Welcome & House Keeping

Gwen McMillan, BSO Communications

A FEW QUICK REMINDERS

- Please mute your microphones.

- Town Hall will run from 2:00 - 3:00 p.m. ET.

- A recording and the slides will be posted to the DHO SharePoint site.

Have comments, questions, or feedback? Please submit them to the Anonymous Suggestion Box:
https://forms.office.com/g/LLZjc8afiK
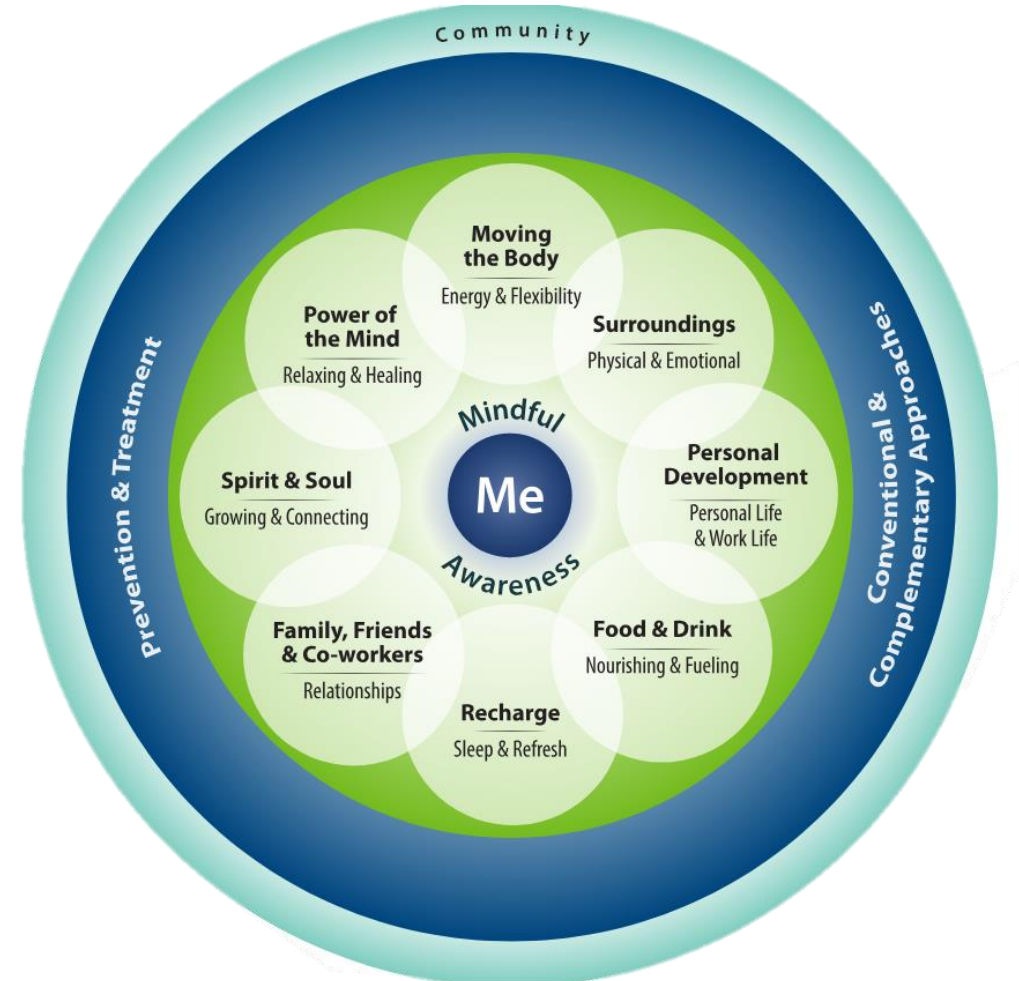
Whole Health Moment

Take a moment to reflect on the Circle of Health.

- The Circle of Health highlights key aspects of your well-being, including areas like nutrition, surroundings, personal development, and mental health. Each part contributes to your overall health and resilience.

- **Which area could use a little extra attention today?**

Agenda

- **Welcome and House Keeping**
  - *Gwen McMillan*
- **DHO Leadership Update**
  - *Nadia Smith*
- **Electronic Health Record Modernization (EHRM) Program Update**
  - *Dr. Neil Evans*
- **Priority Initiatives Update**
  - *Introduction, Blake Henderson*
  - *Ambient Scribe Pilot, Donna Hill*
  - *My HealtheVet Updates, Dr. Meredith Josephs*
- **Product Spotlight: Clairvia**
  - *Blair Hebner*
- **Administrative Operations**
  - *Barbara Afanador*

VA | U.S. Department of Veterans Affairs
Veterans Health Administration
Digital Health Office

DHO Leadership Update

Nadia Smith

Acting Chief Digital Health Officer

U.S. Department of Veterans Affairs

Veterans Health Administration
Digital Health Office

Let's Celebrate!

Help celebrate and recognize the hard work and contributions made by YOU and your fellow teammates.

April 21 – 25, 2025

Health Information Professionals Week

April 23, 2025

Administrative Professionals Day

Cheers, to YOU! We celebrate and honor DHO retirements through June!

We are so thankful for the contributions and visionary leadership provided by many of our DHO team members. We are grateful for your steadfast commitment to serving our Veterans and fulfilling VA's and DHO's missions.

Luz
Cuff

Adrienne
Ficchi

Marybeth
Jette

Meredith
Josephs

Kathleen
Kane

Elaine
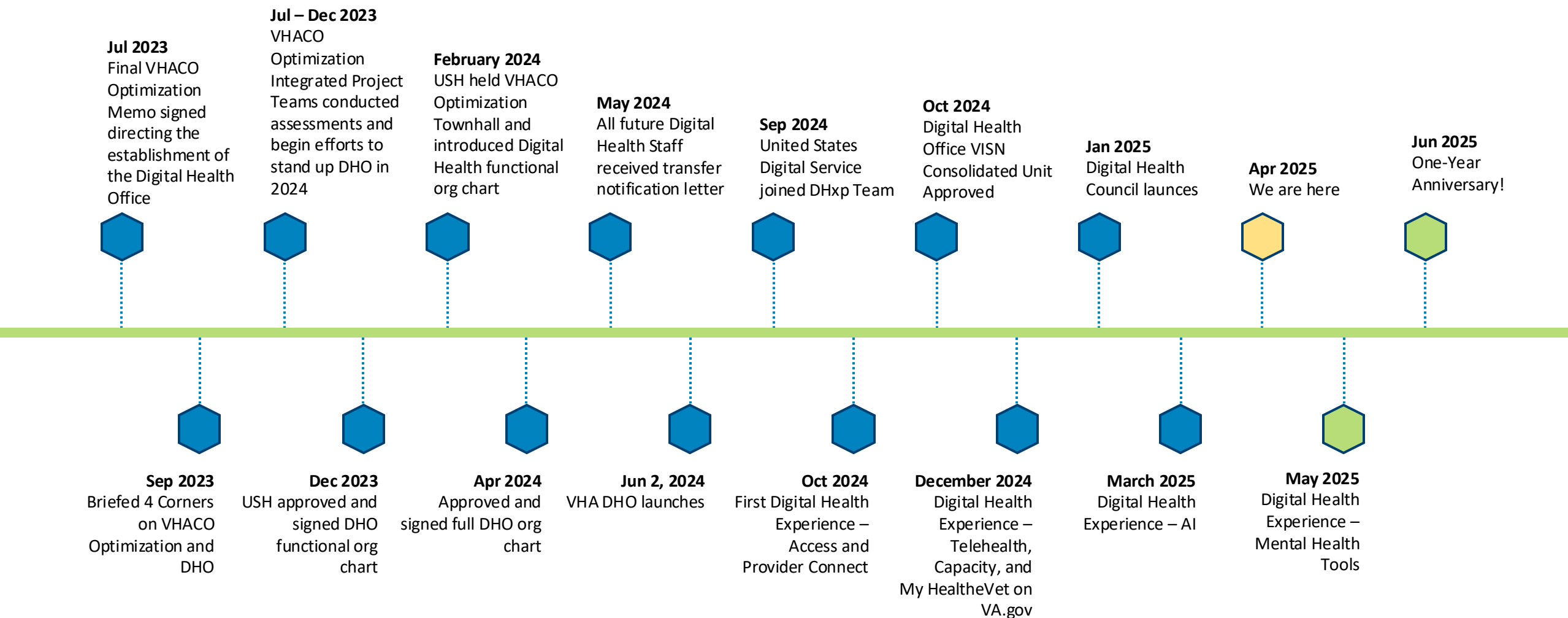O'Brien

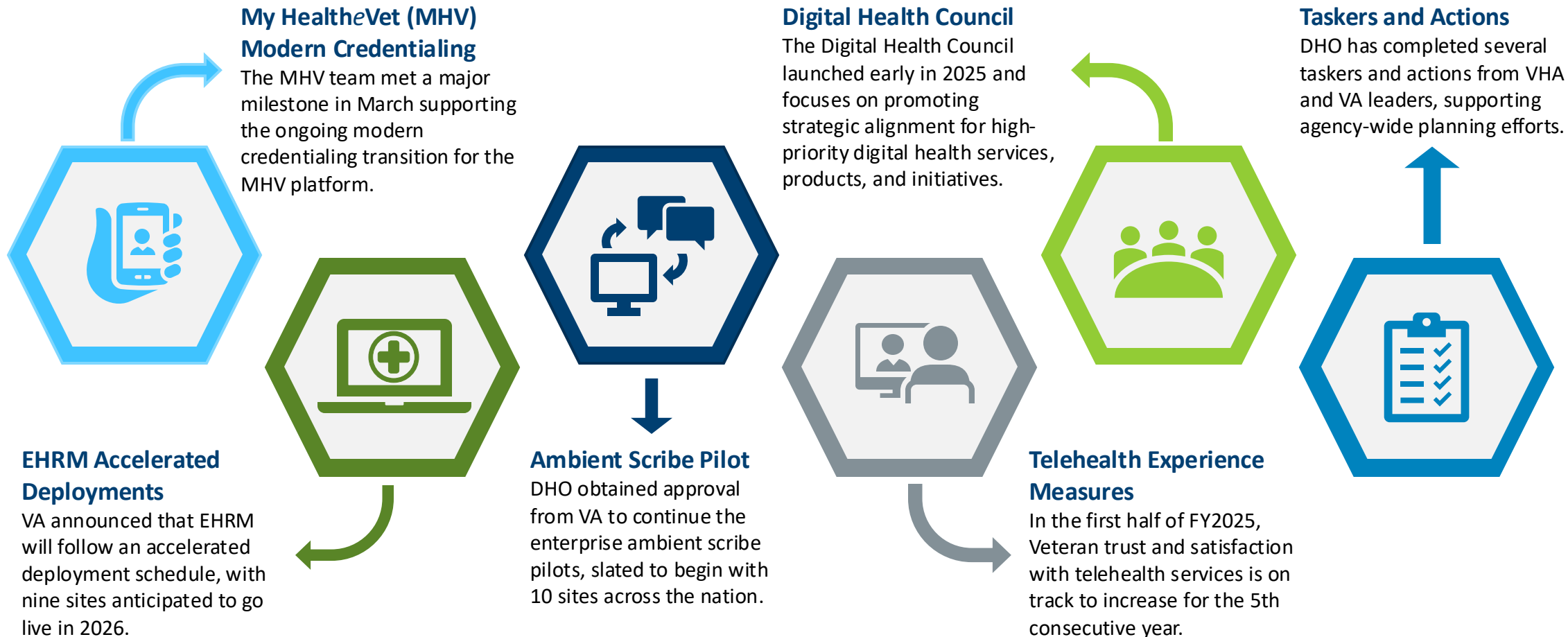## Thank you for your service!

Digital Health Office Journey

Jul 2023
Final VHACO Optimization Memo signed directing the establishment of the Digital Health Office

Jul – Dec 2023
VHACO Optimization Integrated Project Teams conducted assessments and begin efforts to stand up DHO in 2024

February 2024
USH held VHACO Optimization Townhall and introduced Digital Health functional org chart

May 2024
All future Digital Health Staff received transfer notification letter

Sep 2024
United States Digital Service joined DHxp Team

Oct 2024
Digital Health Office VISN Consolidated Unit Approved

Jan 2025
Digital Health Council launces

Apr 2025
We are here

Jun 2025
One-Year Anniversary!

Sep 2023
Briefed 4 Corners on VHACO Optimization and DHO

Dec 2023
USH approved and signed DHO functional org chart

Apr 2024
Approved and signed full DHO org chart

Jun 2, 2024
VHA DHO launches

Oct 2024
First Digital Health Experience – Access and Provider Connect

December 2024
Digital Health Experience – Telehealth, Capacity, and My HealtheVet on VA.gov

March 2025
Digital Health Experience – AI

May 2025
Digital Health Experience – Mental Health Tools

Accomplishments

We can't make progress without the great work YOU do – this is just a snapshot of what's been accomplished since our last Town Hall.

My Health*e*Vet (MHV) Modern Credentialing
The MHV team met a major milestone in March supporting the ongoing modern credentialing transition for the MHV platform.

EHRM Accelerated Deployments
VA announced that EHRM will follow an accelerated deployment schedule, with nine sites anticipated to go live in 2026.

Ambient Scribe Pilot
DHO obtained approval from VA to continue the enterprise ambient scribe pilots, slated to begin with 10 sites across the nation.

Digital Health Council
The Digital Health Council launched early in 2025 and focuses on promoting strategic alignment for high-priority digital health services, products, and initiatives.

Telehealth Experience Measures
In the first half of FY2025, Veteran trust and satisfaction with telehealth services is on track to increase for the 5th consecutive year.

Taskers and Actions
DHO has completed several taskers and actions from VHA and VA leaders, supporting agency-wide planning efforts.

PRE-DECISIONAL

EHRM Program Updates

U.S. Department of Veterans Affairs

Veterans Health Administration
Digital Health Office

Dr. Neil C. Evans

Acting Program Executive Director

EHRM-IO

Federal EHR Accelerated Deployment Timeline

- On **March 6**, VA announced the plan to accelerate Federal EHR deployments, starting with an **additional 9 sites**, bringing the **total Go-Lives in 2026 from 4 to 13**.

- On **March 31**, VA released the list of those **additional** VA medical centers (**VAMCs**) and their associated clinics, and their **scheduled go live time frames**.

- These sites were selected using **a market-based approach** to take advantage of **geographic synergies**, as well as each site's technical and physical infrastructure and overall readiness.

Spring 2026 VISN 10

John D. Dingell VAMC (Detroit, MI)
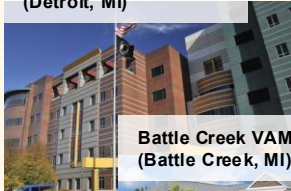
Battle Creek VAMC (Battle Creek, MI)
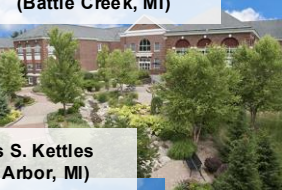
LTC Charles S. Kettles VAMC (Ann Arbor, MI)
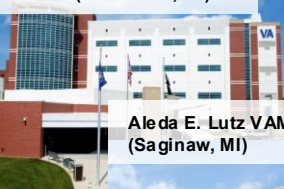
Aleda E. Lutz VAMC (Saginaw, MI)

Late Spring 2026 VISN 10

Cincinnati VAMC (Cincinnati, OH)

Cincinnati VAMC-Fort Thomas (Ft. Thomas, KY)

Chillicothe VAMC (Chillicothe, OH)

Dayton VAMC (Dayton, OH)

Summer 2026 VISN 10

Fort Wayne VAMC (Fort Wayne, IN)

Marion VAMC (Marion, IN)

Richard L. Roudebush VAMC (Indianapolis, IN)

Fall 2026 VISN 20/ VISN 10

Alaska VA Healthcare System (Anchorage, AK)

Louis Stokes Cleveland VAMC (Cleveland, OH)

Assumptions for Accelerated Federal EHR Deployment

In the development of the accelerated Federal EHR deployment strategy, key assumptions were made across four main areas: implementation, site/system operations, infrastructure, and office operations.

If these assumptions are not met, the Federal EHR accelerated timeline is at risk.

Implementation

- 12-month deployment timeline inclusive of CSR and all deployment activities (not inclusive of VA enterprise and infrastructure pre-work)
- An approved Federal EHR VA baseline (inclusive of workflows, people, and technology) with iterative, ongoing alignment to Model
- Enterprise-wide standardization of business operations and clinical practice and change processes by 2027
- Enough lead time to secure space for user adoption activities (e.g., training, learning labs)
- Acceptable Research solution in place prior to May 2025

Site/System Operations

- Additional VHA resources will be required to maintain facility-level productivity

Infrastructure

- Begin engagement at sites where infrastructure meets minimum requirements (e.g., EUDs, HTM, HEFP, cyber)
- Enterprise-wide, standard medical technology interface approach in place by 2027
- Update to scalable enterprise tooling and solutions (e.g., provisioning, documentation, ticketing)
- The impact of OCI and Gen 2 capabilities and solutions to the schedule are unknown at this time

Office Operations

- EHRM-IO, OIT, VHA, and OH staffing ramp up in FY25 to support multiple deployments
- FY26 Budget Increase (inclusive of EHR, VHA, OIT)

> **Several of these assumptions will inform planning sessions at an upcoming EHRM-related Face-to-Face on May 6-8.**

Federal EHR Standardization: Establishing Baseline

VA established the baseline as a cornerstone of the enterprise-wide effort to standardize the delivery of health care.

Background:

- VA's enterprise standard is managed within the Federal Electronic Health Record (EHR) VA Baseline, establishing standardized products, workflows, and integrations for VA facilities.

- Adhering to a standardized national baseline will:
  - Support successful implementation of the Federal EHR
  - Accelerate deployments
  - Simplify decision making
  - Support future optimization upgrades

The Federal EHR VA Baseline:

- Includes platforms, services, Oracle Health products, and workflows that are deployed and available at 6 live sites as of February 2025.

- Documents the current state, comprised of the more than 2,300 functional and technology components available as part of the Federal EHR and VA's related information technology, and includes additional standards required for integration.
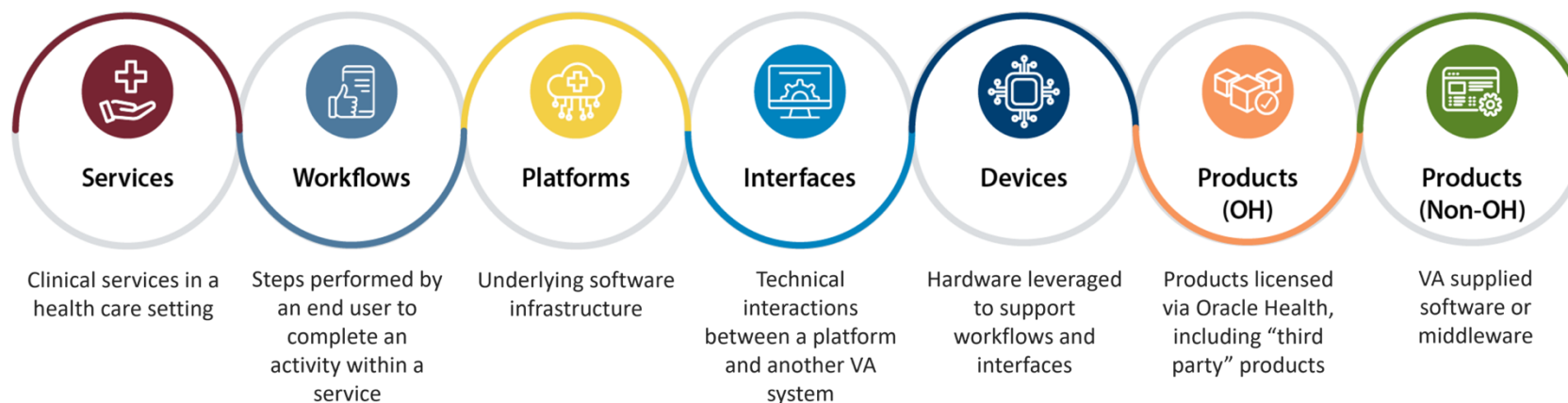 - These standards are interfaces, devices, and VA products that are deployed and available.

PRE-DECISIONAL

Federal EHR Baseline: Overview

Components are the different functions and technologies that are included in the baseline.

Services	Workflows	Platforms	Interfaces	Devices	Products (OH)	Products (Non-OH)
Clinical services in a health care setting	Steps performed by an end user to complete an activity within a service	Underlying software infrastructure	Technical interactions between a platform and another VA system	Hardware leveraged to support workflows and interfaces	Products licensed via Oracle Health, including "third party" products	VA supplied software or middleware

How to use the Federal EHR Baseline:

Site in pre-deployment or deployment

Staff involved with EHR technology decisions must familiarize themselves with the components and structure of the baseline. These staff should also familiarize themselves with the change control process, which is the high-level procedure for requesting, reviewing, and approving new components or other changes to the baseline.

Sites not yet scheduled for deployment

View the baseline to see the current recorded technologies. If you see a technology in the baseline that is mission-critical to your facility, then you will know that it is supported. If you have mission-critical components that are not in the baseline, you will have the opportunity to request these items during pre-deployment activities.

Learn more on the **Federal EHR Resource Center**.

Standardizing with the Oracle Health Commercial Model

The **Oracle Health Commercial Model** is a set of best-practice recommendations for configuration of the Oracle Health platforms that make up the Federal EHR.

- The model has a record of improving performance, data reliability, and user satisfaction.

- Closer adherence to the model results in decreased complexity delivering system upgrades.

Under existing improvement projects, **VA has** already **begun to align Federal EHR configurations** with the Oracle Health Commercial Model recommended configurations whenever possible.

- The model will serve as the reference standard for decision-making regarding EHRM standardization.

- Deviations from the model will only occur if a requirement is proven unique to VA and after being escalated to leadership for approval, as needed.

Next Steps:

❑ Pre-deployment sites will use the Federal EHR baseline in CSRs to prevent selecting duplicative or incompatible technologies or workflows before go-live.

❑ Aligning with the national VA standard for technology system configurations in advance will help avoid deployment delays and added cost.

❑ Future adjustments to the Federal EHR VA Baseline will prioritize alignment with the Oracle Health Commercial Model.

Federal EHR VA Baseline Management: Pre-Deployment Federal EHR Change Process

VA | U.S. Department of Veterans Affairs
Veterans Health Administration
Digital Health Office

After the completion of all 4 Michigan sites CSRs, Oracle Health submitted COAs, and SBARs (Situation, Background, Assessment, Recommendation) were created with preliminary recommendations for Initial COA review meeting.

During review meetings at the Tier 1 level (program offices, councils, field representatives, and other key informatics SMEs), joint concurrence was obtained on a standardized course of action in the vast majority of situations. Five items were escalated for decision-making at Tier 2 (EHRM Executive Committee)

Key Dates

Group 1 – Detroit & Battle Creek (Completed)
- COA submission: Mar. 17, 2025
- VA COA review : Mar. 17-18, 2025
- COA decision finalization and comms to OH: Mar. 28, 2025
- Deployment Scope Doc Submission: Apr. 11, 2025

Group 2 – Ann Arbor & Saginaw (In Progress)
- COA submission: Mar. 31, 2025
- VA COA review: Mar. 31 – Apr. 11, 2025
- COA decision finalization and comms to OH: Apr. 11, 2025
- Deployment Scope Document Submission: Apr. 25, 2025

Detroit & Battle Creek Metrics	Total
Total # of Deviations	44
# of SBAR(s) Completed for the Initial Review	44
# of Joint COA (Tier 1) Concurrence	40
# of COAs escalated to Joint COA (Tier 2)	4
# of COAs approved by Tier 2	**4**

Ann Arbor & Saginaw Metrics	Total
Total # of Deviations	29
# of SBAR(s) Completed for the Initial Review	29
# of Joint COA (Tier 1) Concurrence	27
# of COAs escalated to Joint COA (Tier 2)	1
# of COAs approved by Tier 2	**1**

PRE-DECISIONAL

Key Pre-Deployment Activities and Events

As we restart in Michigan, there are several **new pre-deployment events** targeted at building site capacity to lead implementation with support from EHRM-IO and VHA.

Site Executive Leadership Team (ELT) / Change Leadership Team (CLT) Onboarding Workshop

This new pre-deployment event provides site leadership with the expertise and tools to actively and visibly lead the Federal EHR transformation at their site. Focus is on helping the ELT and CLT understand and prepare for their roles and responsibilities, identifying opportunities to address impacts to resources and operations, and providing strategies to support local staff throughout implementation.

Service Line Leadership Onboarding Workshop

This new pre-deployment event provides service line leaders (SLLs) with an introduction to their role in leading their staff through Federal EHR implementation. SLLs will be provided an overview of super-user characteristics and work will begin to create plans to block time to support staff throughout Federal EHR implementation events and activities.

All Staff Federal EHR Launch

This new pre-deployment event led by the facility's ELT and CLT, with support from EHRM-IO, is designed to generate staff excitement and awareness for the start of the site's EHRM implementation timeline and to provide general information about what to expect along the implementation experience.

We are partners together in this effort!

VA | **U.S. Department of Veterans Affairs**
Veterans Health Administration
Digital Health Office

Priority Initiative Updates

VA | U.S. Department of Veterans Affairs
Veterans Health Administration
Digital Health Office

Blake Henderson,

Director for Digital Experience & Strategy

PRE-DECISIONAL

Key DHO Priorities for FY 2025

Aligned to VHA's Long-Range Plan

Active Collaboration Across VHA and VA

	DEAN	Clinical Services	PCS	SIM	IVC	Support	Field	VA OIT	EHRM IO
Goal 1: Veterans choose VHA as their health care provider and coordinator, built on trusted long-term relationships									
My HealtheVet: Move to an untethered patient portal and have VA own the patient portal experience.							✔	✔	
Goal 2: VHA delivers high-quality, accessible, and integrated health care									
Expanding Clinical Services via Connected Care: Includes Real Time Access, Virtual Health Resource Centers, etc.		✔	✔				✔		
Accessing Telehealth through Local Areas Stations: Implement Telehealth access stations to support Veterans in Community.		✔	✔		✔		✔		
Patient Generated Health Data and Patient Facing Clinical Reminders: Foster Veteran health and wellbeing by developing solutions that integrate into clinical workflows. Provide Veterans with the ability to asynchronously provide health information directly to medical records.		✔	✔				✔		✔
Goal 3: VHA maximizes performance through shared ownership and is on the forefront of innovation									
Artificial Intelligence: Implement AI solution pilots automating clinical administrative tasks to mitigate provider burnout (i.e., ambient scribe) and support VHA's development, acquisition, and use of AI systems.	✔		✔				✔	✔	
Scaling Emerging Technologies: Includes an intake mechanism and VA immersive scaling efforts.	✔	✔	✔		✔		✔	✔	
Clinical Decision Support (CDS) Console: A standards-based, context aware technology platform that takes data from EHR databases to build and host CDS apps, providing a common user experience across clinical apps and EHRs.		✔	✔				✔		✔
Goal 4: VHA Optimizes Assets Across the Enterprise									
Enterprise Standardization: Improve business efficiency, health outcomes, and Veteran choice, with an initial focus on referrals and prosthetics.	✔	✔	✔	✔	✔	✔	✔	✔	✔
EHRM: Enterprise structure for functional EHRM issue escalation, with end-to-end strategies for readiness and training.	✔	✔	✔	✔	✔	✔	✔	✔	✔

PRE-DECISIONAL

Ambient Scribe Pilot

Donna Hill, Director of Operations

Digital Health Office/ AI & Emerging Technologies

U.S. Department of Veterans Affairs

Veterans Health Administration
Digital Health Office

Introduction to Ambient Scribe

US. Department of Veterans Affairs
Veterans Health Administration
Digital Health Office

Ambient Scribe Technology Pilots are part of VHA's commitment to scaling innovation to enhance the quality of health care services provided to our nation's Veterans.

Overview

➢ Ambient Scribe is an **artificial intelligence technology** that listens to and documents the conversation between health care providers and patients.

➢ The transcript of the encounter is **processed by AI to generate secondary products** like clinical encounter notes, coding recommendations, and has the potential to engage with clinical decision support services.

*Expected Benefits**

Valuable Patient Encounters & Improved Patient Experience

Reduce Administrative Burden & Inaccurate Documentation

Alleviate Provider Burnout & Increase Efficiency

VHA is conducting pilots to understand the realized clinical and financial impact of Ambient Scribe technology.

Proposed Enterprise Pilot Plan

An enterprise pilot will test and validate effectiveness, assessing documentation accuracy, provider satisfaction, and workload management.


Enterprise Pilot Locations: 10 Sites

- San Francisco, CA
- Ann Arbor, MI
- Erie, PA
- Loma Linda, CA
- Marion, IL
- Wilmington, DE
- Prescott, AZ
- Kansas City, MO
- Dallas, TX
- Tampa, FL
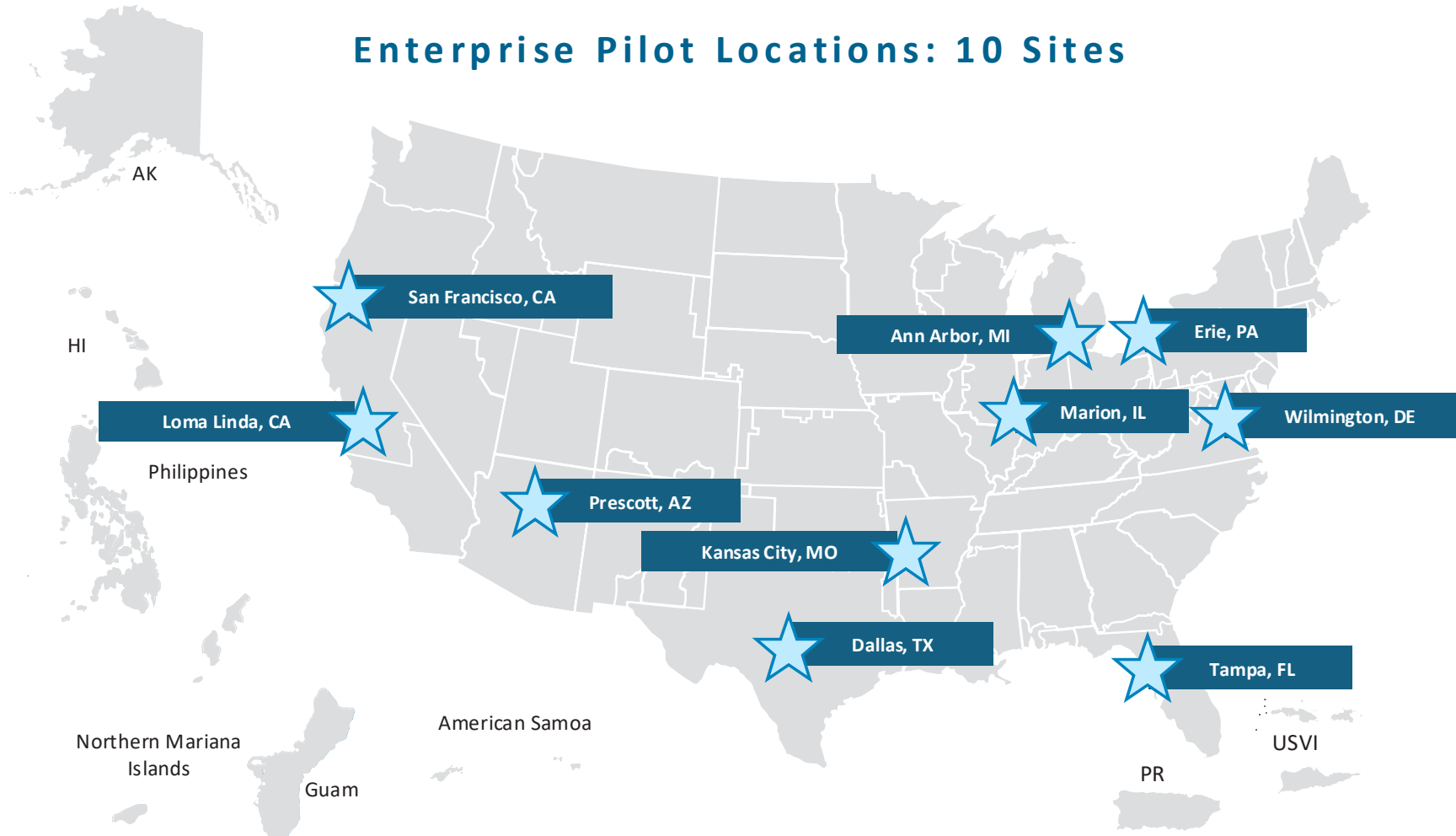
Industry Benchmarks ROI

Ambient Scribe Technology has a transformative potential on healthcare by reducing clinician burdens, enhancing efficiency, and improving patient care quality.

Industry research shows promising return on investment through multiple benefits across clinical settings:

Adoption and Utilization

Utilization Rate: Approximately 55% of encounters utilized ambient AI scribe technology, establishing a firm foothold in clinical settings[1].

Physician Engagement: 3,442 physicians used ambient AI tools in 303,266 patient encounters over 10 weeks[2]. Despite variability, the high number of users indicates significant interest and potential for scale.

Clinician Experience

Reduction in Task Load: Average reduction of 24.42 points in task load, as measured by the NASA-TLX score[1].

Burnout Reduction: Ambient scribing tools have been associated with a 1.94-point reduction in burnout (Maslach Burnout Inventory score) and an observed 63% reduction in clinician burnout[3].

Career Longevity: 62% of clinicians reported being more likely to extend their clinical career due to reduced burden[3].

Documentation Efficiency

Reduced Manual Documentation: A 29.6% reduction in manually typed documentation[1].

Documentation Quality: AI tool-assisted notes consistently scored high marks, with 100% scoring above 25 on the SAIL assessment compared to 43% without AI assistance[1].

Note Length Increase: A noted 15.5% increase in total note length indicates more comprehensive documentation[1].

Operational Efficiency

Increased Patient Throughput: A 17% increase in patient throughput was observed, enhancing clinical operations and efficiency[7].

Note Completion: 48% of clinicians felt they could see an additional patient if needed with the AI tool, contributing to better resource utilization[1].

Patient Experience

Enhanced Interaction: 81% of patients reported their physician spent less time on the computer, and 71% noted more time spent in direct conversation[2].

Full Attention: 100% of clinicians agreed they could give patients their full attention when using the AI tool, profoundly improving patient satisfaction[1].

Time Savings

Efficiency Gains: Physicians saved about 2 minutes per appointment and 15 minutes per day in after-hours time, leading to a 30% reduction in total EHR time per day[1].

Reduced Documentation Time: Significant reductions include a 0.57-minute reduction in median time per note and a 6.89-minute reduction in daily documentation time[1].

Workflow Efficiency

Improved Workflow: Odds Ratios (OR) reflect statistically significant improvements in the ease of documentation workflow (OR = 6.91) and completion of notes associated with AI tool usage (OR = 4.95)[1].

Sources Reviewed: 1. Journal of the American Medical Informatics Association; 2. NEJM Catalyst; 3. PHTI Report; 4. JAMA Network Open; 5. Health Policy; 6 .medRxiv Preprint; 7. ChartX – Blog; 8. Healthcare IT News – Albany ENT & Allergy Services; 9. Ambient Artificial Intelligence Scribes to Alleviate the Burden of Clinical Documentation; 10. Use of an ambient artificial intelligence tool to improve quality of documentation

PRE-DECISIONAL

My Health*e*Vet

Dr. Meredith Josephs, MD, MPH

Executive Director, Connected Health

PRE-DECISIONAL

VA | **U.S. Department of Veterans Affairs**
Veterans Health Administration
Digital Health Office

Sign In Changes for VA Digital Services | Office of Connected Care

Provide Veterans a secure sign-in modern credential (ID.me or Login.gov) for access to the MHV patient portal, mobile app., or digital tools

Key Partners

- Office Chief Technology Officer
- Office Information Technology
- Identify and Access Management
- VISN and facility staff
- Coordinators in the field
- Executive leadership

Veterans with and without a modern credential

- **80% (80.49%) or 3.59M MHV Veterans have used a modern credential.** (*Last reported* 80.01% or 3.56M)
- **20% (19.51%) or 871K MHV Veterans do not have a modern credential.** (*Last week reported 19.99% or 891K*)
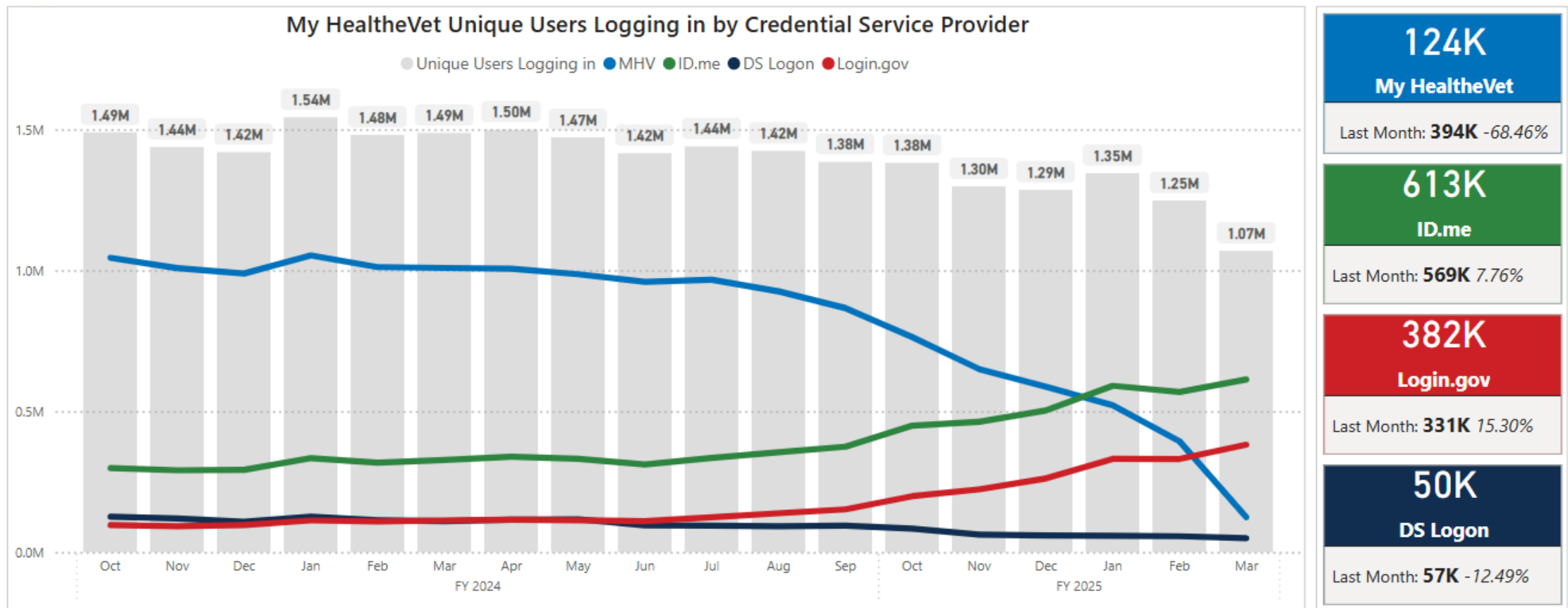
High-Level Roadmap ▶▶

- **September 2025:** Retire DS Logon
- **Now to September 2025:** Ensure all interested active patients obtain a modern credential

Available Reports

- No Access
- DS Logon
- Total MHV Veterans
- VISN & Facility level
- Patient Details
- Trends

National Overview: MHV Users Logging in MHV Classic by Credential

Nationally, nearly 91% of MHV Users are Logging in with a modern credential.

My HealtheVet Unique Users Logging in by Credential Service Provider

Unique Users Logging in ● MHV ● ID.me ● DS Logon ● Login.gov

Credential	Value	Last Month	Change
My HealtheVet	124K	394K	-68.46%
ID.me	613K	569K	7.76%
Login.gov	382K	331K	15.30%
DS Logon	50K	57K	-12.49%

Data Source: MHV CDW Database sourced on March 4, 2025

PRE-DECISIONAL

VISN Overview: No Modern Credentials (As of: 4/15/2025)

The table below shows, by VISN, the percentage of MHV Veterans without a modern credential.

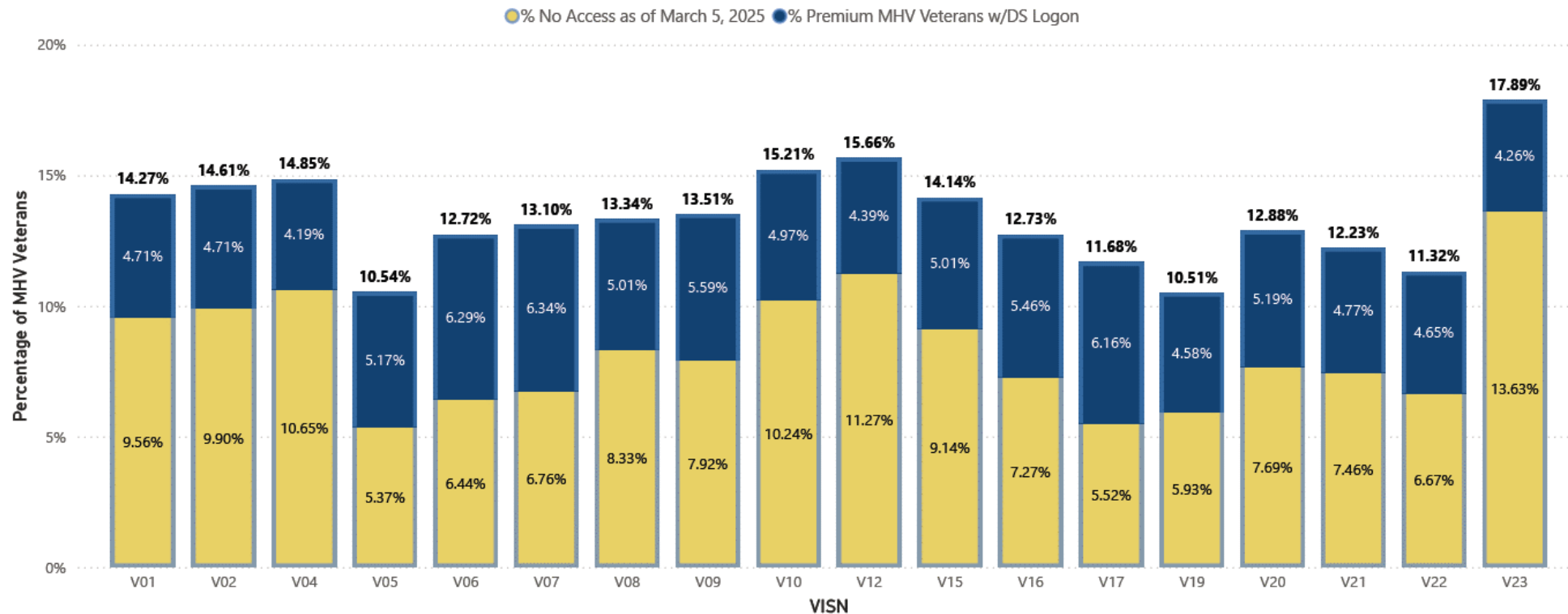|	BASELINE	*Displaying the last 10 weeks*										
Facility	**11/27/24**	**2/11/25**	**2/18/25**	**2/25/25**	**3/4/25**	**3/11/25**	**3/18/25**	**3/25/25**	**4/1/25**	**4/8/25**	**4/15/25**	**%Change (11/27)**
(V01)	36.36%	28.45%	27.93%	27.48%	26.82%	25.81%	25.08%	24.19%	23.43%	22.77%	22.18%	-38.98%
(V02)	33.54%	26.87%	26.43%	25.90%	25.25%	24.33%	23.75%	22.99%	22.34%	21.80%	21.30%	-36.49%
(V04)	36.33%	28.64%	28.12%	27.66%	26.89%	25.94%	25.25%	24.37%	23.66%	23.00%	22.44%	-38.23%
(V05)	29.13%	23.15%	22.76%	22.37%	21.80%	21.00%	20.34%	19.59%	18.94%	18.43%	17.98%	-38.27%
(V06)	29.64%	23.30%	22.87%	22.53%	21.96%	21.16%	20.48%	19.67%	19.00%	18.44%	17.92%	-39.54%
(V07)	29.23%	23.32%	22.92%	22.58%	22.11%	21.35%	20.71%	19.93%	19.29%	18.74%	18.27%	-37.50%
(V08)	32.23%	25.04%	24.56%	24.18%	23.65%	22.81%	22.13%	21.30%	20.61%	20.02%	19.50%	-39.49%
(V09)	31.42%	24.85%	24.40%	24.04%	23.44%	22.65%	22.07%	21.29%	20.65%	20.10%	19.59%	-37.65%
(V10)	35.55%	27.59%	27.03%	26.61%	25.97%	25.12%	24.55%	23.76%	23.07%	22.53%	22.03%	-38.04%
(V12)	36.28%	28.17%	27.63%	27.15%	26.46%	25.57%	24.87%	24.04%	23.34%	22.70%	22.17%	-38.89%
(V15)	33.41%	26.07%	25.60%	25.06%	24.36%	23.59%	23.02%	22.28%	21.64%	21.09%	20.63%	-38.26%
(V16)	29.68%	23.80%	23.39%	23.03%	22.58%	21.84%	21.30%	20.61%	19.99%	19.44%	19.00%	-35.99%
(V17)	25.23%	20.27%	19.91%	19.62%	19.23%	18.60%	18.16%	17.55%	16.99%	16.52%	16.11%	-36.15%
(V19)	27.30%	21.25%	20.86%	20.53%	20.04%	19.35%	18.86%	18.20%	17.64%	17.12%	16.71%	-38.79%
(V20)	30.40%	23.81%	23.37%	22.98%	22.47%	21.62%	21.04%	20.29%	19.66%	19.13%	18.65%	-38.66%
(V21)	32.50%	25.98%	25.50%	25.11%	24.52%	23.66%	22.99%	22.20%	21.51%	20.93%	20.47%	-37.02%
(V22)	28.12%	22.13%	21.73%	21.38%	20.89%	20.13%	19.58%	18.85%	18.24%	17.70%	17.25%	-38.63%
(V23)	39.88%	29.80%	29.13%	28.57%	27.77%	26.88%	26.28%	25.44%	24.71%	24.04%	23.50%	-41.08%
National	**31.42%**	**24.76%**	**24.30%**	**23.91%**	**23.35%**	**22.55%**	**21.96%**	**21.20%**	**20.55%**	**19.99%**	**19.51%**	**-37.91%**

Percent of Veterans

16%   19%   24%

Data Source: MHV Modern Credentials Dashboard (PowerBI), sourced on April 15, 2025.

# Premium Accounts: No Modern Credentials (As of: 4/15/2025)

The graph below shows, by VISN, the percent of Premium MHV Veterans with and without DS Logon credential, and no modern credential.

Legend: ● % No Access as of March 5, 2025 ● % Premium MHV Veterans w/DS Logon

VISN	% No Access (yellow)	% w/DS Logon (blue)	Total
V01	9.56%	4.71%	14.27%
V02	9.90%	4.71%	14.61%
V04	10.65%	4.19%	14.85%
V05	5.37%	5.17%	10.54%
V06	6.44%	6.29%	12.72%
V07	6.76%	6.34%	13.10%
V08	8.33%	5.01%	13.34%
V09	7.92%	5.59%	13.51%
V10	10.24%	4.97%	15.21%
V12	11.27%	4.39%	15.66%
V15	9.14%	5.01%	14.14%
V16	7.27%	5.46%	12.73%
V17	5.52%	6.16%	11.68%
V19	5.93%	4.58%	10.51%
V20	7.69%	5.19%	12.88%
V21	7.46%	4.77%	12.23%
V22	6.67%	4.65%	11.32%
V23	13.63%	4.26%	17.89%

Premium Accounts: MHV Veterans with No Access (as of 4/15/2025)

The map below shows, by VISN, the percentage of MHV Veterans with No Access
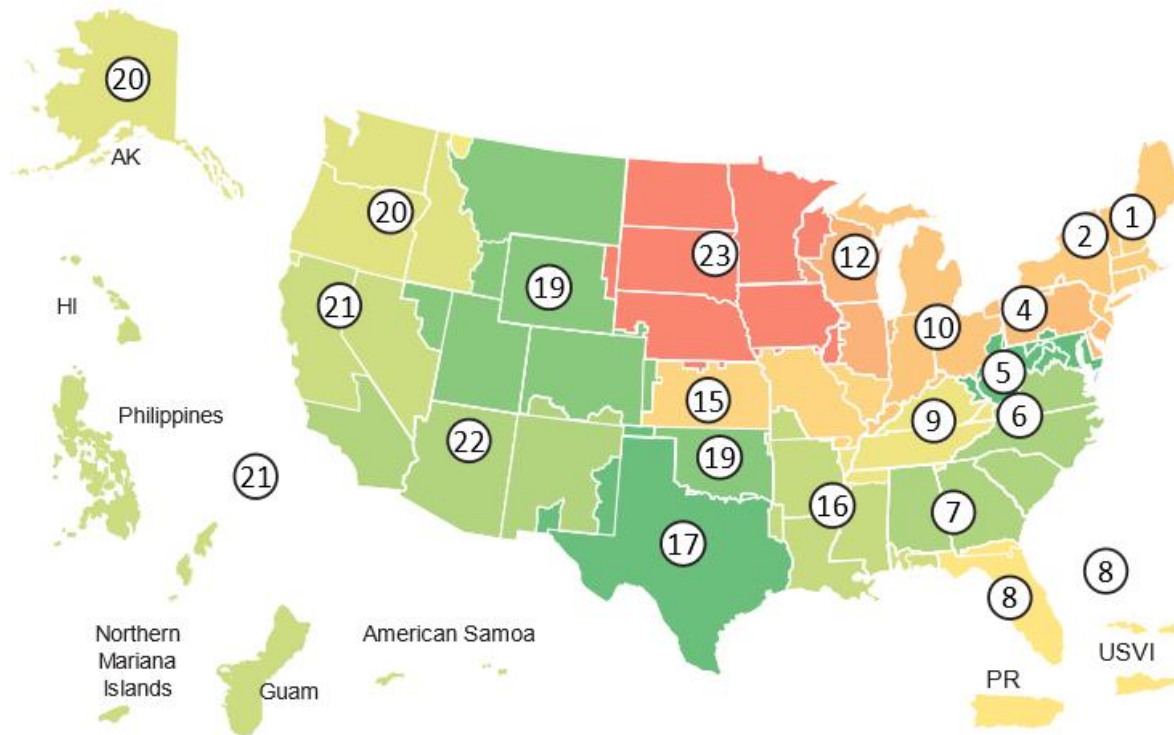
Facility	Priority MHV Veterans without a Modern Credential as of 4/15/2025	BASELINE 1/7/25	3/4/25	3/11/25	3/18/25	3/25/25	4/1/25	4/8/25	4/15/25	%Change (1/7)
V01	16,022	14.01%	11.46%	10.96%	10.78%	10.36%	10.13%	9.81%	9.56%	-31.77%
V02	16,884	13.97%	11.65%	11.15%	11.03%	10.67%	10.41%	10.13%	9.90%	-29.09%
V04	21,864	15.00%	12.42%	12.00%	11.87%	11.44%	11.23%	10.92%	10.65%	-28.99%
V05	10,316	7.35%	6.13%	5.85%	5.81%	5.58%	5.68%	5.51%	5.37%	-26.87%
V06	23,175	9.34%	7.78%	7.47%	7.39%	7.08%	6.87%	6.64%	6.44%	-31.12%
V07	27,607	9.40%	7.99%	7.72%	7.66%	7.34%	7.15%	6.94%	6.76%	-28.06%
V08	40,100	11.98%	10.01%	9.63%	9.50%	9.11%	8.86%	8.56%	8.33%	-30.48%
V09	16,156	11.14%	9.34%	9.02%	8.94%	8.61%	8.37%	8.12%	7.92%	-28.89%
V10	31,935	14.66%	11.98%	11.56%	11.47%	11.07%	10.78%	10.49%	10.24%	-30.15%
V12	19,752	16.00%	13.22%	12.73%	12.53%	12.11%	11.87%	11.55%	11.27%	-29.56%
V15	14,589	13.40%	10.80%	10.36%	10.26%	9.90%	9.63%	9.35%	9.14%	-31.85%
V16	24,698	9.97%	8.51%	8.22%	8.14%	7.87%	7.69%	7.45%	7.27%	-27.06%
V17	22,348	7.51%	6.41%	6.20%	6.25%	6.03%	5.83%	5.65%	5.52%	-26.54%
V19	16,449	8.48%	7.02%	6.76%	6.74%	6.47%	6.30%	6.09%	5.93%	-30.06%
V20	18,413	10.86%	9.02%	8.68%	8.59%	8.28%	8.10%	7.89%	7.69%	-29.23%
V21	21,352	10.13%	8.51%	8.17%	8.11%	7.82%	7.87%	7.63%	7.46%	-26.30%
V22	29,058	9.53%	7.95%	7.64%	7.58%	7.29%	7.10%	6.86%	6.67%	-30.07%
V23	27,069	19.68%	15.98%	15.45%	15.26%	14.76%	14.35%	13.96%	13.63%	-30.73%
National	**393,077**		10.47%	10.08%	9.99%	9.62%	9.31%	9.03%	8.80%	

Adjusted Percentage
5% 9% 14%

Data Source: MHV Modern Credentials Dashboard (PowerBI), sourced on April 15, 2025.

Digital Product Spotlight: Clairvia

VA | U.S. Department of Veterans Affairs
Veterans Health Administration
Digital Health Office

Blair Hebner DNP, RN, NI-BC

Informatics Nurse Specialist

Alignment with DHO HRO

Goal 4: VHA Optimizes Assets Across the Enterprise

Enterprise Standardization:

Improve business efficiency and health outcomes
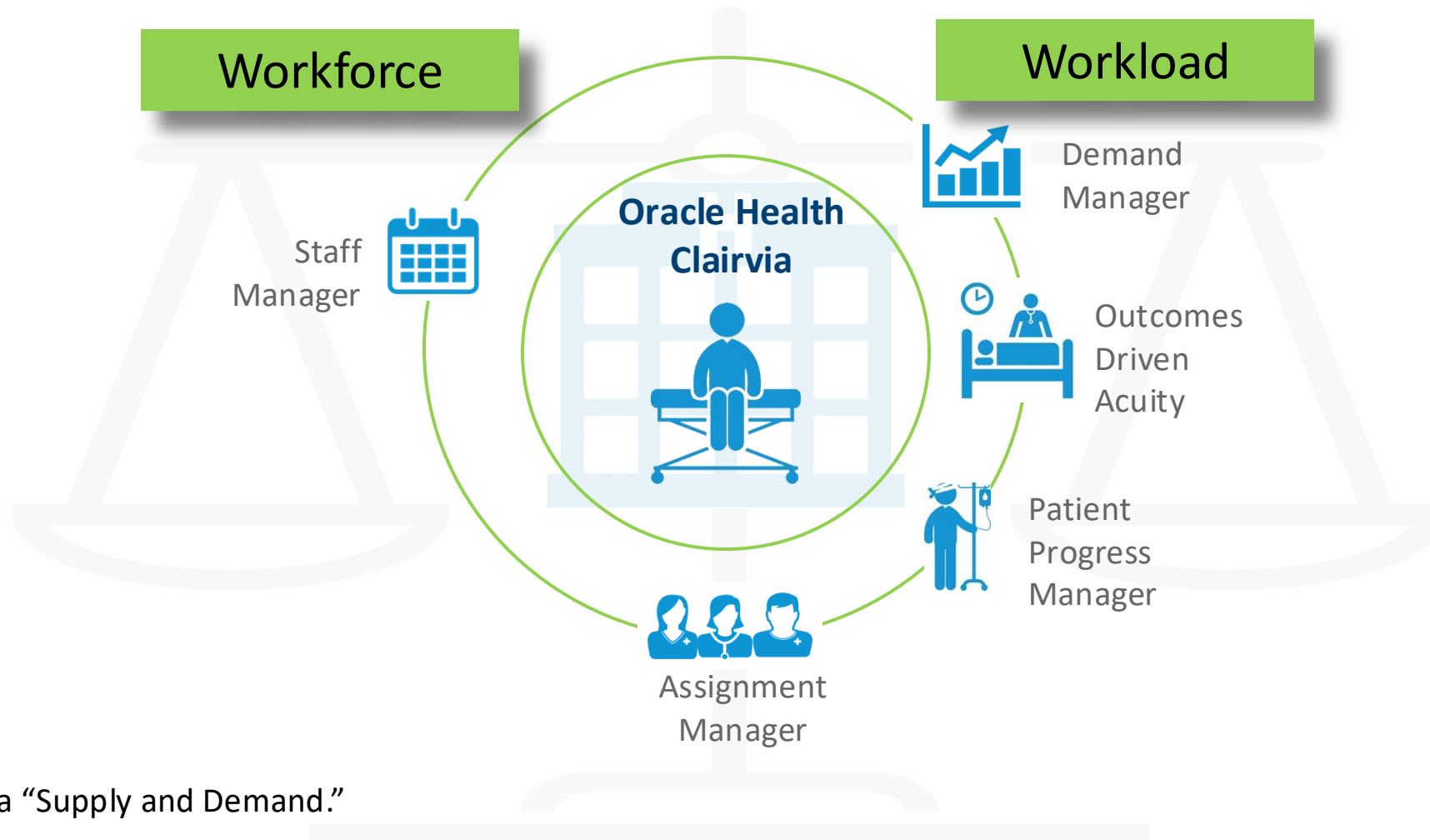
What is Clairvia?

Oracle Health Workforce & Workload Management Solution

Workforce

Staff Manager

Oracle Health Clairvia

Assignment Manager

Workload

Demand Manager

Outcomes Driven Acuity

Patient Progress Manager

*Illustrates Clairvia "Supply and Demand."

Application Utilization

Executive Decision Memo VIEWS: 11502997

April 11, 2024

Currently Deployed:
- Roseburg VAMC
- Walla Walla VAMC
- White City VAMC
- FHCC VAMC

Pending Re-Engagement:
- Spokane VAMC
- Columbus VAMC

Pending Deployment:
- VISN 10
- Anchorage VAMC

Product Scope:

Staff Manager *Required*

All T&L units containing or managed by: BOC: 1061, 1065, 1066, 1068

Staff Manager *Optional*

T&L units containing or managed by BOC: 1062, 1063, 1064, 1067 & select T&Ls containing only specific nursing assignment codes

Workload Components
- Required for use in all inpatient locations i.e. Med-Surg, Acute MH, ICU, etc.

Assignment Manager
- Required for use in all bedded locations i.e. inpatient & CLC

BOCs:
1061-RN
1062-Chief Nurse Trainee
1063-CRNA
1064-NP
1065-LPN/LVN
1066-NA
1067-CNS
1068-Fee basis RN

Administrative Operations

U.S. Department of Veterans Affairs

Veterans Health Administration
Digital Health Office

Barbara Afanador

Acting Director, Administrative Operations (AO)

Enterprise Taskers and Actions

Since February, DHO has successfully supported rapid responses to enterprise-wide taskers, actions, and reviews – thanks to YOUR support!
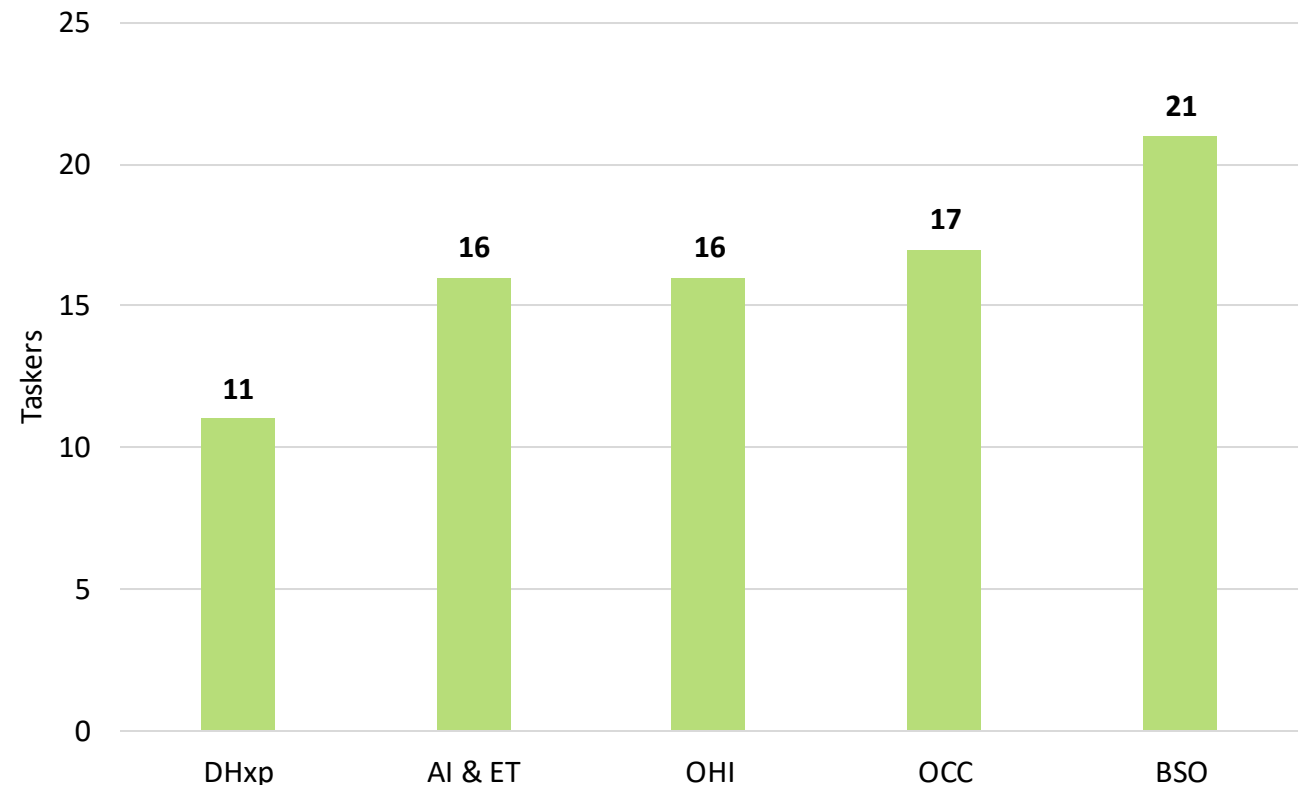
Since February 2025:

150+
Actions

20+
Executive Order (EO) Related Taskers

EO-Related Taskers, by Program Office

Program Office	Taskers
DHxp	11
AI & ET	16
OHI	16
OCC	17
BSO	21

Note: Many taskers required multiple Program Offices to respond

# Whistleblower Protection Overview

Guidance & Resources

Digital Health Office (DHO) is committed to strengthening accountability and aims to foster an environment in which employees are aware of their rights and feel comfortable reporting concerns to supervisors or to other appropriate authorities.

DHO leadership will respond constructively to concerns reported by employees and will take appropriate action to resolve reported concerns, including conducting fact-findings, when appropriate.

Whistleblowers play a critical role in keeping our organization honest, efficient, and accountable. For your disclosure of information about wrongdoing to be protected, you must have a reasonable, good faith belief that the allegations you are disclosing are truthful.

Employees do not need to limit making protected disclosures through their supervisory chain; in fact, reports of wrongdoing can be made directly to OAWP, OIG, and the U.S. Office of Special Counsel (OSC).

Learn more about our **DHO Whistleblower Protection Action Plan** by visit our **DHO Whistleblower Protection Guidance & Resources** SharePoint site.
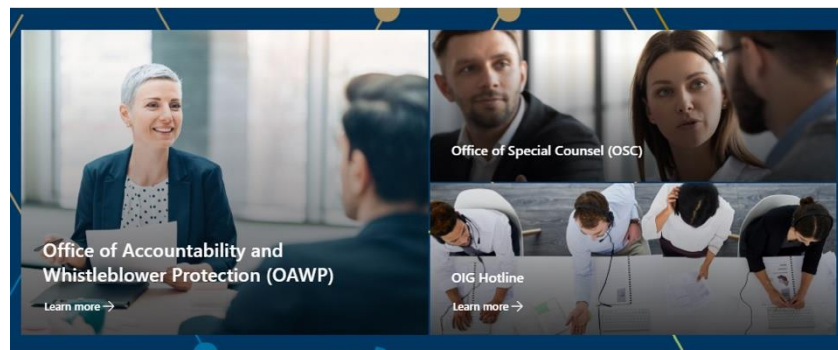
For additional information, or to submit a complaint or disclosure, please contact the following:

Call OAWP at 855-429-6669

Email at OAWP@va.gov

Email Whistleblower Help at WhistleblowerHelp@va.gov

Note: In accordance with 38 U.S.C. § 732, the required criteria identified below has been developed to promote the protection of whistleblowers.