

A Clinician's Perspective on Health IT at the VA

featuring



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VA Organization

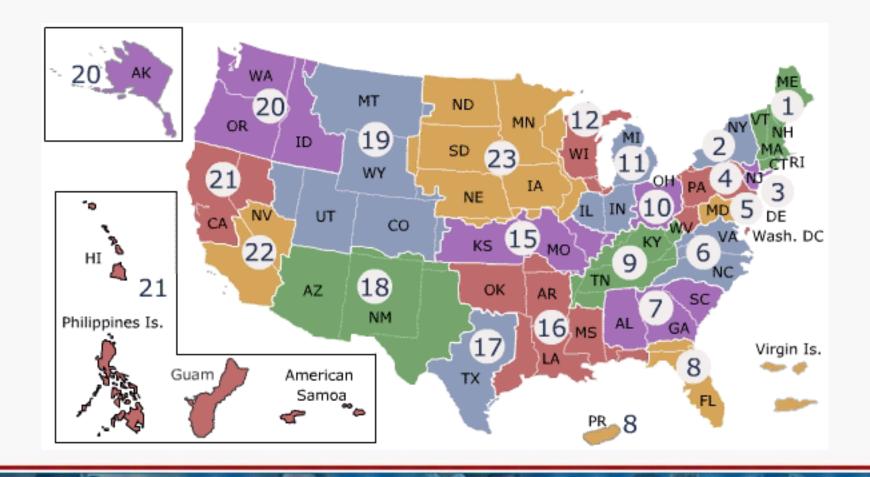


Department of Veterans Affairs (VA)

Veteran's Benefits Administration (VBA) Veteran's Health Administration (VHA) National Cemetery Administration (NCA)









VHA Facilities 🖈 🖈



- 163 Hospitals
- 800 Clinics
- 135 Nursing Homes
- 43 Domiciliaries
- 180,000 Healthcare Professionals

Serving 6 Million Veterans per Year



VHA Volume 🙀 🖈

- *
- Hospital sizes vary from 100 to 1000 beds.
- Outpatient visits vary at each facility from 30,000 to 450,000 visits per year
- 46.5 million outpatient visits per year
- 564,000 inpatient admissions per year
- 167 million prescription-months filled



VistA:

In Every VA Medical Center For >15 years!



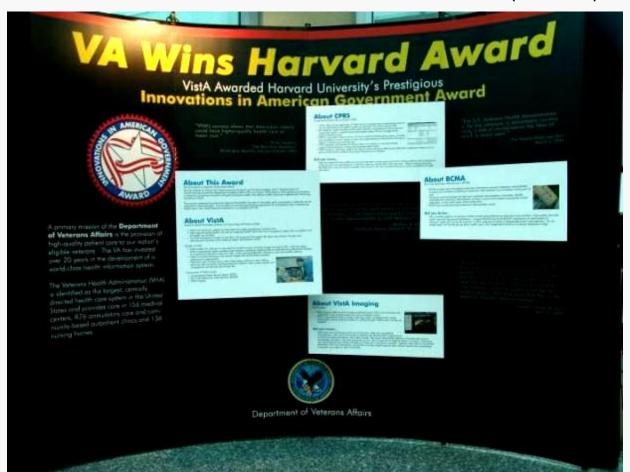


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2006 – Innovation Award for VistA VA's Electronic Health Record (EHR)





Achievements 🖈 🖈

- The VA's EMR been estimated to improve efficiency by 6% per year
- Pharmacy prescription accuracy has improved to 99.997%
- VA hospitals only 1/13 systems that have achieved HIMSS stage 7, the highest level of record integration
- Public domain software available through the freedom of information act directly from the VA's website or network of distributors



History of VistA

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- 1977 1981 "The Underground"
- 1980s Service Focused Software
- 1990s Physician Focused Software
- 1997 Release of Computerized Patient Record System (CPRS)
- www.hardhats.org



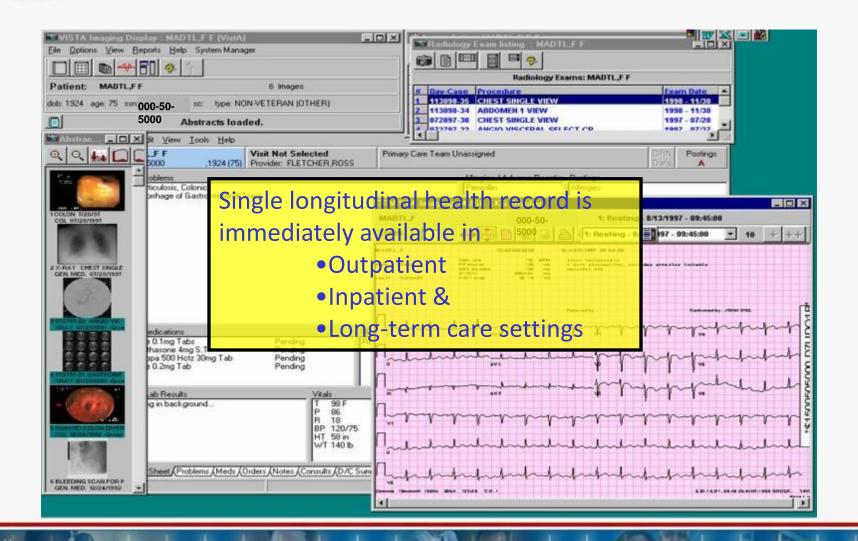
Database 🙀 🖈

- Developed using M or MUMPS language/database
 - Runs on InterSystems Cache version of MUMPS
 - Open source engine called GT.M for Linux and Unix computers is available



VistA:

A Chart Metaphor Combining Text and Images





VistA Imaging

- 1
- Integrates images with the electronic medical record
- Can be used independently or integrated into VistA
- Includes
 - Radiology
 - EKG's
 - Pathology
 - GI lab
 - Dermatology
 - Wound Care
 - Scanned Documents



U.S. MEDICINE

HCIS: VA's Tangled Saga

Red Tape Snarls Computerization

By Nancy Tomic

WASHINGTON—One early decision the new administrator of veterans affairs will have to grapple with when he assumes office is what to do about the Veterans Administration's plans for a

health care information system.
While it generally is agreed that VA's
medical system is years behind the private sector when it comes to medical
data processing, there is little agreement
on the cause for this lag or the solution

Even though HCIS is the "buzzword" used in discussing VA's electronic data processing woes, there are other, more tangible problems involved—for HCIS itself does not exist, and it's questionable whether a

plan for the system exists.

The most hopeful factor for VA right now is guidance issued last fall by the appropriations committees requiring VA to make off-the-shelf computer purchases in fiscal 1981. The committees

The allegations were the subject of a series of hearings last year. A GAC investigation upheld some of the charges.

A group of minicomputers secured when Dr. Chase was in office also has fallen into disgrace, with allegations made by the inspector general's office

As a consequence of a GAO inventory, some of the computers are being kept in locked storerooms, inaccessible to the computers are being kept in locked storerooms, inaccessible to the computer who in some case.

NIST (Then NBS) was asked to turn the existing systems-technology strategy into a systems-architecture design

In The Beginning

Dr. John Chase, the VA's Medical Director agreed to deploy the system at the VA Hospitals

Dr. Robert Kolodner (later the National Health Information Technology Coordinator) and George Timson were involved since 1977

- 1978 Minicomputers sent to about 20 VA Medical Centers
- 1979 "Underground Railroad" formed referred to as conspirators against the enemy





DHCP - Hospital Information System - 1981

Congressman Sunny Montgomery arranged for DHCP to be written into law as a program at the VA

- 1982 Official deployment of core applications
- 1993 Order Entry / Results Reporting

The four major adopters of VistA (VA, DoD, HIS, and the Finnish Consortium) each took VistA in a slightly different direction

The Finns actually were the first major adopter



VistA

Electronic Health Record (EHR) – The name was adopted in 1994 under Ken Kizer

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- 1996-99 CPRS ("Clinical Desktop")
- 2000 Bar Code Medication Administration

- 2004 My Health<u>e</u>Vet
 (Personal Health Record PHR)
- 2010 Blue Button (Data Download)



Bar Code Medication Administration (BCMA)

Virtually Eliminates Errors at the Point of Administration





☆☆☆☆☆

BCMA Assures the:

Right Medication

Right Dose

Right Patient

Right Provider

Right Time



Home Telehealth



VA Provides My Health<u>e</u>Vet: A Personal Health Record For Veterans

** * *







My HealtheVet is VA's online personal health record. It was designed for Veterans, active duty Servicemembers, their dependents and caregivers. My HealtheVet helps you partner with your health care team. It provides you opportunities and tools to make informed decisions and manage your health care

Specific features in My HealtheVet are available to you based on your account type. All users who have a <u>Basic</u> account are able to view their self-entered information. If you are a VA patient, you can upgrade your account to <u>Advanced</u> or <u>Premium</u>. For more information about account types and what you can view, visit <u>My HealtheVet Account Types</u>.

Among the newest features available to Veterans with a Premium Account include VA Notes. These are clinical notes that your health care team records during your appointments or hospital stays. Also available are your VA Immunization records, more detailed lab reports and a list of your current medical issues. These features are in addition to prescription refills, VA Appointments and Secure Messaging – all very popular with Veterans!

Already a Member?

My HealtheVet

Enter Here

Go to the main My
HealtheVet home page to
start managing your health
care online.

Not Registered?



First Time Registration?

If you are already enrolled at a VA facility, be sure to check the 'VA Patient' option and include your full name, including middle name if applicable, your date of birth, SSN and gender.

Service Alerts



Learn what the Blue Button can do for you

Labs, appointments, prescriptions, and other medical records are part of the Blue Button. Did you know that the DoD Military Service Information feature includes Military Occupational Specialty Codes, which can assist Veterans in linking military occupations with civilian jobs?

Learn More »





Register Now

www.ebenefits.va.gov

VA Home | Privacy Policy | FOIA | Web Policies | No FEAR Act Data | Site Index | USA.gov | White House | National Resource Directory | Inspector General



Conceived of and Provides:

"Blue Button"





able to go to the VA website, click a simple
Blue Button and download or print your
personal health records so you have them
and can share with your doctor outside of the

VA. ?? -President Barack Obama

JOIN THE MOVEMENT

- committed
 implemented
- Aetna
- Centers for Medicare and Medicaid Services
- CNSI
- Department of Defense
- Department of Veterans Affairs
- Gorge Health Connect, Inc.
- Humana Inc. and certain of its operating subsidiaries
- Iatric Systems
- KRM Associates, Inc.
- LifeMed ID, Inc.
- McKesson
- MediKeeper, Inc.
- MedRed LLC
- NaviNet, Inc.
- NoMoreClipboard.com
- OneCare
- PatientsLikeMe
- RelayHealth
- United Healthcare
- Vermont Blueprint for Health,
 Department of Vermont Health Access
- Walgreens



Download Your Own VA Medical Records

Think of all the times you've sat in the doctor's office, trying to remember what year you had surgery or the name of that hard-to-pronounce prescription you're taking. Or maybe you have difficulty keeping track of your appointments or how stable your blood sugar levels have been

Stay on top of managing your health by using My HealtheVet's Blue Button feature. It allows you to view, print, or download and store information from your personal health record (PHR). Then everything is all in one place and viewable whenever you need.



By organizing and accessing your medical records, the VA Blue Button helps you better manage your health care needs and communicate with your health care team. With the Blue Button, you can download your PHR and share it with your VA and non-VA providers. This helps them get the big picture of your health and inform them how you're doing in reaching your treatment goals. You can download your record either as a PDF, text

file or customizable Blue Button file. You select the date range and the categories of information you wish to include. Print out information to file away at home, take a copy to your next appointment or send an electronic version of your self-entered information in a Secure Message to your VA health care team.

Start building your PHR by self-entering your personal information, such as your health history, emergency contacts and medications. You can monitor your vital signs and use the journals to track your diet and physical activity. Even if you're not a Veteran, you can take advantage of this convenient way to organize your information.

Then when you click the VA Blue Button, you can view all the data! If you're a Veteran who receives care from VA, you can set your preferences so that some VA and/or DoD records feed into your VA Blue Button copy of your PHR, such as your military service information. Your downloadable PHR can show you:

- · Information for emergency contacts, health care teams and insurance providers
- · Over-the-counter medications, allergies, military health history, medical events and lab tests
- Daily records in your diet and physical activity (exercise) journals
- · Recorded Vitals & Readings (blood pressure, blood sugar, cholesterol, heart rate, body temperature, weight, pain level, etc.)

My HealtheVet users who are registered as a 'VA Patient' can also see:

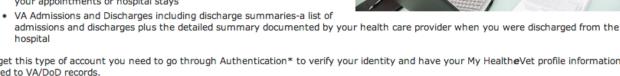
- Military service information from your VA and/or DoD records
- Prescription history.

VA patients: you can make your PHR even more beneficial by upgrading to a Premium Account. This level gives you full access to My HealtheVet features, including Secure Messaging with your VA health care team. When you download your data with the VA Blue Button, you can also view information that VA/DoD has added into your health record, such as:

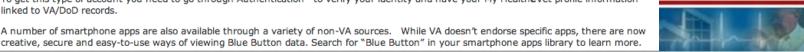
- VA Chemistry/Hematology/Microbiology Lab results the results from your lab tests
- Information on your VA Appointments— the details of recent and future appointments at VA medical centers and/or CBOCs
- · VA Immunizations a history of the immunizations you have received through VA
- VA Problem List a list of your active health conditions and symptoms
- . VA Notes the clinical notes that your health care team records during your appointments or hospital stays

To get this type of account you need to go through Authentication* to verify your identity and have your My HealtheVet profile information

linked to VA/DoD records.







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- VA Immunizations a history of the immunizations you have received through VA
- · VA Problem List a list of your active health conditions and symptoms
- VA Notes the clinical notes that your health care team records during your appointments or hospital stays
- VA Admissions and Discharges including discharge summaries-a list of admissions and discharges plus the detailed summary documented by your health care provider when you were discharged from the hospital

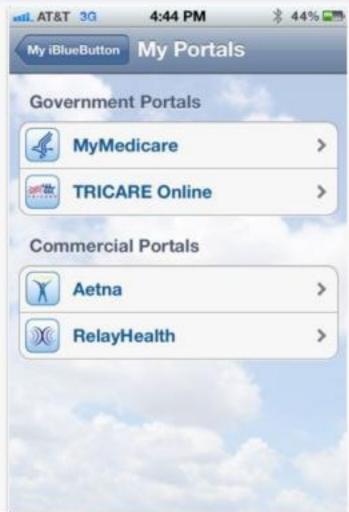
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A number of smartphone apps are also available through a variety of non-VA sources. While VA doesn't endorse specific apps, there are now creative, secure and easy-to-use ways of viewing Blue Button data. Search for "Blue Button" in your smartphone apps library to learn more.



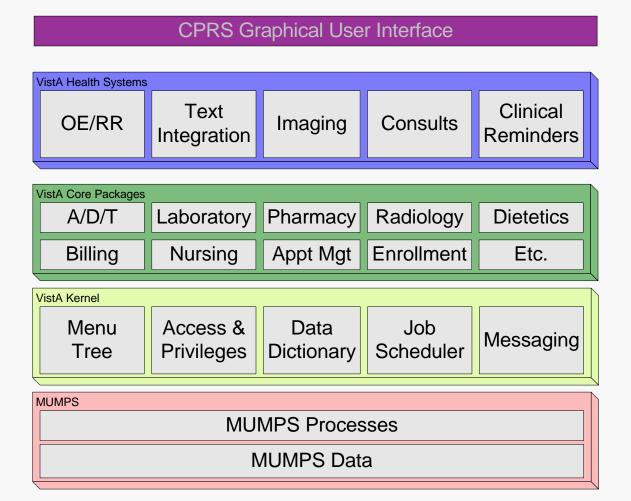
Bue Button Apps Competition

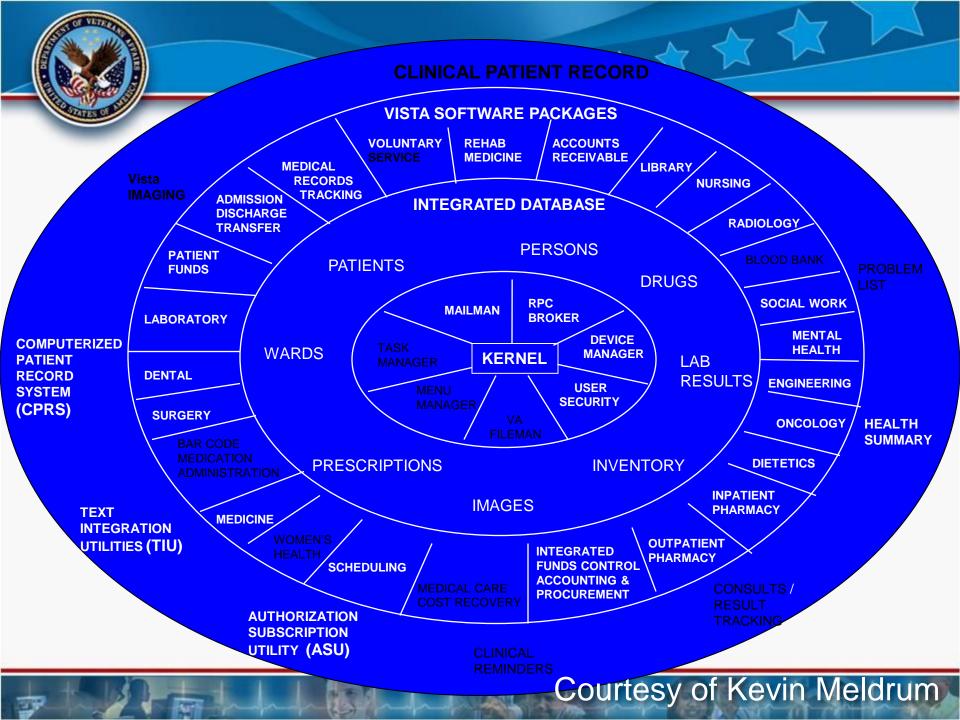






VISTA Layered Approach







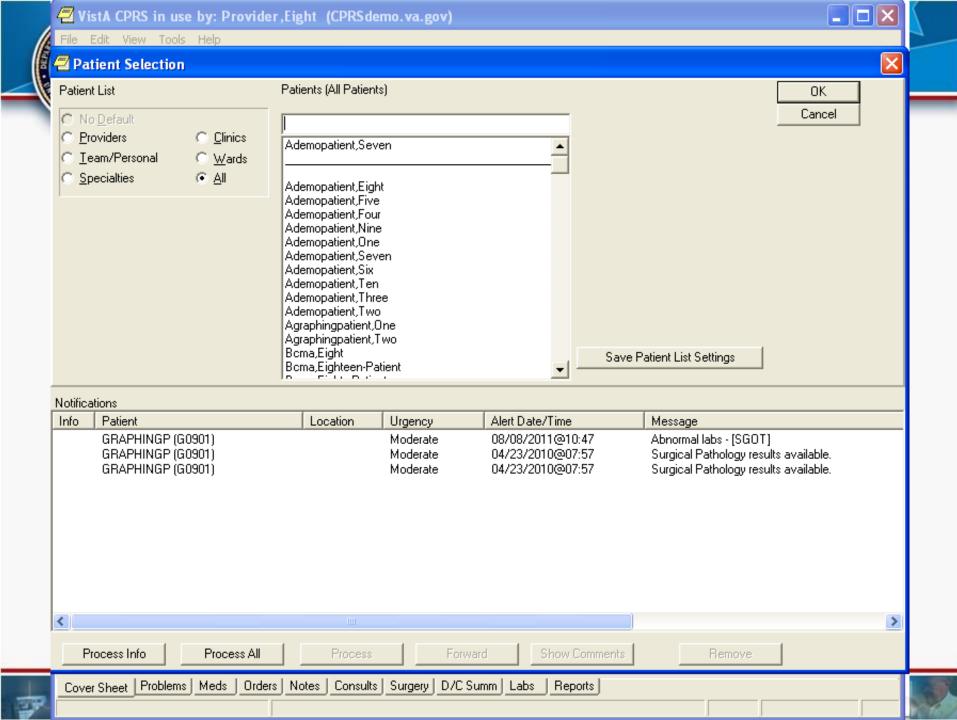
CPRS Demo

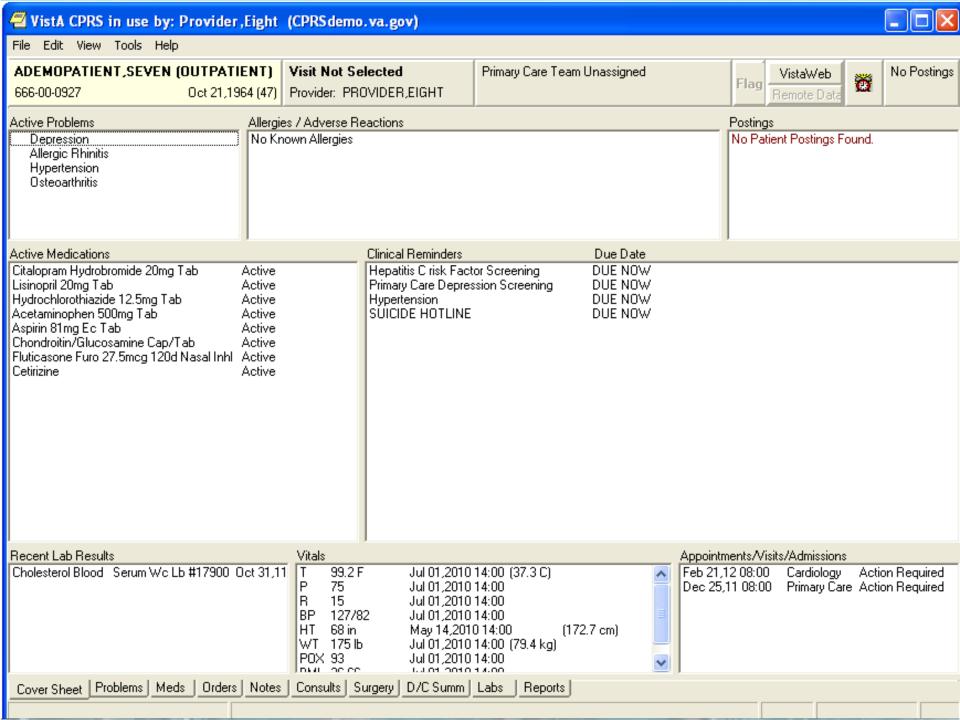
Try VA's VistA CPRS software today!

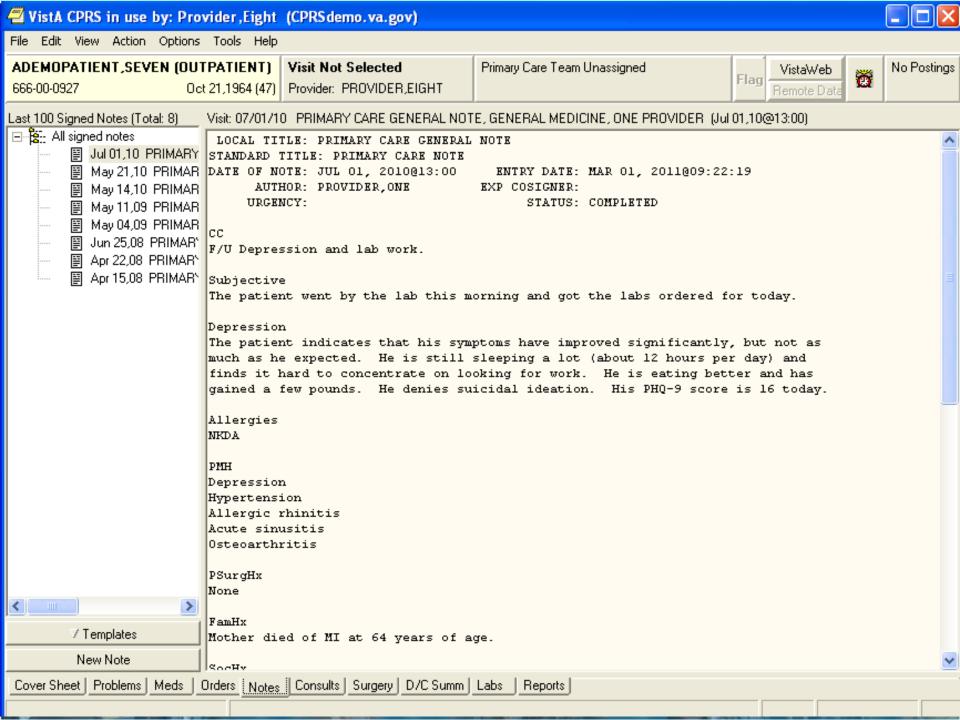
You can download VA's award winning electronic health record software CPRS (Computerized Patient Record System) by following the instructions for installing the client software below.

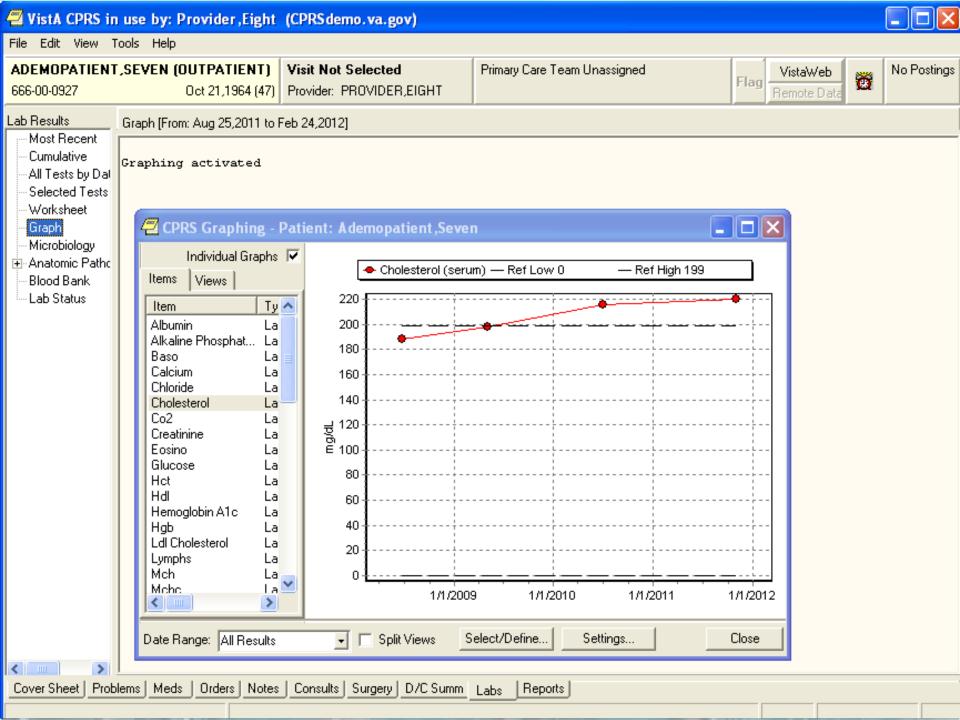
- Download the latest version of CPRS today and get access to new features including graphing functionality
- Use the software as if you were a provider by entering orders, entering documentation, retrieving reports (and graphs) and viewing alerts and notifications that help with decision support
- Learn first hand how VA's electronic health record system works

http://www.ehealth.va.gov/EHEALTH/CPRS_Demo.asp









Vist	A CPRS in use by: Provider, Eight (CPRS demo	.va.gov)					
File Edi	it View Action Tools Help						
ADEMOPATIENT, SEVEN (OUTPATIENT) 666-00-0927 Oct 21,1964 (47) Visit Not Selected Provider: PROVIDER, EIGHT		Primary Care Team Unassigned		Flag	Flag VistaWeb Remote Data		
Sort by Status/Exp. Date (IMO first on Inpt)							
Action	Outpatient Medications		Expires	Status	Last Filled	Refill	
	CITALOPRAM HYDROBROMIDE 20MG TAB Qty: 90 fo Sig: TAKE ONE TABLET BY MOUTH EVERY DAY	r 90 days	05/01/12	Active	May 07,11	2	
	LISINOPRIL 20MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH EVERY DAY		05/01/12	Active	May 07,11	2	
	HYDROCHLOROTHIAZIDE 12.5MG TAB Qty: 90 for 90 Sig: TAKE ONE TABLET BY MOUTH EVERY DAY	days	05/01/12	Active	May 07,11	2	
	ACETAMINOPHEN 500MG TAB Qty: 240 for 30 days Sig: TAKE TWO TABLETS BY MOUTH EVERY 6 HO	URS AS NEEDED	05/01/12	Active	May 07,11	10	
	ASPIRIN 81MG EC TAB Qty: 30 for 30 days Sig: TAKE ONE TABLET BY MOUTH EVERY DAY		05/01/12	Active	May 07,11	10	
	CHONDROITIN/GLUCOSAMINE CAP/TAB Qty: 90 for 3 Sig: 2 TABLETS MOUTH EVERY 8 HOURS	30 days	05/01/12	Active	May 07,11	10	
	FLUTICASONE FURO 27.5MCG 120D NASAL INHL Qty Sig: SPRAY 2 SPRAYS IN MOUTH EVERY DAY	y: 50 for 90 days	05/01/12	Active	Apr 15,08	3	
	CETIRIZINE Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH EVERY DAY		05/01/12	Active	May 07,11	2	
Action	Non-VA Medications		Start Date	Status			
Action	Inpatient Medications		Stop Date	Status	Location		
Cover Sheet Problems Meds Orders Notes Consults Surgery D/C Summ Labs Reports							



Lessons Learned



User Involvement is ESSENTIAL

- Discover major innovations by front line users/developers
- Learn from the "Positive Deviants"
- Start with the Early Adopters
- Include users at all stages

Major Innovations from Local Users

Bar Code Medication Administration (BCMA)

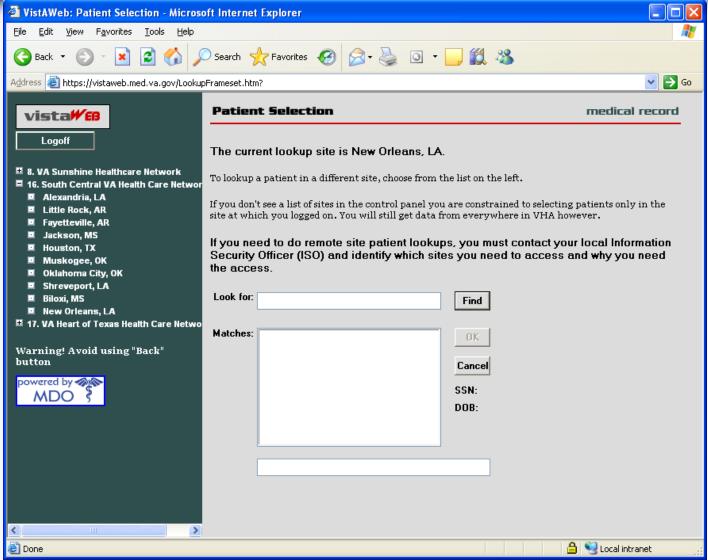
- 1992 the idea of Sue Kinnick, RN –
 a Nurse at the VA Medical Center in Topeka, Kansas
- VA wide by 2000
- Now going nationwide in U.S.
- How many lives saved and adverse outcomes avoided?





VISTA Web







VistAWeb Overview

- Intranet web application used to view remote patient information found in VistA, Department of Defense (DoD) and the Health Data Repository (HDR) databases.
- Alternative to CPRS Remote Data View (RDV)
- Queries the Health Data Repository (HDR)
 - access to patient clinical data residing in the HDR-Interim Messaging Solution (IMS) and HDR-Historical
 - Allergies, Vitals, Outpatient Pharmacy
- VistaWeb servers and software are maintained in Silver Spring, MD.



History *

- Initially developed as "class III" (home grown) software in Ann Arbor (VISN 11)
- Converted to nationally supported "class I" software and released in Spring of 2005

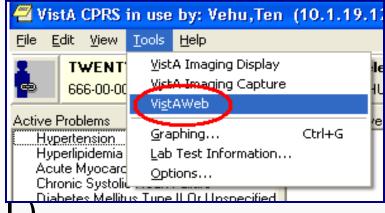


Ways to Access VistAWeb

 Remote Data Button in CPRS

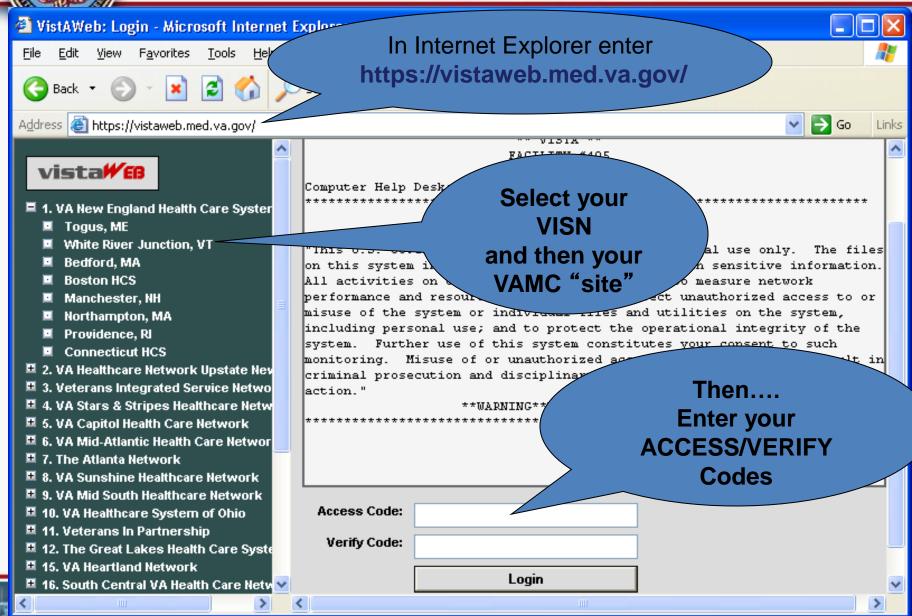


CPRS Tools Menu



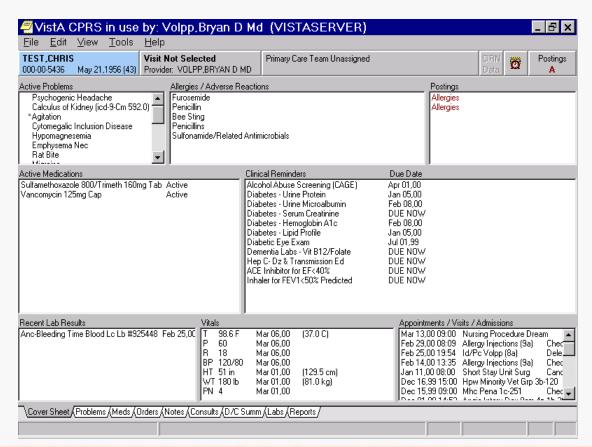
- Standalone webpage (URL)
 - example next slide

VistaWeb Access via website





1996 - Test Site for CPRS at the VA Medical Center in Seattle, WA



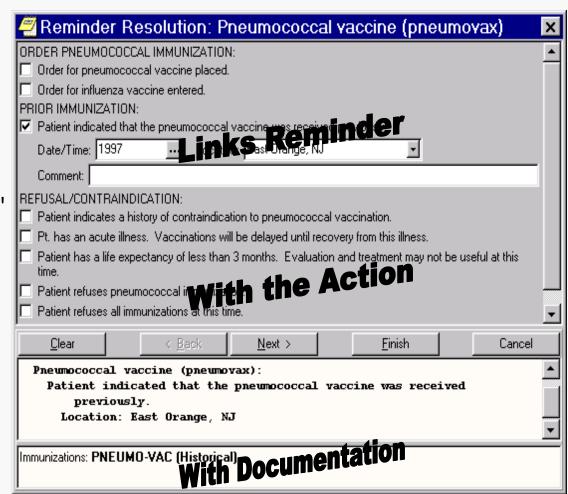


portance of User Input and Integration into Workflow

VA's Clinicians:

"Have Clinical Decision Support alerts/reminders fit **OUR** workflow."

Clinical Reminders Dialogue Box





Transition in the 90's

- Major challenges included
 - Required physician entry of data but majority of physicians did not know how to type
 - Brought focus away from the patient and to the terminal/workstation and room design and ergonomics were such that this meant looking away from the patient



Major Challenges

- *
- Performance was slow and became increasingly slow until much additional hardware was thrown at the system
- Training was a major challenge because of the limited hours available for physicians to be trained on the system
- Difficulty with the transition from paper to the electronic record; for a period of time needed to have information from both systems



- Additional versions came out quickly and it was difficult to keep up
- Lack of ability to provide feedback for specific issues except at a national level and prioritization was done nationally

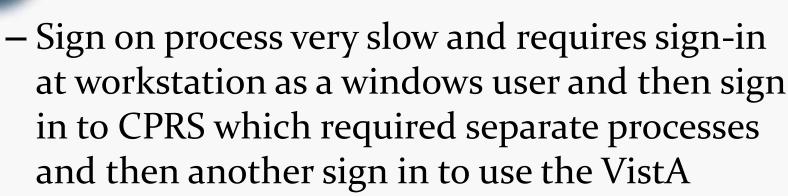




- IT (IRM) became a vendor for PACS using VistA imaging and ended up competing with commercial systems and this made them slow to interface to commercial systems
 - System plays relatively poorly with third party systems
 - Would very much like to have an API to be able to have software find information within the system
- Database very unfriendly to perform searches for information



imaging system



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- Users would not sign-out and this created security issues
- Could take 5 minutes to sign in and sign out and major issue when going from room to room



 Despite national system no standards for how progress notes, radiology codes, and other things are coded and so difficult to share data

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- Despite many efforts, difficult to transfer information from one VA hospital to another especially across VISN's and ability to share information between VA and DoD surprisingly constrained with no real ability to share images
- VA imaging was one of the last systems to utilize DICOM standard and was based on pathology TIFF solution

What Was Really Good About VA's VISTA

- CPRS Windows interface made access and searching for information easy and patient information was ubiquitously available throughout the enterprise
- Ability to plot laboratory data made it much easier to do trend analysis
- Chart metaphor made it easier for physicians, nurses, etc. to make transition from paper chart to EMR



 Images from all modalities including pathology, dermatology, ophthalmology, GI lab, OR, medical documents in addition to just radiology and nuclear medicine

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- All healthcare providers were mandated to use VISTA and to do physician/provider order entry
 - Transcription was supported for a brief period of time for attending physicians only but this was eventually phased out
 - This was easier because the majority of progress notes in the VA were written by residents and fellows rather than VA attending physicians.



Intelligent System



- System does not incorporate intelligence I would like to see in 2013 system
 - Spell and grammar checker
 - System doesn't learn from my habits and acts as though it is meeting me for the first time each time
 - System doesn't allow me to search and list a subset of my patients





- System organized like paper chart with extremely limited search capability within a single patient and none across multiple patients
 - Can not search within a patient's record for information easily; later versions had primitive text search but was very difficult to find instances, say of rash in a patient





- Clinical alerts/reminders information overload with minimal intelligence with regard to presentation and ordering of these
- No good messaging system but instead requires users to sign onto VistA but physicians rotate in and out from University of Maryland



Issues

- Radiology package old terminal emulator and little done to enhance
- Alert fatigue, alerts not presented in intelligent manner
- System does not recognize or learn from me
- Not well integrated with third party software and difficult to add additional 3rd party software





- Look into core measures monitoring but seems limited and little in the way of decision support for diagnosis or treatment
- Sign in and sign out difficult
- Can't really search within or among different patient records to find similar patient





- Things such as pain not in the system
- Different ways progress notes, radiology studies, etc named across the system
- Designed like chart not optimized to be smart and searchable and intelligent and specific to needs of the user



Clinical Decision Support

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- VISTA does a great job monitoring performance retrospectively:
 - Patients whose BP is within parameters
 - Counseling given for smoking cessation
 - Diabetics given tests for diabetic retinopathy
- However next generation systems should assist in diagnostic and treatment options in a real time fashion

