

2022-09-01 Dr. Evans Interview

Attendees

- Dr. Neil Evans
- Tracey Mulrooney
- Coulton Bunney
- Marci McGuire
- Jenny Wang
- MHV UCD Team

Notes

- Medical Records - what does Dr. Evan consider that includes?
- Dr. Evans is very excited about this. He thinks this is where we have the biggest opportunity to do something awesome here. There's significant room for us to improve how we engage Veterans
- This is important work. He wants to support us and he wants his team to be able to do this
- They are bringing in some new clinical resources, new director, new clinical lead who can give us subject matter expertise on the display of medical information
- How do we make this information more consumable, and give them an opportunity to understand it
- We're doing this because we want to engage Veterans in their health care journey
- **History is important here**
 - MHV was launched within the first two years of Dr. Evans' career. He's been at VA for 21 years. Teresa would know MHV's birthday. It's old enough to vote.
 - There really was no concept of a patient portal at the time. VA was way out front in delivering in an integrated way, access to a patient portal
 - People were talking about how to public trusted articles like managing gout and hypertension
 - VA said no, you need to have a logged in experience.

- Blue Button movement was started and branded by VA. In his mind, part of the question was, having all this data in the EHR. We could spend ton of time gettting that info beautiful, or we could give them a text/flat file. Let's have a bias toward sharing. This is your data, and we're going to get you your info.
- There's a lot of stuff. How are we going to organize this on a screen in a way that is digestable.
- Giving them this in a CCDA format, other people can build apps that can consume this info
- A competition was run with a lot of prototypes -- Teresa has been searching for it. She found it late last week. Tracey doesn't have her VA email account. healthdesignchallenge.com - sample record, fields and sections were provided. This was done in 2013.
- Let's get the data out there and let whoever figure out how to deliver it
- This hasn't really occurred. Most Veterans don't want to engage in added effort. As health care industry is moving to using more Fire APIs, the movement should be that a Veteran logs in and grants access through Lighthouse. There's still a lot of date that is not surfaced through the Fire API. Clinical notes are not there.
- When you go into labs and tests, you don't see a lot of polish or coaching around the information
- VA was one of the charter participants in the Open Notes Initiative - opennotes.org. Most health care systems are still not participants. This is worth exploring
- 330k employees, 56k clinicians.
- Everything you write in the health care record, can sometimes be a bit of snark about a patient being agitated. This is a judgement call. Agitation might have been driven by miscommunication. The problem with notes is that it's a single person's perspective. The author and Veteran might have different view points.
- When providers are asked if they want their notes to be presented, they said no.
- If you write a progress note that says what they should do about a condition, they are more likely to read. If we think of it as a communication tool, it's an opportunity for dialog and gives someone an opportunity to ask questions

- if you open the gate to let people ask questions about everything , it could consume the providers' time
 - Open notes from 2013-2014 forward were shared out. They don't show notes from the past
 - Notes are buried in a downloadable doc that you have to know to look for. We don't proactively tell Veterans that there is a new note. They have to think to look for it.
 - Part of the success of open notes is that it's been an iterative journey.
 - As we make this more accessible, there are implications of what this could mean downstream for clinical teams having to navigate this relationship
 - 99% of users love having access to their information. Clinicians fear a tsumami of work, but it hasn't been seen
 - We have to be aligned on what this looks like
- **The data made available:**
 - We want to understand what is required to be shown when presenting different types of information in medical records. For example, when presenting allergies, immunizations, lab results.
 - We can't solve this in an hour. We need the right domain leaders in this discussion
 - More doesn't necessarily make for good UI design
 - What drives good understanding is when we edit to give just enough info to provide that info so people can digest it.
 - Doctors' job is to take a ton of data and we're using their brains to process it. That's not what we should expect of Veterans. There's a lot of tension around what's acceptable amount of data.
 - What's important is what makes clinical sense. If there's a policy require that we have to display the name, the strength, the instructions, refills and Rx number, then of course we follow that policy. HOW we display the info goes back to how we share it to make a difference
 - Off the top of his head:
 - Allergies - What do Veterans care about? They care about things they came in to do, and they want to see the result of the thing they came in to do.
 - Lab results - he includes microbiology (culture) and pathology (tissue sample) in that term
 - Microbiology typically take 48-72 hours to result

- Lab community has some rules - name of test, result of test, normal range as defined by the instrument upon which the test is run. There's an interface into Vista from the instrument.
 - They tend to use the info button standard. You could build all the content about "what is a creatinine standard", but they use info button.
 - Clia certifies labs. If you open a lab (Clinical Laboratory Improvement Amendments of 1988- CLIA laws and regulations)
 - Imaging scans - today they allow Veterans to download their Dicom images or a PDF - report and the images themselves
 - Procedure results - colonoscopy, endoscopy, or another dx or therapeutic procedure
 - Results of their clinical visit - documentation from the visit
 - Medical Record
 - Problem list
 - Problem lists at the VA are terrible. Whatever we design. It's a mess, particularly when you try to render at the national level. They might have six different problem lists from six different providers, and some are impeccable and others are not, so this should be further down the list.
 - Allergies
 - Family history (VistA doesn't have, Cerner does)
 - Prior surgical history
 - This is more static info. Is it important, yeah, but not as critical
 - Labs
 - Progress Notes
 - Imaging (name, date, results of procedure)
 - Vitals
- If Dr. Evans was to characterize the difference between the two sections of MHV?
 - The question is really why is there two?
 - Blue Button was first, and then over time, some patients couldn't find it, didn't want to download a file or choose a file format, so it organically grew into being able to view results in the UI vs. Blue Button.

- This is where we need to scratch our heads around what makes sense
 - He doesn't entirely want to throw the Blue Button concept out because there's a proud history there -- VA saying "we're going to give you everything". He likes the concept but doesn't necessarily want to walk away from it, BUT when you look at Kaiser's portal, Epic's portal, Cerner's portal, they try to give you JIT results in the overall experience, even bringing the most recent info to the front page.
 - He doesn't know why there are two different approaches. he doesn't think it's sacrosanct. We should think about what's the best design to get Veterans to think "this is awesome and this helps me"
 - A piece of him thinks the concept of the blue button is important, and we need to think about what that means
 - If we went and ask a bunch of Veterans, they probably couldn't explain why there are two different experiences.
- A few concepts
 - Very much conceptual; no plans to move forward without a lot of research. We'd just like to get early reactions
 - Concept 1 - breaking the medical record down more
 - Now we have the info and have a rubric by which to display it, how do we provoke action, direct people - do we leverage VA notify when there new info available? There would be an all out revolt if we started to notify Veteran of lab results before providers get them.

Concept 1

You are viewing Coulton Bunney's screen

BreakMonolith - Concept.pdf
1 page

Pharmacy

Atorvastatin	Expires Mar 21, 2022
Daizepam	Expires Mar 21, 2022
Albuterol	Expires Mar 21, 2022

And 2 more active prescriptions.

[View all in pharmacy](#)

New Messages

Elizabeth MacSweeney, MD	Re: Question about my medication
Elizabeth MacSweeney, MD	Monday's appointment
Joe Buck, MD	Your lab results

And 5 more unread messages.

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Appointments

Wednesday, February 25	Pittsburgh VA Medical Center
10:00 a.m. ET	
Tuesday, March 4	Pittsburgh VA Medical Center
1:30 p.m. ET	

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Visit Summaries

Office visit summary	Mar 2, 2022
Elizabeth MacSweeney, MD	
Pittsburgh VA Medical Center	
Office visit summary	Feb 1, 2022
Joe Buck, MD	
Pittsburgh VA Medical Center	

[View all in visit summaries](#)

Radiology Results

X-Ray	Mar 2, 2022
MRI	Mar 2, 2022
PET Scan	Feb 15, 2022

Lab Results

Bloodwork	Mar 2, 2022
COVID-19 test results	Mar 2, 2022
Bloodwork	Feb 15, 2022

And 2 more new results

- Reaction
 - Dr. Evans - You're giving equal weight to each concept
 - How might this concept fail?
 - Visit summaries may be challenging because a typical visit has 3-4 different progress notes. In theory they should all be tied to the same appointment. You should be able to pick the facility and the date and bundle them together.
 - From a data perspective, some providers, instead of creating a new visit, they will associate a phone call with a previous visit. It's a shortcut in EHR because they aren't going to bill for a 5 min phone call. That hurts us when it comes to bundling data in a meaningful way.
 - Radiology results - Dr. Evans likes that design. It's very Veteran friendly.

- Lab results - there will be challenges similar to the office visit summary, but he likes bringing it all together. Does a Veteran make a distinction between microbiology and lab? Probably not. If he were doing this, he would bundle microbiology into this.
 - Conceptually, you're going to have a ton of individual results. The app is going to have to do the bundling. You're going to get a bunch of records for X date; they aren't going to be a bundle from VistA.
 - We have to be careful about what we're asking the app to do. The concept makes complete sense, but it's probably going to bend a little because of technical constraints
- Vitals
 - You've pulled three, but someone is going to complain that we're not showing the full set.
 - Temp
 - BP
 - O₂ sat
 - Respiratory rate
 - Heart rate
 - Pain level
 - Also usually include height, weight and BMI
 -

Concept 2

You are viewing Coulton Bunney's screen

View Options ▾

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Reaction to Concept 2

- Likes the concept; could even be strengthened more. His off the cuff reaction is that if we need to develop an awesome web and mobile experience, we also need to emphasize that we support giving the whole download. If I click into a lab results page. Maybe we show the first year, then "if you want to view your full record click here"
- A lot of times when patients download the whole Blue Button, they are delivering it to someone who is going to help with a disability claim. They are hoping to find anything that will justify their claim. In the general public, it's less common to need to see every detail, but more common with Veterans.
- The concept of download and view the comprehensive record indexes much higher at the VA than it would elsewhere.

Action items

- Let them know if there are people we need to talk with. There are people who have supported the MHV team for years.
- Questions from us?
 - When are new hires joining? One around Sept 12, the other probably two weeks after that