

9/1/2022

Dr. Neil Evans Interview

## General

- To start, let's level set. When I say medical record functionality in MHV, what does that mean to you?
  - Biggest opportunity with the migration, and capability, to do something awesome
  - Huge improve to engage veterans with their health
  - Help to involve more and more people are hired on this mission, excited to collab and would reach out with clinical experts in the future
  - Take information more consumable and users can easily understand
  - We're doing this because we want them to drive their health journey
  - History is important. MHV is launched in my first 2-3 year of my career. Theresa would know MHV's birthday. There was no concept what health portal was, try to do it in an innovative way. The idea of it is to publish content for trust. So, BB movement, branded by the VA, quick and dirty way to get data to Veterans. Lots of data is EHR. Sharing data is the heart of BB. Theresa shared different prototypes of what the innovative way could be. (healthdesignchallenge.com.)
  - Most Veterans don't want to involve BB in a detailed way.
  - Lots of information (light house fire?) about clinical notes, which is not on the surface
  - I think the source would be BB still. The infor is there, but it's not polished in ways to display infor.
  - <https://www.opennotes.org/> Great resources and research about history and value
    - With a huge org. like this, it's hard to input information on clinical side as well. Docs would have said no to share doc' notes. Notes are an opportunity to communicate with Veterans. When there's concern, there's a chance to ask questions.
    - Valuable tool to solve -> we don't proactively notify Veteran if there's any updates. They can search and find the Infor once they log in.
    - Patients love accessing their health data, but we are feared to share this huge amount of information due to heavy workload, which is not the case, it's small compare to the impact.
- What is your experience with Medical Records?
- What have you heard about the use of Medical Records from Veterans? From VA staff?
- What are your priorities for Medical Records?

## **MHV data**

- What is required to be shown when presenting the different information in Medical Records?

We need to get right domain leaders to involve because I don't know everything. When we edit, we can provide just the right information. Doc's brain is like processing engine, which is where all data lives and they decide what to go on to the.

What important is the clinical outcome and engage for the better. There is policy requirement (medicine, what much to take...), but how to display that information is important.

If we are to prioritize, Veterans care about what they came in to do – check recent things, like lab results (blood, diabetes), microbiology, reports pathology reports. Insult button standards? – to help Veterans understand. Laboratory – “clear law and regulation?” controls what lab results content. BB reports and images and clinical notes are important – people often want a notification. People care about problem list – allergies, prior surgery information (Cerner has this information) – not as important. Other information is pre  
Problem list is a mess at VA. Some providers keep them updated, but some don't. CPRS?

- Is there any data that isn't currently part of Medical Records that you think should be?
- Why haven't after visit summaries been included in MHV up to this point?

## **Blue Button / Health Summary**

- In your words, what is the difference between “Blue Button” and “VA Health Summary?”
  - Historical. BB has too much of information, and it's hard to look through and pick the information they want. BB is an important concept VA started with.
  - Kaiser and Cerner and MyChart – they are trying to give you results for recent lab, but we don't have that.
  - “I don't know why we have two approaches”, think about what's the best design.
  - How do we translate what BB has to a new thing that caters to what Veterans need.
- Why do these two sections exist separately?
- Is the superset of data available for the Blue Button report different than the superset of data available for the VA Health Summary?
- Let's imagine that I'm a user of MHV. If I consult the same piece of data in the Blue Button Report and in the VA Health Summary, is there any chance that that data could be different?
- When would I use Blue Button instead of VA Health Summary? When would I use VA Health Summary instead of Blue Button?
- In previous research, users struggled to understand the term Blue Button and to disambiguate it from the VA Health Summary. Is there any reason you can think of that we should not attempt to combine these sections into one user experience?

## **Product vision / Competitive analysis**

### Concept 1: Breaking the Medical Records monolith

- What are your initial reactions to this concept?
  - This captures what I just mentioned. People are going to like the recent information, radiology, lab results and vitals. Radiology has equal weights as refill prescription and appointments. Lab results should be different.
- In what ways do you think this improves on medical records, if at all?
  - Need to think about visit summaries and how to make it work (3-4 notes), which all bundle together in one summary. Telephone notes – they don't want to write anything when it's just 5 mins conversation, so they bundle it into a visit summary.
  - Recent visit – just have all notes available and green check mark for each, not by visit itself.
  - Radiology results is good, need to be able to click into each result and all
  - For each card, there will be many results. So, need to think about how to bundle those results because not all results go into one link.
  - Right now, there are 6-7 alerts for different section of the lab – care for the complexity what MHV would do – this concept would have technical constrains
  - Vitals – there should be blood pressure, heart, lab rate, oxygen, pain level, in addition, height weight and body temp
- In what ways do you think this won't work?

### Concept 2: View first, download second

- What are your initial reactions to this concept?
  - Effective health summary, still give you every information – only through viewing for accessing 1 year of data, then download for anything past 1 year.
  - Veterans usually print it and file for disability claim and other services, it's very common.
  - Download VA comprehensive record is much needed for Veterans' need.
- In what ways do you think this improves on medical records, if at all?
- In what ways do you think this won't work?

### Closing

- Two clinicians would come on board soon, you should talk to
- Theresa would be great to talk to.
- No - do we notify when there are new results come in?