

VA Mobile Discussion Series

August 2019 Webinar:

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's discussion is Connected Care Highlights for nurses and caregivers and what's next for the VA Mobile Discussion Series. My name is Micah Azzano and I'm going to run through a few brief technical reminders before we begin. Your phone lines are muted so we'll be taking questions in the chat feature. The chat function is available to you at the right of your screen, and if you are experiencing any technical difficulties, please use the chat and someone will be with you to assist.

If you would like to download this presentation, please click on the file name below the chat screen. The full presentation will also be available at a later date on the VA Mobile Discussion Series webpage. Today we welcome our presenters, Abigail Boerger, RN, BSN, Home Telehealth Care Coordinator and Hollie-Lyn James, LMSW Caregiver Support Coordinator. During the webinar today, we will be discussing the following technologies: VA Video Connect, My HealtheVet, Annie, and Home Telehealth.

At the end we will be talking about changes being made to the discussion series and how you can get input on what changes we should consider making to improve the monthly webinars. Again, we are taking questions periodically throughout the webinar, so please type them into the chat feature at any time. And with that I will turn it over to Hollie to talk about VVC.

Hollie-Lyn James: Good afternoon. VA Video Connect is a virtual medical room, and what it does is it connects veterans with their health care team from anywhere using encryption to secure and provide that private session. What it does, or the purpose of it, is to make the healthcare more convenient and also reduce travel times for veterans and also for the staff. It works on nearly any device that has an internet connection and a web camera. Now through my experiences with the VA Video Connect, I have found some significant strengths with the program.

I have, I want to say, about 20 visits under my belt at this point. And some of the strengths that I have found, it's very easy to be able to set up the appointment even if there is no, what I like to call lead time. It's very easy for the veterans to connect. It does come with some guides to be able to help them through that process. Apple systems are the only systems that require a separate app to be downloaded.

Now, some of the difficulties that I've run into with the VA Video Connect is that the program itself, because it runs on technology, it is controlled somewhat via the shortages. So if you have an internet outage or if you have people who are in significantly rural areas where they have



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decreased connectivity or internet access, then that can affect the quality of signal, the quality of visit that you have, or even if you're able to have a visit with the veteran or the caregiver.

And so, I've used, like I said, this program quite a lot with the caregivers and veterans that I work with, and it has worked phenomenally. The picture sometimes does become pixelated, but if you knew that at the outset, it's a lot easier to overcome those barriers. So that's VA Video Connect in a short, condensed form. If anybody's interested in any additional information on the VA Video Connect, they can contact Office of Rural Health or they can let Micah Azzano know so she can reach out and can get you guys be answers.

Micah Azzano: No, thanks Hollie. I just want to pause for a moment with VA Video Connect and see if anyone has any questions. I have one for you Hollie. VA Video Connect is being used for a number of things as you mentioned, but this is not necessarily replacing face-to-face appointments. Can you expand on that a little bit?

Hollie-Lyn James: Oh awesome. Yes, so what VA Video Connect is geared for is visits where you want to have that face-to-face kind of connection, but you don't have to have any hands-on assessments. So, it is being used in individual talk therapy. It is being used in assessments in certain programs, like I know there's a [inaudible 00:04:45] program that's rolled it out, caregiver support program is rolling it out. Our primary care docs and our clinics for those visits where they are just doing that follow up. Mental health, psychiatry, psychology services, they've all used that. But the key thing, I think one of the things that you did touch on is that it's not meant to replace those face-to-face visits. It's more of an expansion of those connections because of how time efficient it is. Yeah, efficient is a good word. It is a really good follow up for those follow-up visits.

Micah Azzano: Excellent. Thank you. And in your experience, what do you find VA Video Connect to be the most helpful? Can you give any examples or highlight any things that you think work particularly well with VA Video Connect?

Hollie-Lyn James: Yes, most definitely. An example that I love to use is that I have a veteran who has a significant thyroid issue, and the way he that he has this thyroid issue is that he has a patch of hair that falls out whenever his thyroid is kind of left or right of center. And I know if you were on my previous talk I'm going to say in May or June, I spoke about this veteran. But it was so easy for him to be able to say, "Hey look," and show me through the video. Rather than him trying to describe it or trying to have his caregiver describe it, I was able to see it, and document, and be able to make sure my documentation was clear enough so that the primary care provider and the endocrinologist also had that information.

One of the other things that I found is very helpful is that the caregivers and the veterans are responding well. A lot of the people that I work with have said, "Hey, it's like having a face-to-face visit without the time or without you having to come into our house." So, it gives you that kind of connection without the intrusion is how I like to put it.



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Micah Azzano: Excellent, thanks Hollie. And I want to remind everyone that if you have any questions, to please enter it in the chat. We are taking questions periodically, and again at the end. And Hollie, I'll turn it back to you to talk about My HealtheVet next.

Hollie, I just want to check that you are unmuted right now.

Hollie-Lyn James: Okay. Is that, is that better?

Micah Azzano: That's better. Thank you.

Hollie-Lyn James: Okay. Okay, thank you. I'm glad you did that. Unfortunately, they're doing some construction here, so things are kind of faded in and out, so I do apologize for that. So the question that popped up in the box real quick about VVC before we leave that is that in order to initiate the VVC, one of the things I would encourage you to do is get in touch with your, if you're a provider, get in touch with your facility telehealth providers, the coordinators, because they can walk you through the steps. There are, I want to say maybe six trainings, which sounds very burdensome, but they're between nine and 15 minutes normally. And so, they'll be able to help you through that.

If you're a veteran, what I would encourage you to do is go ahead and touch base with the providers that you have and ask them if they are involved in VVC. The trainings are in TMS, some of them, and some of them are on the national telehealth desk, and they'll be able to help you get to those if that's something that you're interested in. Thank you for the questions.

So, moving on to My HealtheVet. My HealtheVet is the VA's personal health record, and it's the personal health record from the side and the veteran, they are [inaudible 00:09:07]. The veterans service members, their caregivers who they give permission to access their record to and others, to be able to do a variety of things in the VA system without having the issue with the "roto dial system" where people get frustrated calling in, trying to refill prescriptions or track appointments and things like that.

So, there are a lot of different services that are available on My HealtheVet. Again, I mentioned refilling prescriptions. There are two levels of authentication for My HealtheVet. The first one is a member. The second one is you have to get in-person authentication, it's a level two. And the difference between those is the amount of information and the amount of services that you can access. And through that what you could do, is you can go on and track and schedule appointments. Some clinics are set up to where you just can find an open spot and click it and schedule yourself into that appointment slot. Others are not, whenever you go into the My HealtheVet under "schedule appointments," you will be able to look and see if your clinic is listed to be able to do that.

You can communicate with your care team through secure messaging in both a provider and a caregiver. One of the things that I like is being able to see both sides of that. It's actually really neat how the technology works, but it's basically a secure email that is done straight to your primary care team, or to your specialty care team, so that you can communicate with them.

One of the things I always encourage people to do is remind the patient that you're working with, that this is not an emergency avenue. The messages have like a 72-hour lag time. So, if you broke your leg or have chest pains, things like that, this is not the avenue for that. But if you want to schedule an appointment or have a question, perfect for that.

There's also a feature on there that a lot of people are just now becoming aware of. It's called the blue button where you can download your personal medical record as a veteran into a PDF. And this becomes helpful when you want to know your lab values, or what consults have been placed, you go in for a social security review and they need your VA health record. Download it, put it on a thumb drive, send it to social security, or your attorney, or however you do that. So, there's a lot of features that are great for this.

Downsides. The first downside that I found is that if you lose your password, sometimes it can be quite cumbersome to regain access. Sometimes you have to go through your My HealtheVet coordinator at your VA. If you are pretty computer savvy, you can put in a request for change of password and follow all of that. That's the biggest complaint other than my clinic doesn't subscribe to rescheduling appointments. The other thing that I've seen that I've gotten a lot of feedback on is that sometimes if your appointment is scheduled at a last minute, it will not show up on this in a timely manner, but it may show up a day or two later.

The pros of this is that you have computer access to pretty much your entire healthcare record. If you want to review your record for accuracy or like we said, fill prescriptions, track appointments, things like that, it's all at your fingertips. Now, whether you're up at 2:00 in the morning because you can't sleep or it's in the middle of the day, you don't have to go through the automated telephone system or get a hold of someone. So, there are a lot of links to other services on My HealtheVet, and I encourage you, even as a provider, to look into the system because it can be very helpful for you as well.

Micah Azzano: Thanks Hollie. I want to just pause for a second and see if there's any questions on My HealtheVet. So, if you have any questions, please enter it using the chat, and I'll start off with one. You did mention that there were a lot of features in My HealtheVet. How can you help veterans get started, or what features would you start them with, so they don't get overwhelmed?

Hollie-Lyn James: The feature that I typically start people with is the refill prescriptions because we know that's going to happen regardless. They're going to have to refill their prescriptions. So, I walk them through a basic tutorial. I get them at least that first level of registration, and I walk them through how to refill their prescription even with the ... For example, the prescriptions are one of the ones where you get the limited information on level one, but level two you'll get the enhanced information. So I'll walk them through that and then I will give them the name and the number of the My HealtheVet coordinator at my site so that they can go through and ask them any questions, or be able to get that second level, what I call IPA, or in-person authorization, to reach that level too.



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Now I talk a little bit about the difference between the detailed and the limited information. So, for prescriptions, for the limited information, it may give you the prescription number, but for the detailed information with that additional step, it would say something like, "Losartan 15 milligrams." And trust me, I'm not a doc so I don't even know if there are 15 milligrams in losartan, just using that as an example. And it'll say, "Check here if you want to refill." And you just check the box of all the ones you want, you hit enter. That's how I start them.

Micah Azzano: Great, thank you. We have another question here. With My HealtheVet, how can a veteran contact a clinic that is not listed in the dropdown?

Hollie-Lyn James: A lot of times what ends up happening, if they're not listed in the dropdown, then what they can do is they can write to their primary care teams. All primary care teams are supposed to or are going to be on My HealtheVet. And what'll happen is that that provider can take that secure message and put it into a ... You can convert them right to a CPRS note and then co-sign the people in that clinic that's not listed. That is a good way to be able to, A, not only get in touch with that team that's not in it, but B, let your primary care provider know, "Hey, I'm having this issue," or "I need this service as well." So that's a really good way to contact them. And the way the teams are set up, is that the team is set up to have like the primary care doc, the nurse and someone else as a backup. So that is a really easy way to have make sure everybody's even on the same page. That was a really good question.

Micah Azzano: Excellent. We'll be taking questions again, so please continue posting them in the chat. Now I will hand things off to Abby to talk about Annie

Abigail Boerger: Hi everyone. So, first off, I'll talk about Annie. What Annie is, is basically a text messaging service that veterans can utilize for health management. How it works is once they agreed to the Annie program, the clinician would assign them a protocol which can be used for multiple different things, most commonly for diabetes, hypertension, a medication reminder protocol, tobacco cessation, weight management. They also have like a CPAP reminder, a breathing and relaxation reminder. But how it works is Annie will send a text message to the veteran once a day either asking them what their health information is, whether it be their blood sugar, their blood pressure, or send them a reminder to take their medications, use their CPAP, that kind of a thing.

How it benefits the veteran, it empowers self-care because they're the ones that are initiating and sending in their readings. It helps with accountability as far as medication reminders or you can customize the text messages to be sent at certain times if they need to take their insulin at certain times. It helps with that. Most people always have their phone on them, so if they get this reminder and they're not at home, they're still getting the reminder and they can go home and enter their readings or send in their health information.

As far as the care team, how it benefits the care team. The Annie service will actually save all of their sent text messages. And if it's for diabetes, it'll be in a chart format. If it's blood pressures, it'll be in a chart format, but otherwise you can see all responses to their questions for the



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other protocols. But you can actually go in and copy and paste their health data and put it into CPRS or into a note. So, if you're going to be calling the veteran to review their blood sugars or their blood pressures, you can have all that information prior to the phone call, making the phone calls a little bit quicker.

The enrollment process is pretty easy and quick. The nice thing about it too is if the veteran were to send in a low blood pressure or a low blood sugar, it does provide some sort of clinical feedback on what to do with the blood sugar or the blood pressure.

Some challenges or some complaints that I've gotten from veterans is it's another reminder or an alarm fatigue type of situation. You can reduce the frequency of the text messages, kind of customize it to different times or only once or twice a week to help with some of that. I found that the older population, they're a little bit less comfortable with the technology, so they're not as easily swayed into the program. The data display. So when you log into Annie on the clinician side, like I had mentioned, you can view the data and sometimes the display isn't very user friendly, but the national Annie team has been in contact with several of the clinicians that use Annie frequently to try and come up with different ways of viewing the data. So that's in the works.

Another thing that's also in the works is right now when a veteran opts out of the program or their protocol expires, the care team isn't notified. So, if you were planning on calling a veteran to do their blood sugars, but they had opted out of the program a month ago, we wouldn't be aware of that. So, when they're getting ready prior to your phone call, you wouldn't have any of the data that you were expecting to get. But like I said, they're working on a workaround for that.

Couple success stories. One, I had a guy who was a truck driver. He's always on the road. He wasn't able to read off of his blood sugar readings during phone calls because he was on the road. So, what we did was we enrolled him in Annie. He was able to send in his blood sugars through the text messaging service. Prior to our phone calls, I would go in review his data, copy and paste it into a CPRS note so that when I did call him he could talk to me, not have to read off his numbers and get him the education or in contact with a provider to make any medication changes and get him to his goal. Another lady I had who had COPD and she was on the fence about quitting. So, I asked her if she would be agreeable to Annie, and she actually set a quit date and quit smoking recently. So that was kind of fun. Any questions on Annie?

Micah Azzano: Thanks Abby. If you have any questions, please type them in the chat, but I'll start with one. How can you learn more about the different protocols that are available? I know there's a number of them.

Abigail Boerger: When you log in to the Annie service on the clinician side, you can access it through the tools bar in CPRS, but it'll, when you go in and enroll somebody, there'll be a list of all the protocols that are available. And then you just select whichever one. And each facility has some of their own protocols or there's a lot of national protocols that are available to



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everybody. And Annie's pretty new. I think [inaudible 00:21:51] where I work as one of the test sites for Annie. It's a little bit more known here than it is maybe at some other VA facilities.

Micah Azzano: Great. Thank you. No, we don't have any other questions at this time, so we'll go ahead and move on to our last technology that we're going to talk about day, Home Telehealth.

Abigail Boerger: So, I specifically work in Home Telehealth, and what Home Telehealth is, it's an in-home monitoring service used for chronic disease management, and it allows clinicians to collect data from the veteran in the comfort of their own home. So, there's a couple of common enrollments that I do specifically for diabetes, hypertension, COPD and heart failure. And then we have a bunch of registered dieticians that do the Move Program for weight management.

So, what's nice about Home Telehealth is the veterans can send in their data every day. Then me as a clinician, I go in Monday through Friday and review all of their information. So, by me reviewing their information on a daily basis, we're able to keep a closer eye on veterans, call them more frequently for interventions, specifically heart failure. We can see if they have a weight gain of three pounds or more overnight or five pounds in a week. COPD, the equipment will ask them questions every day how they're feeling. So, if they alert that they're feeling more short of breath, that we can call them, initiate their action plan a little bit sooner.

Then for diabetes and hypertension it's nice because we can send that information over to the provider or to the clinical pharmacist who can make recommendations as far as medication adjustments if needed. So, it's nice because it helps improve their chronic diseases or get them to their goals, reduces some disease symptoms. It's supposed to help reduce travel time or trips into the clinic or hospitalizations because I'm looking at their data every day and can make interventions sooner, keep them out of the hospital, get the care that they need while they're at home.

Some challenges, as with any sort of technology, there's always connectivity or equipment problems. The current vendor site that we're using is Medtronic and they have an awesome troubleshooting phone line that veterans can call pretty much anytime of the day. We also have clerks that work directly with the Home Telehealth program that are able to provide technology education, which is kind of nice, and veterans can call them with any questions. Another challenge would be there's a strict response rate or program requirements for the program. They have to send in at least 70% of the time. So, if they're not meeting this response rate, they can be discharged from the program.

So, some of the things that we do to help veterans with remembering to do their health checks or send in their data every day is we can add a reminder on the device itself. There's actually an Annie protocol for that. So, they'll send them a text message once a day reminding them to do that. Then we also, the clerks will call them on day four and day six if they don't send in their health check or they will send them a letter on day eight. And then if they don't respond to that, they are discharged.



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One of the success stories that I recently had with a veteran, I enrolled him for diabetes. He was newly diagnosed, his A1C was 13%. So, we got him enrolled in Home Telehealth and the diabetes education classes. And then within four months I was able to, or he was able to, get his A1C down to 6.9% just by learning self-management skills, diet modifications, and then me sending in the readings to the pharmacist to make medication patrons. So, it's kind of cool.

Micah Azzano: Great. Thanks Abby. And if you have any questions on Home Telehealth, please type it in the chat. I saw a couple people start typing, so we'll give you a couple minutes here to add those in. But just to start with some questions on Home Telehealth, with Home Telehealth, do you find, Abby, that specific groups of veterans, Home Telehealth is more useful, and can you give some examples of that?

Abigail Boerger: Yeah, so the ones that are motivated and willing to make changes, they're probably the best ones because we do a lot of education. The device itself provides a little bit of education and when I'm calling them, we go over diet and activity, talk about things that they could do to improve their current disease. Also like for heart failure, the ones that were recently hospitalized or even COPD. I've seen a lot of those recently this summer. So just getting out of the hospital, getting them on this, you can keep a closer eye on them, or keep a closer eye on them while they're in the process of discharging, getting back acclimated to home. Some people, it's a new diagnosis though. The education piece is huge for them.

Micah Azzano: Okay, great, thank you so much. I'm going to take over here for a little bit and talk about some changes that are coming to the discussion series. Before we open it up to the audience for more questions. If you have any questions for either presenter, please enter them into the chat. We will get to them in just a moment. Just so you know, everyone on the call is aware, the VA Mobile Discussion Series is expanding to the Connected Care Discussion Series. This last year we've been slowly stepping outside of the mobile arena to include other Connected Care technologies and tools from telehealth services to My HealtheVet and more.

Instead of focusing on just one, on just mobile applications, the updated series will focus on integrating strong practices with these tools. The goal is going to be to showcase the many ways Connected Care can help deliver quality care when and where it's needed. Starting next month, the topics will feature promising applications of Connected Care tools from those who are currently using them, and new opportunities to apply these technologies. We want to hear from you on this topic, what you're interested in and how we can improve the discussion series to make it as useful as possible to participants.

So, if you have a moment, I want to ask that you visit the VA mobile health groups on VA Pulse and take one of the polls that's currently available. Right now, there is just one poll available, but there will be more where you can add your feedback. And the link is available over there and we will put it up again here in just sec. At this time, we're going to open it up to presenters for questions from everyone. So, the first question is, for apps like Annie, do vets need to have My HealtheVet freemium or **ID dot M E D S** log on? And if so, have you found this to be a barrier and how have you addressed this barrier?



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Abigail Boerger: As far as Annie goes, they don't have to have a special My HealtheVet special account. Anybody can be enrolled in Annie.

Micah Azzano: Okay. I see some other people are typing. While we're waiting for people to add in their questions, I'll go back Hollie to you and see if you have any ... I know you shared a couple of different success stories with us, but with My HealtheVet, do you have any examples of people who have come back because have found My HealtheVet extremely useful, or any ways that maybe they're using it that people might think about?

Hollie-Lyn James: Oh, that's a good question. One of the things that I know people use it for is in conjunction with Annie, which I will tell you is completely new to me and I'm completely fascinated by it. They are using the My HealtheVet logs, because there's also logs for blood pressure, for food. There are logs for blood sugar, all of those kinds of things on there as well. So, they can use that if they're not near somewhere where they can text to be able to keep track of that as well. They also are using it to be able to launch off into different other areas like other applications that are on that site.

I know there's one links to the DOD webpage. There are several other things that they launch into from that site, which is fantastic. But the main thing that I know people have done is they have really downloaded, they've started getting more involved in their care by downloading there, what I call blue button or their medical record, to be able to be more of a partner and start to learn more about their own disease processes, which I find fantastic.

Micah Azzano: Excellent. Thank you. We have another question here. The question is, how do you set up an alarm reminder?

Abigail Boerger: I think you're talking about maybe the Home Telehealth device, so I'll touch on that. But when you go into the vendor's site, there is an option for set up. So usually during enrollment when I talk with the veterans, I'll ask them if they are okay with the reminder. I always usually just set it just because it's helpful, I think. So, in the setup tab when you're in the vendor site, you can select the time that you want this reminder to go off.

Micah Azzano: Okay, great. Thank you. And I see there's couple of other, looks like another question that might be coming in. Some other people are typing. So, I'm going to actually go back now to VA Video Connect because Hollie you talked a lot about the different uses for VA Video Connect. But I just kind of want to touch base and see if there's any other ways that people might not be thinking about using VA Video Connect that you find particularly helpful, or that you would actually encourage people to go try out or think about when they're using that tool.

Hollie-Lyn James: There are a couple actually. The first one is that groups. Even though whenever you sign up for the VA Video Connect, you get one link to you and one link to one patient. Well what we have learned is, is that you can take that link and forward it to other people so that they can access it as a group. Now the caveat to that is, is nationally it's

acceptable to use that in a group setting. However, it's up to your local site to determine if they feel that that is a platform that can be used for a group setting for you.

The other thing is, is we've used it for our team meetings. Not just using it for patient connectivity, but we're in five different sites in my facilities, so we're spread from Biloxi all the way down to Panama City with just our staff in our program. So being able to get that link and send it to all of the team members so that it's not such a stretch or such a distance between your team members. That's one of the ways that we found it's been used; I would say more creatively.

And it's helped us get to have that face-to-face time with our partners. So that's two of them. I know that in terms of just doing the assessments, that's what we would expect it to be used for, but just every now and then getting a, "Hey, how you doing" kind of connection with your patient can be helpful as well, depending on the scope of, of course, what your position is.

Micah Azzano: Okay, thanks Hollie. And Abby, I think you have some stuff to add in here as well?

Abigail Boerger: I use VVC visits quite a bit as well. And like Hollie had mentioned earlier, she uses it a lot for assessments that don't require hands on type of things. So just some things that I've used it for in the past with my heart failure veterans, I'll set up a VVC visit if I need a check for edema or some of my diabetic veterans, if they have a diabetic foot wound, I'll set up a VVC visit just to see if the wound is improving or if it's looking worse. Then I can recommend going into urgent care or something like that. Also, a lot for education.

I've done insulin teaching over a VVC visit for veterans that can't come into the clinic. And then also for blood pressure monitoring technique. If I'm concerned that I'm not getting accurate readings, I'll call the veteran, watch them actually put their blood pressure cuff on, make sure that they're doing it correctly and sometimes, or you can, if the veteran checks their blood pressure in front of you on the VVC visit and they give you like a blood pressure that's within the normal range, you can actually add that into CPRS in the vitals package.

So, veterans that come into clinic with white coat syndrome, it's kind of nice to set up a VVC visit with them in a couple of weeks to watch them check their blood pressure. And if it's fine at home, you can enter that reading into the vitals package. That's kind of nice. And I know a lot of the LPN's will use it in the clinic to do med recs after discharge. That way the veteran can just grab their pill bottle, show it on the camera, "This is the new medication that I got," and then it's easier than them trying to pronounce all of the medication names over the phone.

Micah Azzano: Excellent. Thank you. We have another question here. When introducing these new modes, what sorts of incentives do you provide to get providers to use the tool?

Hollie-Lyn James: Well, I can speak directly to VVC. A lot of our providers were having a lot of frustration with missed visits or not being able to keep track of people on their panels in a timely manner. And so, whenever we were talking about VVC at my particular site, the first



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thing that we had, which is fantastic, is leadership buy-in. And then we were able to roll it down through the program to be able to say, "Okay, this is what the leadership really recommends when you have somebody who is a no show, but you get them on the phone. You can send them that invitation really quick, and then you can do that face-to-face visit and be able to connect with them through that way." So, it's not lost time in terms of a disease process. And we made sure that we let the providers know the benefit that they got for them. And some of the things that Abby mentioned are exactly the reasons why our providers really bought into at least VVC.

Abigail Boerger: I can kind of talk a little bit as far as like Home Telehealth and Annie as far as incentives for providers. Each provider is measured on their panel, whether they're meeting how much percentage of their panel is meeting certain goals, those specific to blood pressure or A1C goals. So, when they enroll in Annie or Home Telehealth, usually these veterans that are participating in the program are meeting or working towards meeting their goal. So, the providers will see an improvement in their metrics once these veterans are at their goal.

Micah Azzano: Okay, great. Thank you both. I don't see any other questions coming in at this time, so with that on the screen, now, is the link to the VA mobile health group on both. Please take a moment to provide your input if you can. We'd appreciate each of your thoughts and hope that you will join us next month for the webinar. I'm going to leave this up for a few minutes after we end. For those interested in polls, again, I want to thank Abby and Hollie for presenting and thank you to everyone for joining us today and please join us next month for our next discussion series when we will be implementing some of these changes we've been talking about. Thank you everyone. Have a great day.



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