AMSxOSSU-Compassionate Minds-AI Script Debate-
Jay Shaw, Marlie Yoshiki, Lisandra Hernandez, Roger Farley-
Transcript

Jay 0:00
As we get started with this podcast, we'd like to acknowledge the Ontario Spores Support Unit, who has sponsored this effort, and AMS Healthcare, who's hosting the podcast. These organizations have demonstrated great leadership in this space, supporting thoughtful dialog like the one we hope to have today, and their commitment brings together patients, partners, family caregivers, health professionals, other people in the health system to collectively think about what AI means, how it can be developed in ways that support better care and better health systems. So we're grateful for their support and their platform, and hope you enjoy the conversation. Welcome everyone to a conversation about AI scribes with three extraordinary patient partners in Canada: Marl Yoshiki, Lisandra Hernandez, and Roger Farley. We're going to have a bit of a tour on their collective views on AI scribes and what they mean for healthcare in Canada, and explore what that might mean for how we think about patients and community involvement in the development and governance of AI technologies for health. So we will get started with some introductions, and then we have a couple of questions that we will all respond to, and we'll see where the conversation takes us. So I will start. I'm Jay Shaw, and it's a real privilege to be here in this conversation, hosting this conversation today. I live in Toronto with my partner and our two daughters. They are aged four and eight, and I think a lot about what AI is going to mean for them, for my daughters in the future. And I would love for us to get some of the guidelines and rules and best practices figured out properly to benefit them in their lives, you know, and particularly in healthcare and in public health. I work at University of Toronto as an associate professor with appointments in the Department of Physical Therapy and Public Health Sciences, and I'm currently working as the acting director of the Joint Center for Bioethics in the Dalla Lana School of Public Health. So I will pass it to Marly for an introduction. Over to you, Marlie.

Marlie 2:20
Well, firstly, thank you for having me here. Hi, everyone. I'm Marlie. I'm a fourth-generation Japanese Canadian daughter from Mississauga, Ontario. Now living in Toronto and dividing my time also in Mississauga. I'm a Generation X. I'm a lifelong community person and someone who spent over 20 years in the data science area. I'm a patient family partner with Trillium Health Partners in Mississauga, caregiver, breast cancer thriver, and at heart a real connector and a people person. And when it comes to AI in healthcare, I'm really curious about both the promise because it always seems to want to please us, and the questions it raises, or raises a lot of questions. Honestly, it's moving really quickly. I find AI, and I wonder how it's going to change relationships. I'm really concerned with the human value, especially when it comes to trust.

Jay 3:17
Thank you, Marlie. Lisandra, over to you.

Lisandra 3:20
Oh, thank you so much for having me. I am Lisandra. First and foremost, I am a mother of two. I lived in London, Ontario, for the last 13 years. When I first arrived in Canada, I didn't speak in English. Navigating complex systems from scratch with my language barrier give you like a very real and personal understanding of how overwhelming information can be when you're trying to understand what's happening in your life right now. Professionally, I work as a regulated Canadian immigration consultant, so every single day I advocating for newcomers, families, and people who are trying to make sense of intimidating processes. So I also have the privilege of serving as a chair of the ICES Patient and Public Advisory Council for the last year, and my deep interest in artificial intelligence really rode right at the ICES table as discussions around health, data governance, and AI tools started to accelerate. So, the perspective I bring today it's a bridge between two worlds: the technical side of public health data governance and the very human everyday reality of people who just want technology to be safe, transparent, and easy to understand, without feeling like you're being left behind in the rush.

Jay 4:48
Thank you, Lisandra, and the Institute for Clinical Evaluative Sciences, or ICES. Did you want to say a little bit about what they do? You've told us your role there is as Chair of the Patient and Family Advisory Group. Do you want to say a bit more about ICES?

Lisandra 5:05
There is a group that is like hold or one of the groups that hold the data in Ontario, and what we do as a public advisory council, we are just volunteers trying to protect the data from all the Ontarians. So that's basically what we do every day.

Jay 5:23
Perfect. Thank you, Lisandra. Okay, Roger, to you.

Roger 5:27
Yes. Hello. Hi. Thank you for having me to this podcast. My name is Roger or Roger Farley. My mother tongue is French. I grew up in a small town near Montreal, and I've been in Ottawa for more than 25 years. I work at Health Canada for 15 years, and I'm now retired. I'm also since I retired, I've been involved in many non-profit organizations, and I am now a patient partner with the OSSU, the Ontario Spore for Support Unit. Spore means a strategy for patient-oriented research, and I am a patient partner with the Hospital, and I'm on the board of another clinic. Also, I will bring the perspective of a patient with regard to scribes, with what the hope and the concerns, and see where it leads us in the future.

Jay 6:25
Thank you, Roger. So, Marlie, Lisandra, Roger, we have a great collection of experience and expertise here to have this conversation. And I'll say we first got together to speak about AI for health, AI for healthcare, and what it means, and toured around that

conversation for you know quite a while over a couple of meetings, and came to realize that you know it was too big to cover in a single conversation. So we decided to narrow our focus down into one or two of the most promising, most impactful kinds of AI technologies for healthcare, and ultimately decided to focus our conversation on AI scribe technologies. So AI scribes now have become very popular in healthcare in Canada, being used by healthcare providers in primary care, like your family doctor's office, in emergency rooms, and also by other healthcare providers, registered nurses, physiotherapists, and others. And AI scribe technology basically audio records your interactions with your healthcare provider, and then transcribes that conversation into a written record, and produces a summary of the most relevant aspects of the conversation that go into your medical record, and that summary is reviewed by the healthcare provider and approved, and then is used. It becomes a part of your, you know, your healthcare record. So this tool, this technology, has been really widely taken up, in partly because it eases the cognitive burden of health professionals. And there are many other reasons that I, you know, will hear about today. Reasons why the tool has been so widely taken up, and of course, also some questions and some concerns. So we are going to review some of those and kind of collectively think about how we might advise the healthcare system on AI scribes and what this might help us to understand about what AI means for health. So we are going to just launch right into our conversation about AI scribes by first coming to Marlie and asking Marlie, you know, what do you think about AI scribes? How do you make sense of this technology? What are your views on it?

Marlie 8:59
Thank you. That's interesting because AI Scribe is a communication tool. It's the exchange between a patient and a healthcare provider, and I always think about the relationship that we have between our own healthcare providers, our family doctors, and us. And it really depends on. Firstly, it's a relationship, so you want to make sure the tool works for both sides, so it will depend on how, like the doctor or clinician is using AI Scribe or even introducing it to the patient or caregiver and family. And as a patient myself, we value trust between myself and my healthcare provider, I already have this sense of trust. I'm lucky. I have a family doctor. I'm fortunate to have one, and I have trust. So if they don't currently use AI Scribe, but I know that if they did, it would be how they would introduce that to me. And I would wonder if it would change, or if I notice any change in the relationship, because I think at the end of the day, patients really want to be seen and heard and getting action for their healthcare visit, and they want the best care possible. So if there is trust between that relationship to begin with, I don't think you're going to get as many questions. But if it's in a different setting, for instance, in a hospital setting, honestly, I never have seen AI Scribe except for I was watching the Pit, which is a drama series taking place in the emergency hospital setting, and they showed AI scribe, and I started thinking about it more and having conversations with friends. But in a hospital setting, it's different because you don't have that sense of trust yet. So then more questions are asked, and I love asking questions. I was a data analyst in a data science company, so a big question is on data privacy. How are you going to protect my data? How is it stored? Where is it kept? Can I access my healthcare records? And if they don't ask me questions, I would also hope,

like an organization, would ask me about consent of using AI, because it does show transparency and it loves choice for me as a patient, so it gives that sense of trust. So that's the big thing that you're trying to build is trust. And then I was thinking because I do ask a lot of questions, and then I was thinking, well, how does this AI work? Like in capturing notes, is it going to be accurate with this whole exchange of communication that's happening? Is someone looking at it after validating, reviewing it? Because as a patient, you want it most representative of my visit, and then of course when I'm in with any healthcare provider, I'm also a caregiver, so there's always more than one person in the room. So I was thinking, can it really decipher who's talking at one time? If you have a family that comes in to a visit or a hospital setting in a room, and there's so many things going, even a baby crying. I don't have kids, but I was wondering if a baby's crying or someone else is talking to you. How is it deciphering all the different voices that it's hearing? And then when it comes to language, I'm in a very diverse area, and there's so many people like Lisandra was talking about you know coming from different country. We were seeing lots of people, so I was thinking even in our own country of Canada, there's so many different accents. Even you know the Newfoundland accent. One of my friends, I can never understand him because I can't even understand what he's saying to me. So I don't know how AI scribes going to pick those types of trickier or more complex accents, or even dialects from different countries like Africa, and I'm just wondering. So there's a lot more questions, but is it going to really alter how we are cared for and the trust that we build? So...

Jay 13:17
Yeah, thanks, Marlie. Really interesting. I think, like, I really like how your starting point in those views is about this longitudinal over time trust-based relationship with your family physician, like your healthcare provider and the healthcare system more generally. And that's like, I think that's a really important piece. Is this technology is an add-on to the system, and where the system works and you have trust in the system beforehand, then maybe the the add-on, the AI scribe technology, is a net benefit because it's already coming into an existing trusting relationship. So I think that's like a really solid foundation, you know. And then I I heard you also say there's like in addition to that, you need to be asked consent. You know, you want to know what happens with your data. There's issues of equity around who else is it recognizing language and accent. So there are some issues that you would need to sort of be addressed and be resolved, but really the foundation is this trustworthiness of the health system. That fair to say, Marlie?

Marlie 14:29
That is that really is because everything is built on trust in every relationship out there, and you want to make sure that people are accountable, especially when you're dealing with such sensitive information as your own data.

Jay 14:44
Yeah. Your own health data exactly.

Marlie 14:48
I ask a lot of questions, as you know, Jay. So you know, sorry, I just fired a lot of different issues at once.

Jay 14:54
No, it's great. Thank you. Okay, let's hear from Lisandra. So, Lisandra, what's your take on AI scribes

Lisandra 15:01
I see it slightly different. I see Marlie's point, and something that I truly agree with her is the foundation of a strict privacy, consent, and equity. That's something that must be. But I also see when I look at the AI scribe, I see technology that potentially bring empathy and human connection back into healthcare. Like every patient knows the feeling talking to a doctor who is staring at computer screen, typing away while trying to listen. And AI scribe listened in the background and draft the clinical notes. And I see in some point freeing the clinician to look the patient in the eye, listen deeply, and focus entirely on human care. So that's for me the part that I see I see as a good tool. And Marlie was talking about us patients that we have the like the problem with the language of or the barrier with the language, let's say, like for patients like us, we are overwhelmed, anxious, or navigating a language barrier. A doctor visit can be terrifying. Knowing that the conversation is being captured at some point accurately, I believe that the AI script can capture accurately takes a huge weight off of the patient's shoulders, like for us, allowing them to focus on understanding their care in the moment. That's my view in that way, and I hear you, Marl, when you say, "Where is the data going? So where is the audio going? And I believe the AI listened to deeply intimate personal health details from us, and we want to know where is that audio process, who owns it, so what happened with that? So the audio stream, I think, should be securely processed inside trust health environments and keep strictly confidential. And I do believe they must be destroyed after transcription. That's what I think about that.

Jay 17:15
And Lisandra, do you trust that the rules in Ontario's healthcare system would make that a reality that the audio that's recorded is stored safely and securely and destroyed when it needs to be.

Lisandra 17:33
Yes, it's a reality right now because all the data governance, like it's going around, all the policies are to put in it saved all that information from us is the data, so you cannot link from one information to other to make sure what is that person going and is that person. So I think yes, I trust that for now, for now I I want to believe in that trust. I don't know.

Jay 18:00
I mean that's so you know I think that probably for people listening to this podcast they would be interested to hear if you trust that the system is able to take care of that and

you know it sounds like you do like you have a very interesting position like you're closely connected to a group that does analysis of the health system, so you have you know some pretty unique insight into how sort of uses of data are overseen in healthcare. So I think that's really interesting, and it's also really interesting that you say for now. So like you'll watch and see, right? I mean, when you say for now, can you say a bit more about that? What What do you mean?

Lisandra 18:42
It's lately we have been done a lot of tables and discussions about what are gonna be the policies and what is gonna be the law about EI. And after my sittings and ICS, I've been studying and studying, and I see that the law is developing that part, so from my law perspective, as an immigration consultant, I have seen like people are taking that kind of perspective of about what is or data and information going, and what is happening with that. So I think I trust it for now. I want to see what is happening in the future, but for now, I I am trust in the process. Like we are at least trying to put policies and laws in place to protect us. That's what I say. I trust it now for now.

Jay 19:34
Yeah, and I would also say that we're using the existing policies and laws to make sure that the conversations recorded between you and the healthcare provider don't get sent to another country, and that they're not being used to build new technologies and products. Right there's a whole bunch of rules that restrict how those data can be used, and in Ontario, a group of people who are responsible for policy and regulation got together and said, "Okay, let's all agree that these are the the rules, and we're going to make sure that these rules are followed. You know, when AI scribes get taken up, so I think you know it's really interesting to hear your perspective, Lisandra, and to say, yeah, we need to watch, we need to watch and follow, we need to see how the policies develop. But you know, if we are already building on a foundation of trust in the health system, then this tool is a meaningful contribution to better care and better relationships.

Lisandra 20:41
Yeah, exactly like that. Thank you.

Jay 20:43
Awesome. Thank you, Lisandra Roger. Please, over to you. What is your take on AI scribes?

Roger 20:50
Yeah, my take. So thank you, Marlie and Lisandra, for your comments. I think you touch on very very important points. I will start to say it reminds me about a marketing theory. When I was doing my marketing at the university, the concept of early adopters and late adopters. So with technology or products. So there's in society there's people each time they see a new product or a new technology they are early to adopt it because they see the the potential for the future, and the risk is minimized. And there's people who see the risk first, and they will wait for a lot of people to use it. Then they

will adopt the the new technology or the new concepts. So and it's the same with patients, and it's the same with physicians or people who work in the health sector. So there's late adopters and early adopters of new technology. So we'll see it too. So this this is where I start. So we are talking about AI. We hear about AI every day in the news about open AI, cloud, entropic, and the bad and the goods, and so it's there. It's there every day. Concerning scribes, there's been some work done around that that have been aware. Last week had the privilege to attend the research day organized by OSU in Toronto, and there was a presenter, Dr. Sharon Johnston. She talked about scribes and AI, and she said that the moment scribes is more like sophisticated note taker. This is how people use it. This is how the physicians use it at the moment, it facilitates their work and the communications, and they have a good summary of the discussion with the patient after. But it could be much more than that. The day where it's evolving, the day where scribes can connect with data from hospitals or from pharmacists and from other sources, and give the predictive outcomes to the physicians or to the patient is not so far, so it's evolving very quickly. And there's concern now about the source of data that train scribes. Is it data that are mostly from U.S. What's his diversity there? Here you have a very diverse group of people: Marlie, Lisandra, myself as a French Canadian. So, and this all this issue of accents and language. So how Scribes was trained, but as it's evolving, so the more people will use it, then the better it will get. That's what I can see. One work that was done was about the by the patient advisory network, and they've done a patient checklist for scribes. I look at what they've done. It's very well done, and they ask the the same hard questions that, as Marlie mentioned, the consent from the patient. It's not good to have the asking the patient to give the consent in the room with the doctor. It should be done before because it's not something easy. So you should be able to give your consent after. It's called informed consent after you were able to read and understand what it means, so there's work to be done there. There's the the data to train AI, where the data is stored, how long it's stored, is it safe? Do have the possibility to check and make some corrections if we feel that the the transcription is not right, so these are very important questions for the patients. So to me, there's a lot of potential. I see a lot of good potentials for the health sector in using tools like Scribes, but at the same time, we should have the safe guards that the policies to make sure it's used correctly and for the benefit of people.

Jay 25:07
Thank you, Roger. And Marlie and Lissandra talked about trust as a starting point for bringing in AI scribes. Can you comment on that specifically? Trust. How important is trust to this?

Roger 25:23
Yeah, trust is very important. From the I would say from the patient perspective, we need to have we trust our family physicians or the health practitioners. So we put our trust in them because this is a one-on-one conversation. Then we entered this new technology, scribes. So even the, as Doctor Johnson mentioned, many physicians they don't really understand, and if the patient asks the hard questions that Marty asked before, like where the information is going on, it would be kept. What are the safeguards? Many physicians they don't know. So at the moment, so they are sold to

the idea of using scribes by the vendors because it will save time. It will facilitate your work, but they they are not equipped to answer the hard questions that we just ask. So there's a lot of training to be done for the physicians to understand what is this tool and how to use it safely and to the benefits of the patients. And there's also educations to be done with the patients in the society to understand that tool. So, but the trust I think, is will be there if it proves that the outcomes are good for the patients in the health sector.

Jay 26:49
Yeah, thanks, Roger. You highlight an important piece of that initial sort of learning curve, like the startup investment that's needed for healthcare providers to be able to understand like what are the questions that patients and caregivers need answered, you know, do I know that stuff? Where do I go to learn that stuff? And I think the point you referred to from the Patient Advisors Network, PAN, in their report about consent being done beforehand, before you get into the clinical consultation room is a really really good one because then you have time, and this is like such a universal experience with healthcare. Is you know you get into an encounter with a healthcare professional, and it's like so much information. It's such a tense time. You know it's it's so important for your well being, right? You're not thinking straight to ask questions, and I mean it's tough. It's tough being in there. So I I love that as a specific suggestion.

Marlie 27:50
Can I just add a point in this? Yeah, it's Marlie. I was thinking when we're all talking. I'm not saying it's good or bad when I grew with AI Scribe. I'm more thinking about even the setting. It's different between a doctor and patient if you're with a family practice because it's ongoing and you build trust over time. When you're at a hospital setting or it's a short time, you really don't know the other side, the provider. So trust has to be formed by other means, especially when you bring in AI scribe. I'm not saying AI scribe is there's so many benefits to AI scribe. I spoke to friends of mine who are doctors, and they're like had mentioned. They have more time with patients. They can have eye contact and listen. It actually protects them too against any potential malpractice or complaints, or if they have to review things that have been said. And so, in that respect, it does give background as to what happened during that clinic visit. So there's lots of benefits. But I think when I've never had AI Scribe, so for me, I ask lots of questions. So that's the type of person I am. Some people don't ask anything as long as their visit at the end of the day is what they came in for, and they're happy and they're seen and heard. I think that's the most important thing. That's why you may get people accepting AI Scribe.

Jay 29:20
Yeah, thanks, Marlie. Lisandra, do you want to respond to anything you've heard?

Lisandra 29:25
I think Roger make a really, really good point with the patient consent about AI. So I think the patients must be informed that AI scribe is in your room before entering the room, and I think mostly the patient must be informed using a clear, accessible

language, no rapid, complex legal terms that nobody will understand, and they must have the absolute right to opt out without it affecting their care. Like I don't want to use AI, and that's it. I love the way that Roger explained that and made me think about this particular part.

Jay 30:05
Nice, Roger?

Roger 30:06
Yeah, there's also another document that I've seen recently. It's been done by the University Health Network in Ontario, and it's called the Charter for Accountable Use of AI in Canadian healthcare, co-design with patients and caregivers, and so this charter of accountable use of AI-it's a circle. They they develop a circle, and at the center of the circle, it's called trust. So really, trust is at the core of this, and then they have data protection, human oversight, equity, and inclusion, like diversity, shared knowledge, and at the center it's the trust. So to me, I think these graphics summarize very well, like with the issues with regard the use of AI, and the trust is also we're talking here about patients, but the physicians and health practitioners they also need to trust the system so to make sure that they they provide a good service.

Jay 31:19
It sounds like we are tapping into something here. We, yeah, that's great. And from what I've heard in this conversation, there's trust in a few different ways: the existing trust with a healthcare provider and in the healthcare system, but also there's a bunch of rules, you know, and guidelines that can be put into place that will, in a way, I mean, not guarantee, but ensure trust. You know, ensure that patients and caregivers can say, "Okay, I believe that my information is being used in safe ways here. So there's you know a couple of dimensions to that, which I think is great. One thing we didn't talk about too much today is what would happen as AI scribes start to do some of those other things, Roger, that you raised, and you know I think for the time being the use of AI scribes to summarize what's happened sounds like that's something we support. Maybe let's just hear sort of briefly from each of you, if AI scribe started to do more things, share a potential diagnosis, recommend some next steps, these kinds of things would that change your thinking about AI? Or if you've consented, you understand the technology in a way that's meaningful for you, would you be comfortable with your healthcare provider using it in some other ways as well, Marlie.

Marlie 32:44
That's a really great question because I was thinking that AI is an AI scribe is becoming more complex in what it can do, and I use ChatGPT. I'm going to be honest, but I was thinking ChatGPT, the more information that you put in it about yourself, you're putting it in, and it changes sometimes the diagnosis, and it really can't see or feel or anything when you're, you know, especially if you have something physically that you want to show somebody. It really can't, and it doesn't really know the whole entire person, like your background. If I said to ChatGPT that I have pain in my bone, and I just give them little information, I'll have one diagnosis. But the minute I say something background,

as I did go through breast cancer, it changes and says you might have bone cancer. That's totally different. So I think the best thing is the AI should never replace a healthcare provider or a hospital visit. If something is a major concern, you should still seek out medical attention.

Jay 33:58
Yeah. So Marlie, having that human in the loop, that the healthcare professional being the one to sort of understand and digest and communicate, you know. And I'll also share that the Canadian Medical Association has a great page that outlines like when you're using ChatGPT for health-related questions, how you might think about what you get from ChatGPT. So we can link that page in the chats to the podcast as well.

Marlie 34:25
And one last thing: we live in such a diverse country, and I don't know what ChatGPT is based on. I'm a fourth-generation Japanese Canadian. Is it based on Caucasian population and not someone who's diverse that has maybe a different genetic makeup or anything, like what is the study based on? So...

Jay 34:45
Yeah, thanks, Marlie. Okay, Lisandra, to you.

Lisandra 34:49
Very short. AI scribes is a real exciting assistant, but they must never replace the clinical judgment. Never. So that's it. The only thing that I want to say.

Jay 35:02
Nice, very clear and to the point. Thanks, Lisandra, and Roger.

Roger 35:07
I think we will see it evolving very quickly because now, as I mentioned, it's a sophisticated note taker, but it could be much more than that. And AI is evolving so quickly now that even the people who are doing it sometime, they are not sure where it's going. But I can see the benefits of linking with other kind of information. Lisandra sits at the ICES on a patient advisory, so ICES has all the information about people on hospitals, like length of stay, everything, blood work, then the medication, and so on. And so, if scribes get that information and combine it to help the health professionals, that could be very good. But again, the human judgment there is the key to keep the trust.

Jay 35:59
I mean, it's unanimous. I I think very clear that the responsibility needs to lie with the person, the healthcare professional who is responsible for your care. So that's great. Okay. I mean, I think we have zoomed in on a couple of really core insights about trust in your healthcare provider and a trustworthy health system, and the rules and guidelines that can help to ensure that trustworthy care. So let's just kind of shift over to some concluding thoughts, if you have some to share. And you know, the question

here is, what would you want listeners to keep in mind after this podcast, if there's anything in particular, Marlie, can we come to you first?

Marlie 36:45
Sure, thank you. I would continue to ask questions because we're all like we're all different. I ask a lot of questions. Some people maybe thinking might not ask, but I would encourage people when they're not comfortable with something or something that's being done to ask questions or what they are hearing, because we're all learning. I think also that, in general, technology should support the doctor or clinician-patient relationship and not quietly change it in any way. It's a great tool, and it could do so much good if it's appropriately used, like any technology, in capable hands. So we really want to be sure that our personal data is protected. There's transparency and there's accuracy. So I think it's you know it's how we use it. It's just like we didn't really talk about, but electronic records replace paper. You know there was a lot of benefits for electronic data records. It just came in. Technology is moving so quickly, and then now it's AI around us. So continue to ask questions. I would say.

Jay 37:55
Nice. Thank you, Marlie. Lisandra?

Lisandra 37:58
I will add to that. Like, yeah, continue to ask questions, but also participate anytime that is a call to read a public policy, to read a law, to read a regulation, and be part of it. You will see us. I'm wasting my time. No, you're not. You're protecting your voice and you're advocating for others. So I will call for that too.

Jay 38:17
Great, thank you, Lisandra.

Roger 38:19
Roger, I think to me what's very important is that the government, the research institutes, and the like, the provincial government continue to fund research with regards AI in health. So we need researchers like you and and Dr. Johnson that I mentioned before and others to study AI. What are the benefits? What are the limits, and how to use it safely in the future?

Jay 38:47
Wonderful. Well, then maybe we'll just conclude by thanking AMS Healthcare for hosting the podcast and the Ontario Spore Support Unit for sponsoring, and to Marlie, Lisandra, and Roger, fascinating conversation. Very clearly articulated. Big thank you for joining us today.

Roger 39:06
Thank you.

Lisandra 39:07
Thank you.

Marlie 39:08
Thank you.