

Symposium Overview

The goal for the symposium is to provide Ontario decision-makers, care providers and patients with knowledge about the challenges and opportunities associated with better addressing the needs of people with multiple chronic conditions or multimorbidity and a prescription for some important next steps to implement improved care models.

In **Session One** HSPRN investigators including Drs. Anna Kone, Kednapa Thavorn, and Susan Bronskill will provide the Ontario context for the meeting including the prevalence, characteristics, health care utilization and cost burden of this population in Ontario. Dr. Gustavo Mery will present an overview of the HSPRN white paper including the 4 principles, 18 components and suggested 4 phases required to effectively transform care in Ontario to better be able to address the needs of this complex population. Audience input will be sought regarding the most pressing questions to be addressed by the researchers to contribute to policy and provider practice.

In **Session Two** we will hear from international leaders in the field. Drs. Cynthia Boyd, Martin Fortin and Moira Stewart will speak to the current knowledge and gaps in fostering optimal evidence-based and patient-centered decisions and care for people with multimorbidity. Clinical vignettes will be used to bring to life the real challenges of caring for individuals with multimorbidity from the patient's and primary care provider's perspective. The importance of patient-centered care will be highlighted as a paradigm shift in how we think about and implement care for persons with multimorbidity. New research programs from these international leaders will also be described.

Session Three will focus on the policy and practice implications for Ontario. The first part of this session will summarize recommendations arising from a policy-roundtable hosted by the McMaster Health Policy Forum the day before our symposium. The second part will be an active exchange with the audience and speakers from the day. We propose that we need to develop clinical practice guidelines and pathways with recommended treatments to be provided for individuals with multimorbidity depending on their medical conditions. *Do you agree with this?* Be prepared to speak your mind and contribute to this debate. The purpose of the debate is to help guide the process of making changes to clinical practice in Ontario for individuals with multimorbidity.

About Us

The **Health System Performance Research Network (HSPRN)** is an inter-organizational university network of researchers, providers and policy-makers focused on the development of measures of Ontario health system performance and innovative practice that improves care, cost burden and outcomes for individuals, particularly those who require care and management from multiple sectors of the health system. The HSPRN fosters cross-sectional collaborative research and knowledge translation and integration of these activities among decision-makers and researchers in the production of new knowledge throughout the research cycle. Knowledge and evidence are translated to decision-makers representing policy and provider groups as well as other researchers through interventions in collaboration with care providers as well as seminars, newsletters, peer-reviewed publications and special symposia.

Agenda

- 08:15-08:45 **Breakfast and Registration**
- 08:45-09:00 **Welcome & Opening Remarks**
Michael Hillmer, Director, Planning, Research and Analysis Branch, Ontario Ministry of Health and Long-Term Care
- 09:00-10:30 **Current Multimorbidity Research from the Health System Performance Research Network**
1. **Prevalence and Characteristics of Multimorbidity in Ontario**
Dr. Anna Kone, Epidemiologist, Cancer Care Ontario; Investigator, HSPRN
 2. **Multimorbidity and Hospitalization Outcomes Over One Year**
Dr. Susan Bronskill, Scientist, Institute for Clinical Evaluative Sciences, Assistant Professor, IHPME, University of Toronto; Associate Scientist, Sunnybrook Research Institute; Investigator, HSPRN
 3. **Economic Burden of Multimorbidity in Ontario's Health Care System**
Dr. Kednapa Thavorn, Post-Doctoral Fellow, Li Ka Shing Knowledge Institute of St. Michael's Hospital; Investigator, HSPRN
 4. **AGAIN – Aligning Goals Addressing Individual Needs**
Dr. Kerry Kuluski, Research Scientist, Bridgepoint Collaboratory for Research and Innovation (Bridgepoint Active Healthcare); Assistant Professor (status), IHPME, University of Toronto; Investigator, HSPRN
Ashlinder Gill, PhD Candidate, IHPME, University of Toronto; Trainee, HSPRN
 5. **Caring for People with Multiple Chronic Conditions: A Necessary Intervention in Ontario (HSPRN White Paper)**
Dr. Gustavo Mery, Senior Scientist and Managing Consultant, Canadian Health Services Research Group; Adjunct Faculty; IHPME, University of Toronto; Investigator, HSPRN
- 10:30-10:50 **Break**
- 10:50-12:20 **Knowledge from the Experts: What Paradigms Will Work to Improve Care for Individuals with Multimorbidity?**
1. **Evidence-Based Care for People with Multimorbidity**
Dr. Cynthia Boyd, Associate Professor, Division of Geriatric Medicine and Gerontology, Johns Hopkins University School of Medicine, Core Faculty, Johns Hopkins Center on Aging and Health and the Roger C. Lipitz Center for Integrated Health Care.
 2. **Better Care for People with Multiple Chronic Conditions**
Dr. Martin Fortin, Professor, Director of Research, Department of Family Medicine, Université de Sherbrooke (Quebec); Director of Academic Research, Centre de santé et de services sociaux de Chicoutimi
 3. **Patient Centred Care for Patients with Multimorbidity**
Dr. Moira Stewart, Distinguished University Professor, Centre for Studies in Family Medicine, Western University
- 12:20-12:40 **Stakeholder Dialogue Results (Designing Integrated Approaches to Support People with Multimorbidity in Ontario, McMaster Health Forum - Oct 21, 2013)**
Dr. Mike Wilson, Assistant Professor, Department of Clinical Epidemiology and Biostatistics, McMaster University and Assistant Director, McMaster Health Forum
- 12:40-13:15 **Facilitated Discussion**
Audience Discussion/Debate led by **Dr. Walter Wodchis**, Associate Professor, Institute of Health Policy, Management and Evaluation (IHPME), University of Toronto; Principal Investigator, HSPRN

Caring for People with Multiple Chronic Conditions: A Necessary Intervention for Ontario

13:15-13:20 **Summary and Closing Remarks**
Dr. Walter Wodchis

13:20-14:15 **Networking Lunch**

Speaker Biographies & Presentation Abstracts

Evidence-Based Care for People with Multimorbidity

Dr. Cynthia Boyd, Associate Professor, Division of Geriatric Medicine and Gerontology, Johns Hopkins University School of Medicine, Core Faculty, Johns Hopkins Center on Aging and Health and the Roger C. Lipitz Center for Integrated Health Care.



Biography

Dr. Cynthia Boyd is an Associate Professor of Medicine at the Johns Hopkins University School of Medicine in the Division of Geriatric Medicine and Gerontology, and is a core faculty member at the Johns Hopkins Center on Aging and Health. Dr. Boyd holds a joint appointment in the Department of Health Policy and Management. Dr. Boyd holds degrees from Yale University (B.S.), Duke University School of Medicine (M.D.), and an M.P.H. in Epidemiology from the University of North Carolina at Chapel Hill. Dr. Boyd completed her internal medicine residency and geriatrics fellowship at Johns Hopkins Hospital and the Johns Hopkins Bayview Medical Center. Dr. Boyd conducts research into how to improve health and health care of people with multiple chronic conditions, or multimorbidity. The majority of her work focuses on issues related to how to make optimal evidence-based and patient-centered decisions for older adults and people with multimorbidity. Dr. Boyd received the American Geriatrics Society's Award for Outstanding Clinical Investigation in 2010 for her body of work on multimorbidity.

Abstract

Improving care for people with multimorbidity, both chronically and during acute illness requires both an understanding of the evidence-based practices and patient-centered focus. Dr. Boyd will discuss the implications of living with multimorbidity, and current knowledge and gaps in fostering optimal evidence-based and patient-centered decisions and care for people with multimorbidity. Dr. Boyd will discuss the applicability of clinical practice guidelines to people with multimorbidity, and stake-holder informed approaches to address the translational path from evidence generation to evidence synthesis to guideline development, with the goal of having evidence-based guidance that is more relevant to people with multimorbidity and that can best inform patient-centered care. Evidence-based and patient centered care for people with multimorbidity necessitates health care systems and interdisciplinary teams that can integrate care across all sites, as well as integration of decision-making and care for all of the conditions experienced by the individual person living with multimorbidity.

Multimorbidity and Hospitalization Outcomes Over One Year

Dr. Susan Bronskill, Scientist, Institute for Clinical Evaluative Sciences
Assistant Professor, IHPME, University of Toronto, Associate Scientist, Sunnybrook Research Institute; Investigator, HSPRN



Biography

Susan Bronskill, PhD is a health services researcher whose research has focused on quality of care and health outcomes in the long-term care and acute care sectors. Her current research includes an examination of patterns of drug use in long-term care facilities, developing methods to identify frail older adults in population-based data sets, and the assessment of continuity and quality of care in older adults across the health system. She has a PhD in Health Policy from Harvard University and currently holds a New Investigator Award in the Area of Aging from the Canadian Institutes of Health Research.

Abstract

Multimorbidity increases the complexity of patient care and has been found to be associated with increased health services use independent of age. The objectives of this study were to describe hospital use and related outcomes among a cohort of adults by their degree of multimorbidity and to test whether the association between multimorbidity, hospital use and related outcomes was modified by key demographic variables and measures of primary care contact. Using linked administrative data, we identified a cohort of 6,639,089 adults with at least one of 16 conditions as of April 1, 2009 and then followed them over one year to track hospitalization rates, alternate level of care (ALC) use, and 30-day readmissions. Key findings included: 1) age-adjusted hospitalization rates increased with the degree of multimorbidity; 2) multimorbidity was associated with poorer hospitalization outcomes

including longer lengths of stay and higher inpatient mortality; 3) the effect of multimorbidity appears to be moderated by age as illustrated by a steeper multimorbidity gradient among younger adults; and 4) high continuity of primary care appears to counterbalance some of the impacts of multimorbidity.

Better Care for People with Multiple Chronic Conditions

Dr. Martin Fortin, Professor, Director of Research, Department of Family Medicine, Université de Sherbrooke (Quebec); Director of Academic Research, Centre de santé et de services sociaux de Chicoutimi



Biography

Professor Fortin, MD, MSc, has over 20 years of experience in the field of family medicine. He is the Director of Research for the Department of Family Medicine, *Université de Sherbrooke* (Quebec), and Director of Academic Research for the *Centre de santé et de services sociaux de Chicoutimi*. In 2009, Professor Fortin was awarded the Applied CIHR Chair on Health Services and Policy Research on Chronic Diseases in Primary Care. His primary research program focuses on patients with multimorbidity within the context of the primary care reform in Canada. Professor Fortin is also leader of the International Research Community on Multimorbidity (IRCMo) and is noted for his seminal work on multimorbidity which has led him to author more than 50 publications on the issue.

Abstract

Multimorbidity challenges the health care system in all jurisdictions and is becoming the number one priority. Through a presentation of clinical vignettes, Dr. Fortin will present an overview of these challenges, specifically from the patient's and primary care provider's perspective. Caring for persons with multimorbidity requires some adjustments in the way primary health care is organized. Some interventions offer promising results. Dr. Fortin will present some of these results and give an overview of the new team effort called PACE in multimorbidity.

"Where do we go from here?" Health System Frustrations Expressed by Patients with Multi-Morbidity, their Caregivers, and Family Physicians

(AGAIN Study – Aligning Goals Addressing Individual Needs)

Ashlinder Gill, PhD Candidate, IHPME, University of Toronto; Trainee, HSPRN



Biography

Ashlinder Gill is currently a PhD student at the Institute of Health Policy Management and Evaluation, and completed the Collaborative Program in Palliative and Supportive Care at the Institute of Lifecourse and Aging at the University of Toronto. For her dissertation, she is investigating emergency department use in home palliative care patients, and what factors increase acute care use at the end-of-life. She holds a Bachelors of Science in Health Studies with Honours from the University of Waterloo. She is also a Research Associate at the Bridgepoint Collaboratory for Research and Innovation at Bridgepoint Health, and the Palliative Care Consult Team at Sunnybrook Health Sciences Centre. Ashlinder has extensive knowledge on palliative care, end-of-life care, and older complex patients.

Abstract

This study explored the challenges in care experienced by older patients with multi-morbidity, their informal caregivers and family physicians and then compared findings across these three groups. Semi-structured interviews were conducted with 27 patients, their informal caregivers, and family physicians. Qualitative description was used to identify key themes in the interview transcripts. Participants experienced many common challenges when managing multi-morbidity, including a lack of decision-making support, poor communication, and uncoordinated health services. However each participant group had a unique perspective on these issues that was specific to their role in managing multi-morbidity. When reforming health services, without the consideration of patient, caregiver and care provider perspectives, fragmentation of services and poor care management will likely persist.

Prevalence and Characteristics of Multimorbidity in Ontario

Dr. Anna Kone, Epidemiologist, Cancer Care Ontario, Investigator, HSPRN



Biography

Dr. Kone is a Senior Research Associate at the Occupational Cancer Research Centre, and leads multiple studies on the surveillance of exposure in workplaces and occupational cancers. She possesses a sophisticated understanding of quantitative research methodologies, has vast experience collaborating with academic and non-academic multidisciplinary teams and possesses extensive research experience in the fields of biostatistics, epidemiology, health services analysis and surveillance. She has conducted research on performance measurement, determinants of health outcomes and surveillance of health problems using administrative databases. Dr. Kone holds an investigator status at the University of Toronto, in the Health System Performance Research Network (HSPRN), where she studies the epidemiology and clustering of multimorbidity in Ontario.

Abstract

There is a growing need to address care management and gaps in quality of care for individuals with multiple non-communicable diseases (NCD) or multimorbidity. The prevalence of multimorbidity is expected to increase dramatically due to the aging population and improved life expectancies. In this study, we aim to determine the prevalence and evaluate the socioeconomic characteristics and trends in multimorbidity. We used a population-based analysis covering all eligible Ontarians. A cohort of patients with at least one of 16 conditions was identified from clinical administrative databases (hospitals, physicians and pharmacy claims) and included 5,263,845 as at April 1, 2003 and 6,639,089 as at April 1, 2009. Our results showed that multimorbidity is highly prevalent in Ontario and has increased significantly in recent years. Age was strongly related to multimorbidity and results suggested existence of health disparities. Moreover, multimorbid patients didn't have predominant combinations of conditions, making it challenging to design effective disease-oriented management programs.

The Alignment of Care Goals between Older Persons with Multi-Morbidities, their Family Physicians and Informal Caregivers (AGAIN Study – Aligning Goals Addressing Individual Needs)

Dr. Kerry Kuluski, Research Scientist, Bridgepoint Collaboratory for Research and Innovation (Bridgepoint Active Healthcare); Assistant Professor (status), IHPME, University of Toronto; Investigator, HSPRN



Biography

Kerry Kuluski is a Research Scientist at the Bridgepoint Collaboratory for Research and Innovation (Bridgepoint Active Healthcare) and an Assistant Professor (status) at the Institute of Health Policy, Management and Evaluation, University of Toronto. Prior to becoming a Scientist at Bridgepoint, she completed a Postdoctoral Fellowship with Dr. Renée Lyons and was a Visiting Scholar at the University of Oxford with the Health Experiences Research Group in the Department of Primary Health Care Sciences. Kerry's program of research examines the needs and experiences of individuals with multiple, complex health problems. Kerry's research gives voice to the patient and is being used to inform hospital based quality improvement initiatives at Bridgepoint. Her research is supported by the Great-West Life, London Life, Canada Life New Scientist Fund. Kerry is also a Co-Investigator on two recently funded multi-year research grants: a CIHR Team Grant on Community Based Primary Health Care and the Health System Performance Research Network, both led by Dr. Walter Wodchis.

Abstract

Do patients, their family physicians and informal caregivers agree on their care goals? In short, rarely. We interviewed 28 older persons with multi-morbidities to assess their care goals. This was followed by interviews with their informal caregivers and family physicians who were asked about their care goals for the patient.

Goal divergence tended to occur when patients were less medically stable and during transition points (e.g., when the patient required care in an alternate setting). While divergence in care goals may reflect the different roles and responsibilities of each of the players involved, these perspectives should be illuminated when building care plans to ensure that the needs of the patient are supported and quality of care enhanced.

Caring for People with Multiple Chronic Conditions: A Necessary Intervention in Ontario (HSPRN White Paper)

Dr. Gustavo Mery, Senior Scientist and Managing Consultant, Canadian Health Services Research Group; Adjunct Faculty IHPME, University of Toronto and HSPRN Investigator



Biography

Gustavo Mery, MD, MBA, PhD, holds a medical degree from the Pontifical Catholic University of Chile, a Masters of Business Administration from Adolfo Ibañez University of Chile, and a doctoral degree from the Institute of Health Policy, Management and Evaluation (IHPME) at the University of Toronto. Dr. Mery is a senior healthcare professional with 15 years of experience internationally in clinical practice, health services research, healthcare consulting, hospital management, and teaching. He practiced for more than nine years in Chile in the fields of emergency medicine, orthopedics, and occupational medicine. He also held a position as Medical Director for Asociación Chilena de Seguridad and Assistant Professor of Medicine at Diego Portales University of Chile. His research has focused on the topics of aging, home and community-based services, long-term care and integrated care. He is currently a Senior Scientist and Managing Consultant with the Canadian Health Services Research Group and Adjunct Faculty at the IHPME at the University of Toronto.

Abstract

The increasing problem of managing Multiple Chronic Conditions (MCC) in the elderly requires important changes in the way our health care services are delivered. Inadequate attention to the needs of this group may prove to be one of the most costly problems the health care system will encounter. The gaps in Ontario are particularly important for MCC patients and the challenges are especially compelling for this population. An integrated, patient-centred system is the most effective approach to managing the needs of the MCC population, as broadly acknowledged by experts across several countries. In our recently published white paper "Caring for People with Multiple Chronic Conditions: A Necessary Intervention in Ontario" we integrated the literature and identified the elements and program components that must be implemented in Ontario for a model to appropriately manage older adults with MCC. The model that we are suggesting is based on four principles, eighteen components of standard care, and a progressive four-stage implementation process. The paper is available at: http://www.hsprn.ca/activities/current_papers.html

Patient Centred Care for Patients with Multimorbidity

Dr. Moira Stewart, Distinguished University Professor, Centre for Studies in Family Medicine, Western University



Biography

Moira Stewart PhD, a Distinguished University Professor at the Centre for Studies in Family Medicine at Western University and the Dr. Brian W. Gilbert Canada Research Chair in Primary Health Care Research, has published widely on the topic of Patient-Centered Care and has edited, with colleagues, an international series of eight books applying the patient-centered clinical method. She is Co-Principal Investigator, with Dr. Martin Fortin, of a National Team Grant on Patient-Centered Innovations for Persons with Multimorbidity. She trains young researchers as the Principal Investigator on a CIHR Strategic Training Grant on interdisciplinary primary health care research called TUTOR-PHC. Dr. Stewart works with clinicians on a project creating a researchable database of the Electronic Medical Record data with approximately 50 family physicians in Southwestern Ontario. She works closely with policy-makers on collaborative programs of research as part of the Primary Health Care Program funded by Ontario's Health System Research Fund.

Abstract

Primary Health Care (PHC) is the foundation of chronic disease prevention and management in Ontario; the ICES Atlas tells us that > 75% of such care occurs in the Family Practice setting. But not just any PHC is effective in improving population health and lowering costs; PHC must be continuous, comprehensive and, above all, patient-centred. Why is this so? Because of the diversity of chronic conditions affecting patients; the combinations of conditions for patients with multimorbidity are vast in number with < 1% of patients having similar combinations. Therefore, a guideline-based disease-oriented approach is not entirely feasible and a patient-centred approach is preferable. A widely recognised definition of patient-centred care has been developed and tested in Ontario with four key components. The international literature, including a Cochrane Review in 2013, concludes that investments

in patient-centred innovations have been worthwhile, with the most effective being practical interventions with patients in the waiting room of the PC office aligned with education of the PC providers.

Economic Burden of Multimorbidity in Ontario's Health Care System

Dr. Kednapa Thavorn, Post-Doctoral Fellow, Li Ka Shing Knowledge Institute of St. Michael's Hospital; Investigator, HSPRN



Biography

Kednapa Thavorn is a post-doctoral fellow in Applied Pharmacoeconomics at the Li Ka Shing Knowledge Institute of St. Michael's Hospital and an investigator at Health System Performance Research Network (HSPRN). She received Bachelor's and Master's degrees in Pharmacy from Thailand and Ph.D. in Health Services Research from Institute of Health Policy, Management and Evaluation, University of Toronto. Her research focuses on topics surrounding drug policy research, health economics, health related outcomes research, health equity, and pharmaceutical care for patients with complex needs.

Abstract

Multimorbidity is increasingly prevalent, and managing multimorbid patients is costly. It accounted for 75% of all US health care expenditures in 2001. In Canada, about \$39 billion was spent annually for treating people with chronic conditions; however, the extent of this expenditure attributed to multimorbidity is unknown. This population-based study describes costs attributable to multimorbidity in Ontario, Canada. A cohort of 6,639,089 patients with at least one of 16 prevalent and disabling conditions was drawn from the 2009/10 Ontario administrative database. This study shows that total health expenditure was \$26,454,246,811 or 86% of (allocatable) provincial health care spending in 2009. We also observe an exponential rise in annual medical cost per capita with an increasing number of conditions. Hospital costs remained the main cost driver, irrespective of number of medical condition. Findings from this study provide a first step in understanding the economic burden of multimorbid conditions in Ontario.

Stakeholder Dialogue Results (Designing Integrated Approaches to Support People with Multimorbidity in Ontario, McMaster Health Forum - Oct 21, 2013)

Dr. Mike Wilson, Assistant Professor, Department of Clinical Epidemiology and Biostatistics, McMaster University and Assistant Director, McMaster Health Forum



Biography

Mike is the assistant director of the McMaster Health Forum, an assistant professor in the Department of Clinical Epidemiology and Biostatistics, an investigator in the Program in Policy Decision-Making and a member of CHEPA. His research focuses on supporting the use of research evidence by health system policymakers and stakeholders and by community-based organizations. He is also interested in research related to the politics of healthcare systems and the social determinants of health for people living with HIV/AIDS. Mike helped lead the development of Health Systems Evidence (www.healthsystemsevidence.org), which is a key source of research evidence for the development of the evidence briefs at the McMaster Health Forum. He obtained his PhD from McMaster University in the Health Research Methodology Program, holds a BHSc from McMaster and studied political science at the University of Toronto between his undergraduate and graduate degrees.

Abstract

The growing prevalence of people who suffer from three or more health problems (multimorbidity) poses unique challenges for patients, caregivers and Ontario's health system that require innovative thinking about the provision of healthcare. To support the actions of those involved in addressing this challenge, the McMaster Health Forum convened a stakeholder dialogue with policymakers, health providers, researchers and other stakeholders for off-the-record discussions. The deliberations were informed by a pre-circulated issue brief that mobilized both global and local research evidence about a problem, three elements of a comprehensive approach for addressing the

problem, and key implementation considerations. This presentation will outline findings from the issue brief and key insights from the stakeholder dialogue.

Facilitated Discussion

Dr. Walter Wodchis, Associate Professor, Institute of Health Policy, Management and Evaluation, University of Toronto; Principal Investigator, HSPRN



Biography

Dr. Wodchis, PhD, MAE, MA, is Associate Professor at the Institute of Health Policy, Management and Evaluation at the University of Toronto. He is also a Research Scientist at the Toronto Rehabilitation Institute and an Adjunct Scientist at the Institute for Clinical Evaluative Sciences. His main research interests are health economics and financing, health care policy evaluation, and long-term care. Dr. Wodchis is also the Principal Investigator for the Health System Performance Research Network. In this program, he leads a team focused on research projects that identify complex populations with chronic conditions who transition through multiple health care sectors and develop health system performance measurement for these populations. Dr. Wodchis is also co-Principal Investigator for a CIHR team grant focused on understanding spread of community based integrated care innovations to improve care for complex patient populations. Past significant publications include quality of life measurement for older populations, incentives and government payment for physicians and long-term care including pay for performance, and the relationship between quality and cost. He holds a Bachelor of Mathematics (Waterloo), Master's in both Gerontology (Waterloo) and Economics (Michigan) and earned his doctorate in Health Services Organization and Policy (Health Economics) at the University of Michigan.

Thank you to Jessica Goncalves, Project and Communications Manager, HSPRN, Stephan Durant, Trainee, HSPRN, Nabila Purno, Research Coordinator, HSPRN.

Thank you for your participation! Please fill out the evaluation survey of the today's symposium at the end of this brochure.

Notepaper

Caring for People with Multiple Chronic Conditions:
A Necessary Intervention for Ontario

Notepaper

Caring for People with Multiple Chronic Conditions:
A Necessary Intervention for Ontario

Evaluation

Thank you for participating in the Symposium. We need your opinions about the quality of the Symposium for planning and program evaluation purposes. Please complete this form, remove it from your program, and leave it at your table to be collected.

1. What did you like most about today's symposium?

2. What did you like least about today's symposium?

3. In what ways could this symposium be improved?

4. For a future symposium what topics are you interested in learning more about?

Thank you for your time!