The My HealtheVet Personal Health Record Portal in 2013: New Features, Study Findings, and Opportunities

VIReC Cyberseminar

Kim Nazi, PhD, FACHE
Management Analyst, V/CHIO, Office of Informatics and Analytics

Fran Weaver, PhD
Director, Health Services Research, Hines VA Hospital
Poll

What best describes your work at VA?
• Research
• Clinical
• Administrative
• Other
• Non-VA
Objectives

- New/enhanced features including VA Blue Button expansion
- Study findings on PHR/Secure Messaging
- Strategies/opportunities for research collaboration
My HealtheVet

• Provide Veterans with an easy to use Personal Health Record (PHR), trusted health education resources, and tools

• Give VA patients easier access to their personal health information

• Provide them with tools to understand and manage their information

• Support their need to communicate easily with their health care team(s)
Overview of My HealthVet Features

- Self-entered information:
  - Personal information (contacts, providers, insurance, etc.)
  - Personal, family and military health history
  - HealtheLogs (blood sugar, blood pressure, weight, etc.)
  - Medications (over-the-counter drugs, herbals, etc.)
  - Allergies, immunizations and medical events
  - Food and activity journals
- VA prescription refills, medication history and blended view
- Health education resources, courses and self-assessment tools
- Mental health resources (including online courses)
- VA Wellness Reminders
- VA Appointments (list, health calendar and email reminders)
- VA Allergies, Immunizations, Lab test results, Problem List, etc.
- VA Notes, Radiology and Pathology Reports, Discharge Summaries
- Department of Defense (DoD) Military Service Information
- Secure Messaging with the VA health care team
- VA Blue Button: Download My Data
- VA Continuity of Care Document (VA CCD)
My HealtheVet Statistics (as of April 2013)

Types of Accounts:
- Basic
- Advanced
- Premium

www.myhealth.va.gov

- More than 90 million visits
- Over 2.2 million registered users
- More than 1.1 million users have a Premium (authenticated) account
- Over 40 million VA prescription refills since August 2005 (1M in JAN)
- More than 770,000 unique VA Blue Button users since August 2010
- More than 3.6 million VA Blue Button file downloads
- More than 640,000 VA patients opted-in to use Secure Messaging
Recent My HealtheVet Releases in 2013

• Food Journal and Activity Journals from the My HealtheVet PHR now available in the VA Blue Button (all registered users)

• VA Blue Button now offers a significant expansion of the types of information from their VA EHR (including VA Notes) for Veterans with a Premium account

• VA Continuity of Care Document (VA CCD): a summary of clinical information from the VA EHR in an XML format that can be exchanged between providers; XML Style Sheet and PDF format (requires a Premium My HealtheVet account)

• My Goals: helps Veterans to set individualized, personally relevant recovery goals and to track progress toward achieving these goals

• New account indicator icon (B=Basic, A=Advanced, P=Premium)

Learn more at the My HealtheVet Product website: vaww.va.gov/myhealthevet
The VA Blue Button enables Veterans to view, print and download an electronic file (.txt, .PDF, or .bluebutton) that contains their available personal health information from My HealtheVet.

- For VA patients with a Premium account, this data includes information self-entered into their My HealtheVet Personal Health Record and data from the VA Electronic Health Record (EHR).
- Veterans can easily customize their VA Blue Button output by selecting the date range and/or types of information they wish to include.
VA Blue Button: Self Reported Data

- Demographic and Emergency Contact Information
- Health Care Providers
- Health Insurance
- Treatment Facilities
- Medical Events and Personal Medical History
- Medications, Herbals, and Supplements
- Allergies and Adverse Reactions
- Lab and Test Results
- Immunizations
- Vitals and Readings
- Family Health History (Self and Relatives)
- Military Health History
- Health Journal Data (blood sugar, blood pressure, weight, etc.)
- Food Journal and Activity Journal

recent additions shown in bold green font
VA Blue Button: VA Electronic Health Record (EHR) Data

• VA Medication History
• VA Appointments*
• VA Laboratory Results: Chemistry/Hematology/Microbiology*
• VA Allergies*
• VA Wellness Reminders*
• VA Immunizations*
• VA Demographics*
• VA Problem List* (all active problems)
• VA Admissions and Discharges* (including Discharge Summaries)
• VA Notes* (Progress Notes)
• VA Vitals and Readings*
• VA Pathology Reports: Surgical Pathology, Cytology, Electron Microscopy*
• VA Radiology Reports*
• VA Electrocardiogram or EKG* (list of studies)

*requires authentication

recent additions shown in bold green font
**VA Blue Button: DoD Data**

DoD Military Service Information*  
*requires authentication

<table>
<thead>
<tr>
<th>Service</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Character of Service</th>
<th>Rank</th>
</tr>
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<tbody>
<tr>
<td>Regular Active Service</td>
<td>06/11/2005</td>
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<td>04/10/2010</td>
<td>04/09/2011</td>
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<table>
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<tr>
<th>Reserve/Guard Association Periods</th>
<th>Service</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Character of Service</th>
<th>Rank</th>
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<tbody>
<tr>
<td>Army Guard</td>
<td>01/11/1987</td>
<td>08/24/1993</td>
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<td>Army Reserve</td>
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<td>Army Reserve</td>
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<th>Reserve/Guard Activation Periods</th>
<th>Service</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Activated Under (Title 10, 32, etc.)</th>
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<td>Army Reserve</td>
<td>11/10/2001</td>
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<td>10/13/2004</td>
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<td>Army Reserve</td>
<td>10/24/2004</td>
<td>10/25/2004</td>
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<td>Army Reserve</td>
<td>02/27/2007</td>
<td>10/24/2007</td>
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<td>Army Reserve</td>
<td>03/04/2008</td>
<td>10/31/2008</td>
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<table>
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<th>Deployment Periods</th>
<th>Service</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Conflict</th>
<th>Location</th>
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<td>Army Reserve</td>
<td>03/01/2004</td>
<td>03/31/2004</td>
<td>OFF-CIF</td>
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<td>Iraq</td>
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<td>Army</td>
<td>01/01/2007</td>
<td>03/26/2007</td>
<td>OFF-CIF</td>
<td></td>
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</tbody>
</table>

**Note:** Both service and DoD Generic codes may not be present in all records.
VA Blue Button: VA Continuity of Care Document (VA CCD)

VA Continuity of Care Document*

- Contains essential health and medical care information in an XML file format that uses recognized standards for interoperability
- Can support the exchange of information between health care providers for the effective continued care of the patient
- Can be viewed by health care systems and providers who have the capability to read or process an XML file, or imported into other applications
- Visual view (PDF) and style sheet
- Future enhancement: send securely via DIRECT

*requires authentication

recent additions shown in bold green font
VA OpenNotes

• VA patients have a legal right to access all of the information in their VA health record.
• VA patients often exercise this right by requesting a copy of their information via their local Release of Information Office.
• The My HealtheVet Pilot Program (2000-2010) demonstrated the value of providing patients with easier access to information contained in their VA health record.
• A multidisciplinary workgroup was convened in November 2012 to identify and address communication and education needs, develop and execute strategy, and support successful implementation.
VA OpenNotes: What is Included?

• VA Notes include all signed Progress Notes including primary care, specialty care, mental health, social work, nursing notes, Secure Messaging Progress Notes, etc. VA Notes also include note addendums.

• VA Notes written on or after January 1, 2013 are currently available.

• VA Notes are subject to a 7 day hold, which means that they are not available to the patient until 7 calendar days after the note has been completed. Consideration being given to reduce holds in alignment with Meaningful Use.

• CPRS business rules are respected; for example if a co-signer is required, the note will not be completed until it is signed by all required co-signers.
VA My HealtheVet Pilot Experience (2000-2010)

Poll

Which statement most closely describes your opinion about patients having online access to VA Notes?

• I think risks outweigh benefits
• I am neutral or not sure
• I think benefits outweigh risks
Objectives

• New/enhanced features including VA Blue Button expansion
• Study findings on PHR/Secure Messaging
• Strategies/opportunities for research collaboration
Study Findings on PHR/Secure Messaging

The Personal Health Record Paradox: Health Care Professionals’ Perspectives and the Information Ecology of Personal Health Record Systems in Organizational and Clinical Settings

Why PHRs?

• More comprehensive records
• Access to trusted health education
• Convenient electronic services
• Patient engagement and activation
• Patient safety
• Self management/self care
• Medication reconciliation
• Wellness reminders
• Decision support
• Enhanced communication
• Patient and provider partnerships
The PHR Paradox

- Consumer interest in PHR features is high, while adoption of PHRs is relatively low (but growing)
- Growth and demise of various PHR models
- Evolution in organizational patient portal systems
- Meaningful Use is crucial

Consumers value:
- Transactional services to accomplish tasks
- Tools that provide convenience
- Easy access to their personal health information
- Trusted relationships with health care providers and organizations
A New Paradigm

• Consumer empowerment is *part* of the equation
• Health care professional endorsement and engagement with patient PHR use is crucial and may be transformational
• Health care *professionals* and *systems* must integrate PHR use into the fabric of care in meaningful ways

Health care professionals value:
• Tools that engage and activate patients
• Patient generated data (must be accessible and manageable)
• Solutions that integrate with clinical workflow (i.e., ‘fit’) and provide efficiency (i.e., relative advantage)
Central Research Problem

- Need to explore social and organizational context of health care delivery, relationships and interactions, information flow, and impact on work practices
- Little is currently known about the experiences and perspectives of health care professionals, the consequences of PHR use, and the social and organizational implications
- To understand the paradox, PHR use must be examined as a component of health care work, influenced by and influencing organizational actors and their work practices
Conceptual Framework

- *Technologies-in-practice* framework as a lens to examine not only technical properties and features of a technology but also elements of human agency and resulting practices that emerge from use (Orlikowski, 1999)

- *Diffusion of Innovations* theory (Rogers, 2003) and broader extensions (Greenhalgh et al., 2004)

- *Information Ecology* model (Nardi and O’Day, 1999) emphasizing the dynamic between technologies, people, practices and values in an ecosystem
Methodology

• Qualitative method: in-depth interviews conducted with 30 VA health care professionals (10 providers, 10 nurses, and 10 pharmacists)

• Purposeful and theoretical sampling

• Initial background questionnaire to validate criteria for participation and focus interview guide questions

• Iterative data analysis; coding and analysis of transcripts using an inductive approach (field notes and memos)

• Analysis of organizational documents to trace history of Secure Messaging and Patient Aligned Care Team (PACT) implementation
### Secure Messaging and PACT

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAR2004</td>
<td>Multidisciplinary Strategic Implementation Work Group (IWG) established to develop strategy for the development of Secure Messaging.</td>
</tr>
<tr>
<td>MAY2006</td>
<td>Initial formation of the Secure Messaging Workgroup to design and develop the Secure Messaging application for the My HealtheVet portal.</td>
</tr>
<tr>
<td>NOV2007</td>
<td>Secure Messaging Workgroup prepares for the deployment of Secure Messaging at three early adopter sites for pilot testing.</td>
</tr>
<tr>
<td>DEC2007</td>
<td>Clinical workflow and triage process documents finalized for pilot testing.</td>
</tr>
<tr>
<td>JAN2008</td>
<td>Three additional sites added to initial three early adopter sites. Field-based Secure Messaging Implementation Workgroup initiated with two physician co-chairs.</td>
</tr>
<tr>
<td>JUN2008</td>
<td>Secure Messaging application undergoes formal functionality testing.</td>
</tr>
<tr>
<td>AUG2008</td>
<td>Secure Messaging administrative portal undergoes formal functionality testing.</td>
</tr>
<tr>
<td>SEP2008</td>
<td>“National release” of Secure Messaging application within the My HealtheVet portal. Secure Messaging now appears as a tab within the portal for IPA’d VA patients, but can only be used by patients of providers currently using.</td>
</tr>
<tr>
<td>OCT2008</td>
<td>DSS workload code approved and activated to capture Secure Messaging workload for online evaluation. National encounter form developed to capture Secure Messaging progress note in CPRS.</td>
</tr>
<tr>
<td>DEC2008</td>
<td>Secure Messaging in limited use at 12 facilities in eight Health Care Systems. Every VISN expected to establish a local implementation team.</td>
</tr>
<tr>
<td>JAN2009</td>
<td>Clinical adoption toolkit released to field to support local implementation.</td>
</tr>
<tr>
<td>FEB2009</td>
<td>National Universal Task Force Releases report recommending transformation initiatives including New Models of Care.</td>
</tr>
<tr>
<td>DEC2009</td>
<td>VA focuses on Transformation Initiatives (T21) including New Models of Care based on Patient Centered Medical Home (PCMH). One site uses Secure Messaging for pre-appointment planning with patients. More than 400 VA patients opted in and actively using Secure Messaging with 91 triage groups.</td>
</tr>
<tr>
<td>APR2010</td>
<td>VA initiates three year plan to implement PCMH in more than 900 primary care clinics at VA Medical Centers. More than 700 VA patients opted in and actively using Secure Messaging with 136 triage groups.</td>
</tr>
<tr>
<td>JUL2010</td>
<td>My HealtheVet Coordinator positions formalized with initiation of recruitment.</td>
</tr>
<tr>
<td>AUG2010</td>
<td>Secure Messaging becomes part of T21 Operating Plan for New Models of Care (PACT). More than 1000 VA patients opted in and actively using Secure Messaging with 163 triage groups.</td>
</tr>
<tr>
<td>SEP2010</td>
<td>Secure Messaging in limited use at 16 facilities in nine Health Care Systems. Executive Decision Memo proposed and accepted by NLB formalizing targets: use of Secure Messaging within primary care at a minimum of one medical center per VISN within 30 days, availability of Secure Messaging within primary care at all medical centers within one year (September 2011), 100% penetration of Secure Messaging in all primary care clinics by September 2012.</td>
</tr>
<tr>
<td>OCT2010</td>
<td>Annual National Performance Measures for FY11 include three Secure Messaging related goals (increase IPA, increase patients opted in for Secure Messaging, increase number of sites offering Secure Messaging). Secure Messaging enhancements released.</td>
</tr>
<tr>
<td>NOV2010</td>
<td>More than 2300 VA patients opted in and actively using Secure Messaging with 423 triage groups.</td>
</tr>
<tr>
<td>DEC2010</td>
<td>More than 3700 VA patients opted in and actively using Secure Messaging with 696 triage groups.</td>
</tr>
<tr>
<td>FEB2011</td>
<td>More than 7969 VA patients opted in and actively using Secure Messaging with 1401 triage groups.</td>
</tr>
<tr>
<td>MAR2011</td>
<td>Additional Secure Messaging enhancements released.</td>
</tr>
<tr>
<td>MAY2011</td>
<td>Secure Messaging offered within primary care at all VA medical centers, meeting national target in advance of September 2011 deadline.</td>
</tr>
<tr>
<td>JUN2011</td>
<td>More than 23200 VA patients opted in and actively using Secure Messaging with 3398 triage groups.</td>
</tr>
<tr>
<td>JUL2011</td>
<td>More than 33600 patients actively using Secure Messaging with than 4694 triage groups.</td>
</tr>
<tr>
<td>AUG2011</td>
<td>Annual National Performance Measures for FY12 includes 100% Secure Messaging penetration in Primary Care by MAR 2012, implementation within specialty and surgical care by SEP 2012, and aggressive targets for IPA.</td>
</tr>
<tr>
<td>OCT2011</td>
<td>More than 60 facilities reach FY12 milestone goal of 100% Secure Messaging penetration rate in primary care in advance of September 2012 deadline. One VISN has 100% Secure Messaging penetration in primary care for all facilities in the VISN. More than 58019 patients actively using Secure Messaging with 6613 triage groups.</td>
</tr>
</tbody>
</table>
Key Themes

• General awareness of My Health eVet but little familiarity with its features (prior to Secure Messaging)

• Secure Messaging:
  - lowers the threshold at which patients initiate communication
  - improves documentation by capturing the patients voice
  - is convenient and efficient (avoids phone tag), and can often eliminate the need for a physical visit

• Patient self report of medications via Secure Messaging is different (more timely, actionable, bidirectional)

• The importance of matching the method of communication with the need (this patient at this time)
Key Finding #1

Three My HealtheVet features have been generally underutilized (with some notable exceptions), while Secure Messaging has been successfully implemented and used by health care professionals.

<table>
<thead>
<tr>
<th>Underutilized</th>
<th>Utilized</th>
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<tbody>
<tr>
<td>• Patient health education resources</td>
<td>• Secure Messaging</td>
</tr>
<tr>
<td>• Tools to support medication reconciliation</td>
<td></td>
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<tr>
<td>• Tools to enable patient tracking and self-reporting of data</td>
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</tbody>
</table>
Key Finding #2

Several factors have facilitated or inhibited the adoption, use, and endorsement of patient use by health care professionals.

Absence/Presence of Key Factors:

- Education and training opportunities geared toward the intended user
- Integration with the existing technology used to accomplish work tasks
- Alignment with workflow within the particular setting of use
- Incentives that affect intended users (e.g., organizational performance measures, remuneration for work efforts)
- Access to information entered by patients
- Asynchronous bidirectional communication for collaborative work tasks
Secure Messaging was the missing element of a complex information ecology and its implementation acted as a catalyst for change.

- Multidimensional dynamic between the trajectory of Secure Messaging implementation and PACT with impact on organizational actors and their endorsement and use of My HealtheVet (e.g., institutionalism of Secure Messaging)
- Secure Messaging perceived by health care professionals as a tool that has significant value for both themselves and patients (e.g., a way to accomplish patient-centered care)
- Shaping effects on workflow, work practices, and the flow of information between patients and their health care team (e.g., pre-appointment planning)
Key Finding #4

Secure Messaging has had dramatic consequences for communication, patterns of communication, and patient/provider relationships.

Consequences/Effects of Asynchronous Electronic Communication:
• Improves access (better connectivity) and patient perceptions of access
• Communication is more direct and focused
• Avoidance of telephone tag
• Patients and health care professionals can send/respond when they have time (convenience, efficiency)
• More frequent communication in between periodic in-person visits
• Lowering the threshold at which patients will initiate communication
• Improved patient engagement, satisfaction, and trust; enhanced patient/provider relationships
“It gives you a conversation that you might not have otherwise had, except that you see them once every seven to eight months or a year. You now have this interjected conversation piece that’s going on that allows you to find out what their value system is, what their reasons are, what the barriers are, how is it that they’re able to be successful ...”
“So it’s a different kind of information gathering journey...In the most simple sentence that I could provide I would say that it strengthens the relationship.”
“Face-to-face visits seem to have a better flow. I have the patient set an agenda when I first walk into the room rather than ‘What are you here for?’ I say ‘What would YOU like to accomplish in this visit?’ ...and we launch from there in the direction that the patient really wants to travel.”
Considerations for Asynchronous Electronic Communication

- Secure Messaging requires an existing relationship
- Health care professionals can easily move between methods of communication based on a particular need
- Unanticipated consequences (both positive and negative)
- Changes in workflow and workload (i.e., as use increases)
- Further integrate within the clinical information system
- Opportunities for clinical process redesign
Additional Considerations

Examine the physical, social, and organizational structures and processes needed to facilitate adoption and sustained use of technology.

- Physical placement of patient-accessible computers (e.g., flow of the patient visit, proximity to enable the “teachable moment”)
- The importance of user training and education
- The importance of fit with existing systems
- Performance targets and measures as incentives
- Alignment with structures facilitates use; misalignment produces inefficiencies in a time-constrained system
- Decentralization of processes to enable staff to assist patients at “touch points” to register and authenticate
- Closer examination of the activities and processes that PHR features are intended to support (e.g., medication reconciliation)
- Collaborative work requires timely information sharing and interactive communication
Areas for Future Research

Needs:
- sociotechnical and multilevel approach to research
- research in the context of health care processes

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Adoption</td>
<td>Further identify facilitators and inhibitors to adoption and use at multiple levels (system, organizational, individual) taking into account the various roles of health care professionals.</td>
</tr>
<tr>
<td>Implementation</td>
<td>Develop approaches grounded in implementation science to measure the efficacy of implementation strategies.</td>
</tr>
<tr>
<td>Education</td>
<td>Design and test interventions that will improve health care professional’s knowledge and familiarity with the system and its features.</td>
</tr>
<tr>
<td>Information Flow</td>
<td>Model information flow and map to health care processes and activities across the patient trajectory to identify optimal ways to apply technology.</td>
</tr>
<tr>
<td>Communication</td>
<td>Apply communication theory to further examine the nuances of asynchronous electronic communication.</td>
</tr>
</tbody>
</table>
Implications

• The PHR Paradox: Looking beyond commonly reported barriers
• The important influence of health care professional endorsement and engagement in patient use of PHR tools
• Ongoing education and training opportunities for health care professionals
• Health care processes, information flow and bidirectional communication (e.g., medication reconciliation)
• Further research should focus on health care processes
• Implications for workload
Activities in the Patient Trajectory

Before the Visit
- Arranging for a Medical Visit
- Preparing for a Medical Visit

Ongoing Health Maintenance and Condition Management
- Self Management Activities
- Monitoring Health Indices
- Managing Personal Health Information
- Managing Medications
- Seeking Information About Condition
- Identifying Need for a Medical Visit
- Communicating with Health Care Provider

Medical Visit
- Patient Check In
- Preliminary Information Gathering
- Measurement of Health Indices
- Presenting Complaint
- History Taking
- Physical Examination
- Diagnosis
- Treatment Plan
- Patient Education/Counseling
- Patient Check Out

After the Visit
- Treatment Plan Activities
- Seeking Information About Condition
- Follow Up with Health Care Provider

Tools to support patient tracking and self-reporting of data

Tools to support medication reconciliation

Electronic communication via Secure Messaging

Patient health education resources
Objectives

- New/enhanced features including VA Blue Button expansion
- Study findings on PHR/Secure Messaging
- Strategies/opportunities for research collaboration
Poll

Are you currently conducting or planning to conduct a research study that involves My HealtheVet?

• Yes
• No
• Not sure yet
Research Opportunities

- MHV as an intervention
- MHV as a source of data
- eHealth QUERI Center
  - Adoption
  - Meaningful Use
Requesting Letters of Support from MHV

• eHealth QUERI letter of support
  - For projects that align with their strategic plan
• Letters for grant submissions, CDA applications
  - Letter request checklist*
    • Does the project require any resources from MHV?
    • Does it require access to MHV data?
      - MHV administrative data
      - Patient self-entered data
      - Other (ASCI, activity)
  - Copy of proposal
  - Where grant is being submitted
  - Timeline (2-3 weeks advance notice)

*email: frances.weaver@va.gov
My HealtheVet Data and Sources

Administrative Data:
- Patient demographics
- Level of MHV access
- Date and type of transaction
- Web analytics
- Blue Button downloads

American Consumer Satisfaction Index (ACSI):
- Demographics
- Use, Reason for visit
- Satisfaction
- Custom questions
- Requires DUA
Frequently Asked Questions (FAQs) about Research with My HealtheVet

• Can MHV administrative data be used for research?
  – MHV is working with VSSC to populate a MHV Data Mart within the CDW (not yet available).
  – Requests would be managed through DART system similar to other program data.
FAQs continued

• Can MHV administrative data, including emails be used for research-related communication?
  – No, Terms & Conditions do NOT specify that account emails can be used for research-related communication.

• Can MHV Secure Messaging content be used for research?
  – SM content is not stored in the CDW. Activity related to SM use is stored (supporting PACT Compass) and is available through VSSC.
  – Accessing content would require IRB approval and patient informed consent.
FAQs continued

• Can MHV Secure Messaging be used for research communication?
  – Workgroup identified three scenarios:
    1. Use SM for research-related communication.
       Not currently - Recommend pilot to explore this use and identify any issues to be addressed.
    2. Use SM to deliver interventions.
       Support this use within IRB framework.
    3. Use SM for study recruitment (e.g., distribute flyers).
       Not recommended – Could be perceived as burdensome or inappropriate by patients; and dilute patient-provider channel of communication.
Summary of Projects requesting MHV support

- 54 Requests for Letters of Support in past 3-4 years
- 5 CDAs, 26 RRP, 3 SDPs, 4 RR&Ds, 10 IIRs, 6 other
- Variety of Topics
  - Caregiver support
  - Medication adherence
  - Open Notes
  - Health literacy
  - Care transitions
  - Promoting MHV adoption/use in special populations
  - MHV use in PACT
  - eHealth measures
  - Proactive SM
  - Pain Management
Questions?

Contact Information:
kim.nazi@va.gov
frances.weaver@va.gov