

# **An Innovative Approach to a New Health Mandate**

## **Virginia Oral Health Coalition**



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## Learning objectives

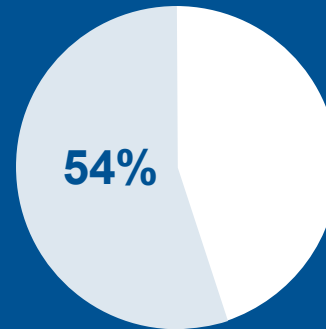
To understand the paradigm shift in dental to disease management

- To understand the Carrier' role in promoting wellness and disease management
- To Discuss creative patient-centered approaches to wellness and disease management



# Introduction – defining the challenge: Improving access to appropriate care

- 54% of US population has access to dental benefits



- Carriers' challenge is to develop and apply benefits appropriate to the new paradigm
  - Benefits must meet individual patients' needs
  - Benefits must be based on Science and best available evidence
  - Benefits must improve patient outcomes at a reduced cost
- Keeping pace with change requires collaboration and innovation



# Introduction – defining the challenge: Adapting to needed change

The current model is surgical/Procedure based

- Emphasis on the downstream effects of disease
- Traditional, One size fits all

• Shift to risk based patient centered model focusing on managing disease itself

- Incorporates Individual Risk Assessment
- Prevention Based
- Improves patient outcomes
- Reduces Cost



## Impact of coding

- All covered benefits based on current ADA Current Dental Terminology – required by HIPAA for all standard electronic transmissions
- ADA Code Revision Committee, representing organized dentistry and the benefits industry, maintains CDT
- Lack of standard diagnostic code set inhibits ability to obtain precise information on patient's clinical condition
- Diagnostic codes would allow tracking of clinical outcomes and oral health status over time and identification of those at high risk
- In combination with clinical guidelines, diagnostic codes facilitate linking of clinical condition, risk status, treatment and outcomes assessment
- SNODENT and the need for a robust caries classification system



## Evidence based guidelines

- Slow growth in evidence base for dentistry; some initial resistance
- ADA guidelines on radiographic assessment, topical fluoride application, pit and fissure sealants and screening for squamous cell carcinoma
- Specialty societies developing guidelines and Cochrane Oral Health group developing and disseminating evidence based reviews
- Growing use of guidelines in plan design, clinical product development, claims and utilization criteria and underwriting
- Current focus on Oral-Systemic integration – basis of Disease Management and Wellness efforts, including Early Childhood Caries

- **Growing reliance on individual risk assessment**
- **Good risk assessment tools available**
- **Risk assessment built into evidence based guidelines**
- **Challenge-incorporate individual risk assessment into plan design**





## Cost is king

- Clients demand reduced costs while maintaining or improving patient health
- Managing cost of care: reduce number & frequency of benefits, cost shifting, manage fraud and abuse, shift from complex restorative to wellness and prevention
- CAMBRA strategies should achieve the desired results: improved outcomes and lower costs



## Affordable Care Act (ACA)

- Health Care Reform will have an impact on plan design
- Essential benefits/Exchanges – benefit package to include essential dental benefits for children
- Preventive Health/Wellness – numerous provisions regarding education, demonstration projects and grants centered on Wellness and workforce access – opportunities for Disease Management/Wellness





# The long term: Defining a new model of care

- Challenge-evolve from procedure based benefits to benefits ensuring the health and wellness of individuals in covered populations
- Challenge-Develop strategies that focus on risk based, patient centered healthcare, based on measurable outcomes
- Challenge-align provider incentives with the new model; adequate compensation for prevention and disease management



# The short term: Managing within the existing benefit structure



- Growth in Disease Management and Wellness initiatives – Periodontal/Systemic connection
- Core strategies: integration of medical and dental data, identifying patients at risk, outreach to those at risk members, enhanced benefits
- Another area of increasing focus: Early Childhood Caries & identifying and managing at risk populations (young children, mothers)
- Core strategies: perinatal outreach, PCP f1 varnish, clinician education; “health” home



# Wellness & Disease management: Translating science into practice



- Dental Carriers can be leaders in developing programs translating science into practice

Must be based on best available scientific evidence

Objective 1

Objective 2

**Challenge: develop partnerships with outside expertise (ex. academia) to expedite process, to help disseminate educational materials; to measure & validate outcomes**



# The Power of Wellness & Disease Management: Helping people live their lives to the fullest



## “At Risk” Members



- Using the medical and dental claims data, identify at-risk children and pregnant mothers with a history of **dental caries** who have not been in to see a dentist
- **Identify young children who have received dental screening/fluoride varnish through a PCP but who have not seen a dentist**

## Targeted Outreach



- Young children received dental screenings/fluoride varnish through a PCP
- Caregivers are given information about the link between prevention and long term oral and overall health, provided anticipatory guidance, and are encouraged to visit their dentist
- Caregivers also receive written information from the Dental Plan on finding a dental home for follow up

## Influence Behavior



- Monitor member behavior changes via claim activity, tracking those who have gone to the dentist
- Analyze types of services being delivered
- Follow-up reach out if no claims are received
- Adjust communication and education methods based on results to continuously improve engagement

## Quality Benefits



- **Dental plans include robust coverage** for exams, cleanings, fluoride, and sealants
- **Medical plans include coverage** for fluoride varnish
- **Expanded benefits for expectant mothers, oral cancer screening**

**Identifying “at risk” members not actively getting care and encouraging behavior change may improve health outcomes**

## The Components of Wellness/Disease Management: Start with tailored member education

- Goal: Identify at risk members, develop creative communication strategies to provide tools to better manage their own health
- Objective: to help patients make positive changes to their behavior through better hygiene, improved nutrition and appropriate professional care
- UHC Dental is developing and implementing a variety of strategies including Interactive Voice Recognition, (IVR), to provide messaging



## Next: Provide clinician with the tools to be full partners

- Good Communication ensures smooth interaction between patient, clinician and the plan
- Benefits companies are in a unique position to share information on the latest research and treatment recommendations through clinician newsletters and on our websites
- Physicians, since they are the first to treat very young patients, are also increasingly targeted to apply fl varnish, conduct simple dental screenings and risk assessments and make appropriate referrals to a dental home (*more on this shortly*)





## From Education to Outreach

- Insurance Carriers are able to effectively reach large patient populations by providing general and targeted outreach
- General outreach- can provide large population with information on caries prevention and treatment
- UHC Dental has utilized the web and other strategies in providing its general population with oral health messaging including caries prevention and child wellness
- Targeted outreach-Carriers with access to both medical and dental patient information can specifically target at risk patient populations to provide focused communication, for example targeting pregnant mothers with information on the importance of good oral health during pregnancy



## Measuring the gains

- Program success will be subject to outcome measurement
- Data analysis is vital as we seek to define best practices, and demonstrate value through improved clinical outcomes
- Metrics should show increased frequency of prevention, decreased frequency of complex restorative care as well as endodontics, oral surgery and anesthesia
- Lower costs must also be demonstrated (lower dental costs as well as medical costs in the form of decreased use of ORs, emergency rooms etc.)
- Diagnostic codes needed for outcomes analysis
- Outcomes analysis, with its demonstrations of improved clinical outcomes and lower costs, will accelerate the trend toward the new paradigm

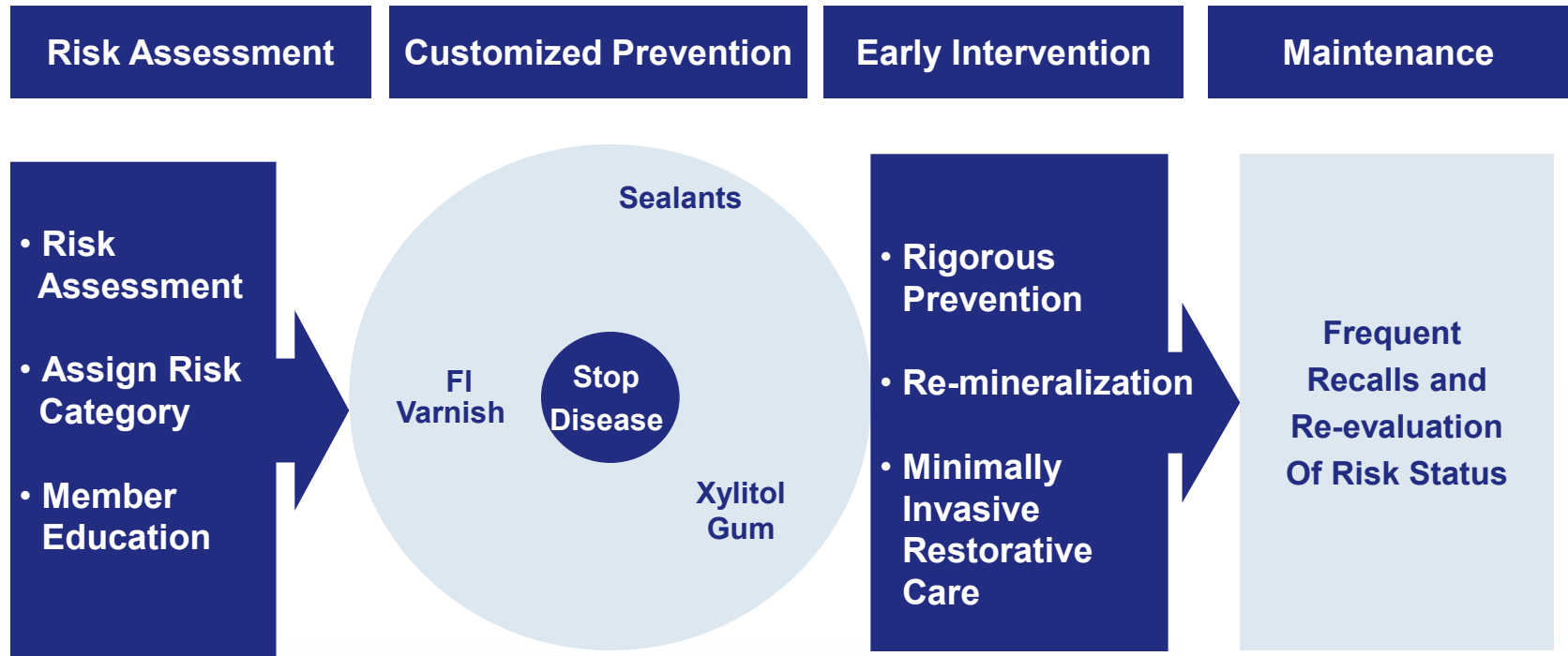
# Current Efforts to Identify and Refer Children at Risk



# Focusing on Risk and Managing Disease



Move beyond the historical model of surgically treating the damage caused by disease, to treating the disease before damage is done



\* Including pregnant and post pregnant caregivers

# Early recognition, intervention and referral can have significant impacts



## Improved Outcomes

**Breaking the cycle of disease**

**Improved mother and child risk profile**

**Improved oral and overall health**

**Improved school performance**

**Avoiding a lifetime of dentistry**

## Healthier Children



## & Lower Costs

**Reduction in lost work & school time**

**Reduced need for costly dental interventions**

**Lower medical costs (OR & ER Hospitalizations)**

**Improved corporate image & market standing**

# This requires understanding Risk Factors vs. Protective Factors

## **Caries Risk Factors:**

- Previous history of caries
- Parent/caregiver history of caries
- Heavy plaque
- Frequent Snacking
- Deep pits or fissures on teeth
- Low salivary flow
- Exposed roots
- Orthodontics Appliances

## **Caries Protective Factors:**

Fluoridated Water  
Use of fluoridated toothpaste daily  
Topical fluoride application  
(varnish) w/in last 6 months  
Fluoride mouthrinses at home  
Xylitol sprays, mouthrinses,  
lozenges or gum daily  
Chlorohexidine rinses as needed  
Adequate salivary flow



**Patient  
Risk**



# Managing Risk Means Involving Primary Care Physicians (PCPs)



## Early Childhood Caries Prevention Program

### Screening

- Primary Care Physician (PCP) does screening
- Applies fluoride varnish treatment
- Receives reimbursement

### Referral

- PCP refers patient to dentist
- Letters sent to members encouraging patients to visit their dentist

### Dental Home

- Diagnosis and treatment where needed
- Establishment of dental home

### Health & Economic Benefits

- Increased HEDIS scores
- Lower average claim costs
- Reduction of operating room utilization

## Health Home

Medical

Dental

## Providing them with education



Knee to Knee Screening\*

*\* Smiles for Life*



Applying Fluoride Varnish\*

# And giving them the tools to help identify children at risk



## Physician Caries Risk Assessment Form for Ages 0-6

<b>Patient's Name:</b>		<b>Date:</b>	
<b>Patient's ID #:</b>		<b>Provider's Name:</b>	
Address:		Birth Date:	Age:
Patient Home Telephone:		Patient Work Telephone:	
Patient Cell phone:		Patient Email:	
Patient Primary Dentist: <input type="checkbox"/> None		Patient Primary Dentist Phone #:	

*Circle 'Y' if risk factor is present	High Risk	Moderate Risk	Protective Factors (Low Risk)	Notes
<b>Caries Risk Indicators (Health History/Interview)</b>				
1. Mother/Primary caregiver has decay or recent dental restorations	Y			
2. Child sleeps with a bottle containing natural or added sugar	Y			
3. Child has >3 sugar containing snacks or beverages per day in between meals	Y			
4. Child has special health care needs such as saliva reducing medications		Y		
5. Socioeconomic Status		Y		
<b>Protective Factors (Health History/Interview)</b>				
6. Child drinks fluoridated water daily			Y	
7. Child's teeth are brushed daily with fluoride toothpaste			Y	
8. Child had fluoride varnish applied to teeth in the last 12 months			Y	
9. Child is seen at a dental home			Y	
<b>Caries Risk Factors - Clinical Findings (Screening)</b>				
10. Visible white spot lesions or decay	Y			
11. Restorations/cavitated lesions (cavities)	Y			
12. Teeth missing due to decay	Y			
13. Gums bleed easily	Y			
14. Visible plaque		Y		
15. Visibly inadequate saliva flow		Y		

**Overall Assessment of Child's Caries Risk Status \***

Low                       Moderate                       High

**Recommended Fluoride Treatment \***

Every 6-12 Months                       Every 3-6 months                       Every 3 months

**Recommended Follow Up \***

General Dentist                       Pediatric Dentist                       Tertiary Center (ex. Hospital)

**Completed**

Anticipatory Guidance                       Fluoride Treatment                       Dental Referral

\*Recommended guidelines are described on the next page

# Our ultimate objective: Getting children into a dental home



## 1. PCP Oral Screening

- PCP takes history and performs risk assessment
- Oral health screening performed looking for evidence of ECC and other oral anomalies
- FI Varnish applied
- PCP offers counseling and member-caregiver education
- Referral to dental home for follow up

## 2. UHC Dental Contacts Member

- Letter sent to member upon receipt of PCP claim
- Letter offers rationale for follow up and contact information to make follow up appointment at a dental home

## 3. Dentist Follow Up

- Following receipt of letter from UHC Dental, member makes follow up appt with dentist
- Dentist performs assessment and develops treatment plan (focus on prevention, non-surgical intervention & minimally invasive restorative care)
- Recare plan developed



## 4. Role of UMC Dental

- Center of Excellence for complex cases requiring multidisciplinary team
- Continuing education for PCPs and Dentists
- Expertise on data collection & analysis



## 5. UHC Follow Up

- Receive, process, pay claims
- Through Member Services, help patient coordinate care
- Coordinate data with UHC Medical

## 6. Data Analysis

- Share data with key stakeholders
- Develop additional measures to analyze program health and financial outcomes (both dental and medical)
- Partner with academia as appropriate on study and statistical design

# Success requires integration and collaboration



## Primary Care Physicians

- Performing a risk assessment, screening for ECC, applying F1 varnish
- Providing Members education on the importance of good oral health, oral disease prevention and nutrition
- Referring Members to a dental home (including information on how to follow up)



## Dentists

- Detailed evaluation, including additional risk assessment
- Instituting rigorous prevention for both child and caregiver, including member education
- Engaging in non-surgical treatment whenever possible to treat the underlying disease
- Performing minimally invasive restorative care



## Members

- Learning about and engaging in healthy behaviors for both caregiver and child
- Regularly scheduled PCP visits
- Follow up with and regular care in a dental home
- Working with the Plan to coordinate care, obtain provider and clinical information and receive incentives



## The Plans

- Coordinating care between PCP, primary dentist and UMC Dental for complex care
- Coordinating payments to providers & incentives to members
- Developing program and clinical information for both members and care providers
- Data analysis and reporting, (both process and outcomes)





**Dental tips**

## How to keep your child's teeth healthy

**Good habits for a lifetime of oral health**

In the United States, tooth decay affects more children than any other chronic infectious disease.<sup>2</sup> Untreated, decay can lead to painful infections that can cause problems with eating, speaking and learning.

The good news is that tooth decay in children is very preventable. By teaching good dental hygiene, encouraging good nutrition and scheduling regular dental visits, you can give your child the gift of healthy teeth and gums.

**Brush and floss the germs away.**

When your child's teeth first appear, brush them with a soft toothbrush twice daily. When your child is preschool age, add a pea-sized dab of fluoride toothpaste. Don't use more because young children tend to swallow toothpaste and ingesting too much fluoride can cause tooth stains.<sup>4</sup> As they get older, children can brush their own teeth, but young children are not able to get their teeth really clean. For that reason, parents should do the final brushing until children are seven or eight.

When a child's back teeth start to touch each other, it's time to start flossing. That's because toothbrush bristles can't reach between back teeth, leaving those areas vulnerable to bacteria.

**Serve healthy meals and limit sugary snacks.**

Provide well-balanced meals made up of nutritious choices from the five basic food groups: fruits, vegetables, meats and protein, dairy products and grains. After meals, children should brush their teeth or rinse with water. To read,

**In brief:**

- Help your child brush twice a day with a dab of fluoride toothpaste
- Give your child regular nutritious meals and limit between-meal snacks
- Take your child to the dentist regularly and talk to your dentist about fluoride supplements
- When your child's first molars come in, talk to your dentist about dental sealants





# . . . and Outreach



Member Outreach Team  
77 Water Street  
14<sup>th</sup> Floor  
New York, NY 10005

Date

Member Name  
Address  
City, State Zip

Dear Parent/Guardian:

At a recent visit to their doctor, your child's doctor looked at their mouth and put fluoride varnish on their teeth. This is just one of the important steps to make sure that your child's mouth and teeth are in good health.

The next step is to schedule a visit with one of our dentists so that they can take a closer look at your child's mouth and teeth. There is a list of dentists with this letter that we show are near where you live. Please call one of these dentists to schedule a visit for your child. If you would like to know what other dentists your child can see, please call Member Services at 1-800-493-4647. UnitedHealthcare has also made arrangements with the New York University College of Dentistry to help children who may need more complex care. If you would like your child to be seen at the dental school, they can be reached at 1-212-998-9648.

Getting your child to see a dentist at least twice a year is important for your child's oral and overall health. Seeing a dentist will help keep your child cavity-free. Your dentist can also look regularly for changes in your child's oral health. Your dentist can also assist your child keep their teeth clean, provide fluoride to help strengthen teeth and offer advice on good home care, as well as nutrition for healthy teeth and gums.

Your dentist can also help with specific problems such as Early Childhood Caries, sometime known as Baby Bottle Decay, which can lead to a fast breakdown of your child's teeth. If your child's doctor shared concerns with you regarding Baby Bottle Decay, it is important to follow up with your dentist right away.

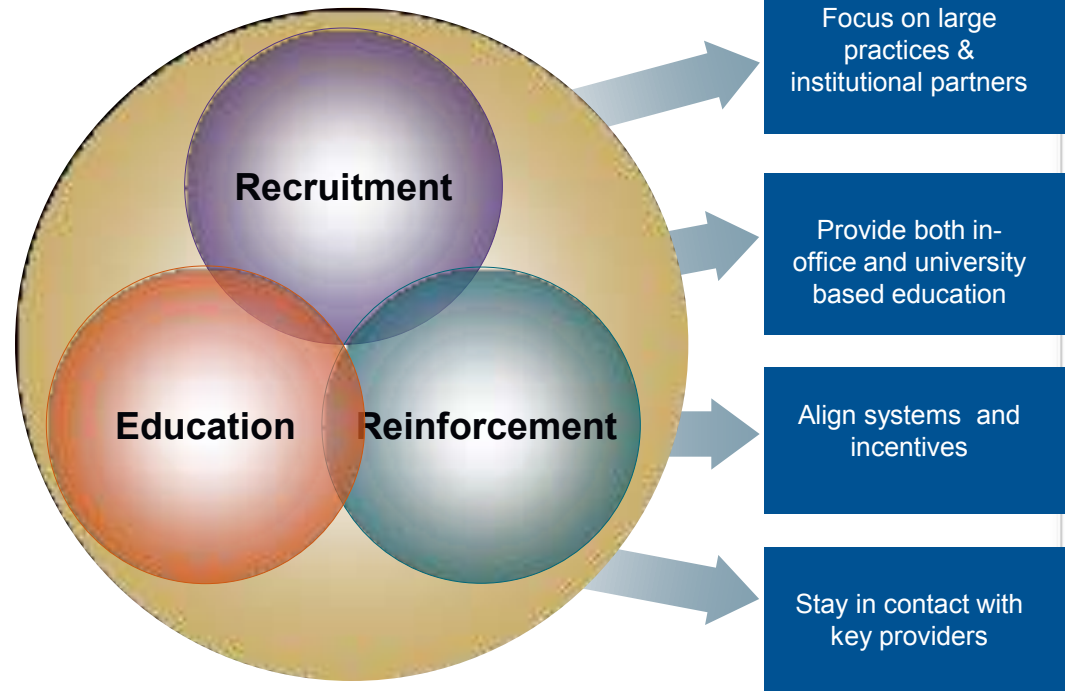
Please call Member Services at 1-800-493-4647 if you have any questions.

Sincerely,

# We work to build close relationships with Medical Providers



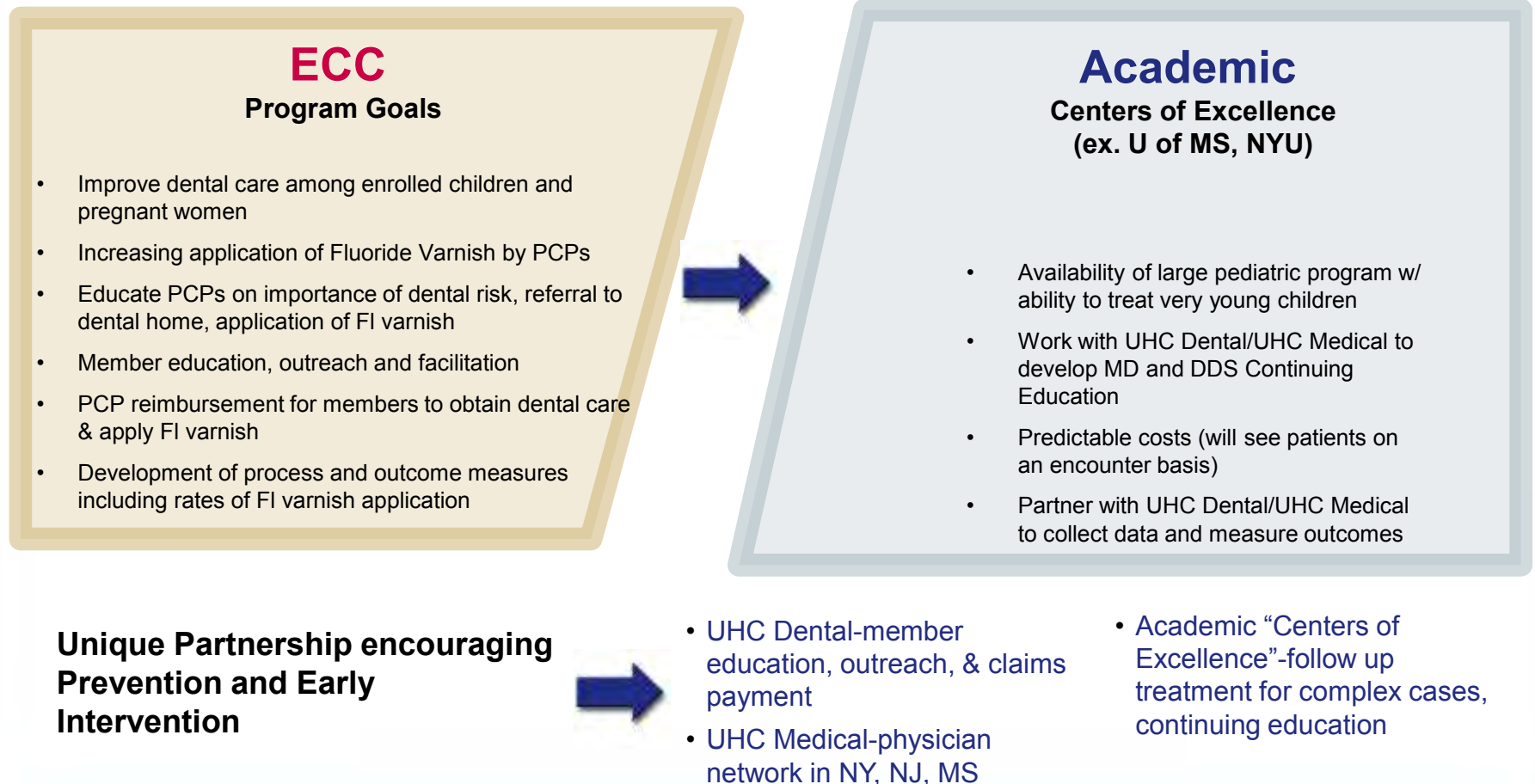
- Larger practices and institutional partners (ex. Medical schools, hospital based programs) likely to have increased flexibility to incorporate ECC programs
- PCP education provided through academic centers of excellence as well as in office training offered by UHC
- Early experience underscores need to simplify both varnish application and reimbursement processes
- Close contact required particularly with those unsure of incorporating screenings and fluoride varnish into their practices



# We also partner with Academia, developing creative solutions to reach children at risk



**State based ECC Programs** - Quality Improvement project designed: to increase dental visit rates among children, promote the establishment of “dental homes”; and increase the application of fluoride varnish by pediatricians



# These programs are primarily targeting underserved children



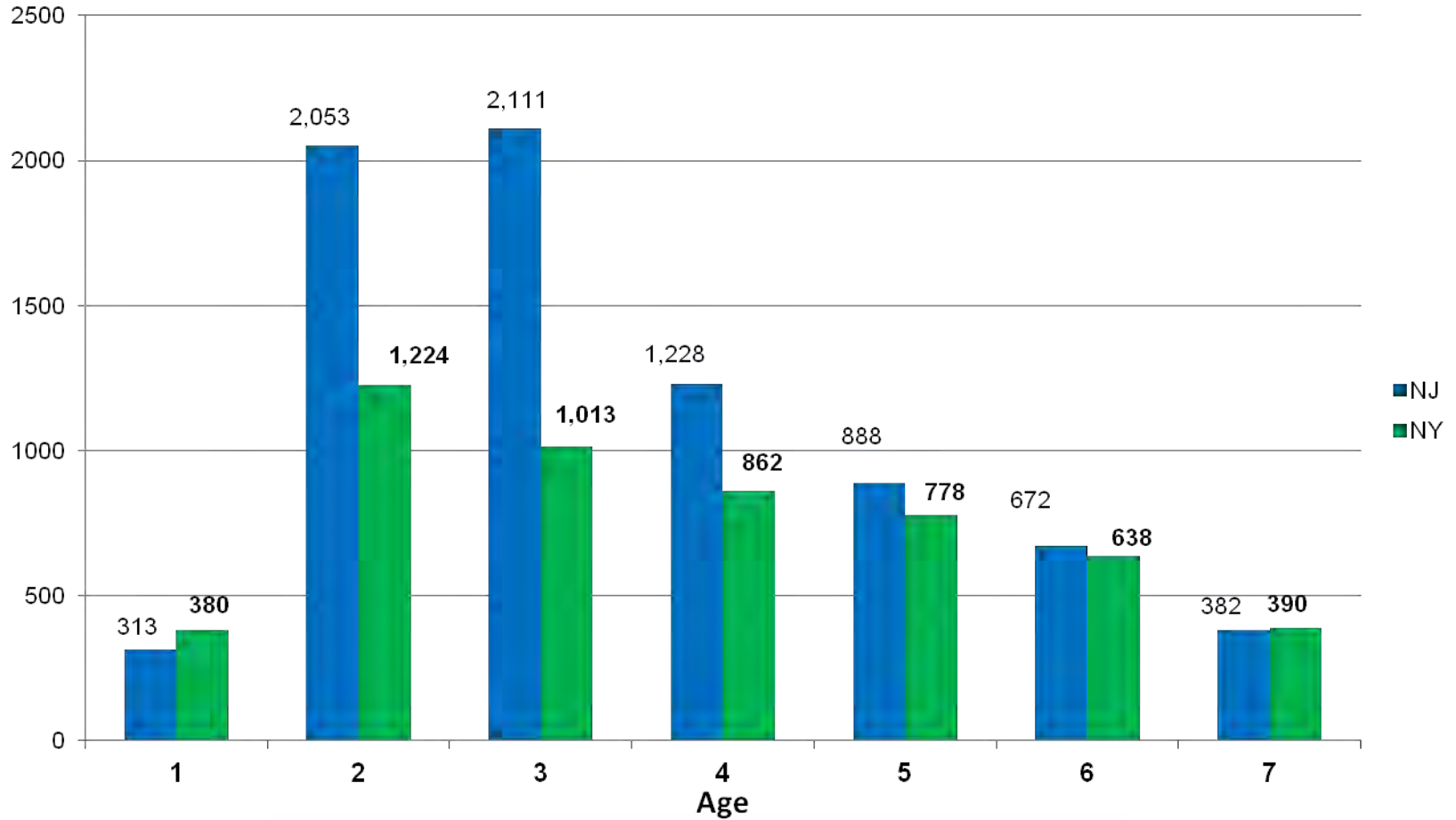
- Greatest toll on disadvantaged kids, many of whom participate in Medicaid
- UHC Dental is developing programs in States with Medicaid and/or CHIP – current programs in NY, NJ & MS – supporting additional efforts to improve access in RI and MS (both states also receiving funding from the Dentaquest Foundation)
- UHC will also be participating in an innovative effort designed to improve access, reduce risk, and encourage PCPs and Dentists to see very young children, initiated by Temple University (Project Engage)
- UHC would like to partner with non-profit groups, industry partners, and organized dentistry to develop additional demonstration projects (oral health literacy, perinatal care)



## Summary results to date

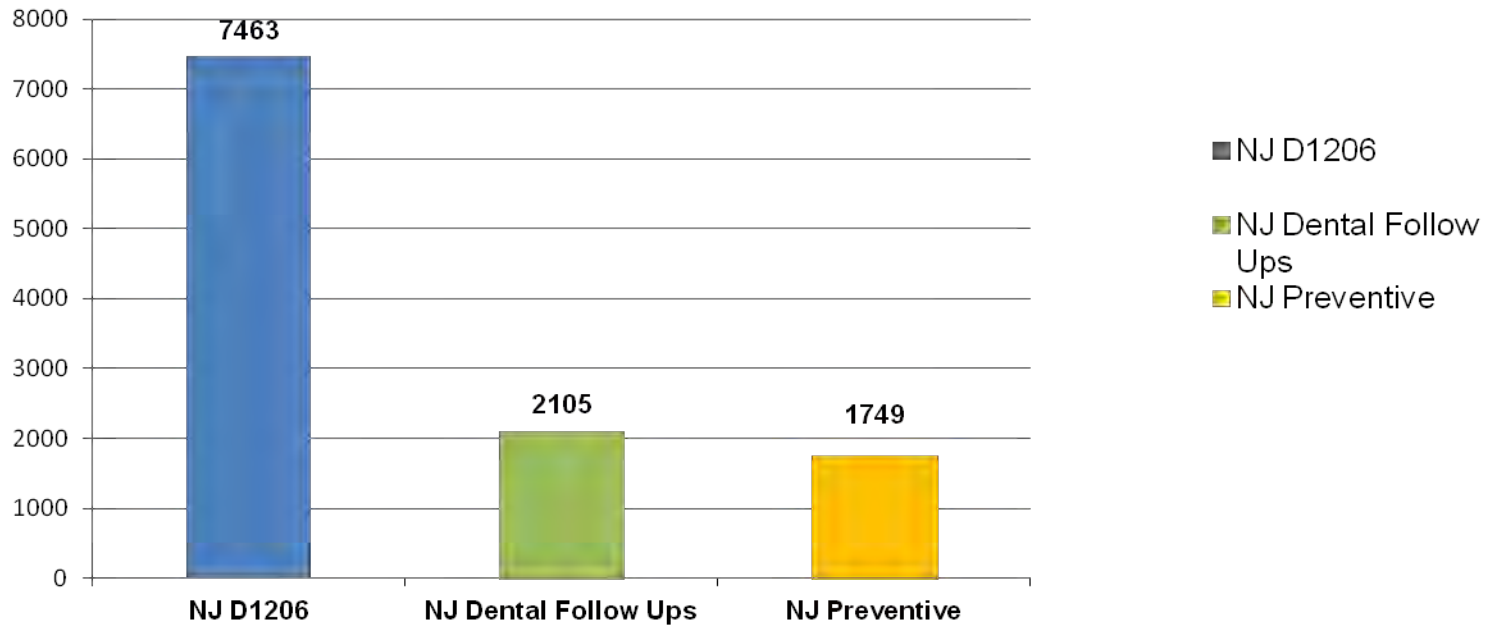
- Current programs in NY & NJ (NYC metro area) – building in MS
- 12,742 NJ/NY children screened and provided fluoride varnish in 2011 through the second quarter of 2012
- 3,306 of those children (25.95%) seen for dental follow up – UHC Dental is actively engaged in outreach to improve those numbers
- 2,781 (84.12)% of those following up with a dentist, received preventive services
- 54.47% of children receiving fluoride varnish were 2 years old or younger – the largest number of procedures were performed on 1 years olds
- MS program is a newly initiated program – covers both Medicaid and CHIP, reimbursing for both D0145 and D1206 – of 277 children seen to date, 55 (19.9%) have gone on to see a dentist, all of whom got preventive care
- Current efforts in MS are focusing on PCP education, persuading more physicians to participate in the program and encouraging member follow up with a dental home

# D1206 New York and New Jersey 2011 to Q2 2012



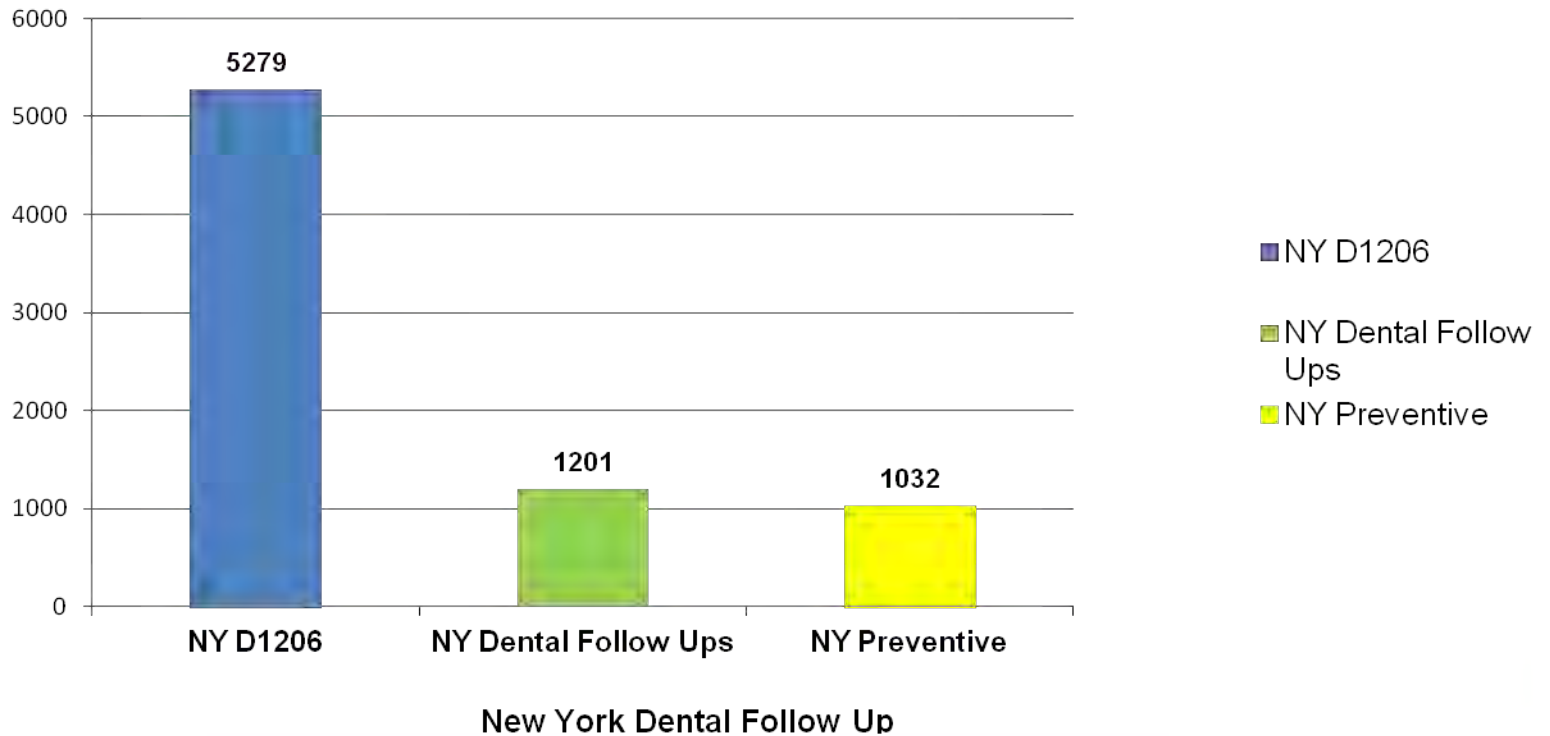


# New Jersey Follow Up with Dentist 2011 to Q2 2012



New Jersey Dental Follow Up

# New York Follow Up with Dentist 2011 to Q2 2012



# Supporting Future Research: California Practice Based Research Network



- UHC providing financial support to a CDA-UCSF study of CAMBRA (CAries Management By Risk Assessment)
- Study Participants - Practice Based Research Network starting with 18 researcher dentists in 15 dental offices calibrated on CAMBRA and recommended treatment modalities, to conduct a 2-year CAMBRA study in those dental offices
- Study Design - double blind, prospective, randomized, controlled clinical study approved by UCSF Investigational Review Board (IRB) - 50 subjects per dental office – total of 900 subjects 12 to 65 years of age
- Study Goal – demonstrate that Caries management based on caries-risk status (low, moderate or high), using CAMBRA treatment modalities, will significantly reduce the need for caries restorative treatment over two (plus) years compared to usual dental treatment in the Practice Based Research setting
- Current Status – dentist education and calibration completed – currently in clinical phase



## Program Challenges

- Physicians may be slow to incorporate screenings and fluoride varnish into their practices and are more likely to see this as a disruption
- Larger group practices are often more willing partners due to their greater use of midlevel providers and pediatricians tend to embrace this more quickly than Family Physicians
- The bulk of utilization is likely to occur in just a few practices – expanding access requires creating a broader foundation of physicians willing to perform these procedures
- It is easy to be focused on fluoride utilization – our numbers to date suggest that the bulk of effort needs to go to ensuring that all children find a dental home

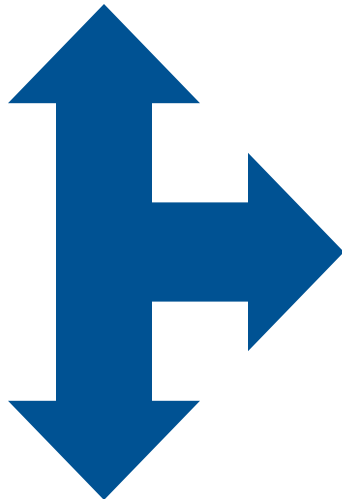
## Program Challenges

- A variety of options for PCP education should be available and CE credit offered
- Steps need to be taken to ensure that we continually improve access and sustain results
- Both clinical and financial outcomes need to be measures and impact demonstrated
- Partnerships with academic institutions and other thought leaders, such as Robert Wood Johnson, would help provide needed expertise on program and study design and lend additional credibility to our initiatives

# ECC is one program in a larger effort: UHC's Medical-Dental Integration Program



**Diabetes/CVD  
At-risk data**



**Dental  
Eligibility &  
Claims data**



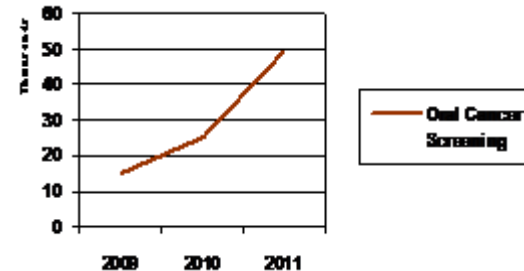
- Those who have not visited the dentist in 12 months receive outreach messaging
- Call results reviewed, extent of behavior change determined, impact on medical and dental cost of care assessed
- 6 months after the initial call, claims data is used to show who visited the dentist. Outreach messaging provided to those who did not



# Integration is a 2-Way Street: Dental → Medical



## Medical Disease Management



### Cancer

- Oral cancer screening has resulted in detection of members with oral cancer
- Support to UHC cancer care programs, developing education for members and physicians and reference materials for case managers

### Diabetes

- Educational materials to members in UHC Diabetes programs
- Participation in monthly observation (Diabetes Health Month)
- Expand to action items / enhance benefits

### Perinatal

- Expansion of Enhanced benefits for expectant mothers
- Cross functional education & strategy meetings with Prenatal DM programs
- Member education focusing on importance of good dental health for mother and baby

### Lifestyle Choices

- Making the connection between additional health decisions and opportunities to influence member behavior.
- Impact avoidable health risks, 50% of disease is due to lifestyle choices
- Higher percentage of individuals visit their dentist annually

# Wellness: Providing general outreach and education to drive behavior change



## Health Information

- Provision of general education on a variety of oral health topics including the relationship to overall health
- Widespread distribution (web, publications, mailers, radio)
- Multiple audiences including members, clients, brokers and non-dentist providers
- Utilize event months (ex. Diabetes Health Month) and outreach events to reinforce core messages

## Risk/Health Assessment

- Online questionnaires to help patients access their own health status and to offer feedback to help guide next steps
- Credible scoring methodology tied to incentives, designed to encourage behavior change
- Additional assessment tools for clinicians to help them determine risk status and plan future treatment

## Biometric Screening

- Train dentists professionals to offer simple health screenings such as blood pressure, BMI and blood glucose (HbA1c)
- Focus on patient centered care by identifying those at risk at the point of contact
- In many cases patients will visit their dentist or eye care specialist more than their physician - this affords additional opportunities to provide member education and to guide behavior change

# Biometric Screening: Texas Pilot Program



## 1. Screening Appointment

- Available to members 6 Houston area clients
- Members may make an appointment at any program participating dentist even if their primary dentist is not associated with the that office

## 2. Health Information Form

- Member completes a health information form
- Based on information provided the dentist will recommend screenings specific to the member's need

## 3. Screening Options

- Screenings are available at no cost to the member, are performed by the dentist, depending on health history provided and may include one or all of the following:
- Oral Hard and Soft Tissue
  - Blood Pressure
  - Blood Glucose
  - Body Mass Index (BMI)



## 4. Dentist Counseling

- Counseling and materials will be provided as part of the screening (which may include; tobacco use, obesity & nutrition and oral piercings)

## 5. Delivery of Results

- Members will receive hardcopy or electronic results, with possible recommendations

## 6. Physician notification

- If the member so chooses and provides their physician information, results can also be delivered directly to their physician

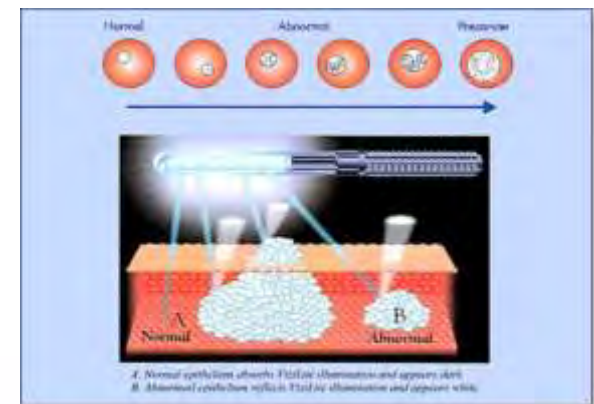


# Building on education and outreach with enhanced benefits



Women in pregnancy, and three months post-partum have full coverage for cleanings, deep scaling, debridement, and periodontal maintenance - covered at 100%, deductible does not apply, does not apply to the annual maximum, no frequency limits

UHC covers light-contrast technology that is designed to help show whether early oral cancer or a pre-cancerous lesions are present by identifying potentially “suspicious” tissue.

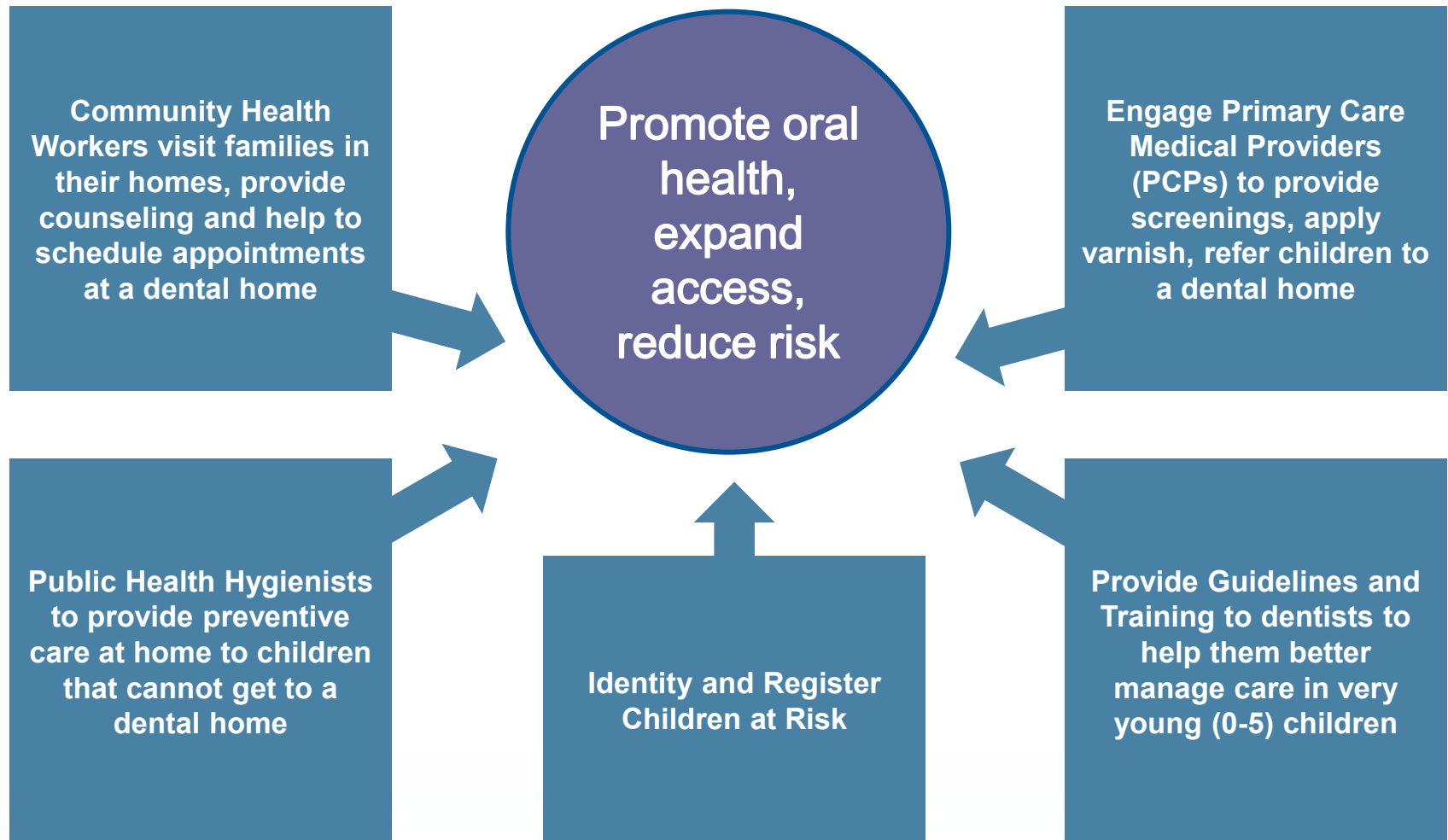


# Specialty Integration – Linking Dental, Vision & Financial Protection



1. **Strong Value Story** – shared message, developed through clinical cross training, stressing the impact of good specialty health on overall health
2. **Education/Communication** – reaching our core audiences through joint articles, presentations, webinars, and radio, and special events (ex. Diabetes Health Month)
3. **Program Support** – driving the message of the impact of good oral & vision health to medical DM & Wellness (ex. DHP, DPCA, Cancer Care, Healthy Pregnancy etc.)
4. **Products & Features** – jointly identifying those who may be at risk (health assessment), reaching out (Silverlink program), then analyzing and reporting results
5. **Metrics** – utilizing data to understand the impact of full integration on clinical outcomes and cost of care, including medical cost avoidance

# Looking ahead: Project Engage - a new model for children at risk





## A continued focus on improved results

### Identifying Key Outcomes

- An innovative approach to identifying children at risk
- Creation of dental registry available to all program participants
- Outreach by Community Dental Health Workers (CDHW) with follow up by Public Health Dental Hygienists (PHDH)
- Training of medical and dental clinicians in treating very young children
- Evaluation of treatment results to show improved outcomes, reduced costs
- Bundled payment methodology designed to keep patients healthy
- UHC will be providing both clinical and financial support for this innovative project



Questions?