Eric Just: We are so excited to share the Healthfinch story with you today. If you've been following Catalyst over the years, you know that the EMR workflow has always been of great interest to us. And this year we made some big moves to shore up our application portfolio and that EMR workflow is a big focus for us. As we look to acquisition to find companies that could complement our data operating system and accelerate our progress in this space, a couple of things came to light. Number one, there's not a lot of companies that do EMR integration really well and number two, there's not a lot of analytics companies that understand clinician workflow really well. As we evaluated numerous companies in the space, Healthfinch stood out as a clear leader. Their technology is deeply embedded in the EMR and the provider workflow. You'll get a taste of that today.

Also, there was a strong cultural alignment. Our companies share many values and a strong mission to improve healthcare. The talent and quality of the people on the Healthfinch team has impressed me and my colleagues in the relatively short time since the acquisition. A combination of Health Catalyst with Healthfinch has felt very natural since day one. Today, you're going to see Healthfinch's flagship product designed to streamline the prescription refills process. During the presentation, you'll see how Healthfinch leverages patient level data, complex medication protocols and EMR workflow to automate tasks associated with prescription refills. Take note of the deep EMR workflow integration and how native functionality in the EMR truly embeds meaningful and actionable data in the provider workflow. The end of the presentation, we'll also give you a sneak peek at where we're taking the Healthfinch product in the future. And finally take note of our lead team members. We're thrilled to have Fritz, Mark, Chris and their world-class teams joined Health Catalyst. I'll turn it over to you now, Fritz.

Fritz Hofheinz: Thank you so much, Eric. So I'm just going to briefly touch on a little bit what is Healthfinch overall, talk about some of the challenges of the renewal process as they exist now and then talk a little bit about why this is an interesting area to try to make more efficient and some of the benefits of doing so.

Next, please. So we are introducing Charlie for refill management. What Healthfinch provides is a decision support tool essentially at the point of care to help streamline the renewal process as, Eric just said.

Next, please. Healthfinch is already in over 125 or so healthcare organizations across the United States. And here's a look at some of our largest sites that we've implemented.

Next, please. So a little bit about the renewal process, I think it's fair to say, many of us as patients have experienced the renewal process and oftentimes with some frustration. It can take us two or three days to get our renewal requests processed by our provider's office and there were some pretty good

reasons why and Healthfinch really was started to help try to address some of these issues. So the renewal process itself if you think about it, essentially it can be kicked off by any of us as patients sort of figuring out that we've run out of refills on our prescription. That either triggers us to talk to our provider or go to our pharmacy who then talks to our provider's office to let them know that, "Hey, look, this patient needs their prescription renewed." At that point, the renewal ends up in the queue of the provider or that clinic's inbox.

And essentially most of the holdup in the two to three days occurs in the next box. It's the practice figuring out whether or not... First of all, working through several hundred renewal requests and figuring out how to safely do that, whose renewals are correct, who's renewals are safe and work through that queue and the ongoing volume of renewal requests that keeps hitting the queue. After that's successfully done for your renewal as a patient, that's when the pharmacy gets the okay to renew the prescription and then you as a patient get your prescription back.

So next, please. So I'm going to focus in on those, the blue boxes that really kind of cause most of the delay and this is where Healthfinch focuses. So really the challenges to the renewal process really occur because of the volume of renewal requests that are out there.

A typical provider in our provider population will see 10 renewal requests per day but it is not uncommon at all for busy primary care providers that we service to see 30 plus renewal requests per day. And for each of these renewal requests to get successfully processed and safely processed, it takes really about five minutes per renewal. We're saying three here because there are some sites that have started to get more efficient but five is the norm in terms of trying to pull all the information out of the EHR that it's necessary to figure out A, whether the renewal is accurate and appropriate, B, whether all of the relevant lab tests and patient visits have been accomplished recently in order to make this a safe renewal request and then for us to finally click OK and send the request back to the pharmacy.

Next, please. So the benefits of pulling all the information into one place as you're going to see in a moment in great detail from Mark and Chris. Pulling all the EHR information that's necessary to make that determination on what's a safe renewal, the benefits of solving that are pretty significant across multiple different populations. So first of all, for providers, pretty much every provider can save at least 30 minutes a day, if their renewal requests can be more appropriately streamlined. That has an effect of reducing provider burnout, a lot of times without successful streamlining of this process, providers were doing these renewal requests at 11 o'clock at night in what we call, pajama time. And no matter what, even if providers, if the time is freed up during the day, it gives providers more ability to practice top of licenses, we often like to say.

It saves time for clinical staff as well, so often they're all types of different roles that can get involved in the renewal process from pharmacists to pharm techs, to nurses, to MAs, all of those folks could benefit from having this process streamlined. And the net result of all of that typically is taking the turnaround time down from two to three days to less than 24 hours, which obviously is a huge benefit to both the staff but also to patients, so then as patients we're getting our renewal returned much more quickly and are much more happy about that.

And finally, an interesting positive benefit of this whole thing is when the process is standardized and automated to some degree to capture the information anyway that allows the person to work the renewal, it becomes much easier to see which care gaps are missing, particularly lab work and what visits have not been completed by the patient. And it's a great opportunity for the staff or the provider to address those missing items. And what we find is over time, patients are typically more compliant with getting those lab work requests completed, which is important and closes care gaps and which increases quality, potentially has a positive revenue effect as well.

Next, please. And just to quantify those benefits a little bit. So if providers are saving average of 30 minutes per day, so across a 250 provider system, ambulatory provider system, we would save about 10,000 total provider hours, so that's the equivalent of somewhere around five FTEs of provider time. So obviously considerable amount of time. You could translate that into some piece of additional patient revenue depending on how much physicians are willing to allocate towards seeing additional patients. Across that same 250 provider system, we'll also save around 20,000 hours of clinical staff time, so somewhere around 10 FTEs of clinical staff time that can be reallocated towards more top of license activities or just simple patient communication as opposed to staring at the computer screen. And so there's a cost savings there, sort of on the order of about $1.5 million. And then finally this care gap effect I spoke about, so across 250 providers in an average year, will uncover about half a million lab and visit care gaps that can be closed and that can result in upwards of several million dollars of incremental patient revenue.

Next, please. Finally, I'll just note that Healthfinch currently is fully implemented and incorporated within four major EHRs, Epic, Cerner, Allscripts Enterprise and Athenahealth. And Mark will get into the details a little bit of what this looks like. Thank you.

Mark Citrone: Thanks so much, Fritz. And as Fritz mentioned, what I will do is I will provide a demonstration as to how Healthfinch interacts with the EHR and then we'll share a few success stories that our clients have experienced by leveraging Charlie. So before We go into the demo on the next slide, here we go is, this is what we will go over within the demonstration. So there's three components that we'll highlight on our side. So the first piece is Healthfinch has been in

business since 2011. So over the last nine or so years, Healthfinch has curated a lengthy set of evidence-based protocols that are used to govern the decision-making for all of these incoming prescription renewal requests. So before we go live, one of the most important components of the implementation is gaining consensus on these clinical rules.

So what we would do is ask our clients for any prescription renewal protocols that they're currently leveraging, whether they're built into the EHR or they're in Excel spreadsheets or literally on paper and then we'll compare those to our set and whatever that delta is, what we'll do is we'll sit down with the proper stakeholders on the client side and say, "Okay, our protocol set is recommending A, yours is recommending B. This is the difference. Would you want to stick with your recommendations, leverage the Healthfinch recommendations or use a hybrid approach?" And typically our clients will use a hybrid approach and this is usually comprised of two to three, one to two hour meetings and then we're good to go from a consensus standpoint. So we'll talk about how that works in the workflow.

The next piece is catching gaps in care. So when we refer to care gaps internally within Healthfinch, we are talking about overdue or violated office visits or labs pertaining to an active medication for that patient at the time of receiving a prescription renewal request and we'll talk about how that looks in the workflow. And then the last piece is we're not simply just running all of these medications through protocols, we're also adding an additional layer of intelligence to check the integrity of these requests and make sure that they're not errors or they're not duplicates and all of that good stuff and we will also show you how that looks in the demonstration.

So on this slide, I just wanted to stress before we go through the next few demo slides that we don't have a user interface within the EHR since we are so deeply embedded in the workflow as Eric was talking about earlier. So we just wanted to create a mock-up as to how we look within all of our different EHR integration, so as you're looking at this, just please envision your current EHR. And the goal of our integration is to literally make it look as if a provider or staff member is doing this stuff. So there's a few different types of buckets that these requests can fall into. And the first one is In Protocol on the previous slide and basically what happens in the workflow is a prescription renew request will come in for that patient and then we will automatically apply a protocol to that request.

And that protocol typically says, "Okay, let's look at the patient's labs, vitals, medication history, visit history. Is there a next scheduled visit in the system and so on." So there's a myriad of different checks that we do and when it's In Protocol, that's when our higher functioning clients will delegate that from a provider to a staff member. So the provider doesn't even have to see that request and then it's teed up for this staff member to quickly approve that. But

obviously not all requests are going to meet protocols, so as you're looking at this slide, this is a request that's Off Protocol. So before we go live with our clients in our protocol set, we have a subsection for what we refer to internally as a non-delegated protocols. So these are medications that you are defining as a health system that you absolutely don't want the staff member to sign off on.

And the goal would be to make sure that these automatically go to your providers but we don't want to blindly send it, these all protocol requests to your providers. We're still doing the appropriate chart review that you request during that consensus period just so the provider doesn't have to hunt and peck through the chart before making a clinical decision. So that's an example of an Off Protocol request and the next one is Out of Protocol. So this means that typically there's something that's violated in some capacity, so maybe the patient hasn't had his or her labs done or maybe they have been done but they're not within the normal range or maybe the visit hasn't been done in the required amount of time. So what you're looking at here is there's a request for a medication and we're noting that, "Hey, this patient is overdue for a number of labs. And then one of the labs was also wildly abnormal too."

So typically what our clients will do is prescribe a courtesy renewal to make sure that the patient has enough medication and enough time to come back and be seen once those labs are ordered. And additionally, what we want to do within the workflow is we not only want to apply a protocol to that incoming request, but we also want to take this opportunity to look at any other gaps in care we can help close for that patient. So we know that all of these health systems have population health initiatives going on where they're targeting patients in their top DRGs to be seen, whether it's sending portal messages or letters to these patients to have them come in.

And what we want to do at Healthfinch is flip that on its head and take advantage of the concept of inter-reach since we know that this patient right here needs a renewal on his or her calcium and we would say, "Okay, let's not only apply a protocol to that, but let's apply a protocol to every active medication that this patient is currently on." And then we would have the ability to see if there's anything that's outstanding or anything that's coming due within the next 90 days. And in this example, you can see that we're saying that, "Oh, this patient's also on levothyroxine even though that wasn't requested to be renewed, a TSH will be due in 22 days, so let's also tee that up in the workflow." And then when the patient comes in to be seen, ideally all of these labs will be taking care of. And then the next time that levothyroxine is requested to be renewed, it will be In Protocol which is easier for the provider and the patient.

So that's an example of how we can help close more care gaps. And on the next slide, that extra layer of intelligence I was talking about is this is where we really want to make sure that we're checking the integrity of all of these incoming

requests. So the first example here is a medication error and there's a number of different types of age case scenarios we can identify. As you're seeing here, this request was set to discontinued, so we would want to call that out in the workflow and other common examples that you would see here is maybe the request isn't even on the active med list or maybe it's on the active med list but at a different strength that's being requested from the pharmacy.

So these are, again, all of the age cases that we will automatically populate there, so your end-users don't have to manually try to hunt and peck through the chart and find those and potentially miss those. In the next example is similar in nature, this is a duplicate request. So before going live, we see that on average, our clients will receive anywhere between 10% to 15% of overall volume being duplicate requests. So we want to flag these again similar to what you just saw on the previous slide, just so these aren't blindly renewed back to the pharmacy since that would be a quality concern.

So that was a duplicate and then I mentioned that we will show a couple of different types of flavors of efficiency gains and quality gains that our clients have seen. So on the next slide... So before we go live, the one thing that I really want to stress is we have a dedicated customer success team on our side who during the implementation period will work with our clients to establish any baseline metrics and then we will establish goals that we want to hit during the implementation. So these are commonly seen high level goals established by our clients and the first one deals with provider time savings. So that is... let's just delegate as many of these off the provider's plates as possible. The second one is staff time savings and that means that we want to get this turnaround time to down below 24 hours as much as possible since that means that we're making staff more efficient and then that's also good from a patient satisfaction standpoint, since they're getting their meds faster.

The third piece also deals with staff time savings, so we want to make sure that one staff member can support the prescription renewal bandwidth up to 30 providers. And we typically see that before Healthfinch that provider to staff ratio was usually between seven to 10:1 and then the after Healthfinch, we can get that to 25 or 30:1. And then the last piece which Fritz went over a few minutes ago is we want to track to see if there's any improvements on the number of, "care gaps" that we're helping close, and we will go over that on the next two slides.

So this is an example of a group that went live as you can see in October 2019. And what we wanted to look at here is to see a three-month segments of prescription renewals that were coming in before going live and then look at a similar timeframe, so three months after this group went live and look at the number of labs that were completed per protocol across all of those prescription renewal class over that three-month pre-period and that three-month post-period. So for this group as you can see on the bottom during that

pre-period, it was completing roughly 4,000 labs per month and then after leveraging Charlie that showed up to close to 5,200 labs per month and we were really excited to see this for two reasons. The first one is just from a quality perspective, you are obviously instituting these protocols to act as pseudo care plans.

So the more that these patients are compliant with their lab work, that's good for all parties involved. And then the second piece is for groups that own their own labs. There's obviously an additional revenue component there. And on the top, as you're seeing for these providers, that's an additional revenue component of roughly $425,000 annually. And when groups own their own labs, they can really take advantage of that. And this ROI that we're looking at is only for 22 providers within this health system and this specific system has hundreds of providers that it will eventually go live with, so we would expect this to multiply over time and this meaning that yearly lab revenue component. So that was the first example. On the next slide, we have a very similar example but this group looked at it a little bit differently. So on the next slide, what we're looking at is this group went live with Healthfinch at 10 clinics.

Sorry, if you could just go back one slide I think... There we go. Perfect. Thanks so much. So this group as you can see went live with 10 clinics in February of this year. And what we looked at was a very similar approach and we said at these 10 clinics, was there an uptick in the number of labs that were completed per protocol versus their pre Charlie states? And as you can see on the top, there was actually a 14% increase and then number of labs that were closed and across that increase would signify roughly a $640,000 additional lab revenue component. And this group saw that, was excited to see it but said, "Hey, Healthfinch can you look at the 87 clinics that we haven't gone live with yet, just to see if there is anything that's similar going on there, just to see if this 14% is truly a Healthfinch effect or is it something that we've done internally as a health system?"

So as you can see on the bottom of this screen, this group had an 8% increase in the number of labs that were closed. So that was good but not nearly as high as the 14% increase that the Healthfinch group saw. So what we wanted to express to our clients is, "Hey, if you went live at these other 87 clinics and experienced a six point increase from 8% to the 14% that these Healthfinch groups were seeing, that would mean that a lot more labs would get closed across these 87 clinics and that would signify close to a $1.3 million potential opportunity revenue there. So those were two examples of how we can help close more gaps in care. And on the next two slides, we have a little bit of a more straightforward story in terms of straight time savings.

So this first one that we're looking at is from ThedaCare in Appleton, Wisconsin, as you can see before leveraging Charlie, this group had a decentralized workflow where every single time a prescription renewal request is received

and it was EHR, it had registered nurses following some rules within its EHR and other rules that were built on paper to follow these protocols to complete these tasks. And ThedaCare as you can see, did some time studies and it surmised that each nurse was taking about six minutes to complete each request. And that equated to one nurse being able to support the prescription renewal volume of seven providers. So when this group ThedaCare went live with Charlie, it initially went live in a decentralized fashion, so we trained 55 RNs across the primary care arm of its organization as to how to leverage Healthfinch just to get ready for that go live.

And after ThedaCare went live, it took about three or so months but it quickly realized that it wanted to shift to a centralized model since it saw that there were some high-performing RNs within that group of 55 nurses that I had mentioned earlier. So it now has 7.1 RN FTE supporting the prescription renewal bandwidth of 226 providers. So that's a 30 :1 provider to staff ratio versus the 7:1 provider to staff ratio that it was seeing before leveraging Charlie. And ThedaCare was really excited to see this since it has a lot of team-based care initiatives, it wanted to implement in the ambulatory setting and by saving those 20 RN FTE that you're saving on the bottom, it could repurpose those staff to do those more top of license activities. So I wanted to point out there that we have a lot of expertise going live in decentralized fashions, centralized fashions and we can also help our clients move from decentralized to centralization when that makes sense.

And the last example here, so this is Bellin Health, also in Wisconsin. A little bit more straightforward than the ThedaCare example, since Bellin was centralized both before and after leveraging Charlie. And as you can see before leveraging Charlie, Bellin had 2.7 RN FTE supporting the bandwidth of 45 providers. And then after leveraging Healthfinch it more than double the amount of provider supported but it did not have to double the centralized staff. It only had to add two tenths of an RN to support the doubling of the providers. So again, classic story of just making the RNs a lot more efficient and then they can do more prescription renewals per day. And I believe that's everything that I have and I can throw it over to my colleague, Chris Tyne to go over the implementation.

Chris Tyne: Thanks Mark. So everyone always asks, how does the implementation work? How big is the project and so forth? So we want to talk a little bit about what's included in the implementation and then really how that project flows. So my first slide here are... On the next slide, I should say. The implementation takes just about three to four months on average and that's a matter of making sure we have all the clinical decisions and making sure we have all the tactical setup and so every subscription of Charlie brings in two things, refills and care gaps for the EMRs that have available. We find them to be fundamentally brought together to help make that process more and more efficient as we go forward. We also bring in a protocol library. So a lot of organizations that we start with

don't necessarily have a list of medication protocols and understanding what all the medication monitoring is there.

Our clinical team has about 3,000 different medications that are all refillable and then we've curated that down into 15 different specialty sets. But normally there's a big focus on primary care to start but quickly we expand into places like cardiology and gastro, et cetera. So with that, you also get two dedicated customer success representatives, so they're focused on the success of your client. One from the clinical side that's going to really focus a lot on the workflow and one from the technical side, that's going to make sure that the bits and bytes between the systems move well. Training is included, that's something that we always do. It's important to continue to push forward and make sure that people are trained and retrained and doing the best workflow as things change across the lines. And then we really focus on the workflow and protocol consensus, building that trust and making sure that things are done really well is a great way to start to hit some of those numbers that Mark talked about earlier.

So on the next slide, we have a list of what's available or how we do this, I should say. And I'll walk you through a typical project plan of what's out there. The big thing is we want to make sure that the key stakeholders are involved first. We do that at the alignment call. There's a transition from a sales process into who's doing the implementation at any individual customer. We want to make sure that all the goals are set up, that the right people are identified. Once we have those people identified, we'd like to do our kickoff call which is a pretty wide meeting but we do it as efficiently as possible, making sure that we have representatives from the clinical side, from the IT side and so forth. That'll help establish the goals, making sure that we are tuning the workflow for the right efficiencies and all the choices are made well for that organization.

It then breaks into two parallel tracks. On the left side, you have the clinical team and the right side, you have the more technical side. So on the clinical team, we're really focusing on those success definitions and making sure the workflow and the protocols are all in line. And then on the technical side, you're going to be doing the build, whether that's starting with the interface build to make sure that connections happen, any minor EHR build that needs to happen and then finally doing the testing to make sure that we can send all the information back and forth. As you go live, we want to make sure that the training is done for the end-users and pulling that in normally right before go live. And then finally, we'd like to be on site as much as we can for go live to sit elbow-to-elbow with our customers.

We've been doing that virtually a lot more lately and still found a good amount of success through that process. One question we get asked fairly often is how much IT time do we need to plan for? It varies a little bit but I think at the top end, just takes about a week of time, that's spread out over that three to four

months but we've seen customers that were just primed and ready with the technology bills they already had, on that it took no time for them at all. So on the next slide, I really want to talk a little bit as we go about what's next with closing the loop. So those of you that have followed Health Catalyst for a while, bringing things back into the EMR is always important. And one of the main ways that Healthfinch can help do that outside of just the refill process is using visit planning, making sure all the right information is brought to the right people as patients are coming in for visits and they actually show up.

So we work in a kind of a three-prong system of identifying what can be done before the visit, being able to do any pre-visit activities like labs or questionnaires, things along those lines. Things that happen near the visit. So making sure that we are summarizing the entire chart for huddles and things along those lines. And then making sure that the chart is fully filled out for the providers and the rooming staff as they go forward. This involves bringing in the orders and pending them as well. So on the next slide, this is one of the first things that we've done in the Health Catalyst world. So we joined the Health Catalyst team back in August as we started to work... When we worked with our initial visit planning, we know there was a natural fit with another company that became part of the Health Catalyst team of Able Health.

Able Health, for those of you don't know, is a world-class quality measures engine that can really connect and calculate measures in an efficient way and we were never able to in the past and we're able to do this in a much broader sense now. So we're able to now join the Health Catalyst infrastructure pretty quickly with our first pilot starting to roll out a little bit later this year, being able to take all those quality measures and bring them through that visit planning process.

So if you go to the next slide, one of the things that we really want to do as we go forward is continue to expand Charlie, our famous mascot across the Health Catalyst infrastructure. And every meeting that we're in, every turn that we make, we realized there's some really great opportunity and value for all the customers that can have that closed loop system through refills and through visit planning as well as other workflows that will eventually come down the line. And as we go forward on the next slide, you can really see that we are... That was the last slide, I apologize. So, that's really how we want to continue to integrate forward. But with that, I will kick it back to you, Brooke.

Brooke MacCourt...: Great. Thanks Chris. We're going to jump into our Q&A session in just a minute. So if you have any questions, now's a great time to put those into the control panel and we'll do our best to answer as many as we can. Before we do that, I'm just going to launch a quick poll question, watch that now. So some of you might want to learn more about Healthfinch and maybe you'd like to learn more about the other Health Catalyst products and services. So if you'd like to learn more, please answer this poll question and I'm going to go ahead and leave that open

for a few minutes while we jump into our Q&A session. And I'm going to hand it over to Eric Just who you heard from at the beginning to be our moderator for the Q&A session. So I'll hand it over to you, Eric.

Eric Just: Thanks, Brooke. The first question, I'm going to direct this towards Fritz. The question is how are your protocols developed?

Fritz Hofheinz: Thanks, Eric. Yeah, so it's a fully evidence-based process where we're reviewing relatively constantly consensus statements, drug package inserts, anything that might affect recommendations along the lines of how often labs should be checked, how often the patients should be seen in physical visits, et cetera. So, that's the short answer.

Eric Just: Excellent. Thank you. The next question I'll direct towards Chris. Is there a reporting functionality to track specific care gaps?

Chris Tyne: There is. And that's something that we use our customer success team on a pretty regular basis to help identify where those approvals are. So we have kind of two ways that we can report on it. We have a reporting suite of weekly and monthly reports that come out from Healthfinch that start to identify our care gaps being identified, how can we improve that process and so forth. We also return all that information back to your EMR so we can integrate with different dashboards that already exist and typical reporting systems that you are interested in. So we do have that covered from both angles.

Eric Just: Thanks, Chris. This next question, Fritz, I'll direct it toward you. Who is typically the end user refilling the med refills, fully processing and signing? Is it MA, an agent, RN, pharm tech, other if not a controlled substance? All examples so far have been RN-based end users.

Fritz Hofheinz: Thank you. That's a great question. So we see lots of different models, just full disclosure. So there's quite a spectrum out there nationally. I don't have exact numbers in front of me, but call it about a third of sites will use a pharmacist-driven model where there's pharmacists are essentially in charge, typically with practice agreements in place with the providers they serve. And often they will be assisted by a pharm techs. So that group will be a centralized group that will handle all the renewals for a large group of say, primary care physicians. Then we have other groups where they're using RNs or LPNs and oftentimes MAs will assist there. And then of course, we still have some sites that are... And we try to get them away from this, but that are insistent on having providers do a fair amount of the work. Our general goals over time is to get as long as the organization is comfortable with it, get renewals away from providers and delegate it off to some of these other teams basically.

Eric Just: Thanks so much. Next question. I think I'll direct this to Chris. What data from the patient's chart do you need, assume the details/sophistication of the protocol is dependent on the amount of patient data provided?

Chris Tyne: Yeah, so generally we look at four key parts. So we look at patient general demographics to identify age and height, weight, et cetera. So their basics from that. Their visit history, their medication history and their lab history. That's generally how we traverse through that to identify what is available and what is not.

Eric Just: All right. Thank you, Chris. This is another product-related question. I'll direct it toward you. Is the visit planning portion included as part of the refill implementation?

Chris Tyne: No. So visit planning is a separate product itself. The infrastructure is used to make it an easier implementation, but it is a separate licensing structure.

Eric Just: Okay. Last question. Also, directed... Well, last question, unless something comes in, you can still submit questions on the Q&A if you want. But the last question I have is what if my... And Chris, this is for you, what if my EMR is not on the list of supported EMRs?

Chris Tyne: Yeah, that's a great question. So we continue to expand our EMRs. We've been looking through some others, including NextGen and Meditech over the last few years, and there's many more out there. What we want to do is really expand that the best we can. So reach out to the Health Catalyst team and make sure that we understand where the needs are. We'll make sure that we can technically build that out and work together on it.

Eric Just: All right. We did have a question come in before we're done here. How is the visit... And Chris, this is probably for you, but feel free to defer it to Fritz or Mark. How's the visit-planning summary served up to providers?

Chris Tyne: Yeah. So there there's two components that generally happen and it's a little bit different in all the EMRs that we work with. We do like to put notes directly into the visit itself so we know where the providers are using a host of different interfaces depending on how we do that. And we also like to service orders to automatically get pended, but it is built into the visit flow for each individual EMR.

Eric Just: All right. That is all of the questions that we have in the hopper. So Brooke, I'll turn it back to you. Thank you.