



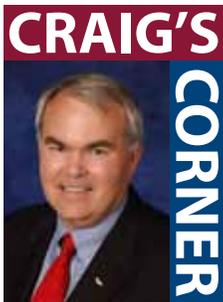
OHI News You Can Use

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Fostering an Innovative and Creative Culture



Looking through this issue, I'm reminded how broadly our work in the Office of Health Information (OHI) supports our partners across VA and our Veterans. Our work drives innovation, continuous learning, and performance measurement, ensuring our efforts reflect and align with VA's.

As innovators, we played a key role in the recent launch of the VA Blue Button, an enhancement to the My Health eVet personal health record portal.

Our contribution to Blue Button (Page 2) continues OHI's longstanding dedication to empowering Veterans by making healthcare information readily accessible. We continue to look for ways to innovate e-health as demonstrated by our participation in the Electronic Health Record (EHR) Enterprise Architecture Summit (Page 5), and we foster the creative spirit of others through VA's Innovation program.

I am continually impressed by the initiative OHI staff take to advance their own learning and training in service to Veterans. See Page 3 for a roundup of the 2010 VeHU Conference held in Las Vegas this past summer, which included 5,000 hands-on training opportunities for VA clinical, administrative, and IT

professionals. I can attest that this year's conference was one of the most thought-provoking and engaging events that I have attended.

Finally, an essential part of our system is ensuring that services are clearly defined and measured. This issue's Service Level Agreement article (Page 5) demonstrates how VA organizations benefit from defining service requirements and measuring performance along the way. We also give a snapshot of data findings for VistA Class I Clinical Applications (Page 6) that can be used for planning and decision-making.

Over the last several months we have made great strides to evolve and grow as an organization; undoubtedly, we have grown as individuals along the way. Our openness to learn and foster a culture of innovation and creativity will allow us to truly provide the best care to our Veterans. I want to thank those of you who continue to go above and beyond every day.

Your Resident Patient,
Craig



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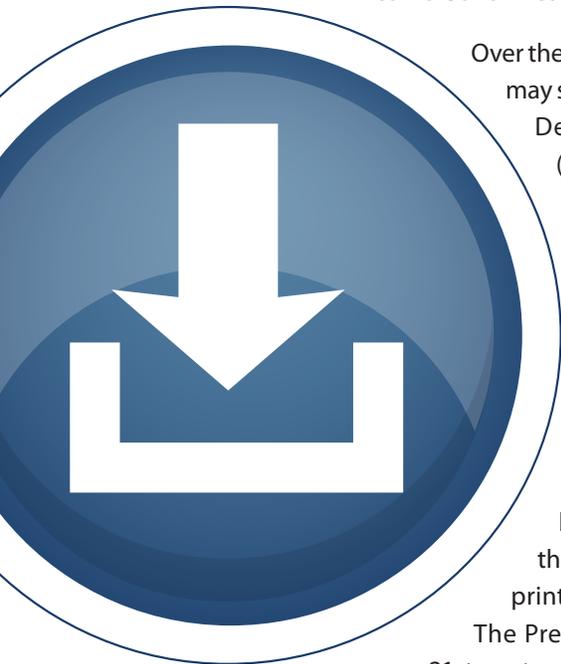
Craig's Rules®

*“Those things get done that are checked on,
measured, and rewarded!”*

Blue Button

The VA Blue Button Helps Veterans Manage Their Health Care

New My HealthVet Feature Gives Greater Access to Personal Health Information



Over the coming weeks and months, you may start to see colleagues across the Department of Veterans Affairs (VA) wearing Blue Button pins in and around the office, facility, or medical center. So what exactly is the Blue Button?

In August, President Barack Obama announced at the national Disabled American Veterans Conference, that for the first time ever, Veterans will be able to go to a VA website, click the Blue Button, and download or print their personal health records.

The President added that this type of 21st century innovation provides Veterans and Servicemembers with access to their records when they need them, and will allow them to share their records with doctors outside of the VA.

The Blue Button is easy to use and helps Veterans become active partners with their healthcare teams, which may potentially lead to better care coordination and use of time when visiting their healthcare provider. In essence, patients can become more engaged in managing their healthcare and share in the decision-making process.

For VA patients who have completed the In-Person Authentication process on My HealthVet, accessible information includes their VA prescription history and VA Wellness Reminders. Other potential benefits of the Blue Button include increased satisfaction with healthcare services and improved patient/clinician communication.

“With the Blue Button, Veterans partner with their healthcare teams by becoming better informed and more involved,” VA Secretary Shinseki, “Sharing their personal health information leads to potential safer care when the healthcare team knows all about the Veterans’ health and health history,” he explained.

DON'T FORGET ABOUT SECURITY

Privacy Pointers for the VA Blue Button:

- ▶ Do not leave your printed information in a printer or a public location
- ▶ Do not save your downloaded information to a public computer
- ▶ When using a public computer, save your personal health information to a CD or thumb drive
- ▶ Remember to take the CD or thumb drive with you when you finish
- ▶ Send any personal health information through encrypted email services

“With the Blue Button, Veterans partner with their healthcare teams by becoming better informed and more involved. . .Sharing their personal health information leads to potential safer care when the healthcare team knows all about the Veterans’ health and health history,”

—Eric K. Shinseki, Secretary of Veterans Affairs



VeHU VA's eHealth University was a Year of Firsts

New technology was used to help the conference Go Green. A first-time dental workshop was offered. And, for the first time in VeHU history, a My HealthVet training website was stood up for attendees to receive just-in-time Secure Messaging hands-on training.

Over 1800 attendees participated in all of these VeHU firsts under the 2010 conference theme "Our Mission... Their Future." VeHU 2010 offered providers, nurses, pharmacists, clinical coordinators, and health information managers the opportunity to gain more technical knowledge about the products they use every day. VHA staff members were joined by representatives from the Department of Defense, Indian Health Service, other federal agencies and non federal companies.

Going Green:

The Go Green Initiative focused on reducing the amount of paper handed out and utilizing SpotMe technology that was provided to each attendee at registration. The SpotMe hand-held device allowed attendees to manage their schedule, access tickets to each session they were registered for, network with others and evaluate sessions and conference materials. Additionally, the device contained the conference catalog, maps of the conference space and exhibit hall and other necessary information traditionally disseminated through printed materials. The SpotMe technology allowed VeHU organizers to send customized evaluations to attendees based on the sessions they attended. Overall, the evaluation return rate was 79 percent, which is 35-40 percent higher than previous conferences.

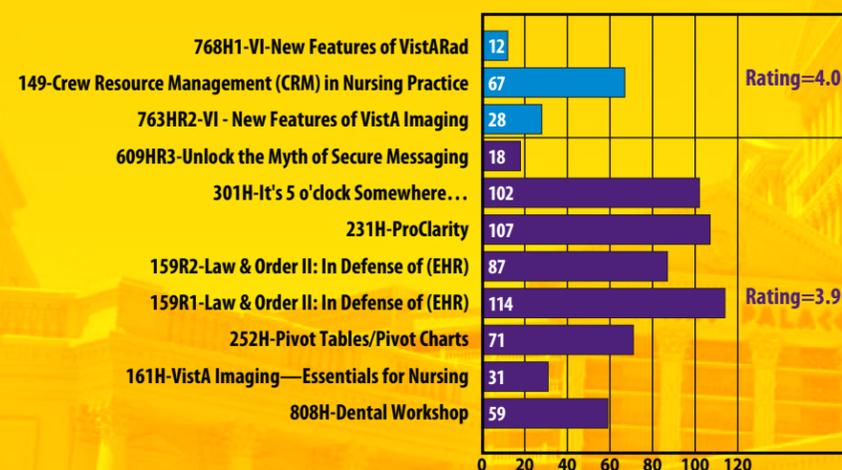


Hands-on Experience:

On the first day of the conference, a dental workshop was sponsored for the first time in VeHU history. The workshop received some of the highest overall ratings from its students and gave dental providers an in-depth hands-on experience with CPRS and the Dental Record Management software. They were also given a ProClarity class that was designed specifically for dental staff.

Over 30 small hospital VistA accounts were stood up to support the abundance of hands-on classes. Each account contained no Personally Identifiable Information (PII) data. Additionally, for the first time in VeHU history, a My HealthVet training website was stood up for attendees to receive just in time Secure Messaging hands-on training. Hands-on training was also provided for other applications; including CPRS, SharePoint, Microsoft Office products, Pharmacy Re-engineering (PRE), Anti-Coagulation Software, VistA Imaging, VistAWeb, VA Adverse Drug Event Reporting System, Bar Code Medication Administration, and ProClarity.

Top Sessions by Overall Ranking



Excludes sessions with evaluation response rate < 50%.
Overall Rating out of 4.0 total points.

Highlights:

There were many highlights at this year's conference, including an address from Dr. Petzel, VHA's Under Secretary for Health; a session devoted to technology presented by Dr. Peter Levin, VA Chief Technology Officer and Ms. Lorraine Landfried, Assistant Deputy Chief Information Officer for Software Development; a session on the new informatics initiative presented by Dr. Jesse, VHA's Principal Deputy Under Secretary for Health; and a closing session devoted to the Veterans we serve. In the closing session, Mr. Mark Potter, a Veteran and VA employee from Canandaigua, NY, presented "A Soldier's Story," which recounted his experiences after stepping on a landmine in the first Iraq war.



The Results:

VeHU provided attendees with over 5,000 hands-on training opportunities in a secure, no Personally Identifiable Information environment. Additionally there were over 200 sessions including 58 hands-on training sessions. Overall, attendees rated the hands-on sessions very high. Three sessions received a 4.0—the highest overall ranking and eight breakout sessions received a 3.9 overall rating (see Figure 1). Radio-frequency identification (RFID) tracking allowed VeHU staff to evaluate which sessions attract which type of attendees, to aid planning for future conferences. All sessions and conference videos are available via VeHU podcast page at: www.vhahealthuniversity.com/podcast.



Electronic Health Record (EHR) Enterprise Architecture (EA) Summit Recap

In early September, leaders from across the VHA and the VA Office of Information & Technology (OI&T), met to discuss the future of VA's Electronic Health Record (EHR) at the EHR Enterprise Architecture (EA) Summit. The Summit, which was held at the Cleveland Learning Exchange, focused on developing...“ consensus on the future of the EHR and a pathway forward among key government thought leaders in health informatics and information technology.”

Summit participants were organized into five groups: Strategic Architecture; Business Architecture; Information/Data Architecture; Service/Application Architecture; and Technology/Infrastructure Architecture. Group breakout session discussions resulted in five key conclusions:

- ▶ There must be mechanisms for developers to work directly with users (clinicians, etc.)
- ▶ Effective governance structures are critical to success and must be established
- ▶ Standardization is critical for informatics, interoperability, and successful transition
- ▶ Participants generally agreed on a high-level architectural direction/concept
- ▶ An improved foundation for more effective VHA and OI&T collaboration should be established

Summit participants also identified key next steps and areas that were identified as priority decision points. Governance and commitment to implementation were key discussion topics. Additionally, the group identified the following as action items:

- ▶ Further development of a strategic, integrated, and architectural concept
- ▶ A determination of how to leverage an Open Source model
- ▶ Continued work toward systems interoperability (DoD, HHS, etc)
- ▶ Further evaluation of linkage between health outcomes and IT investment

For more information visit Discover Electronic Health Record Enterprise Architecture Summit collaboration site (requires registration) at <http://www.discover.com/network/home/217> and the EHR System Functional Model at http://www.hl7.org/documentcenter/public/standards/EHR_Functional_Model/R1/EHR_Functional_Model_R1_final.zip.

SLAs

Service Level Agreements—What & Why

Information Technology (IT) services provide a vital role in enabling VHA to provide quality healthcare to Veterans. The availability, performance, and operational support of IT services directly impacts VHA's ability to fulfill its mission.

Enter the Service Level Agreement (SLA).

SLAs are used throughout VHA to establish the terms and conditions and the required levels of IT service(s) that are necessary for program offices to fulfill their missions. These agreements are cosigned by VHA program office's business owners and the Office of Information & Technology (OI&T) and may include third-parties such as vendors who provide dependent services. An SLA establishes performance level targets that OI&T agrees to meet throughout the development, implementation, operation, and support of their IT solutions. The SLA is an integral component of the governance of these IT services.

An example of an established service level target that might be included in the SLA is a requirement for a system to be available 24 hours a day, 365 days per year. The SLA could document system availability requirements at 99.5 percent of the time, which would permit unplanned downtime to be no more than 50.4 minutes per week. If, through monitoring the service, it is discovered that this availability requirement is not met, OI&T and the business owner could then explore options to revisit the requirement or improve the availability of the service.

The Service Coordination (SC) Service Reliability Management (SRM) team, part of the OHI Business Operations Directorate, leads VHA's efforts for SLAs. SRM advocates on behalf of VHA program offices to ensure that service level requirements are documented, communicated, and managed with consideration to design limitations.

VHA customers see multiple benefits when going through the SLA process:

- ▶ Obtain a clear understanding of the performance levels required by their IT resources
- ▶ Minimize business risks, facilitate consistent operations, and provide quantifiable data to support future IT investment decisions
- ▶ Assurance that an IT product and/or service performs as required and supported by a governance process to address any performance deficiencies

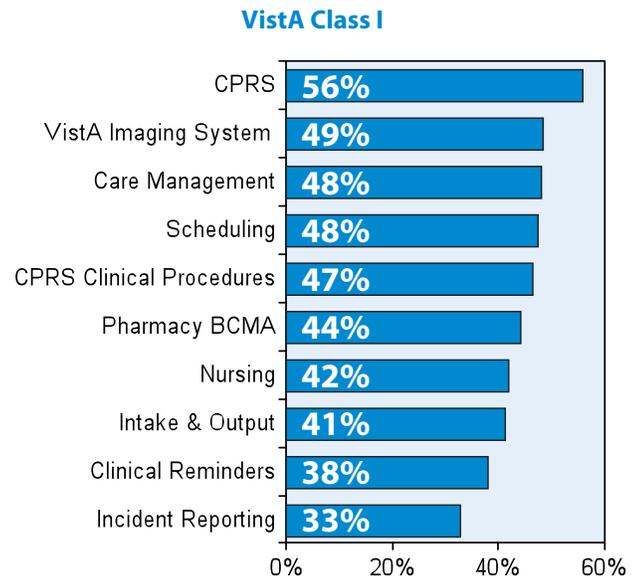
If you are interested in learning more or are thinking of initiating the SLA process for new or existing services, please contact Loren Behuniak at Loren.Behuniak@va.gov.

VistA Class I Clinical Applications: Data for Decision Making

In September 2010, the Office of Health Information (OHI) Service Coordination (SC) Product Effectiveness organization completed a study on the use and perceived effectiveness of VistA Class I clinical applications, Commercial Off-the-Shelf (COTS) software, and VistA Class II/III clinical applications at VA medical centers. Additionally, the study identified VistA clinical applications that end-users identified as priorities for improvement.

The study included responses from 230 nationwide Clinical Application Coordinators (CAC) and Automatic Data Processing Application Coordinators (ADPACs), representing 116 medical centers. Participants provided valuable feedback and concerns regarding the limited functionality and ease of use of many VistA clinical applications. Although many of the high-level issues identified are known within VHA, this study provides field data which helps validate the issues and their recognized priorities. Highlights of the study include:

- ▶ 74 percent of VistA Class I applications were reported to be used by 95 percent or more of the medical facilities
- ▶ 10 applications were selected as priorities for improvement by at least 33 percent of all respondents (see Figure I)
- ▶ The lack of a GUI interface was a chief complaint for a large number of applications
- ▶ Products with the highest levels of non-use were also viewed to be most in need of improvement



Program offices across VHA are encouraged to utilize the data to help support their initiatives since it may help them make informed decisions. A full copy of the report can be accessed on the OHI Meetings Intranet site—<http://vaww4.va.gov/VHAOI/Meetings.asp>. For questions, please contact Ferenc Ayer, Product Effectiveness Customer Satisfaction Program Manager, at Ferenc.Ayer@va.gov.

Tech Talk

The Difference Between PHR and EHR

A personal health record (PHR) is a collection of health-related information that is documented and maintained by the individual it pertains to. According to the U.S. Department of Health and Human Services, an electronic health record (EHR) is similar documentation maintained by health professionals and official agencies.

<http://searchcompliance.techtarget.com/definition/personal-health-record-PHR>

To find important links, report IT issues, and find information about project requests and status, go to OHI's Hot Links: http://vaww.va.gov/VHAOI/Hot_Links.asp

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<http://vaww.va.gov/vhmoi>