IRHA’s 30th Annual Educational Conference a Success

The Illinois Rural Health Association just wrapped up its 30th Annual Educational Conference in Champaign and it was a great success. With 40 exhibitors and over 23 education sessions to choose from, attendees had a great opportunity to learn best practices and network with the state’s top rural health leaders. We were fortunate to have nationally acclaimed expert Brian Lee as our keynote speaker and Cancer Center of America CEO/President Pete Govorchin as our special guest. Brock Slabach with the National Rural Health Association provided us with a federal update and our Conference wrapped up with a closing session presented by Dexter Glasgow with the Centers for Medicaid and Medicare Management Services. See more Conference coverage on page 11.

Pictured left are Blue Cross Blue Shield CMO Dr. Derek Robinson, IRHA Board Member Ken Ryan with the IL State Medical Society, Cancer Treatment Centers of American CEO Pete Govorchin and our Keynote Speaker Brian Lee.
healthy vitals

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Data Update from The American Heart Association’s Get With the Guidelines-Resuscitation Program

As you may know, The American Heart Association’s Get With the Guidelines (GWTG) is focused on quality improvement. One of the GWTG tools is focused on in-hospital resuscitation. How’s that going at your hospital?

We know you are committed to safe, effective resuscitations but do you know your outcomes? How is your hospital doing compared to others? Let’s take a look at some data from the Midwest.

We published an abstract examining 6000 in-hospital cardiac arrests over the past several years where patients were resuscitated. What were their true outcomes? And did the medium size or larger hospitals have better outcomes?

### Year | Bed Size | Survival Rate | Home Discharge | Other Healthcare Facility | Hospice | CPC 1-2 | CPC 3-4 | CPC Unk |
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In the study above, we not only wanted to show where patients were being discharged to, but what was their neurologic status? The most revealing data here was that in nearly one-fourth of all cases, neuro status at discharge was not documented. For those that were, however, CPC scores in the 1-2 range were surprisingly high.

Now let’s look at data comparing small and critical access hospitals to larger centers…

(Continued on following page.)
Although the outcomes from cardiac arrest were better at smaller hospitals, the volume and acuity levels were higher at large hospitals— not a true apples to apples comparison.

If The American Heart Association’s Get With the Guidelines-Resuscitation program is of interest at your hospital, please contact art.miller@heart.org.
Panelists Needed for Rural Health Career Forum

March 26, 2020, at Rend Lake College

One of the ways IRHA works to address workforce shortage problems in rural areas is by hosting Rural Health Career Forums to expose college students and high school upper-classmen to the many career opportunities available in the rural health arena. The Forums are set up as panel discussions made up of individuals currently working in the field including hospital, RHC and public health department administrators, Medical Billing and Coding Specialists, HIT professionals, lab technicians, dentists, pharmacists, mental health providers, etc. Past Rural Health Career Forums have been held at the University of Illinois in Champaign, Illinois State University, Southern Illinois University in Carbondale and Southern Illinois University in Edwardsville. Our next Rural Health Career Forum is scheduled for Thursday, March 26th from 7 p.m. to 8:30 pm. in the Library of Rend Lake College in Ina. IRHA Board Member Kim Wilkerson, VP of Career and Technical Education at Rend Lake College is helping to coordinate the event. If you are interested in being a panelists, please contact Margaret Vaughn at staff@ilruralhealth.org

Governor Pritzker Signs New Law to Require Insurance Coverage for Donated Human Milk for Sick Babies

A new law will go into effect in January in Illinois which will require private insurance and Medicaid to cover donated human milk to sick babies. The law is the most extensive in the nation. Similar to blood donation, the donating mother must have a health screening and the milk goes through vigorous FDA regulated testing and pasteurization process before the milk is shipped to neonatal units. Rep. Katie Stuart and Sen. Rachelle Crowe were honored at a special reception in Granite City for their sponsorship of the legislation. The reception also marked the one year anniversary that Coordinated Youth and Human Services (CYHS) in Granite City has been serving as a Milk Depot for area moms who want to donate their milk. If your health department of health care facility would like to serve as a Milk Depot, please contact Summer Kelly at Mother’s Milk Bank of the Western Great Lakes at 847-262-5134 or summer@milkbankwgl.org. Mothers’ Milk Bank of the Western Great Lakes is Illinois’ only milk bank and provides pasteurized donor milk to hundreds of babies at more than 20 Illinois hospitals.

Pictured left to right: CYHS Milk Depot Coordinator Jennifer Hobson, CYHS Executive Director Bobbie Smith, Maternal Child Health Supervisor Donna Hawkins, Rep. Katie Stuart (D-Edwardsville) Sen. Rachelle Crowe’s Chief of Staff Tracy Cook, Mother’s Milk Bank of the Western Great Lakes Government Affairs Coordinator Margaret Vaughn, and Mother’s Milk Bank of the Western Great Lakes Executive Director Summer Kelly.
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mltcoding.com
American Heart Association

Mission: Lifeline STEMI

Systems of Care Participation Overview

Mission: Lifeline is the American Heart Association’s community based, national initiative to advance the care for patients with ST-segment elevation myocardial infarction (STEMI), NSTEMI, Stroke and Out of Hospital Cardiac Arrest. Mission: Lifeline Participation is an opportunity for communities, 911 dispatch centers, EMS agencies and hospitals (both receiving and referring centers) to develop patient-centered, coordinated systems of care to improve health system readiness and response and to improve quality of care and outcomes for patients with a time sensitive diagnosis.

Mission: Lifeline STEMI System of Care Facts:

• There is no fee to participate in the Mission: Lifeline STEMI Program

• Get With The Guidelines®- Coronary Artery Disease serves as the data registry for Mission: Lifeline AMI data collection

• Participation in Mission: Lifeline is based on a commitment to regionalize STEMI care across the care continuum from onset of signs/symptoms to post discharge

• Data collection, data review and timely feedback are critical to the success of Systems of Care Implementation

• There is a role for each participant in the STEMI continuum of care

• Participants in Mission: Lifeline receive consultative services from local AHA Quality and Systems Improvement Directors and National Mission: Lifeline staff

• In 2018, 816 Mission: Lifeline Recognition Awards were received by participating hospitals and 723 EMS awards were received by participating EMS agencies

(Continued on following page.)
American Heart Association

Mission: Lifeline STEMI Systems of Care Participation Overview (Cont.)

ST Elevation MI and Mission: Lifeline STEMI Data Facts:

• The fastest way to diagnose a STEMI is through use of the 12 Lead ECG

• Percutaneous Coronary Intervention (PCI) is the preferred treatment strategy for STEMI when accomplished within 90 minutes of First Medical Contact or within 120 minutes of arrival to the STEMI Referring Hospital

• Regional STEMI Systems of Care are designed to increase efficiency, equity, quality and responsiveness of STEMI care by all participants in the system of care

• Between 2010 – 2018, EMS First Medical Contact to PCI within 90 minutes has improved from 56.9% to 75.4%

• Between 2014 – 2018, Arrival at First Facility to PCI for the STEMI patient transferring for PCI has remained relatively constant at ~70.5% and is a strong area of focus for improvement nationally.

• The most challenging Mission: Lifeline STEMI Referring Hospital measures are the Arrival to 12 Lead ECG≤10 Minutes and Door In–Door Out in≤45 Minutes

For more information or questions regarding Mission: Lifeline, contact Sarah.Donnelly@heart.org.
Benefits to take charge of your health!

ILLINICARE HEALTH OFFERS THE FOLLOWING PROGRAMS TO OUR VALUED MEMBERS:

FREE Gym Membership

Eligible members, ages 16 years and up, can receive a voucher to cover monthly membership fees at participating locations. Members must:

1. Complete a Health Risk Screening
2. Complete an Annual Wellness Visit
3. Complete a BMI Measurement
4. Call Member Services to join at 866-329-4701 (TTY: 711)

FREE School Uniforms

Eligible members in 1st - 5th grade can receive 3 uniforms (shirt, pants, and sweater) annually. Members must:

1. Complete a Health Risk Screening
2. Complete an Annual Well-Child Visit
3. Have up-to-date vaccinations
4. Complete a BMI Measurement
5. Call Member Services to join at 866-329-4701 (TTY: 711)

FREE After-School Care

Eligible members, ages 6-18 years, can receive a waiver to assist with after school care fees at participating locations. Member must:

1. Complete a Health Risk Screening
2. Complete an Annual Wellness Visit
3. Call Member Services to join at 866-329-4701 (TTY: 711)

Questions? 866-329-4701 (TTY: 711) IlliniCare.com
Is Rural America’s Health in Jeopardy from a Collapse of Available Medicine?

There was a time in history when Medicine Shows traveled far and wide purporting to improve health through “marvelous elixirs and tonics.” As we now know most of the sellers of those products were not scientists nor physicians, and the products really had no medicinal benefits.

Today’s modern medicine relies heavily on one of the triad of legs of medicine in America. Those legs consist of the medical community, true science, and the pharmaceutical industry. While headlines in the news media continue to denigrate the pharmaceutical industry (Big Pharma) for their “high prices”, the necessity of modern medical treatment depends heavily on pharmacy services. So, how could those pharmacy services collapse?

In their book “China Rx” Rosemary Gibson and Janardan Prasad Singh delve into the implications of China’s Plan 2025 where those in power intend to control manufacturing of medicine to the world. Is that possible? You are asking, the simple answer is yes. And to add to that scenario is the distinct possibility that rural America would be the first victims in this insidious plot by being the first to be denied distribution from metropolitan warehouses and urban companies. It is entirely plausible that in that scenario, patient’s blood pressures could rise uncontrollably, blood sugars could sky rocket, and infections would be untreatable all because a foreign country weaponized pharmacy services. The possibilities are undeniably grave for rural residents and their health.

China has been acquiring the basic molecules necessary for production of an estimated half of your local pharmacy’s inventory. Their acquisition of intellectual properties over the spectrum of pharmaceutical production is problematic and morally and ethically questionable. There are no manufacturers of amoxicillin in the U.S. because China crushed manufactures in the U.S. and other allied countries. They flooded the market and put many generic manufacturers out of business. Because of exceedingly low prices our companies could not compete, and they quit trying. And this example is copied over a wide swath of medicines for many, many disease states.

The authors advanced “10 steps to advance America’s health security, economic vitality, and national security.” Here are just a few of those steps they suggest:

1. Prioritize a list of medicines for which a supply interruption poses an immediate danger to public health.
2. Don’t cede US regulatory oversight of drug manufacturing to China.
3. Consider medicines a strategic asset, not a commodity to be bought at the lowest price.

The recent recall issues we have witnessed with blood pressure medicine, valsartan, and now the OTC stomach acid reducer ranitidine shows how dangerous not following good manufacturing processes truly are. Our quality of life depends on spotlighting the issue modern medicine is facing with regards to our pharmaceutical distribution system and the availability of those medicines.

References:
IRHA’s 30th Annual Educational Conference a Success

Conference attendees enjoyed a Networking Dinner and Comedy Night at the Clark Bar in Champaign

Jeff Beichner, Vicki Rhine, Mel Henriksen, Hana Hinkle & Diane Potts enjoy the Networking Dinner.

Left to right: Gibson Area Hospital CEO Rob Schmitt, Pinckneyville Community Hospital CEO & IRHA Board member Randy Dauby, IRHA Board Member Vicki Brown and IRHA Board Member Clark Gyure
IRHA Appreciates the Generosity of the Sponsors of Our 2019 Annual Conference:

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• Newly constructed Outpatient Clinic
• Diverse patient population, pediatrics to geriatrics

Champaign, Illinois
• Large Physician Owned, Multispecialty Group
• Diverse regional population of 400,000
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Clinton, Illinois
• Hospital-employed, Critical Access Hospital
• Wide variety of Family Medicine duties
• See pediatrics to geriatrics, high interest in peds desired

Granite City, Illinois
• Community Health Center (infant-geriatric patients)
• Multidisciplinary team approach
• Within the Greater St. Louis metropolitan area

Metropolis, Illinois
• Hospital-employed
• Guaranteed Salary, full benefits
• Option to moonlight: Hospitalist coverage, ER coverage
• Located just outside Paducah, KY

Mount Carmel, Illinois
• Critical Access, Joint Commission on Accreditation of Healthcare Organizations
• Service population is 50,000
• Competitive compensation, full benefits

Oglesby, Illinois
• Hospital-employed
• Option to moonlight: Nursery/pediatric call, Hospitalist coverage, ER coverage, After-Hours Walk-In Clinic

Waukegan, Illinois
• Federally Qualified Hospital Center
• 2 positions: Medical Director and Associate Clinical Leader

Cedar Rapids, Iowa
• Multispecialty Group, physician owned and led
• 4 ½ day work week
• Option to moonlight: Hospitalist coverage, ER coverage

Springfield, Ohio
• Join four providers
• 4 ½ day work week
• No weekends

Traditional Medicine

Chicago, Illinois
• Family Medicine with OB
• Federally Qualified Hospital Center
• Maternal Child Health Faculty position

Pinckneyville, Illinois
• Hospital-employed, Critical Access
• Clinic is in new hospital, providing centrally located outpatient services
• Attractive compensation package, signing bonus, and comprehensive benefits

Portland, Indiana
• Family Medicine with OB
• Hospital-employed, Critical Access
• ~150 deliveries/year; 27% C-Sections

Darlington, Wisconsin
• Hospital-employed, Critical Access
• Work autonomously, where patients are like family
• 45 minutes from Madison, WI and Dubuque, IA

Lancaster, Wisconsin
• Family Medicine with or without OB
• Hospital-employed, Critical Access
• New clinic attached to the hospital
• ~180 deliveries/year
• Option to moonlight: Hospitalist coverage, ER coverage

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Rural Illinois Surgeon Workforce Trends of Concern

The concept of a surgical desert has gained popularity with the increased exodus of physicians from rural to urban practice. The purpose of this analysis was to predict the future need for surgical services in rural Illinois. We have defined a surgical desert as any area without a general surgeon within 15 nautical miles. We accessed National Provider Identifier (NPI) data from the Centers for Medicare & Medicaid Services (CMS) to geocode the full-time practice location of general surgeons by zip code.

We mapped 1,362 Illinois general surgeon practice locations (orange) using NPI data with Geographic Information System (GIS) software and a buffer zone of 15 nautical miles (green) was calculated for each surgeon (Figure A). The buffer zone demonstrates the hypothetical distance a patient would be expected to travel to obtain surgical services. Given the lack of direct roadways in rural counties, one could expect to drive 2-3 times the buffered distance shown on the map. Based on the NPI data, we discovered that 30 of the 102 Illinois counties lacked a general surgeon in September 2019. Counties with a general surgeon are shown in purple and those without in red.

Our analysis assumes that the greater than 65 years-of-age general surgeon(s) will retire by 2026 and if a younger (under age 65) general surgeon is not present in practice then that county will be without a general surgeon. Mapping these predictions with the GIS software resulted in 1,293 general surgeons with 58 counties lacking a general surgeon by 2026. The same 15 nautical mile buffer zone is shown for the 2026 general surgeon prediction map (Figure B).

The implications of the two maps are significant when considering that the need for surgical services is unchanging in rural America. We assume that if a patient is not in a county or is more than 15 nautical miles from a surgeon, their odds of obtaining surgery within a reasonable amount of time are limited in instances of trauma. Following trauma, the first hour, ‘Golden Hour’, is the period after a traumatic injury during which prompt medical and/or surgical intervention has the greatest likelihood of preventing death. Dispatching emergency transport to the patient, transit time, healthcare team assembly, and surgical intervention may result in poorer health outcomes for the patient if more than an hour has elapsed. One could argue that obtaining non-emergent surgical services may not be difficult for any resident of Illinois if they possess the means of travel; yet, a patient may be dissuaded from seeking life-improving intervention if travel is limited.

Our data analysis and interpretation are limited by the publicly available databases and therefore, may not be fully representative of the distribution/supply of general surgeons in Illinois. Regardless, all of the reviewed databases report a gradual reduction in the number of general surgeons in rural Illinois and immediate intervention is needed to ensure that surgical services continue to be readily available to all.
Fall 2019 Nurse Preceptor Academy

The ICAHN Nurse Preceptor Academy focuses on developing, preparing, and supporting passionate preceptors.

This blended Academy combines online coursework with a full-day workshop. Online modules cover 4 hours of learning activities and are completed before the live workshop, which will be held on November 19 from 9 a.m. to 3 p.m. at the Illinois Education Association Building, Springfield, IL.

The live workshop is a highly interactive day that explores the unique challenges faced as a preceptor. Participants gain confidence in their ability to teach new hires to be safe, competent, and independent nurses.

Visit www.icahn.org/professional-education for more information or to register
IRHA Dental Scholarship Recipient Serving Patients in Southeastern Illinois

Ben Semlow, DDS received the Spring 2019 Dental Scholarship from the Illinois Rural Health Association.

Since graduation Ben has been working alongside his brother, Dr. Andrew Sowle, at Robinson Family Dental Clinic in Robinson, IL. He says it has been great having a family member to help him through the transition from student to full-time dentist.

He said enjoys working in a rural area providing needed dental healthcare to an underserved population and that he is grateful for the opportunity to serve such a great community.

“I am especially thankful for all the help the Illinois Rural Health Association has provided me both in school and now in my career,” added Ben.

IRHA Participates in Panel Discussion at Public Policy Class

IRHA Executive Director Margaret Vaughn was a featured speaker as part of a panel discussion in the Master’s in Public Health’s Public Policy class at the University of Illinois in Champaign. Fellow panelists included State Representative Tom Bennett (R-Gibson City) and Sinead Madigan, CEO of Health Alliance Medical Plans. Panelists discussed the key players in Springfield; the best ways for public health professionals to make an impact in the legislative process and the latest issues facing the General Assembly.
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**Bronze**

[St. Margaret’s Health Center for Family Health]

[ICAHN Illinois Critical Access Hospital Network]
2019 Rural Physician of Excellence Awards

In a tradition started more than 20 years ago by the National Rural Health Association, the Illinois Rural Health Association has been honoring physicians who have gone “above and beyond” the call of duty serving their communities. Award presentation receptions are held every fall in each winner's community.

Congratulations Dr. Terry Miller
FHN Memorial Hospital
2019 Illinois Rural Health Association
Physician of Excellence Winner!

Pictured from left to right: Seated: Dr. Terry Miller and his son Daniel
Standing: IRHA Executive Director Margaret Vaughn, State Senator Brian Stewart (R-Freeport),
FHN CEO Mark Gridley and FHN Board Chair Steve Kneubuehl
2019 Rural Physician of Excellence Awards

Congrats Dr. Benjamin Shepherd
St. Margaret's Center for Family Health in Princeton
2019 IL Rural Health Association
Physician of Excellence Winner!

Pictured left 1st row: Mrs. Shepherd, Dr. Shepherd and their children. Second Row: IRHA Executive Director Margaret Vaughn, St. Margaret's Health CEO & President Tim Muntz, IRHA Secretary Diane Potts with RMED, Martin MacDowell, PhD with the National Center for Rural Health Professions, and State Rep. Dan Swanson (R-Woodhall).
2019 Rural Physician of Excellence Awards

Congratulations Dr. Jeffrey Parks
SIH Logan Primary Care in Herrin
2019 Illinois Rural Health Association
Physician of Excellence Winner!

Pictured from left to right: Seated: Jeffrey Parks, MD and his wife Dr. Sherri Parks
Standing: SIH President/CEO Rex Budde, IRHA Executive Director Margaret Vaughn, SIH Regional Practice Director Cathy Harte, State Representative David Severin (R-Benton) and SIH Senior VP Philip Schaefer
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Clinics embrace Lean Daily Improvement to advance chronic care management

Purdue Healthcare Advisors (PHA) at Purdue University is helping Critical Access Hospitals, Rural Hospitals, and other small and under-served clinics and practices up their game on chronic care management, resulting in improved care and better reporting metrics.

Among the organizations assisted, Elwood Family Medicine and Community Care Network, Inc. (CCNI) wanted to improve their patient population’s Hemoglobin A1c (HbA1c) levels and turned to PHA for Lean Daily Improvement (LDI), an improvement process run at the point-of-service to make small-step changes without major workflow disruption. Once trained, LDI Facilitators choose key performance metrics; collect and display data visually; run team huddles to get to root causes; assign corrective actions; and keep the process moving.

Elwood Family Medicine was challenged with identifying its targeted patients. “By the time the diabetic patients get to us, many are extremely sick,” said Practice Manager Nancy Bolds. “Because they come to us from multiple sources such as Veterans Offices, local employer-owned clinics, and other specialists, we have been challenged with collecting their health information, especially with regard to chronic care management.”

Over at CCNI, Clinical Quality Analyst Michelle Curran, RN, wanted the group of Community Healthcare System-affiliated providers to schedule timely follow-up visits for patients with HbA1c test results above 9%.

PHA lean coaches helped both groups apply LDI to their workflow to hit target goals. When she reported the number of returning diabetes patients had risen from 26% to 88%, Curran added, “Through LDI, we were able to create a well-organized platform for patient outreach that could be incorporated successfully into the everyday workflow. The principles of LDI gave us a great baseline as to what office protocols and workflows are needed to be successful in outpatient outreach.”

Elwood Family Medicine, in the same six weeks, reached its goal of capturing 100% of A1c patients, and the work enabled them to decrease the percentage of patients with scores outside the preferred range from 16% to 12% to reach an important CMS quality benchmark.

Lean Daily Improvement offered online

Now Illinois rural healthcare providers can leverage the power of this emerging lean tool to improve point-of-service processes and boost metrics

- Affordable, convenient training to build lean capacity
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- Online training modules paired with lean coaching and access to a repository of real-world case studies
- Organizations benefit from student LDI applications

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Purdue Healthcare Advisors
Regenstrief Center for Healthcare Engineering
Congratulations IRHA 2019 Annual Health Care Award Winners

The IRHA Annual Rural Health Awards luncheon was held Aug. 8th in conjunction with our Annual Educational Conference in Champaign. The winners’ families and colleagues were invited to share in their recognition. IRHA salutes our 2019 winners who work out in the trenches every day carrying out the mission of IRHA!

Community Service Award
Melissa Zipprich, PA-C
JHC Health
JHC Medical Group

Administrator of the Year
Robin Rose, CCO/COO
Gibson Area Hospital

Public Health Professional of the Year
Bill McCreery, R.Ph., MPH
SIU Center for Rural Health & Social Service Development
Congratulations IRHA 2019 Annual Health Care Award Winners

Award of Merit—Behavioral Health Program
Fairfield Memorial Hospital

Student of Excellence Award
William Tian
University of Illinois College of Medicine
Rockford - RMED

Student of Excellence Award
Nicole Blumenstein
University of Illinois College of Medicine
Rockford - RMED
Congratulations IRHA 2019 Annual Health Care Award Winners

EMS Professional of the Year
Andrew Thornton, Executive Director
Fulton County Emergency Medical Association

Rural Health Professional of the Year
Diane DeStefano, NP
Wabash General Hospital
Introducing the first Patient-Centered Medical Home (PCMH) accreditation model that builds upon existing day-to-day primary care practice routines while incorporating simplified measures to account for today’s payment transformation realities. The Compliance Team’s operations-based Exemplary Provider® accreditation is CMS accepted for MACRA and meets the PCMH Joint Principles put forward by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians and the American Osteopathic Association.

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The Compliance Team’s operations-based PCMH accreditation is also scalable and can be customized to include health maintenance, diagnostic preventative screening and multi-specialty medical services; allowing primary care practitioners to achieve and maintain healthcare excellence without disrupting their existing everyday work environments to do so.

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- CMS accepted for MACRA
- Meets all PCMH practice principles
- Nationally recognized Exemplary Provider® quality branding
- Day-to-day operations streamlined
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