Health Center Program
Quality & Data Updates
NACHC Policy and Issues Forum

March 29, 2019

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Director, Office of Quality Improvement
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)
Accelerating Value Based Care Delivery

AGENDA

1. Value Based Care Delivery in Health Centers
2. Updates
   - FTCA: Patient Safety & Risk Management
   - PCMH & Care Integration
   - HRSA Clinical Priorities
   - UDS Reporting & Modernization
3. Building a Learning Health Center System
   - Strategic T/TA
   - Informing Decisions with Data and Research
   - Resources
Advancing Health Center Value

- Compliance with Health Center Program Requirements
- Access to Comprehensive, Integrated, Patient-Centered Care
- Improve Health Outcomes
- Operational Excellence, Innovation and Leadership
- Active Participation in a Learning Health Center System
HRSA Strategic Goals

Goal 1: Improve access to quality health care and services

Goal 2: Foster a health care workforce able to address current and emerging needs

Goal 3: Enhance population health and address health disparities through community partnerships

Goal 4: Maximize the value and impact of HRSA programs

Goal 5: Optimize HRSA operations to enhance efficiency, effectiveness, innovation, and accountability
FTCA Program Updates
Patient Safety Awareness Week 2019

Improving Diagnosis in Primary Care
Webcast available: http://bit.ly/2U0tZfq
FTCA Policy Updates

- **FTCA Health Center Policy Manual Update**
  - Coverage for Volunteer Health Professionals (VHPs)
  - Notice of proposed update will be published soon including an opportunity for public comments
  - Service provided “through offsite programs and events carried out by the entity”

- **CY 2020 FTCA Health Center Deeming**
  - Health Center Deeming PAL  
    ([https://bphc.hrsa.gov/ftca/healthcenters/healthcenterpolicies.html](https://bphc.hrsa.gov/ftca/healthcenters/healthcenterpolicies.html))
  - VHP Deeming PAL (coming soon)
  - EHB Deeming Application Module available May 17th
  - CY2020 Deeming application deadline – July 1st
Health Center FTCA Deeming Updates

1,141 health centers deemed in CY 2019

221 Volunteer Health Professionals deemed

Effective strategies to enhance patient safety and manage clinical risks:

• Focus on creating closed looped procedures for referral tracking, hospitalization tracking, and diagnostic tracking
• Create a Risk Management training plan for all clinical staff
• Complete Quarterly Risk Assessments
• Involve Health Center Governing Board in risk management discussions, including sharing risk management data, trends analysis, and goals

Upcoming Training and Technical Assistance

• Webcasts to introduce the CY 2020 Health Center Deeming PAL and application process
• FTCA University in collaboration with the following PCAs: NJ, LA, OH, PR, MT
OSVs: FTCA Assessment & Monitoring Strategy

**OSV/FTCA Process**

1. Operational Site Visits
2. FTCA Assessment
   - Non-Compliance Finding
3. Corrective Action Plan
4. Documentation to Support FTCA Compliance

**CY2018 OSV/FTCA Results**

- **94%** of deemed health centers demonstrated compliance on CY18 Operational Site Visits
- **37** health centers received FTCA Corrective Action Plans to resolve non-compliance findings in the areas of risk management or claims management
- Health centers resolved findings within **35 days**
FTCA Site Visit Protocol

NEW resource for FTCA deemed health centers, includes:

- FTCA site visit process overview
- Document checklist
- Site visit agenda
- Sample report
Clinical Risk Management Resources

- 13,973 individuals from 1,569 organizations were registered for the Clinical Risk Management Program
- 7,415 individuals attended webinars and Virtual Conference in 2018
- New resources/features are added every year:

Please share ideas for new patient safety/risk management resources that would be helpful
Clinical Risk Management Resources

- 834 registered for **Electronic Fetal Monitoring Course** - includes 18 case studies
- 2,404 individuals registered for **Ambulatory Care Risk Management Certificate course** - **New!** Levels 3 and 4 are now available
- Ongoing Success - **National Patient Safety Speaker Series**
- **New!** Sexual Harassment and Misconduct Training Series
- **Coming soon!** Risk Management Manual

For access contact: clinical_rm_program@ecri.org or (610) 825-6000 ext. 5200
Patient Centered, Comprehensive, Integrated Care
Patient-Centered Medical Home (PCMH)

Health Centers with PCMH Recognition

↑ #PCMH Health Centers from 38% in 2013 to 75% in 2018

Source: HRSA Accreditation and Patient-Centered Medical Home Report, 2013-2018

Training and Technical Assistance Resources
Submit your Notice of Intent (NOI) in EHB to seek participation in the HRSA Accreditation and PCMH Initiative

PCMH transformation is critical to advance value-based care systems

Clinical Quality improvement for health centers with longer PCMH recognition

PCMH Transformation

- Advance patient experience
- Shared decision making
- Performance measurement
- Meet social, cultural, and linguistic patient needs
- Enable access to care
- Enhance team-based care
- Advance patient experience
- Advance patient experience
National PCMH Recognition in Health Centers

(75% as of December 31, 2018)

Source: HRSA Accreditation and Patient-Centered Medical Home Report, 2019
Ambulatory Care Accreditation

Number of National Ambulatory Care Accreditation in Health Centers
(December 31, 2018 data)

- 294 Ambulatory Care Accredited
- 274 Accredited HCs with PCMH

HRSA contracts with nationally recognized accrediting organizations to provide technical assistance and training to health centers for their respective recognition processes.

Training and technical assistance (T/TA) for health centers include:
- High-Level Disinfection and Sterilization BoosterPak
- Infection Control and Patient Safety TA Teleconference Recordings
- Infection Prevention and Control Portal
- General Infection Prevention and Control Toolkit
- Guide to Infection Prevention for Outpatient Settings
- Infection Prevention & Control in Dental Settings

Training and Technical Assistance Resources
Submit your Notice of Intent (NOI) in EHB to seek participation in the HRSA Accreditation and PCMH Initiative
https://bphc.hrsa.gov/qualityimprovement/clinicalquality/accreditation pcmh/index.html

Source: HRSA Accreditation and PCMH Report, 2018
Million Hearts® 2022

In 2018, five HRSA health centers were recognized as Million Hearts® Hypertension Control Champions

- Aspirin use
- Blood pressure control
- Tobacco use screening & cessation counseling intervention

2019 MH Hypertension Control Champion Applications Due April 1, 2019
Cervical Cancer Screening

Served ~ 7 million female patients age 23-64

Screened 3.9 million female patients

55.7% patients screened nationally

Cervical Cancer Screening Rates by PCMH Recognition

- National: 55.7%
- PCMH: 56.5%
- Not PCMH: 51.5%

State-wide Efforts

7 Primary Care Associations focused on cervical cancer screening QI efforts in their states

Cancer Prevention and Screening T/TA Resources

January 2019 Data Speaker Series featuring a health center and a Health Center Controlled Network (HCCN) on sharing successes, challenges, and recommendations to improve cervical cancer screening rates

Educational Webinar highlighting promising practices from two Primary Care Associations (PCA) on quality improvement strategies to enhance cervical and colorectal cancer screening rates in health centers

Source: Uniform Data System, 2017
Colorectal Cancer (CRC) Screening: 80% in Every Community

22 Health Centers have reached 80%

30 PCAs focused on CRC Screening QI Efforts

National Partnership:
National Colorectal Cancer Roundtable (NCCRT), American Cancer Society, CDC

March CRC Awareness Month:
New! 80% in Every Community Campaign
Promising Practice TA Webinar
Mental Health Integration

In 2017, 66% of patients received depression screening and follow-up ↑ by 6%

Nearly 90% of Health Centers provided mental health services ↑ by 2%

Over 2 million mental health patients served ↑ by 15%

Mental health workforce of over 10,000 FTEs ↑ by 16%

- Universal, evidence-based screening & follow-up
- Two-generation approaches & trauma-informed care
- Spotlight on pregnant/parenting women and families

Improving Care

- Promising practice in recruitment and retention of providers
- Use of tele-health for direct services and support functions (e.g., coaching, consultation, supervision)

Expanding Services

- HRSA's Health Workforce Connector: https://connector.hrsa.gov/

Resources

MENTAL HEALTH FTES 2017

- Psychiatrists 7%
- Licensed Clinical Psychologists 8%
- Licensed Clinical Social Workers 35%
- Other Licensed Mental Health Providers 26%
- Other Mental Health Staff 24%
- Mental Health Staff 7%
Substance Use Disorder Services

In 2017, there were over 1.2 million Substance Use Disorder (SUD) visits

# of patients receiving SUD services
↑ by 19% to 168,508 patients

IMPACT

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
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<tr>
<td>22%</td>
<td>Increase in SUD services staff to 1,426 FTEs</td>
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<tr>
<td>75%</td>
<td>Increase to 2,973 DATA-waivered providers</td>
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<tr>
<td>65%</td>
<td>Increase to 64,597 patients receiving MAT services</td>
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2019 Training/Technical Assistance (T/TA):

- Share promising practices on trauma-informed care, treating pregnant women, clinical workflow and practice transformation, community-based partnerships/systems coordination and evidence-based, integrated care models
- Disseminate resources on SUD/MAT treatment stigma, pain management, Health IT enhancements, and reimbursement
- **Substance Use Warmline**: The Clinician Consultation Center offers free, real-time clinician-to-clinician telephone consultation focusing on substance use disorder evaluation & management for primary care clinicians.
Screening, Brief Intervention, and Referral to Treatment (SBIRT)

2016-2017 Progress

- SBIRT patients served increased by 42%
- SBIRT implementation increased to 40%

SBIRT patients served:
- 2016: 716,677
- 2017: 1,017,249

SBIRT implementation:
- 2016: 36%
- 2017: 40%

- SBIRT Key Components:
  - **Screening** using standardized tools to assess risk level
  - **Brief Interventions** to help patients understand their substance use and health impact
  - **Referral to Treatment**

- 2019 Strategies to increase SBIRT implementation:
  - Share resources on SBIRT screening tools, approach to referrals, and reimbursement
  - Conduct webinars on:
    - SBIRT promising practices
    - Using Health Information Technology to Facilitate SBIRT Service Delivery in Health Centers
    - Opioid Use Disorder: The Role of Adverse Childhood Events and Motivational Interviewing - Coming soon!

For more information on Behavioral Health Integration and SBIRT, please visit:
HRSA Health Center Program’s Behavioral Health and Primary Care Integration Website.
Oral Health Integration

In 2017, over 266,000 children 6-9 years of age at elevated caries risk had dental sealants placed

6.1 million dental patients were served

4,882 dentists (FTE) & 2,498 dental hygienists (FTE) worked at health centers

**IMPACT**

52% increase in the number of dental patients served since 2010

8.3 percentage point increase in the number of children 6-9 years of age at elevated risk who received a dental sealant from 2015 to 2017

10% increase in the dental workforce since last year

**Training/Technical Assistance (T/TA)**

- **Oral Health and Primary Care Integration Webpage**
  - Oral Health Integration Webinars: Cardiovascular, Diabetes, People Living with HIV
  - Infection Control and Prevention in the Dental Setting Webinar (in partnership with CDC)

- **National Network for Oral Health Access (NNOHA)**
  - Three Learning Collaboratives focused on:
    1. Dashboard of oral health metrics (37 health centers)
    2. Improving the UDS dental sealants measure with PCAs (LA & PA)
    3. Integrating oral health and primary care practice with PCAs (MI & IL)
  - Webinars: Dental Payment Innovation, Integration of Oral Health and Primary Care Practice, Infection Control and Prevention, Oral Health Integration in Medication Assisted Treatment of SUD

- **Coming Soon - Oral Health Expansion Toolkit (in partnership with NNOHA)**
  - Informed by OHSE Listening Sessions in 2018
  - Focus on enhancing oral health infrastructure
  - Compilation of resources, tools, and promising practices

6.1 million dental patients were served

In 2017, over 266,000 children 6-9 years of age at elevated caries risk had dental sealants placed
HIV Care Integration

Linked 84.5% of HIV patients to care

↑ HIV testing by 27% to 1.8 million patients

↑ the number of HIV patients served by 5% to 165,745

Southeast Practice Transformation Expansion Project (SEPTEP), 2018-2019

HRSA’s BPHC and HIV/AIDS Bureau collaborated through the Southeast AIDS Education and Training Center (AETC) to support 16 health centers in 8 states by:

• Providing one-on-one, Practice Transformation coaching on HIV testing and treatment clinical guidance
• Implementing a Community of Practice on Culture Change
• Discussing relevant topics with HIV specialists and diverse primary care teams on Opt-Out testing, Motivational Interviewing, PrEP implementation and prescribing, and taking Sexual Histories
• Conducting training on cultural humility and delivering a positive HIV test result

HIV and Primary Care Integration Webpage:
https://bphc.hrsa.gov/qualityimprovement/clinicalquality/hivprimarycare.html
Diagnose
All people living with HIV (PLWH) as early as possible after transmission

Treat
HIV rapidly and effectively to achieve sustained viral suppression

Prevent
People at highest risk of HIV with PrEP and prevention education

Respond
Rapidly and effectively to clusters and outbreaks of new HIV infections
Nearly 2 million HIV tests conducted annually

More than 165,000 patients with HIV receive medical care services at health centers, including many sites co-funded by the Ryan White HIV/AIDS Program

More than 600 health centers purchase Pre-Exposure Prophylaxis (PrEP) through the 340B Program

FY 2020: $50 million to support increased outreach, testing, care coordination, and HIV prevention services, including PrEP, in targeted counties/cities and States.
Health Centers: Ending the HIV Epidemic Flowchart

Respond rapidly to detect and respond to growing HIV clusters and prevent HIV infection (CDC)

High risk referrals of new patients (CDC, S/LHDs)

Targeted health centers
Serve the identified counties and states

Health center in reach to identify high-risk current patients

Diagnose all people as early as possible after infection

Testing

Link to prevention and care

HIV+

Engage and Treat

Retain

Viral suppression

HIV-

PrEP

Treat the infection rapidly and effectively to achieve viral suppression

Prevent people at risk using potent and proven prevention interventions, including medication that can prevent HIV

Respond rapidly to detect and respond to growing HIV clusters and prevent HIV infection (CDC)
Health Center and Home Visiting Program Collaboration

In 2017, health center providers delivered nearly **300,000** babies

74% of prenatal care patients entered prenatal care during their first trimester

8% of newborns had Low Birth Weight (< 2,500 grams)

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<tr>
<th>Home Visiting Programs</th>
<th>Health Centers</th>
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<td><strong>Awareness and Knowledge</strong>&lt;br&gt;Partnerships and Systems Coordination Networking and Resource Sharing</td>
<td><strong>Build upon existing intersections and share best practices from dually funded grantees</strong></td>
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**2019 Training/Technical Assistance (T/TA):**

**Strategies to enhance collaboration and integration:**

- Improve awareness and knowledge on evidence-based home visiting programs
- Share promising practices for home visiting integration and partnership
- Develop resources that promote community-level engagement
- Connecting Home Visiting Programs to Health Center Behavioral Health and SUD programs
- **Overall Goal:** Improve pregnancy, child health and development and other health outcomes throughout the lifespan

**Resources:** [HRSA’s Maternal and Child Health Bureau’s Home Visiting website](#)
UDS Reporting & Modernization
UDS Modernization Initiative

Reduce Reporting Burden
Automate data submission, provide enhanced UDS reporting capabilities, promote transparency and integrate stakeholder feedback.

Measure Impact
Improve the quality of UDS data to reflect improvements in patient-centered care and an evolving primary health care setting.

Promote Transparency
Provide an open transparent decision-making process on UDS changes such as measure selection, information technology, and reporting improvements.
UDS Modernization Progress and

- Preliminary Reporting Environment
- Earlier Release of Reporting Requirements
- Exposure of Validation Rules
- Enhanced Governance
- Standard Report Submission File
- UDS Form Modernization
- Reports Modernization
- Off Line Report Compilation & Validation
- Develop “Routine Patients” Solution
- Pilot Patient-level Data UDS Reporting
- Study Encounter-based Reporting for UDS
- Identify Solution to Streamline Financial Reporting
- Establish UDS Test Cooperative
- Implement “Routine Patients” Solution
- Refine Patient-level Data UDS Reporting Requirements
- Pilot Encounter-based Reporting
- Pilot Financial Reporting Solution
- Update eCQMs

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<th>2017</th>
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UDS Reporting Year (CY)
Changes to Reduce Burden for 2018 UDS

Enhancements to the Electronic Handbooks (EHBs)

Preliminary Reporting Environment (PRE)
• Access EHBs before January 1st
• Begin entering and validating data early

HTML Tool Features (Offline)
• Download one or more UDS tables
• Validate real-time
• Team-based data entry

Excel Tool Features (Offline)
• Download UDS tables
• Validate the data in EHBs
• Team-based data entry
• Mapping tool for increased EHR automation

Check it out!
The UDS Modernization Video: https://youtu.be/hZExaCk7Eko

CY 2018 UDS Reporting Results
• Over 600 health centers used the PRE between November 2nd and December 31st
• Over 250 health centers have utilized the data comparison tool
• Nearly 150 health centers have used the offline reporting features
2019 UDS Reporting Changes

- Update Quality Measures to Maintain Alignment with eCQMs
- Addition of Behavioral Health Tables by Provider
- Addition of Column in Table 5 to Capture Virtual Visits
- Replacement of Coronary Artery Disease (CAD) Measure with CMS347 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
- Removal of Table 5A: Tenure for Health Center Staff
- Revision of Appendix D
- Addition of Appendix F: Workforce

Access the 2019 Program Assistance Letter (PAL) online!
2020 UDS Changes Under Consideration

**Diabetes Clinical Quality Measures**
- CMS131: Diabetes: Eye Exam
- CMS123: Diabetes: Foot Exam
- CMS134: Diabetes: Medical Attention for Nephropathy

**Mental Health Clinical Quality Measure**
- CMS159: Depression Remission at 12 Months (outcome measure to be reported by race/ethnicity)

**Preventative Clinical Quality Measures**
- CMS125: Breast Cancer Screening
- CMS74: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists (Replaces CMS277: Oral Health Sealant for Children between 6 - 9 years)

**Removal of Asthma Clinical Quality Measure**
- Retire CMS126: Use of Appropriate Medications for Asthma

**Public Health Priorities & Social Determinant of Health**
- CMS349: Percentage of patients 15-65 years of age who have been tested for HIV
- Collecting housing status data for all patients
Provide Feedback on UDS Modernization

https://bphc.hrsa.gov/datareporting/reporting/udsmodernization.html

https://bphccommunications.secure.force.com/ContactBPHC/BPHC_Contact_Form
UDS Data Technical Assistance Visits (TAV)

Pilot Visits

- Five awardees participated, three volunteers and two selected by HRSA
- Two day on-site visit with either 1 or 2 consultants
- Conducted between October 2018-January 2019 in five different states

Results

- All awardees reported a positive experience and appreciated the interactive, low burden design
- Visits uncovered reporting issues unknown to HRSA, giving HRSA the opportunity to address and resolve them

Next Steps

- Integrate feedback into the design of the TAV
- Determine feasibility of scaling up the TAV
Strategic Transformation Support
BPHC 2022: Strategic Shifts

1. Compliance-oriented grant maker → Primary health care leader

2. Health Centers as independent entities → Health Centers as interconnected entities

3. Interventions that address immediate medical needs → Continuous community-oriented, comprehensive care

4. Siloed functions → Collaborative model

5. Separate data tools → Integrated systems that inform decision-making
Building A Learning Health Center System

Learning Health System Attributes
• Science and Informatics
  ▪ Real time access to knowledge
  ▪ Digital capture of the care experience
• Patient-Clinician Relationships
  ▪ Engaged, empowered patients
• Incentives
  ▪ Incentives aligned for value
  ▪ Full transparency
• Culture
  ▪ Leadership instilled culture of learning
  ▪ Supportive system competencies

Best Care at Lower Cost: The Path to Continuously Learning Health Care in America
HCCNs: Supporting Technology Enabled Improvement

1. **Enhance the Patient and Provider Experience**
   - Patient Access
   - Patient Engagement
   - Provider Support

2. **Advance Interoperability**
   - Data Protection
   - Health Information Exchange
   - Data Integration

3. **Use Data to Enhance Value**
   - Data Analysis
   - Social Risk Factor Intervention
PCAs: Supporting State/Regional Value Transformation

1. Accelerate Value-Based Care Delivery

2. Increase Access to Comprehensive Primary Health Care

3. Strengthen the Health Center Workforce

4. Enhance Health Center Emergency Preparedness

5. Advance Health Center Clinical Quality and Performance
Provider and Staff Satisfaction Survey

• High and increasing rates of burnout among clinicians and trainees
  ▪ ½ of physicians and nurses\(^1\)
  ▪ Highest among rural clinicians\(^2\)

• Related Factors
  ▪ Workload/job demands
  ▪ Efficiency and resources
  ▪ Meaning of work
  ▪ Culture and values
  ▪ Control and flexibility
  ▪ Social support/community
  ▪ Work life integration

Provider/staff satisfaction affects their well-being, quality of care, patient safety, and satisfaction

• Medical errors
• Suboptimal patient outcomes
• Provider/staff turnover
• Recruitment/retention
• Productivity loss

\(^1\) [https://nam.edu/initiatives/clinician-resilience-and-well-being/](https://nam.edu/initiatives/clinician-resilience-and-well-being/)
\(^2\) [https://www.ahrq.gov/professionals/clinicians-providers/ahrq-works/burnout/index.html](https://www.ahrq.gov/professionals/clinicians-providers/ahrq-works/burnout/index.html)
Closing the Gap Between Research and Implementation

• Improving the integrity, quality, and analytical capability of health center data
  ▪ UDS Modernization Initiative
  ▪ 2019 Health Center Patient Survey
  ▪ Technical Assistance Visits

• Enhancing and supporting health center analytical capacity for quality improvement
  ▪ Visualizing data with Tableau dashboards
  ▪ UDS Mapper

• Rapid dissemination of research and best practices
  ▪ HRSA National Program Performance Analysis
  ▪ Financial Analysis and Research Agenda
The Health Center Library

- Features peer-reviewed articles that focus on quality improvement, access to health care, and cost efficiency in health centers.
- Access the Health Center Library at: https://bphc.hrsa.gov/healthcenterlibrary/library.aspx
UDS Mapper Tool: What’s New in the UDS Mapper?

- An online mapping tool developed to provide access to maps, data, and analysis using Uniform Data System (UDS) and other relevant data to visualize service area information for Health Center Program (HCP) awardees and look-alikes
- Compares HCP awardees and look-alike data to community/population data and shows spatial relationships between the program, community attributes, and other resources
- Register at: www.udsmapper.org
- What’s New in the UDS Mapper?
  - New Population Indicators Data (e.g., binge drinking, smoking, drug poisoning mortality)
  - Updated UDS Data
  - Adjusted Quartile Rankings for quality measures
  - Mapping Areas of Priority for Medication Assisted Treatment (MAP for MAT)
  - Drawing Tool Enhancements
Health Center Program Resources

- Website: bphc.hrsa.gov
  - Includes many Technical Assistance (TA) resources
- Weekly E-Newsletter: Primary Health Care Digest
  - Sign up online to receive up-to-date information on the Health Center Program
- BPHC Helpline: hrsa.gov/about/contact/bphc
  - EHBs questions/issues
  - FTCA inquiries
- FTCA Resources: https://bphc.hrsa.gov/ftca/index.html
- UDS Resources: https://bphc.hrsa.gov/datareporting/reporting/
- National Cooperative Agreements & Primary Care Associations: bphc.hrsa.gov/qualityimprovement/strategicpartnerships
- Quality Improvement Resources: https://bphc.hrsa.gov/qualityimprovement/index.html
Thank You!

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