Meeting Roster

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

**Presentations**

Secure Messaging – Future Work Sample Wireframes (Hope Bryant)



## Executive Summary

This session entailed a discussion of potential ideas and sample screens for a new and improved Secure Messaging application.

**Meeting Notes**

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| Topic | Presenter | Discussion | Action |
| **Inbox** | H. Bryant/Group Discussion | * Idea: expansion of SM into other business/organizational areas – Cemetery, eBenefits, etc. * Hope shared sample wireframe demonstrating concept of using Inbox for many message types/sources. * Comment: this concept could be seen as “spam” unless we give user ability to opt in/out. Some content can be seen as newsletter content. * Comment: there’s a benefit to having such a capability but a cost as well. * Comment (C. Scruggs): Part of our national issue was timeliness; as vets transition from active duty to VA so they could continue care. Claims get “stuck. Things get missed by vet. That’s just one example (i.e. a form they forgot to check a box on). SM would be a prime candidate as a tool to help. Could solve language barriers and a whole host of other issues. Could also be used for instances where there is no answer when vets call – we have problems with this. This could provide vet with a way to say “I’m calling this phone number and no one answers” via message. * Discussion: with SM vets could be free to include name and SSN, since it is secure. * Discussion: concerns with SM being exploited to ask questions/seek info on any number of wide-ranging topics. C. Scruggs replied that the concept of OneVA is you should be able to login to one place and you should be able to do anything/everything you need to do. SM is being looked at for this. The plan is to start this during transition from active to veteran, i.e., after injury. Vets.gov is heading toward this; if you are active military and you’re transitioning, we already know a lot about you - rank, branch, etc. When users log in we can show that “we know you and here are things you might be interested in”. We would also know marital status, children/dependents. There will also be a delegate portal for those people to see things about you that they need to know. Not all needs to be secure. The idea is one place to log in and if you can’t’ find something you can send a message to get info about it. I think the end state will be wonderful. |  |
| **Use SM to allow Veteran to request more information** | H. Bryant/Group Discussion | * Hope displayed sample concept wireframe. * Vet could fill out PDF and provide responses via form. This would go beyond the provider/patient interface. * Hope displayed another concept wireframe; here they might want to address questions related to burial benefits (for example) before they become issues. * Discussion: this is another 50/50 thing where if it’s put out too often it could be seen as spam. * Discussion: Business needs to evaluate scope and benefit and consider timing. * Discussion: it seems like if the VA had a need for something like this then would come from Cemetery – not from us as our suggestion. Carnetta: yes – this is initiative is at a higher level than VHA. Will involve claims/ benefits folks and others. * Carnetta: every website has a Contact VA link. They’re all going away – it will all go to vets.gov. We have to think way above ourselves. |  |
| **Use SM to distribute Newsletters.** | H. Bryant/Group Discussion | * Hope displayed sample concept wireframe. * Comment: as mentioned previously, this concept could be seen as “spammy”. * Discussion: use of email versus SM for newsletter content. Content is not health related, not related to private information; that’s why it’s in email and not SM. * Carnetta cited real world example where the former Secretary wanted MHV to blast out an email to all 3.6 million registered users, and we had to explain that MHV couldn’t do this because we didn’t have capability. But this is the kind of thing that a Secretary might want. However, if they want forms being passed back and forth that is a much larger and more complex effort. * Discussion: if the new messaging system comes to fruition and we have capability to send out blasts, how would we differentiate ourselves from the current newsletter capability (talking about newsletter specifically)? Do we want to go down this road? Carnetta: yes – we need to have the capability to blast – maybe newsletter is not the best example. * Discussion: currently users opt in on va.gov for newsletters/subscription. * Jeff: but do we want to keep SM as a discussion between patient and their healthcare, i.e., patient advocate, benefits team; about me? * Patty: But also nice to have broadcast capability for education purposes. Allow opt in/opt out. |  |
| **Patient Generated Data via SM** | H. Bryant/Group Discussion | * Hope displayed sample concept wireframe. * Patient could have capability to SM self entered data to their provider. * Idea is that information is in message in hopes of eliminating a lot of back and forth with additional requests for details, etc. * Carnetta: the UI for patient to enter data would be in in MHV but the data will be in PGD. The information goes to the provider from there; will need to have a way to do that. * Carnetta: should also consider adding here – who took BP – where did it come from? * Discussion: want to avoid providers getting a single message every time a user enters PGD. Better to direct provider to another source. Provider could look at journal. Want provider to look at PGD as a whole. |  |
| **Use SM communicate about Appointments** | H. Bryant/Group Discussion | * Hope displayed sample concept wireframe. * Comment - if I were a vet and I had a question about my appointment – i.e., which building, I might not know what the “Appointment Type” choices are. Vet might get frustrated and not go. |  |
| **Secure Messaging x Pharmacy**  **(Care Staff/Providers)** | H. Bryant/Group Discussion | * Discussion of concepts/ideas in PPT slide * Since the first message is system generated would there be workload credit generated?   + No. * Comment: SM will not be used for renewals. * Dr. Douglas: downside is that users may conclude that MHV is not useful if they can’t do that. * Shouldn’t use of SM be allowed for this purpose? * Hope: idea is that SM is ultimately generated/sent to veteran that Rx has been renewed. * Carnetta: renewal process will be part of vets.gov. They will need to work with Pharmancy business office on this. Vets.gov has big plans for SM, one of which is to use SM for Rx renewal. * Question: how is it determined that an appointment is required to renew a script? * Dr. Douglas: some scripts require a blood draw. * Ro: would it say that I have a refill remaining if that is the case? No. * Ro: So if zero refills remain, could we have a message on the page that says “Send a Secure Message to your provider to refill this”? * Carnetta: Whether MHV or Vets.gov SM will be the solution will depend on how flexible we make ours. * Carnetta: we have money to do this. * Patty- there’s a lot we can work on to make our SM more robust. * Carnetta: if our APIs are robust that helps vets.gov. |  |
| **Secure Messaging x Pharmacy**  **(Veteran/users)** | H. Bryant/Group Discussion | * Discussion of concepts/ideas in PPT slide * Dr. Douglas: many times vet waits until too late for refill. That’s where a template for this purpose would be helpful in expediting. Rather than processing refills the traditional CMOP way we could prioritize and overnight it. Not an uncommon issue. * Dr. Layden: you want to encourage people to be more proactive but this would suffice when they are not. This happens every day at a large site. * Dr. Layden – we in PBM are not aware of all of these things. We need to work together and look at these thing. * Hope – maybe there could be an “I would Like to” for Send a Message on Current Medications /Prescriptions page? * Dr. Layden: when I get a message like this I always go to the refill page, look it up, and then communicate with my pharmacist. Having a template would be helpful. * Comment: Would only be visible to opted-in premium users (i.e who have SM). * Ro: we are in the process of writing requirements for CHAMPVA beneficiaries, so we need to consider those requirements. If we are only making this visible to certain users we need to considerer that too. * Carnetta: they are not seen at VA. Choice program allows them to go to community provider. VA fills scripts but not all are ordered by VA provider. There may be “Ask a Pharmacist” need there too. * Dr. Layden – there are Pharm call centers right now but they’re not accessible to everyone in VA. * Ro: for requirements purposes – system would check if they are opted in to SM, has premium account – and what else would we check for to display that link? * Carnetta: there is legislation being considered where they’re trying to make VA have a default of opted in – and you have to opt out deliberately. So if that’s the default – hopefully they’d have to sign a form only if they DON’T want to participate in MHV. |  |

## Action Items – Open/Recently Closed­­­­­­­­­­­­­­­­­­­­­­­­­­

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