

Agenda

- Review Questionnaires Slides not presented in Kickoff for more detail on the project.
- Team Name (brainstorming exercise- please come with some ideas from market research)
- Outstanding Questions and follow up meetings to be scheduled.

Team Name

- We need a product name (Exercise on product names) ie. no clipboard
- Ideas from everyone (Access, Frictionless, **Intake**, Forms, Questionnaire, patient intake forms, documents, survey,)

1. It should be readable and writable

If your product name is hard to pronounce, people won't talk about it and if they can't write it down (and spell it correctly!) when they hear it, how do you expect them to Google it? Keep it simple and don't go with any wacky spellings just for the sake of it.

2. It should be unique

It's very hard in this day and age to be completely unique, so you can give yourself a bit of leeway, but your product name should at least be unique to your industry.

3. It should be short, punchy and memorable

The longer the name, the harder it is to grab people. Longer names also mean people resort to abbreviations that you often don't get to control.

4. It should look good written down and sound cool to say

You want your product name to jump off the page and stand out next to all the other boring words around it. When someone says it in a sentence it should stand out so everyone around pays attention.

5. It should evoke an emotion, feeling or idea

Your product name should tie back into what your product is, what the feeling you want people to have when experiencing your product is, and/or what idea are you trying to get across. It should be emotive and inspiring.

But Seriously Now, Why Do Doctors Still Make You Fill Out Forms on Clipboards?

[Wikipedia](#)

Patient check-in is the process where patients check-in to begin their registration with the healthcare facility typically using a clipboard, electronic tablet, touch screen, kiosk, or some other method, sometimes self-service. Patient check in started as far back as the Roman times when patients would wait for special services in purpose-built hospitals. Romans were the first to have hospitals with doctors assigned to consult and observe patients. Prior to the Romans, many cultures such as the Greeks relied on temples and the Gods to cure through supernatural forces. As patient services were made more available, so was the need to have some method of tracking patients as they arrived.^[1]

Why do we still call the forms to fill out at the Dr Office a Clipboard

- Greet the patient and hand him or her a registration form on a clipboard with a pen. Ask the patient to complete the form and offer to assist as needed. Use of a clipboard allows the patient to sit comfortably and write independently on a hard surface.

Patient Experience Team- scope down later

Fun Name- not great option

Personas

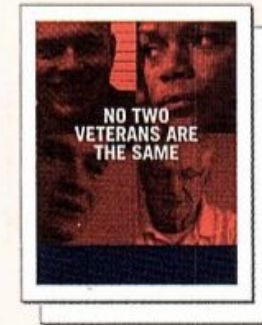
- What kinds of users are likely to benefit from solving this problem (bonus points for our personas)?
 - Veterans and/or their caregivers, Clinicians in the hospitals and clinics, employees in veteran-facing business lines that need to gather information from veterans and/or their caregivers in advance of a in-person or online appointment.



VA CUSTOMER PERSONAS

An exploration of VA's set of ten customer personas, e.g., fictitious characters combining qualities from many different real people to represent VA's actual customers in an aggregated form.

[CARDS DEATION \[PERSONA CUSTOMER](#)



[VA](#)

VA CUSTOMER PERSONA IDEATION CARDS

A translation of VA's Customer Personas into user-friendly Persona Ideation or "playing" cards which can be used as a tool to generate new ideas, helping VA employees generate concepts for processes and products that directly affect VA customers.

[PERSONAS CUSTOMER VA](#)



Current State Workflows

Current State Workflow Analysis

- Mapping all products exist today that veterans have access too (potentially complete a form)
- Previous efforts /history/industry
- What all forms exist today
- Future products to be implemented
- Vision products not on roadmap as of date
- MyhealtheVet (Vista Patient Portal) and HealthLife (Cerner Patient Portal) - Strategy and products that will be used in veterans access to their health records
 - learning from pt. generated tool - myhealthevet
 - secure messaging tool
 -
- What secondary research should we do (google, facebook, internal documents)?
- Data Availability
 - Patient Demographics
 - Encounters
 - Insurance updates?
 - Billing (Benefits)
 - CheckIn

What unmet needs exist

Consider ideation on not creating another form/questionnaire? Is there other innovations/technology that might remove the forms altogether? Even if it was a questionnaire how can it not feel like Q&A.

Hypothesis

- Hypothesis Statement
- Generate “how might we” (HMW) statements
- Considerations/Impact from Quantitative, Qualitative, competitors, Cost/ROI, Technology, Industry Trends, Stakeholder feedback, dependencies

User Needs - Jobs to be Done

- Change Impact when we solve problem statement
- Benefits to Users
- User Story & Use Cases & MVP
- A veteran has the opportunity to complete screening questions prior to their in-person or online appointment;
- Perceived Veteran/Employees Goals
 - Veterans are able to limit the amount of time they need to spend in the lobby/waiting area in the physical proximity of others;
 - Veterans spend less time filling out questionnaires and screeners;
 - Veterans complete questionnaires and screeners at a higher rate, with higher accuracy when compared to current methods (e.g. paper, iPads);
 - Veteran-facing employees spend less time transferring veteran-provided data from one medium (paper, iPads) to the canonical veteran record;
- Perceived Business Goals
 - Support physical distancing efforts in VA facilities
 - Reduce concurrent visitor loads in VA facilities by reducing the number of tasks a veteran must to complete within the facility
 - Reduce concurrent online appointment loads by reducing the number of tasks a veteran must complete during an online appointment
 - Improve employee productivity by reducing the effort needed to integrate veteran-provided data into canonical sources

Scope In/Out for

- Health Team vs. Other team dependencies
- Constraints of other Systems

How to meet the needs

How are we going to solve the problem

Assumptions and Expectations

- Per group (users, stakeholders, project team, other product team..etc)
- Risks
 - Lack of and/or reluctance of standardization across VA facilities for pre-appointment data collection processes and norms
 - How do we conduct in-person research (e.g. job shadowing) in the new covid reality?
 - We've mostly magic'd this effort up on our own, so possibly of "who told you to do this?" and other questions as to our authority
 - Integration with EHR systems at VistA vs. Cerner sites

Dependencies

- Other product teams
 - [Building Forms Faster on Vets.gov](#) ???
- External API/Systems/Technical
- Financial or Time Impacts

Tech Feasibility

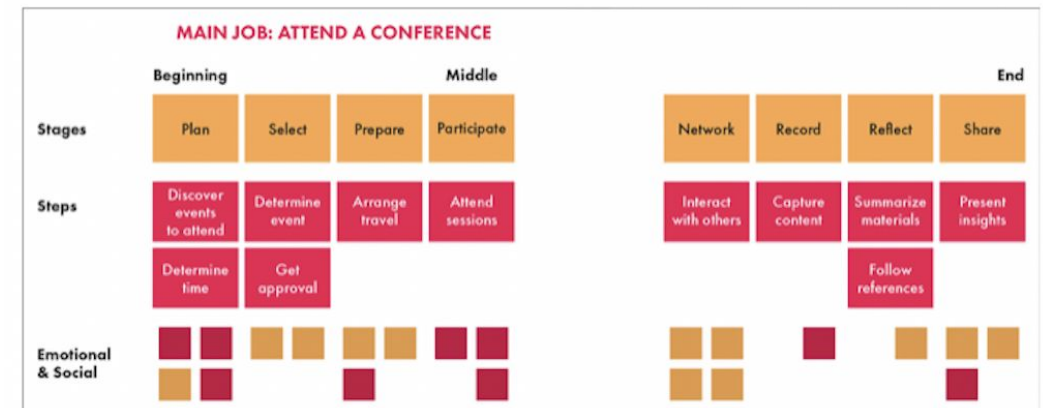
- Get with Paul/Mark on slide or two for consideration
- Mickin/shawna doc - considerations
- How integrating with existing systems

UX/Research

- Get with shawna and Aricka on a slide or two for consideration
- shawna links she sent Amanda
- Design System /considerations.

Job Map

- Job Map is not a customer journey map.
- View into the behaviors and needs of individuals in the context of their daily lives. This may or may not include our solution.



Product Practice Questions

- Cross-functional questions we want to answer:
 - Product
 - Engineering
 - Research
 - Design
 - What's the scope?
 - Scope of our near to mid to long term problems and OKRs
 - Are there any intentional project constraints (things we're intentionally deeming out of scope)?
 - Are there any challenges or risks that will make this discovery sprint hard to complete (tricky politics, technology complications, etc.)?
 - Target Healthcare Venues and Specialties
 - What visit types are triggering the questionnaire
 - Should not be attached to an encounter for surveys or when they are new to the system
 - Which EHR did we want to integrate with (assuming we want to actually integrate with a particular one)?
 - Cerner ElecHR go live for clinician integration
 - Will the Cerner Clipboard be used?
 - Modalities- ie. web, native ios, kiosk, desktop.
 - Notifications for going to myHealtheVet?
 - What is the tool builder for the questionnaires
 - [Building Forms Faster on Vets.gov](#)
 - Conditional logic
 - Insurance- payment?
 - What is Telehealth strategy- need intake before video visit
 - Who is content provider? Or are they VA created?
 - Proxy with families? how does this work and need access to the model.
 - Will the solution launch off of VA.gov- need workflows and consider the patient portals and schedule of appointment list.
- Need to map each question to FHIR- need current
 - Cerner has really only implemented PAMI for direct write
 - No demographics
 - No insurance
 - Medications
 - No Social History
 - Chief Complaint
 - Onset symptoms
 - Pain
 - Allergies
 - Conditions
 - Types of Forms
 - Consent
 - Surveys
 - Patient Clinical information- encounter based
 - Registration
 - wellness risk
 - specialty clinical updates
 - legal
 - motivational nudges
 - chronic illness programs for daily updates
 - Insurance apply? denials?

CheckIn Market Analysis

Who is awesome in this space good and why?

- VEText -I am here - check in process (Clarice PM)

Covid Screener- forms ahead of appts.- unauth.

Research & Design

Current design standards/patterns for forms?


Engineering

Technical Discovery

Developers should be working with their PMs to explore the following topics early on in the product development process:

- What does our tech stack look like (or should look like)?
- Data Flows
 - Make sure you start early when investigating data flows. Where will your data be coming from? Where will it be going?
- APIs
 - Read up on and understand all APIs and associated data models. Think about and capture in your discovery tickets:
 - Performance considerations of the APIs
 - The data fields that are available and what “real data” we are actually getting
 - Sample tickets?
- Security considerations
 - Make sure you understand if any of your data needs special security measures
- CMS
 - How will the potential solution integrate with the CMS/Drupal?
- Comparative Analysis
 - What approaches to similar problems have we seen elsewhere?
- Scale
 - How do we ensure our solution scales?
 - New users vs. existing users (related to API performance)
 - New scenarios, cases
- Debt
 - What debt would we potentially incur with our approach?
 - What debt should we consider resolving first?
- Analytics
 - Related to debt, what analytics gaps do we have in our current implementation?

Current Cerner FHIR - API documentation



Current Capabilities (FHIR DSTU2)

	Read	Search	Create	Update
Allergies	■	■	■	■
Problems	■	■	■	■
Diagnoses	■	■	■	■
Health Concerns	■	■	■	■
Procedures	■	■	■	■
Implanted Devices	■	■	■	■
Clinical Notes	■	■	■	■
Plan of Care Document	■	■	■	■
Radiology Reports	■	■	■	■
Immunizations	■	■	■	■
Medication Administrations	■	■	■	■
Inpatient Medications	■	■	■	■
Documented Medications	■	■	■	■
Prescriptions	■	■	■	■

	Read	Search	Create	Update
Vitals	■	■	■	■
Labs	■	■	■	■
Social History	■	■	■	■
Goals	■	■	■	■
Procedure History	■	■	■	■
Non-Medication Orders	■	■	■	■
Authorized Representative	■	■	■	■
Encounters	■	■	■	■
Patient Demographics	■	■	■	■
Care Provider	■	■	■	■
Patient Relationships	■	■	■	■
Appointments	■	■	■	■
Schedule	■	■	■	■
Slots	■	■	■	■

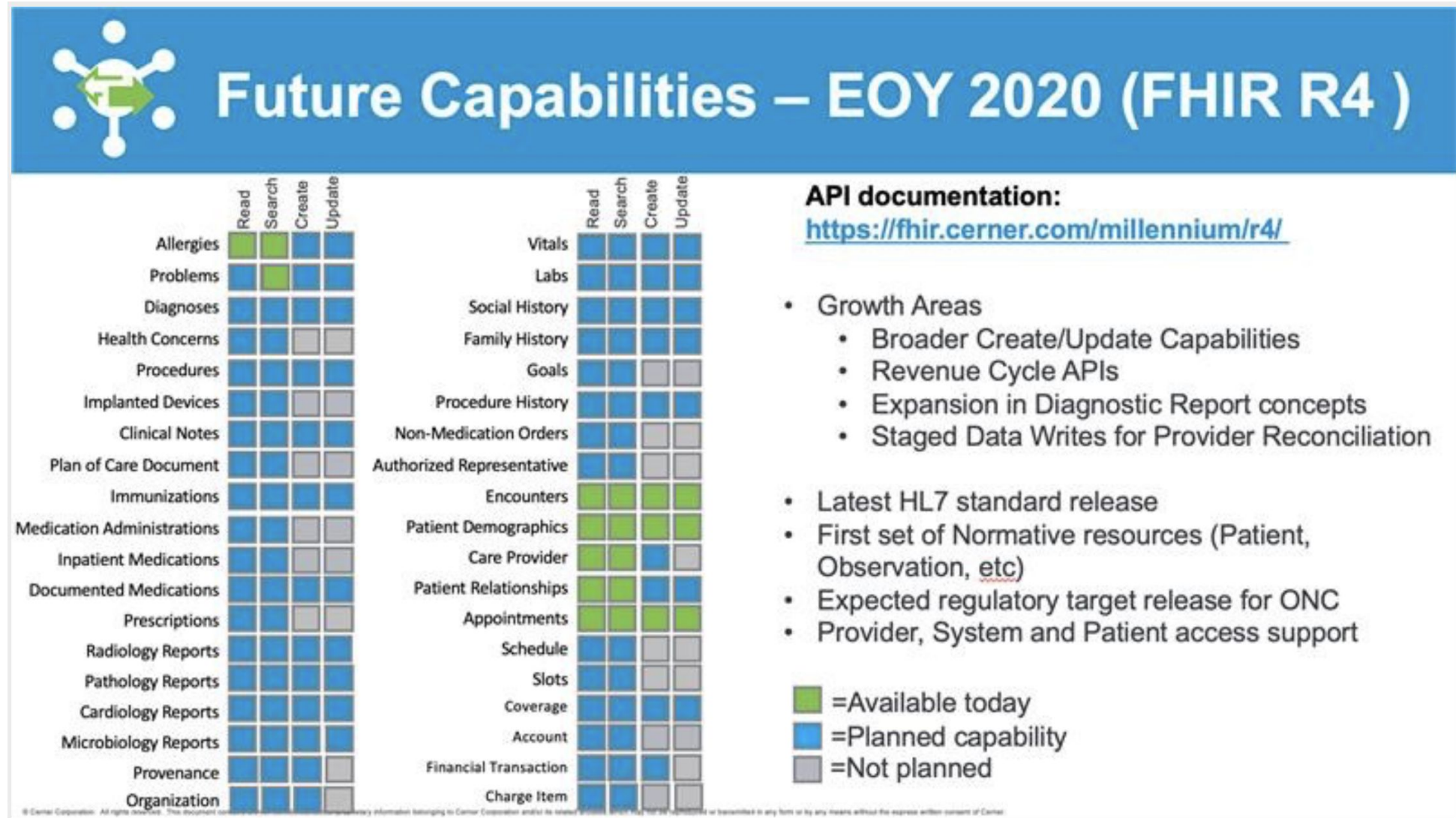
API documentation:
<https://fhir.cerner.com/millennium/dstu2/>

- Existing API Capabilities
 - 27 Concepts
 - Over 60 transactions
 - Over 80 distinct capabilities
 - Provider, System and Patient access support
- Certified technology for Meaningful Use
- Broad adoption across client base and developer community
- DSTU2 is now in maintenance-only mode

=Available today
 =Not planned

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Future Cerner FHIR - API documentation



Measure Success

Setting Direction

VA.gov (DEPO)

Mission

Enable Veterans and their caregivers to easily discover, apply for, track, and manage their benefits in one place.

Vision

An experience that meets VA.gov users' expectations consistent with those of the private sector and a 21st century government.

North Star

Reduce the time it takes for a Veteran to achieve an outcome through self-service means.

VSA

Mission

Build products in the right way that serve Veterans

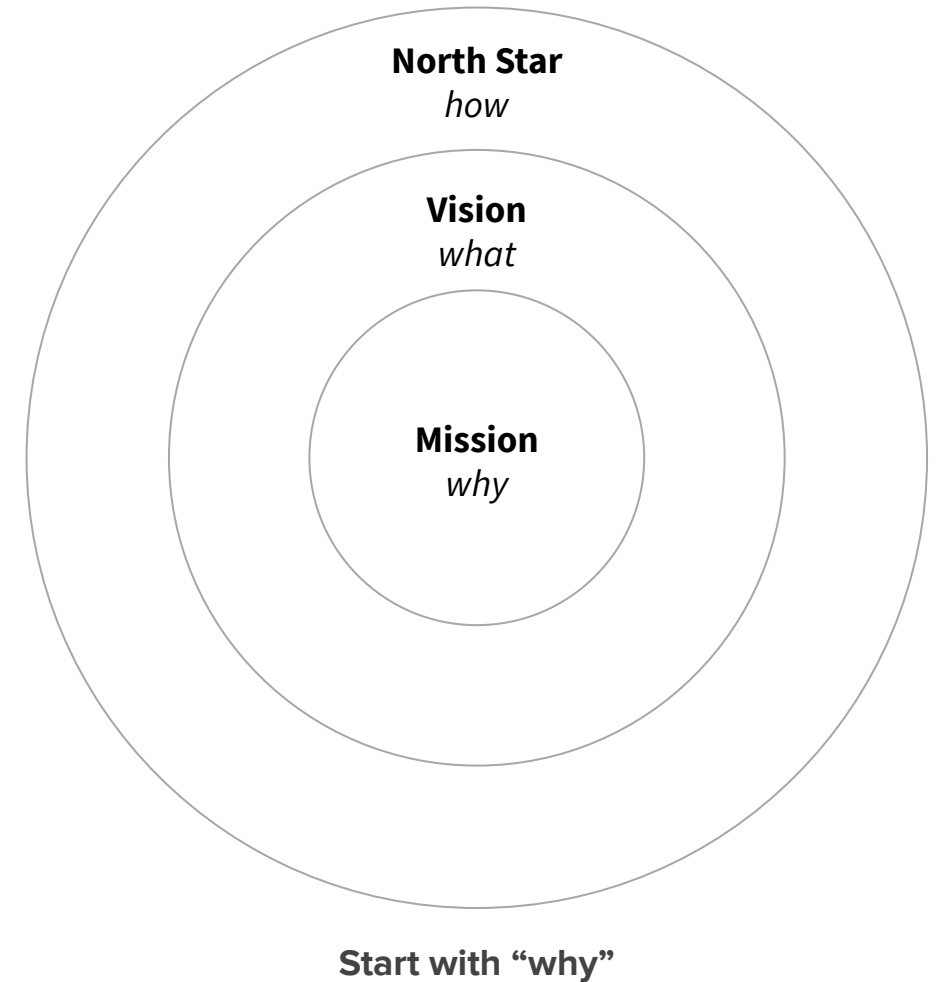
Vision

VSA is the standard for successful product development at the VA.

North Star Metric

Impact Rate—% of launched initiatives that have measurable KPI movement

*Ship rate—Number of initiatives shipped by VSA product teams



Setting Direction

Healthcare (TBD)

Mission

[fill in here]

Vision

[fill in here]

North Star

[fill in here]

1. Increase availability of self-service tools

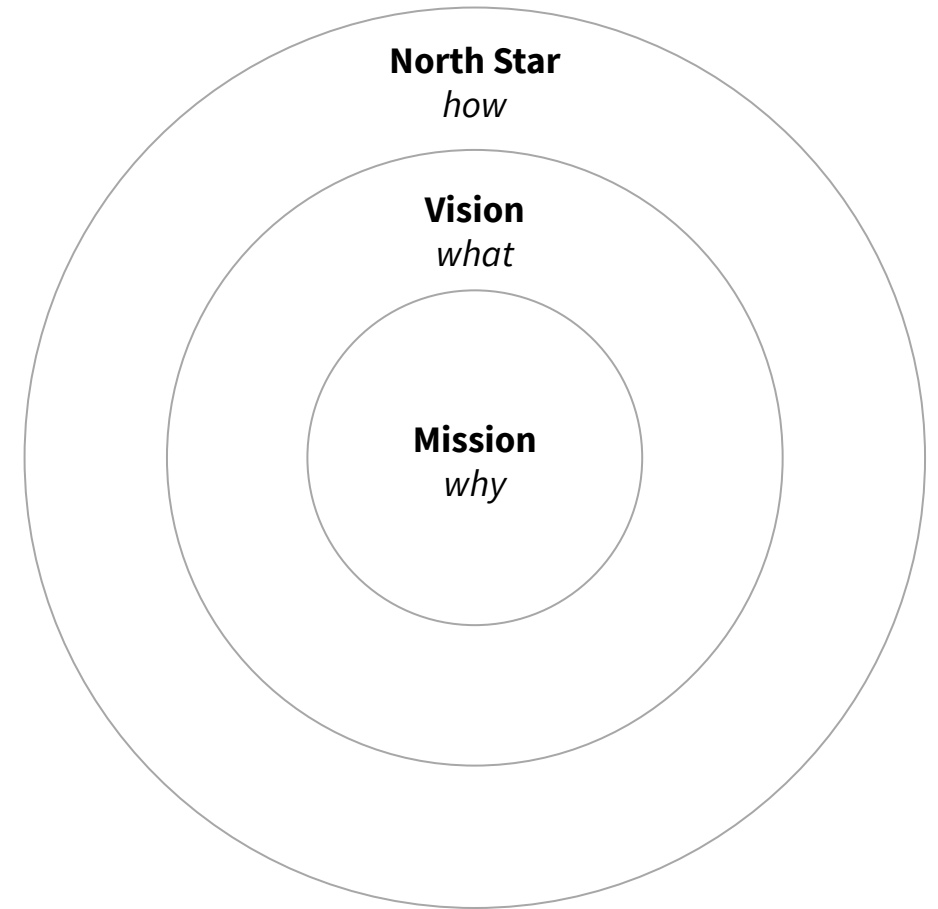
At a minimum, we will make the existing tool more widely available in a self-service manner as the current on-premise eScreening applications are completed by Veterans on a VA iPad in the facility and on the VA network.

2. Decrease time to outcomes

Make a pre-appointment tool available for online appointments means less appointment time is taken up by answering standardized questions, potentially reducing appointment times and/or increasing the efficacy of those appointments.

3. Maximize satisfaction, reliability, availability, & security

At a minimum, bringing the existing tools into the VA.gov family will make them much more widely available across multiple channels (online via internet; kiosks in facilities).



Start with “why”

Measure Success

- KPI
 - What are the most important metrics that track with this product/initiative's success?
 - Include links to Domo or Google Analytics Dashboards/Reports
- Baseline KPI Values
 - Baseline values for those most critical metrics. These may come from other systems other than VA.gov e.g. eBenefits.
- OKR
 - What are the measurable targets you're aiming for that delivers value for Veterans?
- Guideposts
- Customizable, scalable and easy to implement,
- Frictionless Intake- discrete data interop
- Reduction in on-campus time for veterans with scheduled appointments;
- Increase customer satisfaction for in-person and online visits;
- Reduction in employee hours spent on delivering, moderating, and wrangling pre-appointment questionnaires and screeners;

Timeline

- Are there any hard and fast deadlines for completing the discovery work?
- Prioritize Epics and Capabilities for MVP and iterative releases
- End of Discovery Sprint Rough timeline

Complete and Readout

Complete and Readout

Complete and Readout

Ideally occurs on the last day of the sprint or beginning of following week.

Checklist:

Present [End of Discovery deck](#) to the Leads, and rest of product sprint team about work done, current state, potential concerns, areas for opportunity, findings, and recommendations/next steps.

Draft [Stakeholder deck](#) and send to the Leads (customize as needed).

Conduct a [discovery sprint retrospective](#) with the Discovery Sprint Team.

Request time on the vets.gov agenda for a 5 minute highlights presentation where you can cover challenges, surprises, what was interesting, etc.

Do end of project Github / documentation cleanup. Make sure all docs are in Github, issues are closed, and GitHub pages are well-organized.

With a lead, finalize the stakeholder deck and charter and determine when and who will present to stakeholders.

Reference Slides

Discovery Pre-planning Checklist

- Consult the [Research Team](#) for help deciding what discovery activities best fit your project needs.
- Clear team members schedules for the upcoming discovery sprint.
- Schedule place for the team to co-work.
- Schedule team meetings at the beginning of each day and at the end for debriefing and planning for the next day.
- Schedule stakeholder meetings.
- Schedule user research sessions with Veterans.
- Invite the business owner and rest of team to participate in or sit in on some of the activities.
- Obtain background materials, org charts, stakeholder artifacts, etc.
- Obtain permission/access to key systems, test accounts, information, usage data, etc.
- Make travel arrangements.
- Gather materials (stickies, markers, tape, large paper, sketching templates, scripts, templates, etc.).

Other Discovery tasks *as needed*:

- Get access to the system (and test access to verify it works)
- Get at minimum read-only access for engineers to relevant production systems
- Get test accounts for systems
- Document any data standards (e.g., all upper case inputs) for existing systems
- Identify any VA policies / legal regulations that are required
- Physically go through the process or follow someone going through the process to see it first hand
- Identify Information in Support of vets.gov ATO
- Identify existing system classification: FISMA Low, Moderate, High
- Identify existing system connections required by vets.gov
- Identify existing system data elements and actions to be performed by vets.gov (e.g. pulled, pushed, stored)
- Identify existing system POC for all things ATO-related (usually ISO)
- Define change management plan for existing VA systems with VA stakeholders
- Inventory content for rewrite; plan for sunseting old content
- Create a migration and sunset strategy and timeline for both content and systems (redirects)

Resources

- [Vets.gov Discovery Sprint How-To](#)
- [Discovery Project Brief & Planning Template](#)
- [Sample Discovery Team Kickoff meeting agenda.](#)
- [Sample Discovery Sprint Schedule.](#)
- [Product Team Roles and Responsibilities](#)
- [VSP Collaboration Cycle](#)
- Present [End of Discovery deck](#) to the Leads, and rest of product sprint team about work done, current state, potential concerns, areas for opportunity, findings, and recommendations/next steps.
- Draft [Stakeholder deck](#) and send to the Leads
- Conduct a [discovery sprint retrospective](#) with the Discovery Sprint Team.
- [Research/Designer End-to-End Checklist: Research Projects](#)
- *[Please add others useful links here from team members]*