UNITED STATES OF AMERICA
BEFORE THE FEDERAL TRADE COMMISSION
Office of Administrative Law Judges

In the matter of	)
	)
Evanston Northwestern Healthcare Corporation,	) Docket No. 9315
and	)
ENH Medical Group, Inc., Respondents	)

COMPLAINT COUNSEL'S MOTION IN LIMINE TO EXCLUDE DR. JONATHAN BAKER'S EXPERT REPORT

Pursuant to the Federal Trade Commission's Rules of Practice ("FTC Rules"), 16 C.F.R. §§ 3.22 and 3.31, and in accordance with the Court's scheduling order in this case, Complaint Counsel respectfully move to exclude the report of one of Respondents' economic experts, Dr. Jonathan Baker. In his report, Dr. Baker conducted pricing analyses of hospital services that purport to show that the hospital merger in this case did not result in anticompetitive pricing.

Respondents have not fulfilled their obligations to make complete and accurate expert disclosures pursuant to FTC Rule 3.31(b)(3), and therefore, Complaint Counsel have been unable to reproduce Dr. Baker's reported statistical results despite using the methodologies, programs and documentation supplied by Respondents' experts. Respondent's failure has prejudiced Complaint Counsel, who were unable to prepare a full and complete rebuttal report and who continue to be hampered in their preparations for Dr. Baker's deposition and trial testimony.

BACKGROUND

On November 2, 2004, Respondents supplied reports authored by their expert witnesses,

accompanied by expert disclosures setting forth the documents considered and programs and methodologies used by the experts to generate their conclusions. Two of Respondents' experts, Dr. Monica Noether and Dr. Jonathan Baker, analyzed patient claims data to examine the impact of the Evanston Northwestern Healthcare ("ENH") and Highland Park Hospital ("HPH") merger on prices charged by these hospitals to health insurance companies. In the first instance, Dr. Noether processed the raw patient claims data to generate processed files. Both Dr. Baker and Dr. Noether then took these processed data files, performed various analytical tests, and generated results set forth in their respective expert reports.[1]

To assess this motion, it is necessary to discuss briefly the basic methodology that Respondents utilize in evaluating the prices that hospitals charged for their services. Under the Medicare program, Congress has adopted a payment system that is based on "diagnosis related groups," or "DRGs." *See* 42 U.S.C. § 1395ww(d). The DRG system classifies hospital inpatients into approximately 500 DRGs that reflect the differences in resource use associated with different diagnoses and procedures.

The actual classification of hospital inpatients into DRGs is done by the Medicare Grouper software. This software uses information about the patient's diagnoses, the procedures

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[1]   As the Court is aware, Complaint Counsel, in a motion dated November 26, 2004, moved to compel the production of these processed data files, and the Court denied this motion in an Order dated November, 30, 2004. Complaint Counsel filed a Motion for Reconsideration, which is pending as of December 16, 2004.

The instant motion is not the same as the motion to compel the production of the processed data files. Although Complaint Counsel continue to believe that Respondents are obligated to disclose these files, at minimum, Respondents are obligated to provide sufficient information to replicate these files, and thereby allow the reproduction of Dr. Baker's results. Thus, even if the Court denies Complaint Counsel's motion for reconsideration, Respondents are not excused from their general disclosure duties under FTC Rule 3.31(b)(3).

performed, and in some cases, the patient's age, gender and discharge status (*e.g.,* whether the patient was alive when discharged) to select the appropriate DRG. This software is commercially available through 3M Health Information Systems.

For the 3M Grouper software to produce meaningful results, Respondents must first process the raw patient claims data maintained by the health insurance companies that paid for the services and convert the data to a form acceptable to the grouper software program. Respondent's experts developed processing programs to accomplish this task. However, Complaint Counsel have used the processing programs supplied by Respondents and discovered that these programs do not, and cannot, generate the results that Respondents' experts claim to have produced.

Thus, Respondents have failed to fulfill their disclosure obligations with respect to Dr. Baker's report. Complaint Counsel has now determined that it is impossible to reproduce all of the processed data files (and therefore, the final results of both Dr. Noether and Dr. Baker) using the programs and documentation supplied by Respondents in their expert disclosures. Indeed, Complaint Counsel has determined that Respondents provided Complaint Counsel with programs that differ from the programs actually used by Respondents' experts in constructing their results.

DISCUSSION

I. Respondents Have Not Supplied the Processing Programs Actually Used by Their Experts

As explained above, Dr. Baker uses the processed data files generated by Dr. Noether as the beginning step to his statistical analysis. *See* Baker Rep. at ¶11. Thus, in order for the Court

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to assess Dr. Baker's testimony, it is necessary to replicate the processed data files relied upon by

Dr. Baker. Furthermore, because these processed data files establish the starting point of Dr.

Baker's analysis, Respondents have an obligation under Rule 3.31(b)(3) to disclose completely

and accurately the basis for replicating such files.

Respondents have not made such a full and complete disclosure. Since the time of

Respondents' expert disclosure on November 2, 2004, Complaint Counsel have repeatedly

attempted to reproduce the processed data files using Respondents' supplied programs and

documentation and have not been successful.[2] In fact, Complaint Counsel has now discovered

that the supplied programs and documentation cannot be the same computer programs used by

Respondents' experts in generating their versions of the processed data files. Thus, it is

impossible to reproduce all of these processed data files using the materials disclosed by

Respondents.

The attached declaration of Michelle Kambara, a Commission economic research analyst,

provides the technical details of this problem with Dr. Baker's report. *See* Ex. A ("Kambara

Decl."). Complaint Counsel attempted to generate, using the programs and documentation

supplied by Respondents, the processed data files for each of the four health insurance companies

(Humana, Aetna, Blue Cross and United Healthcare) discussed in Dr. Baker's report.

Complaint Counsel initially determined that Complaint Counsel's version of the Aetna

processed data file differed significantly from the one actually used by Dr. Baker. Dr. Baker

analyzed thousands of cases contained in eight DRGs, but when Complaint Counsel generated

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[2]   Respondents created the processing programs used to generate the processed data files. The programs themselves are not commercially available. *See* Ex. A at ¶3 (Declaration of Michelle Kambara) ("Kambara Decl.).

their version of the Aetna processed data file, no cases appeared for these DRGs. Kambara Decl. at ¶6; *see also* Ex. B (E-mail from Michael Sibarium to Thomas Brock, dated November 24, 2004) (confirming that the Aetna file should contain thousands of observation for specified DRGs). Dr. Baker reports results for these eight specific DRGs. With no recorded cases for these same DRGs, Complaint Counsel could not generate any, much less the same, results for these DRGs.[3]

After painstaking investigation of the computer programming in the supplied programs, Complaint Counsel discovered that Respondent's own programs *could not* have created an Aetna processed data file with observations in these eight DRGs.[4] Essentially, the programs supplied by Respondents assign an invalid discharge status to all cases. Kambara Decl. at ¶¶10-18. This invalid discharge status causes subsequent processing programs to define certain cases (for which discharge status matters) as "ungroupable." *Id.* at ¶¶20-21. Instead of allocating these cases to one of the eight DRGs, Respondents' supplied programs effectively kick out the observations, resulting in zero cases allocated to the eight DRGs. *Id.* at ¶22.

Complaint Counsel further confirmed that the programs as supplied by Respondents could not have created the Aetna processed data file used by Dr. Baker. Complaint Counsel determined that the computer programs produced by Respondents had to be modified before the programs assigned any cases to the eight DRGs in question. Kambara Decl. at ¶¶23-24. In sum,

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[3]   These eight DRGs cover some of the most common types of inpatient cases, including newborn deliveries and heart attack cases.

[4]   The problem in the supplied programs was not easy to diagnosis. As set forth in Ms. Kambara's declaration, there are multiple processing programs involved. *See* Kambara Decl. at ¶¶ 9, 14, 16. These programs total thousands of lines of computer language code. *Id.* at ¶19.

Dr. Baker's results cannot be replicated with the computer programs that Respondents produced, and the results can only be replicated if critical changes are made to these programs.

The problems in reproducing Dr. Baker's results are not confined to Aetna. Despite substantial efforts to diagnosis the problems, Complaint Counsel also have not been able to reproduce Dr. Baker's results for another payer, United Healthcare. Based on the problems Complaint Counsel confront with the Aetna processed data file, it is appropriate to conclude that the problems with the replication of the United results are attributable to problems within Respondents' disclosures. Complaint Counsel require all results for all payers for their rebuttal and trial preparations. The failure of Respondents to produce the actual processing programs for Aetna raises a substantial concern that Respondents failed to do the same with other payers.[5]

II.   Dr. Baker's Report Should be Excluded Due To Respondent's Disclosure Violation

This failure to produce verifiable and reliable computer programs necessary to replicate Dr. Baker's results strikes a fatal blow to the use of Dr. Baker's testimony. Courts have emphasized the importance of ensuring full and complete expert disclosures in the litigation process. *See, e.g. Benedetti v. Soo Line Railroad Co.*, 2004 WL 2222281, *4 (N.D. Ill. 2004) (failure to disclose expert identity as well as expert report and information considered by expert led to striking of report). Unless the violation of the disclosure requirements is harmless, courts will exclude expert testimony. *See, e.g., Hoffman v. Caterpillar, Inc.*, 368 F.3d 709, 715 (7th

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[5]   These problems are not limited to the programs used to produce the processed data files. Complaint Counsel identified at least one other program used by Dr. Noether in generating her results that Respondents did not initially supply with their expert disclosure. Only after Complaint Counsel identified and requested this program did Respondents belatedly provide the required program. *See* Ex. C (E-mails between Albert Kim and Charles Klein, dated December 8-9, 2004).

Cir. 2004).

In the *Hoffman* case, the Seventh Circuit affirmed the exclusion of certain portions of the

plaintiff's expert's testimony based on the failure of plaintiff to disclose completely the basis for

the expert's opinion. 368 F.3d at 714-15. Plaintiff failed to note in her expert disclosure that the

expert relied on a critical piece of evidence. After noting the importance of formal expert

disclosure obligations, the court explained that such an error was not harmless because of

insufficient time for the defendant to develop counter-testimony and the element of unfair

surprise. *Id.* at 715.

The prejudice to Complaint Counsel in this instance is equally severe. Without the ability

to replicate the data that Dr. Baker used in his statistical analyses, Complaint Counsel have been

unable to test – and the Court cannot rely upon – Dr. Baker's results or the validity of his

methodologies. Complaint Counsel expressly raised this problem in the report of their rebuttal

expert, Dr. Orley Ashenfelter. *See* Ashenfelter Report at ¶7.

In addition, Complaint Counsel must be able to perform full testing of Dr. Baker's results

and conclusions in order to prepare completely for Dr. Baker's deposition and eventual trial

testimony. Rather than focusing on an analysis of Dr. Baker's results, Complaint Counsel

instead has wasted considerable time and resources in diagnosing the problems with

Respondents' deficient expert disclosures. The diversion of time in particular has imposed a

severe hardship into Complaint Counsel's preparations for the upcoming expert depositions.

Respondents have not fulfilled their disclosure obligations, and this failure is not harmless. [6]

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[6]   Complaint Counsel note that they are still engaged in active discussions with
Respondents on this issue. However, even if Respondents eventually produce sufficient
information to reproduce these processed data files, Respondents violated their obligation to
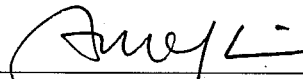
In communications with Complaint Counsel and in their briefs to the Court relating to the recent Motion to Compel and Motion for Reconsideration, Respondents have insisted that they had provided all programs and documentation necessary to reproduce the processed data files. That rationalization now is demonstrably wrong. Central portions of Dr. Baker's report rely on the processed data files that cannot be replicated with the materials on which Dr. Baker purportedly relied, and therefore his report and testimony should be excluded.[7]

CONCLUSION

For these reasons, Complaint Counsel respectfully request that the Court exclude the use of the specified portions of Dr. Baker's expert report.

Respectfully submitted,

December 17, 2004

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disclose this information at the time of the expert reports transmittal, November 2, 2004.

[7]   Although Dr. Baker's statistical analyses are central to most of his report's conclusions, there are several portions of his report not affected by his statistical results. Sections I, II, VI and VII do not rely on his statistical analyses. As such, this motion does not impact upon those particular conclusions.

UNITED STATES OF AMERICA
BEFORE THE FEDERAL TRADE COMMISSION
Office of Administrative Law Judges

In the matter of **Evanston Northwestern Healthcare** **Corporation,** and **ENH Medical Group, Inc.,** Respondents.	))))) Docket No. 9315))))))

ORDER

IT IS HEREBY ORDERED, that Sections III, IV, and V of the expert report of Dr.

Jonathan Baker shall be excluded from this case, and Respondents and Dr. Baker shall be

precluded from relying on the results or testimony to the substantive issues contained therein.

ORDERED:

_____
Hon. Stephen J. McGuire
Chief Administrative Law Judge

Dated: _____, 2004

CERTIFICATE OF SERVICE

This is to certify that a copy of the foregoing documents was hand delivered to

The Honorable Stephen J. McGuire
Chief Administrative Law Judge
Federal Trade Commission
600 Pennsylvania Ave., NW (H-106)
Washington, D.C. 20580

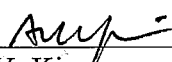and served on counsel for the Respondents by electronic and first class mail delivery to:

Michael L. Sibarium
WINSTON & STRAWN, LLP
1400 L St., NW
Washington, DC 20005

Duane M. Kelley
WINSTON & STRAWN, LLP
35 West Wacker Dr.
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Charles B. Klein
WINSTON & STRAWN, LLP
1400 L St., NW
Washington, DC 20005

Dec 17 2004
_____
        Date

_____
       Albert Y. Kim

EXHIBIT A

UNITED STATES OF AMERICA
BEFORE THE FEDERAL TRADE COMMISSION

In the matter of	)	
	)	
Evanston Northwestern Healthcare	)	
Corporation,	)	Docket No. 9315
and	)	
	)	
ENH Medical Group, Inc.,	)	
Respondents	)	

DECLARATION OF MICHELLE KAMBARA

I, Michelle Kambara, state under the penalties of perjury that the following statements are true

and correct:

1.   I am an Economic Research Analyst in the Bureau of Economics of the Federal Trade

Commission. I have a B.A. in Economics from the University of California, Berkeley. I

have been in my current position since 1997.

2.   I participated in Complaint Counsel's attempts, using the programs and documentation

supplied by Respondents, to replicate the final processed data files used by Respondents'

experts.

3.   These supplied programs and documentation are not commercially available. Instead, it

is my understanding that Respondents' experts created these programs and

documentation.

4.   The final processed data files are the files that would be contained in Respondents'

experts' "payer_data_final\SAS" folder.

5.   Using the supplied documentation and programs, Complaint Counsel produced processed

data files inconsistent with Dr. Baker's final reported results (found in "DRG Specific

Regressions\programs\regression_by_drg.lst") for at least one payer, Aetna.

6.   Using the supplied documentation and programs, Complaint Counsel generated a

processed data file for Aetna that contained no observations for at least eight Diagnosis

Related Groups ("DRGs"). However, Dr. Baker reported results for these eight DRGs for

Aetna in "DRG Specific Regressions\programs\regression_by_drg.lst."

7.   It is impossible to generate a version of the Aetna processed data file that contains

observations for these eight DRGs using the programs and documentation supplied by

Respondents.

8.   Dr. Baker could not have generated results for these eight DRGs using the programs and

documentation supplied by Respondents.

9.   Respondents supplied four programs that initially process the raw Aetna claims data:

clean_aetna_hmo, clean_aetna_indppo, clean_aetna_managedchoice, and

clean_aetna_prudential.

10.   Each of these programs creates a variable not found in the original Aetna data sets,

"dstatus," representing patient discharge status.

11.   Each of the programs initially sets "dstatus" as missing (*i.e.*, empty), effectively assigning

a length of 1 for all records.

12.   Later in three of the processing programs (clean_aetna_indppo,

clean_aetna_managedchoice, and clean_aetna_prudential), the programs change the

length of "dstatus" to 2.

13. The program clean_aetna_hmo does not change the length of "dstatus" and instead, maintains a length of 1.

14. The subsequent processing program, fclean_aetna, combines the output of all four of the initial processing programs.

15. Because the fclean_aetna program reads in the output of clean_aetna_hmo first, the length of "dstatus" is set to 1 for the entire output of fclean_aetna.

16. The next program, grouper_aetna_1, processes the output of fclean_aetna. The grouper_aetna_1 program attempts to change "dstatus" to "01," indicating that all patients were assumed to have been discharged alive.

17. However, because "dstatus" now has the variable length of 1, the grouper_aetna_1 program has the actual effect of changing "dstatus" to "0."

18. This "0" assignment creates an invalid discharge status for all records.

19. These Aetna processing programs supplied by Respondents totaled thousands of lines of computer language code.

20. For certain DRGs, the 3M Grouper software requires a valid discharge status in order to group the case into those DRGs.

21. For these DRGs, if the 3M Grouper software receives a case with an invalid discharge status, it assigns them to DRG 470 (*i.e.*, ungroupable), and returns the error code "invalid discharge status."

22. This occurred with the eight DRGs for which Dr. Baker reports results but which contain no observations in the Aetna processed data file generated using Respondents' supplied programs and documentation.

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23. To test this outcome, I modified the supplied Aetna processing programs to assign "01" to the variable "dstatus."

24. After rerunning the modified programs, we were able to generate an Aetna processed data file that contains observations for the eight DRGs and believe we were able to replicate Dr. Baker's reported results for Aetna.

Executed this ___17ᵗʰ___ day of December, 2004:

_____

Michelle Kambara

EXHIBIT B

From: Sibarium, Michael [MSibarium@winston.com]
Sent: Wednesday, November 24, 2004 3:34 PM
To: tbrock@ftc.com; Kim, Albert
Subject: Expert Witness Rebuttal

Tom & Albert:

This is in response to Albert's letter dated November 22, 2004.

After inquiring into the matters raised in your letter, we have concluded that

Complaint Counsel has no basis to move for an extension of the negotiated

expert report discovery deadlines. We address below the specific issues

outlined in your letter below:

In a nutshell, we provide your experts below with a road map to respond
to the questions you have raised. This is all basic stuff that is evident

from the reports themselves. Moreover, we note below just of few of the ways
in which we are giving complaint counsel much more information than complaint
counsel provided to respondents in connection with your own expert reports, a

litigation strategy foisted on respondents that cost our experts substantial time
and our clients substantial money to clean up.

1. Complaint Counsel's Inability to generate Aetna Grouper Data. Unlike the
production from Complaint Counsel, Respondents have provided detailed
instructions on how to generate the Aetna grouper dataset (see Readme.doc in
the Noether production). If these instructions are properly executed, the
resulting dataset "aetna_postgrouper.sas7bdat" will contain records for DRG
121, 122, 386, 387, 388, 389, 390, and 391. In particular, the data set
will contain the following numbers of records for each of the DRGS: 508;
860; 1,444; 924; 1,453; 2,711; 2,893; 17,520, respectively. In the spirit of
cooperation, we can provide additional guidance to help understand what you
are doing wrong, but only if you send us your ".log" files from running the
programs specified in Section B of Readme.doc.

2. Respondents' purported failure to provide processed output files. To be
clear, the only intermediate datasets Complaint Counsel included in the
"Process Outline" folder submitted with Dr. Haas-Wilson's expert report were
the ones that came out of the 3M Grouper. Complaint Counsel did not provide
any other intermediate datasets generated from the data processing steps.

  - a. In your November 11, 2004 letter, you point us to "Process
Outline\Data\1\e\Payer_3M_OUTPUT.zip" as the location of files - "that
provided the output data that resulted from all of the data processing
steps...." However, please note that these files include only certain data
files that came out of the 3M Grouper step, which we already acknowledged
were produced.

  - b. Contrary to your claim, Complaint Counsel has failed to provide the
output data that resulted from all of the data processing steps. For

example, sections 1.a. through 1.d. of the Process Outline describe a series of steps to generate the data sets supplied to 3M Grouper. Not only did Complaint Counsel fail to provide output data from intermediate steps such as 1.a., Complaint Counsel also did not produce the final data sets used by the 3M Grouper as generated in 1.d. Data sets are organized under "Process Outline\Data" by section number. A folder is present only for section 1.c, but not sections 1.a., 1.b or 1.d. Files stored under "Process Outline\Data\1\c" are Excel files containing manually entered standard hospital names. They are inputs to data processing programs instead of intermediate output data generated by data processing programs.

In order to replicate Dr. Haas-Wilson, our experts had to re-process all of the data to replicate the results in Dr. Haas-Wilson's report (results that changed in several instances when the revised report was sent to us weeks after the original deadline). Respondents' production of output files is thus consistent with that of Complaint Counsel.

3. Respondents' purported failure to include essential programs in original submission. First, you claim: "We did not know why Dr. Baker's SAS export files saved the newborn and delivery case counts." Paragraph 29 of the Baker report states: "I address this problem with the data on obstetric cases by performing my analysis in two ways. Table 1 reports results generated from a data set that includes obstetric cases after correcting these data. [fn11]." Footnote 11 cites to the Noether report, paragraphs 184-6. In Paragraph 185 of the Noether report, she says: "I count the number of mother cases and the number of newborn cases for each hospital in each year. If the number of mothers is greater than the number of babies, I add the difference to the number of cases." The answer to your question could thus easily have been found in the reports themselves.

You further claim: "After we received the spreadsheets, we learned that this calculation [outpatient equivalent] was made by period, payer and hospital group. The generic explanation does not rule out alternative method." You quote a sentence from Baker paragraph 25 but neglect to mention the footnote in that paragraph, which references paragraph 189 in the Noether report. In this paragraph, Dr. Noether describes the process of calculating an outpatient equivalent by "Calculate average charges per inpatient case by summing the inpatient charges across inpatient cases (for a particular payer) and dividing by the number of cases." It is clear that this calculation is for a "particular payer" and also that it is done separately for each hospital. Further, you should have known (from the entire context of the report) that this calculation is done separately for the pre-merger and post-merger time periods. Accordingly, this criticism of Respondents' expert production is also not well-founded.

For these reasons, we will not agree to your requested extension and, to the contrary, will strongly oppose any motion concerning this matter -- especially since the lengthy extension you request will have an adverse ripple effect on the remaining scheduling order deadlines. Also, as you recall, Complaint Counsel served on Respondents, without any excuse, a revised Haas-Wilson report well after the deadline for such report. Indeed, this revised Haas-Wilson report was provided to us without prior notice and, most significantly, immediately after the parties filed with the Court a negotiated expert report schedule. Respondents nonetheless decided to honor the parties' negotiated schedule instead of bringing the belated revised report to the Court's attention. The Court will have to take these circumstances into consideration if and when Complaint Counsel files the motion for an extension referenced in your letter.

Feel free to contact me or Chuck if you have any questions.

<div align="center">Michael</div>

EXHIBIT C

From:	Kim, Albert
Sent:	Wednesday, December 08, 2004 11:51 AM
To:	Charles Klein
Cc:	'Sibarium, Michael'; Dahlquist, David; Brock, Thomas H.; Kim, Albert
Subject:	problem running price_share_analysis.sas

price_share_analysi
s.log (1 MB...

Chuck,

Thanks again for supplying the info on Dr. Noether's program. However, we have run into a glitch after following your instructions.

Specifically, we are having a problem running price_share_analysis.sas. We are encountering the following error: Variable ACUTE_OB_ONLY not found. Please see the attached log file.

The file named cmi.xls in "data/misc" has a worksheet called "acute_ob_only", but the program named cmi.sas in "programs/misc" doesn't use it. Do you have a program that creates the variable ACUTE_OB_ONLY?

Could you let us know if something else is missing and supply the needed info?

Thanks,
Albert

ps I've taken Mr. Kelley's name out of the distro list. Let me know if I should continue to include on technical matters such as this.

From:	Klein, Charles [CKlein@winston.com]
Sent:	Thursday, December 09, 2004 1:46 PM
To:	Kim, Albert
Cc:	Sibarium, Michael; Brock, Thomas H.
Subject:	RE: Requested Program

The latter.

-----Original Message-----
From: Kim, Albert [mailto:AKIM@ftc.gov]
Sent: Thursday, December 09, 2004 1:38 PM
To: Klein, Charles
Cc: Sibarium, Michael; Brock, Thomas H.
Subject: RE: Requested Program

thanks Chuck.

Do you mean that Dr. Noether didn't actually use the program in
generating any resutls in her report, or that the results generated
aren't necessary for her conclusions (but are reported)?

Albert

-----Original Message-----
From: Klein, Charles [mailto:CKlein@winston.com]

Sent: Thursday, December 09, 2004 1:35 PM
To: Kim, Albert
Cc: Sibarium, Michael; Brock, Thomas H.
Subject: Requested Program

·Albert,

Attached is a program you requested. Please note that Dr. Noether does
not rely on this program in reaching the conclusions in her report.

Chuck

Charles B. Klein
WINSTON & STRAWN LLP
1400 L Street, N.W.
Washington, D.C. 20005
Phone: (202) 371-5977
Fax: (202) 371-5950

<<cmi.sas>>