Developing Patient and Family Partnerships in Practice Transformation

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Objectives

- Discuss how to transform primary and ambulatory care practices into high quality and satisfying experiences through partnership with patients and families at the point-of-care and at beyond.
- Explore the roles that patient and family advisors can play to improve quality and safety.
- Share best practices demonstrated across primary and ambulatory care programs, their success and challenges.

“People will forget what you said. People will forget what you did. But people will never forget how you made them feel.”

~Maya Angelou

Scenario A

"You need to freeze your eggs."

"We need the room for another patient."

"You are 18 – this is your last visit."

Outcomes of Clinic Visit

Young Adult Patient

- Confused
- Humiliated
- Unimportant
- Closed-mouthed
- “I am done…”

Mom

- Disrespected
- Angry
- Minimized
- Failure
- “We are done…”

“Doctor was only in the room for a couple of minutes.”

Scenarios B & C & D

D

"…what worries you…"

B

"…what are the boys like…"

B

"…why did your mother make you come…"

D

"…I don't have anything to add but…I'm a parent, too…"

C

"…until your old and I'm really old…"

Outcomes of Clinic Visits

Patient

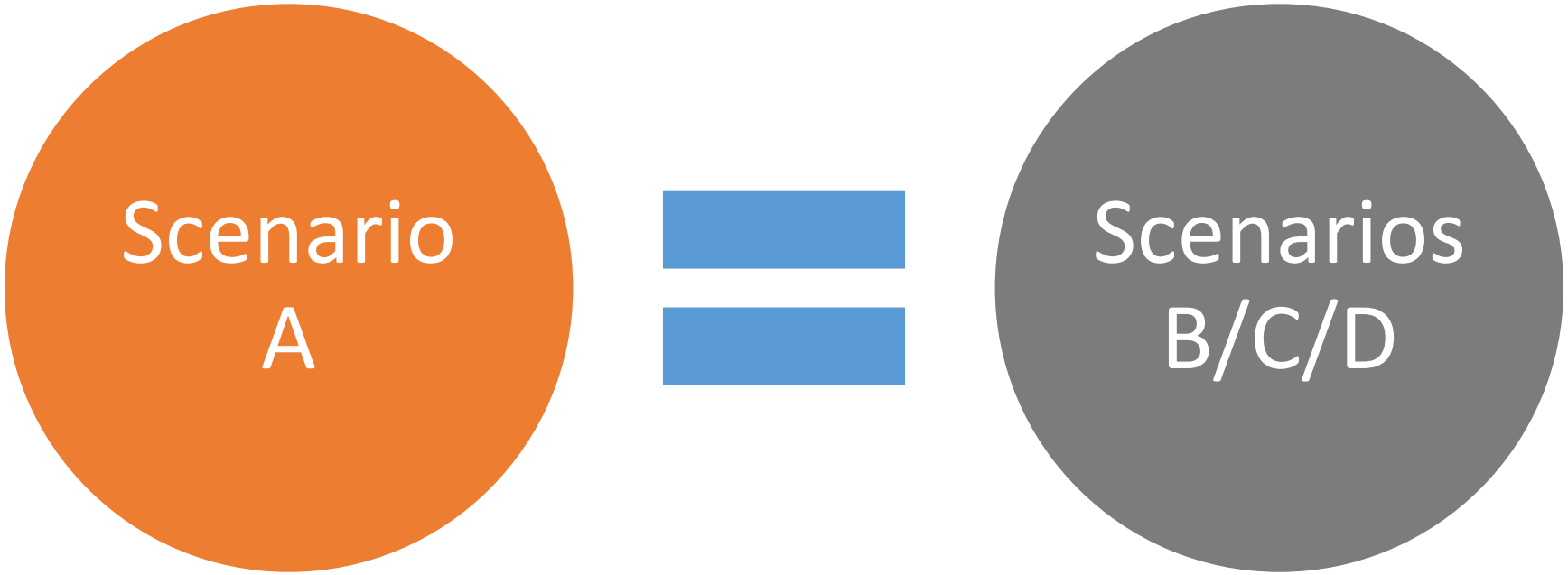
- Felt like a kid not a disease
- Felt reassured
- Felt listened to
- Felt the compassion
- “I liked him/her…”

Mom

- Validated
- Respected
- Hope
- “A good mom”
- “I would recommend…”

“Doctors took all of the time that they needed to take with us.”

In all reality…*TIME* does not have to be limiting



What is Patient- and Family Centered Care?

Partnerships based on
Respect & Dignity, Information Sharing,
Participation, and Collaboration

Patient- and family-centered care is working "with" patients and families, rather than just doing "to" or "for" them.

Patient- and family-centered care provides the framework and strategies to **transform organizational culture** and improve the experience of care, and enhance quality, safety, and efficiency.

Transforming Healthcare: A Safety Imperative

"We **envisage patients as essential and respected partners in their own care** and in the design and execution of all aspects of healthcare. In this new world of healthcare:

Organizations publicly and consistently affirm the centrality of patient-and family-centered care. They seek out patients, listen to them, hear their stories, are open and honest with them, and take action with them.

. . . Continued

Leape, L., Berwick, D., Clancy, C., & Conway, J., et al. (2009). Transforming healthcare: A safety imperative*, BMJ's Quality and Safety in Health Care.* Available at: http://qshc.bmj.com/content/18/6/424.full

Transforming Healthcare: A Safety Imperative (cont'd)

The family is respected as part of the care team—never visitors—in every area of the hospital, including the emergency department and the intensive care unit.

Patients share fully in decision-making and are guided on how to self-manage, partner with their clinicians and develop their own care plans. They are spoken to in a way they can understand and are empowered to be in control of their care."

‘Blockbuster Drug’
Patient Engagement

“Engagement, broadly defined, is an **active partnership** among individuals, families, health care clinicians, staff, and leaders to improve the health of individuals and communities, and to improve the delivery of health care.”

Health Affairs, 32(2) 2013

Collaborative Patient and Family Engagement

Collaborative patient and family engagement is a **strategy for building a patient- and family-centered system of care**. It is a priority consideration and essential to health reform at four levels:

- At the clinical encounter—patient and family engagement in direct care, care planning, and decision-making.
- At the practice or organizational level—patient and family engagement in quality improvement and health care redesign.
- At the community level—bringing together community resources with health care organizations, patients, and families.
- At policy levels—locally, regionally, and nationally.

Drivers: Essential to Achieving TCPI Aims

TCPI AIMs/Goals

1) Practice Transformation. Evidence of a culture of quality where the vision is clear and data is used to drive continuous improvement in quality, outcomes, cost of care and patient, family and staff experience.

2) Effective solutions moving to scale. Evidence of practice spreading effective improvement strategies to full scale for the entire population under its care

3) High Clinical Effectiveness: Practice is effective in bringing all patient segments to their health status goals.

4) Reduced Avoidable Hospital Use: Rates of readmission and unnecessary admissions for practice's patients have been reduced.

5) Reduced Unnecessary Testing & Procedures: Practice demonstrates a reduction in unnecessary testing and in the use of the ED by its patient population.

6) Reduced costs: Practice controls its internal costs as well as other elements of total cost of care.

7) Documented Value: Practice can articulate its value proposition and increases participation in available value-based payment agreements.

Primary Drivers	Secondary Drivers
Patient and Family-Centered Care Design	1.1 Patient & family engagement 1.2 Team-based relationships 1.3 Population management 1.4 Practice as a community partner 1.5 Coordinated care delivery 1.6 Organized, evidence based care 1.7 Enhanced Access
Continuous, Data-Driven Quality Improvement	2.1 Engaged and committed leadership 2.2 Quality improvement strategy supporting a culture of quality and safety 2.3 Transparent measurement and monitoring 2.4 Optimal use of HIT
Sustainable Business Operations	3.1 Strategic use of practice revenue 3.2 Staff vitality and joy in work 3.3 Capability to analyze and document value 3.4 Efficiency of operation

Change The Assumptions

Assume ***patients*** are the ***experts*** on their own experience and that they have information ***you need to hear and act on.***

Know that **families** are **primary partners** in a patient's experience and health.

Partnering with Patients and Families at the Point-of-Care

What do Patients and Families Expect…

- To receive high-quality, safe care
- To be listened to, taken seriously, and respected as a care partner
- To have full and timely access to medical information
- To have coordination among all members of health care team across all settings
- To always be told the truth with full explanations, transparency and apology
- To be supported emotionally as well as physically

Support-Comfort-Information-Proximity-Assurance

Challenges of Patients and Families

- Cognitive
- Emotional
- Social
- Financial
- Spiritual

Learning Through Surveys
e-Advisor Survey, 2014

What do families want at clinic appointment?

- Ample time spent with physician
- Short wait to get to exam room.
- Short wait to see physician.
- Pleasant and helpful greeting.

"I did appreciate the note on the board stating how far behind the doctor was running. It was a long wait but we appreciated having the heads up."

Learning Through Surveys
e-Advisor Survey, 2010

What makes an unpleasant clinic appointment?

- Long waits (over an hour)
- Not being heard
- Lack of follow through
- Repeating story multiple times
- Needing to go to multiple locations to see different people when scheduling surgery
- Unpleasant or rude greeting
- Leaving the clinic with no plan
- Driving a distance only to have minimal time with the physician

Learning Through Surveys
e-Advisor Survey, 2010

What Makes a Positive Check-in Experience?

- Responsive staff who are friendly, pleasant, and sincere (appropriate smile and eye contact)
- Prepared greeter staff who know who you are and why you are there.
- Staff that do not make us feel that you are inconvenienced by us.
- Staff who listen to our concerns.
- For pediatric patients, staff who talk to our child and/or are ready with distraction activities.

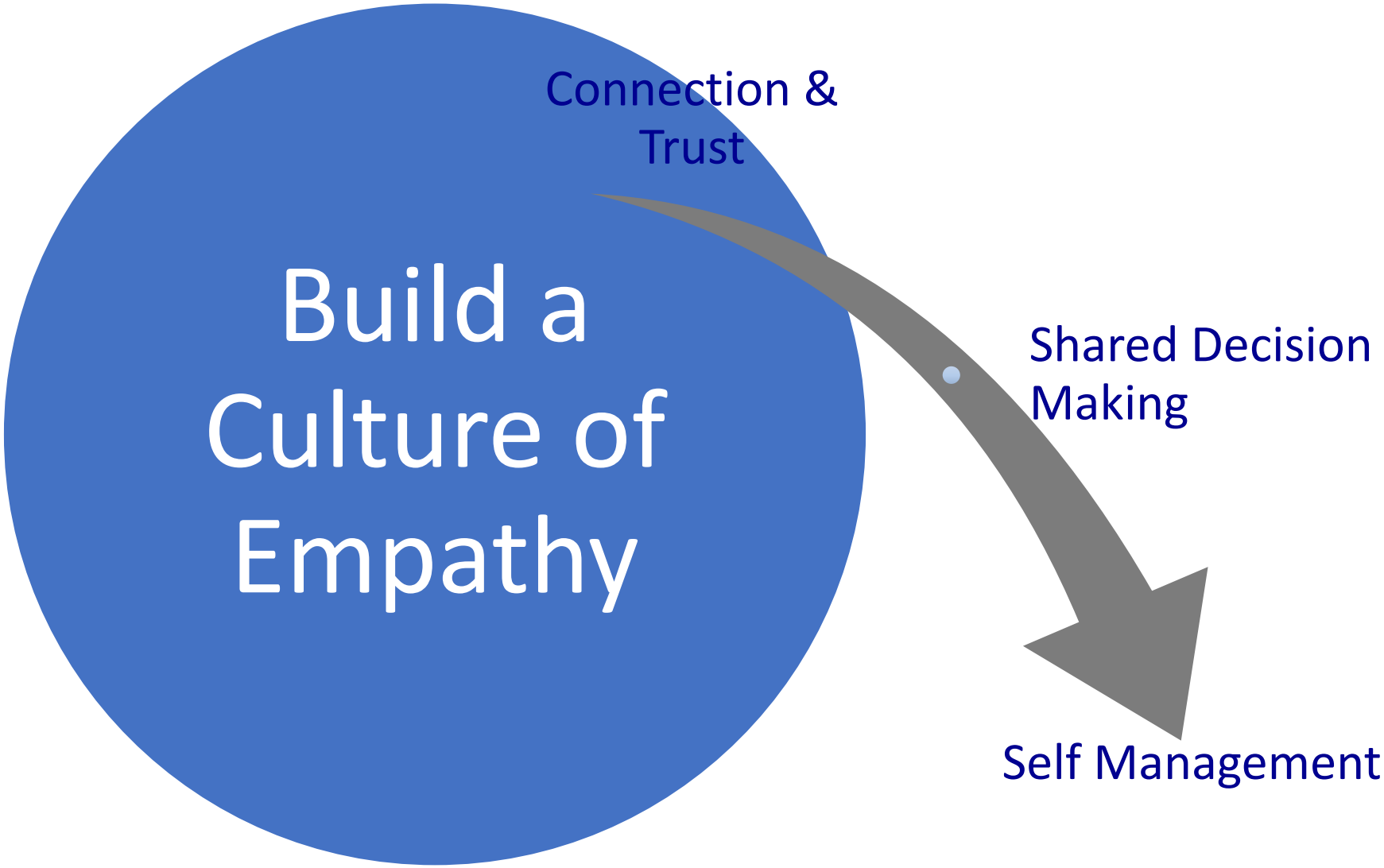
"First impressions mean a lot."

Provider-Family Partnerships Improve Care

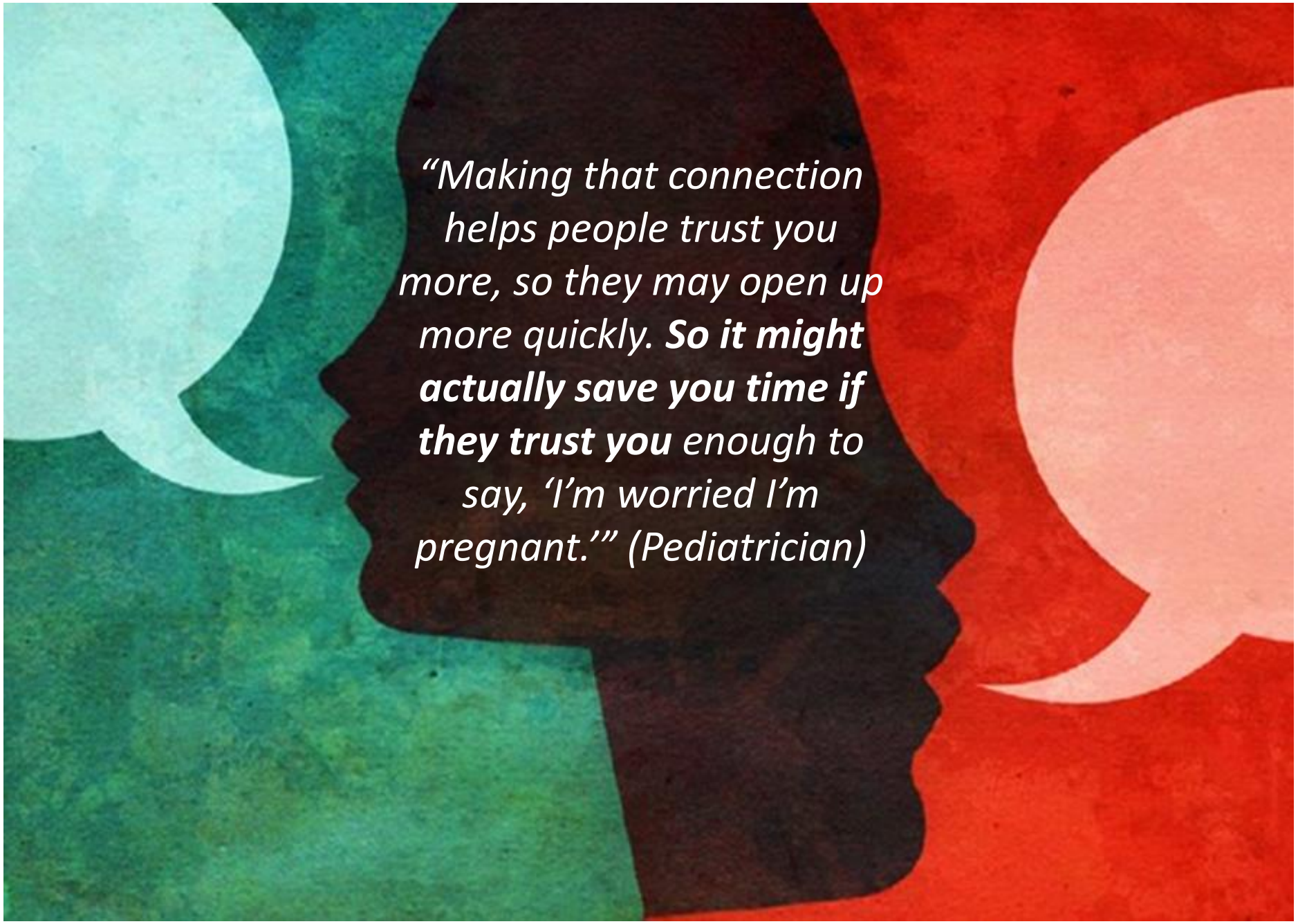
Families who reported never or only sometimes feeling like a **partner** were

- ~10 times more likely to be dissatisfied with services
- ~4 times more likely not to get needed specialty services
- ~2 to 3 times more likely to have unmet needs for either child or family

Denboba, D. et al. Achieving Family and Provider Partnerships for Children with Special Health Care Needs. Pediatrics. 2006; 118(4): 1607-1615.

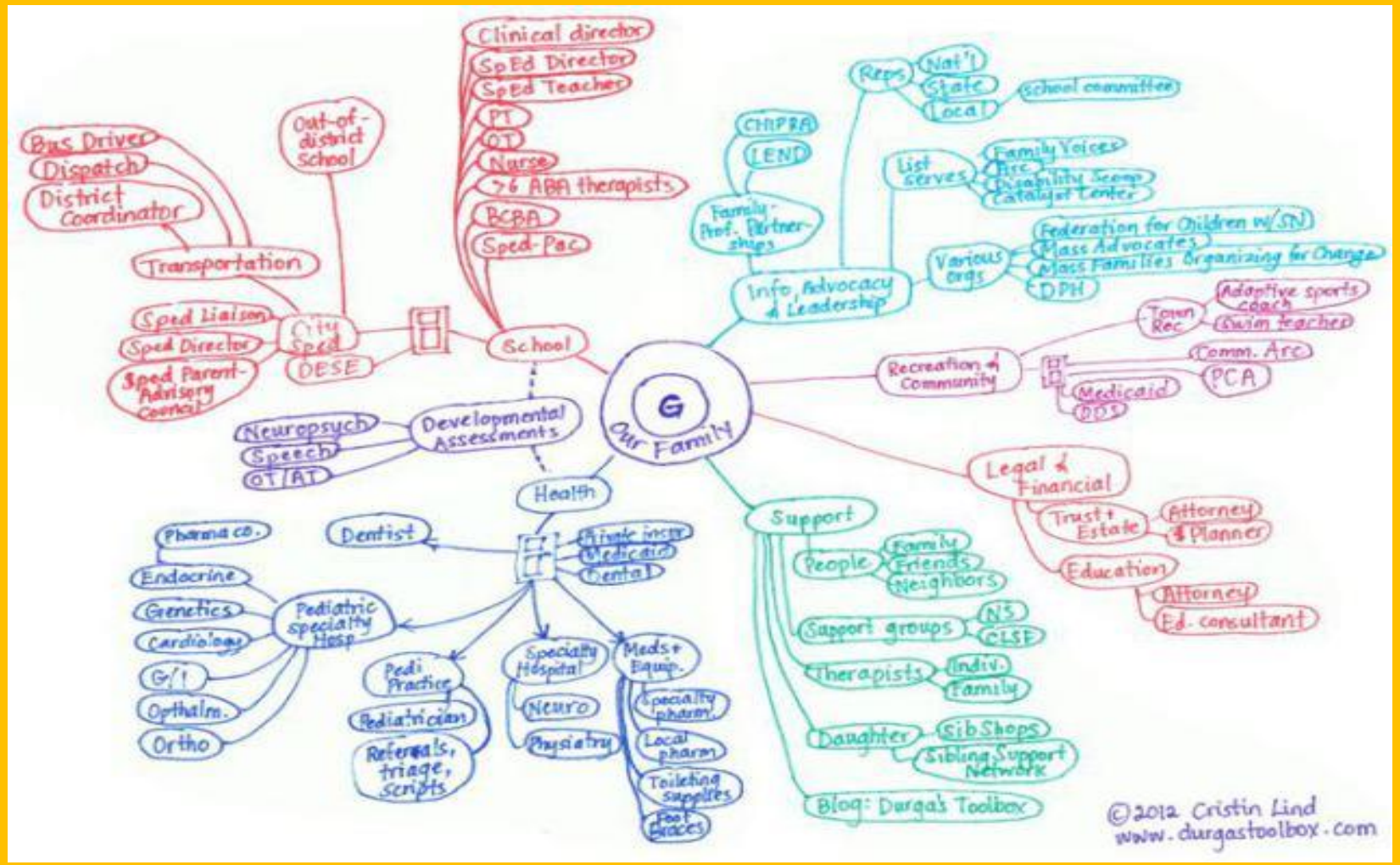


If you build it, the scores will come.


“Making that connection helps people trust you more, so they may open up more quickly. ***So it might actually save you time if they trust you*** *enough to say, ‘I’m worried I’m pregnant.’” (Pediatrician)*

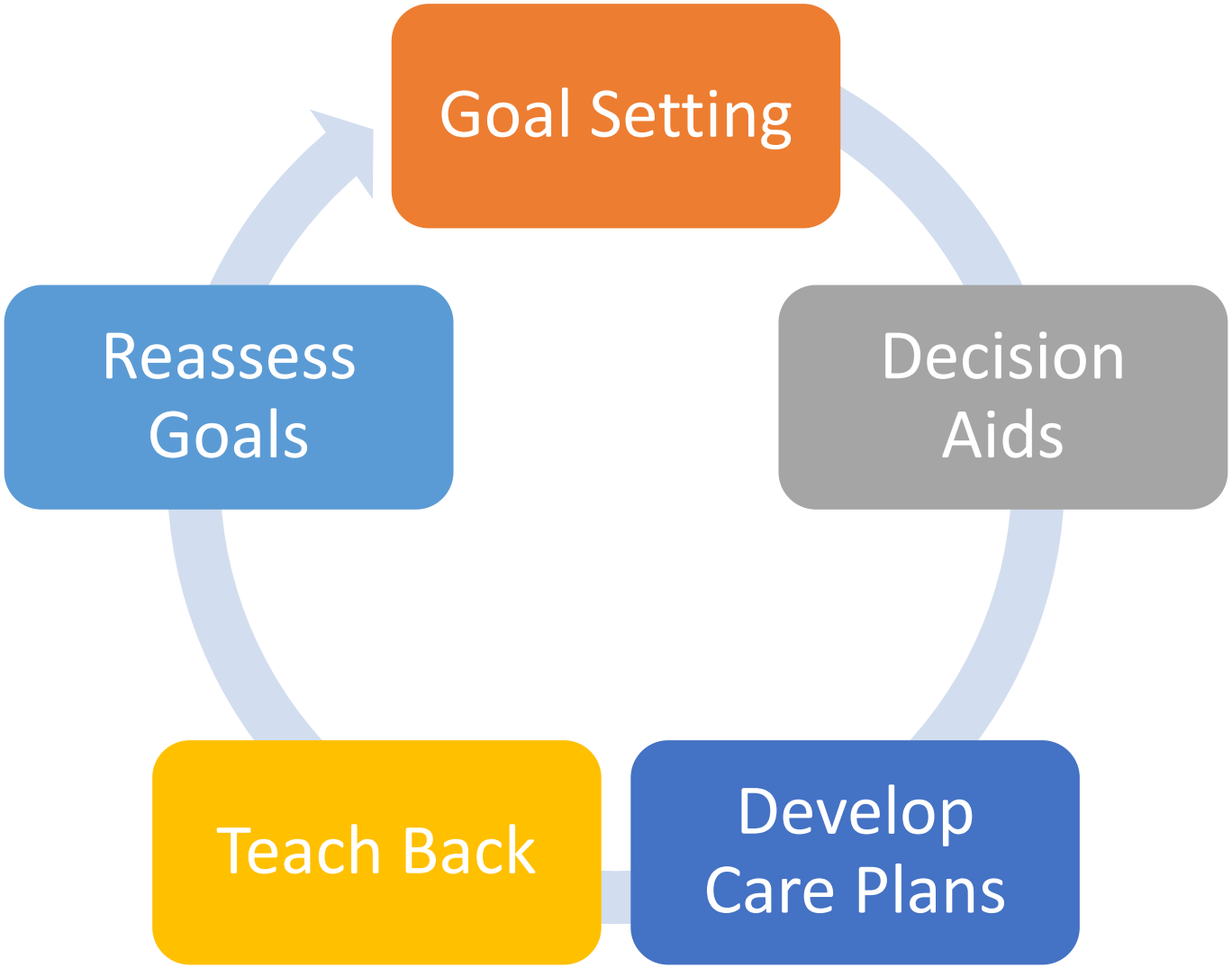
1. Seeing the Person Behind the Patient and the Disease

- Who is this person?
- How can I connect with this patient as a person?
- Who are the important people in the person's life?
- How does this person fit into her family, community, world?
- What is important to this person and her family?
- How has illness/injury impacted the patient's social identity?



Gabe's Care Map: Cristin Lind, Mom, Illustrates What It Takes To Raise One Boy With Special Needs, Huffington Post, January 18, 2013

2. Shared Decision Making



Words of Engagement

Encourage Patient to Speak Up

- “Tell me more. This is really helpful.”
- “What do YOU think caused the problem?”
- “What are YOUR thoughts about how we should address this?”
- “What’s worrying YOU most at this point?”

Invite Family to Share (with permission)

- “Would you mind telling me a little about your father?”
- “Please tell me about your mother’s routine.”

Growth Hormone Test Story

3. Self Management

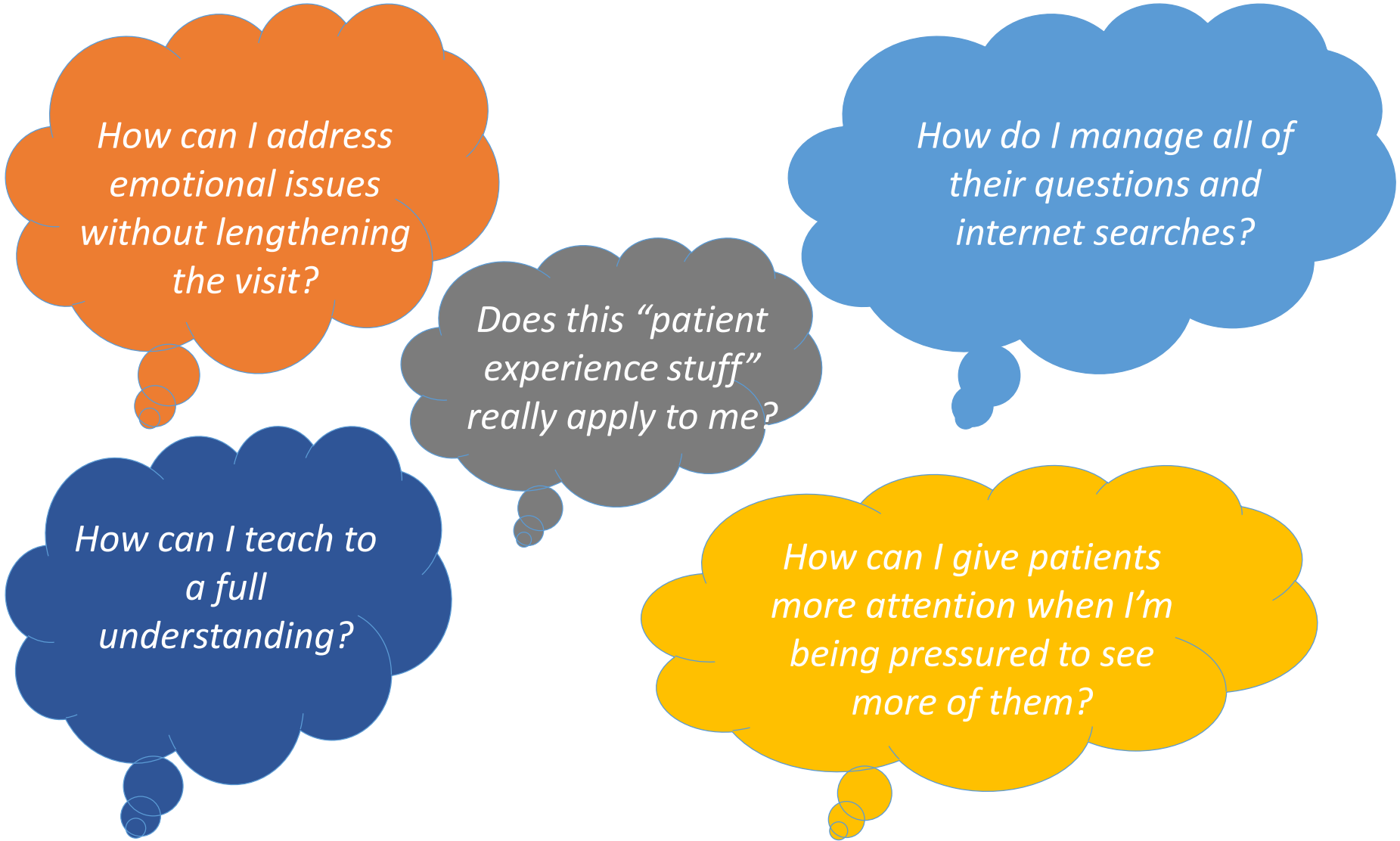
"Patients with the skills, ability, and willingness to manage their own health and health care—experience better health outcomes at lower cost."

- How confident do I feel to manage my health?
- What knowledge do I have about my conditions?
- What skills do I need that are necessary to maintain and improve my health?

Health Policy Brief, Health Affairs, February 14, 2013
Judith Hibbard, Patient Activation Measure, University of Oregon

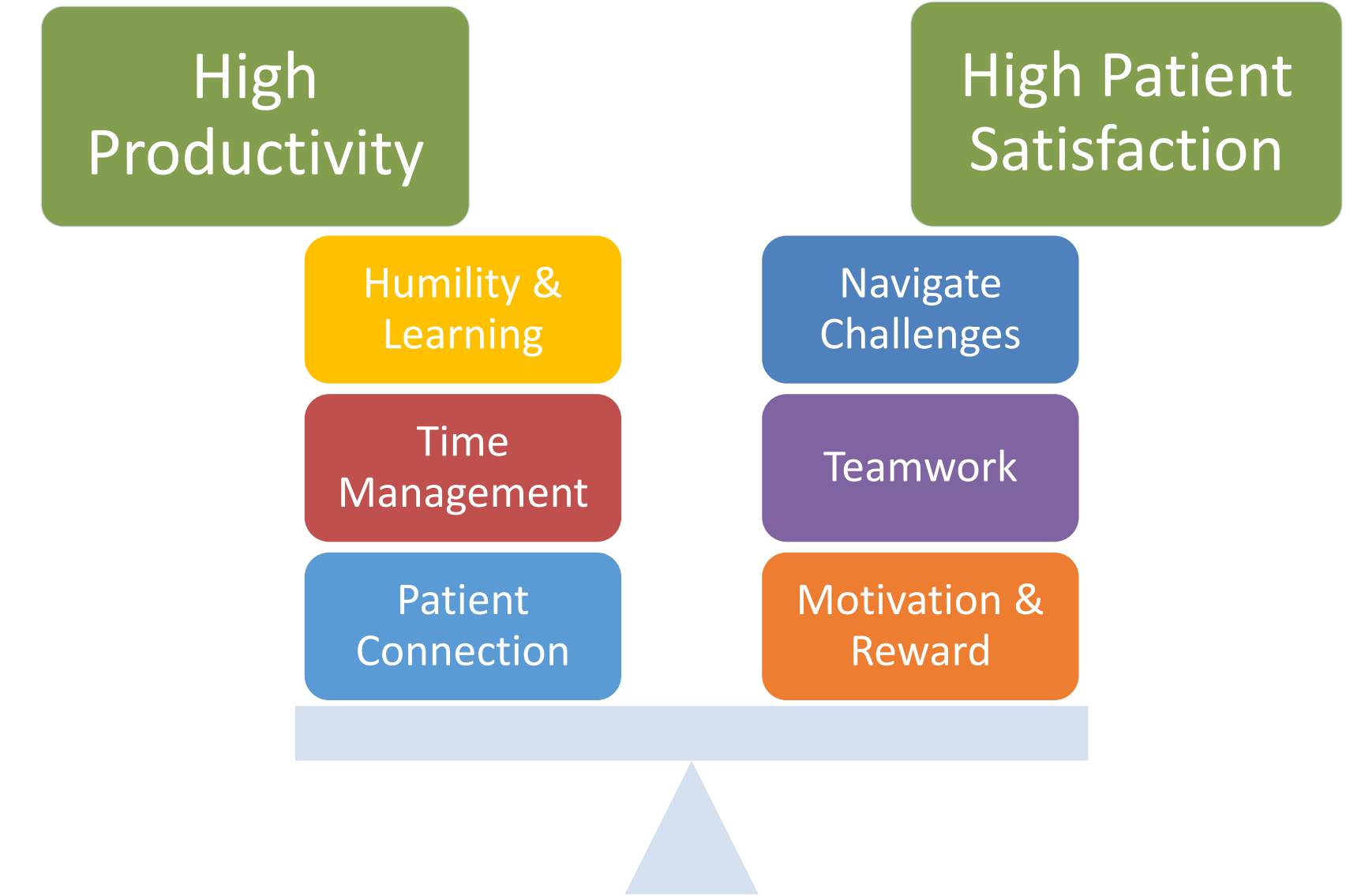
Overcoming Barriers and Challenges

1. Balancing Productivity and the Patient Experience



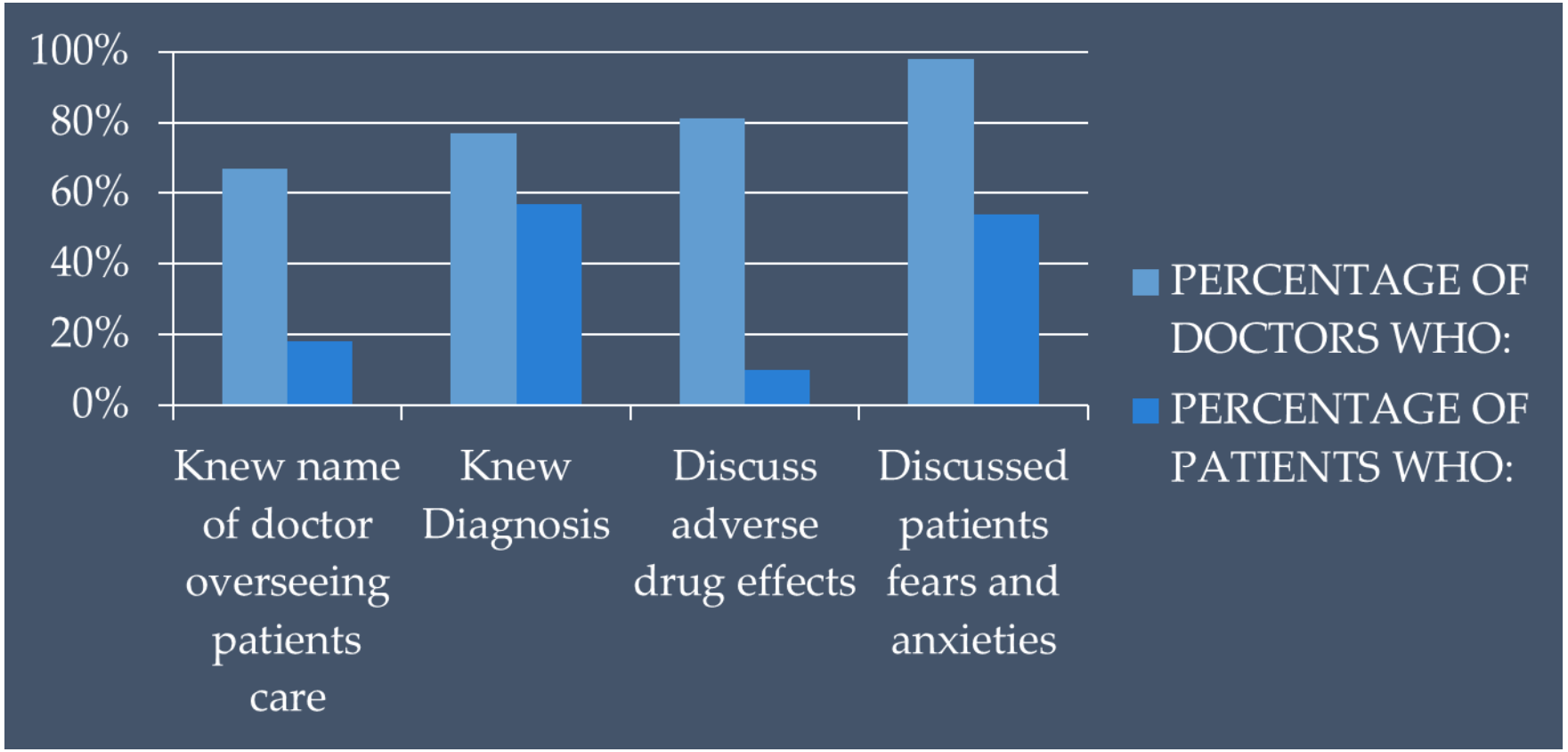
The Privilege of Being Busy:
Balancing Productivity & Patient Experience

Margaret Leaf, MS (mleaf@uwhealth.org) and Gregg Heatley, MD, MMM (gheatley@wisc.edu) - **UW Health**



2. Doctor-Patient Communication Gap

"Researchers at the Yale School of Medicine asked 89 patients and 43 doctors about the patients' hospital experiences, and found startlingly different perspectives between the two groups." Archives of Internal Medicine, Aug 9, 2010



Consumers Report on Health. November 2010. Volume 22 Number 11

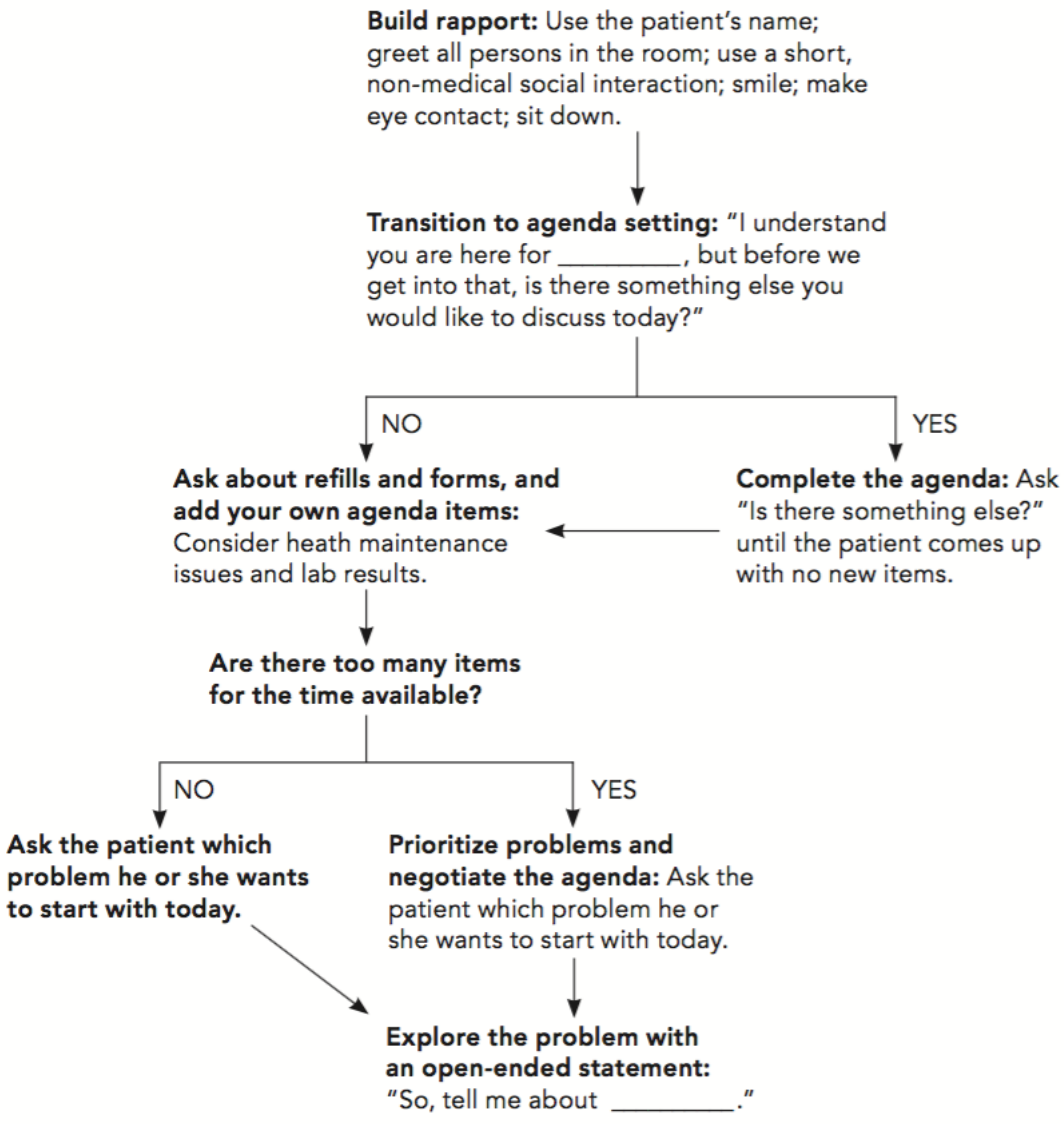
http://www.safepatientproject.org/pdf/CR%20Stay%20Safe%20in%20the%20Hospital.pdf

Communication Skills Maximize Efficiency

- Prepare for encounter both personally and clinically
- Rapport Building – mindful practice/connect on something personal
- Up-front agenda Setting – “what is most important”
- Maintain focus - Steer conversation back
- Acknowledging Emotional Cues with Empathic Response
- Co-creating a plan – review next steps

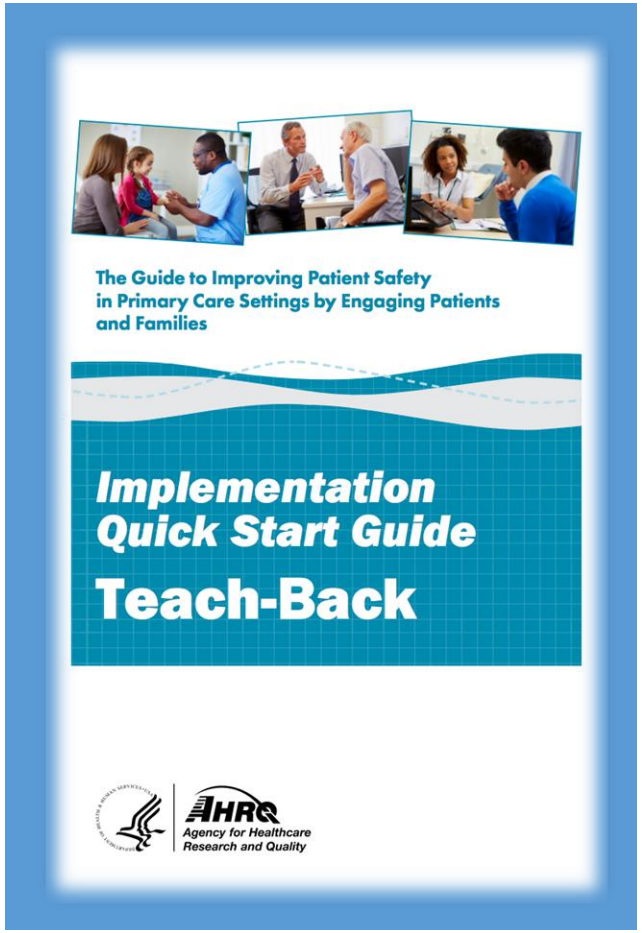
Adapted from Mauksch et al, Relationship, Communication, and Efficiency in the Medical Encounter: Creating a Clinical Model From a Literature Review; Arch Intern Med, 2008.

AGENDA-SETTING ALGORITHM



Family Practice Management®

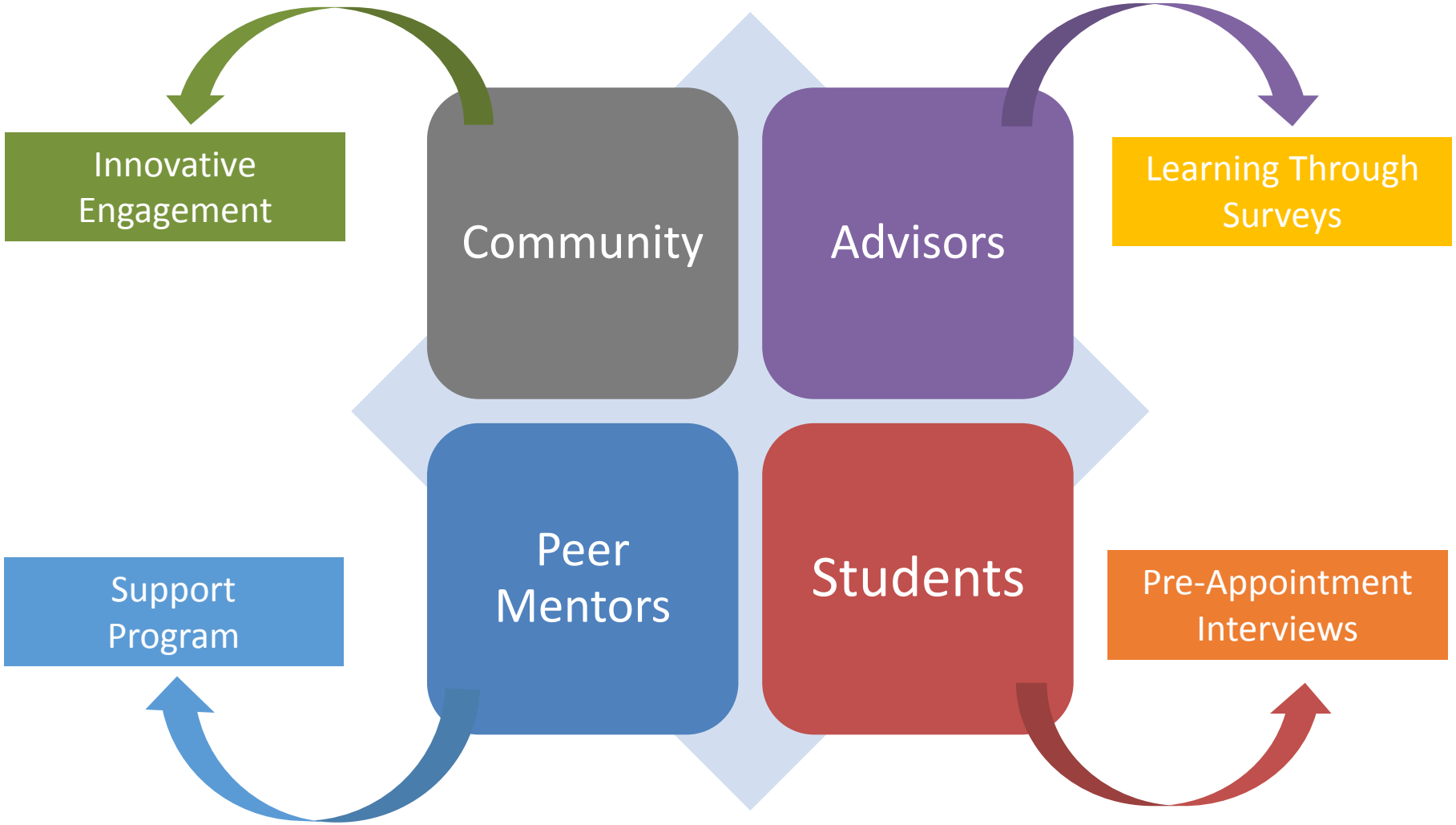
3. AHRQ Teach-Back Strategies Help Primary Care



Patient and Family Engagement in Primary Care

Research shows that when patients are engaged in their health care, it can lead to measurable improvements in safety and quality. To promote stronger engagement, the Agency for Healthcare Research and Quality (AHRQ) is developing a guide to help patients, families, and health professionals in primary care settings work together as partners to promote improvements in care.

4. Engage “the Village”



Peer Support – Lucile Packard Children's Hospital at Stanford

- Making the most of a clinic visit
- How to schedule multiple appointments
- How to manage medications
- Partnering with healthcare providers
- Coordinating care between Packard and community services
- How to parent in the hospital
- Who's who on your health care team
- Learning about your child's health condition
- Effective ways to communicate with care providers
- Understanding legal rights
- Working with the schools

Stanford Children's Health | Lucile Packard Children's Hospital Stanford

Compliments of Karen Wayman, PhD

Congregational Health Network Methodist Le Bonheur Healthcare

- Background: Partnership with 400 churches to support the transition from hospital to home.
- Intervention: A trained church member liaison visits the patient to provide psychosocial support and prepare for post discharge support.
- Results:
  - Lower mortality – nearly half that of peers not participating in program (n=472)
  - Lower healthcare costs - $8700 saving/year/person (total: >$4 million)
  - Over a 27 month period - admissions (159 to 101), readmission (37 to 17), patient days (1268 to 772), LOS (8 to 7.6) and hospital charges ($127,922 to $74,819) all fell after enrollment (n=50)
  - Higher patient satisfaction among program participants

Special Needs

"Anticipated" Discharge Fears	No. of #1 Rankings	Ranking in Top 3	Ranking in Bottom 3
Death of Loved One	11	16	9
Competence of Home Care Providers	6	17	10
Care Coordination	5	13	3
Infection/Clean Technique	4	24	3
Lack Knowledge of Needs	4	10	12
Ability to Reach Medical Providers	2	11	5
Knowing When to Return to Hospital	2	12	5
Finding a "New" Normal	1	1	18
Paying for Care	0	2	16
Loneliness/Isolation	0	0	26

After Discharge
e-Advisors Survey 2013

- What came as a surprise?
  - Exhaustion
  - Balancing life and finding normal
  - Loneliness, isolation and burden of responsibility
  - Expectation that I should be an expert
  - Expenses
- What was your biggest need?
  - Respite, rest
  - Communication and care coordination
  - Confirmation that I was doing things correctly
  - » Contact information – who to call and when

“Breaking bad news is actually a golden opportunity to deepen the patient-doctor relationship…For a doctor to be willing to be emotionally available is a tremendous gift for any patient.”

Nila Webster, a stage four lung cancer patient

As Bad as or Worse than Death…

Rubin, Emily B, MD, et al. States worse than death among hospitalized patients with serious illnesses. JAMA Intern Med. Published online August 01, 2016.

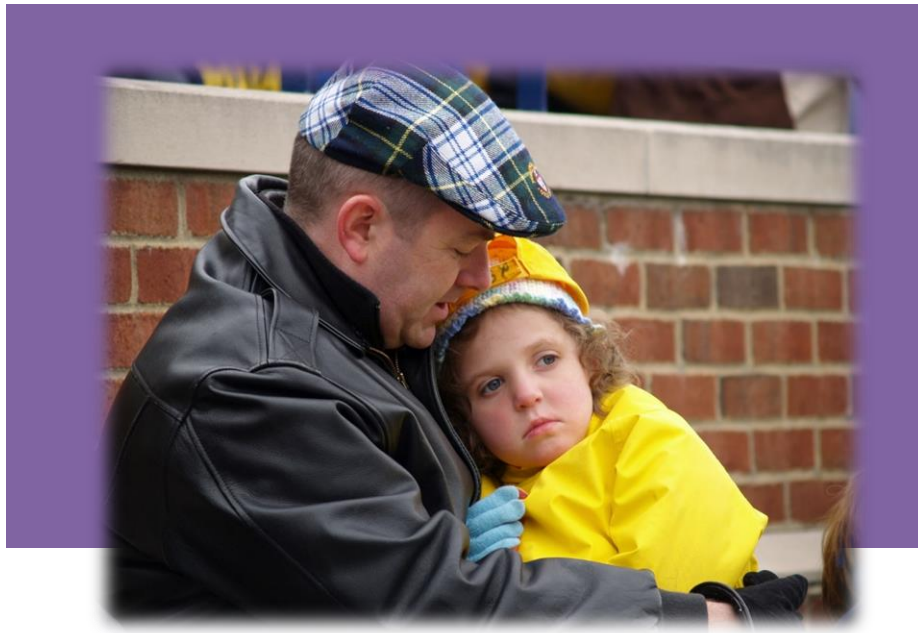
- Bowel and bladder incontinence, cited by about 70%.
- Reliance on a breathing machine, cited by about 70%.
- Inability to get out of bed, cited by about 70%..
- Being confused all the time, cited by about 60%.
- Reliance on a feeding tube, cited by about 55 percent of respondents.
- Needing around-the-clock care, cited by more than 50%.

Of Note:

- Patients may underestimate their abilities to adapt to certain healthcare states.
- The survey also found that a vast majority of respondents said that needing to be at home all day, being in moderate pain all the time, or needing to be in a wheelchair would not be preferable to death.

Remember the Caregiver

- Heroism
- Overwhelmed – emotional and financial
- Exhaustion – physical, mental and emotional
- Ambivalence
- New Normal



How Patient- and Family-Centered is Your Clinic?

- Does your patient education vision, mission, and philosophy reflect the principles of patient- and family-centered care?
- Do you inform patients and families how you expect them to engage in their care? Do you provide checklists?
- Are there systems in place to ensure that patients and families have access to complete, unbiased, and useful information?
- Do educational materials convey respect for families and their pivotal role in promoting health and well-being?
- Do you ensure communication that is understood by those with limited English proficiency, low health literacy and those who are hard of hearing?
- Do patients and families serve as advisors on committees and work groups involved in education efforts?

Patients and Families are Essential Partners for Innovation, Quality Improvement, and Health Care Redesign

A Key Lever for Leaders . . . Putting Patients and Families on the Improvement Team

In a growing number of instances where truly stunning levels of improvement have been achieved...

Leaders of these organizations often cite—putting patients and families in a position of real power and influence, using their wisdom and experience to redesign and improve care systems—as being the single most powerful transformational change in their history.

Reinertsen, J. L., Bisagnano, M., & Pugh, M. D. *Seven Leadership Leverage Points for Organization-Level Improvement in Health Care,* 2nd Edition, IHI Innovation Series, 2008. Available at www.ihi.org.

Patients and Family Advisors

Any role in which those who receive care work together with health care professionals to improve care for everyone. Advisors share insights and perspectives about the experience of care and offer suggestions for change and improvement.

Why Involve Patients and Families as Advisors?

- Bring important perspectives.
- Teach how systems really work.
- Keep staff grounded in reality.
- Provide timely feedback and ideas.
- Inspire and energize staff.
- Lessen the burden on staff to fix the problems… staff do not have to have all the answers.
- Bring connections with the community.
- Offer an opportunity to “give back.”

Qualities and Skills of Successful Patient and Family Advisors

- The ability to share personal experiences in ways that others can learn from them.
- The ability to see the bigger picture.
- Interested in more than one agenda issue.
- The ability to listen and hear other points of view.
- The ability to connect with people.
- A sense of humor.
- Representative of the patients and families served by the hospital and clinics

Useful Framework for Participation

Depth of Engagement	Patients and Family Role	Things to Consider
Ad Hoc Input	Survey or Focus Group Participants	Ensure diversity and representation, validity
Structured Consultation	Council or Advisors- provides QI input	Early consult supports partnership model
Influence	Occasional Review/Consultants to project	Allows flexible ways to participate; requires background/orient.
Negotiation	Member of QI Group	Training in QI approach
Delegation	Co-Chair of QI Group	High level of expertise or skill
Advisor Control	Implementer or peer support role	Strong training component, mentoring and compensation

How Patient-Centered Practices Involve Patients in Quality Improvement

- Surveyed 112 patient-centered medical home clinics in 22 states.
- Nearly all solicited patient feedback.
- Only **32% involved patients as advisors on QI teams or councils.**
- Leadership commitment essential.

Han, E., et. Al., Survey Shows That Fewer Than A Third Of Patient-Centered Medical Home Practices Engage Patients In Quality Improvement *Health Affairs*, 32, no.2 (2013):368-375

Preparing Clinicians and Staff

- Discuss **issues and concerns** before advisor join group
- Reassure with **confidentiality** and selectio procedures
- Share **stories of benefits** of patient and fa participation in QI

Preparing Advisors for Quality and Safety Committees

- Provide **orientation** on the quality improvement (QI) methodology & definitions
- Share project background, especially **data**
- Discuss **current topics & issues** relevant to advisor's first meeting

Preparing Advisors for Quality and Safety Committees (cont.)

- Arrange a **pre-meeting** with the Chair of the committee
- Identify a **mentor** for the advisor who also serves on committee
- Share **tips and tools** developed by experienced advisors
- Provide opportunity to **debrief** first 3 meetings

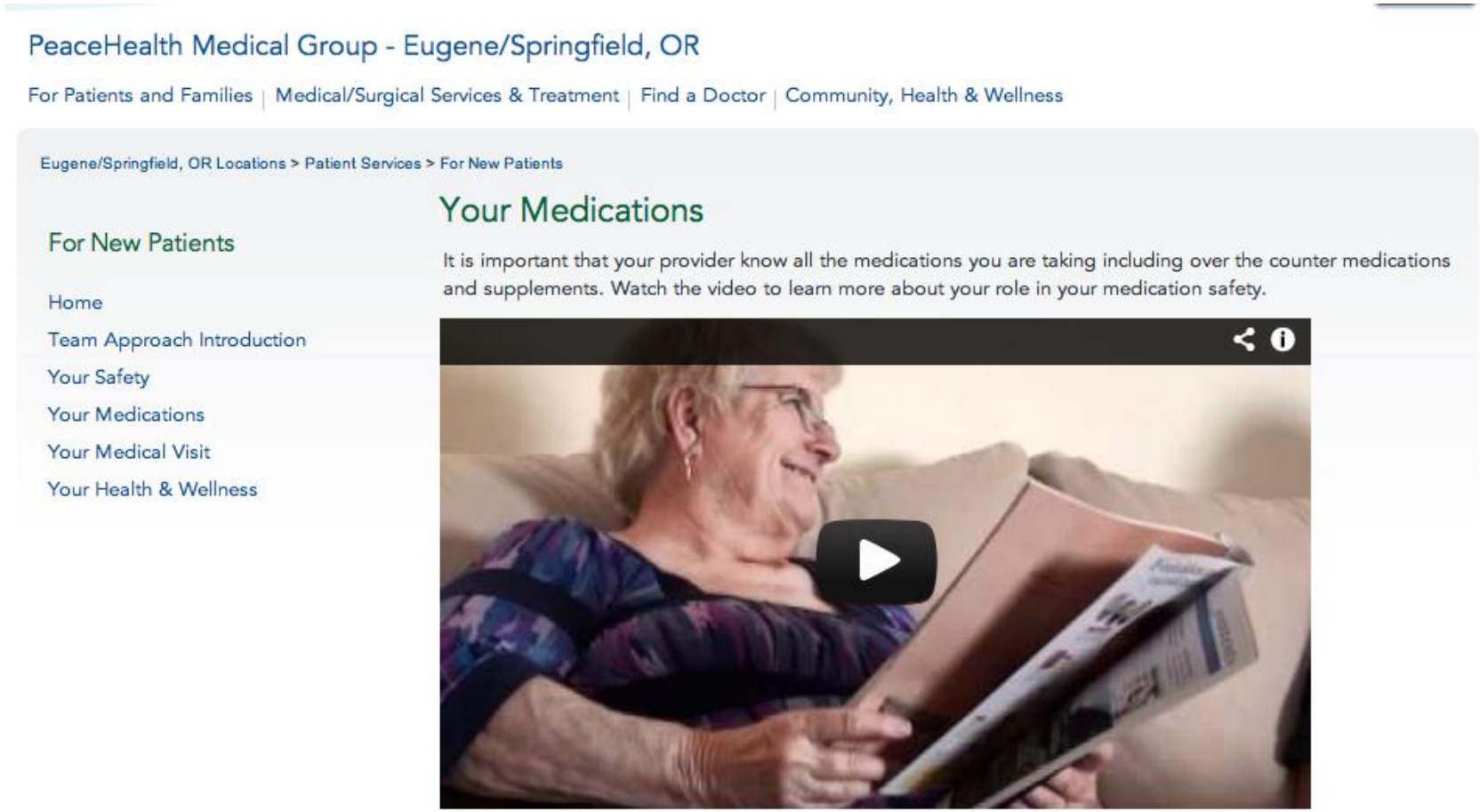
Preparing Clinicians and Staff

- Provide a **bio sketch of advisor** and a pictur
- Foster a **“listen first”** approach
- Encourage an **acronym-free zone**
- Place advisors **strategically close** to chair o group facilitator

Fostering a Successful Beginning: Tips for Staff

- Explain how staff should be involved.
  - The importance of listening.
  - Effective approaches to meeting facilitation.
  - Act on advisors observations and recommendations when appropriate and provide information when not implemented.
- Be open to questions and challenges.
- Try not to be defensive.
  - Respond/explain when questions are asked.

Exemplars Across the Continuum



http://www.peacehealth.org/phmg/eugene-springfield/eugene-springfield-locations/patient-services/for-new-patients/Pages/your-medications.aspx

Offer Variety in the Complexity of Projects

Easy	Moderate	Difficult
Providing input on wayfinding to practices, offices, exam rooms	Mentoring other advisors and recruiting for diversity within council	Participated in content and filming of a new patient experience model of care
Review of health information and media materials	Participating in organizational learning opportunities	Designed and Produced DVD on patient safety that was used as a model of the impact of advisors
Artwork selection for lobbies and waiting rooms	Establishing PAC award to providers/departments who embrace PFCC Principles	Patient Centered Medical Home transformation
Providing feedback on Patient Portals	Participating on New Nurse Panels on chronic illness from a patient's point of view	Service for Excellence Plan - Agenda Setting - piloted with new Medical Home In Adult and Family Medicine
Participating in Employee and Provider Appreciation Days	Sharing personal stories on experience of care	Collaborated in designing course content for front office staff training
Feedback on surveys	Serving on organizational committees - Clinical Councils, Quality Councils, Patient Safety Councils	Participate in interview panels for new Adult and Family Medicine Chief (key physician leader)
Promote visibility of PAC partnerships by random site visits to thank staff	Collaborated on Welcome Brochures	Help mentor and orient new physicians and managers to the practice

Executive PFAC Meetings

4 Step Process

1- Staff present on current projects related to patient experience

2- Patient & Family Advisors brainstorm and come up with ideas for improvements

3- Ideas are used as projects and programs move forward to incorporate the patients' perspective

4- Follow-up with Patient & Family Advisors on projects and how their ideas are being used

AVS Subcommittee

- ✓5 monthly 2-hour meetings
  - ✓ 7 Patient & Family Advisors,
  - ✓ Sr. Regional Medical Director,
  - ✓ Health Educator, Provider Educator
  - ✓ Program Coordinator
- ✓AVS Data collected for baseline
- ✓Poster created
- ✓Communication plan developed

As a Result…

Patient & Family Advisors presented to leadership, all clinic managers and medical directors, 3 months later the **increase in the issue rate was 29.29%**

"This is remarkable work! It shows the power of engaging our patients in quality improvement work as partners." - Dr. Ben LeBlanc CMO

Making Information Clearer – Patient Input Makes the Difference!

Petaluma Health Center

Patient Advisor: Marc Blanco

Patient Experience Project

Other activities:

- Recruiting for another clinic location
- Online Advisory Group
- Advisors using IPADs to survey patient and family input in clinic

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

Silver Exchange (Advisory Council)

Recent projects: revision of patient letters, waiting room improvements, logo contest

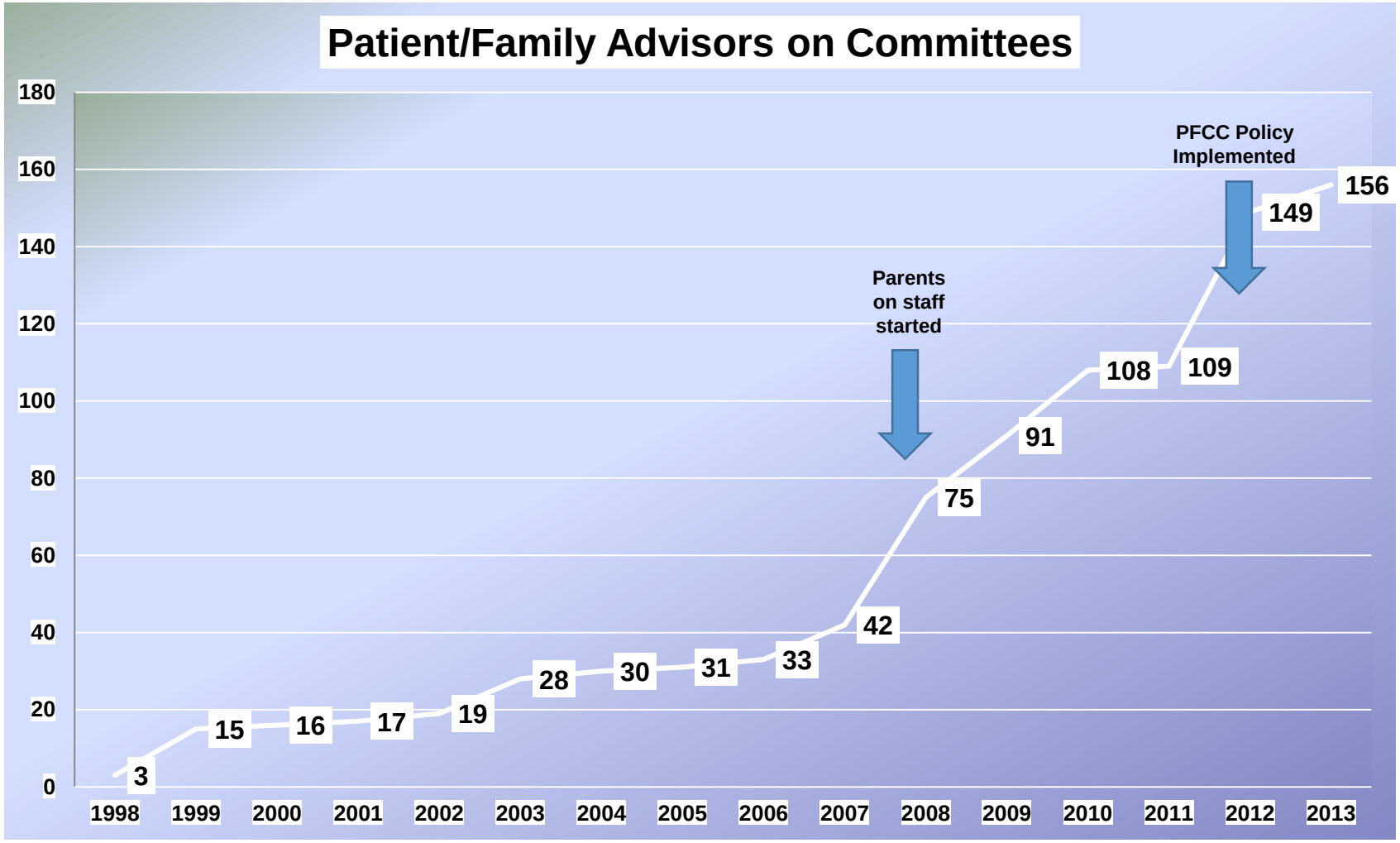
Evin, his family and staff from the Silver Ave Clinic

CARE

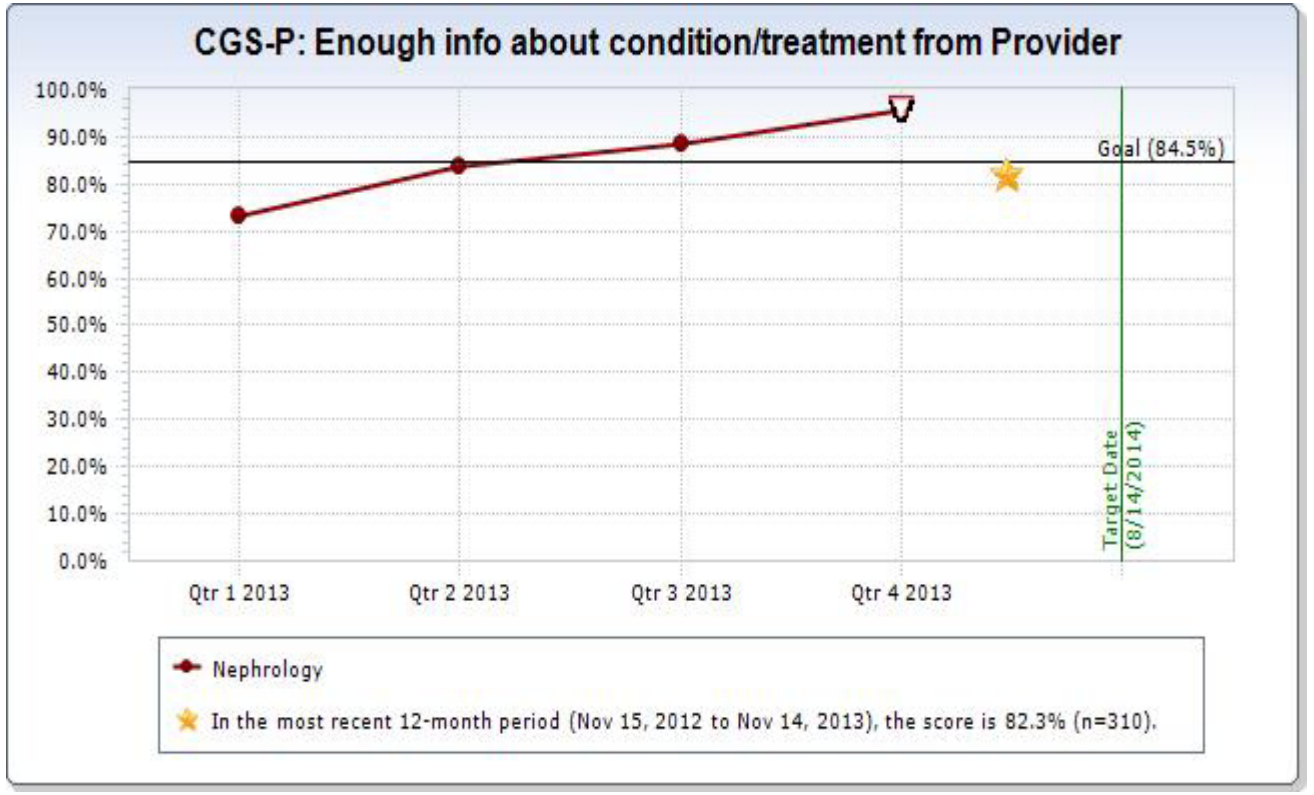
Collaboration Beyond Advisory Councils

- Invite patients with a chronic condition to participate in a clinic team working on improving educational materials or programs to that population of patients.
- Identify patients new to the clinic to participate in a “photo walk-about” to take pictures of ways the clinic is welcoming and places where the messages could be more positive or where way-finding is confusing.
- Ask patients and family what is one change we could make that would improve your experience? Collect the responses and form a clinic team with advisors to follow-up on suggestions.

Patient/Family Advisors on Committees



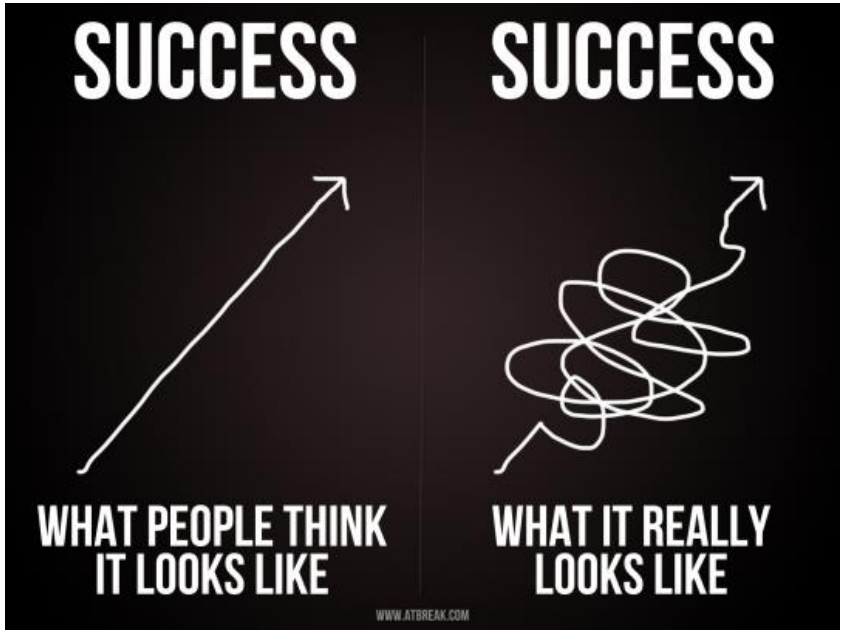
The Power of the Parent in the Clinic
Patient Satisfaction Results



	Q1 2013	Q2 2013	Q3 2013	Q4 2013
Score	73.2%	84%	88.4%	96.3%
N Size	82	81	86	80

Benefits of Advisors on QI Teams

- Health care professionals & staff make fewer assumptions about what patients or families “want”.
- Advisors “see things differently” and ask “why do you do it this way?”
- Advisors challenge what’s possible.
- Advisors offer hope, assistance, and support.



“Trust the Process”


partnership
family
communication
relationship
patient
respect
activation
collaboration
inclusion
understanding
patients
sharing
empowered
relationships
information
preferences
informed
listening
shared
voice
change
empathy
making
quality
healthcare
trustworthy
experience
choice
person
strategy
safety
trust
decision
health
involved
whole
multi-layered
power
concerns
history
story
healing
populations
investment
engage
two-way
empower
values
people
control
knowledge
whole-story
equitable
forum
caring
dignity
shared-decision
exchange
partnerships
opportunity
conduit
ethics
precious
lives
knowledge-sharing
multi-dimensional
narrative
Critical
where
forward
balance
convincible
teaming
touching
equally
interactive
marshal
caregivers
community
tools
respect-preferences
exchanging
take
underserved
burden-of-treatment
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media
seek-to-be-understood
organizational
time
decision-making
and
advisors
aware
goals
true
trauma
systems
listen
seek
process
hearing
bullseye
literacy
families
integrated
organizations
vulnerable
collaborative
know
communicating
respected
policy
partner
picture
wrap-around
encouraging
being-convincible
medical
life
imbalance
passion
learn
re-at
listen/hearing
Interactive
everyone
communicatoin
compassion
connection
contextual
struggle
behavioral
meeting
diverse
parent
active
multidimensional
meeting-people-where-they
engagement
interaction
participatory
improvement
social
activate
principles
reliability
behavior

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Community News > TCPI

Tuesday, July 12, 2016

Be Part of the Nation's Healthcare Transformation

The Transforming Clinical Practice Initiative (TCPI) will assist 140,000 clinicians in improving the way they deliver care by providing technical assistance support for integrating quality and process improvement, and by building on and spreading existing change methodologies, practice transformation tools, published literature, and technical assistance programs. Clinicians that will be supported by TCPI include primary and specialty physicians, nurse practitioners, physician assistants, clinical pharmacists, and their practices

www.healthcarecommunities.org/CommunityNews/TCPI.aspx

Patient-Centered Primary Care COLLABORATIVE

www.pcpcc.org/tcpi#events

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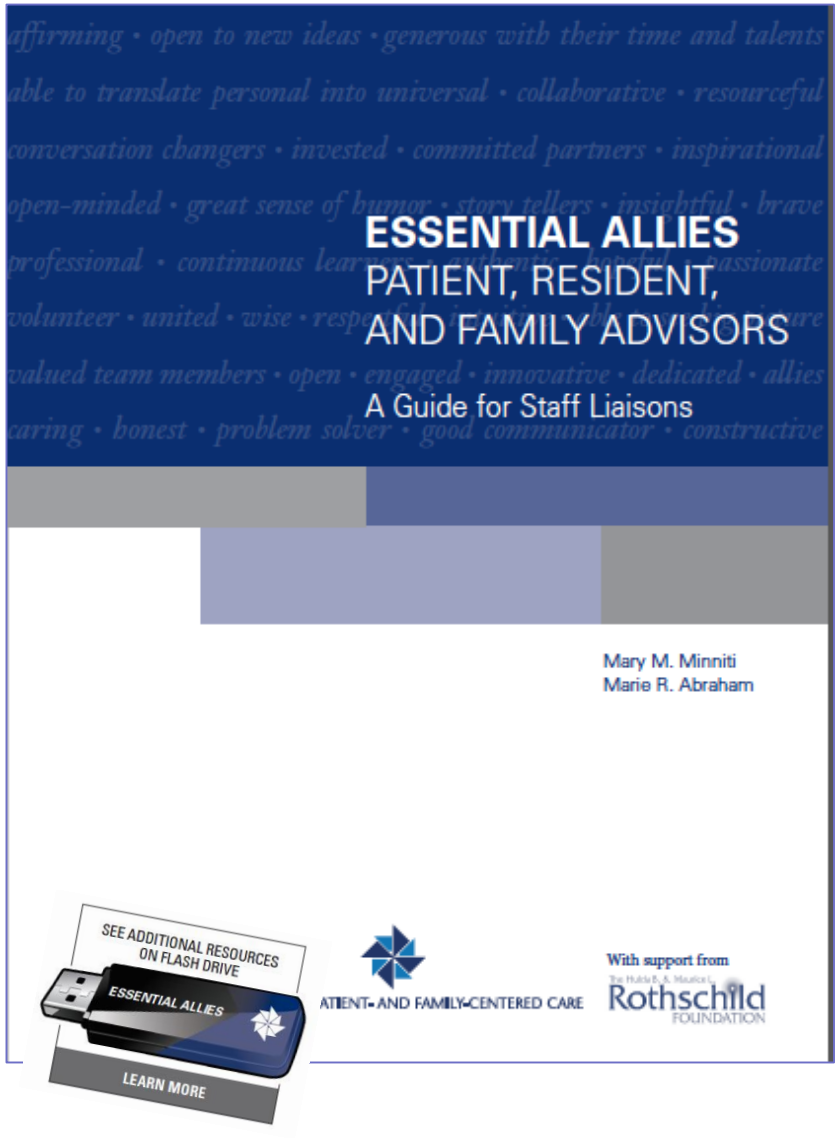
Improving Care Through Partnership with Patients, Families and Communities

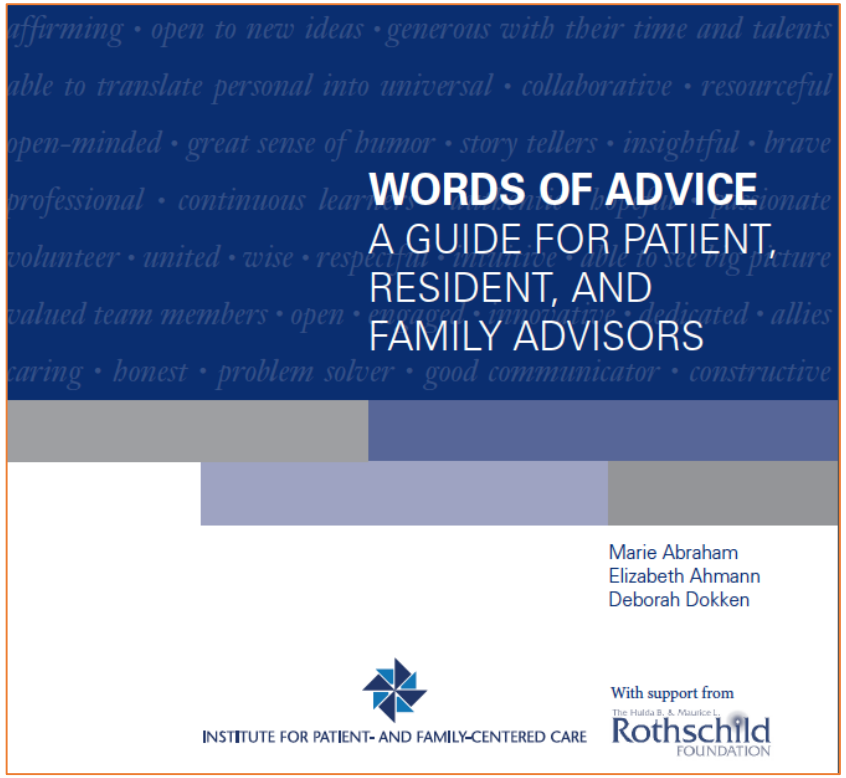
PCPCC's Support & Alignment Network (SAN)

In 2015, the PCPCC received a grant from the Centers for Medicare and Medicaid Services (CMS) to help ambulatory care practices and clinicians across the country implement new care delivery and payment models. Called the Transforming Clinical Practice Initiative (TCPI), this federal initiative is designed to help more than 140,000 clinician practices to transform and improve the way they provide care over the next four years (2015-2019). For our role in this initiative, the PCPCC has teamed up with The Institute for Patient- and Family-Centered Care, Planetree, and YMCA of the USA. Together, our network will provide technical assistance and share best practices that promote more meaningful patient partnerships in quality improvement and community collaboration with care teams to help participating clinicians meet TCPI's goals. LEARN MORE ➡

Consider:

- **Joining a TCP*i* Network**
- **Share your story of partnership in ambulatory or primary care**
- **Become a PFAC Network Member**





Available from IPFCC

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE


THERE IS NO
ONE GIANT STEP
THAT DOES IT
IT'S A LOT OF
LITTLE STEPS
slimspired

Questions

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kparent@ipfcc.org