Secure messaging past studies

Backlog questions (not prioritized)

- Meg noted in the email sharing this report that we'll need to design the UI and workflow for VA clinical staff and providers. Timeframe? Technical exploration? This white paper gives a great starting point on the big issues that clinicians experience, next step would be designing a technically feasible prototype for clinician workflows for SM. Where would they access it? From within EHR, or would they need a VA.gov account?
- Why keeps non-users from adopting SM? Talk to MHV coordinators or clinicians to understand patient/Veteran concerns or reasons to not adopt SM, talk to providers to understand clinician barriers to adoption
- What barriers are preventing clinicians from being more proactive about initiating SMs?
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Enhancing My HealtheVet Secure Messaging for Providers, December 2021

Physician challenges

- accessing Secure Messaging from VistA
- attaching and sending the clinical document as an attachment (can't drag and drop)
- difficulties coordinating with other providers (previously couldn't forward to other providers, now resolved)

Pharmacist challenges

- documentation, including tracking medication changes and attaching documents
- difficulties with coordinating with other providers

Other SM challenges

- does not nest or group all related messages in a message thread
- the system also omits attachments from previous messages, which could result in a loss of information over time
- It can take several minutes (almost five) for a provider to attach and send a clinical document
- VistA does not share data with SM, making it hard to share documents or records with patients
- Technical issues: 3 MB attachment file size limit, session time outs, file type limitations, system is often down due to planned or unplanned outages
- Attachment button doesn't look like a button
- Not easy to save secure message threads in VistA
- Not easy to delegate tasks (such as sharing clinical documents with patients) to other members of the care team

Opportunities

- Templates for common message types, e.g. Appointment request, to ensure the necessary info is collected
- Allow SSO for providers to reduce login barriers the moving between SM and other systems like VistA
- Create new message notifications in the EHR for providers
- Integrate Pre-Visit Summary (PVS) and After Visit Summary (AVS) into SM, and allow those clinical documents to be seen in MHV/Health hub (efforts potentially on the way to making this happen)

- Integrate Secure Messaging for Medication Reconciliation Tool (SMMRT) with SM
- Connect Rx refill requests to SM, including repopulated information about the requested Rx
- Enable role-based (clinician, pharmacist, nurse, etc) personalization and workflows

Secure Messaging Feature Comparison, Martha Wilkes, 2019

Questions:

- Looks like a version of secure messaging was mocked up for Vets.gov, any reason to not incorporate or use these designs? What's different about this time? What else do we need to know about prior iterations of SM on VA.gov?

Clinical Practice Informs Secure Messaging Benefits and Best Practices, Haun et al (2017)
Findings:

- Most SMs are initiated by Veterans/patients
- Proactive use of SM by clinicians can create a more meaningful Veteran-centered care and improve clinician workflows

Promoting Proactive Use of Secure Messaging Using Promising Practices, Haun, et al (2017)
Best practices

Practice Description

Providers can use secure messaging to create an integrated culture. Facilities have created such by integrating it into clinical practice and service provision; before, at, and after the point of care. Establishing this culture enhances provider buy-in, utilization, and promotion. Secure messaging transcends the traditional brick and mortar clinical setting because it is available 24/7, from any location. Clinical team members create a culture of secure messaging by:

- Regularly educating staff and patients about the tool
- Integrating it within the enrollment process
- Integrating it into daily practice
- Endorsing proactive use
- Acknowledging that it crosses all VA services
- Integrating it into providers' workflow
- Managing population health and reaching patients broadly to alert them to seasonal health promotion activities, such as flu shots and wellness efforts

Large-Scale Survey Findings Inform Patients' Experiences in Using Secure Messaging to Engage in Patient-Provider Communication and Self-Care Management: A Quantitative Assessment, Haun et al (2015)

Findings:

- Veterans find secure messaging helpful for: medication refills, managing appointments, looking up test results, and asking health-related questions of their providers

Evaluating User Experiences of the Secure Messaging Tool on the Veterans Affairs' Patient Portal System, Haun et al (2014)

Findings:
 - Perceived barriers to using SM:
        - VA staff resistance to Secure Messaging use
        - Not knowing how to register and initiate the authentication process required to use Secure Messaging
        - Not being able to locate the link within My HealtheVet to access the Secure Messaging feature
        - Not fully understanding the circumstances and situations in which they should use the Secure Messaging
tool

- Other barrier:
    - Not knowing about the email notification preferences option (unless checked to receive emails, Veterans may not be notified of a new SM)

Veterans'Preferences for Exchanging Information Using Veterans Affairs Health Information Technologies: Focus Group Results and Modeling Simulations, Haun et al (2017)

Findings:

- Potentially difficult to access MHV on tablet (according to one quote)
- Users want to be able to access MHV on their smartphone. For the most part, via a mobile app, though some users expressed desire to use an internet browser instead of an app
- Some Veterans expressed the desire to use texts to communicate with their care team (hints at omnichannel approach)
- Veterans noted that their experience with secure messaging depends a great deal on how responsive/engaged their doctor or care team are in using that tool, suggesting inconsistencies in adoption/use by some VA providers
- Appointments don't always sync to MHV accurately, so might have discrepancy between phone/sms reminders and what shows up on MHV
- Appointment notifications are unreliable or incorrect
- Users want to see more details about their appointments, like location/room/floor or department
- It's difficult to use the search feature in MHV
- Users want notifications when an Rx is going to expire
- Refilling Rx can be complicated, involves lots of scrolling thru pages
- Rx list often has outdated Rx, which clutter up the screen and make it harder for users to refill current Rx's
- Most veteran participants preferred easy to use non-VA sites for medical information (eg, WebMD)
- Users will download BB reports to look at labs, but that results in lots of unrelated pages also being downloaded/printed
- Users want to be able to share their VA records electronically with outside providers, as well as customize levels of permissions
- Participants reported a strong preference for all of their health information to be synchronized, integrated into their EHR, and accessible to them online

- **Veteran participants felt that standardizing the look, feel, layout, and navigation of all VA tools and platforms would make learning to use different technologies easier for diverse audiences.** Participants expressed a strong preference for standardized, integrated, and synchronized user-friendly interface designs

Haun 2014 presentation

Findings:

Usability Testing Findings

TASK	Able to Complete Task n (%)	Completed Task with Difficulty n (%)	Did Not Complete Task n (%)
Navigate to site	21 (63.6)	10 (31.3)	2 (6.3)
Log-in	30 (90.9)	2 (6.3)	1 (3.1)
Set User Preferences	23 (69.7)	8 (25)	2 (6.3)
Check Inbox	33 (100.0)	0 (0.0)	0 (0.0)
Use Links	33 (100.0)	0 (0.0)	0 (0.0)
Open Secure Message	33 (100.0)	0 (0.0)	0 (0.0)
Open Attachment	33 (100.0)	0 (0.0)	0 (0.0)
Send Secure Message	30 (93.8)	3 (9.0)	0 (0.0)
Choose Recipients	32 (97.0)	0 (0.0)	1 (3.1)
Triage Message	9 (28.1)	0 (0.0)	24 (72.7)
Formulate Subject Header	18 (54.6)	0 (0.0)	15 (46.9)
Formulate Message	33 (100.0)	0 (0.0)	0 (0.0)

VETERANS HEALTH ADMINISTRATION

- Veterans want SM templates for common messages/questions
- Survey Reports (n-819) indicate Secure Messaging is used for:
  - Rx refills (n=546, 66.7%)
  - Rx questions (n=313, 38.2%)
  - Managing appointments (n=343,41.9%)
  - Accessing test results (n=350, 42.7%)
  - Health related questions (n=340, 41.5%)
  - Many respondents (n=328, 40.6%) reported they would like education and support using My HealtheVet and Secure Messaging
- Frequent SM users typically have: higher income, higher education
- Veterans value Secure Messaging as a tool to communicate with their VA health care team.
- Knowing about the tool, how to get signed up and started is a barrier to Secure Messaging use.
- Respondents reported most often using SM for medication refills; medication & health related questions; managing appointments; and test results.

- Not all Veterans know the appropriate reasons for using this tool.
- Veterans feel increasing ease of access and navigation, adding user features, having signature lines and bio-registry for VA staff, access to specialty clinics are all means of making the tool more useful and easier to use.

Evaluating Secure Messaging from he Veteran Perspective: Informing the Adoption and Sustained Use of Patient-Driven Communication, Haun et al (2014)

Findings:

- Barriers to using SM: knowing how to sign up and initiate the authentication process required to use SM, not being able to locate the link within MHV to access the SM feature, not knowing how to reach specialists through MHV, and not fully understanding in what context they should use the SM tool.
- Veterans want the default notifications settings to be an email to their personal address
- Veterans want SM to function like email: spell check, print options, formatting options, read receipts
- Veterans want SM to be accessible (larger font, clear icons, etc)
- Veterans want to be able to communicate with specialty clinics via SM
- Veterans want to be able to attach pieces of their medical records or BB report to messages
- Like patients, clinicians may benefit from SM training, education, and incentive to use SM.