**Notes from Brenna Long Interview**

* Brenna works with the CIDMO program office. She has wored with the VA since 2007 but the CIDMO program office is fairly new (current position since 2010).
* Before Cerner we had a Value management team- there was a book written about value management. Porter and Teisberg introduced value-based healthcare (VBHC) in their book, Redefining Health Care.
* We put together a pilot and that pilot got some attention and we presented it to Dr. Stone, and he was kind of interested but not thrilled about it. Dr. Stone wanted to narrow down methodologies. He commissions a second pilot with no funding. There were concerns of scalability of the methodology in the second pilot.
* We look at outcomes over cost- Value based management. Process maps, looking at each process and how long it takes to complete the process. We gave users a worksheet and had them to compile process maps and had time driven activity worksheet. We then calculate costs depending on the maps.
* We want to give a road map or tool kit for people giving value-based management. We want this to be available enterprise wide. The UXG might be a good place to put it. We have materials already, but some of them needs to be improved. Worksheets are stable, Maps need to be cleaned up.
* Who will use material? People at the facility – system coordinators, team programs, quality improvement people at the local level.
* We can’t do process maps at every facility- so having the tools available on site would be helpful. Spread the best practices. Could put on SharePoint but there are other tools that could help them do this. They should use a persona’s or other things.
* Scenarios are helpful – need to ground it in, the scenarios.
* Samples from other work, good examples we can make available.
* Instruction guide how to do the cost analysis - not developed yet.
* Current scenarios and personas – tried to use it but don’t use it.
* There needs to be team management personas or scenarios. Mental health – team-based problems or scenarios. Mental health team lead. Persona for every member of the team. Every role on the PAC team and how they interact.
* Brenna said that the current systems are not geared towards team-based care. Why? Team notes are not great, no tasking to each other, teams can’t manage their patients easily. In charge of mental health and physical health and they have really bad time finding and seeing what they need. Tasking and paneling.
* The measures – all the process measures are bad. Outcome measures are bad.
* Having the standard – too may reports.
* Process mapping tools, value management tools.
* Would you see this being used just locally? No, I see these tools being rolled to primary care, but we have not identified another site to roll this out – encourage them to use this framework.
* Uses Sharepoint right now. There are some resources. The book about value-based healthcare (Refining Health Care) Ross has access to this Sharepoint and can get us access.
* Value in seeing a local place to manage the process? We want to be able to collaborate and built excitement around this. This is part of strategy – to attract attention.
* Community of practice – generally this should be on VA SharePoint but maybe not? Our VA users will go to an internal SharePoint too to collaborate, but we can link to it? Office 365 link potentially and collaboration tools? VA is starting an integration to Yammer. I think VA will start to use Slack.
* Do you work with HF team? Close communication with the HF team? Yes. Breanna coordinated or led the value management project. Asked HFE team to join in. She is part of the strategy of projects and get things set up.
* UCD process – your perspective? I want to expose old journey maps that we did in the past. Strategic journey maps I would call them. I want that to be part of our strategy and we do small set of blueprints or journey maps. We can use those to select high-priority projects. We should use a journey map and true business architecture. Journey map view to business practices, I think HCD has a big role in the strategy piece. User personas and Journey maps for design once we get into a solution. Use user-stories and design stories.
* Journey maps and frameworks, UCD agile design and artifacts.
* We need the program offices to come and use these artifacts. We didn’t have a partnership triad, informatics, program office (sponsor) a field (champion). Need to have all three. We need to market and work more closely with them. Promote to get HF involved from the beginning. Marketing needs to be done about what HF does, (brand as CIGMO) keep marketing full solutions to program offices not just HF. Advertising needs to be done what HF does. HFE is leaving this but it is an organizational effort. We don’t want to just advertise as HFE. Keep this all perspective HIT effort not just HFE.
* It is becoming clearer (to Ross) that one of the users of the UX guide has a clinical informatics background. What is your take on that? Good target customer – Yes, we are trying to build an informatics workforce- and have everyone connected- have a stronger network of informatics. Everyone knows what a CACs do but we need to train our workforce – newly trained informatics workforce. We will be providing usability (HF) training for these people- that will align with this vision.
* Interview Fran – informative workforce that would be good.
* Target group should be that effort – workforce capacity.
* Summit in Feb – that is her self-imposed target for the Play Book to be completed. To have this part done (some kind of playbook) to show off by then.

UX artifacts -- for current HFE project work and to publish on the UX Guide

* Personas of each role on a mental health team (note an upcoming VISN 9 summit to improve primary care team)
* Mental health patient personas
* Service Blueprints (incl. patient journey maps)