**DENISE:** Good afternoon, everyone. Welcome, and thank you for attending VA Mobile Health Discussion Series webinar. My name is Denise. And I'm going to run through a few brief technical reminders before we can begin the discussion.

If you are listening through your computer speakers, please be sure your volume is up. If you're dialing in, please follow the screen phone number and access code shown. Your lines are muted, but if you are experiencing any technical difficulties, the chat function is available to you at the bottom left of your screen.

If you have any technical concerns, or if you have any feedback or questions you'd like to ask during the webinar, please use the Chat at the left side, from the drop down menu. You can either send questions to everyone or select Send to Presenters from the drop down chat menu, and send any questions you might have.

To encourage feedback, please participate in any polls as they appear on your screen. We will not be using the notes or video conferencing functions, so please do not touch the Cam or Notes buttons at the top of your screen. Also, please do not turn on your webcams.

To respect everyone's schedule, we'll keep this moving so the session ends on time. If you have any questions for Sue Woods or Shawn Hardenbrook, please use the chat feature as we mentioned. We will get too many questions as possible, but if we don't get to your question we will send out an email following this webinar with any relevant answers.

This webinar is being recorded so that we can archive it for those who want to view it later. Also, if you're following along via Twitter, please use the hashtag #VAMobileHealth if you want to participate in Twitter. With that, I'll turn this over to Sue, Director of Patient Experience for VA's Connected Health Office. Doctor Woods, over to you.

**SUSAN WOODS:** Thank you. Can everybody hear me OK? OK.

**DENISE:** That's great, Sue. Thanks.

**SUSAN WOODS:** All right, so we're here to introduce you to Annie. And before we do that, I'm going to give a little bit of background about consumer behavior trends, what we're trying to achieve overall, a little bit of background about Annie and texting in general.

A big shout out, a lot of people-- this is a team effort-- to be thanked for developing this tool. Who's on the program today from the UK, a huge shout out to her, and some folks at Agilex, and Wyatt Smith in particular for leadership.

So in general, I'd really just want to share some visuals here, over the last smartphone use and some mobile device use. These are adults in the US. Phenomenal data comes from Pew and the American Internet Project, robust data. The last six years cellphone is on the very top. We've seen a tremendous ride where virtually every adult, almost every adult in the country has a cellphone.

Smartphones are around 55% of adults. But there's been a huge increase if you look over the last couple years. It's, basically, more than doubled, so a really rapid rise.

Importantly, smartphone, in terms of cellphone, consumption varies tremendously by certain demographics. The smartphone usage in the green, the bottom block part of each bar. There is no gender gap. And we have a very a small gap, in terms of race-ethnicity. It's actually a little bit higher in non-white.

But we continue to have a gap in smartphones, mostly driven by age, which is very important and relevant to us because our Veterans are older. So that is an important piece of information that where thinking about basic cellphones is a critical and essential element, if we really want to be communicating online with folks, and using technology.

But no matter what kind of phone folks have, we've really turned into mobile culture. Our phones are with us 24/7. People love convenience.

Again, this is data from the Pew Internet Project. And they keep tremendous data on

consumer behavior. People are using multiple devices. And in general, are OK with the cost and don't believe that it's a disruptive entity in people's lives.

So the really important thing that I want to stress as a priority, and as a goal, and why we are moving ahead with Annie, is really it's all about self-care and engaging people to participate more in their own care. I want to show some slides. These are actually pretty dated. They come from Tom Ferguson. He's a physician. He's no longer with us, unfortunately.

But he was a pioneer in the '70s and '80s for self-care and self-help. Those of us who are older recall the self-help books that expanded in our bookstore. But he was also focused on the use of technology.

And his description of our current health care system is that it really sits at the top of the iceberg. What needs to happen when people have health care issues and have to take care of themselves? All the stuff that's off the health care map needs to happen and does happen, but we spend most of our time and our money focusing on the top, primary, secondary, and tertiary health care.

And what he envisioned was a different kind of, an inverted structure. And this is 20 years before flip the classroom and flip the clinic concepts arose recently. And really said that what we need to do is to develop services and invest in ways to provide information and services that expand, basically, put self-help on steroids. And really, the information age and the use of the internet is really going to allow us to flip health care.

Now going back to the mobile culture that I talked about. There is tremendous opportunity to marry the rapid rise in the use of cellphones and technology in our lives with self-care and behavior change. And we're all patients here. We're all consumers. We're all in the business of taking care of ourselves. There are specific things that can help us and move us and motivate us and cause changes. And the cellphones really help do that. And this is behavioral change 101.

The interventions need to be pervasive and cellphones are always on. They need to

cue us to action. We need to get reminders.

They need to be able to increase our self-efficacy, our confidence in achieving our own goal. Self-monitoring is critical for behavior change. And then feedback is a tremendous opportunity for us to really see better outcomes. And speaking of outcomes, we do have increasing research and evidence that is accruing on the effects of texting, SMS texting.

This is, what I'm showing here, is a meta analysis. So this is a summary of multiple studies. In this case, these are 11 randomized control trials that looked at the effects of using texting to get people to their appointments. In other words, to increase attendance and reduce no-shows, which for the VA, for any health care system is pretty important for practice.

And what you find is anything that's over one, what it's is showing is odds ratio, is statistically significant for a positive change. And half, actually more than half, of the studies here were found to have a significant effect that's statistically different than the control or the comparison. Some of these, actually, use things like letters versus texting.

So really important opportunity to, like I said, not just change behavior, but potentially to help create efficiency and cost control for our system. Evidence continues to increase the amount for other research focused on health outcome. And the Cochrane Collaboration is a phenomenal library of that evidence. And there are reports on texting for specific conditions and chronic illness care.

And what's coming out of these is that texting is helping with self-care and tracking. There's been specific conditions where there's been better outcomes. Asthma is actually one of those. But in general, what people are finding, not huge effects, but significant and important effects such as helping people feel more comfortable and more knowledgeable about caring for the chronic condition.

OK, I want to move to the VA and a little bit of background. The VA has joined in a partnership with the National Health Service in the UK focusing on a very specific

activities where we can learn from one another, collaborate, work together to improve in certain areas such as telehealth. We're relying on their experience, which they've had for years now, on the use of what they're calling simple telehealth, for the texting.

What they've been able to do is develop a texting platform. They call it Flo. It's named after Florence Nightingale.

It is automated protocol. I'll run through that in just a few minutes, for what we're doing with Annie. They've been accruing their experience and their evidence, as well. And are way ahead of us.

And we're learning from them. And it's been very exciting to work with them on this particular program.

I'm just showing some specific quotes of the experience of patients that are using Flo. And it really is, both in a satisfaction improvement as well as a health improvement domains, people say that they are encouraged. That they do more. That they work more on self-care. And they also feel supported.

Based on the stories that we've heard from them, it just is palpable. And it feeds back to the clinician, as well, which is a really, really valuable benefit and a real evidence of partnership between patients and clinical team members. They've published some of their own evidence about the benefits of this tool.

I've listed a paper here, Cottrell with Chambers. And what they say, again, the stories and the evidence is mounting that it really builds, not only confidence, but companionship, as well as improving self-care and tracking.

I think we're going to take quick break for our sponsor.

**DENISE:**     Yeah, thank you. Thanks Sue. That's a great intro. And I know you're going to dig into some of the details here.

Actually, we have one question so far. Just a reminder to everyone listening in, if you have any questions, please use the chat feature on the bottom left of your

screen. Also, I did go ahead and share the presentation as a download. And I'll share that again in just a couple minutes, if you want to download that to your desktop.

Sue, the first question that we have here is from Santish in Reston, Virginia. He asks, "How are institutions such as Mayo Clinic, KP, Cleveland Clinic, et cetera, using text messaging for managing chronic conditions such as diabetes, hypertension, CVD?"

**SUSAN WOODS:** Well, Santish, that is a great question. I don't have answers for you on that one. Like I said, for this particular project we've been partnering with the National Health Service. I think the NHS is a really out in the lead in terms of doing this. I

And I am familiar with some of the clinics moving into this arena. And I think for the most part, they're using things like broadcast messaging and appointment reminders. But I don't know specifically about chronic condition management.

**DENISE:** Excellent, Sue. And that's the only question we have for now, so we will keep rolling until we get some more.

**SUSAN WOODS:** OK, great. So I want to move into Annie, little bit of background. The plan was to mirror what's been accomplished and the approach in the UK.

VA leaders were very excited when they heard the story from the folks in the UK, you know, stating that patients like getting messages from Flo. And while the messages are coming from an automated system, people feel and perceive that they're getting very personalized communication. And so we really wanted to leverage that model.

We also wanted to find someone who had been in the military. And we found Annie G. Fox, and named the system Annie. Annie Fox, she's no longer with us, but she was a RN and was at Pearl Harbor, actually, during the War. She was Chief Nurse there at the base. And she also was the first woman in the military to receive the Purple Heart.

So that's our name. And the Annie logo is presented there. I'm going to specifically talk for the rest of the session on the protocol messaging. But I also want folks to know that it's really a platform that's going to be utilized for three different kinds of text messaging.

The protocol is automated for specific issues. The second is what we're terming as broadcast messaging. So this would be tailored messages going out. So it'd be uni-directional messages going out, say, from a facility. Talking about right now, we've got to get people to come in for their flu shot. So it would be used for things like that.

And then the third component would be clinician-- really, clinicians, clinical team members to clinical team members. Those internal bi-directional. messaging. But I'm going to focus today on the first part. I'm going to give you some screenshots and kind of fly through the rest of the session, so we can then take some questions.

And actually, I just want to go back to one thing. So the rationale for this is pretty evident. As I said, not only are the cellphones with folks all the time.

A really key driver for doing this is that not all of our Veterans are older. They may have lower education levels. And so we really need to expand, not just smartphone reach, but basic cellphone reach. We also believe that this is a low cost, high outcome program.

OK, so I want to focus today on the clinical protocol. And again, I want to remind people this is not the nurse or the provider sending a text. That, I think, puts a lot of burden on our clinical team members. This is an automated clinical protocol, where a patient would get texts and respond to texts from a specific program.

So here's a simple example. Hi, this is Annie. It's ten o'clock, and I haven't seen your blood pressure reading yet. Can you send?

So the patient would get this as a text message, and they would respond. I'll go through some of the rest of the screens. So the clinician, say, a nurse care manager, or a physician, a mental health provider would really be using this like they order a prescription medication for a particular patient, would identify a patient

about halfway through, Patient Search, Protocol, Message History, and Reports. Those are the things I want to go over.

So let's run through a specific protocol. Sorry, that was a blood pressure. I want to show you a diabetes protocol. So again, the bars are up at the top. We're under Specific Protocols, and a specific Diabetes Protocol is found. There's a description.

There's the name of the protocol, a description of the protocol, the template or the what's going to happen. So this patient would get a message about glucose or blood sugar before eating. And they would also get motivational messages, as well.

Here is drilling down into the protocol. The clinician would be able to see and potentially modify the settings for when it would start, when it would end. And again this is the diabetes blood sugar before eating protocol.

Importantly, Annie send alerts to the patient. And this is really important for two reasons. First of all, it's the patients who you want to do the self-care. And so they're the ones who need the alerts and notifications.

For example, you can see this setting here. The parameters are set, say, for a very low blood sugar or a very high blood sugar. And if the blood sugar that comes back to Annie is outside those parameters, another message would be sent. And you can see it below. The lowest and highest valid reading, what the message would be.

And the second reason that this is really important [INAUDIBLE] to the clinician. Again, the whole purpose of Annie is to promote self-care. The messages are also motivational and educational messages. They can be customized to be spent on specific times and dates, start and stop for the messaging.

The messages can be looked at, the actual content of the messages. I think this is a really good important area for potential innovation, and evaluation and research is the content of messages. But these protocols have been developed by a team of clinicians who are subject matter experts, in that particular condition.

OK, I'm going to take another break, if there's any other questions.

**DENISE:** Sue, we have lot of questions. We have lots of questions queued up here. So thank you everyone. We're going to try to get all of them.

Sue, I have about seven or eight questions here for you. So I know we're going to give you a couple seconds here to take a sip of the water and keep your voice going. The first question we have here is, how is patient security handled with text messaging?

**SUSAN WOODS:** That is a really great question. And I hadn't really covered the whole privacy and security part of that. And there's another screenshot that you'll see. But [SNEEZE], excuse me.

Texting is considered self-care. And like prescribing a medication, the expectation is that there will be a conversation between the clinician who's assigning a protocol and the Veteran. The information that will need to be discussed with the patient is that it is for self-care, number one.

Two is that these clinicians can look at the messages, but it's not telehealth. Nobody is going to be sitting there and reviewing this, the purposes for the patient. They're responsible for monitoring their own information.

And then third, is the information that these are being sent as unsecure text, if you're using a basic cellphone. For folks who have a smartphone, and they want to receive the information through the Annie app, they would be required to download the app.

But the expectation is that probably the majority of our users are going to be either using a basic phone, or even if they have a smartphone, they will be interested in receiving text messages using the texting function. So a long answer, but, basically, it's a really important question. There's a discussion and a verbal consent.

**DENISE:** Great, so this next question. If you're familiar, how does the function of the appointment reminder in Annie compare to the text for BB Mobile application. And the follow on there is, will there be a function to remind patients of all their

appointments, regardless of the specialty clinic? For example, gynecology or maternity care in VA versus primary care.

**SUSAN WOODS:** So that was a really long question. I'm not sure I got all of it.

**DENISE:** OK, let me repeat it. How does the function of appointment reminders in Annie compare to the text for BB Mobile application? Will there be a function to remind patients of all their appointments, regardless of the specialty clinic, such as maternity care in VA?

**SUSAN WOODS:** Right, right, OK. The person who asked the question is referring to the broadcast messaging function of Annie, which is not part of the protocols that I was discussing. It is broadcast messaging that's going out, uni-directional messaging that's going out.

If a user is getting appointment reminders, we would not be parsing out one particular appointment with another. We're also continuing to identify how much information. Some of the information in the appointments is personal health information. And so we're still working on what it's going to be.

It may end up being you have an appointment, as opposed to you have an appointment in the mental health clinic, right? So we're still working out some issues related to the content for broadcast messaging. But the expectation is that a user would get reminders on any appointment.

**DENISE:** Great.

**SUSAN WOODS:** Sorry, just to finish. The plan is that they would get two reminders of an appointment that's coming up. And so we wouldn't be nagging people incessantly.

**DENISE:** Great, thanks, Sue. We have a lot of questions. I'm going to tee up one more now. And we'll hold the rest for the end. This message is from Patrick. What would be the first step for VA NC that wanted to implement this text messaging service at a facility?

**SUSAN WOODS:** So we are working on the plan for piloting. But we're not ready to offer a specific

activity. And I know Shawn Hardenbrook on the call may have any additional information about that.

**SHAWN HARDENBROOK:** So what I would say is we have a national support contract to roll out applications that we're developing in the connected health office. And in addition to Annie, we have over 100 capabilities that are under development. I mean, this is just one of them.

So once we go through the pilot phase early next year, work the kinks out, we will then have a very structured kind of roll out. And we'll have to work on what that would look like. But we'll have support for field sites. We will do training with field sites. And we do have someone to manage that.

**DENISE:** Great, Sue, why don't you keep going? And whatever time at the end, we'll use for questions

**SUSAN WOODS:** OK, I think we have a lot of questions. So I'm going to run through this quickly, OK? So keep in mind that there's three different users. The Veteran, obviously, again, if they have a smartphone, there will be an Annie apps that they will be able to download.

Clinical staff, primarily our clinical staff will just be assigning protocols that are already available. They will also have the ability to view messages, and histories, and reports. And then clinical administrators will be our [INAUDIBLE] users, who are going to be developing, creating, and modifying protocols.

I'm going to run through, say, a nurse care manager would be looking for a patient, doing a search. Identifying specific patients that come up with that search. And then choosing one.

They would see the account. And then, it's hard to see, but at the very bottom, this is where a patient would get enrolled by the clinician. The provider would choose that the patient has a basic cellphone or has a smartphone and wants to use the Annie app.

Actually, I'm going to fly through that one-- is an example of that message history. Actually, a patient who is using the Annie app would be able to look at the messages, as well as look at reports. So in this instance, the darker messages are from the Annie application. And the gray in the middle would be for the patient.

And the patient, there is some education and training that will be required when the patient responds. They will need to respond using a particular convention. So in this case, it would be BP 170 over 68. The user would be able to go and look at the message history under specific date intervals.

Here's an example of what the message history screen interface looks like. You can filter, say, a clinician would only want to see the messages coming back from the patient. So they could filter that and look at those responses, as opposed to seeing everything that's been sent out and come back.

And then, lastly, reports, which are visual displays of the data. And there's some really nice functionality within this, where you can really look at things temporally. Lastly, protocol development, again, it's not going to be anybody who can create or modify a protocol. We will be having and working with clinicians to help us develop the rules and the business guidelines for this. But really, the clinicians will be able to create some really exciting innovations and flexibility by creating new protocols, and customize existing protocols, create new protocols.

You can go back and look at who's done what when they developed the protocols. So there'll be some sort of control over this. As Shawn said, we're completing development. The plan in this fiscal year, will be piloted. And we're currently working on finalizing our training materials and identifying our first phase of planning and testing.

OK, I think we can move into questions.

**DENISE:** Great, let's start. We have lot to cover. How does Annie VA text messaging program sit in with secure messaging, as a tool? How will this fit within home telehealth protocols?

**SUSAN WOODS:** So those are two different things. But again, this is a tool that is going to supplement what we already do. So secure messaging is asynchronous online communication between people, patient and a provider, patient and a clinician.

Next thing is, like I said, it's an automated protocol-driven service that focuses on self-care. So I think the important thing is that we need all these tools to really do our business in a really robust way, in a remote way. And I think what Annie can provide, again, that's so, so important is supporting in delivering self-care.

**DENISE:** Thanks, Sue. The next question we have, is this considered a medical record?

**SUSAN WOODS:** Is this considered a medical record? Shawn, do you want to take that one?

**SHAWN HARDENBROOK:** So this data is not stored in what we would think of as the electronic medical record. It's in its own database. And we'll have to figure out what it is.

I would probably align it with this new concept of PGD, patient generated data that we're creating in VA. And Sue just happens to be working on that initiative, as well. But the simple answer is, it's not considered part of the medical record.

But I will say that we do keep every message. And should we have to go back and do any kind of discovery or see what the system sent and what the Veteran has sent to us, it will all be available.

**DENISE:** Thank you. This next question is from Tim. Is the broadcast protocol configurable to the individual level? Is it also able to be configured to send a particular message to a particular subtype of patients in a particular time zone or region?

**SUSAN WOODS:** Yes, it can. You know, the thing about the broadcast messaging-- and remember, these are not messages that are meant to have responses. These are, you know, it's time for your flu shot.

But you could configure it, and that's that administrator role. There will be tremendous flexibility pay at the facility level or clinic level to have messages that go out to a-- I would think about it as a groups or a population.

I'm not sure what your benefit would be for a single Veteran getting a broadcast message. See, that's an example where you'd want to see if that person has a secure message, right? So I think we should be thinking of these tools and finding the best usages for them.

And I think as they become institutionalized and part of our routine care, we'll find the best way to communicate to people. But again, I wish Joanne Harding, who is in England right now-- and she's on the line. She's in the chat box. So folks can go back and look at the chat from Joanne.

And the really key thing here, this is not I'm sending you a message as an individual. This is self-care, self-management. And we're supporting basically what we want people to do for their treatment plan in the first place.

**DENISE:** Thanks, Sue. And another two-part question along the same lines as protocols. The first part is, who would write the protocols? And the second part is, who would decide when protocols conflict?

**SUSAN WOODS:** There's already been a number of protocols. Doctor Evans put together a group of subject matter experts and clinicians who have already developed a number of protocols, blood pressure, diabetes. I mean, the use cases are almost endless, when you think about it.

And UK has done some phenomenal work in places where we might not normally think of. They've developed protocols for before people go to surgery, pre-surgical procedures. You know, they're working with pregnant women who have mild eclamsia. And they want the women to monitor their own blood pressures and protein in the urine.

And not only does it get the women to really participate in their own care. Again, it really helps on the efficiency and the care delivery side because if women are doing that, you can get people ahead of time, early on if they're having problems. So you can prevent more complicated issues down the road. It will be really important. You know, we're all going to be in this together, defining and developing the best ways to

14

use this tool.

**SUSAN WOODS:** Thanks for that, Sue. Moving on, we have a question about whether or not this will be part of the My HealtheVet or a separate app for the phone.

**SHAWN HARDENBROOK:** So I can--

**SUSAN WOODS:** Go ahead. Go ahead.

**SHAWN HARDENBROOK:** Well, I was just going to say that all the capabilities that we are developing out of My HealtheVet-- we're in discussions with My HealtheVet about trying to do as much integration as we can. If we can't implement the capability directly in My HealtheVet, they're willing to at least put a link to make it easy for the Veteran to get out to the other capability. But My HealtheVet is undergoing a redesign. It's about a 10-year-old system at this point. And there's a new portal, a new interface that'll be coming.

And so, all of this is on the table to try and provide a better unified-type experience.

**SUSAN WOODS:** I would just add to Shawn's comments that there is potentially a role for My HealtheVet, particularly for the broadcast messaging. Because at some point, we'd love self-service, so that patients would sign up for this, enter their mobile phone number. They won't be able to do that for clinical protocol but for the broadcast messaging. That's something that we should be thinking about as we move ahead.

**DENISE:** Great, thanks. And we have a question here, does the app required a pin? Or how do we ensure the text is only see by the patient?

**SUSAN WOODS:** So again, this goes back to the issue of verbal consent and the discussions around what this is and what this isn't. And again, similar to a conversation about a patient being put on a new medicine, I mean, this is a new medicine, right?

The best practice here is going to be talking about what it is, self-care care, the fact that it's going to a text, and the fact that anybody else who has access to the phone would be able to see the text.

We will have an information sheet that we're going to want clinicians to use as a guide, to have that conversation.

**DENISE:** Great, we've had a couple of questions on whether or not the system can be used for individual patient appointment reminders. As well as, would patients have the ability to cancel appointments when responding to the text?

**SUSAN WOODS:** No. Again, these are texts that are going to go out. The broadcast messages, they won't be able to reply to them. And it won't integrate with other applications that are in development, such as appointment management. Broadcast messaging will just go out as a cue, as a reminder, not as a communication channel that's coming back.

**DENISE:** Great. How can the system work for pharmacy regarding refill reminders?

**SUSAN WOODS:** Good question. Thoughts, Shawn?

**SHAWN HARDENBROOK:** I have not heard that requested yet. We certainly can see we can do about integrating that type of capability. We have other mobile apps, by the way, for refill. There's a mobile RX refill that complements the My HealtheVet RX refill capability. I would say we could discuss how we'd want to handle that in Annie.

**DENISE:** OK, I think we just have a couple more questions left. Can the messages be saved into the chart, like secure messages? And I'm sorry if you answered that already.

**SUSAN WOODS:** I'm sorry. Say that question again.

**DENISE:** Sure. Can the text messages be saved into the chart, like secure messages?

**SUSAN WOODS:** We don't have that capability.

**DENISE:** OK, and then I know you talked a little bit about pre-existing tools and working with My HealtheVet. Here was a specific question. Are there plans to integrate these tools with pre-existing tools? One of the biggest complaints we get from providers is that all of these tools are so compartmentalized.

**SUSAN WOODS:** Right. So when they take compartmentalized, I assume they mean that they have to log into a variety of applications. And there's not single sign-on or clinical context when you're in one chart with one patient on one application. You're in the same patient.

And this is the same issue with the patients, by the way. It's not just the clinicians, who we don't want to have them to login to five different apps. We want people to go to a suite of applications. And that is the direction. And Shawn, you may want to expand on that.

**SHAWN HARDENBROOK:** I was responding to a chat. I don't know the question. [LAUGHS]

**SUSAN WOODS:** It was just about not having to sign in to different applications in different places. And moving toward a place where people can access, either clinicians or patients, really, assess different applications. So that's fine.

**SHAWN HARDENBROOK:** Yeah, well, there's this thing called AccessVA. So for patient apps, Veteran apps will be trying to use the AccessVA credentialing system. And it'll be a single way to login, with single sign-on, hopefully, across apps. Of course, the single sign-on has to be integrated.

But the benefit of AccessVA-- which, by the way, My HealtheVet will also be using-- is it allows Veterans to create-- well, they can login using a variety of credentials, even down to a credit card through Symantec. For providers, right now we're using the single access. Wherever someone has Vista access, we're using that credential.

But we're also looking at how to integrate single sign-on within mobile apps. Sort of like you have with the CPRS apps and the Vergence connector that CPRS uses. But all of that is in the works.

**DENISE:** Great. Well, thank you, everyone.

**SUSAN WOODS:** I think we lost you, Shawn.

**DENISE:** A really good question--

**SUSAN WOODS:**    OK, let's move on. Although, actually, before you move on, Joanne Harding put in a text response to the prior question about integrating with peer messaging or telehealth. And she's responded that the experience in the UK is that what they're finding is that patients can step down from telehealth, which is a much more resource intensive, staff intensive intervention for monitoring to a texting service. So not only is that good for the patient, it's good for the staff.

**DENISE:**    Well, thank you, Sue. And thank you, Shawn. And thanks everyone for your participation today.

A few reminders before you log off and hopefully enjoy your weekend. Please consider voting for Dr. Neil Evans. Can you not hear me? Can you hear me?

**SUSAN WOODS:**    I can now.

**DENISE:**    OK, sorry about that. For those who didn't hear me, thank you again for your participation. Please consider voting for Dr. Evans, co-director of Connected Heatlh for VA, who's been nominated for the FedScoop50's Up and Comer Award. The URL is on your screen now, and will be included our follow-up email.

Please don't forget to take the survey. And let us know what you thought of today's presentation, and what topics you would like us to cover in the future. For your colleagues who were unable to join today, or if you want to listen to the presentation again, the link to the webinar will be posted in about an our hour on the VA Mobile Health website. And that URL is shown on your screen now.

Thanks, everyone. And I hope you have a great weekend. Thanks, again, Shawn and Sue for your participation today. Have a good weekend everyone.