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| **Name** | **Attended** | **Name** | **Attended** | **Name** | **Attended** |
| Goparaju, Bhanu |  | Fryson, Rob -v |  | Scruggs, Carnetta M. |  |
| Baseley, Jeffrey D. |  | Ganous, Mary M. -v |  | Singh, Shaman |  |
| Baumgartner, Mary Ann -v |  | Gary, Kenneth E. -v |  | Sonnenfelt, Stephanie -v |  |
| Bhamidipaty, Satish |  | Hancock, Theresa |  | Stephenson, Dana -v |  |
| Bhamidipaty, Soujanya |  | Harman, Chip |  | Thomas, Sonya -v |  |
| Brekke, John L. -v |  | Hoffmann, Jenny K. -v |  | Trumble, Paul R. |  |
| Bryant, Hope L. |  | Johnson, Lisa -v |  | Vetter, Brian M. |  |
| Cornell, Kazumi |  | Kendziora, Lisa |  | Weaver, Rosanna |  |
| Dom, Jenny -v |  | Martin, Tracey -v |  | Wigfield, Patricia M. |  |
| Douglas, David M. |  | Nazi, Kim |  | Woods, Susan S. |  |
| Dunn, Marcia -v |  | Parks, Linda W. |  |  |  |
| Ellery, Justin |  | Sartori, Jeffrey |  |  |  |
| -v : Attended Virtually | | | | | |

| **Opening Remarks – Theresa Hancock** |
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| * + - * Secure Messaging ReDesign – New Look and Feel. Look at what we’ve done, what Mobile has done, what Vets.gov wants to do.       * Vets.gov is asking if the Veteran will be confused if we release the Redesign Migration and then Vets.gov releases the ability for the Veteran to renew a Rx. No, we will not stop what we’re doing.       * Theresa asked Vet.gov for definitions of Migration and Sunsetting because they are transitioning without having a long-term vision.       * Theresa is meeting with the Office of Inspector General on the MHV Kiosk issue. Secretary McDonald told Congress that 100% of the security issues found in VA will be fixed. ALL Kiosks have been disabled for the moment, even ones without the security risk.       * There are still discussions about whether or not we still need a Health Portal separate from Vets.gov.       * We need to be prepared to support whatever the VA comes up with in terms of Vets.gov. We are going to be part of the Vets.gov family and we have to make each other successful.       * We need the API Management Tool that OI&T is working on.       * Vets.gov will make use of our ReDesign Prototype. |

| **Secure Messaging History – Group** |
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| * + - * Brian Vetter described his VISN-wide Secure Messaging (SM) Policy for patients and staff.       * When SM was introduced, it was not supposed to be another email system.       * Clinical staff have driven a lot of the changes over the years to make it more useful for them.       * It’s time to slow down and redesign the whole thing to work for everybody. It has been a patchwork quilt for too long. Make it scalable and more flexible.       * In Portland, Dr. Douglas started weekly calls that included coordinators and clinicians. He wanted field input to drive innovation in a time frame that wasn’t glacial…unlike CPRS.       * We still look at Secure Messaging as a tool. Looking forward, it has to become a service. Doctors and staff need to be given time to work with SM during their work day. It should no longer be something that’s just used around the edges.       * Looking at SM for active military transitioning to VA.       * When redesigning the SM and MHV Admin Portals, they could be more integrated so changes to one would also upgrade the other.       * Ability to opt-in opt-out of preferences to receive “spam” type broadcast messages/announcements.       * Secure Messaging with health care teams should be kept separate from other messaging tools/services in VA because of patient safety and security.       * CPRS and SM require two different sets of credentials for the clinician to log in.       * Design SM to only show messages associated with the patient currently being viewed in CPRS.       * There is still not a good understanding of the value of Workload Credit.       * We always hear 3 things form Veterans:         + I want to be able to use SM with all of my providers         + I want a faster response to my message         + I want to know that I am communicating with my provider and not someone else on the team.       * Patients are able to communicate with their nurse more easily using Secure Messaging.       * Some providers only open/use CPRS and never look at Outlook or Secure Messaging.       * We need to think about going back to the sites and spending time with the providers to explain how SM could be integrated into their daily workflow. This was done several years ago with great success and, since then, we have many new providers. We could include an intro to SM when providers are onboarded. |

| **Review Secure Messaging Change Requests (CRs)** |
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| * + - * Patty Wigfield discussed the need to centralize all of the various feedback mechanisms that identify defects and enhancements to Secure Messaging.       * We have the “CR List,” the “SM Priorities List,” the “MHV Re-Design WIPT Subgroup Feedback Tool,” and the “SM Issues Call List.” Issues are also reported from the Help Desk. Some are patient safety issues.       * We want to make sure all of these suggestions reach the redesign team for resolution or consideration.       * In addition, some may require the development of business use cases (BUCs).       * Ro Weaver suggested that we get rid of the ones that are overcome by events (OBE) and then check off the others as they are addressed immediately or incorporated into the redesign.       * Jeff Baseley recommended we first make sure everything is entered in JAZZ and then make sure PTP knows about all of them. Then everything can be tracked. This is our Gold Standard repository for CRs.       * Once we have the combined list, we should categorize the items according to SM Patient, SM Provider, and SM Admin. Then get rid of the ones that are OBE or have been resolved, starting with the oldest ones first. Then see what’s left.       * We have not yet defined the process for using Rational for requirements development. So, now is the time to develop a process that the requirements team can follow. We should consider putting the wireframes into JAZZ and linking them to Change Request (CR) and Story items. Then we’ll have the right teams associated with the work that needs to be done.       * The Change Control Board (CCB) also should be involved. |

| **Patient/Provider Secure Messaging Journey** |
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| * + - * The diagram shows the steps the Veteran takes to send a Secure Message on one side and the steps the provider takes to reply on the right side.       * Veteran:         + Veteran is a MHV Premium account holder and they are opted in to Secure Messaging.         + In the future, the Veteran will not be asked to accept a separate set of Terms and Conditions for SM. The Terms and Conditions for SM will be part of the MHV Terms and Conditions. When that change will occur is TBD.         + The new Dashboard will provide a link to SM that will be easier for the MHV user to find.         + The SM Prototype that is being developed by PTP is similar to what Vets.gov wants to develop.         + Dr. Douglas has written up requirements for SM message template functionality similar to what is in CPRS Progress Notes. The template can be built to pull in anything that is a coded data element in VistA. Bhanu has this BUC. Templates could auto-generate and send through SM when the doctor interprets lab results.         + We don’t want to encourage use of SM to accomplish anything that can be done another way. Scheduling an appointment, for example. There’s an App for that.         + For some reason, patients are not finding the “New Message” button in the current SM design. This should be made easy to find because it is preferable for patients to start a new message instead of finding an old one and just replying to it. This may be a candidate for an HFE Study.         + Carnetta suggested a New Message Wizard vs. a Template.         + We need to give patients a way to remove a recipient from their drop-down list in the “To:” line. This would not disassociate the patient from the team.       * Provider:         + The preferences that the provider can set could use some adjustment, especially with surrogacy. Surrogacy as a separate topic needs more dedicated discussion. There are a lot of unknowns and challenges.         + Sue Woods shared summaries of her research studies:   [*An Exploration of Secure Messaging at Two Early-Adopter VA Medical Centers*](https://vaww.vha.esp.va.gov/sites/MHVReDesign/MHV%20ReDesign%20Secure%20Messaging%20June%2028%2029%202016/20151217SMTwoEarlyAdopterVAMCs.pdf)*,* December 17, 2015  [*An Analysis of Patient-Provider Secure Messaging at two Veterans Health Administration Medical Centers: Message Content and Resolution*](https://vaww.vha.esp.va.gov/sites/MHVReDesign/MHV%20ReDesign%20Secure%20Messaging%20June%2028%2029%202016/MessageContentandResolution.pdf)*,* undated  We don’t know if a Secure Message is sent by the patient or someone else such as a spouse or child.  Two of three messages were completed with one reply from the health care team. Most messages were brief and respectful.  Most messages concern medication issues…over 50%.  Most messages can be dealt with quickly and properly if they are received by the right person. Most of the time this is not the provider.   * + - * + Theresa is going to speak with Dr. Evans about the 2-day vs 3-day response time requirement. He is advocating for the decrease to 2 days and Theresa will advocate to keep the 3-day response time. We can demonstrate that most messages are completed in under 3 days.         + Is “completion” the right thing to measure? Maybe it’s more important to open the message and get it responded to quickly. How long it takes to complete it is how long it takes.         + If a team no longer has any people in it, all associations between that team and patients should be cut so it does not show up in the “To:” line. Currently, the system does not allow the patient to reply to a team that does not exist in the “To:” line.         + When triage teams are disbanded, there should be a way in SM to notify team members of reassignments.         + Sending lab results using SM and not speaking directly to the patient or sending a letter may not be a good idea.         + Can we use our new Content Management System to link CPRS Error Codes (or other system error codes like 404) to an explanation of what it is and how to resolve it?         + A secure message cannot be reassigned to a snowbird (i.e. a patient that spends part of the year in one location and part of the year in another) if that patient is not enrolled at the other facility. This situation can be managed but it is not easy. The patient has to be manually connected to another team.         + Theresa asked: Is there a way to enhance our product so that it would work between providers rather than trying to shove something in that doesn’t “smartly” work?   It would have to be a Direct address.   * + - * + There is no Outlook notification sent about the “reminder date” the provider sets when completing a message.         + How does the provider know when the patient is not opted-in to SM? When they search for the patient and get no results.         + Audio care allows you to call a number and trigger a refill just like in MHV. If there are no refills left, audio care will allow you to tee up an unsigned order in the name of that provider that shows up the next time that doctor logs in to CPRS. The doctor signs it and the medication is sent to the patient.         + Options and setting for the provider. There are problems with doctors opting to not get notifications for messages that aren’t assigned to them. If there is a discrepancy in the preferences between the doctor and their surrogate, there is potential for a message to be missed. The whole surrogate functionality needs to be looked at and discussed in separate meetings.         + Another important thing that needs more discussion is recalling a message.         + Need to make default that surrogates always see “all messages” for the doctor they are covering for? Need clinician input. Don’t want to make unnecessary work for them. |

| **My Health*e*Vet Redesign Secure Messaging Prototype** |
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| * + - * Iteration 1 of the My Health***e***Vet redesign will include only existing functionality.       * We are looking at a demo of the provider side of SM, starting with the provider inbox.       * The message thread is displayed with the message. A thread is the chain of messages. Each individual message is a message.       * Message workflow shows date, who sent the message, who received the message, who is assigned the message, and actions taken on the message.       * Workload Credit controls are at the top.       * Question: How would I know in which order to complete steps on this page? There are a lot of buttons on the right.       * When a patient opens up an old message and replies with a new issue, we are blocking the provider from capturing Workload Credit (WLC) for it. We should think of a way for the provider to be able to treat the patient’s reply as a new message. Can you split a thread?       * The problem of having to choose an item and also select the “Select” button has been solved.       * How about a way to flag a message in the provider’s inbox if it has already been saved to CPRS?       * If someone forgets to take WLC for a closed message, give them a way to go back and do that. Right now, you only have the one chance.       * In the prototype, the button is greyed out if the message has already been saved.       * Enhancement: If only some messages in a thread are selected to be saved to CPRS, give the provider the option to go back and save the other unselected messages in the thread.       * Maybe the default should just be to always select all messages in a thread to save to CPRS.       * When messages are saved to CPRS, the date recorded is the date the message was received, not the date it was saved. This is a problem.       * Today, every message in a thread saves individually to CPRS. This started in 2014. It used to save the whole thread at once as an addendum, not separately.       * A Liferay search engine should be built that can find any synonym of a facility name when the provider starts typing in the field. Every facility has several names.       * The “gold standard” name for each facility is the same as the ones on the VA facility locator website. |

| **Day 1 Action Items** |
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| * + - * **Action:** Ro/Carnetta follow up with HIMS to confirm data HCP and Personal Reps can see once delegation is approved. View data from the date of approval until expiration date or view data from beginning of time until expiration date.       * **Action:** Patty will identify all sources/lists/defects/issues/feedback/tickets related to SM. |

| **Day 1 Parking Lot Items** |
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| * + - * Reducing SM completion time from three days to two.       * Prescription Renewal       * Medical Center Names |