Jill: Absolutely. So, one of the dimensions, when we talk about the local market, when you look at what is the appetite of providers to move to value-based care or what is the appetite of employer groups to potentially contract directly with providers or to stay with a traditional model through a health plan, and also looking at the state regulatory environment, so we see that the market in which we're talking about is really a hyperlocal market. It's not a national footprint. In many cases, it's not even a state. It's a particular geography and set of systems and plans working together.

Unity: We always hear that healthcare is so regional. So, even with the business models healthcare is regional?

Mark: I think, you know, kind of focusing on, you know, patients or humans and understanding what are the real needs and how we're going to meet those needs is increasingly important for all industries, but certainly in life sciences. And I think we all know that, you know, the reliance on, kind of, new breakthrough products in pharma is really shifting away now to much more targeted biologic products which cost a lot more to develop, and therefore, an awful lot more to prescribe. And you also have to target patients a lot more than you used to before and demonstrate your value. So, I think it's interesting how pharma companies are dealing with this and how they're also, kind of, dealing with the industry convergence that's happening. You know, people that are starting to play in their space and compete with them and
understand what the role of a modern pharmaceutical company is. It's really interesting when you think about pharmaceutical companies that have historically relied on, say, selling products to diabetes, treatments for diabetes. And now, they're starting to think, do they also have a role in helping prevent diabetes and preventing people from needing their products? Do they also have a role in helping monitor patients and helping patients monitor themselves and look after themselves better, as well as providing treatments for diabetes? So, suddenly, it's shifting a lot, in terms of what their role is and how they're going to adapt to this new model of needing to provide more outcome on the value of their medicines, but also kind of a shift in how they engage directly with patients, which is something many of them haven't historically done or haven't historically done well.