**BridgingApps Medication Management project-20230811\_090244-Meeting Recording**

0:02
This has been a little tricky with us, so I'm going to double check that It's actually recording.

0:06
We have had that happen a couple of times, which is really frustrating.

0:10
Okay, let's get the transcription to start.

0:13
Yes, Okay.

0:14
So it is definitely recording.

0:15
So, yeah, if you'll just kind of tell me what you do, you know, your, your interactions with patients, what you've seen about medication management, maybe the good and the bad and everything in between.

0:27
Yeah, sure.

0:28
So like my background is actually I'm, I was formerly A clinical pharmacy specialist in infectious diseases.

0:35
So I did residency training actually at the University of Pittsburgh.

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And I, I feel like actually Kristen mentioned you guys are working with the University of Pittsburgh towards this stuff.

0:44
So I did my first year residency with them and then I actually worked for their health system and I've worked for various health systems here in the Pittsburgh setting.

0:52
Most of them have been inpatient.

0:54
I do have some transitions of care experience and I think that's a lot where the medication management comes into play.

1:01
So for one of the health systems that I worked for, I was in charge and tasked with creating their discharge Med education program.

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And from that side, it's very intimidating for patients being admitted to the hospital and then having to you know, go home with brand new medications, various changes, insurance changes like copayments, things like that.

1:24
So I worked predominantly with the, the pulmonary team and then that expanded just due to the price of inhalers.

1:30
As we're aware like you know, brand name inhalers are very expensive and they're very hard to remain compliant with.

1:36
So it started as a pilot program with pulmonary and then it expanded to all of the patients within one of the floors.

1:43
So I was looking predominantly at you know COPD patients and then heart failure patients as well as renal patients cuz they did have higher readmission rates and it was like a health system directed of an initiative.

1:57
But you know just meeting with patients cuz I really didn't work the traditional retail community route, but just to go over medications, just there are tons of gaps in the system that I think can be easily identified just and in the discharge process.

2:13
It is nice to have a pharmacist that's able to perform those services.

2:17
But not every health system has a pharmacist performing these services.

2:21
Like sometimes it's just the nurse, sometimes it's the physician going over medications quickly at discharge.

2:26
But like what the pharmacist with the value add there is that they can actually review the medications the patient came in on, look at the discharge medication reconciliation, identify duplicates, identify missing medications because sometimes a lot of information gets lost in the discharge planning process.

2:43
There's a lot of buttons to click in the computer systems.

2:46
Everybody has different softwares that they use and operate for their platforms.

2:50
So it can be a little cumbersome especially to the patient going home getting a packet of 60 to 70 pages saying these are your discharge instructions and just read the paperwork we provided you with medication.

3:02
So our value add there was to actually go in and talk to the patients and also work to identify any high cost medications because one of the biggest drivers of you know medication adherence would be affordability especially for our patients that are senior citizens.

3:16
So we try on fixed budgets because I've had plenty of patients share with me.

3:20
You know, when I pick up my prescriptions, I have to decide whether or not I'm buying meat that week or I'm gonna get my prescription drugs.

3:27
And like that's a terrible story to hear.

3:30
So we call it the fancy term is pharmacoeconomics, but that's just a fancy term for trying to find the most cost of cost effective medication for your member and we would work through that.

3:42
So let's say there was like a blood pressure medication that was rather expensive, but another medication that was generic, much more affordable and still in the same class of medications like that would be my preferred.

3:53
So it was a lot of checking insurances, checking insurance coverage, making calls to the retail pharmacy on behalf of the physicians and saying hey, can you run this price check us because we do see on your list it's a four dollar month generic stuff like that.

4:06
So it's it's definitely something that you know on the inpatient side there's an appreciation for it because a lot of people are noticing and it's not even just the hospitals, but it's the Mco's, it's the health plans that you know if members aren't taking their medications like they're getting readmitted due to complications secondary to not taking their medications.

4:27
So it's beneficial to the entire healthcare industry to make sure the patients are adhered on medications.

4:34
Yeah yeah that what an interesting job like it's like medicine case manager.

4:39
I mean that is that is really, yeah that is really great and I we've all experienced that all of us are caregivers in some way and yeah I'm caregiving long distance from my 93 year old grandmother and have had to take her into the hospital and yeah they're just everybody is so busy.

4:57
Nobody really has the time to sit down and do that kind of thing, you know, and and help them understand so well, that's really interesting.

5:05
So it sounds like you you've definitely done a lot with trying to help the patients, you know, get home with the right things and and understand what they need to do.

5:16
What kinds of things have you heard, I guess, did you ever have follow-ups with any of those patients?

5:23
I mean, I'm assuming you saw them back in the hospital sometimes, you know, if something went wrong.

5:27
So as far as at home and managing that, what kind of problems, you know, what kind of gaps are there or that you see people have trouble with remembering or.

5:37
Yeah, the biggest gap honestly is just sticking to the plan, right.

5:41
So it's really that if you don't get the communication and you don't have the time or you feel intimidated by reading your discharge information packet, which like I mentioned is a book that they give to you.

5:53
It's a lot if you go home and start taking the same medications.

5:57
And I a lot of what I would see most commonly is like whether somebody started medications, like new medications and then the patient didn't stop taking their old medications.

6:07
So then next thing you know, the patient's taking two blood pressure medications or two antidiabetic medications, they come in with low blood sugar or they come in with low blood pressure or their heart rate is thrown off.

6:20
Things like that would definitely happen.

6:22
And I think that the healthcare system at large, there needs to be better lines of communication like you mentioned busy, right.

6:29
I mean I still work in the inpatient setting and it's always short staffed.

6:33
I mean as much as you see in the restaurant industry, you see it in any goods and service industry like oh you know we're understaffed like sorry about this, sorry about the weight.

6:41
The, the difference is, is like when it comes to the inpatient setting and you know especially for my colleagues that are in the, the ambulatory slash, you know, retail pharmacy settings, a lot of times it's one pharmacist working like a 12 to 14 hour shift in a CVS, a Rite Aid, a Walgreens, a grocery chain, whatever with one technician and that is their coverage for the day.

7:02
So there is one individual that is reviewing upwards sometimes of three, 4-5 hundred prescriptions that come through for three, 4-5 hundred different patients and there isn't a cookie cutter fit for medications.

7:15
You know like you can't judge each patient you get the same way.

7:19
So I think the individualized aspect of care is, has been an oversight, but I feel that we are moving in the right direction.

7:25
I know there's a lot of movement on the retail pharmacy side to get some more resources available.

7:32
It's such the community setting is such a high burn and it's really it's hard to keep the pace, especially when you're that one person solely responsible for all the lives that come through.

7:43
You know, there's been lots of efforts for collaboration between physicians offices as well as the retail setting where the patient goes to pick up their medications.

7:51
A lot of members have switched as well to mail order prescriptions.

7:54
So what would happen as well that I would see on the inpatient side is that if we had a patient, the preferred mail order and didn't want to pick up their prescriptions that you know, a CVS or Rite Aid of Walgreens, whatever pharmacy chain they go to, they would just go home and have to wait for their mail order supply, right, Or they wouldn't go drop it off because it's cheaper to get mail order.

8:16
So like instead of paying $10 at the retail pharmacy, it might cost $3 from the mail order And they're like, well, I don't have the finances available.

8:24
I'll just wait till my new prescription comes in.

8:26
So then you have medication adherence because the patient wasn't taking the new medication that was prescribed.

8:31
There's so much money in the healthcare industry that's surrounding efficiency, which is kind of how I switched roles into consulting now and got into that because the impact is much larger when you're looking at Mco's and health plans at large as opposed to individual patients coming through hospital doors.

8:47
But it's just the lack of efficiency and I think like transparent communication is like something that needs to happen.

8:55
I know we have care management colleagues, we have nursing staff, we have physicians that are all working to get these patients into followup appointments.

9:01
But you have to consider not always like social determinants of health, but depending on your population, transportation could be a thing, right?

9:09
So as much as we want to get that patient back in there for you know followup appointment two weeks after their discharge, they may not be able to make it because they don't have reliable transportation.

9:20
You know a big movement during COVID as well was switching to telehealth platform.

9:25
So we can just do that followup appointment well, but a lot of our elderly citizens like don't have Internet, right, like they and they don't know how to work technology.

9:34
So a lot of these things kind of stack against like they seem great to the to the younger generation.

9:40
Like, I I love telehealth services.

9:42
I love telehealth appointments, but I understand the technology and how it works.

9:46
I couldn't imagine like, you know, passing this off to a grandparent and being like, hey, just use your cell phone and FaceTime into your doctor.

9:53
They put you into this waiting queue and then you're going to sit there and stare at yourself, but you're not going to see your doctor, you know?

10:00
So I think that a lot of especially during COVID with things kind of laxing but right now with like an uptick in cases, I I think that you know that generation much more prefers to have in person visits.

10:12
They they are very social from that aspect.

10:14
And honestly it is a way for them to get out and and socialize, you know with other individuals in the community when they're you know at home like due to you know circumstances whether it be transportation, whether it be you know, bills, medical bills, whatever, they can't go out and socialize.

10:29
So like going to the doctors or you know, if you're on a blood thinner like warfarin and you go to the lab to get your blood draw, there are so many patients, there's better drugs out there now that are blood thinners that you don't have to go for daily or weekly monitoring.

10:42
But elderly patients are resistant to that change because like that's part of their social life.

10:47
Like they'd like to grab a coffee and go to the lab and see Tony, Mike and Mary.

10:52
You know, they've seen them every day for the past 30 years, you know, and yeah, and that's something to consider.

10:57
But I I think communication is key.

10:59
I think is over.

11:00
Communication should be expected in healthcare because we want to make sure that the recommendations we're making and the efforts that we're putting into these patients to keep them out of the hospital doors and to keep them healthy is realized with savings on the other side, whether that be monetary savings or just like life savings, you know.

11:19
So it's there's a lot of quality life issues, but those were probably the most common things you'd see either not taking the medication due to mail order or taking duplicate medications because the discharge Med REC wasn't clear.

11:32
And when I spent my time doing that working on transition of care like we put a lot of tickets in with the IT group that we could streamline that process and be like here's what you came in on one summary document and here's what you're going home on like one summary document.

11:46
So now once again I didn't stick around to realize like what that impact was, but still working in that facility on a casual basis like it is shifted now that like we have pharmacists doing, you know we're utilizing their clinical services to do admission medication reconciliations as well as discharge.

12:02
So that's great because a lot of a lot of pharmacists are untapped clinical resources especially if they're functioning like in a staffing role just working in the main pharmacy and dispensing medications.

12:13
Like you know we can review past medication reconciliations and we can see what they were in on the hospital, you know up to years prior to them coming in.

12:21
So if we see like in my old domain of antibiotics, if I were to see a patient coming on an antibiotic, I'd have to check to make sure they were actually on it.

12:29
And I couldn't tell you how many times like physicians click the button or the nurse clicks the button to continue a medication when they get admitted.

12:36
And it was four or five years ago they were taking it and they haven't taken in that amount of time.

12:40
Yeah.

12:40
So it's a lot of attention to detail and I think communication are definitely key.

12:45
Yeah.

12:46
Yeah.

12:46
And I think the, the communication and education and you know, I, I worked as a special education teacher and, you know, worked with a lot of different kinds of populations.

12:57
And what what I learned was that, you know, a lot of parents are afraid to ask because they see the education, the staff, the administration, they see them as the experts and they're intimidated.

13:09
And I feel like it's the same way, you know, with the medical.

13:13
You know, we were always trying to talk to our parent, our parents and caregivers, of course.

13:18
You know, they're often care, caring for someone who has multiple disabilities, you know, and very complex medical needs.

13:25
And and they do, They've kind of been trained that the the doctors know everything and they're afraid to ask questions or you know, they forget what they want to ask and they're afraid to take up somebody's time.

13:36
And.

13:37
And so we we try to do a lot of that education and one of our many websites that we have is focused on that transition, age, youth.

13:47
And one of the things we have on there as a task for parents is to teach your child how to use the pharmacy and how to talk to the pharmacist.

13:54
You know and I always tell parents like pick a really nice pharmacist you know the pick the nicest one and make sure she's there that day and and and ask her to have a conversation with your child and kind of get them used to that because they are they're very intimidated.

14:08
They see these people.

14:09
They have all these degrees and they see like oh they who am I to question them, you know and and they're afraid to ask the questions and maybe they're afraid that it's a kind of a dumb question you know.

14:19
But we see that a lot in our populations and definitely the the, the fixed incomes.

14:25
I mean you can imagine in the Houston area, I mean we we have just so much poverty and and so many of these parents are dealing with just all of these things and like you said, they're choosing between groceries or their medication or you know paying for the public transportation to get to the doctor's office that week and those kind of things.

14:43
So yeah, we definitely see all of that.

14:48
What we're trying to do, we hope that we're able to build some education into it.

14:53
And I don't know how much you've seen of our websites.

14:56
I know that I don't know when you and Kristen actually met and how much you've looked at the bridging apps part.

15:00
But but one of the things we do really well is that we have a YouTube channel where we do all these, you know, how to videos basically.

15:08
And so we're hoping we can kind of build that education, you know and providing that to parents and caregivers and and to kind of empower them and say hey, if you have a question, don't leave, you know, stop and ask your question or stop and ask your pharmacist when you're picking up that medication.

15:23
So that's kind of reassuring to hear that, you know, that there's a recognition that that education piece is, is really missing.

15:31
And I wish that more medical hospital systems were doing that with having, you know, the pharmacist there and and what a great job for someone who's a pharmacist and is tired of it being in retail, you know, or whatever.

15:42
And they can transition to that.

15:43
Like there's even like for the health system I'm working for as well.

15:48
Like we have actually implemented our own inpatient pharmacy that we have an inpatient pharmacy, but then we actually started a retail pharmacy there within the hospital and we have a program like called Meds the Beds.

15:59
And the way that works is that if you're a patient going home on new medications, we'll fill them for you.

16:03
We accept your insurance because you're coming into our hospital.

16:06
Clearly, we take your insurance, so then we'll fill the prescriptions.

16:09
So we know that there's adherence there because the patient can pick up their new prescriptions right there and take them home with them.

16:14
So there's all kinds of there's room for innovation definitely.

16:18
But like to your point about like questioning authority, right and and the intimidation factor, I I feel that if people worked with healthcare professional and us like if the, if the general public or layman understood like we're all human too, right?

16:31
Like we all make mistakes across the board.

16:33
And I I think that was like the most intimidating thing when I came into practice of being a pharmacist is like well the doctor's always right And and that was the mentality for years upon years.

16:45
Like the pharmacist was somebody who you know in a retail setting like stood up on a platform like way above, you know what I mean Like back in the day like they were all open this platform, nobody talked to the pharmacist, they would just come down hand you something that was it.

16:58
But the paradigm shift in pharmacy, we call it now is actually more clinical based services in that patient interaction because you have to trust your pharmacist like they're dispensing you the medications.

17:09
And like I agree like find a nice one but also find the one that puts an extra step in.

17:14
If you have a pharmacist that says sorry, your copay is $700.00 this month, there ain't nothing I can do about it.

17:20
Sometimes that may be true, but there's also different angles that you can take to work where it's like, all right, well, I can call the doctor's office.

17:28
This drug required a prior authorization.

17:30
The doctor didn't get it.

17:31
So we can try this formulary item or we can try this and there's all kinds of tools and resources at the fingertips.

17:37
But I I think a lot of it does come down to, it's like it's task management and commercial pharmacy.

17:44
You're typically looked at as a dispenser, right.

17:47
So pharmacies are considerably viewed a cost center because patients go there and they're like I have to spend money when I come here.

17:55
And you know what people are trying to do is like offer those clinical services.

18:01
You know, they started with like vaccinations and things like that.

18:04
But like now a lot of places are putting minute clinics and things like that inside of them so that you can receive complete medical care within the pharmacy.

18:12
It's just still a shame that nationally pharmacists are not recognized as providers.

18:16
But we are involved in the healthcare system, you know, from top to bottom and whenever there's a problem that the healthcare system cannot solve, then it's the pharmacist responsibility to solve it.

18:28
And that's like it's a lot of problem solving and task oriented information that we work with.

18:32
But like, yes, there's a lot of medications and yes, there are a lot of drug interactions and yes, like when you're on multiple medications, like we have to make sure we review that profile, but don't ever be afraid to ask that question.

18:45
And even like my fiance, her step sister, her special needs like and she's God, what is Julie now 2425 And you know, just going through and talking to her like it's her, her parents to be like, hey, you know, we have this risperidone dose like, what's this for?

19:03
And then like my fiance and are both pharmacists but like and that's why we get the phone calls to answer these questions.

19:09
But I'm like, hey, Jim, like, why don't you call the doctor?

19:12
Or like when you go to the pharmacy, like, you can ask them, like they're the ones dispensing it because a lot of medication changes happen.

19:18
But it's just something that you realize is the general public is really intimidated to ask those questions.

19:23
And if I didn't know how the healthcare system worked and how retail pharmacy worked, I think if I walked in and I saw a pharmacist with her head down, like buried or attached to a phone and there's one other person working who's just running the counter and checking things out, I probably wouldn't want to ask either because I feel like I'm really inconveniencing you for your time.

19:41
But trust me, like when I say this, that that would probably be the best interaction of their day.

19:47
Like pharmacists really want to be engaged with the patients and they and they want to have conversations.

19:51
And you know, it's far removed from the days of like, oh, there was one neighborhood pharmacy and everybody went there to pick up their prescriptions and everybody knew them.

19:59
Like the independent pharmacies have kind of been swallowed up by the chains just because they're so large and they can pay, you know, different salaries.

20:07
But independents are making a comeback.

20:09
Like there's a lot more popping up because you know people in the community, especially those, it doesn't matter if it's special needs elderly population.

20:17
Like if you have an independent pharmacy and somebody that runs their own business, they're going to set it up that they can, you know, work with you and and they're going to have the time to explain to you.

20:27
There won't be, you know, like, you know, mandates issued by the company owners to say like as a pharmacist you have to administer your goal was 15 vaccines a day.

20:38
And that's what we care about because of reimbursement rates, Like we don't care about engagement with the patients.

20:42
So independent pharmacies are definitely making a comeback in the community.

20:48
Yeah, it's really interesting.

20:49
My grandmother is in Columbus, GA and she the pharmacy is called Dinglewood and it is actually an old traditional soda shop and that is still where she gets her medications.

21:03
She has lived in Columbus since the 70s and that's where she's always gone.

21:07
The, the pharmacist there is that probably her age in his 90s.

21:12
And it's just crazy because she calls and they like deliver it to her front door.

21:17
You know, they have this driver that they just send out with all the medications and it's such.

21:22
I mean it's just such personal service you know and and she can call him and he understands everything she's on and it's just so nice to see and it's perfect for her situation.

21:32
You know that I know there's somebody that I can trust helping her with that but yeah you could go in there and have a you know chili dog and a milkshake too while you wait for your medicine if you want.

21:42
It's just it's amazing it's really cute.

21:44
It's just it's such a like a you know it is a is a staple of the community there and it's great.

21:51
I mean like and that's the thing in some communities they still thrive.

21:54
But I know at least in this area there's a lot more that are popping up.

21:57
And the new business model is, you know, you're probably not in the pharmacy domain, but everybody's aware of Mark Cuban, right?

22:04
Everybody knows Mark Cuban's name and his model that he's trying to destroy the pharmacy world and just make his cost plus model.

22:11
So he has cost plus drugs.

22:13
And when you look at especially members in a population that are on specialty medications or you know, medications for complex disease states that there's not a lot of options.

22:23
What he's done is he's gone out and he's acquired these medications and it's like a a $3 markup for a pharmacist filling it and then 15% on top to cover his charges of what the cost is.

22:33
So like I I mean if you would have to spend $64 for an or you know, a prescription that usually costs you $1000, which one are you going to pick?

22:41
But the problem that I have with the cost plus model is that they're competing on price.

22:46
And when you think about pharmacy, like you just mentioned in the story about, you know, in Columbus right there, you don't have to compete on price.

22:54
You're more successful when you create, when you compete on value, right.

22:58
So people will pay more for better service.

23:01
And that doesn't matter what industry you're in, Doesn't matter if it's retail or, you know, like I, if you're in the restaurant business or if you're in the pharmaceutical business.

23:09
I might pay two more dollars to get my prescription filled at a mom and pop pharmacy.

23:13
But knowing they'll deliver it to me or knowing that if my prescription runs out, they'll give me a couple days worth of drug just until I can get back to the doctors or they'll call my doctor to get a refill on my prescription.

23:24
Or, you know, it's like those little things and those conveniences that, you know, really help a community at large.

23:31
Yeah.

23:31
Yeah, I would love to see more, more communities have that have that kind of model again.

23:36
And yeah, so I guess if you had a magic wand for the for ensuring that patients were taking taking drug success.

23:50
I mean you know accurately and and according to plan, what would you, what would you create?

23:58
Like how would you is there anything you know whether technology wise or what what do you think could kind of just fix all the problems of compliance.

24:08
It's really hard with compliance and and that's The thing is like especially when you get into the healthcare industry and especially on the on the insurance provider side, one of their key metrics is adherence, right.

24:20
We always talk about medication adherence.

24:22
So some health plans and and insurers will actually consider adherence mail order.

24:27
So they'll consider I drop the medication off at the patient's door via mail order.

24:31
So if it's a mail order then they're like okay, they're taking their medication but that's not it.

24:36
The the number one standards director, direct observation.

24:39
So not that I can be in every individual's house to watch them physically take the medication, but there is some new technology coming out which I support especially for expensive medications, and I know one of my colleagues is working on it here in Pittsburgh.

24:53
But for some of the expensive specialty medications, it's almost like a Keurig device where the medication comes inside of this with a sensor, and it'll automate that.

25:01
It dispense the medication, and then the patient will take the medication and set the cup back down on, like where the Keurig thing is.

25:08
And there's like a weight tear with it.

25:10
So it'll tell whether or not the medication is inside of there.

25:13
And then if you notice that the cup was dispensed but not placed back within a certain amount of time, it sends a trigger back to, like, the pharmacy owner.

25:20
And then he calls the patient and says, hey, did you take that medication?

25:24
So like, I think that's kind of the wave of the future.

25:26
Not that it's perfect because if I take the cup off and I set the pill on the counter to grab a glass of water and set it back, it doesn't mean I took it.

25:34
But I think that's moving in the right direction.

25:36
Although like once again, as technology advances, it becomes more expensive.

25:40
So I think in highrisk populations to start, especially in populations where medication here is essential like when I'm thinking about like HIV or other disease states like that, that would be a great model or the very expensive specialty drugs for these rare conditions.

25:57
But like I think for the general population it can get there.

26:02
But I think that any type of device that would, you know, be able to measure how many pills are in there for X amount of days like would be great because then if you see if like the weights the same or something along that three days in a row, well, I think 3 days you didn't take your medication because we have the standard weight of one of those capsules or tablets ways.

26:20
So that could be an idea.

26:22
But I direct observation is always going to be #1.

26:25
So if we can't do that, I don't think we all have the time either to sit on FaceTime calls to say let me watch you take your medication.

26:31
But yeah, I think technology needs to be embedded.

26:34
Definitely, yeah.

26:36
One of the caregivers said the only way I would know for sure is if the pill had a tracker inside of it that would tell me the pill, they're going into their body, they're looking like that's probably next.

26:48
Yeah, that that's a real thing that they're actually looking into.

26:50
Uhhuh.

26:51
Yeah, yeah, that's a real thing.

26:53
It's just crazy to think about.

26:54
But yeah, that like you said, the the problem is the money.

26:58
You know, who's gonna pay for it?

27:00
How are these populations that we serve?

27:02
The majority of our people, you know, are not our donors for Easter Seals.

27:07
They're they're the ones that that need that money donated to us, you know, and can't afford services.

27:13
And they're, you know, they're getting our services for free or they wouldn't be having even the education that we provide them.

27:19
So, um, yeah.

27:21
So that's that's really interesting.

27:23
This has been really, really, really helpful.

27:25
Thank you so much for your time.

27:28
I really appreciate it.

27:29
If you know anyone else, I know you mentioned your fiance is also a pharmacist.

27:33
If you know anyone else who would love to give us some insight, we're still we're in the, we're towards the end of our interviews, but at least for the next week we're still going to be doing these.

27:43
So you know, we're happy to talk to you.

27:46
Just pass my contact information along to anyone that you think might might want to share.

27:51
And we are giving $25 gift cards for everybody just for your time.

27:55
So I can just e-mail that to the same e-mail address where I sent where, but we've been communicating and and everything.

28:02
That'll be OK Just want to make sure because.

28:05
OK.

28:05
Yeah.

28:05
Yeah.

28:06
No, we want to thank you for your time and just a little small something.

28:09
So please let me, you know, like I said, let me know if anybody else can help or if some you think of something else and just pass my contact information along.

28:18
So we really, really appreciate it.

28:21
Thanks so much and and have a great day and a great weekend.

28:24
Thanks.

28:24
Appreciate it, Amy.

28:25
Yeah.

28:26
It was really nice to meet you.

28:27
Nice meeting you.

28:28
Take care.

28:28
Thanks.

28:29
Bye.

28:29
Bye.

28:29
Bye.

28:30
Bye.