Meeting Roster

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| --- | --- | --- | --- |
| Name | Attended | Name | Attended |
| Ngozi Abolarin |  | Gary Howard |  |
| Jeff Baseley |  | Lisa Johnson |  |
| Satish Bhamidipaty |  | Lisa Kendziora |  |
| Soujanya Bhamidipaty |  | Tracey Martin |  |
| Hope Bryant |  | Kim Nazi |  |
| Madeleine Cadwallader |  | Jeff Sartori |  |
| Kazumi Cornell |  | Carnetta Scruggs |  |
| Jenny Dom |  | Sonya Thomas |  |
| Dr. David Douglas |  | Paul Trumble |  |
| Marcia Dunn |  | Natalie Vassall |  |
| Robert Fryson |  | Brian Vetter |  |
| Ken Gary |  | Ro Weaver |  |
| Bhanu Goparaju |  | Patty Wigfield |  |
| Jenny Hoffmann |  |  |  |

**Presentations**

**Meeting Notes**

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| --- | --- | --- | --- |
| Topic | Presenter | Discussion | Action |
| **Secure Messaging and Beyond** | H. Bryant | * Hope displayed her screen and reviewed the Veteran facing secure messaging design. * The notifications occur under the headers for refill VA Prescriptions, VA appointment and view inbox.   + The number of alerts show the number of messages in the inbox.   + As soon as the user logs in they are able to see the notifications immediately.   + Hope displayed the enhanced version of the dashboard. * Under messages the alert comes up at the top. It lets the user know that there is a message available. * The settings have other settings such as opt in and opt out. * A question should be read from left to right. * There is a filter on the messages that display on the specific day. * We don’t want to flood the inbox. * The user is presented with an option so they can display the message. If they want the messages to display within the last month, then they can display. * The second path discussed. Only the first 100 messages would display on the user’s inbox. * We can try to remove the filter and give the users the power to view. * Patients can be added in by PCMM. * A change request was submitted a long time ago about the Veterans always select what is on top and didn’t realize a drop down was available. * The drop down has a generic label. * When you get a new message notification you should be able to turn the feature on and off. * In the sample inbox you can see they have two notifications with two messages that you click on. * The other issues were that messages were disappearing after being archived. * There should be an easier way to review the messages. * Ro stated we must identify the Veteran need has been discussed with Carnetta.   + We need to understand that the way the system works is that the messages are being archived but are not being displayed properly.   + One approach we don’t want to flood the inbox with messages.   + Upon log in and remove the filter. The user is prompted with a message so that messages the Veteran can have the frequency of messages displayed at their discretion.   + We also discussed only the first 50-100 messages would display then see next 50 messages would be displayed at the bottom.   + We can try to tailor the message views.   + Once the filter is removed for 365 days it could cause serious problems.   + Preferences should be enabled for inboxes. * Feedback the hyperlinks look confusing and folks may want to know that they can click the links. * Ro proposed a question about the hyperlinks and boxes.   + Is it possible to keep the hyperlinks on the subject line but keep the boxes in the front subject section actionable? Or does that mess the HTML?   + Hope responded about screen readers. We want the entire area readable.   + Theresa stated we need to review the best practices. * Bhanu stated the user may be blocked from one or more triage groups.   + Answer: if they are blocked they should. Should the triage still continue to be there. If they are a patient at two different facilities, we need to be able to see them.   + Blocking something is all or nothing. * What is done from an administrators stand point. The administrative portal you should be able to unblock.   + Dr Douglas stated you can have blocked for all different types of reason.   + You can get blocked for all different reasons. * Theresa stated that we should be doing something new. We need to provide what we have if not better. If you have reason to believe that they should not be blocked. * The disruptive committee will need to determine with the behavior. * The same processes should be followed as if it were the telephone. Not sure if we should implement blocking techniques for patients through this way. * We should come up with a process for blocking or migrate folks to the advice line. * Theresa states: The starting point is our internal policy group. When the memo goes out then it is a mandate. -Then we put it in a policy. Next step should be the behavior committee. This is not a MHV decision. We don’t provide a clinical decision.   + We must prevent employees from doing the wrong thing. If we can automate that from happening.   + Patient care services are who we should go to. |  |

## Action Items – Open/Recently Closed­­­­­­­­­­­­­­­­­­­­­­­­­­

| **Action Item** | **Assigned To** | **Date**  **Assigned** | **Expected Completion Date** | **Status** |
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