Well-Being Coaching for Chronic Pain: Empower Veterans Program (EVP) - Intensive Coaching in Self-Care for a FULLER LIFE

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No “off-label” recommendations

This presentation represents the opinions and work of the presenter, and does not necessarily reflect the position of VHA, or of the Atlanta VA Health Care System.
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For more information visit: www.pcss-o.org
For questions email: pcss-o@aaap.org

Twitter: @PCSSProjects

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Also on the Call from EVP Leadership

- **Jennifer Gansen**, PT, DPT, CPE
  - Lead EVP Physical Therapist
  - Creator of EVP Mindful Movement

- **“Beth” Hammons**, PhD
  - Lead EVP Psychologist
  - Early adopter for ACT for EVP (Acceptance and Commitment Therapy; Behavioral Therapy)
High Impact Chronic Pain

• Whole life dysfunction
  – Not primarily a “physical” / “bio-medical” problem;
  – Not an opioid deficiency; but
  – Bio-Psycho-Social-Spiritual collection of imbalances

4.3% of ALL USA per National Pain Strategy
Perhaps 15 million persons
>5% of all Veterans
Approximately 1 million Veterans
200 Thankful Veteran Graduates from EVP since last fall

- Veterans came struggling with High impact chronic pain
  - Multiple spheres of whole life dysfunction
  - “Super-Users” of resources including Staff morale:
    - Pain, PM&R, Mental Health and Primary Care Clinics
    - Choice…
  - Usually with history of opioid failure at moderate doses to improve function
Thanks for Leadership Support:

- VISN 7 and Atlanta VA Health Care System
  - Leslie Wiggins, Director VISN 7
  - Ajay Dhawan, MD, CMO VISN 7
  - David Bower, MD, Chief of Staff; Chuck Bedo, AO
  - Sandy Leake, MSN, RN, Associate Director, Nursing/Patient Care Services
  - “Bob” Evans and Tom Grace, Assist. & Assoc. Directors
  - Al Rosado, AVC Site Administrator
  - David Goldstrom; Chief Chaplain
  - Anne Tomolo, MD, MPH, Quality Scholars Program
VHA Support for EVP

- **VHA Director for Pain Management**
  - “Mac” Gallagher, MD; and new Interim Director: Friedhelm Sandbrink, MD

- **Office of Patient Centered Care and Cultural Transformation**
  - Tracy Gaudet, MD; Executive Director
  - Ben Kligler, MD; Director of IHCC

- **Veterans Experience - Whole Health Subcommittee of National Leadership Council**
  - Gavin West, MD, Special Assistant, ADUSH
  - (with positive feedback from Carolyn Clancy, MD)

- **National Chaplains Center**
  - Keith Ethridge, Associate (Acting) Director

- **National Center for Organizational Development**
  - Kathryn Licastro, PhD, Senior OD Psychologist
Thanks to GREAT EVP Team:

- **Jennifer** Gansen, PT, DPT, CPE
  - **Lindsay** Ballengee, DPT
  - **George** Shaw, PT
- “**Beth**” Hammons, PhD (Psychologist)
  - **Jenna** DelVentura, PhD (Psychologist; and Data Analyst)
- “**Paul**” Burholt, LCSW (Facilitator: Whole Health / ACT)
  - **Drew** Tomberlin, DMin
  - **Curtis** Williams, DMin
- **Ushvani** Persaud, LCSW
- David Fishman, MD and James Blum, MD
  - Faye Procter, AO
  - Natasha Ewell, **Bevely**n Porter and **Justin** Hadnott, MSAs
Pathway and Partnership for Whole Health

- Wins as applied to Veterans with High Impact Chronic Pain
  - Potentially saved Lives
  - Increased Quality of Life
  - Increased Access
If Only Disease Management Focus, Then Expect Increasing Progression of Disease & Utilization

Disease Management

Disease Clinically Evident

Increasing Dysfunction, Disease Burden, and Resource Utilization

Time / Life Course

Modified from: Snyderman, BioTech J, 2012
Future State: Well-Being Promotion to Prevent or Delay Illness & Disease

Whole Health and Well-Being Coaching Pathway and Partnership

Time / Life Course

Increasing Dysfunction, Disease Burden, and Resource Utilization

Shift / Delay in Dysfunction
Well-Being Promotion in those with Disease, IF Intensive Enough, then …

Whole Health and Well-Being Coaching Pathway and Partnership

Increasing Dysfunction, Disease Burden, and Resource Utilization

Time / Life Course
Well-Being Promotion, IF Intensive Enough, then **Reversing Illness & Disease**
Current USA Stepped Care Model for Chronic Pain Management (including CHOICE)

Drugs +

Step 1 Patient & Primary Care
(Self Care desired)

Step 2 Subspecialty Consults

Step 3 Multidisciplinary
Traditional Multi-Disciplinary Step 3 Pain Management Programs

- 100+ hours in 3+ weeks
- Effective
  - E.g. James A Haley VA in Tampa
- Costly, but cost effective as shown in an earlier age
- Very limited access

Aetna, Chronic Pain Programs, accessed 3/1/2016; and http://www.tampa.va.gov/chronicpain/AOutpatientCPRPOutcomes2013.PDF
SYSTEM SOLUTIONS

Current STEPS

Desired STEPS

1. Self-Care
2. Social Support
3. Specialty Care / Choice

Primary Care

Current STEPS

Desired STEPS

1. Self-Care
2. Social Support
3. Specialty Care / Choice

System Solutions

Rural, Homeless & Work Retraining Programs

NEW High Capacity, Integrated
Functional Restoration: Active, Self-Care Training

NEW (High Risk) Safety Clinic &
NEW Bridging Therapy Integrative Health &
Ongoing Mental Health & Subspecialty Care

NEW Guidance / Academic Detailing
& new resourcing above and below to
Increase Capacity for Less Risky Care

Unmet Social-Psychological Issues Driving Dysfunction &
↑Opioid Complications
Identify Risk: STORM Dashboard

Step 1: PACT–Patient
(Self Care desired)

2

(High Risk) Safety Clinic
Assessment and Tapering Clinic, and Buprenorphine Induction

Bridging Therapy
Complementary and Integrative Health Therapies

Community of Learning

Supplemental Guidance / Audit & Feedback
Why EVP and Safety-Bridging Clinics; Putting it all together (more evidence at end):

Away from therapies:
Dangerous or
Ineffective or
Passive:

Towards therapies:
Safe and
Moderately effective
and
Active / Self-Care:
During tapering or beginning active self-care,

**Temporary Bridging Therapies**
- Passive, and
- Evidence-Based **CIH** (Complementary and Integrative Health) OR Conventional Therapies:
  - Acupuncture or
  - Spinal Manipulation or
  - Massage or
  - Hypnosis
  Or
  - Appropriate Spinal Injections...
AWAY FROM:
High Dose Opioids
Benzodiazepines
Chronic “Muscle Relaxants”
Chronic “Sleep Medications”
Some Injections
Some Surgery

Thriving Veteran via ACTIVE SELF-CARE

Deep Breathing
Progressive Relaxation
Self Massage
Progressive Exercise
“Mindful Movement”:
- Alexander Technique
- Yoga / Tai Chi
- PT Neuro-Muscular Rehabilitation
Mindfulness Training
CBT or ACT for Pain

Saenger, APA PCSS-O Webinar Series, Evidence CAM LBP, 2013
We Need ACCESSIBLE, Intensive-Enough, Integrated Self-Care Coaching

ACCESSIBLE
Functional Restoration

Step 1 Veteran-PACT

SELF-CARE

3

2

Veterans Health Administration
EVP 1.0 (EVP + Safety Clinic) Business Modeling Break-even in <3 years

- Avoided Costs IF 3 Programs Implementated - Pharmacy Med & Staff & ED & UDS
- "Empower Veterans" Programs Running Costs

Revenue Growth Over Years

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<tr>
<th>Year</th>
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<tr>
<td>Sales</td>
<td>$14,000,000</td>
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PCO TRAINING PROVIDERS' CLINICAL SUPPORT SYSTEM For Opioid Therapies
Wheel of Health and Personal Health Inventory
VHA Office of Patient Centered Care and Cultural Transformation
Personal Health Inventory (PHI)

• “What matters most to you?”
  ▪ Values based

• “How would you rate yourself in each of these self-care areas?”

• “In which of these areas would you like to start getting coaching for a fuller life?”
Functional Restoration
Empower Veterans Program

• 10 weeks well-being self-care coaching
  ▪ Groups and 1:1 individualized coaching

• Whole Health EVP Curriculum: Mindful Practice and
  ▪ Self-care areas in Wheel of Health

• ACT (Acceptance and Commitment Therapy)
  ▪ What is most important to you (values)
  ▪ Learning to mindfully not let thoughts, feelings nor sensations
derail you from your valued direction (willingness)

• EVP Mindful Movement
  ▪ Feeling safe in and aware of your own body
  ▪ Retrain / desensitize the brain through movement
| EVP 4.6 | EVP Whole Health through Exploration of self-care & Mindfulness Practice | EVP ACT Acceptance & Commitment Therapy | EVP Mindful Movement
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<tbody>
<tr>
<td><strong>Wk 1</strong></td>
<td><strong>Orientation</strong> (Opioids and procedures have failed many; Well-Being Self-Care discovery and practice can help everyone); <strong>Group Formation</strong>; <strong>Wheel of Health and Personal Health Inventory (PHI)</strong>; and <strong>Breathing Practice</strong></td>
<td><strong>Exploring Values</strong>&lt;br&gt;Orient to ACT&lt;br&gt;Introduction to Values&lt;br&gt;-values card sort</td>
<td><strong>Understanding Pain</strong>;&lt;br&gt;<strong>Neuro-Muscular Re-Education (NMR)</strong>:&lt;br&gt;<strong>Noticing Differences</strong>;&lt;br&gt;<strong>Posture &amp; “Reset Button”</strong></td>
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<td><strong>Wk 2</strong></td>
<td><strong>Mindful Breathing &amp; Power of the Mind for a Fuller Life</strong> &amp; <strong>Mindful Breathing</strong></td>
<td><strong>Values, Goals, and Taking Action Values</strong>&lt;br&gt;Clarification &amp; worksheet&lt;br&gt;-Heading west/globe</td>
<td><strong>Motion Is Lotion Exercises (MILEs):</strong> MILE 1;&lt;br&gt;NMR: Hands;&lt;br&gt;Posture &amp; Chairs</td>
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<td><strong>Wk 3</strong></td>
<td><strong>Mindful Breathing &amp; Food &amp; Drink and a Fuller Life</strong> &amp; <strong>Mindful Eating</strong></td>
<td><strong>Getting Moving</strong>&lt;br&gt;Barriers/Flexibility&lt;br&gt;-waves and bubbles&lt;br&gt;Committed Action&lt;br&gt;-post-it note exercise</td>
<td><strong>MILEs 1 &amp; 2</strong>;&lt;br&gt;NMR: Head &amp; Eyes;&lt;br&gt;Posture &amp; Pillows</td>
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<td><strong>Wk 4</strong></td>
<td><strong>Mindful Breathing &amp; Recharge (Sleep Cognitive Behavioral Tx tips) &amp; Observer-self practice</strong></td>
<td><strong>Analyzing Pain Control Strategies</strong>&lt;br&gt;Creative Hopelessness&lt;br&gt;-Rings of Suffering</td>
<td><strong>MILEs 1, 2 &amp; 3</strong>;&lt;br&gt;NMR: Towels &amp; Feet;&lt;br&gt;NMR: Rising from a chair&lt;br&gt;Posture &amp; Footwear</td>
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<td><strong>Wk 5</strong></td>
<td><strong>Observer-self practice &amp; Personal Development</strong> (Possible decisions toward an increasingly mindful life) &amp; <strong>Gratitude Practice</strong></td>
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<td>Wk 6</td>
<td>Self-Compassion practice &amp; Spirit and Soul (&amp; Act of Conscious Kindness) &amp; Brief Observer Self</td>
<td>Tricks of the Mind Self-as-Context - bus - chess board</td>
<td>MILEs 1, 2, 3 &amp; 4; NMR: Core Posture &amp; Workstations</td>
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<td>Wk 7</td>
<td>Self-Compassion practice &amp; Community (Building Relationships via Listening) &amp; Leaves on Stream</td>
<td>Pain, Mood, and Functioning - Pain cycle - jelly donut - polygraph; Pacing</td>
<td>MILEs 1, 2, 3, 4 &amp; 5; NMR: Holding the Ball; Posture &amp; Lifting</td>
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<td>Wk 8</td>
<td>Gratitude Practice &amp; Emotional Surroundings (Forgiveness vs Hook) &amp; Mindful Breathing</td>
<td>Acceptance and Willingness - serenity prayer - blinders - unwanted party guest</td>
<td>MILEs 1-5; NMR: Holding the Ball &amp; Mindful Standing; Tai Chi</td>
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<td>Wk 9</td>
<td>Self-Compassion practice &amp; Meaning in Suffering &amp; Gratitude Practice</td>
<td>Maintaining Progress Values Declaration Relapse Prevention</td>
<td>MILEs 1-5; NMR: Holding the Ball &amp; Stepping in 3 directions; Yoga</td>
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<td>Wk 10</td>
<td>Assessment and Graduation Celebration &amp; 5:3:1 Practice (Compassion, Gratitude, Act of Kindness) and aftercare offerings: iMove then YMCA or ...</td>
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### Weekly training: 8 Groups of 8 Veterans

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<td>annual Saturday Series (in place of Mon) Apr-Jun</td>
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300+ Veterans annually

**Staff includes** one each:
- Psychologist
- Social Worker or Chaplain
- Physical Therapist

For any given client, **three hours a week**, e.g. 10 Tuesday mornings from 8:30-11:30 each week for 10 weeks
Quality Improvement (QI) Initiative

- IRB approved EVP for Exemption as a QI Program

- EVP is operationally funded

- EVP is iteratively improving using Plan-Do-Study-Act (PDSA) model from Institute for Healthcare Improvement
Quality Improvement PDSA cycles:

- **EVP Pilot 1.0 with**
  - CBT as Core Behavioral Health component
  - Combined with proto-Safety Clinic

- **EVP version 2.x with**
  - EVP voluntary intensive self-care training completely separated from Safety Clinic and/or tapering of medications

- **EVP 3.0-3.3 with**
  - **ACT** replacing CBT for more mindful and value-based component to match EVP Whole Health and EVP Mindful Movement

- **Now in EVP 4.6**
Other EVP QI Examples

• **Access** and **Quality Improvement** PDSA cycles:
  - Evening trials
  - Saturday series

• **Women only** EVP training: Fridays 10:30-1:30
  - Women Veterans who have come have appreciated the sensitivity/option
EVP Measures: Weeks 1 & 10

- Chronic Pain Acceptance Questionnaire (CPAQ)
- Patient Health Questionnaire-9 (PHQ-9)
- Pain Catastrophizing Scale (PCS)
- Acceptance and Action Questionnaire (AAQ-II)
- West Haven Yale Multidimensional Pain Inventory-Interference Scale (WHYMPI-Interference)
- World Health Organization Quality of Life Questionnaire (WHOQOL)
- Patient Reported Outcomes Measurement Information System-PROMIS-29
- Five Facet Mindfulness Questionnaire (FFMQ)
- Physical Therapy Measures:
  - Single Leg Stance (SLS); Timed up and go test (TUG); Grip Strength
• 35% drop out rate over 10 weeks

• Minimal inclusion criteria:
  ▪ High impact chronic pain and
  ▪ Willing to try to be in group

• Almost no exclusion criteria; MANY come with:
  ▪ High degree of skepticism and fear
  ▪ PSTD and/or Substance Use Disorders
  ▪ Near homelessness or other social stresses
  ▪ Daily thoughts of life isn’t worth living
Trends in EVP 3.x: 1st 154 Graduates

Preliminary Analysis: Interpret Cautiously

• Statistically significant decreases in:
  ▪ Pain interference
  ▪ Pain catastrophizing
  ▪ Depression (changing from Moderately Severe to Moderate MDD on PHQ9 in 10 weeks on average)

• Statistically significant increases in:
  ▪ Physical activity engagement in spite of pain
Feedback from Veterans

- Mr. S1
  - “To relieve stress, I get on my computer and shoot up things.”
  - “I’m not angry anymore.”
  - “I’m using my breathing… [skills, in stressful situations].”
  - “Now, I appreciate my wife.”
  - “Every Veteran should come to this program!”
Feedback from Veterans

• Mr. W
• 23 years in misery from Chronic Pain while getting care
  ▪ Inside VHA and from lots of
  ▪ Outside Pain Specialists

• “EVP is the best thing the VA has given me!”
• Wrote letter to forgive man who killed his family
Feedback from Veterans

- Mr. S2
- Very depressed and isolated; +Suicidal Ideations
- Came through EVP twice
- “I don’t need you all anymore; I’m doing better.”
- “Can you help me quit smoking,” because “I want to live!”

{note that in EVP we never mention, “quit smoking”; power of “what’s really important?” and coaching for well-being}
Feedback from Veterans

- Ms. S
- Burdened by stress and alcohol

- “The pain is not in control anymore!”
- “Reconnected with my church family”
Feedback from Spouses

• “My husband’s a new man!”

• [not isolating anymore]
  ▪ “My husband went to church for the first time in two years, and now is spending time with family again”
  ▪ “Now he get dressed, has breakfast with me and goes to the park every day.”

• “His anxieties are so much better” [had been attending weekly PTSD support group without change for years]
Improvements for EVP 4.6

- More Mindfulness Practices

- More Motivational Interviewing informed style
Balance Scorecard
To be Applied to Any Pain Intervention

Key Processes
• Identification of Veterans at Risk
• Training Veterans in Self-Management

Innovation and Learning
• Staff Satisfaction and Retention
• Operating at “top of their license”
• Increased Efficiency
  • Group Visits
  • Secure Messaging
  • TeleHealth Encounters

Satisfaction vs Need
• Veteran Accidental Overdose Deaths from Opioids
• Veteran Function
• Long Term Veteran Satisfaction
• Long Term Congressional Office Satisfaction

Financial
• Utilization of Emergency, Walk-Ins, PM&R
• Utilization of PACT routine appointments
• Other Personnel Costs
• Pharmacy Costs
“Regardless of what caused the crisis, we aim to reestablish trust by expanding our methods of providing care, emphasizing the concept of “whole health,” and adopting a veteran-centric approach in everything we do.”

“Our “whole health” model of care is a key component of the VA’s proposed future delivery system. This model incorporates physical care with psychosocial care focused on the veteran’s personal health and life goals, aiming to provide personalized, proactive, patient-driven care through multidisciplinary teams of health professionals.”
Empower Veterans Program

for a fuller life!

https://www.vapulse.net/docs/DOC-15222
Added Bonus !!

• EVP is CARA-Friendly

• Comprehensive Addiction and Recovery Act (CARA)

• Possibly preventing those with pain being exposed to opioids unnecessarily and thereby possibly limiting opioid complications

• “Skills before pills”
Added Bonus !!

- **EVP is CARA-Friendly**

- Possibly offering within **Primary Care** EVP **Whole Health and Well-being coaching** for those with mild to moderate Opioid Use Disorder

- **OUD care must NOT devolve to medication only**
  
  i.e. MAT = Medically Assisted Treatment
  
  o E.g. **Buprenorphine/naloxone with waiver** to prevent craving is
  
  o **ASSISTING** appropriate wrap around therapies for a fuller life
For Severe OUD

- Still need Psychiatrist led team
- With full package of rehabilitation focused evidence based behavioral therapies
- With appropriate medications to reduce craving and risk of relapse
EVP Spread beyond ATL VA

- Training starting early CY17
  - Several other national sites

- Who wants to get on board?
Pathway and Partnership for Whole Health

• Wins as applied to Veterans with High Impact Chronic Pain

□ Potentially saved Lives
□ Increased Quality of Life
□ Increased Access
Questions about EVP and FULLER LIFE?

• And you are invited to email
  
  Michael.Saenger@va.gov
  Jennifer.Gansen2@va.gov
  MaryElizabeth.Hammons@va.gov