency response
- We do not want CMS guessing for us!







GG Item Response Options

Category	GG Items Response	Response Description
Patient Functional Status Assessed	6	Independent
	5	Setup or clean-up assistance
	4	Supervision or touching assistance
	3	Partial/moderate assistance
	2	Substantial/maximal assistance
	1	Dependent
	7	Patient refused
Activity Not	9	Not applicable
Attempted (ANA) codes	10	Not attempted due to environmental limitations
	88	Not attempted due to medical condition or safety concerns
Other NA codes		Skip pattern
Other NA codes	-	Not assessed/no information







Example

Patient with recent shoulder surgery. Requires walker for safety. Now has platform walker.

Item	Item Description
GG0130A	Eating
GG0130B	Oral Hygiene
GG0130C	Toileting Hygiene
GG0170A	Roll Left and Right
GG0170C	Lying to Sitting on Side
GG0170D	Sit to Stand
GG0170E	Chair/Bed-to-Chair Transfer
GG0170F	Toilet Transfer
GG0170I	Walk 10 Feet
GG0170J	Walk 50 Feet with 2 Turns
GG0170R	Wheel 50 Feet with 2 Turns

Score	Points
06	6
05	5
04	4
88	Imputed
03	3
03	3
03	3
03	3
05	5
88	Imputed
NA	

32 + Imputed







Example

Patient with recent stroke. Requires helper to wheel wheelchair. Requires verbal cues for most ADLs with variation of assistance.

Item	Item Description
GG0130A	Eating
GG0130B	Oral Hygiene
GG0130C	Toileting Hygiene
GG0170A	Roll Left and Right
GG0170C	Lying to Sitting on Side
GG0170D	Sit to Stand
GG0170E	Chair/Bed-to-Chair Transfer
GG0170F	Toilet Transfer
GG0170I	Walk 10 Feet
GG0170J	Walk 50 Feet with 2 Turns
GG0170R	Wheel 50 Feet with 2 Turns

Score	Points
04	4
04	4
03	3
03	3
02	2
02	2
01	1
03	3
88	Imputed
88	Imputed
01	1x2

24

ANA at SOC and DC

Count this score twice







Poll #2

When we use Activity Not Attempted (ANA) scores, then CMS will:



ANA (07, 10, 09, 88, -) General Guidance

As stated in the OASIS-E Manual, the ANA codes should only be used after:

- 1) determining that the activity is not completed, and
- 2) the performance code cannot be determined based on patient/caregiver report,
- 3) collaboration with other agency staff, or
- 4) assessment of similar activities.
- The should be used in very limited circumstances, i.e., the assessment couldn't be completed because the patient was transferred.
- If a patient was not able to participate in walking a distance of 10 feet, an "activity not attempted" code (rather than 01 Dependent) would be selected.







Guidance on 07 and 10

07—Patient refused

- Update 07 to 1-6 if within the assessment time period, the patient does demonstrate after refusing the first time
- Use patient or caregiver report, collaboration with other agency staff, or assessment of similar activities before coding 07

10—Not attempted due to environmental limitations

- Use patient or caregiver report, collaboration with other agency staff, or assessment of similar activities before coding 10.
- The assessing clinicians can use professional clinical judgment to determine if a car transfer, or stair activity, or other GG self-care or mobility activity, may be assessed using a similar activity as an acceptable alternative.
- Wheelchair activities: If you are unable to observe the activity, and you cannot determine their status on patient and/or caregiver report or on assessment of similar activities, then select the appropriate "activity not attempted" code.







Guidance on 88 and 09

88—New medical or safety

- Do NOT update 88 to 1-6 if within the assessment time period, the patient does demonstrate task after not being able to the first time
- Introducing a new device should not automatically be considered as "providing a service." Whether a device used during the clinical assessment is new to the patient or not, code based on the type and amount of assistance that is required for the patient to complete the activity prior to the benefit of services provided by your agency staff.

09—Not applicable

- The patient was unable to complete the task prior to the current illness, injury, or exacerbation, and is unable to do so now.
- Someone *cannot* perform the task for him.

88 = Brand New State
09 = Baseline







GG Assessment Timeframes

Based on a functional assessment that occurred.....

Home Health

- **SOC/ROC**: at or soon after SOC/ROC, reflecting baseline, prior to instruction or intervention that would improve performance
- RCT/Follow-Up: within RCT or follow-up assessment time frame
- **Discharge**: at or close to the time of discharge

SNF

- Admission: first 3 days of the stay
- Discharge: last 3 days of the stay
- Other time frames: Assessment Reference Date (ARD) plus previous calendar days







GG vs G Conventions - Not the Same!

GG Items

- Safety
- Use of devices is not considered
- Day of assessment
- If ability varies, group all activities together, code based on patient's ability considering all activities together.
- Score based on the amount of caregiver assistance
- Does not include getting to the location of activity



G (M1800s) Items

- Safety
- Use of devices can change response
- Day of assessment
- If ability varies among tasks included in the item, score based on the majority
- Score differently based on the item
- Scoring often includes assistance needed getting to the location







Poll#3

Scoring of GG items does not include:



Barriers to Completing the GG items correctly

- One of the barriers to improving the accuracy of scoring on the GG items has been that some healthcare professionals may mistakenly believe that the responses to the GG items need to "match" the responses to the functional M1800 items, leading to unnecessary confusion and potential errors in documentation.
- GG items are duplicating the same information already collected.







Compare and Contrast

GG0130A The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient



Feeding or Eating: Current ability to feed self meals and snacks safely. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten. Able to independently feed self. Enter Code Able to feed self independently but requires: 05 04 or 03 (a) meal set-up; OR intermittent assistance or supervision from another person; OR (c) a liquid, pureed or ground meat diet. <u>Unable</u> to feed self and must be assisted or supervised throughout the meal/snack. Able to take in nutrients orally and receives supplemental putrients through a nasogastric tube or gastrostomy. Unable to take in nutrients orally and is fed nutries through a nasogas. Not gastrostomy. included Unable to take in nutrients orally or by tube feeding. 04 03 or 02 or







01

Compare and Contrast

EXAMPLE: Patient can brush teeth and wash hands without assistance or set up, but requires some assistance with hair care, washing face, shaving and trimming nails.

(M1800)	Grooming: Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).
Enter Code 2	Able to groom self unaided, with or without the use of assistive devices or adapted methods. Grooming utensils must be placed within reach before able to complete grooming activities. Someone must assist the patient to groom self. Patient depends entirely upon someone else for grooming needs.

GG0130B

0 6

B. Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.

06. Independent – Patient completes the activity by him/herself with no assistance from a helper.

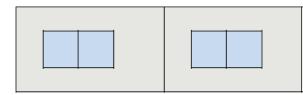








Compare and Contrast



Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

Perineal hygiene around catheter

(M1845) Toileting Hygiene: Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.

Enter Code



- O Able to manage toileting hygiene and clothing management without assistance.
- Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.
- 2 Someone must help the patient to maintain toileting hygiene and/or adjust clothing.
- 3 Patient depends entirely upon another person to maintain toileting hygiene.







06



05



GG1070A-E and M1850 not a perfect match!

A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).

(M1850)	Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.
Enter Code	 Able to independently transfer. Able to transfer with minimal human assistance or with use of an assistive device. Able to bear weight and pivot during the transfer process but unable to transfer self. Unable to transfer self and is unable to bear weight or pivot when transferred by another person. Bedfast, unable to transfer but is able to turn and position self in bed. Bedfast, unable to transfer and is unable to turn and position self.



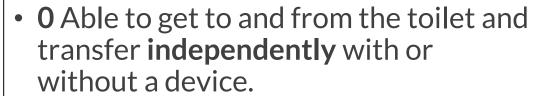




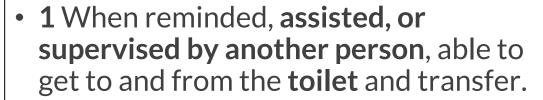
M1840 vs GG0170F

M1840 Toilet Transferring











• 2 Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).



• 3 Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.



4 Is totally dependent in toileting.

GG0170F Toilet Transfer

 Only getting on and getting off the toilet and commode





GG0170I Walk 10 Ft & GG0170J Walk 50ft with 2 turns



10 Feet

 From standing, walk at least 10 feet

50 Feet w/ 2 Turns

- From standing, walk
 50 ft and make 2 turns
- Turns of 90 degrees
- Turns may be same or different directions

- Score the amount of Human Assist to perform safely
- Device use does not impact scoring!
- If only help is retrieval of device, then use 05 Set-up or Clean-up assistance
- If medically restricted but could perform prior – code 88 Not attempted due to Medical condition or Safety Concern

Compare and Contrast

EXAMPLE: Patient is able to walk distance up to 20 feet with a walker and no human assistance.

(M1860)	Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.
Enter Code 2	 Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device). With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings. Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. Able to walk only with the supervision or assistance of another person at all times. Chairfast, unable to ambulate but is able to wheel self independently. Chairfast, unable to ambulate and is unable to wheel self. Bedfast, unable to ambulate or be up in a chair.

GG0170I



I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.
If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)

06. Independent – Patient completes the activity by him/herself with no assistance from a helper.







GG0170R Wheel 50 ft with 2 Turns



- Once seated, wheel 50 feet and make 2 turns
- Turns are 90 degrees
- May be the same or different directions
- Indicate if W/C is manual or motorized (RR1)
- If a patient uses a wheelchair under any conditions, in or out of the home, however infrequent, including if a patient uses a wheelchair in addition to ambulation If the assessing clinician is unable to observe wheelchair use during the visit, performance of similar activities and/or patient/caregiver report may be used to determine patient ability.

Assist may be verbal cues, SBA or physical assist!







What should you be doing now?

Looking at your Interim Performance Reports

Educating staff on accurate and complete documentation and OASIS scoring

Educating staff on PDGM, Star Ratings and VBP....why what they do matters and how the OASIS can help guide them in care planning

Make sure staff specifically understand how to score the GG items!

• STOP routine use of the ANA codes.



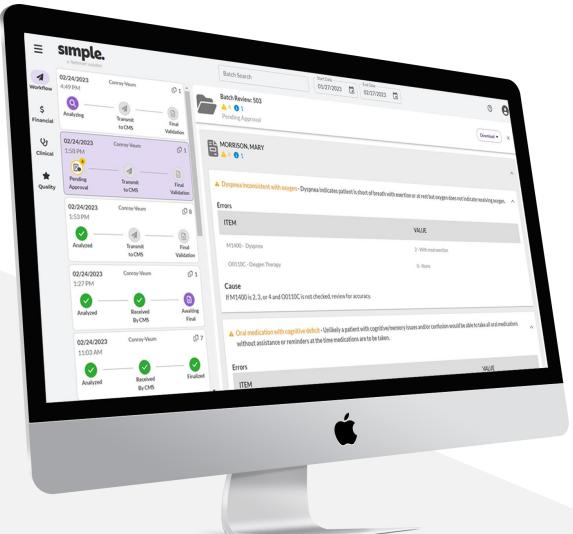






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Email us with Questions or to set up a time to talk about your Interim Performance Reports!

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Questions









Resources

- https://www.cms.gov/medicare/quality/snf-quality-reporting-program/measures-and-technical-information
- https://www.govinfo.gov/content/pkg/FR-2023-04-10/pdf/2023-07137.pdf
- https://www.cms.gov/files/document/snf-qm-calculations-and-reporting-users-manual-v50.pdf-0
- https://innovation.cms.gov/innovation-models/expanded-homehealth-value-based-purchasing-model
- https://www.cms.gov/files/document/hh-discharge-function-score-measure-technical-report.pdf
- Home Health 2024 Final Rule on changes to the VBP







Thanks for joining us!

Webinar recording and slides are available here







