

NCMIC SUICIDE AWARENESS AND INTERVENTION WEBINAR

Mike Whitmer:

Good afternoon and welcome. My name is Mike Whitmer. I'm with NCMIC's corporate relations team, and thank you for joining us today. Before we get started, there's a few housekeeping items that I'd like to review real quick. All listeners are on mute. If you have questions, please enter them in the chat feature within the webinar platform. We'll address the questions as time allows. If we don't get to your question though, please feel free to contact us and we'll be happy to talk with you and connect you to resources to help. Today's webinar is live and being recorded. The recording will be emailed to registered attendees following the program. We'll also post the recording and the resources section of NCMIC.com. It takes a little bit of time to process the recording and get it posted, so please be patient with us.

I'd also like to remind you about our next webinar, November 17th. We're going to have as our guest, Polly Loneman from NCMIC's marketing team. Polly's going to show you how to use the demographics from your Facebook page to understand and grow your audience. She'll also show you how to snoop on your competitor's accounts and see how they're using Facebook ads as well. So I hope you'll be able to join us for that. Now, I'd like to introduce our guest and start our discussion. According to the CDC, 45,979 people died by suicide in the US in 2020. That's one death every 11 minutes, which is shocking. Beyond that, 12.2 million adults seriously thought about suicide and 3.2 million made a plan. 1.2 million adults made an attempt at suicide, and that's just the adult population.

For youth ages 10 to 14, suicide is the second leading cause of death. So what are the roles and responsibilities for chiropractors around this topic? To help us out, I'm happy to have with us Dr. Mario Fucinari. Dr. Fucinari has helped train doctors and chiropractic office staff for over 20 years. He retired from his practice in Decatur, Illinois a few years ago, but he's been very active traveling the country, providing education on documentation, risk management, HIPAA, and billing and coding compliance among other topics as well. So Dr. Fucinari, thank you for being with us today. Appreciate it very much.

Dr. Mario Fucinari:

It's really my honor, Mike, and thank you for inviting me and thank you to all of the attendees out there for tuning in today.

Mike Whitmer:

Absolutely. Well, let's go ahead and dive in. Remember listeners, if you do have a question you would like us to discuss, please type it into chat and we'll address the questions as time allows. So let's go ahead and dive in, and I'm going to pull up a few slides with some statistics. So I did share some statistics a moment ago, and clearly many people that we interact with are struggling. Doc, do you have other stats that you'd like to share that illustrate how widespread this issue is in the US?

Dr. Mario Fucinari:

Well, yes, in fact, depression and suicide now over the last 25 years have actually increased. And you would think that now we are becoming connected through Facebook, FaceTime, Skype, or whatever it might be. And of course, even venues such as this here, and you would think that we have more communication and more interactivity with our friends and our families, but yet in many ways it's really become isolated as well. And when you think about that in the suicide, as you had mentioned in the introduction, the suicide in the US has

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actually increased, not so much all over the world, but in the US it has increased. And now it's at a rate of 13.9 people per every a hundred thousand. So you can think that suicide might be isolated, but in fact, we don't hear about that because of the stigma associated with suicide as well.

Mike Whitmer:

Yeah, and we've got some different statistics here. So one slide that we have here is groups that are at higher risk for suicide, yet I would think that if you're having patients walk into your office that are part of these communities, that possibly may be a red flag as well?

Dr. Mario Fucinari:

Well, yes and in fact, certain groups, and really there's indirect and then direct causes of suicide idealization. In other words, they're thinking about it. And then of course some may act out on it as well. And it's really the perfect storm, if you will. When you look at different groups such as it says on the slide here, the veterans and the disabled also looking at certain tribal populations in certain areas of the country, chiropractors as well as other primary care physicians, are treating some of our natural born American Indian populations as well. Even age groups, middle-aged adults, they are affected by it too, but other groups might be the LGBTQ individuals and especially the LGB individuals who are high school students, because of the stigma that they feel, the isolation, if you will, and the discrimination here.

Other individuals that might be involved, we're coming off of a lifetime event here in that the COVID has changed our lives here, and many states now have lifted the COVID restrictions here, but our nation here has really gone through a change. And something to think about, even me as an individual now, I'm still getting out on the road and teaching, but venues like this and many individuals are working virtually and working virtually, they feel isolated as well, and maybe they don't have that interaction.

Also, people that are working virtually, they tend not to get enough sunlight and so forth here. And so those individuals, but then we have individuals that are afflicted with long haul COVID, those individuals who maybe lost loved ones, significant others, and including to COVID but for others here in that grief loss as well. Some of the individuals, keep in mind, even chiropractors are not exempt from the suicide here, but certain individuals such as individuals or even doctors that are listening here who might be in debt, lawsuits, audits, or maybe they work for an organization, they got fired. When we look at all of these confluence of factors I call it, when that all comes together, that's what actually populates or produces the perfect storm.

Mike Whitmer:

Yeah. So how can chiropractors recognize the patient that may be struggling with and at risk of suicide?

Dr. Mario Fucinari:

Well, first of all, you have those groups. Now, it doesn't mean everyone in those groups are going to be thinking or prone to suicide, but that kind of sets up, if you will, the template. But keep in mind too, that when you are talking with somebody, number one, when you're talking with somebody, I always say to see what they're saying, not just hear what they're saying. God gave us two ears and one mouth, which means we should be listening twice as much as we talk, if you think about that. And so are they averting eye contact?

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All chiropractors, we know our patients the best. I always kid about it in class, but in this context here, we don't want to kid about it. What about that patient who obviously has not taken a shower or bath? And we always say to put something on that top lip there, but that may be a sign of depression. Maybe if that person is unkept, maybe if they're wearing clothing that's not appropriate for the weather outside or in some areas of the country going through winter is on its way here. So that's what you as a primary care physician and our staff as well have to look for those different clues here with the patients.

Mike Whitmer:

I see. Okay. So what's required of chiropractors? If a patient appears to be at risk for suicide, what responsibility does a doctor have and what steps should they consider taking?

Dr. Mario Fucinari:

Well, there's different levels here, but number one, we're a physician and one of the basic tenets of being a physician is to take care of others. So you have to have it within you. We don't have to be a physician to be a concerned person in our community to be a concerned person in our neighborhood, but we're held to a different standard. And now, and I consider myself a primary care physician, when you're a primary care physician, which means many times they're coming to you first, you see. And so keep in mind that we are a point of contact and depending on state law, child abuse, definitely, elder abuse in most cases here, human trafficking as well, but also suicide.

And even in HIPAA guidelines, when you talk about HIPAA, and I'm sure that's one question you might ask about Mike here, but when we think about HIPAA, HIPAA guidelines say that when it is foreseeable and probable that this person, this patient may cause injury to themselves or to others for that matter, that it is incumbent upon us to report it. So in other words, federal law, state law, HIPAA, there's many different layers here that compel you. And then of course, ethically compel us to report and get help for these patients and for even our staff, our family members, and our colleagues as well.

Mike Whitmer:

One commonality amongst chiropractors, I think, is a desire to help people. Any legal requirements aside, how can chiropractors help patients who are considering ending their lives? And I know that chiropractors a lot of times act as a therapist. Patients confide in them. How can doctors help their patients, but yet be cognizant of scope issues and acting as a therapist?

Dr. Mario Fucinari:

Well, first of all, as I stated previously here, first of all, you want to have the desire to help people. And if you don't, and I say that sincerely because of burnout in healthcare workers, that has to be taken into account. And when you lose that desire to help others, then you need to get help as well. And there's no stigma. And I say you need to get help, is that do some self-examination as a physician and even our staff as well. And so get them help. And that's why, listen, and you're right, Mike, most of us here, first of all, statistics in training show that in chiropractic college, even medical school, that we're not trained on dealing with depression or suicide intervention, PTSD, especially if you see patients for the VA. I did, and I was affected by that every day in their demeanor, people with chronic pain as well.

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And that's why you want to listen to them here. And you know what? Sometimes because of that stigma, they're not even going to tell you. And so I will tell you that I've gotten to the point where just asking somebody and then just say, "Have you felt depressed? Have you felt suicidal?" And look to see what kind of response you get from those people. But legally, I would say take it upon yourself to educate yourself. We're trying to do that here, and we'll give you avenues to do that. But reach out to the local hospital and just identify yourself. You don't have to talk about a specific patient, but talk about circumstances and just say, "Is there any information that I, as a physician in our community can get that I should be on the lookout, and if I do feel a patient is perhaps going to commit suicide cause injury to themselves."

And nowadays we have to think about cause injury in the workplace, in the community, active shooters and so forth. And to tell them, if this arises, what avenues can I have accessible to me as a community physician? And in Decatur, Illinois, we had such a hospital and I did have previous information from them. And there actually was one patient who actually came out and told me he was thinking of committing suicide, and we got him help at that time. You don't wait. When they tell you, the doctor, when they tell you the doctor that they are thinking of suicide, they are thinking of it. And you must take it seriously.

Mike Whitmer:

Right. I want to pop a slide up here that you provided with the risk factors for suicide and get your thoughts on how these present in a chiropractor's office, what chiropractors are more likely to see, some of those things. And one thing that I would like to get your thoughts on as well is chronic pain is a contributing factor, and that may have lots of different issues along with it, such as opioid abuse, addiction, those sorts of things. So I'd like to get your thoughts on the risk factors and how they present in the chiropractic office.

Dr. Mario Fucinari:

Well, we always say, okay, risk factors, mental health. Social isolation, working virtually as an example, or being homebound. We talk about retirement. I don't know anybody who is retired from life. We're all interactive in life. And I will tell you that I live now in a 55 and older community, but when I look, people always have something to do. They will find something to do, okay? It's when they aren't doing anything and they're just sitting at home isolated, self isolated, even, then there's some inner mental turmoil there that may be occurring as well. Physical illness or disabilities. Sometimes as the population begins to age here, we start to feel like we are a burden upon our significant other or our children as well. But when you look at the personality of a person, some people, they are not living the life they wanted to.

And I'm going to turn it to our, we have chiropractors of course on the line here as well. But in practice, a person who is more apt to have depression leading to suicide ideation here, keep in mind that that person may be at heart a perfectionist, or they are living a certain lifestyle that really doesn't reflect their practice income. Nowhere else are our expenses going up and at the same time, reimbursement going down. And so now those people here may feel hopeless. And there is seasonal variation here. When you think about it here, when we have seasonal affect disorder, SAD they call it, where a person now has a decrease of sunlight. Maybe there's no windows in the office, maybe they have the shades drawn at home if it's a patient as well. How do we know that? We don't. But we talk about wellness care all the time.

And one thing I want to bring out today too is that wellness care includes mental healthcare. And chiropractors, we always say we treat the whole person. Yeah, let's treat that whole

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person here. And so childhood traumas, everyone comes with baggage. Exposure to suicide in their family. One of my patients, their daughter committed suicide, She shot herself and the husband blamed it on the wife and made her clean up the room. Well, how do you think that affects the husband and the wife and their interaction for the rest of their life? You see, suicide affects us all.

Suicide affects everybody because if you are affected by even a patient or a family member who committed suicide, you wonder, what could I have done? And part of our talk here today, Mike, is not wondering, what could I have done, but wondering what should I do? And that's why you want to interact here, because even if it turns out, just like in child abuse or anything else, if it turns out that you suspect something and you're wrong, no foul, no harm. But if you, in this case here, are missing the prime factors as far as homelessness. You can't say, are you homeless? No, But you just say, do you have any difficulty with housing, with debts or whatever, combat veterans as well, and just people that maybe have shame or low self-esteem because they're not achieving the expectations of what others family members, parents or themselves have put upon themselves.

Mike Whitmer:

As you were going through that, I was thinking of all kinds of things within our country and our culture today contributing to this in the low self-esteem and the shame. There's so much pressure on young people with respect to social media and how they appear and things like that. It probably all adds to this problem that we have with suicide. I do want to circle back to one thing that you said that I wanted to pick up on a little bit about what if you suspect somebody is suicidal and you take action and they're not? You had said, no harm, no foul if you're wrong, but if you're right and you don't take any action, obviously the consequences are huge. Does the doctor face any consequences, negative consequences if they take action and then this person comes back and says, I don't know what you were thinking. Is there anything beyond maybe a patient that's upset?

Dr. Mario Fucinari:

I will tell you, and I have deeply studied HIPAA and different law, and I have never seen anything that would come back on us. A patient can file a lawsuit at any time, but the key is just like with a point of contact, even HIPAA law, and there are certain provisions in HIPAA, and I'm not just saying this, they're actually changing it within HIPAA. That's on the proposed changes for 2023. That changes whereby you can release information if a patient is a threat to themselves or to others. And this has actually strengthened them, even in diagnosis coding. And I didn't think of this until just this moment here, but the newest thing, we went into a new year of diagnosis coding on October 1st. And in there they have a new subset of codes that started last year. And this year, boy, it just exploded.

They're Z codes and they are called social determinants of health. And there, if you want to put in there, if it's affecting the case, depression, homelessness and so forth, then you can put that in there. And it's not a diagnosis per se, but there are other external factors that may affect the patient's wellbeing. You see? So the bottom line is that I think there's more consequences if you don't respond than if you do. Saying that, that's why it's an incumbent. And make those contacts, make those contacts within your community. All right, we're all a village here. And you can say chiropractors are a village, mental health people are a village. Our community in our city, our county, our neighborhood, our village. But the key is that in your village you, where you are, if you're in a rural area, it's interesting, and I think we even

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have a map of rural areas, but you would think that bigger cities such as New York, San Francisco, that these have more suicides.

But when you look at the suicide level, and this comes from the CDC, this is current here, states with the highest risk for suicide. Wyoming, I've been to Wyoming, your neighbor might be a hundred miles, 50 miles away. Alaska, Montana, New Mexico, Idaho. So what do we have in common there? Isolated. And so the key is that in your community, your hospitals, reach out even to your chiropractic organization for your state and just say, what is out there? If I have a patient. And when you self educate, then you can help your patients better. But look to see within your office, what can I do?

Okay, number one, not so much intake forms, but your consultation. Then look in your community, what services are available for us, and then nationally, what help lines and other avenues are to help a person. And lastly, I'll say, if we come out and just say, do you feel suicidal? A person will just reflexively say no because of that stigma. But if we ask them, how is your pain or your disability, whatever it might be, after surgery, on back surgery, how is that affecting your life? How do you feel mentally? And maybe look for those clues now that they'll open up a little bit here versus do you feel suicidal? Are you depressed? Because reflexively, they're just going to say no.

Mike Whitmer:

Yeah. Hey, we do have a question from one of our listeners. If a patient comes in and they say they are not depressed, but they are weepy and they're clearly agitated, can you contact their MD directly? If so, do you tell the patient? And if you do that, if you take that step, is that a HIPAA violation?

Dr. Mario Fucinari:

And that in this case here, if you take the step to contact their primary care physician, that could be because it's without the patient's permission. That could be a HIPAA violation. And that's why, as an example, if you said, I am here if you ever have questions. And I personally would give my card, and I would literally in front of them, write my cell phone number and give it to my patients. And they appreciate that, number one. But also, you know what, maybe subliminally, indirectly, see if there's pamphlets available from your local suicide prevention center or whatever, and maybe put those in a treatment room. Because if a patient sees that, they might take it while they're waiting for you, put it in their pocket or their purse, and then reach out for help here too. But I really think that chiropractors, number one, we are there. We know our patients, we get to know our patients, and we become personally and professionally involved with them.

Personally, it's like, how is your vacation? I'm going on vacation. Oh, you should see this. But when you start to reach out to other people such as their primary care physician without their permission, that might be an issue. The exception I would tell you is in the case where they are suicidal, okay? Because when a patient says, I am thinking of committing suicide as my patient did to us, Okay, what are you going to do next? Well, that's why it's nice to have that emergency plan of who can you call that maybe can talk to your patient. And that intervention here, we have to look at HIPAA law.

In other words, what's the difference? And I know I'm giving a long answer, but the reason is because reaching out to a suicide helpline or to the local hospital of how you can get help for this person. And if they are suicide, a threat to themselves, then yes, you can go ahead and

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report. The question was calling up their primary care physician. Right now, I think you're stepping over the boundary.

Mike Whitmer:

Okay. All right. Thank you. You've brought several times resources that are available, and I want to go to this slide that you have. Talk to us a little bit about what is available, if this patient is in your practice, what are the prevention resources that are available? What's out there? And how can chiropractors leverage the resources to help their patients?

Dr. Mario Fucinari:

One thing that I have seen since COVID hit is the emergence of our community, our society reaching out, saying, if you have help, do this. I really would like you all to consider just thinking about your own stigma, thoughts on that here, and transcending through that stigma, and now having these posters. Here's the poster. There's one, I put two pictures, actually three together here, but the National Suicide Prevention Lifeline there, 1-800-273-TALK. Or you can go to suicidepreventionlifeline.org and look at information there. But you can just take that suicide prevention lifeline and that poster there, if you will, the image, print it up eight and a half by 11, put it in a frame and hang it on the wall. And if you have a bilingual practice, it's available in Spanish as well, other languages, I'm sure.

But the key is hang it on the wall and have it there in case a person is afflicted with it. It's part of patient education. There's a national hotline here, and the national hotline is 1-800-662-HELP, 1-800-662-HELP. And of course, here's the suicide prevention hotline. Your local hospital might have a suicide hotline as well. And it's become so pervasive that recently, now if the patient or anybody texts 988 24/7, you will be in contact with a person, a therapist there who can help you and talk to you at that point. So sometimes for you, yes, educate yourself, educate your staff, have a staff meeting. But now patient education, you only remember 10% of what you're presented with. So have those reminders on the wall for the patient that maybe they can text 988, where they can just have a self realization.

Mike Whitmer:

While we're talking about this, most of our conversation has focused on the patient that's at risk, the patient that is considering suicide. What about the doctor that's struggling? What advice do you have for them? Leverage the same resources?

Dr. Mario Fucinari:

Well, yes, the doctors have the same resources here. And I commend NCMIC for spearheading this, to have this topic here talking. Because keep in mind that all of us in the medical profession, we have daily stresses that we deal with, which is we absorb that patient stress and dealing with the patients, and there's a mental stress, placed upon us as physicians, as caregivers as well. But keep in mind that, I will tell you, when I talk and I frequently talk to doctors, and I'll just say, "When was the last time you took a vacation?"

And some of them can't answer me. They can't remember. But think about it here. We have victims and doctors who lost their office in Hurricane Ian. We have people who are still recovering or haven't recovered from Hurricane Katrina. We have fires in California, in Arizona, and so forth as well. So there's so many different stresses, and then the doctor being a perfectionist, maybe being audited, having to pay back money, not enough patients, but at home, family going through a divorce here, or grief or from their loss, whatever here. The

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thing is, if you need help out there and you're listening today, get help. And if anything, we have right there, the national help line here. But if you are concerned about your fellow colleague, and I'm thinking of somebody right now, and I will just pick up the phone and ask him how he's doing.

I know that in the past he felt suicidal. And the key is don't text. Texting is fake. There's no face on it. There's no intonation of the voice. When you say something, I can say the same words, but my tone changes. And when you listen to them on the telephone, you go, What's going on? Tell me you're not being straight with me here. Or maybe have a get together with a friend, go to the movies, a concert, dinner, whatever. Or just let's get together for a coffee, whatever, here. If you have to keep in mind vitamin D deficiency and everything else, and sitting all the time or working in our patients here, just getting out, going for a walk and get a buddy to go for a walk as well.

Mike Whitmer:

Okay? All right. Well, I do have a few questions that have come in online, so I want to go to those now. First of all, how does this interact with new red flag laws and chiropractor's responsibility around that?

Dr. Mario Fucinari:

Well, again, the red flag logs here. Keep in mind that number one, train yourself on it and reach out, but it's just having those resources there. But again, if the patient is in a foreseeable, the wording, I'm using this on purpose in HIPAA, the wording was, if there is an imminent threat to oneself or to the public that a doctor, a healthcare worker, in a privacy rule, it says you have to report it. They've changed that from imminent threat to foreseeable threat. And so the bottom line is incarcerating somebody and saying, "You're not leaving till an ambulance comes to take you." The patient, in most instances, will have that authority of declining. But what you want to do is to reach out in your state, because we're dealing with different states on this call here. In your state, what can I do? What should I do? And make sure you get the appropriate help for that patient.

If they are suicidal, yes, you connect somebody with them. You talk to them. We gain our confidence, our trust of our patients, your patients trust you and they will help you as well. But that's why in the past, our conversation here, I've talked about calling up their PCP and saying this here. That might be crossing the line, but calling the hospital and saying ahead of time, if I have a patient in this situation, what should I do? And they will give you the information for your community. And maybe as well with permission of the patient, of course, in this case here, see if you can involve their family or loved ones as well. Those significant others, that's their support group. And so ask the patient there. The state law differs throughout the United States here, but even in our communities. But the key is to do nothing is the wrong choice.

Mike Whitmer:

Okay. All right. Another question. This says, is it true that if you keep a suicidal person occupied for 15 minutes, the person will not commit suicide? I heard that somewhere. Any truth to it?

Dr. Mario Fucinari:

To be honest, I have not heard that.

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Mike Whitmer:

I haven't either. Okay.

Dr. Mario Fucinari:

And I wouldn't put much stock on it because it's kind of like if you have a person, and we all run into these people. There are people out there that when I run into them, they are all the glass is half full type of people. And there's others, that glass is half empty. And they'll look at a blue sky and say, "Yeah, but it's kind of hazy over there." So the key is that demeanor and the glasses, the rose colored glasses that they're looking through, if they're delusional here, then those patients, you can't reason with them. So I would just say you have to take each individual into account and the way they present themselves here. But again, if they are depressed, you want to talk to them, and I don't know about talking to them 15 minutes because as soon as you get off the phone with them or they leave your office, now they may run into the same situation back at home that is leading them, or where they're being bullied online, and that's driving them to suicide.

Mike Whitmer:

Okay. All right. Well, thank you.

Dr. Mario Fucinari:

Last thing, Mike, if I could just-

Mike Whitmer:

Yeah, go ahead. Go right ahead.

Dr. Mario Fucinari:

Keep in mind that it's just like patient education. I always say if I do a report of findings with a patient, patients, if you gave them a quiz after, they're going to flunk it. They have no idea what you're saying. And literally every single visit, we are doing a mini consultation on the patient. So without, it's like oh, I just took a class. Just say, how are you feeling mentally? Are you feeling depressed at all? Anything you want to talk with me about, I'm here. And just sometimes asking, opening those doors here, those patients will respond to you because they've come to trust you. So every single day try to read those patients and see what their personality, their demeanor is, and when you see subtle changes over time, or just as we talked about red flags here, if they have a plan, if they have intent, if they have a means, guns in the household, whatever. Those things here, you want to talk to them and find out and then maybe get help.

Mike Whitmer:

Okay. All right. Just one more question that just came in, a real quick one. Where do you find those posters that you shared? And I'll go back to those on the slide here.

Dr. Mario Fucinari:

Okay, number one, you can go to suicidepreventionlifeline.org. It's right there on your screen there. The Centers for Disease Control, you can go in there slash suicide. So CDC, I believe it's

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dot org slash suicide as well here. Google search, of course here. But if you do a Google search just through the Suicide Prevention Lifeline, National Suicide Prevention Lifeline images, these images are not copyright protected, so you can download those. And I recommended for many of our offices is just to print it up on an eight and a half by 11, put it in a frame, get a nice frame, hang it on the wall in your lobby, whatever you wish to do, however you wish to do it. But on suicidepreventionlifeline.org, they will have resources there for posters.

Mike Whitmer:

Okay. All right. Well, I think that we'll go ahead and stop there. Thank you very much for being with us today, Dr. Fucinari, I really appreciated it. Just a few notes as we wrap up. I'd like to just remind our listeners about the resources page on NCMIC.com. This webinar is going to be posted out there as soon as the recording is processed and ready to go. But you can also find our past webinars out there. We do these every month and the recordings are all posted out there. And while you're on our re resources page at NCMIC.com, have a look around. There's a lot of great content out there, a lot of information focused on chiropractic daily practice.

So there's a lot of stuff out there to help you take advantage of you of it. You can also keep up to date on new resources as NCMIC posts them by following us on social media, on Facebook, Twitter, LinkedIn, and Instagram. Our next webinar is scheduled for Thursday, November 17th at 2:00 PM Central. I hope that you'll be able to join us for that. Again, there's going to be a marketing focus with a leader from NCMIC's marketing team. So once again, thank you all for joining us today and we hope to see you next month as well. Thank you.