

Dr. Laura Lubbe...: Welcome to CURE's second Facebook live stream event on the topic of the novel coronavirus, COVID-19 and epilepsy. My name is Laura Lubbers and I'm the chief scientific officer at Citizens United for Research in Epilepsy for a Cure and I hope you do and all of your loved ones are remaining healthy and safe during these very challenging times. At our first Facebook live event, we answered many questions about who is at risk for COVID-19. As many of us have now been sheltering in place for several weeks and encountering other [00:00:30] questions and challenges, we wanted to revisit the topic as well as address additional questions regarding access to healthcare and medications.

Dr. Laura Lubbe...: Our experts for this event are Dr. James Wheless, pediatric neurologist and the director of the Neuroscience Institute at the Le Bonheur comprehensive epilepsy program at Le Bonheur Children's Hospital in Memphis. We also have Dr. Tony Vancauweleart, who is a medical director at Blue Cross Blue Shield of Illinois [00:01:00] and Mr. Benjamin Isgur, who is the Health Research Institute leader and managing director at the Professional Services Firm [inaudible 00:01:13]. If you have questions, feel free to ask them in the comment section of this post and my colleagues [inaudible 00:01:16] will collect and address as many as we can. We hope to make this interactive and informative as possible, but we also ask you to keep your questions as general and not specific to loved one's epilepsy. So we are going to get right to those questions that you have and I think we're going to [00:01:30] address the first one to you, Dr. Wheless.

Dr. James Whele...: Okay.

Brandon Laughli...: So Dr. Wheless, the first question that we had, it was kind of a general question from the public and that is, are individuals with epilepsy more susceptible to COVID-19?

Dr. James Whele...: So when we look at risk factors for COVID-19, so far it's the big risk factors that are kind of showing up and that probably many of your audience [00:02:00] see on even TV listed, so folks with diabetes, folks with obesity, folks with kind of chronic medical conditions that I would say affect their general health. So someone maybe like yourself or myself that had epilepsy but was otherwise healthy, if you want to use that, getting around, staying in reasonable shape should not be anymore kind of prone, both either get COVID-19 or have significant problems.

Dr. James Whele...: However, [00:02:30] having said that, we know that there is a part of the epilepsy population that we care for that has other problems. So they may have limited mobility, they may have hemiparesis, or weakness on one side. They may have other things to kind of make them not able to be as physically active or stay in as good as shape as we might ideally like them. And if they were to get it, could it potentially be more serious, it could be, we don't have kind of numbers that I know of yet to kind of say that, but even in with [00:03:00] routine influenza, flu illness, we know that folks that have other complications on top of their epilepsy can have a more serious course, they don't have to. So.

- Brandon Laughli...: Great. Thank you. And kind of going along with that, do we have any information about whether COVID-19 actually lowers your seizure threshold?
- Dr. James Whele...: So I don't know of any information that we have on that, [00:03:30] in general with a lot of significant illnesses, and obviously some people that get this can get quite sick, others not as sick. But if we look at the flu, we have really good data on the flu virus because just been around historically longer, right? And we know where it's going to come. So it's easy to prepare to collect that in advance. We know, for example, that the flu virus in very young children is a major trigger for febrile seizures. Now, once you get outside of that age range, we really don't see necessarily [00:04:00] a worsening in most folks. So once you get to older kids, adolescents, adults, we don't tend to see it with normal colds. If they're getting adequate rest, sleep, all the things they should be doing anyhow, right? Me and you should be doing anyhow. Yeah.
- Brandon Laughli...: Right. Great. Now, Benjamin, I wanted to ask you a little bit about the healthcare landscape and what it looks like and how actually healthcare [00:04:30] delivery is changing right now, specifically with regards to Telehealth.
- Benjamin Isgur: Yeah, no, that's a great question Brandon. And I think there's so much happening right now around the country and around the world with how delivery is changing. I, I think at a macro level we actually have some hospitals and health systems which are in the thick of it and really being overrun by patients where we have other parts of the country where hospitals and health systems are largely empty because [00:05:00] they're waiting for some of the peak to happen. So with that as a background, the question becomes how are we changing care delivery? One of the things that's really come to the front is telehealth. So if we went back to 2017, about 40% of employers offered a Telehealth benefit. And just in the last couple of years that's gone up to about 80% of employers are offering a Telehealth benefit.
- Benjamin Isgur: And so we have people that have much more access [00:05:30] to it and they're using it more than ever during this COVID pandemic as a way to avoid having to go in and person, especially people that just have a primary care need that they would normally go into a retail clinic or an urgent care clinic. Some of that is now being done remotely. The other thing that is the big change is we now have a lot more, many more clinicians that are familiar with delivering telehealth because some of them, if they need to be quarantined because they may have been exposed, [00:06:00] it's a way that they can still be productive and see patients even though they're not able to do the one-on-one. So really I wouldn't call it a silver lining because we're in a pandemic, but we may see some really interesting changes post-pandemic of more care being delivered in this manner.
- Brandon Laughli...: Wonderful. That's some great feedback there. And Dr. Vancauwelaert, that I wanted to ask you kind of from the insurance standpoint, obviously we know [00:06:30] you deal with Blue Cross Blue Shield here in the state of Illinois, but how is the insurance industry responding to this pandemic and we get a lot of

questions from our audience here regarding specific insurance questions, but what are some of the generalized observations that you see from the insurance industry in this time?

Dr. Tony Vancau...: Sure. Brandon, what we've done at Blue Cross Blue Shield of Illinois is, dovetailing onto what Benjamin said, is [00:07:00] if a provider is able to provide telehealth services to somebody that they see that that is a benefit that is available to an individual who has one of the Blue Cross Blue Shield of Illinois plans. You're able to find out more information about this if you go onto our website and see specifically what is in your benefit plan and it's a range of services. It does not have to be related strictly to COVID-19, we realize people aren't necessarily wanting to go in and be evaluated for their ear pain or for their sore throat or their ankle pain because of the COVID-19 [00:07:30] pandemic. People are wanting to maintain that that safe distance. So any sort of service that can be provided via telehealth is available. And part of the benefits, if that is something that your provider is able to give to you.

Brandon Laughli...: Great. Wonderful.

Dr. James Whele...: One of the things I may just mentioned, Brandon, as a provider, what's really changed for us is just geographically where I sit, Memphis is the far Western edge of Tennessee. We're just a few miles from Arkansas and a few miles from Mississippi. [00:08:00] So in the past, to do telemedicine those days, I would have had to be licensed and all three of them to do it. Well now with the pandemic, we're allowed to do telemedicine from patients in those states without being licensed in those states. I'm a licensed physician, if you will, but in my state. So hopefully some of the lessons we're learning from this as Tony was saying and Ben will carry over going forward. 'Cause you know, I think there's some of the benefits that we're seeing that would be helpful to our patients even down the road [00:08:30] just because of the distance they're traveling otherwise.

Brandon Laughli...: And a question that we've received quite a bit in some different forms from our audience is regarding the use of generic medicine versus their brand name that they might be accustomed to. And this might be a question for either Dr. Wheless or Dr. Vancaulwelaert, have there been any concerns that you've seen with regards to people being asked [00:09:00] to maybe switch to generic forms of medications just due to availability now or maybe in the future?

Dr. James Whele...: So I'll start with that and then maybe Tony can pick up as well too. So I think in our office at least the issue of generics hasn't really changed in the current time. I mean it's been an ongoing debate, if you will, with patients and it just depends on which drug is getting to end in patent and generics are coming out. What we tend to advise [00:09:30] folks to do is that for our regular seizure medicine, if you will, our immediate release formulations, if you need to do a generic because of finances or that's all that's covered, we understand there's a lot of different reasons that for our drugs that that's okay, but trying to stick with the

same generic. So if you can get your pharmacy to at least have the same generic, if nothing else, the pill looks the same every month.

Dr. James Whele...: So you know your medicine is being filled with the correct medicine. If you keep switching [00:10:00] generics every month, it changes color, shape, it's hard for the patients to even know if it's their correct medicine. Just by visually identifying it. For our folks that are on extended release or long acting seizure medications that are generic, we know it's even more critically important that they stay on the same generic, so they have to go generic. We're okay with that. But we just really say that if there's any case to be made, we need to stay on the same one. It's especially [00:10:30] for our extended release products. So we've kind of worked with our patients, but as we sit here today, the data that we have and the FDA has is that our generic should be good. It's just like I said, mainly the extended release, trying to stick with the same one from month to month.

Dr. Tony Vancau...: And I would just add that the choice of medication is between the individual provider and the member for them to discuss. There are different benefit plans based on the benefit package that the member [00:11:00] has. Not every Blue Cross Blue Shield of Illinois member has their pharmacy benefit manager with the Blue Cross product of prime therapeutics, but if you do, you can go onto our webpage under blue access for members, the member page and you're able to look up your pharmacy benefits and see the specific listing of all the medications that are included in your plan if it is with prime.

Dr. James Whele...: And even before the current pandemic, I mean we clearly had, I guess I would call them outages if you will of some of our generics and [00:11:30] maybe the extended release was out and people had to switch to immediate release or vice versa. So that was ongoing. Even before this we haven't necessarily seen anything change in our practice with the current coronavirus pandemic or any of that worsened if you will, at least in our area.

Benjamin Isgur: Yeah. And one thing I just wanted to bring in, I think Jim and Tony said it very well, but just to add from a macro viewpoint, what's happening with our drug supply chain. I think when the pandemic first started there was a question [00:12:00] around are we going to be able to keep the supply of generics and even non-generics going, because many of those precursor chemicals and those active ingredients are actually manufactured overseas in places like China and India.

Benjamin Isgur: What we've seen over the last month is the Chinese production and manufacturing seems to be coming back to normal as their cases have been reported to be leveled out. We also had some indications early on [00:12:30] that the country of India was limiting some exports because they wanted to be able to make sure they could serve their own population first. So I don't want to say we're completely out of the woods yet, but it seems as if some of those real concerns about the drug supply chain potentially breaking down are not

happening. And so we think that generics will be freely available and many of these drugs will be freely available from a manufacturing and import standpoint. Yeah.

Dr. Laura Lubbe...: That's really helpful.

Brandon Laughli...: [00:13:00] Yeah. Thank you all for those great responses. I'm just kind of going back to some of the at risk questions that we've been getting through Facebook and Dr. Wheless, maybe you can address this. What type of advice are you giving to those patients that might be afraid at this point to even go in and visit their epileptologist or their even their primary care physician?

Dr. James Whele...: Yeah. Now this is a real hotbed as [00:13:30] far as our patients nowadays because I think, Ben alluded to it, there's areas of the country that are clearly overwhelmed, where you watch the national news and I'd say, "Boy, I don't want to go anywhere near that ER if I can avoid her. That hospital." And then there was other areas, and I live in one of those areas currently, where the wave hasn't hit us yet, where the hospital itself is actually relatively slow compared to the normal times because of getting ready if you will, all the elective surgeries not being scheduled, all the other kinds of things. So [00:14:00] there's a lot of variation around the country and I think people really have to know their own environment. So if they're not having an emergency in general, if you can avoid going to the hospital now almost anywhere, I probably would and see if, okay, is that something that could be dealt with?

Dr. James Whele...: A lot of hospitals are trying to set up, if you have to go to the hospital, a way to kind of triage people at the very front where if you're not there for a infection related problem, so you fell and broke your [00:14:30] leg, you're having a bunch of seizures, you go off to one side and if you have any hint of infection, you're totally separate and they're trying to do that the door. But it depends obviously how busy they are. A lot of doctor's offices have changed that too. So I know even in our area, a lot of their primary care providers have said, okay, we're only seeing, for example, well patients, maybe as follow up for their diabetes or their blood pressure, but not infected, if you will.

Dr. James Whele...: Or at risk of being infected in the morning and then quote unquote "sick people" we're [00:15:00] doing in the afternoon and it's just one colleague doing them, so it's not somebody bouncing back and forth between rooms. So practices are adapting to that. So I would ask my practice if I needed to be seen, when's the best time, if you will, to come in from a neurology standpoint. Again, it depends a lot on the practice situation. You know, neurology in general. Even before this, if our patients were sick or had a cold, I mean we said gosh you know, most of what we do is not urgent [00:15:30] and it's elective. So if you're really that sick, just come back when you're better. So even before this that was kind of our general approach is still is, obviously people are, are gun shy and I get that.

Dr. James Whele...: But I think if you need to see your neurologist, I would just call the offices 'cause a lot of people would change the hours because of this as well. We brought up, is it something you could do with telehealth or does it need to be live? There are some things you need a live visit. I just can't do over the phone and figure out the best way and the safest way [00:16:00] to do it. Most of us are still able to do that safely if we need to. So I would say if you have to be seen, it's still doable.

Brandon Laughli...: Great. Thank you very much. And this question actually can be addressed to all three of you, but what are some of the ... we've gotten a lot of patients who have either gone in themselves or taking their children and because, they obviously have epilepsy so they believe to be more risk and more susceptible [00:16:30] to developing COVID-19 but in a lot of cases, we're finding out they're not even being tested. What are some of the requirements that you're finding that people are looking at to even become tested for COVID-19

Dr. James Whele...: Yeah. So I can maybe start then Ben and Tony can chime in as well too. But I think in our area for the most part, I mean if I just walked up and said, "Hey, I'm feeling fine but I want to be tested to make sure I'm not a carrier," whatever. [00:17:00] For the most part they're not testing because availability, folks like that. So the folks they are testing are obviously anybody with a fever. If I was exposed, if I had someone in my house or I was exposed, my child was playing with someone, I was at work with someone who was positive, then they would either quarantine me if I was without temperature for 14 days or test.

Dr. James Whele...: So that depends on the area of the country and testing availability, which they're doing [00:17:30] currently. But I think for most areas of the country now, if you actually have fever, cough, did he have symptoms that make someone think that you could possibly have it? Testing is being done in most of those folks. It varies obviously depending on where you live as to kind of how you go about doing that. But I think that availability is there now.

Dr. Tony Vancau...: And I would just add there is from the Blue Cross Blue Shield of Illinois perspective, there is no cost sharing [00:18:00] to you to have the testing performed. There's no deductible, no copay, no co-insurance. Again, it is as Jim stated, this is something that happens at the provider member level or patient level where there's guidelines in place as to who should be tested, who isn't high priority to be tested. And there's also no prior authorization for the testing as well, it's strictly at the physician patient relationship level, if the individual meets the criteria for the test, don't be worried about it not being covered by the [00:18:30] Blue Cross Blue Shield of Illinois plan if you're seeing an in network provider.

Benjamin Isgur: Yeah, and I think it's a great example of what Tony shared of, I think payers are trying to make this very easy for people, not create barriers. I think providers are trying to do the same thing. There are limitations though on testing around the country and I think that's going to be one of the biggest health policy issues

for the United States to deal with over the next month. If we want to start to in [00:19:00] engage any of these plans of how do you start bringing the economy back and bringing people back. Almost all of those plans that are out there have this huge assumption that we're going to have a lot of testing availability and we know that there's little pockets of the country where even not having the right swab can mean you're not able to test.

Benjamin Isgur: So we expect that over the next month we're going to have to see a lot of ramp up of testing if we want to come out. One of the challenges [00:19:30] is that, what is the care that's being forgone right now? And so there are researchers who are saying we are actually increasing other types of medical conditions because people don't have as easy access to the system right now. And one example of that is mental health and behavioral health. And so we've seen a huge uptick in the need for that. And the use of that is people are stressed not just about the pandemic itself, but also of the resulting [00:20:00] economic effects. And so we've seen a lot of US companies that are implementing new behavioral health options for their employees mainly right now through telehealth visits and virtual health visits. 'Cause that's the easy way to get access.

Dr. Tony Vancau...: And I'll just add that the behavioral health telehealth is all covered under the Blue Cross Blue Shield of Illinois plans right now during the pandemic, as well with your in network providers.

Brandon Laughli...: Wonderful. Yeah. Great. Thank [00:20:30] you all for those very informative responses. So Dr. Wheless, one of the questions, we covered a lot in the first livestream, so I won't go too much into detail with it with the little time that we have today, but was about drug interactions and obviously I know there's a lot that we still don't know about.

Brandon Laughli...: But have there been any developments as far as, we've been getting a lot of questions about obviously specific drugs, but about any [00:21:00] changes that anybody that might be positive or testing positive with for COVID-19 any changes to their current AED treatment or any concerns with taking CBD if they have COVID-19, anything that you might have any information on regarding that?

Dr. James Whele...: Yeah, so one of the good things about, at least, all of our epilepsy medicines that are FDA approved is in order to get to that point, we have to have a very good idea of how there would be metabolized in the body, how the body basically gets rid of them, if you will. [00:21:30] And knowing that really helps us predict very well which drugs they may or may not be likely to interact with. And for many of them, we even have documentation of that if you will. But it really helps us predict that 'cause we know how the body handles those drugs. So for a patient's specific drugs, and everybody's going to be different, right? They're all on different medications. We have a very good idea of what interactions they may have.

Dr. James Whele...: In general, I [00:22:00] would say that for our patients with epilepsy, again, even before this, if someone got really sick with the flu and ended up in the ICU or really sick with a pneumonia, for the most part, we treat that underlying condition as best we can. There are few interactions we have to be aware of, but most of the neurologists or the ICU doctors, depending on the treatment they're giving and the medication the patients was on, would know that and can kind of compensate for that by adjusting one of the medicines. So they would [00:22:30] know that we know you mentioned the cannabidiol oil or Epidiolex, the FDA approved version, we know the interactions that that has, how it's metabolized by the body, just as we do the other medicines. So we would treat it just like we do any other seizure medicine.

Brandon Laughli...: Wonderful. And I'm going to add onto that because we received a lot of questions and in different formats, but there was a lot of concern about rescue medications and you know, the fact that a lot of people felt as though [00:23:00] they should have been given additional supplies of rescue medications in a time like this. Have you seen any instances of this and any advice that you're giving your patients or if Dr. Vancauwelaert or Benjamin want to add in anything they have.

Dr. James Whele...: Yeah, so a couple things are really changed in the whole era of what we call rescue medicine. So folks that ... I always use the asthma example, you may have the asthma and beyond medicines regularly, but if you have [00:23:30] a worsening where you're having trouble breathing, you have your rescue inhaler or something you can do at home so you don't end up going to the emergency room to get treatment. And the same for epilepsy. Many of our patients are either seizure free or they may have an occasional seizure, but if they have a worsening at home, we like them to have rescue medications. So even before current crisis hit, what actually change this dramatically as we had last year and then this year two new rescue medicines approved, which [00:24:00] really changed the game for our patients because they were the first two that were intra-nasal and it's a simple inhaler, it looks like this, just put it up your nose and it's a single squirt.

Dr. James Whele...: So it's much easier for our patients, for family members to do, caregivers to do, and very effective. And that was just starting, if you will. That then meant for a lot of our patients for the first time, they really had a good, effective and realistic rescue they could do at home and then this hit so, [00:24:30] almost the same time.

Dr. James Whele...: So we've had a lot of our patients that we had talked to about modifying the rescue and then we got a lot of phone calls and when this started about, "Oh yeah we definitely need to do that now 'cause we don't want to go to the hospital." Which I totally agree with as well. So yeah this is a good time to have that conversation. Even if it's by telehealth, which this is one you can easily do by telehealth with your doctor and say "Gosh if I was to have a worsening at home, what would you recommend for me [00:25:00] and the doctors know for



that patient and their seizure type, what type of rescue they would recommend."

Dr. James Whele...: And there are several options but I think this is a great time to have that available. 'Cause if you could treat things at home and not have to go to the hospital, it'd be so much better off.

Brandon Laughli...: Right. And Dr. Vancauwelaert, are you seeing a lot of questions, and not necessarily talking just about rescue meds, but about from patients who wants to increase [00:25:30] the amounts of medications they can receive at one time rather than keep requesting refills?

Dr. Tony Vancau...: Yeah, I think the questions that we're seeing is, can I get my refill earlier than when I'm supposed to be getting my refill and we have lifted any restrictions as far as that goes. Again, it depends on the benefit plan that the individual has as to the supply that they can get. But that early refill piece has been lifted as well as another thing that we encourage everybody to do. If you haven't haven't looked into it, look into [00:26:00] it and see if you're able to get your prescriptions by mail order, then you're not having to go out to the pharmacy or the retailer where you're getting your prescriptions, you can have it sent to you as well. So you're able to shelter at home to a greater extent.

Benjamin Isgur: Yeah, and I think I would just add that I think this is the part where there's a lot of consumer confusion in terms of what are my benefits and what are the changes that are happening because there's so many changes happening right now where I think the health systems trying to make it easier [00:26:30] for people during this time and they understand that there's a lot of announcements that are being made by the federal government and other units of government.

Benjamin Isgur: And so it all depends on what kind of health plan you're on. So for people that're employed by a large employer, those benefits are going to be determined primarily by the large employers. So it may be even a little bit different than some of the announcements you hear in terms of benefit changes like on a national basis that may be affecting Medicare or someone [00:27:00] on Medicaid or a small group plan. So I think Tony's point is really crucial, which is you need to talk, you need to call your insurer and see what your benefits are and what changes have been made. Don't just rely on something that you hear announced on TV, 'cause that may not be affecting your particular plan.

Dr. Tony Vancau...: And I would just tag into that, everybody's phone lines are busy. This information is available to the Blue Cross Blue Shield of Illinois members on our webpage. I'll [00:27:30] share two addresses with you. One would be B C D I, excuse me, BCBSIL.com\COVID-19, that's where you can get all the updates as far as the plans go for the COVID-19 pandemic and how your plan is adjusting to it. Or you could do, instead of COVID-19 as the end, have it be members, and that's where you'll be taken to the link for blue access for members and you can

get all of your benefits plan information as well, including the drug lists, if your drugs are covered by it.

Brandon Laughli...: [00:28:00] Great. Thank you. One question that we had here that actually was sparked from our conversation earlier regarding mental health. We have a parent who their child, obviously they suffer from epilepsy and along with that have some developmental delays, a lot of anxiety, things of that nature. And she wants to be able to talk to her daughter about this specific subject and about whether she's more at risk for COVID-19 [00:28:30] and everything in regards to that. Do you have any advice for parents who might want to talk about this subject with their children?

Dr. James Whele...: Yeah. So, and I don't know if it's specific to this, but what we would say in general is for a lot of our folks, and especially children with developmental problems, we've heard from a lot of the parents is just the incredible disruption to their normal routine has been incredibly anxiety provoking. [00:29:00] Nobody's in school, they're not getting their therapy, many of them, if they were getting therapy. So it's kind of this, not doing well with no structure, if you will, kind of thing. So we've tried to tell the families that as much as you can do it, try and establish a routine, so even if it's getting up every day and even if you're not doing schoolwork, if they're coloring, if they're doing some kind of routine. If you're going to go for a walk in the neighborhood, do this every day at this time if you're going to take a break, do this.

Dr. James Whele...: But trying to have a routine because I think that helps [00:29:30] with some of this free floating anxiety, which is you don't know minute to minute what you're doing and on top of everything else, so as much as you can. Some of the schools have been more prepared to deal with that where they've had some kind of video, school classrooms and stuff. So they've tried to help the family establish routine. But I know for other schools that have really been caught off guard for this, it's been hard for them to do. So that's going to vary a lot. But boy, as much as they can do a routine and keep that up, I think [00:30:00] it's a huge help for a lot of our kids and even adolescents and young adults who have developmental challenges.

Brandon Laughli...: Wonderful. Thank you very much. And so I know we're coming to our last couple of questions here that we had and so I wanted to get some feedback from you Benjamin, regarding what's going on in the pharma industry. How has the pharma industry been reacting and what's really happening on the research and development front?

Benjamin Isgur: Well, there's actually quite a bit happening [00:30:30] on the research and development front and I probably won't get these numbers exactly right, so don't hold me to them. But I think there's over 60 drug trials ongoing right now on a vaccine. And about that same number or maybe more on some medical counter measures, like anti-viral drug. So the pharmaceutical industry- and by the way, a lot of technology companies and others are really jumping in there

and making big investments with [00:31:00] our academic medical centers, our research institutions. And this is really, it's the one heartening thing I think is like, this is where the world comes together. I mean, these trials and these studies and this sharing of research is happening around the world. It's not just in the US, there's a lot of collaboration's happening in sharing of information.

Benjamin Isgur: And so I think if there's the longterm hope of ultimately solving this where the vaccine or antiviral [00:31:30] drugs that can help along the way. I think from a pharmaceutical industry perspective, everything is being done and plans are being made, not only in terms of the development of the vaccine, but also how would they spin up production to get out these treatments and vaccines when developed to a very wide group of very wide group of part of the population.

Benjamin Isgur: So that's heartening. And [00:32:00] you know, one thing I'll just say is there will be a lot of mainstream media about a hopeful drug that's in the pipeline or hope something being hopeful about a study, and I would just always temper that with most of them, there were 60 in the pipeline or more, almost all of them are not going to work. So we're going to get a lot of false hope along the way until we find the right one. So I just always put that out there as a point of context. Yeah.

Brandon Laughli...: [00:32:30] Great. Wonderful. And then we're going to end with a question. I'm going to direct it to Dr. Vancauwelaert, but anybody can feel free to jump in 'cause we've received a lot of questions obviously as you know regarding insurance and medications and things of that nature and I know you provided some great resources earlier. What are some suggestions that you might have on helping families or parents or individuals really getting their insurance [00:33:00] to take effect and in a more timely manner. I know a lot of people are running into delays with insurance hoops and hurdles that they might have to jump through.

Dr. Tony Vancau...: I again, I think one of the biggest things to do is to understand what is covered by your plan and I think the way to start with that is to go to the webpages that I mentioned earlier, so you can see specifically what is in network, what is out of network. I think that's where there's often a lot of confusion between those two terms [00:33:30] and who is an in network provider, who is in a network facility, what are the medications that are covered under the plan if you are indeed on the plan as well as where can I go for care? It isn't just limited telehealth. It's great that we've expanded it to telehealth, but you're able to find out where an urgent care facility. We also have the 24-7 nurse line that everybody can call and get some information that way.

Dr. Tony Vancau...: As well as if you're having some confusion [00:34:00] as to how to streamline some of the approaches, the best thing to do would be to call the number on the back of your insurance card cause everybody's plan is specific to them. Kind of like what Benjamin was saying earlier, it might be through your employer, might be something you have through the exchange and rather than doing a

Google search as to what number to call, that number on the back of your card is the number that is specific to your individual plan. And that's the way to streamline it, is knowing what is the right phone number to start with.

Brandon Laughli...: Great. Well thank you all very much for those [00:34:30] responses, Laura, I'll turn it back over to you.

Dr. Laura Lubbe...: Yes. I want to thank you again [inaudible 00:34:35] Jim and Tony for joining us, sharing your expertise with our community during these challenging times. We know that our community really appreciates any information that they can get. So again, thank you and be well.

Dr. Tony Vancau...: Thanks. Bye bye.

Benjamin Isgur: Thank you. Bye bye.

Brandon Laughli...: Thank you all.