

VA Mobile Discussion Series

November 2018 Webinar: Care for the Caregiver

VA's Mobile Discussion Series is a monthly webinar featuring a variety of topics focused around app development and mobile health at VA.

Micah Azzano: Hello everyone. Welcome and thank you for attending our VA Mobile Discussion Series webinar. This month is National Caregivers Month, and as such, our discussion is focused on "Care for the Caregiver" today.

My name is Micah Azzano, and I'm going to run through a few brief technical reminders before we begin. If you used the participant code, your phone lines are muted, and we'll be taking questions in the chat feature. If you did not use the participant code, please mute your phones; we are still getting a little bit of typing and some background noise. The chat function is available to you at the right of your screen, and if you're experiencing any technical difficulties, please use that feature and someone will be in touch to offer assistance.

Today, I want to welcome our presenters: Pamela Wright, national program manager, VA Caregiver Support Line, Caregiver Support Program; Dr. Bret Hicken, geriatric lead/staff psychologist, Veterans Rural Health Resource Center in Salt Lake City; Heather Cole-Lively, caregiver support coordinator and supervisor. Those are today's presenters, and as I mentioned before, if you have any questions for our presenters, please use the chat feature on the right. We will stop the presentation intermittently to answer those questions. If you would like to download the presentation, please click on the file name below the chat screen. And with that, I'll turn it over to you Pam.

Pamela Wright: Thank you, Micah, and good afternoon everyone. As Micah said, I'm the national program manager for the Caregiver Support Line, and the Caregiver Support Line is under the VA Caregiver Support Program, which is under Care Management, Chaplain Service, and Social Work Services in the Office of Patient Care Service and VA Central Office 10P4.

The Caregiver Support Program has two distinct programs that are provided at every VA Medical Center administered by caregiver support coordinators. The first program is the program of General Caregiver Support Services, and this program is for enrolled Veterans from all eras who need a Caregiver for at least one ADL, a mental health condition, or a neurological impairment. Caregivers of these Veterans receive a variety of services listed in the PowerPoint, as well as services for Veterans that can reduce the burden for a Caregiver or provide some needed respite for the Caregiver.

Next slide please. Thanks. The second program is the Program of Comprehensive Assistance for Family Caregivers, which you may have already heard about. This is a clinical program for Veterans which are injured in the line of duty on or post 9-11. This program has an application process that requires a clinical eligibility assessment for the Veteran, a Caregiver assessment, Caregiver training, and an in-home visit. If all the steps are completed successfully and the



Veteran is deemed eligible, the Caregiver will receive all the services that the general Caregiver program provides the slide before, and the additional services listed on the slide here to include a monthly stipend payment, CHAMPVA health insurance if the Caregiver no longer has any health insurance, additional respite, mental health services, and ongoing monitoring.

Next slide please. With the expansion of the VA Mission Act of 2018, the Program of Comprehensive Assistance for Family Caregivers will expand to cover Veterans of all eras who were injured in the line of duty and need a Caregiver, and they'll be able to apply for the program. And this program will be released in stages over the next four years. In order to start rolling out the program of expansion, first the VA must require that an informational technology system is in place and that it being worked on over the next year. And the expansion will also include additional services, such as financial planning services and legal services.

Next slide please. The Caregiver Support Program utilizes various technologies to support Caregivers of Veterans of all eras. The National VA Caregiver Support Line is the gateway for Caregivers to receive information about our program and services, including services and benefits available to assist them in caring for their Veteran loved one. The VA Caregiver Support Line is open Monday through Friday from 8 a.m. to 8 p.m. Eastern Time, and the line is staffed by master prepared licensed social workers who provide supportive counseling information and referral to various VA and community programs. They also make referrals to the local caregiver support coordinators that are located at every VA Medical Center across the country, and some of the medical centers have additional caregiver support coordinators due to the demand and need for services and support.

So, the Caregiver Support website, the www.caregiver.va.gov, contains a number of tips, tools, videos and links to resources for Caregivers, and that's something that you can provide to your Caregivers to check out and receive those kind of resources that they have there.

The Peer Support Mentoring program was developed to strengthen relationships among Caregivers. So often we hear the Caregivers appreciate the opportunity to talk to and learn from other Caregivers, and by doing so they don't feel so alone in their struggle. The Peer Support Mentoring Program utilizes phone technology to connect Caregivers with years of experience, a mentor, and Caregivers with less experienced, a mentee, and the pair meets through telephone conversations, and additionally, sometimes they can even arrange to meet face-to-face.

The Memphis Caregiving Center offers a program known as REACH VA, which stands for Resources for Enhancing All Caregivers' Health. This is an evidence-based intervention delivered by clinical staff to provide individual support to stressed and burdened Caregivers, particularly to those who care for Veterans with dementia, spinal cord injury, MS, PTSD, and ALS. In addition, the Memphis Caregiving Center offers a general telephone support program with clinical staff facilitate group sessions for Caregivers, and both of these services are offered to Caregivers through VANTS and by individual telephone to telephone.



The Caregiver Support Line offers national telephone education calls to Caregivers. They offer three calls that are held each month over a theme of Care for the Caregivers. And the topics vary each month, and the groups are facilitated using VANTS, where Caregivers receive an access code to dial in and they listen to a presentation and then they participate in a discussion at the end. And on average we have about 100 Caregivers dial into each of our calls. Now this month, we presented the Caring for Someone with PTSD While Helping Caregivers Recognize Their Own History of Trauma. In addition, we have these Caregiver-led calls that are held on a quarterly basis where a Caregiver presents his or her story. So, the participants there are saying that the calls are very satisfactory to them, and they report feeling very inspired by the Caregiver speakers.

The Caregiver Support Program also partners with Building Better Caregivers, and Building Better Caregivers offers a six-week online workshop to Caregivers through the computer. Building Better Caregivers helps the Caregiver in two different ways. They provide training on how to better care for a Veteran, and then they also help Caregivers learn how to manage their own emotions, stress, physical health. And those that graduate from the 6-week program can continue in an alumni community, and caregivers find the program is very helpful as they can access the material in a convenient way, and they can also receive support from other Caregivers.

Micah Azzano: Okay great, thank you Pam. We don't have any questions at this time, so we'll just continue on. I would encourage anyone that has a question to please use the chat feature on the right of your screen to ask our presenters any questions, and we'll be answering them intermittently throughout. At this time, I would like to hand it over to Dr. Hicken.

Dr. Hicken: Okay great. Hopefully everybody can hear me. I'm going to be talking about a collaborative project that my office is doing with the Office of Caregivers Support – the Caregiver Support Program in Central Office. And this project is specifically trying to help disseminate the VA Video Connect platform to improve access to Caregiver support services for Veterans and Caregivers living in rural areas. My office, the Office of Rural Health, has worked for many years with the Caregiver Support Program to help rural Caregivers get access to the benefits and services that are available to them through the VA. And this project, this fiscal year and next fiscal year, is really focusing on increasing access to those services through this home telehealth technology. We're really excited about it because it makes those services much more available to Caregivers and Veterans because they can access them right from the comfort of their home. So, the goal of the project, as I've said, is to expand access to Caregiver dyads to these support services by adopting – helping caregiver support coordinators to adopt and learn how to utilize VA Video Connect. Specifically, in FY 19, we're going to be focusing on teaching them how to use this technology to do their 90-day monitoring assessments.

We'll be selecting a small pilot group or have already selected a small pilot group to start with. We'll be supporting them in getting and set up, helping them to implement the VA Video Connect platform to do their 90-day assessments, which are required of every Veteran who's enrolled in the post 9-11 Caregiver benefit. And then we'll be doing some evaluation to look at



how that technology is working for this purpose, what their experience has been in using it. In fact, let me talk about some of the outcomes we'll be assessing on the next slide.

So, specifically, we'll be looking at a number of different factors, and where we're measuring these things first just to see how this is working for the caregiver support coordinators who are utilizing it. But the larger aim is to use this information to help us disseminate the VA Video Connect platform for all caregiver support coordinators. So, we'll specifically be looking at how it's utilized to do these 90-day monitoring evaluations, how many evaluations they've been able to complete using the VA Video Connect platform. Then we'll also be finding out whether they've used VA Video Connect for any other purposes. Hopefully, many of these caregiver support coordinators will begin using VA Video Connect to provide other kinds of Caregiver support services to Caregivers in their homes. We'll be looking at satisfaction with the platform among caregiver support coordinators and also talking to Caregivers and Veterans about their experience in using VA Video Connect to see what they feel about it., and the impact of using VA Video Connect on Caregiver and Veterans experiences in getting care.

Of course, we'll be looking at barriers – what sorts of things do caregiver support coordinators run into that make it hard to use this technology. And then the impact of using that technology on their workload – does make it easier for them to do their work as a Caregiver support, does it create additional steps or additional work they have to account for in order to use it. That impacts sustainability, so we want to look at that. And then ultimately, as I said, we'll be using this information to support a larger rollout to all of the caregiver support coordinators in the end of FY20, FY21.

Micah Azzano: Thank you Dr. Hicken, and can you just, real quick, you mentioned a little bit about it, but can you talk more about some of the unique challenges that this project is hoping to address?

Dr. Hicken: Sure, anytime that a new technology is being disseminated, even if the technology is wonderful and makes things easier, it's just hard for a busy provider to adopt that into their practice. And so really, one of the biggest barriers that we're trying to address is that startup barrier that most people experience when they're trying to learn how to use something new. So ideally what we'll be providing through this project is a little bit of support and guidance to help the caregiver support coordinators overcome that startup barrier that might keep them from trying to use VA Video Connect. And that's really the biggest barrier that we're going to be encountering. The other barrier is that this is a new technology, not just for caregiver support coordinators, but for all of the VA. And so, everybody's trying to learn how to use this and learning how to incorporate this into clinical care. And so, by providing support and creating this pilot community of caregiver support coordinators working together, our goal is that this will create a supportive environment to help each other learn how to use VA Video Connect a little bit easier than it might be if they were just doing it all by themselves.

Micah Azzano: Okay, great. Thank you so much for that. Now I want to turn it over to Heather Cole-Lively, and she's going to talk a little bit about VVC and Caregiver counseling.



Heather Cole-Lively: Good afternoon, can everybody hear me?

Micah Azzano: Yes, I can hear you.

Heather Cole-Lively: Okay, thank you. I just wanted to make sure. So, we found when we started our project, we started off with a smaller portion and we looked at doing some counseling via VA Video Connect. And we really needed to consider if there were extenuating circumstances for the Caregiver that would create complications during treatment using this type of modality in the home. For example, we had two cases where the Veterans were so paranoid that installing this modality would have likely created a hardship for the Caregiver as it would have increased the level of paranoia for that Veteran. So, we really worked with that Veteran's treatment team to see if they would ever be stable enough to have this type of modality of treatment installed in their home for the spouse, to not tip them over the edge or cause more hardship for that spouse. So, you really have to look at the extenuating circumstances in the house and really assess for appropriateness when you're looking at installing that for Caregivers or counseling, which was what we did.

We also found that some of our dyads were too remote and were unable to maintain our connections with – we would get them up and running, and then they were just too remote and they weren't able to maintain the connections via our video. So, our team was helping us troubleshoot those areas, those really remote areas, and it's not always a perfect method, so we always had a backup plan, and our backup plan was usually calling the person if the connection wasn't working properly.

Next slide please. I think, yeah. No, I'm sorry. I just have one slide; I apologize. We serve 35 counties in Northeast Ohio and have 13 outpatient clinics. And I just learned this morning that our service area covers and spans 10,000 miles in Northeast Ohio, so some of our smaller clinics and more rural areas have mental health provider vacancies that are where we're having more shortages, and we have more shortages on space to see Caregivers.

If we send somebody from the team to see them, they don't always have space to see them. We have Caregivers that were having to drive long distance to get to clinics. We had one provider on our team that was dedicated to actually seeing Caregivers through the VA Video Connect. And we had two to – they reserve two to three times a week to actually see those Caregivers via the VA Video Connect. And this has really increased their access and timeliness of those services for our Caregivers, so it's been great in terms of really increasing access for services for us. Our Caregivers have a face-to-face interaction with that therapist; it really minimizes the distractions for the Caregiver versus just a call. The provider can really read their body language, that Caregiver's body language. They can see their facial expressions, as well as any environmental factors. For example, they're able to see if the Caregiver is able to engage on their own in a quiet space or if there's a lot of things in the environment – if the environment's loud and really demanding of the Caregiver and they can't even get away for an hour to focus on themselves for an hour.



The Caregiver does not always have to worry about being able to find childcare or someone to stay with the Veteran if that was a concern for them. It decreased the travel time and cost. There were fewer – we live in Northeast Ohio so we do get a lot of snow – there were fewer – decreased weather-related cancellations. We had decreased travel cost on the VA part, too, because we had primarily one person dedicated to do this type of counseling. They are stationed in one place, and again, we span 10,000 miles, so that can really add the cost pretty quickly.

VA Video Connect is truly like using secure FaceTime and is easy for both the Caregiver and provider to use. The provider sends out a secure link to the Caregiver, and the Caregiver opens that link during that appointed time. And the provider doesn't have to include scheduling on that. They can do that on their own; they're not relying on somebody else to help them do that or complete that. You don't have to schedule a room. We found that this was just – it simplified the process and it made it so much easier for us.

And I know when I was asked to consult with the team that was gonna help them put this together, I said, well if anybody can use this technology – if I can use this technology, and our IT team here can definitely verify that if I could use it, then anybody could use it, because I am so technologically challenged here that I've gone through so many computers they think that I have a curse. So, it's easy to use; it's really truly like FaceTime. Caregivers have expressed positive experiences here using this modality, and they really appreciate it, not having to go to the clinic for another appointment, as they felt that they really go – they have clinic so often with the Veterans. And it's actually even – some Caregivers have even reported that this modality has really gave them incentive to engage in counseling because they didn't have to leave the home. They didn't have to go out again, and they didn't have to travel.

We've had a really positive response, and that positive response has been such – it's given us incentive to really – it's kind of a lofty goal for us, but we, our goal for FY19 was to expand our VA Video Connect use to transition all of our dyads and our comprehensive program, which is it at 160 right now to quarterly assessments. We're trying to move all of our quarterly assessments into the VA Video Connect because we find such value in being able to see that face-to-face connection, and there's so much less distraction when you're using it, and you just get a lot more out of that interaction. So that was our goal for the year because we found such value from it. That was mine, so thank you.

Micah Azzano: Yeah, thanks Heather. I have just a quick question for you. You mentioned a number of benefits, but I was wondering what you personally noted as one of the biggest benefits of using VVC to support Caregivers, and if you have an example?

Heather Cole-Lively: I think probably one of our biggest benefits, honestly – like I said, the number of it is ... we've seen a number of it, but I think for our people that live in rural areas – and we have a number of couples that live in the rural areas because it seems that our Veterans seem to do better living in the rural areas where there's not as much stimulus and there's not as much going on – so for them, not having to travel and that ease of accessibility, it has really



given them more incentive to engage in their own self-care. So, as they have engaged in their own self-care, their stress levels have gone down, so they have been able to engage in their Caregiver role more. So, I think that that's probably one of the biggest benefits that we have seen. And also, just the fact that we can – it's not just a phone call, and the therapist was actually able to actually see and actually give us some feedback of what actually was going on in the home environment when we weren't out there all the time. And so, we were able to address some of those things with them, with some of the dyads, and it's made such a big difference for us. So, I think that was probably the biggest – I know that was two things – but I think that was the one of the biggest positives about it.

Micah Azzano: That's great, thanks Heather so much. And now I want to turn it back over to Pam to discuss VVC monitoring assessments.

Pamela Wright: Sorry about that; I had the mute on. Thanks Micah, now Rebecca Vixler who is a caregiver support coordinator out of Sioux Falls VA Medical Center in South Dakota was going to present today, so I'm presenting on her work that she did. And she started her work in March of 2018 with the VA Video Connect, and she started using it for the quarterly monitoring assessment with 10 Veteran Caregiver dyads. And this is what Heather said she is going to start in this new fiscal year, is working on the monitoring assessments. And these are required for all of our dyads in the program of Comprehensive Assistance for Family Caregivers. And just a little bit about monitoring assessments: they are to provide a check-in with the Veteran and Caregiver, and they're sort of, they look at the overall health and well-being of the Caregiver and Veteran, Caregiver's burden, they look at the home environment, they provide resources to the Veteran and Caregiver, and they review any needed equipment for the Veteran.

So, whoever is doing these monitoring assessments, these are the things that they're looking at, and they can be done in a number of ways. We can do either face-to-face in a home, through a telephone call at the VA Medical Center when the Veteran is scheduled for an appointment, or through telehealth VA Video Connect. Implementing these assessments via VA Video Connect provides a face-to-face modality rather than having that telephone assessment where you can't see the person that you're speaking to. And for rural Caregivers this means no traveling to VA or having someone visit their home. And for VA, it means that there's no travel time for staff or travel expenses, so we're saving dollars and we are saving time. And all the parties can visit through this modality in the comfort of their home or their office, so it allows a dyad to fit the visit in, in their busy day, and it allows staff to review the record and document notes during the visit, so that also saves time. And they can also access the records if there's some questions about a visit or something else, they'll be able to have that right at the fingertips. And VA Video Connect also improves the overall assessment of the dyad versus that telephone discussion that doesn't have the face-to-face as I discussed.

So, Rebecca's work through VA Video Connect, she was able to place her eyes on the dyad in their home and better assess them through this modality. And she also was able to see the facial expressions, their appearance, the interaction between the Caregiver and the Veteran, and whether the home was organized or it was messy, and able to assess if there was any



equipment problems or device problems or whether a Veteran needed a special device. So, all of these things she was able to do through VA Video Connect, which she wasn't able to do it on a telephone.

Time is allotted in the visit for the dyads to meet separately with Rebecca, so she was able to assess the Caregivers burden and other concerns that may not be appropriate to discuss in front of the Veteran. And she was able to meet with the Veteran privately, so that the Veteran could share any concerns that he or she had. And in addition to that, Rebecca was able to observe that the home environment was like – was it ideal and safe, or were there concerns? And if there are concerns, they then would actually do an in-home visit to further assess what's going on. So, it really improved her ability to do these assessments from doing them on the telephone to doing them through VA Video Connect. And it is much simpler to use. It doesn't interrupt the life of the Veterans and Caregivers, and it's less intrusive in their home – you know, more so than a home visit.

Next slide, Micah. Thanks. And so, the dyads reported being very comfortable with the VA Video Connect, and they said that they use their FaceTime and Skype that's very similar to that, so they're familiar with that modality and it made it easier for them. And they also said that they didn't have to clean their home or feel the intrusion of a home visit, so this modality allowed for being able to see the home, but not having to do all the preparation and prepare for someone to come into your home. And also, the modality is being used in the private sector, and some of the Caregivers and Veterans said that they had used this kind of modality for their visits for their children, so they already were familiar with using the video because this is something that now the public is also using.

And due to the successes that she had with VA Video Connect for the monitoring assessment, she is now offering this type of visit to all the dyads in the program because she only started out with the 10, but now she's offering it to all of her dyads. And she even said that she's offering it to the local Sioux Falls area. So, even though the Veterans and Caregivers live close, they don't have to go out to do that visit and get through the weather especially in the wintertime. She also said that she expanded it to mental health services. And, as Heather said previously, Rebecca also assesses the Veteran and Caregivers to make sure the modality is appropriate for them, and then once it is, then they're able to use that, and now that they're using it for mental health, they're referring Caregivers to mental health services through this technology. Thank you, Micah.

Micah Azzano: Great thanks Pam. And I want to encourage everyone to, if you have any questions, to type them into the chat feature at the right of your screen at this time. I want to go back and ask Dr. Hicken a quick question. Dr. Hicken, you mention the rollout for the project. Can you talk a little bit more about that?

Dr. Hicken: Do you mean like the timeline?



Micah Azzano: Yeah, the timeline and just when people can expect to see the caregiver support coordinator VVC project rollout?

Dr. Hicken: Okay so, we've selected our pilot group. We're having our first call together next week, and then we'll be, over the course of the rest of this fiscal year, be implementing. That will include the caregiver support coordinators going to the training that they need to have to use VVC, getting any equipment that they need in order to do it, and then implementing it actually with Caregivers and Veterans. And so we'll be having regular calls with our pilot group to provide training, to provide support, to troubleshoot issues that they're coming up with, to share experiences that they're having if they're working with this technology – and that will happen through the rest of this fiscal year and then over the next fiscal year. We're asking each caregiver support coordinator to use VA Video Connect to do three 90-day assessments with 10 Caregivers. So, we'll be tracking that through the rest of the fiscal year and then into next fiscal year, and then along the way, collecting data about how they're using it and the barriers, those things that we've already discussed.

And then at the end of the project, when all of those 90-day assessments have been completed, we will conduct a little more extensive evaluation that where we're interviewing, or through some surveys, asking the caregiver support coordinators specifically about the experience, what went well, what didn't go well. And at that time, we'll be contacting the Caregivers – or a select number of Caregivers; we won't be contacting all of them – but a select number of Caregivers and Veterans to find out their experience. And that would occur near the middle to the end of FY20. And then at the same time, we're incorporating this information that we've learned from this pilot into sort of an implementation plan for all the caregiver support coordinators, with the aim that we would start implementing with all caregiver support coordinators, sometime near the end of FY20 into FY21.

Micah Azzano: Great thank you, and you did mention a little bit about assessing the challenges or any issues, and I want to go back to Heather with a question on that. Heather, can you talk a little bit about some of the challenges that you've experienced with using VVC to support Caregivers and how you've been troubleshooting that?

Heather Cole-Lively: So, as I said, some of the challenges we ran into, some of the things you didn't think about at the beginning, were that we had a couple of Veterans that were incredibly paranoid, and we weren't able to use that modality of treatment in the home because it would have increased their symptoms. And we really had to sit down and troubleshoot that and figure out what we were going to do and how we were gonna service those Caregivers because they were actually pretty remote, and it was really, really distressing. And we knew that it was distressing, and actually, getting some leadership on board to understand that modality was not going to work for them was a struggle. But we did it, and we actually worked with the Veteran's treatment team, and one was able to come along and get to the point where they were more stable to try it, but it was on a good, at like, you know when they were more stable, and then when they're not as stable, we're not able to use that modality of treatment. And the



other one, they just don't know that he'll ever be able to use that modality, but that wasn't something that we were thinking about when we were thinking about rolling that out.

We were not aware that it wasn't going to work in all of our areas, that some areas were going to be so remote that it would just freeze, so we were kind of troubleshooting that area. But we learned that you always have to have a backup plan, and that it's not always perfect because you think that it's going to be great in that it's going to remove all the distractions, but it doesn't always because there are still demands on Caregivers' time, and even though you think that you have that face-to-face connection, there can still be background noise and demands, and it can still be very difficult to maintain attention. You can still have a lot of other distractions, just like you can at a home visit. We've been to home visits where there have been other people in the home and other things going on that have been similar.

So those have been some of our biggest issues. We've had a couple of people that were worried about trying it, worried that it wouldn't be secure, or worried that it was going to be too difficult. But once they realized that we encouraged them to at least try it – let's give it a test call; it's just like FaceTime. Once we convinced them to test it, they did fine with it. So, as long as we could convince them to at least do that. Because we have a team that will do test – you know, they set it all up and they do a test trial run with them – they usually do okay with that. But there was definitely some generational differences there. So, our younger ones were definitely more willing to try that modality first and they weren't as hesitant. But those were our biggest, I think, challenges. So, we were always really able to troubleshoot those, I think.

Micah Azzano: Yeah, absolutely and thank you, Heather, for that. I want to give everyone a couple more minutes to ask questions if they have them. So with that, I want to turn over to Pam real quick to do the conclusions. And then we'll just give everyone a few more minutes to answer questions. And if we don't have any questions, we'll wrap up here in just a second. So, Pam, if you would like to walk us through sort of the conclusions here?

Pamela Wright: Okay, well as Heather said, and I mentioned when I was thinking about Rebecca's rollout, assessing appropriateness for the use of VVC is very important. I think Heather really spoke a lot about that, and that should be [inaudible 00:38:37] out. And then VVC is easy to use for staff – again, Heather said if she can use it anyone can use it. And Veterans and Caregivers really like the technology. It's easy to use, it saves time and money for the Veteran and Caregiver for travel to the VA – same with the staff at the VA.

And on the staff side, it saves that time that they can work with other Caregivers and Veterans. If they're traveling two hours to a home visit in a rural area and two hours back, or up to four hours. I know in my career – I worked with community residential care years ago – and our furthest home away was almost four hours. So that's like pretty much a full day just to go and visit some folks at a home, and the same with home visits. If someone had to drive for that long, it really would take up a lot of that staff time that could be used with other Caregivers. We do also have a caregiver support coordinator in Alaska, and he has to fly to do home visits because we do require annual home visits, so he does have to fly for those. But the quarterly



visits could be done through VVC. The same with caregiver support coordinators in Hawaii who service the American Samoas, because those islands, they have to fly to, and that's a day of flying, a day of flying back, and a day to visit the Veterans and Caregivers on the island. So, these are ways that we can use VVC to help allow staff to have more time to service other Caregivers and Veterans, save VA money, and save the Veterans and Caregivers time and money, and make them more comfortable.

Micah Azzano: Great, thank You, Pam. We don't have any other questions coming in at this time. So, I want to thank everyone for participating in today's webinar. And I want to say thanks again to our presenters for all the great information they've shared about Care for the Caregiver. On the screen right now, there is a link. Just let us know how we're doing and to provide feedback, as well suggest any other topics that you'd like us to cover. So please take a moment and complete that survey, and with that, thank you everyone and have a great day.

